



ITEM 4

Maximising the impact of the second biennium of the 48 month EC funded Phase IV Agreement: changes of emphasis, leveraging more impact through partnerships

Discussion Paper for the 93rd Executive Committee

Maximising the impact of the second biennium of the 48 month EC funded Phase IV Agreement: changes of emphasis, leveraging more impact through partnerships

For guidance and decision by the Executive

1. The selection of the success stories and lessons from the first 18 months of the Phase IV programme, since October 2015, for emphasis in the report of the Executive to the General Session;
2. The changes in emphasis to be proposed at the 42nd General Session for the work-programme of the Commission, considering that around 80% of the activities are Phase IV funded and 20% by other resource partners (Member States and others).
3. On modalities to increase the efficiency/impact of the support provided, such as introducing “Regional Cluster Training Credits” (incentives for European regions to host courses and self-fund participation).
4. On the proposal to place more emphasis in Pillars 2 and 3 on sustainable delivery via partnership arrangements (including academic institutions in REMESA countries) and a priority under Pillar III to focus support for roll-out of the online PCP/FMD training efforts on two regions, South Asia (SAARC) and West/Central Africa in this 24 month period, based on the risks these regions pose, the weak current nature of institutional networking and potential for uptake of the new approach by the RECs.
5. On support for the trend towards an harmonised approach (process, tools and guidance) for major TADS, through adaptation of FMD PCP tools and training, involving guidance of EuFMD experts to the working of GF-TADS partners in this area.

Changes in emphasis

It is assumed that the overall envelope of the financial agreement with the EC for the period to September 2019 remains the same, and that within the programme, the 16 components will remain as agreed. The Phase IV agreement left open the workplan for the second 24 month period, pending the General Session and evaluation in 2017. Thus there is scope for flexibility to adapt the plan of the 24 month activities, outcomes and associated indicators according to the recommendations of the Executive and General Sessions, and in accordance with the terms of the Phase IV agreement. The mid-term evaluation of the Phase IV programme, if it occurs in 2017, may also propose changes in emphasis or management.

The changes suggested below largely concern the extent of effort within components and the efficiency of these to leverage the inputs of others, for example the member states, the countries (Pillar II) or regional economic communities and GF-TADS partners (Pillar III).

Pillar I:

1. Training Credit Incentives for more national buy-in (for face to face training).
2. Roll-out of the “GET Prepared” Guidance, and support development of national training and exercises roadmaps
3. THRACE and Balkans: develop common activities considering the needs of parts of western Anatolia for preparedness planning and continuous surveillance; more national activities for engagement with Western Balkan, non-EU countries, ahead of simulation exercises.
4. Establish the Special Committee on Biorisk Management and support the workplan for updating of standards and training.
5. Resource the risk assessment component (1.8) to an adequate level with greater emphasis on communicating the outputs of the PRAGMATIST tool, and complete pilot on livestock price differentials and crowd –sourced passive surveillance.

Pillar II

1. Revive the West Eurasia laboratory and epidemiology networking, to better support the Roadmap countries as well as provide essential risk information, de-emphasise national activities unless strong commitment, and gain better regularity of information from Iran, Afghanistan and Pakistan.
2. In REMESA, place greater emphasis on national activities to promote control in Libya, Egypt, as high risk countries for the region; while using regional, tutored online training courses given through partners to increase preparedness in Arabic and francophone countries, including online training for Iraq, Syria, as well as REMESA countries.
3. Greater level of adaptation of courses for delivery in Arabic, Turkish, Russian and French for the Pillar II region.

Pillar III

1. Increase provision of expert support and resources for guidance to national and regional PCP initiatives, working with a more strategic (a 24 month plan with OIE and FAO)
2. Support implementation of “regional networking and e-learning for progressive control” , with priorities of South Asia (SAARC) and francophone Africa in 2017-8, working through the FAO and/or OIE regional offices and with emphasis on technical and economic community partnerships for sustainability of the approach in each region;
3. Promote development of international expertise for progressive control, through supporting the online Progressive Control Practitioners network (PCP Network) and the linkage of this expertise capacity to the needs of the regions and regional initiatives.

Self-assessment by Phase IV Component Managers of the success, lessons, issues and suggested changes to the Work-programme

Pillar I

	<i>Success stories</i>	<i>Lessons Learnt</i>	<i>Implementation issues</i>	<i>Changes suggested next 24 mths</i>	<i>Budget Implications</i>
1.1	<p>Tailored FEPC in the own language of the MS are an efficient way to train a high number of people at the same time, overcoming the language barrier. Now done for Spain, France, UK, Estonia, and Serbia.</p> <p>Knowledge Bank available.</p>	<p>Private sector and some MS interest to buy training places.</p> <p>Some MS might be interested to have access to more training credits that they have, but cannot afford to buy them.</p> <p>The size of the countries can impact the needs of places for the courses (example. 120 participants for a tailored FEPC for France vs Estonia). Should we consider to introduce a correction of the 10 credits depending on the size of the country?</p> <p>The language could be a barrier for some countries as most of the training courses are held in English.</p>	<p>Some focal points use high % TC for themselves.</p> <p>How to achieve higher MS buy-in.</p> <p>Costs/admin of administration of WS travellers</p> <p>Some countries are not spending their TC</p> <p>Cascade Training after RTT not always happening (can we ask them for the reasons?)</p>	<p>Types of training.</p> <p>Introduce more incentives for regional WS/ e-learning: Geographic group TCs</p> <p>Introduce option to support training focal points with “a Training Management Information system”.</p> <p>Offer more diversity or number of courses on full cost recovery basis (Open up options for private sector and MS to pay for trainees).</p> <p>Better integration with BTSF</p> <p>Promote effort to develop “pan-European public service competency framework” with VetCEE/FVE</p> <p>Procedure across the Pillars to budget training courses for countries that want to pay for a complete course.</p>	<p>No change/10% increase.</p> <p>Redistribute # of national TC, place some as “regional TC” to incentive regional courses.</p> <p>Could be offered via TC, or pilot scheme with volunteer MS.</p> <p>Neutral. Full Cost basis places add value to EC funded courses.</p> <p>Neutral/no impact.</p>

1.2	<p>Development of Guidance Framework: <i>“GET Prepared: Guide to Exercises and Training for Epidemic Preparedness”</i></p> <p>Knowledge Bank of resources for emergency preparedness</p>	<p>There is some overlap between the participants of the networks (possibilities of merging?)</p> <p>Danger of doing webinars only for the sake of doing webinars.</p>	<p>Lack of funds for pilot study in C/E Europe on movement modelling</p>	<p>More delivering of webinars for several networks at the same time?</p> <p>Networks- engaging the private sector? (Farmers? Associations?)</p> <p>Need for a better structured way to deliver the webinars (predefined series of webinars with associated exercises, assessment tests, certificate of attendance)</p> <p>Topics need to be better defined and should be needs based (differences in target audience?)</p>	<p>Currently under-resourced/funded. Significant change requires +100K?</p>
1.3	<p>Real-time simulation course - of wildlife surveillance for FMD</p> <p>Multi-country surveillance programme operated continuously.</p>	<p>Develop plan at national level for the lost critical human resources;</p> <p>Need for better understanding risk pathways of introduction (and circulation?) of FMD and other TADs</p>	<p>Relationship of project field staff to EUFMD HQ staff/and the project goals</p> <p>Lost critical human resources for surveillance activities</p> <p>Procurement delays due to national admin procedures</p> <p>Missing surveillance targets and data discrepancies</p>	<p>More Emphasis on passive surveillance issues/awareness and reporting.</p> <p>Functional sim-ex on FMD. (PPR?)</p> <p>Training on outbreak investigation and management for FMD (and other TADs)</p> <p>Improve the understanding of awareness/reporting and development of a tool for assessment and future monitoring/evaluation</p> <p>Increase the understanding of risks to Thrace originated from source regions (e.g. Iran). This would link under 1.8</p> <p>Design, conduct and evaluate jointly a multi country functional SimEx before the end of the biennium</p>	<p>Majority Costs are personnel in GR/BU. If nationally covered could reduce or redistribute.</p> <p>Evaluate internal allocation of resources (e.g. consultancy budget)?</p>

1.4	<p>Workshop on Simulation Exercises</p> <p>Balkan Lab SimEx</p>	<p>There is an internal demand for high level cooperation meetings in the Balkans to lay down common strategies for TADs.</p> <p>EuFMD seems not to be known in the lower levels of the Veterinary Service hierarchy</p> <p>Desirable level of ownership is not achieved, yet.</p>	<p>There is still a considerable lag time in responding to EuFMD e-mails/requests.</p> <p>The level of the engagement of the countries varies greatly.</p>	<p>Regular management meeting every half a year.</p> <p>Regular high level (CVO) meeting every year on FMD and other exotic disease preparedness?</p> <p>On the spot needs assessments instead of questionnaires (road trip((s))</p> <p>More task oriented, in country missions with ready to use materials as an output instead of joint workshops on various topics</p> <p>Reaching out to local experts and training them in expertise needed.</p>	<p>To be discussed. Can we cut while increasing engagement? Not likely.</p> <p>Different allocation of resources would be needed based on changes.</p>
1.5	<p>High conversion of FAR funded projects to tangible new tools.</p>	<p>Tight definitions of expectations needed to obtain proposals that fit priorities. This takes STC effort.</p>	<p>Delay in issuing calls for proposals.</p> <p>Private sector interest to fund (FAST awards).</p> <p>Additional funder potential (Ireland)</p>	<p>Leverage private sector contribution by encouraging PPP (consortia bids) lead by non-profit entities.</p>	<p>Overall budget: Could reduce, redistribute, to include the BRM.</p>
	<p>Bio-risk Management Group</p>		<p>No dedicated funding line from EC. carried by MS.</p>	<p>Earmark funds from 1.5 budget for biosecurity research and BRM committee work</p>	

1.7				Depends on EU-RL tasks, 2018-19.	Potentially taken under revised EU-RL? This budget line could be saved (or cover the Biorisk activities)
1.8	Global Monthly Reports well received. PRAGMATIST tool in use in EuFMD work (vaccine prioritization).	Risks in neighbourhood swiftly change (Egypt, Libya, and Iran). Massive jumps between pools more frequent. Greater need to link this to risk.	Global Monthly Reports well received. Delayed full integration of PRAGMATIST framework (human resources). Delayed price monitoring pilot study.	Increased human resourcing (CM). See also 1.3	Increase. Allocation of budget for a full time STP only working on issues for 1.8 including monthly report, gathering risks and communicating them where relevant.

Self-assessment by Phase IV Component Managers of the success, lessons, issues and suggested changes to the Work-programme

Pillar II

	Success stories	Lessons Learnt	Implementation issues	Changes suggested next 24 mths	Budget Implications
2.1	Statement of Intentions/TCC Turkish training for PCP Stage 3.	Reduced emphasis on working with Iran adds risks. Co-operation with OIE and FAO (Astana and Ankara) positive. West Eurasia Roadmap, insufficient regional REC engagement/ in danger of stalling		Turkish language (online) training courses, regional. Emphasis on supporting FMD control in Turkish (PCP 3) control zone. Revive the West Eurasia networking (lab/epi) with online networking.	Could redistribute EC 2.1 budget to an expanded 1.3 (THRACE) reflecting on western Anatolia CZ, TCC PCP Stage 3 zones and support to WE Networking activities
2.2	Bringing Israel/PAT to same table. Egypt: cascade training uptake. Jordan: engagement	Strong need for consistent, regular personal engagement (workshops). Transparency issues - countries trading with Saudi Arabia.	Solution managed to utilize funds from US-DOS/LLNL with swift uptake and implementation of 4 of 5 tasks defined	Utilise local expertise to train others in the countries and in region (e-learning partnerships). E-learning may assist rebuilding Syria, Iraq at low cost	Neutral, or small reduction (EC). Non-EC, additional funding sources for "peace process" as well as in country work needed.
2.3	Re-engage Libya in the FMD control with EuFMD in early February. Progress in Mauritania and implication of the FAOR/OIE/PRAPS in the FMD control. An FMD Francophone network was created with the aim of improving the networking and facilitate the exchange of knowledge, coordination and communication and experience on FMD	A Cooperation and collaboration with FAOR in North Africa and West Africa are important for the implementation of the activities. Need for better understanding of markets and animal movement and risk pathways of introduction and circulation of FMD.	Delayed sero-surveillance (MAT) Challenge in the shipment of materials (LIB)	More emphasis on reducing risk from Libya by the: Implementation of a serosurvey study in the small ruminant population to be implemented within the first semester 2017 (April-May); A study on markets and animal movement; A tentative workshop for the development of a RBSP is planned for July.	Reduce, and redistribute towards Libya/Tunisia and Algeria risk area. Increase for Libya.
2.4	PCP course development. Development of taught e-learning courses (socio-economics, risk analysis along value chain)	Developing relationships with regional academic partners for e-learning takes time.	Lack of infrastructure for e-learning development	Roll out of intensive taught courses in French and Russian (and Arabic?) Integrating and tailoring e-learning support with the in-country programmes... examples of this would be: Ensuring that those we work with on face to face workshops (RBSP development etc) are	Additional funding needed for e-learning infrastructure (learning technologist) Redistribution of funds under this component to human resources rather than travel/training etc, since focus is nearly entirely e-learning

				<p>also those we are supporting online in the intensive courses</p> <p>Offering national level FIT-C courses in appropriate languages (Egypt were keen for an Arabic language FITC)</p> <p>Job aids development continues and expands</p>	<p>Neutral. Non-EC, additional funding sources for course development needed.</p>
--	--	--	--	---	---

Self-assessment by Phase IV Component Managers of the success, lessons, issues and suggested changes to the Work-programme

Pillar III

	Success stories	Lessons Learnt	Implementation issues	Changes suggested next 24 mths	Budget Implications
3.1	Demand from OIE and FAO for technical support/ expertise to provide national PCP training.	Lack of progress on 2 of the 3 expected results as these require agreement with GF-TADS WG.	As per lessons learnt.	Redistribute resources to areas where WG agree are priorities.	Redistribute part of budget of 3.1 to 3.2
3.2	Delivery of expertise to regional roadmaps (in 4 regions).	Follow-up to Roadmaps needs support, not only the meeting itself. We could do more here if requested.	Exclusion of EuFMD experts from FMD-WG. Efficiency of Timetabling of our inputs affected by FAO and OIE FMD-WG processes and lack of resources.	EuFMD to take a more active role in the FMD-WG and follow-up. , not only as observer, also as 'secretary' for specific issues (PCP-FMD support prior and post RR meetings).	Increase.
3.3	OIE/FAO FMD laboratories network seems to be working quite well, with rapid sharing of information and sequences as illustrated by the O/ME-SA/Ind2001d and A/ASIA/G-VII stories For the East African region the networks there have been supported by the organisation of nine webinars Francophone network initiated	Difficult to engage regional speakers and participants from the region in the virtual network activities. All sorts of issues identified with respect to lack of participation in webinars, no simple solutions here. Language barriers e.g. many Francophone countries in West Africa that will need webinars and E-learning activities in French. Existing networks that do not take their responsibility and need strong and continuous support (WELNET, EARLN, RESOLAB)	Virtual networking in West Eurasia and West Africa needs more attention, in West Africa such activities still have to start. In West Eurasia a network meeting will take place in April 2017 in Tbilisi, Georgia, which will hopefully give a boost to future activities	Better virological surveillance in West Africa (pool 5) and East Africa (pool 4) by involving more countries per pool and implementing training on passive and active clinical surveillance, early warning, sample collection with use of LFDs as carriers from the field to the lab and from the lab to international reference centres Organize FLABC courses in other languages (French, Russian, Arabic) Empower and formalize RSLs in pools 4 and 5 in collaboration with FAO	EC: Pirbright contract overdue increase. Did not increase in 2015, but offset by UKP currency devaluation. Neutral, assuming WRL contract can be maintained under EC/FAO Phase IV agreement (EU-RL /Brexit).

3.4	<p>FITc pilot rollout (Southern Africa) great success.</p> <p>PCP practitioners network</p>	<p>6 months is too short time to engage a region (SADC) in change. Minimum one year needed.</p> <p>Involvement of STP from target region is extremely valuable for regionalisation of course and local buy-in</p>	<p>Lack of infrastructure for e-learning development.</p> <p>Recruitment of STP from region takes a long time to get clearances</p> <p>Time needed to engage countries in new regions, obtain nominations for courses, and gain confidence in eLearning as a good tool</p>	<p>Expanded roll-out.</p> <p>Develop/roll out the lab training (with TPI and **roll-out mainly a component 3.3 activity)</p> <p>Deeper regional support:</p> <ul style="list-style-type: none"> -South Asia (SAARC) for 12 months+ support. - West/Central Africa (Francophone) for 12+months support 	<p>Increase, for course roll-out (e-learning).</p> <p>Additional funding needed for e-learning infrastructure (learning technologist)</p> <p>Redistribution of funds under this component to human resources rather than travel/training etc, since focus is nearly entirely e-learning</p> <p>Practitioner's network particularly requires additional funding to fully sustain the concept.</p> <p>Non-EC, additional funding sources for course development needed.</p> <p>Co-operation with FAO/OIE in raising funds needed for post roll-out sustainability.</p>
-----	---	---	--	---	--