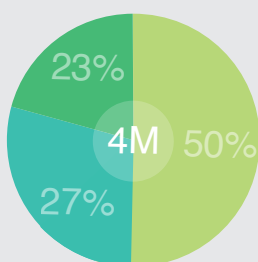


## PHASE IV 2015-17

FOR REVIEW BY THE EXECUTIVE COMMITTEE

EUROPEAN COMMISSION  
FOR THE CONTROL OF  
FOOT-AND-MOUTH DISEASE





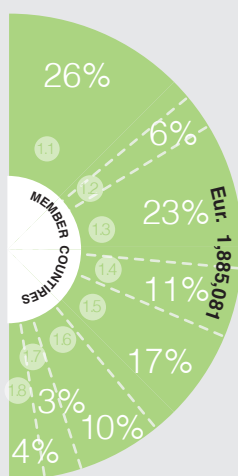
Allocation of funds for PILLAR  
Eur. 4,000,000. EU donor: Proposed budget



### PILLAR I.

IMPROVE readiness for FMD crisis management by members.

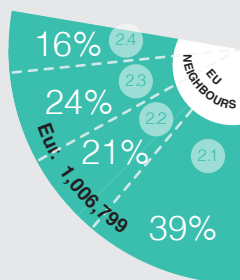
- 1.1. Training for Member States.
- 1.2. Improved Contingency Planning.
- 1.3. Thrace.
- 1.4. Balkans.
- 1.5. Fund for Applied Research.
- 1.6. Emergency Response.
- 1.7. Proficiency Testing Scheme.
- 1.8. Risk analysis and communication.



### PILLAR II.

REDUCE risk to Members from the European neighbourhood: Progressive Control in neighbouring regions.

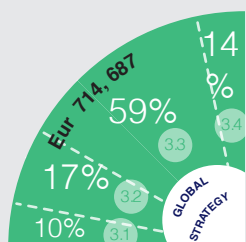
- 2.1. South-East Europe.
- 2.2. South-East Mediterranean.
- 2.3. Support to REMESA.
- 2.4. Pillar II Training Development and Co-ordination.



### PILLAR III.

PROMOTE uptake of the Global Strategy for the progressive control of FMD.

- 3.1. Support to Global progress monitoring.
- 3.2. Methods and Guidelines for PCP-FMD application.
- 3.3. Laboratory Support.
- 3.4. Global access to PCP-FMD Training resources.



The programme connects 37 countries (Member States) building a “Safety **NETwork**” for FMD control



Allocation of funds for Component related to its Pillar  
Eur. 4,000,000. EU donor: Proposed budget

EuFMD Secretariat  
Executive Committee of the EuFMD  
Standing Technical Committee  
Special Committee for Research and  
Programme Development



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## Acronyms

**ExCom:** Executive Committee

**LoA:** Letter of Agreement

**LSD:** Lumpy Skin Disease

**MOU:** Memorandum of Understanding

**MS:** Member state

**PCP-FMD:** Progressive Control Pathway for Foot and Mouth Disease

**PPR:** Peste des Petits Ruminants

**RTT:** Real Time Training

**SCRPD:** Special Committee on Research and FMD Programme Development

**SGP:** Sheep and Goat Pox

**STC:** Standing Technical Committee

**STP:** Short Term Professional

**TPI:** The Pirbright Institute

**WRL:** World Reference Laboratory

## An Overview of the EuFMD Work Programme Phase IV

The EuFMD Strategic Plan 2015-19 was adopted in April 2015, and continues with the three major strategic objectives (The Three Pillars) which were adopted in April 2013 following a year of consultation between FAO, OIE, the European Commission and the EuFMD Executive to ensure that programme activities are fully in line with the mandates of the Commission and with the regional coordination under GF-TADS (Joint OIE and FAO). The Strategic Plan is firmly aligned with the EuFMD Constitution which provides the mandate for these actions. Under FAO's strategic framework, the programme activities will contribute mainly to Strategic Objective 5 (SO5), with approximately 60% to SO5/004/50401, Improved Emergency Preparedness; 25% to SO5/001/501, National and Regional Policies on risk reduction, for which the work on the Progressive Control Pathway in the European neighbourhood and global level contributes; and 10% and 5% respectively on SO5/004/50402 and 50403, Coordination and Crisis response.

Regarding the timetable of activities and the balance between components, the EuFMD Commission has a two-year plan of work and budget agreed with Member states at each biennial Session, thus agreed for 24 months in April 2015 and this review process will occur at the mid-point of the Phase IV, in April 2017. For these reasons, the second 24 month work programme will be developed after the review by the Executive, together with the donor, and with FAO and OIE, in April 2017, and proposed to member states at the 42<sup>nd</sup> Session. It is foreseen that the second 24 month workplan will continue the same Components but the balance of effort between these, and the expected results of the second set of workplans, will be adapted after this evaluation and according to the change in priorities for the Commission agreed by the member states and donor.

### Pillar I. Improved readiness for FMD crisis management by members

Progress towards this may also be assisted by joint activities with non-member states of EuFMD where there is a mutual advantage recognised by the EuFMD Executive Committee.

#### 1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes

This component in future will include all training activities under the training credits system; to build on the channel of communication with the 38 Members training network, and provide e-learning courses in national languages; supporting focal points to provide national training, "Equipping National Trainers In Relevant Expertise". Additional courses to be offered on demand: training on management of a crisis response at local and national disease control centre level; contingency planning and simulation exercises.

The potential for training courses to be recognised (accredited) as modules will be explored to enable our FMD training to be part of accredited courses for training the "next generation of TADS managers". This recognises the long-term importance for Members to have expertise as well as technical skills in their senior management and the potential that our courses may play to promote this approach. This component will continue to include 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.

#### 1.2 Improved contingency planning by Members and at European level

In 2015-17, following strong demand, this component will continue the FMD modelling network, contingency planning knowledge bank and contingency planning/simulation exercise manager networks. This component will also ensure some development of support tools for Members, e.g. the FMD impacts calculator. A common joint project (e.g. European livestock movements modelling project) and a more specific support project (e.g. project for Members wishing to establish modelling for decision making, which could be regional or a group of countries at similar stage of capacity) will be proposed in the detailed workplans for the Program Steering Committee (PSC). This component includes the Working Group or Network on Vaccine Banks and Vaccination issues.

### 1.3 Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey

This component is of proven value and importance and to be continued 2015-19. In this Phase the component will

- Develop improved system for data collection from livestock keepers, for surveillance data entry and analysis to support national surveillance managers;
- assess capacity for implementing non-vaccination against FMD in Turkish Thrace, and support national exercises to practise emergency management ;
- Support surveillance for other exotic diseases at the same time as FMD, with appropriate diagnostic support, with the aim of providing evidence for freedom from these diseases after outbreaks are controlled;
- The development of contingency plans in the event of introduction of exotic diseases into Turkish Thrace (this inclusion of Turkey in Component 1.4 will provide complementary support for this).

The activities will include collation and analysis of existing surveillance data, development of risk-based surveillance methods, and tripartite coordination of activities, integration of decision support tools and risk analysis into policy evaluation and development, and management of support to surveillance activities. These activities will be directly implemented by EuFMD and the FAO Regional Office for Europe and OIE Regional Office consulted before implementation.

### 1.4 Improved emergency management capacity for FMD in the Balkan region

This component is of proven value and importance, and will continue the trend towards self-governance and ownership -e.g. of the regular meetings on contingency /simulation exercise planning. The workplan will be identified after the consultation on outcomes of first full simulation exercises (in mid-2015), and is expected to include support on “difficult” issues experienced by national focal point in drafting national contingency plans (CPs). The question of diagnostic banks for these countries and support for their laboratories or their support with laboratory diagnostic capacity by other Members will be addressed without at this point a commitment to providing these under this component, since the scale of the required banks has not been resolved.. A second full simulation exercise will be part of the two-year programme – e.g. mid 2016 or 2017. Moldova and Greece will continue to be invited to participate, and for the first time, Turkey.

This component will continue to provide support to Members and non-Members (Montenegro and Kosovo) 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.

These activities will be directly implemented by EuFMD and the FAO Regional Office for Europe and OIE Regional Office consulted before implementation. These activities support FAO CPF priorities for several countries in this region, including Bosnia-Herzegovina and Albania.

### 1.5 Research outputs relevant to resolve policy issues

This component addresses the need for applied research to address gaps in the technical knowledge or in tools available to member states, with the priorities identified by the Standing Technical Committee (STC), an elected Committee of the EuFMD Commission. The Component, in Phase III, operated as a Fund for Applied Research, with success recognised by the Membership at the 41<sup>st</sup> Session. In Phase IV, the agreed processes will continue, with 2-3 calls for research in the 24 month period, but in addition more efforts to:

- Ensure partnership with other research funding providers to co-ordinate and complement;
- Strengthen role of standing technical committee (STC) in setting priorities.

The implementation modality will be the use of Letters of Agreement (LoA) of maximum 50,000 euro per contract concluded after a competitive bidding process. Expected results from these contracts will be research tools or knowledge to support member states in emergency preparedness, but also likely to benefit the wider FAO membership where they address gaps of wider importance, such as tools for evaluating stability of vaccines or safe transport of samples between laboratories.

## **1.6 Earlier control of disease outbreaks through assistance to emergency response operations**

Support provided to Members through emergency technical response to FMD outbreaks, or other exotic diseases which have features of clinical nature or pattern of spread that might give early warning of an FMD incursion or mask its occurrence in countries which are EuFMD Members or situated in the European neighbourhood

This will continue to include the maintenance of a capacity to provide advice, technical support and assistance to EuFMD Members and countries in the European neighbourhood in the event of an FMD outbreak, including laboratory and epidemiological support. This baseline activity is also serviced by several of the activities listed above, as these will also act to maintain a degree of organisational readiness to respond to an FMD crisis. This also includes assisting and supporting Members with vaccine procurement and supply, through the provision of technical input, advice on selection of vaccine strains, risk based evaluation of vaccination strategies and other related activities.

Emergency responses will be implemented by the EuFMD using its operational capacity to procure and supply vaccines or supply technical expertise on an immediate basis. Where the action will occur within non-member states, FAO and OIE agreement will be through the GF-TADS Management Committee that have agreed to provide an immediate endorsement or support for the proposed action, and the FAO and OIE offices engaged in their roles of liaison with national government of the territory where the activity will occur.

## **1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood**

This will continue as before, through the contract with the Pirbright Institute, which is the EU Reference Laboratory for FMD, to ensure non-EU countries, which are Members of EuFMD or neighbours to EuFMD Members, are able to participate without cost to them in the annual EU–RL proficiency test scheme.

## **1.8 Improved early warning system, risk communication and its uptake by member states into prevention and early detection operations**

This work will ensure information is collated, analysed and communicated in forms that assist the MS at risk, to ensure

- 1) the antigen banks priority setting information is kept updated;
- 2) the change in lineages and epidemic trends in key pools threatening to Europe is communicated to surveillance managers (e.g THRACE surveillance programme);
- 3) the development and use of models developed for transcontinental spread of FMD in Europe.

The component will identify means of the establishing a system for early warning based on meat price differentials since this factor is seen as a key driver for illegal imports.

## **Pillar II. Reduced risk to Members from the European neighbourhood: Progressive Control in neighbouring regions**

### **2.1 South-East Europe: better FMD management in Turkey and neighbours**

The expected results under this component will mainly be expressed in terms of national progression on the PCP, which is an international benchmarking system developed by EuFMD and used globally by FAO and OIE. Each country in the region participates in the process for reviewing national progress, managed by FAO/OIE. Supporting national programmes to progress involves technical guidance and support, including training, determined on annual basis and in 2015-17 will include supporting the collation, analysis and application of epidemiological data, including spatial data, from the area (but analysed under Component 1.8); providing training in the practical application of epidemiology to control FMD and advance along the FAO/EuFMD/OIE Progressive Control Pathway (PCP); engaging with national veterinary services to support them in the

detection, management, and control of FMD, and identification of circulating viruses. This also includes support for the West Eurasia roadmap for progressive control of FMD, in coordination with other stakeholder bodies, as regards the European neighbourhood.

This component also includes, to the extent budget allows, support to specific countries in line with the PCP, designed to improve national capacity to manage and control FMD and assist progress in cooperation with regionally coordinated GF-TADS programmes and roadmaps.

Regarding implementation, Georgia and Turkey are member states of EuFMD, but also have FAO Offices and representatives. Implementation in each country will be in consultation with those Offices. This GAF has been prepared following extensive consultation with both Georgia and Turkey under Phase III, and actions proposed are also priorities agreed with FAO and OIE HQ and Regional Offices through the GF-TADS, and actions directly support the regional plan identified in the 2015 West Eurasia FMD Roadmap of FAO and OIE (Almaty, 2015).

## 2.2 South-East Mediterranean: Better FMD management in the neighbourhood of Cyprus and Israel

As above, expected results are progression in management capacity and evidence of its implementation at national level, in at least Palestine and Egypt, but using the training component, to extend the experience neighbouring countries of Cyprus and Israel, in line with the GF-TADS Middle-East Roadmap. It may include support to develop laboratory capacity in those countries; and support to regional coordination of FMD control strategies. This component also includes targeted support to specific country projects in line as part of regionally coordinated GF-TADS programmes and roadmaps.

This GAF has been prepared following extensive consultation with both Israel and Cyprus under Phase III, and actions proposed are also priorities agreed with FAO and OIE HQ and National and Regional (RNE, in respect of Palestine and Egypt) Offices. In this way, the proposed activities support the GF-TADS Roadmap for Near-East agreed by FAO and OIE regional offices in April 2014.

## 2.3 North Africa: technical support to REMESA<sup>1</sup> actions to achieve improved control of FMD

The agreed operational arrangement, for both FAO and OIE, is that EuFMD actions under the EC Phase IV are agreed in the Programming Committee of REMESA and thereafter are implemented by EuFMD, in close consultation with FAO RNE (Tunis Sub-Regional Office) and OIE North African Office. The expected results are progression in management capacity and evidence of its implementation at national level, at the request of those Members participating in REMESA, with a focus on improved national FMD control in the five north African members of REMESA. The activities to be conducted in 2015-17 Phase will be agreed at REMESA coordination meetings, at which the North African countries and Portugal, Spain, France, Italy, Malta, Greece and Cyprus participate. The activities will be adapted when emergency actions are needed, but will include 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. Greater emphasis on training will be provided through component 2.4.

## 2.4 Improved National and Regional Capacity for the Management of FMD through development and evaluation of training programmes for national staff

Courses appropriate to develop capacity of national staff to apply the Progressive Control Pathway will be developed and tested, with a training network established to assist in ensuring the design, training format and evaluation ensure the courses are fit for national as well as regional training purposes, to address the scarcity of management and epidemiology expertise at national level. Existing EuFMD e-learning as well as specifically develop training modules will be translated or provided in Arabic, English, French, Russian and Turkish. The use of e-learning platforms should be cost effective and enable greater participation at low cost, and spur the trend to national roll-out under national programmes.

The implementation will be by the EuFMD Secretariat, with the course content, once developed, delivered under Outputs 2.1 to 2.3, to ensure any delivery occurs within the regional agreed processes indicated for each

<sup>1</sup> REseau MEditerranéen de Santé Animale – REMESA: <http://www.remesanetwork.org/>

Output. A partnership agreement, or letter of agreement, may be developed relating to Arabic language courses, where development and testing may be best undertaken by a specialist partner.

### **Pillar III. Improved uptake of the global strategy for the progressive control of FMD**

Considering the report of the 89<sup>th</sup> Executive Committee and recommendation to place effort on improving the linkage of epidemiologists to the “regional lab networks”, so becoming FMD technical networks underpinning regional Roadmaps and national programmes, and given the development of guidelines and processes for PCP under the GF-TADS working group, the two-year Phase will continue to work in support of the Global Strategy and provide as part of this, adapted training resources for potential take up under GF-TADS and national FMD control efforts (using Pillar I and II training resources).

The agreed modality or programming of Pillar III activities is that they follow the request of the FAO and OIE expressed through a joint letter to the EuFMD Executive, outlining the activities and outputs desired over the forthcoming biennium, and revised, as the programme develop. The EC has expressed its endorsement of the above proves which ensures the Outputs follow from FAO HQ identified, multiregional priorities and are fully in line with those of the OIE at Global level. Implementation will be by EuFMD, who will work closely with focal points in FAO and OIE HQ in respect of Outputs 3.1 to 3.3 and in addition, with FAO or OIE decentralised offices in respect of activities where these decentralised offices will be invited to take a role relating to testing new course content in their respective regions. The proposed action presumes FAO or OIE will find or commit human resources to such testing if in line with regional initiatives, and in the case of the Sub-regional Office for Southern Africa, such a commitment has been made for piloting courses in 2015-16. This example is expected to follow in other regions and consultation with FAO (ad OIE) Regional and Sub-Regional Offices for Africa and Asia will follow the pilot application in Southern Africa.

#### **3.1 Improved system for monitoring and evaluation of the progress of regional programmes on FMD control**

These activities will assist the GF-TADS Working Group by improving the system for data collection from countries not-free of FMD, providing a better availability of Roadmap progress reports and better management system to assist regional roadmaps and associated experts to provide feedback to participating countries, and provide support to routine reporting and progress monitoring of regional programmes. Activities may also include support for workshops to coordinate this process; and other associated actions.

#### **3.2 Improved capacity, methods, and guidelines for application of the EuFMD, FAO and OIE progressive control pathway (PCP) for FMD**

The demands for this are provided by FAO and OIE through their Working Group and outputs should substantially increase the capacity to apply the PCP at regional and national level. These include further development of the PCP, and its associated guidance documents, or other guidance such as on vaccination monitoring, providing training in the application of the PCP to FAO and OIE nominated experts and to international agencies; supporting the development of associated tools and activities to integrate relevant fields with PCP applications; and support for the development of regional PCP roadmaps.

#### **3.3 Improved international FMD reference lab services and their contribution to regional epidemio surveillance networks**

The output of this component should be increased level and quality of surveillance information from the OIE/FAO Lab Network, with progress towards the targets required for regional roadmap vaccine priority setting in at least the 3 priority virus pools (Africa and West Eurasia). Activities will in 2015-17 re-invigorate regional laboratory networks, with better epidemiology linkages, to ensure better technical expertise development at regional levels, underpinning surveillance and regional roadmaps. The role of The Pirbright Institute (TPI) in providing the core of the international surveillance required will be supported by a contract, and in support of this the networking activities will occur mainly by virtual networking using the model of the webinar

programmes for West Eurasia. Other donor support will be needed for any physical meetings and GF-TADS are expected to find these.

This will continue to include 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 to FMD laboratories in non-EU states<sup>2</sup> and internationally; and to continue as Secretariat of the OIE/FAO FMD lab network. It will continue to support a limited set of Regional Support Laboratories in pools 4 and 5 to screen samples from their regions as part of the need to achieve Pool level surveillance targets.

### 3.4 Improved National and Regional Capacity for the Roll-Out of the Global Strategy and the Management of FMD: Pillar III Training Component

This component will make use of training resources and expertise generated under Pillar I and II programmes, such as PCP training resources used in the European neighbourhood, and make these available as training resources for international use. This component will help make available resources for national and regional programmes, to better communicate what is possible through the PCP approach and how it can be applied at national level. It will include some adaptation based on feedback, at least once per year an online course to support the “train the trainer” approach and support GF-TADS regional roll out of training. The provision of in-country regional or national training will not be budgeted to the EU, expecting that external donors /partners provide funding, e.g. FAO and OIE will find support for any in country application. For Southern Africa, FAO Sub-Regional office has indicated its commitment to utilising the new courses and e-learning modalities in 2015-16 at sub-regional and national levels.

## Methodology

### Technical methodologies

The main technical methodologies followed are those of good emergency management practises (contingency planning), mainly appropriate to the FMD free regions and applied under Pillar I and II, and the Progressive Control Pathway (PCP) for FMD, applicable and appropriate to all the non-free countries under Pillar II and III. These provide the framework for interventions and provide indicators for national level attainment of progress, and specific national activities in non-free countries will always relate to attainment of progress indicators under the PCP. Both frameworks provide for national self-assessment of capacity for management of an emergency or for management of endemic level of FMD, so the interventions assist the national self-set attainment of goals to attain or retain a status recognised as compliant with EU norms and OIE/FAO standards relating to FMD control (PCP-Pathway continuum to OIE recognised freedom).

### Partnerships

Regarding partnerships, the FAO and OIE are both involved in the following ways in the planning of the programme and in the monitoring of its implementation

- As observers in the EuFMD Executive, where every six months the programme implementation is monitored and changes identified for decisions by the Project Steering Committee;
- Through the international programming framework of GF-TADS, where regional programming of actions, meetings and joint events, to which the programme of EuFMD is reported and future programme development needs identified;
- Through the WG (Working Group) of GF-TADS on FMD, which formulates requests or proposals for additions or changes on Pillar III actions for consideration by the PSSC (Project Steering Subcommittee).

The programme, by its division into members (Pillar I) and neighbourhood /global (Pillars II and III) , also

<sup>2</sup> EU Member States are included in the PTS funded under the EU-CRL activities.

reflects the very different FMD status of the membership compared to the neighbours, so that Pillar I actions are to prevent catastrophic large scale FMD epidemics through better national capacity to respond early and effectively. Given the very divergent national capacities in this respect across the membership, despite similar EU standards, the training programme under Pillar I offered to the 38 states has been under Phase III offered as a menu of courses and training for which member states express their demand through use of “training credits”. The membership considers this efficient as the priorities are set at national level while the range of courses eligible is agreed at regional level. In this way support for 38 member states is given equally and according to their priorities. Component 1.5, research, and Components 1.7 and 1.8 address regional level issues of technical tools or guidance needed for emergency managers, harmonised standards of the diagnostic laboratories, and provision of risk information to managers of surveillance programmes, and of emergency stockpiles. For each of the Pillar I regional components, 24 month plans are agreed at the first Executive Committee (ExCom) of the EuFMD after the programme agreement is signed, with EC, FAO and OIE participation; thereafter one member of the Executive maintains an oversight and guidance on the components development while the workplan is implemented by the EuFMD Secretariat. Under Pillar I there are two sub-regional components, for THRACE (Greece, Bulgaria, and Turkey) and the Balkans, the latter principally addressing emergency management capacity in the non-EU countries but with participation of the EU neighbours where they are at higher risk. These components each have a member of the Executive proving oversight while implementation is managed by the Secretariat.

### **Technical Co-ordination with institutional and national partners**

Each component has its own coordination framework to ensure the activities are well communicated with the member state/national focal points for the component; e.g. 3 national focal points for Component 3 as there are three veterinary services involved, or 38 national training focal points for the Component 1.1 concerning training. Phase III largely established the coordination arrangements at institutional level to ensure the 24 month workplans are acceptable with FAO and OIE as relates to non-member states, and via the EuFMD Commissions won procedures relating to the member states; and thereafter during implementation, the coordination and communication procedures within each component. In the high emphasis placed on coordination frameworks involving beneficiaries, the results of each component include the level of understanding and uptake of activities by the beneficiaries as a result of each components coordination activity. The scale of the programme, with 16 components, and thus the need to communicate 16 components with stakeholders, requires a high degree of use of electronic conferencing and EuFMD Phase III has largely switched to this modality rather than physical meetings which are reserved for very specific and justifiable purposes. The engagement with national authorities in Pillar II neighbourhood countries is one example where advocacy requires a higher and more continuous relationship and thus physical meetings.

### **Networking and networked learning**

The use of webinars and e-learning has been very successful in Phase III, in several European languages, and therefore this modality is proposed for the extension of training activities in Phase IV, as well as networking. For Pillars II and III, the involvement of FAO or OIE staff at regional or sub-regional office level is foreseen and advantageous, and assumes the regional initiatives and priorities on emergency management will support the FAO and OIE staff involvement at no cost. Their non-involvement may reduce impact but are not essential to the planned Components under Pillars II and III.

### **Contracting of Specialist technical studies and services**

Relating to specialist technical studies and services, several are foreseen under this programme. For research studies, a competitive process is used to ensure best value for money involving a call for proposals and a two stage review process. With regard to the contract for international surveillance (under Component 3.3), the World Reference Laboratory at Pirbright is the FAO World Reference Centre and the European Union Community Reference Laboratory and secretariat to the OIE/FAO Reference Centre Network, and provides unique services to national and international organisations; on this basis has been awarded the contracts under Phase III, foreseen to be continued, following FAO contracting procedures, under Phase IV.

### **Oversight and updating of work plans for Months 24-48**

Regarding the timetable of activities and the balance between components, the EuFMD Commission has a two-year plan of work and budget agreed with Member states at each biennial Session, thus agreed for 24 months in April 2015, and this review process will occur at the mid-point of the Phase IV, in April 2017. For these reasons, the second 24 month work programme will be developed after the review by the Executive, together with the donor, and with FAO and OIE, in April 2017, and proposed to member states at the 42<sup>nd</sup> Session. It is foreseen that the second 24 month workplan will continue the same Components but the balance of effort between these, and the expected results of the second set of workplans, will be adapted after this evaluation and according to the change in priorities for the Commission agreed by the member states and donor.

## Overview of the Work Programme: Outputs and Targets

The expected direct results of the programme are the 16 components (Outputs) that the activities are expected to achieve. These are grouped with eight under Pillar I and four each under Pillar II and Pillar III. The results chain for achieving an Output involves sets of activities to meet targets, and these targets together comprise the set of expected results that achieve the Output.

The Outputs, and the targets (expected results that contribute to each Output), and indicators are provided in this document and since the budget for each expected result is agreed the value for money of each result and output can be easily reviewed. It should be noted that types of *expected result (target)*, under each Output, fall into 4 categories:

- Better consultation with beneficiaries to ensure improved programming, implementation, dissemination and uptake of the action (“coordination framework functioning”)
- Improved system achieved that assists member states and others in the prevention and control activities (“improved system”)
- New capacity available to member states and others (trained human resources, tools for national use in contingency planning or prevention, guidance materials, methods)
- Attainment of expected FMD management outcome health (achievement of management standard – PCP, or surveillance information that enables attainment or maintenance of health status).

Most, if not all, Outputs have improved coordination as an expected result, a necessary part of ensuring the other results (system, capacity or management/surveillance results) are desired and utilised.

The Pillar, Output and Target level expected results are summarized in the table below:

	Outputs (Component level)	Target (expected result)
Pillar I	1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.	1.1.1 System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services supported by Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support;
		1.1.2. Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery
	1.2 Improved contingency planning by Members and at European level	1.2.1 System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises;
		1.2.2 Establishment of improved system for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources
	1.3 Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey	1.3.1 Maintenance of FMD freedom in Thrace region, and confidence at all times in this status on the basis of co-ordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur
		1.3.2 Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintain DF confidence;
		1.3.3.Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries
		1.3.4 Improved capacity to respond to exotic disease incursions in to the common border region, through participation in joint exercises and development of harmonized levels of contingency planning.
	1.4 Improved emergency management capacity for FMD in the Balkan region	1.4.1 Confidence in the coordination framework for western Balkan countries as a tool to ensure the continuous development , testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;
		1.4.2 Contingency plans for FMD agreed at national level and tested through at least one exercise
		1.4.3 Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.
	1.5 Research outputs relevant to resolve policy issues.	1.5.1 Produce Special Committee on Research and PD reports, including Biorisk Management;
		1.5.2 Outputs of Funded Research Projects.
	1.6 Earlier control of disease outbreaks through assistance to emergency response operations	1.6.1 Emergency response operations co-ordinated with EC that involve procurement and timely delivery of material aid, and technical guidance, to veterinary services

	1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighborhood	<p>1.7. 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:</p> <p>1.7.2 Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS;</p> <p>1.7.3 Management and participation in annual EU reference laboratory meetings</p>
	1.8 Improved early warning system, risk communication and its uptake by Member States into prevention and early detection operation	<p>1.8.1 System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others</p> <p>1.8.2 System established to ensure that changes in FMD incidence, and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers</p> <p>1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention</p> <p>1.8.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver</p>
	<b>Outputs (Component level)</b>	<b>Target (expected result)</b>
<b>Pillar II</b>	2.1 <b>South-East Europe:</b> better FMD Management <b>Turkey</b> and neighbours	<p>2.1.1 Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages</p> <p>2.1.2 Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries</p>
	2.2 <b>South-East Mediterranean:</b> Better FMD management on the neighborhood of Cyprus and Israel	<p>2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon;</p> <p>2.2.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally, including the establishment of a system to improve planning of surveillance measures aimed improving confidence in disease detection and/or freedom (as applicable) in the neighbourhood;</p> <p>2.2.3 System in place to provide improved disease risk information to managers in Israel and Cyprus re: vaccine selection for the threats from bordering areas of the Middle-East and sub-Saharan East Africa.</p>
	2.3 <b>North Africa:</b> technical support to REMESA actions to achieve improved control of FMD	2.3.1 Progress to develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia;

Pillar III		2.3.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally as needed to progress the REMESA Strategic Plan, including the establishment of surveillance measures aimed improving security of sanitary barriers between countries or zones with different FMD situations;
		2.3.3 System in place to provide improved disease risk information for planning of vaccination programmes, including vaccine banks, to support managers in REMESA
	2.4 Improved National and Regional Capacity for management of FMD through development and evaluation of training programmes for national staff	2.4.1 To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face-to-face, webinars) and languages for countries in Pillar II
		2.4.2 To have established a method for monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries
		2.4.3 Fit for purpose training courses and resources are available for wider use by neighbourhood countries and which are largely appropriate and adaptable to the needs of the global community (Pillar 3 uptake/GF-TADS)
	<b>Outputs (Component level)</b>	<b>Target (expected result)</b>
	3.1 Improved system for monitoring and evaluation of the progress of regional programmes on FMD control	3.1.1 International Progress Monitoring system functioning effectively
		3.1.2 FAO/OIE Working Group enabled to produce information on annual, Global FMD Report.
	3.2 Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD	3.2.1 PCP toolbox developed for PCP-FMD user community, including guiding documents developed for joint FAO/OIE application
		3.2.2 System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress
		3.2.3 The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved.
	3.3 Improved international FMD reference laboratories services and their contribution to regional epidemic –surveillance networks	3.3.1 Co-ordination of international harmonisation in methods and support activities by the OIE/FAO global FMD laboratory network
		3.3.2 International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL;
		3.3.3 Epidemic-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information
		3.3.4 Support for a global proficiency test scheme, to include 19 laboratories in the global network
	3.4 Improved National and Regional capacity for the roll-out of the Global Strategy and the management of FMD: Pillar III Training Component	3.4.1 PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD WG.
		3.4. System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users

## Overview of Human Resources

The EuFMD Secretariat is funded by the 38 member states, with biennial agreement on the administrative budget, currently agreed at the 41<sup>st</sup> General Session. There are six members of staff funded from the members' contribution and these are available full time to operate the project.

The staff supported by the Member State contributions (fund *MTF/INT/011/MUL*) are:

- P5 Executive Secretary,
- Two P3 equivalent consultants (Training Programmes Manager and Contingency Planning Officer),
- P2 Networking and Training Support Officer (50% funded by EC project)
- P2 equivalent Technical Officer (consultant)
- One operational officer.

The understanding reached between the Executive and EC is that these staff are provided without cost to the EC programme with the exception of 50% of the cost of the P2 position, but to retain essential professional inputs over the term of the project, that flexibility is retained in the EC programme to recruit a professional officer for part of the project term if the need arises.

The responsibilities for supervision and management of each Output is summarised below, with BOLD script indicating positions funded under the EC programme, and *italics* those funded by EuFMD Member States trust fund under *MTF/INT/011/MUL*.

<b>Output Number</b>	<b>Output Supervisor</b>	<b>Output Manager</b>	<b>Lead - Network and training support</b>	<b>Operational Support</b>
1.1	<i>TPM (P3 EQUIV)</i>	<b>STP 1</b>	P2 (50:50 EC AND MUL/11)	Workprogramme co-ordinator and 4 operational support staff- one funded by MUL/11 and four funded by EC
1.2	<i>ExSec (EXSEC (P5))</i>	CPO (P3 EQUIV)	P2 (50:50 EC AND MUL/11)	
1.3	<i>CPO (P3 EQUIV)</i>	<b>STP 2</b>		
1.4	<i>CPO (P3 EQUIV)</i>	<b>STP 2</b>		
1.5	<i>EXSEC (P5)</i>	<b>Consultant-2</b>	P2 (50:50 EC AND MUL/11)	
1.6	<i>EXSEC (P5)</i>			
1.7	<i>EXSEC (P5)</i>	<b>Consultant2</b>		
1.8	<i>EXSEC (P5)</i>	CPO (P3 EQUIV)		
2.1	<i>EXSEC (P5)</i>	<b>Consultant-3</b>		
2.2	<b>Consultant-1</b>	<b>Consultant-3</b>		
2.3	<b>Consultant-1</b>	<b>STP3</b>		
2.4	<i>TPM (P3 EQUIV)</i>	<b>Consultant-4</b>	P2 (50:50 EC AND MUL/11)	
3.1	<i>EXSEC (P5)</i>	<b>Consultant</b>		
3.2	<i>EXSEC (P5)</i>	<b>Consultant-4</b>		
3.3	<i>EXSEC (P5)</i>	<b>Consultant-2</b>		
3.4	<i>TPM (P3 EQUIV)</i>	<b>STP4</b> <b>Consultant-4</b>	P2 (50:50 EC AND MUL/11)	

### Key:

EXSEC (P5 Animal Health Office, Executive Secretary)

P2 (Network and Training Support Officer)

TPM (Training Programmes Manager, consultant with experience/terms equivalent to P3)

CPO (Contingency Planning Officer, consultant with experience/terms equivalent to P3)

STP: short term professional; 6 month short term consultant (Category A, entry level consultant) or consultant-without compensation, released 6 month basis by member states.

## **Operational support team**

The operational support team's work across the programme includes supporting training activities, travel, human resources, accountancy and events management. The team includes 5 positions of which one is funded under MTF/INT/011/MUL and four to be funded under the EC programme. Five persons were found to be the sufficient for Phase III providing flexibility to recruit short term support was able to be used in times of very high delivery rates.

## Overview of EuFMD's Training Strategy

### Introduction

Phase III of the EuFMD work programme saw a rapid expansion in EuFMD's training activities. In particular, the development of the online virtual learning environment, "EuFMD e-Learning", allowed delivery of fully online training courses, in various languages, alongside a blended learning approach in which e-learning courses were combined with face to face training. Additionally, the web-based environment has proved to be a valuable platform for networking; allowing EuFMD's audiences to interact and collaborate through discussion fora and to share resources such as the recordings of the Open Session conference and the Contingency Planning Knowledge Bank. These new online tools allow EuFMD's training resources to reach wider audiences than was previously possible.

Alongside the formal training courses offered under component 1.1 of the phase III work programme, many of EuFMD's activities have a training element; for instance, the activities in the Balkans involved a number of workshops, and support to countries working through the PCP-FMD involves a series of in country training activities. Often (and particularly in the case of e-learning courses) the costs of developing these training courses for the first time are higher than the subsequent costs of delivering a course for the second or third time.

Therefore, the training strategy for 2015-17 seeks to:

- Recognise the training programme as an essential part of capacity building across EuFMD's programme.
- Promote efficiency by ensuring that training across EuFMD's programme is co-ordinated, harmonised and resources and experience are re-used wherever possible.
- Reach wider audiences through the use of innovative online technologies.
- Promote quality of training, through the design of a needs assessment and monitoring and evaluation framework for training.

### What is special about EuFMD training?

#### *Specific expertise:*

EuFMD's training courses will focus on areas where EuFMD has specific expertise; for example in FMD diagnosis, epidemiology, outbreak investigation, FMD contingency planning, emergency response, and in risk based FMD control through the Progressive Control Pathway for FMD. Focussing on areas of specific expertise is essential to ensure limited resources are used most appropriately and to avoid duplication with other providers.

#### *State of the art delivery:*

Where possible modern methods of training delivery will be used, including the use of webinars and e-learning. However, we recognise that e-learning is only one of a number of training tools, and delivery methods will be chosen according to the specific needs of the target audience. Often a blended approach, with practical, hands-on, discussion based face to face training combined with theory presented in an e-learning format will be used.

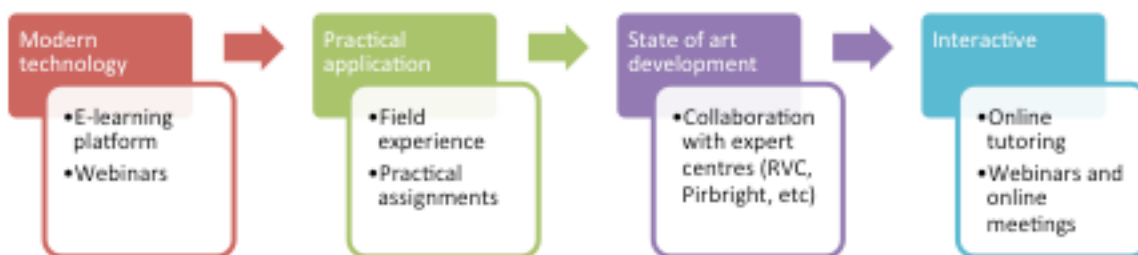
E-learning is particularly useful:

- For training large numbers of geographically distant participants
- When low resources mean funding for travel is not available
- For providing training in local languages (when translated text-based resources may be better than oral presentations in a second language)

- For providing long-term support between face to face meetings

***Practical- based on field experience:***

EuFMD training is intended to provide knowledge and tools that can be directly be applied by our target audiences in their day to day work. Rather than focussing only on theory, our courses will be practical, pragmatic and applied to the “real world” whenever possible.



*Figure 1: Elements of the EuFMD training programme*

## Methodology for needs-based training

Prior to the development of new training courses, a needs- based approach will ensure that EuFMD's limited resources are used to develop the training resources of most benefit to capacity building in participating countries. Following training development and delivery, a framework for monitoring and evaluation will ensure that courses are meeting EuFMD's objectives, and can feedback into further development and improvement.

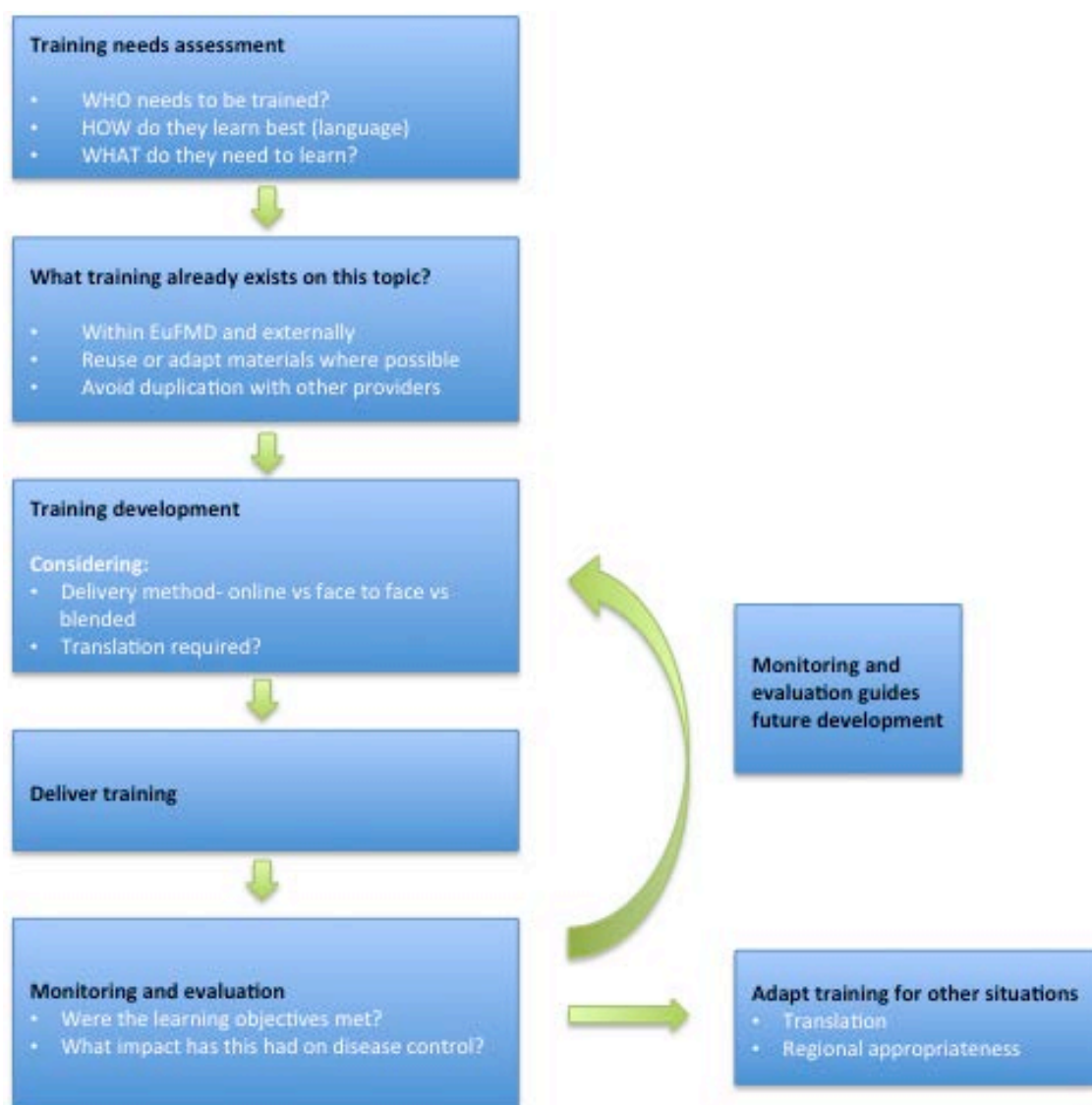


Figure 2: Methodology for training needs assessment, development and evaluation

## Re-using resources across the work programme

The highest amount of development of training materials will take place under component 1.1, with training development for Pillar II co-ordinated under component 2.4. Wherever possible training developed under one area of the EuFMD work programme will be adapted and re-used by another component. Experience and materials from components such as 1.3, (Thrace), and 1.4 (Balkans) will feed into development of training for all MS under component 1.1. Externally funded projects, such as the Real Time Training project funded by the government of Australia, will also develop materials that can be re-used by the EC funded programme.

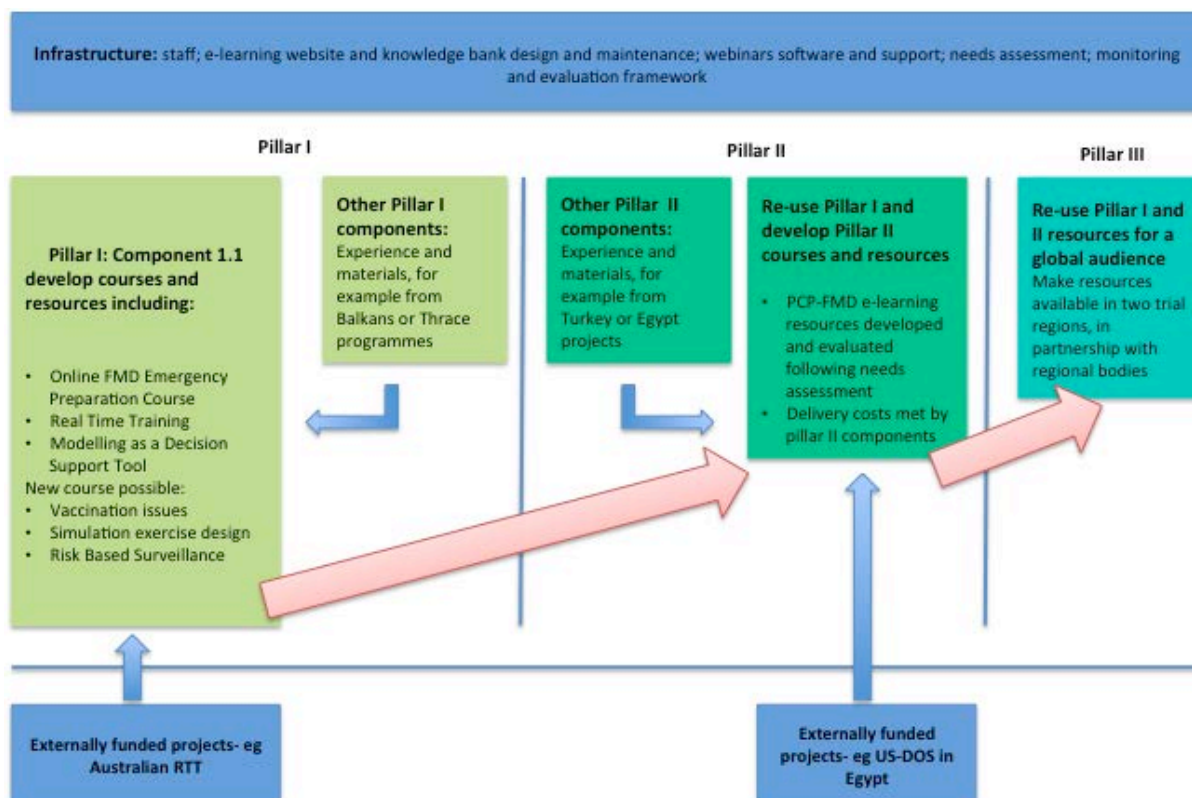
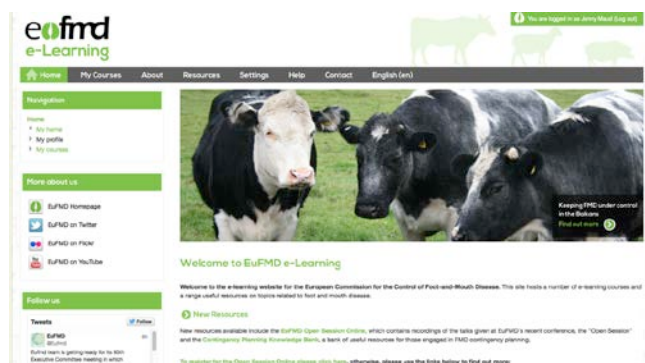


Figure 3: Training courses and resources are re-purposed and re-used across the work programme

## Open access materials

The majority of EuFMD's e-learning courses are currently protected by a password. This is necessary either when resources are not suitable for global access, or to preserve the exclusivity of an online course, whereby trainees are given access to the materials for four weeks in a formal way. This formal nature of the online e-learning courses has been important in ensuring that participants complete the training courses. EuFMD's courses usually have 80-90% completion rates, whereas "Massive Open Online Courses" available on the internet for anybody who chooses to sign up typically expect very low completion rates, often below 5%.

A new development for 2015-17 will be opening up selected areas of the EuFMD e-Learning platform so that more resources can be viewed by wider global audiences. It will also be possible for audiences to register themselves with the website and follow short e-learning courses, such as "FMD basics" or the introductory levels of the PCP-FMD related e-learning courses. This will ensure that wide global audiences are able to access introductory materials, expanding the reach of EuFMD's training materials to wider stakeholders, and also drawing in new contacts and audiences to EuFMD's networks and training materials.



## **EuFMD Knowledge Bank: reaching wider stakeholders with tools as well as training**

Alongside increasing audience's knowledge through formal training courses, EuFMD recognises that once trained, or during their training, audiences need access to informal training resources, tools and job aids to assist them in their activities.

Such resources may include, for example:

- Fact sheets, videos, recordings, which can be used to train farmers on recognition or response to FMD
- Recordings of expert webinars given by EuFMD
- Template outbreak investigation forms
- Guidelines on specific aspects of PCP-FMD activities

These resources and job aids will be made available through an **online knowledge bank**. This will be a repository of resources that are categorised and can be search according to a variety of characteristics. The knowledge bank will include links to external resources available elsewhere on the internet, as well as resources developed by EuFMD.

### **Equipping national trainers**

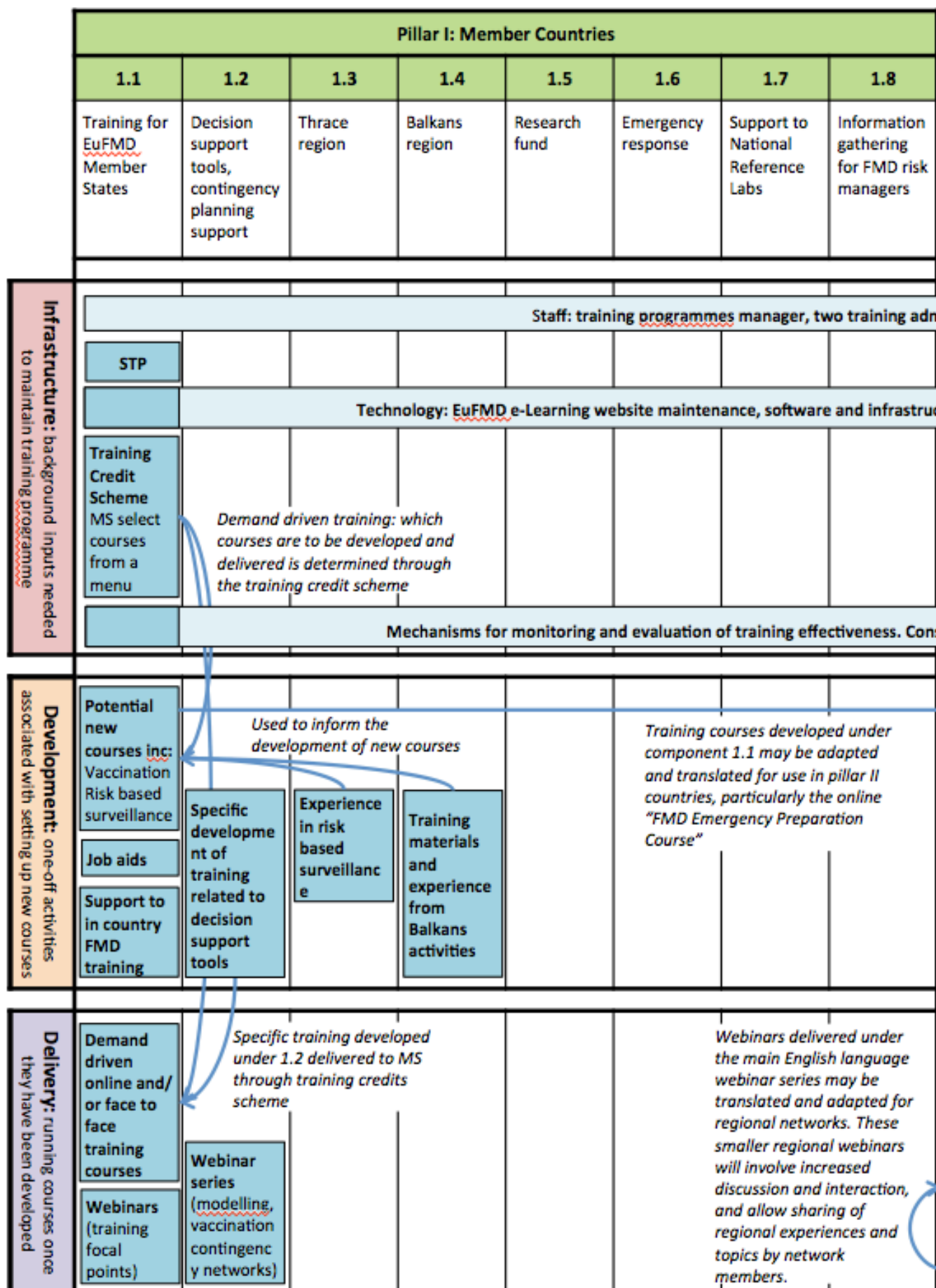
An important use of the Knowledge Bank will be to provide tools which allow national level cascade of EuFMD's training, in a "train the trainers" approach.

### **Accreditation and certification**

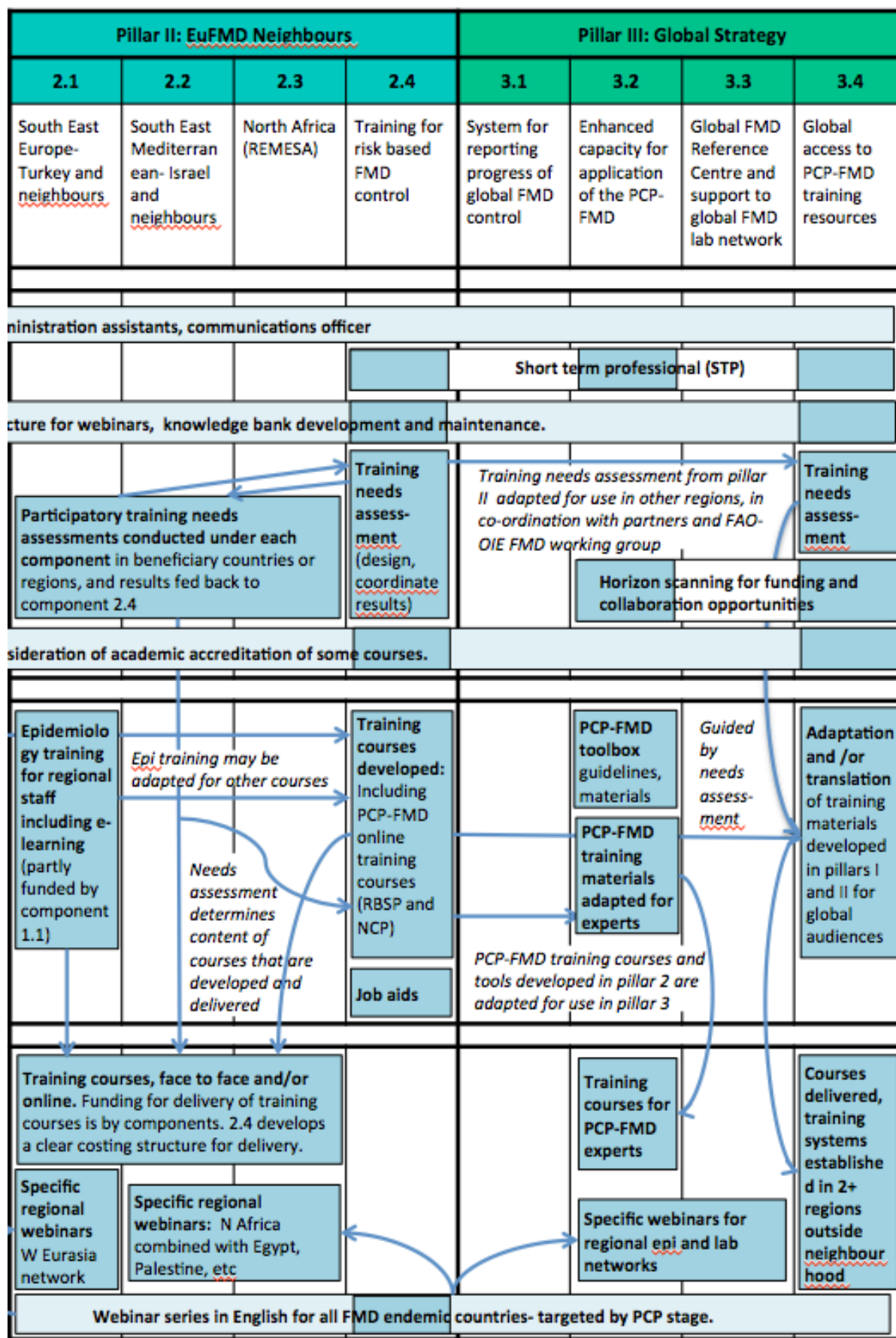
Where possible, and likely in the second year of the phase IV programme, EuFMD will seek to accredit or certify some of its courses. This accreditation or certification is an important way of assuring quality of the training provided, and the provision of a recognised certificate or accreditation will be an important motivator in encouraging trainees to participate in and complete courses.

Accreditation or certification may be achieved in a number of ways:

- 1) Recognition of training courses by national bodies towards veterinarians's Continuing Professional Development
- 2) Recognition of trained participants as "experts" or "trainers"- perhaps possible in partnership with OIE and FAO for PCP-FMD related activities
- 3) Academic accreditation of training courses, in partnership with universities, such that participation in EuFMD courses is associated with credits which may be put towards an academic qualifications such as a Post Graduate Certificate, Diploma or Masters.



= activity funded by component        = activity which contributes towards component but is not funded by it



## Budget

The table below shows the proposed budget for 2015-2017, divided according to component and budget line. Note that headquarters costs, including the costs of headquarters based staff, are listed separately.

Proposed Budget Phase IV per Activity 2 Years																					
PILLARS I - II - III						Components Pillar I								Components Pillar II				Components Pillar III			
Accounts	Description	Pillar I	Pillar II	Pillar III	Proposed Total	Comp 1.1	Comp 1.2	Comp 1.3	Comp 1.4	Comp 1.5	Comp 1.6	Comp 1.7	Comp 1.8	Comp 2.1	Comp 2.2	Comp 2.3	Comp 2.4	Comp 3.1	Comp 3.2	Comp 3.3	Comp 3.4
		EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO
5570	Consultants	328,845	285,000	147,500	761,345	90,000	40,000	138,845	25,000	17,500	2,500	2,500	12,500	140,000	45,000	50,000	50,000	25,000	60,000	25,000	37,500
5900	Duty Travel	396,200	241,500	90,495	728,195	180,600	25,000	52,500	57,500	58,100	5,000	2,500	15,000	77,500	62,500	71,500	30,000	25,495	22,500	25,000	17,500
5650	Contracts	339,830	91,500	412,533	843,863	40,000	12,500	7,500	25,000	208,330	0	39,000	7,500	35,000	10,000	9,000	37,500	0	0	387,533	25,000
5920	Training	144,000	125,947	22,500	292,447	70,500	5,000	35,000	12,500	10,000	2,500	2,500	6,000	60,586	19,650	32,711	13,000	0	5,000	10,000	7,500
6000	Procurement	210,336	60,952	31,659	302,947	7,616	0	38,399	15,642	500	147,679	0	500	11,500	15,000	34,452	0	0	2,500	29,159	0
6300	General Operating Expenses	144,778	43,798	10,000	198,576	27,000	7,500	47,800	42,478	7,500	7,500	0	5,000	10,323	23,037	438	10,000		5,000		5,000
	<b>Subtotal</b>	<b>1,563,989</b>	<b>848,697</b>	<b>714,687</b>	<b>3,127,372</b>	<b>415,716</b>	<b>90,000</b>	<b>320,044</b>	<b>178,120</b>	<b>301,930</b>	<b>165,179</b>	<b>46,500</b>	<b>46,500</b>	<b>334,909</b>	<b>175,187</b>	<b>198,101</b>	<b>140,500</b>	<b>50,495</b>	<b>95,000</b>	<b>476,692</b>	<b>92,500</b>

HQ staff and Support Costs		
Description		ew proposal
Salaries Professional		199,563
Consultants Budget (HQ only)		369,781
<b>General Overhead Budget</b>		2,000
<b>ation and Official Reporting</b>		39,602
<b>Project Servicing Charge (7%)</b>		261,683
TOTAL for HQ staff & Support Cost		872,629
<b>TOTAL</b>		<b>4,000,001</b>

NOTE: HQ staff and Support Costs are not included in the individual component budget calculations on subsequent pages

## Explanation of Budget Lines

### Salaries- professional

This covers expenses related to Professionals such as salary, medical costs, pension plan, recruitment costs, rental subsidy lodging, including 8% Improved Cost Recovery Uplift ICRU (5% charge for Information Technology support service, 1.5% charge for Headquarters Security Services, 1.5% charge for Office Occupancy) and for the proposed programme this will cover 50% of a P2 Grade position for 48 months, and 15 months of a P3 Grade Animal Health Officer. The latter is expected to replace the funding by FAO(EuFMD) of the P3 equivalent position in mid-2017, following the 42<sup>nd</sup> EuFMD General Session, and provides the necessary assurance on the technical level of input to manage the programme should EuFMD funding not be sufficient alone to cover the costs of this position from its resources after mid-2017.

### Consultants

This covers expenses such as honorarium, living allowances, insurance and 8%ICRU related to all the Consultants categories (national consultants, consultants internationally recruited, consultants locally recruited, national projects personnel) and covers the daily rates of consultants to provide technical (animal health) and operational support to the activities to be undertaken under each component. The operational support consultants include those classified as professional service providers and consultants under FAO standard definitions relating to duties. The number of days of inputs of consultants has been estimated for every activity, both technical and operational, for the programme described for the first 24 months. Some components, which require subcontracting of services, may have higher operational costs than technical consultants costs, since they involve headquarters based procedures to manage. Consultants can be further divided into those managing components (thus longer term, maximum 11 months at one time) and those providing short term inputs for specific missions, studies or development of guidance documents. Consultants rates are set centrally by FAO HR Services in accordance with FAO policy, and rates relate to the level of experience required and the complexity and responsibilities to be covered, and an equivalence table to those of professional grade (P1-5) officers is involved. Consultants are paid on daily rates, timesheets are submitted, and FAO policy sets the maximum number of days per month (22) that can be charged.

### Duty Travel

This covers expenses related to the movement of the consultants categories such as transportation, flights, accommodation, daily subsistence allowance (DSA) and in the estimated budget, the output with the highest proportion relating to travel is Component 1.1, relating to the travel of trainees for courses conducted in the field to gain expertise on FMD. The travel costs are restricted to the minimal level allowed within the FAO travel policy, and are always economy class irrespective of distance or time, although FAO policy allows business class over 12 hours. The use of direct payment to Hotels for workshops and training is normally used enabling restrictions of allowances to the minimum under FAO policy.

### Contracts

This covers services contracted under standard FAO instruments and awarded after application of FAO contracting procedures, to enable best value for money. These mainly involve Letters of Agreement, the standard instrument used with not-for-profit institutions such as research centres. The major contract under this agreement is with The Pirbright Institute (TPI), to provide specialist reference laboratory services, budgeted at 193,000 € per annum over 4 years, a continuation of the rate of the support for world reference laboratory (WRL-FMD) reference centre services provided to GF-TADS over the period 2014-15.

### Training

This covers Study Tours, Research Grants and other Training Costs related to Workshops and Trainings such as hotel, transport, food, conference room hire, etc

**Procurement**

This covers medical and veterinary supplies, maintenance supplies and data processing supplies. The total amount in this line allows emergency mechanism for procurement of vaccines or other items, and together with other Trust Funds operated by the Commission, enable a procurement reserve of circa 900,000€, sufficient for a major purchase of vaccine if needed in the European region.

**Report costs**

This is a standard amount set by FAO for the reporting on the project of this size.

**Project Evaluation costs**

These cover the costs of an FAO managed Evaluation of the project, and this would occur only if the donor (EC) expressly requested this to occur. It is anticipated that a decision on evaluation would be taken by the EC together with EuFMD Executive and should it not be required, a budget revision will be proposed during the project term.

**General Operating Expenses**

This account is used to charge services such as simultaneous translation, catering, etc. as part of workshops.

**General Overheads and Budget**

This is a standard FAO charge.

## **EuFMD Workplan Component Plan**

# **1.1- Training for Member States**

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### **Component Objective:**

**Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.**

Component Supervisor:

**Jenny Maud**

Component Manager:

**Jenny Maud/Magdalena Gajdzińska**

## 1. Background

Component 1.1 aims to provide training to assist Member States (MS) to effectively prepare for foot-and-mouth disease (FMD) emergencies. As part of the 2013-15 work programme, recognising the variation in requirements for training across EuFMD's MS, a demand-led training programme was initiated. Under this "Training Credits Scheme" MS selected training opportunities from a variety of options, according to which were most suited to their individual capacity building requirements. Each MS was allocated 10 training credits, and training courses were rated to a certain number of credits, dependant upon the financial costs of the training. Each MS appointed a "Training Focal Point" who was responsible for liason between EuFMD and the MS, and allocation of training credits. Training Focal Points were updated on training opportunities, through regular webinars, newsletters, and a section of the EuFMD e-Learning website. This initiative was warmly received by MS and it was agreed at the EuFMD General Session in April 2015 that this method of ensuring demand-led training should be continued for the 2015-17 work programme.

In addition to continuing the Training Credits Scheme, the following additions and improvements will be made to the training programme for the 2015-17 work programme:

### **Improving strategic selection of training courses**

2013-15 was a period of rapid expansion in the EuFMD training programme, particularly in relation to e-learning, and hence the training courses available to MS evolved over time. This meant that it was challenging for countries to strategically select training, and many countries delayed spending their training credits. For the 2015-17 work programme, a clear menu of training available over the entire two year period will be offered to MS, and focal points will be encouraged to allocate the majority of credits to training at the beginning of the work programme. In addition, a simple self-assessment tool will be developed to allow countries to assess their country's FMD preparedness gaps and needs, and relate this to the courses chosen from the training menu. It is hoped this will encourage countries to select training options in a more strategic way, having fully considered their priorities for capacity building. The option to purchase additional training credits will continue, for countries that would like to take part in additional training above the 10 allocated credits.

### **Support to in country training and extension**

Consultation with Training Focal Points carried out in 2015 indicated that alongside taking part in EuFMD's training courses, many countries either carry out, or would like to carry out, in-country training activities in relation to preparedness for exotic disease incursions. MS additionally recognised the need for engagement, training and awareness raising of the wider stakeholders involved in early recognition and effective disease control, including, for example, private veterinary practitioners and farmers.

An additional objective for the 2015-17 work programme is therefore to support such in country training and awareness raising activities. Examples of how this may be achieved include:

EuFMD support in country FMD training programmes by consultation on the design and content of the training programme, and supply of supportive training materials and job aids including e-learning, powerpoint presentations, factsheets, videos and training exercises. Training materials will be designed to be readily translated.

Development of tools to be used by countries for stakeholder engagement- factsheets, videos, e-learning resources.

Sharing of existing tools between MS- many MS have developed training and extension tools and programmes, and EuFMD will facilitate sharing of these through the Training Focal Points network.

### **Cascade training, and training of trainers**

In line with the move towards support to in-country training outlined above, and continuing work done during the 2013-15 programme, face to face training courses, particularly Real Time Training courses, will increasingly emphasise the need for participants to pass on the training received to colleagues. Participants on Real Time Training courses may be expected to be national trainers for in country FMD training, and the training will include additional content to allow them to carry out this role effectively.

## New courses to be developed

New training courses will be developed according to MS demand. Initial consultations carried out during 2015 suggest that priorities include support to the inclusion of vaccination within contingency planning, conducting simulation exercises and risk based surveillance.

### Monitoring and evaluation of training

Currently all training courses carried out by EuFMD are evaluated by survey of participants and formal feedback from trainers and organisers. The 2015-17 work programme will extend, streamline and improve evaluation procedures in order to monitor the impact of EuFMD training activities.

(Please see “Training Programme Strategy” section for more information of EuFMD’s overall training scheme)

## 2. Project team

Role	Name	Status
<b>Pillar supervisor</b>	Jenny Maud	Training Programmes Manager-Secretariat
<b>Component Manager</b>	Jenny Maud/Magdalena Gajdzińska	Secretariat/ Short Term Professional
<b>Training and networking support</b>	Nadia Rumich	Training and Networking Officer/Secretariat
<b>Member State partners</b>	Training Focal Point in each EuFMD MS	n/a
<b>ExCom oversight</b>	TBC	ExCom member

## 3. Countries or partner organizations involved

All EuFMD Member States are direct beneficiaries of component 1.1.

The main partners are:

Training focal point in each MS. A good relationship has been established with many focal points through the first two years of the Training Credits Scheme.

Letter of Agreement (LoA) with Royal Veterinary College (RVC), University of London. This will be principally for RVC to maintain the EuFMD e-Learning website, develop the Knowledge Bank and provide technical and pedagogical assistance in the development of new online training courses.

## 4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
<b>Six monthly report to ExCom</b>	Component Manager/Training Programmes Manager	Written report for ExCom	ExCom, STC	Network and Training Support Officer
<b>Workshop reports</b>	Lead Trainer	Written report	EuFMD Secretariat, summary to ExCom	Component manager
<b>Monitoring and evaluation of training</b>	Component Manager/Training Programmes Manager	Written report	EuFMD Secretariat, summary to ExCom	Network and Training Support Officer
<b>EuFMD e-Learning website report and usage statistics</b>	Component Manager/Royal Veterinary College	Written report	EuFMD Secretariat	Network and Training Support Officer
<b>Training newsletter</b>	Component Manager	Written newsletter	Training Focal Points	Component

and webinars		and webinars every 3 months		Manager
<b>Report for General Session</b>	Training Development Officer	Written report	Member States	Network and Training Support Officer

## 5. Approval and implementation

Stage	Status
Consultation with Training Focal Points	Completed Spring 2015
Presentation of outline of component to MS at EuFMD General Session	Completed April 2015
Approval of detailed work plan by EuFMD Executive Committee	To be completed September 2015
Needs assessment tool designed and training menu presented to MS Training Focal Points	To be completed October 2015
Two year training plan defined based on MS selection of training priorities and presented to MS Training Focal Points	To be completed December 2015
Training programmes developed and delivered	Throughout work programme

## 6. Objective(s) of component

The overarching objective (output) is:

**Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.**

The targets (expected results) are:

**1.1.1:** System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services supported by infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support

**1.1.2:** Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training programme supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery

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

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
1.1	<p><b>Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.</b></p> <p><b>Targets:</b></p> <p><b>1.1.1</b> System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services supported by Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support</p> <p><b>1.1.2</b> Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training programme supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery</p>	<p>At least 28 of the 38 MS have applied the training resources in cascade training of their own staff.</p> <p>Increase in number of MS with more than 3 trained FMD experts in 3 major disciplines.</p> <p>Demand met for at least 80% of the training topics requested (where more than one request).</p>	<p>EuFMD Executive (six monthly)</p> <p>Data from the Training Database</p> <p>EuFMD Standing Technical Committee reviews</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>

### Activities by target:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.1.1 System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services supported by Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support;</b>				
<b>1.1.1.1 Training infrastructure: staffing and technical resources</b>	Training infrastructure is funded and organised in co-ordination with components 2.4 and 3.4. It includes staff support for training (Training Programmes Manager, Network and Training Support Officer, Short Term Professional and administrative staff). It also includes maintenance and development of the EuFMD e-Learning website and software for webinars.	<p>Training staff support in place.</p> <p>EuFMD e-Learning website and functioning well and regularly updated.</p> <p>Webinar software up to date and used regularly.</p>	<p>ExCom report</p> <p>Report of usage statistics of EuFMD e-Learning website</p> <p>Report from Royal Veterinary College as part of Letter of</p>	<p>e-learning website maintenance is through letter of agreement with Royal Veterinary College</p>

Agreement			
<b>1.1.1.2 Training infrastructure: online knowledge bank development (in co-operation with other training components)</b>	The development of the online knowledge bank (see training programme and strategy section) will involve the development of a categorised, searchable online library of training resources and job aids. Components 1.1, 2.4 and 3.4 will all develop tools, resources and job aids to be added to the online knowledge bank. The knowledge bank will also contain links to external resources where appropriate.		<p>ExCom report</p> <p>Report of usage statistics of EuFMD e-Learning website</p> <p>Report from Royal Veterinary College</p>
<b>1.1.1.3 Training infrastructure: open access areas of EuFMD e-Learning website (in co-operation with other training components)</b>	Open access areas of the EuFMD e-Learning website will be developed, making basic resources available to a wider audience from all EuFMD MS.	Open access areas of EuFMD e-Learning website developed	<p>ExCom report</p> <p>Report of usage statistics of EuFMD e-Learning website</p> <p>Report from Royal Veterinary College</p> <p>e-learning website maintenance is through letter of agreement with Royal Veterinary College</p>
<b>1.1.1.4 Training infrastructure: development of an improved framework for monitoring and evaluation</b>	System for monitoring and evaluation will be developed in co-ordination with components 2.4 and 3.4. It will include evaluation of the quality of each training course, ensuring that all learning objectives are met, but also assessment of the contribution training makes to the overall objective of component 1.1 in terms of increased expertise in FMD crisis management.	Reports and data on the results and impact of EuFMD training	<p>Report on each training course, highlights to</p> <p>ExCom report</p> <p>Knowledge bank infrastructure is through letter of agreement with Royal Veterinary College</p>
<b>1.1.1.5 Develop knowledge transfer tools and job aids</b>	Tools aimed to assist in country training, extension and FMD preparedness or response activities will be developed based on requests for need from MS. Existing tools available in MS will be shared with others.	A range of tools and job aids is developed.	<p>ExCom report</p> <p>(tools themselves will also be available for review)</p> <p>Use of tools and job aids once developed relies on sufficient interest from MS.</p>
<b>1.1.1.6 Support to in country training courses</b>	MS will be supported to provide FMD training within their country, with assistance in course design, provision of expert trainers, or provision of training	In country FMD training is carried out with the support of EuFMD in at least 5 MS by end 2016, and	<p>ExCom report</p> <p>Relies on interest in conducting in country</p>

	materials by EuFMD. Previous participants of Real Time Training will be encouraged to act as trainers for these courses. If input to country level training involves significant financial resource this can be included under the training credit scheme.	experience from this training communicated to all MS. At least 5 further MS conduct such training in 2017.		training from MS
<b>1.1.2 Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training programme supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery</b>				
<b>1.1.2.1 Training credits system and needs assessment</b>	Each MS will be allocated 10 training credits and informed of this during October 2015. They will be asked to choose course options from a number of courses, and to assist in doing this will be provided with a simple needs assessment questionnaire, to improve strategic selection of courses.	At least 60% of training credits should be allocated to training within the first 6 months of the programme. The remaining 40% should be allocated by January 2017.	ExCom report	Relies on MS to allocate training credits some MS have been very slow to do this in the past.
<b>1.1.2.2 Development of new training courses</b>	New training courses will be designed and developed based on MS demand from MS. This may include risk based surveillance and practical aspects of vaccination.	At least two new courses developed June 2017 (if there is demand for this)	New courses will be evaluated following delivery (see 1.1.2.3)	Relies on the availability of expertise to develop new training courses.
<b>1.1.2.3 Delivery of training courses</b>	Face to face and online training courses will be delivered.	Training courses, to the full value of all MS training credits, should be delivered by July 2017.	Training courses will be monitored and evaluated according to the framework outlined in 1.1.1.2  Results of monitoring and evaluation will be reported to ExCom, and STC.	Relies on timely allocation of training credits by MS. Real Time Training in Kenya relies on MOU with DVS Kenya and safety of travel to Kenya.
<b>1.1.2.4 Training focal points informed of training opportunities and feedback</b>	Training focal points are kept regularly updated on training opportunities available and feedback from training courses through webinars and newsletter	Webinar and newsletter for training focal points every three months	Newsletter and webinar recording	Relies in participation of focal points in webinars.

## 8. Gantt chart

OUTPUT 1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
<b>1.1.1 System in place to enable every MS to cascade appropriate training and learning on FMD control to their public and private animal health services supported by infrastructure for learning and knowledge transfer in place, including e-learning, training resources, and staff support</b>	1.1.1.1 Training infrastructure: staffing and technical resources																								
	1.1.1.2 Training infrastructure: online knowledge bank development																								
	1.1.1.3 Training infrastructure: develop open access areas of EuFMD e-Learning website																								
	1.1.1.4 Training infrastructure: development of an improved framework for monitoring and evaluation																								
	1.1.1.5 Develop knowledge transfer tools and job aids																								
	1.1.1.6 Support to in country training courses																								
<b>1.1.2 Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery</b>	1.1.2.1 Design needs assessment framework to assist countries in decision making on training courses																								
	1.1.2.2 Development of new courses																								
	1.1.2.3 Delivery of training courses																								
	1.1.2.4 Training focal point updates																								

## 9-Budget (€)

Output	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	Total for activity	TOTAL by output
1.1.1 System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services	1.1.1.1 Infrastructure (technology)	0	0	20,000	0	0	0	20,000	39,000
	1.1.1.2 Infrastructure (monitoring and evaluation framework)	0	0	0	0	0	0	0	
	1.1.1.3 Support to in country training	10,000	4,000	0	0	0	0	14,000	
	1.1.1.4 Development of training tools and job aids	4,000	0	0	1,000	0	0	5,000	
1.1.2 Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training programme	1.1.2.1 Development of new courses	10,000	0	0	0	0	0	10,000	376,716
	1.1.2.2 Delivery (370 training credits at 1000 per credit)*	66,000	176,600	20,000	69,500	7,616	27,000	366,716	
	<b>TOTAL by budget line:</b>	<b>90,000</b>	<b>180,600</b>	<b>40,000</b>	<b>70,500</b>	<b>7,616</b>	<b>27,000</b>		<b>415,716</b>

\* Note that allocation of funds to delivery of training courses represents a decrease in the value attributed to each training credit as compared to the previous workplan. Implications of this change will be discussed with Executive Committee and budget amended accordingly.

### Additional contributions not included in budget above:

External funding received for development of training outside the EC funded programme, including the Real Time Training courses held in Nepal and funded by Australia and New Zealand, and the additional training purchased by Member States under the “Training Credits Top-Up Scheme” contribute funding which support the development of new training courses and materials which are then also used as part of training provided to MS under the EC funded programme. In addition, these funding sources support recruitment of additional personnel, as listed in the table below:

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
<b>Component Supervisor: Training Programmes Manager</b>	50% of one FTE role (consultant P3 equivalent)	EuFMD Trust Fund- MS contributions
<b>Component Manager: Short Term Professional</b>	100% of one FTE role	EC project plus contribution from Australian Real Time Training and Training Credits Top Up fund
<b>Network and Training Support Officer</b>	30% of one FTE role (P2)	50% EuFMD Trust Fund, 50% EC project
<b>Development of training materials</b>	New online training materials, course materials or job aids	Australian Real Time Training and Training Credits Top Up fund

## 10. Challenges to achieving component objectives

1. Component relies on Training focal points being proactive and timely in completing training needs assessments and nominating participants for training courses.
2. MS should appoint focal points who have a good understanding of the FMD related capacity building needs of their country, and who are also in a position to effectively nominate the most appropriate trainee for selected training courses.
3. Many activities will be carried out in direct co-operation with MS (for example in country training) and therefore their success relies on enthusiastic support from MS and in some cases additional financial input from MS.
4. Fluctuating exchange rates of the Euro versus the US Dollar lead to variation in costs of training activities held in non EU countries (for example Kenya), and in recent months have led to an increase in the costs of such activities.

## **EuFMD Workplan Component Plan**

# **1.2- Improved Contingency Planning**

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### **Component Objective:**

**Improved contingency planning by Members and at European Level**

Component Supervisor:

**Keith Sumption**

Component Manager:

**Marius Masiulis**

## 1. Background

Component 1.2 was initiated with the approval of the Executive Committee at its 87<sup>th</sup> Session (April 2014). At that time, the objectives of the component included:

- to improve the use of decision support tools including modeling in contingency planning;
- to improve the dialog and awareness between model developers and model users;
- to improve the quality of simulation exercises and sharing informally the lessons learned from these between MS.

Early activities of component 1.2 included support to the development of a training course on the use of modeling in decision making for FMD vaccination and the establishment of networks of modelers and contingency planners. The activities of these networks included regular webinars, a dedicated webpage with discussion forum for each network and the “Contingency Planning Knowledge Bank”, a library of links to contingency planning related resources. The networks have received positive feedback from both groups.

Through the discussions of the contingency planning network, and consultations with key members, some key weaknesses in contingency planning in MS were identified. These included:

- lack of awareness of the potential impacts of FMD, or the importance of contingency planning amongst decision makers;
- lack of capacity to test contingency plans;
- insufficient involvement of stakeholders in contingency planning;
- lack of collaboration or partnership between countries;
- limited use of the modeling tools available;
- absence of a framework for emergency vaccination (impact, availability of vaccine, procedures to implement a vaccination campaign, access to the EU vaccine bank).

Recognizing that the availability of tools for assessing the socio-economic impact of FMD and calculating resources needed in case of outbreaks would assist MS in communicating with decision makers and providing regular evidence of capacity to manage a crisis according to resources available, a call for proposals to construct a prototype socio-economic impact calculator was made under component 1.5 (Research Fund). The grant was made to a team at the Royal Veterinary College lead by Professor Jonathan Rushton, and the prototype calculator was presented at the 41<sup>st</sup> EuFMD General Session in April 2015. Further testing and validation of the prototype will now be required.

The modeling network was found to be a valuable platform for discussion and collaboration between modeling groups, as well as providing a point-of-contact and source of information for contingency planners with an interest in modeling. A model inventory has been started, including a description of currently available resources (models and expertise) in order to improve and maintain the capability of contingency planners to access modelling tools according to the needs. Further, modeling research groups are interested in collaboration with EuFMD to guide the questions put to the models, and to strengthen the usefulness of their results.

Also of relevance to the ongoing work of this component are the resolutions of the 41<sup>st</sup> General Session in which the Standing Technical Committee (STC) during 2015-17, to be supported through the allied components of the workplan, were requested to supply advice to the Executive Committee on:

- *bringing to the Executive a proposal of how an EuFMD diagnostic bank might be set up and administered;*
- *Exploring in further detail the issues surrounding emergency vaccination to live, including identification of constraints to adopting this policy;*
- *Conducting a vaccination-to-live simulation exercise to gain a better understanding of the pinch points for implementation;*
- *Continuing support to animal movement and disease spread modelling, with the outputs to inform contingency planning activities;*

- *Exploring the integration of business continuity planning into national and continental contingency planning;*
- *Continue support for further development of the FMD Impact Calculator and tools to assist in vaccine evaluation.*

A specific recommendation that an FMD vaccination network be formed and supported under the EuFMD workplan was also made at the 41<sup>st</sup> General Session. This network would provide a framework for discussing issues such as vaccine bank coordination, post-vaccination serosurveillance, policy and contingency planning, and the risk basis for antigen selection.

Based on the above experience, ongoing work and recommendations, the proposed workplan of this component includes the coordination of modeling, contingency planning and vaccine networks both at European and international levels. It also promotes an improved system for providing central resources for crisis situations, including decision support tools provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources. Business continuity planning, including consideration of private-public partnership on FMD response and preparedness will also be explored, since such partnerships could promote closer collaboration between the Government and industry on priority setting, resourcing, delivery and decision making for FMD response.

## 2. Project team

Role	Name	Status
Component supervisor	Keith Sumption	Secretariat
Component manager	Marius Masiulis	Contingency Planning Officer/Secretariat
Training and networking support	Nadia Rumich	Network and Training Support Officer
Other EuFMD team members	Melissa McLaws	Consultant
Advisors	Modelling and contingency planning advisory groups	Volunteer representatives from the modeling and contingency planning networks.
STC oversight:	Eoin Ryan	STC
ExCom oversight	TBC	ExCom member

## 3. Countries or partner organizations involved

The direct beneficiaries of the work of component 1.2 are all of the EuFMD member states, and in particular modeling groups and contingency planners at academic and government institutions. Beyond EuFMD Member States, component 1.2 has sought to network with partners in other regions of the world actively involved in using modeling to inform contingency planning.

Consultation will occur with the **Food and Veterinary Office of the European Commission (FVO)** in order to ensure that the activities of component 1.2 are complementary to FVO activities on Contingency Planning.

The FMD Economic Impact Calculator has been developed through a Letter of Agreement with Prof. Jonathan Rushton and colleagues at the **Royal Veterinary College, London, UK**.

## 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Support Officer
<b>Network updates</b>	Component manager	Regular updates to discussion fora for all three interlinked networks	On e-learning website	Network and Training Support Officer
<b>Workshop and mission reports</b>	Component manager	Written report after and workshops or missions	ExCom and STC oversight points	Component manager

## 5. Approval and implementation

<i>Stage</i>	<i>Status</i>
<b>Guidance on priorities for component given by STC</b>	Occurred at EuFMD General Session in April 2015
<b>Outline of work plan approved by Member States</b>	Approved EuFMD General Session April 2015
<b>Approval of detailed workplan by EuFMD Executive Committee</b>	To be approved at 82 <sup>nd</sup> Executive Committee Meeting, September 2015
<b>Consultation on workplan with FVO</b>	To be done at or prior to the FVO meeting in November 2015
<b>Consultation with contingency planning, modeling and vaccination network members</b>	To be done informally through online discussion and webinars

## 6. Objective(s) of component

### Improved contingency planning by Members and at European Level

The targets (expected results) are:

**1.2.1** System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises;

**1.2.2** Establishment of improved system for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources

## 7. Planned Outputs, Activities 2015-17

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
1.2	<p><b>Improved contingency planning by Members and at European Level</b></p> <p>The targets (expected results) are:</p> <p><b>1.2.1 System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises;</b></p> <p><b>1.2.2 Establishment of improved system for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources</b></p>	<p>Network online meetings and resources – frequency and quality.</p> <p>At least 50% of MS actively participate in the CP network or use the CP knowledge bank on regular basis.</p> <p>Publication and communication of agreed procedures for access to central resources.</p>	<p>EUFMD Executive (six monthly)</p> <p>Data from the Training Database</p> <p>EuFMD Standing Technical Committee reviews</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>

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.2.1 System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises;</b>				
<b>1.2.1.1 Contingency planning network: a framework for exploring issues such as:</b>	<ul style="list-style-type: none"> <li>- Provide opportunities for members to interact and learn through webinars and maintaining and improving the website ,</li> <li>- improving resources available in knowledge bank</li> </ul>	<ul style="list-style-type: none"> <li>- Members access website and participate in discussion forum and webinars</li> <li>- resources added to knowledge bank</li> </ul>	<ul style="list-style-type: none"> <li>- website usage data</li> <li>- discussion forum posts</li> <li>- number of</li> </ul>	<p>Duplication with existing networks with similar focus may make these activities of lower priority (eg CIRCABC interest group)</p>

<ul style="list-style-type: none"> <li>- diagnostic bank</li> <li>- Sharing critical human resources</li> </ul>	<ul style="list-style-type: none"> <li>- Link with other groups with similar objectives in the EU and outside, to share information and expertise</li> <li>- May provide input to modeling network on data availability</li> </ul>	<ul style="list-style-type: none"> <li>- participants in webinars</li> </ul>
<b>1.2.1.2 Modelling network: a framework for modelers to present their work and explore opportunities for collaboration within the EU and globally</b>	<ul style="list-style-type: none"> <li>- Provide opportunities for members to interact and learn through webinars and maintaining and improving the website</li> <li>- Participate in proposal-development for funding opportunities for network members to participate in development of Pan-European disease spread model</li> <li>- If requested, network may provide input to issues such as 1) anticipated antigen and diagnostic needs, to inform discussion regarding vaccine and diagnostic bank; 2) data availability and gaps for EU model</li> </ul>	<ul style="list-style-type: none"> <li>- Members access website and participate in discussion forum and webinars</li> <li>- models added to online model repository</li> <li>- website usage data</li> <li>- discussion forum posts</li> <li>- number of participants in webinars</li> <li>-funding opportunities may not become available, and any proposal submitted may not be successful in securing funding</li> </ul>
<b>1.2.1.3 Vaccine discussion network- a framework for discussing issues such as vaccine bank coordination, post-vaccination serosurveillance, policy and contingency planning, and the risk basis for antigen selection</b>	<ul style="list-style-type: none"> <li>- Provide opportunities for members to interact and learn through meetings (online and face-to-face if possible), webinars and maintaining and improving the website</li> <li>- work with Component 1.1 on developing simulation exercise on vaccination-to-live scenario</li> <li>- develop discussion paper to evaluate the degree to which vaccination-to-live may or may not influence market access for EuFMD members to trading partners.</li> </ul>	<ul style="list-style-type: none"> <li>- Members access website and participate in discussion forum and webinars</li> <li>- vaccination-to-live simulation exercise carried out</li> <li>- discussion paper on economic aspects of vaccination-to-live</li> <li>- website usage data</li> <li>- discussion forum posts</li> <li>- number of participants in webinars, meetings</li> <li>- report from simulation exercise</li> <li>- resources may not be sufficient to carry out simulation exercise and/or discussion paper on trade impacts of vaccination-to-live. Inclusion of this activity in workplan of 1.1 relies on sufficient interest from MS through the training credits scheme.</li> </ul>
<b>1.2.1.4 Development of guidelines</b>	<ul style="list-style-type: none"> <li>- review existing guidelines and discuss needs with CP and other networks to determine priorities. Guidelines developed may include simulation exercise design and business continuity</li> </ul>	<ul style="list-style-type: none"> <li>- Priorities for guidelines development established</li> <li>- Guidelines developed</li> <li>- Guidelines themselves, and feedback from target audience on their use.</li> <li>- May require advice and input from expert consultants or contractors, in which case resources may be a constraint.</li> </ul>

	planning. Experience gained in recent simulation exercises carried out under component 1.4 may help inform these activities.			
	- develop and disseminate guidelines			
<b>1.2.2</b>	<b>Establishment of improved system for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources</b>			
<b>1.2.2.1 Economic impact calculator</b>	- feedback on preliminary calculator is collated and improvements made - calculator is disseminated to networks for their use	- calculator available and used - feedback from target users	- calculator available and used	Relies on partnership with Royal Veterinary College and assistance from MS in testing and evaluating the calculator.
<b>1.2.2.2 Support to development of diagnostic banks</b>	- Feedback from networks is collated and a proposal for development of diagnostic bank is developed - proposal presented to STC and networks for discussion	Proposal developed Proposal disseminated	Proposal document for ExCom	-
<b>1.2.2.3 Support to emergency access to vaccine banks</b>	- Feedback from networks is collated and a proposal for a mechanism for emergency access to vaccine banks is developed - proposal presented to STC and networks for discussion	Proposal developed Proposal disseminated	Proposal document for ExCom	- lack of consensus among bank members
<b>1.2.2.4 Support to sharing critical human resources</b>	- Feedback from networks is collated and a proposal for a mechanism for share critical human resources is developed - proposal presented to networks for discussion	Proposal developed Proposal disseminated	Proposal document for ExCom	- barriers prove too great (language, regulatory, cost...)

## 8. Gantt chart

OUTPUT 1.2 Improved contingency planning by Members and at European level		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
1.2.1 System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modeling expert groups to improve the national capability on modelling, contingency planning, simulation exercises	1.2.1.1 Continue development of contingency network																										
	1.2.1.2 Continue development. of modelling network																										
	1.2.1.3 Continue dev. of vaccine network																										
	1.2.1.4 Development of guidelines																										
1.2.2 Improved system established for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources	1.2.2.1 Economic impact calculator																										
	1.2.2.2 Support to development of diagnostic banks																										
	1.2.2.3 Support to emergency access to vaccine banks																										
	1.2.2.4 Support to sharing critical human resources																										

## 9. Budget (€)

Output	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.2.1 System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises	1.2.1.1 Contingency planning network	4,600	3,000	0	2,500	0	2,000	12,100	36,500
	1.2.1.2 Modelling network	5,980	4,000	0	0	0	0	9,980	
	1.2.1.3 Vaccination network	4,420	4,000	0	0	0	1,000	9,420	
	1.2.1.4 Development of guidelines	3,000	1,000	0	0	0	1,000	5,000	
1.2.2 Establishment of improved system for providing central resources for crisis situations.	1.2.2.1 Economic impact calculator	0	7,000	12,500	2,500	0	0	22,000	53,500
	1.2.2.2 Support to development of diagnostic banks	14,000	3,000	0	0	0	2,000	19,000	
	1.2.2.3 Support to emergency access to vaccine banks	4,000	1,500	0	0	0	500	6,000	
	1.2.2.4 Support to sharing critical human resources	4,000	1,500	0	0	0	1,000	6,500	
TOTAL by budget line:		40,000	25,000	12,500	5,000	0	7,500		€ 90,000

### Additional contributions not included in budget above:

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>			
<b>Component Supervisor: Executive Secretary</b>	<b>15% FTE (P5)</b>	EuFMD	Trust	Fund	(MS contributions)
<b>Component Manager: Contingency Planning Officer</b>	<b>30% FTE (consultant at P3 level)</b>	EuFMD	Trust	Fund	(MS contributions)
<b>Network and Training Support Officer</b>	<b>20% FTE (P2)</b>	50% EuFMD	Trust	Fund, 50% EC	contributions

## 10. Challenges to achieving component objectives

1. The success of this component relies on active and fruitful participation in the activities of the three interlinked networks by MS and other interested parties (such as modeling researchers)
2. Activities should be well co-ordinated with those of the FVO.

## **EuFMD Workplan Component Plan**

### **1.3- Thrace**

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#### **Component Objective:**

**Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey**

Component Supervisor:

**Marius Masiulis**

Component Manager:

**Artem Skrypnyk**

## 1. Background

The Thrace region of Greece, Bulgaria and Turkey has historically been a high-risk area for the introduction of FMD and other trans-boundaries diseases into Europe. By coordinating activities and taking a risk based approach to surveillance, 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. 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.

Within the implementation of the EuFMD workplan 2013-2015 a network has been established between the three countries, a risk based surveillance regularly performed, data collected in web-based database and analysed every 3 months. Regular reports of FMD freedom confidence have been produced and made available to the three countries.

Considering that a joint surveillance programme for multiple diseases adds a value to FMD programmes, and that the surveillance for FMD can be easily extended to other diseases with cost-benefit results, the coordination framework between the three countries has agreed in 2014 to expand the objectives of the component and to include activities aimed to improve the passive and active surveillance and laboratory capability for PPR, SGP and LSD. The outbreaks that occurred in Thrace of Sheep and Goat Pox (SGP) in 2014 and Lumpy Skin Disease (LSD) in 2015 gave more emphasis to the needs of support to improve the surveillance and the early detection capacity and the preparedness against FMD and other TADs in the Thrace region.

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component Supervisor</b>	Marius Masiulis	Contingency Planning Officer-Secretariat
<b>Component manager</b>	Artem Skrypnyk	Short Term Professional
<b>National focal points</b>	Tsviatko Alexandrov (B) Sotiria Roula Antoniou (G) Dimitrios Dilaveris (G) Naci Bulut (T)	Consultant, SCRPD member - Consultant, SCRPD member
<b>National consultants:</b>		
<b>Greece:</b>	Anna-Maria Baka (Field) Christina Fouki (Lab)	All consultants
<b>Bulgaria:</b>	Yordan Stefanov Panayotov Georgi Stoyanov Georgiev Marin Todorov Bozhinov Stoyan Dimitrov Moldovanov Nikola Kostadinov Spirov	
<b>ExCom oversight</b>	Irfan Errol (Turkey) Bulgarian CVO	ExCom members

## 3. Countries or partner organizations involved

The direct beneficiaries of this component are Bulgaria, Greece and Turkey, however all EuFMD MS benefit from improved surveillance in the Thrace region.

OIE, FAO and the EC are represented at the annual tripartite meetings.

## 4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
<b>6 monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Support Officer
<b>Three-monthly reports (developing to monthly reports)</b>	Component manager	Document summarizing surveillance data and estimating confidence in freedom	National focal points EC – reports cleared by national focal points (data are property of countries)	Component manager
<b>Website report</b>	Component manager	Short document for website	On website	Network and Training Support Officer
<b>Workshop reports</b>	Component manager	Written report post-workshops	National focal points, ExCom oversight points	Component manager

## 5. Approval and implementation

Stage	Status
<b>National technical focal points consulted</b>	Done, 2015 (Thrace management meeting in August 2015)
<b>Approval by EC and G/B/T CVOs</b>	To be done, September 2015
<b>Workplan and initial implementation discussed with national focal points</b>	Done, 2015 (Tripartite meeting in September 2015)
<b>Full workplan presented to ExCom</b>	ExCom, September 2015

## 6. Objective(s) of component

The overarching objective (output) is:

### 1.3 Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey

The objective is to maintain and improve a system which provides continuous confidence in FMD freedom in Thrace region, and confidence in the early detection of FMD and other priority TADS in domestic and wildlife at all times.

The targets (expected results) are:

**1.3.1** Maintenance of FMD freedom in Thrace region, and confidence at all times in this status on the basis of co-ordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur

**1.3.2.** Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintaining disease freedom confidence;

**1.3.3.** Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries;

**1.3.4.** Improved capacity to respond to exotic disease incursions into the common border region, through participation in joint exercises and development of harmonised levels of contingency planning.

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, SGP, LSD and other TADs.

## 7. Planned Outputs and Activities

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.3</b>	<p><b>Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey</b>  <b>The targets (expected results) are:</b></p> <p><b>1.3.1</b> Maintenance of FMD freedom in Thrace region, and confidence at all times in this status on the basis of co-ordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur</p> <p><b>1.3.2.</b> Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintaining disease freedom confidence;</p> <p><b>1.3.3.</b> Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries;</p> <p><b>1.3.4.</b> Improved capacity to respond to exotic disease incursions into the common border region, through participation in joint exercises and development of harmonised levels of contingency planning.</p>	<p>Monthly and Quarterly Report System operational and target confidence achieved 90% of the time.</p> <p>Significant Increase in contribution of passive surveillance to confidence, decreased spending required on other surveillance while retaining overall confidence level</p> <p>Improvements in the response capacity observed during exercises for contingency plans assessment</p>	<p>ExCom reports; tripartite meetings</p> <p>THRACE Management Committee reports and annual TPT sessions (EC/FAO/OIE)</p>	<p>Assumes commitment to the program by all three countries</p>

## Activities:

Activities	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.3.1 Maintain and improve a co-ordination framework for the activities required to maintain confidence in FMD freedom amongst the three countries; in 2015-17 to include local VS of the provinces in the common border region,</b>				
<b>1.3.1.1</b> Co-ordination framework between veterinary services and laboratories of the three countries maintained and improved through tripartite, management, and technical meetings	Tripartite and management meetings organized by EuFMD together with OIE/FAO/Greece/Bulgaria/Turkey countries	Reagents delivered to the NRLs Outcomes of the risk assessment carried out Outcomes of the studies on vaccination effectiveness Implementation of Thrace Simulation exercises Reports of training on GIS	Reports of tripartite, management, technical meetings	Continued cooperation of participating countries
<b>1.3.1.2</b> Regular assessment of FMD risk present in Thrace, and of preventive and control measures implemented in the area;	Current situation presented by FP from countries on management and tripartite meeting		Cycle reports on FMD and TADs surveillance	
<b>1.3.1.3</b> Establishment of a system for regular passive reporting of presence and absence of FMD and other TADs (pro-active primary surveillance)	Farmers activities in reporting about presence or absence of FMD and other TAD			
<b>1.3.2 Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintaining DF confidence.</b>				

<b>1.3.2.1</b> System for real-time data entry maintained and improved and development of outputs easy to understand;	Improve and maintain the database; general data to be visible for three countries	<u>Evaluation:</u>  Outcomes of the risk assessment carried out  Outcomes of the studies on vaccination effectiveness  <u>Monitoring:</u>  Implementation of Thrace Simulation exercises	Cooperation of NCs and country focal points; support provided for database by EuFMD STP
		Analysis of preparedness level of countries; check contingency plans and OP  Simulation exercise in Thrace region – communication, rapid response, flow information inside/between countries	
		Reports of training on GIS	

**1.3.3. Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries**

<b>1.3.3.1</b> Regular analysis of the active surveillance carried out for FMD and other TADs and reports of such activities shared between countries and institutions.	Monthly and cycle report prepared by National focal points, approved by FPs	ExCom reports, tripartite meeting	Cooperation of NCs & focal points; assumes training held on occasion of regular program meeting
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**1.3.3.2** Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination

Report to be presented and adopted from three countries

**1.3.3.3** Analysis performed on:

- a) the likelihood of incursion of trans-boundary diseases in different areas;
- b) the likelihood of failure to rapidly detect the disease, and
- c) the consequences of failure to detect, in terms of the expected number of secondary outbreaks.

**1.3.4 Improved capacity to respond to exotic disease incursions in to the common border region, through participation in joint exercises and development of harmonised levels of contingency planning.**

**1.3.4.1** Regular support for laboratory (reagents and trainings) on FMD and other TADs

Labs provided with reagents sufficient for Risk Based Surveillance samples

**1.3.4.2** Development of specific exercises and workshop to improve and assess the contingency planning capacity in Thrace and the coordination between countries in case of emergency.

Small desktop simulation exercise with objective to challenge the specific part of contingency plan, recognized by three countries

## 8. Gantt chart

OUTPUT 1.3 Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
1.3.1 Maintenance of FMD freedom in Thrace region and confidence at all times in this status on the basis of coordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur	1.3.1.1 Planning activities in Thrace region																										
	1.3.1.2 Biannual tripartite coord meetings																										
	1.3.1.3 Regular assessment of FMD risk present in Thrace, and of preventive and control measures implemented in the area;																										
	1.3.1.4 Establishment of a system for regular passive reporting of presence and absence of FMD and other TADs (pro-active primary surveillance)																										
1.3.2 Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintain DF confidence	1.3.2.1 System for real-time data entry maintained and improved and development of outputs easy to understand;																										
1.3.3.Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries	1.3.3.1 Regular analysis of the active surveillance carried out for FMD and other TADs and reports of such activities shared between countries and institutions.																										
	1.3.3.2 Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination																										
	1.3.3.3 Analysis performed on the likelihood of incursion of trans-boundary diseases in different areas; of failure to rapidly detect the disease, and the consequences of failure to detect, in terms of the expected number of secondary outbreaks.																										

[illegible]

## 9. Budget (€)

Output	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.3.1 Maintain and improve a co-ordination framework for the activities required to maintain confidence in FMD freedom amongst the three countries; in 2015-17 to include local VS of the provinces in the common border region	1.3.1.1 Tri-country biannual coordination and planning meetings (4)	0	20,000	0	0	2,000	5,000	27,000	188,700
	1.3.1.2 Small coordination and activity implementation meetings (6)	0	13,000	0	0	0	5,000	18,000	
	1.3.1.3 Regular assessment of FMD risk present in Thrace, and of preventive and control measures implemented in the area;	114,200	0	0	5,000	0	2,000	121,200	
	1.3.1.4 Establishment of a system for regular passive reporting of presence and absence of FMD and other TADs (pro-active primary surveillance)	5,000	0	2,500	5,000	0	10,000	22,500	
1.3.2 Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintain DF confidence	1.3.2.1 System for real-time data entry maintained and improved and development of outputs easy to understand	5,200	0	5,000	2,500	1,399	800	14,899	14,899
1.3.3. Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries	1.3.3.1 Regular analysis of the active surveillance carried out for FMD and other TADs and reports of such activities shared between countries and institutions.	1,445	0	0	0	0	5,000	6,445	29,445
	1.3.3.2 Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination	5,000	0	0	0	0	5,000	10,000	
	1.3.3.3 Analysis performed on the likelihood of incursion of trans-boundary diseases in different areas; of failure to rapidly detect the disease, and the consequences of failure to detect, in terms of the expected number of secondary outbreaks.	3,000	0	0	5,000	0	5,000	13,000	
1.3.4 Improved capacity to respond to exotic disease incursions in to the common border region, through participation in joint exercises and development of harmonised levels of contingency planning	1.3.4.1 Regular support for laboratory (reagents and trainings) on FMD and other TADs	0	0	0	5,000	35,000	4,000	44,000	87,000
	1.3.4.2 Development of specific exercises and workshop to improve and assess the contingency planning capacity in Thrace and the coordination between countries in case of emergency.	5,000	10,000	0	5,000	0	1,000	21,000	
	1.3.4.2 Small desktop simulation exercises to improve and assess CP capacity in Thrace and the coordination between countries in case of emergency	0	7,000	0	5,000	0	5,000	17,000	
	1.3.4.2 Workshops to identify gaps in CP in three countries, preparation phase and evaluation of the exercise	0	2,500	0	2,500	0	0	5,000	
		138,845	52,500	7,500	35,000	38,399	47,800		320,044

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

<i>Description</i>		<i>Contribution</i>	<i>Funding source</i>			
<b>Component</b>	<b>Supervisor:</b>	<b>30% FTE (consultant at P3 level)</b>	EuFMD	Trust	Fund	(MS
<b>Contingency Planning Officer</b>			contributions)			
<b>Component Manager: Short Term</b>		<b>50% FTE</b>	EuFMD	Trust	Fund	(MS
<b>Professional</b>			contributions)			

## 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, PPR and LSD but current activities are focused on FMD as a way to establish and improve the systems. Expanding the activities to bring LSD 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.

## **EuFMD Workplan Component Plan:**

# **1.4- Balkans**

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### **Component Objective:**

**Improved emergency management capacity for FMD in the Balkan region**

Component Supervisor:

**Marius Masiulis**

Component Manager:

**Artem Skrypnyk**

## 1. Background

Component 1.4 covers a programme of support to MS in the Balkan region to improve the quality of contingency planning and operational procedures, 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 neighbouring Central European countries. 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.

In phase III of the EuFMD work programme, a series of capacity building training courses and workshops were organised, in the lead up to two multi country simulation exercises held in the region (one desk-top, the second with a field based element). This work has established a coordination framework for western Balkan countries for emergency planning on FMD, including an FMD laboratory sub-network. The national FMD reference centers (laboratories) have been better integrated into national contingency plans, improving regional diagnostic capacity. The simulation exercises proved valuable in identifying where progress had been made under the project, but also, through post exercise training and evaluation, specific areas have been identified for improvement under phase IV of the work programme.

The phase IV work programme includes additional activities to further strengthen contingency planning capacity in the region, and also aims to involve more comprehensively countries that did not take part directly in simulation exercises during phase III. Areas for capacity building workshops will be identified through analysis of the outcomes of phase III simulation exercises, and through consultation with the beneficiary countries. Training will be closely co-ordinated with that provided under component 1.1 of the work programme. Potential areas for future capacity building include disease outbreak management, crisis management in the disease control centers at all levels, communication management (collect, manage and share information), leadership, management and staff work in multi-tier and interagency operations, exercise management and implementation of epidemiological investigation in contingency plans. Work will also continue with the process of Integration and strengthening of national FMD reference centres.

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component supervisor</b>	Marius Masiulis	Secretariat
<b>Component manager</b>	Artem Skrypnyk	STP
<b>National focal points:</b>		
<b>Serbia</b>	Budimir Plavsic Milan Pandurovic	
<b>Bulgaria</b>	Tsviatko Alexandrov	
<b>Greece</b>	Dimitrios Dilaveris Sotiria Roula Antoniou	
<b>Romania</b>	TBC	
<b>Moldova</b>	Maxim Sirbu	
<b>Kosovo</b>	Bafti Murati	
<b>FYROM</b>	Biljana Strojmanovska	
<b>Albania</b>	Veli Stafa	
<b>Bosnia and Herzegovina</b>	Zorana Mehmedbasic	
<b>Montenegro</b>	Mevlida Hrapovic	
<b>Croatia</b>	Ljupka Maltar	
<b>Laboratory network coordinator:</b>	Vesna Milicevic	
<b>ExCom oversight</b>		

<b>Serbia</b>	CVO or nominee	ExCom member
<b>Bulgaria</b>	CVO or nominee	ExCom member
<b>France</b>	?	President EuFMD

### 3. Countries or partner organizations involved

The direct beneficiaries of this component are Bulgaria, Romania, Serbia, Croatia, Bosnia and Herzegovina, Albania, FYROM, Montenegro, Kosovo, and Moldova. Greece, Turkey and Ukraine may also be included following discussion with the Executive Committee.

The project will involve an informal coordination with EU IPA project on CSF/rabies control in the Western Balkans.

### 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>6 monthly report to ExCom</b>	Component manager	Written report, presentation	ExCom, STC	Network and Training Support Officer
<b>Website report</b>	Component manager	Written report	Website	Network and Training Support Officer
<b>Workshop reports</b>	Lead facilitator	Written report	Website, ExCom oversight members	Network and Training Support Officer

### 5. Approval and implementation

<i>Stage</i>	<i>Status</i>
<b>Consultation with beneficiary MS</b>	Ongoing September 2015
<b>Workplan proposed</b>	Executive Committee Meeting September 2015
<b>Review period</b>	To occur following Executive Committee Meeting
<b>Workplan agreed for specific activities by steering group</b>	To occur by November 2015

## 6. Objective of the component

The overarching objective (output) is:

### **Improved emergency management capacity for FMD in the Balkan region**

This will be achieved through a program of activities working towards the following expected results (targets):

1.4.1. Confidence in the coordination framework for western Balkan countries as a tool to ensure the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;

1.4.2. Contingency plans for FMD agreed at national level and tested through at least one exercise.

1.4.3. Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system of immediate regional diagnostic support for an FMD crisis.

## 7. Planned Outputs and Activities

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.4</b>	<b>Increased confidence in the national capacities of countries in the Balkan region to manage at national and subregional level an FMD emergency</b>	Change compared to baseline in the maturity and validation (testing) of CPs in in each country	ExCom report; GS42 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
	<b>1.4.1</b> Confidence in the coordination framework for western Balkan countries as a tool to ensure the sustainability of the programme , the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;	Each territory to have completed CPs and tested CPs in 4 years		
	<b>1.4.2</b> Development of contingency plans for FMD and improvement of national capacity to design, implement, evaluate different type of exercises and support pre –exercise activities			
	<b>1.4.3</b> Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.	System established for regional lab support by month 24		

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.4.1</b>	<b>Confidence in the coordination framework for western Balkan countries as a tool to ensure the sustainability of the programme, the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;</b>			

<b>1.4.1.1 System of mutual assistance and coordination between countries implemented (networking – diagnostic support – expertise)</b>	Support and provide expertise from countries which have more experience in contingency planning during the preparation phase, simex and evaluation of laboratory and simulation exercises	Availability of shared documents in Serbian and Croatian  Agreements on contingency support procedures between countries – active role of observers  Involvement of Romania, Turkey, Moldova, Greece in the programme	ExCom Report	Relies on commitment from beneficiary countries
<b>1.4.2 Development of contingency plans for FMD and improvement of national capacity to design, implement, evaluate different type of exercises and support pre – exercise activities</b>				
<b>1.4.2.1 Implementation of different type of exercises and workshop on:</b> - country-specific baseline requirements for disease outbreak management - leadership, management and staff work in interagency operations - exercise design and management - establish active reporting system on improvement of contingency plan	Preparation of simulation exercise Presentation of lessons learned from participating countries and observers, evaluation process, preparation phase for new exerciseC	Evaluation reports on exercises and workshops implemented (participants from all Balkan countries)	ExCom Report	Assumes commitment from SG members
<b>1.4.2.2 Nucleus of staff in each country trained for continue development of the country's veterinary preparedness and implementation of specific approaches through contingency</b>	Workshops and training courses based on needs identified in earlier phases of the programme. Should be carried out in close co-operation with component 1.1 These may include:	Workshops /training completed with evaluation indicating that capacity in these areas has been developed.	Trainers reports, training evaluation reports and ExCom report	Relies on accurate identification of training needs and appropriate training participants.

**planning, training activities, pre exercise, exercise and post-exercise activities.**

disease outbreak management, training activities regarding crisis management in the disease control centers at all levels, communication management (collect, manage and share information), training activities regarding leadership, management and staff work in multi-tier and interagency operations, training activities on exercise management, implementation of epidemiological investigation in contingency plans, and multi-country simulation exercise

#### **1.4.3 Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.**

**1.4.3.1 Assessment of diagnostic capacity – management of crisis – level of biosecurity of national laboratories and improvements on these aspects through workshops, meetings and exercise**

Workshops and training courses to identify the biosecurity level of laboratories and improvement of biosecurity level where necessary.

Assessment of lab capacity and description of improvements over time

ExCom Report

Reports on exercises and workshops implemented for laboratories (from all laboratory FP, observers and consultants).

## 8. Gantt chart

Component 1.4 Balkans		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
1.4.1 Confidence in the coordination framework for western Balkan countries as a tool to ensure the sustainability of the programme , the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;	1.4.1.1 System of mutual assistance and coordination between countries implemented																										
1.4.2. Development of contingency plans for FMD and improvement of national capacity to design, implement, evaluate different type of exercises and support pre –exercise activities	1.4.2.1 Implementation of different type of exercises and workshop on country-specific baseline requirements for disease outbreak management																										
	1.4.2.2 Cross-border simulation exercise (one or two)																										
	1.4.2.3 Development of the countries’ veterinary preparedness and implementation of specific approaches through pre exercise, exercise and post-exercise activities.																										
	1.4.2.4 Translation of EuFMD training materials into Serbian Croatian																										
1.4.3 Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.	1.4.3.4 Assessment of diagnostic capacity – management of crisis – level of biosecurity of national laboratories and improvements on these aspects through workshops, meetings and exercise																										

Targets	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.4.1 Confidence in the coordination framework for western Balkan countries as a tool to ensure the sustainability of the programme , the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises	1.4.1.1 System of mutual assistance and coordination between countries implemented (networking – diagnostic support – expertise).	5,000	17,500	0	0	8,000	2,000	32500	32,500
1.4.2 Development of contingency plans for FMD and improvement of national capacity to design, implement, evaluate different type of exercises and support pre –exercise activities	1.4.2.1 Implementation of different type of exercises and workshop on country-	5,000	15,000	15,000	5,000	0	10,000	50,000	110,500
	1.4.2.2 Development of the country's veterinary preparedness and	5,000	15,000	10,000	7,500	0	10,000	47,500	
	1.4.2.3 Translation of EuFMD training materials into Serbian Croatian	3,000	0	0	0	0	10,000	13,000	
1.4.3 Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.	1.4.3.1 Assessment of diagnostic capacity – management of crisis –	5,000	5,000	0	0	0	10,000	20,000	35,120
	1.4.3.1 Laboratory procurement	0	0	0	0	7,642	0	7,642	
	1.4.3.2 Laboratory training/workshop and exercise	2,000	5,000	0	0	0	478	7,478	
		25,000	57,500	25,000	12,500	15,642	42,478		€ 178,120

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

<i>Description</i>		<i>Contribution</i>	<i>Funding source</i>			
<b>Component</b>	<b>Supervisor:</b>	<b>30% FTE (consultant at P3 level)</b>	EuFMD	Trust	Fund	(MS
<b>Contingency Planning Officer</b>			contributions)			
<b>Component Manager: Short Term</b>		<b>50% FTE</b>	EuFMD	Trust	Fund	(MS
<b>Professional</b>			contributions)			

## 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 Proficiency Testing Scheme.
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 (other diseases) 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.

# EuFMD Workplan Component Plan

## 1.5- EuFMD Fund For Applied Research

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### Component Objective:

**Research outputs relevant to resolve policy issues**

Component Supervisor:

**Keith Sumption**

Component Manager:

**TBC**

## 1. Background

Since 2008 the EuFMD has provided support for small applied research projects that are relevant to the technical issues that are seen as priorities of the EuFMD MS. The EuFMD Fund for Applied Research (EuFMD-FAR) is placed under **Pillar I** for management purposes as the priorities for applied research identified during the 41<sup>th</sup> EuFMD General Session are primarily technical and economic issues affecting FMD emergency management in the MS. However, applied research supporting **Pillar II** and **III** objectives is also eligible for funding.

The thematic priorities have been identified mainly at the EuFMD's biennial General Sessions, held in 2009, 2011, 2013, and 2015, and at the biennial Open Session. A specific Research Fund was adopted as a component (component #1.5) of the Strategic Plan in April 2013. This will continue to support research projects which have been endorsed by the standing technical committee (STC) of the EuFMD as being of benefit to EuFMD objectives; activities translated into tools, actions or activities which are of benefit to EuFMD activities; and actions to integrate research outcomes with policy.

In the recent General Session (41<sup>st</sup>), the value of the research fund was recognised and it was suggested that in the face of declining funding for FMD research, more effort needs to be put in to obtaining additional support to the Fund, (e.g. partnership with other research funding providers to coordinate and complement). Additionally, the General Session recommended strengthening the role of the EuFMD STC in setting priorities for research.

### Funding

The EuFMD-FAR has earmarked funding of 301,930 € for the period October 2015 to April 2017. Studies contributing directly to components of the 2015-17 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 41<sup>st</sup> General Session, will be managed and reported through separate Trust Funds, and will have a common application format and review procedure.

### Schedule for calls for applications

	Invitation to apply	Closing Date	Announcement of Results
<b>Round 1</b>	January 2016	28 <sup>th</sup> February 2016	1 <sup>st</sup> April 2017
<b>Round 2</b>	August 2016	30 <sup>th</sup> September 2016	30 <sup>th</sup> October 2013
<b>Round 3</b> (subject to funds)	January 2017	28 <sup>th</sup> February 2017	1 <sup>st</sup> April 2017

### Thematic priorities 2015-17

Studies must show a high relevance to the strategic objectives of EuFMD. 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).

## 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, 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.

## 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

#### 1<sup>st</sup> 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.

#### 2<sup>nd</sup> 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

## 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.

**Table 1: Examples of Research Studies funded by the EuFMD since 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).
14. Realising the potential of simple isothermal molecular tools for field diagnosis of Foot-and-Mouth Disease.
15. Modelling of FMD control strategies, including vaccination (FLI)
16. In vitro and in vivo experiments (domestic pigs) to optimize and validate a non-invasive sampling method of wild boar using maize baits
17. Prototype Model for the rapid Assessment of FMD Impacts (Royal Vet College, London)

## 2. Project team

Role	Name	Status
<b>Component Supervisor</b>	Keith Sumption	Executive Secretary
<b>Component manager</b>	TBC	Secretariat
<b>Advisors</b>	STC, SCRPD members	-
<b>ExCom oversight</b>	TBC	ExCom members

## 3. Countries or partner organizations involved

Priority is given to research outputs which will directly benefit EuFMD Member States, however neighbourhood countries and countries worldwide are also likely to impact from funded projects with global application.

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

## 3. Reporting on activities

Reporting format	Responsibility	Output	Distribution	Sent out by
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Support Officer
<b>Technical reports</b>	Component manager		On website	Network and Training Support Officer

## 5. Approval and implementation

Stage	Status
<b>Workplan proposed</b>	Executive Committee Meeting September 2015
<b>Review of strategy with STC</b>	To occur following Executive Committee Meeting

## 6. Objective of the component

The overarching objective (output) is:

**Research outputs relevant to resolve policy issues.**

This will be achieved through a program of activities working towards the following expected results (targets):

**1.5.1.** Produce Special Committee on Research and PD reports, including biorisk management;

**1.5.2.** Outputs of funded research projects.

## 7. Planned Outputs and Activities

### Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring evaluation and</i>	<i>Assumptions and risks</i>
<b>1.5</b>	<b>Research output relevant to resolve policy issues.</b>  <b>The targets (expected results) are:</b>  <b>1.5.1</b> Produce Special Committee on Research and PD reports, including Biorisk Management;  <b>1.5.2</b> Outputs of Funded Research Projects.	Number of projects completed and reported.	Report to 42 <sup>nd</sup> General Session	Relies on research partners to deliver research results following grant funding.

### Activities:

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring evaluation and</i>	<i>Assumptions and risks</i>
<b>Output: 1.5.1 Produce Special Committee on research and PD reports, including Biorisk management</b>				
1.5.1.1 Meetings of SCRPD and STC	SCRPD and STC meet to discuss and produce advice and guidance on research priorities. This includes meeting at the Open Session which is held every two years, and guiding the Secretariat on the format and content of the session.	SCRPC and STC advisors produce report on research priorities	Summary of report to ExCom	
<b>Output 1.5.2 Funded research projects</b>				

1.5.2.1 Call for research proposals	Following advice received as an output of 1.5.1.1 above, a call for research proposals is released and widely circulated. Calls for research proposals are likely to be made three times, at approximately six month intervals, however this may vary according to number of appropriate applications and grants made at each stage.	Call for proposals released and a good range of applications for funds are received.	Report to ExCom	Assumes good number of suitable applications are received.
1.5.2.2 Awarding contracts	Research applications are reviewed in the two stage process explained in “background” above. Successful applications are contracted through LOA process. Completed projects are assessed for completeness, and a report of research outcomes circulated to SCRPD and ExCom	Grants awarded Research carried out according to LOA Completed project reports assessed as satisfactory by STC, SCRPD and Secretariat	Report of research outputs to SCRPD, STC and ExCom	Relies upon satisfactory completion of projects by contracted partners.

## 8. Gantt chart

Component 1.5 Research		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
1.5.1 Produce special committee on research and Proj Dev reports, including Biorisk mgt	1.5.1.1 Meetings																								
1.5.2 Funded research projects	1.5.2.1 Research calls for proposals																								
	1.5.2.2 Awarding contracts																								

## 9. Budget

Target	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.5.1 Produce special committee on research and PD report, including Biorisk management	1.5.1.1 Meetings	5,000	48,100	0	10,000	500	7,500	71,100	71,100
1.5.2 Outputs on funded research projects	1.5.2.1 research call for proposal	1,000	0	0	0	0	0	1,000	230,830
	1.5.2.2 Awarding contracts	11,500	10,000	208,330	0	0	0	229,830	
	<b>TOTAL by budget line:</b>	<b>17,500</b>	<b>58,100</b>	<b>208,330</b>	<b>10,000</b>	<b>7,500</b>	<b>7,500</b>	<b>301,930</b>	<b>301,930</b>

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

Description	Contribution	Funding source
<b>Component Supervisor: Executive Secretary</b>	<b>10% FTE (P5)</b>	EuFMD Trust Fund (MS contributions)
<b>Networking and Training Officer</b>	<b>15% FTE</b>	50% EuFMD Trust Fund, 50% EC contributions

## **EuFMD Workplan Component Plan**

# **1.6- Emergency response**

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### **Component Objective:**

**Emergency technical responses that assisted rapid management of FMD and/or other epidemiologically related exotic diseases outbreaks in the member state or the European neighbourhood**

Component Supervisor:

**Keith Sumption**

Component Manager:

**Keith Sumption**

## 1. Background

The component includes the maintenance of a capacity to provide expert advice, technical support or assistance with procurement to EuFMD Member States and countries in the European neighbourhood in the event of an outbreak of FMD or, in some circumstances, another epidemiologically related exotic disease (e.g. LSD, PPR, and SGP). This baseline activity is also serviced by of the activities of Pillar I, as these will also act to maintain a degree of organizational readiness to respond to a FMD and/or other epidemiologically related exotic diseases crisis. Response activities could also include assisting and supporting Members with vaccine procurement and supply, through the provision of technical input, advice on selection vaccine strains, risk based evaluation of vaccination strategies or other related activities. Unplanned activities due to emergency situations or an incursion to the European neighbourhood will immediately be shared with FAO/OIE GF-TADs FMD working group, Chief, AGAH and the decentralized FAO office.

In readiness for the above response activities, EuFMD will maintain regularly updated internal contingency plans, to allow a timely mobilisation of support by the organisation.

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>	
<b>Component Supervisor</b>	Keith Sumption	Executive	Secretary, Secretariat
<b>Component Manager</b>	Keith Sumption	Executive	Secretary, Secretariat
<b>ExCom oversight</b>	TBC	ExCom member	

## 3. Countries or partner organizations involved

The direct beneficiaries of this component are those MS or neighbours who may be assisted by emergency response activities. Indirectly, all MS benefit from a swift and effective response to a crisis situation.

## 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
<b>Report of response to crisis situation</b>	Executive Secretary	Written report, verbal reports as appropriate, in an emergency	ExCom, STC	Network and Training Officer

## 5. Approval and implementation

Stage	Status
Approval of workplan by Executive Committee	To be done, September 2015
Approval of emergency activities by EC, FAO and ExCom	To be carried out as needed.

## 6. Objective(s) of component

The overarching objective (output) is:

### Earlier control of disease outbreaks through assistance to emergency response operations

This will be achieved through a program of activities working towards the following expected results (targets):

1.6.1: Emergency response operations co-ordinated with EC that involve procurement and timely delivery of material aid, and technical guidance, to veterinary services

## 7. Planned Outputs, Activities 2015-17

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
1.6	<p><b>Earlier control of disease outbreaks through assistance to emergency response operations</b></p> <p>Expected results (targets):</p> <p>1.6.1: Emergency response operations co-ordinated with EC that involve procurement and timely delivery of material aid, and technical guidance, to veterinary services</p>	Reports of delivery of assistance, (mission reports, national reports on outcome).	Report to ExCom and General Session	

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.6.1: Emergency response operations co-ordinated with EC that involve procurement and timely delivery of material aid, and technical guidance, to veterinary services</b>				
1.6.1.1 Emergency procurement	Procurement of emergency supplies- eg diagnostic kits, PPE, vaccines etc	Reports of delivery of assistance (mission reports, national report on outcomes)	EC committee/6 monthly Sessions	standing ExCom
1.6.1.2 Emergency missions	Expert missions			
1.6.1.3 Field related activities	In country expert mission related activities	SOPs referenced in 6 monthly reports to ExCom.		
1.6.1.4 Experts support	Remote expert support in an emergency situation		6 monthly Sessions	ExCom
1.6.1.5 Revision and regular update of in-house contingency	EuFMD's in house SOPs and emergency response plan kept regularly updated.	Updated EuFMD in house SOPs and emergency response contingency	EC committee/6	standing

## planning SOPs

Particular focus on ensuring staff availability and working with with FAO colleagues to ensure procurement procedures can occur in an emergency manner.

monthly Sessions  
6 monthly Sessions  
ExCom  
ExCom

## 8. Gantt chart

The activities timeline is subject to FMD and other epidemiologically related exotic disease outbreaks- it is therefore not included here.

## 9. Budget (€)

Output	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.6.1 Emergency response operations coordinated	1.6.1.1 Emergency procurement	0	0	0	0	147,679	0	147,679	165,179
	1.6.1.2 Emergency missions	0	5,000	0	0	0	7,500	12,500	
	1.6.1.3 Field related activities	0	0	0	2,500	0	0	2,500	
	1.6.1.4 Experts support	2,000	0	0	0	0	0	2,000	
	1.6.2.5 Revision and regular update EuFMD of in-house contingency planning SOPs	500	0	0	0	0	0	500	
TOTAL by budget line:		2,500	5,000	0	2,500	147,679	7,500		€ 165,179

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

Description	Contribution	Funding source
Component Supervisor: Executive Secretary	2% FTE (P5)	EuFMD Trust Fund (MS contributions)

## **10. Challenges to achieving component objectives**

1. FMD and other epidemiologically related exotic diseases outbreaks incursions are not detected or responded to in a timely manner by Member States
2. Resources are not sufficient to meet contingency plans response demand
3. Resource mobilisation is slowed by organisational challenges

# EuFMD Workplan Component Plan

## 1.7- Proficiency Testing Scheme

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### **Component Objective:**

**Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood**

Component Supervisor:

**Keith Sumption**

Component Manager:

**Kees van Maanen**

## 1. Background

Component 1.7 of the EuFMD work plan provides financial support to allow 20 non-EU EuFMD Member States and EUFMD neighbourhood countries to participate in the annual proficiency testing scheme (PTS) for national FMD reference laboratories (NRLs). The component is managed through a Letter of Agreement (LOA) with the Pirbright Institute who administer the proficiency testing scheme and also facilitate the attendance of representatives from the 20 countries involved at annual EU reference laboratory meetings. The intention is that the activities of this component will ensure better alignment of neighbourhood NRLs with the EuFMD and EU standard for FMD diagnostic NRLS performance as defined the 39<sup>th</sup> EuFMD General Session.

The activities under this component were carried out successfully in 2013-15 and will continue without major changes. It will be important for EuFMD to continue to provide support to the Pirbright Institute in encouraging beneficiary countries to actively participate in the scheme, and also working with the Pirbright Institute to provide support and follow up to the PTS, assisting laboratories to improve their capacity in areas identified as weak or deficient.

The countries involved are:

EuFMD member states which are not in the EU:	European neighbourhood states:
Serbia	Kosovo
Albania	Montenegro
FYRO Macedonia	Armenia
Bosnia	Azerbaijan
Turkey	Ukraine
Georgia	Belarus
Switzerland	Moldova
Norway	Iran
Israel	Egypt
	Lebanon
	Libya
	Morocco
	Tunisia
	Algeria
	Iraq

## 2. Project team

Role	Name	Status
Component Supervisor	Keith Sumption	Executive Secretary-Secretariat
Component Manager	Kees van Maanen	Consultant- Secretariat
Partner	The Pirbright Institute	Contracted through Letter of Agreement
ExCom oversight	TBC	ExCom member

### 3. Countries or partner organizations involved

The **direct beneficiaries** of this component are the 9 EuFMD MS and 15 neighbourhood countries who are supported to undergo laboratory proficiency testing (see table above).

The **Pirbright Institute** is contracted to carry out this proficiency testing through a Letter of Agreement (LOA)

### 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Comms officer
<b>Report of activities carried out under LOA</b>	The Pirbright Institute	Written report	Secretariat, highlights to ExCom	The Pirbright Institute

### 5. Approval and implementation

<i>Stage</i>	<i>Status</i>
<b>Approval of outline proposal at EuFMD General Session April 2015</b>	Completed
<b>Approval by Executive Committee</b>	To be done, September 2015
<b>Discussion and implementation by Pirbright Laboratory</b>	October 2015 onwards

### 6. Objective(s) of component

The overarching objective (output) is:

#### **Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood**

This will be achieved through a program of activities working towards the following expected results:

1.7.1 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:

1.7.2 Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS;

1.7.3 Management and participation in annual EU reference laboratory meetings.

## 7. Planned Outputs, Activities 2015-17

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>1.7</b>	<b>1.7: Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood</b> Expected results (targets):	NRL participation improved in 2015-17 period compared to 2013-15	Report of the EUNRL/WRL to the General Sessions in 2017 and 6 monthly reports to the Executive Committee	EU-RL not overstretched in capacity, commitment of the non-EU MS to participate, NRL's respond to invitation
	<b>1.7.1</b> 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:	NRL performance compared to EU benchmark improved in 2015-17 period compared to 2013-15		
	<b>1.7.2</b> Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS;			
	<b>1.7.3</b> Management and participation in annual EU reference laboratory meetings			

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and Risk
<b>1.7.1</b>	<b>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:</b>			
<b>1.7.1.1: Negotiation of LOA with the Pirbright Institute</b>	LOA is negotiated with Pirbright Institute to cover PTS scheme for the 20 countries listed above, and facilitation of participation at annual meeting. (Note LOA also includes activities detailed under 1.7.2.1)	LOA signed	See 1.7.1.2	Fluctuating Euro to GB pound exchange rates may have impact
<b>1.7.1.2: Review of reports from the</b>	Regular communication with the	Report from Pirbright Institute	Report from the Pirbright	

<b>Pirbright Institute, completion of the LOA</b>	<b>monitoring</b>	Pirbright Institute, receipt of full reports on completion of activities under LOA	indicates satisfactory completion of LOA	Institute
<b>1.7.2 Participation of 20 non-EuFMD member states and neighbourhood countries in annual EU reference laboratory meetings</b>				
<b>1.7.2.1: Pirbright manages annual proficiency testing</b>		The Pirbright Institute organises participation in proficiency testing for Serbia, Albania, FYRO Macedonia, Bosnia, Turkey, Georgia, Switzerland, Norway, Israel, Kosovo, Montenegro Armenia, Azerbaijan, Ukraine, Belarus Moldova, Iran, Egypt, Lebanon, Libya, Morocco, Tunisia, Algeria, Iraq	NRL participation improved in 2015-17 period compared to 2013-15  NRL performance compared to EU benchmark improved in 2015-17 period compared to 2013-15	Report of PTS Scheme  Commitment of the non-EU MS to participate. NRL's respond to invitation
<b>1.7.3 Management and participation in annual EU reference laboratory meetings</b>				
<b>1.7.3.2 Management and participation in annual EU reference laboratory meetings</b>		The Pirbright Institute organises participation in the annual EU reference laboratory meeting for the countries listed under 1.7.2.1. EuFMD attends meeting, encourages participation of these countries, assists in the follow up and assistance provided to countries in follow up to the results of the PTS.	NRL performance compared to EU benchmark improved in 2015-17 period compared to 2013-15	Report of PTS Scheme  NRL's respond to invitation

## 8. Gantt chart

OUTPUT 1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
1.7.1 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:	1.7.1.1 Negotiating contract for LOA																										
	1.7.1.2 Review reports from Pirbright																										
1.7.2 Management and participation in annual EU reference lab meetings	1.7.2.1 Pirbright manages annual proficiency testing																										
1.7.3 Management and participation in annual EU reference laboratory meetings	1.7.3.1 Pirbright facilitates attendance if countries to annual reference laboratory meetings (note dates of meetings not yet known)																										

## 9. Budget (€)

Targets	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.7.1 Increased participation and better national alignment of the NRL's in the European Neighbourhood to the EuFMD and EU standard for FMD diagnostic NRLs performance (as defined at GS39) with specific results of:	1.7.1.1: Negotiation of LOA with the Pirbright Institute	750	0	0	0	0	0	750	1,500
	1.7.1.2 Review of reports from the Pirbright Institute, monitoring completion of	750	0	0	0	0	0	750	
1.7.2 Participation of 20 non-EuFMD member states and neighbourhood countries in annual EU reference laboratory meetings	1.7.2.1: Pirbright manages annual proficiency testing	0	0	29,000	0	0	0	29,000	45,000
1.7.3 Management and participation in annual EU reference laboratory meetings	1.7.3.1: Pirbright facilitates attendance of countries to annual reference laboratory meetings, EuFMD attendance costs	1,000	2,500	10,000	2,500	0	0	16,000	
TOTAL by budget line:		2,500	2,500	39,000	2,500	0	0		46,500

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

Description	Contribution	Funding source
Component Supervisor: Executive Secretary	1% FTE (P5)	EuFMD Trust Fund (MS contributions)

## 10. Challenges to achieving component objectives

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



# EuFMD Workplan Component Plan

## 1.8- Risk Analysis and Communication

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### **Component Objective:**

**To improve the quality, utility and availability of information gathered relevant to FMD risk of entry into member states and facilitate the use of this by risk managers**

Component Supervisor:

**Keith Sumption**

Component Manager:

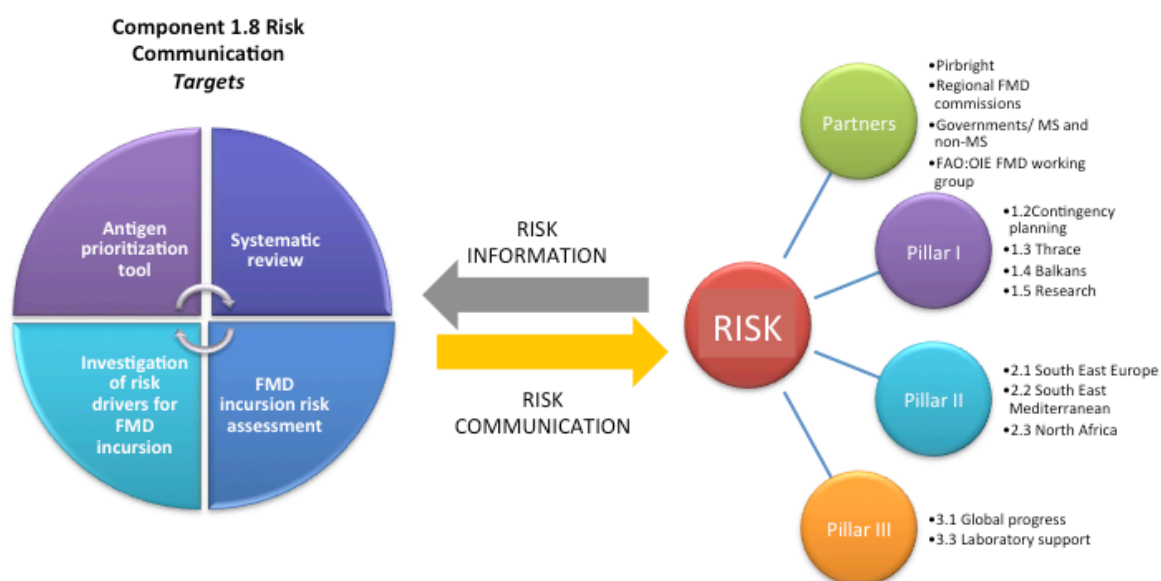
**Marius Masiulis**

## 1. Background

The objective of Pillar One is to improve readiness for FMD crisis management by Members States (MS). Following discussion during the 41<sup>st</sup> General Session of the EuFMD, and considering the current subdivision of task between Pillars and components, it was decided to introduce a new component, 1.8, which will ensure FMD risk information is collated, analyzed and communicated in forms that assist the MS to ensure preparedness for possible FMD incursion. The objective of component 1.8, following the risk-based approach paradigm, is to improve the quality, utility and availability of information gathered relevant to FMD risk of entry into member states and facilitate the use of this by risk managers, in order to prepare countries to respond in the event of an incursion. This will allow countries to effectively use available resources and maximize the impact of responses to possible FMD threats. A more organic understanding of risk and its communication will allow EuFMD to support and advise MS in a timely and efficient manner. Ongoing reciprocal communication among all interested parties is an integral part of the risk management process. Risk communication is more than the dissemination of information, and a major function is the process by which information and opinion essential to effective risk management is incorporated into the decision(1).

Under the common objective of addressing and communicating risk, different approaches will be used to investigate factors that are linked to FMD incursions. The work carried out through the component will crosscut all three Pillars, by gathering information from all the pillar managers and redistributing knowledge, after information has been systematically collated and analyzed. In particular, the manager of Component 1.8 will work closely with Component 1.2 (contingency planning), Component 1.3 (Thrace) and Component 2.1 (South-East Europe). It is known that the geographical features of the eastern borders of Turkey may facilitate uncontrolled and/or illegal animal movements between countries of the region, and consequently from Turkey into Europe. The emergence of FMDV strains from Central Asia, through the Middle East and to West Eurasia has been referred to as 'waves of infections' since the appearance of the A22 strain in 1964 to 1972, with a clear pathway of spread along defined routes (2). Broadly speaking, the Middle East could be considered a 'mixing vessel' for introducing FMD viruses from either the Far East or African countries and, therefore, the region is characterised by a constantly evolving FMD epidemiological status. Links between virus isolates from Afghanistan, Pakistan, Saudi Arabia, Iran and Turkey suggest that FMD probably spreads from South-Central Asia westwards along what has been termed the 'Ruminant Street' (2). Therefore a constant monitoring of events arising in this region, and how a potential spread into and within Europe could occur, is essential to better understand FMD epidemiology and most effective control strategies.

Information gathered through pillar managers and other partners (e.g. FMD WRL - Pirbright Institute) will undergo monthly systematic review to critically assess and qualitative risk assessment tools will be developed to evaluate risk of introduction of FMD in MS from importing countries, taking into account highlighted trading patterns, countries of origin of livestock or meat products, and circulating serotypes. Through the aid of a risk calculation tool, MS will be able to collate risk values for different risk factors and estimate the likelihood of FMDV introduction and the lineage involved, so to better inform the antigen bank on vaccine production. Finally, there is a need of investigating the correlation between livestock movement - on trade routes that might interest European countries - and FMD incidence. Studies on the geographical distribution and density of livestock populations in South Asia and the Middle East have defined areas of continuous livestock density between the Mediterranean Basin and southern Asia, involving Pakistan, Afghanistan, Iran and Turkey, and in which Iran takes up a central position, creating a narrow east-west connection just south of the Caspian Sea and acting as a corridor for the spread of pathogens. Meat prices differential can be used as proxy for animal movement (4). Thus, one of the component objectives is to propose a design and, if resources allow, to implement pilot studies in Turkey, Iran and Pakistan to look at a potential correlation between changes in meat prices and FMD incidence, so to be able to predict disease transmission patterns. Seasonal peaks of disease incidence linked with particular socio-economic events, as religious or traditional celebration, could be predicted, allowing for a better forecast of viral incursion into member states.



**RISK information and communication from/to EuFMD Commission and Risk Managers**  
*Flow chart*

## 2. Project team

Role	Name	Status
<b>Component Supervisor</b>	Keith Sumption	Executive Secretary, Secretariat
<b>Component manager</b>	Marius Masiulis	Contingency Planning Officer, Secretariat
<b>National FAO Focal Point: (Co-ordination-national level)</b>	FAO assistant Representatives in countries of interest (TBC)	FAO Staff in national offices
<b>FAO HQ Contact</b>	Julio Pinto	Animal Health Officer (Animal Disease Emergencies and Early Warning)
<b>National focal points</b>	Naci Bulut (Turkey) TBC (other countries)	Consultant, SCRPD member
<b>ExCom oversight</b>	TBC	ExCom member

### 3. Countries or partner organizations involved

All EuFMD Member States are direct beneficiaries of this component, and in particular, this component will involve work with Turkey.

Non EuFMD Member States will also be involved, for instance for information gathering and WelNET): Iran, Pakistan

### 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
<b>Quarterly newsletter</b>	Component manager		On website	Network and Training Officer
<b>Website report</b>	Component manager	Short document for website	On website	Network and Training Officer
<b>Workshop and mission reports</b>	Component manager	Written report post-workshops	National focal points, ExCom oversight points	Component manager

### 5. Approval and implementation

<i>Stage</i>	<i>Status</i>
<b>Initial workplan proposal approved at 41<sup>st</sup> General Session</b>	Approved April 2015
<b>Detailed discussion of workplan with Executive Committee for approval</b>	To be done, September 2015
<b>Discussion with countries involved</b>	To be done following approval of workplan by ExCom

### 6. Objective(s) of component

The overarching objective (output) is:

**To improve the quality, utility and availability of information gathered relevant to FMD risk of entry into member states and facilitate the use of this by risk managers**

This will be achieved through a program of activities working towards the following expected results (targets):

1.6.1. System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others

1.6.2 System established to ensure that changes in FMD incidence, and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers

1.6.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention

1.6.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver

## 7. Planned Outputs, Activities 2015-17

### Overall component objective:

Output	Description	Indicators	Monitoring evaluation and	Assumptions and risks
1.8	<p><b>To improve the quality, utility and availability of information gathered relevant to FMD risk of entry into member states and facilitate the use of this by risk managers</b></p> <p>Expected results (targets):</p> <p>1.8.1 System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others</p> <p>1.8.2 System established to ensure that changes in FMD incidence, and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers</p> <p>1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention</p> <p>1.8.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver</p>	<p>System used and referenced in Six monthly reports to ExCom.</p> <p>Monthly Surveillance Reports.</p> <p>Risk assessment for FMD incursion published and results communicated /used for re-assessment of vaccine adequacy</p> <p>Pilot system established and reviewed by the STC by M24</p>	<p>Component managers reports to 6 monthly ExCom Sessions.</p>	<p>Information gathered through reports/partners is complete</p> <p>Qualitative data is available in order to run risk assessment</p> <p>Information to inform risk parameters is available</p>

## Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and Risk
<b>1.8.1 System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others</b>				
<b>1.8.1.1 Antigen prioritization tool informed and updated</b>	Adapt work carried out under the 2013-15 work programme which developed a semi-quantitative risk assessment tool for introduction of FMD into Europe in order to develop a tool which will assist in the prioritization of antigens for vaccine banks.	Antigen prioritization tool is developed  Information is available on define parameters.	ExCom Report	The scope of this work may exceed the funding currently available under this component.
<b>1.8.1.2 Elicitation of experts</b>	Identify experts for the activities in 1.8.1.1	Experts are identified	ExCom report, report of experts	
<b>1.8.2 System established to ensure that changes in FMD incidence, and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers</b>				
<b>1.8.2.1 Monthly reports collation</b>	Extending current activities for EuFMD monthly reports, collect information from sources within and external to EuFMD. Format of monthly reports may be altered or improved based on activities of this component.	Information is delivered in timely and relevant manner to EuFMD and is properly collated and analyzed	ExCom report	Risks include lack of data, reluctance to supply data or failure to identify all sources of information
<b>1.8.2.2 Quarterly systematic review</b>	Quarterly systematic review of risks based on information from 1.8.2.1	Quarterly review document produced	ExCom report	See above
<b>1.8.2.3 Newsletter produced on basis of systematic review results &amp; distributed to risk managers</b>	Based on the results of 2.1 and 2.2 produce a quarterly report for risk managers (may build on current EuFMD monthly report)	Quarterly newsletter is published	ExCom report	
<b>1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention</b>				
<b>1.8.3.1 Semi-quantitative risk assessment for FMD incursion is</b>	Review and revise the semi-quantitative risk assessment for FMD introduction into	Risk calculation tool is developed	ExCom report	Information is available on define parameters. Expert

<b>reviewed and revised</b>	Europe (linked to 1.8.1.1)			pool is diversified and with experience that covers also low settings countries farming systems
<b>1.8.3.2 Elicitation of experts</b>	Identify experts to assist in development of risk calculation tool	Risk calculation tool is developed		
<b>1.8.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver</b>				
<b>1.8.4.1 Review of historical data on meat prices differential and FMD incidence in selected zone of Turkey, Iran, and Pakistan</b>	A review of existing and historical data available on meat price differentials in regions of interested. Review will inform the decision whether to carry out activities 1.8.4.2 and inform prospective study design.	Review data collated and report.	ExCom report	Meat price data have been collected historically in Turkey, Iran and Pakistan, together with FMD incidence data.
<b>1.8.4.2 Prospective studies on meat price differentials within countries and between countries are run based on available funds and data</b>	Based on results of 1.8.4.1, conduct prospective pilot studies in regions of interest	Data from pilot studies	ExCom report	Countries agree in the implementation of pilot studies. Funds available may not allow pilot studies to take place.
<b>1.8.4.2 Data analysis carried out</b>	Data collected in 1.8.4.2 is analysed in order to inform future work.	Report of prospective studies finalized, including recommendations for future work.	Report of prospective studies, highlights to ExCom	

## 8. Gantt chart

OUTPUT 1.8 Improved early warning system, risk communication and its uptake by member states into prevention and early detection operations		YEAR 1												YEAR 2											
Target (Expected result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
1.8.1 System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar I to 3 activities, and others	1.8.1.1 Antigen prioritization tool informed and updated																								
	1.8.1.2 Elicitation of experts																								
1.8.2 System established to ensure that changes in FMD incidence, and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers	1.8.2.1 Monthly reports collation																								
	1.8.2.2 Quarterly systematic review																								
	1.8.2.3 Newsletter produced on basis of systematic review results & distributed to risk managers																								
1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention	1.8.3.1 Semi-quantitative risk assessment for FMD incursion is reviewed and revised																								
	1.8.3.2 Elicitation of experts																								
1.8.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver	1.8.4.1 Review of historical data on meat prices differential and FMD incidence in selected zone of Turkey, Iran, and Pakistan																								
	1.8.4.2 Prospective studies																								
	1.8.4.3 Prospective studies data analysis																								

## 9. Budget (€)

Outputs	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.8.1 Risk information on FMD incursion in MS is gathered to inform antigen bank	Antigen prioritization tool informed and up	2,422	0	0	0	0	0	2,422	4,844
	Elicitation of experts	2,422	0	0	0	0	0	2,422	
1.8.2 Information routinely received by EuFMD is collated and analyzed in order to better inform risk managers	Monthly reports collation	0	0	7,500	0	0	0	7,500	11,196
	Quarterly systematic review	3,696	0	0	0	0	0	3,696	
1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific	Semi-quantitative risk assessment for FMD incursion is reviewed and revised	1,320	0	0	0	0	0	1,320	2,640
	Elicitation of experts	1,320	0	0	0	0	0	1,320	
1.8.4 Identifying potential correlation between changes in meat prices and FMD incidence	Review of historical data on meat prices differential and FMD incidence in selected zone of Turkey, Iran, and Pakistan	1,320	0	0	0	0	0	1,320	27,820
	Biannual pilot studies within countries and between countries are run	0	15,000	0	6,000	500	5,000	26,500	
TOTAL by budget line:		12,500	15,000	7,500	6,000	500	5,000		46,500

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

Description	Contribution	Funding source
Component Supervisor: Executive Secretary	10% FTE (P5)	EuFMD Trust Fund (MS contributions)
Component Manager: CPO	10% FTE (Consultant P3 equivalent)	EuFMD Trust Fund (MS contributions)

## 10. Challenges to achieving component objectives

1. Risk information might not always be reported to EuFMD Commission in timely and comprehensive manner
2. Information on defined risk factors which impact likelihood of FMD introduction in MS has to be available in order to feed the risk tool
3. Elicitation of expert opinion on risk had to be carried out
4. Network analysis of intra-Community live livestock trade data, national contact patterns and selected attributes of livestock holdings have to be available to feed the FMD dynamic models parameters
5. Information on meat prices differential for the past three years in Turkey, Iran and Pakistan might not be available
6. Agreement between participants in the planned cross-border surveys is necessary in order to conduct pilot studies
7. The implementation of certain activities are vulnerable to the political situation in Iran and Pakistan
8. Resources commitment from national veterinary services is necessary to achieve objective and implement some activity

## 11. References

1. S. Lang, L. Fewtrell, J. Bartram, in Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases: A global strategy 2015-2020 WHO, Ed. (2015).
2. A. Di Nardo, N. J. Knowles, D. J. Paton, Combining livestock trade patterns with phylogenetics to help understand the spread of foot and mouth disease in sub-Saharan Africa, the Middle East and Southeast Asia. Rev Sci Tech **30**, 63 (Apr, 2011).
3. U. Wennergren, M. Keeling, T. Lindstrom, M. Tildsley, "Modelling FMD at European scale" (FAO, Rome, 2015).
4. W. Geering, J. Lubroth, in Animal Health Manual FAO, Ed. (2002), vol. 16.

## 12. Risk information gathering across the work programme

Pillar I: Member Countries							Pillar II: EuFMD Neighbours				Pillar III: Global Strategy				Partners				
1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	MS	Non-MS	WRL	FMD Comm	
Training for EuFMD Member States	Decision support tools, contingency planning support	Thrace region	Balkans region	Research fund	Emergency response	Support to National Reference Labs	South East Europe: Turkey and neighbours	South East Mediterranean-Israel and neighbours	North Africa (REMESA)	Training for risk based FMD control	System for reporting progress of global FMD control	Enhanced capacity for application of the PCP-FMD	Global FMD Reference Centre and support to global FMD lab network	Global access to PCP-FMD training resources					
RECEIVING RISK INFORMATION		1.8.1 Antigen prioritization					1.8.1 Antigen prioritization						1.8.1 Antigen prioritization				1.8.1 Antigen prioritization		
	1.8.2 Systematic review																		
		1.8.3 Risk assessment					1.8.3 Risk assessment				1.8.3 Risk assessment					1.8.3 Risk assessment			
							1.8.3 Risk driver										1.8.3 risk driver		
	1.2.1 Network to assisted contingency planning	1.3.1 System to maintain confidence in FMD freedom		1.5.2 Funded research projects			2.1.2 Regional capacity to manage the FMD risk is improved		2.3.1 Risk based strategic plan	2.2.1 Risk based strategic plan	3.1.1 Global report	3.2.2 Support PCP-FMD progress	3.3.1 Global FMD lab network	3.3.3 Epidemic-surveillance 3 pools				Pirbright Report	Regional meetings reports
1.2.2 System for providing central resources	1.3.2 Real-time data entry	1.3.3 Achieving risk based surveillance																	

### 13. Risk information communication across the work programme

	Pillar I: Member Countries						Pillar II: EuFMD Neighbours				Pillar III: Global Strategy					Partners					
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4		MS	Non-MS	WRL	FMD Comm	
	Training for EuFMD Member States	Decision support tools, contingency planning support	Thrace region	Balkans region	Research fund	Emergency response	Support to National Reference Labs	South East Europe-Turkey and neighbours	South East Mediterranean-Israel and neighbours	North Africa (REMESA)	Training for risk based FMD control	System for reporting progress of global FMD control	Enhanced capacity for application of the PCP-FMD	Global FMD Reference Centre and support to global FMD lab network	Global access to PCP-FMD training resources						
COMMUNICATING RISK INFORMATION	1.8.1 Antigen prioritization											1.8.1 Antigen prioritization					1.8.1 Antigen prioritization		1.8.1 Antigen prioritization		
	1.8.2 Systematic review																				
	1.8.3 Risk assessment							1.8.3 Risk assessment				1.8.3 Risk assessment					1.8.3 Risk assessment				
	1.8.3 Risk driver				1.8.3 Risk driver													1.8.3 Risk driver			1.8.3 Risk driver
	1.2.1 Network to assisted contingency planning 1.2.2 System for providing central resources	1.3.3 Achieving risk based surveillance 1.3.4 Improved response to exotic diseases	1.4.2 Development of contingency plans	1.5.1 Report of research priorities	1.6.1 Emergency response		2.1.2 Regional capacity for Risk management	2.2.1-3 Risk based strategy plans 2.2.4 Improve disease risk information	2.3.1 Risk based strategy plans		3.1.1 Global report 3.1.2 FAO/OIE working group 3.1.3 Technical support	3.2.1 Toolbox for PCP-FMD 3.2.2 Support PCP-FMD progress	3.3.1 Coordination 3.3.2 International surveillance 3 pools	3.4.1 PCP associated training			Pirbright Report				



# EuFMD Workplan Component Plan

## 2.1- South-East Europe

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### Component Objective:

**South-East Europe: better FMD management in Turkey and neighbours**

Component Supervisor:

**Keith Sumption**

Component Manager:

**Gunel Ismayilova**

## 1. Background

FMD is only present on a regular basis in two EuFMD member states, Turkey and Israel, but occurs in 14 countries in the middle-east and north Africa which border the member states. Under Pillar II of the EuFMD work programme, EuFMD works to promote and support FMD control in areas of high disease risk, especially in the countries neighbouring Turkey.

Analysis of the regional FMD epidemics in the past 10 years indicates that the “West Eurasia region”, an area that can be defined by the unique strains of virus within, and the extent of epidemic spread, includes Pakistan in the east, Kazakhstan in the north, and extends to Turkey and Lebanon in the west. As reported by the Pirbright World Reference laboratory, in West Eurasia, recent active outbreaks have been caused by O/ME-SA/PanAsia-2, A/ASIA/Iran-05 and Asia-1 (Sindh-08 lineage). Kazakhstan has had sporadic incursions from Pool 1 (E. Asia) of O/ME-SA/PanAsia and A/ASIA/Sea-97. Reports for all samples can be found at [www.wrlfmd.org](http://www.wrlfmd.org). Within this region, epidemics most often appear to emerge in Afghanistan, Pakistan, Iran and Turkey, and spread to the neighbours.

Since most countries need to use similar vaccines to protect themselves against the current and emergent viruses, and given the high volume of live animal trade across the borders of the region, effective reduction of the FMD risk requires, at the very least, surveillance in each country to achieve early warning of new epidemics, and where funds for control are present, to define the risk points and to 104 neighbor control measures for reduction of risk to vulnerable livestock sectors and communities. In a regional meeting in Shiraz, Iran, in November 2008, a long term vision and set of actions (“Regional Roadmap”) was defined for controlling FMD in 14 countries in the West Eurasia Region, based upon a progressive control pathway (PCP) in which countries progressively implement actions against FMD. The Vision of the West Eurasia Roadmap first identified at the Shiraz Meeting in 2008 and later redefined, to a “West Eurasia region free of clinical FMD by 2025”. The Regional Roadmap was endorsed by the majority of veterinary services in the region, who requested support from FAO, OIE and the international community to apply the PCP approach within their country setting.

In support to OIE-GF-TADs (the Global Framework for the Control of Transboundary Animal Diseases) and FAO mandates, this EuFMD component aims to strengthen FMD management in West Eurasia, with particular focus on EuFMD member states Turkey and Georgia and their immediate neighbours Armenia and Azerbaijan. 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. The activities in this component are intended to reduce the impact of FMD in endemic countries in the region (particularly Turkey), support better information exchange between the West Eurasia Roadmap countries and by better characterizing the nature of the risk (eg circulating virus strains) reduce the risk of an incursion into areas currently FMD-free.

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component Supervisor</b>	Keith Sumption	Executive Secretary, Secretariat
<b>Component manager</b>	Gunel Ismayilova	Consultant, Secretariat
<b>Other EuFMD Team members:</b>	Aysegul Kudu, Barbara Tornimbene, Melissa McLaws, Chris Bartels	STP, consultants
<b>National FAO Focal Point: (Co-ordination-national level)</b>	FAO assistant Representatives in Turkey, Georgia	FAO Staff in national offices
<b>FAO Subregional animal health focal points (Co-ordination – Central Asia, Eastern Europe))</b>	A Mehraban (Turkey/Central Asia) A Roztalnyy (Georgia/Eastern Europe)	FAO Animal Production and Health Officers based in Ankara and Budapest Offices
<b>FAO HQ Contact</b>	Eran Raizman	Head, EMPRES, AGAH Rome
<b>National focal points</b>	Cihangir Gumustepe (Turkey) Lasha Avaliani (Georgia) Zurab Rukhadze (Georgia) Satenik Kharatyan (Armenia) Tamilla Aliyeva (Azerbaijan)	GDFA (Coordinator, Combat against Animal Diseases) NFA (Head of Animal Especially dangerous Infectious Diseases Supervision Division) Consultant Consultant Consultant
<b>National consultants:</b>	Zurab Rukhadze (G) Satenik Kharatyan (Arm) Tamilla Aliyeva (Azb)	Consultant Consultant Consultant
<b>ExCom oversight</b>	Irfan Erol (Turkey)	ExCom member

## 3. Countries or partner organizations involved

The direct beneficiaries of this component are the EuFMD member states Turkey and Georgia and non EuFMD members : Armenia, Azerbaijan, (and possibly other countries in region including Iran, Russian Federation)

Partners include FAO and OIE (regional roadmap activities) and the EU (coordination of activities in Georgia).

## 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Networks and Training Officer
<b>Routine (monthly) reporting from surveillance network and four NRLs</b>	Component manager, national focal points	Results available for EuFMD monthly FMD situation report	Secretariat	EuFMD
<b>Website report</b>	Component manager	Short document for website	On website	Networks and Training Officer
<b>Workshop and mission reports</b>	Component manager	Written report post-workshops	National focal points, ExCom oversight points	Component manager
<b>Annual Report for General Session</b>	Component manager	Written report	Member States	Networks and Training Officer

## 5. Approval and implementation

<i>Stage</i>	<i>Status</i>
<b>Discussion with ExCom Chairpersons</b>	To be done, Sept 2015
<b>Discussion with Turkey</b>	To be done
<b>Discussion with Georgia</b>	Done, July 2015
<b>Full workplan presented to ExCom</b>	To be done at ExCom 90, Sept 2015

## 6. Objective(s) of component

The overarching objective (output) is:

### South-East Europe: better FMD management in Turkey and neighbours

To improve the ability of Turkey, Georgia and neighbouring West Eurasia countries in FMD management and control to promote their progress along PCP stages and to reduce the risk posed by FMD in the region, with FAO, OIE, EC and EuFMD and the countries in the W. Eurasia region working in coordination under GF-TADS

This will be achieved through a program of activities working towards the following expected results (targets):

2.1.1 Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages.

2.1.2 Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries.

## 7. Planned Outputs, Activities, Resources 2015-17

### Overall component objective:

Output	Description	Indicators	Monitoring evaluation	and	Assumptions and risks
<b>2.1</b>	<b>South-East Europe: better FMD management in Turkey and neighbours</b>				
<b>2.1.1.</b>	Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages	<ul style="list-style-type: none"> <li>- PCP progress (Azerbaijan and Armenia to confirm and Georgia to maintain Stage 2, progress to Stage 3)</li> <li>- PCP progress in Turkey</li> <li>- Monitoring and Evaluation (M&amp;S) systems established in Turkey and Georgia, ARM and AZB</li> </ul>	West Roadmaps report Monthly Reports (EuFMD) ExCom report	Eurasia	Risk that institutional co-ordination issues delay implementation Risk of lack of proper commitment of veterinary authorities/ministry of agriculture at national level
<b>2.1.2</b>	Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and by regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries, as well as in Europe and beyond.	<ul style="list-style-type: none"> <li>- Progression along PCP (within and between Stages) in W. Eurasian countries</li> </ul>	<ul style="list-style-type: none"> <li>- Monthly Reports (EuFMD)</li> <li>- ExCom report</li> <li>- PCP assessment and West Eurasia Roadmaps report</li> </ul>		Risk of limited commitment and lack of time to be develop expertise, share information and manage control programs by the members involved

## Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>Output 2.1. Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages</b>				
<b>2.1.1.1 Assist with development of risk-based strategic plan (RBSP)</b>	Assist with development of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia	<ul style="list-style-type: none"> <li>- RBSPs of Azerbaijan and Armenia are submitted to the GF-TADs Working Group by October 2015</li> <li>- RBSPs of Azerbaijan and Armenia are accepted by GF-TADs Working group.</li> <li>- Armenia and Azerbaijan are confirmed at the Stage 2 of the PCP at W. Eurasia Roadmap 2016</li> <li>- RBSP of Georgia is updated when needed</li> </ul>	<ul style="list-style-type: none"> <li>-ExCom report</li> <li>-West Eurasia Roadmaps report</li> </ul>	Risk that RBSPs of Azerbaijan and Armenia are not accepted by Regional Advisory committee (RAG) by the next WE Roadmap meeting
<b>2.1.1.2 Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan</b>	Assist with <u>establishment and implementation</u> of monitoring of RBSP in Georgia, Armenia and Azerbaijan <ul style="list-style-type: none"> <li>- Workshop on serosurvey design and analysis</li> <li>- A combined cross-border desk top/field exercise is provided</li> <li>- Workshops/trainings as required*</li> </ul>	<ul style="list-style-type: none"> <li>- Monitoring and evaluation of RBSP implementation is established in Georgia, Armenia and Azerbaijan (regular update of RBSP according activities carried out and data obtained, analysed and reported)</li> </ul>	<ul style="list-style-type: none"> <li>- BTORs from missions and workshops</li> <li>-ExCom report</li> <li>-GS42 report</li> </ul>	Risk of lack of proper commitment of veterinary authorities/ministry of agriculture at national level
<b>2.1.1.3 Assist with implementation of monitoring of RBSP and</b>	Assist with <u>implementation</u> of monitoring of RBSP and technical support for national epi-network in Turkey <ul style="list-style-type: none"> <li>- Training in epidemiology</li> </ul>	<ul style="list-style-type: none"> <li>- Training material (e-learning, manuals, handouts)</li> <li>- Feedback from course participants</li> <li>- epidemiologists for the national epi-network are prepared</li> </ul>	<ul style="list-style-type: none"> <li>- BTORs from missions</li> <li>- ExCom report</li> <li>- GS42 report</li> <li>- Training material</li> </ul>	<ul style="list-style-type: none"> <li>Risk of lack of commitment of GDFA</li> <li>Lack of commitment by selected trainees</li> <li>Necessity for training material translation</li> </ul>

<b>technical support for national epi-network in Turkey</b>	<ul style="list-style-type: none"> <li>- developed and delivered</li> <li>- Work with GDFC to develop structure and TOR for national epidemiology network</li> <li>- Work with GDFC to develop system for ongoing professional development for epi network (in conjunction with component 2.4)*</li> </ul>	<ul style="list-style-type: none"> <li>- national epi-network is operational and monitors implementation and impact of FMD RBSP</li> </ul>	
<b>2.1.1.4 component 1.8</b>	A: Assist component 1.8 in meat price monitoring system( Turkey and 110 neighbor countries)	<ul style="list-style-type: none"> <li>- BTORs from missions</li> <li>- ExCom report</li> <li>- GS42 report</li> </ul>	-requires participation from countries
<b>Output 2: Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP and on management of control programs, and by regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries, as well as in Europe and beyond.</b>			
<b>2.1.2.1 Support better information exchange between risk managers in the West Eurasia Roadmap countries</b>	<ul style="list-style-type: none"> <li>- West Eurasia online network support (online meetings and discussion forum)</li> <li>- Development and implementation of FMD database</li> <li>- Support of West Eurasia Roadmaps (2016, 2017)</li> </ul>	<ul style="list-style-type: none"> <li>- Established and functional online FMD West Eurasia network</li> <li>- Quality, frequency and participation of the online network meetings (at least 7 of 14 countries)</li> <li>- FMD Database operational for 4 countries and used by additional 2 countries by M24</li> <li>- Monthly Reports from EuFMD include monthly data on FMD and control measures from an increased number of West Eurasia countries</li> </ul>	<ul style="list-style-type: none"> <li>- ExCom report</li> <li>- GS42 report</li> <li>- West Eurasia Roadmap report</li> </ul> <p>Risk of limited commitment and lack of time to be dedicated to the network by the members involved</p>
<b>2.1.2.2. Development of regional expertise in epidemiology and laboratory disciplines</b>	<ul style="list-style-type: none"> <li>- Online courses offered*</li> <li>- Webinars (according to specific network requests and in collaboration with component 2.4)</li> </ul>	<ul style="list-style-type: none"> <li>- Online courses/webinars delivered to improve regional expertise in epidemiology and laboratory disciplines</li> </ul>	<ul style="list-style-type: none"> <li>- ExCom report</li> <li>-GS42 report</li> <li>-webinar recordings</li> <li>-course material</li> </ul> <p>Risk of limited commitment and lack of time to be dedicated to the network by the members involved Risk that PCP Will depend on the component 2.4 activities Limited funds</p>

\*Trainings (face to face and online) to be defined according needs assessment framework and the availability of the courses developed under component 2.4

## 8. Gantt chart

OUTPUT 2.1 South East Europe: better FMD management in Turkey and neighbours		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
2.1.1 MS (Turkey , Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages	2.1.1.1 Assist with development of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia																								
	2.1.1.2 Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan																								
	2.1.1.3 Assist with implementation of monitoring of RBSP and technical support for national epi-network in Turkey																								
	2.1.1.4 Assist component 1.8 in meat price monitoring systems																								
2.1.2 Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries, as well as in Europe and beyond	2.1.2.1 Support better information exchange between risk managers in the West Eurasia Roadmap countries																								
	2.1.2.2 Dev. Of regional expertise in epidemiology and laboratory disciplines*																								

\*Time of trainings delivery to be defined in coordination with component 2.4

## 9. Budget (€)

Target	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1. Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages	Assist with development of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia	1,500	0	0	0	0	0	1,500	262,409
	Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan	19,500	21,000	0	7,000	5,000	1,300	53,800	
	Assist with implementation of monitoring of RBSP and technical support for national epi-network in Turkey	19,500	10,000	0	0	6,500	0	36,000	
	Assist component 1.8 in meat price monitoring system	2,700	10,000	0	0	0	0	12,700	
	Deliver face to face trainings/workshops to Turkey, Georgia and neighbours in coordination with component 2.4*	44,300	26,500	30,000	48,586	0	9,023	158,409	
2. Regional capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and by better information exchange between risk managers in the West Eurasia Roadmap countries, as well as in Europe and beyond.	Support better information exchange between risk managers in the West Eurasia Roadmap countries	43,500	10,000	0	5,000	0	0	58,500	72,500
	Development of regional expertise in epidemiology and laboratory disciplines	9,000	0	5,000	0	0	0	14,000	
TOTAL by budget line:		140,000	77,500	35,000	60,586	11,500	10,323		334,909

\*Trainings (face to face and online) to be defined according needs assessment framework and the availability of the courses developed under component 2.4. The cost of the epidemiology training for Turkey is included.

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
<b>Component Supervisor: Executive Secretary</b>	<b>10% FTE (P5)</b>	EuFMD Trust Fund (MS contributions)

## 10. Challenges to achieving component objectives

1. Risk that institutional co-ordination issues (GfTADS procedures) delay implementation in non-MS;
2. Resource commitment from national veterinary services is necessary to achieve the objectives and implement some activities;
3. Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
4. Risk that the countries involved to the West Eurasia online network will not be ready to share information regarding FMD outbreaks and vaccination with neighbouring countries.



## **EuFMD Workplan Component Plan**

# **2.2- South East Mediterranean**

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### **Component Objective:**

South East Mediterranean: better FMD management in the  
neighbourhood of Cyprus and Israel

Component Supervisor:

**Keith Sumption**

Component Manager:

**Kees van Maanen**

## 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 FMD strains have spread from sub-Saharan East Africa and from West Eurasia to Egypt, posing a serious risk of onward 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.

For Israel and neighbouring Palestine, the 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 in Egypt and Palestine to progress FMD control. Over the last year, EuFMD has supported the veterinary services of both countries reviewing the FMD control strategy and currently both countries are finalizing a risk-based strategy plan (RBSP) for FMD control. This RBSP will allow Egypt and Palestine to be assessed in PCP-FMD stage 2 during the next regional roadmap meeting.

For both countries, EuFMD support for 2015-2017 will focus on monitoring and evaluation of their RBSP with regard to implementation and impact. In the situation of Egypt a needs assessment was conducted during Spring 2015 and while developing the next 2-year support plan, EuFMD was approached by the US-DOS (Department of State) that was looking at ways to support FMD control activities in Egypt. A project proposal was submitted and was approved in July 2015. As a result, the activities foreseen for 2015-2017 are partly funded by this external source, particularly expenses in relation to training (accommodation, travel expenses, meals), vaccine quality assessment (expert consultation), support to regional collaboration and extended expert support to GOVS and AHRI in the field of monitoring and evaluation. The contribution of EuFMD is related to consultancies providing training and expertise.

Additionally, EuFMD plans to support other neighbors such as Jordan and Lebanon. These countries suffer from the instability in Syria leading to migration of livestock and people across their borders. With these migrations come increased risks of FMD spread while both countries have not taken onboard a risk-based FMD control strategy yet.

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component Supervisor</b>	Keith Sumption	Executive Secretary, Secretariat
<b>Component manager</b>	Kees van Maanen	EuFMD consultant
<b>Other EuFMD team members</b>	Chris Bartels, Melissa McLaws, Nick Lyons	Consultants
<b>Regional and National consultants:</b>	Khawla Salem al Njoum (FAO Jerusalem)	FAO support to Palestine
<b>National focal points</b>		
<b>Israel</b>	Nadav Galon	CVO Israel
<b>Palestine</b>	Imad Mukarker	CVO Palestine
<b>Egypt</b>	Mohamed Atea	Deputy CVO Egypt
<b>EARLN</b>	Sabenzia Wekesa	EARLN Coordinator
<b>ExCom oversight</b>	TBC	Executive Committee

## 3. Countries or partner organizations involved

The activities will be mainly implemented in Israel and Cyprus as EuFMD members and in Palestine, Egypt, Lebanon and Jordan as neighbouring countries.

The EuFMD will work in coordination with FAO offices in Jerusalem and Cairo, and with approval from OIE Beirut and GfTADS' approval of the East African Regional Laboratory Network (EARLN).

#### 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
<b>Workshop reports</b>	Lead trainer and component manager	Written report/Webinar	National focal points, Excom oversight	Network and Training Officer
<b>Website report</b>	Component manager	Short document for website	On website	Network and Training Officer
<b>Annual Report for General Session</b>	Component manager	Written report	National focal points, Excom oversight points	Network and Training Officer

#### 5. Approval and implementation

<i>Stage</i>	<i>Status</i>
<b>Working plan proposal</b>	For Egypt: workplan discussed with GOVS, Cairo in Spring 2015. Project proposal submitted to US-DOS and approved in July 2015
<b>Working plan agreement</b>	An agreement between FAO and US-DOS is currently elaborated.
<b>Working plan implementation</b>	According to decision of ExCom and for the 2015-17 program.
<b>Modifications to workplan</b>	Meetings every 6 months with the countries will be used to agree on subsequent project timetable. Major changes will require ExCom approval.

#### 6. Objectives of this component

This component aims to improve the capacity of countries in the region to manage FMD through the framework of PCP activities, to support regional coordination of activities and to improve the information available to risk managers about FMD threats by supporting surveillance information gathering from livestock trade related parts of North East Africa. The stated overall output is:

##### **South East Mediterranean: better FMD management in the neighbourhood of Cyprus and Israel**

This will be achieved through a program of activities working towards the following expected results (targets):

**2.2.1.** Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Egypt

**2.2.2.** Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Palestine and Israel;

**2.2.3.** Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon;

**2.2.4.** System in place to provide improved disease risk information through networking for better information exchange to managers of countries under this component for planning risk-based FMD control re: risk-based surveillance, risk-based vaccination programmes and vaccine selection for the threats from particularly bordering areas in the Middle-East and sub-Saharan East Africa.

## 7. Planned outputs and activities

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>2.1</b>	<b>South East Mediterranean: better FMD management in the neighbourhood of Cyprus and Israel</b>	PCP progress indicators	Reports of the Middle-East Regional FMD Roadmap progress meeting (annual)	Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation
	<b>2.2.1</b> Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Egypt;	Assessment of National risk based control programmes (PCP Stage 2+)		Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
	<b>2.2.2</b> Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Palestine and Israel;	Evidence of application of training within national systems.	Reports to international co-ordination meetings (Israel and neighbours)	
	<b>2.2.3</b> Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon;		Monthly Reports (EuFMD)	
	<b>2.2.4</b> System in place to provide improved disease risk information through networking for better information exchange to managers of countries under this component for planning risk-based FMD control re: risk-based surveillance, risk-based vaccination programmes and vaccine selection for the threats from particularly bordering areas in the Middle-East and sub-Saharan East Africa	Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries		

### Activities:

Objective/Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>2.2.1 Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Egypt</b>				
<b>2.2.1.1a</b>	TOT Training on outbreak investigation and follow-up of TOT training	Training course materials developed for outbreak investigation on FMD including materials for continued provision of this training (routine and advanced) for GOVS staff in the local districts  SOPs on sampling, epidemiologic investigation, data collection,	6 monthly ExCom report	

recording, and reporting				
<b>2.2.1.1b</b>	Training on advanced outbreak investigation	Materials developed and delivered for advanced FMD outbreak investigation (risk factors analysis, impact assessment, vaccine effectiveness)	6	monthly ExCom report
<b>2.2.1.1c</b>	Training on local response in case of FMD outbreak	Training course developed and delivered for organizing the response to a local FMD outbreak, extension methods developed and delivered on FMD control and prevention for livestock owners and local service providers	6	monthly ExCom report
<b>2.2.1.2</b>	Establishing monitoring and evaluation mechanism at GOVS	Monthly reports on the FMD situation in Egypt and On-the-job training for monitoring and evaluation for staff of GOVS Department of Epidemiology	6	monthly ExCom report
<b>2.2.1.3</b>	Vaccine quality audit	A report on vaccine quality assessment of the three vaccine-producing plants in Egypt including an operational plan on improvements and estimated budget and timeline	6	monthly ExCom report
<b>2.2.1.4</b>	Regional technical meeting	Enhanced cooperation between Egypt and regional neighbors on disease surveillance in general and FMD in particular	6	monthly ExCom report
<b>2.2.1.5</b>	Support to Animal Health Research Institute	Improved FMD diagnostic capacity, defined SOPs and well-established data management at AHRI	6	monthly ExCom report
<b>2.2.2. Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Palestine and Israel</b>				
<b>2.2.2.1</b>	Finalization of risk-based strategy plan in Palestine	PCP-FMD progress assessed during regional roadmap meeting	6	monthly ExCom report
<b>2.2.2.2</b>	Establishing monitoring and evaluation mechanism on implementation and impact of RBSP	Monthly reports on the FMD situation in Palestine	6	monthly ExCom report
<b>2.2.2.3</b>	Support to Central Veterinary Laboratory Al Aroub and to Polytechnic University Hebron	Serological and virological FMD diagnostic methods operational (ELISA and PCR based) and sequencing/molecular epidemiology operational through polytechnic university	6	monthly ExCom report
<b>2.2.2.4</b>	Workshops on RBS and risk-based	Workshops held, Risk-based vaccination strategy developed and	6	monthly

	vaccination	agreed	ExCom report		
2.2.2.5	Steering committee convened and regular meetings held	Report on meeting including recommendations and actions agreed by individual countries	6	monthly	ExCom report
2.2.3. Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon					
2.2.3.1	Exploration of needs with regard to FMD control strategy plans in Lebanon and Jordan	Needs assessed and reported	6	monthly	ExCom report
2.2.3.2	Provision of training and support	PCP-FMD progress indicators	6	monthly	ExCom report
2.2.4. System in place to provide improved disease risk information through networking for better information exchange to managers of countries under this component for planning risk-based FMD control re: risk-based surveillance, risk-based vaccination programmes and vaccine selection for the threats from particularly bordering areas in the Middle-East and sub-Saharan East Africa					
2.2.4.1	Implementation of a laboratory and epidemiology –network between countries	Identification of focal points to develop laboratory and epidemiology network	6	monthly	Identification of active focal points in each country Capacity to adapt trainings to different languages
2.2.4.2	Sample submission from countries in this region supported	Reports available for region. Samples submitted to WRL or regional labs with reporting of lab results	6	monthly	ExCom report
2.2.4.3	Information on disease risk collated and communicated to risk managers in this region	Regular reports received, including meeting proceedings	6	monthly	ExCom report

## 8. Gantt chart

OUTPUT 2.2 South East Mediterranean: better FMD management in the neighbourhood of Cyprus and Israel		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
<b>2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon</b>	2.2.1.1 a Training of Trainers (TOT) on outbreak investigation and follow-up of TOT																								
	2.2.1.1 b Training on advanced outbreak investigation																								
	2.2.1.1c Training on local response in case of FMD outbreak																								
	2.2.1.2 Establishing M&E mechanism at GOVS																								
	2.2.1.3 Vaccine quality audit																								
	2.2.1.4 Regional technical meeting																								
	2.2.1.5 Support to Animal Health Research Institute																								
<b>2.2.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally, including the establishment of a system to improve planning of surveillance measures aimed improving confidence in disease detection and/or freedom (as applicable) in the neighbourhood</b>	2.2.2.1 Finalization of risk-based strategy plan in Palestine																								
	2.2.2.2 Establishing M&E mechanism on implementation and impact of RBSP																								
	2.2.2.3 Support to Central Veterinary Laboratory Al Aroub and to Polytechnic University Hebron																								
	2.2.2.4 Workshops on RBS and risk-based vaccination																								
	2.2.2.5 Steering committee convened and regular meetings held																								
<b>2.2.3 Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon;</b>	2.2.3.1 Exploration of needs with regard to FMD control strategy plans in Lebanon and Jordan																								
	2.2.3.2 Provision of training and support																								
<b>2.2.4 System in place to provide improved disease risk information through networking for better information exchange to managers of countries under this component for planning risk-based FMD control</b>	2.2.4.1 Implementation of a laboratory and epidemiology –network between countries																								
	2.2.4.2 Sample submission from countries in this region supported																								
	2.2.4.3 Information on disease risk collated and communicated to risk managers in this region																								

## 9. Budget (€)

Output	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
<b>2.2.1 Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Egypt</b>	2.2.1.1a TOT Training on outbreak investigation and follow-up of TOT training	5,000	6,000	0	0	0	0	11,000	47,400
	2.2.1.1.b Training on advanced outbreak investigation	3,000	8,000	0	0	0	0	11,000	
	2.2.1.1c Training on local response in case of FMD outbreak	3,400	4,000	0	0	0	0	7,400	
	2.2.1.2 Establishing monitoring and evaluation mechanism at GOVS	2,500	2,000	0	0	0	0	4,500	
	2.2.1.3 Vaccine quality audit	0	1,000	0	0	0	0	1,000	
	2.2.1.4 Regional technical meeting	3,000	4,000	0	0	0	0	7,000	
	2.2.1.5 Support to Animal Health Research Institute	0	5,500	0	0	0	0	5,500	
<b>2.2.2. Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Palestine and Israel</b>	2.2.2.1 Finalization of risk-based strategy plan in Palestine	3,200	5,000	0	0	0	2,500	10,700	41,900
	2.2.2.2 Establishing monitoring and evaluation mechanism on implementation and impact of RBSP	2,200	1,500	0	0	1,000	2,000	6,700	
	2.2.2.3 Support to Central Veterinary Laboratory Al Aroub and to Polytechnic University Hebron	1,200	1,500	0	0	9,000	2,500	14,200	
	2.2.2.4 Workshops on RBS and risk-based vaccination	3,200	3,000	0	0	0	2,000	8,200	
	2.2.2.5 Steering committee meetings convened	2,100	0	0	0	0		2,100	
<b>2.2.3. Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon</b>	2.2.3.1 Exploration of needs with regard to FMD control strategy plans in Lebanon and Jordan	3,200	3,000	0	0	0	2,000	8,200	45,700
	2.2.3.2 Provision of training and support	8,000	11,000	10,000	5,000	0	3,500	37,500	
<b>2.2.4. System in place to provide improved disease risk information through networking for better information exchange to managers of countries under this component for planning risk-based FMD control re: risk-based surveillance, risk-based vaccination programmes and vaccine selection for the threats from particularly bordering areas in the Middle-</b>	2.2.4.1 Implementation of a laboratory and epidemiology -network between countries	4,000	5,000	0	10,000	0	3,500	22,500	40,187
	2.2.4.2 Sample submission from countries in this region supported	0	0	0	4,650	5,000	1,800	11,450	
	2.2.4.3 Information on disease risk collated and communicated to risk managers in this region	1,000	2,000	0	0	0	3,237	6,237	
<b>TOTAL by budget line:</b>		<b>45,000</b>	<b>62,500</b>	<b>10,000</b>	<b>19,650</b>	<b>15,000</b>	<b>23,037</b>		<b>175,187</b>

Important note regarding budget: in order to align the budget with the US-DOS project, the distribution of funding between budget lines proposed above will need to be revised. This will be discussed with Executive Committee.

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
<b>Funding from US-DOS for training activities in Egypt (contributes to activities under 2.2.1.1)</b>	<b>Total value of funding: \$158,575</b>	United States Department of Security

## **10. Challenges to achieving component objectives**

1. Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation.
2. Risk that lack of proper commitment at national level limits the expected results
3. Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
4. Coordination between Israel and Palestine is essential to the success of the work plan.



## **EuFMD Workplan Component Plan**

### **2.3- Support to REMESA**

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#### **Component Objective:**

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

Component Supervisor:

**Keith Sumption**

Component Manager:

**Fabrizio Rosso**

## 1. Background

The aim of this component is to provide technical support to REMESA actions, in line with the outcomes of the REMESA Permanent Committee (JPC) meetings held in Faro in June 2013, in Heraklion in March 2015 and the EuFMD Strategic Plan 2013-17 approved by EuFMD Member States in the 40<sup>th</sup> 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”. The specific objective of REMESA, Mediterranean Animal Health Network (Réseau Méditerranéen de Santé Animale – REMESA) is the improvement of prevention and control against the major transboundary animal diseases and zoonoses through the strengthening of the national and regional resources and capacities, the harmonization and coordination of surveillance and control activities.

Activities implemented under this component will be developed within the framework of the Global FMD Strategy and linked to the working practises of GfTADS.

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

1. The seven European countries are officially recognised free of FMD without vaccination by the OIE: France, Portugal, Spain, Italy, Cyprus, Greece and Malta
2. Two countries can be considered now in PCP stage 3 (Tunisia and Algeria) and one in PCP stage 4 (Morocco). Before 2014, Algeria, Morocco and Tunisia have not notified cases of FMD since 1999 and in May 2012 they were recognized by the OIE as Member Countries with endorsed official control program for FMD. Despite being FMD free by vaccination for 15 years, Tunisia in April 2014 and Algeria in July 2014 reported FMD outbreaks in many areas. In response to the incursion of FMD in the region the countries implemented different control measures to limit the spread of the disease and an emergency vaccination campaign was carried out in cattle (Morocco and Algeria) and on all susceptible animal population (Tunisia). In 2015 new outbreaks (mainly in small ruminants) have been detected in Algeria. In response to these outbreaks, Algeria applied the perifocal vaccination of small ruminants around the outbreaks. In Morocco no outbreaks have been reported in 2014 and 2015.
3. Two countries can be considered in Stage 1 of the PCP (Egypt, Libya) since activities finalized to the development and implementation of the Risk Based Strategic Plan have been started even though in Libya the political instability has seriously affected the possibility to continue the programme identified for the years 2013-2015 and the development and implementation of the Risk Based Strategic Plan. One country (Mauritania) where PCP Stage 1 activities just started in 2015 with the support of EuFMD and can be considered provisionally in Stage 0 (Mauritania).

The opportunity of “clustering” countries according to their geographical position, the language spoken and the PCP stage can be beneficial considering that some training and support will be common for countries in the same situation and with same targets.

Despite the efforts that are made by each country of North Africa in order to control the disease, more actions and cooperation are needed, putting at risk the sustainability of the resources, and making necessary to take urgent actions to improve the control pathways. The permeability of the borders in the North African region and the political instability in some areas remain key elements that can affect the control of FMD.

This workplan is focused upon the two clusters:

1. Countries in PCP stage 3 and 4. Confidence that the countries have effectively controlled virus circulation can be supported by having measures to reduce FMD circulation in Algeria, Tunisia and western Libya and a FMD surveillance system in place in high risk areas. The THRACE surveillance programme, supported by EC via EuFMD for the Turkey/Bulgaria/Greece common border region, and the simulation exercises organized in the Balkans to improve contingency planning capacity are examples of systems that could be adapted for the high risk areas.

The development of a Regional strategy for FMD control would be beneficial for the countries. It would enhance confidence in the surveillance design and disease control activities implemented and potentially allow the progression and maintenance of PCP stage 4 for Algeria and Tunisia. In the case of Morocco it could facilitate maintenance of the PCP stage 4 and give credible epidemiological evidence that FMD incidence is absent or very low and that there is no endemic circulation in domestic livestock.

All activities aimed to sustain surveillance systems, build capacity in clinical recognition, implement vaccination programmes with risk-based approach, share knowledge, expertise and tools, establish regional vaccine bank, support emergency preparedness and test emergency response are essential to improve the FMD control at regional level and should be supported.

2. Countries in PCP stage 1 and 0. The high interest and commitment shown by Libyan authorities in 2013-2014 on FMD control allowed progress in the development of a national risk based strategic plan despite the political instability. The difficulties faced by the national 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. The political instability seriously affects the possibility of developing and implementing a RBSP but the regular assistance provided to Libyan authorities is recommended in order to maintain the best support possible and maintain a good level of knowledge of FMD risk and epidemiology in the country.

In Mauritania, undertaking a comprehensive analysis of the situation, options and benefits of FMD control is needed to identify if the impact of FMD is sufficient to drive a control programme in some sectors and the merits of wider, ruminant health approach covering FMD and other TADS.

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

The assistance for the development of RBSP in Egypt (which is not under the operational responsibility of FAO or OIE Offices in Tunis) is included in the programme developed under component 2.2 even though a regular coordination shall be established between the two components.

The regular meetings with FAO and OIE and with the National Veterinary Services will be used to develop a zoning or regional approach with associated surveillance plans and identify needs for diagnostics and for supporting the control measures implemented.

The need for co-ordination and communication between countries is important since the development of a regional strategy for FMD control is the main target for the area. 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 with the control measures implemented at national level, therefore the capacity to develop and maintain regular communication on risk present is a key element for the control strategy.

The proposed activities can make use of the EuFMD experience, tools and training modules are used in other Components of the overall programme – such as the Real Time and PEPc training courses (tested in Europe and West Eurasia), the surveillance in high risk zones (THRACE component) and the use of multi-country simulation exercises to test contingency plans (West Balkans component). Additionally the actions under this component can contribute for the development of local expertise on FMD Progressive Control Pathway which should be considered an asset due to the opportunity to have expertise with knowledge of the regional situation.

The timing of these elements in the REMESA program will follow on from in country testing/evaluation in the other regions.

## 2. Project team

Role	Name	Status
<b>Component Supervisor</b>	Keith Sumption	EuFMD Secretariat
<b>Project development team</b>	Fabrizio Rosso/Keith Sumption	EuFMD Secretariat
<b>Component Manager</b>	Fabrizio Rosso	EuFMD Secretariat
<b>REMESA RCU contacts</b>	M Bengoumi (FAO)	
	R Bouguedour (OIE)	
<b>FAO Regional Contact (Coordination with FAO NE regional activities)</b>	Markos Tibbo	FAO Regional Animal Production and Health Officer, Near-East (Cairo)
<b>ExCom oversight</b>	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 activities to be implemented in Libya are strongly subjected to the evolution of the political situation. 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 complements activities without duplication. North African countries not directly included in the present workplan (Egypt, Lebanon and Jordan) can benefit of the coordination framework supported by this component.

EuFMD will work in coordination with REMESA RCU, with lines of communication to the Veterinary Services of the countries involved in the programme. 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 other diseases where these GfTADS partners would take the lead.

EuFMD will involve in the activities, as appropriate, the expertise of the OIE Reference Laboratories based in the REMESA region such as IZS (Brescia) and ANSES (France).

## 4. Reporting of activities

Progress will be reported to the regular JPC meetings, scheduled over the year, 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
<b>Six monthly report to JPC</b>	National focal points	JPC Report	JPC, EuFMD ExCom	JPC Secretariat
<b>Report of JPC Meetings to ExCom</b>	Dr ANGOT	ExCom Report	As per Session Report	EuFMD
<b>Six monthly activity report to ExCom</b>	Component Manager	Report	ExCom, STC	Network and Training Officer
<b>Website report</b>	Component Manager	Report	Website	Network and Training Officer
<b>Workshop reports</b>	Lead EuFMD person at workshop	Report	ExCom	Network and Training Officer

## 5. Approval and implementation

Stage	Status
Outline presented to GS41	Done, April 2015
Preliminary consultation	Outline discussed with REMESA in March 2015
Working plan proposal	Draft workplan preliminary presented to REMESA RCU in September 2015 and feedback received 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 JPC in November 2015
Working plan implementation	According to decision of ExCom and for the 2015-17 programme, and to endorsement by REMESA JPC in 2015.
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 2015-17, can be subjected to modifications after review at the REMESA JPC in November 2015.

## 6. Objective(s) of component

The overall objective of this component is to:

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

The **three targets** of the Component, which are the expected results of the activities, are:

2.3.1. Progress to develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia;

2.3.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally, as needed to progress the REMESA Strategic Plan, including the establishment of surveillance measures aimed improving security of sanitary barriers between countries or zones with different FMD situations;

2.3.3. System in place to provide improved disease risk information for planning of vaccination programmes, including vaccine banks, to support managers in REMESA.

In order to achieve these objectives, the component will 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, towards OIE recognition of FMD freedom and a regional strategy for FMD control.

The component will also 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.

The component will also provide information to support analysis of the risk of FMD incursions into the European neighbourhood.

## 7. Planned Outputs, Activities, and Resources 2013-15. 57 (Table)

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>2.3</b>	<b>Assist national FMD risk management as part of the REMESA action plan.</b>			
<b>2.3.1</b>	Progress to develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia	-PCP progress indicators -Socio-economic studies, PCP workshops, sero-survey results -Evidence of disease freedom	-REMESA report (6 monthly JPC) -Monthly Reports (EuFMD) -ExCom report	Risk that security and institutional co-ordination issues delay implementation Risk of lack of proper commitment at national level
<b>2.3.2</b>	Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally as needed to progress the REMESA Strategic Plan. Establishment of surveillance measures aimed improving security of sanitary barriers between countries or zones with different FMD situations	-Coordination meetings implemented -Webinars, e-learning courses, trainings implemented -Epi-network in place -Risk based surveillance implemented	-REMESA report (6 monthly JPC) -Monthly Reports (EuFMD) -ExCom report	Risk that lack of proper commitment at national level limits the expected results
<b>2.3.3</b>	System in place to provide improved disease risk information for planning of vaccination programmes, including vaccine banks, to support managers in REMESA	-Information on FMD risk -Vaccination audit system developed	-REMESA report (6 monthly JPC) -Monthly Reports (EuFMD) -ExCom report	Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.

## Activities:

Level	Description	Indicators	Monitoring evaluation	and	Assumptions and risks
<b>2.3.1 Progress to develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia</b>					
<b>Mauritania</b>	2.3.1.1 Training to assist national staff to complete RBSP	RBSP developed	ExCom report	report, GS42	Presence of national commitment
	2.3.1.2 Socio-economic study on FMD	Results of the socio-economic study	ExCom report	report, GS42	Presence of national commitment
	2.3.1.3 Support FMD serosurveillance and outbreak investigations	Reports on FMD prevalence and serotypes circulating	ExCom report	report, GS42	Presence of national commitment
	2.3.1.4 Support laboratory diagnosis	Procurements of laboratory reagents and proficiency test to support RBSP	ExCom report	report, GS42	Collaboration for customs clearance of equipment delivered
<b>Libya</b>	2.3.1.5 Assistance on training (e-learning, webinar) for national taskforce members in order to assist national staff to complete RBSP	RBSP development	ExCom report	report, GS42	Presence of national commitment
	2.3.1.6 Support laboratory diagnosis	Procurements of laboratory reagents and proficiency test to support RBSP	ExCom report	report, GS42	Collaboration for customs clearance of equipment delivered
<b>Algeria, Tunisia, Morocco</b>	2.3.1.7 Implementation of trainings and workshops to assess the risk, promote risk based surveillance and early detection control programmes	Provided training material and trainings to implement risk based surveillance and improve early detection and confidence in disease freedom	ExCom report	report, GS42	VS willing to collaborate for risk assessment Sampling funded by national authorities
	2.3.1.8 Support laboratory diagnosis	Procurements of laboratory reagents and proficiency test	ExCom report	report, GS42	Collaboration for customs clearance of equipment delivered
	2.3.1.9 Support emergency preparedness planning and test emergency response	Training/elearning on 'emergency preparedness' and organization of	ExCom report	report, GS42	VS commitment to develop & test contingency plans

simulation exercises						
2.3.2 Co-ordination framework and regional strategy						
Coordination framework	2.3.2.1 Support REMESA coordination activities	REMESA JPC reports	ExCom report	report, GS42	Clear objectives identified	
	2.3.2.2 Implementation of epi-network between countries and development of a training credit system (TCS)	Identification of focal points to develop epi-network Identification of training priorities and set up of TCS	ExCom report	report, GS42	Identification of active focal points in each country Capacity to adapt trainings to different languages	
Regional control strategy	2.3.2.3 Assistance and support to develop a regional control strategy, including cost-benefit analysis of control policy	Technical support together with OIE/FAO by creating a regional strategy for risk-based surveillance and vaccination programme.	ExCom report	report, GS42	High level Veterinary Services representation and commitment	
	2.3.2.4 Design surveillance system to be implemented in high risk border areas and support with models and diagnostic kits the active surveillance	Surveillance implemented in border areas	ExCom report	report, GS42	High level VS representation and commitment	
2.3.3 Risk Information						
Risk information	2.3.3.1 Support implementation of regional laboratory network in Maghreb and Western Sahel countries	Regular Information flow on FMD circulation available to risk managers	ExCom report	report, GS42	Coordination with RESOLAB-FMD (availability of funds)	
Vaccine bank	2.3.3.2 Support the development of regional vaccine bank	Support with knowledge, experiences, expertise and tools the establishment of a regional vaccine-bank	ExCom report	report, GS42	Clear identification of roles and responsibilities	
	2.3.3.3 Support with tools to design, implement, assess the vaccination programmes	Development of tools to assist designing, implementation and assessment of vaccination plans	ExCom report	report, GS42	VS willing to test and use the tools developed	

## 8. Gantt chart

OUTPUT 2.3 North Africa: technical support to REMESA <sup>s</sup> actions to achieve improved control of FMD		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
<b>2.3.1 Progress to develop, adopt, and implement risk based strategic plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia</b>	2.3.1.1 Training to assist national staff to complete RBSP in Mauritania																								
	2.3.1.2 Socio-economic study on FMD in Mauritania																								
	2.3.1.3 Support field FMD serosurveillance and outbreak investigations in Mauritania																								
	2.3.1.4 Support laboratory diagnosis in Mauritania																								
	2.3.1.5 Assistance on training (e-learning, webinar) for national taskforce members in Libya																								
	2.3.1.6 Support laboratory diagnosis in Libya																								
	2.2.1.7 Implementation of trainings and workshops to promote risk based surveillance and early detection control prog. In Algeria, Tunisia and Morocco																								
	2.2.1.8 Support laboratory diagnosis in Algeria, Tunisia, Morocco																								
	2.3.1.9 Support emergency preparedness and test emergency response in Algeria, Tunisia and Morocco																								
<b>2.3.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally as needed to progress the REMESA Strategic Plan, including the establishment of of surveillance measures aimed improving security of</b>	2.3.2.1 Support REMESA coordination activities																								
	2.3.2.2 Implementation of epi-network between countries and development of a training credit system																								
	2.3.2.3 Assistance and support the dev of a regional control strategy																								

[illegible]

Notes on the timetable:

- REMESA JPC will meet every 6 months; workplan timetable may be adjusted following these.

## 9. Budget (€)

Output	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	SubTotal	TOTALby Output
1.1 Mauritania	Training using PEPC to assist national staff to complete RBSP	5,000	5,000	5,000	4,000			19,000	33,000
	Socio-economic study on FMD		3,000	4,000				7,000	
	Support field FMD serosurveillance and outbreak investigations	3,000						3,000	
	Support laboratory diagnosis					4,000		4,000	
1.2. Libya	Assistance on training (e-learning, webinar) for national taskforce members based in PEPC principles	3,000	3,000		2,000			8,000	15,000
	Support laboratory diagnosis					7,000		7,000	
1.3 Algeria, Tunisia, Morocco	Implementation of trainings and workshops to promote risk based surveillance and early detection control programmes	10,000	15,000		8,000			33,000	73,900
	Support laboratory diagnosis					20,000		20,000	
	Support emergency preparedness and test emergency response	6,000	9,000		3,000	2,400	500	20,900	
2.2 Coordination framework	Support REMESA coordination activities		3,000					3,000	17,500
	Implementation of epi-network between countries and development of a training credit system	4,000	2,500		8,000			14,500	
2.2 Regional control strategy	Assistance and support the development of a regional control strategy, including cost-benefit analysis of control policy	4,000	7,000					11,000	29,000
	Design surveillance system to be implemented in high risk areas and support with models and diagnostic kits the active surveillance	3,000	7,000			8,000		18,000	
3.1Risk information	Support implementation of regional laboratory network in Maghreb and Western Sahel countries	4,000	10,000		4,000			18,000	18,000
3.2 Vaccine programmes and vaccine bank	Support the development of regional vaccine bank	5,000						5,000	11,700
	Support the vaccination programmes with tools for design, imlement, assess	3,000			3,700			6,700	
Total by budget line		50,000	64,500	9,000	32,700	41,400	500		198,100

## 10. Challenges to achieving component objectives

1. Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation.
2. Risk that lack of proper commitment at national level limits the expected results
3. Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.
4. The work plan should be agreed by REMESA secretariat. It might suffer modification after the coordination meeting, according to the epidemiological situation in the area and to the level of commitment granted. Some of the activities will require cost-sharing (e.g., 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.
5. The political instability in some countries in the North Africa region (eg Libya) which can negatively affect the implementation of activities.
6. Coordination with REMESA secretariat and REMESA Member States is essential to the success of the work plan.

## **EuFMD Workplan Component Plan**

### **2.4- Pillar II training development and co- ordination**

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#### **Component Objective:**

**Improved National and Regional capacity for management of FMD through development and evaluation of training programmes for national staff**

Component Supervisor:

**Jenny Maud**

Component Manager:

**Chris Bartels**

## 1. Background

The objectives of the region specific components in pillar II of EuFMD's workplan (2.1, 2.2 and 2.3) are that risk based FMD control programmes are adopted and implemented in multiple countries in the European neighbourhood. These components also aim to improve regional co-ordination on FMD control. Training on the principles, processes and activities involved in the PCP-FMD is critical in building capacity for successful adoption of risk based FMD control. Additionally, training may be required to increase capacity in skills relevant for implementation of the PCP-FMD, for instance in veterinary epidemiology, or in recognition and diagnosis of FMD by field veterinary staff. While the exact needs for training and capacity building differs in each of the countries included in pillar II activities, there is a great deal of similarity in the nature of training required. Additionally, many of the countries included in pillar II activities can be clustered according to certain characteristics, such as PCP stage, or languages spoken.

The 2013-15 EuFMD work programme has seen the successful development and implementation of e-learning courses as a tool for remotely training large numbers of participants in a cost effective manner. Additionally, experience from the Real Time Training programme under component 1.1 has shown that developing a high quality course programme, training materials and experienced trainers allows a face to face training course, if carefully designed, to be delivered repeatedly to multiple cohorts of participants with relatively low ongoing development costs. The demand-led approach to training taken by component 1.1, where individual countries are able to select training based on their specific requirements has also been an important positive development.

Recognising the above, the EuFMD secretariat proposed the establishment of this new component in pillar II to enable the development of new training courses and resources for use in pillar II countries in a co-ordinated, and therefore cost-effective, manner. This proposal was approved at the EuFMD General Session in April 2015.

### Needs based development of co-ordinated training

Component 2.4 will co-ordinate the development of a needs assessment framework, which will be applied in each of the beneficiary countries in order to determine training needs for the 2015-17 period. These needs assessments will then be used to inform the development of new face to face and online training courses, which will aim to build capacity in risk based FMD control, through the framework of the PCP-FMD. Course development will build on the PCP training resources developed under component 3.2 and the courses developed under component 1.1 during the 2013-15 work programme. Costs for delivery of courses, once developed, will be met by the individual components, although the co-ordination provided by component 2.4 will allow some courses to be delivered on a regional rather than single-country basis. While, where appropriate, e-learning training courses will be developed, it is recognised that building relationships and in country experience is critical to effective training, therefore a "blended" training approach is foreseen, with a combination of online and face to face training. Component 2.4 (alongside components 1.1 and 3.4) will also establish a framework for monitoring and evaluation of EuFMD's training courses, in order to ensure that high quality training is developed, which has the desired impact.

### Tools and job aids

Alongside the development of formal training courses, component 2.4 will be involved in developing and promoting access to the tools that those working in pillar 2 countries need in order to effectively carry out the many tasks and activities needed for successful risk based control in the field. Such "job aids" might include short fact sheets and videos on carrying out certain procedures or extension materials by field staff such as local or private veterinarians for training of livestock keepers. Training tools and job aids will be made freely available through the EuFMD "knowledge bank".

### Re-useable training materials

Many of the courses and resources developed under component 2.4 will be appropriate for countries outside those that are beneficiaries of pillar II activities. Training development will therefore be carried out with the

intention that the outputs can readily be adapted for global use, under the guidance of GF-TADS, through components 3.2 and 3.4 of the work programme.

(Please see the training strategy section for more details on overall training strategy for 2015-17)

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component Supervisor</b>	Jenny Maud	Training Programmes Manager-Secretariat
<b>Component Manager</b>	Chris Bartels	Consultant
<b>Network and training support</b>	Nadia Rumich	Network and Training Officer
<b>Co-ordination with components 2.1, 2.2 and 2.3</b>	Pillar II component managers	Secretariat
<b>ExCom oversight</b>	TBC	Executive Committee

## 3. Countries or partner organizations involved

### Countries involved:

The direct beneficiaries of this component are the countries involved in Pillar II activities and listed as beneficiaries under components 2.1, 2.2 and 2.3. In some instances, and with the agreement of direct beneficiaries, training opportunities (particularly e-learning) may be extended to additional neighbouring countries. Additionally, it is intended that the training resources developed under this component will be repurposed for use for the wider global community under component 3.4.

### Partner organizations:

The Royal Veterinary College, London, UK, (RVC) will provide technical inputs and pedagogical advice in the development of training resources and in the monitoring and evaluation of training materials and courses developed.

## 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
<b>Report on results of monitoring and evaluation of training courses</b>	Component manager	Written report	Executive, summary to ExCom, STC	Component manager
<b>Report on usage statistics of e-learning website</b>	Component manager and Royal Veterinary College	Written report	Executive, summary to ExCom, STC	Component manager
<b>Annual Report for General Session</b>	Training Development Officer	Written report	Member States	Network and Training Officer

## 5. Approval and implementation

Stage	Status
Outline proposal submitted to EuFMD General Session	Approved April 2015
Workplan proposal developed through consultation with Pillar II component managers	Completed September 2015
Workplan approved by EuFMD Executive Committee	September 2015
Beneficiary countries consulted through training need assessment and detailed plan of training to be developed drawn up, for approval by beneficiary countries, pillar II component managers and Executive Committee	December 2015
Training development and implementation	Report to Executive Committee every 6 months for approval of progress and any modifications to the workplan.

## 6. Objective(s) of component

The overall objective of this component is:

**Improved National and Regional capacity for management of FMD through development and evaluation of training programmes for national staff**

The targets (expected results) are:

**2.4.1:** To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face-to-face, webinars) and languages for countries in Pillar II

**2.4.2:** To have established a method for monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries

**2.4.3:** Fit for purpose training courses and resources are available for wider use by neighbourhood countries and which are largely appropriate and adaptable to the needs of the global community (Pillar 3 uptake/GF-TADs)

## 7. Planned Outputs and Activities 2015-17

### Overall component objective:

Output	Description	Indicators	Monitoring evaluation	and Assumptions and risks
<b>2.4</b>	<b>Improved National and Regional capacity for management of FMD through development and evaluation of training programmes for national staff</b>	New course content developed and delivered covering PCP Stages 1-3, by M12 and evaluated by M24.	Component manager's reports to 6 monthly ExCom Sessions.	
	<b>2.4.1:</b> To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face-to-face, webinars) and languages for countries in Pillar II	M&E system provides reports by M24.		
	<b>2.4.2:</b> To have established a method for monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries	Evidence of Cascade of FMD training at national level, in 10 of 15 countries (East Europe, REMESA) in EU neighbourhood by M36.		
	<b>2.4.3:</b> Fit for purpose training courses and resources are available for wider use by neighbourhood countries and which are largely appropriate and adaptable to the needs of the global community (Pillar 3 uptake/GF-TADs)			

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>2.4.1: To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face-to-face, webinars) and languages for countries in Pillar II</b>				
<b>2.4.1.1 Method for training needs assessment</b>	A method of assessing each country's training needs is developed. This will be a participatory approach,	Training stakeholders identified in each beneficiary country and	ExCom report	Need to identify stakeholders in each country

<b>developed, and component managers supported in its use.</b>	involving a number of stakeholders in each country. The needs assessments will be administered by the 2.1, 2.2 and 2.3 component managers.	report on training needs received by 2.4 component manager.		who are able to accurately report capacity building needs.
<b>2.4.1.2 Pillar II component managers conduct needs assessment</b>	The needs assessment is conducted by the pillar II component managers.	Report of needs assessment	ExCom report	As above
<b>2.4.1.3 Research existing training courses</b>	Existing training courses and resources available, either through EuFMD or external providers, are researched to avoid duplication.	Summary of existing training resources	ExCom report	
<b>2.4.1.4 Plan for training development</b>	Based on the outputs 1.1 and 1.2, a two year plan for training development is established, which makes use of synergies between pillar II components to ensure cost effectiveness.	Plan for training development.	ExCom report	Lack of synergy in training needs between different countries.
<b>2.4.1.5 New training courses developed*</b>	New face to face and e-learning courses are developed according to the above plan.	New training courses are available for use.	Excom report	
<b>2.4.1.6 Support to training delivery</b>	The developed courses are delivered, with delivery costs covered by beneficiary components.	Training courses delivered.	Excom report	Delivery of training relies on availability of budget under pillar II components.
<b>2.4.1.7 Clear structure for delivery costs of training courses set up</b>	A clear structure for costing of training delivery is provided which enables pillar II component managers to easily select courses and communicate their costs	Costing structure developed	Excom report	
<b>2.4.2: To have established a method for monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries</b>				
<b>2.4.2.1 Development of monitoring and evaluation methodology</b>	A methodology for evaluation of training is developed, as part of the combined training activities of components 1.1, 2.4 and 3.4. This is adapted for use for courses developed under 2.4.	Evaluation methodology developed.	ExCom Report	
<b>2.4.2.2 Monitoring and</b>	Training courses are evaluated, and where necessary	Training courses evaluated.	ExCom Report	

<b>evaluation of training</b>	adapted following evaluation. Successful evaluation of training may lead to certification or academic accreditation.	Reports of each training course.
<b>2.4.3: Fit for purpose training courses and resources are available for wider use by neighbourhood countries and are largely appropriate and adaptable to the needs of the global community (pillar III uptake/GF-TADs)</b>		
Note that there are no specific activities associated with this output, however the need for training courses and resources developed under component 2.4 to be adapted for a global audience will be considered at all stages of the work programme for this component.		

**\*Full details of training courses to be developed will be established following needs assessment, however the following principles will be applied:**

A variety of courses and resources will be developed. This will include formal face-to-face training and e-learning courses. Additionally training resources will be developed, including “job aids”- short leaflets, videos, templates to assist with a particular task, and materials to assist in country cascade of EuFMD training, in a “train the trainers” approach.

Training courses developed will make use of existing EuFMD resources where possible. This includes courses developed under Pillar I activities, PCP e-learning courses developed under the 2013-15 work programme.

All training courses and resources will be developed such that they can readily be translated and/or adapted for different audiences.

## 8. Gantt chart

<b>OUTPUT 2.4 National and Regional Capacity for the Management of FMD through development and evaluation of training programmes for national staff</b>		<b>YEAR 1</b>												<b>YEAR 2</b>											
<b>Target (Expected Result)</b>	<b>Activities</b>	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
<b>2.4.1 To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face-to-face, webinars) and languages for countries in Pillar II</b>	2.4.1.1 Design needs assessment framework																								
	2.4.1.2 Pillar II component managers conduct needs assessment																								
	2.4.1.3 Research existing training resources available																								

[illegible]

## 9. Budget (€)

Outputs	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	Total for activity	TOTAL by output
2.4.1 Development of training materials	2.4.1.1 e-learning infrastructure, webinars and knowledge bank	0	1,000	10,000	1,000	0	1,000	13,000	128,500
	2.4.1.2 Design needs assessment framework	2,000	6,000	0	0	0	0	8,000	
	2.4.1.3 Research existing training courses available	500	6,000	0	0	0	0	6,500	
	2.4.1.4 Plan for training courses and resources to be developed	1,000	0	0	0	0	0	1,000	
	2.4.1.5 Development of training courses and resources	40000	10,000	22,500	7,000	0	1,000	80,500	
	2.4.1.6 Support delivery of training courses and resources	2000	4,000	0	5,000	0	8,000	19,000	
	2.4.1.7 Clear structure for delivery costs of training courses set up	500	0	0	0	0	0	500	
2.4.2 Monitoring and evaluation of training	2.4.2.1 Develop monitoring and assessment framework	2,000	0	5,000	0	0	0	7,000	7,000
	2.4.2.2 Administer monitoring and assessment framework	2,000	3,000	0	0	0	0	5,000	
2.4.3 Training materials available for wider use	2.4.3.1 There are no activities associated with this output, but the need to ensure materials will be available for wider use will be considered in all activities of this component	0	0	0	0	0	0	0	0
TOTAL by budget line:		50,000	30,000	37,500	13,000	0	10,000		135,500

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
<b>Component Supervisor: Training Programmes Manager</b>	25% FTE (P3 equivalent consultant)	EuFMD Trust Fund (MS contributions)
<b>Externally funded training (eg Australian RTT, US-DOS funded training in Egypt)</b>	Fund development of training resources which can be reused by component 2.4	Externally funded training projects
<b>Assistance: Network and Training Officer</b>	20% FTE	50% EuFMD Trust Fund, 50% EC Project

## 10. Challenges to achieving component objectives

1. Training needs assessments rely on identification of focal points and stakeholders in each country who are able to accurately reflect the country's training requirements.
2. EuFMD may not be able to meet all training requirements identified by countries; the training programme must restrict itself to training which EuFMD is uniquely best placed to conduct.
3. Delivery of training will rely on co-operative partners in the beneficiary countries .

## **EuFMD Workplan Component Plan**

# **3.1- Support to global progress monitoring**

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### **Objective:**

**Improved system for monitoring and evaluation of the progress of regional programmes on FMD control**

Component Supervisor:

**Keith Sumption**

Component Manager:

**TBC**

## 1. Background

These activities will assist the GF-TADS FMD Working Group by improving the system for data collection from countries not-free of FMD, providing a better availability of Roadmap progress reports and better management system to assist regional roadmaps and associated experts to provide feedback to participating countries, and provide support to routine reporting and progress monitoring of regional programmes. Activities may also include support for workshops to coordinate this process; and other associated actions.

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component Supervisor</b>	Keith Sumption	Executive Secretary, Secretariat
<b>Component Manager</b>	TBC	-
<b>GFTADS-FMD WG</b>	The members of the GF-TADS FMD working group are key partners in the activities of this component.	
<b>ExCom oversight</b>	TBC	Executive Committee

## 3. Countries or partner organizations involved

Countries involved: this component involves collection of data at a global level from countries working through the PCP-FMD, and support through roadmap meetings to regional groups.

Activities under this component are carried out in order to assist the activities of the GF-TADS FMD Working Group.

## 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
<b>Global reports</b>	Component manager in co-ordination with FAO colleagues GF-TADS FMD working group	Written report	Executive, summary to ExCom, STC	Component manager
<b>Webpage indicating PCP stage per country</b>	Component manager in co-ordination with FAO colleagues GF-TADS FMD working group	Webpage	Executive, summary to ExCom, STC	Component manager
<b>Annual Report for General Session</b>	Component manager	Written report	Member States	Network and Training Officer

## 5. Approval and implementation

Stage	Status
Outline presented to GS41	Done, April 2015
Needs assessed from FAO/OIE FMD WG	July and September 2015
Working plan proposal	September 2015
Working plan agreement	It will be done after the EuFMD ExCom, November 2015
Working plan implementation	According to decision of ExCom and for the 2015-17 program
Modifications to workplan	Monthly meetings with the FAO/OIE FMD WG Major changes will require ExCom approval.

## 6. Objectives of this component

The overall output of this component is:

### **Improved system for monitoring and evaluation of the progress of regional programmes on FMD control**

Which will involve collating, analyse and disseminate relevant information on regional FMD control programmes worldwide, and to respond to requests by the FAO/OIE FMD Working Group on technical expert missions.

The expected results of the component (targets) are:

**3.1.1** International Progress Monitoring system functioning effectively

**3.1.2** FAO/OIE Working Group enabled to produce information on annual, Global FMD Report.

**3.1.3** Technical support provided to FAO/OIE FMD Working Group\*

*\*Note recent addition of third target following a direct request received by the EuFMD Chairperson from the FAO/OIE FMD Working Group*

## 7. Planned outputs and activities for 2015-2017

### Overall component objective:

Output	Description	Indicators	Monitoring evaluation	and	Assumptions and risks
3.1	Improved system for monitoring and evaluation of the progress of regional programmes on FMD control	Six monthly report uses relevant indicators for control programme (PCP Stage and use of Pis for control programmes)	GfTADS Steering Report	Global Committee	Risk that institutional arrangements (FAO/OIE) change the scope or do not accept EuFMD expertise and inputs
	3.1.1 International Progress Monitoring system functioning effectively	Website quality indicators and evidence of use.			
	3.1.2 FAO/OIE Working Group enabled to produce information on annual, Global FMD Report.	Six monthly report to Executive Committee, and annual GF-TADS Steering Committee			
	3.1.3 Technical support provided to FAO/OIE FMD Working Group				

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>3.1.1.FAO/OIE Working group enabled to produce annual Global FMD Report</b>				
<b>3.1.1.1</b>	Information gathering	➤ Data and information collected and collated	ExCom reporting	
<b>3.1.1.2</b>	Support authoring/collation of reports for FAO/OIE FMD Group	➤ Drafts of Global report	ExCom reporting	
<b>3.1.1.3</b>		➤ Annual reporting on FMD progress by FAO/OIE FMD WG	ExCom reporting	
<b>3.1.2 International progress monitoring system functioning correctly</b>				
<b>3.1.2.1</b>	Developing a webpage/site with actual PCP-FMD stages per country, based on assessment results of most recent regional roadmap meetings	➤ Webpage/site aired	ExCom reporting	
<b>3.1.3 Technical support provided to FAO/OIE FMD Working Group</b>				

<b>3.1.3.1</b>	Contribute to training of team of 12-15 experts on FMD control measures to support countries when requested	➤ Trained 12-15 experts identified by FAO/OIE FMD WG	ExCom reporting
<b>3.1.3.2</b>	Collaborate with FAO and OIE to support two or three expert team missions each year in assisting countries	➤ Mission report per country	ExCom reporting

## 8. Gantt chart

OUTPUT 3. Improved system for monitoring and evaluation of the progress of regional programmes on FMD control		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
3.1.1 FAO/OIE Working group enabled to produce annual Global FMD Report	3.1.1.1 Information gathering																										
	3.1.1.2 Support authoring/collation of reports for FAO/OIE FMD Group																										
	3.1.1.3 Reporting																										
3.1.2 International progress monitoring system functioning correctly	3.1.2.1 Developing a webpage/site with actual PCP-FMD stages per country, based on assessment results of most recent regional roadmap meetings																										
3.1.3 Technical support provided to FAO/OIE FMD Working Group	3.1.3.1 Contribute to training of team of 12-15 experts on FMD control measures to support countries when requested																										
	3.1.3.2 Collaborate with FAO and OIE to support two or three expert team missions each year in assisting countries																										

## 9. Budget (€)

Target	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
3.1.3 FAO/OIE Working group enabled to produce annual Global FMD Report	Information gathering	7,500	0	0	0	0	0	7,500	12,500
	Support authoring/collation of reports for FAO/OIE FMD Group	2,500	0	0	0	0	0	2,500	
	Reporting	2,500	0	0	0	0	0	2,500	
3.1.2 International progress monitoring system functioning correctly	Developing a webpage/site with actual PCP-FMD stages per country, based on assessment results of most recent regional roadmap meetings	5,000	0	0	0	0	0	5,000	5,000
3.1.3 Technical support to FAO/OIE FMD Working Group	Contribute to training of team of 12-15 experts on FMD control measures to support countries when requested	10,000	5,000	0	0	0	0	15,000	32,995
	Collaborate with FAO and OIE to support two or three expert team missions each year in assisting countries	10,000	7,995	0	0	0	0	17,995	
TOTAL by budget line:		37,500	12,995	0	0	0	0		50,495

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

Description	Contribution	Funding source
Component Supervisor: Executive Secretary	5% FTE (P5)	EuFMD Trust Fund (MS contributions)

## 10. Challenges to achieving component objectives

The challenges for achieving the expected outcomes of this component lie with the functioning of the FAO/OIE FMD Working Group. In recent years, the FMD-WG has been dormant for some time resulting in fewer activities than envisaged.

Additionally, with new components to the EuFMD workplan it will become important to have activities and expectations well streamlined across the various components. For that reason, the number of supervising component managers is limited and component 2.4 is established as a central component to harmonize both development and evaluation of EuFMD training programme.

## **EuFMD Workplan Component Plan**

# **3.2- Methods and guidelines for application of PCP-FMD**

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### **Objective:**

**Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD**

Component Supervisor:

**Keith Sumption**

Component Manager:

**Chris Bartels**

## 1. Background

The FAO/OIE Global Strategy on FMD control was launched in June 2012, in which the PCP-FMD was considered the main tool to progressively control FMD in endemic countries. Through regional roadmap meetings, the FAO/OIE FMD-Working Group has facilitated FMD control in large parts of Asia and Africa. EuFMD has come along these roadmap meetings to facilitate workshops and the PCP-FMD assessment procedures. Additionally, EuFMD has developed technical guidelines on specific subjects relevant for countries in PCP-FMD stage 1.

In this work-plan we outline how EuFMD intends to continue support to the Global Strategy of FMD control.

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component Supervisor</b>	Keith Sumption	Executive Secretary, Secretariat
<b>Component manager</b>	Chris Bartels	EuFMD consultant
<b>GFTADS-FMD WG</b>	Samia Metwally Laure Vintzel-Weber	FAO OIE
<b>ExCom oversight</b>	TBC	Executive Committee

## 3. Countries or partner organizations involved

Application of PCP-FMD is worldwide, particularly for endemic situations (PCP-FMD Stage 1-3). Therefore there is no tailoring to specific countries. EuFMD will work with FAO/OIE FMD Working Group and regional FAO and OIE offices where appropriate in developing these tools and guidelines.

As West Eurasia (component 2.1), South-east Mediterranean (component 2.2) and North Africa (component 2.3) are focal areas for EuFMD, newly developed PCP-FMD tools and training are directly applied in these regions. With the direct feedback of its use, practical application of materials and training support tools is safeguarded.

For the development of e-learning modules, EuFMD has a letter of agreement with the Royal Veterinary College, London, England.

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

## 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
<b>Mission reports</b>	Mission leader	Written report	Executive, summary to ExCom, STC	Component manager
<b>Monitoring and evaluation reports of training conducted</b>	Component manager	Written report	Executive, summary to ExCom, STC	Component manager
<b>Report for General Session</b>	Component manager	Written report	Member States	Network and Training Officer

## 5. Approval and implementation

Stage	Status
Outline presented to GS41	Done, April 2015
Needs assessed from FAO/OIE FMD WG	July and September 2015
Working plan proposal	September 2015
Working plan agreement	It will be done after the EuFMD ExCom, November 2015
Working plan implementation	According to decision of ExCom and for the 2015-17 program
Modifications to workplan	Monthly meetings with the FAO/OIE FMD WG Major changes will require ExCom approval.

## 6. Objectives of this component

The objective of this component is to achieve **improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD**. This will involve dissemination of the principles and applications of PCP-FMD, primarily for countries endemic with FMD but including EuFMD member states and neighbourhood and developing guiding documents (guidelines and technical notes), trainings and workshops on PCP-FMD

The specific targets (expected results) are:

**3.2.1** PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application

**3.2.2** System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress

**3.1.3** The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved.

## 7. Planned outputs, activities and resources for 2015-2017

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>3.2</b>	<b>Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD</b> <b>3.2.1</b> PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application <b>3.2.2</b> System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress <b>3.1.3</b> The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved.	# updated and approved guiding docs # international PCP-FMD trainers # of experts using PCP-FMD tools and international network # regional roadmap meetings supported	GfTADS Global Steering Committee report plus for Europe the General Sessions (2017, 2019)	Functioning of the FAO/OIE Working Group

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>3.2.1. PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application;</b>				
<b>3.2.1.1</b>	Revision of general PCP-FMD guidelines	➤ Updated version of the PCP-FMD guidelines	ExCom Report	
<b>3.2.1.2</b>	3.2.1.2 Support to developing guidelines on socio-economic impact assessment of FMD	➤ Guidelines on socio-economic impact assessment of FMD	ExCom Report	
<b>3.1.1.3</b>	Development of additional guidelines relevant for PCP-FMD stages 0 – 3 (conducting sero-surveys, value-chain analysis, risk assessment, stakeholder consultation)	➤ Additional guidelines on subjects relevant to PCP-FMD stages 0-3 in 2016-2017	ExCom Report	
<b>3.2.2. System for training PCP-FMD experts well established, contributing to national and regional PCP-FMD progress and supported by resources.</b>				
<b>3.2.2.1</b>	3.2.2.1 Identify needs for PCP-FMD expert training in different regions of Asia and Africa in coordination with the FAO/OIE FMD Working Group	➤ Report on needs assessment of PCP-FMD training and support	ExCom Report	

<b>3.2.2.2.</b>	Explore financial resources for training PCP-FMD experts	➤ Report on possible financial sources for training PCP-FMD experts	ExCom Report	
<b>3.2.2.3</b>	Conducting PCP-FMD training for experts in one region of Asia and Africa each	➤ PCP-FMD training (e-learning courses, face-to-face workshops and backstopping training network webinars) conducted in Africa and Asia in 2016 and 2017	ExCom Report	
<b>3.2.2.4</b>	Support and maintain a network of PCP-FMD experts	➤ A PCP-FMD community established by means of regular webinars, website/social media and with seminars adjacent to regional roadmap meetings	ExCom Report	
<b>3.2.2.5</b>	Explore ways to certify PCP-FMD experts	➤ First batch of PCP-FMD experts being certified	ExCom Report	
<b>3.2.2.6</b>	Establish links between PCP-FMD experts with regional laboratory and epidemiology networks (comp 3.3) and the PCP-FMD practitioners community (component 3.4).	➤ Links between PCP-FMD experts, trainers and practitioners in a PCP-FMD practitioner community	ExCom Report	
<b>3.2.3. Quality and impact of regional roadmap meetings in 3 or more regions improved included the PCP-FMD assessment procedure</b>				
<b>3.2.3.1</b>	Support the facilitation of regional roadmap meetings (MENA, West Eurasian, Eastern Africa, SADC, SAARC, others), including reporting	➤ Facilitation and reporting on 2-3 regional roadmap meetings annually	ExCom Report	
<b>3.2.3.2</b>	Support to follow-up on outcomes and actions agreed during the regional roadmap meetings	➤ Follow-up from regional roadmap meetings is finalized within 6 months after roadmap meeting	ExCom Report	LoA with RVC
<b>3.2.3.3</b>	Adaptation of PCP-FMD assessment materials and procedures at regional roadmap meetings, dependent on revision of PCP-FMD guidelines (activity 1.1) and request from FMD-Working Group	➤ PCP-FMD assessment procedure modified with improved support to Regional Advisory Group	ExCom Report	

## 8. Gantt chart

OUTPUT 3.2 Improved capacity, methods, and guidelines for application of the EuFMD, FAO and OIE progressive control pathway (PCP) for FMD		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
3.2.1 PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application	3.2.1.1 Revision of general PCP-FMD guidelines (timing to be decided with FAO&OIE)																										
	3.2.1.2 Support to developing guidelines on socio-economic impact assessment of FMD																										
	3.2.1.3 Development of additional guidelines relevant for PCP-FMD stages 0 – 3 (conducting sero-surveys, value-chain analysis, risk assessment, stakeholder consultation)																										
	3.2.1.4 Alongside the guidelines, development (in line with activities under components 2.4, 3.3 and 3.4), broadcasting e-learning materials and organizing e-learning courses on PCP-FMD for countries in Stage 0-3.																										
3.2.2 System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress	3.2.2.1 Identify needs for PCP-FMD training in different regions of Asia and Africa (in coordination with comp 2.4, 3.3 and 3.4)																										
	3.2.2.2 Explore financial resources for training PCP-FMD experts																										
	3.2.2.3 Conducting PCP-FMD training for experts in one region of Asia and Africa each																										
	3.2.2.4 Support and maintain a network of PCP-FMD experts through establishing a PCP-FMD community (see also comp 3.3 and 3.4)																										
	3.2.2.5 Explore ways to accredit PCP-FMD trainers (see also comp 3.4)																										
	3.2.2.6 Establish links between PCP-FMD experts with regional laboratory and epidemiology networks (comp 3.3)																										

[illegible]

## 9. Budget (€)

Outputs	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
3.2.1 PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application	3.2.1.1 Revision of general PCP-FMD guidelines	1,600	1,000	0	0	0	0	2,600	18,200
	3.2.1.2 Support to developing guidelines on socio-economic impact assessment of FMD	1,600	500	0	0	0	0	2,100	
	3.2.1.3 Development of additional guidelines relevant for PCP-FMD stages 0 – 3 (conducting sero-surveys, value-chain analysis, risk assessment, stakeholder consultation)	10,000	2,500	0	0	0	1,000	13,500	
3.2.2 System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress	3.2.2.1 Identify needs for PCP-FMD expert training in different regions of Asia and Africa in coordination with the FAO/OIE FMD Working Group	1,200	0	0	0	0	0	1,200	47,400
	3.2.2.2 Explore financial resources for training PCP-FMD experts	1,200	0	0	0	0	0	1,200	
	3.2.2.3 Conducting PCP-FMD training for experts in one region of Asia and Africa each	20,000	7,500	0	5,000	2,500	1,000	36,000	
	3.2.2.4 Support and maintain a network of PCP-FMD experts	2,000	0	0	0	0	1,000	3,000	
	3.2.2.5 Explore ways to certify PCP-FMD experts	2,000	0	0	0	0	0	2,000	
	3.2.2.6 Establish links between PCP-FMD experts with regional laboratory and epidemiology networks (comp 3.3) and the PCP-FMD practitioners community (component 3.4)	2,000	1,000	0	0	0	1,000	4,000	
3.2.3 The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved	3.2.3.1 Support the facilitation of regional roadmap meetings (MENA, West Eurasian, Eastern Africa, SADC, SAARC, others), including reporting	12,400	10,000	0	0	0	1,000	23,400	29,400
	3.2.3.2 Support to follow-up on Target (Expected Result) and actions agreed during the regional roadmap meetings	2,000	0	0	0	0	0	2,000	
	3.2.3.3 Adaptation of PCP-FMD assessment materials and procedures at regional roadmap meetings, dependent on revision of PCP-FMD guidelines (activity 1.1) and request from FMD-Working Group	4,000	0	0	0	0	0	4,000	
<b>TOTAL by budget line:</b>		<b>60,000</b>	<b>22,500</b>	<b>0</b>	<b>5,000</b>	<b>2,500</b>	<b>5,000</b>		<b>95,000</b>

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>			
<b>Component Supervisor: Executive Secretary</b>	5% FTE (P5)	EuFMD contributions)	Trust	Fund	(MS

## 10. Challenges to achieving component objectives

The challenges for achieving the expected outcomes of this component lie with the functioning of the FAO/OIE FMD Working Group. In recent years, the FMD-WG has been dormant for some time resulting in fewer activities than envisaged.

Additionally, with new components to the EuFMD workplan it will become important to have activities and expectations well streamlined across the various components. For that reason, the number of supervising component managers is limited and component 2.4 is established as a central component to harmonize both development and evaluation of EuFMD training programme.



## **EuFMD Workplan Component Plan**

### **3.3- Laboratory support**

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#### **Component Objective:**

**Improved international FMD reference laboratory services and their contribution to regional epidemio-surveillance networks**

Component Supervisor:

**Keith Sumption**

Component Manager:

**Kees van Maanen**

## 1. 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 continue to support elements of that FAO/OIE proposal as part of the pillar 3 objective of promoting the global strategy.

The output of this component should be increased level and quality of surveillance information from the OIE/FAO Lab Network, with progress towards the targets required for regional roadmap vaccine priority setting in at least the 3 priority virus pools (Africa and West Eurasia). Activities will in 2015-17 re-invigorate regional laboratory networks, with better epidemiology linkages, to ensure better technical expertise development at regional levels, underpinning surveillance and regional roadmaps.

The role of the Pirbright Institute (TPI) in providing the core of the international surveillance required will be supported by a contract, 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 to FMD laboratories in non-EU states<sup>4</sup> and internationally; and to continue as Secretariat of the OIE/FAO FMD lab network. It will continue to support a limited set of Regional Support Laboratories in pools 4 and 5 to screen samples from their regions as part of the need to achieve Pool level surveillance targets.

Well-functioning regional laboratory networks, with better epidemiology linkages, are vital to ensure better technical expertise development at regional levels, underpinning surveillance and regional roadmaps. Therefore networking activities will be stimulated and supported mainly by virtual networking using the model of the webinar programmes for West Eurasia. Other donor support will be needed for any physical meetings and GF-TADS are expected to find these.

## 2. Project team

Role	Name	Status
Component supervisor	Keith Sumption	Executive Secretary
Component manager	Kees van Maanen	Secretariat
STC members involved in oversight role	Stephan Zientara (lab) Nick Lyons (epi)	STC
Contractor	The Pirbright Institute- Donald King	Head, World Reference Laboratory, Pirbright
FAO Contact	Gwenaëlle Dauphin	Lab Unit co-ordinator, FAO
Excom oversight	TBC	Executive Committee

## 3. Countries or partner organizations involved

FAO and OIE developed the joint global laboratory network proposal in collaboration with the World Reference Laboratory at the Pirbright Institute.

## 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	Network and Training 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	Network and Training Officer

<sup>4</sup> EU Member States are included in the PTS funded under the EU-CRL activities.

## 5. Approval and Implementation

Stage	Status
<b>Working plan proposal</b>	Contents of new contract with WRLFMD in Pirbright subject to relatively minor changes, provisionally discussed with Don King, head of WRLFMD
<b>Working plan agreement</b>	The current contract between FAO and WRLFMD ends 30 September 2015 with a final report to be submitted by October 31 2015, for phase IV a new contract will have to be negotiated and signed
<b>Working plan implementation</b>	According to decision of ExCom and for the 2015-17 program.
<b>Modifications to workplan</b>	6 monthly reports to ExCom and regular contacts with WRLFMD are used to agree on subsequent project timetable. Major changes will require ExCom approval.

## 6. Objectives

The overall objective (output) of this component is:

### **Improved international FMD reference laboratories services and their contribution to regional epidemics – surveillance networks**

In other words the output of this component should result in an increased level and quality of surveillance information from the OIE/FAO Lab Network, with progress towards the targets required for regional roadmap vaccine priority setting in at least the 3 priority virus pools (Africa and West Eurasia). Activities will in 2015-17 re-invigorate regional laboratory networks, with better epidemiology linkages, to ensure better technical expertise development at regional levels, underpinning surveillance and regional roadmaps.

To accomplish this objective the following targets have been set:

**3.3.1** Co-ordination of international harmonisation in methods and support activities by the OIE/FAO global FMD laboratory network

**3.3.2** International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL;

**3.3.3** Epidemic-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information

**3.3.4** Support for a global proficiency test scheme, to include 19 laboratories in the global network

## 7. Planned Outputs, Activities, Resources 2015 – 2017

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>3.3</b>	<b>Improved international FMD reference laboratories services and their contribution to regional epidemic-surveillance.</b>	Improvement in number of countries which report outbreaks and for which reports of advanced virus typing are available within 3 months of outbreaks	OIE General Assembly SCAD Reports	Functioning of the FAO/OIE Working Group
	<b>3.3.1</b> Co-ordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network	Increased proportion of NRLs in 3 virus pools which type and report FMDV within 3 months.	Monthly reports of the EuFMD	
	<b>3.3.2</b> International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL;	Active epidemic-surveillance networks in 3 regions (virus pools) meeting at least twice per year online, and connected to the Global FAO/OIE partner networks	Annual Report of the OIE/FAO FMD Ref Centre network	
	<b>3.3.3</b> Epidemic-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information	Number of labs participating per year Number of PTS panels distributed per year		
	<b>3.3.4</b> Support for a global proficiency test scheme, to include 19 laboratories in the global network	Overall performance per panel for participating labs		

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>3.3.1</b>	<b>Co-ordination of international harmonisation in methods and support activities by the OIE/FAO global FMD laboratory network</b>			
<b>3.3.1.1</b>	Harmonisation of communication and data sharing between network laboratories (managed by WRL)	Harmonisation agreements made during annual session, data sharing significantly	6 monthly ExCom report	

		increased	
<b>3.3.1.2</b>	Organisation of the annual OIE/FAO ref lab meeting including support to regional support labs to attend (managed by WRL)	Two annual meetings organised Meetings extended to 2.5-3 days allowing for more discussion and interaction Reports of annual meetings available	6 monthly ExCom report
<b>3.3.1.3</b>	Annual report on global FMD status (managed by WRL)	Two annual reports produced and published	6 monthly ExCom report
<b>3.3.1.4</b>	Diagnostic services for samples submitted to WRL (managed by WRL, some tests may be delegated to leading laboratories in the global network with WRL support and supervision)	Antigen detection and serotyping (n=2000) Vaccine matching (n=200) P1 sequencing: n= 200 Data analysis support	6 monthly ExCom report Quarterly and annual reports WRLFMD
<b>3.3.2</b>	<b>International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL</b>		
<b>3.3.2.1</b>	Support to sample shipment from labs in pools 3, 4, and 5 to WRL (managed by WRL)	15 shipments in total, 5 shipments per pool per 24 months	6 monthly ExCom report
<b>3.3.2.2</b>	Training and supervision to regional support laboratories in pools 4 and 5 regarding sample collection, laboratory analysis, sample archiving and sample selection for shipment (managed by WRL)	28 consultant days	6 monthly ExCom report
<b>3.3.2.3</b>	Support to obtain samples from outbreaks	Logistical support given to facilitate sampling in remote areas	6 monthly ExCom report
<b>3.3.2.4</b>	Procurement of reagents and kits	Antigen ELISA kits and PCR reagents provided for – mainly – virological surveillance	6 monthly ExCom report
<b>3.3.3</b>	<b>Epidemio-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information</b>		
<b>3.3.3.1</b>	Current status of laboratory and epidemiology networks in pools 3, 4 and 5 analysed and needs assessed	Needs assessed and reported	6 monthly ExCom report
<b>3.3.3.2</b>	Development of training material for all relevant FMD laboratory tests including pitfalls and trouble-shooting, biosafety, sample archiving,	Powerpoint presentations and films available Experts available for FLABC courses in several	6 monthly ExCom report

	laboratory management, quality systems etc. (contracted to WRLFMD in Pirbright)	languages		
<b>3.3.3.3</b>	FLABC courses delivered, discussion forums created and moderated, online meetings and webinars organised for pools 3, 4 and 5 in close collaboration with component 2.1, 2.4 and 3.4	FLABC organised at least once for Anglophone and Francophone countries in pools 4 and 5 Webinar series delivered in context of regional networks to enhance interaction between laboratory experts and epidemiologists	6 monthly ExCom report	
<b>3.3.3.4</b>	Online meetings concerning network management, issues, priorities, topics of interest are organized twice a year	Twice a year online meetings of laboratory and epidemiology networks in pools 3, 4, 5	6 monthly ExCom report	
<b>3.3.4.</b>	<b>Support for a global proficiency test scheme, including distribution to 12 global network labs and follow-up activities (managed by WRLFMD, 2 cycles)</b>			
<b>3.3.4.1</b>	Global PTS for 12 network labs including 4 RSLs located in pools 4 and 5	Number of labs participating Number of PTS panels distributed Overall performance per panel for participating labs	6 monthly ExCom report Annual report for WRLFMD	

## 8. Gantt chart

OUTPUT 3.3 Improved international FMD reference lab services and their contribution to regional epidemio-surveillance networks		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
3.3.1 Co-ordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network	3.3.1.1. Harmonisation of communication and data sharing between network laboratories (WRL)																										
	3.3.1.2. Organisation of the annual OIE/FAO ref lab meeting including support to regional support labs to attend (WRL)																										
	3.3.1.3. Annual report on global FMD status (managed by WRL)																										
	3.3.1.4. Diagnostic services for samples submitted to WRL																										
3.3.2 International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL	3.3.2.1. Support to sample shipment from labs in pools 3, 4, and 5 to WRL																										
	3.3.2.2. Training and supervision to regional support laboratories in pools 4 and 5 (managed by WRL)																										
	3.3.2.3 Support to obtain samples from outbreaks																										
	3.3.2.4 Procurement of reagents and kits																										

[illegible]

## 9. Budget (€)

Outputs	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
3.3.1 Co-ordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network	3.3.1.1. Harmonisation of communication and data sharing between network laboratories (WRL)	0	0		0	0	0	3690	297663
	3.3.1.2. Organisation of the annual OIE/FAO ref lab meeting including support to regional support labs to attend (WRL)	0	1000	35900	0	0	0	36900	
	3.3.1.3. Annual report on global FMD status (managed by WRL)	0	0	7380	0	0	0	7380	
	3.3.1.4 Diagnostic services for samples submitted to WRL (managed by WRL)	0	0	234693	0	0	15000	249693	
3.3.2 International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL	3.3.2.1 Support to sample shipment from labs in pools 4 and 5 to WRL (managed by WRL)	0	0	29520	0	0	0	29520	79520
	3.3.2.2. Training and supervision to regional support laboratories in pools 4 and 5 (managed by WRL)	7000	6000	14000	0	0	0	27000	
	3.3.2.3 Support to obtaining samples from outbreaks	7000	6000	0	0	0	0	13000	
	3.3.2.4 Procurement of reagents and kits for laboratories	0	0	0	0	0	10000	10000	
3.3.3 Epidemio-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information	3.3.3.1 Current status of laboratory and epidemiology networks in pools 3, 4 and 5 analysed and needs assessed		6000	0	0	0	0	6000	62159
	3.3.3.2 Development of training material for all relevant FMD laboratory tests	0	5000	25000	10000	0	0	40000	
	3.3.3.3 FLABC courses delivered and organised for pools 3, 4 and 5 in close collaboration with component 2.1, 2,4 and 3.4	6000	1000	0	0	0	0	7000	
	3.3.3.4 Online meetings concerning network management, issues, priorities, topics of interest are organized twice a year	5000	0	0	0	0	4159	9159	
3.3.4 Support for a global proficiency test scheme, to include 19 laboratories in the global network	3.3.4.1 Global proficiency testing scheme, including distribution to 12 global network labs and follow-up activities (managed by WRL)	0	0	37350	0	0	0	37350	37350
TOTAL by budget line:		25000	25000	387533	10000	0	29159		476692

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>			
<b>Component Supervisor: Executive Secretary</b>	5% FTE (P5)	EuFMD	Trust	Fund	(MS contributions)

## 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 4 and 5 requires cooperation at national level.
3. Working with international partners to achieve agreed outcomes.

## **EuFMD Workplan Component Plan**

# **3.4- Global access to PCP-FMD training resources**

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### **Component Objective:**

**Improved national and regional capacity for the roll-out of the Global Strategy and the management of FMD: Pillar III Training Component**

Component Supervisor:

**Jenny Maud**

Component Manager

**Chris Bartels**

## 1. Background

The EuFMD 2013-15 workplan saw the development of a number of face-to-face and online training courses and resources on FMD diagnosis and investigation, and on risk-based FMD control through the PCP-FMD. The 2015-17 workplan includes extension of these activities, with the new component 2.4 developing additional training courses and resources that aim to support countries working through the PCP-FMD. EuFMD's training resources are of relevance to a wide audience beyond the target beneficiaries of Pillar II and component 3.4, seeks to make training resources developed under pillars I and II available to a wider global audience of PCP-FMD users.

### Delivering training in co-ordination with partners

EuFMD has limited resources for delivery of training in regions outside the European neighbourhood and therefore, In order to promote sustainability, activities in this component will be carried out in collaboration with partner organisations. Partner organisations may include regional FAO and OIE offices, as well as other organisations such as NGOs, bilateral and multilateral organisations. The aim is for EuFMD to provide tools that can be progressively taken up and used by such regional organisations, rather than for EuFMD to deliver all the training itself. Again, recognizing limited resources available, the component will also work with the collaborating partners to identify additional sources of funds that might assist in the delivery of training. It is intended that these activities will assist the roll out of the GF-TADS Global Strategy for FMD control, promoting the PCP-FMD as the tool for FMD control under this pathway.

### Approach to training

Training activities under this component will be carried out with a similar methodology to those under components 1.1 and 2.4; a needs assessment will be carried out prior to training delivery, and following delivery the impact of training will be evaluated. This component will adapt or translate training resources already available under components 1.1 and 2.4, rather than developing new resources. Alongside developing formal training courses, training resources, including factsheets and job aids, will also be adapted from those developed under components 1.1 and 2.4 and added to the EuFMD knowledge bank.

### Networking

This component will also support networking at a global and regional level. A global "PCP Practitioners Community" will be initiated, which targets all those using the PCP-FMD, whether as a member of national veterinary service, an external organization, private stakeholder or a PCP expert trainer. The activities of this global network will include a series of webinars covering high level topics, which will aim to educate and also raise awareness of formal and informal training courses and resources available from EuFMD (including the knowledge bank). The network will also aim to improve dialogue and information sharing between PCP practitioners. Activities of the global network will be supportive (or directly used by) the regional networks supported by other components (including 2.1, 2.2, 2.3 and 3.3).

### Two target regions

For the 2015-17 work programme, two target regions for training will be identified, one in Asia and one in Sub-Saharan Africa. The lessons learned and results of evaluation of the impact of training in these two regions will guide further roll out of training under the 2017-19 work programme. A key aspect of this component is the establishment of a system to safeguard the sustainability of training in the medium to long term. This will require increasing national and regional ownership of training resources, and concurrently increasing less direct inputs by EuFMD.

(for more information on EuFMD overall training strategy see training strategy section, and for networking the networks section)

## 2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component Supervisor</b>	Jenny Maud	Training Programmes Manager-Secretariat
<b>Component Manager</b>	Chris Bartels	Secretariat
<b>FAO Contact</b>	Eran Raizman	Head, EMPRES
<b>OIE Contact</b>	TBC	TBC
<b>Partner Organisations</b>	Training activities carried out in collaboration with regional partners and organisations in support of the GF-TADs Global Strategy for FMD control.	n/a
<b>ExCom oversight</b>	TBC	Executive Committee

## 3. Countries or partner organizations involved

For the roll-out of PCP-FMD training and resources in Asian and African regions, a close collaboration is foreseen with regional FAO or OIE offices. Additionally roll-out may make use of non-governmental organisations (NGOs), bi-lateral or multilateral organisations, especially where such partnerships might bring sources of additional funding or resources. Activities in this component are in support of the roll out of the Global Strategy for FMD Control.

Initial work carried out in June and July 2015 suggests that one collaborating partner may be the FAO subregional office for Southern Africa, based in Zimbabwe, which may act as a “training hub” for Southern Africa, and also extend its activities to East and West Africa where appropriate. A first webinar, including an initial needs assessment, has already been carried out.

## 4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
<b>Six monthly report to ExCom</b>	Component manager/supervisor	Written report for ExCom	ExCom,	Network and Training Officer
<b>Report on results of monitoring and evaluation of training courses</b>	Component manager/supervisor	Written report	ExCom, collaborating organisations	Network and Training Officer
<b>Annual Report for General Session</b>	Training Development Officer	Written report	ExCom	Network and Training Officer

## 5. Approval and implementation

Stage	Status
Outline proposal submitted to EuFMD General Session	Approved April 2015
Workplan approved by EuFMD Executive Committee	To be completed September 2015
Partner regions and organisations identified	Begun for Sub Saharan Africa in June 2015, Asia to be completed by March 2016
Training assessment conducted and detailed plan of training to be developed drawn up, in partnership and for approval by collaborating organisations	Sub Saharan Africa to be completed by December 2015, Asia to be completed by June 2016. Training plan to be approved by Executive Committee and collaborating partners.
Training development and implementation	Report to Executive Committee every 6 months for approval of progress and any modifications to the workplan.

## 6. Objective(s) of component

### Objective:

The overall objective of this component is:

**Improved National and Regional capacity for the roll-out of the Global Strategy and the management of FMD: Pillar III Training Component.**

### Outputs (expected results):

**3.4.1** PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD WG.

**3.4.2** System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users

## 7.Planned Outputs and Activities 2015-17

### Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>3.4</b>	<p><b>Improved national and regional capacity for the roll-out of the Global Strategy and the management of FMD: Pillar III Training Component.</b></p> <p><b>3.4.1</b> PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD WG.</p> <p><b>3.4.2</b> System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users</p>	<p>New course content developed and delivered covering PCP Stages 1-3, by M12 and evaluated by two regions by M24.</p> <p>Materials in use in training by FAO, OIE and other partners in at least two regions.</p>	<p>Component manager's reports to 6 monthly ExCom Sessions.</p>	<p>Insufficient funds to enable delivery of the parts of the training that are best taught in classroom settings. E-learning modalities may not be ideal for the depth of training needed. Insufficient regional expertise identified to deliver courses (the time to build this in first 2 years, may be insufficient)</p>

### Activities:

Activity	Description	Indicators	Monitoring and evaluation	Assumptions and risks
<b>3.4.1</b>	<b>PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD WG.</b>			
<b>3.4.1.1</b>	<p><b>Identification of partners for collaboration in delivery of training in Sub Saharan Africa</b></p> <p>Research and discussion leading to identification of partner organisations for delivery of training in target regions in Sub-Saharan Africa</p>	<p>Collaborating partners are identified in a region of Sub Saharan Africa by November 2015</p>	<p>ExCom report</p>	<p>No suitable collaborators are found.</p>

<b>3.4.1.2 Identification of partners for collaboration in delivery of training in a region of Asia</b>	Research and discussion leading to identification of partner organisations for delivery of training in target regions in Asia	Collaborating partners are identified in a region of Asia by March 2016	ExCom report	No suitable collaborators are found.
<b>3.4.1.3 Training needs assessment carried out in regions identified in Africa</b>	Existing training courses and resources available through EuFMD or external providers in the target region are researched to avoid duplication.	Summary of existing training resources produced	ExCom report	
<b>3.4.1.3 Training needs assessment carried out in regions identified in Africa</b>	The training needs assessment developed under component 2.4 is adapted for use in the target regions for this component. The needs assessment is conducted in collaboration with local partners. A short e-learning course may be conducted in the target region as part of the needs assessment, and in order to assess local access to technology. Existing training courses and resources available through EuFMD or external providers in the target region are also researched to avoid duplication.	Report of needs assessments, leading to a plan for training delivery.	ExCom report	Lack of synergy in training needs between different countries. Lack of interest in conducting needs assessment. Lack of assistance from partner organisations
<b>3.4.1.4 Training needs assessment carried out in regions identified in Asia</b>	As 3.4.1.3, in Asia region	As 3.4.1.3, in Asia region	Excom report	As 3.4.1.3 but in Asia region
<b>3.4.1.5 Plan for development of training resources in Africa region</b>	Following a needs assessment a plan for training is drawn up and agreed with the collaborating organization.	Plan for training in Africa target region.	Excom report	Relies on successful needs assessment and on assistance from collaborating organization(s)
<b>3.4.1.6 Plan for dev. of training resources for Asia region</b>	As 3.4.1.4 but for Asia region	Plan for training in Asia target region	Excom report	As for 3.4.1.5
<b>3.4.1.7 Training courses and resources are adapted for local use</b>	Training courses developed under components 1.1 and 2.4 are adapted, and if necessary translated, for use in the target regions. Adaptation is guided by the needs assessment. Training resources, tools and jobs aids are also adapted and translated for local use and added to	Adapted training courses and resources are available for use.	Excom report	Relies on the availability of courses suitable for adaptation under components 1.1 and 2.4

	the “knowledge bank”			
<b>3.4.1.8 System for monitoring and evaluation established</b>	A methodology for evaluation of training is developed, as part of the combined training activities of components 1.1, 2.4 and 3.4. This is adapted for use for courses developed under 3.4.	Evaluation methodology developed.	ExCom Report	Relies on the availability of a framework for monitoring and evaluation developed by components 1.1 and 2.4
<b>3.4.1.9 Courses delivered and evaluated Africa region</b>	Courses are delivered in the target region in Africa, in collaboration with local partners. Evaluation occurs according to the framework developed in 3.4.1.8. Note that the budget for this activity includes contribution to EuFMD training infrastructure (e-learning website, knowledge bank etc)	Courses are delivered and a report of the findings of the monitoring and evaluation is produced.	ExCom Report, monitoring and evaluation report	Relies on input from collaborating partners.
<b>3.4.1.10 Courses delivered and evaluated Asia region</b>	As 3.4.1.9 in Asia region	As 3.4.1.9	ExCom Report	As 3.4.1.9
<b>3.4.2: System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users</b>				
<b>3.4.2.1 Develop webinar series and network for global PCP practitioners</b>	A series of webinars and associated activities on topics associated with risk based FMD control will be organized as a “Community of PCP-FMD Practitioners”. The network will be advertised to a global audience. The webinar series will encourage use of PCP e-learning resources and the knowledge bank. The network will also encourage information and knowledge sharing amongst participants. Activities and webinar materials developed by this “parent” global network can be used and adapted by the regional networks involved in other components of the EuFMD work programme.	Global audience attends PCP Practitioners Network webinars and other activities.	Excom report, webinar recordings	Poor uptake of webinars by global audience. Duplication of activities with other networks. (prior research should avoid this). Insufficient access to technology.
<b>3.4.2.2 Support regional networks in target regions identified under 3.4.1, and provide assistance to networking activities in other</b>	As part of regional training activities, support may be provided to networking in the target areas. Where possible this will make use of existing regional epidemiology or laboratory networks. This will require a high level of input from regional partners, with progressively increasing regional ownership of network	Regional networks established and active, with good participation in webinars and other networking activities.	ExCom Report	Lack of existing networks. Insufficient access to technology. Poor attendance at network events.

<b>regions if appropriate</b>	activities. Support may be extended to network in other regions if appropriate, in assistance to work carried out under other components of the EuFMD work programme.			
<b>3.4.2.3 Assist collaborating organizations to develop a sustainable system for training</b>	Work with partner organisations to provide training and knowledge to local staff and develop PCP-FMD trainers (synergistic activity with component 3.2), to allow, in the medium to long term, local delivery of training with progressively less input from EuFMD.	Collaborating organisations are able to deliver FMD associated training with progressively lower levels of input from EuFMD	ExCom report	This relies heavily on the availability of resources, willingness and enthusiasm for training within the partner organization.
<b>3.4.2.4 Research additional sources of funding to support training</b>	This will involve development of a clear costing structure for development and delivery of training, and then networking with regional organisations in order to identify and recruit additional funding.	1. Clear costing structure for external funding partners developed  2. External funding received	ExCom report	It may not be possible to find partners willing to fund FMD training activities.

## 8-Gantt chart

OUTPUT 3.4 Improved National and Regional Capacity for the Roll-Out of the Global Strategy and the Management of FMD: Pillar III Training Component		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
<b>3.4.1 A full range of PCP training resources and materials, tested and evaluated as fit-for-purpose for use in African and Asian FMD endemic regions</b>	3.4.1.1 Identification of partners for collaboration in delivery of training in Sub Saharan Africa																								
	3.4.1.2 Identification of partners for collaboration in delivery of training in a region of Asia																								
	3.4.1.3 Training needs assessment carried out in regions identified in Africa																								

[illegible]

## 9. Budget (€)

Output	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
3.4.1 A full range of PCP training resources and materials, tested and evaluated as fit-for-purpose for use in African and Asian FMD endemic regions	3.4.1.1 Identification of partners for collaboration in delivery of training in Sub Saharan Africa	1,400	3,500	0	0	0	0	4,900	66,380
	3.4.1.2 Identification of partners for collaboration in delivery of training in a region of Asia	1,400	3,500	0	0	0	0	4,900	
	3.4.1.3 Training needs assessment carried out in regions identified in Africa	1,400	0	0	0	0	0	1,400	
	3.4.1.4 Training needs assessment carried out in regions identified in Asia	1,400	0	0	0	0	0	1,400	
	3.4.1.5 Plan for dev. of training resources in Africa region	840	0	0	0	0	0	840	
	3.4.1.6 Plan for dev. of training resources for Asia region	840	0	0	0	0	0	840	
	3.4.1.7 Training courses and resources are adapted for local use	5,000	0	13,000	0	0	0	18,000	
	3.4.1.8 System for M&E established	1,400	0	0	0	0	0	1,400	
	3.4.1.9 Courses delivered and evaluated Africa region (includes contribution to training infrastructure)	5,600	0	6,000	2,250	0	2,500	16,350	
	3.4.1.10 Courses delivered and evaluated Asia region (includes contribution to training infrastructure)	5,600	0	6,000	3,250	0	1,500	16,350	
3.4.2: System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users	3.4.2.1 Develop webinar series and network for global PCP practitioners	6,620	2,500	0	1,000	0	1,000	11,120	26,120
	3.4.2.2 Support regional networks in target regions identified under 3.4.1, and provide assistance to networking activities in other regions if appropriate	2,000	0	0	1,000	0	0	3,000	
	3.4.2.3 Assist collaborating organizations to develop a sustainable system for training	2,000	4,000	0	0	0	0	6,000	
	3.4.2.4 Research additional sources of funding to support training	2,000	4,000	0	0	0	0	6,000	
TOTAL by budget line:		37,500	17,500	25,000	7,500	0	5,000		92,500

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
<b>Component Supervisor: Training Programmes Manager</b>	25% FTE (P3 equivalent consultant)	EuFMD Trust Fund (MS contributions)
<b>Externally funded training (eg Australian RTT, US-DOS funded training in Egypt)</b>	Fund development of training resources which can be reused by training components	Externally funded training projects
<b>Assistance: Network and Training Officer</b>	20% FTE	50% EuFMD Trust Fund, 50% EC Project

## 10. Challenges to achieving component objectives

1. This component relies on the development of suitable training resources elsewhere in the EuFMD work programme.
2. Outputs will only be achieved in close and fruitful collaboration with partner institutions.
3. Financial resources for this component are limited, and the identification of external funding sources will be important to fully complete the objective.