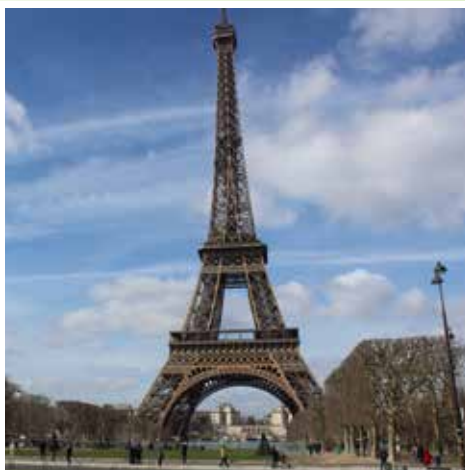




Food and Agriculture
Organization of the
United Nations



PARIS 3-4 OCTOBER 2019



Report Appendices

98TH SESSION
OF THE EXECUTIVE COMMITTEE
OF THE EUFMD COMMISSION

Report Appendices

98TH 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

Agenda

98th Session of the Executive Committee of the EuFMD 3-4 October 2019 Paris, OIE Headquarters

Please note that the two documents provided are set of meeting documents, and the EuFMD workplans for Phase V workplans (for approval under Items 6 to 9).

A combined meeting of the Standing Technical and Special committees was held on the 24-25th September) with the presence of at least five training focal points from the MS. Where the agenda indicates (+Reviewer), feedback from that meeting will be circulated to you.

Dinner: You are invited to a dinner kindly hosted by France, on the evening of the 3rd October.

Documents and logistics

Logistics and documents are on the **App**, downloadable here.

IOS: <https://itunes.apple.com/us/app/eufmdevents/id1439596855?ls=1&mt=8>

ANDROID: <https://play.google.com/store/apps/details?id=com.digivents.eufmdevents>

To access the Executive Committee documents, please insert **your email** as **username** and type the **password: eufmd**

IOS



Android



To download the app on your desktop : <https://m.digivents.net/event/930>

Please let me know if you would like a hard copy of the documents to be made available at the meeting.



Thursday 3 rd October 2019				Document
13.30	1	Welcome & Adoption of the Agenda	Chair	
	2	Report on EuFMD activities since the 43 rd General Session	K. Sumption	Item 2
	3	FMD situation - Global and Regional	WRL & ANSES	-
		Other FAST diseases -current situation in the European neighbourhood	OIE	-
	4	EuFMD Phase V Work Programme Objectives <ul style="list-style-type: none"> Expected Results and Indicators Measurement system for changes in risk of FAST diseases 	K. Sumption STC/S. Zientara	GAF
15.00	Break			
	5	Co-ordination in planning and arrangements: Phase V Work Programme. <ul style="list-style-type: none"> Pillar I , II and III Operational co-ordination (Standard procedures) Technical Committees Communication Plans 	K. Sumption; F .Rosso N. Rumich	Grant Application Fund (GAF)
	6.	Approval of the Work Plans		
	a)	Improved Preparedness Components (1.1, 1.2, 1.4, 1.6)	M. de la Puente (+reviewer)	Pillar I Work plan
	b)	Vaccine Security components (PPP Cluster)	K. Sumption (+reviewer)	Pillar I Work plan
	c)	Integrated risk analysis and communication (Early Warning Cluster) (1.7)	F. Rosso (+reviewer)	Pillar I Work plan
Friday 4 th October 2019				
8.30	7	Approval of the Phase V Work Plans: neighbourhood and global		
	a)	Pillar II Work Plans: support to better integration of surveillance and control of FAST diseases (Pillar 2, with review from SCSAR surveillance group)	F Rosso (+reviewer)	Pillar II Work plan
	b)	PCP progress cluster <ul style="list-style-type: none"> Actions in the European neighbourhood PSO system and associated support to the GF-TADS Global Strategy 	F. Rosso, (+ reviewer)	Pillar II Work plan
10.00	Break			
10.20	8	Support to the GF-TADS Global Strategy: reference laboratory support to global surveillance and vaccine selection	K. Sumption (+ reviewer)	Pillar III Work plan
	9	Capacity Building for Progressive Control <ul style="list-style-type: none"> Virtual Learning Programme and cascade capacity building through regional Hubs 	K. Sumption (+ reviewer)	Pillar III Work plan
	10	Synergies in the FMD and PPR Global Programmes and their implications for the future EuFMD programme of support	GF-TADS	
	11	Fund for Applied Research – Report and Proposed Priorities <ul style="list-style-type: none"> Report on funded projects (Phase IV) Priorities identified by the STC and SCSAR for Phase V 	EuFMD/TBD STC/S. Zientara	Not available
1200	Break			
1215	12	STC report – plan for the SC Biorisk Management and future Technical Closed and Open sessions	STC/S. Zientara	NA
	13	Financial and Administrative Reports <ul style="list-style-type: none"> Administrative Fund (011) Emergency and Training Fund (004) 	K. Sumption EuFMD	Under Item 2
	14	Any other business	Chair	
13.30	Close/Lunch			

Appendix 2

Report on EuFMD Activities

Item 2

Report on Activities of the Secretariat: April 2019 - September 2019

SUMMARY

In the five months since the 43rd General Session in Rome in April 2019, the Secretariat has had two major objectives:

1. The completion of the last six months of the biennium work programme and the overall Phase IV (2015-19) programme agreed with the EC, and all associated subcontracted actions involving partners by the 30th September 2019;
2. The planning in detail of the Phase V programme, for each Pillar and Component, the consultation on these with partners, and intense work of internal clearances and drafting documentation needed for the contractual procedures between FAO and DG- SANTE.

The follow- up to the Session report is given in **Annex 1**.

In relation to the disease risk situation, the Secretariat and the Pillar I team were on high alert in July- August 2019 as the timing this year of the major festivals (kurban bayram / eid) was a significant concern. Historically, these events in summer has been associated with entry of relevant disease into Thrace region and to Greece. It is with relief to note that the situation appears well managed in Turkey, with no evidence of an upsurge of FAST (FMD and similar transboundary) disease cases in Anatolia or evidence of overspill into the Thrace region. However, further cases of FMD serotype O (EA- 3) did occur in July in Morocco, and in Israel (of unrelated O PanAsia 2). This reminds us that the European neighbourhood has several unconnected epidemics that continue to circulate, at a time when there is significant additional human movements to and from European Member States (MS) to these regions.

The work to complete the actions agreed under the last 24 months of the Phase IV programme has been intense. The objective was to complete almost all of these by the end of July, enabling August and September for some respite and for the work to plan the new Phase V programme. Therefore, a rolling presence of senior team members was used with “fresh leaders” from mid- August for Pillar I and III. In addition, recruitment processes have been followed to address the gaps in the EuFMD roster of expertise for the new programme, but contracts for these will be largely on hold until the financial and contract position of Phase V has been resolved.

Regarding the development of the Phase V programme to implement the HOLD- FAST strategy, the heavy processes of internal clearance of the proposed project were finalized in FAO in July and the “Grant Application Form” (GAF) and associated budgets submitted to DG- SANTE - through FAO official channels - in late July. Detailed work plans for each of the Components have been added in August- September and those drafting the plans have given attention to a series of consultations with partners (mainly the OIE and FAO regional offices). To consult with European experts from the MS, a meeting of the new Special Committee for Surveillance and Applied Research (SCSAR) together with Training Focal Points (TFPs) from Member States, was held 23- 24th September in Bari. The aim of the meeting was to review the priorities for the FAST disease training programme, for research, and for improved surveillance networking.

The work programme, and results of the consultations will be reviewed at the Executive.

1. Current risk events of most note for the EuFMD MS:✓ **North and West Africa: wide spread, multi- country epidemic of type O - EA3**

The widespread FMD epidemic ongoing in North Africa from mid- 2018, and West Africa from September 2018, does not appear over as Morocco reported a continuation of problems with type O (EA3) in July 2019.

✓ **The situation in eastern Mediterranean**

Remains of concern although the relative close and good working relations with Egypt are assisting to build confidence that information flow on the risk situation there for FMD and FAST diseases might be improved. In Israel, type O (Panasia2) outbreaks were reported in August 2019 and the topotype is also the one circulating in Turkey. Currently, the situation in Turkey is much improved, with only type O reported, but of concern is the high incidence of Asia- 1 in Afghanistan and the new O Indian 2001 topotype reports from Pakistan, as these usually move west in the autumn/winter.

✓ **Other significant events**

FMD type O in the Comoros: the source appears to be imports from Tanzania. FAO and CIRAD have assisted with missions and guidance on vaccination and monitoring have been offered. The EuFMD has also provided support via e-learning (online and using social messaging systems)

FMD type O spread in Zambia: an emergency meeting of the SADC countries was held in July 2019 (attended by the Secretary), on the westward and southern spread into previously free regions for type O in Southern Africa. The area affected is some 500 km from zones exporting to EU, but it seems increasingly likely the serotype will become endemic and ultimately affect the areas next to the export zones.

2. Completion of the Phase IV work programme: Completed actions in the past five months

These are summarized in **Table A**.

In the last 24 months of the Phase IV programme,

288 events have been completed

- of which 73 were virtual (online courses, webinars)
- 118 workshops and missions managed
- 97 training actions/events completed.
- The trainee database (those enrolled/taken EuFMD training) stands at 10.500.

Actions completed under Contracts (Letters of Agreement): the status of these is given in **Annex 2**. Each of the ones funded under EC Phase IV will be financially closed as a result of the Project Closure on 30th September.

Table A Activities completed in the past five months

On- line capacity training provided: E- learning	<ol style="list-style-type: none"> 1. FMD Emergency Preparedness Course (CFIA, Canada, bilingual); 2. FMD online training for the Comoros emergency (Fr); 3. FMD Investigation Course (Russian language countries); 4. FMD Investigation Course (Turkish participation/language); 5. FMD Vaccination and Post- Vaccination Management (funded by GCRF Stars through Pirbright) for Eastern and Southern Africa; 6. Socio- economic impact assessment course - SAARC region countries (delivered by EuFMD); 7. Socio economic impact assessment - francophone countries (delivered by CIRAD).
Pillar I	<ol style="list-style-type: none"> 1. EuFMD model development for Republic of North Macedonia- Skopje (May 2019); 2. Emergency Preparedness for FMD: Scoping missions to Ukraine, Montenegro; BiH (April/May); 3. Balkans regional laboratory preparedness Workshop + scoping mission - Ohrid, Republic of North Macedonia (May 2019); 4. EuFMD model development for Turkey- Ankara (June 2019); 5. Real- Time Training for European MS vets - Uganda (July 2019) and lab training for MAAIF; 6. Three country Simulation exercises THRACE countries (June 2019); 7. Management meeting in Greece (July 2019); 8. Strategy for training of Paraprofessional Vets Rome HQ (July 2019); 9. Pragmatist meeting –Surrey, UK (Sept 2019). 10. SCSAR Joint training, Bari - Italy (Sept 2019).
Pillar II	<ol style="list-style-type: none"> 1. FMD Risk Mapping Workshop for Eastern Med/North African countries (CIRAD) - Montpellier France (April 2019); 2. 4th Annual Meeting for the TransCaucasus Countries (Statement of Intentions) - held at the OIE General Session, Paris, France (May 2019); 3. National FMD control - PCP Strategy (RBSP Workshop) for Lebanon and Syria, Beirut- Lebanon (May 2019); 4. Training workshop (Cirad), Tunis (June 2019); 5. JPC REMESA Cairo – Egypt (June 2019); 6. Remesa and Safoso meeting (June 2019); 7. Simulation Exercise for TransCaucasus countries – held in Georgia and Turkey (June 2019); 8. Lab Mission West Bank (June 2019); 9. Workshop on Qualitative risk mapping & Optimization of national monitoring systems (CIRAD) FAO HQ, (July 2019); 10. Workshop - Risk Based Strategic Plan for FMD control - Beirut, Lebanon (July 2019); 11. National FMD control - development of PCP stage 3 plans, Mission to Armenia (August 2019); 12. W/s on Primary Surveillance, Tunis (Sept 2019); 13. Statement of Intention for TCC in FAO HQ (Sept 2019).
Pillar III	<ol style="list-style-type: none"> 1. Livestock Technical Committee Meeting on Response Actions to Outbreaks and Emerging Serotypes of FMD, (SADC) Johannesburg, South Africa (June 2019); 2. 9th EA-RAHN meeting (June 2019); 3. Training of potential PCP Support Officers: workshop (FAO/OIE) - Bangkok, Thailand (August 2019); 4. PPP for FMD control -OIE PPP workshop for Africa, Addis Ababa Ethiopia (August 2019); 5. West Africa Roadmap Meeting - Dakar, Senegal (EuFMD support) (Sept 2019); 6. National FMD control - PCP Strategy, for Kenya, workshop - Naivasha, Kenya (Sept 2019); 7. Meeting global demand for FMD vaccines: presentation to the OIE “Big data” Conference, Sardinia (Sept 2019). 8. GCRF-STARs Summer School Tanzania (EuFMD Support) SACIDs/TPI (Sept 2019); 9. Lab Mission Djibouti (Sept 2019).
Cross- Pillar	Keith Sumption participated in the OIE Ad Hoc Group meeting on veterinary emergencies - Paris, France.

3. Planning for the new HOLD- FAST programme

Following the endorsement of the new Strategy at the 43rd General Session, the following steps have been taken:

- **Contract negotiation procedures**

- Completion of the internal processes through the various Departments of FAO for project clearance, and submission to DG- SANTE of the documentation (Grant Agreement Form -GAF- and associated documents) in late July 2019.

- **Consultation**

- Discussion on the draft workplans have been held with FAO and OIE regional/sub-regional officers (Pillar I and II) and with the FMD- WG of GF- TADS (for Pillar III) at their July meeting.
- With MS experts, at the workshop for the Special Committee for Surveillance and Applied Research (SCSAR) and training focal points (Bari, 23 - 24th September), the latter including also Department F of DG- SANTE.

- **Commissioning of guidance**

- For the new component on emergency vaccination, the VMD (DEFRA, UK) has been commissioned to provide a guidance paper on how pre-qualification procedures for procurement of FMD vaccines could be managed within the FAO procurement system. The paper should be available by 30th September 2019 and could enable the operation of the AESOP (**A**ssured **E**mergency **S**upply **O**ptions) within Phase V.
- Training Strategy in Phase V: the Royal Veterinary College (RVC), London, has been commissioned to provide guidance on the training needs of para-professionals, considering that this category have major responsibilities for operating vaccination programmes. This should guide the development of future Pillar II and III training approaches and resources for countries undertaking vaccination programmes.
- Relating to Pillar II, guidance is under development on several areas relating to extension of the FMD surveillance programme to other FAST diseases.

- **Recruitment of additional expertise**

- Open announcements were circulated and published for recruitment to address gaps in the expertise, and interviews held for roster positions for :
 - Learning Officers - for the technical support to the e-learning programme.
 - Chief Learning Officer (CLO): to lead the quality assurance system across the programme, from in-boarding of staff to EuFMD to the quality system of training offered, in line with the recommendation of the external review panel.
 - Expertise in regulatory control processes for FAST vaccines: David Mackay (ex- ENA and VMD, and Head of the WRL Pirbright) has been recruited to the EuFMD roster.
 - Emergency Preparedness: an expert recruited to assist Sally Gaynor with the GET Prepared tool kit and support to simulation exercises.
- Note the recruitment to the EuFMD roster does **not** imply a contract has been agreed with them - rather that due diligence and interview process has been followed. Their approval by FAO to be placed on the roster allows that we are able to proceed with recruitment once the funding is assured.

- **Financing ad interim**

- The current situation with Phase V is that of a position of trust - it is assumed that negotiations with DG-SANTE will be concluded and the programme retrospectively funded to October 1st 2019.

The programme from October 1st will be constrained until the funding from EC arrives - but ad interim, the management and technical capacity will be guaranteed by MS funding (Administrative Fund).

Six months is about the maximum possible bridging that EuFMD can support before funding becomes critical.

4. Other developments of note

a. Collaboration with the OIE

- On public- private partnerships (PPP): the assistance provided to the OIE has been very positively received. The EuFMD has developed the open access e-learning, participated in the OIE programme of regional meetings, and is finalizing the development of the in- depth e-learning course.
- On emergency preparedness and international multi- location simulation exercises for international biosecurity: Keith Sumption was invited to participate in the 1st meeting of the ad-hoc group and thereafter to develop a modality for EuFMD support to manage a major exercise in 2021 (jointly with IIAD, Texas A&M University).

b. FMD Vaccine Challenge initiative (Vaccine Prize)

- This is a major new initiative aimed at developing a volume of vaccine uptake in Africa for FMD through funding vaccine commitment. It is a multi-donor initiative and the project management has been awarded to GALVmed. The executive Secretary has been invited to Chair the Technical Committee for the programme, with costs covered by GALVmed. This initiative links well with the FAST disease vaccine public- private partnership platform, under the EuFMD HOLD- FAST programme.

c. Canada

- The **CFIA** has again offered funding to EuFMD to support bilingual FMD training for public and private sector following a successful first e-learning course; Agreement in process.

d. Real-Time Training Courses on FAST diseases

- An agreement has been reached with Texas A&M University in which they will manage the US private and state sector interest in training through the EuFMD Real-Time Training Courses system. This support should help maintain this successful system if European uptake diminishes. In order to run real time training courses, the EuFMD needs at least two per year to keep the relationship with host countries.

e. Funding from France

- The agreement between FAO and French Ministry for Agriculture (MAAF) for € 200,000 is in process and guided by the FAO Funding Liaison Officer for Francophone countries project. Specifically, the MAA wishes to support the following activities of the EuFMD: support for training and sensitization of stakeholders (webinars, e-learning...), mapping and risk analysis, modelling, support for the French-speaking network, animation of the network of research structures. The €200,000 contribution will fund, as a priority, actions for member countries of the Mediterranean Animal Health Network (Remesa).

5. Secretariat

The composition of the Secretariat is indicated below, and Phase IV team for implementing the EC project activities is given in **Table B**.

The **Secretariat staff** are listed below (as of September 16th 2019)

Technical team:

Executive Secretary	Keith Sumption
Deputy Executive Secretary // Pillar II Supervisor	Fabrizio Rosso
Communications and Networks Officer	Nadia Rumich
Chief Operations Officer	Cecile Carraz
Pillar I Supervisor	Maria de la Puente
Pillar III Supervisor	Paolo Motta
Online training programmes Manager	Jenny Maud

Home based Consultants and Short Term Placements (STPs)

Frank Busch (UK) (STP)
Kiril Krstevski (North Macedonia) (part-time, home based)
Abdenacer Bakkouri (home- based, France)
 Shahin Ahmed Mohamed Baiomy (Egypt) (STP).

Knowledge Leaders:

Bouda Ahmadi, Koen Mintiens, *Carsten Potzsch*, *Kees van Maanen (Vaccination)*; *Melissa McLaws (Risk Analysis/Pragmatist tool)*; *David Paton*; Etienne Chevanne (Animal Movement Risks).

Home based National Focal Point/PSAs:

T. Chaligava (Georgia); *S.Kharatyan (Armenia)*; *T. Aliyeva (Azerbaijan)*; *B. Bahadur Adhikari (Nepal)*; *C. Fouki*; *A. Exakoidis*; *G. Georgiev*; *A. Miteva*; *S.Moldanov*.

Administrative team:

Operational support team	Erica Tomat, Silvia Epps, Maurizio Licastro, Tiziano Federici; Filippo Pedulla', Gabriel Titire, Enrico Mezzocapo (Intern).
E-learning Support	Chiara Addari, Alessandra Alviti.
Finance assistant	Francesca Renzetti.

6. Linkage of staff positions to budget, under Phase IV

BOLD script indicates positions funded under the EC programme, and *italics* those funded by EuFMD under MTF/INT/011/MUL (September 2019).

Table B. Staff in Phase IV

Component (Output) Number	Pillar Supervisor/Coordinator	Component Manager	Technical Support
1.1	M.de la Puente	STP 1 (vacant)	
1.2		RMSO (K. Mintiens)	Y.Shankar
1.3		STP 2 (F Busch)	N.Bulut
1.4		STP 2 (K Krstevski)	
1.5		K. Sumption	
1.7		K. van Maanen	
1.8		E. Chevanne	M. McLaws, T. Scicluna
2.1	F. Rosso	C. Pötzsch	B. Ahmadi
2.2		S. Baiomy	
2.3		A. Bakkouri	
2.4		J. Maud	B. Ahmadi
3.1	P. Motta (formerly N. Lyons to July 2019)	E. Chevanne	
3.2		P. Motta/M. McLaws	
3.3		K. van Maanen	
3.4		J. Maud	C. Addari

7. Financial Report

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).

1. Position of the Administrative Fund

Contributions from the Member States MTF/INT/011/MUL

a) Status Member State Contributions report @ 31-08-2019 (MS Contributions Year 2019) - Table 3

Outstanding Cont. 2017/2018	31-08-2019	USD 24,658 (Albania 2017&2018 + Greece 2018)
Total contributions 2019	31-12-2019	USD 616,005
Contributions received	31-08-2019	USD 432,929 (\$ 91,881 related 2018)
		USD 299,949 Contributions to receive including outstanding '17 '18

b) Financial position of the Administrative Fund @ 31-08-2019 Table 4

Balance at 1st January 2019 USD 534,885,

Balance at 31 August 2019 amounted to USD 104,403, after contributions amounting to USD 423,929 and expenditures of USD 863.411. To be noted expenditures include circa 200k of commitment to staff whose contracts will continue over 2019 phase V.

Balance	01-01-2019	USD 534,885
MS contributions received	31-08-2019	USD 432,929
Total expenditure	31-08-2019	USD 863,411 (includes 200k for staff committed over 2019-Phase V)
Balance	31-08-2019	USD 104,403 (including all commitments up to 31-12-2019)
		USD 299,949 Contributions 2019 to be received

2. Position of the EuFMD Emergencies and Training funds MTF/INT/004/MUL (Child & Baby 01 Account)

Position of the EuFMD Emergencies and Training funds into which additional contributions have been received for provision of training (MTF/INT/004/MUL), including Non-EC funded pipeline, as agreed with the MS at the 43rd GS in April 2019, the fund will be continued until December 2021.

a) Financial position PARENT Emergencies and Trainings Fund @ 31-08-2019 (MTF/INT/004/MUL) Table 5

Balance	01-01-2019	USD 108,237
Contributions received	31-08-2019	USD 210,891
Total expenditure	31-08-2019	USD 173,621 (including all commitments up to 31-12-2019)
Balance	31-08-2019	USD 145,507 (including all commitments up to 31-12-2019)
		USD 300,00 Other contributions to be received by end 2019

b) Financial position CHILD TRAINING CONTRIBUTIONS @ 31-08-2019 (MTF/INT/004/MUL) Table 6

Balance	01-01-2019	USD (4,173)
Contributions received	31-03-2019	USD 29,911 (EuFMD seats Workshops & realtime training)
Total expenditure	31-03-2019	USD 15,236 (including all commitments up to 31-12-2019)
Balance	31-03-2019	USD 11,063 (including all commitments up to 31-12-2019)
		USD 300,000 other contributions to be received for 2020 activities

c) Financial position BABY 01 NZ/AUSTRALIA Contributions @ 31-08-2019 (MTF/INT/004/MUL) Table 7

Balance	01-01-2019	USD 112,410
Contributions received	31-03-2019	USD 210,891 (Final Instalment)
Total expenditure	31-08-2019	USD 188,857
Balance	31-08-2019	USD 134,444 (to cover 2 KTCs by end 2019)

Contributions 2018-2019:

- Agreement Australia/New Zealand funding: Six Real-Time Training (RTT) courses were successfully conducted in Nepal in March, November 2018 and March 2019. Two representatives of OIE took part in the course in 2018. Two training courses are set for November/December 2019 (also including two OIE representatives) **(630k)**.
- Agreement with USA: Institute for Infectious Animal Diseases (IIAD), contribution towards assistance in FMD vaccine field trials study design **(30k)**.
- Agreement with the Department of Agriculture, Food and the Marine (Ireland) to fund a study on the use of mobile phones to improve surveillance, to be completed by end of 2019. The project aims to examine incentives for farmers in endemic FMD regions to report disease using mobile phones and to undertake a small pilot study based on these findings. Funds have partly supported a short term placement from the University of Rwanda and a contract with Heifer Project International. **(123k)**.
- Agreement with the Canadian Food Inspection Agency (CFIA) to run a national level online FMD Emergency Preparation Course (FEPC) to be conducted in a bilingual model as previously trialed in the Caribbean region. **(22k)**
- Collaboration with IVVN to co organize 1 workshop on Field evaluation of novel livestock vaccines in Italy (Nov. 2018) and a vaccinology course in Bangkok, Thailand (Dec. 2018) **(35,000\$)**.
- Purchase of individual places on EuFMD Real-time Training and specific workshops **(42,000\$)**.

Contributions to be received by 2019 Pipeline for 2020 Activities:

- USA Texas A&M College of Veterinary Medicine and Biomedical Science for Ad-hoc real-time training courses to be conducted by end of 2019 **(71k)**.
- French Ministry of Agriculture to support the EUFMD's activities training REMESA network **(220k)**.
- Canadian Food Inspection Agency (CFIA) to run a new online course in spring 2020 providing 50% seats for CFIA veterinarians, academics and veterinarians from USDA and 50% seats for veterinarians from private sector **(25k)**.
- FAO REU Online Training Course ASF.
- Individual places purchase on EuFMD Real-time Training and specific workshops. **(10k)**.

2. Position of the EC Program Fund (MTF/INT/003/EEC) Phase IV (2015-2019)

Financial Position (Financial Statement at 31-08-2019) **Table 8**

2nd Biennium 23 month expenditures by Pillars and Component at 31-08-2019 **Tables 9-10-11-12**

Phase IV - 47 month expenditures by Pillars and component at 31-08-2019 **Table 13**

Calendar activities six Months Table 14

The 2nd biennium expenditures are reported on a monthly basis to Pillar and Component Managers. This includes expenditures tracking by budget line to allow better monitoring by components, supported by an Indicator/Milestones report every three months.

Expenditure at **31-08-2019 USD 8,187,671** with balance of **USD 760,852** (includes reserve of fund for emergency).

Financial tables

1	EU Funded Activities (2019-2023) carried out by the EuFMD
2	Position of the Administrative Fund @ 31-08-2019 (MTF/INT/011/MUL)
3	Member State Contributions @ 31-08-2019
4	Emergency Funds (MTF/INT/004/MUL) @ 31-08-2019
5	Emergency and Training Contributions (MTF/INT/004/MUL) @ 31-08-2019
6	Australian Contributions (MTF/INT/004/MUL) - @ 31-12-2018
7	Position of the EC Program Fund (MTF/INT/003/EEC) – @ 31-08-2019
8	FAO Financial Statement PHASE IV (MTF/INT/003/EEC) @ 31-08-2019
9	2 nd Biennium (2017-2019) -23 Months Expenditures by Pillar at 31-08-2019
10	2 nd Biennium (2017-2019) -23 Months Expenditures PILLAR I at 31-08-2019
11	2 nd Biennium (2017-2019) -23 Months Expenditures PILLAR II at 31-08-2019
12	2 nd Biennium (2017-2019) -23 Months Expenditures PILLAR III at 31-08-2019
13	Phase IV – 4 Years 47 months Expenditures
14	Calendar activities six Months

Table 1 EU Funded Activities (2019-2023) carried out by the EuFMD

PHASE V Agreement in progress *Proposed Budgets for Phase V details in Workplan**.

**updates will be sent by the 1st October.*

THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EuFMD)

EU Support to EuFMD Activities, Phase V

Proposed Budget from 2019 to 2023

in EUR

BUDGET CATEGORIES	PROPOSED ANNUAL BUDGET				
	Year 1	Year 2	Year 3	Year 4	Total
Salaries (<i>Professional</i>)					
Pillar I	57,024	57,024	57,024	57,024	228,096
Pillar II	19,008	19,008	19,008	19,008	76,032
Pillar III	9,504	9,504	9,504	9,504	38,016
Salaries (<i>Professional</i>) Sub-Total	85,536	85,536	85,536	85,536	342,144
Consultancy					
Pillar I	457,380	457,380	457,380	457,380	1,829,520
Pillar II	293,172	293,172	293,172	293,172	1,172,688
Pillar III	231,968	231,968	231,968	231,968	927,872
Consultancy Sub-Total	982,520	982,520	982,520	982,520	3,930,080
Travel					
Pillar I	248,512	248,512	248,512	248,512	994,048
Pillar II	148,720	148,720	148,720	148,720	594,880
Pillar III	64,592	64,592	64,592	64,592	258,368
Travel Sub-Total	461,824	461,824	461,824	461,824	1,847,296
Training					
Pillar I	69,520	69,520	69,520	69,520	278,080
Pillar II	80,080	80,080	66,880	66,880	293,920
Pillar III	44,440	44,440	44,440	44,440	177,760
Training Sub-Total	194,040	194,040	180,840	180,840	749,760
Contracts					
Pillar I	321,200	321,200	277,200	277,200	1,196,800
Pillar II	79,200	79,200	79,200	79,200	316,800
Pillar III	211,200	211,200	211,200	211,200	844,800
Contracts Sub-Total	611,600	611,600	567,600	567,600	2,358,400
Procurement					
Pillar I	121,000	121,000	121,000	114,400	477,400
Pillar II	55,770	55,770	55,770	55,770	223,080
Pillar III	55,770	55,770	55,770	55,770	223,080
Procurement Sub-Total	232,540	232,540	232,540	225,940	923,560
Others					
Pillar I	26,400	26,400	26,400	26,400	105,600
Pillar II	17,600	17,600	17,600	17,600	70,400
Pillar III	8,800	8,800	8,800	8,800	35,200
Others Sub-Total	52,800	52,800	52,800	52,800	211,200
Report Cost					
Pillar I				1,921	1,921
Pillar II				1,921	1,921
Pillar III				1,921	1,921
Report Cost Sub-Total	-	-	-	5,763	5,763
Project Evaluation					
Pillar I		16,280		16,280	32,560
Pillar II		16,280		16,280	32,560
Pillar III		16,280		16,280	32,560
Project Evaluation Sub-Total	-	48,840	-	48,840	97,680
Total Direct Eligible Cost	2,620,860	2,669,700	2,563,660	2,611,663	10,465,883
Support Cost 7%	183,460	186,879	179,456	182,816	732,612
GRAND TOTAL	2,804,320	2,856,579	2,743,116	2,794,479	11,198,495

Table 2 - Position of the Administrative Fund @ 31-08-2019 (MTF/INT/011/MUL)

					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 2019						
	USD	USD		Eur	Eur	
Balance as at 1 January 2019		534,885			472,838	
					0	
					0	
Interest received	0				0	
Contributions from member countries and institute	432,929			382,709		
Project Income Earned (Child)	0			0	0	
Expenditure						
Salaries	242,666			214,517		
Consultant	561,350			496,233		
Contracts	498			440		
Duty Travel	42,373			37,458		
Locally Contracted labour	436			385		
Training	953			842	0	
Hospitality	0			0		
General Operating Expenses	11,573			10,231	0	
Internal Common Services and Suport	1,076			951		
Expendable Equipment	298			263		
Non-Expendable Equipment	2,188			1,934		
Total Expenditure		863,411			763,255	
Balance as at 31 August 2019		104,403			92,292	
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 2019. The average monthly UN Operational Exchange rate applicable for period to 31 August 2019 is USD 1: EUR 0.884						

Table 3 Member State Contributions @ 31-08-2019

TRUST FUND No. 9042.00 - MTF/INT/011/MUL - Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease Status of Contributions as at 31 August 2019 (expressed in USD) ORACLE CODE: TF-AGADD-TFAA97AA89122				
Member Governments	Outstanding Year 2017/2018 @1/1/2019	Contribution due for 2019	Received up to 31/08/2019	Outstanding 31/08/2019
ALBANIA	9,008.00	4,504.00		13,512.00
AUSTRIA		15,650.00	15,650.00	0.00
BELGIUM	23,386.00	23,386.00	23,386.00	23,386.00
BOSNIA		4,504.00	4,504.00	0.00
BULGARIA		4,504.00		4,504.00
CYPRUS		4,504.00	4,504.00	0.00
CROATIA		4,504.00	4,504.00	0.00
CZECH REPUBLIC		13,809.00	13,809.00	0.00
DENMARK		23,386.00		23,386.00
ESTONIA		4,504.00	4,504.00	0.00
FINLAND		13,809.00	13,809.00	0.00
FRANCE		46,611.00		46,611.00
GEORGIA		4,504.00	4,504.00	0.00
GERMANY		46,611.00	46,611.00	0.00
GREECE	15,650.00	15,650.00		31,300.00
HUNGARY		13,809.00	13,809.00	0.00
ICELAND	334.00	4,504.00	0.00	4,838.00
IRELAND		15,650.00	15,650.00	0.00
ISRAEL		13,809.00	13,809.00	0.00
ITALY		46,611.00		46,611.00
LATVIA		4,504.00	4,504.00	0.00
LITHUANIA		4,504.00	4,504.00	0.00
LUXEMBOURG		4,504.00		4,504.00
REPUBLIC OF NORTH MACEDONIA		4,504.00	4,504.00	0.00
MALTA		4,504.00	4,504.00	0.00
MONTENEGRO		4,504.00	4,504.00	0.00
NETHERLANDS		23,386.00	23,386.00	0.00
NORWAY		15,650.00		15,650.00
POLAND		23,386.00	23,386.00	0.00
PORTUGAL		13,809.00	13,809.00	0.00
ROMANIA	31,300.00	15,650.00	31,300.00	15,650.00
SERBIA	13,809.00	13,809.00	27,618.00	0.00
SLOVAK REPUBLIC		13,809.00	13,809.00	0.00
SLOVENIA		4,504.00	4,504.00	0.00
SPAIN		23,386.00	23,386.00	0.00
SWEDEN		23,386.00	23,386.00	0.00
SWITZERLAND		23,386.00		23,386.00
TURKEY	23,386.00	23,386.00	46,772.00	0.00
UNITED KINGDOM		46,611.00		46,611.00
TOTALS	24,658.00	616,005.00	432,929.00	299,949.00
*Total Outstanding at 31-08-2019 - \$ 299,949 *			*(24,658 related to '17/'18)	

Table 4 Emergency Funds (MTF/INT/004/MUL) @ 31-08-2019**STATEMENT 3**

MTF/INT/004/MUL - TF number 909700

Foot and Mouth Disease - Emergency Aid Programme

Financial Report from 1 January to 31 August 2019

	USD	USD	Eur	Eur
Balance as at 1 January 2019		108,237	0	95,682
Interest received			0	
Contribution received	210,891		186,426	0
Refund to donor		0		0
Expenditure				
Salaries Professional			0	
Consultancy	149,040		131,751	0
Contracts	23		20	
Locally Contracted Labour	0		0	
Duty Travel		29,911		26,441
Training	28,125		24,863	
Common Services and Support	632		470	
Technical Support Services	0		0	
General Operating Expenses	8,305		7,342	
Expendable Equipment	8,998		7,954	0
Non-Expendable Equipment	3,282		2,901	
Support Costs 6%	5,226		4,620	0
Less: Total Expenditure		173,621		146,536
Balance as at 31 August 2019		145,507		128,628

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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August is USD 1: EUR 0.884



Table 5 – Emergency and Training Contributions (MTF/INT/004/MUL) @ 31-08-2019

STATEMENT 3 bis							
MTF/INT/004/MUL - TF number 909700							
Foot and Mouth Disease - Emergency Aid Programme And Training Funds							
<u>Financial Report from 1 January to 31 August 2019</u>							
		USD	USD			Eur	Eur
<u>Balance as at 1 January 2019</u>			(4,173)			0	(3,689)
Interest received						0	
Contribution received		0				0	0
Refund to donor			0				0
<u>Expenditure</u>							
Salaries Professional						0	
Consultancy		18,134				16,030	0
Contracts		11				10	
Locally Contracted Labour		0				0	
Duty Travel		(9,607)	29,911				26,441
Training		0				0	
Common Services and Support		266				235	
Technical Support Services						0	
General Operating Expenses		5,455				4,822	
Expendable Equipment		2,786				2,463	0
Non-Expendable Equipment		0				0	
Support Costs 6%		-2,370				(2,095)	0
		0					
Less: Total Expenditure			<u>(15,236)</u>				0
<u>Balance as at 31 August 2019</u>			<u>11,063</u>				9,780
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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August is USD 1: EUR 0.884							

Table 6-Australian Contributions (MTF/INT/004/MUL) - @ 31-12-2018**STATEMENT 4**

MTF/INT/004/MUL - TF number 909700 Baby 01 Australia

Foot and Mouth Disease - Emergency Aid Programme

Financial Report from 1 January to 31 August 2019

	USD	USD	Eur	Eur
Balance as at 1 January 2019		112,410	0	99,370
Interest received	0			
Contribution received	210,891		186,428	0
Refund to donor		0		0
Expenditure				
Salaries Professional			0	
Consultancy	130,906		115,721	
Contracts	12		11	
Locally Contracted Labour	0		0	
Duty Travel	9,607		8,493	
Training	28,125		24,863	
Common Services and Support	266		235	
Technical Support Services	0		0	
General Operating Expenses	2,850		2,519	
Expendable Equipment	6,212		5,491	
Non-Expendable Equipment	3,282		2,901	
Support Costs 6%	7,596		6,715	
Less: Total Expenditure		186,857		166,950
Balance as at 31 August 2019		134,444		118,848

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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August 2019 is USD 1: EUR 0.864



Table 7 - Position of the EC Program Fund (MTF/INT/003/EEC) – @ 31-08-2019**STATEMENT 2**

MTF/INT/003/EEC - TF number 617197

EU Funded Activities (Phase IV: 2015 - 2019) carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease (EuFMD)

Financial Report from 1 January to 31 August 2019

	USD	USD	Eur	Eur
Balance as at 1 January 2019		-791,737		(699,895)
Interest received	0			
Contribution received	2,113,459			1,868,298
Refund to donor		0		0
Expenditure				
Salaries Professional	108,636		96,034	
Consultancy	857,112		757,687	
Contracts	311,315		275,202	
Locally Contracted Labour	0		0	
Duty Travel	363,833		321,828	
Training	164,690		145,586	
Hospitality	0		0	
Technical Support Services	0		0	
General Operating Expenses	164,471		145,302	
Expendable Equipment	62,067		54,858	
Non-Expendable Equipment	2,188		1,934	
Internal Common Services and Support	16,643		14,712	
Support Costs 7%	51,755		45,751	0
Less: Total Expenditure		<u>2,102,698</u>		<u>1,858,785</u>
Balance as at 31 August 2019		-790,976		(690,383)

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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August 2019 is USD 1: EUR 0.854



TF Project Status Report (Aggregate Values)

Up to Period: '2019-08'

FAO Total FAO Organizations (Total)

TFEU97AA16304 617197 MTF /INT/003/EC EU Funded Activities (Phase IV: 2015 - 2019) carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease (EUFMD) (Project)

	Prior Years			Current Year: 2019 up to 2019-08			Cumulative up to 2019-08			Future Years			Project Total		
	Budget	Expenses	Balance	Budget	Expenses	Balance	Budget	Expenses	Balance	Budget	Expenses	Balance	Budget	Expenses	Balance
Funds Received															
3051 TF Contributions Received (Child)	0	(5,276,409)	5,276,409	0	(2,113,459)	2,113,459	0	(7,389,868)	7,389,868	0	0	0	0	(7,389,868)	7,389,868
3052 TF Interest Earned (Child)	0	(16,827)	16,827	0	0	0	0	(16,827)	16,827	0	0	0	0	(16,827)	16,827
Total Funds Received	0	(5,293,236)	5,293,236	0	(2,113,459)	2,113,459	0	(7,406,695)	7,406,695	0	0	0	0	(7,406,695)	7,406,695
Expenditure															
5011 Salaries Professional (Parent)	342,608	342,608	0	103,731	108,936	(4,905)	446,429	451,334	(4,905)	0	0	0	446,429	451,334	(4,905)
5013 Consultants (Parent)	2,125,393	2,125,393	0	405,068	857,112	(452,014)	2,530,491	2,982,505	(452,014)	0	0	0	2,530,491	2,981,834	(451,343)
5014 Contracts (Parent)	1,590,371	1,598,371	(9)	389,464	311,315	(21,851)	1,887,835	1,909,686	(21,851)	0	0	0	1,887,835	1,909,686	(21,851)
5021 Travel (Parent)	1,090,067	1,089,328	738	539,003	393,833	175,170	1,629,070	1,453,162	175,908	0	0	0	1,629,070	1,456,225	172,845
5023 Training (Parent)	178,840	178,840	0	475,244	164,690	310,554	654,084	343,529	310,554	0	0	0	654,084	343,529	310,554
5024 Expendable Procurement (Parent)	176,769	176,769	0	489,760	82,057	407,702	668,529	238,826	427,702	0	0	0	668,529	238,746	427,783
5025 Non Expendable Procurement (Parent)	10,109	10,109	0	1,064	2,188	(1,094)	11,203	12,297	(1,094)	0	0	0	11,203	12,297	(1,094)
5026 Hospitality (Parent)	161	161	0	0	0	0	161	161	0	0	0	0	161	161	0
5027 Technical Support Services (Parent)	0	0	0	93,082	0	93,082	93,082	0	93,082	0	0	0	93,082	0	93,082
5028 General Operating Expenses (Parent)	142,849	142,849	(9)	288,121	164,043	104,078	410,870	306,892	104,078	0	0	0	410,870	306,841	104,129
5029 Support Costs (Parent)	398,111	366,111	0	187,287	51,755	135,531	585,398	449,898	135,531	0	0	0	585,398	449,898	135,531
5040 General Operating Expenses - external common services (Parent)	1,855	1,855	0	292	428	(136)	2,147	2,282	(136)	0	0	0	2,147	2,282	(136)
5050 Internal Common Services and Support (Parent)	20,488	20,488	0	10,637	16,843	(6,006)	31,125	37,131	(6,006)	0	0	0	31,125	38,913	(7,788)
Total Expenditure	6,085,711	6,084,973	738	2,862,813	2,162,668	760,114	8,948,523	8,187,671	780,852	0	0	0	8,948,523	8,181,716	756,807

Organization level = 'FAC'
 Organization value = 'all'
 TF Activity level = 'PROJECT' Expense Account level = 'PARENT ONLY' Liability Account level = 'CHILD'
 TF Activity value = 'TFEUS7AA16304' Expenses Include = Actuals + Hard CMAs Include ODG = 'YES'

Run Date: 04-Sep-2019

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Table 9- 2nd Biennium (2017-2019) -23 Months Expenditures by Pillar at 31-08-2019

THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EUFMD)				
MTF/IN T/003/EEC Summary, 2nd Biennium 2017-2019 Phase IV				
Internal Financial Report as of 31 August 2019				
in EUR				
BUDGET CATEGORIES	BUDGET	EXPENDITURE	BALANCE	% under/over spending
Salaries (<i>Professional</i>)				
Pillar I	114,845	198,890	-84,045	
Pillar II	50,499	88,266	-37,767	
Pillar III	34,209	61,802	-27,593	
A. Salaries (<i>Professional</i>) Sub-Total	199,553	348,957	-149,404	-75%
Consultancy (<i>Operations</i>)				
Pillar I	161,395	173,423	- 12,028	
Pillar II	106,368	111,996	- 5,628	
Pillar III	74,977	96,419	(21,442)	
B. Consultancy (<i>Operations</i>) Sub-Total	342,740	381,838	-39,098	-11%
Total A + B (<i>HQ</i>)	542,293	730,796	-188,503	-35%
Consultancy (<i>Technical</i>)				
Pillar I	471,300	449,213	22,087	
Pillar II	302,000	306,873	- 4,873	
Pillar III	184,191	178,147	6,044	
C. Consultancy (<i>Technical</i>) Sub-Total	957,491	934,233	23,258	2%
Travel				
Pillar I	512,881	377,976	134,905	
Pillar II	276,000	229,390	46,610	
Pillar III	133,434	114,312	19,122	
D. Travel Sub-Total	922,315	721,678	200,637	22%
Contracts				
Pillar I	642,736	347,469	295,267	
Pillar II	181,000	181,369	-369	
Pillar III	599,388	587,914	11,474	
E. Contracts Sub-Total	1,423,124	1,116,752	306,372	22%
Training				
Pillar I	125,094	77,022	48,072	
Pillar II	190,000	78,070	111,930	
Pillar III	28,000	36,694	- 8,694	
F. Training Sub-Total	343,094	191,786	151,308	44%
Procurement				
Pillar I	170,790	72,499	98,291	
Pillar II	80,500	22,791	57,709	
Pillar III	99,139	13,550	85,589	
G. Procurement Sub-Total	350,429	108,840	241,589	69%
Others				
Pillar I	148,105	142,827	5,278	
Pillar II	61,000	58,882	2,118	
Pillar III	23,000	22,628	372	
H. Others Sub-Total	232,105	224,336	7,769	3%
TOTAL C to H	4,228,558	3,297,625	930,933	22%
GRAND TOTAL	4,770,851	4,028,421	742,430	16%

Table 10 - 2nd Biennium (2017-2019) -23 Months Expenditures PILLAR I at 31-08-2019

BUDGET CATEGORIES	Pillar I			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 1.1	29,865	50,348	-20,483	
Component 1.2	15,204	26,583	-11,379	
Component 1.3	20,091	35,126	-15,035	
Component 1.4	9,774	17,089	-7,315	
Component 1.5	15,204	26,577	-11,373	
Component 1.6	9,231	16,140	-6,909	
Component 1.7	272	476	-204	
Component 1.8	15,204	26,552	-11,348	
A. Salaries (Professional) Sub-Total	114,845	198,890	-84,045	-73%
Consultancy (Operations)				
Component 1.1	59,513	70,843	(11,330)	
Component 1.2	16,183	13,686	2,497	
Component 1.3	41,855	42,782	927	
Component 1.4	16,183	18,871	2,688	
Component 1.5	10,960	11,674	714	
Component 1.6	3,236	3,891	(655)	
Component 1.7	3,236	3,891	(655)	
Component 1.8	10,229	7,783	2,446	
B. Consultancy (Operations) Sub-Total	161,395	173,423	-12,028	-7%
Total A + B (HQ)	276,240	372,312	-96,072	-35%
Consultancy (Technical)				
Component 1.1	130,000	124,718	5,282	
Component 1.2	20,000	21,804	(1,804)	
Component 1.3	190,000	186,679	3,321	
Component 1.4	33,500	32,813	687	
Component 1.5	40,000	34,882	5,118	
Component 1.6	10,000	-	10,000	
Component 1.7	2,800	1,750	1,050	
Component 1.8	45,000	46,567	1,567	
C. Consultancy (Technical) Sub-Total	471,300	449,213	22,087	5%
Travel				
Component 1.1	223,000	195,546	27,454	
Component 1.2	66,881	64,777	2,104	
Component 1.3	69,000	24,804	44,196	
Component 1.4	73,000	46,167	26,833	
Component 1.5	48,000	45,285	2,715	
Component 1.6	5,000	-	5,000	
Component 1.7	3,000	838	2,162	
Component 1.8	25,000	561	24,439	
D. Travel Sub-Total	512,881	377,976	134,905	26%
Contracts				
Component 1.1	40,000	31,983	8,017	
Component 1.2	42,773	18,359	24,414	
Component 1.3	10,000	8,320	1,680	
Component 1.4	-	-	-	
Component 1.5	260,963	238,674	22,289	
Component 1.6	240,000	-	240,000	
Component 1.7	39,000	41,813	(2,813)	
Component 1.8	10,000	8,320	1,680	
E. Contracts Sub-Total	642,736	347,469	295,267	46%
Training				
Component 1.1	62,294	65,459	3,165	
Component 1.2	5,000	1,217	3,783	
Component 1.3	12,000	-	12,000	
Component 1.4	35,000	7,065	27,935	
Component 1.5	5,000	-	5,000	
Component 1.6	100	-	100	
Component 1.7	1,500	-	1,500	
Component 1.8	4,200	3,281	919	
F. Training Sub-Total	125,094	77,022	48,072	38%
Procurement				
Component 1.1	17,500	13,586	3,914	
Component 1.2	-	-	-	
Component 1.3	56,000	24,794	31,206	
Component 1.4	25,610	31,328	5,718	
Component 1.5	3,100	-	3,100	
Component 1.6	68,580	2,791	65,789	
Component 1.7	-	-	-	
Component 1.8	-	-	-	
G. Procurement Sub-Total	170,790	72,499	98,291	58%
Others				
Component 1.1	50,181	49,703	478	
Component 1.2	7,500	6,119	1,381	
Component 1.3	40,000	38,213	1,787	
Component 1.4	35,000	34,866	134	
Component 1.5	15,324	13,817	1,507	
Component 1.6	100	110	(10)	
Component 1.7	-	-	-	
Component 1.8	-	-	-	
H. Others Sub-Total	148,105	142,827	5,278	4%
TOTAL C to H	2,070,906	1,467,007	603,899	29%
GRAND TOTAL	2,347,146	1,839,319	507,827	22%

Table 11 - 2nd Biennium (2017-2019) -23 Months Expenditures PILLAR II @ 31-08-2019

BUDGET CATEGORIES	Pillar II			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 2.1	20,091	35,100	-15,009	
Component 2.2	12,489	21,836	-9,347	
Component 2.3	15,204	26,583	-11,379	
Component 2.4	2,715	4,747	-2,032	
A. Salaries (Professional) Sub-Total	50,499	88,266	-37,767	-75%
Consultancy (Operations)				
Component 2.1	36,631	35,023	1,608	
Component 2.2	19,420	23,325	(3,905)	
Component 2.3	24,420	22,517	1,903	
Component 2.4	25,897	31,131	(5,234)	
B. Consultancy (Operations) Sub-Total	106,368	111,996	-5,628	-5%
Total A + B (HQ)	156,867	200,262	-43,395	-28%
Consultancy (Technical)				
Component 2.1	126,000	129,330	- 3,330	
Component 2.2	50,000	49,565	435	
Component 2.3	53,000	54,650	- 1,650	
Component 2.4	73,000	73,328	- 328	
C. Consultancy (Technical) Sub-Total	302,000	306,873	-4,873	-2%
Travel				
Component 2.1	90,000	80,646	9,354	
Component 2.2	88,000	79,273	8,727	
Component 2.3	91,000	66,888	56,952	
Component 2.4	7,000	2,583	4,417	
D. Travel Sub-Total	276,000	229,390	79,450	29%
Contracts				
Component 2.1	40,000	39,813	187	
Component 2.2	33,000	32,797	203	
Component 2.3	61,000	63,457	-2,457	
Component 2.4	47,000	45,302	1,698	
E. Contracts Sub-Total	181,000	181,369	-369	0%
Training				
Component 2.1	70,000	22,960	47,040	
Component 2.2	45,000	13,015	31,985	
Component 2.3	75,000	42,095	32,905	
Component 2.4	-	-	-	
F. Training Sub-Total	190,000	78,070	111,930	59%
Procurement				
Component 2.1	13,000	7,916	5,084	
Component 2.2	24,000	4,232	19,768	
Component 2.3	43,500	10,643	32,857	
Component 2.4	-	-	-	
G. Procurement Sub-Total	80,500	22,791	57,709	72%
Others				
Component 2.1	17,500	17,013	487	
Component 2.2	20,000	18,444	1,556	
Component 2.3	2,500	3,188	(688)	
Component 2.4	21,000	20,237	763	
H. Others Sub-Total	61,000	58,882	2,118	3%
TOTAL C to H	1,090,500	877,374	213,126	20%
GRAND TOTAL	1,247,367	1,077,636	169,731	14%

Table 12 - 2nd Biennium (2017-2019) -23 Months Expenditures PILLAR III @ 31-08-2019

BUDGET CATEGORIES	Pillar III			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 3.1	2,172	3,560	-1,388	
Component 3.2	14,661	26,235	-11,574	
Component 3.3	4,887	8,544	-3,657	
Component 3.4	12,489	23,462	-10,973	
A. Salaries (Professional) Sub-Total	34,209	61,802	-27,593	-81%
Consultancy (Operations)				
Component 3.1	25,897	31,132	- 5,235	
Component 3.2	29,131	35,023	- 5,892	
Component 3.3	7,000	14,699	(7,699)	
Component 3.4	12,949	15,567	- 2,618	
B. Consultancy (Operations) Sub-Total	74,977	96,419	-21,442	-29%
Total A + B (HQ)	109,186	158,221	-49,035	-45%
Consultancy (Technical)				
Component 3.1	27,960	27,246	714	
Component 3.2	71,954	67,953	4,001	
Component 3.3	24,600	22,203	2,397	
Component 3.4	59,677	60,745	- 1,068	
C. Consultancy (Technical) Sub-Total	184,191	178,147	6,044	3%
Travel				
Component 3.1	33,934	33,480	454	
Component 3.2	40,500	36,908	3,592	
Component 3.3	36,000	21,886	14,114	
Component 3.4	23,000	22,038	962	
D. Travel Sub-Total	133,434	114,312	19,122	14%
Contracts				
Component 3.1	25,000	23,977	1,023	
Component 3.2	23,000	21,806	1,194	
Component 3.3	466,533	459,884	6,649	
Component 3.4	84,855	82,248	2,607	
E. Contracts Sub-Total	599,388	587,914	11,474	2%
Training				
Component 3.1	-	-	-	
Component 3.2	11,500	22,899	- 11,399	
Component 3.3	11,500	10,143	1,357	
Component 3.4	5,000	3,652	1,348	
F. Training Sub-Total	28,000	36,694	-8,694	-31%
Procurement				
Component 3.1	-	-	-	
Component 3.2	9,000	5,189	3,811	
Component 3.3	90,139	8,361	81,778	
Component 3.4	-	-	-	
G. Procurement Sub-Total	99,139	13,550	85,589	86%
Others				
Component 3.1	-	-	-	
Component 3.2	-	-	-	
Component 3.3	-	-	-	
Component 3.4	23,000	22,628	372	
H. Others Sub-Total	23,000	22,628	372	2%
TOTAL C to H	1,067,152	953,245	113,907	11%
GRAND TOTAL	1,176,338	1,111,466	64,872	6%

Table 13 Phase IV - 4 Years 47 months Expenditures

EU Funded Activities (2015-2019) carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease (EuFMD) - SANTE/2016/G2/FAO/SI2.727418

Interim Financial Report up to the period 31 August 2019 (MTF/INT/003/EC - Phase IV)

PILLARS I - II - III (Budget)					EXPENDITURES & BALANCE By Pillars at 31-08-2019				% Expenses				Components Pillar I (Budget)								Components Pillar I (Expenditures at 31-08-2019)										Components Pillar II (Budget)				Components Pillar II (Expenditures at 31-08-2019)						Components Pillar III (Budget)				Components Pillar III (Expenditures at 31-08-2019)						USD FAO Financial Statement 31-08-2019	
Description	Pillar I / Budget	Pillar II Budget	Pillar III Budget	Total Budget	Exp. Pillar I	Exp. Pillar II	Exp. Pillar III	Total Exp. Pillar	% spent	% spent	% Spent	% spent	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Total Exp. Pillar I	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Total Exp. Pillar II	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Total Exp. Pillar III	Grand Total Exp.	Grand Total Exp.					
	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	%	%	%	%	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	EUR	EUR	EUR	EUR	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	EUR	EUR	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	EUR	USD	EUR				
Salaries Professional	229,690	100,998	68,418	399,106	223,324	96,986	67,777	388,087	97%	97%	96%	97%	59,730	30,408	40,182	19,548	30,408	18,462	544	30,408	60,108	29,209	38,596	18,777	29,202	17,734	523	29,177	223,324	40,182	24,978	30,408	5,430	38,569	23,993	29,209	5,216	96,986	4,344	29,322	9,774	24,978	3,928	28,787	9,388	25,674	67,777	451,334	388,087			
Consultants	1,090,878	732,488	438,892	2,262,258	1,227,179	845,043	492,334	2,564,556	112%	112%	115%	113%	384,376	107,712	410,812	79,796	52,932	10,000	7,802	37,448	384,248	70,599	476,777	102,723	78,849	29,292	9,819	74,873	1,227,179	331,570	123,244	135,640	142,034	343,530	153,769	164,040	183,704	845,043	92,958	171,366	75,000	99,568	105,570	189,908	77,116	119,740	492,334	2,982,505	2,564,556			
Contracts	679,659	183,000	825,066	1,687,725	482,514	206,928	952,634	1,642,075	71%	71%	113%	97%	80,000	25,000	15,000	50,000	416,659		78,000	15,000	43,421	18,974	8,599	-	298,813	-	104,109	8,599	482,514	70,000	20,000	18,000	75,000	41,146	33,895	65,582	66,304	206,928			775,066	50,000	24,780	22,536	820,315	85,003	952,634	1,909,686	1,642,075			
Duty Travel	792,400	483,000	180,990	1,456,390	700,820	400,434	148,271	1,249,525	88%	88%	83%	86%	361,200	50,000	105,000	115,000	116,200	10,000	5,000	30,000	375,364	93,770	58,466	76,286	90,224	4,109	2,022	579	700,820	155,000	139,000	129,000	60,000	152,494	124,947	120,324	2,669	400,434	50,990	45,000	50,000	35,000	35,817	56,276	25,293	30,885	148,271	1,453,162	1,249,525			
Training	288,000	251,894	45,000	584,894	99,476	158,127	37,924	295,528	35%	35%	63%	51%	141,000	10,000	70,000	25,000	20,000	5,000	5,000	12,000	86,757	1,258	-	7,301	-	769	-	3,391	99,476	121,172	39,300	65,422	26,000	43,833	23,946	90,349	-	158,127		10,000	20,000	15,000	-	23,666	10,485	3,773	37,924	343,690	295,528			
Procurement	420,672	121,904	63,318	605,894	157,047	30,061	28,824	215,932	37%	37%	25%	36%	15,232		76,798	31,284	1,000	295,358		1,000	29,893	-	62,755	48,890	-	15,509	-	-	157,047	23,000	16,104	82,800		8,181	7,227	14,653	-	30,061		5,000	58,318		-	5,363	23,461	-	28,824	251,123	215,932			
Report Costs	5,376	2,050	1,778	9,204		0		0	0%	0%	0%	0%	953	494	738	708	874	867	176	566	-	-	-	-	-	-	-	-	-	712	512	450	376	-	-	-	-	-	-	302	32	878	566	-	-	-	-	-	-	-	-	
Project Evaluation Cost	47,924	12,668	13,420	74,012		0		0	0%	0%	0%	0%	7,544	2,886	8,740	6,500	5,416	15,144	1,136	558	-	-	-	-	-	-	-	-	-	4,856	3,436	3,840	536	-	-	-	-	-	-	2,664	886	8,880	990	-	-	-	-	-	-	-	-	
General Operating Expenses	289,556	87,596	20,000	397,152	205,922	67,613	24,240	297,774	71%	71%	77%	75%	54,000	15,000	95,600	84,956	15,000	15,000		10,000	79,974	6,324	47,845	38,744	32,079	955	-	-	205,922	20,646	46,074	876	20,000	19,716	21,657	5,325	20,915	67,613		10,000		10,000	-	18	-	24,222	24,240	346,303	297,774			
Subtotal	3,844,155	1,975,598	1,656,882	7,476,635	3,096,282	1,805,193	1,752,004	6,653,478	81%	81%	91%	89%	1,104,035	241,500	822,870	412,792	658,489	369,831	97,658	136,980	1,059,765	220,132	693,038	292,721	529,168	68,368	116,472	116,618	3,096,282	767,138	412,648	466,436	329,376	647,469	389,434	489,482	278,808	1,805,193	151,258	271,606	997,916	236,102	170,095	326,554	966,058	289,298	1,752,004	7,737,803	6,653,478			
Support Cost: 7%				523,365				386,826																																												
GRAND TOTAL				8,000,000				7,040,304																																										8,187,670	7,040,304	

TABLE 14 – Expenditures / Balance at 31-08-2019 Calendar Activities April – September 2019

	23 months Expenditures 01 October 2017 - 31 August 2019						Aactivities April - September 2019						Planned activities						
	Overall PILLAR Manager Keith Sumption		Total Budget Allocated Phase IV 2nd biennium	23 months Expenses Oct. 2017 - Aug. 2019	project completi on	Balance available	Apr'19	May'19	Jun'19	Jul'19	Aug'19	Sep'19	Oct'19	Nov'19	Dec'19	Jan'20	Feb'20	Mar'20	
	Components Beneficiaries	Comp. Managers																	
PILLAR I Supervisor Keith Sumption 2'070'906 €	1.1.E-learning programme	Maria De La Puente	€ 522,975	€ 480,995	92%	€ 41,980	_FMD Vaccination and Post Vaccination Monitoring (PVM_GCRF) (P.III) _Socio-Economic Impact Assessment for SAARC plus P.III (P.II and P.III)	_FMD Emergency Preparation Course for Canada (MUL 004) _FMD Investigation Training Course for Comoros and Indian Ocean in French (P.III)	_FMD Investigation Training Course in Russian (FITC_RU3) (P.II) _FMD Investigation Training Course in Turkish (FITC_TR3) (P.II) _Uganda Real Time Trainings UTC 2 - Induction courses (P.I) _Vaccination and Post Vaccination Monitoring (GCRF- STARs_PVM) (P.III) _Socio-Economic Impact Assessment for FMD with Pillar III (P.II and P.III) _Socio-Economic Impact Assessment for FMD with CIRAD in French (P.II and P.III)	_Vaccination and Post Vaccination Monitoring (GCRF-STARs_PVM) (P.III) _Socio-Economic Impact Assessment for FMD with Pillar III (P.II and P.III) _Socio-Economic Impact Assessment for FMD with CIRAD in French (P.II and P.III)	_Vaccination and Post Vaccination Monitoring (GCRF-STARs_PVM) (P.III) _Socio-Economic Impact Assessment for FMD with Pillar III (P.II and P.III) _Socio-Economic Impact Assessment for FMD with CIRAD in French (P.II and P.III)		_FMD Emergency Preparation Course for Poland (FEPC_PL) (P.I) _FMD Emergency Preparation Course for Asutralia (FEPC_AU4) (MUL 004) _KTC 33 Induction Training Course (MUL 004) _KTC 34 Induction Training Course (MUL 004)	_UTC3 Induction Training Course - TBC (P.I)					
	1.1 Training for Member States							_Republic of North Macedonia EuFMD modelling mission - Skopje		_Real Time Training UTC2 - Uganda _Series workshops related to the mobile phone project and Laboratory training - Uganda _Veterinary Para-Professionals Training Strategy" - HQ (LoA RVC)	_Train the Trainers - HQ **TBC postponed october	_Special Committee on Surveillance and Applied Research (SCSAR) & Get Prepared meeting - Bari, Italy	_Train the Trainers - HQ **TBC						
	1.2 Improved Contingency Planning	Koen Mintiens Assisted by Sally Gaynor Maria De La Puente	€ 142,154	€ 112,276	79%	€ 29,878			_Turkey Modelling Workshop				_Private Partnership for anticipating FMD- outbreaks (Pre- meeting of the private stakeholder)	_Nordic-Baltic Simulation Exercise "Ruta" on emergency vaccination and stamping out of large infected herds - Vilnius, Lithuania					
	1.3 THRACE Region support	Frank Busch Etienne Chevanne	€ 377,000	€ 282,809	75%	€ 94,191	_Scoping mission to Ukraine	_THRACE Simulation exercise pre visit - Turkey	_THRACE country Simulation exercise - Turkey	_THRACE & Balkans Management Meeting - Athens, Greece									
	1.4 BALKANS Region	Frank Busch Assisted by Krstevski Kiril	€ 202,110	€ 152,239	75%	€ 49,871		_Mission to Bosnia Herzegovina _Laboratory Workshop + scoping mission - Ohrid, Republic of North Macedonia _Scoping Mission to Montenegro	_Fact finding mission to Bosnia Herzegovina										
	1.5 EuFMD Fund for applied RESEARCH	Keith Sumption	€ 372,387	€ 332,657	89%	€ 39,730					_1st OIE Ad Hoc Group meeting on veterinary emergencies _PANVAC - kick off meeting _EuFMD - VDM meeting (Research Grant)					_OS'18 Site inspection (Carroz)			
	1.6 Emergency	Keith Sumption	€ 323,780	€ 2,900	1%	€ 320,880													
	1.7 Proficiency Testing	Kees Van Maanen	€ 46,300	€ 44,401	96%	€ 1,899													
PILLAR II Supervisor Fabrizio Rosso 1'090'500 €	1.8 Risk Analysis and Communication	Melissa McLaws MariaTeresa Sciduna Etienne Chevanne	€ 84,200	€ 32,401	38%	€ 51,799						_PRAGMATIST Project Meeting	_1st EuRL Workshop (ANSES)						
	2.1 SOUTH EAST EUROPE SEE/ West Eurasia	Carsten Potzsch	€ 356,500	€ 297,677	83%	€ 58,823	_CAREC meeting on "Policy Dialogue on Regional Program for Control and Prevention of TADs" - Astana, Kazakhstan	_TCC Meeting SOI (Mini ExCom)	_Simulation Exercise in Georgia and Turkey _4th Transcaucasus meeting - Paris, France	_SimEx TCC - Turkey	_Mission on RBSP update in Armenia _Mission OIE PPP Workshop	_Statement of intention for regional cooperation between TransCaucasus and neighbouring countries for the prevention and control of FMD							
	2.2 South East MEDITERRANEAN SEM / Cyprus - Israel	Shain Bayomy Abdenacer Bakkouri	€ 260,000	€ 197,326	76%	€ 62,674	_Workshop in CIRAD "Qualitative risk mapping analysis, optimization of monitoring systems on transboundary diseases" Montpellier, France _RBSP Workshop Sudan - Khartoum	_RBSP Workshop Lebanon/Syria- Beirut, Lebanon	_Pillar II Meeting & Planning - HQ _Atelier EuFMD CIRAD Training Tunis, Tunisia _West-bank meeting	_Mission to CIRAD _FMD Risk Mapping Workshop (CIRAD) - FAO HQ		_One Health for the Mediterranean Region in the Age of Big Data - Cagliari, Italy	_15th Conference OIE Regional Commission for the Middle East - Abu Dhabi, United Arab Emirates						
	2.3 Support to REMESA North Africa	Abdenacer Bakkouri support Etienne Chevanne	€ 326,000	€ 240,920	74%	€ 85,080				_SAFOSO and REMESA meeting _Engagement of stakeholders WS - Morocco (tentative) Postponed October		_Workshop design an applied Epidemiolgy training Porgram for Egypt _Workshop on Primary Surveillance (AUSVET)-	_Back to Back Simex Libya (to be confirmed) - Algeria (was for Unis back to Ausvet not confirmed waiting for confirmation)						
	2.4 Pillar II Training development and co-ordination	Jenny Maud A. Bakkouri	€ 148,000	€ 141,450	96%	€ 6,550				_18th JPC-REMESA meeting -Cairo, Egypt									
PILLAR III Supervisor Nicholas Lyons 1'067'152 €	3.1 Support to Global progress monitoring	Nick Lyons Nadia Rumich	€ 86,894	€ 84,703	97%	€ 2,191			_9th Annual Eastern Africa Regional Animal health Network (EA-RAHN)		_PSO Workshop for South Asia - Thailand	_West Africa Roadmap Meeting - Dakar, Senegal _FMD RBSP Experts Consultative Workshop - Nairobi, Kenya							
	3.2 Method and guidelines fo application of PCP-	Nick Lyons	€ 155,954	€ 154,755	99%	€ 1,199			_SADC meeting on FMD				_2nd PPR Global Research and Expertise Network (PPR GREN) - Nairobi, Kenya						
	3.3 Laboratory Support FMD reference lab serv. support regional epidemio	Nick Lyons Kees Van Maanen	€ 628,772	€ 522,441	83%	€ 106,331						_FMD Risk Based Strategic Plan Experts/CDVS's Consultative Workshop _Laboratory Mission Dubai							
	3.4 Global access to PCP-FMD training resources	Jenny Maud STP support Willigton Bessong Mostafa Anowe Bishnu Adhikarir Etienne Chevanne	€ 195,532	€ 191,310	98%	€ 4,222						_GCRF-STARs summer school in Tanzania SACIDS	_The OIE PPP workshop for the South-East Asia Region - Bangkok, Thailand				_JVNN Network Managemen t Board meeting - Hanoi		
4'228'558 €	Total Budget Allowances 2017-2019		€ 4,228,558	€ 3,271,260	77%	€ 957,298													
MTF/INT/011/MUL	Title EuFMD Executive Committee Meeting & Workshop						_FAST EuFMD Special Committee - FAO HQ, Rome IT _43rd General Session - FAO HQ, Rome IT _International South American Commission for the fight Against Foot-and-Mouth Disease (COSALFA) - Cartagena de Indias, Colombia	_87th OIE General Session - Paris, France _Mini ExCom - Paris, France		_1st OIE Ad Hoc Group meeting on veterinary emergencies - Paris, France _International conference on FMD - Bhubaneswar, India			_98th Executive Committee - Paris, France _USANA Annual Meeting - Providence, USA _GFRA Scientific Meeting - Bangkok, Thailand	_STC meeting (ANSES) - maisons-Alfort, France			_STC meeting		
Trainings /Contributions Donor Australia								_Series workshops and meetings related to the mobile phone project - Uganda (Irish Project)						_KTC 33 Real Time Training Course - Kathmandu, Nepal	_KTC 34 Real Time Training Course -				
Other Training Contributions Emergency (UK, Lebano, US,																			
HQ Cost			Budget allocated	Expenses 1-10-17 - 31-08- 2019	%	PROJECT BALANCE													
HQ Based Professional			€ 199,553	€ 342,054	171%	-€ 142,501.32													
HQ Based Operational Consultants			€ 342,740	€ 378,721	110%	-€ 35,980.67													
General Overhead, Evaluation& official FAOreporting			€ 41,608	€ -	0%	€ 41,608.00													
Project Servicing / Charge Support Cost (7%)			€ 336,872	€ 236,306	70%	€ 100,565.70													
HQ - Total			€ 920,773	€ 957,081	104%	€ 36,308.29													
Total Budget Allowances 2017-2019			€ 5,149,331	€ 4,228,341	82%	€ 920,990													

Annex 1

Follow-up to the General Session report

Recommendations of the 43 rd General Session of the EuFMD	Status of follow- up
The Member States review the risk associated with the developing FMD situation in North Africa and that additional effort is made to promote FMD control in the region under REMESA, and develop a mechanism for assured emergency vaccine supply to mobilize vaccines without recourse to vital antigen reserves held on behalf of the member states;	REMESA Joint Planning Committee (JPC) met in June 2019. No immediate progress on the vaccine supply issue but will be taken up in the Phase V work plan (PPP for FAST vaccines, and EuFMD commissioned VMD to provide guidance on prequalification procedures for FMD vaccines).
The EuFMD to continue supporting the Member States on the preparedness for an effective use of emergency vaccination in the case of an outbreak, but broaden the support to consider similar transboundary diseases;	As above - To be addressed under the HOLD- FAST programme, Pillar I.
The EuFMD continue supporting Member States to identify and assess their level of emergency preparedness through simulation exercises and other tools, for FMD and similar transboundary diseases;	Support continued - and planned expansion of support under the HOLD- FAST programme.
That the work programme developed in agreement with the EC has an evaluation undertaken at a mid- point or suitable timeframe to assist the management and Commission to make changes as may be required in good time;	To be proposed in the financing agreement with EC.
The EuFMD explores continued development of the EuFMDis model to include additional EU countries, consider inclusion of additional pathogens, explore availability of national data, continue work to validate the model and communicate its outputs to policymakers	Immediate steps taken to address the requests received for EuFMDis support; and planned development of EuFMDis under new HOLD- FAST programme.
The EuFMD continues to consider the application of existing biosecurity scoring frameworks in prevention, emergency preparedness and outbreak response;	Under consideration - part of the EuFMDis model development to include biosecurity scoring at farm level.
The EuFMD implements the GET Prepared toolbox concept, supported by collaboration with Member States and other partners;	Planned - new HOLD- FAST programme
The EuFMD explores implementation of recommendations on quality assurance, impact assessment and certification of training, including the possibility of this being achieved through partnerships;	Steps to recruit a Chief Learning Officer underway to introduce the major changes needed.
That a platform is established to better engage public and private sector stakeholders to engage upon issues affecting availability of effective vaccines for emergency responses to FAST diseases;	Planning for this under Pillars 1 and 3 in the new HOLD- FAST programme
The continued development and delivery of joint initiatives with the OIE, including on the application of Public Private Partnerships in progressive control of priority diseases for GF- TADS such as FMD and PPR;	Close collaboration on PPP has been maintained through summer 2019 with OIE.

The Standing Technical Committee to meet as soon as possible to identify the optimum working arrangements to meet the expectations for their support to Executive Committee in the implementation of the new strategic plan;	STC chair has been active to hold a first teleconference and a planned F2F meeting in November.
Delivery of training on the application of the biorisk management standards for laboratories handling infectious FMD virus (Tier D) and under emergency situations (Tier C);	No progress - under consideration for the Pillar I training programme
The EuFMD further develops the Pillar III work plan after discussions with GF- TADS management, relating to supporting and achieving a greater synergy between the GF- TADS FMD, PPR secretariats and in their work programmes, taking into consideration the potential contribution of training and expertise available from EuFMD;	Awaiting GF- TADS review of the synergies between FMD, PPR programmes and approaches.
The Executive Committee and the Secretariat to 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;	No substantive progress
The Executive Committee to review the benefits to the EuFMD of updating to the Constitution, including the benefits and conditions for associate or additional membership (Recommendation carried over from the 42 nd Session).	For the Officers/Chairperson - and upcoming ExCom

Annex 2

Status of Letters of Agreement - Work program 2017- 2019 (EC 003/EC Funding)

ref Nb.	Project	Supplier	Amount	Interim Report	Final Report	Summary of Achievement
4	Improved system for M&E of the progress of regional programmes on FMD control under Pillar III - Improved uptake of the global strategy for the Progressive control of FMD	TPI	GBP 21,460	✓		
			GBP 10,730			
			GBP 10,730			
Total per Budget EC Phase IV GBP			42,919			

5	Monitoring and Evaluation of the progress of regional programmes on Foot and Mouth Disease (FMD) control	ANSES	EUR 37,970	✓	✓	The LFD-based inactivation protocol for FMD sample shipment from the field to reference laboratories, was evaluated under field conditions. Safety of the protocol was assessed on a panel of field epithelial samples. Results, from field and lab, obtained show that the citric acid treatment of positive LFD lead to inactivation of the virus. It would seem that that viral genome detection and Molecular typing are not impaired by the citric acid treatment.Viral rescue remains however a challenge. The project also highlighted the need for training of veterinarians/paravets in the field on the protocol. This study allowed indeed to detect for the first time a strain from the O-Ind2001 lineage within Pakistan.
			EUR 18,985			
			EUR 18,985			
Total per Budget EC Phase IV EUR			75,940			

6	Validating multiplex real-time RT-PCR as a tool for FMD detection in bulk tank milk" and "Alternative sampling strategies for FMD and transport of FMDV RNA to an intl ref centre	FLI	5,741.3*	✓	✓	The multiplex RT-qPCR assay can reliably detect FMDV, RVFV and BVDV in milk, with no cross-reactions, minimal competition between the targets and only marginally reduced sensitivity compared to individual assays. The multiplex assay is fully validated and ready to be used with field samples in the second stage of the project. In spite of the positive laboratory validation of the multiplex RT-qPCR, the apparent performance of the FMDV component with the field samples and the samples from the animal experiment was middling. It appears that while the multiplex real-time RT-PCR can reliably detect FMDV in samples from individual animals, it is of limited use for the detection of these FMDV-infected individuals in bulk tank milk.- Proof-of-concept study on the application of GenoTube swabs to FMDV sample collection FMDV adsorbed to GenoTube swabs is highly resilient to heating and retains its infectivity for a long time at room temperature. When used for the shipping of FMDV samples, GenoTubes must be packed according to the IATA regulations for infectious substances (Category B, UN 3373). However, they do not require refrigeration or dry ice, making them a convenient and low-cost alternative to the shipping of frozen liquids
			EUR 9,486			
			EUR 4,743			
Total per Budget EC Phase IV			EUR 23,715			

* 9486.09 minus 3744,79 (rest of LoA PO 313003)

7	Development of Foot and Mouth Disease (FMD) risk map surveillance system	CIRAD	EUR 50,400	Still to be received		
			EUR 50,400			
			EUR 67,200			
			EUR 28,000			
	Total per Budget EC Phase IV EUR		196,000			

8	World reference laboratory services for the FAO/OIE global FMD laboratory network	TPI	EUR 136,530	✓		
			EUR 136,530			
			EUR 182,040			
	Total per Budget EC Phase IV EUR		455,100			

9	Reduction of FMD risk to EuFMD Member States	IZSLT	EUR 23,040.00	✓		
			EUR 23,040.00			
			30,720.00			
			57,290.00			
Total per Budget EC Phase IV EUR			134,090.00			

10	Development of a system for FMD outbreak detection, sample collection and submission	VSF - Suisse	EUR 6,000	✓	✓	2 training workshops undertaken and samples submitted. An institutional framework has been developed for all stakeholders and adapted to WA and CA.
			EUR 8,000			
			EUR 6,000			
Total per Budget EC Phase IV			EUR 20,000			

11	Alternative vaccine selection techniques	TPI WRLFMD	EUR 14,050	✓	✓	The Expert Group has disseminated the aspiration of the working group to other reference laboratories with the aim to test available heterologous potency panels with the avidity and isotype ELISAs. As a follow-on grant, Dr. Capozzo has already transferred the technology successfully to FLI. A manuscript entitled “Estimating the protection afforded by foot-and-mouth disease vaccines in the laboratory” has been submitted to Vaccine to further raise awareness and interest in this subject matter. The avidity and isotype ELISAs have successfully been transferred to the World Reference Laboratory for foot-and-mouth disease (WRLFMD). However, the WRLFMD has had difficulty in purifying field viruses from cell culture supernatants.
			EUR 14,050			
			EUR 18,734			
Total per Budget EC Phase IV			EUR 46,834			

12	Mobile application for livestock disease reporting of FMD	CINI	EUR 6,000.00	✓	✓	App developed but still needs some fine-tuning. The app can add information about farms, animals in that farms and tracing events that happen in the farm. It includes a step-by-step guide to lesion ageing based on an algorithm from knowledge of disease pathology; Suggestions, based on the lesion ageing that helps the vet to identify the type of lesion and its age. The application provides photos of the lesions to further help the vet and allows to create a timeline for every farm based on the lesions of the animals in the farm and the tracings recorded for the farm. It allows to convert the timeline in a PDF format and the functionality to send it through email, and includes information about the diagnostics and the assumptions to help the vet to take the right samples.
			EUR 8,000.00			
			EUR 6,000.00			
	Total per Budget EC Phase IV			EUR 20,000.00		

13	Mobile phone reporting and education system for FMD	Heifer Project International - Uganda	\$ 12,638.55	✓		The training workshop allowed participants to gain a common understanding of the frequent livestock diseases in the community. They became aware of the potential to control FMD and other livestock disease through improved reporting. They appreciated the value and potential of mobile phones in communicating livestock related information, including reporting of livestock diseases.
			\$ 16,851.43			
			\$ 12,638.55			
	Total per Budget EC Phase IV			\$ 42,128.53		







14	Env. sampling to improve FMDV surveillance and control on a pig farm in Thailand	TPI	£ 10,050	n/a	n/a	Closed for impossibility of performance
			£ 10,050			
			£ 13,400			
	Total per Budget EC Phase IV			£ 33,500		

15	Environmental sampling for FMD surveillance in Cameroon	EIDRA	XAF 4,893,036.00	✓	✓	Meetings and workshops undertaken successfully. Elearning finalized; samples collected and shipped to TPI.
			XAF 4,893,036.00			
			XAF 6,524,048.00			
	Total per Budget EC Phase IV			XAF 16,310,120.00		

19	Assessment of NRL capacities across REMESA on FAST diseases and FMD Proficiency tests for 7 non-EU countries	ANSES	EUR 4,188	✓		
			EUR 4,188			
			EUR 5,584			
	Total per Budget EC Phase IV			EUR 13,960		
20	Services for validation of the Prioritization of Antigen Management with International Surveillance Tool	Uni of Surrey	£ 3,613.50	Approved		
			£ 3,613.50			
			£ 4,878.00			
	Total per Budget EC Phase IV			£ 12,045.00		
21	External review of the EuFMDiS Simulation Model	Wageningen Bioveterinary Research	€ 5,825.00			
			€ 3,883.00			
			€ 9,710.00			
	Total per Budget EC Phase IV			€ 19,418.00		
22	Strategy for training of veterinary para-professionals on FAST diseases	RVC	£ 8,655.00			
			£ 14,425.00			
			£ 5,770.00			
	Total per Budget EC Phase IV			£ 28,850.00		
23	Study on the evaluation of impact of EuFMD training on participants and development of a quality assurance procedure for EuFMD training	University of Nottingham	£ 5,074.20			
			£ 4,228.50			
			£ 7,611.65			
	Total per Budget EC Phase IV			16,914.35		





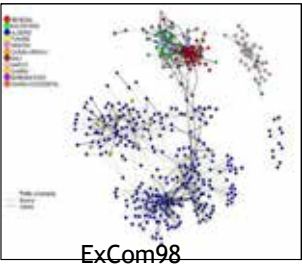

Appendix 3

Delivery of actions

EuFMD Activities

April-September 2019

3-4 October 2019
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I. REDUCE

Pillar I

Improved readiness for FMD crisis management by members

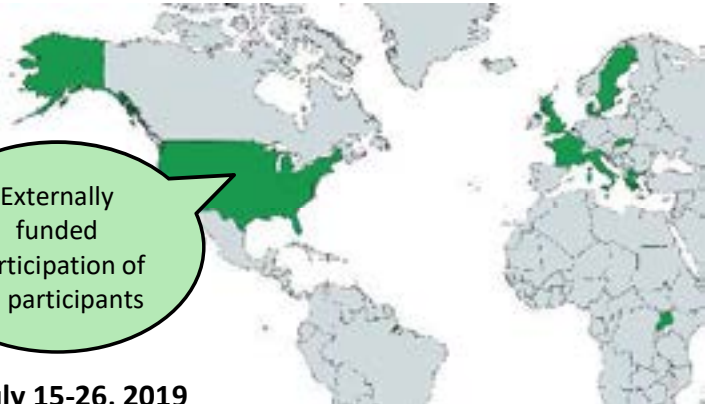
3-4 October 2019
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Emergency Preparedness

Real-time Training

Train European & Ugandan veterinarians in FMD (and FAST) outbreak investigation, diagnostic sampling, biosecurity, and risk assessment.




Total participants: 19


- Denmark: 1
- Greece: 1
- Malta: 1
- North Macedonia: 1
- Slovakia: 2
- Sweden: 1
- Uganda: 4
- USA: 2
- EuFMD:
 - Italy: 3
 - France: 1
 - UK: 2

Externally funded participation of US participants


Date: July 15-26, 2019









3-4 October 2019




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Emergency Preparedness

e-Learning





New open access short online course:
Introduction to Foot-and-Mouth Disease
available for all EuFMD Member States

Externally funded by Canadian Food Inspection Agency


Bilingual online FMD Emergency Preparation for **150 Canadian veterinarians**. May 2019

French language online Investigation Training Course in response to outbreak in **Comoros**











3-4 October 2019




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Emergency Preparedness EuFMDiS Training

Prepare the MS in the adaptation and use of the EuFMDiS modelling tool in FMD preparedness.



Country	# of Participants	Date
N. Macedonia (Skopje)	19	May 21-23, 2019
Turkey (Ankara)	18	June 25-27, 2019
Total	37	








Emergency Preparedness- Thrace Region Simulation Exercises

Bulgaria, Greece and Turkey participated in joint simulation exercises for FMD in the Thrace region, including cross-border exercises.

Date: 18-19 June, 2019; Edirne, Turkey

Country	# of participants
Bulgaria	9
Greece	6
Turkey	7
Total	22

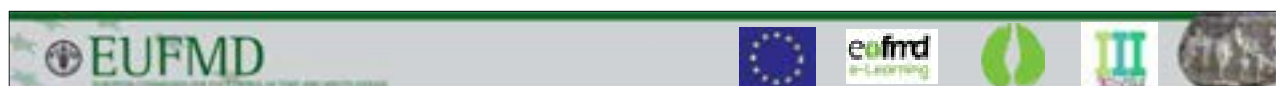




Mr Atilla Bayazit, Director of the Thrace Provincial Agri-forestry Directorate at the THRACE SIM-EX.




3-4 October 2019



Emergency Preparedness- Balkan Region Meeting/Workshop

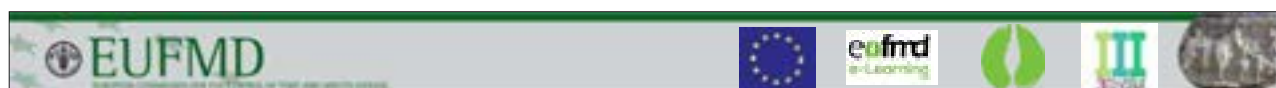
Improve capacities of countries, communities and key stakeholders to implement prevention & mitigation good practices to reduce the impacts of threats and crises.



Lab Preparedness Workshop in
Ohrid (Map and Photo)
3-4 October 2019

Country	Location	Purpose	# of participants	Date
Ukraine	Kiev	VS Scoping	5	Apr 3-4, 2019
Montenegro	Podgorica	VS Scoping	8	May 7-8, 2019
North Macedonia	Ohrid	Lab Preparedness	22 from 12 countries	May 28-29, 2019
Bosnia & Herzegovina	Sarajevo & Banja Luka	VS Fact findings mission	11	June 24-26, 2019

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Emergency Preparedness- Balkan & Thrace Joint Management Meeting, Athens

To discuss common approaches, modelling programs and for synergies to better estimate the risks, impacts and needs for FMD and other TADs (FAST diseases) control.

Date: July 10-11, 2019



3-4 October 2019



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Number of participants 6:
Bulgaria, Greece,
Turkey, Serbia,
North Macedonia,
and Ukraine














II. CONTROL

Pillar II

Reduced risk to Members from the European neighbourhood: progressive control in neighbouring regions

3-4 October 2019
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Risk mapping in the European neighbourhood


Qualitative risk mapping and optimization of national monitoring systems: development of risk-based surveillance protocols with the support of **CIRAD**

Montpellier April 1-12

Armenia (2), Azerbaijan (2)
Georgia (2) Turkey (1) Iran (1)

Workshops

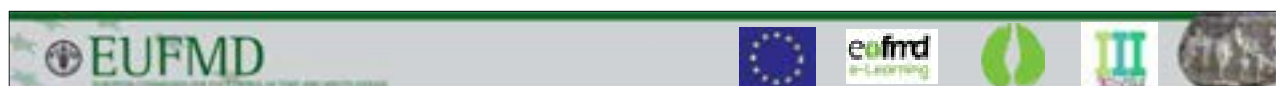


Second workshop on in-depth **qualitative risk mapping** & optimization of **national monitoring system** organized with the technical support of **CIRAD**. Rome, Italy.

Egypt (2) Libya (2) Sudan (2)

15-19 July

3-4 October 2019
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Emergency Preparedness

Workshops and simulation exercises

Technical meeting on **evaluation of emergency preparedness** for FMD and similar TADs in North Africa, organized with technical support of **SAFOSO**

Algeria (2) Morocco (2)
Tunisia (2)
16-17 July, Rome



3-4 October 2019



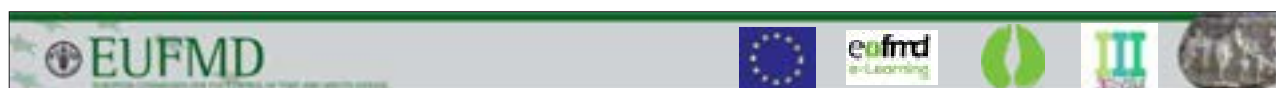
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Simulation exercise for Trans Caucasus countries

10-14 June. Georgia and Turkey

Armenia (3) Azerbaijan (4)
Georgia (7) Turkey (4)
Russian Federation (3)



Frameworks for international co-ordination

Statement of Intentions



4th Annual Meeting for the TransCaucasus Countries – held at the OIE General Session, Paris, France May 2019

3-4 October 2019



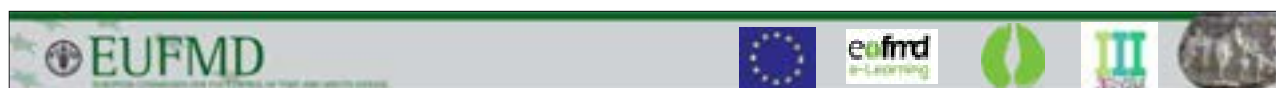
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Management meeting:
Regional cooperation between TransCaucasus and neighbouring countries for the prevention and control of FMD and similar TADs

16-17 September, Rome

Regional networks, immunogenicity studies, RAMPAM studies, database development





Supporting national strategy development

Workshops and consultations

National FMD control - PCP Strategy Workshop for Lebanon (11 participants) and **Syria** (3 participants)
Beirut, Lebanon: 2 to 6 July



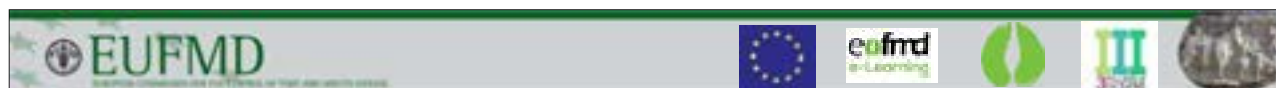
National FMD control – development of PCP stage 3 plans, Mission to Armenia. 12-16 Aug
assist the implementation of the amended National Risk-Based Strategic Plans for FMD control (RBSP) and monitoring and evaluation of the RBSP as well as evaluate the progression to PCP-FMD Stage 3 in the candidate zone of Meghri district.



3-4 October 2019



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Supporting surveillance development

Workshops and consultations

Regional WS for North Africa with technical support of **AUSVET** : **Algeria** (05 participants) , **Morocco** (03), **Tunisia**(8)
- Public and private sector
23-25 Sept 19 *



WS on FMD Early detection and surveillance improvement in North Africa :

Identify the areas for **FMD-FAST** early detection system improvement, develop a **risk-based surveillance** strategy for early detection of FMD incursion and improve the notification and reporting system for **FMD-FAST**.









* Field activity in Tunisia (25-27 Sept)
3-4 October 2019




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Improving outbreak investigation to inform strategy

E-learning courses: FMD Investigation Training Course









Online FMD Investigation Training Course in Russian
3rd edition: June 2019
234 participants from 10 countries self registered.
105 (45%) participants completed the full course.

Online FMD Investigation Training Course in Turkish
3rd edition: June 2019
Partnership with GDPC and the SAP Institute
250 participants
210 participants (84%) completed the full course.
3-4 October 2019


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Supporting national strategy development

E-learning courses: in-depth Socio-economic Impact Assessment in English and French

Participants nominated from across Pillar II and III;
32 countries (English) and 13 countries (French). **60+ participants completed** full course (24 hours study).




Final assignment of course is to develop a study proposal for SE impact assessment.
Proposals from 31 countries have been received and are currently being evaluated for follow up support.

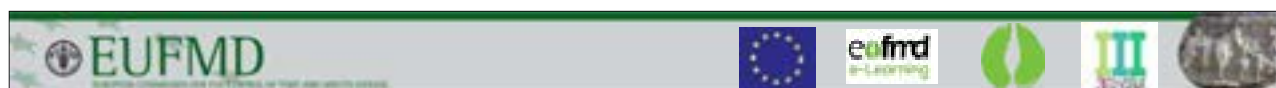


3-4 October 2019

Course reviewed and delivered in partnership with CIRAD (French version).



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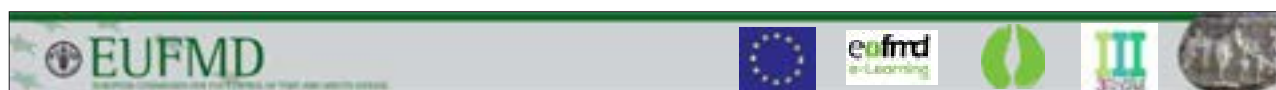
III. PROMOTE

Pillar III

Promote uptake of the global strategy for the progressive control of FMD

3-4 October 2019

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Supporting national PCP progression PCP Support Officer Training



Working with the FAO Regional Office for Asia and the Pacific workshop aimed to **train and expand the PSO network for South Asia**, with participants from Bangladesh, Bhutan, Nepal and Pakistan.
6-8 August
Bangkok, Thailand

3-4 October 2019

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Supporting national PCP progression e-learning courses, workshops and applied research


In partnership with the Pirbright Institute, funded by grant GCRF-STARs

Online Vaccines, Vaccination and Post Vaccination Monitoring Course July 2019

Participants from **13** South and East African countries

24 hour course including developing a research proposal

30+ participants completed the course




Support to Risk Based Strategic Plan development in Kenya

10-12 September







Keith Sumption

7 participants funded to attend follow-up summer school in partnership with SACIDs

15-20 September




3-4 October 2019
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Working with partners Public Private Partnerships and Vaccine Security in co-ordination with the OIE

EuFMD has partnered with the OIE to develop an **open access e-learning** course **Public-Private Partnerships in the Veterinary Domain**.

A follow-up course, with a focus on the application off PPP to FMD control through the PCP is currently under development.






3-4 October 2019







Bouda Ahmadi joined the OIE PPP workshop in Ethiopia 21-22 August

OIE "Big data" Conference, Sardinia (30 Sep – 2 Oct)

Bouda Ahmadi and Fabrizio Rosso on **Meeting global demand for FMD vaccines**







3-4 October 2019
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Supporting the FMD Working Group Regional Roadmap Meeting for West Africa

Two EuFMD experts supported the second **GF-TADs Regional Roadmap meeting for West Africa**
Senegal 4-6 September 2019



3-4 October 2019

36th **GF-TADs FMD working group** meeting
in Paris, 8-9 July 2019

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A summary

In the last five months we have....



...over **500** participants completed e-learning courses...



...involved participants from over **65** countries in at least one event or e-learning course supported by EuFMD...



...and over **150** participants attended a training course, simulation exercise, workshop or meeting.

3-4 October 2019

ExCom98

Appendix 4

Meeting documentation and Work plans



Executive Committee 98

Meeting documentation

3-4 October 2019
Paris-France

EuFMD | European Commission for the Control of Foot-and-Mouth Disease



@EuFMD

Dedicating this meeting to the memory of Jorgen Westergaard

Table of Contents of Appendix 4 Meeting documentation and Work plans

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Item 4 Grant Application Form (GAF)

Item 5 Pillar I Work Plan

Item 7 Pillar II Work Plan

Item 8 Pillar III Work Plan

Item 13 Financial and Administrative reports (Item 2)

Background documentation



Item 4

Extract from the Grant Application Form (GAF)



Item 4

*Extract from the Grant Application Form (GAF) –
GRANTS FOR AN ACTION
Sent by FAO to DG-SANTE on 30-07-2019*

**EU Funded Activities (2019-2023) carried out by the
FAO European Commission for the Control of Foot-and-Mouth Disease (EuFMD)**

Summary

Four year programme of support to the co-ordinated set of activities under the three Pillars of the EuFMD Strategic Plan 2019-23, that together aim to reduce the risk and consequence of FMD and similar transboundary diseases ("FAST diseases") introduction into the 28 EU Member States and 11 other European countries that comprise the EuFMD Membership.

The priorities for the programme, and the workplans, have been developed by representatives of the 39 Members together with the European Commission (EC), the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE), under the EuFMD governance and programme development processes, to ensure they address priorities identified by Members and the EU and are supportive of EU regional and international policies, and align with those of GF-TADS (FAO and OIE Global Framework for the progressive control of Transboundary Animal Diseases (GF-TADS)). This Phase V follows on from the lessons learnt during the successful completion of 14 years of joint actions under funding phases I to IV

OPERATIONAL CAPACITY

The European Commission for the Control of Foot and Mouth Disease (EuFMD) was formed in 1954 as a specialised commission based in the headquarters of the Food and Agriculture Organization (FAO) in Rome, Italy, where it operates within the FAO legal and administrative structure. The EuFMD is an Article XIV body of the FAO, which means it is functionally independent for project management.

The EuFMD Secretariat is funded by the 39 member states, with biennial agreement on the administrative budget, currently agreed at the 43rd General Session of the EuFMD for the biennium 2020-21, with every expectation that this continues at least the same level as current in 2022-23, covering the term of the EC project agreement. There are six FTE (full time equivalents), funded from the members' contribution and these are available full time to operate the project indicated in this GAF. These staff are based at the FAO Headquarters in Rome and comprise the P5 Executive Secretary, a P4 equivalent Deputy Secretary, who acts as Lead Technical Officer and co-ordinates the European neighbourhood work programme, two and a half full time equivalents at P3 level, as technical specialists (Emergency Preparedness programme coordinator, Contingency Planning Officer and Training Programme Development), a P2 Technical Communication and Training Support Officer (80% funded by EC project), and the Workprogram Operational Manager (operational officer). The understanding reached between the Executive and EC is that these staff are provided without cost to the EC programme with the exception of 80% of the cost of the P2 position. The Executive Committee and representatives of the EC, at Commission Sessions, have a common position on the need to retain professional inputs budget line in the proposed action to ensure flexibility is retained in the EC programme to recruit a professional officer for part of the project term.

The operational capacity of the proposed actions thus comprises 6 full-time equivalent positions from the EuFMD contribution and from the EC funds, 4 operational staff plus one P4 equivalent consultant, plus 3 P2 level technical officers on a short term basis (6 month contracts). The project is managed overall by the Executive Secretary, with each Pillar (Output) being supervised by one of three members of the senior Secretariat and managed by one of the above officers. Each Pillar thus has a day to day manager and a supervisor, the latter to ensure co-ordination with the other Outputs under the same Pillar. This system worked very well in Phase IV, and ensures member states (MS) know the overall leader for each Pillar level, while short-term officers manage the actual component activities. The system of short term professionals follows a decision by the Executive to ensure rotation of officers from member states through the Secretariat of the Commission to gain in depth international experience; this also enables the costs per technical officer to be kept very economical as these officers are

released by their Government agency on a short term basis. In addition to the above, shorter-term consultants are used for specific inputs to fulfil activities indicated under the work plans of each of the 14 Components of the project.

The EuFMD supported by an Executive Committee (consisting of Chief Veterinary Officers from EuFMD Members) that meets every six months to review the progress and address any operational, management or financial issues that require higher level agreement with the European Commission (EC). The EuFMD is also supported by a Standing Technical Committee and two Special Committees, one for Surveillance and Applied Research (SCSAR) and one for Laboratory Biorisk Management (SCBRM). These provide a system for providing guidance and peer review, with the STC providing a guidance to the Executive on matters of programme and priorities that is independent from programme operational delivery by the team under the Secretariat.

The activities of the Commission are now approaching their fifth Phase, although the use of the term Phase was only brought in after 2005. Prior to then, from 1st January 1982 to mid-2005, the EC contributed annually to a Trust Fund operated by the EuFMD, with specific agreements being signed from 2001 until 2005. This was followed by multi-year agreements (usually 4 year periods), the latest being Phase IV from 1st Oct 2015 to 30th Sep 2019. The proposed Phase V work programme is structured into three Pillars, reflecting the decision at the 40th Session to ensure that the programme is balanced between the services to member states, efforts to reduce risk from the neighbourhood, and support to the international control of FMD under the FAO and OIE Global Strategy; this structure has been reviewed positively by the member states and endorsed for continuation in Phase V. Within each pillar are a number of "components", which are subprojects each with clearly defined country beneficiaries or groups, with their own outputs, activities and associated budget.

The EuFMD Secretariat technical staff are mostly veterinarians, and each has at least five years' relevant experience. The Executive Secretary has over 14 years' experience in managing the EC programmes from working in his position with the EuFMD.

INFORMATION ON THE WORK PROGRAMME

1. OVERALL IMPACT AND OUTCOME

The overall **Impact** of the project is expected to *be increased resilience of livelihoods to threats and crises* (contributing to FAO Strategic Objective 5, and FAO Regional Office for Europe - Initiative 3).

The **Outcome** of the project is expected to be *a lower FAST disease risk in the European neighbourhood enabling better trade conditions and higher food security prospects for European stakeholders in the livestock sector*. This outcome is dependent on the project **Outputs** being utilised through the actions of the Members and institutional partners that are assisted through the action. The logical framework, indicating the linkages of Outputs to Outcome and Impact, is provided in this section. The impact of the Action will contribute strongly to the FAO Strategic Objective 5, by reducing the risk of animal emergencies through actions to reduce the risk of entry of infection and to mitigate of the disease through better early warning and improved capacity for national and regional response (Resilience).

2. BENEFICIARIES

Immediate beneficiaries are the veterinary services of the 39 countries which are members of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD), hereinafter called "Members".

Final beneficiaries are livestock producers and associated private stakeholders in the livestock value chain in the member states. Other countries in the European neighbourhood that border to the members, where the situation of FMD and similar TADS creates a direct or indirect threat of introduction of the diseases into one or more of the members of EuFMD, may be immediate beneficiaries of activities conducted to promote better management of FAST diseases in those countries. The actions in these neighbourhood countries support the FAO Country Programme Framework (CPF) agreements on priorities with these countries, or are part of the FAO/OIE Global Framework on Transboundary animal disease priorities for the region concerned, and where countries are mentioned in this GAF, the activities described are either covered by the national CPF or identified as a priority under the GF-TADS FMD Roadmap for the region concerned. FAO decentralised offices, as well as OIE decentralised offices, will be consulted before implementation and for Pillar III output, the Activity *involving specific countries* follow direct and co-ordinated (common) request from the Joint FAO and OIE working group on FMD. This ensures that FAO HQ, and inter alia, its regional offices, is in agreement on the proposed activity plans where contact or support to individual countries are foreseen. For Pillar III Output, the final beneficiaries for the international actions to reduce the risk of FMD are principally the livestock sectors of the FAO member

states in sub-Saharan Africa and the Near-East, as these activities support the application of the Global FMD Control Strategy of the Food and Agriculture Organization of the United Nations/Office International des Epizooties (FAO/OIE).

3. THREE STRATEGIC OUTPUTS (PILLARS)

- I. **Improved preparedness** for management of FMD and similar TADS ("FAST disease") crises by Members and across Europe as a whole.
- II. **Reduced risk** to Members from the FAST disease (FMD and similar TADS) situation in the European neighbourhood.
- III. **Sustained progress** of the GF-TADS Global Strategy against FMD and the improved security of supply of effective vaccines.

Partnerships

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

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

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

Technical Co-ordination with institutional and national partners

Each component has its own coordination framework to ensure the activities are well communicated with the member state/national focal points for the component; e.g. 39 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 own 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 14 components, and thus the need to communicate 14 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 live and recorded webinars, and e-learning has been very successful in Phase IV, 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 will be continued, 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 3.2), the World Reference Laboratory at Pirbright is the FAO World Reference Centre and secretariat to the OIE/FAO FMD Reference Centre Network, and provides unique services to national and international organisations; on this basis has been awarded the contracts under Phase IV, foreseen to be continued, following FAO contracting procedures, under Phase V.

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 2019, and this review process will occur at the mid-point of the Phase IV, in April 2021. 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 2021, and proposed to member states at the 44th 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.

These Outputs contribute to meeting the Outcomes, which are grouped under 3 Pillars. The Outcomes at European (Pillar I), neighbourhood (Pillar II) and Global levels (Pillar III) together form the impact of the programme and both Outcomes and Impact are above the level of the programme and depend on expected uptake and application by the stakeholders/beneficiaries.

The 14 Outputs are grouped as follows, 7 under Pillar I, and 3 and 4 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 the logframe and since the budget for each expected result is agreed with the PSSC, the value for money of each result and output can be easily reviewed by the PSSC and the General Session in 2017. 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).

The expected direct results of the programme are the 14 Outputs that the activities are expected to achieve.

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. More precise descriptions of the expected results and the budget to achieve each, than provided here are proposed to the

Program Steering Committee at its first meeting after signature of the funding agreement, before implementation. The Program Steering Subcommittee (PSSC) comprises the EuFMD Chairpersons and EC and EuFMD Secretariat.

The Output, Activity and Target level (expected results) are summarized in the table below.

	Activity (Component level)	Category of Result	Target (Narrative and <i>quantitative</i> expected results)
Output (Pillar) I	1.1 National capacity development for FAST disease emergency preparedness	Capacity	All MS receive training for focal points to enable cascade training on FAST disease emergency management: <i>0 to 30 increase in countries with FAST cascade training system established and delivering cascade training; 30 countries with trainers using GET Prepared tools at national level ; increase from 7 to 30 in countries using EuFMDis for evaluating preparedness</i>
	1.2 Regional capacity in emergency planning	Capacity	Regional capacity to model impact of FAST diseases and control options established and in use by year 4 to guide regional and national planners: <i>Increase from 1 to 10 in EFSA., official or peer reviewed regional risk assessment reports published that use EuFMDis regional scale model; increase from 1 to 4 FAST diseases covered by EuFMDis ; 30 MS expressing high satisfaction with GET Prepared Toolbox utility; 20 meetings of DG-SANTE, GF-TADS or Regional Public-private stakeholders that reference EuFMDis outputs or advocating GET Prepared toolkit</i>
	1.3 Preparedness for use of emergency vaccination inc emergency reserves	Capacity & new System	National and regional preparedness for EV against FAST diseases improved: <i>#Countries that have assessed (modelled) EV needs for FAST diseases (increase from 4 to 15); increase in proportion of MS having tested vaccination in simulation (from 5% to 50%); 3 million vaccine doses assured under AESOP/assurance programme</i>
	1.4 Improved emergency management capacity in South-East Europe	Capacity, Health Outcome and improved system	Confidence in FMD and FAST disease freedom in THRACE maintained for 48 months; improved preparedness in Balkans for FAST disease incursions: <i>144 country -months surveillance system operational; # diagnostic bank provides capacity to respond for 360 months (country* months*TADS), e.g. FMD bank for 10 countries for 36 months of the programme)</i>
	1.5 Applied Research programme	Capacity	Technical outputs of value to contingency planning: <i>20 peer reviewed papers and reports published; average impact level of 7 (scale 0 to 10) as assessed by external technical expert panel</i>
	1.6 PTS	Health Outcome	Non-EU countries that are EuFMD MS are able to participate in PTS on annual basis: <i>10 eligible countries participate each year</i>
	1.7 Global informatics for Risk assessment	Improved system	FMD and FAST disease risk forecasts delivered of value to European risk managers: <i>36 Regional pool risk reports, 12 by global 3 monthly reports</i>
	Outputs (Component level)	Target (expected result)	

Pillar II	2.1 Co-ordination and FAST control framework	Better consultation; Health Outcomes	Functional and effective co-ordination of EuMD actions with EC, EU members and GF-TADS; measurable progress in status of national control plans and a small but quantifiable reduction in FAST disease risk: <i>16 reports from the regular monitoring and three-monthly analysis of FAST situation and control strategies adopted in EU neighbourhood; increase from 4 to 10 in number of FMD/FAST strategic plans revised according to updated risk assessment, socio-economic analysis, monitoring and evaluation results; # increase from 1 to 4 in laboratory and epidemiology network workplans implemented in the European neighbourhood in respective Roadmap regions; #evidence of 6 public-private partnerships (PPP) engaged at national level for better FAST monitoring and control</i>
	2.2 FAST disease: Improved Early Warning	Improved system & Health Outcomes	Functioning early warning system for FAST disease functioning by 24 months, shown to be effective in the targeting of control efforts by 48 months; <i>Increase from 3 to 9 in countries providing regularly updated risk maps for FAST diseases based on animal mobility analyses, regular risk based surveillance implemented for multiple diseases in 6 hot spot locations, increase from 4 to 12 in countries regularly participating in multi-country risk information sharing models for FAST diseases</i>
	2.3 Capacity development for surveillance and improved control programmes	Capacity	National capacity and regional capacity to undertake the EW surveillance and monitor FAST disease control, is established <i>Increase (0 to 6) in national laboratories with improved capacity for FAST diagnosis; increase (2 to 8) in number of studies on vaccine efficacy and vaccination effectiveness implemented and results shared; increase (2 to 6) in training schemes developed and delivered to assist FAST management ; delivery of elearning courses to large number (4000) of veterinarians and para-professionals in the workplan 2019-2022</i>
	Outputs (Component level)	Target (expected result)	
Pillar III	3.1 Sustained and effective PCP-FMD implementation	Consultation& Health Outcomes	Significant improvement in quality, rate of approval and national implementation of FMD Control plans: <i>Global Secretariat Increase (from 8 to 25) in certified PCP support officers; increase (from 5 to 20) in control plan submissions processed by GF-TADS WG per year</i>
	3.2 Improved global laboratory support	Health Outcome	Improved FMD virus intelligence to guide Regional and National Risk managers.GF-TADS and national level risk managers receive FMD FMD <i>Increase in virus pools (from 1 to 5 out of 6) achieving sampling targets for laboratory surveillance; 4 annual network reports published</i>
	3.3 Better training for progressive control	Capacity	Greatly enhanced delivery of FMD training at regional level in FIVE priority Roadmap regions : <i>Increase (from 500 to 2500) in completed online courses from target countries (n=90) ; 500 evidences of cascade (course content used to train others)</i>
	3.4 Improved vaccine security	Improved system	Accelerated rate of investment in FMD vaccine production by private sector achieved : <i>At least 4 Reports published by the PPSP platform</i>

The General Session of the EuFMD (attended by 39 member states and neighbourhood observers) in 2019 agreed upon the three Pillars, and their associated activities for the period 2019-21. The next Session, in April 2021 is the appropriate opportunity to review the achievements and their utility for uptake by member states and at regional level and adopt the changes, if any, proposed by the Executive after implementation of the first 18 months of the programme. The coordination framework is expected to be the main opportunity for review of achievements as well as dissemination of results, and assist in identification of changes required to the component workplan for the months 25-48.

The EuFMD ExCom, at which EC, OIE and FAO actively participate, is mandated to monitor the implementation of the programme every six months or more frequently if needed; the Program Steering Subcommittee (PSSC) under the ExCom is mandated to propose changes to the programme depending on the risks identified, and to obtain greater effectiveness within the strategic goals agreed. The EuFMD Secretariat as implementing body is responsible to ensure the above Committees are kept aware of issues in implementation and risks to delivery and effectiveness. The above system has worked well in Phases I to IV of the EU/FAO agreement.

An independent Mid-term Evaluation will be undertaken when delivery will reach 50% of the initial total and a Final Evaluation is recommended to be completed within six months prior to the actual completion date of the project. Evaluations will aim at identifying project efficiency, outcomes, their sustainability and actual or potential impacts. The Final evaluation will also have the purpose of indicating future actions needed to assure continuity of the process developed through the project. FAO Office of Evaluation, in consultation with EU and with other project stakeholders, will be responsible for organizing and backstopping the Final Evaluation, including: finalizing the ToR, selecting and backstopping the team and Quality Assurance of the final report in line with article 10 of the PAGoDA General Conditions.



Item 5a Work plan Pillar I

Pillar I (Output I)

Pillar Objective

Improved preparedness for management of FMD and similar TADS ('FAST disease') crises by Members and across Europe as a whole.

Pillar Co-ordinator

Maria de la Puente Arevalo

Approval and implementation

Stage	Status
Consultation with beneficiary MS	To occur September 2019
Review period	To occur following Executive Committee Meeting
Workplan proposed	Executive Committee Meeting October 2019

Component 1.1 (Activity 1)

Training for Member States

Objective

Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member States to cascade training at national level.

Component Manager

TBD

1. Background

As in the previous phase IV, Component 1 will include all training activities under the training credits system. A **training menu** will be developed and offered to the 39 EuFMD Member States (MS), who may spend their training credits choosing from a range of options. Regular communication with the 39 Training Focal Points (TFP) will take place, in order to ensure that the program is correctly developed and implemented by the end of each biennium (2019-2021 and 2021-2023).

The training menu will include online training courses (multi-country and tailored courses) and face-to-face courses (workshops and Real Time Trainings). Support for **regional initiatives** and assistance with **national training** will also be included and encouraged as options in the training menu. However, this training menu will be defined once the training needs have been established. To do so, information from different sources will be collected and analyzed, including feedback surveys from previous courses; expert opinion of component managers and EuFMD consultants working with the MS; questionnaires sent to the Training Focal Points (TFP); workshop to identify the training needs and gaps in emergency preparedness (held in September 2019). The new training menu will include topics related to FAST diseases. It will focus on providing countries with practical knowledge to deal with challenges related to disease detection, control and recovery phase after an outbreak. The new training program will consider the risk that the different FAST diseases pose in the different MS.

In this new phase, an additional effort will be made to support **capacity building** at national level. EuFMD training support services will include training resources and materials that can be used at national level to cascade knowledge by the trainees participating in EuFMD courses and by national education institutions. The number of these **open access resources** and their visibility and accessibility will be raised substantially to increase the number of people making use of material created or referenced by EuFMD.

Together with the open access resources (training resources and job aids), the online FMD Emergency Preparedness course and any other relevant training material, will be made immediately available for EuFMD members in the case of a **FAST disease incursion**, in order to train a large number of veterinarians involved in emergency response in a short time.

In phase V, in order to promote the **engagement of the private sector** in the prevention and control of FAST diseases, a percentage of training for private sector actors at national levels (livestock industries and associated with livestock value chains) will be accounted for by opening opportunities to the private sector to train alongside the official veterinary service.

In order to ensure the quality across the training programme and to carry out a continuous evaluation of the impact of our training programme, a **Training Quality Management System** will be established. This system aims to guarantee that EuFMD provides high-quality and high-impact training. It will be established following the recommendations of an independent expert panel (experts in adult education from the MS).

Moreover, during this phase, work will be carried out under component 1 to **achieve accreditation** of EuFMD courses as Continuing Professional Development (CPD) and /or part of a wider, European system for recognition of training for achievement of competencies by veterinary authority personnel.

EuFMD will be part of a working group that, within the framework of a **VetCEE dossier of Competence**, will aim to define the requirements for a postgraduate training programme in the field of Veterinary Public Health (VPH). The identification of a common quality standard for a middle-tier postgraduate specialization program in the field of VPH, will allow for mutual recognition within the EU of the national postgraduate training courses.

To guarantee **co-ordination** with, and engagement of, the relevant partners, regular meetings will be organized during the Phase. The outputs of those meetings will be used to adapt and improve the activities implemented under Component 1.

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arevalo	Pillar I Coordinator
Training manager	Jenny Maud	Training Programme Manager
Component manager	TBD	Short Term Placement
Training and networking	Nadia Rumich	Network and Training Support
Member State partners	Training focal Points in each EuFMD MS	n/a
Executive Committee oversight	TBD	Executive Committee member
FAO officer	Eran Raizman	FAO Regional office Europe
OIE	TBD	
EU Commission	TBD	

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member States of EuFMD.

Communication with representatives of the EU initiative *Better Training for Safer Food* (BTSF) will take place to guarantee that the training offer of both projects (EuFMD and BTSF) is complementary.

4. Reporting

<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 and presentation	ExCom, STC	Network and Training Support
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support
Website report	Component manager	Written report	Website	Network and Training Support
Workshop/Mission reports	Lead facilitator	Written report if required	EuFMD, AGAH, others if required	Network and Training Support

5. Objective of the component

The overarching objective of this component is:

Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member States to cascade training at national level.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.1 Training for Member States	Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member States to cascade training at national level	Training on FAST diseases, resources, tools and technical assistance is provided to all MS to enable cascade training at national level in order to develop their capacity to respond to FAST disease emergencies	60% of the countries to have implemented national training activities using EuFMD training resources and/or training support services in four years	Regular collection of information through contacts with TFP. Procedure established in the training quality management system	Two external evaluations to be carried out by month 18 and 38 of Phase V	Assumes commitment from MS to develop and implement national trainings on FAST diseases and demand to use EuFMD training support services

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of sub-activities:

1.1.1. Training support services providing training resources, materials and expert guidance to cascade training on FAST diseases:

- 1.1.1.1. Training infrastructure
- 1.1.1.2. Training resources

1.1.2. Training programme for Member States:

- 1.1.2.1. Implementation of a demand-driven training programme covering identified priority areas in the fields of detection, emergency preparedness, emergency management and recovery for FAST diseases

1.1.3. Training Quality Management System (TQMS) to ensure the quality across EuFMD training programme and the continuous evaluation of the impact of our training:

- 1.1.3.1. Quality assurance across the training programme and assessment of its impact
- 1.1.3.2. Accreditation of EuFMD training courses.

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.1.1. Training support services	Training support services: Training infrastructure.	Maintenance and improvement of the training infrastructure, including online platforms.	EuFMD online platforms will be functioning and accessible to users more than 23 months per biennium during phase V.	The development and maintenance of EuFMD online platforms to be aligned with Information Technology (IT) FAO rules.
	Training support services: Open access resources.	Availability of the existing open access resources and generation of new training materials and job aids that can be used by MS in their trainings at national level. Development of new open access courses. Whenever possible, the development of new resources will be done using material developed under 1.1.2. Some of the new resources developed under this sub-activity will be linked to the GET Prepared toolbox, as relevant.	a) Open access resources will be accessible to users more than 23 months per biennium during phase V. b) A number of new resources to be defined will be developed per year.	Risk of lack of priority to the development of new resources due to workload: careful planning will be required.
	1.1.2.1. Implementation of a demand driven training programme covering identified priority areas in the fields of detection, emergency preparedness, emergency management and recovery for FAST diseases.	Evaluation of the training needs and development of a training menu according to these. Each country will receive 10 training credits to choose from a range of options established in the training menu. Implementation of the training programme, delivering the different training courses (online and face-to-face), regional initiatives, missions and tailored in-country assistance. Co-ordination with the TFP including regular on-line and/or face-to-face meetings.	At least 90 % of the training credits spent by the MS by the end of each biennium.	Assumes commitment from MS and active collaboration from TFP.
1.1.3. TQMS	1.1.3.1. Quality assurance across the training programme and assessment of its impact.	Development of a Training Quality Management System in order to ensure the quality across the training programme; carry out regular evaluations of the impact of our training programme to support the design of a training offer that can achieve higher capacity development at country level. This system will guarantee that EuFMD provides high-quality and high impact training.	Development and full implementation of the training quality management system by June 2020.	Relies on proper implementation of the procedures established by the new system in order to apply harmonized procedures and collect adequate information.
	1.1.3.2. Accreditation of EuFMD training courses.	Accreditation of EuFMD training courses as continuing professional development (CPD) and/or part of a wider system for recognition of training for achievement of competences by veterinary authority personnel. Participation in the working group to define requirements for a post graduate training programme in the field of veterinary public health (VPH), within the framework of a VetCEE dossier of Competence .	Accreditation of EuFMD training courses by the end of the first biennium of phase V.	Risk of timetable slipping if the accreditation procedures are long and require a lot of administrative work.

7. Gantt chart

1.1 Training for Member States		Sub Activities		YEAR 1													YEAR 2												
					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. Training support services	1.1.1.1. Training support services: Training infrastructure	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											
	1.1.1.2. Training support services: Open access resources	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											
1.1.2. Training programme	1.1.2.1. Implementation of a demand driven training programme covering identified priority areas in the fields of detection, emergency preparedness, emergency management and recovery for FAST diseases	Planning and development																											
	Implementation and application																												
	Co-ordination/ Meetings																												
	Evaluation																												
1.1.3. TQMS	1.1.3.1. Quality assurance across the training programme and assessment of its impact	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											
	1.1.3.2. Accreditation of EuFMD training courses	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											

GANTT CHART NOTES

1.1.1.1	Planning and development	Planning of improvements and changes in the training infrastructure	Implementation and application	Maintenance and implementation of new developments	Co-ordination/ Meetings	Co-ordination meetings as part of the planning; with EuFMD staff and external partners as relevant	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.1.1.2		Definition of priority new resources to be developed; Schedule and assignation of tasks within EuFMD team		Development of new resources		Internal co-ordination and follow-up meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation + first additional evaluation. Reinforcement of evaluations to follow up development of new resources
1.1.2.1		Training needs assessment, definition of the training menu and allocation of training credits; Adaptation to evaluation recommendations; Planning for second biennium.		Implementation of the training programme: Delivery of workshops, RTT, online courses, support missions, etc.		Training Focal Points Meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.1.3.1		Development of guidelines for putting in place the TQMS (LoA University of Nottingham); Planning and adoption of procedures to put in place EuFMD TQMS; Adaptation to evaluation recommendations; Planning for second biennium.		Application of procedures established by the TQMS, including regular collection of information to be evaluated in order to: a) ensure continuous improvement of our training programme b) assess impact of our training		Meeting with experts from University of Nottingham; Internal meeting for communication of new procedures under the TQMS to EuFMD staff involved in training activities; Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.1.3.1		Planning and preparation of dossier for course accreditation		Application for course accreditation		VetCEE dossier of Competence working group meetings		Final-biennium (external) evaluation

8. Budget (€) COMP. 1.1

Component 1.1 - "Training for MS"										
Objective: Develop European expertise in FAST disease emergency management and assist national FAST disease preparedness training programmes.	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.1.1. Training support services providing training resources, materials and expert guidance to develop capacity building and cascade training on FAST diseases at national level	2,200	10,000	97,000	5,000	14,000	13,000	0	19,000	160,200
	1.1.2. Training programme	16,138	22,161	35,000	210,000	70,000	0	15,000	40,000	408,299
	1.1.3. Training quality management system	3,600	2,750	48,000	5,000	2,000	10,000	0	6,000	77,350
	TOTAL FOR COMPONENT 1.1 BY BUDGET LINE	21,938	34,911	180,000	220,000	86,000	23,000	15,000	65,000	645,849

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

Description	Contribution	Funding source
Component Manager: Short Term Placement	20% full time equivalent (FTE)	EuFMD Trust Fund (MS contributions)
Chief learning officer	20% FTE	EuFMD Trust Fund (MS contributions)
E-learning technologist	20% FTE	EuFMD Trust Fund (MS contributions)

9. Challenges to achieving component objectives

1. Commitment and engagement by national authorities is needed to achieve the component objective. In particular, allocation of training credits and nomination of participants to participate in courses requires active collaboration from the Training Focal Points (TFP). In phase IV, this collaboration was very rewarding with the great majority of the countries. However, the lack of response by some TFP could continue in phase V, affecting EuFMD's impact in these countries preparedness against FAST diseases.
2. National cascade training depends on the engagement of trainees participating in EuFMD courses and on the support they receive from their authorities to organize training at national level.
3. Development of new training resources and materials according to an established timeline, will require careful planning of time and human resources to avoid delays to output delivery.
4. The implementation of the procedures established in the new *Training Quality Management System* will require the training and engagement of all EuFMD staff involved in different training initiatives across the program, to apply harmonized procedures and collect adequate information. This information will need to be centralized, analyzed and lead to continuous improvement of EuFMD training program.
5. Achieving the accreditation of EuFMD training courses within the established timeframe will depend on our capacity of fulfilling the requirements of the accreditation body and the length of the accreditation procedure.

Component 1.2 (Activity 2)

Emergency Preparedness

Objective

Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to test and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement.

Component Manager

Koen Mintiens

1. Background

The activities in this component will engage with, and be provided to, each of the 39 member states. Some additional European countries, that are not EuFMD members, might be invited to activities under this component.

GET Prepared

During phase IV of the program, the concept for the development of a comprehensive toolbox (“GET Prepared”) of resources for contingency planners was developed. It was presented during the forty-third General Session of the EuFMD -GS43 (April 2019) and received great support from the Member States (MS). In phase V, this tool will be populated with guidance documents, assessment tools and best practices. The work will be done in collaboration with the MS contingency planners. A forum will be set up to facilitate sharing of best practices and to identify improvements to the uptake or application of GET Prepared Toolbox contents. The identification of these gaps will support the planning of the development of new guidance documents under this component or of new training workshops under component 1.1.

EuFMDiS

The development of the European Foot and Mouth Disease Spread Model (**EuFMDiS**) in the previous phase also received strong support from the MS. A sufficient number of countries will be incorporated into the model during phase V to enable both national and Europe-scale assessment of the effects of FMD incursions and control measures. New features will be included in EuFMDiS in order to meet the priorities agreed by the expert panel under the Standing Technical Committee (STC). These new features will include the capacity of modelling wildlife-domestic animal interactions; the impact of changing biosecurity at animal holdings and during livestock movements; the incorporation of pastoralist systems and the inclusion of carcass disposal capacity. EuFMDiS will be adapted to model other FAST diseases, on the basis of priorities identified by the STC and agreed with the Executive Committee. These activities will be accompanied by training initiatives and regular engagement with the user community to ensure adequate use of the model.

Emergency Preparedness Network

An ‘**Emergency Preparedness Network**’ will integrate the previous Modelling, Vaccination and Contingency Planning Networks to continue providing up-to-date information on different topics related to FAST disease Emergency Preparedness (EP), act as a forum for EP experts and a database of veterinarians who have been trained in a Real Time Training (RTT) course. This network of EP experts will comprise contingency planners from different countries and experts from international organizations.

The work initiated during the last biennium to increase **collaboration and engagement of the private sector** in the prevention and control of FAST diseases will continue during phase V. The discussions and activities held with different stakeholders will lead to recommendations to improve future legislation and contingency plans in the MS and to raise awareness among the private sector.

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arevalo	Pillar I Coordinator
Component manager	Koen Mintiens	Quantitative Risk Assessor
Training and networking	Nadia Rumich	Training and Networking
EuFMDiS user support	Tiziano Federici	EuFMDiS assistant
Modelling expert	Shankar Yadav	Quantitative Risk Assessor
EuFMDiS developer	Graeme Garner	EuFMD consultant
EuFMDiS developer	Richard Bradhurst	EuFMD consultant
Member State partners	Contingency planning focal points	n/a
GET prepared leader	Sally Gaynor	Emergency Preparedness Expert
ExCom oversight		
FAO officer	Eran Raizman	FAO REU

3. Countries or partner organizations involved

The 39 member states of EuFMD are the direct beneficiaries of this component. As the activities under this component have a strong relevance to Ukraine and Moldova, and other such European countries that are not currently MS, the agreement of the EC for their participation maybe proposed.

The work done under this component will require the collaboration of the MS and different technical partners in the EU Commission, particularly EFSA (EuFMDiS) and Directorate F of DG-SANTE (GET Prepared). A continuous cooperation will also be established with the World Organisation for Animal Health (OIE) and the Emergency Management Center (EMC) of FAO to guarantee complementarity of work on emergency preparedness by the different organizations.

4. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Website report	Component manager	Written report	Website	Network and Training Support Officer
Mission reports	Leader of the Mission	Written report if required	EuFMD, AGAH, others if required	Network and Training Support Officer

5. Objective of the component

The overarching objective of this component is:

Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to test and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.2 Emergency Preparedness	Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to assess and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement.	Tools to assess and improve MS contingency plans are developed; Mechanisms to facilitate discussion fora among experts in emergency preparedness and among private and public sector are established.	80% of the countries to have introduced some improvement in their contingency plans by the end of the phase as a result of the work done under this component.	Regular collection of information through contacts with TFP.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from MS to contribute in the development of the use and to make use of them; Assumes engagement of members of the networks.

6. Planned Component Sub-Activities

The expected results of the component will be achieved through a program of **sub-activities**:

- 1.2.1.** Tools for contingency planning and decision support for the better management of FAST disease risks:
 - 1.2.1.1. GET Prepared
 - 1.2.1.2. Development of resources
- 1.2.2.** FAST disease modelling for Europe:
 - 1.2.2.1. European Foot and mouth Disease Spread Model (EuFMDiS)
- 1.2.3.** Emergency Preparedness Network for contingency planners and experts in emergency preparedness:
 - 1.2.3.1. Online network
 - 1.2.3.2. Working groups and meetings
- 1.2.4.** Public-private partnerships for the prevention and control of FAST diseases:
 - 1.2.4.1. Public-private partnership discussion forum and initiatives to increase collaboration and engagement of the private sector in the prevention and control of FAST diseases

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.2.1. Tools for Contingency Planning	1.2.1.1 GET Prepared	Development of a comprehensive toolbox ("GET Prepared") of resources for contingency planners	a) Identification and compilation of examples of good practice in EP during the first year of phase V b) Online GET Prepared tool available by the end of the first biennium c) At least 95% of the components of emergency preparedness ('bricks in the wall') will contain assessment resources and examples of good practice by the third year of phase V.	Assumes that a large number of useful resources that will be included or referenced in GET Prepared have already been developed by other countries and organizations
	1.2.1.2 Development of resources	Development of resources such as guidance documents or assessment tools whenever is necessary to fill a gap within a 'brick' in GET Prepared.	2 new resources will be developed per biennium, if a need is identified.	Assumes that 4 new resources will be enough to cover the existing gaps.
1.2.2. FAST disease modelling	1.2.2.1 EuFMDiS	Incorporation of new countries to EuFMDiS to enable both national and Europe-scale assessment of the effects of FMD incursions and control measures. Addition of new features in EuFMDiS as agreed by the expert panel under the Standing Technical Committee (STC). Adaptation of the model to other FAST diseases. Support to EuFMDiS users to facilitate the use of the model to carry out studies that are useful to test their contingency plan.	a) 10 countries added to EuFMDiS by the 3 rd year of phase V (baseline: 7 countries) b) EuFMDiS adapted to 2 more FAST diseases by the 3 rd year of phase V. c) 8 new features added to the model by the 3 rd year of phase V. d) At least 5 users support activities (trainings, webinars, and meetings) held per year.	Relies on MS commitment to adapt the model to their countries. Risk of countries making poor use of the model, esp. if external factor (e.g. other disease outbreaks).
1.2.3. Emergency Preparedness Network	1.2.3.1. Online network	Development of an online page to host the new Emergency Preparedness Network, integrating the previous Modelling, Vaccination and Contingency Planning networks. Provide opportunities for members to interact and learn through webinars or other resources related to contingency planning, emergency vaccination and disease modelling. Provide a forum to increase the sharing of good practices in emergency preparedness	a) Online site developed and participants enrolled by the end of 2019 b) 12 webinars or other resources (videos, podcasts, papers) presented to the network members during each biennium	Assumes interest by participants of the network to actively contribute to the discussions and exchange of good practices
	1.2.3.2. Working groups and meetings	Organization of working groups and meetings to reinforce the discussion forum provided by the online network. Joint TFP/EP preparedness experts meetings might be considered	At least 1 F2F meeting held per year	Assumes availability of contingency planners and emergency preparedness experts from different organizations
1.2.4. PPP	1.2.4.1. Public-private partnership discussion forum and initiatives to increase collaboration and engagement of the private sector in the prevention and control of FAST disease.	Establish a discussion forum to work with different stakeholders on a) best practices to increase collaboration and engagement of the private sector in the prevention and control of FAST diseases; b) concerns and challenges of disease control for the private sector; c) better ways to raise awareness on FAST diseases among the private sector.	a) 2 meetings per year (F2F or on-line) with different representatives of the private sector b) 2 simulation exercises involving the private sector organized by the end of the first biennium of phase V c) At least 1 recommendation doc drafted after each simulation exercise.	Assumes interest and active participation of relevant stakeholders to take part in and co-organize these activities.

7. Gantt chart

1.2 Emergency Preparedness			YEAR 1													YEAR 2												
			Sub Activities			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
1.2.1. Tools for contingency planning	1.2.1.1. GET Prepared	Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
	1.2.1.2. Development of resources	Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
	1.2.2. FAST disease modelling	1.2.2.1. EuFMDiS	Planning and development																									
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
	1.2.3. Emergency Preparedness Network	1.2.3.1. Online network	Planning and development																									
			Implementation and application																									
			Co-ordination/ Meetings																									
			Evaluation																									
1.2.3.2. Working groups and meetings		Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										
1.2.4. PPP	1.2.4.1. Public-private partnership discussion forum to increase collaboration and engagement of the private sector in the prevention and control of FAST disease	Planning and development																										
		Implementation and application																										
		Co-ordination/ Meetings																										
		Evaluation																										

GANTT CHART NOTES

1.2.1.1	Planning and development	Identification and compilation of examples of good practice in EP; Development of online GET Prepared tool; Adaptation to evaluation recommendations; Planning for second biennium.	Implementation and application	Sharing with MS initial compilation of resources done; Availability of the GET Prepared online toolbox with the resources included NOTE: Inclusion of new resources will be an ongoing process.	Co-ordination/ Meetings	Co-ordination meetings as part of the planning and development process: with EuFMD staff and external partners as relevant (DG SANTE-F, EMC, OIE, IT developers and designers).	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.1.2		Development of resources; Planning for second biennium.		Publication of new resources.		Co-ordination with relevant people as part of the developing process		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.2.1		Planning and development to: include one additional country; add a new disease; include one additional country; add new features; include one additional country.		Additions incorporated in EuFMDiS.		Technical co-ordination meeting; Users group meeting; EuFMDiS advisory group meeting; EuFMDiS advisory group meeting; Users group meeting. *Revision point of the strategy to up-scale EuFMDiS to a pan-European model.		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.3.1		Online site development and enrolment of participants; Adaptation to evaluation recommendations; Planning for second biennium.		Resources and activities made available for the online network.		Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.3.2		Adaptation to evaluation recommendations.				EP preparedness experts meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation.
1.2.4.1		Preparation for SimEx; drafting Recommendations document; Adaptation to evaluation recommendations.		Simulation exercises; Recommendations documents drafted.		PPP meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation.

8. Budget (€) COMP. 1.2

Component 1.2 - Emergency Preparedness										
Objective: Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to test and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.2.1 Tools for contingency planning and decision support for the better management of FAST disease risks	2,000	5,000	30,000	2,000	0	0	0	10,000	49,000
	1.2.2 FAST disease modelling for Europe	1,000		43,000	33,000	30,000	50,000	0	5,000	162,000
	1.2.3 Emergency Preparedness network for contingency planners and professionals with interests in disease modelling and/or emergency vaccination	6,000	22,161	2,000	20,000	11,500	0	0	1,000	62,661
	1.2.4 Public-private partnership for the prevention and control of FAST disease	2,700	2,750	5,000	5,000	2,000	0	0	5,000	22,450
	TOTAL FOR COMPONENT 1.2 BY BUDGET LINE	11,700	29,911	80,000	60,000	43,500	50,000	0	21,000	296,111

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

Description	Contribution	Funding source
Component Manager: Category A Consultant	20% full time equivalent (FTE)	EuFMD Trust Fund (MS contributions)

9. Challenges to achieving component objectives

1. Member State commitment and engagement will be necessary to build GET Prepared up through sharing good practices and the identification of gaps in preparedness. Good practices in one context are not necessarily applicable in another. Therefore, to guarantee that the experience in some countries is useful to others, the EuFMD will need to work in the definition of criteria of good practice that help to identify what is working well in general terms.
2. Scaling up EuFMDiS to a pan-European model will involve the commitment of engagement of the Member States. Adapting the model to a specific country requires that a team of people in that country dedicate a significant amount of time to collect information. Once the model is set up, it should be used on a regular basis to test the contingency plan, but time constraints can be a limitation to do so. Solutions will be needed to fill the gaps left by countries that are not interested to join a pan-European version of EuFMDiS.
3. There are some practical aspects of maintaining and expanding EuFMDiS that the EuFMD will need to consider: adequate training and support for EuFMDiS users; updating and refining input data in the model; availability of the model for users (improved installation process and/or placing the model in a server).

Component 1.3 (Activity 3)

Emergency vaccination

Objective

Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new systems to increase FMD vaccine security.

Component Manager

TBD

1. Background

The EuFMD organized the Open Session meeting, 29-30 October 2018, on “Increasing Global Security in the supply of FMD vaccines” and the theme attracted huge interest, reflecting the degree of concern that lack of availability of vaccines is constraining progress at every level. Some key messages of the meeting were:

- Quality vaccines are not sufficient and the barriers that prevent their availability must be addressed;
- Further work to quantify the unmet demand for vaccines and predict future growth is needed;
- Improving vaccine availability needs urgent attention by both public and private sectors and a new form of partnership is required;
- In endemic settings, livestock keepers should have the right to access effective vaccines to protect their livestock and livelihoods;
- A shift in the vaccine stewardship paradigm is required to:
 - create an enabling environment for investment in vaccine security;
 - continue to support R&D for innovative technologies and partnerships;
 - ensure inclusion of all stakeholders in the value chain.

To respond to these concerns, and in particular those affecting Member States, the creation of a new component to address vaccine security against FAST diseases was outlined during the 43rd General Session of the EuFMD (April 2019) and agreed to by Member States.

The activities in this component will engage with and be relevant to each of the 39 Member States.

EuFMD will provide **regular guidance** to contingency planners at national and European (EU and GF-TADs) scale on all aspects of vaccine availability and performance for use in emergency vaccination programmes, for the priority FAST diseases. This activity will be linked closely to the work done under component 7 of Pillar I to update and regularly use the PRAGMATIST to provide information of the FMD risks and the relative value of the antigens available for use in European emergency reserves.

In order to generate some of this information, to improve understanding of issues and to identify pathways or actions to improve the availability of vaccines suitable for use by Member States in disease emergencies, a **public and private sector platform (PPSP)** will be established.

In close collaboration with components 2 and 4 of Pillar I, EuFMD will **scope the state of preparedness for emergency vaccination** in the plans of the Member States and on the issues that constrain them from inclusion of vaccination in their plans. The issues identified may be discussed by the **PPSP** to draft recommendations to address these constraints. Moreover, they may lead to the development of training activities for MS organized under components 1 and/or 4.

New systems to improve vaccine quality and availability will be established:

- A **pre-qualified supplier system** for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MS;
- An emergency procurement and supply mechanism for FMD vaccines, operating through FAO procurement procedures through application of the pre-qualification system with or without an assurance (Assured Supply) contracting modality: Assured emergency Supply Options (**AESOP**).

These new systems are relevant for Member States, and for the Global Strategy for the control of FMD. Therefore, the work will be done in collaboration with Pillars II and III. The pre-qualified supplier and AESOP systems may be a model for other FAST diseases. By the end of phase V or in future phases of the program, the extension to other diseases might be considered.

Once these new systems are established, there will be a need to **communicate and explain to the Member States** and other potential users of these mechanisms how to access them. In co-ordination with other components of the workplan, different meetings and fora will be used for this purpose (e.g. Training focal points meetings (1.1); Online emergency Preparedness Network (1.2); Contingency planning focal points meetings (1.2); Management meetings (1.4)).

The new emergency procurement and supply system for FMD vaccines that complements the EU vaccine bank, will be one of the new mechanisms of **emergency response** established in this new phase of the programme. Another new emergency response mechanism will be the diagnostic bank established under component 4 of Pillar I. The diagnostic bank will be established initially for South-Eastern Europe, as this is considered a priority area in terms of risks. However, with the agreement of the European Commission and the Member States, the bank will be available for other countries or regions in the case of an outbreak. Overall, the EuFMD, through the new workplan, will be flexible to react in a timely manner in case of an emergency, mobilizing funds from different components as necessary (e.g. to deliver an online emergency training, to provide experts to assist in affected countries, etc.).

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Keith Sumption	
Component manager	TBD	
Training and networking	Nadia Rumich	Training and Networking
Member State partners		n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REUT
OIE		
EU Commission		

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member States of EuFMD.

Cooperation will be established with the World Organisation for Animal Health (OIE) and the Emergency Management Center (EMC) of FAO, GF-TADS for the development of most of the sub-activities under this component.

4. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component manager	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Website report	Component manager	Written report	Website	Network and Training Support Officer
Mission/Meeting reports	Leader of the Mission/ Main facilitator of the meeting	Written report	EuFMD, AGAH, others if required	Network and Training Support Officer

5. Objective of the component

The overarching objective of this component is

Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new systems to increase FMD vaccine security.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.3 Emergency vaccination	Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new systems to increase FMD vaccine security.	Establishment of a public-private platform and scoping work to improve understanding of FAST disease vaccination constraints in MS; Establishment of new systems to increase FMD vaccine security.	60% of the countries to have incorporated changes in their contingency plans regarding the use of emergency vaccination against FAST diseases, as a result of the work done under this component, by the end of the phase; 3 million vaccine doses assured under AESOP/assurance programme.	Regular collection of information through contacts with focal points in the MS.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from MS to incorporate the recommendations given by the PPSP or to consider the use of the new systems to increase vaccine security

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of sub-activities:

1.3.1. Sub-activities to better understand the level of preparedness to use emergency vaccination for FAST diseases in Member States:

- 1.1.3.1. Scoping work to understand the approach to emergency vaccination in MS
- 1.1.3.2. Regular reporting and guidance to Member States

1.3.2. Establishment of a public and private sector platform (PPSP) for FAST disease vaccination:

- 1.3.2.1. PPSP regular meetings
- 1.3.2.2. Development of guidance papers and studies

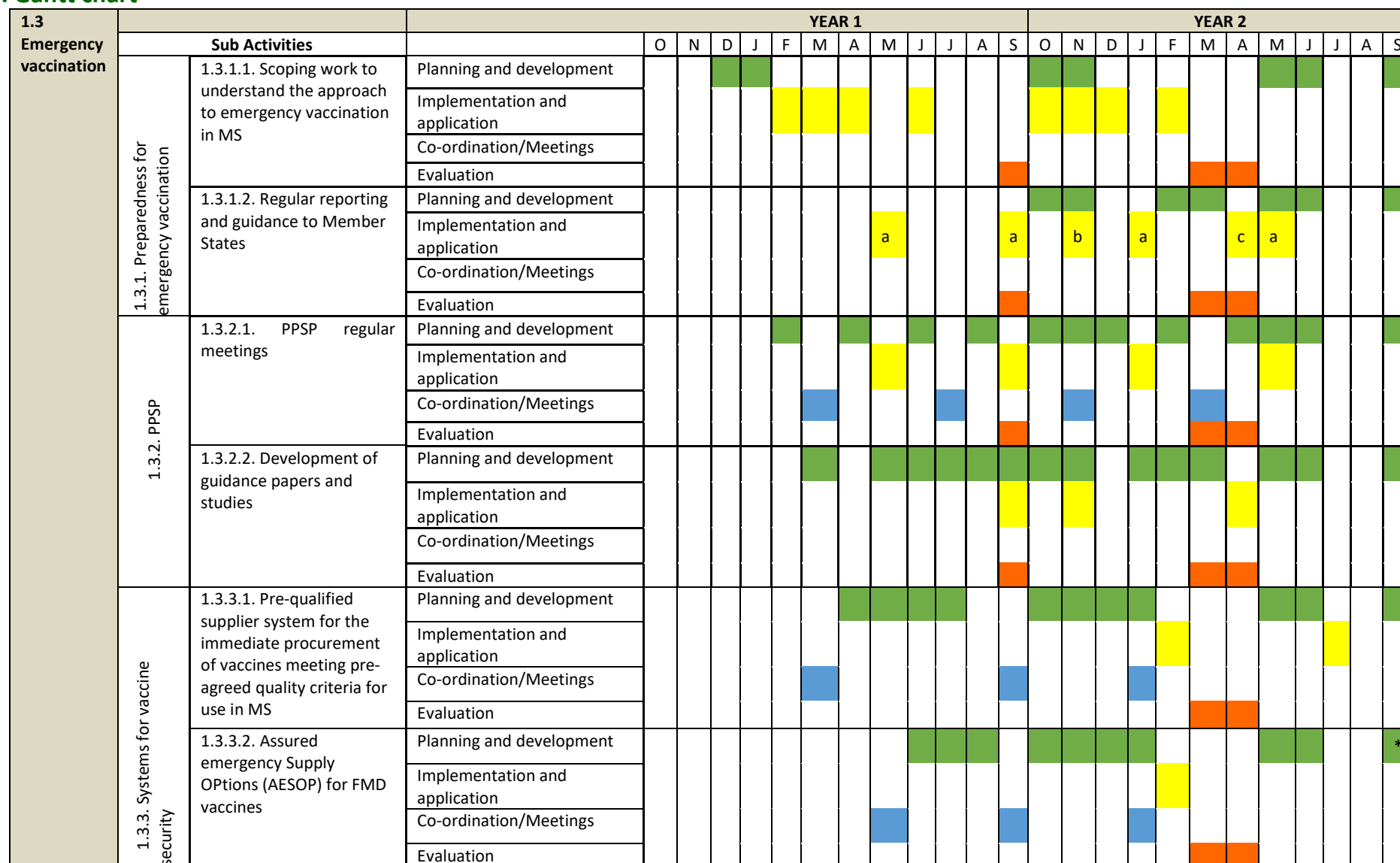
1.3.3. New systems to improve FMD vaccine quality and availability:

- 1.3.3.1. Pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MS;
- 1.3.3.2. Assured emergency Supply Options (AESOP) for FMD vaccines

	Sub-activity level	Description	Indicators	Assumptions and risks
1.3.1. Preparedness for emergency vaccination	Scoping work to understand the approach to emergency vaccination in MS.	Scoping work for the state of preparedness for emergency vaccination in the plans of the Member States and on the issues that constrain them from inclusion of vaccination in their plans. This work will be done in close collaboration with components 2 and 4 of Pillar I and information will be gathered through interviews with focal points from the MS, surveys and/or discussions in different workshops and meetings. EuFMDiS will also be used to assess emergency vaccination needs for FAST diseases.	36 MS to have provided information to EuFMD on the state of preparedness for emergency vaccination in their CP plans and the constraints to consider this option, as relevant, by month 18 phase V.	Assumes collaboration from MS to provide this information.
	Regular reporting and guidance to Member States.	Regular reporting to MS on the state of preparedness for emergency vaccination in the contingency plans across Europe and on the issues that constrain MS to include emergency vaccination in their plans. Regular updating to the MS on the work done by the PPSP, including the communication of identified pathways or actions to improve vaccine availability. Regular guidance to contingency planners on aspects of vaccine availability and performance for use in emergency vaccination programmes for the priority FAST diseases.	a) Reporting to the MS during the 44 th General Session. b) PPSP meeting reports to be sent to all MS two months after the meetings c) Annual report provided to MS from the second year of phase V.	Assumes sufficient and quality information available to be provided to the MS.
1.3.2. PPSP	1.3.2.1. PPSP regular meetings	Establishment of a public and private sector platform (PPSP) that will meet regularly to share information and opinions in order to improve understanding of issues and to identify pathways or actions to improve the availability of vaccines suitable for use by Member States in disease emergencies.	Two PPSP F2F meetings per annum	Assumes engagement and availability of the members of the platform
	1.3.2.2. Development of guidance papers and studies	Development of guidance papers through the establishment of and support to working groups of experts and/or development of studies on vaccine related issues. Priorities on the guidance papers and studies to develop will be established during the PPSP meetings.	Three guidance papers and/or studies to be available by the end of the first biennium of phase V.	Assumes that priorities established by the PPSP will be within the budget allocated for this sub-activity.
	1.3.3.1. Pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MS.	Establishment of a pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MS.	a) Quality criteria defined by month 18 of phase V. b) System established by the end first biennium of phase V.	Assumes commitment by all the partners involved in this sub-activity.

1.3.3 Systems for vaccine security	1.3.3.2. Assured emergency Supply Options (AESOP) for FMD vaccines.	<p>Establishment of an emergency procurement and supply mechanism for FMD vaccines, operating through FAO procurement procedures through application of the pre-qualification system with or without an assurance (Assured Supply) contracting modality (AESOP).</p> <p>In a first phase, the system will be defined and the cost of maintaining the AESOP for 3 million FMD vaccine doses will be estimated. In a second phase, the system will be established and the vaccines for emergency response in member states and in neighbouring countries will be available according to the contracts and/ or agreements established with the countries. In a third phase, the extension of the AESOP to other FAST disease might be considered.</p>	<p>a) Characteristics of the new system defined and agreed by month 18 of phase V.</p> <p>b) System established by the third year of phase V.</p>	<p>Assumes commitment by all the partners involved in this sub-activity; Assumes enough budget foreseen for the actual implementation of the AESOP.</p>
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7. Gantt chart



GANTT CHART NOTES							
1.3.1.1	Planning and development	Work planning and survey design if necessary; Adaptation to evaluation recommendations; Planning for second biennium	Implementation and application	Contacts with focal points in Member States	Co-ordination/ Meetings		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.3.1.2		Drafting of reports (b) and (c); Adaptation to evaluation recommendations; Planning for second biennium		PPSP meeting reports sent (a); Annual report on vaccine availability and performance (b); Reporting in the 44th GS (c)			Mid-term (internal) evaluation and final-biennium (external) evaluation
1.3.2.1		Planning for the meetings, Drafting meeting reports; Adaptation to evaluation recommendations; Planning for second biennium.		Meeting reports available		PPSP meetings	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.3.2.2		Definition of priorities for developing guidance papers and studies during the PPSP meetings; Development of guidance papers and studies; Adaptation to evaluation recommendations; Planning for second biennium.		Guidance papers and study results available			Mid-term (internal) evaluation and final-biennium (external) evaluation
1.3.3.1		Drafting of document with the minimum quality requirements for the vaccine suppliers; arrangements to set up the new system; Adaptation to evaluation recommendations; Planning for second biennium.		Publication of finalized and agreed document; Pre-qualified supplier system established		Meetings/workshops to define the quality criteria for the vaccine suppliers	Final-biennium (external) evaluation
1.3.3.2		Drafting of document defining the characteristics of the new emergency procurement and supply mechanism for FMD vaccines; Adaptation to evaluation recommendations; Planning for second biennium. * Budget and/or expected results revision, once the cost of the AESOP system is defined		Publication of finalized and agreed document		Meetings/workshops to establish the characteristic of the new system	Final-biennium (external) evaluation

8. Budget (€) COMP. 1.3

Component 1.3 - Emergency vaccination										
Objective: Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new systems to increase FMD vaccine security	Sub-activities	<i>Salaries professional</i>	<i>Consultant Operational HQ Based</i>	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.3.1. Sub-activities to better understand the level of preparedness to use emergency vaccination for FAST diseases in Member States	2,438	10,000	4,000	10,000	5,000	0	0	1,000	32,438
	1.3.2. Establishment of a public and private sector platform (PPSP) for FAST disease vaccination	6,000	22,161	6,000	20,000	10,000	30,000	0	5,000	99,161
	1.3.3. New systems to improve FMD vaccine quality and availability	13,500	2,750	40,000	10,000	10,000	50,000	0	4,000	130,250
	TOTAL FOR COMPONENT 1.3 BY BUDGET LINE	21,938	34,911	50,000	40,000	25,000	80,000	0	10,000	261,849

9. Challenges to achieving component objectives

1. Member State commitment and engagement will be necessary to achieve the expected result of this component.
2. The establishment of the pre-qualified supplier and the AESOP systems to improve vaccine quality and availability will require quite a lot of co-ordination and development work due to the novelty of the concepts and the number of stakeholders that will need to be involved in the process.
3. A revision of the budget will be necessary by the end of the first biennium of the phase, when the actual cost of developing the AESOP mechanism has been defined. The further development of this mechanism beyond FMD will depend on its performance for this disease.

Component 1.4 (Activity 4)

South-Eastern Europe

Objective

Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank.

Component Manager

TBD

1. Background

Components 1.3. Thrace and 1.4. Balkans of phase IV will be merged into this new component as sharing the current experiences between the two components will be beneficial for all the region. Activities in this component will be provided specifically to the following eight countries: Albania, Bosnia and Herzegovina, Bulgaria, Greece, Montenegro, North Macedonia, Serbia and Turkey. Moldova and Ukraine will be included in activities organized under this component, once their participation has been agreed with the EC.

Historically, the Thrace region of Greece, Bulgaria and Turkey has 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 during phase IV of the programme, greater confidence has been 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. During phase V, this **risk-based surveillance approach** will be adapted to other FAST diseases and applied in other regions and/or countries covered by component (e.g. adaptation to LSD in Balkans countries to facilitate that they regain the LSD-free status).

The work developed in phase IV in the Balkan countries has aimed at improving the quality of contingency planning and operational procedures. In this sense, supporting the organization of **simulation exercises** has been one of the main activities of EuFMD in the region during the last years. In phase V, the work **to improve emergency preparedness** against FAST diseases in the region will continue to be a priority using different tools: GET Prepared, adaptation of EuFMDiS to countries in the region, workshops, simulation exercises, in-country support.

One of the components to improve preparedness in phase V will be the establishment of a **diagnostic bank** of reagents for FAST diseases available for the countries in the region. This will be accompanied by activities to improve **laboratory proficiency and capacity** for FAST diseases across the region, for example supporting the organization of laboratory simulation exercises.

A key element of this component will continue to be facilitation of the co-ordination between the countries of the region. During phase IV of the programme, regular Management meetings took place under 1.4. (Balkans) and regular Tripartite meetings were organized under 1.3 (Thrace). In the new phase, these meetings will be organized as **joint meetings**. This more cost-efficient approach will facilitate co-ordination among South- Eastern European countries. However, they will be organized in a way to allow smaller parallel meetings to occur to discuss specific topics within the region, as necessary.

In this new phase, support will be given for the establishment of **national networks** to connect veterinary services, laboratories, research institutions and universities in order to guarantee a transfer of knowledge from research institutions to decision-makers and that research is orientated to fill knowledge gaps identified by veterinary services.

In this sense, the research studies done with **EuFMDiS in the region** will be encouraged, as this tool can assist to improve contingency plans by modelling, for example, which control strategies would be more effective in the case of a FMD (or other FAST disease outbreak), resources needed in the case of an outbreak, etc. Currently, Bulgaria is part of EuFMDiS (as are Croatia and Romania), North Macedonia is working in the data collection to be included in the model and Turkey has shown great interest in adapting EuFMDiS to Thrace. Through component 2 of Pillar I, economical and technical support will be given for the incorporation of new South-Eastern European countries to the model.

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arevalo	Pillar I Coordinator
Component manager	Frank Busch	Short Term Professional
Training and networking	Nadia Rumich	Training and Networking
	Kiril Krstevsky	
	Esa Karalliu	
Member State partners	South Eastern Europe focal points	n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REU

3. Countries or partner organizations involved

The direct beneficiaries of this component are Albania, Bosnia and Herzegovina, Bulgaria, Greece, Montenegro, North Macedonia, Serbia and Turkey. Croatia and Romania will be considered for some of the activities under this component. Additionally, Moldova and Ukraine will be included in activities organized under this component, once their participation has been agreed with the EC.

The work done under this component will require the close collaboration of the MS involved and of FAO REU.

4. Reporting

<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 and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Website report	Component manager	Written report	Website	Network and Training Support Officer
Workshop/Mission reports	Lead facilitator/Leader of the Mission	Written report if required	EuFMD, AGAH, others if required	Network and Training Support Officer

5. Objective of the component

The overarching objective of this component is:

Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.4 South-Eastern Europe	Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank.	Risk-based surveillance systems for FAST diseases are established and supported; Activities to facilitate collaboration and to improve contingency planning in the region are carried out; A diagnostic bank is established.	Confidence of FAST disease freedom over 90 % in Thrace maintained for 48 months; Focal points of eight countries in the region consider that their preparedness against FAST diseases has increase by the end of the phase (assessed in a scale 0 to 7).	Cameron model to calculate regularly level of confidence in absence of disease; Collection of information through surveys done to the focal points at different moments of the phase.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from MS to actively participate in the different activities organized or supported by EuFMD.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

1.4.1. Risk-based surveillance (RBS) systems to maintain high level of confidence in the absence of FAST diseases in the region and in capacity for early detection of a FAST disease incursion:

1.4.1.1. Support to Greece, Bulgaria and Turkey to maintain and improve or update as necessary the RBS system established in Thrace

1.4.1.2. Establish new RBS systems for FAST diseases in other countries or regions, as considered necessary

1.4.2. Support co-ordination activities at national and regional level in South-Eastern Europe:

1.4.2.1. Improve regional co-ordination

1.4.2.2. Establish national networks to connect veterinary services, laboratories, research institutions and universities

1.4.3. Sub-activities aimed at improving emergency preparedness, contingency plans and standard operating procedures:

1.4.3.1 Training activities

1.4.3.2 Simulation exercises

1.4.3.3 In-country assistance

1.4.4. Diagnostic bank of reagents for FAST diseases available for the countries in the region:

1.4.4.1 Development and maintenance of diagnostic bank of reagents for FAST diseases available for the countries in the region

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.4.1. RBS	RBS in Thrace	Support to Greece, Bulgaria and Turkey to maintain and improve the RBS system established in Thrace. This will include the revision of the Cameron model, as necessary.	144 country-months surveillance system operational.	Relies on commitment of the countries involved.
	Establishment of new RBS systems.	Adaptation of the current RBS system to other countries or regions and to other diseases, as considered necessary, for example to support the exit strategy in the Balkan countries to recover the LSD-free status.	RBS system for FAST diseases established in at least three new Balkan countries during the first biennium of phase V* *The final number of countries and indicators of surveillance for FAST diseases to be defined when the system is established, according to the defined priorities.	Relies on commitment of the countries involved.
1.4.2. Co-ordination activities	1.4.2.1. Improve regional co-ordination.	Management meetings will be regularly organized to define priorities in the region and follow up the outcomes of the activities carried out under this component. Additional multi-country activities such as simulation exercises will also contribute to improve the collaboration between countries in the region.	Two management meetings organized per year.	Relies on availability of representatives from the different countries to actively participate in these meetings.
	1.4.2.2. Establish national networks to connect veterinary services, laboratories, research institutions and universities.	Support for the establishment of national networks to connect veterinary services, laboratories, research institutions and universities in order to guarantee that there is a transfer of knowledge from research institutions to decision makers and that research is orientated to fill knowledge gaps identified by veterinary services. The key stakeholders that should be part of these national networks will be identified by each country and support will be given for these networks to produce studies or to organize activities that aim at improving emergency preparedness and response. Research studies done with EuFMDiS in the region will be encourage, as this tool can assist to improve contingency plans.	a) Eight countries to have established a national network to connect veterinary services, laboratories, research institutions and universities by the end of the four years. b) Three of this networks to have produced studies or organized activities that aim at improving emergency preparedness and response during the first biennium.	Assumes commitment from the different stakeholders involved.

1.4.3. Emergency preparedness	1.4.3.1. Training activities	Specific workshops about topics of interest in the region will be organized or additional seats for participants from South-Eastern Europe will be offered to attend workshops organized under component 1. Specific laboratory training activities will be considered according to the needs of the countries. These might include training to comply with the “Minimum standards for laboratories working with FMDv”, following the guidance given by the Special Committee on Biorisk Management (SCBRM).	At least 2 representatives from each country participating in a workshop per biennium.	Relies on availability of representatives from the different countries to attend the workshops
	1.4.3.2. Simulation exercises	Technical support to organize national simulation exercises (including laboratory simulation exercises) will be offered to the countries from South-Eastern Europe. Economic support will also be given to facilitate that observer from other countries can attend national simulation exercises. Multi-country simulation exercise will be organized for participants from South-Eastern Europe countries. Representatives from different institutions will be invited to participate in these simulation exercises (laboratories, veterinary services, universities, industry...).	a) Eight countries to organize a national simulation exercise receiving some kind of support by EuFMD during the first biennium of phase V. b) One multi-country simulation exercise will be organized per year.	Risk of lack of priority of the countries to organize national simulation exercises due to more urgent matters (e.g. ASF outbreaks). Assumes availability and commitment to participate in the organization and implementation of the simulation exercises.
	1.4.3.3. In-country assistance	In-country assistance to apply GET Prepared toolbox and to improve contingency plans. This support will be given by consultant provided by EuFMD or by experts within the region supported by EuFMD	8 countries to have received specific in-country support to improve their contingency plans during the first biennium of phase V	Assumes availability of the countries to receive this in-country support, considering other more urgent matters (e.g. ASF outbreaks).
1.4.4. Diagnostic Bank	1.4.4.1. Development and maintenance of a diagnostic bank of reagents for FAST diseases available for the countries in the region.	Establishment of a diagnostic bank of reagents for FAST diseases available for the countries in the region.	Diagnostic bank with capacity to respond for 360 months (country-months TADs) e.g. FMD bank for 10 countries for 36 months of the phase.	Assumes the diagnostic bank will be set up during the first year of phase V.

7. Gantt chart

1.4 South- Eastern Europe	Sub Activities		YEAR 1													YEAR 2												
			O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
Risk based surveillance	1.4.1.1. Risk-based surveillance in Thrace	Planning and development																										
		Implementation and application																										
		Co-ordination/meetings																										
		Evaluation																										
	1.4.1.2. Establishment of new risk-based surveillance systems	Planning and development																										
		Implementation and application																										
		Co-ordination/meetings																										
		Evaluation																										
	Support co-ordination	1.4.2.1. Improve regional co-ordination	Planning and development																									
			Implementation and application																									
			Co-ordination/meetings																									
			Evaluation																									
		1.4.2.2. Establish national networks to connect veterinary services, laboratories, research institutions and universities	Planning and development																									
			Implementation and application																									
			Co-ordination/meetings																									
			Evaluation																									
Emergency preparedness	1.4.3.1. Training activities	Planning and development																										
		Implementation and application																										
		Co-ordination/meetings																										
		Evaluation																										
	1.4.3.2. Simulation exercises	Planning and development																										
		Implementation and application																										
		Co-ordination/meetings																										
		Evaluation																										
	1.4.3.3. In-country assistance	Planning and development																										
		Implementation and application																										
		Co-ordination/meetings																										
		Evaluation																										
Dx	1.4.4.1. Development and maintenance of a diagnostic bank of reagents for FAST diseases available for the countries in the region	Planning and development																										
		Implementation and application																										
		Co-ordination																										
		Evaluation																										

GANT CHART NOTES								
1.4.1.1	and Planning development	Revision of Cameron model as necessary; Testing of changes included into the model; Adaptation to evaluation recommendations; Planning for second biennium	Implementaion and application	Maintenance and implementation of the current RBS system; Incorporation of improvements and updates into the system	Co-ordination/ Meetings	Meetings to undertake the review of Cameron model; Co-ordination meetings after evaluations.	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.4.1.2		Establishment of RBS system to other countries or regions and to other diseases; Review of RBS system performance after three first months of its establishment; Adaptation to evaluation recommendations; Planning for second biennium		Maintenance and implementation of the current RBS system; Incorporation of improvements and updates into the system		Meetings to set up the RBS system; Co-ordination meeting after final-biennium evaluation		
1.4.2.1		Planning for the management meetings; Planning for second biennium				Management meetings		
1.4.2.2		Planning of initial meeting; Countries to establish their national networks; Studies or other activities under the network framework to be carried out: Adaptation to evaluation recommendations; Planning for second biennium		Meetings of the national networks to take place; Results of the studies and/or activities to be published		Meeting on mechanisms to establish the networks; Meeting to follow up situation on the different countries (together with the MM)		
1.4.3.1		Planning and preparation of workshops; Adaptation to evaluation recommendations; Planning for second biennium		Implementation of workshops				
1.4.3.2		Support to countries during the preparation of their SimEx; Planning and preparation of multi-country SimEX; Adaptation to evaluation recommendations; Planning for second biennium		National simulation exercises: Multi-country simulation exercises (*)		On-line meetings to prepare multi-country simulation exercises		
1.4.3.3		Planning and arrangements for in-country support activities; Adaptation to evaluation recommendations; Planning for second biennium		Implementation of in-country support activities		Meeting to scope gaps and good practices on emergency preparedness in the region and to schedule a calendar of in-country support activities; Meeting to evaluate the impact of in-country activities (together with the MM)		
1.4.4.1		Set up of the diagnostic bank, including the procedures and conditions to access it; Adaptation to evaluation recommendations; Planning for second biennium * Initially the diagnostic bank will be set for FMD and during the second biennium of the phase, it will be studied to extend it to other FAST diseases		Availability and management of the diagnostic bank		Co-ordination meeting with relevant stakeholders to set up the diagnostic bank; Meeting (on-line or face-to-face) to present the diagnostic bank to the beneficiaries		

8. Budget (€) COMP. 1.4

Component 1.4 - South-Eastern Europe										
Objective: Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank	Sub-activities	<i>Salaries professional</i>	<i>Consultant Operational HQ Based</i>	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.4.1 Risk-based surveillance (RBS) systems to maintain high level of confidence in the absence of FAST diseases in the region and in capacity for early detection of a FAST disease incursion	2,024	10,000	193,000	10,000	0	0	55,000	50,000	320,024
	1.4.2 Support coordination activities at national and regional level in South-Eastern Europe	11,500	22,161	4,000	24,500	13,500	35,000	0	2,000	112,661
	1.4.3 Sub-activities aimed at improving emergency preparedness, contingency plans and standard operating procedures	13,500	2,750	23,000	49,500	74,000	0	10,000	6,000	178,750
	1.4.4 Diagnostic Bank of reagents for FAST diseases available for the countries in the region	0	0	3,600	0	0	0	55,000	0	58,600
	TOTAL FOR COMPONENT 1.4 BY BUDGET LINE	27,024	34,911	223,600	84,000	87,500	35,000	120,000	58,000	670,035

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

Description	Contribution	Funding source
Component Manager: Short Term Professional	20% full time equivalent (FTE)	EuFMD Trust Fund (MS contributions)
Laboratory expert: Short Term Professional	20% FTE	EuFMD Trust Fund (MS contributions)

9. Challenges to achieving component objectives

1. Commitment and engagement from the South-Eastern Europe countries will be required to carry out many of the activities organized or supported under this component. Incursions of TADs into the region, and particularly the current situation regarding African Swine Fever might decrease the availability of veterinary services to engage in planned activities that are not seen as urgent or as priorities.

2. In order to maximize the value of simulation exercises, Standard Operating Procedures (SOPs) need to be in place, all participants need to be aware of them and have a sufficient understanding of the disease chosen for the simulation. In this sense, simulation exercises will need to be planned carefully to ensure that all the compliance with all these pre-requisites before the actual simulation exercise takes place.

Component 1.5 (Activity 5)

Applied Research

Objective

Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an Applied Research Program (ARP).

Component Manager:

TBD

1. Background

From 2008, the EuFMD has provided support for small applied research projects that are relevant to the priority technical issues 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 41st EuFMD General Session- are primarily technical and economic issues affecting FMD (and now also other FAST diseases) emergency management in the MS. However, applied research supporting Pillar II and III objectives is also eligible for funding.

The thematic priorities will be identified with the assistance of the Standing Technical Committee (STC) and the Special Committee on Surveillance and Applied Research (SCSAR) and **two calls per year** will be launched for this research studies to be assigned to the institutions that better fit with the established criteria. The **criteria** established to select the applicants during phase IV will be maintained in the new phase:

- Relevance to strategic objectives or specific components of the EuFMD Strategy;
- Address generic problems identified as common to many Member State veterinary services;
- Likelihood of tangible results or outputs;
- Urgency of need for results/outputs and lack of alternative funding;
- Synergy or complementarity with field based activities relating to FMD;
- Value for money.

Applications are welcome from any source and are not limited by geographical origin and the proposals will be assessed in **two stages**:

First by external referees (Referee Panel);

Then by the STC (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.

Funding will be allocated by the EuFMD through **Letters of Agreement** (LoA) (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 allocated through direct implementation mechanisms by the Secretariat.

Co-ordination and communication between institutions in the FAST disease surveillance networks will be a key element of this component, which will also aim at providing a platform for review of progress and prioritization. Regular meetings will be organized to provide a discussion forum for the members of the STC, the SCSAR and also the Special Committee on Biorisk Management (SCBRM)

The **EuFMD Open Sessions**, organized every two years, will aim to continue to be the largest technical and scientific meeting on FMD to be held on a regular basis, with nearly 300 participants, drawn mainly from the public sector, scientific institutions and regulators, academia and private sector. In the new phase, the Open Sessions will have a broader scope covering FAST diseases.

2. Project team

Role	Name	Status
Component supervisor	Keith Sumption	Executive Secretary
Component manager	TBD	
Training and networking	Nadia Rumich	Training and Networking
Member State partners		n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REU
OIE		
EU Commission		

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member States of EuFMD. 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 SCSAR advise on research priorities and assist in review of applications.

4. Reporting

<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 and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Reports established in the LoAs	LoAs contractees	Written report and a presentation if required	STC, Open Session	Network and Training Support Officer

5. Objective of the component

The overarching objective of this component is

Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an Applied Research Program (ARP).

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
1.5 Applied research	Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an applied research program (ARP)	Research studies carried out in order to deliver tools and knowledge that address technical issues considered Europe-wide priorities for national preparedness against FAST diseases	20 peer reviewed papers and reports published by the end of the phase; average impact level of these publications 7 (scale 0 to 10) as assessed by external technical panel	Peer reviewed papers and reports published	Two external evaluations to be carried out by month 18 and 38 of phase V	Assumes the generated knowledge and tools will have high impact and MS will make use of them

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

1.5.1. Funded research projects:

- 1.5.1.1. Call for research proposals
- 1.5.1.2. Research studies

1.5.2. Meetings for co-ordination and communication:

- 1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM
- 1.5.2.2. EuFMD Open Sessions

<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.5.1. Funded research projects	Call for research proposals	<p>a) Two calls for research proposals released year, starting in 2020</p> <p>b) Announcement of results to be done one month after the closing date of the call for application</p> <p>c) LoAs signed two months after the announcement of the results</p>	Assumes good number of suitable applications are received; assumes the process to sign the LoAs is not delayed due to reasons beyond EuFMD
	Research studies	<p>a) Reports and project results to be produced by institutions awarded grants within the deadlines established in the LoA.</p>	Relies upon satisfactory completion of projects by contracted partners
1.5.2. Meetings	1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM	<p>c) At least two meetings (on-line or face to face) of the STC held each year</p> <p>b) At least one meeting of the SCSAR held each year (one meeting to be held at the EuFMD Open Session which is held every two years)</p> <p>c) At least one meeting of the SCBRM held each year</p>	Relies on availability of the member of the different committees to attend the meetings
	1.5.2.2. EuFMD Open Sessions	a) Two Open Sessions organized during phase V	

7. Gantt chart

1.5 Applied research			YEAR 1														YEAR 2													
			Sub 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. Funded research projects	1.5.1.1. Call for research proposals	Planning and development																												
		Implementation and application																												
		Co-ordination/ Meetings																												
		Evaluation																												
	1.5.1.2. Research studies	Planning and development																												
		Implementation and application																												
		Co-ordination/ Meetings																												
		Evaluation																												
1.5.2. Meetings for co-ordination and communication	1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM	Planning and development																												
		Implementation and application																												
		Co-ordination/ Meetings																												
		Evaluation																												
	1.5.2.2. EuFMD Open Sessions	Planning and development																												
		Implementation and application																												
		Co-ordination/ Meetings																												
		Evaluation																												

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1.5.1.1	Planning and development	Review of applications; Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning for second biennium.	Implementation and application	Calls for applications (c); Announcement of results (a); LoA signed (l)	Co-ordination/ Meetings		Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.5.1.2		Research projects to take place		Results of the research project published				Evaluation done by an external technical expert panel to measure the impact of the papers and reports published
1.5.2.1		Arrangements for the meetings; Adaptation to evaluation recommendations; Planning for second biennium.		Meeting reports available		STC meetings (a); SCSAR meetings (b); SCBRM meetings (c)		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.5.2.2		Arrangements to organize the Open Session		Open Session and side meetings reports		Open Session		Final-biennium (external) evaluation

8. Budget (€) COMP. 1.5

Component 1.5 - Applied Research										
Objective: Delivery of valuable tools and knowledge addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases through the implementation of an applied research program (ARP)	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.5.1 Funded research projects	7,282	10,000	0	0	0	200,000	0	0	217,282
	1.5.2. Meetings for coordination and communication	11,000	24,911	0	72,000	40,000	0	0	25,000	172,911
	TOTAL FOR COMPONENT 1.5 BY BUDGET LINE	18,282	34,911	0	72,000	40,000	200,000	0	25,000	390,193

9. Challenges to achieving component objectives

The impact of the peer reviewed papers and reports published as a result of the implementation of the applied research program will depend on a number of factors that are not always under the control of EuFMD, such as the number of suitable applications received after a call and the quality of the work delivered by the contracted partners.

Component 1.6 (Activity 6)

Proficiency Test Services

Objective

Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states.

Component Manager

TBD

1. Background

During phase IV of the programme, component 1.7 provided financial support to allow a number of non-EU countries to participate in the annual proficiency testing scheme (PTS) for national FMD reference laboratories (NRLs).

The new component 6 of Pillar I will continue to have the same objective as in the previous phase and will still be managed through a Letter of Agreement (LoA) with the EU Reference Laboratory (EU-RL), who will administer the proficiency testing scheme and also will facilitate the attendance of representatives from the supported countries involved to the 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.

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Keith Sumption	
Component manager	TBD	
Training and networking	Nadia Rumich	Training and Networking
Member State partners		n/a
ExCom oversight		
FAO officer	Eran Raizman	FAO REU
OIE		
EU Commission		

3. Countries or partner organizations involved

The activities in this component will be specifically provided to EuFMD Member States that are not EU members and those for which the agreement with DG SANTE is that they cover the cost of their participation in the PTS: Albania, Bosnia, Georgia, Israel, Montenegro, North Macedonia, Norway, Serbia, Switzerland and Turkey.

4. Reporting

<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 and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Reports established in the LoAs	LoAs contractee	Written report and presentation if required	STC, Open Session	Network and Training Support Officer

5. Objective of the component

The overarching objective of this component is

Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states.

<i>Component (Activity)</i>	<i>Objective</i>	<i>Narrative</i>	<i>Expected result</i>	<i>Monitoring</i>	<i>Evaluation</i>	<i>Assumptions and risks</i>
1.6 PTS	Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states.	Non-EU countries that are EuFMD MS are able to participate in PTS on an annual basis.	10 eligible countries to participate each year in the PTS and attend the annual EU-RL meeting.	LoA interim and final reports	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from the beneficiary countries to participate in the mentioned activities.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

1.6.1. Support to eligible countries:

- 1.6.1.1. Support to eligible countries to participate in PTS for FMD NRL
- 1.6.1.2. Support to eligible countries to assist the annual EU-RL meeting

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
1.6.1. Support	1.6.1.1. Support to eligible countries to participate in PTS for FMD NRL		10 eligible countries to participate each year in the PTS for FMD NRL	Assumes commitment from the beneficiary countries to participate in the PTS
	1.6.1.2. Support to eligible countries to assist the annual EU-RL meetings		10 eligible countries to participate each year in the annual EU-RL meeting.	Assumes commitment from the beneficiary countries to participate in the annual meeting

7. Gantt chart

1.6. PTS		YEAR 1														YEAR 2													
		Sub 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	
1.6.1. Support to eligible countries	1.6.1.1. Support to eligible countries to participate in PTS for FMD NRL	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											
	1.6.1.2. Support to eligible countries to assist the annual EU-RL meeting	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											

GANTT CHART NOTES:

1.6.1.1	Planning and development	Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning for second biennium.	Implementation & application	LoA signed	Co-ordination/ Meetings		Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.6.1.2		Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning for second biennium.		LoA signed				Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 1.6

Component 1.6 - Proficiency Test Services										
Objective: Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.6.1. Support to eligible countries	2,194	34,911	0	0	0	35,000	0	0	72,105
	TOTAL FOR COMPONENT 1.6 BY BUDGET LINE	2,194	34,911	0	0	0	35,000	0	0	72,105

9. 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

Component 1.7 (Activity 7)

Disease risk assessment and forecasting

Objective

Improved global and neighborhood FAST disease risk assessment and forecasting, with information to Member States and the public made available on a regular basis.

Component Manager

TBD

1. Background

The creation of a new component, 1.8, was agreed during the 41st General Session of the EuFMD, in order to ensure the collation and analysis of FMD risk information which would then be communicated to MS to ensure preparedness for possible FMD incursion. The objective of this component was to improve the quality, usefulness and availability of information gathered concerning FMD risk of entry into MS. It should also facilitate the use of this information by risk managers, in order to prepare countries to respond in the event of an incursion.

The activities carried out under component 1.8 will be now strengthened and included in component 7 of Pillar I. The new component will establish a **system for integration of sources of information** relevant to FAST disease risk forecasting in the European neighborhood region, including support to use and validation of expert opinion forecasting on epidemic trends for FAST diseases in the endemic viral ecosystems.

In phase IV, the **FMD Global Monthly Report (GMR)** collected information from different sources making it available to the public through EuFMD website and through e-mail for those subscribing (over 300 subscribers to date). In this new phase, the format of the GMR will be transformed into an on-line map-based tool with a user-friendly adaptable dashboard that will allow to produce user-tailored reports. The new GMR will better integrate risk information from different sources to provide FAST disease forecasting in the European neighborhood.

The establishment of a network of **Global Intelligence Focal Points (GIFP)** began during the last phase, in order to improve understanding of the FMD situation for the different virus pools. These local focal points have contributed to the most recent GMRs. In phase V, key informants will also be used to obtain inputs such as local interpretation of public data, information on surveillance and control measures carried out in endemic countries or information on market prices.

Whenever a knowledge gap of relevance to assess the risk of introduction of FMD or other FAST diseases in the European neighborhood is identified by the Special Committee on Surveillance and Applied Research (SCSAR), funds will be allocated to **research studies** that can generate that information (e.g. livestock movement studies in priority countries or regions). Funding of this type of studies will be done in co-ordination with component 5 of Pillar I, Pillar II and III, as relevant.

The **PRAGMATIST** tool, developed by EuFMD and the WRL, will continue to be key to provide a clear summary of the risks and the relative value of the antigens available for use in European emergency reserves (antigen banks) and its outputs will be better integrated in the GMR. The PRAGMATIST tool will be further developed during the new phase, as our ability to forecast FMD epidemics improves.

During the new phase, EuFMD will assist countries identified as priorities by the SCSAR to monitor viral circulation of FAST diseases. Active **support will be provided for the submission of samples** to institutes in the SCSAR that have the capacity to provide laboratory support to surveillance for FAST diseases. This activity and the funds allocated to it will be coordinated with those carried out/funded under Pillars II and III.

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Maria de la Puente Arevalo	Pillar I Coordinator
	Etienne Chevanne	FMD Risk Management Specialist
	Maria Teresa Scicluna	FMD Laboratory Specialist
	Melissa McLaws	FMD Risk Management Specialist
	David Paton	FMD Laboratory Specialist
Key informants network	Key informants (people/institutions)	n/a
ExCom oversight		
FAO officer		

3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 member states of EuFMD, including all EU member states. This component will involve work with countries identified as priorities by the SCSAR.

Involvement of the OIE and FAO will be essential for this component, in particular to share risk information and coordinate efforts to develop efficient reporting and risk communication tools. Greater integration of reporting between the EuFMD and European FMD references centres (EU-RL, and OIE and FAO centres) will be an objective of this component 7.

4. Reporting

<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 and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
On-line tool	Component manager	On-line tool monthly update	Website	Network and Training Support Officer

5. Objective of the component

The overarching objective is

Improved global and neighborhood FAST disease risk assessment and forecasting, with information to Member States and the public made available on a regular basis.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
Disease risk assessment and forecasting	Improved global and neighbourhood FAST disease risk assessment and forecasting, with information to Member States and the public made available on a regular basis	Information on FAST disease risk is collected and analyzed; Risk assessment and forecasting information is made available to European risk managers	Improved information on FAST disease risks and on antigens available to MS 36 months during phase V	Published monthly reports and recording of updates done to tools (online on-line map-based tool and PRAGMATIST)	Two external evaluations to be carried out by month 18 and 38 of phase V	Assumes enough information will be available to assess the risk and forecast important changes in risk and/or disease outbreaks

6. Planned Component Sub-Activities

The expected results of the component will be achieved through a program of **sub-activities**:

1.7.1. System to provide information on FAST disease risk assessment and forecasting:

- 1.7.1.1. Collection and integration of risk information from different sources
- 1.7.1.2. Disease risk assessment and forecasting
- 1.7.1.3. On-line reporting tool
- 1.7.1.4. Generation of information

1.7.2. System to provide information about the risks and the relative value of the antigens available for use in European emergency reserves:

- 1.7.2.1. Prioritisation of AntiGen MAnagement with International Surveillance Tool (PRAGMATIST)

1.7.3. Support for submission of samples from countries identified as priorities by the SCSAR to institutes that have the capacity to provide laboratory support to surveillance for FAST diseases:

- 1.7.3.1. Procurement of sampling and/or diagnostic material
- 1.7.3.2. Training for sampling

	Sub-activity level	Description	Indicators	Assumptions and risks
1.7.1. Risk assessment and forecasting	1.7.1.1. Collection and integration of risk information from different sources	Definition of a system for regular collection of specific information from different sources, including information collected through the work developed under Pillars II and III and information provided by key informants. Harmonization and quality check of the collected information	a) Definition on information to be collected and how to collect it by month nine of phase V b) Regular collection of information according to the new system from month ten of phase V	Assumes the information required will be accessible to EuFMD
	1.7.1.2. Disease risk assessment and forecasting	Regular assessment of the collected information in order to understand FAST disease trends and risk factors to be able to provide some forecasting	First assessment of information done by the beginning of the second year of phase V	Assumes the information collected will be enough to carry out risk assessment and forecasting of the expected quality
	1.7.1.3. On-line reporting tool	Development of an on-line map-based tool with an adaptable dashboard for regular reporting to member states on FAST disease risks. Monthly update of the information available through the tool	First version of the on-line map-based tool by the end of the first biennium and full version available by the end of the phase* *Until the on-line tool is available the GMR will be released in the current format	Risk of timetable slipping if the definition of the content and technical development are longer than expected
	1.7.1.4. Generation of information	Research studies to generate information necessary to understand FAST disease risks (e.g. livestock movement studies in priority countries or regions)	At least four studies carried out by the end of the phase	Assumes cooperation from the involved countries and involvement of institutions that are capable of generating this knowledge
1.7.2. Antigens	1.7.2.1. Prioritisation of AntiGen Management with International Surveillance Tool (PRAGMATIST)	The PRAGMATIST tool will be kept updated and the results of the validation and sensitivity analysis carried out will be incorporated. In co-ordination with Pillars II and III, work might be done to make the PRAGMATIST tool more flexible and increase its availability, adapting it to endemic countries. A "user-guide" will also be developed.	a) PRAGMATIST to be updated on a regular basis during phase V b) PRAGMATIST to be regularly used to inform MS and ExCom representatives	Assumes new risk information will be available to keep the PRAGMATIST tool updated
1.7.3. Submission of samples	1.7.3.1. Procurement of sampling and/or diagnostic material	Provision of sampling and/or diagnostic material to priority countries. Support for the shipping of samples to institutes in the SCSAR that have the capacity to provide laboratory support to surveillance for FAST diseases	Support provided to five priority countries per annum during phase V	Assumes collaboration and commitment from countries identified as priorities for the submission of samples
	1.7.3.2. Training for sampling	Provision of in-country training for proper sampling and submission of samples in priority countries if this type of assistance is necessary	Training provided to two priority countries per annum during phase V	Assumes availability and engagement of the countries to participate in the training activities

7. Gantt chart

1.7 Disease risk assessment and forecasting		Sub Activities		YEAR 1													YEAR 2												
				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. Risk assessment and forecasting	1.7.1.1. Collection and integration of risk information from different sources	Planning and development																										
			Implementation and application																										
			Co-ordination/ Meetings																										
			Evaluation																										
		1.7.1.2. Disease risk assessment and forecasting	Planning and development																										
			Implementation and application																										
			Co-ordination/Meetings																										
			Evaluation																										
		1.7.1.3. Online reporting tool	Planning and development																										
			Implementation and application																										
			Co-ordination/Meetings																										
			Evaluation																										
		1.7.1.4. Generation of information	Planning and development																										
			Implementation and application																										
			Co-ordination/Meetings																										
			Evaluation																										
	1.7.2 Antigens prioritization	1.7.2.1. PRAGMATIST	Planning and development																										
			Implementation and application																										
			Co-ordination/ Meetings																										
			Evaluation																										
	Submission of samples	1.7.3.1. Procurement of sampling and/or diagnostic material	Planning and development																										
			Implementation and application																										
			Co-ordination/Meetings																										
			Evaluation																										
		1.7.3.2. Training for sampling	Planning and development																										
			Implementation and application																										
			Co-ordination/Meetings																										
			Evaluation																										

GANTT CHART NOTES								
1.7.1.1	Planning and development	Establishment of the new system to collect and integrate information; Adaptation to evaluation recommendations; Planning for second biennium	Implementaion and application	Monthly collection of information, harmonization and quality check of the data	Co-ordination/ Meetings	Meetings to define the information to be collected and how to collect it	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.1.2		Development of the methodology for risk assessment and forecasting; Adaptation to evaluation recommendations; Planning for second biennium		Monthly assessment of collected information		Meetings to define the methodology to analyse the information		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.1.3		Planning and development work for the on-line tool; Adaptation to evaluation recommendations; Planning for second biennium		On-line map-based tool available		Co-ordination meetings as part of the development process: with EuFMD staff and external partners as relevant (OIE, IT developers and designers)		Final-biennium (external) evaluation
1.7.1.4		Calls for the studies according to priorities defined by the SCSAR (c); Selection of institutions to carry out the studies (a) and arrangements to sign LoA (I); Studies carried out; Adaptation to evaluation recommendations; Planning for second biennium		Results of the studies published				Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.2.1		Regular updating of the PRAGMATIST; Adaptation to evaluation recommendations; Planning for second biennium		PRAGMATIST used to inform MS and ExCom representatives		Co-ordination meetings: EuFMD staff and other partners as relevant		Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.3.1		Planning and arrangements with institutions according to priorities defined by the SCSAR; Adaptation to evaluation recommendations; Planning for second biennium		Provision of sampling and/or diagnostic material				Mid-term (internal) evaluation and final-biennium (external) evaluation
1.7.3.2		Planning according to priorities defined by the SCSAR; Arrangements for in-country training missions; Adaptation to evaluation recommendations; Planning for second biennium		Implementation of in-country support activities				Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 1.7

Component 1.7 - Disease risk assessment and forecasting										
Objective: Improved global and neighborhood FAST disease risk assessment and forecasting, with information to Member States and the public made available on a regular basis	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total
	1.7.1. System to provide information on FAST disease risk assessment and forecasting	7,970	20,000	40,000	2,000	1,000	24,000	0	8,000	102,970
	1.7.2. System to provide information about the risks and the relative value of the antigens available for use in European emergency reserves	2,000	10,000	10,000	1,000	500	10,000	0	0	33,500
	1.7.3. Support to submission of samples from countries identified as priorities by the SCSAR to institutes that have the capacity to provide laboratory support to surveillance for FAST diseases	1,000	4,911	0	0	0	0	11,000		16,911
		0	0	10,000	23,000	8,500	0	2,000	2,000	45,500
	TOTAL FOR COMPONENT 1.7 BY BUDGET LINE	10,970	34,911	60,000	26,000	10,000	34,000	13,000	10,000	198,881

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

Description	Contribution	Funding source
Component Manager: Category C consultant	20% full time equivalent (FTE)	EuFMD Trust Fund (MS contributions)

9. Challenges to achieving component objectives

1. The capacity to forecast FAST disease risk will depend on the amount and quality of information gathered and analyzed. Moreover, it will depend on the identification of knowledge gaps and the capacity to fill them and to support surveillance in key countries where this is poor.
2. Collaboration with other organizations, and in particular with FAO (EMPRES-i) and the OIE, will be essential to share the best information available, to find synergies and avoid unnecessary overlapping when the new online tool is developed.
3. Commitment and engagement from the countries identified as priorities by the SCSAR will be required to improve the available FAST disease information available, in particular to submit samples to the different laboratories.
4. Support and collaboration from the competent authorities of priority countries might also be necessary to carry out certain studies that involve cross-border movement of animals or information on meat prices differentials, among others.



eofmd European Commission for the
Control of Foot-and-Mouth Disease

Item 7a Work plan for Pillar II

Pillar II (Output II)

Pillar Objective

Reduced risk to EuFMD Members from the European neighbourhood (progressive control of FAST diseases in EU neighbouring regions).

Pillar Co-ordinator

Fabrizio Rosso

Introduction

The presence and regular occurrence of Foot-and-Mouth Disease and Similar Transboundary Animal Diseases (FAST) in countries neighbouring European borders is a constant risk for introduction and spread into Europe. Actions aimed at **improving the surveillance and control in European neighbourhood** can reduce the probability of FAST spreading towards European borders, improve production and reduce the impact that such diseases have on the economy and livelihoods in European neighbouring countries. Furthermore, the constant monitoring of the epidemiological situation can provide relevant risk information and contribute to increase awareness on major animal disease threats in the regions neighbouring Europe.

Foot-and-mouth disease (FMD) is present in European neighbouring countries with different serotypes and lineages. The increased **animal movements** driven by seasonality, climate, festivities, social and economic factors compound the risk of spreading of FMD towards EU borders. This is proven by the genotyping analysis carried out on isolates sent to the international reference laboratories from different regions. Other transboundary animal diseases such as **Peste des Petits Ruminants (PPR)**, **Sheep and Goat Pox (SGP)**, **Lumpy Skin Disease (LSD)**, **Rift Valley Fever (RVF)**, and **Bovine Ephemeral Fever (BEF)**, which affect the same susceptible species, are also present at various levels in the European neighbouring regions. Considering that these diseases have similar risk factors and/or control measures, the definition and implementation of **integrated controls for multiple diseases** can lead to improved results and better use of resources.

An integrated approach for FAST risk-based surveillance and control in European neighbourhood and the availability of timely risk information to risk managers, can improve the capacity for **early detection and prompt reaction to FAST incursion** and circulation. The regular submission of virus isolates to international reference laboratories improves the understanding of the connection between different disease events and allow to detect new strains, which could threaten the European neighbourhood and beyond. An increase in national and regional capacity for FAST prevention and control, achieved through the development and delivery of **training programme** for national staff, is essential to prevent and control animal diseases. Furthermore, **Public Private Partnerships (PPP)** can contribute to adequate emergency arrangements for vaccine supply in situations where the international vaccine banks would be unable to provide adequately.

The activities included in Pillar II are addressed to the 16 European neighbouring countries (Algeria, Armenia, Azerbaijan, Egypt, Georgia, Iran, Iraq, Jordan, Lebanon, Libya, Mauritania, Morocco, Palestine, Syria, Tunisia, and Turkey) in three sub-regions (**1-South East Europe, 2-South-East Mediterranean and 3-North Africa**).

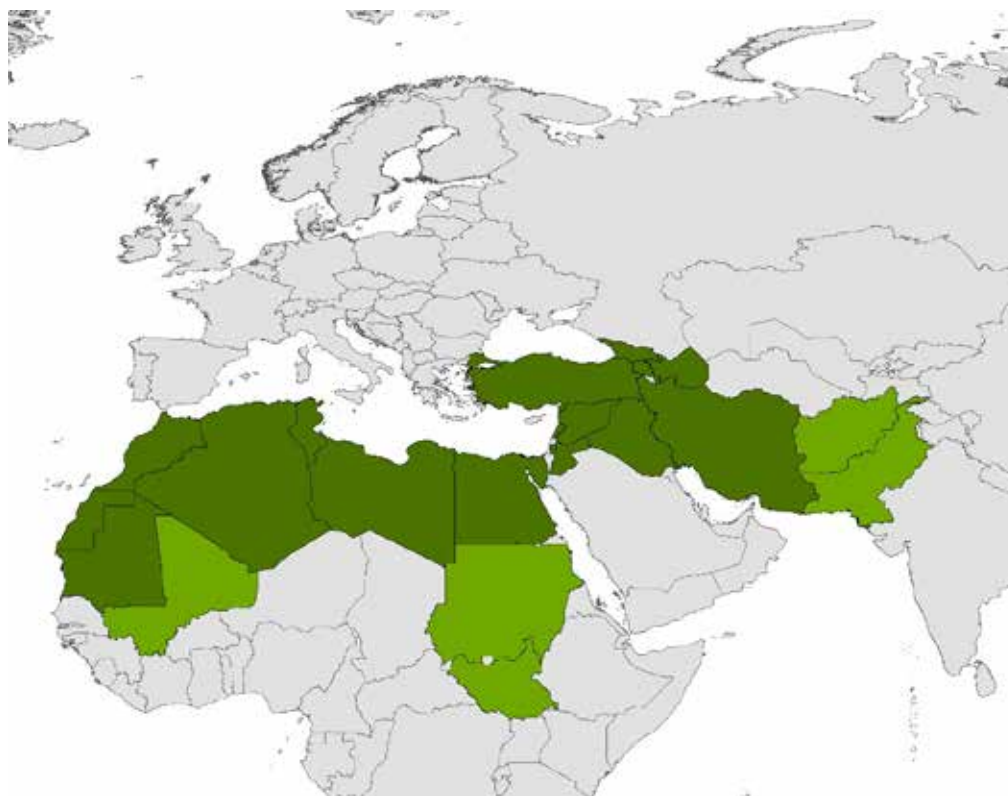
The outputs in the three components of Pillar II, addressed to the three sub-regions to optimize resources, make use of the expertise developed and promote the good results obtained within the EU neighbourhood.

Activities proposed at country level will be adapted to the specific country needs and to the different contexts, in order to improve impact and achieved significant results.

Taking into account the outputs identified, and the cost-benefits of extending the activities planned for the neighbouring countries to other countries according to the indication and guidance of the Executive Committee, the EuFMD could involve **West Africa, Sahel, Middle East and West Eurasia** in events and training programmes organized within the Pillar II workplan.

The European neighbourhood

The neighbourhood of the current 39 EuFMD Members States (MS) is defined as the neighbouring countries which are **not MS** and which EITHER have land borders with EuFMD MS OR are members of the Mediterranean animal health network (REMESA), or whose animal health status provides an early warning for FAST disease spread to the neighbourhood of Europe. The activity of Pillar II includes EuFMD Member States in European neighbouring region (Turkey, Georgia).



Specifically:

EuFMD Member States in European neighbouring region: Turkey, Georgia

Having land-borders with EuFMD Member States: Armenia, Azerbaijan, Iran, Iraq, Syria, Lebanon, Palestine, Jordan, and Egypt

Non-EU Members of REMESA: Jordan, Lebanon, Egypt, Libya, Tunisia, Algeria, Morocco, and Mauritania

Countries significant for epidemic spread of FAST diseases to the above countries: Sudan, Mali, Afghanistan and Pakistan

Component 2.1 (Activity 2.1)

Co-ordination and FAST control framework

Objective

Enhanced co-ordination with GF-TADs partners, international agencies and national competent authorities and improved implementation of strategic plans for FAST control at national and regional level.

Component managers:

SouthEast Europe

South East Mediterranean

North Africa

Carsten Potzsch

Shahin Baiomy

Abdelnacer Bakkouri

1. Background

Different national, regional and international organizations are involved in activities in the European neighbourhood aimed at **improving national capacities and capabilities** to prevent and control transboundary animal diseases. The possibility to use training methodologies, tools, experience, networks developed by EuFMD for diseases similar to FMD, is beneficial to improve the prevention and control of other transboundary animal diseases (TADs), without duplicating initiatives already in place and ongoing activities. An **improved co-ordination** with other institutions will allow a **better use of the resources** available and enhance support to countries.

Regular updates on the progress of the EuFMD workplan can allow a better harmonization of the activities implemented in European neighbourhood. The **regular reporting of FAST situation** and control strategies adopted in EU neighbouring countries can lead to a better understanding of the epidemiological situation and **major risks present at the EU borders**.

The Progressive Control Pathway (PCP) for FMD control is a tool to assist endemic countries to manage progressively the FMD risks. The value of this approach for national and regional progress has been demonstrated and has stimulated the development of several similar (progressive and “step-wise”) approaches for international action against rabies, Peste des Petits Ruminants (PPR), African Trypanosomiasis. The PCP-FMD approach has been applied by the EuFMD in the past years to assist European neighbouring countries to define their national strategy and then monitor its impact.

The **progression along the PCP** remains the main expected achievement within this programme for the EU neighbouring countries in order to improve control of FMD. The co-ordination mechanism is aimed at better identifying the specific needs of the different countries in the neighbourhood to **develop and revise the FMD control strategies** according to the different PCP stages, taking into consideration risks, socio-economic benefits and difficulties in the implementation of control measures. Within this component, the EuFMD will assist countries in progression of PCP, within the roadmaps supported by GF-Tads and will assist the delivery of the programme established by EPINET and LABNET (network established within roadmaps).

The promotion of **public-private partnerships** through the development of new collaboration schemes between public services and private sector in the veterinary domain, is key for improved FAST monitoring and control. The implementation of **new synergies** between public and private sectors can support the achievement of relevant goals, especially with regard to surveillance of diseases, emergency preparedness and availability of vaccines.

2. Project team

	South East Europe	South East Mediterranean	North Africa
Management of programme	C. Pötzsch - F. Rosso	S. Baiomy - F. Rosso	A. Bakkouri - F. Rosso
Standing Technical Committee			G. Caceres Garrido
Executive Committee			
FAO	E. Raizman	F. Mayen	M. Bengoumi
OIE	D. Montabord	G. Yehia	R. Bouguedour

3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member States Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member States will benefit in terms of improved risk information and reduced risk from neighbouring countries.

Partners include FAO, OIE (Regional and Sub-regional offices), the EU Commission, regional organizations active in agricultural sector such as the Arab Organization for Agricultural Development, regional economic and trade unions such as the Arab Maghreb Union, the Economic Cooperation Organization (ECO) and others, in addition to networks established under GF-TADs such as REMESA.

The FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.

Training opportunities and other activities developed and delivered might be extended to countries in the regions which are significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

4. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component managers for the three sub-regions	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component managers for the three sub-regions in co-ordination with oversight board	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

The overarching objective of this Component is

Enhanced co-ordination with GF-TADs partners, international agencies and national competent authorities and improved implementation of strategic plans for FAST control at national and regional level.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
2.1 Co-ordination and FAST control framework	Enhanced co-ordination with GF-TADs and other partners, and improved implementation of strategic plans for FAST control	Implementation of co-ordination mechanism aimed at better identifying the specific needs of the different countries in the neighbourhood for FAST control and provision of assistance to develop and revise the FMD control strategies according to the different PCP stages	Activities coordinated at regional level with synergies among partners At least 5 countries advancing to PCP stage 3 or above and/or providing FMDV circulation data in PCP stage 2 Reduced risk months where emergency management responses is required against FAST diseases	Six- month progress report and official reported data.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Commitments of GF-TADs and other partners on co-ordination & collaboration Identification of FMD as a priority by national competent authorities and implementation of integrated strategies for FAST diseases

6. Component Sub-Activities

Activities and expected results

The activities within this component will contribute or ensure:

- 1) Co-ordination with the GF-TADs partners (FAO, OIE), with other International Agencies providing technical support to countries (e.g. AOAD), achieving a jointly agreed workplan, with close regular interaction in the implementation and reporting to the regional steering committees and Joint Permanent Committee (JPC, REMESA).
This should ensure:
 - An agreed basis for delivery of national support to FMD and FAST disease surveillance and control with the National Competent Authorities;
 - An established framework for regular monitoring and reporting of the FAST situation, response to emergency events, and prioritization of efforts to promote surveillance and control in the European neighbourhood.
- 2) Improved implementation of strategic plans for FAST control at national level, on the basis of PCP principles, availability of resources and results of control strategies already in place.
- 3) Co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZSs, ANSES), to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk-based control strategies, with increased efficacy and improved guidance to the countries of the sub-regional epidemiology and laboratory networks of the PCP roadmaps.
- 4) Improved engagement with private sector (including private sector veterinarians, education and training providers and vaccine producers) in line with PCP and PPP principles.

The expected results under this component will mainly be expressed in terms of:

- 1) progress in cooperation with regionally coordinated GF-TADs programmes and roadmaps;
- 2) regular reporting to Member states and partners of FAST situation and national progression on the PCP in the EU neighbourhood;
- 3) implementation of the epi-lab networks work plans and enhancements of regional networks;
- 4) clear roles and active collaboration between public and private sectors in national control strategies (PCP implementation) in the neighbouring region.

Sub-activities and their indicators

	Sub-activity level	Description	Indicators	Assumptions and risks
2.1.1 Improved national FAST control plans, networks and regular co-ordination with Gf-TADs partners and international agencies	1. Regular monitoring and reporting of FAST situation and control strategies adopted in European neighbourhood and regular co-ordination with GF-TADs and other partners.	Co-ordination with the GF-TADs partners (FAO, OIE), with other International Agencies providing technical support to countries (e.g. AOAD) and networks established in the regions, achieving a jointly agreed workplan with close daily interaction in the implementation and reporting to the regional steering committees and Joint Permanent Committee (JPC, REMESA).	a) Three monthly reporting of FAST situation and control strategies in EU neighbourhood produced and shared with EuFMD Member States and GF-TADs partners b) Co-ordination meeting (online) with partners every three months for planning and evaluation	Partners availability and commitment on collaboration on programme and activities
	2. Revision of national FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results	Provide technical assistance for implementation of strategic plans for FAST control at national level on the basis of PCP principles, availability of resources and results of control strategies already in place. Tools already developed by FAO (LMT, SET, EMAI) and results of their implementation will be regularly considered for enhancing the assistance provided according to the needs. Emergency support for FAST diseases will be provided to countries under this component according to the priorities identified with EC and GF-TADs partners and considering the risks for EuFMD Member States identified.	At least 7 FAST strategic plans revised by the end of the biennium (including those currently under revision) according to updated risk assessment, socio-economic analysis, monitoring and evaluation results.	Commitments of national competent authorities to improve national control plans for FAST diseases.
	3. Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions	Co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZSs, ANSES and others) to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk based control strategies with increased efficacy and improved guidance to the countries of the sub-regional epidemiology and laboratory networks established in roadmaps.	Laboratory and epidemiology network workplan implemented (2 by the end of biennium) and results reported in respective roadmaps. 2 e-learning courses delivered according to the needs identified.	Definition of work plans within the networks established under road map meetings. Support of Gf-TADs partners for promoting and assisting activities defined within the work plans
	4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new partnerships	Improved engagement with private sector (including private veterinarians, training providers and vaccine producers) in line with PCP and PPP principles	Public-private partnerships promoted for FAST monitoring and control and at least 3 new PPP schemes developed in the EU neighbouring region.	Interest of national competent authorities to engage with private sector and absence of conflict of interest in PPP schemes developed

7. Gantt chart

2.1 Coordination and FAST control framework				YEAR 1													YEAR 2												
	Sub 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 Improved national FAST control plans, networks and regular coordination with Gf-TADs partners and international agencies	1.Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular coordination with GF-TADs and other partners	Planning and development																										
Implementation and application																													
Coordination/ Meetings																													
Evaluation																													
2.Revision of FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results		Planning and development																											
		Implementation and application																											
		Coordination/ Meetings																											
		Evaluation																											
3.Implementation of laboratory and epidemiology network workplans in the European neighbourhood with development of best practices promoted in Roadmap regions		Planning and development																											
		Implementation and application																											
		Coordination/ Meetings																											
		Evaluation																											
4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new PPP schemes		Planning and development																											
		Implementation and application																											
		Coordination/ Meetings																											
		Evaluation																											

GANTT CHART ACTIVITIES:

1. Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular co-ordination with GF-TADs and other partners	Planning and development	Definition of jointly agreed workplan with Gf-TADs partners and identification of synergies and complementarity in the different activities promoted.	Implementation and application	Three monthly co-ordination meeting (online) with partners	Co-ordination/ Meetings	Three-monthly co-ordination meetings (online) with GF-TADs partners and other international agencies providing technical support to countries.	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
2. Revision of FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results		Definition of jointly agreed workplan with Gf-TADs partners and other international agencies providing technical support to countries.		Regular collection and analysis of risk information from countries and networks in the EU neighbourhood Three monthly reporting of FAST situation and control strategies in EU neighbourhood produced and shared with EuFMD Members and GF-TADs partners.				
3. Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions		Co-ordination and planning with FAO and OIE partners in the FMD Working Group and with epi-lab network leaders in the three sub-region for definition and revision of network work plans		Workshops and country missions (according to priority agreed with Gf-TADs partners) for assisting development and revision of FAST control plans and support countries with training and studies on risk assessment, socio-economic analysis, contingency planning and monitoring and evaluation of current plans. Multi-country simulation exercises and follow up activities (according to priority agreed with Gf-TADs partners) to improve emergency preparedness capacity for FAST diseases. Availability of emergency funds to provide immediate support according to priority identified by EC and Gf-TADs partners				
4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new PPP schemes		Definition of jointly agreed workplan with Gf-TADs partners.		Support to meetings of laboratory and epidemiology networks in the different subregions for the implementation of network work plans. Regular monitoring of FAST surveillance implemented and results obtained and laboratory capacities to support surveillance. E-learning and face-to-face training delivered according to the programme defined within different networks.				
				Development and implementation of Public-private partnerships training scheme (e-learning + workshop + in-country meetings + assist PPP national partnerships)		Regular update on progress of workplan to epi-lab network leaders and immediate provision of relevant risk information. Regular Internal co-ordination meetings.		

8. Budget (€)

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurem ent	Other	Total by Sub- activities	Total
2.1 Improved national FAST control plans, networks and regular coordination with Gf-TADs partners and international agencies	1. Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular coordination with Gf-TADs and other partners	3,755	16,918	10,000	10,000	5,000			5,000	50,673	428,692
	2. Revision of national FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results	3,755	16,918	70,000	30,000	20,000	30,000	20,000	7,000	197,673	
	3. Implementation of laboratory and epidemiology network workplans in the European neighbourhood with development of best practices promoted in Roadmap regions	3,755	16,918	40,000	30,000	20,000	5,000			115,673	
	4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new PPP schemes	3,755	16,918	20,000	10,000	10,000			4,000	64,673	
TOTAL FOR ACTIVITY 2.1		15,020	67,672	140,000	80,000	55,000	35,000	20,000	16,000	428,692	

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

Description	Contribution	Funding source
Support for training (webinars, e-learning, training material), improved awareness of stakeholders, mapping and risk analysis, surveillance and assistance to the French-speaking networks (REMESA)	200.000 € The contribution is in support of activities of comp. 2.1-2.2-2.3	French Ministry of Agriculture, Agri-Food and Forestry (MAAF)

9. Challenges to achieving component objectives

This component is focused on enhancements of integrated control measures for FAST disease through improvement of national capacities, networking and collaboration with private sector in the European neighbourhood.

The challenges for this activities are:

1. Definition of agreed and effective procedures for co-ordination with partners;
2. Capacity to identify synergies and use results of activities implemented by different organizations and agencies in the regions
3. Proper commitments and resources of national competent authorities in European neighbourhood to improve surveillance and control for FAST diseases;
4. Capacity to assist multiple countries in the neighbouring regions with different social, political, epidemiological situation;
5. Interest and commitments of countries to actively participate in epidemiology and laboratory networks and definition of clear and agreed work plans within those networks.

Component 2.2 (Activity 2.2)

Improved early warning for FAST diseases

Objective

Develop and implement integrated disease surveillance programs focused on specific risk hubs, in order to provide updated risk information, optimize the veterinary service resources and improve the effectiveness of control measures implemented.

Component managers:

SouthEast Europe
South East Mediterranean
North Africa

Carsten Potzsch
Shahin Baiomy
Abdelnacer Bakkouri

1. Background

The European neighbouring sub-regions of the Maghreb, South East Mediterranean and South East Europe are key areas for a number of emerging risks for Europe. A better knowledge of the **livestock flows** in these regions would be a major advantage for the foreseeing of dangers threatening Europe, as well as useful information for the national veterinary services in designing more **effective national disease surveillance and control programs**.

The implementation of specific surveys and the **monitoring of proxy indicators** of animal movements, especially in areas with a general lack of national animal identification systems and movement monitoring (e.g. North Africa or Near East), are key elements for tailoring a risk-based approach for surveillance and for the development of early warning systems. The combination of **qualitative risk analysis and risk mapping** can contribute to assess the risk of introducing and disseminating FMD and similar TADs within the EU neighbouring countries and across their borders. The resulting risk maps will be useful to develop **disease surveillance** programs focused **on specific risk hubs**, in order to optimize the veterinary service resources deployed in the field and improve the effectiveness of control measures implemented.

2. Project team

	South East Europe	South East Mediterranean	North Africa
Management of programme	C. Pötzsch – F. Rosso	S. Baiomy – F. Rosso	A. Bakkouri – F. Rosso
Standing technical Committee	G. Caceres Garrido		
Executive Committee			
FAO	E.Raizman	F.Mayen	M.Bengoumi
OIE	D.Montabord	G.Yehia	R.Bouguedour

3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member States Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member States will benefit in terms of improved risk information and reduced risk from neighbouring countries.

Partners include FAO, OIE (Regional and Sub-regional offices) and EU Commission, regional organization active in agricultural sector such as Arab Organization for Agricultural Development, as well as regional economic and trade unions such as Union Maghreb Arab (UMA), Economic Cooperation Organization (ECO) and others and networks established under GF-TADs such as REMESA.

FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.

Training opportunities and other activities developed and delivered might be extended to countries in the regions significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

4. Reporting

Reporting format	Responsibility	Output	Distribution	Sent out by
Six monthly report to ExCom	Component managers for the three sub-regions	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component managers for the three sub-regions in co-ordination with oversight board	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

The overarching objective of this Component is

Develop disease surveillance programs focused on specific risk hubs, in order to provide timely risk information, optimize the veterinary service resources deployed in the field and improve the effectiveness of control measures implemented.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
2.2 Improved early warning for FAST diseases	Develop integrated disease surveillance programs focused on specific risk hubs	Identification of risk hotspots in the European neighbourhood and develop disease surveillance programs focused on specific risk hubs, in order to improve availability of updated risk information, optimize the veterinary service resources deployed in the field and improve the effectiveness of control measures implemented.	Risk hot-spots for FAST diseases identified in at least 6 EU neighbouring countries and risk maps regularly updated Regular risk based surveillance for multiple diseases implemented for 12 months in 2 in the EU neighbourhood hot spot locations At least 7 countries regularly participating in multi-country risk information sharing systems	6 months progress report and official reported data.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Country commitments and interest on implementing regular integrated surveillance in risk hotspots and sharing of information

6. Component Sub-Activities

Activities and expected results

The activities will implement mainly the work plans agreed at the co-ordination level (comp 2.1) and take place at the national level, and with the advanced technical institutions and reference centres providing support services to surveillance.

The activities within this component will contribute to or ensure:

- 2- Identification of risk hot spots for FAST diseases taking into consideration animal movements, presence and circulation of animal diseases, efficacy of control programmes, socio-economic aspects and other risk factors;
- 3- Implement a programme of risk based surveillance for multiple diseases in risk hot-spot locations on a regular or continuous basis for detection of virus circulation and early warning of FAST unusual epidemiological events;
- 4- Improve the sharing of risk information between countries and between technical expert networks, promote the collaboration between countries for improved surveillance of FMD and similar TADs.

The expected results under this component will mainly be expressed in terms of quantifiable indicators for improved communication of surveillance results. This includes the number of neighbouring countries which have identified risk hot-spots for FAST diseases and utilize the risk maps based on animal mobility in surveillance and control plans; the number of countries which conduct regular risk based surveillance implemented for multiple diseases in hot spot locations able to provide valuable risk information; the number of countries regularly participating in multi-country risk information sharing practice for FAST diseases similar to the THRACE and Trans-Caucasus “statement of intentions” agreements.

Sub-activities and their indicators:

	Sub-activity level	Description	Indicators	Assumptions and risks
2.2.1 Identification of risk hot spots for FAST diseases and implementation of	1. Identification risk hot-spots for FAST diseases and development of updated risk maps based on animal mobility and other risk factors	Identification of risk hot spots for FAST diseases taking into consideration animal movements, wildlife, presence and circulation of animal diseases, efficacy of control programmes, socio-economic situation and other risk factors	At least 6 countries with identified risk hot-spots for FAST diseases and updated risk maps based on animal mobility and other risk factors	Willingness of National Competent Authorities to invest in animal mobility surveillance and to share risk information and results of risk assessment conducted
	2. Implementation of regular risk based surveillance (RBS) for multiple diseases in hot spot locations	Implementation of risk based surveillance for multiple diseases in risk hot-spot locations of neighbouring region on a regular or continuous basis for detection of FAST virus circulation and early warning of FAST unusual epidemiological events.	Regular risk based surveillance implemented for multiple diseases in hot spot locations in at least 3 countries.	Commitment of countries to implement surveillance for multiple diseases and sharing results Activities assisted by partners, international reference laboratories and centres of expertise for different diseases
	3. Regular participation of countries in multi-country risk information sharing systems for FAST diseases.	Improve the sharing of risk information between countries and among technical networks, and promote the collaboration between countries for improved surveillance of FMD and similar TADs.	At least 7 countries regularly participating in multi-country risk information sharing models for FAST diseases.	Interest and readiness of countries to progressively share risk information in regular and transparent manner.

7. Gantt chart

					YEAR 1												YEAR 2											
Sub 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. Improved early warning for FAST diseases	2.2.1 Identification of risk hot spots for FAST diseases and development of updated risk maps based on animal mobility	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
	Implementation of regular risk based surveillance (RBS) for multiple diseases in hot spot locations	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
	2.2.1 Identification of risk hot spots for FAST diseases and development of updated risk maps based on animal mobility	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										

GANTT CHART NOTES:						
1. Identification risk hot-spots for FAST diseases and development of updated risk maps based on animal mobility	Planning and development	Definition of jointly agreed workplan with Gf-TADs partners and other international agencies and reference laboratories providing technical support to countries. Meetings with Special committee on Surveillance and Applied Research members and with international reference laboratories and centres of expertise for risk analysis, FAST surveillance and diagnosis. Workplan shared and discussed at Regional network meetings and Joint Permanent Committee meetings (REMESA, Statement of intention)	Implementation and application	Workshops and applied training scheme developed and delivered to countries on risk mapping system development. Remote support for development of risk maps. Support for organization of national meetings on results of risk mapping and for implementation of risk based surveillance.	Co-ordination/ Meetings	Three-monthly co-ordination meetings (online) with Gf-TADs partners and other international agencies and laboratories providing technical support to countries Regular participation and support to Joint Permanent Committee meetings organized in the regions and organization of back-to-back meetings on FAST surveillance and early detection (REMESA, Statement of intention agreements) Regular Internal co-ordination meetings
2. Implementation of regular risk based surveillance (RBS) for multiple diseases in hot spot locations				Workshops and applied training scheme on risk based surveillance (clinical and serological) for multiple diseases In country missions for RBS logistics and support for implementation of surveillance in high risk locations. Support current surveillance (clinical/serological, active/passive, domestic/wildlife) for collection of information on multiple FAST.		
3. Regular participation of countries in multi-country risk information sharing models for FAST diseases				Promotion of bilateral and multilateral agreements for facilitate exchange of risk information and mutual support on surveillance and control of FAST. Support to risk information sharing systems (data collection, database, data analysis, co-ordination meetings). Sub-regional meetings on risk information sharing and results of integrated surveillance.		
				Evaluation		Mid-term evaluation (internal) and final-biennium evaluation (external)

8. Budget (€)

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
2.2 Identification of risk hot spots for FAST diseases and availability of risk maps based on animal mobility and other risk factors	1. Identification risk hot-spots for FAST diseases and development of updated risk maps based on animal mobility and other risk factors	4,166		30,000	30,000	20,000	70,000	5,000	5,000	164,166	480,170
	2. Implementation of regular risk based surveillance (RBS) for multiple diseases in hot spot locations	4,166	33,836	50,000	30,000	15,000	50,000	20,000		203,002	
	3. Regular participation of countries in multi-country risk information sharing models for FAST diseases	4,166	33,836	20,000	25,000	10,000	10,000	10,000		113,002	
TOTAL FOR ACTIVITY 2.2		12,498	67,672	100,000	85,000	45,000	130,000	35,000	5,000	480,170	

9. Challenges to achieving component objectives

This component is focused on improved capacity to identify risk hotspot locations, to design and implement regular risk based surveillance and to share risk information with neighbouring countries.

The challenges for this activities are:

1. Involvement of all stakeholders necessary for collecting risk information, including animal movements within countries and across borders;
2. Capacity to design and implement risk based surveillance for multiple disease to be implemented in different countries with different situation, resources, priorities, and capacities;
3. Capacity to harmonize the delivery of activities and to obtain risk information in the three sub-regions;
4. Definition of agreements between countries and identification of suitable systems for risk information sharing;
5. Capacity to develop integrated information sharing system composed by different modules that can be adapted and adopted by different regions.

Component 2.3 (Activity 2.3)

Capacity development for surveillance and improved control programmes

Objective:

Develop and implement a program for capacity building that supports national and regional activities for improved PCP progress and FAST disease control (comp.2.1) and improved early warning surveillance, notification and early response (comp 2.2)

Component managers:

SouthEast Europe
South East Mediterranean
North Africa

Carsten Potzsch
Shahin Baiomy
Abdelnacer Bakkouri

1. Background

The **capacity development opportunities** offered to the European neighbouring regions by the EuFMD in the past years, have been intense and focused on assisting countries in improving their national FMD control plans and monitoring their effectiveness. Specific attention has been given for the development and delivery of various training courses (e.g. FMD outbreak investigation, post-vaccination monitoring, risk assessment along the value chain, FMD socio-economic impact assessment, laboratory diagnosis, safe trade, progressive control) in order to improve knowledge on FMD surveillance and control, and guarantee sustainability of the achievement reached in different countries.

Face-to-face training and **e-learning** has allowed the national veterinary services to gain a more sustainable and long-term capacity to investigate outbreaks and collect samples of good quality, implement risk based control measures, better understand FAST impact and identify options to reduce risk associated with trade. **Socio-economic** and **cost benefit analysis** for FAST control can be promoted through specific training opportunities aimed at assisting policy makers in defining best integrated control strategies with proper engagement of stakeholders.

Laboratory capacity to confirm and investigate suspicions and epidemiological skills to adapt surveillance according to the risk are necessary to implement an early detection system with a good level of sensitivity. Regular training and **networking between centres of expertise** can contribute to build capacities in Europe and neighbouring countries.

Component 2.3 will use the EuFMD training platform to cover the specificities of other TADS or other learning priorities to improve preparedness for the threats identified. The training programme of Pillar II will be based on the concept of '**progressive applied training**' with the purpose to combine training events at sub-regional and national level with practical implementation (field activities and studies) of the subjects taught. Specific attention will be also dedicated to the improved regional and national capacity to "**cascade**" training as well as to the **induction courses** before the events organized within Pillar II.

2. Project team

	South East Europe	South East Mediterranean	North Africa
Management of programme	C. Pötzsch – F. Rosso	S. Baiomy – F. Rosso	A. Bakkouri – F. Rosso
Standing technical Committee			G. Caceres Garrido
Executive Committee			
FAO	E.Raizman	F.Mayen	M.Bengoumi
OIE	D.Montabord	G.Yehia	R.Bouguedour

3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member States Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member States will benefit in terms of improved risk information and reduced risk from neighbouring countries.

Partners include FAO, OIE (Regional and Sub-regional offices) and EU Commission, regional organization active in agricultural sector such as Arab Organization for Agricultural Development, as well as regional economic and trade unions such as Union Maghreb Arab (UMA), Economic Cooperation Organization (ECO) and others and networks established under GF-TADS such as REMESA.

FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.

Training opportunities and other activities developed and delivered might be extended to countries in the regions significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Component managers for the three sub-regions	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component managers for the three sub-regions in co-ordination with oversight board	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

The overarching objective of this Component is

Support the capacity development needed to develop and implement control strategies and surveillance for FAST diseases (comp 2.1) and early warning systems (comp 2.2).

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
2.3 Capacity development for surveillance and improved control programmes	Improved capacity to develop and implement control strategies and surveillance for FAST diseases	Develop and implement a program for capacity building that supports national and regional activities for improved PCP progress and FAST disease control (comp.2.1), improved early warning surveillance, notification and early response to FAST diseases (comp 2.2)	Evidence of improved capacities of national laboratories on FAST diagnosis in 3 countries, and 2 new training course developed to assist FAST control and early warning systems	6 months progress report and official reported data.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Identification of participants to training with active role in control and surveillance programmes and interest in the topics proposed.

6. Component Sub-Activities

Activities and expected results

The activities will implement mainly the capacity development work plans agreed at the co-ordination level (component 2.1). The 16 neighbouring countries plus four or five of the most significant neighbours for risk and early warning will be direct beneficiaries. Experienced technical institutions and reference centers will be supported to ensure capacity in the European partners as well neighbourhood reference centers.

The activities within this component will contribute to or ensure:

- 1- Develop and implement a program of capacity building that will support national and regional activities required for improved PCP progress and FAST disease control (comp.2.1) and implement improved early warning surveillance, notification and early response activities (comp 2.2). As part of this they will:
 - Develop improved capacity in the network of FAST disease reference laboratories in the neighbourhood to undertake the confirmatory and specialized tests required by the programme;
 - Develop resources that enable “national cascade” training on progressive control and on recognition and control of FAST diseases;
 - Develop a body of evidence on vaccine efficacy and vaccination effectiveness for FAST diseases through studies conducted at national level or by regional technical partners and facilitate the sharing of the results to improve decision on vaccination programmes (including the scheduling of FAST vaccination).
- 2- Build international awareness and understanding among public and private veterinarians and para-professionals in the EU neighbouring region on FAST disease recognition, surveillance and control through e-learning courses and online events.

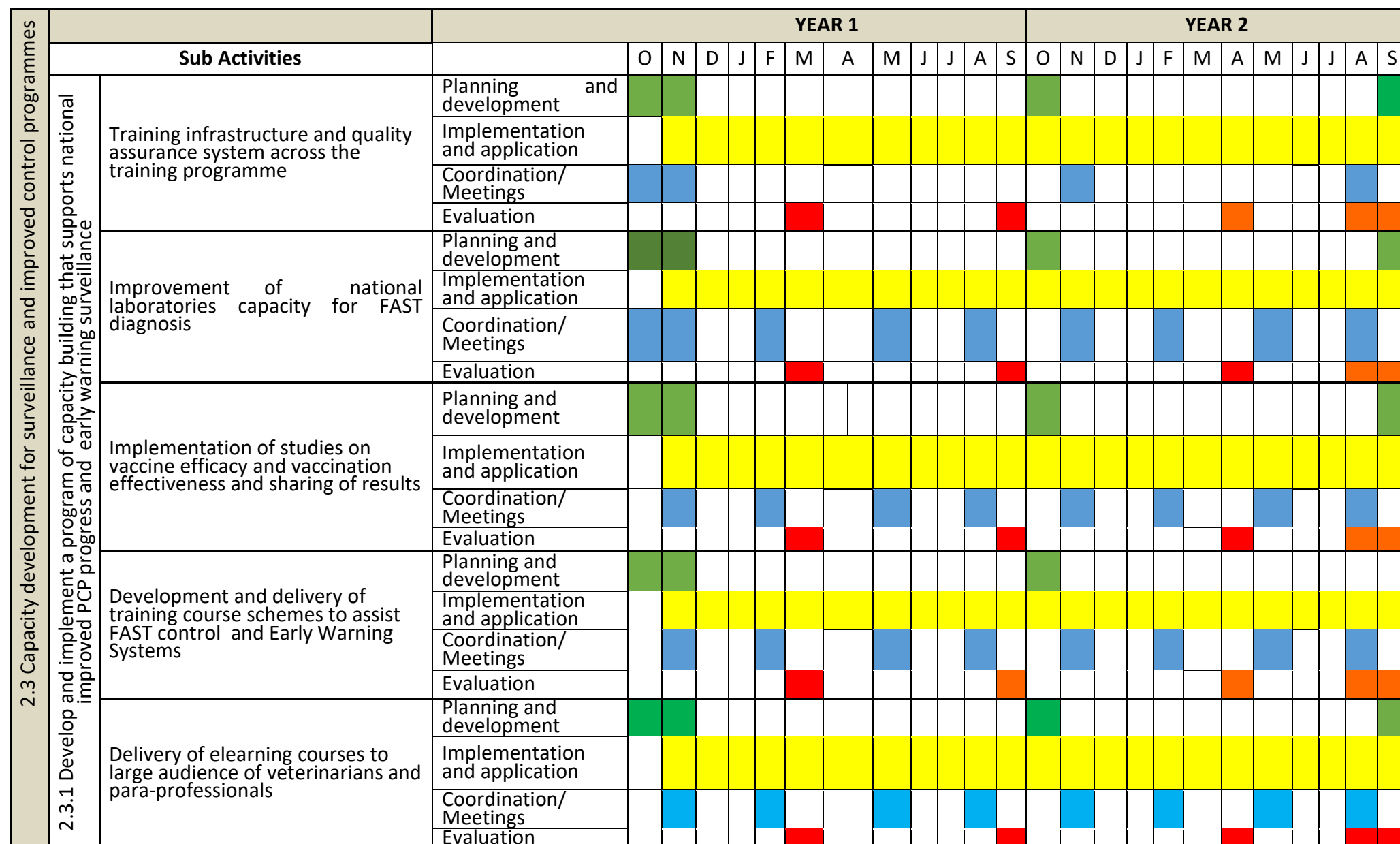
In order to ensure that EuFMD’s courses are of world-leading standard, educational quality will be maintained through a quality assurance system, co-ordinated across the three Pillars of the EuFMD work programme (see components 1.1 and 3.3). Focus will be on developing training which will have lasting impact, and this will be guided by an impact evaluation system in line with guidance of an external international panel of adult-learning experts, and again co-ordinated across the three pillars.

The expected results under this component will be evaluated at the mid-term stage, and mainly be expressed in terms of number of national laboratories with improved capacity for FAST diagnosis; number of studies on vaccine efficacy and vaccination effectiveness implemented and results shared; number of training course schemes developed and delivered to assist FAST control and surveillance; number of trainees completing e-learning courses and the impact of the course measured by their recall and subsequent application.

Sub-activities and their indicators:

	Sub-activity level	Description	Indicators	Assumptions and risks
2.3.1 Develop and implement a program of capacity building that supports national improved PCP progress and early warning surveillance	1.Training infrastructure and quality assurance system across the training programme	Maintenance and improvement of the training infrastructure, including online platforms. Development of Training Quality Management System (TQMS) in order to assure high quality across the training programme (this sub-activity is coordinated with Pillar I and III)	EuFMD online platform functioning and accessible to users more than 23 months per biennium during phase V. Training quality management system by June 2020	Development of the platform in line with IT FAO rules. Proper implementation of harmonised procedures established by the quality system
	2.Imprvt of national laboratories capacity for FAST diagnosis.	Definition of training programme according to the outcomes of Laboratory Mapping Tool exercise and PTSs results. Support and facilitate the implementation of PTSs in the neighbouring regions.	3 national laboratories with improved capacity for FAST diagnosis (baseline: Laboratory Mapping Tool - exercise 2019).	Willingness of laboratories to participate to the assessment of capacities and capabilities and joint efforts with partners to identify best support.
	3.Implement ation of studies on vaccine efficacy and vaccination effectiveness and sharing of results	Assistance further implementation of PVM studies in North Africa, Transcaucasus and new studies in Iran, Iraq and Middle East countries. Build and assist vaccination advisory groups within epi-lab networks in different FMD roadmaps.	3 studies on vaccine efficacy and vaccination effectiveness implemented and results shared (including those currently implemented TCC).	Interest of countries to carry out vaccine quality and other PVM studies and include results of studies in the procedure for purchase vaccines and revise vaccination programs.
	4. Development and delivery of training course schemes to assist FAST control and Early Warning Systems.	Organization of e-learning, workshops and in-country meetings on topics which have been identified as a priority to assist progressive control of FAST diseases, surveillance and early warning systems. This may include, but is not limited to topics such as PPP, socio economic analysis, serosurveillance design, early detection and exercises to assess FAST emergency preparedness. Delivery of training material and courses in local languages and assist implementation of cascade training and related field studies and activities. Develop a track training system to map trainings for vets.	2 new training course schemes developed in the biennium to assist FAST control and early warning systems with 50% of participants from targeted regions completing training.	Capacity of national Competent Authorities to identify proper participants to the training and facilitate the follow up with national activities and field studies.
	5. Delivery of learning courses to audience of vets and para-professionals to promote awareness of FAST diseases and national cascade of training and resources.	Development and delivery of online courses and resources for wide dissemination of training which aims to raise awareness of FAST diseases, their clinical signs, diagnosis, reporting mechanisms and control. This will include adaptation of existing EuFMD online courses together with the creation of new courses and resources. Courses will be made available in local languages, and support provided to enable the cascade of these courses and resources at national level.	Number of elearning courses delivered to large audience of veterinarians and para-professionals with 2000 participants completing the courses.	Involvement of para-professional and private veterinary associations in the e-learning proposed

7.Gantt chart



GANTT CHART NOTES:						
1. Training infrastructure and quality assurance system across the training programme	Planning and development	Planning of implementation and changes in the training infrastructure Development of TQMS guidelines and procedures	Implementation and application	Maintenance and implementation of new developments Application of TQMS procedures	Co-ordination/ Meetings	Meeting with experts form University of Nottingham and internal meetings
2. Improvement of national laboratories capacity for FAST diagnosis				Definition of training programme according to the outcomes of Laboratory Mapping Tool exercise and results of PTS. Organization of training events on priorities identified through laboratory networks. Support and facilitate the implementation of PTS Assist development of specific laboratory capacities in specific risk areas (e.g. Iran, Pakistan)		Three-monthly co-ordination meetings (online) with Gf-TADs partners and other international agencies providing technical support to countries
3. Implementation of studies on vaccine efficacy and vaccination effectiveness and sharing of results				Development and assistance to vaccination advisory groups in the three sub-region Training, meetings and support for continue implementation of PVM studies		Regular reporting to Joint Permanent Committees (REMESA, Statement of intention agreements) Regular Internal co-ordination meetings.
4. Development and delivery of training course schemes to assist FAST control and Early Warning Systems		Meetings and agreements with different international and national training providers.		Applied training schemes developed and implemented on: Public-private partnership, socio economic analysis, risk mapping, serosurveillance design. Test in one country a track training system to assist national authorities to monitor trainings and competencies of vets.		Mid-term (internal) evaluation and final-biennium (external) evaluation
5. Delivery of elearning courses to large audience of veterinarians and para-professionals				FAST-ATC (Awareness Training Course: clinical signs, notification, control measures, sampling) TC in local languages (TK, EN, FR) + additional modules on PPR, LSD, RVF, BEF Development of initiatives targeted to communities at risk areas to improve early detection. Use and adapt modules of elearning courses already developed for induction training to activities proposed under 2.1 and 2.2		

8.Budget (€)

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
2.3 Develop and implement a program of capacity building that supports national improved PCP progress and early warning surveillance	1.Training infrastructure and quality assurance system across the training programme		0							0	440,170
	2. Improvement of national laboratories capacity for FAST diagnosis	5,249	16,918	50,000	25,000	20,000	35,000	15,000		167,167	
	3. Implementation of studies on vaccine efficacy and vaccination effectiveness and sharing of results	5,249	16,918	35,000	10,000	5,000	10,000	10,000		92,167	
	4.Development and delivery of training course schemes to assist FAST control and Early Warning Systems		16,918	40,000	20,000	25,000	10,000		5,000	116,918	
	5.Delivery of e-learning courses to large audience of veterinarians and para-professionals and use modules of courses already developed as induction training for field and face-to-face activities.		16,918	30,000			10,000		7,000	63,918	
TOTAL FOR ACTIVITY 2.3		10,498	67,672	155,000	55,000	50,000	65,000	25,000	12,000	440,170	

9. Challenges to achieving component objectives

This component is focused on capacity building to support the control strategies to control FAST diseases and for surveillance and early detection

The challenges envisage for this activities are:

1. Develop new training according to the needs and capacity of countries to use knowledge acquired;
2. Engagement of professionals and paraprofessionals and use training opportunities to improve networks within and between countries
3. Possibility to cascade trainings at national level and capacity to use and adapt material and expertise across the different regions
4. Engagement of all EuFMD experts and coordinators of different training opportunities to implement the procedures established within the Quality Management System



Item 8 Work plan for Pillar III

Pillar III (Output III)

Pillar Objective:

Sustained progress of the GF-TADs Global Strategy against FMD and the improved security of supply of effective vaccines.

Pillar Co-ordinator

Paolo Motta

Approval and implementation

<i>Stage</i>	<i>Status</i>
Consultation with partners MS	To occur September 2019
Review period	To occur following Executive Committee Meeting
Workplan proposed	Executive Committee Meeting October 2019

Component 3.1 (Activity 3.1)

Global Strategy Implementation

Objective

Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADs Regional Roadmaps meetings.

Component Manager

Etienne Chevanne

1. Background

Throughout the EuFMD 2017-19 work plan, Components 3.1 and 3.2 supported the GF-TADs FMD Working Group by improving the system for data collection from countries not free of FMD and the management system to assist regional Roadmaps and related reporting procedures, and by strengthening the support to national and regional progress mechanisms. The overall aim of this component for Phase V is to sustain further the effective implementation of the GF-TADs FMD Global Strategy and to promote and assist the progress of the Global Strategy, by providing continued support to the FMD Working Group.

The activities carried out under Component 3.1 will offer a range of direct **supporting initiatives to the FAO/OIE Working Group** on FMD control for regionally-coordinated and targeted national assistance to countries for the effective implementation of the Progressive Control Pathway (**PCP-FMD**). The achievement of the GF-TADs Working Group action plan at global and regional levels will also be supported also taking into account the requests from the Working Group. Cooperation will also be co-ordinated with the FAO/OIE PPR Global Eradication Programme (GEP) Secretariat.

Tailored **PCP application tools** and guidance documents will be developed to improve quality and timing of the review of national control plans and the effectiveness of the assistance to countries of the GF-TADs Working Group.

Support will be provided to the **GF-TADs Regional Roadmaps** meetings for FMD control, and to improve the assessment and evaluation mechanisms of countries. Support to **Regional Networks** and co-ordination with Regional institutional bodies will be established to improve capacities for strategy development and PCP progress at national levels, and for the implementation of risk-based approaches for FAST diseases surveillance and control.

Technical guidance to PCP-FMD implementation by countries will be improved through the management and development of the **PCP-Support Officer (PSO) system** and by the further roll-out of its' implementation. This will include PSO training and capacity development, and support to PSOs to improve guidance to countries, including informatics and web applications. Appropriate guidance documents will be improved to better assist the development and implementation of strategies at national level.

The visibility and impact of these activities will be promoted also through support to improved communication and improved online presence (GF-TADs website on FMD Global Strategy).

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Paolo Motta	Pillar III co-ordinator
Component manager	Etienne Chevanne	FMD Risk Management Specialist
Training and networking	Nadia Rumich	Training and Networking
GFTADs-FMD WG	The members of the GFTADs-FMD WG are key partners in the activities of this component.	n/a
ExCom oversight	TBD	Executive Committee

3. Countries or partner organizations involved

This component involves collection of data at global level from countries working through the PCP-FMD and benefitting from support through roadmap meetings, and which are indicated as priorities for PCP-FMD progress in the GF-TADs Global Strategy. Currently, these are about 80 countries in continental countries of Asia, the Middle-East and Africa (with the exception of North African countries which are members of REMESA and Southern African countries with FMD free zones).

Activities under this component are carried out in order to assist the activities of the GF-TADs FMD Working Group and co-operation is foreseen with the World Organisation for Animal Health (OIE), and with FAO/OIE PPR GEP Secretariat.

4. Reporting

<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 and presentation	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager in co-ordination with FAO colleagues GF-TADsFMD Working Group	Written report and presentation	General Session	Network and Training Support Officer
Workshop reports	Lead facilitator	Written report	ExCom, oversight members	Network and Training Support Officer

5. Objective of the component

The overarching objective of this Component is

Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADs Regional Roadmaps meetings.

This will involve continued support to the GF-TADs Working Group and assistance to the achievement of the action plan at global and regional levels, in consistency with the requests from the WG for support from EuFMD.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
3.1 Global Strategy Implementation	Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADS Regional Roadmaps meetings.	Significant improvement in quality, rate of approval and national implementation of FMD Control plans is supported by the enhancement of the PCP-support officer (PSO) system, support of regional technical networks, assistance to GF-TADS Regional Roadmaps meetings and engagement with Regional institutional bodies	Increase to 25 in certified PCP support officers by the end of Phase V; Increase to 15 the submission by countries and processing by GF-TADS WG of strategic plans (risk assessment, risk-based surveillance and/or control plans) every two years.	GF-TADS Steering Report; Regular collection of info through procedure established through the PSO system.	Two external evaluations to be carried out by month 18 and 38 of phase V	Assumes collaboration and request for EuFMD support from target countries Risk that institutional procedures (FAO/OIE) change the scope or do not accept EuFMD expertise and inputs.

6. Planned Component Sub-Activities

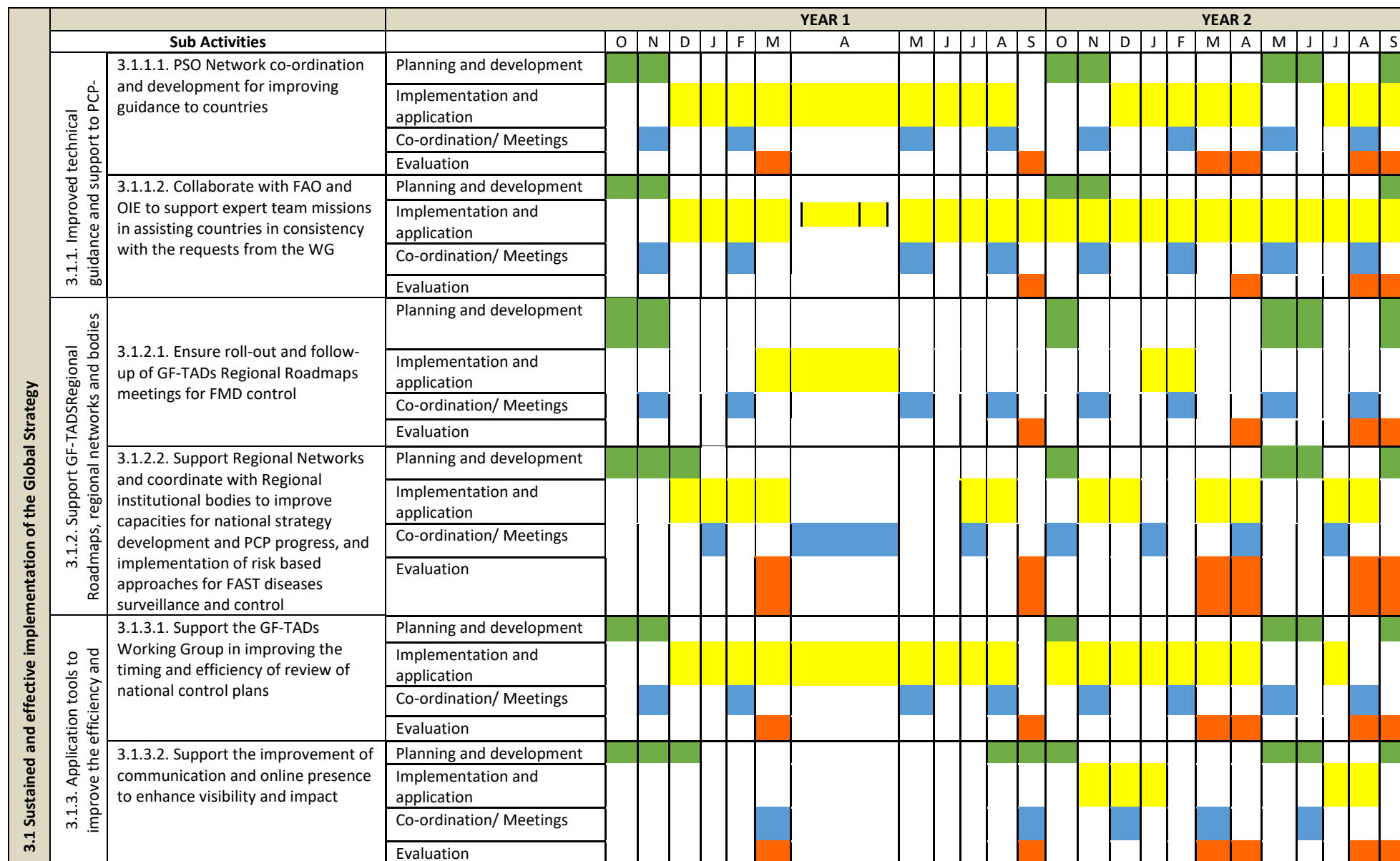
The expected result of the component will be achieved through a program of **sub-activities**:

- 3.1.1 Improved technical guidance and support to PCP-FMD implementation by countries, through the management and development of the PCP-support officer (PSO) system:
 - 3.1.1.1. PCP Support Officer (PSO) Network co-ordination and development for improving guidance to countries;
 - 3.1.1.2. Collaborate with FAO and OIE to support expert team missions in assisting countries.
- 3.1.2 GF-TADS Regional Roadmaps meetings for FMD control supported and regional technical networks of experts on disciplines related to PCP progress strengthened through Regional institutional bodies engagement:
 - 3.1.2.1. Ensure roll-out and follow-up of GF-TADS Regional Roadmaps meetings for FMD control;
 - 3.1.2.2. Support Regional Networks and coordinate with Regional institutional bodies to improve capacities for national strategy development and PCP progress, and for implementation of risk based approaches for FAST diseases surveillance and control.
- 3.1.3 Development of tailored PCP application tools to (i) improve the functional efficiency of the Secretariat GF-TADSWG, and (ii) increase visibility and impact through support to improved communication and online presence (GF-TADS website on FMD Global Strategy):
 - 3.1.3.1. Support the GF-TADS Working Group in improving the timing and efficiency of review of national control plans;
 - 3.1.3.2. Support the improvement of communication and online presence to enhance visibility and impact.

Sub-activities and their indicators

	Sub-activity level	Description	Indicators	Assumptions and risks
3.1.1. Improved technical guidance and support to PCP-FMD	3.1.1.1. PSO Network co-ordination and development for improving guidance to countries	Ensure support to countries in provisional and full stages of the PCP, by establishing a mechanism to assist and develop capacity of the PSOs (training and mentoring scheme) and by improving the guidance for progressive control programmes	a) Training and mentorship scheme for PSOs fully implemented by Sept 2020, and at least 15 new PSOs certified by Sept 2021 b) Increase to 10 the submission by countries and processing by GF-TADSWG of strategic plans (risk assessment, risk-based surveillance and/or control plans) by Sept 2021.	Risk that institutional arrangements (FAO/OIE) change the scope or do not accept EuFMD expertise and inputs
	3.1.1.2. Collaborate with FAO and OIE to support expert team missions in assisting countries in consistency with the requests from WG.	Provide technical assistance and support EuFMD experts to respond to emerging FMD, and FAST diseases situations, for progressive control at regional or national levels.	a) At least three EuFMD experts participate in team missions by Sept 2021.	
3.1.2. Support GF-TADSRegional Roadmaps, regional networks and bodies	3.1.2.1. Ensure roll-out and follow-up of GF-TADs Regional Roadmaps meetings for FMD control.	Organization and facilitation of regional Roadmap Meetings (MENA, West Eurasian, Eastern Africa, Central Africa, West Africa, SADC, SAARC) including the support in technical assessment and follow-up actions; Co-ordination with the Working Group including regular on-line and/or face-to-face meetings.	a) Support the organization in co-ordination with the FMD WG of at least two Roadmap Meetings by Sept 2021.	Risk that the tracking mechanism is not fully implemented by GF-TADs WG - Assumes collaboration and commitment by GF-TADs WG.
	3.1.2.2. Support Regional Networks and coordinate with Regional institutional bodies to improve capacities for national strategy development and PCP progress, and implementation of risk based approaches for FAST diseases surveillance and control	Strengthen technical capacities and networking of expert PSOs to able providing tailored national support to countries on epidemiological and laboratory issues relevant for FMD PCP progress in the region and FAST diseases National Strategies, through: (i) the support of the relevant Regional Epidemiology and Laboratory Networks and (ii) the engagement and collaboration with Regional institutional bodies (e.g. AU-IBAR, IGAD, SADEC, SARC, SACIDS). The activities of the PSO mentoring and training network to be linked to the training development and delivery under component 3.3.	a) Support and co-ordination mechanisms developed and established in at least 2 Roadmap regions by Sept 2021 b) Collaboration agreement achieved and implemented with regional bodies in at least 1 Roadmap regional PSOs and by Sept 2021	
3.1.3. Application tools to improve the efficiency and visibility	3.1.3.1. Support the GF-TADs Working Group in improving the timing and efficiency of review of national control plans	Provision and improvement of tools and guidance documents to (i) facilitate and assist the country's ability to develop national strategic plans for PCP progression and (ii) assist the GF-TADs Working Group documents assessment and review mechanisms	a) Improved and uniformed guidance documents and tool to assist the development and review process of national strategic plans by Sept 2020 b) Time between submission of strategic plan by a country and final acceptance not to exceed 6 months by Sept 2021	
	3.1.3.2. Support the improvement of communication and online presence to enhance visibility and impact	Development of an interactive online dashboard for the integration and communication of relevant information on the PCP-FMD stage, progress activities and objectives, and to display the planning of related events	a) Interactive online dashboard developed by Sept 2021 b) Websites updated on monthly basis	Assumes collaboration and demand to use EuFMD support from target countries

7. Gantt chart



GANTT CHART NOTES

3.1.1.1	Planning and development	Assessing needs, planning improvements to the PSO system co-ordination and development systems, and development of framework/guidelines (consultation and co-ordination with the PSO Network and the GF-TADs WG)	Implementation and application	Coordinate and maintain the PSO system; develop a training and mentoring scheme for PSOs and roll-out the system; further develop/refine guiding documents (e.g. socio-economics, risk assessment, etc.) Conduct PCP PCP-FMD training in co-ordination with the WG	Co-ordination/ Meetings	Co-ordination meetings as part of the planning: with EuFMD staff and the GF-TADs Working Group; Online PSO Network meetings; Co-ordination with the GF-TADs Working Group including regular on-line and/or face-to-face meetings.	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.1.2		Communication and planning with FAO and OIE partners in the GF-TADs Working Group		Provide technical assistance and support EuFMD experts to respond to emerging FMD and FAST diseases situations at regional and national levels		Co-ordination with the GF-TADs Working Group including regular on-line and/or face-to-face meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.2.1		Co-ordination and planning with FAO and OIE partners in the GF-TADs WG		Organization and facilitation of regional Roadmap Meetings (including reporting); provide support in technical assessment and follow-up actions and responding to specific requests from the WG		Co-ordination with the GF-TADs WG including regular on-line and/or face-to-face meetings. Internal co-ordination and follow-up meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.2.2		Consultation and definition of procedures to support and coordinate with Regional Networks and institutional bodies in at least 1 Roadmap region; identify how to support regional multilateral bodies within the context of PCP capacity building		Establishment of collaboration agreement with the Regional Body in the selected Roadmap region and adoption and application of mechanisms to: i) implement capacity development and strategy development activities (support regional meetings, delivery of workshops, online courses, support missions, etc.); ii) ensure support and co-ordination with Regional Networks and institutional bodies		Co-ordination meetings as part of the planning: with EuFMD staff and external partners as relevant. Internal co-ordination meetings after evaluations.		6-month and mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.3.1		Mapping and assessment of the latest strategy documents guidelines and their approval state (and online availabilities on different websites), and discuss the current reviewing process of strategic documents. Define the updating and development approach (EuFMD staff and the PSO Network; co-ordination with GF-TADs WG).		Enhance guidance documents and currently available assessment tools and support and improve the reviewing process/mechanisms of official documentation submitted by countries. Roll-out, application and regular review of the tools and guidance documents through the PSO system and network		Co-ordination meetings as part of the planning: with EuFMD staff and the GF-TADs WG; Online PSO Network meetings; Co-ordination with the GF-TADs WG including regular on-line and/or face-to-face meetings.		6-month and mid-term (internal) evaluation and final-biennium (external) evaluation
3.1.3.2.		Consultation, needs assessment and planning with EuFMD staff, the PSO Network and GF-TADs WG; Identification of suitable technical partners for the development and implementation of online communication tools		Improvements of online communication products and development of interactive online dashboard for the integration of relevant information on the PCP-FMD progress, activities and events		Co-ordination meetings as part of the planning: with EuFMD staff and the GF-TADs WG;		Mid-term (internal) evaluation and final-biennium (external) evaluation

8.Budget (€) COMP. 3.1

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub-activities	Total
3.1 Sustained and effective implementation of the FMD Global Strategy achieved through improved technical guidance to countries and assistance to GF-TADS Regional Roadmaps meetings	3.1.1 Improved technical guidance and support to PCP-FMD implementation by countries, through the management and development of the PCP-support officer (PSO) system	1,100	14,180	47,000	35,000	16,000	10,000	0	5,000	128,280	348,932
	3.1.2 GF-TADS Regional Roadmaps meetings for FMD control supported and regional technical networks of experts on disciplines related to PCP progress strengthened through Regional institutional bodies engagement	1,100	15,000	53,000	30,000	25,000	20,000	0	5,000	149,100	
	3.1.3 Development of tailored PCP application tools to (i) improve the functional efficiency of the Secretariat GF-TADS WG, and (ii) increase visibility and impact through support to improved communication and online presence (GF-TADS website on FMD Global Strategy)	2,552	19,000	30,000	5,000	5,000	0	0	10,000	71,552	
TOTAL FOR ACTIVITY 3.1		4,752	48,180	130,000	70,000	46,000	30,000	0	20,000	348,932	

9. Challenges to achieving component objectives

This component is centered on the functioning of the FAO/OIE FMD Working Group. The expected growth in workload for the WG resulting from the recent Roadmap Meetings and the increasing number of countries aiming at progressing along the PCP-FMD and developing strategic plans, might provide further challenges for the timely and effective functionality of the WG. Improved co-ordination mechanisms might be required to face the upcoming changes foreseen.

1. Institutional arrangements (FAO/OIE) need to be kept and are necessary for achieving the component objective. Also the scope of these arrangements needs to be continued and institutional partners accept EuFMD expertise and inputs.
2. Establishment of collaboration and partnership with regional networks and institutional bodies depends on the engagement of these stakeholders and the support that can be provided
3. The overall activities assume collaboration and demand to use EuFMD support from target countries, regional authorities and the FAO/OIE FMD Working Group.

Component 3.2 (Activity 3.2)

Improved Global Laboratory Support

Objective

Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADs Strategy

Component Manager

Kees VanMaanen

1. Background

Under the EuFMD Phase IV workplan Component 3.3, support to the global FMD laboratory network was implemented as part of the joint FAO/OIE Global FMD Control Strategy to improve regional laboratory networks and ensure better technical expertise development at regional levels. The core of the international surveillance required was supported through a contract with The Pirbright Institute (TPI) to provide services globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU states and internationally.

The strategy for Phase V builds on this experience, adding further emphasis in increasing the level and quality of support to Regional Laboratories and the OIE/FAO Laboratory Network, including associated surveillance and training for all the Roadmap regions (mainly through online programmes). This Component will aim at improving FMD virus intelligence to guide GF-TADs and Regional and National Risk managers. It will also support progress towards the targets required for regional Roadmap vaccine priority and provide a global surveillance information base relevant to EuFMD MS and to all countries which are not officially free of FMD.

The activities under this Component will provide direct support to the co-ordination and activities of the annual workplan of the **OIE/FAO FMD Reference Laboratory network** to ensure better technical expertise development and networking at regional levels. Global and regional epidemio-surveillance networks will also be supported through online and virtual **training in FMD laboratory surveillance** for all Roadmap regions.

The role of the TPI in providing the core of the international surveillance required will be supported by a contract, to provide the services described above and to continue as Secretariat of the OIE/FAO FMD lab network. It will also continue to support a 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. To improve the sample collection and typing, and address surveillance gaps in regions identified by the OIE and FAO Reference Centres as priorities, support will be tailored for **diagnostic services**, including laboratory typing of FMD samples from the six virus Pools by OIE/FAO Reference Centres, aiming at the attainment of surveillance targets in each pool required for guidance to Regional Roadmaps and risk managers in each region, as well as for global threat forecasting.

To sustain a shift in emphasis towards **regional vaccine selection and performance**, systems for vaccine performance and matching needed by the Roadmaps will be supported. A specific focus will be placed on better uptake and accurate application of test systems by OIE/FAO Reference Centres and Regional Support Laboratories (RSLs) in Africa and Asia, including the associated work to validate tests and identify correlates of protection. Progress towards validation of new tests for vaccine matching and measures of protection will be supported during the first 24 months with the aim of transfer to RSLs and others in the second 24 months.

2. Project team

Role	Name	Status
Component supervisor	Paolo Motta	Pillar III Coordinator
Component manager	Kees VanMaanen	
Training and networking	Nadia Rumich	Training and Networking
Partner organisations	FAO/OIE Reference Laboratory Network are key technical partners. The OIE a funding partner through funding of twinning programmes	
ExCom oversight	TBC	
FAO	TBC	
OIE	TBC	
EU Commission	TBC	

3. Countries or partner organizations involved

A close collaboration is foreseen with OIE/FAO Reference Centres and Regional Support Laboratories (**RSLs**) in Africa and Asia, and work will be implemented also in support of the global OIE/FAO FMD Reference Laboratory network. Activities in this component are in support of the implementation of the Global Strategy for FMD Control, particularly in West Africa, East and Southern Africa and South Asia during the first 24 months, and may be expanded in South-East Asia in months 25-48 after review of progress.

4. Reporting

<i>Reporting format</i>	<i>Responsibility</i>	<i>Output</i>	<i>Distribution</i>	<i>Sent out by</i>
Six monthly report to ExCom	Head of WRL	Written report and presentation	ExCom, STC	Network and Training Support Officer
Yearly	WRL	Annual network report from head of the WRL	ExCom, STC	Network and Training Support Officer
Every two years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Report on workshop or e-learning course	Component manager or lead facilitator	Written report		Network and Training Support Officer

5. Objective of the component

The overarching objective of this component is

Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADs Strategy.

This will involve continued support to the OIE/FAO FMD Reference Laboratory network to support progress of regional diagnostic services and vaccine selection and performance, in consistency with the needs of the OIE/FAO FMD Reference Laboratory network.

Component (Activity)	Objective	Narrative	Expected result	Monitoring	Evaluation	Assumptions and risks
3.2 Improvement of global laboratory support	Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADs Strategy.	Attainment of surv. targets by the OIE/FAO FMD RLN and Regional Support Laboratories for each pool required for guidance to Regional Roadmaps will be supported through improved diagnostic services and systems for vaccine performance and matching.	Enhanced level and quality of surveillance information FMD Reference Laboratory network with an increase in the virus Pools achieving sampling targets for laboratory surveillance (from 1 to 4 out of 6).	Annual Reports of the global OIE/FAO FMD Reference Laboratory network. Regular collection of information through procedure established and Global Monthly reports of the EuFMD.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network, and the engagement of countries to attain surveillance targets in each pool.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

3.2.1 Strengthened co-ordination of the OIE/FAO FMD Reference Laboratory network

3.2.1.1 Co-ordination support for the OIE/FAO FMD Reference Laboratory network

3.2.1.2 Delivery of FMD laboratory surveillance training in all Roadmap regions

3.2.2 International surveillance and guidance to Regional Roadmaps and risk managers enhanced in each pool

3.2.2.1 Support diagnostic services by OIE/FAO Reference Centres, including laboratory typing of FMD samples from the 6 virus Pools

3.2.2.2 Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities

3.2.3 Vaccine selection and performance supported, including sustenance for improved methods for matching and protection measures

3.2.3.1. Improve uptake and accurate application of test systems by OIE/FAO Reference Centres and Regional Support Laboratories in Africa and Asia

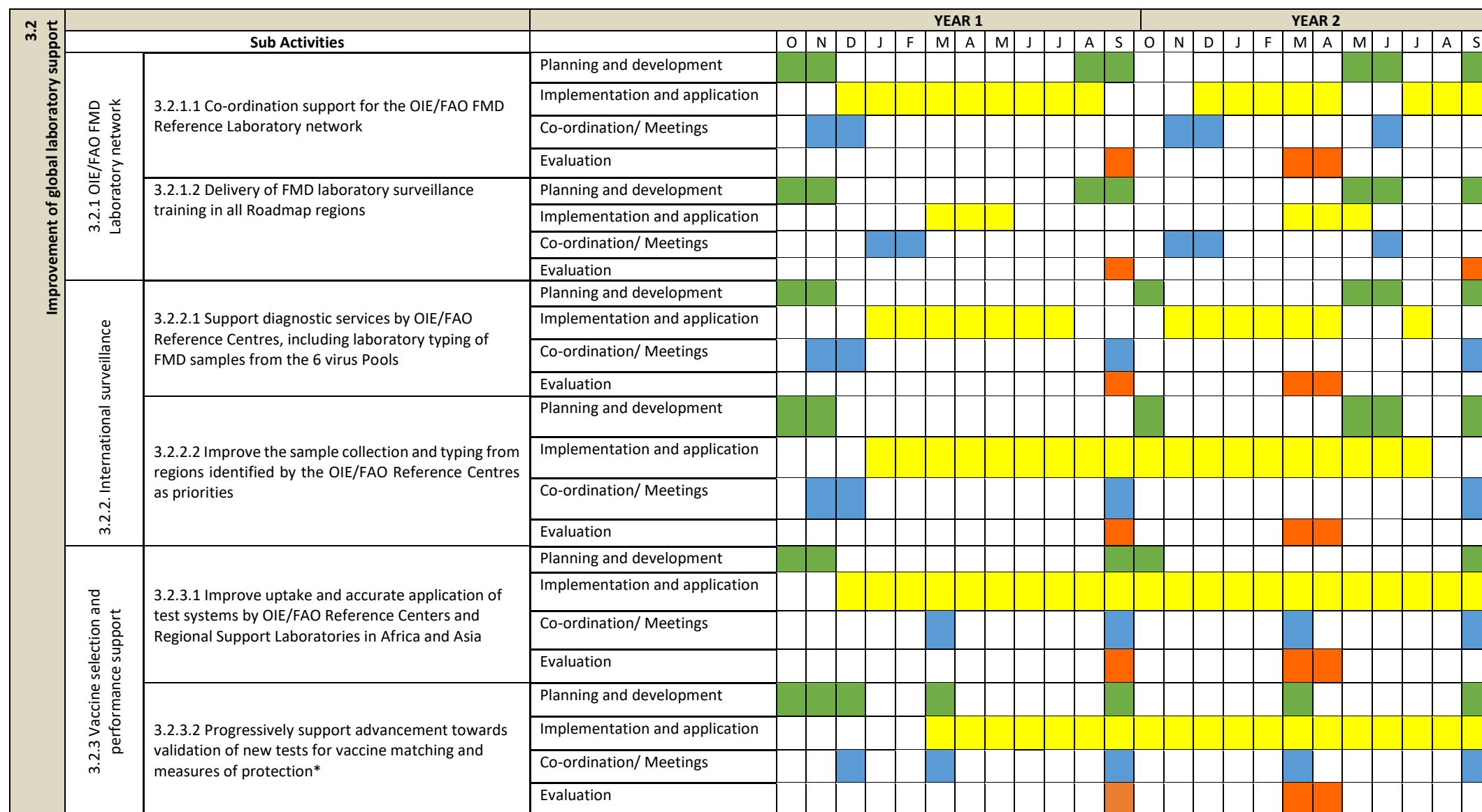
3.2.3.2. Progressively support advancement towards validation of new tests for vaccine matching and measures of protection

The activities under this Component will provide direct support to the annual workplan co-ordination and activities of the **OIE/FAO FMD Reference Laboratory network** to ensure better technical expertise development and networking at regional levels.

	Sub-activity level	Description	Indicators	Assumptions and risks
3.2.1 OIE/FAO FMD Laboratory network	3.2.1.1 Co-ordination support for the OIE/FAO FMD Reference Laboratory network	Provide direct support to the annual workplan co-ordination and activities of the OIE/FAO FMD Reference Laboratory network to ensure better technical expertise development and networking at regional levels, including support in the organization of the annual workplan co-ordination meeting.	a) One annual meeting organized per year and the number of invited representatives attending from regional laboratories is at least equal to the number of attendees supported in Phase IV	Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network.
	3.2.1.2 Delivery of FMD laboratory surveillance training in all Roadmap regions	Develop and conduct at least an annual, global (online) training in FMD laboratory surveillance in English and in French languages.	a) Online one global training organized and delivered in English and in French and attended by 250 trainees by Sept 2021	Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network, and the engagement of countries to attain surveillance targets in each pool.
3.2.2. International surveillance and guidance	3.2.2.1 Support diagnostic services by OIE/FAO Reference Centres, including laboratory typing of FMD samples from the 6 virus Pools	Support diagnostic services for samples submitted to the WRL, as well as testing that can be delegated to leading laboratories in the OIE/FAO FMD Reference Laboratory network with WRL support and supervision.	a) 1500 samples submitted for antigen detection and serotyping, and 200 samples for vaccine matching by Sept 2021; b) 200 samples for P1 sequencing by Sept 2021	Relies on engagement of countries to attain surveillance targets in each pool.
	3.2.2.2 Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities	Support sampling from outbreaks and testing, including procurement of reagents and kits, and assist sample shipment mechanisms from National Labs in Pools 3, 4, and 5 to the Regional and International Reference Laboratories.	a) Adequate number of antigen ELISA kits and PCR reagents provided for surveillance	Relies on engagement of countries to attain surveillance targets in each pool.
3.2.3 Vaccine selection and performance support*	3.2.3.1 Improve uptake and accurate application of test systems by OIE/FAO Reference Centers and Regional Support Laboratories in Africa and Asia	Support sample screening at laboratories in Pools 3, 4 and 5 and shipment from these and other areas of high strategic importance to International Ref Labs. Support vaccine matching tests or complete genome sequencing (where appropriate), virus neutralization tests (VNTs) in the context of PVM studies and vaccine quality studies.	a) Characterization of FMDV from at least 30 different outbreaks across six different countries, and 100 FMD viruses per pool by the Sept 2021	Assumes functioning and commitment of global OIE/FAO FMD Reference Laboratory network, and the engagement of countries to attain surveillance targets in each pool.
	3.2.3.2 Progressively support advancement towards validation of new tests for vaccine matching and measures of protection *	Review and assist the development of improved vaccine matching methods, for prioritizing development and implementation of tests to cover a wider range of reference viruses and vaccine strains.	a) Outcomes of ongoing studies for novel methods reviewed and assessed by Sept 2020; b) Collaboration with Regional Laboratories at least 2 Pools to cover reference viruses and vaccine strains established by Sept 2021;	Assumes that ongoing studies will demonstrate advancement and applicability of the novel ELISA methods, and their potential for the dev. of tests to cover a wider range of reference viruses and vaccine strains.

* The validation and implementation of improved vaccine matching methods will be progressively supported through the workplan and may be expanded in months 25-48 after review of progress.

7. Gantt chart



3.2.1.1	Planning and development	Planning of improvements and changes in the co-ordination mechanism	Implementation and application	Support the organization of the annual OIE/FAO Ref. Lab. Meeting, including support to Regional Support Reference Labs (e.g. PD-FMD (India), Embakasi (Kenya), NAHDIC (Ethiopia), NVRI (Nigeria), LNERV (Senegal) and SAP (Turkey) to attend the meeting (managed by the WRL). Harmonization of communication and data sharing between Laboratories of the network, including online meetings and webinars.	Co-ordination/ Meetings	Co-ordination meetings as part of the planning: with EuFMD staff and external partners as relevant (e.g. for the organization of the annual OIE/FAO Ref. Lab. Network Meeting); Internal co-ordination meetings after evaluations.	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation; Annual report on global FMD status; Reports of each annual meeting;
3.2.1.2		Planning of mechanisms for consultation on training priorities and for delivery of e-learning courses		Development of training material and delivery of training for all relevant FMD laboratory tests, biosafety, sample archiving, laboratory management, and quality systems (contracted to the WRL a t TPI). Includes refinement, maintenance, translation and delivery of FMD Laboratory Investigation Training courses (FLITc)		Meeting with experts from TPI and internationally; Internal meeting for communication of new procedures to EuFMD staff involved in training activities; Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation; 6 monthly ExCom report
3.2.2.1		Refinement of mechanisms co-ordination and support in consultation with the TPI		Optimize the support for diagnostic services for samples submitted to the WRL, as well as to leading laboratories in the OIE/FAO FMD Reference Laboratory network with WRL support and supervision.		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Annual OIE/FAO Ref. Lab. Network Meeting		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.2.2.2		Refinement of mechanisms of support, in consultation with the OIE/FAO FMD Reference Laboratory network and the TPI		Implementation of support mechanism to improve sampling and testing, including procurement of reagents and kits, and assist sample shipment mechanisms from National Labs in Pools 3, 4, and 5 to the Regional and International Reference Laboratories.		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Annual OIE/FAO Ref. Lab. Network Meeting; Internal co-ordination meetings.		Evaluation of courses developed through the TQMS
3.2.3.1		Communication and planning with OIE/FAO Ref. Lab Network and refinement of co-ordination mechanism to assist and support the delivery of diagnostic services to regional Ref. Labs		Support sample screening at laboratories in Pools 3, 4 and 5 and shipment to International Ref Labs. Support vaccine matching tests, VP1, P1 or complete genome sequencing (where appropriate), virus neutralization tests (VNTs) in the context of PVM studies and vaccine quality studies (ELISA tests will probably be conducted in the NRL of the country where the PVM is run, with VNT testing against vaccine strains, if available, and the relevant field viruses performed by the WRLFMD).		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Internal co-ordination meetings.		Evaluation of courses developed through the TQMS
3.2.3.2		Communication and consultation with OIE/FAO Ref. Lab Network and relevant stakeholders		Review the development of new vaccine-matching approaches to prioritize the development of tests to cover a wider range of reference viruses and vaccine strains		Co-ordination meetings as part of the planning: with EuFMD staff and TPI experts; Relevant International Conferences and Meetings		Evaluation of the activities of the VLC through the TQMS

8. Budget (€) COMP. 3.2.

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub- activities	Total
3.2 Strengthened global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementation of the GF-TADS Strategy	3.2.1 Strengthened co-ordination of the OIE/FAO FMD Reference Laboratory network	2,300	14,180	12,000	14,000	12,500	0	0	12,000	66,980	544,124
	3.2.2 International surveillance and guidance to Regional Roadmaps and risk managers enhanced in each pool	2,300	15,000	0	0	0	350,000	0	0	367,300	
	3.2.3 Vaccine selection and performance supported, including sustenance for improved methods for matching and protection measures	4,344	19,000	4,000	3,000	1,500	50,000	18,000	10,000	109,844	
TOTAL FOR ACTIVITY 3.2		8,944	48,180	16,000	17,000	14,000	400,000	18,000	22,000	544,124	

9. Challenges to achieving component objectives

This component is centered on co-ordination with OIE/FAO Reference Centres and Regional Support Laboratories (RSLs) in Africa and Asia, and work will be implemented in support of the global OIE/FAO FMD Reference Laboratory network. Hence the functioning and commitment of global OIE/FAO FMD Reference Laboratory network is essential for the implementation of sub-activities. The collection of samples for Pools 4 and 5 requires also cooperation at national levels.

The process of partnership with the TPI involves FAO procedures and might require administrative time to be accounted for.

Component 3.3 (Activity 3.3)

Better training for Progressive Control

Objective

Improved national and regional capacity for progressive control of FMD through delivery of high impact training in at least six roadmap regions

Component Manager:
Jenny Maud

1. Background

Under Components 2.4 and 3.4 of the EuFMD Phase IV workplan (2015-19) a series of e-learning courses were developed in support of the roll out of the Global Strategy for FMD Control. These included open access training courses on the PCP, FMD investigation, a series of three in-depth training courses on risk-based FMD control strategies, and initiatives exploring novel modalities for online networking, including through mobile phone communication tools such as Whatsapp™. These courses have been delivered to veterinarians in countries across the European neighborhood and additionally from five “Pillar III” roadmap regions (West, Central, East and Southern Africa, South Asia) and have been delivered in regional languages including English, French, Arabic and Russian.

The strategy for Phase V builds on this experience, adding further emphasis on mechanisms to decentralize delivery and to cascade training to national level, and to link the training provided to real-world outcomes in the development and implementation of FMD control strategies through links with the PSO system and regional partnerships. The activities in this component will provide globally relevant training resources to all countries which are not officially free of FMD, and those working with such countries to implement progressive control and will be guided by the findings of the PCP-support officer (PSO) system and the Regional Advisory groups (RAGs) for each Roadmap. The activities of this component will also involve close liaison with GF-TADs partners, and alignment with the availability of resources in partner (GF-TADS) regional offices that can effectively deliver the training at regional or national levels.

The overall aim of this Component will be to **strengthen the training resources available and develop a series of new e-learning courses** based on the needs and priorities identified by the stakeholders and partners listed above, ensuring relevance across multiple countries and regions. The focus is providing training resources relevant to all countries that are not free of FMD in West and Central Africa, East Africa, Southern Africa and South Asia during the first 24 months of the programme. Additional regions (South East Asia may be added in months 24-48 after review of progress, and other regions deprioritized.

In order to ensure that EuFMD’s courses are of world-leading standard, that the quality is maintained across the training programme and a continuous evaluation of the impact of the training programme is conducted, a **Training Quality Management System** will be established in co-ordination with the three Pillars of the EuFMD work programme (see Components 1.1 and 2.3). Focus will be on developing training which will have lasting impact, and this will be guided by an impact evaluation system in line with guidance of an external international panel of adult-learning experts coordinated across the three pillars.

A key focus for this component will be the **cascade of training to national level**; assisting countries to deliver national level training to their veterinary service staff, together with key wider audiences including in the private sector and veterinary para-professionals (VPPs). To promote this cascade at national level, EuFMD will support regional GF-TADs partners, technical networks and institutional bodies in the development of **virtual learning centres (VLCs)**. These VLCs will be managed regionally (e.g. in GF-TADs regional offices) with the support of EuFMD and will aim at:

- link to the activities of the Regional Roadmap and the regional PSO support system to prioritize, co-ordinate and deliver tailored training at regional level;
- catalyze and better tailor training resources already available, and attract and assess the regional needs for development of new training resources;
- provide virtual support to regional epidemiological and laboratory networking;
- support national cascade of training in the region;
- leverage contribution of resources from other providers and additional funding such that the VLC hosts multiple courses relevant to control of FAST diseases and becomes financially and technically self-sustaining;
- develop systems allowing national veterinary services and individual training participants to record and monitor the training undertaken, promoting continuing professional development;
- increase the understanding of the policy issues affecting the effective implementation of control measures

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Paolo Motta	Pillar III Coordinator
Component manager	Jenny Maud	Training Programme
Training and networking	Nadia Rumich	Training and Networking
Partner organisations	Training activities carried out in collaboration with regional partners and organizations in support of the GF-TADs Global Strategy for FMD control.	
ExCom oversight	TBC	
FAO	TBC	
OIE	TBC	
EU Commission	TBC	

3. Countries or partner organizations involved

A close collaboration is foreseen with regional FAO or OIE offices. Additionally roll-out may make use of collaborations with regional multilateral organizations and bodies, non-governmental organizations (NGOs), academic institutions, especially where such partnerships might bring sources of additional funding or resources. Activities in this component are in support of the implementation of the Global Strategy for FMD Control, particularly in West Africa, East and Southern Africa and South Asia during the first 24 months, and may be expanded in South-East Asia in months 25-48 after review of progress.

4. Reporting

<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/supervisor	Written report and presentation	ExCom, STC	Network and Training Support Officer
Every 2 years report to MS	Component manager	Written report and presentation	General Session	Network and Training Support Officer
Report on workshop or e-learning course	Component manager or lead facilitator	Written report		Network and Training Support Officer
Report on training quality and impact		Written report		Network and Training Support Officer

5. Objective of the component

The overarching objective (output) of this component is:

Improved national and regional capacity and expertise for progressive control of FMD through delivery of high impact training in at least six roadmap regions.

<i>Component (Activity)</i>	<i>Objective</i>	<i>Narrative</i>	<i>Expected result</i>	<i>Monitoring</i>	<i>Evaluation</i>	<i>Assumptions and risks</i>
3.3 Better training for progressive control	Improved national and regional capacity and expertise for progressive control of FMD through delivery of high impact training in at least six roadmap regions.	The training provided will link to real-world outcomes in the development and implementation of FMD control strategies. This will be achieved through synergy with the PSO system and regional partnerships in order to strengthen the available training and develop new resources, ensuring quality management and cascading to national level.	At least 2500 individuals from the target countries* have completed at least one EuFMD e-learning course.	Regular collection of data through EuFMD e-Learning platform and procedure established in the training quality management system	Two external evaluations to be carried out by month 18 and 38 of phase V.	Relies on the commitment of national veterinary services and individuals to participate in and complete e-learning courses.

* Target countries for 2019-21 are those in West, Central, East and Southern Africa and South Asia. Training courses developed should also be relevant to regions included under Pillar II activities.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

3.3.1 Training infrastructure: maintenance and improvement of online platforms

3.3.2 Development of a Training Quality Management System (TQMS) to ensure the quality and the continuous evaluation of the impact of training

3.3.3 Development and delivery of e-learning courses in support of progressive control

3.3.3.1 Consultation and prioritisation for training development

3.3.3.2 Development of new training courses

3.3.3.3 Delivery of training courses

3.3.4 Implementation of systems for cascade training

3.3.4.1 Support the development of virtual learning centres (VLCs)

3.3.4.2 Development of resources for cascade training, including for veterinary paraprofessionals

3.3.4.3 Develop systems for monitoring of national training of veterinary service staff

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
3.3.1 Training infrastructures	3.3.1.1 Training infrastructure	Maintenance and improvement of the training infrastructure, including online platforms. This sub-activity is co-ordinated with sub-activities 1.1.1.1 and 2.3.1.1.	a) EuFMD online platforms will be functioning and accessible to users more than 23 months per biennium during phase V	The dev. and maintenance of EuFMD online platforms to be aligned with IT FAO rules
3.3.2. TQMS	3.3.2.1 Quality assurance across the training programme and assessment of its impact	Development of a TQMS in order to ensure the quality across the training programme; carry out regular evaluations of the impact of the training prog in order to inform the design of a training offer that can achieve higher capacity development at country level. This system will guarantee that EuFMD provides high-quality and high impact training. This sub-activity is co-ordinated with sub-activities 1.1.1.1 and 2.3.1.1.	a) Development and full implementation of the TQMS by June 2020	Relies on proper implementation of the procedures established by the new system in order to apply harmonized procedures and collect adequate information
3.3.3 Development and delivery of training	3.3.3.1 Consultation and prioritization for training development and delivery	Priorities for the new training to be developed, and for delivery of existing training will be guided by the findings of the PSO system, the Regional Advisory groups (RAGs) for each Roadmap, by GF-TADS partners and EuFMD's consultations with national and regional partners.	a) Update on training development and delivery prioritization available for EuFMD Executive Committee and GF-TADS partners every six months.	Assumes good co-ordination with partners.
	3.3.3.2 Development of new courses	Based on the priorities identified in 3.3.3.1, new courses will be developed, suitable for delivery in multiple regions and translation into regional languages.	a) Four new courses developed and delivered by Sept 2023.	Relies on suitable expertise to guide course dev., and sufficient capacity within the EuFMD e-learning team for course dev.
	3.3.3.3 Delivery of courses	Courses will be delivered at global, regional or national level, including delivery of training in appropriate regional languages (including English, French, Russian and Arabic).	a) At least 2500 individuals from the target countries* have completed at least one EuFMD course by Sept 2021.	Relies on the commitment of NVS and individuals to participate in and complete e-learning courses.
3.3.4 Implementation of systems for cascade training	3.3.4.1 Support the development of virtual learning centres (VLCs)	Support GF-TADS regional partners in the development of VLCs which will provide regionally tailored online courses, support virtual networking, promote national cascade of training courses and resources and attract the specific needs of the region. Support regional partners to transition these VLC's to independent sustainability in the long term.	a) At least two regions with VLCs established and supported by EuFMD by Sept 2021. b) An additional region with a VLC established and supported by EuFMD by Sept 2023, and at least two VLCs managed sustainably (independent of regular ongoing EuFMD support) by Sept 2023.	Relies on strong support from partner organizations in order to establish VLC and then seek to manage it in an autonomous and sustainable manner.
	3.3.4.2 Development of resources for cascade training, including for veterinary paraprofessionals	Based on the priorities identified in 3.3.3.1, resources and tools suitable for countries to provide training at national level will be developed. Resources will be developed in a variety of modalities including those suitable for provision of training by mobile phone, and those suitable for training of VPPs.	At least 15 of the target countries using EuFMD resources or courses for training of national staff by Sept 2021. At least 40 of the target countries using EuFMD resources or courses for training of national staff by Sept 2023.	Relies on the commitment of NVS to cascade training.
	3.3.4.3 Develop systems for monitoring of national training of veterinary service staff	Develop systems which will allow national veterinary services and individual training participants to record and monitor the training undertaken, promoting continuing professional development and allowing countries to assess capacity building priorities for their veterinary service.	System for national training monitoring dev. and piloted in four of the target countries by Sept. 2021. System for national training monitoring established for use in at least ten countries by Sept. 2023.	Relies on the commitment of NVS to utilise training monitoring systems.

7.Gantt chart

3.3 Better Training for Progressive Control			YEAR 1													YEAR 2												
	Sub 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 Training infrastruct	3.3.1.1 Training infrastructure	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
13.3.2. TQMS	3.3.2.1 Quality assurance across the training programme and assessment of its impact	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
3.3.3 Development and delivery of training	3.3.3.1 Consultation and prioritisation for training development and delivery	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
	3.3.3.2. Development of new courses	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
	3.3.3.3 Delivery of courses	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
3.3.4 Implementation of systems for cascade training	3.3.4.1 Support the development of virtual learning centres (VLCs)	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
	3.3.4.2 Development of resources for cascade training, including of veterinary paraprofessionals (VPPs)	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										
	3.3.4.3 Develop systems for tracking of national training of veterinary service staff	Planning and development																										
		Implementation and application																										
		Coordination/ Meetings																										
		Evaluation																										

GANTT CHART NOTES:

3.3.1.1	Planning and development	Planning of improvements and changes in the training infrastructure	Implementation and application	Maintenance and implementation of new developments	Co-ordination/ Meetings	Co-ordination meetings as part of the planning: with EuFMD staff and external partners as relevant	Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
3.3.2.1		Development of guidelines for putting in place the TQMS (LoA University of Nottingham); Planning and adoption of procedures to put in place EuFMD TQMS; Adaptation to evaluation recommendations; Planning for second biennium.		Application of procedures established by the TQMS, including regular collection of information to be evaluated in order to: a) ensure continuous improvement of our training programme b) assess impact of our training		Meeting with experts from University of Nottingham; Internal meeting for communication of new procedures under the TQMS to EuFMD staff involved in training activities; Internal co-ordination meetings after evaluations.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.3.3.1		Planning of mechanisms for consultation on training priorities.		Consultation (ongoing process)		Updated report on priorities and plans for development and delivery presented to Executive and GF-TADspartners on a six monthly basis. Internal co-ordination meetings.		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.3.3.2		Planning development of new e-learning courses		e-learning course development		Internal co-ordination meetings.		Evaluation of courses developed through the TQMS
3.3.3.3		Planning delivery of e-learning courses		e-learning course delivery		Internal co-ordination meetings.		Evaluation of courses developed through the TQMS
3.3.4.1		Identification of partners and planning of VLC activities		Establishment of VLC and delivery of courses through VLC		Meetings with VLC partners		Evaluation of the activities of the VLC through the TQMS
3.3.4.2		Planning of resources to be developed		Development of resources		Co-ordination meetings for disbursement of resources including VLC partners		Evaluation of the quality and impact of resources through the TQMS
3.3.4.3		Needs assessment and planning of project to develop training tracking systems		Development of software platforms and initial pilot phase, followed by roll-out to additional countries.		Co-ordination meetings with pilot countries and regions.		Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 3.3.

	Sub-activities	Salaries profession al	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurem ent	Other	Total by Sub- activities	Total
3.3 Improved national and regional capacity for progressive control of FMD through delivery of high impact training in at least six roadmap regions	3.3.1 Training infrastructure: maintenance and improvement of online platforms	1,000	9,000	16,000	0	0	0	0	10,000	36,000	322,094
	3.3.2 Development of a Training Quality Management System (TQMS) to ensure the quality and the continuous evaluation of the impact of training	914	15,180	12,000	0	0	0	0	0	28,094	
	3.3.3 Development and delivery of e-learning courses in support of progressive control	1,000	10,000	47,000	9,000	5,000	15,000	0	8,000	95,000	
	3.3.4 Implementation of systems for cascade training	0	14,000	93,000	9,000	5,000	15,000	0	27,000	163,000	
	TOTAL FOR ACTIVITY 3.3	2,914	48,180	168,000	18,000	10,000	30,000	0	45,000	322,094	

9. Challenges to achieving component objectives

This component is centered on collaborations with (i) individual veterinarians undertaking training, with (ii) national veterinary services, and with (iii) regional and global partners, particularly through the GF-TADs framework. Success is therefore contingent on the strength of these collaborations and of the individual and institutional commitment of training participants and the organizations involved. For the successful achievement of the Component objectives:

1. Development of new training resources and materials according to an established timeline will require careful planning of time and human resources to avoid that other work commitments delay the delivery of the outputs;
2. National cascade training depends on the engagement of trainees participating in EuFMD courses and on the support that they get from their authorities to organize training at national level;
3. The implementation of the procedures established in the new *Training quality management system* will require the training and engagement of all EuFMD staff involved in different training initiatives across the program in order to apply harmonized procedures and collect adequate information. This information will need to be centralized, analyzed and lead to continuous improvement of EuFMD training program.

Component 3.4 (Activity 3.4)

Improved security in FMD vaccine supply

Objective

Improved security in FMD vaccine supply: support the Public Private Sector Platform (PPSP) to identify and promote solutions to improve security in access to effective vaccines.

Component Manager:
Bouda VosoughAhmadi

1. Background

At the latest Open Session of the EuFMD (29-31 October 2018), the network of stakeholders engaged in FMD control met. They wanted to address the issues related to “Increasing Global Security in the supply of FMD vaccines”, including the lack of confidence in supply of available vaccines constraining PCP progress in multiple regions. This multi-stakeholder conference provided the opportunity to define better a set of priorities to increase availability of quality and effective vaccines:

- define and tackle barriers preventing availability of quality vaccines must be defined and addressed;
- quantify and predict the current unmet demand for vaccines, and its future growth;
- as manufacturers are a key partner in the network of stakeholders contributing to FMD control, new forms of partnership between public and private sectors are needed to improve vaccine availability;
- a shift in the vaccine stewardship paradigm is required to (i) create an enabling environment for investment in vaccine security, (ii) continue to support R&D for innovative technologies and partnerships, and (iii) ensure inclusion of all stakeholders in the value chain.

To address these priorities and the issues surrounding Global Vaccine Security particularly for endemic settings, the establishment of this new Component of the EuFMD Workplan Phase V was suggested during the 43rd General Session of the EuFMD (in April 2019), and agreed by Member States. This new Component 3.4 aims to support to Public Private Sector Platform (**PPSP**) for vaccine security established under Component 1.3 of Pillar I. In particular, it aims to identify and promote solutions to improve security in access to effective FMD vaccines in endemic settings. The activities of this Component will be linked closely to the work under Component 1.3 of Pillar I.

By bringing together regulators, risk managers, research and private sector stakeholders, the platform will be supported by **working groups**, and associated studies. It will aim to address information gaps affecting investment decisions. In multiple regions, the lack of confidence in supply of available vaccines is a major issue affecting PCP progress and this Component aims **to support and inform the PPSP** to define and promote solutions to improve security in access to effective vaccines and increase mid to long term levels of supply to assist PCP progress.

Based on the identified priorities by the PPSP and the Secretariat, technical and policy **study reports, guidance papers and application tools** will be developed to:

- i. Analyze the technical and policy issues and constraints limiting access to quality and effective FMD vaccine supply, particularly to countries in PCP Stage 1 to 3, and with a focus upon the lack of vaccine supply for Sub-Saharan Africa (SSA);
- ii. Identify pathways and define actions and mechanisms towards creating an enabling environment for investment in vaccine security, ensuring inclusion of all stakeholders in the value chain and increasing mid and long term supply of quality and effective FMD vaccine;
- iii. Enable the development and implementation of the assured emergency supply options (AESOP) and allied pre-qualification systems under the PPSP, to improve confidence and availability of assured quality vaccines.

These outputs will be discussed by the PPSP to inform action-planning for accelerated rate of investment in FMD vaccine production by the private sector, as well as to guide targeted capacity development activities under other Components of the EuFMD workplan and tailored assistance to Regional and National Risk managers.

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Paolo Motta	Pillar III Coordinator
Component manager	Bouda VosoughAhmadi	
Training and networking	Nadia Rumich	Training and Networking
Member State partners		n/a
ExCom oversight		
FAO officer	TBD	
OIE		
EU Commission		

3. Countries or partner organizations involved

This component involves collection of data at global level from countries that are working along the PCP-FMD and are supported through roadmap meetings, and which are indicated as priorities for PCP-FMD progress in the GF-TADs Global Strategy. In particular, it is foreseen that the activities will involve countries in PCP Stage 1 to 3, and with a focus upon the lack of vaccine supply for sub-Saharan Africa (SSA).

Activities under this component are carried out in order to complement the activities under Component 1.3 of Pillar I and support the PPSP, and cooperation is foreseen with the World Organisation for Animal Health (OIE) and the GF-TADs FMD Working Group.

4. Reporting

<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 and presentation	ExCom, STC	EuFMD Secretariat
Every two years report to MS	Component manager	Written report and presentation	General Session	EuFMD Secretariat
Every two years Evaluation report	Component manager	Guidance papers and/or studies to be available	EuFMD, AGAH, and EuFMD partners if required	EuFMD Secretariat
Mission/Meeting reports	Leader of the Mission/ Main facilitator of the meeting	Written report	EuFMD, AGAH, others if required	Component Manager

5. Objective of the component

The overarching objective of this Component is

Improved security in FMD vaccine supply: support the Public Private Sector Platform (PPSP) to identify and promote solutions to improve security in access to effective vaccines

Which will involve close connection to the work under Component 1.3 of Pillar I and support the PPSP for vaccine security in identifying solutions to improve access to effective FMD vaccines in endemic settings.

<i>Component (Activity)</i>	<i>Objective</i>	<i>Narrative</i>	<i>Expected result</i>	<i>Monitoring</i>	<i>Evaluation</i>	<i>Assumptions and risks</i>
3.4 Improved security in FMD vaccine supply	Improved security in FMD vaccine supply: support to the Public Private Sector Platform (PPSP) for vaccine security to identify and promote solutions to improve security in access to effective vaccines.	Develop significant understanding of technical and policy issues and solutions for access to quality and effective FMD vaccine supply, and identify pathways towards increased mid and long term supply particularly in countries in PCP Stage 1 to 3. This will inform and assist action-planning for accelerated rate of investment in FMD vaccine production by private sector.	At least 4 Reports published by the PPSP platform to inform and guide innovative approaches and partnerships for accelerated rate of investment in FMD vaccine production by private sector achieved.	Regular collection of information through contacts with the working groups.	Two external evaluations to be carried out by month 18 and 38 of phase V.	Assumes commitment from public and private stakeholders to incorporate the recommendations given by the PPSP and/or to consider the use of the new systems to increase vaccine security expertise and inputs.

6. Planned Component Sub-Activities

The expected result of the component will be achieved through a program of **sub-activities**:

- 3.4.1. Advance the understanding of technical and policy constraints and solutions for improved vaccine access and supply in countries in PCP Stage 1 to 3
 - 3.4.1.1. Understand the barriers and drivers for adoption and factors influencing the supply
- 3.4.2. Development of guidance and advice to the PPSP
 - 3.4.2.1. Regular co-ordination with the PPSP
 - 3.4.2.2. Produce technical and policy study reports and guidance papers

	<i>Sub-activity level</i>	<i>Description</i>	<i>Indicators</i>	<i>Assumptions and risks</i>
3.4.1. Advanced understanding	3.4.1.1. Understand the barriers and drivers for adoption and factors influencing the supply	Consultative and research work to quantify the current unmet demand and predicted future growth for vaccines with a special focus in SSA and characterize technical and regulatory challenges for novel vaccine platforms opportunities. This work will be in collaboration with Components 1.7 of Pillar I (through the key informants established under that Component) and Component 3.1 of Pillar III (PSOs system).	a) Report on current unmet demand and future growth presented at 44 General Session (April 2021) b) One PPSP meeting report produced per year	Assumes collaboration from MS to provide this information
	3.4.2.1. Regular co-ordination with the PPSP	Regularly share information and guidance in order to improve understanding of issues and to identify pathways or actions to improve vaccine access and inform strategies to increase supply in countries in PCP Stage 1 to 3	a) Two PPSP face-to-face meetings per annum b) One PPSP meeting report produced per year	Assumes engagement and availability of the members of the platform
3.4.2. Guidance to the PPSP	3.4.2.2. Produce technical and policy study reports and guidance and promote the development of the AESOP and allied pre-qualification systems under the PPSP	Based on the priorities identified during the PPSP meetings and by the Secretariat, guidance papers and advisory documents will be developed through the establishment and support to working groups of experts and/or the development of studies on related issues. This will also facilitate the development and implementation of AESOP to improve confidence and availability of assured quality vaccines.	a) Three guidance papers and/or studies to be available by Sept 2021 b) Satisfactory review of PPSP members	Assumes that priorities established by the PPSP will be within the budget allocated for this sub-activity

7. Gantt chart

3.4 Improved security in FMD vaccine supply		YEAR 1														YEAR 2													
Sub 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. Advanced understanding	3.4.1.1. Understand the barriers and drivers for adoption and factors influencing the supply	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											
3.4.2. Guidance to the PPSP	3.4.2.1. Regular co-ordination with the PPSP	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											
	3.4.2.2. Produce technical and policy study reports and guidance papers	Planning and development																											
		Implementation and application																											
		Co-ordination/ Meetings																											
		Evaluation																											

GANTT CHART NOTES:

3.4.1.1.	Planning and development	Work planning and definition/composition of working groups, and definition of priorities in consultation with the PPSP; Mapping and identification of stakeholders of the value chains; Planning for second biennium	Implementation and application	Studies design, implementation and reporting; contacts with focal points in target regions and countries (e.g. key informants, PSOs)	Co-ordination/ Meetings		Evaluation	Mid-term (internal) evaluation and final-biennium (external) evaluation
3.4.2.1.		Drafting of reports (b) and (c); Adaptation to evaluation recommendations; Planning for second biennium Planning for the meetings, Drafting meeting reports; Adaptation to evaluation recommendations; Planning for second biennium.		PPSP meeting reports sent (a); Annual report on vaccine availability and performance (b); Reporting in the 44th GS (c) Meeting reports available		PPSP meetings; meeting at the EuFMD Open Session every 2 years and informing on the format and content of special items and sessions		Mid-term (internal) evaluation and final-biennium (external) evaluation
3.4.2.2.		Definition of priorities for developing guidance papers and studies during the PPSP meetings; Work planning and definition/composition of working groups; Adaptation to evaluation recommendations; Planning for second biennium.		Guidance papers and study results developed by the working groups. This will also include the development and implementation of AESOP to improve confidence and availability of assured quality vaccines.		PPSP meetings; meeting at the EuFMD Open Session every 2 years and informing on the format and content of special items and sessions		Mid-term (internal) evaluation and final-biennium (external) evaluation

8. Budget (€) COMP. 3.4

	Sub-activities	Salaries professional	Consultant Operational HQ Based	Consultant Technical	Travel	Training	Contracts	Procurement	Other	Total by Sub- activities	Total
3.4 Improved security in FMD vaccine supply: support the Public Private Sector Platform (PPSP) to identify and promote solutions to improve security in access to effective vaccines	3.4.1 Advanced understanding	500	20,000	10,000						30,500	109,578
	3.4.2 Guidance to the PPSP	898	28,180	10,000	15,000	5,000	15,000	0	5,000	79,078	
	TOTAL FOR ACTIVITY 3.4	1,398	48,180	20,000	15,000	5,000	15,000	0	5,000	109,578	

9. Challenges to achieving component objectives

1. Commitment and engagement from public and private stakeholders will be essential, and a sustainable strategy to involve the regulators, risk managers, research and private sector stakeholders will need to be supported also by the PPSP.
2. Assumes commitment from public and private stakeholders to incorporate the recommendations given by the PPSP and/or to consider the use of the new systems to increase vaccine security expertise and inputs.

**Item 13 Financial and Administrative reports: please refer to
Item 2 pages 11 through to 27**

BACKGROUND DOCUMENTATION

- 1. Agenda of the SCSAR and TFP meeting**
- 2. Global Monthly Report July 2019**
- 3. Hold-Fast Strategy paper**

Improving neighbourhood surveillance and European preparedness for Foot-And-mouth disease and Similar Transboundary (FAST) animal diseases

Workshop on the new work programme of the EuFMD

24-25 September 2019,

Villa Romanazzi Carducci, Bari, Italy

Objectives

- Engage experts from the member states, from reference centres and national veterinary services, with expertise in surveillance and/or emergency preparedness for FAST diseases, in a review of the proposed workplan activities relating to these areas;
- Identify key issues in the preparedness for FAST diseases and priorities for provision of training or other support to the member states in the forthcoming Phase V (Oct/2019-Sept/21 workplan);
- Identify how gaps in the GET Prepared Toolkit can be filled with national “good practices” existing in the emergency preparedness resources of European countries;
- Validate the approach to develop an integrated and functional FAST disease surveillance network in the European neighbourhood, and identify opportunities and working modalities for better involvement of the European and neighbourhood experts in planned virus intelligence activities;
- Identify priorities for the fund for applied research for Phase V that will improve the surveillance, risk analysis or reduction, and preparedness for FAST diseases.

Expected Results (Outputs) of the Workshop

Short reports to guide the Secretariat and that the STC can present to the Executive

- Training Priorities and Menu to be proposed to the MS (FAST Preparedness)
- Surveillance network: recommendations (organization, and expected progress)
- Recommendation on overall indicators of risk over a 4 year programme - baseline and changes
- Priorities for studies (use of the Fund for Applied Research and funds for other studies)
- Format and focus of the 2020 Open Session and need for other network events

Workshop (WS) Format

The WS will bring together two main groups of experts, those from the Special Committee on Surveillance and Applied Research (SCSAR) and Training Focal Points (TFPs) from the member states who have a responsibility in capacity development for emergency preparedness. In addition, members of the Standing Technical committee (STC) and the EuFMD Secretariat and work programme technical coordinators will participate, facilitate, and report on the outcomes.

Agenda

Monday 23rd September: arrival and evening informal reception

24 Sept	Session	SCSAR members	Training Focal Points	STC
8:30-10:00	1 FAST Updating	Format: plenary. Opening - and outlining the WS Objectives Overview of EuFMD HOLD-FAST strategy and workplans Key programme elements: Training Menu, GET Prepared Toolkit, FAR Fund, Risk assessment (Virus Intelligence), Integrated (FAST disease) surveillance and Vaccine Security Public Private Platform (VS-PPP).		
10:00-10:30		Coffee Break		
10:30-12:30	2. FAST SWOTs	Format: Short presentations (invited) followed by subgroups (by disease or similarity in transmission). Subgroups will be made up by both SCSAR and TFPs in each group.		
12:30-13:30		Lunch		
13:30-14:00	3. Feedback	Feedback from Rapporteurs of Session 2.		
14:00-15:00	4. Priorities for the new programme	Group work: Training Menu Development and Priorities (Group 1) and Surveillance Networking (Group 2). A third group maybe formed on VS-PPP for FAST diseases.		
15:00-15:30		Coffee Break		
15:30-16:30	5. Planning -Main Milestones next 24 months	Surveillance Group	Training Group	STC Group
16:30-17:30	6. Plenary	Short presentations: 5 minutes x 12 - SCSAR /TFP members		
25 Sept	Session	SCSAR	Training Focal Points	STC
8:30-9:30	7. Specific Group work	Monitoring risk – and development of indicators for risk reduction	Working on the Wall (GET Prepared Toolkit)	TBD
9:30-10:00	8. Feedback	Plenary: Feedback Session		
10:00-10:30		Coffee Break		
10:30-11:30	9. Group work on priorities for Research & studies	Research Fund Priorities	Studies needed for preparedness, Training Impact	STC: planning
11:30-12:30	10. Priorities for funded calls	Dragons Den – pitching the priorities to the “investors panel”		
12:30-13:30		Lunch		
13:30-14:00	11.	Future meetings (Open Session 2020)		
14:00-15:00	12.Wash-up and way forward	<ul style="list-style-type: none">➤ STC - Conclusions and plan of action➤ Subgroup reports:<ul style="list-style-type: none">○ Surveillance Network○ Training Group○ SC- Biorisk Management○ Wildlife (or other group)		
15:00-15:30		Coffee Break		
15:30-16:00	13. AOB/Close			

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Foot-and-Mouth Disease Situation
Food and Agriculture Organization of the United Nations
Monthly Report

July 2019**#PRINCIPAL INFORMATION SOURCES USED:**Databases:

OIE WAHIS World Animal Health Information Database
FAO World Reference Laboratory for FMD (WRLFMD)
FAO Global Animal Disease Information System (EMPRES-i)

Other sources:

FAO/EuFMD supported FMD networks
FAO/EuFMD projects and field officers

The sources for information are referenced by using superscripts.
The key to the superscripts is in references.

Please note that the use of information and boundaries of territories should not be considered to be the view of the U.N. Please, always refer to the OIE for official information on reported outbreaks and country status.

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V.	OTHER NEWS
VI.	REFERENCES – Superscripts.....
VII.	Annex.....

Please note that the report contains hyperlinks

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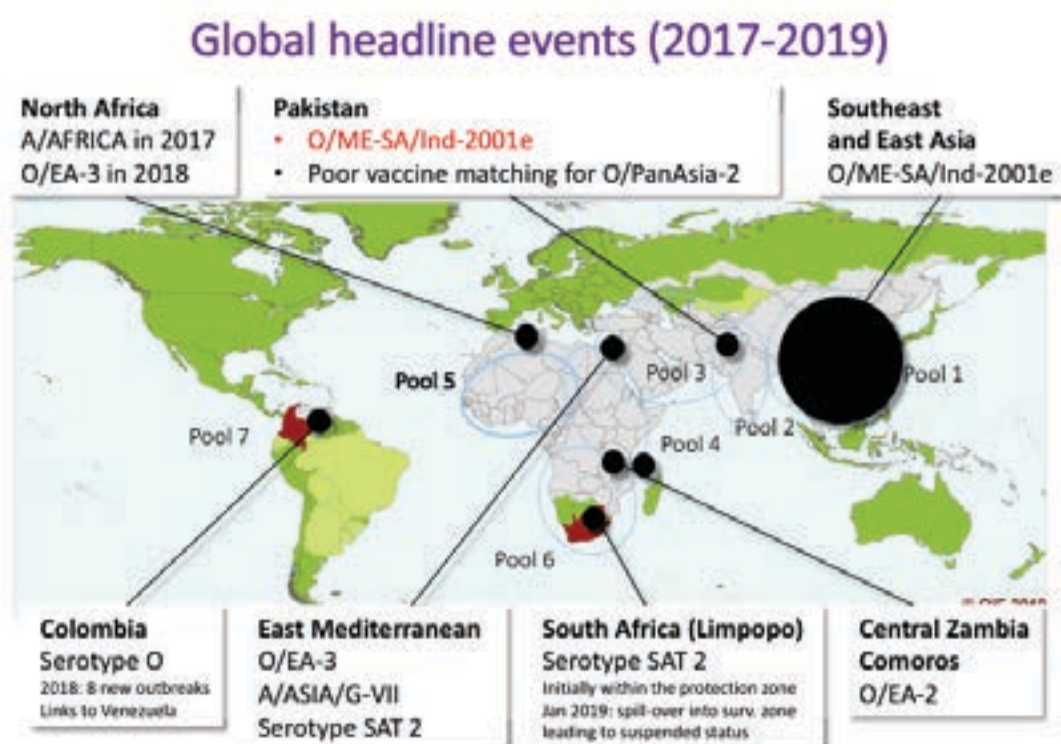
July 2019

I. HIGHLIGHTS

Summary comments:

I write this short editorial as the summer in the UK comes to an end. Since my last contribution (April 2019), the WRLFMD has reported test results for samples submitted from Algeria, Bhutan, Côte d'Ivoire, Ethiopia, Egypt, Guinea, Hong Kong SAR, Israel, Nepal, Myanmar, Pakistan, Palestine (State of), Saudi Arabia, Turkey, Uganda, Vietnam, Zambia. New sequence data submitted from Comoros and Tanzania (from ANSES, France and SUA, Tanzania), Libya (from IZSLER, Italy) and Malawi (from BVI) were also analysed. Reports for these samples can be retrieved from the WRLFMD website (<http://www.wrlfmd.org/country-reports>).

Transboundary movements of FMDV are still very dynamic and the global headline events for the past two years are summarised in the figure below:



During July 2019, samples collected from FMD outbreaks in Punjab, Pakistan were tested by WRLFMD. These viruses were characterised as belonging to the O/ME-SA/Ind-2001e lineage. These new cases expand the geographical range of this pandemic lineage and represent the first time that O/ME-SA/Ind-2001 viruses have been recently detected in any of the three countries (Pakistan, Afghanistan and Iran) that play such an important epidemiological role in the maintenance of FMD in West Eurasia. Elsewhere, FMD cases (due to the O/EA-2 toposotype) on the Islands of the Comoros (from the OIE Reference Laboratory at ANSES, Paris reported on the 17th April) were included at the end of the last report; where sequence data showed close genetic relationship to FMD viruses in Tanzania that are distinct to FMD viruses from the same toposotype that are currently spreading into central Zambia. In North Africa, new outbreaks due to the O/EA-3 toposotype continue to be detected. Most recent cases have led to samples being collected during May 2019 in Misrata and Tajoura, Libya which have been tested by the OIE/FAO Reference Laboratory in Brescia, Italy (IZSLER). Positive results were generated using a real-time RT-PCR specific for the O/EA-3 lineage, and sequence data has been recovered demonstrating close genetic relationship to FMD outbreaks that have been previously confirmed in other North African (Maghreb) countries, including Morocco, where cases have continued to be reported during this quarter.

The OIE/FAO FMD Laboratory Network (<https://www.foot-and-mouth.org>) encourages countries to submit appropriate clinical samples for laboratory analyses including sequencing and vaccine matching (testing is free-of-charge), for further information or assistance with shipments, please contact donald.king@pirbright.ac.uk.

Don King (WRLFMD, Pirbright)

September 2019

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II. GENERAL OVERVIEW

Pools represent independently circulating and evolving foot-and-mouth disease virus (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 2014 – 2018 (source EufMD)

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

*REPORTED ONLY IN OMAN IN 2017

** ONLY IN NORTH ZAMBIA AS SPILL-OVER FROM POOL 4

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III. IN THIS REPORT***POOL 1- SOUTHEAST ASIA/CENTRAL ASIA/EAST ASIA***

Myanmar¹ – FMDV field isolate detected in 2013 and belonging to serotype A obtained partially good matching results when analysed in the vaccine matching strain differentiation (VMSD) tests.

POOL 2 - SOUTH ASIA

India² - ICAR-Directorate of Foot and Mouth Disease, Mukteswar, India detected FMDV serotype O for the reporting month.

Nepal¹ – FMDV field isolates detected in 2018 and 2019 and belonging to serotype O obtained good matching results when analysed in the VMSD tests.

POOL 3 - WEST EURASIA & MIDDLE EAST

Afghanistan¹¹ - The Central Veterinary Research and Development Laboratory (CVDRL) detected FMDV serotypes A, ASIA 1 and O among the samples analysed during July.

Israel³ – A FMD outbreak due to serotype O was notified on August 1st 2019 at a cattle farm in Haifa.

Palestine¹ - FMDV field isolates detected in 2019 and belonging to FMDV serotype O obtained good matching results when analysed in the VMSD tests.

Turkey¹ – FMDV field isolates detected between 2017 and 2019, belonging to serotypes A and O obtained matching results of variable level when analysed in the VMSD tests.

Pakistan¹³ – Sixty eight FMD outbreaks due to serotypes A, Asia 1 and O were reported during June in the provinces of Baluchistan, Khyber Pakhtunkhwa, Punjab, and Sindh.

POOL 3 – NORTH AFRICA

Morocco^{1,3} – An outbreak due to FMDV serotype O was notified in a multispecies ruminant farm at Souss-Massa on July 19th 2019.

A FMD field isolate detected in 2019 and belonging to serotype O obtained good matching results when analysed in the VMSD tests.

POOL 4 - EASTERN AFRICA

Kenya⁴ - The FMD National Reference Laboratory (FMDNRL), Embakasi, Kenya detected during the current month, FMDV serotypes A, O and SAT 2.

Uganda¹ – Further to the results reported in the June edition of this report, other FMDV field isolates detected in 2019 belonging to serotype O obtained good matching results when analysed in the VMSD tests.

POOL 5 - WEST/CENTRAL AFRICA

Mauritania¹ – A FMDV field isolate belonging to serotype O was subjected to VMSD tests obtaining partially good matching results.

POOL 6 - SOUTHERN AFRICA

Malawi³ – FMDV serotype SAT 2 was detected in April 2019 in cattle of a village of Central.

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Zambia³ – Four outbreaks due to FMDV serotype O were detected during June 2019 in cattle at Central, Copperbelt and Lusaka.

Zimbabwe³ – FMDV serotype SAT 2 was responsible for the outbreak reported during July 2019 in a village of Matabeleland North.

POOL 7 - SOUTH AMERICA^{3, 5}

No outbreaks were reported for this Pool. FMD was last reported in South America with outbreaks due to FMDV serotype O in Colombia during October 2018 and due to serotype A in Venezuela during 2013.

COUNTER

***** 180 MONTHS SINCE THE LAST SEROTYPE C OUTBREAK WAS REPORTED**

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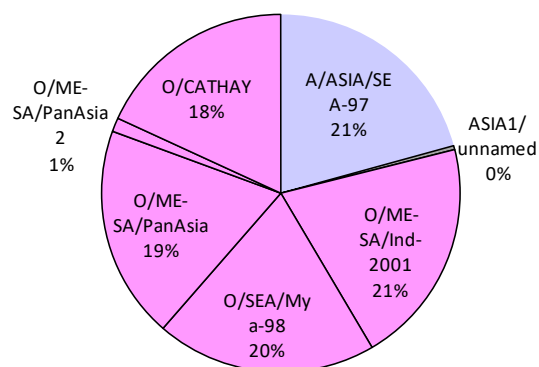
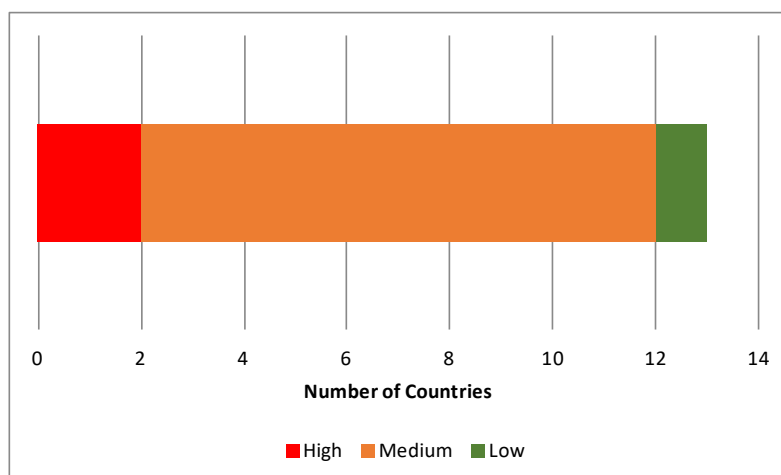
IV. DETAILED POOL ANALYSIS

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

SURVEILLANCE (Surv.), VACCINATION (Vacc.) AND POST VACCINATION MONITORING (PVM)		
Country	Activity	Description
Myanmar¹	PVM	The field sample, O/MYA/2013, genotyped as O/SEA/Mya-98, obtained good matching results with O 3039, O Manisa (at the limit) and O Tur5 /09.

Table 1 and Graph 1: Conjectured circulating FMD viral lineages in Pool 1 (further detail (country-level) in Annex).

Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 13 countries of Pool 1
A	A/ASIA/SEA-97	8
ASIA 1	ASIA1/ unnamed	1
O	O/ME-SA/Ind-2001	8
	O/SEA/Mya-98	6
	O/ME-SA/PanAsia	8
	O/ME-SA/PanAsia2	1
	O/CATHAY	4

**Graph 2:** Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 1 – see Annex for explanation).

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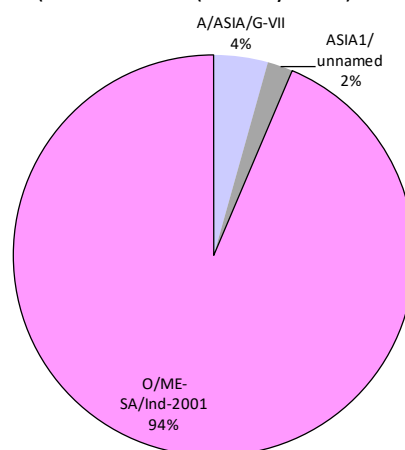
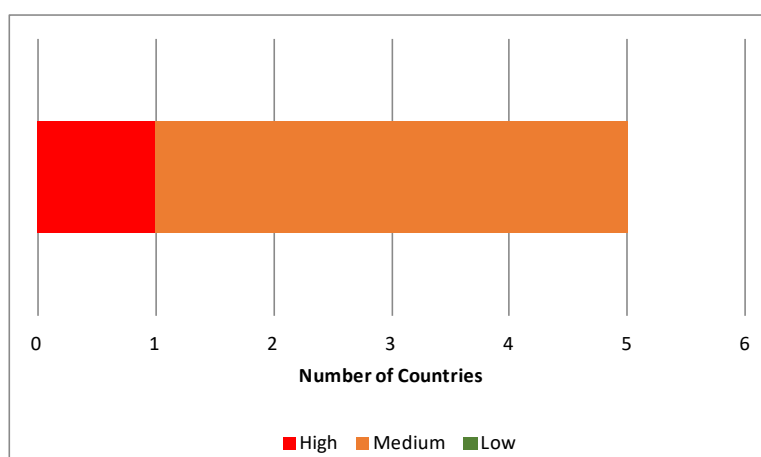
July 2019

B. POOL 2 – South Asia

SURVEILLANCE (Surv.), VACCINATION (Vacc.) AND POST VACCINATION MONITORING (PVM)		
Country	Activity	Description
India ²	Surv.	The ICAR-Directorate of Foot and Mouth Disease, Mukteswar, India detected FMDV serotype O in a cattle sample that was submitted to genotyping. The laboratory examined 1,654 serum samples collected within epidemiological studies and 17,682 serum samples collected within the FMD control programme. The sublineages currently circulating in the country are represented by O/ME-SA/2001d and O/ME-SA/2001e as described in the latest issue of the ICAR-DFMD Annual Report of 2017-18 .
Nepal ¹	PVM	Two field samples, O/NEP/7/2018 and O/NEP/1/2019, detected in cattle samples and identified as O/ME-SA/2001e obtained good matching results with O 3039, O Manisa and O Tur5 /09.

Table 2 and Graph 3: Conjectured circulating FMD viral lineages in Pool 2 (further detail (country-level) in Annex).


Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 5 countries of Pool 2
A	A/ASIA/G-VII	3
Asia 1	ASIA1/ unnamed	1
O	O/ME-SA/Ind-2001	5

**Graph 4:** Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 2 (see Annex for explanation).

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C. POOL 3 – West Eurasia & Middle East

OUTBREAKS	
Country	Description
Serotype O in Israel 3	<p>Following the outbreaks that were first reported in April 2019, a new episode still caused by O/ME-SA/PanAsia2 was detected on August 1st 2019 at cattle farm at Haifa (see Map 1). The apparent morbidity rate observed for the 700 animals present was 0.29% without any mortality.</p> <p>The Kimron Veterinary Institute, FMD Laboratory, confirmed the diagnosis on August 4th 2019 using real-time PCR and nucleotide sequencing.</p> <p>The origin of outbreak is unknown and general control measures were applied for the containment of the outbreak.</p> <p>Interpretation: This report is consistent with previous reports. The causative lineage is believed to circulate sporadically in the country. As various outbreaks occurred during the reporting year, surveillance of the current situation would aid to define the extent of the circulation of the virus in the country</p>
	 <p>Map 1: location of FMD outbreak (circled in violet), due to O/ME-SA/PanAsia 2 that occurred at En Ayyala, Hadera, Haifa on August 1st 2019 (Source - Wahis and UN Geospatial Information Section maps).</p>
Serotypes A, Asia 1 and O in Pakistan 13	<p>Sixty eight FMD outbreaks due to serotypes A (1.62%), Asia 1 (3.22%) and O (11.29%) and not typed (83.87%) were reported during June in the provinces of Baluchistan, Khyber Pakhtunkhwa, Punjab, and Sindh.</p> <p>Table 3: number of outbreaks reported in different provinces of Pakistan during July 2019 (Source – Progressive Control of Foot and Mouth Disease in Pakistan, <i>Dr. Muhammad Afzal</i>, Project Coordinator).</p>

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Province	District	Number Outbreaks	Number of Outbreaks per FMDV Serotype					
			O	A	Asia-1	Mixed	Not yet typed	Negative
Punjab	Rawalpindi	4	-	-	-	-	4	-
	Lahore	2	1	-	-	-	0	1
	Faisalabad	4	-	-	-	-	4	-
	Jhung	2	-	-	-	-	2	-
	Chiniot	1	-	-	-	-	1	-
Sindh	Karachi	29	-	-	-	-	29	-
Khyber Pakhtunkhwa	Swat	4	-	1	2	-	0	1
	Karak	5	4	-	-	-	0	1
	Mardan	1	-	-	-	-	0	1
	Charsadda	7	-	-	-	-	6	1
	Abbotabad	5	-	-	-	-	4	1
Baluchistan	Quetta	4	2	-	-	-	2	-
Total		68	7	1	2	-	52	6

Interpretation This report is consistent with previous reports. Different serotypes of FMDV are believed to circulate endemically in the country. Details of the circulating serotypes and lineage that were genotyped by the WRLFMD will be provided in the next report.

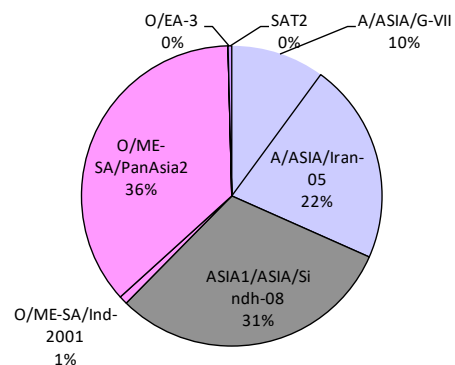
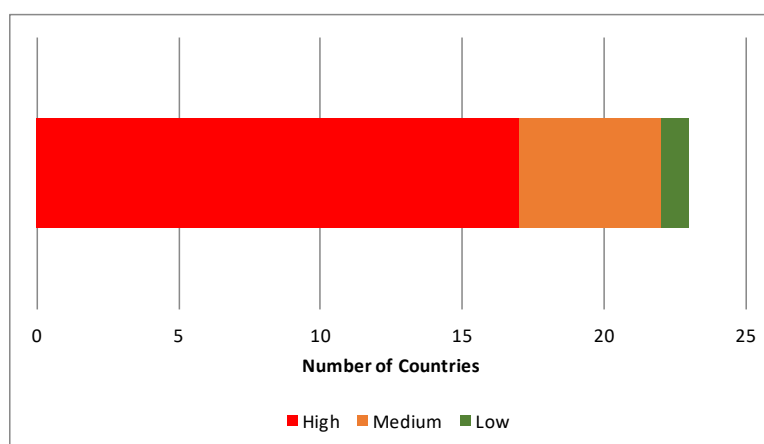
SURVEILLANCE (Surv.), VACCINATION (Vacc.) AND POST VACCINATION MONITORING (PVM)														
Country	Activity	Description												
Afghanistan ¹¹	Surv.	<p>The CVDRL, Afghanistan detected the following FMDV serotypes in the 47 samples analysed: A in one sample (2.64%), ASIA 1 in 22 samples (57.89%) and O in 11 samples (28.95%) while for 4 samples (10.52%), although positive for FMDV, serotyping was not achieved.</p> <p>A/ASIA/Iran-05, Asia 1/ASIA/Sindh-08 and O/ME-SA/PanAsia-2 are the most recent lineages detected by the WRLFMD in samples collected in the country during 2016 and 2017.</p>												
Pakistan ¹³		<p>Emergency vaccination was carried out in the country as reported in Table 4.</p> <table><tr><th>Province</th><th>Ring Vaccination (Doses)</th></tr><tr><td>Punjab</td><td>500</td></tr><tr><td>Sindh</td><td>725</td></tr><tr><td>Khyber Pakhtunkhwa</td><td>550</td></tr><tr><td>Baluchistan</td><td>0</td></tr><tr><td>Total</td><td>1,775</td></tr></table>	Province	Ring Vaccination (Doses)	Punjab	500	Sindh	725	Khyber Pakhtunkhwa	550	Baluchistan	0	Total	1,775
Province	Ring Vaccination (Doses)													
Punjab	500													
Sindh	725													
Khyber Pakhtunkhwa	550													
Baluchistan	0													
Total	1,775													
Palestine¹	PVM	Two FMDV field isolates, O/PAT/3/2019 and O/PAT/3/2019, detected in cattle and genotyped as O/ME-SA/PanAsia2 ^{Qom15} , obtained good matching results in the VMST tests conducted using vaccine strains O 3039, O Manisa and o Tur 5/09.												
Turkey¹	PVM	<p>FMDV field isolates, A/TUR/1/2017 and A7TUR/13/2017 genotyped as A/ASIA/G-VII obtained good matching results with A/GVII but not with A Iran 2005, A TUR 20/06 and A22 IRQ/24/64.</p> <p>Field isolates, O/TUR/1172018 and O/TUR74/2019, genotyped O7ME-SA/PanaAsia-2^{QOM-15}, obtained good matching results with vaccine strains O 3039, O Manisa and o Tur 5/09.</p>												

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Table 5 and Graph 5: Conjectured circulating FMD viral lineages in Pool 3 - West Eurasia & Middle East (further detail (country-level) in Annex).

Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 24 countries of Pool 3 - West Eurasia
A	A/ASIA/G-VII	17
	A/ASIA/Iran-05	9
ASIA 1	ASIA1/ASIA/Sindh-08	9
O	O/ME-SA/Ind-2001	7
	O/ME-SA/PanAsia2	22
	O/EA-3	2
SAT2	SAT2	1

**Graph 6:** Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 3 – West Eurasia & Middle East (see Annex for explanation).

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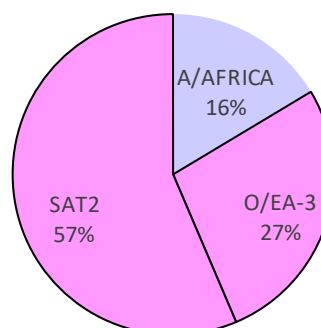
D. POOL 3 – North Africa

OUTBREAKS																													
Country	Description																												
Serotype O in Morocco ³	<p>A FMD outbreak due to serotype O was detected on July 19th 2019 at El Mers, Belfaa, Chtouka Ait Baha, Souss-Massa on a multiple species (cattle, goat and sheep) ruminant farm. The episode was notified as resolved on July 25th 2019.</p> <p>Apparent morbidity and mortality rates were respectively 24% and 4% in the 25 cattle present and in the other species.</p> <p>Diagnosis was confirmed by the Regional Analysis and Research laboratory, Meknes on July 24th 2019 with the detection of FMDV in cattle, goat and sheep samples analysed using the real-time reverse transcriptase/polymerase chain reaction.</p> <p>The origin of the outbreak is unknown and among the control measures adopted was vaccination in response to the outbreak with the vaccination of cattle farms as reported in Table 0. Details on the type of vaccine used were not provided.</p> <p>Interpretation: This report is consistent with previous reports. The causative lineage is believed to circulate endemically in the country. More information through surveillance of the ongoing situation would aid to better interpret the significance of this report.</p>																												
	<table> <tr> <th>Administrative division</th><th>N° of animals vaccinated</th><th>N° of farms vaccinated</th></tr> <tr> <td>BÉNI MELLAL-KHÉNIFRA</td><td>6,278</td><td>886</td></tr> <tr> <td>CASABLANCA-SETTAT</td><td>41,447</td><td>8,758</td></tr> <tr> <td>FÈS-MEKNÈS</td><td>1,616</td><td>395</td></tr> <tr> <td>MARRAKECH-SAFI</td><td>644</td><td>129</td></tr> <tr> <td>RABAT-SALÉ-KÉNITRA</td><td>597</td><td>62</td></tr> <tr> <td>SOUSS-MASSA</td><td>4,227</td><td>477</td></tr> <tr> <td>TANGER-TÉTOUAN-AL HOCEÏMA</td><td>691</td><td>211</td></tr> <tr> <td>Totals</td><td>55,500</td><td>10,918</td></tr> </table>	Administrative division	N° of animals vaccinated	N° of farms vaccinated	BÉNI MELLAL-KHÉNIFRA	6,278	886	CASABLANCA-SETTAT	41,447	8,758	FÈS-MEKNÈS	1,616	395	MARRAKECH-SAFI	644	129	RABAT-SALÉ-KÉNITRA	597	62	SOUSS-MASSA	4,227	477	TANGER-TÉTOUAN-AL HOCEÏMA	691	211	Totals	55,500	10,918	<p>Table 6: summary of vaccination conducted in Morocco following the FMD outbreaks detected since the beginning of 2019.</p>
Administrative division	N° of animals vaccinated	N° of farms vaccinated																											
BÉNI MELLAL-KHÉNIFRA	6,278	886																											
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TANGER-TÉTOUAN-AL HOCEÏMA	691	211																											
Totals	55,500	10,918																											

SURVEILLANCE (Surv.), VACCINATION (Vacc.) AND POST VACCINATION MONITORING (PVM)		
Country	Activity	Description
Morocco ¹	PVM	The field isolate O/MOR/1/2019 genotyped as O/EA-3 obtained good matching results with vaccine strains O 3039, O Manisa and o Tur 5/09 employed in the VMST tests.

Table 7 and Graph 7: Conjectured circulating FMD viral lineages in Pool 3 - North Africa (further detail (country-level) in Annex).

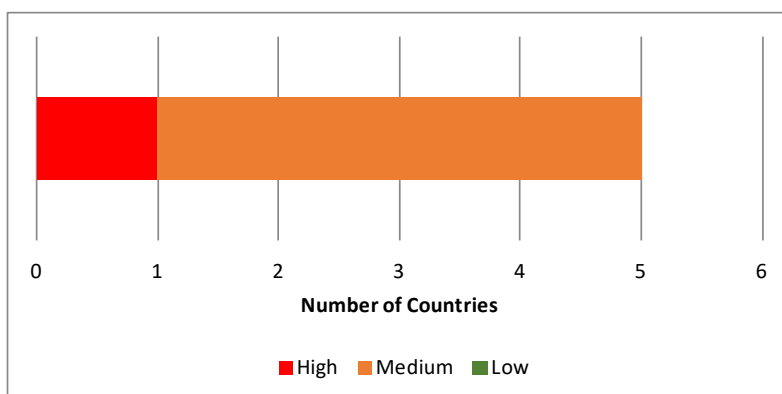
Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 5 countries of Pool 3 - North Africa
A	A/AFRICA	4
O	O/EA-3	5
SAT 2	SAT 2	2



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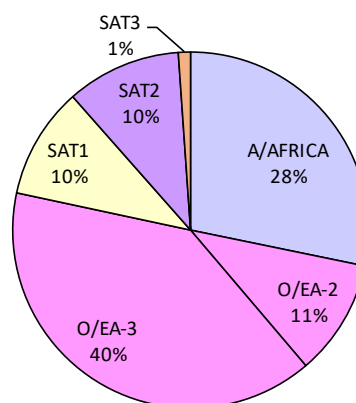
Graph 8: Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 3 – North Africa (see Annex for explanation).

E. POOL 4 – Eastern Africa

SURVEILLANCE (Surv.), VACCINATION (Vacc.) AND POST VACCINATION MONITORING (PVM)		
Country	Activity	Description
Kenya ⁴	Surv.	The FMD NRL, Embakasi, Kenya, reported the detection of FMDV serotypes A in two samples, O in three samples and SAT 2 in two samples, among the twenty-three bovine sample analysed. <u>The most recent lineages detected in the country are A/AFRICA/G-I and SAT 2/IV/unnamed in samples collected in 2017.</u>
Uganda ¹	Vacc.	Further to the results reported in the June edition of this report, field isolates belonging to lineage A/AFRICA/G-I (A/UGA/28/2019 and A/UGA/42/2019) did not obtain good matching results with another vaccine strain represented by A22 IRQ/24/64. In addition to field isolate O/UGA/10/2019, other field isolates, O/UGA/6/2019 and O/UGA/21/2019 were also analysed in the VMSSD tests, obtaining good matching results with O 3039, O Manisa and O TUR5/09, contrary to what was obtained for the first field isolate.

Table 8 and Graph 9: Conjectured circulating FMD viral lineages in Pool 4 (further detail (country-level) in Annex).

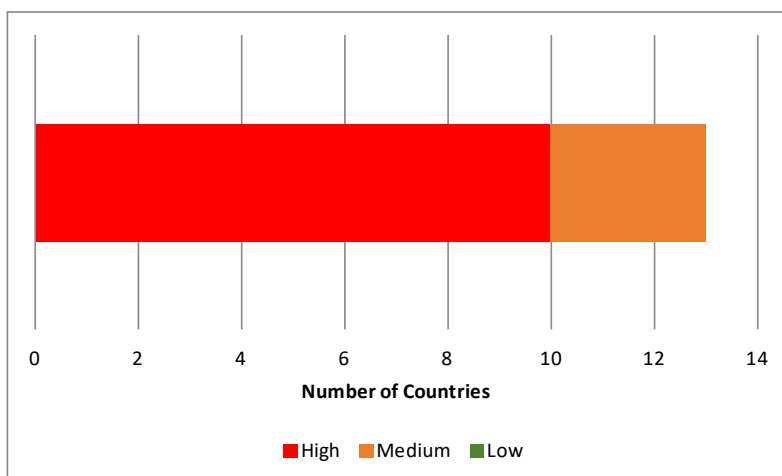
Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 13 countries of Pool 4 – East Africa
A	A/AFRICA	11
O	O-EA2	4
	O EA-3	9
SAT1	SAT1	10
SAT2	SAT2	6
SAT3	SAT3	5



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Graph 10: Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 4 (see Annex for explanation).

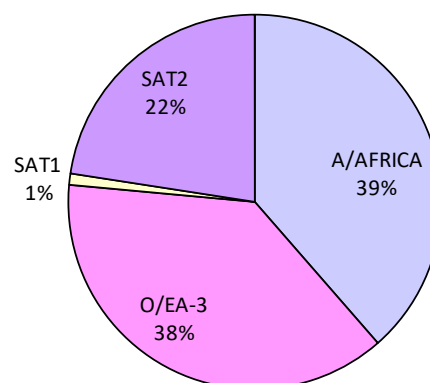


F. POOL 5 – West / Central Africa

SURVEILLANCE (Surv.), VACCINATION (Vacc.) AND POST VACCINATION MONITORING (PVM)		
Country	Activity	Description
Mauritania 1	PVM	The field isolate O/MAU/1/2018, genotyped as O/EA-3, was analysed in VMSSD tests and obtained good matching results with vaccine strains O 3039, and O TUR5/09 but not with O Manisa. Therefore, decision-makers should advise the utilization of vaccines containing the strains with good matching results for the genotyped O/EA-3. Further investigation needs to be undertaken to better understand the O Manisa vaccine activity.

Table 9 and Graph 11: Conjectured circulating FMD viral lineages in Pool 5 (further detail (country-level) in Annex).

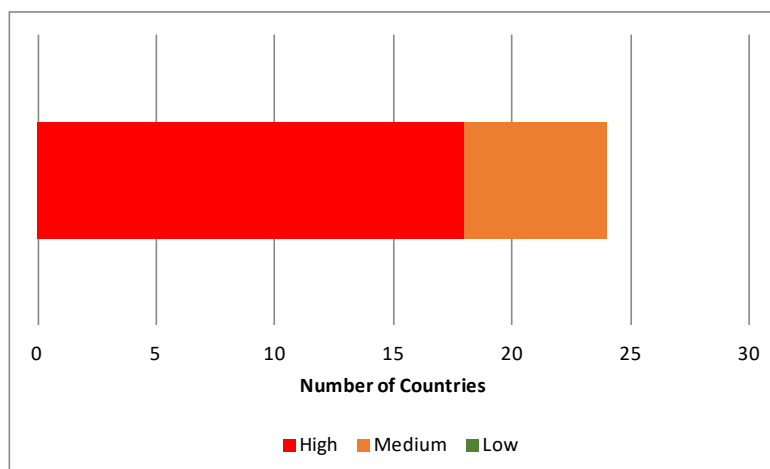
Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 24 countries of Pool 5 - West Africa
A	A/AFRICA	13
O	O/EA-3	22
SAT1	SAT1	2
SAT2	SAT2	14



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Graph 12: Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 5 (see Annex for explanation).



G. POOL 6 – Southern Africa

OUTBREAKS	
Country	Description
Serotype SAT 2 in Malawi ³	<p>A FMD outbreak due to serotype SAT 2 was notified on 10th April 2019 in cattle at Mchinji, Central (see Map 2).</p> <p>The diagnosis was confirmed by the Botswana Veterinary Institute (OIE Reference Laboratory) on June 17th 2019 using virus isolation.</p> <p>The source of the infection is attributed to the introduction of new live animals, illegal movement of animals, animals in transit and contact with infected animals at grazing/watering points.</p> <p>Among other control measures adopted, primer vaccination was administered to 44,535 animals at Mzimba and to 13,746 animals at Kasungu and booster vaccinations was carried out in 40,893 animals at Mzimba and in 12,208 animals at Kasungu. As no cases were detected affected area, the containment measures were partially lifted on June 20th 2019.</p> <p>While no mortality was registered, apparent morbidity rate was 0.49% in the 20,000 exposed cattle.</p> <p>Interpretation: This report is consistent with previous reports. The causative serotype is believed to circulate endemically in the country.</p>

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Map 2: location of FMD outbreak (circled in violet), due to serotype SAT 2 that was detected on 10th April 2019 in cattle at Mchinji, Central (Source - Wahis and UN Geospatial Information Section maps).

Serotype O in Zambia³

Four FMD outbreaks due to O were detected during between June 12th and 28th 2019 in cattle at Central, Copperbelt and Lusaka (see Map 3), with two of the episodes located in the latter district. Diagnosis was carried out on July 1st 2019 by the Central Veterinary Research Institute using antigen detection ELISA and 3ABC ELISA.

The source of the outbreaks was attributed to the illegal movement of animals with the adoption of control measures, including the vaccination of 13, 643 cattle at Central (ring vaccination) and 99,855 cattle at Southern. Details of the type of vaccine used were not provided.

No mortality was observed, while apparent morbidity was 6.42% in the 1,728 exposed cattle.

Interpretation: This report is consistent with previous reports. The causative serotype is believed to circulate endemically in the country.



Map 3: location (circled in purple) of the four FMD outbreaks due to O detected during between 12th and 28th June 2019 in cattle at Central, Copperbelt and Lusaka with two of the episodes located in the latter location (Source - Wahis and UN Geospatial Information Section maps).

Serotype SAT 2 in Zimbabwe³

A FMD outbreak due to serotype SAT 2 was detected on June 17th 2019 Tshugulu, Nkayi, Matabeleland North (see Map 4). The source of the outbreak was due to contact with infected wild and domestic animals at grazing and watering points.

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The cases in the Nkayi district are in a area sharing a border with the previously infected Kwekwe district that is suspected to be due to illegal cattle movements in search of relief grazing. For this, Nkayi district was placed under quarantine with livestock inspections and farmer awareness campaigns. Apparent morbidity was 0.19% in the 2133 exposed cattle, without any deaths.

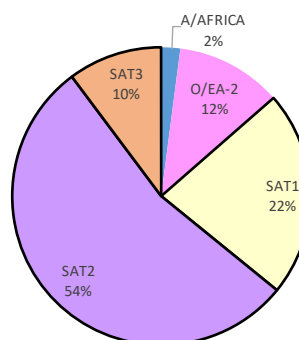


Map 4: location (circled in purple) of the FMD outbreak due to serotype SAT 2 was detected on June 17th 2019 Tshugulu, Nkayi, Matabeleland North (Source - Wahis and UN Geospatial Information Section maps).

SURVEILLANCE (Surv.), VACCINATION (Vacc.) AND POST VACCINATION MONITORING (PVM)		
Country	Activity	Description
South Africa ⁶	Surv.	The Agricultural Research Council, Onderstepoort Veterinary Institute, Transboundary Animal Diseases (OIE Reference Laboratory) analysed 6,024 sera in solid-phase competition ELISA for the detection antibodies against FMDV serotypes SAT 1, SAT 2 and SAT 3 and 123 in non-structural protein ELISA.

Table 10 and Graph 13: Conjectured circulating FMD viral lineages in Pool 6 (further detail (country-level) in Annex).

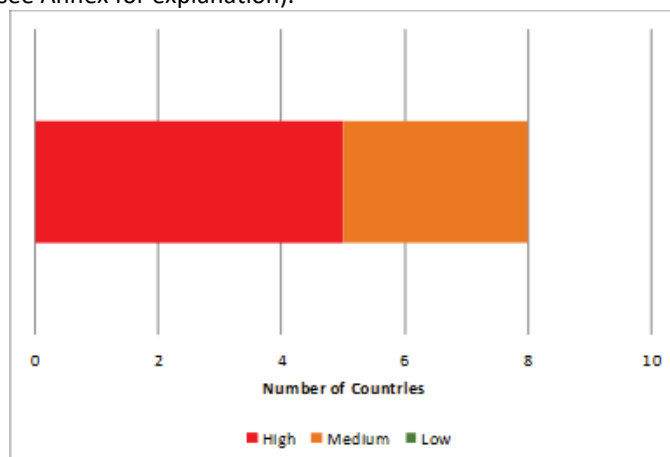
Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 8 countries of Pool 6 - Southern Africa
A	A/AFRICA	2
O	O-EA-2	2
SAT1	SAT1	6
SAT2	SAT2	8
SAT3	SAT3	3



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Graph 14: Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 6 (see Annex for explanation).

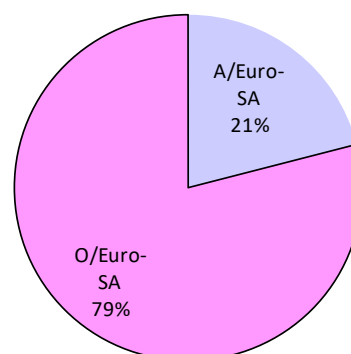


H. POOL 7 – South America

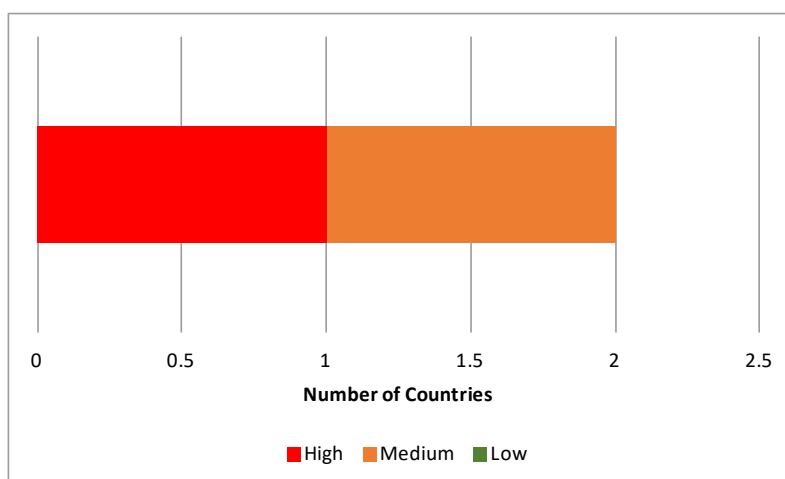
No outbreaks are reported for this Pool during the reporting month.

Table 11 and Graph 15: Conjectured circulating FMD viral lineages in Pool 7 (further detail (country-level) in Annex).

Serotype	Viral lineage	Number of countries where strain is believed to circulate in the 2 countries of Pool 7 -South America
A	A/Euro SA	1
O	O/Euro SA	2



Graph 16: Categorization of the level of uncertainty relative to the prevalence of circulating serotypes/strains defined for each country of Pool 7 (see Annex for explanation).



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V. OTHER NEWS

¹The 1st WRLFMD Quarterly Report for the period April-June 2019 contains the recommendations of FMDV vaccines to be included in antigen banks for Europe. The discussion of Table 11 is contained within the report.

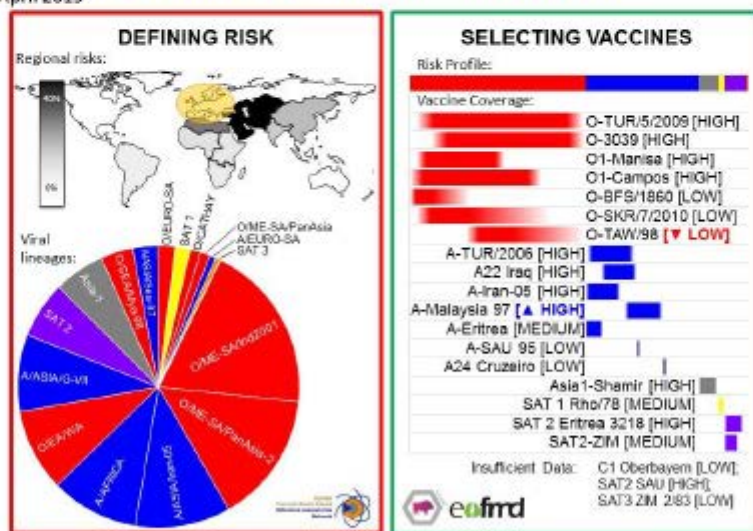
Table 12: Recommendations from WRLFMD® on FMD virus strains to be included in FMDV antigen banks (for Europe).

This report provides recommendations of FMDV vaccines to be included in antigen banks. These outputs are generated with a new tool (called PRAGMATIST) that has been developed in partnership between WRLFMD® and EuFMD. These analyses accommodate the latest epidemiological data collected by the OIE FAO FMD Laboratory Network regarding FMDV lineages that are present in different *source regions* (see Table below), as well as available *in vitro*, *in vivo* and field data to score the ability of vaccines to protect against these FMDV lineages.

Lineage	West Eurasia	East Asia	North Africa	India and Southern Asia	East Africa	West and Central Africa	Southern Africa	South America
O ME-SA PanAsia-2	35	-	-	-	-	-	-	-
O ME-SA PanAsia	-	10	-	-	-	-	-	-
O SEA Mya-98	-	33	-	-	-	-	-	-
O ME-SA Ind2001	6	20	35	60	-	-	-	-
O EA or O WA	3	-	20	-	45	37	-	-
O EURO-SA	-	-	-	-	-	-	-	74
O CATHAY	-	10.5	-	-	-	-	-	-
A ASIA Sea-97	-	25	-	-	-	-	-	-
A ASIA Iran-05	25.5	-	-	-	-	-	-	-
A ASIA G-VII	17.5	-	-	16	-	-	-	-
A AFRICA	-	-	35	-	24	25	-	-
A EURO-SA	-	-	-	-	-	-	-	26
Asia-1	12.5	1.5	-	4	-	-	-	-
SAT 1	-	-	-	-	10	10	27	-
SAT 2	0.5	-	10	-	20	28	57	-
SAT 3	-	-	-	-	1	-	16	-
C	-	-	-	-	-	-	-	-

Vaccine Antigen Prioritisation: Europe

April 2019



The table defines the relative distribution of FMDV lineages in each of the eight *source regions*, while the figure highlights the importance of these *source regions* for Europe (using data collected at the EU-RL Workshop); please contact WRLFMD EuFMD for assistance to tailor these outputs to other geographical regions. NB: Vaccine-coverage data presented is based on available data and may under-represent the true performance of individual vaccines.

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VI. REFERENCES – Superscripts

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4. National FMD Reference Laboratory, Embakasi, Kenya –*Dr. Kenneth Ketter/Ms Helen Mutua*.
5. [OIE/FAO FMD Reference Laboratory Network, Annual Report 2016](#)
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7. FMD Situation in SEACFMD Countries 2015-2016; presentation at the The 23rd SEACFMD Sub-Commission Meeting 9-10 March 2017, Siem Reap, Cambodia, http://www.rr-asia.oie.int/fileadmin/sub_regional_representation/sub_regional_programme/seacfm/SEACFMD_Activities/sub_com/23nd_Meeting_2017/presentations/1.3_Regional_FMD_situation.pdf<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5283054/>
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9. <http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/reports/westeurasia-roadmap/en/>
10. Ibrahim Eldaghayes et al. Exploiting serological data to understand the epidemiology of foot-and-mouth disease virus serotypes circulating in Libya Open Vet J. 2017; 7(1): 1–11, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5283054/>
11. Central Veterinary Research and Development Laboratory (CVDRL), Afghanistan - *Dr. Wahidullah* Head of Laboratory.
12. [OIE/FAO FMD Reference Laboratory Network, Annual Report 2017](#)
13. Progressive Control of Foot and Mouth Disease in Pakistan - *Dr. Muhammad Afzal*, Project Coordinator.

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VII. Annex

The estimates of the relative prevalence of serotypes and strains presented in the Tables below are based on the best data available to us and we are always trying to improve them. The accuracy of these estimates is only as good as the level of surveillance and reporting permits. Readers with relevant data or information are encouraged to contact EuFMD so that it can be included in the report.

In this report, the N. African countries of Morocco, Algeria, Tunisia and Libya considered together as a separate group, as the epidemiological situation is distinct and of interest to risk managers.

Description of methods**How to interpret the estimates of the relative prevalence of serotypes and strains:**

If 100 animals that had been infected with FMD virus in the last 12 months were randomly selected from a country or virus pool:

1. How many animals would be infected with each serotype?
2. Within each serotype, how many would be infected with each virus strain?

Pool-level estimates and assumptions:

As the data required to calculate the relative prevalence of serotypes and strains are not directly available in most countries, they were estimated in 3 steps as follows:

1. First, each country in the pool is assigned a weight according to the number of animals infected with FMD each year:

$$weight_{country\ 1} = \frac{(FMD\ incidence * susceptible\ population)_{country1}}{\sum_{country\ 1}^{country\ n} (FMD\ incidence * susceptible\ population)}$$

The expected FMD incidence was based on the paper by Sumption *et al* 2008 as follows: i) Low/Sporadic: 0.029 new infections per 1000 animals/year; ii) Medium: 0.458 new infections per 1000 animals/year; iii) High: 1.759 new infections per 1000 animals/year.

The susceptible livestock population is the sum of sheep, goat, cattle, buffalo and pig populations from FAOStat.

2. For each country, the relative prevalence (RP) of each FMD serotype and strains within serotype is specified for all countries where FMD is believed to circulate endemically. First, the relative prevalence of each serotype is specified by dividing 100 points according to the serotypes that would be represented if 100 animals infected with FMDV in the previous year were randomly selected from the country. Subsequently, the relative prevalence of each serotype is broken down to reflect the distribution of circulating strains within each serotype.
 - If no information is available for a given country, then the circulating serotypes and strains are inferred from the neighbouring countries.
 - If there is only information about presence of serotypes and/or strains, but no data on the relative prevalence, then it is assumed that the serotypes/strains are circulating in equal prevalence.
 - When available, data from the last 24 months are considered, otherwise the most recent data available are used as well as the current situation in the region.
 - In the absence of reporting, a country is considered infected until it (re)gains recognition of freedom from the OIE
3. Data from steps 1 and 2 are combined at pool level according to the following formula:

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$$relative\ prevalence_{serotype\ or\ strain} = \sum_{country\ 1}^{country\ n} (weight_{country} * RP_{serotype\ or\ strain})$$







Similarly to what is described above are the criteria adopted for the categorization of the level of uncertainty relative to the FMD epidemiological situation defined for each country:

High: There has been little or no reporting of laboratory results (serotype and/or molecular characteristics) from this country within the last 24 months. The serotype/strain distribution is based on inferences from the situation in neighbouring countries;

Medium: There is some information available about the circulating serotypes and/or strains, but from a low number of samples and/or not representative of entire country or different sectors and/or not from the past 24 months;

Low: There is reliable information available about the circulating serotypes and/or strains, obtained from analysis of a large number of samples that represent the country's livestock population.

Legend of icons in the following tables

	>=95%
	>=60%
	>=30%
	>=5%
	<5%
	no strain circulating

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Table 13: Conjectured circulating FMD viral lineages in each country of Pool 1 (current to July 2019).

Country	Last Outbreak Reported/Serotype#	FMD incidence rate	Presumed serotype distribution within country			Presumed viral lineage distribution within country							Uncertainty on circulating serotypes	Reference
			A	Asia1	O	A/ASIA/SEA-97	ASIA1/ unnamed	O/ME-SA/Ind-2001	O/SEA/Mya-98	O/ME-SA/PanAsia	O/ME-SA/PanAsia2	O/CATHAY		
CAMBODIA	Aug 2018/O, Aug 2016/ A	high											medium	1
CHINA	April 2019/O, May 2017/A	high											medium	1
CHINA (HONG KONG, SAR)	Dec 2018/O	high											medium	1
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	Dec 2016/O	high											high	as per REPUBLIC OF KOREA (SOUTH KOREA)
LAO PEOPLE'S DEMOCRATIC REPUBLIC (LAOS)	Dec 2018/A & O	high											medium	1
MALAYSIA	May 2018/O, August 2016/A	medium											medium	1
MONGOLIA	Jun 2018/O, Sept 2016/A	medium											medium	1
MYANMAR	Dec 2018/O, April 2017/Asia 1, Oct 2015/A	high											medium	1, 7
REPUBLIC OF KOREA (SOUTH KOREA)	Jan 2019/O, April 2018/A	low/sporadic											low	1
RUSSIAN FEDERATION	March 2019/O, Oct 2016/Asia 1, Jan 2016/ A	low/sporadic											medium	1
TAIWAN PROVINCE OF CHINA	Jun 2015/A	low/sporadic											high	as per HONG KONG
THAILAND	Oct 2018 /A & O	high											medium	1
VIETNAM	Jan 2019/O, November 2017/A and not typed	high											medium	1

Global Foot-and-Mouth Disease Situation

July 2019

Table 14: Conjectured circulating FMD viral lineages in each country of Pool 2 (current to July 2019).

Country	Last Outbreak Reported/Serotype#	FMD incidence rate	Presumed serotype distribution within country			Presumed viral lineage distribution within country			Uncertainty on circulating serotypes	Reference
			A	Asia1	O	A/ASIA/G-VII	ASIA1/unnamed	O/ME-SA/Ind-2001		
BANGLADESH	Jun 2018/A, ASIA 1 and O	high							high	8
BHUTAN	Jan 2019/O, Dec 2017/A	high							medium	1
INDIA	July 2019/O, Apr 2015/A, ASIA 1	high							medium	1
NEPAL	June 2019/O, Mar 2018/Asia 1, April 2017/A	high							medium	1
SRI LANKA	Dec 2018/O	high							medium	1

Global Foot-and-Mouth Disease Situation

July 2019

Table 15: Conjectured circulating FMD viral lineages in each country of Pool 3 –West Eurasia (current to July 2019).

Country	Last Outbreak Reported/Serotype#	FMD incidence rate	Presumed serotype distribution within country			Presumed viral lineage distribution within country								Uncertainty on circulating strains	reference
			A	Asia1	O	sat2	A/ASIA/G-VII	A/ASIA/Iran-05	ASIA1/ASIA/Sindh-08	O/ME-SA/Ind-2001	O/ME-SA/PanAsia2	O/EA-3	SAT2		
AFGHANISTAN	June 2019/O & Asia 1, Dec 2018/A	high	●	■	●			●	■		●			medium	11
ARMENIA	Dec 2015/A	low/sporadic	●	■	●		●		■		●			high	12
AZERBAIJAN	2007/O	low/sporadic	●	■	●		●	●	■		●			high	as per Iran
BAHRAIN	Mar 2015/O	low/sporadic	■	■	●		■		■	●	●			high	as per Saudi Arabia
GEORGIA	2001/ASIA 1	low/sporadic	●		●		●		■		●			high	as per Turkey
IRAN, ISLAMIC REPUBLIC OF	Dec 2018/A, Asia 1 & O,	high	●	■	●		●	●	■		●			medium	1
IRAQ	Dec 2018/O, Dec 2016/A	high	●	■	●		●	●	■		●			high	as per Iran
ISRAEL	May 2019/O, June 2017/A	low/sporadic	●		●		●		■		●	●		low	1
JORDAN	Mar 2017/O	low/sporadic	■		●		■		■	●	●			high	1, as per Saudi
KUWAIT	April 2016/O	high	■		●		■		■	●	●			high	1, as per Saudi
KYRGYZSTAN	Sep 2014/A, O	low/sporadic	●	■	●			●	■		●			high	as per Pakistan
LEBANON	2010/not typed	low/sporadic	●		●		●		■		●			high	as per Turkey
OMAN	Dec 2018/O, May 2015/SAT 2	high	●		●	●			■	●	●		●	high	1
PAKISTAN	July 2019/ A, Asia 1 & O	high	●	■	●			●	■		●			medium	1
PALESTINE	Mar 2019/Untyped, Dec 2017/O, Mar 2013/Sat 2	low/sporadic			●				■			●		medium	1
QATAR	Dec 2018/O, Oct 2017/A	low/sporadic	■		●		■		■	●	●			high	as per Saudi Arabia
SAUDI ARABIA	Dec 2018/O & Jun 2018/A	high	■		●		■		■	●	●			high	1
SYRIAN ARAB REPUBLIC (SYRIA)	2002/ A & O	high	●		●		●		■		●			high	as per Turkey
TAJIKISTAN	Nov 2013/ not typed	low/sporadic	●	■	●			●	■		●			high	as per Pakistan
TURKEY	April 2019/O, Oct 2017/A, May 2015/ Asia 1	high	●		●		●		■		●			medium	1
TURKMENISTAN	Not available	low/sporadic	●	■	●		●	●	■		●			high	as per Iran
UNITED ARAB EMIRATES	Jan 2018/O	low/sporadic	■		●		■		■	●	●			high	as per Saudi Arabia
UZBEKISTAN	Not available	low/sporadic	●	■	●		●	●	■		●			high	as per Iran

Global Foot-and-Mouth Disease Situation

July 2019

Table 16: Conjectured circulating FMD viral lineages in each country of Pool 3 - North Africa (current to July 2019).

Country	Last Outbreak Reported/Serotype#	FMD incidence rate	Presumed serotype distribution within country			Presumed viral lineage distribution within country			Uncertainty on circulating serotypes	Reference
			A	O	SAT 2	A/AFRICA	O/EA-3	SAT 2		
ALGERIA	Mar 2019/O, Nov 2016/A, Jun 2016/Sat 2	medium							medium	1
EGYPT	Nov 2018/Sat 2, Feb 2018/A April 2017/O	high							medium	1
LIBYA	June 2019/serotyping pending, Oct 2013/O	high							high	10, as per egypt
MOROCCO	July 2019/O	low/sporadic							medium	1
TUNISIA	Feb 2019/O, April 2017/A	low/sporadic							medium	1

Global Foot-and-Mouth Disease Situation

July 2019

Table 17: Conjectured circulating FMD viral lineages in each country of Pool 4 (current to July 2019).

			Presumed serotype distribution within country					Presumed viral lineage distribution within country							
Country	Last Outbreak Reported/Serotype#	FMD incidence rate	A	O	sat1	sat2	sat3	A/AFRICA	O/EA-2	O/EA-3	SAT1	SAT2	SAT3	Uncertainty on circulating serotypes	Reference
BURUNDI	Dec 2017 / not available	high												high	as per Tanzania
COMOROS	March 2019/O	high												high	no data
DJIBOUTI	Not available	high												high	as per Ethiopia
ERITREA	Oct 2018/not reported	high												high	as per Ethiopia
ETHIOPIA	April 2019/A, O & SAT 2, Feb 2018/SAT 1	high												medium	1
KENYA	July 2019/A, O & SAT 2, May 2018/ SAT 1	high												medium	1
RWANDA	Oct 2018/ A, O , SAT 1 & Sat 2	high												high	as per Kenya
SOMALIA	June 2018/not reported	high												high	as per Ethiopia
SOUTH SUDAN	June 2017/O & SAT 2, Mar 2018/A Dec 2018/ not sampled	high												high	1
SUDAN	Dec 2018/ not sampled, May 2017/O	high												medium	1
TANZANIA, UNITED REPUBLIC OF	Dec2018/O, Nov2018/ A & SAT 2, Sep 2018/SAT 1	high												high	1
UGANDA	Feb 2019/A & O, July 2017/SAT1, Jan 2015/SAT 3, July 2015/ SAT 2	high												high	1, as per Kenya
YEMEN	Dec 2016/not sampled	high												high	as per Ethiopia

Global Foot-and-Mouth Disease Situation

July 2019

Table 18: Conjectured circulating FMD viral lineages in each country of Pool 5 (current to July 2019).

Country	Last Outbreak Reported/Serotype#	FMD incidence rate	Presumed serotype distribution within country				Presumed viral lineage distribution within country				Uncertainty on circulating serotypes	Reference
			A	O	sat1	sat2	A/AFRICA	O/EA-3	SAT1	SAT2		
BENIN	Dec 2017/O, SAT 1 & SAT 2, Apr 2017/A	high									high	3
BURKINA FASO	Dec 2018/not sampled, Aug2018/O	high									medium	3, as per Mali
CAMEROON	Dec 2019/untyped, Nov 2014/O, SAT 2, May 2014/SAT 1, Apr 2014/ A	high									high	as per Nigeria
CAPE VERDE	Not available	low/sporadic									high	as per Senegal
CENTRAL AFRICAN REPUBLIC	Not available	high									high	as per Nigeria
CHAD	Dec 2018/Not sampled	high									high	as per Nigeria
CONGO	Not available	high									high	as per Nigeria
CONGO, DEMOCRATIC REPUBLIC OF	Jun 2018/A, O & Sat 1	high									high	3
COTE D'IVOIRE	Jun 2018/O	high									high	3, as per Guinea
EQUATORIAL GUINEA	Jun 2015/Disease suspected	high									high	as per Nigeria
GABON	Not available	high									high	
GAMBIA	Dec 2018/O	high									medium	3
GHANA	Dec 2018/SAT 2, Sep 2018/ O	high									high	1
GUINEA	Dec 2018/O	high									medium	3
GUINEA-BISSAU	Dec 2018/O	high									high	as per Guinea
LIBERIA	Not available	high									high	as per Guinea
MALI	Oct 2018/O, Jun 2018/A & SAT	high									high	3
MAURITANIA	Aug 2018/O, Dec 2014/SAT 2	high									medium	1
NIGER	Dec 2015/O	high									high	as per Nigeria
NIGERIA	June 2019/untyped/May 2019/A, Sep 2018/O & Sat 2, Sept 2016/ SAT 1	high									high	1, 12
SAO TOME AND PRINCIPE	Not available	0									high	no data available
SENEGAL	Nov 2018/A, O & Sat 2, Jun 2018/ Sat 1	high									medium	1
SIERRA LEONE	Aug 2018/O	high									medium	as per Senegal
TOGO	Dec 2017/ not sampled, Dec 2016/ O & Sat 1	high									high	3, as per Nigeria

Global Foot-and-Mouth Disease Situation

July 2019









Table 19: Conjectured circulating FMD viral lineages in each country of Pool 6 (current to July 2019).

Country	Last Outbreak Reported/Serotype#	FMD incidence rate	Presumed serotype distribution within country					Presumed viral lineage distribution within country					Uncertainty on circulating serotypes	Reference
			A	O	SAT1	SAT2	SAT3	A/AFRICA	O/EA-2	SAT1	SAT2	SAT3		
ANGOLA	April 2016/SAT 2	high											high	as per Zambia
BOTSWANA	June 2018/SAT 2, Aug 2015/SAT 1	medium											medium	1
MALAWI	Apr 2019/A, SAT 2, June 2016/SAT 1	medium											high	1
MOZAMBIQUE	May 2019/ Typing pending, Oct 2017/SAT 2, May 2015/SAT 1	high											high	1
NAMIBIA	Sep 2017/SAT 2, Aug 2017/typing pending, May 2015/SAT 1	medium											high	1
SOUTH AFRICA	Jan 2019/SAT 2, Oct 2017/SAT 1, Dec 2015/SAT 3	medium											high	1
ZAMBIA	Jun 2019/O, Apr 2019/SAT 2, Feb 2019/ A, May 2017/SAT 3, Jan 2013/SAT 1	medium											medium	1
ZIMBABWE	Jun 2019/SAT 2, April 2019/SAT 1, Jun 2013/SAT 3	high											medium	1, 3

Global Foot-and-Mouth Disease Situation

July 2019

Table 20: Conjectured circulating FMD viral lineages in each country of Pool 7 (current to July 2019).

Country	Last Outbreak Repoted/Serotype#	FMD incidence rate	Presumed serotype distribution within country		Presumed viral lineage distribution within country		Uncertainty on circulating serotypes	Reference
			A	O	A/Euro SA	O/Euro-SA		
VENEZUELA	Oct 2018/O	medium					high	5
COLUMBIA	2011/O, 2013/A	medium					medium	3



Funded by
the European Union

Hold-FAST

A Europe secure from the daily threat of
Foot-and-mouth disease **A**nd **S**imilar **T**ransboundary
animal diseases



New strategic plan

European Commission for
the Control of Foot-and-Mouth Disease



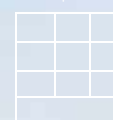
STRATEGIC PLAN European Commission for the Control of Foot-and-Mouth Disease

Hold - FAST

A Europe secure from the daily threat of **FMD** And **Similar Transboundary (FAST)** animal diseases



Hold-FAST
in 10 points



Vision of the Strategic Plan

A Europe secure from the
daily threat of Foot-and-mouth disease
And Similar Transboundary (FAST) animal diseases

The setting

FMD remains the #1 disease risk - but all member states,
not only EU, are at risk of other FAST diseases

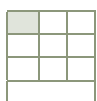
Based on 9 strong principles	4 significant new elements	Owned and Governed by the Member states (ExCom) International co-ordination with OIE and FAO (GF-TADS)
Scope: FAST disease threats	5 core-activities retained	Financial support Ec and Member States
3 goals / levels European, neighbourhood, Global	14 Components 14 KPI, strategy and tactics	Environmentally responsible operations
Founded on a proven, highly efficient operational capacity		

STRATEGIC PLAN European Commission for the Control of Foot-and-Mouth Disease

Hold - FAST

A Europe secure from the daily threat of **FMD** And **S**imilar **T**ransboundary (FAST) animal diseases

Hold-FAST In 10 points



1. Principles

Non-negotiable values and commitments that frame the entire strategic planning activity:

- Continuous co-ordination
- Regular review of the risk situation
- Synergise efforts with the relevant EU
- Sharing of expertise in emergency preparedness and epidemic management
- Continuous engagement with veterinary services in the neighbourhood
- Effective use of European and neighbourhood reference laboratories and expertise
- World-leading training quality and tools
- Continuous improvement in delivery and impact
- An attitude of always seeking to leverage efforts



2. Clear Scope

Foot-and-mouth disease (FMD) and those transboundary animal diseases which pose similarities to FMD.



3. Three goals (Pillars)

I IMPROVE PREPAREDNESS	II REDUCE RISK	III SUSTAINED PROGRESS
Improve preparedness for management of FMD and similar TADS ("FAST diseases") crises by Members and across Europe as a whole.	Reduce risk to Members from the FAST disease (FMD and similar TADS) situation in the European neighbourhood.	Sustained progress of the GF-TADS Global Strategy against FMD and the improved security of supply of effective vaccines.

STRATEGIC PLAN European Commission for the Control of Foot-and-Mouth Disease

Hold - FAST

A Europe secure from the daily threat of **FMD** And **Similar** Transboundary (FAST) animal diseases

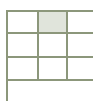


4. Key Performance Indicators, Strategies and Tactics

14 Components > 14 KPIs, each with Strategy and Tactics.

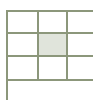
- KPIs: Quantitative measures that reflect progress towards objectives.
- Strategies: Approaches taken to achieve a particular objective.
- Tactics: Specific actions, projects, or initiatives that will be executed to achieve an objective.

Goal	OBJECTIVES	KPI Key Performance Indicators
I IMPROVE PREPAREDNESS	<ul style="list-style-type: none"> • National capacity development • Regional and national capacity in emergency preparedness • Preparedness for use of emergency vaccination • South-Eastern Europe • Applied research program • Proficiency test services (extended EU scheme) • FAST disease information gathering and analysis 	<ul style="list-style-type: none"> • Knowledge Achieved With Training • MS satisfaction with CP tools • MS satisfaction with EV assessments • % countries having tested CP plans for FAST diseases • Satisfaction of Technical Committee with completed studies • Number of eligible non-EU countries participating • MS satisfaction with FAST risk reports
II REDUCE RISK	<ul style="list-style-type: none"> • Co-ordinated activities (under GF-TADS/REMESA) • FAST disease: Improved Early Warning • Integrated capacity development 	<ul style="list-style-type: none"> • PCP-FMD indicators for progress (14 countries) • Regular surveys of satisfaction levels with EW system outputs • Knowledge Achieved with Training (tested) and numbers trained.
III SUSTAINED PROGRESS	<ul style="list-style-type: none"> • Sustained and effective PCP-FMD implementation • Improved global laboratory support • Better training for progressive control • Improved vaccine security 	<ul style="list-style-type: none"> • Process indicators, completion of Roadmaps and #countries utilising PSO expertise • Surveillance targets met in three of the five Roadmaps; system for regional vaccine recommendations being used • Knowledge Achieved With Training (tested) and numbers trained • PPP: satisfaction of stakeholders in rate of progress



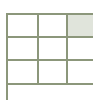
5. Significant new elements to the programme

Modelling capacity	Diagnostic bank	Early warning system	Vaccines
A Europe-wide TADS modelling capacity.	Laboratory proficiency and capacity supported by a diagnostic bank.	Integrated FAST disease early warning system in the REMESA/ neighbourhood region by end of 2020.	Vaccine security platform.



6. Core elements of the programme continued from Phase IV

Training	GET Prepared	PCP-FMD	FAR fund	Global intelligence
A world-leading training programme.	Expertise and support to MS on their preparedness.	Regionally co-ordinated targeted, national assistance to countries to apply the Progressive Control Pathway.	Fund for Applied Research (FAR).	Global intelligence on FMD with regular risk reporting on FMD.



7. Oversight. Governance and co-ordination with partners and technical support structures

Governance			Technical support for decisions on changing priorities	
meets every six months				
EuFMD Executive Committee + OIE, FAO, EC.			EuFMD Standing Technical Committee (STC) for support to decisions on areas of technical complexity.	New Special Committee for Surveillance and Applied Research.
Co-ordination	Co-ordination with the private sector		Emergency management	
EC (DG-SANTE), EFSA, GF-TADS (Europe, Mid-East, Global)	PP Platform for emergency planning. For private sector engagement.	PP platform for vaccine security	Co-ordination	
			Daily with FAO-OIE and with the GF-TADS Emergency Management Centre (EMC)	



8. Operational management

The EuFMD Secreatariat.



9. Financing the plan

Circa Eur. 4,000,000 per annum	
Eur. 3,000,000 EC Programme	Eur. 1,000,000 Raised by the EuFMD



10. Environmental responsability and Sustainability Objectives

Applying the three “R’s”: Reduce, Re-use and Re-cycle to all operations.



Appendix 5

FMD Global and Regional situation



Update from WRLFMD: Oct. 2019

Donald King

Acknowledgements: Valerie Mioulet, Nick Knowles, Anna Ludi, Ginette Wilsden, Andrew Shaw, Nick Lyons, Mehreen Azhar, Hannah Baker, Antonello Di Nardo, Bob Statham, Lissie Henry, Jemma Wadsworth, Clare Browning, Britta Wood, Alison Morris, Abid Bin-Tarif, Ashley Gray, Beth Johns, Mark Henstock, Hayley Hicks, David Paton, Dexter Wiseman, Julie Maryan, Sarah Belgrave

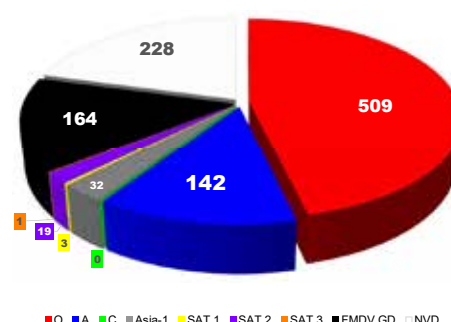
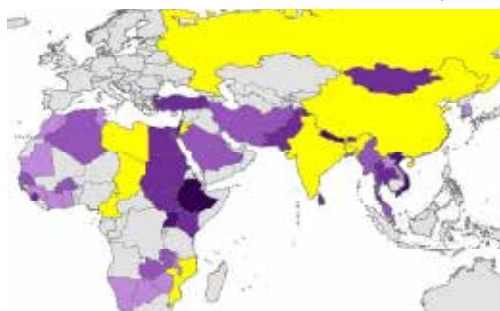


Sample Submissions:

Since EuFMD ExCom in Rome (January 2019)

- **Reports issued:** Algeria, Bhutan, Burkino Faso, Ethiopia, **Egypt**, Guinea, Hong Kong, Israel, Ivory Coast, Laos, Nepal, Mauritania, Mongolia, Morocco, Myanmar, **Pakistan**, Palestinian AT, Saudi Arabia, Sierra Leone, South Korea, Thailand, Tunisia, Turkey, Uganda, Vietnam, **Zambia**
- **Sequence exchange (additional genotyping reports):** **Cameroon** (via GenBank), **Comoros** (ANSES), Ghana (NIAH), **Libya** (IZSLER), Malawi (BVI), Namibia (BVI), Russia (ARRIAH), **Tanzania** (SUA), Zambia (BVI)

Data since October 2017 (1096 clinical samples):



Results/reports can be retrieved from: www.wrlfmd.org

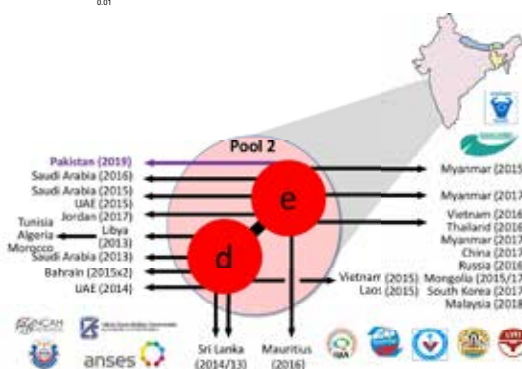
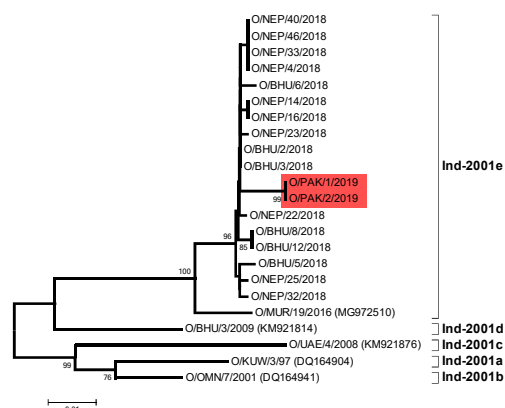
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Further expansion of the O/ME-SA/Ind-2001 lineage

- 31 FMDV positive samples
- 2 FMDV samples from cattle collected in Punjab (January 2019) characterised as O/ME-SA/Ind-2001e
- >99% nt identity to viruses collected from potential source countries (Nepal, Bhutan and India)
- First detection in a West Eurasian hub-country with potential for onward spread



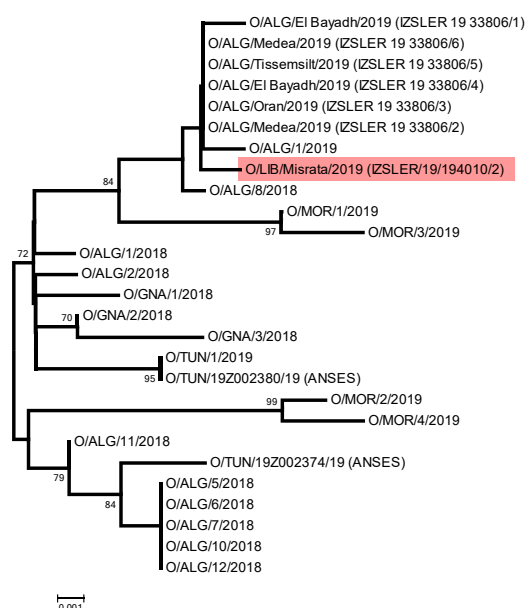
Samples from FAO Pakistan Office



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Further spread of O/EA-3 in North Africa

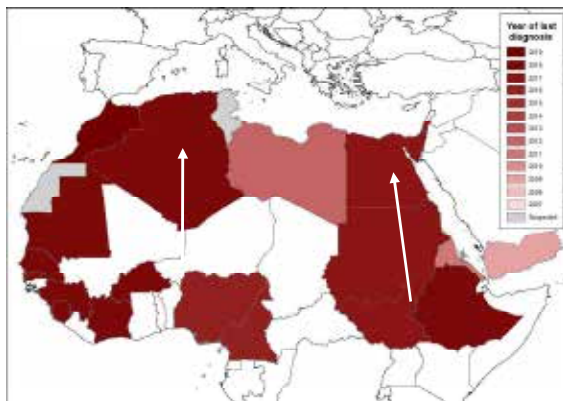
- New cases in Libya (May 2019)
- Cattle located in Misrata and Tajoura, in western Libya
- Samples tested by IZSLER (including lineage-specific real-time RT-PCR)
- Close genetic relationship (99.8% nt identity) to other FMD viruses from the Maghreb (2018/19)
- New cases elsewhere in the region (most recently Morocco, in July 2019 reported to OIE)



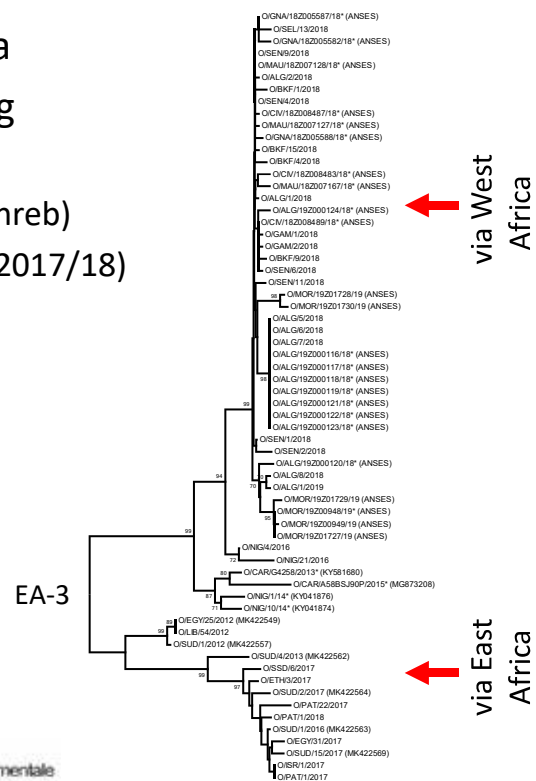
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Spread of O/EA-3 into North Africa (and beyond)

- O/EA-3 originates from East Africa
- Two discrete lineages now causing outbreaks in:
 - 2018/19: West Africa (and the Maghreb)
 - Outbreaks in Egypt, Israel and PAT (2017/18)



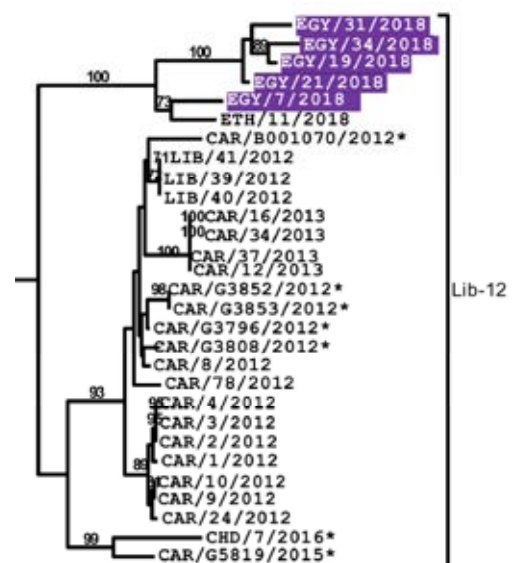
anses
laboratoire national de référence
Institut Zooprofilattico Sperimentale
via Lombardia 4, 41100 Emilia Romagna



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New serotype SAT 2/VII lineage in Egypt

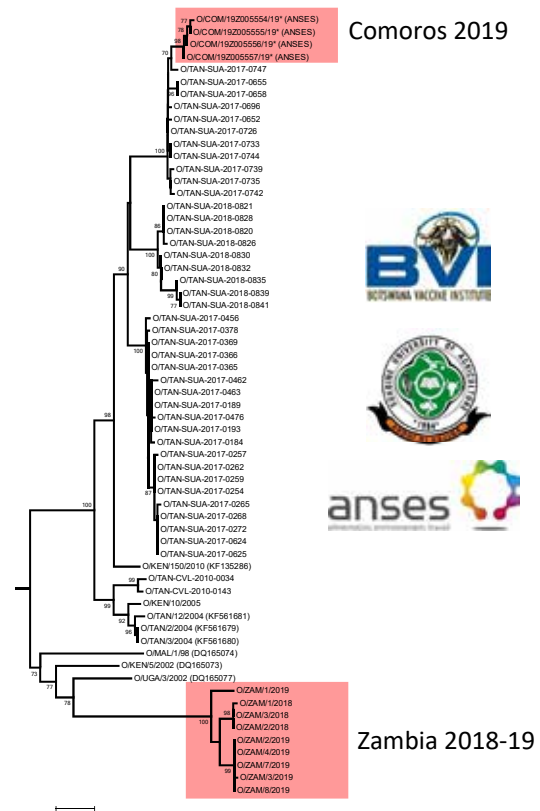
- 37 samples received from different locations in Egypt (from 2017/18)
- Serotypes O, A and SAT2 detected
- Five SAT2 sequences distinct to SAT2/VII/Ghb-12 and Alx-12 sub-lineages that emerged in Egypt during 2012
- Source from countries to the south
- Vaccine-matching (r1-values)
 - SAT 2 Eritrea 0.28
 - SAT 2 ZIM 0.11



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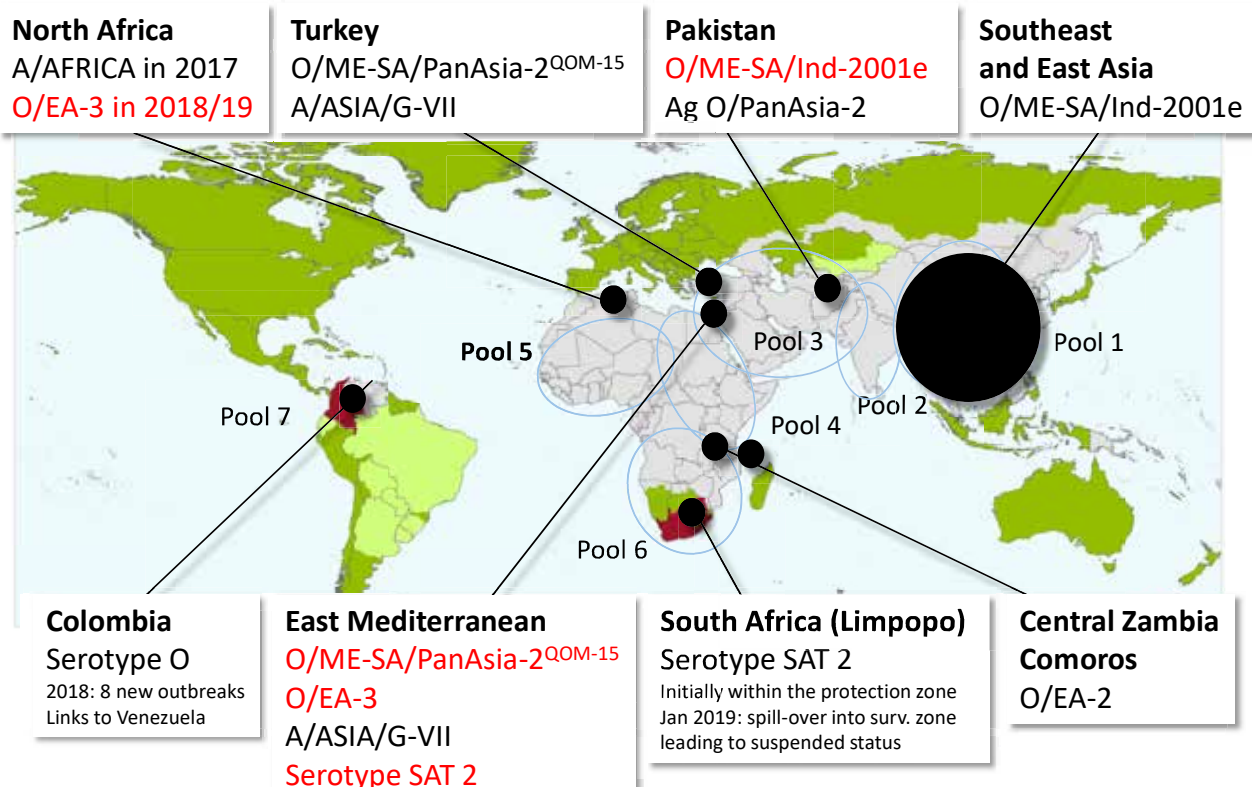
O/EA-2: movement on two fronts

- **March 2019: FMD outbreaks in cattle on island of Mwali, Comoros (sequences provided by ANSES)**
- Most closely related to sequences (2017) from Tanzania (provided by SUA)
- **Jan-April 2019: samples collected in Zambia**
- Vaccine-matching data: matched for O-3039, O-Manisa and O/TUR/5/2009
- ~15% nt difference between these two lineages



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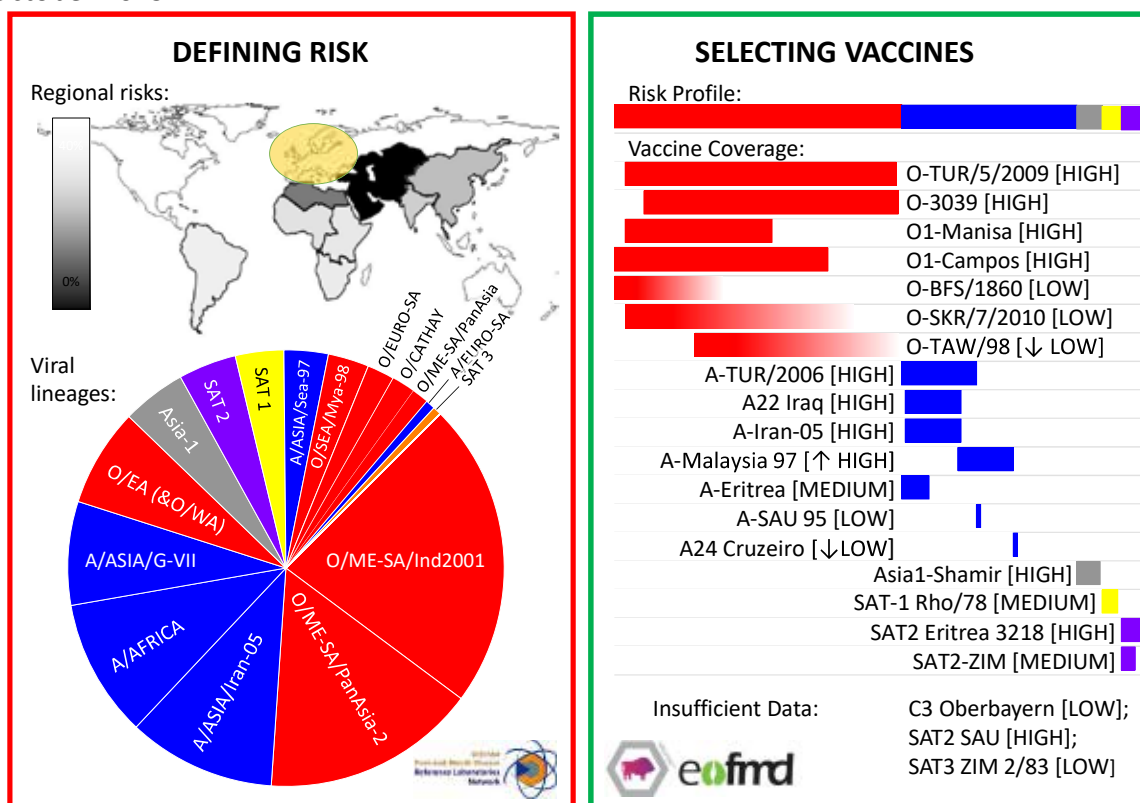
Global headline events (2017-2019)



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Vaccine Antigen Prioritisation: Europe

October 2019



NB: Analyses uses best available data, however there are gaps in surveillance and vaccine coverage data

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Continued development/validation of PRAGMATIST

- EuFMD FAR project with the University of Surrey (TRIP: The Road to ImPlementation)
- Proof-of-concept WebApp application
- Improved optimization algorithm to assist vaccine bank managers in choosing appropriate vaccines to stockpile
- Testing sensitivity of these outputs to measures of uncertainty for input parameters
- Workshop on 13th September 2019



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Vaccine selection for endemic pools

Obvious gaps/challenges:

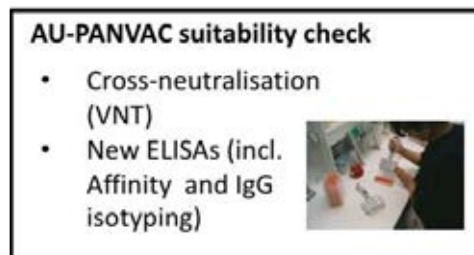
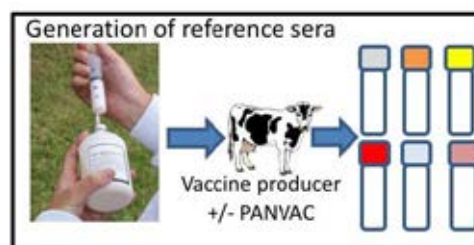
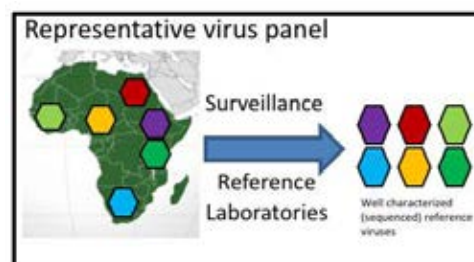
1. A wide-range of vaccines (from different producers) are often proposed for use
2. Reference reagents (BVS) that can be shared between laboratories are usually lacking
3. It is not always possible to access to vaccine master-seed viruses from producers
4. No harmonisation in tests/antigens used to assess post vaccination responses
5. Lack of direct measures of “protection” for different host species

Lack of data to support vaccine selection and reports of failure in the field lead to poor trust in vaccines

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Developing capacity for vaccine QA/QC in Africa

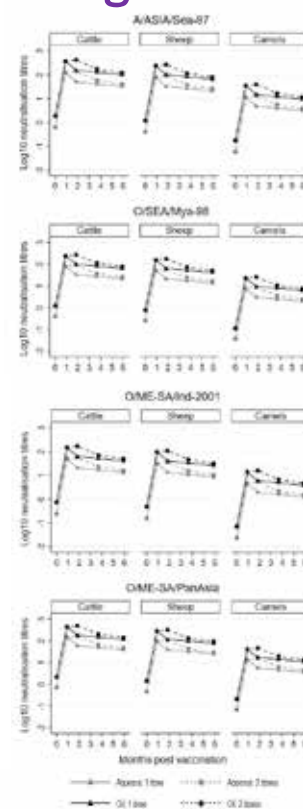
- **Objective 1:** OIE quality-standard framework for vaccine QA/QC (& agreement about who is responsible for each of the required functions)
- **Objective 2:** Coordination with vaccine manufacturers to access FMDV vaccine viruses (and define QA/QC goals)
- **Objective 3:** Establish laboratory pipeline to verify vaccine quality
- **Objective 4:** Training and technology transfer to AU-PANVAC.



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Assessment of vaccine performance: Mongolia

- Trial of multivalent vaccines (from ARRIAH) in different host species (oil vs aqueous formulation and single vs booster schedule)
- Heterologous responses (VNT) against 'reference' antigens representing lineages that threaten Mongolia (**no need for VMS**)
- Oil-adjuvanted vaccines led to higher and more persistent titres especially if a two-dose primary course was utilised
- Aqueous-adjuvanted vaccines were associated with lower titres that likely require a booster after 3 months



Ulziibat et al., submitted to *Vaccine*

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E-learning courses

[1] FMD diagnostics (Feb/March 2019)

- >200 registered participants - 124 completed course

[2] Vaccination and PVM (May/June and Sept 2019)

- Initiated by BBSRC/GCRF-STARS funding with support from EuFMD
- 8 week e-learning with 93 participants
- Tanzanian summer school (20 participants) to assess vaccine performance (additional support from SACIDS)

Positive feedback and suggestions for improvements



BBSRC
Bioscience Research
Supporting the Future

**UK Research
and Innovation**

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Future proficiency test scheme (Phase XXXII)

- Phase XXXI completed (70 labs)
- Proposed new PTS for Q1-2020
- Designed for endemic countries and international Laboratories
- Complements PTS run by EU-RL (for FMD-free countries)
- Common samples/panels could be used to evaluate diagnostic capacity at different levels
 - Basic capability: NSP serology and Ag-ELISA/rRT-PCR?
 - Advanced capacity: genome sequencing, vaccine matching?

Level	VIROLOGY (Panel 1)		SEROLOGY (Panel 2)	
	Minimum test requirements	Expected lab capability	Minimum test requirements	Expected lab capability
PCP 0	-	n/a	NSP ELISA	Define infection history (FMDV+/-)
PCP 1	either AgELISA or RT-PCR	<ul style="list-style-type: none"> • FMD virus present • FMDV serotype 	NSP ELISA	Define infection history (FMDV+/-)
PCP 2	either AgELISA or RT-PCR	<ul style="list-style-type: none"> • FMD virus present • FMDV serotype 	NSP ELISA SP ELISA	<ul style="list-style-type: none"> • Define infectious status • vaccination status • serotype • +/- PVM
PCP 3 PCP 4+	AgELISA rRT-PCR +/- sequencing +/- VI*	<ul style="list-style-type: none"> • FMD virus present • FMDV serotype • topotype, lineage 	NSP ELISA SP ELISA +/- VNT*	<ul style="list-style-type: none"> • Define infectious status • vaccination status • serotype • +/- PVM
OIE/FAO Reference Laboratories	Enhanced genome sequencing*	<ul style="list-style-type: none"> • FMD virus present • FMDV serotype • topotype, lineage, and relationship between FMDV positive samples in panel 	NSP ELISA SP ELISA +/- VNT*	<ul style="list-style-type: none"> • Define infectious status • vaccination status • serotype • PVM • identify cross-reactivity

* If able to receive the infectious panel

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Acknowledgements

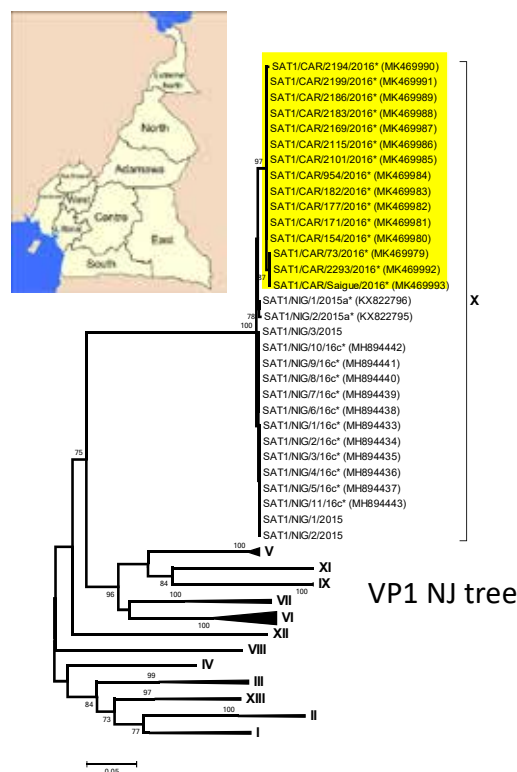
- Support for the WRLFMD and research projects
- Collaborating FMD Reference Laboratories and field teams
- Partners within the OIE/FAO FMD Lab Network



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First (retrospective) detection of SAT 1 in Cameroon

- Sequences recovered from GenBank
- FMD cases in cattle that occurred in August-September 2016
- Two locations in Cameroon: Dembo Babi (North Province) and Dialingo (Adamawa Province)
- Close genetic relationship to novel topotype (X) described in Nigeria**



Sequenced by: Ehizibolo,D., Ardo,A.G., Ullamu,H.G., Lazarus,D.D., Wungak,Y.S., Nwosuh,S.I., Fish,I.H., Brito,B.P., Bertram,M.R., Smoliga,G.R., Hartwig,E.J., Pauszek,S.J., Dickmu,S., Abdoukadi,S. and Arzt,J.

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Appendix 6

Other FAST diseases



Dr Neo Joel Mapitse

Head of Department

Status Department – OIE Headquarters

Other FAST diseases -current situation in the European neighbourhood

98th Executive Committee meeting of EuFMD Commission

Paris, 3 - 4 October 2019



WORLD ORGANISATION FOR ANIMAL HEALTH *Protecting animals, preserving our future*

Transparency of worldwide animal disease situation

- One of the main missions of the OIE is to ensure transparency of worldwide animal disease situation
- Legal obligation for all Member Countries to report to the OIE
- OIE Listed diseases



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Obligation for the notification of listed diseases

- Under the provisions of the Chapter 1.1 of the OIE *Terrestrial Animal Health Code*:
 - Immediate notification (6 different reasons)
 - Follow-up reports (subsequent to an immediate *notification*)
 - Six-monthly reports
 - Annual reports



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List of target countries included in the study

- **REMESA**: Algeria, Libya, Mauritania, Morocco, Tunisia, Egypt
- **Southeast Mediterranean**: Lebanon, Syria, Turkey
- **Eastern Europe**: Belarus, Moldova, Russia, Ukraine
- **Transcaucasia**: Armenia, Azerbaijan, Georgia
- **Asia and Middle-east**: Afghanistan, Iran, Iraq, Jordan, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkmenistan, Uzbekistan



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List of other FAST Diseases

■ 3 OIE listed disease:

- Peste des petits ruminants
- Lumpy skin
- Sheep pox
- Rift Valley Fever

■ 1 OIE non-listed disease:

- Bovine Ephemeral Fever

Based on WAHIS data recorded
during the last 24 months

ope of this presentation

■ 1 OIE non-listed disease:

- Bovine Ephemeral Fever



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Approach

- FAST diseases are priority diseases of the GF-TADs
- Diseases distribution in the European neighborhood
 - Early warning and preparedness
 - Reducing risk and
 - Availability of information and reporting
- Sustained and progressive control through GF-TADs



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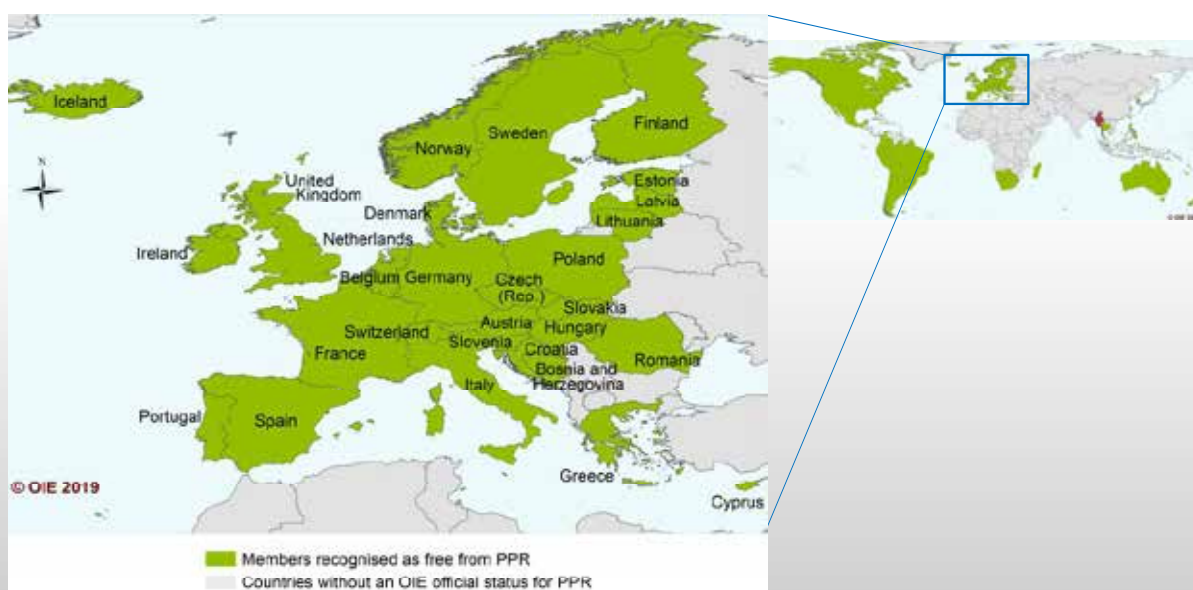
Infection with Peste des petits ruminants

- The affected countries are mainly located in Africa, the Middle East and some parts of Asia.
- Spread to some areas outside its traditional range including Eastern Europe and Asia.
- GF-TADs: PPR-GEP is a step-wise approach to eradication at national level
- OIE endorsed official control programme for PPR
- Official free status recognition



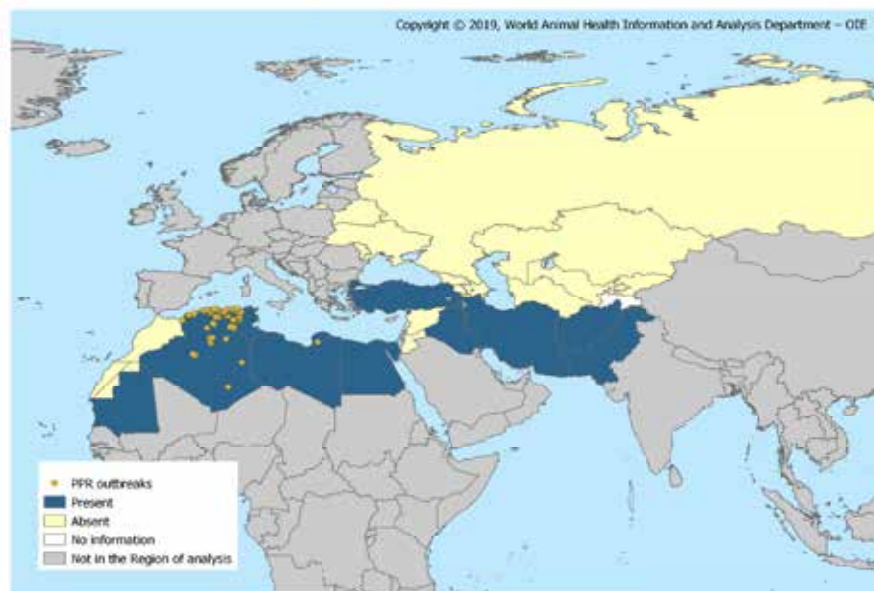
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Europe: OIE Members' official PPR free status



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Infection with Peste des petits ruminants



2 Immediate notifications submitted (2018 - Sept 2019):

- Algeria: recurrence (23/10/2018)
- Libya: recurrence (27/01/2019)

	Absent	Present	No information
PPR	14	10	2

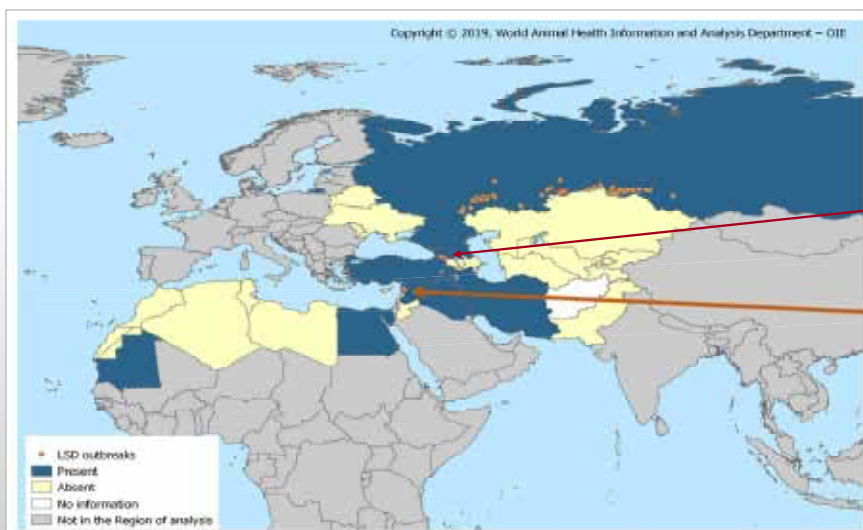
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Infection with Lumpy skin disease

- The first confirmed spread of LSD to the Middle East was 1980s.
- 2013 significant change in distribution : spread further in Middle East and Turkey.
- 2014 - 2016, LSD spread for the first time to 11 European and 3 Middle Eastern countries all of which had previously been LSD free
- In affected areas, large-scale vaccination combined with strict biosecurity measures have proven to be effective in controlling the disease* 27th Reg Conf Europe Lisbon
- Countries free from LSD mainly implemented surveillance and controls at borders.
- In Europe, in most cases new LSD outbreaks stopped within one month following proper completion of the vaccination campaign.

Infection with Lumpy skin disease

Based on WAHIS' records



6 Immediate notifications submitted (2018 - Sept 2019):

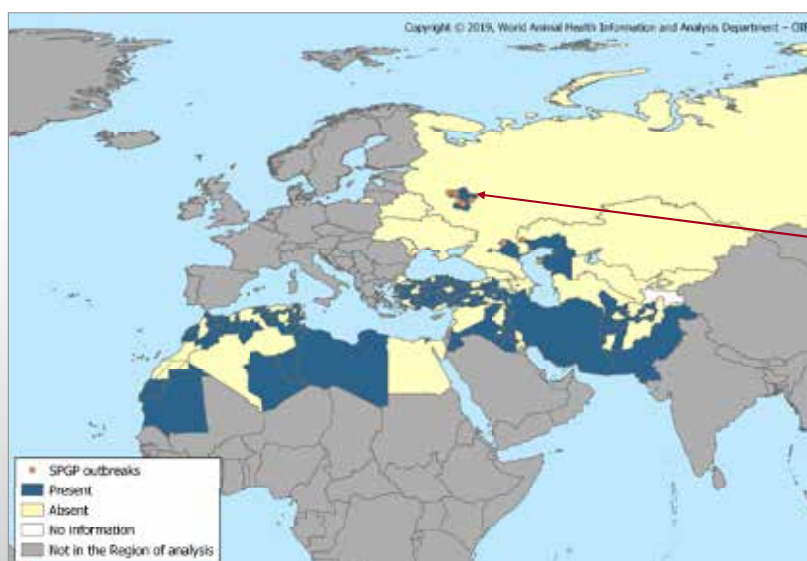
- Russia: recurrence (10/12/2017)
- Russia: recurrence (29/06/2018)
- Georgia: recurrence (26/07/2018)
- Russia : recurrence (07/03/2019)
- Syria: first occurrence in the country (01/07/2019)
- Russia : recurrence (20/07/2019)

	Absent	Present	No information
LSD	16	8	2

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Infection with Sheep pox and goat pox

Based on WAHIS' records



6 Immediate notifications submitted (2018- September 2019):

- Russia: recurrence (25/05/2018)
- Russia : first occurrence in Moskovskaya Oblast (21/08/2018)
- Russia: recurrence (12/09/2018)
- Kazakhstan : first occurrence in Mangystauskaya (25/04/2019)
- Kazakhstan : first occurrence in Atyrauskaya (15/06/2019)
- Russia: recurrence (10/07/2019)

	Absent	Present	No information
SPGP	9	15	2

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Infection with Rift valley fever

- Priority vector-borne viral zoonosis under the GF-TADs for Africa
- The recent reported distribution of RVF in 2018 and 2019 (Sept) shows RVF was limited to Africa and nearby islands.
- Cases of abortion or death in livestock often observed after heavy rains, flooding and swampy areas
- Accompanied by a drastic increase in the number of mosquitoes
- Prediction models for early warning systems
- Reporting challenges
- Chapter 8.15. “Infection with Rift Valley fever virus” of the *Terrestrial Code* under revision.



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Infection with Rift valley fever

Based on WAHIS' records



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Conclusion

- Mostly reported through an early warning system
- PPR, LSD and SPGP are present in the neighbourhood to a variable extent and are a risk
- LSD spread also attributed to presence of the vector
- RVF is absent in the neighbourhood and is reported mainly using the six-monthly reports.
- Reducing the risk of PPR through the GF TADs PPR GEP – an opportunity.



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Acknowledgements

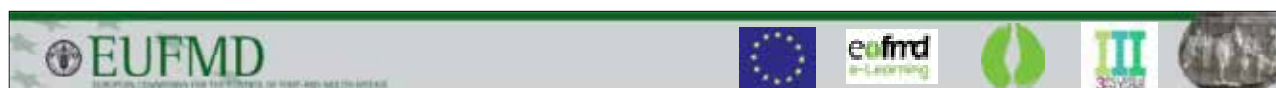
- Head of World Animal Health Information and Analysis Department and her Epidemiology team
- Staff of the Status Department



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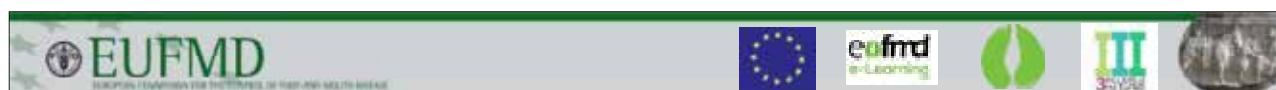
Appendix 7

Improved Preparedness components



Improved Preparedness components:

Pillar I: Components 1.1, 1.2, 1.4 and 1.6



Strategic Plan 2019-2022

Pillar I

Improved preparedness for management of FMD and similar TADS ("FAST diseases") crises by Members and across Europe as a whole

SEVEN COMPONENTS





Strategic Plan 2019-2022

Pillar I: *SEVEN COMPONENTS*

SEVEN COMPONENTS
1.1. Training for EuFMD members
1.2. Emergency Preparedness
1.3. Emergency Vaccination
1.4. South Eastern Europe
1.5. Applied Research
1.6. Proficiency testing services
1.7. Risk assessment and forecasting



Strategic Plan 2019-2022

Pillar I: *SEVEN COMPONENTS*

SEVEN COMPONENTS
1.1. Training for EuFMD members
1.2. Emergency Preparedness
1.3. Emergency Vaccination
1.4. South Eastern Europe
1.5. Applied Research
1.6. Proficiency testing services
1.7. Risk assessment and forecasting


EuFMD
EUROPEAN UNION FOR THE FIGHT AGAINST FOOT-AND-MOUTH DISEASE







COMPONENT 1: TRAINING FOR MEMBER STATES


- We have a lot of high-quality training material that is useful for all FAST diseases
- Increased focus on regional approach and national and cascade training
- Higher number of open resources






Component Objective:

Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member States to cascade training at national level



Training support services providing training resources, materials and expert guidance to cascade training on FAST diseases	Training programme for Member States	Training Quality Management System to ensure the quality across EuFMD training programme and the continuous evaluation of the impact of our training
--	--------------------------------------	--


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EUROPEAN UNION FOR THE FIGHT AGAINST FOOT-AND-MOUTH DISEASE








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--	--------------------------------------	--




EuFMD
EUROPEAN UNION FUND FOR THE TRAINING OF FIRST-RESPONSE HEALTH CARE













TRAINING MENU AND CASCADE TRAINING

- We checked the feedback surveys from different courses: Some interesting suggestions
- We asked training Focal Points for their opinion (Feedback by e-mail and in Bari)






EuFMD
EUROPEAN UNION FUND FOR THE TRAINING OF FIRST-RESPONSE HEALTH CARE


TRAINING MENU AND CASCADE TRAINING

IMPORTANCE OF IMPROVING CASCADE TRAINING

Proposal of training menu









Discuss one-to one with TFP



Better define strategies for cascade training from the beginning

We don't want to rely on individuals to cascade the knowledge, but to count on the "system" to support national training activities

FLEXIBILITY WITH THE TRAINING CREDITS: RE-ALLOCATION OF NOT USED TC









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TRAINING QUALITY MANAGEMENT SYSTEM


TRAINING ASSESSMENT BY PANEL OF EXPERTS



- Overall very positive feedback
- But some aspects to improve: **Quality assurance procedure and impact assessment of our training**



LoA with the University of Nottingham to provide us with:

- Guidance to develop our own quality assurance procedure
- Guidance to develop our procedure to carry out a regular impact assessment of our trainings
 - An impact assessment of Phase IV training


TRAINING QUALITY MANAGEMENT SYSTEM

TRAINING ASSESSMENT BY PANEL OF EXPERTS







- Overall very positive feedback
- But some aspects to improve: **Quality assurance** **Impact assessment of our training**

LoA with the uni

guidance to:

Recent activities to improve our training programme during phase V

- To develop our
-


TRAINING FOR MEMBER STATES: SUMMARY OF INDICATORS AND BUDGET






60% of the countries to have implemented national training activities using EuFMD training resources and/or training support services in four years

Activity	Indicators	Budget
Training support services	Online platform always available New open access resources	160 200
Training programme	At least 90 % of the training credits spent by the MS by the end of each biennium	408 299
TQMS	Development and full implementation of the training quality management system by June 2020	77 350
TOTAL		645 849

↑ Consultancy

↓ Contracts


EuFMD
EUROPEAN UNION FOR THE FIGHT AGAINST THE RISK OF FMD

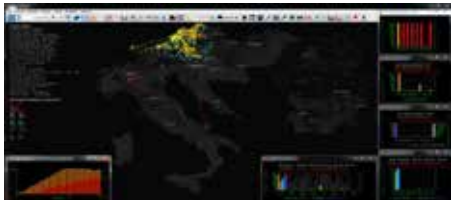






COMPONENT 2: EMERGENCY PREPAREDNESS


- GET Prepared: Toolbox to assist MS in the assessment and improvement of their CP
- EuFMDi+: Pan- European model covering FMD and other FAST diseases
- PPP: Increase collaboration and engagement of the private sector






Component Objective:

Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to test and improve contingency plans and through the establishment of networks for emergency preparedness and public-private engagement



Tools for contingency planning and decision support for the better management of FAST disease risks: GET Prepared	FAST disease modelling for Europe: EuFMDiS	Emergency Preparedness Network for contingency planners and experts in emergency preparedness	Public-private partnerships for the prevention and control of FAST diseases
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EuFMD
EUROPEAN UNION FOR THE FIGHT AGAINST THE RISK OF FMD








COMPONENT 2: EMERGENCY PREPAREDNESS

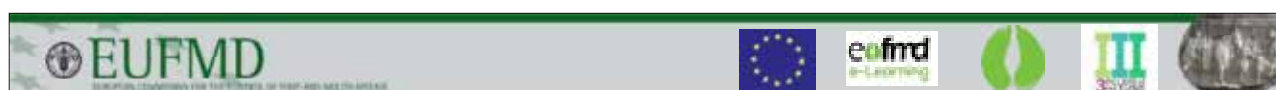
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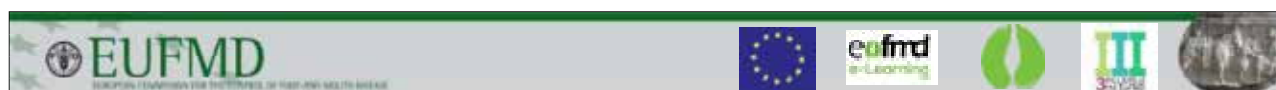


Tools for contingency planning and decision support for the better management of FAST disease risks: GET Prepared	FAST disease modelling for Europe: EuFMDiS	Emergency Preparedness Network for contingency planners and experts in emergency preparedness	Public-private partnerships for the prevention and control of FAST diseases
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GET PREPARED

- Wall where every brick is an emergency preparedness (EP) component
- Toolbox to assess every EP component, provide tools to increase preparedness and share good practices



COMPONENT 2: EMERGENCY PREPAREDNESS

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FAST disease modelling for Europe: EuFMDiS

Emergency Preparedness Network for contingency planners and experts in emergency preparedness

Public-private partnerships for the prevention and control of FAST diseases



EuFMDIS

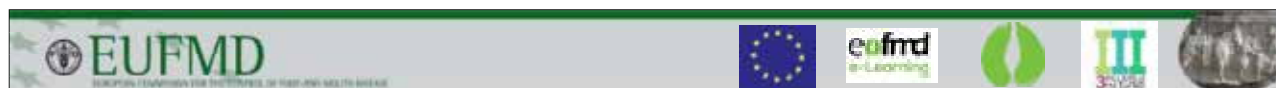
- Pan-European disease spread model
- More countries added; New features

EP network

- New online network
- More opportunities to meet face-to-face (contingency planners and EP experts)

PPP


- Identify best practices to increase collaboration between private and public sector
- Better understanding of the private sector concerns regarding disease control
- Raise awareness on FAST diseases








EMERGENCY PREPAREDNESS: SUMMARY OF INDICATORS AND BUDGET

80% of the countries to have introduced some improvement in their contingency plans by the end of the phase as a result of the work done under this component

Activity	Indicators	Budget	
GET Prepared	At least 95% of the bricks in the wall will contain assessment resources and examples of good practice by the third year of phase V	49 000	↑ ↑ ↑
EuFMDiS	3 countries added per year At least 8 new features by the end of the phase 5 user support activities per year	162 000	
EP Network	6 new resources online per year One F2F meeting per year	62 661	
PPP	Two meetings per year Two SimEX organised involving the private sector by the end of phase V	22 450	
TOTAL		296 111	


EuFMD
EUROPEAN UNION FUND FOR THE FIGHT AGAINST ZOONOTIC DISEASES

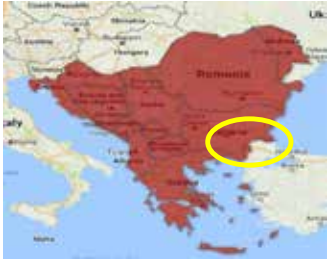






COMPONENT 4: SOUTH-EASTERN EUROPE


- Thrace + Balkans components: Sharing the current experiences between the two components existing today
- Improved emergency preparedness in the region
- Improved surveillance systems






Component Objective:

Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank



RBS systems: Thrace and other regions	Support coordination activities at regional and national level	Activities to improve EP: Training; Simulation exercises; In-country support	Diagnostic bank of reagents for FAST diseases in the region
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EuFMD
EUROPEAN UNION FUND FOR THE FIGHT AGAINST ZOONOTIC DISEASES

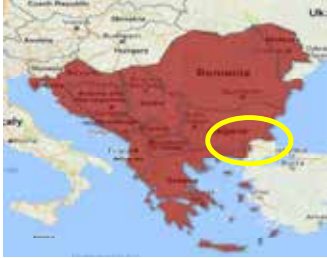






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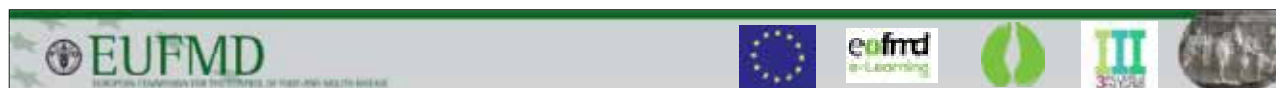


RBS systems: Thrace and other regions	Support coordination activities at regional and national level	Activities to improve EP: Training; Simulation exercises; In-country support	Diagnostic bank of reagents for FAST diseases in the region
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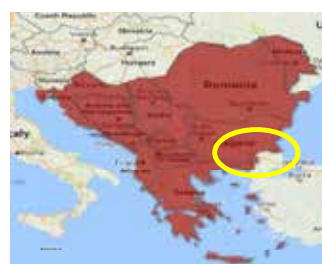
RISK BASED SURVEILLANCE

- To continue supporting the RBS in Thrace
- Extend/change our support? Other countries/regions? Other diseases?
- TBD with the EC/ GF-TADs/ other experts:
 - We need to define the priorities
 - We need to decide on the type of support to provide
 - We might need to revise the budget for this activity



COMPONENT 4: SOUTH-EASTERN EUROPE

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RBS systems: Thrace and other regions

Support coordination activities at regional and national level

Activities to improve EP: Training; Simulation exercises; In-country support

Diagnostic bank of reagents for FAST diseases in the region



Coordination activities

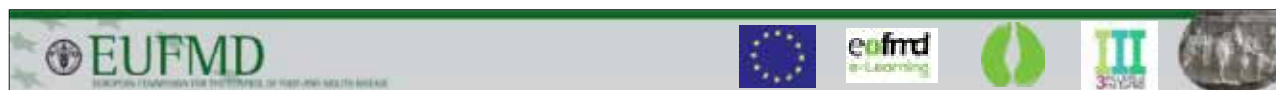
- **REGIONAL:** Joint management and Tripartite meetings
- **NATIONAL:** Support for the establishment of national networks to connect veterinary services, laboratories, research institutions and universities



Support research studies, in particular with EuFMDIS ([Link to 1.2](#))

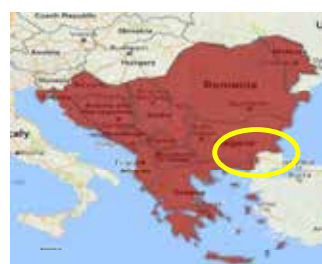
Activities to improve emergency preparedness

- Training initiatives ([Link to 1.1](#))
- Support for regional and national simulation exercises
- In-country support



COMPONENT 4: SOUTH-EASTERN EUROPE

- **Thrace + Balkans components:** Sharing the current experiences between the two components existing today
- Improved emergency preparedness in the region
- Improved surveillance systems



Component Objective:

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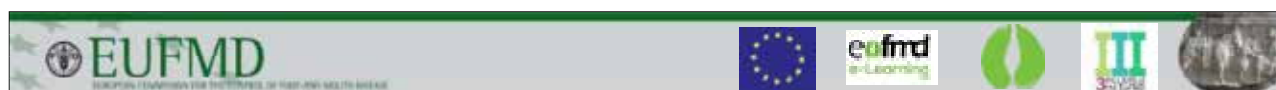
Diagnostic bank of reagents for FAST diseases in the region



DIAGNOSTIC BANK FOR FAST DISEASES

- Establishment of a diagnostic bank of reagents for FAST diseases available for the countries in the region
- Initially the diagnostic bank will be set for FMD and during the second biennium of the phase, it will be studied to extend it to other FAST diseases

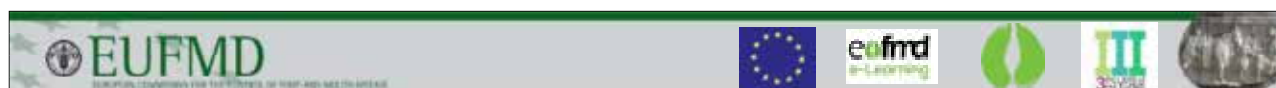
CHALLENGE TO REACH THE OBJECTIVES FOR SOME OF THE ACTIVITIES UNDER THIS COMPONENT:



SOUTH EASTERN EUROPE

Confidence of FAST disease freedom over 90 % in Thrace maintained for 48 months; Focal points of eight countries in the region consider that their preparedness against FAST diseases has increase by the end of the phase (assessed in a scale 0 to 7).

Activity	Indicators	Budget	
Risk based surveillance	144 country-months surveillance system operational New countries? New diseases? TBD	320 024	Training Contracts Procurement
Co-ordination activities	2 Management meetings per year 8 countries to establish the national networks by the end of the phase 3 studies from the national networks by the end of the biennium	112 661	
Improving EP	Workshops (2 participants per country) SimEX (8 national: 1 multi-country) In-country support 8 countries)	178 750	
Diagnostic bank	FMD bank for 10 countries for 36 months of the phase Other diseases?	58 600	
TOTAL		670 035	



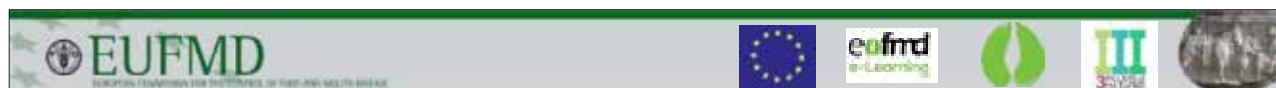
COMPONENT 6: PROFICIENCY TEST SERVICES

- Letter of Agreement (LoA) with the EU Reference Laboratory (EU-RL) to support 10 non-EU countries to participate in the PTS

Component Objective:

Europe-wide participation in proficiency test services run by the FMD EU Reference Laboratory through support for countries that are not part of the EU or candidates states

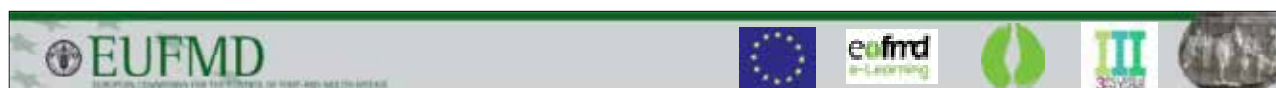
Support to eligible countries



PROFICIENCY TEST SERVICES

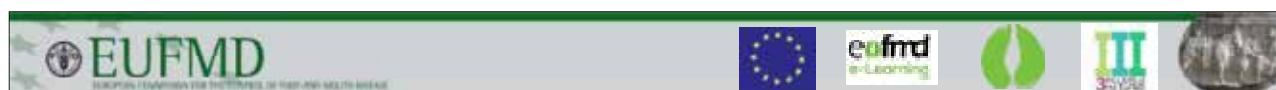
10 eligible countries to participate each year in the PTS and attend the annual EU-RL meeting

Activity	Indicators	Budget
Support to countries	10 eligible countries to participate each year	72 105
TOTAL		72 105



EMERGENCY PREPAREDNESS - INTERNATIONAL COLABORATION

- Collaboration with the OIE on the International Exercise (“Phoenix”)
- Initiative funded by Global Affairs Canada under the Global Partnership Working Group (GPWG)
- EuFMD will work with Institute for Infectious Animal Diseases (IIAD), Texas, to develop the final international exercise under this programme: a multi-regional exercise to be delivered in summer 2021



Appendix 8

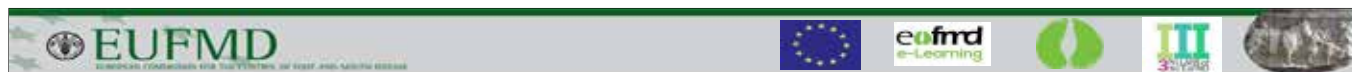
Work plans for Pillar II and Pillar III



Item 7 and 8

Pillar 2 and 3 workplans – STC review comments (ex-German (P2) and Giancarlo (P3))

ExCom89



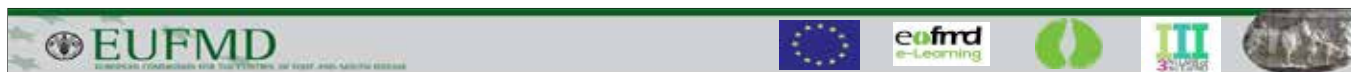
1. A formal and harmonized evaluation system of all initiatives and programs implemented to assist countries would be beneficial.
2. There should be clearly defined, easily measurable and harmonized performance indicators able to evaluate also the activities in countries not embarked in PCP but that benefit from EuFMD pillar II. There should be realistic targets defined to allow effective assessment from time to time (every six months or yearly).
3. It would be advisable to develop a common risk surveillance framework to make information comparable between diseases and national programs
4. The identification of risk hubs should be based on a multifactorial risk assessment, not just movement. Common framework for risk assessment should be envisaged to make information comparable for different countries and disease-specific programs.
5. Type of data collection methods used, their reliability and representativeness should be assessed in the different countries.
6. The identification of gaps in the information provided necessary to carry out an adequate risk assessment should be considered. Participatory and social epidemiology tools should be used where there is no other options to collect information. Common framework for risk assessment should be developed
7. It would be advisable to know the activities in place at national level with regards to risk assessment and surveillance (what has been done by different national and international institutions? What have been so far the level of improvement reached? Which are the weakest points in the implemented activities?)
8. A common framework for the design of risk-based programs would be very useful to generate comparable information among countries. Number of suspect cases followed-up and confirmed or discarded could be included as indicator
9. It would be advisable to know the long-term training program established in each country and the outcomes of training need assessment and training accessibility carried out at national level (if present) to allow the delivery of tailored training programme. Awareness of stakeholder is included in the programme and should be properly delivered.

ExCom98



Opportunities for EuFMD to implement the new strategy

STC review – comments on P3 (Giancarlo)



The new EuFMD strategy

One of the major outcome to be achieved through the implementation of the new program is the Risk reduction for FAST diseases into the EU Member States

The members of the STCs present in Bari considered relevant to preliminarily identify how to frame the activities for FMD in combination with other FAST diseases

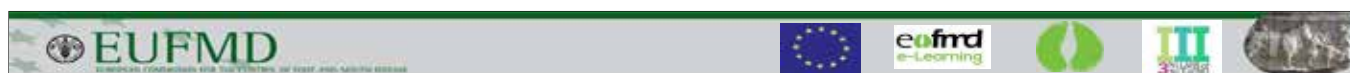


FMD global strategy

The FMD global strategy seems to offer the opportunity for such integration

The FMD global strategy is structured into three main components: (i) FMD (with the main backbone being the PCP); (ii) Strengthening Veterinary Services (PVS); (iii) Combining FMD with other diseases

Component 3 seems the correct platform for integrating FMD surveillance with other diseases



PPR global strategy

PPR was somehow already identified as a candidate disease to be incorporated among the FAST diseases of priority for EuFMD

For PPR there is also a global strategy in place that is structured with the same three components of the FMD with the obvious difference that component 1 is PPR specific

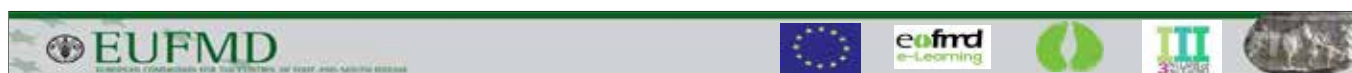
Component 3 as well seems the correct platform for integrating PPR surveillance with other small ruminant diseases



Opportunities

FMD to be considered as the main driver to address other FAST diseases

Taking advantage of the similarities of the PPR global strategy with the FMD one as an additional opportunity to the development of joint informative indicators to monitor and evaluate progress toward expected outcomes and offer the baseline for Risk Assessment of introduction into the EU area



Co-ordination in planning and arrangements: Phase V Work Programme.

- Pillar I, II and III
- Operational co-ordination (Standard procedures)

- **Technical Committees**

SCSAR: meeting in Bari (September 2019)

Appendix 9

Financial and Administrative Reports

Financial Report

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).

1. Position of the Administrative Fund

Contributions from the Member States MTF/INT/011/MUL

a) Status Member State Contributions report @ 31-08-2019 (MS Contributions Year 2019) - Table 2

<i>Outstanding Cont. 2017/2018</i>	31-08-2019	USD 24,658 (Albania 2017&2018 + Greece 2018)
Total contributions 2019	31-12-2019	USD 616,005
Contributions received	31-08-2019	USD 432,929 (\$ 91,881 related 2018)
		USD 299,949 Contributions to receive including outstanding '17 '18

b) Financial position of the Administrative Fund @ 31-08-2019 Table 3

Balance at 1st January 2019 USD 534,885,

Balance at 31 August 2019 amounted to USD 104,403, after contributions amounting to USD 423,929 and expenditures of USD 863.411. To be noted expenditures include circa 200k of commitment to staff whose contracts will continue over 2019 phase V.

Balance	01-01-2019	USD 534,885
MS contributions received	31-08-2019	USD 432,929
Total expenditure	31-08-2019	USD 863,411 (includes 200k for staff committed over 2019-Phase V)
Balance	31-08-2019	USD 104,403 (including all commitments up to 31-12-2019)
		USD 299,949 Contributions 2019 to be received

2. Position of the EuFMD Emergencies and Training funds MTF/INT/004/MUL (Child & Baby 01 Account)

Position of the EuFMD Emergencies and Training funds into which additional contributions have been received for provision of training (MTF/INT/004/MUL), including Non-EC funded pipeline, as agreed with the MS at the 43rd GS in April 2019, the fund will be continued until December 2021.

a) Financial position PARENT Emergencies and Trainings Fund @ 31-08-2019 (MTF/INT/004/MUL) Table 4

Balance	01-01-2019	USD 108,237
Contributions received	31-08-2019	USD 210,891
Total expenditure	31-08-2019	USD 173,621 (including all commitments up to 31-12-2019)
Balance	31-08-2019	USD 145,507 (including all commitments up to 31-12-2019)
		USD 300,00 Other contributions to be received by end 2019

b) Financial position CHILD TRAINING CONTRIBUTIONS @ 31-08-2019 (MTF/INT/004/MUL) Table 5

Balance	01-01-2019	USD (4,173)
Contributions received	31-03-2019	USD 29,911 (EuFMD seats Workshops & realtime training)
Total expenditure	31-03-2019	USD 15,236 (including all commitments up to 31-12-2019)
Balance	31-03-2019	USD 11,063 (including all commitments up to 31-12-2019)
		USD 300,000 other contributions to be received for 2020 activities

c) Financial position BABY 01 NZ/AUSTRALIA Contributions @ 31-08-2019 (MTF/INT/004/MUL) Table 6

Balance	01-01-2019	USD 112,410
Contributions received	31-03-2019	USD 210,891 (Final Instalment)
Total expenditure	31-08-2019	USD 188,857
Balance	31-08-2019	USD 134,444 (to cover 2 KTCs by end 2019)

Contributions 2018-2019:

- Agreement Australia/New Zealand funding: Six Real-Time Training (RTT) courses were successfully conducted in Nepal in March, November 2018 and March 2019. Two representatives of OIE took part in the course in 2018. Two training courses are set for November/December 2019 (also including two OIE representatives) **(630k)**.
- Agreement with USA: Institute for Infectious Animal Diseases (IIAD), contribution towards assistance in FMD vaccine field trials study design **(30k)**.
- Agreement with the Department of Agriculture, Food and the Marine (Ireland) to fund a study on the use of mobile phones to improve surveillance, to be completed by end of 2019. The project aims to examine incentives for farmers in endemic FMD regions to report disease using mobile phones and to undertake a small pilot study based on these findings. Funds have partly supported a short term placement from the University of Rwanda and a contract with Heifer Project International. **(123k)**.
- Agreement with the Canadian Food Inspection Agency (CFIA) to run a national level online FMD Emergency Preparation Course (FEPC) to be conducted in a bilingual model as previously trialed in the Caribbean region. **(22k)**
- Collaboration with IVVN to co organize 1 workshop on Field evaluation of novel livestock vaccines in Italy (Nov. 2018) and a vaccinology course in Bangkok, Thailand (Dec. 2018) **(35,000\$)**.
- Purchase of individual places on EuFMD Real-time Training and specific workshops **(42,000\$)**.

Contributions to be received by 2019 Pipeline for 2020 Activities:

- USA Texas A&M College of Veterinary Medicine and Biomedical Science for Ad-hoc real-time training courses to be conducted by end of 2019 **(71k)**.
- French Ministry of Agriculture to support the EUFMD's activities training REMESA network **(220k)**.
- Canadian Food Inspection Agency (CFIA) to run a new online course in spring 2020 providing 50% seats for CFIA veterinarians, academics and veterinarians from USDA and 50% seats for veterinarians from private sector **(25k)**.
- FAO REU Online Training Course ASF.
- Individual places purchase on EuFMD Real-time Training and specific workshops. **(10k)**.

2. Position of the EC Program Fund (MTF/INT/003/EEC) Phase IV (2015-2019)

Financial Position (Financial Statement at 31-08-2019) **Table 8**

2nd Biennium 23 month expenditures by Pillars and Component at 31-08-2019 **Tables 9-10-11-12**

Phase IV - 47 month expenditures by Pillars and component at 31-08-2019 **Table 13**

Calendar activities six Months Table 14

The 2nd biennium expenditures are reported on a monthly basis to Pillar and Component Managers. This includes expenditures tracking by budget line to allow better monitoring by components, supported by an Indicator/Milestones report every three months.

Expenditure at **31-08-2019 USD 8,187,671** with balance of **USD 760,852** (includes reserve of fund for emergency).

Financial tables

1	EU Funded Activities (2019-2023) carried out by the EuFMD
2	Member State Contributions @ 31-08-2019
3	Position of the Administrative Fund @ 31-08-2019 (MTF/INT/011/MUL)
4	Emergency Funds (MTF/INT/004/MUL) @ 31-08-2019
5	Emergency and Training Contributions (MTF/INT/004/MUL) @ 31-08-2019
6	Australian Contributions (MTF/INT/004/MUL) - @ 31-12-2018
7	Position of the EC Program Fund (MTF/INT/003/EEC) – @ 31-08-2019
8	FAO Financial Statement PHASE IV (MTF/INT/003/EEC) @ 31-08-2019
9	2 nd Biennium (2017-2019) -23 Months Expenditures by Pillar at 31-08-2019
10	2 nd Biennium (2017-2019) -23 Months Expenditures PILLAR I at 31-08-2019
11	2 nd Biennium (2017-2019) -23 Months Expenditures PILLAR II at 31-08-2019
12	2 nd Biennium (2017-2019) -23 Months Expenditures PILLAR III at 31-08-2019
13	Phase IV – 4 Years 47 Months Expenditures
14	Calendar activities six Months

Table 1 EU Funded Activities (2019-2023) carried out by the EuFMD**PHASE V** Agreement in progress *Proposed Budgets for Phase V details in Workplan*.***updates will be sent by the 1st October.***THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EuFMD)****EU Support to EuFMD Activities, Phase V****Proposed Budget from 2019 to 2023****in EUR**

BUDGET CATEGORIES	PROPOSED ANNUAL BUDGET				
	Year 1	Year 2	Year 3	Year 4	Total
Salaries (<i>Professional</i>)					
Pillar I	57,024	57,024	57,024	57,024	228,096
Pillar II	19,008	19,008	19,008	19,008	76,032
Pillar III	9,504	9,504	9,504	9,504	38,016
Salaries (<i>Professional</i>) Sub-Total	85,536	85,536	85,536	85,536	342,144
Consultancy					
Pillar I	457,380	457,380	457,380	457,380	1,829,520
Pillar II	293,172	293,172	293,172	293,172	1,172,688
Pillar III	231,968	231,968	231,968	231,968	927,872
Consultancy Sub-Total	982,520	982,520	982,520	982,520	3,930,080
Travel					
Pillar I	248,512	248,512	248,512	248,512	994,048
Pillar II	148,720	148,720	148,720	148,720	594,880
Pillar III	64,592	64,592	64,592	64,592	258,368
Travel Sub-Total	461,824	461,824	461,824	461,824	1,847,296
Training					
Pillar I	69,520	69,520	69,520	69,520	278,080
Pillar II	80,080	80,080	66,880	66,880	293,920
Pillar III	44,440	44,440	44,440	44,440	177,760
Training Sub-Total	194,040	194,040	180,840	180,840	749,760
Contracts					
Pillar I	321,200	321,200	277,200	277,200	1,196,800
Pillar II	79,200	79,200	79,200	79,200	316,800
Pillar III	211,200	211,200	211,200	211,200	844,800
Contracts Sub-Total	611,600	611,600	567,600	567,600	2,358,400
Procurement					
Pillar I	121,000	121,000	121,000	114,400	477,400
Pillar II	55,770	55,770	55,770	55,770	223,080
Pillar III	55,770	55,770	55,770	55,770	223,080
Procurement Sub-Total	232,540	232,540	232,540	225,940	923,560
Others					
Pillar I	26,400	26,400	26,400	26,400	105,600
Pillar II	17,600	17,600	17,600	17,600	70,400
Pillar III	8,800	8,800	8,800	8,800	35,200
Others Sub-Total	52,800	52,800	52,800	52,800	211,200
Report Cost					
Pillar I				1,921	1,921
Pillar II				1,921	1,921
Pillar III				1,921	1,921
Report Cost Sub-Total	-	-	-	5,763	5,763
Project Evaluation					
Pillar I		16,280		16,280	32,560
Pillar II		16,280		16,280	32,560
Pillar III		16,280		16,280	32,560
Project Evaluation Sub-Total	-	48,840	-	48,840	97,680
Total Direct Eligible Cost	2,620,860	2,669,700	2,563,660	2,611,663	10,465,883
Support Cost 7%	183,460	186,879	179,456	182,816	732,612
GRAND TOTAL	2,804,320	2,856,579	2,743,116	2,794,479	11,198,495

TRUST FUND No. 9042.00 - MTF/INT/011/MUL - Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease Status of Contributions as at 31 August 2019 (expressed in USD) ORACLE CODE: TF-AGADD-TFAA97AA89122				
Member Governments	Outstanding Year 2017/2018 @1/1/2019	Contribution due for 2019	Received up to 31/08/2019	Outstanding 31/08/2019
ALBANIA	9,008.00	4,504.00		13,512.00
AUSTRIA		15,650.00	15,650.00	0.00
BELGIUM	23,386.00	23,386.00	46,772.00	0.00
BOSNIA		4,504.00	4,504.00	0.00
BULGARIA		4,504.00		4,504.00
CYPRUS		4,504.00	4,504.00	0.00
CROATIA		4,504.00	4,504.00	0.00
CZECH REPUBLIC		13,809.00	13,809.00	0.00
DENMARK		23,386.00		23,386.00
ESTONIA		4,504.00	4,504.00	0.00
FINLAND		13,809.00	13,809.00	0.00
FRANCE		46,611.00		46,611.00
GEORGIA		4,504.00	4,504.00	0.00
GERMANY		46,611.00	46,611.00	0.00
GREECE	15,650.00	15,650.00		31,300.00
HUNGARY		13,809.00	13,809.00	0.00
ICELAND	334.00	4,504.00	0.00	4,838.00
IRELAND		15,650.00	15,650.00	0.00
ISRAEL		13,809.00	13,809.00	0.00
ITALY		46,611.00		46,611.00
LATVIA		4,504.00	4,504.00	0.00
LITHUANIA		4,504.00	4,504.00	0.00
LUXEMBOURG		4,504.00		4,504.00
REPUBLIC OF NORTH MACEDONIA		4,504.00	4,504.00	0.00
MALTA		4,504.00	4,504.00	0.00
MONTENEGRO		4,504.00	4,504.00	0.00
NETHERLANDS		23,386.00		23,386.00
NORWAY		15,650.00		15,650.00
POLAND		23,386.00	23,386.00	0.00
PORTUGAL		13,809.00	13,809.00	0.00
ROMANIA	31,300.00	15,650.00	31,300.00	15,650.00
SERBIA	13,809.00	13,809.00	27,618.00	0.00
SLOVAK REPUBLIC		13,809.00	13,809.00	0.00
SLOVENIA		4,504.00	4,504.00	0.00
SPAIN		23,386.00	23,386.00	0.00
SWEDEN		23,386.00	23,386.00	0.00
SWITZERLAND		23,386.00		23,386.00
TURKEY	23,386.00	23,386.00	46,772.00	0.00
UNITED KINGDOM		46,611.00		46,611.00
TOTALS	24,658.00	616,005.00	432,929.00	299,949.00
*Total Outstanding at 31-08-2019 - \$ 299,949 *			*(24,658 related to '17/'18)	

92,215.00

432,929.00

525,144.00

*(91, 881 related to '17/'18)

Table 3 - Position of the Administrative Fund @ 31-08-2019 (MTF/INT/011/MUL)

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 2019				
	USD	USD	Eur	Eur
Balance as at 1 January 2019		534,885		472,838
				0
				0
Interest received	0			0
Contributions from member countries and institute	432,929		382,709	
Project Income Earned (Child)	0		0	0
Expenditure				
Salaries	242,666		214,517	
Consultant	561,350		496,233	
Contracts	498		440	
Duty Travel	42,373		37,458	
Locally Contracted labour	436		385	
Training	953		842	0
Hospitality	0		0	
General Operating Expenses	11,573		10,231	0
Internal Common Services and Support	1,076		951	
Expendable Equipment	298		263	
Non-Expendable Equipment	2,188		1,934	
Total Expenditure		<u>863,411</u>		<u>763,255</u>
Balance as at 31 August 2019		<u>104,403</u>		<u>92,292</u>
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 2019. The average monthly UN Operational Exchange rate applicable for period to 31 August 2019 is USD 1: EUR 0.884				

Table 4 Emergency Funds (MTF/INT/004/MUL) @ 31-08-2019**STATEMENT 3**

MTF/INT/004/MUL - TF number 909700

Foot and Mouth Disease - Emergency Aid Programme

Financial Report from 1 January to 31 August 2019

	USD	USD	Eur	Eur
Balance as at 1 January 2019		108,237	0	95,882
Interest received			0	
Contribution received	210,891		186,428	0
Refund to donor		0		0
Expenditure				
Salaries Professional			0	
Consultancy	149,040		131,751	0
Contracts	23		20	
Locally Contracted Labour	0		0	
Duty Travel		28,911		26,441
Training	28,125		24,863	
Common Services and Support	532		470	
Technical Support Services	0		0	
General Operating Expenses	8,305		7,342	
Expendable Equipment	8,998		7,954	0
Non-Expendable Equipment	3,282		2,901	
Support Costs 6%	5,226		4,620	0
Less: Total Expenditure		173,621		146,536
Balance as at 31 August 2019		145,507		128,628

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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August is USD 1: EUR 0.884



Table 5 – Emergency and Training Contributions (MTF/INT/004/MUL) @ 31-08-2019

STATEMENT 3 bis						
MTF/INT/004/MUL - TF number 909700						
Foot and Mouth Disease - Emergency Aid Programme And Training Funds						
<u>Financial Report from 1 January to 31 August 2019</u>						
		USD	USD		Eur	Eur
Balance as at 1 January 2019			(4,173)		0	(3,689)
Interest received					0	
Contribution received		0			0	0
Refund to donor			0			0
Expenditure						
Salaries Professional					0	
Consultancy		18,134			16,030	0
Contracts		11			10	
Locally Contracted Labour		0			0	
Duty Travel		(9,607)	29,911			26,441
Training		0			0	
Common Services and Support		266			235	
Technical Support Services					0	
General Operating Expenses		5,455			4,822	
Expendable Equipment		2,786			2,463	0
Non-Expendable Equipment		0			0	
Support Costs 6%		-2,370			(2,095)	0
		0				
Less: Total Expenditure			<u>(15,236)</u>			0
Balance as at 31 August 2019			<u>11,063</u>			9,780
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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August is USD 1: EUR 0.884						

Table 6-Australian Contributions (MTF/INT/004/MUL) - @ 31-12-2018**STATEMENT 4**

MTF/INT/004/MUL - TF number 909700 Baby 01 Australia

Foot and Mouth Disease - Emergency Aid Programme

Financial Report from 1 January to 31 August 2019

	USD	USD	Eur	Eur
<u>Balance as at 1 January 2019</u>		112,410	0	99,370
Interest received	0			
Contribution received	210,891		186,428	0
Refund to donor		0		0
<u>Expenditure</u>				
Salaries Professional			0	
Consultancy	130,906		115,721	
Contracts	12		11	
Locally Contracted Labour	0		0	
Duty Travel	9,607		8,493	
Training	28,125		24,863	
Common Services and Support	266		235	
Technical Support Services	0		0	
General Operating Expenses	2,850		2,519	
Expendable Equipment	6,212		5,491	
Non-Expendable Equipment	3,282		2,901	
Support Costs 6%	7,596		6,715	
Less: Total Expenditure		<u>188,857</u>		<u>166,950</u>
Balance as at 31 August 2019		134,444		118,648

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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August 2019 is USD 1: EUR 0.864



Table 7 - Position of the EC Program Fund (MTF/INT/003/EEC) – @ 31-08-2019**STATEMENT 2**

MTF/INT/003/EEC - TF number 617197

EU Funded Activities (Phase IV: 2015 - 2019) carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease (EUFMD)

Financial Report from 1 January to 31 August 2019

	USD	USD	Eur	Eur
<u>Balance as at 1 January 2019</u>		-791,737		(699,895)
Interest received	0			
Contribution received	2,113,459			1,868,298
Refund to donor		0		0
<u>Expenditure</u>				
Salaries Professional	106,636		96,034	
Consultancy	857,112		757,687	
Contracts	311,315		275,202	
Locally Contracted Labour	0		0	
Duty Travel	363,833		321,628	
Training	164,690		145,586	
Hospitality	0		0	
Technical Support Services	0		0	
General Operating Expenses	164,471		145,392	
Expendable Equipment	62,057		54,856	
Non-Expendable Equipment	2,188		1,934	
Internal Common Services and Support	16,643		14,712	
Support Costs 7%	51,755		45,751	0
Less: Total Expenditure		<u>2,102,698</u>		<u>1,858,785</u>
<u>Balance as at 31 August 2019</u>		-780,976		(590,383)

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 2019. The average monthly UN Operational Exchange Rate applicable for the period to 31 August 2019 is USD 1: EUR 0.854



TF Project Status Report (Aggregate Values)

Up to Period: '2019-08'

FAO Total FAO Organizations (Total)

TFEU97AA16304 617197 MTF /INT/003/EC EU Funded Activities (Phase IV: 2015 - 2019) carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease (EUFMD) (Project)

	Prior Years			Current Year 2019 up to 2019-08			Cumulative up to 2019-08			Future Years			Project Total		
	Budget	Expenses	Balance	Budget	Expenses	Balance	Budget	Expenses	Balance	Budget	Expenses	Balance	Expenses	Balance	
Funds Received															
3051 TF Contributions Received (Child)	0	(5,278,409)	5,278,409	0	(2,113,459)	2,113,459	0	(7,369,869)	7,369,868	0	0	0	0	(7,369,869)	7,369,868
3052 TF Interest Earned (Child)	0	(16,827)	16,827	0	0	0	0	(16,827)	16,827	0	0	0	0	(16,827)	16,827
Total Funds Received	0	(5,293,236)	5,293,236	0	(2,113,459)	2,113,459	0	(7,406,696)	7,406,695	0	0	0	0	(7,406,696)	7,406,695
Expenditure															
5011 Salaries Professional (Parent)	342,898	342,898	0	103,731	108,636	(4,905)	446,439	451,334	(4,905)	0	0	0	446,439	451,334	(4,905)
5013 Consultants (Parent)	2,125,393	2,125,393	0	405,068	857,112	(452,014)	2,530,491	2,982,505	(452,014)	0	0	0	2,530,491	2,981,834	(451,343)
5014 Contracts (Parent)	1,568,371	1,568,371	(0)	289,654	311,315	(21,651)	1,857,835	1,909,886	(21,651)	0	0	0	1,857,835	1,909,686	(21,851)
5021 Travel (Parent)	1,090,667	1,099,328	738	539,033	363,633	175,170	1,629,070	1,453,162	175,908	0	0	0	1,629,070	1,456,225	172,845
5023 Training (Parent)	178,840	178,840	0	475,244	164,690	310,554	654,094	343,529	310,564	0	0	0	654,094	343,529	310,554
5024 Expendable Procurement (Parent)	176,769	176,769	0	489,760	82,057	427,702	898,529	238,826	427,702	0	0	0	898,529	238,746	427,783
5025 Non Expendable Procurement (Parent)	10,109	10,109	0	1,094	2,188	(1,094)	11,203	12,297	(1,094)	0	0	0	11,203	12,297	(1,094)
5026 Hospitality (Parent)	161	161	0	0	0	0	161	161	0	0	0	0	161	161	0
5027 Technical Support Services (Parent)	0	0	0	93,082	0	93,082	93,082	0	93,082	0	0	0	93,082	0	93,082
5028 General Operating Expenses (Parent)	142,849	142,849	(0)	269,121	164,043	104,078	410,970	306,892	104,078	0	0	0	410,970	306,841	104,129
5029 Support Costs (Parent)	398,111	396,111	0	187,287	51,755	135,531	585,398	449,896	135,531	0	0	0	585,398	449,896	135,531
5040 General Operating Expenses - external common services (Parent)	1,855	1,855	0	282	428	(135)	2,147	2,282	(135)	0	0	0	2,147	2,282	(135)
5050 Internal Common Services and Support (Parent)	20,488	20,488	0	10,637	16,843	(6,005)	31,125	37,131	(6,005)	0	0	0	31,125	38,013	(7,788)
Total Expenditure	6,085,711	6,084,973	738	2,862,813	2,162,688	760,114	8,948,633	8,187,671	760,852	0	0	0	8,948,633	8,181,716	756,897
Balance															

Organization level = 'FAC'
Organization value = 'all'
TF Activity level = 'PROJECT'
TF Activity value = 'TFEJ97AA16304'
Expense Account level = 'PARENT ONLY'
Expense Account value = 'Actuals + Hard CMAs'
Liability Account level = 'CHILD'
Liability Account value = 'Include ODG + YES'

Run Date: 04-Sep-2019

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Table 9- 2nd Biennium (2017-2019) -23 Months Expenditures by Pillar at 31-08-2019

THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EUFMD) MTF/IN T/003/EEC Summary, 2nd Biennium 2017-2019 Phase IV Internal Financial Report as of 31 August 2019 in EUR				
BUDGET CATEGORIES	BUDGET	EXPENDITURE	BALANCE	% under/ over spending
Salaries (Professional)				
Pillar I	114,845	198,890	-84,045	
Pillar II	50,499	88,266	-37,767	
Pillar III	34,209	61,802	-27,593	
A. Salaries (Professional) Sub-Total	199,553	348,957	-149,404	-75%
Consultancy (Operational)				
Pillar I	161,395	173,423	- 12,028	
Pillar II	106,368	111,996	- 5,628	
Pillar III	74,977	96,419	(21,442)	
B. Consultancy (Operations) Sub-Total	342,740	381,838	-39,098	-11%
Total A + B (HQ)	542,293	730,796	-188,503	-35%
Consultancy (Technical)				
Pillar I	471,300	449,213	22,087	
Pillar II	302,000	306,873	- 4,873	
Pillar III	184,191	178,147	6,044	
C. Consultancy (Technical) Sub-Total	957,491	934,233	23,258	2%
Travel				
Pillar I	512,881	377,976	134,905	
Pillar II	276,000	229,390	46,610	
Pillar III	133,434	114,312	19,122	
D. Travel Sub-Total	922,315	721,678	200,637	22%
Contracts				
Pillar I	642,736	347,469	295,267	
Pillar II	181,000	181,369	-369	
Pillar III	599,388	587,914	11,474	
E. Contracts Sub-Total	1,423,124	1,116,752	306,372	22%
Training				
Pillar I	125,094	77,022	48,072	
Pillar II	190,000	78,070	111,930	
Pillar III	28,000	36,694	- 8,694	
F. Training Sub-Total	343,094	191,786	151,308	44%
Procurement				
Pillar I	170,790	72,499	98,291	
Pillar II	80,500	22,791	57,709	
Pillar III	99,139	13,550	85,589	
G. Procurement Sub-Total	350,429	108,840	241,589	69%
Others				
Pillar I	148,105	142,827	5,278	
Pillar II	61,000	58,882	2,118	
Pillar III	23,000	22,628	372	
H. Others Sub-Total	232,105	224,336	7,769	3%
TOTAL C to H	4,228,558	3,297,625	930,933	22%
GRAND TOTAL	4,770,851	4,028,421	742,430	16%

Table 10 - 2nd Biennium (2017-2019) -23 Months Expenditures PILLAR I at 31-08-2019

BUDGET CATEGORIES	Pillar I			% under/over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 1.1	29,865	50,348	-20,483	
Component 1.2	15,204	26,583	-11,379	
Component 1.3	20,091	35,126	-15,035	
Component 1.4	9,774	17,089	-7,315	
Component 1.5	15,204	26,577	-11,373	
Component 1.6	9,231	16,140	-6,909	
Component 1.7	272	476	-204	
Component 1.8	15,204	26,552	-11,348	
A. Salaries (Professional) Sub-Total	114,845	198,890	-84,045	-73%
Consultancy (Operations)				
Component 1.1	59,513	70,843	(11,330)	
Component 1.2	16,183	13,686	2,497	
Component 1.3	41,855	42,782	927	
Component 1.4	16,183	18,871	2,688	
Component 1.5	10,960	11,674	714	
Component 1.6	3,236	3,891	(655)	
Component 1.7	3,236	3,891	(655)	
Component 1.8	10,229	7,783	2,446	
B. Consultancy (Operations) Sub-Total	161,395	173,423	-12,028	-7%
Total A + B (19)	276,240	372,312	-96,072	-35%
Consultancy (Technical)				
Component 1.1	130,000	124,718	5,282	
Component 1.2	20,000	21,804	(1,804)	
Component 1.3	190,000	186,679	3,321	
Component 1.4	33,500	32,813	687	
Component 1.5	40,000	34,882	5,118	
Component 1.6	10,000	-	10,000	
Component 1.7	2,800	1,750	1,050	
Component 1.8	45,000	46,567	1,567	
C. Consultancy (Technical) Sub-Total	471,300	449,213	22,087	5%
Travel				
Component 1.1	223,000	195,546	27,454	
Component 1.2	66,881	64,777	2,104	
Component 1.3	69,000	24,804	44,196	
Component 1.4	73,000	46,167	26,833	
Component 1.5	48,000	45,285	2,715	
Component 1.6	5,000	-	5,000	
Component 1.7	3,000	838	2,162	
Component 1.8	25,000	561	24,439	
D. Travel Sub-Total	512,881	377,976	134,905	26%
Contracts				
Component 1.1	40,000	31,983	8,017	
Component 1.2	42,773	18,359	24,414	
Component 1.3	10,000	8,320	1,680	
Component 1.4	-	-	-	
Component 1.5	280,983	238,674	22,289	
Component 1.6	240,000	-	240,000	
Component 1.7	39,000	41,813	(2,813)	
Component 1.8	10,000	8,320	1,680	
E. Contracts Sub-Total	642,736	347,469	295,267	46%
Training				
Component 1.1	62,294	65,459	3,165	
Component 1.2	5,000	1,217	3,783	
Component 1.3	12,000	-	12,000	
Component 1.4	35,000	7,065	27,935	
Component 1.5	5,000	-	5,000	
Component 1.6	100	-	100	
Component 1.7	1,500	-	1,500	
Component 1.8	4,200	3,281	919	
F. Training Sub-Total	125,094	77,022	48,072	38%
Procurement				
Component 1.1	17,500	13,586	3,914	
Component 1.2	-	-	-	
Component 1.3	56,000	24,794	31,206	
Component 1.4	25,610	31,320	5,710	
Component 1.5	3,100	-	3,100	
Component 1.6	68,580	2,791	65,789	
Component 1.7	-	-	-	
Component 1.8	-	-	-	
G. Procurement Sub-Total	170,790	72,499	98,291	58%
Others				
Component 1.1	50,181	49,703	478	
Component 1.2	7,500	6,119	1,381	
Component 1.3	40,000	38,213	1,787	
Component 1.4	35,000	34,866	134	
Component 1.5	15,324	13,817	1,507	
Component 1.6	100	110	(10)	
Component 1.7	-	-	-	
Component 1.8	-	-	-	
H. Others Sub-Total	148,105	142,827	5,278	4%
TOTAL C to H	2,070,906	1,467,007	603,899	29%
GRAND TOTAL	2,347,146	1,839,319	507,827	22%

Table 11 - 2nd Biennium (2017-2019) -23 Months Expenditures PILLAR II @ 31-08-2019

BUDGET CATEGORIES	Pillar II			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 2.1	20,091	35,100	-15,009	
Component 2.2	12,489	21,836	-9,347	
Component 2.3	15,204	26,583	-11,379	
Component 2.4	2,715	4,747	-2,032	
A. Salaries (Professional) Sub-Total	50,499	88,266	-37,767	-75%
Consultancy (Operations)				
Component 2.1	36,631	35,023	1,608	
Component 2.2	19,420	23,325	(3,905)	
Component 2.3	24,420	22,517	1,903	
Component 2.4	25,897	31,131	(5,234)	
B. Consultancy (Operations) Sub-Total	106,368	111,996	-5,628	-5%
Total A + B (HQ)	156,867	200,262	-43,395	-28%
Consultancy (Technical)				
Component 2.1	126,000	129,330	- 3,330	
Component 2.2	50,000	49,565	435	
Component 2.3	53,000	54,650	- 1,650	
Component 2.4	73,000	73,328	- 328	
C. Consultancy (Technical) Sub-Total	302,000	306,873	-4,873	-2%
Travel				
Component 2.1	90,000	80,646	9,354	
Component 2.2	88,000	79,273	8,727	
Component 2.3	91,000	66,888	56,952	
Component 2.4	7,000	2,583	4,417	
D. Travel Sub-Total	276,000	229,390	79,450	29%
Contracts				
Component 2.1	40,000	39,813	187	
Component 2.2	33,000	32,797	203	
Component 2.3	61,000	63,457	-2,457	
Component 2.4	47,000	45,302	1,698	
E. Contracts Sub-Total	181,000	181,369	-369	0%
Training				
Component 2.1	70,000	22,960	47,040	
Component 2.2	45,000	13,015	31,985	
Component 2.3	75,000	42,095	32,905	
Component 2.4	-	-	-	
F. Training Sub-Total	190,000	78,070	111,930	59%
Procurement				
Component 2.1	13,000	7,916	5,084	
Component 2.2	24,000	4,232	19,768	
Component 2.3	43,500	10,643	32,857	
Component 2.4	-	-	-	
G. Procurement Sub-Total	80,500	22,791	57,709	72%
Others				
Component 2.1	17,500	17,013	487	
Component 2.2	20,000	18,444	1,556	
Component 2.3	2,500	3,188	(688)	
Component 2.4	21,000	20,237	763	
H. Others Sub-Total	61,000	58,882	2,118	3%
TOTAL C to H	1,090,500	877,374	213,126	20%
GRAND TOTAL	1,247,367	1,077,636	169,731	14%

Table 12 - 2nd Biennium (2017-2019) -23 Months Expenditures **PILLAR III @ 31-08-2019**

BUDGET CATEGORIES	Pillar III			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 3.1	2,172	3,560	-1,388	
Component 3.2	14,661	26,235	-11,574	
Component 3.3	4,887	8,544	-3,657	
Component 3.4	12,489	23,462	-10,973	
A. Salaries (Professional) Sub-Total	34,209	61,802	-27,593	-81%
Consultancy (Operations)				
Component 3.1	25,897	31,132	- 5,235	
Component 3.2	29,131	35,023	- 5,892	
Component 3.3	7,000	14,699	(7,699)	
Component 3.4	12,949	15,567	- 2,618	
B. Consultancy (Operations) Sub-Total	74,977	96,419	-21,442	-29%
Total A + B (HQ)	109,186	158,221	-49,035	-45%
Consultancy (Technical)				
Component 3.1	27,960	27,246	714	
Component 3.2	71,954	67,953	4,001	
Component 3.3	24,600	22,203	2,397	
Component 3.4	59,677	60,745	- 1,068	
C. Consultancy (Technical) Sub-Total	184,191	178,147	6,044	3%
Travel				
Component 3.1	33,934	33,480	454	
Component 3.2	40,500	36,908	3,592	
Component 3.3	36,000	21,886	14,114	
Component 3.4	23,000	22,038	962	
D. Travel Sub-Total	133,434	114,312	19,122	14%
Contracts				
Component 3.1	25,000	23,977	1,023	
Component 3.2	23,000	21,806	1,194	
Component 3.3	466,533	459,884	6,649	
Component 3.4	84,855	82,248	2,607	
E. Contracts Sub-Total	599,388	587,914	11,474	2%
Training				
Component 3.1	-	-	-	
Component 3.2	11,500	22,899	- 11,399	
Component 3.3	11,500	10,143	1,357	
Component 3.4	5,000	3,652	1,348	
F. Training Sub-Total	28,000	36,694	-8,694	-31%
Procurement				
Component 3.1	-	-	-	
Component 3.2	9,000	5,189	3,811	
Component 3.3	90,139	8,361	81,778	
Component 3.4	-	-	-	
G. Procurement Sub-Total	99,139	13,550	85,589	86%
Others				
Component 3.1	-	-	-	
Component 3.2	-	-	-	
Component 3.3	-	-	-	
Component 3.4	23,000	22,628	372	
H. Others Sub-Total	23,000	22,628	372	2%
TOTAL C to H	1,067,152	953,245	113,907	11%
GRAND TOTAL	1,176,338	1,111,466	64,872	6%


Table 13 Phase IV - 4 Years 47 months Expenditures

EU Funded Activities (2015-2019) carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease (EuFMD) - SANTE/2016/G2/FAO/SI2.727418

Interim Financial Report up to the period 31 August 2019 (MTF/INT/003/EC - Phase IV)

PILLARS I - II - III (Budget)					EXPENDITURES & BALANCE By Pillars at 31-08-2019				% Expenses				Components Pillar I (Budget)								Components Pillar I (Expenditures at 31-08-2019)										Components Pillar II (Budget)				Components Pillar II (Expenditures at 31-08-2019)						Components Pillar III (Budget)				Components Pillar III (Expenditures at 31-08-2019)						USD FAO Financial Statement 31-08-2019		
Description	Pillar I / Budget	Pillar II Budget	Pillar III Budget	Total Budget	Exp. Pillar I	Exp. Pillar II	Exp. Pillar III	Total Exp. Pillar	% spent	% spent	% Spent	% spent	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Total Exp. Pillar I	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Total Exp. Pillar II	Budget Comp.	Budget Comp.	Budget Comp.	Budget Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Exp. Comp.	Total Exp. Pillar III	Grand Total Exp.	Grand Total Exp.						
	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	%	%	%	%	EURO	EURO	EURO	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	EUR	EUR	EUR	EUR	EUR	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	EUR	EUR	EURO	EURO	EURO	EURO	EUR	EUR	EUR	EUR	EUR	USD	EUR				
Salaries Professional	229,690	100,998	68,418	399,106	223,324	96,986	67,777	388,087	97%	97%	96%	97%	59,730	30,408	40,182	19,548	30,408	18,462	544	30,408	60,108	29,209	38,596	18,777	29,202	17,734	523	29,177	223,324	40,182	24,978	30,408	5,430	38,569	23,993	29,209	5,216	96,986	4,344	29,322	9,774	24,978	3,928	28,787	9,388	25,674	67,777	451,334	388,087				
Consultants	1,090,878	732,488	438,892	2,262,258	1,227,179	845,043	492,334	2,564,556	112%	112%	115%	113%	384,376	107,712	410,812	79,796	52,932	10,000	7,802	37,448	384,248	70,599	476,777	102,723	78,849	29,292	9,819	74,873	1,227,179	331,570	123,244	135,640	142,034	343,530	153,769	164,040	183,704	845,043	92,958	171,366	75,000	99,568	105,570	189,908	77,116	119,740	492,334	2,982,505	2,564,556				
Contracts	679,659	183,000	825,066	1,687,725	482,514	206,928	952,634	1,642,075	71%	71%	113%	97%	80,000	25,000	15,000	50,000	416,659		78,000	15,000	43,421	18,974	8,599		-	298,813	-	104,109	8,599	482,514	70,000	20,000	18,000	75,000	41,146	33,895	65,582	66,304	206,928			775,066	50,000	24,780	22,536	820,315	85,003	952,634	1,909,686	1,642,075			
Duty Travel	792,400	483,000	180,990	1,456,390	700,820	400,434	148,271	1,249,525	88%	88%	83%	86%	361,200	50,000	105,000	115,000	116,200	10,000	5,000	30,000	375,364	93,770	58,466	76,286	90,224	4,109	2,022	579	700,820	155,000	139,000	129,000	60,000	152,494	124,947	120,324	2,669	400,434	50,990	45,000	50,000	35,000	35,817	56,276	25,293	30,885	148,271	1,453,162	1,249,525				
Training	288,000	251,894	45,000	584,894	99,476	158,127	37,924	295,528	35%	35%	63%	51%	141,000	10,000	70,000	25,000	20,000	5,000	5,000	12,000	86,757	1,258	-	7,301	-	769	-	3,391	99,476	121,172	39,300	65,422	26,000	43,833	23,946	90,349	-	158,127		10,000	20,000	15,000	-	23,666	10,485	3,773	37,924	343,690	295,528				
Procurement	420,672	121,904	63,318	605,894	157,047	30,061	28,824	215,932	37%	37%	25%	36%	15,232		76,798	31,284	1,000	295,358		1,000	29,893	-	62,755	48,890	-	15,509	-	-	157,047	23,000	16,104	82,800		8,181	7,227	14,653	-	30,061		5,000	58,318		-	5,363	23,461	-	28,824	251,123	215,932				
Report Costs	5,376	2,050	1,778	9,204		0		0	0%	0%	0%	0%	953	494	738	708	874	867	176	566	-	-	-	-	-	-	-	-	-	-	712	512	450	376	-	-	-	-	-	-	302	32	878	566	-	-	-	-	-	-	-	-	-
Project Evaluation Cost	47,924	12,668	13,420	74,012		0		0	0%	0%	0%	0%	7,544	2,886	8,740	6,500	5,416	15,144	1,136	558	-	-	-	-	-	-	-	-	-	-	4,856	3,436	3,840	536	-	-	-	-	-	-	2,664	886	8,880	990	-	-	-	-	-	-	-	-	-
General Operating Expenses	289,556	87,596	20,000	397,152	205,922	67,613	24,240	297,774	71%	71%	77%	75%	54,000	15,000	95,600	84,956	15,000	15,000		10,000	79,974	6,324	47,845	38,744	32,079	955	-	-	205,922	20,646	46,074	876	20,000	19,716	21,657	5,325	20,915	67,613		10,000		10,000	-	18	-	24,222	24,240	346,303	297,774				
Subtotal	3,844,155	1,975,598	1,656,882	7,476,635	3,096,282	1,805,193	1,752,004	6,653,478	81%	81%	91%	89%	1,104,035	241,500	822,870	412,792	658,489	369,831	97,658	136,980	1,059,765	220,132	693,038	292,721	529,168	68,368	116,472	116,618	3,096,282	767,138	412,648	466,436	329,376	647,469	389,434	489,482	278,808	1,805,193	151,258	271,606	997,916	236,102	170,095	326,554	966,058	289,298	1,752,004	7,737,803	6,653,478				
Support Cost. 7%				523,365				386,826																																													
GRAND TOTAL	8,000,000				7,040,304																																																

TABLE 14 –
Expenditures / Balance at 31-08-2019 Calendar Activities April – September 2019

	23 months Expenditures 01 October 2017 - 31 August 2019						Aactivities April - September 2019						Planned activities						
	Overall PILLAR Manager Keith Sumption		Total Budget Allocated Phase IV 2nd biennium	23 months Expenses Oct. 2017 - Aug. 2019	project completi on	Balance available	Apr'19	May'19	Jun'19	Jul'19	Aug'19	Sep'19	Oct'19	Nov'19	Dec'19	Jan'20	Feb'20	Mar'20	
	Components Beneficiaries	Comp. Managers																	
PILLAR I Supervisor Keith Sumption 2'070'906 €	1.1.E-learning programme	Maria De La Puente	€ 522,975	€ 480,995	92%	€ 41,980	„FMD Vaccination and Post Vaccination Monitoring (GCRF-STARS_PVM) (P.III) „Socio-Economic Impact Assessment for SAARC plus P.III (P.II and P.III)	„FMD Emergency Preparation Course for Canada (MUL 004) „FMD Investigation Training Course for Comoros and Indian Ocean in French (P.III)	„FMD Investigation Training Course in Russian (FITC_RU3) (P.II) „FMD Investigation Training Course in Turkish (FITC_TR3) (P.II) „Uganda Real Time Trainings UTC 2 - Induction courses (P.I) „Vaccination and Post Vaccination Monitoring (GCRF-STARS_PVM) (P.III) „Socio-Economic Impact Assessment for FMD with Pillar III (P.II and P.III) „Socio-Economic Impact Assessment for FMD with CIRAD in French (P.II and P.III)	„Vaccination and Post Vaccination Monitoring (GCRF-STARS_PVM) (P.III) „Socio-Economic Impact Assessment for FMD with Pillar III (P.II and P.III) „Socio-Economic Impact Assessment for FMD with CIRAD in French (P.II and P.III)	„Vaccination and Post Vaccination Monitoring (GCRF-STARS_PVM) (P.III) „Socio-Economic Impact Assessment for FMD with Pillar III (P.II and P.III)	„FMD Emergency Preparation Course for Poland (FEPC_PL) (P.I) „FMD Emergency Preparation Course for Asutralia (FEPC_AU4) (MUL 004) „KTC 33 Induction Training Course (MUL 004) „KTC 34 Induction Training Course (MUL 004)	„UTC3 Induction Training Course - TBC (P.I)						
	1.1 Training for Member States						„Republic of North Macedonia EuFMD modelling mission - Skopje		„Real Time Training UTC2 - Uganda „Series workshops related to the mobile phone project and Laboratory training - Uganda „Veterinary Para-Professionals Training Strategy" - HQ (LoA RVC)	„Train the Trainers - HQ **TBC postponed october	„Special Committee on Surveillance and Applied Research (SCSAR) & Get Prepared meeting - Bari, Italy	„Train the Trainers - HQ **TBC							
	1.2 Improved Contingency Planning	Koen Mintiens Assisted by Sally Gaynor Maria De La Puente	€ 142,154	€ 112,276	79%	€ 29,878			„Turkey Modelling Workshop				„Private Partnership for anticipating FMD-outbreaks (Pre-meeting of the private stakeholder)	„Nordic-Baltic Simulation Exercise "Ruta" on emergency vaccination and stamping out of large infected herds - Vilnius, Lithuania					
	1.3 THRACE Region	Frank Busch support Etienne Chevanne	€ 377,000	€ 282,809	75%	€ 94,191	„Scoping mission to Ukraine	„THRACE Simulation exercise pre-visit - Turkey	„THRACE country Simulation exercise - Turkey	„THRACE & Balkans Management Meeting - Athens, Greece									
	1.4 BALKANS Region	Frank Busch Assisted by Krstevski Kiril	€ 202,110	€ 152,239	75%	€ 49,871		„Mission to Bosnia Herzegovina „scoping mission - Ohrid, Republic of North Macedonia „Scoping Mission to Montenegro	„Fact finding mission to Bosnia Herzegovina										
	1.5 EuFMD Fund for applied RESEARCH	Keith Sumption	€ 372,387	€ 332,657	89%	€ 39,730				„1st OIE Ad Hoc Group meeting on veterinary emergencies „PANVAC - kick off meeting „EuFMD - VDM meeting (Research Grant)							„OS'18 Site inspection (Carraz)		
	1.6 Emergency	Keith Sumption	€ 323,780	€ 2,900	1%	€ 320,880													
	1.7 Proficiency Testing	Kees Van Maanen	€ 46,300	€ 44,401	96%	€ 1,899													
PILLAR II Supervisor Fabrizio Rosso 1'090'500 €	1.8 Risk Analysis and Communication	Melissa McLaws MariaTeresa Sciduna Etienne Chevanne	€ 84,200	€ 32,401	38%	€ 51,799					„PRAGMATIST Project Meeting	„1st EuRL Workshop (ANSES)							
	2.1 SOUTH EAST EUROPE SEE/ West Eurasia	Carsten Potzsch	€ 356,500	€ 297,677	83%	€ 58,823	„(CAREC) meeting on "Policy Dialogue on Regional Program for Control and Prevention of TADs" - Astana, Kazakhstan	„TCC Meeting SOI (Mini ExCom)	„Simulation Exercise in Georgia and Turkey „4th Transcaucasus meeting - Paris, France „Pillar II Meeting & Planning - HQ	„SimEx TCC - Turkey	„Mission on RBSP update in Armenia „Mission OIE PPP Workshop	„Statement of Intention for regional cooperation between TransCaucasus and neighbouring countries for the prevention and control							
	2.2 South East MEDITERRANEAN SEM / Cyprus - Israel	Shain Bayomy Abdenacer Bakkouri	€ 260,000	€ 197,326	76%	€ 62,674	„Workshop in CIRAD "Qualitative risk mapping analysis, optimization of monitoring systems on transboundary diseases" Montpellier, France „RBSP Workshop Sudan - Khartoum	„RBSP Workshop Lebanon/Syria Beirut, Lebanon	„Atelier EuFMD CIRAD Training - Tunis, Tunisia „West-bank meeting	„Mission to CIRAD „FMD Risk Mapping Workshop (CIRAD) - FAO HQ		„One Health for the Mediterranean Region in the Age of Big Data - Cagliari, Italy	„15th Conference OIE Regional Commission for the Middle East - Abu Dhabi, United Arab Emirates						
	2.3 Support to REMESA North Africa	Abdenacer Bakkouri support Etienne Chevanne	€ 326,000	€ 240,920	74%	€ 85,080				„SAFOSO and REMESA meeting „Engagement of stakeholders WS - Morocco (tentative) Postponed October		„Workshop design an applied Epidemiolgy training Porgram for Egypt „Workshop on Primary Surveillance (AISVET)	„Back to Back Simex Libya (to be confirmed) - Algeria (was for Unis back to Ausvet not confirmed waiting for confirmation)						
	2.4 Pillar II Training development and co-ordination	Jenny Maud A. Bakkouri	€ 148,000	€ 141,450	96%	€ 6,550				„18th JPC-REMESA meeting -Cairo, Egypt									
PILLAR III Supervisor Nicholas Lyons 1'067'152 €	3.1 Support to Global progress monitoring	Nick Lyons Nadia Rumich	€ 86,894	€ 84,703	97%	€ 2,191			„9th Annual Eastern Africa Regional Animal health Network (EA-RAHN)		„PSO Workshop for South Asia - Thailand	„West Africa Roadmap Meeting - Dakar, Senegal „FMD RBSP Experts Consultative Workshop - Nairobi, Kenya							
	3.2 Method and guidelines fo application of PCP-	Nick Lyons	€ 155,954	€ 154,755	99%	€ 1,199			„SADC meeting on FMD				„2nd PPR Global Research and Expertise Network (PPR GREN) - Nairobi, Kenya						
	3.3 Laboratory Support FMD reference lab serv. support regional epidemiol	Nick Lyons Kees Van Maanen	€ 628,772	€ 522,441	83%	€ 106,331						„FMD Risk Based Strategic Plan Experts/CDVS's Consultative Workshop „Laboratory Mission Dubai							
	3.4 Global access to PCP-FMD training resources	Jenny Maud STP support Willigton Bessong Mostafa Anowe Bishnu Adhikarir Etienne Chevanne	€ 195,532	€ 191,310	98%	€ 4,222						„GCRF-STARs summer school in Tanzania SACIDS	„The OIE PPP workshop for the South-East Asia Region - Bangkok, Thailand				„JVVN Network Management Board meeting - Hanoi.		
4'228'558 €			Total Budget Allowances 2017-2019	€ 4,228,558	€ 3,271,260	77%	€ 957,298												
MTF/INT/011/MUL Title EuFMD Executive Committee Meeting & Workshop							„FAST EuFMD Special Committee - FAO HQ, Rome IT „43rd General Session - FAO HQ, Rome IT „International South American Commission for the fight Against Foot-and-Mouth Disease (COSALFA) - Cartagena de Indias, Colombia	„87th OIE General Session - Paris, France „Mini ExCom - Paris, France		„1st OIE Ad Hoc Group meeting on veterinary emergencies - Paris, France „International conference on FMD - Bhubaneswar, India			„98th Executive Committee - Paris, France „USANA Annual Meeting - Providence, USA „GFRA Scientific Meeting - Bangkok, Thailand	„STC meeting (ANSES) - maisons-Alfort, France			„STC meeting		
Trainings /Contributions Donor Australia								„Series workshops and meetings related to the mobile phone project - Uganda (Irish Project)						„KTC 33 Real Time Training Course - Kathmandu, Nepal	„KTC 34 Real Time Training Course -				
Other Training Contributions Emergency (UK, Lebano, US,																			
HQ Cost							Budget allocated	Expenses 1-10-17 - 31-08-2019	%	PROJECT BALANCE									
HQ Based Professional							€ 199,553	€ 342,054	171%	-€ 142,501.32									
HQ Based Operational Consultants							€ 342,740	€ 378,721	110%	-€ 35,980.67									
General Overhead, Evaluation& official FAOreporting							€ 41,608	€ -	0%	€ 41,608.00									
Project Servicing / Charge Support Cost (7%)							€ 336,872	€ 236,306	70%	€ 100,565.70									
HQ - Total							€ 920,773	€ 957,081	104%	€ 36,308.29									
Total Budget Allowances 2017-2019							€ 5,149,331	€ 4,228,341	82%	€ 920,990									



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