

# **EUFMD WORKPLANS 2015-2017**

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## Acronyms

**ExCom:** Executive Committee

**LoA:** Letter of Agreement

**MOU:** Memorandum of Understanding

**MS:** Member state

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

**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

**TADS:** Transboundary Animal Diseases

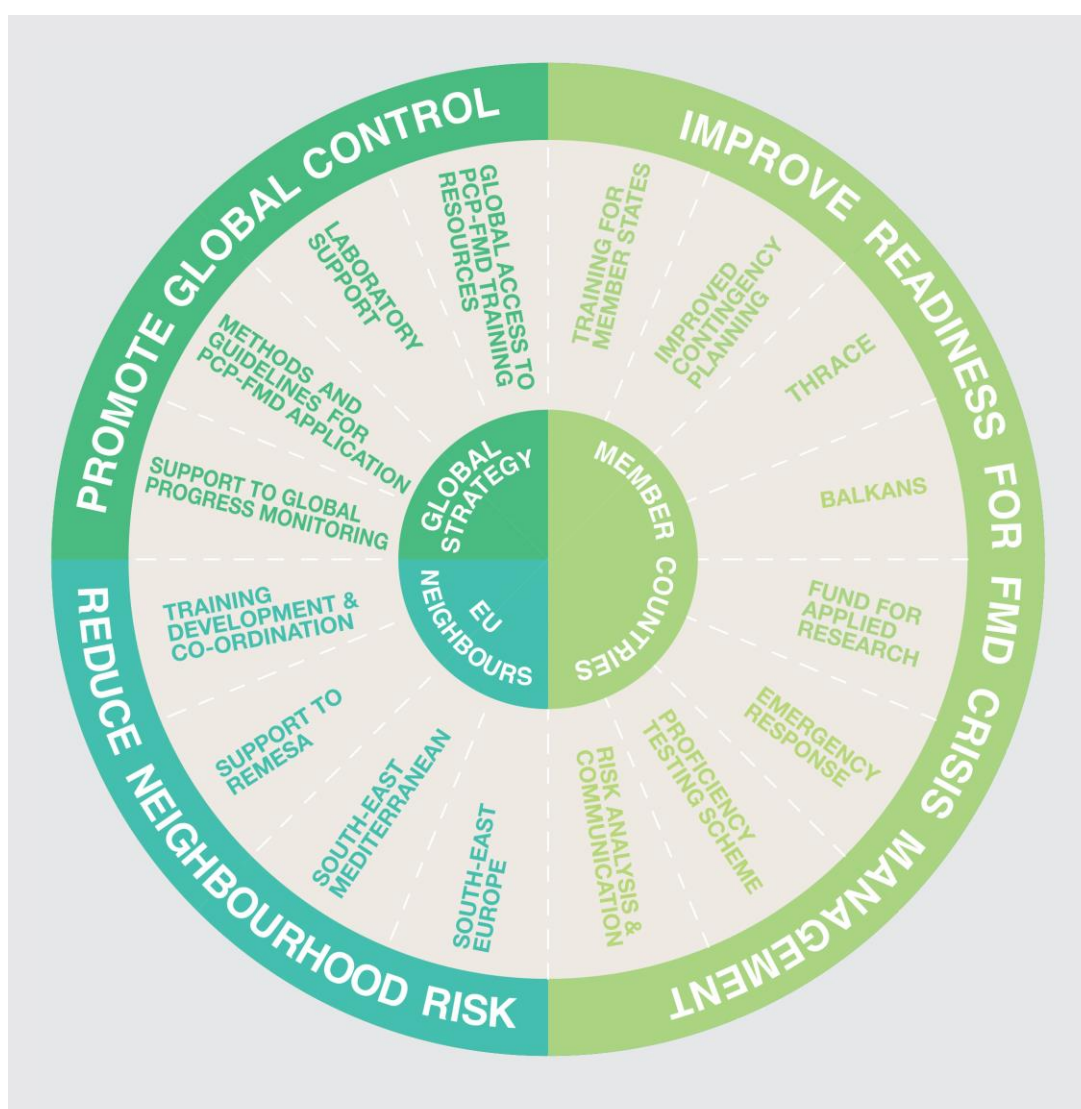
**TPI:** The Pirbright Institute

**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 an 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 work plans, 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 recognized 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 work-plans 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 implemented directly 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 organizational 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 REMESA1 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.

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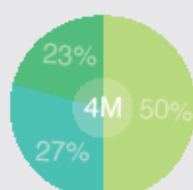
<sup>1</sup> REseau MEditerranéen de Santé Animale – REMESA: <http://www.remesanetwork.org/>

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

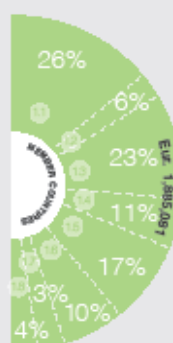
Courses appropriate to develop capacity of national staff to apply the Progressive Control Pathway will be developed and tested, with a training network established to assist in ensuring the design, training format and evaluation ensure the courses are fit for national as well as regional training purposes, 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 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.



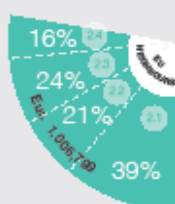


Allocation of funds for PILLAR  
Eur. 4,000,000. EU donor: Proposed budget

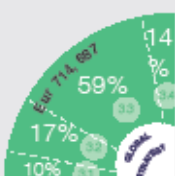


- PILLAR I.**  
IMPROVE readiness for FMD crisis management by members.
- 1.1. Training for Member States.
  - 1.2. Improved Contingency Planning.
  - 1.3. Thrace.
  - 1.4. Balkans.
  - 1.5. Fund for Applied Research.
  - 1.6. Emergency Response.
  - 1.7. Proficiency Testing Scheme.
  - 1.8. Risk analysis and communication.

The programme connects 87 countries (Member States) building a "Safety **Network**" for FMD control



- 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 POP-FMD application.
  - 3.3. Laboratory Support.
  - 3.4. Global access to POP-FMD Training resources.



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

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



## **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 M&E 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.

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

### ***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.

The *three* Pillars of our  
Strategy to reduce the  
risk and impact of FMD  
to our Member States



# 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 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 work-plans 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 organizations; 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 work-plans, 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 four 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:



**Table 1. Pillars, Outputs and targets**

	Outputs (Component level)	Target (expected result)
Pillar I	1.1 Increased European expertise in FMD crisis management & 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	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:
		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
	1.8 Improved early warning system, risk communication and its uptake by Member States into prevention and early detection operation	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
		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
		1.8.3 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
		1.8.4 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.

	Outputs (Component level)	Target (expected result)
Pillar II	2.1 <b>South-East Europe:</b> better FMD Management Turkey and neighbours	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 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
	2.2 <b>South-East Mediterranean:</b> Better FMD management on the neighborhood of Cyprus and Israel	2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon;
		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;
		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 ME and sub-Saharan East Africa.
	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;
		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 M&E 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 III uptake/Gf-TADS).
	Outputs (Component level)	Target (expected result)
Pillar III	3.1 Improved system for M&E 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 epi-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 Epidemio-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 M, 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 (80% 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 80% 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 (80:20 EC AND MUL/11)	Workprogramme co-ordinator and four operational support staff- one funded by MUL/11 and four funded by EC
1.2	<i>ExSec (EXSEC (P5))</i>	CPO (P3 EQUIV)	P2 (80:20 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 (80:20 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 (80:20 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 (80:20 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; six-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 five 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 the 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 M&E 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.

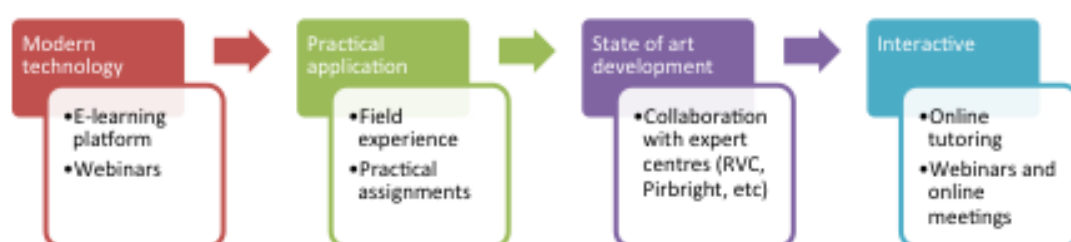


Figure 1: Elements of the EuFMD training programme

### 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 M&E will ensure that courses are meeting EuFMD's objectives, and can feedback into further development and improvement.

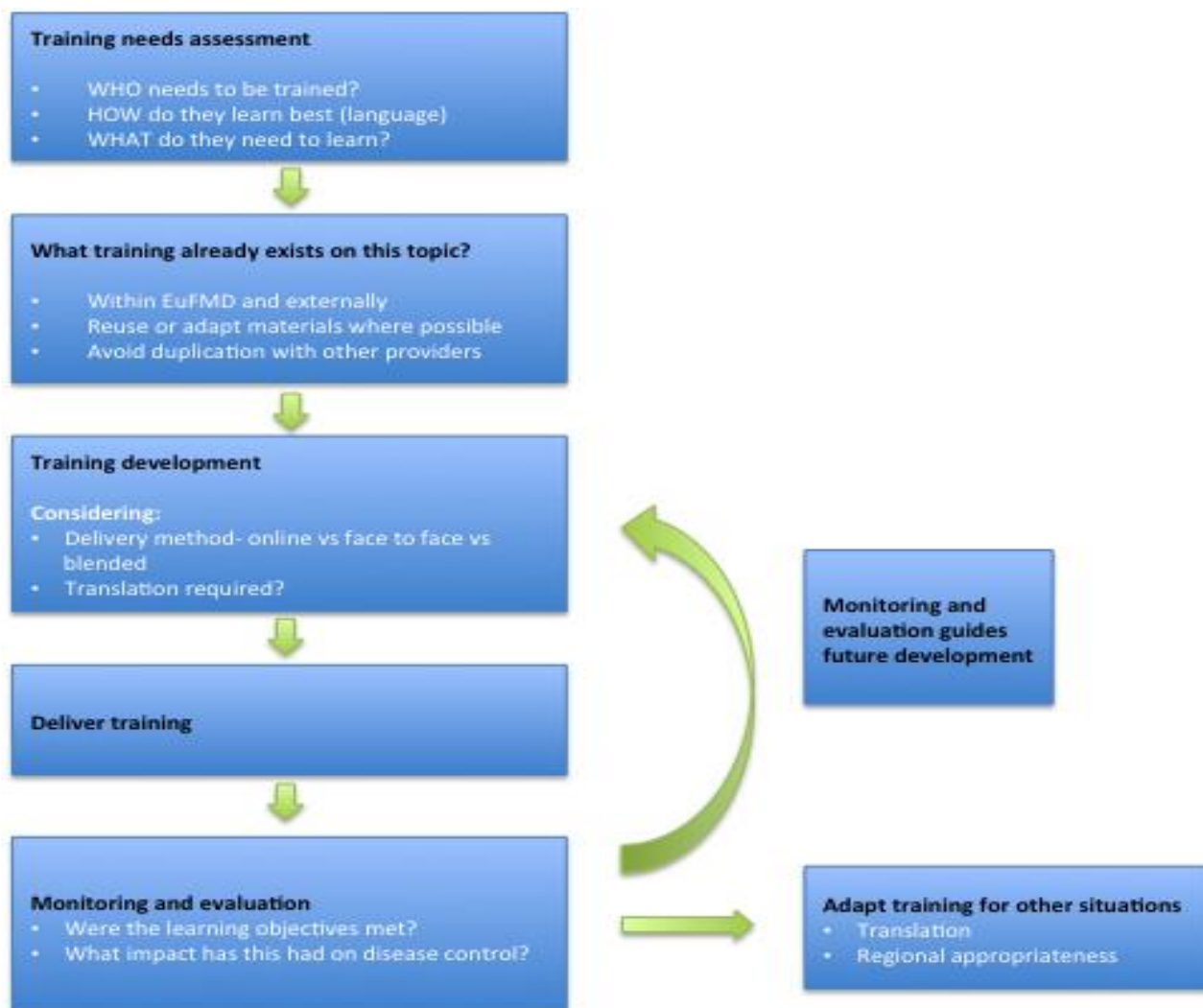


Figure 2: Methodology for training needs assessment, development and evaluation

### 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.

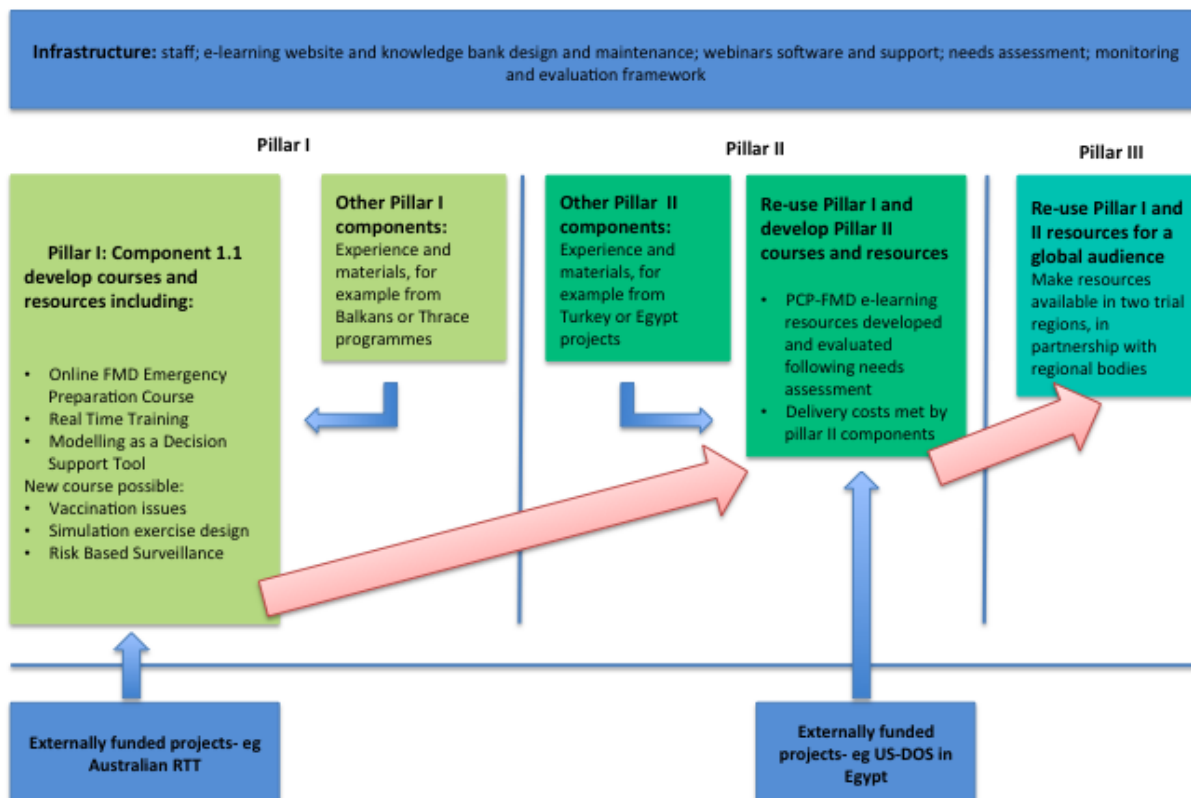
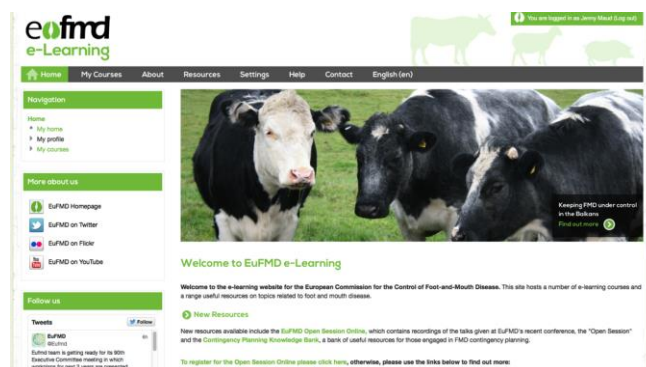


Figure 3: Training courses and resources are re-purposed and re-used across the work programme

## 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:

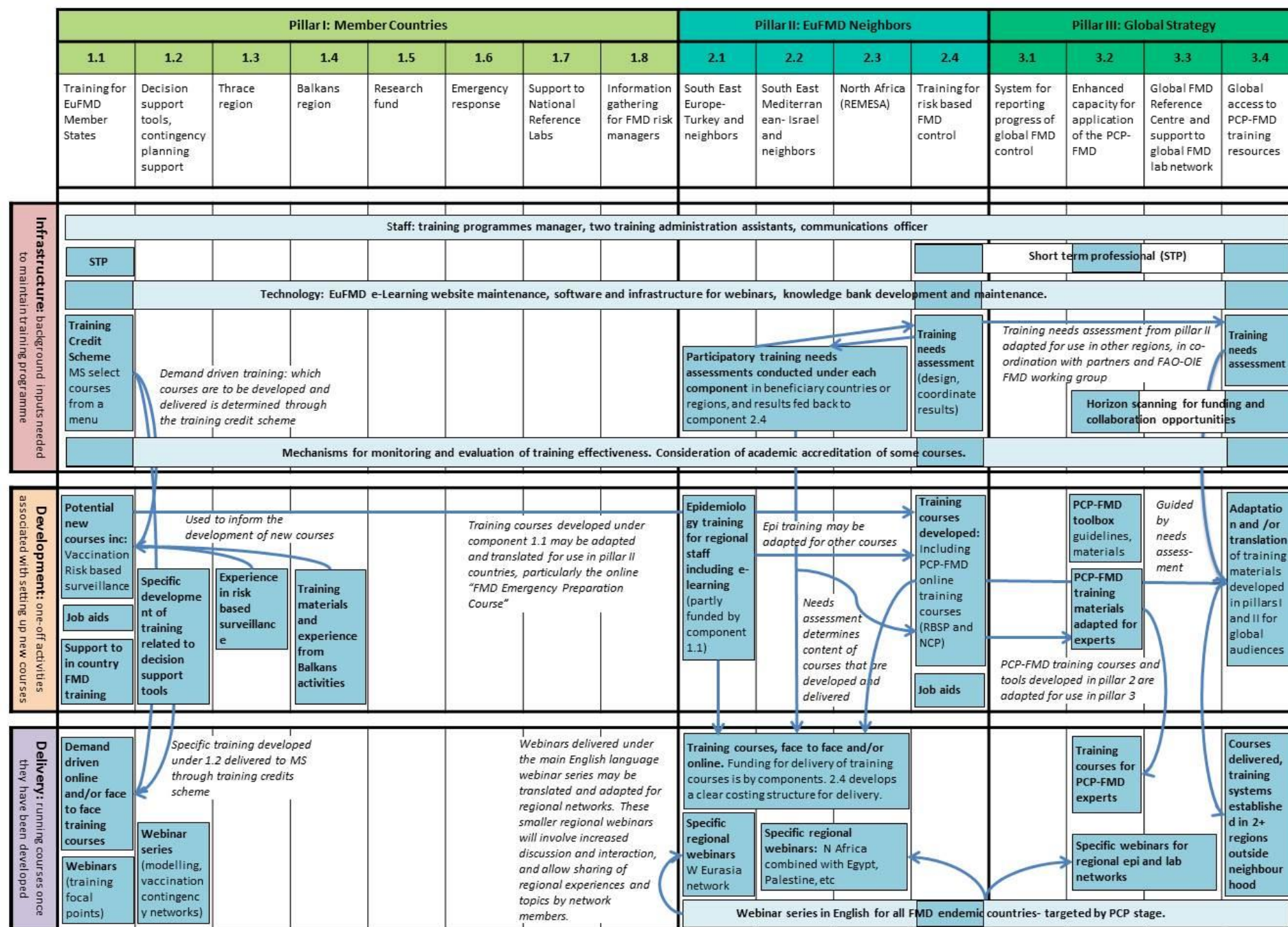
- 1) Recognition of training courses by national bodies towards veterinarians' Continuing Professional Development;
- 2) Recognition of trained participants as "experts" or "trainers"- perhaps possible in partnership with OIE and FAO for PCP-FMD related activities;
- 3) Academic accreditation of training 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.



# EuFMD Training Programme Overview

  = activity funded by component

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



## Explanation of Budget Lines

The term “EuFMD Staff” follows the FAO Human Resources section of the FAO Administrative Manual and includes:

- Professional Staff (whose contracts are with FAO on the UN Professional Scale and are follow the UN /FAO standard system, and are individually appointed by the DG of FAO with the agreement of the EuFMD Executive Committee).
- Consultants, who provide operational as well as technical services.
- “Short Term Professionals” (STPs) who are usually veterinarians seconded from their employers in the member states to work full time for up to six months on the EuFMD programme. As these are seconded officers, a lower daily rate can be negotiated with each.
- Staff classed as providing Personal Services Agreement (PSA).
- National Project Personnel (NPP).

### Salaries professional

This covers expenses related to Professional Staff such as salary, medical costs, pension plan, and for the proposed programme this will cover 80% of a P2 Grade position for 48 months, and 15 months of a P3 Grade Animal Health Officer. The P3 position is not assumed to start until Month 25 of the programme, as the costs of the P3 related activities would be covered in the first 24 months by the EuFMD contribution. The latter contribution cannot be guaranteed after 24 months, as the biennium budget will be subject to decision in April 2017.

The P2 and P3 positions will be full time, with 100% of their time dedicated to the EuFMD programme, with their eligible costs charged to the EC budget for the activities conducted for each component. In the case of the Grade 2 position (P2), the budget has been calculated for input to every component, with more time allocated to certain components that require higher support (in terms of numbers of online meetings, training courses, network communications and visibility). These specific activities provide a high visibility for the action and thus are part of the Project Communication and Visibility Strategy, and the time/cost of these also count as contributions to the Visibility Budget. It must be noted that the programme overall works with around 50 countries and has a global visibility, through its activities and the P2 Officer while working to achieve the results of each Component contributes to the overall visibility of the programme.

The salaries of Professional Staff are set by FAO on the basis of the International Civil Service Commission (ICSC) which sets the central, standard conditions for UN staff across the Agencies. The salary scales for the Professional and higher categories are based on five Professional grades (P-1 to P-5), two Director levels (D-1 and D-2) as well as the levels of Assistant Secretary-General and Under Secretary-General. The scales are applied uniformly, worldwide, by all organizations in the United Nations common system. Net base salary is obtained by deducting staff assessment from gross base salary.

### Consultants

These personnel are project staff, with employment contract directly with FAO. Each have terms of reference that indicate the expected outcomes of their work on specific workplan components, except for the operational staff whose terms of reference are provided in the Grant Application Form since they provide services to operate the entire work programme. Daily rates based on their category, and daily and monthly work records are kept. These staff work only on the activities proposed in the document.

Consultants budget line covers the honorarium and insurance related to all the Consultants categories (national consultants, consultants internationally recruited, consultants locally recruited, national projects personnel, personal services agreement (PSA) categories) and covers the daily rates of consultants to provide technical (animal health) and operational support to the activities to be undertaken under each component (Output). Consultants are staff members (intra-muros), and under this project responsible directly to the EuFMD Secretary. Consultants are different from subcontracted service, intra-muros means a person with consultant contract directly with FAO. A consultant is generally engaged to perform functions for which FAO has a temporary but not continuous need. Consultants hold the status of “official” of the Organization, recruited to perform functions of an advisory or consultative nature, for which they have the requisite academic background and/or relevant work experience. Their assignments may involve extensive interaction both externally and internally to the Organization. They may not, however, act as supervisor in terms of performance appraisal, nor be involved in administrative decisions such as the extension/conversion of appointments, thus for the EuFMD programme, this must be done by the category of Professional Staff. Consultants may represent the Organization externally given that they are accorded the status of an official of FAO.

### Duty Travel

This covers travel and subsistence expenses related to the movement of the staff, consultants, and trainees, covering the costs of their transportation/flights, insurances, and allowances while travelling (for lodging, and food, under the daily subsistence allowance (DSA) system).



The travel and subsistence 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. Relating to lodging and meals, the FAO system avoid double financing, while making it possible for payments to be made to both traveller and Hotel, with a set of system rules controlling what can be paid. For example direct payment to Hotels for workshops and training is normally used, and double financing is avoided through the standard travel management system so that travellers do not receive allowances relating to lodging and meals IF provided by the Hotel. FAO has a system of standardised rates per country and location within countries, and Preferred Hotel Programme (PHP) whereby the use of pre-negotiated rates with Hotels enables the option of use of these discount rates, and direct payments that then reduce the allowances to non-lodging elements. In the case of workshops with multiple participants, PHP Hotels provide an option to having a local tender for Hotel selection, as they were already selected by a centrally managed tender process.

### **Contracts**

This covers services contracted under standard FAO instruments and awarded after application of the procedures in the FAO Manual relating to public procurement, 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. This was costed on the basis of the 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, the costs therein for each service and associated volume of services being identified by international tender (unit costs) and volume being a recommendation of the Standing Technical Committee for minimum level of surveillance required in the 3 priority risk regions (EuFMD Session, 2011).

### **Training**

This category is restricted to the category of additional costs of training that are not covered through the payments of allowances for trainers and travellers on an individual unit basis. This includes: training facility costs such as meeting rooms, group transport for trainees, training documents and handouts, specialist biosecurity suits etc for field work, local communication costs (including internet) where required during training.

### **Procurement**

This covers consumables and supplies, mainly medical and veterinary supplies required to fulfil the action. Procurement processes are set by the FAO Manual and rules based electronic procurement processing system. The costs identified in the budget are based on the volumes of procurement forecast in every Component Workplan, required to undertake activities, and where unit costs are indicated, such as diagnostic kits, estimations were based on the negotiated prices from experience in 2014-15 under Phase III. 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 an eligible cost as defined by the General Conditions, Article 25.1 (vi), a standardised amount set by FAO to meet the needs for reporting, as defined by the General Conditions, to the Contracting Authority on the project of this size.

### **Project Evaluation costs**

These cover the costs of an FAO managed Evaluation of the project, and is an eligible cost as defined by the General Conditions, Article 25.1 (vi). The evaluation is subject to confirmation before the event, in writing by the Contracting Authority..

### **General Operating Expenses**

This account is used for eligible costs associated with performing the activities, and are not covered by training, travel, contract or procurement categories. For example, several components involve working groups and working meetings held in country and attended by Government staff but which are not in the nature of training. There are costs associated with these meetings such as meeting room facilities, translation and interpretation costs, catering for the group, which require to be covered. This is particularly the case in Components 1.3 and 1.4, where it is cost effective to work in country with local expert groups and it would be inappropriate and more expensive to arrange individual travel allowances.

## Budget Phase IV - 2 Years 2015-2017 – per activity

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	Compone nt 1.1	Compone nt 1.2	Compone nt 1.3	Compone nt 1.4	Compone nt 1.5	Compone nt 1.6	Compone nt 1.7	Compone nt 1.8	Compone nt 2.1	Compone nt 2.2	Compone nt 2.3	Compone nt 2.4	Compone nt 3.1	Compone nt 3.2	Compone nt 3.3	Compone nt 3.4
		EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO
5570	Consultants	415,275	285,000	147,500	847,775	142,000	40,000	173,275	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	69,500	64,500	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			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		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	8,052	41,400			2,500	29,159	
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
	Subtotal	1,650,419	848,697	714,687	3,213,802	467,716	90,000	354,474	178,120	301,930	165,179	46,500	46,500	334,909	175,239	198,049	140,500	50,495	95,000	476,692	92,500
Proposed Budget Revision per HQ staff and Support Costs																					
	Description				New proposal																
	Salaries Professional				199,553																
	Consultants Budget (HQ only)				283,354																
	Evaluation and Official Reporting (FAO)				41,608																
	Project Servicing Charge (7%)				261,683																
	TOTAL for HQ staff & Support Cost				786,198																
TOTAL					4,000,000																

## Overall Budget Phase IV - 2 Years 2015-2017

Proposed Budget Phase IV - 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	Component 1.1	Component 1.2	Component 1.3	Component 1.4	Component 1.5	Component 1.6	Component 1.7	Component 1.8	Component 2.1	Component 2.2	Component 2.3	Component 2.4	Component 3.1	Component 3.2	Component 3.3	Component 3.4
		EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO		EURO
5300	Salaries Professional	114,845	50,499	34,209	199,553	29,865	15,204	20,091	9,774	15,204	9,231	272	15,204	20,091	12,489	15,204	2,715	2,172	14,661	4,887	12,489
5570	Consultants	545,439	366,244	219,446	1,131,129	192,188	53,856	205,406	39,898	26,466	5,000	3,901	18,724	165,785	61,622	67,820	71,017	46,479	85,683	37,500	49,784
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	69,500	64,500	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	8,052	41,400	0	0	2,500	29,159	0
6150	Report Costs	2,688	1,025	889	4,602	477	247	369	354	437	434	88	283	356	256	225	188	151	16	439	283
6160	Project Evaluation Cost	23,962	6,334	6,710	37,006	3,772	1,443	4,370	3,250	2,708	7,572	568	279	2,428	1,718	1,920	268	1,332	443	4,440	495
6300	General Operating Expenses	144,778	43,798	10,000	198,576	27,000	7,500	47,800	42,478	7,500	7,500		5,000	10,323	23,037	438	10,000		5,000		5,000
	Subtotal	1,922,078	987,799	828,441	3,738,318	552,018	120,750	411,435	206,396	329,245	184,916	48,829	68,490	383,569	206,324	233,218	164,688	75,629	135,803	498,958	118,051
Grand Subtotal		€	3,738,318																		
Support Cost. 7%		€	261,682																		
GRAND TOTAL		€	4,000,000																		

**EuFMD**

## **The work-plans by Component**

# **PILLAR I**

# EuFMD Workplan Component 1

## 1.1- Training for Member States

### Component Objective:

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

Component Supervisor:

Jenny Maud

Component Managers:

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. Recognising the variation in requirements for training across EuFMD's MS, a demand-led training programme was initiated for the 2013-15 work programme. 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, dependent upon the financial costs of the training. Each MS appointed a "Training Focal Point" who was responsible for liaison 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, power-point 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 the 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.



## M&E 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

<i>Role</i>	<i>Name</i>	<i>Status</i>
<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>	Martin Blake	ExCom member (Ireland)

## 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

<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>	Comp.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>M&amp;E of training</b>	Comp.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>	Comp.Manager/Royal Veterinary College	Written report	EuFMD Secretariat	Network and Training Support Officer
<b>Training newsletter and webinars</b>	Comp. Manager	Written newsletter and webinars every 3 months	Training Focal Points	Component 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 Logical framework for component

### Overall component objective:

Output	Description	Indicators	M&E	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 three 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	M&E	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 organized in co-ordination with components 2.4 and 3.4. It includes staff support for training (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.	a) EuFMD e-Learning website updated to most recent stable version of software and data backed up. b) Server capacity increased in line with increasing user numbers. c) Webinar software up to date and used to support at least 4 webinars per month. d) Short Term Professional Animal Health Officer recruited.	Report of Letter of Agreement with Royal Veterinary College (UK) 6 Monthly ExCom Report	e-learning website maintenance is through letter of agreement with Royal Veterinary College
<b>1.1.1.2 Training infrastructure: online knowledge bank development (in co-operation with other training components)</b>	The dev. of the online knowledge bank (see training programme and strategy section) will involve the dev. of a categorised, searchable online library of training resources and job aids. Comp. 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.	a) Online "Knowledge Bank" developed and populated with at least 100 FMD related resources; b) Knowledge bank accessed by at least 500 individual users.	Usage statistics of EuFMD e-Learning website 6 Monthly ExCom Report	e-learning website maintenance is through letter of agreement with Royal Veterinary College
<b>1.1.1.3 Open access areas of EuFMD e-Learning website</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.	a) At least two 10 minute short online courses available as open access resources; b) Open courses accessed by at least 500 individual users;	Usage statistics of EuFMD e-Learning website; 6 Monthly ExCom Report	e-learning website maintenance is through letter of agreement with Royal Veterinary College
<b>1.1.1.4 Training infrastructure: framework for M&amp;E</b>	System for M&E will be dev. in co-ordination with comp. 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 comp 1.1 in terms of increased expertise in FMD crisis management.	a) M&E framework designed; b) Evaluation results of each training course indicate at least 80% of learning objectives met or exceeded.	Report produced after every training course; 6 Monthly ExCom Report	
<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.	At least 20 knowledge transfer tools are produced and used in at least 20 Member States	MS report use of knowledge transfer tools; 6 Monthly ExCom Report	Use of tools and job aids once developed relies on sufficient interest from MS.

<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 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.	In country training is carried out with EuFMD support in a) at least 5 MS in 2016 and b) further at least 5 in 2017	MS report of training 6 Monthly ExCom Report	Relies on interest in conducting in country 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.	a) training needs assessment framework communicated to MS; b) at least 60% of training credits allocated to training courses; c) Remaining 40% of training credits allocated to training courses	6 Monthly 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 training courses developed (if requested by MS)	6 Monthly ExCom Report	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 accounting for all training credits allocated by MS are conducted (see 1.1.1.4 for indicator for successful M&E of training courses).	6 Monthly ExCom Report M&E report of each training courses (see 1.1.1.4)	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	Four webinars and four newsletters for training focal points produced each year.	Webinar recordings and newsletters	Relies on participation of focal points in webinars.

## 8. Gantt chart

1.1 Training for Member States	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
	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	1.1.1.1 Training infrastructure: staffing & tech. res.																								
		1.1.1.2 Training infrastructure: online knowledge bank dev.																								
		1.1.1.3 Open access areas of the EuFMD e-Learning website																								
		1.1.1.4 Training infrastructure: framework for M&E																								
		1.1.1.5 Dev. knowledge transfer tools & job aids																								
		1.1.1.6 Support to in-country training courses																								
	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 CP for control operations and recovery	1.1.2.1 Training credits system & needs assessment																								
		1.1.2.2 Dev. of new courses																								
		1.1.2.3 Delivery of training courses																								
		1.1.2.4 Training focal points informed of training opportunities & feedback																								

## 9-Budget (€) COMP. 1.1

Component 1.1 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR 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 Training infrastructure: staffing and technical resources	0	5,600	2,800	16,000	0	0	4,000	28,400	80,053
	1.1.1.2 Training infrastructure: online knowledge bank development	1,629	2,140	0	6,000	0	0	0	9,769	
	1.1.1.3 Training infrastructure: open access areas of EuFMD e-Learning website	1,629	2,140	0	2,000	0	0	0	5,769	
	1.1.1.4 Training infrastructure: development of an improved framework for monitoring and evaluation	0	4,280	0	0	0	0	0	4,280	
	1.1.1.5 Develop knowledge transfer tools and job aids	0	8,180	0	0	0	0	0	8,180	
	1.1.1.6 Support to in country training courses	0	10,980	12,675	0	0	0	0	23,655	
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 Training credit system and needs assessment	5,430	7,779	0	0	0	0	0	13,209	467,716
	1.1.2.2 Development of new training courses	1,629	11,890	0	8,800	0	0	0	22,319	
	1.1.2.3 Delivery of training courses: MS select courses from a menu of options. (Each MS is allocated 10 training credits (TC), with each TC equivalent to 1100 EUR. <u>Courses delivered will vary from those presented here</u> , but total expenditure will remain the same since each TC is costed)	14,118	133,099	165,125	7,200	70,500	7,616	23,000	420,658	
	1.2.2.4 Training focal points informed of training opportunities and feedback	5,430	6,100	0	0	0	0	0	11,530	
TOTAL FOR COMPONENT 1.1 BY BUDGET LINE		29,865	192,188	180,600	40,000	70,500	7,616	27,000	547,769	547,769
									Report Costs:	477
									Project Evaluation Cost:	3,772
									TOTAL FOR COMPONENT:	552,018



### ***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, Australian Real Time Training
<b>Network and Training Support Officer</b>	30% of one FTE role (P2)	80% EuFMD Trust Fund, 20% 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 2**

### **1.2- Improved Contingency Planning**

#### 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 modelling 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 modelling network was found to be a valuable platform for discussion and collaboration between modelling groups, as well as providing a point-of-contact and source of information for contingency planners with an interest in modelling. 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

<i>Role</i>	<i>Name</i>	<i>Status</i>
<b>Component supervisor</b>	Keith Sumption	Secretariat
<b>Component manager</b>	Marius Masiulis	Contingency Planning Officer/Secretariat
<b>Training and networking support</b>	Nadia Rumich	Network and Training Support Officer
<b>Other EuFMD team members</b>	Melissa McLaws	Consultant
<b>Advisors</b>	Modelling and CP advisory groups	Volunteer representatives from the modeling and CP networks.
<b>STC oversight:</b>	Eoin Ryan	Standing Technical Committee
<b>ExCom oversight</b>	Ulrich Herzog	ExCom member (Austria)

## 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

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

## 7. Planned Outputs, Activities Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
1.2	<p><b>Improved contingency planning by Members and at European Level</b></p> <p><b>The targets (expected results) are:</b></p> <p><b>1.2.1</b> 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;</p> <p><b>1.2.2</b> 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</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>EUFGD Executive (six monthly) report; Data from the Training Database; EuFGD 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	M&E	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</b>	Provide opportunities for members to interact and learn through webinars and maintaining and improving the website, improving resources available in knowledge bank; Link with other groups with similar objectives in the EU and outside, to share information and expertise; May provide input to modeling network on data availability	At least 12 webinars held as part of contingency planning network, with an average attendance of at least one representative from at least 50% of MS	Webinar recordings 6 Monthly ExCom report	Duplication with existing networks with similar focus may make these activities of lower priority (eg CIRCABC interest group)
<b>1.2.1.2 Modelling network</b>	Provide opportunities for members to interact and learn through webinars and maintaining and improving the website; Participate in proposal-development for funding opportunities for network members to participate in development of Pan-European disease spread model; 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.	a) At least 12 webinars held as part of contingency planning network, with an average attendance of least 50% of MS; b) At least one proposal for a regional or pan-European disease spread model is supported by the activities of the network	Webinar recordings; 6 Monthly ExCom report	funding opportunities may not become available, and any proposal submitted may not be successful in securing funding
<b>1.2.1.3 Vaccine discussion network</b>	Provide opportunities for members to interact and learn through meetings (online and face-to-face if possible), webinars and maintaining and improving the website; work with Component 1.1 on developing simulation exercise on vaccination-to-live scenario; 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.	a) At least 12 webinars held as part of vaccination network, with an average attendance of least 50% of MS; b) simulation exercise on vaccination to live developed (in conjunction with comp 1.1, if demand from MS); c) Discussion paper on effect of vaccination to live on market access finalized	Webinar recordings ExCom report Discussion paper	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.
<b>1.2.1.4 Development of guidelines</b>	Review existing guidelines and discuss needs with CP and other networks to determine priorities. Guidelines developed may include	At least two resources or guidelines to assist in CP developed, added to the	6 Monthly ExCom report	May require advice and input from expert consultants or contractors, in which case resources may be a constraint.

	simulation exercise design and business continuity planning. Experience gained in recent simulation exercises carried out under component 1.4 may help inform these activities. Develop and disseminate guidelines	EuFMD Knowledge Bank and used by at least 50% of MS			
<b>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</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.	Economic impact calculator available and used by a) at least 25% of MS b) at least 50% of MS;	6 Monthly report	ExCom	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	A proposal for dev. of a central diagnostic bank is developed & communicated to a) ExCom b) MS focal points (further dev of diagnostic bank will depend upon decision of these stakeholders as to feasibility of implementation)	Proposal document; Collated feedback to proposal; 6 Monthly	ExCom report	
<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.	A proposal for emergency access to vaccine banks is dev & communicated to a) ExCom b) MS focal points (further development of proposal will depend upon decision of these stakeholders as to feasibility of implementation)	Proposal document Collated feedback to proposal; 6 Monthly	ExCom Report	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	A proposal for sharing critical human resources is developed & communicated to a) ExCom b) MS focal points (further dev. of proposal will depend upon decision of these stakeholders as to feasibility of implementation)	Proposal document Collated feedback to proposal; 6 Monthly	ExCom Report	Barriers prove too great (language, regulatory, cost...)



## 8. Gantt chart

1.2 Improved CP	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 MS 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 CP network																									
		1.2.1.2 Modelling network																									
		1.2.1.3 Vaccination discussion network																									
		1.2.1.4 Dev. 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 dev.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 (€) COMP. 1.2

Component 1.2 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR 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	2,172	8,100	1,391	0	0	0	0	11,663	73,470
	1.2.1.2 Modelling network	2,172	7,970	0	0	0	0	0	10,142	
	1.2.1.3 Vaccination network	2,172	12,690	22,274	0	5,000	0	1,500	43,636	
	1.2.1.4 Development of guidelines	1,629	4,400	0	0	0	0	2,000	8,029	
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.	1.2.2.1 Economic impact calculator	1,629	2,900	1,335	12,500	0	0	0	18,364	45,590
	1.2.2.2 Support to development of diagnostic banks	1,629	7,400	0	0	0	0	0	9,029	
	1.2.2.3 Support to emergency access to vaccine banks	1,629	6,040	0	0	0	0	2,000	9,669	
	1.2.2.4 Support to sharing critical human resources	2,172	4,356	0	0	0	0	2,000	8,528	
TOTAL FOR COMPONENT 1.2 BY BUDGET LINE:		15,204	53,856	25,000	12,500	5,000	0	7,500	119,060	119,060
									Report Costs:	247
									Project Evaluation Cost:	1,443
									TOTAL FOR COMPONENT:	120,750

**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>	20% EuFMD Trust Fund, 80% 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 3

### 1.3- Thrace

#### 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

Role	Name	Status
<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) Naci Bulut (T)	Consultant, SCRPD member Consultant, SCRPD member
<b>National consultants:</b> <b>Greece:</b>  <b>Bulgaria:</b>	Anna-Maria Baka (Field) Christina Fouki (Lab) Yordan Stefanov Panayotov Georgi Stoyanov Georgiev Marin Todorov Bozhinov Stoyan Dimitrov Moldovanov Nikola Kostadinov Spirov	All consultants
<b>ExCom oversight</b>	Spiros Doudounakis	ExCom member (Greece)

## 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 & Training Support Officer
<b>Three-monthly reports (developing to monthly reports)</b>	Component manager	Doc. 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 & 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
National technical focal points consulted	Done, 2015 (Thrace management meeting in August 2015)
Approval by EC and G/B/T CVOs	To be done, September 2015
Workplan and initial implementation discussed with national focal points	Done, 2015 (Tripartite meeting in September 2015)
Full workplan presented to ExCom	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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
1.3	<p><b>Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey</b></p> <p><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:

<i>Activities</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and risks</i>
<b>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</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	Tripartite meetings held every 6 months; Technical meetings of the management group held every three months.	Report of meetings 6 Monthly ExCom Report	Cont.coop 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 national focal points (NFPs) from countries on management and tripartite meeting	Current FMD risk assessment and situation presented by Focal Points from all three countries at management and tripartite meetings	Meeting	
<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 transboundary animal diseases (TADs)	Eight national consultants in Thrace region supervise surveillance programme. Number of surveillance reports and investigations are greater than or equal to those conducted over same time period in 2013-15. Livestock keepers in the Thrace region are active in reporting presence or absence of FMD.	Cycle reports on FMD and TADs surveillance	Relies on the system established for farmers by each country
<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	Database system maintained, improved and all three countries regularly input data to the database. Amount of data inputted to database is at least equal to that inputted in 2013-15, unless otherwise indicated by altering disease epidemiology.	Cycle reports on FMD and TADs surveillance	Relies on accurate and timely entry of data by National consultants
<b>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>				
<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 consultants, approved by NFPs	a) Monthly and cycle reports are prepared by National Consultants and approved by national Focal Points; b) Reports are shared at management meeting, with EuFMD Executive Committee and research institutions where appropriate.	Monthly and cycle reports 6 Monthly ExCom Rep	



<b>1.3.3.2</b> Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination in the Thrace region.	Investigation of the immunity status after vaccination. Report to be presented and adopted by three countries	Report of studies presented to all three countries and appropriate recommendations adopted by all three countries	Technical report Tripartite meeting report 6 Monthly ExCom Rep
<b>1.3.3.3</b> 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.	Reports of the analysis carried out.	Reports detailing the findings of analysis presented to all three countries and the findings used to inform future activities, contingency plans or control policies where appropriate.	Technical report 6 Monthly ExCom Rep
<b>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.</b>			
<b>1.3.4.1</b> Regular support for laboratory (reagents and trainings) on FMD and other TADs	Labs provided with reagents sufficient for Risk Based Surveillance samples. Desktop simulation exercise with objective to challenge the specific part of contingency plan, recognized by three countries	a) Laboratories provided with sufficient quantities of reagents required for Risk Based Surveillance as detailed under other activities of this component. b) At least one training course held with at least two participants from each country, and at least 80% of learning objectives for course met or exceeded.	6 Monthly ExCom Rep
<b>1.3.4.2</b> 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.	Simulation exercises/workshops as well as webinars are delivered in order to subsequently address respective gaps in emergency preparedness and particularly contingency plans	A) At least two workshops (or online training courses) held with at least 5 participants from each of Turkey, Bulgaria and Greece, covering specific areas of emergency preparedness. B) Small desktop simulation exercise with objective to challenge the specific part of the contingency plan held in all three countries with the findings of the exercise informing future activities and updates to the contingency plans in all three countries	6 Monthly ExCom Rep

## 8.Gantt chart

1.3 Thrace	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	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 Co-ordination framework between VS and labs of 3 countries maintained & improved through tripartite, management and tech. meetings																								
		1.3.1.2 Reg. assessment of FMD risk present in Thrace and of preventive & control measures implt in the area																								
		1.3 Establishment of a system for regular sive reporting of presence and absence of D & TADs (pro-active primary surveillance)																								
	1.3.2 Maintain and improve a system for real-time data entry to support mgt of nat surveillance activities aimed at maintain DF confidence	1.3.2.1 System for real-time data entry maintained and improved and dev 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 Reg analysis of 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 in the Thrace region.																								
		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.																								
	1.3.4 Improved capacity to respond to exotic disease incursions in to the common border region, through participation in joint exercises and dev. of harmonized levels of CP.	1.3.4.1 Regular support for laboratory (reagents and trainings) on FMD and other TADs																								
		1.3.4.2 Dev. of specific exercises and workshops to improve and assess the CP capacity in Thrace and coordination between countries in case of emergency.																								

## 9.Budget (€) COMP. 1.3

Component 1.3 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
1.3.1 Maintenance of FMD freedom in Thrace region and confidence at all times in this status on basis of co-ordinated surveillance and maintenance of confidence. In capacity for early detection of FMD and containment if incursions were to occur.	1.3.1.1 Co-ordination framework between veterinary services and laboratories of the three countries maintained and improved through tripartite, management and technical meetings	1,086	4,900	35,939	0	0	0	17,800	59,725	247,218
	1.3.1.2 Regular assessment of FMD risk present in Thrace, and of preventive and control measures implemented in the area;	2,172	148,691	2,411	0	0	0	900	154,174	
	1.3.1.3 Establishment of a system for regular passive reporting of presence and absence of FMD and other TADs (pro-active primary surveillance)	1,629	11,690	0	0	0	0	20,000	33,319	
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	1,629	4,800	0	5,000	0	1,400	800	13,629	13,629
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.	1,629	4,900	0	0	0	0	0	6,529	23,132
	1.3.3.2 Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination	1,629	7,725	0	0	0	0	0	9,354	
	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.	1,629	5,620	0	0	0	0	0	7,249	
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	2,715	4,300	2,700	0	9,900	35,000	0	54,615	122,717
	1.3.4.2 Development of specific exercises and workshops to improve and assess the contingency planning capacity in Thrace and the coordination between countries in case of emergency. <u>(note exact specifications on workshops and simulation exercises will depend on ongoing discussions with stakeholders. One workshop may be replaced by e-learning)</u>	5,973	12,780	11,450	2,500	25,100	1,999	8,300	68,102	
TOTAL FOR COMPONENT 1.3 BY BUDGET LINE:		20,091	205,406	52,500	7,500	35,000	38,399	47,800	406,696	406,696
									Report Costs:	369
									Project Evaluation Cost:	4,370
									TOTAL FOR COMPONENT:	411,435

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
<b>Component Supervisor: Contingency Planning Officer</b>	<b>30% FTE (consultant at P3 level)</b>	EuFMD Trust Fund (MS contributions)
<b>Component Manager: Short Term Professional</b>	<b>50% FTE</b>	EuFMD Trust Fund (MS 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 4**

### **1.4- Balkans**

#### 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 organized, 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 Skrypnik	Short Term Professional
<b>National focal points:</b>		
<b>Serbia</b>	Budimir Plavsic Milan Pandurovic	
<b>Bulgaria</b>	Tsviatko Alexandrov	
<b>Greece</b>	Sotiria Roula Antoniou	
<b>Romania</b>	TBC	
<b>Moldova</b>	Maxim Sirbu	
<b>Kosovo</b>	Bahti Murati	
<b>FYR of Macedonia</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>		
	Budimir Plavsic	ExCom member (Serbia)
	Ulrich Herzog	ExCom member (Austria)

### 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

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

### 5. Approval and implementation

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

### 6. Objective of the component

The overarching objective (output) is:

**Increased confidence in the national capacities of countries in the Balkan region to manage at national and sub regional level an FMD emergency**

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. Contingency plans comply with EU legislation

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 Logical framework for component

Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
1.4	<p><b>Increased confidence in the national capacities of countries in the Balkan region to manage at national and sub-regional level an FMD emergency</b></p> <p><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;</p> <p><b>1.4.2</b> Contingency plans for FMD agreed at national level and tested through at least one exercise. Contingency plans comply with EU legislation</p> <p><b>1.4.3</b> 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.</p>	<p>Change compared to baseline in the maturity and validation (testing) of CPs in in each country</p> <p>Each territory to have completed CPs and tested CPs in 4 years</p> <p>System established for regional lab support by month 24</p>	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



**Activities:**

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and risks</i>
<b>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</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 CP during the preparation phase, simex and evaluation of laboratory and simulation exercises	a) Agreements in place on contingency support procedures between countries and observer countries play an active role ;b) Romania, Turkey, Moldova and Greece participate in activities; c) Guidance documents available in regional languages (including Serbian/ Croatian).	6 Monthly ExCom Rep	Relies on commitment from beneficiary countries
<b>1.4.2 Contingency plans for FMD agreed at national level and tested through at least one exercise. Contingency plans comply with EU legislation</b>				
<b>1.4.2.1 Workshops held to address specific themes or chapters of Contingency plans</b>	Delivery of simulation exercises and webinars Presentation of lessons learned from participating countries and observers, evaluation process, preparation phase for new exercise	At least four workshops or training exercises held, with, where appropriate, at least two representatives from each participating country attending the workshops. Results of M&E of workshops indicate at least 80% of learning objectives met or exceeded during workshops.	Monitoring and evaluation report of each workshop Mission report of trainers 6 Monthly ExCom Report	Assumes commitment from SG members
<b>1.4.2.2 Cross-border simulation exercise</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: disease outbreak management, training activities regarding crisis management in the disease control centres at all levels, communication management (collect, manage and share info), training activities regarding leadership, management and staff work in multi-tier and interagency operations,	a) At least one cross border simulation exercise held involving at least three countries actively, and the other beneficiary countries participating as observers; b) Evaluation of simulation exercise(s) guides future improvement to contingency plans and activities under this component	Simulation exercise reports 6 Monthly ExCom Report	Relies on accurate identification of training needs and appropriate training participants.

	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 of immediate regional diagnostic support for an FMD crisis.				
1.4.3.1 Procurement of lab reagents/kits to support a minimum diagnostic capacity & enable participation in (PTS).	National laboratories are to be prepared for FMD and other transboundary animal diseases (TADs) diagnostics and participation in PTS	Laboratories have necessary reagents for participation and participate in annual PTS (under component 1.7)	6 Monthly ExCom Rep	
1.4.3.2 Laboratory training within Balkans through inter-laboratory partnership	Workshops/training courses and webinar to support the preparedness of countries for FMD and other TADs emergent diagnostics and to identify the biosecurity level of laboratories and improvement where necessary.	a) At least one lab. specific training course held involving at least one representative from each nat.lab. b) Virtual networking and online meetings support interlab partnerships	Recordings of online meetings M&E report of each workshop Mission report of trainers 6 Monthly ExCom Report	
1.4.3.3 Within-Balkan regional laboratory simulation exercise organized	National laboratories participated in the simulation exercise to rise their preparedness in the case of FMD outbreak	All countries in region participate in one regional Laboratory Simulation Exercise per year	Technical report	National laboratories should have all necessary equipment in order to provide reliable results

## 8. Gantt chart

1.4 Balkans	OUTPUT: Increased confidence in the national capacities of countries in the Balkan region to manage at national and subregional level an FMD emergency		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 dev. 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)																								
	1.4.2 Contingency plans for FMD agreed at national level and tested through at least one exercise. Contingency plans comply with EU legislation	1.4.2.1 Workshops held to address specific themes or chapters of contingency plans																								
		1.4.2.2 Cross-border simulation exercise (one or two)																								
	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 Procurement of lab reagents/kits to support a minimum diagnostic capacity and enable participation in PTS																								
		1.4.3.2 Lab.training/workshop within Balkans through inter-lab partnership																								
		1.4.3.3 Within-Balkan regional lab. simulation exercise organized																								

## 9. Budget (€) COMP. 1.4

Component 1.4 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR 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).	2,715	6,700	0	0	0	0	15,000	24,415	24,415
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 Workshops held to address specific themes or chapters of contingency plans (4 workshops- content to be determined by consultation with countries plus webinars)	2,715	11,600	36,700	15,000	8,000	0	6,400	80,415	143,108
	1.4.2.2 Cross-border simulation exercise (1)	2,715	11,600	18,300	10,000	0	0	20,078	62,693	
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 Procurement of lab reagents/ kits to support a minimum diagnostic capacity and enable participation in proficiency testing scheme.	0	280	0	0	0	10,000	0	10,280	35,269
	1.4.3.2 Laboratory training within Balkans through inter-laboratory partnership (1)	1,629	6,718	2,500	0	4,500	1,642	1,000	17,989	
	1.4.3.3 Within-Balkan regional laboratory simulation exercise organized (2) (participants remain at own laboratory)	0	3,000	0	0	0	4,000	0	7,000	
TOTAL FOR COMPONENT 1.4 BY BUDGET LINE		9,774	39,898	57,500	25,000	12,500	15,642	42,478	202,792	202,792
									Report Costs:	354
									Project Evaluation Cost:	3,250
									TOTAL FOR COMPONENT:	206,396

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
<b>Component Supervisor: Contingency Planning Officer</b>	<b>30% FTE (consultant at P3 level)</b>	EuFMD Trust Fund (MS contributions)
<b>Component Manager: Short Term Professional</b>	<b>50% FTE</b>	EuFMD Trust Fund (MS 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 5**

### **1.5- EuFMD Fund For Applied Research**

#### 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
Component Supervisor	Keith Sumption	Executive Secretary
Component manager	TBC	Secretariat
Advisors	STC, SCRPD members	-
ExCom oversight	Christianne Brusckhe	ExCom members (Netherlands)

## 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
Six monthly report to ExCom	Component manager	Written report for ExCom	ExCom, STC	Network and Training Support Officer
Technical reports	Component manager		On website	Network and Training Support Officer

## 5. Approval and implementation

Stage	Status
Workplan proposed	Executive Committee Meeting September 2015
Review of strategy with STC	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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
<b>1.5</b>	<b>Research outputs 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:

Activity	Description	Indicators	M&E	Assumptions and risks
<b>Output: 1.5.1 Produce Special Committee on research and PD reports, including Biorisk management</b>				
1.5.1.1 Meetings of Scientific and Technical Committee (STC) and Special Committee on Research and Programme Development (SCRPD)	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.	a) At least one meeting of SCRPD held each year (one meeting to be held at the EuFMD Open Session which is held every two years) b) At least two meetings (virtual or face to face) of STC held each year; c) STC and SCRPD produce reports on research priorities, and on specific issues as identified by Secretariat	STC and SCRPD reports	
<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	a) At least three calls for research proposals released (approximately 6 month intervals) and at least 20 applications received for each call.	Calls for research proposals	Assumes good number of suitable applications are received.

and grants made at each stage.

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	a) Research grants are awarded following competitive selection procedure; b) Research projects carried out according to Letter of Agreement; c) Completed project reports assessed as satisfactory by STC and SCRPD (as appropriate)	Project reports produced by institutions which are awarded grants STC & SCRPD reports	Relies upon satisfactory completion of projects by contracted partners.
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## 8. Gantt chart

1.5 Research	OUTPUT 1.5 Improved emergency management capacity for FMD in the 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
	1.5.1 Produce SCRPD reports, incl Biorisk mgt	1.5.1.1 Meetings of Scientific and Technical Committee (STC) and Special Committee on Research and Programme Development (SCRPD)																								
	1.5.2 Funded research projects	1.5.2.1 Call for research proposals released																								
		1.5.2.2 Awarding contracts																								

## 9. Budget (€) COMP. 1.5

Component 1.5 Budget Split 2 years 2015-2017 - Phase IV																		
Outputs	Activities	Salaries professional			Consultant		Travel		Contracts		Training		Equipment		Other		TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
1.5.1 Produce special committee on research and PD report, including biorisk management	1.5.1.1 Meetings	6,516			11,900		48,096		0		10,000		500		7,500		84,512	84,512
1.5.2 Outputs of funded research projects	1.5.2.1 Call for research proposals			0	400	3											241,588	
		3,258			1,200		0		0		0		0		4,458			
	5,430			13,366		10,004		208,330		0		0		0		237,130		
TOTAL FOR COMPONENT 1.5 BY BUDGET LINE:		15,204			26,466		58,100		208,330		10,000		500		7,500		326,100	326,100
																Report Costs:	437	
																Project Evaluation Cost:	2,708	
																TOTAL FOR COMPONENT:	329,245	

## **EuFMD Workplan Component 6**

### **1.6- Emergency response**

#### 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 organization.

## 2. Project team

Role	Name	Status
Component Supervisor	Keith Sumption	Executive Secretary, Secretariat
Component Manager	Keith Sumption	Executive Secretary, Secretariat
ExCom oversight	Lajos Bogнар	ExCom member (Hungary)

## 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

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

## 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:

**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**

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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
1.6	<b>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</b> 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	Reports of delivery of assistance, (mission reports, national reports on outcome).	Report to ExCom and General Session	

Activities:

Activity	Description	Indicators	M&E	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>				
<b>1.6.1.1 Emergency procurement</b>	Procurement of emergency supplies- eg diagnostic kits, PPE, vaccines etc	Emergency equipment or supplies procured that are appropriate for the nature of the emergency, and are available at the time they are required (timeline depends on nature of emergency)	Report of emergency missions and activities ExCom report	
<b>1.6.1.2 Emergency missions</b>	Expert missions	Emergency missions carried out that assist emergency management capacity at the time required (timeline depends on nature of emergency)		
<b>1.6.1.3 Field related activities</b>	In country expert mission related activities	Remote expert support provided to assist emergency management capacity at the time required (timeline depends on nature of emergency)		
<b>1.6.1.4 Experts support</b>	Remote expert support in an emergency situation	EuFMD's in house contingency plans, which include procedures in place to ensure that activities 1.6.1.1 to 1.6.1.4 can be carried out as quickly as possible, are available and updated.		
<b>1.6.1.5 Revision and regular update EuFMD of in-house contingency planning SOPs</b>	EuFMD's in house SOPs and emergency response plan kept regularly updated. Particular focus on ensuring staff availability and working with FAO colleagues to ensure procurement procedures can occur in an emergency manner.		EuFMD internal contingency plan document	



## 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 (€)

Component 1.6 Budget Split 2 years 2015-2017 - Phase IV										
Note that the activities to be carried out in an emergency will depend upon the nature of the emergency. An example of costings for emergency response activities is given here. Additional expert support will be available for emergency response from the consultants contracted to work under other components, and from the Member State contribution.										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
1.6.1 Emergency response operations co-ordinated	1.6.1.1 Emergency procurement	0	1,680	0	0	0	147,679	0	149,359	176,910
	1.6.1.2 Emergency missions	0	280	5,000	0	0	0	0	5,280	
	1.6.1.3 Field related activities	1,086	280	0	0	2,500	0	7,500	11,366	
	1.6.1.4 Expert support (remote support)	6,516	2,500	0	0	0	0	0	9,016	
	1.6.1.5 Revision and regular update of EuFMD's in house contingency plans	1,629	260	0	0	0	0	0	1,889	
TOTAL FOR COMPONENT 1.6 BY BUDGET LINE:		9,231	5,000	5,000	0	2,500	147,679	7,500	176,910	176,910
									Report Costs:	434
									Project Evaluation Cost:	7,572
									TOTAL FOR COMPONENT:	184,916

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 organizational challenges.

## **EuFMD Workplan Component 7**

### **1.7- Proficiency Testing Scheme**

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; Albania; FYROMacedonia; Bosnia; Turkey; Georgia; Switzerland; Norway; Israel	Kosovo; Montenegro; Armenia; Azerbaijan; Ukraine; Belarus Moldova; Iran; 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	Christianne Bruschke	ExCom member (Netherlands)

## 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

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
Report of activities carried out under LOA	The Pirbright Institute	Written report	Secretariat, highlights to ExCom	The Pirbright Institute

## 5. Approval and implementation

Stage	Status
Approval of outline proposal at EuFMD General Session April 2015	Completed
Approval by Executive Committee	To be done, September 2015
Discussion and implementation by Pirbright Laboratory	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 meeting

## 7. Planned Outputs, Activities Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	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):  <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: <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	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 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

Activities:

Activity	Description	Indicators	M&E	Assumptions and Risk
<b>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</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)	Letter of Agreement signed, which includes activities listed under 1.7.1.2 and 1.7.2.1	Letter of Agreement	Fluctuating Euro to GB pound exchange rates may have impact
<b>1.7.1.2 Liaison with and review of reports from the Pirbright institute</b>	Regular communication with the Pirbright Institute, receipt of full reports on completion of activities under LOA	Regular informal communication. Formal reports from the Pirbright Institute received on a yearly basis and indicate satisfactory completion of activities under 1.7.2 and 1.7.3.	Technical Report from the Pirbright 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	a) Increased number of laboratories participate in annual proficiency testing in 2015-17 compared to 2013-15. b) NRL performance compared to EU benchmark improved in 2015-17 compared to 2013-15	Technical report from Pirbright Institute	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 participation in annual reference laboratory meeting improved in 2015-17 compared to 2013-15	Technical report from Pirbright Institute	NRL's respond to invitation

## 8. Gantt chart

1.7 Prof. Testing Service	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		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 TPI																												
		1.7.1.2 Review reports from TPI																												
	1.7.2 Participation of 20 non-EuFMD member states and neighbourhood countries in annual EU reference laboratory meetings	1.7.2.1 TPI organizes participation in proficiency testing for reference laboratories (NRL) from 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																												
1.7.3 Management and participation in annual EU reference laboratory meetings	1.7.3.1. TPI organizes participation in annual EU reference laboratory meeting for the countries listed under 1.7.2.1																													

## 9. Budget (€) COMP. 1.7

Component 1.7 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR 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 Reference Laboratory	0	541	0	0	0	0	0	541	1,081
	1.7.1.2 Review of reports from the Reference Laboratory, monitoring completion of LOA	0	540	0	0	0	0	0	540	
1.7.2 Participation of 20 non-EuFMD member states and neighbourhood countries in annual EU reference laboratory meetings	1.7.2.1 Reference laboratory manages annual proficiency testing	0	0	0	29,000	0	0	0	29,000	29,000
1.7.3 Management and participation in annual EU reference laboratory meetings	1.7.3.1: Reference laboratory facilitates attendance of countries to annual reference laboratory meetings, EuFMD attendance costs	272	2,820	2,500	10,000	2,500	0	0	18,092	18,092
TOTAL FOR COMPONENT 1.7 BY BUDGET LINE:		272	3,901	2,500	39,000	2,500	0	0	48,173	48,173
									Report Costs:	88
									Project Evaluation Cost:	568
									TOTAL FOR COMPONENT	48,829

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 8**

### **1.8- Risk Analysis and Communication**

#### 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:

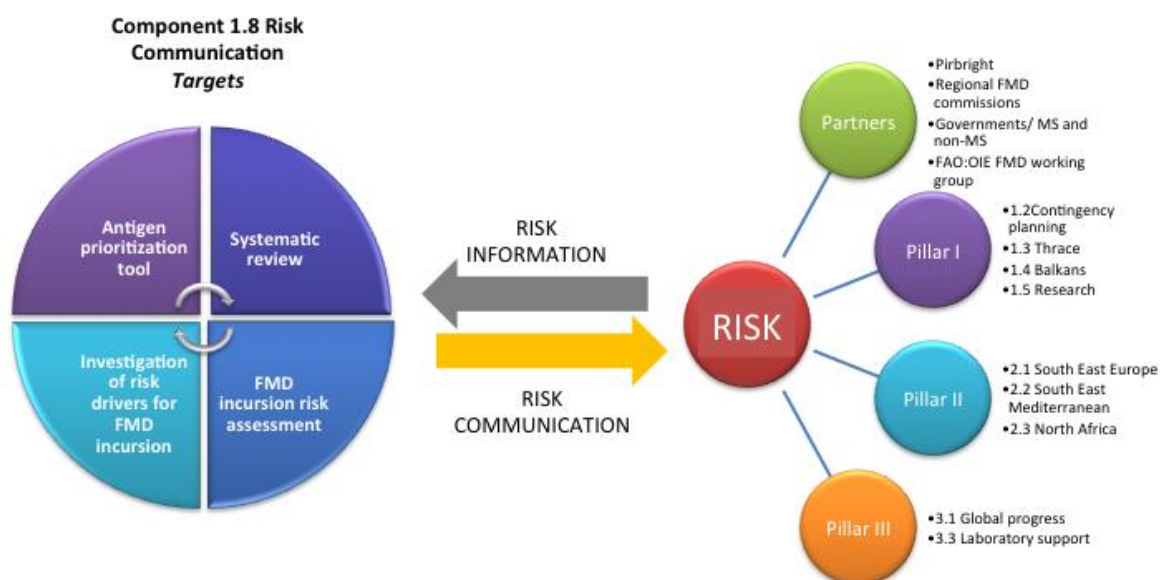
Marius Masiulis

## 1. Background

The objective of Pillar One is to improve readiness for FMD crisis management by Member 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 one of the Far East or African countries and, therefore, the region is characterized 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
Component Supervisor	Keith Sumption	Executive Secretary, Secretariat
Component manager	Marius Masiulis	Contingency Planning Officer, Secretariat
National FAO Focal Point: (Co-ordination-national level)	FAO assistant Representatives in countries of interest (TBC)	FAO Staff in national offices
FAO HQ Contact	Julio Pinto	Animal Health Officer (Animal Disease Emergencies and Early Warning)
National focal points	Naci Bulut (Turkey) TBC (other countries)	Consultant, SCRPD member
ExCom oversight	Lajos Bogнар	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

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

#### 5. Approval and implementation

Stage	Status
<b>Initial workplan proposal approved at 41<sup>st</sup> General Session</b>	Approved April 2015
<b>Detailed discussion of workplan with ExCom 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):

1.8.1. 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.

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.

1.8.3 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.

1.8.4 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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
1.8	<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>		Component managers reports to 6 monthly ExCom Sessions.	Information gathered through reports/partners is complete
	Expected results (targets):			Qualitative data is available in order to run risk assessment
	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	System used and referenced in Six monthly reports to ExCom.		
	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	Monthly Surveillance Reports.		Information to inform risk parameters is available
	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	Risk assessment for FMD incursion published and results communicated /used for re-assessment of vaccine adequacy		
	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	Pilot system established and reviewed by the STC by M24		

## Activities:

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and Risk</i>
<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 and used to assist in the prioritization for antigen selection by at least two vaccine bank managers.	Technical 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 to inform work on activities under 1.8.1.1 are identified	Technical report	
<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.	Improved monthly report available and distributed to at least 150 people.	Monthly report document	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	Monthly report information systematically reviewed.	Technical 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)	Newsletter report produced on quarterly basis and distributed to risk managers in every EuFMD Member State	Quarterly report newsletter document 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 reviewed and revised</b>	Review and revise the semi-quantitative risk assessment for FMD introduction into Europe (linked to 1.8.1.1)	a) Risk calculation tool developed in 2013-15 is reviewed and revised b) Risk calculation tool is in use by risk managers in 50% of EuFMD MS	ExCom report	Information is available on define parameters. Expert 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	Experts to assist with activities in 1.8.3.1 are identified	ExCom Rep	

**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>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 document is available, which is suitable to inform further work in this area.	Technical 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	Pilot studies carried out with data collected sufficient to allow analysis (more details of data requirements will be available following activity 1.8.4.1)	Mission reports, raw collated data	Countries agree in the implementation of pilot studies. Funds available may not allow pilot studies to take place.
<b>1.8.4.3 Pilot study data analysis</b>	Data collected in 1.8.4.2 is analyzed in order to inform future work.	Analysis of data from 1.8.4.2 is completed, with findings sufficient to inform further work in this area.	Report of prospective studies, highlights to ExCom	Technical report ExCom report

## 8. Gantt chart

1.8 Risk analysis and Communication	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 antigen bank priorities based on risk info gathered Pillar I to III 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 Information related to FMD spread dynamics in MS is collected. (linked to 1.8.1.1)																								
		1.8.3.2 Identification 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 dev. and validated for at least one driver.	1.8.4.1 Review of historical data on meat prices differential 7 FMD incidence in selected zone of Turkey, Iran, & Pakistan																								
1.8.4.2 Pilot studies																										
1.8.4.3 Pilot studies data analysis																										



## 9. Budget (€) COMP. 1.8

Component 1.8 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
1.8.1 Risk information on FMD incursion in MS is gathered to inform antigen bank	1.8.1.1 Antigen prioritization tool informed and updated	543	3,960	0	7,500	0	0	0	12,003	12,143
	1.8.1.2 Elicitation of experts	0	140	0	0	0	0	0	140	
1.8.2 Information routinely received by EuFMD is collated and analyzed in order to better inform risk managers	1.8.2.1 Monthly reports collation	3,258	4,440	0	0	0	0	0	7,698	14,476
	1.8.2.2 Quarterly systematic review	3,258	3,520	0	0	0	0	0	6,778	
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	2,172	2,940	0	0	0	0	0	5,112	6,478
	1.8.3.2 Elicitation of experts	1,086	280	0	0	0	0	0	1,366	
1.8.4 Identifying potential correlation between changes in meat prices and FMD incidence	1.8.4.1 Review of historical data on meat prices differential and FMD incidence in selected zone of Turkey, Iran, and Pakistan	2,172	2,540	0	0	0	0	0	4,712	34,831
	1.8.4.2 Pilot studies within countries and between countries are run	2,715	904	15,000	0	6,000	500	5,000	30,119	
TOTAL FOR COMPONENT 1.8 BY BUDGET LINE		15,204	18,724	15,000	7,500	6,000	500	5,000	67,928	67,928
									Report Costs:	283
									Project Evaluation Cost:	279
									TOTAL FOR COMPONENT:	68,490

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 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
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		

## **PILLAR II**

## **EuFMD Workplan Component 9**

### **Component 2.1- South-East Europe**

#### 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 99 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 (e.g. circulating virus strains) reduce the risk of an incursion into areas currently FMD-free.

## 2. Project team

Role	Name	Status
<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 Sub regional animal health focal points (Co-ordination – Central Asia, Eastern Europe))</b>	A Mehraban (Turkey/Central Asia) A Rozstalnyy (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)	GDPC NFA 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; J.Angot, U.Herzog	ExCom member (Turkey; France; Austria)

### 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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	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	PCP progress (Azerbaijan and Armenia to confirm and Georgia to maintain Stage 2, progress to Stage 3) PCP progress in Turkey M&E (M&S) systems established in Turkey and Georgia, ARM and AZB	West Eurasia Roadmaps report Monthly Reports (EuFMD) ExCom report	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.	Progression along PCP (within and between Stages) in W. Eurasian countries	Monthly Reports (EuFMD) ExCom report PCP assessment and West Eurasia Roadmaps report	Risk of limited commitment and lack of time to be develop expertise, share information and manage control programs by the members involved

**Activities:**

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and risks</i>
<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	a) RBSP of Azerbaijan and Armenia submitted to and accepted by GF-TADS working group. b) Armenia and Azerbaijan confirmed at stage 2 of PCP c) RBSP Georgia updated if required	RBSP documents for Armenia, Azerbaijan and Georgia GF-TADS regional roadmap reports 6 Monthly ExCom Rep	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>	At least 3 workshops, each involving at least 2 experts from each of the 3 countries. 80% of learning objectives of each workshop are met, and as a result, RBSP are effectively implemented in all three countries.	Mission reports of workshop facilitators 6 Monthly ExCom Reports	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 technical support for national epi-network in Turkey</b>	Assist with <u>implementation</u> of monitoring of RBSP and technical support for national epi-network in Turkey <p>Training in epidemiology developed and delivered</p> <p>Work with GDFC to develop structure and TOR for national epidemiology network</p> <p>Work with GDFC to develop system for ongoing professional development for epi network (in conjunction with component 2.4)</p>	National training programme in practical epidemiology: 4 workshops involving at least 15 national staff. Members. Training manuals and e-learning materials available in Turkish and English. Completion of final test with 75% pass rate. M&E of training courses indicates at least 80% of learning objectives met.	Mission reports of trainers M&E reports of training courses 6 Monthly ExCom Rep	Risk of lack of commitment of GDFC Lack of commitment by selected trainees Necessity for training material translation

<b>2.1.1.4 Assist component 1.8</b>	Assist component 1.8 in meat price monitoring system (Turkey and neighbouring countries)	Routine collection and submission of meat price data from 8 regional centres; component 1.8 will analyze and report implications for risk	Outputs and reports generated by component 1.8 6 Monthly ExCom Rep	-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 info exchange between risk managers in the West Eurasia Roadmap countries</b>	West Eurasia online network support (online meetings and discussion forum) Development and implementation of FMD database Support of West Eurasia Roadmaps (2016, 2017)	Webinars series of at least 16 webinars, for Russian and English networks, each with at least 40 participants from minimum 5 countries in region. Regional network and accompanying section of EuFMD e-Learning website established and in use (at least 100 registered users from 10 countries in region) Annual Roadmap meetings under GF-TADS, support for 5 countries to participate (2 per country) plus 5 international experts.	Mission	Risk of limited commitment and lack of time to be dedicated to the network by the members involved
<b>2.1.2.2. Development of regional expertise in epidemiology and laboratory disciplines</b>	Online courses offered* Webinars (according to specific network requests and in collaboration with component 2.4)	Russian language online training courses delivered (2 courses, at least 50 participants from 10 regional countries. 75% of enrolled complete the course and final tests).	6 Monthly ExCom Rep	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

## 8. Gantt chart

2.1 South East Europe	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 dev. 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																								
	2.1.2.1	Support better information exchange between risk managers in the West Eurasia Roadmap countries																								
2.1.2 Regional Capacity to manage the FMD risks is improved through dev. 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	2.1.2.2	Dev. of regional expertise in epidemiology and laboratory disciplines																								

## 9. Budget (€) COMP. 2.1

\*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.

Component 2.1 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
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	2.1.1.1 Assist with development of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia	0	4,100	0	0	0	0	0	4,100	239,986
	2.1.1.2 Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan	5,430	35,940	35,420	0	42,586	11,500	5,523	136,399	
	2.1.1.3 Assist with implementation of monitoring of RBSP and technical support for national epi-network in Turkey	5,430	55,876	19,380	0	9,000	0	4,800	94,486	
	2.1.1.4 Assist component 1.8 in meat price monitoring system	0	5,000	0	0	0	0	0	5,000	
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 by better information exchange between risk	2.1.2.1 Support better information exchange between risk managers in the West Eurasia Roadmap countries	4,887	46,433	22,700	35,000	9,000	0	0	118,020	140,799
	2.1.2.2 Development of regional expertise in epidemiology and laboratory disciplines	4,344	18,435	0	0	0	0	0	22,779	
TOTAL FOR COMPONENT 2.1 BY BUDGET LINE:		20,091	165,785	77,500	35,000	60,586	11,500	10,323	380,785	380,785
								Report Costs:	356	
								Project Evaluation Cost:	2,428	
								TOTAL FOR COMPONENT:	383,569	

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>10% FTE (P5)</b>	EuFMD Trust Fund (MS contributions)
<b>Executive Secretary</b>			

## **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 10**

### **2.2- South East Mediterranean**

#### 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 M&E 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 M&E. 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>	Jean-Luc Angot	Executive Committee (France)

## 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

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 Officer
<b>Workshop reports</b>	Lead trainer and component manager	Written report/Webinar	National points, focal 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 points, focal Excom oversight points	Network and Training Officer

## 5. Approval and implementation

Stage	Status
<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 Activities Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
2.1	<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
	2.2.1 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.
	2.2.2 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)	
	2.2.3 Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon;	Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries	Monthly Reports (EuFMD)	
	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			

Activities:

Objective/Activity	Description	Indicators	M&E	Assumptions and risks
<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	a) 2 "Training of Trainers" courses delivered for 10 participants per course b) 1 "Advanced Outbreak Investigation" course, 15 participants per course c) 1 "local response in case of FMD outbreak" course, 10 participants per course	Trainer's mission reports	
2.2.1.1b	Training on advanced outbreak investigation	For all the above courses: -80% of learning objectives achieved -training manual and Standard Operating Procedures developed for national application -materials for national cascade of training developed and used to train farmers and local veterinary staff in at least 4 regions	M&E reports of training courses	
2.2.1.1c	Training on local response in case of FMD outbreak		6 Monthly ExCom Report	
2.2.1.2	Establishing M&E mechanism at GOVS	M&E Unit staff (5 persons) are trained which result in the production of monthly reports on the FMD situation in Egypt. Monthly reports circulated to EuFMD Executive Committee, neighbouring states and other appropriate	Trainer's mission reports Monthly reports produced by M&E	

		parties.	unit 6 Monthly ExCom Report
2.2.1.3	Vaccine quality audit	Assessment mission of 2 experts to 3 vaccine producers conducted, report written and reviewed by Government	Written report of vaccine quality audit 6 Monthly ExCom Report
2.2.1.4	Regional technical meeting	One workshop with at least two participants from each of 5 neighbouring countries of Egypt on FMD risks to national programmes (3 days, 10 participants)	Technical Report of meeting 6 Monthly ExCom Report
2.2.1.5	Support to Animal Health Research Institute	Two missions of one lab expert for 5 days, SOPs written and data management system report	Mission report of expert 6 Monthly ExCom Report
<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	a) Two missions to assist national veterinary staff in developing RBSP conducted b) RBSP completed and progress assessed during regional roadmap meeting	6 monthly ExCom report
2.2.2.2	Establishing M&E mechanism on implementation and impact of RBSP	Monthly reporting by M&E unit meetings - quality target met by month 15	Technical report
2.2.2.3	Support to Central Veterinary Laboratory Al Aroub and to Polytechnic University Hebron	At least one training mission completed which results in operational serological and virological diagnostic methods (ELISA and PCR based)	Training mission report 6 Monthly ExCom Rep
2.2.2.4	Workshops on RBS and risk-based vaccination	At least one workshop held for 15 national participants. Workshop(s) result in the development of a risk based vaccination strategy.	6 monthly ExCom report
2.2.2.5	Steering committee convened and regular meetings held	Steering committee meets every 6 months at time of international mission. Recommendations and actions of meeting agreed by Palestine and Israel.	Mission report Steering committee meeting minutes
<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	Technical preparation work to assess extent of compliance with PCP norms and priority areas for capacity building, leading to a report detailing priority areas for assistance.	6 monthly ExCom report PCP self-assessment reports
2.2.3.2	Provision of training and support	Specific missions (4) with local workshop (3 days) to focus on chapters of the RBSP that are priorities	Mission Reports and submission GF-TADS Roadmap meeting
<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</b>			

**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**

<b>2.2.4.1</b>	Implementation of a laboratory and epidemiology–network between countries	Online meetings in Arabic and english with 4 per country and 6 participating countries. 6 webinars minimum and associated knowledge base established (online)	Webinar recordings EuFMD e-Learning usage statistics 6 Monthly ExCom Report	Identification of active focal points in each country Capacity to adapt trainings to different languages
<b>2.2.4.2</b>	Sample submission from countries in this region supported	Three sample shipments to EU-CRL achieved, at least 3 countries and 10 FMDV samples in each	Meeting	
<b>2.2.4.3</b>	Information on disease risk collated and communicated to risk managers in this region	Epi-Network assist component 1.8 (online meeting) with review of FMDV circulation report (each 3 months)	6 monthly ExCom report	

## 8. Gantt chart

2.2 South East Mediterranean	OUTPUT 2.2 SEM 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		
	2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon	2.2.1.1a) Training of Trainers (TOT) on outbreak investigation and follow-up of TOT																										
		2.2.1.1b) Training on advanced outbreak investigation																										
		2.2.1.1c) Training on local response in case of FMD outbreak (Note this activity is dependent on contribution to funding provided by Lawrence Livermore National Laboratory, USA)																										
		2.2.1.2 Estab.M&E mechanism at GOVS																										
		2.2.1.3 Vaccine quality audit (Note this activity is dependent on contrib, to funding prov. by LLNL)																										
		2.2.1.4 Regional technical meeting (Note this activity is dependent on contrib. to funding prov. by LLNL)																										
		2.2.1.5 Support to Animal Health Research Institute (Note this activity is dependent on contribution to funding provided by LLNL)																										
	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	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																												
2.2.3 Risk-based Strategy Plans dev. and PCP-FMD progress achieved in Jordan and Lebanon	2.2.3.1 Needs assessment prior to missions																											
	2.2.3.2 Provision of training and support																											
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	2.2.4.1 Implementation of a lab& epi –network																											
	2.2.4.2 Sample submission from regions posing risk to Israel supported																											
	2.2.4.3 Information on disease risk collated and communicated to risk managers in this region																											

## 9. Budget (€) COMP. 2.2

Component 2.2 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
2.2.1 Risk Based Strategic Plans adopted, implemented and monitored in Egypt	2.2.1.1a TOT Training on outbreak investigation and follow-up of TOT training (*complementary funding by LLNL not shown)	0	700	2,000	0	1,800	1,000	200	5,700	48,900
	2.2.1.1.b Training on advanced outbreak investigation(*complementary funding by LLNL not shown)	0	700	2,000	0	1,800	1,000	200	5,700	
	2.2.1.1c Training on local response in the case of an FMD outbreak (*complementary funding by LLNL not shown)	0	700	2,000	0	1,800	1,000	200	5,700	
	2.2.1.2 Establishing monitoring and evaluation mechanism at GOVS (*complementary funding by LLNL not shown)	0	700	0	0	0	0	0	700	
	2.2.1.3 Vaccine quality audit (*complementary funding by LLNL not shown)	0	700	5,920	0	0	0	0	6,620	
	2.2.1.4 Regional technical meeting (*complementary funding by LLNL not shown)	0	2,800	9,000	0	0	0	6,760	18,560	
	2.2.1.5 Support to Animal Health Research Institute (*complementary funding by LLNL not shown)	0	700	5,220	0	0	0	0	5,920	
2.2.2. Risk-based Strategic Plans (RBSP) adopted, implemented and monitored in Palestine and Israel	2.2.2.1 Finalization of risk-based strategy plan in Palestine	0	6,300	5,920	0	0	0	500	12,720	51,428
	2.2.2.2 Establishing monitoring and evaluation mechanism on implementation and impact of RBSP	0	4,150	2,400	0	0	0	1,500	8,050	
	2.2.2.3 Support to Central Veterinary Laboratory Al Aroub and to Polytechnic University Hebron	0	6,100	4,800	0	0	2,000	0	12,900	
	2.2.2.4 Workshop on RBS and risk-based vaccination	3,258	7,500	4,800	0	0	0	1,000	16,558	
	2.2.2.5 Steering committee meetings convened	0	1,200	0	0	0	0	0	1,200	
2.2.3. Risk-based Strategic 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	0	5,360	6,360	0	0	0	0	11,720	57,040
	2.2.3.2 Provision of training and support (exact training and support delivered to depend on needs assessment- course development costs under 2.4)	3,258	11,680	7,080	0	14,250	3,052	6,000	45,320	
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 (webinars, online training materials)	3,258	8,192	4,800	10,000	0	0	2,000	28,250	46,982
	2.2.4.2 Sample submission from countries in this region supported	0	0	0	0	0	0	4,677	4,677	
	2.2.4.3 Information on disease risk collated and communicated to risk managers in this region	2715	4,140	7,200	0	0	0	0	14,055	
TOTAL FOR COMPONENT 2.2 BY BUDGET LINE:		12,489	61,622	69,500	10,000	19,650	8,052	23,037	204,350	204,350
								Report Costs:	256	
								Project Evaluation Cost:	1718	
								TOTAL FOR COMPONENT:	206,324	

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
Funding from US-DOS for training activities in Egypt (contributes to activities under 2.2.1.1)	Total value of funding: \$158,575	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 11**

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

#### 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	Executive Committee (France)

## 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 six 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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	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:**

<i>Level</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and risks</i>
<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	At least one workshop conducted, supported by online training resources. Workshop involves at least 10 participants. At least 80% of learning objectives fully achieved. Training workshop leads to RBSP developed for GFTADS submission.	Mission report of trainers; M&E report of training; RBSP document for Mauritania; 6 Monthly ExCom Report	Presence of national commitment
	2.3.1.2 Socio-economic study on FMD	Report of socio-economic study written.	Socio-economic study report	Presence of national commitment
	2.3.1.3 Support FMD serosurveillance and outbreak investigations	Samples collected and tested, report written. Exact number of samples to be collected to be determined in work to establish RBSP (2.3.1.1)	6 Monthly ExCom Rep	Presence of national commitment
	2.3.1.4 Support laboratory diagnosis	Sufficient number of diagnostic kits to enable activities under 2.3.1.3 procured and delivered.	6 Monthly ExCom Rep	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	At least one e-learning courses delivered in English/Arabic for at least 20 taskforce members in Libya. At least 75% of participants pass final test of course.	Online Webinar recording	Presence of national commitment
	2.3.1.6 Support laboratory diagnosis	3 shipments of diagnostic test kits delivered and laboratory participates in Proficiency Testing Scheme	Delivery follow up	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	At least one workshop conducted for at least 10 participants from Algeria, Tunisia and Morocco, supported by e-learning resources and online meetings for same persons. Training evaluation indicates 80% of learning objectives have been met	Mission report of workshop trainers M&E report of training 6 monthly ExCom Report	VS willing to collaborate for risk assessment Sampling funded by national authorities
	2.3.1.8 Support laboratory diagnosis	Diagnostic kits supplied to the National Reference Laboratories in countries participating in the risk based	Delivery follow up	Collaboration for customs clearance of equipment delivered

	2.3.1.9 Support emergency preparedness planning and test emergency response	surveillance programme At least one online course for contingency plan improvement and simulation exercises development, implementation and verification delivered(3 countries, 30 per country )	6 Monthly ExCom Reports	VS commitment to develop & test contingency plans
<b>2.3.2 Co-ordination framework and regional strategy</b>				
<b>Coordination framework</b>	2.3.2.1 Support coordination activities	REMESA At least one EuFMD expert attends each REMESA JPC meetings	Mission report of EuFMD expert 6 Monthly ExCom Rep	Clear objectives identified
	2.3.2.2 Implementation of epi-network between countries and development of a training credit system (TCS)	At least 8 webinars and online meetings are managed and organized	Webinar reports EuFMD e-learning website usage data 6 Monthly ExCom Report	Identification of active focal points in each country Capacity to adapt trainings to different languages
<b>Regional control strategy</b>	2.3.2.3 Assistance and support to develop a regional control strategy, including cost-benefit analysis of control policy	Technical consultations and time (in co-ordination with FAO and OIE) leads to development of regional control strategy including cost benefit options.	6 Monthly ExCom Report	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	a) Technical consultations and expert time leads to a design of a surveillance system for common agreement of countries in at least one high risk border (for instance Libya/Tunisia). b) Sufficient diagnostic kits are supplied to enable active surveillance in the identified border region.	Technical Report Laboratory reports of surveillance activities 6 Monthly ExCom Reports	High level VS representation and commitment
<b>2.3.3 Risk Information</b>				
<b>Risk information</b>	2.3.3.1 Support implementation of regional laboratory network in Maghreb and Western Sahel countries	The activities here to be designed with REMESA JPC and laboratory network. The activities will lead to regular information flow of FMDv circulation to risk managers.	6 Monthly ExCom Report	Coordination with RESOLAB-FMD (availability of funds)
<b>Vaccine bank</b>	2.3.3.2 Support the development of regional vaccine bank	Technical training for focal points on the EuFMD vaccine prioritization tool and on emergency vaccination (2 online meetings)	6 Monthly ExCom Report	Clear identification of roles and responsibilities
	2.3.3.3 Support with tools to design, implement, assess the vaccination programmes	Development of training manual on monitoring and auditing vaccination programmes	6 Monthly ExCom Report	VS willing to test and use the tools developed

## 8. Gantt chart

2.3 Support to REMESA  Notes on the timetable: REMESA JPC will meet every 6 months; workplan timetable may be adjusted following these.	OUTPUT 2.3 Remesa: Assist national FMD risk management as part of the REMESA action plan		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	
	2.3.1 Progress to dev., 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	2.3.1.1 Training to assist nat staff to complete RBSP in Mauritania																									
		2.3.1.2 Socio-eco study on FMD in Mauritania																									
		2.3.1.3 Support field FMD serosurveillance & outbreak investigations in Mauritania																									
		2.3.1.4 Support lab diagnosis in Mauritania																									
		2.3.1.5 Assistance on training (e-learning, webinar) for nat. taskforce members in Libya																									
		2.3.1.6 Support laboratory diagnosis in Libya																									
		2.2.1.7Implementation of trainings and workshops to promote risk based surveillance and early detection control prog. In Algeria, Tunisia and Morocco																									
		2.2.1.8Support laboratory diagnosis in Algeria, Tunisa, Morocco																									
2.3.1.9 Support emergency preparedness & test emergency response in Algeria, Tunisia & Morocco																											
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 sanitary barriers between countries or zones with different FMD situations	2.3.2.1Support REMESA coordination activities																										
	2.3.2.2Implementation of epi-network between countries and dev. of a training credit system																										
	2.3.2.3 Assistance and support the dev of a regional control strategy																										
	2.3.2.4Design surveillance system to be implemented in high risk areas and support with models and diagnostic kits the active surveillance																										
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	2.3.3.1 Support implementation of regional laboratory network in Maghreb and Western Sahel countries																										
	2.3.3.2 Support the dev. of reg vaccine bank																										
	2.3.3.3 Support the vaccination programmes with tools for designing, implementing, assessing.																										



## 9. Budget (€) COMP. 2.3

Component 2.3 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	General Operating Expenditures	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
2.3.1 Progress to develop, adopt and implement RBSP in Libya nd Mauritania and capacity to maintain PCP stage 4 in Morocco, Tunisia and Algeria	2.3.1.1 Training using PEPc to assist national staff to complete RBSP (MAU)	1,629	5,703	5,000	5,000	4,000	0	0	21,332	135,726
	2.3.1.2 Socio economic study on FMD (MAU)	0	700	3,000	4,000	0	0	0	7,700	
	2.3.1.3 Support field FMD serosurveillance and outbreak investigation (MAU)	0	3,603	0	0	0	0	0	3,603	
	2.3.1.4 Support laboratory diagnosis (MAU)	0	700	0	0	0	4,000	0	4,700	
	2.3.1.5 Assistance on training for national taskforce members (LIB)	1,086	3,803	3,000	0	2,000	0	0	9,889	
	2.3.1.6 Support laboratory diagnosis (LIB)	0	840	0	0	0	7,000	0	7,840	
	2.3.1.7 Implementation of trainings and workshops to promote risk based surveillance and early detection control programmes (TUN, ALG. MAR)	1,629	11,083	15,000	0	8,000	0	0	35,712	
	2.3.1.8 Support laboratory diagnosis (TUN, ALG. MAR)	0	1,120	0	0	0	20,000	0	21,120	
	2.3.1.9 Support emergency preparedness and test emergency response (TUN, ALG. MAR)	1,629	7,363	9,000	0	3,000	2,400	438	23,830	
2.3.2 Coordination framework in place to facilitate communication . Establishment of surveillance measures	2.3.2.1 Support REMESA coordination activities	0	1,400	3,000	0	0	0	0	4,400	57,330
	2.3.2.2 Implementation of epi-network between countries and development of a training credit system	0	5,783	2,500	0	8,000	0	0	16,283	
	2.3.2.3 Assist and support the development of a regional control strategy, including cost benefit analyss of control policy	2,172	5,783	7,000	0	0	0	0	14,955	
	2.3.2.4 Design surveillance system to be implemented in high risk areas and support with models and diagnostic kits the active surveillance	1,629	5,063	7,000	0	0	8,000	0	21,692	
2.3.3 System to provide disease risk information to support manager in REMESA	2.3.3.1 Support the implementation of regional laboratory network in Maghreb and Western Sahel countries	1,629	5,083	10,000	0	7,711	0	0	24,423	38,017
	2.3.3.2 Support the development of a regional vaccine bank	1,629	5,803	0	0	0	0	0	7,432	
	2.3.3.3 Support vaccination strategy with tools for design, implememnt, assess vaccination programmes	2,172	3,990	0	0	0	0	0	6,162	
TOTAL FOR COMPONENT BY BUDGET LINE		15,204	67,820	64,500	9,000	32,711	41,400	438	231,073	231,073
									Report Costs:	225
									Project Evaluation Cost:	1,920
									TOTAL FOR COMPONENT	233,218

## **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 12**

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

**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.

Recognizing 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 recognized 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 M&E 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

Role	Name	Status
Component Supervisor	Jenny Maud	Training Programmes Manager- Secretariat
Component Manager	Chris Bartels	Consultant
Network and training support	Nadia Rumich	Network & Training
Co-ordination with components 2.1, 2.2 2.3	Pillar II component managers	Secretariat
ExCom oversight	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 M&E of training materials and courses developed.

## 4. Reporting of activities

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
Report on results of M&E of training courses	Component manager	Written report	Executive, summary to ExCom, STC	Component manager
Report on usage statistics of e-learning website	Component manager and Royal Veterinary College	Written report	Executive, summary to ExCom, STC	Component manager
Annual Report for General Session	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 M&E 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 Logical framework for component

### Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
2.4	<p><b>Improved National and Regional capacity for management of FMD through development and evaluation of training programmes for national staff</b></p> <p><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</p> <p><b>2.4.2:</b> To have established a method for M&amp;E of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries</p> <p><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)</p>	<p>New course content developed and delivered covering PCP Stages 1-3, by M12 and evaluated by M24.</p> <p>M&amp;E system provides reports by M24.</p> <p>Evidence of Cascade of FMD training at national level, in 10 of 15 countries (East Europe, REMESA) in EU neighbourhood by M36.</p>	Component manager's reports to 6 monthly ExCom Sessions.	

### Activities:

Activity	Description	Indicators	M&E	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 developed, and component managers supported in its use.</b>	A method of assessing each country's training needs is developed. This will be a participatory approach, involving a number of stakeholders in each country. The needs assessments will be administered by the 2.1, 2.2 & 2.3 comp. managers.	Needs assessment framework document developed	Needs assessment document	Need to identify stakeholders in each country 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.	Training stakeholders identified in each beneficiary country and report on training needs received by 2.4 comp. manager	Technical report 6 Monthly ExCom rep	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.	Document summarizing relevant training resources currently available in target regions is produced	Technical report 6 Monthly ExCom rep.	

<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.	Detailed plan for training development for 2015-17 is produced.	Technical report 6 Monthly 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.	(NB: exact nature of courses to be developed is dependent on results of needs assessment). New training courses (e-learning or face to face) are developed and available for use by pillar II components.	6 Monthly ExCom Report	
<b>2.4.1.6 Support to training delivery</b>	The developed courses are delivered, with delivery costs covered by beneficiary components.	a) Training courses delivered to at least 10 countries in European neighbourhood (exact nature of courses dependent on needs assessment; b) Courses delivered to a further at least 10 countries; (funding for this activity comes from components 2.1, 2.2, 2.3)	6 Monthly 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	Structure for delivery costs of training in use and enabling efficient training resource allocation under pillar II	6 Monthly ExCom Report	
<b>2.4.2: To have established audiences/beneficiaries</b>	<b>a method for M&amp;E of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target</b>			
<b>2.4.2.1 Development of M&amp;E 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.	Framework for effective M&E of training courses is available. Framework allows verification that learning objectives of training courses have been met, and also that training has had an impact on FMD control capacity in the target countries.	Mission	
<b>2.4.2.2 M&amp;E of training</b>	Training courses are evaluated, and where necessary adapted following evaluation. Successful evaluation of training may lead to certification or academic accreditation.	Training courses are evaluated, with evidence that at least 80% of learning objectives were met or exceeded, and a positive impact on FMD control achieved	6 Monthly ExCom Report	
<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>				
<b>2.4.3.1 Training materials and resources are designed to be readily translated and adaptable</b>				
Training courses developed under component 2.4 are suitable for use of the global community				
<b>6 Monthly ExCom Report</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.				
<b>*Full details of training courses to be developed will be established following needs assessment, however the following principles will be applied:</b>				



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

OUTPUT 2.4 National and Regional Capacity for the Management of FMD through dev. and evaluation of training programmes for national staff		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
2.4.1 To have dev. 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	2.4.1.1 Design needs assessment framework																								
	2.4.1.2 Pillar II comp. managers conduct needs assessment																								
	2.4.1.3 Research existing training resources availb.																								
	2.4.1.4 Plan for training courses and resources to be dev. is completed																								
	2.4.1.5 Dev. of training courses and resources																								
	2.4.1.6 Support delivery of training courses & resources (funded by comps 2.1, 2.2 and 2.3)																								
	2.4.1.7 Clear structure for delivery costs of training courses set up																								
2.4.2 To have established a method for M&E of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries	2.4.2.1 Framework for M&E of training set up (in co-ordination with other training comp)																								
	2.4.2.2 M&E of training occurs																								
	2.4.2.3 Courses adapted as necessary following results of M&E																								
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 III uptake/GF-TADs)	2.4.3.1 Training materials and resources are designed to be readily translated and adaptable																								

## 9. Budget (€) COMP.2.4

Component 2.4 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
2.4.1 Development of training materials	2.4.1.1: Design needs assessment framework	0	1,470	0	0	0	0	0	1,470	151,056
	2.4.1.2 Pillar II component managers conduct needs assessment	0	1,470	0	0	0	0	0	1,470	
	2.4.1.3 Research existing training courses available	0	1,470	0	0	0	0	0	1,470	
	2.4.1.4 Plan for training courses and resources to be developed	0	935	0	0	0	0	0	935	
	2.4.1.5 Development of training courses and resources ( <u>note exact details of these activities will depend on needs assessment conducted under 2.2.1.1</u> )	2,715	33,467	10,200	37,500	0	0	10,000	93,882	
	2.4.1.6 Support delivery of training courses and resources ( <u>note exact details of these activities will depend on needs assessment conducted under 2.2.1.1</u> )	0	18,280	19,800	0	13,000	0	0	51,080	
	2.4.1.7 Clear structure for delivery costs of training courses set up	0	749	0	0	0	0	0	749	
2.4.2 Monitoring and evaluation of training	2.4.2.1 Develop monitoring and assessment framework	0	1,116	0	0	0	0	0	1,116	13,176
	2.4.2.2 Monitoring and evaluation of training courses	0	4,280	0	0	0	0	0	4,280	
	2.4.2.3 Courses adapted following monitoring and evaluation	0	7,780	0	0	0	0	0	7,780	
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	0
TOTAL FOR COMPONENT 2.4 BY BUDGET LINE		2,715	71,017	30,000	37,500	13,000	0	10,000	164,232	164,232
									Report Costs:	188
									Project Evaluation Cost:	268
									TOTAL FOR COMPONENT:	164,688

**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>Training</b>	25% FTE (P3 equivalent consultant)	EuFMD Trust Fund (MS contributions)
<b>Programmes Manager</b>				
<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			20% EuFMD Trust Fund, 80% 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 13**

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

#### Component Objective:

Improved system for M&E 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>	Gediminas Pridotkas	Executive Committee (Lithuania)

## 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 Officer and Training
<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 Officer and Training

## 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 M&E 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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
3.1	<b>Improved system for M&amp;E of the progress of regional programmes on FMD control</b>	Six monthly report uses relevant indicators for control programme (PCP Stage and use of Pis for control programmes)	GfTADS Steering Report	Global Committee
	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:**

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and risks</i>
<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	6 Monthly ExCom	
<b>3.1.1.2</b>	Support authoring/collation of reports for FAO/OIE FMD Group	Drafts of global reports are shared with partners. A global report on the FMD situation is reviewed and submitted for clearance by the FAO/OIE FMD WG annually	Global report on FMD situation; Technical Report	
<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	a) Website on global PCP-FMD situation developed. b) Website usage statistics indicate page accessed by at least 400 individual users	Website usage statistics; 6 Monthly ExCom report	
<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	EuFMD experts contribute expertise that leads to the training of 12-15 experts, nominated by FAO and OIE. At least 80% of learning objectives of training course are met or exceeded	Mission report of expert trainers; M&E reports of training; 6 monthly ExCom report	
<b>3.1.3.2</b>	Collaborate with FAO and OIE to support two or three expert team missions each year in assisting countries	At least three EuFMD experts participate in team missions by October 2017	Mission report of EuFMD Expert 6 monthly ExCom	



## 8. Gantt chart

3.1 Support to Global Progress monitoring	OUTPUT 3. Improved system for M&E 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 International Progress Monitoring system functioning effectively	3.1.1.1 Information gathering																								
		3.1.1.2 Support authoring/collation of reports for FAO/OIE FMD Group																								
	3.1.2 International progress monitoring system functioning correctly	3.1.2.1 Dev webpage/site with PCP-FMD stages per country, based on assessment results of most recent reg. 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 (€) COMP. 3.1

Component 3.1 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
3.1.1 FAO/OIE Working group enabled to produce annual Global FMD Report	3.1.1.1 Information gathering	0	4,775	0	0	0	0	0	4,775	10,918
	3.1.1.2 Support authoring/collation of reports for FAO/OIE FMD Group	0	3,000	0	0	0	0	0	3,000	
	3.1.1.3 Reporting	543	2,600	0	0	0	0	0	3,143	
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	543	10,690	0	0	0	0	0	11,233	11,233
3.1.3 Technical support 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	543	12,934	6,510	0	0	0	0	19,987	51,996
	3.1.3.2 Collaborate with FAO and OIE to support two or three expert team missions each year in assisting countries	543	12,480	18,985	0	0	0	0	32,008	
TOTAL FOR COMPONENT 3.1 BY BUDGET LINE		2,172	46,479	25,495	0	0	0	0	74,146	74,146
									Report Costs:	151
									Project Evaluation Cost:	1,332
									TOTAL FOR COMPONENT:	75,629

**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>Executive</b>	5% FTE (P5)	EuFMD Trust Fund (MS contributions)
<b>Secretary</b>				

## ***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 14**

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

#### Component 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

Role	Name	Status
Component Supervisor	Keith Sumption	Executive Secretary, Secretariat
Component manager	Chris Bartels	EuFMD consultant
GFTADS-FMD WG	Samia Metwally	FAO
	Laure Vintzel-Weber	OIE
ExCom oversight	JeanLuc Angot	Executive Committee (France)

## 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.

**The directly involved beneficiaries of this component are** 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

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
Mission reports	Mission leader	Written report	Executive, summary to ExCom, STC	Component manager
M&E reports of training conducted	Component manager	Written report	Executive, summary to ExCom, STC	Component manager
Report for General Session	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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
3.2	<p><b>Improved capacity, methods and guidelines application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD</b></p> <p><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</p> <p><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</p> <p><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.</p>	<p># updated and approved guiding docs</p> <p># international PCP-FMD trainers</p> <p># of experts using PCP-FMD tools and international network</p> <p># regional roadmap meetings supported</p>	<p>GfTADS Global Steering Committee report plus for Europe the General Sessions (2017, 2019)</p>	<p>Functioning of the FAO/OIE Working Group</p>

**Activities:**

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and risks</i>
<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	PCP-FMD guidelines are revised by a process of internal revision, followed by peer-review. At least one updated version of the PCP-FMD guidelines is published	Updated PCP-FMD guidelines. 6 Monthly ExCom Report	
<b>3.2.1.2</b>	3.2.1.2 Support to developing guidelines on socio-economic impact assessment of FMD	EuFMD expert contribution to guidelines on socio-economic impact submitted for review to collaborators.	Socio-economic impact guidelines 6 Monthly ExCom Report	
<b>3.2.1.3</b>	Development of additional guidelines relevant for PCP-FMD stages 0 – 3 (conducting sero-surveys, value-chain analysis, risk assessment, stakeholder consultation	One set of guidelines written and submitted for review every nine months	Technical 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	a) Training needs assessment carried out under component 2.4 adapted and used to assess global need for training of PCP experts b) Report summarizing training needs of PCP-FMD experts produced	6 Monthly ExCom Report	
<b>3.2.2.2.</b>	Explore financial resources for training PCP-FMD experts	Additional funding from outside organizations supports sustainable delivery of training for PCP-FMD experts	6 Monthly ExCom Report	
<b>3.2.2.3</b>	Conducting PCP-FMD training for experts in one region of Asia and Africa each	One online training course, supported by two regional workshops are held to train a total of at least 30 PCP-FMD experts. M&E of training indicates at least 80% of learning objectives met or exceeded.	Trainer mission report; Report of M&E of training; 6 Monthly ExCom Report	
<b>3.2.2.4</b>	Support and maintain a network of PCP-FMD experts	At least five webinars are held for PCP-FMD expert community supported by an online discussion forum in which at least one discussion point is raised each month. At least 80% of experts trained under 3.2.2.3 attend webinars.	Webinar recordings EuFMD e-Learning usage statistics; 6 Monthly ExCom Report	

<b>3.2.2.5</b>	Explore ways to certify PCP-FMD experts	Report indicating possible process and financial cost of course accreditation is produced and enables a decision on accreditation of courses to be made	Accreditation feasibility report 6 Monthly 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 practitioner's community (component 3.4).	Experts trained under 3.2.2.3 actively involved in webinars and network activities provided under pillar II and III activities.	Webinar recordings and EuFMD e-learning usage statistics	
<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	At least one EuFMD expert attends MENA regional roadmap meeting planned by FAO/OIE FMD WG	Mission report of EuFMD expert; Roadmap meeting reports; 6 monthly ExCom report	
<b>3.2.3.2</b>	Support to follow-up on outcomes and actions agreed during the regional roadmap meetings	EuFMD expert supports follow-up actions for West Eurasian roadmap meeting (under EuFMD's mandate); Follow-up actions for other roadmap meeting and under EuFMD's mandate followed up	6 monthly 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 materials and procedures finalized and submitted to FAO/OIE FMD WG	Technical Report and 6 Monthly ExCom Report	



## 8. Gantt chart

3.2 Methods and guidelines for application of PCP-FMD	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 dev. for PCP-FMD user community, incl norms set, guiding documents dev. for joint FAO/OIE application	3.2.1.1 Revision of general PCP-FMD guidelines																								
		3.2.1.2 Support to dev. guidelines on socio-economic impact assessment of FMD																								
		3.2.1.3 Dev. of additional guidelines relevant for PCP-FMD stages 0 – 3 (conducting sero-surveys, value-chain analysis, risk assessment, stakeholder consultation.																								
	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)																										
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																									
	3.2.3.2 Support to follow-up on Target (Expected Result) and actions agreed during the regional roadmap meetings																									
	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.																									

## 9. Budget (€) COMP. 3.2

Component 3.2 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR 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	543	4,400	1,018	0	0	0	0	5,961	30,248
	3.2.1.2 Support to developing guidelines on socio-economic impact assessment of FMD	543	1,600	0	0	0	0	0	2,143	
	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)	2,172	16,300	2,672	0	0	0	1,000	22,144	
Output 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	0	2,540	0	0	0	0	0	2,540	45,645
	3.2.2.2 Explore financial resources for training PCP-FMD experts	543	3,340	0	0	0	0	0	3,883	
	3.2.2.3 Conducting PCP-FMD training for experts in one region of Asia and Africa each (EuFMD does not fund participant travel or accom costs)	3,258	20,120	6,344	0	5,000	2,500	2,000	39,222	
	3.2.2.4 Support and maintain a network of PCP-FMD experts	543	2,940	0	0	0	0	0	3,483	13,313
	3.2.2.5 Explore ways to certify PCP-FMD experts	543	2,270	0	0	0	0	0	2,813	
	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)	1,629	4,370	1,018	0	0	0	0	7,017	
Output 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	2,172	19,963	11,448	0	0	0	2,000	35,583	46,138
	3.2.3.2 Support to follow-up on Target (Expected Result) and actions agreed during the regional roadmap meetings	1,629	3,363	0	0	0	0	0	4,992	
	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	1086	4,477	0	0	0	0	0	5,563	
TOTAL FOR COMPONENT 3.2 BY BUDGET LINE:		14,661	85,683	22,500	0	5,000	2,500	5,000	135,344	135,344
									Report Costs:	16
									Project Evaluation Costs:	443
									TOTAL FOR COMPONENT 3.2	135,803

**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>Executive</b>	5% FTE (P5)	EuFMD Trust Fund (MS contributions)
<b>Secretary</b>				

## **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 15

### 3.3- Laboratory support

Component Objective:

Improved international FMD reference laboratory services and their contribution to regional epidemic-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>3</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 Officer and Training
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 Officer and Training

<sup>3</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 capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD**

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** Coordination of international harmonization 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** Epidemio-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 Logical framework for component

Overall component objective:

Output	Description	Indicators	M&E	Assumptions and risks
3.3	<b>Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD</b>			Functioning of the FAO/OIE Working Group
	<b>3.3.1</b> Coordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network.	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 Monthly reports of the EuFMD	
	<b>3.3.2</b> International surveillance performance in three priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL.	Increased proportion of NRLs in 3 virus pools which type and report FMDV within 3 months.	Annual Report of the OIE/FAO FMD Ref Centre network	
	<b>3.3.3</b> Epidemio-surveillance networks in three priority pools function effectively in gathering, sharing and improving use made of surveillance information	Active epidemio-surveillance networks in three regions (virus pools) meeting at least twice per year online, and connected to the Global FAO/OIE partner networks		
	<b>3.3.4</b> Support for a global proficiency test scheme, to include 19 laboratories in the global network	Number of labs participating per year Number of PTS panels distributed per year Overall performance per panel for participating labs		

**Activities:**

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>M&amp;E</i>	<i>Assumptions and risks</i>
<b>3.3.1</b>	<b>Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD</b>			
<b>3.3.1.1</b>	Harmonization of communication and data sharing between network laboratories (managed by WRL)	Harmonization agreements made Data sharing significantly increased	Technical Report	
<b>3.3.1.2</b>	organization of the annual OIE/FAO ref lab meeting including support to regional support labs to attend (managed by WRL)	One annual meeting organised per year and the number of invited representatives attending from regional laboratories supported by EuFMD is greater than or equal to the number of representatives attending in 2013 and 2014.	6 monthly ExCom report; Reports of each annual meetings	
<b>3.3.1.3</b>	Annual report on global FMD status (managed by WRL)	Two annual reports on global FMD status published	Annual report on global FMD status 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)	2000 samples submitted for antigen detection and serotyping; 200 samples for vaccine matching; 200 samples for P1 sequencing	6 monthly ExCom report; Technical report	
<b>3.3.2</b>	<b>International surveillance performance in three 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; Technical 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)	Four training courses conducted for 5-10 laboratory staff each managed by WRL, three additional missions managed by EuFMD	6 monthly ExCom report	
<b>3.3.2.3</b>	Support to obtain samples from outbreaks	Four training courses conducted for 10-20 field staff from different countries in pools 4 and 5, focused on sampling, sample transport, preservation of RNA, preselection	6 monthly ExCom report	
<b>3.3.2.4</b>	Procurement of reagents and kits	Adequate number of antigen ELISA kits and PCR reagents provided for surveillance	6 monthly ExCom report	
<b>3.3.3</b>	<b>Epidemiological surveillance networks in three 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	Needs assessment conducted and report produced.	6 monthly ExCom report	



assessed

<b>3.3.3.2</b>	Development of training material for all relevant FMD laboratory tests including pitfalls and trouble-shooting, biosafety, sample archiving, laboratory management, quality systems etc. (contracted to WRLFMD in Pirbright).	Adequate number training resources available (to be determined in connection with WRLFMD in Pirbright). Six experts available for FLABC courses in several languages (three experts per language, initially English, French).	6 monthly ExCom report
<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 once for Anglophone and Francophone countries in pools 4 and 5; Webinar series of 5 – 10 webinars delivered in context of regional networks	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, to include 19 laboratories in the global network</b>		
<b>3.3.4.1</b>	Global PTS for 12 network labs including 4 RSLs located in pools 4 and 5	A minimum of 14 labs participate in global PTS. A minimum of 28 PTS panels distributed	6 Monthly ExCom Report; Annual report WRLFMD indicating overall performance of laboratories

## 8. Gantt chart

3.3 Lab. support	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)	3.3.1.1. Harmonisation of communication and data sharing between network laboratories (WRL)																								
		3.3.1.2. organization of the annual OIE/FAO ref lab meeting incl support to regional support labs																								
		3.3.1.3. Annual report on global FMD status (WRL)																								
		3.3.1.4. 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)																								
	3.3.2 International surv. Performance in 3 priority virus pools meets or exceeds minimum required for regional vacc. match recog, via diagnostic activities managed by WRL	3.3.2.1. Support to sample shipment from labs in pools 3, 4, and 5 to WRL (managed by WRL)																								
		3.3.2.2. Training & 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																								
	3.3.3 Epidemio-surveillance networks in three 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																								
		3.3.3.2 Dev of training mat for all relevant FMD laboratory tests including pitfalls and trouble-shooting, biosafety, sample archiving, laboratory management, quality systems etc. (contracted to WRLFMD in Pirbright)																								
		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																								
		3.3.3.4 Online meetings concerning network management, issues, priorities, topics of interest are organized twice a year																								
	3.3.4 Support for global PTS, to include 19 labs in global network	3.3.4.1. Global PTS for 12 network labs incl 4 RSLs located in pools 4 and 5																								
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	3.3.3.1 Current status of laboratory and epidemiology networks in pools 3, 4 and 5 analysed and needs assessed																								
		3.3.3.2 Development of training material for all relevant FMD laboratory tests																								
		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																								
		3.3.3.4 Online meetings concerning network management, issues, priorities, topics of interest are organized twice a year																								
3.3.4 Support for a global proficiency test scheme, to include 19 laboratories in the global network	3.3.4.1. Global PTS for 12 network labs including 4 RSLs located in pools 4 and 5	3.3.4.1. Global PTS for 12 network labs including 4 RSLs located in pools 4 and 5																								

## 9. Budget (€) COMP. 3.3

Component 3.3 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR 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	0	2,300	0	3,690	0	0	0	5,990	331,842
	3.3.1.2 Organisation of the annual OIE/FAO ref lab meeting including support to regional support labs to attend	0	4,400	13,200	35,900	10,000	0	0	63,500	
	3.3.1.3 Annual report on global FMD status	0	0	0	7,380	0	0	0	7,380	
	3.3.1.4 Diagnostic services for samples submitted to WRL	0	1,120	0	234,693	0	19,159	0	254,972	
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	0	0	0	29,520	0	0	0	29,520	75,832
	3.3.2.2 Training and supervision to regional support laboratories in pools 4 and 5	0	7,800	4,764	14,000	0	0	0	26,564	
	3.3.2.3 Support to obtaining samples from outbreaks	0	4,840	4,348	0	0	0	0	9,188	
	3.3.2.4 Procurement of reagents and kits for laboratories	0	560	0	0	0	10,000	0	10,560	
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	0	2,280	2,688	0	0	0	0	4,968	49,055
	3.3.3.2 Development of training material for all relevant FMD laboratory tests	0	4,560	0	25,000	0	0	0	29,560	
	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	1,086	5,300	0	0	0	0	0	6,386	
	3.3.3.4 Online meetings concerning network management, issues, priorities, topics of interest are organized twice a year	3,801	4,340	0	0	0	0	0	8,141	
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	0	37,350	0	0	0	37,350	37,350
TOTAL FOR COMPONENT 3.3 BY BUDGET LINE		4,887	37,500	25,000	387,533	10,000	29,159	0	494,079	494,079
									Report Costs:	439
									Project Evaluation Cost:	4,440
									TOTAL FOR COMPONENT:	498,958

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>Executive</b>	5% FTE (P5)	EuFMD Trust Fund (MS contributions)
<b>Secretary</b>				

## ***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 16**

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

#### 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 organizations. Partner organizations may include regional FAO and OIE offices, as well as other organizations such as NGOs, bilateral and multilateral organizations. The aim is for EuFMD to provide tools that can be progressively taken up and used by such regional organizations, 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 organizations</b>	Training activities carried out in collaboration with regional partners and organizations 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 organizations (NGOs), bi-lateral or multilateral organizations, 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 M&amp;E of training courses</b>	Component manager/supervisor	Written report	ExCom, collaborating organizations	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 organizations 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 organizations	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**

### 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	M&E	Assumptions and risks
3.4	<p><b>Improved national and regional capacity for the roll out of the Global Strategy and the management of FMD.</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	M&E	Assumptions and risks
<b>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.</b>				
<b>3.4.1.1 Identification of partners for collaboration in delivery of training in Sub Saharan Africa</b>	Research and discussion leading to identification of partner organizations for delivery of training in target regions in Sub-Saharan Africa	Suitable partner organization(s) for training collaboration are identified.	ExCom report	No suitable collaborators are found.
<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 organizations for delivery of training in target regions in Asia	Suitable partner organization(s) for training collaboration are identified	ExCom report	No suitable collaborators are found.
<b>3.4.1.3 Existing training resources are researched 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. 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.	a) Training needs assessment carried out under component 2.4 adapted and used in Africa region by regional partner b) Report summarizing training and capacity building needs of region produced c) Document summarizing relevant training resources currently available in target regions is produced	Technical report	Lack of synergy in training needs between different countries. Lack of interest in conducting needs assessment. Lack of assistance from partner organizations
<b>3.4.1.4 Existing training resources are researched and training needs assessment carried out in regions identified in Asia.</b>	As 3.4.1.3, inr Asia region	As 3.4.1.3 but for Asia region	Technical 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 collaborative development of training produced and agreed by partner organization(s)	Technical report 6 Monthly 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 collaborative development of training produced and agreed by partner organization(s)	Technical report; 6 Monthly 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 the “knowledge bank”	Training courses developed under component 2.4 are adapted (and translated if required) for local use.	Technical report	Relies on the availability of courses suitable for adaptation under components 1.1 and 2.4
<b>3.4.1.8 System for M&amp;E 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.	M&E framework developed under 1.1 and 2.4 is adapted for local use.	6 monthly excom report	Relies on the availability of a framework for M&E 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)	a) At least one adapted e-learning course is delivered to at least 100 participants in Sub Saharan Africa region b) A further at least one e-learning course is delivered c) Results of M&E show 80% of learning objectives met or exceeded, and provide feedback which informs further development of training materials for the region	Technical Report Report of M&E of training courses 6 Monthly ExCom Report	Relies on input from collaborating partners.
<b>3.4.1.10 Courses delivered and evaluated Asia region</b>	As 3.4.1.9 but in Asia region	As 3.4.1.9	Technical Report; Report of M&E of training courses; 6 Monthly 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”	At least 18 webinars are delivered to a global audience of PCP practitioners, with attendance from representatives from each geographical region where FMD is endemic. At least 200 individuals are registered with the section of the	Online webinar recordings; EuFMD e-Learning usage statistics	Poor uptake of webinars by global audience. Duplication of activities with other networks. (prior research should avoid this). Insufficient access to technology.

	global network can be used and adapted by the regional networks involved in other components of the EuFMD work programme.	EuFMD e-Learning website associated with the PCP Practitioners network		
<b>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</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 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.	At least 15 webinars and associated activities held to support regional networks (may be conducted in collaboration with other components of EuFMD work programme	Online webinar recordings; EUFMD e-Learning usage statistics	Lack of existing networks. Insufficient access to technology. Poor attendance at network events.
<b>3.4.2.3 Assist collaborating organizations to develop a sustainable system for training</b>	Work with partner organizations 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.	Regional partners carry out own regional training courses with low input from EuFMD	6 monthly 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 organizations in order to identify and recruit additional funding.	Additional funding from outside organizations supports sustainable delivery of training in target regions under 3.4.2.3	6 monthly ExCom report	It may not be possible to find partners willing to fund FMD training activities.

## 8-Gantt chart

3.4 Global access to PCP-FMD training resources	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
	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.	3.4.1.1 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 Existing training resources are researched and training needs assessment carried out in regions identified in Africa																										
3.4.1.4 Existing training resources are researched in target region in and training needs assessment carried out in regions identified in Asia																										
3.4.1.5Plan for development of training resources in Africa region																										
3.4.1.6 Plan for development of training resources for Asia region																										
3.4.1.7 Training courses & resources are adapted for local use																										
3.4.1.8 System for M&E established																										
3.4.1.9 Courses delivered and evaluated Africa region																										
3.4.1.10 Courses delivered and evaluated Asia region																										
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 Dev. webinar series and network for global PCP practitioners																									
	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																									
	3.4.2.3 Assist collaborating organizations to dev. a sustainable system for training																									
	3.4.2.4 Research additional sources of funding to support training																									

## 9. Budget (€) COMP. 3.4

Component 3.4 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR 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	0	535	0	0	0	0	0	535	75,309
	3.4.1.2 Identification of partners for collaboration in delivery of training in a region of Asia	0	535	0	0	0	0	0	535	
	3.4.1.3 Existing training resources are researched training needs assessment carried out in regions identified in Africa	0	996	3,420	0	0	0	0	4,416	
	3.4.1.4 Existing training resources are researched and training needs assessment carried out in regions identified in Asia	0	1,210	3,460	0	0	0	0	4,670	
	3.4.1.5 Plan for dev. of training resources in Africa region	0	935	0	0	0	0	0	935	
	3.4.1.6 Plan for dev. of training resources for Asia region	0	935	0	0	0	0	0	935	
	3.4.1.7 Training courses and resources are adapted for local use (Note exact nature of courses to be defined based on needs assessment)	0	8,290	2,800	23,000	0	0	5,000	39,090	
	3.4.1.8 System for M&E established	0	535	0	0	0	0	0	535	
	3.4.1.9 Courses delivered and evaluated Africa region (Note exact nature of courses to be defined based on needs assessment)	0	9,360	0	1,000	0	0	0	10,360	
	3.4.1.10 Courses delivered and evaluated Asia region. (Note exact nature of courses to be defined based on needs assessment)	2,715	9,583	0	1,000	0	0	0	13,298	
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	2,715	10,300	0	0	0	0	0	13,015	41,964
	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	3,258	4,150	0	0	0	0	0	7,408	
	3.4.2.3 Assist collaborating organizations to develop a sustainable system for training. (Note exact nature of assistance to be defined based on needs assessment)	3,801	1,210	4,400	0	7,500	0	0	16,911	
	3.4.2.4 Research additional sources of funding to support training	0	1,210	3,420	0	0	0	0	4,630	
TOTAL FOR COMPONENT 3.4 BY BUDGET LINE:		12,489	49,784	17,500	25,000	7,500	0	5,000	117,273	117,273
									Report Costs:	283
									Project Evaluation Cost:	495
									TOTAL FOR COMPONENT:	118,051

**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>Training</b>	25% FTE (P3 equivalent consultant)	EuFMD Trust Fund (MS contributions)
<b>Programmes Manager</b>				
<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	20% EuFMD Trust Fund, 80% 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.