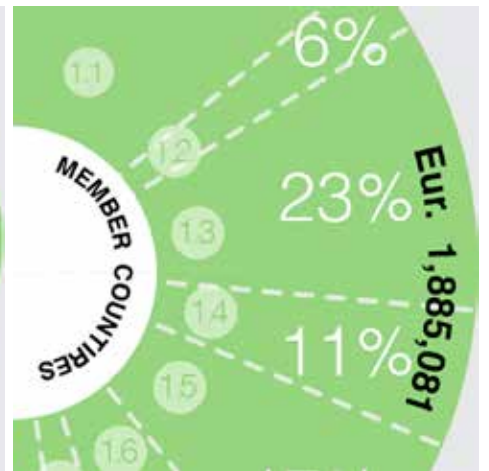




MONZA 24-25 SEPTEMBER 2015



Report Appendices

90TH SESSION
OF THE EXECUTIVE COMMITTEE
OF THE EUFMD COMMISSION

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Please note the Report is available online and as a separate document on the EuFMD website.

Appendix 1
Progress in the last six months,
Administrative and Programme
Reports

90th Session of the EuFMD Executive Committee

24-25 September- Monza, Hotel de la Ville

DRAFT AGENDA

14.30	1	Adoption of the Agenda	
14.35	2	FMD situation report	D.King
15.00	3	Report on EuFMD activities since the 41 st Session	K.Sumption
15.30	4	Administrative and Financial	K.Sumption
16.00	Coffee break		
16.15	5	Overview of the Workplan 2015-2017 (Phase IV, EC funded Programme)	EuFMD
16.30	6	Specific Components – report on recent events and their relation to proposed workplans under Phase IV A. Component 1.3, THRACE/Tripartite Meeting 31 st August B. Component 1.4, Balkans C. Component 2.1, Turkey/Georgia/West Eurasia	F.Rosso B.Plavsic (Adobe) G.Ismailova (Adobe)
End of Day 1			
8.45	6	D. Component 2.3, REMESA	F.Rosso
9.15	7	Priorities for Component 1.2: Improved Contingency Planning	K.Sumption
	8	Horizontal elements of the Phase IV workplan 1. Training and Technical Networks 2. Progressive Control Pathway for FMD (PCP) –application, further development, training 3. Risk Analysis and Risk Communication 4. Reference Laboratory services and epidemio-surveillance	J.Maud C.Bartels (Adobe) K.Sumption D. King/C. van Maanen
Coffee break			
	9	FAO, OIE and GF-TADS WG and the work plan under Pillar 3 Reports from OIE and FAO - Recent activities and developments of importance for future work planning - Feedback relating to the Phase III co-ordination and priorities for future work under Phase IV	FAO/OIE H.Van Ormel N.Leboucq
13.00	Lunch break		
	11	Standing Technical Committee Report	E.Ryan (Adobe)
	12	Upcoming Events and Meetings	
	13	Any other business	
16.00	Close of the meeting		

ITEM 2

FMD Situation Report – D.King

App 1.(Summary) Global monthly report July 2015

I. GENERAL OVERVIEW

Pools represent independently circulating and evolving FMDV genotypes; within the pools, cycles of emergence and spread occur that usually affect multiple countries in the region. In the absence of specific reports, it should be assumed that the serotypes indicated below are continuously circulating in parts of the pool area and would be detected if sufficient surveillance was in place (Table 1).

Table 1: List of countries representing each virus pool for the period 2010 – 2015

POOL	REGION/COUNTRIES – colour pools as in figure	SEROTYPES
1	SOUTHEAST ASIA/CENTRAL ASIA/EAST ASIA Cambodia, China (People's Rep. of), China (Hong Kong, SAR), China (Taiwan Province), Korea (DPR), Korea (Rep. of), Laos PDR, Malaysia, Mongolia, Myanmar, Russian Federation, Thailand, Viet Nam	O, A, Asia 1
2	SOUTH ASIA Bangladesh, Bhutan, India, Nepal, Sri Lanka	O, A, Asia 1
3	WEST EURASIA & MIDDLE EAST Afghanistan, Algeria, Armenia, Azerbaijan, Bahrain, Bulgaria, Egypt , Georgia, Iran, Iraq, Israel, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Libya , Oman, Pakistan, Palestine Autonomous Territories, Qatar, Saudi Arabia, Syrian Arab Republic, Tajikistan, Tunisia, Turkey, Turkmenistan, United Arab Emirates, Uzbekistan	O, A, Asia 1
4	EASTERN AFRICA Burundi, Comoros, Congo D. R. , Djibouti, Egypt , Eritrea, Ethiopia, Kenya, Libya , Rwanda, Somalia, Sudan, South Sudan, Tanzania, Uganda, Yemen	O, A, SAT 1, SAT 2, SAT 3
5	WEST/CENTRAL AFRICA Benin, Burkina Faso, Cameroon, Cape Verde, Central Afr. Rep., Chad, Congo D. R. , Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea Biss., Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome Principe, Senegal, Sierra Leone, Togo	O, A, SAT 1, SAT 2
6	SOUTHERN AFRICA Angola, Botswana, Congo D. R. , Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe	{O, A}* , SAT 1, SAT 2, SAT 3
7	SOUTH AMERICA Ecuador, Paraguay, Venezuela	O, A

Egypt, Libya and Congo D. R. (highlighted in bold) are indicated as being in multiple pools, since they have evidence of FMDV originating from 2 or more pools in the past four years. * ONLY IN NORTH ZAMBIA AS SPILL-OVER FROM POOL 4

Foot-and-mouth disease (FMD) virus pools: world distribution by serotype in 2011-2015 (Map 1)

II. HEADLINE NEWS

POOL 1- SOUTHEAST ASIA/CENTRAL ASIA/EAST ASIA

Cambodia¹ – Four new clinical FMD outbreaks were reported during June 2015.

Hong Kong² – Two pig samples collected during April 2015 were genotyped by the WRLFMD as FMDV O/CATHAY/ unnamed.

Mongolia^{2,3} - FMD outbreaks were reported as continuing from the event that started in February 2015 in Sukhbaatar, Mongolia in cattle.

FMDV O field isolate from bovine tissue samples collected during February 2015 in Mongolia matched with the two vaccine strains employed in the vaccine matching tests conducted by the WRLFMD.

Rep. of Korea³ - The vaccine matching tests conducted by WRLFMD on one FMDV serotype O field strain collected in 2014 did not match with the two vaccine strains employed.

Viet Nam¹ - Two new clinical FMD outbreaks were reported during July 2015.

POOL 2 - SOUTH ASIA

India⁴ – Three cattle samples were tested for FMDV by the Project Directorate on Foot and Mouth Disease (PD-FMD), Indian Council of Agricultural Research, Mukteswarand, and serotype O was detected.

POOL 3 - WEST EURASIA & MIDDLE EAST

Afghanistan² - The vaccine matching tests conducted by WRLFMD on two FMDV serotype O field strains collected in 2014 mtched with the three vaccine strains employed.

Bahrain² – Two FMDV serotype O isolates respectively collected from sheep and bovine samples during March 2015 partially matched with the vaccine strains in the vaccine matching tests conducted by WRLFMD.

Egypt² – Genotyping has been conducted by the WRLFMD of sequences of FMDV serotypes A and O of field strains collected in Egypt during 2014 and 2015 submitted by Dr. E. Brocchi of the OIE/FAO Reference Laboratory (RL) for Vesicular Diseases of the Istituto Zooprofilattico Sperimentale della Lombardia e dell'Emilia Romagna (IZSLER), Brescia, Italy and were respectively identified as FMDV A/ASIA/ Iran-05^{BAR-08} and O/EA-3/unnamed.

Oman² - The vaccine matching tests conducted by WRLFMD on one FMDV serotype SAT 2 field strain, collected in 2015, partially matched with the vaccine strains employed.

Pakistan^{2,5}

Presence of FMDV A/ASIA/Iran-05^{Far11} was confirmed by the WRLFMD in bovine and buffalo samples collected in Pakistan during 2015.

The vaccine matching tests also conducted by WRLFMD on four FMDV serotype O field strains collected in 2014 and 2015 partially matched with the vaccine strains employed.

Six FMD outbreaks were reported during June 2015, throughout Pakistan, within the Progressive Control of Foot and Mouth Disease Project, caused by two of the FMDV serotypes, A and O.

POOL 4 - EASTERN AFRICA

Ethiopia² – Three bovine samples collected in March 2015 were genotyped by the WRLFMD as FMDV O/EA-3/unnamed.

Kenya⁶ - The Foot-and-Mouth Disease Laboratory, Embakasi, Kenya detected FMDV serotypes A, O, SAT 1 and SAT 2 among the 13 samples collected in Kenya.

Tanzania² – The WRLFMD has completed the serotyping of 41 clinical bovine samples collected in 2014 and FMDV serotypes O and SAT 1 were detected. Genotyping of the samples pertaining to the latter serotype identified these as SAT 1/I (NWZ)/unnamed.

POOL 5 - WEST/CENTRAL AFRICA

Cameroon⁷ - The Laboratoire National Vétérinaire (LANAVET) detected 28 positive samples among the 540 bovine specimens tested by a FMDV pan-serotypic RT-PCR.

POOL 6 - SOUTHERN AFRICA

Angola³ - The FMD outbreak reported in a cattle herd in the village of Cubango, Angola, in May 2015, for which serotyping was pending, was confirmed as being caused by FMDV serotype SAT 2.

Botswana³ - The FMD outbreak identified on clinical basis, in June 2015 in a cattle crush in Chobe, Botswana was confirmed as being due to FMDV serotype SAT 1.

A new FMD outbreak was reported on clinical basis in a cattle crush in Ngamiland, Botswana on the 31st of July 2015 for which laboratory diagnosis is still pending.

Mozambique³ - The clinical FMD outbreak reported in May 2015 in cattle in a village of Maputo, Mozambique for which serotyping was pending, is now confirmed as being due to FMDV serotype SAT 2.

Namibia³ – Following the FMD outbreaks occurring in June 2015, two new events were reported on the 10th of July 2015 in cattle in Zambezi, Namibia. The FMDV serotype responsible for these latest outbreaks is still pending.

Zimbabwe³ – Additional outbreaks are occurring in the three FMD episodes that had respectively started in April and June 2015 in cattle in Midlands, Matabeleland South and North, Manicaland and Masvingo, Zimbabwe has registered five new outbreaks following those initially reported on the 15th of June 2015.

POOL 7 - SOUTH AMERICA

Latin America³ - No outbreaks reported.

COUNTER

***** 43 MONTHS SINCE THE LAST OUTBREAK IN SOUTH AMERICA WAS REPORTED *** 131 MONTHS SINCE THE LAST SEROTYPE C OUTBREAK WAS REPORTED**

III. DETAILED POOL ANALYSIS

A. POOL 1 – SOUTHEAST ASIA/CENTRAL ASIA/EAST ASIA

Cambodia¹

The four new FMD clinical outbreaks reported in Cambodia during June 2015 occurred in the provinces of KG. Speu, Prey Veng and Rattanakiri. The animal species involved in the outbreaks is not known as also the FMDV serotype/s responsible for the outbreaks as samples from these events have not been collected. At present, Cambodia has 122 ongoing outbreaks of which 116 are not sampled. For location of outbreaks see Map 2.

Hong Kong²

Two pig samples collected during April 2015 were genotyped as FMDV O/CATHAY/ unnamed. Both viruses have high sequence identity (seq. id.) with field isolates of the same area collected during 2014 (lowest sequence identity 98.28%). Most closely related reference virus is O/Yunlin/TAW/97 (AF308157) with lowest seq. id. of 88.73 %.

Further details of the results of serotyping, genotyping and of vaccine matching tests conducted by the WRLFMD cited within this report will be given in the forthcoming WRLFMD Quarterly Report (July - September, 2015).

Mongolia^{2,3}

The latest FMD outbreak of a series that started in February 2015 in Sukhbaatar, Mongolia in cattle was observed on the 10th of May 2015. A summary of the species involved and location of the outbreak are respectively reported in Table 2 and Map 2. Diagnosis of the outbreak was carried out by the State Central Veterinary Laboratory (National laboratory) on the 12th of May 2015 employing non-structural protein (NSP) ELISA and reverse transcription - polymerase chain reaction (RT-PCR). The Russian Research Institute for Animal Health (FGBI-ARRIAH) (OIE's Reference Laboratory) also examined the samples from the outbreak employing RT-PCR and complement fixation test (CFT) which were confirmed as positive on the 22nd of May 2015. FMDV serotype O is responsible for the present outbreak, but the source of the outbreak is unknown of inconclusive.

Table 2: summary of the number of bovines involved in the FMD outbreak reported in May 2015 in Sukhbaatar, Mongolia.

Species	Susceptible	Cases	Deaths	Destroyed	Slaughtered	Apparent morbidity rate	Apparent mortality rate	Apparent case fatality rate	Proportion susceptible animals lost*
Cattle	44	12	0	0	0	27.27%	0.00%	0.00%	0.00%

*Removed from the susceptible population through death, destruction and/or slaughter

The FMDV O/SEA/Mya-98 field isolate (O MOG 2/2015) from a bovine tissue sample collected during February 2015 in Mongolia matched with O IND R2/75 BVS 1 and BVS 2 strains employed in the vaccine matching test conducted by the WRLFMD.

Rep. of Korea³ - The vaccine matching tests conducted by the WRLFMD on one FMDV serotype O field strain (O SKR 2014/14) collected in 2014 did not match with the vaccine strains employed, O IND R2/75 BVS 1 and BVS 2, with no neutralization with the former strain.

Russian Federation⁸

The Russian Research Institute for Animal Health (FGBI-ARRIAH) examined during July 10,071 sera for the presence of FMD antibodies for post-vaccination monitoring. The laboratory is also carrying out studies on the immunobiological properties of FMDV serotype A.

ARRIAH continues to provide support in the provision of materials and advice respectively to the Federal Service for Veterinary and Phytosanitary Surveillance of the Ministry of Agriculture of the Russian Federation and to the Veterinary services of the Russian Federation Subjects.

Vietnam¹

The two new FMD clinical outbreaks reported during July 2015 have occurred in the provinces of Ha Tinh and Lao Cai, Viet Nam, with swine and bovine species respectively involved. The FMDV serotypes responsible for the outbreaks are O for the latter and not typed for the former. Until July 2015, Viet Nam has 19 ongoing outbreaks with 15 of them due to FMDV serotype Asia 1 and 3 due to serotype O. For location of outbreaks see Map 3

Southeast Asia¹

The updated number of FMD episodes ongoing from the previous months in the countries listed in Table 3 is 192. The circulating FMDV serotypes are A, Asia 1 and O and are distributed among the countries as reported in Table 3. Location of outbreaks is presented in Map 3.

Table 4: Summary of the history of FMD Pool 1, 2012 – 2014, for geographic distribution see Map 4 below.

COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE between 2012 – 2014	LAST OUTBREAK REPORTED/SEROTYPE [#]	Comment
Cambodia	O, 2013-2014/NOT SAMPLED	Apr 2015/O, Aug 2014/ not typed, June 2014/not typed	See text Typing required
China (People's Rep. of)	2012-2013/O, 2013/A,	Apr 2015/O, May 2015/A	Typing required
China (Hong Kong, Sar)	O	Apr 2015/O	See text
China (Taiwan Province)	2012-2013/O,	Jun 2015/A	See text
Korea (DPR)	2012-2013/DISEASE ABSENT	May 2014/not confirmed, July 2014/O	
Korea (Rep. of)	2012-2013/DISEASE ABSENT	April 2015/O	See text
Laos PDR	2012/DISEASE PRESENT WITH QUANTITATIVE DATA BUT WITH AN UNKNOWN NUMBER OF OUTBREAKS	Mar 2013/O	
Malaysia	2012 –2013/O 2013/NOT TYPED	Apr 2015/O	See text Typing required
Mongolia	2013/A	Sept 2013/A, May 2015/O	See text
Myanmar	2012-2013/O	Apr 2015/O, July 2014/ not typed	See text Typing required
Russian Federation	2012/O, 2013/A	March 2015/O and A	See text
Thailand	O, A and NOT TYPED	Jun 2014 /A, Oct 2012/O, Sept 2014/not typed	See text Typing required
Vietnam	O, NOT SAMPLED 2013- 2014/A,	Apr 2015/A and Asia 1 July 2015/O, July 2014/not typed	See text Typing required

POOL 2 – South AsiaIndia ⁴

The PDFMD, Mukteswar detected FMDV serotype O among the 3 bovine clinical samples tested by FMDV antigen and/or RNA detection methods. The laboratory has conducted genotyping of 4 clinical isolates positive for FMDV serotype O and vaccine matching tests of 4 field isolates, also positive for FMDV serotype O.

FMDV antibody detection test were conducted for epidemiological studies on 27,116 sera. FMD diagnosis was carried out using indigenous diagnostic kits developed at PDFMD, Mukteswar.

The laboratory personnel are constantly involved in the investigation of FMD field outbreaks and in providing expert advice to Government, national/local authorities or to other services and in ongoing research studies and collaborations with international organisations.

Table 5: Summary of the history of FMD Pool 2, 2012 – 2014, for geographic distribution see Map 5 below.

COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE between 2012 – 2014	LAST OUTBREAK REPORTED/SEROTYPE [#]	Comment
Bangladesh	DISEASE PRESENT BUT WITHOUT QUANTITATIVE DATA	Not available	Follow –up needed
Bhutan	NOT TYPED, 2013/NOT SAMPLED 2013-2014/O	Not available	Follow –up needed
India	O, A, NOT SAMPLED 2012-2013/Asia 1 2013/NOT TYPED	Apr 2015/Asia 1, July 2015/O	See text

Nepal	O, 2012-2103/Asia 1	Apr 2014/O	
Sri Lanka	2012 – 2013/O	Sept 2014/O	

B. POOL 3 – West Eurasia & Middle East

Afghanistan²

The results of the vaccine matching tests conducted by the WRLFMD on two FMDV serotype O field strains collected in 2014, both genotyped as ME-SA/PanAsia-2^{ANT-10}, confirmed that these matched with the vaccine strains employed, O 3039, O Manisa and O Tur 5/09.

Bahrain²

Two FMDV serotype O isolates, both genotyped as ME-SA/ Ind-2001d, and respectively collected from sheep and bovine samples during March 2015 matched with the vaccine strains O 3039, and O Tur 5/09 but not with O Manisa in the vaccine matching tests conducted by WRLFMD.

Egypt²

Genotyping by the WRLFMD of sequences of FMDV serotypes A and O of field strains collected in Egypt from cattle October 2014 and April 2015 submitted by the OIE/FAO RL for Vesicular Diseases (IZSLER, Brescia Italy) provided the following results: the two FMDV serotype A field strains were identified as ASIA/ Iran-05^{BAR-08} with closest related field strain represented by A/EGY/11/2013 with a seq. id. between 97.97 and 98.12% while most closely related reference virus is A/BAR/6/2008 (FJ755010) with the least value of seq. id. of 95.46%. Genotyping of the FMDV serotype O of field strains, were all identified as EA-3/unnamed with closest related field strains represented by isolates of the same country collected during 2014 with lowest seq. id. value of 99.06%, while most closely related reference virus is O/SUD/2/86 (DQ165075), with lowest seq. id. value of 89.83%.

Kazakhstan²

No FMDV has been detected by the WRLFMD in the five bovine samples consisting of internal organs, mouth mucous and mouth scabs, collected in Kazakhstan in June 2015.

Oman²

The vaccine matching tests conducted by WRLFMD on a FMDV serotype SAT 2 field strain detected in bovine samples, collected in 2015, matched with SAT 2 Eri but not with SAT 2 Zim, the vaccine strains employed.

Pakistan^{2,5}

Six FMD outbreaks were reported during June 2015 in the provinces of Sindh (3), AJK (2) and Balochistan (1), throughout Pakistan, within the FMD Project GCP/PAK/123/USA, for the Development of a Technical Framework for the Progressive Control of the disease in Pakistan, caused by two of the FMDV serotypes, A and O.

Vaccination against FMD was carried out in 15,460 animals and a summary of this activity is reported in Table 6.

Table 6: summary of the animals vaccinated in the different livestock production units, during July 2015, in Pakistan

Province	Ring Vaccination	Dairy Colonies	Rural dairy production system	Cost sharing basis*	Government Livestock Farms/ Yaks/ Cholistan desert farming system
Sindh	-	475	4339	8246	325
Balochistan	25	-	-	-	-
AJK	50	-	-	-	-
FATA	-	-	2000	-	-
Total	75	475	6339	8246	325

*Farmers of dairy colonies are actively participating in a cost-sharing vaccination program.

Of the ten clinical samples (fluids) collected in Pakistan between January and June 2015, FMDV A was detected by the WRLFMD in three of the six buffalo samples and in all four of the bovine samples examined. Genotyping of the seven field isolates identified them as FMDV A/ASIA/ Iran-05^{FAR-11} with closest field strains represented by isolates collected in the same country in 2014 (lowest seq. id. value of 99.53%) and 2015 (seq. id. 100%), while most closely related reference virus is represented by A/IRN/1/2011 with lowest seq. id. value of 96.09%.

The summary of the results of vaccine matching tests conducted by WRLFMD on four FMDV serotype O field strains, all genotyped as ME-SA/PanAsia-2^{ANT-10}, respectively collected in 2014 from two water buffaloes and in 2015 from two cattle are reported in Table 7.

Table 7; summary of vaccine matching tests conducted by WRLFMD on four FMDV serotype O field strains collected in 2014 and 2015 in Pakistan

Field isolate	Species from which isolated	Vaccine strains employed		
		O 3039	O Manisa	O Tur 5/09
O PAK 29/14	Water buffalo	NM	NM	NM
O PAK 40/14		M	NM	M
O PAK 05/15	Cattle	NM	NM	M
O PAK 06/15		M	NM	M

M - match

NM - no match

Table 8: Summary of the history of FMD Pool 3, 2012 – 2014, for geographic distribution see Map 6 below.

COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2012 – 2014	LAST OUTBREAK REPORTED/SEROTYPE [#]	Comment (Genotyping or vaccine matching tests needed for this pool)
Afghanistan	2013/O, A, Asia 1, NOT TYPED 2012/SEROTYPE NOT REPORTED	2014/A, Asia 1, O	See text
Algeria	2014/O	Apr 2015/O	
Armenia	2012-2013/DISEASE ABSENT	Not available	Follow –up needed
Azerbaijan	DISEASE ABSENT	Jun 2001	Follow –up needed
Bahrain	2012 /O	March 2015/O	See text
Egypt	2012, 2014/SAT 2 2012 - 2014/O, A	April 2014/Sat 2, Jan-April 2015/A & O	See text
Georgia	DISEASE ABSENT	2002	Follow –up needed
Iran	O, A, 2012-2013/Asia 1	Jun 2013/Asia 1, Apr 2014/O, A	
Iraq	2012-2013/O, A	Dec 2013/A, O	Follow –up needed
Israel	2012-2013/O	Nov 2013/O	Follow –up needed
Jordan	DISEASE ABSENT	2006	Follow –up needed
Kazakhstan	2012/O 2012 –2013/A	Aug 2012/O, Jun 2013/ A	Follow –up needed
Kuwait	2012/O 2013 – 2014/ DISEASE ABSENT	Jan 2012/O	Follow –up needed
Kyrgyzstan	2012-2013/O, A	Apr 2013 /O, A, Aug 2014/NOT TYPED	Typing required
Lebanon	DISEASE ABSENT	2010	Follow –up needed
Libya	NO DATA AVAILABLE	Oct 2013/O	Follow –up needed
Oman	2012-2013/O	Dec 2013, May 2015/SAT 2	See text
Pakistan	DISEASE LIMITED TO ONE OR MORE ZONES	May 2015 / Asia 1, July 2015/A, O	See text
Autonomous Territories Palestine	O, 2012-2013 - SAT 2	Mar 2013/Sat 2, Nov 2014/O	
Qatar	2012-2013/O	Dec 2013/O	Follow –up needed
Saudi Arabia	2013/O	Nov 2013/O	
Syrian Arab Republic	DISEASE ABSENT	Mar/2002	Follow –up needed
Tajikistan	2012/NOT TYPED 2013/DISEASE ABSENT	Nov 2011/Asia 1, Nov 2012/ NOT TYPED	Follow –up needed
Tunisia	2014/O	Oct 2014/O	

Turkey	Asia 1, A, O, NOT TYPED	Nov 2014/O, Feb 2015/ A and Asia 1	Follow –up needed
Turkmenistan	NO DATA AVAILABLE	Not available	Follow –up needed
United Arab Emirates	2012/DISEASE ABSENT 2013-2014/O	Jan 2014/O	Follow –up needed
Uzbekistan	NO DATA AVAILABLE	Not available	

C. POOL 4 – Eastern Africa

Ethiopia^{2,9}

Three bovine samples, of which one was collected from a local Zebu during March 2015, were genotyped as FMDV O/EA-3/unnamed with most closely related field virus represented by O/ETH/13/2011, with the lowest seq. id. value of 97.03% for two of the isolates, and by O/YEM/3/2006 with seq. id. of 95.15% for the other isolate. The most closely related reference virus for these isolates is O/ETH/1/2007 (FJ798137) with lowest seq. id. value of 90.61%.

There are no reports of FMD outbreaks for July 2014, by the National Animal Health Diagnostic And Investigation Center (NAHDIC), Ethiopia.

Kenya⁶

The FMD Laboratory, Embakasi, Kenya detected FMDV serotypes A, O, SAT 1 and SAT 2 among the thirteen samples (twelve from cattle and one from a sheep) collected in Kenya when examined using FMD Ag detection ELISA and/or RT-PCR. The laboratory also carried out post-vaccination monitoring.

Tanzania²

The WRLFMD has completed the serotyping and genotyping of bovine samples submitted via Miss Tiziana Lembo of the Institute of Biodiversity, Animal Health and Comparative Medicine, University of Glasgow.

The 41 clinical bovine samples (33 epithelium samples and 9 vesicular fluids) were collected between May and November 2014. The FMDV serotypes detected were O in 8 samples and SAT 1 in 29 samples.

Genotyping of the samples pertaining to the latter serotype identified these as SAT 1/I (NWZ)/unnamed. All the samples formed a single cluster with the lowest seq. id value among the field isolates being 99.25%, indicating a high epidemiological correlation relative to the origin of the strains. The most closely related SAT1/T155/71 (KF561706) of Tanzanian origin with the lowest seq. id value of 89.29% represents reference virus.

Table 9: Summary of the history of FMD Pool 4, 2012 – 2014, for geographic distribution see Map 7 below.

COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2012 - 2014	LAST OUTBREAK REPORTED/SEROTYPE [#]	Comment
Burundi	NO DATA AVAILABLE	Aug 2013 / not available	Typing required
Comoros	NO DATA AVAILABLE	2010	Follow –up needed
Congo d. R.	NO DATA AVAILABLE	Jun 2013/not typed	Typing required
Djibouti	DISEASE ABSENT	Not available	Follow –up needed
Egypt	2012, 2014/SAT 2 2012 - 2014/O, A	April 2014/Sat 2, May 2014/A, Oct 2014/O	See text
Eritrea	2012/O	Jan 2012/O	Follow –up needed
Ethiopia	O, 2012/A, SAT 2	Jun 2014/A, Jun 2015/O, SAT 1 and SAT 2, Jan 2015/confirmation pending,	See text
Kenya	O, SAT1, SAT2, 2012 – 2013/A, 2012/NOT TYPED	July 2015/ A, O, SAT1 and SAT /O	See text
Libya	NO DATA AVAILABLE	Oct 2013/ O, Sat 2/Apr 2012	Follow-up needed
Rwanda	2012-2013/A, O, SAT1, SAT 2	Nov 2012/not typed	Typing required
Somalia	2012/NOT SAMPLED 2013 – 2014/ NO DATA AVAILABLE	2011	Follow –up needed
Sudan	O, 2013/SAT 2, 2013-2014/NOT TYPED	2013/O, SAT2	Follow –up needed
South Sudan	NO DATA AVAILABLE	2011	Follow –up needed

Tanzania	2012/O 2012-2013/A, SAT 1, SAT 2,	May 2014/O, Nov 2014/SAT 1 Apr2013/ A, SAT2	
Uganda	2012/O, SAT 1 2012-2013/NOT TYPED	May 2014/O Nov 2014/SAT1, Jan 2015/A, SAT 2 and 3	Genotyping required
Yemen	2012/O,2013 – 2014/ DISEASE PRESENT BUT WITHOUT QUANTITATIVE DATA	Not available	Follow –up needed

D. POOL 5 – West / Central Africa

Cameroon⁶

Among the 540 bovine samples examined by LANAVET twenty-eight were positive by a FMDV pan-serotypic RT-PCR while the laboratory is out of stock for FMD serological kits. The laboratory is continuing its research collaborative projects with Plum Island Animal disease Centre and Ohio State University, USA.

Ghana¹⁰, Nigeria¹¹ and Senegal¹²

No FMD outbreaks were reported by the ACCRA Veterinary Laboratory, Ghana, the FMD Research Centre, Virology Research Department, National Veterinary Research Institute, Vom, Plateau State, Nigeria and the Laboratoire National de l'Élevage et de Recherches Vétérinaires (LNERV, Senegal).

Table 10: Summary of the history of FMD Pool 5, 2012 – 2014, for geographic distribution see Map 8 below.

Country	FMD history FMDV serotypes, reported to OIE in 2012 – 2014	Last outbreak reported/serotype [#]	Comment (Genotyping would be useful for this region)
Benin	A, O, SAT 1, SAT 2	Jun 2014/O, A, SAT 1, SAT 2	
Burkina Faso	SEROTYPES NOT REPORTED	2013/ not available	Follow –up needed
Cameroon	SEROTYPES NOT REPORTED	Apr 2014/ A, Nov 2014/O, SAT 2, May 2014/SAT 1, Jun 2014, Jan 2015 and July 2015/untyped	See text Genotyping required
Cape Verde	NO DATA AVAILABLE	Not available	
Central Afr. Rep.	DISEASE PRESENT BUT WITHOUT QUANTITATIVE DATA	Not available	Follow –up needed
Chad	2012 – 2013/SEROTYPES NOT REPORTED	Not available	
Congo D. R.	2012 – 2013/A, O, SAT 1	Jun 2013/not typed	Typing required
Congo R.	NO DATA AVAILABLE	Jun 2013/not typed	Typing required
Cote D'ivoire	2012/A, NOT SAMPLED 2013/ SEROTYPES NOT REPORTED	Jun 2013/not typed	
Equatorial Guinea	DISEASE SUSPECTED BUT NOT CONFIRMED	Not available	Follow –up needed
Gabon	NO DATA AVAILABLE	Not available	
Gambia	NO DATA AVAILABLE	2012/O	
Ghana	2012 – 2014/SEROTYPES NOT REPORTED	2014/not available	See text
Guinea Biss.	DISEASE ABSENT	No data available	Follow –up needed
Guinea	2012-2013/ DISEASE ABSENT	2014/not available	
Liberia	NO DATA AVAILABLE	Not available	
Mali	2012/DISEASE ABSENT 2013/ SEROTYPES NOT REPORTED	2011/2012, no precise data	Follow –up needed
Mauritania	2012-2013/NO REPORTED OUTBREAKS	Dec 2014/SAT 2	See text
Niger	2012 – 2014/NOT SAMPLED	2014/not sampled	Identification required
Nigeria	2012 – 2014/NOT SAMPLED	Sept 2014/O, SAT 1 and SAT 2, Feb 2015/ A	Genotyping required Follow –up needed

Sao Tome Principe	2012/DISEASE ABSENT, 2013/NO DATA AVAILABLE	Not available	Follow –up needed
Senegal	2012, 2014/NO DATA AVAILABLE 2013/DISEASE ABSENT,	2014/ SAT 1 Feb 2015/ A and O	See text Follow –up needed
Sierra Leone	DISEASE ABSENT	Oct 1958	Follow –up needed
Togo	O, SAT 1, 2013/NOT TYPED	2012/O	Follow –up needed

E. POOL 6 – SOUTHERN AFRICA

Angola³

The FMD outbreak reported in a cattle herd in a village of Cubango, Angola, in May 2015, for which serotyping was pending, is now confirmed as being caused by FMDV serotype SAT 2 by the Namibian Central Veterinary Laboratory (Regional Reference Laboratory) using real-time RT-PCR.

On the 28th of July, during routine surveillance in a population of 2,650 animals, five subjects in a pen of 70 animals were reported with clinical signs and lesions consistent with FMD. The animals are located in an area of extensive transhumance along the border with the Republic of Namibia. Species of the animals is not reported. Control measures in place are quarantine, movement control inside the country, screening, zoning, vaccination in response to the outbreaks, disinfection and modified stamping out. No treatment is being administered to affected animals.

Botswana³

The FMD outbreak identified on clinical basis in June 2015 in a cattle crush in Chobe, Botswana was on the 17th of July 2015 reported as being due to FMDV serotype SAT 1. The outbreak has occurred in an FMD vaccination zone 1 in the northern part of Botswana. Only one kraal is so far involved. Five more cases were detected with the last case occurring on 3rd of July 2015. More than 90% of cattle in the district have been inspected as well as all the goats, sheep and pigs and no signs of disease have been found. Ring vaccination of 2017 cattle with a trivalent vaccine SAT 1, 2, 3 has been carried out and is continuing in a 10km radius zone.

A new FMD outbreak was reported on the 31st of July 2015 on clinical basis in a cattle crush in Protection zone 2e in Ngamiland District, Botswana. The laboratory confirmation of the suspect is still pending. Summary of animals involved and location of outbreak are reported in Table 11 and Map 9, respectively. Control measures applied are the following: movement control inside the country, surveillance within containment and/or protection zone, and traceability while vaccination is planned. Source of the outbreak(s) or origin of infection is attributed to illegal movement of animals.

Mozambique³

The clinical FMD outbreak reported in May 2015 in cattle in a village of Maputo, Mozambique is now confirmed as being caused by FMDV serotype SAT 2 by the Botswana Vaccine Institute (OIE's Reference Laboratory) and by the Onderstepoort Veterinary Institute (OVI), South Africa (OIE's Reference Laboratory). The laboratory methods used by the former were virus isolation, virus neutralization and serotyping and liquid-phase blocking ELISA by the latter laboratory. A further FMD outbreak was reported to have started on the 17th of June 2015 in Gaza, Mozambique, due to illegal movement of animals or to contact with infected animal(s) at grazing/watering or contact with wild animal species. The continuing drought in the region is obliging a high number of animals to water at few sources thus increasing the movement of susceptible animals and possible contact with wildlife species. Control measures applied in the area are: movement control inside the country, screening, vaccination in response to the outbreaks, (see Table 12 for summary of vaccination activity), disinfection, quarantine and zoning. Affected animals are not being treated. Summary of the animals involved and location of the outbreak are reported in Table 13 and Map 10.

Namibia³

Two further clinical FMD outbreaks in cattle were reported on the 10th of July 2015 in Zambezi, Namibia and identification of the serotype involved is pending. The suspect cattle were salivating and presented blisters and ulcers on tongues, dental pads and inter-digital spaces. Source of the outbreaks is unknown or inconclusive. Control measures applied are the following: quarantine, movement control inside the country, zoning, disinfection, surveillance within containment and/or protection zone. Vaccination is programmed while affected animals are not being treated. Summary of the animals involved in the two outbreaks and their location are reported in Table 14 and Map 11.

RSA¹³

The ARC-Onderstepoort Veterinary Institute tested two samples positive for FMDV by RT-PCR, typing of these samples is ongoing. Liquid-phase blocking ELISA for antibodies against FMDV serotypes SAT 1, SAT 2 and SAT 3 and NSP ELISA were employed to test 5,127 and 198 samples, respectively.

The laboratory is involved in the investigation of FMD field outbreaks and in providing expert advice to Government, national/local authorities or to other services. The laboratory has ongoing research studies and collaborations with international organisations.

Zimbabwe³

A FMD episode that started in June 2015 in cattle in Midlands, Zimbabwe has registered two new outbreaks following those initially reported on the 15th of June 2015. A preliminary laboratory diagnosis was carried out on the 26th of June 2015 by the Central Veterinary Laboratory (National laboratory) employing Solid-phase blocking ELISA while serotyping of the FMDV involved is pending. Source of the outbreaks has been attributed to contact with wild species. In fact, all the affected dip tanks are just outside Chirisa Game Park where wild buffaloes are present. In Zimbabwe, as with neighbouring countries, the drought present in the area has forced communal farmers to introduce their cattle into the game park for grazing. Cattle in the area have last been vaccinated in 2013. The cattle in the district of Gokwe South have been put in quarantine and vaccination of the animals in the interface area is planned. All areas immediately outside the vaccinated zone have been placed under surveillance. Spread from the original three dip tanks to an additional two is through contact during grazing. Control measures in force in the area are; movement control inside the country, vaccination in response to the outbreaks, quarantine, surveillance outside containment and/or protection zone and control of wildlife reservoirs. No treatment is being administered to affected animals.

Summary of the animals involved in the two outbreaks and their location are reported in Table 15 and Map 12.

Following a FMD episode in April 2015 in Matabeleland North, Zimbabwe an additional FMD outbreak has occurred on the 22nd of June 2015 and reported as resolved on the 15th of July 2015. The FMDV serotype in this episode has not yet been typed while a preliminary laboratory diagnosis was carried out on the 30th of June 2015 by the Veterinary Laboratory (National laboratory) employing a solid-phase blocking ELISA. Source of the outbreaks is due to contact with infected animal/s at grazing and or watering. Infected farms are under quarantine with movement only being allowed for direct slaughter at prescribed abattoirs under veterinary supervision. All infected farms and surrounding areas within 20km radius have been vaccinated to prevent further spread and details of this are reported in Table 16. Control measures in place are; movement control inside the country, screening, vaccination in response to the outbreaks, disinfection, quarantine and zoning. Affected animals are not receiving treatment. Summary of the animals involved in the two outbreaks and their location are reported in Table 17 and Map 13.

Another episode of FMD is continuing in a different area of Zimbabwe with 38 new outbreaks reported in cattle between the 26th of June and 10th of July 2015 in Manicaland, Matabeleland South, Masvingo and Midlands, some of which are already reported as resolved. This episode also had started in April 2014. The FMDV serotype responsible for these events is SAT 2. Source of the outbreaks is due to illegal movement of animals, contact with infected animal/s at grazing or watering or contact with wild species. Weekly inspection of the affected premises and of all properties within a 20-km-radius zone is ongoing. Outbreaks in Chiredzi and Manicaland districts are occurring in the routine vaccination areas adjacent to national parks with resident wild buffalo where cattle and wildlife share grazing and watering points where FMD vaccination is overdue. For this and because available vaccine was not adequate to cover all affected areas this has been directed to a 10 km cordon area that has been created to prevent further spread of the outbreaks to the north and west of the country. Affected districts are under quarantine and no movement is allowed outside the prescribed infected areas. Only within infected districts is limited movement being allowed to access grazing and water and for direct slaughter at designated abattoirs under veterinary supervision. Summary of vaccination activities is reported in Table 18. Summary of the animals involved in the outbreaks and their location are reported in Table 19 and Maps 14 and 15.

F. POOL 7 – South America

South America^{3, 14}

The OIE FMD status of the countries in South America as in April 2015 is presented in Map 17. Most South American countries are FMD free with vaccination (Uruguay) or without vaccination (Chile, Guyana) or with free zones with vaccination (Argentina, Bolivia, Brazil, Colombia, Peru and continental Ecuador) or without vaccination (Argentina, Bolivia, Brazil, Colombia, Peru) as described by the OIE maps (see: <http://www.oie.int/en/animal-health-in-the-world/official-disease-status/fmd/en-fmd-carte/>). Small areas of the continent may still be considered as endemic but clinical cases are rare (Table 21 and Map 17). The FMD history between 2011 – 2013 given in Table 21.

Table 21: Summary of the history of FMD Pool 7, 2012 – 2014, for geographic distribution see Map 17 below

COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2012 2014	LAST OUTBREAK REPORTED/SEROTYPE#	Comment
Ecuador	DISEASE ABSENT	Aug 2011/O	
Paraguay	DISEASE ABSENT	Dec 2011/O	
Venezuela	DISEASE ABSENT	2011/O, A	National situation needs verification

IV. OTHER NEWS:

²The WRLFMD Quarterly Report April – June 2015 published the following table (Table 24) that contains a list of FMDV strains for FMD-Free countries antigen banks. The discussion of this table is within the report.

The WRLFMD is at present working to adopt a risk-based approach for identifying FMDV lineages and relate these to priority vaccines for use in Europe and other FMD-free settings.

Table 22: Recommendations by the WRLFMD® on FMD virus strains to be included in FMDV antigen banks (for FMD -free countries) – June 2015 *Note: Virus strains are NOT listed in order of importance***V. REFERENCES - Superscripts**

1. SEAFMD, <http://www.arahis.oie.int/reports.php?site=seafmd>
2. World Reference Laboratory for Foot-and-Mouth Disease (WRLFMD), www.wrlfmd.org
3. WAHID Interface – OIE World Animal Health Information Database <http://web.oie.int/wahis/public.php?page=home>
4. Project Directorate on Foot and Mouth Disease (PD-FMD), Indian Council of Agricultural Research, Mukteswar, India (*Dr B. B. Dash*) FAO
5. Progressive Control of Foot and Mouth Disease in Pakistan, GCP/PAK/123/USA - (*Dr. Manzoor Hussain*, National Project Director and *Dr. Muhammad Afzal*, Project Coordinator)
6. National FMD Reference Laboratory, Embakasi, Kenya - (*Dr. Abraham Sangula*)
7. Laboratoire National Vétérinaire (LANAVET) -Garoua, Cameroon - (*Dr. Simon Dickmu Jumbo*)
8. Regional Reference Laboratory for FMD (ARRIAH, Russia) - (*Dr. Svetlana Fomina*)
9. National animal health diagnostic and investigation center (NAHDIC), Ethiopia - (*Dr. Daniel Gizaw*)
10. ACCRA Veterinary Laboratory, Ghana - (*Dr. Joseph Adongo Awuni*)
11. FMD Research Centre, Virology Research Department, National Veterinary Research Institute, Vom, Plateau State, Nigeria - (*Dr. Ularamu Hussaini*)
12. Laboratoire National de l'Élevage et de Recherches Vétérinaires (LNERV, Senegal) – (*Dr Modou Moustapha Lô – Miss Mariame Diop*)
13. ARC-Onderstepoort Veterinary Institute, Republic of South Africa - (*Dr LE Heat - Ms E Kirkbride*)
14. 42a Reunión Ordinaria de la Comisión Sudamericana para la Lucha contra la Fiebre Aftosa, Quito, Ecuador, 16-17 April, 2011. <http://ww2.panaftosa.org.br/cosalfa42/>
15. OIE/FAO FMD Reference Laboratory Network, Annual Report 2013

ITEM 3

-Report on Activities of the Secretariat –May 2015-September 2015**Summary**

1. The 41st Session of the Commission was held in Rome at the HQ of FAO in April 2015, and the Report has been finalized, circulated for comment and published online. The recommendations and conclusions are given in **Appendix 1**.
2. The EC funded work programme (Phase III, 24 months) will be completed at the end of September 2015, and the period from late April 2015 to mid-July 2015 was spent in finalizing activities of each of the 13 components. To a large extent the targets and indicators have been met (**Table 1**, self-assessment); some activities, including training continued in August and September. Development of the Phase IV agreement for FAO/EC agreement has been the priority in July-August and entailed much higher workload than in previous rounds as result of changes in-house FAO project clearance procedures as well as change in the UN/EC framework (PAGODA) governing administrative, operational, and financial, visibility and other contractual arrangements. The potential delay in the agreement and operational start of Phase IV may result could result in difficulties to implement the new program, and created additional workload on all the team to identify solutions for individual contracts and programme delivery.
3. The Chairpersons have met in Paris (May 2015) and Rome (September 2015). Decisions were taken to create two positions (Training Programmes Manager and Contingency Planning Officer) from savings from the vacant P3 Officer position, and appointments were made to both in August. Decisions on Short Term professional (STP) positions, to enter into position in October 2015, were taken only for those positions supported by the Administrative Fund, the EC funded positions being reliant on the Phase IV agreement. The above arrangements should ensure that the Secretariat has sufficient longer term expertise in the transition to the Phase IV, and provide continued services and network support to the MS even if the Phase IV is further delayed.
4. The composition of the Secretariat is indicated below, and Phase III team for implementing the EC project activities is given in **Table 2**. This model is proposed as the basis for Phase IV. Each Component has had a Manager, a operational budget and a clear workplan and targets, and this has assisted the entrance and effectiveness of short term (6 months) professionals in the team.
5. **EC program implementation:**
A summary of the self-assessment of completion of the Phase III program will be provided to the Executive Committee. It is summarized in the **Table 1**. "Expected Results" are targets stated at the time the Component was agreed with the EC and Executive Committee at the Lyon Session in October 2013 (Exception: Component 1.2, which was agreed in September 2014).
6. **Under Pillar 1**, the **five** main components (Training Program, Contingency Planning, THRACE surveillance, Balkans Emergency Preparedness, Research Fund) , the major activities in the final 5 months were to the final set of Real-Time Training and e-learning courses; Network webinars for the Vaccination issues and Contingency Planning Networks; the continued surveillance for FMD and other infections (LSD) in THRACE; the 2nd International simulation exercise (Balkans) in June, for 3 countries and 9 observers; and completion of Research Projects. Emergency support was given to N Cyprus on LSD following EC instruction.
7. **In support of Pillar 2**, of most significance has been the intensive support to Georgia, Armenia and Azerbaijan to ensure completion of the Risk Based Strategic Plans (RBSP) in the latter two, following the GF-TADS Roadmap recommendations; the design of training programme for GDFC Turkey; further PCP workshops were held in Egypt under Component 2.2, and e-learning course for Algeria and a major international workshop facilitated and arranged by EuFMD for the REMESA in August, to review the lessons learnt from the North Africa type O epidemic.
8. **In support of Pillar 3**, EuFMD experts have assisted the GF-TADS Working Group through the support to develop the Global Report, and under Component 3.2, have developed e-learning on the PCP to assist training, and facilitated FAO to host regional webinars to identify the type of training on FMD needed in Eastern, Southern, West and Central Africa (in English and French). Under 3.3, the annual proficiency test for the OIE/FAO Network has been managed by TPI (WRL-Pirbright).
9. **Monthly Global Surveillance Reports** have been produced, managed by Teresa Scicluna, STP. In 2015 each edition has had a different **Guest Editor** who is an international FMD expert from the Special Committee or from an FAO or OIE reference center, and circulation continues to grow, reaching over 90 names in our distribution list. Under Phase IV, it remains to be decided if the Monthly report should be replaced by a 3 monthly analysis of risk report, addressing he needs for structured

information for the antigen prioritization system and for risk communication, and coordinated with the WRL reporting cycle.

Programme for the Phase IV, 2015-19 agreement with the EC on support to activities of the EuFMD

10. Following the adoption of the Strategic Plan, 2015-19 at the 41st Session of the EuFMD in April 2015, and its 16 components ("Outputs"), the Secretariat undertook drafting of the Project Documents for the Phase IV agreement, using templates provided by DG-SANTE and which are the common format for Grants awarded under the UN :EC agreement (FAFA framework/PAGODA agreement). On the FAO side, a new, corporate process for in-house approvals of projects (common project cycle framework) was implemented across the entire Organization in June 2015, aimed at ensuring projects are aligned to the FAO Strategic Objectives, work planning with decentralized Offices. As the Corporate process is new, inevitably coordinating all the documents needed and pushing for their clearance put a great strain on the team; the cleared **Project Grant Application Form** (GAF: Phase IV, 8m€ for 48 months) was finally sent to the EC on 16th September, by the ADG of the TC Department of FAO. Following this, if the GAF is acceptable the signature of the Conditions of the Contract completes the agreement. Operational opening of the project (when spending is allowed) normally cannot start until funds are received and the duration of the waiting period will affect many aspects of function.

Additional funding (Non-EC) pipeline

11. In line with EuFMD policy relating to full cost recovery (funding) of activities requested by MS or other parties, and following requests from the UK, Spain, and Germany, e-learning courses have been delivered for national training in UK and Spain, and Real-Time Training programme for Germany is in the pipeline. No courses under the contract with Australia/New Zealand were possible in the past 4 months as a result of the earthquake in Nepal, but will resume in December 2015.

EuFMD Program Report

12. The management responsibilities for the EuFMD program are shown in the **Table 2**. Managers have been funded by the MS through the Administrative Fund with the exception of those which are EC funded (two consultants and one STP (Rodrigo Nova) and the Training Officer (by Australia, transfer to Admin Fund in September 2015). The Short Term Professionals (STPs) assist with management in areas of their competence.

Administrative Report

13. The Secretariat staff is listed below (as of September 2015).

Technical team:

Executive Secretary	K. Sumption
Training Programmes Manager	J. Maud
Contingency Planning Officer	M.Masiulis (from 23 rd September)
Networks and Training support	N. Rumich
Short Term Professionals	K.Hickey (UK/NZ)(to July) T.Sciicluna (Malta)(to Sept) M. Pandurovic (Serbia)(to Sept) R. Nova (UK)(to July)
Consultants (Component Managers)	M. McLaws (main duties taken by Gunel Ismailova from September), C. Bartels, C. V. Maanen, Nick Lyons

Administrative team :

Program Co-ordinator	C. Carraz
Finance Assistant	S.Clementelli
Team members	I. D'Alessandro; E. Tomat; C.Addari

14. **Short Term professionals** (STPs): Milan Pandurovic (Serbia) will finish at the end of September, after doing a great job in managing Components 1.3 and 1.4, Thrace and Balkans. Rodrigo Nova (UK) finished in July after assisting with the e-

learning courses and the FMD Unit activities (Component 3.1). Katie Hickey (New Zealand) completed at the end of July, after 6 months managing the Contingency Planning Component, and covering emergency response to LSD (N Cyprus).

- 15. New STPs:** Artem Skrypnyk (Ukraine) and Magdalena Gajdzińska (Poland) are expected to start from 1st October, covering the Training Programmes and THRACE/Balkans components. These are supported by MS funds and their entry into the team should assist the transition between Phase III and IV, given the need to continue essential support actions, including communication and planning, for these two major areas of Pillar 1 work.
- 16. Administrative support:** Currently, we have a Program Co-ordinator (Ms Carraz), a finance assistant (Ms Clementelli), and three team members (Ms D'Alessandro, Ms Tomat, Ms Addari) working on all the administrative and logistic issues of the EuFMD. Ms Addari is also assisting in Training Support for the e-learning courses. The Finance Assistant is covering the G5 role, so there is no strong reason in terms of current performance gaps to recruit an FAO Clerk.
- 17. Linkage of funding to positions under Phase IV**
Under GAF submitted to the EC, 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 under MTF/INT/011/MUL. Consultants 1-4 refer to those whose Terms of Reference were submitted to FAO for clearance, and would provide longer term (11 month contract) support.
 - Operational support:** the GAF was cleared by FAO on the basis of 5 operation support positions, of which 4 would be supported under the EC and one by the MUL/11.

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

Key:

EXSEC (P5 Animal Health Office, Executive Secretary)

P2 (Network and Training Support Officer)

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

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

Financial position

- 18.** The Secretariat manages three Trust Funds, for the Administration of the Secretariat (MTF/INT/011/MUL, contributions from the Member States), EC Program (MTF/INT/003/EEC) and an Emergencies and Training Fund into which additional contributions have been received for provision of training (MTF/INT/004/MUL).
- 19.** Position of the **Administrative Fund (MTF/INT/011/MUL)**. The projected expenditure to the end of December 2015 is 606,316 USD, which is within that projected (630,000) at the 41st Session. This includes the temporary funding (of 89,876

USD) to cover 3 Operational Support Staff in October, plus technical consultants to cover the transition and also training in Turkey to which EuFMD is committed. Some of these temporary funding costs should be reclaimed from the EC Fund after signature of new agreement, so the 011/MUL fund will act as a bridging fund on a short term basis. Issues could arise if the delay in EC signature is prolonged such that expenditures in the period prior to signature cannot be claimed, as the monthly drawdown on the 011/MUL would not be sustainable.

20. Table 3. Projection of expenditure on the MUL011 Fund, to the end of December 2015

MUL 011 Projection end 2015				
		USD	EUR	
Financial Statement Up to 08/2015 (Soft+Hard+Actuals)				
Salaries Professional		315,921	280,854	includes P3 Dube
Consultants		121,037	107,602	includes Fabrizio Rosso, Jenny Maud, Maria Teresa Scicluna, Barbara Tornimbene 1 month
Locally Contracted Labour		1,174	1,044	
Travel		29,124	25,891	includes STPs (Mark Hovari, Milan Pandurovic)
General Operating Expenses		-25,129	-22,340	
	Totals	442,127	393,051	
Impact of Consultants (4 Months)				
Technical Consultants (4 Months) roles considered under MUL 011				
		USD	EUR	
Maria Teresa Scicluna	1/2 STP	6,400	5,690	
Marius Masiulis	CPO	27,500	24,448	
Jenny Maud	TPM	29,264	26,016	
Artem	Full STP	12,148	10,800	
Total Impact - Technical Consultants (4months) roles considered under MUL 11		75,312	66,953	
Operational/Technical Consultants (4 Months) roles not considered under MUL 011				
		USD	EUR	
Admin (3 Persons for 4 months)		46,682	41,500	
Barbara Tornimbene		13,498	12,000	
Fabrizio Rosso	Part Time CM	11,249	10,000	
Gunel Ismaylova	CM	18,448	16,400	
Total impact Operational/Technical Consultants (4 Months) roles not considered under MUL 011		89,876	79,900	
Total global impact 4 months				
		165,189	146,853	
Forecast expenditures up to 31/12/2015				
		607,316	539,904	

21. Position of the Administrative Fund (MTF/INT/011/MUL) – Outstanding Contributions:

The opening cash balance was 406,185 USD and the statement for income and expenditure for 2014 - 2015 (Table 4) shows 326,644USD of contributions received against an expenditure of 442,126 USD and a final (year-end) Balance of 290,703 USD. Contributions received in September 2015 Germany and Spain.

Total Contributions owned	USD 651'629.43
Contributions outstanding previous years	USD 95'937.43
MS Contributions expected for 2015	USD 555'692
Received up to 31/08	USD 326'644
Outstanding Contributions 2015	USD 229'048

22. Position of the Emergencies and Training Fund (MTF/INT/004/MUL).

This Fund has received funds from additional contributions to cover training courses funded by member states and by Australia/New Zealand, and funds are sufficient to cover the commitment to the remaining courses to be delivered from the 2015/16 contract. The funds from the latter are handled under a subaccount ("Baby 01").

The Fund has been used to pay for a Full Time Training Development Officer in 2014 and up to August 2015 (Jenny Maud) who manages Component 1.1, a considerable gain to the EuFMD and a saving to the EC Fund. From August 2015, Jenny's position will be covered by the Administrative Fund, freeing up training funds to support a training administrator plus an STP and, as required, temporary technical consultants to develop new content, such as module on emergency vaccination, and so these contracts contribute to strengthening the training course content for Member States and help subsidise the training programme for the MS.

23. Position of the EC Program Fund (MTF/INT/003/EEC).

The revision to the Annex III (budget) for the Action which included reductions in General Service Salaries and Procurement and increases in Professional inputs, Consultants and Training inputs, the amendment of the Special Condition 2(5) which a) limits the scope for emergency procurement /contracting in the last six months of the project and b) is inconsistent with the Workplan (Annex 1 to the agreement) approved in the signed agreement which foresees contracted activities until month 23 of the project, and the replacement of the amount of the pre-financing of EUR 771.379 with a pre-financing amount of EUR 1,097,206 of article 4, point 4(2) were proposed and accepted by the Directorate-General for Health and Food Safety July 2015.

Project financial position: at 31st August 2015, after 23 (of the 24 Months of Project), 82% of the operational budget of 3.2m€ had been committed, with 89%, 62% and 93% of Pillar 1, II and III of the agreed funds used or committed to be used by project term. This is shown in Tables 5 and 6.

By Component, it can be seen that only two of the 13 have exceeded the allotment (102% and 103% expenditure), but as these remain within the 115% limit in the EC/FAO framework agreement, this should not be an issue when accounts are presented.

Actions in the final month are indicated by component, and in relation to Component 1.3, THRACE, the 3 countries have provided requests for procurement and urgent activities to be supported, at the Management Meeting on 31st August.

The Phase II contract does not allow for unspent funds to be carried over as first instalment for the new Phase IV. The Executive should note the % of delivery of the project funds is very close to that committed at project agreement and so the programme has financially delivered very close to its target in support for services to the member states.

<u>EC Project Phase III</u>	USD	EURO	Note
Total scheduled	USD 4,670,227	€ 4,000,000	As per Budget Revision exchange rate 0.86
Total Cash received 31/08/2015	USD 1,436,134	€ 1,097,206	The amount of the first pre-financing has been modified as the final balance of the Trust Fund MTF/INT/003/EEC of the previous agreement amounted to not anymore EUR 771,379 following the recent closure of the previous agreement.
Total expenditures up to 31 August 2015	USD 3,911,953	€ 3,350,548	Over 200% of official pre-financing
Cash Balance	- USD 2,475,819	- € 2,253,342	Budget revision accepted and call for funds in process
Overall Phase III budget			
Maximum EC financing	USD 4,670,227	€ 4,000,000	
Total expenditures up to 31 August 2015	USD 3,911,953	€ 3,350,548	Exchange rate 0,86
Current Balance	USD 758,274	€ 649,452	

24. Management of expenditures - Phase III

The Expenditure by Component

As mapping expenditure to components is not-automatic, there is no way to track spending per component in real-time.

Table 5 gives the result of the most up to date mapping of spending per component. Only those components which have a high proportion of longer term commitments (into 2015, such as research studies contracted under Component 1.5) have "overspent" their expected 50% benchmark.

Table 1

PROPOSED BUDGET REVISION - PHASE III								
Accounts	Description	Pillar I / EUR	Pillar II / EUR	Pillar III / EUR	Agreed Total September 2013	Proposed Total	Changes between new and approved budget	Proposed as % of previous
STAFF COSTS								
5300	Salaries Professional	205,934		22,882	94,385	228,816	134,431	142%
	Salaries General Service	5,000			251,149	5,000	-246,149	-98%
5570	Consultants Budget	396,139	290,077	39,625	359,049	725,841	366,792	102%
5900	Duty Travel Budget	537,200	321,000	122,899	981,099	981,099	0	0%
5650	Contracts Budget	380,000	55,000	400,000	835,000	835,000	0	0%
5920	Training Budget	102,500	124,000		161,200	226,500	65,300	41%
6000	Procurement Budget	356,715	59,452	41,159	777,700	457,326	-320,374	-41%
6150	Report Costs	2,688	1,025	889	4,602	4,602	0	0%
	Administrative support to the project	29,755			29,755	29,755	0	0%
6160	Project Evaluation Cost	17,928	6,833	5,918	30,679	30,679	0	0%
6300	General Operating Expenses	126,200	85,500	-	211,700	211,700	0	0%
6400	General Overhead Budget	2,000			2,000	2,000	0	0%
	Subtotal	2,162,059	942,887	633,372	3,738,318	3,738,318	0	0%
Grand Subtotal		€ 3,738,318.00						
Support Cost. 7%		€ 261,682.00						
GRAND TOTAL		€ 4,000,000.00						

Table 2

Table 2. Self-assessment of Results delivery: the Three Pillars, 13 Components and the 40 expected results. Under the EC funded workprogramme coordination is key to every component with a balance of improvements to the systems, to new capacity or surveillance results, or new resources. Every Component and subcomponent (numbered) was budgeted for Results. *Additional results of the system are highlighted in italics.*

Key	Fully Achieved	Mostly Achieved	50% Achieved	Partially (25%)	Not achieved	Hatch indicates activities did not take place, or were suspended or stopped
	5	4	3	2	1	

In Italics, are results that were the outcome of other parts of the component but are best understood under this category of result. **Self-assessment Tables.** After project completion, the assessment against the quantitative indicators (given in the approved workplans) could be used in verification of achievements.

Component s (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)				
	Co-ordination Framework		System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
Pillar I					
1.1 TRAINING	1.1.1 Training Network for all (37) MS			1.1.2 Training Program	1.1.3 e-learning site in high use
1.2 DECISION SUPPORT	1.2.3 Contingency Planning Network established		1.2.1 Modelling network	<i>FMD Impact Calculator</i>	1.2.2 Knowledge bank for contingency planners
1.3 THRACE	1.3.1 Tripartite/Management Group		1.3.2 System for managing real-time results for DF	1.3.3. Two years results on monitoring FMD in 3 countries	
1.4 BALKANS	1.4.1 Management Group		1.4.3. Integration of NRLs into CPs and system for regional diagnostic support in crisis	1.4.2. Improved CPs following multi-country simulation exercise	
1.5 RESEARCH	1.5.1 SCRPD and STC Sessions/Guidance		1.5.2 EuFMD-FAR funding system	<i>Results of commissioned research</i>	Several commissioned projects created new resources (Models, Field Tests...)
1.6 EMERGENCY	Exists – EC/EuFMD			1.6.1 and 1.6.2: delivery of assistance, associated missions	
1.7 PROFICIENCY TEST SERVICE	1.7.2 EU-CRL with EuFMD			1.7.1 Two years of PTS for Euro-neighbourhood countries	
Components (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)				
Pillar II	Co-ordination Framework		System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved

2.1 TURKEY/GEORGIA	Annual Roadmap, EuFMD Excom	2.1.3 Information system –West Eurasia	2.1.1 Turkey – PCP/RBSP	
			2.1.2 Georgia- PCP/RBSP	
2.2 ISREAL/CYPRUS neighbourhood	2.2.3 Co-ordination meetings and virtual meetings	2.2.2 System for improved confidence in disease detection	2.2.1 Palestine and Egypt – PCP/RBSP progress	
		2.2.4 System for information collation/sharing from East African (risk to mid-east)		
2.3 REMESA	2.3.2. Participate in REMESA JPC /with Support Unit	2.3.3 Regular information flow on risk situation in Mid-East/Egypt/Mauritania/sahel	2.3.1 Libya and Mauritania-PCP/RBSP progress	
	2.3.5 (New)Assist development of regional strategy for risk based surveillance and vaccination (this replaced earlier Output after outbreaks in TUN/ALG)	2.3.4 Establish system for continuous surveillance for confidence in disease freedom in high risk borders	2.3.5 (Previous). Improved CP capacity: Simulation exercises undertaken in Morocco/ALG, Training for 3 countries (online)	
Components (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)			
Pillar III	Co-ordination Framework	System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
3.1.Global Strategy progress – support to monitoring	Existing: the GF-TADS FMD WG and FMD Unit (FAO/EuFMD)	3.1.1 System for systematic collection of FMD control data designed and established	3.1.2 Collation and summary analysis of data collected for global monitoring	
			3.1.3 Assist FAO and OIE develop the Global FMD Report	
3.2 PCP support	3.2.3 Experts assist FMD WG in Roadmaps and support to WG requests	3.2.2 System for training PCP-experts/practitioners		3.2.1 PCP Tool box (Knowledge base)
3.3 GLOBAL LAB network support	3.3.1 Support to OIE/FAO lab Network annual co-ord meetings	3.3.2 Contract for WRL services for surveillance/global network	<i>Annual Report and Quarterly reports, continuous service and online output.</i>	
		3.3.3 System for support to ensure essential samples shipped to reference centres, pools 3 and 4	3.3.4 Support to the OIE/FAO Lab Network partners and regional support labs participation in the PTS (19 labs)	

Table 3

Table 3 – Management Responsibility: Pillar and Component Managers 2015 - EuFMD /EC Action 2013-15 (“Phase III”)**BOLD= Continuity. Red= change.** TSO: Training Support Officer. STP: Short term professionals. KS: Keith; NR: Nadia; FR: Fabrizio; JM: Jenny; AUS: Australian funds (to 12/2013)

Pillar	Comp	Comp.	Pillar Mgr	%time	KS %	NR%	STP/ TSO	2014	2015	2015	Comment
								Oct-Dec	Jan-June	July-September	
I	1.1	Training-RT	KS		10	20	TSO 0.5	J. Maud	J Maud	J Maud	AUS funds support the Training Officer to August
	1.2	Training -CP&DS	KS		5	10	TSO 0.5	E. Calduch	E Calduch (Jan), Katie HICKEY (Feb-June)	Vacant	Awaiting Marius (Contingency Planning Officer)
	1.3	THRACE	KS		5		STP 0.5	M. Hovari	Mark Hovari (Jan), Milan Pandurovic (Feb-)	Milan (to Sept)	
	1.4	Balkans	KS				STP 0.5	M. Hovari	Mark Hovari (Jan), Milan Pandurovic (Feb-June)	Milan (to Sept)	
	1.5	Res Fund	KS		5			K. Sumption	K Sumption	K Sumption	
	1.6	Crisis	KS								
	1.7	PTS	KS					K. v Maanen	Kees	Kees	
		Surveillance Rep	KS			5		T. Scicluna	Teresa Scicluna	Teresa	
II	2.1	Turkey/GEO	KS		10		STP 0.5	M. Mclaws (assisted by G. Ismayilova STP)	M. Mclaws (assisted by G. Ismayilova STP to June 2015)	Gunel Ismayilova	
	2.2	Israel/Cyprus	KS	20				K. van Maanen	Kees	Kees	
	2.3	REMESA	KS		10	10	STP 0.5	F. Rosso	F ROSSO assisted by Ibrahim Eldaghayes (Visiting Scientist)	F Rosso (part time)	Fabrizio covered this from Malta.
III	3.1	Monitoring	KS		5		STP 0.75	I. Gutierrez.	Isabel Gutierrez (to March)	Rodrigo Nova	
	3.2	PCP	KS		5	5	STP 0.25	C. Bartels	Chris Bartels	Chris	
	3.3	Global Lab	KS		5			K. v MAANEN	Kees	Kees	
			Total projects	100	60	50					
		Management			40						

Table 4

Table 4 - Financial Statement

<u>STATEMENT 1</u>					
MTF/INT/011/MUL - TF number 904200					
EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE					
<u>Financial Report from 1st January to 31 August 2015</u>					
	USD	USD	Eur	Eur	
<u>Balance as at 1 January 2015</u>		406,185		365,160	
Interest received	0			0	
Contributions from member countries and institute		326,644	0	293,653	
Project Income Earned (Child)	<u>0</u>	0	0	0	
<u>Expenditure</u>					
Salaries	315,921		284,013		
Consultant	121,037		108,812		
Contracts	1,174		1,055		
Duty Travel	29,123		26,182		
Training	0		0		
General Operating Expenses	(25,129)		(22,591)		0
Expendable Equipment	0		0		
Non-Expendable Equipment	0		0		
Total Expenditure		442,126			397,471
<u>Balance as at 31 August 2015</u>		<u>290,703</u>			<u>261,342</u>
<p>The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2015. The average monthly UN Operational Exchange rate applicable for period to 31 August 2015 is USD 1: EUR 0.899</p>					

Table 5: 1 Month Activity Plan September 2015

Table 5

Balance - 1 Month Activities Plan - September 2015										
PILLAR			PRIOR EC Budget Agreement August 2013	PRIOR EC Budget Agreement 86th Excom October 2013	PRIOR EC Budget Agreement 89th Excom February 2015	Total Budget Allocated according BR May 2015	23 months Expenses Oct. 13 -Aug. 15	% 95 of project completion	Actual available (1 month activities 2015)	Sep-15
PILLAR I IMPROVE	1.1 E_Learning Training 1.1 Training Program	Nadia -Jenny	€ 341,239.00	€ 515,241.00	€ 515,241.00	€ 482,356.00	€ 495,586.00	102.7%	-€ 13,230.00	Bio Risk Online 21 Sept- 21 Oct. Name: FEPC EuFMD-wide Glasgow AMEE e-Learning conference"
	1.2 Modelling Prior € 168'525 € 61'500	Katie Hickey/ Next STP	€ 168,525.00	€ -	€ 61,500.00	€ 66,500.00	€ 54,829.00	82.4%	€ 11,671.00	
	1.3 THRACE Prior € 300'000.00	Fabrizio Rosso Assisted by STPs Mark Hovari Milan Pandurovic	€ 258,149.00	€ 300,000.00	€ 350,000.00	€ 350,000.00	€ 272,636.00	77.9%	€ 77,364.00	Thrace meeting Tentative study tour on methods for studing LSD vectors Procurement Thrace LSD
	1.4 BALKANS Emergency Management	Fabrizio Rosso Assisted by STPs Mark Hovari Milan Pandurovic	€ 236,781.00	€ 214,240.00	€ 214,240.00	€ 203,700.00	€ 210,600.00	103.4%	-€ 6,900.00	Laboratory exercise (no travel involved) 14-18 Sep - postponed Finalize settlements (BSO Skopje workshop)
	1.5 Research Funding	Keith Sumption	€ 312,983.00	€ 285,000.00	€ 285,000.00	€ 329,900.00	€ 306,567.00	92.9%	€ 23,333.00	Finalize (closure LOAS final settlements)
	1.6 Crisis/Management Prior € 501,155.00 - € 30,750.00 Comp. 1.2 - € 50,000.00 Comp. 1.3 - € 16,500.00 Comp. 3.2	Keith Sumption	€ 501,155.00	€ 501,155.00	€ 403,905.00	€ 132,239.00	€ 40,522.00	30.6%	€ 91,717.00	Filnalize Northern Part Cyprus procurement (final settlements)
	1.7 PTS - NRLs of EuFMD Members and neighbourhood	Kees Van Maanen	€ 63,413.00	€ 62,200.00	€ 62,200.00	€ 68,000.00	€ 67,049.00	98.6%	€ 951.00	joint mission Cairo Comp.3.2 "Preparation for workplan 2015-2016 (with support from US-DOS)"
PILLAR II REDUCE	2.1 SEE-SOUTH EAST EUROPE Wes Eurasia	Melissa Mc LAWS + Gunel Ismailova	€ 284,342.00	€ 298,100.00	€ 298,100.00	€ 559,475.00	€ 294,283.00	52.6%	€ 265,192.00	Training Turkey.. Postponed in October Logistic /translation/trainers / 1 month G.I.
	2.2 SEM SOUTH EAST MEDITERRANEAN Prior € 209,500.00 - € 30'750.00 Comp. 1.2	Kees Van Maanen	€ 183,509.00	€ 209,500.00	€ 178,750.00	€ 180,252.00	€ 137,331.00	76.2%	€ 42,921.00	Procurement to finalize Embakasi/ travel/Extension C.V.M. 27/09 joint mission Cairo Comp.3.2 "Preparation for workplan 2015-2016 (with support from US-DOS)"
	2.3 REMESA	Fabrizio ROSSO	€ 187,586.00	€ 212,500.00	€ 212,500.00	€ 198,452.00	€ 154,548.00	77.9%	€ 43,904.00	Closure Payment Workshop Morocco,(Logistic & trainers) Procurement Tunisie
	2.4		€ 34,171.00	€ -	€ -				€ -	
PILLAR III PROMOTE	3.1 SUPPORT System for Reporting on the Global progress of FMD	Teresa Scicluna (STP) Monthly Report	€ 107,066.00	€ 86,000.00	€ 86,000.00	€ 89,899.00	€ 65,139.00	72.5%	€ 24,760.00	
	3.2 PCP FMD WG of FAO/OIE Prior € 46'900	Chris BARTELS	€ 21,097.00	€ 46,800.00	€ 63,300.00	€ 99,184.00	€ 83,056.00	83.7%	€ 16,128.00	joint mission Cairo Comp.1.7 "Preparation for workplan 2015-2016 (with support from US-DOS)"
	3.3 Global FMD reference Centre -	Kees VanMaanen	€ 507,100.00	€ 476,380.00	€ 476,380.00	€ 447,159.00	€ 443,691.00	99.2%	€ 3,468.00	finalize Senegal procurement / -joint mission Cairo Comp.1.7 "Preparation for workplan 2015-2016 (with support from US-DOS)"
Total Budget Allowances 2013-2015			€ 3,207,116.00	€ 3,207,116.00	€ 3,207,116.00	€ 3,207,116.00	€ 2,625,837.00	81.9%	€ 581,279.00	Closure Project

Table 6

Balance by Pillar by budget Line at 31-08-2015

EURO €	III PILLARS 2013-2015				PILLAR I				PILLAR II				PILLAR III			
Account NB. Description	III PILLARS Budget 2013-2015	III PILLARS 23 mths Exp.	%	Balance Available	Pillar I Budget 2013-2015	Pillar I 23 mths exps	%	Balance Available	Pillar II Budget 2013-2015	Pillar II 23 mths exps	%	Balance Available	Pillar III Budget 2013-2015	Pillar III 23 mths exps	%	Balance Available
5570 CONSULTANT	€ 661,650.00	€ 612,603.00	93%	€ 49,047.00	€ 296,239.00	€ 255,525.00	86%	€ 89,761.00	€ 293,227.00	€ 275,490.00	94%	€ 17,737.00	€ 72,184.00	€ 81,588.00	113%	-€ 9,404.00
5900 TRAVEL	€ 981,099.00	€ 822,306.00	84%	€ 158,793.00	€ 537,200.00	€ 520,533.00	97%	€ 65,714.00	€ 321,000.00	€ 232,805.00	73%	€ 88,195.00	€ 122,899.00	€ 68,968.00	56%	€ 53,931.00
5920 TRAINING	€ 226,500.00	€ 209,859.00	93%	€ 16,641.00	€ 102,500.00	€ 166,838.00	163%	-€ 15,291.00	€ 124,000.00	€ 43,021.00	35%	€ 80,979.00	€ -	€ -	0%	€ -
5650 CONTRACT	€ 835,000.00	€ 867,675.00	104%	-€ 32,675.00	€ 380,000.00	€ 429,104.00	113%	-€ 57.00	€ 55,000.00	€ 3,168.00	6%	€ 51,832.00	€ 400,000.00	€ 435,403.00	109%	-€ 35,403.00
6000 PROCUREMENT	€ 291,167.00	€ 92,514.00	32%	€ 198,653.00	€ 190,556.00	€ 62,885.00	33%	€ 176,718.00	€ 59,452.00	€ 23,702.00	40%	€ 35,750.00	€ 41,159.00	€ 5,927.00	14%	€ 35,232.00
6300 GEN.OP. exps	€ 211,700.00	€ 20,880.00	10%	€ 190,820.00	€ 126,200.00	€ 12,904.00	10%	€ 162,343.00	€ 85,500.00	€ 7,976.00	9%	€ 77,524.00	€ -	€ -	0%	€ -
TOTALS for Activity at 31-8-2015 Budget Allocated as per BR 07-2015	€ 3,207,116.00	€ 2,625,837.00	82%	€ 581,279.00	€ 1,632,695.00	€ 1,447,789.00	89%	€ 233,953.00	€ 938,179.00	€ 586,162.00	62%	€ 352,017.00	€ 636,242.00	€ 591,886.00	93%	€ 44,356.00
41st General Sesion April 2015	€ 3,207,116.00	€ 2,315,093.00	72%	€ 892,023.00	€ 1,632,695.00	€ 1,263,736.00	77%	€ 368,959.00	€ 938,179.00	475,467	51%	€ 462,712.00	€ 636,242.00	€ 575,890.00	91%	€ 60,352.00
89th Ex. Com. February 2015	€ 3,207,116.00	€ 1,944,792.54	61%	€ 1,262,323.46	€ 1,892,086.00	€ 1,067,017.30	56%	€ 874,115.70	€ 689,350.00	€ 342,621.43	50%	€ 346,728.57	€ 625,680.00	€ 535,153.81	86%	€ 90,526.19
PRIOR 86th Excom 10/2013	€ 3,207,116.00				€ 1,877,836.00				€ 720,100.00				€ 609,180.00			
Prior 1st EC Agreement 08/2013	€ 3,207,116.00				€ 1,882,245.00				€ 689,608.00				€ 635,253.00			

Appendix 1

Recommendations of the 41st General Session of the EuFMD

Considering

1. The enormous economic consequences of even single Foot and Mouth Disease (FMD) outbreaks in FMD-free countries;
2. The extent and impact of the FMD incursions of South Asian lineages of FMDV into parts of the Middle-East and North Africa in 2014;
3. The problems associated with insecurity in the Middle-East and parts of north Africa and the need for improving virus intelligence on the strains circulating immediately south of the Sahara, and for Progressive Control Pathway (PCP) progress to be encouraged in West and Central Africa;
4. The need for contingency planning to include continuity of business planning with the involvement of stakeholders;
5. The large number of samples that need to be tested in post-outbreak surveillance for FMD freedom and the delays that will follow if there is a shortage of validated diagnostic kits;
6. The potential for spread of FMDV during a silent phase after introduction to a free country and the need to anticipate the number and extent of movements of infection within and between countries in this period;
7. The pressures upon Contingency Planning (CP) managers and the need for tools to assist them to better predict and communicate the scale and impact of FMD incursions;
8. The demand for support to national training programmes to better equip national trainers in provision of courses to update and train their staff, and positive impact of the translation by the EC of the Foot and Mouth Emergency Preparation course (FEPC) course into all official European languages;
9. The interest of Member States (MS) in exploring the potential of vaccination to live as policy in response to incursions and the technical, economic and material issues which remain where MS have requested guidance;
10. The progress made to implement the West Eurasia Roadmap for FMD control and the need for benefit/cost assessments for further investments in FMD prevention and control;
11. The high level of progress made in implementation of the EuFMD four-year Strategy Plan adopted at the 40th General Session of the EuFMD commission;
12. The economic constraints affecting Member States and the advantages of working with other regions and countries which face similar challenges with FMD prevention and control; in addition to the benefits of mutual activities in training, research and development of greater capacity for emergency management;
13. The role of the EuFMD in the development and continual refinement, with FAO and OIE, of the Progressive Control Pathway (PCP) for FMD, and the contribution of the PCP to the development of sustainable national FMD control strategies for FMD;
14. The economic benefits, short and long term, of the development of new tools for FMD control and the vital importance of continuing with co-ordinated research programs on FMD in Europe;
15. The encouraging progress of the research studies funded under the EuFMD-FAR fund, and the lack of other funding opportunities specific for FMD in Europe;
16. The need to ensure European risk managers and experts are aware of progress made in other continents given the trend for FMD research studies to be funded and conducted outside of Europe, particularly in Asia;
17. The need for revision of the categories of contribution given the change in economic circumstances and livestock populations in member states of Europe over the past 20 years;
18. The progress made under GF-TADS to put into place assessment processes for PCP stages and their successful application in Roadmap Meetings in West Eurasia and other regions.

Acknowledges

1. The support of the European Commission (DG-SANTE) for the work programme of the current four-year Strategic Plan and the excellent working arrangements that have resulted in efficient and timely

emergency responses to situations arising in the European neighbourhood, and welcomes the indications of support for a new agreement on funding to be concluded in 2015.

Recognizes

1. Progress with the implementation of the current Strategic Plan and the understandings reached with the World Organization for Animal Health (OIE) and with FAO on matters relating to the programme of the EuFMD in countries which are not members of the Commission, and in regard to EuFMD support of the GF-TADS Global FMD Control Strategy.

Agrees

1. Upon the updating of the Strategic Plan for 2013-17, with the inclusion of the changes proposed in the paper presented to the 41st General Session;
2. Upon the potential of the network of European FMD reference centres to support capacity building and better surveillance for FMD by laboratories in Africa and Asia in coordination with existing FAO/OIE Laboratory Networks and agrees upon the need to encourage this network through the work programme for Pillar III of the new programme;
3. The amendments to the Constitution of the EuFMD, following the proposal of Austria and the modifications to the proposal circulated at the 41st General Session and agreed by more than two thirds of the members;
4. To amend the Commissions own Rules of Procedure, in the form of the final version after discussions as adopted;
5. The work plan for the biennium should be based on the updated strategic plan and include each of the components proposed in the plan;
6. The revision of the categories of countries for contributions as proposed in Item 9, and the adoption of the proposed Administrative budget [USD 606,977] for the Commission for the period to the end of 2017;
7. Upon the need to update the joint FAO/EuFMD/OIE PCP-FMD Guidelines, PCP questionnaires and National Control Plans and to work with FAO and OIE on this in the next biennium;
8. The priorities for the Standing Technical Committee (STC), to be supported through the allied components of the workplan, to include in 2015-17 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.
9. The list of four experts for the Standing Technical Committee and the thirteen experts for the Special Committee for Research and Programme Development (SCRPD), as well as the experts from the three FAO/OIE FMD reference laboratories in Europe (Pirbright, IZSLER and CODA).

Recommends

1. An FMD vaccination network be formed and supported under the EuFMD workplan for 2015-17;
2. That the Executive Committee review the benefits to the Commission of further updating to the Constitution including the benefits and conditions for additional membership;
3. That the Executive Committee take steps to raise the income to the administrative fund, including active discussions with potential member states with the aim of achieving new MS before the end of 2016;

4. Further discussions between the FAO and OIE on how to ensure global efforts on FMD control and PPR control and eradication are complementary, synergistic and efficient, and ensure the role of the training materials and expertise developed by the EuFMD can best assist FAO and OIE in this area;
5. MS be aware of the risks of spread of other exotic and (re)emerging viruses within the European neighbourhood including Lumpy Skin Disease (LSD), and the need for surveillance sufficient for early detection of FMD and other diseases at the interface of Europe with its neighbours and in continental animal transport networks;
6. The Executive Committee and Secretariat make every effort to find ways to increase the funding for research on FMD, exploring the possibility for national or other agencies to jointly fund research via the EuFMD-FAR fund or through other means;
7. That member states be given the option of a payment of higher contribution category for a biennium, and can state in so doing if they wish the additional contribution to cover training services under the training credit system, for their national needs or if desired to be in the form of credits donated to other states;
8. Further review by the Executive Committee of the payment categories particularly of the step between Categories 1 and 2.

Calls upon

1. FAO, OIE and countries in the West Eurasia and Middle-East and North Africa Roadmap advisory groups or similar systems, to ensure that every effort is given to the successful continuation of the Roadmaps and that progress is maintained towards their vision of regions free of clinical FMD by 2020.

Workplan Overviews in a Separate document

ITEM 11**Proposal for establishing and administering an EuFMD diagnostic bank**

Submission by the Standing Technical Committee to the Executive Committee

Executive summary:

An outbreak of foot-and-mouth disease (FMD) in a previously free EuFMD member state would result in a rapid increase in the demand for diagnostic kits. During the post-outbreak surveillance phase, there would be a very substantial demand for serology kits for demonstration of disease freedom. Maintaining sufficient capacity to cope with this imposes a substantial financial and logistical burden on individual countries, which could be mitigated by the establishment of an EuFMD diagnostic bank. The objectives of such a bank should include rapid provision of kits for testing samples from clinical cases at short notice, provision of large numbers of serology kits for post-outbreak surveillance, provision of serology kits specifically matched with vaccines to assist in demonstration of vaccine effectiveness, and encouraging members to maintain sufficient training, quality assurance standards, surge capacity and contingency planning to make effective use of any kits they receive from the bank. Establishing such a bank would require operational plans detailing the procurement of kits directly or via contract to provide in a given timeframe, and methods of delivery. There should be clear protocols governing what member states can expect from the bank and their responsibilities. The bank should be administered by the EuFMD Secretariat, and an Expert Advisory Group should be established to provide input on technical matters. Close cooperation with the EURL/WRL is essential. Estimating the number of kits which the bank would require to maintain sufficient capacity is a critical issue which requires careful consideration, and directly affects budgetary estimations for the bank. Mechanisms of funding need to be agreed, and options for this are described. Procedures for auditing, review and evaluation of the bank are required, and regular reports on bank activities should be made to the EuFMD executive committee and at the General Session.

Introduction

In an outbreak of foot-and-mouth disease (FMD) in a previously FMD-free country, the demand for diagnostic kits would rise sharply. Initially, there would be need to test samples from suspected clinical cases; subsequently there would be a need to test substantial numbers of serum samples for antibodies to FMDV as the surveillance effort escalated. Following the conclusion of the outbreak, the country would need to test very large numbers of animals by serology in order to substantiate claims of freedom from disease. If the demand for diagnostic kits substantially exceeded the supply capacity available to the affected country, this would be a significant constraint on the efforts to eradicate the disease and regain FMD-free status, causing additional economic, social and animal health costs.

An international diagnostic bank would mitigate this risk by allowing countries to pool available resources so that a sufficient supply of diagnostic kits is available for use within an appropriate timeframe by any member of the bank experiencing an outbreak, without any individual country incurring excessive costs. While some countries in Europe have national diagnostic bank arrangements, not all countries have the resources to do this individually; furthermore, this is an inefficient way to use resources at a continental level, since the probability that many countries would need to draw on a bank simultaneously is far smaller than the probability of individual countries being affected.

At the 41st EuFMD General Session, the potential benefits of an EuFMD diagnostic bank were discussed and a recommendation was made that the Standing Technical Committee should bring to the Executive Committee a proposal of how an EuFMD diagnostic bank might be set up and administered (http://www.fao.org/fileadmin/user_upload/eufmd/41st_General_Session/ReportWeb.pdf). This paper is written in response to that recommendation, and has the following objectives:

1. To set out the key issues to consider when drawing up such a proposal and options to address these points.
2. To describe the recommendations of the STC to the Executive Committee on how best to establish and administer an EuFMD diagnostic bank.

Key issues and options

Objectives

It is vital that the objectives of an EuFMD diagnostic bank are clear, as all subsequent arrangements flow from the objectives. It is a matter for the Executive Committee to decide, but based on the discussions at GS41, the following are proposed for consideration:

1. Rapid deployment for testing clinical samples in the early phase.

During the initial phase of an FMD outbreak, national reference laboratories (NRLs) need to be able to perform tests such as real-time PCR, antigen detection ELISA, antibody detection ELISA, and they may also wish to use lateral flow devices. NRLs may keep sufficient stock of these to test a number of samples but may then experience logistical difficulties in re-stocking in the rapid timeframe required. An inability, even temporary, to test samples from clinical suspects could create serious difficulties in implementing FMD control and eradication measures. The number of tests likely to be performed in this phase is comparatively small compared to the post-outbreak surveillance phase, although of course the early phase testing requirements are a function of the outbreak size. Therefore a relatively small number of kits to support PCR, antigen detection ELISA, antibody detection ELISA and lateral flow devices should be able to provide sufficient cover to support bank members. The EuFMD diagnostic bank could aim to maintain a stock of these reagents with a very rapid deployment time (e.g. within five working days of a request being received).
2. Supporting post-outbreak serosurveillance.

After an FMD outbreak has been resolved, a country must carry out post-outbreak surveillance to support its application to regain FMD-free status. While each surveillance program would be designed to address the specific livestock populations of the individual country and would therefore be unique, in all cases it would include an extensive serological surveillance element. This would require the use of antibody detection ELISAs to test very large number of serum samples. The number of these ELISA kits available and the time taken to supply them can be a significant constraining factor, and is probably the main driver of national diagnostic bank arrangements. Since the post-outbreak surveillance cannot begin until three weeks after the last FMD case has been culled, the time lag between outbreak detection and the need for these kits would probably be at least six weeks and probably longer. The EuFMD diagnostic bank could address this through an arrangement to deliver substantial numbers of these kits with deployment times of several weeks.
3. Provision of ELISA kits to detect structural proteins, matched to specific vaccine antigens, to support the demonstration of vaccination effectiveness.

If a country decides to use emergency vaccination (either to live or to cull) in the face of an outbreak, it is important that it can demonstrate evidence of vaccine effectiveness. To do this, kits to detect antibodies to structural proteins which are matched with specific vaccine antigens are needed, so that livestock which have been vaccinated can be tested and the presence or absence of vaccine-induced antibodies can be reliably assessed. The process of matching kits to vaccines requires cooperation from vaccine manufacturers, kit manufacturers and FMD immunology experts. The output would be that for each vaccine, a kit to detect antibodies to the structural proteins it induces is identified. The EuFMD vaccine bank could then commit to ensuring that a sufficient stock of each type of kit is maintained so that members can use these during an outbreak to evaluate vaccine effectiveness in the field.
4. To identify training, contingency planning and quality assurance needs in participating laboratories and encourage members to address these through EuFMD and WRL/EURL programmes.

In order to ensure that members make effective use of any kits they obtain from the bank, it will be necessary to have a mechanism in place to identify any additional needs bank members may have which may constrain the utility of the diagnostic bank system. These needs would come under the headings of:

 - (a) Training in the use of the diagnostic kits
 - (b) Contingency planning to deliver surge capacity in the laboratory
 - (c) Quality assurance issues.

While the diagnostic bank could identify such needs, it would not be the role of the diagnostic bank to resolve them or provide training. This should be done through existing arrangements and services provided to European countries by EuFMD and the EURL for FMD.

Operations

How would an EuFMD diagnostic bank actually function? The operational mechanisms would need to be fully worked tasked with running it, i.e. the Secretariat. Nevertheless, it is worth considering some of the issues and options here.

1. Procurement of kits: The expert advisory group will be charged with recommending which kits the bank should stock; these are likely to be a range of commonly used FMD diagnostic kits along with PCR reagents. For kits likely to be needed rapidly and in smaller quantities, the kits could be procured by standard FAO procedures and stored appropriately, ready for rapid dispatch. For kits likely to be needed in much greater quantities and with a longer lead-in time (e.g. antibody detection ELISA kits), contracts with kit manufacturers would be more appropriate, although it may be decided to store a much smaller number of these kits ready for rapid dispatch to be used in the clinical diagnostic phase.
2. Contracts: Any contracts entered into would be required to comply with FAO tendering requirements. EuFMD already has experience in this area, having negotiated a procurement tender with certain suppliers for all FAO offices worldwide. The Secretariat would ensure that the tender wording covered the kits, delivery times, etc recommended by the expert advisory group.
3. Locations of stock: The capacity of the EuFMD Secretariat to store diagnostic kits is limited, and is likely to be confined to a few boxes of lateral flow devices. An alternative arrangement would be for FMD OIE/FAO reference laboratories within Europe and/or FMD NRLs within Europe to agree to store certain kits (e.g. antigen detection ELISA kits, PCR kits, etc) at the correct temperatures in a non-restricted area (to facilitate dispatch of the kits when needed) and to facilitate their dispatch when requested.

For kits to be used in a post-outbreak surveillance phase, these may either be stored in the manufacturers' premises or (depending on the contract, agreed delivery times and time needed to produce them) they may not need to be kept in stock but could rather be produced in time to comply with the delivery schedule. In such a case, it would be important that the ability of the manufacturer to adhere to this production schedule was verified and audited.

4. Transport of kits: The specific arrangements would depend on the nature of the kits and should be worked out in advance of the bank becoming operational.
 - For kits requiring rapid delivery at the start of an outbreak, courier companies could be contracted by EuFMD to transport the kits from their locations (e.g. European OIE/FAO FMD reference labs) to the requesting state. For ELISA kits, transport at room temperature is acceptable if cool blocks are included in the box, while the polymerase enzyme element of PCR kits needs to be transported on dry ice, which is more expensive and logistically challenging. However, all of this should be possible to achieve within a few days.
 - For kits relating to post-outbreak serosurveillance with a longer delivery time, the contract with the manufacturer should include deliver to any EuFMD capital city as part of the arrangement.

At the point of entry into the requesting country, the veterinary services take responsibility for import licences, customs fees, and onward transport to the laboratory.

5. Inventory control and auditing: Once a year, inventory control must be carried out on the stock of the diagnostic bank, and the arrangements audited to ensure they continue to be fit for purpose. If the stock is located at multiple locations (as suggested above) it would not be necessary for all locations to be visited at each audit, but rather a pragmatic arrangement to verify that the bank is in a position to discharge its duties would suffice. The audit team should include at least one person who is not on the staff of the Secretariat or a member of the Expert Advisory Committee.

Administration

The bank should be administered by the EuFMD Secretariat as part of its agreed workplan. An update on the bank could be included as an item in the six-monthly report by the Secretary to the Executive Committee.

An Expert Advisory Group should be appointed by the Executive Committee to advise on the many technical matters which will arise in relation to the functions of the bank. These would include:

- (a) Recommendations on the selection of kits for inclusion in the bank.
- (b) Advising on the matching of vaccines with ELISA kits to detect structural proteins induced by the vaccine antigens.
- (c) Advising on the number of each type of kit which the bank should keep in stock and the capacity of the bank.

- (d) Advising on elements to be evaluated for training assessments in members.
- (e) Advising on any other relevant technical matters which could affect the ability of the bank to discharge its duties.

This Expert Advisory Group should include people with experience in contingency planning and laboratory diagnosis of FMD, and a representative from the EURL/WRL.

During the initial set-up and implementation phase, establishing the diagnostic bank would be a considerable administrative task and this may necessitate the Secretary assigning a staff member to this role.

Required Protocols

The bank would need detailed protocols to cover the arrangements for members to join the bank, to make a request for kits, approval of such requests, timelines for delivery and the number of kits to be delivered in different circumstances.

1. Protocol for membership: Since this would be an EuFMD diagnostic bank, all EuFMD members would be eligible to become members of the bank. However, there would be a clear benefit in making membership of the bank an active, additional step with certain reasonable preconditions, rather than all EuFMD members being members by default. Of course, it is arguable that in case of an emergency which threatens other EuFMD members, a state which has not formally signed up to the bank may well be granted access if this is judged appropriate, but that would be on an ad-hoc basis and need not prevent the aspiration to a set of conditions to which members must adhere. A useful protocol for an EuFMD member to join the bank would be:
 - (a) A letter from the CVO of the member state to the EuFMD Secretary, stating they wish to join the diagnostic bank.
 - (b) A commitment to maintain an adequate national diagnostic capacity for FMD and an acknowledgement that the diagnostic bank is to augment this in case of emergencies, rather than to replace this national capacity.
 - (c) A commitment to cooperate with assessments of national reference laboratory needs which may impact on the effective use of kits delivered by the bank.
 - (d) A commitment to accept the protocols of the diagnostic bank for requesting kits, including bearing responsibility for any importation licences, customs fees etc which may apply.
2. Protocol for requests: Since EuFMD members are already expected to notify the Secretariat in the event of an outbreak, it would be efficient to use this as a communication channel for the purposes of the diagnostic bank. A member which wished to draw kits from the bank should contact the EuFMD Secretariat by means of an email from the CVO to the Secretary stating:
 - (a) The national veterinary services have confirmed a case of FMD within the state.
 - (b) The national reference laboratory wishes to avail of the EuFMD diagnostic bank.
 - (c) The email must state what type of kits are required and whether the purpose is for diagnosis of clinical cases, to support post-outbreak serosurveillance, demonstration of vaccine effectiveness, or if for some other purpose this must be described.
 - (d) The delivery address for the kits.
 - (e) The email must state that the national veterinary service takes responsibility for any import licences, fees, or customs duties which may apply.
3. Protocol for approval of requests: The Secretary should contact the EuFMD President and the representative of DG-SANTE, inform them of the request and advise them as to whether the request contains sufficient information to take action. The President and DG-SANTE must then jointly decide whether the request is approved, and if so, instruct the Secretary to proceed accordingly.
4. Protocols for delivery timelines: It is essential that all members have a clear understanding of the expected delivery times, and that the bank can deliver on these. The exact times could only be finalised following completion of agreements with suppliers and discussions with the expert advisory group, but a suggested draft set of timelines could be:
 - (a) For kits to be used in diagnosing clinical cases: Delivery within five working days of a request being made.
 - (b) For kits to be used in post-outbreak serosurveillance: Delivery of a first tranche within six weeks of a request being made, and a second tranche to be delivered within ten weeks of a request being made. By making the kits available in two separate tranches, this could make the procurement arrangements easier as contracting suppliers would be able to spread the total

number of kits to be delivered over a longer period, while still fulfilling the needs of the requesting member state.

- (c) For kits to be used for demonstration of vaccine effectiveness: Delivery of the kits within ten working days of a request being made.

Training and preparedness

If one considers that the purpose of the EuFMD diagnostic bank is to support members in successfully conducting diagnostic testing in the face of an outbreak, then this requires additional elements beyond the provision of kits – although that ought to remain the core role of the bank. The three elements of training and preparedness which the bank should consider are:

- a) Training in the use of the kits to be supplied
- b) Laboratory contingency planning to integrate surge capacity and the large scale testing of samples into the overall national FMD contingency plan
- c) Quality assurance at laboratory level.

The bank should not provide training or support to resolve any needs in these areas, but rather should identify any gaps or areas where support would be useful to member states and advocate the use of existing resources to address these, such as the various EuFMD and EURL/WRL training and support programs.

To address this area, the expert advisory group should advise on the most important elements under each of the three points above. A staff member of the Secretariat could then draw up a questionnaire based on this and distribute to member state focal points, with the objective of determining priority areas for support to members. These results should be used to identify synergies with the EuFMD training programs and the EURL/WRL training program.

The role of the EURL/WRL

The EURL for FMD (Pirbright Laboratory, UK) is also the OIE/FAO WRL. Its EURL activities are funded by DG-SANTE directly, while EuFMD supports elements of its WRL role using DG-SANTE funds under the EuFMD strategic plan. There are clear areas of alignment between EURL/WRL activities and the objectives of the EuFMD diagnostic bank. These include the annual proficiency trial (with EU member participation funded by DG-SANTE directly and non-EU EuFMD member participation funded by EuFMD), follow up support and training, advice on the use of diagnostic assays and selection of kits, and provision of technical backstopping and expert advice.

In addition, the idea of a European diagnostic bank has been discussed in the past at EURL/NRL annual meetings (attended by delegates of each EU FMD national reference laboratory, and also by some non-EU EuFMD member NRLs). The EURL has a direct relationship with the NRLs in the EU and so is well placed to advise on the ways in which the bank can address the range of needs.

It is important that the EuFMD diagnostic bank engages closely with the EURL/WRL through a coordinated approach which identifies synergies and areas for cooperation and avoids duplication. This will facilitate the effective operation of the bank and will improve efficiency in achieving its objectives. The mechanism for this should be that the expert advisory group contains one delegate from the WRL/EURL (ideally the head of the WRL); additionally, the head of the WRL attends Executive Committee meetings at which regular updates on bank activities will be presented.

For specific technical areas, the Secretary and the head of the WRL each ought to nominate staff members to work together on an ad-hoc basis.

Review and evaluation

As with all major projects, it will be necessary for the diagnostic bank to undergo periodic review and an evaluation of its performance in meeting its objectives. This could be done on a two-yearly basis, with the results presented at the EuFMD General Session. The evaluation procedure can be done as part of the overall EuFMD program monitoring and evaluation process, to avoid the duplication of having two evaluations. The review should separately take a strategic overview and examine whether the objectives of the bank remain relevant to the challenges members face, and the extent to which bank activities achieve these objectives. The review procedure should involve a member of the Standing Technical Committee, a representative of the EURL/NRL, and a nominee of the Secretary.

How to estimate what capacity the bank should have?

The issue of how many kits the bank should stock is a difficult one to address and yet it is crucial in enabling the bank to clearly set out what it can do and what members can reasonably expect in terms of assistance.

For rapid-delivery kits for use in the clinical diagnosis phase of an outbreak, past FMD outbreaks in Europe could be used as a guide, and combined with expert opinion and existing contingency plans. For instance, one might estimate that for each suspect farm, five samples would need to be tested by PCR and antigen detection ELISA, and 10 serum samples tested for antibodies. It might be estimated that 200 suspect farms in the initial phase would be an upper likely level, giving a requirement for capacity to test 1,000 samples by PCR and antigen detection ELISA and 2,000 sera to be tested for antibodies. Since member states are obliged to maintain their own diagnostic capacities as well (independent of the bank), this sort of estimation method might be useful. This could be worked out to a fuller extent through convening a workshop (which could be webinar-based) for contingency planners, laboratory diagnosticians and others to discuss, with the aim of eliciting expert opinion. The stock levels for these rapid-delivery kits could then be decided and members of the bank would have a clear understanding of what they could expect as support.

For kits to be used in post-outbreak serosurveillance, the numbers involved are far greater; for example, in 2001, in the UK three million sera were tested, while in the Netherlands 190,000 were tested and 160,000 in Ireland. There are two different ways to consider this problem:

- (a) Estimating the likely range of the numbers of samples which would need to be tested in such a scenario, and base the stock in the bank of a figure such as most likely, or upper range, or worst case.
- (b) Select a fixed number of serological tests which the bank commits to maintaining a capacity to provide tests for. It is then the responsibility of each member state to decide for themselves whether this is sufficient for them, or whether they choose to make additional arrangements at national level.

The issue of how many members the bank ought to be able supply with diagnostic kits in the event of more than one member being affected by outbreaks simultaneously also requires consideration. While the Bulgarian outbreak of 2011 affected only one state, the 2001 FMD events affected four EuFMD members. The probability of more than one state being affected by the same FMD event is necessarily lower than the probability of one state only being affected, and the probability of more than one state being affected by independent FMD events is lower again; however, the impact of such multi-state events on Europe as a whole would be greater than a single-state event.

An option to address these points would be to proceed as follows:

- The expert advisory group is convened and asked to consider this issue and report back within a set timeframe with preliminary estimates and an analysis of any further information (e.g. risk estimation, modelling studies, expert opinion) needed to progress.
- The EuFMD secretariat procures kits for rapid dispatch (as set out above) based on this preliminary estimate, so that the bank establishes a certain basic capacity to support members in an acute emergency.
- The expert advisory group subsequently reports back (again, within a set timeframe) with final estimates, which are presented to the Executive Committee. Subject to their approval, the Secretariat proceeds accordingly.
- The stock levels are assessed by the expert advisory group at least annually based on the most relevant and up-to-date information. Where necessary, stock levels are adjusted accordingly.

Budget allocation

The amount of funding which the bank would require is a function of the decisions made on the number of each type of kit which the bank should stock, and of the contract(s) with serology kit manufacturers which would be the subject of tenders under FAO procedures. It is possible to estimate the approximate cost of EuFMD procuring a range of kits for testing samples from clinical suspects (notwithstanding the fact that the numbers of these kits required to stock the bank may be higher or lower than initial estimates, and that discounts for bulk purchasing may apply) as the prices of these kits are openly advertised. However, the cost of contracts with serology kit manufacturers for the supply of very large numbers of kits is more difficult to estimate, as existing national diagnostic bank arrangements are commercially sensitive.

An option to address this would be for EuFMD CVOs whose services currently have a national diagnostic bank contract with serology kit manufacturers to supply information on the costs and the number of kits involved to

a small working group established by the Executive Committee for this purpose. However, if the wording of the national contracts prohibits sharing this information to third parties due its commercial sensitivity, then this approach would not be feasible.

Funding would also be required to transport kits via courier companies when needed, and to support the administration of the bank, including inventory control and audits.

Funding Mechanism

The arrangements for how to fund the EuFMD diagnostic bank are a matter for the Executive Committee and DG-SANTE. Since funding is a prerequisite to any other activities, however, it is within the scope of this document to suggest certain options for consideration.

- (a) Funding entirely by DG-SANTE via the EuFMD trust fund. The advantages of this option are that the bank would have a sound financial basis and all EuFMD members would be entitled to draw from the bank once they complied with the protocols. The disadvantages are that if the overall funding level provided by DG-SANTE was not increased, then the funds would have to be diverted either from existing program activities or from the emergency allocation which has in the past been maintained in order to rapidly procure vaccines if needed.
- (b) Funding by national contributions from states wishing to become members of the bank, through additional national contributions to the EuFMD trust fund. The advantages of this option are that existing EuFMD program budgetary planning would be unaffected, and it would also represent more closely other arrangements where several groups pool resources to insure against an adverse event affected individual participants. However, there are three risks to this approach:
 - (i) This may exclude the less well resourced EuFMD members, as they may struggle to obtain the budgetary approval to commit funds.
 - (ii) In the event of an outbreak affecting a non-contributing state, there may be pressure for bank members to release kits to this member to mitigate the risk to their livestock from transboundary spread; in effect, contributing bank members would be supporting an affected state twice, both through their contribution to funding the European Union and their contribution to the bank.
 - (iii) The financial basis of the bank would be less sound, as year-to-year budgetary decisions at national level could cause instability in the funding available.
- (c) A combination of the above, with core funding from DG-SANTE combined with national contributions from member states. The core funding could be used to pay for kits for testing samples from clinical suspects, demonstrating vaccine effectiveness, and administration of the bank. National contributions could be used for contracts to provide serology kits for use in post-outbreak surveillance. This mechanism would ensure that all EuFMD members had access to sufficient supplies to support FMD control during the clinical phase of an outbreak, when the threat of transboundary spread to other states is present. Only members which had specifically funded the contracts for serology kits for post-outbreak surveillance would be entitled to obtain these from the bank. Since post-outbreak surveillance is only relevant after the outbreak has been concluded, members which had not made national contributions specifically for this purpose would not have access to these kits from the bank. Denying them these kits would not pose any additional risk to neighbouring states, since at that stage the outbreak would have concluded.

Eoin Ryan
Chair, EuFMD Standing Technical Committee

ITEM 12

Upcoming meetings and events

Oct	21 Sep- 21 Oct 2015	E-Learning FEPC EuFMD-wide
	19 -23 Oct-	Training in Turkey
	20-22 Oct 2015	Meeting Global FMD Research Alliance-Hanoi, Vietnam
Nov	11-13 Nov 2015	Tentative-Special Comm. For Research Session on Biorisk
	30 Nov-04 Dec	KTC 16 in Nepal
Dec	07-11 Dec 2015	KTC 17 In Nepal
	14-19 Dec 2015	PCP in Nepal
	15-16 Dec 2015	Tentative-Standing Technical Comm.

- **91st Executive Committee March 2016** (*Easter: 27 March*)
- **Open Session 2016**
- **92nd Executive Committee September 2016**

Reference Documents



EUROPEAN COMMISSION
DIRECTORAT-GENERAL FOR HEALTH AND FOOD SAFETY

Veterinary and International affairs
Animal Health

AMENDMENT N° 1 TO
Contribution agreement nr MTF/INT/003/EEC
(EC Ref. N°:658223.1.B.2013)
(the "Agreement")

The European Union (hereinafter referred to as "the Contracting Authority"), represented by the European Commission, itself represented for the purposes of signature of the amendment to the contribution agreement by Mr Ladislav Miko, Deputy Director General of the Directorate-General for Health and Food Safety,

of the one part,

and

The Food and Agriculture Organisation of the United Nations with its headquarters in Viale delle Terme di Caracalla, 00153 Rome, Italy, (hereinafter referred to as "the Organisation"), represented for the purposes of signature of the amendment to the contribution agreement by Mr Laurent Thomas, Assistant Director-General,

of the other part,

Having regard to agreement nr MTF/INT/003/EEC concluded between the Union and the Organisation on 28 August 2013 ("the Agreement"),

Whereas the Organisation has requested the Commission to modify the above agreement,

C.T. AS
HAVE AGREED AS FOLLOWS:

Article 1

Article 2, point 2(5) of the Special Conditions of the contribution agreement MTF/INT/003/EEC (EC Ref. N° 658223.1.B.2013) is replaced by the following: "2(5) Individual contracts implementing the activities under this Agreement shall be concluded within 23 months from the starting date of the project i.e. 1 October 2013, as indicated in the article 2(2) of the Special Conditions of the contribution agreement MTF/INT/003/EEC (EC Ref. N° 658223.1.B.2013)".

Article 2

Article 4, point 4(2) First Pre-financing (the balance of the Trust Fund MTF/INT/003/EEC at the end of the previous Agreement) of the Special Conditions of the contribution agreement MTF/INT/003/EEC (EC Ref. N° 658223.1.B2013) is modified as follows: "the pre-financing of EUR 771.379 EUR will be replaced by a pre-financing amount of EUR 1.097.206, 74".

Article 3

Article 7, point 7(3) (b) of the Special Conditions of the contribution agreement MTF/INT/003/EEC (EC Ref. N° 658223.1.B2013) has been deleted, only the point 7(3)(a) will be applied.

Article 4

In Annex I of the contribution agreement MTF/INT/003/EEC (EC Ref. N° 658223.1.B2013), Strategic Objective 1, outputs of the action, point 1.6 is replaced by the following: "1.6. Support provided to Member States through emergency technical response to FMD, 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 (hereinafter "exotic disease"), in the member states or the European neighbourhood.

This includes the maintenance of a capacity to provide advice, technical support and assistance to EuFMD member states and countries in the European neighbourhood in the event of an FMD outbreak, 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 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."

Article 5

U.I. Annex III to the contribution agreement MTF/INT/003/EEC (EC Ref. N° 658223.1.B2013) is replaced by Annex I to this Amendment.

Article 6

All other provisions of the Agreement shall remain unchanged.

Article 7

The present amendment and its annexes shall form an integral part of the Agreement and it shall enter into force after signature by the contracting Parties on the date indicated therein.

ANNEXES

Annex I: Revised budget to Contribution agreement MTF/INT/003/EEC.

Annex II: Letter from CRPA of 13 May 2015 (its reference: MTF/INT/3/EC).

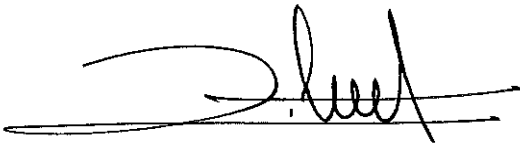
Done in Brussels in two originals in English, one for the Contracting Authority and one for the Organisation.

PS

SIGNATURES

For the Organisation

Mr Laurent Thomas
Assistant Director-General
Technical Cooperation Department



Date, 03/07/2015.

For the Contracting Authority

Mr Ladislav Miko
Deputy Director General
Directorate General for Health and Food
Safety



Date, 13/7/2015

August 2015

CCLM 101/4



联合国
粮食及
农业组织

Food and Agriculture
Organization of the
United Nations

Organisation des Nations
Unies pour l'alimentation
et l'agriculture

Продовольственная и
сельскохозяйственная организация
Объединенных Наций

Organización de las
Naciones Unidas para la
Alimentación y la Agricultura

منظمة
الأغذية والزراعة
للأمم المتحدة

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COMMITTEE ON CONSTITUTIONAL AND LEGAL MATTERS

Hundred and First Session

Rome, 21 - 23 October 2015

**European Commission for the Control of Foot-and-Mouth Disease
(EuFMD) - Proposal to amend the Agreement**

I. INTRODUCTION

1. This item has been placed on the Provisional Agenda of the Committee on Constitutional and Legal Matters (hereinafter “CCLM” or “the Committee”) under Rule XXXIV, paragraph 7 (b) of the General Rules of the Organization (“GRO”), whereby the Committee considers specific items referred to it which may arise out of “*the formulation, adoption, entry into force and interpretation of multilateral conventions and agreements concluded under Article XIV of the Constitution*”.

2. This document addresses proposed amendments to the Constitution of the European Commission for the Control of Foot-and-Mouth Disease (hereinafter “the EuFMD” or “the Commission”), which are set out in the **Annex** hereto. The Commission's Constitution was approved and submitted to Members, in accordance with Article XIV of the FAO Constitution, by the Conference at its Seventh Session in 1953.¹ The Constitution entered into force on 12 June 1954 with the acceptance of the original Constitution by six European countries. Since its original approval, the Constitution has been amended on a number of occasions, most recently in 1997.² The amendments reflected in the **Annex** were approved by the Commission at its 41st General Session held in Rome, Italy, from 23 to 24 April 2015.

II. BACKGROUND OF THE COMMISSION

3. Foot-and-Mouth Disease (“FMD”) control was deemed a priority to rebuild the economies and food security of Europe after World War II and, following devastating pan-European epidemics of 1951-52, the Commission was established in 1954. Membership grew rapidly in the 1950s and 1960s,

¹ Resolution 33/53.

² Amendments having been agreed at the Ninth (1962), 20th (1973), 22nd (1977), 28th (1989) and 32nd Sessions of the Commission, as subsequently approved by the 39th (1962, Resolution 3/39), 61st (1973, Resolution 5/61), 72nd (1977, Resolution 5/72), 96th (1989, Resolution 2/96) and 113th (1997) Sessions of the Council, respectively.

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and again after 1990, when eastern European countries, in particular, joined the Commission. The most recent country to join was the Republic of Georgia, in 2013, and current membership stands at 38.³

4. The Constitution restricts membership to countries in the European region, while it is increasingly the case that services provided by EuFMD are requested by countries outside the European region, some of which have been willing to make substantial voluntary contributions for collaborative projects in capacity building, deemed of mutual benefit to the EuFMD membership and the non-members concerned.

5. The EuFMD outputs and achievements are important to FAO's work to achieve Strategic Objective 2 ("SO2") to "*increase and improve provision of goods and services from agriculture, forestry and fisheries in a sustainable manner*", and Strategic Objective 5 ("SO5") to "*increase the resilience of livelihoods to treats and crises*", particularly in the European Region.

III. PROPOSED AMENDMENTS TO THE EuFMD CONSTITUTION

A. The rationale for amending the Constitution

6. A proposal for amendments to the Constitution was submitted to the Director-General by the Government of Austria in December 2014, following the 88th Session of the EuFMD's Executive Committee. This proposal, although submitted by one Member, reflected the work of the Commission's Executive Committee following the 40th General Session of the Commission in April 2013.⁴ The Executive Committee took the opportunity to thoroughly review the Constitution.

7. By Article XI of the Constitution, the Commission's Executive Committee is charged, *inter alia*, with making "*proposals to the Commission concerning policy matters and the programme of activities*". The main concern of the Executive Committee, which led to the work to review and revise the Constitution, was to reinforce the governance of the Commission and, specifically, to lengthen the period for which those elected to the Executive Committee would serve on it, as further described in paragraph 12 below.

8. In relation to **Article II** on the **Obligations of Members**, two amendments are put forward:

- 1) The first proposal concerns the introduction in **Article II(1)** of a requirement that Members not recognized by the World Animal Health Organization ("OIE") as being free from FMD put in place a ***national plan for the progressive control of the disease***. This proposed amendment brings the obligations of Members into line with the 2012 FAO/OIE Global Foot and Mouth Disease Control Strategy ("the FAO/OIE Global Strategy"). Of the current membership, this amendment directly affects only Georgia, Israel and Turkey, and each of these Members already has national control plans in place following the Progressive Control Pathway for Foot and Mouth Disease ("PCP").⁵ The proposed amendment of Article II(1)

³ Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, The Former Yugoslav Republic of Macedonia, Turkey, United Kingdom.

⁴ The similar needs of EuFMD members and certain non-European countries, mostly OECD members, lay behind a proposal to remove the European regional restriction on membership. However, this proposed amendment to the Constitution was not supported by the membership at the 41st General Session.

⁵ The PCP was developed by the Commission in 2008 to encourage eligible European countries which are not yet members of the Commission (most of which are not free of FMD) towards control. It was subsequently adopted, in 2011, by FAO and the OIE as a tool for national advancement in disease management. The PCP assists countries to develop sustainable, risk based strategic plans for FMD management. It is "*a set of FMD*

aims to ensure that countries not currently FMD-free, but which wish to enter into membership, can utilize the PCP to fulfil the obligation to commit to the eventual control of the disease. The proposed addition also addresses the concern of the Members that the existing obligations under Article II(1) are too onerous for some potential new members, by enabling a stepwise approach to management in which the national plans evidence the commitment desired. These national plans are currently assessed through processes jointly agreed by FAO and OIE.

- 2) The second proposed amendment to Article II, introduces a new **subparagraph 2** and relates to **good emergency management planning**, and reflects the fact that almost all Members have eradicated the disease. The proposed addition requires Members to “have available contingency plans for the immediate management of incursions of foot-and-mouth disease and ensure that sufficient financial, human and technical resources are available for the immediate application of the control methods indicated in Article II.1”. It calls for the provision of sufficient resources to meet the obligations relating to control measures that they already accept in Article II. It is noted that the last amendments to the Constitution in 1997 were made in recognition of the fact that *“the initial purpose of the Commission, which was the control of foot-and-mouth disease, now must be modified by emphasizing the new role of the Commission which is to promote preventive measures and emergency preparedness”*.⁶ It is further observed that the 28 Members of the European Union (EU) who are also Members of the Commission are already required to meet these requirements under EU animal health laws, and that almost all the States acceding to the EU have met these requirements. Furthermore, the proposed amendment ensures that new applicants for membership recognize the obligation to have capacity in place for emergency management.

9. In relation to **Article IV on General Functions**, the addition of a function of the Commission under **paragraph 4** of promoting *“the global control of foot-and-mouth disease”* aims to ensure that the EuFMD is able, under its mandate, to contribute to **promoting control of FMD outside Europe**, in support of the FAO/OIE Global Strategy. It is consistent with the existing general function of the EuFMD in Article IV.4 to *“stimulate and plan joint action wherever required”*. It is anticipated that this would bring EuFMD work under the FAO Strategic Objectives, facilitate support by EuFMD programmes for the achievement of SO5, and contribute to promoting better prevention and control programmes outside Europe. This does not presume direct involvement in non-member countries but, rather, working with FAO decentralized offices in their regional initiatives and projects in support of SO5.

10. The proposed amendments to **Article V concerning Special Functions**, are two-fold:

- 1) The amendments introduce new **subparagraphs 2.3 and 2.4** which are intended to align the provisions concerning the Commission’s special functions with its existing practice in respect of the **provision of training for emergency response and the maintenance and promotion of standards**. The proposals elaborate upon the existing special function under Article V (1) by which the EuFMD is to *“assist in the prevention and control of outbreaks in emergency situations in any manner considered appropriate by the Commission and the Member or Members concerned”*. Since 1985, the EuFMD has been responsible for the Biorisk Management Standards for laboratories (national laboratories and vaccine producers) handling the FMD virus. These standards are referenced in EU Directives. In addition, the EuFMD has,

control activity stages that [...], if implemented, should enable countries to progressively increase the level of FMD control to the point where an application for OIE-endorsement of a national control programme vaccination [...] or official freedom from FMD with or without vaccination [...] may be successful and the status sustainable”. *The Progressive Control Pathway for Foot and Mouth Disease Control – Principles, Stage Descriptions and Standards*, 26 January 2011, Section 1.A.

⁶ See document CCLM 67/5, at paragraph 6.

for the past five years, provided training to establish a European cadre of experts for emergency response. The work programme of the Commission is important in assisting the Members to fulfil the international standards for emergency preparedness of veterinary services for the disease, and has played an important role in Europe in assisting countries to develop national strategic plans for control of FMD. It was, therefore, considered necessary to include reference in the Constitution to the promotion of progressive control of FMD pathway, as the PCP has become the EuFMD tool for assisting improved strategic planning and implementation of national control plans. This is also considered to contribute to FAO's efforts under SO5 to ensure better long term prevention of animal health crises.

- 2) In addition, a reference to the recommendations of the OIE and, as applicable, the EU, is introduced into subparagraph 2.2, indicating a source of guidance in the implementation of that provision concerning the promotion "*when necessary of the establishment by a Member or Members of 'cordons sanitaires' to prevent the spread of disease*". In view of differing interpretations of the principles governing cordon sanitaires, there is a need to ensure that EuFMD promotion would be within the context of long-established co-ordination arrangements between EuFMD, the EU and OIE.

11. In relation to **Article IX** regarding **Observers**, the proposed amendment would enable States that are not members of the Commission or FAO to attend the *meetings of the Executive Committee* where the Chairperson agrees. This proposal is intended to respond to the interest of certain non-member countries to collaborate and contribute, including through additional voluntary contributions, to the work programme of the EuFMD.

12. In relation to **Article X** on the **Executive Committee**, a number of matters were considered by the Commission:

- 1) Under the existing provisions of the Constitution, the Executive Committee is composed of the Chairperson, two Vice-Chairpersons of the Commission and five delegates of Members selected by the Commission. It is proposed, in **Article X(1)**, to *increase the number of delegates from five to six*. This is a consequence of the change to the Rules of Procedure relating to the Chairperson and Vice-Chairpersons that were adopted by the Commission at its 41st Session.⁷ It also relates to the need to ensure that the growing non-EU membership is adequately represented and representative, and better balances the 28 Members who belong to the EU, as further discussed in the following paragraph.
- 2) A further proposed addition to Article X(1) is the introduction of the requirement that "*Due regard should be taken to ensure that the membership of the Executive Committee is equitably geographically representative*". The question of **geographic representation** has become an issue affecting governance and, ultimately, the effectiveness of decision-making and direction

⁷ The Commission seeks to secure longer term commitment of officers in the *Chairperson and the two Vice Chair positions*. Currently, elections of officers for the Steering Committee are held at the General Sessions of the Commission which, over the past 20 years, have been held every two years. The recommended amendments seek to encourage a commitment to serve for a period longer than two years by those elected and, specifically, to encourage those standing for office to, as far as possible, anticipate a four- to six-year commitment. In order to achieve this, the procedures for the election of officers have been modified so that, at each election the First Vice-Chairperson "*shall normally be nominated for an ensuing term of office as Chairperson*" and the Chairperson "*shall normally be nominated for an ensuing term of office as Second Vice-Chairperson*". The Commission anticipates that continuity of development of the Commission will be encouraged by such a mechanism. It was decided, following circulation of the draft proposal, and consultation with the Members and the Office of the Legal Counsel of FAO, that it was more appropriate to give effect to these changes in the Rules of Procedure rather than in the Constitution. Consequently, amended Rules of Procedure were put to the 41st Session of the Commission and were duly adopted. The amendments to the Rules of Procedure will enter into force upon approval by the Director-General, as provided in Article VIII of the Constitution.

for the Commission, since there had been over-representation of certain countries over a lengthy period and the subsequent loss of engagement and involvement of certain regions of Europe, in part because of perceptions that the focus of the EuFMD was not relevant to their concerns. The 28 EU members had collectively decided that, as part of their contribution to the EuFMD, they would reach agreement between themselves prior to the Commission's Sessions, establishing geographic subgroups for the purpose of selecting and supporting their candidate for election to the Executive Committee. This has been the EU practice since 2011. It was felt by the Executive Committee, and endorsed by the Commission, that Article X should promote processes that lead to better representation of the various subregions of Europe, in particular those that are not free from FDM, without prescription on the countries in each subregion.

13. The opportunity has also been taken to update the terminology used in the Commission by, for example, the replacement of the term "Chairman" with "Chairperson".

B. Entry into force of amendments to the Constitution, and "additional obligations"

14. Under Article XIV of the Constitution, amendments shall become effective only with the concurrence of the Council. Amendments not involving additional obligations for Members of the EuFMD shall take effect from the date of the decision of the Council (Article XIV(5)). Amendments which involve additional obligations, pursuant to Article XIV(6), "*shall, after approval by the Council, bind the Members of the Commission who have accepted the amendment, as from the date on which it has been accepted by two-thirds of the membership of the Commission, and thereafter for each remaining Member of the Commission upon the date of receipt by the Director-General of the instrument of acceptance of the amendment by that Member*". The advice of the CCLM is specifically requested on whether the proposed amendments, as negotiated and endorsed by the Commission, involve additional obligations for the Members of the Commission.

15. At its Thirty-fifth Session in October 1977, the CCLM set down the criteria for determining whether amendments to agreements establishing statutory bodies under Article XIV of the FAO Constitution involve new or additional obligations. These criteria have subsequently been endorsed by the Council⁸ and the Conference⁹ and reflect the established practice of the Organization. In particular, the CCLM stated:

*"if, as a result of the amendments, the overall burden to be borne by contracting parties in the implementation of their existing obligations, would remain substantially the same, the amendments would not involve new obligations. If that burden would be transformed in such a way that the tasks to be performed were different in character from those entailed under existing obligations, the amendments causing such a transformation could be said to involve new obligations. Any extension of an existing obligation could not be considered per se as a new obligation; there might however be cases where such an extension could be considered as tantamount to a new obligation – where, for example, it was bound to have substantial financial implications for the contracting parties or the burden entailed was disproportionate to the existing burden on contracting parties."*¹⁰

16. The overall burden to be borne by the Members of the EuFMD in the implementation of their existing obligations would remain substantially the same if the amendments are approved. The changes to the text of the Constitution do not impose any significant extra obligations or burdens in the implementation of their existing obligations upon the Members of the Commission. In particular, in relation to Article II, the amendments facilitate the achievement by Members of their existing

⁸ CL 72/REP, paragraph 139.

⁹ See, for example, the Report of the Twenty-Ninth Session of the Conference, paragraph 132.

¹⁰ Report of the Thirty-fifth Session of the CCLM, 10- 14 October 1977, paragraph 46.

obligations, as addressed under paragraph 8 above.¹¹ The amendments to Articles IV and V elaborate on existing general and special functions that are already, more generally, reflected in those provisions, as described at paragraphs 9 and 10, respectively. The other proposed amendments are more procedural in nature and, similarly, do not appear to establish additional obligations.

17. Consequently, this review of the proposed amendments would appear to confirm that none of them creates additional obligations for its Members and, consequently, they would appear to be outside the scope of paragraph 6 of Article XIV of the EuFMD Constitution. Should the CCLM confirm that the proposed amendments do not introduce additional obligations for Members of the Commission, the amendments adopted by consensus by the Commission at its 41st General Session would come into force upon approval by the FAO Council.

IV. SUGGESTED ACTION BY THE COMMITTEE

18. The CCLM is invited to review the proposed amendments as endorsed by the Commission at its 41st Session in light of the Basic Texts of the Organization and, in particular, to provide its views on whether any of the proposed amendments involve additional obligations for the Members of the Commission.

19. The Committee is further invited to submit the draft Council resolution, set forth in the **Annex**, to the Council for consideration and adoption.

¹¹ Moreover, the work programme of the Commission from 2015 to 2019, supported by the EU, provides assistance to countries that are currently not free of FMD to develop the national control plans, and makes possible the specific support to non-members that express the desire to develop those plans or emergency management capacities, that will assist them to meet these obligations should they desire to enter into membership.

ANNEX**RESOLUTION .../..****AMENDMENTS TO THE CONSTITUTION OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE****THE COUNCIL**

Recalling the Conference's approval of the Constitution of the Commission for the Control of Foot-and-Mouth Disease under Article XIV of the FAO Constitution at its Seventh Session in 1953, which Constitution came into force on 12 June 1954;

Further recalling amendments to the Constitution agreed at the 9th, 20th, 22nd, 28th and 32nd Sessions of the Commission, and subsequently approved by the 39th, 72nd, 96th and 113th Sessions of the Council, respectively;

Recalling also that the Commission, at its 41st Session held in Rome, Italy, from 23 to 24 April 2015, approved further amendments to the Constitution;

Having considered the report of the 101st Session of the Committee on Constitutional and Legal Matters, and **noting** that the Committee found that amendments would not involve new obligations for Members of the Commission and would, accordingly, come into force upon receiving the concurrence of the Council;

Approves the amendments to the Constitution of the European Commission for the Control of Foot and Mouth Disease, in accordance with Article XIV(5), as follows:

PREAMBLE [¹²]

The contracting Governments, having regard to the urgent necessity of preventing the recurrence of the heavy losses to European agriculture caused by the repeated outbreaks of foot-and-mouth disease, hereby establish, within the framework of the Food and Agriculture Organization of the United Nations, a Commission to be known as the European Commission for the Control of Foot-and-Mouth Disease, whose object shall be to promote national and international action with respect to preventive and control measures against foot-and-mouth disease in Europe.

ARTICLE I**Membership**

1. Membership in the European Commission for the Control of Foot-and-Mouth Disease (hereinafter referred to as "the Commission") shall be open to such European Member Nations of the Food and Agriculture Organization of the United Nations, to such States participating as members in the Regional Conference for Europe and Central Asia of the Food and Agriculture Organization of the

[¹² Proposed deletions are indicated in strikethrough, new text is in italics and underlined.]

United Nations and serviced by the Regional OIE for Europe of the Food and Agriculture Organization of the United Nations and to such European Member Nations of the International OIE of Epizootics that are Members of the United Nations, as accept this Constitution in accordance with the provisions of Article XV. The Commission may, by a two-thirds majority of the membership of the Commission, admit to membership ~~such~~ other European States that are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency as have submitted an application for membership and a declaration made in a formal instrument that they accept the obligations of this Constitution as in force at the time of admission.

2. The Food and Agriculture Organization of the United Nations (hereinafter referred to as “the Organization”), the World Organisation for Animal Health (hereinafter referred to as “the OIE”), the European Union, and the Organization for Economic Cooperation and Development shall have the right to be represented at all sessions of the Commission and its Committees, but their representatives shall not have the right to vote.

ARTICLE II

Obligations of Members regarding National Policies and International Cooperation for the Control of Foot-and-Mouth Disease

1. Members undertake to control foot-and-mouth disease with a view to its ultimate eradication by the institution of suitable quarantine and sanitary measures and by one or more of the following methods:

- 1) a slaughter policy;
- 2) slaughter together with vaccination;
- 3) maintenance of totally immune cattle population by vaccination; other susceptible livestock may be vaccinated;
- 4) vaccination in zones surrounding outbreaks.

Methods adopted shall be rigorously carried out. *For Members not recognised by the OIE as having the status of freedom from foot-and-mouth disease, except where the status has been temporarily suspended, there should be in place a national plan for the progressive control of the disease.*

2. Members should have available contingency plans for the immediate management of incursions of foot-and-mouth disease and ensure that sufficient financial, human and technical resources are available for the immediate application of the control methods indicated in Article II (1).

23. Members adopting policy 2 or 4 undertake to have available a supply of vaccine or antigen for vaccine production sufficient to ensure adequate protection against the disease in case the spread of the disease can not be controlled exclusively by sanitary measures. Each Member shall collaborate with and assist other Members in all concerted measures for the control of foot-and-mouth disease and in particular in the supply of vaccine or antigen for vaccine production where necessary. The quantities of antigen and vaccine to be stored for national and international use shall be determined by Members in the light of the findings of the Commission and the advice of the OIE.

34. Members shall make such arrangements for the typing of virus from outbreaks of foot-and-mouth disease as may be required by the Commission and shall immediately notify the Commission and the OIE of the results of such typing.

45. Members shall make arrangements for the rapid dispatch of new isolates to the FAO designated World Reference Laboratory for further characterization.

56. Members undertake to provide the Commission with any information which it may need to carry out its functions. In particular, Members shall immediately report to the Commission and to the OIE any outbreak of foot-and-mouth disease and its extent and shall make such further detailed reports as the Commission may require.

ARTICLE III

Seat

1. The seat of the Commission and its Secretariat shall be in Rome at the Headquarters of the Organization.
2. Sessions of the Commission shall be held at its seat, unless they are convened elsewhere in pursuance of a decision of the Commission at a previous session, or, in exceptional circumstances, of a decision of the Executive Committee.

ARTICLE IV

General Functions

1. To enter into arrangements, through the Director-General of the Organization, with the OIE within the framework of any agreements between the Organization and the OIE to ensure that:
 - 1.1 all Members are provided with technical advice on any problem relating to the control of foot-and-mouth disease;
 - 1.2 comprehensive information on outbreaks of the disease and identification of virus is collected and disseminated as quickly as possible;
 - 1.3 special research work required on foot-and-mouth disease is carried out.
2. To collect information on national programmes for control of and research on, foot-and-mouth disease.
3. To determine, in consultation with the Members concerned, the nature and extent of assistance needed by such Members for implementing their national programmes.
4. To stimulate and plan joint action wherever required in the implementation of prevention and control programmes and to this effect arrange means whereby adequate resources can be made available, for example, for the production and storage of vaccine, through agreements between Members., and to promote the global control of foot-and-mouth disease.
5. To arrange for suitable facilities for the typing and characterization of virus.
6. To ensure the availability of an international laboratory (World Reference Laboratory) with facilities for rapid characterization of virus by appropriate methods.
7. To maintain information on the stocks of antigen and vaccine available in member countries and other countries and to keep the position continuously under review.

8. To offer advice to other organizations on the allocation of any available funds for assisting in prevention and control of foot-and-mouth disease in Europe.
9. To enter into arrangements, through the Director-General of the Organization, with other organizations, regional groups or with Nations not Members of the Commission, for participation in the work of the Commission or its committees, or for mutual assistance on problems of controlling foot-and-mouth disease. These arrangements may include the establishment of, or participation in, joint committees.
10. To consider and approve the report of the Executive Committee on the activities of the Commission, the accounts for the past financial period and the budget and programme for the ensuing biennium, for submission to the Finance Committee of the Organization.

ARTICLE V

Special Functions

The following shall be the special functions of the Commission:

1. To assist in the prevention and control of outbreaks in emergency situations in any manner considered appropriate by the Commission and the Member or Members concerned. For this purpose the Commission or its Executive Committee, in conformity with the provisions of Article XI (5), may use any uncommitted balances of the Administrative Budget referred to in Article XIII (7) as well as any supplementary contributions which may be provided for emergency action under Article XIII (4).
2. To take suitable action in the following fields:
 - 2.1 Storage of antigen and/or vaccines by or on behalf of the Commission for distribution to any Member in case of need.
 - 2.2 Promotion when necessary of the establishment by a Member or Members of “cordons sanitaires” to prevent the spread of disease, *following the recommendations of the OIE and, as applicable, the European Union.*
 - 2.3 *The training of personnel of Members as required for management of an emergency response and the establishment of a cadre of trained personnel who can assist other Members in case of need.*
 - 2.4 *The maintenance and promotion of appropriate biocontainment standards, and training in these, for handling of materials containing foot-and-mouth disease virus by Members.*
3. To carry out such further special projects as may be suggested by Members or by the Executive Committee and approved by the Commission for achieving the purposes of the Commission as set forth in this Constitution.
4. Funds from the surplus of the Administrative Budget may be used for the purposes stated in paragraphs 2 and 3 of this Article when such action is approved by the Commission by a two-thirds majority of the votes cast, providing such majority is more than one half of the membership of the Commission.

ARTICLE VI

Sessions

1. Each Member shall be represented at Sessions of the Commission by a single delegate who may be accompanied by an alternate and by experts and advisers. Alternates, experts and advisers may take part in the proceedings of the Commission but not vote, except in the case of an alternate who is duly authorized to substitute for the delegate.
2. Each Member shall have one vote. Decisions of the Commission shall be taken by a majority of the votes cast except as otherwise provided in this Constitution. A majority of the Members of the Commission shall constitute a quorum.
3. The Commission shall elect, at the end of each regular session, a Chairperson and two Vice-Chairpersons and the members of the Executive Committee from amongst the delegates. The Commission shall also appoint the members of special or standing Committees.
4. The Director-General of the Organization in consultation with the Chairperson of the Commission shall convene a regular session of the Commission at least every two years. Special sessions may be convened by the Director-General in consultation with the Chairperson of the Commission or, if so requested, by the Commission in regular sessions or by at least one third of the Members during intervals between regular sessions.

ARTICLE VII

Committees

1. The Commission may establish temporary, special or standing committees to study and report on matters pertaining to the purpose of the Commission, subject to the availability of the necessary funds in the approved budget of the Commission.
2. These committees shall be convened by the Director-General of the Organization in consultation with the Chairperson of the Commission and with the Chairperson of the special or standing committee concerned, at such times and places as are in accordance with the objectives for which they were established.
3. Membership in such committees may be open to all Members of the Commission or consist of selected Members of the Commission or of individuals appointed in their personal capacity because of their competence in technical matters, as determined by the Commission. On proposal of the Chairperson, observers may be invited to participate in the meetings of the special and standing committees.
4. Members of the committees shall be appointed at the regular session of the Commission and each committee shall elect its own Chairperson.

ARTICLE VIII

Rules and Regulations

Subject to the provisions of this Constitution, the Commission may, by a majority of two-thirds of its membership, adopt and amend its own Rules of Procedure and Financial Regulations, which shall be in conformity with the General Rules and Financial Regulations of the Organization. The Rules of the Commission and any amendments thereto shall come into force upon approval by the Director-

General of the Organization, the Financial Regulations and amendments thereto being subject to confirmation by the Council of the Organization.

ARTICLE IX

Observers

1. Any Member Nation of the Organization that is not a Member of the Commission and any Associate Member may be invited to, or, upon its request, be represented by an observer at sessions of the Commission. It may submit memoranda and participate without vote in the discussions.
2. States which, while not Members of the Commission nor Members or Associate Members of the Organization, are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency may, upon request and subject to the concurrence of the Commission through its Chairperson and to the provisions relating to the granting of observer status to nations adopted by the Conference of the Organization, be invited to attend in an observer capacity sessions of the Commission or *its Executive Committee*.
3. Participation of international organizations in the work of the Commission and the relations between the Commission and such organizations shall be governed by the relevant provisions of the Constitution and the General Rules of the Organization as well as by the rules on relations with international organizations adopted by the Conference or Council of the Organization. All such relations shall be dealt with by the Director-General of the Organization. The relations between the Organization and the OIE are governed by such agreement between the Organization and the OIE as may be in force.

ARTICLE X

Executive Committee

1. An Executive Committee shall be established and shall be composed of the ~~Chairman~~^{Chairperson}, two ~~Vice-Chairmen~~^{Vice-Chairpersons} of the Commission and ~~six~~^{six} ~~five~~ delegates of Members selected by the Commission at the end of its regular session. *Due regard should be taken to ensure that the membership of the Executive Committee is equitably geographically representative.* The ~~Chairman~~^{Chairperson} and the ~~Vice-Chairmen~~^{Vice-Chairpersons} of the Commission shall be the ~~Chairman~~^{Chairperson} and ~~Vice-Chairpersons~~^{Vice-Chairpersons} of the Executive Committee.
2. Members of the Executive Committee shall hold office until the end of the next regular session without prejudice to the right of re-election.
3. ~~If a vacancy occurs in the Executive Committee before the expiration of the term of appointment, the Committee may proceed to fill the vacancy request a Member of the Commission to appoint a representative to fill the vacancy for the remainder of the term.~~ *If a delegate in the Executive Committee becomes permanently unavailable for unavoidable reasons, the Member represented by that delegate shall be requested to nominate a new delegate for the remainder of the term.*
4. The Executive Committee shall meet at least twice *at reasonable intervals* between any two successive regular sessions of the Commission.
5. The Secretary of the Commission shall act as Secretary to the Executive Committee.

ARTICLE XI

Functions of the Executive Committee

The Executive Committee shall:

1. Make proposals to the Commission concerning policy matters and the programme of activities;
2. Implement the policies and programmes approved by the Commission;
3. Submit to the Commission the draft programme and Administrative Budget, and the accounts for the past biennium;
4. Prepare the report on the activities of the Commission during the past biennium for approval by the Commission and transmission to the Director-General of the Organization;
5. Undertake such other duties as the Commission may delegate to it, in particular with reference to emergency action under Article V (1).

ARTICLE XII

Administration

1. The staff of the Secretariat of the Commission shall be appointed by the Director-General with the approval of the Executive Committee, and for administrative purposes shall be responsible to the Director-General. They shall be appointed under the same terms and conditions as the staff of the Organization.
2. The expenses of the Commission shall be paid out of its Administrative Budget except those relating to such staff and facilities which can be made available by the Organization. The expenses to be borne by the Organization shall be determined and paid within the limits of the biennial budget prepared by the Director-General and approved by the Conference of the Organization in accordance with the General Rules and the Financial Regulations of the Organization.
3. Expenses incurred by delegates, their alternates, experts and advisers when attending sessions of the Commission and its committees as government representatives, as well as the expenses incurred by observers at sessions, shall be borne by the respective governments or organizations. The expenses of experts invited by the Commission to attend meetings of the Commission or its committees in their individual capacity shall be borne by the budget of the Commission.

ARTICLE XIII

Finance

1. Each Member of the Commission undertakes to contribute annually its share of the administrative budget in accordance with a scale of contribution. This scale of contribution shall be adopted by the Commission with a two-thirds majority of its Members in accordance with the Financial Regulations of the Commission.
2. Contributions of States which acquire membership between two regular sessions of the Commission shall be determined by the Executive Committee in accordance with the Financial Regulations of the Commission; for this purpose such criteria as may be specified in the Financial

Regulation shall apply. The determination made by the Executive Committee shall be subject to confirmation by the Commission at its next regular session.

3. Annual contributions provided for under paragraphs 1 and 2 above shall be payable before the end of the first month of the year to which they apply.
4. Supplementary contributions may be accepted from a Member or Members or from organizations or individuals for emergency action or for the purpose of implementing special schemes or campaigns of control which under Article V the Commission or Executive Committee may adopt or recommend.
5. All contributions from Members shall be payable in currencies to be determined by the Commission in agreement with each contributing Member.
6. All contributions received shall be placed in a Trust Fund administered by the Director-General of the Organization in conformity with the Financial Regulations of the Organization.
7. At the end of each financial period, any uncommitted balance of the Administrative Budget shall be retained in the Trust Fund and made available for the following years' budget.

ARTICLE XIV

Amendments

1. This Constitution may be amended by the Commission by a two-thirds majority of the membership of the Commission.
2. Proposals for the amendment of the Constitution may be made by any Member of the Commission in a communication addressed to both the Chairperson of the Commission and the Director-General of the Organization. The Director-General shall immediately inform all Members of the Commission of all proposals for amendments.
3. No proposal for the amendment of the Constitution shall be included in the agenda of any session unless notice thereof has been received by the Director-General of the Organization at least 120 days before the opening of the session.
4. Amendments shall become effective only with the concurrence of the Council of the Organization.
5. An amendment not involving additional obligations for Members of the Commission shall take effect from the date of the decision of the Council.
6. An amendment which, in the view of the Commission, involves additional obligations, for Members of the Commission shall, after approval by the Council, bind the Members of the Commission who have accepted the amendment, as from the date on which it has been accepted by two-thirds of the membership of the Commission, and thereafter for each remaining Member of the Commission upon the date of receipt by the Director-General of the instrument of acceptance of the amendment by that Member.
7. The instruments of acceptance of amendments involving additional obligations shall be deposited with the Director-General who shall inform all Members of the Commission of the receipt of such instruments.
8. The rights and obligations of any Member of the Commission that has not accepted an amendment involving additional obligations shall for a period not exceeding two years as from the

date of entry into force of the amendment, continue to be governed by the provisions of the Constitution as they stood prior to the amendment. Upon expiry of the afore-mentioned period, any Member of the Commission that has not accepted such amendment shall be bound by the Constitution as so amended.

9. The Director-General shall inform all Members of the Commission of the entry into force of any amendment.

ARTICLE XV

Acceptance

1. Acceptance of this Constitution shall be effected by the deposit of an instrument of acceptance with the Director-General of the Organization and shall take effect, as regards Members of the Organization or the OIE, on receipt of such instrument by the Director-General who shall forthwith inform each of the Members of the Commission.

2. Membership of States that are eligible for membership under Article I, but are neither Members of the Organization nor of the OIE, shall become effective on the date on which the Commission approves the application for membership in conformity with the provisions of Article I. The Director-General shall inform each of the Members of the Commission of the approval of any application for membership.

3. Acceptance of the Constitution may be made subject to reservations. The Director-General of the Organization shall notify forthwith all Members of the Commission of the receipt of any application for membership or any instrument of acceptance of the Constitution either of which contains a reservation. A reservation shall become effective only upon unanimous approval by the Members of the Commission. The Members of the Commission not having replied within three months from the date of the notification by the Director-General of the reservation shall be deemed to have accepted the reservation. Failing unanimous approval by the Members of the Commission of a reservation, the nation making the reservation shall not become a party to this Constitution.

ARTICLE XVI

Withdrawal

1. Any Member may withdraw from the Commission at any time after the expiration of one year from the date on which its acceptance took effect or from the date on which the Constitution entered into force, whichever is the later, by giving written notice of withdrawal to the Director-General of the Organization who shall forthwith inform all Members of the Commission. The withdrawal shall become effective one year from the date of receipt of the notification of withdrawal.

2. Non-payment of two consecutive annual contributions shall be regarded as implying withdrawal of the defaulting Member from the Commission.

3. Any Member of the Commission withdrawing from the Organization of the OIE, when such withdrawal results in this Nation no longer being a Member of either of these two Agencies, shall be deemed to have withdrawn simultaneously from the Commission.

ARTICLE XVII

Settlement of Disputes

1. If there is any dispute regarding the interpretation or application of this Constitution, the Member or Members concerned may request the Director-General of the Organization to appoint a committee to consider the question in dispute.
2. The Director-General shall there-upon, after consultation with the Members concerned, appoint a committee of experts which shall include representatives of those Members. This committee shall consider the question in dispute, taking into account all documents and other forms of evidence submitted by the Members concerned. This committee shall submit a report to the Director-General of the Organization who shall transmit it to the Members concerned and to the other Members of the Commission.
3. The Members of the Commission agree that the recommendations of such a committee, while not binding in character, will become the basis for renewed consideration by the Members concerned of the matter out of which the disagreement arose.
4. The Members concerned shall share equally the expenses of the experts.

ARTICLE XVIII

Termination

1. This Constitution shall be terminated by a decision of the Commission taken by a three-fourths majority of the membership of the Commission. It shall automatically be terminated should membership, as a result of withdrawals, comprise fewer than six Nations.
2. On termination of the Constitution all assets of the Commission shall be liquidated by the Director-General of the Organization and after settlement of all liabilities the balance shall be distributed proportionally amongst Members on the basis of the scale of contributions in force at the time. Nations whose contributions are in arrears for two consecutive years and hence deemed to have withdrawn in conformity with Article XVI (2) shall not be entitled to a share of the assets.

ARTICLE XIX

Entry into Force

1. This Constitution shall enter into force upon receipt by the Director-General of the Organization of notifications of acceptance from six Member Nations of the Organization or of the OIE, providing that their contributions represent in the aggregate not less than 30 percent of the Administrative Budget provided for in Article XIII (1).
2. The Director-General shall notify all Nations having deposited notifications of acceptance of the date on which this Constitution comes into force.
3. The text of this Constitution drawn up in the English, French and Spanish languages, which languages shall be equally authoritative, was approved by the Conference of the Organization on the Eleventh day of December 1953.
4. Two copies of the text of this Constitution shall be authenticated by the Chairperson of the Conference and the Director-General of the Organization, one copy of which shall be deposited with

the Secretary-General of the United Nations and the other in the archives of the Organization. Additional copies of this text shall be certified by the Director-General and furnished to all Members of the Commission with the indication of the date on which Constitution has come into force.

Appendix 2

FMD Situation report



Global Update EuFMD Exec. Committee

Donald King
donald.king@pirbright.ac.uk

WRLFMD Team: Valerie Mioulet, Nick Knowles, Anna Ludi, Ginette Wilsden, Bryony Armson, Pip Hamblin, Kasia Bachanek-Bankowska, Lissie Hendry, Jemma Wadsworth, Britta Wood, Barsha Thapa, Bob Statham, Abid Bin-Tarif, Ashley Gray, Emma Fishbourne, Beth Johns, Mark Henstock, Alison Morris, David Paton, Nick Lyons, Dexter Wiseman, Trish Ryder, Sarah Belgrave



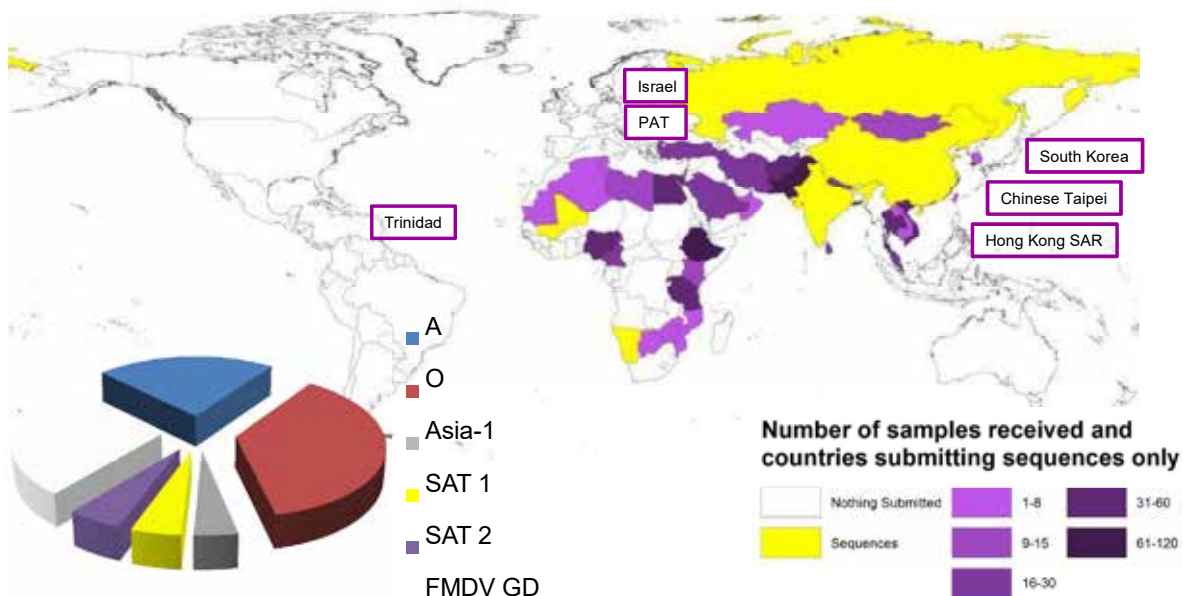
BBSRC National Virology Centre: The Plowright Building

- Jan-Sept 2015: Occupied new high containment laboratory
- Transfer of QA accreditation
- Houses all work with “live” FMD and International Reference Laboratories for FMD, BT, PPR, ASF, AHS, Capripox



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Submissions to WRLFMD Pirbright October 2013 – September 2015 (period of current LoA)



- Sequence exchange with China, Russia, India and BVI
- Reports for these samples can be found at: www.wrlfmd.org

www.pirbright.ac.uk

Recent submissions to WRLFMD Pirbright

Since last EuFMD Exec. Comm. (Belgrade, Feb 2015)

Reports (www.wrlfmd.org) for:

Afghanistan, Bahrain, Botswana, Ethiopia, Egypt, Hong Kong SAR, Kazakhstan, Laos, Mauritania, Mongolia, Oman, Pakistan, South Korea, Taiwan (Chinese Taipei), Tanzania, Thailand, Vietnam, Zimbabwe

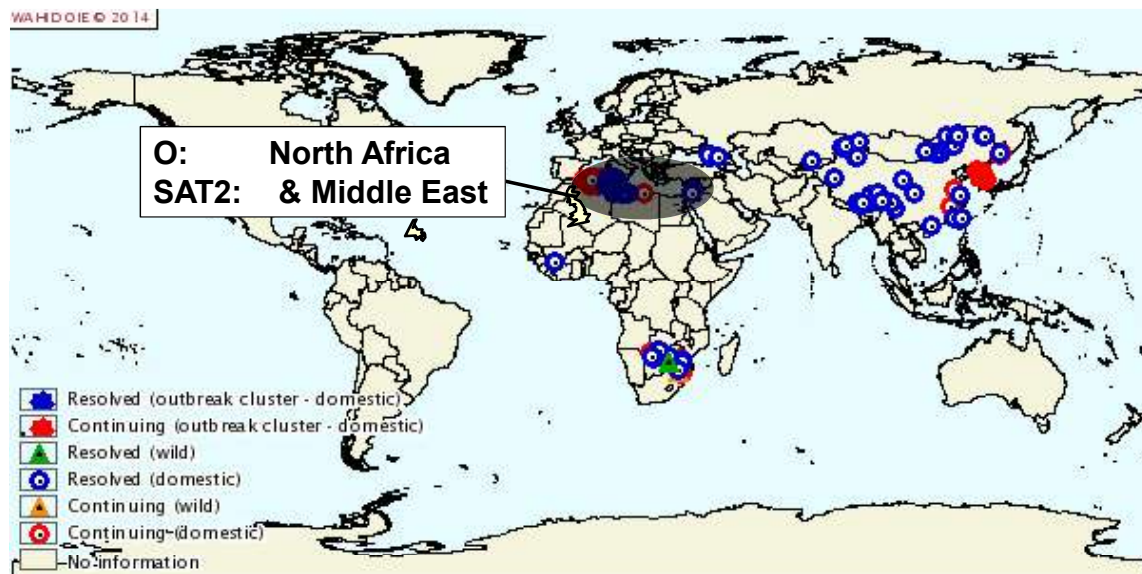
(18 countries)

Results pending for:

Botswana, Mozambique, Namibia, Niger, Saudi Arabia (A?), Turkey, Uganda, Zimbabwe

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Changing epidemiological patterns



Outbreaks reported to the OIE (change of epidemiological status):
<http://www.oie.int/wahid-prod/public.php?page=home>

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New FMD outbreaks in Algeria: 2015



- 12 FMD outbreaks reported (initial outbreak on 2/3/2015)
- Disease in small ruminants – foci in the west of the country?
- O/ME-SA/Ind-2001 confirmed by IZSLER
- Reported to OIE as “resolved” 3/5/2015
- Increased threats to Morocco and Europe? – also outbreaks due to O/ME-SA/Ind-2001 in Bahrain (February/March 2015)

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Vaccine matching for O/ME-SA/Ind-2001

24 field isolates

Field Isolate	Vaccine strain		
	O-3039	O Manisa	O/TUR/5/09
LIB 1/2013			
LIB 7/2013			
LIB 17/2013			
LIB 22/2013			
NEP 13/2012		borderline	
NEP 6/2012	borderline		
NEP 21/2012			
NEP 6/2013			
NEP 18/2013			
NEP 1/2014			
NEP 6/2014			
SAU 1/2013			
SAU 4/2013			
SAU 6/2013			
SAU 7/2013			
SAU 1/2014	borderline		
SRL 1/2013			
SRL 1/2014		borderline	
UAE 1/2014		borderline	
UAE 2/2014		borderline	
ALG 1/2014	borderline		
TUN 1/2014	borderline		
BAR 8/2015			
BAR 14/2015			

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Vaccine Potency Trial

O/ME-SA/Ind2001



- Funded via EU (from EU-RL) contribution
- Simultaneous cattle passage required (funded from UK and Dutch National Projects)
- Experiments hosted by CVI-Lelystad
- Design agreed after discussions with FMD experts in Italy, UK, Germany and The Netherlands
- Adopted protocol according to European Pharmacopeia
- O-Manisa vaccination (6PD₅₀) with O/ALG/2014 challenge

Vaccine Dose	Number Protected vs Vaccinated	Serological Results (O Manisa Log ₁₀ VNT mean 21DPV)
Full	3/5	2.65
1/4	4/5	2.67
1/16	0/5	1.68
Unvaccinated*	0/2	0.9



- Estimated heterologous potency ~3 PD₅₀



WAGENINGEN UR
For quality of life



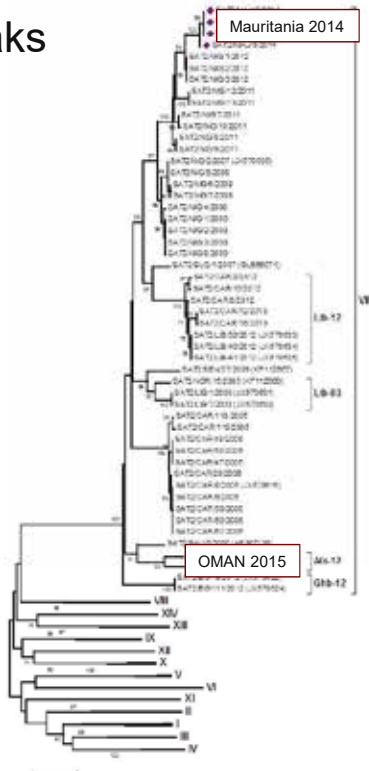
Istituto Zooprofilattico Sperimentale
Lombardia e dell'Emilia Romagna

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SAT 2

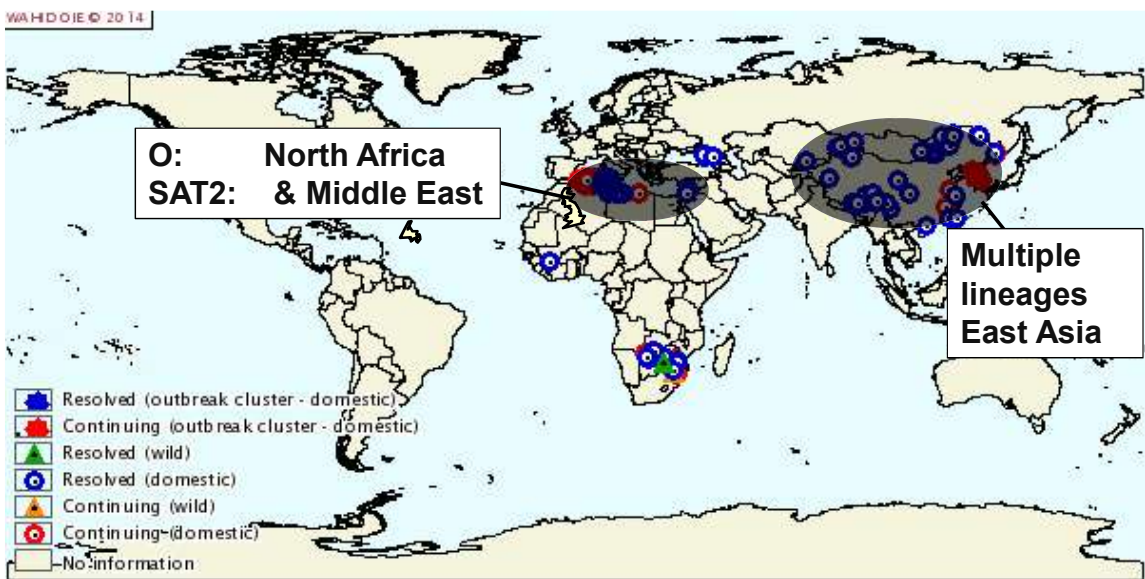
Mauritania and Oman

- New SAT 2 samples from field outbreaks
- VP1 sequencing: two different genetic groups within topotype VII
- Oman 2015:
 - Cattle
 - Genetically similar to FMD viruses from previous outbreaks in Egypt (Alx-12 sub-lineage)
- Mauritania 2014:
 - Cattle
 - Genetically most similar to FMD viruses from Nigeria



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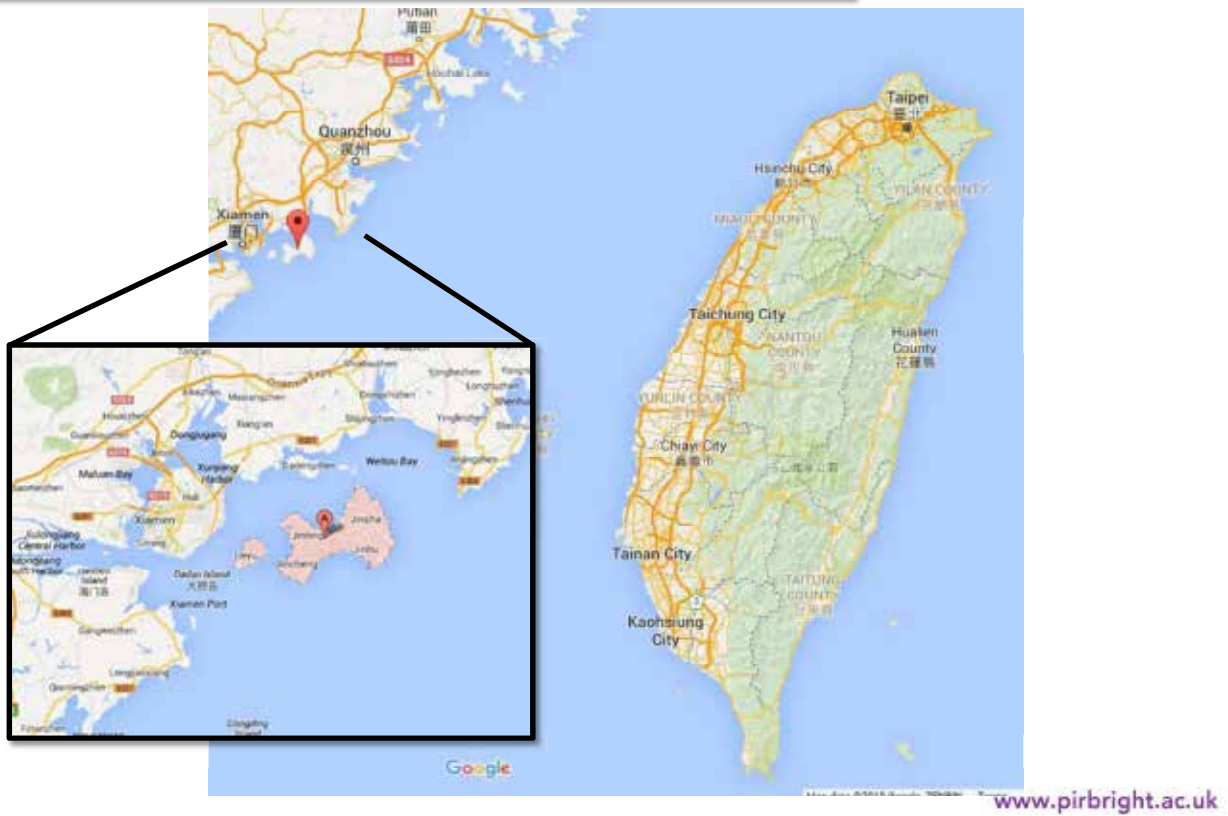
Changing epidemiological patterns



Outbreaks reported to the OIE (change of epidemiological status): <http://www.oie.int/wahid-prod/public.php?page=home>

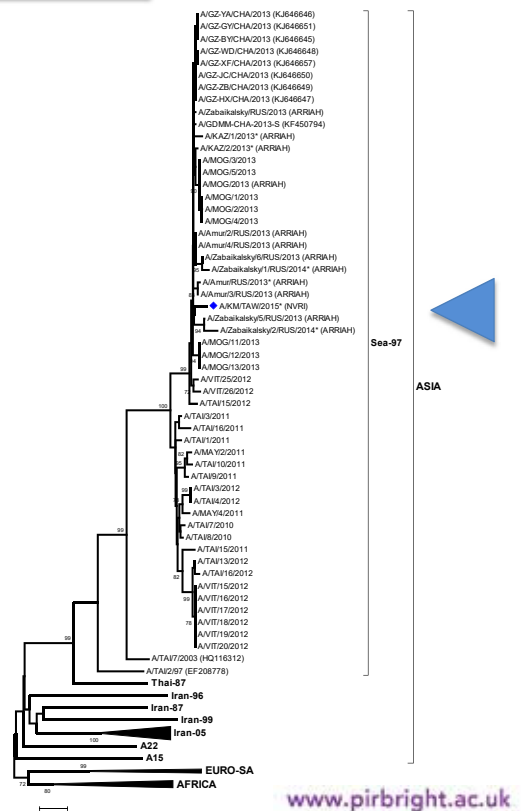
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Kinmen Island, Chinese Taipei (Taiwan)



Kinmen Island, Chinese Taipei (Taiwan)

- Cattle sampled in March 2015 at an abattoir on Kinmen Island
- NSP test identified a +ve reactor
- 2 additional NSP reactors within index case herd
- No clinical signs of FMD
- Probang sample test at AHRI was RT-PCR positive / VI negative
- Sequence generated – serotype A (A/ASIA/Sea-97)
- Samples ($n= 6$ probang) sent to WRLFMD – FMDV NVD
- Sera ($n= 11$) tested at WRLFMD by VNT and LPBE were positive for serotype O (vaccine?) and A



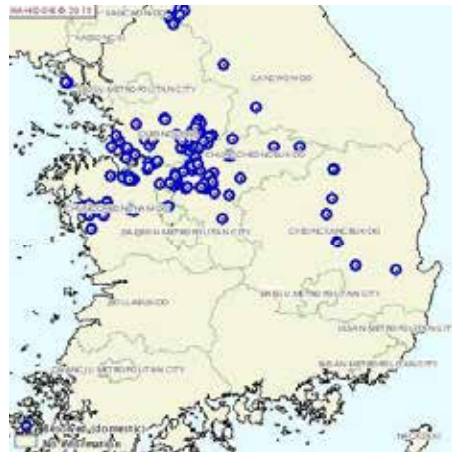
South Korea

FMD outbreaks in 2014/15 (all serotype O)

- July 2014
 - 3 outbreaks
 - Pigs
 - Gyeongsangbuk-do and Gyeongsangnam-do
- December 2014
 - 185 reported outbreaks
 - Pigs affected
 - West and central parts of the country
 - Reported as “resolved” to OIE on 22/5/2015
- Clinical cases in vaccinated pigs (Merial antigen)



<http://koreajoongangdaily.joins.com/news/article/article.aspx?aid=2999365&cloc=rss%7Cnews%7Cjoongangdaily>



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Invited visit to Korea (Sept 2015)

- KISTOCK – livestock trade show
 - Korean Pig Producers Association
 - Korean Association of Swine Veterinarians
 - Meeting at QIA (national reference laboratory)
- Main topics of discussion
 1. Reluctance to vaccinate by farmers
 - Penalties due to tissue granulomas at injection site
 2. Extent of FMD circulation in the country
 - Control policy and NSP positive animals
 3. Advice regarding future procurement of vaccines
 - Other FMD threats to South Korea
 - Pilot trials and vaccine effectiveness studies

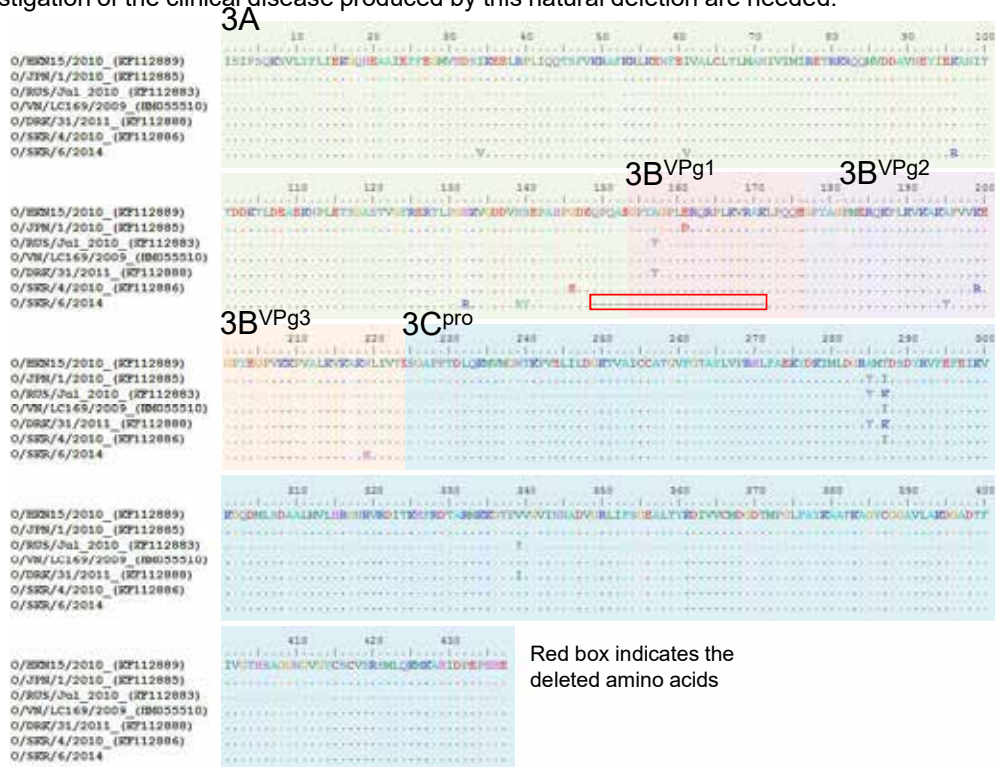


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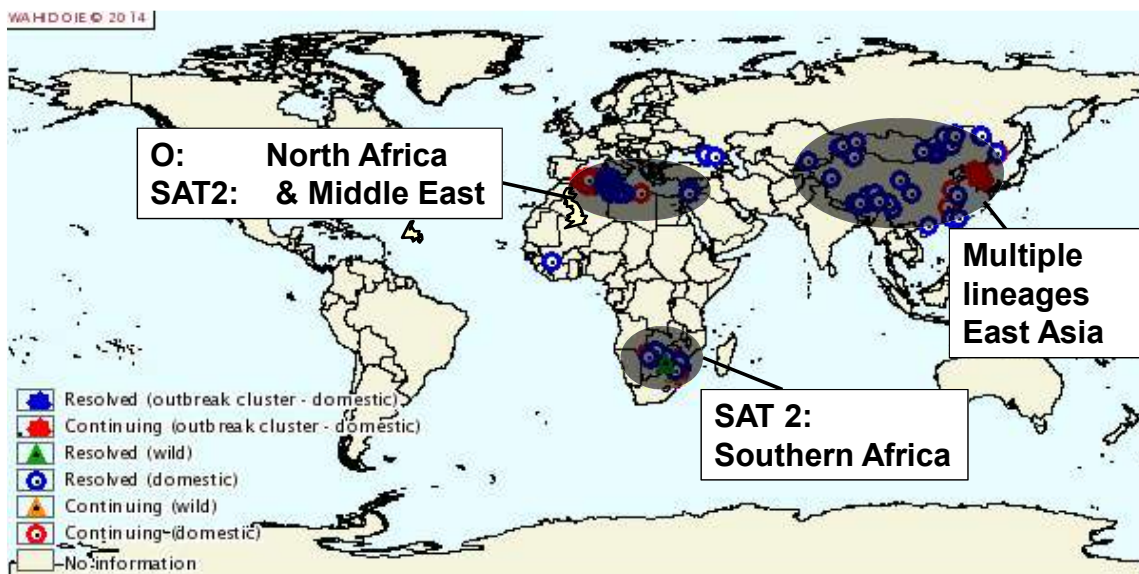
Complete genome analysis

Natural deletion of VPg1 in O/SKR/6/2014

Further investigation of the clinical disease produced by this natural deletion are needed.



Changing epidemiological patterns



Outbreaks reported to the OIE (change of epidemiological status):
<http://www.oie.int/wahid-prod/public.php?page=home>

Training mission(s)

Kazakhstan

- Kazakhstan National Reference Laboratory and Kazakhstan Veterinary Research Institute
- Organised by the OIE
- Technical assistance to support FMD-free zones in Kazakhstan:
 - Serological tests for FMD surveillance
 - Calibration of ELISAs for post-vaccine evaluation
 - Molecular tests for strain identification and characterisation
- Exchange visit in August 2015
- Training visit to Astana, Kazakhstan October 2015

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Training

Mongolia: July 2015

- Request from Mongolian National Reference Laboratory
- Supported by the Swiss Government
- Troubleshooting and calibration of ELISAs for post-vaccine evaluation
- Practical (hands-on) training and lectures by WRLFMD staff



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Some other missions and meetings

Members of WRLFMD Team

- March 2105: SEACFMD Manila, Philippines
- April 2015: Outbreak training in Tanzania
- April 2015: OIE Working Group - Vaccine Banks for North Africa
- April 2015: West EurAsia Road Map Meeting, Kazakhstan
- May 2015: OIE General Session – discussions with South Africa and Korea regarding vaccination
- June 2015: WAVLD – OIE symposium
- June 2015: Emerging Pig Diseases Conf.
- July 2015: OIE Biothreat reduction symposium
- July 2015: IAEA Vienna – FMD diagnostic training
- August 2015 EuFMD Training Kenya
- September 2015: EpiNet Group of SEACFMD

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Vaccine Bank Recommendations (Sept. 15)

High Priority	O Manisa O PanAsia-2 (or equivalent) O BFS or Campos A24 Cruzeiro Asia 1 Shamir A Iran-05 (or A TUR 06) A22 Iraq SAT 2 Saudi Arabia (or equivalent i.e. SAT 2 Eritrea)
Medium Priority	A Eritrea SAT 2 Zimbabwe SAT 1 South Africa A Malaysia 97 (or Thai equivalent such as A/Sakolnakorn/97) A Argentina 2001 O Taiwan 97 (pig-adapted strain or Philippine equivalent)
Low Priority	A Iran '96 A Iran '99 A Iran 87 or A Saudi Arabia 23/86 (or equivalent) A15 Bangkok related strain A87 Argentina related strain C Noville SAT 2 Kenya SAT 1 Kenya SAT 3 Zimbabwe

New vaccines (to be released shortly?)
 Merial (O-PanAsia-2, O/SKR)
 MSD (O/SKR)

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A new tool for vaccine antigen selection

WRLFMD/EuFMD/SAFOSO

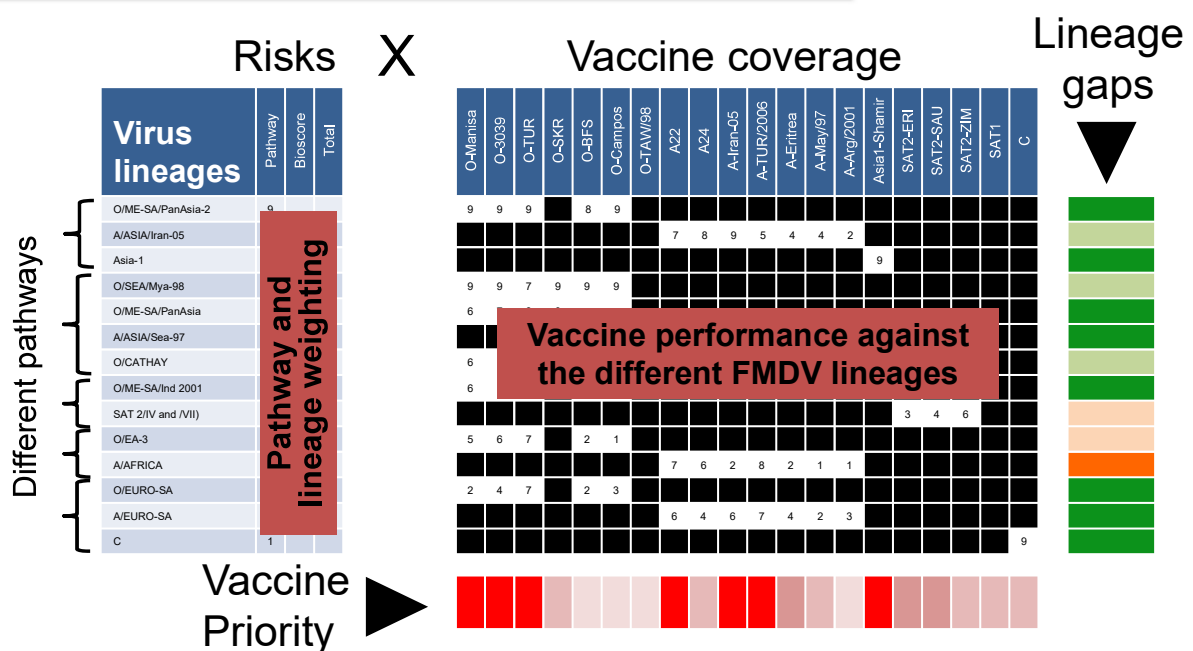
- Improved (more transparent) categorisation of different FMDV vaccine antigens
- Ability to respond to changing epidemiological risks
- Accommodates use of vaccines across different lineages
- For use in FMD-free settings

Determines scores as a **product** of two components

1. Different risks and associated FMDV lineages the are specific to a particular region (Europe, NA, Aus/NZ)
 2. Uses available in-vitro, in-vivo and field data to score the ability of available vaccines to protect against the different lineages
- Adds up the cumulative “antigen score” for each vaccine antigen to generate a heat map of vaccine priorities

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Cartoon overview of tool



- Agreement with vaccine companies (Merial and MSD)
- Data to be populated into table

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Acknowledgements

- Support for the WRLFMD and research projects
- Collaborating FMD Reference Laboratories and field teams
- Partners within the OIE/FAO FMD Lab Network



Photos courtesy of HDR Architecture, Inc.: © 2104 James Brittain



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Appendix 3

General report on activities

-Report on Activities of the Secretariat –May 2015-September 2015

Summary

1. The 41st Session of the Commission was held in Rome at the HQ of FAO in April 2015, and the Report has been finalized, circulated for comment and published online. The recommendations and conclusions are given in **Appendix 1**.
2. The EC funded work programme (Phase III, 24 months) will be completed at the end of September 2015, and the period from late April 2015 to mid-July 2015 was spent in finalizing activities of each of the 13 components. To a large extent the targets and indicators have been met (**Table 1**, self-assessment); some activities, including training continued in August and September. Development of the Phase IV agreement for FAO/EC agreement has been the priority in July-August and entailed much higher workload than in previous rounds as result of changes in-house FAO project clearance procedures as well as change in the UN/EC framework (PAGODA) governing administrative, operational, and financial, visibility and other contractual arrangements. The potential delay in the agreement and operational start of Phase IV may result could result in difficulties to implement the new program, and created additional workload on all the team to identify solutions for individual contracts and programme delivery.
3. The Chairpersons have met in Paris (May 2015) and Rome (September 2015). Decisions were taken to create two positions (Training Programmes Manager and Contingency Planning Officer) from savings from the vacant P3 Officer position, and appointments were made to both in August. Decisions on Short Term professional (STP) positions, to enter into position in October 2015, were taken only for those positions supported by the Administrative Fund, the EC funded positions being reliant on the Phase IV agreement. The above arrangements should ensure that the Secretariat has sufficient longer term expertise in the transition to the Phase IV, and provide continued services and network support to the MS even if the Phase IV is further delayed.
4. The composition of the Secretariat is indicated below, and Phase III team for implementing the EC project activities is given in **Table 2**. This model is proposed as the basis for Phase IV. Each Component has had a Manager, a operational budget and a clear workplan and targets, and this has assisted the entrance and effectiveness of short term (6 months) professionals in the team.
5. **EC program implementation:**
A summary of the self-assessment of completion of the Phase III program will be provided to the Executive Committee. It is summarized in the **Table 1**. "Expected Results" are targets stated at the time the Component was agreed with the EC and Executive Committee at the Lyon Session in October 2013 (Exception: Component 1.2, which was agreed in September 2014).
6. **Under Pillar 1**, the **five** main components (Training Program, Contingency Planning, THRACE surveillance, Balkans Emergency Preparedness, Research Fund) , the major activities in the final 5 months were to the final set of Real-Time Training and e-learning courses; Network webinars for the Vaccination issues and Contingency Planning Networks; the continued surveillance for FMD and other infections (LSD) in THRACE; the 2nd International simulation exercise (Balkans) in June, for 3 countries and 9 observers; and completion of Research Projects. Emergency support was given to N Cyprus on LSD following EC instruction.
7. **In support of Pillar 2**, of most significance has been the intensive support to Georgia, Armenia and Azerbaijan to ensure completion of the Risk Based Strategic Plans (RBSP) in the latter two, following the GF-TADS Roadmap recommendations; the design of training programme for GDFC Turkey; further PCP workshops were held in Egypt under Component 2.2, and e-learning course for Algeria and a major international workshop facilitated and arranged by EuFMD for the REMESA in August, to review the lessons learnt from the North Africa type O epidemic.
8. **In support of Pillar 3**, EuFMD experts have assisted the GF-TADS Working Group through the support to develop the Global Report, and under Component 3.2, have developed e-learning on the PCP to assist training, and facilitated FAO to host regional webinars to identify the type of training on FMD needed in Eastern, Southern, West and Central Africa (in English and French). Under 3.3, the annual proficiency test for the OIE/FAO Network has been managed by TPI (WRL-Pirbright).
9. **Monthly Global Surveillance Reports** have been produced, managed by Teresa Scicluna, STP. In 2015 each edition has had a different **Guest Editor** who is an international FMD expert from the Special Committee or from an FAO or OIE reference center, and circulation continues to grow, reaching over 90 names in our distribution list. Under Phase IV, it remains to be decided if the Monthly report should be replaced by a 3 monthly analysis of risk report, addressing he needs for structured information for the antigen prioritization system and for risk communication, and coordinated with the WRL reporting cycle.

Programme for the Phase IV, 2015-19 agreement with the EC on support to activities of the EuFMD

10. Following the adoption of the Strategic Plan, 2015-19 at the 41st Session of the EuFMD in April 2015, and its 16 components ("Outputs"), the Secretariat undertook drafting of the Project Documents for the Phase IV agreement, using templates provided by DG-SANTE and which are the common format for Grants awarded under the UN :EC agreement (FAFA framework/PAGODA agreement). On the FAO side, a new, corporate process for in-house approvals of projects (common project cycle framework) was implemented across the entire Organization in June 2015, aimed at ensuring projects are aligned to the FAO Strategic Objectives, work planning with decentralized Offices. As the Corporate process is new, inevitably coordinating all the documents needed and pushing for their clearance put a great strain on the team; the cleared **Project Grant Application Form** (GAF: Phase IV, 8m€ for 48 months) was finally sent to the EC on 16th September, by the ADG of the TC Department of FAO. Following this, if the GAF is acceptable the signature of the Conditions of the Contract completes the agreement. Operational opening of the project (when spending is allowed) normally cannot start until funds are received and the duration of the waiting period will affect many aspects of function.

Additional funding (Non-EC) pipeline

11. In line with EuFMD policy relating to full cost recovery (funding) of activities requested by MS or other parties, and following requests from the UK, Spain, and Germany, e-learning courses have been delivered for national training in UK and Spain, and Real-Time Training programme for Germany is in the pipeline. No courses under the contract with Australia/New Zealand were possible in the past 4 months as a result of the earthquake in Nepal, but will resume in December 2015.

EuFMD Program Report

12. The management responsibilities for the EuFMD program are shown in the **Table 2**. Managers have been funded by the MS through the Administrative Fund with the exception of those which are EC funded (two consultants and one STP (Rodrigo Nova) and the Training Officer (by Australia, transfer to Admin Fund in September 2015). The Short Term Professionals (STPs) assist with management in areas of their competence.

Administrative Report

13. The Secretariat staff are listed below (as of September 2015).

Technical team:

Executive Secretary	Keith Sumption
Training Programmes Manager	Jenny Maud
Contingency Planning Officer	Marius Masiulis (from 23 rd September)
Communications and Training support	Nadia Rumich

Short Term Professionals	Katie Hickey (UK/NZ)(to July)
	Teresa Scicluna (Malta)(to Sept)
	Milan Pandurovic (Serbia)(to Sept)
	Rodrigo Nova (UK)(to July)

Consultants (Component Managers)	M. McLaws (main duties taken by Gunel Ismailova from September) , C. Bartels, K. V. Maanen, Nick Lyons
----------------------------------	--

Administrative team :

Program Co-ordinator	Cecile Carraz
Finance Assistant	Silvia Clementelli
Team members	Ida D'Alessandro; Erica Tomat

14. **Short Term professionals** (STPs): Milan Pandurovic (Serbia) will finish at the end of September, after doing a great job in managing Components 1.3 and 1.4, Thrace and Balkans. Rodrigo Nova (UK) finished in July after assisting with the e-learning courses and the FMD Unit activities (Component 3.1). Katie Hickey (New Zealand) completed at the end of July, after 6 months managing the Contingency Planning Component, and covering emergency response to LSD (N Cyprus).

- 15. New STPs:** Artem Skrypnyk (Ukraine) and Magdalena Gajdzińska (Poland) are expected to start from 1st October, covering the Training Programmes and THRACE/Balkans components. These are supported by MS funds and their entry into the team should assist the transition between Phase III and IV, given the need to continue essential support actions, including communication and planning, for these two major areas of Pillar 1 work.
- 16. Administrative support:** Currently, we have a Program Co-ordinator (Ms Carraz), a finance assistant (Ms Clementelli), and three team members (Ms D'Alessandro, Ms Tomat, Ms Addari) working on all the administrative and logistic issues of the EuFMD. Ms Addari is also assisting in Training Support for the e-learning courses. The Finance Assistant is covering the G5 role, so there is no strong reason in terms of current performance gaps to recruit an FAO Clerk.
- 17. Linkage of funding to positions under Phase IV**
Under GAF submitted to the EC, 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 under MTF/INT/011/MUL.
Consultants 1-4 refer to those whose Terms of Reference were submitted to FAO for clearance, and would provide longer term (11 month contract) support.
 - Operational support:** the GAF was cleared by FAO on the basis of 5 operation support positions, of which 4 would be supported under the EC and one by the MUL/11.

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

Key:

EXSEC (P5 Animal Health Office, Executive Secretary)

P2 (Network and Training Support Officer)

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

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

Financial position

- 18.** The Secretariat manages three Trust Funds, for the Administration of the Secretariat (MTF/INT/011/MUL, contributions from the Member States), EC Program (MTF/INT/003/EEC) and an Emergencies and Training Fund into which additional contributions have been received for provision of training (MTF/INT/004/MUL).
- 19.** Position of the **Administrative Fund (MTF/INT/011/MUL)**. The projected expenditure to the end of December 2015 is 606,316 USD, which is within that projected (630,000) at the 41st Session. This includes the temporary funding (of 89,876 USD) to cover 3 Operational Support Staff in October, plus technical consultants to cover the transition and also training in Turkey to which EuFMD is committed. Some of these temporary funding costs should be reclaimed from the EC Fund after

signature of new agreement, so the 011/MUL fund will act as a bridging fund on a short term basis. Issues could arise if the delay in EC signature is prolonged such that expenditures in the period prior to signature cannot be claimed, as the monthly drawdown on the 011/MUL would not be sustainable.

20. Table 3. Projection of expenditure on the MUL011 Fund, to the end of December 2015

MUL 011 Projection end 2015				
		USD	EUR	
Financial Statement Up to 08/2015 (Soft+Hard+Actuals)				
Salaries Professional		315,921	280,854	includes P3 Dube
Consultants		121,037	107,602	includes Fabrizio Rosso, Jenny Maud, Maria Teresa Scicluna, Barbara Tornimbene 1 month
Locally Contracted Labour		1,174	1,044	
Travel		29,124	25,891	includes STPs (Mark Hovari, Milan Pandurovic)
General Operating Expenses		-25,129	-22,340	
	Totals	442,127	393,051	
Impact of Consultants (4 Months)				
Technical Consultants (4 Months) roles considered under MUL 011		USD	EUR	
Maria Teresa Scicluna	1/2 STP	6,400	5,690	
Marius Masiulis	CPO	27,500	24,448	
Jenny Maud	TPM	29,264	26,016	
Artem	Full STP	12,148	10,800	
Total Impact - Technical Consultants (4months) roles considered under MUL 11		75,312	66,953	
Operational/Technical Consultants (4 Months) roles not considered under MUL 011		USD	EUR	
Admin (3 Persons for 4 months)		46,682	41,500	
Barbara Tornimbene		13,498	12,000	
Fabrizio Rosso		11,249	10,000	Part Time CM
Gunel Ismaylova		18,448	16,400	CM
Total impact Operational/Technical Consultants (4 Months) roles not considered under MUL 011		89,876	79,900	
Total global impact 4 months		165,189	146,853	
Forecast expenditures up to 31/12/2015		607,316	539,904	

21. Position of the Administrative Fund (MTF/INT/011/MUL) – Outstanding Contributions:

The opening cash balance was 406,185 USD and the statement for income and expenditure for 2014 - 2015 (Table 4) shows 326,644USD of contributions received against an expenditure of 442,126 USD and a final (year-end) Balance of 290,703 USD. Contributions received in September 2015 Germany and Spain.

Total Contributions owned	USD 651'629.43
Contributions outstanding previous years	USD 95'937.43
MS Contributions expected for 2015	USD 555'692
Received up to 31/08	USD 326'644
Outstanding Contributions 2015	USD 229'048

22. Position of the Emergencies and Training Fund (MTF/INT/004/MUL).

This Fund has received funds from additional contributions to cover training courses funded by member states and by Australia/New Zealand, and funds are sufficient to cover the commitment to the remaining courses to be delivered from the 2015/16 contract. The funds from the latter are handled under a subaccount ("Baby 01").

The Fund has been used to pay for a Full Time Training Development Officer in 2014 and up to August 2015 (Jenny Maud) who manages Component 1.1, a considerable gain to the EuFMD and a saving to the EC Fund. From August 2015, Jenny's position will be covered by the Administrative Fund, freeing up training funds to support a training administrator plus an STP and, as required, temporary technical consultants to develop new content, such as module on emergency vaccination, and so these contracts contribute to strengthening the training course content for Member States and help subsidise the training programme for the MS.

23. Position of the EC Program Fund (MTF/INT/003/EEC).

The revision to the Annex III (budget) for the Action which included reductions in General Service Salaries and Procurement and increases in Professional inputs, Consultants and Training inputs, the amendment of the Special Condition 2(5) which a) limits the scope for emergency procurement /contracting in the last six months of the project and b) is inconsistent with the Workplan (Annex 1 to the agreement) approved in the signed agreement which foresees contracted activities until month 23 of the project, and the replacement of the amount of the pre-financing of EUR 771.379 with a pre-financing amount of EUR 1,097,206 of article 4, point 4(2) were proposed and accepted by the Directorate-General for Health and Food Safety July 2015.

Project financial position: at 31st August 2015, after 23 (of the 24 Months of Project), 82% of the operational budget of 3.2m€ had been committed, with 89%, 62% and 93% of Pillar 1, II and III of the agreed funds used or committed to be used by project term. This is shown in Tables 5 and 6.

By Component, it can be seen that only two of the 13 have exceeded the allotment (102% and 103% expenditure), but as these remain within the 115% limit in the EC/FAO framework agreement, this should not be an issue when accounts are presented.

Actions in the final month are indicated by component, and in relation to Component 1.3, THRACE, the 3 countries have provided requests for procurement and urgent activities to be supported, at the Management Meeting on 31st August.

The Phase II contract does not allow for unspent funds to be carried over as first instalment for the new Phase IV. The Executive should note the % of delivery of the project funds is very close to that committed at project agreement and so the programme has financially delivered very close to its target in support for services to the member states.

<u>EC Project Phase III</u>	USD	EURO	Note
Total scheduled	USD 4,670,227	€ 4,000,000	As per Budget Revision exchange rate 0.86
Total Cash received 31/08/2015	USD 1,436,134	€ 1,097,206	The amount of the first pre-financing has been modified as the final balance of the Trust Fund MTF/INT/003/EEC of the previous agreement amounted to not anymore EUR 771,379 following the recent closure of the previous agreement.
Total expenditures up to 31 August 2015	USD 3,911,953	€ 3,350,548	Over 200% of official pre-financing
Cash Balance	- USD 2,475,819	- € 2,253,342	Budget revision accepted and call for funds in process
Overall Phase III budget			
Maximum EC financing	USD 4,670,227	€ 4,000,000	
Total expenditures up to 31 August 2015	USD 3,911,953	€ 3,350,548	Exchange rate 0,86
Current Balance	USD 758,274	€ 649,452	

24. Management of expenditures - Phase III

The Expenditure by Component

As mapping expenditure to components is not-automatic, there is no way to track spending per component in real-time.

Table 5 gives the result of the most up to date mapping of spending per component. Only those components which have a high proportion of longer term commitments (into 2015, such as research studies contracted under Component 1.5) have "overspent" their expected 50% benchmark.

Table 1

PROPOSED BUDGET REVISION - PHASE III								
Accounts	Description	Pillar I / EUR	Pillar II / EUR	Pillar III / EUR	Agreed Total September 2013	Proposed Total	Changes between new and approved budget	Proposed as % of previous
STAFF COSTS								
5300	Salaries Professional	205,934		22,882	94,385	228,816	134,431	142%
	Salaries General Service	5,000			251,149	5,000	-246,149	-98%
5570	Consultants Budget	396,139	290,077	39,625	359,049	725,841	366,792	102%
5900	Duty Travel Budget	537,200	321,000	122,899	981,099	981,099	0	0%
5650	Contracts Budget	380,000	55,000	400,000	835,000	835,000	0	0%
5920	Training Budget	102,500	124,000		161,200	226,500	65,300	41%
6000	Procurement Budget	356,715	59,452	41,159	777,700	457,326	-320,374	-41%
6150	Report Costs	2,688	1,025	889	4,602	4,602	0	0%
	Administrative support to the project	29,755			29,755	29,755	0	0%
6160	Project Evaluation Cost	17,928	6,833	5,918	30,679	30,679	0	0%
6300	General Operating Expenses	126,200	85,500	-	211,700	211,700	0	0%
6400	General Overhead Budget	2,000			2,000	2,000	0	0%
	Subtotal	2,162,059	942,887	633,372	3,738,318	3,738,318	0	0%
Grand Subtotal € 3,738,318.00								
Support Cost. 7% € 261,682.00								
GRAND TOTAL € 4,000,000.00								

Table 2

Table 2. Self-assessment of Results delivery: the Three Pillars, 13 Components and the 40 expected results. Under the EC funded workprogramme coordination is key to every component with a balance of improvements to the systems, to new capacity or surveillance results, or new resources. Every Component and subcomponent (numbered) was budgeted for Results. *Additional results of the system are highlighted in italics.*

Key	Fully Achieved	Mostly Achieved	50% Achieved	Partially (25%)	Not achieved	Hatch indicates activities did not take place, or were suspended or stopped
	5	4	3	2	1	

In Italics, are results that were the outcome of other parts of the component but are best understood under this category of result. **Self-assessment Tables.** After project completion, the assessment against the quantitative indicators (given in the approved workplans) could be used in verification of achievements.

Component s (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)				
	Co-ordination Framework		System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
Pillar I					
1.1 TRAINING	1.1.1 Training Network for all (37) MS			1.1.2 Training Program	1.1.3 e-learning site in high use
1.2 DECISION SUPPORT	1.2.3 Contingency Planning Network established		1.2.1 Modelling network	<i>FMD Impact Calculator</i>	1.2.2 Knowledge bank for contingency planners
1.3 THRACE	1.3.1 Tripartite/Management Group		1.3.2 System for managing real-time results for DF	1.3.3. Two years results on monitoring FMD in 3 countries	
1.4 BALKANS	1.4.1 Management Group		1.4.3. Integration of NRLs into CPs and system for regional diagnostic support in crisis	1.4.2. Improved CPs following multi-country simulation exercise	
1.5 RESEARCH	1.5.1 SCRPD and STC Sessions/Guidance		1.5.2 EuFMD-FAR funding system	<i>Results of commissioned research</i>	Several commissioned projects created new resources (Models, Field Tests...)
1.6 EMERGENCY	Exists – EC/EuFMD			1.6.1 and 1.6.2: delivery of assistance, associated missions	
1.7 PROFICIENCY TEST SERVICE	1.7.2 EU-CRL with EuFMD			1.7.1 Two years of PTS for Euro-neighbourhood countries	
Components (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)				
	Co-ordination Framework		System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
2.1 TURKEY/GEORGIA	Annual Roadmap, EuFMD Excom		2.1.3 Information system –West Eurasia	2.1.1 Turkey – PCP/RBSP	

			2.1.2 Georgia- PCP/RBSP	
2.2 ISREAL/CYPRUS neighbourhood	2.2.3 Co-ordination meetings and virtual meetings	2.2.2 System for improved confidence in disease detection	2.2.1 Palestine and Egypt – PCP/RBSP progress	
		2.2.4 System for information collation/sharing from East African (risk to mid-east)		
2.3 REMESA	2.3.2. Participate in REMESA JPC /with Support Unit	2.3.3 Regular information flow on risk situation in Mid-East/Egypt/Mauritania/sahel	2.3.1 Libya and Mauritania- PCP/RBSP progress	
	2.3.5 (New) Assist development of regional strategy for risk based surveillance and vaccination (this replaced earlier Output after outbreaks in TUN/ALG)	2.3.4 Establish system for continuous surveillance for confidence in disease freedom in high risk borders	2.3.5 (Previous). Improved CP capacity: Simulation exercises undertaken in Morocco/ALG, Training for 3 countries (online)	
Components (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)			
Pillar III	Co-ordination Framework	System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
3.1. Global Strategy progress – support to monitoring	Existing: the GF-TADS FMD WG and FMD Unit (FAO/EuFMD)	3.1.1 System for systematic collection of FMD control data designed and established	3.1.2 Collation and summary analysis of data collected for global monitoring	
			3.1.3 Assist FAO and OIE develop the Global FMD Report	
3.2 PCP support	3.2.3 Experts assist FMD WG in Roadmaps and support to WG requests	3.2.2 System for training PCP-experts/practitioners		3.2.1 PCP Tool box (Knowledge base)
3.3 GLOBAL LAB network support	3.3.1 Support to OIE/FAO lab Network annual co-ord meetings	3.3.2 Contract for WRL services for surveillance/global network	<i>Annual Report and Quarterly reports, continuous service and online output.</i>	
		3.3.3 System for support to ensure essential samples shipped to reference centres, pools 3 and 4	3.3.4 Support to the OIE/FAO Lab Network partners and regional support labs participation in the PTS (19 labs)	

Table 3

Table 3 – Management Responsibility: Pillar and Component Managers 2015 - EuFMD /EC Action 2013-15 (“Phase III”)
BOLD= Continuity. Red= change. TSO: Training Support Officer. STP: Short term professionals. KS: Keith; NR: Nadia; FR: Fabrizio; JM: Jenny; AUS: Australian funds (to 12/2013)

Pillar	Comp	Comp.	Pillar Mgr	%time	KS %	NR%	STP/ TSO	2014	2015	2015	Comment
								Oct-Dec	Jan-June	July-September	
I	1.1	Training-RT	KS		10	20	TSO 0.5	J. Maud	J Maud	J Maud	AUS funds support the Training Officer to August
	1.2	Training -CP&DS	KS		5	10	TSO 0.5	E. Calduch	E Calduch (Jan), Katie HICKEY (Feb-June)	Vacant	Awaiting Marius (Contingency Planning Officer)
	1.3	THRACE	KS		5		STP 0.5	M. Hovari	Mark Hovari (Jan), Milan Pandurovic (Feb-)	Milan (to Sept)	
	1.4	Balkans	KS				STP 0.5	M. Hovari	Mark Hovari (Jan), Milan Pandurovic (Feb-June)	Milan (to Sept)	
	1.5	Res Fund	KS		5			K. Sumption	K Sumption	K Sumption	
	1.6	Crisis	KS								
	1.7	PTS	KS					K. v Maanen	Kees	Kees	
		Surveillance Rep	KS			5		T. Scicluna	Teresa Scicluna	Teresa	
II	2.1	Turkey/GEO	KS		10		STP 0.5	M. Mclaws (assisted by G. Ismayilova STP)	M. Mclaws (assisted by G. Ismayilova STP to June 2015)	Gunel Ismayilova	
	2.2	Israel/Cyprus	KS	20				K. van Maanen	Kees	Kees	
	2.3	REMESA	KS		10	10	STP 0.5	F. Rosso	F ROSSO assisted by Ibrahim Eldaghayes (Visiting Scientist)	F Rosso (part time)	Fabrizio covered this from Malta.
III	3.1	Monitoring	KS		5		STP 0.75	I. Gutierrez.	Isabel Gutierrez (to March)	Rodrigo Nova	
	3.2	PCP	KS		5	5	STP 0.25	C. Bartels	Chris Bartels	Chris	
	3.3	Global Lab	KS		5			K. v MAANEN	Kees	Kees	
			Total projects	100	60	50					
		Management			40						

Table 4

Table 4 - Financial Statement

STATEMENT 1					
MTF/INT/011/MUL - TF number 904200					
EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE					
Financial Report from 1st January to 31 August 2015					
	USD	USD	Eur	Eur	
Balance as at 1 January 2015		406,185		365,160	
Interest received	0			0	
Contributions from member countries and institute		326,644	0	293,653	
Project Income Earned (Child)	0	0	0	0	
Expenditure					
Salaries	315,921		284,013		
Consultant	121,037		108,812		
Contracts	1,174		1,055		
Duty Travel	29,123		26,182		
Training	0		0		
General Operating Expenses	(25,129)		(22,591)		0
Expendable Equipment	0		0		
Non-Expendable Equipment	0		0		
Total Expenditure		442,126		397,471	
Balance as at 31 August 2015		<u>290,703</u>		<u>261,342</u>	
<p>The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2015. The average monthly UN Operational Exchange rate applicable for period to 31 August 2015 is USD 1: EUR 0.899</p>					

Table 5: 1 Month Activity Plan September 2015

Table 5

Balance - 1 Month Activities Plan - September 2015										
PILLAR			PRIOR EC Budget Agreement August 2013	PRIOR EC Budget Agreement 86th Excom October 2013	PRIOR EC Budget Agreement 89th Excom February 2015	Total Budget Allocated according BR May 2015	23 months Expenses Oct. 13 -Aug. 15	% 95 of project completion	Actual available (1 month activities 2015)	Sep-15
PILLAR I IMPROVE	1.1 E_Learning Training 1.1 Training Program	Nadia -Jenny	€ 341,239.00	€ 515,241.00	€ 515,241.00	€ 482,356.00	€ 495,586.00	102.7%	-€ 13,230.00	Bio Risk Online 21 Sept- 21 Oct. Name: FEPC EuFMD-wide "Glasgow AMEE e-Learning conference"
	1.2 Modelling Prior € 168'525 € 61'500	Katie Hickey/ Next STP	€ 168,525.00	€ -	€ 61,500.00	€ 66,500.00	€ 54,829.00	82.4%	€ 11,671.00	
	1.3 THRACE Prior € 300'000.00	Fabrizio Rosso Assisted by STPs Mark Hovari Milan Pandurovic	€ 258,149.00	€ 300,000.00	€ 350,000.00	€ 350,000.00	€ 272,636.00	77.9%	€ 77,364.00	Thrace meeting Tentative study tour on methods for studing LSD vectors Procurement Thrace LSD
	1.4 BALKANS Emergency Management	Fabrizio Rosso Assisted by STPs Mark Hovari Milan Pandurovic	€ 236,781.00	€ 214,240.00	€ 214,240.00	€ 203,700.00	€ 210,600.00	103.4%	-€ 6,900.00	Laboratory exercise (no travel involved) 14-18 Sep - postponed Finalize settlements (BSO Skopje workshop)
	1.5 Research Funding	Keith Sumption	€ 312,983.00	€ 285,000.00	€ 285,000.00	€ 329,900.00	€ 306,567.00	92.9%	€ 23,333.00	Finalize (closure LOAS final settlements)
	1.6 Crisis/Management Prior € 501,155.00 - € 30,750.00 Comp. 1.2 - € 50,000.00 Comp. 1.3 - € 16,500.00 Comp. 3.2	Keith Sumption	€ 501,155.00	€ 501,155.00	€ 403,905.00	€ 132,239.00	€ 40,522.00	30.6%	€ 91,717.00	Finalize Northern Part Cyprus procurement (final settlements)
	1.7 PTS - NRLs of EuFMD Members and neighbourhood	Kees Van Maanen	€ 63,413.00	€ 62,200.00	€ 62,200.00	€ 68,000.00	€ 67,049.00	98.6%	€ 951.00	joint mission Cairo Comp.3.2 "Preparation for workplan 2015-2016 (with support from US-DOS)"
PILLAR II REDUCE	2.1 SEE-SOUTH EAST EUROPE Wes Eurasia	Melissa Mc LAWS + Gunel Ismailova	€ 284,342.00	€ 298,100.00	€ 298,100.00	€ 559,475.00	€ 294,283.00	52.6%	€ 265,192.00	Training Turkey.. Postponed in October Logistic /translation/trainers / 1 month G.I.
	2.2 SEM SOUTH EAST MEDITERRANEAN Prior € 209,500.00 - € 30'750.00 Comp. 1.2	Kees Van Maanen	€ 183,509.00	€ 209,500.00	€ 178,750.00	€ 180,252.00	€ 137,331.00	76.2%	€ 42,921.00	Procurement to finalize Embakasi/ travel /Extension C.V.M. 27/09 joint mission Cairo Comp.3.2 "Preparation for workplan 2015-2016 (with support from US-DOS)"
	2.3 REMESA	Fabrizio ROSSO	€ 187,586.00	€ 212,500.00	€ 212,500.00	€ 198,452.00	€ 154,548.00	77.9%	€ 43,904.00	Closure Payment Workshop Morocco,(Logistic & trainers) Procurement Tunisie
	2.4		€ 34,171.00	€ -	€ -				€ -	
PILLAR III PROMOTE	3.1 SUPPORT System for Reporting on the Global prgress of FMD	Teresa Scicluna (STP) Monthly Report	€ 107,066.00	€ 86,000.00	€ 86,000.00	€ 89,899.00	€ 65,139.00	72.5%	€ 24,760.00	
	3.2 PCP FMD WG of FAO/OIE Prior € 46'000	Chris BARTELS	€ 21,097.00	€ 46,800.00	€ 63,300.00	€ 99,184.00	€ 83,056.00	83.7%	€ 16,128.00	joint mission Cairo Comp.1.7 "Preparation for workplan 2015-2016 (with support from US-DOS)"
	3.3 Global FMD reference Centre -	Kees VanMaanen	€ 507,100.00	€ 476,380.00	€ 476,380.00	€ 447,159.00	€ 443,691.00	99.2%	€ 3,468.00	finalize Senegal procurement / -joint mission Cairo Comp.1.7 "Preparation for workplan 2015-2016 (with support from US-DOS)"
Total Budget Allowances 2013-2015			€ 3,207,116.00	€ 3,207,116.00	€ 3,207,116.00	€ 3,207,116.00	€ 2,625,837.00	81.9%	€ 581,279.00	Closure Project

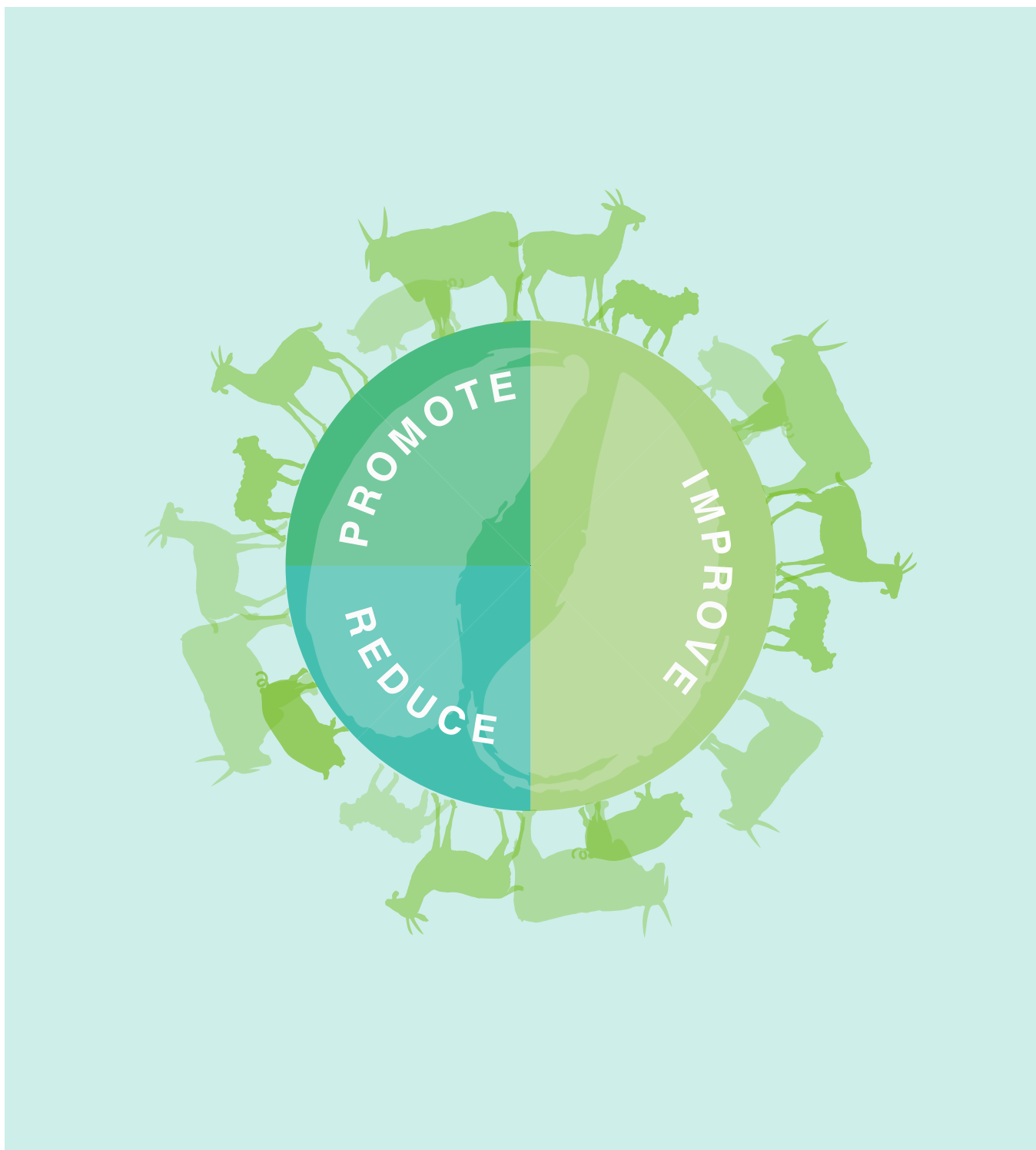
Table 6

Balance by Pillar by budget Line at 31-08-2015

EURO €	III PILLARS 2013-2015				PILLAR I				PILLAR II				PILLAR III			
Account NB. Description	III PILLARS Budget 2013-2015	III PILLARS 23 mths Exp.	%	Balance Available	Pillar I Budget 2013-2015	Pillar I 23 mths exps	%	Balance Available	Pillar II Budget 2013-2015	Pillar II 23 mths exps	%	Balance Available	Pillar III Budget 2013-2015	Pillar III 23 mths exps	%	Balance Available
5570 CONSULTANT	€ 661,650.00	€ 612,603.00	93%	€ 49,047.00	€ 296,239.00	€ 255,525.00	86%	€ 89,761.00	€ 293,227.00	€ 275,490.00	94%	€ 17,737.00	€ 72,184.00	€ 81,588.00	113%	-€ 9,404.00
5900 TRAVEL	€ 981,099.00	€ 822,306.00	84%	€ 158,793.00	€ 537,200.00	€ 520,533.00	97%	€ 65,714.00	€ 321,000.00	€ 232,805.00	73%	€ 88,195.00	€ 122,899.00	€ 68,968.00	56%	€ 53,931.00
5920 TRAINING	€ 226,500.00	€ 209,859.00	93%	€ 16,641.00	€ 102,500.00	€ 166,838.00	163%	-€ 15,291.00	€ 124,000.00	€ 43,021.00	35%	€ 80,979.00	€ -	€ -	0%	€ -
5650 CONTRACT	€ 835,000.00	€ 867,675.00	104%	-€ 32,675.00	€ 380,000.00	€ 429,104.00	113%	-€ 57.00	€ 55,000.00	€ 3,168.00	6%	€ 51,832.00	€ 400,000.00	€ 435,403.00	109%	-€ 35,403.00
6000 PROCUREMENT	€ 291,167.00	€ 92,514.00	32%	€ 198,653.00	€ 190,556.00	€ 62,885.00	33%	€ 176,718.00	€ 59,452.00	€ 23,702.00	40%	€ 35,750.00	€ 41,159.00	€ 5,927.00	14%	€ 35,232.00
6300 GENOP. exps	€ 211,700.00	€ 20,880.00	10%	€ 190,820.00	€ 126,200.00	€ 12,904.00	10%	€ 162,343.00	€ 85,500.00	€ 7,976.00	9%	€ 77,524.00	€ -	€ -	0%	€ -
TOTALS for Activity at 31-8-2015 Budget Allocated as per BR 07-2015	€ 3,207,116.00	€ 2,625,837.00	82%	€ 581,279.00	€ 1,632,695.00	€ 1,447,789.00	89%	€ 233,953.00	€ 938,179.00	€ 586,162.00	62%	€ 352,017.00	€ 636,242.00	€ 591,886.00	93%	€ 44,356.00
41st General Sesion April 2015	€ 3,207,116.00	€ 2,315,093.00	72%	€ 892,023.00	€ 1,632,695.00	€ 1,263,736.00	77%	€ 368,959.00	€ 938,179.00	475,467	51%	€ 462,712.00	€ 636,242.00	€ 575,890.00	91%	€ 60,352.00
89th Ex. Com. February 2015	€ 3,207,116.00	€ 1,944,792.54	61%	€ 1,262,323.46	€ 1,892,086.00	€ 1,067,017.30	56%	€ 874,115.70	€ 689,350.00	€ 342,621.43	50%	€ 346,728.57	€ 625,680.00	€ 535,153.81	86%	€ 90,526.19
PRIOR 86th Excom 10/2013	€ 3,207,116.00				€ 1,877,836.00				€ 720,100.00				€ 609,180.00			
Prior 1st EC Agreement 08/2013	€ 3,207,116.00				€ 1,882,245.00				€ 689,608.00				€ 635,253.00			

Appendix 4

Overview on Phase IV



PHASE IV 2015-17

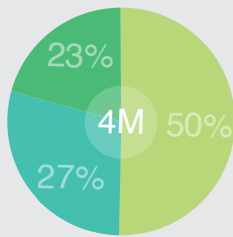
FOR REVIEW BY THE EXECUTIVE COMMITTEE

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

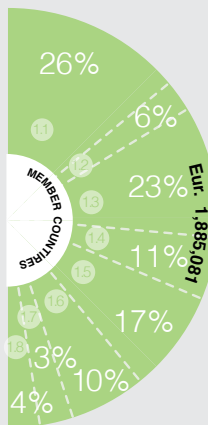
EuFMD PROGRAMME IN FIGURES

Budget and Pillar components

PHASE IV 2015-2017
 EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND- MOUTH DISEASE

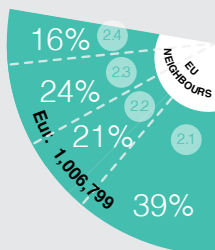


Allocation of funds for PILLAR
 Eur. 4,000,000. EU donor: Proposed budget

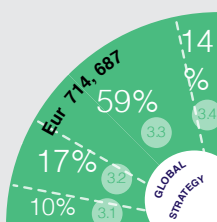


- PILLAR I.**
 IMPROVE readiness for FMD crisis management by members.
- 1.1. Training for Member States.
 - 1.2. Improved Contingency Planning.
 - 1.3. Thrace.
 - 1.4. Balkans.
 - 1.5. Fund for Applied Research.
 - 1.6. Emergency Response.
 - 1.7. Proficiency Testing Scheme.
 - 1.8. Risk analysis and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

The programme connects 37 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 PCP-FMD application.
 - 3.3. Laboratory Support.
 - 3.4. Global access to PCP-FMD Training resources.



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

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

Acronyms

ExCom: Executive Committee

LoA: Letter of Agreement

LSD: Lumpy Skin Disease

MOU: Memorandum of Understanding

MS: Member state

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

PPR: Peste des Petits Ruminants

RTT: Real Time Training

SCRPD: Special Committee on Research and FMD Programme Development

SGP: Sheep and Goat Pox

STC: Standing Technical Committee

STP: Short Term Professional

TPI: The Pirbright Institute

WRL: World Reference Laboratory

An Overview of the EuFMD Work Programme Phase IV

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

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

Pillar I. Improved readiness for FMD crisis management by members

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

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

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

The potential for training courses to be recognised (accredited) as modules will be explored to enable our FMD training to be part of accredited courses for training the "next generation of TADS managers". This recognises the long-term importance for Members to have expertise as well as technical skills in their senior management and the potential that our courses may play to promote this approach. This component will continue to include training on clinical disease recognition, sampling for diagnosis, local area epidemiological investigations, risk factor analysis, practical application of biosecurity principles, and other aspects of FMD crisis management.

1.2 Improved contingency planning by Members and at European level

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



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

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

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

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

1.4 Improved emergency management capacity for FMD in the Balkan region

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

This component will continue to provide support to Members and non-Members (Montenegro and Kosovo) in the Balkan region to improve the quality of contingency planning, to improve awareness of FMD risks and the economic consequences of emergencies, and give attention to the issues affecting national reference laboratory capacity for FMD confirmation and surveillance.

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

1.5 Research outputs relevant to resolve policy issues

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

2.3 North Africa: technical support to 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.

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

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



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

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

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

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

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

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

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

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

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

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



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

This will continue to include supporting the FAO FMD World Reference Laboratory to provide services to the European neighbourhood and globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU states² and internationally; and to continue as Secretariat of the OIE/FAO FMD lab network. It will continue to support a limited set of Regional Support Laboratories in pools 4 and 5 to screen samples from their regions as part of the need to achieve Pool level surveillance targets.

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

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

Methodology

Technical methodologies

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

Partnerships

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

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

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

² EU Member States are included in the PTS funded under the EU-CRL activities.



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

Technical Co-ordination with institutional and national partners

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

Networking and networked learning

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

Contracting of Specialist technical studies and services

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



Oversight and updating of work plans for Months 24-48

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

Overview of the Work Programme: Outputs and Targets

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

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

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

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

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

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

	1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighborhood	<p>1.7. Increased participation and better national alignment of the NRLs in the European neighbourhood to the EuFMD and EU standard for FMD diagnostic NRLS performance (as defined at GS39), with specific results of:</p> <p>1.7.2 Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS;</p> <p>1.7.3 Management and participation in annual EU reference laboratory meetings</p>
	1.8 Improved early warning system, risk communication and its uptake by Member States into prevention and early detection operation	<p>1.8.1 System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others</p> <p>1.8.2 System established to ensure that changes in FMD incidence, and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers</p> <p>1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention</p> <p>1.8.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver</p>
	Outputs (Component level)	Target (expected result)
Pillar II	2.1 South-East Europe: better FMD Management Turkey and neighbours	<p>2.1.1 Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages</p> <p>2.1.2 Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries</p>
	2.2 South-East Mediterranean: Better FMD management on the neighborhood of Cyprus and Israel	<p>2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon;</p> <p>2.2.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally, including the establishment of a system to improve planning of surveillance measures aimed improving confidence in disease detection and/or freedom (as applicable) in the neighbourhood;</p> <p>2.2.3 System in place to provide improved disease risk information to managers in Israel and Cyprus re: vaccine selection for the threats from bordering areas of the Middle-East and sub-Saharan East Africa.</p>
	2.3 North Africa: 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 monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries
		2.4.3 Fit for purpose training courses and resources are available for wider use by neighbourhood countries and which are largely appropriate and adaptable to the needs of the global community (Pillar 3 uptake/GF-TADS)
	Outputs (Component level)	Target (expected result)
Pillar III	3.1 Improved system for monitoring and evaluation of the progress of regional programmes on FMD control	3.1.1 International Progress Monitoring system functioning effectively
		3.1.2 FAO/OIE Working Group enabled to produce information on annual, Global FMD Report.
	3.2 Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD	3.2.1 PCP toolbox developed for PCP-FMD user community, including guiding documents developed for joint FAO/OIE application
		3.2.2 System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress
		3.2.3 The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved.
	3.3 Improved international FMD reference laboratories services and their contribution to regional epidemio –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 member states, with biennial agreement on the administrative budget, currently agreed at the 41st General Session. There are six members of staff funded from the members' contribution and these are available full time to operate the project.

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

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

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

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

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

Key:

EXSEC (P5 Animal Health Office, Executive Secretary)

P2 (Network and Training Support Officer)

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

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

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



Operational support team

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

Overview of EuFMD's Training Strategy

Introduction

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

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

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

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

What is special about EuFMD training?

Specific expertise:

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

State of the art delivery:

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

E-learning is particularly useful:

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

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

Practical- based on field experience:

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

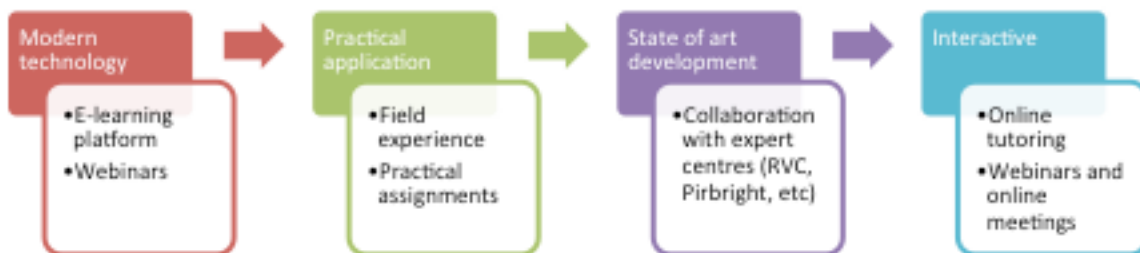


Figure 1: Elements of the EuFMD training programme

Methodology for needs-based training

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

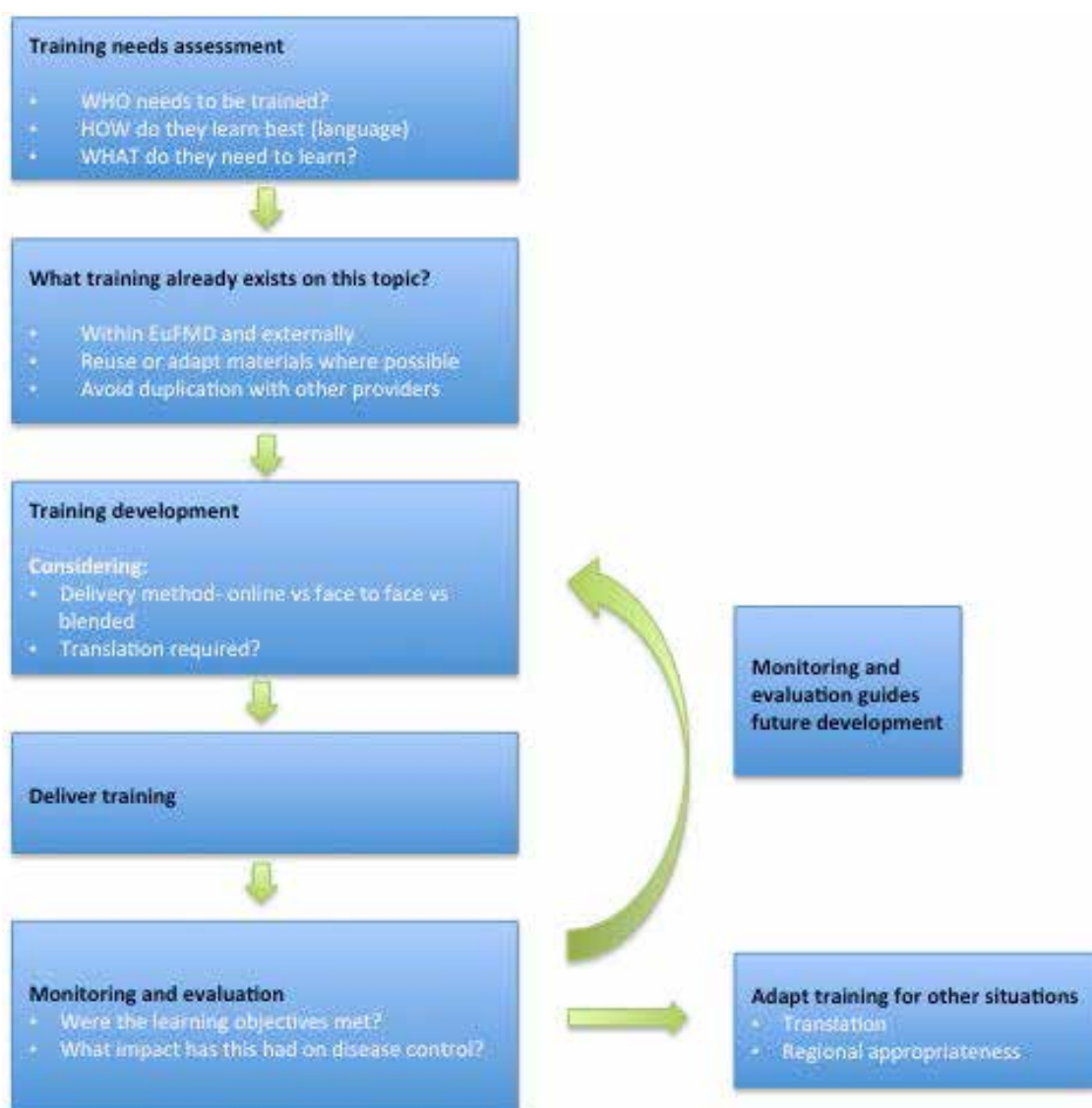


Figure 2: Methodology for training needs assessment, development and evaluation

Re-using resources across the work programme

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

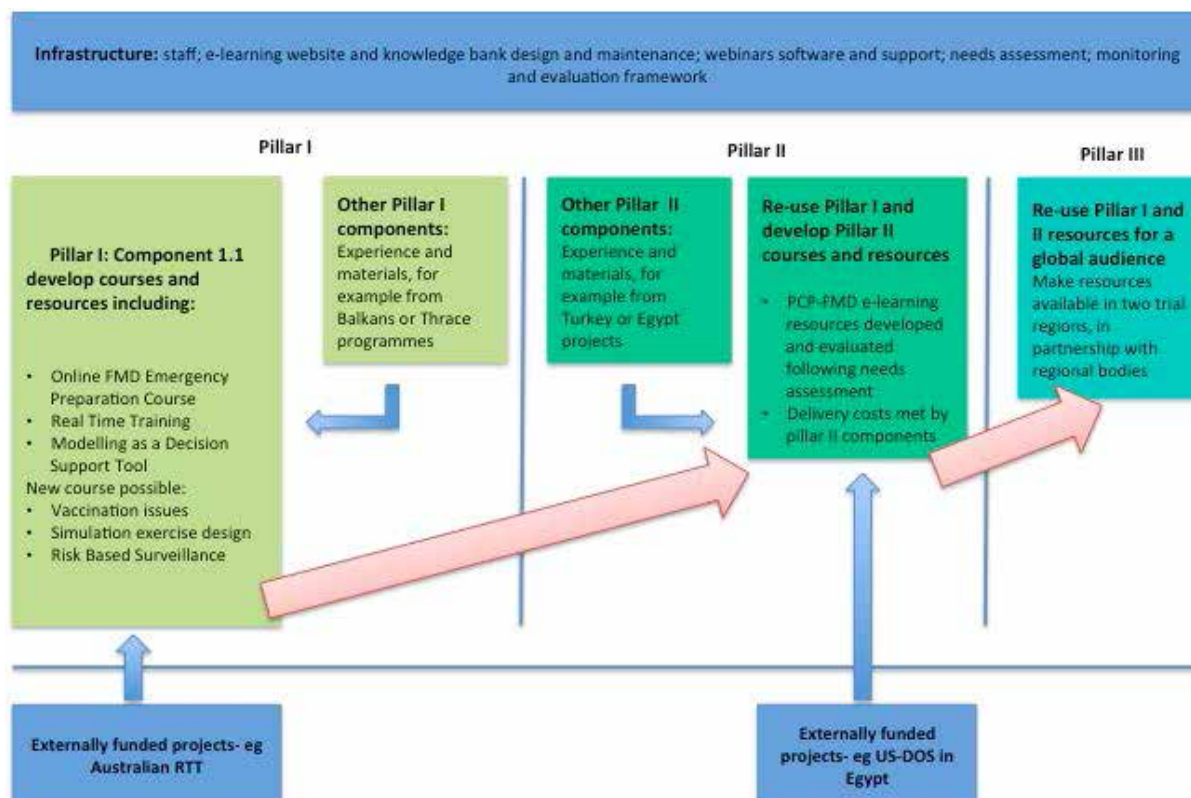


Figure 3: Training courses and resources are re-purposed and re-used across the work programme

Open access materials

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

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



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

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

Such resources may include, for example:

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

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

Equipping national trainers

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

Accreditation and certification

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

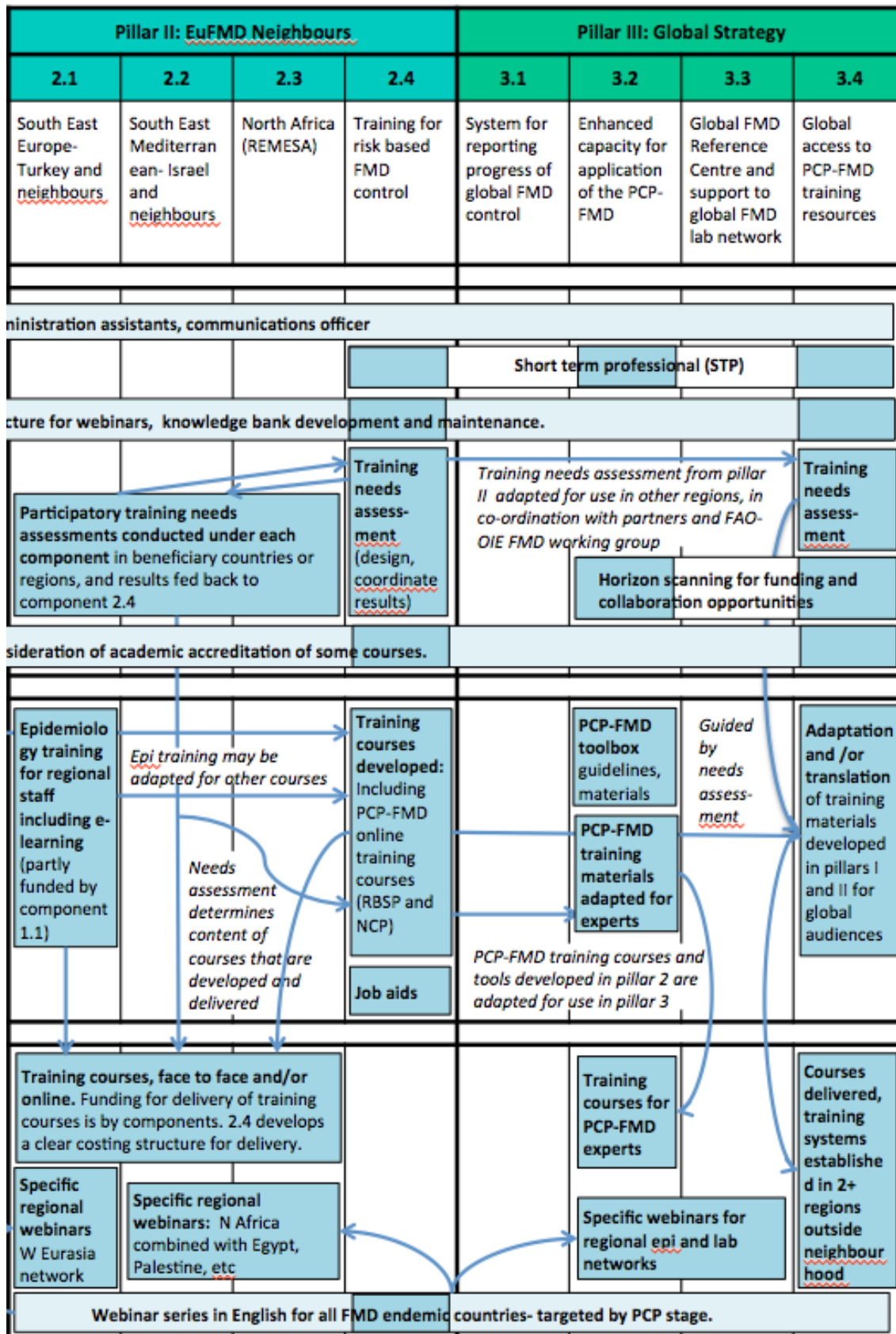
Accreditation or certification may be achieved in a number of ways:

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



Pillar I: Member Countries							
1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8
Training for EuFMD Member States	Decision support tools, contingency planning support	Thrace region	Balkans region	Research fund	Emergency response	Support to National Reference Labs	Information gathering for FMD risk managers
Staff: training programmes manager, two training administrators							
STP	Technology: EuFMD e-Learning website maintenance, software and infrastructure						
Training Credit Scheme MS select courses from a menu	Demand driven training: which courses are to be developed and delivered is determined through the training credit scheme						
Mechanisms for monitoring and evaluation of training effectiveness. Continued							
Development: one-off activities associated with setting up new courses	Potential new courses inc: Vaccination Risk based surveillance	Used to inform the development of new courses			Training courses developed under component 1.1 may be adapted and translated for use in pillar II countries, particularly the online "FMD Emergency Preparation Course"		
	Job aids	Specific development of training related to decision support tools	Experience in risk based surveillance	Training materials and experience from Balkans activities			
Delivery: running courses once they have been developed	Demand driven online and/or face to face training courses	Specific training developed under 1.2 delivered to MS through training credits scheme			Webinars delivered under the main English language webinar series may be translated and adapted for regional networks. These smaller regional webinars will involve increased discussion and interaction, and allow sharing of regional experiences and topics by network members.		
	Webinars (training focal points)	Webinar series (modelling, vaccination contingency networks)					

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



Budget

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

Proposed Budget Phase IV per Activity 2 Years																					
PILLARS I - II - III					Components Pillar I								Components Pillar II				Components Pillar III				
Accounts	Description	Pillar I	Pillar II	Pillar III	Proposed Total	Comp 1.1	Comp 1.2	Comp 1.3	Comp 1.4	Comp 1.5	Comp 1.6	Comp 1.7	Comp 1.8	Comp 2.1	Comp 2.2	Comp 2.3	Comp 2.4	Comp 3.1	Comp 3.2	Comp 3.3	Comp 3.4
		EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EURO
5570	Consultants	328,845	285,000	147,500	761,345	90,000	40,000	138,845	25,000	17,500	2,500	2,500	12,500	140,000	45,000	50,000	50,000	25,000	60,000	25,000	37,500
5900	Duty Travel	396,200	241,500	90,495	728,195	180,600	25,000	52,500	57,500	58,100	5,000	2,500	15,000	77,500	62,500	71,500	30,000	25,495	22,500	25,000	17,500
5650	Contracts	339,830	91,500	412,533	843,863	40,000	12,500	7,500	25,000	208,330	0	39,000	7,500	35,000	10,000	9,000	37,500	0	0	387,533	25,000
5920	Training	144,000	125,947	22,500	292,447	70,500	5,000	35,000	12,500	10,000	2,500	2,500	6,000	60,585	19,650	32,711	13,000	0	5,000	10,000	7,500
6000	Procurement	210,336	60,952	31,659	302,947	7,616	0	38,399	15,642	500	147,679	0	500	11,500	15,000	34,452	0	0	2,500	29,159	0
6300	General Operating Expenses	144,778	43,798	10,000	198,576	27,000	7,500	47,800	42,478	7,500	7,500	0	5,000	10,323	23,037	438	10,000		5,000		5,000
	Subtotal	1,563,989	848,697	714,687	3,127,372	415,716	90,000	320,044	178,120	301,930	165,179	46,500	46,500	334,909	175,187	198,101	140,500	50,495	95,000	476,692	92,500

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

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

Explanation of Budget Lines

Salaries- professional

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

Consultants

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

Duty Travel

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

Contracts

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

Training

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

**Procurement**

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

Report costs

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

Project Evaluation costs

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

General Operating Expenses

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

General Overheads and Budget

This is a standard FAO charge.

EuFMD Workplan Component Plan

1.1- Training for Member States

Component Objective:

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

Component Supervisor:

Jenny Maud

Component Manager:

Jenny Maud/Magdalena Gajdzińska

1. Background

Component 1.1 aims to provide training to assist Member States (MS) to effectively prepare for foot-and-mouth disease (FMD) emergencies. As part of the 2013-15 work programme, recognising the variation in requirements for training across EuFMD's MS, a demand-led training programme was initiated. Under this "Training Credits Scheme" MS selected training opportunities from a variety of options, according to which were most suited to their individual capacity building requirements. Each MS was allocated 10 training credits, and training courses were rated to a certain number of credits, dependant upon the financial costs of the training. Each MS appointed a "Training Focal Point" who was responsible for 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, powerpoint presentations, factsheets, videos and training exercises. Training materials will be designed to be readily translated.

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

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

Cascade training, and training of trainers

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

New courses to be developed

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

Monitoring and evaluation of training

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

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

2. Project team

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

3. Countries or partner organizations involved

All EuFMD Member States are direct beneficiaries of component 1.1.

The main partners are:

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

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

4. Reporting of activities

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

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

5. Approval and implementation

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

6. Objective(s) of component

The overarching objective (output) is:

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

The targets (expected results) are:

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

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

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

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
1.1	<p>Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.</p> <p>Targets:</p> <p>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</p> <p>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</p>	<p>At least 28 of the 38 MS have applied the training resources in cascade training of their own staff.</p> <p>Increase in number of MS with more than 3 trained FMD experts in 3 major disciplines.</p> <p>Demand met for at least 80% of the training topics requested (where more than one request).</p>	<p>EuFMD Executive (six monthly)</p> <p>Data from the Training Database</p> <p>EuFMD Standing Technical Committee reviews</p>	<p>MS in Europe continue to maintain current levels of import risk management.</p> <p>MS in Europe continue to maintain current levels of import risk management.</p>

Activities by target:

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
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;				
1.1.1.1 Training infrastructure: staffing and technical resources	<p>Training infrastructure is funded and organised in co-ordination with components 2.4 and 3.4. It includes staff support for training (Training Programmes Manager, Network and Training Support Officer, Short Term Professional and administrative staff). It also includes maintenance and development of the EuFMD e-Learning website and software for webinars.</p>	<p>Training staff support in place.</p> <p>EuFMD e-Learning website and functioning well and regularly updated.</p> <p>Webinar software up to date and used regularly.</p>	<p>ExCom report</p> <p>Report of usage statistics of EuFMD e-Learning website</p> <p>Report from Royal Veterinary College as part of Letter of</p>	<p>e-learning website maintenance is through letter of agreement with Royal Veterinary College</p>



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



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

8. Gantt chart

OUTPUT 1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
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 and technical resources																								
	1.1.1.2 Training infrastructure: online knowledge bank development																								
	1.1.1.3 Training infrastructure: develop open access areas of EuFMD e-Learning website																								
	1.1.1.4 Training infrastructure: development of an improved framework for monitoring and evaluation																								
	1.1.1.5 Develop knowledge transfer tools and job aids																								
	1.1.1.6 Support to in country training courses																								
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	1.1.2.1 Design needs assessment framework to assist countries in decision making on training courses																								
	1.1.2.2 Development of new courses																								
	1.1.2.3 Delivery of training courses																								
	1.1.2.4 Training focal point updates																								

9-Budget (€)

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

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

Additional contributions not included in budget above:

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

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

10. Challenges to achieving component objectives

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

EuFMD Workplan Component Plan

1.2- Improved Contingency Planning

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 87th Session (April 2014). At that time, the objectives of the component included:

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

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

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

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

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

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

Also of relevance to the ongoing work of this component are the resolutions of the 41st 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 41st 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>
Component supervisor	Keith Sumption	Secretariat
Component manager	Marius Masiulis	Contingency Planning Officer/Secretariat
Training and networking support	Nadia Rumich	Network and Training Support Officer
Other EuFMD team members	Melissa McLaws	Consultant
Advisors	Modelling and contingency planning advisory groups	Volunteer representatives from the modeling and contingency planning networks.
STC oversight:	Eoin Ryan	STC
ExCom oversight	TBC	ExCom member

3. Countries or partner organizations involved

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

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

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

4. Reporting of activities

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

5. Approval and implementation

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

7. Planned Outputs, Activities 2015-17

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
1.2	<p>Improved contingency planning by Members and at European Level</p> <p>The targets (expected results) are:</p> <p>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;</p> <p>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</p>	<p>Network online meetings and resources – frequency and quality.</p> <p>At least 50% of MS actively participate in the CP network or use the CP knowledge bank on regular basis.</p> <p>Publication and communication of agreed procedures for access to central resources.</p>	<p>EUFMD Executive (six monthly)</p> <p>Data from the Training Database</p> <p>EuFMD Standing Technical Committee reviews</p>	<p>MS in Europe continue to maintain current levels of import risk management.</p> <p>MS in Europe continue to maintain current levels of import risk management.</p>

Activities:

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
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: a framework for exploring issues such as:				
- business continuity planning	<p>- Provide opportunities for members to interact and learn through webinars and maintaining and improving the website ,</p> <p>- improving resources available in knowledge bank</p>	<p>- Members access website and participate in discussion forum and webinars</p> <p>- resources added to knowledge bank</p>	<p>- website usage data</p> <p>- discussion forum posts</p> <p>- number of</p>	<p>Duplication with existing networks with similar focus may make these activities of lower priority (eg CIRCABC interest group)</p>



<ul style="list-style-type: none"> - diagnostic bank - Sharing critical human resources 	<ul style="list-style-type: none"> - 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 		<ul style="list-style-type: none"> - participants in webinars 	
1.2.1.2 Modelling network: a framework for modelers to present their work and explore opportunities for collaboration within the EU and globally	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Members access website and participate in discussion forum and webinars - models added to online model repository 	<ul style="list-style-type: none"> - website usage data - discussion forum posts - number of participants in webinars 	<ul style="list-style-type: none"> -funding opportunities may not become available, and any proposal submitted may not be successful in securing funding
1.2.1.3 Vaccine discussion network- a framework for discussing issues such as vaccine bank coordination, post-vaccination serosurveillance, policy and contingency planning, and the risk basis for antigen selection	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - Members access website and participate in discussion forum and webinars - vaccination-to-live simulation exercise carried out - discussion paper on economic aspects of vaccination-to-live 	<ul style="list-style-type: none"> - website usage data - discussion forum posts - number of participants in webinars, meetings - report from simulation exercise 	<ul style="list-style-type: none"> - 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.
1.2.1.4 Development of guidelines	<ul style="list-style-type: none"> - review existing guidelines and discuss needs with CP and other networks to determine priorities. Guidelines developed may include simulation exercise design and business continuity 	<ul style="list-style-type: none"> - Priorities for guidelines development established - Guidelines developed 	<ul style="list-style-type: none"> - Guidelines themselves, and feedback from target audience on their use. 	<ul style="list-style-type: none"> - May require advice and input from expert consultants or contractors, in which case resources may be a constraint.

	planning. Experience gained in recent simulation exercises carried out under component 1.4 may help inform these activities.			
	- develop and disseminate guidelines			
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	- feedback on preliminary calculator is collated and improvements made - calculator is disseminated to networks for their use	- calculator available and used - feedback from target users	- calculator available and used	Relies on partnership with Royal Veterinary College and assistance from MS in testing and evaluating the calculator.
1.2.2.2 Support to development of diagnostic banks	- Feedback from networks is collated and a proposal for development of diagnostic bank is developed - proposal presented to STC and networks for discussion	Proposal developed Proposal disseminated	Proposal document for ExCom	-
1.2.2.3 Support to emergency access to vaccine banks	- Feedback from networks is collated and a proposal for a mechanism for emergency access to vaccine banks is developed - proposal presented to STC and networks for discussion	Proposal developed Proposal disseminated	Proposal document for ExCom	- lack of consensus among bank members
1.2.2.4 Support to sharing critical human resources	- Feedback from networks is collated and a proposal for a mechanism for share critical human resources is developed - proposal presented to networks for discussion	Proposal developed Proposal disseminated	Proposal document for ExCom	- barriers prove too great (language, regulatory, cost...)

8. Gantt chart

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

9. Budget (€)

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

Additional contributions not included in budget above:

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

10. Challenges to achieving component objectives

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

EuFMD Workplan Component Plan

1.3- Thrace

Component Objective:

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

Component Supervisor:

Marius Masiulis

Component Manager:

Artem Skrypnyk

1. Background

The Thrace region of Greece, Bulgaria and Turkey has historically been a high-risk area for the introduction of FMD and other trans-boundaries diseases into Europe. By coordinating activities and taking a risk based approach to surveillance, greater confidence can be achieved in the FMD-free status of the region (Bulgaria and Greece are officially free of FMD and the Thrace region of Turkey is officially FMD free with vaccination) and the likelihood of early detection of an incursion is greatly increased. This component includes collation and analysis of existing surveillance data, development of risk-based surveillance methods, tripartite coordination of activities, integration of decision support tools and risk analysis into policy evaluation and development, and management of support to surveillance activities.

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

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

2. Project team

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

3. Countries or partner organizations involved

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

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

4. Reporting of activities

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

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
1.3	<p>Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey The targets (expected results) are:</p> <p>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</p> <p>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;</p> <p>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;</p> <p>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.</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>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
1.3.1 Maintain and improve a co-ordination framework for the activities required to maintain confidence in FMD freedom amongst the three countries; in 2015-17 to include local VS of the provinces in the common border region,				
1.3.1.1 Co-ordination framework between veterinary services and laboratories of the three countries maintained and improved through tripartite, management, and technical meetings	Tripartite and management meetings organized by EuFMD together with OIE/FAO/Greece/Bulgaria/Turkey countries	Reagents delivered to the NRLs Outcomes of the risk assessment carried out Outcomes of the studies on vaccination effectiveness Implementation of Thrace Simulation exercises Reports of training on GIS	Reports of tripartite, management, technical meetings	Continued cooperation of participating countries
1.3.1.2 Regular assessment of FMD risk present in Thrace, and of preventive and control measures implemented in the area;	Current situation presented by FP from countries on management and tripartite meeting		Cycle reports on FMD and TADs surveillance	
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)	Farmers activities in reporting about presence or absence of FMD and other TAD			
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.				



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

<p>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.</p>	<p>Monthly and cycle report prepared by National focal points, approved by FPs</p>	<p>ExCom reports, tripartite meeting</p>	<p>Cooperation of NCs & focal points; assumes training held on occasion of regular program meeting</p>
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1.3.3.2 Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination

Report to be presented and adopted from three countries

1.3.3.3 Analysis performed on:

a) the likelihood of incursion of trans-boundary diseases in different areas;

b) the likelihood of failure to rapidly detect the disease, and

c) the consequences of failure to detect, in terms of the expected number of secondary outbreaks.

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

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

Labs provided with reagents sufficient for Risk Based Surveillance samples

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

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

8. Gantt chart

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



<p>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.</p>	<p>1.3.4.1 Regular support for laboratory (reagents and trainings) on FMD and other TADs</p>																								
	<p>1.3.4.2 Development of specific exercises and workshop to improve and assess the contingency planning capacity in Thrace and the coordination between countries in case of emergency.</p>																								

9. Budget (€)

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

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

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

10.Challenges to achieving component objectives

1. Ensuring national consultant duties do not include activities which Greece or Bulgaria are obliged to do anyway under EU rules, so as to comply with EC regulations.
2. Delays with procuring laboratory reagents due to complexities related to the FAO/Pirbright framework agreement.
3. Resource commitment from national veterinary services is necessary to achieve the objectives.
4. The scope of the program includes FMD, SGP, PPR and LSD but current activities are focused on FMD as a way to establish and improve the systems. Expanding the activities to bring LSD into the systems will require input from experts and cooperation of national authorities.
5. Full commitment to the program by national authorities should include signature of the MoU which has been circulated.

EuFMD Workplan Component Plan:

1.4- Balkans

Component Objective:

Improved emergency management capacity for FMD in the Balkan region

Component Supervisor:

Marius Masiulis

Component Manager:

Artem Skrypnyk



1. Background

Component 1.4 covers a programme of support to MS in the Balkan region to improve the quality of contingency planning and operational procedures, to improve awareness of FMD risks and the economic consequences of emergencies, and give attention to the issues affecting national reference laboratory capacity for FMD confirmation and surveillance. The Balkan region, and in particular the Western Balkans, are of strategic importance to Europe for FMD control due to their proximity to West Eurasia. The capacity of these countries to respond to and manage any future FMD outbreak is a key issue, not only for the Balkan region but for neighbouring Central European countries. Over the last few years the European Union has funded capacity development for control of rabies and classical swine fever in the Western Balkans, and these projects have addressed many issues which are relevant to FMD control, providing a baseline of knowledge and experience of disease control on which the EuFMD programme can build.

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

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

2. Project team

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

Serbia	CVO or nominee	ExCom member
Bulgaria	CVO or nominee	ExCom member
France	?	President EuFMD

3. Countries or partner organizations involved

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

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

4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
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

<i>Stage</i>	<i>Status</i>
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:

Improved emergency management capacity for FMD in the Balkan region

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

- 1.4.1. Confidence in the coordination framework for western Balkan countries as a tool to ensure the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;
- 1.4.2. Contingency plans for FMD agreed at national level and tested through at least one exercise.
- 1.4.3. Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system of immediate regional diagnostic support for an FMD crisis.

7. Planned Outputs and Activities

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
1.4	<p>Increased confidence in the national capacities of countries in the Balkan region to manage at national and subregional level an FMD emergency</p> <p>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;</p> <p>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</p> <p>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.</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>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
1.4.1	<p>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>			



1.4.1.1 System of mutual assistance and coordination between countries implemented (networking – diagnostic support – expertise)	Support and provide expertise from countries which have more experience in contingency planning during the preparation phase, simex and evaluation of laboratory and simulation exercises	Availability of shared documents in Serbian and Croatian Agreements on contingency support procedures between countries – active role of observers Involvement of Romania, Turkey, Moldova, Greece in the programme	ExCom Report	Relies on commitment from beneficiary countries
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1.4.2 Development of contingency plans for FMD and improvement of national capacity to design, implement, evaluate different type of exercises and support pre – exercise activities

1.4.2.1 Implementation of different type of exercises and workshop on: - country-specific baseline requirements for disease outbreak management - leadership, management and staff work in interagency operations - exercise design and management - establish active reporting system on improvement of contingency plan	Preparation of simulation exercise Presentation of lessons learned from participating countries and observers, evaluation process, preparation phase for new exerciseC	Evaluation reports on exercises and workshops implemented (participants from all Balkan countries)	ExCom Report	Assumes commitment from SG members
1.4.2.2 Nucleus of staff in each country trained for continue development of the country's veterinary preparedness and implementation of specific approaches through contingency	Workshops and training courses based on needs identified in earlier phases of the programme. Should be carried out in close co-operation with component 1.1 These may include:	Workshops /training completed with evaluation indicating that capacity in these areas has been developed.	Trainers reports, training evaluation reports and ExCom report	Relies on accurate identification of training needs and appropriate training participants.

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

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

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

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

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

Assessment of lab capacity and description of improvements over time

ExCom Report

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

8. Gantt chart

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

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

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

10.Challenges to achieving component objectives

1. Commitment and engagement from the national authorities is necessary for achieving the component objectives. In particular, the elements dealing with building laboratory capacity depend on the veterinary authorities allocating sufficient resources to the labs to allow them to participate in EuFMD activities, such as the Proficiency Testing Scheme.
2. Agreement between participants in the planned cross-border simulation exercise on scope, location, and sharing of the relevant data is necessary for it to be conducted successfully.
3. The proposed Balkan regional serological PTS is dependent on identifying suitable sera and managing the international transit of these sera, including customs clearance.
4. The arrangement of the workshops to focus on specific CP themes/chapters is dependent on the cooperation of the host country vet service.
5. In-country expert missions are intended to support activities planned to build capacity within the country, such as a national FMD (other diseases) seminar or event where the services of an EuFMD expert are requested. Clear national commitment in the form of organizing such events is a prerequisite for a successful expert mission.

EuFMD Workplan Component Plan

1.5- EuFMD Fund For Applied Research

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 41th 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 (41st), 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 41st 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
Round 1	January 2016	28 th February 2016	1 st April 2017
Round 2	August 2016	30 th September 2016	30 th October 2013
Round 3 (subject to funds)	January 2017	28 th February 2017	1 st 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

1st 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.

2nd 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	TBC	ExCom members

3. Countries or partner organizations involved

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

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

3. Reporting on activities

Reporting format	Responsibility	Output	Distribution	Sent out by
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

Overall component objective:

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

Activities:

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



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

8. Gantt chart

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

9. Budget

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

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

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

EuFMD Workplan Component Plan

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 organisation.

2. Project team

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

3. Countries or partner organizations involved

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

4. Reporting of activities

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

5. Approval and implementation

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

6. Objective(s) of component

The overarching objective (output) is:

Earlier control of disease outbreaks through assistance to emergency response operations

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

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

7. Planned Outputs, Activities 2015-17

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring evaluation and Assumptions and risks</i>
1.6	Earlier control of disease outbreaks through assistance to emergency response operations 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:

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

**planning SOPs**

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

monthly ExCom Sessions
6 monthly ExCom Sessions

8. Gantt chart

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

9. Budget (€)

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

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

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

EuFMD Workplan Component Plan

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 39th EuFMD General Session.

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

The countries involved are:

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

2. Project team

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

3. Countries or partner organizations involved

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

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

4. Reporting of activities

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

5. Approval and implementation

<i>Stage</i>	<i>Status</i>
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 meetings.

7. Planned Outputs, Activities 2015-17

Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
1.7	1.7: Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood Expected results (targets):	NRL participation improved in 2015-17 period compared to 2013-15	Report of the EUNRL/WRL to the General Sessions in 2017 and 6 monthly reports to the Executive Committee	EU-RL not overstretched in capacity, commitment of the non-EU MS to participate, NRL's respond to invitation
	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:	NRL performance compared to EU benchmark improved in 2015-17 period compared to 2013-15		
	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			

Activities:

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



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

8. Gantt chart

OUTPUT 1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
1.7.1 Increased participation and better national alignment of the NRLs in the European neighbourhood to the EuFMD and EU standard for FMD diagnostic NRLS performance (as defined at GS39), with specific results of:	1.7.1.1 Negotiating contract for LOA																								
	1.7.1.2 Review reports from Pirbright																								
1.7.2 Management and participation in annual EU reference lab meetings	1.7.2.1 Pirbright manages annual proficiency testing																								
1.7.3 Management and participation in annual EU reference laboratory meetings	1.7.3.1 Pirbright facilitates attendance if countries to annual reference laboratory meetings (note dates of meetings not yet known)																								

9. Budget (€)

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

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

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

10. Challenges to achieving component objectives

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

EuFMD Workplan Component Plan

1.8- Risk Analysis and Communication

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:

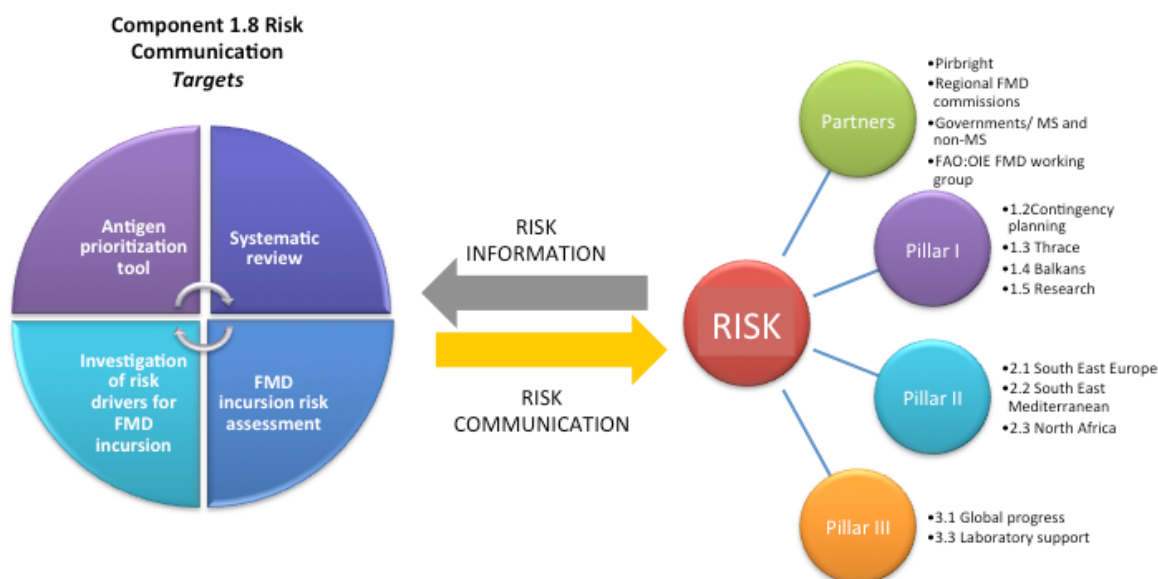
Marius Masiulis

1. Background

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

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

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



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

2. Project team

Role	Name	Status
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	TBC	ExCom member

3. Countries or partner organizations involved

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

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

4. Reporting of activities

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

5. Approval and implementation

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

6. Objective(s) of component

The overarching objective (output) is:

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

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

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

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



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

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

7. Planned Outputs, Activities 2015-17

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
1.8	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 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.		Information to inform risk parameters is available
	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.		
	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>Monitoring and evaluation</i>	<i>Assumptions and Risk</i>
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				
1.8.1.1 Antigen prioritization tool informed and updated	Adapt work carried out under the 2013-15 work programme which developed a semi-quantitative risk assessment tool for introduction of FMD into Europe in order to develop a tool which will assist in the prioritization of antigens for vaccine banks.	Antigen prioritization tool is developed Information is available on define parameters.	ExCom Report	The scope of this work may exceed the funding currently available under this component.
1.8.1.2 Elicitation of experts	Identify experts for the activities in 1.8.1.1	Experts are identified	ExCom report, report 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	Extending current activities for EuFMD monthly reports, collect information from sources within and external to EuFMD. Format of monthly reports may be altered or improved based on activities of this component.	Information is delivered in timely and relevant manner to EuFMD and is properly collated and analyzed	ExCom report	Risks include lack of data, reluctance to supply data or failure to identify all sources of information
1.8.2.2 Quarterly systematic review	Quarterly systematic review of risks based on information from 1.8.2.1	Quarterly review document produced	ExCom report	See above
1.8.2.3 Newsletter produced on basis of systematic review results & distributed to risk managers	Based on the results of 2.1 and 2.2 produce a quarterly report for risk managers (may build on current EuFMD monthly report)	Quarterly newsletter is published	ExCom report	
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	Review and revise the semi-quantitative risk assessment for FMD introduction into	Risk calculation tool is developed	ExCom report	Information is available on define parameters. Expert

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

8. Gantt chart

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

9. Budget (€)

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

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
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							
		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	
RECEIVING RISK INFORMATION	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					Pirbright Report	Regional meetings reports		
	1.2.2 System for providing central resources	1.3.2 Real-time data entry											3.3.3 Epidemic-surveillance 3 pools								
		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		
	1.2.1 Network to assisted contingency planning	1.3.3 Achieving risk based surveillance	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	2.3.1 Risk based strategy plans		3.1.1 Global report	3.2.1 Toolbox for PCP-FMD	3.3.1 Coordination	3.4.1 PCP associated training					Firbright Report
	1.2.2 System for providing central resources	1.3.4 Improved response to exotic diseases						2.2.4 Improve disease risk information			3.1.2 FAO/OIE working group	3.2.2 Support PCP-FMD progress	3.3.2 International surveillance pools						



EuFMD Workplan Component Plan

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. 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 104eighbor control measures for reduction of risk to vulnerable livestock sectors and communities. In a regional meeting in Shiraz, Iran, in November 2008, a long term vision and set of actions (“Regional Roadmap”) was defined for controlling FMD in 14 countries in the West Eurasia Region, based upon a progressive control pathway (PCP) in which countries progressively implement actions against FMD. The Vision of the West Eurasia Roadmap first identified at the Shiraz Meeting in 2008 and later redefined, to a “West Eurasia region free of clinical FMD by 2025”. The Regional Roadmap was endorsed by the majority of veterinary services in the region, who requested support from FAO, OIE and the international community to apply the PCP approach within their country setting.

In support to OIE-GF-TADs (the Global Framework for the Control of Transboundary Animal Diseases) and FAO mandates, this EuFMD component aims to strengthen FMD management in West Eurasia, with particular focus on EuFMD member states Turkey and Georgia and their immediate neighbours Armenia and Azerbaijan. The PCP framework will be employed to support the implementation and monitoring of a risk-based strategic approach to FMD control. Foot and mouth disease virus circulates endemically in this region, which directly borders the FMD-free countries of Europe and as such poses a high-risk as the source of an FMD incursion into a free area. The activities in this component are intended to reduce the impact of FMD in endemic countries in the region (particularly Turkey), support better information exchange between the West Eurasia Roadmap countries and by better characterizing the nature of the risk (eg circulating virus strains) reduce the risk of an incursion into areas currently FMD-free.

2. Project team

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

3. Countries or partner organizations involved

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

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

4. Reporting of activities

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

5. Approval and implementation

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

6. Objective(s) of component

The overarching objective (output) is:

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

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

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

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



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

7. Planned Outputs, Activities, Resources 2015-17

Overall component objective:

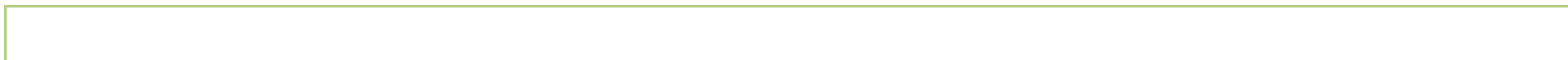
<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring evaluation</i>	<i>and</i>	<i>Assumptions and risks</i>
2.1	South-East Europe: better FMD management in Turkey and neighbours				
2.1.1.	Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries 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	<ul style="list-style-type: none"> - PCP progress (Azerbaijan and Armenia to confirm and Georgia to maintain Stage 2, progress to Stage 3) - PCP progress in Turkey - Monitoring and Evaluation (M&S) systems established in Turkey and Georgia, ARM and AZB 	West Roadmaps report Monthly Reports (EuFMD) ExCom report	Eurasia Reports	Risk that institutional co-ordination issues delay implementation Risk of lack of proper commitment of veterinary authorities/ministry of agriculture at national level
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 regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries, as well as in Europe and beyond.	<ul style="list-style-type: none"> - Progression along PCP (within and between Stages) in W. Eurasian countries 	<ul style="list-style-type: none"> - 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>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
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				
2.1.1.1 Assist with development of risk-based strategic plan (RBSP)	Assist with development of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia	<ul style="list-style-type: none"> - RBSPs of Azerbaijan and Armenia are submitted to the GF-TADs Working Group by October 2015 - RBSPs of Azerbaijan and Armenia are accepted by GF-TADs Working group. - Armenia and Azerbaijan are confirmed at the Stage 2 of the PCP at W. Eurasia Roadmap 2016 - RBSP of Georgia is updated when needed 	<ul style="list-style-type: none"> -ExCom report -West Eurasia Roadmaps report 	Risk that RBSPs of Azerbaijan and Armenia are not accepted by Regional Advisory committee (RAG) by the next WE Roadmap meeting
2.1.1.2 Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan	Assist with <u>establishment and implementation</u> of monitoring of RBSP in Georgia, Armenia and Azerbaijan <ul style="list-style-type: none"> - Workshop on serosurvey design and analysis - A combined cross-border desk top/field exercise is provided - Workshops/trainings as required* 	<ul style="list-style-type: none"> - Monitoring and evaluation of RBSP implementation is established in Georgia, Armenia and Azerbaijan (regular update of RBSP according activities carried out and data obtained, analysed and reported) 	<ul style="list-style-type: none"> - BTORs from missions and workshops -ExCom report -GS42 report 	Risk of lack of proper commitment of veterinary authorities/ministry of agriculture at national level
2.1.1.3 Assist with implementation of monitoring of RBSP and	Assist with <u>implementation</u> of monitoring of RBSP and technical support for national epi-network in Turkey <ul style="list-style-type: none"> - Training in epidemiology 	<ul style="list-style-type: none"> - Training material (e-learning, manuals, handouts) - Feedback from course participants - epidemiologists for the national epi-network are prepared 	<ul style="list-style-type: none"> - BTORs from missions - ExCom report - GS42 report - Training material 	Risk of lack of commitment of GDFC Lack of commitment by selected trainees Necessity for training material translation



technical support for national epi-network in Turkey	<ul style="list-style-type: none"> - developed and delivered - Work with GDFC to develop structure and TOR for national epidemiology network - Work with GDFC to develop system for ongoing professional development for epi network (in conjunction with component 2.4)* 	<ul style="list-style-type: none"> - national epi-network is operational and monitors implementation and impact of FMD RBSP 	
2.1.1.4 component 1.8	A: Assist component 1.8 in meat price monitoring system(Turkey and 110 neighbor countries)		<ul style="list-style-type: none"> - BTORs from missions - ExCom report - GS42 report
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.			
2.1.2.1 Support better information exchange between risk managers in the West Eurasia Roadmap countries	<ul style="list-style-type: none"> - West Eurasia online network support (online meetings and discussion forum) - Development and implementation of FMD database - Support of West Eurasia Roadmaps (2016, 2017) 	<ul style="list-style-type: none"> - Established and functional online FMD West Eurasia network - Quality, frequency and participation of the online network meetings (at least 7 of 14 countries) - FMD Database operational for 4 countries and used by additional 2 countries by M24 - Monthly Reports from EuFMD include monthly data on FMD and control measures from an increased number of West Eurasia countries 	<ul style="list-style-type: none"> - ExCom report - GS42 report - West Eurasia Roadmap report
2.1.2.2. Development of regional expertise in epidemiology and laboratory disciplines	<ul style="list-style-type: none"> - Online courses offered* - Webinars (according to specific network requests and in collaboration with component 2.4) 	<ul style="list-style-type: none"> - Online courses/webinars delivered to improve regional expertise in epidemiology and laboratory disciplines 	<ul style="list-style-type: none"> - ExCom report - GS42 report -webinar recordings -course material
			<ul style="list-style-type: none"> - 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



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

8. Gantt chart

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

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

9. Budget (€)

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

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

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

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

10. Challenges to achieving component objectives

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

EuFMD Workplan Component Plan

2.2- South East Mediterranean

Component Objective:

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

Component Supervisor:

Keith Sumption

Component Manager:

Kees van Maanen



1. Background

The region which neighbours the EuFMD Member States of Israel and Cyprus is a potential source of FMD incursions into Europe. In the last few years several FMD strains have spread from sub-Saharan East Africa and from West Eurasia to Egypt, posing a serious risk of onward spread.

Reducing the risk involves supporting FMD control at national level, regional coordination of efforts, and also identifying the viruses and factors affecting this risk by supporting surveillance network activities in East Africa.

For Israel and neighbouring Palestine, the PCP-FMD stages have not yet been assessed. It is envisaged that both are likely to qualify for PCP-FMD stage 2 once a risk-based control strategy is developed and implemented.

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

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

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

2. Project team

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

3. Countries or partner organizations involved

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



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

4. Reporting of activities

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

5. Approval and implementation

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

6. Objectives of this component

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

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

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

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

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

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

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

7. Planned outputs and activities

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
2.1	<p>South East Mediterranean: better FMD management in the neighbourhood of Cyprus and Israel</p> <p>2.2.1 Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Egypt;</p> <p>2.2.2 Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Palestine and Israel;</p> <p>2.2.3 Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon;</p> <p>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</p>	<p>PCP progress indicators</p> <p>Assessment of National risk based control programmes (PCP Stage 2+)</p> <p>Evidence of application of training within national systems.</p> <p>Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries</p>	<p>Reports of the Middle-East Regional FMD Roadmap progress (annual)</p> <p>Reports to international co-ordination meetings (Israel and neighbours)</p> <p>Monthly Reports (EuFMD)</p>	<p>Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation</p> <p>Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.</p>

Activities:

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



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

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

8. Gantt chart

OUTPUT 2.2 South East Mediterranean: better FMD management in the neighbourhood of Cyprus and Israel		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon	2.2.1.1 a Training of Trainers (TOT) on outbreak investigation and follow-up of TOT																								
	2.2.1.1 b Training on advanced outbreak investigation																								
	2.2.1.1c Training on local response in case of FMD outbreak																								
	2.2.1.2 Establishing M&E mechanism at GOVS																								
	2.2.1.3 Vaccine quality audit																								
	2.2.1.4 Regional technical meeting																								
	2.2.1.5 Support to Animal Health Research Institute																								
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 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																								
	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 laboratory and epidemiology –network between countries																								
	2.2.4.2 Sample submission from countries in this region supported																								
	2.2.4.3 Information on disease risk collated and communicated to risk managers in this region																								

9. Budget (€)

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

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

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
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 Plan

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 40th 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

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component Supervisor	Keith Sumption	EuFMD Secretariat
Project development team	Fabrizio Rosso/Keith Sumption	EuFMD Secretariat
Component Manager	Fabrizio Rosso	EuFMD Secretariat
REMESA RCU contacts	M Bengoumi (FAO)	
	R Bouguedour (OIE)	
FAO Regional Contact (Coordination with FAO NE regional activities)	Markos Tibbo	FAO Regional Animal Production and Health Officer, Near-East (Cairo)
ExCom oversight	Jean-Luc ANGOT	

3. Countries or partner organizations involved

The activities will be implemented mainly in the North African countries of REMESA: Tunisia, Libya, Algeria, Morocco, and Mauritania. The activities to be implemented in Libya are strongly subjected to the evolution of the political situation. The EuFMD Member States (France, Portugal, Spain, Italy, Cyprus, Greece, and Malta) will be also involved during the REMESA-JPC meetings and this co-ordination meeting should assist to ensure the programs complements activities without duplication. North African countries not directly included in the present workplan (Egypt, Lebanon and Jordan) can benefit of the coordination framework supported by this component.

EuFMD will work in coordination with REMESA RCU, with lines of communication to the Veterinary Services of the countries involved in the programme. The proposed activities are in line with the framework of the Global FMD Strategy, Component 1, through should indirectly assist with capacity development and through a focus on strategic planning, provide a model for other TADS. Joint workshops with FAO/OIE may assist to extend the strategic planning to other diseases where these GfTADS partners would take the lead.

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

4. Reporting of activities

Progress will be reported to the regular JPC meetings, scheduled over the year, and to the EuFMD ExCom at the same interval. The workplan for co-ordination foresees back to back FMD and JPC meetings enabling issues with progress to be discussed by the national focal points, and to propose changes to the workplan if needed; significant changes would need approval of the EuFMD Executive, with the REMESA focal point on the Executive (Jean Luc Angot) taking the lead with representing the JPC position.

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to JPC	National focal points	JPC Report	JPC, EuFMD ExCom	JPC Secretariat
Report of JPC Meetings to ExCom	Dr ANGOT	ExCom Report	As per Session Report	EuFMD
Six monthly activity report to ExCom	Component Manager	Report	ExCom, STC	Network and Training Officer
Website report	Component Manager	Report	Website	Network and Training Officer
Workshop reports	Lead EuFMD person at workshop	Report	ExCom	Network and Training Officer

5. Approval and implementation

Stage	Status
Outline presented to GS41	Done, April 2015
Preliminary consultation	Outline discussed with REMESA in March 2015
Working plan proposal	Draft workplan preliminary presented to REMESA RCU in September 2015 and feedback received from M Bengoumi and R Bougedour (FAO and OIE, Tunis/REMESA RCU).
Working plan agreement	It will be done after the EuFMD ExCom and REMESA JPC in November 2015
Working plan implementation	According to decision of ExCom and for the 2015-17 programme, and to endorsement by REMESA JPC in 2015.
Modifications to workplan	Meetings every 6 months with the countries/RCU at the REMESA JPC will be used to agree on subsequent project timetable. Major changes will require ExCom approval.

The workplan will be presented to the EuFMD Executive Committee for approval before implementation. The workplan for the 2015-17, can be subjected to modifications after review at the REMESA JPC in November 2015.

6. Objective(s) of component

The overall objective of this component is to:

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

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

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

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

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

In order to achieve these objectives, the component will support actions that will result in improved short and long term management of the national FMD risk in countries not officially free of FMD in North Africa, with tangible indicators of progression along the PCP Pathway, towards OIE recognition of FMD freedom and a regional strategy for FMD control.

The component will also support activities promoted or carried out by France, Spain, Italy, Cyprus, Malta, Greece and Portugal aiming at strengthening and regionally coordinating laboratory diagnosis, contingency planning, vaccination strategy development, risk based surveillance and other associated actions in Mediterranean countries of North Africa which pose a risk of FMD virus incursion into the REMESA area.

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

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

Overall component objective:

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

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

8. Gantt chart

OUTPUT 2.3 North Africa: technical support to REMESA ³ actions to achieve improved control of FMD		YEAR 1													YEAR 2												
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
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	2.3.1.1 Training to assist national staff to complete RBSP in Mauritania																										
	2.3.1.2 Socio-economic study on FMD in Mauritania																										
	2.3.1.3 Support field FMD serosurveillance and outbreak investigations in Mauritania																										
	2.3.1.4 Support laboratory diagnosis in Mauritania																										
	2.3.1.5 Assistance on training (e-learning, webinar) for national taskforce members in Libya																										
	2.3.1.6 Support laboratory diagnosis in Libya																										
	2.2.1.7 Implementation of trainings and workshops to promote risk based surveillance and early detection control prog. In Algeria, Tunisia and Morocco																										
	2.2.1.8 Support laboratory diagnosis in Algeria, Tunisia, Morocco																										
	2.3.1.9 Support emergency preparedness and test emergency response in Algeria, Tunisia and Morocco																										
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	2.3.2.1 Support REMESA coordination activities																										
	2.3.2.2 Implementation of epi-network between countries and development of a training credit system																										
	2.3.2.3 Assistance and support the dev of a regional control strategy																										

9. Budget (€)

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



10. Challenges to achieving component objectives

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

EuFMD Workplan Component Plan

2.4- Pillar II training development and co- ordination

Component Objective:

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

Component Supervisor:

Jenny Maud

Component Manager:

Chris Bartels

1. Background

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

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

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

Needs based development of co-ordinated training

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

Tools and job aids

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

Re-useable training materials

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

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

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

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component Supervisor	Jenny Maud	Training Programmes Manager-Secretariat
Component Manager	Chris Bartels	Consultant
Network and training support	Nadia Rumich	Network and Training Officer
Co-ordination with components 2.1, 2.2 and 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 monitoring and evaluation of training materials and courses developed.

4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component manager	Written report for ExCom	ExCom, STC	Network and Training Officer
Report on results of monitoring and evaluation 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 monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries

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

7. Planned Outputs and Activities 2015-17

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>and Assumptions and risks</i>
2.4	<p>Improved National and Regional capacity for management of FMD through development and evaluation of training programmes for national staff</p> <p>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</p> <p>2.4.2: To have established a method for monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries</p> <p>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)</p>	<p>New course content developed and delivered covering PCP Stages 1-3, by M12 and evaluated by M24.</p> <p>M&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:

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
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				
2.4.1.1 Method for training needs assessment	A method of assessing each country's training needs is developed. This will be a participatory approach,	Training stakeholders identified in each beneficiary country and	ExCom report	Need to identify stakeholders in each country



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



evaluation of training	adapted following evaluation. Successful evaluation of training may lead to certification or academic accreditation.	Reports of each training course.
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)		
Note that there are no specific activities associated with this output, however the need for training courses and resources developed under component 2.4 to be adapted for a global audience will be considered at all stages of the work programme for this component.		

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

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

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

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

8. Gantt chart

OUTPUT 2.4 National and Regional Capacity for the Management of FMD through development 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 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	2.4.1.1 Design needs assessment framework																								
	2.4.1.2 Pillar II component managers conduct needs assessment																								
	2.4.1.3 Research existing training resources available																								



	2.4.1.4 Plan for training courses and resources to be developed is completed																							
	2.4.1.5 Dev. Of training courses and resources																							
	2.4.1.6 Support delivery of training courses and 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 monitoring and evaluation 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																							
2.4.3 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)	2.4.3.1 Training materials and resources are designed to be readily translated and adaptable																							

9. Budget (€)

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

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

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

10. Challenges to achieving component objectives

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

EuFMD Workplan Component Plan

3.1- Support to global progress monitoring

Objective:

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

Component Supervisor:

Keith Sumption

Component Manager:

TBC

1. Background

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

2. Project team

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

3. Countries or partner organizations involved

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

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

4. Reporting of activities

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

5. Approval and implementation

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

6. Objectives of this component

The overall output of this component is:

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

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

The expected results of the component (targets) are:

3.1.1 International Progress Monitoring system functioning effectively

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

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

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

7. Planned outputs and activities for 2015-2017

Overall component objective:

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

Activities:

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
3.1.1.FAO:OIE Working group enabled to produce annual Global FMD Report				
3.1.1.1	Information gathering	➤ Data and information collected and collated		ExCom reporting
3.1.1.2	Support authoring/collation of reports for FAO:OIE FMD Group	➤ Drafts of Global report		ExCom reporting
3.1.1.3		➤ Annual reporting on FMD progress by FAO/OIE FMD WG		ExCom reporting
3.1.2 International progress monitoring system functioning correctly				
3.1.2.1	Developing a webpage/site with actual PCP-FMD stages per country, based on assessment results of most recent regional roadmap meetings	➤ Webpage/site aired		ExCom reporting
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	➤ Trained 12-15 experts identified by FAO/OIE FMD WG	ExCom reporting
3.1.3.2	Collaborate with FAO and OIE to support two or three expert team missions each year in assisting countries	➤ Mission report per country	ExCom reporting

8. Gantt chart

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

9. Budget (€)

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

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

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



10. Challenges to achieving component objectives

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

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

EuFMD Workplan Component Plan

3.2- Methods and guidelines for application of PCP-FMD

Objective:

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

Component Supervisor:

Keith Sumption

Component Manager:

Chris Bartels

1. Background

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

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

2. Project team

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

3. Countries or partner organizations involved

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

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

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

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

4. Reporting of activities

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
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
Monitoring and evaluation 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

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

6. Objectives of this component

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

The specific targets (expected results) are:

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

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

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

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

Overall component objective:

Output	Description	Indicators	Monitoring and evaluation	Assumptions and risks
3.2	Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD	# updated and approved guiding docs	GfTADS Global Steering Committee report plus for Europe the General Sessions (2017, 2019)	Functioning of the FAO/OIE Working Group
	3.2.1 PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application	# international PCP-FMD trainers		
	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	# of experts using PCP-FMD tools and international network		
	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.	# regional roadmap meetings supported		

Activities:

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



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

8. Gantt chart

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



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 (€)

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

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

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

10. Challenges to achieving component objectives

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

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

EuFMD Workplan Component Plan

3.3- Laboratory support

Component Objective:

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

Component Supervisor:

Keith Sumption

Component Manager:

Kees van Maanen



1. Background

As part of the FAO/OIE global FMD control strategy, a joint FAO/OIE proposal was developed for support to a global FMD laboratory network. This EuFMD workplan component will continue to support elements of that FAO/OIE proposal as part of the pillar 3 objective of promoting the global strategy.

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

The role of the Pirbright Institute (TPI) in providing the core of the international surveillance required will be supported by a contract, to provide services to the European neighbourhood and globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU states⁴ 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

<i>Role</i>	<i>Name</i>	<i>Status</i>
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	Gwenaelle 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

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
6 monthly report to ExCom	Head of WRL	Presentation to ExCom	ExCom, STC	Network and Training Officer
Other foreseen regular reports e.g. monthly reports, timely updates, data, etc	Component manager	e.g. summary document	EuFMD team, ExCom member with oversight role for component, SCRPD	Network and Training Officer

⁴ EU Member States are included in the PTS funded under the EU-CRL activities.

5. Approval and Implementation

<i>Stage</i>	<i>Status</i>
Working plan proposal	Contents of new contract with WRLFMD in Pirbright subject to relatively minor changes, provisionally discussed with Don King, head of WRLFMD
Working plan agreement	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
Working plan implementation	According to decision of ExCom and for the 2015-17 program.
Modifications to workplan	6 monthly reports to ExCom and regular contacts with WRLFMD are used to agree on subsequent project timetable. Major changes will require ExCom approval.

6. Objectives

The overall objective (output) of this component is:

Improved international FMD reference laboratories services and their contribution to regional epidemio – surveillance networks

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

To accomplish this objective the following targets have been set:

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

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

3.3.3 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, Resources 2015 – 2017

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
3.3	Improved international FMD reference laboratories services and their contribution to regional epidemio-surveillance.			
3.3.1	Co-ordination 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	Functioning of the FAO/OIE Working Group
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;	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	
3.3.3	Epidemio-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information	Active epidemio-surveillance networks in 3 regions (virus pools) meeting at least twice per year online, and connected to the Global FAO/OIE partner networks		
3.3.4	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>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
3.3.1	Co-ordination of international harmonisation 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 (managed by WRL)	Harmonisation agreements made during annual session, data sharing significantly	6 monthly ExCom report	

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

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

8. Gantt chart

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



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																						
	3.3.3.2 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																						

9. Budget (€)

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

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

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

10. Risks and challenges to achieving component objectives

1. The process for implementing an LoA involves FAO procedures which may take some time.
2. Collection of samples in pools 4 and 5 requires cooperation at national level.
3. Working with international partners to achieve agreed outcomes.

EuFMD Workplan Component Plan

3.4- Global access to PCP-FMD training resources

Component Objective:

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

Component Supervisor:

Jenny Maud

Component Manager

Chris Bartels



1. Background

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

Delivering training in co-ordination with partners

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

Approach to training

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

Networking

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

Two target regions

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



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

2. Project team

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

3. Countries or partner organizations involved

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

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

4. Reporting of activities

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

5. Approval and implementation

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

6. Objective(s) of component

Objective:

The overall objective of this component is:

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

Outputs (expected results):

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

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

7.Planned Outputs and Activities 2015-17

Overall component objective:

<i>Output</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
3.4	<p>Improved national and regional capacity for the roll-out of the Global Strategy and the management of FMD: Pillar III Training Component.</p> <p>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.</p> <p>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</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:

<i>Activity</i>	<i>Description</i>	<i>Indicators</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
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	<p>Research and discussion leading to identification of partner organisations for delivery of training in target regions in Sub-Saharan Africa</p>	<p>Collaborating partners are identified in a region of Sub Saharan Africa by November 2015</p>	<p>ExCom report</p> <p>No suitable collaborators are found.</p>



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

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

regions if appropriate	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.			
3.4.2.3 Assist collaborating organizations to develop a sustainable system for training	Work with partner organisations to provide training and knowledge to local staff and develop PCP-FMD trainers (synergistic activity with component 3.2), to allow, in the medium to long term, local delivery of training with progressively less input from EuFMD.	Collaborating organisations are able to deliver FMD associated training with progressively lower levels of input from EuFMD	ExCom report	This relies heavily on the availability of resources, willingness and enthusiasm for training within the partner organization.
3.4.2.4 Research additional sources of funding to support training	This will involve development of a clear costing structure for development and delivery of training, and then networking with regional organisations in order to identify and recruit additional funding.	<ol style="list-style-type: none"> Clear costing structure for external funding partners developed External funding received 	ExCom report	It may not be possible to find partners willing to fund FMD training activities.

8-Gantt chart

OUTPUT 3.4 Improved National and Regional Capacity for the Roll-Out of the Global Strategy and the Management of FMD: Pillar III Training Component		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
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																								
	3.4.1.2 Identification of partners for collaboration in delivery of training in a region of Asia																								
	3.4.1.3 Training needs assessment carried out in regions identified in Africa																								



	3.4.1.4 Training needs assessment carried out in regions identified in Asia																																							
	3.4.1.5 Plan for dev. of training resources in Africa region																																							
	3.4.1.6 Plan for dev. of training resources for Asia region																																							
	3.4.1.7 Training courses and 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 Develop 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 develop a sustainable system for training																																							
	3.4.2.4 Research additional sources of funding to support training																																							

9. Budget (€)

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

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

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

10. Challenges to achieving component objectives

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

Appendix 5

Component 1.3

90th Executive Committee meeting of the EuFMD

Item: Component 1.3 – THRACE

Author: Fabrizio Rosso

90 ExCom-Monza, 24-25 September 2015

Component 1.3

Establish a system which provides continuous confidence in disease freedom and which improves the chances of detecting an outbreak at an early stage



Expected results

1. Establishment a **co-ordination framework**
2. Establishment **system for real-time data entry** to support management of surveillance activities aimed at maintaining disease freedom confidence
3. Achieving **two years of risk based surveillance** results for FMD (and other diseases as requested by the beneficiaries countries)



1. Management and tripartite meetings

Tripartite meetings	Management meeting
November 2013	November 2013
April 2014	February 2014
October 2014	August 2014
August 2015	December 2014
	August 2015

2. Database and regular reporting



3. Active and passive surveillance and laboratory support

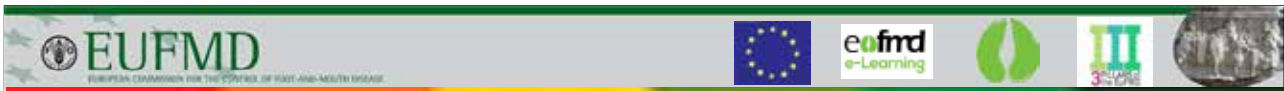
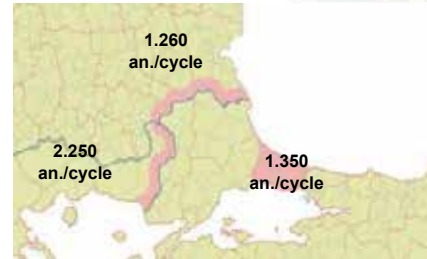
THRACE : FMD Report 2013-2014

Country	N. controls in epi-units	N. animals sampled	N. cattle inspected
BULGARIA	168	7,642	18,382
GREECE	1,599	6,941	11,714
TURKEY	2,367	9,323	92,400*
TOTAL	4,134	23,906	122,496

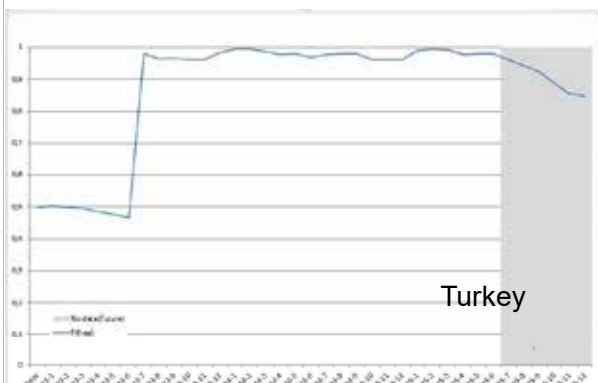
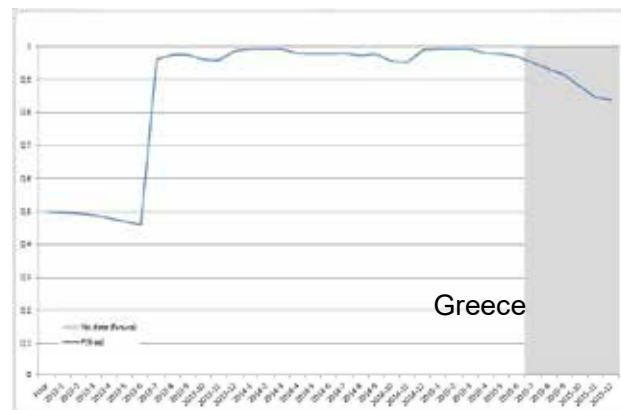
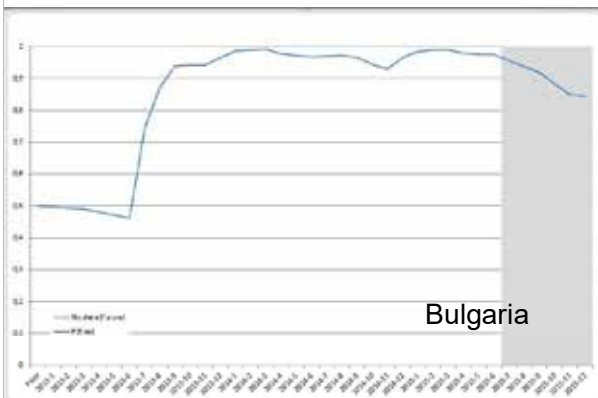
*The surveillance performed in low risk area of Turkey has been reported and included in the model

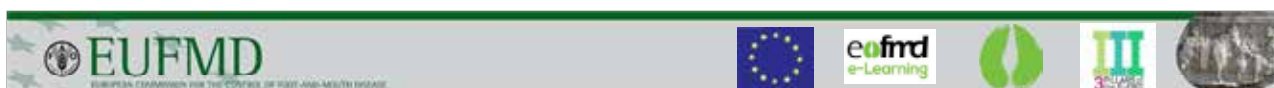
Kits delivered

	ELISA Ab	ELISA Ag
Bulgaria	21	1
Greece	25	1
Turkey	28	2
TOTAL	74	4

3. A model for the analysis of FMD surveillance data to calculate the progressive probability of freedom from FMD over time



The **Coordination framework requested** (with support of FAO/OIE) to apply the surveillance implemented for FMD to **other diseases**:

“Sheep and Goat Pox, Peste des Petits Ruminants, Lumpy Skin Disease”

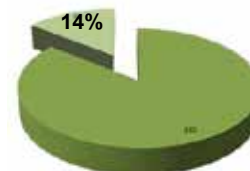
PPR, SGP, LSD surveillance

ACTIVE SURVEILLANCE

- Clinical surveillance for PPR,SGP,LSD
- Database upgraded
- Laboratory workshop on PPR/SGP/LSD
- PPR diagnostic kits delivered to BG – GR
- Model for PPR
- Field exercise on LSD

PASSIVE SURVEILLANCE

- leaflets and posters



Budget allocated

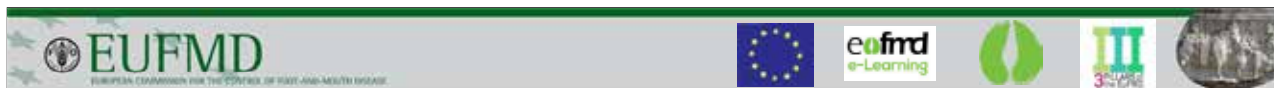


Passive farmer reporting sensitivity parameters				
Estimated disease-free signs of disease				
Disease	Signs	Score	Weight	Weighted Score
Foot-and-mouth disease	Ulcers	20	0.2	4.0
	Blebs	10	0.55	5.5
	Swabs	20	0.55	11.0
Sheep and Goat Pox	Swabs	10	0.55	5.5
	Swabs	10	0.55	5.5
Lumpy Skin Disease	Ulcers	20	0.55	11.0
	Swabs	10	0.55	5.5
Fever with oedema	Ulcers	10	0.5	5.0
	Swabs	10	0.5	5.0
High fever with signs of disease	Ulcers	10	0.5	5.0
	Swabs	10	0.5	5.0
Not reported FMD for other notifiable diseases	Ulcers	10	0.5	5.0
	Swabs	10	0.5	5.0
Antibiotic usage for livestock and husbandry PPR	Ulcers	10	0.55	5.5
	Swabs	10	0.55	5.5
PPR seroprevalence	Ulcers	10	0.55	5.5
	Swabs	10	0.55	5.5

Probability of introduction of PPR			
Country	Score	Weight	Weighted Score
Bulgaria	20	0.5	10.0
Greece	10	0.5	5.0
Turkey	10	0.5	5.0

Consequences of infection (number of secondary outbreaks)			
Country	Score	Weight	Weighted Score
Bulgaria	20	0.5	10.0
Greece	10	0.5	5.0
Turkey	10	0.5	5.0

Population parameters (total holdings)	
High risk	Total of country
20	100
10	50



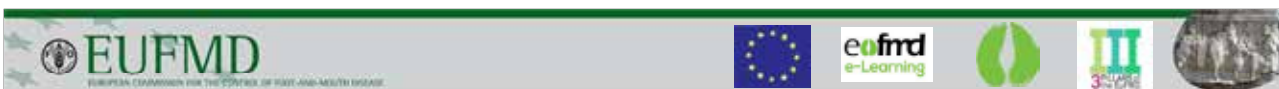
FAO-EuFMD/EC/OIE Tripartite on the Control of FMD and other exotic diseases in the Southern Balkans

Alexandroupolis, Greece, on 30th August-1st September 2015

The **main objectives of the meeting were:**

- To review and discuss surveillance and control activities for Foot and Mouth Disease (FMD) implemented in the three countries.
- To review and discuss the epidemiological situation and the control measures implemented in the three countries for Lumpy Skin Disease (LSD), Sheep and Goat Pox (SGP), Peste des Petits Ruminants (PPR) and other major contagious diseases.
- To agree upon priorities and expected results of the Thrace risk-based surveillance project (Component 1.3 of the EuFMD work programme, 2015-17).

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Foot and Mouth Disease

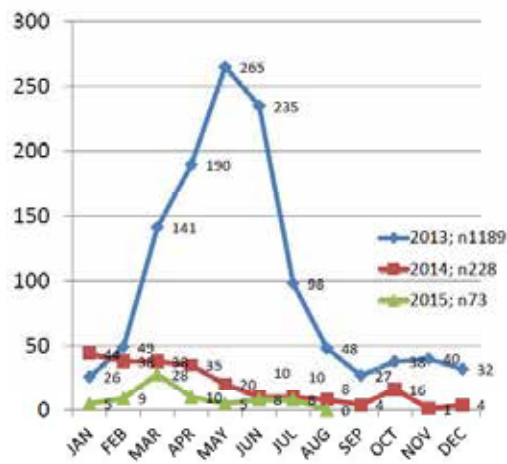
The improvement in the control of FMD in Anatolia in 2014-15 is a cause for cautious optimism and the implementation of the strategic plan for FMD control by the Turkish authorities is giving results.

Improvements of control measures

- Animal movements
- Vaccination
- Outbreaks management and investigation

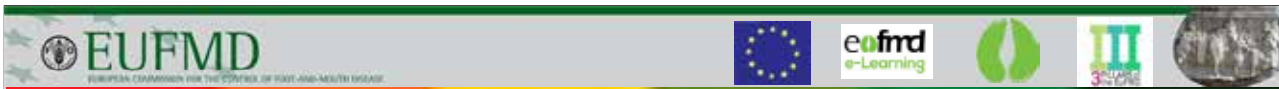
Improvements of surveillance

Improvements of awareness



Serotype O, n=12
 Serotype A, n=41
 Serotype Asia1, n=20

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SGP



2014 - Turkey: 134



2015 - Turkey: 45



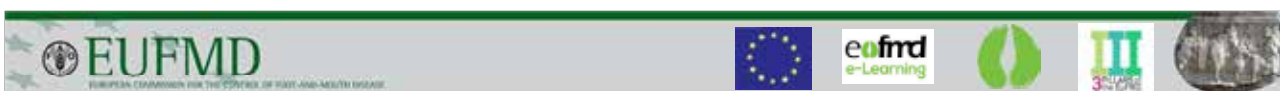
2014 - Greece: 164



2015 - Greece: 3

The factors behind the outbreaks in 2015 remained unclear and this has implications for duration of control measures in an area that needs to be understood.

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Peste des Petits Ruminants

MAP DISTRIBUTION FOR PPR IN 2014



n=43

Objectives:

PPR free TRACE by 2018 (stop vacc in 2016?)

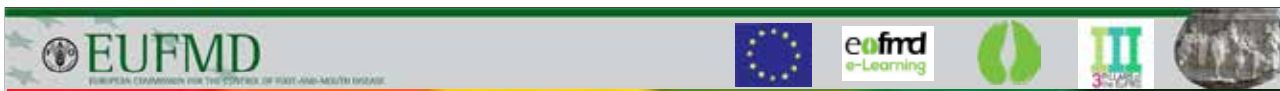
PPR free Anatolia by 2023

MAP DISTRIBUTION FOR PPR IN 2015



- 20 outbreaks for PPR were occurred till August in 2015
- There has been not detected any outbreak in Thrace region since 2013; latest one outbreak in Kırklareli in 2013

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Lumpy Skin Disease

Turkey: 7 outbreaks reported in Trace in 2015

Culling of infected animals, quarantine

Vaccination: average 80%

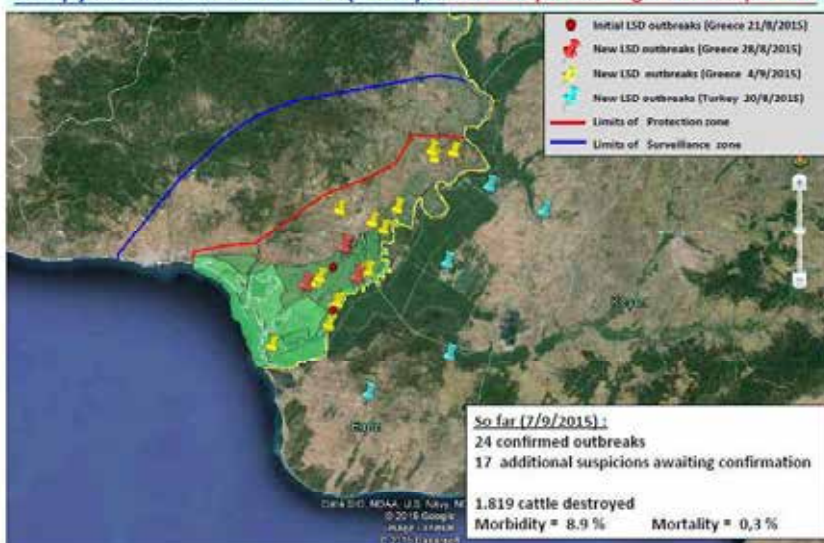
Greece: 24 outbreaks reported in Trace in 2015

Initial Stamping out

PZ (3km) and SZ (20km)

Vaccination of restriction zones with conditions for exit animals and product

Lumpy Skin Disease in Greece (Evros) – Further epidemiological developments



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Major issues



- ❑ **Sustainability** of the activities in case of lack of resources;
- ❑ **Overlooking risks** not previously identified in the development of the targeted surveillance (e.g. route of entry in trace for SGP, LSD);
- ❑ **High risk of circulation** of SGP, LSD within common border and then in EU territory
- ❑ Need of maintaining **outbreaks investigation** for FMD, SGP, LSD, PPR
- ❑ **Effectiveness of vaccination** better understood
- ❑ **Adequate preparedness** of Thrace for the possible introduction of other diseases (e.g. LSD) and consequences;

What are the needs ?

According on what we have learnt and discussed during TPT

- Providing **regular support** for preserving the targeted risk-based surveillance (risk assessment and studies to understand routes of entry) and allowing continuous improvement of awareness;
- **Using the model developed** for FMD to analyze the surveillance implemented for other diseases (e.g. PPR, SGP, LSD) to give evidence of disease freedom
- Maintaining **surveillance for multiple disease**
- Improving the **passive reporting with active engagement** of farmers
- Maintaining and promoting the **collaboration** between countries, even at local level ;
- Build confidence in the capacity to **respond effectively**

*Programme develop might be relevant for **other regions** for confidence in disease freedom*

Workplan 2015-2017

Objectives:

1. Maintain and improve a **co-ordination framework** for the activities required to maintain confidence in FMD freedom amongst the three countries; in 2015-17 to include local VS of the provinces in the **common border region**;
2. Maintain and improve a **system for real-time data entry** to support management of national surveillance activities aimed at maintain DF confidence;
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;
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.

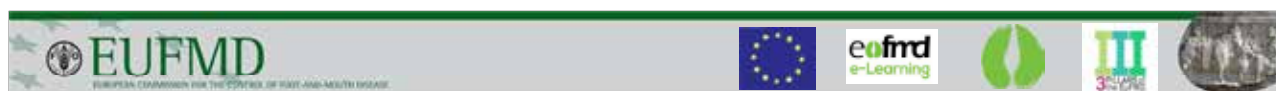
Workplan 2015-2017

3.1.1 Tri-country biannual coordination and planning meetings (4)	27.000€
3.1.2 Small coordination and activity implementation meetings (6)	18.000€
3.1.3 Regular assessment of FMD risk present in Thrace	121.000€
3.1.4 Establishment of a system for regular passive reporting of presence and absence of FMD and other TADs (pro-active primary surveillance)	22.500

TOTAL 188.500€

3.2.1 System for real-time data entry maintained and improved and development of outputs easy to understand

TOTAL 15.000 €



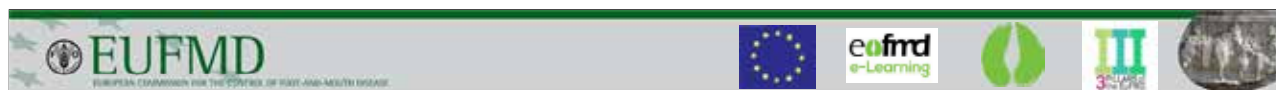
1.3.3.1 Regular analysis of the active surveillance carried out for FMD and other TADs and reports of such activities shared between countries and institutions. 6.500 €

1.3.3.2 Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination 10.000€

1.3.3.3 Analysis performed on the likelihood of incursion of trans-boundary diseases in different areas; or failure to rapidly detect the disease, and the consequences of failure to detect, in terms of the expected number of secondary outbreaks. 13.000

TOTAL 29.500€

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1.3.4.1 Regular support for laboratory (reagents and trainings) on FMD and other TADs 44,000 €

1.3.4.2 Development of specific exercises and workshop to improve and assess the contingency planning capacity in Thrace and the coordination between countries in case of emergency. 21.000 €

1.3.4.2 Small desktop simulation exercises to improve and assess CP capacity in Thrace and the coordination between countries in case of emergency 17.000 €

1.3.4.2 Workshops to identify gaps in CP in three countries, preparation phase and evaluation of the exercise 5.000€

TOTAL 87.000€

TOTAL 320.000€

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Appendix 6
Report of the Tripartite meeting
(September 2015)



Report on FAO-EuFMD/EC/OIE Tripartite Meeting on control of FMD and other exotic diseases in the Southern Balkans

31st August- 1st September 2015
Venue: Alexandroupolis, Greece

Introduction

A meeting of the FAO-EuFMD/EC/OIE Tripartite on the Control of FMD and other exotic diseases in the Southern Balkans was held in Alexandroupolis, Greece, on 30th August-1st September 2015, with the participation of representatives from the State Veterinary Services of Bulgaria, Greece, Turkey, , and from the EuFMD, and OIE (see **Appendix 1** for Agenda and **Appendix 2** for list of participants).

The **main objectives** of the meeting were:

- To review and discuss surveillance and control activities for Foot and Mouth Disease (FMD) implemented in the three countries.
- To review and discuss the epidemiological situation and the control measures implemented in the three countries for Lumpy Skin Disease (LSD), Sheep and Goat Pox (SGP), Peste des Petits Ruminants (PPR) and other major contagious diseases.
- To agree upon priorities and expected results of the Thrace risk-based surveillance project (Component 1.3 of the EuFMD work programme, 2015-17).

CONCLUSIONS and RECOMMENDATIONS

Conclusions

1. The THRACE surveillance programme, implemented as part of the EC funded activities and managed by EuFMD has provided an important level of confidence in the absence of circulating FMD in European part of Turkey and the neighbouring areas of Greece and Bulgaria and has been important for maintenance of surveillance actions needed for early detection of Sheep and Goat Pox SGP), Lumpy Skin Disease (LSD) and Peste des Petits Ruminants (PPR).
2. Given the outbreaks of SGP and LSD in the European part of Turkey in 2015, and the outbreaks of LSD in Greece from august 2015, there is a high risk of continued circulation of these viruses within the common border region and possibility of further extensions into the EU territory.
3. The activities under the THRACE programme, adapted by the management committee decision of the representatives of the 3 countries, and supported by the EC, to include training of veterinary experts from the 3 countries on LSD epidemiology, outbreak investigation and control, were timely and have assisted the preparedness of the countries for outbreaks in Thrace region.
4. The route of introduction of SGP and LSD into European parts of Turkey remains unexplained and it is unclear if several entries of these infections occurred or a continuous circulation after the first introduction. These questions highlight the importance of understanding the routes of entry and persistence of virus circulation for each of the major exotic infections of ruminants, in order to better identify how to reduce entry of FMD and other exotic infections and to prevent circulation and persistence should it occur.
5. The improvement in the control of FMD in Anatolia in 2014-15 is a cause for cautious optimism and the implementation of the strategic plan for FMD control by the Turkish authorities was commended. The need to learn from every outbreak remains essential if the reasons for the co-circulation of three serotypes is to be understood and managed. The

continuation of the THRACE surveillance programme in the period 2015-17 is a necessity given the outbreaks of LSD and SGP in the common border regions in 2015 and the history of recurrence of FMD epidemics in Anatolia as a result of the situation in West Eurasia in the past, most notably in 2010-12.

6. The early detection of exotic diseases in livestock by passive surveillance is highly dependent on farmer reporting and their awareness of signs and the development of better lines of communication with them are important to ensure confidence in this form of surveillance.
7. The effectiveness of vaccines and vaccine programmes for SGP, LSD, PPR and BT needs to be better understood to increase the impact of vaccination upon circulation of this infection in the common risk area.

Recommendations

1. **To publish the reports** of the outbreak investigations conducted into SG cases in Thrace in 2015, to better identify possible reasons for the persistence of SGP cases into 2015 in Greece and Turkish Thrace. A joint report is recommended.
2. **To conduct** studies on effectiveness of LSD vaccination in Turkey, with the technical guidance of experts from Pirbright and other reference centres.
3. **To include LSD surveillance** in the surveillance plans (cycle plans) in Turkish Thrace, with active surveillance for the detection of clinical cases of LSD should they occur in the high risk areas of Istanbul Province and in areas within the range of extension of confirmed clinical cases in Greece or which occurred, or recently occurred in Turkish Thrace.
4. **To develop surveillance plans for** “confidence in disease freedom ” for SGP and PPR, in the Thrace regions of Turkey, Bulgaria and Greece, with the aim of providing supporting evidence for the control of these infections, as part of the THRACE programme 2015-17.
5. **To better understand** the risk of circulation or extension of LSD and SGP outbreaks through studies on the likely vectors involved in the current outbreaks; methods for vector identification should be studied for relevance and potential application in the common border regions and support given for these studies to be conducted quickly.
6. **To support** the process of preparation for non-vaccination against PPR in Turkish Thrace, including the development and testing of contingency plans, and identification of the surveillance needed for early detection, in order to build confidence in maintenance of a disease free status of Turkish Thrace if so recognised in 2018.
7. **That the next Phase of support for the THRACE surveillance programme has the four targets proposed at the Management Meeting**, and to achieve these includes a greater emphasis upon improving passive surveillance, with more active engagement of livestock keepers; strengthens the local co-ordination framework; includes targets of evidence of freedom from FMD, PPR, SG and LSD if the outbreaks have been controlled; and includes activities to build confidence in the capacity to respond effectively to one or more of the priority TADs.

Acknowledgements

The Animal Health, and Animal Welfare Directorates of the Ministry of Agriculture are gratefully acknowledged for their offer of invitation and for hosting the Meeting. The excellent support of all members of the THRACE project team in Greece, and the help throughout of Drs Doudonakis, Dilavaris, Baka and Sotiriou and the Veterinary Service staff from South and North Evros is especially appreciated by all. Their efforts to ensure a successful meeting while dealing with the incursion of LSD will be remembered by all.

Report of the Tripartite Meeting

Item 1: Adoption of the agenda

Dr. Spiros Doudonakis, opened the meeting and welcomed the participants, and said how much he and all his team appreciated the opportunity to meet at this time given the many heavy demands posed by the economic as well as epidemiological situation. He thanked Dr Iliev, Bulgaria, and Dr Erol, Turkey, for taking time to attend the Tripartite, and re-iterated the importance of this meeting for Greece.

The Meeting was Chaired by Keith Sumption, Executive Secretary of the EuFMD and Dr Laure Weber-Vintzel, OIE. The agenda was adopted without changes, except that the reports of Bulgaria and Greece on FMD were received together with their reports on the other exotic infections.

The participants agreed to include bluetongue in the discussion regarding the epidemiological situation on exotic animal diseases in the three countries.

Item 2: Report of the THRACE project Management Meeting held at Alexandroupolis, 31st August

A verbal report on the Management Meeting was received on the meeting held in the morning of the 31st. The most significant points for attention were that the two year funding of the THRACE project would finish on the 30th September and the management group had identified items urgently needed for delivery before project close, and had proposed that remaining funds for travel be used to arrange training on methods for LSD vector identification and ecology. They also requested studies be urgently undertaken on LSD virus inactivation procedures in animal products to provide a base for decisions on processing. For Phase IV, and the next cycle of surveillance (Oct-Dec 2015), the group felt very strongly upon the need to continue the project along its current form, and warned of impacts should cuts be imposed; they referred the decision upon LSD clinical surveillance in Turkish Thrace to the Tripartite Meeting; and agreed the four main targets for the Phase IV, 2015-17 project, for presentation and proposal under Item 6.

Item 3: Lumpy Skin Disease (LSD)

Reports on the LSD situation in Turkey, Greece and Bulgaria were provided by Dr Naci Bulut, Dr Dimitrios Delaveris and Dr Tsviatko Alexandrov, respectively (**Appendices 3,4 and 5**).

In Turkey, after the index case in August 2013, the disease had spread widely in east and central Anatolia in 2014, and with further extension, though clustering of locations, in 2015. The total number of outbreaks per month continues to rise but within –herd attack rate is reduced, with lower impact of the disease, attributed to the vaccination policy in which SGP vaccine produced by the Pendik Institute and two private companies is used ; coverage is between 50 and 100% of large ruminants, with median 80% coverage in the 5 provinces of Thrace, and 91% in the affected Province of Edirne. Seven outbreaks have been recorded in Turkish Thrace, 2 in April/May and 5 reported on 20th August in Edirne. Culling of clinically affected animals, quarantine and outbreak investigations were applied; for the latter, entry was attributed to vectors as animals had not been imported to the village, and clinical cases had occurred even with vaccination coverage of 91%, with cases among the non-vaccinated group . Given the high vaccination coverage, they assumed risk of further spread to be low. Cases were associated with farms near to paddy field (rice production).

In Greece, training of personnel provided under the THRACE programme had been very important for building capacity for early response; after the initial two outbreaks in Turkish Thrace, a 10km

deep enhanced safeguard zone was established, but LSD cases were not detected at that time. Index cases were confirmed on 18th August, and by the 30th, 6 cases had been confirmed with 15 suspicions under investigation; the protection zone included the whole of the Evros delta surveillance zone was 20 km radius, with extension to holdings considered high risk. Measures of the Commission Implementing Decisions 2015/1423 had been applied and an updated decision was expected, to include measures following the use of emergency vaccination. The key considerations on the later related to the rapid and surprising speed of development of cases within affected holdings, and the likelihood given the biting fly/vector abundance in the delta of further cases, possibly involving most of the cattle population, and the dramatic surge in suspicions suggested this was the case; further, disposal was a problem given the water table in the delta, and the social impact of SGP in 2014-15 was a disincentive to a prolonged campaign of stamping out. The total cattle population was only 19,000 animals and the plan proposed was vaccination of these in 3 Phases, the PZ and SZ to be completed by end of September.

In Bulgaria, the training on LSD under the THRACE was credited as providing essential experience and assisted communication on LSD to farmers and veterinarians; surveillance programme was implemented from 22nd June, and extended on 20th August, with over 21,000 animals examined clinically under the program in 6 Municipalities. No cases of LSD had been detected to date.

Discussion

GR requested clarification on the vaccination programme and any reactions to live vaccine observed in Turkey. Dr Erol explained that vaccination was working very well, with a double dose of the SGP vaccine applied in cattle with no adverse reactions. He also agreed that immediate notification of outbreaks to the neighbours in GR and BG would be made, in addition to immediate ADNS reporting.

The surveillance plan for LSD in Turkish Thrace was discussed; the proposal put forward as a result of the THRACE project Management Meeting was that

- 1) Immediate active surveillance programme within 10 km of confirmed outbreaks would continue
- 2) From the start of cycle 4 (October –December 2015), clinical surveillance for LSD would occur with all epi units in Turkey under programme in each cycle, in and serological surveillance, we can include examination of LSD in Istanbul province being visited and in the remaining 4 provinces, epi-units would be selected for active clinical surveillance using a random sampling scheme. Given the proximity to Anatolia and animal movements to the Asian side, the Istanbul area was proposed as a high risk area.

GR and BG indicated their agreement and encouragement for this scheme.

Dr Erol indicated that a Workshop was planned in October or mid-November at Pendik Institute, to develop a new plan for LSD control in the country over 3-3.5 days. This may be open to outside experts; GR and BG indicated their interest to attend.

Regarding cross-border co-operation, GR and BG were supportive to the idea of meeting of local VS senior staff to share information on control measures being applied. Dr Erol was not convinced of the value of this.

Addendum: the field visit on the 31st, to a holding beside the delta area, did raise the question of whether the extremely high fly abundance (including mosquitoes) for which the delta is famous, may be a particular risk factor for LSD and thus that non-delta areas may be lower risk. The close association with paddy fields in Turkey first cases in Turkey is an interesting observation. The Evros delta has a joint scheme between GR and TR for the control of mosquitoes following autochthonous cases of malaria in the 1990s, and studies on the Anopheles species in the delta reported that they mostly (98%) fed on ruminants.

Item 4: surveillance for PPR, SGP and other exotic viruses

Reports on the situation in Turkey, Greece and Bulgaria were provided by Dr Naci Bulut, Dr Dimitrios Dilaveris and Dr Tsviatko Alexandrov, respectively. (Appendices 6, 7, 8, 9)

Situation in Turkey

SGP: nationally, significant decline compared to 2014 and 2013, but most outbreaks are in the west of Anatolia and 7 outbreaks had occurred in Thrace in 2015 (and 12 in 2014). None of the 2015 outbreaks occurred in Edirne Province and so were not immediately neighbouring to the recent outbreaks in Greece. Animals from Anatolia are not accepted into Thrace and the procedures for import follow OIE Code, 8.5.32. All SR are vaccinated in Thrace, and around outbreaks in Anatolia (3 times in a 2 year period). Vaccination occurs in autumn as the winter is considered a high risk period.

PPR: 20 outbreaks were reported, compared to 43 in the whole of 2014. The situation in the Aegean/Marmara appears better than in 2014. The last outbreak in Thrace was in 2013. All SR are vaccinated in Thrace; ring vaccination is used around outbreaks and new-born/unvaccinated adults are vaccinated in the remaining area. (Vaccination in 2014 was 12.7m animals, in 2015 the planned campaign is 15.4m animals. The long term objective is to gain disease free status in Thrace in 2018 and by 2023 in Anatolia.

BT: the first cases for four years occurred in 2014, of BTV4 in Thrace (Kirkclareli) and Marmara regions. All SR in Thrace and most of the animals in Marmara were vaccinated (NB: live or attenuated vaccine, needs clarification), and all SR in Thrace will be vaccinated again in 2015.

Situation in Greece

SGP: the last outbreak was in February 2015, in North Evros, after three waves; the first, of 91 outbreaks; a second wave 144 obs, until 27/10/2014, then 5 in 2015. August-September was the peak in 2014, and the effects were socially devastating. Many issues, including the nature of persistence of infection remain to be clarified.

PPR: serology has been conducted in the framework of the THRACE project; diagnostic kits are needed to compete the testing in 2015.

BT: Greece also was affected by the very widespread BTV-4 epidemic in 2014; over 80000 animals were affected with 4.4% mortality. The surveillance programme in 2015 found that over 60% cattle were seropositive and 20% of small ruminants; and as a result, a voluntary vaccination scheme was adopted. No cases of BTV have been confirmed in 2015. It is not possible to say if this is the result of the natural immunity after the 2014 epidemic, lack of overwintering or the additional vaccination (175,000 small ruminants).

Situation in Bulgaria

SGP, PPR, BT: surveillance for these diseases took place in the framework of the Thrace programme, and by mid-August 2015, 12,5433 animals has been examined in 7 municipalities of BG bordering to Turkey and Greece, with no evidence of SGP or PPR found. Posters and leaflets had been used for media campaigns to raise awareness. The BTV-4 situation was described; an enormous wave of outbreaks had affected the whole country after 4th July 2014, but no outbreaks had occurred in 2015. Almost 87% of cattle and sheep had been vaccinated, and BTV had also not been detected in *Culicoides* pools. The situation for HPAI, CSF and rabies was described, for completeness.

Discussion

The Bulgarian delegation commended the Greek and Turkish authorities for their control of SGP cases in the common border regions in 2015. The factors behind the outbreaks in 2015 remained unclear and this has implications for duration of control measures in an area that needs to be understood. Regarding BT, Keith Sumption asked if it could have been herd immunity (of over 60% in cattle) that resulted in the apparent lack of circulation in 2015. G indicated they had samples from early 2015, before vaccination and could examine these for evidence of the extent of immunity as a result of the epidemic in 2014, although another reasons for the lack of circulation in 2015 could be a failure to overwinter or the results of vaccination.

Dr Weber-Vintzel, as Chairperson, commended the plan for achieving freedom from PPR in Tukey but reminded the meeting that to achieve freedom, there must be no vaccination for 2 years and therefore to achieve freedom in Thrace in 2018 would require cessation of vaccination in 2016 in Thrace.

Item 5: Foot-and-Mouth Disease (FMD)

Dr Bulut reported on the FMD situation in Turkey (Appendix 10) and the control measures in place to prevent entry into Turkish Thrace.

The situation in 2015 shows a major improvement, with only 73 outbreaks record and none reported in August; in comparison to 228 in 2014 and 1189 in 2013. However, all 3 serotypes are circulating, which is unusual, with continuation of the Asia-1 (Sindh-08) and predominance in 2015 of type A (A Iran 05). Also of note is the central-west location of most outbreaks, with none recorded in the former hot spots of Erzurum. Several changes may account for the improvement; the application of the national risk based control plan, with use of a higher potency vaccine, of booster vaccination and strict controls via the passport system to prevent movement of non-vaccinated animals from province to province. In Thrace region, the control of animal movements from Anatolia is rigorously enforced, and additional measures applied relating to kurban festival movements. Vaccination is twice per year for cattle, with booster applied to primo vaccinates; and once per year for SR. Surveillance is conducted under the frame of the THRACE project, with a four cycles of a risk based surveillance programme, in which Istanbul Provinces are considered high risk ((clinical and serological surveillance applied) and random selection of villages for active clinical surveillance in the other 4 provinces. In addition an annual sero-surveillance is conducted to substantiate freedom from FMD, for the OIE.

The control of FMD in Anatolia and the allied monitoring system was summarised; campaign vaccination is used, twice per year, and has achieved a coverage of >90% of the target (with 14 million doses achieved per campaign). Booster vaccination is now applied routinely, and for SR, vaccination is applied in East and South-East Turkey following risk assessment, for example those identified as hotspots for transmission and seasonal movements across Provincial borders. The more limited numbers of outbreaks also allows each outbreak to be investigated more thoroughly (a summary of results would be informative). The planned training programme, supported under the EuFMD programme from October 2015, should assist to build the skills needed in the epidemiology teams of the GDPC.

Regarding Greece and Bulgaria, the surveillance for FMD follows the framework of the cycle surveillance plans under the THRACE programme. The surveillance programme in Bulgaria (sero - surveillance in SR and clinical examination schedule), the wild boar serology/virology testing (415 animals in the border regions, 3711 across the country) and abattoir inspections together provide a very high level of confidence in early detection and the absence of virus circulation.

The emergency management (simulation) plans have been tested in the simulation exercises held in January and June 2015.

Discussion

The delegations of Greece and Bulgaria commended Turkey for the progress made to reduce the incidence of outbreaks significantly from 2013 to 2015. Dr Erol indicated the longer term plan is to achieve freedom in the Marmara, Aegean and Black Sea regions in the next Phase, and maintain Thrace region as free from FMD without vaccination.

Keith Sumption reminded the meeting of the history of FMD cycles in the West Eurasia region, with the severe epidemic situation in 2010 following a series of increasingly good years which at that time had been attributed to the unprecedented level of vaccination and the quality of vaccine being used. The end of 2010 saw the entry of infection to Bulgaria. He mentioned that the risk based strategic plan developed in Turkey was a big step forward and the introduction of a passport based control on movement of non-vaccinated animals was an important factor in reducing the risk associated with movements of infection between Provinces. This type of control might have little effect without a quality vaccine being used, so the important new development was the coupling of movement control with adequate vaccination, including the booster dose. For these changes he thought he applauded the progress made by the GDPC in 2013-15.

Item 6: Phase IV of the EuFMD /EC agreement - workplan for the THRACE component

Sotiria – Eleni Antoniou (Appendix 11) gave a presentation outlining the importance of greater, more active approach to involvement of livestock keepers in the reporting of exotic disease suspicions, and how this could be integrated into the THRACE programme in future in the Evros prefectures. This was positively received and the lessons of this approach could be valuable for the improvement of passive reporting in the three countries and elsewhere. The cost implications for the Phase IV workplan were unclear but at first sight it appeared the system would be managed without external support.

Keith Sumption summarised the discussions held at the Management Meeting on the objectives and targets for the next Phase of the THRACE project, after 1st October 2015. The overall outcome expected from the project (Component 1.3 of the EuFMD/EC workplan) was proposed as:

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

The four expected results (targets) to be achieved through project activities supporting the veterinary services of Greece, Bulgaria and Turkey, were proposed as:

- 1.3.1 Improved Co-ordination Framework for **maintenance of FMD freedom in Thrace region, and confidence at all times in this status** on the basis of co-ordinated surveillance
- *He indicated this could be adapted to include the local co-ordination indicated as desired in the Management Meeting.*

- 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;
- *This to include improving the database for ease of use but might also be adapted to include the greater emphasis /ease of entry of the livestock keeper passive surveillance discussed at the Management Meeting.*
- 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 harmonised levels of contingency planning.

Given that the 3 countries will be invited to participate in Component 1.4, contingency planning for Balkan countries, it should be considered that the THRACE programme may address other emergency planning issues of particular regional difference, such as preparation for cessation of PPR vaccination, or FMD in the vaccinated population of Thrace region of Turkey.

List of Appendices:

Appendix 1: Agenda

Appendix 2: List of participants

Appendix 3: Presentation: Epidemiological situation for S&GP, PPR and BT - Lumpy Skin Disease (LSD) Situation in Turkish Thrace

Appendix 4: Presentation: 1st occurrence of Lumpy Skin disease in Greece (Evros)

Appendix 5: Presentation: Control of FMD and other exotic diseases in Bulgaria - Lumpy skin disease

Appendix 6: Presentation: Epidemiological situation for S&GP, PPR and BT - Peste des petits ruminants (PPR) in turkey and Blue tongue disease in turkey

Appendix 7: Presentation: Sheep and Goat Pox in Greece

Appendix 8: Presentation: Peste de Petits Ruminants (PPR) - Greece

Appendix 9: Presentation: Control of FMD and other exotic diseases in Bulgaria

Appendix 10: Presentation: FMD situation in turkey

Appendix 11: Presentation: Surveillance programme for the farmers - Greece

Appendix 1: Agenda

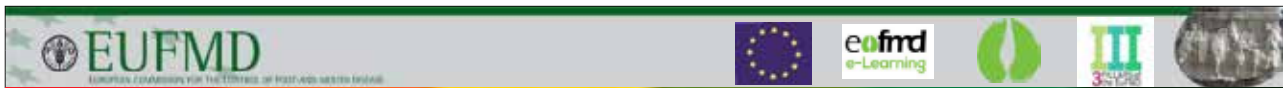
Time	Agenda item	Presentations or Lead for item	CHAIR
14.30	Item 1: Welcome by the Host; and Adoption of Agenda		<i>EuFMD</i>
	Item 2: Report of the THRACE project Management Meeting held at Alexandroupolis, 31 st August	Rapporteur	<i>EuFMD</i>
15.30	Item 3 : <u>Lumpy Skin Disease (LSD)</u> <u>LSD</u> situation, surveillance and control activities in Turkish Thrace, epidemiological trends	Turkey	<i>FAO</i>
16.00	<u>Bulgaria and Greece:</u> Report on LSD surveillance and recommendations of the Bilateral meeting held in Bulgaria, June 2015	BG, GR	
16.30	Discussion on LSD – the way ahead		
17.00	Continue with Items – or possible evening excursion		
Day 2			
08.30	Item 3: surveillance for PPR, SGP and other exotic viruses		<i>OIE</i>
	Report of Greece, Bulgaria and Turkey on 1) national situation, 2) surveillance in Thrace region and close to common borders and 3) control measures undertaken in 2015	BG, GR, TUR	
09.30	General discussion on the surveillance programme in Thrace and its further development in 2015-16 for exotic TADS		
10.00	Break		
10.30	Item 4: Foot-and-Mouth Disease (FMD)		<i>EuFMD</i>
	Report of Turkey on 1) national situation, 2) surveillance in Thrace region and close to common borders and 3) control measures undertaken in autumn 2015 and planned for 2016	TUR	
11.30	Reports of BG and GR on surveillance for FMD	GR, BG	
11.45	Phase IV of the EuFMD /EC agreement - draft workplan for the THRACE component	EuFMD	
12.15	Conclusions of the Tripartite Meeting	EuFMD	
12.30	Close		

Appendix 2**LIST OF PARTICIPANTS - Management and tripartite meeting**

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Appendix 7

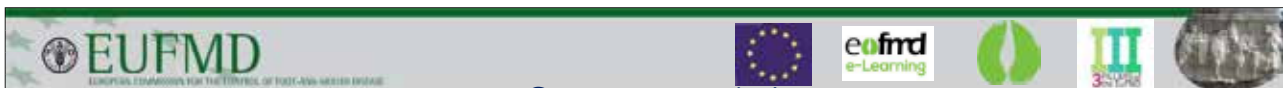
Comp.1.4



90th Executive Committee meeting of the EuFMD

Component 1.4 Balkans Budimir

90 ExCom-Monza, 24-25 September 2015



Component 1.4

Support the development of FMD emergency capacity in the Balkan region

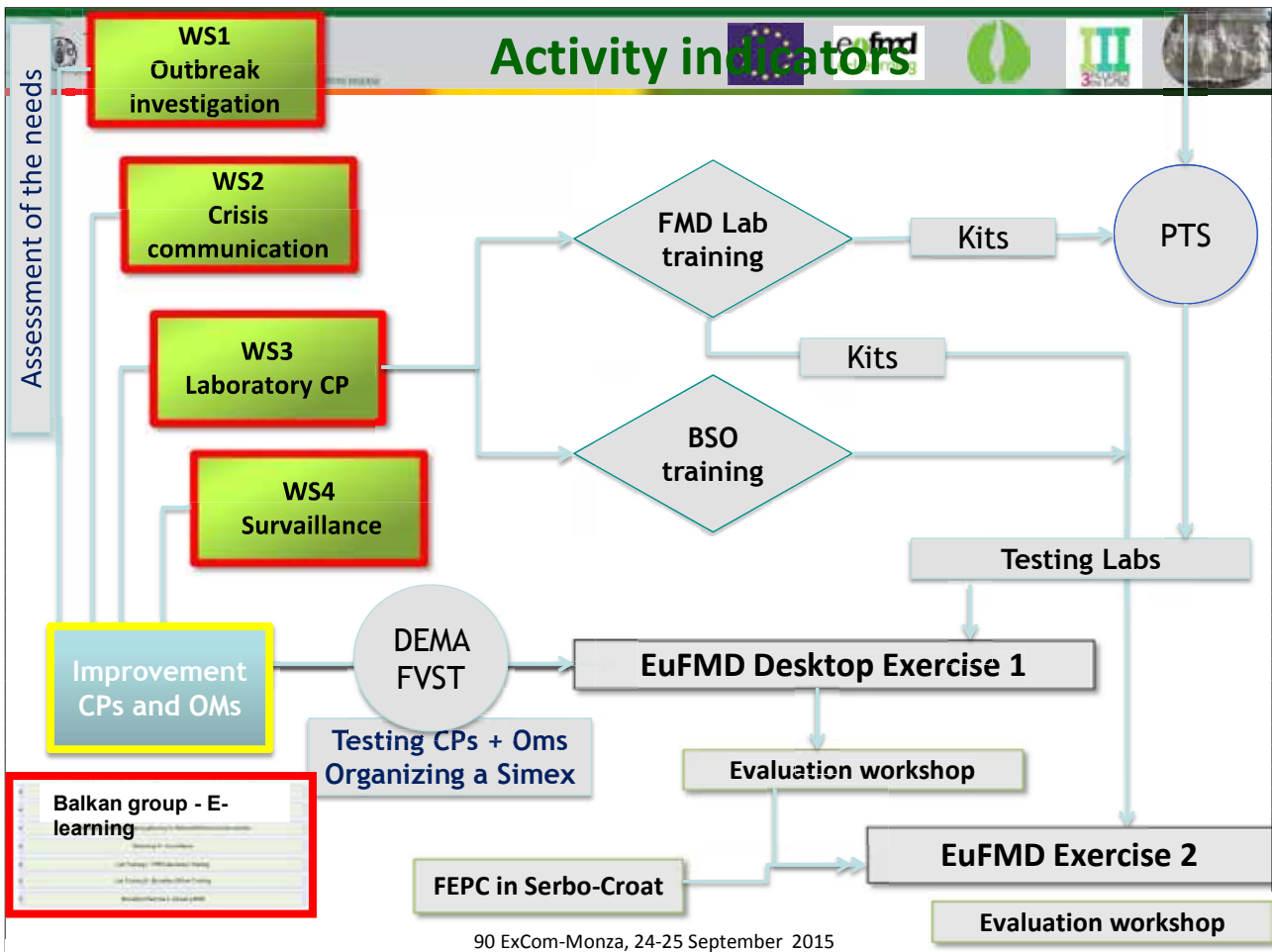
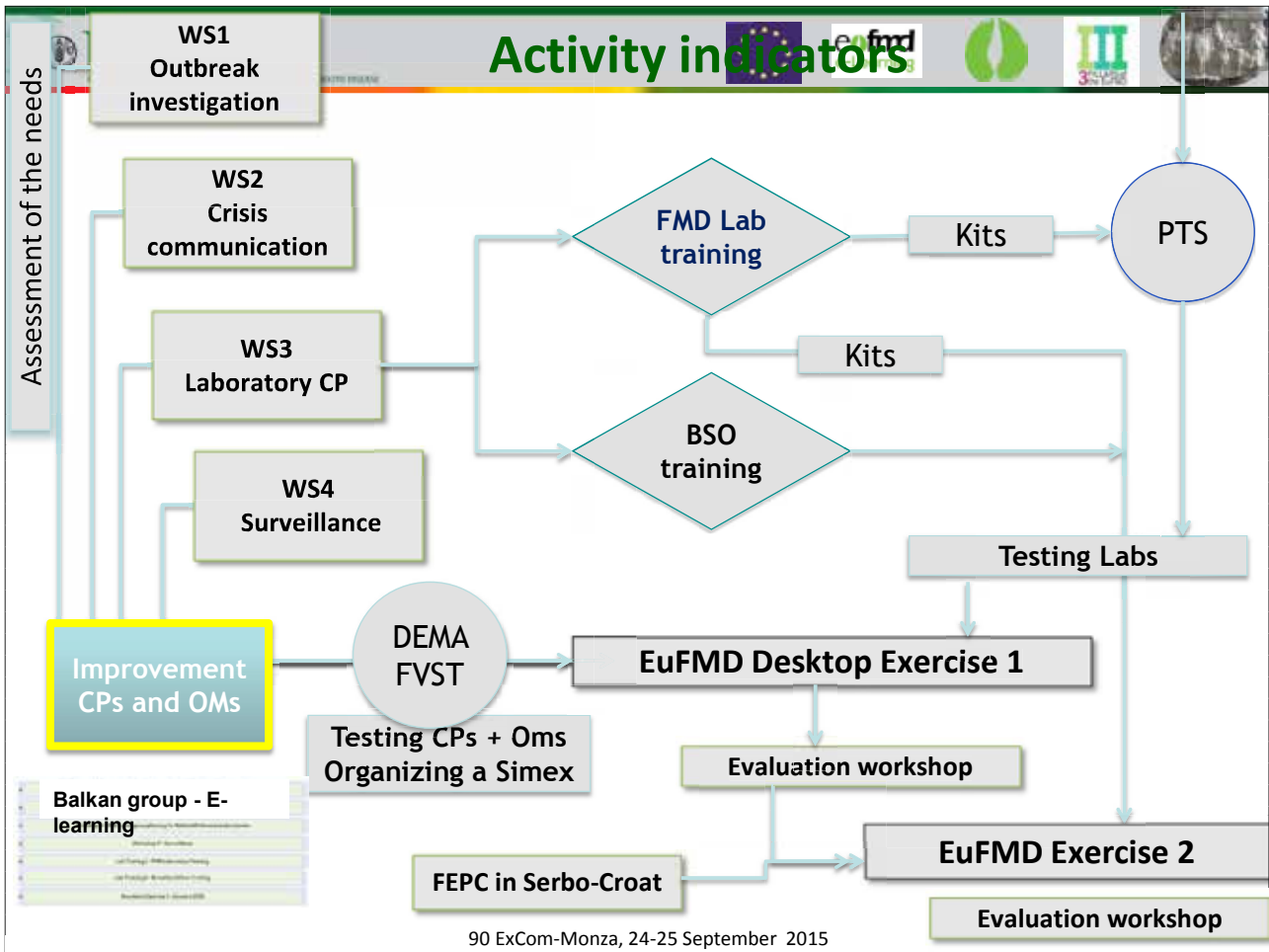


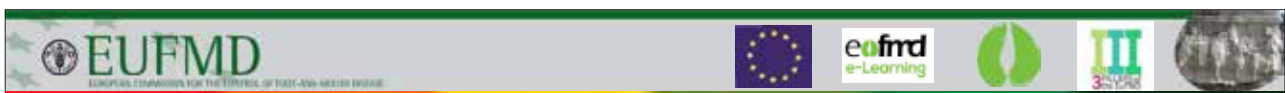
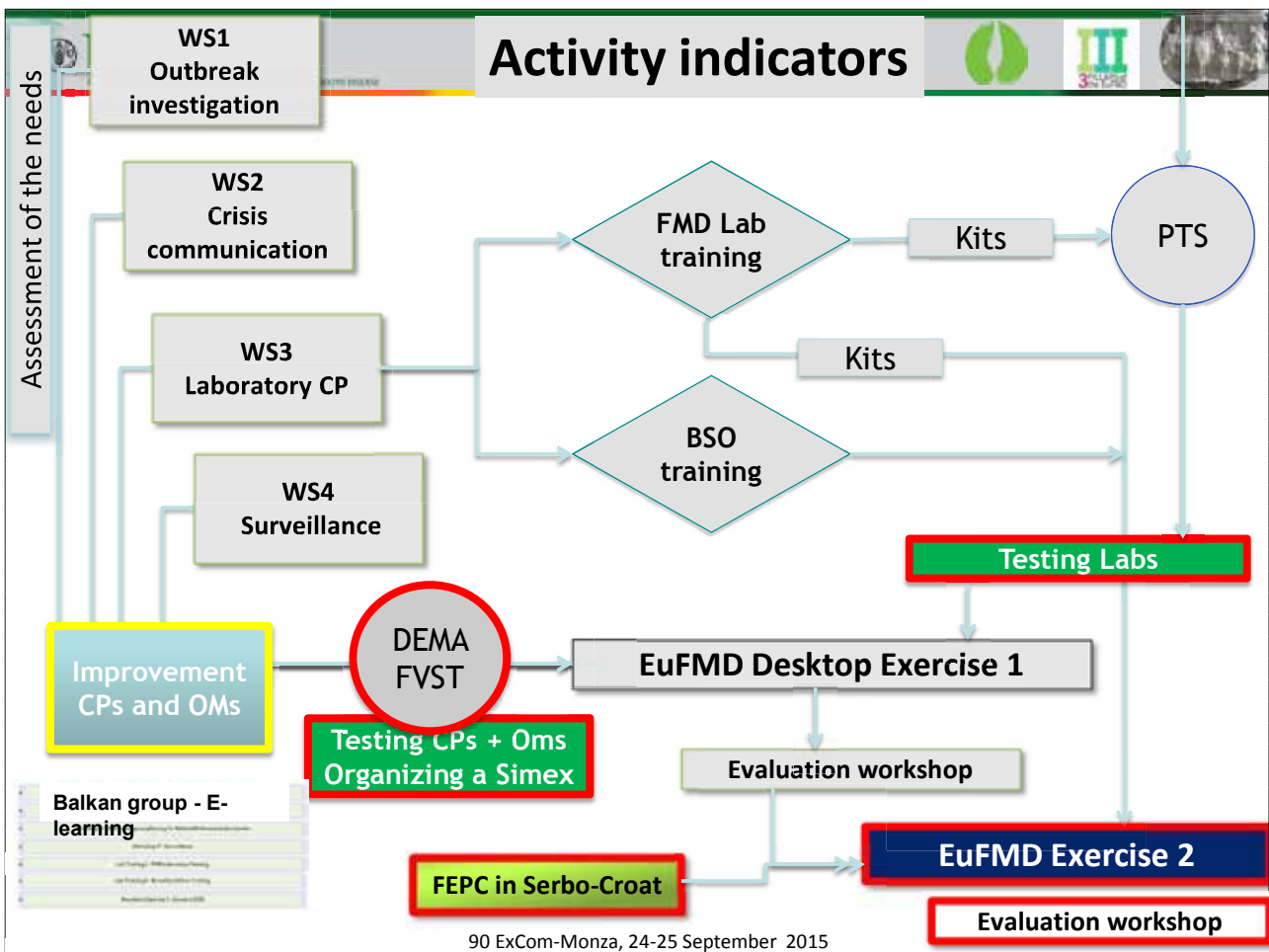
EuFMD Members: Bulgaria, Romania, Serbia, FYRO Macedonia, Croatia, Bosnia and Herzegovina, Albania,, and Greece (more recently); ***EuFMD Non-members:*** Montenegro, Kosovo, Ukraine, Turkey and Moldova.

Expected results

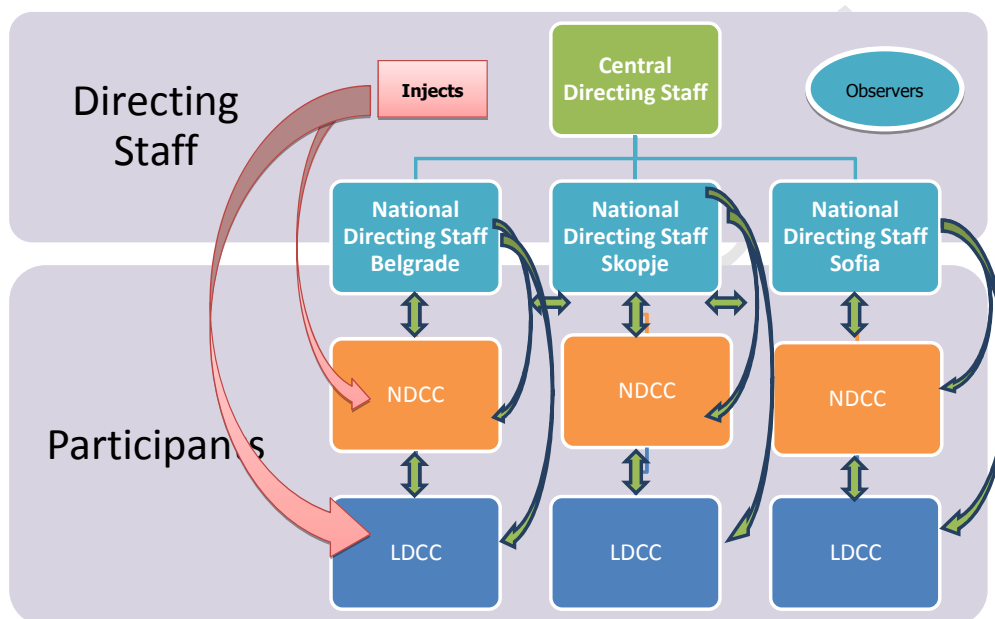
1. **Co-ordination framework** for the western Balkan countries for emergency planning including laboratory sub-network
2. **Improving contingency plans** (training, simulation exercises)
3. Integration of **national FMD reference centres** in national CPs and **improvement of regional FMD diagnostic capacity**

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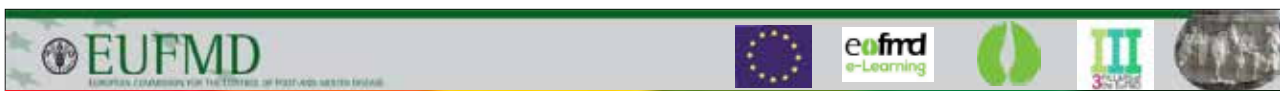




Implementation of 1st Simulation exercise



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How the exercise started



NDCC at work

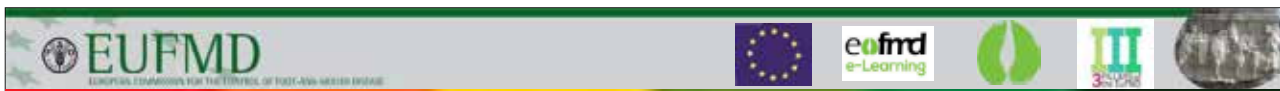


Regular debriefings



Distaff Communication

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How the exercise started



NDCC at work

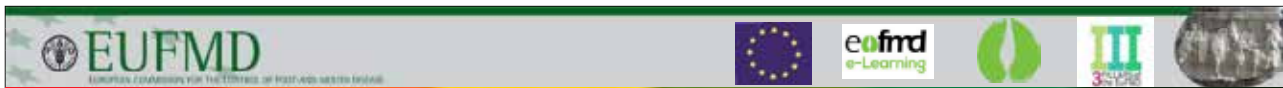


Regular debriefings



Distaff Communication

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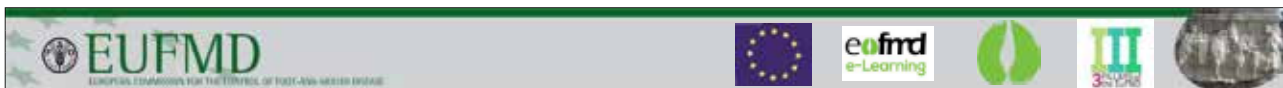


General outcomes

Main difficulties were identified in:

- Chain of command
- Communication between/within NDCC and LDCC
- Capacity of identify resources needed (human / equipment / vehicles / funds)
- Information flow to other institutions/countries/stakeholders
- Media strategy
- Implementation of procedures described in CP

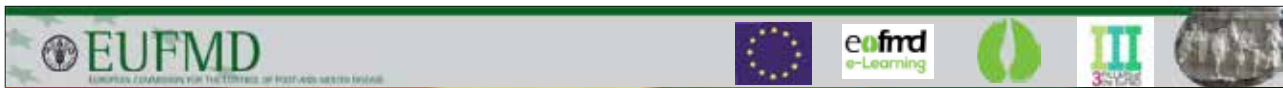
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2nd EuFMD Simulation Exercise (June 2015)



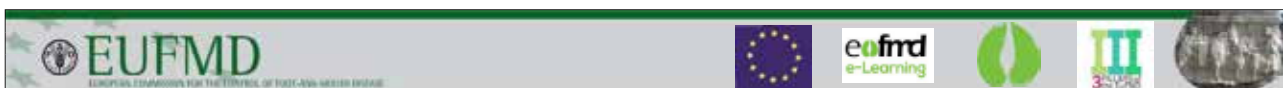
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Objectives

- Establish and manage LDCC
- Develop better communication between the LDCC and the NDCC
- Plan the relevant activities (biosecurity, suspicion management, culling, disposal, disinfection) and demonstrate how they would be carried out in the field
- Testing the feasibility of their contingency plans
Improve how the media will be managed during an outbreak

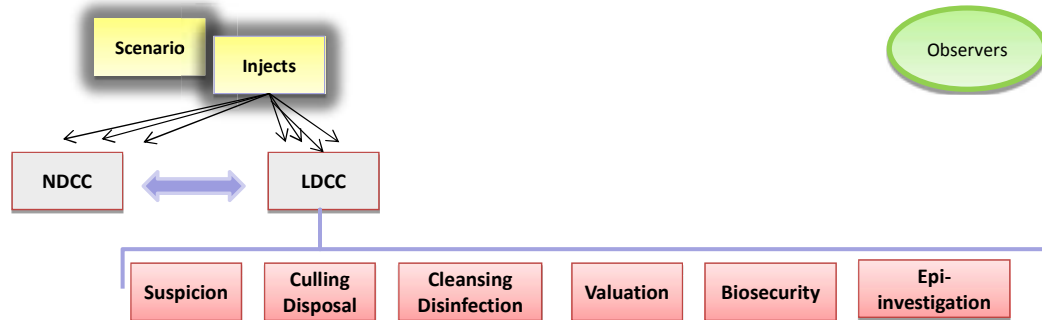
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Implementation of 2nd Simulation exercise

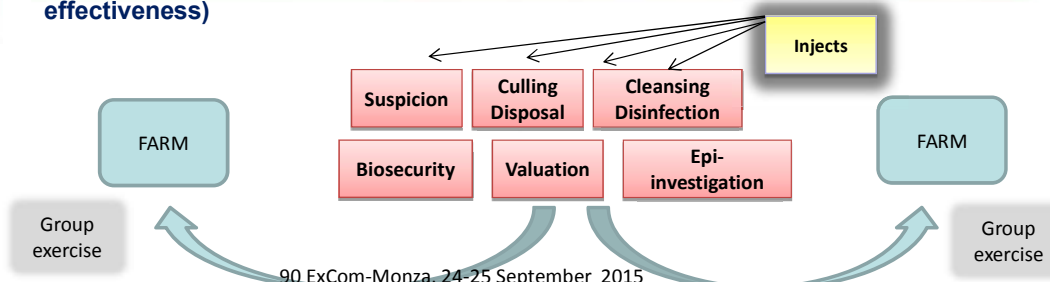
Desktop
exercise

Challenge the contingency plan (communication, media strategy, resource identification, manual of instructions)

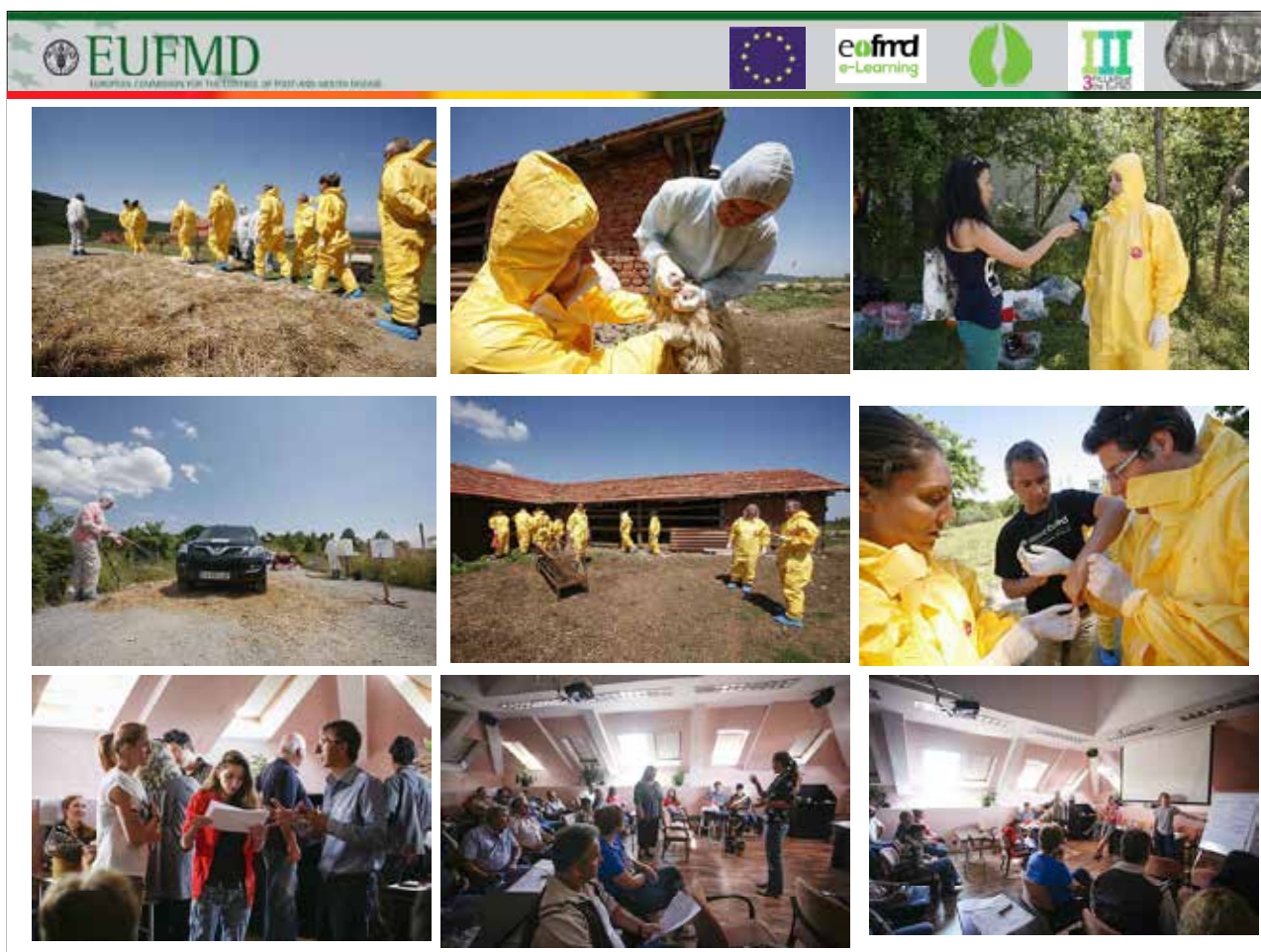


Field
exercise

Evaluation of the planned actions (feasibility, adaptation to field conditions, effectiveness)



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Recommendations for next activities:

DEMA

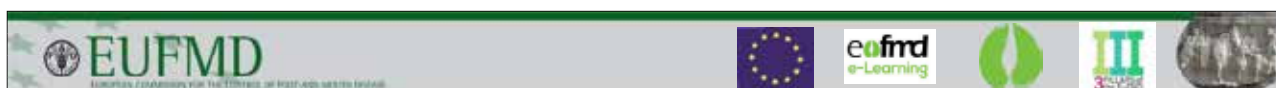
Training activities on exercise management

The aim of this activity is to develop the skills of the participating countries regarding planning, execution and evaluation of exercises with a primary focus on field exercises and simulation exercises.

The duration of the activity should be 2 - 3 days and could have 2-3 participants from each country.

The intended outcome of this activity is to enable the beneficiary countries to conduct their own exercise programme for their veterinary preparedness in support of their contingency planning activities.

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DEMA

Simulation exercises regarding disease outbreak management

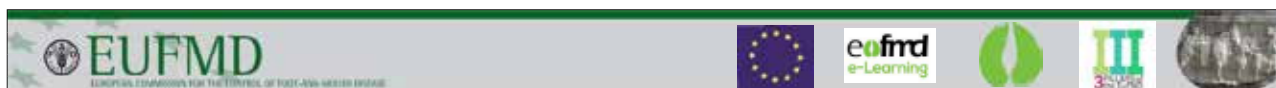
The aims of this activity are:

- To support the continued implementation of the contingency plan and the personal skills required of the veterinary staff
- To test the disease outbreak management capacity of the beneficiary countries, and
- To develop the exercise management skills of the beneficiary countries

The activity should be carried out country-by-country in order to take into account country-specific approaches to disease outbreak management.

The activity should have a duration of approx 3 days.

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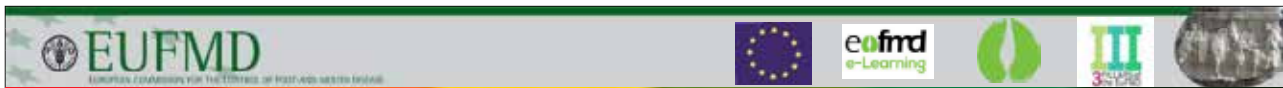


FVST

Recommendation for next exercises and preparation process:

- All the participants carried out their specific roles and responsibilities in the disease control centres with varying degrees of efficiency and effect.
- Further development of staff management and staff training is recommended. Work should be initiated to update the contingency plan on FMD and develop the plan, so it matches their respective countries. Focus should be on the implementation of the operational manual of the contingency plan.

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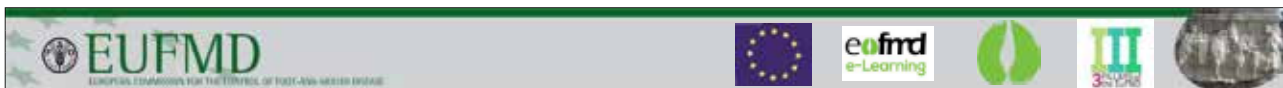


FVST

Recommended priorities for next phase:

- Train Crisis management in the disease control centres at all levels
- Create and run exercises on specific task within disease control centres (Suspicion visit, Valuation, Culling, Disposal, Disinfection, Epidemiological investigation...)
- Train Communication management. (Train how to collect, manage and share information)
- Training of skills regarding planning, execution and evaluation of bigger and more complex simulation exercises

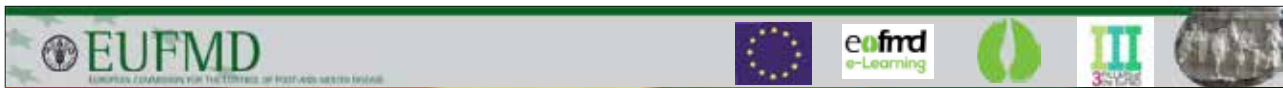
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Plans for component 1.4 Balkan (2015 – 2017)

Improved emergency management capacity for FMD in the Balkan region

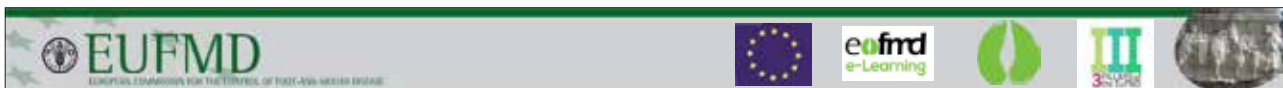
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1.4 Output

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

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EXPECTED RESULTS

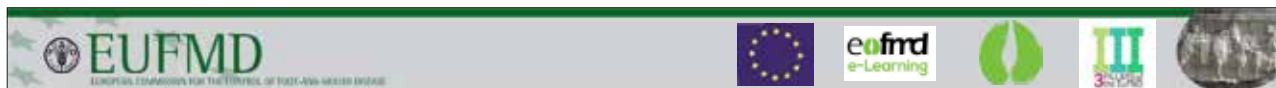
1.4.1 Confidence in the coordination framework for western Balkan countries as a tool to ensure the sustainability of the programme, the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;

1.4.2 Development of contingency plans for FMD and improvement of national capacity to design, implement, evaluate different type of exercises and support pre-exercise activities

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

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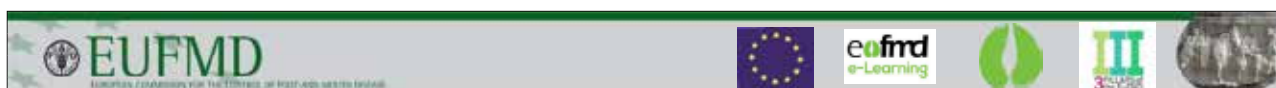
Targets	Activities	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL for activity	TOTAL by output
1.4.1 Confidence in the coordination framework for western Balkan countries as a tool to ensure the sustainability of the programme, the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises	1.4.1.1 System of mutual assistance and coordination between countries implemented (networking - diagnostic support - expertise).	5,000	17,500	0	0	8,000	2,000	32,500	32,500
1.4.2 Development of contingency plans for FMD and improvement of national capacity to design, implement, evaluate different type of exercises and support pre-exercise activities	1.4.2.1 Implementation of different type of exercises and workshop on country-specific baseline requirements for disease outbreak management; leadership, management and staff work in inter-agency operations; exercise design and management; establish active reporting system on improvement of contingency plan	5,000	15,000	15,000	5,000	0	10,000	50,000	110,500
	1.4.2.2 Development of the country's veterinary preparedness and implementation of specific approaches through contingency planning, training activities, pre-exercise, exercise and post-exercise activities	5,000	15,000	10,000	7,500	0	10,000	47,500	
	1.4.2.3 Translation of EuFMD training materials into Serbian Croatian	3,000	0	0	0	0	10,000	13,000	
1.4.3 Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.	1.4.3.1 Assessment of diagnostic capacity - management of crisis - level of biosecurity of national laboratories and improvements on these aspects through workshops, meetings and exercise	5,000	5,000	0	0	0	10,000	20,000	35,120
	1.4.3.1 Laboratory procurement	0	0	0	0	7,642	0	7,642	
	1.4.3.2 Laboratory training/workshop and exercise	2,000	5,000	0	0	0	478	7,478	
		25,000	57,500	25,000	12,500	15,642	42,478	170,120	247,620



THANK YOU!

Appendix 8

Comp.2.1



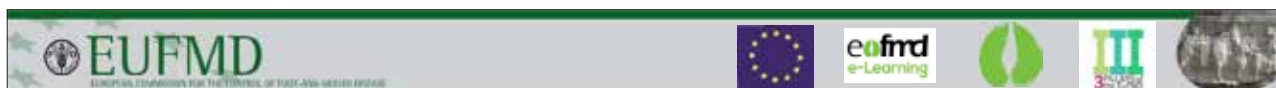
90th Executive Committee meeting of the EuFMD

Item: Component 2.1

South-East Europe: better FMD Management Turkey and neighbours

Author: Gunel Ismayilova

90 ExCom-Monza, 24-25 September 2015



Expected results

Objective: *To improve the ability of Turkey, Georgia and neighbour 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*

Expected outputs:

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 by regional networking** to support better information exchange between risk managers in the West Eurasia Roadmap countries, as well as in Europe and beyond.

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

European Union eufmd e-Learning

Output 1: Turkey Georgia and neighbours (Azerbaijan, Armenia)



Output 2: West Eurasia



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Achievements 2013-2015 and next steps

TURKEY

Main achievements 2013-2015

- ✓ Risk-based strategic plan (RBSP) developed.
- ✓ Monitoring and epidemiology unit initiated (3 members, part-time)
- ✓ Training in epidemiology for members of monitoring and epidemiology unit provided
- ✓ Collaboration with Warwick University to develop a disease spread model for Turkey



Next steps 2015-2017

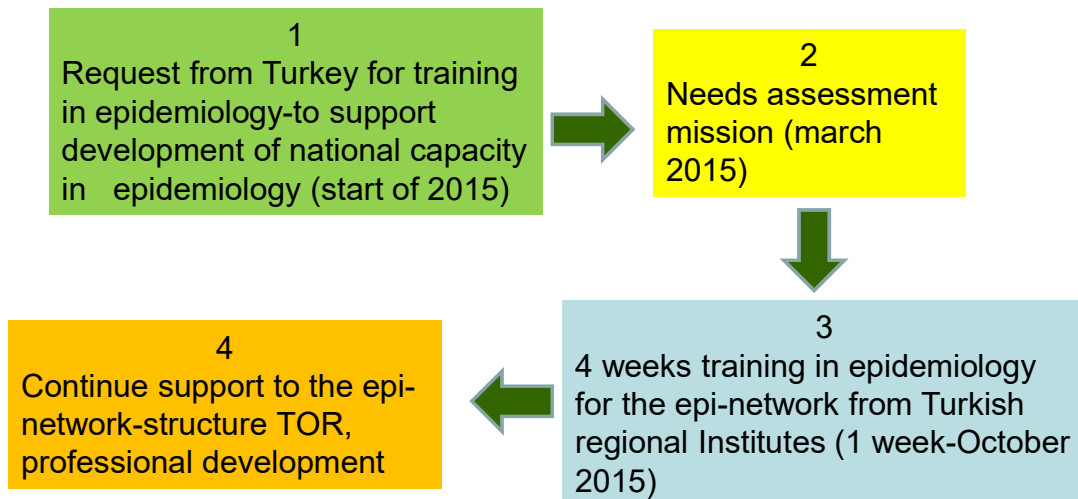
- ✓ **Monitoring of RBSP**
- ✓ **Support for national epi-network**
 - Training in epidemiology to prepare epidemiologists for the epi-network
 - System for ongoing professional development for epi-network (in conjunction with component 2.4)
 - Structure and TOR for national epi-network
 - Meat price monitoring (assistance to comp 1.8)

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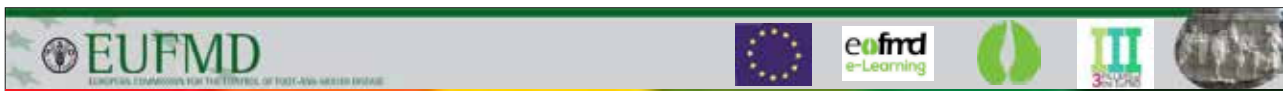


BACKGROUND and DETAILS

The main emphasis is given to technical support for national epi-network to improve capacity to monitor and manage FMD programme in Turkey



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Achievements 2013-2015 and next steps

GEORGIA AND NEIGHBOURS

Main achievements 2013-2015

- ✓ Georgia: RBSP developed and approved by GF-TADs FMD working group. Georgia accepted to PCP Stage 2
- ✓ Georgia: Technical support to serosurvey implementation and analysis of results provided
- ✓ Support to Azerbaijan and Armenia in Risk-based strategic plan (RBSP) development

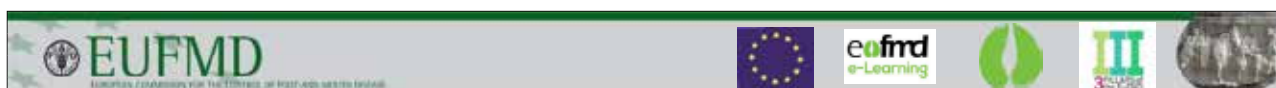


Next steps 2015-2017

TransCaucasus countries:

- ✓ Continue support to Azerbaijan and Armenia in **RBSP development**. Refine/update RBSP of Georgia
- ✓ Assist with establishment and implementation of **monitoring of RBSP**:
 - Serosurvey workshop
 - Crossborder simulation exercise
 - Workshop/trainings as required (component 2.4)

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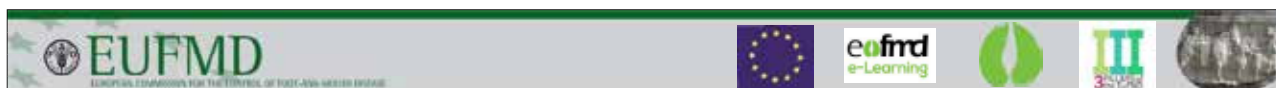


BACKGROUND and DETAILS

The main emphasis is given to development and implementation of RBSP monitoring system in TCC countries.

- Support to Armenia and Azerbaijan in RBSP development by EuFMD was recommended during WE Roadmap meeting (Almaty, April 2015). This was followed by requests of support directed to EuFMD from Azerbaijan and Armenia
- Regional approach (TCC) to monitor and manage FMD programmes (shared information and ideas)
 - TCC workshop on serosurvey design
 - Cross-border simulation exercise
 - Common trainings/workshops (to be planned in collaboration with 2.4)

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Achievements 2013-2015 and next steps

WEST EURASIA

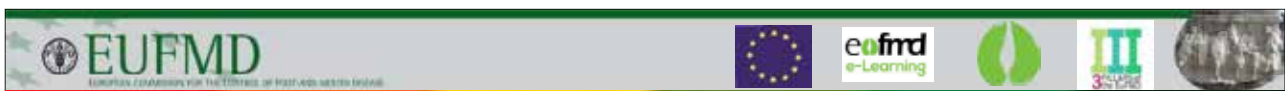
Main achievements 2013-2015

- ✓ West Eurasia Webinar series
- ✓ The "FMD Emergency Preparation Course" in Russian language (8 countries, 100 participants). In collaboration with ARRIAH (RF) and Kimron Institute (Israel)
- ✓ Real-time training course held in Erzurum, Turkey, in Russian and Turkish
- ✓ EuFMD support to OIE/FAO for W. Eurasia Roadmap meetings in 2014 and 2015.
- ✓ West Eurasia Database: – data on vaccination and outbreaks-Turkey, Georgia, Armenia and Azerbaijan (based on EMPRES-I)

Next steps 2015-2017

- ✓ **Support better information exchange:**
 - West Eurasia online network
 - FMD database
- Proposal: development of collaborative data collection and visualisation system*
- Support of West Eurasia Roadmaps (2016, 2017)
- ✓ **Development of regional expertise in epidemiology and laboratory disciplines**
 - Online courses
 - Webinars (**collaboration with component 2.4**)

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BACKGROUND AND DETAILS

Collaboration with Russian Federation: MoU has been signed between ARRIAH and FAO in 2015-to improve the surveillance and control of FMD in Russian Federation and the greater West Eurasia region

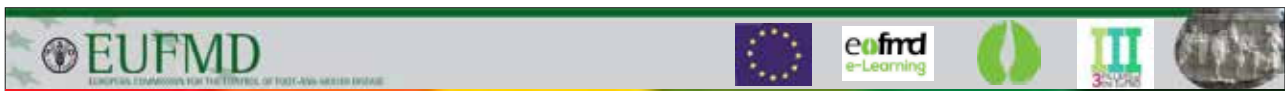


TransCaucasus technical workshop on FMD surveillance and control (Ankara, Turkey – 19-21 January 2015) : Proposal of TCC FMD project (ARRIAH)

Russian Ministry of Agriculture to FAO REU-request for support for the FMD project for Armenia, Tajikistan, Kirgizstan (May, 2015)

Proposal of joint mission to RF organised by FAO REU and FMD to discuss with senior representatives of veterinary authorities of RF the Russian Government assistance on FMD prevention and control for Tajikistan, Kyrgyzstan and Armenia; Russian counterparts on WE FMD Roadmap PCP; MoU and collaboration for training, CP and epi surveillance and networking

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West Eurasia Network

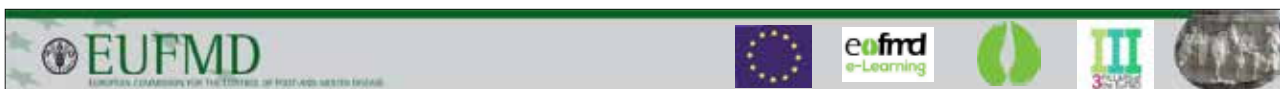
Creation on the basis of EuFMD e-learning website

Support of information exchange in WE

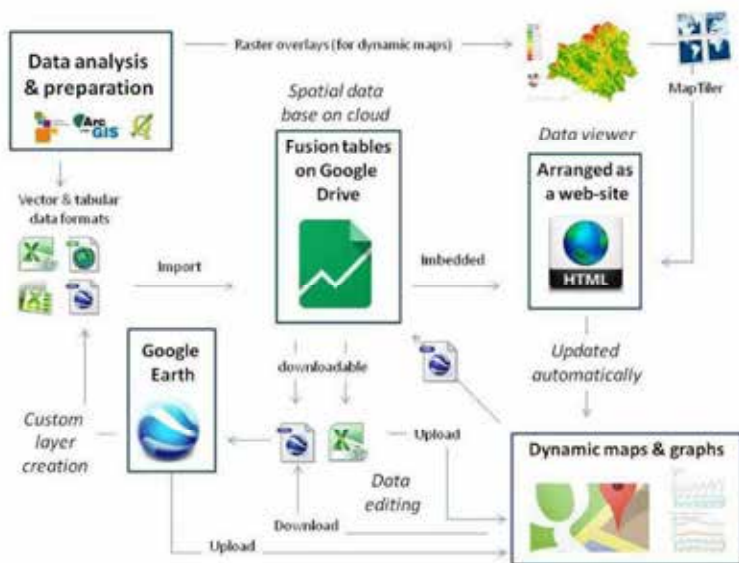


- Online meetings and webinars
- Information/experience share
- Forums
- Support WeiNet and EpiNet

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Collaborative data collection and visualisation system



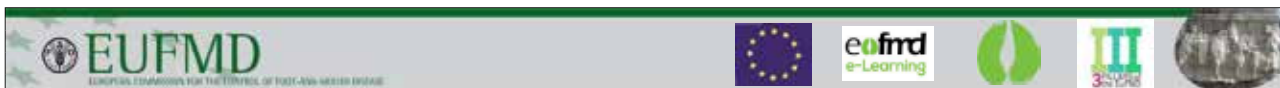
- Cost effective
- Adapted to collaborative data submission;
- Simple and User friendly and accessible from various internet connected devices;

Share of vaccination and FMD outbreak in the WE region

Georgia, Azerbaijan, Armenia, Turkey to be used as example for other countries in the region

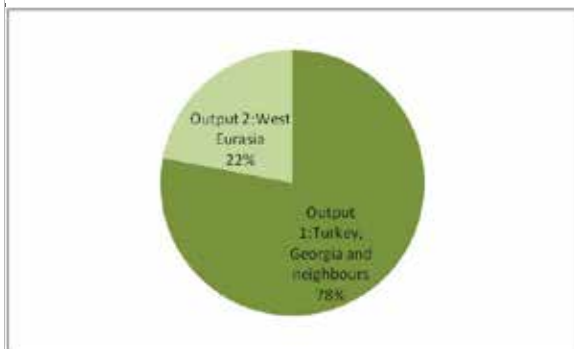
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Data could be uploaded by WE network members



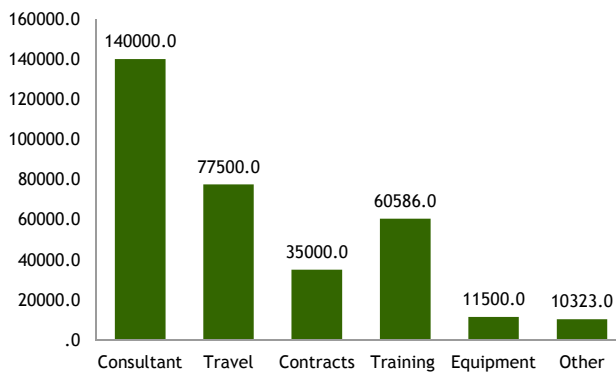
Budget

Proposed % use of funds on achieving each output

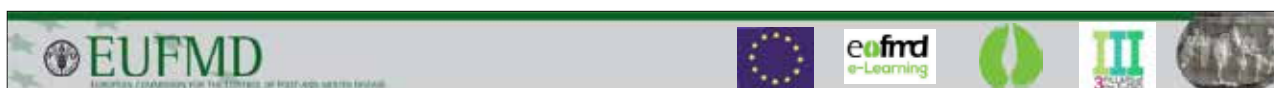


Budget: 334.909

Allocated budget



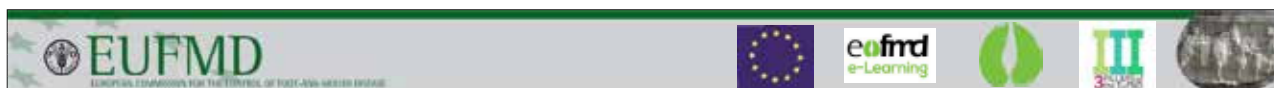
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Budget

Activities	Total per activity
Assist with development of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia	1.500
Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan	53.800
Assist with implementation of monitoring of RBSP and technical support for national epi-network in Turkey	36.000
Assist component 1.8 in meat price monitoring system	12.700
Deliver face to face trainings/workshops to Turkey, Georgia and neighbours in coordination with component 2.4	158.409
Support better information exchange between risk managers in the West Eurasia Roadmap countries	58.500
Development of regional expertise in epidemiology and laboratory disciplines	14.000

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Lessons Learnt from 2013-2015

Risk-based strategic plan development takes time. Developing a system of implementation and monitoring takes even longer

- new way of working
- full support and engagement of vet services essential
- need further development in data management and epidemiology capacity

However, in some cases the RBSP-approach has been fully embraced, and with leaders in the region it might get easier

- eg. in Georgia

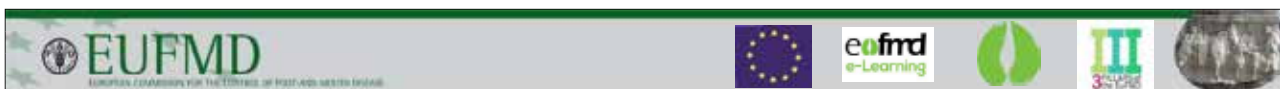
EuFMD can offer a platform for regional networking, information exchange and communication that is valued and not otherwise available

- webinars, training courses (online and in-person), meetings, workshops
- Regional information system
- needed to develop a coherent approach to FMD surveillance and control in the region

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Appendix 9

Remesa



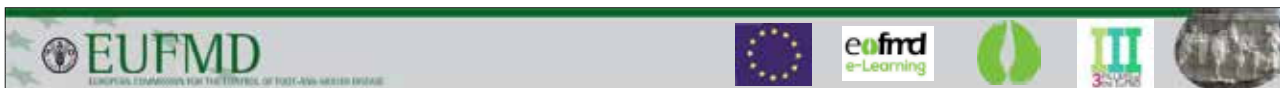
90th Executive Committee meeting of the EuFMD

Item: Component 2.3 – REMESA

Author: Fabrizio Rosso

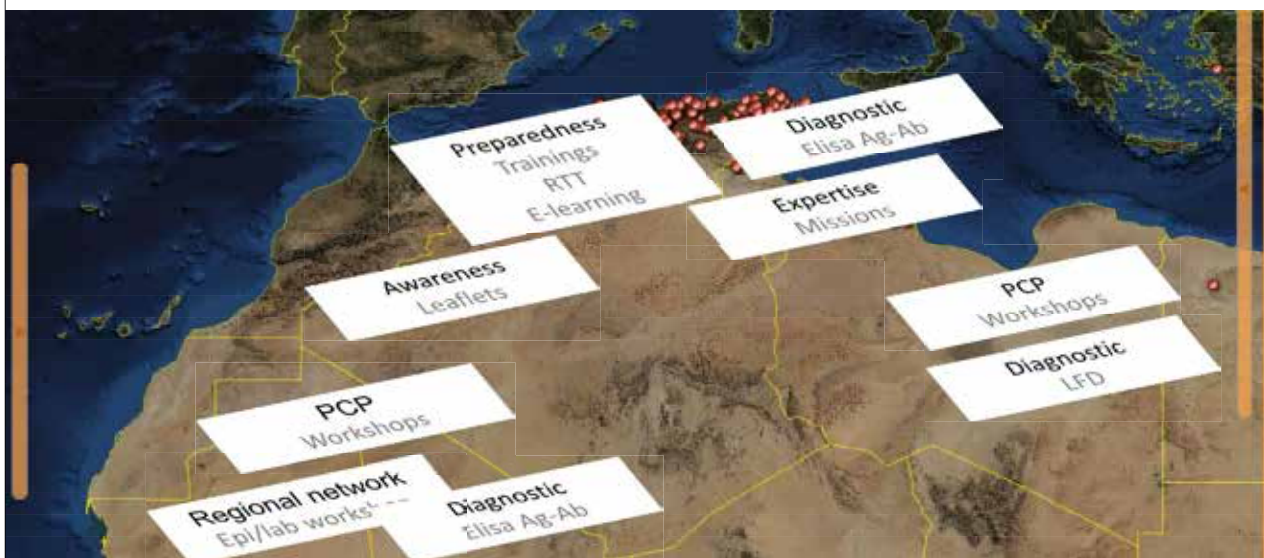


90 ExCom-Monza, 24-25 September 2015



Component 2.3 of EuFMD workplan

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



Activity 2013-2015





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















RESEAU Méditerranéen Santé Animale



Organisation des Nations pour l'alimentation et l'agriculture



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

***Foot and Mouth Disease Outbreaks in North Africa:
Towards a regional strategy based on lessons learnt***

Workshop
Rabat (Morocco), 24-26 August 2015



PURPOSE OF THE WORKSHOP

The purpose of the workshop is to reach a **common understanding** on the difficulties associated with the control of the FMD in 2014-2015, and to identify from “Lessons learnt” the **priorities for attention** for a REMESA Regional Strategy.








**Foot and Mouth Disease Outbreaks in North Africa:
Towards a regional strategy based on lessons learnt**

Workshop
Rabat (Morocco), 24-26 August 2015










The workshop started with brief presentations by all participating countries about the 2014 outbreaks and their current FMD situation.

The following subjects have been covered during the workshop :

- **Entry** of FMD infection
- **Silent spread** period
- **Control of the epidemic** during the first month post-outbreak
- **The long tail** of virus circulation
- **Recovery**

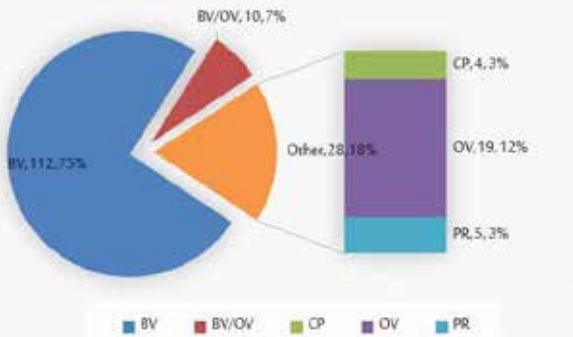


TUNISIA

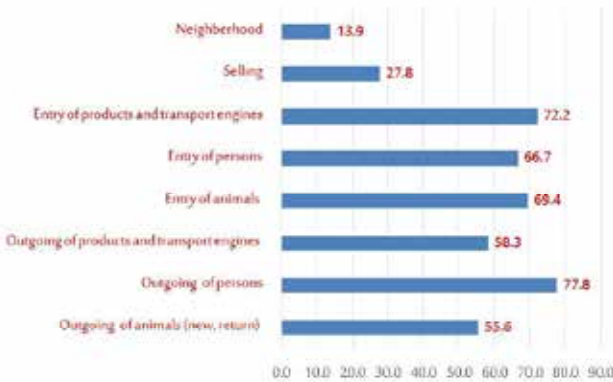
Bovine: 700,000
Small ruminants: 7,500,000

Outbreaks 2014 (April – Oct): 150



Category	Count	Percentage
BV	112	73%
BV/OV	10	7%
CP	4	3%
OV	19	12%
PR	5	3%
Other	28	18%

Origin of infection



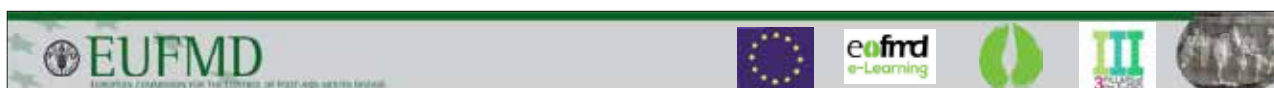
Category	Percentage
Neighbourhood	13.9
Selling	27.8
Entry of products and transport engines	72.2
Entry of persons	66.7
Entry of animals	69.4
Outgoing of products and transport engines	58.3
Outgoing of persons	77.8
Outgoing of animals (new, return)	55.6

Measures

- restriction on movements ;
- disinfection points in markets ;
- perifocal vaccination
- restriction on milk delivery;
- disinfection points at the exit roads

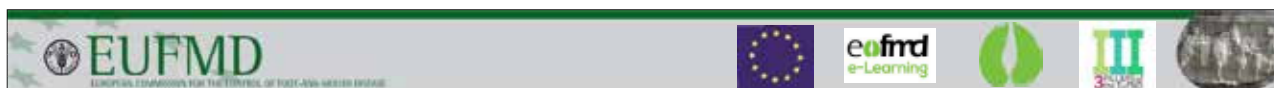
Main problems

- **No stop markets**
- **No compensation**
- **No complete vaccination coverage SR**



PRINCIPAUX RESULTATS DE LUTTE

Espèce animale	Année	Cadre	Période de réalisation	Effectif
Bovin	2013	Vaccination annuelle	Septembre-Décembre 2013	407,177
Petits ruminants	2013	Vaccination annuelle	Septembre-Décembre 2013	3,713,008
Bovin	2013	Vaccination annuelle rattrapage	Janvier-Mars 2014	44,809
Bovin	2014	Vaccination d'urgence	Avril-Aout 2014	599,975
Petits ruminants	2014	Vaccination d'urgence	Avril-Aout 2014	924,912
Petits ruminants	2014	Vaccination d'urgence	Septembre-Novembre 2014	3,325,686
Bovins	2014	Vaccination d'urgence	Septembre-Novembre 2014	91,687
Bovins	2015	Vaccination exceptionnelle	Janvier-mars 2015	576,700



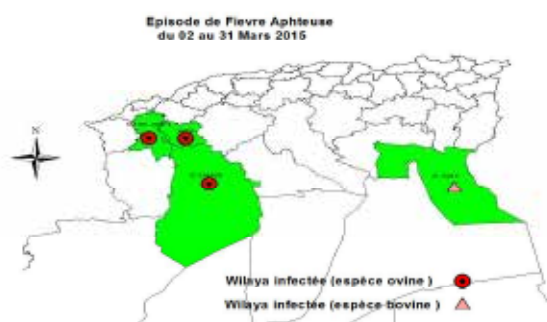
ALGERIA

Bovine: 2,000,000 (75% extensive / semi-extensive)

Small ruminants: 30,000,000 (80% extensive transhumance – 20% ext sedentary)

Outbreaks 2014 (Jul– Sept): 419 bovine

Outbreaks 2015 (Mar-Apr): 12 bovine (1) SR (11)



VACCINATION

- Avril – juillet 2014 (FA en Tunisie) : 818,129 Bv
- Juillet – Sep 2014 (FA en Algérie) : 948,205 Bv
autour des foyers et reste du territoire
- Novembre - Décembre 2014 : 1,341,718 Bv Territoire national
- Mai à juin 2015: 1, 370, 000 Bv + 1,207,207 Ov à El bayadh, Saida, Naama, SBA
- Prochaine campagne Novembre 2015.

Measures

Stop markets (infected areas and all country in '14)

Stop an. mov. (infected areas and all country in '14)







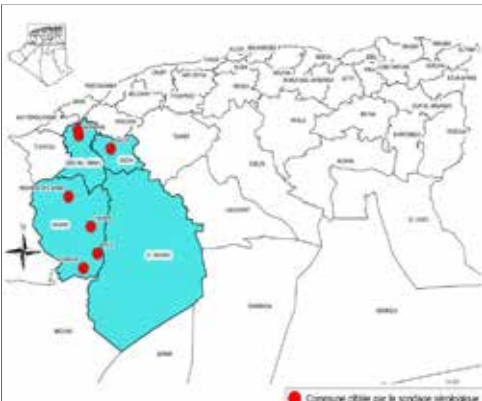
Culling with compensation









Awareness – media

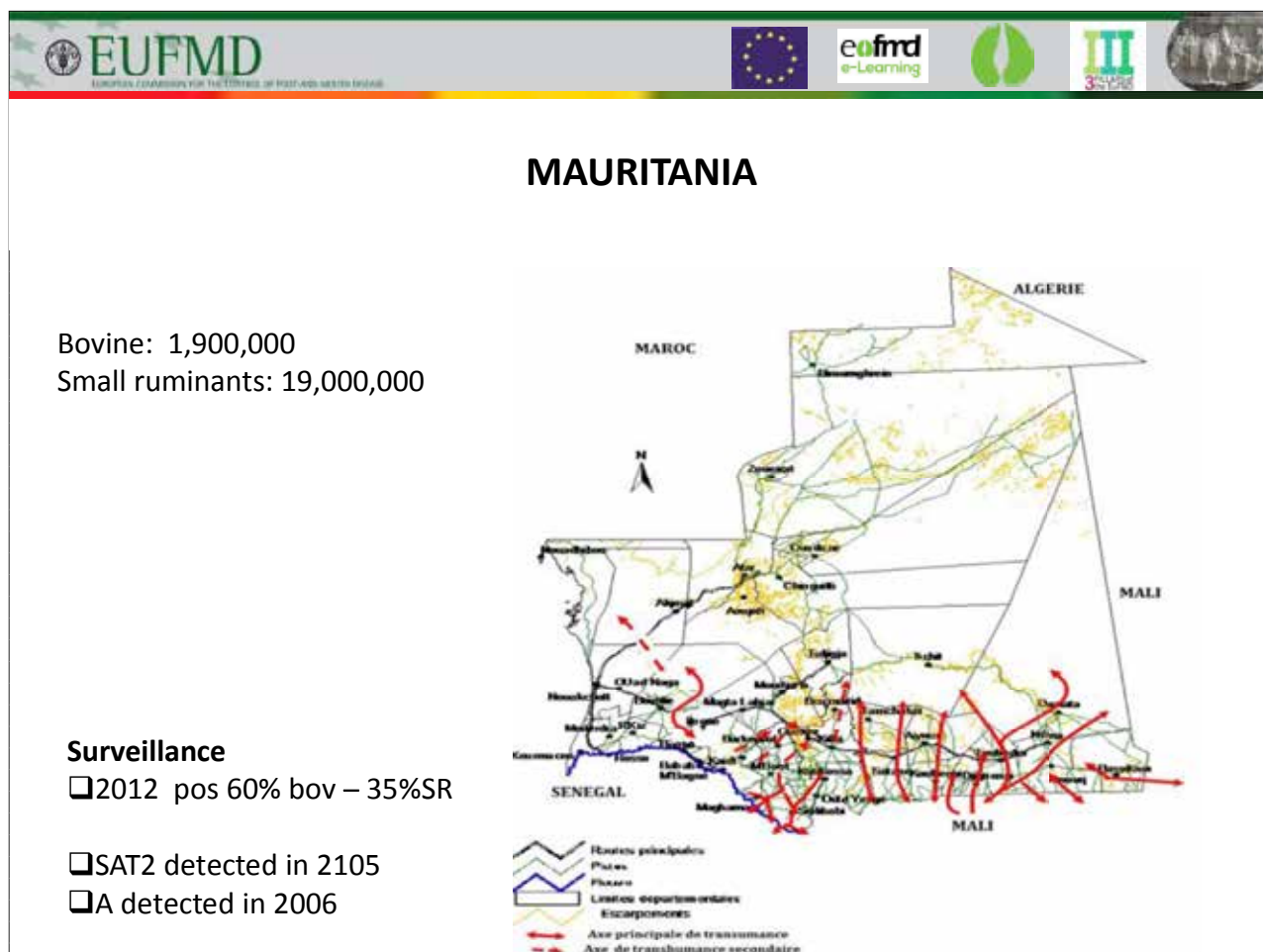
Security services involved

Main problems

- **No effective stop markets**
- **No effective stop an. movements**
- **Availability of vaccine**

     			
Surveillance			
2014	nr. 503 bovine	pos (0.8%)	vacc 61%
	nr 466 SR	pos (0.4%)	
2015 (around outbreaks)	nr 60 bov	pos (0%)	
	nr. 492 SR	pos (0%)	
2015 (Oct – foreseen)	nr. 2.660 bov		
	nr. 4.000 SR		
			

     	
MOROCCO	
Bovine: 3,000,000	
Small ruminants: 25,000,000	
	<p>VACCINATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2014 - 2,7 mln bov (Aug-Sept) in two steps <input type="checkbox"/> 2015 - 2,7 mln bov (Feb-Mar) <p>Surveillance</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2014 East border 439 SR <input type="checkbox"/> 2015 end of the year - foreseen
<p><u>Measures</u></p> <p><i>Ban introduction animals/products</i></p> <p><i>Border controls (animals/products)</i></p> <p><i>Awareness –media</i></p>	



Lessons learnt

Animal movements

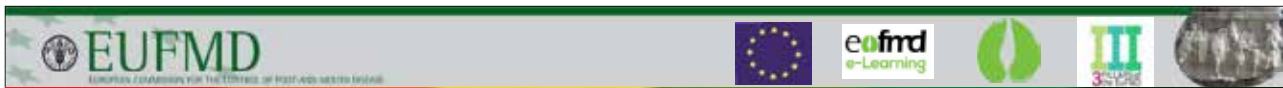
- Importance of reliable **animal identification systems**
- Importance **cross-border movements** regulated and well understood →
- Implementation of **movement control** by veterinary services

Epidemiology and surveillance

- The **statistical confidence** of the surveys to give evidence of absence of FMDV circulation
- Strong **regional elements** should be captured in the surveillance (risk based)

Communication

- Importance of **communication channels** established during “peace time”



Lessons learnt

Vaccination

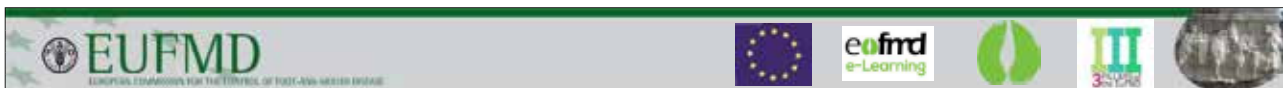
- Acquisition of **sufficient and proper vaccines**
- **Regional harmonization** of vaccination campaigns, based on a risk assessment

Resource mobilization

- From initial emergency response to a long-term prevention: need to secure **long-term human and financial resources**
- Importance of demonstrating **socio-economic impact of FMD** as support for the advocacy activities

Regional harmonization

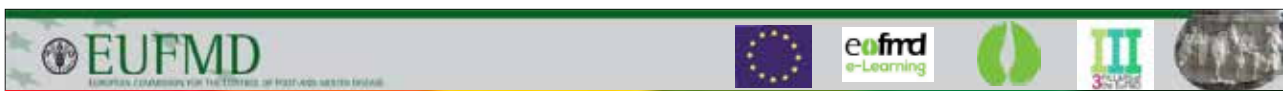
- **Regional coordination** is of particular interest for vaccination, movement control and surveillance
- **Risk assessment** for FMD spread in the region



Recommendations

IMPROVEMENTS on PREVENTION

- ✓ Strengthening of **cross-border animal movement control** regarding illegal introduction of animals and products.
- ✓ Continuation of **animal identification**, tracking and tracing of their movements.
- ✓ **Mapping** of animal movements, knowledge at regional level of transportation routes based on local conditions.
- ✓ Strengthening of **passive surveillance**
- ✓ Targeting active surveillance: **high risk** areas and periods
- ✓ Harmonization or implementation of a **regional surveillance strategy**
- ✓ Coordination by a **regional reference laboratory**
- ✓ Strengthening **cooperation between stakeholders**, awareness and training



STRENGTHENING of FMD CONTROL

Control and restriction of animal movements and effective closure of livestock markets during outbreaks,

Strengthening of **biosecurity** measures

Cost-benefit analysis

Implementation of proper **sanitary measures** in and around outbreak farms (confiscation and isolation of infected animals, stamping out, disinfection)

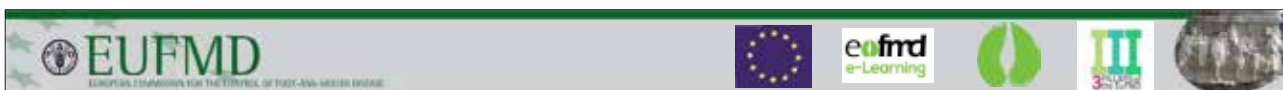
Financial support for necessary personal equipment (**PPE**) and culling facilities

Financial support for **compensation**

Establishing a **vaccine/antigen bank** at regional level with regional and international support (financial and technical)

Preventive vaccination and Emergency vaccination **preparedness**

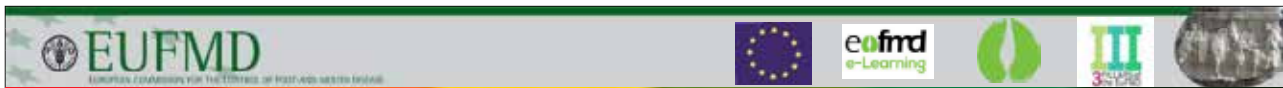
Development of **tools to assist** the design, implementation and evaluation of vaccination campaigns



Recommendations

STRENGTHENING of COMMUNICATION

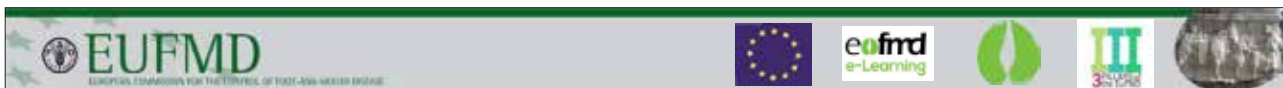
- ✓ **Strengthening coordination** among all partners
- ✓ Establishment of a **surveillance or communication committee** (national or regional)
- ✓ Creation of opportunities where professionals can exchange information
- ✓ Activation of the REMESA website to **exchange animal health information**
- ✓ Harmonization of technical communication media (support and technical expertise at national, regional and international level)
- ✓ **Creating awareness** among actors during peace time
- ✓ **Improving feedback** for experience



Recommendations

IMPROVING MOBILIZATION of HUMAN and FINANCIAL RESOURCES

- ✓ **Cost-benefit analysis of control measures** to justify resources and required financial means
- ✓ **Harmonization** of regulatory framework for measures and resources, regional and international support in the preparation of regulations
- ✓ **Good structure of veterinary services**, administrative and financial autonomy
- ✓ Establishment of a **regional animal disease fund** (national/regional)



Workplan 2015-2017

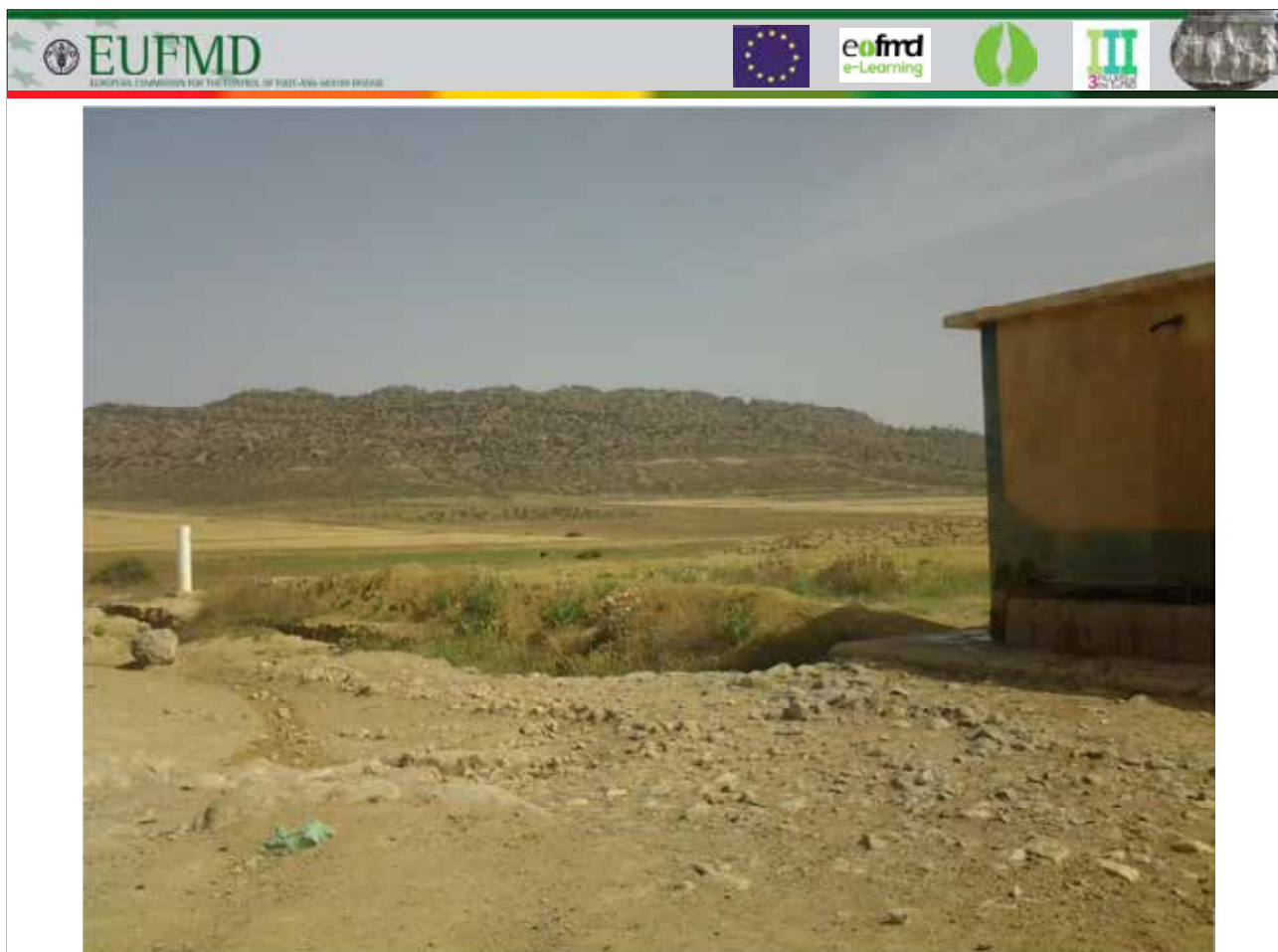
The workplan 2015-2017 is focused on improvement in **short and long term management** of the national FMD risk, with tangible indicators of **progression along the PCP Pathway**, towards OIE recognition of FMD freedom and a regional strategy for FMD control.

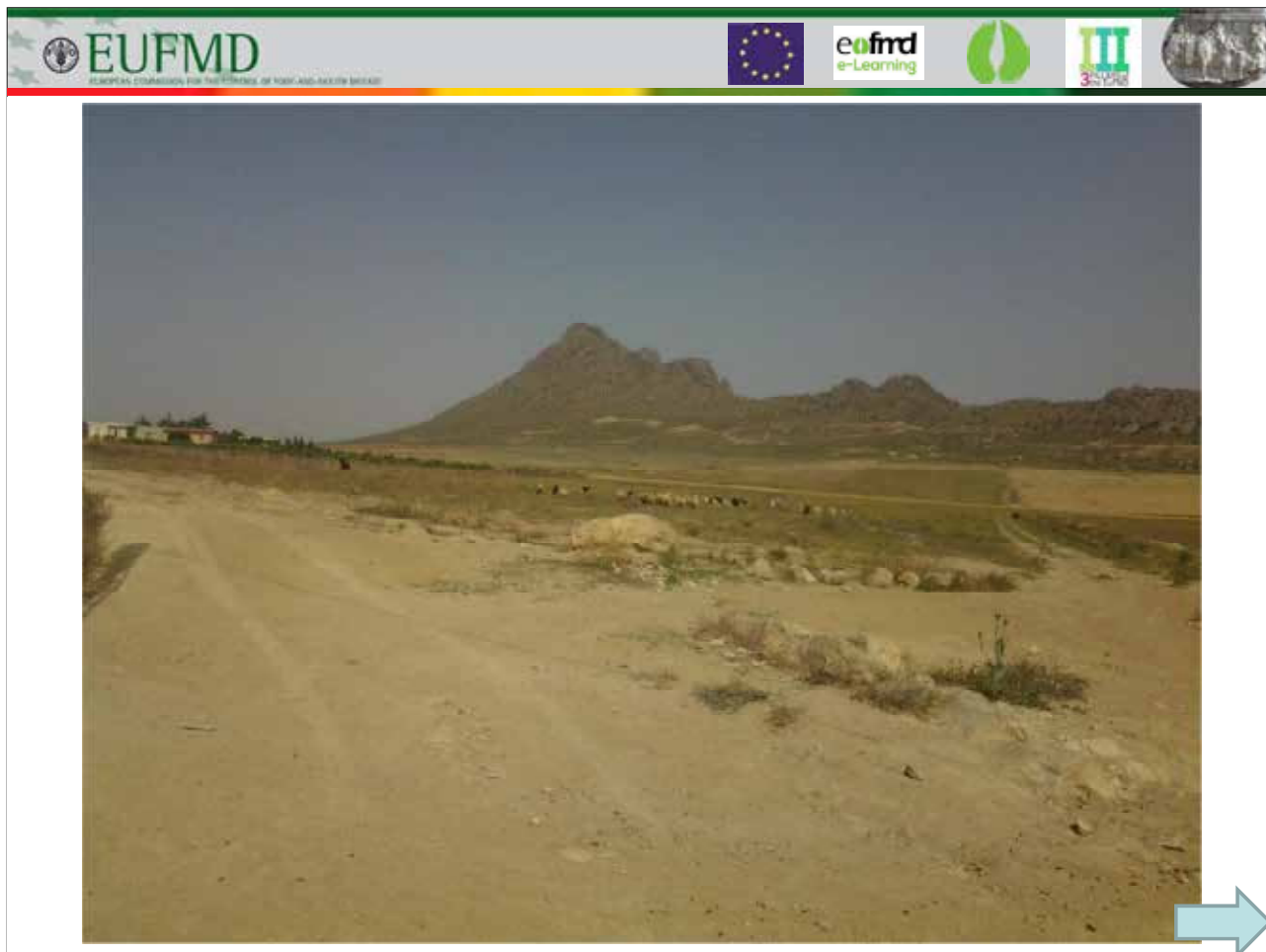
The programme is based on the support to:

- develop, adopt and implement **Risk Based Strategic Plans** for FMD control in Libya and Mauritania, and the capacity to achieve and maintain **PCP stage 4** in Morocco, Algeria, Tunisia;
- implement a **coordination framework** in order to facilitate communication, review and guide upon activity implementation at national and regional level,
- create a system to improve availability of disease **risk information** for planning of surveillance, control and **vaccination programmes**, and developing **vaccine banks**.

All the activities and the related outcomes can help to provide information to **support analysis of risk** of FMD incursions into the **European neighbourhood**.

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





Appendix 10

Training and Technical networks

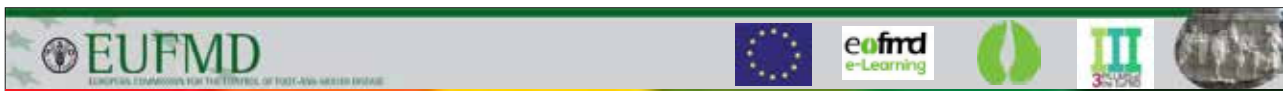


90th Executive Committee meeting of the EuFMD

Item: Training and Technical Networks

.....
Jenny Maud

90 ExCom-Monza, 24-25 September 2015









Outline

- 1) Component 1.1 during Phase III
- 2) Activities under Component 1.1 last 6 months
- 3) Training strategy for Phase IV
- 4) Technical networks
- 5) Component 1.1 in Phase IV

(Training and networks in Pillars II and III- will also be covered by
Chris Bartels)



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Component 1.1

1.1 Real Time Training - Contingency Plans and Decision Support Training


OBJECTIVE: To improve the ability of Member States (MS) and Europe as a whole to respond to a FMD incursion, through developing a cadre of European experts in FMD crisis management, and improving the use of decision making tools by managers in contingency planning and outbreak response.

OUTPUTS (EXPECTED RESULTS):

1. System in place whereby MS use **training credits** system to ensure training needs are addressed through a demand-driven training program;
2. Improved MS capacity to recognise, respond to and manage FMD through provision of **training programs** on clinical recognition, outbreak management and CI, and improved use of mobile/OS2 to support managers;
3. Infrastructure for **learning and knowledge transfer** in place, including e-learning, training resources and staff support.




1. Training Credits System




Training credits spent: 10%

Training credits allocated to upcoming courses: 85%


Training credits remaining: 15%




2. Training Courses









Real Time Training
(10 courses)



Modelling workshop
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e-Learning
4 courses (100 each)
and more soon!


Component 1.1

1.1 Real Time Training - Contingency Plans and Decision Support Training

OBJECTIVE: To improve the ability of Member States (MS) and Europe as a whole to respond to a FMD incursion, through developing a cadre of European experts in FMD crisis management, and improving the use of decision making tools by managers in contingency planning and outbreak response.


OUTPUTS (EXPECTED RESULTS):


1. System in place whereby MS use **training credits** system to ensure training needs are addressed through a demand-driven training program;
2. Improved MS capacity to recognise, respond to and manage FMD through provision of **training programs** on clinical recognition, outbreak management and CI, and improved use of mobile/OS2 to support managers;
3. Infrastructure for **learning and knowledge transfer** in place, including e-learning, training resources and staff support.





3. Infrastructure


Webinars now used across EuFMD's 3 pillars







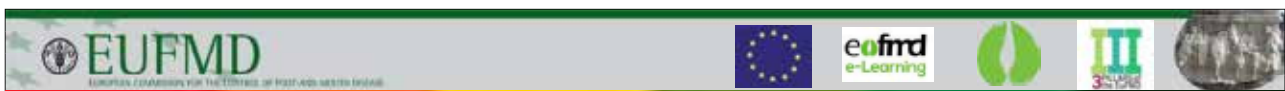




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E-learning courses:

- Induction and refresher training
- Standalone e-learning courses (FMD Emergency Preparation Course)
- Translated into all EU languages (courtesy of EC)



Highlights of the last 6 months

Online FEPC courses in UK, Spain, (Algeria, Balkans)

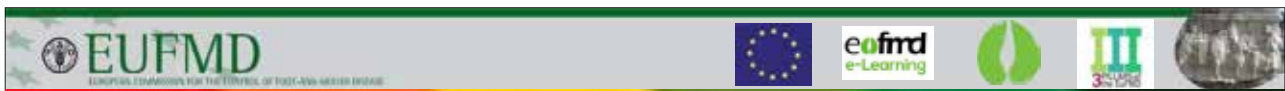
Benefits of national FEPC courses:

- National language
 - Include contingency plans and SOPs
 - Enable communication between different “layers” of the veterinary service
 - Test contingency plans
- High number of trainees

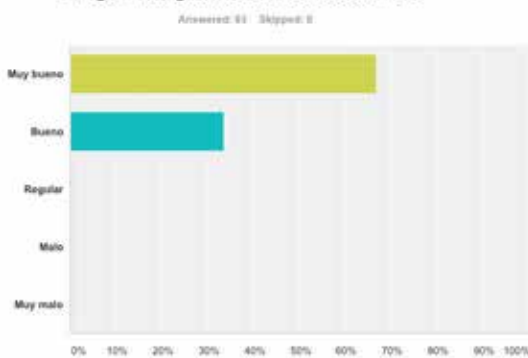
National training initiatives- Italy, Germany, Sweden etc



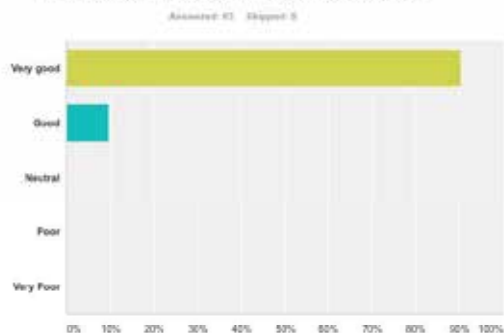
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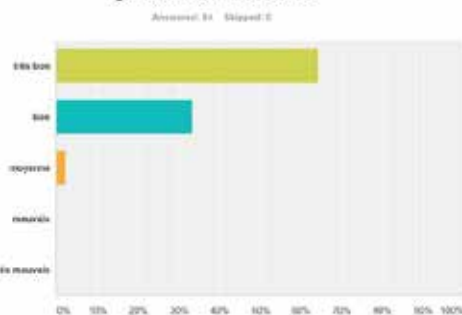
En general, ¿cómo evaluas este curso?



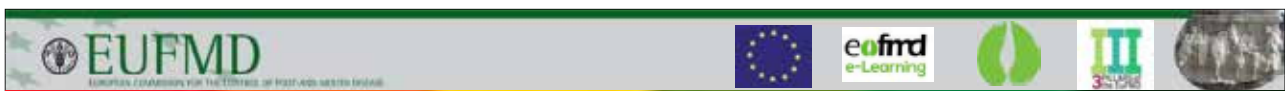
How do you rate this online course overall?



Quelle note donneriez-vous à ce cours en ligne dans son ensemble?



.....88



Highlights of the last 6 months

Interest in national training initiatives

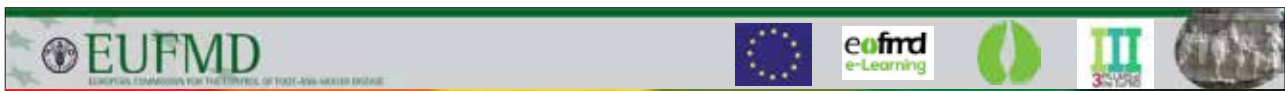
Sweden: e-learning to assist cascade by RTT trainees

Italy: national cascade



Germany: in-country combined RTT

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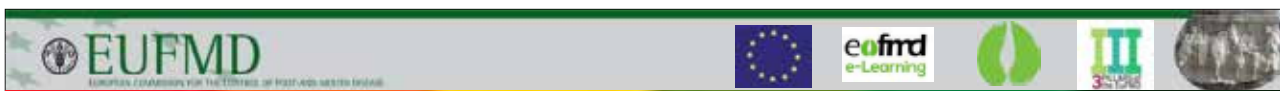


EuFMD training strategy

- Many of EuFMD's activities are training and training is a crucial part of capacity building.



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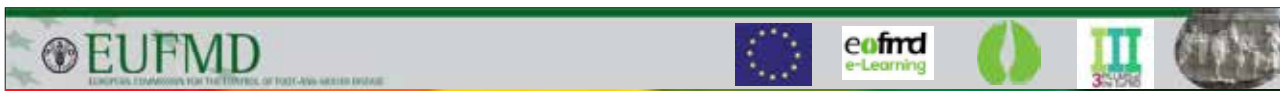


EuFMD training strategy

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- Audiences can be grouped by their requirements and resources shared between these groups (language, free/endemic, PCP stage, region, virus pool)



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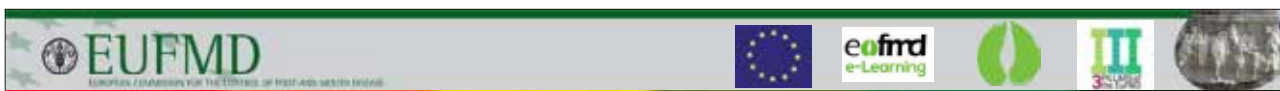


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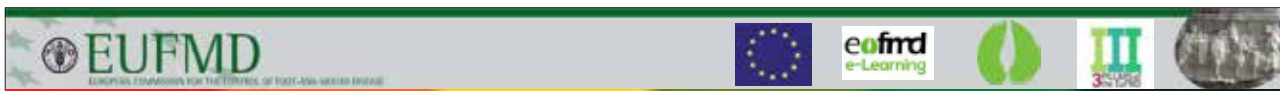


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- Development costs higher than delivery-efficiency in harmonisation



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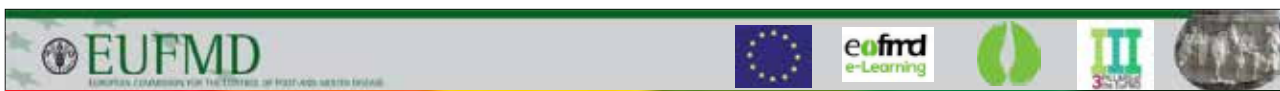


EuFMD training strategy

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- Audiences can be grouped by their requirements and resources shared between these groups (language, free/endemic, PCP stage, region, virus pool)
- E-learning can reach large audiences, break down language barriers, deliver training cost effectively, **but it isn’t the only answer!**
- Development costs higher than delivery-efficiency in harmonisation
- Ensure quality and impact of training



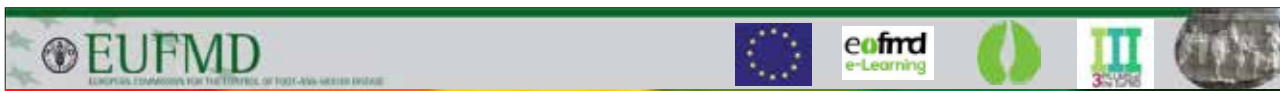
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New training components



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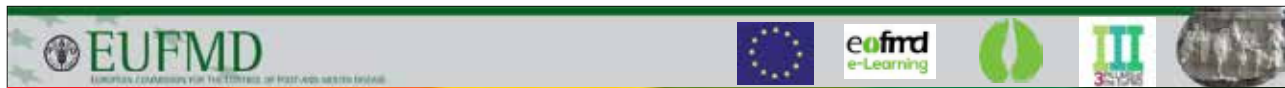
Needs based training

All training will be based on needs assessment:

- Avoid picking training courses from a menu
- Look first at what the capacity building needs of the country are, and base training on these needs
- What is EuFMD best placed to deliver?

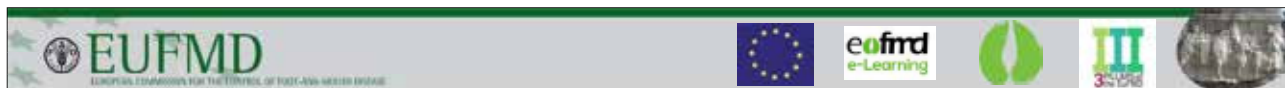


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Monitoring and evaluation

- Were training objectives met?
- Has the training had an impact on FMD control? (more difficult to evaluate)





Efficiency


Infrastructure: staff; e-learning website and knowledge bank design and maintenance; webinars software and support; needs assessment; monitoring and evaluation framework





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













Efficiency

Infrastructure: staff; e-learning website and knowledge bank design and maintenance; webinars software and support; needs assessment; monitoring and evaluation framework


Pillar I	Pillar II	Pillar III
<div style="background-color: #90EE90; padding: 10px; border: 1px solid black;"> <p style="text-align: center;">Component 1.1 develop courses and resources including:</p> <ul style="list-style-type: none"> Online FMD Emergency Preparation Course Real Time Training Modelling as a Decision Support Tool <p>New course possible:</p> <ul style="list-style-type: none"> Vaccination issues Simulation exercise design Risk Based Surveillance </div> <div style="background-color: #90EE90; padding: 10px; border: 1px solid black; margin-top: 10px;"> <p>Other Pillar I components: Experience and materials, for example from Balkans or Thrace programmes</p> </div>		





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








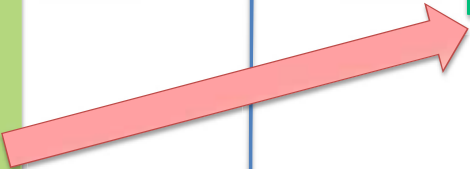




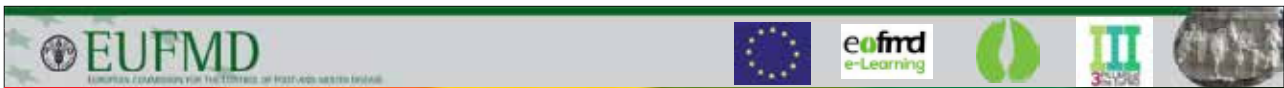
Efficiency

Infrastructure: staff; e-learning website and knowledge bank design and maintenance; webinars software and support; needs assessment; monitoring and evaluation framework

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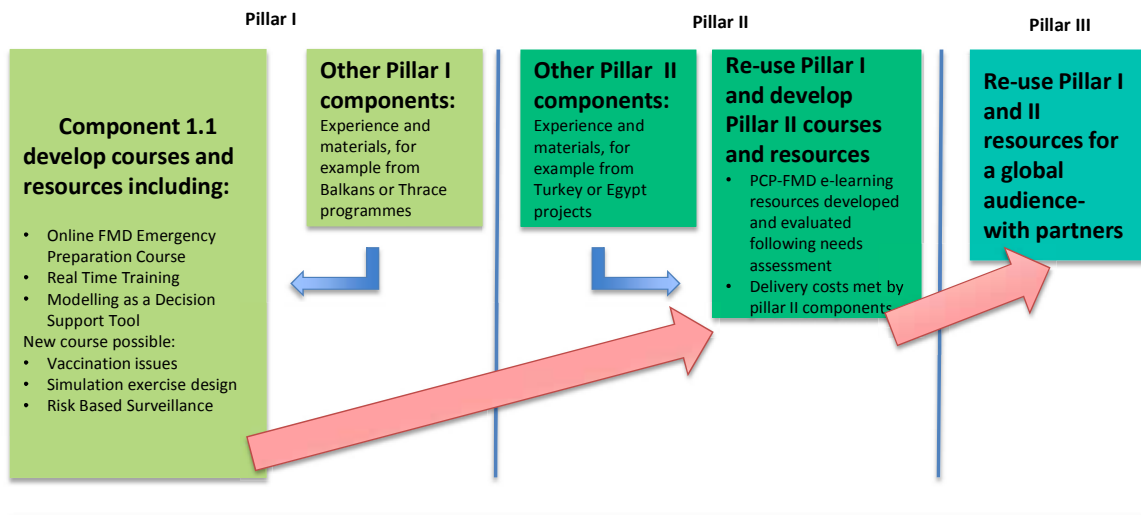



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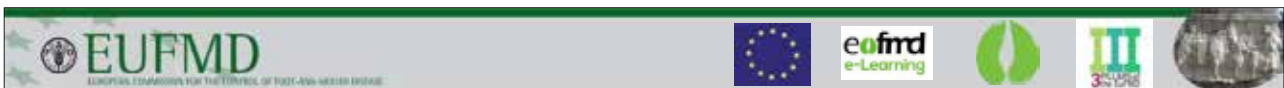


Efficiency

Infrastructure: staff; e-learning website and knowledge bank design and maintenance; webinars software and support; needs assessment; monitoring and evaluation framework

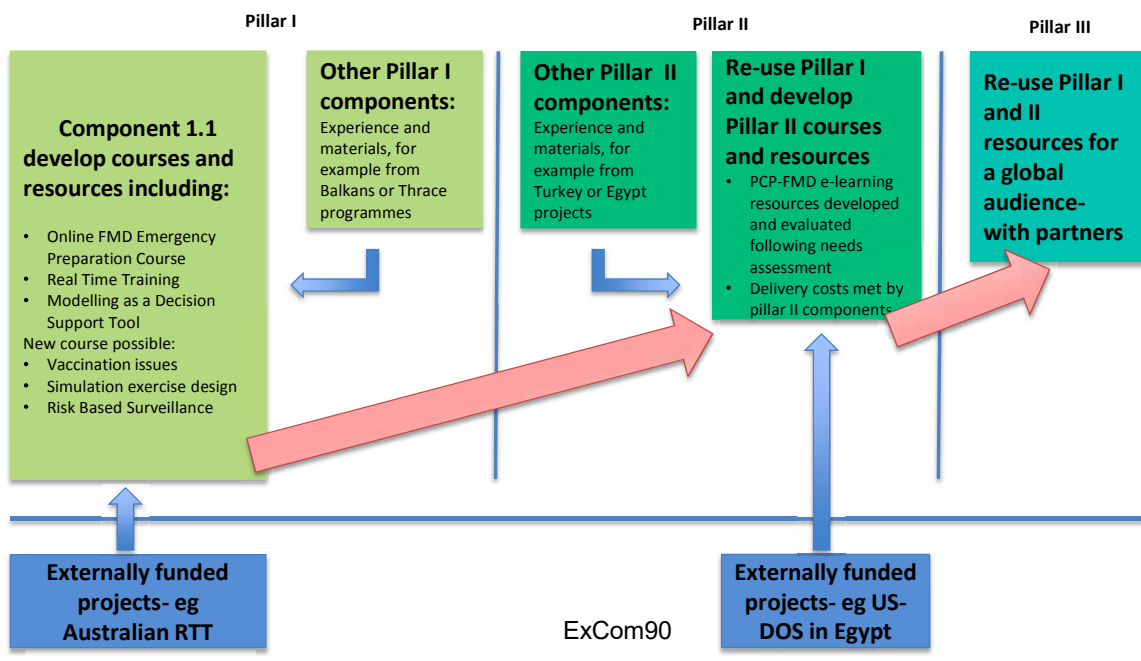


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Efficiency

Infrastructure: staff; e-learning website and knowledge bank design and maintenance; webinars software and support; needs assessment; monitoring and evaluation framework

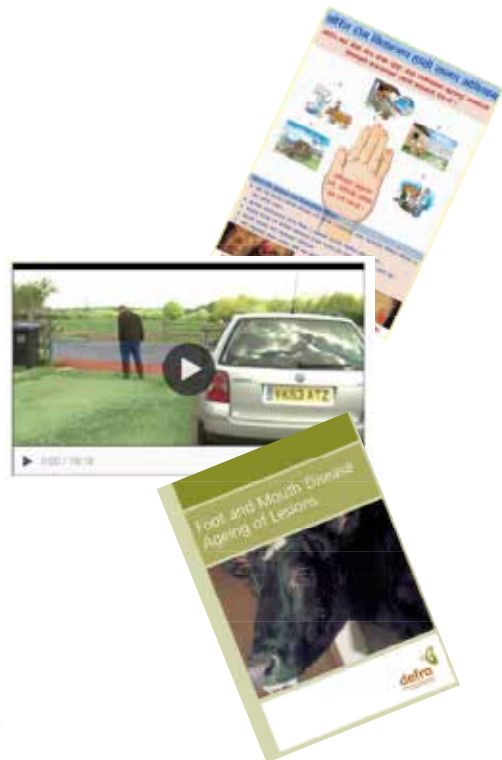
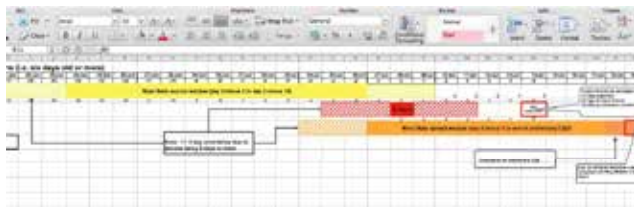


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Tools as well as training: equipping national veterinary services

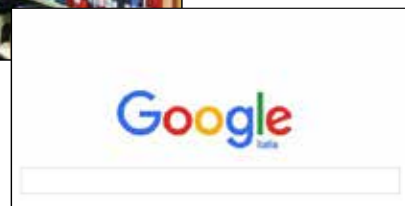
- Tools, resources, job aids
- Cascade training: Increasing train the trainers focus for Real Time Training- but trainers need tools, support and motivation



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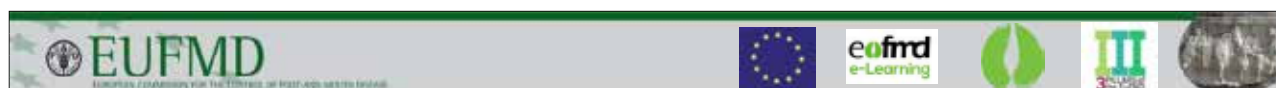
Infrastructure



Open access parts of e-learning site

Knowledge bank

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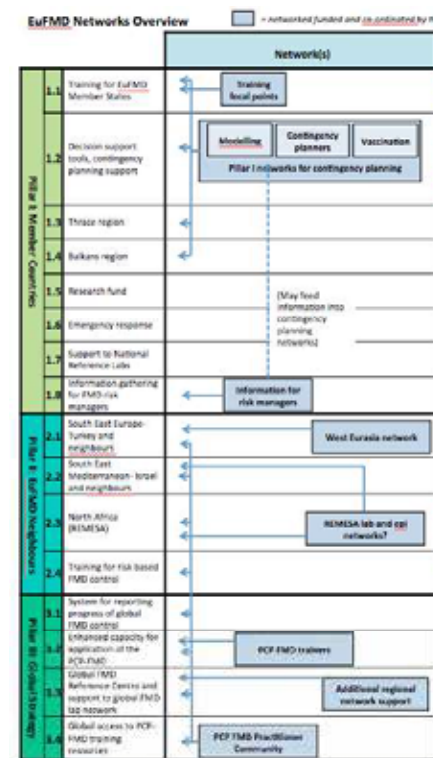


Networks

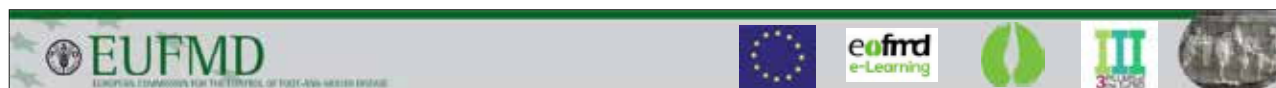
Networks featured in many areas of the work programme

Some common features:

- Two way process- knowledge, information and experience flowing both ways
- Where possible support existing networks
- Use technology
- Networks under pillar I- Contingency, Modelling, Vaccination
- Chris will cover pillars II and III



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Component 1.1 2015-17

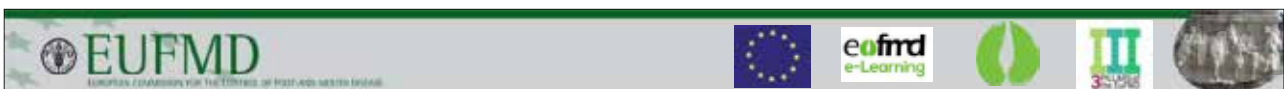
Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.

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

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Component 1.1 2015-17

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

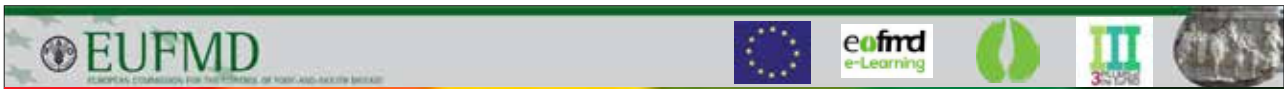
Continue credits system with improved strategic selection of courses and needs assessment

Member state to cascade appropriate public and private animal health training and knowledge transfer in place, 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

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Component 1.1 2015-17

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 provide training and learning on FMD control to their public and private services supported by infrastructure for learning, including e-learning, training resources and staff support

Develop new courses on demand- simulation exercises, risk based surveillance, vaccination issues

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

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Component 1.1 2015-17

Increased European expertise in FMD control and quality of national FMD preparedness

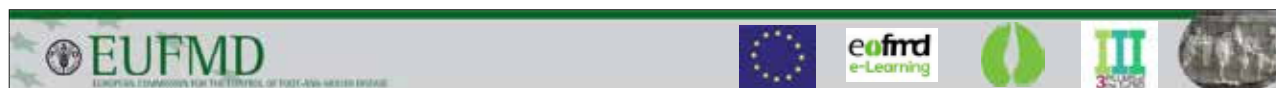
Support national training in order to reach wider audiences- resources, advice, knowledge bank, train the trainers, e-learning

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

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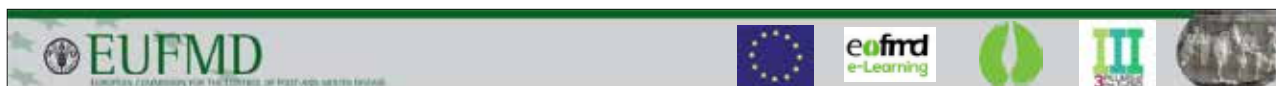
Component 1.1 2015-17

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

Current funds allocated to training are slightly lower than in 2015-17 (415,000 vs 482,000, 1100 EUR per TC), but more funding from outside EC funds. Costs of RTT courses are higher, due to exchange rate with USD.

Options:

- (Reduce number of TC allocated per country)
- Increase RTT to 4 TC per place, each country gets 10 TC
- Increase funding to 1.1 at this stage- to the detriment of other activities
- Continue with current levels, seek cost saving in courses, emphasising cascade element of RTT and re-assess



Summary

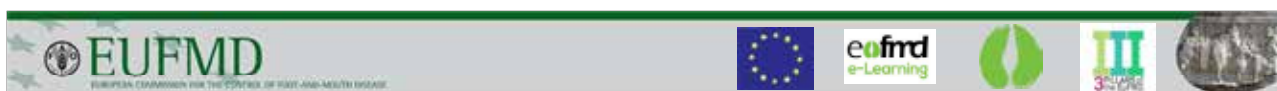
- **Needs based training**
- **Focus on training that EuFMD is uniquely able to provide**
- **Practical, applied training**
- **Interactive training, using technology where appropriate**
- **Tools as well as knowledge**
- **Equip national trainers**
- **Efficient re-use of training materials across programme**
- **Monitoring and evaluation, accreditation, certification**



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Appendix 11

Reference laboratory services



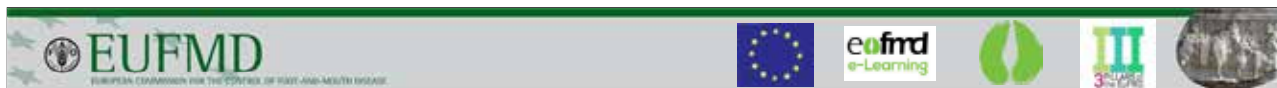
Pillar 3

Proposed Plan for Component 3.3

Component Objective:
Improved international FMD reference laboratory services and their contribution to regional epidemio-surveillance networks

Donald King and Kees van Maanen

www.pirbright.ac.uk

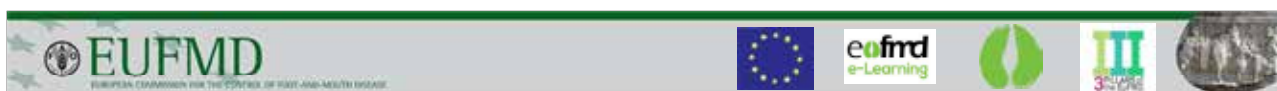


Management team:

<i>Role</i>	<i>Name</i>	<i>Status</i>
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	Gwenaelle Dauphin	Lab Unit co-ordinator, FAO
Excom oversight	TBC	Executive Committee



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To accomplish this objective the following targets (with aligned **activities**) have been set:

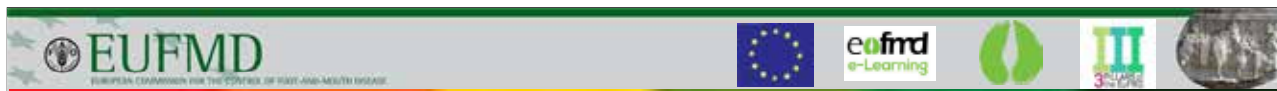
3.3.1: Co-ordination of international harmonisation in methods and support activities by the OIE/FAO global FMD laboratory network

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

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

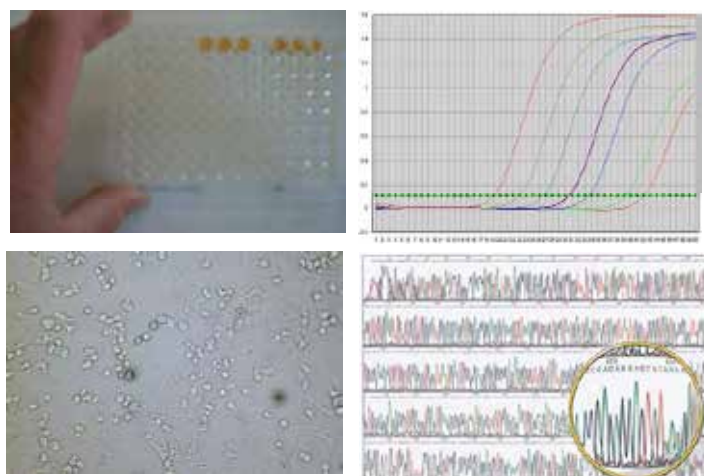
3.3.4: Support for a global proficiency test scheme, to include 19 laboratories in the global network

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Activity 3.3.1:

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



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Coordinating Global Networks

OIE/FAO FMD Laboratory Network



OIE/FAO
Foot-and-Mouth Disease
Reference Laboratories
Network



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- Secretariat for the OIE/FAO FMD Lab Network
- OIE and FAO Reference Centres (+ affiliates)
- Annual meeting (Brussels, November 2015) and report
- **Global surveillance and changing patterns in risk pathways**

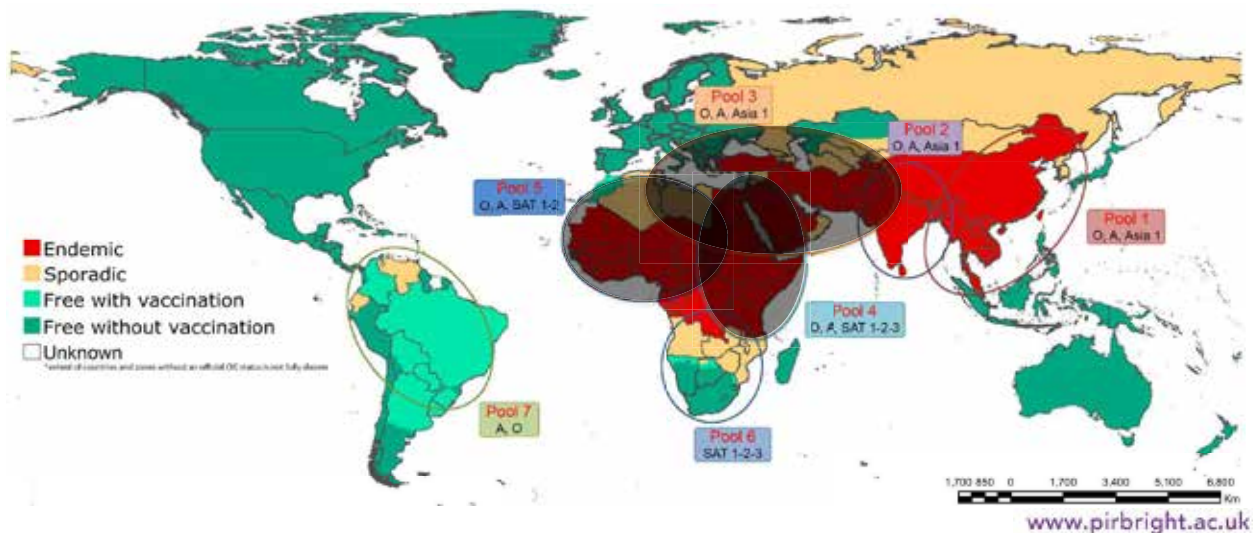


Brescia, Italy – November 2014

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Activity 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



- Sample collection and shipment to international reference laboratories (3.3.2.3 and 3.3.2.1)
- Provision of diagnostic kits for local use (3.3.2.4)
- Training and supervision (Pools 4 and 5) – 3.3.2.2
 - Supporting activities:
 - OIE Twinning (WRLFMD with NAHDIC Ethiopia) – 2015-2018
 - OIE Twinning (CODA-CERVA with NVRI, Nigeria)
 - IZSLER and ANSES with North Africa
 - WRLFMD and IZSLER engagement with Egypt (vaccines, sequencing and diagnostics)
- Combining these initiatives and EuFMD resources to sustain regional Networks in (West Eurasia, West Africa, East Africa) Pools 3, 4, 5

Activity 3.3.3:

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

FLABC – Lab courses

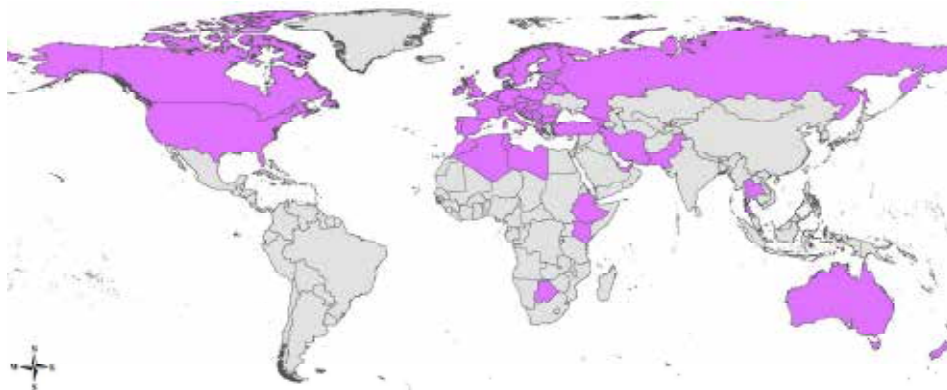
- Assessment of Lab and Network status in Pools 3, 4, and 5
- New eLearning content designed and delivered
 - Relevant FMD laboratory tests including pitfalls and trouble-shooting, biosafety, sample archiving, laboratory management, quality systems etc.
- Links with on-going initiatives at WRLFMD to develop diagnostic modules for training purposes

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Activity 3.3.4:

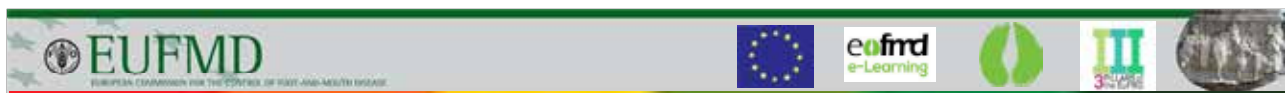
Support for a global proficiency test scheme, including distribution to 12 global network labs and follow-up activities (managed by WRLFMD, 2 cycles)

- Reported in 2014



- 56 countries worldwide

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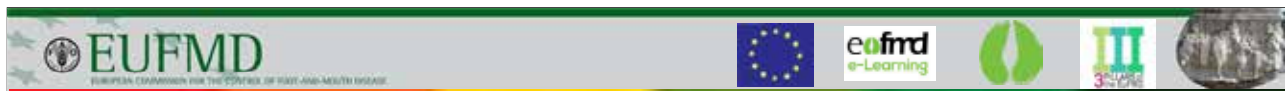


- Proficiency testing scheme (PTS)
- NRLs from all EU member states must participate
- Intra-laboratory equivalence testing
- Infectious and non-infectious sample panels

- To assist EU and other National FMD Laboratories to develop/improve accurate and reproducible FMD diagnostic tests
- Quality assurance programme requirements to support ISO/IEC 17025
- Feedback (reiterative improvements to assays)

- Covers SVDV* as well as FMDV
 - *From Jan 2015 the EU will not support an EU-RL for SVDV

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Real-time information exchange and communication

- Central to coordinated surveillance and FMD control

Reports:

- EuFMD Monthly
- WRLFMD Quarterly
- Annual Network

Databases:

- WAHID/Empress-I - Outbreak and epidemiological data
- Sequence databases and tools

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www.fao.org/eufmd.html