

EuFMD Phase IV

Report to the EuFMD Executive

March -September 2016

Component 1.1 –

Training for Member States

Component Supervisor: Jenny Maud
Component Manager: Malin Grant
Reporting: Malin Grant

1.1-Training for Member States

1-Objectives of component

The overall objective of this component is:

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

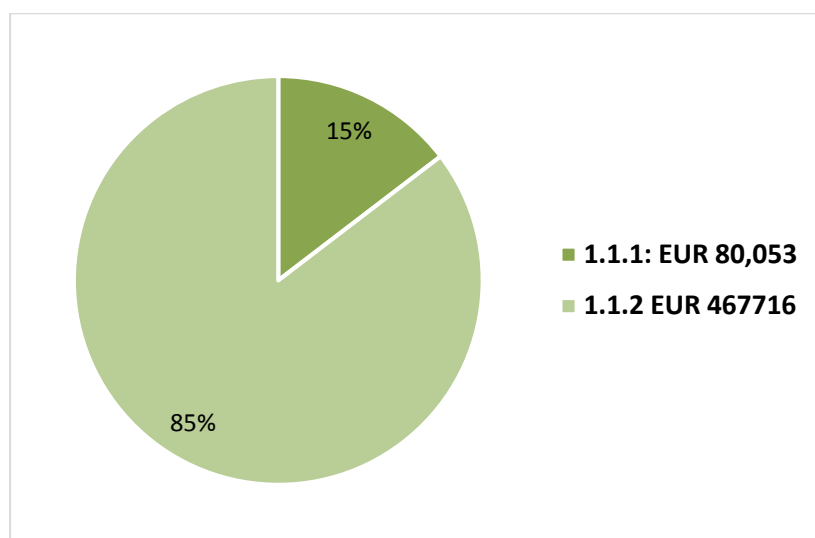
The targets (expected results) are:

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

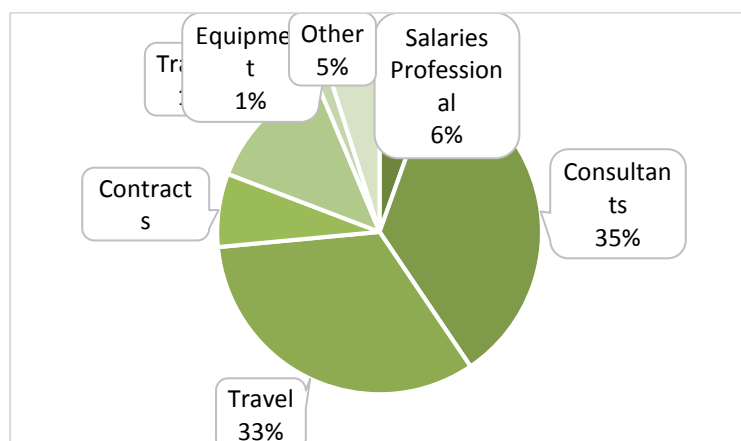
1.1.2: Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training programme supplied in response to MS priorities for training in areas of prevention, detection, and contingency planning for control operations and recovery.

Total component budget (EC funded): EUR 552,018

Budget split by outputs:



Budget split by budget line:



Additional non-EC funded contributions

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
Component Supervisor: Training Programmes Manager	50% of one FTE role (consultant P3 equivalent)	EuFMD Trust Fund- MS contributions, Australian Real Time Training
Network and Training Support Officer	30% of one FTE role (P2)	80% EuFMD Trust Fund, 20% EC project
Development of training materials	New online training materials, course materials or job aids	Australian Real Time Training and Training Credits Top Up fund

2-Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Pillar supervisor	Jenny Maud	Training Programmes Manager
Component Manager	Malin Grant	Short Term Professional
Training and networking support	Nadia Rumich	Training and Networking Officer/Secretariat
Member State partners	Training Focal Point in each EuFMD MS	n/a
ExCom oversight	Martin Blake	ExCom member (Ireland)

3-Countries or partner organizations involved

All EuFMD Member States are direct beneficiaries of component 1.1.

The main partners are:

- Training focal point in each MS. A good relationship has been established with many focal points through the first two years of the training credits scheme.
- Letter of Agreement (LoA) with Royal Veterinary College (RVC), University of London. This will be principally for RVC to maintain the EuFMD e-Learning website, and may extend to development of the Knowledge Bank and provision of technical and pedagogical assistance in the development of new online training courses.

4-Progress Report

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

Activities:

1.1.1.1 Training infrastructure: staffing and technical resources

Staffing

Malin Grant (Sweden) was recruited as Short Term Professional (STP) to assist with the training programme. She has been involved in co-ordination of e-learning courses, workshops and in development of cascade training materials. María de la Puente Arévalo (Spain) will take over from Malin in the end of September.

Operational consultant and e-Learning and Training Logistics Manager, Chiara Addari is currently administrating the e-learning activities. She is managing the EuFMD e-Learning website, co-ordination of translation of e-learning courses and communications with participants. The large increase in the number of e-learning courses run, compared to the previous work programme will require even more administrative support within the EuFMD team, and we are investigating options to ensure that enough human resources are available for these activities.

Laura Letwin who is a graduate from the Royal Veterinary College is currently undertaking an Internship with EuFMD to assist with the development of a knowledge bank.

Technical resources: EuFMD e-Learning Platform

The EuFMD e-Learning Virtual Learning Environment now has close to 3000 registered users. Work is underway to update the appearance of the e-learning site to mirror the branding of the main EUFMD website which is also in the process of being updated. This update was originally anticipated for completion in Spring 2016 however has been delayed due to technical complications and will now be completed by October 2016.

Over 900 people have taken part in online courses since the start of the Phase IV programme, and alongside increased staffing this has also required technical updates to the e-learning site. The site continues to be hosted on servers at the Royal Veterinary College, who continue to provide technical support for these activities.

Technical resources: webinars

Webinars have been held with increasing regularity, with often more than two held per week. Increasing user numbers mean that it is now necessary to purchase a license that allows for more than 100 simultaneous users.

1.1.1.2 Training infrastructure: online knowledge bank development (in co-operation with other training components)

Following a procurement procedure in which a number of potential partners and suppliers were contacted, the development of the knowledge bank is now underway in cooperation with Royal

Veterinary College. Laura Lewin has been recruited on an internship basis to assist with the categorizing of resources to be inserted into the knowledge bank. The knowledge bank will be a searchable and categorized library of training resources, references, tools and job aids, fully integrated with the e-learning platform.

1.1.1.3 Open access areas of EuFMD e-Learning website

A short entirely self-directed online course “Introduction to FMD” has been developed and will be made available as an open access course alongside the new “Introduction to the PCP” course (see component 2.4). This will take users approximately 30 minutes to complete, and will cover FMD pathogenesis, impacts, diagnostics and simple control measures including biosecurity. It is intended as a taster course for a very wide audience of interested parties. It is hoped that this will be a useful tool for all member states to direct their staff to, and will also attract users to the e-learning site and encourage them to explore the networks and other training resources available.

1.1.1.4 Training infrastructure: framework for monitoring and evaluation

All training courses are evaluated by online survey immediately after the workshop, with summative assessments also used in the online training courses. The next step will be for wider evaluation of the impact of EuFMD’s training programme.

1.1.1.5 Develop knowledge transfer tools and job aids

Initially, this activity focused on the development of improved training resources which can be provided to MS participants on Real Time Training courses, and which will allow them to easily and effectively pass on the knowledge they gain during Real Time Training to colleagues when they return home (such “cascade training” is now a formal requirement of the Real Time Training). The material is now also offered for use during in-country training as was done recently in Germany and Italy.

The job-aids and knowledge transfer tools to be developed or improved are:

- PowerPoint presentations on:
 - FMD Overview
 - Clinical Diagnosis
 - Epidemiology
 - Biosecurity
- Fact sheets on:
 - Biosecurity procedure
 - Clinical examination
 - Lesion ageing
 - Sampling
 - Sample packaging
 - Differential diagnosis
- Template scenario exercises on outbreak investigations
- Timeline template

1.1.1.6 Support to in country training courses

This activity involves creating training resources that can be used by Member States as part of their national training and emergency initiatives.

Pilot of national “cascade” training course, Italy

The first part of a FMD cascade training course has been delivered by Italian Ministry of Health and *Istituto Zooprofilattico Sperimentale della Lombardia e dell'Emilia Romagna (IZSLER)* with support from EuFMD. EuFMD supported the design of the training programme and provided presentations, exercises, videos and other training material that was translated into Italian language. The training is run in two stages and the official veterinarians who have been trained will now use the same course format and training material to deliver training in the regions.

The material that was developed for the Italian training will be shared with other Member States and the Italian colleagues will present their work to the EuFMD training focal points in a webinar.

It is hoped that pilot courses, such as this programme in Italy, can be used to promote increased national level training across the EuFMD membership.

“Bespoke” Real Time Training for participants from Germany

Under the training credit “top up” scheme EuFMD has provided a Real Time Training course in Kenya to involve a total of 22 veterinarians from Germany.

The format of the courses was in three stages as below:

- 1) 2 day pre-fieldwork workshop in Germany (January 2016);
- 2) 3 day field visit to Kenya (March 2016);
- 3) Follow up workshop in Germany (April 2016).

The Germany-based parts of the course have allowed use of Germany’s disease response facilities, and the longer duration of the training has allowed topics specific to the German FMD response to be covered. The second Germany based workshop involved farming industry representatives to explore stakeholder involvement in response activities and simulated epidemiological enquiries. The second workshop also involved preparing the participants to train their colleagues following the course.

In a similar way to the Italian cascade training programme, the experiences of this course, and particularly the resources created to support participants in training their colleagues will be passed on to other Member States, adding to the advice and resources available for in-country training.

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

Activities

1.1.2.1 Training credits system and needs assessment

Response to the needs assessment has now been received from all 37 Member States and the results have been used to support discussions with the focal points on priorities of training selection. To date 334 of the 370 training credits available for training in 2015-17 have been allocated. See the table below for an update on the courses selected so far by Member States.

Table 1: Training courses selected by Member States to date

Course	Training credits	Number of places selected	Training credits allocated to this course
1) Real Time Training (now with requirement that participants carry out cascade training when they return home)	3 credits for 1 participant	39	84
2) Online FMD Emergency Preparation Course: English language Online course for multiple Member States in English	1 credit for 20 participants	25	25
3) Online FMD Emergency Preparation Course: Tailored National Course Online course in national language, tailored to specific country requirements	6 training credits for 120 participants	6	36
4) Online FMD Emergency Preparation Course: subsequent national course	4 training credits for 120 participants	3	12
5) Workshop: "To vaccinate or not to vaccinate: using modelling to evaluate FMD control options" Enable participants to interpret modelling outputs to guide FMD control options, and to set up their own modelling studies	2 training credits for one participant	14	28
6) Workshop: "Putting vaccination into practice" Desktop simulation based workshop looking at contingency planning on all aspects of FMD vaccination and subsequent proof of freedom	2 training credits for one participant	11	22
7) Online Course: Risk Based FMD Surveillance Risk based surveillance for FMD			
8) Workshop: "Managing a crisis" Establishing train of command and managing communication within and outside the veterinary service in a crisis situation	2 training credits for one participant	19	38
9) Workshop: FMD Simulation exercises Design, implementation and evaluation of simulation exercises	2 training credits for one participant	15	30
10) Laboratory Training Course 2 week intensive course on FMD diagnostics run by the Pirbright Institute	4 training credits for one participant	7	28
Total number of training credits allocated (370 available for 2015-17)			334

Following the needs assessment process, the final training programme for 2015-17 will therefore involve:

- Online FMD Emergency Preparation Course: In total fourteen courses will be run in phase IV, of which eight are national tailored courses and six are generic in English language.
- Real Time Training: Three courses planned in total for Member States.
- Laboratory Training:
- Workshops
 - Crisis Management and Communications (September 2016)
 - To vaccinate or not to vaccinate, modeling as a decision support tool (November 2016)
 - Putting vaccination into practice (in combination with component 1.2)
 - Simulations exercises (in combination with component 1.4)

An online course on risk based surveillance is planned to be developed and delivered to a maximum of three participants per Member State in spring 2017. This course will not involve member states “spending” any training credits.

Member States are invited to select extra training activities as a part of the “training credits top up scheme”. Germany used this opportunity to finance the bespoke combined Real Time Training and in country training.

1.1.2.2 Development of new training courses

A workshop on Crisis management and Communications is being developed for delivery 13-16 September 2016, in Budapest Hungary.

The aim of the workshop is to increase the ability of Veterinary Services in Member States to manage an outbreak of foot-and mouth disease by effective emergency management and excellent internal and external communication. The workshop will cover activities before, during and after and outbreak of Foot-and-Mouth Disease.

The workshop is being developed with assistance from experts on crisis management, risk communication, FMD contingency planning and field operations as below.

Workshop trainers:

- Hans Bruhn, Danish Emergency Management Agency
- Sara Dalsgaard, Danish Food and Veterinary Administration
- Rob Cherrett, Animal and Plant Health Agency, UK
- Courtney Price, Risk Communications Advisor.

The coordination of the workshop from EuFMD is managed by Component 1.1 Manager, Malin Grant and EuFMD Contingency Planning Officer Márk Hóvári.

The results from the workshop will be communicated to Member States in a webinar through the Contingency Planning Network. The outputs from the discussions on communication will be used to draft guidelines to making a FMD communications plan. The guidelines will be shared with Member States to support them in the development and improvement of national FMD communications plans.

1.1.2.3 Delivery of training courses

To date the following training courses have been delivered during the work programme:

Real Time Training in Kenya was held for 13 participants from Member States in June and the next one is scheduled for November 2016. We foresee that three Real Time Training Courses will be held in total to meet the demand.

Online FMD Emergency Preparation Courses (FEPc) have been delivered around 900 veterinarians from Member States on six courses to date.

National tailor made courses were held for:

- Spain,
- France and
- United Kingdom

The other three courses were generic and had participants from several Member States. (The FEPc for Spain was organized in response to the increased threat of a FMD incursion due to the outbreak in North Africa in 2015.)

The courses are getting very positive feedback from the participants and the completion rate is usually good with some exceptions.

1.1.2.4 Training focal points informed of training opportunities and feedback

A webinar was held in April 2016 to present the results of the training needs assessment and obtain information on further needs and priorities. The workshops planned for the phase IV programme was discussed in detail as several are new courses and we aim for close collaboration with the focal points in order to meet the specific needs.

A newsletter was sent out to Training Focal Points in July 2016 with information of activities carried out and upcoming training. We will gather the Focal Points in a webinar in October 2016 to update them in the areas of EuFMD knowledge bank development and cascade training.

5-Issues for Executive Committee attention arising during implementation

To date 10 Member States have not allocated training for 100% or their training credits available. Some Members States have not informed us about training course selection for more than 50 % of training credits available. These countries include: Bosnia and Herzegovina, Luxembourg, and Switzerland. We are looking for options to improve the engagement and participation from these countries.

6-Priorities for the next six months

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

The first priority will be to finalize the update of the EuFMD e-Learning platform, Knowledge Bank and open access courses (activities 1.1.1.1, 1.1.1.2 and 1.1.1.3).

Job aids and training tools will be further developed to support national training initiatives, building on what is already available and used for training in Italy and Germany. The findings and outputs of these two initiatives will be communicated to Member States in a training focal points webinar.

The job aids and training tools produced will be available to all in the Knowledge Bank.

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

In the next six months there will be focus on delivery of online courses, Real Time Training and workshops. Dates for the activities in 2016 has been set and are still to be confirmed for 2017.

The timetable for the EuFMD training that has been planned for 2016 to date is detailed in table2.

Timetable for training courses planned to date

Table 2: EuFMD training planned to date

	EuFMD training 2016				2017
	September	October	November	December	Spring
EC funded: component 1.1	FEPC Estonia		FEPC MS	FEPC Croatia	Workshop vaccination
	Workshop "Managing a Crisis"		Workshop Modelling		Workshop sim ex
			RTT Kenya		RTT Kenya
Externally funded	FEPC China (LinkTAD)		RTT Nepal (AUS)	RTT Nepal (AUS)	FEPC MS
Requested but not yet scheduled:					
	FEPC Cyprus	Key: FEPC Online FMD Emergency Preparation Course RTT Real Time Training			
	FEPC Serbia				
	FEPC France 2				

7-Gantt charts - Planned activities

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Updated programme:

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Activity extended beyond initial foreseen timescale

Activity did not occur in this month

1.1 Training for Member States	OUTPUT 1.1 Increased European expertise in FMD crisis management and improved quality of national FMD preparedness training programmes		YEAR 1													YEAR 2												
	Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S		
	1.1.1 System in place to enable every MS to cascade appropriate training and learning on FMD control to their public and private animal health services supported by infrastructure for learning and knowledge transfer in place, including e-learning, training resources, and staff support	1.1.1.1 Training infrastructure: staffing & tech. res.																										
		1.1.1.2 Training infrastructure: online knowledge bank dev.	*	*			/	/	/	/	/	/	/	/														
		1.1.1.3 Open access areas of the EuFMD e-Learning website					/	/	/	/	/	/	/	/														
		1.1.1.4 Training infrastructure: framework for M&E																										
		1.1.1.5 Dev. knowledge transfer tools & job aids																										
		1.1.1.6 Support to in-country training courses																										
	1.1.2 Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training supplied in response to MS priorities for training in areas of prevention, detection, and CP for control operations and recovery	1.1.2.1 Training credits system & needs assessment																										
		1.1.2.2 Dev. of new courses																										
1.1.2.3 Delivery of training courses																												
1.1.2.4 Training focal points informed of training opportunities & feedback																												

8- Budget (€)

Original budget:

Component 1.1 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
1.1.1 System in place to enable every member state to cascade appropriate training and learning on FMD control to their public and private animal health services	1.1.1.1 Training infrastructure: staffing and technical resources	0	5,600	2,800	16,000	0	0	4,000	28,400	80,053
	1.1.1.2 Training infrastructure: online knowledge bank development	1,629	2,140	0	6,000	0	0	0	9,769	
	1.1.1.3 Training infrastructure: open access areas of EuFMD e-Learning website	1,629	2,140	0	2,000	0	0	0	5,769	
	1.1.1.4 Training infrastructure: development of an improved framework for monitoring and evaluation	0	4,280	0	0	0	0	0	4,280	
	1.1.1.5 Develop knowledge transfer tools and job aids	0	8,180	0	0	0	0	0	8,180	
	1.1.1.6 Support to in country training courses	0	10,980	12,675	0	0	0	0	23,655	
1.1.2 Improved capacity in each of the MS to recognize, respond to and manage FMD through provision of a demand driven training programme	1.1.2.1 Training credit system and needs assessment	5,430	7,779	0	0	0	0	0	13,209	467,716
	1.1.2.2 Development of new training courses	1,629	11,890	0	8,800	0	0	0	22,319	
	1.1.2.3 Delivery of training courses: MS select courses from a menu of options. (Each MS is allocated 10 training credits (TC), with each TC equivalent to 1100 EUR. <u>Courses delivered will vary from those presented here</u> , but total expenditure will remain the same since each TC is costed)	14,118	133,099	165,125	7,200	70,500	7,616	23,000	420,658	
	1.2.2.4 Training focal points informed of training opportunities and feedback	5,430	6,100	0	0	0	0	0	11,530	
TOTAL FOR COMPONENT 1.1 BY BUDGET LINE		29,865	192,188	180,600	40,000	70,500	7,616	27,000	547,769	547,769
									Report Costs:	477
									Project Evaluation Cost:	3,772
									TOTAL FOR COMPONENT:	552,018

Expenditure to September 2016:

Total expenditure of EC funded activities under component 1.1 to September 2016 is:

Budget (EUR)	Expenditure (EUR)	% of total budget
552,018	117,553	21%

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component 1.2 - Improved Contingency Planning

Component supervisor: Keith Sumption
Component Manager: Marius Masiulis
Reporting: Marius Masiulis/Melissa McLaws
Focal point Executive Cttee: Ulrich Herzog

1.2 –Improved Contingency Planning

OBJECTIVE:

To improve contingency planning by Members and at European Level.

OUTPUTS (EXPECTED RESULTS):

1. System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises;

2. Improved system established for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources

2-Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Keith Sumption	Secretariat
Component manager	Marius Masiulis	Contingency Planning Officer/Secretariat
Training and networking support	Nadia Rumich	Network and Training Support Officer
Other EuFMD team members	Melissa McLaws	Animal Health Officer
Advisors	Modelling and CP advisory groups	Volunteer representatives from the modelling and CP networks.
STC oversight:	Eoin Ryan	STC
ExCom oversight	Ulrich Herzog	ExCom member (Austria)

3-Countries or partner organizations involved

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

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

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

4-Progress Report

Output 1.2.1. : System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises.

Activity 1.2.1.1 Contingency planning network

EuFMD launched, in November 2015, a series of webinars in English and Russian “Practical FMD Management Webinar Series”. This webinar series brings together practitioners from EuFMD Member States, Europe and neighbouring countries, Balkans, Thrace and West Eurasia involved in FMD preparedness, surveillance, control and eradication. The webinars are organized within the framework of the EuFMD Contingency Planning and West Eurasia networks, inviting members from other Components – Thrace and Balkans.

The introductory webinars launched of the idea of networks and explain the general concepts. This includes introduction to the FMD strategy and role of international organizations (FAO, OIE, EU, EuFMD), explanation of the concepts of Risk Based Strategic Plans, structure and need for Contingency Plans and Progressive Control Pathway (PCP). The introductory part has been ended with the webinar “FMD Progressive Control Pathway (PCP-FMD) – West Eurasia example” in March 2016.

The main webinars focus on practical aspects, country experience and real examples, involving international and national experts from different countries and allowing discussions and facilitating sharing of experience on dedicated topics.

It was decided to have a short quiz after each webinar belonging to main part of webinar series. Participants will receive a certificate once they have participated in the previous webinar or have watched the record and have answered to appropriate numbers of quiz questions with correct answers. Until now, two quiz are available after two webinars from the main part “Risk based strategic plan – the example of Georgia” and “Risk based animal disease surveillance”.

Example of the certificate of attendance / participation:



All records of the webinars are available at the EuFMD e-learning website under the Contingency Planning Network encouraging participants to use the Network and the Contingency Planning Knowledge Bank, which can be access without logging in and found using search engine Google. At the end of every webinar held in Russian and in English, information how to find the Contingency planning knowledge bank is presented and participants are informed how to use of Contingency planning knowledge bank and encourage to provide useful links.

Activity 1.2.1.2 Modelling network:

The Modelling network is continuing to grow and binding members from Europe, North America, Australasia, and beyond.

The webinar series continuously delivered as a popular platform for modellers working with FMD to present their work to the international community of modellers and contingency planners.

Since the 91st ExCom, three webinars, a main tool for learning and information sharing, were delivered in March, April and June:

- In March, Uno Wennegren presented “Towards a Pan-European Disease Spread Model”,
- in April Tony Martin with support from Graeme Garner presented “A General Surveillance Assessment Tool – estimating probability of detection and time to detection in Australia”
- in June Michael Tildesley presented “Foot-and-Mouth Disease in Turkey Livestock Movements and Mathematical Modelling”.

EuFMD continues to seek opportunities to engage network members to work together on a common project.

Activity 1.2.1.3 Vaccine discussion network:

No activities have been carried out.

Activity 1.2.1.4 Development of guidelines:

This activity was combined with the currently running activity for the Component 1.4 members – countries from Balkan region - aims at providing guidelines, tools, assistance and coaching for the Balkan countries to design, implement and assess simulation exercises and to challenge and improve their emergency preparedness.

To implement that, specific Handbook for planning and preparation of simulation exercises will be developed with the aim to provide an overview on the simulation exercises as tools to improve the emergency capacity and preparedness for Food-and-Mouth Disease and other Trans-boundary Animal Diseases (TADs) and to assist the countries with practical approaches in the process of needs-assessment, decision-making, preparation and evaluation of emergency preparedness exercises.

The handbook firstly will be tested by the members of Balkan Component 1.4, following the online discussions and suggestions of the improvement of the current handbook and then will be adapted and used by the other EuFMD Member Countries.

Output 1.2.2. : Improved system established for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources.

Activity 1.2.2.1 Economic impact calculator:

Under a Letter of Agreement, a prototype economic impact calculator was developed by a team at the Royal Veterinary College lead by Jonathan Rushton, with a final report submitted at the end of June 2015. This calculator is intended to assist previously free countries to rapidly assess the impact of an FMD outbreak, as well as guide the selection of the most economically favorable strategy to control the outbreak. Wider socioeconomic impacts are also considered qualitatively.

Whilst the prototype calculator has been developed, the tool must still be validated and refined further to comments from users and simulations with data input. Integration with other decision support tools (eg disease spread models) should also be considered.

Activity 1.2.2.2 Support to development of diagnostic banks:

No activities have been carried out.

Activity 1.2.2.3 Support to emergency access to vaccine banks:

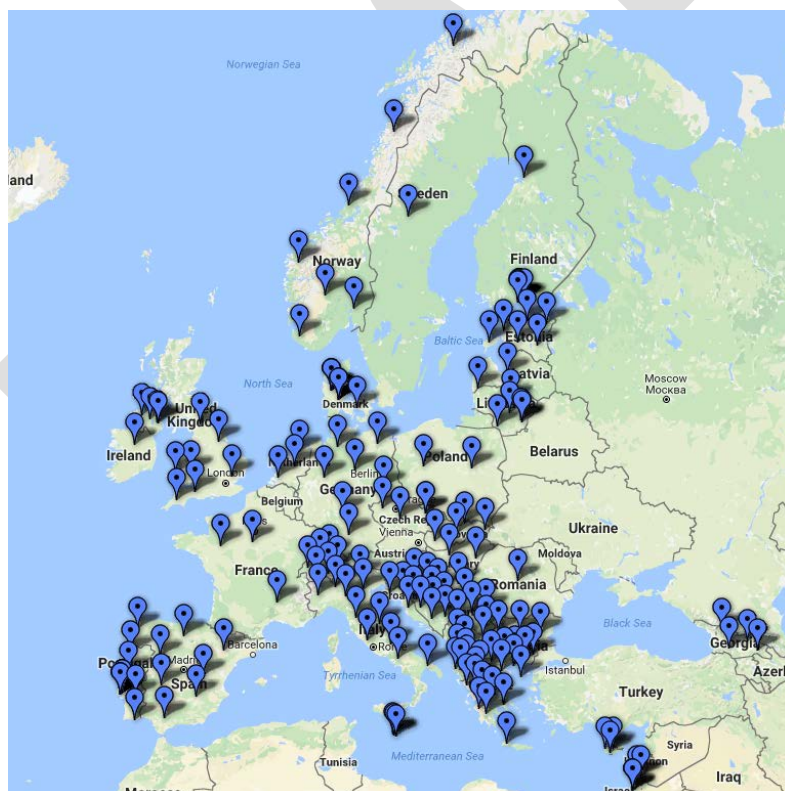
No activities have been carried out.

Activity 1.2.2.4 Support to sharing critical human resources:

During the last 91st ExCom, the members agreed on the importance of the human resource sharing and concluded, that EuFMD should prepare and distribute for the further discussions “Guidelines or bullet points on human resource sharing” that ensure MS are aware of issues and their potential solutions.

The main point of the Guidelines will be firstly to focus on the Balkan region, taking in to account common language skills and close relationships among the countries. **The preliminary draft should be ready until the end of September 2016.** Further development will be based on the 92nd ExCom opinion. Additionally to the development of proposal for a mechanism for share critical human resources, **the database of the national experts** from central and local veterinary services, private vets, veterinary schools, other institutions) working or worked with the specific parts of Operational manual, belonging to the Contingency Plan, of contagious animal diseases, with focus on Food-and-Mouth disease, is under development aiming to collect the experts from different countries under the Contingency Planning Network in order to ask them to share their experience and ask them to participate, as tutors, in webinars, discussion forums and in case of animal disease outbreak – to ask for practical advices on how to manage practically the outbreak. Additionally, experts could be used as human sharing resources, as leaders of the animal diseases eradication groups for particular tasks of their field of expertise.

The visualized map have been placed under the **Contingency Planning Network**, under the link <https://eufmd.rvc.ac.uk/course/view.php?id=71>



5-Issues for Executive Committee attention arising during implementation

The development of diagnostic banks and emergency access to vaccine banks should be continuously supported and the sharing of critical human resources and establishing guidelines should be maintained, as well as testing them for further improvement.

A funding mechanism has not yet been identified to progress the development of a Disease Spread Model to be applied at the European level (vs the national level).

6-Priorities for the next six months

Outcome 1: System (networks) in place to assist contingency planning in every member state through providing technical support to the contingency planners and FMD modelling expert groups to improve the national capability on modelling, contingency planning, simulation exercises.

Activity 1.2.1.1 Contingency planning network:

Continuing with the FMD practical management series. The main webinars should focus on practical aspects, country and invited experts experience and real examples, involving international and national experts from different countries and allowing discussions and facilitating sharing of experience on dedicated topics on contagious animal disease control and eradication. Webinars in English will be followed by same-topic Russian language ones.

Suggested topics and preliminary dates for delivering of webinars presented in the table:

	Topic	Preliminary date
1	Measures in emergency – measures in case of disease confirmation including practical approach for killing of animals, destruction of carcasses by burring, burning or safe delivering to the rendering plant, cleansing and disinfection of premises;	September 2016
2	Recent outbreak experience combating animal diseases (sharing of experience of Balkans, West Eurasia countries);	October 2016
3	Measures in emergency – practical approaches for measures should be applied in slaughterhouses in case of disease confirmation, at border inspection post, measures in protection and surveillance zones, movement control;	November 2016
4	Vaccination strategies – in emergency & preventive;	December 2016
5	Epidemiological investigation (example of FMD or other transboundary disease);	January 2017
6	Laboratory – practical advises – biosecurity, unpacking, sample storage, diagnostic methods (advantages & drawbacks), kits available on the market (analytical sensitivity & specificity), disposal, reporting;	February 2017
7	Biosafety & biosecurity at all levels within surveillance and eradication of animal diseases including sampling procedure, packing, transportation of samples;	March 2017
8	Early warning systems, crisis management and crisis communication.	April 2017

The main priorities would be:

- Further promotion of Contingency planning network and invitations to interested groups will be delivered using webinar series and online meetings.
- Support MS in exchanging information on their specific experience with contingency planning and simulation exercises.

- Keep the EUFMD Contingency Planning Knowledge bank growing and make it more user friendly adding filtering / search engine.

Activity 1.2.1.2 Modelling network:

- To continue to provide opportunities for members to interact and learn through webinars and maintaining and improving the website,
- Participate in proposal-development for funding opportunities for network members to participate in development of Pan-European disease spread model.
- If requested, network may provide input to issues such as 1) anticipated antigen and diagnostic needs, to inform discussion regarding vaccine and diagnostic bank; 2) data availability and gaps for EU model.

Activity 1.2.1.3 Vaccine discussion network:

- The activity of the Network should be renewed and permanently managed;
- Continuation of providing opportunities for members to interact and learn through meetings (online and face-to-face if possible) and webinars should be available;
- Maintaining and improving the website; work with Component 1.1 on developing simulation exercise on vaccination-to-live scenario should be taken into consideration.

Activity 1.2.1.4 Development of guidelines:

- To finalise the Handbook for planning and preparation of simulation exercises and to provide technical and coaching assistance for the implementing countries;
- To coordinate with planned/ongoing activities under Component 1.1 and to incorporate training tools already develop;
- Continuing development, revisions, suggestions and dissemination of guidelines still needed.

Outcome 2: Improved system established for providing central resources for crisis situations including decision support tools (including disease spread and economic models), provision for diagnostic supplies, emergency access to national or regional vaccine banks, and sharing of critical human resources.

Activity 1.2.2.1 Economic impact calculator:

- The upcoming workshop on disease modelling (Frascati, Nov 2016) may provide a venue for feedback, validation and refinement of the prototype calculator, as well as to assess options and feasibility of applying this calculator to use output of disease spread models.

Activity 1.2.2.2 Support to development of diagnostic banks:

- Continuing work on development of diagnostic bank is needed.

Activity 1.2.2.3 Support to emergency access to vaccine banks:

- Continuing work on development of mechanism for emergency access to vaccine banks is needed.

Activity 1.2.2.4 Support to sharing critical human resources:

- Further develop and maintain the database of the national experts from central and local veterinary services, private vets, veterinary schools, other institutions) working or worked with the specific parts of Operational manual;
- Develop the guidelines for the sharing critical human resources and discuss among the networks.

7- Budget (€) – For activity

Total Budget Allowance	Expenses Feb. -Sept. 16	% project completion	Actual available (20 months activities 2016 - 2017)
120,750	13,045	10.8 %	107,705

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component *1.3 - Thrace*

Pillar Manager: Keith Sumption

Component Supervisor: Marius Masiulis

Component Manager: Miriam Casey

Reporting: Marius Masiulis / Miriam Casey

Focal point Executive Ctte: Ulrich Herzog;
Budimir Plavšić

1.3 THRACE:

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

OUTPUTS (EXPECTED RESULTS):

1. Maintenance of FMD freedom in Thrace region, and confidence at all times in this status on the basis of co-ordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur.
2. Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintaining disease freedom confidence;
3. Achieving four years of risk-based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries;
4. Improved capacity to respond to exotic disease incursions into the common border region, through participation in joint exercises and development of harmonised levels of contingency planning.

2- Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component Supervisor	Marius Masiulis	Contingency Planning Officer-Secretariat
Component manager	Miriam Casey (prev. A. Skrypnyk)	Short Term Professional
National focal points	Tsviatko Alexandrov (B) Sotiria Roula Antoniou (G) Naci Bulut (T)	Consultant, SCRPD member Consultant, SCRPD member
National consultants: Greece: Bulgaria: Turkey	Anna-Maria Baka (Field) Christina Fouki (Lab) Yordan Panayotov Georgi Georgiev Georgi Piskyuliev Stoyan Moldovanov Nikola Spirov Abdulnaci Bulut Oktay Tezal	All consultants
ExCom oversight	Spiros Doudounakis	ExCom member (Greece)

3-Countries or partner organizations involved

- EuFMD member states: Bulgaria, Greece, Turkey.

4-Progress Report

Output 1. Maintenance of FMD freedom in Thrace region, and confidence at all times in this status on the basis of co-ordinated surveillance, and maintenance of confidence in capacity for early detection of FMD and containment if incursions were to occur.

1.1 Co-ordination framework between veterinary services and laboratories of the three countries maintained and improved through tripartite, management, and technical meetings.

Last management meeting was held in Sofia, Bulgaria, on 25-26 February 2016 with the National Focal Points (NFPs) of Greece and Bulgaria (Turkey could not attend), the component manager, component supervisor and the STP supporting the component.

The third management meeting was not organized due to LSD epizootic situation in the Balkan region and Thrace region of Bulgaria, Greece and Turkey.

Tripartite meeting was not organized since August 2015.

1.2 Regular assessment of FMD risk present in Thrace, and of preventive and control measures implemented in the area.

The updated situation on FMD and LSD was presented by Greek NFP during the workshop “Contingency Planning and Animal Disease Control on Lumpy Skin Disease” on 12 November 2015, during the management meeting in February 2016 in Bulgaria and Bulgaria and Greece presented current situation on LSD in June 2016 during a Practical workshop – Vector surveillance for TADs, organized by EuFMD with particular focus on Lumpy skin diseases.

1.3 Establishment of a system for regular passive reporting of presence and absence of FMD and other TADs (pro-active primary surveillance)

The eight national consultants supervise surveillance programme in Thrace region. Farmers are active in reporting presence or absence of infection diseases including FMD. Greece have the special phone line for the farmers so they can inform any issues rapidly. That service is to be launched, but due to current epizootic situation is still not have been launched.

Respective data is included by the national consultants in the monthly and cycle reports provided to the EuFMD on a regular basis.

Output 2. Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintaining DF confidence.

2.1 System for real-time data entry maintained and improved and development of outputs easy to understand

Addressing numerous requests to improve the work of the THRACE database working on the Microsoft SharePoint software, the new Database was developed by STP A. Skrypnyk and tested. The new Database is based on Google Fusion Tables and was launched on 1 January 2016 in parallel with the existing SharePoint database. During the 1st cycle the new software was tested for the improvement of possible bugs. After comparison performed for both databases – SharePoint and Google Fusion – since the beginning of the 2nd cycle 2016 it was used only Google Fusion database.

The new Google Fusion Database is free of charge, enables on-line cloud work with data immediately seen at EuFMD HQ after they had been entered. Google Fusion software automatically provides geographical location of each of the epidemiological units (farms or villages) entered into the database with the map depicting the visited epi units appearing in the special tab. It also allows to create the “heat maps” showing density of population of susceptible animals by species as well as the “heat maps” of epi units visited most frequently so the consultants will see where to direct the efforts in order to cover the whole territory under the surveillance.

The new Database includes possibilities for the new infections to be entered such LSD, PPR, and SGP enabling the collection of data to be used for the respective models in order to calculate the confidence of freedom of those infections once the models will be developed.

The national consultants had regularly provided surveillance data concerning FMD, LSD, SGP, and PPR infections in all three countries. The data were entered into the Database regularly and timely, besides monthly and cycle reports which were sent respectively.

Output 3. Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighboring countries.

3.1 Regular analysis of the active surveillance carried out for FMD and other TADs and reports of such activities shared between countries and institutions

The FMD freedom in the Thrace region is constantly on the high level, which constitutes in average 97.9% in the 3rd cycle and 98.91% in the 4th cycle of 2015 respectively. The data on clinical and laboratory surveillance for the SGP and PPR were provided. The cycle reports sent to the National Focal Points for the approval and subsequent discussion at the management meetings.

The FMD freedom in 2016 1st and 2nd cycles were on average 98.7%, but it has been observed drop in the confidence of disease freedom in Bulgaria, which is mainly related to the delay in delivery of the laboratory diagnostic kits for FMD testing, which without a results of test performed directly influence the confidence of FMD freedom.

The data on clinical and laboratory surveillance for the SGP and PPR were provided. The cycle reports were sent to the National Focal Points for the approval and subsequent discussion at the management meetings.

Currently work is performed on calculation of 3rd cycle report.

3.2 Studies implemented to provide evidence on effectiveness of FMD and other TADs vaccination in the Thrace region.

Activity is in the planning phase. Analysis was performed on: a) the likelihood of incursion of trans-boundary diseases in different areas; b) the likelihood of failure to rapidly detect the disease, and c) the consequences of failure to detect, in terms of the expected number of secondary outbreaks.

The plans were to evaluate effectiveness of LSD vaccination campaign provided in Thrace region of Turkey, but due to not receiving official permission from the government of Turkey, activity postponed.

Output 4. Improved capacity to respond to exotic disease incursions in to the common border region, through participation in joint exercises and development of harmonized levels of contingency planning.

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

Following the Transboundary Animal Disease (in particular – Lumpy skin disease) epizootic situation and disease spreading in to Thrace region of Turkey, Bulgaria and Greece, implementing EuFMD workplan activities for improved capacity to respond to exotic disease incursion in to the common border region and on regular support for laboratory (reagents and trainings) on FMD and other TADs, EuFMD in May 2016 ordered and sent to Bulgaria PCR kits for LSD testing.

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

Following the activity foreseen for the Contingency Planning Network, a series of webinars in English and Russian “**Practical Foot-and-Mouth Disease Management Webinar Series**” has launched since November 2015 and the participants invited from the Balkan countries.

This webinar series brings together practitioners from EuFMD Member States, Europe and neighbouring countries, Balkans, Thrace and West Eurasia involved in FMD preparedness, surveillance, control and eradication.

All records of the webinars are available at the EuFMD e-learning website under the Contingency Planning Network encouraging participants to use the Network and the Contingency Planning Knowledge Bank, which can be access without logging in and found using search engine Google.

The Workshop “**Practical Training on Vector transmissible Animal Diseases – from Theory to practice**” was delivered for participants from Bulgaria, Greece, FYR of Macedonia, Serbia, Albania and Kosovo. The trainers were Prof Eyal Klement (The Robert H. Smith Faculty of Agriculture, Food & Environment, The Hebrew University Of Jerusalem), Yonatan Saroya (**Agricultural Research Organization**), Dr. Tsviatko Alexandrov (Bulgarian Food Safety Agency), Dr. Anna Zdravkova, Dr. Marius Masiulis, and Dr. Miriam Casey (all EuFMD).

The Workshop “**Practical Training on Vector transmissible Animal Diseases – from Theory to practice**” was carried out in Stara Zagora, Bulgaria, in the region, where Lumpy skin disease (LSD) outbreaks have been previously detected and for the practical part of the workshop one farm with already vaccinated cattle’s have been chosen.

Objectives of the workshop were to provide theoretical and practical training on Transboundary animal diseases in particular focusing on Lumpy skin disease and:

- ✓ to advise upon (or assist with) analysis of the epidemiological data collected from the field from FMD and transboundary disease outbreaks, trying to identify possible risk factors;
- ✓ to advise upon vector trapping methods suitable for collection of pools of vectors from affected holdings or regions in case of transboundary diseases such as LSD;
- ✓ to improve the entomological knowledge for vectors involved in the transmission of LSD or other TADs;
- ✓ to design a longer study to understand the seasonal trends in the potential vector species in transition of the transboundary diseases.

The theoretical part of the training designed to introduce:

- the role of EuFMD in FMD and TADS control and eradication, introduction to the EuFMD workplans under Component 1.3 (Thrace) and Component 1.4 (Balkans) and activities already done;
- EuFMD Laboratory Simulation Exercise 2016 – update;
- Transboundary animal disease (Lumpy skin disease) in Bulgaria – an overview; basic concepts in animal disease surveillance;
- Overview of Lumpy skin disease and its occurrence in Israel;
- Summary of current knowledge on Lumpy skin disease vaccines;
- Blood feeding insect taxonomy;
- All countries participated were requested to introduce their surveillance system for FMD and TADs following the discussion on practical implementation of surveillance programmes for FMD and TADs and analysis of data provided by participants on the last outbreak of one of the TAD – Lumpy skin disease.

A practical presentation of the vector trapping system, vector traps used, best places for vector traps locations have been demonstrated in practical training cattle farm with 200 dairy cows. Different kind of traps for vectors (self-made and commercially available) for different species insects have been established and day after insects have been collected. Participants have been explained the best traps

for vectors to be used, most appropriate places for traps locations, explained mainly species involved in Lumpy skin disease transmission.

The second part of practical training was provided in the laboratory of the Stara Zagora Trakian University, where entomological investigation of the trapped vectors, differential diagnosis of the trapped species, and samples preparation for the laboratory investigation have been carried out. All participants have been trained how to recognize the vector species involved in the animal disease transmission.

As a result of the training, the following main outcomes identified:

- ❖ The communication and cooperation between countries in the Thrace and Balkan regions improved during the training on Vector transmissible Animal Diseases;
- ❖ Participants able to detect vectors involved in the TADs transmission;
- ❖ Participants able to plan vector surveillance projects;
- ❖ Participants trained on sampling (pooling) of vectors possibly involved in TADs transition;
- ❖ Further studies needed to understand how TADs as LSD transmitted and which of the vector species play an important role in disease transmission in the Balkan region;
- ❖ Countries should increase on vector surveillance, including efforts to detect LSD virus within vectors, especially in countries that are already affected.

5-Issues for Executive Committee attention arising during implementation

To discuss regarding common agreement with Turkey for the possibility implement study aimed at investigation of the immunity status after vaccination in the Thrace region of Turkey.

6-Priorities for the next six months

Outcome 1:

- 1.1. To organize and held the management meetings further each quarter. To organize tripartite meeting in later autumn 2016.
- 1.2. Continue to receive updates on the FMD situation in Thrace, preventive and control measures, information of the passive surveillance system established in the countries.

Outcome 2:

- 2.1. To continue use the Google Fusion Database, develop and implement the system of backups, and improve the Operational Manual if needed. Discover possibilities of the spatial visualizations enabled by the new software.

Outcome 3:

- 3.1 Produce the 3rd and subsequent cycle reports 2016 using data from the Google Fusion Database.
- 3.2 To plan and implement study aimed at investigation of the immunity status after vaccination after the common agreement with Turkey.
- 3.3 To plan and implement study aimed at analysis performed on the likelihood of incursion of trans-boundary diseases in different areas; of failure to rapidly detect the disease, and the consequences of failure to detect, in terms of the expected number of secondary outbreaks.

Outcome 4:

- 4.1 Continue to procure necessary reagents and consumables for the Risk Based Surveillance and to develop a new system for procurement based on the needs for one – two cycle activities.

4.2 Continuing with the FMD practical management series. The main webinars should focus on practical aspects, country and invited experts experience and real examples, involving international and national experts from different countries and allowing discussions and facilitating sharing of experience on dedicated topics on contagious animal disease control and eradication. Webinars in English will be followed by same-topic Russian language ones.

Suggested topics and preliminary dates for delivering of webinars presented in the table:

	Topic	Preliminary date
1	Measures in emergency – measures in case of disease confirmation including practical approach for killing of animals, destruction of carcasses by burring, burning or safe delivering to the rendering plant, cleansing and disinfection of premises;	September 2016
2	Recent outbreak experience combating animal diseases (sharing of experience of Balkans, West Eurasia countries);	October 2016
3	Measures in emergency – practical approaches for measures should be applied in slaughterhouses in case of disease confirmation, at border inspection post, measures in protection and surveillance zones, movement control;	November 2016
4	Vaccination strategies – in emergency & preventive;	December 2016
5	Epidemiological investigation (example of FMD or other transboundary disease);	January 2017
6	Laboratory – practical advises – biosecurity, unpacking, sample storage, diagnostic methods (advantages & drawbacks), kits available on the market (analytical sensitivity & specificity), disposal, reporting;	February 2017
7	Biosafety & biosecurity at all levels within surveillance and eradication of animal diseases including sampling procedure, packing, transportation of samples;	March 2017
8	Early warning systems, crisis management and crisis communication.	April 2017

Budget (€)

Total Budget Allowance	Expenses Feb. 15 -Sept. 16	% project completion	Actual available (20 months activities 2016 - 2017)
411,345	142,340	34.6%	269,005

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component 1.4 - *Balkans*

Pillar Manager: Keith Sumption

Component Supervisor: Marius Masiulis

Component Manager: Miriam Casey

Reporting: Marius Masiulis/Miriam Casey

Focal point Executive Ctte: Ulrich Herzog;
Budimir Plavšić

1.4 Balkans

Objective of component: to improve emergency management capacity for FMD in the Balkan region.

1.The targets (expected results) are:

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

2.Project team:

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component supervisor	Marius Masiulis	Secretariat
Component manager	Miriam Casey (prev. Artem Skrypyk)	Short Term Professional
National focal points:		
Serbia	Budimir Plavsic	Head of Animal Health Department
Bulgaria	Tsviatko Alexandrov	Member SCRD, Head of Animal Health Department
Romania	TBC	
Moldova	Maxim Sirbu	Head of Department for Animal Health
Kosovo	Bafti Murati	
FYR of Macedonia	Biljana Strojmanovska	
Albania	Veli Stafa	Veterinary Specialist
Bosnia and Herzegovina	Zorana Mehmedbasic	Head of Department for Animal Health and Welfare
Montenegro	Mevlida Hrapovic	
Croatia	Ljupka Maltar	Head of Department for data analysis, reporting, contingency planning and risk analysis
Laboratory network coordinator:	Vesna Milicevic	Head of Serbian FMD NRL
ExCom overseers		
	Budimir Plavsic	ExCom member (Serbia)
	Ulrich Herzog	ExCom member (Austria)

3.Countries or partner organizations involved

- EuFMD member states: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Serbia, FYR of Macedonia and Romania;
- Non EuFMD member states: Kosovo, Montenegro and Moldova.

Component 1.4 members:**4-Progress Report****Output 1:****1.1. Confidence in the coordination framework for western Balkan countries as a tool to ensure the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises.***Stakeholder consultation*

With the aim of understanding specific needs to improve preparedness for FMD incursions into the Balkan region and involving Balkan countries in planning Component 1.4 supported actions, a series of activities were conducted in late 2015. These included email conversations, Skype calls and online meetings, an on-line survey, and direct contacts regarding the national Contingency Plans (parts of the Operational Manuals) and Standard Operational Procedures. Representatives from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FYR of Macedonia, Greece, Kosovo, Moldova, Montenegro, Romania, Serbia and Turkey were involved in these consultations.

Webinar series

As part of the Contingency Planning Network, a series of webinars in English and Russian themed upon **“Practical Foot-and-Mouth Disease Management”** has been running since November 2015. Representatives from Balkan countries were key participants in this webinar series.

This webinar series brings together practitioners from EuFMD Member States, Europe and neighbouring countries, Balkans, Thrace and West Eurasia involved in FMD preparedness, surveillance, control and eradication.

Recordings of all of the webinars are available at the EuFMD e-learning website in Contingency Planning Network section. Participants are encouraged to use the Network and the Contingency Planning Knowledge Bank, which can be accessed without logging in and found using search engine Google.

Database of experts in exotic disease management

Experts in contingency planning and operations manuals for foot-and-mouth disease as well as other contagious diseases were contacted, and a database with their areas of expertise and contacts was generated. They were asked about their availability to participate as tutors in webinars, discussion forums as well as to share their experience with other countries in the case of animal disease emergencies.

The possibility also exists for these experts or others to participate in human resource sharing, as leaders of the animal diseases eradication groups for particular tasks of their field of expertise (more information can be found under description of **Activity 1.2.2.4 Support to sharing critical human resources**).

EuFMD is drafting **guidelines on human resource sharing** to encourage awareness amongst MS of potential issues and solutions in human resource sharing between countries. A preliminary draft will be ready by the end of September 2016. Further development will be based on the 92nd ExCom opinion.

Output 2:

2.1. Contingency plans for FMD agreed at national level and tested through at least one exercise. Contingency plans comply with EU legislation.

Practical training workshop on vector transmissible animal diseases

The Workshop “**Practical Training on Vector transmissible Animal Diseases – from Theory to practice**” was delivered to participants from Bulgaria, Greece, FYR of Macedonia, Serbia, Albania and Kosovo. The trainers were Prof Eyal Klement (The Robert H. Smith Faculty of Agriculture, Food & Environment, The Hebrew University Of Jerusalem), Yonatan Saroya (**Agricultural Research Organization**), Dr. Tsviatko Alexandrov (Bulgarian Food Safety Agency), Dr. Anna Zdravkova, Dr. Marius Masiulis, and Dr. Miriam Casey (all EuFMD).

The Workshop was carried out in Stara Zagora, Bulgaria. This region was affected by lumpy skin disease (LSD) outbreaks. Practical vector surveillance exercises were conducted at Stara Zagora University farm, containing LSD vaccinated cattle.

Objectives of the workshop were to provide theoretical and practical training on transboundary animal diseases with a particular focus on LSD and:

- ✓ to advise upon (or assist with) analysis of the epidemiological data collected from the field from FMD and transboundary disease outbreaks, trying to identify possible risk factors;
- ✓ to advise upon vector trapping methods suitable for collection of vectors from affected holdings or regions in case of transboundary diseases such as LSD;
- ✓ to improve the entomological knowledge for vectors involved in the transmission of LSD or other TADs;
- ✓ to design a longer study to understand the seasonal trends in the potential vector species in transition of the transboundary diseases.

The theoretical part of the training designed to introduce:

- the role of EuFMD in FMD and TAD control and eradication, introduction to the EuFMD workplans under Component 1.3 (Thrace) and Component 1.4 (Balkans) and activities in progress;
- EuFMD Laboratory Simulation Exercise 2016 – update;
- Transboundary animal disease (Lumpy skin disease) in Bulgaria – an overview; basic concepts in animal disease surveillance;
- Overview of LSD and its occurrence in Israel;
- Summary of current knowledge on LSD vaccines;
- Blood feeding insect taxonomy;
- All countries that participated introduced their surveillance system for FMD and TADs.
- Practical implementation of surveillance programmes for FMD and TADs were discussed.
- Preliminary analyses of data provided by participants on an example TAD (LSD) were presented.

Vector trapping systems and the best locations for traps were demonstrated during **practical training** on the university farm containing 200 dairy cows. The most suitable self-made and commercially available traps for different species were set up, and trapped insects were collected on the following day. As well as learning about the practicalities of trapping, participants were tutored about known LSD vectors and their identification in the field setting.

The second part of practical training was provided in the laboratory of the Stara Zagora Trakian University. Entomological investigation of the trapped vectors, species differentiation, and sample preparation for laboratory investigation were carried out. All participants were trained to recognize vector species involved in the animal disease transmission.

As a result of the training, the following outcomes were identified:

- ❖ The communication and cooperation between countries in the Thrace and Balkan regions improved during the training on vector transmissible animal diseases;
- ❖ Participants are now able to detect vectors involved in the TADs transmission;
- ❖ Participants are now able to plan vector surveillance projects;
- ❖ Participants are trained on sampling (pooling) of vectors associated with TAD transmission;
- ❖ Further studies needed to understand how TADs such as LSD are transmitted and which of the vector species play an important role in disease transmission in the Balkan region;
- ❖ Countries should increase on vector surveillance, including efforts to detect LSD virus within vectors, especially in countries that are already affected.

Simple self-assessment tool for contingency planners

In addition to proposed training for Balkan countries under Component 1.1, a **self-assessment tool** is being developed to allow countries to assess their country's FMD preparedness gaps and needs. Through highlighting specific gaps in contingency plans, and, through automatic feedback pointing towards resources, training and contacts to address weaknesses, the tool aims to facilitate self-driven contingency plan assessment and improvement in the Balkan region. The initial target audience will be non-EU Balkan countries, and the tool will be harmonized with simulation exercise guidelines and workshops relevant to contingency planning.

In order to fulfil this activity, self-assessment tool is under development and will be placed under EuFMD e-learning website <https://eufmd.rvc.ac.uk/>. The tool has a questionnaire format, covering key elements of EU contingency planning guidelines. For example, preparedness of the countries for FMD detection, control, eradication and post-eradication activities in order to regain free status with or without vaccination will be investigated.

The questions created are mainly based on the European Union legislation, in particular to **Council Directive 2003/85/EC of 29 September 2003 on Community measures for the control of foot-and-mouth disease** and **Regulation (EU) 2016/429 of the European Parliament and of the Council of 9 March 2016 on transmissible animal diseases and amending and repealing certain acts in the area of animal health ('Animal Health Law')**.

The self-assessment tool will be available from the middle of September 2016. This tool will also help the countries, **in combination with Handbook for planning and preparation of simulation exercises**, to decide what type of simulation exercises are needed for the country.

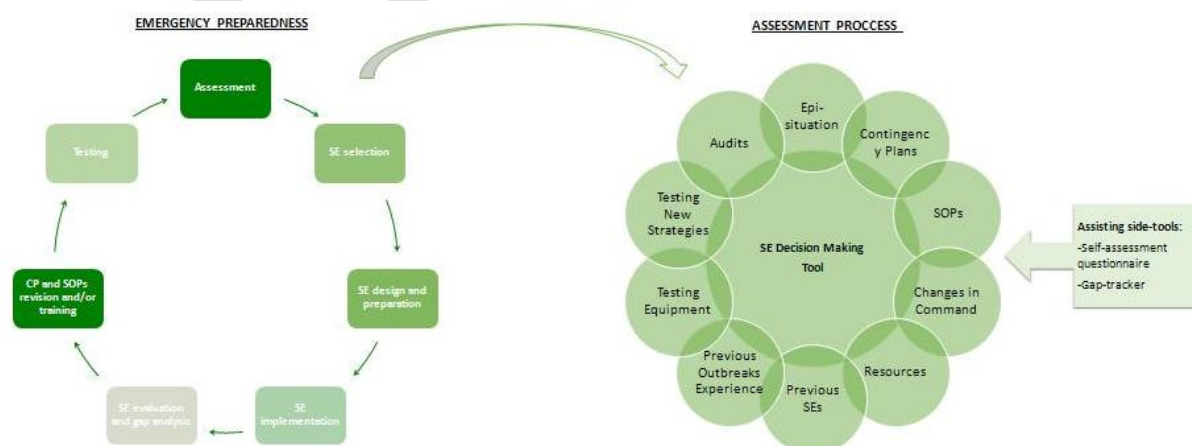
Handbook for planning and preparation of simulation exercises

Simulation Exercises that were held in several Balkan countries throughout 2015 identified the need to modify and customize the simulation exercises according to country-specific objectives and to further develop ownership of emergency self-development capacities.

As part of the emergency management preparedness of the countries, the aim of simulation exercises is to test the readiness of the authorities involved to adequately respond to disease outbreaks. Simulation exercises are a useful tool to challenge the contingency plans and the operational manuals in place, to evaluate their practicability and to identify and further address gaps in the tested elements. There are many types of exercises and it is not easy to choose the appropriate one. In order to help the countries, as additional tool, Guidelines (**Handbook for planning and preparation of simulation exercises**) are being prepared.

The main aim of this document is to provide an overview of simulation exercises as tools to improve the emergency capacity and preparedness for FMD and other TADs and also to assist countries with the process of needs-assessment, decision-making, preparation and evaluation of emergency preparedness exercises. The guidelines, as well as addressing the primary need for self-driven exercise selection, address a wider call for clarification of the format and terminology associated with simulation exercises.

The decision on what staff to involve in the exercise influence the extent of the activities carried out during the simulation. The scope may be customized to include only a single team or multiple divisions both on local and central level with the involvement of other agencies and stakeholders. The scale of the exercise range from discussions on particular sections of the contingency plans or the standard operational procedures to full-scale simulation of operational field and administrative activities. Therefore, the scope, the scale and the type of simulation exercise to be chosen should follow the needs assessment process:



Related activities will be carried out are planned also under Component 1.1 – Workshop “Managing a crisis” to be held in the middle of September and later on (most likely beginning of 2017) workshop

with particular focus on Simulation exercises is planned (tbc). For details on these please contact responsible persons appointed to 1.1 Component should be contacted. Both Component activities should be tightly related in the field of specific training on Simulation exercise or Contingency Planning and activities should be combined in order not to overlap each other.

Output 3:

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

Balkan laboratory simulation exercise report

Introduction to laboratory simulation exercise

Gap analysis of Balkan laboratory capacity in 2013 revealed that only one lab in the Balkan region had the capability to perform the minimum recommended tests for FMD (screening and confirmatory antigen and antibody detection tests). Training, provision of resources to enable minimum diagnostic capacity and participation in the laboratory Proficiency Testing Scheme (PTS) were recommended.

Over subsequent years, increased support for procurement of diagnostic materials, facilitation of participation in the PTS and training courses about FMD diagnostic methods and biosecurity were implemented. Following a pilot laboratory simulation exercise for Balkan countries, organized in 2015 with the participation of Bulgaria, FYR Macedonia and Serbia, a further EuFMD Laboratory Simulation Exercise 2016 (Lab SimEx) was carried out with the aim of improving laboratory contingency planning capacity with the participation of ten countries mainly from the Balkan region.

The Lab SimEx was organized in cooperation with Istituto Zooprofilattico Sperimentale della Lombardia e dell'Emilia Romagna (IZSLER), and was aimed to simulate the response of a national FMD laboratory to a suspected outbreak of FMD serotype A. In contrast to the PTS, that tested delivery a diagnostic results from a panel of different serotypes, the the Lab SimEx interrogated ability to deal with all aspects of laboratory duties in a realistic FMD incursion scenario.

For the exercise, antigen (Pan-FMD, serotype A, O, C and Asia1) and antibody (A, O and Asia1) ready-to-use ELISAs from IZSLER, "Prio-check" NSP ELISAs, as well as test panels of serum and epithelium were supplied by IZSLER. The French Agency for Food, Environmental and Occupational Health & Safety (ANSES) supplied ready-to-use reagents for cDNA generation and PCR with 3D primers to detect FMD virus genome and beta-actin internal control primers. Countries within the EU were supplied with PCR reagents and panels, but used their own antigen and antibody ELISAs for the exercise. Countries from outside of the EU were supplied with ELISAs as well as panels and PCR reagents.

The **three main goals** of the Laboratory simulation exercise were:

1. To test capacity to rapidly import diagnostic materials;
2. To test capacity to rapidly generate accurate results in the laboratory;
3. To test capacity to interpret results in the context of an epidemiological scenario.

All eleven EuFMD member and non-member Balkan countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FYR of Macedonia, Greece, Kosovo, Moldova, Montenegro, Romania and Serbia) were invited to participate in the Lab SimEx. Ten Balkan countries (four EU and six non-EU) participated in the exercise. After the exercise, results were collated and assessed by laboratory experts, and individual reports were sent to each participating laboratory. Follow up calls to discuss the results in detail and share ideas about future activities were conducted with nine countries (efforts ongoing to set up a call with the final country). Laboratory experts from IZSLER, EuFMD and FAO were at hand

during the calls to give specific feedback and help to trouble-shoot on weaknesses or irregularities in the results. Feedback and insight from the laboratories was sought relating to their perception of the simulation exercise, on the laboratory's operability, and what future activities they would find useful.

Methodology of the laboratory simulation exercise

Figure 1 Summarizes the steps in the Lab Simex.

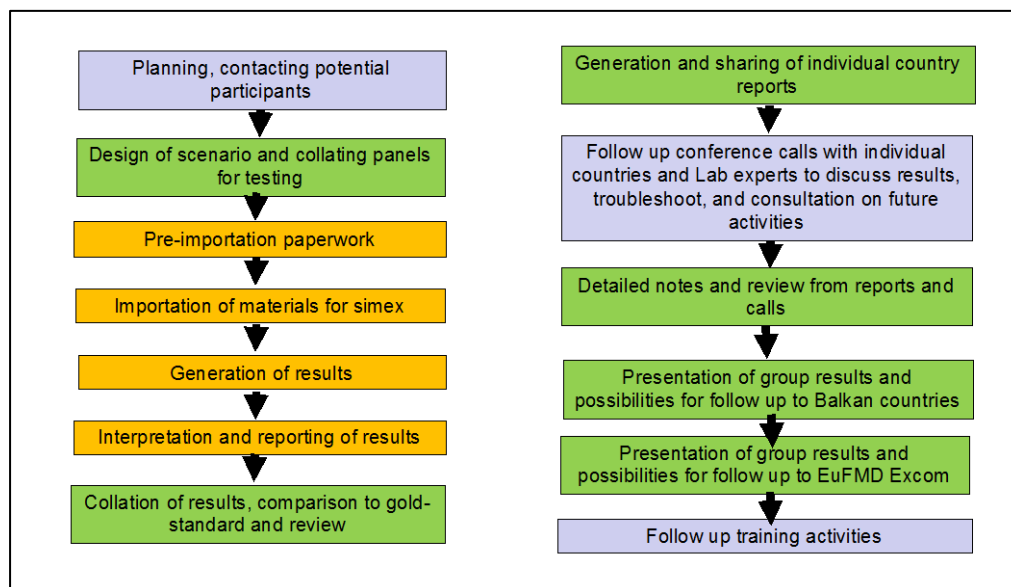


Figure 1: The steps in the Laboratory simulation exercise 2016.

Methods: Delivery of materials

Over the course of several months, preparations were made for delivery of the materials for the simulation exercise to the participating laboratories. Once the materials left the IZSLER laboratory, the time to delivery in the respective participating Balkan laboratories, and any challenges due to custom delays or for other reasons were monitored.

Methods: Scenario with a corresponding sample panel generated by IZSLER and EuFMD.

The following epidemiological scenario and samples (omitting expected results) was presented to the participating laboratories.

Farm 1: An owner of a dairy cow herd reported the development of vesicular lesions in the mouths of several calves following a short history of severe lameness, salivation and milk drop in dairy cows. The veterinarian suspected FMD. Samples from six calves with lesions were sent to the laboratory for confirmation of FMD. The participants were asked to test epithelial samples by FMDV antigen ELISA and by real time PCR. They were asked to test serum for antibodies against FMDV. Three of the lesions were recent, and three were old. Epithelial samples from the three fresh lesions were positive for serotype A on the FMDV antigen ELISA and also positive for FMDV PCR. The three older epithelial samples were negative for FMDV antigen and genome. The sera from the three animals with recent lesions were antibody negative (as there was too little time for antibodies to be generated), whereas the sera from the three calves with older lesions were positive on the non-structural protein (NSP) - ELISA (corresponding with infection) and on the serotype A ELISA.

Farm 2: Tracing back from the suspected case above, the laboratory received four serum samples from a sheep herd located within 1 km from Farm 1. The samples were collected from four sheep that were recently introduced into the herd with uncertain origin. The participants were asked to test the sera for anti-FMDV antibodies and comment as to whether the samples were from infected animals, and if not, whether or not there was any evidence of vaccine-induced immunity. All four sheep had been vaccinated with a tri-valent FMD vaccine, resulting in positive results for antibodies against the structural proteins of serotypes A, O and Asia 1. One of the four sheep was positive for NSP antibodies, reflecting that it was or is infected with FMDV, whereas the other three sheep were NSP negative, reflecting no infection, only vaccination.

Results of the laboratory simulation exercise

Results: Capacity to import diagnostic materials

The four EU countries had no problems with importation of diagnostic assays panels. Of the six non-EU countries, Non-EU Country 6 had no problems with importation, three countries (Non-EU Country 1, Non-EU Country 3 and Non-EU Country 5) had a seven day custom related delay in delivery, one (Non-EU Country 2) had a fifteen day delay, and it was not possible to deliver the test panel for the simulation exercise to Non-EU Country 4. The main constraint on importation to non-EU countries was the need for very specific paperwork (for example confirmation that the kits were not medical devices with acceptance from the internal country authority, importation permits from the country authority, donation letters) to satisfy customs requirements in each country. The DHL shipping agency was not able to deliver biological materials (test panels) to Non-EU Country 4 as it did not fall under IATA regulations. The panels were eventually delivered in person via a workshop. Non-EU Country 6 highlighted that much administration went on behind the scenes over the months prior to the exercise to insure smooth importation of materials for the simulation. Non-EU Country 7 (the eleventh country) did not take a part in the simulation exercise due to difficulties with the importation of the diagnostic kits, as these need to be registered in Non-EU Country 7 as medical devices.

Table 1 summarizes the results of the logistics component of the exercise with scores out of ten given to each country.

Table 1: Scores out of ten for delivery logistics and capacity to conduct laboratory tests. Higher scores (max =10) reflected a better capacity.

	Delivery on time	Antibody ELISA	Antigen ELISA	PCR
EU Country 1	10	10	10	10
EU Country 2	10	10	10	10
EU Country 3	10	10	10	10
EU Country 4	10	10	10	10
Non EU Country 1	7	10	10	0
Non EU Country 2	3	10	10	10
Non EU Country 3	7	10	10	10
Non EU Country 4	0	10	10	10
Non EU Country 5	7	10	10	0
Non EU Country 6	10	10	10	10
Non EU Country 7	Delivery not possible due to import issues			

Results: Capacity to rapidly generate accurate results

The simulation tested rapid and accurate generation of antigen ELISA, antibody ELISA and PCR results. Six countries promptly tested and reported results within 3 days after the delivery of the materials for the simulation. Non-EU Country 3 had a two-week delay with generating and reporting results, due to the LSD emergency in their country. For similar reasons, whilst EU Country 3 tested samples promptly, it did not report results for three weeks. Non-EU Country 5 had a 20-day delay in result generation and reporting, as the person responsible for the exercise was away on a training course. After the three-month delay in delivery of materials, Non-EU Country 4 reported results ten days after delivery.

All countries produced results with the antigen and antibody ELISAs. Seven of the ten countries generated PCR results. Non-EU Country 1 did not produce PCR results but is planning to get a conventional (gel based) PCR system up and running with support from IZSLER. Non-EU Country 4 has real-time PCR facilities but does not yet use them. Non-EU Country 5 also has facilities for real-time PCR, but has no RNA extraction kits, precluding them from being able to test samples for FMD virus genome.

Of the ten countries that conducted antigen ELISA testing, eight generated results completely consistent with the IZSLER laboratory. EU Country 1, possibly due to severe time constraints during the LSD emergency (and bearing in mind their consistently strong performance in previous exercises), missed reporting one component of the antigen ELISA. EU Country 4 used in house polyclonal reagents for antigen detection rather than the IZSLER ready-to-use kits, but despite cross-reaction, generated more-or-less similar results to the IZSLER kits (but faced problems interpreting results in the context of the polyclonal cross-reactivity).

Of the ten countries that conducted antibody ELISAs, all produced accurate results. Two countries omitted to use the tool supplied for calculation of end-point titres. This was probably due to severe time and staff constraints in EU Country 1 during the LSD outbreak, and due to a language barrier in Non-EU Country 5 (where Russian would be a more appropriate language for collaboration with the very engaged and technically competent laboratory staff).

Of the seven countries that reported PCR results, five (EU Country 1, EU Country 2, Non-EU Country 3, EU Country 3, and Non-EU Country 6) reported accurate results. Two countries, Non-EU Country 2 and EU Country 4, generated PCR results that were not consistent with the expected outcome. Degeneration of samples due to inappropriate storage during a delay at customs is a potential reason for this in Non-EU Country 2.

Results: Interpretation of results

Whilst the majority of countries generated results that were consistent with those of IZSLER, a key gap was highlighted in the capacity to interpret results in the context of the epidemiological scenario as well as ELISA cross-reactions. Of the ten countries, three interpreted the results available to them consistently with the epidemiological scenario. Countries with excellent interpretation included Non-EU Country 3 and Non-EU Country 4. Non-EU Country 5, once the language barrier was broken, also provided very good interpretation of the results they had generated. A further four countries, Non-EU Country 1, Non-EU Country 2, EU Country 2 and Non-EU Country 6 made accurate interpretations on the main aspects of the simulation, but did not consider vaccination as an explanation for sera that were positive for antibodies against structural proteins of three serotypes, but negative for NSP. Instead, this was interpreted as cross-reaction in the assay.

Three EU countries, possibly due to severe time-constraints, and also possibly due to habituation to the regular proficiency testing scheme where consideration of an epidemiological scenario is not yet required, had difficulties with results interpretation. In EU Country 1 (bearing in mind their very strong laboratory performance in the previous simulation exercise and the LSD emergency in their country), NSP positive and negative results, and their interpretation in addition to multiple positives in the serotype specific ELISA appeared to have been mixed up. EU Country 4 performed the simulation exercise in conjunction with other proficiency testing, and possibly had time restrictions. Their in-house antigen ELISA had high levels of cross-reactivity between serotypes, but similar optical density values were interpreted differently for positive and negative samples, and interpretation was possibly further confounded by incorrect PCR results. EU Country 3 was also under severe time pressure during the simulation, and was delayed in providing an interpretation. In sera that were positive for NSP (reflecting infection) and also positive for multiple serotypes, an interpretation of infection with multiple serotypes was given, without consideration of assay cross-reaction or vaccination.

Table 2 summarizes SimEx outputs in terms of accurate generation and interpretation of results.

Table 2: The performance during the simulation exercise in the generation of accurate results and interpretations. A higher score (max=10) reflects a better performance.

	Accurate results	Accurate interpretation
EU Country 1	10	3
EU Country 2	10	9
EU Country 3	10	5
EU Country 4	3	3
Non EU Country 1	10	9
Non EU Country 2	7	5
Non EU Country 3	10	10
Non EU Country 4	10	10
Non EU Country 5	10	10
Non EU Country 6	10	9
Non EU Country 7	Delivery not possible	

Overall conclusions from laboratory simulation exercise

All laboratories demonstrated capacity to generate results relevant to the diagnosis of FMD with ready-to-use antibody and antigen ELISAs. Nine laboratories had real-time PCR facilities, seven produced results, and five produced accurate PCR results. However, the simulation exercise design, based on a “real-life” scenario highlighted an important weakness in the ability to interpret results and relate them to an epidemiological scenario. This competence is not yet tested in the regular proficiency testing scheme.

Based on discussion during the follow up calls, there is reasonably good cross-border communication and collaboration between the laboratories in neighboring Balkan countries, and this is something that they value highly. The majority of feedback requested cross-border meet-ups, discussion groups or training to improve networking in the region. A good example of the highly beneficial informal cross-border collaboration was the offer from Non-EU Country 3 to accept materials on behalf of Non-EU Country 4, who was struggling with delivery company issues. The Balkan laboratories wish to promote linkages of this type.

One further consideration is the provision of Russian language based support to Non-EU Country 5. A Russian language feedback call for this country was greatly beneficial in strengthening linkages with laboratory staff in that country, and highlighted their engagement and technical strengths, as well as key gaps in reagent availability that would have been missed in absence of this Russian language discussion.

From the results of the simulation exercise, three key gaps to address in the future are:

1. Facilitation of delivery of diagnostic materials to non-EU countries.
2. PCR capacity building as well as training in PCR trouble-shooting.
3. **Training in the interpretation of diagnostic test results and relating laboratory results to the epidemiological situation.**

Planned follow-up activities based on laboratory simulation exercise outcomes

Given country requests for laboratory networking activities, and the need for refinement of diagnostic interpretation capacity, plans are being drafted for a desktop group exercise focused on interpreting diagnostic results in the context of an epidemiological scenario. Prior to a physical meet-up, a preparatory webinar covering diagnostic interpretation could be considered. Participants from multiple Balkan laboratories would attend. As a preliminary idea, and pending buy-in from the laboratories, it is envisaged that Non-EU Country 6 could possibly host Non-EU Country 1, Non-EU Country 2, Non-EU Country 4 and Non-EU Country 5 (Group 1). A further Group 2, EU Country 1, EU Country 2, Non-EU Country 3, EU Country 3, EU Country 4 and Non-EU Country 7 could also come together (potential hosts currently being discussed). As well as the focus on interpretation of results, networking and group discussion on common challenges would be promoted. An alternative for Non-EU Country 5 would be to link it with a Russian language speaking laboratory network.

For the countries with capacity gaps in FMDV genome detection by PCR, country specific assistance is recommended. For example, IZSLER may assist Non-EU Country 1 to develop its conventional PCR capacity. Non-EU Country 5 has a need for RNA extraction kits and Russian language support. Non-EU Country 4 has requested very extensive general laboratory training for five staff members. Whilst such large funding for a single country is not feasible, EuFMD has offered the interpretation training and link-ups with PCR experts as assistance to Non-EU Country 4 in utilizing its real-time PCR equipment. Similarly, for EU Country 4, as well as some trouble-shooting during the initial follow-up call, further individual (remote) support from PCR trouble shooting experts is available. Online training in PCR interpretation and trouble-shooting could also be considered. A follow-up call and discussion about helpful activities is still pending for Non-EU Country 2.

5-Issues for Executive Committee attention arising during implementation

None

6-Priorities for the next six months

Outcome 1: Confidence in the coordination framework for western Balkan countries as a tool to ensure the continuous development, testing and improvement of national emergency management plans, and to ensure sufficient FMD laboratory capacity for crises

- 1.3. Maintain regular contact with National Focal Points and laboratory sub-network contact points.
- 1.4. Continue to deliver EuFMD Practical Webinar Series as planned.

Outcome 2: Contingency plans for FMD agreed at national level and tested through at least one exercise. Contingency plans comply with EU legislation.

- 2.1. Deliver an online meeting, presenting the final report of EuFMD Laboratory Simulation Exercise 2016. Present the self-assessment tool for contingency planners and the handbook for planning and preparation of simulation exercises.
- 2.2. Provide assistance and guidance to continue development of Contingency Plans and Operational Manuals for FMD.
- 2.4. Prepare and organize a follow-up workshop to the first simulation exercise in order to provide a platform where the outcomes can be discussed and further issues and needs can be raised by the participants.

Outcome 3: Integration of national FMD reference centers (laboratories) in the national CPs and establishment of a system of immediate regional diagnostic support for an FMD crisis

3.1 Follow-up activities for the Balkans laboratory simulation exercise will be decided on based on the conclusions of the exercise (described above).

Possible follow-up training will take place in two groups:

1. Montenegro (can be host country and host the other countries for laboratory training), Bosnia and Herzegovina, Kosovo, Moldova, Albania;
2. Bulgaria, Croatia, Greece, FYR of Macedonia, Romania and Serbia.

The details on the training and the possible training scenario will be discussed during the visit of EuFMD STP Miriam Casey in early September in Brescia, IZSLER. Detailed follow-up training should be designed and presented to potential participants in the Balkan laboratories.

3.2 Circulation and discussion of the general laboratory simulation exercise report with gap analysis.

Budget (€)

Total Budget Allowance	Expenses Fen. -Sept. 16	% project completion	Actual available (20 months activities 2016 - 2017)
206,396	54,338	26.3%	152,058

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component 1.5 – *Research outputs relevant to resolve policy issues.*

Component Supervisor: Keith Sumption

Component Manager: Keith Sumption

Reporting: Keith Sumption

Focal point Executive Ctte: Christianne Bruschke

1. Objective of the component

The overarching objective (output) is:

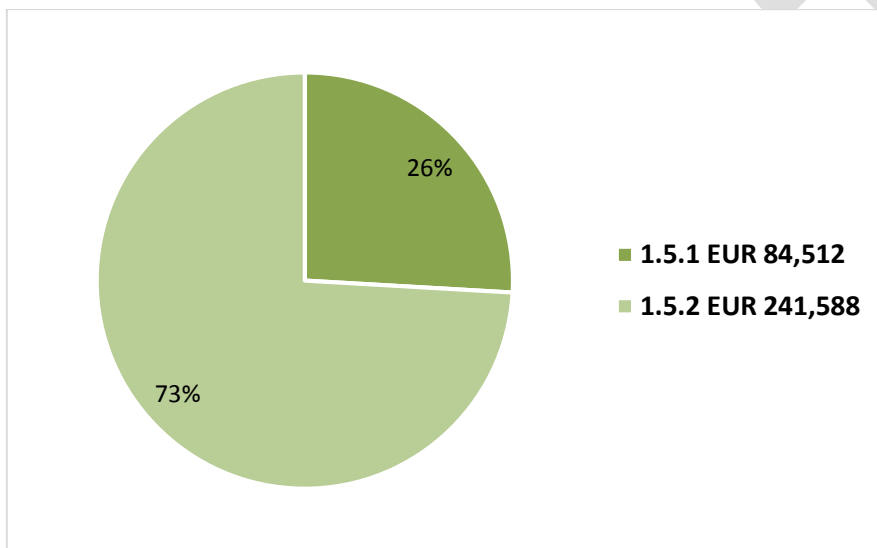
Research outputs relevant to resolve policy issues.

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

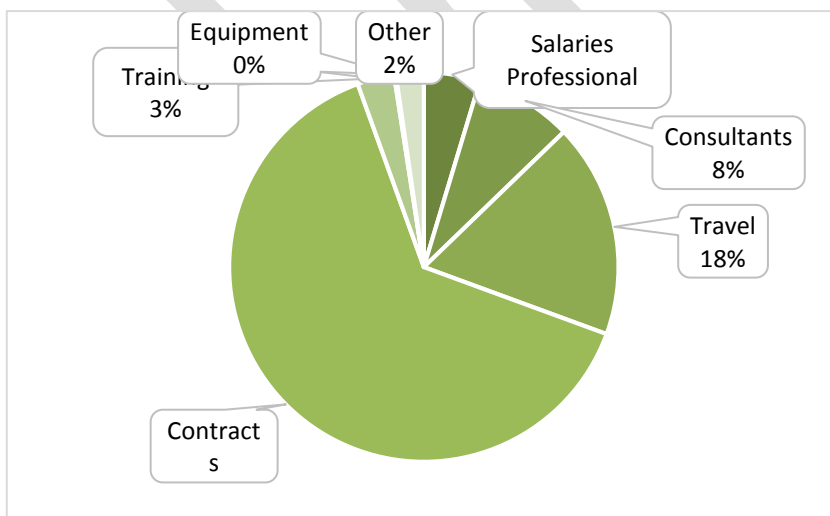
1. Produce Special Committee on Research and PD reports, including Biorisk Management;
2. Outputs of Funded Research Projects.

Resource base:

Budget split by targets:



Budget split by budget line:



Non- EC funded contributions to this component:

<i>Description</i>			<i>Contribution</i>	<i>Funding source</i>
Component Secretary	Supervisor:	Executive	10% FTE (P5)	EuFMD Trust Fund (MS contributions)
Networking and Training Officer			15% FTE	20% EuFMD Trust Fund, 80% EC contributions

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component Supervisor	Keith Sumption	Executive Secretary
Component manager	Keith Sumption	Executive Secretary
Advisors	STC, SCRPD members	-
ExCom oversight	Christianne Bruschke	ExCom members

3. Countries or partner organizations involved

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

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

4. Progress update**1.5.1.1 Meetings of SCRPD and STC**

Following the recommendations of the Standing Technical Committee (reported at the 91st Executive Committee Meeting), a meeting was held of the “vaccinate to live” sub-committee in Paris in June. Draft findings of this productive meeting will be presented to the Executive Committee prior to wider dissemination and follow up activities.

Again following discussion by the STC and Executive, Katrin Summermatter (Switzerland) has been appointed as Manager of the Biorisk Management Group following the sad loss of Bernd Haas.

Plans for the 2016 Open Session, to be held in Cascias, Portugal are proceeding well. Over 170 registered participants by mid-September.

1.5.2.1 and 1.5.2.2

Priorities for research calls during phase IV have been discussed and agreed by the STC and the Executive Committee. The first call is estimated to be released in October, following a delay due to the delay in signature of the EC agreement.

5. Issues for the attention of the Executive Committee

The findings of the vaccination to live subgroup will be discussed with the Executive at their upcoming meeting.

6. Priorities for the next six months

Priorities for the next six months will include:

- Organisation of the Open Session (October 2016), which includes meetings of the STC and SCRPD
- The programme of the Biorisk group is subject to decision at the 92nd Executive Committee meeting.
- First call for research proposals will be issued (October 2016)

7. Gantt chart

Activities indicated by xx are those which have been delayed. Other activities are proceeding on schedule.

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

8. Updated budget

Total expenditure of EC funded activities under component 1.5 to September 2016 is:

Budget (EUR)	Expenditure (EUR)	% of total budget
329,245	23,037	7%

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component 1.6:

Emergency technical responses that assisted rapid management of FMD and/or other epidemiologically related exotic diseases outbreaks in the member state or the European neighbourhood

Component Supervisor: Keith Sumption

Component Manager: Keith Sumption

Reporting: Keith Sumption

Focal point Executive Ctte: Lajos Bogнар

1. Objective of the component

The overarching objective (output) is:

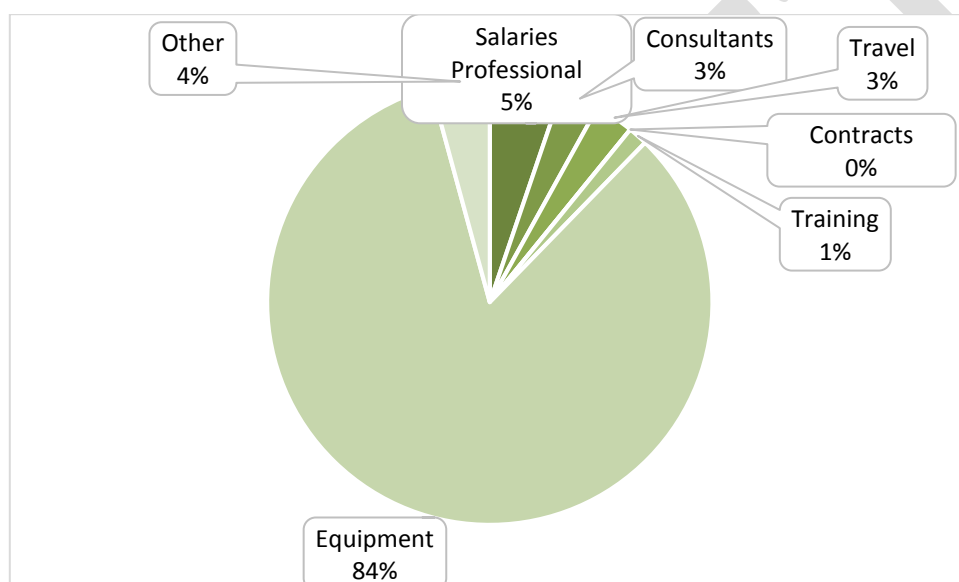
Emergency technical responses that assisted rapid management of FMD and/or other epidemiologically related exotic diseases outbreaks in the member state or the European neighbourhood

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

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

Resource Base:

Total component budget (EC funded): EUR 184,916



2. Project team

Role	Name	Status
Component Supervisor	Keith Sumption	Executive Secretary, Secretariat
Component Manager	Keith Sumption	Executive Secretary, Secretariat
ExCom oversight	Lajos Bogнар	ExCom member (Hungary)

3. Countries or partner organizations involved

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

4. Progress update

Continuing activities reported at the 91st Executive Committee meeting, Mounir Khayli (Short Term Professional, Morocco) has provided assistance to the emergency response for FMD in Morocco, particularly in support of the improvement of national contingency plan and laboratory preparedness. He has also supported the analysis of data collected from FMD outbreaks and surveillance conducted in Morocco and other North African countries (Tunisia and Algeria) in 2014-2015 for the development of retrospective studies. This work has supported the development and implementation of a risk based surveillance for early warning and evidence of disease freedom in Morocco with a possible reproduction of similar surveillance in other North African countries (Tunisia, Algeria).

Alongside this work, activities carried out under component 1.4 have provided support to the response to the Lumpy Skin Disease outbreaks in the Balkans region (please see report section for component 1.4 for more details).

5. Issues for the attention of the Executive Committee

None

6. Priorities for the next six months

Regular update of EuFMD internal contingency plans will continued to be carried out. Otherwise, actions will depend on emergency situations arising.

8. Updated budget

Original budget:

Component 1.6 Budget Split 2 years 2015-2017 - Phase IV										
Note that the activities to be carried out in an emergency will depend upon the nature of the emergency. An example of costings for emergency response activities is given here. Additional expert support will be available for emergency response from the consultants contracted to work under other components, and from the Member State contribution.										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
1.6.1 Emergency response operations co-ordinated	1.6.1.1 Emergency procurement	0	1,680	0	0	0	147,679	0	149,359	176,910
	1.6.1.2 Emergency missions	0	280	5,000	0	0	0	0	5,280	
	1.6.1.3 Field related activities	1,086	280	0	0	2,500	0	7,500	11,366	
	1.6.1.4 Expert support (remote support)	6,516	2,500	0	0	0	0	0	9,016	
	1.6.1.5 Revision and regular update of EuFMD's in house contingency plans	1,629	260	0	0	0	0	0	1,889	
TOTAL FOR COMPONENT 1.6 BY BUDGET LINE:		9,231	5,000	5,000	0	2,500	147,679	7,500	176,910	176,910
									Report Costs:	434
									Project Evaluation Cost:	7,572
									TOTAL FOR COMPONENT:	184,916

Total expenditure of EC funded activities under component 1.6 to September 2016 is:

Budget (EUR)	Expenditure (EUR)	% of total budget
184,916	25,094	14%

EuFMD Phase IV

Report to the EuFMD Executive

Period March – September 2016

Component 1.7 – *Proficiency Testing Scheme*

Pillar Manager: Keith Sumption

Component Manager: Kees van Maanen

Reporting: Kees van Maanen

Executive Committee: Christianne Bruschke

1.7 Proficiency Testing Scheme

Objective(s) of component

The overarching objective (output) is:

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

Expected results:

1.7.1 Increased participation and better national alignment of the NRLs in the European neighbourhood to the EuFMD and EU standard for FMD diagnostic NRLS performance (as defined at GS39), with specific results of:

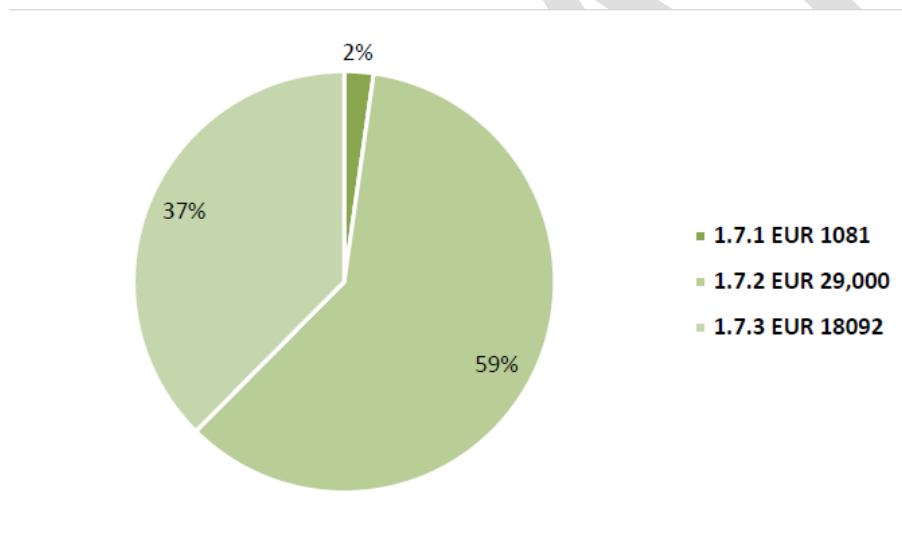
1.7.2 Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS;

1.7.3 Management and participation in annual EU reference laboratory meeting

Resource Base

Total component budget (EC funded): EUR 48,829

Budget split by targets:



Non- EC funded contributions to this component:

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

2-Project team

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

3-Countries or partner organizations involved

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

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

4-Progress report

Finalization of the contract with the World Reference Laboratory has experienced delays since it was dependent on mobilization of EC funding for EuFMD activities. The contract is expected to be signed in September 2016. Despite these delays activities have continued as planned. Results of the annual Proficiency Test 2015 have been presented at the annual workshop of EU national reference laboratories for Foot-and-mouth disease, Ascot UK, May 18th and 19th 2016. Also delegates from some EuFMD non-EU countries and European neighborhood countries attended this meeting (Israel, Kosovo, Montenegro, Serbia, and Turkey).

Results of the annual Proficiency Test 2015 are presented in the table below (courtesy Don King, TPI). PT results are scored according criteria agreed by the NRLs within Europe, each laboratory receives a personalized anonymous feedback letter to highlight areas in which they could improve, and performance of each laboratory is broadly categorized into one of four groups: (Category 1) to emphasize critical issues where immediate action is required that impact upon the laboratory to correctly identify FMD virus (virology tests) or FMDV infected animals (serological tests), (Category 2) laboratories with serious issues with the performance of individual tests that need to be addressed, (Category 3) to record additional observations which may need to be considered by the laboratory to improve the local performance of individual tests and (Category 4) laboratories whose tests which are fit for purpose and where no further action is required. For the in 2015 participating EuFMD (non EU) and European neighborhood labs (altogether n=26) none of the labs was in category 1 or 2, so none of the labs had critical or serious issues with individual tests. For the European neighborhood countries that participated in 2015 the proportion of labs in categories 3 and 4 was 63% and 38%, respectively. This was a positive development as compared with 2014 (83% and 17%, respectively).

Invitations for the PT 2016 have recently been sent or will shortly be sent to the laboratories listed in the LoA. In the PT 2016 there will be a change in emphasis from previous years, i.e. the PT will focus on 1) the laboratory's response to an outbreak within the country and 2) laboratory methods and analysis of results for quality assurance

purpose. Three panels are available: Panel 1 –Outbreak scenarios for vesicular diseases (including FMD and SVD); Panel 2 –Quality Assurance Panel FMDV samples; Panel 3 –Continuation of outbreak scenarios of FMD and SVD.

	2014	2015
Total invited laboratories ¹	91	91
Total number of shipments ¹	66	66
Participants from European Union (funded by EURL for FMD)	26 (EU member states)	27 (EU member states)
% of labs meeting target performance ⁴	Cat-1 0 % Cat-2 0 % Cat-3 69 % Cat-4 31 %	Cat-1 0 % Cat-2 0 % Cat-3 67 % Cat-4 33 %
EU FMD funded participants		
Participants from Global Network Labs ²	BVI, Botswana; OVI, South Africa; NAHDIC, Ethiopia; Embakasi, Kenya; Pakchong, Thailand; Lanzhou, China; Panaftosa, Brazil; NVRI Nigeria; LNERV, Senegal; USDA, USA ³	Panaftosa Brazil, Pakchong Thailand, BVI Botswana, OVI South Africa, ARRIAH Russia, NVRI Nigeria, LNERV Senegal, Embakasi FMD laboratory Kenya, NAHDIC Ethiopia, USDA USA ³
% of labs meeting target performance ⁴	Cat-1 0 % Cat-2 10 % Cat-3 40 % Cat-4 40 % One laboratory did not report results	Cat-1 0 % Cat-2 10 % Cat-3 60 % Cat-4 30 %
Participants from EuFMD Member states (non-EU)	Albania, Bosnia, Georgia, FYRO Macedonia, Norway, Serbia, Switzerland, Turkey	Serbia, Albania, FYRO Macedonia, Turkey, Georgia, Switzerland, Norway, Israel
% of labs meeting target performance ⁴	Cat-1 0 % Cat-2 0 % Cat-3 62 % Cat-4 38 %	Cat-1 0 % Cat-2 0 % Cat-3 88 % Cat-4 13 %
Participants from neighbourhood countries	Algeria, Armenia, Azerbaijan, Belarus, Egypt, Iran, Kosovo, Morocco, Moldova, Tunisia, Montenegro, Lebanon	Montenegro, Armenia, Azerbaijan, Ukraine, Egypt, Lebanon, Morocco, Algeria
% of labs meeting target performance ⁴	Cat-1 0 % Cat-2 0 % Cat-3 83 % Cat-4 17 %	Cat-1 0 % Cat-2 0 % Cat-3 63 % Cat-4 38 %
Summary of EU FMD funded participants		
Invited	40	
Panels shipped	Panel 1 2	Panel 1 7
	Panel 2 19	Panel 2 23
	Panel 3 17	Panel 3 25
	Panel 4 4	Panel 4 -
Total number of participants funded by EU FMD	29	26

5-Issues for Executive Committee attention arising during implementation

None

6-Priorities for the next six months

No specific priorities

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component 1.8 - Risk Analysis and Communication

Component supervisor: Keith Sumption

Component Manager: Marius Masiulis

Reporting: Marius Masiulis

Focal point Executive Ctte: Lajos Bogнар

1.8 Risk Analysis and Communication

OBJECTIVE:

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

OUTPUTS (EXPECTED RESULTS):

1. System established and routinely operated to update and communicate the antigen bank priorities based on risk information gathered Pillar 1 to 3 activities, and others;
2. System established to ensure that changes in FMD incidence and FMDV circulating lineages/threats in the virus pools is communicated to surveillance managers;
3. Tools for improving assessment of risk of entry and consequence of entry into EuFMD MS are improved and used to better identify specific areas for EU/EuFMD attention;
4. System for gathering and assessing information on specific risk drivers, such as differential in meat prices between Europe and third countries, is developed and validated for at least one driver.

2-Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component Supervisor	Keith Sumption	Executive Secretary, Secretariat
Component manager	Marius Masiulis	Contingency Planning Officer, Secretariat
National FAO Focal Point: (Co-ordination-national level)	FAO assistant representatives in countries of interest (TBC)	FAO Staff in national offices
FAO HQ Contact	Julio Pinto	Animal Health Officer (Animal Disease Emergencies and Early Warning)
National focal points	Naci Bulut (Turkey) TBC (other countries)	Consultant, SCRPD member
ExCom oversight	Lajos Bogнар	ExCom member

3-Countries or partner organizations involved

1. All EuFMD Member States are direct beneficiaries of this component, and in particular, this component will involve work with Turkey.
2. Non EuFMD Member States will also be involved, for instance for information gathering and WelNET): Iran, Pakistan.

4-Progress Report

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

The PRAGMATIST tool, developed between EuFMD and Pirbright, was used to provide guidance to EC on replacement of stocks.

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

The monthly report has been produced on a monthly basis by Dr Maria-Teresa Scicluna, for which different information sources are used such a OIE WAHID, FAO World Reference Laboratory for FMD and FAO Global Animal Disease Information System data basis, also FAO/EuFMD supported FMD network and FOA/EuFMD projects and field officers information.

The monthly report take an overview on the monthly basis about FMD virus strains and distribution of pool of different serotypes, showing the changes in the FMD movement or letting possibilities to have an overview of the effectiveness of the FMD control and eradication. Ready to print version distributed through EuFMD and work is underway to develop interactive online mapping, based on Google Fusion tables, in order to better communicate and visualize the information contained within the report.

5-Issues for Executive Committee attention arising during implementation

Due to delays in funding work under this component has been delayed. Recruitment of experts and / or consultants to carry out activities under this component should be discussed.

For the implementation of the activities agreed, is needed improvement in data collection and analysis from neighborhood of Turkey (Iran assistance could be needed).

6-Priorities for the next six months

The consultant should start with semi-quantitative risk assessment for FMD incursion and regularly review and revised Risk calculation tool, which should be explained and provided to risk managers of EuFMD MS.

Collection of meat prices data between Europe and third countries should start and it should be clearly defined a need of the Pilot studies in order to analyze the data collected.

8- Budget (€) – For activity

Total Budget Allowance	Expenses Feb. - Sept. 16	% project completion	Actual available (20 months activities 2016 - 2017)
68,490	6,064	6%	62,426

EuFMD Phase IV

Report to the EuFMD Executive Committee

Period February 2016-September 2016

Component 2.1 South East Europe

Pillar Manager: K. Sumption

Component Manager: G. Ismayilova

Reporting: G. Ismayilova

Focal point Executive Cttee: Ulrich Herzog

2.1 South East Europe

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

OUTPUTS (EXPECTED RESULTS):

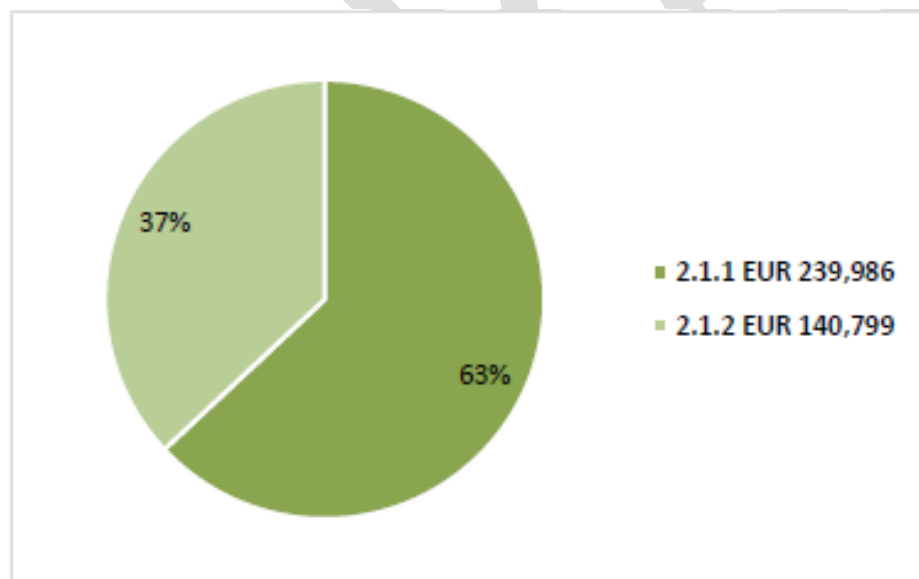
2.1.1 Member states (Turkey, Georgia) and immediate neighbours (Armenia, Azerbaijan), and other countries on request, achieve progress within their current Stage of the PCP and in their capacity to manage their programme, and evaluate the feasibility of achieving and maintaining higher stages.

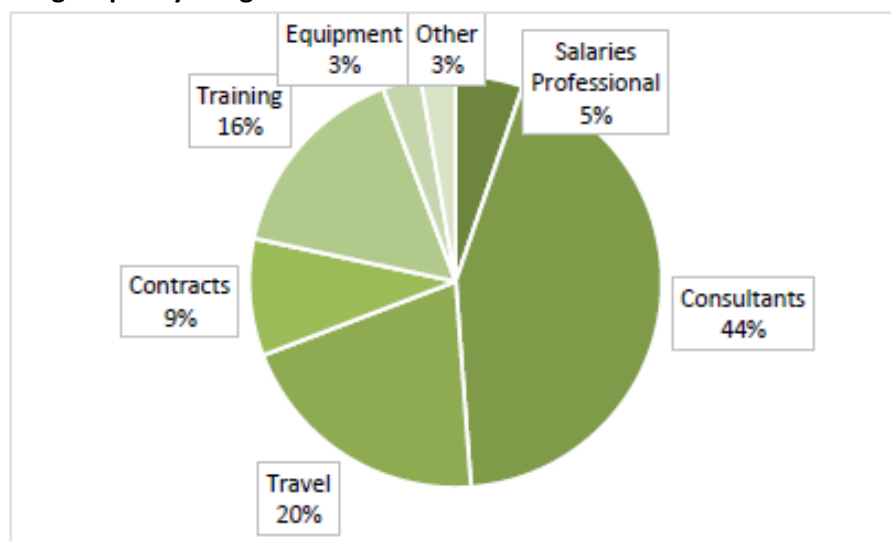
2.1.2 Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP, and on management of control programs, and regional networking to support better information exchange between risk managers in the West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

DIRECTLY INVOLVED BENEFICIARIES: *The direct beneficiaries of this component are the EuFMD member states Turkey and Georgia and non EuFMD members: Armenia, Azerbaijan, (and possibly other countries in region including Iran, Russian Federation). Indirect beneficiaries: West Eurasia Roadmap participants*

RESOURCE BASE:

Total component budget (EC funded) - Budget split by targets:



Budget split by budget line:**Non- EC funded contributions to this component:**

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

2-Project team

Role	Name	Status
Component Supervisor	Keith Sumption	Executive Secretary, Secretariat
Component manager	Gunel Ismayilova	Animal Health Officer Secretariat
Other EuFMD Team members:	Carsten Potzsch, Marius Masiulis	
National FAO Focal Point: (Co-ordination-national level)	FAO assistant Representatives in Turkey, Georgia	FAO Staff in national offices
FAO Subregional animal health focal points (Co-ordination – Central Asia, Eastern Europe))	A Mehraban (Turkey/Central Asia) A Roztalnyy (Georgia/Eastern Europe)	FAO Animal Production and Health Officers based in Ankara and Budapest Offices
FAO HQ Contact	Eran Raizman	Head, EMPRES, AGAH Rome
National focal points	Cihangir Gumustepe(Turkey) Lasha Avaliani (Georgia) Zurab Rukhadze (Georgia) Satenik Kharatyan (Armenia) Tamilla Aliyeva (Azerbaijan)	GDFC NFA Consultant Consultant Consultant
National consultants:	Zurab Rukhadze (G) Satenik Kharatyan (Arm) Tamilla Aliyeva (Azb)	Consultant Consultant Consultant
ExCom oversight	J.Angot, U.Herzog	ExCom member (France; Austria)

3-Countries or partner organizations involved

- EuFMD member states (Direct Assistance) : Turkey, Georgia;
- Non EuFMD members(information gathering and WelNET)) : Armenia, Azerbaijan, (and possibly other countries in region including Iran, Russia);
- FAO and OIE (regional roadmap activities) and the EU (coordination of activities in Georgia).

4-Progress Report

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

Activity 2.1.1.1 : Assist with development of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia

- In response to the assistance requests from Azerbaijan and Armenia and as part of the Workplan of the Compt 2.1, EuFMD provided technical support to Azerbaijan and Armenia to complete their National Risk-Based Strategic Plan (RBSP) for Foot-and-Mouth disease (FMD) control. The joint TransCaucasus Technical Workshop on Risk Based strategic Plan development in Tbilisi, Georgia has been carried out on 14-17th of July 2015.
- Azerbaijan and Armenia have been assisted by EuFMD consultants in finalizing and revisions of the RBSPs. On 30 November 2015 both plans have been submitted to the GF-TADs FMD working and regional advisory group. The RBSPs of Azerbaijan and Armenia has been accepted had their PCP-FMD Stage 2 confirmed during the 7th Regional FMD West Eurasia Roadmap meeting in Bishkek, 6-8 of April 2016.

Activity 2.1.1.2: Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan

- Assistance in the planning of the 2015/16 national sero-surveys and analysis of survey data analysis was requested by Georgian, Armenian and Azeri representatives during TransCaucasus workshop on RBSP development in July 2015. The TransCaucasus (TCC) Technical Workshop on FMD Sero-Surveys Design and Analysis has been conducted at National Food Agency (NFA), Tbilisi on 23-27 of October 2015. Participants from Azerbaijan Armenia and Georgia, under the guidance of EuFMD consultants, drafted sero-surveys for 2016, that has been used in their spring vaccination campaigns.
- An online meeting between TCC countries and Thrace (Component 1.3) was carried out on the 4th of March 2016. The main aim was to present experience of Thrace region in early warning surveillance system aiming to improve the chances of detecting an outbreak and other relevant diseases and networking built between Thrace countries (Turkey, Greece and Bulgaria). Further work to follow up decisions taken during sero-survey workshop in Tbilisi is important, in particular in the direction of start of clinical surveillance. The possibility of the workshop aimed to develop early surveillance programme should be considered, depending on further discussion and their commitment to moving to PCP-Stage 3. The limitation is lack of financial availability to carry out serosurveys for the early detection/demonstration freedom from disease, which implies analysis of high quantity of samples from this particular Stage 3 candidate zone. Support of Georgia to carry out serosurveillance in stage 3 candidate zone can be considered.

- Further to the invitation from Georgia, expressed during the TransCaucasus Regional Cooperation Meeting in Paris on the 25 May 2016, during the 84th General Session of the OIE, within the framework of the Component 2.1 work program, the EuFMD implemented the Transcaucasus Regional Foot-and Mouth Disease (FMD) Simulation Exercise held in Georgia on 12-15th of July 2016. The countries participating in the Simulation exercise were Georgia (EuFMD member state), Azerbaijan and Armenia. Neighboring Turkey, Iran and Russian Federation were invited as observer countries. Iranian observer couldn't participate in the exercise. The exercise was an inject-driven desktop type simulation exercise combined with a field response focusing on outbreak management. The desktop simulation part was held in Borjomi, Georgia, while for a field activity Mirashkhani village (Aspindza district) situated on the border with Turkey was selected.

The overarching aims of the exercise was to support the beneficiary countries to:

- Raise awareness and prepare the veterinary authorities of the TCC countries for the national and regional control of exotic FMD;
- Test regional cooperation of the TCC countries involved;
 - Challenge veterinary contingency plans of the participating TCC countries (Georgia, Armenia and Azerbaijan) regarding disease outbreak management in case of exotic FMD introduction;
 - Discuss and plan surveillance strategies after the outbreak has been contained in domestic animals and in wildlife;
 - Identify areas of cooperation between the TCC and necessary international assistance in an FMD emergency.

The simulation exercise organized was an effective instrument to raise awareness and to prepare Trans Caucasus veterinary authorities for national and regional control of potential FMD incursions and to stressed once again the importance of communication and cooperation between Georgia, Azerbaijan, Armenia and neighbouring countries Turkey and Russian Federation to reduce the risk posed by FMD in the region. It also showed an importance of support of international organizations in information exchange in the region, when direct communication is not possible due to various political reasons. On countries level the Exercise was an effective opportunity to highlight the importance of documenting decisions and actions taken, having regular situation reports during a crisis and having a clear division of roles and responsibilities and effective communication between National and Local disease control centres. For the surveillance part of the desktop exercise the response was mostly very comprehensive and has clearly shown the value of the EuFMD surveillance training and support for serosurveillance planning, analysis of data and evaluation of results. The concepts of risk based surveillance and control, incl. risk hotspots and other considerations from the RBSPs were clearly used by participants.

2.1.1.3 Assist with implementation of monitoring of RBSP and technical support for national epi-network in Turkey

In January 2015, the GDFC asked EUFMD to assist with further training in epidemiology to staff from regional institutes, as a step in further developing the Monitoring and Epidemiology Unit and epidemiology capacity in general. The development and delivery of 4 weeks training is funded by Comp 2.1 and partially from the training credits that Turkey receives as an EUFMD member state. GDFC covers all costs related to the trainees and training organisation.

- The 1st week of Practical Epidemiology Training –Module 1 Epidemiological Statistics were conducted at Pendik Veterinary Control Institute, Istanbul on 12-16th of October 2015. 16 trainees from Ankara (GDFC, SAP Institute, Etlik Institute), Istanbul (Pendik Veterinary Control Institute), Izmir, Samsun, Adana, Konya, Elazig, Erzurum have participated in the course.
- The 2nd week of Practical Epidemiology Training –Module 2 Risk Analysis as a Tool of Control of Animal Diseases with the same participants has been conducted at Pendik Veterinary Control Institute, Istanbul on 21-25th of March 2016.
- The 3rd week of Practical Epidemiology Training – Module 3: Epidemiological surveys: planning, implementation and analysis has been conducted at Pendik Veterinary Control Institute, Istanbul on 23-27th of May 2016.
- The last 4th week of training on outbreak investigation has been agreed to be conducted on 19-23th of September in Ankara.

Activity 2.1.1.4 Assist component 1.8

- The activities in this component have not been started yet.

Output 2: Regional Capacity to manage the FMD risks is improved through development of regional expertise in epidemiology and laboratory disciplines to support the PCP and on management of control programs, and by regional networking to support better information exchange between risk managers in the West Eurasia Roadmap countries, as well as in Europe and beyond.

Activity 2.1.2.1 Support better information exchange between risk managers in the West Eurasia Roadmap countries

- The meeting held, during the 84th General Session of the OIE on the 25 May 2016 “Regional cooperation between Transcaucasia and neighbouring countries in the prevention and control of Foot-and-Mouth disease (FMD) and other major epizootic transboundary diseases”. The objective of the meeting was to discuss the possible establishment of cooperation between TransCaucasus (Georgia, Armenia and Azerbaijan) and neighbouring countries (Turkey, Iran, Russia) aimed to improve the collaboration and coordination for the prevention and control of FMD and other epizootic transboundary diseases. Representatives of EuFMD, OIE, FAO and European Commission (DG-SANTE) were present during the meeting. The main output was an agreed “Statement of Intentions”. Four of the eight “Intentions” agreed in Paris concerned improved sharing of disease information and vaccination programmes. In the interim, until better solutions are found, the EuFMD requested from the six countries a monthly report to be provided by the 10th of each Month. Specific letters will be sent to each CVO indicating what is requested, and how the information will be shared, with the hope that the interim system will operate from September 2016.

It has been agreed that during the next OIE 85GS in 2017, the EuFMD will organize a meeting with the countries and institutions participating in this current meeting, to update on the status of the activities connected to this initiative.

- Ongoing preparation of integration solution for electronic data reporting from Electronic Integrated Disease Surveillance System (EIDSS) of Georgia and Azerbaijan to EMPRES-i. The proposed integration solution shall provide a vehicle for electronic reporting of specified veterinary case records registered in EIDSS to EMPRES-i. As of January 2016 EIDSS is deployed in 6 countries (Armenia, Azerbaijan, Georgia, Iraq, Kazakhstan and Thailand). The preparation is carried out under supervision of DETRA in consultation with Julio Pinto (FAO) and Gunel Ismayilova (EuFMD). To follow up integration procedure a side meeting

between Julio Pinto, Gunel ismayilova, the representatives of DTRA and heads of epidemiology departments of SVSS, Azerbaijan and NFA, Georgia was organized during the Regional Disease Surveillance Working Group (RDSWG) Annual Meeting held in Batumi, 31 March - 2 April 2016. The official confirmation of agreement for integration has been recently received from NFA, Georgia.

- The annual W. Eurasia Roadmap meetings was held on 6-8 of April 2015 in Bishkek, Kyrgyzstan. It was organized under the umbrella of the FAO/OIE GF-TADs, in collaboration with EuFMD. EuFMD assisted with facilitation, payments of coffee breaks and lunches and supported experts from Pirbright WRL (Anna Ludi), Iran (Darab Abdullahi) and Georgia (the epidemiology network coordinator Zurab Rukhadze).

Activity 2.1.2.2. Development of regional expertise in epidemiology and laboratory disciplines

Since November 2015 EuFMD launched a series of webinars “Practical FMD Management Webinar Series”. This webinar series brings together practitioners from EuFMD Member States, Europe and neighbouring countries, Balkans, Thrace and West Eurasia involved in FMD preparedness, surveillance, control and eradication. The webinars are organized within the framework of the EuFMD Contingency Planning network and West Eurasia webinar series. Webinars are held in English and Russian languages (2 webinars for each topic, one per language).

To date, delivered webinars in English followed by same-topic in Russian language, except several of them, specifically designated to West Eurasia Webinar Series Network:

- I. Introduction to the upcoming EuFMD webinar series and West Eurasia Networks
- II. Introduction to the strategy (EuFMD, EU, OIE, FAO), PCP, and legal framework
- III. Introduction to Risk Based Strategic Plan – overview, structure, importance, examples
- IV. Contingency plans – overview, structure, importance, examples
- V. FMD Progressive Control Pathway (PCP-FMD) – West Eurasia example
- VI. Economic impact due to animal diseases – the example of FMD
- VII. Risk based strategic plan – the example of Georgia
- VIII. Risk based animal disease surveillance

All records of the webinars are available at the EuFMD e-learning website under the West Eurasia Webinar series page. Forum to discuss webinar series with possibility to make additional questions to presenters have been created within the page.

- Training needs assessment pillar II countries, involving West Eurasia countries (in collaboration with component 2.4) aimed to identify where there are common needs between countries in the region. This needs assessment has been designed to help EuFMD and surveyed countries themselves to better understand their FMD control competences across the different levels of the veterinary service and identify the priority areas for EuFMD support to training. This has been thought to guide decision making for new trainings development under 2.4 component for Pillar II countries and make best use of EuFMD resources. Answers to the training needs assessment questionnaire has been received from 9 countries in West Eurasia- Georgia, Azerbaijan, Armenia, Turkey, Iran, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan. All questionnaires have been analysed and according to the results a proposal for the following actions and trainings necessary to be additionally developed for West Eurasia have been made.
- Organisation of FEPC (FMD Emergency Preparedness Course) in Turkish language, adapted for endemic countries, involving Turkey, Azerbaijan, Turkish speaking vets of Iran, Cyprus, Kyrgyzstan. STP from Turkey is expected in September to help with preparation and the launch of the course.
- Mission of Nick Lyons to Iran on 16th-30th of May. There has been a recent increased in FMD incidence due to emerging strains of serotype A (strain G-VII) and O (Panasia) the latter being associated with higher than usual case fatality rate. Vaccination is a key component of the control strategy although monitoring

and evaluation of the vaccination programme is lacking and is the focus of this mission that had the following objectives:

- Attend villages fulfilling specified criteria to allow the estimation of vaccine effectiveness
- Use the experience of the previous mission to test the vaccine evaluation protocols on large scale farms
- Further assessment of vaccination coverage and advise on a routine monitoring system
- Provide recommendations for improvement in the monitoring and evaluation of the FMD vaccination programme and discuss the possibility of research projects related to vaccine evaluation (e.g. vaccine trials, cohort studies, vaccine stability)

Time was also spent developing ideas for production of monthly reports to include various maps of FMD incidence and vaccine coverage. IVO have the capacity to create informative maps. Great potential and willing was revealed from IVO to do collaborative research projects in Iran on a variety of subjects relevant to FMD control.

There were several recommendations for the continued monitoring and evaluation of the FMD vaccination strategy in Iran. The priorities should be focussed on performing immunogenicity studies on the vaccines used to ensure they are of sufficient quality to achieve the aims of the programme. Another priority should be to ensure the regular and timely production of monthly reports, including above mentioned maps. These should be disseminated to the provinces and be discussed by the FMD task force. Other recommendations include the performance of vaccine effectiveness studies, greater focus on risk-based vaccination, consideration of a scheme for “high health status” animals.

5-Issues for Executive Committee attention

Turkey:

- Situation in Turkey is unstable, structural changes in GDFC are ongoing and the situation is still not stable as of the time of writing. The head of GDFC is not officially appointed, Dr. Nihat Pakdil is temporary back as acting Director General. The Epidemiology and Monitoring Unit has been finally established, Dr Sezai Cibelik has been appointed as the head of the Unit.
- A plan entitled “Turkey – Risk-Based Strategic Plan for Control of Foot-and-Mouth Disease” has been prepared in English by EuFMD, GDFC and the SAP Institute (Version 1.0 is dated 20-Aug-13) and has been agreed by both the EuFMD Commission and GDFC. A second risk based plan in Turkish has been drawn up by GDFC and can be downloaded from the ministry website and is in use up to date. Recently it has been decided by GDFC to be back to the updated version of the RBSP and it is currently under preparation.
- Keith Sumption met Nihat Pakdil in Ankara in May to discuss current situation and collaboration between EuFMD and GDFC. During this meeting it has been agreed on organisation of a workshop with support of EuFMD, involving control strategies in different surveillance zones of Turkey. Considering planned changes in FMD control strategy in Marmara and Aegean regions, GDFC has requested to organise a workshop in November for vets from these regions on mainly clinical surveillance (maintenance a better system clinical surveillance in surveillance zone and active surveillance to detect the disease); and awareness on control strategy for disease freedom and gap analysis for control measures for disease freedom. Location will be Izmir or Bursa- to be decided later based on progress for GDFC regional meeting for introducing zonal disease freedom policy (GDFC desires to held a meeting to bring attention of regional vet service and stakeholders).

Georgia:

- The CVO of Georgia, Dr Mikheil Sokhadze, was elected as the new Chairperson of the W. Eurasia Roadmap Regional Advisory Group (RAG)

The head of veterinary department of the National Food Agency (NFA) Lasha Avaliani is actively involved in EuFMD activities and sharing his experience received through EuFMD training and support, such as development of RBSP and serosurvey design, not only during regional workshops but also through webinars as invited speaker (2 webinars about RBSP in English and 2 in Russian).

TransCaucasus countries:

- An incursion of new serotype A (Genotype VII) strains of FMD to the region and their current circulation in the countries bordering with TransCaucasus. Results of vaccine matching conducted by Pirbright and Sap Institute (Turkey) showed that routine vaccines in use in the region do not provide sufficient protection level against those new serotype A strains. In January, an outbreak occurred in Armenia, on the border with Turkey. Last time Armenia reported FMD in 2001, from that time no outbreak has been reported by them. All countries have done spring vaccination with trivalent vaccines, manufactured by different producers. Georgia-vaccine produced by Shelkovo biocombinat (RF), Armenia-vaccine was donated by FGBI-ARRIAH (RF), Azerbaijan-vaccine was donated by Sap Institute (Turkey), vaccination with this vaccine was done on the border with Iran and Georgia

West Eurasia:

- There is a need for further development of the West Eurasia Empres-i database for sharing data and information about the regional FMD situation. It would be preferable if the data could be uploaded directly by the users (it is currently done at HQ in Rome). There are ongoing discussions about possibility of involving DTRA to development of integration solution not only between EIDSS and Empres-I, but also between EIDSS and West Eurasia Empres-I database, currently including Azerbaijan, Armenia, Georgia and Turkey.

6-Priorities

Turkey:

- Continue delivery of remained 1 week of epidemiology training and a workshop for Marmara and Aegean regions veterinarians. Further discussions with GDFC regarding epi-network.
- Follow-up new RBSP and zonal surveillance strategies

Georgia and neighbours:

- Moving to the establishment of PCP stage 3 zones in Racha-Lechkhumi-Kvem Svaneti region (RLKS) of Georgia and Nakhchivan Autonomous Republic (NAR) of Azerbaijan.
- Regional workshop on surveillance and information share, with involvement of Iran and Turkey.

West Eurasia:

- Continue with Practical Management Webinar series. Develop West Eurasia Webinars e-learning page as a mean for better information exchange in the region and communication between experts and participants.
- Organisation of FEPC (FMD Emergency Preparedness Course) in Turkish language, adapted for endemic countries
- Follow-up on the integration of Empres-i and EIDSS systems and a development of regional database.
- Training needs assessment in Pillar II countries, including number of West Eurasia countries.

7-Gantt charts – Planned, and Progress Update/revised program

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

PROGRESS UPDATE AND REVISED PROGRAM (91 st Session, February 2016)			Year 1												YEAR 2												Comments
Out put	Activity		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
2.1.1	2.1.1.1 Assist with dev. of risk-based strategic plan (RBSP) in Armenia and Azerbaijan. Update of RBSP in Georgia			X																							RBSPs of Azerbaijan and Armenia have been accepted during West Eurasia Roadmap meeting in april.
	2.1.1.2 Assist with establishment and implementation of monitoring of RBSP in Georgia, Armenia and Azerbaijan	TCC Serosurvey workshop		X																							Ongoing Distance assistance
		Regional Simulation exercise										X															
		Regional workshop on surveillance and informational share																X									
	2.1.1.3 Assist with implementation of monitoring of RBSP and technical support for national epi-network in Turkey	Practical Epidemiology training	X					X		X				X													
		Workshop on clinical surveillance (Marmara and Aegean regions)														X											
	2.1.1.4 Assist component 1.8 in meat price monitoring systems																										Not implemented yet. Activities in the component 1.8 haven't been started
2.1.2	2.1.2.1 Support better information exchange between risk managers in the West Eurasia Roadmap countries	Welnet online meetings			X		X																				
		WestEurasia Roadmap							X												X						
	2.1.2.2 Dev. of regional expertise in epidemiology and laboratory disciplines	Webinar series		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X						Ongoing Webinar series
		FEPC in Turkish													X												FEPC e-learning in turkish
		Online course in Russian																				X					

8- Budget (€)

Total Budget Allowance	4 month Expenses Oct. 15 -Feb. 16	% project completion	Actual available (20 months activities 2016 - 2017)
€ 383,569.00			

EuFMD Phase IV

Report to the EuFMD Executive

Period March – September 2016

Component 2.2 – *South East Mediterranean*

Pillar Manager: Keith Sumption

Component Supervisor: Keith Sumption

Component Manager: Kees van Maanen

Reporting: Kees van Maanen

Focal point Executive Ctte: Jean-Luc Angot

2.2 South East Mediterranean

OBJECTIVE: better FMD management in the neighbourhood of Cyprus and Israel

OUTPUTS (EXPECTED RESULTS):

1. Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Egypt
2. Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Palestine and Israel;
3. Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon;
4. System in place to provide improved disease risk information through networking for better information exchange to managers of countries under this component for planning risk-based FMD control re: risk-based surveillance, risk-based vaccination programmes and vaccine selection for the threats from particularly bordering areas in the Middle-East and sub-Saharan East Africa.

DIRECTLY INVOLVED BENEFICIARIES: Israel, Cyprus, Palestine, Egypt, Lebanon, Jordan.

RESOURCE BASE

HR: HQ operational costs are identified and for support of activities under Pillar II 2 STPs have been selected.

€ 206,324 Agreed at ExCom 90

Budget for Activities (EC - TF): excludes HQ based support services/costs.

€ 175,239

2-Project team

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

3-Countries or partner organizations involved

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

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

4-Progress Report

Output 1. Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Egypt

In recent years, EuFMD has been working in Egypt to progress FMD control. Over the last year, EUFMD has supported the veterinary services of Egypt in reviewing the FMD control strategy and currently Egypt has finalized a risk-based strategy plan (RBSP) for FMD control. This RBSP has been presented during the Third Regional meeting of the FMD Control Roadmap for the Middle East in Doha, Qatar, 1-2 December 2015. Egypt has been assessed by the Regional Advisory Group to be in PCP stage 2.

EuFMD support for 2015-2017 will focus on M&E of their RBSP with regard to implementation and impact. In the situation of Egypt a needs assessment was conducted during Spring 2015 and while developing the next 2-year support plan, EuFMD was approached by the US-DOS (Department of State) that was looking at ways to support FMD control activities in Egypt. A project proposal was submitted and was approved in July 2015. As a result, the activities foreseen for 2015-2017 were to be partly funded by this external source, particularly expenses in relation to training (accommodation, travel expenses, meals), vaccine quality assessment (expert consultation), support to regional collaboration and extended expert support to GOVS and AHRI in the field of M&E. The contribution of EuFMD for the activities in Egypt is related to consultancies providing training and expertise. However, it has taken a long time to find a feasible solution between LLNL/US-DOS and FAO for (sub)contracting the activities that were agreed upon, and this has led to significant delays in planning of these activities. A solution seems at hand now and final discussions and hopefully signing of an LoA will take place in early September when one of the EuFMD consultants will visit Cairo and GOVS.

As an example of RBSP output Egypt produces now monthly reports with relevant data of passive and active surveillance activities and also a big shipment supported under this component has recently been received and analysed in Pirbright, illustrating the predominance of African O EA-3 strains, the absence of O Ind2001 strains and the continued presence of SAT2 and A Africa strains.

Output 2. Risk-based Strategy Plans (RBSP) adopted, implemented and monitored in Palestine and Israel

The RBSP for Palestine (West Bank) was almost finished at the FMD/PPR Regional Roadmap Meeting in Doha, Qatar on 1-3 December 2015. Unfortunately the invitation for this Roadmap Meeting was sent to the retired CVO, and due to miscommunication there were no Palestinian delegates at the Roadmap meeting, and the RBSP was not presented. The RAG therefore assessed Palestine at PCP stage 1. In the meantime the RBSP has been finished and a mission on Monitoring and Evaluation of the RBSP has been carried out recently. As one of the outputs of this mission the Palestinian VS will be strongly encouraged to produce monthly reports as being produced now in Egypt. Also a laboratory assistance mission has been carried out recently to train and implement SPCE ELISAs for the measurement of type-specific antibodies against structural proteins of FMDV. These tests will be used

for post vaccination monitoring. Also type-specific real-time PCRs were implemented and partially validated.

As part of the RBSP, it will be important to define a risk-based strategy for use of the available vaccine, so that the vaccine has the greatest possible effect on reducing the impact of FMD. A specific workshop on 'risk-based vaccination and risk based surveillance' is foreseen in the current work plan. As many of the challenges faced are similar with Israel, this workshop may be partly or wholly conducted with Israeli veterinarians as well.

Output 3. Risk-based Strategy Plans developed and PCP-FMD progress achieved in Jordan and Lebanon

Delegates from Jordan and Lebanon participated in the Third Regional meeting of the FMD Control Roadmap for the Middle East in Doha, Qatar, 1-2 December 2015, and contacts were made through Chris Bartels, EuFMD consultant. Both countries were interested in EuFMD support in the context of PCP-FMD and RBSP development.

With focal points of Jordan and Lebanon a series of workshops have been planned, and it was decided to plan three workshops to assist these countries with the development of a RBSP. It was decided not to organize joined workshops, but to work separately with each of the countries. In Jordan the first workshop has been carried out in April 2016 by EuFMD consultants Kees van Maanen and Mounir Khayli and a second workshop is planned for October 2016, in Lebanon the first workshop was carried out in June 2016 by EuFMD consultants Chris Bartels and Mounir Khayli and a second workshop is also planned for October 2016.

Output 4. System in place to provide improved disease risk information through networking for better information exchange to managers of countries under this component for planning risk-based FMD control re: risk-based surveillance, risk-based vaccination programmes and vaccine selection for the threats from particularly bordering areas in the Middle-East and sub-Saharan East Africa

EuFMD produces the Global Monthly Report (GMR). For this report many sources are used and information is also received from a number of focal contact persons. The GMR adds to the quarterly and annual WRLFMD reports, and – since it is on a monthly basis – provides more real-time information. Guest editors contribute significantly to the interpretation of relevant events stressing the highlights of that particular month and placing it in a broader context. The timely information sharing of the new type A/ASAI/Genotype VII strain by all involved is exemplary including the relatively rapid generation of vaccine matching results. The information has been shared through GMRs and online meetings and directly by the WRLFMD representing the FAO/OIE FMD laboratory network.

In the GMR clearly the gaps in virological surveillance in pools 4 and 5 are illustrated. Some budget is available for facilitating shipments from countries representing putative threats from particularly bordering areas in the Middle-East and sub-Saharan East Africa. Under component 3.3 also funds are available to encourage improved virological surveillance by training in early warning, notification, outbreak investigation and sample transport. Also shipments from RSLs in pools 4 and 5 are supported.

Virtual networking through webinars and online meetings will be organised in connection with similar activities that have started already under component 2.3 REMESA with a focus on the NENA countries. These webinars will be organised either in Arabic, French or English or in several languages.

5-Issues for Executive Committee attention arising during implementation

No feasible solution has been found yet between LLNL/US-DOS and EuFMD/FAO for (sub)contracting the activities that were agreed upon, and this has led to significant delays in planning of these activities. However, a solution seems at hand. Activities will be rescheduled when relevant contracts have been signed.

Consultant capacity for carrying out missions/workshops under component 2.2 is (too) low. Availability of experienced trainers seems to be a seriously limiting factor.

A joined steering committee for Israel and Palestine has appeared not to be feasible until now and is not considered a realistic ambition anymore for this phase of the program.

6-Priorities for the next six months

- Solving the contractual issues with US-DOS/LLNL and starting several training activities in Egypt
- Continuing PCP/RBSP work in Jordan
- Continuing PCP/RBSP work in Lebanon
- Planning a joint workshop on strategic surveillance and strategic vaccination for Israel and Palestine in Q1 of 2017
- Integrating webinar/e-learning activities for the Near East with similar already started activities under component 2.3 (support to REMESA).

7-Gantt charts – Planned program (olivegreen) and progress update/revised (shading/darkgreen for rescheduling) program

2.2 South East Mediterranean	OUTPUT 2.2 SEM better FMD management in the neighbourhood of Cyprus and Israel		YEAR 1												YEAR 2											
	Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
	2.2.1 Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved in countries neighbouring to Israel, including Palestine, Egypt, Jordan and Lebanon	2.2.1.1a) Training of Trainers (TOT) on outbreak investigation and follow-up of TOT																								
		2.2.1.1b) Training on advanced outbreak investigation																								
		2.2.1.1c) Training on local response in case of FMD outbreak (Note this activity is dependent on contribution to funding provided by Lawrence Livermore National Laboratory, USA)																								
		2.2.1.2 Establishing M&E mechanism at GOVS																								
		2.2.1.3 Vaccine quality audit (Note this activity is dependent on contribution to funding provided by Lawrence Livermore National Laboratory, USA)																								
		2.2.1.4 Regional technical meeting (Note this activity is dependent on contribution to funding provided by Lawrence Livermore National Laboratory, USA)																								
		2.2.1.5 Support to Animal Health Research Institute (Note this activity is dependent on contribution to funding																								

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Budget**Component 2.2 Budget -BY ACTIVITY**

Total Budget Allowance	4 month Expenses Oct. 15 -Feb. 16	% project completion	Actual available (10 months activities 2016 and 2017)
€ 175.239			

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

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
Funding from US-DOS for training activities in Egypt (contributes to activities under 2.2.1.1)	Total value of funding: \$158,575	United States Department of Security

EuFMD Phase IV

Report to the EuFMD Executive

Period March – September 2016

Component 2.3:

Support to REMESA

Pillar Manager: Keith Sumption: K. Sumption

Component Manager: Fabrizio Rosso

Reporting: Fabrizio Rosso

Focal point Executive Ctte: Jean-Luc Angot

2.3 Support to REMESA

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

OUTPUTS (EXPECTED RESULTS):

1. Progress to develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia;
2. Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally, as needed to progress the REMESA Strategic Plan, including the establishment of surveillance measures aimed to improve security of sanitary barriers between countries or zones with different FMD situations;
3. System in place to provide improved disease risk information for planning of vaccination programmes, including vaccine banks, to support managers in REMESA.

38 % use of funds on achieving the Outputs

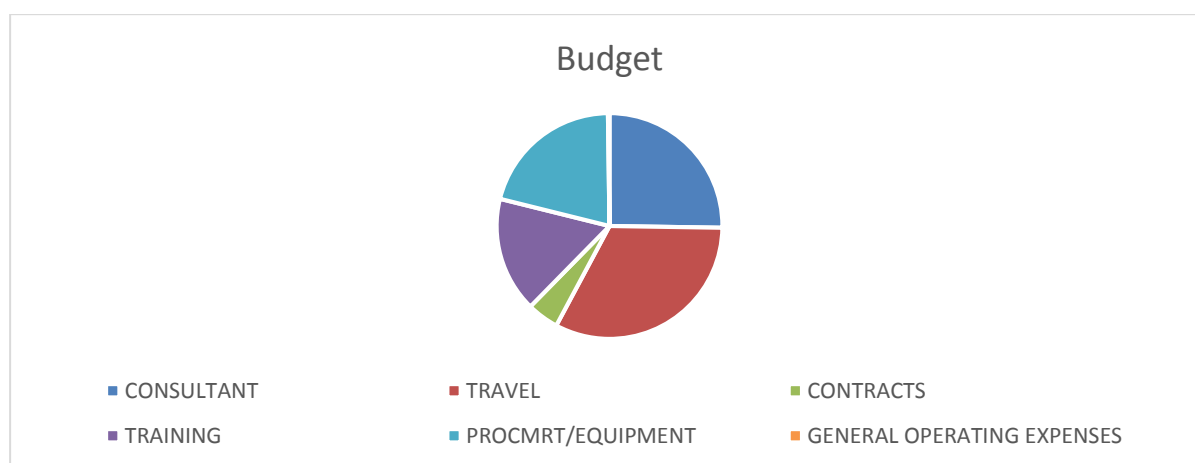
DIRECTLY INVOLVED BENEFICIARIES: Algeria, Mauritania, Morocco, Libya, and Tunisia

RESOURCE BASE:

- **HQ based** – P2 (6,5%), STP and Operational (12,5%). Missions – international consultants on daily rates.

- **Budget for Activities 198,049** (EC - TF): *excludes HQ based support services/costs.*

Agreed by ExCom 90



2. Project team

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

3. Countries or partner organizations involved

The activities are addressed mainly to the North African countries within the REMESA framework: Tunisia, Libya, Algeria, Morocco, and Mauritania. The activities to be implemented in Libya are strongly subjected to the evolution of the political situation, due to the connected level of security in the country. The EuFMD Member States (France, Portugal, Spain, Italy, Cyprus, Greece, and Malta) are also involved as during the REMESA-JPC meetings the programme and results are shared, commented and approved. Other North African countries, part of REMESA but not directly involved in the present workplan (Egypt, Lebanon and Jordan), can benefit of the activities supported by this component to improve the coordination framework to progress the REMESA action plan (output 2).

EuFMD works in coordination with REMESA RCU, with lines of communication with the Veterinary Services of the countries involved in the programme. The proposed activities are in line with the framework of the Global FMD Control Strategy. Joint workshops developed and implemented with FAO and OIE improve the effectiveness and impact of the activities and may assist to extend the strategic planning to other diseases where these GfTADS partners would take the lead.

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

4-Progress Report

Outcome 1: Progress to develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia

- a. Following the workshop held in Rabat, Morocco, on the 7-9 March 2016 on “**Foot and Mouth Disease – early detection and freedom confidence**” two on-line meetings have been organized with Algerian, Tunisian and Moroccan focal points for FMD surveillance (identified during the workshop) in order to further discuss the results of the surveillance carried out in 2014-2015 and to design a new serosurveillance with the objective of assessing whether there has been ongoing transmission of FMD virus in the small ruminant population in Algeria, Morocco and Tunisia since the most recent assessment carried out during the workshop. A paper with the results of the analysis performed has been submitted for the EuFMD Open Session 2016 and the countries preliminary agreed that, according to their national

programmes and priorities, the surveillance could be implemented simultaneously in the three countries in the first semester 2017. A draft scheme for the surveillance has been produced by EuFMD, and is currently being discussed with the countries.

- b. A workshop has been organized in Mauritania from 30th May to 2nd June 2016 with the aim to assist the veterinary services of Mauritania for the development and implementation of a **Risk-Based Strategic Plan (RBSP) for FMD control** and for improving the knowledge on FMD circulation in the country. The workshop was specifically focused on the following aspects:
 - a) reviewing the analysis performed on the husbandry and livestock production systems, livestock movements/trade, stakeholders identification, risk pathways and risk mapping; b) identifying and analyzing the FMD occurrence/distribution in the country, hypothesis of circulation and initial analysis on risk hotspots; c) assessing the FMD impact among stakeholders and the possible cost-benefit control measures.

For a better understanding of the workplan defined for the development of RBSP in Mauritania, hereunder are indicated the activities planned and executed:

- 1) WS: Principles of PCP, value chain analysis and risk analysis [February 2015]
 - 2) WS: Value chain analysis, FMD risk analysis in Mauritania, FMD active surveillance in Mauritania, prioritization of FMD control, gaps and possible control measures [May 2015]
 - 3) Training on outbreak investigation [May 2015]
 - 4) WS: value-chain analysis revision, risk pathways and hotspots identification and FMD socio-economic impact [May-June 2016]
 - 5) WS: Risk hotspots and FMD socio economic impact revision, surveillance design and implementation [planned October 2016]
 - 6) WS: Definition of goal, objectives, tactics and activities of FMD monitoring and control + first draft of the RBPS [planned February 2016]
- c. Assistance for the design, implementation and evaluation of a **desktop simulation exercise** on FMD with practical biosecurity exercises. The exercise has been held in Tunisia on 6-8 April 2016 with the purpose of assessing the level of preparedness of the Tunisian veterinary services at different level during the initial phase of an outbreak. EuFMD supported the participation of 2 experts, 2 short term professionals, and assisted the design of the exercise. Additionally the participation of 2 observers from Algeria and Morocco has been supported with the purpose of promoting the implementation of different size of simulation exercises for improving FMD preparedness.
 - d. Participation to the workshop organized by OIE on “**harmonisation de la stratégie de vaccination contre la fièvre aphteuse en Afrique du Nord**” held in Tunis (March 2016). After the workshop EuFMD assisted the development of a draft paper on “vaccination strategy in North Africa” with the countries involved (Algeria, Morocco, and Tunisia) in order to promote the development of a vaccination programme with risk based approach.

Outcome 2: Coordination framework in place to facilitate communication, review and guide upon activity implementation nationally and regionally as needed to progress the REMESA Strategic Plan. Establishment of surveillance measures aimed improving security of sanitary barriers between countries or zones with different FMD situations

- a. EuFMD attended the **REMESA JPC meeting** held on 10-11th May 2015 in Toledo, Spain. During the meeting the status of the activities implemented within the EuFMD worlplan 2015-2017, to support REMESA (component 2.3 and 2.2,) were presented and programme for second semester 2016 endorsed with specific support requested for setting a diagnostic bank for the priority diseases (FMD/PPR) in North Africa.
- b. A **series of webinar** have been planned with the aim of improving the networking and facilitate the exchange of knowledge on FMD prevention and control within the North African countries. The topics and languages have been identified according to the needs of the beneficiary countries and the list of webinars has been approved by FAO SNE, OIE (with additional suggestions) and by the REMESA countries during the recent REMESA JPC. Assistance on for webinars has been granted by OIE, FAO, SAFOSO and EFSA.
Hereunder is reported the list of webinars already implemented:
 - 1- Construire une stratégie régionale pour le contrôle de la fièvre aphteuse en Afrique du Nord [French] *(December 2015 - 65 participants)*
 - 2- La détection précoce: la sensibilisation, la surveillance primaire et coopération entre les acteurs [Arabic] *(February 2016 - 45 participants)*
 - 3- Enquête épidémiologique des foyers de fièvre aphteuse et traçabilité des animaux: expériences d'Afrique du Nord [French] *(16th May 2016 – 20 participants)*
 - 4- La biosécurité au niveau des exploitations: ce qu'il est faisable et efficace en Afrique du Nord [Arabic] *(16th July 2016– 45 participants)*
 - 5- La confiance dans l'absence de la maladie : surveillance sérologique basée sur les risques et la détection précoce [French] *(15th September 2016)*
- c. A preliminary meeting has been held on March 2016 with FAO Morocco and the **Institut Agronomique et Vétérinaire Hassan II, Rabat, Morocco**, with the purpose to discuss the possible establishment of a collaboration with FAO aimed to improve FMD control in North Africa, developing trainings in Arabic and French, and assisting curriculum development among professionals.
The collaboration proposed is beneficial to develop training material, design on line training modules and assist the implementation and evaluation of multi-country trainings aimed to increase the capacity to prevent and respond to FMD and other Transboundary Animal Diseases (TADs). The experience of IAV would be essential to provide recommendations on how to improve the sustainability of the continuous professional development among different categories of professionals involved in animal health activities.

Outcome 3: System in place to provide improved disease risk information for planning of vaccination programmes, including vaccine banks, to support managers in REMESA

- a. A draft project for a **field study on “vaccine effectiveness”** has been developed and proposed in July 2016 to Algeria, Morocco, and Tunisia in order to produce relevant information for improving the level of FMD control and preparedness against any reoccurrence of outbreaks. The study is designed in collaboration with OIE Tunis and IZSLER and it is aimed to determine the immune status (the level of neutralizing antibodies) against the vaccine strain used in cattle and sheep in the area and it can provide essential information on vaccine effectiveness and can contribute to improve control programmes and vaccination strategies. Additionally the results may be relevant for other REMESA countries to implement emergency vaccination in case of introduction of FMD from North Africa. The study is supposed to be implemented in October 2016.
- b. Under the request of Algeria, EuFMD assisted the implementation of **field and laboratory vaccine stability tests** aimed to assess the stability of MSD FMD vaccine stored in the country

and to evaluate the possibility of use the considerable stock of vaccine available for the ongoing vaccination campaign.

5-Issues for Executive Committee attention

1. Difficulties continue to be present for the development of the **workplan in Libya** due to the political situation and the security level of the country. For this reason, the establishment of an official collaboration with University of Tripoli, aimed to develop trainings on FMD control and the implementation of the programme to develop a RBSP have encountered some difficulties;
2. Two new STPs have been recruited from February 2016 (**Karima Ouali** from Algeria) and from March 2016 (**Mounir Khayli** from Morocco) to support the activities planned under component 1.6 (follow up on Morocco emergency support), component 2.2, 2.3 and 2.4. Considering the good results achieved and the opportunity to finalize different activities within the next few months, the contract of Karima is extended until the end of February 2017. Unfortunately, due to personal problems, the contract of Mounir (supposed to be extended until end November 2016) ended in August.
3. A consistent part of budget available for **consultancies** (40%) was used for the activity aimed to provide a detailed analysis of the serosurveillance carried out in Algeria, Morocco and Tunisia and to promote the implementation of a surveillance to provide **confidence in disease freedom** in upcoming years. The activity, ongoing from March to September, had good impact and proper follow up by beneficiary countries (results were presented to REMESA countries during the REMESA JPC in Toledo).

6-Priorities

1. Maintain the **collaboration and coordination** established with **FAO and OIE** in order to provide proper join assistance and support to the development of a regional FMD control strategy;
2. Continue the follow up on the **targeted and harmonized serosurveillance** in Morocco, Algeria and Tunisia;
3. Finalize the **development of RBSP in Mauritania** and promote a **regional laboratory network**
4. Support the development of the **coordination framework** - REMESA networks (webinar series);
5. Establishment **mutual cooperation with training providers** in the area (e.g. Veterinary Faculties) to improve the capacity to address training needs and the impact of the training activities.
6. Support the development of **vaccination self-assessment tool**, assist the design and implementation **of field vaccine studies**, and promote **risk based vaccination strategies**.
7. Assist the implementation of activities aimed to improve **emergency preparedness**

7-Gantt charts – Planned and Progress Update/revised program

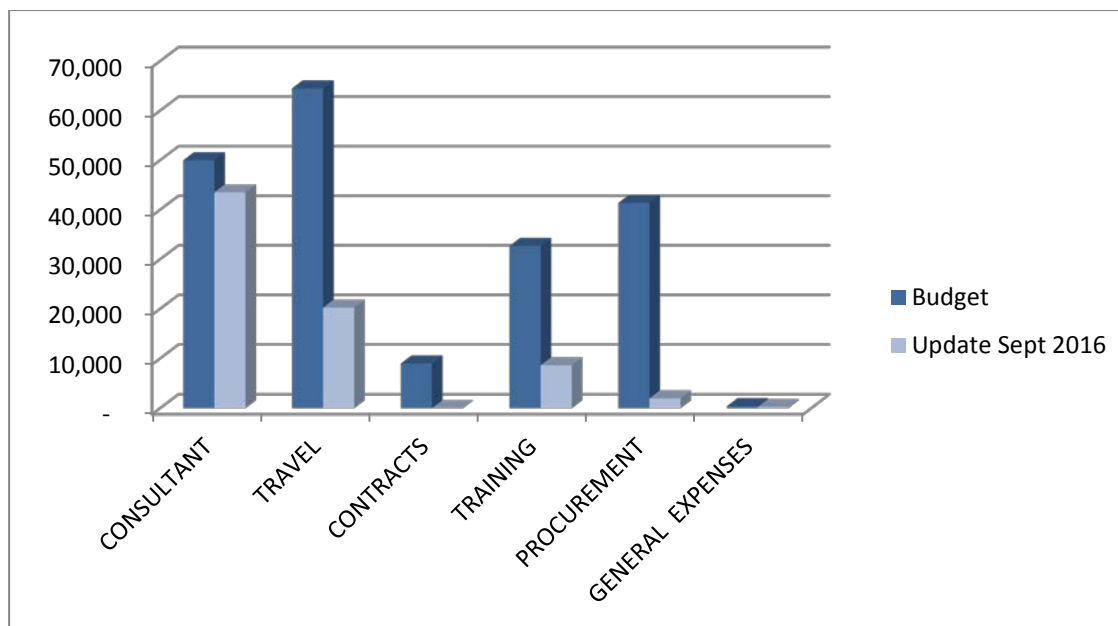
/ :re-scheduled activities																											
2.3 Support to REMESA	OUTPUT 2.3 Remesa: Assist national FMD risk management as part of the REMESA action plan		YEAR 1												YEAR 2												
	Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
	2.3.1 Progress to dev., adopt, and implement risk based strategic plans for FMD control in Libya and Mauritania, and capacity to achieve and maintain PCP Stage 3 or 4 in Morocco, Algeria, Tunisia	2.3.1.1 Training to assist national staff to complete RBSP in Mauritania									///					///											
		2.3.1.2 Socio-economic study on FMD in Mauritania									///					///											
		2.3.1.3 Support field FMD serosurveillance and outbreak investigations in Mauritania																									
		2.3.1.4 Support laboratory diagnosis in Mauritania																									
		2.3.1.5 Assistance on training (e-learning, webinar) for national taskforce members in Libya																									
2.3.1.6 Support laboratory diagnosis in Libya																											

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8- Budget (€)

Total Budget Allowance	Expenses (updated Sept 16)	% project completion	Actual available (9 months activities 2015)
€ 198,049	€ 74,653	38%	€ 123,396



Expenses until September 2016 in proportion to budget allocated per each budget line

Note: Administrative expenses are not included

EuFMD Phase IV

Report to the EuFMD Executive

Period March – September 2016

Component 2.4 – *Pillar II Training development and co-ordination*

Component Supervisor: Keith Sumption

Component Manager: Jenny Maud/Chris Bartels

Reporting: Chris Bartels/ Jenny Maud

Focal point Executive Ctte: Martin Blake

1. Objective of the component

The overall objective of this component is:

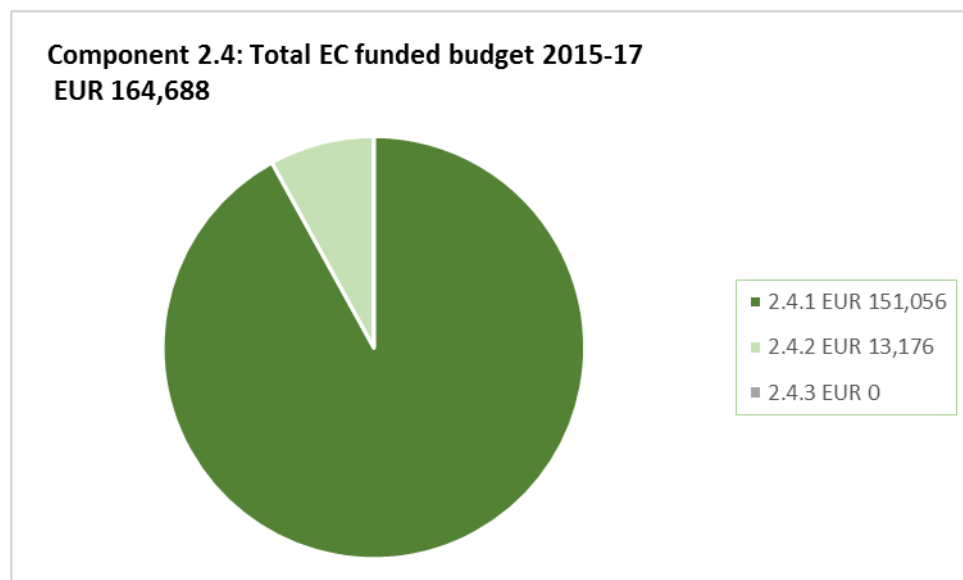
Improved national and regional capacity for management of FMD through development and evaluation of training programmes for national staff.

The targets (expected results) are:

- 2.4.1** To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face to face, webinars) and languages for countries in Pillar II.
- 2.4.2** To have established a method of monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake and appropriateness by the intended target audiences (beneficiaries).
- 2.4.3** Fit for purpose training courses and resources are available for wider use by neighbourhood countries which are largely appropriate and adaptable to the needs of the global community (Pillar III update/ GF-TADs)

Total component budget (EC funded): EUR 164,688

Resource base



Non- EC funded contributions to this component

<i>Description</i>	<i>Contribution</i>	<i>Funding source</i>
Component Supervisor: Training Programmes Manager	25% FTE (P3 equivalent consultant)	EuFMD Trust Fund (MS contributions)
Externally funded training (eg Australian RTT, US-DOS funded training in Egypt)	Fund development of training resources which can be reused by component 2.4	Externally funded training projects
Assistance: Network and Training Officer	20% FTE	20% EuFMD Trust Fund, 80% EC Project

2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component Supervisor	Keith Sumption	Executive Secretary
Component Manager	Jenny Maud/Chris Bartels	Training Programmes Manager/PCP manager
Network and training support	Nadia Rumich	Network and Training Officer
Co-ordination with components 2.1, 2.2 and 2.3	Pillar II component managers	Secretariat
ExCom oversight	Martin Blake	Executive Committee

3. Countries or partner organizations involved

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

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

4. Progress report

Target 2.4.1: To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face to face, webinars) and languages for countries in Pillar II

2.4.1.1 Method for training needs assessment developed, and component managers supported in its use
Recruitment of Short Term Professional Animal Health Officer (STP)

Karima Ouali (Algeria) continues to work as an STP to assist with delivery of activities under components 2.2, 2.3 and 2.4. Her activities under component 2.4 will be principally in support of furthering the development of training and course materials, and contact with training focal points in target countries.

Training needs assessment

The needs assessment procedure developed for pillar I countries under component 1.1 was adapted for use in Pillar II countries and sent to all countries involved in pillar II activities in three languages (English, French and Russian). Identified focal points in each country were asked to rank the competencies of different personnel levels in their veterinary services against a range of capabilities, identified as key to FMD preparedness and control, under the framework of the Progressive Control Pathway.

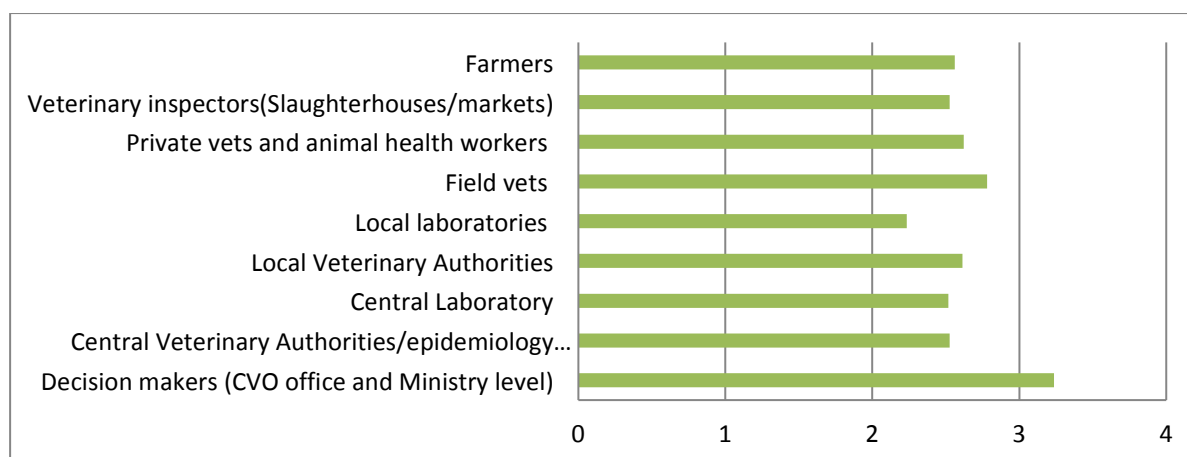
2.4.1.2 Pillar II component managers conduct needs assessment

The training needs assessment was returned by 19/23 countries.

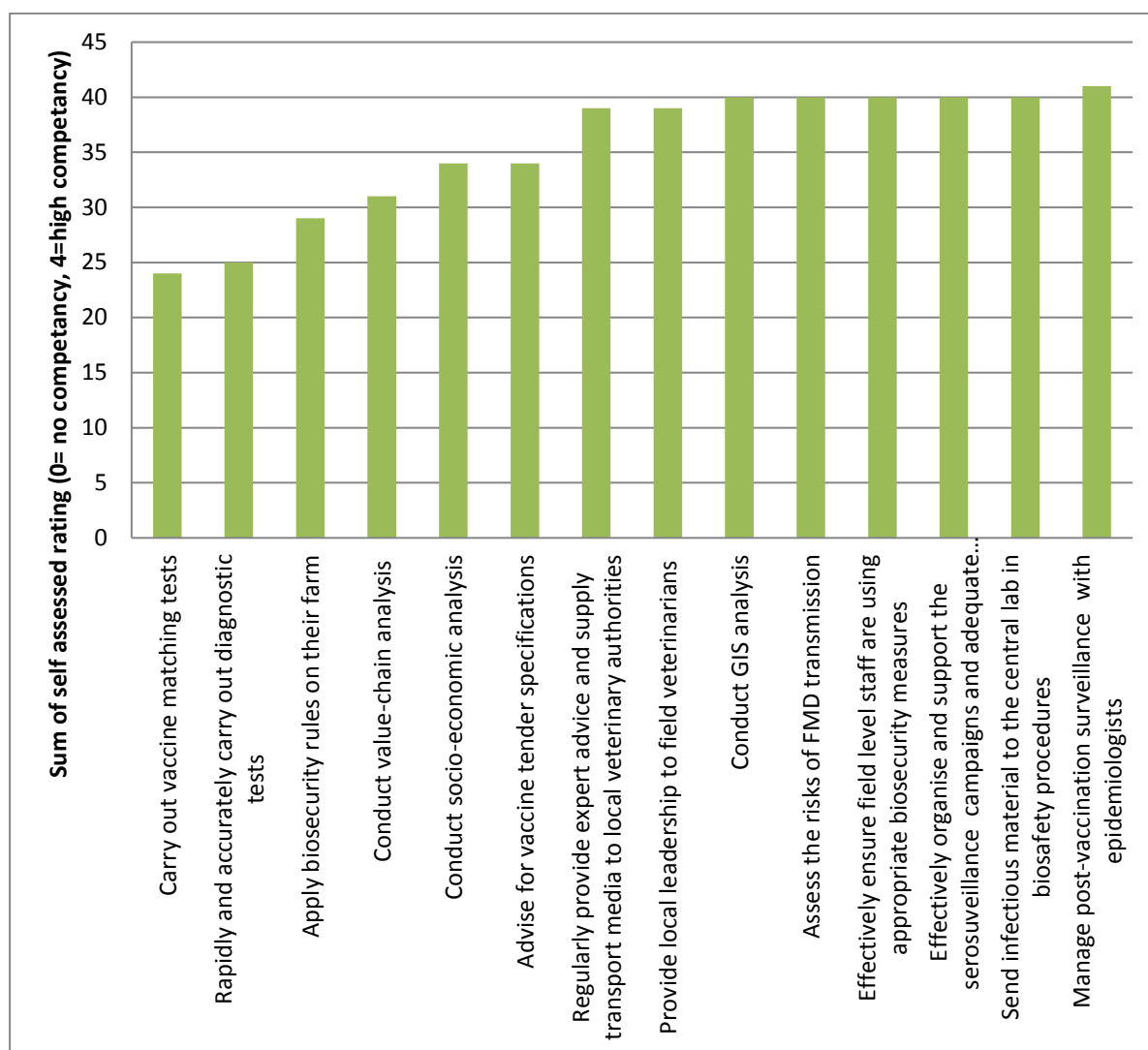
The graphs below show some of the key results:

Average (mean) self assessed capacity of different personnel groups

0= no capacity, 4 = high capacity



The ten lowest rated competencies across all personnel groups:



A summary of the results of the training needs assessments has been sent to the focal points from each of the countries participating and we will now follow up with these focal points to discuss training opportunities in more detail.

2.4.1.3 Research existing training courses

The needs assessment process has identified a number of existing training resources and providers in the region, and also those academic institutions who may be suitable to act as local delivery partners (see 2.4.1.6). This research is ongoing.

2.4.1.4 Plan for training development

Analysis of the needs assessment concluded that the primary needs for additional training are with the subjects of

- FMD diagnosis, sampling, investigation and biosecurity by field level veterinarians and paraveterinarians
- Socio-economic impact assessment- central veterinary services
- Risk analysis along the value chains- central veterinary services

- Basic Biostatistics and Epidemiology- central veterinary services
- Laboratory diagnostic testing – central and regional level
- Biosecurity measures- particularly at field level
- Post-vaccination monitoring – central veterinary services

For each of these subjects, we are currently developing a plan and approach (learning objectives, target audiences, training methodology, expected outcomes) in order to address these needs.

The proposed solutions will involve the development of formal (online or face to face) training courses. In addition, a number of informal training resources will be made available, and added to the EuFMD Knowledge Bank (see component 1.1). The needs for field level training may be best addressed through development of tools for cascade training, with national veterinary services assisted in carrying out their own training.

2.4.1.5 New training courses developed

In August 2016, the new e-learning course: “Introduction to the Progressive Control Pathway” was reviewed by more than 40 professionals with positions in government veterinary services, international organizations, universities and NGOs from Africa, Asia and Europe. This review has helped to complete the e-learning course and its launch is now planned for October 2016.

Concurrently, these reviewers may form the initial members of the PCP Practitioners’ Network, see component 3.4.

2.4.1.6 Support to training delivery

As discussed in the previous progress report, the Secretariat has identified opportunities for collaboration with academic institutions in the North Africa and Middle East regions. These institutions would be involved as regional partners for the delivery of training courses. These collaborations (please see also under components 2.2 and 2.3) have been further explored and currently Letter of Agreements to formalize collaboration and action plans are under discussion with the respective universities.

2.4.1.7 Clear structure for delivery costs of training courses set up

Pending development of training courses.

Target 2.4.2: To have established a method for monitoring and evaluation of PCP-FMD training materials and resources to safeguard the update and appropriateness by the intended target audiences and beneficiaries.

2.4.2.1 Development of monitoring and evaluation methodology

Internal EuFMD guidelines for immediate post-course evaluation of all EuFMD training workshops and courses (online and face to face) are under development. A dedicated EuFMD online survey platform has been set up to facilitate this as part of the EuFMD e-learning activities. The next step will be to implement steps to allow longer term impact evaluation of training courses.

2.4.2.2 Monitoring and evaluation of training

See above- post course monitoring of training now taking place, with future work involving longer term impact evaluation.

Target 2.4.3: Fit for purpose training courses and resources are available for wider use by neighbourhood countries and are largely appropriate and adaptable to the needs of the global community

The open access introductory e-learning course on the PCP will be made available to the global community and publicized as such during the launch in October 2016. It has been designed to be readily translatable, and following initial analysis of global uptake, translation into appropriate additional languages may be carried out.

5. Issues for the Executive Committee attention arising during implementation

The training needs assessment process has highlighted the great need for regionally appropriate FMD related training in the European neighbourhood. While the EuFMD programme will go some way to addressing these, the level of resources required currently exceeds those available under the EuFMD programme; innovative partnerships and solutions will continue to be sought.

6. Priorities for the next six months

The key priority in the next six months will be the development of training materials and courses on subjects identified by the needs assessment. A plan, timescale and budget for new training to be developed and delivered is being drawn up. A second key priority is to launch the PCP e-learning course and safeguard widespread dissemination, accessibility and use. It will be an important cornerstone to further establish networks on FMD control in endemic countries.

Thirdly, work to establish collaboration with academic institutions in North Africa and Middle East will continue, with the first delivery of online courses taking place, should partnership agreements be acceptable.

7. Gantt chart

Progress is indicated alongside the original planning. Where no changes to the implementation exist, the original planning is kept. Where changes to the original planning exist, additional shading is used (light green and //)

8. OUTPUT 2.4 National and Regional Capacity for the Management of FMD through development and evaluation of training programmes for national staff		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
2.4.1 To have developed a wide range of PCP-FMD resources and training materials in various modes (e-learning, training of trainers, face-to-face, webinars) and languages for countries in Pillar II	2.4.1.1 Design needs assessment framework																								
	2.4.1.2 Pillar II component managers conduct needs assessment																								
	2.4.1.3 Research existing training resources available																								
	2.4.1.4 Plan for training courses and resources to be developed is completed																								
	2.4.1.5 Dev. Of training courses and resources																								
	2.4.1.6 Support delivery of training courses and resources (funded by comps 2.1, 2.2 and 2.3)																								
	2.4.1.7 Clear structure for delivery costs of training courses set up																								
2.4.2 To have established a method for monitoring and evaluation of PCP-FMD training materials and resources to safeguard the uptake	2.4.2.1 Framework for M&E of training set up (in co-ordination with other training comp)																								

8. Budget update Original budget:

Component 2.4 Budget Split 2 years 2015-2017 - Phase IV											
Outputs	Activities	Unit	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
2.4.1 Development of training materials	2.4.1.1: Design needs assessment framework	Total for activity by budget line:	0	1,470	0	0	0	0	0	1,470	151,056
	2.4.1.2 Pillar II component managers conduct needs assessment	Total for activity by budget line:	0	1,470	0	0	0	0	0	1,470	
	2.4.1.3 Research existing training courses available	Total for activity by budget line:	0	1,470	0	0	0	0	0	1,470	
	2.4.1.4 Plan for training courses and resources to be developed	Total for activity by budget line:	0	935	0	0	0	0	0	935	
	2.4.1.5 Development of training courses and resources (<u>note exact details of these activities will depend on needs assessment conducted under 2.2.1.1</u>)	Total for activity by budget line:	2,715	33,467	10,200	37,500	0	0	10,000	93,882	
	2.4.1.6 Support delivery of training courses and resources (<u>note exact details of these activities will depend on needs assessment conducted under 2.2.1.1</u>)	Total for activity by budget line:	0	18,280	19,800	0	13,000	0	0	51,080	
	2.4.1.7 Clear structure for delivery costs of training courses set up	Total for activity by budget line:	0	749	0	0	0	0	0	749	
2.4.2 Monitoring and evaluation of training	2.4.2.1 Develop monitoring and assessment framework	Total for activity by budget line:	0	1,116	0	0	0	0	0	1,116	13,176
	2.4.2.2 Monitoring and evaluation of training courses	Total for activity by budget line:	0	4,280	0	0	0	0	0	4,280	
	2.4.2.3 Courses adapted following monitoring and evaluation	Total for activity by budget line:	0	7,780	0	0	0	0	0	7,780	
2.4.3 Training materials available for wider use	2.4.3.1 There are no activities associated with this output, but the need to ensure materials will be available for wider use will be considered in all activities of this component	Total for activity by budget line:	0	0	0	0	0	0	0	0	0
TOTAL FOR COMPONENT 2.4 BY BUDGET LINE			2,715	71,017	30,000	37,500	13,000	0	10,000	164,232	164,232
										Report Costs:	188
										Project Evaluation Cost:	268
										TOTAL FOR COMPONENT:	164,688

Total expenditure of EC funded activities under component 2.4 to September 2016 is:

Budget (EUR)	Expenditure (EUR)	% of total budget
164, 688	31,381	19%

EuFMD Phase IV

Report to the EuFMD Executive

March -September 2016

Component 3.1 –

Support to global progress monitoring



1. Objective of the component

Improved system for M&E of the progress of regional programmes on FMD control

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

The expected results of the component (targets) are:

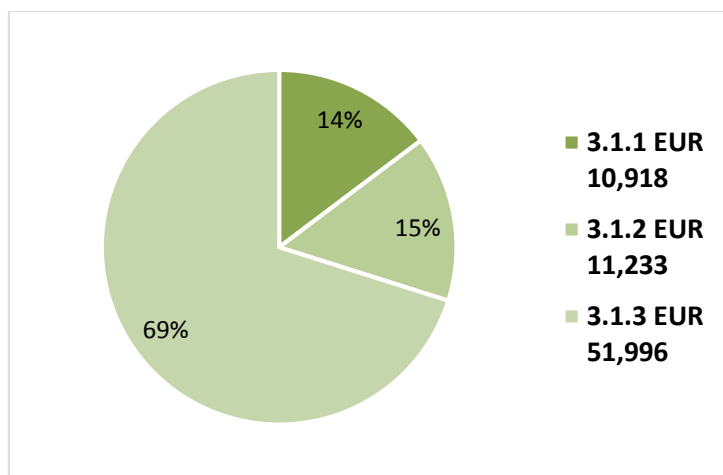
3.1.1 International Progress Monitoring system functioning effectively

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

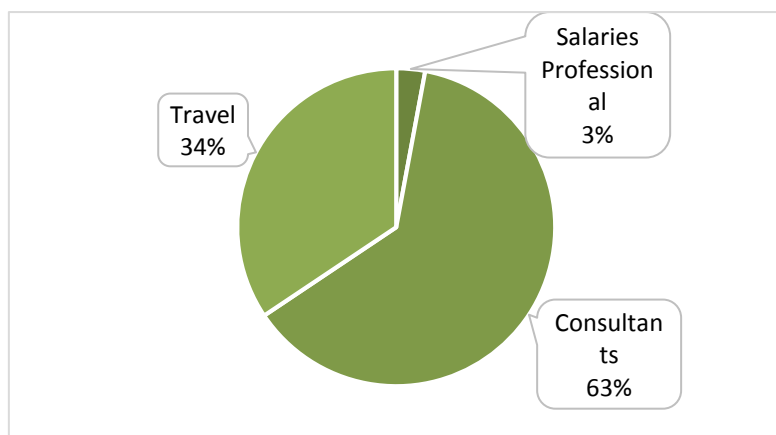
3.1.3 Technical support provided to FAO/OIE FMD Working Group

Total component budget (EC funded): EUR 75,629

Budget split by targets:



Budget split by budget line:



2. Project team

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

3. Countries or partner organizations involved

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

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

4. Progress update

A short term professional (Wilmot Chikurunhe- Zimbabwe) has been recruited to assist with activities under this component, along with those under components 3.2 and 3.4. To date, while provision of training under output 3.1.3 has been discussed with the GF-TADS FMD Working Group, this has yet to be carried out.

There has been no recent progress made on the annual Global FMD Report or the webpage to support international progress monitoring, for reasons indicated in 5.(below).

5. Issues for the attention of the Executive Committee

Progress under this component is reliant upon requests received from the GF-TADS Working Group, which has led to a delay in activities under this component. A way forward and prioritization of future activities will be discussed with the Executive Committee.

6. Priorities for the next six months

Future activities under this component will be decided following consultation with the Executive Committee and the GF-TADS FMD Working Group, as detailed above.

8. Updated budget Original budget:

Component 3.1 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
3.1.1 FAO/OIE Working group enabled to produce annual Global FMD Report	3.1.1.1 Information gathering	0	4,775	0	0	0	0	0	4,775	10,918
	3.1.1.2 Support authoring/collation of reports for FAO/OIE FMD Group	0	3,000	0	0	0	0	0	3,000	
	3.1.1.3 Reporting	543	2,600	0	0	0	0	0	3,143	
3.1.2 International progress monitoring system functioning correctly	3.1.2.1 Developing a webpage/site with actual PCP-FMD stages per country, based on assessment results of most recent regional roadmap meetings	543	10,690	0	0	0	0	0	11,233	11,233
3.1.3 Technical support to FAO/OIE FMD Working Group	3.1.3.1 Contribute to training of team of 12-15 experts on FMD control measures to support countries when requested	543	12,934	6,510	0	0	0	0	19,987	51,996
	3.1.3.2 Collaborate with FAO and OIE to support two or three expert team missions each year in assisting countries	543	12,480	18,985	0	0	0	0	32,008	
TOTAL FOR COMPONENT 3.1 BY BUDGET LINE		2,172	46,479	25,495	0	0	0	0	74,146	74,146
									Report Costs:	151
									Project Evaluation Cost:	1,332
									TOTAL FOR COMPONENT:	75,629

Total expenditure of EC funded activities under component 3.1 to September 2016 is:

Budget (EUR)	Expenditure (EUR)	% of total budget
75,629	20,911	28%

EuFMD Workplan

Report to the EuFMD Executive

March -September 2016

Component 3.2 – Support to Global Progress Monitoring of FMD Control programmes



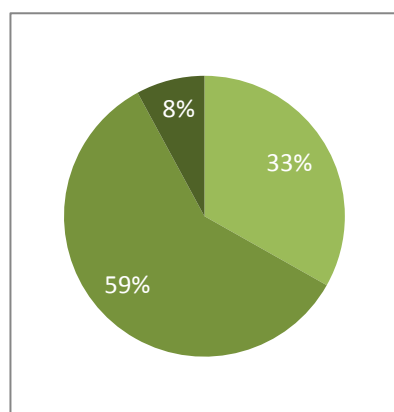
3.2 Progressive Control pathway

OBJECTIVE: The objective is to enhance the international capacity for the application of the EuFMD/FAO/OIE PCP-FMD through development of tools, guidelines and knowledge transfer.

OUTPUTS (EXPECTED RESULTS):

Dissemination of the principles and applications of PCP-FMD, primarily for countries endemic with FMD but including EuFMD member states and neighbourhood (REMESA,..); Developing guiding documents (guidelines and technical notes), trainings and workshops on PCP-FMD

Specific Outputs:



1. PCP toolbox developed for PCP-FMD user community, including guiding documents developed for joint FAO/OIE application;
2. System for training PCP-FMD experts well established and supported by resources.
3. Representation in regional roadmap meetings, FAO/OIE FMD working group and EuFMD executive meeting

DIRECT INVOLVED BENEFICIARIES: the FMD WG of FAO/OIE; international pool of expertise at national and regional level that utilise the PCP in their work with countries, including European neighbourhood; and Pillar 2 activities of EuFMD that will use the guidelines/training resources.

RESOURCE BASE: as bullet points and

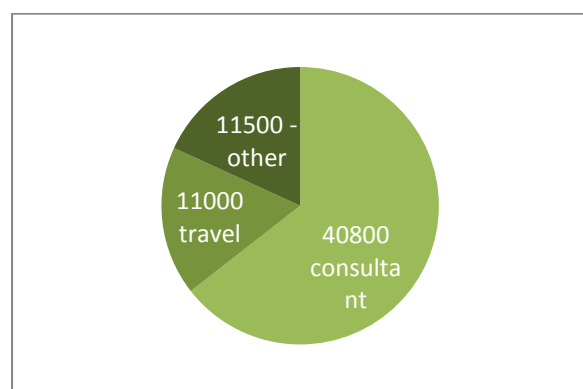
- **HR: Management** P5 (10%), P2 (5%). Products/Activities: developed with 3 consultants.

- **Budget for Activities** (EC - TF): excludes HQ based support services/costs.

€ 21,907

(+ € 24,893)

€ 63.300 (including +€16.500 as discussed in ExCom87)



2-Project team

Role	Name	Status
Pillar manager	Keith Sumption	Secretariat
Component manager	Chris Bartels	EuFMD consultant
GFTADS-FMD WG	Samia Metwally Jemmy Domenech	FAO OIE
National consultants:	Not applicable	
ExCom oversight		

3-Countries or partner organizations involved

Application of PCP-FMD is worldwide, particularly for endemic situations (PCP-FMD Stage 1-3). Therefore there is no tailoring to specific countries. EuFMD will work with FAO and OIE where appropriate in developing these tools and guidelines.

As West Eurasia (component 2.1), South-east Mediterranean (component 2.2) and North Africa (component 2.3) are focal areas for EuFMD, new developed PCP-FMD tools and training may well be first applied in these regions.

4-Progress Report

Progress Report

Outcome 1: PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application:

In the previous progress report, it was indicated that EuFMD is contributing to the development of guidelines on socio-economic analysis of FMD. In the time window of this progress report, no further activity was undertaken by the FAO and OIE FMD working group to proceed with these guidelines.

The revised version of the PCP guidelines have been submitted to the FAO/OIE FMD Working Group for review and comments.

Outcome 2: System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress

a. Needs for PCP-FMD training in Asia and Africa (activity 3.2.2.1) are investigated in part with components 2.4, 3.3 and 3.4. The consultant contributed to the analysis and interpretation of the needs-assessment questionnaire for the Pillar II countries (see component 2.4) and a similar approach of conducting a needs assessment is performed for the SADC region as part of activities under component 3.4.

b. Contrary to what was discussed in the previous progress report, the training of regional OIE staff in Asia did not take place.

c. Exploring financial resources for training of PCP-FMD experts (activity 3.2.2.2) has not been actively conducted.

Outcome 3: The GF-TADS system for PCP assessment is maintained and/or further improved, and the quality and impact of regional roadmap meetings in at least 3 regions further improved

- a. In September, the first regional roadmap meeting for FMD control in West Africa has taken place in Togo. EuFMD developed and co-presented a pre-meeting webinar to inform forthcoming participants on issues of “What is the PCP-FMD?” and “What can be expected from a Regional Roadmap meeting with FAO and OIE?”. A total of xxx participants attended the webinar. Additionally, during the Roadmap meeting time was set aside to further discuss the principles and approach of the PCP and its role as part of the Global Strategy for FMD control. EuFMD developed and moderated this session with emphasis on interaction and group work by participants. These approaches of informing participants before and during the meeting was very well received and will be applied for future roadmap meetings also
- b. The 4th regional roadmap meeting for the Middle East is scheduled for 2-4 October. It will follow-up on the PCP assessment of last year’s meeting and address a number of specific issues relevant for the region. EuFMD will organize the pre-meeting webinar and workshop to inform new participants to the PCP and the required preparations for the assessment procedure.
- c. During the meetings under a and b, EuFMD has provided active guidance on the PCP-FMD assessment procedure. In each of the meetings, a EuFMD STP joined to provide support in organizing logistics, translation and support to the assessment procedure. Concurrently, this exposure will help each of the STPs to assist in organizing and facilitating similar meetings in their region of origin (North Africa and Southern Africa).

5-Issues for Executive Committee attention arising during implementation

An issue for the Executive Committee’s attention is that activities under this component are considerably entangled with activities under components 2.4 and 3.4 in which training needs and training development is currently taking all the time and resources available.

Additionally, implementation of planned activities under this component relies very much on the activities and the decisions of the FMD-WG, in particular with regard to training of PCP-FMD experts, country follow-up after regional roadmap meetings and points for improvement as discussed in the post-meeting evaluation. The FMD-WG is meeting twice a year about which EuFMD in principle is informed. It would benefit coordination of activities if EuFMD was provided the status of observer to these meetings.

6-Priorities for the next 6 months

The priorities for the next six months are in line with the planned activities: development of additional guidelines, training of PCP-FMD experts, provision of pre-regional roadmap PCP-FMD training.

In the GANTT chart below, the progress is indicated alongside the original planning.

Where no changes to the implementation exist, the original planning is kept. Where changes to the original planning exist, additional shading is used (light green).

OUTPUT 3.2 Improved capacity, methods, and guidelines for application of the EuFMD, FAO and OIE progressive control pathway (PCP) for FMD		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
3.2.1 PCP toolbox further developed for PCP-FMD user community, including norms set, guiding documents developed for joint FAO/OIE application	3.2.1.1 Revision of general PCP-FMD guidelines (timing to be decided with FAO&OIE)																								
	3.2.1.2 Support to developing guidelines on socio-economic impact assessment of FMD																								
	3.2.1.3 Development of additional guidelines relevant for PCP-FMD stages 0 – 3 (conducting sero-surveys, value-chain analysis, risk assessment, stakeholder consultation)																								
	3.2.1.4 Alongside the guidelines, development (in line with activities under components 2.4, 3.3 and 3.4), broadcasting e-learning materials and organizing e-learning courses on PCP-FMD for countries in Stage 0-3.																								
3.2.2 System for training PCP-FMD experts well established, and as part of the GF-TADS led implementation of the GF-TADS strategy, contributes to national and regional PCP progress	3.2.2.1 Identify needs for PCP-FMD training in different regions of Asia and Africa (in coordination with comp 2.4, 3.3 and 3.4)																								
	3.2.2.2 Explore financial resources for training PCP-FMD experts																								
	3.2.2.3 Conducting PCP-FMD training for experts in one region of Asia and Africa each																								
	3.2.2.4 Support and maintain a network of PCP-FMD experts through establishing a PCP-FMD community (see also comp 3.3 and 3.4)																								

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component 3.3 – *Laboratory support*

Pillar Manager: Keith Sumption

Component Supervisor: Keith Sumption

Component Manager: Kees van Maanen

Reporting: Kees van Maanen

3.3 Laboratory Support

OBJECTIVE: Improved international FMD reference laboratory services and their contribution to regional epidemio-surveillance networks

In other words the output of this component should result in an increased level and quality of surveillance information from the OIE/FAO Lab Network, with progress towards the targets required for regional roadmap vaccine priority setting in at least the 3 priority virus pools (Africa and West Eurasia). Activities will in 2015-17 re-invigorate regional laboratory networks, with better epidemiology linkages, to ensure better technical expertise development at regional levels, underpinning surveillance and regional roadmaps.

OUTPUTS (EXPECTED RESULTS):

1. Coordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network.
2. International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL;
3. Epidemio-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information
4. Support for a global proficiency test scheme, to include 19 laboratories in the global network

DIRECTLY INVOLVED BENEFICIARIES:

RESOURCE BASE

HR: HQ operational costs are identified and for support of activities under Pillar III a STP has been selected (Obakeng Kemolathle).

€ 498,958 Agreed at ExCom 90 (€ 387,533 contracted to WRLFMD, in addition € 39,000.— contracted to WRLFMD under component 1.7).

Budget for Activities (EC - TF): excludes HQ based support services/costs.

€ 476,692

2-Project team

Role	Name	Status
Component supervisor	Keith Sumption	Executive Secretary
Component manager	Kees van Maanen	Secretariat
STC members involved in oversight role	Stephan Zientara (lab) Nick Lyons (epi)	STC
Contractor	The Pirbright Institute- Donald King	Head, World Reference Laboratory, Pirbright
FAO Contact	Gwenaëlle Dauphin	Lab Unit coordinator, FAO
Excom oversight	TBC	Executive Committee

3-Countries or partner organizations involved

FAO and OIE developed the joint global laboratory network proposal in collaboration with the World Reference Laboratory at the Pirbright Institute.

4-Progress Report

Output 1. Coordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network.

The 10th OIE/FAO FMD Laboratory Network Meeting was organised in Brussels, Belgium on 24th – 26th November 2015. The meeting started with a closed session, followed by an open session and lasted 3 days, thus creating more opportunities for discussion and interactions. A summary report of the meeting is available.

Also the annual report for 2015 of the network has recently become available and compiled information from this report is used for this update report. The OIE/FAO FMD Reference Laboratory Network is a vital contributor to the global control of FMD and provides opportunities and expertise for developing and sustaining laboratory capacity and capability, exchange of materials and technologies, harmonising approaches to diagnosis and supporting complementary research. Laboratories within the network regularly receive samples for FMD diagnosis from many parts of the world. The in vitro antigenic properties of selected isolates are assessed for vaccine matching and nucleotide sequencing allows precise characterisation of new isolates and tracing of their origin by comparison with viruses held in virus collections. This analysis assists the monitoring of the ‘real time’ emergence and spread of FMD virus globally.

The 11th OIE/FAO FMD Laboratory Network Meeting is planned for 30th November – 2 December 2016 and will be facilitated by ANSES, Maisons-Alfort, Paris.

Output 2. International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL;

Over two thousand clinical samples from suspect cases of FMD were tested by laboratories in the Network (and associated laboratories) during 2015. These samples were collected from 41 countries from all 7 FMD endemic pools and include specimens from cases of vesicular disease in Brazil due to a new emerging virus called Seneca Valley virus. However, sampling within these pools is not equivalent: surveillance within West Africa (Pool 5) is particularly sparse and efforts are currently underway with the network to improve sample collection and testing in this region.

The OIE/FAO FMD Laboratory Network has recently detected a number of viral lineages that have emerged from their established endemic pools to cause field outbreaks in geographically distant locations. There is probably no single factor that underpins these changes, but since 2010 the current dynamic transboundary patterns of FMD virus movements are probably influenced by the migration of people in North Africa and the Middle East due to the escalation of regional political crises, as well as new trading patterns and demand for animal protein that arise due to increased prosperity in East

Asian countries. These unexpected outbreaks caused by emerging viral lineages reinforce the importance of surveillance activities undertaken by the Network.

A joined EuFMD/WRLFMD mission has been carried out in June 2016 to support Embakasi FMD laboratory, one of the RSLs in pool 4.

WRLFMD activities continue as planned, although the current LoA has expired by October 31st 2015 and a new LoA is still under development.

Output 3. Epidemio-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information

To revitalise the networks in East Africa a core group has been formed to organize a series of webinars and online meetings. Since February 2016 these have been organised on a monthly basis. The webinars will continue in September 2016, and the structure has been amended after discussions in the core group and feedback from the audience.

In the context of e-learning A FMD Laboratory Course (FLABC) will be developed in collaboration with WRLFMD/TPI. A list of putative topics has been produced and discussions between EuFMD and TPI are ongoing.

A training needs assessment survey has been developed and has been carried out in all pillar II countries, results have been analysed and summarised and feedback will be given to the countries. Also for pillar III a training needs assessment will be done after learning from the pillar II exercise.

Output 4. Support for a global proficiency test scheme, to include 19 laboratories in the global network

WRLFMD activities continue as planned, although the current LoA has expired by October 31st 2015 and a new LoA is still under development. The 2015 PTS has been finished and results are summarised in the 2015 annual report of the OIE/FAO FMD Laboratory Network.

5-Issues for Executive Committee attention arising during implementation

No specific issues, the new LoA has to be signed and implemented.

6-Priorities for the next six months

- Annual report on global FMD status
- Progression in the work of the OIE/FAO laboratory network working groups
- Training needs assessment pillar III countries
- Missions to RSLs in pools 4 and 5 (WRLFMD/EuFMD)
- Development of laboratory e-learning materials
- Webinar series for East Africa continued and for West Africa planned

7-Gantt charts – Planned program (olivegreen) and progress update/revised (shading/darkgreen for rescheduling) program

3.3 Lab. support	OUTPUT 3.3 Improved international FMD reference lab services and their contribution to regional epidemio-surveillance networks		YEAR 1												YEAR 2											
	Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
3.3.1 Co-ordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network	3.3.1.1. Harmonisation of communication and data sharing between network laboratories (WRL)	3.3.1.1. Harmonisation of communication and data sharing between network laboratories (WRL)																								
		3.3.1.2. organization of the annual OIE/FAO ref lab meeting incl support to regional support labs																								
		3.3.1.3. Annual report on global FMD status (WRL)																								
		3.3.1.4. Diagnostic services for samples submitted to WRL (managed by WRL, some tests may be delegated to leading laboratories in the global network with WRL support and supervision)																								
	3.3.2 International surv. performance in 3 priority virus pools meets or exceeds minimum required for regional vacc. match recoss, via diagnostic activities managed by WRL	3.3.2.1. Support to sample shipment from labs in pools 3, 4, and 5 to WRL (managed by WRL)																								
		3.3.2.2. Training & supervision to regional support laboratories in pools 4 and 5 (managed by WRL)																								
		3.3.2.3 Support to obtain samples from outbreaks																								
		3.3.2.4 Procurement of reagents and kits																								
	3.3.3 Epidemio-surveillance networks in three priority pools function effectively in gathering, sharing and improving use made of surveillance information	3.3.3.1 Current status of laboratory and epidemiology networks in pools 3, 4 and 5 analysed and needs assessed																								
		3.3.3.2 Dev of training material for all relevant FMD laboratory tests including pitfalls and trouble-shooting, biosafety, sample archiving, laboratory management, quality systems etc. (contracted to WRLFMD in Pirbright)																								
		3.3.3.3 FLABC courses delivered and organised for pools 3, 4 and 5 in close collaboration with component 2.1, 2,4 and 3.4																								
		3.3.3.4 Online meetings concerning network management, issues, priorities, topics of interest are organized twice a year																								
	3.3.4 Support for global PTS, to include 19 labs in global network	3.3.4.1. Global PTS for 12 network labs including 4 RSLs located in pools 4 and 5																								

Budget (€)

Component 3.3 Budget Split 2 years 2015-2017 - Phase IV										
Outputs	Activities	Salaries professional	Consultant	Travel	Contracts	Training	Equipment	Other	TOTAL FOR ACTIVITY	TOTAL FOR OUTPUT
3.3.1 Co-ordination of international harmonization in methods and support activities by the OIE/FAO global FMD laboratory network	3.3.1.1 Harmonisation of communication and data sharing between network laboratories	0	2,300	0	3,690	0	0	0	5,990	331,842
	3.3.1.2 Organisation of the annual OIE/FAO ref lab meeting including support to regional support labs to attend	0	4,400	13,200	35,900	10,000	0	0	63,500	
	3.3.1.3 Annual report on global FMD status	0	0	0	7,380	0	0	0	7,380	
	3.3.1.4 Diagnostic services for samples submitted to WRL	0	1,120	0	234,693	0	19,159	0	254,972	
3.3.2 International surveillance performance in 3 priority virus pools meets or exceeds minimum required for regional vaccine match recommendations, via diagnostic activities managed by the WRL	3.3.2.1 Support to sample shipment from labs in pools 4 and 5 to WRL	0	0	0	29,520	0	0	0	29,520	75,832
	3.3.2.2 Training and supervision to regional support laboratories in pools 4 and 5	0	7,800	4,764	14,000	0	0	0	26,564	
	3.3.2.3 Support to obtaining samples from outbreaks	0	4,840	4,348	0	0	0	0	9,188	
	3.3.2.4 Procurement of reagents and kits for laboratories	0	560	0	0	0	10,000	0	10,560	
3.3.3 Epidemio-surveillance networks in 3 priority pools function effectively in gathering, sharing and improving use made of surveillance information	3.3.3.1 Current status of laboratory and epidemiology networks in pools 3, 4 and 5 analysed and needs assessed	0	2,280	2,688	0	0	0	0	4,968	49,055
	3.3.3.2 Development of training material for all relevant FMD laboratory tests	0	4,560	0	25,000	0	0	0	29,560	
	3.3.3.3 FLABC courses delivered and organised for pools 3, 4 and 5 in close collaboration with component 2.1, 2.4 and 3.4	1,086	5,300	0	0	0	0	0	6,386	
	3.3.3.4 Online meetings concerning network management, issues, priorities, topics of interest are organized twice a year	3,801	4,340	0	0	0	0	0	8,141	
3.3.4 Support for a global proficiency test scheme, to include 19 laboratories in the global network	3.3.4.1 Global proficiency testing scheme, including distribution to 12 global network labs and follow-up activities (managed by WRL)	0	0	0	37,350	0	0	0	37,350	37,350
TOTAL FOR COMPONENT 3.3 BY BUDGET LINE		4,887	37,500	25,000	387,533	10,000	29,159	0	494,079	494,079
								Report Costs:	439	
								Project Evaluation Cost:	4,440	
								TOTAL FOR COMPONENT:	498,958	

Component 3.3 Budget - By ACTIVITY

Total Budget Allowance	4 month Expenses Oct. 15 -Feb. 16	% project completion	Actual available (10 months activities 2016 and 2017)
€ 476,692	€ 0	0%	€ 476,692

EuFMD Phase IV

Report to the EuFMD Executive

Period March - September 2016

Component 3.4 – *Global access to PCP-FMD training resources*

Component Supervisor: Keith Sumption

Component Manager: Jenny Maud / Chris Bartels

Reporting: Chris Bartels / Jenny Maud

Focal point Executive Ctte: Martin Blake

1. Objective(s) of component

Objective:

The overall objective of this component is:

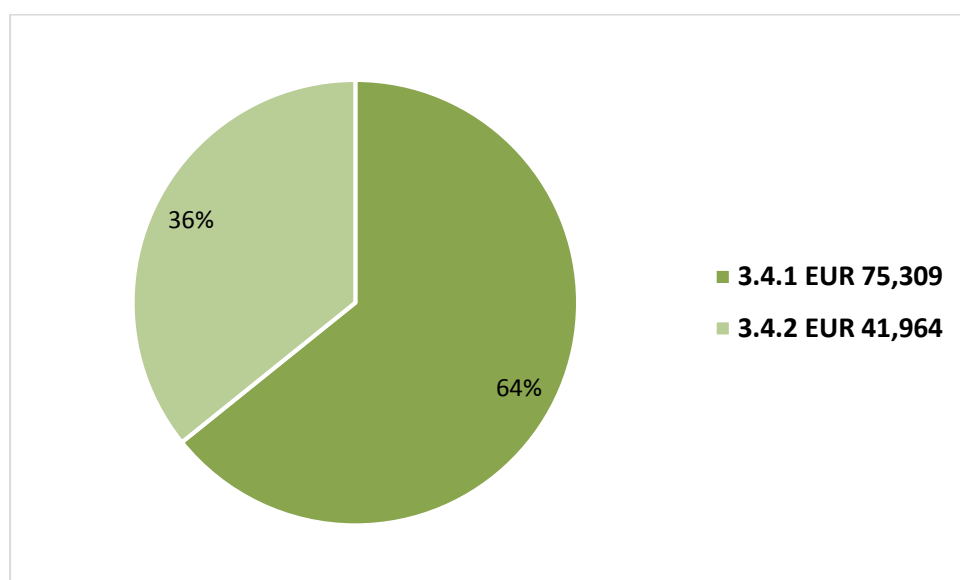
Improved National and Regional capacity for the roll-out of the Global Strategy and the management of FMD: Pillar III Training Component.

Outputs (expected results):

3.4.1 PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD WG.

3.4.2 System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users.

Resource base:



2. Project team

<i>Role</i>	<i>Name</i>	<i>Status</i>
Component Supervisor	Keith Sumption	Executive Secretary
Component Manager	Jenny Maud / Chris Bartels	Training Programmes Manager-PCP Manager
Partner Organisations	Training activities carried out in collaboration with regional partners and organisations in support of the GF-TADS Global Strategy for FMD control.	n/a
ExCom oversight	TBC	Executive Committee

3. Countries or partner organizations involved

For the roll-out of PCP-FMD training and resources in Asian and African regions, a close collaboration is foreseen with regional FAO or OIE offices. Additionally roll-out may make use of non-governmental organisations (NGOs), bi-lateral or multilateral organisations, especially where such partnerships might bring sources of additional funding or resources. Activities in this component are in support of the roll out of the Global Strategy for FMD Control.

Initial work carried out in June and July 2015 suggests that one collaborating partner may be the FAO subregional office for Southern Africa, based in Zimbabwe, which may act as a “training hub” for Southern Africa, and also extend its activities to East and West Africa where appropriate. A first webinar, including an initial needs assessment, has already been carried out.

4 . Progress report

Target 3.4.1: PCP and associated training resources tested, evaluated and available for use (in more than one official language) in African and Asian FMD endemic regions in line with the intentions of the GF-TADS FMD Working Group.

Activities:

3.4.1.1 Identification of partners for collaboration in Southern African Region

In collaboration with the FAO Sub Regional Office for Southern Africa, Wilmot Chikurunhe from Zimbabwe was employed starting in August 2016 as STP assisting with this component and with components 3.1 and 3.2.

His principal tasks with regard to this component will be to:

- Conduct a training needs assessment for the SADC region
- Modify existing EuFMD training materials in order to conduct a pilot e-learning course for veterinarians from multiple Southern African countries
- Assist colleagues in the FAO sub-regional office for Southern Africa to pilot webinars as a method of improving laboratory and epidemiology networking in the region
- Support EuFMD consultants in development of the online PCP practitioners’ network, and support to regional virtual networking

3.4.1.2 Identification of partners for collaboration in delivery of training in a region of Asia

Following consultation with the FAO Regional Office for Asia and the Pacific (RAP) and the FAO Regional Support Unit for the South Asian Association for Regional Co-operation (SAARC), the South Asian region has been identified as the next priority area for training support. The recent emergence of new viral lineages from this region into the Middle East and Turkish neighbourhood have highlighted the importance of improved co-operation and networking on FMD control with the SAARC region. An STP position to support the South Asian region has therefore been advertised. Over 20 applications were received and interviews of shortlisted candidates were conducted in the first week of September. This STP, when recruited, will spend some time in the FAO Regional Office and some time based in Rome. They will contribute to activities under component 3.1, 3.2 and 3.4. Priority for

selection has been given to candidates who are likely to be able to continue regional training and networking activities following the STP position, aiming to ensure sustainability of the activities.

3.4.1.3 Existing training resources are researched training needs assessment carried out in regions identified in Africa

The training needs assessment developed for pillar II countries under component 2.4 has been modified to make it applicable to the region and has been sent out to regional contacts. Responses are expected in September 2016. These responses are important input for developing the e-learning course and webinars.

Research on existing training available in the region will also be carried out in a similar way to that under component 2.4.

Activities 3.4.1.4, 3.4.1.5, 3.4.1.6, 3.4.1.7, 3.4.1.8, 3.4.1.9 and 3.4.1.10 are dependent on the completion of these initial activities and hence there has not been progress as yet.

Open e-learning courses developed under component 2.4 for Pillar II countries will also be made available to a global audience, and therefore the activities under component 2.4 are of direct benefit to this component.

Target 3.4.2: System established to safeguard the sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users.

Activities:

3.4.2.1 Develop webinar series and network for global PCP practitioners

A webinar series and associated Global PCP Practitioners' Community has been planned to launch alongside the PCP-FMD e-learning courses (funded under component 2.4). Consultation on the content and modality of the network activities has taken place during August as part of the pilot phase of the PCP e-learning courses.

"PCP Practitioners" are defined as anybody working with the PCP-FMD globally and may include:

- Veterinarians in government veterinary service (central, regional or field level)
- Representatives of intergovernmental and non-governmental organisations
- Private stakeholders

The community will involve:

- A requirement to study the 3 hour self-directed PCP e-learning course as entry to the network
- Regular webinars (monthly) that are followed by tutor led discussions and small exercises if appropriate
- Links into relevant areas of the EuFMD Knowledge Bank to allow participants to find further resources
- A register of members and their expertise, to allow members to contact relevant expertise in order to gain advice or share experiences
- Increasing emphasis on community members contributing directly to webinars and discussion, such that the network activities require progressively less direct input from EuFMD and becomes self-sustained.

3.4.2.2 Support regional networks in target regions identified under 3.4.1, and provide assistance to networking activities in other regions if appropriate

Wilmot Chikurunhe has started work on defining how best to support regional SADC network. This work will be complemented by the responses of the needs assessment complemented by his experiences and contacts with people in the region.

3.4.2.3 Assist collaborating organizations to develop a sustainable system for training

For the SADC region, the FAO Sub Regional Office for Southern Africa will play an important role to ensure long term sustainability of regional training initiatives. For that purpose, the STP maintains strong links with FAO for this region and is exploring partnerships with academic institutions in the region.

3.4.2.4 Research additional sources of funding to support training

It is increasingly recognised that the funding available under the EC funded programme for this component is limited, while the demand for PCP-FMD training globally is large, and the e-learning tools available have potential to fulfil this need effectively. Initial discussions have been held in order to define an approach for seeking additional funding to support further extension of the activities of this component.

Full running costs of the delivery of an adapted online FMD Emergency Preparation Course to be delivered for colleagues in China will be covered by the LinkTADs project (Linking Epidemiology and Laboratory Research on Transboundary Animal Diseases and Zoonoses in EU and China). This course will take place in September 2016, and if well regarded, this funding model may be appropriate to be applied again, in co-operation with other partners.

5. Issues arising for the Executive Committee during implementation

Delays have occurred in the implementation of this component due to lengthy recruitment procedures for the STP position. It is hoped that these issues have been better resolved for the recruitment of future STPs. Two STPs may be recruited in parallel to ensure this component can “catch up” following the initial delays.

The Executive’s guidance on priority areas for co-operation following Southern Africa and South Asia will be sought.

6 . Priorities for the next six months

Activities in Southern Africa

Following the needs assessment, an existing e-learning course (developed under 2.4) will be adapted and delivered in the region (**activity 3.4.1.4, .7 and .9**). The delivery of the first e-learning course will be an important part of the needs assessment process in itself, since it allows direct comment and discussion with target audiences in the region.

The STP will work in close collaboration with the FAO Sub Regional Office for Southern Africa, with the aim of improving the office’s capacity to continue to deliver online courses and resources with progressively less direct input from EuFMD. Such establishment of a model for sustainability of regional training is a key part of this component, but a challenging one (**activity 3.4.2.3**).

Activities in South Asia

Following the completion of the interview process, It is foreseen that the STP will take up activities in the SAARC countries starting from November 2016. **(activity 3.4.1.2)**

PCP Practitioners' Community

The launch of the PCP Practitioners' Community is anticipated to take place in October to coincide with the releases of the PCP e-learning and will involve a dedicated event at the EuFMD Open Session. The network will be "launched" with the first of a series of webinars, widely publicized to target audiences. **(activity 3.4.2.2).**

Researching additional sources of funding

Activities will continue to seek additional funding to support the activities of component 3.4 will continue, in close collaboration with regional partners.

7 . GANTT chart

In the GANTT chart below, the progress is indicated alongside the original planning.

Where no changes to the implementation exist, the original planning is kept. Where changes to the original planning exist, additional shading is used (light green colour).

OUTPUT 3.4 Improved National and Regional Capacity for the Roll-Out of the Global Strategy and the Management of FMD: Pillar III Training Component		YEAR 1												YEAR 2											
Target (Expected Result)	Activities	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
3.4.1 A full range of PCP training resources and materials, tested and evaluated as fit-for-purpose for use in African and Asian FMD endemic regions	3.4.1.1 Identification of partners for collaboration in delivery of training in Sub Saharan Africa																								
	3.4.1.2 Identification of partners for collaboration in delivery of training in a region of Asia																								
	3.4.1.3 Training needs assessment carried out in regions identified in Africa																								
	3.4.1.4 Training needs assessment carried out in regions identified in Asia																								
	3.4.1.5 Plan for dev. of training resources in Africa region																								
	3.4.1.6 Plan for dev. of training resources for Asia region																								
	3.4.1.7 Training courses and resources are adapted for local use																								
	3.4.1.8 System for M&E established																								

[illegible]

8 . Budget update

Total expenditure of EC funded activities under component 3.4 to September 2016 is:

Budget (EUR)	Expenditure (EUR)	% of total budget
118,051	17,031	14%