

Second Real Time Evaluation of FAO's Work on Highly Pathogenic Avian Influenza

Findings of the Peer Review Panel

Introduction, objectives of the review and methodology

A peer review of the Second Real Time Evaluation of FAO's Work on Highly Pathogenic Avian Influenza (RTE2) was conducted between 25 and 27 January, 2010. The peer review panel comprised Dr Jaana Husu-Kallo (Chairperson), Dr Stuart Hargreaves, Dr Ulf Magnusson, Dr Les Sims, Dr Gideon Bruckner and Dr Delia Grace.

The peer review was based on the terms of reference provided by the FAO Office of Evaluation, which were:

"To review the draft report and make comments on the preliminary findings, conclusions and recommendations of the evaluation team."

The panel received the full complement of documents, comprising the Draft Evaluation Report (DER) and associated annexes¹, on 23 January 2010. Panel members focused attention on the body of the draft report, but made reference to the annexes to cross check information and to assess whether the RTE2 team had conducted the country assessments in line with its terms of reference. The panel also received and read copies of the RTE2 inception report, the First Real Time Evaluation (RTE1) and other linked material, including the comments from FAO on the evaluation of the PDSR project and initial comments on the draft report from ECTAD staff in FAO HQ.

The RTE2 team leader (Professor Perry) gave an introductory presentation to the panel. In subsequent meetings, the panel sought clarification from and discussed issues related to the evaluation with the RTE2 team leader, senior officers from AGA and TCE (Dr Samuel Jutzi, Dr Juan Lubroth, Mr Dominique Burgeon and Ms Suzanne Raswant) and the staff from the FAO Office of Evaluation (Mr Robert Moore and Mr Carlos Tarazona).

The activities described in the draft report of RTE2 were assessed against the evaluation team's terms of reference. Of particular relevance to the panel was the statement in the inception report that RTE2 will be 'forward looking, emphasizing recommendations to FAO, its members and partners on how to optimize FAO's contribution. As such it will provide:

- Feedback to stakeholders on Programme achievements and constraints.
- Accountability to stakeholders on use of resources.
- Lessons learned for use in future work planning.

Assessing the evaluation team's approach to the evaluation

The Peer Review Panel drew the following conclusions on the approach taken by the evaluation team to RTE2:

¹ Annexes to the report comprised 6 country reports, 3 regional reports, 1 review of the Indonesian PDSR program and the record of two regional workshops.

The evaluation was conducted professionally, in line with the TORs, and involved a very broad range of stakeholders both within and outside FAO. It also involved examination of an extensive collection of relevant documents and reports collated over a period of more than one year.

The evaluation process was rigorous and followed a consistent, logical format. The six pillar framework of the evaluation was constructive and allowed the RTE2 team to gather and analyse information on the FAO program at national and regional level covering both general, cross cutting policy issues and specific technical matters related to disease diagnosis, eradication and prevention.

The evaluation team followed the three core principles of the terms of reference. Each country report contained an assessment of: relevance and appropriateness of FAO's strategy and program to the country; efficiency; effectiveness; sustainability; and, impacts. It was evident in reviewing the report that a lack of hard evidence made it difficult for the evaluation team to quantify effectiveness and impacts. Further attention to monitoring and evaluation systems is warranted to improve this process for future programs of this type.

Not all of the country-specific findings were reflected in the body of the DER especially the efficiency and effectiveness of the activities and it would be useful to have a synthesis of the individual country findings in the DER.

The process of review included visits to multiple countries over a tight time frame (c. one week per country and less in regional centres). The evaluation team also made extensive use of information gathered in the preparatory phase (which included visits to ten countries and three regional ECTAD centers to gather information not available at FAO HQ) and input received from other stakeholders including former FAO staff and consultants who would not otherwise have been contacted in the course of the country visits. However, the size and amount of work carried out by the FAO HPAI programme has been so great that inadvertent omissions in the country and regional reports may have occurred. Recent turnover of staff in some offices, including the position of FAO CVO (the panel was advised that the former FAO CVO did not respond to several requests for an interview) would also have contributed to these omissions through loss of institutional memory.

Nevertheless, in the view of the panel these issues did not compromise the overall process or detract from the general thrust of the key conclusions and recommendations.

The evaluation team provides a forthright assessment of both the strengths and weaknesses of the program and should be congratulated for its independence, hard work and rigorous approach to the evaluation.

Comments on the findings and conclusions

The evaluation team has highlighted in the DER both the strengths and weaknesses identified during its evaluation. However, in reviewing the report, the panel found that the balance between positive and negative aspects was less evident in the section on recommendations.

The report should be revisited to ensure that a bridge connecting the strengths of the program is incorporated into the Recommendations Section to ensure that those who only focus on the recommendations can also see the major gains made by the program. This could be achieved by including a new overarching recommendation that FAO has demonstrated its capacity to provide strong leadership and performance in supporting countries in avian influenza control and prevention and should continue to work in this area to ensure the gains made so far are not lost (especially as donors shift their focus to other areas).

The section on weaknesses highlights four specific contributing factors. For each of these factors the panel did not disagree with the thrust of the conclusion but was concerned that the assessments were too severe and provides the following comments.

Shortcomings in the multidisciplinary approach, in particular building of strong and effective working relationships between staff and consultants from different disciplines, are evident from and highlighted in the report. It is important for FAO to explore ways to improve the existing processes for building and supporting multidisciplinary teams and to engage with other agencies so as to avoid segregation of efforts across disciplines. This will require engagement of compatible experts from a range of disciplines in policy formation and implementation at an early stage in future disease control and preventive programs. However, identifying shortcomings in the approach does not mean that there was 'an absence of integration' across disciplines as suggested (on page 9) in the report. It should be acknowledged in the report that, in some countries, including, but not limited to, Vietnam, Cambodia and Indonesia, the approach to disease control and prevention has been multifaceted (even if imperfectly so) and has taken into consideration the wider socioeconomic, animal production, epidemiological and environmental implications of control and preventive measures.

The DER suggests that the 'lack of strategically applicable support tools' was a key reason for 'FAO's inability to add substantive strategic value to many of the preparedness and intervention approaches'. The availability of such tools, which need to be built and tested over time to ensure universal applicability, would support such a process. However, the absence of these tools did not prevent some innovative and strategic programmes and recommendations from being made and implemented in some countries supported by FAO.

On the application of lessons learned, the process, again, may have been imperfect but new iterations of global and regional strategies and some country strategies clearly indicate that many lessons have been taken on board, including the need for a shift towards longer term programs in endemically infected countries (which is evident in documents issued by FAO and UN partners from 2007 onwards). Application of this principle and shifts toward programs away from emergency responses, covering other disease were complicated and compromised by the conditions imposed on many donor funds that were specifically earmarked for emergency control and prevention of avian influenza.

The panel recommends that these issues be considered by the evaluation team and changes incorporated into the executive summary and body of the DER.

The panel had some specific comments on international and regional coordination for animal diseases. The Panel noted that in the DER the future role of FAO/OIE GFTADs coordination and facilitating mechanisms received little prominence. Although the panel acknowledges that the visibility and awareness of GFTAD's purpose and function is low in the countries visited this does not exclude an important role for GFTADs in future national and regional initiatives for animal disease control by both FAO and OIE. The panel suggests that the DER should consider its potential in future-oriented recommendations.

The panel acknowledges that, at the time of the RTE1, the initiative to establish and deploy ECTAD's was just being launched. Since then substantial investment was made in ECTADs. The DER should consider the risk of duplication of coordination mechanisms and give future-oriented recommendations accordingly.

Some \$300 million has been invested in this program. Placing country teams in affected countries has a high transaction cost and the question should be asked by the evaluation team whether the right balance was struck between direct funding of national veterinary services versus an ECTAD approach.

A number of other more specific comments and recommendations on the evaluation team's findings and conclusions are provided in the first annex to this report.

Comments on Recommendations

The panel believes that the section on recommendations would be strengthened by the following changes.

The number of recommendations should be reduced, which can be achieved through amalgamation of a number of the existing recommendations. Some specific suggestions on amalgamation (along with comments on specific recommendations) are included in the first annex to this report.

The panel felt strongly that all recommendations on future directions, based on lessons learned, should be clearly separated from those that are based on areas where the evaluation team detected some shortcomings in the existing processes. This approach is in line with the terms of reference described above (page 1). This will allow distinction between opportunities lost and future opportunities.

For example, the current recommendation 5 reflects a lesson learned in that situation analyses have been conducted in individual countries but a standard framework for conducting such analyses is yet to be built and would be a valuable aid in the future.

Recommendations that suggest broadening the work to cover other livestock diseases or broader programs such as One World, One Health, may also be seen as recommendations for the future rather than reflecting shortcomings in the past given the restrictions that were placed on FAO by donors and the nature of the program (which was to address control and prevention of HPAI).

The recommendations should be reviewed to ensure that they create a bridge between existing avian influenza programs and broader programs in the future.

The four general recommendations (Recommendations 1 to 4) and the text accompanying the recommendations should be reviewed and revised to take

account of the comments above on the conclusions and to show that the approaches recommended are building on an existing (albeit imperfect) base. For example, Recommendation 1 could be revised to read:

‘To review and enhance the implementation of integrated and multidisciplinary approaches to international, regional and country level programs’

A tabulated format for the recommendations provides clarity, but not when the table extends over 6 pages. It would be better to present a one page table of the high priority recommendations separated into those that are derived from lessons learned and those that reflect significant weaknesses in implementation. The evaluation team should also consider explicitly the priority for recommendations in an environment in which there is likely to be reduced donor support for disease-specific programs. Individual tables based on the current format that assigns recommendations to each of the six pillars can still be included to retain consistency with the approach taken in the evaluation.

Some of the recommendations could be enhanced by providing a broad statement of intent followed by a number of sub elements.

Annex One

Additional comments and recommendations on findings and conclusions

Figure 2: Review of country classifications

The panel strongly recommends deletion of Figure 2 on page 24, while still supporting the need to keep country classifications under review. Despite the different classifications of countries in Table 2 there are few significant differences in the approaches listed. In addition the classification of disease status of countries could be misconstrued.

Table 3: Ratings to FAO/OIE Global Strategy outputs and outcomes

The review panel concluded that although the information in Table 3 provided a way of assessing progress towards goals, the assessments were subjective and several of the assessments (including those on application of PVS and gap analysis for veterinary services and the stage of implementation of the OWOH strategy) were surprisingly high. The short term objectives in the OIE/FAO Global Strategy were set in late 2008 and therefore the scores only represent a snap shot of progress one year along the path. The panel felt that given the subjective and preliminary nature of the results, their presentation in a full page table afforded them undue emphasis and provided scope for misinterpretation by casual readers. Alternative ways of presenting this information should be considered.

Role of country versus role of FAO

In the report the evaluation team has indicated that FAO is not the agency implementing control programs. The panel would suggest that the review evaluation team carefully re-examines the DER (including individual country reports) to ensure that FAO is not being judged unfairly for activities at country level that are not implemented, despite FAO recommendations.

Changing environment

The environment in which FAO operated over the period assessed has changed dramatically with a shift in focus away from single disease approaches to broader programs. However a number of the FAO programmes were designed for a specific purpose. It is not clear that the evaluation has reflected all the difficulties faced in rapidly changing direction when funds are tied for specific purposes.

Additional comments on specific recommendations

In addition to the earlier comments on the recommendations, including amalgamation and separation into future-oriented and those addressing past shortcomings the panel has the following comments on specific recommendations.

Recommendation 2 should be split into two parts to separate the emergency response versus broader preparedness from single disease versus a broader disease focus in the future.

The text accompanying Recommendation 6 (development of strategic frameworks) should talk of 'harmonized' rather than 'standardized' frameworks

Recommendation 9 on epidemiological definitions: FAO should be promoting use of the OIE definitions and standards.

Recommendations 8 to 11 on surveillance could be amalgamated and where OIE standards exist, they should be promoted.

Recommendation 12 on laboratories should be rewritten to increase clarity. If this is recommending definition of minimum laboratory requirements for countries then it should be rephrased accordingly.

Consider amalgamation of recommendations 14 to 18 on epidemiology with more emphasis placed on the need for better case investigations as the first step. Use of risk based approaches relies on better data quality.

Recommendation 20 on human risk factors covers issues that fall within WHO's mandate.

Recommendation 21 on sub-national support will be very difficult to implement if funding for AI support is reduced (apart from the practical difficulties in implementing such a scheme in countries such as Vietnam).

Recommendation 23 on moving biosecurity from theory to practice should be rewritten to reflect the fact that considerable effort has been put in to promoting biosecurity measures but uptake, which depends on complex issues related to behavioural change, has been weak.

Recommendation 24 on vaccination: this should reflect the need for FAO to work with OIE to update recommendations on vaccination.

Parts of recommendation 32 on multidisciplinary approaches could be largely amalgamated into Recommendation 1.

Annex Two

Brief Bios of the Peer Review Panel Members

Mrs Jaana Husu-Kallio (Chair)

(Finland)

Dr Husu Kallio is the Director General of the Finnish Food Safety Authority, Evira since 1. Aug 2006. The Authority is in charge of the implementation of all the veterinary measures on HPAI on national level. Before Evira, she was the Deputy Director General in the European Commission, DG SANCO since 2002 (in charge of food safety, animal and plant health, animal welfare). Before that she was the Finnish CVO. A veterinarian by education, she prepared a thesis on veterinary microbiology and she holds a special degree on infectious animal diseases. She has taken part in the work of OIE since 1994, also as a deputy chair of the European sector.

Dr Husu Kallio was a member of the Peer Review Panel of the First Real Time Evaluation of FAO's Work on HPAI.

Mr Stuart Hargreaves

(Zimbabwe)

Dr Hargreaves has been serving within the Zimbabwe Veterinary Service for 39 years, and has headed the Veterinary Service for the previous 22 years. He is currently the Principal Director for Livestock and Veterinary Services in Zimbabwe. He has travelled extensively, especially in Africa and he is familiar with the general capability of veterinary services on the continent to control transboundary animal diseases. He was a past President of the OIE Regional Commission for Africa from 1995-1997. He was elected to serve on the OIE Terrestrial Animal Health Standards (Code) Commission from 2000. He was selected by the OIE in 2006 as an expert to evaluate veterinary services using the OIE Performance of Veterinary Services (PVS) tool. He is also the Chairman of the Zimbabwe Task Force for Avian Influenza.

Dr Hargreaves was a member of the FAO Peer Review Panel in December 2001 to review FAO Livestock Programmes from 1995-2000 and a member of the Peer Review Panel of the First Real Time Evaluation of FAO's Work on HPAI in 2007.

Ms Delia Grace

(Ireland)

Dr Grace is a veterinary epidemiologist and food safety specialist at the International Livestock Research Institute (ILRI) in Nairobi, Kenya. She obtained her PhD from the Institute for Parasitology and Tropical Veterinary Medicine, Free University of Berlin (Germany) in 2006. Currently, her research work involves developing and managing risk-based approaches to animal diseases, particularly zoonoses (animal diseases that can be transmitted to humans), in developing countries. Before joining ILRI as a postdoctoral scientist, Dr Grace worked for several years in community-based animal health programs in Asia, East Africa and West Africa. She has written several papers and guides on participatory approaches to veterinary epidemiology. She has also developed and implemented training courses in participatory risk assessment and risk analysis for food safety.

Mr Gideon Brückner**(South Africa)**

Dr Brückner served for 34 years in the Government veterinary service and held the positions of Director of Veterinary Public Health, Director of Animal Health and Director of Veterinary Services in the National Department of Agriculture and Chief Director of Veterinary Services in the Western Cape Department of Agriculture. During his career in South Africa, he was responsible for the management of several major animal disease outbreaks such as foot and mouth disease, rabies, avian influenza, swine fever and Corridor disease. He has published 42 articles in scientific journals of which 29 as senior author. During this time he participated in several ad hoc expert Groups of the OIE and also served three years as a member of the OIE Scientific Commission for Animal Diseases.

In February 2006 he became Head of the Scientific and Technical Department of the World Organisation for Animal Health (OIE) in Paris, France and in October 2007 promoted to Deputy Director General (Animal Health and International Trade) of the OIE. He represented the OIE on numerous occasions on expert missions, seminars, workshops and international conferences. He is an accredited OIE PVS and Gap Analyst expert. He was chairman of the OIE task force on AI and served on an expert panel to evaluate and audit the FES Avian influenza project in the Netherlands. He retired from the OIE in March 2009. In May 2009, he was elected as President of the OIE Scientific Commission for Animal Diseases.

Mr Les Sims**(Australia)**

Dr Sims is a veterinary consultant with over 30 years of experience, focusing primarily on farm animal disease management. He has a special interest and association with avian influenza, having been involved with outbreaks of highly pathogenic avian influenza since 1985 (two outbreaks in Australia in 1985 and 1992). He was in charge of operations and played a major role in avian influenza control and prevention in Hong Kong from 1997 to 2002, while working for the Hong Kong government as an Assistant Director of the Department of Agriculture, Fisheries and Conservation.

Since 2004, he has worked as a consultant, mainly through FAO and the World Bank, advising veterinary authorities on avian influenza in China, Thailand, Cambodia, North Korea, Mongolia, Indonesia and, especially, Viet Nam. He has provided technical support for HQ staff at FAO, written numerous papers on avian influenza control and prevention, and guided development of technical components for World Bank projects on avian influenza in Cambodia and Viet Nam.

Mr Ulf Magnusson**(Sweden)**

Professor Magnusson recently ended a 6-years period as Vice Dean for Research and International Cooperation at the Faculty of Veterinary Medicine and Animal Science of the Swedish University of Agricultural Sciences. Following his postdoc fellowship at University of Guelph in the early nineties he has been running animal health

research and capacity building projects in Vietnam, Thailand, Laos and Cambodia and western former Soviet Union States. He has made evaluation/assessment missions for the Swedish International Development Agency, FAO and EU in Bosnia Herzegovina, Kenya, Uganda, Azerbaijan, Tajikistan, Kirgizstan and Viet Nam. Since 2005 he is the manager for a programme developing the Public Veterinary Service in Tajikistan. He serves in committees for the Swedish Government on animal health issues, and on FAO and CGIAR issues. Since 2006 he is chairing a reference group for the Swedish support to FAO's work on HPAI and was a member of the Consultative Group of the First Real Time Evaluation of FAO's Work on HPAI in 2007. He is a Fellow of the Royal Swedish Academy of Forestry and Agriculture and has published some 65+ peer reviewed scientific articles.