

Food and Agriculture Organization of the United Nations



Component Reports

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

COMPONENT REPORTS OCTOBER 2018 - MARCH 2019

PILLAR I – IMPROVING READINESS FOR FMD CRISIS MANAGEMENT BY MEMBERS

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Key Messages

1- A **complete training programme** has been offered to EuFMD Members. Together with the options already offered in the previous biennium (E-learning courses, workshops, Real Time Training courses) new approaches have been included during the 2015-2017 biennium: regional initiatives and in-country missions.

2- GET Prepared concept is ready to be developed as a toolbox whose main objective is to improve preparedness for animal disease emergencies by assisting countries to identify and prioritize gaps in preparedness, and to address these using various tools. EuFMDIS is one of the main tools that <u>can</u> <u>contribute to a Europe-wide systematic support to risk assessment, contingency planning and targeting of interventions through modelling of national and regional control measures for FAST diseases.</u>

3- Active surveillance activities implemented in **Thrace** have proved to be a good example of collaboration between Turkey, Bulgaria and Greece, at the same time demonstrating confidence in FMD-freedom in the region above 90%.

4- Simulation exercises in the **Balkans** have been used as a tool to improve national emergency preparedness, testing the relevant contingency plans and operations manuals of the countries in the region. Thirteen countries have been supported to participate in the laboratory proficiency testing scheme organized by the EU Reference Laboratory, to assess and prove their testing competences. Concept for immediate regional support in diagnostic reagents for an FMD crisis has been drafted.

5- A new format for the Global Monthly Report (GMR) has been issued in 2019, building bridges with the PRAGMATIST Tool. Now, the GMR is enriched by monthly contributions from 3 FMD intelligence focal points, representing 3 FMD virus pool regions (Asia, East and South Africa). They provide monthly interpretations of the FMD situation at the country-level, additional information on surveillance and control measures, as well as risk information on FAST disease drivers. EuFMD is actively looking for expending its pool of intelligence focal people worldwide.

6- EuFMD aims at continuing a collaborative approach to develop new training courses and tools that assist EuFMD Members to improve preparedness for FMD crisis management. The expertise of other partners inside and outside FAO will be beneficial for the quality of the final outputs delivered.

1- Training for EuFMD members and training resources

A complete training menu has been offered to countries that are members of EuFMD based on their needs and its uptake has proved satisfactory to MS. Training activities have been delivered under the training credits system and countries could choose between a range of options. During the 2017-2019 biennium:

- 1298 veterinarians from EuFMD Member States have been enrolled in tutored e-learning courses. This has included national e-learning courses for Spain, France, United Kingdom, Serbia and Hungary.
- Workshops developed during the 2015-2017 biennium have been offered additional improvements incorporated.
- Two countries, Spain and Portugal, took advantage of the "regional approach" to leverage additional funding to support a joint simulation exercise.
- Three countries, Spain, North Macedonia have benefited (or will benefit) from in-country modelling missions, particularly aiming at the adaptation of EuFMDiS to these countries.

The knowledge Bank is fully operational and since September 2017, 4345 users have accessed it including EuFMD Members and Non-Member countries.

2- Emergency Preparedness

GET Prepared concept has now been finalized and it will be fully developed during the next biennium. GET Prepared is a toolbox whose main objective is to improve preparedness for animal disease emergencies by assisting countries to identify and prioritise gaps in preparedness, and to address these using various tools (guidelines, webinars, videos and e-learning modules produced by EuFMD, and by sharing good practice examples identified by EuFMD or by the European Commission.

One of the tools within GET Prepared is the European Foot and Mouth Disease Spread Model (EuFMDiS) is the adaptation to Europe of the Australian Animal Disease Spread Model (AADIS). EuFMD has funded a pilot project where seven pilot countries have taken place: Italy, Austria, Slovenia, Croatia, Hungary, Romania and Bulgaria.

The project started with an initial workshop in December 2017 to discuss the main aspects of the data collection to adapt the model to the European context, and in July 2018 after some months of close collaboration with the participating countries, the first version of EuFMDiS was available.

Currently, new countries are working in the data collection to adapt the model to their context (Spain, Ireland and North Macedonia) and some others have expressed their interest to join the project. Consultations with current and potential users has identified areas for further EuFMDIS development and application. A 'EuFMDIS Advisory Group' was established to advice on the strategy and objectives for EuFMDIS within the 2019-2023 EuFMD workplan.

3- Thrace

The work undertaken under this component has markedly strenghtened collaboration between Bulgaria, Greece and Turkey. Serosurveillance returns from the above mentioned countries have demonstrated a consistently high level of confidence regarding the absence of FMDV. In addition to regular serosurveillance A predefined number of animals are clinically examined. The collected data from the three countries are regularly quality controlled, analysed and undergo statistical evaluation to demonstrate freedom from disease. As a result, during the 2017-2019 biennium, the confidence in FMD freedom in the Thrace region has been constantly above 90% for each country.

4- Balkans

The work in the Balkans during the 2017-2019 biennium, continued to focus on improving country preparedness against a FMD incursion through the assistance in the development of simulation exercises (Bulgaria, North Macedonia, Serbia, Moldova but also the Ukraine).

Missions to scope the veterinary and laboratory capabilities and capacities for FMD in a number of countries with the aim of offering improved and tailored assistance have taken place (ie. Albania, Kosovo*, North Macedonia, Serbia, Bulgaria, Moldova, Ukraine)

A significant number of countries have participated in laboratory proficiency testing schemes such as Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Greece, Montenegro, Serbia, N. Macedonia, Romania, Kosovo*, Moldova, Turkey and Ukraine. Based on identified needs, nine countries received basic reagents to test the proficiency samples and keep the essential diagnostic methods operational.

5- Improved early warning system, risk communication

A user-friendly version of PRAGMATIST is now available.

The Global Monthly Report has been released in a new format, intended to be more informative to risk managers, including forecast of circulating serotypes and associated level of confidence. Three Global Focal Points have been recruited, and they will provide interpretation and forecasting in the Global Monthly Report. Further recruitment is planned to be carryout out in the next month, giving priority to West and Central Africa.

6- Working in partnership

EuFMD has been assisted by multiple partners in the development of the work done under different components of Pillar I, among others: The European Food Safety Agency (EFSA), European Commission's DG SANTE Unit F2, The Pirbright Institute, Institute for Game and Wildlife Research (IREC).

Indicators established for period 2015-2019 (Pillar I– improved preparedness)

Component 1.1 Training for Member States

Activities	Indicators	Baseline Sept. 2017	Target 2 years	Unit of measure	Current Status
1.1.1	Knowledge Bank created and in use by MS	500	3,000	Number of participants that have accessed at least one open access training course or knowledge bank resource	4,345
1.1.2	Implement >85 % of the demand driven programme	85%	85 %	Training credits allocated by the 39 MS to training activities or regional initiatives have been delivered by EuFMD	97,5 %

Component 1.2 Improved Contingency Planning

Activities	Indicators	Baseline Sept. 2017	Target 2 years	Unit of measure	Current Status
1.2.1	Annual Participation in online meetings or webinars	300	300	Participation in online meetings or webinars	517
1.2.2	Number of published: Decisions Support Tools, discussion papers and guidelines that have been peer-reviewed	2	5	Published tools and guidance that has been peer-reviewed	4*

* Position paper on FMD vaccination issues; The AESOP (Assured Emergency Supply Options) paper; EuFMDiS v.1.3 and EuFMDis user guide.

Component 1.3 Thrace

Activities	Indicators	Baseline: Sept.2017	Target 2 years	Unit of measure	Current Status
1.3.1	Tpt Mgt Meetings held	5	9	Meetings held involving staff of the 3 countries	9*
1.3.2	Maintain the data entry system with data entry meeting agreed targets	>75%	75%	% of reports entered by field operatives within expected time frame	>75%
1.3.3	The level of confidence in FMD disease freedom in Thrace region is higher than if activities stopped	> 90%	90%	Confidence in disease freedom	>90%
1.3.4	Joint exercises	2	3	Joint exercises 3 countries	2

Component 1.4 Balkans

Activities	Indicators	Baseline: Sept 2017	Target 2 years	Unit of measure	Current Status
1.4.1	Management and High Level Policy Meetings held compared to if project was not supported.	0	3	Nb of meetings	2
1.4.2	Number of countries having a national or multi- country FMD simulation exercise	4	7	Nb of countries holding a national FMD exercise	6
1.4.3	Participation in Balkan region proficiency test exercises	6	8	Nb of National participations in exercises in 24 months	13***

Component 1.7 Proficiency Testing scheme

Activities	Indicators	Baseline Sept 2017	Target 2 years	Unit of measure	Current Status
1.7	Proportion of target reference laboratories participating	16	21	Number participating over total of neighborhood countries indicated in contract with service provider	18

Component 1.8 Risk analysis and communication

Activities	Indicators	Baseline: Sept. 2017	Target 2 years	Unit of measure	Current Status
1.8.1	System available to predict Antigen Prioritization	1	1	System available to predict Antigen Prioritization	1
1.8.2	Number of Global Monthly Reports	24	48	Number of Global Monthly Reports	42
1.8.3	Number of Risk Manager Summaries	0	4	Summaries published	0
1.8.4	Pilot study	1	1	Study completed	1

PILLAR II – RISK REDUCTION IN THE EUROPEAN NEIGHBOURHOOD

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Key Messages

1- Regular support has been provided to countries through workshops, training, diagnostic material and backstop support in order to assist their progression along the Progressive Control Pathway for FMD control. Better control of FMD in European neighbourhood results in risk reduction for Europe.

2- A specific programme aimed at building capacity on evaluating FMD vaccination and post-vaccination monitoring has been launched for EU neighbouring countries. Small-scale trials for the evaluation of vaccine and immune response in vaccinated animals under field conditions were promoted and implemented. The complexity of appropriate assessment of the vaccine quality and the effectiveness of vaccination programs are important aspects of the evaluation of the control strategy implemented.

3-Initiatives to produce and share improved risk information have been established and surveillance in high-risk areas implemented. Better knowledge of the livestock flows is considered a major advance for the anticipation of dangers threatening Europe as well as useful information for the local veterinary services for designing more efficient national disease surveillance and control programs for FMD and similar TADs.

5-Improving national and regional capacity for the management of FMD through the development and delivery of training programme for national staff (face-to-face training and e-learning) was a major objective for the EuFMD workplan 2017-2019. The delivery of tailored trainings remains a priority in order to allow the national veterinary services to gain a more sustainable capacity to prevent and control FMD.

6- The establishment of partnerships with Institutions with a recognized scientific competence and good knowledge of the European neighbourhood has been beneficial to enhance the proficiency of the actions implemented and the achievements of the results foreseen with particular reference to risk mapping and control progress. The workplan established with CIRAD and IZSLT will be completed within the next six months.

1- Progression along the Progressive Control Pathway

In the European neighbourhood, countries are currently assessed in FMD-PCP stage 2 (Egypt, Turkey, Georgia, Armenia, Azerbaijan, Jordan), and stage 1 (Lebanon, Palestine, Libya, Mauritania).

The support provided by EuFMD to neighbouring countries in PCP stage from 0 to 2 can be summarized in: 1- assistance for development of RBSP (identify risks and control options); 2 - monitoring and evaluation of the RBSP implemented (evidence of RBSP effectiveness); 3-implementation of a more aggressive strategy for FMD control (progression to stage 3). The purpose of such approach is to assist countries for implementing control and preventive measures according to the different targets and

resources available. IZSLT has assisted EuFMD for the delivery of this support (see partnerships chapter 6).

In the past 2 years EuFMD has assisted, in partnership with IZSLT, countries in their progression to PCP stage 2 (Jordan) and in situation analysis for the development of RBSP (Lebanon, Syria, Libya). EuFMD assisted the implementation of monitoring and evaluation activities aimed at assessing the effectiveness of the control measures in the countries in PCP stage 2 (Egypt, Jordan, Turkey, Transcaucasus). Georgia and Turkey have recently submitted documentation for progression to PCP stage 3, and the RBSP of Armenia and Azerbaijan was recently revised.

In addition, networking with countries and assisting their progression along the PCP, facilitated the regular collection of risk information, useful to improve awareness in European and other neighbouring countries.

2- Post Vaccination Monitoring

For most pillar II countries that are in PCP stage 1 or 2, a significant proportion of the resources in terms of money, time and human resources is consumed by vaccination programmes. By contrast, monitoring and evaluation of vaccine quality and vaccination programs is little addressed in current FMD programs. For this reason, laboratory capacity and national resources to support post-vaccination monitoring (PVM) are not sufficiently established.

A specific programme aimed at building capacity on evaluating FMD vaccination and post-vaccination monitoring has been launched in EU neighbouring countries. The programme has consisted in: a) making available continued education on vaccine and vaccination through online trainings organized for the three regions of North Africa, Middle East and South East Europe; b) organization of sub-regional meetings in the three EU neighbouring regions; b) developing immunogenicity studies and promote their implementation; c) facilitating intensified networking between countries to improve sharing of information and expertise.

Small-scale trials for the evaluation of vaccines and immune responses in vaccinated animals under field conditions were promoted and implemented in different countries (Tunisia, Algeria, Morocco, Georgia, and Azerbaijan).

3- Risk assessment

The Maghreb and the Sahel are key areas for a number of emerging risks on transboundary animal diseases (TADs) and for their surveillance. A better knowledge of the livestock flows in this region is a major advance for the anticipation of dangers threatening Europe as well as useful information for the local veterinary services for designing more efficient national disease surveillance and control programs for Foot and Mouth Disease and similar TADs. The implementation of specific surveys and the monitoring of proxy indicators of these animal movements are key areas for tailoring a risk based approach for surveillance and for the development of an early warning system.

An innovative method developed by CIRAD combining qualitative risk analysis process and risk mapping has been implemented to assess the risk of introducing and disseminating FMD and other TADs within countries (Algeria, Tunisia, Morocco, Mauritania, Libya, Egypt, Sudan) and beyond their borders (Senegal, Chad, Sudan). The resulting risk maps can be used to develop disease surveillance programs based on risks, in order to optimize the veterinary service resources deployed in the field in line with the major risk zones and improve the effectiveness of implemented control measures.

South East Europe is considered as well a risk area for the introduction and spread of TADs. Under the framework of GF-TADs the veterinary services of Transcaucasus and neighbouring countries (Armenia, Azerbaijan, Georgia, Turkey, Iran and Russian Federation) have agreed on an intensified collaboration in the prevention and control of FMD and other similar TADs. EuFMD has assisted the implementation of activities under this agreement and supported the development of a system to regularly share risk information connected to occurrence of outbreaks, effectiveness of vaccine, progression of vaccination programme, and collection and analysis of information on animal movements.

4- Risk based surveillance

The implementation of a harmonized risk based surveillance able to provide confidence of freedom or early detect of FMDV circulation has been indicated at REMESA JPC meetings as key for the Maghreb region. It would allow to provide evidence of the effectiveness of the official control programmes adopted and provide useful risk information to European countries.

A programme has been proposed and implemented based on a combination of continuous multiple surveillance components, with the involvement of stakeholders, in order to detect the silent circulation of FMDV among the small ruminant population. In the Maghreb countries of Algeria, Morocco and Tunisia a FMD risk-based surveillance has been designed and implemented in high-risk areas, with the detection of circulation of the FMDV.

The capacity to include the outcomes of risk assessment carried out in the current control and surveillance policies should be promoted and regularly assisted in order to improve the effectiveness of control measures implemented.

5- Capacity building

Improving national and regional capacity for the management of FMD through the development and delivery of training programmes for national staff (face-to-face training and e-learning) remains a major objective of the EuFMD workplan.

Specific trainings have been developed and regularly delivered to Pillar II counties to facilitate the development of RBSP, its implementation, monitoring and evaluation and the adoption of control programmes for elimination of virus circulation. In addition, specific training have been identified, in collaboration with OIE, on the application of the OIE code to Safe Trade and Containment zones for FMD.

The learning component of the assistance for European neighbouring countries has been focused in particular on the delivery of the new e-learning courses on: a)FMD Investigation Training; b)Introduction to the Progressive Control Pathway c)In-depth FMD Socio-economic Impact Analysis d)In-depth FMD Risk Analysis Along the Value Chain; e)In-depth FMD Post Vaccination Monitoring. Recognizing the need to provide training in local languages the in-depth courses are normally delivered on bi-annual basis in English, French and Russian.

Additional e-learning courses have been developed in coordination with pillar III such as Introduction to the Progressive Control Pathway; FMD Laboratory Investigation Training Course; Open Access PCP e-Learning in Arabic; Public Private Partnerships (in collaboration with OIE).

6- Working in partnership

The delivery of the EuFMD programme for Pillar II has been assisted by partners with recognized scientific competence and good knowledge of the European neighbouring countries.

- 1- The Istituto Zooprofilattico Sperimentale delle Regioni Lazio e Toscana 'M. Aleandri' (IZSLT) has assisted EuFMD on the activities aimed at reduction of FMD risk for EuFMD Member countries, and for improving the uptake of the global strategy for progressive control of FMD. In particular IZSLT has: a) assisted the implementation of activities aimed at improving the capacity of countries to design and implement the Risk-Based Strategic Plans (RBSP) and monitor and evaluate the implementation of control activities under stages 2 and 3 of the Progressive Control Pathway (PCP); b) strengthened capacity of the Regional Advisory Group to better evaluate and follow-up the acceptance of countries in stages from 0 to 3;
- 2- The French Agricultural Research Centre for International Development (CIRAD) has assisted the development of FMD risk map surveillance system based on risk information and mapping tool for southern European neighbourhood. In particular CIRAD has: a)assisted the development of FMD surveillance programmes based on risk information and mapping tools for southern European neighbourhood, integrating movement patterns of domestic livestock; b) assisted the revision and delivery of the EuFMD e-learning course on FMD socio-economic impact assessment.

Indicators established for period 2015-2019 (Pillar II – risk reductions)

Comp 2.1: South East Europe - Comp 2.2: South East Mediterranean - Comp 2.3: North Africa - Comp 2.4: Training development

Progression along PCP

Comp.	Indicators	Baseline Sept.15	Target 4 years	Current Status
2.1	Nb of countries in region with a Risk Based Strategic Plan that has been accepted by GF-TADs FMD Working Group.	2 (Georgia and Turkey)	4 (Georgia, Turkey, Armenia, Azerbaijan)	4 RBSP accepted by GFTADS WG (Georgia, Turkey, Armenia, Azerbaijan)
2.2	Nb of countries in region with a Risk Based Strategic Plan that has been accepted by GF-TADs FMD Working Group.	1(Egypt)	4 (Egypt, Jordan, Palestine, Lebanon)	2 RBSP accepted by GFTADS WG (Egypt and Jordan) 1 RBSP developed (Palestine) 1 RBSP under development (Lebanon)
2.3	Nb of countries in region with a RBSP accepted by GF-TADs FMD WG	0	1 (Mauritania)	RBSP First drafting (Mauritania)
	Nb of countries in region accepted in PCP Stage 3 or above by the GF- TADs FMD WG	1	2	2 (not assessed by FMD WG)

Risk based surveillance

Comp	Indicators	Baseline Sept 2015	Target 4 years	Current Status
2.3	Nb of high-risk border areas where a surveillance system is designed, implemented and functioning.	0	1	0*

*surveillance in border and high risk areas was implemented (Tunisia, Algeria, Morocco) but not regular functioning.

Capacity building

Сотр	Indicators	Baseline Sept 2015	Target 4 years	Current Status
2.1	Participation level from at least 5 countries in the region in online training courses	0	480 participants	480 participants from 5 countries
2.2	Assist networking through online meetings and sharing of FMD information to risk managers of countries under this component	0	140 participants from 6 countries	220 participants from 11 Arabic speaking countries in the MENA region.
2.3	Nb of participants from region taking part in online training course or webinars annually.	0	200	180
2.4	New courses developed after regional gap analysis	0	4	8(*)
	Percentage of training courses satisfying monitoring and evaluation criteria	0	100%	100%

Pillar III

Pillar III of the EuFMD workplan focusses on promoting the global strategy for FMD control through: 1) Supporting the activities of the GF-TADs FMD working group; 2) Promoting the use of the Progressive Control Pathway (PCP-FMD); 3) Enhancing global surveillance; and 4) Improved capacity in endemic areas by providing relevant training.

Key messages (2017-2019)

1. Progressive Control Pathway Support Officers (PSOs) A key feature of support to the FMD working group and global strategy is the development of a new system of PCP Support Officers (PSOs) who provide individual country support in PCP advancement.

2. Advancing FMD surveillance in challenging endemic scenarios

Support to the global laboratory network has contributed to achieving the target surveillance indictors in 4 out of 6 viral pools in 2018 (120 samples per year per target pool from at least 5 countries). Further improvements to surveillance in endemic countries are being promoted through increased use of lateral flow devices and environmental sampling.

3. Enhanced training outreach in FMD outbreak investigation and control

Through expanding our network in Africa, we have achieved record breaking numbers of participants in e-learning. These courses have also utilised new approaches to enhance access in areas of poor connectivity such as through establishing networks on Whatsapp for course delivery.

1. Progressive Control Pathway Support Officers (PSOs)

Activities under Pillar III have been continually supporting the Global FMD control strategy through the FAO-OIE GF-TADs FMD working group (WG). A key feature of this support is the development of a new system of **PCP Support Officers (PSOs)**. These PSOs provide desk-based individual country support on matters related to advancing their control strategies such as getting their risk-based control strategy approved by the WG and other technical matters related to FMD control such as post-vaccination monitoring. Originally tasked with helping countries assessed in provisional PCP stages, their role is starting to expand to all countries deemed in need of support by the WG. The PSOs form a network of PCP experts that have regular online meetings to discuss progress and challenges with regular reports sent to the WG. In order to expand regional capacity, **PSO training workshops** are being undertaken focussing on West and Central Africa (WCA) and South Asia.

2. Advancing FMD surveillance in challenging endemic scenarios

Pillar III supports the activities of the WRLFMD and the Global Laboratory Network. This support has contributed to the network achieving the target **surveillance** indictors in 4 out of 6 viral pools in 2018 (120 samples per year per target pool from at least 5 countries). Despite this success, enhanced surveillance methods are needed to sustain and further improve success.

Through working with ANSES and the Pirbright Institute, activities under Pillar III have contributed to developing novel strategies for FMD surveillance in endemic settings particularly focussing on West and

Central Africa which has been historically challenging. This has included a project in Mali using **lateral flow devices** inactivated by citric acid to offer an easy method for identifying circulating viral lineages that is less susceptible to problems with the cold chain and offers a safer and cheaper alternative for shipping to a reference laboratory. Based on the initial success this has been expanded to 5 other countries in the region. The Pillar has also been supporting a new project looking at the use of **environmental sampling** in high-risk FMD areas in Cameroon. This may circumvent some of the problems of under-reporting and be more cost-effective that other methods of targeted surveillance.

3. Enhanced training outreach in FMD outbreak investigation and control

Training continues to be a key activity under Pillar III. In the last biennium, online **e-learning** courses in FMD outbreak investigation conducted in English and French have been offered to East Africa, West and Central Africa, and South Asia. A course was also undertaken in **India** for the first time through a partnership with the Indian Council of Agricultural Research (ICAR). Through expanding our network in Africa, we have broken internal records in terms of numbers of participants in e-learning courses. These courses have also utilised **new approaches** to enhance access in areas of poor connectivity such as through establishing networks on Whatsapp for course delivery. The e-learning team have been working with The Pirbright Institute for creating an updated online course in post-vaccination monitoring and delivering online training in FMD diagnostics. New materials have also been created for training **paravets**.

Expected Achievements in the next 6 months....

- Expand the network of PSOs through workshops and formalising procedures for endorsement by the FAO-OIE FMD working group
- Novel surveillance projects will be continued and finalised
- New options for online training delivery with be explored to further enhance outreach
- Make plans for future training in India working with ICAR
- Finalising courses for paravets
- Delivery of planned courses on Post Vaccination Monitoring

Indicators established for period 2015-2019

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

Activities	Indicators	Baseline Sept 2017	Target 2 years	Unit of measure	Current Status
3.1.1	Gather information, author reports for the FMD Working Group	4	4	Number of reports	0
3.1.2	Activities to support global communication of the PCP situation	0	50% increase	Website usage statistics	0
3.1.3	Provide training support to the FAO:OIE working group activities	1	1	International training events	1

Component 3.2 Progressive Control Pathway (PCP)

Activities	Indicators	Baseline Sept 2017	Target 2 years	Unit of measure	Current Status
3.2.1	Development and Revision of PCP guidelines for joint FAO/OIE application	5	6	Number of guidelines	5
3.2.2	Training of PCP-FMD experts	6	30	Number of people trained	50
3.2.3	Support the facilitation of regional roadmap meetings, their follow-up actions and associated training or assessment processes	4	a) 5 b) 5 c) 2	 a) No of roadmaps supported by EuFMD trained expert annually b) Between roadmap meeting webinars c) Workshops for RAP development 	a) 3 b) 1 c) 0

Component 3.3 Laboratory support

Activiti es	Indicators	Baseline Sept 2017	Target 2 years	Unit of measure	Current Status
3.3.1	Nb of OIE/FAO Laboratory Network meetings	2	4	Annual International Meeting	4
3.3.2	Nb of samples typed in relation to minimum surveillance requirements per pool	0	6	Nb of pools where target reached (120 samples per year per target pool from at least 5 countries)	1*
3.3.3	Nb of new modules for e-learning and training on laboratory surveillance meeting quality standards	0	3	e-learning modules	1
3.3.4	Nb of labs supported to take part in global PTS annually	0	10	Labs taking part in PTS annually	4.5**

*Based on samples submitted to members of the FAO-OIE Global laboratory network from January-November 2018 from different pools as presented at the annual network meeting.. Samples received (number of countries): Pool 1=349(9), Pool 2=565 (4), Pool 3=604 (6), Pool 4 = 486 (5), Pool 5=181 (8), Pool 6=87 (7). Note Algeria included in Pool 5.

** 9 from of 12 global network labs listed in WRLFMD LoA participated in 2018 test

3.4 Global Access to PCP-FMD training resources

Activities	Indicators	Baseline Sept 2015	Target 4 years	Achieved March 2019	Explanation of indicator
3.4.1	e-learning courses delivered			12 FMD Laboratory Investigation Southern Africa: FITC //FMD PVM (joint South Asia) South Asia: FITC (3 courses) //National FITC for India FMD PVM FMD Lab Investigation FMD Risk Analysis Along the Value Chain West and Central Africa FITC French (2 courses) //FITC English (1) Other regions FITC East Africa (1)	Nb of e- learning courses delivered to South Asia or African regions.
3.4.2	Nb of part. online training course /webinars	0	200	1000 (participants from Pillar III regions enrolled in e-learning courses in 2019 to date)	Participants engaging in single e- learning event annually (e.g joining online course or webinar)



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Hold-FAST tools

GET PREPARED, E-learning, FMD-PCP, EuFMDIS, Pragmatist, Impact Risk Calculator, Virtual Learning Center, SMS Disenase reporting, Global Vaccine Security, Outbreak Investigation app, PCP-Support Officers, PCP Self-Evaluation tool, AESOP, Telegram, Whatssap, Global Monthly Reports, Real Time Traning.

EuFMD Committees

Executive Committee, Standing Technical Committee, Special Committee for SUrveillance and Applied Research (SCSAR), Special Committee on Biorisk Management (SCBRM), Tripartite Gropus.