

## **SECOND REAL TIME EVALUATION OF FAO'S WORK ON HIGHLY PATHOGENIC AVIAN INFLUENZA: REGIONAL WORKSHOP FOR ASIA**

**ASIA STAKEHOLDER'S MEETING HELD AT MILLENNIUM HILTON HOTEL, BANGKOK, THAILAND, 30<sup>TH</sup> NOVEMBER AND 1<sup>ST</sup> DECEMBER 2009**

### **Introduction**

The workshop was held to contribute to the second real time evaluation of FAO's contributions to avian influenza preparedness and response in the Asian region. It was designed to bring together FAO staff from the region, together with representatives of FAO's partner organisations and institutions, to review progress made and to discuss future opportunities for better control of avian influenza and preparedness for other priority diseases.

The workshop took place over a day and a half, preceded by a half day of closed discussion between the independent Real Time Evaluation (RTE) team members and FAO staff from the region<sup>1</sup>. The workshop proper started after lunch on the first day when the non-FAO participants joined the group. After an official opening by the FAO Deputy Regional Representative for Asia and the Pacific, Dr Konuma, and an introduction to the background to the RTE and process to be followed over the next day and a half, participants went straight into group work. The 45 or so participants were allocated amongst three FAO and three non-FAO staff groups (see appendix for list of participants).

### **First group work session: *the issues and constraints***

#### **Task for the three non-FAO groups:**

- Identify the 5 major impediments (as of today) to effective control of HPAI in your country/region within the next 5 years, with justification
- Assign priorities to these

#### **Task for the three non-FAO groups:**

- Building on the morning discussions, identify up to 10 key issues of importance to your country and/or the region that are essential in order to bring HPAI under control within a 5 year period.
- Identify the top 5 priorities amongst these, with justification

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<sup>1</sup> During the closed discussion, FAO participants discussed with the evaluation team selected issues that had emerged during the team's visits to Bangladesh, Cambodia and Vietnam, and to the regional ECTAD unit in Bangkok. An evaluation framework based on one developed by FAO in Bangladesh was used by the RTE as a tool to illustrate and review their preliminary observations on FAO's roles and the quality, relevance, timeliness and sustainability of its contributions to HPAI preparedness and responses in Asia. The RTE team considered that the Bangladesh framework provided a useful model, and they had made minor amendments to better suit the purposes of the workshop review. The review team focused on the countries that they had visited as part of the RTE in Asia, and FAO participants commented on observations made by the team, complementing these with information from other countries in the region with which they were familiar.

**Group work outputs: *the issues/constraints***

**Non-FAO groups' outputs**

**Group 1:**

1. Political commitment/good governance
2. Insufficient vet services/public health services: governance, legislation, silo approach to animal disease
3. Poverty: in country and farmers: market orientation
4. Lack of human resource
5. No pressure from the consumers

**Group 2**

1. Move from emergency to sustainable responses:
  - a. funding allocation/mobilisation issues
  - b. prevention strategy –including vaccination and surveillance/monitoring
2. Political commitment to control HPAI
3. Technical capacity: quantitative and qualitative
4. Public awareness - behaviour change especially in sectors 3 and 4
5. Public-private partnerships to be further enhanced

**Group 3:**

1. Apathy and or lack of willingness at community level:
  - a. non-reporting
  - b. vaccination
2. Farming systems: lots of smallholders, free-range ducks, biosecurity
3. Resources:
  - a. human- skilled workforce e.g. vets/animal health workers
  - b. financial – reducing donor interest
4. Government authority and ability to implement:
  - a. particularly decentralization (Indonesia)
  - b. commercial industry (Indonesia)
  - c. movement control
5. Lack of validated information on control measures

**Main points ensuing from following discussion:**

Poverty is the big issue, e.g. if only they could afford to buy chickens from supermarket, but this is not attainable within 5 years.

The 'lack of validated information on control measures', especially on biosecurity, is debatable. There are documented examples; how much more information is needed?

With regard to the interface between 'ideal' biosecurity and measures that people can realistically attain: we have little empirical evidence of what those at the interface will do in terms of control of broader disease.

For vaccination, compensation etc, need to look at operations and management capacity: is this embedded as a cross-cutting issue? Managers would have put this as a high constraint.

### **FAO groups' outputs**

**The FAO groups each initially defined what they considered as "HPAI under control" before prioritizing issues/constraints**

#### **Group 1:**

**Definition of 'control':** complicated from countries represented: some free, sporadic, endemic. Free – maintaining freedom and rapid containment; sporadic – to increase number of disease-free areas and rapid containment; endemic- reducing incidence throughout year and increase disease free areas.

#### **Top 5 issues:**

1. Epidemiological analysis and capacity building
2. Disease control and response networks including control programme management
3. Laboratory strengthening
4. Compensation: functional and appropriate
5. Communication and advocacy with private sector for improved biosecurity
6. Clear vaccination policy and strategy

#### **Group 2:**

**Definition of control:** endemic country – progressive control: endemic to sporadic to eradication; non-infected country: early detection/stamping out,

#### **Top 5 issues:**

1. Biosecurity:
  - a. public awareness
  - b. behaviour change
  - c. coordination
  - d. restructuring of market chain:
    - i. improve vaccination in sector 3
    - ii. ducks
    - iii. wild birds
2. Long-term financial and political commitment:
  - a. commitment from donors/governments
  - b. legal framework
3. Capacity building:
  - a. epidemiological knowledge (better understanding)
4. Cross-border /regional approaches
5. Surveillance

**Group 3:**

**What control means:** Endemic countries:

- progressive reduction of cases
- better understanding of the epidemiological situation including distribution of infection

Free countries and areas: Maintenance of free status

**Top 5 issues:**

1. Sustainability:
  - 5-year financial commitment
  - Ensuring sustainability of what has been done by institutionalizing ECTAD at national and regional levels
  - Keep donor and country interest by expanding the breadth and scope to other infectious and economically important diseases
2. Epidemiology:
  - Answer key epidemiological questions e.g.
    - factors impacting on generation of pandemic strains
    - Analysis of existing data
    - Framework of implementation of epidemiologic studies, e.g. cross border
  - Improve the quality of risk assessment by generating better quality field data for planning disease control
  - Sharing virus sequences
  - Creating critical mass of trained and experienced veterinary epidemiologists in epidemiology units
3. Strengthening veterinary systems:
  - Epidemiology & laboratory capacity
  - Reporting systems
  - Sustaining human resources
  - Disease control planning
  - Strengthen legal framework
4. Engage private sector:
  - restructuring
  - biosecurity
5. Maintaining public awareness

**Main points ensuing from following discussion:**

There was consensus on what control means.

Is zonal freedom within a country in areas without islands possible? A: Yes - if use OIE meaning. For example, within Cambodia there are zones that cover more than one country. In Indonesia, it is possible to have zones within the country. Zones need to be defined by epidemiological criteria not geo-political boundaries.

Movement of wild birds and cross-border movement of poultry must be considered with respect to zoning and zoning is likely to be ineffective if it depends on stopping people from trading across borders or between zones.

Zoning could start in more isolated areas first.

There were similarities within FAO and non-FAO groups, but also a distinct difference in approach between the two: e.g. epidemiology and laboratories were mentioned by FAO; non-FAO focused on government commitment. Non-FAO groups looked at broader constraints, including those outside our control.

Both groups-considered financial issues for sustainable responses, etc in a situation of reducing donor interest.

FAO has succeeded in raising the issue of HPAI and the wider importance of veterinary services; but it shouldn't think about controlling HPAI and other diseases on its own. FAO has other partners and needs to rely on their services and skills.

The next step is to tease out what needs to be done for these issues, after the emergency funding phase. For example, regarding political commitment- how does one gain this when the disease is of marginal impact? How does one regain the political commitment to avian flu after the impact of the H1N1 pandemic? Very few governments reacted to HPAI until it came to their country.

We have not invested enough resources to advocacy at the level of ministers: we need greater effort targeted at ministers of finance, planning etc. Other relevant partners are needed; e.g. WHO to talk to ministry of health.

Can also have peer pressure from neighbouring countries for a regional approach. We need to look at ways to work with the public health sector from a regional perspective, to maintain control against other zoonoses. A regional response can strengthen national-level control.

The FAO groups looked at what we can do within our organization, including with partners, to move forward.

The facilitation team considered the 6 sets of outputs and looked for complementarities so that they could be distilled these down to a smaller set for consideration by the whole group on Day 2. On day 2 core items were considered under the perspective of "*what* needs to be done" in the morning; and in the afternoon "*how* and the *who* does it".

### **Syntheses of group work outputs**

These raw group outputs were synthesized overnight by the workshop facilitators and RTE team. Four key issues and three cross-cutting issues emerged (see below). Minor changes were made to the draft wording of the four issues to accommodate suggestions from the participants resulting in the following four challenge questions:

### **Overcoming the identified challenges**

1. Creating and promoting incentives for appropriate behavioural change along poultry value chains; what needs to be done?
2. Building on the capacities developed for HPAI control, what needs to be done to re-ignite funding streams and political commitment for a smooth and uninterrupted transition from emergency responses to longer term development?
3. What new measures are required to build effective and demand-driven veterinary services that incorporate standards of epidemiology which support internationally-recognised evidence based decision making?
4. What measures need to be taken to foster functional, mutually-beneficial and mutually-appreciated collaboration and partnership between public veterinary services and a) large,

medium and small-scale poultry producers, and b) private animal health service providers, and to promote wider multi-sectoral collaboration?

These questions were used to form the basis of the next stage of group work, which focused on *what* needs to be done to build on the work achieved by FAO and others in enhancing HPAI preparedness and response capacities, both for HPAI, broader disease surveillance and pandemic preparedness. The step after this will consider the *how* and the *who*.

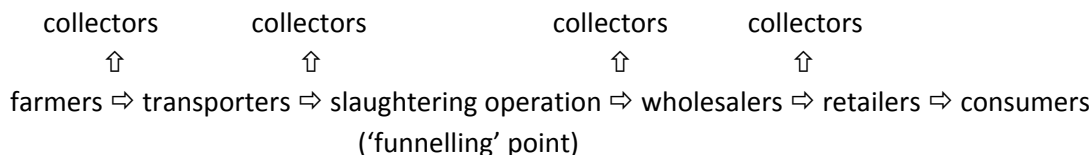
Six groups, each made up of mixed FAO and non-FAO participants, considered *what* needs to be done to address these issues: two or three groups tackled each issue (see below), and all groups were asked to consider the following cross-cutting issues: gender, communications and the environment.

## GROUP WORK OUTPUTS: *THE WHAT*

### Q1: CREATING AND PROMOTING INCENTIVES FOR APPROPRIATE BEHAVIOURAL CHANGE ALONG POULTRY VALUE CHAINS; WHAT NEEDS TO BE DONE?

#### Group 1 output:

##### Identification of actors in the value chain:



##### Level of poultry and other production systems:

- backyard, smallholder ⇒ local consumption
- medium-large scale production
  - i. Consumer ⇒ ‘consumers demand driven’
    - education/awareness for food safety through: school, housewives, related associations, food preparers ⇒ need to also be aware of increased price
  - ii. Slaughtering point ⇒ promote good slaughtering practices; lead to certification system (minimal requirements); waste management
  - iii. Market place ⇒ inspection certification
  - iv. Farm (backyard, smallholder):
    - accredited system for premium
    - promote ‘public good’ concept
    - communities, associations, cooperatives
  - v. National poultry production improvement plan

#### Group 2 output:

1. Hatcheries:
  - motivation towards registration and certification
2. Live bird markets:
  - traceability
  - handler safety
  - market hygiene
3. Producer:
  - biosecurity
  - motivation for disease reporting
  - recording; traceability of their input-output poultry
4. Consumer;
  - food safety awareness
  - Consumer associations to demand standards
5. Backyard poultry (sector 4)
  - Consumer food safety standards applied to backyard farm produce

**Group 3 output:**

The value chain was broken down into a series of steps and incentives and controls for behavioural change were identified for the different steps:

- breeders and commercial producers:
- backyard producers
- primary collectors
- secondary collectors , traders and transporters
- slaughters, vendors
- consumers

At the breeder/commercial producer level: incentives identified included tax breaks, price stability, certification linked to registration leading to increased demand, new markets and export markets.

Control measures included government's role in regulatory matters.

At the backyard producer level, incentives included provision of veterinary services by government and private animal health providers.

At the consumer level, incentives included high quality certified and branded products, which would create demand thereby creating incentives for producers to meet these standards.

For the poultry collectors, measures could include certification and communal collection points, and the incentives were financial, convenience and enhanced reputation.

**Q2: BUILDING ON THE CAPACITIES DEVELOPED FOR HPAI CONTROL, WHAT NEEDS TO BE DONE TO RE-IGNITE FUNDING STREAMS AND POLITICAL COMMITMENT FOR A SMOOTH AND UNINTERRUPTED TRANSITION FROM EMERGENCY RESPONSES TO LONGER TERM DEVELOPMENT?**

**Group 1 output:**

1. Increase FAO's engagement/participation to gap assessment process for veterinary services conducted by OIE using PVS tools
2. Strategic planning to address the gaps
3. Joint FAO/OIE advocacy strategy for government, donor focusing on food and nutritional security as well as food safety using One world, One health approach:
  - impacts of disease/pandemic at global and regional levels
  - IMPACI – ministerial agreement and signatures as commitment for national government involvement
4. Mechanisms to set up and utilize regional trust funds (SAARC & ASEANS) that are funded from national membership fee and donor funds
5. Technical assistance between trading partners on capacity to control TADs.

**Group 2 output:**

This group used the metaphor of the flame, considering the emergency 'valve' (controlling the flow of fuel to the flame) and the long-term development 'valve'; the former was driven by H5N1 and focused on EID, surveillance and response preparedness. For long-term development this needed to be refocused towards:

- food safety
- 'One World, One Health' public health partnerships:



- H1NI
- joint proposals
- joint publications/presentations
- advocacy to national and regional bodies
- public communication
- animal health, public health and ecosystem health

Under the banner: *healthy animals, healthy people, healthy communities*:

Advocacy:

- appoint representatives to global, regional and national governance bodies
- presentations focused on successes achieved with respect to *healthy animals, healthy people, healthy communities*
- Communications and awareness creation:
- joint communications campaign
- joint presentations and publications

Coordination and leadership:

- working group focused on *healthy animals, healthy people, healthy communities*
- joint project proposals to demonstrate implementation of *healthy animals, healthy people, healthy communities*

**Group 3 output:**

1. Collate and provide evidence of reduction in disease and pandemic risk to funding partners
2. Risk of sporadic cases leading to large outbreaks if control not sustained must be fully explained to governments and funding partners
3. Advantage of improvement in veterinary services on reduction of low pathogenic diseases that impact on poultry production.
4. Advocacy for public good aspects of improved food safety generally other than just for HPAI
5. Overview and collation of research on market value chains and socio-economic research from region to be available to support funding applications.

**Q3: WHAT NEW MEASURES ARE REQUIRED TO BUILD EFFECTIVE AND DEMAND-DRIVEN VETERINARY SERVICES THAT INCORPORATE STANDARDS OF EPIDEMIOLOGY WHICH SUPPORT INTERNATIONALLY-RECOGNISED EVIDENCE BASED DECISION MAKING?**

**Group 1 output:**

1. Reassess the value and importance of livestock
2. Economic analysis of benefit of investing in effective veterinary service
3. Paradigm shift from disease control to health promotion and livestock development
4. Convince the international community to invest in veterinary services
5. New business model which includes all levels of producers
6. Improve veterinary curriculum – undergraduate & graduate
7. Applied vet epidemiology training (mentor-based)

8. Operational research to support evidence based decision making

**Group 2 output:**

Broke down questions into 4 parts:

- i) effective veterinary services  
**systems:**
  - systems analysis (PVS)
  - coordination (within division of Ministry of Agriculture)
  - chain of command/clear responsibilities
  - Develop or refine and implement clear animal health legislation
  - planning for disease control**players:**
- ii) strong collaboration with other sectors (academic, health, NGO, private sector demand-driven services:
  - relevance to farmers (including animal production not just health)
  - know your client & be responsive
  - allied industries (feed, drugs, vaccines, equipments)
  - availability of funds (credit)
  - stronger interface (vets, animal health workers)
  - private vet services (increased utilization)
  - certification/reward (increased price, consumer demand)
- iii) epidemiology capacity
  - information management
  - surveillance
  - laboratories

*FETPV but broader --*

  - Training needs analysis
  - Functions needed to be done
  - Gaps
  - Training
- iv) evidence-based decision making
  - following strengthening, capacity
  - define the questions, literature review, commission study, analyze results
  - consensus (even if not unanimous)
  - guidelines (giving options if not unanimous consensus)

**Group 3 output:**

- long-term commitment to funding
- strengthening capacity (human, infrastructure, etc)
- long-term planning for training epidemiology (national, regional), including eco-system health approach
- cross fertilization between countries on expertise and technical skills
- additional vets and paravets needed
- reinforcement of the links between the field/provincial/central
- Incentives for CAHWs (Vietnam and Indonesia)

- Identify other sources of technical training from other partners (human health, international veterinary epidemiology groups)

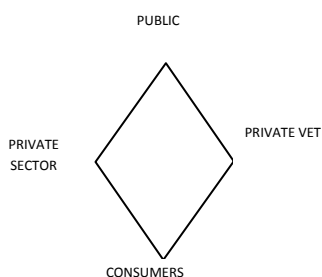
**Q4: WHAT MEASURES NEED TO BE TAKEN TO FOSTER FUNCTIONAL, MUTUALLY-BENEFICIAL AND MUTUALLY-APPRECIATED COLLABORATION AND PARTNERSHIP BETWEEN PUBLIC VETERINARY SERVICES AND A) LARGE, MEDIUM AND SMALL-SCALE POULTRY PRODUCERS, AND B) PRIVATE ANIMAL HEALTH SERVICE PROVIDERS, AND TO PROMOTE WIDER MULTI-SECTORAL COLLABORATION?**

**Group 1 output:**

1. Appropriate legislation and standards
2. Promote farmer associations
3. Veterinary councils
4. National public and private partnership programs in conjunction with national development plans
5. Engagement of private animal health service providers
  - a. Rural community animal health service providers (CAHWs)
  - b. Accreditation of private vets to conduct certain tests, e.g. export testing
6. Wider multi-sectoral collaboration
  - a. Integrate approach to multidisciplinary training
  - b. Promote One World One Health concept
  - c. Demonstrate collaboration among international agencies

**Group 2 output:**

**Knowing your client:**



**Public vets:**

- What are their priorities
- Commonalities- matching priorities; develop common goals
- Knowing what commitments are possible (each stakeholder)
- Can incorporate rewards/incentives

*Key interface:*

- Vaccination
- Biosecurity
- Compensations
- Compartmental isolation

- diagnosis

*Possible interventions:*

- financing
- rewards/incentives

**Private sector:**

- Dialogue and trust
- Understand their priorities
- Developing common goals
- Knowing what commitments are possible (each stakeholder)
- Knowing each sector capacity

*Key interface:*

- Vaccination
- Biosecurity
- Compensations
- Compartmental isolation
- diagnosis

*Possible interventions:*

- financing
- rewards/incentives

**Private vets:**

- Dialogue and trust
- Official delegation of specific responsibilities
- Disease reporting
- Include community based animal health workers

**Consumers:**

- Food safety
- Consumer associations/advocacy groups
- Information
- Quality versus cost

**Group 3 output:**

**Public and private sectors:**

- More communication/discussion
- Possible arrangements for better information exchange/collaboration
- Joint training/workshops/meetings/production of communication materials
- clarification of roles and responsibilities and mutual confidence building

**Multi-sectoral collaboration:**

- continued and enhanced participation between relevant stakeholders

**Cross-cutting issues for all groups:**

*Gender:*

- RTE team should have male & female members
- Involve women in education in disease control program and education
- Micro-financing women in livestock enterprises

- Integrate communication and advocacy in all aspects
- must have female representation in decision making positions & advocacy groups;
- woman more likely to consider health aspects important ;
- key importance in small holder production & backyard;
- ensure adequate representation in training
- woman networks very important for communication
- Selection of vet/paravets with focus on women

*Environment:*

- legislation – consider environment; social aspects (e.g. – culling)
- training/teaching in disposal of carcasses & manure; management of sick animals/birds
- understanding disease in its environmental context (soil, elevation, climate)
- better farm management
- Promote generation of alternative energy from livestock
- Promote organic farming and reduce chemical use

*Communication:*

- key to successful management
- different levels/target audiences
- ensure appropriate messages
- communicate to all levels of targets
- different communication methods- media, one-on-one' small groups, games, songs, print, broadcast
- socialization (after decision)
- advocacy
- feedback loop
- more communication/discussion
- possible arrangements for better information exchange/collaboration
- Joint training/workshops/meetings/production of communication materials
- clarification of roles/responsibilities and mutual confidence building

**The main points to arise in the ensuing discussions were:**

Compensation: Donors and Governments need feedback data or evidence on the value of compensation, such as effectiveness of HPAI control with and without comparisons from within the region. However the risk of creating perverse incentives is recognised if compensation modalities are not well designed.

Risk of creating perverse incentives if compensation modalities are not well designed.

Incentives to improve biosecurity vary for different players: need 'carrot and stick' approaches, with right balance between the two elements.

For sustainable funding, there are broader funding opportunities, such as focused on food safety and ecosystem health, and also for building on broader partnerships.

The positioning of slaughterhouses in value chains varies: sometimes it occurs after the retail point in the chain (live bird markets).

With regard to re-igniting funding streams: we didn't hear what new strategies, what work we need to do to identify new funding streams, and what level of funding was needed. To re-ignite funding

streams there is a need to communicate successes from the field to Governments and donors who control future funding: need to show we have touched many people's lives and demonstrate these impacts.

Funders fund due to impacts on human health and also financial aspects. This includes positive impacts and also negative ones, e.g. responding to situations which are pushing more people into poverty.

A recent World Bank paper (Minding the Stock; bringing public policy to bear on livestock sector development) indicates rethinking of the position on structural adjustment programmes(SAPS); e.g. the huge impact of H1N1 on Mexico's national economy was recognized.

Donors are now funding other agencies rather than FAO. Why is this? What are we doing right and wrong? Why are they choosing other partners to implement their programmes? But is this true? Isn't it a case that some donors are spreading their risk by investing in a range of suppliers?

With regard to building and diversifying partnerships - FAO needs to identify its role and comparative advantage within these.

Success measure for effective veterinary services include how much the livestock sector contributes to GDP: budgetary allocation often depends on revenue generated by that sector.

Partnerships are a means to an end. The answers to this question (Q4) tended to be more theoretical than other three. It is necessary to define the objectives desired from a partnership.

Partnerships are often portrayed from the view point of 'we, the vets'; but what are the producers' incentives and attitudes to 'us vets'? FAO's public-private partnership project is considered by some to be taken from a veterinary perspective rather than treating both partners as equals.

## THE HOW AND THE WHO

### Group work task:

The group work outputs for the four questions considered above were initially synthesized by the facilitation team with a view to capturing all the major points that the various groups had contributed. Participants then made suggestions as to how the initial syntheses could be improved. From this process emerged the issues and questions listed below, which form the basis for the next and final step in the workshop - the *how* and the *who*.

For this task, two sets of working groups were created: one set of FAO personnel and one set of non-FAO personnel.

### 1. Behavioural change in the value chain:

Innovative development of quality along the poultry value chains: a carrot and stick approach to developing, understanding and exploiting incentives (\$\$\$, convenience & reputation) and regulatory requirements at different levels.

- What mechanisms are required to move this forward?
- Who should be the players involved in the different mechanisms?

### 2. New funding streams and political commitment:

With a focus on food security, vulnerability, poverty reduction, food safety, and animal, public and ecosystem health, and through multi-institutional partnerships:

- What mechanisms are required to initiate new national, regional and international funding proposals
- Who should be the players involved in different mechanisms?

**3. Towards more effective and demand-led veterinary services:**

What mechanisms are required to further each of the following vet service outcomes?

- Improved efficacy
- More demand driven
- Greater capacity
- More evidence based decisions
- Who should be the players involved in the different mechanisms?

**4. Public private partnership and multi-sector collaboration:**

- What mechanisms are required to achieve the following outcomes?
  - Operationalizing the 'One World, One Health' paradigm
  - Improved policy and practices for functional and harmonized compensation, relief and other schemes
  - Implementation of practical and effective biosecurity measures in sector 3 and/or live bird markets?
- Who should be the players involved in different mechanisms?

**Group work outputs:**

One of the FAO groups first reviewed **FAO's comparative advantage**, which they summarised as consisting of:

- technical advice:
  - animal health
  - legal
  - socio-economic
- bringing partners together:
  - broad relationships
  - partnerships
  - multinational/neutral
- quality control
- training

**1. BEHAVIOURAL CHANGE IN THE VALUE CHAIN:**

**Non-FAO group 1:**

**How?**

- Demand-driven
- Certification: safety; welfare (good farming practice)
- Community education
- Consumer protection (advocacy)
- Restrict focus to sector 3 and 4
- Mechanisms: stick (regulation: city, international) and carrot (farms)

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- slaughterhouses and wet markets – stick= regulatory; carrot= better prices
- certification, e.g. 'Q', MoA, Thailand = series of inspections ⇒ rejection
  - traceability
  - accreditation
  - special breeds/production systems (free-range)
- farmers groups/cooperatives – stick = self-regulation; carrot = coordination, representation, training in marketing etc
- traders/collectors (respond to \$\$, convenience, reputation issues)
- collection points

### Who?

- producers associations
- standard setting and enforcing: government, SPS (ASEAN, SARC)
- accreditation: different government departments, or non-governmental organizations (international)
- consumer protection agency
- communications: NGOs, Ministry of Education, MoH
- retailers set standards (organic)
- regional/global setting standards, guidelines, best practice: FAO/OIE/WHO

### FAO group 1:

- coordinate: FAO supporting governments, bilateral implementing agencies, NGOs, farming associations
- design:
  - developing M&E framework: FAO
  - facilitating programme design: FAO
  - training material development: FAO
- implementation: government and private sector partners, NGOs
  - training of trainers (ToT) biosecurity practices, monitoring: FAO
- M&E: on-going technical advice
- Review and share regionally: FAO

### Design and implementation: role of FAO and other actors

Value chain actor	Role	Who
Producer	Guidelines: facilitate development by bringing stakeholders together	FAO
Processor/market (stakeholder associations)	Training	Governments; technical advice FAO
Consumer (consumer association)	Regulation	Governments; technical advice FAO
	Quality control	Governments; technical advice FAO
	Accreditation	Governments; technical advice FAO

**Incentives:** loans, rewards, entitlement to full compensation



## **FAO-group 2**

Innovative development of quality along the poultry value chains: a carrot and stick approach to developing, understanding and exploiting incentives (\$, convenience and reputation) and regulatory requirements at different levels.

### **Producers:**

- Voluntary registration
- Biosecurity standards
- Tax incentives
- Compensation scale based on compliance with registration
- Free veterinary services and medication
- Marketing assistance
- Price stabilization through consultation
- Establish producer association trust funds

### **Collectors:**

- Designated collection points
- Standards for biosecurity consistent with government branding/labeling along the market chain and consumer demand
- Cleaning and disinfection of crates and vehicles

### **Traders/transporters/markets follow best practices:**

- Involvement of public health agencies to enforce standards
- Cleaning and disinfection of markets
- Separate slaughter area
- One way flow of poultry
- Separate poultry species

### **Consumers:**

- Determine consumer preferences
- Consumer education regarding labeling
- Marketing "branded" food product
- Processors/Slaughter House
- Tax Incentives
- Public health standards

### **Players and roles:**

- FAO
- National Ministry of Agriculture
- National Ministry of Health
- Producer Associations
- Local Authorities
- Consumer Associations
- WHO
- Veterinary Association

## **2. NEW FUNDING STREAMS AND POLITICAL COMMITMENT:**

### **Non-FAO group one:**

With a focus on food security, profitability

**What mechanisms are required to initiate new national, regional and international funding proposals?**

Need to know:

- Where you are and where you want to go?
- How you want to get there?
- How to budget and source funds?

#### **1. Government needs to take control at country level (regional bodies at regional level):**

- Government to have a strong plan or strategy
- Obtain in principle agreements from key funders (e.g. Hanoi Meeting).
- Coordinate different government players and
- Ensure widespread buy-in from government, private and non-government sectors

#### **2. Need strong advocacy or persuasion skills:**

- Analyse demand
- Understand government or donor agency priorities (but not blindly)
- Phrase objective or project with priorities of funder
- Simple and clear advocacy for importance of EIDs (human health) and food security (GDP, poverty exacerbation)
- Benefits of long term approach

#### **3. Must have good projects with clear outcomes monitoring (success brings success):**

- Skills in managing donors
- Ability to say no if the project proposed is unsound on a scientific or socio-economic basis

#### **4. How to get money to desired beneficiaries:**

- Good policy and bureaucratic procedures (e.g. between MOF and MOA)
- Coordinate different internal players
  - i. Ministry of Health
  - ii. Agriculture
  - iii. Natural Resources and Environment
  - iv. Education
  - v. Information
  - vi. Planning
  - vii. Finance

**Who should be the players involved in different mechanisms?**

- Government or regional bodies should take lead
- Independent advice (e.g. OIE, USDA, DAFF)
- FAO, donors at technical or implementation level

### **Non-FAO group two:**

What mechanisms are required to initiate new national, regional, and international proposals?:  
loan, grants, co-funding

**National:**

- national government develop or update clear strategic plan and for foreign aid policy and invite donors to learn of plans
- establish working groups with multi-ministry and donor representation
- research groups; academic; and universities
- private sector

**Regional:**

- ASEAN/SAARC work group develop plans and invite donors
- FAO/OIE develop regional plan and get country buy-in

**International:**

- embassies learn about policies and areas for assistance
- constant dialogues between donors and host countries to understand priorities and opportunities
- donors develop country strategy papers
- country and regional offices of the IO work closely with local government to develop proposal and implementing mechanisms

**Political commitment:**

Pressure groups to create support and obtain funding for efforts (non-government)

Associations, cooperatives

**Who are the players:** UN (FAO, UNICEF), OIE, World Bank provide technical assistance to develop proposals; other in-country technical support (USDA/USAID, AUAID, JICA, etc)

**FAO group one:**

- One World, One Health – overarching strategy: OIE, FAO, WHO, UNSIC, UNICEF, WB, donors & countries
- Identification of key thematic areas: OIE, FAO, WHO, UNSIC, UNICEF, WB, donors & countries, academia & research institutions
- Identification of country specific strategies and priorities: national government agencies, e.g. health, agriculture, forestry environment, research and the private sector
- Strengthening of veterinary & public health services
- Identification of “hot spots” and drivers of disease emergence and spread
- Surveillance
- Identification of key players with defined lead agency & partners (including donors, countries, regional organizations etc)
- Development of proposals with quantitative analysis of cost benefits (timing– April 2010 for concept notes): UN agencies to facilitate and national governments to lead
- Preparation of project proposals in consultative way: UN agencies as above to facilitate, NGOs
- Political commitment from government & regional organizations (INCAPI Hanoi 2010): government, regional organizations, donors
- Resource mobilization – initiatives and actions: jointly done by UN agencies, government, regional organizations, donors

### 3. TOWARDS MORE EFFECTIVE AND DEMAND-LED VETERINARY SERVICES

**Non-FAO group one:**

**What mechanisms?**

**Improved efficacy:**

- PVS tool (OIE)
- Strong internal performance tools (pressure from Govt to departments)
- Establishing external bodies such as government accounting office
- Assistance in reducing bureaucratic procedures and management skills
- Government to Government assistance (USDA)
- Involving other bodies as appropriate eg Academia, Industry

**Players:**

- Government
- OIE
- Other Governments
- Academia and Industry

**More demand driven:**

- Defining and understanding customers, e.g. consumers and industry
- Ensure government listens to clients
- Export industry
- Create mechanism to allow consumers to promote their priorities
  - Empower advocacy groups and NGOs
- Need socio-economic studies, analyse websites to expose demand etc

**Players:**

- Government
- Consumers and industry
- Advocacy groups and NGOs
- External agencies including FAO, academia, international research agencies for studies

**Greater capacity:**

- OIE PVS for baseline
- Workforce and training needs analysis by government
- Training programs
- Scholarships and fellowships
- Iterative process

**Players:**

- Government
- OIE
- FAO key implementing agency
- Donors for funding

**More evidence based decisions:**

- Greater emphasis on risk analysis
- Good cooperation between government and academia
- Good linkage between risk assessment and risk management
- Decide first what questions need answering
- Research commissioned to inform decision making

**Players:**

- OIE PVS (each 5 years)
- Internal Government Evaluation
- Government agencies from trading partners (USDA, DAFF)
- International organizations (ILRI, ACIAR, FAO)

**FAO group one:**

**Mechanisms for improved efficacy:**

- PVS & gap analysis
- Good governance:
  - transparency,
  - Accountability
  - legislation
  - SOPs
  - Quality assurance

**Players**

- Governments, OIE, FAO, donors

**Mechanisms for more demand-driven:**

- Identify client groups
- Engagement and consultation appropriate to each client

**Players**

- Farmers, private sector, NGOs, governments, development agencies

**Mechanisms for greater capacities:**

- Education & training and curriculum development
- Human resource development
- Career development & incentives
- Better infrastructure

**Players**

- veterinary schools, university, government, NGOs, relevant UN agencies & OIE

**Mechanisms for evidence based decisions:**

- Generate good quality data
- Good quantitative analysis & required skills
- Support targeted research
- Operational research
- Information systems at national, regional, global
- Socioeconomics, anthropology & gender experts
- Disease control managers, epidemiology unit,
- research institutions, GLEWS (FAO/OIE/WHO), WAHIS/ARAHIS (OIE, ASEAN)

**FAO group 2:**

**Improved efficacy: (National governments- local government; ASEAN/SAARC; donors)**

- clear policies
- assessment of the services; focus on gaps
- clear strategy & roles & responsibility for each layer of the people involved

- good governance
- increased # of vets
- funding
- continuing education, training and research (universities; FAO/OIE)

**More demand driven: (government & private sectors; trading partners)**

- community capacity (NGO)
- resulted oriented services
- Guaranteeing transparency
- appropriate pay system
- public-private partnership
- communication

**Greater capacity: (Government; university, donors, NGO, ASEAN/SAARC)**

- political support
- continuing education, training, and research
- funding
- community based services
- expand laboratory & epidemiology capacity

**Evidence-based decisions: (Government; university, donors, ASEAN/SAARC)**

- surveillance
- database
- training
- risk analysis
- collaboration with university and research institution
- transparency
- peer review
- attending technical workshops
- time allocation/part of duties

**Players involved:**

- Public Sector- Minister of Agriculture, Health, Science & Technology, Education, Finance, Development, Labour, Forestry (Wildlife Service); Minister of Home Affairs
- Private sector - vet related industries
- NGOs
- International organizations - FAO, OIE
- Development partners
- ASEAN and SAARC

**4. PUBLIC PRIVATE PARTNERSHIP AND MULTI-SECTOR COLLABORATION:**

**Non-FAO group 1:**

**Mechanisms:**

- One World, One Health:
  - series of consultations (workshops) to build on HPAI
  - One World, One Health at national, regional (FAO) and global (UNSC)
  - public-private partnership: major producers
- compensation:
  - regional: best practices and lessons learned (FAO)

## SECOND RTE OF FAO'S WORK ON HIGHLY PATHOGENIC AVIAN INFLUENZA: REGIONAL WORKSHOP FOR ASIA

- insurance schemes (FAO)
- sectors 1 and 2 support for sectors 3 and 4
- endemic v newly infected
- biosecurity:
  - sector 1 and 2 support
  - PPP: feed companies, hatcheries
  - model market/farm
  - contract farming

### FAO group 1:

	Players involved	FAO roles
One World, One Health	MoH FOR local government MOA WHO WCS health care providers (human and animal) research funding agencies private sector associations local NGOs	Develop action plans for animal health Capacity building (short and long term) Wildlife interface Disease response Vet epidemiology Technical advice and leadership Animal health Operational support
(rehab/relief) Compensation policy and practice	Private sector/farmer Government Finance: banks, insurance companies World Bank Associations	Facilitate policy design Assessing and monitoring Sharing experiences Travel to Nigeria and Egypt to study compensation outcomes
Improve biosecurity for sector 3 and 4	Local government Private sector Local community Environmental agency Human health services	Model for biosecurity Training Protocols Monitoring

### FAO group two:

#### Operationalizing One World One Health paradigm:

- Participate in Scientific forums
- Joint steering committees
- Joint publications
- Information sharing
- Joint funding proposals
- Consultative meetings

#### Improved policy and practices for functional and harmonized compensation, relief and alternate schemes:

- Formal consultation between government and industry
- Mechanism for payment should be timely, verifiable and accurate
- Includes relief and rehabilitation mechanisms
- Formal consultations to address harmonized compensation rates among neighboring countries

**Implementation of practical and effective biosecurity measures among sectors especially in sector 3 and related traders and in live bird markets:**

- Monitoring and auditing program for biosecurity: poultry associations will implement with government input
- Continuous quality improvement approach to improve biosecurity including targets and timelines for improvement

**Players and roles:**

- Poultry associations
- National Ministry of Agriculture
- National Veterinary Council
- Ministry of Environment
- FAO – Technical recommendations; facilitation among stakeholders; coordinate practical field research (operational research)

**Comments by workshop facilitator:**

This session has produced some contrasting approaches: non-FAO groups tended to come up with broader thinking, considering mechanisms, processes and players more strategically.

There was a 'shopping list' approach from some groups: listing organizations/people without assigning them specific roles.

But perhaps these issues are largely matters of presentation rather than substance?

**Comments by participants:**

In defence of a 'shopping list' approach, a lot of discussion took place about specific roles, and FAO roles within this in the working group sessions. The One World One Health strategic framework was developed, but for implementation this requires different mixes of partners from resource mobilisation to implementation and onwards.

There was in fact a lot of concordance in the mix of partnerships that emerged: the regional level was identified as being important by both FAO and non-FAO groups for example.

FAO's role is becoming more of a facilitator, and not just an implementer, and this is now increasingly recognized.

Two donor representatives present noted that the FAO groups did not mention the role of donors in providing funds! Donors also want to be technical partners not just passive funders –and this trend is increasingly being appreciated.

**Wrap up comments by Brian Perry**

The RTE team consider that this workshop is an important part of the evaluation process. During the one-and-a-half-day workshop we deliberately did not discuss issues that emerged during the RTE team's country and regional visits. This is because this is a continuing process and we have not yet come up with our definitive findings and recommendations which we would be comfortable sharing. It is important to remember, however, that the RTE is an evaluation of FAO not the countries. Our draft report will go through a process which includes sharing within FAO for feedback and response, and then broader sharing and feedback before finally being made available in the public domain by being posted on the FAO website, which will occur sometime around March 2010.



Thanks to everyone for participating so actively and providing lots of tremendous ideas. We hope the workshop sessions helped you in your own work as much as they have helped the RTE team.

The draft report of this meeting will be circulated to you all and the final report will form an appendix in our final report.

## LIST OF PARTICIPANTS



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## SECOND RTE OF FAO'S WORK ON HIGHLY PATHOGENIC AVIAN INFLUENZA: REGIONAL WORKSHOP FOR ASIA

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