Food and Agriculture Organization of the United Nations

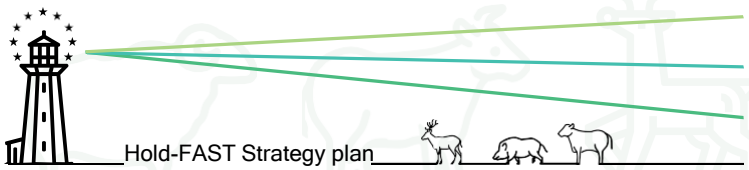
eufmd
european commission for the control of foot-and-mouth disease

# EuFMD WORKPLANS

## Phase V

***Second biennium***

A Europe secure from the threat of Foot and mouth disease and Similar Transboundary animal diseases



# The EuFMD Work Plans
# Phase V
# Second Biennium
# 2021-2023

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# EuFMD Phase V Component Work Plan

## Introduction

Foot-and-mouth Disease (FMD) remains the first transboundary animal disease (TAD) threat to European livestock production. A single introduction usually has extremely serious, and frequently catastrophic, impacts. The European Commission for the Control of Foot-and-Mouth Disease (EuFMD), under a framework of co-ordination with EC (DG-SANTE), FAO and OIE, has played a significant role in reducing the risk and ensuring better preparedness. Partly as a result of this, the EU has not had, for the first time it is history, an outbreak of FMD case for the past ten years.

In this time the EuFMD has established an internationally respected capacity for efficient delivery of training and in-country support to FMD Progressive Control Programmes, and most recently, in modelling of FMD control measures to guide emergency planning.

The **HOLD-FAST** strategy continues the focus upon FMD risk reduction but extends the scope of the preparedness and risk reduction activities to similar TADs which pose an immediate threat to the Member Nations (*hereafter* FAST is used for FMD and similar TADs).

### Digital Transformation Strategy

The aim of EuFMD's Digital transformation strategy is to provide innovative tools to enable innovative outcomes, both for the EuFMD members, who will operate more wisely and efficiently, and both for the recipients of training activities, whose learning experiences will result enhanced.
The implementation of the EuFMD Digital Transformation should start in January 2022. The proposed strategy is over two years with quarterly performance evaluations.
The final objective is to improve the efficiency of **y(our)** EuFMD, offering digital solutions to meet the needs.
In 2022, a new and user-friendly website should be introduced, with the migration of resources and data from the current one. The virtual space developed for OS20 will be restructured, with the creation of units designated for the OS22. Some V-Learning tools and projects will be redesigned and implemented, and mobile-first initiatives will be developed.

In 2023, the digital transformation process will address the innovation of selected tools and projects, and their overall look, interactivity and focus will be enhanced. Internal and external communications will be improved reflecting the increased digital dimension. The innovational organization and delivery of meetings and workshops should provide a better learning experience, and support the EuFMD team by applying tailored solutions which should boost effectiveness.

# The Pillars

## Pillar I

The **Strategic Output**, or Pillar I of the Phase V EuFMD workplan (2021-2023) focuses on **Improving preparedness** for management of FMD and similar TADS ('FAST diseases') crises by Member Nations and across Europe as a whole**.**

## Pillar II

The **Strategic Output**, or Pillar II of the Phase V EuFMD workplan (2021-2023) focuses on **Reduced risk** to Members from the FAST disease (FMD and similar TADS) situation in the European neighbourhood.

## Pillar III

The **Strategic Output**, or Pillar, III of the Phase V EuFMD workplan (2021-2023) focuses on **Sustaining and enhancing progress i**n the roll out of the GF-TADs Global Strategy for control of FMD, and on increasing security in the supply of effective FMD vaccines.

## Pillar I

The **Strategic Output**, or **Pillar I** of the Phase V EuFMD workplan (2021-2023) focuses on **improving preparedness for management of FMD and similar TADS ('FAST disease') crises by Members and across Europe as a whole.**

**Beneficiaries***:* The main beneficiaries of Pillar I are the 39 EuFMD members.

**Activities** under seven interlinked Components will contribute to the achievement of these goals:

*Component 1.1 - Training for EuFMD MN:*
- provide a training programme tailored to the MN, continuing with the training credits system;
- support the countries to deliver national trainings and cascade to knowledge acquired in EuFMD courses;
- ensure the provision of high quality and high impact training through the implementation of a new Quality Management System.

*Component 1.2 - Emergency preparedness*:
- develop the GET Prepared toolbox in order to provide countries with tools to assess each component of emergency preparedness (EP) and share good EP practices;
- up-scale EuFMDiS to a pan-European model incorporating new features such as a post-outbreak management and surveillance, the livestock movements to pastures or biosecurity components;
- facilitate networking among EP experts and between public and private sector.

*Component 1.3 - Emergency vaccination*:
- improve the level of preparedness to use emergency vaccination for FAST diseases in MN by addressing the constraints identified through the survey conducted by EuFMD;
- address, through the Multi-stakeholder Platform (MSP) for FAST disease vaccination security, the major constraints on the availability of vaccines for use in disease emergencies that have been identified by stakeholders;
- put into operation a procedure for pre-qualification of FAST vaccines (PQv) and integrate PQv within an updated mechanism for emergency procurement and supply of FMD vaccines.

*Component 1.4 - South-Eastern Europe*:
- support the risk-based surveillance activities in Thrace, with the possibility to extend this approach to other diseases and regions;
- support coordination activities at regional and national level in the South-Eastern European countries;
- improve emergency preparedness in the region through trainings, in-country support and simulation exercises;
- establish a diagnostic bank of reagents for FAST diseases available for the countries in the region.

*Component 1.5 - Applied research*:
- support applied research studies that deliver tools and knowledge addressing technical issues that are considered Europe-wide priorities for national preparedness against FAST diseases;
- facilitate coordination and communication between institutions in the FAST disease surveillance networks through the organization of scientific meetings and working groups.

*Component 1.6 - Proficiency Testing Service*:
- provide financial support to allow a number of non-EU countries to participate in the annual Proficiency Testing Service (PTS) for National Reference Laboratories (NRLs) for FMD.

*Component 1.7 - Disease risk assessment and forecasting:*
- establish a new system to collect and analyze FAST disease information that will include risk assessment and forecasting;
- support the improvement, updating and use of the PRioritisation of AntiGen MAnagemenT with International Surveillance Tool (PRAGMATIST);
- support the submission of samples to institutes in the Special Committee for Surveillance and Applied Research (SCSAR) that have the capacity to provide laboratory support to surveillance for FAST diseases.

## Pillar II

The **Strategic Output**, or **Pillar II** of the **Phase V** EuFMD workplan (2021-2023) focuses on **Reduced risk** to Members from the FAST disease (FMD and similar TADS) situation in the European neighbourhood.

**Geographic scope**: the neighbourhood countries which are NOT MN and which either have land borders with EuFMD MN OR are members of the Mediterranean animal health network (REMESA) or whose animal health status provides an early warning for FAST disease spread to the neighbourhood of Europe.
Specifically: having land-borders with EuFMD-members: Armenia, Azerbaijan, Iran, Iraq, Syria, Lebanon, Palestine, Jordan, and Egypt. Non-EU Members of REMESA: Jordan, Lebanon, Egypt, Libya, Tunisia, Algeria, Morocco, and Mauritania.
Countries significant for epidemic spread of FAST diseases to the above countries: Sudan, Mali, Afghanistan and Pakistan.

**Activities** under three interlinked Components will contribute to the achievement of these goals:

*Component 2.1 Co-ordination and FAST control framework:* Enhanced coordination with GF-TADs partners, international agencies and national competent authorities and improved implementation of strategic plans for FAST control at national and regional level.

- co-ordination with the GF-TADS partners (FAO, OIE), with other international agencies providing technical support to countries (AOAD), achieving a jointly agreed workplan with close daily interaction in the implementation and reporting to the regional steering committees and Joint Planning Committee (JPC, REMESA).
- improved implementation of strategic plans for FAST control at national level on the basis of PCP principles, availability of resources and results of control strategies already in place.
- co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZS, ANSES) to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk-based control strategies.
- improved engagement with private sector (including private sector veterinarians, education and training providers and vaccine producers) in line with PCP and OIE - PPP principles.

*Component 2.2 Improved early warning for FAST diseases:* Develop and implement integrated disease surveillance program focused on specific risk hubs, in order to provide updated risk information, optimize the veterinary service resources and improve the effectiveness of control measure implemented.

- Implement a programme of risk-based surveillance for multiple diseases in risk hot-spot locations on aregular or continuous basis for detection of virus circulation and early warning of FAST epidemics.
- Improve the sharing of risk information between countries and between technical expert networks, promote the collaboration between countries for improved surveillance of FMD and similar TADs.

*Component 2.3 Capacity development for surveillance and improved control programmes:* Develop and implement a program for capacity-building that supports national and regional activities for improved PCP progress and FAST disease control (comp. 2.1) and improved early warning surveillance, notification and early response (comp. 2.2).

- Develop and implement a program of capacity building that will support national and regional activities required for improved PCP progress and FAST disease control (comp.2.1) and implement improved early warning surveillance activities (comp 2.2). In particular:

  - Develop improved capacity in the network of FAST disease reference laboratories in the neighbourhood to undertake the confirmatory and specialized tests required by the programme;
  - Develop resources that enable “national cascade” training on progressive control and on recognition and control of FAST diseases;
  - Develop a body of evidence on vaccine efficacy and vaccination effectiveness for FAST diseases through studies conducted at national level or by regional technical partners and facilitate the sharing of the results to improve decision on vaccination programmes.

## Pillar III

The **Strategic Output**, or **Pillar III** of the **Phase V** EuFMD workplan (2021-2023) focuses on **sustaining and enhancing progress in the roll out of the GF-TADs Global Strategy for control of FMD, and on increasing security in the supply of effective FMD vaccines.**

**Beneficiaries***:* support to countries that are working through the PCP-FMD and that are assisted through roadmap meetings and indicated as priorities for PCP-FMD progress in the GF-TADs Global Strategy. Currently, these are circa 80 countries in Asia, the Middle-East and Africa (with the exception of North African countries which are members of REMESA and Southern African countries with FMD free zones).

**Activities** under four interlinked Components will contribute to the achievement of these goals:

*Component 3.1 - Effective implementation of the Progressive Control Pathway (PCP-FMD)*:

- provide support to the FAO/OIE FMD Working Group (FMD-WG), including in the development of tools and guidance documents to assist in the application of the Progressive Control Pathway for FMD Control (PCP-FMD). This will include provision of support to Regional Roadmap meetings, and to the allied processes for evaluation and assessment of national strategic planning documents. EuFMD will aim to assist the functional efficiency of the FMD WG processes, improving the quality and timing of feedback system to ensure countries receive rapid, timely and helpful feedback to PCP stage submissions;
- provide technical guidance to countries on PCP-FMD implementation. This will be achieved through the further development of the PCP-Support Officer (PSO) system, and by developing capacity development pathways for the PSOs, and through tools to provide improved guidance to countries, such as IT solutions to assist development and implementation of strategic plans;
- work with regional bodies to support regional networks in order to improve capacities for strategy development, and for the implementation of risk-based approaches to surveillance and control.

*Component 3.2 - Improvement of global laboratory support*:

- Support the co-ordination of the OIE/FAO FMD Reference Laboratory network;
- support diagnostic services, including laboratory typing of FMD samples from the six virus Pools by OIE/FAO Reference Centres, aiming at meeting surveillance targets in each pool required for guidance to Regional Roadmaps and risk managers in each region, as well as global threat forecasting;
- Support system for vaccine performance and matching needed by the Roadmaps, through better uptake and accurate application of test system by OIE/FAO Reference Centres and Regional Support Laboratories (RSL) in Africa and Asia. Progress towards validation of new tests for vaccine matching and measures of protection will be supported in first 24 months with the aim of transfer of these to RSLs and others in the second 24 months;
- Provide online training in FMD laboratory surveillance for the global and regional epidemio-surveillance networks.

*Component 3.3 - Better training for progressive control*:

- Develop and deliver a range of globally relevant training courses and resources which aim to promotesustained PCP-FMD progress at national level, guided by ongoing consultation with partners in order understand priorities for resource development. Activities will be guided by a Training Quality Management System (TQMS) that will consider both the quality and the impact of the training;
- Support GF-TADs partners and regional institutional bodies in the development of Virtual Learning Centers (VLCs) managed regionally in order to promote cascade of training to national level.

*Component 3.4 - Increase of vaccine security*:

- Support and inform a Public and Private Sector Platform (PPSP) established under the EuFMD Pillar I workplan which will aim to increase understanding and promote practical solutions to improve the access of FMD endemic countries, particularly in PCP Stage 1 to 3, to quality FMD vaccines in the midto long term by developing technical and policy study reports, guidance papers and application tools**.** Develop decision-support tools or models of estimating the future demand for FMD vaccines at national and/or regional levels as part of reducing the investment risk to manufacturers to develop and market vaccines adapted to particular markets.

## Working definition of FAST diseases

**FAST**: *FMD and Similar Transboundary (FAST) diseases*.

Europe is threatened by a number of these TADs. A prioritization /optimization of activities is needed,as is flexibility and adjustment of work plans in accordance with changes in risk.

A **categorization** of FAST diseases for which decisions on activities will need to be made, and support provided, is proposed as follows:

- **Category 1: FMD, and currently PPR, capripoxviruses**

Criteria for inclusion:

- ruminant infections with similar risk factors to FMD;
- currently present in directly bordering neighbourhood countries;
- vaccination is an option.

A decision on whether TADS with **clinical signs** similar to FMD should be in Category 1 is needed. Such as SVD and Seneca Valley virus (SVV: Senecavirus A infection).

- **Category 2: Rift Valley Fever, Bovine Ephemeral Fever**

Criteria for inclusion:

- evidence for circulation /disease in one or more neighbourhood countries but NOT directly bordering EU MN;
- vaccination is needed in response;
- ruminants are directly affected with major losses.

Category 1 surveillance for other FAST may provide a cost-efficient means to monitor risk or provide early warning of these and may be justified. The need for contingency plans and effective vaccines foruse in both the neighbourhood and potentially in EU-MN is recognized as a priority.

- **Category 3**: Not included in the above because

  - they currently cause outbreaks in EU-MN and the priority is not therefore for actionsin the European neighbourhood (e.g. ASF);
  - co-ordination is well established at EU level: e.g. CSF. BT and AHS;
  - For these, no specific activities are planned at this point.

**Note**

A) Outbreaks of a Category 2 FAST disease in countries directly bordering an EU MN would be reasonfor moving to Category 1 status.
B) Some activities planned for Categories 1 and 2 may also be relevant to stakeholders concerned for Category 3, such as the platform on vaccine security (availability of effective vaccines for emergency application in EU and neighbourhood).

# Pillar I (Output I)

**Pillar Objective**

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

**Pillar Co-ordinator**

**Tsviatko Alexandrov**

# Component 1.1 (Activity 1)

## Training for Member Nations

### Component Objective

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

## 1. Background

As in the previous phase IV, Component 1 will include all training activities under the training credits system. An updated training menu is being developed and will be offered to the 39 EuFMD Member Nations (MN), to spend their training credits, choosing from a range of options. Regular communication with the 39 Training Focal Points (TFP) will take place, in order to ensure that the program is developed correctly and implemented by the end of each biennium.

The training menu will include online training courses (multi-country and tailored courses) and face-to-face courses (workshops and Real Time Trainings) when travel restrictions allow. Support for regional initiatives and assistance with national training will be included as options in the training menu. The menu will be defined by the analysis of training needs, and will include topics related to FAST diseases. It will focus on providing countries with practical knowledge to deal with challenges related to disease detection, control and recovery phase after an outbreak. The new training program will consider the risk that the different FAST diseases pose in, and to, MN.

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

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

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

In order to ensure quality across the training programme and carry out a continuous evaluation of the impact of our training programme, a Training Quality Management System is being established. This system aims to guarantee the provision of high-quality and high-impact training.

Work continues under component 1 to achieve accreditation of EuFMD courses as Continuing Professional Development (CPD) and /or part of a wider, European system for recognition of training for achievement of competencies by veterinary authority personnel.

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

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

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component Co-ordinator** | Rodrigo Nova |
| **ExCom oversight** | Lajos Bognar |

## 3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member Nations of EuFMD.
Communication with representatives of the EU initiative *Better Training for Safer Food* (BTSF) should guarantee that the training offer of both projects (EuFMD and BTSF) is complementary.

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six-monthly toExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support |
| **Every two years report to MN** | Component manager | Written report; presentation | General Session | |
| **Website** | Component manager | Written report | Website | |
| **Workshop/Mission** | Lead facilitator | Written report if required | EuFMD, AGAH, others if required | |

## 5. Objective of the component

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

| Component (Activity) | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumptions and risks |
|---|---|---|---|---|---|---|
| **1.1 Training for Member Nations** | Increased European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member Nations to cascade training at national level | Training on FAST diseases, resources, tools and technical assistance is provided to all MN to enable cascade training at national level in order to develop their capacity to respond to FAST disease emergencies | 60% of the countries to have implemented national training activities using EuFMD training resources and/or training support services in four years | Regular collection of information through contacts with TFP. Procedure established in the training quality management system | Executive committee meetings, General Session, External evaluation of Phase V | Assumes commitment from MN to develop and implement national trainings on FAST diseases and demand to use EuFMD training support services |

## 6. Planned Component Sub-Activities

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

**1.1.1.** Training support services providing training resources, materials and expert guidance to cascade training on FAST diseases:
- 1.1.1.1. Training infrastructure;
- 1.1.1.2. Training resources.

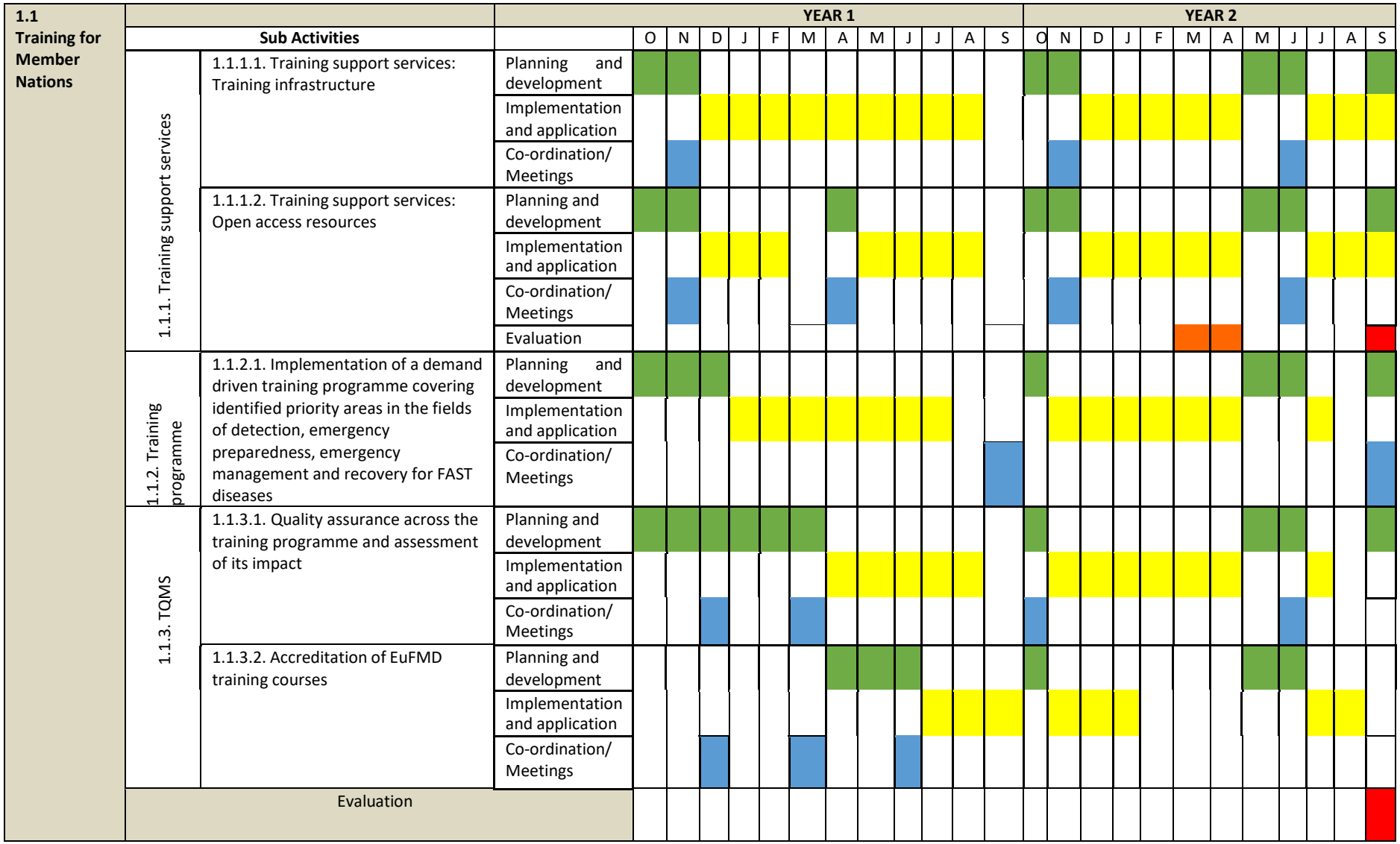
**1.1.2.** Training programme for Member Nations:
- 1.1.2.1. Implementation of a demand-driven training programme covering identified priority areas in the fields of detection, emergency preparedness, emergency management and recovery for FAST diseases.

**1.1.3.** Training Quality Management System (TQMS) to ensure the quality across EuFMD training programme and the continuous evaluation of the impact of our training:
- 1.1.3.1. Quality assurance across the training programme and assessment of its impact;
- 1.1.3.2. Accreditation of EuFMD training courses.

| | *Sub-activity level* | *Description* | *Indicators* | *Assumptions and risks* |
|---|---|---|---|---|
| **1.1.1. Training support services** | Training support services: Training infrastructure. | Maintenance and improvement of the training infrastructure, including online platform. | EuFMD online platform functioning and accessible to users more than 23 months per biennium in phase V. | The development and maintenance of EuFMD online platform to be aligned to Information Tech FAO rules. |
| | 1.1.1. Training support services: Open access resources. | Availability of the existing open access resources and generation of new training materials and job aids that can be used by MN in their trainings at national level. Development of new open access courses. Whenever possible, the development of new resources will be done using material developed under 1.1.2. Some of the new resources developed under this sub-activity will be linked to the GET Prepared toolbox | a) Open access resources will be accessible to users more than 23 months per biennium during phase V.<br>b) A number of new resources to be defined will be developed per year. | Risk of lack of priority to the development of new resources due to workload: careful planning will be required. |
| **1.1.2. Training programme** | 1.1.2.1. Implementation of a demand- driven training programme for priority areas in the fields of detection, emergency prep, emergency management and recovery for FAST diseases. | Evaluation of the training needs and development of a training menu according to these. Each country will receive 10 training credits to choose from a range of options established in the training menu. Implementation of the training programme, delivering the different training courses (online and face-to-face), regional initiatives, missions and tailored in-country assistance.<br>Co-ordination with the TFP including regular on-line and/or face-to-face meetings. | At least 90 % of the training credits spent by the MN by the end of each biennium. | Assumes commitment from MN and active collaboration from TFP. |

| | | | | |
|---|---|---|---|---|
| **1.1.3. TQMS** | 1.1.3.1. Quality assurance across the training programme and assessment of its impact. | Development of a Training Quality Management System in order to ensure the quality acrossthe training programme; carry out regular evaluations of the impact of our training programme to support the designof a training offer that can achieve higher capacity development at country level. This system will guarantee that EuFMD provides high-quality and high-impact training. Development of a database of outcomes of training courses and the use of analytics data of learners' interactions with online platforms to inform impact assessment and strategic prioritization of training. Develop training management systems which will allow national veterinary services and individual training participants to record and monitor the training undertaken, promoting CPD and allowing countries to assess capacity building priorities for their veterinary service. | a) At least one external review of the TQMS conducted by 2023.<br>b) report on impact of training programmes available on a six monthly basis.<br>c) report on impact analysis of courses for the first biennium finalized by Sept 2023.<br>d) database of training data completed by Sept 2022.<br>e) report of analysis of training data and platform analytics available on a six monthly basis from Sept 2022.<br>f)Training management system for national training monitoring customized to capacity development needs of the countries, developed and piloted in three of the target countries by Sept 2023. | Relies on proper implementation of the procedures established by the new system in order toapply harmonized procedures and collect adequate information. |
| | 1.1.3.2. Accreditation ofEuFMD training courses. | Accreditation of EuFMD training courses as continuing professional development (CPD) and/or part of a wider system for recognition of training for achievement of competences by veterinary authority personnel. Participation in the working group to define requirements for a post graduate training programme in the field of veterinary public health (VPH), within the framework of a VetCEE dossier of Competence. | Accreditation of EuFMD training courses by the end of the first biennium of phase V. | Risk of timetable delay should the accreditation procedures be long and require a lot of administrative work. Risk if the VetCEE does not finalize/agree the list of VPH requirements before the end of the workplan. |

## 7. Gantt chart



**GANTT CHART NOTES**

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

## 8. Budget (€) COMP. 1.1

| BUDGET CATEGORIES | Budget 4 Years (2019-2023) | Expenses 1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance 2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 1.1** | 43,876 | 25,246 | 18,630 |
| Consultancy Operational | | | |
| **Component 1.1** | 69,886 | 49,340 | 20,546 |
| Consultancy Technical | | | |
| **Component 1.1** | 360,000 | 203,001 | 156,999 |
| Travel | | | |
| **Component 1.1** | 440.000 | 6.558 | 433,442 |
| Training | | | |
| **Component 1.1** | 172,000 | 38,161 | 133,839 |
| Contracts | | | |
| **Component 1.1** | 46,000 | 40,862 | 5,138 |
| Procurement | | | |
| **Component 1.1** | 30,000 | 4,604 | 25,396 |
| General Operating Expenses | | | |
| **Component 1.1** | 130,500 | 55,849 | 74,651 |
| | | | |
| Total Direct Eligible Cost | **1,292,262** | **423,621** | **868,641** |

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

| *Description* | *Contribution* | *Funding source* |
|---|---|---|
| **Component Manager** | **20% full time equivalent (FTE)** | EuFMD Trust Fund (MN contributions) |
| **Programme Learning Manager** | **20% FTE** | EuFMD Trust Fund (MN contributions) |
| **Virtual learning technologist** | **20% FTE** | EuFMD Trust Fund (MN contributions) |

## 9. Updates of the programme (2021-2023)

Modification of the allocation of training credits (TCs): Each EuFMD MN to allocate 8/10 TCs to any course offered in the training menu, while 2/10 training credits reserved for online courses only.

Evaluation of training: Following the outcomes of the external evaluation on EuFMD training programme (February-April 2021), there will be further consolidation of the Training Quality Management System (TQMS) (training management system tool).

Training progress of MNs: EuFMD TQMS will be promoted as a tool to support MNs veterinary services to monitor the training progress of their veterinary staff. The TQMS will be further developed with particular focus on the assessment of impact of courses.

## 10. Challenges to achieving component objectives

Commitment and engagement by national authorities is needed to achieve the component objective. In particular, allocation of training credits and nomination of participants to participate in courses requires active collaboration from the Training Focal Points (TFP). A lack of response by some TFP should be noted, and it affects EuFMD's impact in these countries preparedness against FAST diseases.

National cascade training depends on the engagement of trainees participating in EuFMD courses and on the support they receive from their authorities to organize training at national level.

Development of new training resources and materials according to an established timeline, will require careful planning of time and human resources to avoid delays to output delivery.

The implementation of the procedures established in the new Training Quality Management System will require the training and engagement of all EuFMD staff involved in different training initiatives across the program, to apply harmonized procedures and collect adequate information. This information will need to be centralized, analyzed and lead to continuous improvement of EuFMD training program.

Achieving the accreditation of EuFMD training courses within the established timeframe will depend on the EUFMD's capacity of fulfilling the requirements of the accreditation body and the time needed for the accreditation procedure.

# Component 1.2 (Activity 2)

**Emergency Preparedness**

**Objective**

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

## 1. Background

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

During phase IV of the program, the EuFMD developed the concept for a comprehensive toolbox ("GET Prepared") of resources for contingency planners. It was presented during the 43rd General Session of the EuFMD -GS43 (April 2019) and received great support from the Member Nations (MN). During the first biennium of phase V, this tool was populated with guidance documents, assessment tools and best practices. The work was performed in collaboration with the MN contingency planners. Following this the first components, "bricks in the wall", of the GET Prepared was launched during the 44th General Session of the EuFMD (April 2021). The development of GET Prepared will continue during the second biennium of phase V, with the addition of more components in the "wall", and filling the existing bricks with more content.

The development of the European Foot and Mouth Disease Spread Model, EuFMDiS, also received strong support from the MN in the previous phase. EuFMDiS is now available for use in ten countries. During the next phase, modifications will be made to: (a) synchronize EuFMDiS with the new Animal Health Law, (b) improve and streamline outputs, (c) improve data quality by supporting users to collect data through expert elicitation and other approaches. The user base will be expanded to include the Baltic and north-west European countries. In response to requests from users, new functionalities will be added including incorporating rendering/disposal capacity to simulations, a 'shared pastures' disease transmission component, making the post-outbreak management and surveillance component functional, further developing farm-level biosecurity as a component of disease management, and test criteria for applying compartmentalization during an outbreak. During the first biennium of phase V, considerable progress was made in adding a wildlife component to the model through a classical swine fever-wild boar project with Spain (CSF chosen for the scientific evidence available regarding infection dynamics in domestic pigs and wild boar, and for vaccination in wildlife). In the next biennium, further development of this component will take place with the intention to make it available to all user countries. Adaption of EuFMDiS to other FAST diseases remains a priority and will be guided by advice from the STC. Support for model users will be ongoing, with structured training, assistance with national studies, and through centralized studies.

During the first biennium of phase V, the Modelling, Vaccination and Contingency Planning Networks were replaced by the Emergency Preparedness Network (EPN), which continues to provide up-to-date information on different topics related to FAST disease Emergency Preparedness (EP), acting as a forum for EP experts and a database of veterinarians who have been trained in a Real Time Training (RTT) course. The EPN further acts as a platform for communication and training related to the other sub-components in component 1.2 such as GET prepared and EuFMDis. This network of EP experts comprise contingency planners from different countries and experts from international organizations. This work will continue during the next biennium.

During the last biennium, work began to increase collaboration and engagement of the private sector in the prevention and control of FAST diseases, and a public-private partnership (PPP) network was created. Discussions and activities held in this forum with the different stakeholders aim to form recommendations to improve future legislation and contingency plans in the MN and to raise awareness among the private sector and public sector about the respective capacities of each group to act for preparing emergencies. This work will continue during the next biennium.

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component Co-ordinator** | |
| **ExCom oversight** | |

## 3. Countries or partner organizations involved

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

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

## 4. Reporting

| Reporting format | Responsibility | Output | Distribution | Sent out by |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two years to MN** | Component manager | Written report; presentation | General Session | |
| **Website** | Component manager | Written report | Website | |
| **Mission / workshops** | Team Leader | Written report if required | EuFMD, NSAH, others if required | |

## 5. Objective of the component

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

| Component (Activity) | Objective | Narrative | Expecte dresult | Monitoring | Evaluation | Assumption sand risks |
|---|---|---|---|---|---|---|
| **1.2 Emergency Preparedness** | Improved national and regional capacity in FAST disease emergency preparedness through the provision of tools to assessand improve contingency plans and through the development of networks for emergency preparedness and public-private engagement. | Tools to assess and improve MN contingency plans are developed; Mechanism to facilitate discussion among experts in emergency preparedness and among private and public sector are developed | 80% of the countries to have introduced some improvement in their contingency plans by the end of the phase as a result of the work done under this component. | Regular collection of information through contacts with TFP. | Executive committee meetings, General Session, External evaluation of Phase V | Assumes commitment from MN to contribute in the development of the use and to make use of them; Assumes engagement of members of the networks. |

## 6. Planned Component Sub-Activities

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

**1.2.1.** Tools for contingency planning and decision support for the better management of FAST disease risks:
- 1.2.1.1. GET Prepared
- 1.2.1.2. Development of resources

**1.2.2.** FAST disease modelling for Europe:
- 1.2.2.1. European Foot and mouth Disease Spread Model (EuFMDiS)

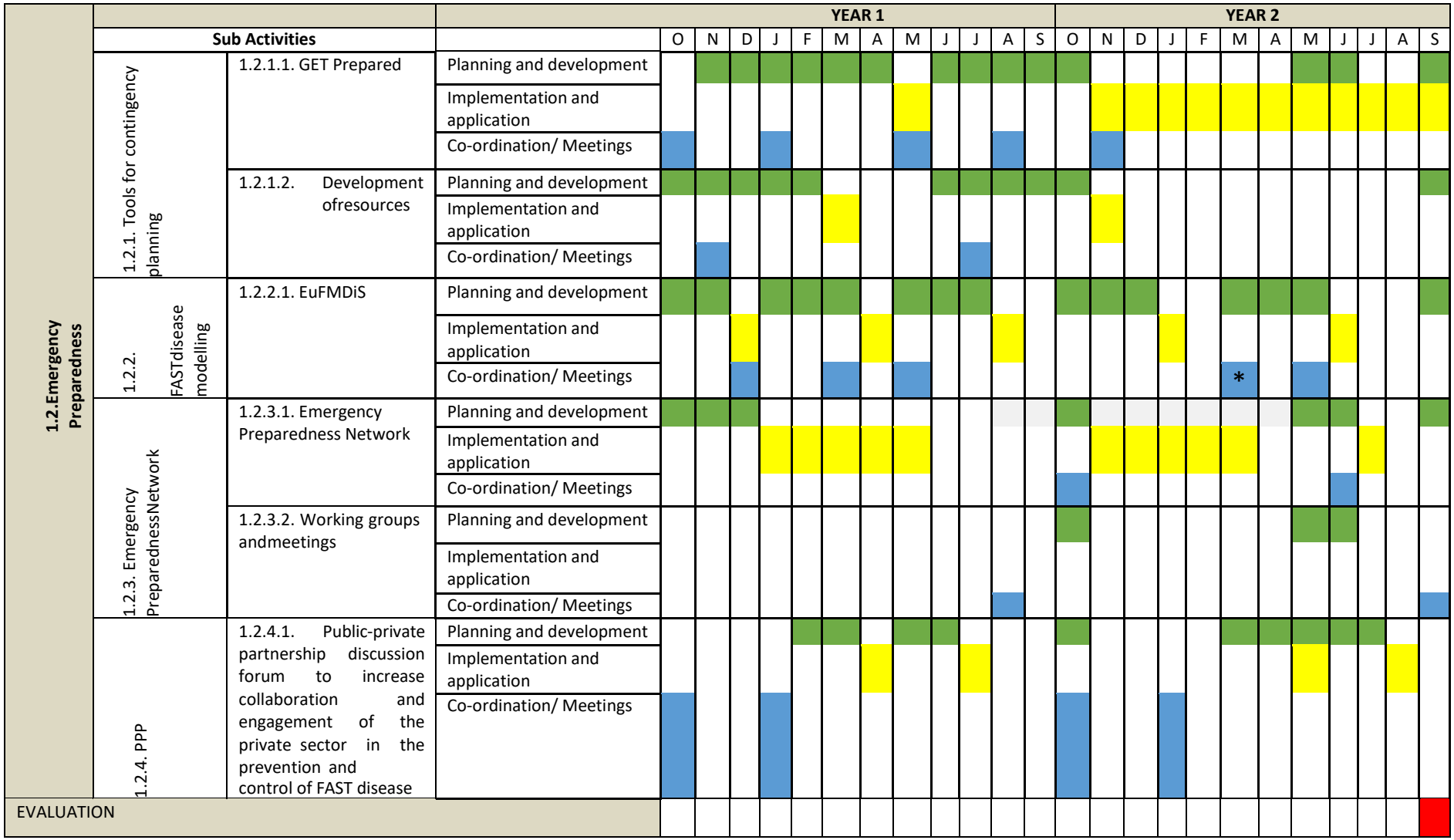
**1.2.3.** Emergency Preparedness Network for contingency planners and experts in emergency preparedness:
- 1.2.3.1. Online network
- 1.2.3.2. Working groups and meetings

**1.2.4.** Public-private partnerships for the prevention and control of FAST diseases:
- 1.2.4.1. Public-private partnership discussion forum and initiatives to increase collaboration and engagement of the private sector in the prevention and control of FAST diseases.

| | *Sub-activity level* | *Description* | *Indicators* | *Assumptionsand risks* |
|---|---|---|---|---|
| **1.2.1. Tools for Contingency Planning** | 1.2.1.1 GET Prepared | Development of a comprehensive toolbox ("GET Prepared") of resourcesfor contingency planners. | At least 50% of the components of emergency preparedness ('bricks in the wall') will contain assessment resources and examples of good practice by the fourth year of phase V. Priority for blocks are given according to needs. | Assumes that alarge number of useful resources that will be included or referenced in GET Prepared have already been developed by other countriesand Organizations. |
| | 1.2.1.2 Development of resources | Development of resources such as guidance documents or assessment tools whenever is necessary to fill a gapwithin a 'brick' in the GET Prepared wall. | 2 new resources will be developed per biennium, if aneed is identified. | Assumes that four new resources will be enough to cover the existing gaps. |
| **1.2.2. FAST disease modelling** | 1.2.2.1 EuFMDiS | Incorporation of new countries to EuFMDiS to enable both national and Europe-scale assessment of the effectsof FMD incursions and control measures. Addition of new features in EuFMDiS as agreed by the expert panel under the STC. Adaptation of the model to other FASTdiseases. Support to EuFMDiS users to facilitatethe use of the model to carry out studies that are useful to test their contingency plans. | a) Baltic and north-western European countries added to EuFMDiS user group by the third year of phase V. Identify any additional countries that may be interested.<br>b) EuFMDiS adapted to 2 moreFAST diseases by the fourth year of phase V.<br>c) Identified priority new features added to the model by the fourth year of phaseV.<br>d) At least 5 users support activities (trainings, webinars,and meetings) held per year. | Relies on MN commitment to adapt the model to theircountries. Risk of countries making poor use of the model, depending on external factors(e.g. other disease outbreaks, lack of resources/time commitment).<br><br>Good quality data is required to parameterize the model reliably. MN may lack resources to make use of the model constructively. |

| | | | | |
|---|---|---|---|---|
| **1.2.3. Emergency Preparedness Network** | 1.2.3.1. Emergency Preparedness Network | Development of the online page for the Emergency Preparedness Network, integrating the previous Modelling, Vaccination and ContingencyPlanning networks. Provide opportunities for members to interact and learn through webinars or other resources related to contingency planning, emergency vaccination and disease modelling. Provide a forum to increase the sharing of good practices in emergency preparedness. | 8 webinars or other resources (videos, podcasts, papers) presented to the network members during each biennium. | Assumes interest by participants of the network to actively contribute to the discussionsand exchange of good practices. |
| | 1.2.3.2. Working groups and meetings | Organization of working groups and meetings to reinforce the discussion forum provided by the online network.Joint TFP/EP preparedness experts meetings might be considered. | At least 1 F2F, hybrid or on-line meeting held per year. | Assumes availability of contingency planners and emergency preparedness experts from different organizations. |
| **1.2.4. PPP** | 1.2.4.1. Public-Private Partnership discussion forum and initiatives to increase collaboration and engagement of theprivate sector in prevention and controlof FAST | Develop the discussion forum to work with different stakeholders on<br>a) best practices to increase collaboration and engagement of the private sector in the prevention and control of FAST diseases;<br>b) concerns and challenges of disease control;<br>c) better ways to raise awareness on FAST diseases among the private sector. | a) 2 meetings per year (F2F oron-line) with different representatives of the privatesector<br>b) 2 simulation exercises involving the private and public sectorsorganized by the end of the second biennium of phase V<br>c) At least 1 recommendation document drafted after eachsimulation exercise. | Assumes interest and active participation ofrelevant stakeholders totake part in and co- organize these activities. |

## 7. Gantt chart



**GANTT CHART NOTES**

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

## 8. Budget (€) COMP. 1.2

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 1.2** | 23,400 | 13,594 | 9,806 |
| Consultancy Operational | | | |
| **Component 1.2** | 69,886 | 49,340 | 20,546 |
| Consultancy Technical | | | |
| **Component 1.2** | 160,000 | 300,242 | 140,242 |
| Travel | | | |
| **Component 1.2** | 120,000 | 21,789 | 98,211 |
| Training | | | |
| **Component 1.2** | 86,000 | 15,560 | 70,440 |
| Contracts | | | |
| **Component 1.2** | 100,000 | 39,793 | 60,207 |
| Procurement | | | |
| **Component 1.2** | - | - | - |
| General Operating Expenses | | | |
| **Component 1.2** | 42,000 | 387 | 41,613 |
| | | | |
| Total Direct Eligible Cost | **601,286** | **440,704** | **160,581** |

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

| *Description* | *Contribution* | *Funding source* |
|---|---|---|
| **Component Manager: Consultant** | **20% full time equivalent (FTE)** | EuFMD Trust Fund (MN contributions) |

## 9. Updates of the programme (2021-2023)

Components of emergency preparedness will continue to be prioritized according to the needs of Member Nations (MN), and on resources applicable across all FAST diseases.

The EuFMDiS will be further expanded to additional countries to enable both national and Europe-scale assessment of the effects of FMD incursions and control measures. In addition, new features will be included in EuFMDiS in order to meet the priorities agreed by the expert panel under the Standing Technical Committee (STC). These new features will include the incorporation of pastoralist system, animal welfare component, post-outbreak management, and carcass disposal capacity. New diseases will be added to the EuFMDiS modelling environment. These activities will be accompanied by training initiatives and regular engagement with the user community to ensure adequate use of the model.

The Public Private Partnership Initiative will continue its activities to create a dialogue between public and private stakeholders to prevent and control FAST diseases. The PPP Initiative will plan more webinars and workshops that address specific areas of concern. The dialogue with public stakeholders and academia must result in joint recommendations on areas of concern for better anticipation of FAST disease outbreaks. The areas of concern that have been identified by the PPP Initiative are also addressed in other Workplan components, e.g. emergency vaccination. Synchronization of PPP related activities between different relevant components may need more attention in the updated workplan

## 10. Challenges to achieving component objectives

- MN commitment and engagement will be necessary to continue develop **GET Prepared** through sharing good practices and the identification of gaps in preparedness. Good practices in one context are not necessarily applicable in another. Therefore, to guarantee that the experience in some countries is useful to others, the EuFMD will need to work in the definition of criteria of good practice to identify what is working well in general terms.

- Scaling-up EuFMDiS to a pan-European model will involve Member Nations commitment to engage. Adapting the model to a specific country requires that a team of people in that country dedicate a significant amount of time to collect information. Once the model is set up, it should be used on a regular basis to test the contingency plan, but time and resource constraints can be a limitation. Solutions will be needed to fill the gaps left by countries that are not interested to join a pan-European version of EuFMDiS.

- There are some practical aspects of maintaining and expanding EuFMDiS that the EuFMD will need to consider: such as adequate training and support for EuFMDiS users; updating and refining input data in the model; availability of the model for users (improved installation process and/or placing the model in a server).

# Component 1.3 (Activity 3)

## Emergency vaccination

### Objective

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

## 1. Background

The 2018 Open Session of the EuFMD, on "**Increasing Global Security in the supply of FMD vaccines**" led to key messages and a new component, summarized below:

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

The new component to address vaccine security against FAST diseases, was outlined during the 43rd General Session of the EuFMD (April 2019) and agreed to by MN, to respond to these concerns, and in particular those affecting MN.
The activities in this component will engage with, and be relevant to, each of the 39 MN. EuFMD will provide regular guidance to contingency planners at national and European (EU and GF-TADs) scale on all aspects of vaccine availability and performance for use in emergency vaccination programmes, for the priority FAST diseases. This activity will be linked closely to the work done under component 1.7 of Pillar I to update and regularly use the PRAGMATIST to provide information of the FMD risks and the relative value of the antigens available for use in European emergency reserves. In order to generate some of this information, to improve understanding of issues, and to identify pathways or actions to improve the availability of vaccines suitable for use by MN in disease emergencies, the public and private sector was engaged in dialogue and a Multi-stakeholder platform (MSP) for FAST disease vaccine security was established during the first biennium of Phase V.

During the first biennium of phase V, the EuFMD implemented a scoping study of the state of preparedness for emergency vaccination in the contingency plans of the MN (and some additional countries), and on the issues that constrain them from including vaccination in their plans. The priority issues identified related to the practical implementation of emergency vaccination, such as when and how to perform emergency vaccination during an outbreak, operational planning for emergency vaccination including human resource, information systems, laboratory capacity estimates and capability, as well as how to recover free status after vaccination. The EPN, PPP and MSP will discuss these issues over the next biennium, with the common objective to reach recommendations and propose approaches, guidance criteria and tools to address these constraints. Moreover, they may lead to the development of training activities for MN, as well as GET prepared components, organized under components 1.2 and 1.4 respectively.

A detailed proposal was developed during the first biennium of phase V, through consultation with stakeholders, to assure the quality of FMD vaccine in advance of need through a system of Pre-qualification of vaccines (PQv). During the next biennium, a procedure for PQv will be put in place, and operated by EuFMD using the best available expertise from throughout the MN and partner organizations (European Commission, FAO, OIE and WHO). The procedure will evaluate FMD vaccines in the first instance, and the system will be set up with a view to extending to cover other FAST diseases once sufficient experience has been gained. PQv can be used to ensure that only vaccines meeting pre-agreed quality criteria will be procured by MN in the event of need.

In addition, during the next biennium, an emergency procurement and supply mechanism for FMD vaccines, operating through FAO procurement procedures will be put in place. The Assured emergency Supply OPtions (AESOP) mechanism will rely on the pre-qualification system. Putting place long term agreements with manufacturers to supply pre-qualified vaccines in defined quantities, either to a planned schedule or in the

event of need, will improve vaccine security by providing increased predictability of the market.
These new systems are relevant for MN, and for the Global Strategy for the control of FMD. Therefore, the work will be done in collaboration with Pillars II and III. The PQv, combined with the AESOP system, may be a model for other FAST diseases. By the end of phase V or in future phases of the program, the extension to other diseases may be considered.

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

The new emergency procurement and supply system for FMD vaccines complements the existing EU vaccine bank and European marketing authorization systems and will be one of the new mechanisms of emergency response established in this new phase of the programme.

The diagnostic bank established under component 4 of Pillar I will be another new emergency response mechanism. The diagnostic bank will be established initially for South-Eastern Europe, as this is considered a priority area in term of FMD-risks. However, with the agreement of the European Commission and the MN, the bank will be available for other countries or regions in the case of an outbreak. Overall, the EuFMD, through the new workplan, will be flexible enough to react in a timely manner in case of an emergency, mobilizing funds from different components as necessary (e.g. to deliver an online emergency training, to provide experts to assist in affected countries, etc.).

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component Co-ordinator** | Erika Chenais |
| **ExCom oversight** | |

## 3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 MN of EuFMD. Cooperation will be established with the World Organisation for Animal Health (OIE), the European Medicines Agency (EMA), the World Health Organization (WHO) and the Emergency Management Center (EMC) of FAO, GF-TADS for the development of most of the sub-activities under this component.

## 4. Reporting

| Reporting format | Responsibility | Output | Distribution | Sent out by |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report ; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two years to MN** | Component manager | Written report; presentation | General Session | |
| **Website** | Component manager | Written report | Website | |
| **Mission / Workshops** | Team leader | Written report | EuFMD, NSAH others if required | |

## 5. Objective of the component

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

| Component (Activity) | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumptions andrisks |
|---|---|---|---|---|---|---|
| **1.3 Emergency vaccination** | Increased preparedness for use of vaccination in emergency response plans for FAST diseases through an increased understanding of the constraints to use vaccination and through the establishment of new system to increase FMD vaccine security. | Development of a multi-stakeholder platform for FAST disease vaccination security and work to improve the level of preparedness to use emergency vaccination for FAST diseases in MN; Establishmen tof new systemto increase FMD vaccine security. | 60% of the countries to have incorporated changes in their contingency plans regarding the use of emergency vaccination against FAST diseases, as a result of the work done underthis component, by the end of thephase;<br><br>3 million vaccine doses assured under the AESOP programme. | Regular collection of informatio nthrough contacts with focal points in the MN. | Executive committee meetings, General Session, External evaluation of Phase V | Assumes commitment from MN to incorporate the recommendati onsgiven by the PPSP or to consider the use of the new system to increase vaccine security<br>Risk of lack of interest from manufacturers in submitting their vaccines for pre-qualification and/or involvement in long term supply arrangements |

## 6. Planned Component Sub-Activities

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

**1.3.1.** Sub-activities to support the preparedness to use emergency vaccination for FAST diseases in MN:
1.3.1.1 Improve the level of preparedness to use emergency vaccination for FAST diseases in EuFMD members by addressing the constraints identified through the survey conducted by EuFMD;
1.3.1.2 Regular reporting and guidance to Member Nations.

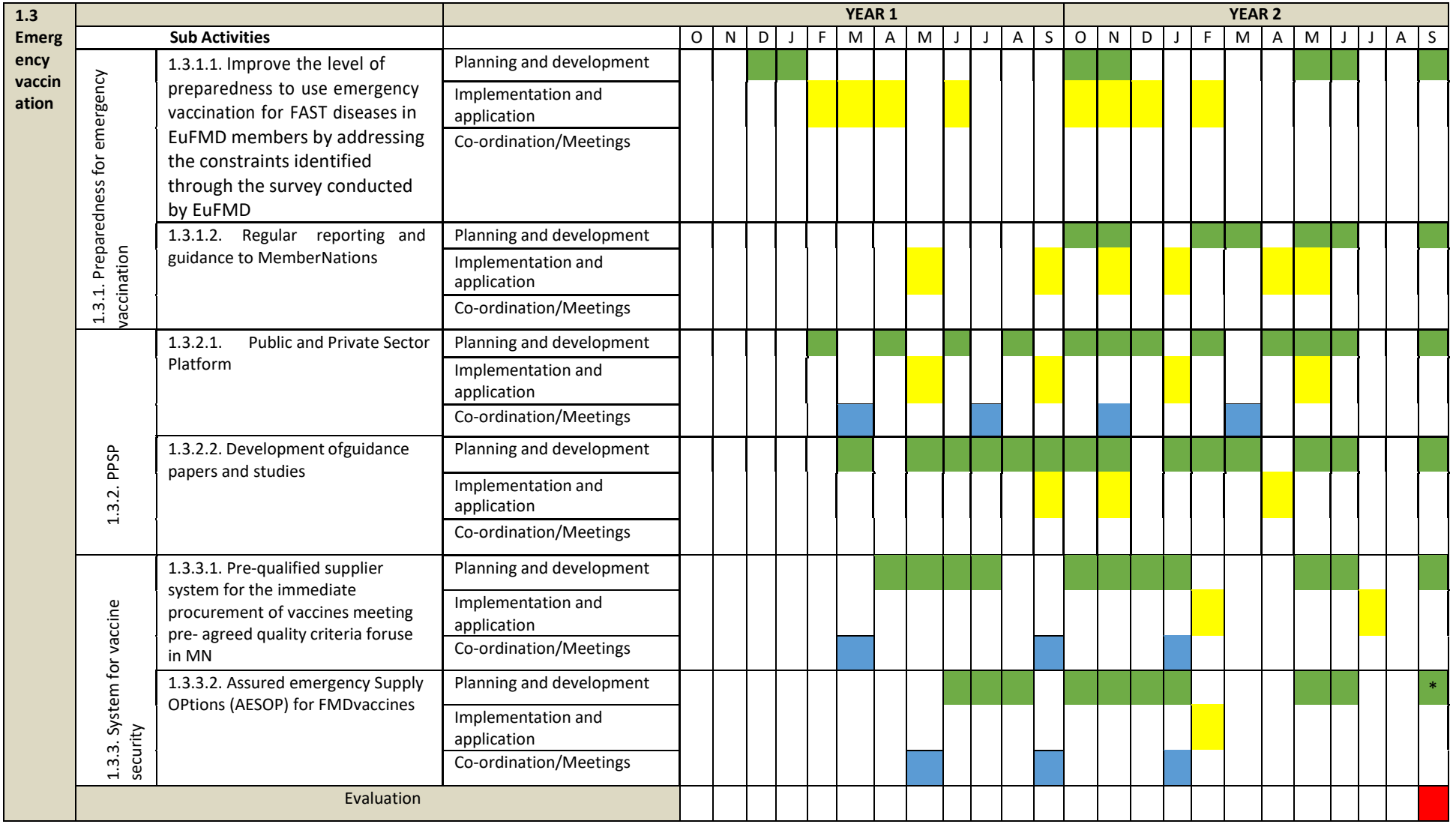
**1.3.2.** Development of a multi-stakeholder platform (MSP) for FAST disease vaccination security:
1.3.2.1. Regular meetings with multiple stakeholders;
1.3.2.2. Development of guidance papers and studies.

**1.3.3.** New system to improve FMD vaccine quality and availability:
1.3.3.1. Pre-qualification of vaccines to enable the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN;
1.3.3.2. Assured emergency Supply OPtions (AESOP) for FMD vaccines.

| | Sub-activity level | Description | Indicators | Assumptions and risks |
|---|---|---|---|---|
| **1.3.1. Preparedness for emergency vaccination** | 1.3.1.1<br>Improve the level of preparedness to use emergency vaccination for FAST diseases in MN by addressing the constraints identified through the scoping work conducted by EuFMD. | Work to improve the state of preparedness for emergency vaccination in the plans of the MN and on the issues that constrain them from inclusion of vaccination in their plans. This work will be done in close collaboration with components 1.2 and 1.4 of pillar I. EuFMDis will be used to assess emergency vaccination needs for FAST diseases and GET prepared to guide the solutions. | At least two F2F, hybrid or on-line meeting held per year according to the identified needs. | Assumes collaboration from MN to participate in meetings and trainings. |
| | 1.3.1.2<br>Regular reporting and guidance to MN. | Regular reporting to MN on the state of preparedness for emergency vaccination in the contingency plans across Europe and on the issues that constrain MN to include emergency vaccination in their plans.<br>Regular updating to the MN on the work done by the MSP, including the communication of identified pathways or actions to improve vaccine availability.<br>Regular guidance to contingency planners on aspects of vaccine availability and performance for use in emergency vaccination programmes for the priority FAST diseases. | a) Reporting to the MN during the 45th General Session.<br>b) MSP meeting reports to be sent to all MN two months after the meetings<br>c) Annual report provided to MN from the third year of phase V. | Assumes sufficient and quality information available to be provided to the MN. |

| | | | | |
|---|---|---|---|---|
| **1.3.2. PPSP** | 1.3.2.1. Multi-stakeholder platform for FAST disease vaccination security | Development of the multi-stakeholder platform for FAST disease vaccination security (**MSP**) that meet regularly to share information and opinions in order to improve understanding of issues and to identify pathways or actions to improve the availability of vaccines suitable for use by MN in disease emergencies. | At least two MSP F2F meetings by the end of the biennium, and two webinars/online events implemented. | Assumes engagement and availability of the members of the platform |
| | 1.3.2.2. Development of guidance papers and studies | Development of guidance papers through the establishment of and support to working groups of experts and/or development of studies on vaccine related issues. Priorities on the guidance papers and studies to develop will be established during the MSP meetings. | Three guidance papers and/or studies to be available by the end phase V. | Assumes that priorities established by the MSP will be within the budget allocated for this sub-activity. |
| **1.3.3 System for vaccine security** | 1.3.3.1. Pre- qualification of vaccines system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN. | Establishment of a pre-qualified supplier system for the immediate procurement of vaccines meeting pre-agreed quality criteria for use in MN. | a) Quality criteria and operational system defined by month 18 of phase V.<br><br>b) System established and operational in the second biennium of phase V. | Assumes commitment byall the partners involved in this sub-activity. |
| | 1.3.3.2. Assured emergency Supply OPtions (AESOP) forFMD vaccines. | Establishment of an emergency procurement and supply mechanism for FMD vaccines, operating through FAO procurement procedures throughapplication of the pre-qualification system with or without an assurance (Assured Supply) contracting modality (AESOP | a) Operational characteristics of the newsystem defined and agreed by end of first year of second biennium phase V.<br><br>b) System established by the end of phase V. | Assumes commitment byall the partners involved in this sub-activity; Assumes enough budget foreseen for the actual implementationof the AESOP. |

## 7. Gantt chart



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

## 8. Budget (€) COMP. 1.3

| BUDGET CATEGORIES | Budget 4 Years (2019-2023) | Expenses 1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance 2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 1.3** | 43,876 | 25,246 | 18,630 |
| Consultancy Operational | | | |
| **Component 1.3** | 69,886 | 49,340 | 20,546 |
| Consultancy Technical | | | |
| **Component 1.3** | 100,000 | 46,347 | 53,653 |
| Travel | | | |
| **Component 1.3** | 80,000 | | 80,000 |
| Training | | | |
| **Component 1.3** | 50,000 | | 50,000 |
| Contracts | | | |
| **Component 1.3** | 160,000 | | 160,000 |
| Procurement | | | |
| **Component 1.3** | - | - | - |
| General Operating Expenses | | | |
| **Component 1.3** | 20,000 | | 20,000 |
| | | | |
| Total Direct Eligible Cost | **523,762** | **120,933** | **402,829** |

## 9. Updates of the programme (2021-2023)

Due to the extent of work needed to design and consult on a viable operational model, setting up and putting into operation, the PQv system will take place during the second biennium of phase V. In the first instance, the system will be operated by a dedicated secretariat within EuFMD making use of expert resources made available by MN and partner organizations. The business model for operational and financial sustainability in the longer term, will be developed further during the second biennium. This business plan will include options for extending PQv to other FAST vaccines and ultimately to other veterinary vaccines that are used in the context of FAO animal disease control programmes. A parallel project will be conducted, supported by USAID-BHA, to perform a feasibility study for the establishment of a pre-qualification system for veterinary medicines, with consistent synergies of methodologies implemented between PQv and PQm.

## 10. Challenges to achieving component objectives

- Member Nation commitment and engagement will be necessary to achieve the expected result of this component.

- The establishment of the pre-qualification and the AESOP systems to improve vaccine quality and availability will require considerable co-ordination and development work due to the novelty of the concepts and the number of stakeholders that will need to be involved in the process.

- The success of the pre-qualification system, and subsequently of AESOP, will depend on manufacturers submitting applications for PQv. The system must therefore bring benefits in terms of recognition as an internationally accepted accreditation of the quality of vaccines and as a way of accessing future AESOP contracts.

- The success of the MSP will depend on the willingness of private partners to work together and invest the resources necessary to identify and work with public sector organization on the challenges to vaccine security.

- A revision of the budget will be necessary by the end of the second biennium of the phase, when the actual cost of developing the AESOP mechanism has been defined. The further development of this mechanism beyond FMD will depend on its performance for this disease.

# Component 1.4 (Activity 4)

**South-Eastern Europe**

**Objective**

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

## 1. Background

This component comprises a great variety of activities as it merges two components (Thrace and Balkans) from Phase IV as sharing the current experiences between the two components will be beneficial for the SEE region. Activities in this component are provided specifically to the following eight countries: Albania, Bosnia and Herzegovina, Bulgaria, Greece, Montenegro, North Macedonia, Serbia and Turkey. Moldova and Ukraine will be included in some activities organized under this component, prior agreement with the EC.
Historically, the Thrace region of Greece, Bulgaria and Turkey has been a high-risk area for the introduction of FMD and other trans-boundaries diseases into Europe. By coordinating activities and taking a risk-based approach to surveillance during phase IV of the programme, greater confidence has been achieved in the FMD-free status of the region (Bulgaria and Greece are officially free of FMD and the Thrace region of Turkey is officially FMD free with vaccination) and the likelihood of early detection of an incursion is greatly increased.

During the first biennium of phase V, a new database to register active surveillance information was developed for Thrace, while the FMD model to estimate the confidence of disease freedom based on the surveillance information was adapted to two FAST diseases (PPR, SGP). During the second biennium of phase V, the support to Thrace will continue by supporting coordinated active surveillance and organizing activities that aim to improve the sensitivity of the surveillance systems in the region and the collaboration between countries. In the other countries of SEE activities will be organized to increase knowledge and skills for various surveillance options available, as well as the activities to promote the development and use of a similar model, as for Thrace to estimate the confidence of disease freedom based on the surveillance information.
During the first biennium of phase V, regular SEE Management meetings took place, two per year, to define priorities in the region and follow up the outcomes of the activities carried out involving all the countries, beneficiaries of the Component. Support was given for the establishment of national networks to connect veterinary services, laboratories, research institutions and universities in order to guarantee a transfer of knowledge fromresearch institutions to decision-makers and that research is orientated to fill knowledge gaps identified by veterinary services. A draft Guide and a Checklist for stakeholders' networks engagement has been developed and approved by the countries. A call for research studies with the aim to promote the creation of stakeholder networks between veterinary services and research institutions and research based on policy needs, led to the selection and funding of five projects in SEE. During the second biennium of phase V**,** regular SEE Management meetings will continue to be organized and lessons learnt from the first call for proposals for stakeholders' networks engagement will be analyzed. In addition, given the success of the first experience, a new call will be organized to address specific needs in the region and promote partnerships among national institutions.

The work developed in phase IV in the Balkan countries has aimed at improving the quality of contingency planning and operational procedures. In this sense, supporting the organization of simulation exercises has been one of the main activities of EuFMD in the region during the last years. In phase V, the work to improve emergency preparedness against FAST diseases in the region continued to be a priority using different tools: workshops, simulation exercises, in-country support, GET Prepared, adaptation of EuFMDiS to countries in the region. During the first biennium of phase V, multiple simulation exercises were supported in SEE, using an innovative approach to online conduction of the simulation exercises with the assistance of a crisis simulation software. Activities to transfer knowledge and skills to improve emergency preparedness were organized (e.g. workshop on simulation exercise organization and FAST disease laboratory detection and laboratory contingency planning). Specific in-country support to improve SEE countries preparedness work for TADs and other similar FAST diseases management was provided to the countries, based on request and priorities. During the second biennium of phase V, multi-country and national simulation, exercises will continue to be organized in the region, but the target number of simulation exercises to be supported at national level will be decreased. This will allow to allocate more effort on the follow-up of the gaps identified during the simulation exercises already organized in the current biennium. The follow-up activities on identified gaps, implemented by the countries will serve to measure the impact on emergency preparedness, along with the other ways of measurements of impact (e.g. countries to be regularly invited to share actions and direct benefits from the

capacity building events and simulation exercises organized, as well as other activities).

One of the components to improve preparedness in Phase V is the establishment of a diagnostic bank of reagents for FAST diseases available for the countries in the region. This is accompanied by activities to improve laboratory proficiency and capacity for FAST diseases across the region, for example supporting the organization of laboratory simulation exercises. . During the first biennium of phase V the diagnostic bank of reagents was established for FMD in the first year, broadening some of its reagents to other FAST diseases from the second year of this biennium. During the second biennium of phase V the procurement of the diagnostic bank of reagents will continue regularly, increasing the FAST diseases considered during the second biennium, based on the needs agreed with the SEE countries. A scoping activity will be conducted to assess the needs and benefits to expand the diagnostic bank concept to other Member countries.

The effort to facilitate coordination and cooperation between SEE countries and with other projects in the region will continue, particularly to ensure complementarity of the activities delivered by different partners.

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

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component supervisor** | |
| **Component manager** | Goran Filipovic |

## 3. Countries or partner organizations involved

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

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

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two years to MN** | Component manager | Written report; presentation | General Session | |
| **Website** | Component manager | Written report | Website | |
| **Workshop/ Mission** | Team leader | Written report if required | EuFMD, NSAH others if required | |

## 5. Objective of the component

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

| Component (Activity) | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumptions and risks |
|---|---|---|---|---|---|---|
| **1.4 South-Eastern Europe** | Improved surveillance and emergency preparedness against FAST diseases in South-Eastern Europe achieved through increased collaboration in the region, implementation of risk-based surveillance approaches, assessment and improvement of contingency plans and access to a diagnostic bank. | Risk-based surveillance system for FAST diseases are established and supported; Activities to facilitate collaboration and to improve contingency planning in the region are carried out; A diagnostic bank is established. | Confidence of FAST disease freedom over 90 % in Thrace maintained for 48 months;<br><br>SEE countries receiving support through this component (e.g. capacity building events, participating in grant projects, and simulation exercises) presents direct impact (activities implemented) that led to improvements of their emergency preparedness. | Cameron model to calculate regularly level of confidence in absence of disease;<br><br>Collection of information through regular exchange of progress and actions with the FP countries. | Executive committee meetings, General Session, evaluation phase V | Assumes commitment from MN to actively participate in the different activities organized or supported by EuFMD. |

## 6. Planned Component Sub-Activities

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

**1.4.1.** Risk-Based Surveillance (RBS) system to maintain high level of confidence in the absence of FAST diseases in theregion and in capacity for early detection of a FAST disease incursion:

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

1.4.1.2 In the Balkan countries support to increase knowledge and skills for various surveillance options available, assess current RBS system in the Balkans, as well as the activities to promote the development and use of similar model, as for Thrace to estimate the confidence of disease freedom based on the surveillance information, as considered necessary.

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

1.4.2.1 Improve regional co-ordination;

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

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

1.4.3.1 Training activities;

1.4.3.2 Simulation exercises;

1.4.3.3 In-country assistance.

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

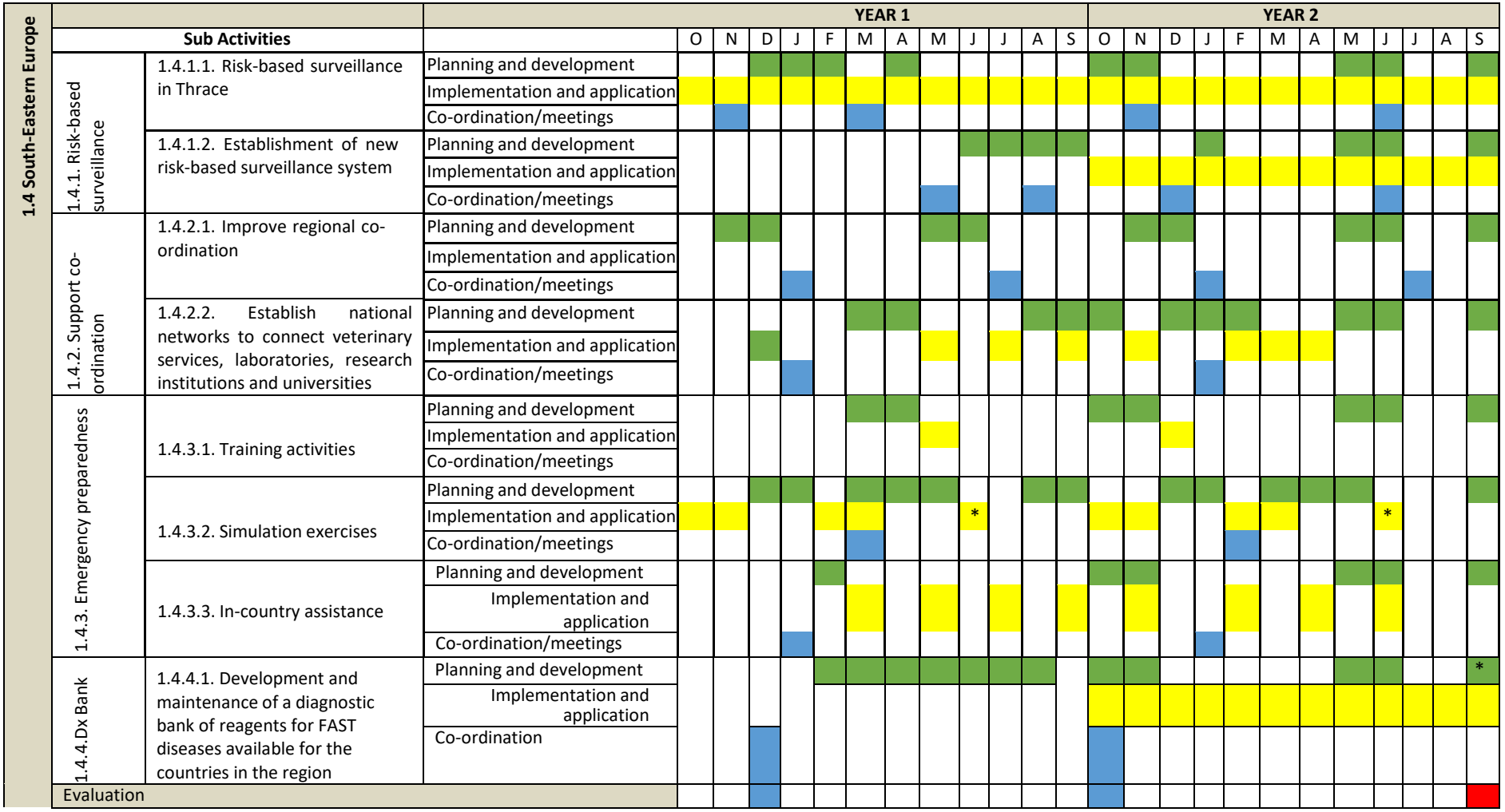
1.4.4.1 Development and maintenance of diagnostic bank of reagents for FAST diseases available for thecountries in the region

| | *Sub-activity level* | *Description* | *Indicators* | *Assumptions and risks* |
|---|---|---|---|---|
| **1.4.1. RBS** | RBS in Thrace | Support to Greece, Bulgaria and Turkey to maintain and improve theRBS system established in Thrace. This will include the revision of the Cameron model, as necessary. | 144 country-months surveillance system operational. The model extended to PPR and SGP fully operational and used by the end of the phase V. | Relies on commitment of the countries involved. Possibility to recruit national consultants |
| | Establishment of new RBS system. | In the Balkan countries support to increase knowledge and skills for various surveillance options available, assess current RBS system in the Balkans, as well as the activities to promote the development and use of similar model, as for Thrace to estimate the confidence of disease freedom based on the surveillance information, as considered necessary. | Similar RBS system for FAST diseases, extended to the Balkan countries. | Relies on commitment of the countries involved. |

| | | | | |
|---|---|---|---|---|
| **1.4.2. Co-ordination activities** | 1.4.2.1. Improve regional co-ordination. | Management meetings will be regularly organized to define priorities in the region and follow up the outcomes of the activities carriedout under this component.<br>Additional multi-country activities such as simulation exercises will alsocontribute to improve the collaboration between countries in the region. | Two management meetings organized per year. | Relies on availability of representatives from the different countries to actively participate in these meetings. |
| | 1.4.2.2. Establish national networks to connect veterinary services, laboratories, research institutions and universities. | Support for the establishment of national networks to connect veterinary services, laboratories, research institutions and universities in order to guarantee that there is a transfer of knowledge from researchinstitutions to decision makers and that research is orientated to fill knowledge gaps identified by veterinary services. The key stakeholders that should be part of these national networks will be identified by each country and support will be given for these networks to produce studies or to organize activities that aim at improving emergency preparedness and response. Research studies donewith EuFMDiS in the region will be encourage, as this tool can assist to improve contingency plans. | Eight countries to successfully participate in a call for research studies with the aim to promote the creation of stakeholder networks between veterinary services and research institutions and universities by the end of the four years research based on policy needs and have produced studies or organized activities that aim at improving emergency preparedness and response during the phase V. | Assumes commitment from the different stakeholders involved. |
| **1.4.3. Emergency preparedness** | 1.4.3.1. Training activities | Specific workshops about topics ofinterest in the region will be organized or additional seats for participants from South-Eastern Europe will be offered to attend workshops organized under component 1. Specific laboratory training activities will be considered according to the needs of the countries. These might include training to comply with the “Minimum standards for laboratories working with FMDv”,following the guidance given by the Special Committee on Biorisk Management (SCBRM). | At least two representatives from each country participating in a workshop per biennium. | Relies on availability of representatives from the different countriesto attend the workshops |

| | | | | |
|---|---|---|---|---|
| | 1.4.3.2. Simulation exercises | Technical support to organize national simulation exercises (including laboratory simulation exercises) will be offered to the countries from South-Eastern Europe. Economic support will also be given to facilitate that observer from other countries canattend national simulation exercises.<br>Multi-country simulation exercise will be organized for participants from South-Eastern Europe countries.<br>Representatives from different institutions will be invited to participate in these simulation exercises (laboratories, veterinary services, universities, industry…). | a) 4 countries to organize a national simulation exercises receiving support by EuFMD, during the second biennium of phase V.<br><br>b) 2 multi-country simulation exercises will be organized during the second biennium of phase V | Risk of lack of priorityof the countries to organize national simulation exercises due to more urgent matters (e.g. ASF outbreaks).<br><br>Assumes availability and commitment to participate in the organization and implementatio n of the simulation exercises. |
| | 1.4.3.3. In-country assistance | In-country assistance to apply GETPrepared toolbox and to improve contingency plans. This support will be given by consultant provided by EuFMD or by experts<br>within the region supported byEuFMD | Eight countries to receive specific in-country support to improve their emergency preparedness during the second biennium of phase V | Assumes availability and interest of the countries to receivethis in-country support, considering other more urgent matters (e.g.<br>ASF outbreaks). |
| **1.4.4. Diagnostic Bank** | 1.4.4.1. Development and maintenance of a diagnostic bank of reagents for FAST diseases available for the countries in the region. | Establishment of a diagnostic bankof reagents for FAST diseases available for the countries in the region. | Diagnostic bank with capacity to respond for 360 months (country-months TADs) e.g. FMD bank for 10 countries for 36 months of the phase. | The diagnostic bank has been established during the first biennium of phase V. |

## 7. Gantt chart



| GANT CHART NOTES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1.4.1.1 | Planning and development | Revision of Cameron model as necessary; Testing of changesincluded into the model; Adaptation to evaluation recommendations; | Implementaion and application | Maintenance and implementation ofthe current RBS system; Incorporation of improvements and updates into the system<br>The model extended to PPR and SGP fully operational and used by the end of the phase V. | Co-ordination/ Meetings | Meetings to undertake the review of Cameron model; Co-ordination meetings after evaluations. | Evaluation | External final evaluation upon donor request |
| 1.4.1.2 | | WS meetings to assess the current RBS system in the Balkans and to promote the development and use of similar model, as for Thrace to estimate the confidence of disease freedom based on the surveillance information, as considered necessary. | | Assessment of the current RBS system in the Balkans and to promote the development and use of similar model, as for Thrace to estimate the confidence of disease freedom based on the surveillance information, as considered necessary. | | Meetings to set up the RBS system; Co-ordination meetingafter final-biennium evaluation<br>WS to assess the current RBS system in the Balkans and to promote the development and use of similar model, as for Thrace to estimate the confidence of disease freedom based on the surveillance information, as considered necessary. | | |
| 1.4.2.1 | | Planning for the management meetings; | | | | Management meetings | | |
| 1.4.2.2 | | Countries to establish their national networks; Studies or other activities under the network framework to be carried out: Adaptation to evaluation recommendations; | | A workshop with successful projects under the 1st SEE FAR call arranged and invitation extended to other countries representatives ;<br>Second SEE FAR call launched<br>Results of the studies and/or activities to be published | | A workshop with successful projects under the 1st SEE FAR call arranged | | |
| 1.4.3.1 | | Planning and preparation of the workshop to increase knowledge and skills for various surveillance options available, including the syndromic surveillance; | | Implementation of workshops | | | | |
| 1.4.3.2 | | Support to countries during the preparation of their SimEx; Planning and preparation of multi-country SimEX; Adaptation to evaluation recommendations; Planning for second biennium | | National simulation exercises: Multi-country simulation exercises (*) | | On-line meetings to preparemulti-country simulation exercises | | |
| 1.4.3.3 | | Planning and arrangements for in-country support activities; Adaptation to evaluation recommendations; | | Implementation of in-country supportactivities | | Meeting to scope gaps and goodpractices on emergency preparedness in the region and to schedule a calendar of in- country support activities; Meeting to evaluate the impact of in-country activities (together with the MM) | | |
| 1.4.4.1 | | Set up of the diagnostic bank, including the procedures andconditions to access it; Adaptation to evaluation recommendations; | | Dispatch of reagents to national laboratories (second group of countries)<br>Needs assessment and provision of reagents to national laboratories (first group of countries);<br>Revision, adaptation and new procurement | | Co-ordination meeting with relevant stakeholders to set upthe diagnostic bank; Meeting (on-line or face-to-face) to present the diagnostic bank to the beneficiaries | | |

## 8. Budget (€) COMP. 1.4

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 1.4** | 54,048 | 31,072 | 22,976 |
| Consultancy Operational | | | |
| **Component 1.4** | 69,886 | 49,340 | 20,546 |
| Consultancy Technical | | | |
| **Component 1.4** | 447,200 | 242,035 | 205,165 |
| Travel | | | |
| **Component 1.4** | 168,000 | 11,453 | 156,547 |
| Training | | | |
| **Component 1.4** | 174,000 | 34,743 | 139,257 |
| Contracts | | | |
| **Component 1.4** | 70,000 | 56,943 | 13,057 |
| Procurement | | | |
| **Component 1.4** | 240,000 | 24,094 | 215,906 |
| General Operating Expenses | | | |
| **Component 1.4** | 116,000 | 34,145 | 81,855 |
| | | | |
| Total Direct Eligible Cost | **1,339,134** | **483,825** | **855,309** |

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

| | Contribution | Funding source |
|---|---|---|
| **Component Manager: Short Term Professional** | **20% full time equivalent (FTE)** | EuFMD Trust Fund (MN contributions) |
| **Laboratory expert: Short Term Professional** | **20% FTE** | EuFMD Trust Fund (MN contributions) |

## 9. Challenges to achieving component objectives

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

The support provided will need to be adapted to the new FAO HR policies that do not allow recruiting consultants that work at the same time for governmental institutions. (THIS NEEDS TO BE REPHRASED)

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

# Component 1.5 (Activity 5)

## Applied Research

### Objective

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

## 1. Background

The EuFMD has, since 2008, provided support for small applied research projects that are relevant to the priority technical issues of the EuFMD Member Nations (MN). The EuFMD Fund for Applied Research, **EuFMD-FAR**, is placed under Pillar I for management purposes. The priorities for applied research - identified during the 44th EuFMD General Session- are primarily technical and economic issues affecting FAST disease emergency management in the MN. However, applied research supporting Pillar II and III objectives is also eligible for funding.

The thematic priorities will be identified with the assistance of the Standing Technical Committee (**STC**) and the Special Committee on Surveillance and Applied Research (**SCSAR**) and **up to two calls per year** will be launched for this research studies to be assigned to the institutions that better fit with the established criteria. The **criteria** established to select the applicants during the first biennium of Phase V will be maintained for the second biennium. Calls will then promote studies that:

- Have a transformative potential
- Are relevant to Strategic Objectives or specific Components of the EuFMD Strategy;
- Generate tangible outputs in a form easily recognized for their relevance to the EuFMD MN, with a transboundary application;
- Value for money.

**Applications** are welcome from any source and are not limited by geographical origin and the proposals will be assessed in **two stages**: **(i)** first by at least two external referees (Referee Panel); and **(ii)** then by a sub-group of the EuFMD SCSAR and STC (acting as the Grant Review Board), a multidisciplinary panel of experts who are familiar with the priorities and scope of the fund and the context of the institutions which are expected to use the knowledge, tools and outputs.

Funding will be allocated by the EuFMD through **Letters of Agreement** (LoA) (contracts between the FAO of the UN and not-for-profit institutions). In exceptional circumstances, for instance, where LoAs cannot be applied or when there is an urgency of need for results/outputs and lack of alternative funding, the funds may be allocated through direct implementation mechanism by the Secretariat.

**Co-ordination and communication** between institutions in the FAST disease surveillance networks will be a key element of this component, which will also aim at providing a platform for review of progress and prioritization. Regular meetings will be organized to provide a discussion forum for the members of the STC, the SCSAR and also the Special Committee on Biorisk Management (SCBRM); and will be further explored the possibility to conduct thematic technical meetings, gathering applicants awarded under the FAR to **share successes, promote networking and discuss follow-up activities**. Finally, as the FAR mechanisms are operational since 2008, efforts will be allocated during this biennium to **improve visibility of study outputs** generated through the FAR and to **assess the impact** of activities under Component 1.5 on the FAST scientific community.

The **EuFMD Open Sessions**, organized every two years, will aim to continue to be the largest technical and scientific meeting on FMD to be held on a regular basis, with nearly 300 participants, drawn mainly from the public sector, scientific institutions and regulators, academia and private sector. In the past biennium, the Open Sessions 2020 had broader scope covering FAST diseases, and was successfully delivered in virtual format. In this current biennium, the EuFMD team will keep exploring virtual solutions to improve access of its community to scientific knowledge.

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component supervisor** | |
| **Component manager** | Etienne Chevanne |

## 3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member Nations of the EuFMD. Priority is given to research outputs, which will directly benefit EuFMD Member Nations, however neighbourhood countries and countries worldwide are also likely to impact from funded projects with global application.
The STC and SCSAR advise on research priorities and assist in review of applications (as Grant Review Board).

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two years to MN** | Component manager | Written report; presentation | General Session | |
| **Reports established in the LoAs** | LoAs contractees | Written report; presentation if required | STC, Open Session | |

## 5. Objective of the component

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

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

## 6. Planned Component Sub-Activities

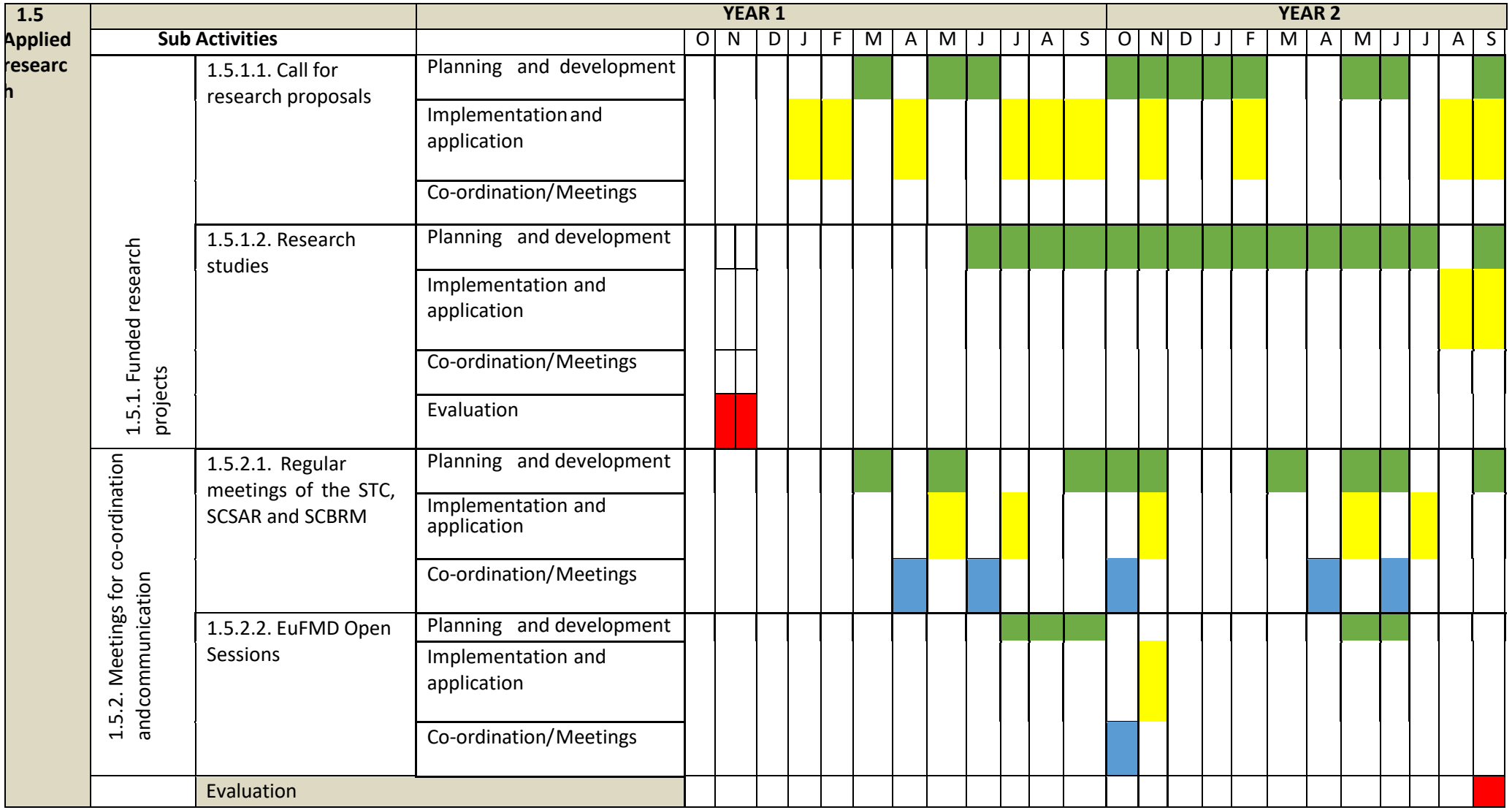
The expected result of the component will be achieved through a program of **sub-activities**:

**1.5.1.** Funded research projects:
- 1.5.1.1. Call for research proposals
- 1.5.1.2. Research studies
- 1.5.1.3. Improve visibility and impact of the FAR and support scientific publications from the EuFMD

**1.5.2.** Meetings for co-ordination and communication:
- 1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM
- 1.5.2.2. EuFMD Open Sessions

| | *Sub-activity level* | *Description* | *Indicators* | *Assumptions and risks* |
|---|---|---|---|---|
| **1.5.1. Funded research projects** | 1.5.1.1. Call for research proposals | Following advice received by the STC,the SCSAR, and the SCBRM, a call for research proposals will be released and widely circulated on a regular basis. Research applications will be reviewedin a two-stage process, first by externalreferees (Referee Panel) then by members of the STC and SCSAR (acting as the Grant Review Board). Successful applications will be contracted through LoAs. | a) Up to two calls for research proposals released per year.<br>b) Announcement of results to be done two months afterthe closing date of the call for application.<br>c) LoAs signed three months after the announcement of the results. | Assumes good number of suitable applications are received; assumes the process to sign the LoAs is not delayed due to reasons beyond EuFMD. |
| | 1.5.1.2. Research studies | Research projects will be carried out according to the signed LoA, completed project will be assessed and results will be made available. | Reports and project results to be produced by institutions awarded grants within the deadlines established in the LoA. | Relies upon satisfactory completion of projects by contracted partners |
| | 1.5.1.3. Improve visibility and impact of the FAR and support to EuFMD scientific publications | A methodology will be developed to assess the impact of FAR on the FAST scientific community since 2008, and efforts will be made to improve visibility of, and possibly provide access to study outputs for the wider scientific community. This sub-activity will also coordinate the support provided to the EuFMD technical team in the submission of manuscript to peer-review scientific journals. | a) An updated EuFMD webpage will provide information of awarded institutions and studies since 2008 by Sept 2022.<br>b) At least 3 manuscripts submitted by the EuFMD team (one per Pillar) by September 2023. | Relies on availability of past applicants to provide updates, publications and tools |
| **1.5.2. Meetings** | 1.5.2.1. Regular meetings of the STC, SCSAR and SCBRM | Meeting will be regularly organized tofor the STC and the SCSAR so they candiscuss and produce advice and guidance on research priorities. This includes meeting at the Open Session, which is held every two years, and guiding the Secretariat on the format and content of the Session. Meetings of the SCBRM will also be regularly organized so they can discussand provide guidance on laboratory training, including the Minimum Standards and support needs of the FMD Biorisk management community. | a) At least two meetings (on-line or face to face) of the STC held each year<br>b) At least one meeting of the SCSAR held each year (one meeting to be held at the EuFMD Open Session which is held every two years)<br>c) At least one meeting of the SCBRM held each year | Relies on availability of the member of the different committees to attend the meetings |
| | 1.5.2.2. EuFMD Open Session | The EuFMD Open Session will be organized every two years and the topic of these sessions will be decidedfollowing the advice of the STC and the SCSAR. | One Open Session organized during the second biennium of phase V. | |

## 7. Gantt chart



**GANTT CHART NOTES:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1.5.1.1 | Planning and development | Review of applications; Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning forsecond biennium. | Implementation and application | Calls for applications (c); Announcement of results (a); LoA signed (l) | Co-ordination/ Meetings | | Evaluation | External final evaluation upon donor request |
| 1.5.1.2 | | Research projects to take place | | Results of the research project published | | | | Evaluation done by an external technical expert panel to measurethe impact of the papers and reports published<br>* Considering publication of research studies results by the end of the first biennium, the evaluation of its impact will bedone at the beginning of the second biennium<br>External final evaluation upon donor request |
| 1.5.2.1 | | Arrangements for the meetings; Adaptation to evaluation recommendations;Planning for second biennium. | | Meeting reports available | | STC meetings (a); SCSAR meetings (b); SCBRM meetings(c) | | External final evaluation upon donor request |
| 1.5.2.2 | | Arrangements to organize theOpen Session | | Open Session and side meetingsreports | | Open Session | | External final evaluation upon donor request |

## 8. Budget (€) COMP. 1.5

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 1.5** | 36,568 | 21,362 | 15,206 |
| Consultancy Operational | | | |
| **Component 1.5** | 69,886 | 49,340 | 20,546 |
| Consultancy Technical | | | |
| **Component 1.5** | - | 2,317 | 2,317 |
| Travel | | | |
| **Component 1.5** | 144,000 | 15,282 | 128,718 |
| Training | | | |
| **Component 1.5** | 80,000 | 4,214 | 75,786 |
| Contracts | | | |
| **Component 1.5** | 400,000 | 66,272 | 333,728 |
| Procurement | | | |
| **Component 1.5** | - | - | - |
| General Operating Expenses | | | |
| **Component 1.5** | 50,000 | 2,715 | 47,285 |
| | | | |
| Total Direct Eligible Cost | **780,454** | **161,502** | **618,952** |

## 9. Update of the programme

During the 44th General Session, it was proposed the following update of the Component 1.5 workplan:

- Improve visibility of the results arising from awarded studies through this component and support scientific publications from EuFMD;
- Improve networking between research institutions through thematic online meetings

## 10. Challenges to achieving component objectives

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

# Component 1.6 (Activity 6)

## Proficiency Test Services

### Objective

**Europe-wide participation in Proficiency Tests organized by the EU Reference Laboratory for FMD through support for countries that are not EU member states nor candidate states**

## 1. Background

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

The new **component 6** of Pillar I will continue to have the same objective as in the previous phase. It will still be managed through a Letter of Agreement (LoA) with the EU Reference Laboratory (EU-RL), who will administer the PTS and also will facilitate the participation of representatives from the supported countries involved to the annual EU reference laboratory meetings.

The intention is that the activities of this component will ensure better alignment of the non-EU NRLs from Europe with the EuFMD and EU standard for FMD diagnostic NRLS performance.

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component supervisor** | Tsviatko Alexandrov |
| **Component manager** | Kiril Krstevski |
| **ExCom oversight** | |

## 3. Countries or partner organizations involved

The activities in this component will be specifically provided to countries from Europe that are not EU members and not EU candidate states, and those for which the agreement with DG SANTE is that they cover the cost of their participation in the PTS: Bosnia and Herzegovina, Ukraine, Moldova, Kosovo[1], Belarus, Norway, and Switzerland.

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two years to MN** | Component manager | Written report; presentation | General Session | |
| **Reports established in the LoAs** | LoAs contractee | Written report; presentation if required | STC, Open Session | |

[1] *Reference to Kosovo, whether to the territory, institutions or population shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo*

## 5. Objective of the component

**Europe-wide participation in proficiency tests organized by the FMD EU Reference Laboratory through support for countries that are not EU member states nor candidate states.**

| *Component (Activity)* | *Objective* | *Narrative* | *Expected result* | *Monitoring* | *Evaluation* | *Assumptions and risks* |
|---|---|---|---|---|---|---|
| **1.6 PTS** | Europe-wide participation in proficiency tests organized by the EU Reference Laboratory for FMD through support for countries that are neither EU members nor EU candidate countries. | Non-EU countries within Europe are able to participate in EU-RL PT on an annual basis. | 7 eligible countries to participate each year in the PTS and attend the annual EU-RL meeting. | LoA interim and final reports | Two external evaluations to be carried out by month 18 and 38 of phase V. | Assumes commitment from the beneficiary countries to participate in the mentioned activities. |

## 6. Planned Component Sub-Activities

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

**1.6.1.** Support to eligible countries:

1.6.1.1. Support to eligible countries to participate in EU-RL PT for FMD

1.6.1.2. Support to eligible countries to attend the annual EU-RL meeting

| | Sub-activity level | Description | Indicators | Assumptions and risks |
|---|---|---|---|---|
| **1.6.1. Support** | 1.6.1.1. Support to eligible countries to participate in EU-RL PT for FMD | | Seven eligible countries to participate each year in the PTS for FMD NRL | Assumes commitment from the beneficiary countries to participate in the PTS |
| | 1.6.1.2. Support to eligible countries to attend the annual EU-RL meetings | | Seven eligible countries to participate each year in the annual EU-RL meeting. | Assumes commitment from the beneficiary countries to participate in the annual meeting |

## 7. Gantt chart

| 1.6. PTS | | | YEAR 1 | | | | | | | | | | | | YEAR 2 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sub Activities | | | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S |
| | 1.6.1. Support to eligible countries | 1.6.1.1. Support to eligible countries to participate in PTS for FMD NRL | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination /Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1.6.1.2. Support to eligible countries toassist the annual EU-RL meeting | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

**GANTT CHART NOTES:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1.6.1.1 | Planning and development | Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning for second biennium. | Implementation & application | LoA signed | Co-ordination/ Meetings | | Evaluation | External final evaluation upon donor request |
| 1.6.1.2 | | Arrangements to sign LoA; Adaptation to evaluation recommendations; Planning for second biennium. | | LoA signed | | | | |

## 8. Budget (€) COMP. 1.6

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 1.6** | 4,388 | 1,942 | 2,446 |
| Consultancy Operational | | | |
| **Component 1.6** | 69,886 | 49,340 | 20,546 |
| Consultancy Technical | | | |
| **Component 1.6** | | 5,634 | 5,634 |
| Travel | | | |
| **Component 1.6** | - | - | - |
| Training | | | |
| **Component 1.6** | - | - | - |
| Contracts | | | |
| **Component 1.6** | 70,000 | 33,322 | 36,678 |
| Procurement | | | |
| **Component 1.6** | - | - | - |
| General Operating Expenses | | | |
| **Component 1.6** | - | - | - |
| | | | |
| Total Direct Eligible Cost | **144,274** | **90,238** | **54,035** |

## 9. Challenges to achieving component objectives

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

# Component 1.7 (Activity 7)

**Disease risk assessment and forecasting**

**Objective**

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

## 1. Background

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

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

In phase IV, the FMD Global Monthly Report (**GMR**) collected information from different sources making it available to the public through EuFMD website and through e-mail for those subscribing (over 300 subscribers to date).
In this new phase, the GMR is merged with the World Reference Laboratory's quarterly report and called the Joint Quarterly Report. The format will be transformed into an on-line map-based tool with a user-friendly adaptable **dashboard** that will allow the user to produce tailored reports.

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

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

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

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

## 2. Team

| *Role* | *Name* |
|---|---|
| Component supervisor | Tsviatko Alexandrov |
| Component manager | Melissa McLaws |
| ExCom oversight | Valentin Almansa |

## 3. Countries or partner organizations involved

The direct beneficiaries of this component are the 39 Member Nations of EuFMD, including all EU Member Nations.
Involvement of the OIE and FAO will be essential for this component, in particular to share risk information andcoordinate efforts to develop efficient reporting and risk communication tools. Greater integration of reporting between the EuFMD and European FMD references centres (EU-RL, and OIE and FAO centres) will be an objective of this component 1.7.

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support Office |
| **Every two years to MN** | Component manager | Written report; presentation | General Session | |
| **On-line tool** | Component manager | On-line tool monthly update | Website | Component Manager |

## 5. Objective of the component

**Improved global and neighborhood FAST disease risk assessment and forecasting, with information toMember Nations and the public made available on a regular basis.**

| Component (Activity) | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumptions and risks |
|---|---|---|---|---|---|---|
| **Disease risk assessment and forecasting** | Improved global and neighbourhood FAST disease risk assessment and forecasting, with information to Member Nations and the public made available on a regular basis. | Information on FAST disease risk is collected and analyzed; Risk assessment and forecasting information is made available to European risk Managers. | Improved information on FAST disease risks and on antigens available accessible to MN 36 months during phase V. | Published monthly reports and recording of updates done to tools (online on-line map-based tool and PRAGMATIST). | Executive committee meetings, General Session, External evaluation of Phase V. | Assumes enough information will be available to assess the risk and forecast important changes in risk and/or disease outbreaks. |

## 6. Planned Component Sub-Activities

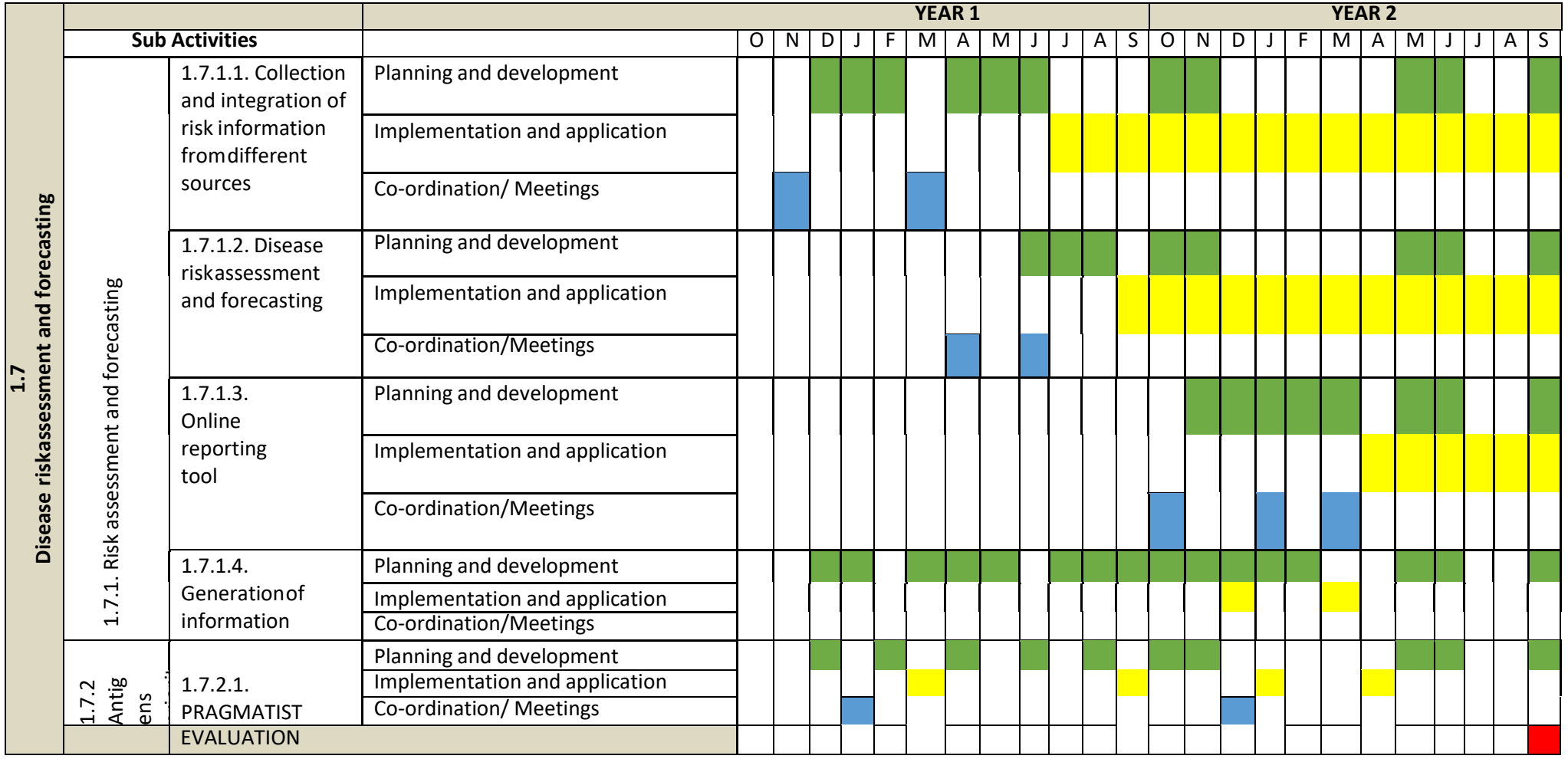
The expected results of the component will be achieved through a program of **sub-activities**:

1.7.1. System to provide information on FAST disease risk assessment and forecasting:
- 1.7.1.1. Collection and integration of risk information from different sources
- 1.7.1.2. Disease risk assessment and forecasting
- 1.7.1.3. Information dissemination

1.7.2. System to provide information about the risks and the relative value of the antigens available for use in European emergency reserves:
- 1.7.2.1. PRioritisation of AntiGen MAnagemenT with International Surveillance Tool (PRAGMATIST)

| | Sub-activitylevel | Description | Indicators | Assumptions and risks |
|---|---|---|---|---|
| 1.7.1. Risk assessment and forecasting | 1.7.1.1. Collection and integration of risk information from different sources | Definition of a system for regular collection of specific information from different sources, including information collected through the work developed under Pillars II andIII and information provided by keyinformants. Harmonization and quality check of the collected information | a) Preliminary definition of additional information to be collected and how tocollect it by month four of 2nd biennium (phase V)<br>b) Regular collection of information according to the newsystem) | Assumes the information required will be accessible to EuFMD |
| | 1.7.1.2 Disease risk assessment and forecasting | A risk monitoring tool, to perform a rapid assessment of the risk of incursion of FAST diseases, will be developed and made available. Training materials and/or WS to assist MN to apply the tool will be developed. Depending on feedback, the tool may be further adapted to also consider EXPOSURE (current version only includes ENTRY). | Pilot the risk monitoring tool in at least three EuFMD MN and finalize the tool according to the results of the pilot phase | Assumes theinformation collected will be enough to carry outrisk assessment and forecasting of the expected quality |
| | 1.7.1.3 Information dissemination | The joint Quarterly report will be produced in collaboration with the WRL. The format will transition to include an online dashboard, including relevant FMD surveillance data | First version of the on-line dashboard by the end of the first biennium and full version available by the end of the phase (with Pillar III) | Risk of timetable slipping if the definition of the content and technical development are longer than expected |
| 1.7.2. Antigens | 1.7.2.1. PRioritisation of AntiGen MAnagemenT with International Surveillance Tool (PRAGMATIST) | The PRAGMATIST tool will be kept updated and the results of the validation and sensitivity analysis carried out will be incorporated. Inco-ordination with Pillars II and III, work might be done to make the PRAGMATIST tool more flexible and increase its availability, adapting it to endemic countries. A“user-guide” will also be developed. | a) PRAGMATIST to updated on a regularbasis during phase V<br><br>b) PRAGMATIST to beregularly used to inform MN and ExCom representatives | Assumes new risk information will be available to keep the PRAGMATIST tool updated |

## 7. Gantt chart



| CHART NOTES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1.7.1.1 | Planning and development | Establishment of the new system to collect and integrate information; Adaptation to evaluation recommendations; Planning for second biennium | Implementaion and application | Monthly collection of information, harmonization and quality check of the data | Co-ordination/ Meetings | Meetings to define the information to be collected and how to collect it | Evaluation | External final evaluation upon donor request |
| 1.7.1.2 | | Development of the methodology for risk assessment and forecasting; Adaptation to evaluation recommendations; Planning for second biennium | | Monthly assessment of collected information | | Meetings to define the methodology to analyze the information | | |
| 1.7.1.3 | | Planning and development work for the on-line tool; Adaptation to evaluation recommendations; Planning for second biennium | | On-line map-based tool available | | Co-ordination meetings as part of the development process: with EuFMD staff and external partners as relevant (OIE, IT developers and designers) | | |
| 1.7.1.4 | | Calls for the studies according to priorities defined by the SCSAR (c); Selection of institutions to carry out the LoA (l); Studies carried out; Adaptation to evaluation recommendations; Planning for second biennium | | Results of the studies published | | | | |
| 1.7.2.1 | | Regular updating of the PRAGMATIST; Adaptation to evaluation recommendations; Planning for second biennium | | PRAGMATIST used to inform MN and ExCom representatives | | Co-ordination meetings: EuFMD staff and other partners as relevant | | |

## 8. Budget (€) COMP.1.7

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 1.7** | 21,940 | 11,652 | 10,288 |
| Consultancy Operational | | | |
| **Component 1.7** | 69,886 | 44,855 | 25,031 |
| Consultancy Technical | | | |
| **Component 1.7** | 120,000 | 81,549 | 38,451 |
| Travel | | | |
| **Component 1.7** | 52,000 | | 52,000 |
| Training | | | |
| **Component 1.7** | 20,000 | | 20,000 |
| Contracts | | | |
| **Component 1.7** | 68,000 | 32,470 | 35,530 |
| Procurement | | | |
| **Component 1.7** | 26,000 | | 26,000 |
| General Operating Expenses | | | |
| **Component 1.7** | 20,000 | 154 | 19,846 |
| | | | |
| Total Direct Eligible Cost | **397,826** | **170,679** | **227,147** |

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

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

## 9. Updates of the programme

This Component will continue to provide information that Member Nations can apply to assess and manage the FAST disease risk. The joint Quarterly report will continue to be produced in collaboration with the World Reference Laboratory, and some of the information will also be displayed and made available through an online dashboard.
The Risk Monitoring tool will be further developed in consultation with Member Nations and experts in generic risk assessment. The intention is to develop a tool that can be used by the Member Nations to assess and monitor the risk of FAST disease incursion from countries in the European neighborhood, particularly applying information from the work in Pillar 2.
As the PRAGMATIST tool continues to be of interest within Europe and beyond, the tool will be peer reviewed and improved guidance documentation will be developed. Users will be encouraged to share data that would allow for the inclusion of more vaccines in the tool.
Aspects of the workprogramme outside of these priority areas are included under other Components, to better align with concurrent activities.

**Summary of the changes**

1. Sub-activity 1.7.1.4 (Research studies to generate information necessary to understand FAST disease risks) is included in Pillar 2 (2.2)

2. Sub-activities 1.7.3.1 and 1.7.3.2 (submission of samples) is included in Pillar III.

## 10. Challenges to achieving component objectives

The capacity to forecast FAST disease risk will depend on the amount and quality of information gathered and analyzed. Moreover, it will depend on the identification of knowledge gaps and the capacity to fill them and to support surveillance in key countries where this is poor.

Collaboration with other organizations, and in particular with FAO (EMPRES-i) and the OIE, will be essential to share the best information available, to find synergies and avoid unnecessary overlapping when the new online tool is developed.

# Pillar II (Output II)

**Pillar Objective**

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

**Pillar Co-ordinator**

**Francesca Ambrosini**

## Introduction

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

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

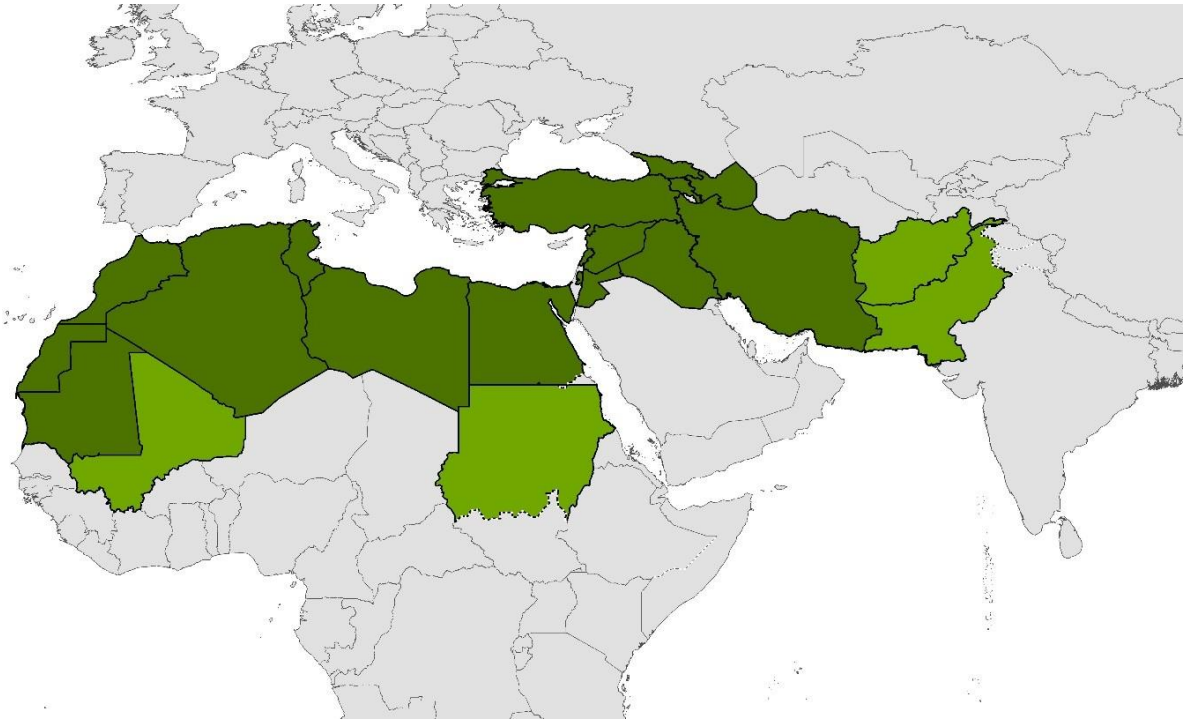
An integrated approach for FAST risk-based surveillance and control in European neighbourhood and the availability of timely risk information to risk managers, can improve the capacity for early detection and prompt reaction to FAST incursion and circulation. The regular submission of virus isolates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

The activities included in Pillar II are addressed to the 16 European neighbouring countries (Algeria, Armenia, Azerbaijan, Egypt, Georgia, Iran, Iraq, Jordan, Lebanon, Libya, Mauritania, Morocco, Palestine, Syria, Tunisia, and Turkey) in three sub-regions (1-South East Europe, 2-South-East Mediterranean and 3-North Africa).
The outputs in the three components of Pillar II, addressed to the three sub-regions to optimize resources, make use of the expertise developed and promote the good results obtained within the EU neighbourhood.
Activities proposed at country level will be adapted to the specific country needs and to the different contexts, in order to improve impact and achieved significant results.

Taking into account the outputs identified, and the cost-benefits of extending the activities planned for the neighbouring counties to other countries according to the indication and guidance of the Executive Committee, the EuFMD could involve additional West Africa, Sahel, Middle East and West Eurasia countries (significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan) in events and training programmes organized within the Pillar II workplan.

## The European neighbourhood

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



Specifically:

EuFMD Member Nations in European neighbouring region: Turkey, Georgia.

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

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

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

# Component 2.1 (Activity 2.1)

## Co-ordination and FAST control framework

**Component Objective**

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

## 1. Background

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

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

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

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

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

## 2. Team

| | South East Europe | South East Mediterranean | North Africa |
|---|---|---|---|
| **Pillar co-ordinator** | Francesca Ambrosini | | |
| **Component manager** | C. Pötzsch | S. Baiomy | K. Ouali |
| **Excom oversight** | | | |

## 3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member Nations: Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member Nations will benefit in term of improved risk information and reduced risk from neighbouring countries.
Partners include FAO, OIE (Regional and Sub-regional offices), the EU Commission, regional organizations active in agricultural sector such as the Arab Organization for Agricultural Development, regional economic and trade unions such as the Arab Maghreb Union, the Economic Cooperation Organization (ECO) and others, in addition to networks established under GF-TADs such as REMESA.

The FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.
Training opportunities and other activities developed and delivered might be extended to countries in the regions which are significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

## 4. Reporting

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

## 5. Objective of the component

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

| Component (Activity) | Objective | Narrative | Expecte dresult | Monitoring | Evaluation | Assumption sand risks |
|---|---|---|---|---|---|---|
| **2.1 Co-ordination and FAST control framework** | Enhanced co-ordination with GF-TADs and other partners, and improved implementat ionof strategic plans for FAST control | Implementation ofco-ordination mechanism aimed at better identifying the specific needs of the different countries in the neighbourhood for FAST control and provision of assistance to develop and revisethe FMD control strategies according to the different PCPstages | Activities coordinated at regional level withsynergies among partners At least 10 countries advancing to PCP stage 3 or above and/or providing FMDV circulation data in PCP stage 2Reduced risk months where emergency management responses is required againstFAST diseases | Six-month progress report and official reported data. | ExCom meetings, General Session, External evaluation of Phase V. | Commitments of GF-TADs and other partners on co-ordination& collaboration. Identification of FMD as a priority by national competent authorities and implementatio n of integrated strategies for FAST diseases |

## 6. Planned Component Sub-Activities

**Activities and expected results**

The activities within this component will contribute or ensure:

1) Co-ordination with the GF-TADs partners (FAO, OIE), with other international agencies providing technical support to countries (e.g. AOAD), achieving a jointly agreed workplan, with close regular interaction in the implementation and reporting to the regional steering committees and Joint Permanent Committee (JPC, REMESA).

This should ensure:

- an agreed basis for delivery of national support to FMD and FAST disease surveillance and control with the National Competent Authorities;
- an established framework for regular monitoring and reporting of the FAST situation, response to emergency events, and prioritization of efforts to promote surveillance and control in the European neighbourhood.

2) Improved implementation of strategic plans for FAST control at national level, on the basis of PCP principles, availability of resources and results of control strategies already in place.
3) Co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZSs, ANSES), to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk-based control strategies, with increased efficacy and improved guidance to the countries of the sub-regional epidemiology and laboratory networks of the PCP roadmaps.
4) Improved engagement of veterinary public sector with private sector (including associations of farmers, private veterinarians, training providers, vaccine and medicines producers and other relevant private sector actors) in line with PCP and PPP principles; and facilitating the process of need assessment, stakeholders mapping, establishing a partnership and defining roles and responsibilities and objectives and benefits of each partner.

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

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

**Sub-activities and their indicators**

| | Sub-activity level | Description | Indicators | Assumptions and risks |
|---|---|---|---|---|
| **2.1.1 Improved national FAST control plans, networks and regular co-ordination with Gf-TADs partners and international agencies** | 1. Regular monitoring and reporting of FAST situation and control strategies adopted in European neighbourhood and regular co-ordination with GF-TADs and other partners. | Co-ordination with the GF-TADs partners (FAO, OIE), with other International Agencies/organizations providing technical support to countries (e.g. AOAD) and networks established in the regions, achieving a jointly agreedworkplan with close daily interaction in the implementation and reporting to the regional steering committees and Joint Permanent Committee (JPC, REMESA). | a) 16 regular and update reviews of FAST situation (FAST reports) and control strategies in EU neighbourhood at the end of Phase V (Three monthly FAST reports shared with EuFMD MN and GF-TADs partners).<br>b) Co-ordination meeting (online) with partners every three months for planning andevaluation. | Partners availability and commitment on collaboration on programme and activities |
| | 2. Revision of national FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results | Provide technical assistance for implementation of strategic plans forFAST control at national level on the basis of PCP principles, availability ofresources and results of control strategies already in place. Tools already developed by FAO (LMT, SET,EMAi) and results of their implementation will be regularly considered for enhancing the assistance provided according to the needs.<br>Emergency support for FAST diseaseswill be provided to countries under this component according to the priorities identified with EC and GF- TADs partners and considering the risks for EuFMD MN identified. | At least 7 FAST strategic plans revised by the end of the second biennium,(including those currently under revision) according to updated risk assessment, socio-economic analysis, monitoring and evaluation results. | Commitment of national competent authorities to improve national control plans for FAST diseases. |
| | 3. Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions | Co-ordination of inputs and efforts with the leading technical institutional partners (including CIRAD, EFSA, IZSs, ANSES and others) to achieve improved laboratory and epidemiology networking in the European neighbourhood for better early warning and support to risk- based control strategies with increased efficacy and improved guidance to the countries of the sub- regional epidemiology and laboratory networks established in roadmaps. | Laboratory and epidemiology network workplan implemented (6 by the end of the second biennium) and results reported in respective roadmaps. 2 v-learning courses delivered according to the needs identified. | Definition of workplans within the networks established under road map meetings. Support of Gf-TADs partners to promote and assisting workplan activities. |
| | 4. Promotion and facilitating development and establishing new or enhancing existing public-private partnerships (PPP) for FAST monitoring and control | Improved engagement of veterinary public sector with private sector (including associations of farmers, private vets, training providers, vaccine and medicines producers and other relevant private sector actors) in line with PCP and PPP principles; and facilitating the process of need assessment, stakeholders mapping, establishing a partnership and defining roles and responsibilities and objectives and benefits of each partner. | a) General and specific trainings provided in terms of online standalone and in-depth courses as well as training workshops;<br>b) PPPs promoted for FAST monitoringand control and with 6 PPP options identified and under development by the end of Phase V | Interest of national competent authorities to engage with private sector and absence of conflict of interest in PPP schemes developed. Engagement of private sector actors identified in theEU neighbouring region. |

## 7. Gantt chart

| | | | | YEAR 1 | | | | | | | | | | | | YEAR 2 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Sub Activities** | | | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S |
| 2.1 Coordination and FAST control framework | 2.1.1 Improved national FAST control plans, networks and regular coordination withGf-TADs partners and international agencies | 1.Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular coordination with GF-TADs and other partners | Planning and development | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Coordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2.Revision of FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results | Planning and development | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Coordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions | Planning and development | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Coordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4. Promotion of public-private partnerships (PPP) for FAST monitoring and control and development of new PPP schemes | Planning and development | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Coordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | |

**GANTT CHART ACTIVITIES:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Regular monitoring and reporting of FAST situation and control strategies adopted in EU neighbourhood and regular co-ordination with GF-TADs and other partners | Planning and development | Definition of jointly agreed workplan with Gf-TADs partners and identification of synergies and complementarityin the different activities promoted. | Implementation and application | Three monthly co-ordination meeting (online) withpartners<br><br>Regular collection and analysis of risk information from countries and networks in the EU neighbourhood<br><br>Three monthly reporting of FAST situation and control strategies in EU neighbourhood produced and shared with EuFMD Members and GF-TADs partners. | Co-ordination/ Meetings | Three-monthly co- ordination meetings(online) with GF- TADs partners and other international agencies providing technical support to countries.<br><br>Regular update on progress of workplan to epi-lab network leaders and immediate provision of relevant risk information.<br><br>Regular Internal co-ordination meetings. | Evaluation | External final evaluation upon donor request |
| 2. Revision of FAST strategic plans according to updated risk assessment, socio-economic analysis, monitoring and evaluation results | | Definition of jointly agreed workplan with Gf-TADs partners and other international agencies providing technical support to countries. | | Workshops and country missions (according to priority agreed with Gf-TADs partners and with Covid-19 restrictions) for assisting development and revision of FAST control plans and support countrieswith training and studies on risk assessment, socio- economic analysis, contingency planning and monitoring and evaluation of current plans.<br>Multi-country simulation exercises and follow up activities (according to priority agreed with Gf-TADs partners) to improve emergency preparedness capacity for FAST diseases.<br>Availability of emergency funds to provide immediate support according to priority identified by EC and Gf-TADs partners | | | | |
| 3. Implementation of laboratory and epidemiology network work plans in the European neighbourhood with development of best practices promoted in Roadmap regions | | Co-ordination and planning with FAO and OIE partners in the FMD Working Group and with epi-lab network leaders inthe three sub-region for definition and revision of network work plans | | Support to meetings of laboratory and epidemiologynetworks in the different subregions for the implementation of network work plans.<br>Regular monitoring of FAST surveillance implemented andresults obtained and laboratory capacities to support surveillance.<br>E-learning and face-to-face training delivered according tothe programme defined within different networks. | | | | |
| 4. Promotion and facilitating development and establishing new or enhancing existing PPPs for FAST monitoring and control | | Definition of jointly agreedworkplan with GF-TADs partners. | | Development and implementation of Public-private partnerships training scheme (e-learning + workshop + in-country meetings + assist and facilitate three PPP national partnerships in the neighboring countries; countries will be selected based on specific needs and conditions) | | | | |

## 8. Budget (€) 2.1

| BUDGET CATEGORIES | Budget 4 Years (2019-2023) | Expenses 1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance 2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 2.1** | 30,040 | 17,478 | 12,562 |
| Consultancy Operational | | | |
| **Component 2.1** | 135,344 | 89,709 | 45,635 |
| Consultancy Technical | | | |
| **Component 2.1** | 280,000 | 217,350 | 62,650 |
| Travel | | | |
| **Component 2.1** | 160,000 | 11,640 | 148,360 |
| Training | | | |
| **Component 2.1** | 110,064 | 31,620 | 78,444 |
| Contracts | | | |
| **Component 2.1** | 70,000 | 33,134 | 36,866 |
| Procurement | | | |
| **Component 2.1** | 40,000 | 12,353 | 27,647 |
| General Operating Expenses | | | |
| **Component 2.1** | 32,000 | 9,320 | 22,680 |
| | | | |
| Total Direct Eligible Cost | **857,448** | **422,604** | **434,844** |

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

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

## 9. Updates of the programme (2021-2023)

Continued co-ordination with GF-TADs and regional organizations (e.g. AOAD) will take place.

Efforts will also focus on the establishment of mechanisms to engage with countries in collaborating on FAST diseases control. In particular, Pillar II will promote innovative approaches and solutions for the early detection and control of FAST diseases. The coordinating role of the EuFMD Secretariat will widen its commitment to FAST diseases beyond FMD, with a role of Center of Excellence, generating know-how in collaboration with its partners. A system for the regular review of FMD strategic plans will be established, and ways explored to integrate other FAST diseases into the control strategy building on the recommendations of the Special Committee on Surveillance and Applied Research (SCSAR).

As part of EuFMD support to the REMESA-RELABSA subnetwork, the training workplan developed with ANSES will progress focusing on areas including quality assurance and biosecurity. It is envisaged that the virtual training course previously delivered on FAST diagnostics will be followed by a tailored face-to-face training, provided either in-country or at reference laboratories in line with the Covid rules and regulations.

Preliminary work in establishing Public-Private Partnerships will be built on, among the three target countries currently identified (Morocco, Sudan, Iran), with further potential PPPs identified and supported with other countries.

The FAST reports are being published, but there is a need to receive feedback from risk assessors of Member Nations and neighbouring countries on how reports are used, the benefit that they can provide for FAST prevention and how they can be improved to better support national risk assessment exercises. The possibility for establishment an online dashboard, in addition to the quarterly narrative reports will be scrutinized. This information will also be used to inform a risk assessment model being developed under component 1.7.

## 10. Challenges to achieving component objectives

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

The challenges for this activities are:

- Definition of agreed and effective procedures for co-ordination with partners.
- Capacity to identify synergies and use results of activities implemented by different organizations and agencies in the regions.
- Proper commitments and resources of national competent authorities in European neighbourhood to improve surveillance and control for FAST diseases; emphasis will be given to the North African region where the countries are not engaged in PCP and to countries requesting specific assistance (e.g. Libya, Lebanon).
- Capacity to assist multiple countries in the neighbouring regions with different social, political, epidemiological situation. The collaboration with Gf-TADs partners will be necessary to encourage the North African countries in being involved in the PCP-FMD process.
- Interest and commitments of countries to actively participate in epidemiology and laboratory networks, support received by GF-TADs for coordination and governance of the networks and definition of clear and agreed work plans within those networks.
- Three new Public-Private Partnerships schemes will be developed in the EU neighboring region, in the second biennium for FAST monitoring and control. The challenge will be the establishment of PPP mechanisms with clear roles and responsibilities, measurable indicators for PPP and funds availability. Revision, improvement of efficiency of existing PPPs (e.g. PAK or some WEA countries) will be supported together with the establishment of a EuFMD Working Group for PPPs.

# Component 2.2 (Activity 2.2)

**Improved early warning for FAST diseases**

**Component Objective**

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

## 1. Background

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

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

## 2.Team

| | South East Europe | South East Mediterranean | North Africa |
|---|---|---|---|
| **Pillar co-ordinator** | Francesca Ambrosini | | |
| **Component manager** | C. Pötzsch | S. Baiomy | K. Ouali |
| **Excom oversight** | | | |

## 3. Countries or partner organizations involved

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

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

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

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

## 4. Reporting

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

## 5. Objective of the component

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

| Component (Activity) | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumptions and risks |
|---|---|---|---|---|---|---|
| **2.2 Improved early warning forFAST diseases** | Develop integrated disease surveillance program focused on specific risk hubs | Identification of risk hotspots in the European neighbourhood and develop disease surveillance program focused on specific risk hubs, in order to improve availability of updated risk information, optimizethe veterinary service resources deployed inthe field and improve the effectiveness of control measures implemented. | Risk hot-spots forFAST diseases identified in at least 9 EU neighbouring countries and riskmaps regularly updated<br>Regular risk-based surveillance for multiple diseases implemented for 12 months in 2 in the EU neighbourhood hotspot locations<br>At least 7 countries regularly participating in multi-country risk information sharing system | Six-month progress report and official reported data. | ExCom meetings, General Session, external evaluation of Phase V. | Country commitments and interest on implementing regular integrated surveillance in risk hotspots and sharing of information |

## 6. Component Sub-Activities

**Activities and expected results**

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

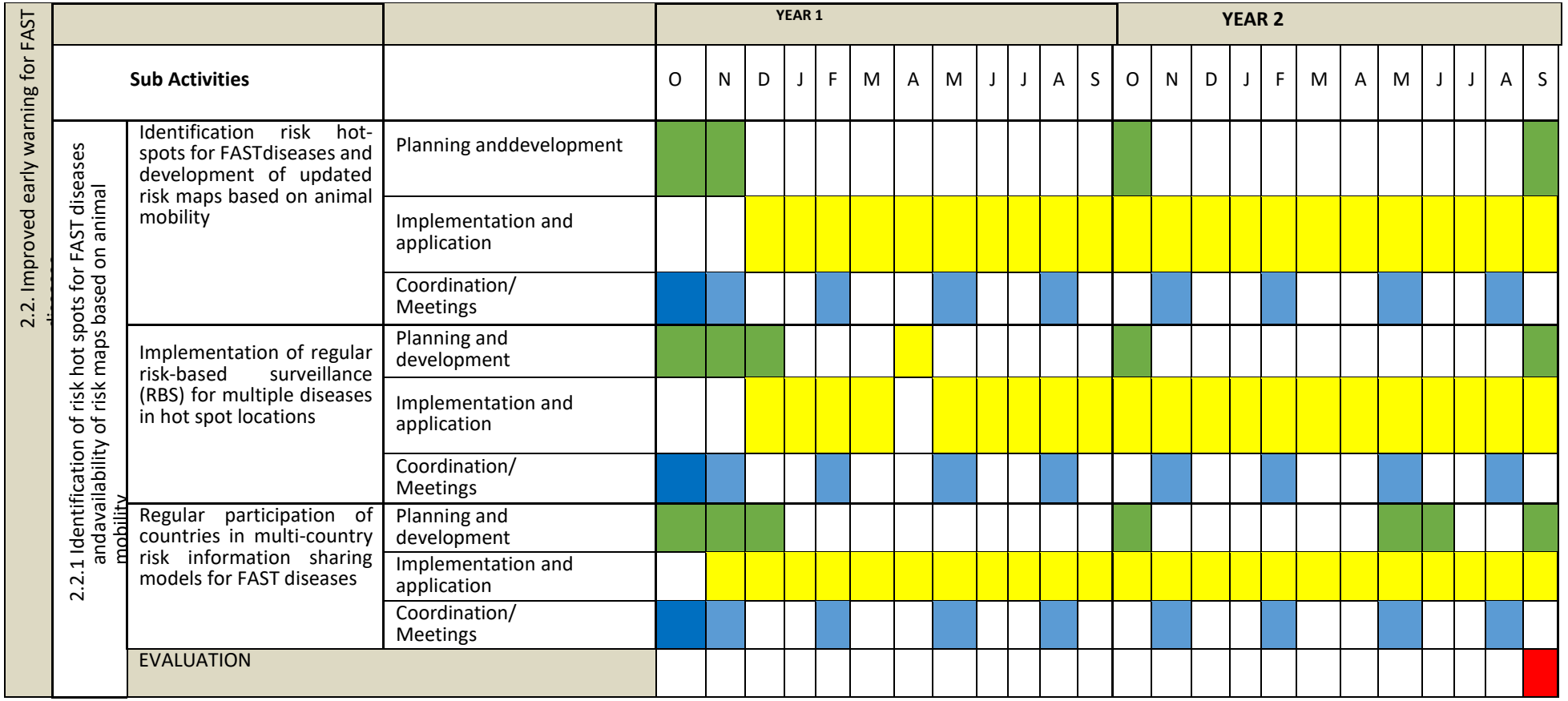
The activities within this component will contribute to or ensure:
- Identification of risk hot spots for FAST diseases taking into consideration animal movements, presence and circulation of animal diseases, efficacy of control programmes, socio-economic aspects and other risk factors;
-Implement a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

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

**Sub-activities and their indicators:**

| | Sub-activity level | Description | Indicators | Assumptions andrisks |
|---|---|---|---|---|
| 2.2.1 Identification of risk hot spots for FAST diseases and implementation ofregular RB surveillance | 1. Identification risk hot-spots for FAST diseases and development of updated risk maps based on animal mobility and other risk factors | Identification of risk hot spots for FAST diseases taking into consideration animal movements, wildlife,presence and circulation of animal diseases, efficacy of control programmes, socio- economic situation and other risk factors | At least 9 countrieswith identified risk hot-spots for FAST diseases and updated risk maps based on animal mobility and other risk factors. | Willingness of National CompetentAuthorities to investin animal mobility surveillance and to share risk information and results of risk assessment conducted |
| | 2. Implementation of regular risk-based surveillance (RBS) for multiple diseases in hot spot locations | Implementation of risk-based surveillance for multiple diseases in risk hot- spot locations of neighbouring region on a regular or continuous basis for detection of FAST virus circulation and early warningof FAST unusual epidemiological events. | Regular risk-based surveillance implemented for multiple diseases in hot spot locations inat least 6 countries by the end of Phase V. | Commitment of countries to implement surveillance for multiple diseases and sharing results Activities assisted bypartners, international reference laboratories and centres of expertise for different diseases |
| | 3. Regular participation of countries in multi-country risk information sharing system for FAST diseases. | Improve the sharing of riskinformation between countries and among technical networks, and promote the collaboration between countries for improved surveillance of FMD and similar TADs. | At least 5 new countries regularly participating in multi-country risk information sharingmodels for FAST diseases for a total of 12 countries at the end of Phase V | Interest and readiness of countries to progressively share risk information in regular and transparent manner. |

## 7. Gantt chart



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

## 8. Budget (€) 2.1

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 2.2** | 24,996 | 13,594 | 11,402 |
| Consultancy Operational | | | |
| **Component 2.2** | 135,344 | 89,709 | 45,635 |
| Consultancy Technical | | | |
| **Component 2.2** | 200,000 | 176,021 | 23,979 |
| Travel | | | |
| **Component 2.2** | 170,000 | 17,740 | 152,260 |
| Training | | | |
| **Component 2.2** | 90,000 | 13,517 | 76,483 |
| Contracts | | | |
| **Component 2.2** | 260,000 | 170,859 | 89,141 |
| Procurement | | | |
| **Component 2.2** | 70,000 | 15,038 | 54,962 |
| General Operating Expenses | | | |
| **Component 2.2** | 9,996 | 3,291 | 6,705 |
| | | | |
| Total Direct Eligible Cost | **960,336** | **499,770** | **460,566** |

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

| *Description* | *Contribution* | *Funding source* |
|---|---|---|
| Funds from the Spanish Ministry of Agriculture, Fisheries and Food (MAPA), in agreement with OIE have been provided to EuFMD that, in collaboration with, Sciensano and ANSES, as expert institutions, support the North African countries (Algeria, Tunisia, Morocco and Mauritania) in improving risk communication and surveillance networks. A series of workshops are organized from September to December 2021. | euro 50,000 | Funding source: Ministry of Agriculture, Fisheries and Food (MAPA), Spain. Funding provided through EUFMD/OIE agreement |

## 9. Updates of the programme (2021-2023)

Virtual workshops to develop the capacity for spatial qualitative risk assessment have been implemented successfully with CIRAD in all areas of the European Neighborhood (16 countries in total). Due to the different backgrounds of the participants, the capability to create risk maps is not standardized across countries. Therefore, individual country support to develop key skills will be provided, allowing all countries in the European Neighborhood to reach an intermediate level by the end of the next biennium.

Animal mobility study designs to further integrate national and cross-border animal mobility networks in risk maps will be supported in three countries. A regular follow-up will be provided to countries to provide advice on updating these maps and apply the methodology to draw risk maps for other FAST diseases according to national priorities (under this training program, some countries have drawn preliminary risk maps for LSD, PPR, SGP and RVF).

The development of surveillance strategies for FAST diseases will be supported to build on risk mapping. This will be conducted through EuFMD experts and PSOs and agreements with international organizations (e.g. AOAD) in order to provide the necessary expertise. It will build on previous workshops for countries to define their surveillance objectives for various FAST diseases. In response to the recommendations of the SCSAR, focus will be on integrated surveillance for multiple FAST diseases, syndromic surveillance, and evaluation of passive surveillance systems. Small research grants will be provided to support field projects where necessary, in line with the strategic objectives of this component.

The virtual training provided to Libya on entomological surveillance will be developed and extended to other countries in the region, leaning on ongoing projects through other organizations. The information on vectors detection will be integrated into risk maps.

The Statement of Intention between countries has been a successful initiative in the South East European Neighborhood, with five countries regularly reporting FMD outbreaks and control measures. This database is currently being upgraded to include FAST outbreaks and control measures, animal and animal product market price information, and the latest risk maps developed by these countries on FMD introduction and spread which will be integrated into the platform by the end of the next biennium. The possibility of similar risk-sharing initiatives will be explored in other sub-regions within the European Neighborhood in alignment with the project of the AOAD. Moreover, there will be a focus on how to connect this database to other risk information collected for the FAST reports under component 2.1.

## 10. Challenges to achieving component objectives

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

The challenges for this activities are:

- Engagement of countries and involvement of all stakeholders necessary for collecting risk information, including animal movements within countries and across borders, in order to ensure that at least 90% of the countries under the European neighborhood will reach a minimum intermediate level in risk mapping capacities for FAST diseases.
- Capacity to design and implement risk-based surveillance for multiple disease to be implemented in different countries with different situation, resources, priorities, and capacities.
- Consolidation of existing data-sharing models, collaboration with regional organization working on data sharing platforms, definition of agreements between countries and identification of suitable system for risk information sharing.
- Capacity to develop integrated information sharing system composed by different modules that can be adapted and adopted by different regions.

# Component 2.3 (Activity 2.3)

**Capacity development for surveillance and improved control programmes**

**Component Objective:**

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

## 1. Background

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

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

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

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

## 2. Team

| | South East Europe | South East Mediterranean | North Africa |
|---|---|---|---|
| **Pillar co-ordinator** | Francesca Ambrosini | | |
| **Management of programme** | C. Pötzsch | S. Baiomy | K. Ouali |
| **Excom oversight** | | | |
| | | | |

## 3. Countries or partner organizations involved

Direct beneficiaries of this component are the EuFMD Member Nations Turkey and Georgia and non EuFMD Members of the European neighborhood. Other EuFMD Member Nations will benefit in term of improved risk information and reduced risk from neighbouring countries.
Partners include FAO, OIE (Regional and Sub-regional offices) and EU Commission, regional organization active in agricultural sector such as Arab Organization for Agricultural Development, as well as regional economic andtrade unions such as Union Maghreb Arab (UMA), Economic Cooperation Organization (ECO) and others and networks established under GF-TADs such as REMESA.
FAO/OIE reference laboratories, international centers of expertise and European reference laboratories will be involved in the activities according to the different expertise available and required.
Training opportunities and other activities developed and delivered might be extended to countries in the regions significant for epidemic spread of FAST diseases to the above countries such as Sudan, Mali, Afghanistan and Pakistan.

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component managers for the three sub-regions | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two yearsto MN** | Component managers for the three sub-regions in co-ordination with oversight board | Written report; presentation | General Session | |
| **Website** | Component manager | Written report | Website | |
| **Missions / Workshop** | Lead facilitator | Written report | ExCom, oversight members | |

## 5. Objective of the component

**Support the capacity development needed to develop and implement control strategies and surveillancefor FAST diseases (comp 2.1) and early warning system (comp 2.2).**

| Component (Activity) | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumptions and risks |
|---|---|---|---|---|---|---|
| **2.3 Capacity developmen t for surveillance and improved control programmes** | Improved capacity to develop and implement control strategies and surveillanc efor FAST diseases | Develop and implement a program for capacity building that supports national and regional activities for improved PCP progress and FAST disease control (comp.2.1), improved early warning surveillance, notification and early response to FAST diseases (comp 2.2). | Evidence of improved capacities of national laboratories on FAST diagnosis in3 countries, and 2 new training course scheme developed to assist FAST control and early warning system | Six-month progress report and official reported data. | Executive committee meetings, General session, external evaluation of Phase V | Identification of participants to training with active role in control and surveillance programmes andinterest in the topics proposed. |

## 6. Component Sub-Activities

**Activities and expected results**

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

The activities within this component will contribute to or ensure:

1. Develop and implement a program of capacity building that will support national and regional activities required for improved PCP progress and FAST disease control (comp.2.1) and implement improved early warning surveillance, notification and early response activities (comp 2.2). As part of this, they will:

    - Develop improved capacity in the network of FAST disease reference laboratories in the neighbourhood to undertake the confirmatory and specialized tests required by the programme;
    - Develop resources that enable “national cascade” training on progressive control and onrecognition and control of FAST diseases;
    - Develop a body of evidence on vaccine efficacy and vaccination effectiveness for FAST diseases through studies conducted at national level or by regional technical partners and facilitate the sharing of the results to improve decision on vaccination programmes (including the scheduling of FAST vaccination).

2. Build international awareness and understanding among public and private veterinarians and para-professionals in the EU neighbouring region on FAST disease recognition, surveillance and control through e-learning courses and online events.

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

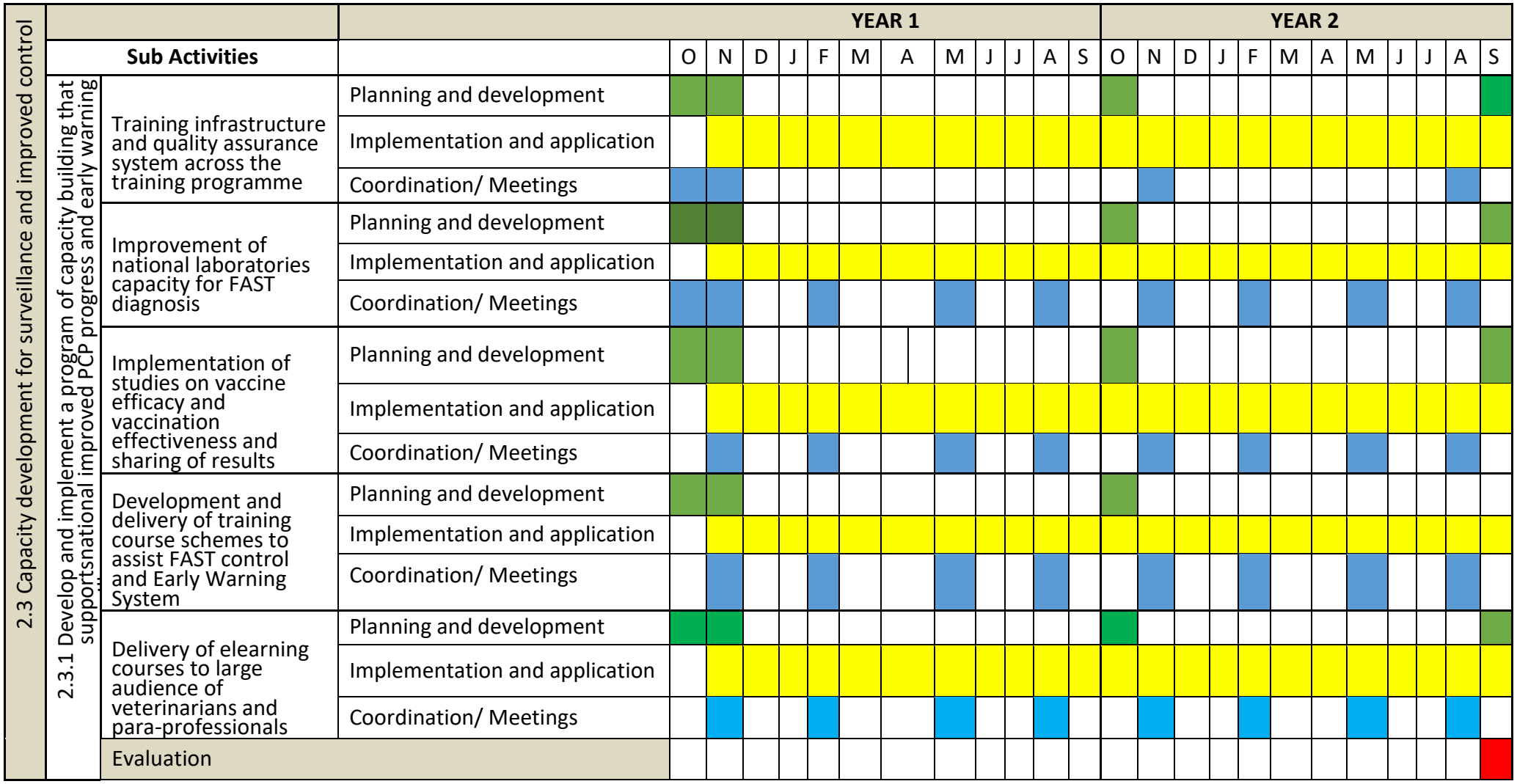
The expected results under this component will be evaluated at mid-term, and mainly be expressed in term of number of national laboratories with improved capacity for FAST diagnosis; number of studies on vaccine efficacy and vaccination effectiveness implemented and results shared; number of training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

**Sub-activities and their indicators:**

| | Sub-activity level | Description | Indicators | Assumptions and risks |
|---|---|---|---|---|
| **2.3.1 Develop and implement a program of capacity building that supports national improved PCP progress and early warning** | 1.Training infrastructure and quality assurance system across the training programme | Maintenance and improvement of the training infrastructure, including online platform.<br>Further develop the TQMS in order to ensure quality across the training programme; carry out regular evaluations of the impact of the training programme in order to inform the design of a training offer that can achieve higher capacity development at country level. This system will guarantee that EuFMD provides high- quality and high impact training.<br>Development of an impact analysis strategy that will identify how the Pillar strategies supported the achievements of objectives. This sub-activity is co-ordinated with Pillar I and Pillar III.<br>Development of a database of outcomes of training courses and the use of analytics data of learners 'interactions with online platforms to inform impact assessment and strategic prioritization of training. This sub-activity is co-ordinated with sub-activities 1.1.1.1 and 3.3.1.1. | a) EuFMD online platform functioning and accessible to users more than 23 months per biennium during phase V.<br>b) external evaluation of the Training Quality Management System (TQMS)<br>c) database of training data completed by September 2022.<br>d) report of analysis of training data and platform analytics available on a six monthly basis from September 2022. | Development of the platform in line withIT FAO rules. Proper implementation of harmonized procedures established by the quality system. Availability of data from impact analysis |
| | 2. Improvement of national laboratories capacity for FAST diagnosis. | Definition of training programme according tothe outcomes of Laboratory Mapping Tool exercise and PTSs results. Support and facilitate the implementation of PTSs in the neighbouring regions.<br>Training management system for national training monitoring customized to capacity development needs of the countries, developed and piloted in four of the target countries by Sept. 2023.<br>Training management system will support the capacity building of the laboratories developing and piloting the tool in at least one of the four of the target countries laboratories by Sept. 2023. | Training management system for national training monitoring customized to capacity development needs of the countries, developed and piloted in four of the target countries by Sept. 2023. | Willingness of laboratories to participate to the assessment of capacities and capabilities and to use training monitoring system joint efforts with partners to identify best support. |

| | | | | |
|---|---|---|---|---|
| | 3.Implementationof studies on vaccine efficacy and vaccination effectiveness and sharing of results | Assistance in the further implementation of PVM studies in North Africa, Transcaucasus and newstudies in Iran, Iraq and Middle East countries. Build and assist vaccination advisory groups within epi-lab networks in different FMD roadmaps. | 5 studies on vaccine efficacy and vaccination effectiveness implemented and results shared (including those currently implemented TCC) by the end of biennium and (eight studies at the end of Phase V). | Interest of countries to carry out vaccine quality and other PVM studies and include results of studies in the procedure for purchase vaccines and revise vaccination Program. |
| | 4. Development and delivery of training course schemes to assistFAST control and Early Warning System. | Organization of v-learning, workshops and in- country meetings on topics which have been identified as a priority to assist progressive control of FAST diseases, surveillance and earlywarning system. This may include, but is not limited to topics such as PPP, socioeconomic analysis, serosurveillance design, early detection and exercises to assess FAST emergency preparedness. Delivery of training material and courses in local languages and assist implementation of cascade training and related field studies and activities. Develop and deliver assessment tools for evaluating competencies of laboratory professionals. | Four new training course schemes developed in the biennium to assist FAST control and early warning system. | Capacity of national Competent Authorities to identify proper participants to the training and facilitate the followup with national activities and field studies. |
| | 5. Delivery of learning courses to audience of vets and para professionals to promote awareness of FAST diseases and national cascade of training and resources. | Development and delivery of online courses and resources for wide dissemination of training which aims to raise awareness of FAST diseases, their clinical signs, diagnosis, reporting mechanism and control. This will include adaptation of existing EuFMD onlinecourses together with the creation of new courses and resources. Courses will be made available in local languages, and support provided to enable the cascade of these courses and resources at national level.<br>Development of training cascading participatory models in partnership with the countries to improve and extend the impact of the training. Identification and licensing of local trainers to cascade trainings through a EuFMD training and monitoring mechanism. | Training cascading participatory models developed with the countries;<br>Three Licensing procedure to deliver training through the cascading mechanism piloted by 2023;<br>Expected 2000 participants completing virtual learning courses by Sep 2023. | Involvement of paraprofessional and private veterinary associations in the v-learning proposed. Countries' availability and willingness to join participatory cascading models. Availability of trainers undergoing the licensing mechanism. |

## 7.Gantt chart



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

## 8. Budget (€)

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 2.3** | 20,996 | 11,652 | 9,344 |
| Consultancy Operational | | | |
| **Component 2.3** | 135,344 | 89,709 | 45,635 |
| Consultancy Technical | | | |
| **Component 2.3** | 310,000 | 218,671 | 91,329 |
| Travel | | | |
| **Component 2.3** | 110,000 | 11,881 | 98,119 |
| Training | | | |
| **Component 2.3** | 100,000 | 36,974 | 63,026 |
| Contracts | | | |
| **Component 2.3** | 130,000 | 32,771 | 97,229 |
| Procurement | | | |
| **Component 2.3** | 50,000 | 390 | 49,610 |
| General Operating Expenses | | | |
| **Component 2.3** | 24,000 | 4,009 | 19,991 |
| | | | |
| Total Direct Eligible Cost | **880,340** | **406,059** | **474,281** |

## 9. Updates of the programme (2021-2023)

EuFMD will continue to support the implementation of small-scale immunogenicity studies through provision of kits and facilitating shipments to international reference laboratories. In particular, knowledge gaps concerning vaccine quality in the region will be established following a review by the Group for Vaccination Advice, Guidance and Consultation, so that specific studies can be promoted to fill these gaps.
Virtual learning courses and workshops will continue to be delivered and developed according to the needs of the European Neighborhood. An open-access course on RVF for field staff will be promoted further, and other courses are being identified with regional partners. Awareness campaigns for FAST diseases will also be supported to encourage disease recognition and reporting. A consultation with training focal points and a gap analysis exercise will take place to establish which courses would be of most benefit. Additional areas of training will be explored with focus on compensation and insurance mechanism for FAST; control policy impact assessment; and sustainable control measures, including good practices. Aspects related to animal welfare, environmental emissions and biodiversity (among others) will be also considered and eventually included in training courses delivered, if appropriate.

Trans-national simulation exercises will also be supported, focusing initially on the south-east European neighborhood.
All courses will be delivered through the Training Quality Management System, which includes impact evaluation. There will be a focus on the impact on laboratory capacity through a survey which will be implemented towards the end of the next biennium.

## 10 Challenges to achieving component objectives

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

The challenges envisage for this activities are:

- Develop new training according to the needs and capacity of countries to use knowledge acquired.
- Engagement of professionals and paraprofessionals and use training opportunities to improve networks within and between countries.
- Possibility to cascade trainings at national level and capacity to use and adapt material and expertise across the different regions.
- Coordination with different training providers and implementation of procedures established within the Quality Management System.

Generation of innovative training schemes outlined through v-learning and especially, virtual reality. The beneficiaries will be multilevel stakeholders such as veterinarians of the public and the private sectors, laboratory researchers and technicians, farmer's associations, NGOs, emergency partners and other related actors involved in the FAST diseases control.

# Pillar III (Output III)

**Pillar Objective**

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

# Component 3.1 (Activity 3.1)

## Global FMD Control Strategy Implementation

### Component Objective

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

## 1. Background

In the EuFMD 2019-21 work plan, Components 3.1, 3.2 and 2.1 supported the GF-TADs FMD Working Group (FMD-WG) by improving the system for data collection from countries not free of FMD and the management system to assist regional Roadmaps and related reporting procedures, and by strengthening the support to national and regional PCP-FMD progress mechanism. The overall aim of this component for Phase V is to support further the effective implementation of the GF-TADs Global FMD Control Strategy and to promote and assist the progress of the Global Strategy, by providing continued support to the FMD-WG.

The activities carried out under Component 3.1 will offer a range of direct and indirect initiatives to the FMD-WG (through the WG Support Unit, established during the 2019-21 biennium) for regionally-coordinated and targeted assistance to countries for the effective implementation of the Progressive Control Pathway (PCP-FMD). The achievement of the FMD-WG action plan at global and regional levels will also be supported taking into account the requests from the FMD-WG. During the 2021-23 biennium, co-ordination and cooperation will be strengthened with the FAO/OIE PPR Global Eradication Programme (GEP) Secretariat through GF-TADs platform and its' Global Secretariat.

Tailored PCP-FMD application tools and guidance documents will be developed to improve quality and timing of the development and revision of national control plans, and strengthen the technical assistance to countries of the FMD-WG, FAO/OIE regional Offices and Regional Advisory Groups.

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

During the 2021-23 biennium, technical guidance to support PCP-FMD implementation by countries will be improved through the revision and restructuring of the PCP-Support Officer (PSO) system and by the further roll-out of its implementation. This will include the development of a new PSO mechanism to provide support at (i) national, (ii) regional and (iii) global levels, including a PSO training and capacity development pathway and PSO direct support to improve guidance to countries, including informatics and web applications. Appropriate guidance documents will be improved to better assist the development and implementation of FMD control strategies at national level.

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

## 2. Team

| *Role* | *Name* |
|---|---|
| **Pillar manager** | |
| **Component manager** | Etienne Chevanne |
| **GF-TADs** | The members of the FMD-WG and the Gf-TADs global secretariat are key partners in the activities of this component |
| **ExCom oversight** | JL. Angot |

## 3. Countries or partner organizations involved

This component involves collection of data at global level from countries working through the PCP-FMD and benefitting from support through roadmap meetings, and which are indicated as priorities for PCP-FMD progress in the GF-TADs Global FMD Control Strategy. Currently, these are about 80 countries in Asia, the Middle East and Africa implementing the PCP-FMD (with the exception of North African countries, which are members of REMESA and Southern African countries with FMD free zones recognized by the World Organization for Animal Health (OIE)).
Activities under this component are carried out in order to assist the initiatives of the FMD-WG (including through the Support Unit of the FMD-WG) and co-operation is foreseen with the OIE, and with FAO/OIE PPR GEP Secretariat In coordination with the GF-TADs platform and its Global Secretariat.

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two yearsto MNs** | Component manager in co- ordination with FAO colleagues GF- TADs FMD WG | Written report; presentation | General Session | |
| **Missions / Workshop** | Lead facilitator | Written report | ExCom, oversight members | |

## 5. Objective of the component

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

This will involve continued support to the FMD-WG and assistance to the implementation of the relevant action plan at global and regional levels, in consistency with the requests from the FMD-WG for support from EuFMD.

| Comp. | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumptions and risks |
|---|---|---|---|---|---|---|
| **3.1 Global Strategy Implementation** | Sustained and effective implementation of the Global FMD Control Strategy achieved through improved technical guidance to countries and assistance to GF- TADs Regional Roadmaps. | Significant improvement in quality, rate of approval and national implementation of FMD Control plans supported by the enhancement of the PCP-FMD Support Officer (PSO) system, support of reg. technical networks, assistance to GF-TADs Regional Roadmaps meetings and engagement withReg. institutional bodies | Increase to 25 certified PSOs by the end of Phase V; Increase the submission by countries to 20 and processing by FMD-WG of strategic plans (risk assessment plan, risk-based strategic plan and/or official control programme) every two years. | GF-TADs Steering Report; Regular collection of info through PSO system. | Excom meetings, general session, external evaluation at the end of Phase V | Assumes collaboration and request for EuFMD support from target countries. Risk that institutional procedures (FAO/OIE) request a change in scope or require other expertise and inputs than those given by EuFMD. |

## 6. Planned Component Sub-Activities

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

3.1.1 Improved technical guidance and support to PCP-FMD implementation by countries, through the revision and restructuring of the PCP-FMD Support Officer (PSO) system:

*3.1.1.1.* PSO Network co-ordination and expansion, through the revision of the PSO mechanisms at national, regional and global levels with enhanced emphasis on the sustainability of these mechanisms and the opportunities for transversal support to FAST disease control programmes;

*3.1.1.2.* Collaborate with FAO and OIE for ad-hoc responses to countries' specific requests for technical support.

3.1.2 GF-TADs Regional Roadmaps meetings for FMD control supported and increased regional and national ownership and engagement in the PCP-FMD' through improved engagement with Regional networks and institutional bodies:

*3.1.2.1.* Ensure roll-out and follow-up of GF-TADs Regional meetings for FMD control;

*3.1.2.2.* Support regional involvement in PCP processes and coordination by strengthening engagement with FAO and OIE regional representations, Regional Advisory Groups (RAGs) and with Regional technical Networks and institutional bodies.

3.1.3 Development of tailored PCP-FMD application tools to (i) improve the functional efficiency of the FMD-WG and the support to the PSO mechanisms, and (ii) increase visibility and impact through support to improved communication and online presence (GF-TADs website on Global FMD Control Strategy):

*3.1.3.1.* Support tools for improved review of FMD control plans/programmes and coordination between FMD-WG, RAGs, countries and regional partners;

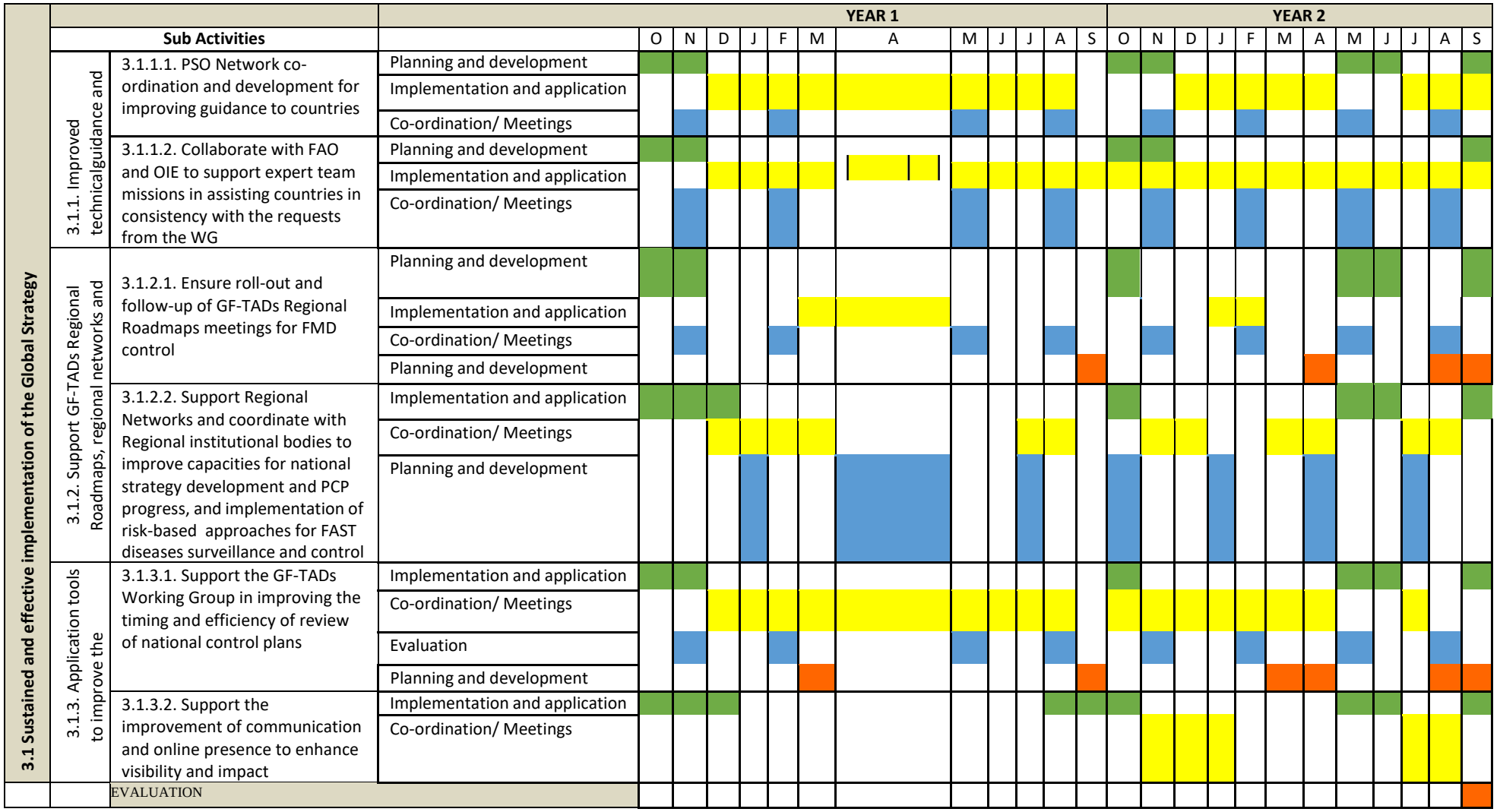
*3.1.3.2.* Support further improvement of communication and online mechanisms (dashboards) to monitor progress along the PCP-FMD, raise awareness, enhance visibility and impact.

**Sub-activities and their indicators**

| | Sub-activity level | Description | Indicators | Assumption sand risks |
|---|---|---|---|---|
| **3.1.1. Improved technical guidance and support to PCP-FMD implementation** | 3.1.1.1. PSO Network co-ordination and expansion, through the revision of the PSO mechanisms at national, regional and global levels with enhanced emphasis on the sustainability of these mechanism and the possibilities for transversal support to FAST disease control. | Ensure support to countries in provisional and full stages of the PCP-FMD, by establishing a mechanism to assist and develop capacity of the PSOs (training and mentoring scheme) and by improving the guidance for progressive control programmes. Special emphasis on the revision of the PSO mechanism at national, regional and global levels, and on their sustainability and the opportunities for transversal support to FAST disease control programmes | a) Training and mentorship scheme for PSOs fully implemented by Sept 2022, and at least 10 new PSOs certified by Sept 2023 compared to Sept 2021<br>b) Increase to 20 the submission by countries and processing by FMD-WG of strategic plans (risk assessment plan, risk- based strategic plan and/or official control programmes) by Sept 2023. | Risk that institutional arrangements(FAO/OIE) change the scope or do notaccept EuFMD expertise and inputs |
| | 3.1.1.2. Collaborate with FAO and OIE for ad-hoc responses to countries' specific requests for technical support. | Provide technical assistance (field missions and virtual assistance) and support EuFMD experts to respond to emerging FMD,and FAST diseases situations. | EuFMD experts are involved in at least three countries or regional requests for technical support to FAST situations by September 2023. | |
| **3.1.2. Support GF-TADs Regional Roadmaps, regional networks and bodies** | 3.1.2.1 Ensure roll-out and follow-up of GF-TADs Regional meetings for FMD control. | Support Unit to assist in the organization, delivery and follow-up of GF-TADs regional Roadmap Meetings engaging with relevant Virtual Learning Centres (VLCs) (Middle East, West Eurasia, East Africa, Central Africa, West Africa, SADC, SAARC); including the support in technical assessment and follow-up actions, and Epi and Lab Networks meeting and the Global Coordination Committee.<br>Support Unit to co-ordinate with the Working Group including regular on-line and/or face-to-face meetings. | Support the organization in co-ordination with the FMD WG of at least two Roadmap Meetings annually. | Assumes collaboration and commitment by GF-TADs WG. |

| | | | | |
|---|---|---|---|---|
| | 3.1.2.2.<br>Support increase national and regional ownership of the PCP-FMD processes and coordination, by strengthening engagement with FAO and OIE regional representations, Regional Advisory Groups (RAGs) and with Regional technical Networks and institutional bodies in close cooperation with the FMD-WG. | Strengthen technical capacities and the network of the revised PSOs mechanisms to provide tailored national support to countries on epidemiological and laboratory issues relevant for PCP-FMD progress in target regions. This will be achieved through: (i) the engagement with relevant Regional Epidemiology, Laboratory and Research Networks and (ii) the engagement and collaboration with FAO and OIE regional representations and other regional institutional bodies (e.g. AU- IBAR, IGAD, SADC, SACIDS, SAARC).<br>The activities of the PSO mentoring and training network to be linked to the training development and delivery under component 3.3. | i)Support to the formulation and implementation of regional Epi and Lab networks workplan in at least one Roadmap region bySeptember 2023<br><br>ii) Collaboration agreement achieved and implemented with regional partners in East Africa and at least 1 Roadmap by September 2023 | |
| **3.1.3. Application tools to improve the efficiencyand visibility** | 3.1.3.1.<br>Support tools for improved review of FMD control plans/programmes and coordination between FMD-WG, RAGs, countries and regional partners. | Provision and improvement oftools and guidance documents to (i) assist the FMD-WG in the assessment and review mechanism (through increased uptake of the TRAC system and technical support ) and (ii) facilitate and assist the country's ability to develop national strategic plans for PCP-FMD progression (through increased uptake of tools such the SAT and the vaccine demand model) and(iii) | a) TRAC is used in at least 2 roadmap regions by September 2023 and other tools are regularly adopted by countries for strategy development and/or monitoring (SAT and vaccine demand model).<br>b) Provision of technical support in the revision of at least 70% of programmes submitted | |
| | 3.1.3.2.<br>Support further improvement of communication and online mechanisms to raise awareness, enhance visibility and impact. | Development of online dashboards for the integration and communication of relevant information on the PCP-FMD stage, progress activities and objectives, vaccination and FMDV dynamics. Including the development of a system for maintenance and update of the platform. | a) Online FMD dashboard developed and finalized by Sept 2022 and quarterly updated.<br>b) Websites updated on monthly basis | Assumes collaboration and demand to use EuFMD support from target countries |

## 7. Gantt chart



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

## 8.Budget (€) COMP. 3.1

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium<br>(1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium<br>(1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 3.1** | 9,504 | 5,826 | 3,678 |
| Consultancy Operational | | | |
| **Component 3.1** | 96,360 | 71,767 | 24,593 |
| Consultancy Technical | | | |
| **Component 3.1** | 260,000 | 145,753 | 114,247 |
| Travel | | | |
| **Component 3.1** | 140,000 | 11,883 | 128,117 |
| Training | | | |
| **Component 3.1** | 92,000 | 5,395 | 86,605 |
| Contracts | | | |
| **Component 3.1** | 60,000 | 46,877 | 13,123 |
| Procurement | | | |
| **Component 3.1** | - | - | - |
| General Operating Expenses | | | |
| **Component 3.1** | 40,000 | 3,462 | 36,538 |
| | | | |
| Total Direct Eligible Cost | **697,864** | **290,964** | **406,900** |

## 9. Update of the programme

Following the EuFMD General Session 2021, it was proposed to update Component 3.1 workplan as follows:

- Improve the sustainability of the PSO network and facilitate the decentralization of the PCP-FMD progress support. This would be achieved through new collaborations with Virtual Learning Centers, regional FAO/OIE Offices and Representations, as well as Reference Centers, technical and research networks (possible inclusion of multiple disease strategies) and increased governance of the Roadmaps by Regional Advisory Groups and other regional bodies (FAO and OIE regional Offices, regional organizations).

- PSO Network co-ordination and expansion, through the revision of the PSO mechanisms at national, regional and global levels with enhanced emphasis on the sustainability of these mechanisms and the possibilities for transversal support to FAST disease control.

- Improved coordination and support mechanisms with the FMD-WG partners leveraging on the Support Unit to the FMD-WG established to optimize FMD WG workplan implementation and synergies with other global control/eradication strategies.

- Increased focus on improved analysis and communication of FMD risk information for PCP-FMD progression. In coordination with Component 1.7, an online dashboard has been piloted to support up-to-date evidence-based decisions for FMD prevention, preparedness and control (PCP-FMD information, surveillance and vaccination data).

## 10. Challenges to achieving component objectives

- There should be a focus on further strengthening institutional partnerships (FAO/OIE) which are key to achieve the component objective. The scope of these partnerships needs to be sustained with a multi-year planning, considering the EuFMD expertise, inputs and geographical priorities.
- Establishment of collaboration and partnerships with regional networks and institutional bodies depend on the timely and appropriate engagement of these stakeholders and the support for establishing commitment initiatives.
- The overall implementation of the technical activities requires that EuFMD's expertise be recognized and requested by national, regional and global stakeholders and partners.

This component focuses on optimizing the collaborations and coordination with FMD-WG Partners and the effective and productive implementation of the FMD-WG Action Plan. The expected growth in workload for the FMD-WG resulting from the revised multiannual Action Plan, and the increasing number of countries aiming at progressing along the PCP-FMD, could be a challenge for the timely and functional operability of the FMD-WG.

# Component 3.2 (Activity 3.2)

## Improved Global Laboratory Support

### Component Objective

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

## 1. Background

During the first biennium of the EuFMD Phase V workplan, Component 3.2 support to the global FMD laboratory network, was implemented as part of the joint FAO/OIE Global FMD Control Strategy to improve regional laboratory networks and ensure better technical expertise development at regional levels. The core of the international surveillance required was supported through a contract with The Pirbright Institute (TPI) to provide services globally, including diagnostic services, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU member states and internationally.

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

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

The role of the TPI in providing the core of the international surveillance required will be supported by a new contract, to provide the services described above and to continue as Secretariat of the OIE/FAO FMD lab network. It will continue to support a set of Regional Support Laboratories in pools 4 and 5 to screen samples from their regions as part of the need to achieve Pool level surveillance targets. To improve the sample collection and typing, and address surveillance gaps in regions identified by the OIE and FAO Reference Centres as priorities, support will be tailored for diagnostic services. These will include laboratory typing of FMD samples from the six virus Pools by OIE/FAO Reference Centres, aiming at the attainment of surveillance targets in each pool required for guidance to Regional Roadmaps and risk managers in each region, as well as for global threat forecasting.

A system for vaccine performance and matching needed by the Roadmaps will be supported to sustain a shift in emphasis towards regional vaccine selection and performance. A specific focus will be placed on better uptake and accurate application of test systems by OIE/FAO Reference Centres and Regional Support Laboratories (RSLs) in Africa and Asia, including the associated work to validate tests and identify correlates of protection. Within this framework, during the second biennium of the Phase V, this component will support the establishment of a regional advisory group on vaccines and vaccination in East Africa, aimed at assisting countries in the design and implementation of post-vaccination monitoring activities, act as a platform to exchange experience and expertise on vaccination for FAST diseases and assist in defining regional risks, including the specific aspect of regional reference antigens for vaccine selection. Progress towards validation of new tests for vaccine matching and measures of protection will be supported with the aim of transfer to RSLs and others in the second biennium of Phase V.

## 2. Team

| Role | Name |
|---|---|
| **Component Co-ordinator** | |
| **Component manager** | Kees VanMaanen |
| **Partner organizations** | FAO/OIE Reference Laboratory Network |
| **ExCom oversight** | S. Zientara |

## 3. Countries or partner organizations involved

A close collaboration is foreseen with OIE/FAO Reference Centres and Regional Support Laboratories (RSLs) in Africa and Asia, and work will be implemented in support of the global OIE/FAO FMD Reference Laboratory network. This component will have a close collaboration, in particular, with the World Reference Laboratory-FMD at The Pirbright Institute (TPI), as well as with the European Reference Laboratory-FMD at ANSES and other relevant RSLs partners.
Activities in this component are in support of the implementation of the Global Strategy for FMD Control, particularly in West Africa, East and Southern Africa and South Asia. New collaborations with regional partners will be established, particularly in East Africa in support of the establishment of a Vaccination Regional Advisory Group.

## 4. Reporting

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

## 5. Objective of the component

The overarching objective of this component is

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

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

| Compo nent | Objective | Narrative | Expected result | Monitoring | Evaluation | Assumption sand risks |
|---|---|---|---|---|---|---|
| **3.2 Improve mentof global lab support** | Strengthene d global laboratory surveillance support and improved FMD virus intelligence to guide regional and national implementa tionof the GF-TADs Strategy. | Attainmentof surveillance targets by OIE/FAO FMD RLN and Regional Support Labs for each pool required for guidance to Regional Roadmaps will be supported through improved diagnostic services and system for vaccine performanceand matching. | Enhanced level and quality of surveillance information FMD Reference Laboratory network with an increase in the virus Pools achieving sampling targets for laboratory surveillance (from 1 to 4 out of 6). | Annual Reports of the global OIE/FAO FMD Reference Laboratory network.<br><br>Regular collection of information through established procedure and Quarterly reports WRL/EuFMD. | Executive Committee meetings, general session, external evaluation at the end of Phase V | Relies on the functioning and commitment ofglobal OIE/FAOFMD Reference Laboratory network, and the engagement of countries to attain surveillance targets in each pool. |

## 6. Planned Component Sub-Activities

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

**3.2.1** Strengthened co-ordination of the OIE/FAO FMD Reference Laboratory network
*3.2.1.1*Co-ordination support for the OIE/FAO FMD Reference Laboratory network
*3.2.1.2*Delivery of FMD laboratory surveillance training in all Roadmap regions

**3.2.2** International surveillance and guidance to Regional Roadmaps and risk managers enhanced in each pool
*3.2.2.1*Support diagnostic services by OIE/FAO Reference Centres, including laboratory typing of FMD samples from the 6 virus Pools;
*3.2.2.2*Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities and in countries identified as priorities for more targeted surveillance.

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

*3.2.3.1.* Improve uptake and accurate application of test system by OIE/FAO Reference Centres and Regional Support Laboratories in Africa and Asia, including to better define regional risks and the specific aspect of regional reference antigens for vaccine selection;

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

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

| | Sub-activity level | Description | Indicators | Assumptions and risks |
|---|---|---|---|---|
| 3.2.1 OIE/FAO FMD Laboratory network | 3.2.1.1 Co-ordination support for the OIE/FAO FMD Reference Lab network | Provide direct support to the annualworkplan co-ordination and activities of the OIE/FAO FMD Reference Laboratory network to ensure better technical expertise development and networking at regional levels, including support in the organization of the annual workplan co-ordination meeting. Development of an interactive online dashboard and a maintenance system for the integration and communication of relevant surveillance information | a) One annual meeting organized per year and the number of invited representatives attending from regional laboratories isat least equal to the numberof attendees supported in the first biennium of Phase V. b) Online FMD surveillance dashboard developed and finalized by Sept 2022 | Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network. |
| | 3.2.1.2 Delivery of FMD laboratory surveillance training in all Roadmap regions | Develop and conduct a global (online) bilingual training on laboratory surveillance in English and in French languages. | a) Online global training organized and delivered in English and in French and attended by 250 trainees bySept 2023. | Relies on the functioning and commitment of global OIE/FAO FMD Reference Laboratory network,and the engagementof countries to attain surveillance targets in each pool. |
| 3.2.2. International surveillance andguidance | 3.2.2.1 Support diagnostic services byOIE/FAO Ref. Centres, includinglab typing of FMD samples from the 6 virus Pools | Support diagnostic services for samples submitted to the WRL, as well as testing that can be delegatedto leading laboratories in the OIE/FAO FMD Reference Laboratory network with WRL support and supervision. | a) 1500 samples submitted for antigen detection and serotyping, and 200 samplesfor vaccine matching by Sept2023; b) 200 samples for VP1 sequencing by Sept 2023. | Relies on engagement of countries to attain surveillance targetsin each pool. |
| | 3.2.2.2 Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities | Support sampling from outbreaks and testing, including procurementof reagents and kits, and assist sample shipment mechanism from National Labs in Pools 3, 4, and 5 tothe Regional and International Reference Laboratories. Develop further investigations to better characterize technical, logistical, capacity hurdles limiting the surveillance and diagnostics capacities. | a) Adequate number of antigen ELISA kits and PCRreagents provided for surveillance.<br>b) Report of the analysis on issues limiting surveillance and diagnostic capacities. | Relies on engagement of countries to attain surveillance targetsin each pool. |

| | | | | |
|---|---|---|---|---|
| **3.2.3 Vaccine selection and performance support*** | 3.2.3.1<br>Improve uptake and accurate application of test system by OIE/FAO Reference Centers and Regional Support Laboratories in Africa and Asia, including to better define regional risks and the specific aspect of regional reference antigens for vaccine selection | Support sample screening at laboratories in Pools 3, 4 and 5 and shipment from these and other areas of high strategic importance to International Ref Labs.<br>Support vaccine matching tests or complete genome sequencing (where appropriate), virus neutralization tests (VNTs) in the context of PVM studies and vaccine quality studies.<br><br>Support better definition of regional risks in priority regions, including the specific aspect of regional reference antigens for vaccine selection - both their selection and communication of the approach. This includes support to the establishment of a regional advisory group in East Africa. | a) Characterization of FMDV from at least 30 different outbreaks across six differentcountries, and 100 FMD viruses per pool by Sept 2023.<br>b) Regional advisory group established in East Africa by Sept 2023. | Assumes functioning and commitment of global OIE/FAO FMD Reference Laboratory network,and the engagementof countries to attain surveillance targets in each pool. |
| | 3.2.3.2<br>Progressively support advancement towards validation of new tests for vaccine matching and measures of protection * | Review and assist the development of improved vaccine matching methods, for prioritizing development and implementation oftests to cover a wider range of reference viruses and vaccine strains. | a) Outcomes of ongoing studies for novel methodsreviewed and assessed bySept 2022;<br>b) Collaboration with RegionalLaboratories in at least one Pool to cover reference viruses and vaccine strains established by Sept 2023. | Assumes that ongoing studies will demonstrate advancement and applicability of the novel ELISA methods, and their potential for the dev. of tests to covera wider range of reference viruses and vaccine strains. |
| | ***** *The validation and implementation of improved vaccine matching methods will be progressively supported through the workplan and may be expanded in months 25-48 after review of progress.* | | | |

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## 7. Gantt chart

| 3.2 Improvement of global laboratory support | Sub Activities | | YEAR 1 O | N | D | J | F | M | A | M | J | J | A | S | YEAR 2 O | N | D | J | F | M | A | M | J | J | A | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 3.2.1 OIE/FAO FMD Laboratory network | 3.2.1.1 Co-ordination support for the OIE/FAO FMD Reference Laboratory network | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Evaluation | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.2.1.2 Delivery of FMD laboratory surveillance training in all Roadmap regions | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Evaluation | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.2.2. International surveillance | 3.2.2.1 Support diagnostic services by OIE/FAO Reference Centres, including laboratory typing of FMD samples from the 6 virus Pools | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Evaluation | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.2.2.2 Improve the sample collection and typing from regions identified by the OIE/FAO Reference Centres as priorities | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Evaluation | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.2.3 Vaccine selection and performance support | 3.2.3.1 Improve uptake and accurate application of test system by OIE/FAO Reference Centers and Regional Support Laboratories in Africa and Asia | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Evaluation | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.2.3.2 Progressively support advancement towards validation of new tests for vaccine matching and measures of protection* | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Evaluation | | | | | | | | | | | | | | | | | | | | | | | |

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

## 8. Budget (€) COMP. 3.2.

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 3.2** | 17,888 | 9,710 | 8,178 |
| Consultancy Operational | | | |
| **Component 3.2** | 96,360 | 71,767 | 24,593 |
| Consultancy Technical | | | |
| **Component 3.2** | 32,000 | 45,112 | 13,112 |
| Travel | | | |
| **Component 3.2** | 34,000 | | 34,000 |
| Training | | | |
| **Component 3.2** | 28,000 | 642 | 27,358 |
| Contracts | | | |
| **Component 3.2** | 800,000 | 404,596 | 395,404 |
| Procurement | | | |
| **Component 3.2** | 36,000 | 5,144 | 30,856 |
| General Operating Expenses | | | |
| **Component 3.2** | 44,000 | 5,776 | 38,224 |
| | | | |
| Total Direct Eligible Cost | **1,088,248** | **542,748** | **545,500** |

## 9. Update of the programme

Following the EuFMD General Session in 2021, it was proposed to update Component 3.2 workplan as follows:

- Continue the support to the WRLFMD and the OIE/FAO FMD reference laboratory network to improve virological surveillance. This includes a new mechanism supporting more targeted virological surveillance and better characterizing the technical, logistical, capacity hurdles limiting the surveillance and diagnostics capacities and an interoperable digital repository and online dashboard for virological and risk information will be developed and implemented.
- Under this component and in collaboration with TPI a new FLITC course in French is under development and will be delivered in the new biennium. Also the development of a Biorisk Management course will be considered.
- Further progress the development of an interoperable digital repository and online dashboard for virological and risk information.
- Establishment of advisory groups for vaccination and technical guidance for Eastern Africa, to define regional risks, including the specific aspect of regional reference antigens for vaccine selection.
- Continue support to vaccine matching tests and VNTs and the development and validation of new tests for vaccine matching and measures of protection.

## 10. Challenges to achieving component objectives

This component is centered on co-ordination with OIE/FAO Reference Centres and Regional Support Laboratories (RSLs) in Africa and Asia, and work will be implemented in support of the global OIE/FAO FMD Reference Laboratory network. The functioning and commitment of global OIE/FAO FMD Reference Laboratory network is essential for the implementation of sub-activities. The collection of samples for Pools 4and 5 requires also cooperation at national levels. The COVID-19 pandemic has had a major impact on the collection of samples in the field and on the submission of samples to the WRLFMD. Recently, however, submissions have increased again also due to targeted communication and support for these shipments. The impact of the COVID-19 pandemic for global FMD surveillance in years to come remains to be seen.

The process of partnership with the TPI involves a series of procedures and might require time to implement.

# Component 3.3 (Activity 3.3)

## Better training for Progressive Control

**Component Objective**

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

## 1. Background

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

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

The overall aim of this Component will be to strengthen the training resources available and develop a series of new v-learning courses based on the needs and priorities identified by the stakeholders and partners listed above, ensuring relevance across multiple countries and regions. During the second biennium, new training methodologies will be developed for digital and mobile learning content delivery and for new audiences such as community level animal health service providers. The focus is on providing training resources relevant to all countries that are not free of FMD in West and Central Africa, East Africa, Southern Africa and South Asia. Additional regions (South East Asia may be added after review of progress, and considering resource available.

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

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

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

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component supervisor** | |
| **Component manager** | Marcello Nardi |
| **Partner organizations** | Training activities carried out in collaboration with regional partners and organizations in support of the GF-TADs Global Strategy for FMD control. |
| **ExCom oversight** | M. Blake |

## 3.Countries or partner organizations involved

A close collaboration is foreseen with regional FAO or OIE offices. In particular, Virtual Learning Centres (VLCs) have been established in the first biennium of phase V with FAO regional and sub-regional offices in Southern Africa, East Africa and Asian and the Pacific. FAO has leveraged additional funding to support these VLCs and establish additional ones, and therefore close co-ordination with the FAO funded VLC projects will be important to ensure these VLCs are used to deliver EuFMD virtual learning courses in the best possible way.

Roll-out of training may additionally make use of collaborations with regional multilateral organizations and bodies, non-governmental organizations (NGOs), academic institutions, especially where such partnerships might bring sources of additional funding or resources. The partnership established by EuFMD with HealthforAnimals and World Veterinary Association within the project on Sustainable Business through Training for Veterinary Para-Professionals funded by BMGF, would also contribute to the objective of the component.

Activities in this component are in support of the implementation of the Global Strategy for FMD Control, particularly in West Africa, East and Southern Africa and South Asia.

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **6 monthly to ExCom** | Component manager / supervisor | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every 2 years to MN** | Component manager | Written report; presentation | General Session | |
| **Report on Workshop or v-learning course** | Component manager or lead facilitator | Written report | | |
| **Report on training quality and impact** | | Written report | | |

## 5.Objective of the component

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

| *Component* | *Objective* | *Narrative* | *Expected result* | *Monitoring* | *Evaluation* | *Assumptions and risks* |
|---|---|---|---|---|---|---|
| **3.3 Better training for progressive control** | Improved national and regional capacity and expertise for progressive control of FMD through delivery of high impact training in at least six roadmap regions. | The training provided will link to outcomes in the development and implementation of FMD control strategies. This will be achieved through synergy with the PSO system and regional partnerships in order to strengthen the available training and develop new resources, ensuring quality management and cascading to national level. | At least 2500 individuals from the target countries* have completed at least one EuFMD v-learning course. | Regular collection of data through EuFMD e-Learning platform and procedure established in the training quality management system | Executive Committee meetings, general session, external evaluation at the end of Phase V. | Relies on the commitment of national veterinary services and individuals to participate in and complete v- learning courses. |

* *Target countries for 2019-23 are those in West, Central, East and Southern Africa and South Asia. Training courses developed should also be relevant to regions included under Pillar II activities.*

## 6. Planned Component Sub-Activities

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

**3.3.1** Training infrastructure: maintenance and improvement of online platform.

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

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

*3.3.3.1* Consultation and prioritization for training development;

*3.3.3.2* Development of new training courses and adaptation to new technologies and audiences;

*3.3.3.3* Delivery of training courses.

**3.3.4** Implementation of system for cascade training

*3.3.4.1* Support the development of Virtual Learning Centres (VLCs);

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

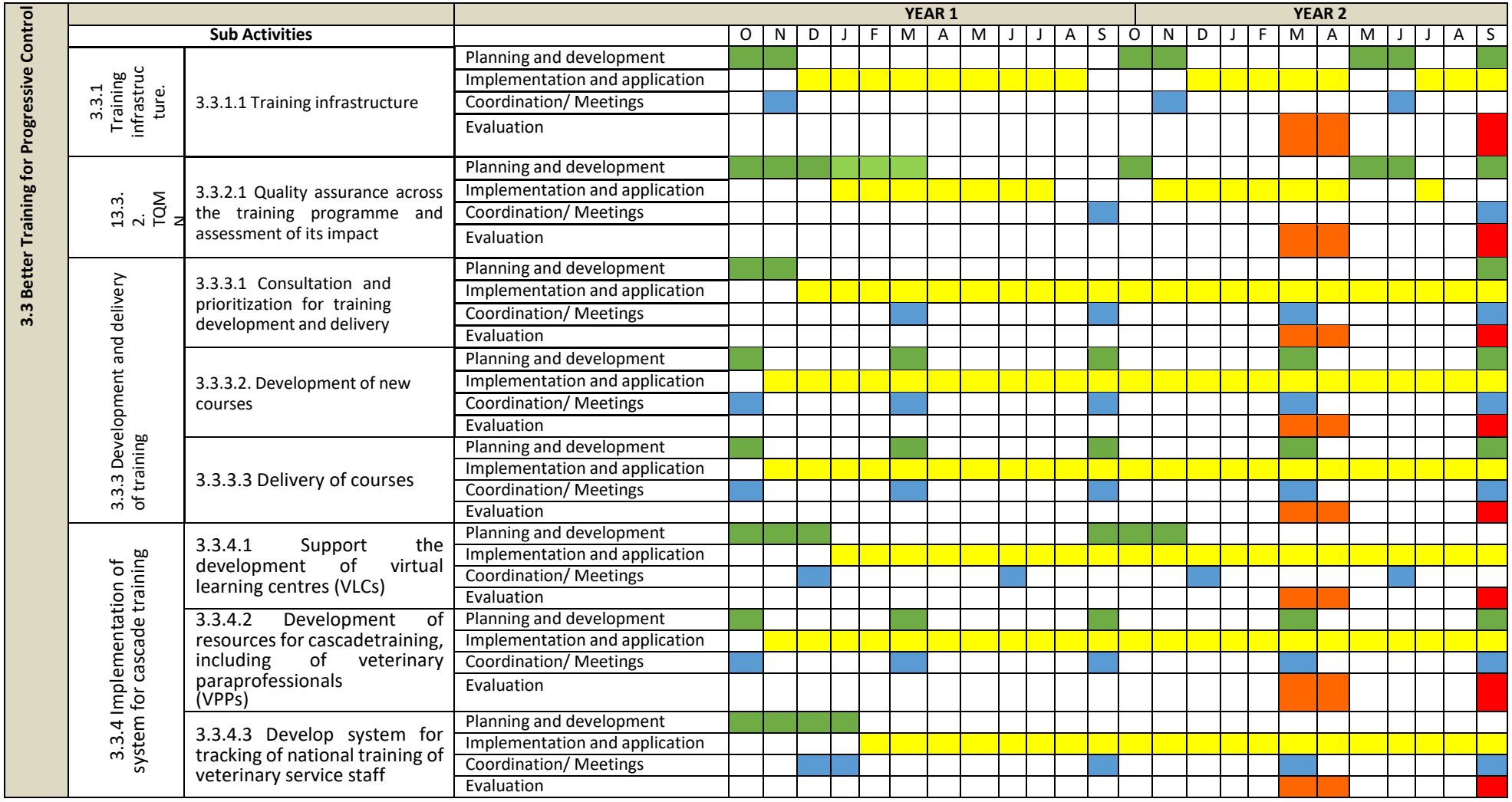
*3.3.4.3* Development of resources for cascade training, including for veterinary paraprofessionals;

*3.3.4.4* Develop training management system for monitoring of national training of veterinary service staff.

| | *Sub-activity level* | *Description* | *Indicators* | *Assumptions and risks* |
|---|---|---|---|---|
| **3.3.1 Training infrastructures** | 3.3.1.1 Training infrastructure | Maintenance and improvement of the training infrastructure, including online platform. Development of a database of outcomes of training courses and the use of analytics data of learners 'interactions with online platforms to inform impact assessment and strategic prioritization of training. This sub-activity is co-ordinated with sub-activities 1.1.1.1 and 2.3.1.1. | a) EuFMD online platform will be functioning and accessible to users more than 23 months per biennium during phase V<br>b) database of training data completed by September 2022.<br>c) report of analysis of training data and platform analytics available on a six monthly basis from September 2022. | The dev. and maintenance of EuFMD online platform to be aligned with IT FAO rules |
| **3.3.2. TQMS** | 3.3.2.1 Quality assurance across the training programme and assessment of its impact | Further develop the TQMS in order to ensure quality across the training programme; carry out regular evaluations of the impact of the training programme in order to inform the design of a training offer that can achieve higher capacity development at country level. This system will guarantee that EuFMD provides high- quality and high impact training. Development of an impact analysis strategy that will identify how the Pillar strategies supported the achievements of objectives. This sub-activity is co-ordinated with sub-activities 1.1.1.1 and 2.3.1.1. | a) at least one external review of the TQMS conducted by 2023.<br>b) report on impact of training programmes available on a six monthly basis.<br>c) report on impact analysis of courses conducted 2019-21. | Relies on continued improvements and updates of the training infrastructure and increase use of analytics to monitor and assess the training programme, and the roll-out of the TMS. Availability of data from impact analysis |

| | | | | |
|---|---|---|---|---|
| 3.3.3 Development and delivery of training | 3.3.3.1 Consultation and prioritization for training development and delivery | Priorities for the new training to be developed, and for delivery of existing training will be guided by the findings of the PSO system, the Regional Advisory groups (RAGs) for each Roadmap, by GF-TADS partners and EuFMD's consultations with national and regional partners. | a) Update on training development and delivery prioritization available for EuFMD Executive Committee and GF-TADs partners every six months. | Relies on good co-ordination with partners. |
| | 3.3.3.2 Development of new courses, and adaptation to new technologies and audiences | Based on the priorities identified in 3.3.3.1, new courses will be developed, suitable for delivery in multiple regions and translation into regional languages. | a) Four new courses developed and delivered by Sept 2023. | Relies on suitable expertise to guide course dev. and sufficient capacity within the EuFMD v-learning team for course dev. |
| | 3.3.3.3 Delivery of courses | Courses will be delivered at global, regional or national level, including delivery of training in appropriate regional languages (including English, French, Russian and Arabic). | a) At least 3000 individuals from the target countries* have completed at least one EuFMD course within phase V. | Relies on the commitment of NVS and individuals to participate in and complete e-learning courses. |
| 3.3.4 Implementation of system for cascade training | 3.3.4.1 Support the development of virtual learning centres (VLCs) | Support GF-TADs regional partners in the development of VLCs which will provide regionally tailored online courses, support virtual networking, promote national cascade of training courses and resources and attract the specific needs of the region.<br>Support regional partners to transition these VLC's to independent sustainability in the long term. | At least three regions with VLCs established and supported by EuFMD by end of Phase V with at least two VLCs managed sustainably (independent of regular ongoing EuFMD support). | Relies on strong support from partner organizations in order to establish VLC and then seek to manage it in an independent and sustainable manner. |
| | 3.3.4.2 Development of resources for cascade training, including for vet paraprofessionals | Based on the priorities identified in 3.3.3.1, resources and tools suitable for countries to provide training at national level will be developed. Resources will be developed in a variety of modalities including those suitable for provision of training by mobile phone, and those suitable for training of VPPs. | At least 40 of the target countries using EuFMD resources or courses for training of national staff by Sept 2023. | Relies on the commitment of NVS to cascade training. |
| | 3.3.4.3 Develop training management system for monitoring of national training of veterinary service staff | Develop training management systems which will allow national veterinary services and individual training participants to record and monitor the training undertaken, promoting continuing professional development and allowing countries to assess capacity building priorities for their veterinary service. Training Management System (TOM) to offer a competency based education (CBE) dashboard to enable countries to map the progression of the individual skills of the veterinary services. | Training management system for national training monitoring customized to capacity development needs of the countries, developed and piloted in three of the target countries by Sept. 2023. | Relies on the commitment of NVS to use training monitoring system, identification of partnerships in NVS countries |

## 7. Gantt chart



**GANTT CHART NOTES:**

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

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 3.3** | 7,828 | 3,884 | 3,944 |
| Consultancy Operational | | | |
| **Component 3.3** | 96,360 | 71,767 | 24,593 |
| Consultancy Technical | | | |
| **Component 3.3** | 336,000 | 201,555 | 134,445 |
| Travel | | | |
| **Component 3.3** | 36,000 | 5,283 | 30,717 |
| Training | | | |
| **Component 3.3** | 20,000 | - | 20,000 |
| Contracts | | | |
| **Component 3.3** | 60,000 | - | 60,000 |
| Procurement | | | |
| **Component 3.3** | - | - | - |
| General Operating Expenses | | | |
| **Component 3.3** | 90,000 | 7,512 | 82,488 |
| | | | |
| Total Direct Eligible Cost | **646,188** | **290,001** | **356,187** |

**8. Budget (€) COMP. 3.3.**

## 9. Updates of the programme for 2021 - 2023

The training programme under the Pillar III will continue to focus on the development and delivery of a growing suite of virtual training courses and resources that aim to build national and regional capacity for the progressive control of FMD. In terms of target countries, the focus will remain all countries that are not free of FMD in West and Central Africa, East Africa, Southern Africa and South Asia, with the additional aim that courses developed are also applicable for use in the Pillar II programme. It will be important to ensure that EuFMD's training continues to evolve as a cutting-edge, high-quality solution that meets the needs of its target audiences, and new delivery methodologies will be implemented (e.g. mobile device delivery including use of training applications if appropriate).

- The Training Quality Management System (TQMS) implemented in 2020 will continue to be revised on the basis of the external evaluation conducted in the first semester 2021, and will aim to ensure the consistent high quality of EuFMD training courses. The TQMS involves both quality assurance procedures and activities to assess the impact of training. In the 2021-23 period, greater emphasis will be given to impact assessment to generate data that could assess the achievement of the work program Strategic Objectives. In addition to an increased focus on impact assessment, emphasis will be given to analysis of training gaps and needs, aiming to improve the strategic prioritization of training.

- Development and delivery of training courses and resources will continue to be guided by this consultation and prioritization process. Activities to support cascading of training courses and resources at national level should be extended through the Virtual Learning Centres and integrate resources and mechanisms for training of veterinary paraprofessionals (VPPs) also developed under the new Bill and Melinda Gates Foundation funded project.

- The two Virtual Learning Centres (Southern Africa, Asia and the Pacific) that were established and supported by EuFMD in the 2019-21 period, together with the third (East Africa) launched in September 2021 are a valuable mechanism to improve regional delivery of EuFMD's training courses. EuFMD will continue to support these three VLCs in the 2021-23 period, with the aim that the VLCs become financially and technically self-sufficient by 2023, implying a progressive reduction in the support provided by EuFMD. The VLCs will continue to have an important role in delivery of EuFMD courses and will be involved in supporting regional PCP-FMD activities such as regional roadmap meetings. FAO has recently identified funds to establish VLCs in other regions and, although EuFMD resources will not be used to support these additional VLCs, it will be important to explore their potential to act as a delivery mechanism for EuFMD courses, and as an important source information on training needs.

- The Training Management System will continue to be rolled-out following the pilot phase, to provide a tool that allows countries to monitor the training conducted by national veterinary services, promoting continuing professional development and allowing countries to assess capacity building priorities for their veterinary service, based on a competency framework. The focus will be on involving countries and partners in further refining the scope of the tool and refining it based on their input.

## 10. Challenges to achieving component objectives

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

- Development of new training resources and materials according to an established timeline will require careful planning of time and human resources to avoid delays;
- National cascade training and implementation of the TOM depends on the engagement of trainees participating in EuFMD courses and on the support of veterinary authorities to engage with training tools and the TOM system.
- The delivery of EuFMD training courses through the FAO regional and sub-regional VLCs relies on good collaboration with these centres and the continuation of FAO funding.

# Component 3.4 (Activity 3.4)

**Improved security in FMD vaccine supply**

**Component Objective**

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

## 1. Background

During the 2018 Open Session of the EuFMD, the network of stakeholders engaged in FMD control met to address the issues related to "Increasing Global Security in the supply of FMD vaccines", including the lack of confidence in supply of available vaccines constraining PCP progress in multiple regions. This multi-stakeholder conference provided the opportunity to define better a set of priorities to increase availability of quality and effective vaccines:

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

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

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

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

i. Analyze the technical and policy issues and constraints limiting access to quality and effective FMD vaccine supply, particularly to countries in PCP Stage 1 to 3, and with a focus upon the lack of vaccinesupply for Sub-Saharan Africa (SSA) as well as European neighboring countries (Pillar II);

ii. Identify pathways and define actions and mechanism towards creating an enabling environment for investment in vaccine security, ensuring inclusion of all stakeholders in the value chain and increasing mid and long term supply of quality and effective FMD vaccine;

iii. Enable the development and implementation of the assured emergency supply options (AESOP) and allied pre-qualification system under the PPSP, to improve confidence and availability of assured quality vaccines.

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

## 2. Team

| *Role* | *Name* |
|---|---|
| **Component supervisor** | TBD |
| **Component manager** | Bouda VosoughAhmadi |
| **ExCom oversight** | H. Roest |

## 3. Countries or partner organizations involved

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

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

## 4. Reporting

| *Reporting format* | *Responsibility* | *Output* | *Distribution* | *Sent out by* |
|---|---|---|---|---|
| **Six monthly to ExCom** | Component manager | Written report; presentation | ExCom, STC | Network and Training Support Officer |
| **Every two years to MN** | Component manager | Written report; presentation | General Session | |
| **Every two years Evaluation report** | Component manager | Guidance papers and/or studies tobe available | EuFMD, AGAH, and EuFMDpartners if required | |
| **Mission/Meeting** | Leader of the Mission | Written report | EuFMD, NSAH, others if required | |

## 5. Objective of the component

**Improved security in FMD vaccine supply: support the Public Private Sector Platform (PPSP) to identify data and information gaps of unmet demand for vaccine andpromote solutions to improve security in access to effective vaccines.**

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

| *Comp.* | *Objective* | *Narrative* | *Expected result* | *Monitoring* | *Evaluation* | *Assumptions and risks* |
|---|---|---|---|---|---|---|
| **3.4 Improved security in FMD vaccine supply.** | Improved security in FMD vaccine supply: Support to the Public Private Sector Platform (PPSP) for vaccine security to identify and promote solutions to improve security in access to effective vaccines. | Develop significant understanding of future demand for vaccine, technical and policyissues and solutions for access to quality and effective FMD vaccine supply, identification of pathways towards increased mid and long term supply particularly in countries in PCP Stage 1 to 3. This will inform and assist action-planning for accelerated rate of investment in FMD vaccine production by the private sector. | At least four Reports published by the PPSP platform to inform on future demand for vaccine and guide innovative approaches and partnerships for accelerated rate of investment in FMD vaccine production by private sector achieved. | Regular collection of information through contacts, meetings and getting progress reports from the working groups. | Executive Committee meetings, general session, final external evaluation at the end of Phase V | Assumes commitment from public and private stakeholders to incorporate the recommend ations given by the PPSP and/or to consider the use of the new system to increase vaccine security expertise and inputs. |

## 6. Planned Component Sub-Activities

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

3.4.1. Advance the understanding of the nature of dynamic demand for vaccine, technical and policy constraints and solutions for improved vaccine access and supply in countries in PCP Stage 1 to 3 providing new tools to assist PCP-FMD progress

3.4.1.1. Development of tools to support the estimation of the unmet demand of vaccine, and guiding better understanding of barriers and drivers for adoption and factors influencing the supply.

3.4.2. Development of guidance and advice to the PPSP

3.4.2.1. Regular co-ordination with the PPSP;

3.4.2.2. Produce technical and policy study reports and guidance papers.

| | *Sub-activity level* | *Description* | *Indicators* | *Assumptions and risks* |
|---|---|---|---|---|
| **3.4.1. Advanced understanding** | 3.4.1.1. Development of tools to support the estimation of demand of vaccine, and guiding better understanding of barriers and drivers for adoption and factors influencing the supply | Consultative and research work to quantify the current unmet demand and predicted future growth for vaccines with a special focus in SSA and Pillar II countries and characterize technical and regulatory challenges for novel vaccine platform opportunities. This work will be in collaboration with Components 1.7 of Pillar I (through the key informants established under that Component) and Component 3.1 of Pillar III (PSOs system). | a) Develop a decision-support tool/model to estimate the unmet demand by Dec 2021<br>b) Organized virtual workshops to validate the assumptions and results of the model by Dec 2021;<br>c) Report/present estimated current unmet demand and future growth at General and Open Sessions<br>d) One PPSPmeeting report produced per year | Assumes MN collaboration to Provide this information |
| **3.4.2. Guidance to the PPSP** | 3.4.2.1. Regular co-ordination with the PPSP | Regularly share information and guidance in order to improve understanding of issues and to identify pathways or actions to improve vaccine access and inform strategies to increase supply incountries in PCP Stage 1 to 3 | a) Two PPSPface-to-face or online meetings per biennium within Phase V<br>b) One PPSPmeeting reportproduced per year | Assumes engagement andavailability of the members of the platform |
| | 3.4.2.2. Produce technical and policy study reports and guidance and promote the development of the AESOP and allied pre-qualification system under the PPSP | Based on the priorities identified during the PPSP meetings and by the Secretariat, guidance papers and advisory documents will be developed through the establishment and support to working groups of experts and/or the development of studies on related issues.<br>This will also facilitate the development and implementationof AESOP to improve confidence and availability of assured quality vaccines. | a) Three guidance papers and/or studiesto be available by Sept 2023<br><br>b) Satisfactory review of PPSP members | Assumes that priorities established by the PPSP will be within the budgetallocated for thissub-activity |

## 7. Gantt chart

| 3.4 Improved security in FMD vaccine supply | Sub Activities | | YEAR 1 | | | | | | | | | | | | YEAR 2 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S |
| | 3.4.1. Advanced understanding | 3.4.1.1. Understand the barriers anddrivers for adoption and factors influencing the supply | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.4.2. Guidance to the PPSP | 3.4.2.1. Regular co-ordination withthe PPSP | Planning and Development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3.4.2.2. Produce technical and policystudy reports and guidance papers | Planning and development | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Implementation and application | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Co-ordination/ Meetings | | | | | | | | | | | | | | | | | | | | | | | |
| | | EVALUATION | | | | | | | | | | | | | | | | | | | | | | | | |

**GANTT CHART NOTES:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3.4.1.1. | Planning and development | Work planning and definition/composition of workinggroups, and definition of prioritiesfor finalizing the prototype vaccine demand estimation model (Phase 1); Planning for Phase 2 (expanding the model and inclusion of risk and increasing the resolution of the model at province and district levels) and Phase 3 (inclusion of vaccine supply to the model to compute the current and future vaccine deficit) | Implementation and application | Studies design, implementation of the Phase 1, 2 and of the model development and reporting; contacts with experts and focal points in target regions and countries (e.g. key informants, PSOs). | Co-ordination/ Meetings | Organizing country level and regional level workshops to validate the assumptions and results of the model and fine-tuning the model. | Evaluation | External final evaluation upon donor request |
| 3.4.2.1. | | Drafting of reports (b) and (c); Adaptation to evaluation recommendations based on the outcomes of the vaccine demand model developed under 3.4.1.1; Planning for the meetings, Draftingmeeting reports; Adaptation to evaluation recommendations; | | PPSP meeting reports sent (a); Annual report on vaccine availability and performance (b); Reporting in GS and OS (c)<br><br>Meeting reports available | | PPSP meetings; meeting at the EuFMD Open Session every 2 years and informing on the format and content of special item and sessions | | |
| 3.4.2.2. | | Definition of priorities for developing guidance papers andstudies during the PPSP meetings; Work planning and definition/composition of workinggroups; Adaptation to evaluation recommendations; | | Guidance papers and study results developed by the working groups. This will also include the development and implementation of AESOP to improve confidence and availability of assured quality vaccines. | | PPSP meetings; meeting at the EuFMD Open Session every 2 years and informing on the format and content of special item and sessions | | |

## 8. Budget (€) COMP. 3.4

| BUDGET CATEGORIES | Budget<br>4 Years (2019-2023) | Expenses<br>1st Biennium (1 Oct.2019- 30 Sept 2021) | Balance<br>2nd Biennium (1 Oct.2021- 30 Sept 2023) |
|---|---|---|---|
| | | | |
| Salaries *(Professional)* | | | |
| **Component 3.4** | 2,796 | 1,942 | 854 |
| Consultancy Operational | | | |
| **Component 3.4** | 96,360 | 71,767 | 24,593 |
| Consultancy Technical | | | |
| **Component 3.4** | 38,800 | 30,802 | 7,998 |
| Travel | | | |
| **Component 3.4** | 30,000 | - | 30,000 |
| Training | | | |
| **Component 3.4** | 10,000 | - | 10,000 |
| Contracts | | | |
| **Component 3.4** | 30,000 | - | 30,000 |
| Procurement | | | |
| **Component 3.4** | - | - | - |
| General Operating Expenses | | | |
| **Component 3.4** | 10,000 | 901 | 9,099 |
| | | | |
| Total Direct Eligible Cost | **217,956** | **105,412** | **112,544** |

## 9. Update of the programme

Continue and strengthen the consultative and research work to quantify the unmet demand and predicted growth for FAST vaccines, including the development of an interactive interface for model application.
Contribute to the provision and improvement of tools and guidance documents to assist PCP-FMD progress facilitating and assist the country's ability to develop national strategic plans through increased uptake of the novel vaccine demand model
Increase the emphasis on characterizing technical and regulatory challenges and opportunities for novel vaccine platforms and distribution mechanism, particularly in East and Southern Africa.

## 10. Challenges to achieving component objectives

For developing the decision-support tool/model on estimating demand for unmet vaccine demand access to international databases such as FAOSTAT and WAHIS have been envisaged but much more data and information from countries for example on animal pollution demographics, historical and current outbreaks and vaccinations campaigns are needed that may be challenging to acquire in some the focused countries under Pillar II and Pillar III.

Commitment and engagement from public and private stakeholders will be essential, and a sustainable strategy to involve the regulators, risk managers, research and private sector stakeholders will need to be supported also by the PPSP.

Assumes commitment from public and private stakeholders to incorporate the recommendations given by the PPSP and/or to consider the use of the new system to increase vaccine security expertise and inputs.

**THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EUFMD**
**EU Support to EuFMD Activities, Phase V - 4 year Budget (2019-2023)**

**in EUR @ 30 September 2021**

| BUDGET CATEGORIES | 4 years (2019 - 2023) | Expenses | Balance available for 2nd Biennium | = % Exp on budget |
|---|---|---|---|---|
| **Salaries (Professional)** | | | | % |
| Pillar I | 228,096 | 130,114 | 97,982 | 57% |
| Pillar II | 76,032 | 42,724 | 33,308 | 56% |
| Pillar III | 38,016 | 21,362 | 16,654 | 56% |
| **Salaries (Professional) Sub-Total** | **342,144** | **194,200** | **147,944** | **57%** |
| **Consultancy** | | | | |
| Pillar I | 1,676,399 | 1,222,019 | 454,380 | 73% |
| Pillar II | 1,196,030 | 881,170 | 314,860 | 74% |
| Pillar III | 1,010,440 | 710,292 | 300,148 | 70% |
| **Consultancy Sub-Total** | **3,882,869** | **2,813,482** | **1,069,387** | **72%** |
| **Travel** | | | | |
| Pillar I | 1,004,000 | 55,082 | 948,918 | 5% |
| Pillar II | 440,000 | 41,261 | 398,739 | 9% |
| Pillar III | 240,000 | 17,166 | 222,834 | 7% |
| **Travel Sub-Total** | **1,684,000** | **113,508** | **1,570,492** | **7%** |
| **Training** | | | | |
| Pillar I | 582,000 | 92,678 | 489,322 | 16% |
| Pillar II | 300,065 | 82,111 | 217,954 | 27% |
| Pillar III | 150,000 | 6,037 | 143,963 | 4% |
| **Training Sub-Total** | **1,032,065** | **180,826** | **851,239** | **18%** |
| **Contracts** | | | | |
| Pillar I | 904,000 | 269,661 | 634,339 | 30% |
| Pillar II | 460,000 | 236,764 | 223,236 | 51% |
| Pillar III | 948,000 | 451,473 | 496,527 | 48% |
| **Contracts Sub-Total** | **2,312,000** | **957,898** | **1,354,102** | **41%** |
| **Procurement** | | | | |
| Pillar I | 296,000 | 28,698 | 267,302 | 10% |
| Pillar II | 160,000 | 27,782 | 132,218 | 17% |
| Pillar III | 36,000 | 5,144 | 30,856 | 14% |
| **Procurement Sub-Total** | **492,000** | **61,624** | **430,376** | **13%** |
| **General Operating Expenses** | | | | |
| Pillar I | 370,550 | 93,250 | 277,300 | 25% |
| Pillar II | 65,994 | 16,621 | 49,373 | 25% |
| Pillar III | 182,000 | 17,651 | 164,349 | 10% |
| **GOE Sub-Total** | **618,544** | **127,521** | **491,023** | **21%** |
| **Report Cost** | | | | |
| Pillar I | 1,996 | - | 1,996 | 0% |
| Pillar II | 1,996 | - | 1,996 | 0% |
| Pillar III | 1,996 | - | 1,996 | 0% |
| **Report Sub-Total** | **5,988** | | **5,988** | 0% |
| **Project Evaluation** | | | | |
| Pillar I | 32,560 | - | 32,560 | 0% |
| Pillar II | 32,560 | - | 32,560 | 0% |
| Pillar III | 32,560 | - | 32,560 | 0% |
| **Project Evaluation Sub-Total** | **97,680** | **-** | **97,680** | 0% |
| **Total Direct Eligible Cost** | **10,467,290** | **4,449,060** | **6,018,229** | **43%** |
| Total Overall | 11,200,000.00 | | | |

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