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Organization of the
United Nations

eofmd
european commission for the
control of foot-and-mouth disease



EuFMD / EC AC Report

2019

Final narrative report

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

Report of the EuFMD/EC Action 2015-2019

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Acronyms

CA : Contracting Authority

EMU : Epidemiology and Monitoring Unit

EuFMD: European Commission for the Control of Foot and Mouth Disease

FAO: Food and Agriculture Organization

FMD: Foot and Mouth Disease

Gf-TADS:

LoA: Letter of Agreement

MS: Member States

OIE: Office International des Epizooties

PCP: Progressive Control Pathway

PSSC: Project Steering Subcommittee

PTF: Project Task Force

PTS: Proficiency Test Service

RBSP: Risk Based Strategic Plan

Remesa: Réseau Méditerranéen Santé Animale

SCRPD: Special Committee for Research and Program Development

SO: Strategic Objectives

STP: Short Term Professional

WRLFMD: World Reference Laboratory for Foot and Mouth Disease

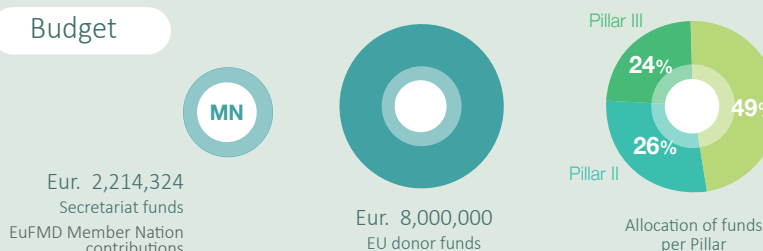
Overall goal of the Action

A lower foot-and-mouth disease (FMD) risk enabling better trade conditions and higher food security prospects for European stakeholders in the livestock sector.

Result achieved!

There were no FMD cases in EU members.
Reduced expenditure from veterinary emergency funds on FMD in 2015-2019 compared to previous 15 year average.

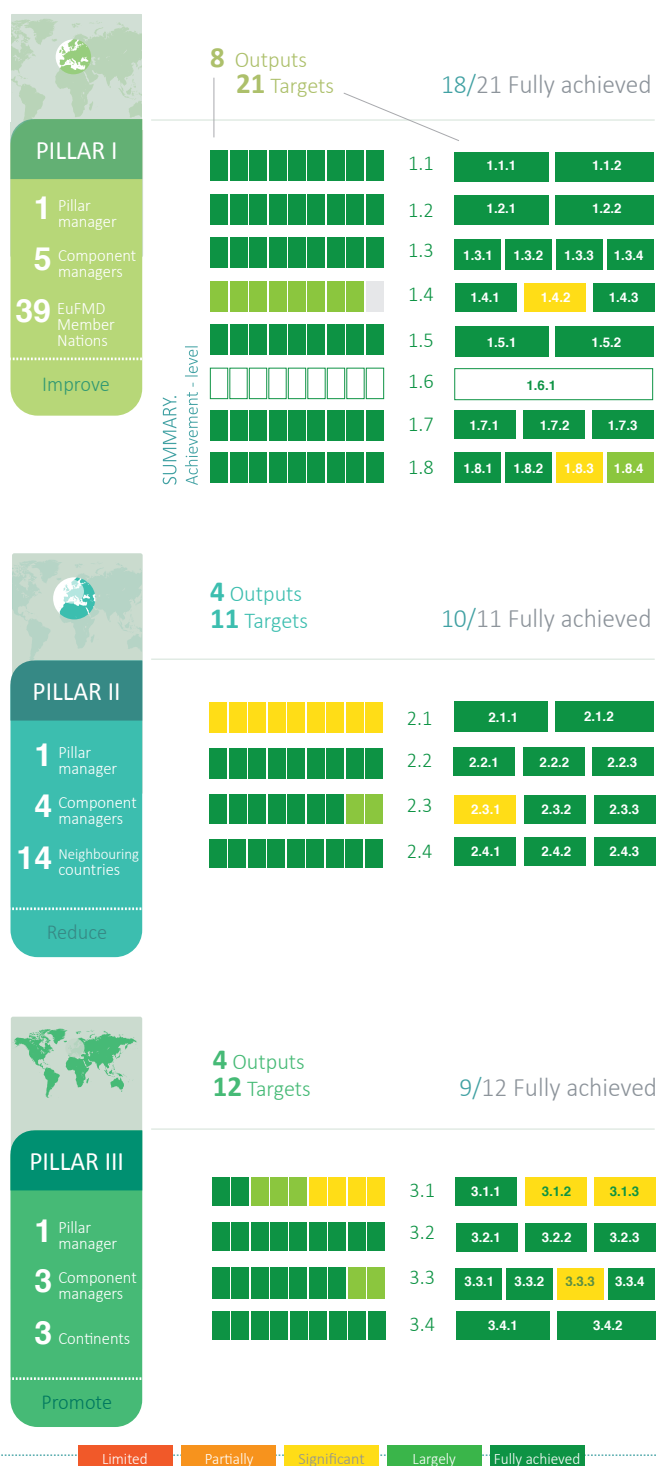
Budget



Partnerships across the Pillars

26 Letters of Agreement and collaboration
FAO, Gf-TADs, OIE

Achievements



Phase IV in numbers!



SUMMARY REPORT OF THE ACTION

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

Overview of the Action

1. **The Action was operational** from 1st October 2015 until 30th September 2019. The 48-month Work Programme was approved by the 41st General Session of the EuFMD in April 2015 and formed the basis of the Action agreed between the Contracting Authority (CA) and FAO for financial support. In compliance with the Grant Agreement description of the Action, the EC and the Executive Committee, OIE and FAO agreed detailed work plans for the Component objectives at the 90th Session of the Executive Committee of the EuFMD in September 2015. For the second biennium of activities, following a review by the Executive and at the 42nd General Session of the Commission, a subsequent updating of the Workplan was proposed to the CA and agreed in 2017.
2. **The Overall Goal of the Action**¹ was “a lower Foot-and-Mouth Disease (FMD) risk enabling better trade conditions and higher food security prospects for European stakeholders in the livestock sector”. The indicators were stated as “Reduced expenditure from veterinary emergency funds on FMD in the period 2015-2019 compared to the previous 15 year average”. They were included in the Logical framework for the Action and this impact could not be expected from the project alone, but assumed that import risk management and other risk factors were maintained.
3. **The Three strategic objectives of the Action** (as indicated in the **Annex 1** of the Project Agreement, and in line with the Three Pillars of the EuFMD Strategy Plan 2015-19²) were:
 1. To **Improve** readiness for FMD crisis management by Members;
 2. To **Reduce** risk to Members from the FMD situation in the European neighbourhood (progressive control in neighbouring regions);
 3. To **Promote** the global strategy of progressive control of FMD.

The operational objective of maintaining a mechanism for emergency response to an FMD crisis in the European neighbourhood, will underpin the first two objectives, and has a Budget for Emergency Response under Component 1.6 of the Action.

¹ as indicated in the Annex I to the Project Agreement.

² As adopted by the 41st General Session of the EuFMD, April 2015.

As indicated in the Action Log Frame³, these Objectives require that Member States (MS) and International Institutions maintain their risk management responsibilities, and the Action was responsible to deliver Outputs useful to them to ensure take-up and application. The high focus on involvement of the beneficiaries in the activities (functioning co-ordination frameworks were outputs) ensured that MS were engaged from the start in most Components.

The overall goal of the Action is Achieved

There were no FMD cases in EU members, and it is understood the veterinary emergency fund did not make an expenditure relating to FMD outbreaks in this period. The fact that this was accomplished despite a serious breakdown in FMD control in North Africa and the Mid-East in the same period, and inter-regional spread in regions presenting a source of risk to Europe, is a very significant achievement. While many national and regional agencies are directly involved in risk mitigation, it is likely that some of the positive impact relates to the risk reduction achieved by the Action, as a result of activities occurring with and through these agencies.

³ Logical Framework, forming part of the agreement, indicating the relationship of activities, outputs of the action contribute to the overall strategic objectives and goals.

Achievement of Strategic Objectives

The table below shows the indicators as given in the Annex 2 of the GAF (agreement), with an assessment of the extent to which they have been achieved. **Please note these are achievement of the beneficiaries** - to which the Action has contributed through outputs under its Components.

<i>Level</i>	<i>Description</i>	<i>Indicators (set in 2015)</i>	<i>Results compared to indicators</i>
IMPACT (GOAL)			
Impact expected	Lower FMD risk enabling better trade conditions and higher food security prospects for European stakeholders in the livestock sector.	Reduced expenditure from veterinary emergency funds on FMD in period 2015-19 compared to previous 15-year average.	Achieved.
PILLARS	Three Pillars		
Outcomes that the <u>beneficiary states and other institutions are expected to better achieve</u> as a result of the project.	I. Improved readiness for FMD crisis management by Members.	Increase in Members with more than three qualified FMD experts; Increase in quality (indicators) of national simulation exercises; Systems established for centralized support (diagnostic bank and human resource sharing) in emergency settings.	Achieved. There is evidence that almost all the Member Countries have translated the project programme into their preparedness for FMD. The centralized support (diagnostic bank) system was designed, but implemented under project funds for the Balkans, rather than directly by EU or member countries.
	II. Reduced risk to Members from the FMD situation in the European neighbourhood (progressive control in neighbouring regions).	Increase in number of countries with national risk based control programmes (PCP Stage 2 and above) that implement a control programme together with its required monitoring and evaluation system.	The outcomes here rely on national application of the action, and these have been affected by political instability. Progress has been made in PCP status of some countries, but major epidemic events continued into 2019.
	III. Greater implementation of the global strategy for the control of FMD.	Increase in number of countries with national risk based control programmes (PCP Stage 2 and above).	Achieved.

Outputs	Outputs under Strategic Objective 1		
Results that the ACTION is expected to achieve.	1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes	Increase in number of Members with more than three qualified FMD experts. Number of Members that use training materials in national courses.	Achieved. Overall: 96 e-learning events/courses, and 47 face-to-face trainings delivered. Last 24 months: >4500 persons trained in 73 online courses. 724 trained in 33 face-to-face workshops / field training.
	1.2 Improved contingency planning by Members and at European level.	Increase in proportion of Members giving evidence of use of DST over baseline compared to survey (GS39).	Achieved. DST developed (EuFMDis) and adopted for use by nine member countries.
	1.3 Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey.	Monthly Report System operational with evidence of national response to findings.	Achieved. Operational continuity of THRACE system surv for 48 months with > 94% confidence in FMD freedom achieved across the period. Surveillance system in small ruminants enabled detection of PPR incursion with effective response.
	1.4 Improved emergency management capacity for FMD in the Balkan region.	Indicators for progress in development and testing of contingency plans	Four held national sim-exercises. All countries participated in simulation exercises organised in the region as players or observers. All laboratories participated in NRL exercises and workshop for emergency response. Emergency diagnostic bank established.
	1.5 Research outputs relevant to resolve policy issues.	Number of projects completed and reported.	16 Projects undertaken.
	1.6 Earlier control of disease outbreaks through assistance to emergency response operations.	Reports of delivery of assistance, (mission reports, national reports on outcome).	Achieved. Five emergency missions; Three emergency online trainings; Deliveries of emergency diagnostic support.
	1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood.	NRL participation; NRL performance compared to EU benchmark.	Achieved.
	1.8 Improved early warning system, risk communication and its uptake by Member States into prevention and early detection operations	System used and referenced in Six monthly reports to the Executive Committee. Monthly Surveillance Reports. Consequence models published and results communicated /used for re-assessment of vaccine adequacy. Pilot system established and reviewed by the STC by M24.	48 Global Monthly report (GMR) issues sent on time to global audience. PRAGMATIST tool developed and refined and systematically applied for vaccine bank (VB) decision making by EU, and Member States with VB.

Outputs	Outputs under Strategic Objective 2		
Results that the ACTION is expected to achieve	2.1 South-East Europe: better FMD management in Turkey and neighbours	Assessment of National risk based control programmes (PCP Stage 2+). M&E systems established in Turkey and Georgia. M&E system report on progress indicators (national risk based control programmes). FMD Database operational and used by increased number of MS. PCP progress indicators - Turkey and neighbours. Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries.	Significant achievement. Six countries with common borders in the Caucasus agreed to cooperate in FMD control. Monthly sharing of data on control measures and immediate report of disease events. Georgia, Turkey, and Azerbaijan all developed proposals to GF-TADS for recognition of PCP progress with plans for Control Zones.
	2.2 South-East Mediterranean: better FMD management in the neighbourhood of Cyprus and Israel	PCP progress indicators. Assessment of National risk based control programmes (PCP Stage 2+). Evidence of application of training within national systems. Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries.	PCP stage progress achieved – measured through submission to GF-TADS for recognition. National application of training for monitoring of vaccination programmes – demonstrated
	2.3 North Africa: technical support to REMESA ⁴ actions to achieve improved control of FMD.	PCP progress indicators. Monthly Reports from surveillance (confidence indicators freedom for the higher PCP Stage countries) Monthly Reports from EuFMD include monthly data on FMD or control measures from an increased number of neighbourhood countries	PCP not achieved as a result of multiple, national security and political factors, and challenging FMD situation (trans-Saharan incursions). Excellent co-ordination with REMESA and significant application of risk mapping to improve surveillance programmes in five North African countries. Epidemic / emergency support provided following multiple incursions to North Africa.
	2.4 Improved National and Regional Capacity for the Management of FMD through development and evaluation of training programmes for national staff.		Last 24 months: >1000 completed online training courses in 4 languages. 27 training courses delivered (14 online).

⁴ REseau MEditerranéen de la Santé Animale – REMESA: <http://www.remesanetwork.org/>

Outputs	Outputs under Strategic Objective 3		
Results that the ACTION is expected to achieve	3.1 Improved system for monitoring and evaluation of the progress of regional programmes on FMD control.	Six monthly report uses relevant indicators for control programme (PCP Stage and use of Pls for control programmes).	Improved system put in place for M&E of progress, and improved visibility by managing the online reporting (GfTADs).
	3.2 Improved capacity, methods, and guidelines for application of the EuFMD, FAO and OIE progressive control pathway (PCP) for FMD.	Number of guidance documents updated and approved by OIE/FAO and available online. Number of international experts qualified in PCP approach. Number of experts regularly using the PCP tool developers' network.	Achieved. Guidelines, tools, and experts trained. PCP Support Officer (PSO) system established and tool for country self-assessment and GF-TADS PCP review developed and agreed with partners, and implemented.
	3.3 Improved international FMD reference lab services and their contribution to regional epidemio-surveillance networks.	Countries with endemic FMD for which reports of advanced virus typing are available within 3 months of outbreaks	Achieved. The support to the regional roadmaps, programmes of FAO and OIE that was provided by the contracted global reference laboratory system was delivered.
	3.4 Improved National and Regional Capacity for the Roll-Out of the Global Strategy and the Management of FMD: Pillar III Training Component	New course content developed and delivered covering PCP Stages 1-3, by M12 and evaluated by two regions by M24. Materials in use in training by FAO, OIE and other partners in at least two regions.	Achieved. New courses developed with OIE and FAO partners. Twenty-six online-courses delivered (circa 4000 trainees). Regional (three Sub-Regions of Africa, two in South and Central Asia) courses delivered.

Achievements of the Action

1. Achievements of the Action

In the Phase IV Action there were one or more expected result (Targets) for each of the **16** defined Outputs (“components”), with a total of **42** overall. The achievement level for each is indicated in **Annex 1** and the verifiable indicators for each are given in Table 1 of annex 1.

Pillar I

The Pillar I activities were organized in eight components, with 18 expected results. The Secretariat informed the Executive Committee every six months of the progress towards the results, recorded quantitatively in the FAO management system (FPMIS). The quantitative indicators for achievement were met or exceeded in every case. However, as this does not reflect sufficiently the overall achievement, a table below shows the self-assessment. **Overall, it was considered >80% of the 18 expected results were met satisfactorily.**

In terms of contribution to the **outcome** at Pillar level (Improved readiness for FMD crisis management in the member countries), and the **overall impact**, the following are the most significant:

- **Risk awareness:** Global Monthly Reports on FMD are issued, which ensure that changes in FMD risk are communicated, and that the present and continuous level of FMD is kept in mind by risk managers in the MC and European institutions, and provide a background for decisions taken on biosecurity measures at EU BIPs, ports and borders.
- **Reduced risk of FMD entry:** in addition to the role of risk awareness to inform decisions on additional measures in BIPs, the THRACE surveillance programme (operated continuously for 48 months) was significant to maintain confidence in FMD freedom in the common border regions of Turkey, Greece and Bulgaria. Beyond FMD, this programme assisted in the early detection and response to PPR cases in Bulgaria.
- **Better preparedness at member country level:**
 - **Europe-wide FMD training programme :** delivery of 52 e-learning courses, 46 face-to-face trainings including eight Real Time Training courses held in Kenya, Nepal and Uganda, in which all MS participated, with over 2300 trainees overall allowing a minimum level of continuous understanding of the FMD risks, and significant issues for the early detection, investigation, and control by vaccination.
 - According to the survey on EuFMD Programme Impact Assessment, carried out with the national training focal points of EuFMD member countries, 95% of the respondents agreed or strongly agreed that by sending their veterinary staff to EuFMD training courses their countries have increased the level of preparedness against a possible FMD incursion.
 - **Significant national level uptake:** national in-service training in member countries was well received. Over 1690 trainees completed their training, of which 1030 for courses specifically conducted for the Veterinary Services of seven EU countries (Estonia, France, Hungary, Poland, Serbia, Spain and United Kingdom) and three in-country modelling missions held in North Macedonia, Spain and Turkey.

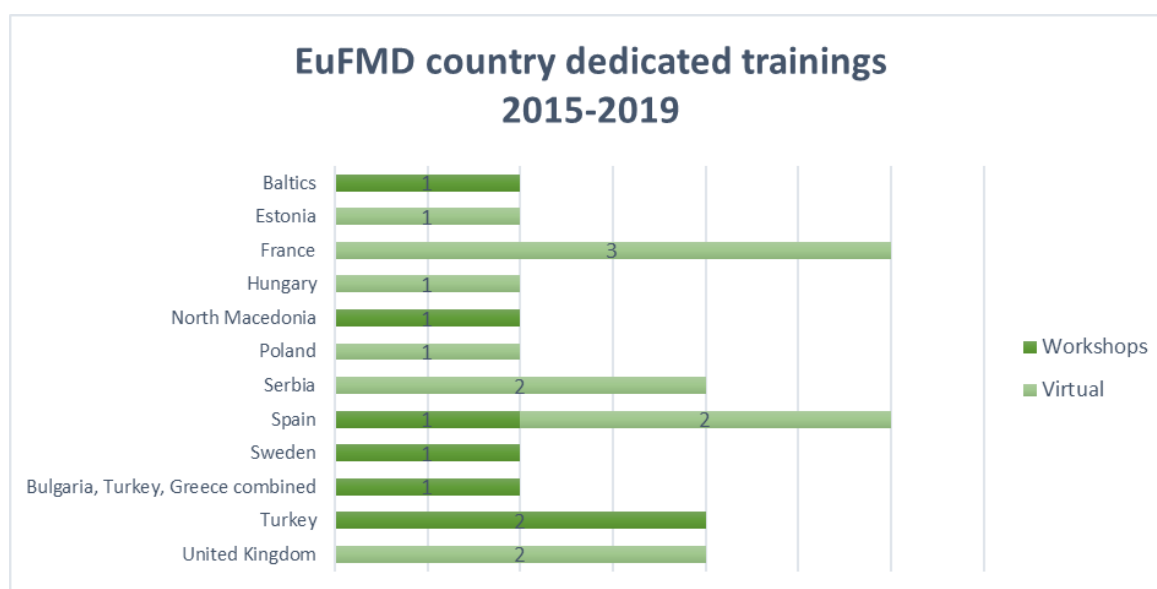
- **Better regional preparedness in the Western Balkans countries:** while FMD was not the major priority (compared to ASF and LSD) for most countries, the programme ensured better awareness of the risks, re-enforced with simulation exercises, laboratory training and proficiency testing, and the establishment of a regional diagnostic bank for emergency supplies and ensured daily availability of the means to confirm FMD, to align with EU Member States.
- **Improved capacity within member countries for preparedness planning:** the EuFMDis model has been adopted into use by seven EU countries in South-East Europe, and an additional four countries (two EU, two non-EU) have committed to its adaptation and use, bringing a powerful new tool to their capacity to estimate resource requirements, and impacts of FMD.
- **New Standards and guidelines:** the Special Committee for Biorisk Management has updated the Minimum Standards for Laboratory Containment, a significant document and standard used by EuFMD MS for over 30 years, covering both high containment facilities and facilities to be used in case of an incursion. A guideline on Planning risk communication on foot-and-mouth disease and two position papers have been developed for Emergency Preparedness and sets of associated self-assessment tools.

Phase IV Training program - Improving Preparedness in the Member States (Pillar I)

During the October 2015 - September 2019 period, the EuFMD offered a menu of FMD preparedness training program to Member States (MS), with a significant and widespread uptake of e-Learning opportunities, country-tailored events and multi-country simulation exercises that combined training with exercise situations.

Taking into account the entire EuFMD course catalogue, made of virtual and workshops courses, there have been three or more experts qualified by EuFMD courses in **all** Member States (MS) during the considered timeframe.

Cascading training materials played a pivotal role in EuFMD trainings. Following the feedback from countries answering the needs assessment survey, we can estimate an high cascading rate: **16** out of **19** countries indicated that, people having attended EuFMD courses, had also disseminated the training materials after the workshops. In order to maximise impact of training, country-specific sessions allowed to tailor a more risk-focused strategy. During the October 2015 - September 2019 period, the EuFMD organized **19** country-specific courses. The events were organized in **14** of the 39 EuFMD Member States (MS) and **5** countries benefitted of multiple events.



Induction courses for workshops and field-related activities involved **462** trainees from Member States (MS), with a considerable focus on **Real Time Training** trainings (**106** trainees).

EuFMD Member State	Real Time Training	Other workshops	Overall
Albania	1	7	8
Austria	4	5	9
Belgium	3	2	5
Bosnia	0	6	6
Bulgaria	4	54	58
Cyprus		1	1
Croatia	1	8	9
Czechia	4	4	8
Denmark	6	1	7
Estonia	2	3	5
Finland	6	3	9
France	1	4	5
Georgia	4	11	15
Germany	21	7	28
Greece	5	33	38
Hungary		11	11
Iceland	1	3	4
Ireland	4	3	7
Israel	2	6	8
Italy	2	5	7
Latvia	4	8	12
Lithuania	1	0	1
Luxembourg		1	1
North Macedonia	3	7	10
Malta	1	6	7
Montenegro		2	2
Netherlands	3	1	4
Norway	3	7	10
Poland		2	2
Portugal	1	35	36
Romania	5	5	10
Serbia		9	9
Slovak republic	2	2	4
Slovenia	1	7	8
Spain		44	44
Sweden	2	1	3
Switzerland	1	0	1
Turkey		41	41
United Kingdom	8	1	9
Total trainees	106	356	462

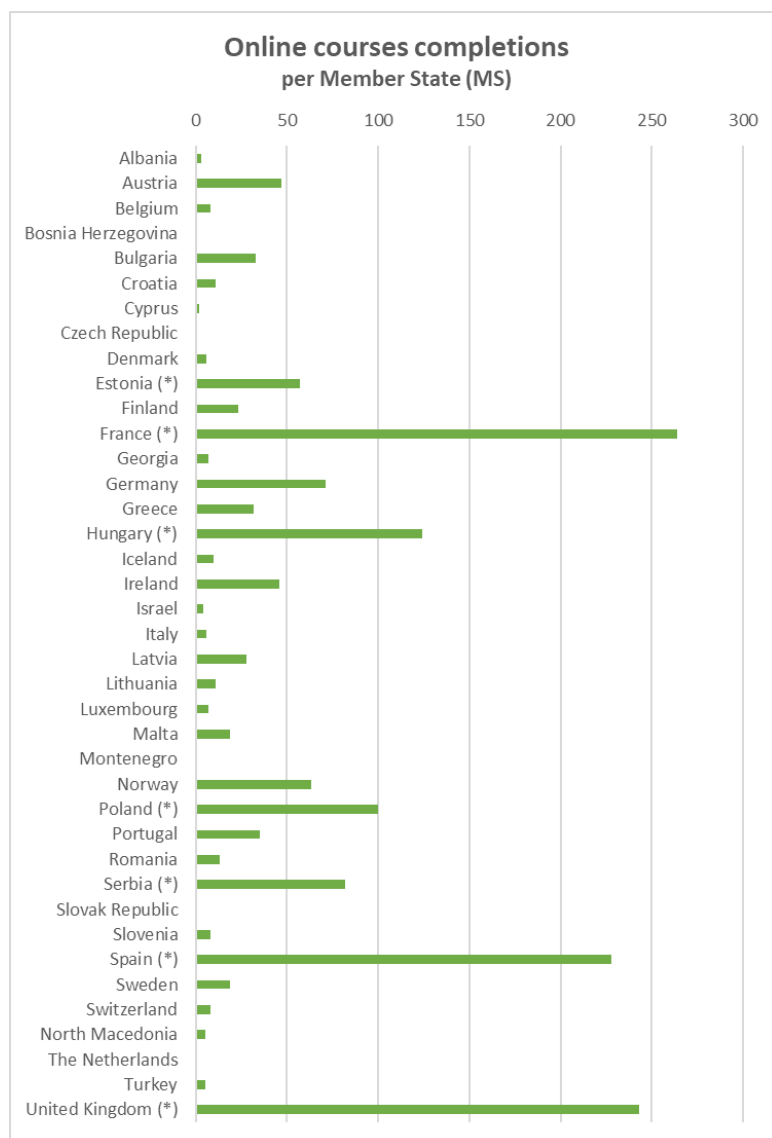
Pillar I - Online training

EuFMD replicated successful formats and adapted them to specific Member State needs. An example is the online **FMD Emergency Preparation** course, which was tailored for country-specific sessions as well as for general attendance for MS trainees. For the **19** classes considered, **12** of which tailored for the country-specific audience -including translation where needed-, a total of **1525** trainees completed the training.

As a consequence of the scalability in replicating this course for a vast number of MS, the estimated cost of this single course is **€ 6.99** per hour of study, considering a total of **18,300** hours of training completed by attendees.

Course	Credits	Tot credits spent	Classes	Tot.
FEPC MS	1 credit per 20 participants	37	7	€ 59,200.00
FEPC country specific	6 training credits for 120 participants	22	5	€ 35,200.00
FEPC subsequent	4 training credits for 120 participants	21	7	€ 33,600.00
Grand Total				€ 128,000.00

The EuFMD focused on both country-specific and general sessions. The online course completions for courses in MS reflects the distribution of general and country-specific sessions.



(*) countries with one or more country-specific session in local language

The online training management system highlights that trainees from MS undertook **25,594** hours of study overall, with an average of **8.72** hours per programme completed.

Type of training	Average hours of online study	Total study hours (MS trainees)
Country specific training events courses	6	1,254
FEPC, FITC	12	19,332
Induction courses related to workshops and field exercises	6	2,574
Other	9	2,434
Grand Total	8.72	25,594

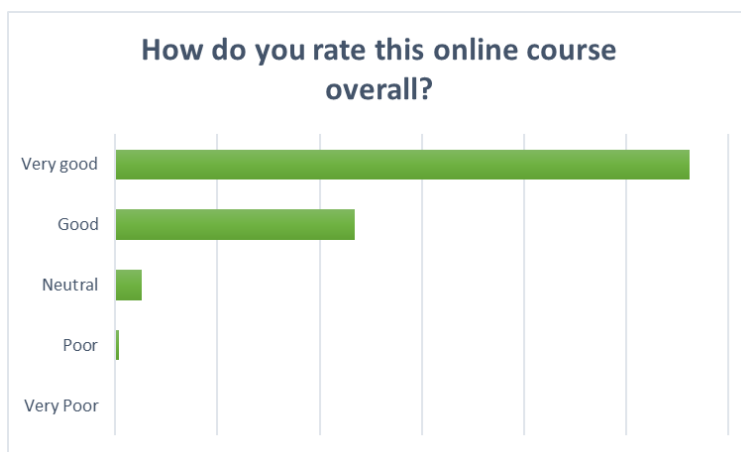
Pillar II and Pillar III - Online training

Pillar II and Pillar III online activities reached a total of **2036** trainees. The participation increased during the timeframe between October 2017 and June 2019 during which over **1600** trainees out of 2036 completed a course.

The combined Pillar I, II and III online activities added up to a total of **47,258** hours of delivery. A total of **4,370** trainees completed EuFMD trainings, of which 3634 standalone courses and **736** induction courses.

Quality improvement survey

EuFMD courses include consistent trainee feedback for quality improvement. The overall appreciation indicator for courses involving MS participants was of **4.64** out of **5**, with **68%** of trainees indicating the most valuable option in the scale of appreciation:



Pillar II

The Pillar II activities were organized in four components, with 11 expected results. The quantitative indicators for achievement were met or exceeded in every case, but do not reflect sufficiently the whole picture of achievement, so are supplemented with a self-assessment given below. **Overall, it was considered that 10 of the 11 expected results were met satisfactorily.**

In terms of contribution to the outcome at Pillar level (Reduced risk to members from the FMD situation in the European neighbourhood), and the overall impact of the Action, the following are the most significant:

- Close co-ordination of missions and support to these countries with FAO, OIE and EC, by working closely with the REMESA Secretariat, and with the FAO and OIE sub-regional offices in Mid-East, Central Asia, and Gulf countries. This allowed joint funding of some actions and avoided overlaps.
- Improved monitoring of the FMD risk reduction programmes in the 14 neighbourhood countries.

Monitoring and evaluation of control programmes is a requirement for countries in PCP Stage 2, and monitoring of strains causing outbreaks is essential to PCP Stage 1. Countries in stage PCP 3 and above must monitor the circulation of virus infection.

Significant achievement in the Phase include:

- Establishment of an agreement between the six neighbouring countries in the Caucasus, for co-ordinated monitoring and reporting of FMD vaccination programmes, and on FMD outbreaks occurring in the immediate administrative areas to the common border. 34 missions were conducted for training or co-ordination to countries in this group. Meetings for co-ordination are held every six months, and monthly reporting achieved with four of the six countries. Further effort is needed to achieve a full participation of the I.R Iran. Iraq has expressed an interest to join this common mechanism, If so, Syria is the final remaining country required to complete the monitoring of risk reduction in the area bordering Turkey.
- National progress in risk reduction programmes: Turkey and Georgia (PCP Stage2) have revised extensively their strategies, and submitted programme for recognition at PCP3, with zones where virus circulation would be controlled. Other countries were assisted regularly with workshops and expert missions for the development (Jordan, Lebanon, Libya, Syria, Mauritania, Palestine, and Sudan) or revision (Armenia, Azerbaijan, Tunisia, Algeria, Morocco, and Egypt) of their FMD control strategy. Jordan, Palestine and Sudan submitted to the FMD WG a national Risk Based Strategic Plan.
- All neighbouring countries with exception of Mauritania have received online, face-to-face and/or national support to design appropriate monitoring of vaccination programmes (PVM). Implementation is more variable, but significant effort has been made to achieve at least a yearly PVM in North Africa and the Caucasus clusters of countries by 2019.
- Improved monitoring of vaccine quality used in the region
 - As vaccination is the main tool used across the region, the impact of quality has a great influence on results. The action established a network to stimulate national trials and compare results on the range of vaccines in use, and these

have generated highly important information for risk managers on several (but not all) vaccines purchased by countries in this region. Six countries (Georgia, Armenia, Azerbaijan, Morocco, Algeria, and Tunisia) implemented field studies supported by EuFMD to assess quality of vaccines in use for FMD.

- Improved understanding of animal movement risks and its application to surveillance and control in North Africa.
 - An innovative approach was first developed in response to the increased frequency of FMD incursions to North Africa, involving capture of animal movement information to develop risk maps for entry and spread of FMD. The resulting risk maps were used to develop disease surveillance (Maghreb countries) and update control programs (Morocco, Tunisia) based on risks, in order to optimize the veterinary service resources deployed in the field, in line with the main risk zones and improve the effectiveness of implemented control measures.
 - Training of countries in the other two sub-regions has taken place and there is evidence that some of these (Turkey, Georgia, Azerbaijan, and Egypt) are starting to use the risk maps to revise their national control programmes.
 - Region-wide capacity building.
 - All neighbourhood countries have received training (French, Arabic, Russian, Turkish and English), on key disciplines needed for PCP development or implementation: FMD Investigation Training, Introduction to the Progressive Control Pathway, FMD Socio-economic Impact Analysis, FMD Risk Analysis Along the Value Chain; FMD Post Vaccination Monitoring, and laboratory procedures. E-learning was used to maximise numbers, followed by in-country missions to achieve or support implementation of training at national level. 19 e-learning courses have been delivered to participants from countries neighbouring to Europe with 1049 participants having completed the courses.
 - Laboratory proficiency of the national reference laboratories for FMD was supported by the action, enabling participation of all the neighbourhood countries in the yearly PTS - supported for 12 countries in the neighbourhood (Algeria, Armenia, Azerbaijan, Egypt, Georgia, Iraq, Jordan, Lebanon, Libya, Morocco, Tunisia, and Turkey).
- Risk information sharing
 - The neighbourhood countries are highly vulnerable to FMD incursions from sub-Saharan Africa, and South and West Asia, and several epidemic incursions occurred in the four-year period. The Pillar III activities provided valuable guidance to risk managers on risk, and vaccine selection.
- Emergency response to incursions into North Africa was needed, and the diagnostic support provided allowed the affected countries to improve the confirmation of FMD and reporting to OIE. Diagnostic material was provided to Algeria and Tunisia during the epidemics of serotype A/AFRICA/ GIV in 2017 and O/EA-3 in 2018-19. Additional diagnostic support was provided for risk based surveillance and/or post vaccination monitoring in North Africa and Middle East (Lebanon, Egypt, Syria, Palestine, Jordan, Armenia, Azerbaijan, Morocco, Algeria, and Tunisia).
- All information collected during the activities and training organized with countries and results of surveillance activities were included in the Global Monthly Report.

Pillar III

The Pillar III activities were organized in four components, with 12 expected results. The quantitative indicators for achievement were met or exceeded in every case. However, as this does not reflect sufficiently the overall achievement, a table below shows the self-assessment. **Overall, it was considered that 9 of the 12 expected results were met satisfactorily.**

In terms of contribution to the **outcome** at Pillar level (Greater Implementation of the Global Strategy), and the **overall impact** of the Action, the following are the most significant:

- **PCP support:** progress on the GF-TADs website and guiding tools, through to the PSO system for support to countries, and support both during and following Roadmaps:
 - EuFMD has become a full member of the FMD Working Group (WG) facilitating the understanding and coordination with the partners involved in the FMD WG;
 - PCP toolbox has been developed for the PCP-FMD community, including guiding documents for joint FAO/OIE application: the 2nd edition of the PCP guidelines have been released and the EuFMD has updated the PCP e-learning modules; a new Self-assessment Tool (SAT) for countries to assess their current PCP Stage was developed in collaboration with the OIE; PCP TRAC system has been designed to assist the FMD WG in the review of official documentation and will be developed and implemented during Phase V;
 - The EuFMD PCP Support Officer (PSO) proposal to the FMD WG has been implemented providing support for countries to follow up on progressive FMD control after attending the regional roadmap meetings. PSOs have been selected from the pool of EuFMD consultants with a view to increasing regional capacity and two specific training courses have been organised in 2019 for expanding this initial pool. PSOs have become active offering support to 20 countries and participating in dedicated PSO Working Group monthly online meetings.
- **Global Laboratory Surveillance:** progress in the harmonization of communication and data sharing between Reference Laboratories, including strain characterization and molecular epidemiological analysis to increase understanding of the global epidemiology of FMDV and help identify risks and threats to livestock industries in endemic and disease-free countries:
 - The support to the WRLFMD diagnostic services on the global FMD strategy led to a noticeable improvement of the surveillance undertaken for FMDV in the different endemic pools. Diagnostic testing and strain characterization on samples received from field outbreaks tested yearly by the WRL and the FMD Reference Laboratories Network increased also as results of continuing training and supervision to regional support laboratories supported during Phase IV.
 - Laboratory proficiency of the national reference laboratories for FMD was supported by the action, enabling participation of an increasing number of countries over the Phase IV in yearly PTS in support of the global FMD strategy.
 - The application of novel diagnostic approaches was tested in West and Central Africa through the support of field studies using Lateral

flow devices (LFDs) and environmental sampling in FMDV surveillance in collaboration with International Reference Laboratories.

- **Global Training programmes.**

- A system was developed for the delivery of training at regional level, and supportive of the establishment of regional and global PCP-FMD networks of trainers and users in South Asia, Southern Africa and West/Central Africa for key disciplines needed for PCP development or implementation (25 e-learning courses delivered in English and French, in the three regions); initial strategic planning for a sustainable approach to the delivery of training at regional level also began, to be developed during Phase V.
- Specific training was developed on Post Vaccination Monitoring, including an online e-learning followed-up by face to face workshop to develop research proposals developed as outputs on the course.
- A study was implemented for the development of a strategy for training approaches and methodologies of veterinary para-professionals (VPPs) on FMD and similar transboundary animal diseases.

2. The Programme Activities

Those eligible for financing through this agreement in the period 2015-2019 were indicated in the Agreement under the three Strategic Goals, and the Objectives of each Component of the Workplan described in the Agreement.

The Action comprised a programme of co-ordinated activities to achieve a set of expected results for each of the 13 Components.

The Annex 1 to the Action described the objectives, and general expected results, but did not detail the activities, their timetable, or the indicators for each expected result. The agreement allowed for the detailed Component work plans to be finalized with agreement of FAO, OIE, the Executive Committee of the EuFMD and EC (DG-SANTE), at the EuFMD Executive Committee meeting that followed the signature of the financing agreement. This was to ensure that Gf-TADs partners provided their input and indicated their agreement to the work plans, in order to be clear that Gf-TADs partners supported the actions relating to neighbourhood countries and in relation to the Global Strategy.

The set of work plans were agreed as follows:

- A complete set of [16 component work plans](#) for the first 24 months were agreed with the Executive Committee, with the CA present, before commencement.
- A second set of [Component work plans](#), agreed in September 2017, covering the final 24 months agreed before commencement.

Given the dynamic nature of the disease risk, the Agreement retained an element of flexibility to respond to disease situation. This was core given the deterioration in FMD security in North Africa, which required change of work plans relating to Component 2.3 (REMESA) to cope with the emergency in Tunisia, Algeria and Morocco.

3. Reporting

The Action was reported

- **Every six months** to the Executive Committee, and every two years to the EuFMD General Session, to which DG-SANTE participates. These Reports are considered official, as defined in the Special Conditions for this Action. For **Phase IV, the below reports were submitted**

- Six-monthly Component reports [October 2015 - February 2016](#)
- Six-monthly Component reports [March 2016 - September 2016](#)
- Six-monthly Component reports [October 2016- March 2017](#)
- Six-monthly Component reports [April 2017- September 2017](#)
- Six-monthly Component reports [October 2017 - March 2018](#)
- Six-monthly Component reports [April 2018 - September 2018](#)
- Six-monthly Component reports [October 2018 - March 2019](#)
- Six-monthly Component reports April 2019 - September 2019

Reports to the Executive Committee

- 91st Executive Committee - [March 2016](#)
- 92nd Executive Committee - [September 2016](#)
- 93rd Executive Committee - [March 2017](#)
- 94th Executive Committee - [October 2017](#)
- 95th Executive Committee - [March 2018](#)
- 96th Executive Committee - [September 2018](#)
- 97th Executive Committee - [January 2019](#)

Reports to the General Session

- 42nd General Session - [April 2017](#)
- 43rd General session - [April 2018](#)

- **Monthly reports** (Global Situation): [12 monthly reports](#) per year on the Global FMD situation.

- Reports following [meetings/workshop](#)s, as per the communication agreed for Phase IV.

- Reports from the Open Session of the EuFMD Standing Technical Committee:

Open Session October 2016;
Open Session October 2018;

All the final reports are online, once cleared by EuFMD and FAO, including regional workshops and roadmaps.

Printing is only done for a selected number of workshops and participants (usually 30 copies at the most, except for the Open sessions: 100 copies)

4. **Beneficiaries**

In the three Pillars

Pillar I: Over half of the financial value programme (Pillar I, 7 Outputs) directly benefitted the 39 EuFMD Member States (MS)⁵.

Six of the eight Components directly benefitted or involved all EuFMD MS. **Components 1.3** and **1.4** were sub-regional in focus, directly involving Greece, Bulgaria and Turkey (Component 1.3) and ten mainly West Balkan countries (Component 1.4). **Component 1.5** operated as a competitive research fund, open to all MS. **Component 1.6** was an emergency reserve, for disease emergency response, and **Component 1.7** provided the opportunity for non-EU Member States to participate in the annual Proficiency Test (PTS) operated by the EU-Reference Laboratory (Pirbright), on the same basis as EU countries whose participation was guaranteed by direct EU-RL funding from DG-SANTE. **Component 1.8** benefitted all MS through provision of Monthly reports on FMD risk and with improved tools for prioritising vaccine bank decisions.

Pillar II: The countries directly involved were beneficiaries in the neighbourhood of the three sub-regional Components, and indirectly, through the reduction of risk, all EuFMD Member States. Three EuFMD Member States (Turkey, Israel, Georgia) were direct beneficiaries, and indirectly the activities benefitted the six EU countries that are members of REMESA.

Pillar III: Direct beneficiaries were the countries where the **Progressive Control Pathway** (PCP) progress was recognized or surveillance achieved, and the international organizations (FAO and OIE) by the support to the Gf-TADs Global Strategy. Around 26 countries benefitted from guidance to develop their PCP plans. Indirectly, the PCP progress in several countries in endemic regions (in South Asia, West and East Africa) reduced the risk these countries pose in their regions and to Europe, and the overall regional progress under GF-TADs is of benefit to both risk information availability and risk mitigation.

5. **Operational background to the Action**

The Action was operationally active from 1st October 2015 until 30th September 2019. The 48-month Work Programme was approved at the 41st General Session of the EuFMD in April 2015 and formed the basis of the Action agreed between the Contracting Authority and FAO for financial support. In compliance with the Grant Agreement description of the Action, detailed workplans for the 16 Component objectives were agreed between EC and the Executive Committee, OIE and FAO at the 90th Session of the Executive Committee in September 2015. A subsequent updating of the Workplan (2nd Biennium) was proposed to the Contracting Authority and agreed in 2017. The Strategic Plan was firmly aligned with the EuFMD Constitution and contributed to the Strategic Objectives (SO) SO5 of FAO's Strategic Framework, in the areas of Improved Emergency Preparedness, National and Regional Policies on risk reduction, and in Coordination and Crisis response.

⁵ Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Georgia, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, The Netherlands, Turkey, the United Kingdom.

6. Project management

The project was implemented through the signature of the Grant Agreement between the Contracting Authority and the Organization, and through the technical and operational capacity of the EuFMD Commission. The latter supplied the management, technical and operational inputs and handled the budget holder responsibilities. The EuFMD is an Article XIV body of the FAO, which means it is functionally independent for project management. The Secretariat of the EuFMD, hosted by the Organization, was responsible for the implementation of the project, the Executive Secretary was the Budget Holder and the Deputy Secretary was the Lead Technical Officer (LTO).

The EuFMD Secretariat is funded by the 39 Member States, with biennial agreement on the administrative budget, with between four and six full-time equivalent members of staff funded from the members' contribution to support the EC project.

The project was managed overall by the Executive Secretary, with each Component (Output) being supervised by one of three members of the senior Secretariat and managed by one of the above officers. Each Component thus had a day-to-day manager and a supervisor, the latter to ensure co-ordination with the other Outputs under the same Pillar.

The operational support team, across the programme, was supported by five positions of which one is funded under MTF/INT/011/MUL and four funded under the EC programme.

The EuFMD Secretariat was supported by an Executive Committee (consisting of Chief Veterinary Officers from EuFMD member states) which met every six months to review the progress and address any operational, management or financial issues that required higher-level agreement with the European Commission (EC). The EuFMD was also supported by a Standing Technical Committee (STC), a Special Commission for Research and Program Development (SCRPD), which advised on the technical and scientific aspects of the programme, and a Special Commission for Biorisk Management (SCBRM), for the technical area of laboratory biocontainment and Biorisk procedures. The Executive Committee (ExCom) of the EuFMD comprised eight persons, usually Chief Veterinary Officers, elected by the Commission at the biennial General Session. The responsibilities of the Executive Committee are set out in the EuFMD Constitution as are the Rules of Procedure. The Executive Committee had the role of monitoring the progress of the work programme implemented following the previous Session. The Executive Committee is mandated to discuss, amend and approve the programmed activities of the Commission including those of the work programme of action.

7. Arrangements for monitoring/supervision of this operation and risks involved in its implementation

The EuFMD Executive Committee, at which EC, OIE and FAO actively participate, monitored the implementation of the programme every six months in the period October 2015 - September 2019. The progress was also reported to the 42nd and 43rd General Sessions of the EuFMD, where the 39 MS, EC, OIE and FAO are represented, as that body has the function to evaluate progress against the Strategic Plan agreed in 2015.

8. Key project management strengths include

- The **clear and transparent workplans** agreed with FAO, OIE, the MS (through the Executive) and with the EC (DG-SANTE), with mechanisms every six months for review of the progress and to address the issues of priority setting when new developments (epidemics arose).

- Implementing a **result based management system** with clear management responsibilities for the 16 Components of the workplan.

- Ensuring managers remain close to the beneficiary veterinary services through systems for **engagement in every Component** that enables a voice of the target group (demand) through every Component having special advisors or guidance networks from the Member States.

An achievement of this way of implementation was that beneficiaries were **directly engaged** and able to provide their feedback to ensure **greater involvement and uptake**. For example, the **Component 1.1** Training programme established a network of 39 focal points from the 39 MS and each one was offered a menu of Training Options and could select training according to notional “credits” according to their priorities relating to FMD emergency management issues. Satisfaction with courses is, as a result, higher as they are closer to demand. Through **innovative means**, an adaptable **e-learning course** was launched that meets the demand for rapid training for experts faced with emergencies, and the EU has translated the course into all official languages of the EU, at their cost.

9. Impact of the project

The project has made a **major impact**, and can be considered one of the factors behind the positive animal health status in Europe relating to FMD, with no cases of the infection in the last four years, despite the high risks associated with the neighbourhood countries.

The Action has had its impact through the achievements given in section 4. Of these, the scale of the training programme stands out, with 98 tutored e-learning courses delivered, resulting in generating many thousands of better-aware animal health service staff in the 53 European and neighbourhood countries.

In Pillar I, without doubt, national cascade of training within Member States has had a very positive impact, enabling MS to achieve scale but also better coherence in MS with devolved administrations.

In the Pillar II countries, these courses were used ahead of in-country workshops which led to actions feasible for implementation.

In Pillar III, at the Global Scale, the programme has been critical for the sustained progress of the FMD global strategy, and improvement of the effectiveness of the GF-TADS partnership.

10. Problems encountered

The security situation in Egypt, Syria, Iraq and Libya has impacted field missions.

The above relates to only two of the 16 Components so, overall, they are **not a significant issue for implementation**.

The slower-than-expected progress in Component 3.1 relates to difficulties between two partners, FAO and OIE. The arrangements worked better once EuFMD had been granted a seat on the FMD-WG after 2017.

11. Sustainability of the project's achievements

Demand-driven processes were used in the implementation as well as design phase of the Action, to improve the delivery of outputs that would be taken up and used sustainably by the beneficiaries. To achieve this, each of the 16 Components has in its design and in term of activities, a **coordination element** to ensure both a demand-driven programme and better ownership. As the focus of most Components is on the improved capacity for planning and prevention of FMD, the sustainability depends on the value of this increased expertise, technical tools or results obtained at national level. The coordination with beneficiaries was found to be important to ensure that these outputs were of most immediate use and application. Sustainability is expected in that EU countries must maintain and test their emergency preparedness for FMD and therefore keep in their services the expertise generated under the project, or make use in national training of the training tools developed. For non-EU countries, the emphasis on better management planning (PCP) and the parallel Regional Roadmaps (OIE/FAO) requires that countries plan their progression for the coming five-ten years and provide annual evidence of progress or address their difficulties, which will sustain the process of regular evaluation and updating of plans. The sustained uptake is also likely to be continue from the necessity of countries to revise their plans to meet the changing risk situation, and the outputs of the project will remain available as online resources and tools to sustain this. For countries where some dependence on the project may develop or exist, for example surveillance programme in high-risk border regions, the Executive Committee has a clear role relating to developing an exit strategy or ensure sustained attention to the issue by the MS or by securing follow-on financing.

Many of the actions implemented under Phase IV to improve preparedness against FMD and reduce the risk of its introduction and spread were recognized by the beneficiaries as very valuable for other similar TADs. The training methodology proposed and material produced, the networks established and the competencies developed across the EuFMD members, in the European neighbourhood and beyond, are considered an important opportunity and possibility to further improve the national and regional capacities to early detect, respond and progressively control FMD and other TADs. Such approach, material, networks and expertise can be easily accessible by different regional or international organizations or available to be used under future agreements of mutual cooperation established among countries for improved control of FMD and similar TADs.

There is evidence from **Phase III** that the focus on supporting national risk managers has been effective, with uptake of the training and new tools provided into national training programmes. The impact upon GF-TADs effectiveness was significant as the programme developed new tools and transformed the website content and usage.

12. Transfer of equipment

As per previous EuFMD project's phases, equipment, asset, App, models licences and software has been transferred to Phase V of the Project.

13. **Visibility, Communication and environmental sustainability**

[EuFMD Institutional Website](#); [EuFMD ELearning Platform](#); [EuFMD Manuals & Guidelines](#); [EuFMD knowledge-bank](#); [EuFMD Reports](#); [Global Monthly Reports](#), The Commission publishes a monthly report on the global FMD Disease situation, based on information sources which include databases such as EMPRES-AH/GLEWS, EMPRES-i, OIE WAHIS, WRLFMD.

[EuFMD Podcasts](#)

Implementation of Mobile Application management of the activities: EuFMD Events App available on Google Play and App Store, SMS reporting for farmers; FMD Outbreak Investigation App; Use of Telegram and Whatsapp to deliver training, EuFMDiS and Socio Economics WhatsApp group to support training.

Activities on Social media: [Twitter](#); [Instagram](#); [LinkedIn](#); [YouTube](#); [SoundCloud](#); tiktok.@eufmd

Large database of relevant FMD photos on [Flickr](#).

Publication and printed materials: 1 monthly newsletter and at least 3 scientific articles published per year. Chronoexpos; posters; leaflets, visiting cards, infographics, agenda, gadgets; produced to promote project visibility.

For our **environmental sustainability** drive, EUFMD reduces the number of printed documents and the documents are printed on recycled paper. All meeting documents, including the 2018 Open Session report are online and on the EuFMD events App. Selection of venue for meetings, sessions and workshops are made to help reducing and offset emissions and are organized in Eco sustainable venues; no plastic water bottle are distributed during meetings, favoring distribution of water dispenser and refillable bottles.



Annex 1

Achievements of the Action - Reporting against the 16 Component Objectives and 42 Expected Results

Self-assessment score (from 0 to 5, with 4 and 5 being fully achieved). Explanation is given where the score is less than 5.

Outputs (Component level)	Target (expected result)	Self-assessed Level of achievement Pillar I Overall > 80% (18 of 21) score 4-5
Pillar I	1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.	5 Fully Achieved
	1.1.1 System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services supported by Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support;	
	1.1.2. Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery	5 Fully Achieved
	1.2 Improved contingency planning by Members and at European level	
	1.2.1 System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises;	4 In last 24 months, priority was given to the modelling programme over the other networks.
	1.2.2 Establishment of improved system for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources	4 Great progress on modelling, less progress on vaccine banks or human resources
	1.3 Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey	
	1.3.1 Maintenance of FMD freedom in Thrace region, and confidence at all times in this status on the basis of co-ordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur.	5 Fully Achieved
	1.3.2 Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintain DF confidence.	5 Fully Achieved
	1.3.3. Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries.	5 Fully Achieved for FMD evidence for freedom. Not achieved for PPR and LSD because of disease management as a result of LSD and PPR risk.
	1.3.4 Improved capacity to respond to exotic disease incursions in to the common border region, through participation in joint exercises and development of harmonized levels of contingency planning.	4 Two significant joint exercises, but harmonized level of CP not yet achieved.
	1.4 Improved emergency management capacity for FMD in the Balkan region	
	1.4.1 Confidence in the coordination framework for western Balkan countries as a tool to ensure the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises;	4 The CF functioned but requires strengthening considering the need to coordinate on planning for ASF and other TADS.
	1.4.2 Contingency plans for FMD agreed at national level and tested through at least one exercise	3 At least 4 useful sim-exercises undertaken, but a decision was made to change the approach to assessment with focus

		attention on emergency preparedness and not the CPs alone.
	1.4.3 Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.	4 Development of the regional support system (diagnostic bank) was finalized in 2019
1.5 Research outputs relevant to resolve policy issues.	1.5.1 Produce Special Committee on Research and PD reports, including Biorisk Management;	5 Fully Achieved. Two major international Sessions (2016, 18) and the Biorisk Management Committee developed the revised Minimum Standards for FMD Laboratories.
	1.5.2 Outputs of Funded Research Projects.	5 Fully Achieved
1.6 Earlier control of disease outbreaks through assistance to emergency response operations	1.6.1 Emergency response operations co-ordinated with EC that involve procurement and timely delivery of material aid, and technical guidance, to veterinary services.	5 Fully Achieved Less needed than in the past but enabled a rapid response to provide essential kits or emergency missions
1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighbourhood	1.7.1 Increased participation and better national alignment of the NRLs in the European neighbourhood to the EuFMD and EU standard for FMD diagnostic NRLS performance (as defined at GS39), with specific results of:	5 Fully Achieved. Note in 2019, this was achieved with a new partner (new EU-RL).
	1.7.2 Participation of 20 non-EU EuFMD Member States and neighbourhood countries in annual PTS;	5 Fully Achieved
	1.7.3 Management and participation in annual EU reference laboratory meetings	5 Fully Achieved
1.8 Improved early warning system, risk communication and its uptake by Member States into prevention and early detection operation	1.8.1 System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others	5 Fully Achieved
	1.8.2 System established to ensure that changes in FMD incidence, and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers	5 Fully Achieved
	1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention	3 Given the complexity a decision was made to focus effort on the development of the Europe wide modelling tool (EuFMDis)
	1.8.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver	3 Significant progress on livestock movement risk mapping, as a priority over that a meat price based system.

Outputs (Component level)	Target (expected result)	Self-assessed Level of achievement Pillar II overall 100% achieved at 4-5 level (10/11)
Pillar II	2.1 South-East Europe: better FMD Management in Turkey and neighbours	2.1.1 Member States (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages 4 Support provided but greater progress at national scale would have been made with a more timely response from GF-TADs partners
	2.1.2 Regional Capacity to manage the FMD risks improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries	4 Significant regional capacity development has occurred, except in the laboratory side
	2.2 South-East Mediterranean: Better FMD management in the neighborhood of Cyprus and Israel	2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon. 4
	2.2.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally, including the establishment of a system to improve planning of surveillance measures aimed improving confidence in disease detection and/or freedom (as applicable) in the neighbourhood.	4 Improved monitoring of vaccination programmes has occurred. Greater achievement would have required more commitment at nat level to monitor their programmes.
	2.2.3 System in place to provide improved disease risk information to managers in Israel and Cyprus re: vaccine selection for the threats from bordering areas of the Middle-East and sub-Saharan East Africa.	4 Still challenging to gain sufficient virus typing from countries exporting into the ME.
	2.3 North Africa: technical support to REMESA actions to achieve improved control of FMD	2.3.1 Progress to develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia; 3 Significant security challenges (Libya) and issues with willingness of countries to address the scale of risks (increased incursions from sub-Saharan sources).
	2.3.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally as needed to progress the REMESA Strategic Plan, including the establishment of surveillance measures aimed improving security of sanitary barriers between countries or zones with different FMD situations.	5 Fully Achieved
	2.3.3 System in place to provide improved disease risk information for planning of vaccination programmes, including vaccine banks, to support managers in REMESA	4 Good progress in livestock movement risk mapping, less on vaccine banks
	2.4 Improved National and Regional Capacity for the management of FMD through development and evaluation of training programmes for national staff	2.4.1 To have developed a wide range of PCP-FMD resources and training materials in various modes and languages for countries in Pillar II. 5 Fully Achieved
	2.4.2 To have established a method for M&E of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries.	4 Expert reviews have provided recs for QA that require implementation.
	2.4.3 Fit for purpose training courses and resources are available for wider use by neighbourhood countries and which are largely appropriate and adaptable to the needs of the global community (Pillar III uptake/GF-TADs).	5 Fully Achieved.

Outputs (Component level)	Target (expected result)	Pillar III: Achievement: 80% at 4 or 5 (9/12)
Pillar III	3.1 Improved system for M&E of the progress of regional programmes on FMD control	3.1.1 International Progress Monitoring system functioning effectively 4
	3.1.2 Provide training support to the OIE/FAO working group activities 3	
	3.1.3 FAO-OIE Working Group enabled to produce information on annual, Global FMD Report. 3	Reporting has been enabled but by GF-TADS decision is not an annual report, but is reported at the OIE Assembly
	3.2 Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD	3.2.1 PCP toolbox developed for PCP-FMD user community, including guiding documents developed for joint FAO/OIE application 5
	3.2.2 System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress 5	Fully Achieved. A suite of tools developed to support the community/GF-TADS partners
	3.2.3 The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved. 4	Fully Achieved.
	3.3 Improved international FMD reference laboratories services and their contribution to regional epidemics – surveillance networks	3.3.1 Co-ordination of international harmonisation in methods and support activities by the OIE/FAO global FMD laboratory network 4
	3.3.2 International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL; 4	Surveillance targets not met in each Roadmap region and new priorities (South Asia) have emerged.
	3.3.3 Epidemic-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information 3	Progress was very challenging - the networks remain weak.
	3.3.4 Support for a global proficiency test scheme, to include 19 laboratories in the global network 5	Fully Achieved
	3.4 Improved National and Regional Capacity for the Roll-Out of the Global Strategy and the management of FMD: Pillar III Training Component	3.4.1 PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD WG. 5
	3.4. System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users 5	Fully Achieved

Table 1. Verifiable Indicators - Achievement of targets (Expected Results)

Outputs (Component level)		Target (expected result)	Verifiable indicators of achievement
Pillar I	1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes.	1.1.1 System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services supported by Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support.	The <u>e-learning site</u>
		1.1.2. Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery.	Phase IV Final 6 monthly report - available on request
	1.2 Improved contingency planning by Members and at European level	1.2.1 System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises.	The <u>network pages</u>
		1.2.2 Establishment of improved system for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources.	The <u>EuFMDis pages</u> Phase IV Final 6 monthly report - available on request
	1.3 Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria and Turkey	1.3.1 Maintenance of FMD freedom in Thrace region, and confidence at all times in this status on the basis of co-ordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur.	Phase IV Final 6 monthly report - available on request
		1.3.2 Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintain DF confidence.	Google Fusion tables were discontinued in Dec 2019. A LoA with IZSLT will include the development of a new system to substitute the Google Fusion tables.
		1.3.3. Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries.	Phase IV Final 6 monthly report - available on request
		1.3.4 Improved capacity to respond to exotic disease incursions in to the common border region, through participation in joint exercises and development of harmonized levels of contingency planning.	Phase IV Final 6 monthly report - available on request
	1.4 Improved emergency management capacity for FMD in the Balkan region	1.4.1 Confidence in the coordination framework for western Balkan countries as a tool to ensure the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises.	Phase IV Final 6 monthly report - available on request

		1.4.2 Contingency plans for FMD agreed at national level and tested through at least one exercise.	Phase IV Final 6 monthly report - available on request
		1.4.3 Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system immediate regional diagnostic support for an FMD crisis.	Ohrid WS report available upon request
1.5 Research outputs relevant to resolve policy issues.	1.5.1 Produce Special Committee on Research and PD reports, including Biorisk Management.		-Open Session <u>Report</u> -SCBRM proposed <u>Min Standards document</u> – 43 rd <u>General Session</u> of the EuFMD
	1.5.2 Outputs of Funded Research Projects.		-A table summarizing the projects is available in the Executive Committee 98 meeting documentation -The <u>FAR online meeting</u> has been recorded (Password: FARfunded1). -The Open Session presentations are <u>available</u> via a password
1.6 Earlier control of disease outbreaks through assistance to emergency response operations	1.6.1 Emergency response operations co-ordinated with EC that involve procurement and timely delivery of material aid, and technical guidance, to veterinary services.		-Assistance to emergency response operations: (<u>1</u> ; <u>2</u> ; <u>3</u>) -Link to the activities reported under 1.6 (<u>92nd Excom</u> - <u>BTOR</u> – <u>Appendix 21 42nd GS</u>) Don King <u>PPT –GS43</u>
1.7 Harmonized Proficiency Testing Service for EU and non-EU Members in the European neighborhood	1.7.1 Increased participation and better national alignment of the NRLs in the European neighbourhood to the EuFMD and EU standard for FMD diagnostic NRLS performance (as defined at GS39), with specific results.		
	1.7.2 Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS.		As above
	1.7.3 Management and participation in annual EU reference laboratory meetings.		As above
1.8 Improved early warning system, risk communication and its uptake by Member States into prevention and early detection operation	1.8.1 System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others.		Summary from Univ. of Surrey: the pragmatist tool put in a web interface with improved functionalities. This is still a pilot,
	1.8.2 System established to ensure that changes in FMD incidence and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers.		The Global Monthly reports <u>online</u>
	1.8.3 Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention.		N/A
	1.8.4 System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver.		The RAMPAM study <u>1</u> and <u>2</u>

Outputs (Component level)		Target (expected result)	Verifiable indicators of achievement
Pillar II	2.1 South-East Europe: better FMD Management in Turkey and neighbours	2.1.1 Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages.	-The West Eurasia Roadmap – Shiraz, Iran -Pillar II report (GS43) and presentations (EuFMD, Turkey and Georgia)
		2.1.2 Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries.	-The West Eurasia Roadmap – Shiraz, Iran -Phase IV Final 6 monthly report - available on request
	2.2 South-East Mediterranean: Better FMD management in the neighborhood of Cyprus and Israel	2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon.	The Middle East roadmap meeting- Amman, Jordan REMESA JPC meeting reports and ppts (EuFMD) Phase IV Final 6 monthly report - available on request
		2.2.2 Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally, including the establishment of a system to improve planning of surveillance measures aimed improving confidence in disease detection and/or freedom (as applicable) in the neighbourhood.	-REMESA JPC meeting reports and presentations -Phase IV Final 6 monthly report - available on request
		2.2.3 System in place to provide improved disease risk information to managers in Israel and Cyprus re: vaccine selection for the threats from bordering areas of the Middle-East and sub-Saharan East Africa.	The Global Monthly reports online
	2.3 North Africa: technical support to REMESA actions to achieve improved control of FMD	2.3.1 Progress to develop, adopt and implement RBSP for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia.	-REMESA JPC meeting reports and ppts. -Phase IV Final 6 monthly report - available on request
		2.3.2 Coordination framework in place to facilitate communication, review and guide activity implementation nationally and regionally needed to progress the REMESA Strategic Plan, including surveillance measures aimed improving security of sanitary barriers between countries or zones with different FMD situations.	-The REMESA JPC meetings -Pillar II report (GS43) and ppt. -Phase IV Final 6 monthly report - available on request
		2.3.3 System in place to provide improved disease risk information for planning of vaccination programmes, including vaccine banks, to support managers in REMESA.	-Pillar II report (GS43) and ppt. -Phase IV Final 6 monthly report - available on request
	2.4 Improved National and Regional Capacity for the management of FMD through development and evaluation of training programmes for national staff	2.4.1 To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face-to-face, webinars) and languages for countries in Pillar II.	-The e-learning site -Phase IV Final 6 monthly report - available on request
		2.4.2 To have established a method for M&E of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences/beneficiaries.	-Phase IV Final 6 monthly report - available on request and e-learning site
		2.4.3 Fit for purpose training courses and resources are available for wider use by neighbourhood countries and which are largely appropriate and adaptable to the needs of the global community (Pillar III uptake/GF-TADs).	- Course on PVM, SE, and in Arabic and French,

	Outputs (Component level)	Target (expected result)	Verifiable indicators of achievement
Pillar III	3.1 Improved system for M&E of the progress of regional programmes on FMD control	3.1.1 International Progress Monitoring system functioning effectively.	FMD-WG, GF-TADS website
		3.1.2 Provide training support to the OIE/FAO working group activities	FMD-WG, GF-TADS website
		3.1.3 FAO/OIE Working Group enabled to produce information on annual, Global FMD Report.	FMD-WG, GF-TADS website
	3.2 Improved capacity, methods and guidelines for application of the EuFMD, FAO and OIE Progressive Control Pathway (PCP) for FMD	3.2.1 PCP toolbox developed for PCP-FMD user community, including guiding documents developed for joint FAO/OIE application.	The e-learning site SAT and RAP videos on youtube channel Updated documents on the GfTADS page
		3.2.2 System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress.	PSO workshops in Accra and Bangkok. Multiple interviews on YT recorded during the PSO workshops (1 ; 2 ; 3 ; 4) PSO repository
		3.2.3 The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved.	EuFMD newsletter on SAT and its use in RMM GF-TADS website
	3.3 Improved international FMD reference laboratories services and their contribution to regional epidemio – surveillance networks	3.3.1 Co-ordination of international harmonisation in methods and support activities by the OIE/FAO global FMD laboratory network.	OIE/FAO network pages/report
		3.3.2 International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL.	Link to Don Kings PPT –GS43 2018 Network report –WRL LFD in West Africa
		3.3.3 Epidemio-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information.	The Global Monthly reports online
		3.3.4 Support for a global proficiency test scheme, to include 19 laboratories in the global network.	Link to Don Kings PPT –GS43 Report of WRL on their LOA 2015-17, and 2017-19
	3.4 Improved National and Regional Capacity for the Roll-Out of the Global Strategy and the management of FMD: Pillar III Training Component	3.4.1 PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD WG.	Links to training pages on Pillar III courses
		3.4. System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users.	2 PSO workshops: multiple interviews on YT recorded during the PSO workshops (1 ; 2 ; 3 ; 4)

Annex 2

Letters of Agreement

Supplier	Description	Total Amount	Currency	Comp
Royal Veterinary College	EuFMD e-Learning Virtual Learning Environment	32,708.00	GBP	1.5
The Pirbright Institute	Monitoring and Evaluation of regional programmes Pillar III	425,380.00	EUR	1.7/3.3
Jordan Univ Science & Tech.	Trainings on FMD prevention and control	3,000.00	EUR	2.2/2.4
The Pirbright Institute	Monitoring and Evaluation of regional programmes Pillar III	42,919.00	GBP	1.5
ANSES	Monitoring and Evaluation of regional programmes	56,955.00	EUR	1.5
Friedrich Loeffler Institut	Validating multiplex real-time RT-PCR and Alternative sampling strategies for FMD and transport.	23,715.00	EUR	1.5
CIRAD	Develop risk map surveillance system and mapping tool for southern European neighbourhood and evaluation to develop FMD control in West/Central Africa	196,000.00	EUR	1.5/2.1/ 2.2/ 2.3/2.4/ 3.1
The Pirbright Institute	Services to the FAO/OIE global FMD laboratory	455,100.00	EUR	1.7/3.3
IZSLT	Services for the reduction FMD risk to EuFMD member countries and for improving the uptake of the global strategy for progressive control of FMD	127,774.00	EUR	2.1/2.2/ 3.1/3.2
Vétérinaires Sans Frontières VSF - Suisse	Develop a system for FMD outbreak detection, sample collection and submission, and for the evaluate potential for development FMD control options in Mali	20,000.00	EUR	1.5 FAR Selection Funded by 3.3
The Pirbright Institute (WRLFMD)	Alternative vaccine selection techniques	45,709.25	EUR	1.5
CINI	Develop a mobile application for livestock disease reporting of FMD	20,000.00	EUR	1.1/3.4
Emerging Infectious Disease Research Association (EIDRA)	Environmental sampling for FMD surveillance in four agro-ecological zones in the Republic of Cameroon	16,257,936.00	XAF	3.3
ANSES	Assessment of NRL capacities across t REMESA region on FAST; FMD PTS for seven non-EU countries	10,560.00	EUR	1.3/2.1/ 2.2
University of Surrey	Validation of the Prioritisation of Antigen Management with International Surveillance Tool (PRAGMATIST)	12,045.00	GBP	1.8/2.2
Stichting Wageningen Research - Wageningen Bioveterinary Research	External review of the EuFMDiS Simulation Model	19,418.00	EUR	1.2
The Royal Veterinary College, University of London	Training strategy of veterinary para-professionals on FAST	28,368.00	GBP	3.4
School of Veterinary Medicine and Science, University of Nottingham	Impact of EuFMD training and development of quality assurance.	15,037.00	GBP	1.1

Annex 3

Internal Financial Report - Four year activities across Three Pillars

BUDGET CATEGORIES	BUDGET	EXPENDITURE	BALANCE	% under/ over spending
Salaries (<i>Professional</i>)				
Pillar I	229,690	237,648	-7,958	103%
Pillar II	100,998	99,351	1,647	98%
Pillar III	68,418	69,558	-1,140	102%
A. Salaries (<i>Professional</i>) Sub-Total	399,106	406,557	-7,451	102%
Consultancy				
Pillar I	1,090,878	1,155,120	-64,242	106%
Pillar II	732,488	836,474	-103,986	114%
Pillar III	438,892	466,981	-28,089	106%
B. Consultancy Sub-Total	2,262,258	2,458,575	-196,317	109%
Travel				
Pillar I	792,400	744,286	48,114	94%
Pillar II	483,000	412,903	70,097	85%
Pillar III	180,990	149,450	31,540	83%
C. Travel Sub-Total	1,456,390	1,306,639	149,751	90%
Contracts				
Pillar I	679,659	447,642	232,017	66%
Pillar II	183,000	210,780	-27,780	115%
Pillar III	825,066	895,125	-70,059	108%
D. Contracts Sub-Total	1,687,725	1,553,547	134,178	92%
Training				
Pillar I	288,000	125,950	162,050	44%
Pillar II	251,894	189,153	62,741	75%
Pillar III	45,000	43,085	1,915	96%
E. Training Sub-Total	584,894	358,188	226,706	61%
Procurement				
Pillar I	420,672	187,706	232,966	45%
Pillar II	121,904	92,690	29,214	76%
Pillar III	63,318	47,361	15,957	75%
F. Procurement Sub-Total	605,894	327,757	278,137	54%
Others				
Pillar I	289,556	216,289	73,267	75%
Pillar II	87,596	78,647	8,949	90%
Pillar III	20,000	23,942	-3,942	120%
G. Others Sub-Total	397,152	318,879	78,273	80%
GRAND TOTAL	7,393,419	6,730,142	663,277	91%

Internal Financial Report - Four year activities Pillar I

BUDGET CATEGORIES	Pillar I			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 1.1	59,730	62,491	-2,761	105%
Component 1.2	30,408	31,110	-702	102%
Component 1.3	40,182	42,088	-1,906	105%
Component 1.4	19,548	21,237	-1,689	109%
Component 1.5	30,408	31,103	-695	102%
Component 1.6	18,462	18,733	-271	101%
Component 1.7	544	1,253	-709	230%
Component 1.8	30,408	29,633	775	97%
A. Salaries (Professional) Sub-Total	229,690	237,648	-7,958	103%
Consultancy				
Component 1.1	384,376	373,268	11,108	97%
Component 1.2	107,712	39,909	67,803	37%
Component 1.3	410,812	454,120	-43,308	111%
Component 1.4	79,796	101,093	-21,297	127%
Component 1.5	52,932	80,082	-27,150	151%
Component 1.6	10,000	29,750	-19,750	297%
Component 1.7	7,802	13,898	-6,096	178%
Component 1.8	37,448	63,001	-25,553	168%
B. Consultancy Sub-Total	1,090,878	1,155,120	-64,242	106%
Travel				
Component 1.1	361,200	408,719	-47,519	113%
Component 1.2	50,000	95,235	-45,235	190%
Component 1.3	105,000	58,863	46,137	56%
Component 1.4	115,000	77,449	37,551	67%
Component 1.5	116,200	92,094	24,106	79%
Component 1.6	10,000	4,173	5,827	42%
Component 1.7	5,000	2,053	2,947	41%
Component 1.8	30,000	5,700	24,300	19%
C. Travel Sub-Total	792,400	744,286	48,114	94%
Contracts				
Component 1.1	80,000	44,733	35,267	56%
Component 1.2	25,000	19,986	5,014	80%
Component 1.3	15,000	14,320	680	95%
Component 1.4	50,000	-	50,000	0%
Component 1.5	416,659	254,134	162,525	61%
Component 1.6	-	-	-	-
Component 1.7	78,000	105,736	-27,736	136%
Component 1.8	15,000	8,733	6,267	58%
D. Contracts Sub-Total	679,659	447,642	232,017	66%
Training				
Component 1.1	141,000	84,002	56,998	60%
Component 1.2	10,000	1,051	8,949	11%
Component 1.3	70,000	16,771	53,229	24%
Component 1.4	25,000	19,902	5,098	80%
Component 1.5	20,000	-	20,000	0%
Component 1.6	5,000	781	4,219	16%
Component 1.7	5,000	-	5,000	0%
Component 1.8	12,000	3,444	8,556	29%
E. Training Sub-Total	288,000	125,950	162,050	44%
Procurement				
Component 1.1	15,232	30,360	-15,128	199%
Component 1.2	-	-	-	-
Component 1.3	76,798	71,897	4,901	94%
Component 1.4	31,284	69,697	-38,413	223%
Component 1.5	1,000	-	1,000	0%
Component 1.6	295,358	15,752	279,606	5%
Component 1.7	0	-	-	-
Component 1.8	1,000	-	1,000	0%
F. Procurement Sub-Total	420,672	187,706	232,966	45%
Others				
Component 1.1	54,000	85,847	-31,847	159%
Component 1.2	15,000	7,471	7,529	50%
Component 1.3	95,600	49,906	45,694	52%
Component 1.4	84,956	39,488	45,468	46%
Component 1.5	15,000	32,608	-17,608	217%
Component 1.6	15,000	970	14,030	6%
Component 1.7	-	-	-	-
Component 1.8	10,000	-	10,000	0%
G. Others Sub-Total	289,556	216,289	73,267	75%
GRAND TOTAL	3,790,855	3,114,642	676,213	82%

Internal Financial Report - Four year activities Pillar II

BUDGET CATEGORIES	Pillar II			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 2.1	40,182	40,021	161	100%
Component 2.2	24,978	24,368	610	98%
Component 2.3	30,408	29,665	743	98%
Component 2.4	5,430	5,297	133	98%
A. Salaries (Professional) Sub-Total	100,998	99,351	1,647	98%
Consultancy				
Component 2.1	331,570	333,953	- 2,383	101%
Component 2.2	123,244	156,616	- 33,372	127%
Component 2.3	135,640	166,480	- 30,840	123%
Component 2.4	142,034	179,425	- 37,391	126%
B. Consultancy Sub-Total	732,488	836,474	-103,986	114%
Travel				
Component 2.1	155,000	156,047	- 1,047	101%
Component 2.2	139,000	126,846	12,154	91%
Component 2.3	129,000	125,603	3,397	97%
Component 2.4	60,000	4,407	55,593	7%
C. Travel Sub-Total	483,000	412,903	70,097	85%
Contracts				
Component 2.1	70,000	42,940	27,060	61%
Component 2.2	20,000	35,384	- 15,384	177%
Component 2.3	18,000	76,490	- 58,490	425%
Component 2.4	75,000	55,966	19,034	75%
D. Contracts Sub-Total	183,000	210,780	-27,780	115%
Training				
Component 2.1	121,172	44,347	76,825	37%
Component 2.2	39,300	34,441	4,859	88%
Component 2.3	65,422	110,365	- 44,943	169%
Component 2.4	26,000	-	26,000	0%
E. Training Sub-Total	251,894	189,153	62,741	75%
Procurement				
Component 2.1	23,000	31,579	- 8,579	137%
Component 2.2	16,104	25,834	- 9,730	160%
Component 2.3	82,800	35,277	47,523	43%
Component 2.4		-	-	
F. Procurement Sub-Total	121,904	92,690	29,214	76%
Others				
Component 2.1	20,646	20,529	117	99%
Component 2.2	46,074	25,269	20,805	55%
Component 2.3	876	5,785	- 4,909	660%
Component 2.4	20,000	27,065	- 7,065	135%
G. Others Sub-Total	87,596	78,647	8,949	90%
GRAND TOTAL	1,960,880	1,919,998	40,882	98%

Internal Financial Report - Four year activities Pillar III

BUDGET CATEGORIES	Pillar III			% under/ over spending
	BUDGET	EXPENDITURE	BALANCE	
Salaries (Professional)				
Component 3.1	4,344	3,989	355	92%
Component 3.2	29,322	29,237	85	100%
Component 3.3	9,774	9,535	239	98%
Component 3.4	24,978	26,797	-1,819	107%
A. Salaries (Professional) Sub-Total	68,418	69,558	-1,140	102%
Consultancy				
Component 3.1	92,958	97,349	- 4,391	105%
Component 3.2	171,366	179,242	- 7,876	105%
Component 3.3	75,000	74,770	230	100%
Component 3.4	99,568	115,619	- 16,051	116%
B. Consultancy Sub-Total	438,892	466,981	-28,089	106%
Travel				
Component 3.1	50,990	30,765	20,225	60%
Component 3.2	45,000	61,151	- 16,151	136%
Component 3.3	50,000	25,688	24,312	51%
Component 3.4	35,000	31,846	3,154	91%
C. Travel Sub-Total	180,990	149,450	31,540	83%
Contracts				
Component 3.1	0	25,167	- 25,167	1000%
Component 3.2	0	22,889	- 22,889	1000%
Component 3.3	775,066	760,650	14,416	98%
Component 3.4	50,000	86,419	- 36,419	173%
D. Contracts Sub-Total	825,066	895,125	-70,059	108%
Training				
Component 3.1		-	-	0%
Component 3.2	10,000	24,036	- 14,036	240%
Component 3.3	20,000	11,718	8,282	59%
Component 3.4	15,000	7,331	7,669	49%
E. Training Sub-Total	45,000	43,085	1,915	96%
Procurement				
Component 3.1	-	-	-	0%
Component 3.2	5,000	5,446	- 446	109%
Component 3.3	58,318	41,915	16,403	72%
Component 3.4	-		-	0%
F. Procurement Sub-Total	63,318	47,361	15,957	75%
Others				
Component 3.1	-		-	0%
Component 3.2	10,000	18	9,982	0%
Component 3.3	-		-	0%
Component 3.4	10,000	23,924	- 13,924	239%
G. Others Sub-Total	20,000	23,942	-3,942	120%
GRAND TOTAL	1,641,684	1,583,592	1,583,592	96%



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