

SOFIA, BULGARIA 13-14 OCTOBER 2014



Report and appendices

88TH SESSION
OF THE EXECUTIVE COMMITTEE
OF THE EuFMD COMMISSION



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



Food and Agriculture
Organization of the
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88th

SESSION

Of the

EXECUTIVE COMMITTEE

Of the

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

(EuFMD)

Sofia, Bulgaria

13-14 October, 2014



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Findings and Recommendations of the 88th Session of the Executive Committee

The Executive Committee, after considering the documents and issues on the Agenda of the 88th meeting of the Executive Committee of the EuFMD,

Acknowledges

The support of the European Commission for the Phase III of the EuFMD/EC work programme, and to emergency actions in the European neighbourhood, the continued support of the Member States for the Secretariat of the Commission, and the interest of international partners to work together under the Global Strategy for FMD towards common objectives that will reduce the risk of new FMD epidemics.

In relation to the general FMD risk situation

Takes note of the unexplained movement of O India 2001 viruses into the southern Mediterranean and the westwards spread of the epidemic to affect Tunisia and Algeria, and of the actions of the EC together with EuFMD, OIE and FAO to co-ordinate an effective response to reduce the risk to Europe; and of the continued epidemics of SAT2 in Egypt, and the possible increased threat relating to unintended or intentional human activities as a result of conflict situations close to borders with Member States (MS).

Conclusions

Item 2

1. Given the likely continued circulation of O India 2001 topotype in the European neighbourhood there is an urgent need for clarification of the utility of several emergency stocks of type O antigens, in particular O Manisa and O BFS. A potency test with heterologous challenge is required and the Secretariat should take steps to identify the facilities and their earliest opportunity to undertake such studies.
2. There is a need for a paper on implications of the serotype C disappearance, covering issues of remaining holdings in laboratories, possible sequestration of live viruses, maintenance of vaccine banks and evidence for lack of circulation.

3. WRL are encouraged to include vaccines from the SAP Institute in Turkey in future vaccine matching given the importance of their vaccine production for domestic and potential for regional use in future emergencies.

Item 4

4. The Chairman concluded that the cost model should be used and experience reviewed periodically.
5. The Workplan for Component 1.2 was endorsed.
6. The development of an easy to use economic calculator for the impact of FMD outbreaks should assist the MS in their arguments for sufficient resources to improve their CPs. A prototype should be developed for the General Session in 2015 at which point the utility and additional features desired by MS could be identified and decisions taken on value of further development.
7. The programme (1.3) remains of high importance and workplan for the term of the project was endorsed.
8. The additional activities for surveillance and early detection of PPR/SGP/LSD were endorsed, as part of the programme on the common borders of Greece/Bulgaria and Turkey for risk-based surveillance for FMD.
9. There is a need for evidence on the effectiveness of the vaccination programmes against PPR-SGP-LSD-BT, and factors affecting this, following useful studies on FMD vaccine effectiveness conducted in Turkey with EuFMD support.
10. The workplan for the term of the Component (1.4) was endorsed.
11. There remains a need to ensure CVOs and Ministries of countries in the Balkan region remain committed to developing CPs for FMD and the Executive Committee members and Observers should use their different channels of communication to ensure this message is communicated.

Item 5

12. For Turkey, a report and recommendations are expected by the end of the year after the current intensive in country support.
13. For Georgia, the future programme should be clarified before the General Session, including the EuFMD role in any regional long term project. In all cases, the commitment of the countries themselves is a prerequisite.
14. That the EuFMD can in principle support the 6th Roadmap as per the 5th one, and that Component 2.1 budget should support this in 2015.
15. The view of the veterinary services of Georgia, Armenia and Azerbaijan is needed on any decision on the scope and objectives of a regional project. The EuFMD Secretariat should continue to plan for meetings with the parties interested to develop a potential programme and to review this at the next Executive Committee.
16. The revised programme was endorsed, and can be presented at the REMESA JPC in early November. The EuFMD position remains that it is for REMESA to decide on the support they require and we assist them to develop feasible and efficient means of support within the current budget allocation.

17. A revised strategic plan for the North African countries is a priority, recognizing the front line position of Tunisia and risk from Libya and its informal trade connections to mid-east countries and sub-Saharan Africa.
18. The *in vivo* vaccine challenge study is a priority and WRL, with EC, are requested to clarify when this can occur and if any role of EuFMD is needed to expedite arrangements.
19. The proposal from Tunisia to EuFMD-FAR for support for serological studies could be supported as part of Component 2.3, if national authorities request this as part of the workplan.

Item 6

20. Support should continue to the FMD Unit and in development of the Global Report, as per the programme.
21. The delayed production of the report on global progress was accepted but such a report should be available for the EuFMD General Session in April 2015.
22. The Executive would review future support at the next Executive, in order to develop a common position for the programme for the next two years after April 2015.
23. The greater role of European NRLs in international twinning and capacity building is welcomed and both WRL and EuFMD (through Component 3.3) should actively encourage this development.

Item 7

24. The arrangements for the Open Session were supported and it was welcomed to have very important topics for European risk managers in the programme.
25. The Chairpersons would consider the STC priorities for the final call for the EuFMD-FAR to be made in December.

Item 8

26. The principle of the proposal for the change to the text relating to Chairpersons and vacancies on the Executive committee was endorsed.

Meeting Report

The Executive Committee of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD) held its **Eighty-Eighth Session** in Sofia, Bulgaria on the 13-14 October 2014, hosted by the Bulgarian Food Safety Agency. The welcome address was given by Dr Radoslav Karabadzhaov, Deputy Executive Director of the BFSA.

Members of the **Executive Committee** present were: Dr Ulrich Herzog (UH, Austria, Chairman), Dr Jozef Hooyberghs (JH, Director Animal Health, Belgium, representing Dr Naassens), Dr Jean Luc Angot (JLA, France), Dr Nigel Gibbens (NG, Vice Chairman, UK), Dr Yanko Ivanov, (Bulgaria), Dr Veli Gülyaz (Turkey, representing Dr Erol), Dr Dejan Bugarski (DB, CVO Serbia). Apologies were received from Dr Jonas Milius (Lithuania).

Other participants were Dr Naci Bulut (NB, Turkey). Observers from the international organizations were Dr Füssel (AEF, Head of Sector, DG-SANCO), Dr Juan Lubroth (JL), representing FAO, and Dr Joseph Domenech (JD) representing the OIE. Dr Spiridon Doudounakis (SD, Greece) attended as a national Observer, as agreed at the 40th General Session.

Dr Don King (WRL, Pirbright) participated via Adobe Connect, as did Drs Melissa McLaws (EuFMD), Dr Jenny Maud (EuFMD) and Dr Chris Bartels (EuFMD).

Also present Dr Tsviatko Alexandrov (BFSA, Bulgaria) and Dr Dimitrios Dilaveris (Greece), as part of the technical teams of Dr Ivanov and Dr Doudounakis, respectively. The Secretariat for the 88th Session comprised Dr Keith Sumption (KS, EuFMD Executive Secretary), Dr Fabrizio Rosso (FR, Deputy to the Executive Secretary, EuFMD), and Ms Rumich (NR, EuFMD), Communications Officer. The list of participants is given in **Appendix 14**.

Item 1. Adoption of the Agenda

The Agenda was adopted without change.

Papers for the items of the Agenda were provided principally in the form of a single bound booklet containing the Report on progress in the last six months, Administrative and Programme Reports (**Appendix 1**). Additional documents were provided for information, being a document submitted for the review of Article XIV bodies required by the FAO Director General (**Appendix 2**).

Item 2. FMD situation report

The report (**Appendix 3**) was given by Dr Don King, World Reference Laboratory, The Pirbright Institute (TPI) via *Adobe Connect*®, from Seoul. He drew to attention that type O predominated among submission in 2014, in contrast to the diverse and apparently unconnected type A epidemics in multiple pools in 2013.

He provided vaccine matching results on the type O India 2001 isolates from Tunisia, which led to discussion on the limited match with several strains commonly held in significant quantity by European banks. This was further discussed and it was agreed there is a need to clarify if Manisa or O BFS stocks provide protection in a challenge study to the O India 2001. The EU-CRL contract allows for a single challenge test each year but, given the urgency, other European facilities might be

needed to undertake the test quickly. AEF agreed to check the financial issue and KS to identify if FLI or Lelystad could undertake the challenge.

Regarding progress of the contract work (Component 3.3), WRL reported 88 samples from two countries in Pool 5 in 2014. The SAT2 viruses indicated a possible source area for incursions in Egypt/Libya. The target (under the WRL contract) is 120 samples/year/pool from spatially and temporally distinct field outbreaks and given the number of countries in pool 5, effort is needed to bring in additional source countries for more complete picture of virus circulation. Insufficient submissions from Pool 4 are an issue. The OIE twinning project with NAHDIC Ethiopia may assist as well as greater work with Embakasi Lab, Kenya. Improved submission rates from Pools 4 and 5 is a joint EuFMD and Pirbright responsibility under the Agreement.

Discussion

Dr Ivanov suggested that EuFMD should review laboratory holdings of type C, given the risk these might pose to international animal health. Dr Gibbens asked about progress on low cost biosafe transport (Penside test kit shipments), and Dr Angot reported on the situation in Algeria, which appeared greatly improved with no cases in the previous three weeks. The latter indicated that although five million sheep had been recently slaughtered for the *Eid* festival, the spread in Algeria had mainly occurred in cattle and through movements between fattening farms without much opportunity for transmission to sheep. The sufficiency of diagnostic test kits in emergencies was also discussed.

Conclusions

1. Given the likely continued circulation of O India 2001 topotype in the European neighbourhood, there is an urgent need for clarification of the utility of several emergency stocks of type O antigens, in particular O Manisa and O BFS. A potency test with heterologous challenge is required and the Secretariat should take steps to identify the facilities and their earliest opportunity to undertake such studies.
2. There is a need for a paper on implications of the serotype C disappearance, covering issues of remaining holdings in laboratories, possible sequestration of live viruses, maintenance of vaccine banks and evidence for lack of circulation.
3. WRL are encouraged to include vaccines from the SAP Institute in Turkey in future vaccine matching given the importance of their vaccine production for domestic and potential for regional use in future emergencies.

Vaccine and Antigen Bank recommendations

These were provided by WRL and remain unchanged from the previous Executive Committee. Results from VM on the O Ind 2001 strains circulating in North Africa indicate O TUR/09 to be an excellent match with O 3039 usually also matching adequately. The list below does not specifically stipulate these antigens although O TUR/09 is in the O Panasia -2 lineage. The process of updating the risk assessment of the virus pools to Europe is being undertaken by EuFMD and should be completed after the Open Session. This could then be followed by a process of developing a “global” scoring for

antigens based on the VM utility of antigens for each pool, to develop a semi-quantitative assessment that could be updated for each Executive Committee.

	Vaccine strain (for each category are not listed in order of Importance)
High Priority	<ul style="list-style-type: none"> O Manisa O PanAsia-2 (or equivalent) O BFS or Campos A24 Cruzeiro Asia 1 Shamir A Iran-05 (or A TUR 06) A22 Iraq SAT 2 Saudi Arabia (or equivalent i.e. SAT 2 Eritrea)
Medium Priority	<ul style="list-style-type: none"> A Eritrea SAT 2 Zimbabwe SAT 1 South Africa A Malaysia 97 (or Thai equivalent such as A/NPT/TAI/86) A Argentina 2001 O Taiwan 97 (pig-adapted strain or Philippine equivalent)
Low priority	<ul style="list-style-type: none"> A Iran '96 A Iran '99 A Iran 87 or A Saudi Arabia 23/86 (or equivalent) A15 Bangkok related strain A87 Argentina related strain C Noville SAT 2 Kenya SAT 1 Kenya SAT 3 Zimbabwe A Kenya

Item 3. Report on the past six months

The Report on activities since the 87th Session in Brussels was given by Keith Sumption (**Appendix 4**).

Follow-up to conclusions of the 87th Session

These were summarized in Table 1 of **Appendix 4**. Follow-up actions were discussed on 13 of the conclusions. KS indicated that ones where follow-up had not occurred included the revitalisation of links with Iran (although diagnostic kits had been provided in response to continued monthly reports being received), the technical meeting on vaccination program effectiveness for FMD and other TADS, where FAO/OIE would lead on the non-FMD TADS; the paper on type C for the Open Session (Ingrid Bergmann approached but declined); the budget contributions from MS and the letter to vaccine bank managers. On the latter, he proposed that this follow-up is developed as a paper for the General Session, by an Short Term Professional (STP) who will join in January and has worked as focal point for the QUADS group on FMD vaccine reserves.

Overview of the EC programme

Progress was on track in almost all areas, as summarized in **Appendix 4** and given in detail for each of the Components in the six Month Report by Component Managers. Reports on each of the 12 components were presented and discussed in more depth under Items 4-6. The focus of activities in the period has been the implementation of the Work plans for the 12 Components of the EC funded program that had been approved at the 86th Session. A 13th Component (**1.2**) was agreed by the Chairpersons at their July meeting, to be funded from MS contributions, on Modelling and

Contingency Planning. Each Manager has a budget and a clear workplan to manage. One component (Emergency Fund) has been called upon for the first time to support the emergency missions and diagnostic kit supplies to Tunisia, Algeria and Morocco following the FMD incursion, but with minimal impact on its budget allocation.

Monthly Global Surveillance Reports have been produced, managed by Teresa Scicluna, STP. In 2014 each edition has had a different **Guest Editor** who is an international FMD expert from the Special Committee or from an FAO or OIE reference center, and circulation continues to grow, reaching about 100 names in the distribution list.

Item	Conclusion number	Follow-up
Risk Situation	2. STC Guidance On Understanding FMD Control In China	Keynote paper for Open Session
4. Pillar 1	4. Refresher training/assessment	On track
	5. MS to be told that CVET list experts should do refresher training	Check with SANCO. EuFMD could contact CVET experts directly. To be done?
	6. Economics course linked to modelling	Done, Course held
	7. Management at end of epidemics to be part of sim-ex Balkans	Planned
	8. Cost recovery for additional training places	Paper for the 88 th Session
	9. Additional funds for surveillance for other TADS-Thrace	50,000€ request was agreed to be added to the Budget for 1.3
	10. Evaluate THRACE programme with expert input on surveillance model	Annual report from year 1 to be reviewed by Angus Cameron
Item 5, Pillar 2	15. Turkey	Additional consultancy agreed to give full time input into the Epi and Monitoring Unit, GDFC.
	16. Need for revitalised links to Iran	No significant action except webinars
	18. Technical meeting, Cyprus	None, need to discuss priority topics with GFTADS partners
	19. Develop Low cost biosafe transport	EuFMD-FAR proposal funded.
STC	22. Topics for the Open Session	All included except the paper on situation (Eradication achieved?) of serotype C
Admin	27. Need to review the categories and level of MS contributions	To be done
Other	To write to MS on interests for vaccine bank and diagnostic bank coordination	To be done. STP candidate lined up for actions on this area from January 2015

The Chairman congratulated the Secretariat on the Report and progress, and indicated that there would be time in the Agenda to return to the specific components under the following Items, including the administrative matters. The overview of the program was appreciated given the breadth and depth of activities that are ongoing.

Item 4 Progress, issues and plans, pillar 1

The EuFMD Training Programme on Emergency preparedness and management decision support: Components 1.1 and 1.2

The Report (**Appendix 5**) was given by Dr Jenny Maud, Training Support Officer, via *Adobe Connect*®. She reminded the Executive of the Training Credits system and illustrated how it had been used by MS. Several MS had completely used their credits, a few had not responded and all had the opportunity- though the regular webinars with Training Focal Points in the 37 MS- to understand the upcoming courses and decide on their priorities. The Training Programme had delivered Real Time Courses (in English, French and Russian) and online e-learning (Emergency Course) in English for all MS and in French for North African countries. The latter had been a great success with very full participation of trainees. A workshop combining epidemiologic modelling for FMD with economic analysis had been given in form that enabled trainees to model control options and estimate economic and resources needed for each option. This Workshop was highly complex in planning but delivery format was a great success, thanks to strong support from Australian FMD modelling team and the Wageningen economics team (Ron Bergevoet). Progress on the infrastructure for knowledge management had also been good with further development of the EuFMD e-learning site which now has several hundred subscribers from across Europe.

The training credits system has been found to have an interesting aspect in that several MS have requested to purchase additional training places or courses from national funds. So far, additional places on Real-Time Courses had been provided on a full cost basis to MS and non-MS but there is a need for a cost model that covers all course options.

Since the overall Training Budget is 515,000€ for 370 Training Credits (10 per MS), the current cost per TC is circa 1400€. This budget excludes Training Officer and administrative support. For purchased credits, a figure of 1600€ was proposed, to cover these additional costs. On this basis, as an example an extra place for a MS on a Real Time Course would cost 3TC (4800€) , as compared to 4375€ plus flights for non-MS that had been previously agreed.

Discussion

The Executive indicated their full support for the program and warmly applauded the training team for the achievements over a difficult summer period. Dr Angot expressed his gratitude for the francophone e-learning course, in particular. Dr Füssel also congratulated the team and felt the important workshop on the FMD vaccination decision was timely and relevant to the discussions with EU MS and that it would be continued at the DG-SANCO workshop in Grange. He was glad to see the Secretary would participate in this.

The cost model was discussed and clarified. As the TC reflected full costs plus administration, if MS wished to purchase places on this basis, it would have no drain on EU or Administrative funds. KS clarified the point about courses organized by EuFMD in Nepal, where the arrangements with the host country are made via the FAO office in the country but practical organization is by the EuFMD. Host country fatigue has not been noted so far, in fact the build-up of trained local staff has created fresh interest in FMD in most places.

Conclusions (numbering continued from previous Items):

4. The Chairman concluded that the cost model should be used and experience reviewed periodically.

Component 1.2: Modelling, Decision Support Tools and Simulation Exercises

The Secretary reminded the Session that this Component had been agreed at the last General Session, but integrated with the Training Programme at the 86th Session (Lyon). In Brussels (87th Session) the proposals made by Caroline Dubé were supported and a more detailed programme agreed with the Mini-Executive in July. The programme had gone through consultation with a working group from the Technical Committee and focal points in MS, who felt it to be highly necessary but cautioned about what could be achieved “as a network” without specific support to actions to develop tools and support that are missing. Following Caroline Dubé’s resignation, Melissa McLaws had taken on the role to support Output 1 (European modelling network) and a consultant (Elsa NegroCalduch) the work on resources for contingency planning and simulation exercises managers. He further indicated that the DG-SANCO meeting in Grange Ireland that followed the Executive would provide a good opportunity to ensure that tools and support under Component 1.2 were tuned to the priorities identified by the FVO and MS as issues. Dr McLaws summarised the workplan (**Appendix 6**).

For the Modelling Network, an initial meeting would be held on the side of the EuFMD Open Session making use of the number of interested persons who will attend. For the second output, tools that could be developed and which were requested by contingency planning participants in the Frascati workshop included an easy to use economic calculator to assist planners in negotiation over resources. On testing of CPs, guidelines are currently lacking to assist planning of drills, simulation exercises and field testing of CPs and the meeting in Grange could help validate the need for this and away ahead.

Conclusions

5. The Workplan for Component 1.2 was endorsed.
6. The development of an easy to use economic calculator for the impact of FMD outbreaks should assist the MS in their arguments for sufficient resources to improve their CPs. A prototype should be developed for the General Session in 2015 at which point the utility and additional features desired by MS could be identified and decisions taken on value of further development.

Component 1.3: Program for early warning surveillance in the Thrace region of Greece, Bulgaria and Turkey

The report on progress (**Appendix 7**) was presented by Dr Fabrizio Rosso, who is now acting as supervisor for the Component with Mark Hovari (STP, Hungary) as Component Manager. The FMD, SGP and PPR surveillance in the three countries had been discussed at the Tripartite Meeting in the morning and so Dr Rosso summarized the progress and the workplan priorities for the next six months. The workplan actions in each country were implemented as per plan and the confidence in disease freedom remained above 95% in each country, but with an obvious tendency to drop below

95% if activities were suspended for more than one month. This indicates how, with current levels of risk, annual surveys are less valuable for confidence and how sensitive the system is to reductions in surveillance actions. There were no major management issues that require decisions from the Executive. However, it should be noted from the Tripartite that the reasons behind the continued outbreaks of SGP in Greece in 2014 since April, and the role of circulation in Turkish Thrace as a source for outbreaks in Greece, remains unclear and clinical surveillance in Turkish Thrace is an area for attention in the next months. Also of note is the design of a surveillance plan for evidence for freedom from PPR in Turkish Thrace using cattle as indicators of circulation in a vaccination small ruminant population. This strategy has not been evaluated elsewhere with cattle used in DIVA surveillance strategy.

Discussion

The representatives from Greece, Bulgaria and Turkey indicated their support for the current workplan activities and the importance of the programme. The Chairman expressed satisfaction for the progress but noted the problems with SGP which may require a more intensive surveillance and outbreak investigation effort on the Turkish side to better understand the situation.

Juan Lubroth drew attention to the new global strategy on PPR and encouraged efforts to ensure they are in line with this. He indicated how evaluating DIVA for evidence of freedom could be a valuable tool and he welcomed the approach in Thrace. Dr Füssel reminded all that PPR is a differential diagnosis for FMD and any entry of exotic ruminant infection to Turkish Thrace must be thoroughly evaluated as it may indicate heightened risk for FMD. If LSD also advances towards Thrace we need to be aware and know how to react.

Conclusions

7. The programme remains of high importance and workplan for the term of the project was endorsed.
8. The additional activities for surveillance and early detection of PPR/SGP/LSD was endorsed, as part of the programme on the common borders of Greece/Bulgaria and Turkey for risk-based surveillance for FMD.
9. There is a need for evidence on the effectiveness of the vaccination programmes against PPR-SGP-LSD-BT, and factors affecting this, following useful studies on FMD vaccine effectiveness conducted in Turkey with EuFMD support.

Component 1.4: Improved FMD emergency management in the Balkan region

The six-month progress Report was also presented by Dr Rosso (**Appendix 8**). Following the flooding and other difficulties in spring 2014, and under the component management of Mark Hovari, the simulation exercise had been rescheduled from autumn 2014 to January 2015. An intensive and coordinated series of actions will take place in the build up to the exercise. EuFMD has used DEMA (Danish Emergency Management Agency) to assist co-ordination given their expertise and earlier work (Feb 2014) with EuFMD in this region.

A 4th workshop: “**FMD Workshop on surveillance management in an FMD crisis**” will occur **10 – 12 of November 2014** in Sofia, Bulgaria; also, “**FMD laboratory training**” on **17 – 21 of November 2014** in Brescia, Italy for all countries of the region plus Moldova and (funded by FAO) Ukraine. To ensure national labs can switch to biosafety required for FMD, a **Biosafety (Security) Officer Training will occur** before the first simulation exercise which will focus on three countries (Serbia, Bulgaria and FYROM) with observer involvement for the others. A **follow-up workshop will then occur to evaluate the exercise and** adjust the expected format objectives for a **second simulation exercise** (with likely greater involvement of other national agencies in reality testing) planned in June/July 2015. So far, the cost of workshops had been very modest thanks to savings achieved through efficient local arrangements and this allowed for a more extensive and intensive work in the next six months, and potential for a more extensive final reality testing exercise in summer 2015, or other use of the savings.

Discussion

Dr Füssel drew attention to the issue of disposal of carcasses. This might be a huge difficulty in some countries/settings in the region and needs to be tested, and solutions found. Dr Bugarski gave full support to the program and welcomed the emergency preparedness e-learning course being made available in Serbo-Croat, and given before the exercises if possible. Greece indicated their desire for more involvement in the exercises including invitations to the regional workshops (**Note:** subsequently arranged that they will participate in the surveillance workshop in November and the exercise in January, as observers). Dr Gibbens took note that it has been difficult to get countries to engage in contingency planning and we should be therefore realistic to the difficulty of achieving real CP progress in the countries which are not EU members or close to this. What does success look like? And added that we will need to continue to engage or effort we have made may be lost.

Conclusion

10. The workplan for the term of the project was endorsed.
11. There remains a need to ensure CVOs and Ministries of countries in the Balkan region remain committed to developing CPs for FMD and the Executive Committee members and Observers should use their different channels of communication to ensure this message is communicated.

Item 5. Neighborhood countries, progress, plans and issues for the next six months (Pillar 2)

Component 2.1: To reduce the impact of FMD in Turkey and Georgia and reduce the risk posed by FMD in the region to all EuFMD Member States

This item was presented via *Adobe Connect*© by Dr McLaws, EuFMD, Component manager for 2.1 (**Appendix 9**). The focus of the work is to assist Turkey and Georgia to improve progression on the PCP, with emphasis on the monitoring system as an aid to management of the national plan in Turkey and the completion of the strategic plan and monitoring of its impact in Georgia. For the regional roadmap (West Eurasia), EuFMD experts assisted OIE/FAO with the West Eurasia Roadmap meeting in April and with a series of webinars in English and Russian to improve networking and sharing on laboratory issues and outbreak investigations. A first Russian language course had been

held in June in Turkey for Russian speaking countries (the three TransCaucasus countries, plus Moldova, Ukraine and Kazakhstan). Keith Sumption and Grigor Grigorian had visited FGI-ARRIAH in July for discussions on improving technical cooperation and possible joint training programs in the region.

Turkey: the emphasis is upon strengthening the FMD **monitoring and epidemiology unit, with a full time senior epidemiologist** based in Ankara for 8 weeks in the autumn (Nick Honhold), at the end of which the Unit should be able to provide higher quality and more timely reports to local (GDFC) management. Ongoing issues to solve include how to regularly and easily extract relevant data for reports from the TurkVet data, and ensure that information generated is useful and used by FMD managers. The way forward based on recommendations from this mission. The Turkish national strategic plan was accepted by the Regional Roadmap advisory group (under GF-TADS) in April and the M&E unit will assist in measuring the impact of its implementation.

Georgia: the missions and assistance have focussed on improvement to the national plan (RBSP)– particularly in chapters relating to monitoring system and operational plan, which should provide an example for other countries in region (especially Armenia and Azerbaijan). In the coming months, work with VS to implement a system of monitoring key indicators important and raising the profile of FMD within the 2014 National Action plan is needed. Collaboration with Colorado State University and their work has helped ensure FMD is on the agenda of the animal disease task force meetings.

Common issues for implementation are that the development of the RBSP and associated monitoring system is demanding more resources (time and missions) than originally envisioned. It must also be noted that national VS have limited HR capacity to undertake strategic planning and these are lower priority than completing routine tasks, and limited capacity in epidemiology, and the system for decision making does not make use of an evidence base. The development of capacity in M&E units is important to improved management but will take considerable time.

West Eurasia: a regional workshop is planned in December 2014, for FMD epidemiology and laboratory experts from Georgia, Azerbaijan, Armenia, and FGI-ARRIAH following the proposal from FGI-ARRIAH during the mission of Keith Sumption. At the suggestion of the latter, the WS will scope out a possible 5 year project on progressive FMD control. The key activities and components will be discussed prior to workshop through teleconference with each party with Gunel Ismayilova (STP) taking the lead. EuFMD to provide expert facilitation and Turkish experts are expected to participate if held in Ankara. The immediate plans are also to continue the webinar series in Russian and English and pursue collaboration to improve functionality of West Eurasia database (with the Institute for Infectious animal Diseases (formerly FAZD)).

Discussion

Concern was raised that local management commitment in Georgia was insufficient to achieve progress and the EuFMD effort should either be much increased or potentially reduced and placed elsewhere. Melissa McLaws clarified how the co-ordination in Georgia has worked well with FMD being elevated to the national animal health task force (US led project) and this provides a driver for progress to be reported nationally as well as internationally.

Regarding the West Eurasia Roadmap, the OIE reported that it went well, and support from EuFMD was very well appreciated and key part of the success. They also indicated the Roadmap Model will be taken to other regions as it does involve regional CVOs playing a role to ensure a fair process of validation of the progress. Dr Lubroth indicated that there could be difficulties for the 6th Roadmap meeting in 2015 unless further assistance is obtained. FAO does not want to split up the 14 countries into further groups. Dr Domenech said one issue was that some countries are attached to mid-east Roadmap meetings. This may pose problems with regard to the acceptance of the PCP stage ranking through the Regional Advisory Group assessment (before being presented to the meeting participants). OIE considers that a country PCP stage should not be assessed by two different RAGs since if the conclusions are different (and this was the case for one country during the Astana meeting) it could bring difficulties between the OIE Delegates members of the two RAGs and with the country representatives. OIE proposes that when a country is epidemiologically related to two regions/“road map meetings”, it is attached to one of them only with regard to PCP stage assessment (through the “RAG process”). But the country(ies) which are in that case would continue to participate to the two regional road map meetings.

Conclusions

12. For Turkey, a report and recommendations are expected by the end of the year after the current intensive in country support.
13. For Georgia, the future programme should be clarified before the General Session, including the EuFMD role in any regional long term project. In all cases the commitment of the countries themselves is a prerequisite.
14. That the EuFMD can in principle support the 6th Roadmap as per the 5th one, and that Component 2.1 budget should support this in 2015.
15. The view of the veterinary services of Georgia, Armenia and Azerbaijan is needed on any decision on the scope and objectives of a regional project. The EuFMD Secretariat should continue to plan for meetings with the parties interested to develop a potential programme and to review this at the next Executive Committee.

Component 2.2: South East Mediterranean: Israel and neighbours

This Component was reported by Fabrizio Rosso (**Appendix 10**). The most significant development since the Executive is the set of activities in Egypt that have commenced in the past months. Support for Egypt to progress to complete PCP Stage 1 was requested by the country at the Amman FMD Roadmap meeting and had been foreseen in the Workplan with a small budget agreed in the Executive Committee meeting in October 2013. The missions in 2014 had agreed a timetable of activities and had given positive evidence of the take up and application of past training on surveillance, with a good quality six monthly report produced by the Monitoring and Epi Unit (and perhaps the best reporting in the neighbourhood, to date).

Progress indicators: the development of a Risk Base Strategic Plan (RBSP) for Palestine is still ongoing. To date, three workshops have been held in Ramallah, with training on Disease Outbreak Investigation, and on passive and active surveillance. Serological surveillance studies are planned in West Bank and Israel, with kits provided by EuFMD and some studies carried out already. The laboratory support mission in Egypt in June 2014 had re-established working relations, and the extent of SAT2 isolations in 2014 is an important finding and a concern for the region.

Issues: FMD control in Palestine requires close collaboration with Israel, complicated situation in the West Bank especially after the recent war, and Steering committee meetings are not possible at the moment because of the tensions. Since Security issues make a short working day in missions, more time is needed in country and to complete the work towards the RBSP. The quality of vaccines used in Egypt is unclear, and there is confusion about data from post vaccination monitoring. This all requires time to resolve and are important as the national strategy in Egypt is based on nationally produced vaccine. Production of post vaccinal antisera for vaccine matching has started in Egypt, and sera and vaccine strains should be shared with WRL Pirbright under a MTA. Information about the role of small ruminants in the epidemiology of FMD in the region is needed. The NSP serosurveillance studies should shed more light on this issue.

Discussion

Juan Lubroth indicated that FAO has a significant animal health team in Egypt and there are concerns on veterinary governance issues that EuFMD Executive should be aware of.


Dr Domenech reiterated the importance of continued work with Egypt for the region and that the work being undertaken under Component 2.2 was a good contribution to the regional priorities identified in the Amman Roadmap. The Chairman concluded that his contact with Israel had been positive in relation to the work programme and the information from Egypt important for European countries to know, and the work plan should proceed as proposed. Support was indicated by the Committee.

Component 2.3 Assist national FMD risk management as part of the REMESA action plan

Fabrizio Rosso, Component Manager for 2.3, presented his report (**Appendix 11**). During his 3.5 month break from EuFMD (in Maltese Government service), the component had been managed by Caroline Dubé and Keith Sumption, a period that coincided with the major epidemic development in Tunisia and Algeria. The major FMD developments relate to the situation in Libya and the overspill of infection to Tunisia in April and Algeria in July. The security situation in Libya, having seriously worsened so that missions cannot be conducted, has affected the initial plan for development of the national RBSP (risk based strategic plan). Of the five outcomes of the workplan, the last two (concerning Tunisia, Algeria and Morocco) were accelerated to include simulation exercises in June-July in Algeria and a first *e-learning* in French for 75 participants, delivered just in time for training of the Algerian service ahead of the FMD epidemic. He provided an overview of the situation in each country and the EuFMD response, coordinated with the OIE and EC. Following the request of Tunisian authorities for FMD vaccine, and efforts to obtain vaccine from commercial sources by EuFMD having failed, the EuFMD had recommended O BFS vaccine be supplied as the vaccine matching had indicated it was the best of the available vaccines in terms of titers of antibody against the O India 2001 strain. The EC had very efficiently delivered this in early August. The replacement of the Tunisian CVO had unfortunately occurred just before delivery of the vaccines and local decisions had been to reserve the emergency vaccine for later use, despite ongoing outbreaks. The co-ordination between EuFMD, OIE and EC had been good but at times the lack of regular, weekly feedback from countries on the vaccination programs was frustrating to efforts to provide support or justify additional efforts. This can be contrasted to past EuFMD experience with Turkey, Egypt and Iran where emergency vaccine deliveries were usually preceded by more open information and followed by better feedback.

Given the situation, and the meeting organized by the OIE in mid-September in Tunis, a revised workplan was needed and had been developed and circulated to FAO and OIE and feedback received; this was presented to the Executive Committee.

The new activity plan for Morocco, Tunisia and Algeria is summarized below, and requires re-allocation of budget from Libyan actions towards support to surveillance to clarify if circulation has ceased and in the high risk border zones is needed given the risk of fresh incursions from Libya. Tunisia remains a country at high risk of further outbreaks and fresh incursions but the type of technical support needed had not yet been agreed with national authorities. The REMESA JPC Meeting (3-4th November) would be important for gaining support to the regional and national work plans.

		
	Outputs	Actions
New activities proposed in EuFMD workplan - REMESA Morocco, Tunisia, Algeria	Develop a regional Risk Based Strategic Plan	Technical support together with OIE/FAO by creating a regional strategy for risk-based surveillance and vaccination programme
	Support the development of local/regional vaccine bank	Support with knowledge, experiences, expertise and tools the establishment of a local/regional vaccine-bank
	Design surveillance system to be implemented in high risk areas and support with software and diagnostic kits the active surveillance	Design and implementation of programmes (Thrace model) for disease freedom confidence and for early detection capacity improvement in the border between Morocco/Algeria and other areas
	Support surveillance system for disease freedom/early detection	Procurement diagnostic tests. Technical assistance for design of sero-surveillance.
	Build capacity in clinical disease recognition	One francophone/Arabic Real Time FMD course with two participants per country. Webinars to share findings online.
	Support emergency preparedness planning and test emergency response	<ul style="list-style-type: none"> -E-learning courses on 'emergency preparedness' focused on clinical examination, clinical signs, lesion aging, epi-investigation. -Workshops on real time data collection, data analysis and data management -Support passive surveillance improvements -Simulation exercise in Morocco

Immediate (six month) plan:

Libya: e-learning courses and support to awareness campaign (as no missions allowed at present). Continued support to surveillance at distance (Penside Test kits) Re-allocation of funds to support the following:

Mauritania: PCP – development of Risk Based Strategic Plan (follow up workshop - ANSES).

Multiple countries: training material and e-learning to improve clinical and epi- investigation.

Morocco, Algeria, Tunisia. This is summarised in the table above.

Discussion

Dr Domenech indicated the agreement of the OIE to the proposed revised workplan. He provided further information on the situation. The Libyan circumstances should be noted and is very great concern for Tunisia and the other countries. The commitment of those at the top of the veterinary

service of Libya is impressive but their security situation limits possible control in the field, and will remain difficult. For Mauritania, although FMD has not been a priority, their plan to build an abattoir for export will make FMD control a priority and so this is a good time to assist them. Tunisia: serology suggests possible past introduction in 2012, although clinical outbreaks reported only in 2014. (**Note from Secretariat:** EuFMD provided kits and assistance in 2012 to Tunisia). OIE has currently withdrawn from the list on 19th September the Tunisian National FMD Control Plan (CP). Algeria: he explained that the lack of interactions between infected cattle husbandry systems and sheep provide a reason why small ruminants are not currently affected and why control by vaccination in cattle appears successful at present. SCAD did not withdraw the CP from the list, but will review it in November. Evidently strong measures have been taken and the assistance of the Netherlands to provide antigen from its bank (on cost replacement basis) has been of major assistance to ensure vaccine was delivered quickly.

Dr Angot reported that he had been in Algeria for meetings and the situation was improving and considered under control. They will re-open internal markets and quarantine centres.

Keith Sumption emphasized the need to develop a thorough report on the control in Algeria, to clarify if emergency vaccination and other measures made a difference; the EuFMD reports on the 1999 epidemics were valuable to the question of impact of “vaccination to live”. Dr Gibbens emphasized the importance of resolving if OBFS or O Manisa would provide good protection against the O India 2001 strains.

Conclusions

16. The revised programme was endorsed, and can be presented at the REMESA JPC in early November. The EuFMD position remains that it is for REMESA to decide on the support they require and we assist them to develop feasible and efficient means of support within the current budget allocation.
17. A revised strategic plan for the North African countries is a priority, recognizing the front line position of Tunisia and risk from Libya and its informal trade connections to mid-east countries and sub-Saharan Africa.
18. The in vivo vaccine challenge study is a priority and WRL, with EC, are requested to clarify when this can occur and if any role of EuFMD is needed to expedite arrangements.
19. The proposal from Tunisia to EuFMD-FAR for support for serological studies could be supported as part of Component 2.3, if national authorities request this as part of the workplan.

Item 6. Support to the Global Programme – Progress, issues and plans for the next six months (Pillar 3)

A presentation was given by Juan Lubroth (**Appendix 12**) relating to the Global Report and FMD Unit (Component 3.1), from Chris Bartels on Component 3.2 (PCP support: **Appendix 13**). The Report on Component 3.3 (Global Surveillance support from the OIE/FAO Lab Network) had already been provided by Don King, WRL.

Regarding the Global FMD Report, Juan Lubroth thanked the EuFMD for support through the provision of an STP and indicated the timetable from the Report was now spring 2015, as agreements and deadlines for delivery of a report in September 2014 had not been able to be kept.

Regarding wider issues, he requested the Executive to consider supporting the OpenFMD initiative, which aims to increase the sharing of sequence information between the many labs outside (and inside) the Ref Centre Network. FAO considers OpenFlu a major success, based on the Swiss Institute for Bioinformatics world leading role in this field. Australian and UDS funding has developed OpenFMD to a promising stage but connecting WRL and others into OpenFMD requires additional work to overcome issues.

Dr Domenech indicated the position of the GF-TADS Working Group and indicated a high level of satisfaction with EuFMD support which had been provided over the past year, from development of guidance documents to assistance with Roadmap Meetings. The WG meetings will restart shortly and it was appreciated that EuFMD had continued to work in the interim.

The Chairman summarized:

20. Support should continue to the FMD Unit and in development of the Global Report, as per the programme.
21. The delayed production of the report on global progress was accepted but such a report should be available for the EuFMD General Session in April.
22. The Executive would review future support at the next Executive, in order to develop a common position for the programme for the next 2 years after April 2015.

Component 3.2: Support to the Progressive Control Pathway (PCP-FMD)

This was presented by Chris Bartels (Component manager for 3.2), via *Adobe Connect*® from Kigali, Rwanda, where he was leading Training on the PCP for FAO regional veterinary experts, together with the FAO FMD Unit (Dr Ferrari) (**Appendix 13**). Dr Domenech mentioned that, as developed in the global FMD control strategy, the next PCP trainings will have to include the component on veterinary services.

Of note in the past six months has been the development of templates for the evidence (dossiers) to be submitted by countries seeking to enter Stages 1,2 and 3 of the PCP. For the time being they are entitled

- RAP: risk-assessment plan for countries entering PCP-FMD Stage 1;
- RBSP: risk-based strategy plan for entering PCP-FMD Stage 2;
- NCP: national control plan for entering PCP-FMD Stage 3.

These templates will have to be discussed with the GF-TADS WG and be endorsed as GF TADS documents. They will be used when appropriate as the basis for communication and training efforts, through any agencies using the PCP, to ensure wide uptake, more consistent application and better submission of evidence.

Development of online training is a priority for the next six months and a first pilot e-learning should be conducted in Feb-March 2015. Reports on national application and progress would be given at the Open Session, by those involved in Component 3.2, and national efforts (for example from Libya,

South Asia, East Africa). Other actions in the next six months are development of Guidelines, technical notes on 1) Monitoring and evaluation, 2) Sero-surveys/surveillance, and establishing a resource bank, and identifying ways to safeguard PCP knowledge and best practise sharing experience to assist the wider user group.

Conclusion

The support for this Component and its workplan was evident from the Executive and from OIE and FAO. The Chairman thanked Dr Bartels for his report and the good relations established with the Working Group experts.

Component 3.3 Support to FMD Laboratory Co-ordination (WRL Contract)

This was reported under Item 2. The Secretary drew to attention that

- Several experts within a number of European NRLs that are active in international twinning and support to FMD surveillance (France, Belgium, Denmark, Germany, Netherlands, Turkey), were working together to develop a concept of a group to support improved Global Surveillance, following their initial brainstorming on this at the EuFMD Closed Session in 2013. This group could assist by sharing the workload of capacity building with regional support labs in Africa and Asia, and provide a means to support the objectives in Component (3.3) of greater sample typing within regions with greater and faster rates of submission to Reference Centres. This topic would be further discussed at the Closed Session in Croatia on 28th October 2014.
- The OIE/FAO Global FMD Lab Network will hold their 2014 meeting in November 2014 in Brescia, Italy. Teresa Scicluna (STP) and Kees van Maanen (Component Manager, 3.3) will attend for EuFMD and the European labs involved in the above initiative are all expected to attend for the first time.

Conclusion

23. The greater role of European NRLs in international twinning and capacity building is welcomed and both WRL and EuFMD (through Component 3.3) should actively encourage this development.

Item 7. Standing Technical Committee

7.1 Open Session Cavtat, Dubrovnik, Croatia

Nadia Rumich illustrated the update for the Open Session (of the Standing Technical and Research Committees) in October 2014 in Dubrovnik. The SCRPD would meet in Closed Session on the 28th, followed by three days of the Open STC and SCRPD Sessions. The STC Session would comprise invited papers considering how global and European livestock production will change and how risks of FMD are changing, and indicate the trends and opportunities in surveillance, emergency management, capacity building, and roll out of the Global Strategy that must be considered for national and international uptake over 5-10 years of effort. There will be 2.5 days of the SCRPD Open Session,

where over 120 papers were submitted and over 240 persons expected to attend. In addition the Session will for the first time be online, enabling access from interested experts unable to attend; and costs of speakers kept to budget through use of some online presentations from South Africa, Europe, China and elsewhere. The title of “**Where science and policy meet: FMD risk management in a world of changing disease landscapes**” was proposed by the STC, given the 60th anniversary year and reflecting the milestone FAO publication on Changing Disease Landscapes in early 2014.

7.2 Report on the on the EuFMD-FAR (Research Fund)

The Secretary reported on the EuFMD-FAR; the fund had committed to five projects, following the two stage (SCRPD and STC) review and Executive Committee approval. *Circa* 50,000€ remained unallocated for a final call in December 2014. Some priorities were suggested for the final call, including:

- Optimization of the field application of non-invasive sampling of wildlife
- Development and validation of tests on formulated vaccines to identify if damaged by storage conditions (simple and low costs tests for intact capsids (immunogenic antigens)).

The first is now possible given the positive results of the FLI work under EuFMD-FAR contract; the second is needed wherever vaccine is used (Turkey, North Africa,..) but no proposals had been received on this in the recent call. Other priorities might be identified by the STC at the Open Session and they would provide a report to the Executive Committee in November for a decision on the final call.

Regarding the STC composition, Professor David Paton had retired from Pirbright and resigned from the STC, and had been thanked by the Chairman for his work over many years and particularly to establish the STC and EuFMD-FAR. In the interim before the 2015 General Session, Eoin Ryan had agreed to assist the STC (C. Bruschke, P. Willeberg and M. Kramer) at the Open Session 2014 and to April 2015 (General Session).

Conclusions:

24. The arrangements for the Open Session were supported and it was welcomed to have very important topics for European risk managers in the programme.
25. The Chairpersons would consider the STC priorities for the final call for the EuFMD-FAR to be made in December.

Item 8 Issues arising from the 87th Session

The Chairman opened the issue of the Election Procedures and presented a possible text with the intention of assuring a longer term role and responsibility for EuFMD development by the Chairpersons. His suggested text brought procedures in line with those of the OIE. The text was discussed and procedures for amendments explained. If proposed as a Change to the Constitution it would require at least 120 days’ notice to Member States before the April Session. If proposed as a Rule of Procedure by the Executive Committee it could be voted at the Session without change to the Constitution.

The changes were supported in principle and could also assist with the issue of coverage of vacancies arising during the term of the Executive Committee.

The Chairman asked the Secretary to discuss the proposal with FAO legal office and provide feedback before the end of November (CVO Meeting).

Conclusions:

26. The principle of the proposal for the change to the text relating to Chairpersons and vacancies on the Executive committee was endorsed.

Item 9 Administrative issues

The Secretary introduced the Section of the main report (**Appendix 1**) on the Administrative matters, covering both financial position and management of human resources.

- **Position of the Administrative Fund (MTF/INT/011/MUL):** the position is almost as expected although no savings have yet been evident on staff costs as the position of Eoin Ryan had been covered by Dr Dubé and thereafter by recruitment of consultants. The Outstanding Contributions remain at similar level to 2013, at USD 151,271, of which the most significant is that of Bulgaria (51,144 USD). (Dr Ivanov indicated he was aware and the problems had arisen before his time). Given the above, there is a need for careful attention in 2015 to the expenditure, but the filling of at least one STP position in 2015 (two positions were maintained in 2013-14) is affordable.
- **Emergencies and Training Fund (MTF/INT/004/MUL):** There is a balance of 118,013 USD from which to cover the remaining two courses in 2014, and a further tranche of funds are expected in January to cover the 2015 courses. The Fund has been used to pay for a Full Time Training Development Officer in 2014 (Jenny Maud) who manages Component 1.1, a considerable gain to the EuFMD and a savings to EC Fund.
- **EC Program Fund (MTF/INT/003/EEC).** The Phase II agreement with the EC was operationally closed at the end of September 2013 and final payments organised and closed, so that the financial closure could be made on 13th February 2014. The final (unofficial) balance is US\$ **1,233,598**.
- **The Phase III (current) programme** expenditure at 8th October 2014, is US\$ 2,394, 810 (circa 1,884m€), and has a cash deficit of US\$1,388m. A call for Funds is urgently due. FAO will send this to EC shortly. The delay had related to the slow speed of closure of Phase I and II (requiring additional reporting by the Secretariat to prepare a Final four-year Narrative Report to EC).

The expenditure relating to the 4m€ Phase III programme is exactly on track, at 46% after 50% of the duration of the agreement (and after delivery of over 50% of committed actions).

This has been achieved since the limits on spending per component and budget line were agreed and every component, and subcomponent (outcome) has been assigned a budget. The Component Managers thus know their spending limits for each of the outcomes they are expected to work towards. The system has made for clarity in the daily work and planning, and is controlled through the Financial Oversight of the Finance Assistant (Silvia Clementelli) and Budget Holder (Keith Sumption).

- **Need for budget revision:** there is a need to present to the EC a revised Budget Table indicating the revisions to ceilings for Components agreed at the 87th Executive and Mini-Executive Session in July in Brussels, namely
 - Increase of 50,000€ to THRACE to enable purchase of diagnostic equipment for the 3 countries;
 - Increase of 16500€ for Support to OIE/FAO under Component 3.1 (PCP);
 - Reduction in the budget line Emergencies (1.6) by the above amount;
 - A request to agree the Component workplan (1.2) for modelling/contingency planning of 61,500 €.

On the latter, the Executive Committee indicted agreement to draw the 61,500 € from Components 2.2 and 3.1 and Emergency fund on equal basis (20,000€ from each).

He provided tables indicating the current staffing arrangements and their funding, as well as the vacancies arising in the course of the past/coming six months.

The Chairman thanked the Secretariat for keeping them well informed on the financial position, especially for providing the budget spent for each Component and budget line. He considered this a real step forward and asked that compliments should be transferred to Cecile Carraz for her administrative management.

Item 9. Future meetings

Dates of future Sessions/meetings were agreed as follows: *89th Executive Committee and back to back Tripartite Meeting: 12-13 February 2015. Venue: Belgrade, Serbia).*

Acknowledgements

The Chairman thanked the Secretariat for their industry over the difficult summer period and in preparation of the Session, and Dr Yanko Ivanov and team for excellent arrangements and hospitality in Sofia. He thanked the entire Executive for participating at the Session and in their continuous support. He concluded that it is an important work being achieved by EuFMD, and a good work, and it gives satisfaction to know that members of the Executive are all assisting in their various ways to follow and guide parts of the Work programme and this has been really helpful.

88th Executive Committee meeting of the EuFMD – 13-14 October 2014



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4. Report from the first Russian language Real time Training course, Erzurum
5. Report of the second French Real Time Training course, Nakuru
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7. Narrative report presented to FAO for the EU Funding (Sept.2014)
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9. Memorandum of Understanding Arriah

Draft Agenda

13-14th October 2014, Sofia, Bulgaria

09.30 AM on 13th **TRIPARTITE CVOs Meeting (Greece Bulgaria Turkey)** on the **THRACE surveillance programme**

88th Session ExCom - Items 1-4 on Day 1; Items 5-11 on Day 2

Time	Item	DAY 1	Presenter
14.00	1	Adoption of the Agenda	
	2	FMD situation report	WRL, Pirbright, D. King
	3	Reporting to EC and FAO <ul style="list-style-type: none"> • Narrative Report (2009-13) • Report for the FAO Review on the relationship and Role of Statutory Bodies 	K Sumption
		Report on Activities: second 6 months of the Phase III of the EC/EuFMD Agreement	K. Sumption, EuFMD
	4	Progress, issues and plans for next 6 months : Pillar 1 Components	
		1.1 TRAINING PROGRAM	J. Maud (TSO)(via Adobe)
		1.2 New component on Decision Support for Contingency planning	M McLaws (EuFMD, via Adobe)
		1.3 THRACE surveillance (Tripartite) Component Progress Report Surveillance in Turkish Thrace	Fabrizio Rosso (EuFMD) GDFC
		1.4 Balkans FMD preparedness	Fabrizio Rosso
Close Day 1			
0900	5	Pillar 2: Neighbourhood countries. Progress, issues and plans for next 6 months <ul style="list-style-type: none"> 2.1 West Eurasia: <ul style="list-style-type: none"> • progress in Turkey and Georgia • Plan for Technical Workshop on FMD surveillance and control in TransCaucasus countries • MOU with FGI-ARRIAH 2.2 South-East Mediterranean: Israel and neighbours 2.3 REMESA <ul style="list-style-type: none"> • EuFMD actions • Situation and Report of the Tunis Meeting 	M. McLaws (via Adobe) Keith Sumption
			K.van Maanen (via Adobe)
			Fabrizio Rosso OIE
	6	Pillar 3: Support to the Global Programme. Progress, issues and plans for next 6 months General update GF-TADS WG	OIE/FAO
		3.1 Global Progress Monitoring	FAO
		3.2 Support to the PCP	C. Bartels (EuFMD, via Adobe)
		3.3 Support to FMD Laboratory Co-ordination (WRL Contract) (might be covered in Item 2)	D. King
Lunch Day 2			
1330	7	Standing Technical Committee Report <ul style="list-style-type: none"> a) Open Session Dubrovnik October 2014 b) Research Fund –current position 	N.Rumich K. Sumption
	8	Issues arising 87 th Session	
	9	Administrative issues – staff, financial situation Preparation of the Budget for 41 st General Session	K.Sumption
	10	Upcoming Events and Meetings	
	11	Any other business	
16.00 Close			

MANAGEMENT RESPONSIBILITY OCTOBER to DECEMBER 2014

Pillar	Component	Pillar Manager	Comp Manager	
I	1.1	Training-RT	TBD/K.Sumption	J.Maud/N Rumich
	1.2	Decision support tools	M McLaws	E NegroCaduch
	1.3	THRACE	F. Rosso	STP M Hovari
	1.4	Balkans	F. Rosso	STP M Hovari
	1.5	Research Fund	K.Sumption	K.Sumption
	1.6	Crisis Management	K.Sumption	K.Sumption
	1.7	PTS	K.Sumption	Kees Van Maanen
II	2.1	Turkey/GEO	K.Sumption	M McLaws
	2.2	Israel/Cyprus	K.Sumption	K VanMaanen
	2.3	REMESA	K.Sumption	F.Rosso
III	3.1	Monitoring	K.Sumption	STP I Gutierrez Boada
	3.2	PCP	K.Sumption	C. Bartels
	3.3	Global Lab	K.Sumption	Kees VanMaanen

Technical team:

Executive Secretary	K. Sumption
Deputy	Fabrizio Rosso
Communications and Training support officer	N. Rumich
Training Development Officer:	J. Maud (UK)
Short Term Professionals:	M Hovari (Hungary), I Gutierrez Boada (Spain), G Ismailova (Azerbaijan)
Administrative Team:	
Program Co-coordinator	Cecile Carraz
Finance assistant	Silvia Clementelli
Senior Clerk (Program Assistant, G5)	VACANT (pending interviews at 17 th Sept 2014)
Team	Ida d'Alessandro, Erika Tomat, Ingrid Van Woudenberg

Report on Activities of the Secretariat – April 2014 to October 2014

Summary

1. The 87th Session of the Executive was held in Brussels in April 2014, and the Report has been finalized, circulated for comment and published online. The recommendations and conclusions are given in **Appendix 1**. The follow-up actions are given in **Table 1**.
2. The focus of activities in the period has been the implementation of the Work plans for the 12 Components of the EC funded program that had been approved at the 86th Session. A 13th Component (**1.2**) was agreed by the Chairpersons at their July meeting, to be funded from MS contributions, on Modelling and Contingency Planning. Each of the Components is managed by a Component Manager, as given in **Table 2**. These Managers have in several cases handed over responsibilities to new entrants (Short Term Professionals) and so far this has worked well. Each Manager has a budget and a clear workplan to manage.
3. **EC program implementation:**
 - a. Activities on all 13 Components are underway, and are reported in the Component Managers six-month Reports (**Appendix 2**);
 - b. One component (Emergency Fund) has been called upon to support the emergency missions and diagnostic kit supplies to Tunisia, Algeria and Morocco following the FMD incursion, but with minimal impact on its budget allocation.
4. **Under Pillar 1**, the three main components (Training Program, THRACE surveillance, Balkans Emergency Preparedness) are all well underway. One workshop (surveillance in FMD emergency response) under the latter was postponed to October because of the flooding in Serbia/Bosnia in May 2014, and the simulation exercise is now planned for late January 2015. The EuFMD Fund for Applied Research (EuFMD-FAR), Component 1.5, has now been used to commission 5 projects, totaling 185,000€ (original allocation of 250,000€ for the 2 year period).
5. **In support of Pillar 2**, workshops and training have been held in Turkey and Georgia (Component 2.1), and progress made to establish an epidemiology and monitoring unit to assist GDFC to monitor the implementation of the Turkish national strategic plan. A first Russian language real-time course was held in Turkey for six Russian speaking countries in June. The Secretary visited the Russian Federation in July for discussions on co-operation in training, surveillance and progressive control in the region. Further workshops were held in Palestine, Israel and Egypt under Component 2.2, and support was given to GF-TADS Roadmap in Amman (March 2014). The REMESA program (Component 2.3) provided emergency support (mission to Tunisia, desk top exercises in Algeria and Morocco) plus a highly successful online training in French of 75 Government vets from the three Maghreb countries.
6. **In support of Pillar 3**, EuFMD experts have assisted the GF-TADS Working Group through to develop training for FMD experts (Component 3.2) in application of the PCP and national control plans; in the assessment of plans and surveys for global uptake and action to manage FMD (Component 3.1); and in support to Regional Roadmap meetings (Amman and Astana). A Letter of Agreement with Pirbright for their services in 2014-15 was signed in April 2014. Surveillance support was provided under this to West Africa (Senegal, Nigeria) and East Africa (Kenya) as per agreement. In June, EuFMD experts trained 20 FAO staff on the PCP and have been asked to extend this to Africa/Mid-East FAO staff in October.
7. **Monthly Global Surveillance Reports** have been produced, managed by Teresa Scicluna, STP. In 2014 each edition has had a different **Guest Editor** who is an international FMD expert from the Special Committee or from an FAO or OIE reference center, and circulation continues to grow, reaching over 90 names in our distribution list.

EuFMD Program Report

8. The four year “Phase 2” (2009-13) of the EC agreement with FAO on support to EuFMD finished on 30th September 2013. To achieve Final Closure of this Phase, a Narrative Report covering four years was written by the Secretary in line with the FAO/EC template and after this has been cleared by FAO it will be submitted to the donor (6550 US\$ are charged by FAO for checking the Report, alone). The in-house financial closures have been achieved. Now at last Phase I and Phase II will be closed together which will then enable a call for funds for Phase III to occur.
9. The Phase 3 agreement, covering 24 months in 2013-15, has been signed by EC and FAO and has been operational from 1st October 2014.
10. The management responsibilities for the new program are shown in the **Table 2**. Managers have been funded by the MS through the Administrative Fund with the exception of those which are EC funded (two consultants and one STP (Grigori Grigoryan)) and the Training Officer (by Australia). The Short Term Professionals (STPs) assist with management in areas of their competence.

Administrative Report

11. The staff of the Secretariat is given below (as of October 2014).

Technical team:

Executive Secretary	Keith Sumption
Deputy	Fabrizio Rosso
Communications and Training support	Nadia Rumich
Training Development Officer	Jenny Maud
Short Term Professionals	Mark Hovari (Hungary)
	Teresa Scicluna (Malta)
	(arrival mid October) [Isabel Gutierrez Boada (Spain)
	[Gunel Ismailova (Azerbaijan)
Consultants (Component Managers)	M. Mclaws, C. Bartels, K. V. Maanen, E. Calduch

Administrative team :

Program Co-ordinator	Cecile Carraz
Finance assistant	Silvia Clementelli
Team members	I.D’Alessandro; E.Tomat, I.V Woudenberg

12. Caroline Dubé, P3 Animal Health Officer/Deputy to the Secretary, joined 3rd June, resigned 15th July with final working date 15 August 2014. To fill the gaps, as agreed with the Chairpersons, Fabrizio Rosso (Malta) would be invited to re-join the EuFMD (this occurred mid-Sept) as Deputy - and one or more consultants to cover the Modelling/Contingency Planning workplan actions (Elsa Calduch, Spain from mid-September).
13. **Short Term professionals** (STPs): Grigor Grigoryan, Armenia, finished at the end of August and Iulia Turiac (Romania) finished end of May.
14. **New STPs:** Mark Hovari (Hungary) joined on the 1st July (until December 2014); Isabel Gutierrez Boada (Spain) should start mid-October as should Gunel Ismailova (Azerbaijan).
15. **Pipeline STPs:** Katie Hickey (UK/New Zealand) January to June 2015.
16. **Administrative support:** only two CVs were sent for the Senior Clerk (G5) vacancy announcement, and neither suit the TOR. Currently, we have a Program Co-ordinator (Ms Carraz), a finance assistant (Ms Clementelli), and three team members (Ms D’Alessandro, Ms Tomat and Ms Woudenberg) working on all the administrative and logistic issues of the EuFMD. The Finance Assistant is covering the G5 role, so there is no strong reason in terms of current performance gaps to recruit an FAO Clerk.

Financial position

17. The Secretariat manages three Trust Funds, for the Administration of the Secretariat (MTF/INT/011/MUL, contributions from the Member States), EC Program (MTF/INT/003/EEC) and an Emergencies and Training Fund into which additional contributions have been received for provision of training (MTF/INT/004/MUL).
18. Position of the **Administrative Fund (MTF/INT/011/MUL)**: the opening cash balance was 453,275 USD and at the time of this report, 545,843 USD has been received in contributions, against an expenditure of 630,451 USD, which reduced the current cash balance to US\$368,667. This is in line with expectations on the reduction in cash balance in 2014 and 2015, and the need to raise MS contributions at the General Session in 2015. Note that despite savings in salaries line (recruiting a P3 after Eoin Ryan) the need to cover the work of the position through consultancies has not resulted in overall savings. **(Table 3)**.
19. Outstanding Contributions: USD 151,271, of which the most significant is that of Bulgaria (51,144 USD).
20. Given the above, there is a need for careful attention in 2015 to the expenditure, but the filling of at least one STP position in 2015 (2 positions were maintained in 2013-14) is affordable.
21. Position of the **Emergencies and Training Fund (MTF/INT/004/MUL)**. This fund has received funds from DAFF, Australia as part of the agreement of US\$404,218 to cover courses in 2014-15. The new agreement has received 328,010 US\$ in 2014, had expenditure of 255,658 US\$ in this year, and has a balance of 118,013 USD from which to cover the remaining two courses in 2014. A further tranche of funds are expected in January to cover the 2015 courses. The Fund has been used to pay for a Full Time Training Development Officer in 2014 (Jenny Maud) who manages Component 1.1, a considerable gain to the EuFMD and a savings to EC Fund.
22. Position of the **EC Program Fund (MTF/INT/003/EEC)**. The Phase II agreement with the EC was operationally closed at the end of September 2013, and final payments organised and closed, so that the financial closure could be made on 13th February 2014. The final (unofficial) balance is US\$ **1,233,598**.

MTF/INT/003/EEC (PHASE II 2009-13, TFEU97AA09638 entity 608868)

EC Project Phase II	US\$	Note
Total Cash received	10,592,358 (including interest earned 5,813)	
Total expenditures	9,358,759	
Final Balance	+ 1,233,598	

23. Regarding Phase III, this Phase was operational from October 2013 and the first financial contribution was the balance from Phase II (predicted to be Eur 731,379 = USD 1,006,377). After financial closure of Phase II, the good news is that the final balance in fact should be circa 200,000 USD higher (US\$1,233,598).
24. Total expenditure in Phase III, at 8th October 2014, is US\$ 2,394, 810 (circa 1,884m€) , and thus over 100% of the agreed pre-financing, so a call for Funds is due. FAO will send this to EC shortly, the delay had related to the slow speed of closure of Phase I and II (requiring additional reporting by the Secretariat to prepare a Final 4 year Narrative Report to EC).

EC Project Phase III		Note
Total scheduled	4,000,000 €	
Total Cash received	USD 1,006,377	Equivalent to €731,379 in Agreement
Total expenditures	US\$ 2,394,810	Over 200% of official prefinancing
Cash Balance	- US\$1,388m (Negative)	Reduce by circa 200k to this when the Final Balance Phase II is accepted by EC and counted into the first instalment.
Overall Phase III budget		
Maximum EC financing	4,000,000€	
Expenditure to 8 th October 2014	1,884,713€	46% of total, after >50% of programme delivery
Current Balance	2,181,786€	

25. Management of expenditures - Phase III

At the 86th Session, the limits on spending per component and budget line were agreed and every component, and subcomponent (outcome) has been assigned a budget. The Component Managers thus know their spending limits for each of the outcomes they are expected to work towards. The system has made for clarity in the daily work and planning, and is controlled through the Financial Oversight of the Finance Assistant (Silvia Clementelli) and Budget Holder (Keith Sumption).

The Programme Coordinator (Cecile Carraz) develops the three- month forward work scheduling plan together with the Finance Officer and Component Managers, and these have been transmitted to the Chairpersons when updated. The spending per Component is reviewed in team meetings once a month.

26. The Expenditure by Component

As mapping expenditure to components is not-automatic, there is no way to track spending per component in real-time. **Table 4** gives the result of the most up to date mapping of spending per component. Only those components which have a high proportion of longer term commitments (into 2015, such as research studies contracted under Component 1.5) have “overspent” their expected 50% benchmark.

27. Need for budget revision

There is a need to present to the EC a revised Budget Table indicating the revisions to ceilings for Components agreed at the 87th Executive and Mini-Executive Session in July in Brussels, namely

- Increase of 50,000€ to THRACE to enable purchase of diagnostic equipment for the 3 countries
- Increase of 16500€ for Support to OIE/FAO under Component 3.1 (PCP)
- Reduction in the budget line Emergencies (1.6) by the above amount

The 88th Executive will also receive a request to agree the Component workplan for modelling/contingency planning of 61,500 € (1.2). This amount could be drawn from Components 2.2 and 3.1 and Emergency fund on equal basis (20,000€ from each).

Planned Governing Body (EuFMD Committees and Working Groups) meetings, 2014

Open Session of the Technical Committees, Dubrovnik 29-31st October 2014. Preceded by the Closed Sessions of the Special Committee for Research and Programme Development, Dubrovnik on 28th, and Standing Technical Committee/Grant Review Board.

Tables

Table 1: Finding and Recommendations 87th Executive Committee

Table 2: Table 2. Technical Team: Pillar and Component Managers April 2014 to October 2015 - *EuFMD /EC Action 2013-15 ("Phase III")*

Table 3: Financial statement

Table 4: Expenditure by Component

Table 1

Findings and Recommendations of the 87th Session of the Executive Committee of the EuFMD

Item	Conclusion #	Follow-Up
Risk Situation	2. STC Guidance On Understanding FMD Control In China	Keynote paper for Open Session
4. Pillar 1	4. Refresher training/assessment	On track
	5. MS to be told that CVET list experts should do refresher training	Check with SANCO. EuFMD could contact CVET experts directly To be done?
	6. Economics course linked to modelling	Done, Course held
	7. Management at end of epidemics to be part of sim-ex Balkans	Planned
	8. Cost recovery for additional training places	Paper for the 88 th Session
	9. Additional funds for surveillance for other TADS- Thrace	50,000€ request was agreed to be added to the Budget for 1.3
	10. Evaluate THRACE programme with expert input on surveillance model	Annual report from year 1 to be reviewed by Angus Cameron
Item 5, Pillar 2	15. Turkey	Additional consultancy agreed to give full time input into the Epi and Monitoring Unit, GDFC.
	16. Need for revitalised links to Iran	No significant action except webinars
	18. Technical meeting, Cyprus	None, need to discuss priority topics with GFTADS partners
	19. Develop Low cost biosafe transport	EuFMD-FAR proposal funded.
STC	22. Topics for the Open Session	All included except the paper on situation (Eradication achieved?) of serotype C
Admin	27. Need to review the categories and level of MS contributions	To be done
Other	To write to MS on interests for vaccine bank and diagnostic bank coordination	To be done. STP candidate lined up for actions on this area from January 2015

Table 2. Technical Team: Pillar and Component Managers April 2014 to October 2015 - EuFMD /EC Action 2013-15 ("Phase III")

BOLD= Continuity. Red= change. TSO: Training Support Officer. STP: Short term professionals. KS Keith; NR; Nadia; ER, Eoin. AUS: Australian funds (to 12/2013)

Pillar	Comp	Comp.	Pillar Mgr	%time	KS %	NR %	STP / TSO	2014				Comment		
								Jan	Feb	March	April-June		July-Sept	Oct-Dec
I	1.1	Training -RT	KS		10	20	TSO 0.5	C.Wil d	J.Mau d	J.Maud	J.Maud	J.Maud	J.Maud	AUS funds support the Training Officer
	1.2	Training -CP&DS	KS		5	10	TSO 0.5	J.Maud		J.Maud	J.Maud	C. Dube	E. Calduch	New P3 covered only June-mid-Aug
	1.3	THRACE	KS		5		STP 0.5	F. Rosso		F. Rosso	F. Rosso (gap-June)	M. Hovari	M. Hovari	
	1.4	Balkans	KS				STP 0.5	I. Turiac		I. Turiac	I. Turiac	M.Hovari	M.Hovari	
	1.5	Res Fund	KS		5			KS	KS	K.van Maanen	K. van Maanen	C. Dube	K.Sumption	
	1.6	Crisis	KS					NA	NA	NA				
	1.7	PTS	KS							K. van Maanen	K. van Maanen	K. van Maanen	K. van Maanen	
		Surveillance Rep	KS			5		STP: I.Turiac		I.Turiac	I. Turiac	T.Scicluna	T.Scicluna	Gap May filled by T.Scicluna
II	2.1	Turkey/ GEO	KS		10		STP 0.5	M.Mclaws		M.Mclaws	M.Mclaws	M.Mclaws	M.Mclaws (assisted by G. Ismailova STP)	
	2.2	Israel/Cyprus	KS	20					KVM(Feb-June)	K. van Maanen	K. van Maanen	K. van Maanen	K. van Maanen	K.VM to end of June in Rome then from distance
	2.3	REMESA	KS		10	10	STP 0.5	New F.Rosso	STP: F. Rosso	F. Rosso	F. Rosso	C.Dube	F.Rosso	
III	3.1	Monitoring	KS		5		STP 0.75	GAP!		New STP: G.Grigoryan	G. Grigoryan	G.Grigoryan	I. Gutierrez .	2 month gap after Grigor
	3.2	PCP	KS		5	5	STP 0.25	C.Bartels		C.Bartels	C.Bartels	C.Bartels	C.Bartels	
	3.3	Global Lab	KS		5			ER		K. van MAANEN	K. van MAANEN	K. van MAANEN	K. van MAANEN	Kees to end of June in Rome, then distance
			Total projec	100	60	50								

Pillar	Comp	Comp.	Pillar Mgr	%time	KS %	NR %	STP / TSO	2014			Comment
			ts								
		Management			40						
		Communications				50					
Pillar	Component	STAFF LEVEL		One P3	One P5	One P2	1 TRO +3 STPs				STP gaps in February 2015 (Mark)

Table 3 Financial Statement

MTF/INT/011/MUL - TF number 904200					
EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE					
Financial Report from 1st January to 30 September 2014					
	USD	USD		Eur	Eur
Balance as at 1 January 2013		453,275			333,610
Interest received	0				
Contributions from member countries and institute	545,843			401,740	0
Project Income Earned (Child)	0	545,843		0	401,740
Expenditure					
Salaries	415,454			305,774	
Consultant	125,124			92,091	
Contracts	0			0	
Duty Travel	86,690			63,804	
Training	0			0	
General Operating Expenses	3,183			2,343	
Expendable Equipment	0			0	
Non-Expendable Equipment	0			0	
Total Expenditure		<u>630,451</u>			<u>464,012</u>
Balance as at 30 September 2014		<u>368,667</u>			<u>271,339</u>
Balance restated at UN Exchange rate of 30 September 2014					
<p>The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2014. The average monthly UN Operational Exchange Rate applicable for the period up to 30 September 2014 is USD 1: EUR 0.736. The average UN Operational Exchange rate at 30 September is USD 1: EUR 0.736.</p>					

Expenditure by Component

Table 4

PILLAR		Component Manager	Total Budget Allowance € 320'7116	100%	12 Months Expenses Oct. 13 - Sept. 14	% (50% of project completion)	Budget Available 10/1014	4 past Months Activities June - September 2014
PILLAR I IMPROVE € 1'877'836.00	1.1 /1.2 Training Program	Nadia/Jenny	€ 515,241.00	100%	€ 281,535.73	55%	€ 233,705.28	including part of RTT Turkey -Pirbright Course - NTC16/17 / NTC 18 French - Modelling Frascati LOA RVC
	1.3 THRACE	F. Rosso	€ 350,000.00	100%	€ 112,970.70	32%	€ 237,029.30	Including tripartite Bruxelles, + Sofia Thrace - Mission Turkey + Procurement Thrace consultant National Greece, Mission London Mrs Fouki -Istanbul August
	1.4 BALKANS Emergency	M.Hovari	€ 214,240.00	100%	€ 34,306.90	16%	€ 179,933.10	Including Workshop Balkans, Workshop Contingency - Mission Moldova
	1.5 Research Funding	KS	€ 285,000.00	100%	€ 248,814.84	87%	€ 36,185.16	Information Presentation University Cambridge + Study visit to Almarai farm,Ryhadh N. Lyon - UK Pirbright - LOAs FAR Pirbright FLI/ University Nottingham, /Anses
	1.6 Crisis Management - Emergency technical	KS	€ 434,655.00	100%	€ 14,305.04	3%	€ 420,349.96	Atelier Fièvre Aphteuse Algiers & Rabat + Mission Conjointe OIE EuFMD Tunis C.Dubé
	1.7 PTS - NRLs of EuFMD Members and neighbourhood	K. Van Maanen	€ 62,200.00	100%	€ 7,003.51	11%	€ 55,196.49	
	PILLAR II REDUCE € 720'100	2.1 SEE-SOUTH EAST EUROPE Wes Eurasia	M. Mc LAWS + assisted by G. Ismailova	€ 298,100.00	100%	€ 173,292.13	58%	€ 124,807.87	Mission Rome - Georgia - Ankara - Russia RoadmAp West Eurasia - Astana + RTT Erzurum Consultant N. Honhold C Potsch Sinan
2.2 SEM SOUTH EAST MEDITERRANEAN		KVM	€ 209,500.00	100%	€ 42,494.85	20%	€ 167,005.15	Workshops Palestine, Mission Egypt Scientific Day, GF Tads Amman - RTT Erzurum
2.3 REMESA		F. Rosso	€ 212,500.00	100%	€ 56,274.16	26%	€ 156,225.84	Workshops Libya-Senegal-Tunis-Algeria-Morocco - procurement 8JCP La Valetta Malta -
PILLAR III PROMOTE € 609'180	3.1 SUPPORT System for Reporting on the Global prgress of FMD Control Programmes	I.Gutierrez Boada (STP) T. Scicluna (STP) Monthly Report	€ 86,000.00	100%	€ 14,750.74	17%	€ 71,249.26	
	3.2 PCP Support: Tools, guidelines, knowledge transfer	Chris BARTELS	€ 63,300.00	100%	€ 35,171.26	56%	€ 28,128.74	PCPs Training included Kighali Ruawnda Contract travel Request of increase budget Total 45 Days + Travel € 16500 for Total budget available € 63300
	3.3 Global FMD reference Centre -	KVM	€ 476,380.00	100%	€ 438,414.00	92%	€ 37,966.00	LOAS Pirbright
Total Budget Allowances 2013-2015			€ 3,207,116.00	100%	€ 1,459,333.87	46%	€ 1,747,782.13	
1.6 Reserve of Funds Crisis Management			-€ 434,655.00					
Total Budget Allowances 2013-2015 - less reserve of funds			€ 2,772,461.00	100%	€ 1,459,333.87	53%	€ 1,313,127.13	
Budget allocated HQ Based Professional/Consultants/Gen.Services			€ 464,166.00	100%	€ 186,154.00	40%	€ 278,012.00	
Budget allocated General Overhead, Evaluation and official reporting cost			€ 67,036.00	100%			€ 67,036.00	
Budget allocated Project Servicing Charge Support Cost (7%)			€ 261,682.00	100%	€ 130,841.00	50%	€ 130,841.00	
Total Budget Allowances 2013-2015 - less reserve for funds			€ 3,565,345.00	100%	€ 1,776,328.87	50%	€ 1,789,016.13	
General Total Budget Allowance 2013 - 2015			€ 4,000,000.00	100%	€ 1,795,689.07	45%	€ 2,204,310.93	
				100%	12 Months expenses Oct. 13 -Sept. 14	% (50% of project compltd)	PROJECT BALANCE	

Appendices

1. Recommendations and Conclusions of the 87th Executive Committee meeting
2. Report by Components (six-monthly report)
3. Summary of the FMD Emergency Preparation Course (FEP-C) - 1st francophone e-learning course
4. Report from the first Russian language Real time Training course, Erzurum
5. Report of the second French Real Time Training course, Nakuru
6. Review requested by FAO of the statutory bodies, including EuFMD
7. Narrative report presented to FAO for the EU Funding (Sept.2014)
8. Report of the Mini Executive Committee meeting (July 2014, Brussels)
9. Memorandum of Understanding Arriah

Findings and Recommendations of the 87th Session of the Executive Committee of the EuFMD

The Executive Committee, after considering the documents and issues on the Agenda of the 87th Session of the Executive Committee of the EuFMD,

1. **Acknowledges** the support of the European Commission for the Phase III of the EuFMD/EC work programme, which started in October 2013 following the endorsement of the Executive to the detailed plan of work and budget presented at the 86th Executive Committee meeting of the EuFMD.

In relation to the general FMD risk situation:

2. **Takes note** of the changing pattern of international circulation of FMD viruses, particularly the resurgence of O Panasia in Pool 1 (East Asia), the unexplained movement of O India 2001 viruses from Pool 2 (South Asia) into Libya and the Arabian peninsula, the reported outbreaks of SAT2 in Egypt, and the evolution of the type A situation in West Eurasia.

Recommendations

3. That Member States (MS) should take into consideration in their risk assessments the current FMD situation and the expected rise in FMD cases in spring-summer period in Turkey and other parts of West Eurasia with similar seasonality in livestock production systems;
4. That further effort and attention is given to encourage Veterinary Services (VS) of territories in the Balkan region to develop and test their Contingency Plans (CP) for FMD outbreaks, and that members of the Executive and Observer organisations reinforce this message wherever possible.

Conclusions

Item 2

1. There is a need for better understanding of the factors that lead to a high risk of FMDV contamination of animal products and whether these factors can be incorporated into the process of assessing change in international FMD risks;
2. The FMD control situation in China needs to be much better understood. The Standing Technical Committee (STC) should give guidance on how this could be achieved;
3. The criteria for inclusion of antigens in each category needs to be defined, together with the basis or process for their inclusion, as part of the STC review.

Item 4 on the Pillar 1 programme

4. Prior trainees on the EuFMD Real-Time Courses should be invited to undertake refresher training and its associated assessment, using the e-learning Foot and Mouth Emergency Programme course (FEPc) course after the current pilot course has been completed and evaluated;
5. DG-SANCO could assist to ensure MS are aware of the need for refresher training for those who are proposed by MS for the C-VET list, and for their own contingency planning purposes.
6. A course on the economic impact assessment of FMD control options remains necessary and given the linkage to modeling of control options, thought should be given to running the modeling courses in parallel. The need to place this later in the autumn 2014 was accepted;
7. Consideration needs to be given on training for management of the end of an epidemic, including recovery and regaining freedom. The planned simulation exercise in the Balkans could be an opportunity to include this in one of the final workshops;

8. The cost recovery basis for additional participation of private sector and government services of MS should be developed (if participation beyond a quota is requested) in line with the agreed fee structure for additional places on real-time training courses;
9. The importance of inclusion of surveillance for small ruminant TADS (SGP, PPR) and capacity to detect LSD if suspected in Thrace region, was endorsed, and the EC is asked to consider if the additional costs of diagnostics to support supplies could be supported;
10. An evaluation or review of the THRACE programme (possibly led by Special Committee for Research and Programme Development (SCRPD) member with Angus Cameron) after its first year of operation could be beneficial. This could include review of the risk periods and inclusion of particular locations (e.g. Istanbul Province) as a risk area for attention;
11. Neighbouring MS wish to see post-vaccination monitoring for levels of immunity included in the future surveillance programme. A design for this should be developed and costs identified;
12. Program activities in Component 1.4 are going well but national attention to progress sections of the CPs remains weak. The laboratory capacity workshop is likely to result in a design for a regional emergency diagnostic reserve, and in the first place supply diagnostic kits in support of the annual proficiency tests and for the simulation exercise;
13. All parties in the Executive and observers need to ensure a consistent high level of attention is needed in their contacts with national agencies on the need for completing FMD-CPs;
14. There will be a need for training on the exit strategy options and on planning for recovery; this should be considered for the last part of the simulation exercise.

Item 5 on the Pillar 2 programme

15. The Executive Committee takes note of the concerns about national commitment to establish the National FMD Epidemiology and Monitoring Unit in Turkey. This unit has an important role in the region in providing reports and information that will give confidence in the FMD control in the country;
16. The reduced flow of information on FMD situation in Iran is a concern to Turkey and other MS. The revitalization of the WELNET lab Network after the Astana meeting should assist with this;
17. The willingness of Turkey to host the Russian language Real Time Training in Erzurum is appreciated;
18. Technical Meeting in Cyprus: the Secretariat should discuss with GF-TADS partners what technical issues they consider most important to cover and identify dates with the Cypriot hosts and GF-TADS partners;
19. The development of low-cost, risk-free FMD sample shipment methods is important for countries in this region and in others where complexity of international air transport requirements has severely reduced submission and timeliness of samples to reference centres. The STC should consider the options to address the barriers and report to the next Executive;
20. The funding line in the programme for Component 2.3 should not normally be used for supporting REMESA CVOs to attend Joint Planning Committee meetings. On an exceptional basis, requests will be considered by the Chairman.

Item 6 on the Pillar 3 programme

21. The willingness and interest of the European NRLs to support the Global Strategy, and assist in activities to improve FMD surveillance in Africa and Asia was noted. The EuFMD Secretariat is encouraged to work with the WRL and the European NRLs to better communication and encourage co-ordination with Actions under Component 3.3.

On the Open Session of the Standing Technical Committee

22. The following topics were agreed as important for the Open Session:
 - Papers on the changing disease landscape: how the economic, livestock sector, trade and risk is expected to develop;
 - an invited authoritative paper on FMD management in China;
 - on the consequences of surveillance findings after emergency vaccination;
 - an updated assessment of the risks from virus pools into Europe;
 - the progress of Global FMD Research and its consequences for European priorities;
 - FMDV stability (importance in biosecurity, movement in products, and in vaccines);
 - Management of risk posed by serotype C, 10 years after the last case;
 - African livestock sector development and FMD management.

Administrative issues

23. The Executive Committee endorsed the selection of Dr Dubé for the position of Animal Health Officer (P3), as a replacement for Dr Ryan;
24. MS that fail to pay their outstanding contributions should receive letters reminding them of their responsibilities; these include, in April 2014 Albania, Ireland, Bulgaria, FYROM;
25. The Secretariat should proceed to fill the vacant Short Term Professional (STP) position since the budget position is sufficient to maintain the two STPs for the rest of 2014;
26. The Committee notes with appreciation the extension of the contract with Australia but also the need to find additional funds, for example through charging full costs for additional courses in response to demand, to allow for a full time position of Training Officer;
27. There is a need to review the Contribution Categories of MS following significant social, economic and livestock sector changes in the MS since 1996.

Additional Action Points

Item 4

1. List of all previous real-time course trainees from the MS to be sent to DG-SANCO;
2. Co-ordinated effort between DG-SANCO and EuFMD to ensure MS and prior trainees are aware of the need for completion of refresher courses and assessment.

Item 7

3. Updating of the previous study on the relative importance of virus pools for the entry of FMDV into Europe (STC/Secretariat);
4. Secretariat to write to MS to discuss their interests in co-ordination on Vaccine Bank issues and on diagnostic reagent bank.

Six Monthly Progress Reports by Components



- Improve readiness for FMD crisis management by Members
- Reduce risk to Members from the FMD situation in the European neighbourhood (Progressive Control in neighbouring regions)
- Greater implementation of the Global Strategy for the control of FMD



EuFMD Workplan

Component 1.1 - Training

Pillar Manager: F. Rosso
Component Manager: J. Maud/N. Rumich
Reporting: J. Maud
Focal point Executive Ctte: P. Naassens, J. Milius

The 12 Components

1.1- Real Time Training

1.2- Contingency Plans and Decision Support Training

1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey

1.4 Balkans

1.5 Research Funding

1.6 Crisis Management

1.7 Proficiency test services

2.1 South East Europe: Turkey, Georgia and neighbours

2.2 South East Mediterranean: Israel, Cyprus

2.3 Remesa

3.1 Support to Global Progress Monitoring of FMD Control programmes

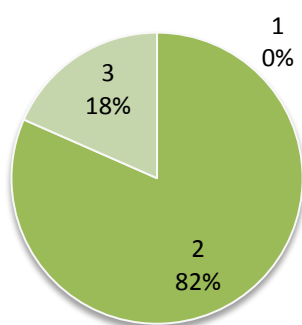
3.2 Progressive Control Pathway

3.3 Global Laboratory

1.1 Real Time Training– Contingency Plans and Decision Support Training

OBJECTIVE: To improve the ability of Members States (MS) and Europe as a whole to respond to a FMD incursion; through developing a cadre of European experts in FMD crisis management, and improving the use of decision making tools by managers in contingency planning and outbreak response.

OUTPUTS (EXPECTED RESULTS):



1. System in place whereby MS use **training credit system** to ensure training needs are addressed through a demand-driven training program;

2. Improved MS capacity to recognize, respond to and manage FMD through provision of **training programs** on clinical recognition, outbreak management and CP, and improved use of models/DST to support managers;

3. Infrastructure for **learning and knowledge transfer** in place, including e-learning, training resources and staff support.

% use of funds on achieving each Output

Output 1 Paid for by the Australian funding

DIRECTLY INVOLVED BENEFICIARIES: The 37 Member States of EuFMD

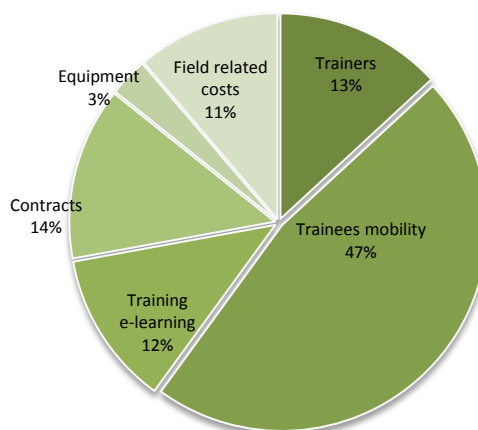
RESOURCE BASE:

HR: from three funding sources Full-time Training officer (AUS or another); P5 (5%), P3(20%), P2 (20%), STP (50%) (all Admin Fund), five consultants on daily rates as required (EC).

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

€ 515,241

Agreed at ExCom 86



2-Project team

Role	Name	Status
Pillar manager	Fabrizio Rosso	Animal Health Officer
Component manager	Jenny Maud/Nadia Rumich	Training Support Officer/Communications Officer
National focal points	Training focal points provided by each EuFMD Member State	
National consultants:	n/a	
Focal Point ExCttee:	P. Naassens, J. Milius	

Additional advice is provided by members of the Special Committee for Research and Programme Development (SCRPD). **Pillar 1 Group:** Bernd Haas, Aldo Dekker, Tsviatko Alexandrov, Kate Sharpe, Sten Mortensen. Modelling special interest group: Sten Mortensen, Kate Sharpe, Katharina Staerk.

3-Countries or partner organizations involved

- Letter of Agreement (LoA) with Royal Veterinary College (RVC), UK. RVC to manage the EuFMD e-learning training system; created to support the existing and future EuFMD training courses;
- Letter of Agreement (LoA) with Wageningen UR, Netherlands, for planning and implementation of socio-economics expertise for modelling workshop;
- Department of Agriculture, Australia. Sharon Roche involved in the planning and implementation of modelling workshop;
- Richard Bradhurst, University of New England, Australia, involved in the planning and implementation of modelling workshop;
- Department of Agriculture, Australia. Agreement for EuFMD to organize ten training courses for Australian veterinarians in Nepal in 2014-15, This funding includes provision to support e-learning and the Training Support Officer role.
- Pirbright Institute, UK. EuFMD participants to take part in FMD laboratory training courses;
- Department of Veterinary Services, Kenya, MOU through FAO-Kenya for provision of Real Time Training courses;
- General Directorate for Food and Control, Turkey, provision of Real Time Training course;
- Department of Livestock Services, Nepal, MOU through FAO-Nepal for provision of Real Time Training courses.

4-Progress Report

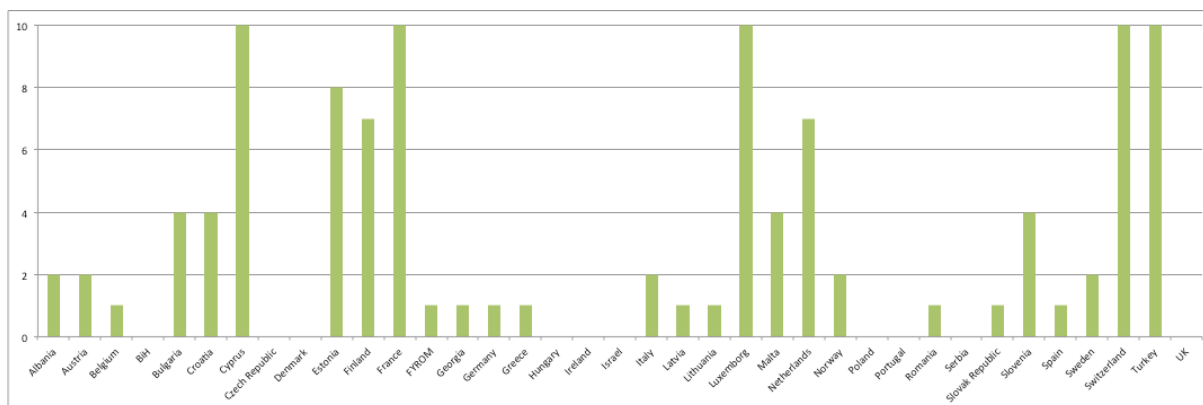
Outcome 1: System in place whereby MS use training credit system to ensure training needs are addressed through a demand-driven training programme

1.1 TSO to run training credit system

Training focal points from each member state have been updated on the training programme and the credit system through webinars and newsletters approximately every 3 months.

To date 70% of the total training credits available have been “spent” or allocated to upcoming courses in 2014.

The number of training credits remaining to be allocated to training courses, by country, is shown in the table below:



1.2 Contact with Focal Points

Further efforts have been made to contact those countries where there had been little contact with the focal point prior to the April Executive Committee meeting and most countries now have a focal point in contact with the Training Support Officer.

Outcome 2: Improved MS capacity to recognise, respond to and manage FMD through provision of training programmes on clinical recognition, outbreak management and contingency planning, and improved use of models/decision support tools to support managers and decision makers.

2.1 Real Time Training

Two Real Time Training courses have been held in the April-October 2014 period:

- **Erzurum, Turkey, June 2014- Russian language**

This training course involved participants from Turkey and Georgia funded under component 1.1. In addition, participants attended from Palestine (component 2.2), Azerbaijan, Armenia, Ukraine and Moldova (component 2.1).

- **Nakuru, Kenya, August 2014- French language**

This course was attended by three participants from Belgium under component 1.1. Additional participants attended from Morocco and Tunisia under component 2.3 (REMESA).

For these courses the e-learning Induction course and training materials were translated into the relevant language. Russian and French speaking trainers led the courses, and in addition translators were used to ensure communication with host country participants and the local communities visited during field work.

Chris Bartels attended the August Real Time training course in Kenya and led a two-day workshop for key members of the Kenyan Department of Veterinary Services immediately following the training course. This workshop, covering the implementation of the PCP-FMD in Kenya, forms part of the reciprocal agreement between FAO-Kenya and DVS-Kenya for provision of Real Time Training.

Assessment

Following a recommendation made at the 87th Executive Committee meeting, a comprehensive assessment has been prepared for the end of the training course. For those that have so far completed the courses in 2014 this will form part of the online Refresher course. For upcoming courses the assessment will be included as part of the training week.

Database of previous trainees

A database listing all previous participants in Real Time courses has been prepared and is available on request.

Upcoming courses

Demand for Real Time courses continues to be high, two planned courses for November and December are fully booked, with places now being reserved on courses in Spring 2015.

2.2 Modelling

A workshop "To vaccinate or not to vaccinate: using modelling to evaluate FMD control options" was held in Frascati, Italy, from 29th September-3rd October 2014.

The workshop focussed on the use of disease spread modelling and socio-economic analysis to guide decision making in FMD control. The course aimed to allow participants to become “intelligent customers” of epidemiological models, able to plan modelling studies, interrogate the outputs of models and communicate these outputs effectively to decision makers. Following recent interest from member states, and to better reflect the real-world situation, socio-economic analysis was included alongside pure epidemiological modelling.

Melissa McLaws took over from Caroline Dubé in co-ordinating the content of the workshop and in the role of facilitator. Sharon Roche (Department of Agriculture, Australia) joined the team to provide expertise on epidemiological modelling in decision-making. Ron Bergevoet (Wageningen UR) led the socio-economic component of the workshop. Richard Bradhurst (University of New England, Australia) provided technical modelling expertise.

The course was highly interactive, with participants working through a series of tasks designed to simulate each stage of a modelling project. The workshop used a newly developed model (Australian Animal Disease Spread Model- AADIS), created by Richard Bradhurst as his PhD project, working together with Sharon Roche and Graeme Garner (Australian Department of Agriculture). AADIS is a complex model with a graphical user interface that allowed participants to manipulate model parameters themselves, simulating a number of outbreak scenarios and control strategies. Outputs from AADIS were combined with economic data and a participatory multi-criteria decision making approach used to carry out a socio-economic analysis of control options.

E-learning material was developed as an induction course for the workshop. Initial content was provided by Shaun Case (Colorado State University) and Kimberley Forde-Folle (USDA), with significant modifications made by the EuFMD and RVC teams in preparation for the Frascati workshop. The use of pre-course e-learning allowed efficient introduction of core knowledge and concepts, freeing up more time during the workshop for interactions and practical work. Feedback from trainees will guide further refinements to this online course, which will then be available for future use.

Trainees in the workshop were from Norway (2), Sweden (1), Austria (2), Spain (1), Albania (1), Bosnia (2), Hungary (3), Italy (1), Greece (1), Estonia (1), Slovenia (1).

It is intended that the format of the course, now developed, can be repeated for subsequent workshops, dependant on demand by member states.

2.3 Online FMD Emergency Preparation Course

The first trial of the online only FMD Emergency Preparation Course was held in April, with two participants from nearly every EU member state. The course was available for 3 weeks and during this time trainees were expected to complete around 8 hours of online self-study. The course began and ended with a live webinar, which allowed participants to “meet” the EuFMD training team, introduced key topics and gave more details on subjects of particular interest.

The course covers:

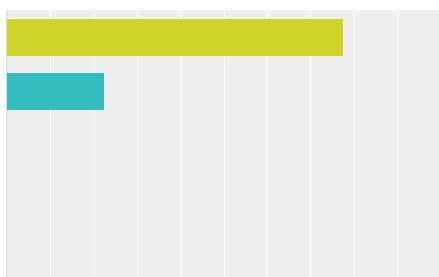
- FMD aetiology and pathogenesis
- FMD clinical diagnosis and lesion ageing
- Sampling and laboratory diagnosis
- Introduction to contingency planning and basics of the EU Directive
- Epidemiological investigations
- Biosecurity

A particular success was the online discussion forum that allowed participants to interact with the EuFMD expert trainers and with each other. The forum was lively with a wide range of discussions and questions asked. In response to the FMD outbreak in Tunisia the translation of the course into French was rapidly completed. 25 veterinarians from each of Morocco, Tunisia and Algeria took part in this course. The online discussion forum was again very lively, as were the pre and post course webinars.

Feedback from both of these courses has been good. A sample of results from the post course survey is illustrated here.

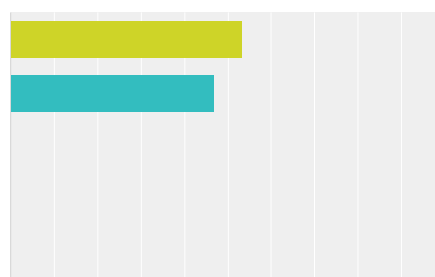
Q1 How do you rate this online course overall?

Answered: 53 Skipped: 0



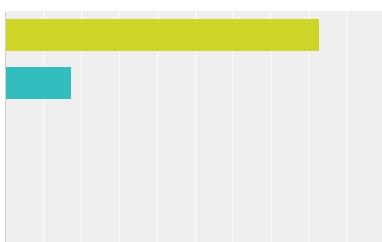
Q1 Quelle note donneriez-vous à ce cours en ligne dans son ensemble?

Answered: 47 Skipped: 0



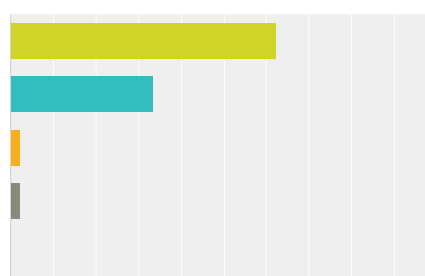
Q2 Was the course relevant to your specific needs?

Answered: 52 Skipped: 1



Q2 Le cours était pertinent à vos besoins spécifiques?

Answered: 45 Skipped: 2



Comments included:

"This is a great opportunity for those who cannot travel to attend training"

"The course was excellent"

"Very interesting course, thank you for letting me participate"

"je suis heureux de ce cours et j'espère que ca sera pas le dernier"

The online course has now been offered to member states in two ways:

- 1) 20 participants take part in an EU wide English language course, to be run several times per year- **1 training credit;**
- 2) 80-100 participants take part in a course that is translated into member state's language. Country specific content, such as contingency plans or disease reporting procedures is added. In this instance the member state should provide a local FMD expert who participates alongside an EuFMD expert in the discussion forum and webinars in order to give national expertise. The member state should also provide assistance in proof reading and the ad-hoc additional translation required. **6 training credits for initial tailored course, 4 training credits for subsequent use of this course.**

There has been a high level of interest in both of these options. The next online EU-wide course in English will run during November/December 2014. The UK has confirmed interest in a country specific course, with discussions ongoing with other MS regarding this option.

2.3 Translation of online FMD Emergency Preparation Course

Translations of the online FMD Emergency Preparation Course into each of the EU languages plus Russian, Arabic and Serbo-Croat have been gratefully received from the EU.

Following the test-run of translation into French, it will now be necessary to complete the process of translation for the other languages. This involves proof-reading of the translated content for veterinary accuracy, uploading and formatting of the content onto the e-learning website and translation of accessory material.

Veterinarians with FMD expertise from EU member states will be identified to assist with this process, with the timing of roll out of the alternative language courses based on demand from Member States.

2.4 Pirbright Institute laboratory training course

Two trainees took part in the two week FMD laboratory training course at the Pirbright Institute, with their places funded through the training credits scheme. Both participants gave excellent feedback on this course.

2.5 Additional online courses

A short online course “Introduction to Epidemiology and Biostatistics” is being developed by the RVC. This will be used as background or introductory material for a number of EuFMD’s training courses, for example PCP-FMD workshops, and may also be used as a standalone course in future.

Outcome 3: Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support.

3.1 EuFMD e-Learning website

Most of the activities covered under the current LOA with the RVC for provision of the EuFMD e-Learning website are completed or near completion. The e-Learning website currently has close to 600 registered users, with this number continuing to grow steadily.

Alongside the activities reported above under component 1.1, the e-learning website has been used for a number of new initiatives, including for networking in the Balkans region and provision of a webinar series for West Eurasia countries. The pilot webinar series for West Eurasia should now be rolled out more widely, with webinars provided under other components of the EuFMD workplan, including under component 1.1.

The e-learning website will be used to host recordings of presentations following EuFMD’s upcoming Open Session, and will allow discussion between participants and presenters after each session.

3.2 Staff support

Funding for the Training Support Officer role is provided through the agreement with Australia/New Zealand for the provision of Real Time Training courses. Currently 3 courses are planned for 2015, however interest has been expressed in extending this agreement to provide for additional courses during 2015.

5-Issues for Executive Committee attention arising during implementation

1. Training credits “top-up” scheme

A number of member states have expressed an interest in purchasing additional places on courses, above their training credit allocation. The Executive Committee has previously approved a “cost per place” for the real time training courses, however this should be brought into line with the costs of other courses offered including the modelling workshop and with the e-learning.

The total budget for Component 1.1 is EUR 515,241. With 370 training credits available, this equates to a budget of EUR 1395 per training credit.

The 1.1 budget does not include the expenditure on administrative EuFMD staff necessary to run the courses, or for the training support officer.

To account for the additional administrative costs of running further courses, a total cost of EUR 1600 per training credit is proposed to cover these additional costs.

The cost per training credit would represent an “at cost” price for EuFMD’s training programme, and should be regularly re-assessed to ensure the cost level remains appropriate.

6-Priorities for the next six months

Outcome 1: System in place whereby MS use training credit system to ensure training needs are addressed through a demand-driven training programme

1.1 Training credits system

Seek further input from MS on training requirements for the 2015-17 period, both formally and informally. Webinars and newsletters have improved MS awareness of the training programme, there is now a need to capitalize on these communication methods to ensure that EuFMD is fully aware of MS needs in planning of the next work programme.

Ensure all MS have used or plan to use their full training credit allocation in the 2013-15 period.

Outcome 2: Improved MS capacity to recognise, respond to and manage FMD through provision of training programmes on clinical recognition, outbreak management and contingency planning, and improved use of models/decision support tools to support managers and decision makers.

2.1 Real Time training

A further two courses will be held in Spring 2015, following high demand from Member States.

For future courses it will be important to work with member states, through the focal point webinars, to:

- Ensure profile of trainees attending the course is appropriate to its content- aimed particularly at veterinarians who would be actively involved in diagnosis and investigation of FMD outbreaks.
- Increase the amount and impact of cascade training that participants carry out after they return from the course. Lessons learned from the training programme in Australia and New Zealand regarding effective cascade training to be fed back to EuFMD MS.

2.2 Modelling workshop

In combination with activities carried out under component 1.2 of EuFMD's workplan ensure that training offered on modelling, contingency planning and decision support fits well with MS needs. In particular review needs for training on:

- Advanced socio-economics
- Practical aspects of vaccination

Member states will be offered the opportunity to participate in a second modeling workshop, similar to the Frascati workshop, to be held during 2015 (upon demand).

2.3 Online FMD Emergency Preparation Course

EU-wide English language online courses to be held in November/December 2014 and Spring 2015.

Discuss with member states the provision of country-specific translated online courses. A Serbo-Croat course for the Balkan region is prioritised and interest has also expressed in Spanish course given increased concerns in Spain due to the North African FMD outbreaks.

The UK has already requested a country specific course and this is likely to run in January 2015.

Outcome 3: Infrastructure for learning and knowledge transfer in place, including e-learning, training resources and staff support.

3.1 EuFMD e-Learning website

Extend existing LOA with RVC to provide additional support for online FMD Emergency Preparation Courses, and other training courses upon demand.

Extend number of webinars offered to include webinars for member states on topics relevant to free countries.

3.2 Staff support

Continue to explore the possibility of further Real Time courses to be funded by Australia/New Zealand during 2015, in order to provide further funding assistance for the Training Support Officer role.

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

PLANNED PROGRAM (86 TH Session, October 2013)		YEAR 1												YEAR 2												Comment
Activity	Events	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.Planning		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2.RTT	8 RTT (blocks of two)		.				.							.				.
2/3.Modelling courses	Workshop/Intro/ Specialized modules								.							.										
3.e-learning	RTT/Emergency/Epi	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3.Tailored activities	According to demand											.							.							
3.Webinar			.		.		.		.		.			.		.		.		.

PROGRESS UPDATE AND REVISED PROGRAM (88 TH Session, October 2014)		YEAR 1												YEAR 2												Comment
Activity	Events	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.Planning		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	done
2.RTT	8 RTT (blocks of two)		.				.			.	.	.			.	.	.	.								additional
2/3.Modelling courses	Workshop/Intro/ Specialized modules											.				.		.								rescheduled
3.e-learning	RTT/Emergency/Epi	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3.Tailored activities	According to demand														.				.							
3.Webinar			.		.		.		.		.			.	.	.		.		.						Not implemented

8- Reports filed following missions, workshops and meetings

<i>Date</i>	<i>Report</i>	<i>Reporting Officer(s)</i>
June 2014	Erzurum Real Time Training Course	Melissa McLaws, Carsten Potzch, Grigor Grigoryan
June 2014	Erzurum Real Time Training Course- trainees' report	All training participants
August 2014	Nakuru Real Time Training Course	Nadia Rumich, Nick Lyons
	Nakuru Real Time Training Course- trainees' report	All training participants
October 2014	Modelling workshop	Melissa McLaws, Jenny Maud, Richard Bradhurst
October 2014	Modelling workshop- trainees' reports	All training participants

EuFMD Workplan

Component 1.2 - *Decision-Support Tools (DST)*

Pillar Manager: K. Sumption/ M. McLaws
(this Component only)

Component Manager: E. Calduch

Reporting: E. Calduch/M McLaws

Focal point Executive Cttee:
Budimir Plavic (Serbia)

The 12 Components

1.1 *Real Time Training*

1.2 *Decision Support Tools*

1.3- *Contingency Plans and Decision Support Training*

1.3 *Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey*

1.4 *Balkans*

1.5 *Research Funding*

1.6 *Crisis Management*

1.7 *Proficiency test services*

2.1 *South East Europe: Turkey, Georgia and neighbours*

2.2 *South East Mediterranean: Israel, Cyprus*

2.3 *Remesa*

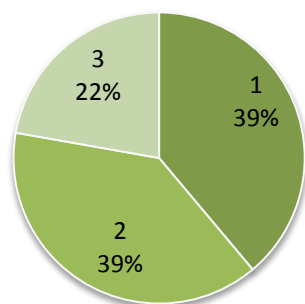
3.1 *Support to Global Progress Monitoring of FMD Control programmes*

3.2 *Progressive Control Pathway*

3.3 *Global Laboratory*

1.2. –Modelling, Decision Support Tools (DST) and Simulation Exercises.

OBJECTIVE: This component includes the development of training material on modelling and decision-support tools, development of modelling activities at various scales (national, regional or European-level), coordination of modelling and simulation exercise networks both at European and international levels, management of research projects on modelling, integration of decision support tools such as modelling and economic analysis into contingency planning and outbreak response.



OUTPUTS (EXPECTED RESULTS):

1. A European modelling network composed of policy makers and model users from all interested MS with direct access to FMD models and model developers linked to other international modelling groups.
2. Resources for training on disease modelling and economic analysis in decision-making and simulation exercise design
3. A network of managers in contingency planning and simulation exercise design.

DIRECTLY INVOLVED BENEFICIARIES: EU FMD Member States

RESOURCE BASE:

- HR: two consultants on daily rates as required (EC). MTF/INT/011/MUL

€ 59,338

2-Project team

Role	Name	Status
Pillar manager	K. Sumption/ M. McLaws	Secretariat
Component manager	E. Calduch	Consultant
National focal points	To be provided by MS	
Focus group:	Sten Mortensen, Kate Sharpe, Katharina Staerk Preben Willeberg Francesca Gauntlett Two other members to be identified from countries not yet involved in modelling	SCRDP modelling subgroup STC member
Focal Point ExCttee:	Budimir Plavic (Serbia)	ExCom member
STP Focal Point	Matthias Kramer	

3-Countries or partner organizations involved

- The Quadrilateral EpiTeam, the EpiCentre at Massey University, the International EpiLab and the North American Virtual Animal Disease Modelling Centre (NAVADMC) will be involved on an as-needed basis.
- Other partners to be identified.

4-Progress Report

Outcome 1: A European modelling network composed of policy makers and model users from all interested MS with direct access to FMD models and model developers linked to other international modelling groups.

1.1 Establish focus group with regular meetings (VC in some cases) in preparation for workshops, Open Session and discussion paper.

Identification of focal points has started through meetings with participants of the Workshop on modelling and economic analysis of FMD vaccination (held in Frascati 29 Sept – 3 Oct. 2014). A preliminary meeting of the modelling network has been scheduled during the Open Session on 30th October.

1.2 Review of available models in MS and internationally and discussion paper on the need for an EU-level model or other steps forward needed.

1.3 Oversight of EuFMD funded modelling projects to ensure in-line with modelling program.

1.4 Workshop 2 on the development of the European modelling network.

1.5 Pathway towards the use of models in contingency planning (similar to PcP) is developed.

The above activities (1.2-1.5) have not yet been initiated. They will be reviewed and prioritized following consultation with the focus group and network at the Open Session.

Outcome 2: Resources for training on disease modelling and economic analysis in decision-making and simulation exercise design

2.1 Review of resources available in MS for simulation exercise design and development of a website for access to documentation and processes for exercise development.

2.2 Resources for training on disease modeling

A workshop on disease spread modeling was held in Frascati from 29 September-3 October 2014. E-learning material was developed for participants to complete prior to attending the workshop, which allowed for the workshop to be a 'hands on' exercise applying the prototype Australian Animal Disease Spread model to inform contingency planning (this workshop is more fully described under Component 1.1).

Activity 2.1 has not yet been initiated. It will be reviewed and prioritized following consultation with the focus group and network at the Open Session.

Outcome 3: A network of managers in contingency planning and simulation exercise design.

3.1 Survey of needs of managers in contingency planning in MS for: exercise design, evaluation of emergency plans and economics in decision-making.

3.2 Establish network of managers in contingency planning.**3.3** Develop a repository of information related to simulation exercise development for use by MS.

Activities 3.1., 3.2. and 3.3 have not yet been initiated.

5-Issues for Executive Committee attention arising during implementation

The resignation of Caroline Dube resulted in a gap in development of these activities. This has now been filled with the recruitment of Elsa Calduch, who will work on Outcomes 2 and 3 together with Melissa McLaws. Sharon Roche may be recruited as an STP in 2015 to work on Outcome 1.

6-Priorities for the next six months

Outcome 1: A European modelling network composed of policy makers and model users from all interested MS with direct access to FMD models and model developers linked to other international modelling groups.

Through consultation with the Focus Group and others (for example at the Open Session), define the objectives and priorities of the modelling network. A written proposal on the network structure and function will be developed and circulated. Priority activities will depend on the results of the consultation, and may include:

- Review of available models in MS and internationally and discussion paper on the need for an EU-level model or other steps forward needed.
- A webinar series
- A network workshop
- Development of Pathway towards the use of models in contingency planning (similar to PcP) is developed

Outcome 2: Resources for training on disease modelling and economic analysis in decision-making and simulation exercise design

2.1 Review of resources available in MS for simulation exercise design and development of a website for access to documentation and processes for exercise development.

A systematic review of materials for simulation exercise development and execution will be conducted through surveys, extensive literature search and interviews.

2.3. Development of Guidelines on validity testing CPs/simulation exercises

Participants of the modelling workshop (Frascati, 29-03 Oct 2014) were brought together to discuss priority needs in contingency plan development and on the use of Decision Support Tools (DSTs). The objective was to identify any opportunities for improving the current state of disease preparedness and the most useful form(s) of assistance to support EuFMD member States. Some of the findings included:

- Lack of awareness of decision-makers regarding exotic animal diseases results in shortage of resources/ limited capacity to work on emergency preparedness within Veterinary Services
- Contingency plans have been drafted without the involvement of other stakeholders/ response actors (roles and responsibilities of response actors have not been defined/agreed upon)
- FMD response plans needed to be further developed at regional/local level.
- No guidelines/knowledge on how/when to plan/ execute cost-effective simulation exercises to test response plans.

Needs will be further explored during the Open session (Cavtat.Oct.14) and FVO meeting on the 16th-17th of Oct on Animal Disease Preparedness Capacity in the EU.

MS have expressed their interest in having a common EU definition of real-time alert exercises, alarm drills and simulation exercises. Guidelines for testing response plans could be developed to assist contingency planners in the process of validation. These would test FMD response plans against scenarios of increasing severity, including consideration of what happens if the worst-case scenario is encountered. The guidelines would include procedures to ensure that the evaluation of simulation exercises and eventual uptake of lessons learnt is conducted and mechanisms to involve key stakeholders and partners.

2.4. Development of an online accessible and easy-to-use tool / calculator/model to assess the socio-economic impact of FMD emergencies to assist in raising awareness on the importance of contingency planning.

An accessible and easy-to-use tool / calculator/model to assess the socio-economic impact of FMD emergencies could be developed to assist in raising awareness on the importance of contingency planning. The model should consider:

- The Probability of Occurrence of an Outbreak in one or More MS's,
- The Economic Effects of

- a. the Outbreak (the size and Duration of the Outbreak) and
- b. the Control Measures Taken by Competent Authorities and
- The Reaction of Stakeholders/Public and Trade Partners.

The tool could assist contingency Planners and simulation exercise managers to justify resources needed for FMD preparedness.

Outcome 3: A network of managers in contingency planning and simulation exercise design.

3.1. & 3.2 Survey of needs of managers in contingency planning and establishment of a network of managers in contingency planning.

The possibility of establishing a network of contingency planners will be considered if not already done by other partners. Through consultation with the Focus Group and others, objectives and purpose of a network of managers in contingency planning and simulation exercise design could be established. Preliminary objectives of the network might include:

- Support MS in exchanging information on their specific experience with contingency planning and simulation exercises.
- Integration of decision support tools such as modelling and economic analysis into contingency planning.

3.3 Development of a repository of information related to simulation exercise development for use by MS.

A repository of the different resources identified related to simulation exercise development will be made available online to all EuFMD Member States.

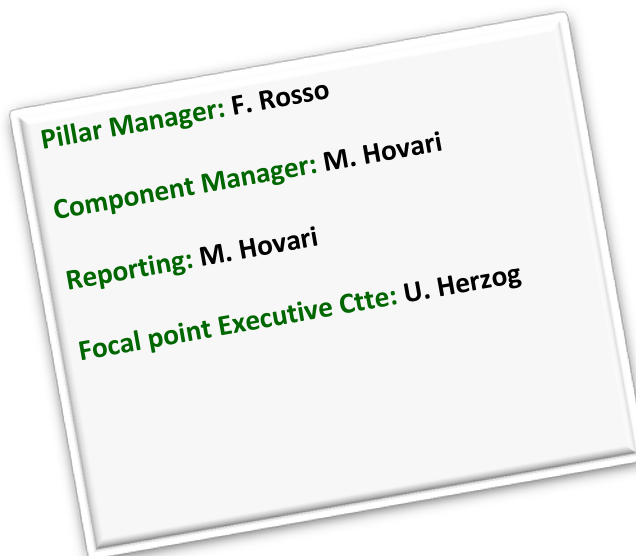
7-Gantt charts – Planned and Progress Update/revised program

PLANNED PROGRAM (as proposed/agreed at 87 TH Session, April 2014)		Planning		Implementation											Comments
		2014				2015									
Activity	Events	J	J	A	S	O	N	D	J	F	M	A	M	J	
1.1 Establish focus group with regular meetings (VC in some cases) in preparation for workshops, Open Session and discussion paper.	9			.	.	.	.	.	.	.	.	.
1.2 Review of available models in MS and internationally and discussion paper on the need for an EU-level model or other steps forward needed.	2				.	.	.	.	.	.	.	.	.	.
1.3 Oversight of EuFMD funded modelling projects to ensure in-line with modelling program.	Ongoing			.	.	.	.	.	.	.	.
1.4 Workshop 2 on the development of the European modelling network.	1								.						
2.1 Review of resources available in MS for simulation exercise design and development of a website for access to documentation and processes for exercise development.	Online resource					.	.								
2.2 Resources for training on disease modeling	Ongoing										.	.	.	.
2.3. Development of Guidelines on validity testing CPs/simulation exercises	Document					.	.	.	.	.
2.4. Development of an online accessible and easy-to-use tool / calculator/model to assess the socio-economic impact of FMD emergencies to assist in raising awareness on the importance of contingency planning.	Online resource					.	.	.	.	.
3.1 Survey of needs of managers in contingency planning in MS for: exercise design, evaluation of emergency plans and economics in decision-making.	1					.	.								
3.2 Establish network of managers in contingency planning	Ongoing					.	.	.	.	.	.	.	.	.
3.3 Develop a repository of information related to simulation exercise development for use by MS.	Online resource					.	.								

PROGRESS UPDATE AND REVISED PROGRAM (88TH Session, October 2014)		Planning		Implementation											Comments		
		2014				2015											
		J	J	A	S	O	N	D	J	F	M	A	M	J			
Activity	Events																
1.1 Establish focus group with regular meetings (VC in some cases) in preparation for workshops, Open Session and discussion paper.	9			.	.	.	.	.	.	.	.	.	.	.	.	ongoing
1.2 Review of available models in MS and internationally and discussion paper on the need for an EU-level model or other steps forward needed.	2			.	.	.	.	.	.	.	.	.	.	.	.	ongoing
1.3 Oversight of EuFMD funded modelling projects to ensure in-line with modelling program.	Ongoing			.	.	.	.	.	.	.	.	.	.	.	.	ongoing
1.4 Workshop 2 on the development of the European modelling network.	1								.							To be confirmed	
2.1 Review of resources available in MS for simulation exercise design and development of a website for access to documentation and processes for exercise development.	Online resource					.	.										
2.2 Resources for training on disease modeling	Ongoing										.	.	.	.
2.3. Development of Guidelines on validity testing CPs/simulation exercises	Document					.	.	.	.	.		
2.4. Development of an online accessible and easy-to-use tool / calculator/model to assess the socio-economic impact of FMD emergencies to assist in raising awareness on the importance of contingency planning.	Online resource					.	.	.	.	.		
3.1 Survey of needs of managers in contingency planning in MS for: exercise design, evaluation of emergency plans and economics in decision-making.	1					.	.										
3.2 Establish network of managers in contingency planning	Ongoing					.	.	.	.	.	.	.	.	.	.	To be discussed on the 16 th Oct.(Grange)
3.3 Develop a repository of information related to simulation exercise development for use by MS.	Online resource					.	.										

EuFMD Workplan

Component 1.3. - THRACE



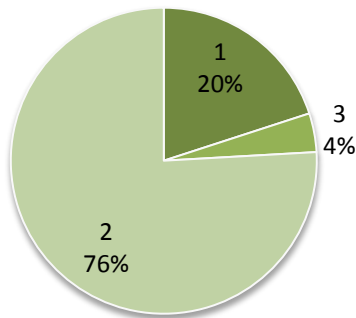
The 12 Components

- 1.1 *Real Time Training*
- 1.2 *Contingency Plans and Decision Support Training*
- 1.3 ***Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey***
- 1.4 *Balkans*
- 1.5 *Research Funding*
- 1.6 *Crisis Management*
- 1.7 *Proficiency test services*
- 2.1 *South East Europe: Turkey, Georgia and neighbours*
- 2.2 *South East Mediterranean: Israel, Cyprus*
- 2.3 *Remesa*
- 3.1 *Support to Global Progress Monitoring of FMD Control programmes*
- 3.2 *Progressive Control Pathway*
- 3.3 *Global Laboratory*

1.3 THRACE – Programme for early warning surveillance in the Thrace region of Bulgaria/Greece/Turkey

OBJECTIVE: The objective is to establish a system which provides **continuous confidence in disease freedom (DF)** and which improves the chances of detecting an outbreak at an early stage

OUTPUTS (EXPECTED RESULTS):



1. Establishing a co-ordination framework for the activities required to maintain confidence in DF amongst the three countries;
2. Established system for real-time data entry to support management of national surveillance activities aimed at maintaining DF confidence;
3. Achieving two years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework)

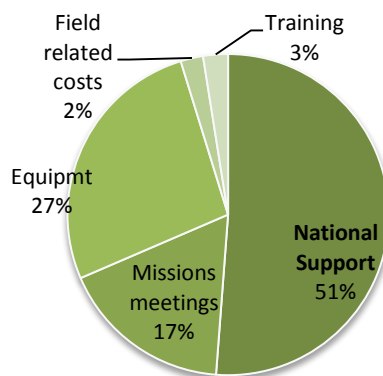
ExCom and Committee FOCAL POINTS: to be decided : ExCtte **U.Herzog**; Standing Technical Committee TBD **plus** Special Committee for Research and Programme Development.

DIRECTLY INVOLVED BENEFICIARIES: Greece, Bulgaria, Turkey.

RESOURCE BASE:

- HR: **two funding sources**, P3 (15%), P2 (15%), STP (50%) (all Admin Fund), nine National Consultants on daily rates (EC TF).
- **Budget for Activities** (EC - TF): *excludes HQ based support services/costs.*

€ 300,000 Agreed at ExCom 86



2-Project team

Role	Name	Status
Pillar manager	F. Rosso	Animal Health Officer
Component manager	M. Hovari	Short Term Professional
National focal points		
Bulgaria	T. Alexandrov	SCRPD member
Greece	D. Dilaveris	
Turkey	N. Bulut	Consultant, SCRPD member
National consultants		
Bulgaria	Y. Stefanov Panayotov G. Stoyanov Georgiev M. Todorov Bozhinov S. Dimitrov Moldovanov N. Kostadinov Spirov	Consultants
Greece	A.Baka C. Fouki	Consultants
Turkey	N. Bulut O. Tezal	Consultants
Focal Point ExCtte		
Austria	U. Herzog	President EuFMD

3-Countries or partner organizations involved

- EuFMD member states: Bulgaria, Greece, Turkey;
- EC, FAO and OIE represented at annual tripartite meeting.

4-Progress Report

Outcome 1:

1.1. Regular contact with National Focal Points has been maintained. A management meeting for Thrace was held on the 27th of August. Several issues regarding the implementation of the program have been discussed (on-going and future procurements, raising awareness, consultant contracts, cycle reports, annual report, mapping and budget). The question if modifications should be made regarding the original setup of the surveillance for FMD in Thrace was raised as well. It was concluded that no significant changes have occurred in the past year to justify a rearrangement and that the activities should continue as originally planned.

Outcome 2:

2.1. New functionalities have been introduced into the web-based database. The results of the clinical surveillance for Sheep and Goat Pox (SGP) and Peste des Petits Ruminants (PPR) can now be entered.

Outcome 3:

3.1. FMD clinical and serological surveillance is on-going in the surveillance areas of the three countries. The results are continuously entered into the web-based database. All three countries achieved more than 89% of the predefined surveillance target in the last cycle (01/04/2014 – 30/06/2014). In Greece the target was not met, because restrictive measures are implemented for SGP in some of the surveillance areas. Therefore not all of the animals were examined or sampled. In some villages in Turkey fewer animals are present compared when the targets were initially set up. Therefore the animals couldn't be examined or sampled. Data is extracted and entered into the Cameron model after the end of each cycle. The probability of FMD freedom, based on surveillance data of one year is above 95%.

3.2. SGP/PPR clinical surveillance is on-going in the surveillance areas of the three countries. All three countries have achieved the predefined targets in the last cycle.

3.3. Laboratory workshop for SGP/PPR and Lumpy Skin Disease (LSD) was held in Istanbul, Turkey on the 25th – 27th of August. The main objective of the workshop was to give an overview of the diagnostic techniques available for SGP, LSD and PPR, to improve collaboration between laboratories and to share information on epidemiological situation and control measures in place for these diseases. One of the main outcomes was that it might be possible to design a confidence in disease freedom project for PPR similar to the ongoing FMD DF project.

3.4. Requested diagnostic equipment for PPR has been provided to Bulgaria and Greece.

5-Issues for Executive Committee attention arising during implementation

As for joint surveillance programmes for multiple diseases add a value to FMD programmes, activates to improve the passive/active surveillance and laboratory capability for PPR, SGP and LSD have been implemented. These costs were not covered in the initial budget. In accordance with the consensus of the 87th Executive Committee meeting in April 2014 an additional € 50,000 in the second year of implementation should be allocated for this purpose. As stated during the meeting this amount could be covered by other components (emergency reserve) if no savings were found elsewhere.

Furthermore in view that some activities were carried out with lower costs than originally anticipated and some activities now have to cover additional elements the initial budget allocation should be revised. This revision should incorporate the possible increase of € 50,000 for the second year as well.

An estimated projection of expenditures until April 2015.

Activity		Budget		Projection until April 2015	
		Original	Revised*	Spent	Available
1.1.	Planning	-	-	-	-
1.2	Biannual tripartite coord. meetings	€ 41,000	€ 26,000	€ 12,300	€ 13,700
1.3	Small activity implementation meeting	€ 19,000	€ 15,000	€ 7,500	€ 7,500
2.1	Maintenance of web-based system	€ 9,600	€ 9,600	€ 7,200	€ 2,400
2.2	Training in GIS and data management	€ 2,700	€ 2,700	€ 2,700	€ 0
3.1	Surveillance activities	€ 145,200	€ 194,200	€ 154,000	€ 40,200
3.2	Delivery of reagents/consumables	€ 82,500	€ 102,500	€ 46,000	€ 56,500
Total		€ 300,000	€ 350,000	€ 229,700	€ 120,300

(*) Proposed rearrangement of the budget incorporating a possible increase.

6-Priorities for the next six months

Outcome 3:

- 3.1** FMD and other diagnostic equipment requested by the three countries should be provided.
- 3.2** Posters and leaflets for increasing PPR/SGP awareness should be finalized.
- 3.3.** Explore the possibility of a confidence in disease freedom project for PPR in Thrace with relevant experts.
- 3.4.** Explore other possible activities to further improve surveillance activities in Thrace.
- 3.5.** Create Annual report of the Thrace project.

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

PLANNED PROGRAM (as proposed/agreed at 87TH Session, April 2014)		2013 - 2014												2014 - 2015												Comment
Activity	Events	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 Planning																										done
1.1 Biannual tripartite coord. meetings	4		■						■						■						■					
1.2 Small activity implementation meeting	6					■		■				■					■			■				■		
2.1 Maintenance of web-based system	Continuous	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
2.2 Training in GIS and data management	1					■																				
3.1 Surveillance activities	Continuous	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
3.2 Delivery of reagents/consumables	By need					■	■					■	■	■	■											
PROGRESS UPDATE AND REVISED PROGRAM (88TH Session, October 2014)		2013 - 2014												2014 - 2015												Comment
Activity	Events	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 Planning																										done
1.1 Biannual tripartite coord. meetings	4		■					■	■					■	■						■					rescheduled
1.2 Small activity implementation meeting	6					■		■	■			■	■				■			■				■		Not impl.
2.1 Maintenance of web-based system	Cont.s	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
2.2 Training in GIS and data management	1					■																				
3.1 Surveillance activities	Cont.s	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
3.2 Delivery of reagents/consumables	By need					■	■	■				■	■	■	■											

EuFMD Workplan

Component 1.4 - Balkans

Pillar Manager: F. Rosso
Component Manager: M. Hovari
Reporting: M. Hovari
Focal point Executive Ctte: U. Herzog;
B. Plavšić; Bulgaria

The 12 Components

1.2 *Real Time Training*

1.2 *Contingency Plans and Decision Support Training*

1.3 *Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey*

1.4 Balkans

1.5 *Research Funding*

1.6 *Crisis Management*

1.7 *Proficiency test services*

2.1 *South East Europe: Turkey, Georgia and neighbours*

2.2 *South East Mediterranean: Israel, Cyprus*

2.3 *Remesa*

3.1 *Support to Global Progress Monitoring of FMD Control programmes*

3.2 *Progressive Control Pathway*

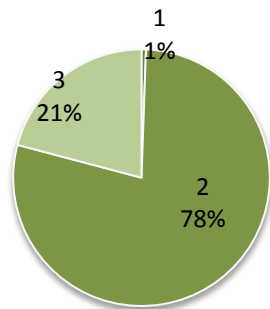
3.3 *Global Laboratory*

1.4 BALKANS

OBJECTIVE: To support the development of FMD emergency management capacity in the Balkan region.

OUTPUTS (EXPECTED RESULTS):

1. Coordination framework for western Balkan countries for emergency planning on FMD, including an FMD laboratory sub-network;
2. Improved contingency plans through participation of countries in two multi-country simulation exercises with pre and post exercise training and evaluation on specific themes or chapters of the contingency plans;
3. Integration of national FMD reference centers (laboratories) in the national CPs and improved regional diagnostic capacity for FMD challenge

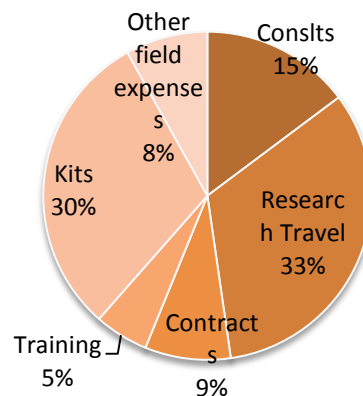
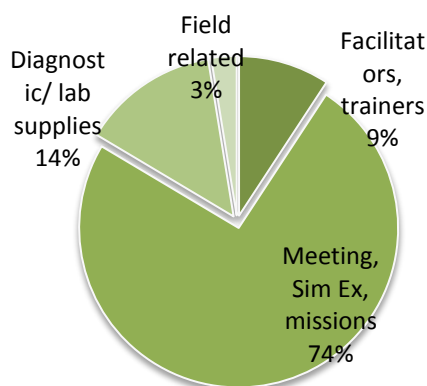


DIRECTLY INVOLVED BENEFICIARIES: Bulgaria; Western Balkan Member States; Montenegro; Moldova

RESOURCE BASE

- **HR: two sources** P3 (15%); STP (50%) (Admin Fund); Three National Consultants as facilitators/trainers, on daily rates (EC TF).
- **Budget for Activities** (EC - TF): *excludes HQ based support services/costs.*

€ 214,200 Agreed at ExCom 86



2-Project team

Role	Name	Status
Pillar manager	F. Rosso	Animal Health Officer
Component manager	M. Hovari	Short Term Professional
National focal points		
Serbia	B. Plavšić	Head of Animal Health Department
Bulgaria	T.Alexandrov	Member, SCRD
Kosovo	S. Gollopeni	Head of Department for Animal Health and Welfare
FYROM	B. Strojmanovska	
Albania	V. Stafa	Veterinary Specialist
Bosnia and Herzegovina	Z. Mehmedbasic	Head of Department for Animal Health and Welfare
Montenegro	M. Hrapovic	
Croatia	T. Kiš	Head of Animal Health Protection Sector
Laboratory network coordinator	V. Milicevic	Head of Serbian FMD NRL
Focal Point ExCtte		
Serbia	B. Plavšić	ExCom member
Bulgaria	CVO or nominee	ExCom member
Austria	U. Herzog (alt. S. Stockreiter)	President EuFMD

3-Countries or partner organizations involved

- EuFMD member states: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Serbia and Republic of Macedonia;
- Non EuFMD member states: Kosovo and Moldova;
- Danish Veterinary and Food Administration (FVST);
- Danish Emergency Management Agency (DEMA).

4-Progress Report

Outcome 1:

1.1. Regular contact with National Focal Points and laboratory sub-network contact points has been maintained in order to identify issues and to nominate suitable participants for upcoming events.

Outcome 2:

2.1. The simulation exercises will be designed and conducted by the Danish Emergency Management Agency (DEMA) and the Danish Food and Veterinary Administration (FVST) in order to ensure sufficient independence and quality. Evaluation of the simulation exercise will be provided by DEMA/FVST supported by the evaluation of the Balkan countries.

Outcome 3:

3.1. The third workshop on “FMD Laboratory Contingency Planning Workshop” was held on 8-10 of April 2014 in Kraljevo, Serbia. The main goal of this workshop was to contribute to the improvement of the FMD emergency preparedness in the Western Balkans, focusing on FMD contingency planning for National Reference Laboratories. As an outcome of this workshop it was proposed to organize two additional laboratory trainings as a follow up to this workshop. One would focus on laboratory diagnostic methods and one on Biosafety (Biorisk) officer training.

5-Issues for Executive Committee attention arising during implementation

2.1. Some countries involved in the project have not yet established a clear chain of command in their Contingency Plan nor succeeded completely to implicate / raise awareness of partners / stakeholders involved in controlling the disease. Progress will need to be made soon on these issues as the first simulation exercise (planned in end of January 2015) will test these components.

The extra costs endured by the involvement of DEMA/FVST in the Simulation Exercises and by organizing the two laboratory events the initial budget allocations should be revised. As some of the activities originally planned had been carried out with lower costs than originally anticipated no extra funds are needed to cover for these expanses.

Please find an estimated projection of expenditures until April 2015 under Budget.

6-Priorities for the next six months

Outcome 1:

1.1. Maintaining regular contact with National Focal Points and laboratory sub-network contact points.

Outcome 2:

2.1. Prepare and organize the 4th workshop: “FMD Workshop on surveillance” on 10 – 12 of November 2014 in Sofia, Bulgaria. The main goal of this workshop is to contribute to the improvement of FMD emergency preparedness in the Western Balkans, focusing on acute outbreak and post outbreak surveillance.

2.2. Finalize preparations for the first multi-country simulation exercise to be conducted in end of January 2015. Specifically:
- Finalize Letter of Agreement with DEMA/FVST;
- Involve and prepare participating countries in the design, execution and evaluation process of the first simulation exercise;

2.3. Evaluate the first simulation exercise and in view of the outcomes adjust the second simulation exercise.

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.

2.5. Provide assistance and guidance to continue developing the Contingency Plans and Operational Manuals for FMD.

2.7. Help to facilitate a Serbo-Croatian version of the e-learning material in order to use it prior to the simulation exercises to improve preparedness.

Outcome 3:

3.1 Prepare and organize “FMD laboratory training” on 17 – 21 of November 2014 in Brescia, Italy. The main goal of this training is to improve the regional diagnostic capacity of the Balkans in case of an FMD challenge. The focus of this training will be to give a hands-on experience and professional guidance on a range of diagnostic methods for FMD. This training also gives support to participate in the 2014 WRL Proficiency Test Schemes (Component 1.7 Outcome 1 – participation of 20 non-EU member states and neighbourhood countries in annual Proficiency Test Services).

3.2 Prepare and organize Biosafety (Security) Officer Training. The main goal of this training is to improve the regional diagnostic capacity of the Balkans in case of an FMD challenge. The focus of this training will be to give theoretical and practical training on how to rearrange a laboratory into an FMD contingency laboratory in case of an FMD emergency. During this training the laboratory contingency plans will be discussed as well.

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

PLANNED PROGRAM (as proposed/agreed at 87 TH Session, April 2014)		2013 - 2014												2014 - 2015												Com men t
Activity	Events	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.Planning																										Don e
1.1 Identification of network focal points	1																									Don e
1.2 Establishment of steering group for SimEx	1																									Don e
1.3 Identification of lab sub-network focal points	1																									Don e
1.4 Regular contact (via email/TC/webinar) with focal points to maintain communication and identify issues, e.g. PTS participation	10 (8)																									
2.1 Workshops held to address specific themes or chapters of CP (demand driven subject choice: see annex 1)	8																									
2.2 Cross-border simulation exercises held	2																									
2.3 In-country expert support missions (demand-driven)	5																									
2.4 Translation of EuFMD training materials into Serbo-Croat	1																									
3.1 Procurement of lab reagents/kits to support a minimum diagnostic capacity and enable participation in PTS	2																									
3.2 Laboratory training within Balkans	2																									
3.3 Within-Balkan regional PTS organized	1																									

PROGRESS UPDATE AND REVISED PROGRAM (88TH Session, October 2014)		2013 - 2014												2014-2015												Com men t
Activity	Events	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.Planning																										Don e
1.1 Identification of network focal points	1																									Don e
1.2 Establishment of steering group for SimEx	1																									Don e
1.3 Identification of lab sub-network focal points	1																									Don e
1.4 Regular contact (via email/TC/webinar) with focal points to maintain communication and identify issues, e.g. PTS participation	10 (8)																									Don e
2.1 Workshops held to address specific themes or chapters of CP (demand driven subject choice: see annex 1)	8																									Resc hed.
2.2 Cross-border simulation exercises held	2																									
2.3 In-country expert support missions (demand-driven)	5																									
2.4 Translation of EuFMD training materials into Serbo-Croat	1																									
3.1 Procurement of lab reagents/kits to support a minimum diagnostic capacity and enable participation in PTS	2																									
3.2 Laboratory training within Balkans	2																									
3.3 Within-Balkan regional PTS organized	1																									

Budget (€)

						Projection until April 2015	
		Original	Revised*	Spent	Available	Spent	Available
1.1.	Balkan emergency planning coordination and animation of laboratory subnetwork	€ 1,200	€ 1,200	€ 0	€ 1,200	€ 0	€ 1,200
2.1	Workshops to address specific themes/chapters of CP	€ 124,800	€ 55,900	€ 28,125	€ 27,775	€ 45,750	€ 10,150
2.2.	Cross-border simulation exercises	€ 33,600	€ 75,000	€ 0	€ 75,000	€ 35,000	€ 40,000
2.3	In-country expert support missions	€ 9,000	€ 9,000	€ 1,875	€ 7,125	€ 1,875	€ 7,125
2.4	Translation of training materials into Serbo-Croatian	€ 900	€ 900	€ 0	€ 900	€ 900	€ 0
3.1	Laboratory procurement	€ 24,700	€ 24,740	€ 0	€ 24,740	€ 10,000	€ 14,740
3.2	Laboratory training within Balkans	€ 14,000	€ 41,500	€ 0	€ 41,500	€ 37,500	€ 4,000
3.3	Coordination and arrangement of within-Balkan PTS	€ 6,000	€ 6,000	€ 0	€ 6,000	€ 0	€ 6,000
	Total	€ 214,200	€ 214,240	€ 30,000	€ 184,240	€ 120,400	€ 93,840

(*) Proposed rearrangement of the budget

EuFMD Workplan

Component 1.5 EuFMD Fund for Applied Research

Pillar Manager: E. Ryan to Jan 2014
K.Sumption (Feb-onwards)

Component Manager: K Van Maanen (to June),
C.Dube (to August), K. Sumption (current)

Reporting: Keith

Focal points, ExCttee: N. Gibbens;

Standing Technical Committee: D. Paton (to July)

The 12 Components

1.4- Real Time Training

1.5- Contingency Plans and Decision Support Training

1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey

1.4 Balkans

1.5 Research Funding

1.6 Crisis Management

1.7 Proficiency test services

2.1 South East Europe: Turkey, Georgia and neighbours

2.2 South East Mediterranean: Israel, Cyprus

2.3 Remesa

3.1 Support to Global Progress Monitoring of FMD Control programmes

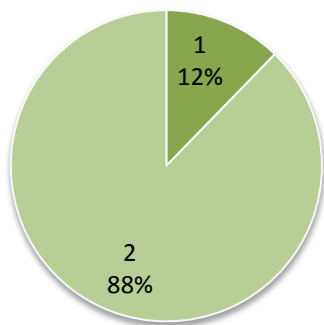
3.2 Progressive Control Pathway

3.3 Global Laboratory

1.5 – EuFMD Fund For Applied Research (EuFMD-FAR)

OBJECTIVE: Guidance of EC institutions involved in decisions on Research Funding. This includes support for research projects which have been endorsed by the EuFMD STC as being a benefit of the EUFMD objectives: activities to translate research into tools, actions or activities which are of benefit to EUFMD activities: and actions to integrate research outcomes with policy.

OUTPUTS (EXPECTED RESULTS):



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

% use of funds on achieving each Output

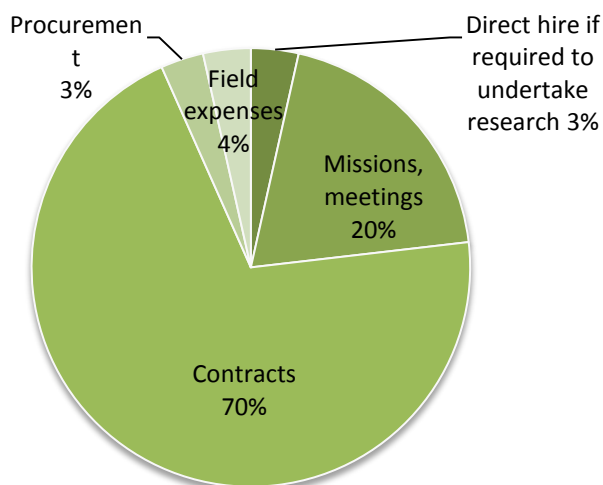
FOCAL POINTS: ExCtte: **Nigel GIBBENS**; Standing Technical Committee: **David PATON (to July)**

DIRECTLY INVOLVED BENEFICIARIES: direct beneficiaries are usually policy makers in veterinary services and specialised agencies (NRLs).

RESOURCE BASE:

- **HR: two sources** P3 (5%), P2 (5%), STP (50%) (Admin Fund). Contractors awarded research projects supply their expertise/HR as per terms of the awards.

- **Budget for Activities (EC - TF): € 285,000** excludes HQ based support services/costs.



Summary

- At this point, 5 projects have been awarded, and there is circa 65,000 € not committed (184060€ of an allocation of 250,000€).
- This could allow a final call for proposals but given the limited funds, specific calls must be considered.
- Possible priority areas are those that did not receive applications in the 1st or 2nd round despite being published as priorities:
 - Field application of the non-invasive sampling methods for wildlife in an endemic region (Turkey, Israel or elsewhere)
 - Development of methods for testing FMDV stability in vaccines (this being a major issue for confidence that vaccines used in the field remain immunogenic after storage/cold chain problems)
- Proposed way ahead is to request specific proposals in the above area, subject to review at the Open Session by the STC

Funding

The EuFMD-FAR has earmarked funding of 250,000 € for the period October 2013 to April 2015 under the Financial Agreement between EC and FAO relating to the EuFMD, managed through the trust fund TF MTF/INT/003/EC. Studies contributing directly to components of the 2013-15 workplan may also be funded by those components, which may allow more than the above fund to be used to commission work. Additional sources of funding from other donors, which seems possible following the 40th General Session, will be managed and reported through separate Trust Funds, and will have a common application format and review procedure.

The current (decided at 7/2013) funding is modest and limited to a ceiling of 50,000 € per study/project, enabling some five grants to the maximum amount in the period October 2013 to December 2014, with studies to be completed before 31st March 2015. This deadline allows for reporting and evaluation of the performance of the Fund at the 41st General Session of the EuFMD Commission. EuFMD-FAR is managed by the EuFMD Secretariat and advised both by the Standing Technical Committee, which acts as the Grant Review Board, and a Referee Panel.

Schedule for calls for applications and status of current awards

	Published programme –calls for application				Current status
	Funding available	Invitation to apply	Closing Date	Announcement of Results	RESULT
Round 1	100,000 €	August-2013	30 th -Sept. 2013	30 th Oct. 2013	One project awarded (Diagnostics) 3 sent back for further clarifications or put on hold for STC decision. 4 rejected.
Mini-tender for PCR optimisation (non-invasive sampling/wild boar)		April 2014	May 2014	May 2014	FLI awarded contract with requirement for testing in house baits and maize cobs in wild boar expts
Round 2	100,000 €	April 2014	3 rd June 2014	12 th July 2014	3 projects awarded after STC review and Executive clearance
Round 3 (subject to funds)	50,000 €	TBD/November 2014	End November 2014	Mid-Dec. 2014	

Successful applications/Grants awarded

	EuFMD-FAR Project	Lead	Value	LoA signed	Call	Decision	Reports	Progress/Output to be reported at Open Session 2014
1	LAMP-PCR	Pirbright	50539	Signed.	1 st	Lyon ExCom 2013	Submitted PLoS	Yes
2	Non-invasive sampling: PCR optimisation	FLI	34772	Signed by week ending 3rd Nov.	1 st then specific mini-tender	Lyon/STC follow up	Email Report, positive	Yes
3	Model development	FLI	49977	Signed by week ending 3rd Nov	2 nd	Brussels (July 2014)		
4	Ensemble modelling	Nottingham	34772	In process	2 nd	Brussels (July 2014)		
5	Biosafe transport	ANSES	14,000	Tbc hope to sign off week ending 3rd Nov	2 nd	Brussels (July 2014)		
	TOTAL committed (€)		184,060					

2-Project team

Role	Name	Status
Pillar manager	E. Ryan (to Jan-14) /K. Sumption	Secretariat
Component manager	A. Bouma (to Dec/13) then K. van Maanen to June, Caroline Dube to August	Secretariat
Standing Technical Committee	D. Paton, Chairman	
Special Committee for Research:	18 persons acting as experts for the first round technical reviews reviewers	
Focal Point Executive Cttee	N. Gibbens	

3-Countries or partner organizations involved

- The STC and SCRPD Committees re the principal partners involved.
- Organizations awarded grants from the EuFMD-FAR are contractors, at time of this report there are 4 (The Pirbright Institute, FLI (2 projects), Nottingham UK and ANSES).

4-Progress Report

1. Produce Special Committee on Research and PD reports, including Biorisk Management
 - a. *Report of the Session of the Special Committee for Research and Programme Development (SCRPD)*, held in Frascati, November 2013.
Previously Reported.
 - b. *Biorisk Management Working Group* This group met in Berlin on the 23rd October 2013, comprising five FMD Biorisk managers from 4 European countries plus two from Secretariat (Keith, Kees van Maanen).
2. Outputs of Funded Research Projects
 - 1.1 Funded under Phase II and finalized in last six months of 2013
 - a. The other studies completed under Phase II are listed in Table 1.

Grants awarded under Phase III (EuFMD-FAR)

These are summarised in the Table at the start.

1. Following the first call, the lack of a suitable project application for studies to optimise the development of non-invasive sampling of wild boar was a disappointment and so the STC proposed a solution of a mini-tender setting out exactly the type of optimisation required, this work being essential before field trials could be undertaken. Two institutes applied, and the award was made to FLI who agreed to undertake testing in parallel of their proprietary bait system and the EuFMD/Bulgaria proposed maize cob system.
2. Second call was made in April with priority topics identified and listed. Applications were received and reviewed by the two-stage process, expert reviewers followed by STC, and a teleconference held to make recommendations, which were then proposed to the Chairs of the Executive and approved on 10th July.
3. Global State of FMD research review: contract with Pirbright who are acting on behalf of the GFRA, to be agreed and review completed by October.

5-Issues for Executive Committee attention arising during implementation

EuFMD-FAR fund utilization:

5.1 At this point, there is circa 60,000 € not committed (commitment of 184,060€ of 250,000€). The rest of the funds being for meetings of the Research Committee and STC and Biorisk Management group.

5.2 This could allow a final call for proposals to total 65,000€, in November 2014 with the requirement of completion within the term of the EC agreement (August 2015).

5.3 Given the limited funds, specific calls must be considered. Possible priority areas are those that did not receive applications in the 1st or 2nd round but had been priorities identified and published in these calls by the STC:

- Field application of the non-invasive sampling methods for wildlife in an endemic region (Turkey, Israel or elsewhere)
- Development of methods for testing FMDV stability in vaccines (this being a major issue for confidence that vaccines used in the field remain immunogenic after storage/cold chain problems)

5.4 The Executive should also consider how it wishes the EuFMD-FAR system to continue into 2015, e.g. to have a call for proposals in 2015 even if EC project has not been formally extended)

6-Priorities for the next six months

- Finalise the Global State of FMD research review, present at the Open Session 2014 (contract with GFRA/Pirbright)
- Organise the Open Session of the STC and SCRPD in Dubrovnik, October 2014, where outputs of the funded studies under Phase II and the new projects are being given.
- Decision on making a 3rd call for proposals.

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

PROGRESS UPDATE AND REVISED PROGRAM (87TH Session, October 2013)		YEAR 1												YEAR 2												Comment
Activity	Events	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.STC and SCRPD meetings	STC meetings and teleconferences	.					.	.					.	.				.								Planned
	SCRPD Sessions		.											.												
	Biorisk Managers working group meetings	.							.					.				.
	AHVLA meeting on modelling					.																				TBD
	Open Session in Dubrovnik													.												
2.Funded research projects	Call for proposals		.				.							.				.
	Awarded project #1 (Pirbright)					.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	Undertaken/started
	Awarded project #2 (FLI)									.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	As above
	Awarded project #3 (FLI)															.	.	.	.	.	.	.	.	.	7 months delivery after signature	
	Award #4 (Nottingham)															.	.	.	.	.	.	.	.	.	Delivery by end of March 2015	
	Award #5 (ANSES)															.	.	.	.	.	.	.	.	.	12 months delivery after signature	

8- Reports Filed following missions, workshops and meetings

Date	Report
November 2012	Session of the SCRPD held at Frascati
October 2013	Biorisk managers working group meeting
	STC meeting in Lyon
	AHVLA meeting on Modelling
March 2014	STC teleconference
June 2014	STC teleconference

Table 1: Titles of Research Studies funded by the EuFMD, 2008, and finished under Phase II

1. Development of full genome sequencing methods and tools for application to FMD tracing in outbreak situations (Contractor: Pirbright);
2. Global Review of research on FMD (Awarded to GFRA, Contractor OVI);
3. Comparative performance of NSP tests for use in regions affected by SAT viruses (Contractor OVI);
4. Production of antisera for vaccine matching against SAT viruses (Contractor BVI, Botswana);
5. Production of antisera for studies on type A FMDV from African and elsewhere(Contractor: Lelystad);
6. FMD epidemiology in wild boar populations in endemic areas of Anatolia, Turkey (Contractor FAO/SAP Institute Turkey);
7. Methods for real-time tracking wild boar dispersion in Europe (direct management with Bulgaria);
8. FMD serology using commercial kits for use in wild boar –parameters for negative populations (AFFSA);
9. Development of methods for non-invasive sampling of wildlife for FMD (direct management with Bulgaria);
10. Application of vaccine effectiveness study methods to assess type Asia-1 and type A vaccine effectiveness in Turkey (Pirbright);
11. Contract to develop an “FMD surveillance design and analysis model “ (FMDSurv software using multiple data sources to calculate confidence in FMD freedom) (AUSVet);
12. Application of smart-phone applications for real-time data collection in FMD outbreak investigation and local risk factor determination (Royal Vet College, London);
13. Improving molecular diagnostic tests for use with African FMDV; validation of PCR-serotyping of African FMDV serotypes and methods of transporting RNA/cDNA samples cheaply (DTU, Denmark and Pirbright).

EuFMD Workplan

Component 1.6 – Crisis Management



The 12 Components

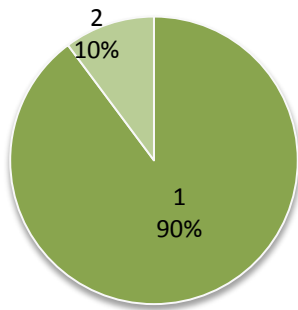
- 1.1-1.2 Real Time Training – Contingency Plans and Decision Support Training
- 1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey
- 1.4 Balkans
- 1.5 Research Funding
- 1.6 Crisis Management**
- 1.7 Proficiency test services
- 2.1 South East Europe: Turkey, Georgia and neighbours
- 2.2 South East Mediterranean: Israel, Cyprus
- 2.3 Remesa
- 3.1 Support to Global Progress Monitoring of FMD Control programmes
- 3.2 Progressive Control Pathway
- 3.3 Global Laboratory

1.6 CRISIS MANAGEMENT

OBJECTIVE: Maintenance of a capacity to provide advice, technical support and assistance to EUFMD MS and countries in the European neighbourhood in the event of an FMD outbreak, including lab and epidemiological support, including assistance and support to MS with vaccine procurement and supply, through the provision of technical input, advice in the selection of vaccine strains, risk based evaluation of vaccination strategies and other related activities.

SUMMARY: This Component acts as a reserve in case of a crisis and has not been activated under Phase III.

OUTPUTS (EXPECTED RESULTS):



1. Procurement-vaccines/diagnostics;
2. Emergency Missions

% use of funds on achieving each Output

FOCAL POINT ExCttee: U. HERZOG, Chairman

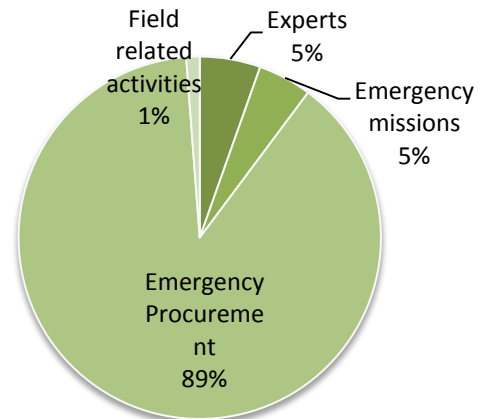
DIRECTLY INVOLVED BENEFICIARIES: depends on the focus of the emergency action, but undertaken to indirectly benefit at risk EuFMD MS

RESOURCE BASE:

- **HR:** To be decided in case of emergency.
- **Budget for Activities (EC - TF):** excludes HQ based support services/costs.

€ 501,155

Estimate in Annex III EC agreement / Proposed to ExCom 86



EuFMD Workplan

Component 1.7 – Proficiency Test Services



The 12 Components

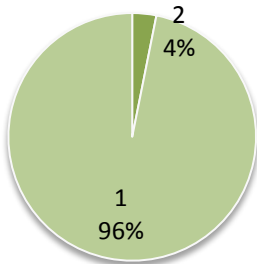
- 1.1-1.2 Real Time Training – Contingency Plans and Decision Support Training
- 1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey
- 1.4 Balkans
- 1.5 Research Funding
- 1.6 Crisis Management
- 1.7 Proficiency test services**
 - 2.1 South East Europe: Turkey, Georgia and neighbours
 - 2.2 South East Mediterranean: Israel, Cyprus
 - 2.3 Remesa
 - 3.1 Support to Global Progress Monitoring of FMD Control programmes
 - 3.2 Progressive Control Pathway
 - 3.3 Global Laboratory

1.7 Proficiency Test Services

OBJECTIVE: To provide services of the Proficiency Test Services to the NON-EU members of the EuFMD to enable them to participate to the same extent as the NRLs of the Eu28 under the scheme implemented through the EURL at Pirbright.

SUMMARY: The PTS services in 2014-15 will be implemented under agreement with Pirbright (LoA).

OUTPUTS EXPECTED RESULTS:



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. Participation of 20 non-EU EuFMD member states and neighbourhood countries in annual PTS;
2. Management and participation in annual EU reference laboratory meetings

% use of funds on achieving each Output

ExCom and Committee FOCAL POINTS: to be decided : ExCOM Standing Technical Committee plus Special Committee for Research and Programme

Development

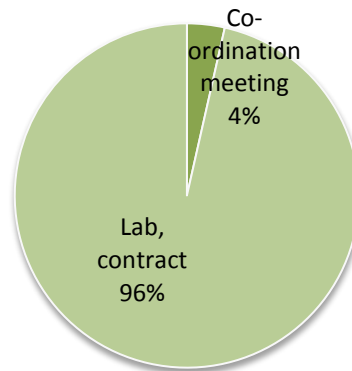
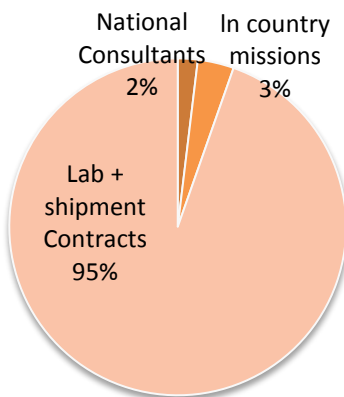
DIRECTLY INVOLVED BENEFICIARIES: Non EU member states (since EU MS supported separately) and additional participation of neighbourhood countries according to priorities indicated in Pillar 2.

RESOURCE BASE:

- HR: **contract management** by P3 (5%), P2 (5%); activities by the HR of Contractor.
- **Budget for Activities** (EC - TF): *excludes HQ based support services/costs.*

€ 63,413 (- €1,213)
Estimate in Annex III EC agreement

€ 62,200
Proposed to ExCom 86



EuFMD Workplan

Component 2.1- South East Europe Turkey Georgia and neighbours

Pillar Manager: K. Sumption;
Component Manager: M. McLaws
Reporting: M. Hovari
Focal point Executive Cttee: Irfan Errol
(Turkey), Ulrich Herzog (Chairperson)

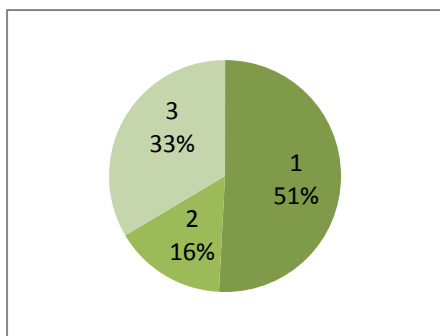
The 12 Components

- 1.3 Real Time Training
- 1.2 Contingency Plans and Decision Support Training
- 1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey
- 1.4 Balkans
- 1.5 Research Funding
- 1.6 Crisis Management
- 1.7 Proficiency test services
- 2.1 South East Europe: Turkey, Georgia and neighbours**
- 2.2 South East Mediterranean: Israel, Cyprus
- 2.3 Remesa
- 3.1 Support to Global Progress Monitoring of FMD Control programmes
- 3.2 Progressive Control Pathway
- 3.3 Global Laboratory

2.1. SOUTH EAST EUROPE: TURKEY, GEORGIA AND NEIGHBOURS

OBJECTIVE: The objective is to reduce the impact of FMD in Turkey and Georgia (EuFMD member states) and to reduce the risk posed by FMD in the region to all EuFMD Member states. .

OUTPUTS (EXPECTED RESULTS):



1. Risk based control programmes (PCP Pathway) adopted and implemented in TURKEY
2. Risk based control programmes (PCP Pathway) adopted and implemented in GEORGIA
3. Improved information system for regional risk managers which supports the West Eurasia Roadmap countries.

% use of funds on achieving each Output

DIRECTLY INVOLVED BENEFICIARIES: Turkey, Georgia. Indirect beneficiaries; Greece, Bulgaria, TransCaucasus countries, West Eurasia Roadmap participants

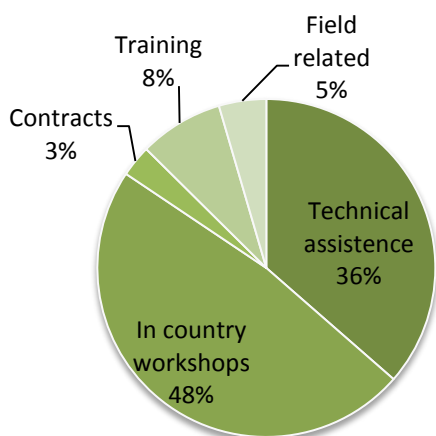
RESOURCE BASE:

- HR: from 3 funding sources Full-time Training officer (AUS or another) ; P5 (5%), P3(20%), P2 (20%), STP (50%)(all Admin Fund) , 5 consultants on daily rates as required (EC).

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

€ 298,100

Agreed by ExCom 86



2-Project team

Role	Name	Status
Pillar manager	Keith Sumption	Secretariat
Component manager	Melissa McLaws	Consultant
Other EuFMD Team members	Chris Bartels Nick Honhold Carsten Potzsch	Consultants
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	Naci Bulut (Turkey) Zurab Rukhadze (Georgia) Satenik Kharatyan (Armenia) Tamilla Aliyeva (Azerbaijan)	SCRPD member Consultant Consultant Consultant
National consultants:	Sinan Aktas (T) Zurab Rukhadze (G) Satenik Kharatyan (Arm) Tamilla Aliyeva (Azb)	Consultant Consultant Consultant Consultant
ExCom oversight	Irfan Errol (Turkey) Ulrich Herzog (Austria)	ExCom member ExCom chairperson

3-Countries or partner organizations involved

- EuFMD member states (Direct Assistance) : Turkey, Georgia;
- Non EuFMD members(information gathering and WeINET) : Armenia, Azerbaijan, (and possibly other countries in region including Iran, Iraq);
- FAO and OIE (roadmap activities); EU (coordination of activities in Georgia); Colorado State University (information exchange and coordination of activities in Georgia); University of Warwick (disease spread modeling in Turkey)

4-Progress Report

Outcome 1 (Turkey): Assist with development of risk-based strategic plan:

- The risk-based strategic plan for FMD control has been written, presented to the government for approval, and has been given budgetary support. Work is ongoing to develop the plan for implementation and monitoring of the strategy.
- An expert mission was undertaken to present a template that may be used for the RBSP in July 2013 (M. McLaws, mission report available). EuFMD consultant S. Aktas and N. Bulut facilitated work on the RBSP after this mission.

Outcome 2 (Turkey): Assist with establishment epidemiology and monitoring unit

- The situation is similar to the previous report: The unit has been informally established within Animal Health department; however the unit does not yet have a formal status, and

the 3 persons assigned to it are not full-time. This concern has been discussed with GDFC in a mission (Chris Bartels in April) and through meetings with Dr. Erol Irfan at the W. Eurasia Roadmap meeting in Astana in April and the OIE in May. On 6 May 2014, Keith Sumption wrote a letter to Dr. Irfan, laying out the concerns and resultant delays in expected progress. He requested concrete actions to be taken to address the issues:

- i. For the GDFC to nominate a Head/Focal point for the FMD Monitoring and Epidemiology Unit to whom the persons in the unit will report on their work and with whom EuFMD experts will communicate; (*Dr. Cihangir G.GÜMÜŞTEPE, Section Coordinator of Combat against Animal Diseases was appointed*)
- ii. For the nomination of three persons to the M&E Unit on a full time basis, who will be relieved of other duties for the period until April 2015 (at which point further continuation can be reviewed) (*not done*)
- iii. For the nomination of an expert in programming of TURKVET to the Unit on a part time basis who can assist the M&E team by extracting the required data from TURKVET that enable monthly reports to be generated, in the above period. (*Mr. GÜMÜŞTEPE appointed to coordinate this.*)

Outcome 3 (Turkey): Assist with implementation of epidemiology and monitoring unit

- e. The Unit members have had preliminary training in descriptive epidemiology and the use of software packages (Excel and Epi-info) to analyse data and prepare reports.
- f. Initially, monthly reports were prepared, however now the reports are quarterly. Quarterly reports were prepared for: Jan-March 2014, April-June 2014. The former was done together with Chris Bartels (April mission), the Unit prepared the latter independently and sent to EuFMD for comment, and then revised.

Outcome 4 (Turkey): Implement targeted research studies

- g. In the course of the development of the Disease spread model for Turkey, Warwick University has done a network analysis of cattle movement data in Turkey.

Outcome 5 (Turkey): Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy

- h. No progress yet.

Outcome 6 (Turkey): Provide technical support to reduce the risk posed by interprovincial spread by animal marketing

- i. No progress yet, development of the disease spread model by Warwick University will assist to better understand animal movement patterns and networks, including identification of high risk premises, and so will be complementary to achieve this outcome.

Outcome 7 (Turkey): Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period

- j. No progress yet.

Outcome 8 (Georgia): Assist with development of risk-based strategic plan (RBSP)

- k. The first draft was presented at the W. Eurasia Roadmap meeting in Astana in April 2014. It was reviewed by PCP Experts, who recommended some revisions.

- l. Georgia progressed to PCP stage 2, provisional to response to comments on the RBSP
- m. There was a mission to Georgia in August to work further on the RBSP (Potzsch)

Outcome 9 (Georgia) Assist with establishment of monitoring of RBSP

- n. Targets and indicators are being defined for key control activities, as part of the work and missions described above, in the Chapter on Monitoring the RBSP.

Outcome 10 (Georgia): Assist with implementation of monitoring of RBSP

- o. EuFMD assisted with the design and plan for data collection and analysis of the 2014 autumn serosurvey (mission Potzsch Aug 2014).

Outcome 11 (Georgia) Implement targeted research studies

- p. Upon request of the Georgian VS, EuFMD supplied SP and NSP kits to test serum samples taken from calves vaccinated with emergency vaccine that was about to expire. Samples were also taken from calves in the same premises that had been vaccinated with ARRIAH vaccine. Results are pending.

Outcome 12 (Georgia): Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy

- q. No progress yet.

Outcome 13 (Georgia): Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period

- r. No progress yet.

Outcome 14 (W. Eurasia): Support information gathering & sample submission from neighbourhood risk regions

- s. The annual W. Eurasia Roadmap meeting was held in Astana in April 2014. EuFMD assisted with facilitation, PCP assessments and will support experts from Turkey and Georgia to attend, as well as the epidemiology network coordinator (N. Rasouli from Iran).
- t. A Webinar Series has been established, following the recommendation of the Astana meeting. The aim of the webinars is to connect experts in the region and provide training on technical topics such as designing and monitoring vaccination programs and outbreak investigation. The webinars are coordinated by EuFMD, in support of the OIE/FAO FMD working group. Webinars are held in English and Russian languages (ie 2 webinars for each topic, one per language). To date, 3 webinars have been held and the response from participants has been very positive.
- u. Data on outbreaks and vaccination from Turkey, Armenia, Azerbaijan and Georgia are sent on a monthly basis to EuFMD, who sends them to the Empres-i database manager for input. Disease control managers can then access the Empres-i website to visualise these data on maps and graphs.
- v. A Real-time training course was held in Erzurum, Turkey, in Russian and Turkish languages. Participants attended from Turkey, Azerbaijan, Armenia and Georgia as well as other EuFMD member state countries.

5-Issues for Executive Committee attention arising during implementation

Turkey:

Monitoring and Epidemiology Unit:

- w. There remains an urgent need for the M&E unit to fulfil the objective of providing effective monitoring of the impact and implementation of the Turkish FMD control strategy. The Unit does not yet have full status and its staff members cannot prioritize work on M&E activities, but have to comply with their current position and very limited time for additional duties.
- x. To fulfil the objectives of the Unit requires at least one member to have the equivalent of a Masters level in epidemiology. The nominated Unit members have very limited prior training in epidemiology. This training requires a considerable investment and a dedicated trainee(s).
- y. The Unit must be able to access the data that they require for their analyses and reports. There is a wealth of data stored in TurkVet, however the system is not able to provide data in a format that assists the routine inquiries that must be run by the M&E Unit on a monthly basis, nor is it flexible to allow for non-routine queries.
- z. The establishment of a monitoring system has not progressed as envisioned, it has not been straightforward and it taking more time and input than foreseen. This has caused other activities to be postponed. These activities (eg economic analysis of control options, technical support to reduce the risk posed by interprovincial spread by animal marketing) should be reviewed with GDFC to determine if they are still priority areas for assistance.

Georgia

Development of the RBSP has demanded more resources (time and missions) than originally envisioned.

Although it is now progressing well, this has caused delays in other activities (eg economic analysis of control options).

West Eurasia:

- Following the completion of the EuFMD cooperative project in Iran, there is less regular exchange of information about the FMD situation and related threats to the region and Turkey in particular.
- There is a need to develop a system that promotes regular communication between WELNet laboratories
- To be a useful platform for sharing data and information about the regional FMD situation, there is a need for further development of the Empres-i database. It would be preferable if the data could be uploaded directly by the users (it is currently done at HQ in Rome). Modules allowing agreed data sharing between countries need to be further developed. These developments would help make it attractive to other countries, such as Iran and Pakistan and Afghanistan to join and share data– which in turn would be of real value for Turkey and Georgia in terms of early warning of new threats. There have been discussions about collaboration with FAZD to assist in this.

6-Priorities for the next 6 months

Turkey:

- Extended (8 week) mission of an experienced veterinary epidemiologist (N. Honhold) is underway in Turkey. He will provide intensive training in epidemiology and data management to the members of the monitoring unit. His objective is to initiate a sustainable system of monitoring the impact and implementation of FMD control measures and, importantly, demonstrate the value of such a system to decision makers.
- Assist with analysis of 2014 NSP serosurvey. The laboratory analysis of these results have been delayed due to issues with test availability and the large volume of samples that were processed related to the Kurban festival.

- Further activities to be determined, based on findings and recommendations arising from Nick Honhold's mission and his discussions with GDFC.

Georgia:

- Finalise RBSP: significant improvements were made during the August mission of C. Potzsch, and the document now requires further input from the Georgians.
- Assist with analysis of the 2014 autumn serosurvey
- Initiate development of a feasible, sustainable system to monitor the implementation and impact of the RBSP
- A regional workshop is planned with the main objective to identify the key components of a proposed 5 year project that would be funded by the Russian Federation. Specifically, the during the workshop, participants will: 1) assess current national and regional FMD surveillance, control and risks; 2) review national and regional PCP progress and identify needs and inputs for progress in the next 5 years; and 3) identify needs and mechanisms for regional cooperation on FMD surveillance and control. The workshop is tentatively scheduled for 22-24 October in Ankara.

West Eurasia:

- Continue with Webinar series. The next webinar should be a Russian language webinar on outbreak investigation. Proposed next topics are: Post-vaccination monitoring, Monitoring animal movement patterns and Vaccine tender specifications.

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

87 TH Session, April 2014		Planning phase					YEAR 1												YEAR 2											
		M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Activity																														
Turkey	1. Assist with development of risk-based strategic plan			X	X	X	X																							
	2. Assist with <u>establishment</u> epidemiology and monitoring unit						X	X	X	X	X	X	X	X																
	3. Assist with <u>implementation</u> of epidemiology and monitoring unit											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	4. Implement targeted research studies										X	X	X	X	X	X	X	X												
	5. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy																	X	X	X	X	X	X	X	X					
	6. Provide technical support to reduce the risk posed by interprovincial spread by animal marketing												X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	7. Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period																									X	X	X	X	X
Georgia	8. Assist with development of risk-based strategic plan			X	X	X	X	X	X	X	X	X	X																	
	9. Assist with <u>establishment</u> of monitoring of RBSP					X	X	X	X	X	X	X	X	X	X															
	10. Assist with <u>implementation</u> of monitoring of RBSP											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	11. Implement targeted research studies														X	X	X	X												
	12. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy																	X	X	X	X	X	X	X	X					
13. Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period																									X	X	X	X	X	
W. Eurasia Region	14. Support information gathering & sample submission from neighbourhood risk regions					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	-WelNet meetings											X												X						
	- Real-time training course														X															

PROGRESS UPDATE AND REVISED PROGRAM (88 TH Session, October 2014)		Year 1												YEAR 2												
		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
Turkey	1. Assist with development of RBSP																									
	2. Assist with <u>establishment</u> epidemiology and monitoring unit																								Ongoing	
	3. Assist with <u>implementation</u> of epidemiology and monitoring unit																								ongoing	
	4. Implement targeted research studies																									
	5. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy														X	X	X	X	X	X	X					
	6. Provide technical support to reduce the risk posed by interprovincial spread by animal marketing														X	X	X	X	X	X	X				Not implemented	
	7. Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period																									
Georgia	8. Assist with development of RBSP																							ongoing		
	9. Assist with <u>establishment</u> of monitoring of RBSP																							ongoing		
	10. Assist with <u>implementation</u> of monitoring of RBSP																							ongoing		
	11. Implement targeted research studies																								Tech. assistance with Design & plan impl.mt of autumn serosurvey	
	12. Analyze results from research studies, including use of economic models, for options analysis (impact, cost/benefit) for FMD control policy														X	X	X	X	X	X	X					
13. Evaluation of progress, stakeholder discussions, proposals for follow-up for next 3 year period																										
W. Eurasia Region	14. Support information gathering & sample submission from neighbourhood risk regions																									
	-WelNet meetings																									
	- Real-time training course																									

8- Reports Filed following missions, workshops and meetings

<i>Date</i>	<i>Mission</i>	<i>Reporting Officer(s)</i>
13-17 April 2014	Training of staff of the Monitoring & Epidemiology Unit in Turkey	Chris Bartels
22-23 April 2014	W. Eurasia Roadmap meeting	M McLaws, K Sumption
5-14 June 2014	Real-time training course (Russian language in Erzurum)	M McLaws, C. Potzsch
18-21 August	Georgia: RBSP and serosurveillance	C. Potzsch

EuFMD Workplan

Component 2.2- South East Mediterranean Israel Cyprus



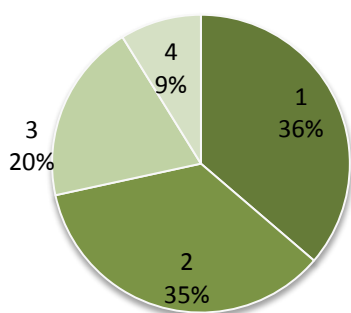
The 12 Components

- 1.4 Real Time Training
- 1.2 Contingency Plans and Decision Support Training
- 1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey
- 1.4 Balkans
- 1.5 Research Funding
- 1.6 Crisis Management
- 1.7 Proficiency test services
- 2.1 South East Europe: Turkey, Georgia and neighbours
- 2.2 South East Mediterranean: Israel, Cyprus**
- 2.3 Remesa
- 3.1 Support to Global Progress Monitoring of FMD Control programmes
- 3.2 Progressive Control Pathway
- 3.3 Global Laboratory

2.2. SOUTH EAST MEDITERRANEAN: ISRAEL, CYPRUS

OBJECTIVE: To improve the capacity of countries in the region to manage FMD through the framework of PCP activities, to support regional coordination of activities and to improve the information available to risk managers about FMD threats by supporting surveillance information gathering from livestock trade related parts of North East Africa.

OUTPUTS (EXPECTED RESULTS):



1. Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved (Palestine and Egypt);
2. System established to improve confidence in disease detection and/or freedom (as applicable) in neighbourhood of Israel (Palestine initially; Egypt and others according to national demand);
3. Coordination framework in place to oversee and assist activity implementation nationally and regionally;
4. System in place to provide improved disease risk information to managers in Israel and Cyprus re: current threats from sub-Saharan East Africa.

% use of funds on achieving each Output

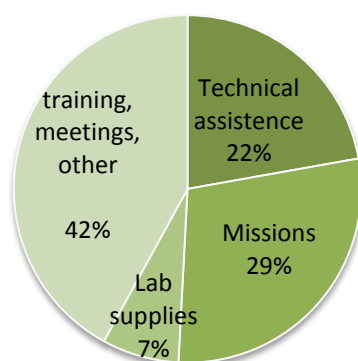
ExCom and Committee FOCAL POINTS: dr. Ulrich Herzog: ExCOM; Standing Technical Committee *plus* Special Committee for Research and Programme Development: dr. Michel Bellaiche

DIRECTLY INVOLVED BENEFICIARIES: Israel, Cyprus; Palestine in initial programme, possibly other neighbours at later stage.

RESOURCE BASE:

- HR: Management and technical input from HQ - P3 (20%). 1 Lead consultant for in country missions.
- Budget for Activities (EC - TF): excludes HQ based support services/costs.

€ 209,500 Agreed at ExCom 86



2-Project team

Role	Name	Status
Pillar manager	Keith Sumption	Executive Secretary, EuFMD
Component manager	Kees van Maanen	Secretariat, Consultant
Other EuFMD team members	Chris Bartels, Melissa McLaws, Nick Lyons	Consultants
FAO National Focal points (National Co-ordination, EC and other livestock projects))	Khawla Salem al Njoum (FAO Jerusalem)	Vet, FAO support to Palestine
FAO Regional contact	Markos Tibbo	FAO Animal Production and Health Officer, Cairo
FAO HQ Contact	Eran Raizman	Head EMPRES, FAO Rome
National focal points Israel Palestine Egypt EARLN	Nadav Galon Imad Mukarker Soheir Abdelkader Sabenzia Wekesa	CVO Israel CVO Palestine Deputy CVO Egypt EARLN coordinator
National consultants:	To be decided	
ExCom oversight	To be decided	

3-Countries or partner organizations involved

The activities will be mainly implemented in Israel and Cyprus as EuFMD members and in Palestine and Egypt the EuFMD will work in coordination with FAO offices in Jerusalem and Cairo. The objectives of the assistance are in line with the Global and Regional Strategies for FMD Control and are expected to be recognized as such by the GfTADS Steering Committee for the Mid-East. The sharing of information from the East African Regional Laboratory Network (EARLN) is expected to be facilitated by FAO which supports these networks; EARLN-FMD is expected to become a recognized GfTADS network. EuFMD team members assisted FAO and OIE with the interregional Amman roadmap meeting on March 2-4 2014.

4-Progress Report

- Developing Risk Based Strategic Plans (RBSPs) for FMD at national level for Palestine and Egypt.

Three workshops have been held in Ramallah and Al Aroub, West Bank, in December 2013, March 2014 and June 2014 focused on the development of a RBSP. The first two workshops included activities designed to allow the Palestinian veterinary service to describe and assess the greater context in which FMD virus enters and circulates within Palestine. This was done through the description of the important value chains relating to FMD susceptible species, in terms of structure, seasonality and geographic variability. The focus of the third workshop was to apply the knowledge gained from describing the important value chains to better define FMD risk hotspots and associated risk pathways. Also, Epi-collect, a tool that maybe applied to facilitate data collection, was demonstrated. The following targets have been reached during the workshops: the familiarization of the veterinary services with the principles of PCP-FMD framework and RBSP, a better understanding of livestock production (value chain analysis) and FMD occurrence in the area, provisional identification of risk hotspots and the agreement on activities that are required to develop and implement the RBSP. This work is in line with the Regional Roadmap and the work in Palestine is a good example that could demonstrate the way to go in the region.

Each workshop was followed by a meeting at the Kimron Veterinary Institute, Bet Dagan, Israel, where the Israeli Veterinary Services were updated about the progress of the workshops, information was exchanged about recent outbreaks in Israel and Palestine, and constraints for the further implementation of activities were discussed. Also risk-based surveillance and risk-based vaccination were discussed with the intention to

organise workshops for these items with colleagues from Israel and Palestine attending. Due to the political situation joint workshops are currently not considered feasible. Israel and Palestine have each received 10 ELISA kits for detection of NSP antibodies, and these kits are currently being used in close consultation with EuFMD.

During an inter-regional meeting on FMD&PPR situation progress in Amman, Jordan (March 2014) it appeared that - despite the unstable situation - the Egyptian Veterinary Services have continued their activities after the closure of previous projects. An assessment visit/consultative workshop has been carried out on March 31st 2014, and during this visit current gaps and needs have been identified. In June 2014 a laboratory oriented mission has been carried out to assist with testing a backlog of vesicular samples and to train laboratory staff in the use of SP antibody competition ELISAs. ELISA kits for Ag and Ab detection were provided and some results of post vaccination monitoring were analysed and discussed. EuFMD also supported a shipment from Egypt to WRL Pirbright, which yielded relevant information with respect to the currently circulating serotypes and strains (A/ASIA/Iran-05/BAR-08, O/EA-3/unnamed strain, and SAT2/VII/Alx-12). In September 2014 the first workshop of a series of 4 workshops was held to develop a RBSP. The focus of this workshop was mainly value chain analysis and provisional identification of risk hotspots. Subsequent workshops have been planned for December 2014 and January 2015.

- *Developing a risk-based surveillance for FMD to increase confidence in disease freedom and/or confidence that FMD outbreaks will be detected at an early stage.*

During all workshops in Ramallah attention has been paid to outbreak investigation. The Palestinian Veterinary Services have investigated a number of recent outbreaks in more detail and the results were used to discuss further improvements in outbreak investigation protocols. Two Palestinian colleagues attended in June 2014 a Russian language real-time training course in Erzurum, Turkey.

Also passive and active surveillance have been discussed, assignments have been given for carrying out risk-based serological surveillance and convenience based serological surveillance in small ruminants, and NSP antibody ELISA kits have been provided. A joint workshop on risk-based surveillance with Israeli and Palestinian colleagues attending was planned for the second half of 2014, but is currently not considered feasible due to the political situation.

In Egypt passive and active surveillance has increased considerably in the first half of 2014. GOVS produced a commendable epidemiological report covering the first 6 months of 2014, which showed that 339 villages reported FMD symptoms, about half of the suspected herds/flocks have been sampled, 222 samples were submitted for diagnosis, of which 54% tested positive. Of the positive samples 80% were serotyped with FMDV serotypes O (34%) and SAT2 (31%), and A (15%). Also 16 samples were genotyped, confirming the presence of O/Sudan, O/PanAsia2 and A/Iran-05. Data were analysed according to governorate, geographical distribution, farming type, vaccination status and recommendations are given to improve passive and active surveillance.

- *Developing a steering committee at technical level involving the relevant veterinary services to oversee activities and pro-actively identify areas for attention.*

During the first workshop in December 2013 the Palestinian Veterinary Services could not give their commitment to the formation of a joint steering committee, due to sensitivities related to authorisation of vaccine imports into the West Bank. During the second workshop this issue seemed to be partly resolved, and a steering committee was formed in which Israel, Palestine, FAO WBSG, and EuFMD are represented. The first steering committee meeting was planned in June 2014, but was cancelled due to the political tensions that arose just before the meeting.

- *Support to network activities in sub-Saharan East Africa to collect information on current FMD threats*

The last Foot and Mouth Disease Eastern Africa sub Network (EARLN) meeting organized by FAO ECTAD eastern Africa in collaboration with the Veterinary Services of Uganda took place at LAICO LAKE VICTORIA HOTEL in Entebbe, Uganda from 29th to 30th August 2013. EuFMD has already facilitated the annual EARLN meetings for several years and was this time represented at the meeting by Nick Lyons, EuFMD consultant. In October 2014 a PCP-FMD meeting will be organized in Kigali, Rwanda. It is the intention to organize the annual EARLN meeting back to back with or embedded in this meeting.

With the assistance of EuFMD EARLN has developed a comprehensive guide on FMD diagnosis, sampling, laboratory diagnosis and outbreak investigation with the following chapters: introduction; biosafety; clinical signs, lesion ageing and sampling schemes; sampling and laboratory diagnosis; outbreak investigation; participatory Disease Surveillance and concluding remarks. For fast and effective diagnosis a Rapid Field guide that should contain the essential elements on what to do in the field when faced with an FMD outbreak is being produced. The documented will be short, 4 pages and laminated for field and laboratory use.

Furthermore EuFMD has funded several shipments from the national FMD laboratory in Embakasi, Kenya, to WRL Pirbright. Also Ag ELISA kits have been provided and support has been given for the optimisation of test procedures, analysis of the raw data and interpretation of the data. An overview of typing results will be given at the Open Session in October 2014.

5-Issues for Executive Committee attention arising during implementation

1. Progressive FMD control in the West Bank requires close cooperation and collaboration between the Palestinian and the Israeli Veterinary Services. Important aspects of FMD control such as early detection and rapid response to outbreaks are essential in areas that seem to be non-endemic for FMD, however that may risk incursions from neighbouring countries in which the FMD situation is unclear. The establishing of a Steering committee for FMD control was a first step in this direction, but the steering committee has not convened yet due to the current political tensions. Also, the political situation with A, B and C zones and settlements complicates FMD control in the West Bank. More information is needed from neighbouring countries (Jordan and Lebanon) and these countries may have to be involved in RBSP development and risk-based surveillance and control. The influx of many refugees from Syria complicates the situation.
2. The political situation in Egypt is still unstable and volatile, but after the assessment mission on March 31st 2014 plans have been made and two missions have been carried out. Further activities are foreseen and a series of workshops have been planned and RBSP development has started. The quality of vaccines used in Egypt is not clear, both in terms of potency and vaccine matching, and more data are needed with respect to vaccination coverage and duration of immunity. Currently postvaccinal bovine antisera against the national vaccine strains are produced, and sharing of these antisera and vaccine strains with WRL is a high priority. Several serotypes and strains are circulating in Egypt, and vaccine matching results should be obtained on a regular basis.
3. Currently, it seems that in both Israel and Palestine, the main focus has been on FMD control in cattle. This is for obvious reasons as the impact of clinical FMD in this species is generally much higher compared with small ruminants. However, to get a better understanding of the transmission of FMD virus across all livestock sectors, more information is needed with regard to FMD virus circulation in small ruminant populations. In Israel a PhD project (Udi Elnekave) is carried out to shed more light on the epidemiology of FMD in beef cattle, small ruminants and wildlife. NSP serosurveillance studies have been carried out and are continuing with the support of EuFMD (supply of kits and technical advice).
4. The progress in the workshops is slower than in other countries due to the need for translation and limited working hours per day (08.30 – 14.30 hours). As a result, more time/days than originally anticipated will be needed to develop the RBSP.
5. There are still many gaps in passive and active FMD surveillance for pools 4 and 5, the number of countries contributing to up-to-date information regarding circulating FMD viruses is still relatively low. Therefore, regional FMD subnetworks have to be supported in sample collection, laboratory diagnosis, selection and shipment of relevant samples to WRL Pirbright. Under component 3.3 of the EuFMD workprogram regional support laboratories for pools 4 and 5 have been identified, and have been included in the LoA between FAO/EuFMD and the Pirbright institute. These RSLs are FMD laboratories in Senegal, Nigeria, Kenya and Ethiopia. Further activities and ambitions are reported under component 3.3.

6-Priorities for the next 6 months

1. A fourth PCP-FMD workshop in the West Bank is planned for November 2014. This workshop will continue on the subjects of outbreak investigation, molecular epidemiology, risk based surveillance, risk pathway analysis, identification and prioritization of intervention strategies. A fifth workshop is foreseen for January/February 2015.
2. Laboratory assistance is needed for the central veterinary laboratory in Al Aroub, West Bank. This mainly relates to provision of NSP antibody kits for serological surveillance (realised), Ag ELISA kits for virological diagnosis (realised) and reagents + training for pan-FMD and serotype-specific real-time PCRs. Since mainly samples from small ruminants are submitted to the laboratory these samples often do not contain enough virus for detection by Ag ELISA. PCR testing should be operational by the end of 2014, since outbreaks usually start each year in December/January. Also the collaboration between the Palestinian Veterinary Services and the Polytechnic University in Hebron with respect to sequencing and molecular epidemiology should be supported.
3. Activities in Egypt should be carried out as planned (series of workshops for RBSP development), collaboration between the Animal Health Research Institute and the General Organisation of Veterinary Services should be enhanced, results of passive and active surveillance should be reported on a monthly basis, vaccine matching with the nationally produced vaccine strains should be realised, and post vaccination monitoring should be optimised.
4. Involvement of Jordan and Lebanon with respect to RBSP development and risk-based surveillance should be explored.
5. The FMD guidelines and rapid field guide of the EARLN subnetwork is almost finished, and should be distributed amongst relevant stakeholders (planned for October 2014 during PCP-FMD/EARLN meeting in Kigali, Rwanda). Under component 3.3. Memorandums of Understanding (MoUs) should be written and agreed upon with the regional support laboratories in pools 4 and 5. These RSLs should be further supported to generate reliable FMDV typing results. Shipments to WRL Pirbright should be supported to generate genotyping results and vaccine matching results on a regular basis.

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

PLANNED PROGRAM (as proposed/agreed at 87th Session, April 2014)		YEAR 1												YEAR 2											
Activity	Events	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 Train staff in Palestine using PEPc format to complete Risk-based strategy plan	1 (4 weeks)																								
1.2 Support Egypt to complete RBSP building on PEPc and PCP1 activities	Year 2																								
2.1.1 Real-Time Training - (in Turkey) for Palestine and others	1																								
2.1.2 Laboratory capacity building and training in Palestine	1																								
2.1.3 Training Palestine in RBS based on THRACE program	1																								
2.2.1 Risk-based vaccination workshop (Palestine, Israel)	1																								
2.2.2 Training in RBS system (Palestine, Israel)	1																								
2.3.1 Egypt - RBSP workshop	1																								
2.3.2 Egypt - identification of support needed	1																								
3.1 Steering committee Israel/Palestine convened and regular meetings held																									
3.2 Annual technical meeting held in Cyprus attended by Israel, Palestine, Egypt, Jordan and Lebanon																									
4.1.1 Sample submission from regions posing risk to Israel supported	On-going																								
4.1.2 Information on disease risk collated and communicated to risk managers in Israel	2																								

PROGRESS UPDATE AND REVISED PROGRAM (88th Session, October 2014)		YEAR 1												YEAR 2												Comments
Activity	Events	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 Train staff in Palestine using PEPc format to complete Risk-based strategy plan	1 (4 weeks)																									
																										Rescheduled
1.2 Support Egypt to complete RBSP building on PEPc and PCP1 activities/2.3.1. Egypt RBSP workshops	Year 2																									
																										Rescheduled
2.1.1 Real-Time Training - (in Turkey) for Palestine and others	1																									
2.1.2 Laboratory capacity building and training in Palestine	1																									
																										Rescheduled
2.1.3 Training Palestine in RBS based on THRACE program	1																									Not implemented
2.2.1 Risk-based vaccination workshop (Palestine, Israel)	1																									
2.2.2 Training in RBS system (Palestine, Israel)	1																									Not implemented
2.3.2 Egypt - identification of support needed	1																									
3.1 Steering committee Israel/Palestine convened and regular meetings held																										Not implemented
3.2 Annual technical meeting held in Cyprus attended by Israel, Palestine, Egypt, Jordan and Lebanon																										
4.1.1 Sample submission from regions posing risk to Israel supported	On-going																									
4.1.2 Information on disease risk collated and communicated to risk managers in Israel	2																									

8- Reports filed following missions, workshops and meetings

<i>Date</i>	<i>Report</i>	<i>Reporting Officer(s)</i>
April 2014	Assessment mission report and consultative workshop on PCP-FMD	Chris Bartels, Kees van Maanen
June 2014	Mission report RBSP workshop West Bank	Melissa McLaws, Kees van Maanen
June 2014	Mission report laboratory assistance workshop Egypt	Kees van Maanen
September 2014	Mission report PCP-FMD/RBSP workshop for GOVS Egypt	Chris Bartels

EuFMD Workplan

Component 2.3 – REMESA



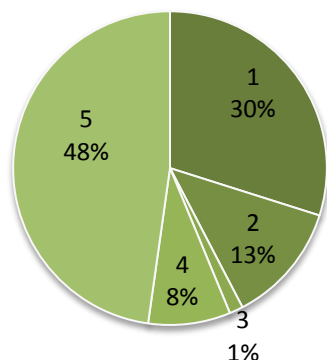
The 12 Components

- 1.1-1.2 Real Time Training – Contingency Plans and Decision Support Training
- 1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey
- 1.4 Balkans
- 1.5 Research Funding
- 1.6 Crisis Management
- 1.7 Proficiency test services
- 2.1 South East Europe: Turkey, Georgia and neighbours
- 2.2 South East Mediterranean: Israel, Cyprus
- 2.3 Remesa**
 - 3.1 Support to Global Progress Monitoring of FMD Control programmes
 - 3.2 Progressive Control Pathway
 - 3.3 Global Laboratory

2.3 REMESA

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

OUTPUTS (EXPECTED RESULTS):



1. Risk based control programme (PCP Pathway) adopted and implemented in Libya and Mauritania;
2. Improved regional co-ordination;
3. Regular information flow on FMD circulation in Mauritania/Western Sahel countries available to risk managers;
4. System established in the REMESA high risk area for FMD spread (Libya, Algeria, Tunisia, Morocco) to provide continuous confidence in FMD freedom/early detection capability;
5. Regional strategy for risk-based surveillance and vaccination programme and strategy to establish a local/regional vaccine-bank

The output n.5 replace the output 'Morocco, Algeria and Tunisia disease freedom dossier submission to OIE'(included in workplan 2013)

% use of funds on achieving each Output

FOCAL POINTS : Jean-Luc ANGOT (ExCOM). To be decided: Standing Technical Committee plus Special Committee on Reesearch and Programme Development

DIRECTLY INVOLVED BENEFICIARIES: Morocco, Algeria, Tunisia, Libya, Mauritania (North African members of REMESA), indirectly European members of REMESA/EuFMD.

RESOURCE BASE:

- HR: HQ based - P5 (10%), STP (50%). Missions – intenational consultants on daily rates.

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

€212,500 Agreed at ExCom 86

2-Project team

Role	Name	Status
Pillar 2 manager	K. Sumption	EuFMD Secretariat
Implementation manager	F. Rosso	Animal Health Officer
Other EuFMD team members	C. Bartels	Consultant
REMESA RCU contacts	M. Bengoumi (FAO)	
	R. Bouguedour (OIE)	
FAO Regional Contact (Coordination with FAO NE regional activities)	M. Tibbo	FAO Regional Animal Production and Health Officer, Near-East (Cairo)
FAO HQ Contact		
National consultants:	None assigned yet	
Focal Point Executive Cttee	J.Angot, L. Bakkali Kassimi, St. Zientara, G. Torres	

3-Countries or partner organizations involved

The activities are planned to be implemented mainly in the North African countries of REMESA: Tunisia, Libya, Algeria, Morocco, and Mauritania. The EuFMD Member States (France, Portugal, Spain, Italy, Cyprus, Greece, and Malta) will be also involved during the REMESA-JPC meetings and this co-ordination meeting should assist to ensure the programs compliments bilateral activities without duplication. EuFMD will work in coordination with REMESA RCU, with lines of communication to the VS of the countries agreed with the RCU. The proposed activities are in line with the framework of the Global FMD Strategy, Component 1, through should indirectly assist with capacity development and through a focus on strategic planning, provide a model for other TADS. Joint workshops with FAO/OIE may assist to extend the strategic planning to other diseases where these GfTADS partners would take the lead.

4-Progress Report

Libya: Training using PEPC to assist national staff to complete the Risk Based Strategic Plan (RBSP). Two workshops have been held in January and March 2014 focused on the training of using PEPC to assist national veterinary staff to complete the RBSP with the following targets: familiarization of the veterinary services with the principles of PCP-FMD framework, a better understanding of livestock production and FMD occurrence in the country, the identification and quantification of key risks and important gaps regarding FMD control, the recognition of the FMD risk pathways, the agreement on activities that are required to develop and implement the RBSP.

Due to political instability of the country and security issues the 3rd and 4th workshops scheduled for August and September 2014 have not been implemented with some repercussions on the progression of the programme and effectiveness of the activities already implemented. The regular consultation with the National Center of Animal Health (NCAH) of Libya helps to maintain an update on the surveillance programme and control activities ongoing in the country.

Libya: Support field FMD outbreak investigation (procurement penside test). Penside tests (10 boxes – 200 units) have been delivered to Libya in March 2014 in order to supply the FMD field investigation teams established in the Country with proper tool for FMD diagnosis. Following the delivery of these kits a training course on “how to use the LFD’ has been organized by Libyan Authorities for Rapid Response Teams (RRTs) of the National Center of Animal Health (NCAH) and it has been carried out in Tripoli on the 23rd of April 2014. Pen-side tests have been distributed to RRTs in areas with the high risk of FMD: Tripoli Branch, Zawia Branch, Benghazi Branch, Green Mountain Branch and West Mountain Branch. Despite the unstable political situation in Libya, the pen-side tests have been used in Tripoli areas, West mountain areas, Green Mountain areas and Benghazi areas and FMD has been diagnosed using the kits in Tripoli, West Mountain and Green Mountain. Some samples were collected from positive animals, and they have been prepared to be shipped to IZSLER lab in Brescia. As there are no flights from Tripoli, samples are still kept in the Tripoli Lab.

Mauritania: Support laboratory diagnosis. In April 2014 9 NSP ELISA kits have been delivered to Mauritania. The kits have been shipped from Morocco, on our request, due to the availability of kits in Morocco (18 kits have been delivered there in January 2014) and the close expiry date of the kits (31.07.2014 - then extended by Prionics to 31.01.2015). A serological surveillance programme has been discussed during the workshop organized on 3-4 June in Dakar (see point 3.1).

Mauritania. Support participation in regional laboratory network. The possibility to establish a programme for laboratory networking between Mauritania, Mali and Senegal under the framework of RESOLAB has been proposed and accepted by the three countries. A Workshop on epidemiological surveillance for FMD and laboratory capacity building has been organized in Dakar with the collaboration of ANSES on the 3-4 June 2014 in order to develop a cross-border approach between the three countries in the control of FMD and to improve networking between laboratories and veterinary services in the region. The main targets were:

1- Serosurveillance: a) -To get an understanding of controls and oversight in the countries and the presence of cross-border cooperation for the control of FMD ; b) To develop a monitoring study to quantify the risk for FMD in different areas and production systems in Mauritania;

2- Capacity building and laboratory link between the three countries: a) To improve the capacity of laboratories in three countries on collecting samples and serotyping strains circulating in the region; b) To better understand current diagnostic techniques for FMD (serological, molecular and virological) present in the country, including the principles of control and quality assurance in laboratories; c) To harmonize and improve communication between laboratories in the region ; d) To improve collaboration and to gain an understanding of the necessary technical assistance from national reference laboratories in Europe (Pirbright, ANSES);

All representatives of the three countries agreed on the importance of a regional approach for the evaluation of the epidemiological situation and for more effective implementation of control measures. They agreed to carry out a prevalence survey in the three countries between August and December 2014, when there is no transhumance.

Morocco, Algeria, Tunisia: Support emergency preparedness. Following the outbreaks in Tunisia (from 25th April), different actions have been implemented to support the countries in order to control the disease, reduce the risk of spread in free areas of the region and decrease the impact of the disease.

Tunisia: 10 Ag ELISA kits have been delivered to Tunisia on beginning of May. The kits have been retained at customs at the airport until beginning of June. In order to supply Tunisia with ELISA Ag kits, other 4 kits have been ordered to IZSLER and delivered to Tunisia on 20/05/2014 (hand delivery).

A joint mission (OIE/EuFMD/FAO) has been held on June 2014 to evaluate and discuss the control measures implemented in Tunisia, their effectiveness, the possibility of improvements and the immediate needs for the country such as vaccine and strategy to be used for conducting an effective vaccination campaign.

Algeria: a course has been organized in Algiers on 24-25 June 2014 for 25 participants coming from different areas of the country with the aim of improving the knowledge regarding prevention and control measures against FMD introduction and spread.

Morocco: a course has been organized in Rabat on 5-6 June 2014 for 20 participants coming from different area of the country with the aim of improving the knowledge regarding the prevention and control measures against the FMD introduction and spread

Both courses held in Morocco and Algeria had the targets to improve the competency of the national veterinary services on implementing proper control measures in case of detection of FMD. The following subjects have been covered during the course:

- Recognizing lesions and symptoms of FMD;
- Determining age of the lesions;
- Laboratory diagnosis (rapid delivery, response time);
- Epidemiological investigation;
- Risk analysis
- Monitoring around the outbreaks;
- Identification of national, provincial and local priorities for action in case of outbreaks;
- Communication during FMD crisis

Morocco/Algeria/Tunisia: a leaflet has been produced in Arabic and French to improve the passive surveillance among veterinarians and farmers. The template has been sent to the countries through FAO representatives in May (17/05/2014).

5-Issues for Executive Committee attention arising during implementation

Libya The political situation Libya and the restriction on movements indicated by UN Department of Safety and Security reduce the possibility of carrying out missions and field visits. This can heavily affect the progress of the programme for the development of RBSP in the Country.

Libya. Design surveillance system to be implemented in high risk areas. The programme which should be implemented in the borders with Tunisia and Egypt and planned to be discussed during the 2nd and 3rd workshops in Libya has just been introduced during the 2nd workshop. The 3rd workshop has not been done.

Morocco, Algeria, Tunisia. The outbreaks detected in Tunisia and Algeria and the connected emergency actions implemented by the countries showed some weaknesses in receiving proper communication and regular updates of the situation, difficulties in implementing proper risk-based control strategy, lack of proper protocols for delivery samples to WRL.

The network with Morocco, Algeria, Tunisia, and Mauritania should be improved in order to better understand and address the needs of the countries related to FMD surveillance programme, emergency preparedness, field investigation, regional Risk Based Strategic Plan, sampling submission to WRL, regional vaccine bank.

EuFMD do not have yet a follow up of the serological survey implemented in the countries with the NSP ELISA kits delivered at the end January 2014 (the kits in Tunisia have been released by customs on 2/4/2014).

6-Priorities for the next six months

Libya: The impossibility of carrying out missions in the country reduces the possibility of implementing the programme scheduled. Only e-learning courses and support on awareness campaign should be implemented at present. The funds allocated for the programme in Libya could be used for other activities of the same component (e.g. Mauritania where the funds are limited).

Mauritania. A follow up on the activities discussed during the workshop with Senegal, Mali and Mauritania should be done and Risk Based Strategic Plan designed. ANSES will collaborate for implementing the activity with workshops.

A FMD surveillance plan in the borders between Mauritania, Mali and Senegal should be implemented. A meeting between Mali, Mauritania, and Senegal should be finalized and supported by EuFMD and RESOLAB

Multiples countries: Proper support to improve the clinical recognition and investigation through training material and e-learning trainings should be maintained and improved.

Morocco, Algeria, Tunisia. The original programme should be changed according to the recent outbreaks detected in Tunisia and Algeria.

The main target of the new programme for the countries should be focused on give technical support together with OIE/FAO by creating a regional strategy for surveillance and vaccination programme with risk-based approach and support with knowledge, experiences, expertise and tools the establishment of a local/regional vaccine-bank.

The development of a Regional Risk based Strategic Plan would be beneficial for the Algeria and Tunisia to give confidence of high-quality surveillance and control activity to progress to PCP stage 4 and for Morocco to maintain the PCP stage 4 and give credible epidemiological evidence that FMD incidence is very low and that there is no endemic circulation in domestic livestock.

Other activities connected to the original workplan with the aim of a) supporting surveillance systems, b) building capacity in clinical recognition, c) supporting emergency preparedness and test emergency response could be maintained and addressed with the following actions:

- Design and implementation of programme for disease freedom confidence and for early detection capacity improvement in the border between Morocco/Algeria (on the basis of Thrace model)
- E-learning: improving preparedness based on clinical examination, clinical signs, lesion aging, epi-investigation.
- Workshops on real time data collection, data analysis and data management.
- Support for passive surveillance improvements
- Simulation exercise in Morocco

6. Gantt chart

Notes on the timetable:

- REMESA JPC will meet every 6 months; workplan timetable may be adjusted following these.
- To reduce travel costs, training on PEPC/RBSP development will occur at national level, Libya first and experience/materials then available for Mauritania (and Egypt).
- REMESA co-ordination meetings (6 monthly JPC, and RESEPI-LABSA) meetings will be used also to plan activities and to work through some expected technical challenges to an emergency response ***and for the development of a regional/local vaccine bank***
- Schedule of OIE meetings for dossier development is not shown in this chart (needs OIE input) - but these meetings are important to design and supply of diagnostic kit
- The Real-Time Training Course in Arabic/French may be combined with trainees from other EuFMD work components (francophone European countries); minimum 10 trainees across the EuFMD programme needed for efficiency.

Country	Activities	Planning phase					YEAR 1										YEAR 2														
		M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
REMESA	Planning	x	x	x	x	x																									
1.1 Libya	Training using PEPC to assist national staff to complete RBSP							x	x	x	x																				
	Guided Finalisation of RBSP, stakeholder consultations										x	x	x	x																	
	Support Epi and Monitoring Unit after RBSP implemented													x		?	?	?				?			?						
	Evaluate RBSP progress																							?			?				
	Support field FMD outbreak investigation (procurement penside test)							x	x	x																					
1.2. Mauritania	Training national taskforce members based in PEPC principles in order to assist national staff to complete RBSP												x	x	x							x	x								
	RBSP –guided development, finalisation															x	x	x	x	x					x	x					
	Support laboratory diagnosis; initial supply then on basis of use and monthly reporting								x	x	x																				
1.3 REMESA Region	Support FMD clinical recognition at field level- develop trainers materials in arabic												x	x	x	x															
2.1 REMESA Region	Support REMESA coordination activities – pre-JPC meet																														
	RESEPI-RELABSA network mtg. Timing- TBD																														
3.1 Mauritania	Support participation in regional laboratory network (3)								x						x									x							
4-5.1. Morocco, Tunisia, Algeria	Supply diagnostic kits according to agreed surveillance plans. OIE will lead the national dossier development, EuFMD experts to support design of surveillance if asked (and for justification of supply of diagnostic kits). Initial WS lead								x																						

8. Budget (€)

Output	Activities	Original budget	Spent	Available	Note	AVAILABLE
<i>Libya</i>	Training using PEPc to assist national staff to complete RBSP	16,000	15,000	1,000		11,000*
	Guided Finalisation of RBSP, stakeholder consultations	5,000		5,000		
	Support Epi and Monitoring Unit after RBSP implmtd	1,500		1,500		
	Evaluate RBSP progress	3,500		3,500		
	Support field FMD outbreak investigation (penside test)	5,000	5,000	0		
<i>Libya, Tunisia</i>	Design surveillance system to be implemented in high risk areas (Tunisia, Egypt) (4)	18,000		0	Re-allocated	
<i>Mauritania</i>	Training national taskforce members based in PEPc principles	11,500	2,300	9,200		23,000
	RBSP –guided development, finalisation	6,000		6,000		
	Support laboratory diagnosis	5,000		5,000		
	Support participation in regional laboratory network (3)	3,000		3,000		
<i>Multiple countries</i>	Support FMD clinical recognition	10,000		10,000		10,000
<i>REMESA Regional Coord.</i>	Support REMESA coordination activities – pre-JPC meet	15,000	8,000	0	Re-allocated	11,500
	REPIvet-RELABSA network mtg.	11,500		11,500		
<i>Morocco, Tunisia, Algeria</i>	Supply diagnostic kits according to agreed surv. plans.	50,000	8,000	30,000	Partially re-all	106,500
	Build capacity in clinical disease recognition – RTT	18,000	12,000	6,000		
	Support emergency preparedness planning and test emergency response	5,000		0	Re-allocated	
	Development of regional strategy for risk-based surveillance and vaccination programme	0		30,000	New activity	
	Design surveillance system to be implemented in high risk areas (Morocco-Algeria borders)	0		10,000	New activity	
	Support for establishing of local/regional vaccine bank	0		10,000	New activity	
	*E-learning on ‘emergency preparedness’	0		4,500	New activity	
	Workshop on real time data collection, analysis and management	0		10,000	New activity	
	Simulation exercise in Morocco + (Algeria, Tunisia/old plan)	28,500		6,000		
TOTAL		212,500	50,300	162,200		
<p>Note: activities in Tunisia, Algeria, Morocco have been implemented in 2014 after the outbreaks using emergency funds comp. 1.6)</p> <p>*Possible re-allocation for e-learning in Morocco, Algeria, Tunisia</p>						

9. Challenges to achieving component objectives

- Risk that security and institutional co-ordination issues (GfTADS procedures) delay implementation.
- Risk that the surveillance and participation of NRLs in the countries involved are insufficiently supported to collect/type samples.

EuFMD Workplan

Component 3.1 – Support to Global Progress Reduced Risk

The 12 Components

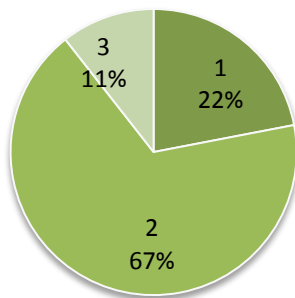
- 1.1-1.2 Real Time Training – Contingency Plans and Decision Support Training*
- 1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey*
- 1.4 Balkans*
- 1.5 Research Funding*
- 1.6 Crisis Management*
- 1.7 Proficiency test services*
- 2.1 South East Europe: Turkey, Georgia and neighbours*
- 2.2 South East Mediterranean: Israel, Cyprus*
- 2.3 Remesa*
- 3.1 Support to Global Progress Reduced Risk**
- 3.2 Support to the Progressive Control Pathway*
- 3.3 Global Laboratory*

3.1. SUPPORT TO GLOBAL PROGRESS MONITORING OF FMD CONTROL PROGRAMMES

OBJECTIVE: To collate, analyse and disseminate relevant information on regional FMD control programmes worldwide; support for workshops to coordinate this process.

SUMMARY: Survey for global PCP application has been designed and proposed to FMD WG with a timetable to develop a global report. STP recruited (March 2014)

OUTPUTS EXPECTED RESULTS:



1. Technical Development of Monitoring system (with SCRPD involvement);
2. Systematic collation and analysis (by STP);
3. Assist FAO/OIE Working Group to produce an annual Global FMD Report.

% use of funds on achieving each Output

FOCAL POINT: to be decided in ExCOM ; Standing Technical Committee plus Special Committee on Reesearch and Programme

Development

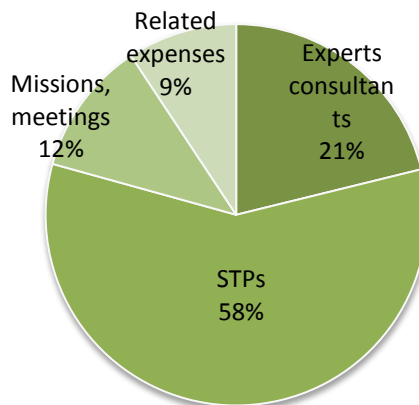
DIRECTLY INVOLVED BENEFICIARIES: FAO/OIE FMD Working Group; importance for advocacy and clarity of the regional/global situation with initiatives. Indirectly, all veterinary services interested to follow the progress of national/international control programmes, for risk assesment and investment.

RESOURCE BASE:

- HR: P5 (10%)(Admin Fund). STP (~full time). Consultants (requested by FAO) to supervise/collate and produce the Global Report .
- Budget for Activities (EC - TF): *excludes HQ based support services/costs.*

€ 86,000

Proposed to ExCom 86



EuFMD Workplan

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



The 12 Components

- 1.5 Real Time Training
- 1.2 Contingency Plans and Decision Support Training
- 1.3 Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey
- 1.4 Balkans
- 1.5 Research Funding
- 1.6 Crisis Management
- 1.7 Proficiency test services
- 2.1 South East Europe: Turkey, Georgia and neighbours
- 2.2 South East Mediterranean: Israel, Cyprus
- 2.3 Remesa
- 3.1 Support to Global Progress Monitoring of FMD Control programmes
- 3.2 Progressive Control Pathway**
- 3.3 Global Laboratory

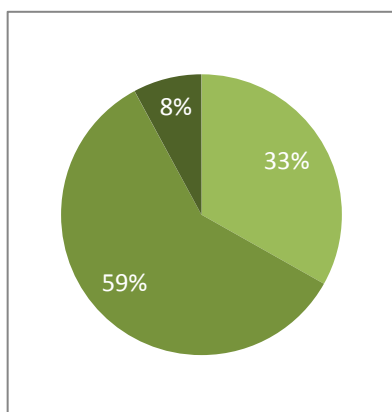
3.2 PROGRESSIVE CONTROL PATHWAY (PCP)

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.

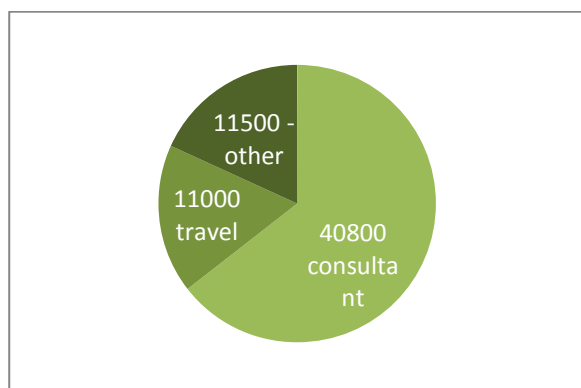
- **Budget for Activities** (EC - TF): excludes HQ based support services/costs.

€ 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

PCP toolbox¹:

- aa. A workshop sequence to support development of RBSP was developed and practiced in Palestine, Egypt (component 2.2), Libya (component 2.3 – however stalled due to political instability) and Kenya (under MoU – real-time training courses). In many situations, the FMD control plans in place are rather general and miss the risk-based approach, resulting in extensive programmes with few elements of monitoring and evaluation.

Guidelines for FMD outbreak investigation is developed, applied in Palestine, Egypt and Libya. In September and October 2014, multiple webinars based on these guidelines were conducted for the West-Eurasian region (component 2.1), China and Vietnam, and the East-African region.

Contribution was given to the developing of Post-Vaccination Monitoring guidelines initiated by the FAO/OIE FMD Working Group.

Additional guidelines are foreseen on – vaccination strategies, economic impact analysis, sero-surveys and value chain analysis

- bb. In addition to guidelines on the risk-based strategy plan (RBSP) for countries to enter PCP-FMD stage 2, guidelines were finished for countries to enter PCP-FMD stage 1 (Risk Assessment Plan, RAP) and PCP-FMD stage 3 (National Control Plan, NCP). Plans are currently reviewed by OIE and FAO. Support was provided to the FMD Regional Roadmap meeting in Astana, Kazakhstan (April 2014) and will

¹ Numbering refers to the output and activities in the workplan, see gantt chart, chapter 7

be provided to the Eastern Africa Roadmap meeting in Kigali – Rwanda (October 2014).

- cc. The assessment procedure for assignment of countries in PCP-FMD stages was refined, TORs were written for the Regional Advisory Groups (RAG) and a template is used to assess content and relevance of national control plans for FMD.

EuFMD has repeatedly requested FAO / OIE to guarantee follow-up from these regional roadmap meetings as to keep countries motivated to progressively work on FMD control. In particular, feedback on strategy plans on FMD control was provided from our side to the FAO-FMD unit.

Developing a PCP-FMD expert network

- dd. Standards to international PCP-FMD experts were discussed as part of developing a training for regional FAO and OIE staff.
- ee. In addition to the training materials on PCP-FMD and RBSP, a game was developed. This desk-top game captures all the aspects of PCP-FMD Stage 1 (value-chain analysis, economic impact analysis, virus characterisation, regional collaboration, stakeholder consultation, etc) for an imaginary country Aphotostania. Participants are given the current situation of this country and have to gain a better understanding of the FMD situation and its routes of transmission through 10 assignments. Based on the outcome of these assignments, participants are asked to present their risk-based strategy plan. 'Time' is the most limiting resource for developing such RBSP, while in an advanced level, groups are instructed to elaborate the budget for their RBSP.

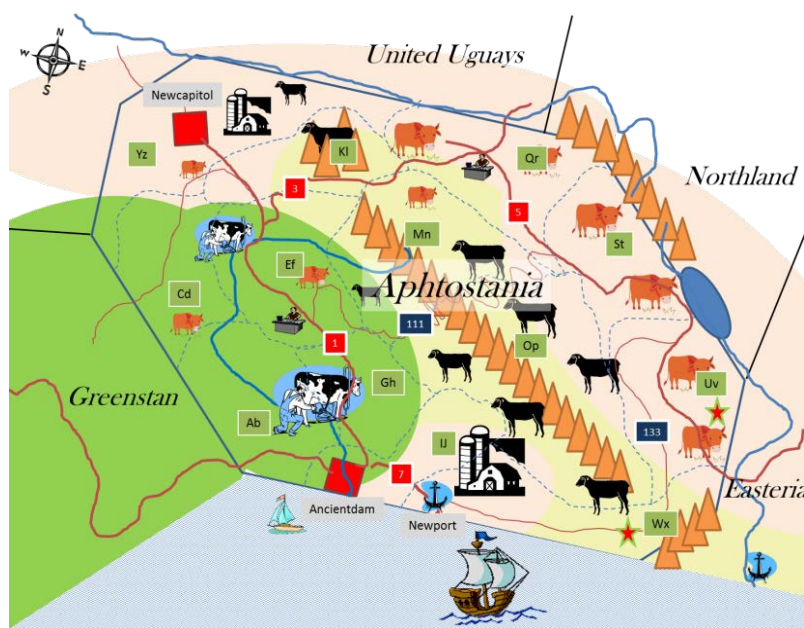


Fig.1. Aphotostania

A third group act as stakeholders (private and public) and provide the groups with additional information when asked for it. This stakeholder groups also assesses the group has the most feasible, acceptable and possibly effective control plan.

- ff. This game was played in the March workshop in Libya (15 participants), in June 2014 at FAO-HQ with 20 staff from different sections of the AGAH (as part of a 1.5 day training on PCP-FMD and in October 2014 during the regional FAO staff training in Kigali, Rwanda. In this latter regional training, Dr Sam Okuthe (ECTAD-Eastern Africa) is asked to co-facilitate as a means to empower training of trainers locally.
- gg. No concrete activities have been deployed with regard to establish a mechanism to safeguard sharing of gained experiences amongst PCP experts. However, workshop and training materials such as webinar materials, game and guidelines will form the basis for such mechanism.
- hh. Quarterly reporting through EuFMD

- ii. During the Open Session of EuFMD, a presentation will be given on the application of the RBSP with examples from various countries. An abstract on this similar subject was submitted for presentation at the SVEPM (Society for Veterinary Epidemiology and Preventive Medicine) to be held in Ghent – Belgium, March 2015.

5-Issues for Executive Committee attention arising during implementation

The FAO/OIE FMD-WG has not been operational for some months and it is not known if and how activities of the FMD-WG will resume. For most of the last semester, component 3.2 activities were conducted in collaboration with FAO-FMD unit.

Additionally, through EuFMD work in components 2.1 (Turkey), 2.2 (Palestine, Israel, Egypt) and 2.3 (Libya), new approaches to training on PCP-FMD and RBSP were applied and served as input for developing the PCP-FMD Toolbox. Feedback from these countries was positive, especially with regard to the practical approach taken. As a result, toolbox instruments are field-tested before these are handed over to the WG or used for training globally.

In June 2014, an initial brainstorm session was held with EuFMD staff on 'the future of the PCP framework'. It resulted in 5 key points that focus on changes:

- *From an accepted tool to being recognised as a quality indicator for disease control*
- *From risk identification to risk management, supporting evidence-based policy making*
- *From FMD control to integrated disease control*
- *Empowering veterinary services and private sector about the control of FMD*
- *Focus on rewarding*

Full text is available through the EuFMD secretariat

6-Priorities for the next 6 months

For the next 6 months, priorities lie with further elaboration of training materials, scheduling of training of regional FAO and OIE staff and finding a mechanism to have regular communication with the FAO/OIE FMD-WG.

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

PLANNED PROGRAM (as proposed/agreed at 87 TH Session, April 2014)		YEAR 1												YEAR 2												Co mm ent
Activity	Events	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 Developing guiding documents in relation to PCP-FMD Stage 1	3																									
1.2 Developing guiding documents in relation to PCP-FMD Stage 2	1																									
1.3 Updating existing tools such as PCP-FMD guidelines, principles and self-assessment protocol	2																									
1.4 Development of additional tools in line with assessment procedures through GfTADS	2																									
2.1 Set standards to international PCP-FMD expert	1																									
2.2 Develop training materials for TOT on PCP-FMD	1																									
2.3 Conduct training for FAO and OIE and EuFMD staff in various regions	2																									
2.4 Establish mechanism to safeguard sharing of gained experiences amongst PCP experts through web-based library on PCP-FMD related issues, through a PCP-FMD workshop with experts and users	Cont inuo us																									
2.5 Support to quarterly FAO, OIE newsletters on developments and activities with regard to PCP-FMD	Quar terly																									
2.6 Facilitate/support publications of PCP-FMD related articles in peer-reviewed magazine.	2																									
Contribution to regional roadmap meetings, FAO/OIE FMD-WG and EuFMD executive meetings																										

PROGRESS UPDATE AND REVISED PROGRAM (88TH Session, October 2014)		YEAR 1												YEAR 2												Com ment
Activity	Eve nts	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 Developing guiding documents in relation to PCP-FMD Stage 1	3																									
																										Resc hedu led
1.2 Developing guiding documents in relation to PCP-FMD Stage 2	1																									
1.3 Updating existing tools such as PCP-FMD guidelines, principles and self-assessment protocol	2																									
1.4 Development of additional tools in line with assessment procedures through GfTADS	2																									
2.1 Set standards to international PCP-FMD expert	1																									
2.2 Develop training materials for TOT on PCP-FMD	1																									Addit ionall y sche dule d
2.3 Conduct training for FAO and OIE and EUFMD staff in various regions	2																									
2.4 Establish mechanism to safeguard sharing of gained experiences amongst PCP experts through web-based library on PCP-FMD related issues, through a PCP-FMD workshop with experts and users	Cont inuo us																									
2.5 Support to quarterly FAO, OIE newsletters on developments and activities with regard to PCP-FMD	Quar terly																									
2.6 Facilitate/support publications of PCP-FMD related articles in peer-reviewed magazine.	2																									
Contribution to regional roadmap meetings, FAO/OIE FMD-WG and EuFMD executive meetings																										

8-Budget (€)

Budget adapted to the proposed increase in consultancy days (+45 days, €13.500) and travel expenses (+3.000), totaling now €63.300

Output	Activities	Consultant (days)	Consultant (€)	Travel	Equipment	Other	Subtotal	Total by output
PCP toolbox	1.1 Developing guiding documents in relation to PCP-FMD Stage 1	30	6000				6000	
	1.2 Developing guiding documents in relation to PCP-FMD Stage 2	10	3000				3000	
	1.3 Updating existing tools such as PCP-FMD guidelines, principles and self-assessment protocol	5 + 5	1500 +1500				1500 +1500	
	1.4 Development of additional tools with GF TADs (in line with GF TADs assessment procedures)	10 + 10	3000 + 3000	2000 + 1000			5000 + 4000	
Total for PCP toolbox								15500 + 5500
Developing PCP-FMD expert network	2.1 Set standards to international PCP-FMD expert	1	300				300	
	2.2 Develop training materials for TOT on PCP-FMD	5 + 20	1500 + 6000				1500 + 6000	
	2.3 Conduct training for FAO and OIE and EuFMD staff in various regions	10	6000	4000			10000	
	2.4 Establish mechanism to safeguard sharing of gained experiences amongst PCP experts through web-based library on PCP-FMD related issues, through a PCP-FMD workshop with experts and users	10	3000	2000	5000	5000	15000	
	2.5 Support to quarterly FAO, OIE newsletters on developments and activities with regard to PCP-FMD					1500	1500	
	2.6 Facilitate/support publications of PCP-FMD related articles in peer-reviewed magazine.	10	3000				3000	
Total for PCP-FMD network								31300 + 6000
Representation	Contribution to regional roadmap meetings, FAO/OIE FMD-WG, EuFMD executive meetings	+ 10	+ 3000	+ 2000			+ 5000	
								+ 5000
Total		91 +45	27300 + 13500	8000 + 3000	5000	6500		46.800 + 16.500 = 63.300

9- Reports filed following missions, workshops and meetings

<i>Date</i>	<i>Report</i>	<i>Reporting Officer(s)</i>
June 2014	National Control Plan for the control of FMD in Nepal 2014-2025	Chris Bartels
June 2014	BTOR on PCP-FMD training at FAO-HQ	Chris Bartels, Melissa McLaws
August 2014	BTOR on PCP-FMD training of DVS Kenya	Chris Bartels
September 2014	Mission report on PCP-FMD workshop for GOVS, Egypt	Chris Bartels

EuFMD Workplan

Component 3.3 – *Global laboratory*

Pillar Manager: Keith Sumption
Component Manager: K. Van Maanem

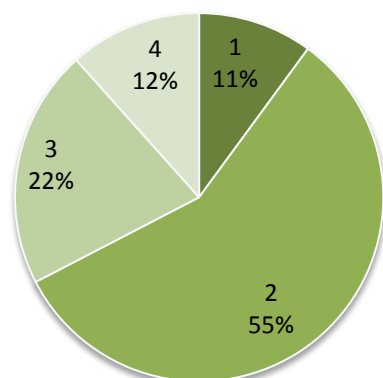
The 12 Components

- 1.6 *Real Time Training*
- 1.2 *Contingency Plans and Decision Support Training*
- 1.3 *Thrace Programme for early warning surveillance in the Thrace region of Greece/Bulgaria/Turkey*
- 1.4 *Balkans*
- 1.5 *Research Funding*
- 1.6 *Crisis Management*
- 1.7 *Proficiency test services*
- 2.1 *South East Europe: Turkey, Georgia and neighbours*
- 2.2 *South East Mediterranean: Israel, Cyprus*
- 2.3 *Remesa*
- 3.1 *Support to Global Progress Monitoring of FMD Control programmes*
- 3.2 *Progressive Control Pathway*
- 3.3 *Global Laboratory***

3.3 GLOBAL LABORATORY

OBJECTIVE: The objective of this component is to support the FAO/OIE global FMD laboratory network as part of the global FMD control strategy.

OUTPUTS EXPECTED RESULTS:



1. Creation of a framework for coordination of laboratory support activities within the FAO/OIE global laboratory network;
2. System in place for supporting diagnostic activities to be carried out by WRL;
3. System in place for supporting the collection of samples from outbreaks in pools 4 and 5;
4. Support for a global proficiency test scheme, to include 19 laboratories in the global network;

% use of funds on achieving each Output

FOCAL POINT: Nigel Gibbens ExCOM Standing Technical Committee plus Special Committee for Research and Programme Development (pillar 3 group + Labib Bakkali-Kassimi, Aldo Dekker, Kris de Clerq, Emi Brocchi)

DIRECT INVOLVED BENEFICIARIES: the countries receiving results of the diagnostic services; national and regional risk assessment agencies; the FMD WG of FAO/OIE; the work associated with risk management advice to European neighbourhood (Pillar 2).

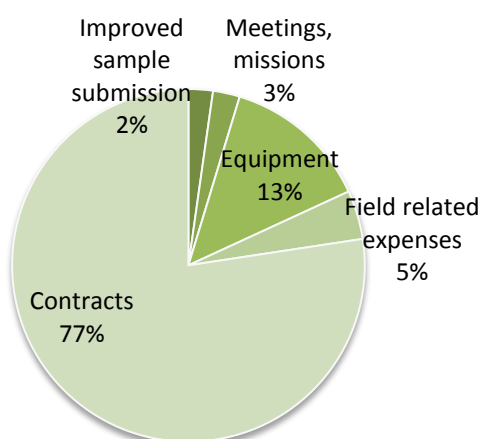
The Annual Ref Lab Network report can be a component of the Global Progress Report produced by the FMD WG of FAO/OIE (see Component 3.1). Global FMDV Surveillance will contribute to activities of EuFMD that will use the guidelines/training resources.

RESOURCE BASE:

- **HR: HQ management** P5 (10%), P3 (Admin Fund). Contractor to provide the HR for the action (EC TF).

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

€ 476,380 Agreed at ExCom 86



2-Project team

Role	Name	Status
Pillar manager	Keith Sumption	Secretary
Component manager	Kees van Maanen	Secretariat, consultant
ExCom or STC members involved in oversight role	Nigel Gibbens David Paton	STC and Head of Ref Labs at Pirbright.

3-Countries or partner organizations involved

FAO and OIE developed the joint global laboratory network proposal in collaboration with WRL Pirbright. European NRLs through support and need for joint effort/vision as expressed during Frascati meeting.

4-Progress Report

A Letter of Agreement between the FAO under MTF/INT/003/EC and The Pirbright Institute has been realized and was signed on May 19th 2014.

- Creation of a framework for coordination of laboratory support activities within the FAO/OIE global laboratory framework.

This output is under the management of WRL. The annual report 2013 has been published in March 2014. The annual OIE/FAE reference laboratory meeting is planned for 26-27 November 2014 in the facilities of the IZSLER institute, Brescia. There is regular contact, updates, communication and data sharing going on between WRL and labs within the OIE/FAO FMD laboratory network, as illustrated by the rapid data sharing and exchange of information for the O/ME-SA/Ind2001 outbreaks in North Africa and the Middle East and sharing of sequence data for recent outbreaks in East Asia and Central Asia. EuFMD produces reports on the global Foot-and-Mouth Disease situation on a monthly basis and the head of WRLFMD is involved as a guest editor on a quarterly basis.

- System in place for supporting diagnostic activities to be carried out by WRL.

The system is in place, but additional activities have to be performed by WRL and EuFMD under the LoA to realise support to and reliable reporting from network labs.

- System in place for supporting the collection of samples from outbreaks in pools 4 and 5.

This output is under the management of WRL, 4 regional support laboratories have been identified for pools 4 and 5 (2 labs per pool). In the LoA training, supervision and costs for shipping samples from these regional support labs are covered. A limited budget is available for supplying diagnostic kits and reagents (not covered by the LoA with WRL Pirbright). Ag detection ELISA kits and training have been provided by EuFMD to NVRI, Nigeria and Embakasi FMD laboratory, Kenya. Raw data and typing results have been provided to EuFMD and will be presented at the Open Session. WRL has provided training to NVRI, Nigeria (dr. Hussaini Ularanu) and has paid for shipment of samples from Nigeria to Pirbright. Results of work undertaken by WRLFMD have been provided to OIE and FAO. WRLFMD has set up a MTA with KEVEVAPI (vaccine producer Kenya) to access reagents for vaccine matching work. WRL is currently negotiating with OIE to establish a twinning project with Ethiopia, which will also likely include other key laboratories in East Africa. Responsibilities of the regional support labs in pools 4 and 5 and of WRL Pirbright still have to be defined in Memoranda of Understanding (MoUs). This activity to formally recognize these leading labs is being led by Samia Metwally (at FAO) with guidance from WRL.

- Support for a global proficiency test scheme, to include 12 laboratories in the global network, 9 non-EU EuFMD member states and 15 countries in the European neighbourhood.

This output is under the management of WRL. All NRLs specified under the LoA have recently been invited for the 2014 global proficiency test scheme, including all laboratories in the Balkans region and the 4 previously mentioned RSLs in pools 4 and 5. EuFMD will be provided with an annual breakdown of which laboratories did participate and, of those that did not participate, which reasons were given. The overall results of the PTS and a summary of issues arising will be presented to EuFMD.

5-Issues for Executive Committee attention arising during implementation

The LoA has been signed on May 19th 2014 and new activities (additional to the current services of WRL Pirbright) have only started recently. No real issues have been identified during implementation, apart from the still existing gaps in surveillance data for pools 4 and 5.

1. For pool 4 shipments have been received in 2014 from Tanzania, Kenya and Ethiopia and genotyping and vaccine matching results have been generated. Also regional capacity for serotyping has been improved in Embakasi FMD laboratory in Kenya, but more input is required for NAHDIC in Ethiopia.
2. For pool 5 shipments have been received from Nigeria and Cameroon and genotyping and vaccine matching results have been generated. In Nigeria capacity for serotyping has been created with satisfactory output. More input is required from LNERV in Senegal. A workshop has been organised with the main focus on surveillance activities in Senegal, Mauritania and Mali, but a follow-up is required.
3. Many gaps still exist in FMD surveillance in West Africa, and the current Ebola epidemic has created other priorities and has caused many disturbances in these societies.
4. WRLFMD manages the exchange of information and communication between the global FMD Lab Reference Centres. Partners within the network communicate with each other and with WRL on a routine basis and a new system is being developed to improve the exchange of sequence data between laboratories and WRL. This subject will be discussed during the annual OIE/FAO FMD laboratory network meeting in Brescia (26-27 November 2014).
5. A closer working relationship should be established with the European NRLs for global surveillance group. Representative from active FMD Reference Laboratories in Europe have been invited to the annual OIE/FAO FMD laboratory network meeting in Brescia (26-27 November 2014).

6-Priorities for the next 6 months

7. Inviting 12 laboratories in the global network (including the regional support laboratories in pools 4 and 5), 9 NRLs of non-EU EuFMD memberstates and 15 NRLs of countries in the European neighbourhood to participate in the global proficiency test scheme (management of WRL, almost done)
8. Developing MoU's for regional support labs in pools 4 and 5 (management FAO and EuFMD with feedback from WRL)
9. Additional training, supervision, sample collection and sample shipment from pools 4 and 5 (management of WRL and EuFMD)
10. Harmonisation and improvement of communication with network labs (management WRL)
11. Explore ways to establish a closer working relationship through teleconferences and/or webinars with the European NRLs for global surveillance group

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

PLANNED PROGRAM (as proposed/agreed at 87 th Session, April 2014)		YEAR 1												YEAR 2											
Activity	Events	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Planning																									
1.Receipt of FAO/OIE global lab concept note	1		█	█	█																				
1. Discussion between FAO and EuFMD on elements to support	1		█	█	█	█																			
2.Implementation of LoA with WRL	1						█																		
3. Support to sample collection in pools 4 and 5	Demand Driven (semi-continuous)								█		█		█		█		█		█		█		█		█
4.PTS	Managed by WRL	█	█	█										█	█	█									

PROGRESS UPDATE AND REVISED PROGRAM (88th Session, October 2014)		YEAR 1												YEAR 2											
Activity	Events	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Planning																									
1.Receipt of FAO/OIE global lab concept note	1		█	█	█																				
1. Discussion between FAO and EuFMD on elements to support	1		█	█	█	█																			
2.Implementation of LoA with WRL	1						█																		
3. Support to sample collection in pools 4 and 5	Demand Driven (semi-continuous)								█		█		█			█		█		█		█		█	
4.PTS	Managed by WRL	█	█	█									█		█	█									

Summary of the FMD Emergency Preparation Course (FEP-C) First Francophone e-learning course

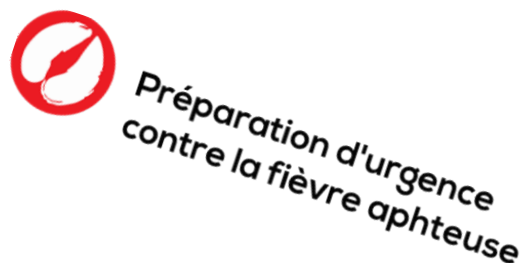
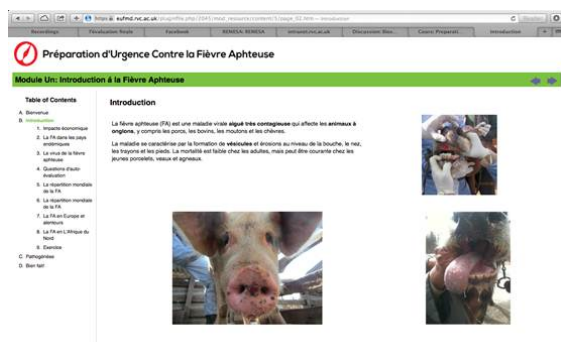
EuFMD online training course used to train 75 veterinarians in North Africa in emergency response to FMD outbreak.

The European Commission for the Control of Foot-and-Mouth Disease has carried out a number of important activities in response to outbreaks of foot-and-mouth disease in Tunisia, and more recently in Algeria. These have included the provision of training to veterinarians in the region through both face to face workshops and online training. These activities were part of EuFMD's support to the Mediterranean Animal Health Network (REMESA).

Recently, 75 veterinarians from Algeria, Tunisia and Morocco have taken part in the online course: "Foot and Mouth Disease Emergency Preparation Course" (*le cours de préparation d'urgence contre la fièvre aphteuse*). The course was rapidly translated from the English version of the course with assistance provided by the European Union, EuFMD's own French speaking staff, and support from the Royal Veterinary College, UK.

The online course takes 7-10 hours to complete, and consists of two "live webinars" and four interactive modules covering FMD pathogenesis, clinical and laboratory diagnosis, FMD epidemiology, outbreak investigation and biosecurity. The participants have access throughout the course to a discussion forum where they interact with EuFMD's trainers. The discussion forum proved a particular highlight of the course, with nearly 100 separate strands of discussion opened. Trainers were impressed by the participants enthusiasm and engagement, with discussions covering everything from the details of viral replication to methods of FMD control in remote Saharan areas and the best way to disinfect clothing and equipment.

The course closes with a final examination, and to date 56 of the 75 participants have been awarded a certificate for successful completion of the course. 100% of trainees responding to a survey after the course commented rated the course as "good" or "very good" and all agreed that they would recommend the course to colleagues. One commented "This session was for me and many of my brothers and sisters, a very rewarding experience on all levels (human, cognitive and professionals)". Participants provided a variety of suggestions for future improvements to the course, which will be incorporated as this new training method is further developed. It is hoped that the material covered during the course will enable participants to raise awareness of FMD to enable early detection should an outbreak occur in a currently free area. For those currently engaged in controlling the disease, material covered in the course should raise capabilities in diagnosis, epidemiological investigation and control.



Report from the first Russian language Real Time Training , Erzurum



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The first day of the course was dedicated to presenting the important theory behind FMD outbreak investigation, and preparing for the following day's investigation. For the outbreak investigation day, we visited a case in the yayla (highland pasture), approximately 3 hour drive from Erzurum, with cattle with 7-10 day old lesions. Participants examined cattle, took samples for laboratory analysis and interviewed the farmers regarding the history of the case. On the second field day (epidemiological investigation), the group visited a village near Erzurum which had an outbreak of FMD approximately 2 months prior. Small teams administered a questionnaire that the group had prepared, to learn about risk factors associated with FMD. The final day of the course was dedicated to compiling and analyzing information, and each group presented a report of their findings to their peers.

An evaluation was conducted on the final day of the course. The participants expressed satisfaction with the course, particularly the field component. The majority of participants (11/17) rated the overall course as 'very good', and the remaining 6 rated it 'good'. Most participants (13/17) indicated that it was 'very relevant' to their needs (and the others said it was 'somewhat relevant'). Most participants (12/17) indicated that they would be interested to complete further online training through EuFMD.

List of Participants

Country	Name	Surname	Email address
Moldova	Alexsandr	Manciu	alexandru.manciu@ansa.gov.md
Moldova	Alexandru (Mihail)	Pavlov	Alexandru.Pavlov@ansa.gov.md
Georgia	Zurab	Rukhadze	Zurab.Rukhadze@fao.org
Georgia	Otar	Parkadze	otar.parkadze@nfa.gov.ge otarparkadze@yahoo.com
Ukraine	Andrii	Pavlenko	vmiht@vet.gov.ua
Ukraine	Mykola	Zelinskyi	zmd@vet.gov.ua
Azerbaijan Republic	Mazahir Asker	Shikhiyev	shixiyevmezahir@rambler.ru
Azerbaijan Republic	Jabrayil Ismayil	Aslanov	sector-umu@vet.gov.az
Kazakhstan	Askar	Kozhayev	a.kozhayev@oie.int
Kazakhstan	Taskyn	Kyzaibayev	kizaibayev.t@minagri.gov.kz
Kazakhstan	Tursyn	Kabduldanov	kabduldanov.t@minagri.gov.kz
Palestine	Osama Mustafa Saeed	Awwad	osa_kal@yahoo.com
Palestine	Ayman Abdaljaleel Ali	Amro	aymvnet@yahoo.com
Armenia	Satenik	Kharatyan	satenik.kharatyan@mail.ru
Armenia	Aleksandr	Voskanyan	aleksvoskanyan@gmail.com
Turkey	Ilkay	Demirhan	ilkay.demirhan@tarim.gov.tr
Turkey	Yener	Sekercan	Yener.SEKERCAN@tarim.gov.tr
Turkey	Anil	Demeli	anil.demeli@tarim.gov.tr

Short Report from the francophone Real Time Training course, Nakuru

Introduction

La commission EuFMD de la FAO a organisé un cours de formation en temps réel de 4 jours en août 2014, initiant les vétérinaires au diagnostic clinique et aux mesures de contrôle de la fièvre aphteuse (FA). Les participants comprenaient non seulement des vétérinaires kenyans, mais aussi des vétérinaires du Maroc, de Tunisie, de la République Démocratique du Congo, de France et de Belgique. La formation a débuté par une introduction sur la situation de la FMD au Kenya par le Dr Eunice Chepkwony, Deputy Provincial Director of Veterinary Services of Kenya et responsable des analyses fièvre aphteuse au laboratoire d'Embakasi. Ont suivi des présentations par les Dr Nick Lyons, Stephan Zientara et Labib Bakkali-Kassimi sur différents aspects de la maladie telles que la pathologie et la datation de lésions, les tests de diagnostic, le suivi épidémiologique et la biosécurité. Une session pratique sur les mesures de biosécurité a clôturé la première journée de formation.

Les jours 2 et 3 ont été dédiés à la formation pratique sur le terrain. Les participants ont été divisés en deux groupes, une équipe « épidémiologie » et une équipe « clinique ». Le jour 2, les deux équipes ont visité une exploitation de petite taille (une vingtaine de têtes de bétail) atteinte de fièvre aphteuse, située dans le Subcounty de Gilgil. L'équipe « clinique » a examiné les animaux, daté les lésions observées et s'est initiée aux méthodes de prélèvements et tests de terrain. L'équipe « épidémio » a réalisé une enquête dans l'exploitation et les alentours directs pour déterminer les facteurs de risque d'entrée et de sortie de la maladie. Le jour 3 a été consacré à une visite de la région concernée par l'outbreak, en quatre groupes d'investigation, et à l'interview des éleveurs sur base d'une liste de questions préétablies par les participants. Les données collectées ont pour but de déterminer les facteurs de risques.

Le jour 4 a été consacré à la mise par écrit d'un rapport de synthèse des observations de terrain et à la présentation orale des résultats devant les formateurs.

Informations générales à propos de la fièvre aphteuse au Kenya

La fièvre aphteuse a été diagnostiquée pour la première fois au Kenya en 1915, bien que la maladie était déjà connue des populations locales avant cette date. Elle est présente de façon endémique, avec de nombreux foyers rapportés chaque année. Les premières données concernant les sérotypes circulant datent de 1954.

Le Kenya fait face à 5 sérotypes : O, A, C, SAT1 et SAT2. Jusqu'en 2008, le sérotype O était responsable de la majorité des cas de fièvre aphteuse. Mais en 2009-2010, de plus en plus de cas associés aux sérotypes SAT1 et SAT2 furent diagnostiqués suite à l'introduction de nouvelles souches. En 2014, 129 foyers ont été rapportés (01 janvier - 18 août). Les quatre sérotypes A, O, SAT1 et SAT2 ont été diagnostiqués (majorité des foyers causés par le sérotype O) ; le sérotype C fut rapporté pour la dernière fois en 2004 dans le Subcounty de Koibatek (proche de Nakuru).

Informations générales à propos de la fièvre aphteuse dans le County de Nakuru

Le County de Nakuru compte selon les recensements officiels 439.994 bovins, 505.035 moutons et 227.037 chèvres. Dans le Subcounty de Gilgil, dans lequel les participants ont réalisé leur enquête épidémiologique, les élevages sont de petite taille, généralement de subsistance, pouvant rassembler une vingtaine de bovins. Il existe également quelques exploitations de plus grande ampleur, pouvant compter jusqu'à 10.000 têtes de bétail. Ces fermes à vocation laitière sont soumises à des normes de biosécurité très strictes et sont rarement concernées par la fièvre aphteuse.

Les petits élevages qui nous occupent pratiquent différents systèmes de pâturage. Pâturage au sein de la propriété, pâturage sur terrains communs, ou combinaison des deux systèmes. Occasionnellement les fermiers pratiquent le zero-grazing.

Le lait produit en surplus est collecté sur base journalière par des agents de collecte se déplaçant de

ferme en ferme au moyen de camionnettes ou de motos (« boda boda »).

L'eau pour l'abreuvement des animaux est fournie au moyen de réservoirs et de canalisations. Les éleveurs amènent généralement leurs animaux au puits. Certaines fermes possèdent leur propre réserve d'eau ; toutefois, en période de sécheresse, ces éleveurs sont amenés à rassembler leurs animaux autour de points d'eau communs.

Durant les campagnes de vaccination, les fermiers sont appelés à conduire leur bétail dans des points de vaccination (tunnel de contention ou « crush »). Il en est de même lors des traitements pour les ectoparasites avec utilisation de bassins (« dips ») communs. Le déparasitage peut également s'effectuer à l'aide de pulvérisations. Les soins vétérinaires plus spécifiques sont réalisés à domicile. En 2014, seul le sérotype O a été rencontré jusqu'à présent dans le County de Nakuru.

Liste des foyers diagnostiqués dans le County de Nakuru



Données cliniques

L'éleveur en question possédait 22 têtes de bétail, ainsi que plusieurs chèvres et moutons. L'équipe clinique a examiné, durant sa visite, un total de 12 animaux, 6 vaches adultes et 6 veaux. Des signes cliniques tels que salivation, boiterie et dépression ont été observés chez plusieurs animaux du cheptel. L'éleveur a rapporté des symptômes depuis environ 1 semaine et demi ; outre les signes décrits plus haut, une chute de la production laitière a été rapportée.

Lors de l'examen des animaux, de nombreuses lésions ont été observées : lésions buccales chez 8 animaux (5 adultes et 3 veaux) et lésions podales chez 3 individus (1 adulte et 2 veaux). Les trayons ne présentaient pas de lésion suggestive à leur examen.

Les lésions buccales ont été datées entre 4-5 jours pour les plus récentes et plus de 10 jours pour les plus anciennes. Sur base de la datation des lésions, nous avons décidé de prélever un échantillon de sang (n=8) pour diagnostic sérologique de la FMD. Notons que pour un cas (Mungi, vache adulte), les lésions linguales n'étaient pas suggestives de FMD mais plutôt d'une ancienne lésion traumatique (morsure). Un échantillon de sérum a toutefois été prélevé pour confirmer notre diagnostic.

Les lésions podales étaient, dans deux cas, difficiles à dater à cause de surinfections bactériennes et de myiases. Dans un cas, une vésicule non rompue (datée de 1 jour) a été observée au niveau d'un espace interdigité chez un veau présentant de l'hyperthermie. La vésicule s'est rompue lors du nettoyage du pied. Un morceau d'épithélium a toutefois été prélevé pour diagnostic virologique. Une démonstration de prélèvement de liquide oro-pharyngé par probang a été réalisée sur une vache de plus de 3 ans connue pour avoir été atteinte par la FMD dans le passé. Lors de l'examen, l'animal ne présentait pas de lésion. Le liquide oro-pharyngien a été transmis au laboratoire pour examen virologique.

Review of the EuFMD as a statutory body, requested by Assistant Director General FAO

The EuFMD (European Commission for the Control of Foot-and-Mouth Disease) and its importance to the FAO

Paper submitted to the review of the of FAO Statutory Bodies

(This paper uses the major headings of the paper on “criteria for the review of statutory bodies”)

Centrality to the FAO mandate (Resolution 13/97)

The [European Commission for the Control of Foot-and-Mouth Disease](#) (EuFMD), through the technical expertise in its Secretariat and team of 10 in FAO Headquarters provides a significant contribution to the overall FAO effort against this extremely important transboundary animal disease. Foot-and-Mouth Disease (FMD) has global significance as a non-tariff trade barrier as well as for national food security. The current advanced state of FMD control in Europe, maintained through continual vigilance and co-operation between member states, the EC and EuFMD, has significantly contributed to the FAO global goal of sustainable management of natural resources through more efficient livestock production. The EuFMD now undertakes an important part of Strategic Objectives **SO2** and **SO5** activities in the area of circa 55 countries in the wider European neighborhood. It provides a mechanism for Governance and synergy with other institutions through involving Member States (MS) in Executive Committee decision making and the EU, FAO and the World Animal Health Organization (OIE) to the same table. Its technical quality, knowledge and services to MS and the EC institutions are renowned and positively contribute to **FAO Objective 6** – and to its image in European Union institutions. These services are also increasingly requested by OECD countries, some of which have made substantial additional voluntary contribution for services from the EuFMD, such as Australia. Six of the seven Core Functions of FAO are demonstrable in the [Work Program](#) of the EuFMD Secretariat, from development of norms ([biosecurity standards](#)) to dissemination of knowledge, technologies and good practices in disease management.

The **Four-Year EuFMD Strategic Plan** (2013-17) has three priorities (Three Pillars), being:

Pillar 1: Improve preparedness of the member states for an FMD crisis (Focus : 38 member states)

Pillar 2: Reduce risk of FMD from the European neighborhood (Focus: assistance to the neighborhood countries, around the Mediterranean from North Africa to CIS)

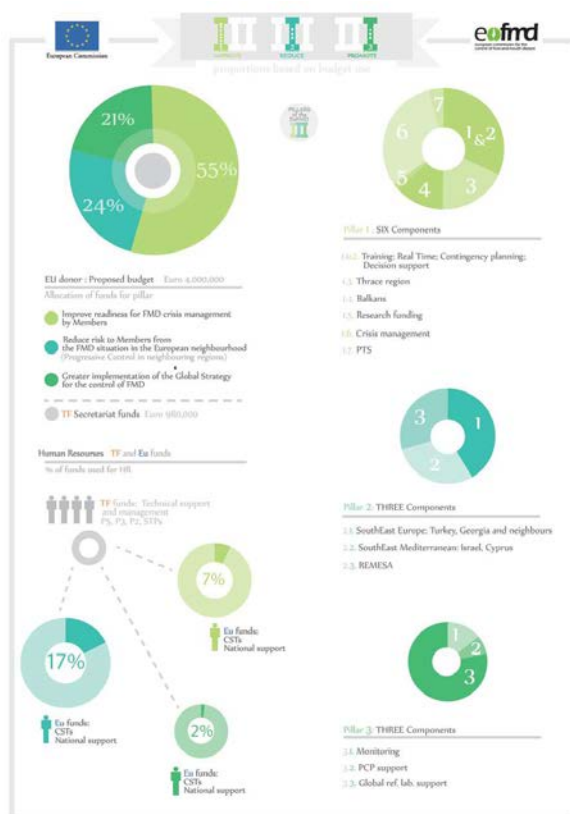
Pillar 3: Support the Global Strategy of the FAO/OIE (Focus: support FAO to improve uptake of the progressive control pathway for FMD in the 100 countries not free of disease).

The infographic below illustrates the balance of effort between the three Pillars: current funding from all sources is circa three million USD per annum for the programme.

Pillar 1 activities include training activities, both in the field and online, research, crisis and emergency management for the Member States.

Pillar 2 activities bring the EuFMD into working relation with the FAO decentralized offices, principally in Ankara (FAO-SEC), Cairo (RNE) and Tunis (North Africa).

Pillar 3 activities support FAO Global Strategy and provide technical support to the FAO HQ team at strategic level and decentralized offices in Africa and Asia to better assist their regional priority countries to utilize the global tools (PCP-FMD) developed by EuFMD and now accepted as Global Tools for policy development, measuring progress (indicators) and for regional long term planning (Roadmap).



The EuFMD at a Glance: The Three Pillars of the Current Strategic Plan, allocation of the human and financial resources (2013-15)

Background

The EuFMD was established in [1954](#) to establish an intergovernmental mechanism for coordinating actions to control the disease which was endemic in Europe and affected, each year, almost all European countries, causing catastrophic losses affecting food security in a Europe still rebuilding its livestock production. The future of the Commission was reconsidered when, in 1990, the decision to stop vaccination across Europe was taken. *Was a Commission to co-ordinate measures still needed?* The Member States decided it was and events since then have shown how vulnerable Europe remains to incursions and the great benefit of having the Commission work as part of a wider European animal health safety effort. The latter was initially seen mainly (by donors) as an emergency response mechanism in FMD crises but was increasingly funded as a specialist body, able to undertake preventive actions in the European neighborhood to promote improved planning of prevention and control in those neighborhood countries which remain endemic for FMD, at this point, from Kazakhstan to Mauritania. The membership and governance of European countries ensures a high profile for FAO and EuFMD in European veterinary services and in the EC in Brussels. This creates a substantial and positive image for FAO in a region where FAO is not perceived as being active in animal health matters directly affecting European countries.

Currently

The EuFMD has developed a workplan based on **Three Strategic Objectives** or Pillars and **12 Components**.

Annex 1: Overview of the Workplan

1. To **Improve** readiness for FMD crisis management by Members;
2. To **Reduce** risk to Members from the FMD situation in the European neighbourhood (Progressive Control in neighbouring regions);
3. To **Promote** the global strategy of progressive control of FMD. The operational objective of maintaining a mechanism for emergency response to an FMD crisis in the European neighbourhood will underpin the first two objectives, and has a Budget for Emergency Response under Component 1.6 of the Action.

Fig.1 The EuFMD Pillars and Components

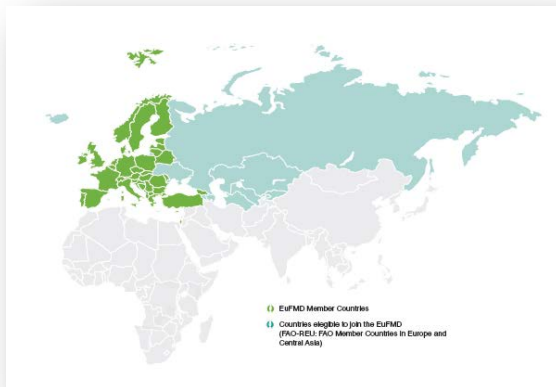


Expressed interest and priorities by FAO membership (Regional Commission - Technical Committees – Council - Conference reports)

The mandate of the Commission, as given by its [Constitution](#), is an important part of the FAO actions on the 2012 **FAO European Regional Conference Priority #4** -"Control of animal disease, plant pests and food safety hazards"², and also contributes to reducing barriers to entry to regional trade (through the **1m€** program for neighbourhood countries), and to scientific innovation relevant to policy (through the [EuFMD Research Fund](#)). ERC Regional Priority #4 maps to SO2, SO4 and SO5 (ERC/14/7/Rev1, paper to the 29th Conference, April 2014, <http://www.fao.org/docrep/meeting/030/mj686e.pdf>).

FAO Member States express their interests quite actively in defining the EuFMD workplan, through the eight members of the [EuFMD Executive Committee](#) which guides the **2 million €** per year work programme financed by the EC.

Fig.2 Member countries of the EuFMD (2014)



Direct and continued relevance of the work to be accomplished for the achievement of FAO Strategic Objectives

Through its Standard Setting mechanism (Biorisk management standards), Governance and support to MS to implement standards, it contributes to **SO2** (*Increase and improve provision of goods and services*). The

² ERC/14/7/Rev1, On Regional Priorities to the FAO European Regional Conference, April 2014.

traditional role of EuFMD in emergency management is now balanced with proactive prevention activities through its pioneering of the [Progressive Control Pathway for FMD](#) (PCP-FMD), now taken up by FAO and OIE for Global application. This pathway assists countries to develop sustainable, risk based strategic plans for FMD management which have a five-year horizon and which promote national adoption and international comparison (regional/global application of milestones and indicators), all in line with FAO SO5. As the EuFMD has a credit line of some 1 m€ in its Trust Fund (agreements with EC for [emergency activities](#)) it can contribute to emergency/crisis response and works with the [Crisis Management Centre](#) (CMC) in FAO if such crises occur, as part of the SO5 activities. However, it must be said that FAO SO co-ordination (Central and Divisional Level) little involves non-Regular Programme (RP) staff – such as the EuFMD Secretariat, and [needs to be improved](#), if the value of our contribution is to be reflected and known by FAO SO Coordinators and shown in the SO indicators.

Political considerations: advantages and risks for FAO

The EuFMD has a significant political advantage to FAO, since it undertakes a program of work with the 28 EU-MS, which are significant donors to FAO programme and which influence the decisions of the EC on its wider funding of animal health actions involving FAO or other bodies outside of FAO. As frequently stated by the EuFMD MS, the EuFMD Commission provides a Governance mechanism which is missing from other FAO animal health activities - and is thus the only mechanism by which their voice is heard in FAO (since COAG or Regional Conferences do not directly address animal concerns or take executive decisions on actions). A lack of FAO internal support to EuFMD carries political risk that FAO, rather than EuFMD, will be seen to neglect its European members, or fail in its administrative competence to host the EuFMD Secretariat.

Extent to which the activities of the body in question can be performed by other bodies of FAO or outside FAO or by the Members, to avoid overlap

The majority of the work programme is funded by the EU through the EC and it could be decided that some of the current EuFMD services such as delivering national technical assistance, Governance processes, could be directly managed from Brussels. However, since EuFMD has nine non-EU members, it provides a mechanism, for delivery – and Governance –that is wider than the EU and this in itself is a strength and value that the EU recognizes. Other bodies, such as the OIE, undertake standard setting and currently do not offer the demand driven, tailored support to MS that has become a feature of EuFMD work programming. It is very unlikely that the efficiency of this delivery process could be matched by other FAO units since the MS contribute both the cost of the Secretariat and additional staff time (secondments) so that the extra-budgetary resources are efficiently delivered as in country actions without professional technical posts charged to the donors.

Creation of synergy with the work of other bodies either under the framework of the Organization or outside the Organization

Synergy: the EuFMD programme is funded from the Veterinary Emergency Fund of the EC and thus is considered part of the coordinated European system for prevention and response to FMD, under the animal health strategy of [DG-SANCO](#). The synergy between EuFMD and EU institutions is thus seen as a major advantage. The ability of EuFMD to utilize FAO processes and regional offices for delivery is seen a positive. The EuFMD workplan is developed on a two-yearly basis, negotiated with SANCO, FAO and the [World Animal Health Organization](#) (OIE) involved through the Executive Committee and mechanism of the Global Framework for Transboundary Animal Disease control (GF-TADS), to ensure the plan is consistent with FAO regional priorities and those of the OIE, avoiding duplication and ensuring support to FAO's wider objectives. There is strong agreement as the role of EuFMD as an indispensable unit for rapid response as well as assistance to countries to improve their risk management policy (prevention) and preparedness (resilience). The EuFMD has provided (from 2008 to 2013) the Secretariat of the [West Eurasia Roadmap for FMD management](#), strongly supported FAO Regional Initiative on Agrarian Structures where FMD status of countries is a major barrier to free movement of animals and products within Europe and between non-EU countries. Increasingly, (from April 2014) it has been asked to advise eastern European countries on process of achieving higher health status for trade between CIS countries.

Further synergy in planning may be achieved by a Memorandum of Understanding (MOU) or other form of agreement with the OIE, outside the Organization. There is a good potential for the EuFMD expertise to contribute more to the global effort of FAO, currently constrained on one side by lack of decentralization of FAO animal health officers to regional levels (thus EuFMD can work through, with and supportively to FAO regional offices).

Ability of FAO to operate effectively the body

The Commission is completely self-sufficient financially, funded by contributions of the MS to provide the Secretariat and by the EC (DG-SANCO) for 90% of the programme funds of 2m€ per annum. In 2013-14, Member States and non-member states (Australia, New Zealand) also commissioned additional activities ([training development](#), [e-learning courses](#)) of mutual benefit to European and non-European MS of FAO. The unique role of EuFMD within Europe is recognized by the EC and by member states, and increasingly, by MS in other FAO regions, the evidence being the requests to EuFMD to provide training and expertise to these FAO and to FAO regional and country programmes.

That the EuFMD can operate effectively within FAO is only in doubt relating to the limited centralized services now provided by Corporate Services Department. With few exceptions, reductions in staffing in CS have resulted in higher workload for Financial Reporting, direct Donor Liaison, Recruitment and other functions. A severe difficulty to recruit General Service Staff has had a very negative effect on a Commission with 1-2 GS staff. This has resulted in some political embarrassment to FAO, since the impression created is that the functions and services of Article XIV bodies are not a priority for FAO.

Impact of the EuFMD – mechanisms for review

The achievements of the EuFMD are reviewed every two years by the MS at the [General Session](#), last held in April 2013. One measure of achievement is that the EuFMD was able to renegotiate its agreement with the EC and maintained its funding (**2m€ per annum**, 2013-2015) despite reductions/cuts by the EC in its funding of other programmes in animal health - the protection offered to the EuFMD budget relates to the impact of the work, the good perceptions and lobbying by member states in Brussels, in addition to the solution to questions of synergy and function (with FAO, OIE and relating to GF-TADS framework in Europe).

In terms of the impact, the current work programme (2013-2015) is organized as [12 Workplan Components](#), each of which are designed to be result oriented (each have 3-5 outcomes). Each Component has a manager, and each Component and each individual outcome have an assigned budget. The workplan has **six components** relating to **direct assistance** to 38 member states, **three components** in the **European neighbourhood** programme, and **three components** relating to **support** to underpin the FAO/OIE Global Strategy. This programme has been operating since October 2013 and it is too early to evaluate the impact, but the new balance between national, regional and global has been well received by all parties.

Contribution to the Reviewed Strategic Framework, including the Strategic Objectives Result Framework

Level of technical activities carried out during the inter-session period either by FAO or by the statutory body's secretariat in direct response to decisions and recommendations made by the statutory body at its sessions.

The **EuFMD Newsletter** detailing the activities by Component is available as **Annex 2** and online [Components Newsletter](#). Each Component has a component manager, progress indicators, major issues, significant plans and significant partnerships. The progress made in each component is a clear indication of the impact of activities on the beneficiaries.

A summary of the **activities planned** for 2013 and 2014 include (actions by Pillars – please see **Annex 3** Strategic Plan, presented at the 40th General Session of the EuFMD in April 2013, and [online](#)).

Pillar 1: six actions identified as priorities by the Executive Committee under Pillar 1. Four of these actions have a training component. Furthermore, some of the training may also be relevant to Pillar 2 “neighbourhood” countries and therefore a “menu” of training activities was developed based on a questionnaire survey

conducted after the 40th General Session of the EuFMD, as a first step. The use of [online training](#) to enhance the field training is being explored and is likely to open a new opportunity for ensuring participants can receive pre- and post-course exercise. Pillar 1 also involves the THRACE initiative, aimed at maintaining confidence in FMD freedom through risk based surveillance.

Pillar 2: there are three major sub-regional components and a component of surveillance in support. They all have the overall aim of reducing the FMD risk to European Member States through progressive control in the neighbourhood countries. 1. South-East Europe (West Eurasia); 2. South-East Mediterranean; 3. North Africa (REMESA); 4. Support to surveillance.

Pillar 3: support to FAO FMD Unit in collating information for review of progress of regional programmes on FMD control. Technical support to develop the EuFMD/OIE/FAO FMD Progressive Control Pathway ([PCP](#)); Support the global system for improved FMD reference lab services (World Reference Laboratory).

The meetings organized and supported by the EuFMD also include the West Eurasia Roadmap meetings, Starting from the first Roadmap meeting in 2008 in [Shiraz](#) where the PCP concept was first developed, up to [Istanbul](#) 2012, [Baku](#) 2013, and finally [Astana](#), 2014.

Reports from EuFMD other meetings are listed in the **Annex 4** and available [online](#).

In response to a request for further information on FMD status, the EuFMD Commission currently maintains a database on FMD occurrence compiled from officially notified information to FAO, OIE and other sources, such as the FAO/OIE World Reference Laboratory for FMD. The database information is used to compile an [FMD Situation Overview](#) for presentation to the Sessions of the Commission which occur at approximately six-month intervals. These FMD Situation Overviews are published online following each Session. The emphasis in the Overviews is on the FMD situation in regions of the world which constitute a recognized higher level of risk because of geographical proximity to EuFMD members, such as the near-east. A Review of the recent molecular and antigenic characterization of virus isolates is usually presented in the Session Reports, following the Overviews.

The EuFMD Commission also publishes online a [monthly report on the FMD Disease situation](#), based on information sources which include databases such as EMPRES-AH/GLEWS, EMPRES-i, OIE WAHID, WRLFMD. The other sources used are the FAO/EuFMD supported FMD networks (EARLN-FMD Eastern Africa, RESOLAB-FMD West Africa), FAO/EuFMD projects and field officers and the Crisis Management Centre-Animal Health (CMC-AH). The report is peer reviewed before final publishing, by focal points of the FAO Reference Centers for FMD (including Centers in process of recognition) and OIE Reference laboratories for FMD. Comments are received and integrated before the report is made widely available [online](#). The July report is available as **Annex 5**.

[New MS](#) have joined the Commission, including Estonia (2010) and Georgia (2013) and countries such as Armenia, Azerbaijan, Moldova and Russia are keen to join and have requested the relevant information such as the constitution and instrument of acceptance.

Our MS have sent over **300 trainees** to the [Real Time Training courses](#) in Kenya (18 courses since 2010), and Turkey (9 courses). These unique courses allow participants to carry out clinical and epidemiological investigations of suspect FMD cases in "Real Time". The EuFMD usually holds English language courses, but has responded to MS requests and provided two real time training courses in French and one in Russian. EuFMD also holds Real Time Training courses in Nepal for partners in Australian and New Zealand, with the additional organization capacity provided by the funding for these courses contributing to the training programme for MS. The MOUs signed with hosting countries also state that the courses will include local participants and improve FMD control capacity in the country.



Fig.3 Real Time course in Kenya



Emergency preparation courses for FMD (FEP-C) for FMD (FEP-C) have also been implemented over the past year thanks to an online training system, reaching over 150 people in the 2013-2014 pilot phase. This is an online-only course which is designed to give veterinarians the knowledge they need to carry out a clinical and epidemiological investigation of a suspect case of foot and mouth disease. It allows the rapid, remote training of a large cohort of veterinarians.

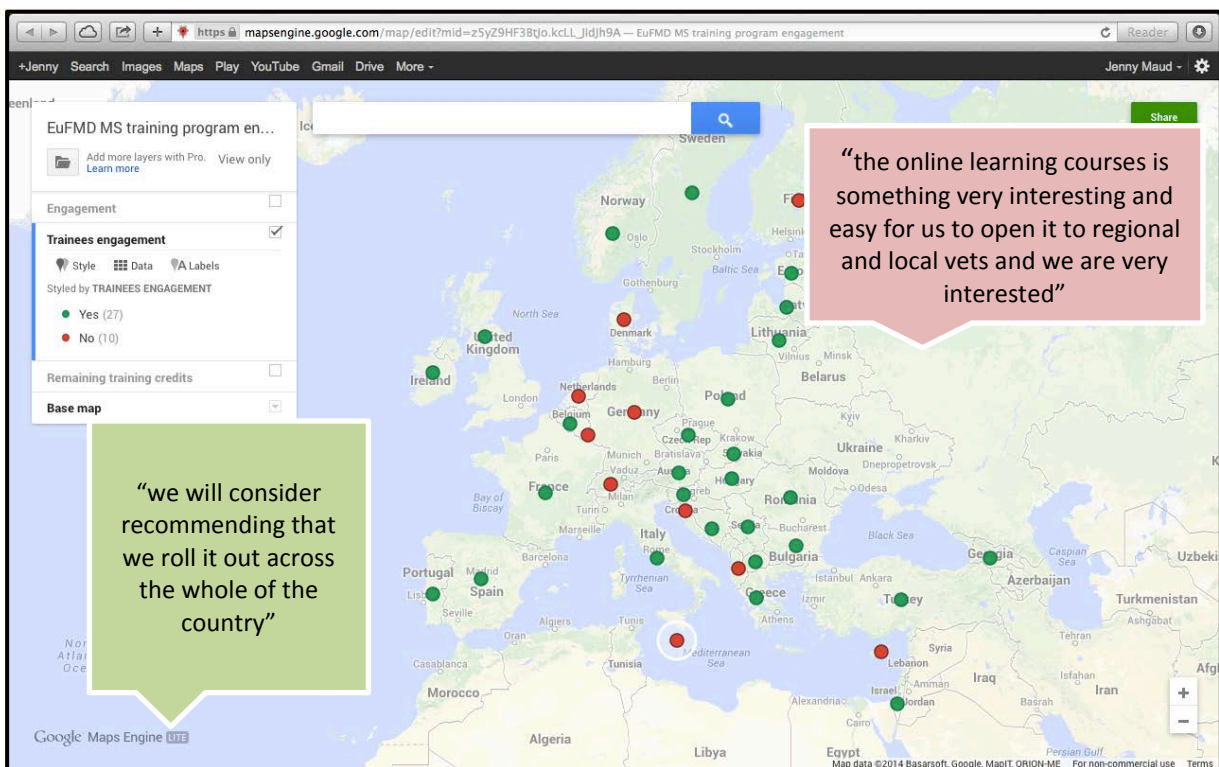


Fig.4 Response to the FMD Emergency Response course

Progressive Control Pathway workshops have also been implemented in response to country requests (Turkey, Iran, Libya, Nepal, Georgia, Palestine, Kenya, between 2013 and 2014).

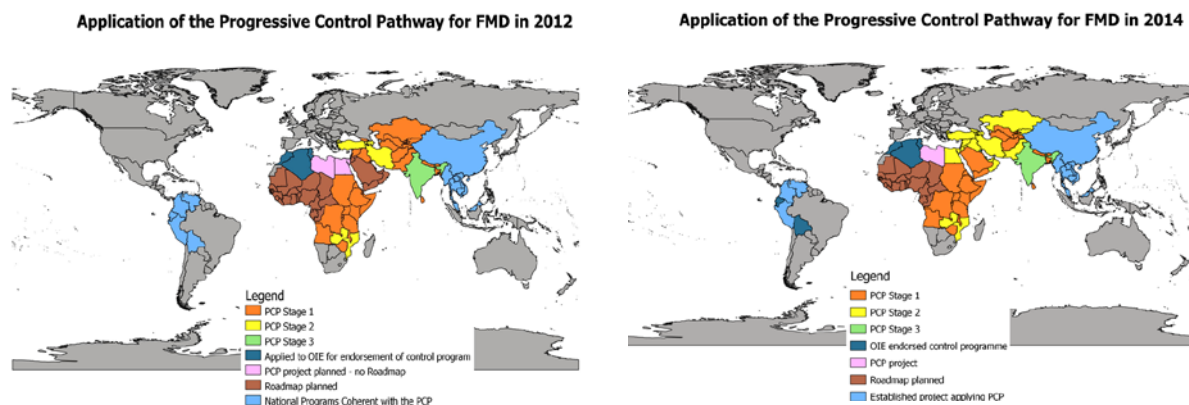


Fig 5. The PCP maps showing progress in PCP stages

Technical activities with member states: examples

Innovative training: offering a system of credits for selecting from a “Menu” - for on-demand capacity development in FMD prevention and control – **Annex 6**

The EuFMD has focal points for training/capacity building in each of its 38 MS countries and for each offers a “menu” of training options and training credits with which to select courses. This is managed through a system of “training credits”. Courses range from innovative, [field-based real time courses](#), workshops on disease spread modeling and laboratory techniques to online webinars and [e-learning modules](#). Bespoke training options are also offered for individual countries. It is for the MS to decide on the most appropriate option and use their credits to pay for their selection. This system has a budget of **500,000€ for two years** and is popular and well perceived, such that a number of these states now also make additional voluntary contributions for additional training places above those “paid” by the credits system. All 37 member states have taken up training places and there is evidence to claim that, over the past five years, EuFMD has established a cadre of trained experts in each of the 37 MS and works with them to respond to their training demands - in essence it has established a “north-north” co-operation between them – and with their southern neighbors – to share expertise and experience. This training programme, under direction of our member states, has been extended to their priority neighborhood countries in Eastern Europe and the southern Mediterranean, bringing it into a working relationship with FAO RNE.



[Emergency preparation courses](#) provides vital training for those involved in clinical and epidemiological investigations during an FMD outbreak. 80-100 veterinarians can be trained at one time, with costs far lower than the equivalent face to face training. The course is available during *peace time*, but could also be rolled out in an emergency situation. The course covers FMD aetiology and pathogenesis, FMD clinical diagnosis and lesion ageing, sampling and laboratory testing, FMD epidemiology, outbreak investigation and biosecurity. It takes place over 4 weeks and begins and ends with a one hour live ‘webinar’ (online interactive seminar). Following the webinar, the course itself takes 6-10 hours to complete, and trainees can complete the training in their own time during the four-week period that the course is open. Throughout the 4 weeks EuFMD trainers are available through a discussion forum to answer any questions regarding the course, and also to pose interesting questions for trainees to answer and discuss. The course ends with a comprehensive assessment, and the nominating authority will be provided with a full list of trainees who have successfully completed the course.

The FMD Emergency Preparation Course was rapidly translated into French in response to an urgent request for assistance by Tunisia and Algeria in response to the recent FMD outbreak. The online course was used, alongside face to face workshops and online courses as part of EuFMD’s support to the Mediterranean Animal Health Network (REMESA). 75 veterinarians from Algeria, Tunisia and Morocco took part, and a particular success was the interactive discussion forum, in which participants from all three countries took part in lively

discussions with EuFMD's trainers. Nearly 100 separate strands of discussion opened were opened, with topics ranging from the details of viral replication to methods of FMD control in remote Saharan areas and the best way to disinfect clothing and equipment. 100% of trainees responding to a survey after the course rated the course as "good" or "very good" and all agreed that they would recommend the course to colleagues. One commented "This session was for me and many of my brothers and sisters, a very rewarding experience on all levels (human, cognitive and professionals)". Participants provided a variety of suggestions for future improvements to the course, which will be incorporated as this new training method is further developed. It is hoped that the material covered during the course will enable participants to raise awareness of FMD to enable early detection should an outbreak occur in a currently free area. For those currently engaged in controlling the disease, material covered in the course should raise capabilities in diagnosis, epidemiological investigation and control.

In addition, 2 veterinarians from each of Tunisia and Morocco attended EuFMD's course in August 2014 "Real Time" training course in Nakuru, Kenya, working alongside participants from Kenya, Belgium and the Democratic Republic of the Congo. This was the second of EuFMD's Real Time courses to be delivered in the French language. This week long course gives participants the unique opportunity to carry out field diagnosis and investigation of an outbreak of foot and mouth disease. Trainees examined affected animals, took diagnostic samples, and interviewed the affected community in order to gain information about the epidemiology of the disease. A local area survey to identify risk factors for local disease spread was also carried out. The course also led to interesting and interactive discussions about foot-and-mouth disease control strategies.



The Training courses also include a **Practical Epidemiology for Progressive Control (PEP-C)** Course, as a response to the requests of countries in West Eurasia. These are four week courses of practical epidemiology training course to help provide state veterinary services with the epidemiology skills needed to control FMD.

Fig. 7 The PEP-C

Online Training: the EuFMD, in partnership with the [Royal Veterinary College](#), London, has produced an [e-learning website](#) which supports its training programme. The website, which opened in spring 2013 already has nearly 600 registered users. E-learning is used to support face to face courses, such as the Real Time Training course, by providing an online introductory course which familiarizes trainees with core topics, freeing up more time for interactive discussion and field work on the face to face course.

The website also host standalone e-learning provision, such as the FMD Emergency Preparation course and webinars (see below).

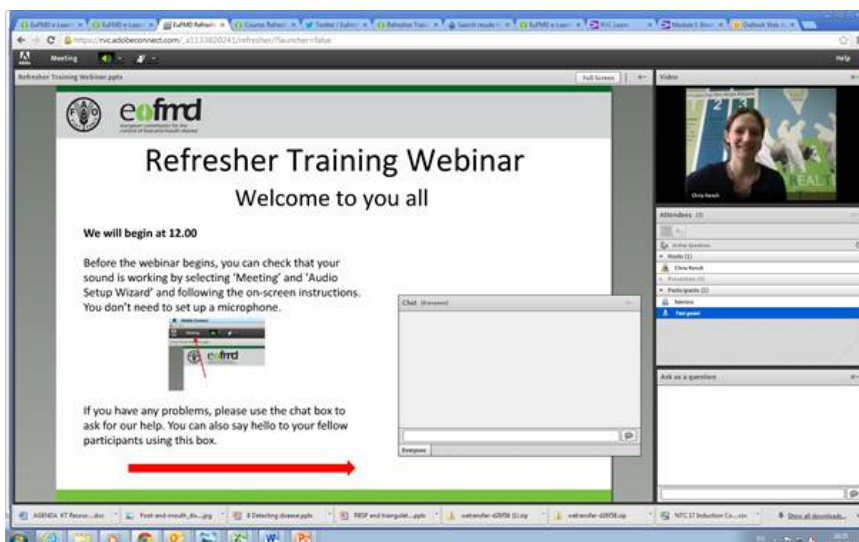


Fig.8. The online refresher webinar

Webinars: A number of Webinars have been held over the last year. Webinars are used to interact and communicate with EuFMD member states, and also to provide training. For instance, regular webinars are held for training focal points, updating them on training opportunities available, and seeking feedback on training needs. A webinar series has also been arranged for participants from countries participating in the West Eurasia roadmap meetings. Topics so far include vaccine matching and outbreak investigation. Webinars are given in both English and Russian language.

The webinars are recorded and made available for future use on a password protected site.

<https://eufmd.rvc.ac.uk/course/view.php?id=11>

Fund for Applied Research (EuFMD-FAR)

Calls for proposals are made twice per year and reviewed by a process involving the EuFMD Standing Technical Committee. The fund has disbursed some 200,000€ in 2013-14 with a maximum of 50,000€ per grant. To some extent this addresses the need for seed funds for innovations that need proof of principle or final field testing and which have potential for wide application,, not only in Europe.

Outcome of any evaluations/audits carried out in relation to the activities of the body

Only financial evaluations (by the EC) have been conducted. The EuFMD Executive has to date considered that it has the primary role of deciding if an evaluation by FAO or other means is needed and has not concluded that there is a need to do so, even after discussion with FAO's evaluation service.

Criteria or indicators of level of interest

The current [constitution](#) limits membership to European member states of FAO or OIE, and this position has never been recently reviewed by FAO as to whether it desires non-European members to be admitted. It is unusual for an HQ based body, the only one in FAO specially addressing FMD, to be so limited in its membership. With the current restriction there are potentially 52 member countries. Currently membership is growing, with Georgia joining in 2013, and Armenia, Azerbaijan, and Moldova undertaking internal procedures prior to possible signature in late 2014/15. The Russian Federation has been reviewing its position and has indicated some interest to join in 2014.

Over 90 participants attended the EuFMD General Session in 2012 and [2013](#). Delegates to these sessions cover their own costs for participation, from flight to accommodation, and include MS Chief Veterinary Officers, experts, representatives from the OIE, FAO and other relevant organizations.

Level of participation in technical Sessions

The [Open Session of the Standing Technical Committee](#) has become a global event, taking place every two years, with over 230 participants in 2012 (*Jerez de la Frontera*) and an expected increase (to >250) for the [Dubrovnik Session](#) in October 2014. Participants now attend as observers from across the world, this being the

biggest regular technical conference on FMD where technical progress relevant to policy makers is on the Agenda.

Extent to which members contribute financially or in kind to the body, on a voluntary basis

Member states contribute annual fees of between 4000 USD and 40,000 USD each, and in addition seconded staff has been received from Bulgaria, Serbia, Romania, Spain, Armenia, Hungary, Greece and the UK in 2012-14, through the [Short-Term Professional Program](#) (STP). Additional voluntary contributions are also received for training of their staff - including from non –member countries (Australia and New Zealand for example, >400,000 USD).

The level of arrears has dropped since 2009, as shown in the summary table below, in spite of the financial crisis, highlighting the interest of the MS in the Commission’s work.

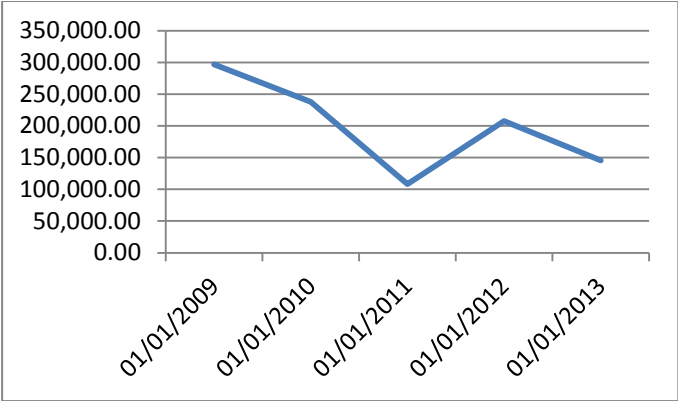


Fig.8. Level of Outstanding contributions in USD per year (2009-2013)

The reports of the EuFMD General Session, held every two years, are available online: [2009](#); [2011](#) and [2013](#).



Appendix 7

Narrative report covering four years prepared by the Executive Secretary according to the FAOI/EC template for submission to donor

The EuFMD Commission is a specialist intergovernmental body within the legal framework of FAO, and is governed by its member states and fully funded by the members and with actions funded by specific Contracts with the European Commission (EC) and others. The 4 year financing agreement with the EC was signed in September 2009 following the adoption of the four year Strategic Plan by the EuFMD members at the 38th Session in April 2009. Following signature of the financing agreement, specific activities of the EuFMD were initiated following response of the EC to proposals from the Secretariat or decisions of the Executive Committee at which the EC is represented. The EC support was provided through a Trust Fund (TF), MTF/INT/003/EEC, with a total funding of € 8 million for the four year period to September 2013. At its initiation in September 2009, the EC agreed funding of actions in six of the Strategic Plan components, with by far the largest being for in-country programmes in the Trans-Caucasus and Iran aimed at reducing the risk of new incursions of FMD into Turkey and Eastern Europe. Funding is also provided for training of European veterinarians, for surveillance in the African proximity, for short technical studies, and for surveillance for FMD in Egypt. At the 39th Session in April 2011, following difficult incursions of FMD into Bulgaria, the EuFMD Commission recommended **three additional components, and these were agreed as Components 7-9, indicated below.**

The **Activities and results of the action** are summarised in **Table 1**: Status of Actions under the nine components in April 2013, when the member states reviewed the programme; and final actions taken to the conclusion of the project in September 2013, and reported to the EC and Executive in October 2013.

Detailed Narrative reports are provided to the EC at the Executive Committee of the EuFMD every 6 months, and published in the Session Report, online. The following Interim Narrative Reports, which give details of the actions under each component, are available online

<http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/reports/en/>.

Of interest for this report namely, Mid Term Narrative Report, covering September 2009-September 2011; Narrative Report, covering 9/2011 to 4/2013, provided to the member states and EC for review, April 2013; Final Interim report, covering 4/2013 to 9/2013.

Table 2 gives further details of the activities and results for each component and summarises Activities and Reports generated between September 2011 and April 2013. Three 6-month reporting periods are shown in the table, corresponding to the reporting to the Executive Committee Sessions.

Table 1: Status of Actions under each of the nine components

Component	Subcomp.	Year 1 09/2009 - 08/2010	Year 2 09/2010- 09/2011	Year 3 October 2011 - Sept 2012	ACTIVITIES– October 2012 - February 2013	STATUS April 2013	Actions May-Sept 2013	REPORTS	Comment
1. Risk reduction in South-East Europe through support to FMD control in West Eurasia	West Eurasia Roadmap Secretariat Collaboration with: FAO, OIE	1 st Roadmap Review (10/09)	2 nd Roadmap Review (11/2010)	3 rd Review (2/2012)	4 th Review (4/13)	Roadmap Platform est.d Integration with GfTADS workplans	Report published. National Control Plans reviewed		Actions stopped /on hold after 40 th General Session.
	West Eurasia – Risk	Monthly & 6 monthly	Monthly & 6 monthly	Monthly Surveillance Report	Monthly Surveillance Report	Active, in use with 4 countries.	Monthly Reports received &		Pakistan (FAO project)

	assessment Collaboration with: EMPRES-i			(Output)			on database, 4 countries.		may join data sharing agreement.
	West Eurasia-training in progressive control				PeP-C Course 1 : 6 countries	Epi-Network est.d 6 countries trained.			Follow-up in Phase III
	WELNET – lab network	Supported	Supported	Annual Meeting	Consult. only	Needs support.			Follow-up in Phase III
	Thrace – improved surveillance for early detection of FMD		Yes (outbreaks in BG)	Yes	Yes	Operational April 2013.	Operational in 3 countries. Online Database entry forms in Access. Review meeting (GR/BG)	Progress Report MISSION report - Belgrade consultation	Follow-up in Phase III, Comp. 1.3
	Trans-Caucasus project	TCC Multi-Country Programme	TCC Multi-Country Prog.	TCC Multi-Country Programme	END: 2/2013	Completed. PCP Stage 2 strategies need formal acceptance	GEORGIA only – workshop on developing national control plan.	W/SHOP Report	GEORGIA: Follow-up in Phase III, Comp.2.1
	Iran project	Phase II Project (END)	Phase III Project	Phase III Project	Phase III Project	To be completed Sept 2013. PCP Stage 2 strategy needs formal acceptance	Workshop	Mission Report Monthly FMD report.	Program stop 11/2013 final workshop – launch of new long term national control plan
2. Activities to reduce FMD risk in the South and East Med. countries	Egypt		Project (150 k USD)	Project end Feb 2012. Emergency programme (to 09/2012)	None except Training (PeP-C)	Activities completed. Further PCP progress at risk.	Report on PVM of 2012 campaigns completed	PVM study report.	Phase III PLANNING mission did not occur – security reasons.
	Coordination in FMD response & progressive control programme dev.			TAIEX Meetings	FAO Regional Strategy Meetings	At risk. Needs progr.agreed & supported	TWO Phase III Planning missions to Israel/Palestine	MISSION report.	Comp. 2.2 Workplan dev.
3. Field based FMD Training Prog	Real-Time Training prog (NTC)	Yes (in Turkey)	Yes (Turkey +Kenya)	Yes	Yes	Cycle of training completed (EC program).	E-learning modules developed, SURVEY of MS training demands conducted PLANNING for new Training Programme	SURVEY Report	Comp 1.1 Workplan dev.
4. FMD surv. in the		Yes shipments	ExCoM decision to support	Yes (EARLN-FMD, RESOLAB-	Support Co-ordination	Established networks	Skeleton level. Facilitated	Circulated MONTHLY reports	FAO (Italian funds)

African proximity			Lab Networkin g.	FMD)	n only	and info on sharing. At risk.	EARLN-FMD meeting. Monthly Reports from Network co-ordinators received		supporte d EARLN-FMD w/shop, not follow-up. RESOLAB -FMD at risk.
5. Technical studies	Projects funded through Concept Note Review Process	YES	YES	YES	YES	Several ongoing for completion by Sept.	FGI-ARRIAH contract to undertake wild boar infection experiment (non-invasive FMD sampling project) Danish/Pirbright project on PCR delayed - to be completed Dec 2013.	Reported to STC	Phase III: Research Fund established, call for proposals in August 2013.
6. Response to FMD Emergencies			YES - Bulgaria	YES- SAT2 multicountry response		Response activities completed.			
7. Strengthening FMD labs. in the Balkan Region				Tender	Gap analysis	Reported. Decision on follow-up needed.	PLANNING: workshop September 2013, Belgrade.	W/SHOP REPORT	Planned as Comp 1.4 in Phase III
8. Improved Contingency Planning through use of decision support tools			Consultation, survey – identify need and scope	Europe-wide Workshop in Turkey (endemic regions)	Training W/shop 8 countries	Reported. At risk Future support on demand	PLANNING: E-learning course content identified		Courses offered in Phase III under Training Programme
9. WRL contract +PTS		YES- Annual (EU FMD TF)	YES- Annual (EU FMD TF)	YES- Annual (EU TF)	YES- Annual (EU TF)	Extension to cover 2013 agreed.	Contract ongoing	Sample results reports; Pirbright – 3 month reports	PLANNING: Phase III WRL contract

Table 2: Activities and Reports generated between SEPTEMBER 2011 AND APRIL 2013. Similar detail for the period 9/2009 to 9/2011 are found in the Midterm Narrative Report covering the initial two year period.

Three six-month reporting periods are shown below which correspond to the reporting to the Executive Committee Sessions.

Component	Subcomponent	ACTIVITIES– October 2011 to March 2012	Reports (1)	ACTIVITIES– April 2012- to Sept 2012	Reports (2)	ACTIVITIES– October 2012 to February 2013	Reports (3)	STATUS April 2013
1. Risk reduction in SEE/ FMD control in West Eurasia	West Eurasia Roadmap – Secretariat Collaboration with: FAO, OIE	3 rd Roadmap, March 2012	Recommendations. Provisional Roadmap completed.	3 rd Roadmap, March 2012 Planning for 4 th Roadmap meeting initiated	Report online	Planning & preparation for 4 th Roadmap Meeting, Baku 2-4 April 2013. Procedure for label GfTADS. Draft agenda to GfTADS Regional SC Europe and Mid-East.		4 th Roadmap Review completed.
	West Eurasia – Risk assessment Collaboration with EMPRES-i			FMD database : transition to EMPRES-i GEO, ARM, AZER, TURKEY participate in data sharing	Monthly reports (TCC)	West Eurasia FMD Database: Consultation with FMD National consultants (TCC, TUR, Iran) on data access. EMPRES-I system software for automated reporting and restricted data access Turkey: fully participates in data sharing. Mission to resolve GIS mapping of all epi-units and animal demographics.	<i>Monthly FMD vaccination reports (TCC)</i> <i>Monthly FMD surveillance and vaccination report (Turkey)</i> <i>Monthly FMD surveillance and vaccination report (Iran).</i>	Database established, 4 countries participate & utilize. Regional interest, further uptake /country participation expected
	West Eurasia-training in progressive control			PEP control- Training course developed and initiated	PeP-C Week 1 completed (	1 st course delivered, involving 16 trainees from 6 countries (ARM, AZB, GEO, TUR, EGY, IRN) Ongoing communication with trainees through Wikispace	<i>Reports from each training week, plus overall report .Training material on PeP-C Wikispace</i> <i>Presentation (Prezi) describing course</i>	Training Completed, Network of Trainees established. Outlook: 2 nd Course proposed. Russian version needed.
	WELNET –lab network			Agreement Iraq-Turkey on sample submission to SAP Institute		Activities promoted at no cost to EuFMD/EC: 1. FMDV samples from Iraq transported in RNA later - sequenced and analyzed in SAP Institute; results show trans-boundary circulation of A/Iran-05/SIS-10 strain. 2. FMDV sequences shared Iran		Status Awaits decision on actions/funding. Outlook: WELNET is vital. Funding needed.

						and Pirbright. 3. Collaboration with: USAID funded FAO project (Pakistan)		
	Thrace – improved surveillance for early detection of FMD			Support letter from SANCO Workshop September (TUR, GRE, BUL)	Draft report received. Report to ExCom	Surveillance model finalized (AusVet Consl). Invitations for Tripartite (TUR,GRE, BG) to finalize surveillance programme for 2013	<i>Report on workshop and surveillance model received. Report to ExCom</i>	Status: initiated only in 4/2013. Outlook: Good – country commitment.
	Trans-Caucasus project	Autumn vaccination completed. Co-ordination meeting for Spring 2012 campaigns. EC provide 500,000 doses of vaccine to fulfill project commitment to provide vaccine in spring 2012.	Co-ordination Meeting report. Monthly reports (to February- March 2012).	Vaccine use assessment mission completed following EC provision of 500,000 doses of vaccine. Protocol governing authorization of release of EC-supplied vaccine reserve written. Project activities on track. Mission (July to GEO, ARM) and project co-ordination mission (Tbilisi). Final phase activities planned (lab training, Simulation Exercise. Coordination with: USDA & US DTRA activities in Georgia.	Co-ordination meeting report. Monthly reports (to August 2012). Report of vaccine assessment mission circulated to EC.	Activities funded from EC TF: 1. Desktop simulation exercise for Georgia, Armenia and Azerbaijan . 2. Laboratory training course in use of real-time PCR to detect FMDV, with trainees from all three countries. 3. Transfer of data to EMPRES-i discussed in further detail at PeP-C week 4, Istanbul, with TCC national consultants.	<i>Co-ordination meeting report. Monthly reports (to December 2012). Report of vaccine assessment mission circulated to EC. Reports of the Simulation Exercise, 11/2012 from leaders and from the observer.</i>	Status: 3 year Programme 2010-12 completed. Outlook: No new TCC programme or further delivery of vaccine.
	Iran project	Major activities on track. Supervision mission completed 12/2011. Project timetable and delivery reviewed in march 2012 at co-ordination meeting in	Monthly Disease information reports. 6 monthly progress report – April 2012.	Major activities on track. Supervision and training mission completed June 2012. Animal identification and registration study tour to Montenegro completed in June 2012. Activity plan to	Monthly Disease information reports, Mission Reports. Proficiency test Results for Central Lab (WRL-PTS)	Activities supported under EC TF, Iran project Agreement: 1. 4 trainees from Iran attended 4 weeks of PeP-C training course; 2. Project meeting – Dec 2012, including activity planning through early 2013; 3. mission Nov 2012: progress in the QA system for the subnational FMD laboratory network; 4. Questionnaire survey of	<i>Monthly Disease information reports, Mission Reports. Proficiency test Results for Central Lab (WRL-PTS)</i>	Status: Three year Programme will conclude by Sept 2013. Outlook: National commitment high. Diagnostics and vaccines are major challenge given sanctions. Need for continued technical

		Istanbul.		12/2012		animal markets completed Dec 2012 (data entry ongoing); 5. missions to train staff in cattle challenge (full vaccine potency tests) at Razi Institute in a series of missions in 2013; 6. Market Swab sampling: initial feasibility study completed, protocol for further work developed.		guidance to promote FMD management, under the West Eurasia programme.
2. Activities to reduce FMD risk in the South and East Mediterranean countries	Egypt	Technical missions; lab and epi- support. National Sero-survey for PCP Stage 1 completed. EuFMD Project Phase 1, Final Workshop February 2012.	Final Workshop report. National sero-survey completed and analyzed. Risk report (29 th Feb) provided to EC/Executive.	1. FMD mgt Emergency missions to Egypt). 2. National FMD mgt. workshop, Cairo 3. Surveillance Programme proposal developed and submitted to EC-SANCO for support Collaboration with: FAO ECTAD, FAO RNE, EMPRES	Mission reports.	Funded under EuFMD/EC programme: 1. Diagnostic kits and training for SAT2 diagnosis had been supplied in previous 6 months. 2. Surveillance reports (Egypt): not received as request to EC for surveillance support in previous 6 months had received no answer and FAO/EuFMD national consultants contracts terminated. 3. Action plan developed for surveillance support to Egypt in first 6 months of 2013. Requires ExCom decision.	<i>Action plan developed for surveillance support (Bartels, EuFMD). Requires ExCom decision. Mission reports. Cairo FMD Workshop Report (FAO).</i>	Status: Specific support actions completed. No EC or Executive response to proposals made in 2012.
	Co-ordination in FMD response and progressive control programme development Coordination with: FAO-CMC, TAIEX, OIE, FAO Tunis, REMESA			Participation in TAIEX workshop, Sept 2012, covering FMD regional threats; EuFMD chaired session on vaccination strategies.	Report on TAIEX website; report to ExCom.	Activities funded by FAO: Workshop on Regional Coordination of Foot and Mouth Disease Surveillance, Diagnosis and Control in the Near East and North Africa, Cairo, Egypt, 4-5/12/12. Funded by OIE: Five country meeting (EGY-IRQ-JOR-LEB-SYR) on FMD held in Beirut, EuFMD not invited. FAO participated (M Tibbo).		Outlook: Future actions under Pillar 2 , and agreed with GfTADS

<p>3. Field based FMD Training Programme</p>	<p>Real-Time Training programme (NTC)</p>	<p>Four real-time Training Courses held in period.</p>	<p>Each Course reported (Training wikispace).</p>	<p>One real-time Training Course held in period (September 2012)</p> <p>New Real-Time training approach piloted (Sept 2012).</p> <p>Use of smart-phone apps for rapid epidemiological investigations and local risk factor investigations, with knowledge transfer to trainees</p>	<p>Each Course reported (Training wikispace).</p> <p>Very positive feedback-trainees</p>	<p>Funded under EC-TF: Three real-time training courses NTC11- 12-13) training total of 35 MS vets plus 9 local vets. [Note: in addition one FAO staff member (H. Ormel, NL) and one West African lab expert from RESOLAB FMD network , funded by NL Government and FAO Identify projects at no cost to EuFMD] -Smart-Phone based epi-data collection implemented in each course for rapid assessment of FMD spread. Implementation of new exercise-centered training approach. -Use of questionnaires to evaluate training experiences (both a standard evaluation form and a survey monkey one), including evaluation of a proposed e-learning module. -Training manual revised. -Photo and Video library expanded. -Collaboration: Improvement to operations through FAO Kenya by greater involvement of FAO Animal health Team (ECTAD) in Kenya.</p>	<p><i>Each Course reported (Training wikispace).</i></p> <p><i>Very positive feedback-trainees</i></p>	<p>Status: 8 courses completed since 9/2011. Outlook: Proposed continuation under new programme 2013-15</p>
<p>4. FMD surveillance in the African proximity</p>		<p>Annual FMD surveillance network meetings held and workplans generated. West/Central Africa: RESOLAB-FMD (Bamako, 12/2011)</p>	<p>Monthly FMD report of the EuFMD includes input from the Network coordinators. Regional surveillance report - Annual Meeting.</p>		<p>Monthly FMD report of the EuFMD includes input from the Network coordinators.</p> <p>Regional surveillance</p>	<p>Complementary, no cost (to EuFMD/EC) activities: 1.Delivery of FMD diagnostics to East and West African labs: funded by IDENTIFY project (FAO/USAID). 2.EARLN-FMD: publication on East African Lab functions and capacity published (no cost to EuFMD; Uganda/DVI project Lead)</p>	<p><i>Monthly FMD report of the EuFMD includes input from the Network coordinators.</i> <i>Regional surveillance report - Annual Meeting.</i></p>	<p>Status: Positive evaluation by STC. No current support (2013). Outlook: Workplans for 2013 proposed for support by FAO field offices. Very low cost, high</p>

		Eastern Africa : EARLN-FMD (Nairobi, March 2102).			report - Annual Meeting.			need for continuation. GfTADS issues.
	West/Central Africa: via RESOLAB-FMD North Africa – via REMESA Lab Network Collaboration with: USAID IDENTIFY, EMPRES, FAO ECTAD, FAO RAF, RESOLAB			FMD-SAT2 laboratory diagnosis course held in ANSES, with North African and Sahelian zone countries. Surveillance plans developed with each country. Collaboration with: ANSES, FAO Tunis FMD diagnostic course held in Accra, Ghana (funded by USAID IDENTIFY project , EuFMD provided lab trainers & planning). Nine counties have a new capacity and kits for FMD serotyping, with mainly US funding. Follow up actions identified, to be funded by USAID with technical input from EuFMD.	Surveillance plan for North Africa: report to ExCom Surveillance plan for West Africa: being drafted.	Supported by EC TF : 1. EuFMD consultant supported to attend annual RESOLAB meeting in Dakar in December, for coord/planning 2013 RESOLAB activities.	<i>Monthly FMD report of the EuFMD includes input from the Network coordinators</i>	See above
	Eastern Africa: EARLN-FMD			Sample shipment Eritrea, Ethiopia and Sudan to WRL Collaboration with: EMPRES Shipping Service FMD Manual developed by network. Vaccine matching capacity – technical advice to establish provided	Monthly FMD reports to EuFMD	2. EuFMD consultant provided backstopping for vaccine matching, in Kenya. 3. East and West Africa network animators provide Monthly Update reports to EuFMD on outbreaks and lab findings	<i>Monthly FMD report of the EuFMD includes input from the Network coordinators</i>	As above

5. Technical studies		<p>Implemented: Anatolia wild boar surveillance project (CN approved 10/2011)</p> <p>2. Wild boar tracking project Submitted to STC: CN for non-invasive sampling</p>	<p>Final report</p> <p>Initiated 3/2012 STC report, 3rd Feb.</p>	<p>Completed: Anatolia wild boar surveillance project</p> <p>Implemented: Wild boar tracking and non-invasive sampling project</p> <ul style="list-style-type: none"> • Contracts with IAH and DTU for PCR-typing of African serotypes and methods of transporting samples cheaply • Vaccine effectiveness studies (in Turkey) • Contract to develop an "FMD surveillance design and analysis model" 	<p>Final report</p> <p>Progress reports</p> <p>First of the serotyping PCRs used for SAT2 in Egypt; to be reported at Open Session</p>	<p>1. Closed Meeting of the Research Group, identified priorities for further work (October 2012). 2. Technical study funded to apply smart-phone app on data collection to FMD outbreak investigation and risk factor determination; 3. Wild Boar tracking study: ongoing. 4. Wild Boar non-invasive diagnosis study; agreements with FLI and Serbian national laboratory developed for <i>in vivo</i> and <i>in vitro</i> testing. 5. FMD Surveillance model finalized and published/ online (Ausvet). 6. Project to develop serotyping PCRs for African FMDV: ongoing.</p>	<p><i>Papers presented at Jerez on studies commissioned in 2011-12.</i></p>	<p>Status: All current projects to be completed by September 2013. Outlook: Research Fund to be established under new programme.</p>
6. Response to FMD Emergencies		<ul style="list-style-type: none"> • Egypt-emergency mission • SAT2 diagnostic assays ordered. • Asia-1 vaccine effectiveness study, Turkey • Trans-Caucasus; negotiation with EC, provision by EC of 500,000 doses of TV vaccine in place of EuFMD project procurement. 	<p>Reported March 2012.</p> <p>Reported Feb 2012. Delivered March 2012.</p>	<ul style="list-style-type: none"> • Egypt- emergency missions in April-June • SAT2 diagnostic ELISA kits provided to at risk Mediterranean fringe countries. • Surveillance in high risk border zones: workshop Cyprus June 2012 (Israel, PAT, Egypt, Jordan, Cyprus). • Surveillance and FMD management regional workshop, Rabat (under UMA/REMESA), funded by EC through 	<p>Reported.</p> <p>Reported Feb 2012. Delivered March 2012. Report</p> <p>Report</p>	<p>No emergency responses in period. Funded by FAO or national (Libya) funds:</p> <p>1. EuFMD participated in Cairo workshop in December to evaluate regional PCP progress and control strategies. 2. EuFMD participated in two meetings (Rome and Brescia) on a proposed Italian-funded, REMESA-supported project on FMD control in Libya, in coordination with FAO EMPRES and IZSLER. 3. Two Libyan trainees attended EuFMD Kenyan real-time training courses in January. This was fully funded by Libya,</p>		<p>Status: Israel/Palestinian Territories mission 4/2103. Other recent emergency actions closed. Outlook: To retain technical capacity in team to respond, and financial and operational mechanisms agreed with EC (and FAO).</p>

				EuFMD •Asia-1 vaccine effectiveness study, Turkey		and will assist them in developing their outbreak investigation abilities.		
7. Strengthening FMD laboratories in the Balkan Region		Tender launched 12/2011. Referred to the EuFMD Executive, 83 rd		Gap analysis missions undertaken by IAH for EuFMD, Aug-September. Meeting held with EC IPA project rabies & CSF in West Balkans to coordinate epidemiological and laboratory support Coordination with: EC IPA project		Funded under EC TF: 1. Gap analysis missions by IAH for EuFMD, October 2012 – February 2013 (Bosnia and Herzegovina, Kosovo, Montenegro, Albania, FYROM, Moldova). 2. Participation (Eoin Ryan) in IPA Laboratory Networking Workshop held in Belgrade in order to coordinate activities with CSF/rabies Project	<i>NRL assessments(summary tables) available from each mission. Final report and recommendations by IAH</i>	Status: Gap analysis missions complete. Outlook: To widen to emergency management issues under Pillar 1 of the new programme
8. Improved Contingency Planning through use of decision support tools		Series of Workshops planned, with 1 st CVO Workshop June 2012. Decision on support after WS 1 referred to 83 rd Session.		First Workshop held Second workshop planned for Vienna, October. Secretary and Chairman of the STC participated in RAPIDD policy/modeling for FMD workshop, September (RAPIDD funded)	Report to ExCom	Funded under EC TF, Component 8: 1. Workshop on the use of modeling and decision support tools. 16 trainees from 8 countries.. 2. Follow-up plans for further actions discussed with STC	Report to ExCom	Status:Workshops completed. Outlook: Menu of training in this field proposed under the Pillar 1 Training Initiative
9. WRL contract		Funding agreement received from EC. Contract under development with WRL covering surveillance activities 2011-12.	Outputs are services to countries and diagnostic reports to FAO; reports online; reported every 6 months to ExCM and annually (Global Surveillance)	Contract (150,000 per annum US\$) developed with IAH covering surveillance activities 2011-12.	As before	Funded under EC TF, Component 9: Letter of Agreement (LoA) for services in 2011-12. Discussions on coordination of EuFMD/WRL activities with overall proposed FAO/WRL global contract held with FAO FMD unit. Discussion on improved coordination of management of PTS for EuFMD-supported labs held with WRL colleague.	<i>As before Signed and implemented. First payment made on 21 Dec (USD 91,000). Proposal by FAO developed for discussion at ExCom.</i>	Status: LoA to be extended to include additional years of support (2013). Outlook: Pillar 3 action supporting the Global Strategy, decision on support to be taken in late 2013 for years 2014-15.

Activities that have not taken place

Component #7 Strengthening FMD laboratories in the Balkan Region, did not undertake the full programme of laboratory capacity building foreseen after April 2011 when the component was agreed to form part of the workplan. The reason for the limited activities were reviewed by the Executive Committee; an invitation to bid (tender) had been issued which had resulted in a single bid of circa 1.1 m€ which was deemed not good value for money and over the available budget for the action; gap analysis missions had been conducted to refine the scope of support needed, and after review, the Executive decided that this component would be deferred to the next round of EC contract (not this action).

Logical Framework of the programme

EC Funded Permanent Activities carried out during 2009-2012 by the FAO European Commission for the Control of Foot and Mouth Disease

<i>Level</i>	<i>Description</i>	<i>Indicators</i>	<i>RESULT</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
Goals	FMD disease free state achieved and maintained in all Europe	OIE report	Achieved in EU except for outbreaks in Bulgaria (2011). All Europe not free as FMD continues in 3 members states of EuFMD.	OIE, EC, EUFMD General Session (every 2 years)	
Outcomes (countries and region to achieve)	<ol style="list-style-type: none"> 1. Risk of entry known and managed 2. Technical Capacity to rapidly eliminate FMD outbreaks in all member states, and high risk neighbours with preferred policy 3. In non-free European countries, Co-ordinated Programmes to achieve disease free status in place and operational 4. FMD outbreaks in member countries rapidly eliminated 	<p>Process in place</p> <p>Numbers of competent experts trained/active</p> <p>Programmes operating</p> <p>Reports confirm freedom –OIE, EUFMD</p>	<ol style="list-style-type: none"> 1. Achieved. 2. Improved, All EU member states trained. 3. Programmes operating but not in line with required PCP standards. 4. Achieved (Bulgaria 2011). 	<p>Members EUFMD General Session (every 2 years)</p> <p>Executive Committee (every 6 months)</p>	<p>Effort and progress in non-free countries maintained by Govt commitments</p> <p>Preventive measures maintained at country and regional level</p> <p>FMD situation in risk source states does not significantly deteriorate</p>
Outputs (project to achieve)	<ol style="list-style-type: none"> 1. FMD incursions/emergencies rapidly controlled , where supported by specific Commission actions 2. Improved system for monitoring FMD virus circulation operational 3. Technical constraints to preferred 	<p>Reports from FMD surveillance system.</p> <p>Policy issues papers from member countries– and Europe wide - e.g. FMD/CSF Coordination Action</p>	<ol style="list-style-type: none"> 1. Achieved, emergency response delivered with success in 2011. 2. Improved surveillance system, Monthly and 6 monthly reporting. 3. Research studies completed, 	<p>Europe wide monitoring ; EC, OIE, EUFMD Gen Session ((every 2 years)</p> <p>Executive Committee (every 6 months)</p> <p>Regional Steering Committees</p>	<p>In risk reservoir countries baseline levels of virus submission to labs achieved. FMD reference laboratory network functions. Constraints do not</p>

<i>Level</i>	<i>Description</i>	<i>Indicators</i>	<i>RESULT</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
	<p>European FMD control policies reduced</p> <p>4. System for professional development in FMD management/expertise operational (>70, all EuFMD MS involved in 4 yrs)</p> <p>5. Reduced risk to Europe/Turkey as >90% of countries in West EurAsia participate in risk reduction measures with operational risk monitoring system</p>	<p>Advertised /Published training opportunities, Enrolments Program reports and funding commitments</p> <p>Reports to OIE</p>	<p>uptake of tools observed (e.g.by MS in Bulgaria 2011)</p> <p>4.>70 trained, all MS involved within 4 years.</p> <p>5.12 of 14 countries in West Eurasia participated in the Roadmap with annual progress assessment.</p>		<p>change, are correctly identified MC maintain investment in human and other resources to fight emergencies Countries implement and maintain FMD control programmes Effective international co-ordination and support to epidemic management</p>

<i>Level</i>	<i>Description</i>	<i>Indicators</i>	<i>RESULT</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
Activities	<p>Category 1: Emergency actions taken in relation to the occurrence of FMD</p>		<p>Actions taken in 2011 in Bulgaria and Turkey protected rest of region/Europe. Circa 1m€ assistance.</p>	<p>Exec. Comm. Reports (every 6 months)</p>	<p>Applies to all: Funding commitments to 2-4 yrs actions not derailed by FMD emergencies Countries honour their side of the commitment – country specific programs Complementary actions by other donors progress as planned. European countries maintain resource base enabling the input of the EUFMD</p>
	<p>Category 2: Routine activities carried out to assist risk assessment of FMD entry and assessment of European vaccine bank suitability Virus observation actions; 2.1 FMD viral threat detection support 2.1.1 West EurAsia 2.1.2 Middle-east 2.1.3 African proximity surveillance 2.2 Analysis and prediction of FMDV strain</p>	<p>Reports from CRL/WRL on samples received - emergency (new threats) -quarterly report -annual report of the OIE/FAO FMD lab network - West EurAsian network conducts regular teleconferences - operational FMD collection and</p>	<p>Monthly Reporting system (Reports to all MS and online) from 2012 to ensure communication of surveillance information from the different regional sources networks. 3 networks supported and active in gathering viral intelligence. Two networks in</p>		

<i>Level</i>	<i>Description</i>	<i>Indicators</i>	<i>RESULT</i>	<i>Monitoring and evaluation</i>	<i>Assumptions and risks</i>
	circulation in endemic regions,	typing hubs in 5 African “hot-spots””.	Africa under FAO regional lab umbrella.		
	Category 3: Coordination of technical actions and studies on FMD control 3.1-3.3 Tripartite and research group network meetings 3.4 Technical studies and activities to address control problems	Reports – Tripartite, Research Group (RG) LoAs on planned activities Interim and final Reports to RG meetings	Annual Research Meeting, Biennial Open Session (Conference) to ensure communication of actions. Funded projects reviewed and considered very good value (STC Review in 2013).	Executive Committee evaluate relevance and value	
	Category 4: Capacity building for prevention and control 4.1 EUFMD/EC FMD Training Initiative 4.2 Online training bank of resources, and FMD knowledge network	Number of courses run and veterinarians trained Number and quality of online training resources; number of experts and level of activity in online knowledge network	Over 20 courses run with great success, all EU members participated.	Course feedback Peer-to – peer review Executive Committee evaluate relevance and value	
	Category 5: West EurAsia FMD Roadmap programme West EurAsia FMD Surveillance activities Support to FMD control in trans-Caucasus Support to FMD control in parts of Iran, Iraq and Syria	Applies to all: Project document, signed MoUs with countries, number of countries undertaking risk based surveillance programmes according to guidelines Incidence of FMD in each year	West Eurasia Roadmap considered a major success, with 12 of the 14 countries participating and showing indicators of change (not all positive, but a success is to establish the system for assessment with indicators). Vaccination	Executive Committee and evaluate reports of Annual Meeting – West EurAsia Roadmap countries Mid-term evaluations Report of	

Level	Description	Indicators	RESULT	Monitoring and evaluation	Assumptions and risks
		2009-2012 provides indicator of success Vaccination coverage in risk areas(information sharing through a vaccination database)	database established and operating with 4 countries and annual basis for 12 countries. Common Framework with OIE and FAO, and the West Eurasia programme and the PCP system for assessing progress taken up GLOBALLY by FAO and OIE for application across the world as a result of the EC funded action.	Regional (Turkish borders) FMD control meetings	

Positive outcome for beneficiaries; FMD has been restricted to a single episode in Bulgaria that did not affect the trade of the other 26 countries. FMD impacts at household level in Turkey reduced in Thrace region which was able to gain official freedom, increasing the income for farmers. Impact in other neighbourhood countries probably little changed, the effects of better Government planning of prevention take some time to filter through to improved delivery.

All the reports produced are online; printing is only done for a selected number of participants (usually 30 copies at the most, except for the Open sessions: 100 copies).

MEETINGS and WORKSHOPS 2009-2014		Online link
2009	West Eurasia 1 st Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/docs/Workshop_reports/Westeurasia2009/Report_Roadmap.pdf
2010	West Eurasia 2 nd Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/docs/Workshop_reports/Westeurasia_2010/Final_ReportUpdated.pdf
2010	East African regional FMD laboratory network	http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/reports/workshops/en/
2011	FAO/OIE/EC Tripartite	http://www.fao.org/fileadmin/user_upload/eufmd/Tripartite_report_Nov_2013_final.pdf
2012	West Eurasia 3 rd Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/docs/Westeurasia_report2012/Final_report_01.pdf
2012	CVO FMD Modelling workshop	upon request
2013	West Eurasia 4 th Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap2013/Final_report_Baku.pdf
2013	FAO-EUFMD/EC/OIE Tripartite	upon request
2013	Biorisk Working Group Meeting 23-24 October 2013	upon request

2013	FAO-EUFMD/EC/OIE Tripartite	upon request
2013	FMD Workshop: outbreak management, field investigation, contingency planning	upon request
2013	Special Committee for Research and Programme development	http://www.fao.org/fileadmin/user_upload/eufmd/SCRPD_nov2013/Final_report_Frascati_SCRPD_meeting.pdf
2014	Formation à la lutte contre la Fièvre Aphteuse,	upon request
2014	Atelier sur l'épidémiologie-surveillance de la fièvre aphteuse	upon request
2014	PCP-FMD workshop	Draft
2014	Laboratory Workshop plus Management Meeting for THRACE	Draft
2014	Fmd laboratory contingency planning workshop	upon request
2014	Crisis management workshop	upon request
NARRATIVE REPORTS		
		http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/reports/en/ .
MONTHLY REPORTS		
	October 2011 to January 2014,	http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/fmd-surveillance/situation-reports/en/
GENERAL SESSIONS		
	2013 40th http://www.fao.org/fileadmin/user_upload/eufmd/40thGeneral_session_documents/40General_Session/GS40_REPORTFinal.pdf 2011 39th http://www.fao.org/fileadmin/user_upload/eufmd/docs/39th_Gen_session/Final_REPORT39.pdf 2009 38th http://www.fao.org/ag/againfo/commissions/docs/genses38/REPORT_38.pdf	
EXECUTIVE COMMITTEES		
	87th excom April 2014 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/87ExCom/Final_Report_April_2014.pdf 86th Excom October 2013 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/Excom86/86Final_Report.pdf 85th Excom Feb 2013 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/85eXcOM/Final_report_85th_Session.pdf 84th excom Oct 2012 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/84_excom/84_FINAL_Finalreport_revised_track_changes.pdf 83rd April 2012 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/ExCom83-Bucharest2012/Full_Report.pdf 82 October 2011 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/ExCom82/Full_Report.pdf 81st Feb 2011 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/87ExCom/Final_Report_April_2014.pdf 80th Sept 2010 http://www.fao.org/ag/againfo/commissions/docs/excom80/80excom_report.pdf 79th March 2010	

	http://www.fao.org/ag/againfo/commissions/docs/excom79/Report_79th_excom.pdf 78th Oct 2009 http://www.fao.org/ag/againfo/commissions/docs/excom78/Report_78_Final.pdf
STANDING TECHNICAL COMMITTEE	
2010 Vienna http://www.fao.org/fileadmin/user_upload/eufmd/docs/Vienna_2010/0_OS_Vienna_1.pdf 2012 Jerez http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/reports/research-group/en/	
REAL TIME TRAINING REPORTS	
	http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/eufmd-in-action/training-archive/en/



Contracts 2009- 2013 (over 10 000€)

Description	Supplier	Order Date	Total	€/§	Matched Amount USD	Matched Amount EURO
O/s balance 12,240 closed in PO 232670 (2009) now under new b/code in PO 244187	FRIEDRICH LOEFFLER INSTITUTE	23/11/2009	12,240.00	EUR	\$ 16,524.28	€ 12,186.05
LoA - provide training in FMD diagnosis in Pirbright	PIRBRIGHT INSTITUTE	24/11/2009	15,145.00	USD	\$ 14,537.00	€ 10,713.79
LoA - in support of molecular epidemiological studies in FMDV Western EurAsia.	PIRBRIGHT INSTITUTE	04/12/2009	75,686.00	USD	\$ 75,686.00	€ 55,780.67
GF/HQR/CPA/208710-2007/AGAH Amendment No. 2 WRL FMD	PIRBRIGHT INSTITUTE	14/12/2009	95,000.00	USD	\$ 75,000.00	€ 55,275.09
LOA GDPC-Mara Realtime Training 2010	MARA GDPC	13/04/2010	27,580.00	USD	\$ 22,580.00	€ 16,641.49
Training and diagnostic test development activities FMD	TECHNICAL UNIVERSITY OF Denmark	16/04/2010	33,719.00	USD	\$ 33,719.00	€ 24,850.94
To test serum sampled from TCC	IZSLER	09/06/2010	23,600.00	EUR	\$ 32,001.60	€ 23,600.00
LOA to provide laboratories in the EUFMD member States for 11 months	PIRBRIGHT INSTITUTE	14/07/2010	99,970.00	USD	\$ 99,970.00	€ 73,678.00
LOA Ankara, June 2010	SAP INSTITUTE	22/07/2010	21,050.00	USD	\$ 28,543.80	€ 21,050.00
LOA for Lab Training	IZSLER	22/10/2010	20,820.00	EUR	\$ 28,231.92	€ 20,820.00

PR 45712 - SO 262740 - Support and Logistics Open Session, Vienna	OSTERREICH AGENTUR	14/12/2010	22,431.49	EUR	\$ 30,417.10	€ 22,431.49
PR 46386 - Antibody Detection Elisa -	PRIONICS AG	15/02/2011	37,352.00	USD	\$ 37,152.00	€ 27,381.07
LoA EuFMD-OVI	AGRICULTURAL RESEARCH COUNCIL	16/03/2011	49,860.00	USD	\$ 39,960.00	€ 29,450.57
LOA central veterinary institute	WAGENINGEN UNIVERSITY	31/03/2011	20,000.00	EUR	\$ 27,120.00	€ 20,000.00
PR 46778 - Antibody Detection Elisa -	Pirbright Institute C/O PRIONICS AG	06/04/2011	23,016.00	USD	\$ 23,016.00	€ 16,962.82
PR 46779 - - PPE + VIRKON -	WA PRODUCTS UK LTD	13/04/2011	97,010.00	USD	\$ 97,915.00	€ 72,163.47
PR 47101 - FMD serosurveillance FMD Elisa Ab-O type -	PRIONICS AG	23/05/2011	30,400.00		\$ 30,400.00	€ 22,404.83
PRs 46989, 46986, 46973 - FMDV & NSP detection kits -	IZSLER	14/06/2011	88,238.00	USD	\$ 88,238.00	€ 65,031.51
PR.49215 - DIAGNOSTIC MATERIAL	IZSLER	08/06/2012	17,410.00	USD	\$ 16,860.00	€ 12,425.84
PO 292257	Technical University of Denmark			EUR	\$ 42,872.51	€ 32,500.00
LoA for the provision of reference laboratory services in support of control of FMD	PIRBRIGHT INSTITUTE	29/08/2012	305,000.00	USD	\$ 437,477.00	€ 322,421.05
PR 50815 - Elisa Kits - CPA/268781-2011 TURKEY	Pirbright Institute c/o BIOLOGICAL DIAGNOSTIC SUPPLIES LIMITED (BDSL)	04/03/2013	13,600.00	USD	\$ 13,600.00	€ 10,023.22
Diagnostic assay development for foot-and-mouth disease virus. (This PO replaces PO 292311).	PIRBRIGHT INSTITUTE	13/03/2013	30,500.00	EUR	\$ 28,141.36	€ 30,500.00
PR 51274 - Training & Sera Testing - CPA/268778 - AGA	IZSLER	12/04/2013	22,650.00	USD	\$ 22,650.00	€ 16,693.08

LoA for the provision of services related to development and validation of non-invasive sampling techniques in wild boar for the detection of FMDV genome.	FEDERAL GOVERNMENTAL BUDGETARY INSTITUTE (FGBI ARRIAH)	16/09/2013	29,348.51	EUR	\$ 39,796.58	€ 29,348.51
	Royal Veterinary College		20,914.00	GBP	\$ 31,784.19	€ 23,424.98
<i>DOC R850027989</i>	SAP INSTITUTE			USD	\$ 25,700.00	€ 18,940.93

A new four year Strategy was adopted by the EuFMD in April 2013, after review of the success of the Four Year Strategic Plan (2009-13) and the EC Action that provided the principal means of support for the activities. The EC agreed and signed a Contract to continue the EuFMD/EC action with implementation from 1st October 2013.

Sustainability of several key parts of the Component 1 activities (West Eurasia Roadmap) was assured through commitment of FAO and OIE to continue the Roadmap Secretariat and co-ordinate Roadmap support for countries which do not neighbour EuFMD MS, while EuFMD/EC would provide support for Turkey and its immediate European neighbours. Support for surveillance in Iran was not sustained, but would be kept under review.

Progress under other components will be maintained by the member countries themselves, as foreseen, but EC agreed to continue support for the Training Programme, and in south-East Mediterranean (responding to threats and instability in the area of Egypt and Syria) and to an expanded support for global surveillance, as part of the Global Strategy of FAO and OIE. These actions are essentially preventative measures to maintain a reduced risk of FMD across the European borders and are sustained under the EU animal health policy which has a focus on prevention measures.

The Action has been highly instrumental in assisting the Government services in the European neighbourhood countries to develop national strategies that take into consideration the role of private individuals as investors as well as beneficiaries, and through an emphasis on national strategic development and review process, increase the role and consideration given to private beneficiaries as actors whose inputs matter for the success of national control strategies. Better Governance is encouraged, not least through the establishment at regional level of regional advisory groups of representatives from the countries to undertake the review of regional progress under the West Eurasian Roadmap, and in this way become advocates for greater transparency and accountability of national bodies. The processes supported under the action focus on both regional and national monitoring and evaluation, not so much of project inputs, but of national ones committed as part of the national control programme.

Monitoring of the activities has occurred through:

- 6 monthly reporting to the EuFMD Executive Committee, which has EC, FAO and OIE as observers
- Having Monitoring processes and indicators for each of the components, for example the Annual West Eurasia Roadmap meeting, using the PCP-FMD system of indicators, would enable open, transparent and peer- to peer monitoring of progress of the actions being taken to achieve national PCP progress. In this way, national progress to utilise the support given under this action can be monitored using standard, comparative measures.

Evaluation has occurred every two years by:

- Reporting on each action to the General Assembly of member states
- Evaluation by the Standing Technical Committee of the EuFMD, being elected, senior experts from the member states (occurred in January 2013, 3.5 years into the action), and reported to the General Assembly at the 40th General Session.

It was decided that the mode of programming activities under in this Action, which was based on a case by case submission of proposals budgeted over 50,000€ to the EC for specific agreement before, led to difficulties in that a response to proposals was often longer than maximum period agreed in the contract, and resulted in a programme with a few major elements rather than a co-ordinated and balance programme that reflected the need for preventive actions taken with member states, and strategic actions with neighbourhood countries, and globally valuable support needed to underpin the OIE/FAO Global Strategy. It was decided that the future contract should be based on a work plan agreed at the outset, for the majority of preventive actions, and an emergency capacity, the latter retaining the flexibility of the old system for response on a case by case basis.

No formal partnership statements were in place other than the general EuFMD constitution which creates a formal basis for the member states to co-operate, support and govern and through the Executive, ensure collective responsibility for the implementation and uptake of the actions. The relationship between EuFMD and its host organisation (FAO) has at time been strained, but in relation to the administrative procedures and scope for independent action by the EuFMD; the EuFMD has excellent relations with its member states who are highly involved in Executive decisions and in steering developments to their priorities. The relations with the OIE have been generally good and respectful, though the need for clarity on the scope and intentions of actions led to more issues, now resolved by the decision explained in 2.11 to have future actions negotiated and /or communicated with all parties for a 24 month period ahead.

With European member states, the relations have been increasingly close, through the development (mentioned in 2.11) of a demand driven approach to work programme in capacity building that reflects their interests and priorities. With States in the European neighbourhood, the relations created have been generally excellent, the services provided are recognised as being of a very high (global expertise) level.

Sub-contractor(s) :

Sub-contractors were The Pirbright Institute, United Kingdom, and IZSLER Laboratory, Brescia, Italy. The relations with the first reflect over 50 years of practise by the Institute as the EuFMD, FAO and European Reference Centre for FMD and the globally recognised leader in this field. The relations were at times difficult since UK Government cuts threatened the continuation of services to FAO, and the subcontract could not be funded to level that the Institute considered fair to the scale of the action in the subcontract. With the IZSLER laboratory, this was a contract formed after international competition and relations have developed well, this Institute now offering services to FAO for all regions through a global framework agreement initiated under this action, resulting in a new generation of highly appropriate diagnostic tests being available to countries across the world.

Final Beneficiaries and Target groups

Other third parties involved (including other donors, other government agencies or local government units, NGOs, etc) Other Government agencies (in Australia, New Zealand, Russian Federation, United States, but also Germany, France, UK) have been highly interested in the services and results provided under the Action; so much so that some have offered to form contracts with FAO to supply these services to meet their needs, as additional contracts (not as direct beneficiaries of this action).

The FAO/OIE Global Strategy for FMD Control, which foresees a 15 year programme of actions based on the Progressive Control Pathway for Foot and Mouth Disease (PCP-FMD) that has been principally developed under this EC Action, is a prime example of how the Action has created a synergy whereby the global organisations are promoting the uptake of

the tools and comparative indicators for monitoring that have been developed. The EC action has thus created a major tool for use across the globe, at country level, in developing sustainable national control strategies and thereafter monitoring their success. The OIE and FAO have shown a high interest to ensure that expertise developed under the action is available to synergise wider application of the PCP, especially in Africa and Asia.

Previous Contracts were held by EuFMD/FAO over the past 30 years, the immediately prior contract was for the 4 year period 2005-2009. The current action has built upon the previous ones, with the review every two years deciding on which components, existing or newly required, are given emphasis or de-emphasized.

The EC (DG-SANCO) is represented at every Executive Committee meeting, formally as Observers, to monitor the implementation and give guidance on changes required; and through the close working relations with the Project Steering Committee (EC, Chairpersons and Secretary) there are active processes that work well to enable decisions to be taken on emergency basis.

A project Logo has been designed. The EU logo appears on all project communications, including the information brochure, the project website and relevant videos. Information is sent to the partnership bureau and links are on the www.fao.org/europeanunion



REPORT of the Mini Executive Committee of the EuFMD (July 2014)

Present: Ulrich Herzog (Chairman), Nigel Gibbens, Pierre Naasens (Vice-Chairs), Jean-Luc Angot (JLA), Alf-Eckbert Fuessel (AEF, DG-SANCO), Keith Sumption (Secretary).

REMESA Program (Tunisia situation)

Documents provided:

- *Joint OIE/EuFMD mission recommendations*
- *ToR mission for G Gerbier*
- *Participants for the EuFMD-e-leering Emergency Course*
- *Report of the Desk Top simulation exercises (EuFMD/France, in Morocco and Algeria)*

The technical support from EuFMD in follow-up to the joint OIE/EuFMD mission was discussed, and the Tunisian request for FMD vaccine made in Paris (May) and via the meetings held between OIE/EuFMD/FAO with DGSV Tunisia at the time of the Mission. The high risk period after Ramadan, in August-September, could see dispersion of infection and involvement of other countries associated with high intensity of livestock movements and more difficulty to conduct field operations.

JLA reported upon discussions with the CVO Tunisia which indicated that Tunisia agreed with technical missions of the EuFMD experts if conducted under a common OIE/EuFMD programme, for co-ordination. The mission has recommended assistance to the Epidemiology Unit to analyse rapidly the patterns of spread and identify high risk populations to be targeted for vaccination, and to develop a risk based vaccination programme. JLA agreed to meet with Bernard Vallat, OIE, to identify the best approach and if the EuFMD proposed expert (Guillaume Gerbier) would be agreeable with the OIE. [This was confirmed – 11th July].

AEF drew attention to the concern that the three countries had endorsed country FMD control programmes without having passed through PCP Stages 2 to 3 - and that, under the Global Strategy and PCP principles, this progress provides the basis of evidence for countries having shown the capacity to implement national risk based control programmes and have the capacity to manage incursions. This is a point for FAO/OIE to address, but also supporting the EuFMD work in Libya and other countries to first start with PCP and show progress before moving onto official applications for control programs. NG supported this point, that technical effort in an emergency must be on the context of a clear and feasible position of the VS on the expected achievement in terms of either freedom from circulating virus or acceptance of disease case reduction under vaccination (PCP Stage2 or 3).

AEF announced that EC had concluded with OIE an agreement of 2m€ to support a vaccine bank for North African countries, and as an immediate support, an additional 1m€ for emergency vaccine purchase for North Africa via the EuFMD Trust Fund.

The Chairman thanked the EC for this support and financial mechanisms for procurement were discussed. KS indicated that FAO did have emergency procurement mechanisms if tender procedures would result in unacceptable delay. It was agreed that the current situation where vaccine is needed in August is such a situation. KS would identify potential suppliers and if the delivery time is later than required on optimal vaccines, identify options with EC on potential antigens in the vaccine bank (O BFS being one candidate) that would also retain stocks of the optimal antigens for potential EU emergency.

Turkey /Thrace Region

Documents provided:

- *Proposal for modification to the workplan of Component 2.1*
- *Progress report on the THRACE surveillance program*

The Issues discussed were:

- the autumn vaccination program in Thrace, and Anatolia;

- the need for technical support to the Epidemiology Unit in the GFDC to improve the monitoring of the national FMD control programme (progress under Component 2.1 of the workplan);
- request from the Secretariat/Workplan manager to shift funding from WELNET meetings to technical support to Turkey and Georgia to intensify monitoring of the FMD control programme.

Concerns expressed at the meeting included the lack of recent close engagement between Turkish VS and EU following the completion of some pre-accession projects, the uncertainty as a result over Turkish commitment to vaccination and the quality of the vaccine used from national sources, in addition to the implications for Thrace region (FMD freedom, sheep pox and PPR control).

KS provided an update on the two workplan components involving Turkey, being the THRACE surveillance program (Component 1.3) and support to Turkey to PCP progress in Anatolia (Component 2.1). The first component had activities on track, and the first six months of data from 2014 on surveillance on FMD, SGP and PPR provided by the three countries in the monthly data entry system; from April 2014 this included SGP, PPR and FMD for Turkey, an improvement. He emphasized that this programme, not only FMD vaccination in Thrace, was critical for confidence in the health status of Turkish Thrace. The SGP situation in border of Greece/Turkey needs analysis to understand if the Turkish surveillance is sufficient or if self-sustained spread within Greece is occurring. If FMD vaccination in Turkish Thrace should be suboptimal, and spread of infection from Anatolia also occur, then the best protection to GR and BG will be a surveillance intensity sufficient for early detection (and response). A WS is planned 24-27th August in Istanbul with experts from Pirbright at which the performance of the system will be reviewed, and a tripartite management meeting will consider if higher surveillance is needed (based on the risk level used in calculating surveillance). The connection to the Epidemiology support to Ankara is that changing FMD incidence in Anatolia can impact the confidence in freedom in THRACE – one reason for proposing more technical assistance to GFDC.

On this second point, Workplan 2.1 has not progressed as well as needed to maintain the monitoring of FMD, requiring continual effort from EuFMD team from distance and via missions; Dr Erol had promised a dedicated team in GFDC but in practice this team needed external technical support to develop the procedures to ensure useful monthly monitoring in Anatolia (the lack of which affects Thrace).

AEF indicated that EC would like to call upon EuFMD experts for the meetings in Ankara between EC and Turkey and this was welcomed. The technical expert proposed by EuFMD for Turkey this autumn is Nick Honhold (UK; well known in GFDC, with more than 1 year experience working with them in a similar way on HPAI).

Conclusions

The Executive **agreed the revised workplan and proposed shift of funding** within the Component 2.1 budget towards this increased technical input

The GR/BG/TUR Tripartite CVO Meeting (half day minimum) should be held immediately before the Executive in Sofia in October (Proposal: Monday 13th October, morning).

Cooperation with Kazakhstan / Russia

Document provided:

- *Short Report on Mission to Russian federation (Sumption/Grigorian) to Russian Federation (30th June-3rd July).*
- *DRAFT Memorandum of Understanding (MOU) between FAO (EuFMD) and All Russian Research Institute on Animal Health (FGI-ARRIAH)*
- *Summary of Real-Tie training provided to Kazakhstan VS (funded by DTRA, USA.)*

Kazakhstan:

Following the very successful training in Turkey, in which 2 Kazakh VS and the OIE sub-regional FMD office manager (based in Astana) participated, Secretariat had received a message from the OIE indicating that EuFMD experts were invited to assist in training that would be given for Kazakhstan by USDA, in autumn 2014. The response to this was discussed; it was felt that EuFMD expertise in countries not free of FMD, on PCP progression and development of risk based control programmes, should complement the USDA expertise and that EuFMD expertise in areas such as Thrace

and TransCaucasus was very relevant where Kazakhstan where zoning to separate endemic bordering countries and free “zones” is under discussion.

Conclusion:

EuFMD should respond positively to the suggestion, as this also increases joint working relations with OIE. Over longer term, EuFMD needs to build up further capacity to provide FMD management expertise to countries, as there is a shift in demand and in need towards strategic planning and management.

Russian Federation:

KS briefed the meeting on his recent mission, which had seen positive discussions in Vladimir (FGI-ARRIAH) and Moscow (Rosselkhozadnor); the mission had been agreed at meetings in Paris of the Chairpersons with CVO Russia; and invitation letter that followed. Two days were spent at Vladimir, identifying technical areas for co-operation, culminating in a set of areas to include in the memorandum (MOU) . There has been a major investment in the FMD vaccine production facility, but ARRIAH receives insufficient virus strains from neighboring regions to develop/test their vaccines for use outside the RF and their interest to export to Asia and Africa will require better access to relevant strains; increasing access to quality vaccines is important and eth Global Strategy, and at time of need (emergency) in the neighborhood. Co-operation in training was discussed; they have good facilities and offered to set up demonstration of FMD under experimental settings. Their Information and Analysis Centre (IAC) could be partners in epidemiology training and also to improve information basis (vaccination database) for the region, extending the system EuFMD has established under *EMPRES-i* for West Eurasia.

Half a day was spent in discussion on their ideas to improve FMD control in the “6 territories of the Trans Caucasus” that neighbor the RF. This includes Georgia; it was suggested that a 5 year program could re-establish coordinated vaccination and surveillance in the 6 territories. The Secretary had suggested to update the proposal to bring in line with Global Strategy (and West Eurasia Roadmap), ensuring PCP stage progress at national and subnational level over 5 years with tangible achievement in terms of status (and considering prerequisites for potential zoning).

This potential project was then discussed in Moscow with E Nepoklonov in a meeting; it was agreed at ARRIAH and endorsed in Moscow to have a technical workshop in September (Tbilisi proposed) to be arranged by EuFMD at which the ARRIAH experts would provide all relevant data from areas under their control. A proposed meeting on the side of the OIE Conference in September between EuFMD Chairmen and CVO Russian Federation was welcomed by CVO Russia (to be decided if the 3 TCC countries would join, or be met separately).

The mission was discussed, while concerns were raised that as yet, the interest of the TCC countries in the ideas for the “revived buffer zone project” was unclear. These three countries had moved, as a result of withdrawal of EC funding for vaccination (under EuFMD and bilateral EU-neighbourhood support) and a move towards national budgetary commitment in each of the 3 (now achieved in 2014) and in part because of the PCP emphasis upon development of national plans based on national economic and risk analysis. Moving to vaccine being provided to all three for 5 years risked return to a culture of handouts and conditions; and not meet the overall aim of national responsibility to manage national FMD programmes. The benefit of having de facto Russian dominated, disputed territories in the programme was a step forward towards all populations of animals between Turkey/Iran and the RF being included in a surveillance and control programme, and should be welcomed. The model of the Tripartite (for Thrace, but in the past organized by EuFMD for the TCC) could be appropriate, with separate political (Tripartite) and technical (project) meetings.

Conclusions

- EuFMD to proceed with the development of the MOU with ARRIAH, on basis of the paper presented;
- EuFMD to proceed with organizing the technical workshop in Tbilisi in September, to review monitoring and surveillance data, review potential for PCP progress and achievement of stage progress, and identify vaccine requirements over coming 5 year period, to form basis of a project document that RF will consider for funding;
- EuFMD Chairpersons to meet with CVOs Russia, Georgia and Turkey in September (OIE conference) , and with EC and OIE for co-ordination;

- Secretariat should maintain, where possible, Russian language expertise within the EuFMD team after current STP has completed (August) to assist with liaison and better communication with the Russian speaking eastern European countries.

Modelling and decision support Workplan: proposed workplan up to 2015 General Session.

Document : Proposal for Workplan, Component 1.2 (Modelling and Decision Support)

KS presented the detailed workplan; the outline (outcomes to work towards) had been discussed in April at the Executive, by Dr Caroline Dubé before starting with the Commission in June, and agreed in principle at that time. KS explained the situation that had developed whereby this component of the workplan had been identified as high priority in the General Session in 2013, and made part of the training programme. However, Dr Dubé's personal position had changed after taking up the appointment and she could no longer come to Rome full time. Given the importance of the topic and postponement of the various workshops (pending her arrival), EuFMD was now committed to its member states that had requested these WS and the solution proposed was a workplan that could be managed by Dr Dube as a consultant. The workplan had been discussed and enthusiastically endorsed by members of the Standing Technical Committee (Preben) and with Special Committee for Research members (Kate Sharpe, Katharina Stark). The workplan was seen as ambitious but important for Europe that it is initiated, as there are no such networks for 1) FMD epidemic model users/decision makers and 2) simulation exercise/contingency planners in Europe, in contrast to networks shown to be beneficial to the QUADS countries (including Canada, where Caroline was highly involved).

Conclusion:

- The working arrangements and budget assigned were discussed, and endorsed
- The benefits of achieving networking with QUADS countries should be stated in the workplan as this is valuable to European countries/EuFMD to gain the benefit of the level of activities between those countries.

EuFMD-FAR 2nd call for proposals – recommendation from the Standing Technical Committee

Document: Recommendations of the Standing Technical Committee on the proposals received for funding under the 2nd Call.

KS presented the paper from the STC. The EuFMD –Fund for applied research had made a 2nd call for proposals, giving priorities for application. The proposals received had been reviewed by the Secretariat and Chair of the STC and those which related at least partially to the priorities were reviewed by 4 reviewers as per the procedures adopted for EuFMD-FAR; the summary of these reviews was then discussed at a teleconference with the STC and the conclusions presented to the Mini-Executive.

The 3 proposals recommended for support related to the priority areas of biosafe transport of samples and improvements to FMD models including the linkage to economic analysis. The budget assigned to the second call was 100,000€ and the 3 projects totaled just under this amount. The forecast expenditure if these projects were agreed would leave circa 45,000€ for a final call for proposals (total budget for EuFMD-FAR of 285,000€, for use in period Sept 2013-Sept 2015).

Conclusion:

The proposed projects were agreed and the STC/Secretariat congratulated on the clarity of the review document.

EC program workplan and budget

KS presented the tables indicating the budget situation for the EC programme. Within this programme, each of the Component Managers is expected to manage within the budgets agreed in October 2013 and this was the case to date. He brought attention to the need on one Component (3.2), PCP support to OIE/FAO, where the demand for input from the GfTADS working group had been higher than originally forecast. This component had the lowest initial budget of any component (48,600€) , but now with the clear evidence of demand, he proposed that an increase was required (of 16,500€) mainly in the inputs of time of consultants.

In terms of cash balance, there is a need to issue a call for funds to replenish the Trust Fund, as > 70% of funds have been spent that were in the initial funding of Phase III. This initial funding was comprised of the estimated final balance of Phase II of the EC agreement. He brought the good news that after final closure of Phase II, there was around 300,000€ higher than estimated. The Final Financial reports for Phase II will be provided to EC together with the Call for Funds, by the end of August 2014.

Personnel/ Administrative issues

P3 Animal Health Officer

The Secretary explained the position of the P3 Officer, Caroline Dubé, who had been recruited by competitive selection and entered into duty on 2nd June 2014 but indicated after two weeks that she could not move to Rome full time. The Committee agreed that it is essential to have a deputy to the Secretary to assist management of the programme who is based in Rome, and agreed that as an interim measure until the General Session of April 2015, to allocate the funds for the P3 between a consultant to be based in Rome and consultant to manage the specific work programme of Component 1.2 on modelling and contingency planning. The recommendation of Fabrizio Rosso for the position in Rome was accepted. He had shown himself to be capable of the work through managing the Thrace Component and REMESA work component, two areas of major importance at the moment and where his experience and good relations with the VS involved are very valuable.

Chairman of the Standing Technical Committee (retirement of David Paton from 11th July):

Professor Paton had written to Ulrich Herzog indicating his withdrawal from the position of Chairman of the STC; his work over the past 3 years, and before as Head of the WRL and Head of Science at Pirbright, had provided a great deal of support to EuFMD Executive and Secretariat and to international FMD Control. Ulrich had replied with a letter of appreciation.

His potential replacement was discussed and it was agreed that

- no action would be taken ahead of the General Session and elections in 2015, but this would be reviewed at the next Executive. It was hoped that Professor Paton might provide a keynote address to the Open Session in October 2015, and the Secretary would approach him with this proposal, and also identify nearer that date if he would accept to Chair the STC part of the Open Session.
- That if STC meetings required a virologist with international FMD surveillance experience in the interim, Stephan Zientara from ANSES (and SCRPD) would be a suitable expert.

The Meeting concluded with the Chairman thanking the Secretariat and participants, and concluded at 1330.

Other documents provided:

- EuFMD Training Programme Newsletter
- Table of Upcoming webinars, missions and meetings
- Summary of the teleconference of the STC
- Information on the Open Session, Croatia

Agenda,

Proposed Items

- 1. REMESA Program (Tunisia situation)**
 - Issues. Technical support from EuFMD to follow-up to the joint OIE/EuFMD mission recommendations; Tunisian request for vaccine.
- 2. Turkey /Thrace Region**
 - Issues. Quality of the autumn vaccination program in Thrace; commitment and technical support questions, under EuFMD workplan 2.1 (Anatolia&Thrace)
- 3. Cooperation with Kazakhstan / Russia**

- Policy questions. Follow up to training in Turkey provided to Kazakhstan (US funded), and mission (Sumption/Grigorian) to Russian Federation (30th June-3rd July).
4. **Modelling and decision support Workplan** : proposed workplan up to 2015 General Session.
- Proposal is to strengthen this area making it a distinct workplan (not only training), more networking with MS for better contingency planning/simulation exercises, and better use of decision support (modelling and economics).
 - Links to Personnel Item . Proposal discussed and in principle approved in April (ExCom). No budget implication for EC program.
5. **EuFMD-FAR - recommendations for support.**
6. **EC program workplan and budget.**
- Decision needed on budget adjustment. REMESA (2.3) and Turkey (1.3 and 2.1) , and PCP support to OIE/FAO (3.2) areas where high demand and increase requested.
 - Personnel/ Administrative issues**
 - P3 Officer, Caroline Dubé.
 - Chairman of the Standing Technical Committee (retirement of David Paton from 11th July).
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Appendix 9

MEMORANDUM OF UNDERSTANDING between THE FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS and FEDERAL GOVERNMENTAL BUDGETARY INSTITUTION “FEDERAL CENTRE FOR ANIMAL HEALTH” (FGBI “ARRIAH”) OF THE RUSSIAN FEDERATION

PREAMBLE

The Food and Agriculture Organisation of the United Nations (hereinafter “FAO”) and the Federal Governmental Budgetary Institution “Federal Centre for Animal Health” of the Russian Federation (hereafter FGBI “ARRIAH”) hereafter jointly referred to as “Parties” and separately as a “Party”,

CONSIDERING that FAO, with funding and technical expertise provided by the European Commission for the Control of Foot and Mouth Disease (EuFMD, an Article XIV Body of the FAO), has considerable expertise in foot-and-mouth disease (FMD) surveillance, diagnosis, epidemiology and control on the territory West Eurasia region;

CONSIDERING that the FGBI “ARRIAH” was assigned by the World Organization for Animal Health (hereafter the OIE) the status of the “OIE Regional Reference Laboratory for Foot-and-Mouth Disease” (1995) and status of the “OIE Collaborating Centre for Diagnosis and Control of Animal Diseases in Eastern Europe, Central Asia and Transcaucasia” (1997);

CONSIDERING that the FGBI “ARRIAH” has considerable expertise in surveillance, clinical and laboratory diagnosis of FMD, and additionally in investigation of FMD outbreaks in different contexts and situations on the territory of Russian Federation and on the territory of other countries of West Eurasia region;

CONSIDERING that components 1.1, 1.2 (“Real Time Training- Contingency Plans and Decision Support Training”), 11.7 (“Proficiency Test Services”), 2.1 (“South-East Europe: Turkey, Georgia and Neighbours”) and 3.2 (“Support to the Progressive Control Pathway”) of the EuFMD Work Programme were endorsed by the EuFMD Executive Committee at their 86th Session in October 2013;

CONSIDERING that FAO (with technical co-ordination provided by EuFMD) and FGBI “ARRIAH” have worked together in different contexts ranging from laboratory surveillance and diagnosis to FMD crisis management and experimental studies on FMD epidemiology in Russian Federation and other countries of West Eurasia region over the past three years;

HEREBY AGREE as follows:

Article 1, Purpose of the Collaboration

The purpose of this Memorandum of Understanding is to allow FGBI “ARRIAH” and FAO to work together and cooperate to improve the surveillance and control of FMD in Russian Federation and the greater West Eurasia region, and provide a foundation to facilitate in depth analysis of the expected impact of FMD prevention and control options, in the context of specific projects and activities agreed by both Parties. The purpose of current Memorandum is the scientific cooperation between the FGBI “ARRIAH” and FAO, including joint elaboration and implementation of projects in reference to subject matters on the territory of Russian Federation and West Eurasia region. For the purpose of cooperation within the framework of current Memorandum participants can conclude separate agreements regulating issues in reference to subject matters, forms and financial arrangements of joint research studies and procedures for operation of scientific and production facilities of common use.

Article 2, Areas of Cooperation

- (1) The specific areas of co-operation are defined by common agreement between the Parties in the Plan of Action attached to this Memorandum of Understanding.
- (2) The cooperation is initially intended to focus on the following technical areas:
 - i) Monitoring the implementation and impact of FMD control measures applied on territories of Russian Federation and West Eurasia region.
 - ii) Elaboration and implementation of projects on prevention, surveillance and control of FMD on territories of Russian Federation and West Eurasia region.
 - iii) Creation of enabling environment for consistent monitoring and early warning of increased FMD risk on territories of Russian Federation and West Eurasia region.
 - iv) Building capacities and capabilities for improved surveillance, early detection and rapid response to FMD risk on territories of Russian Federation and West Eurasia region.
 - v) Developing West Eurasia FMD Laboratory Network (WelNet) by means of networking FMD laboratories in Russian Federation and West Eurasia region for improved diagnosis and identification of causative agent of FMD.
 - vi) Supporting West Eurasia FMD Epidemiological Network (WEpiNet) through joint activities in areas of common interest, including epidemic modelling, the role of wildlife in FMD transmission and other topics of mutual concern.
 - vii) Provision of technical assistance for better prevention and control of FMD and promote exchange of information on FMD emergencies between Russian Federation and West Eurasia region.
 - viii) Collaboration in response to FMD threat on territories of Russian Federation and West Eurasia region including risk assessment, transportation of samples, vaccine matching and vaccine production.
 - ix) Preparation of thematic materials and organization of training courses (real-time and e-learning), workshops, seminars and webinars for specialists of Russian Federation and West Eurasia region.
 - x) Support the implementation of Global FMD Control Strategy by means of promotion of Progressive Control Pathway for FMD (PCP-FMD) and fostering implementation of PCP-FMD principles on the territory West Eurasia region.

Article 3, Financial implications

- (1) Any activities under this Memorandum of Understanding shall be subject to the availability of funding.

Article 4, Intellectual Property Rights

- (1) Intellectual property rights, in particular copyright of material such as information, software and designs made available by the Parties to be used to carry out the activities under this Memorandum of Understanding shall remain with the originating Party.
- (2) Copyright of the information, as well as rights to any other intellectual property developed jointly by the Parties under the framework of this Memorandum of Understanding, shall be jointly vested in both Parties. Each Party concerned shall have full rights to exploit such jointly-owned rights for non-commercial purposes.

Article 5, Use of logos and names

- (1) The Parties agree not to use in any press release, memo, report or other published disclosure related to this Memorandum of Understanding the others Parties' names or logos without prior written consent of the Party concerned.

Article 6, Confidentiality

- (1) Neither Party shall communicate to any other person or entity any confidential information made known to it by the other Party in the course of the implementation of this Memorandum of Understanding nor shall such Party use this information to private or company advantage.
- (2) This provision shall survive the termination of this Memorandum of Understanding.

Article 6, Applicable Law

- (1) The present Memorandum of Understanding and any document or arrangement relating thereto shall be governed by general principles of law, to the exclusion of any single national system of law.

Article 7, Privileges and Immunities

- (1) *Nothing in this Memorandum of Understanding or in any document or arrangement relating thereto shall be construed as constituting a waiver of FAO privileges or immunities, nor as conferring any privileges or immunities of FAO to the other Party or to its personnel.*

Article 8, Settlement of Disputes

- (1) Any dispute between the Parties, concerning the interpretation and the execution of this Memorandum of Understanding, or any document or arrangement relating thereto, shall be settled by negotiation between the concerned Parties. Any differences that may not be so settled shall be brought to the attention of the Executive Heads of the Parties concerned for final resolution.

Article 9, Amendments

- (1) *This Memorandum of Understanding may be amended by written mutual consent. Each Party will give sympathetic consideration to any amendment proposed by the other Party. Such amendments shall enter into force one month following notifications of consent by Parties.*

Article 10, Entry into force and duration

- (1) This Memorandum of Understanding is effective upon its signature by all Parties. If the signing occurs on different dates, this Memorandum of Understanding will take effect on the date of the last signature. This Memorandum of Understanding shall remain in force until April 30th, 2017.
- (2) It may be renewable by written agreement of the Parties, subject to the subsequent approval of a new Work Programme.

Article 11, Termination

- (1) Any Party may withdraw from this Memorandum of Understanding upon three months written notice given to that effect to the other Party.
- (2) In the event of early termination agreed upon by the Parties, they will agree on measures required for the orderly conclusion of ongoing activities.

IN WITNESS WHEREOF, the duly authorized representatives of the Parties affix their signature below:

For the Food and Agriculture Organization of the United Nations

Signed:

For the Federal Governmental Budgetary Institution “Federal Centre for Animal Health” (FGBI “ARRIAH”)

Signed:

Technical Annex: Scientific and technical cooperation

- i) Monitoring the implementation and impact of FMD control measures applied on territories of Russian Federation and West Eurasia region.
- ii) Elaboration and implementation of projects on prevention, surveillance and control of FMD on territories of Russian Federation and West Eurasia region.
- iii) Creation of enabling environment for consistent monitoring and early warning of increased FMD risk on territories of Russian Federation and West Eurasia region.
- iv) Building capacities and capabilities for improved surveillance, early detection and rapid response to FMD risk on territories of Russian Federation and West Eurasia region.
- v) Developing West Eurasia FMD Laboratory Network (WelNet) by means of networking FMD laboratories in Russian Federation and West Eurasia region for improved diagnosis and identification of causative agent of FMD.
- vi) Supporting West Eurasia FMD Epidemiological Network (WEpiNet) through joint activities in areas of common interest, including epidemic modelling, the role of wildlife in FMD transmission and other topics of mutual concern.
- vii) Provision of technical assistance for better prevention and control of FMD and promote exchange of information on FMD emergencies between Russian Federation and West Eurasia region.
- viii) Collaboration in response to FMD threat on territories of Russian Federation and West Eurasia region including risk assessment, transportation of samples, vaccine matching and vaccine production.
- ix) Preparation of thematic materials and organization of training courses (real-time and e-learning), workshops, seminars and webinars for specialists of Russian Federation and West Eurasia region.
- x) Support the implementation of Global FMD Control Strategy by means of promotion of Progressive Control Pathway for FMD (PCP-FMD) and fostering implementation of PCP-FMD principles on the territory West Eurasia region.

FAO agrees to:

1. Provide invitations to FGI-ARRIAH to participate in activities organized by EuFMD under the umbrella of its support to West Eurasia (Component 2.1 of the Workplan), including but not limited to :
 - a. The seminars, webinars and workshops of the West Eurasia Laboratory Network (WELNET).
 - b. The seminars, webinars and workshops of the West Eurasia Epidemiology Network (WEpiNET).
2. Provide invitations to FGI-ARRIAH to participate in the annual Sessions of the EuFMD Scientific Committee (SCRPD), with the understanding that FGI-ARRIAH experts cover the costs of their own participation, and to develop and promote, under the framework of the SCRPD, collaborative programmes in epidemic modelling, the role of wildlife in FMD transmission and other topics of mutual interest.
3. Promote the full participation of FGI-ARRIAH in the GF-TADS West Eurasia Roadmap Monitoring meetings, as a reference centre specializing in FMD for countries which are participating in the West Eurasia Roadmap.
4. Provide expertise to elaborate projects on prevention, surveillance and control of FMD on territories of Russian Federation and West Eurasia region, starting with TransCaucasian Countries in October 2014.
5. Provide a Monthly Global FMD Surveillance Report (in English), to assist the Russian Federation to monitor the FMD risk situation in the regions of concern.

6. Assist the FGI-ARRIAH to obtain virus isolates and samples from countries or other reference centres, for the purposes of vaccine matching and development of new vaccines to better manage the epidemic risks. It should be recognized that the funds for shipment would be found from the EuFMD Component 3.3, and are limited to around USD 10 000 per annum in 2014-2015. *In case the above mentioned limit is exceeded the shipments can be financed by the FGBI "FRRIAH".*
7. Elaborate a set ("Menu") of training courses in the Russian language that would be delivered according to funding and demand from the EuFMD member states, FAO or OIE offices, with the full Menu developed by April 2015, and delivery according to funding and urgency.
8. For the training courses, if delivered under the joint programme with FGI-ARRIAH experts, FAO specifically will:
 - a. Be responsible for overall training quality and decisions upon teaching methods, and evaluation.
 - b. Provide at least one international trainers for each course who will be an internationally recognised FMD expert(s).
 - c. Provide training materials and training reports to FGI-ARRIAH .
9. Assist in elaboration of scientific proposals for improved surveillance and management of FMD in wildlife, and to share results of studies in wildlife conducted under the EuFMD-Fund for Applied Research (EuFMD-FAR).
10. Develop the capacity of the FGI-ARRIAH to assist the EuFMD, FAO and OIE activities in the region to promote the Progressive Control Pathway for FMD (PCP-FMD), in particular to assist countries to develop risk based control programmes for the control of the disease and the control of virus circulation, with the aim of ensuring greater application of the PCP in national strategic planning in West Eurasia, and to build capacity for appropriate monitoring and evaluation of FMD control programmes in line with PCP norms.
11. Open the possibility of long term (minimum six months) secondments to work with FAO/EuFMD in the Framework of this MOU, to build the necessary capacity to implement agreed activities.
Assist communication by maintaining a Russian language speaker as Focal Point for Co-operation with FGI-ARRIAH in the EuFMD team.

FGI-ARRIAH agrees to:

1. Provide a Focal Point for Co-operation with EuFMD-FAO, to assist communication, planning and reporting.
2. Provide a Communications Focal Point proficient in English (or French) language to assist communications and the planning and logistical arrangement for joint activities.
3. Provide a response by the 10th of every month to the request for information from FMD Reference Centres on the activities of the Reference Centre on FMD surveillance, by response to questions in the standard EuFMD survey form.
4. Provide regular data on the application of FMD vaccination in the Russian Federation that will assist to develop a common information system on vaccination programmes in Russian Federation and neighboring southern territories.
5. Promote the development of a common vaccination programme information system covering territories in Transcaucasia and West Eurasia, using the West Eurasia FMD database (an FAO-EMPRESi database), or a successor system agreed between the parties.



The EuFMD

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

The EuFMD and its importance to the FAO Review of the FAO Statutory Bodies 2014 - EuFMD's 60th anniversary



Food and Agriculture
Organization of the
United Nations



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

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Acronyms

CMC: Crisis Management Centre

DG-SANCO: Directorate-General for Health and Consumers

EuFMD: European Commission for the Control of foot-and-mouth disease

FAO: Food and Agriculture Organization

FMD: Foot-and-Mouth Disease

MS: Member States

OIE: World Organisation for Animal Health

OECD: The Organisation for Economic Co-operation and Development

PCP: Progressive Control Pathway

RTT: Real Time training

SCRPD: Special Commission for Research and Programme Development

STP: Short Term Professional

The EuFMD (European Commission for the Control of Foot-and-Mouth Disease) and its importance to the FAO

Paper submitted to the review of the of FAO Statutory Bodies

(This paper uses the major headings of the paper on “criteria for the review of statutory bodies”)

Centrality to the FAO mandate (Resolution 13/97)

The [European Commission for the Control of Foot-and-Mouth Disease](#) (EuFMD), through the technical expertise in its Secretariat and team of 10 in FAO Headquarters provides a significant contribution to the overall FAO effort against this extremely important transboundary animal disease. Foot-and-Mouth Disease (FMD) has global significance as a non-tariff trade barrier as well as for national food security. The current advanced state of FMD control in Europe, maintained through continual vigilance and co-operation between member states, the EC and EuFMD, has significantly contributed to the FAO global goal of sustainable management of natural resources through more efficient livestock production. The EuFMD now undertakes an important part of **Strategic Objectives SO2** and **SO5** activities in the area of circa 55 countries in the wider European neighborhood. It provides a mechanism for Governance and synergy with other institutions through involving Member States (MS) in Executive Committee decision making and the EU, FAO and the World Animal Health Organization (OIE) to the same table. Its **technical quality, knowledge and services** to MS and the EC institutions are renowned and contribute positively to **FAO Objective 6** – and to its image in European Union institutions. These services are also increasingly requested by OECD countries, some of which have made substantial additional voluntary contribution for services from the EuFMD, such as Australia. Six of the seven Core Functions of FAO are demonstrable in the [Work Program](#) of the EuFMD Secretariat, from development of norms ([biosecurity standards](#)) to dissemination of knowledge, technologies and good practices in disease management.

The **Four-Year EuFMD Strategic Plan** (2013-17) has three priorities (Three Pillars), being:



Pillar 1: Improve preparedness of the member states for an FMD crisis (Focus: 38 member states).

Pillar 2: Reduce risk of FMD from the European neighborhood (Focus: assistance to the neighborhood countries, around the Mediterranean from North Africa to CIS).

Pillar 3: Support the Global Strategy of the FAO/OIE (Focus: support FAO to improve uptake of the Progressive Control Pathway for FMD in the 100 countries not free of disease).

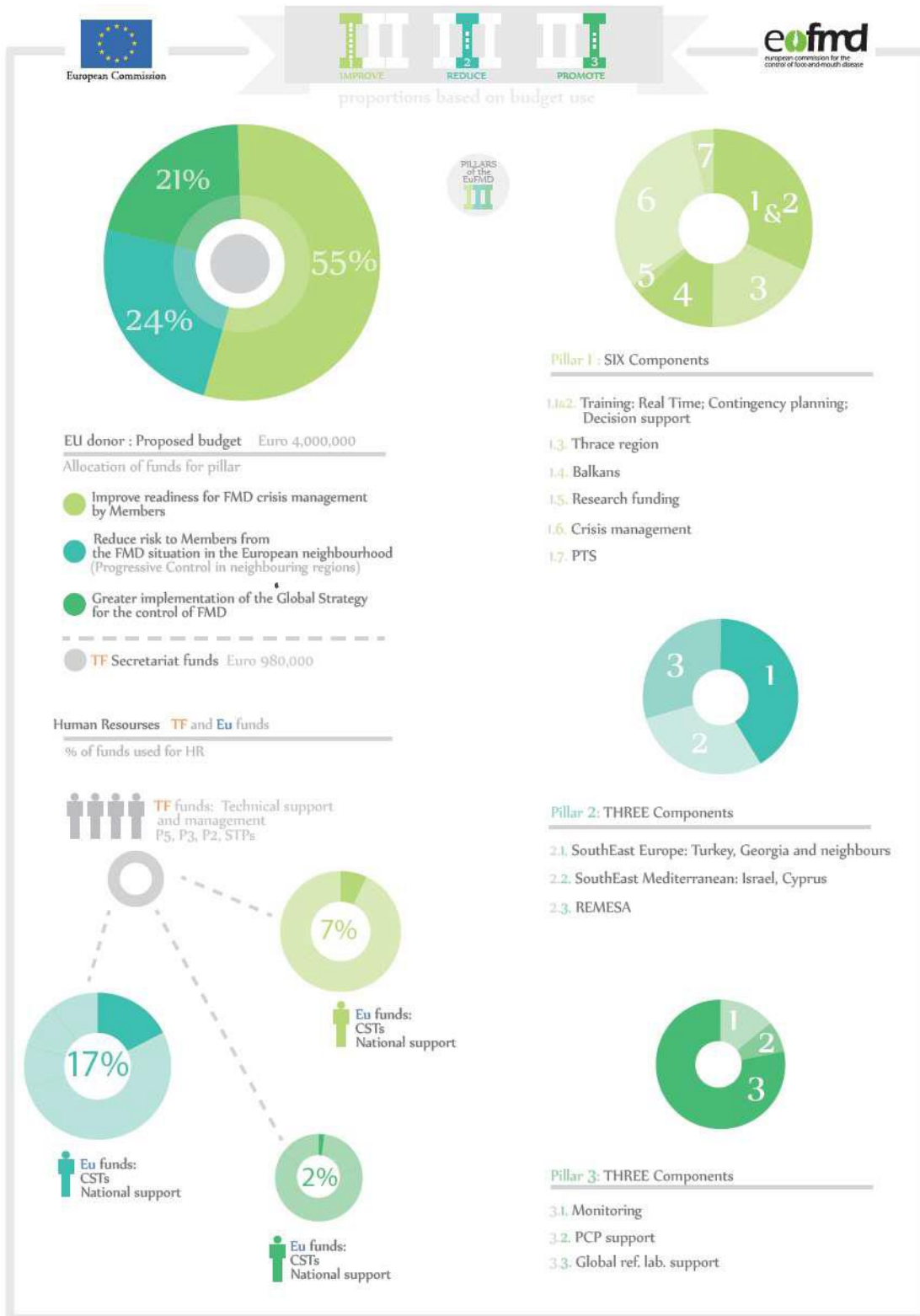
The infographic below illustrates the balance of effort between the three Pillars: current funding from all sources is circa three million USD per annum for the programme.

Pillar 1 activities include training activities, both in the field and online, research, crisis and emergency management for the Member States.

Pillar 2 activities bring the EuFMD into working relation with the FAO decentralized offices, principally in Ankara (FAO-SEC), Cairo (RNE) and Tunis (North Africa).

Pillar 3 activities support FAO Global Strategy and provide technical support to the FAO HQ team at strategic level and decentralized offices in Africa and Asia to better assist their regional priority countries to utilize the global tools (PCP-FMD) developed by EuFMD and now accepted as Global Tools for policy development, measuring progress (indicators) and for regional long term planning (Roadmap).

The EuFMD at a Glance: The Three Pillars of the Current Strategic Plan, allocation of the human and financial resources (2013-15)



Background

The EuFMD was established in [1954](#) to create an intergovernmental mechanism for coordinating actions to control the disease which was endemic in Europe and affected, each year, almost all European countries, causing catastrophic losses affecting food security in a Europe still rebuilding its livestock production. The future of the Commission was reconsidered when, in 1990, the decision to stop vaccination across Europe was taken. *Was a Commission to co-ordinate measures still needed?* The Member States decided it was and events since then have shown how vulnerable Europe remains to incursions and the great benefit of having the Commission work as part of a wider European animal health safety effort. The latter was initially seen mainly (by donors) as an emergency response mechanism in FMD crises but was increasingly funded as a specialist body, able to undertake preventive actions in the European neighborhood to promote improved planning of prevention and control in those neighborhood countries which remain endemic for FMD, at this point, from Kazakhstan to Mauritania. The membership and governance of European countries ensures a high profile for FAO and EuFMD in European veterinary services and in the EC in Brussels. This creates a substantial and positive image for FAO in a region where FAO is not perceived as being active in animal health matters directly affecting European countries.

Currently

The EuFMD has developed a workplan based on **Three Strategic Objectives** or Pillars and **12 Components**. *Annex 1: Overview of the Workplan*

1. To **Improve** readiness for FMD crisis management by Members;
2. To **Reduce** risk to Members from the FMD situation in the European neighbourhood (Progressive Control in neighbouring regions);
3. To **Promote** the global strategy of progressive control of FMD.
The operational objective of maintaining a mechanism for emergency response to an FMD crisis in the European neighbourhood will underpin the first two objectives, and has a Budget for Emergency Response under Component 1.6 of the Action.

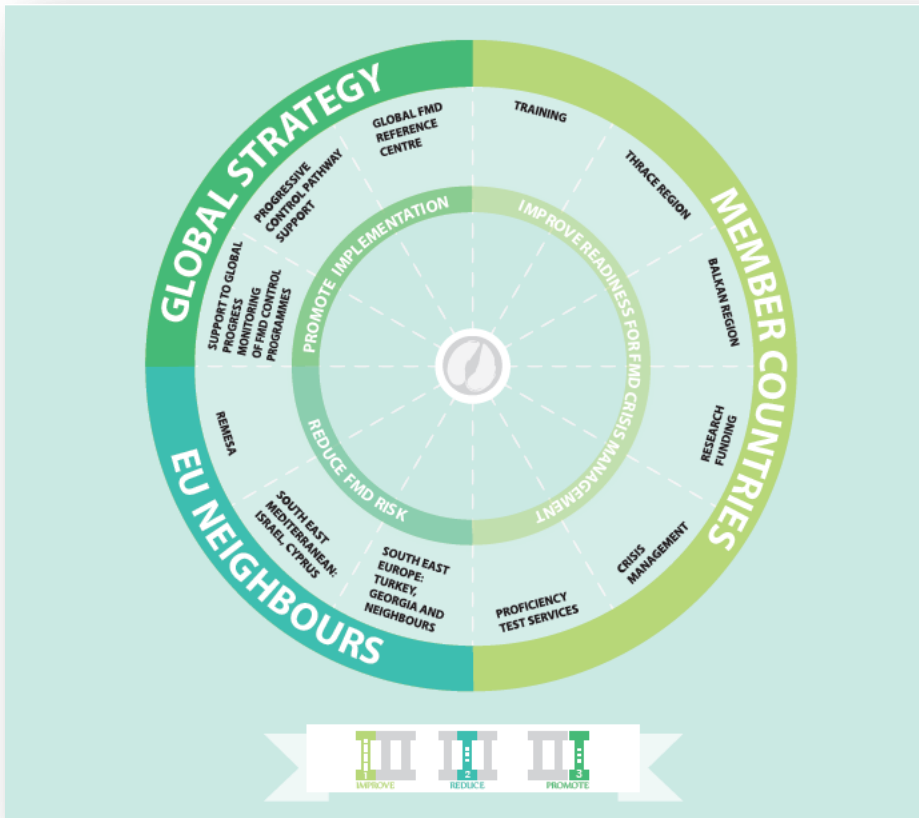


Fig.1 The EuFMD: 3 Pillars and 12 Components

Expressed interest and priorities by FAO membership (Regional Commission - Technical Committees – Council - Conference reports)

The mandate of the Commission, as given by its Constitution, is an important part of the FAO actions on the 2012 **FAO European Regional Conference Priority #4** -"Control of animal disease, plant pests and food safety hazards" ¹, and also contributes to reducing barriers to entry to regional trade (through the **1m€** program for neighbourhood countries), and to scientific innovation relevant to policy (through the EuFMD Research Fund).

ERC Regional Priority #4 maps to SO2, SO4 and SO5 (ERC/14/7/Rev1, paper to the 29th Conference, April 2014, <http://www.fao.org/docrep/meeting/030/mj686e.pdf>).

FAO Member States express their interests quite actively in defining the EuFMD workplan, through the eight members of the EuFMD Executive Committee which guides the **two million €** per year work programme financed by the EC.

¹ ERC/14/7/Rev1, On Regional Priorities to the FAO European Regional Conference, April 2014.

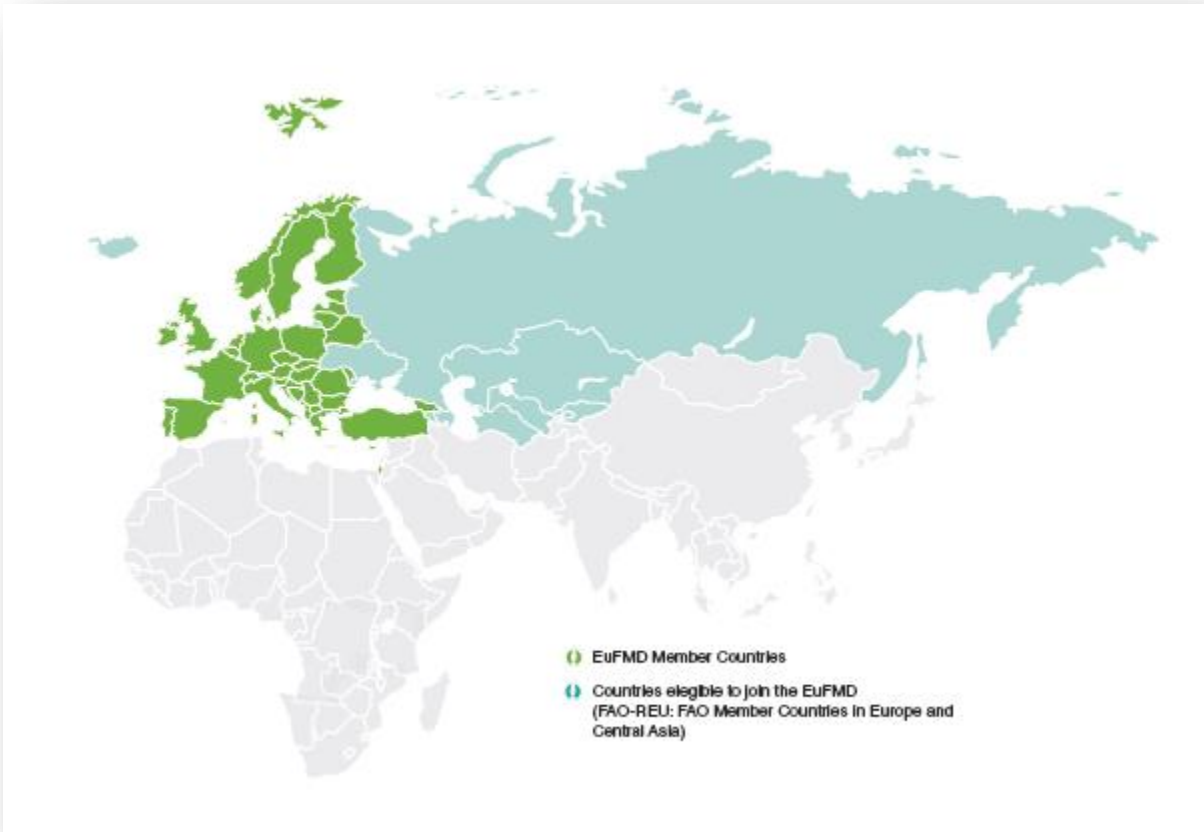


Fig.2 Member countries of the EuFMD (2014)

Direct and continued relevance of the work to be accomplished for the achievement of FAO Strategic Objectives

SO2

SO5

Through its Standard Setting mechanism (Biorisk management standards), Governance and support to MS to implement standards the EuFMD contributes to **SO2** (*Increase and improve provision of goods and services*). The traditional role of EuFMD in emergency management is now balanced with proactive prevention activities through its pioneering of the [Progressive Control Pathway for FMD](#) (PCP-FMD), now taken up by FAO and OIE for Global application. This pathway assists countries to develop sustainable, risk based strategic plans for FMD management which have a five-year horizon and which promote national

adoption and international comparison (regional/global application of milestones and indicators), all in line with FAO **SO5**. As the EuFMD has a credit line of some 1 m€ in its Trust Fund (agreements with EC for emergency activities) it can contribute to emergency/crisis response and works with the [Crisis Management Centre](#) (CMC) in FAO if such crises occur, as part of the SO5 activities. However, it must be said that FAO SO co-ordination (Central and Divisional Level) little involves non-Regular Programme (RP) staff – such as the EuFMD Secretariat, and needs to be improved, if the value of our contribution is to be reflected and known by FAO SO Coordinators and shown in the SO indicators.

Political considerations: advantages and risks for FAO

The EuFMD has a significant political advantage to FAO, since it undertakes a program of work with the 28 EU-MS, which are significant donors to FAO programme and which influence the decisions of the EC on its wider funding of animal health actions involving FAO or other bodies outside of FAO. As frequently stated by the EuFMD MS, the EuFMD Commission provides a Governance mechanism which is missing from other FAO animal health activities - and is thus the only mechanism by which their voice is heard in FAO (since COAG or Regional Conferences do not directly address animal concerns or take executive decisions on actions). A lack of FAO internal support to EuFMD carries political risk that FAO, rather than EuFMD, will be seen to neglect its European members, or fail in its administrative competence to host the EuFMD Secretariat.

Extent to which the activities of the body in question can be performed by other bodies of FAO or outside FAO or by the Members, to avoid overlap

The majority of the work programme is funded by the EU through the EC and it could be decided that some of the current EuFMD services such as delivering national technical assistance, Governance processes, could be directly managed from Brussels. However, since EuFMD has nine non-EU members, it provides a mechanism, for delivery – and Governance –that is wider than the EU and this in itself is a strength and value that the EU recognizes. Other bodies, such as the OIE, undertake standard setting and currently do not offer the **demand driven, tailored support** to MS that has become a feature of EuFMD work programming. It is very unlikely that the efficiency of this delivery process could be matched by other FAO units since the MS contribute both the cost of the Secretariat and additional staff time (secondments) so that the

Key words

Resilience ;
Crisis
Management;
Policy
Development;
Transboundary
animal disease;
Strategic
Planning by
Member States;
European
neighbourhood;
FAO; OIE;
Synergy; West
Eurasia ;
Innovative
Training; Biorisk
management
Standards;
Incursions;
Three Pillars;
Components

The *three* Pillars of our
Strategy to reduce the
risk and impact of FMD
to our Member States



extra-budgetary resources are efficiently delivered as in country actions without professional technical posts charged to the donors.

Creation of synergy with the work of other bodies either under the framework of the Organization or outside the Organization

Synergy: the EuFMD programme is funded from the **Veterinary Emergency Fund of the EC** and thus is considered part of the coordinated European system for prevention and response to FMD, under the animal health strategy of [DG-SANCO](#). The synergy between EuFMD and EU institutions is thus seen as a major advantage. The ability of EuFMD to utilize FAO processes and regional offices for delivery is seen as positive. The EuFMD workplan is developed on a two-yearly basis, negotiated with SANCO, FAO and the [World Animal Health Organization](#) (OIE) involved through the Executive Committee and mechanism of the Global Framework for Transboundary Animal Disease control (GF-TADS), to ensure the plan is consistent with FAO regional priorities and those of the OIE, avoiding duplication and ensuring support to FAO's wider objectives. There is strong agreement as the role of EuFMD as an indispensable unit for rapid response as well as assistance to countries to improve their risk management policy (prevention) and preparedness (resilience). The EuFMD has provided (from 2008 to 2013) the Secretariat of the [West Eurasia Roadmap for FMD management](#), and strongly supported FAO Regional Initiative on Agrarian Structures where FMD status of countries is a major barrier to free movement of animals and products within Europe and between non-EU countries. Increasingly, (from April 2014) it has been asked to advise eastern European countries on process of achieving higher health status for trade between CIS countries.

Further synergy in planning may be achieved by a Memorandum of Understanding (MOU) or other form of agreement with the OIE, outside the Organization. There is a good potential for the EuFMD expertise to contribute more to the global effort of FAO, currently constrained on one side by lack of decentralization of FAO animal health officers to regional levels (thus EuFMD can work through, with and supportively to FAO regional offices).

Ability of FAO to operate effectively the body

The Commission is completely self-sufficient financially, funded by contributions of the MS to provide the Secretariat and by the EC (DG-SANCO) for 90% of the programme funds of 2m€ per annum. In 2013-14, Member States and non-member states (Australia, New Zealand) also commissioned additional activities ([training development](#), [e-learning courses](#)) of mutual benefit to European and non-European MS of FAO. The unique role of EuFMD within Europe is recognized by the EC and by member states, and increasingly, by MS in other FAO regions, the evidence being the requests to EuFMD to provide training and expertise to these FAO and to FAO regional and country programmes.

That the EuFMD can operate effectively within FAO is only in doubt relating to the limited centralized services now provided by Corporate Services Department. With few exceptions, reductions in staffing in CS have resulted in higher workload for Financial Reporting, direct Donor Liaison, Recruitment and other functions. A severe difficulty to recruit General Service Staff has had a very negative effect on a Commission with 1-2 GS staff. This has resulted in some political embarrassment to FAO, since the impression created is that the functions and services of Article XIV bodies are not a priority for FAO.

Impact of the EuFMD – mechanisms for review

The achievements of the EuFMD are reviewed every two years by the MS at the [General Session](#), last held in April 2013 ([40th General session of the EuFMD](#)). One measure of achievement is that the EuFMD was able to renegotiate its agreement with the EC and maintained its funding (**2m€ per annum**, 2013-2015) despite reductions/cuts by the EC in its funding of other programmes in animal health - the protection offered to the EuFMD budget relates to the impact of the work, the good perceptions and lobbying by member states in Brussels, in addition to the solution to questions of synergy and function (with FAO, OIE and relating to GF-TADS framework in Europe).

In terms of the impact, the current work programme (2013-2015) is organized as [12 Workplan Components](#), each of which are designed to be **result oriented** (each have 3-5 outcomes). Each Component has a manager, and each Component and each individual outcome have an assigned budget. The workplan has **six components** relating to **direct assistance** to 38 member states, **three components** in the **European neighbourhood** programme, and **three components** relating to **support** to underpin the FAO/OIE Global Strategy. This programme has been operating since October 2013 and it is too early to evaluate the impact, but the new balance between national, regional and global has been well received by all parties.

Contribution to the Reviewed Strategic Framework, including the Strategic Objectives Result Framework

The **EuFMD Newsletter** detailing the activities by Component is available as **Annex 2** and online [Components Newsletter](#). Each Component has a component manager, progress indicators, major issues, significant plans and significant partnerships. The progress made in each component is a clear indication of the impact of activities on the beneficiaries.

A summary of the **activities planned** for 2013 and 2014 include (actions by Pillars – please see **Annex 3** Strategic Plan, presented at the 40th General Session of the EuFMD in April 2013, and [online](#)):

- ❖ **Pillar 1:** six actions identified as priorities by the Executive Committee under Pillar 1. Four of these actions have a training component. Furthermore, some of the training may also be relevant to Pillar 2 “neighbourhood” countries and therefore a “menu” of training activities was

developed based on a questionnaire survey conducted after the 40th General Session of the EuFMD, as a first step. The use of [online training](#) to enhance the field training is being explored and is likely to open a new opportunity for ensuring participants can receive pre- and post-course exercise. Pillar 1 also involves the THRACE initiative, aimed at maintaining confidence in FMD freedom through risk based surveillance.

- ❖ **Pillar 2:** there are three major sub-regional components and a component of surveillance in support. They all have the overall aim of reducing the FMD risk to European Member States through progressive control in the neighbourhood countries. 1. South-East Europe (West Eurasia); 2. South-East Mediterranean; 3. North Africa (REMESA); 4. Support to surveillance.
- ❖ **Pillar 3:** support to FAO FMD Unit in collating information for review of progress of regional programmes on FMD control. Technical support to develop the EuFMD/OIE/FAO FMD Progressive Control Pathway ([PCP](#)); Support the global system for improved FMD reference lab services (World Reference Laboratory).

The meetings organized and supported by the EuFMD also include the West Eurasia Roadmap meetings, Starting from the first Roadmap meeting in 2008 in [Shiraz](#) where the PCP concept was first developed, up to [Istanbul](#) 2012, [Baku](#) 2013, and finally [Astana](#), 2014.

Reports from EuFMD other meetings are listed in the **Annex 4** and available [online](#).

In response to a request for further information on FMD status, the EuFMD Commission currently maintains a database on FMD occurrence compiled from officially notified information to FAO, OIE and other sources, such as the FAO/OIE World Reference Laboratory for FMD. The database information is used to compile an [FMD Situation Overview](#) for presentation to the Sessions of the Commission which occur at approximately six-month intervals. These FMD Situation Overviews are published online following each Session. The emphasis in the Overviews is on the FMD situation in regions of the world which constitute a recognized higher level of risk because of geographical proximity to EuFMD members, such as the near-east. A Review of the recent molecular and antigenic characterization of virus isolates is usually presented in the Session Reports, following the Overviews.

The EuFMD Commission also publishes online a [monthly report on the FMD Disease situation](#), based on information sources which include databases such as EMPRES-AH/GLEWS, EMPRES-i, OIE WAHID, WRLFMD. The other sources used are the FAO/EuFMD supported FMD networks (EARLN-FMD Eastern Africa, RESOLAB-FMD West Africa), FAO/EuFMD projects and field officers and the Crisis Management Centre-Animal Health (CMC-AH). The report is peer reviewed before final publishing, by focal points of the FAO Reference Centers for FMD (including Centers in process of recognition) and OIE Reference laboratories for FMD. Comments are received and integrated before the report is made widely available [online](#). The July 2014 report is available as **Annex 5**.

[New MS](#) have joined the Commission, including Estonia (2010) and Georgia (2013) and countries such as Armenia, Azerbaijan, Moldova and Russia are keen to join and have requested the relevant information such as the constitution and instrument of acceptance.

Our MS have sent over **300 trainees** to the [Real Time Training courses](#) in Kenya (18 courses since 2010), and Turkey (9 courses). These unique courses allow participants to carry out clinical and epidemiological investigations of suspect FMD cases in “Real Time”. The EuFMD usually holds English language courses, but has responded to MS requests and provided two real time training courses in French and one in Russian. EuFMD also holds Real Time Training courses in Nepal for partners in Australian and New Zealand, with the additional organization capacity provided by the funding for these courses contributing to the training programme for MS. The MOUs signed with hosting countries also state that the courses will include local participants and improve FMD control capacity in the country.



Fig.3 Real Time course in Kenya



[Emergency preparation courses](#) for FMD (FEP-C) have also been implemented over the past year thanks to an online training system, reaching over 150 people in the 2013-2014 pilot phase. This is an online-only course which is designed to give veterinarians the knowledge they need to carry out a clinical and epidemiological investigation of a suspect case of foot and mouth disease. It allows the rapid, remote training of a large cohort of veterinarians.

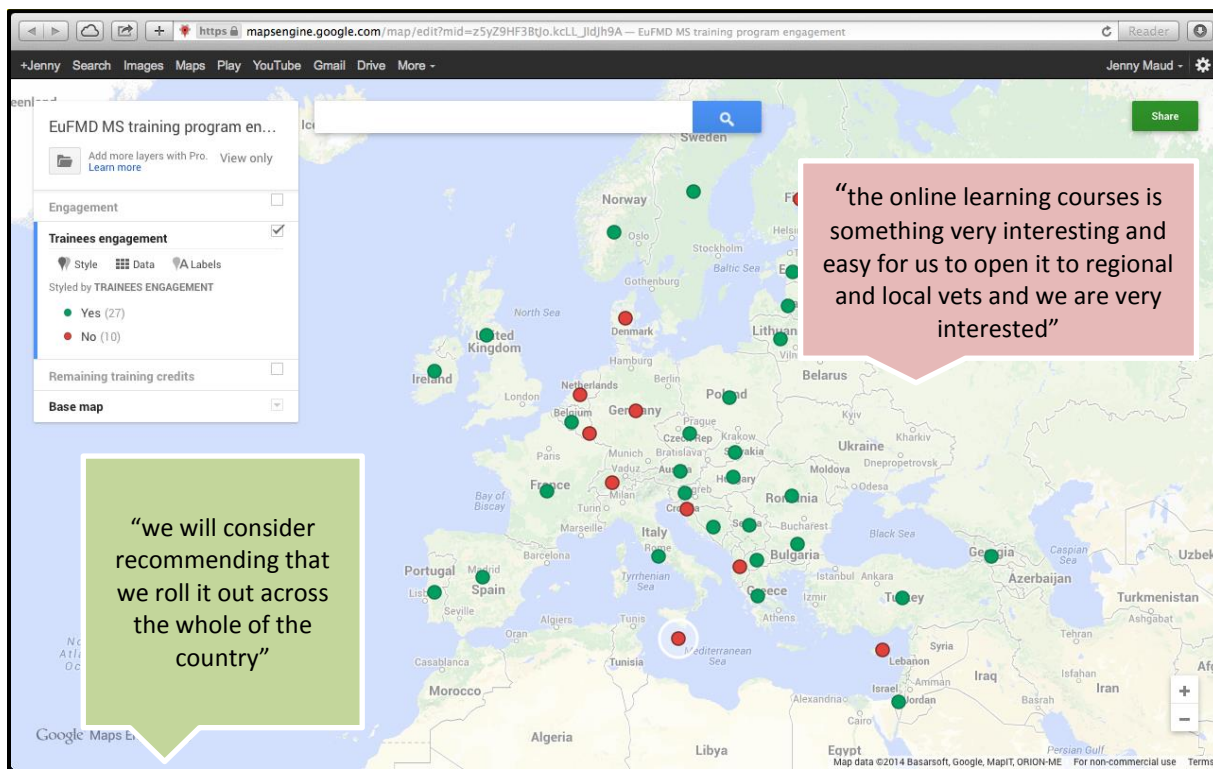
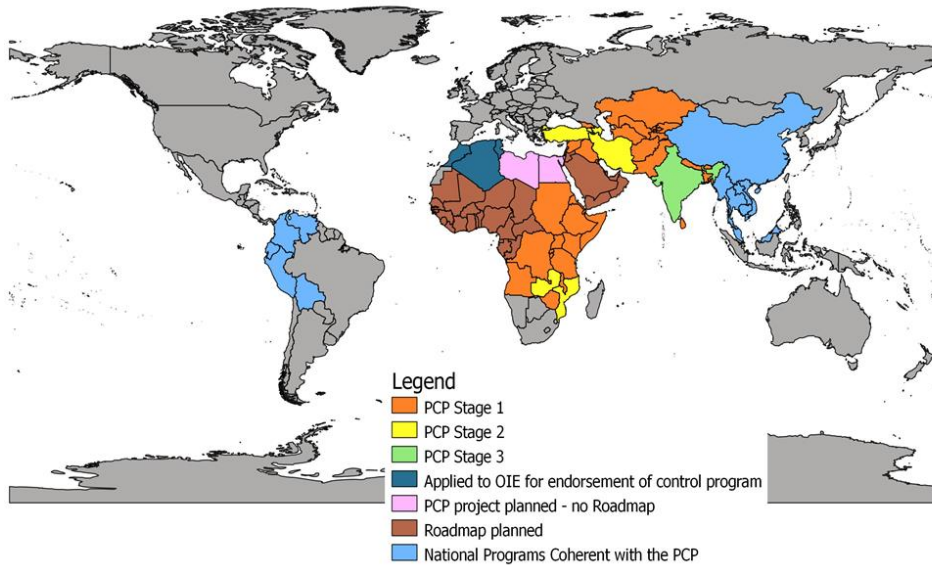


Fig.4 Response to the FMD Emergency Response course

[Progressive Control Pathway](#) workshops have also been implemented in response to country requests (Turkey, Iran, Libya, Nepal, Georgia, Palestine, Kenya, between 2013 and 2014). Guidelines, powerpoints, videos and checklists have been created and made available online to all.

Application of the Progressive Control Pathway for FMD in 2012



Application of the Progressive Control Pathway for FMD in 2014

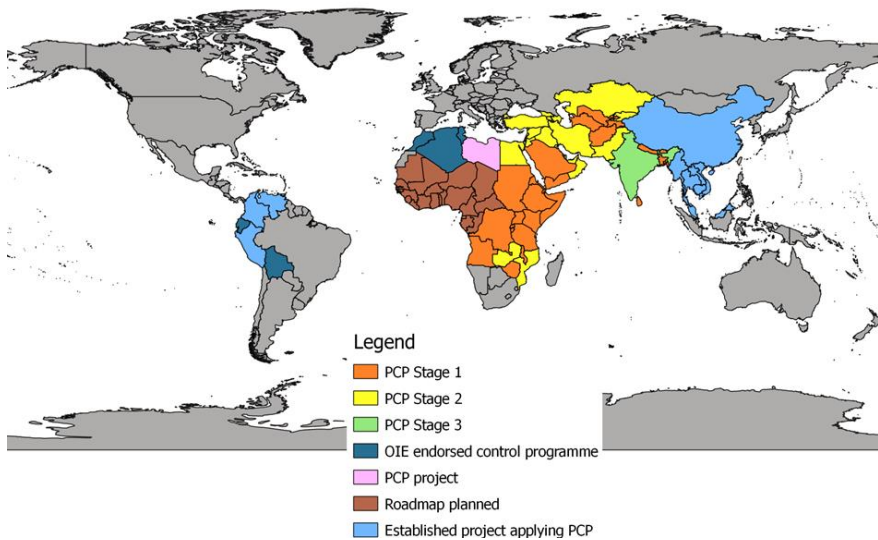


Fig 5. The PCP maps showing progress in PCP stages

Technical activities with member states: examples

Innovative training: offering a system of credits for selecting from a “[Menu](#)” - for on-demand capacity development in FMD prevention and control – **Annex 6**



The EuFMD has focal points for training/capacity building in each of its 38 MS countries and for each offers a “menu” of training options and training credits with which to select courses. This is managed through a system of “training credits”. Courses range from innovative, [field-based real time courses](#), workshops on disease spread modeling and laboratory techniques to online webinars and [e-learning modules](#). Bespoke training options are also offered for individual countries. It is for the MS to decide on the most appropriate option and use their credits to pay for their selection. This system has a budget of **500,000€ for two years** and is popular and well perceived, such that a number of these states now also make additional voluntary contributions for additional training places above those “paid” by the credits system. All 38 member states have taken up training places and there is evidence to claim that, over the past five years, EuFMD has established a cadre of over 300 trained experts in each of the 38 MS and works with them to respond to their training demands - in essence it has established a “north-north” co-operation between them – and with their southern neighbors – to share expertise and experience. This training programme, under direction of our member states, has been extended to their priority neighborhood countries in Eastern Europe and the southern Mediterranean, bringing it into a working relationship with FAO RNE.

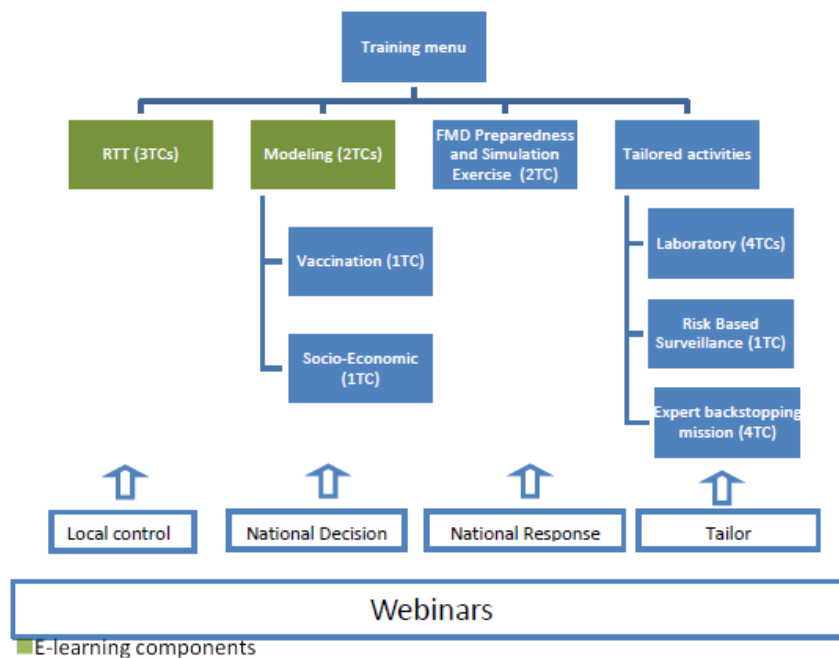


Fig.6. The Training menu in summary



[Emergency preparation courses](#) provides vital training for those involved in clinical and epidemiological investigations during an FMD outbreak. 80-100 veterinarians can be trained at one time, with costs far lower than the equivalent face to face training. The course is available during *peace time*, but could also be rolled out in an emergency situation. It covers FMD aetiology and pathogenesis, FMD clinical diagnosis and lesion ageing, sampling and laboratory testing, FMD epidemiology, outbreak investigation and biosecurity. It takes place over four weeks and begins and ends with a one hour live 'webinar' (online interactive seminar). Following the webinar, the course itself takes 6-10 hours to complete, and trainees can complete the training in their own time during the four-week period that the course is open. Throughout the 4 weeks EuFMD trainers are available through a discussion forum to answer any questions regarding the course, and also to pose interesting questions for trainees to answer and discuss. The course ends with a comprehensive assessment, and the nominating authority will be provided with a full list of trainees who have successfully completed the course.

The FMD Emergency Preparation Course was rapidly translated into French in response to an urgent request for assistance by Tunisia and Algeria in response to the recent FMD outbreak. The online course was used, alongside face to face workshops and online courses as part of EuFMD's support to the Mediterranean Animal Health Network (REMESA). 75 veterinarians from Algeria, Tunisia and Morocco took part, and a particular success was the interactive discussion forum, in which participants from all three countries took part in lively discussions with EuFMD's trainers. Nearly 100 separate strands of discussion opened were opened, with topics ranging from the details of viral replication to methods of FMD control in remote Saharan areas and the best way to disinfect clothing and equipment. 100% of trainees responding to a survey after the course rated the course as "good" or "very good" and all agreed that they would recommend the course to colleagues. One commented "This session was for me and many of my brothers and sisters, a very rewarding experience on all levels (human, cognitive and professional)". Participants provided a variety of suggestions for future improvements to the course, which will be incorporated as this new training method is further developed. It is hoped that the material covered during the course will enable participants to raise awareness of FMD to enable early detection should an outbreak occur in a currently free area. For those currently engaged in controlling the disease, material covered in the course should raise capabilities in diagnosis, epidemiological investigation and control.

In addition, 2 veterinarians from each of Tunisia and Morocco attended EuFMD's course in August 2014 "Real Time" training course in Nakuru, Kenya, working alongside participants from Kenya, Belgium and the Democratic Republic of the Congo. This was the second of EuFMD's Real Time courses to be delivered in the French language. This week long course gives participants the unique opportunity to carry out field diagnosis and investigation of an outbreak of foot and mouth disease. Trainees examined affected animals, took diagnostic samples, and interviewed the affected community in order to gain information about the epidemiology of the disease. A local area survey to identify risk factors for local disease spread was also carried out. The course also led to interesting and interactive discussions about foot-and-mouth disease control strategies.



The Training courses also include a **Practical Epidemiology for Progressive Control (PEP-C) Course**, as a response to the requests of countries in West Eurasia. These are four week courses of practical epidemiology training course to help provide state veterinary services with the epidemiology skills needed to control FMD.

Fig. 7 The PEP-C

Online Training: the EuFMD, in partnership with the [Royal Veterinary College](#), London, has produced an [e-learning website](#) which supports its training programme. The website, which opened in spring 2013, already has nearly 600 registered users. E-learning is used to support face to face courses, such as the Real Time Training course, by providing an online introductory course which familiarizes trainees with core topics, freeing up more time for interactive discussion and field work on the face to face course.

The website also host standalone e-learning provision, such as the FMD Emergency Preparation course and webinars (see below).

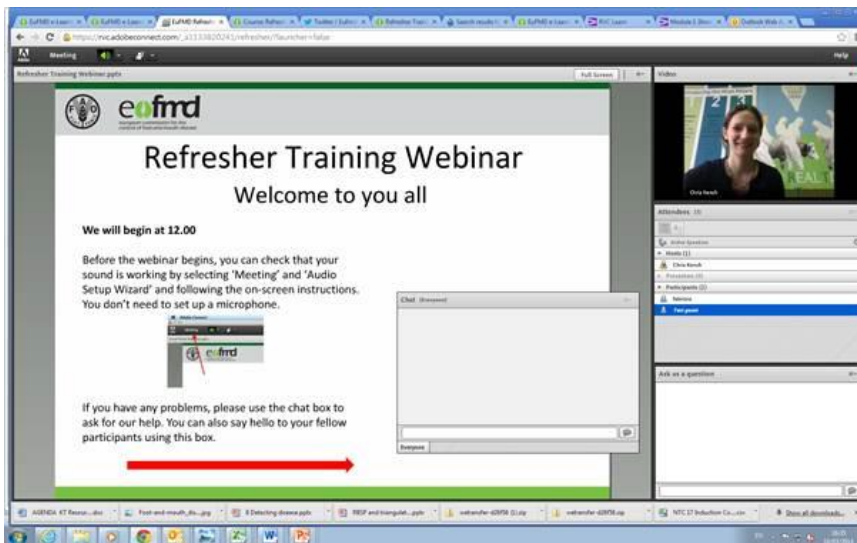


Fig.8. The online refresher webinar

Webinars: A number of Webinars have been held over the last year. Webinars are used to interact and communicate with EuFMD member states, and also to provide training. For instance, regular webinars are held for training focal points, updating them on training opportunities available, and seeking feedback on training needs. A webinar series has also been arranged for participants from countries

participating in the West Eurasia roadmap meetings. Topics so far include vaccine matching and outbreak investigation. Webinars are given in both English and Russian language. The webinars are recorded and made available for future use on a password protected site. <https://eufmd.rvc.ac.uk/course/view.php?id=11>

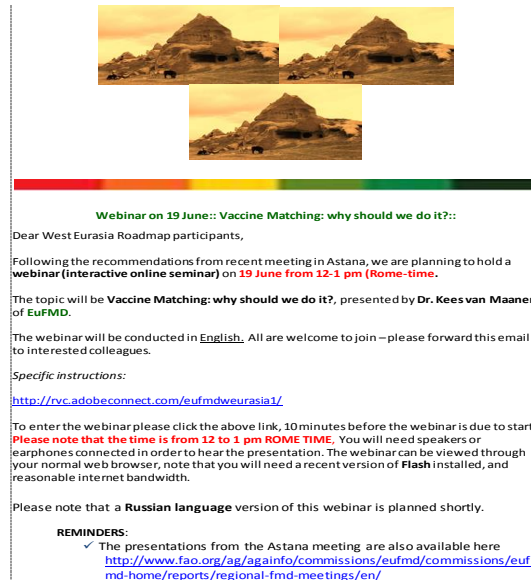


Fig. 7 E-cards sent to MS to advertise the webinars

Fund for Applied Research (EuFMD-FAR)

Calls for proposals are made twice per year and reviewed by a process involving the EuFMD Standing Technical Committee. The fund has disbursed some 200,000€ in 2013-14 with a maximum of 50,000€ per grant. To some extent this addresses the need for seed funds for innovations that need proof of principle or final field testing and which have potential for wide application, not only in Europe.

Outcome of any evaluations/audits carried out in relation to the activities of the body

Only financial evaluations (by the EC) have been conducted. The EuFMD Executive has to date considered that it has the primary role of deciding if an evaluation by FAO or other means is needed and has not concluded that there is a need to do so, even after discussion with FAO's evaluation service.

Criteria or indicators of level of interest

The current [constitution](#) limits membership to European member states of FAO or OIE, and this position has never been recently reviewed by FAO as to whether it desires non-European members to be admitted. It is unusual for an HQ based body, the only one in FAO specially addressing FMD, to be so limited in its membership. With the current restriction there are potentially 52 member countries. Currently membership is growing, with Georgia joining in 2013, and Armenia, Azerbaijan, and Moldova undertaking internal procedures prior to possible signature in late 2014/15. The Russian Federation has been reviewing its position and has indicated some interest to join in 2014.

Over 90 participants attended the EuFMD General Session in 2012 and [2013](#). Delegates to these sessions cover their own costs for participation, from flight to accommodation, and include MS Chief Veterinary Officers, experts, representatives from the OIE, FAO and other relevant organizations. These 2-day meetings highlight a good level of interaction between participants.

Level of participation in technical Sessions

The [Open Session of the Standing Technical Committee](#) has become a global event, taking place every two years, with over 230 participants in 2012 (*Jerez de la Frontera*) and an expected increase (to >250) for the [Dubrovnik Session](#) in October 2014. Participants now attend as observers from across the world, this being the biggest regular technical conference on FMD where technical progress relevant to policy makers is on the Agenda.

Extent to which members contribute financially or in kind to the body, on a voluntary basis

Member states contribute annual fees of between 4000 USD and 40,000 USD each, and in addition seconded staff has been received from Bulgaria, Serbia, Romania, Spain, Armenia, Hungary, Greece and the UK in 2012-14, through the [Short-Term Professional Program](#) (STP). Additional voluntary contributions are also received for training of their staff - including from non –member countries (Australia and New Zealand for example, >400,000 USD).

The level of arrears has dropped since 2009, as shown in the summary table below, in spite of the financial crisis, highlighting the interest of the MS in the Commission's work. The relevant financial documents are provided at the EuFMD General Sessions and are available as summaries in **Annex 7**.

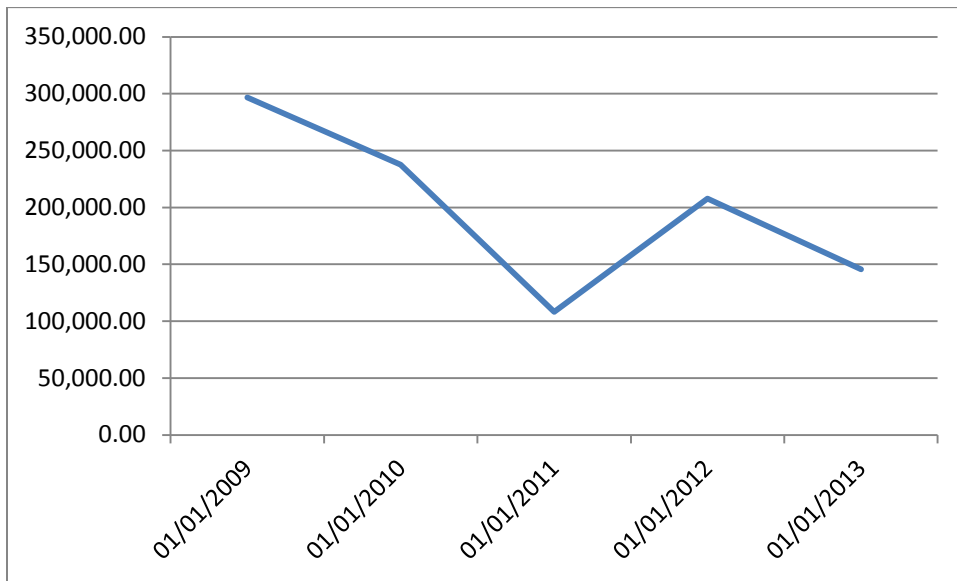


Fig.8. Level of Outstanding contributions in USD per year (2009-2013)

The reports of the EuFMD General Session, held every two years, are available online: [2009](#); [2011](#) and [2013](#).

ANNEXES

Annex 1: Overview of the Workplan

Annex 2: EuFMD Newsletter

Annex 3: Strategic Plan

Annex 4: Reports from other meetings

Annex 5: Monthly report on the FMD Disease situation, July 2014

Annex 6: Training menu

Annex 7: Financial Statements

Annex 8: Structure of the EuFMD

Overview of the 24 MONTH WORKPLAN

(from the 40th General Session in 2013)

A draft Work plan has been developed on the basis of the budget provision that is equal to the previous funding agreement with the EC and all activities to be covered by the EC Financing Agreement or from EuFMD Administrative Funds, with the exception of those indicated (the pre-agreed, Joint Activities conducted on full costs recovery basis with DAFF, Australia. The activities with the latter are shown under the relevant Strategic Objective (Pillar), for completeness. Additional activities to be added to the Work plan support these Strategic Goals will be decided upon by the Executive Committee after preparation by the Secretariat and proposals from MS and financing partners.

The Draft Work plan is prepared for the 40th General Session for approval.

The activities are considered to be in line with the relevant GfTADS Regional and Global Strategies. After review by FAO Once adopted by the 40th Session, the Work plan for Pillar 2-3 sent through the FAO/OIE mechanisms for entry into the appropriate Regional or Global GfTADS Calendar.

EuFMD Newsletter

PILLAR I

Improve readiness for FMD crisis management in Member States

-  Keith Sumption
Pillar manager
-  Jenny Maud
Component manager
-  M.S. nominees, ExCom
Focal points
-  Member States
Beneficiaries

COMPONENT 1.1 1.2

TRAINING: Real Time Training - Contingency Plans and Decision Support Training



HIGHLIGHTS 2013 October - 2014 March







2015 | Eur 515,241

2014 | Eur 136,998 | 27%

2013 | September



Pillar I : SIX Components (budget portions)

1&2 Training: Real Time; Contingency planning; Decision support

1.3. Thrace region

1.4. Balkans

1.5. Research funding

1.6. Crisis management

- **Progress indicators**
 - Focal points informed of training opportunities through regular webinars and newsletters;
 - Four Real Time Training courses held;
 - First online only FMD Emergency Preparation Course will be held in April.
- **Major issues**
 - 18 countries not yet fully engaged with active training focal points.
- **Significant plans**
 - Translate e-learning courses into additional languages;
 - Complete development of new e-learning courses including:
 - Modelling, Introduction to Epidemiology and Biostatistics;
 - Modelling course delayed until Autumn 2014;
 - Real Time Training courses in French, Russian and English languages.
- **Significant partnerships**
 - Royal Veterinary College: EuFMD E-Learning;
 - Shaun Case and Kimberley Forde Folle: Modelling online training;
 - Department of Agriculture, Australia: Support for e-learning and Training Support Officer;
 - Pirbright Institute: FMD laboratory training.

PILLAR I

Improve readiness for FMD crisis management in Member States

 Keith Sumption
Pillar manager

 Fabrizio Rosso
Component manager

 12 nationals + STC
Focal points

 Member States
Beneficiaries

COMPONENT 1.3

Programme for early warning surveillance in the THRACE region of Greece/Bulgaria/Turkey



HIGHLIGHTS 2013 October - 2014 March



Pillar I : SIX Components (budget portions)

- 1&2 Training: Real Time; Contingency planning; Decision support
- 1.3. Thrace region
- 1.4. Balkans
- 1.5. Research funding
- 1.6. Crisis management

• Progress indicators

- Approval of Memorandum of Understanding between Countries and EuFMD;
- Implementation of SGP/PPR surveillance plan;
- Development of the database;
- Regular reporting of the FMD surveillance programme implemented (monthly – reports);
- Regular monitoring of the FMD freedom confidence with the Cameron model.

• Major issues

- Additional activities for PPR and SGP (e.g. targeted serological surveillance, evaluation of vaccination effectiveness, surveillance in low risk area) should be covered by additional budget.

• Significant plans

- Improvement of the passive surveillance for FMD/SGP/PPR;
- Complete implementation of the SGP/PPR surveillance;
- Regular monitoring of the activities and of the diseases freedom confidence;
- Trainings for laboratory staff on PPR and SGP diagnosis techniques.

• Significant partnerships

- The three countries involved have developed their partnership through close communication and meetings.

PILLAR I

Improve readiness for FMD crisis management in Member States

-  Keith Sumption
Pillar manager
-  Iulia Tuniac
Component manager
-  12 nationals
Focal points
-  Member States
Beneficiaries

COMPONENT 1.4

BALKANS

To support the development of FMD emergency management capacity in the Balkan region



HIGHLIGHTS 2013 October - 2014 March



- 1.6.2 Training: Real Time; Contingency planning; Decision support
- 1.3. Thrace region
- 1.4. Balkans
- 1.5. Research funding
- 1.6. Crisis management

• Progress indicators

- Two workshops held, the second in the form of a desk top simulation exercise testing NDCC and LDCC and transboundary co-ordination;
- Developed section on the EuFMD e-Learning website for sharing the training materials and creating a network between the participants;
- Established a connection with the veterinary services of Republic of Moldova and undertaken a mission to review their preparedness.

• Major issues

- Major gaps in CPs and operational manuals remain, chain of command issues in national Contingency Plans, FMD low priority for attention;
- First simulation exercise planned for June 2014 should be postponed until Oct. 2014.

• Significant plans

- Preparing the next two workshops on FMD contingency planning to National Reference Laboratories in Serbia and on Surveillance in Bulgaria;
- Assess if rapid (<48 hr) access to a regional diagnostic reagents bank could be proposed and tested in the autumn simulation exercise;
- Establishing and deciding in a common meeting (webinar) with counterparts which chapters of the contingency plan will be tested during the first cross-border simulation exercise (Serbia and Bulgaria);
- Assess needs for CP, laboratory capacity and training in Moldova.

• Significant partnerships

- Danish FVST and Danish Emergency Management Agency (DEMA), assisted in the second workshop (simulation exercise- Crisis Management and Crisis Communication), and are willing to provide further support to simulation exercise management.

PILLAR I

Improve readiness for FMD crisis management in Member States

 Keith Sumption
Pillar manager

 Kees van Maanen
Component manager

 STC, SCR, ExCom
Focal points

 Member States, NRLs
Beneficiaries

COMPONENT 1.5

EuFMD - FAR Fund for Applied Research



HIGHLIGHTS 2013 October - 2014 March



2014: Open Session
Cavtat, Croatia

2015 **Eur 285,000**

Eur 34,527

2014 **12%**

2013
September



Pillar I : SIX Components (budget portions)

- 1&2 Training: Real Time; Contingency planning; Decision support
- 1.3. Thracse region
- 1.4. Balkans
- 1.5. Research funding
- 1.6. Crisis management

• Progress indicators

- EuFMD-FAR review and commissioning processes established;
- One project funded and LOA with Pirbright agreed;
- Specific call issued for optimisation of tests for use in wildboar non-invasive sampling.

• Major issues

- Funds are restricted *Euro 250K total in 2 years;*
- Assisting with articulating demand for specific research of cross cutting nature e.g. for assistance with CVO/policy decision making processes.

• Significant plans

- 2nd call April 2014;
- Open Session 2014 (29-31st October 2014, Cavtat, Dubrovnik, Croatia)

• Significant partnerships

- Research co-ordination with FAO; Australia DAFF is funding the Open FMD proposal, sparing EuFMD-FAR;
- GFRA to produce the State of FMD Research report;
- International animal health research coordination via DEFRA/STAR-IDAZ programme.

PILLAR I

Improve readiness for FMD crisis management in Member States

-  Keith Sumption
Pillar manager
-  Kees van Maanen
Component manager
-  Member States
Focal points
-  Member States
Beneficiaries

COMPONENT 1.7

PTS Proficiency Test Services



HIGHLIGHTS 2013 October - 2014 March



- **Progress indicators**
- Coordinated with Pirbright and planned PTS for EuFMD neighbourhood countries in 2014-15 commissioned by LoA with Pirbright



Pillar I: SIX Components (budget portions)

- 1.1.2 Training: Real Time; Contingency planning; Decision support
- 1.3. Thrace region
- 1.4. Balkans
- 1.5. Research funding
- 1.6. Crisis management

PILLAR II

Reduce risk to Member States from the European neighbourhood



Keith Sumption
Pillar manager



Melissa McLaws
Component manager



TTCs, Turkey, ExCom
Focal points



M.S. + neighbours
Beneficiaries

COMPONENT 2.1

South-East Europe Turkey, Georgia and neighbours



HIGHLIGHTS 2013 October - 2014 March



2015 | Eur 298,100

Eur 83,573

2014 | 28%

2013
September



Pillar 2: THREE Components (budget portions)

2.1 SouthEast Europe: Turkey, Georgia and neighbours

2.2 SouthEast Mediterranean: Israel, Cyprus

2.3 REMESA

• Progress indicators

- Members from GDFC nominated to Monitoring and Epidemiology Unit in Turkey.

• Major issues

- There is an urgent need for official acknowledgment of M&E unit and official appointment of its staff members. Without this official position, appointed staff members cannot prioritize work on M&E activities, but have to comply with their current position and very limited time for additional duties.

• Significant plans

- W. Eurasia Roadmap meeting in Astana in April, Real-time training in Turkey in June (Erzurum) to be given in Russian and Turkish.

• Significant partnerships

- FAO/OIE (Roadmap activities), University of Warwick (disease spread model in Turkey), Colorado State university and EU delegation (information exchange and coordination in Georgia).

PILLAR II

Reduce risk to Member States from the European neighbourhood

 Keith Sumption
Pillar manager

 Kees van Maanen
Component manager

 Nationals, FAO
Focal points

 M.S. + neighbours
Beneficiaries

COMPONENT 2.2

South-East Mediterranean Israel, Cyprus



HIGHLIGHTS 2013 October - 2014 March



2015 | Eur 209,500

2014 | Eur 15,039

2013 | 7%

September



Pillar 2: THREE Components (budget portions)

2.1. SouthEast Europe; Turkey, Georgia and neighbours

2.2. SouthEast Mediterranean; Israel, Cyprus

2.3. REMESA

• Progress indicator

- Development of a Risk Base Strategic plan for Palestine (work in progress);
- Training approach on RBSP (two workshops have been held in Ramallah) and on Disease Outbreak Investigation in Palestine;
- Interaction between Palestine and Israel, project steering committee established;
- Egypt GOVs applied the guidance from previous EuFMD support in their surveillance programme;
- Development of FMD guidelines for East Africa supported.

• Major issues

- FMD control in Palestine requires close collaboration with Israel, complicated situation in the West Bank;
- FMD status of Lebanon and Jordan needs clarification;
- Situation in Syria with influx of refugees (and their animals) in the region may have an impact on FMD control;
- Situation in Egypt still unstable and volatile, activities can only be planned provisionally;
- Still many gaps in passive and active surveillance for pools 4 and 5.

• Significant plans

- Assessment mission to Egypt planned for March 31st;
- Continuation of workshops in Palestine resulting in a RBSP;
- Improving outbreak investigation including molecular epidemiology; develop risk based serosurveillance plan in small ruminants in Palestine and Israel;
- Combined (Israel/Palestine) risk-based surveillance and risk-based vaccination workshops;
- Improve communication on FMDV circulation between EastAfrica Lab Network and Mid-East partners.

• Significant partnerships

- GF-TADS partners, undertaking national and regional support;
- Veterinary Services of Israel, Palestine, Egypt;
- Central Veterinary Laboratories of Israel, Palestine, Egypt;
- Hebron Polytechnic University;
- EARLN-FMD subnetwork.

PILLAR II

Reduce risk to Member States from the European neighbourhood



Keith Sumption
Pillar manager



Fabrizio Rosso
Component manager



Nationals, FAO, OIE
Focal points



M.S. + neighbours
Beneficiaries

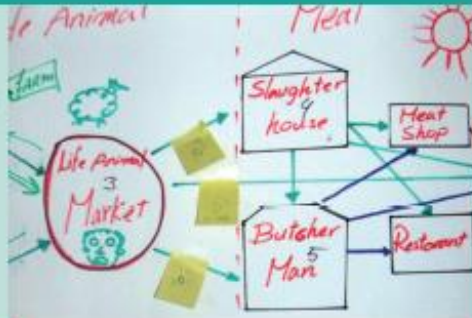
COMPONENT 2.3

REMESA

Assist national FMD risk management as part of the Remesa action plan



HIGHLIGHTS 2013 October - 2014 March



2015 Eur 212,500

Eur 14,316

2014 7%

2013
September



Pillar 2: THREE Components (budget portions)

2.1. SouthEast Europe: Turkey, Georgia and neighbours

2.2. SouthEast Mediterranean: Israel, Cyprus

2.3. REMESA

• Progress indicators

- Libya: Training using PEPc to assist national staff to complete the Risk Based Strategic Plan;
- Libya: Support for field FMD outbreak investigation. Delivery of penside tests;
- Support for participation to REMESA JPC of Mauritania, Morocco, Algeria, Tunisia, Libya and Egypt;
- Morocco, Algeria, Tunisia: Delivery of diagnostic NSP ELISA Kits according to the surveillance programme.

• Major issues

- Libya: security issues affect FMD control and missions; excellent relationship and support of VS but security issues with UN missions;
- Improvement needed for the network with Morocco, Algeria, Tunisia, Mauritania in order to better address the needs and support emergency preparedness planning.
- Mauritania: need for a coordinated approach to ensure FMDV surveillance in common borders with Sahel countries action needed in component 3.3.

• Significant plans

- Libya: Implementation of RBSP and specific surveillance in borders with Egypt;
- Mauritania: Assistance of national staff to complete the Risk Based Strategic Plan (RBSP), Training using PEPc and training material developed in Libya;
- Mauritania: Support participation in regional laboratory network;
- Libya, Algeria, Tunisia: Implementation of surveillance programme in high risk areas (borders between Libya and Tunisia- Algeria-Egypt);
- Morocco, Algeria, Tunisia: Participation to Real Time Training, organization of simulation exercise, support to surveillance programme.

• Significant partnerships

- IZSLER is collaborating for the development of RBSP in Libya;
- ANSES will collaborate for implementing activities in Mauritania (RBSP, Laboratory networking).

PILLAR III

Promote the
Global Strategy of
PCP of FMD

 Keith Sumption
Pillar manager

 Keith Sumption
Component manager

 FAO, OIE
Focal points

 Global
Beneficiaries

COMPONENT 3.1

SUPPORT to Global Progress Monitoring of FMD control programmes



HIGHLIGHTS 2013 October - 2014 March



2015 | Eur 86,000

Eur 1,857

2014 | 2%

2013
September

• Progress indicators

- Outline of a Global report proposed to the FMD WG of the OIE and FAO;
- Discussion with WG on application of surveys for status of PCP uptake and use of vaccination.

• Major issues

- Global report will be a big step forward;
- Significant investment in the time needed to reach agreement between parties involved.

• Significant plans

- Goal of developing the GF-TADS FMD report by end of September (for the GF-TADS Global Steering Committee).

• Significant partnerships

- With the FMD Unit in FAO and FMD WG of OIE and FAO;
- With Special Committee members supporting Pillar III.



Pillar 3: THREE Components
budget portion

3.1. Monitoring

3.2. PCP support


3.3. Global ref. lab. support

PILLAR III

Promote the
Global Strategy of
PCP of FMD

 Keith Sumption
Pillar manager

 Chris Bartels
Component manager

 GFTADS, nationals, SCRPC
Focal points

 Global
Beneficiaries

COMPONENT 3.2

PCP Progressive Control Pathway



HIGHLIGHTS 2013 October - 2014 March



Progress indicators

- Development of the Risk-Based Strategy Plan (guidelines and template) and training approach on RBSP with countries under component 2.2 and 2.3;
- Draft on Disease Outbreak Investigation applied in countries under components 2.2 and 2.3;
- Template for evaluation of national control plan for countries applying to move into PCP-FMD stage 2.

Major issues

- Intensity of inputs needed to support the FMD-WG.

Significant plans

- Training of the FMD-Working Group and subsequently regional FAO and OIE staff, on PCP-FMD and RBSP;
- Developing additional tools for the PCP-FMD toolbox – table top game, e-learning modules.

Significant partnerships

- FMD-Working Group;
- Royal Veterinary College on developing e-learning modules on PCP-FMD and RBSP.



Pillar 3: THREE Components
budget portion

- 3.1. Monitoring
- 3.2. PCP support
- 3.3. Global ref. lab. support

EuFMD Real Time Training Newsletter

EuFMD has been running foot-and-mouth disease Real Time Training courses since 2009. We have trained over 550 vets in the field in Turkey, Kenya and Nepal, all of whom have left with a much greater understanding of the issues involved in FMD control in both free countries and those endemic with FMD. The courses are led by international foot and mouth disease experts and involve hands-on practical field training on:

- The investigation of a suspect FMD outbreak
- FMD clinical and laboratory diagnosis, lesion ageing and importance of correct sampling for laboratory procedures
- FMD field epidemiology and local surveillance to assess spread
- Managing biosecurity of veterinary operations

Participants will work in an international group of trainees from multiple countries, and with veterinarians from the local area.

Our field trips involve visits to farms with suspect FMD cases, seeing lesions and establishing ageing, in addition to talking with the local farmers. The detailed program is below, but do note it can be amended according to the field situation.

Who is the course suitable for?

The course is suitable for veterinarians who would be involved in diagnosis, (field and laboratory) or epidemiological investigations of FMD outbreaks. Participants are encouraged to pass on the knowledge they gain during the course to colleagues and stakeholders when they return home, so should be enthusiastic and self-motivated to carry out this training role. The course involves hands on field work and handling animals which participants should be prepared to take part in.

Format

Pre Course	3 hour e-learning module providing background knowledge for the course
Day 0 -Sunday	Arrival and informal meeting of trainers and participants
Day 1 - Monday	Lectures and interactive group exercises -Welcome; introduction of participants, introduction to course, organization of the week. -Background on FMD epidemiology and control in location country -What is special about FMD investigations? Relevance of FMD pathogenesis, clinical signs, lesion ageing, kinetics of infectivity and transmission to tracing FMD spread - Sampling and diagnostic procedures for FMD (include probang sampling in field) - Epidemiology of FMD -Principles of dangerous contact risk assessment and outbreak investigation - Biosecurity , with practical demonstration -If time “Lessons learnt in FMD investigation – UK 2007” -Planning the field investigations
Day 2 - Tuesday	Field work Trainees travel to an FMD outbreak: <ul style="list-style-type: none">• Carry out appropriate biosecurity procedure• Examine animals• Take diagnostic samples• Conduct epidemiological investigations, interview farmer, map farmland e
Day 3- Wednesday	Field work Trainees carry out a local area survey to determine risk factors for disease spread. Additional clinical examination opportunities may be available dependant on demand.
Day 4 -	Presentation of findings and discussion

Thursday	AM: Laboratory findings reported followed by group work – preparing a report and presentation on clinical and epidemiological findings PM: Participants present and discuss reports to the group Further discussion and review of findings and areas of special interest
Day 5 - Friday	-Possible further field, laboratory work or discussions as dictated by field activity during the week
After the course	Support for “cascade training”- training colleagues and other stakeholders E-learning refresher course - 3 months after the course ends

Video on Real Time Training:

<http://www.youtube.com/watch?v=Ri5Tda3abKo&list=UUCD9aTo3VPnXVu69ML5fxkw>

Photographs of previous courses

Locations in Turkey and Kenya:



Biosecurity preparations:



Clinical diagnosis and lesion ageing:



Laboratory diagnosis:



Epidemiological investigations:



Training brochure

WHY IS TRAINING HELPFUL?

FMD control is particularly challenging because it is so highly infectious and the immunity derived from vaccines is relatively short-lived. The first step towards implementing an effective disease control programme is gathering information to understand how much FMD is circulating, where and in which animals, the economic impact and the risk for disease spread. Other questions quickly follow concerning how to integrate all this information into a cost-effective control strategy that maximizes use of limited resources. These issues are challenging for any country, but they can be overwhelming for countries with limited professional training opportunities in epidemiology and disease control. In response to the requests of countries facing such questions, EuFMD has developed two practical training courses to provide participants with the basic skills needed to tackle these issues.

WHICH COURSE IS RIGHT FOR ME?

- to make sure I know what to do in case FMD is suspected on a farm **REAL-TIME TRAINING**
- to develop a risk-based FMD control strategy **PEP-C**
- to learn more about outbreak investigation **REAL-TIME TRAINING OR PEP-C**
- to learn about risk assessment and value chain analysis **PEP-C**
- to study the FMD distribution in my country, and quantify the economic impact **PEP-C**

www.fao.org/eg/efumd/training
EuFMD-Training@fao.org
<https://twitter.com/Eufmd>

WHO ARE THE COURSES FOR?

The courses are designed for state veterinarians working on FMD control. No prior training is required, but enthusiasm and willingness to learn is!

WHERE AND WHEN ARE THE COURSES OFFERED?

The first PEP-C course was held in Istanbul over 4 weeks between September and December, 2012. Future courses may be held in other locations, subject to demand. Real-time training courses are currently being held 2-4 times per year in Kenya and Nepal.

WHAT COURSES ARE AVAILABLE?

PRACTICAL EPIDEMIOLOGY FOR PROGRESSIVE CONTROL (PEP-C)

The PEP-C is a course designed to strengthen the epidemiological approach to problem solving, that is:

- Define the objectives
- Design a study to meet these objectives
- Conduct the study
- Analyse the data
- Communicate the results effectively
- Take appropriate action

The PEP-C course structure is very practical with lecture time minimized and students learning while working on problems through case studies and field trips. Additionally, course homework requires the participants to apply their newly acquired skills to problems they encounter when trying to control FMD in their own country.

Topics covered in the first PEP-C course were inspired by the Progressive Control Pathway (PCP), and are outlined below. In future courses, these may be modified according to the specific needs of participants.

REALTIME TRAINING

In addition to the PEP-C, the EuFMD Commission has developed a 'Real-Time' Training Program which is an intensive, 4 day program of clinical investigation for the recognition and sampling of animals for Foot-and-Mouth Disease (FMD). So far, these courses have been offered in Turkey, Kenya and Nepal, and are extremely sought after by veterinarians from countries where FMD is an exotic disease.

THE OBJECTIVES ARE TO

- train veterinarians in the skills required to undertake clinical and epidemiological inquiries of suspected FMD cases
- establish a network of veterinarians in Europe and the neighbourhood who
- share best practices and improve the contingency planning for FMD
- contribute to the wider debate on FMD control policies
- develop a bank of online resources

validate/review new diagnostic procedures that become available during the training.

COURSE OUTLINE (4)

WEEK 0
OUTBREAK INVESTIGATION
Including prevalence, incidence, diagnostic tests, risk factors

WEEK 1
VALUE CHAIN, SOCIO-ECONOMIC IMPACT ASSESSMENT
Including risk, costs and benefits of FMD control, measuring FMD impact

WEEK 2
SURVEYS AND SURVEILLANCE
Including sample size, survey design, data entry, analysis of data

WEEK 3
FMD MANAGEMENT AND CONTROL STRATEGY DEVELOPMENT
Putting it all together

The trainers are EuFMD epidemiology experts, with economic and laboratory expertise brought into certain modules.

COURSE OUTLINE (4)

1 DAY of intensive class-room training

2-3 DAYS of field visits to suspect outbreaks, carrying out a full investigation of suspected cases and collection of specimens, testing of samples onsite or at a laboratory equipped to undertake ELISA and panbio tests for virus and antibody and analyses to trace the movements of animals and source and spread of infection.

THE TOOLS used include a Training Manual, which evolves thanks to participant input, short video-clips of the training, how-to videos (postbag sampling, procedure for panbio tests) and WRITTEN reports of the investigations containing valuable data on performance of tests.

The trainers are EuFMD epidemiology and pathology experts.

STRATEGIC PLAN FOR 2013-2017

OVERALL OBJECTIVES

The overall objectives consist of **three strategic goals** as follows:

1. To Improve readiness for FMD crisis management by Members;
2. To Reduce risk to Members from the FMD situation in the European neighbourhood (progressive control in neighbouring regions);
3. To Promote the global strategy of progressive control of FMD;

The operational objective of maintaining a mechanism for emergency response to an FMD crisis in the European neighbourhood will underpin the first two objectives.

Beneficiaries

In general, beneficiaries will be the 36 countries which are members of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD)², hereinafter called "Members", and other neighbouring countries where the situation of foot-and-mouth disease (FMD) creates a direct or indirect threat of introduction of the disease into one or more of the member countries of EuFMD.

Strategic goal 1 -Improve readiness for FMD crisis management by Members

Progress towards the Strategic Goal may also be assisted by joint activities with non-member states of EuFMD where there is a mutual advantage recognised by the EuFMD Executive Committee.

Outputs and Activities

Develop a cadre of European experts in FMD crisis management - recognition and response training.

This includes conducting training on clinical disease recognition, sampling for diagnosis, local area epidemiological investigations, risk factor analysis, practical application of biosecurity principles, and other aspects of FMD crisis management.

Support contingency planning of Members and at European level – Developing decision support tools for managers.

This includes conducting training and providing support for Members to use disease simulation models and decision support tools to assist contingency planning, and engaging with researchers on FMD modelling to facilitate technology transfer of appropriately developed tools to assist Members.

² Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, The Netherlands, Turkey, the United Kingdom.

Thrace region: programme for early warning surveillance in Greece/Bulgaria/Turkey.

This includes collation and analysis of existing surveillance data, development of risk-based surveillance methods, tripartite coordination of activities, integration of decision support tools and risk analysis into policy evaluation and development, and management of support to surveillance activities.

Improved emergency management capacity for FMD in the Balkan region

A programme of support to MS in the Balkan region to improve the quality of contingency planning, to improve awareness of FMD risks and the economic consequences of emergencies, and give attention to the issues affecting national reference laboratory capacity for FMD confirmation and surveillance.

Research activities relevant to resolve policy issues.

This includes support for research projects which have been endorsed by the standing technical committee of the EuFMD as being of benefit to EuFMD objectives; activities to translate research into tools, actions or activities which are of benefit to EuFMD activities; and actions to integrate research outcomes with policy.

Support provided to member states through emergency technical response to FMD outbreaks in the member state or the European neighbourhood.

This includes the maintenance of a capacity to provide advice, technical support and assistance to EuFMD member states and countries in the European neighbourhood in the event of an FMD outbreak, including laboratory and epidemiological support. This baseline activity is also serviced by several of the activities listed above, as these will also act to maintain a degree of organisational readiness to respond to an FMD crisis. This also includes assisting and supporting Members with vaccine procurement and supply, through the provision of technical input, advice on selection of vaccine strains, risk based evaluation of vaccination strategies and other related activities.

Strategic goal 2: Reduce risk to Members from the European neighbourhood³ (progressive control in neighbouring regions)

Outputs and Activities

South-East Europe: promote better management in Turkey and neighbours.

This includes supporting the collation, analysis and application of epidemiological data, including spatial data, from the area; providing training in the practical application of epidemiology to control

³ The neighbourhood of the current 36 Members is here defined as follows:

- i. European Member Countries of the World Organisation for Animal Health (OIE) and member of the OIE Regional Commission for Europe which are eligible for membership in EuFMD;
- ii. the countries and territories adjacent to Members.
- iii. The countries in North Africa cooperating with Members in the framework of REMESA

FMD and advance along the FAO/OIE progressive control pathway (PCP); engaging with national veterinary services to support them in the detection, management, and control of FMD; and identification of circulating viruses. This also includes secretarial and coordination support for the West Eurasia roadmap for progressive control of FMD, in coordination with other stakeholder bodies, as regards the European neighbourhood.

This component also includes developing specific country projects in line with the PCP designed to improve national capacity to manage and control FMD and assist progress in cooperation with regionally coordinated GF-TADs programs and roadmaps.

South-East Mediterranean: support better management in the neighbourhood of Cyprus and Israel.

This includes holding workshops and training sessions for neighbour countries of Cyprus and Israel to support laboratory diagnosis, contingency planning, and vaccination strategy development; support to develop laboratory capacity in those countries; regional coordination of FMD control strategies.

This component also includes developing specific country projects in line with the PCP designed to improve national capacity to manage and control FMD and assist progress in cooperation with regionally coordinated GF-TADs programs and roadmaps.

North Africa: technical support to REMESA⁴ actions.

This includes, at the request of those Members participating in REMESA, actions to support activities carried out by France, Spain, Italy and Portugal aiming at strengthening and regionally coordinating laboratory diagnosis, contingency planning, vaccination strategy development, risk based surveillance and other associated actions in Mediterranean countries of North Africa which pose a risk of FMD virus incursion into the REMESA area.

Supporting surveillance networks to provide information needed by risk managers in the European neighbourhood.

This includes support for existing FAO or joint FAO/OIE surveillance networks (RESOLAB in West Africa, EARLN in East Africa, WELNET in West Eurasia, and those under REMESA), where such actions provide information to support analysis of the risk of FMD incursions into the European neighbourhood. The modes of support may include assisting with regional coordination or network meetings, actions to identify circulating virus strains, and actions to characterise the risk of FMD incursions due to factors which may be changing or subject to temporal or spatial dynamics. These actions may be taken in coordination with other stakeholder bodies.

Strategic goal 3 - Promote the global strategy of progressive control of FMD

Outputs and Activities

Support FAO FMD Unit in collating information for review of progress of regional programmes on FMD control

⁴

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

This includes collation, analysis and dissemination of relevant information on regional FMD control programmes worldwide; support for workshops to coordinate this process; and other associated actions.

Technical support to develop the OIE/FAO FMD progressive control pathway (PCP) methods and guidelines

This includes engaging with the on-going development of the PCP, providing training in the application of the PCP at national level, regional level, and to international agencies; supporting the development of associated tools and activities to integrate relevant fields with PCP applications; and support for the development of regional PCP roadmaps.

Support the global system for improved FMD reference lab services (World Reference Laboratory Contract, supporting FAO/OIE Strategy and Gf-TADs)

This includes supporting the FAO FMD World Reference Laboratory to provide services to the European neighbourhood and globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU states⁵ and internationally.

Responsibilities for Implementation

The Secretariat of the European Commission for the Control of Foot-and-Mouth Disease hosted by the Agriculture Department of the Food and Agriculture Organization of the United Nations is responsible for the implementation of the Project.

⁵ EU Member States are included in the PTS funded under the EU-CRL activities.

Summary of meetings and workshops

MEETINGS and WORKSHOPS 2009-2014		Online link
2009	West Eurasia 1 st Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/docs/Workshop_reports/Westeurasia2009/Report_Roadmap.pdf
2010	West Eurasia 2 nd Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/docs/Workshop_reports/Westeurasia_2010/Final_ReportUpdated.pdf
2010	East african regional FMD laboratory network	http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/reports/workshops/en/
2011	FAO/OIE/EC Tripartite on control of FMD and other exotic diseases in the southern Balkans	http://www.fao.org/fileadmin/user_upload/eufmd/Tripartite_report_Nov_2013_final.pdf
2012	West Eurasia 3 rd Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/docs/Westeurasia_report2012/Final_report_01.pdf
2012	CVO FMD Modelling workshop	Available upon request
2013	West Eurasia 4 th Regional Roadmap meeting	http://www.fao.org/fileadmin/user_upload/eufmd/Roadmap2013/Final_report_Baku.pdf
2013	FAO-EUFMD/EC/OIE Tripartite Group on control of FMD and other exotic diseases in the Southern Balkans	Available upon request
2013	Biorisk Working Group Meeting 23-24 October 2013	Available upon request
2013	Report on FAO-eufmd/EC/OIE Tripartite Meeting on control of FMD and other exotic diseases in the Southern Balkans	Available upon request
2013	FMD Workshop: outbreak management, field investigation and contingency planning	Available upon request
2013	Special Committee for Research and Programme development	http://www.fao.org/fileadmin/user_upload/eufmd/SCRPD_nov2013/Final_report_Frascati_SCRPD_meeting.pdf
2014	Formation à la lutte contre la Fièvre Aphteuse,	Available upon request
2014	Atelier sur l'épidémiologie-surveillance de la fièvre aphteuse et le renforcement des capacités du laboratoire	Available upon request
2014	PCP-FMD workshop	Draft
2014	Laboratory Workshop for Lumpy Skin Disease, Sheep and Goat Pox, PPR, plus Management Meeting for THRACE	Draft
2014	Fmd laboratory contingency planning workshop	Available upon request
2014	Crisis management and crisis communication workshop	Available upon request
NARRATIVE REPORTS		
		1-Narrative report 2009- 2011 2-Narrative report Update September 2011 3-Narrative report September 2012 4-Narrative report 2011- 2013

		5-Narrative report Update 2013 6-Narrative report April - September 2013
MONTHLY REPORTS		
	From October 2011 to January 2014, monthly	http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/fmd-surveillance/situation-reports/en/
GENERAL SESSIONS		
		2013 40th http://www.fao.org/fileadmin/user_upload/eufmd/40thGeneral_session_documents/40General_Session/GS40_REPORT_Final.pdf 2011 39th http://www.fao.org/fileadmin/user_upload/eufmd/docs/39th_Gen_session/Final_REPORT39.pdf 2009 38th http://www.fao.org/ag/againfo/commissions/docs/genses38/REPORT_38.pdf
EXECUTIVE COMMITTEES		
		87th excom April 2014 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/87ExCom/Final_Report_April_2014.pdf 86th Excom October 2013 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/Excom86/86Final_Report.pdf 85th Excom Feb 2013 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/85eXcOM/Final_report_85th_Session.pdf 84th excom Oct 2012 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/84_excom/84_FINAL_Finalreport_revised_track_changes.pdf 83rd April 2012 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/ExCom83-Bucharest2012/Full_Report.pdf 82 October 2011 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/ExCom82/Full_Report.pdf 81st Feb 2011 http://www.fao.org/fileadmin/user_upload/eufmd/docs/Executive_Committee/87ExCom/Final_Report_April_2014.pdf 80th Sept 2010 http://www.fao.org/ag/againfo/commissions/docs/excom80/80excom_report.pdf 79th March 2010 http://www.fao.org/ag/againfo/commissions/docs/excom79/Report_79th_excom.pdf 78th Oct 2009 http://www.fao.org/ag/againfo/commissions/docs/excom78/Report_78_Final.pdf

STANDING TECHNICAL COMMITTEE	
	<p>2010 Vienna http://www.fao.org/fileadmin/user_upload/eufmd/docs/Vienna_2010/0_OS_Vienna_1.pdf</p> <p>2012 Jerez http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/reports/research-group/en/</p>
REAL TIME TRAINING REPORTS	
	<p>http://www.fao.org/ag/againfo/commissions/eufmd/commissions/eufmd-home/eufmd-in-action/training-archive/en/</p>

Monthly Report on FMD Global Situation

July 2014

Guest Editor
Dr. Tammy Beckham
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Texas A&M AgriLife Research and Texas A&M University
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INFORMATION SOURCES USED:

Databases:

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

Other sources:

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

**The sources for information are referenced by using superscripts.
The key to the superscripts is on the last page.**

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

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Guest Editor's Overview:

It is an honor to have been asked to be the guest editor for the July 2014 issue of the Foot-and-Mouth Disease Situation Report. This report provides timely and relevant information for helping understand the circulation and movement of FMD strains on a global level. Data included in each of these reports are obtained from authoritative databases, laboratory diagnosticians, field staff, and veterinary services within the reporting countries. Each report not only contains specific information on circulating strains but also contains valuable information on the control measures being applied, ongoing epidemiological investigations, vaccine matching results, and post-vaccination monitoring campaigns. Information integrated within each of these reports provides the reader the most up-to-date global information on FMD and the EuFMD secretariat should be commended for its efforts to not only collect the data, but also to summarize it and report it out to the broader global community in a consumable friendly report.

As noted by previous guest editors, tremendous progress has been made in diagnosing, genotyping, and to some extent, controlling the spread/movement of this disease. However, FMD is still endemic in extensive areas of the world and continues to cause tremendous production losses, economic devastation, and livestock losses to both subsistence and commercial livestock farmers across the globe.

One of the key components to controlling the spread of FMDV is a comprehensive surveillance, risk analysis, and risk management plan. The Progressive Control Pathway for FMD (PCP-FMD) (adopted by the FAO, EuFMD and OIE) provides countries a pathway for progressively reducing the amount of FMDV circulation in their country. A robust surveillance program, supported by a well trained veterinary diagnostic laboratory and field force is the foundation through which a country can effectively utilize the PCP pathway to reduce circulating FMDV. An effective surveillance program will ultimately lead to a greater understanding of the epidemiology of FMDV, inform risks analysis studies and lead to the development of a robust risk management plan.

The increased use of mobile technologies for field data collection, combined with novel technologies for not only consuming data, but also providing information back to the end-user, has the potential to revolutionize animal health surveillance. Incentivising the livestock producer and local farmer to report animal health information to authorities affords the global health community a unique and timely method by which to combat economically devastating diseases like FMDV and other emerging and zoonotic diseases. Incentives to utilize these real-time or near real-time reporting technologies can present in many forms to include but not be limited to: 1) educational information provided to the livestock farmer via the mobile device; 2) visits/treatments from the local animal health technician and/or veterinarian; and 3) diagnostic testing and diagnosis of reported animal health issues.

As the globe continues to struggle with controlling the spread of FMDV and other devastating emerging and zoonotic diseases, the global animal health community should take advantage of technological advances that can revolutionize the speed and accuracy with which we are able to detect, respond to, and control diseases such as FMDV. Taking advantage of novel technologies, continued capacity building, and strengthening of our veterinary services will allow the global community to continue to make significant advances toward controlling this economically devastating disease.

I. GENERAL OVERVIEW

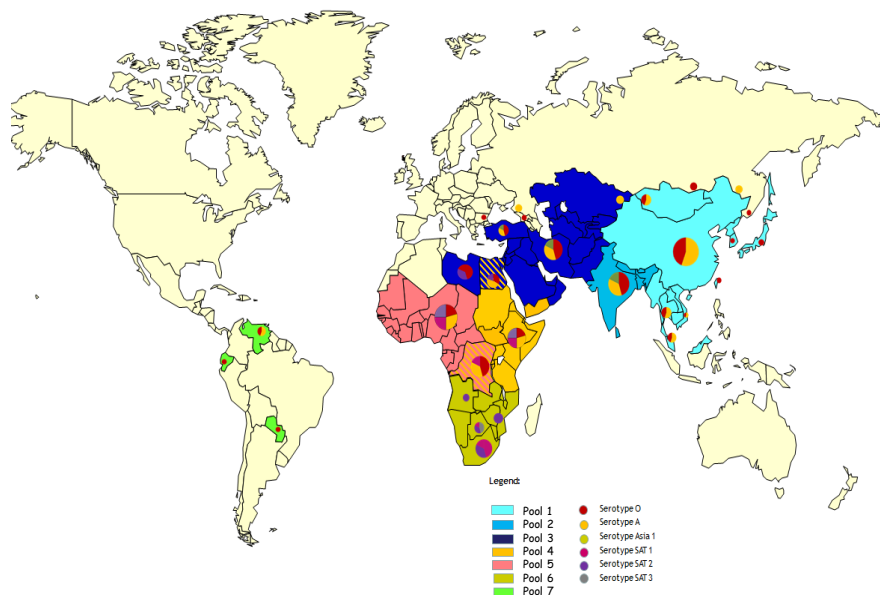
Pools represent independently circulating and evolving FMDV genotypes; within the pools, cycles of emergence and spread occur that usually affect multiple countries in the region. In the absence of specific reports, it should be assumed that the serotypes indicated below are continuously circulating in parts of the pool area and would be detected if sufficient surveillance was in place (Table 1).

Table 1: List of countries representing each virus pool for the period 2010 – 2014

POOL	REGION/COUNTRIES – colour pools as in figure	SEROTYPES
1	CENTRAL/EAST ASIA Cambodia, China (People's Rep. of), China (Hong Kong, SAR), China (Taiwan Province), Korea (DPR), Korea (Rep. of), Laos PDR, Malaysia, Mongolia, Myanmar, Russian Federation, Thailand, Viet Nam	O, A, Asia 1
2	SOUTH ASIA Bangladesh, Bhutan, India, Nepal, Sri Lanka	O, A, Asia 1
3	WEST EURASIA & MIDDLE EAST Afghanistan, Algeria, Armenia, Azerbaijan, Bahrain, Bulgaria, Egypt , Georgia, Iran, Iraq, Israel, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Libya , Oman, Pakistan, Palestine Autonomous Territories, Qatar, Saudi Arabia, Syrian Arab Republic, Tajikistan, Tunisia, Turkey, Turkmenistan, Uzbekistan	O, A, Asia 1
4	EASTERN AFRICA Burundi, Comoros, Congo D. R., Djibouti, Egypt , Eritrea, Ethiopia, Kenya, Libya , Rwanda, Somalia, Sudan, South Sudan, Tanzania, Uganda, Yemen	O, A, SAT 1, SAT 2
5	WEST/CENTRAL AFRICA Benin, Burkina Faso, Cameroon, Cape Verde, Central Afr. Rep., Chad, Congo D. R., Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea Biss., Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome Principe, Senegal, Sierra Leone, Togo	O, A, SAT 1, SAT 2
6	SOUTHERN AFRICA Angola, Botswana, Congo D. R., Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe	{O, A}* , SAT 1, SAT 2, SAT 3
7	SOUTH AMERICA Ecuador, Paraguay, Venezuela	O, A

Egypt and **Libya** (highlighted in bold) are indicated as being in multiple pools, since they have evidence of FMDV originating from 2 or more pools in the past four years. * ONLY IN NORTH ZAMBIA AS SPILL-OVER FROM POOL 4

Foot-and-mouth disease (FMD) virus pools: world distribution by serotype in 2011-2013 (Map 1)



II. HEADLINE NEWS

POOL 1

Cambodia^{1,2} – Sixteen new outbreaks of FMDV serotype O were reported in Cambodia, in June, 2014. During July, 2014, a total of 145 outbreaks are still active. The World Reference Laboratory for Foot-and-Mouth Disease (WRLFMD), Pirbright, UK, confirmed the presence of FMDV serotype O in bovine samples collected in Cambodia, during 2013. Field samples collected from cattle, in 2013, were confirmed by WRLFMD as FMDV serotype O, topotype ME-SA, Genotype/strain PanAsia.

China (Hong Kong, Sar)² – A pig sample collected in May, 2014, at Sheung Shui, New Territories, Hong Kong was confirmed by WRLFMD as FMDV serotype O, topotype CATHAY.

Korea (Rep. of)^{2,3} – A FMD outbreak was detected on the 23rd of July, 2014, on a pig farm in Bian-myeon, Uiseong-gun, GYEONGSANGBUK-DO. The WRLFMD confirmed it as FMDV serotype O, topotype SEA, Genotype/strain, Mya-98.

Laos PDR² - The WRLFMD confirmed the presence of FMDV serotypes O and A in bovine samples collected in Laos PDR, during 2013-2014. Field samples collected from cattle, in 2013, were confirmed by WRLFMD as FMDV serotype O, topotype SEA, Genotype/strain Mya-98.

Malaysia¹ – Two new outbreaks of FMDV serotype O were reported in Malaysia, in June, 2014. During July, 2014, a total of 56 outbreaks are reported as active.

Myanmar¹ – No new outbreaks of FMDV were reported in July, 2014, while 3 outbreaks are reported as active.

Thailand^{1,2} - No new outbreaks of FMDV were reported in July, 2014, while 4 outbreaks are reported as active. FMDV serotypes A and O were identified by the WRLFMD, in 21 samples collected from cattle in Thailand, between 2013 and 2014. Field samples collected from cattle, in 2013, were confirmed by WRLFMD as FMDV serotype O, topotype SEA, Genotype/strain Mya-98.

Viet Nam¹ - No new outbreaks of FMDV were reported in July, 2014, while 16 outbreaks are reported as active.

POOL 2

India⁴ - The Project Directorate on Foot and Mouth Disease (PDFMD), Mukteswar, INDIA reported FMDV serotype O in clinical samples received by the regional laboratory.

POOL 3

Algeria³ - A FMD outbreak was detected on the 23rd of July, 2014 in El oudja, Bir El Arch, SETIF. The total number of outbreaks reported on the 7th of August, 2014 was 44. Diagnosis was carried out by the Veterinary Laboratory, Algeria, (National laboratory) using Non-structural protein ELISA. Positive samples were forwarded to Lombardy and Emilia Romagna Experimental Zooprophyllactic Institute (IZSLER), Brescia (OIE Reference Laboratory) and isolated virus was identified as O/ME-SA/Ind-2001 lineage with a 99% homology with isolates from Libya 2013 (FMD detection and serotyping preliminary report – IZSLER).

Pakistan^{2,5} – Predominant FMDV serotypes reported during July, 2014, were O and A with A mainly in the South and O in the North and Punjab. Genotyping of isolates from samples of bovines and water buffaloes, collected in Pakistan between 2012 and 2014 were identified by WRLFMD as A/ASIA/Iran-05^{SIS-12}, A/ASIA/Iran-05^{FAR-09}, Asia 1/ASIA/Sindh-08 and O/ME-SA/PanAsia-2^{ANT-10}.

Tunisia^{3,6} – During the month of July, 2014, 7 new outbreaks were reported in domestic sheep, goats and cattle, in 4 different administrative units.

Turkey⁷ - For the month of July, the Şap Institute, detected FMDV serotypes A, Asia 1 and O in samples received from outbreaks occurring in Anatolia.

POOL 4

Kenya⁸ - The National FMD Reference Laboratory, Embakasi, Kenya detected FMDV serotypes O, A, SAT 2 in field samples.

Uganda^{3, 6} - Information reported to WAHID/OIE on the 27th of July, 2014, is provided about the FMD outbreaks caused by serotype O, detected on the 13th of May, 2014, in Uganda.

POOL 5

Nigeria^{2,9}

During July 2014, the National Veterinary Research Institute detected FMDV serotypes O and A. Genotyping of isolates from bovine samples, collected in Nigeria between 2011 and 2014 were identified by WRLFMD as belonging to A/Africa/G-IV, O/EA-3/genotype unnamed, O/WA/genotype unnamed and SAT 2/VII/genotype unnamed. Vaccine matching tests were conducted by the WRLFMD on FMDV serotype O, A and SAT 2 field isolates collected between 2011 and 2014.

POOL 6

Botswana³ - The FMD outbreak reported on the 19th of June involving 51 of a total of 1500 regularly vaccinated domestic cattle in the province of NGAMILAND was caused by serotype SAT 1.

POOL 7

No outbreaks reported³

COUNTER

***** 31 MONTHS SINCE THE LAST OUTBREAK IN SOUTH AMERICA WAS REPORTED**

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

III. DETAILED POOL ANALYSIS

A. POOL 1 – Central /East Asia

Cambodia^{1,2}

Sixteen new outbreaks of FMDV serotype O in Cambodia were reported in June, 2014. A total of 145 other outbreaks are on going during July, 2014. Location is represented in Map 2.

The Regional Reference Laboratory for FMD in South East Asia, Pakchang, Nakhon, Thailand sent bovine samples collected in Cambodia, during 2013 to the WRLFMD in which FMDV serotype O was detected.

Summary of genotyping results conducted by WRLFMD of field samples collected from cattle, in 2013, are reported in Table 2.

Table 2: Summary of genotyping results by WRLFMD for bovine samples collected in Cambodia during 2013.

N° of samples	species	date of collection	location	serotype	topotype	genotype/strain
1	Cattle	19/09/2013	Kampong Speu Province,	O	ME-SA	PanAsia
2			Svay Rieng Province,			
3						

Map 2 Location of FMD outbreaks active in Cambodia during July, 2014 (SEAFMD).



China (Hong Kong, SAR of PRC) ²

A pig sample collected in May, 2014, at Sheung Shui, New Territories, Hong Kong by the Tai Lung Veterinary Lab of Hong Kong was identified by WRLFMD as FMDV serotype O, toptotype CATHAY, the genotype not defined.

Guest Editor's Comment:

The first outbreak of FMD virus since 2011 was detected in Korea (Rep. of). The typing by the WRL indicated that this strain (FMDV serotype O/SEA/Mya-98) is identical to the strain isolated in Russia in May 2014 (O/Primorskiy/RUS/2014). Vaccine matching performed by the Regional Reference Laboratory for FMD (ARRIAH, Russia) indicates a close match with O Manisa and O SEA (see below).

Korea (Rep. of) ^{2,3}

A first FMD outbreak was detected on the 23rd of July, 2014, on a pig farm in Bian-myeon, Uiseong-gun, GYEONGSANGBUK-DO. A second outbreak was reported on an other pig farm on the 27th of July, 2014, in the locality of Koryung.

Summary of the animal species and number involved in both outbreaks is reported in Table 3 and location of the 1st outbreak is represented in Map 3. Last previous outbreak of FMD reported was in April, 2011. Source of the outbreaks or origin of infection is unknown or inconclusive. Currently, an epidemiological survey is being conducted and the following control measures were adopted; control of wildlife reservoirs, quarantine, movement control inside the country, screening, zoning, vaccination in response to the outbreaks, disinfection of infected premises/establishments and stamping out. Affected animals are not being treated.

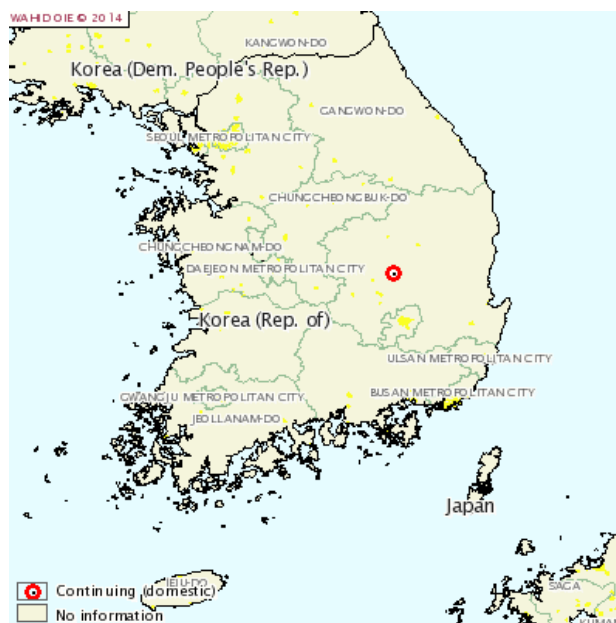
The Animal and Plant Quarantine Agency (National laboratory) of Korea (Rep. of) has employed ELISA and reverse transcriptase polymerase chain reaction (RT-PCR) identifying the FMDV as serotype O.

Samples collected in the outbreak on the 23rd of July 2014 were sent by Kwang-Nyeong Lee, FMD Division, Korea (Rep. of) to WRLFMD that confirmed the presence of FMD serotypes O in one of the 10 pig samples collected in the country during 2014, while virus genome was detected in all of the samples received. The field isolate was confirmed by WRLFMD as FMDV serotype O, toptotype SEA, Genotype/strain, Mya-98 (the most closely related strain – 96.87% homology for VP1 sequence – is the Russian strain of O/Primorskiy/RUS/2014 (ARRIAH).

Table 3: Details of outbreaks of FMDV type O in July 2014, in Republic of Korea

Country	Admin1	Locality Name	Observation Date	Reporting Date	Status	Serotypes	Species Description	Sum At Risk	Sum Cases	Sum Deaths	Sum Destroyed	Sum Slaughtered
Republic of Korea	Kyongsangbuk-do	Koryung	27/07/2014	28/07/2014	Confirmed	O	domestic, swine	2015	6			
Republic of Korea	Kyongsangbuk-do	Uiseong County	23/07/2014	24/07/2014	Confirmed	O	domestic, swine	1500	3	0	0	4

Map 3: Location (red dot) of 1st FMD outbreak in July, 2014, in GYEONGSANGBUK-DO, Korea (Rep. of) (WAHID-OIE).



Laos PDR ²

The WRLFMD confirmed the presence of FMDV serotype O (3 samples) and serotype A (3 samples) from a total of 6 bovine samples collected in Laos PDR, during 2013-2014, sent by Regional Reference Laboratory for FMD in South East Asia, Pakchang, Nakhon, Thailand. Summary of genotyping results conducted by WRLFMD of field samples collected from cattle, in 2013, are reported in Table 4.

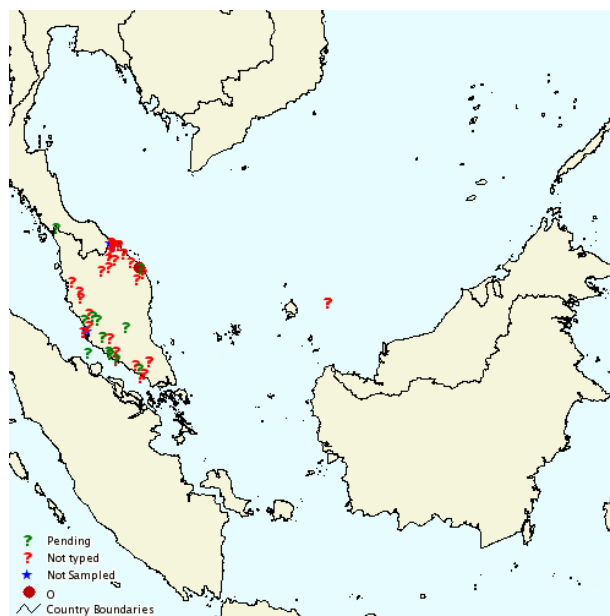
Table 4: Summary of genotyping results by WRLFMD for bovine samples collected in Laos during 2013.

Malaysia ¹ – Two new outbreaks of FMDV serotype O in Malaysia were reported in June, 2014, while 56

N° of samples	species	date of collection	location	serotype	topotype	genotype/strain
1	Cattle	19/07/2013	Luang Namtha Province,	O	SEA	Mya-98
2			Sainyabuli Province			
3			(Xayaboury),			

outbreaks are reported as on-going during July, 2014. Location of outbreaks is shown in Map 4.

Map 4: Location of FMD outbreaks active in Malaysia during July, 2014 (SEAFMD).



Myanmar ¹

No new outbreaks of FMDV were reported in July, 2014, while 3 outbreaks are reported as active. Location of outbreaks is shown in Map 5.

Map 5: Location of FMD outbreaks active in Myanmar during July, 2014 (SEAFMD).



Russian Federation ¹⁰

The Regional Reference Laboratory for FMD (ARRIAH, Russia) reported post vaccination monitoring for the same country on 2632 sera and also for Kyrgyzstan on 735 sera.

Vaccine matching strain differentiation tests carried out by the same laboratory are reported in the following table:

Epidemic isolates	Type O FMD virus strains			
	O Manisa	O Sea	Pan Asia	O Pan Asia 2
O /Primorsky/2014	M	M	N	N

M – match – indicates a close relationship between field isolate and vaccine strain.

N – no match - indicates that the field isolate is so different from the vaccine strain protection is unlikely.

Thailand ^{1,2}

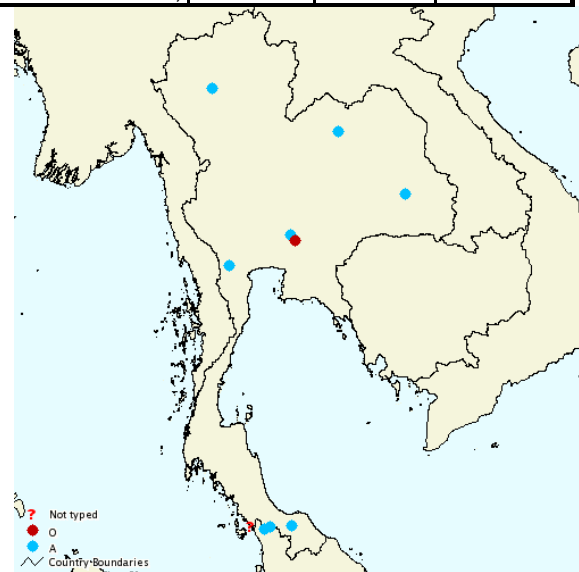
No new outbreaks of FMDV were reported in July, 2014, while 4 outbreaks are reported as continuing. Location of outbreaks is shown in Map 6.

WRLFMD identified FMDV serotype A in 19 samples and serotype O in 2 samples from a total of 21 bovine samples collected in Thailand, between 2013 and 2014 sent by Regional Reference Laboratory for FMD in South East Asia, Pakchang, Nakhon, Thailand. Summary of genotyping results conducted by WRLFMD of field samples collected from cattle, in 2013, are reported in Table 5.

Table 5: Summary of genotyping results by WRLFMD for bovine samples collected in Thailand during 2013.

N° of samples	species	date of collection	location	serotype	topotype	genotype/strain
1	Cattle	01/10/2013	Ratchaburi Province,	O	SEA	Mya-98
2		09/10/2013	Nakhon Pathom Province,			

Map 6: Location of FMD outbreaks active in Thailand during July, 2014 (SEAFMD).



Viet Nam ¹ - No new outbreaks of FMDV were reported in July, 2014, while 16 outbreaks are reported as on going.

Location of outbreaks is shown in Map 7.

Map 7: Location of FMD outbreaks active in Viet Nam during July, 2014 (SEAFMD).



A map of the FMD situation for July, 2014, in South East Asia area is included for a general view (Map8).

Map 8: Location of FMD outbreaks active South East Asia during July, 2014 (SEAFMD).

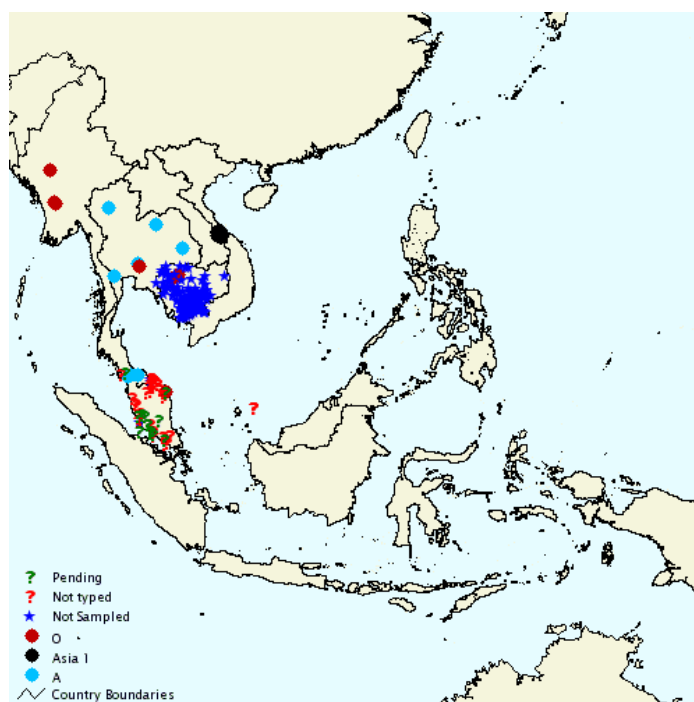


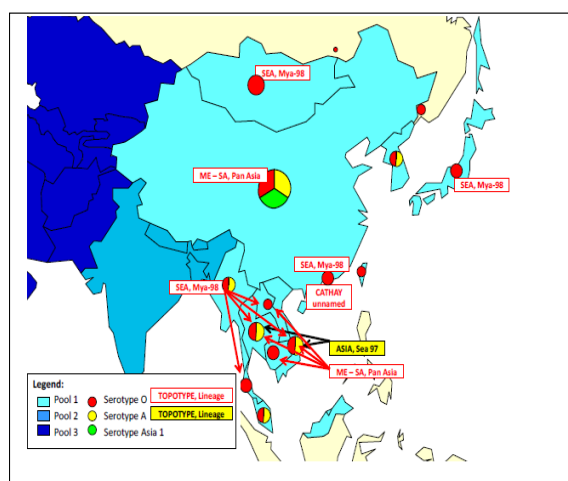
Table 6: Summary of the history of FMD Pool 1, 2011 – 2014, for geographic distribution see Map 9 below.

COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2011 – 2014	LAST OUTBREAK REPORTED/SEROTYPE	Comment
Cambodia	2014 - O	Jun 2014/O	See text
China (People's Rep. of)	A, O	Jun 2014/A, Apr2014/O	Genotyping needed (LVRI to comment)
China (Hong Kong, Sar)	O	May 2014/O	See text
China (Taiwan Province)	O	June 2013/O	
Japan	FMD-free without vaccination	Jul 2010/O	
Korea (DPR)	2014 – O	Mar 2014/O May 2014/not confirmed	Genotyping needed
Korea (Rep. of)	2011 – O	July 2011/O	See text
Laos PDR	O	Mar 2013/O	See text
Malaysia	O, A 2013 - NOT TYPED	Jan 2013/not typed Jun 2014/O	Genotyping needed - see text
Mongolia	2012 – O 2013 – A	Sep 2013/A, Apr2014/O	Genotyping needed for April isolates
Myanmar	2011 - O	Jun 2014/O	See text
Russian Federation	2011 – 2012, 2014 - O 2014 - A	Feb 2014/A June 2014/O	See text
Thailand	O, A	Jun 2014 /A, Oct 2012/O	See text
Vietnam	2011 - O 2012 - A, O 2013 - A	Apr 2013/A Jun 2014/O	See text

Map 9: FMD distribution by serotype and toptype in South East Asia, 2010 – 2013 (EuFMD).

Conjectured circulating FMD viral lineages in pool 1 during 2013¹³:

- Serotype O: O/SEA/Mya-98, O/ME-SA/PanAsia, O/CATHAY
- Serotype A: A/ASIA/Sea-97
- Serotype Asia-1 (not detected in the region since 2005 (Myanmar) and 2006 (Vietnam, P.R. China))



B. POOL 2 – South Asia

India⁴

PDFMD, Mukteswar, INDIA reported that 14 clinical samples were tested for FMDV antigen and/or RNA detection and FMDV serotype O was detected. The same laboratory carried out genotyping for serotype O on 11 clinical samples. 405 serum samples were tested for FMDV antibodies for epidemiological studies. The diagnostic kits employed are those developed at PDFMD, Mukteswar.

The Laboratory was involved in providing expert advice to Government services national/local authorities or other. PDFMD has reported on going research on FMD and active collaborations with International Organizations.

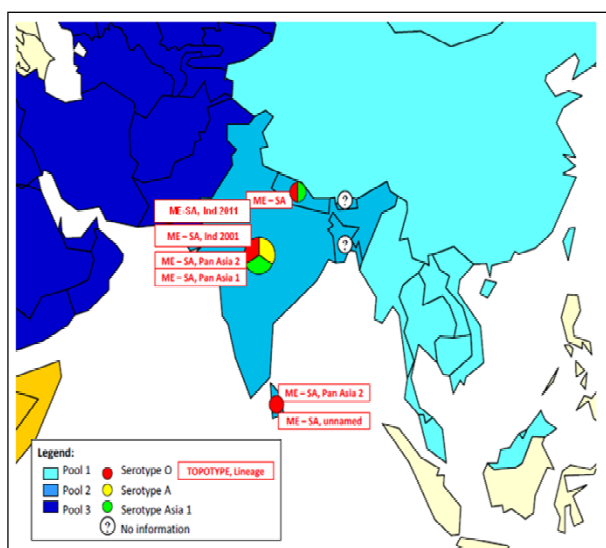
Table 7: Summary of the history of FMD Pool 2, 2011 – 2014, for geographic distribution see Map 10 below.

COUNTRY	FMDV serotypes, reported to OIE in 2011 – 2013	LAST OUTBREAK REPORTED/SEROTYPE	Comment
Bangladesh	2011 - O, A, Asia 1	Not available	Follow –up needed – national situation unclear
Bhutan	2011, 2012 – O	Nov 2012/O	
India	O, A, Asia 1	Sep 2013/ Asia 1, July 2014/ O	Genotyping needed – current type O samples – see text
Nepal	O, A, Asia 1	Apr 2014/O	Genotyping results available (O Ind2001d)
Sri Lanka	O	2012/O	

Map 10: FMD distribution by serotype and toptype in South Asia, 2011 – 2013 (EuFMD).

Conjectured circulating FMDV lineages in pool 2 during 2013¹³:

- O/ME-SA/Ind-2001 (the O/ME-SA/Ind-2011 lineage that emerged during 2011 has not been recognized during 2012-13)
- O/ME-SA/PanAsia-2 (last detected in 2011 in Sri Lanka)
- A/ASIA/IND (genotype 18)
- Asia-1 (lineage C subdivided into Eastern and Western clusters)



C. POOL 3 – West Eurasia & Middle East

Guest Editor’s Comment:

In the December 2013 issue of the FMD Situation Report, the guest editor advised readers to closely monitor the movement of the O/ME-SA/Ind-2001 lineage during 2014. Typically, this lineage had been restricted to the Indian sub-continent but late in 2013 had moved into Libya and Saudi Arabia. The spread of this lineage into West EurAsia and North Africa in the early part of 2014 and has continued where it was recently isolated from livestock in Algeria (previously FMD free with vaccination).

Algeria³

A FMD outbreak was detected on the 23rd of July, 2014, El ouldja, Bir El Arch, SETIF. The last previous outbreak of FMD was in 1999. On the 7th of August, 2014, the total number of outbreaks reported was 44. The disease was initially suspected on a clinical basis, but has been confirmed by the Central Veterinary Laboratory that obtained positive results on the 28th of July, 2014 for FMDV serotype O in cattle samples examined by Non-structural protein (NSP) ELISA and Real-time RT-PCR.

A summary of the species and number of animals involved is reported in Table 8 and location of outbreaks is represented in Maps 11 and 12.

The first outbreak occurred on a fattening cattle farm, in El oudja, El oudja, Bir El Arch, SETIF. The source of the outbreak was due to the illegal introduction of animals from Tunisia. Clinical signs of the disease included fever, blisters, lameness and mammary lesions.

The following control measures have been applied: closing of livestock markets in the affected wilayahs (provinces) and the neighbouring wilayahs, ban on movement of animals within the infected wilayah, movement control in the neighbouring wilayahs and increased investigation activities. Treatment of animals is not being carried out. The outbreaks are occurring in an area of high concentration of cattle, in a 20-km² area; the area has a high concentration of fattening cattle. Further control measures are; stamping out, movement control inside the country, screening, vaccination in response to the outbreaks, disinfection of infected premises/establishments.

Four bovine samples were forwarded to Lombardy and Emilia Romagna Experimental Zooprophyactic Institute (IZSLER), Brescia (OIE's Reference Laboratory) and the virus isolated in three of the samples was identified as O/ME-SA/Ind-2001 lineage with a 99% homology with isolates from Libya 2013 (FMD detection and serotyping preliminary report – IZSLER).

Table 8: Outbreak summary for Algeria reported between the 23rd of July and 7th of August, 2014 (WAHID-OIE)

Species	Susceptible	Cases	Deaths	Destroyed	Slaughtered
Cattle	1660	338	79	0	1581
Sheep	183	0	0	0	183
Goats	10	0	0	0	10
Total	1853	338	79	0	1774

Map 11: Location of first outbreak reported on the 23rd of July, 2014 in Algeria (WAHID-OIE).



Map 12: Location of outbreaks reported between the 23rd of July and 7th of August, 2014 in Algeria, (WAHID-OIE).



Pakistan ⁵

Within the on going project GCP/PAK/123/USA, in Pakistan, the following activities are being conducted: a total of 51 FMD outbreaks were attended throughout Pakistan. The field veterinarians carried out free treatment of sick animals and ring vaccination during FMD outbreaks in 775 animals at risk. These activities have improved reporting of the disease in the country.

Landhi Cattle Colony (LCC) remains the hottest spot in the country where 29 out of 51 outbreaks were reported. Predominant FMDV serotypes during last month were A (mainly in the South) and O (in the North and in Punjab).

The FMD vaccines were employed according to the SOPs developed by the Project and have provided protection to animals against the disease convincing and encouraging a large number of farmers to undertake vaccination (even on cost share basis), particularly against FMD.

Animals are being constantly vaccinated at selected farms in different production systems including dairy colony production system, market oriented rural dairy production system, desert farming system and animals being raised in summer pastures.

A total of 8080 animals have been vaccinated, of which 2380 animals in dairy colony production system (including 951 newly arrived animals) and 5700 (including 65 newly animals) in market oriented rural smallholders. According to an Agreement (on cost sharing basis) with Farmer's Association at LCC, 508 animals at 26 farms were ear tagged and administered primary vaccination, 765 animals at 38 farms were given booster doses and 559 animals at 6 farms were vaccinated, six months after primary dose. At Nagori Dairy Farmers Cooperative Society, on cost sharing basis, 316 animals at 2 farms were given booster doses.

At Government Livestock Experimental Stations (LEC) in Punjab, 824 animals and in Khyber Pakhtunkhwa, 125 animals were vaccinated. No clinical case of the disease was reported in vaccinated animals anywhere in the country.

Eight diagnostic labs are providing diagnostic and serotyping facilities in all provinces/regions of the country and Scientists from the National University of Sciences and Technology, Pakistan (NUST), visiting the ELISA laboratory at Livestock Dairy Development & Poultry Department, Gilgit Baltistan, gave a detailed overview of the application of Laboratory Information Management System (LIMS) and reviewed lab's working and integration of LIMS in lab's operations. The discussions were focused on how the system can be effectively used in that environment and the configuration of the application accordingly.

Backstopping for the proper analysis of samples was provided to all ELISA labs. ELISA kits and other expendables were regularly provided for smooth running of activities at the laboratories.

The 8th TAD officer meeting, with the project technical staff, was held on 16 July 2014 at Islamabad. The Project progress was reviewed and issues being faced were discussed as also the implementation of various activities and their possible solutions were discussed.

A summary of the genotyping results carried out by the WRLFMD, of isolates from samples of bovines and water buffaloes, collected in Pakistan between 2012 and 2014 is reported in Table 9. In brief the isolates were identified by WRLFMD as belonging to A/ASIA/Iran-05^{SIS-12}, A/ASIA/Iran-05^{FAR-09}, Asia 1/ASIA/Sindh-08 and O/ME-SA/PanAsia-2^{ANT-10}.

Table 9: summary of genotyping results by WRLFMD for bovine and water buffalo samples collected in Pakistan between 2012 and 2014.

Sample N°	Species	Date of collection	Location	Serotype	Topotype	Genotype/strain
1	Cattle	21/11/2012	Mirpur	A	ASIA	Iran-05 ^{SIS-12}
2	Water Buffalo	15/01/2014	Sialkot			
3	Cattle	17/01/2014	Islamabad			
4	Cattle	20/02/2014	Sargodha			
5	Cattle	20/02/2014	Sargodha			
6	Cattle	09/04/2014	Lower Dir			
7	Water Buffalo	10/04/2014	Lahore			
1	Water Buffalo	08/05/2012	Rahim Yar Khan	Asia 1	ASIA	Sindh-08
2	Cattle	22/01/2014	Multan			
3	Water Buffalo	24/03/2014	Multan			
4	Cattle	15/04/2014	Lahore			
1	Cattle	24/07/2012	Islamabad	O	ME-SA	PanAsia-2 ^{ANT-10}
2	Water Buffalo	16/10/2012	Hafizabad			
3	Cattle	05/12/2013	Lasbella			
4	Water Buffalo	17/12/2013	Khanewal			
5	Cattle	03/01/2014	Quetta			
6	Water Buffalo	04/01/2014	Bhimber			
7	Cattle	04/01/2014	Mirpur			
8	Water Buffalo	09/01/2014	Multan			
9	Cattle	10/03/2014	Kotli			
10	Cattle	12/01/2014	Gilgit			
11	Cattle	12/01/2014	Gilgit			
12	Water Buffalo	15/01/2014	Quetta			
13	Cattle	30/01/2014	Multan			
14	Cattle	11/02/2014	Rahim Yar Khan			
15	Cattle	11/02/2014	Attock			
16	Cattle	20/02/2014	Sargodha			
17	Cattle	06/03/2014	Karachi			
18	Water Buffalo	10/03/2014	Lahore			
19	Water Buffalo	17/03/2014	Sialkot			
20	Water Buffalo	20/03/2014	Karachi			
21	Cattle	02/04/2014	Karachi			
22	Water Buffalo	10/04/2014	Lahore			
23	Cattle	14/04/2014	Karachi			

Tunisia^{3,6}

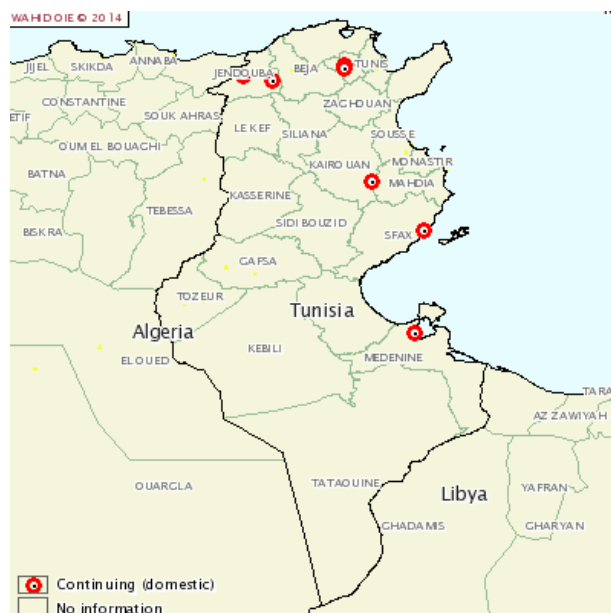
During the month of July, 2014, 7 new outbreaks were reported in domestic sheep, goats and cattle, in 4 different administrative units. Details of these are presented in Table 10 and location is reported in Map 13. Although the event is continuing, fewer outbreaks were reported probably coinciding to Ramadan occurring between 27th of June and 26th of July as in this period there could be a change in field activities possible.

The following control measures are being adopted: quarantine, movement control inside the country, vaccination in response to the outbreaks, disinfection of infected premises/establishments and modified stamping out.

Table 11: Details of outbreaks of FMDV type O in July, 2014 in TUNISIA (FAO EMPRES/WAHID-OIE)

Administrative unit	Locality Name	Observation Date	Reporting Date	Serotypes	Species Description	Sum At Risk	Sum Cases	Sum Deaths	Sum Destroyed	Sum Slaughtered
Manouba	Borj toumi Elbattan	14/07/2014	21/07/2014	O	domestic, cattle	4	2	0	0	4
Medenine	Bouhrara Medenine sud	07/11/2014	21/07/2014	O	domestic, cattle	6	1	0	0	4
Manouba	Zouitina Elbattan	07/11/2014	21/07/2014	O	domestic, cattle, domestic, sheep	156	2	0	0	4
Kairouan	Ouled Lahjallah Bouhajla	07/07/2014	21/07/2014	O	domestic, cattle	70	1	0	0	4
Jendouba	Mguassim Boussalem	07/04/2014	21/07/2014	O	domestic, cattle	21	21	0	0	4
Jendouba	Rabaa Fernana	07/01/2014	21/07/2014	O	domestic, cattle	8	8	0	0	4
Manouba	Tebourba	07/01/2014	07/07/2014	O	domestic, cattle, domestic, goats, domestic, sheep	29	1	0	0	4
Totals						294	36	0	0	28

Map 14: Location of outbreaks in July, 2014 in Tunisia (WAHID-OIE).



Turkey ⁷

For the month of July, 2014, the Şap Institute examined 14 samples by Multiplex Real-time RT-PCR and Antigen detection ELISA. Samples were received from 13 outbreaks that occurred in Anatolia. FMDV serotypes were detected as reported in the following table:

Serotypes	N° of samples
O	4
A	5
Asia 1	1
Unidentified	3

FMDV serotypes A and O isolates were genotyped by Şap Institute.

A total of 2206 sera sample were tested by different antibody detection ELISAs within the following activities:

- 99 sera by NSP ELISA for Risk based Thrace Surveillance Program
- 7 sera by NSP ELISA from outbreaks
- 597 sera in NSP ELISA for screening disease free animal for transportation

- 7 sera for serotyping by solid phase competition ELISA (SPCE)
- 747 sera for vaccine potency trial by SPCE
- 749 sera for routine vaccine monitoring.

Other activities carried out by the Institute were outbreak investigations and expert advice provided to the General Directorate related to the FMD Risk based national Strategy.

In the framework of Research and Development on vaccine production and monitoring, some research activities are continuing.

Table 12: Summary of the history of FMD Pool 3, 2011 – 2014, for geographic distribution see Map 15 below.

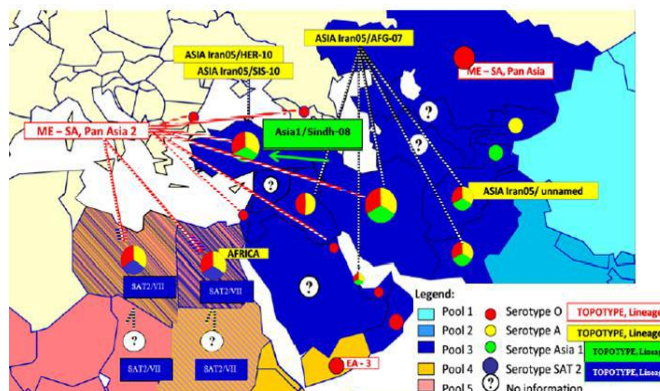
COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2011 – 2013	LAST OUTBREAK REPORTED/SEROTYPE	Comment (Genotyping or vaccine matching tests needed for this pool)
Afghanistan	2011 - O, A, Asia 1	Dec 2011	
Algeria	NO REPORTED OUTBREAKS	July 2014/O	See text
Armenia	NO REPORTED OUTBREAKS	Not available	Follow –up needed – national situation unclear
Azerbaijan	NO REPORTED OUTBREAKS	Jun 2001	
Bahrain	2011 - O, A, Asia 1 2012 - O	Mar 2012/O	
Bulgaria	2011 - O	Apr 2011/O	
Egypt	2012 - O, A	May 2014/O, A, SAT2	
Georgia	NO REPORTED OUTBREAKS	2002	
Iran	O, A, Asia 1	Jun 2013/Asia 1, Apr 2014/O, A	Vaccine matching tests needed
Iraq	O,A	2012/A	
Israel	O	Nov 2013/Mar 2012/O	
Jordan	NO REPORTED OUTBREAKS	2006	
Kazakhstan	O, A	Jun 2013/ A	
Kuwait	O	Feb 2012/O	
Kyrgyzstan	2011 - O, A	Nov 2011/O, A	
Lebanon	NO REPORTED OUTBREAKS	03/2010	
Libya	2011 - O; 2012 - O, SAT 2	Oct 2013/O	
Oman	NO DATA AVAILABLE	Dec 2011	
Pakistan	O, A, Asia 1	Apr 2014 / A, O, Asia 1, Jun2014/(not typed)	See text
Autonomous Territories Palestine	2011 - O, A, Asia 1 2012 - SAT 2; 2013 - A	Mar 2013/A Nov 2013/O	
Qatar, 2011	NO DATA AVAILABLE	Not available	Follow –up needed – national situation unclear
Saudi Arabia	O	Nov 2013/O	
Syrian Arab Republic, 2011	NO REPORTED OUTBREAKS	Mar/2002	
Tajikistan, 2011	2011 - Asia 1	Nov 2011/Asia 1	
Tunisia	2014	Jun 2014/O	Vaccine matching tests needed - see text
Turkey	Asia 1, A, O	July 2014/O, A, Asia 1	See text

Turkmenistan	NO DATA AVAILABLE	Not available	Follow –up needed – national situation unclear
Uzbekistan	NO DATA AVAILABLE	Not available	

Map 15: FMD distribution by serotype and toptotype for West Eurasia and Middle East, 2011 – 2013 (EuFMD).

Conjectured circulating FMDV lineages in pool 3 during 2013¹³:

- O/ME-SA/PanAsia-2 (predominantly from ANT-10 and FAR-09 sub-lineages)
- O/ME-SA/Ind-2001 (recent incursion during 2013 from the Indian sub-continent)
- A/ASIA/Iran-05 (from SIS-12, SIS-10, FAR-11 and BAR-08 sub-lineages) Asia-1 (Sindh-08 lineage).



D. POOL 4 – Eastern Africa

Ethiopia¹¹

In July, 2014, the National Animal Health Diagnostic and Investigation Center (NAHDIC) tested 40 sera samples from imported animals. Fourteen veterinary professionals from different regional veterinary laboratories were trained for one week on FMD, Rift Valley Fever and brucellosis. The laboratory continues to collaborate with the WRLFMD on referral of laboratory special services and proficiency test samples provision.

Kenya⁸

The National FMD Reference Laboratory, Embakasi detected FMDV serotype O in 4 samples, A in 1 sample, SAT 2 in 3 samples and no virus was detected in 7 samples. The laboratory has on going activities on vaccine potency assays and post vaccination monitoring.

Uganda^{3,6}

Following is information reported to WAHID/OIE on the 27th of July, 2014, on the outbreaks detected on the 13th of May 2014. Details of these outbreaks are reported in Table 13 and location is represented in Map 16. Source of the outbreaks or origin of infection are unknown or inconclusive and may be due to: introduction of new live animals, legal or illegal movement of animals or contact with infected animal(s) at grazing/watering. The observed change in pattern and epidemiology of the FMD disease virus has coincided with increased cattle movement and climatic stress that has resulted in scarcity of pastures. Treatment is being carried out with antibiotics for secondary bacterial infections. Control measures applied are the following: quarantine, movement control inside the country, vaccination in response to the outbreaks and administrative division. 31,000 cattle were vaccinated with a trivalent vaccine containing serotypes SAT 1, SAT 2 and O. The National Animal Disease Diagnostics and Epidemiology Center (NADDEC), has employed an antigen (Ag) detection ELISA on cattle samples on the 7th of July that resulted positive for FMDV serotype O.

Table 13: Outbreak summary for Uganda detected on the 27th of July, 2014 (WAHID-OIE)

Administrative unit	Observation Date	Reporting Date	Species Description	Sum At Risk	Sum Cases
Moroto	27/07/2014	25/07/2014	domestic, cattle	2015	6
Kaabong	27/07/2014	25/07/2014	domestic, cattle	2015	6
Kumi	27/07/2014	25/07/2014	domestic, cattle	2015	6

Map 16: Location of outbreaks (red dots) in May, 2014 in Uganda (FAO EMPRES).

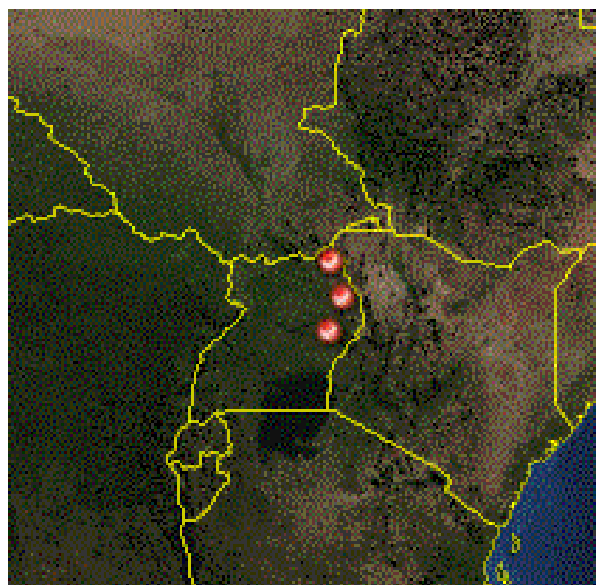


Table 14: Summary of the history of FMD Pool 4, 2011 – 2014, for geographic distribution see Map 17 below.

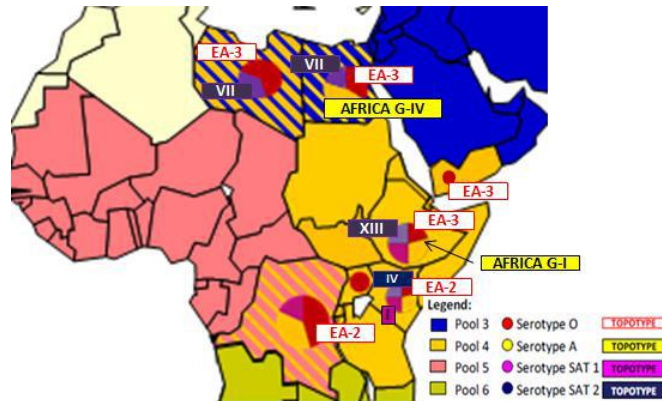
COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2011 - 2013	LAST OUTBREAK REPORTED/SEROTYPE	Comment
Burundi	O, A, SAT 1, SAT 2	Aug 2013 / not available	Identification required
Comoros	NO DATA AVAILABLE	2010	
Congo d. R.	O, A, SAT 1	Jun 2013/not typed	Genotyping needed
Djibouti	NO DATA AVAILABLE	Not available	Follow –up needed – national situation unclear
Egypt	2011 - A, O 2012 - A, O SAT 2	Jun 2012/SAT 2	
Eritrea	O	Dec 2011/O	
Ethiopia	A, SAT 1, 2012/O	Jun 2014/A, SAT 2, O	See text
Kenya	2011 - O, A, SAT 1, 2013/SAT 2	Oct 2013/SAT 1 July 2014/A, July 2014/SAT2, July 2014/O	
Libya	2011 - O 2012 - O, SAT 2	Oct 2013/ O, Sat 2/Apr 2012	Follow up needed
Rwanda	ABSENT NOT TYPED	Nov 2012/not typed	Genotyping needed
Somalia	NO DATA AVAILABLE	2011	Follow –up needed – national situation unclear
Sudan	A, O	2013/O, SAT2	
South Sudan	O, SAT 1, SAT 2, A	2011	
Tanzania	2011 - SAT 1(buffalo), SAT 2 (cattle), O, SAT3 2012 - A, O, SAT 1, SAT 2	Mar 2013/O Apr 2013/ A, SAT 1, SAT2	
Uganda	O, A, SAT 1, SAT 2, SAT3	2013/A, SAT2, May 2014/O	Genotyping needed
Yemen	NO DATA AVAILABLE	Not available	Follow –up needed – national situation unclear

Map17: FMD distribution by serotype and toptotype for East Africa. 2011 – 2013 (EuFMD)

East Africa is known to be endemic for FMD, but current data are limited.

Conjectured circulating FMDV lineages in pool 4 during 2013¹³:

- O/ME-SA/Sharqia-72 (detected in samples collected in Egypt in 2009)
- A/AFRICA (genotypes I (Kenya, Tanzania, D.R. Congo), IV (Sudan, Eritrea, Egypt) and VII (Ethiopia, Egypt))
- A/ASIA/Iran-05 BAR-08 sub-lineage (Egypt)
- SAT 1 (topotypes I (Kenya, Tanzania)
- SAT 2 (topotypes IV (Kenya, Tanzania), VII (Sudan, Egypt), XIII (Ethiopia, Sudan))
- SAT 3 (only detected in African buffalo in the south of the QENP, Uganda in 1970 & 1997)
- O (topotypes EA-2 (Kenya, Tanzania, DR Congo, Uganda), EA-3 (Ethiopia, Eritrea, Sudan, Egypt) and EA-4 (Ethiopia, Kenya, Uganda).



E. POOL 5 – West / Central Africa

Cameroon¹²

LANAVET- Garoua employed kits provided by FAO to carry out pre- and post-vaccinal sampling to monitor seroconversion. The Laboratory is collaborating on research activities with the Ohio state University and Plum Island Animal Disease Center –USA and has an ongoing FAO project (MTF/034/STF).

Nigeria^{2,9}

During June 2014, the National Veterinary Research Institute detected FMDV serotypes O and A in field samples. The Laboratory also carried out activities for the testing of samples for FMDV antibodies using kits provided by FAO. The Laboratory was involved in the investigation of FMD outbreaks in the field and providing expert advice to Government services national/local authorities or other). The Laboratory has on going collaborations with international Organisations.

A summary of the genotyping results carried out by the WRLFMD of isolates from bovine samples collected in Nigeria, between 2011 and 2014 is reported in Table 15. In brief, the isolates were identified by WRLFMD as belonging to A/Africa/G-IV, O/EA-3/genotype unnamed, O/WA/genotype unnamed and SAT 2/VII/genotype unnamed.

A summary of the vaccine matching results carried out by the WRLFMD is reported in Table 16.

Table 15: summary of genotyping results by WRLFMD for samples collected in Nigeria between 2011 and

Sample N ^o	Species	Date of collection	Location	Serotype	Topotype	Genotype/strain		
1	Bovine	26/06/2011	Kogi State	A	AFRICA	G-IV		
2		06/11/2012	Barakin Ladi, Plateau State					
3								
4								
5							13/11/2012	Kaura, Kaduna State
6							17/09/2013	Barakin Ladi, Plateau State
7		21/11/2013	Toro, Bauchi State					
8								
9								
1		11/06/2011	Makurdi, Benue State	O	EA-3	unnamed		
2		26/06/2011	Oke Buku, Kogi State		WA			
3		22/07/2011	Kachia, Kaduna State		EA-3			
4		02/08/2011	Jos South, Plateau State		WA	unnamed		
5	03/08/2012	Madagali, Adamawa State						
6	03/08/2012	Shuwa, Adamawa State						
7	03/01/2014	Kara, Plateau State,						
8								
9								
10	14/01/2014							
1*	Bovine	20/07/2011	Dengi, Plateau State	SAT2	VII	unnamed		
2*								
3 [^]			22/07/2011				Kachia, Kaduna State,	
4 [^]								
5 [^]			02/08/2011				Jos South, Plateau State	
6 [^]								
7 [^]			06/08/2011				Mickan, Plateau State	
8 [^]								
9*			03/11/2011				Bokkos, Plateau State	
10*								
11 [^]								
12 [^]			22/06/2012				Igbo, Oyo State	
13 [^]								

* strains forming a nearly unique cluster, most closely related to Lib-03

[^]strains forming a nearly unique cluster, most closely related to Lib-12

2014.

Table 16: summary of the vaccine matching results carried out by the WRLFMD on field isolates from Nigeria
M – match – indicates a close relationship between field isolate and vaccine strain.

N – no match - indicates that the field isolate is so different from the vaccine strain protection is unlikely.

Field isolate identification	Vaccine strain identification			
	A Eri98	A Iran 2005	A22 Irq	A Tur06
A Nig 03/13	M	N	N	M
A Nig 07/13	M	N	N	N
	O 3939	O Manisia	O Tur 5/09	
O Nig 03/14	M	N	M	
O Nig 04/14	M	N	M	
	Sat2 Eri	Sat2 Zim		
Sat2 Nig 03/12	M	M		
Sat2 Nig 17/11	M	N		

Table 17: Summary of the history of FMD Pool 5, 2011 – 2014, for geographic distribution see Map 18 below.

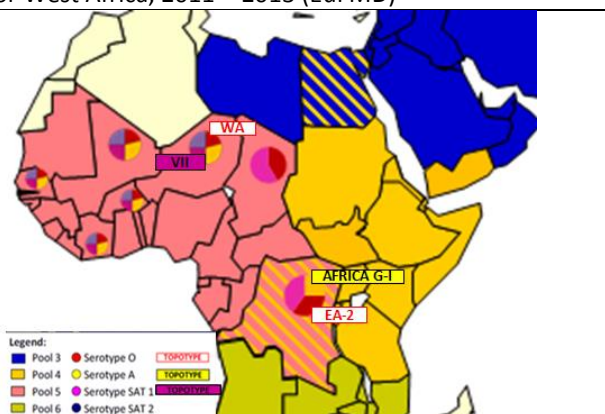
Country	FMD history FMDV serotypes, reported to OIE in 2011 – 2013	Last outbreak reported/serotype	Comment (Genotyping would be useful for this region)
Benin	2011 - A, O, SAT 1, SAT 2	Dec 2011/O, A, SAT 1, SAT 2	
Burkina Faso	O, A, SAT 2	2013/ not available	Follow –up needed – national situation unclear
Cameroon	2011 - O, A, SAT 2	2013/O, SAT 2; Apr2014/O, A, SAT 2, May 2014/SAT 1, Jun 2014	Genotyping needed
Cape Verde	No data available	Not available	Follow –up needed – national situation unclear
Central Afr. Rep.	No data available	Not available	
Chad	2011, 2012 - A, SAT 1	Not available	
Congo D. R.	2011, 2012 O, A, SAT 1	Jun 2013/not typed	Genotyping needed
Congo R.	No data available	Not available	Follow –up needed – national situation unclear
Cote D’Ivoire	2011 - SAT 1, A, O, SAT 2	2011	
Equatorial Guinea	No data available	Not available	Follow –up needed – national situation unclear
Gabon	No data available	Not available	
Gambia	O, A, SAT 2	2012/O	
Ghana	O, A, SAT 1, SAT 2	2013/not available	Genotyping needed
Guinea Biss.	No data available	No data available	Follow –up needed – national situation unclear
Guinea	No data available	No data available	
Liberia	A, SAT 2	2011/2012, no precise data	Genotyping needed
Mali	O, A, SAT 1, SAT 2	2011/2012, no precise data	Follow –up needed – national situation unclear
Mauritania	No data available	Not available	
Niger	O, A, SAT 1, SAT 2	2013/not available	Genotyping needed
Nigeria	O, A, SAT 1; SAT 2	2013/SAT 1, SAT 2, July 2014/O, A,	See text
Sao Tome Principe	No data available	Not available	Follow –up needed – national situation unclear
Senegal	O, A, SAT 1, SAT 2	2012/O, A, SAT 1	
Sierra Leone	No data available	Oct 1958	
Togo	O, SAT 1	2012/O	

Map 18: FMD distribution by serotype and topotypes for West Africa, 2011 – 2013 (EuFMD)

FMD is endemic in West Africa.

Conjectured circulating FMDV lineages in pool 5 during 2013¹³:

- Serotype O (topotypes WA and EA-3 (Nigeria))
- Serotype A (topotype AFRICA, genotypes IV and VI)
- Serotype SAT 1
- Serotype SAT 2 (topotype VII)



F. POOL 6 – SOUTHERN AFRICA

Botswana³

The FMD outbreak reported on the 19th of June involving 51 of a total of 1500 regularly vaccinated domestic cattle in the province of NGAMILAND was caused by serotype SAT 1. Ring vaccination around the outbreak is continuing with 3862 cattle vaccinated with a trivalent SAT 1,2,3 conventional vaccine. Epidemiological investigations of this event are continuing and control measures in place are: control of wildlife reservoirs, quarantine, movement control inside the country and dipping and spraying. The diagnostic tests were carried out by Botswana Vaccine Institute (OIE's Reference Laboratory) by virus isolation.

Table 18: Summary of the history of FMD Pool 6, 2011 – 2014, for geographic distribution see Map 19 below

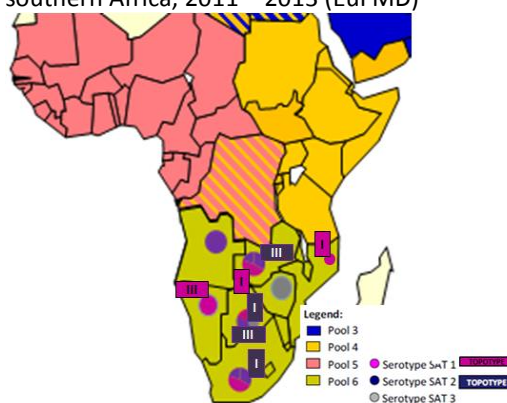
COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2011 – 2013	LAST OUTBREAK REPORTED/SEROTYPE	Comment
Angola	NO REPORTED OUTBREAKS	Dec 2010/ SAT 2	
Botswana	SAT 1, SAT 2, SAT 3	Jun 2014/Sat 1	See text
Congo D. R.	O, A, SAT 1	2011/2012, NO PRECISE DATA	Follow –up needed – national situation unclear
Malawi	2011 - SAT 2	Oct 2011	
Mozambique	2011 - SAT 2	Jun 2011/SAT 2	
Namibia	SAT 1	Aug 2013/ NOT AVAILABLE	Genotyping needed
South Africa	SAT 1, SAT 2	Aug 2013/SAT 1; Mar2014 SAT 2	
Zambia	SAT 1, SAT 2	Jan 2013/SAT 1, SAT 2	
Zimbabwe	SAT 1, SAT 3	Jun 2013/SAT 3, Jun 2014/SAT 1,	

Swaziland and Lesotho are free from FMD without vaccination. There is a zone in both Botswana and Namibia, which has been FMD free without vaccination, since 2010 and 1997 respectively.

Conjectured circulating FMDV lineages in pool 6 during 2013¹³:

- Serotype SAT 1 (topotypes I, II and III)
- Serotype SAT 2 (topotypes I, II and III)
- Serotype SAT 3 (topotypes I, II and III)

Map 19: FMD distribution by serotype and topotype for southern Africa, 2011 – 2013 (EuFMD)



G. POOL 7 – South America

South America³

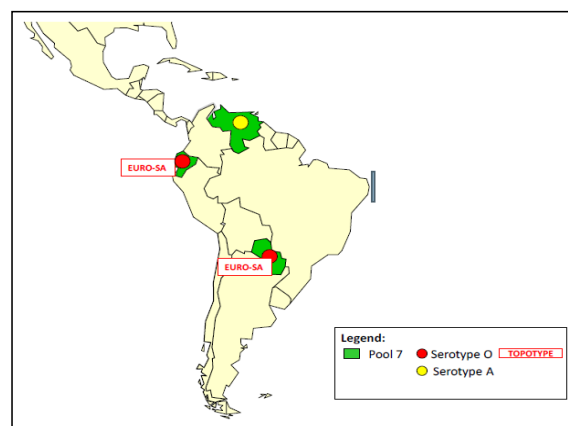
No new outbreaks have been reported for this period of time.

Most South American countries are FMD free with (Uruguay) or without (Chile, Guyana) vaccination or with free zones with vaccination (Argentina, Bolivia, Brazil, Colombia, Peru) or without vaccination (Argentina, Bolivia, Brazil, Colombia, Peru). Small areas of the continent are considered as endemic but clinical cases are rare (Table 19 and Map 20). The FMD history between 2011 –2013 is given in Table19.

Table 19: Summary of the history of FMD Pool 7, 2011 – 2014, for geographic distribution see Map 20 below

COUNTRY	FMD HISTORY FMDV serotypes, reported to OIE in 2011 2013	LAST OUTBREAK REPORTED/SEROTYPE	Comment
Ecuador	O	Aug 2011/O	National situation needs verification
Paraguay	O	Dec 2011/O	
Venezuela	O, A	2011/O, A	National situation needs verification

Map 20: FMD distribution by serotype and toptype for South America, 2011 – 2013¹³ (EuFMD)



IV. OTHER NEWS:

No other news to report

V. REFERENCES - Superscripts

1. SEAFMD, <http://www.arahis.oie.int/reports.php?site=seafmd>
2. World Reference Laboratory for Foot-and-Mouth Disease (WRLFMD), www.wrlfmd.org
3. WAHID Interface – OIE World Animal Health Information Database <http://web.oie.int/wahis/public.php?page=home>
4. Project Directorate on Foot and Mouth Disease (PD-FMD), Indian Council of Agricultural Research, Mukteswar, India (*Dr B. B. Dash*)
5. Progressive Control of Foot and Mouth Disease in Pakistan, GCP/PAK/123/USA - (*Dr. Manzoor Hussain*, National Project Director and *Dr. Muhammad Afzal*, Project Coordinator)
6. FAO EMPRES-AH, <http://www.fao.org/ag/againfo/programmes/en/empres/home.asp>
7. WELLNET Laboratory, Sap Institute, Turkey (*Dr. Naci Bulut*)
8. National FMD Reference Laboratory, Embakasi, Kenya (*Dr. Abraham Sangula*)
9. FMD Research Centre, Virology Research Department, National Veterinary Research Institute, Vom, Plateau State, Nigeria (*Dr. Ularamu Hussaini*)
10. Regional Reference Laboratory for FMD (ARRIAH, Russia) - (*Dr. Svetlana Fomina*)
11. National animal health diagnostic and investigation center (NAHDIC), Ethiopia (*Dr. Daniel Gizaw*)
12. LANAVET-Garoua, Cameroon (*Dr. Simon Dickmu Jumbo*)
13. OIE/FAO FMD Reference Laboratory Network, Annual Report 2013

EuFMD TRAINING MENU 2013-2015

Introduction

The EuFMD training programme aims to assist Member States (MS) to better prepare for Foot-and-Mouth Disease (FMD) emergencies. It will also aim to provide adequate technical support to neighbouring countries to improve their FMD status or FMD emergency preparedness.

During the 40th General Session of the EuFMD Commission (Rome, 22-24 April 2013) it was agreed that, in order to tailor the training programme to the MS demands, a survey would be carried out among the MS to identify trainings needs and priorities. In the survey MS were asked to provide a ranking of their five most immediate training needs from nine different training options. Thirty-three MS responded to the survey (response rate 89%) and the results are shown in **table 1**.

Table 1: Ranking of priorities according to the EuFMD Member States

Course	1st (n)	1st (%)	2nd (n)	2nd (%)	3rd (n)	3rd (%)	4 (n)*	4th (%)*	5 (n)*	5th (%)*	Final Score**
Real Time Training	21	91%	0	0%	4	17%	1	5%	5	23%	124
GEMP	4	17%	8	35%	1	4%	7	32%	4	18%	73
Vaccine as control strategy	4	17%	4	17%	4	17%	5	23%	4	18%	62
Modeling and DST	1	4%	5	22%	5	22%	5	23%	5	23%	55
Simulation	1	4%	4	17%	7	30%	4	18%	4	18%	54
RBS	0	0%	8	35%	5	22%	3	14%	1	5%	54
Socio-economy	0	0%	1	4%	3	13%	5	23%	6	27%	29
Lab	0	0%	3	13%	3	13%	1	5%	2	9%	25
PEPc	2	9%	0	0%	1	4%	1	5%	1	5%	16

*One country only chose three courses. **Final score: 1st option five points, 2nd option four points, 3rd option three points, 4th option two points and 5th option one point. GEMP: Good emergency and management practices. DST: Decision support tools. RBS: Risk based surveillance. Lab: Laboratory. PePC: Practical epidemiology for Progressive Control.

Training menu

The activities against the frame of the 2013-2015 working plan will incorporate the concept of *cascade training*. Each participant will therefore be expected to pass on the newly acquired skills to his/her colleagues and stakeholders. The EuFMD will provide guidance and teaching material to enable trainees to implement workshop or seminars in their own countries.

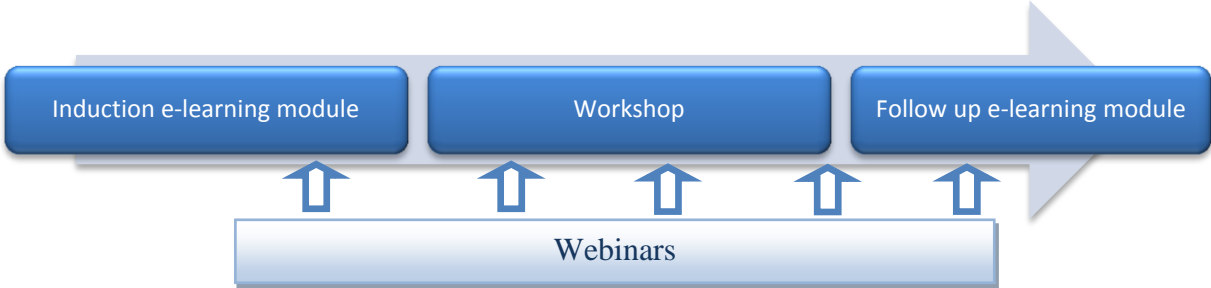
Considering the budget allocated to components 1.1 and 1.2 of the Strategic Objective 1 (Pillar I) for the next 24 months, the training menu will consist in at least eight Real Time Training (RTT) courses and four courses/workshops. The 2013-2015 training programme will involve training at least 165 participants equally distributed among MS

The training programme will be complemented with regular webinars where EuFMD experts or external consultants will discuss specific FMD related topics with trainees. These webinars will be open to all MS with no limit to the number of participants.

Ten training credits (TC) will be allocated to each MS. The TC could be used according to country specific needs during the next 24 months. The number of credits needed to attend each of the training activities is outlined in the training activity description (below). If MS run out of TC, they could self-fund the participation of extra trainees. The EuFMD training team will regularly provide statements of training provided, training available and credit status.

The format of Real Time Training (RTT) and the modeling course will include e-learning components. The participants will be expected to complete successfully the e-learning induction module **before** attending the workshop. Several weeks after the finalization of the workshop the trainee will be invited to participate in the e-learning follow-up module. After having successfully completed the three components, the participant will receive a certificate of completion.

Diagram 1: Training modules of RTT and EuFMD modeling and decision support courses



<u>EuFMD TRAINING MENU</u>	
1. Real time Training plus e-learning components -----	3 TC
2. Modeling and Decision Support plus e-learning components	
Vaccination orientated-----	2TC
Socio-Economic orientated -----	2TC
3. FMD vaccination as control strategy (upon specific demand)----	1TC
4. Socio-economic analysis of FMD control strategies (upon specific demand)--	1TC
5. FMD Preparedness and Simulation Exercise support -----	2TC
6. Risk Based Surveillance (upon specific demand)-----	1TC
7. Laboratory Training on FMD diagnosis (upon specific demand)-----	4TC
8. Expert backstopping mission (upon specific demand)-----	4TC
All training activities will be supported by regular webinars	

Training Description

The EuFMD will carry out a range of training activities intended to improve the readiness for FMD crisis management in MS and European neighborhood. The following training activities will be

available during the next 24 months. Some of them will take place only if there is sufficient request from the MS.

1. Real Time Training (RTT) in FMD Outbreak Investigation (3 TCs)

The course is intended for: *Participants with an interest in improving their FMD clinical recognition skills in the field and their outbreak investigation abilities.*

This training course aims to improve expertise in the immediate investigation and response to FMD outbreaks. The training will take place in countries where FMD is endemic (for instance, Kenya). The areas covered by the course include disease recognition, outbreak investigation lesion ageing, clinical examination and sampling, diagnostic testing, epidemiology and risks factors assessment for local spread.

The five-day course format includes classroom-based teaching, investigation of a real outbreak of FMD in the field focusing on the clinical and epidemiological aspects required if an exotic incursion should occur in a MS. This is followed by a survey of the outbreak area where trainees establish local risk factors for spread of infection in order to establish putative control measures. The course finishes with the rapid production and presentation of a relevant situation report, which is an essential skill for any exotic disease incursion.

E-learning modules for the real time training course to increase the learning impact among trainees will be incorporated into the 2013-2015 training programme.

Trainees will be requested to undertake a three-hour induction e-learning course before starting the five days of field training. The induction course will provide a solid background into the most important aspects of FMD management. Four weeks after the field visit there will be a follow-up e-learning to consolidate the newly acquired skills. The RTT course will be supported by webinars where trainees and trainers can meet in a virtual space to discuss or clarify any aspects of the training experience.

2. Modeling and Decision Support Tools for FMD Contingency Planning (2 TCs)

The course is intended for: *Participants from countries already engaged in disease modeling or from those countries that are willing to included modeling tools to support their FMD contingency planning.*

The purpose of the course is to introduce the concepts of epidemiologic modeling to the Veterinary Services to assist contingency planning and evaluation of the efficacy of control strategies.

The use of disease spread models and decision support tools can make a valuable contribution to FMD contingency planning and preparedness. This course covers disease spread modeling, its application to contingency planning and the use of decision support tools to inform decision maker. Regional approaches facilitating cross-border discussions will be encouraged.

This course involves three modules, outlined in diagram 2:

1. Induction e-learning course (3 hours) where participants will have the opportunity to learn basic concepts of modeling.
 - What is modeling and what is simulation?
 - Practical applications of modeling;
 - Deterministic and stochastic simulation of models;
 - Modeling and simulation development criteria.

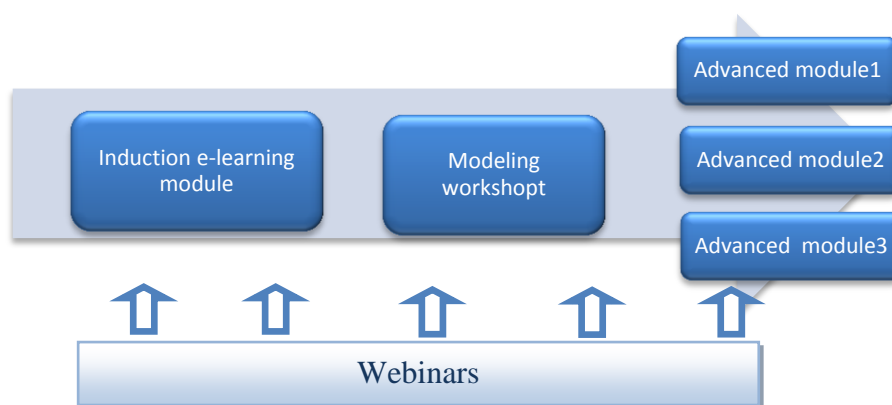
2. Recognized international modeling experts will lead the five-day workshop where trainees will put into practice decision support tools. Different control strategies will be incorporated into the model (vaccination, movement control, stamping out, etc.). Trainees will be shown the uses and limitations of models and will be asked to challenge the model's output and identify the most cost-benefit control intervention.

One of the courses will focus on using mathematical models data to design FMD vaccination programme and the other edition on the socio-economic aspects of FMD disease control.

Should there be a great enough demand, the EuFMD could prepare a tailored workshop on vaccination as control strategy (see below training description number 3) or on socio-economic analysis of FMD control strategies (see below training description number 4).

3. The third component of the course will consist in advanced or specialized e-learning modules available for those wishing to focus in more detail on particular topics such as: Risk Communication, disease spread prediction, logistic and disease control preparedness, socio-economy, vaccination, pros and cons of different models, etc.).

Diagram 2: Modeling and decision support tools course format



The modeling course will be supported by webinars where trainees and trainers can meet in a virtual space to discuss or clarify any aspects of any of the three modules.

3. FMD Vaccination as a Control Strategy (Upon demand, 1 TC)

The course is intended for: participants from countries that use vaccinations either as a control/preventive measures or from free countries which consider the use emergency vaccination in case of an FMD outbreak.

Vaccination with inactivated FMD virus is a widely-used control strategy in endemic countries or countries at risk. Vaccines, although available, are of variable quality, not always from the homologous outbreak serotype/strain isolate and are often stored in inadequate temperature conditions. They might not be as effective in the field as determined in animal experiments.

Building capacity in vaccination strategies will support the endemic countries and those at risk of FMD incursion to prepare, implement and evaluate their vaccination strategies against FMD.

This course could be followed up by backstopping missions during which an FMD vaccine expert would travel to the participants' countries to provide in-house tailored support to specific country needs (See option 8).

The participation in this workshop will require basic knowledge in modeling techniques.

4. Socio-economic analysis of FMD control strategies (Upon demand, 1 TC)

The Course is intended for: participants from free FMD countries interesting in the application of socio-economic tools in FMD preparedness and contingency planning.

The importance of economic and socio-economic analysis are increasingly recognized within decision makers surrounding the response to an FMD incursion.

This course will introduce key concepts and tools in animal health economics and explore the use of these as decision support tools in FMD contingency planning. Impacts of outbreaks will be examined at farm, national, and regional levels. The costs and benefits of alternative control strategies will be examined at each of these levels as well as the resulting implications for public *versus* private responsibilities for bearing related costs.

The course will also examine the different elements in decision-making, including epidemiology, economics and public opinion, and discuss how these diverse and sometimes conflicting, considerations can be brought together in a transparent and effective manner.

The participation in this workshop will require basic knowledge in modelling techniques.

5. FMD Preparedness and Simulation Exercise support (2 TCs)

The course is intended for: participants from the national, regional and local levels of the country's Veterinary Services responsible for development and implementation of FMD preparedness and contingency plans and those wishing to build their expertise in the organization and implementation of an FMD simulation exercise.

A FMD emergency is one of the most challenging situations that Veterinary Services (VS) can face. The services must be prepared to manage such an emergency to achieve rapid control efficiently. Consequently, the VS must have well-developed and rehearsed preparedness and contingency plans, along with the capacity to implement them.

These contingency plans should be tested regularly and thoroughly as part of their emergency preparedness in order to ensure that the plans are practical, feasible and well-understood and that the people facing the problem in the field are fully trained in implementing their role in the response.

The aim of this course is to strengthen a country's capability to respond to FMD emergency by defining and promoting outbreak preparedness skills. It will also cover the basics concepts of developing and implementing effective simulation exercise. It will provide guidelines for planning and conducting simulation exercise, and identifying the weaknesses and gap resources in the contingency plan. It will prepare participants to take active part in national or regional outbreak simulation activities.

6. Risk Based Surveillance (Upon demand, 1 TC)

The course is intended for: Participants from countries that have either already achieved recognition of free status or are likely to achieve this in the very near future and where there is a permanent risk of new FMD incursions.

The course aims to provide participants with techniques to design, implement and analyse risk-based surveillance data. A mathematical model for the analysis of data, which is already available to MS,

should provide a generic tool for the analysis of FMD surveillance data in a wide variety of contexts and aims to strike a balance between simplicity and flexibility. The model uses the inputs for the quantitative analysis of risk-based surveillance, the combination of evidence from multiple surveillance activities, and the Bayesian accumulation of historical surveillance evidence which takes the risk of introduction of disease into account.

7. Laboratory Training on FMD diagnosis (On demand, 4 TC)

The course is intended for: participants from countries that need to build capacity in FMD laboratory diagnostic techniques.

This course will be facilitated by one of the EuFMD partner laboratories and will take place in their facilities (for instance Pirbright or Brescia). The course will provide a thorough understanding of current diagnostic techniques for FMDV including serological, molecular and virological methods of detection. It will also cover the basic principles of Quality Assurance/Quality Control and initial implementation in the laboratory.

The course has a large practical component. The participants will put into practice all the diagnostic techniques explained in the lectures.

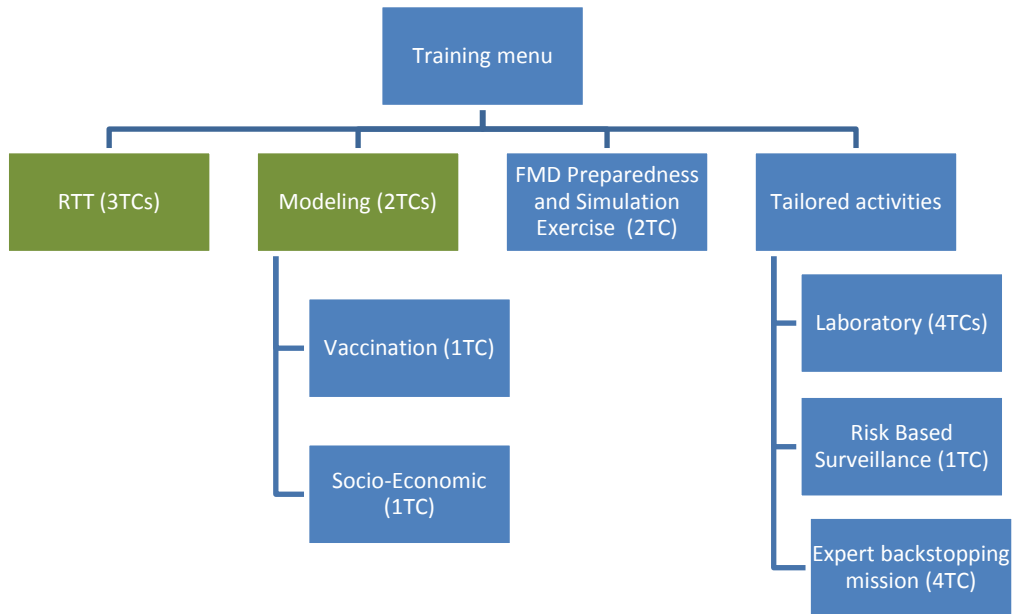
This course could be followed-up by backstopping missions during which a laboratory expert would travel to the participants' countries to provide in-house support and advice on the techniques learnt during the course (See option 8).

8. Expert backstopping mission in the country (Upon demand. 4 TC)

This option is intended for Member States that would need specific support in any aspect related to FMD preparedness and control.

The backstopping mission will consist in five days work during which an FMD international expert will travel to the country and will provide the technical support requested. The mission will be discussed in advance between the parties and will be tailored to MS needs and demands.

Summary of training menu



Course certification The completion of the proposed courses will allow the trainees to obtain a training certificate. This formal qualification and the regular participation in other training activities such as webinars will be a requirement to become part of the EuFMD expert group. The role of the group will be to provide advice and expertise to national or international institutions in terms of FMD prevention, control and eradication strategies. The group should cover all epidemiological aspect of the disease. It should regularly exchange information and experience. Its members should actively participate in FMD training courses in their own countries.



The Training Newsletter –June 2014

Financial Statements 2008-2014

Statement 2

TRUST FUND No. 9042.00 - MTF/INT/011/MUL
Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease

Status of Contributions as at 31 December 2008
(expressed in US\$)

ORACLE CODE: TF-AGADD-TFAA970089122

Member Governments	Outstanding 31/12/2007	Contribution due for 2008	Received up to 31/12/2008	Outstanding 31/12/2008
ALBANIA	41.13	4,060.00	4,101.13	0.00
AUSTRIA	37.96	12,450.00	12,463.96	24.00
BELGIUM	19,935.34	20,700.00	40,680.68	-45.34
BULGARIA	26.12	12,450.00	12,476.12	0.00
CYPRUS	3,000.00	4,060.00	0.00	7,060.00
CROATIA	2,609.00	4,060.00	4,060.00	2,609.00
CZECH REPUBLIC	25.69	12,450.00	12,475.69	0.00
DENMARK	46.63	20,700.00	20,746.63	0.00
FINLAND	35.50	12,450.00	12,458.50	27.00
FRANCE	16.82	41,260.00	41,276.82	0.00
GERMANY	-9,339.21	41,260.00	31,920.79	0.00
GREECE	44.85	12,450.00	44.85	12,450.00
HUNGARY	0.00	12,450.00	12,450.00	0.00
ICELAND	7,800.00	4,060.00	0.00	11,860.00
IRELAND	41.94	12,450.00	12,491.94	0.00
ISRAEL	3,915.00	4,060.00	15.00	7,960.00
ITALY	35,386.08	41,260.00	0.00	76,646.08
LATVIA a/	0.00	4,060.00	4,060.00	0.00
LITHUANIA	20.70	4,060.00	4,080.70	0.00
LUXEMBOURG	31.28	4,060.00	4,091.28	0.00
FYR of MACEDONIA	7,839.96	4,060.00	11,899.96	0.00
MALTA	28.65	4,060.00	28.65	4,060.00
NETHERLANDS	29.11	20,700.00	20,729.11	0.00
NORWAY	11,996.83	12,450.00	24,446.83	0.00
POLAND	-5.44	20,700.00	20,694.56	0.00
PORTUGAL	-9,187.15	12,450.00	3,095.79	167.06
ROMANIA	13.29	20,700.00	20,713.29	0.00
SERBIA	23.00	12,450.00	12,473.00	0.00
SLOVAK REPUBLIC	0.00	12,450.00	12,450.00	0.00
SLOVENIA	17.54	4,060.00	4,077.54	0.00
SPAIN	48.87	20,700.00	20,748.87	0.00
SWEDEN	60.00	20,700.00	20,760.00	0.00
SWITZERLAND	24,496.44	20,700.00	40,536.00	4,660.44
TURKEY	13.02	20,700.00	13.02	20,700.00
UNITED KINGDOM	5.00	41,260.00	41,265.00	0.00
TOTALS	99,053.95	532,950.00	483,825.71	148,178.24

**TRUST FUND No. 9042.00 - MTF/INT/011/MUL -
Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease**

Status of Contributions as at 30 September 2009
(expressed in USD)

ORACLE CODE: TF-AGADD-TFAA970089122

Member Governments	Outstanding 31/12/2008	Contribution due for 2009	Received up to 30/09/2009	Outstanding 30/09/2009
ALBANIA	0.00	4,060.00	0.00	4,060.00
AUSTRIA	24.00	12,450.00	12,450.00	24.00
BELGIUM	-45.34	20,700.00	0.00	20,654.66
BULGARIA	0.00	12,450.00	12,450.00	0.00
CYPRUS	7,060.00	4,060.00	0.00	11,120.00
CROATIA	2,609.00	4,060.00	4,060.00	2,609.00
CZECH REPUBLIC	0.00	12,450.00	12,450.00	0.00
DENMARK	0.00	20,700.00	0.00	20,700.00
FINLAND	27.00	12,450.00	0.00	12,477.00
FRANCE	0.00	41,260.00	40,881.02	378.98
GERMANY	0.00	41,260.00	41,260.00	0.00
GREECE	12,450.00	12,450.00	0.00	24,900.00
HUNGARY	0.00	12,450.00	12,450.00	0.00
ICELAND	11,860.00	4,060.00	0.00	15,920.00
IRELAND	0.00	12,450.00	12,422.00	28.00
ISRAEL	7,960.00	4,060.00	0.00	12,020.00
ITALY	76,646.08	41,260.00	0.00	117,906.08
LATVIA	0.00	4,060.00	4,060.00	0.00
LITHUANIA	0.00	4,060.00	0.00	4,060.00
LUXEMBOURG	0.00	4,060.00	4,060.00	0.00
FYR of MACEDONIA	0.00	4,060.00	0.00	4,060.00
MALTA	4,060.00	4,060.00	8,092.00	28.00
NETHERLANDS	0.00	20,700.00	20,700.00	0.00
NORWAY	0.00	12,450.00	0.00	12,450.00
POLAND	0.00	20,700.00	20,700.00	0.00
PORTUGAL	167.06	12,450.00	12,617.06	0.00
ROMANIA	0.00	20,700.00	20,700.00	0.00
SERBIA	0.00	12,450.00	0.00	12,450.00
SLOVAK REPUBLIC	0.00	12,450.00	12,450.00	0.00
SLOVENIA	0.00	4,060.00	4,060.00	0.00
SPAIN	0.00	20,700.00	0.00	20,700.00
SWEDEN	0.00	20,700.00	20,700.00	0.00
SWITZERLAND	4,660.44	20,700.00	25,333.44	27.00
TURKEY	20,700.00	20,700.00	41,400.00	0.00
UNITED KINGDOM	0.00	41,260.00	41,260.00	0.00
TOTALS	148,178.24	532,950.00	384,555.52	296,572.72

TRUST FUND No: 9042.00 - MTF/INT/011/MUL -
Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease

Status of Contributions as at 22 September 2010
(expressed in USD)

ORACLE CODE: TF-AGADD-TFAA97AA89122

Member Governments	Outstanding 31/12/2009	Contribution due for 2010	Received up to 31/12/2010	Outstanding 31/12/2010
ALBANIA	4,060.00	4,170.00		8,230.00
AUSTRIA	24.00	12,786.00	12,810.00	0.00
BELGIUM	20,654.66	21,260.00	20,637.16	21,277.50
BULGARIA	0.00	12,786.00		12,786.00
CYPRUS	11,120.00	4,170.00	8,230.00	7,060.00
CROATIA	2,609.00	4,170.00	4,170.00	2,609.00
CZECH REPUBLIC	0.00	12,786.00	12,786.00	0.00
DENMARK	20,700.00	21,260.00	41,960.00	0.00
ESTONIA a)	0.00		3,100.70	
FINLAND	12,477.00	12,786.00	25,209.00	54.00
FRANCE	378.98	42,374.00	43,448.49	-895.51
GERMANY	0.00	42,374.00	42,374.00	0.00
GREECE	24,900.00	12,786.00	24,900.00	12,786.00
HUNGARY	0.00	12,786.00	12,786.00	0.00
ICELAND	15,920.00	4,170.00		20,090.00
IRELAND	28.00	12,786.00	12,786.00	28.00
ISRAEL	0.00	4,170.00		4,170.00
ITALY	28,916.23	42,374.00		71,290.23
LATVIA	0.00	4,170.00	4,170.00	0.00
LITHUANIA	0.00	4,170.00		4,170.00
LUXEMBOURG	0.00	4,170.00		4,170.00
FYR of MACEDONIA	0.00	4,170.00		4,170.00
MALTA	4,088.00	4,170.00	8,230.00	28.00
NETHERLANDS	0.00	21,260.00	21,260.00	0.00
NORWAY	12,450.00	12,786.00	25,236.00	0.00
POLAND	0.00	21,260.00		21,260.00
PORTUGAL	0.00	12,786.00	12,786.00	0.00
ROMANIA	0.00	21,260.00	21,260.00	0.00
SERBIA	12,450.00	12,786.00		25,236.00
SLOVAK REPUBLIC	-12,786.00	12,786.00		0.00
SLOVENIA	0.00	4,170.00	4,148.00	22.00
SPAIN	-2,339.15	21,260.00		18,920.85
SWEDEN	0.00	21,260.00	21,260.00	0.00
SWITZERLAND	27.00	21,260.00	21,260.00	27.00
TURKEY	0.00	21,260.00	21,260.00	0.00
UNITED KINGDOM	0.00	42,374.00	42,374.00	0.00
Institute of Animal Health, UK *			-26,171.84	
TOTALS	155,677.72	547,352.00	442,269.51	237,689.07

* Contribution of USD 26,171.84 received in 2005 from the Institute of Animal Health, UK, was reimbursed in February 2010

TRUST FUND No: 9042.00 - MYF/INT/011/MUL -
Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease

Status of Contributions as at 31 December 2011
 (expressed in USD)

ORACLE CODE: TF-AGADD-TFAA97AA89122

Member Governments	Outstanding 31/12/10	Contribution due for 2011	Received up to 31/12/11	Outstanding 31/12/11
ALBANIA	8,230.00	4,170.00		12,400.00
AUSTRIA	0.00	12,786.00	12,786.00	0.00
BELGIUM	261.41	21,260.00	21,521.41	0.00
BULGARIA	0.00	12,786.00		12,786.00
CYPRUS	0.00	4,170.00	4,170.00	0.00
CROATIA	2,609.00	4,170.00	4,179.00	2,600.00
CZECH REPUBLIC	0.00	12,786.00	12,777.00	9.00
DENMARK	0.00	21,260.00	21,260.00	0.00
ESTONIA	26.80	4,170.00	4,143.20	53.60
FINLAND	54.00	12,786.00	12,759.00	81.00
FRANCE	-695.51	42,374.00	40,974.99	793.50
GERMANY	0.00	42,374.00	42,374.00	0.00
GREECE	12,786.00	12,786.00	25,572.00	0.00
HUNGARY	0.00	12,786.00		12,786.00
ICELAND**	20,090.00	0.00	20,090.00	0.00
IRELAND	0.00	12,786.00	12,761.00	25.00
ISRAEL	4,170.00	4,170.00	4,170.00	4,170.00
ITALY*	71,290.23	42,374.00	119,998.15	-6,331.92
LATVIA	0.00	4,170.00		4,170.00
LITHUANIA	4,170.00	4,170.00	8,340.00	0.00
LUXEMBOURG	0.00	4,170.00	4,170.00	0.00
FYR of MACEDONIA	4,170.00	4,170.00		8,340.00
MALTA	28.00	4,170.00	4,170.00	28.00
NETHERLANDS	0.00	21,260.00	21,260.00	0.00
NORWAY	0.00	12,786.00		12,786.00
POLAND	21,260.00	21,260.00	21,260.00	21,260.00
PORTUGAL	0.00	12,786.00	12,786.00	0.00
ROMANIA	0.00	21,260.00	21,260.00	0.00
SERBIA	25,236.00	12,786.00		38,022.00
SLOVAK REPUBLIC	-15,776.00	12,786.00	12,786.00	-15,776.00
SLOVENIA	22.00	4,170.00	4,170.00	22.00
SPAIN	-2,579.69	21,260.00	18,680.31	0.00
SWEDEN	0.00	21,260.00	21,260.00	0.00
SWITZERLAND 337930	27.00	21,260.00	21,260.00	27.00
TURKEY	0.00	21,260.00	21,260.00	0.00
UNITED KINGDOM	0.00	42,374.00	42,374.00	0.00
TOTALS	155,379.24	547,352.00	594,570.06	108,161.16

00000000 bank charges
 adjustments FEB 2011 ref
 year 2010
 (credit 3051; debit 6162) bank charges

157.50

TOTAL

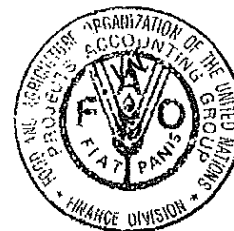
594,727.56

ICELAND no longer a member as per Rumich email of 13.03.12

Slovak Republic contribution paid on 27 Dec 2010 for the year 2011

*USD 39101, USD39845.20 contrb paid by Italy in 2010 but related to 2009 and 2010 respectively (Email DiCaro/Gargano of 21 Mar 11)

** CFF not to be requested to Iceland as per email from AGAH on 16 Mar 11



TRUST FUND No. 9042.00 - MTF/INT/011/MUL -
Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease

Status of Contributions as at 31 December 2012
(expresses in USD)

ORACLE CODE: TF-AGADD-TFAA97AA89122

Member Governments	Outstanding 31/12/2011	Contribution due for 2012	Received up to 31/12/2012	Outstanding 31/12/2012
ALBANIA	12,400.00	4,170.00	4,170.00	12,400.00
AUSTRIA	0.00	12,786.00	12,786.00	0.00
BELGIUM	0.00	21,260.00	21,260.00	0.00
BOSNIA	0.00	4,170.00		4,170.00
BULGARIA	12,786.00	12,786.00		25,572.00
CYPRUS	0.00	4,170.00	4,170.00	0.00
CROATIA	2,600.00	4,170.00	4,170.00	2,600.00
CZECH REPUBLIC	0.00	12,786.00	12,786.00	0.00
DENMARK	0.00	21,260.00	21,260.00	0.00
ESTONIA	53.60	4,170.00	4,223.60	0.00
FINLAND	27.00	12,786.00	12,786.00	27.00
FRANCE	703.60	42,374.00	41,044.78	2,032.72
GERMANY	3.77	42,374.00	42,374.00	3.77
GREECE	0.00	12,786.00		12,786.00
HUNGARY	12,786.00	12,786.00	12,786.00	12,786.00
IRELAND	25.00	12,786.00		12,811.00
ISRAEL	4,170.00	4,170.00		8,340.00
ITALY	-6,331.92	42,374.00	37,652.25	-1,610.17
LATVIA	4,170.00	4,170.00		8,340.00
LITHUANIA	0.00	4,170.00	4,170.00	0.00
LUXEMBOURG	0.00	4,170.00	4,170.00	0.00
FYR of MACEDONIA	8,340.00	4,170.00		12,510.00
MALTA	28.00	4,170.00		4,198.00
NETHERLANDS	0.00	21,260.00	21,260.00	0.00
NORWAY	12,786.00	12,786.00	25,572.00	0.00
POLAND	21,260.00	21,260.00	21,260.00	21,260.00
PORTUGAL	0.00	12,786.00		12,786.00
ROMANIA	-5.44	21,260.00	21,254.56	0.00
SERBIA	38,022.00	12,786.00	12,460.00	38,358.00
SLOVAK REPUBLIC	-15,776.00	12,786.00		-2,990.00
SLOVENIA	22.00	4,170.00	4,170.00	22.00
SPAIN	0.00	21,260.00	21,260.00	0.00
SWEDEN	0.00	21,260.00	21,260.00	0.00
SWITZERLAND	0.00	21,260.00		21,260.00
TURKEY	0.00	21,260.00	21,260.00	0.00
UNITED KINGDOM	0.00	42,374.00	42,374.00	0.00
TOTALS	108,078.51	551,522.00	451,929.19	207,671.32

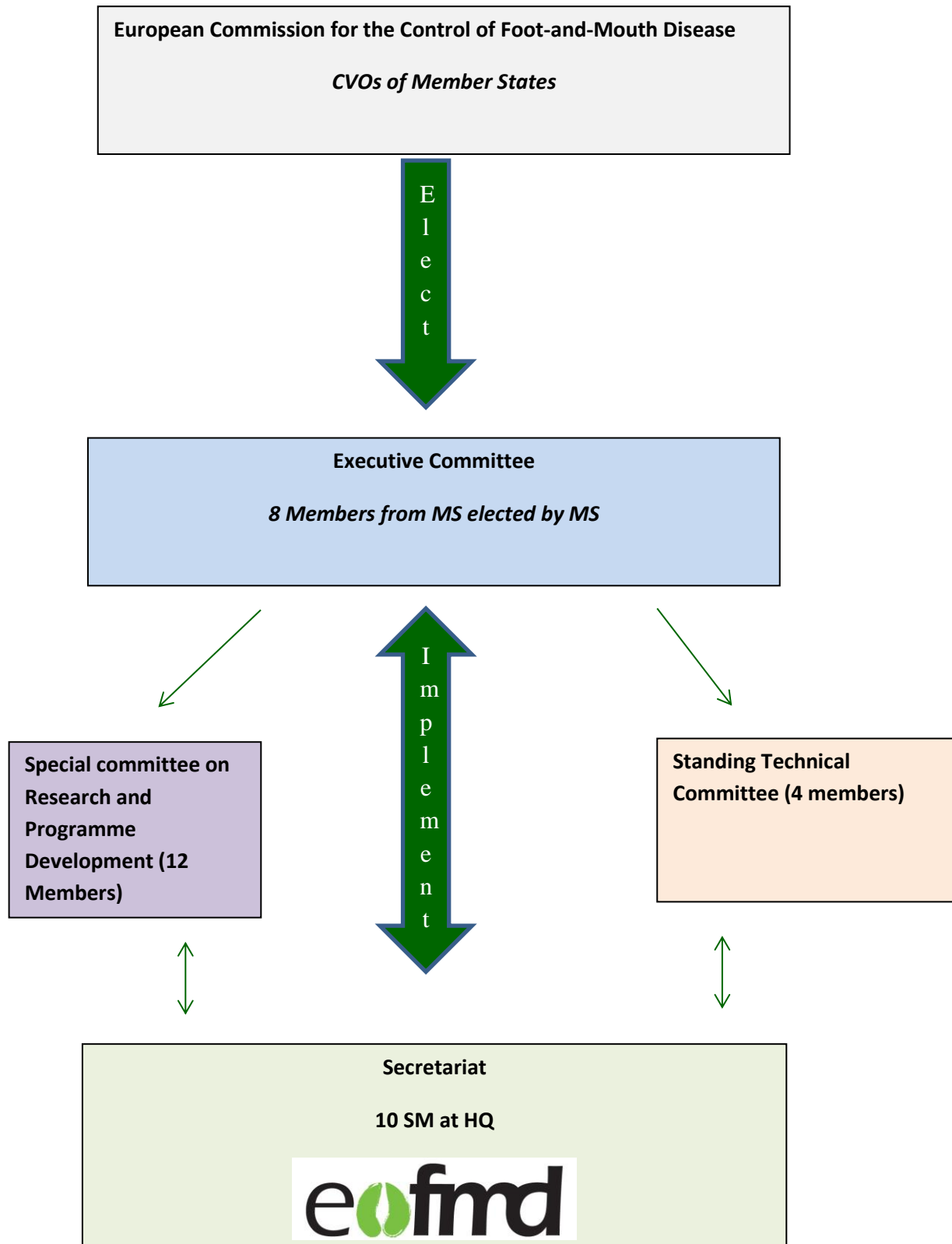
ICELAND no longer a member as per Rumich email of 13.03.12

Status of Contributions as at 31 December 2013
 (expressed in USD)

ORACLE CODE: TF-AGADD-TFAA97AA89122

Member Governments	Outstanding 31/12/2012	Contribution due for 2013	Received up to 31/12/2013	Outstanding 31/12/2013
ALBANIA	12,400.00	4,170.00	4,170.00	12,400.00
AUSTRIA	0.00	12,786.00	12,786.00	0.00
BELGIUM	0.00	21,260.00	21,260.00	0.00
BOSNIA	4,170.00	4,170.00	8,340.00	0.00
BULGARIA	25,572.00	12,786.00		38,358.00
CYPRUS	0.00	4,170.00	4,170.00	0.00
CROATIA	2,600.00	4,170.00	6,770.00	0.00
CZECH REPUBLIC	9.00	12,786.00	12,786.00	0.00
DENMARK	0.00	21,260.00	21,260.00	0.00
ESTONIA	0.00	4,170.00	4,170.00	0.00
FINLAND	27.00	12,786.00	12,813.00	0.00
FRANCE	2,032.72	42,374.00	44,406.72	0.00
GERMANY	0.00	42,374.00	42,374.00	0.00
GREECE	12,786.00	12,786.00	25,572.00	0.00
HUNGARY	12,786.00	12,786.00	25,572.00	0.00
IRELAND	12,811.00	12,786.00		25,597.00
ISRAEL	8,340.00	4,170.00		12,510.00
ITALY	-1,610.17	42,374.00	38,960.70	1,803.13
LATVIA	8,340.00	4,170.00	8,340.00	4,170.00
LITHUANIA	0.00	4,170.00	4,170.00	0.00
LUXEMBOURG	0.00	4,170.00	4,170.00	0.00
FYR of MACEDONIA	12,510.00	4,170.00		16,680.00
MALTA	4,198.00	4,170.00	8,340.00	28.00
NETHERLANDS	0.00	21,260.00	21,260.00	0.00
NORWAY	0.00	12,786.00	12,786.00	0.00
POLAND	21,260.00	21,260.00	21,260.00	21,260.00
PORTUGAL	12,786.00	12,786.00		25,572.00
ROMANIA	0.00	21,260.00	21,260.00	0.00
SERBIA	38,358.00	12,786.00	51,144.00	0.00
SLOVAK REPUBLIC	-2,990.00	12,786.00	22,582.00	-12,786.00
SLOVENIA	22.00	4,170.00	4,170.00	0.00
SPAIN	0.00	21,260.00	21,260.00	0.00
SWEDEN	0.00	21,260.00	21,260.00	0.00
SWITZERLAND	21,260.00	21,260.00	42,520.00	0.00
TURKEY	0.00	21,260.00	21,260.00	0.00
UNITED KINGDOM	0.00	42,374.00	42,374.00	0.00
<i>Project Income Selmato 3053</i>			<i>10,140.29</i>	
TOTALS	207,667.55	551,522.00	623,708.71	145,592.13

Structure of the EuFMD





The EuFMD Secretariat

Anthony, Cécile, Erika, Ida, Keith, Nadia - EuFMD/FAO HQs



The people who connect people

The 3 pillars of the EuFMD and its components-managers



WRLFMD Global update

October 2014

Donald King

donald.king@pirbright.ac.uk

WRLFMD Team: Valerie Mioulet, Nick Knowles, Anna Ludi, Ginette Wilsden, Bryony Armson, Pip Hamblin, Kasia Bachanek-Bankowska, Kelly Adams, Jemma Wadsworth, Begoña Valdazo-González, Britta Wood, Barsha Thapa, Bob Statham, Abid Bin-Tarif, Ashley Gray, Trish Ryder, Sarah Belgrave



Department
for Environment
Food & Rural Affairs



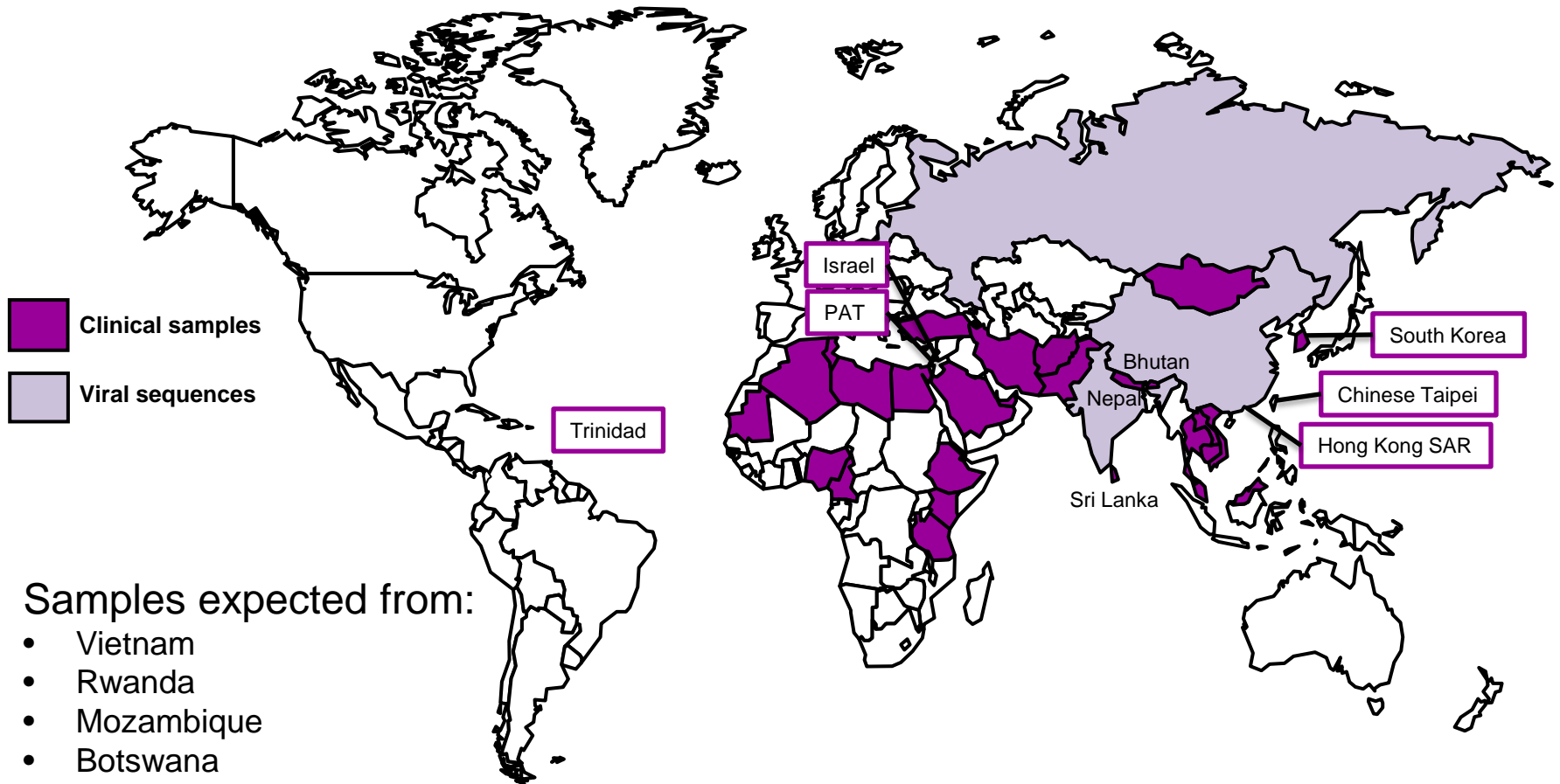
FMD and SVD
Reference Laboratories



Recent submissions to WRLFMD Pirbright

January 2013 – October 2014

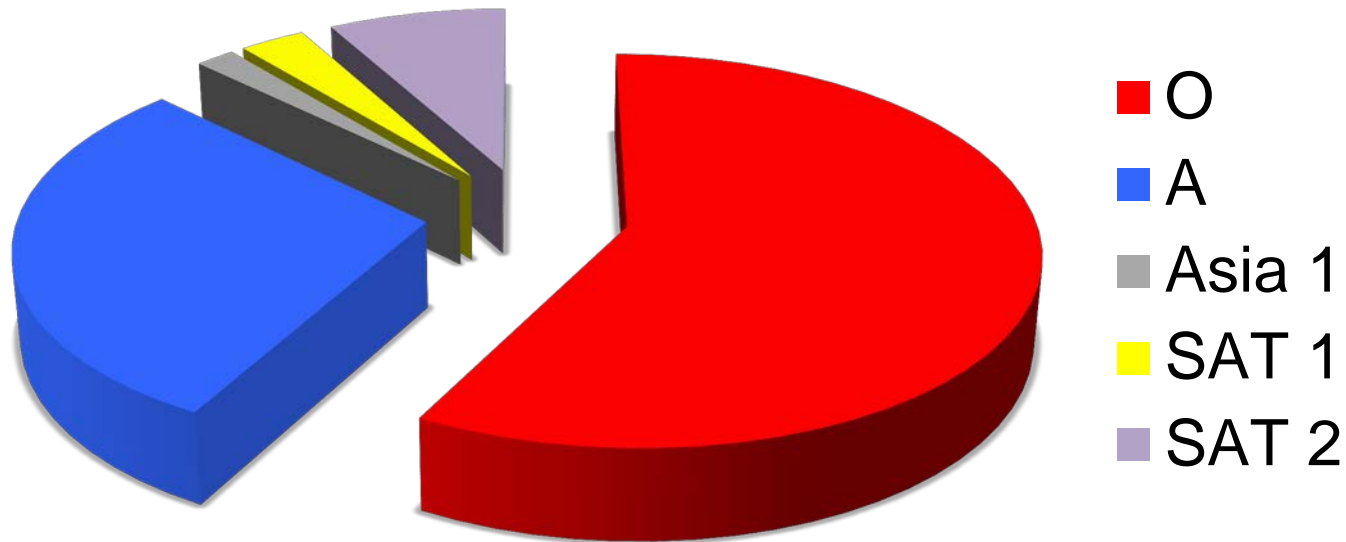
24 countries have submitted samples during 2014



Reports for these samples can be found at www.wrlfmd.org

Serotypes recovered

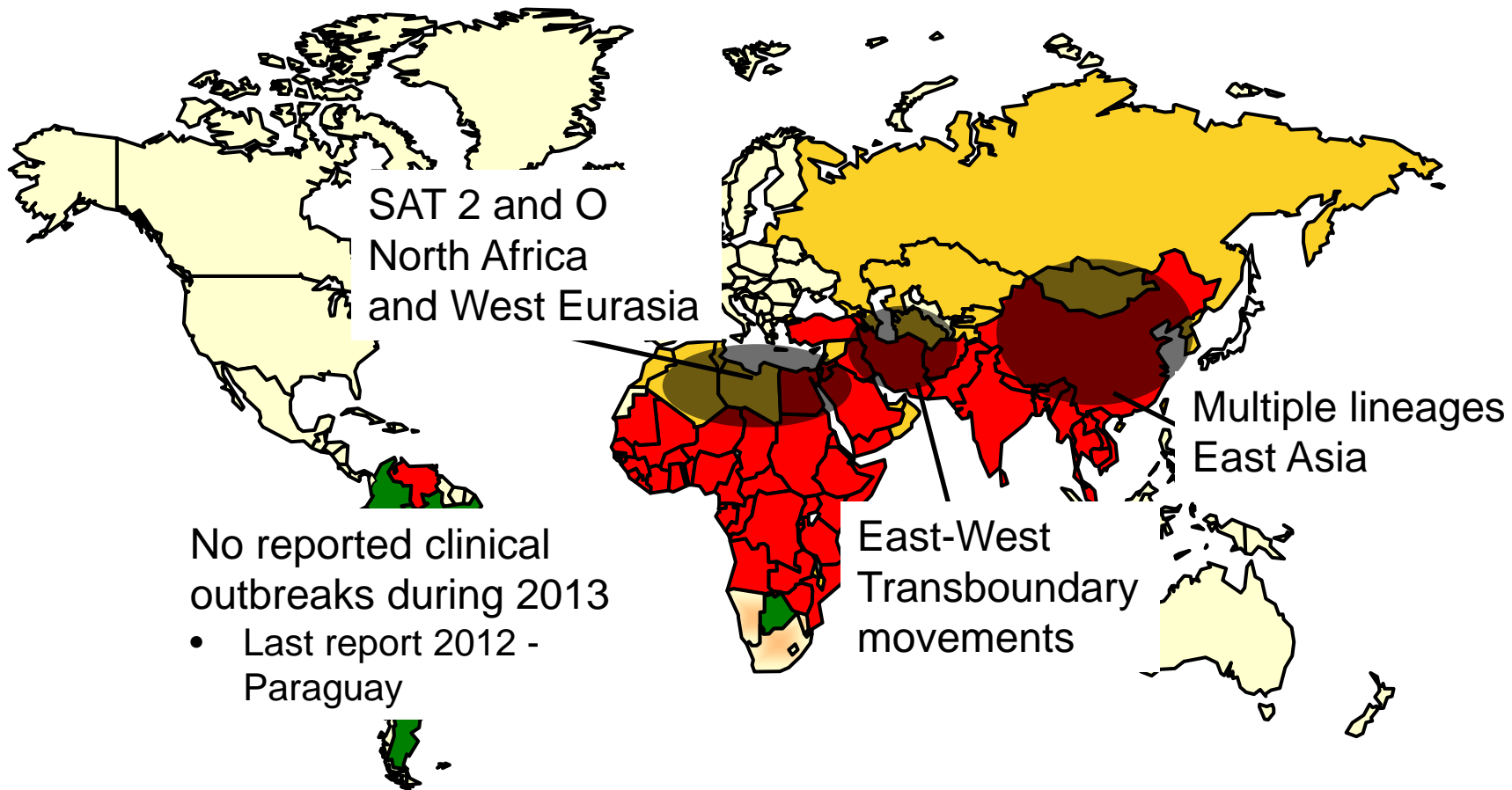
- During 2014: 544 samples generating 335 Isolates
- Additional 37 samples positive by rRT-PCR



- No serotype C since 2004
- Serotype-specific rRT-PCR assays have been used recently for VI negative samples from Tanzania

Summary of recent events 2010-2014:

Changing patterns and threats



New O/ME-SA/Ind-2001 outbreaks in Tunisia

- Reported to OIE 29/04/14
- Previously FMD-free with vaccination
- FMD clinical cases in cattle
- Source: “illegal movement of animals”
- Testing performed at: Tunisian Veterinary Research Institute (IRVT)
- Testing undertaken in partnership with IZSLER, Italy

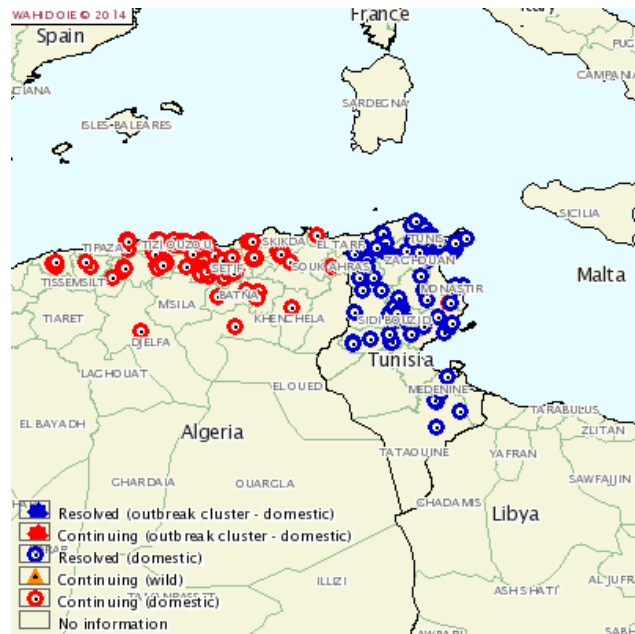


Source: OIE

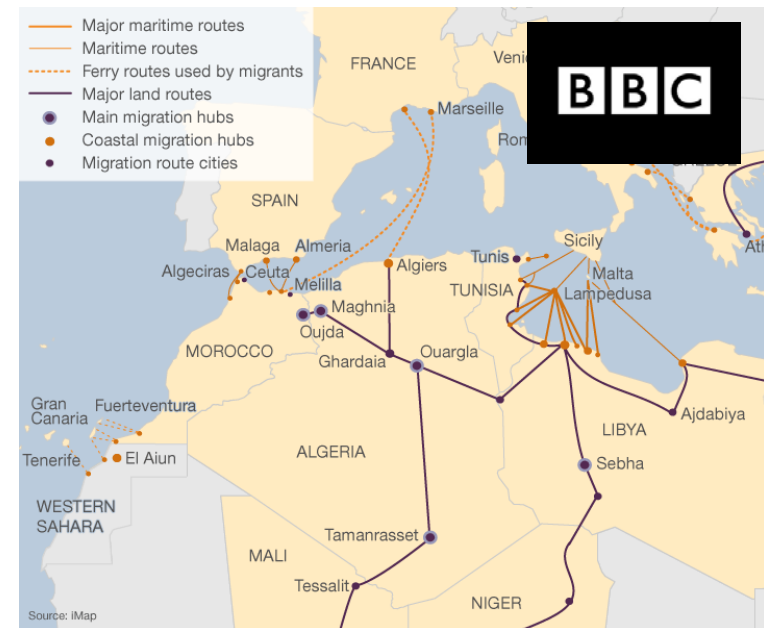
Continued spread of O/ME-SA/Ind-2001

Tunisia and Algeria

- Algeria: reported 27/07/14 (418 outbreaks)
- Tunisia: reported 29/04/14 (134 outbreaks)
- Increased threats to Morocco and Europe?



Source: OIE (12/10/2014)



Vaccine matching for O/ME-SA/Ind-2001

22 field isolates

Field Isolate	Vaccine strain				
	O-3039	O Manisa	O BFS	O/TAW/98	O/TUR/5/09
LIB 1/2013			nd		
LIB 7/2013			nd		
LIB 17/2013					
LIB 22/2013			nd		
NEP 13/2012		borderline	nd		
NEP 6/2012	borderline		nd		
NEP 21/2012			nd		
NEP 6/2013			nd	borderline	
NEP 18/2013			nd		
NEP 1/2014					
NEP 6/2014			nd		
SAU 1/2013			nd		
SAU 4/2013			nd		
SAU 6/2013			nd		
SAU 7/2013			nd		
SAU 1/2014	borderline		nd		
SRL 1/2013			nd		
SRL 1/2014		borderline	nd		
UAE 1/2014		borderline	borderline		
UAE 2/2014		borderline	nd		
ALG 1/2014	borderline			borderline	
TUN 1/2014	borderline			borderline	

in-vivo potency test for O/ME-SA/Ind 2001

Is this now a priority?

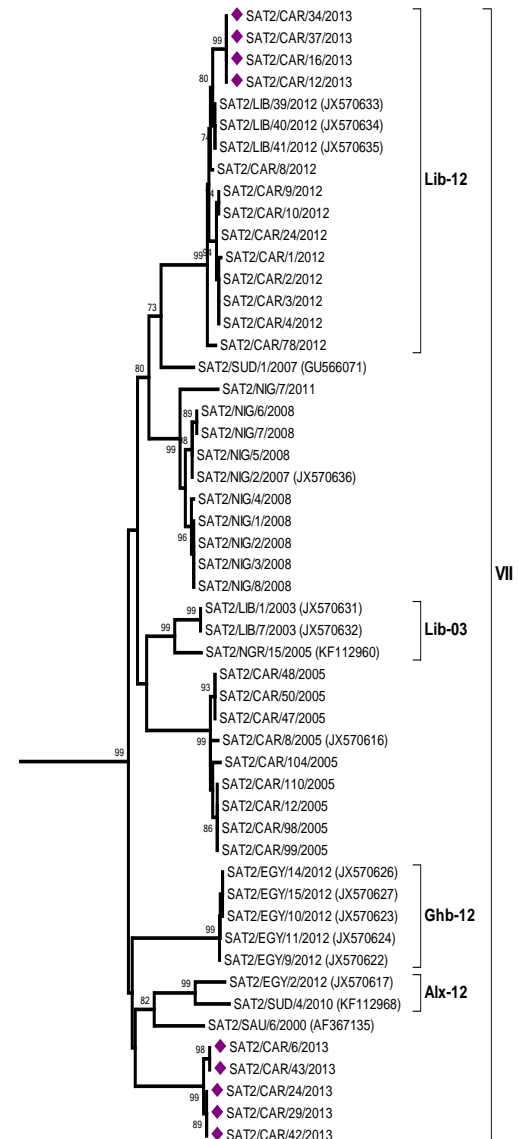
- O-3039 being used in North Africa
- Uncertainty about the cross-protection of O/Manisa and O/BFS
- Experiment could be scheduled for early 2015 (at Lelystad or Pirbright)
- Could be funded through EU-RL contribution for 2015?
- Format to be discussed and agreed
 - Vaccine strain
 - End-point



Pool 5:

Recent samples collected from West Africa

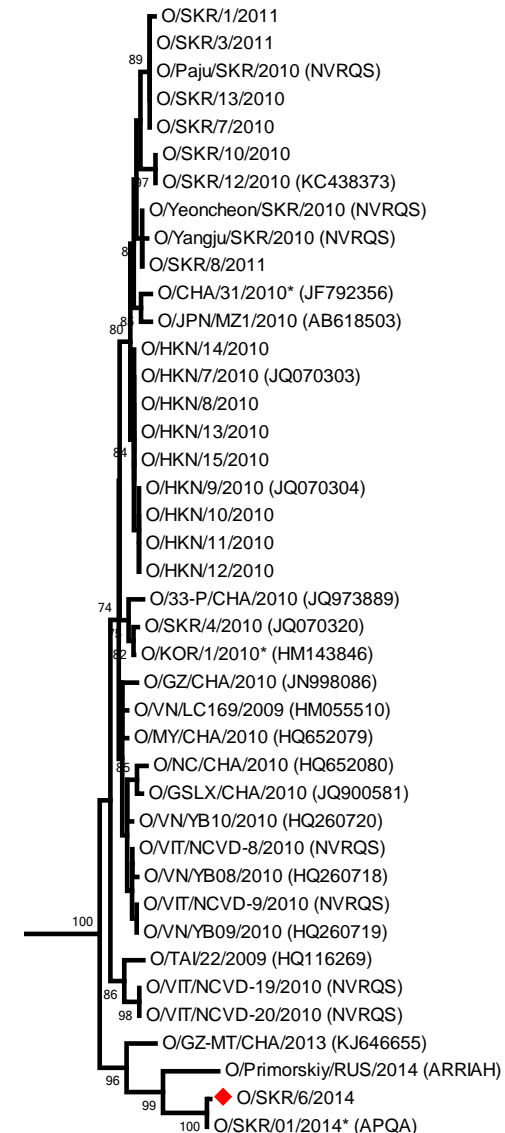
- Sampling in West Africa identified as a gap at the OIE/FAO FMD Lab Network meeting
- Samples submitted during 2014:
 - Cameroon (46 samples)
 - Nigeria (42 samples: shipment funded by WRLFMD)
- Viruses detected
 - Serotype O (EA-3 and WA topotypes)
 - Serotype A (AFRICA topotype: G-IV)
 - Serotype SAT 2 – topotype VII: related to FMD outbreaks in North Africa during 2012



Pool1 : O/SEA/Mya-98 in East Asia

Recent detection in South Korea

- New FMDV outbreaks in South Korea
- Reported to OIE on 24/07/2014
- Cases in pigs
- FMD virus closely related to recent outbreaks in the Eastern part of the Russian Federation
- Appears to be a separate introduction into South Korea from cases in 2010-11



Revised vaccine bank recommendations?

	Vaccine strain (for each category are not listed in order of Importance)
High Priority	O Manisa O PanAsia-2 (or equivalent) O BFS or Campos A24 Cruzeiro Asia 1 Shamir A Iran-05 (or A TUR 06) A22 Iraq SAT 2 Saudi Arabia (or equivalent i.e. SAT 2 Eritrea)
Medium Priority	A Eritrea SAT 2 Zimbabwe SAT 1 South Africa A Malaysia 97 (or Thai equivalent such as A/NPT/TAI/86) A Argentina 2001 O Taiwan 97 (pig-adapted strain or Philippine equivalent)
Low priority	A Iran '96 A Iran '99 A Iran 87 or A Saudi Arabia 23/86 (or equivalent) A15 Bangkok related strain A87 Argentina related strain C Noville SAT 2 Kenya SAT 1 Kenya SAT 3 Zimbabwe A Kenya

Summary of training and missions

- FMD Diagnostic training course held in May 2014
 - Participants from Ireland, South Africa, Botswana, Nigeria (funded by WRLFMD), New Zealand, Argentina and Israel
- Proficiency testing scheme for 2013 has been concluded
 - Summary of results will be presented at EuFMD meeting in Croatia
- Proficiency testing scheme for 2014 is underway
- Proposal for an OIE twinning with Ethiopia is being drafted (Pool 4)

Research update

- MiSeq – next generation sequencing platform
 - BMC Genomics: development of a new sequencing protocol for FMDV complete genomes
- RT-LAMP
 - PLoS ONE: Evaluation of simple formats for FMD virus detection
 - Testing in field conditions in Tanzania
- Use of Lateral-flow devices for sample transport?
 - PLoS ONE: recovery of FMD viruses by electroporation from LFDs
- Type-specific rRT-PCRs for East Africa
 - Funded by EuFMD
 - Use for VI negative samples and probangs

New tools for sequence data exchange: OpenFMD (FAO) and OIE initiative

- Annotated and curated database
- Proposed data exchange with Reference Labs
- Will be discussed at OIE Global meeting in Korea
- Work underway at Pirbright to improve local database that will interact with these systems



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<input type="checkbox"/>	PD286/2010	A	Bassas da India	cattle	2010	
<input checked="" type="checkbox"/>	O/CHA/31/2010	O	China/India	swine	22.02.10	
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<input checked="" type="checkbox"/>	PD 509/2010	Asia 1	Bassas da India	cattle	07.07.10	
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<input type="checkbox"/>	R3	O	Bassas da India	cattle	26.03.11	
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Total Items: 169(Showing Items: 20)
Selected Items: 7

Page Size: 20

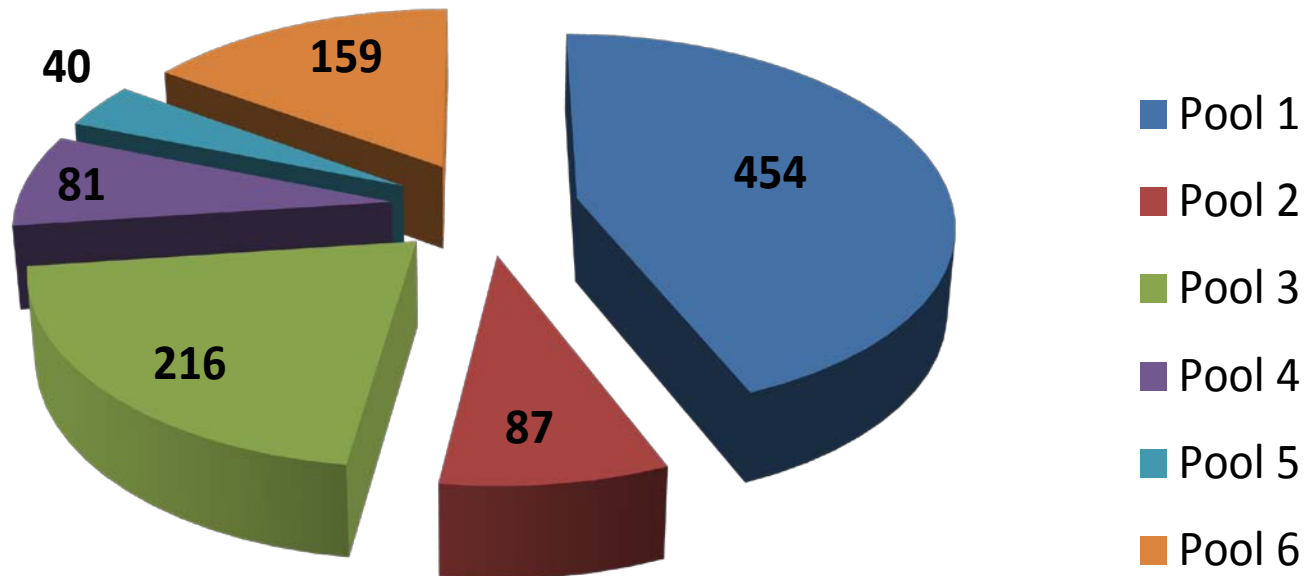
download fasta download Excel googleMap View Mult. Seq. Align unig sequences

Enhanced global surveillance

Via the OIE/FAO FMD Lab Network

1037 samples tested during 2013

Distributed across 6/7 endemic pools



Contact donald.king@pirbright.ac.uk

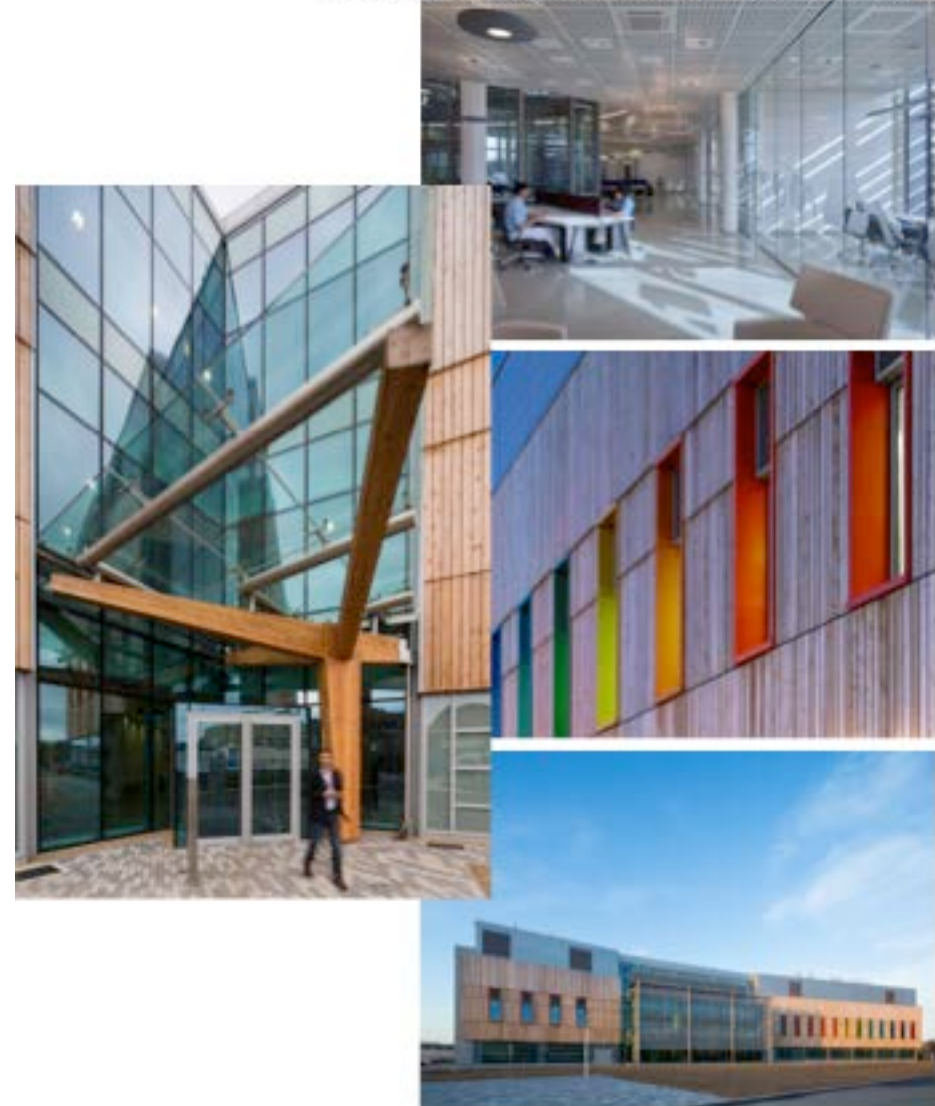
for .pdf copies of annual report for network (2103)

- **2014 Meeting in Brescia (Italy) 26/27 November**

Acknowledgements

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

Photos courtesy of HDR Architecture, Inc.; © 2104 James Britain



Department
for Environment
Food & Rural Affairs



European Commission
for the control of FMD

Vaccine bank recommendations

	Vaccine strain (for each category are not listed in order of Importance)
High Priority	<ul style="list-style-type: none">O ManisaO PanAsia-2 (or equivalent)O BFS or CamposA24 CruzeiroAsia 1 ShamirA Iran-05 (or A TUR 06)A22 IraqSAT 2 Saudi Arabia (or equivalent i.e. SAT 2 Eritrea)
Medium Priority	<ul style="list-style-type: none">A EritreaSAT 2 ZimbabweSAT 1 South AfricaA Malaysia 97 (or Thai equivalent such as A/NPT/TAI/86)A Argentina 2001O Taiwan 97 (pig-adapted strain or Philippine equivalent)
Low priority	<ul style="list-style-type: none">A Iran '96A Iran '99A Iran 87 or A Saudi Arabia 23/86 (or equivalent)A15 Bangkok related strainA87 Argentina related strainC NovilleSAT 2 KenyaSAT 1 KenyaSAT 3 ZimbabweA Kenya

Report on Activities of the Secretariat – April 2014 to October 2014

Summary

1. The 87th Session of the Executive was held in Brussels in April 2014, and the Report has been finalized, circulated for comment and published online. The recommendations and conclusions are given in **Appendix 1**. The follow-up actions are given in **Table 1**.
2. The focus of activities in the period has been the implementation of the Work plans for the 12 Components of the EC funded program that had been approved at the 86th Session. A 13th Component (**1.2**) was agreed by the Chairpersons at their July meeting, to be funded from MS contributions, on Modelling and Contingency Planning. Each of the Components is managed by a Component Manager, as given in **Table 2**. These Managers have in several cases handed over responsibilities to new entrants (Short Term Professionals) and so far this has worked well. Each Manager has a budget and a clear workplan to manage.
3. **EC program implementation:**
 - a. Activities on all 13 Components are underway, and are reported in the Component Managers six-month Reports (**Appendix 2**);
 - b. One component (Emergency Fund) has been called upon to support the emergency missions and diagnostic kit supplies to Tunisia, Algeria and Morocco following the FMD incursion, but with minimal impact on its budget allocation.
4. **Under Pillar 1**, the three main components (Training Program, THRACE surveillance, Balkans Emergency Preparedness) are all well underway. One workshop (surveillance in FMD emergency response) under the latter was postponed to October because of the flooding in Serbia/Bosnia in May 2014, and the simulation exercise is now planned for late January 2015. The EuFMD Fund for Applied Research (EuFMD-FAR), Component 1.5, has now been used to commission 5 projects, totaling 185,000€ (original allocation of 250,000€ for the 2 year period).
5. **In support of Pillar 2**, workshops and training have been held in Turkey and Georgia (Component 2.1), and progress made to establish an epidemiology and monitoring unit to assist GDFC to monitor the implementation of the Turkish national strategic plan. A first Russian language real-time course was held in Turkey for six Russian speaking countries in June. The Secretary visited the Russian Federation in July for discussions on co-operation in training, surveillance and progressive control in the region. Further workshops were held in Palestine, Israel and Egypt under Component 2.2, and support was given to GF-TADS Roadmap in Amman (March 2014). The REMESA program (Component 2.3) provided emergency support (mission to Tunisia, desk top exercises in Algeria and Morocco) plus a highly successful online training in French of 75 Government vets from the three Maghreb countries.
6. **In support of Pillar 3**, EuFMD experts have assisted the GF-TADS Working Group through to develop training for FMD experts (Component 3.2) in application of the PCP and national control plans; in the assessment of plans and surveys for global uptake and action to manage FMD (Component 3.1); and in support to Regional Roadmap meetings (Amman and Astana). A Letter of Agreement with Pirbright for their services in 2014-15 was signed in April 2014. Surveillance support was provided under this to West Africa (Senegal, Nigeria) and East Africa (Kenya) as per agreement. In June, EuFMD experts trained 20 FAO staff on the PCP and have been asked to extend this to Africa/Mid-East FAO staff in October.
7. **Monthly Global Surveillance Reports** have been produced, managed by Teresa Scicluna, STP. In 2014 each edition has had a different **Guest Editor** who is an international FMD expert from the Special Committee or from an FAO or OIE reference center, and circulation continues to grow, reaching over 90 names in our distribution list.

EuFMD Program Report

8. The four year "Phase 2" (2009-13) of the EC agreement with FAO on support to EuFMD finished on 30th September 2013. To achieve Final Closure of this Phase, a Narrative Report covering four years was written by the Secretary in line with the FAO/EC template and after this has been cleared by FAO it will be submitted to the donor (6550 US\$ are charged by FAO for checking the Report, alone). The in-house financial closures have been achieved. Now at last Phase I and Phase II will be closed together which will then enable a call for funds for Phase III to occur.
9. The Phase 3 agreement, covering 24 months in 2013-15, has been signed by EC and FAO and has been operational from 1st October 2014.
10. The management responsibilities for the new program are shown in the **Table 2**. Managers have been funded by the MS through the Administrative Fund with the exception of those which are EC funded (two consultants and one STP (Grigori Grigoryan)) and the Training Officer (by Australia). The Short Term Professionals (STPs) assist with management in areas of their competence.

Administrative Report

11. The staff of the Secretariat is given below (as of October 2014).

Technical team:

Executive Secretary	Keith Sumption
Deputy	Fabrizio Rosso
Communications and Training support	Nadia Rumich
Training Development Officer	Jenny Maud
Short Term Professionals	Mark Hovari (Hungary)
	Teresa Scicluna (Malta)
	(arrival mid October) [Isabel Gutierrez Boada (Spain)
	[Gunel Ismailova (Azerbaijan)
Consultants (Component Managers)	M. Mclaws, C. Bartels, K. V. Maanen, E. Calduch

Administrative team :

Program Co-ordinator	Cecile Carraz
Finance assistant	Silvia Clementelli
Team members	I.D'Alessandro; E.Tomat, I.V Woudenberg

12. Caroline Dubé, P3 Animal Health Officer/Deputy to the Secretary, joined 3rd June, resigned 15th July with final working date 15 August 2014. To fill the gaps, as agreed with the Chairpersons, Fabrizio Rosso (Malta) would be invited to re-join the EuFMD (this occurred mid-Sept) as Deputy - and one or more consultants to cover the Modelling/Contingency Planning workplan actions (Elsa Calduch, Spain from mid-September).
13. **Short Term professionals** (STPs): Grigor Grigoryan, Armenia, finished at the end of August and Iulia Turiac (Romania) finished end of May.
14. **New STPs:** Mark Hovari (Hungary) joined on the 1st July (until December 2014); Isabel Gutierrez Boada (Spain) should start mid-October as should Gunel Ismailova (Azerbaijan).
15. **Pipeline STPs:** Katie Hickey (UK/New Zealand) January to June 2015.
16. **Administrative support:** only two CVs were sent for the Senior Clerk (G5) vacancy announcement, and neither suit the TOR. Currently, we have a Program Co-ordinator (Ms Carraz), a finance assistant (Ms Clementelli), and three team members (Ms D'Alessandro, Ms Tomat and Ms Woudenberg) working on all the administrative and logistic issues of the EuFMD. The Finance Assistant is covering the G5 role, so there is no strong reason in terms of current performance gaps to recruit an FAO Clerk.

Financial position

17. The Secretariat manages three Trust Funds, for the Administration of the Secretariat (MTF/INT/011/MUL, contributions from the Member States), EC Program (MTF/INT/003/EEC) and an Emergencies and Training Fund into which additional contributions have been received for provision of training (MTF/INT/004/MUL).
 18. Position of the **Administrative Fund (MTF/INT/011/MUL)**: the opening cash balance was 453,275 USD and at the time of this report, 545,843 USD has been received in contributions, against an expenditure of 630,451 USD, which reduced the current cash balance to US\$368,667. This is in line with expectations on the reduction in cash balance in 2014 and 2015, and the need to raise MS contributions at the General Session in 2015. Note that despite savings in salaries line (recruiting a P3 after Eoin Ryan) the need to cover the work of the position through consultancies has not resulted in overall savings. **(Table 3)**.
 19. Outstanding Contributions: USD 151,271, of which the most significant is that of Bulgaria (51,144 USD).
 20. Given the above, there is a need for careful attention in 2015 to the expenditure, but the filling of at least one STP position in 2015 (2 positions were maintained in 2013-14) is affordable.
1. Position of the **Emergencies and Training Fund (MTF/INT/004/MUL)**. This fund has received funds from DAFF, Australia as part of the agreement of US\$404,218 to cover courses in 2014-15. The new agreement has received 328,010 US\$ in 2014, had expenditure of 255,658 US\$ in this year, and has a balance of 118,013 USD from which to cover the remaining two courses in 2014. A further tranche of funds are expected in January to cover the 2015 courses. The Fund has been used to pay for a Full Time Training Development Officer in 2014 (Jenny Maud) who manages Component 1.1, a considerable gain to the EuFMD and a savings to EC Fund.
 2. Position of the **EC Program Fund (MTF/INT/003/EEC)**. The Phase II agreement with the EC was operationally closed at the end of September 2013, and final payments organised and closed, so that the financial closure could be made on 13th February 2014. The final (unofficial) balance is US\$ **1,233,598**.

MTF/INT/003/EEC (PHASE II 2009-13, TFEU97AA09638 entity 608868)

EC Project Phase II	US\$	Note
Total Cash received	10,592,358 (including interest earned 5,813)	
Total expenditures	9,358,759	
Final Balance	+ 1,233,598	

3. Regarding Phase III, this Phase was operational from October 2013 and the first financial contribution was the balance from Phase II (predicted to be Eur 731,379 = USD 1,006,377). After financial closure of Phase II, the good news is that the final balance in fact should be circa 200,000 USD higher (US\$1,233,598).
4. Total expenditure in Phase III, at 8th October 2014, is US\$ 2,394, 810 (circa 1,884m€) , and thus over 100% of the agreed pre-financing, so a call for Funds is due. FAO will send this to EC shortly, the delay had related to the slow speed of closure of Phase I and II (requiring additional reporting by the Secretariat to prepare a Final 4 year Narrative Report to EC).

EC Project Phase III		Note
Total scheduled	4,000,000 €	
Total Cash received	USD 1,006,377	Equivalent to €731,379 in Agreement
Total expenditures	US\$ 2,394,810	Over 200% of official prefinancing
Cash Balance	- US\$1,388m (Negative)	Reduce by circa 200k to this when the Final Balance Phase II is accepted by EC and counted into the first instalment.
Overall Phase III budget		
Maximum EC financing	4,000,000€	
Expenditure to 8 th October 2014	1,884,713€	46% of total, after >50% of programme delivery
Current Balance	2,181,786€	

31. Management of expenditures - Phase III

At the 86th Session, the limits on spending per component and budget line were agreed and every component, and subcomponent (outcome) has been assigned a budget. The Component Managers thus know their spending limits for each of the outcomes they are expected to work towards. The system has made for clarity in the daily work and planning, and is controlled through the Financial Oversight of the Finance Assistant (Silvia Clementelli) and Budget Holder (Keith Sumption).

The Programme Coordinator (Cecile Carraz) develops the three- month forward work scheduling plan together with the Finance Officer and Component Managers, and these have been transmitted to the Chairpersons when updated. The spending per Component is reviewed in team meetings once a month.

32. The Expenditure by Component

As mapping expenditure to components is not-automatic, there is no way to track spending per component in real-time. **Table 4** gives the result of the most up to date mapping of spending per component. Only those components which have a high proportion of longer term commitments (into 2015, such as research studies contracted under Component 1.5) have “overspent” their expected 50% benchmark.

33. Need for budget revision

There is a need to present to the EC a revised Budget Table indicating the revisions to ceilings for Components agreed at the 87th Executive and Mini-Executive Session in July in Brussels, namely

- Increase of 50,000€ to THRACE to enable purchase of diagnostic equipment for the 3 countries
- Increase of 16500€ for Support to OIE/FAO under Component 3.1 (PCP)
- Reduction in the budget line Emergencies (1.6) by the above amount

The 88th Executive will also receive a request to agree the Component workplan for modelling/contingency planning of 61,500 € (1.2). This amount could be drawn from Components 2.2 and 3.1 and Emergency fund on equal basis (20,000€ from each).

Planned Governing Body (EuFMD Committees and Working Groups) meetings, 2014

1. Open Session of the Technical Committees, Dubrovnik 29-31st October 2014. Preceded by the Closed Sessions of the Special Committee for Research and Programme Development, Dubrovnik on 28th, and Standing Technical Committee/Grant Review Board.

Table 1**Findings and Recommendations of the 87th Session of the Executive Committee of the EuFMD**

<u>Item</u>	<u>Conclusion #</u>	<u>Follow-Up</u>
Risk Situation	2. STC Guidance On Understanding FMD Control In China	Keynote paper for Open Session
4. Pillar 1	4. Refresher training/assessment	On track
	5. MS to be told that CVET list experts should do refresher training	Check with SANCO. EuFMD could contact CVET experts directly To be done?
	6. Economics course linked to modelling	Done, Course held
	7. Management at end of epidemics to be part of sim-ex Balkans	Planned
	8. Cost recovery for additional training places	Paper for the 88 th Session
	9. Additional funds for surveillance for other TADS- Thrace	50,000€ request was agreed to be added to the Budget for 1.3
	10. Evaluate THRACE programme with expert input on surveillance model	Annual report from year 1 to be reviewed by Angus Cameron
Item 5, Pillar 2	15. Turkey	Additional consultancy agreed to give full time in out into the Epi and Monitoring Unit, GDFC.
	16. Need for revitalised links to Iran	No significant action except webinars
	18. Technical meeting, Cyprus	None, need to discuss priority topics with GFTADS partners
	19. Develop Low cost biosafe transport	EuFMD-FAR proposal funded.
STC	22. Topics for the Open Session	All included except the paper on situation (Eradication achieved?) of serotype C
Admin	27. Need to review the categories and level of MS contributions	To be done
Other	To write to MS on interests for vaccine bank and diagnostic bank coordination	To be done. STP candidate lined up for actions on this area from January 2015



88th Executive Committee meeting of the EuFMD

Item: Component 1.1, Training

Author: Jenny Maud

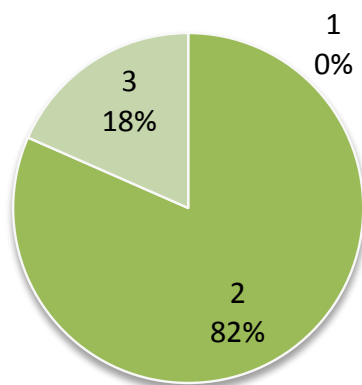


Outline

1.1 Real Time Training– Contingency Plans and Decision Support Training

OBJECTIVE: *To improve the ability of Members States (MS) and Europe as a whole to respond to a FMD incursion; through developing a cadre of European experts in FMD crisis management, and improving the use of decision making tools by managers in contingency planning and outbreak response.*

OUTPUTS (EXPECTED RESULTS):



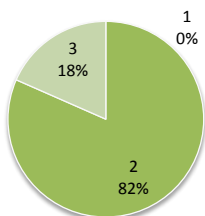
1. System in place whereby MS use **training credit system** to ensure training needs are addressed through a demand-driven training program;
2. Improved MS capacity to recognize, respond to and manage FMD through provision of **training programs** on clinical recognition, outbreak management and CP, and improved use of models/DST to support managers;
3. Infrastructure for **learning and knowledge transfer** in place, including e-learning, training resources and staff support.

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Training credit system

Real Time training

Modelling and decision support tools

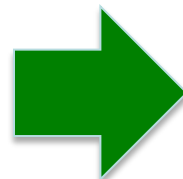
EuFMD e-Learning



Training Focal Points

Focal Points for each member state (MS) were identified in autumn 2013. Each MS given 10 training credits and chooses how to “spend” these credits.

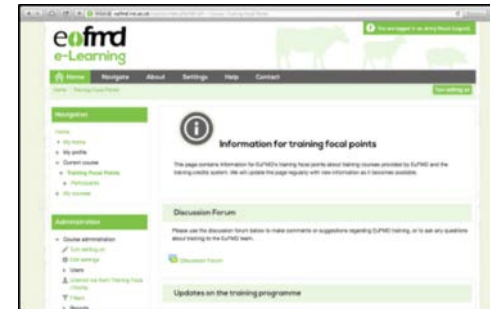
**Demand driven
training programme**



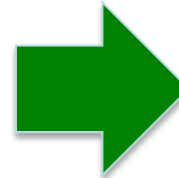
**Communicated
with through.....**

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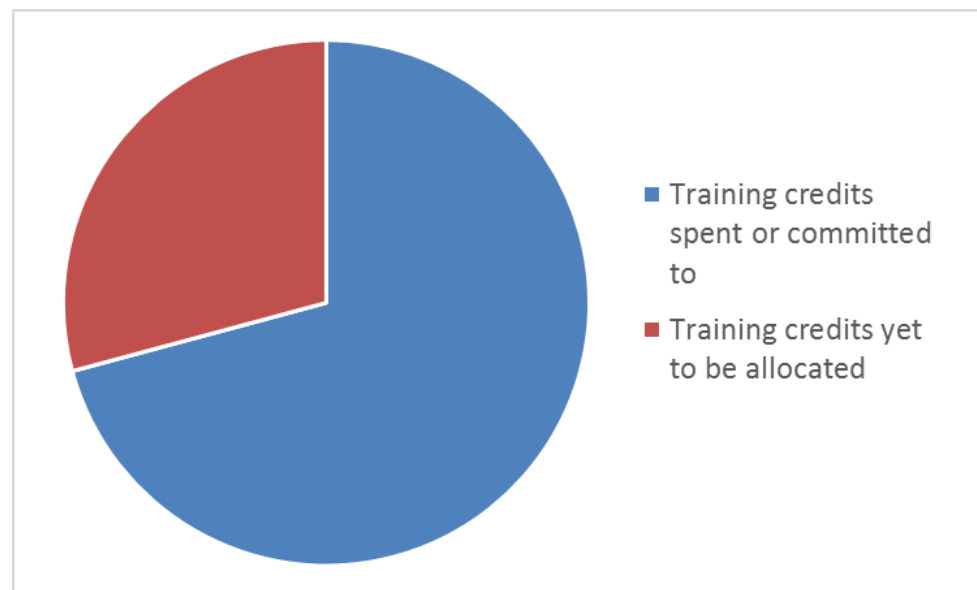


**Demand driven
training programme**



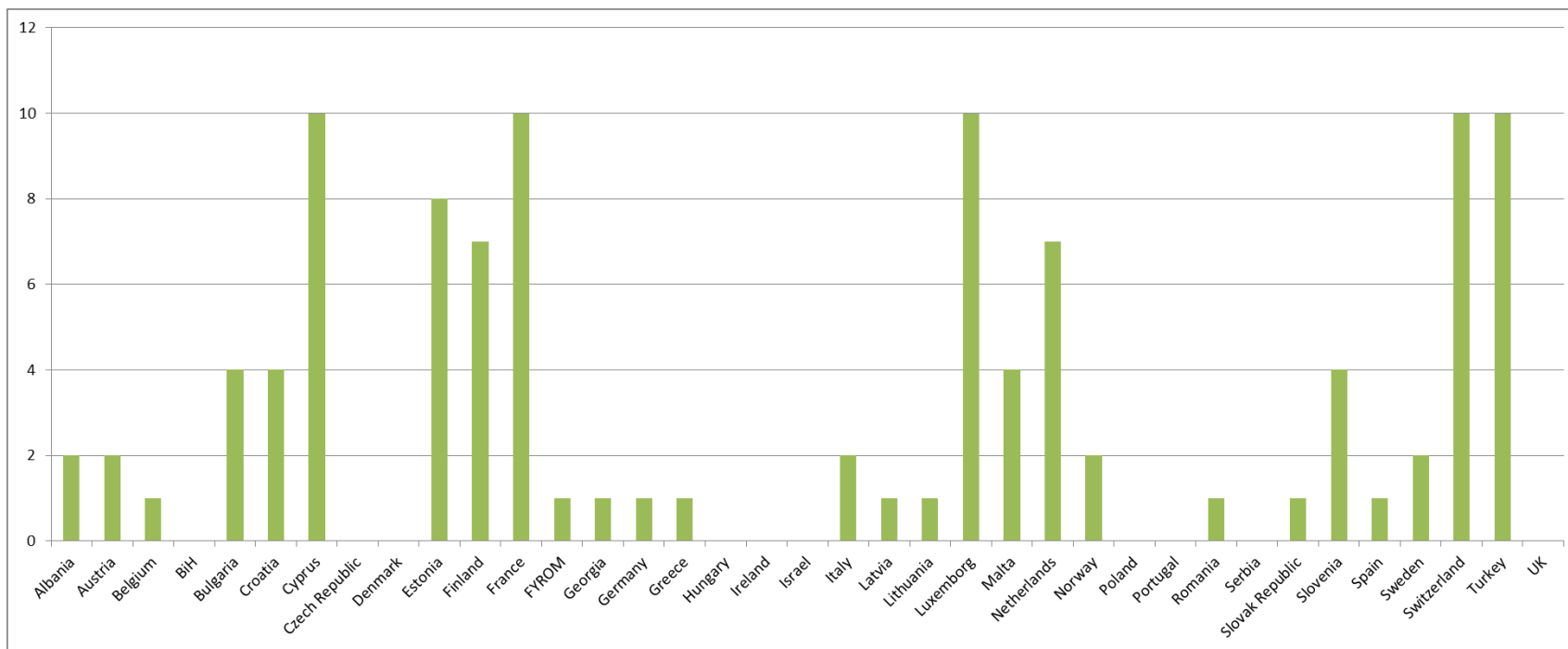
Training Focal Points

- 71% of credits have now been “spent” or allocated to upcoming courses. (47% spent)
- Most focal points are now in regular contact. 3-5 countries have recently been prompted again.





Training credits used so far





Training credits used so far

Insert Sergei map here

Real Time Training

2 courses have been held since last Executive Committee meeting.

Erzurum, Turkey, June 2014:
Russian language



Nakuru, Kenya, August 2014:
French language

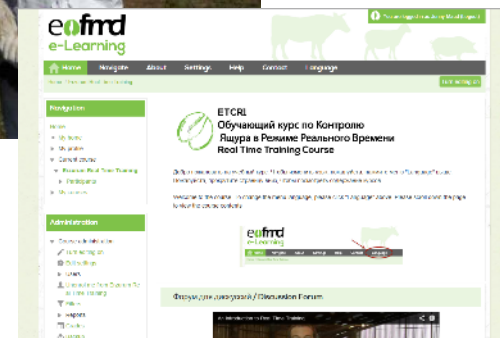




Real Time Training: Erzurum, June 2014

Russian language

Participants from Turkey and Georgia (component 1.1) Palestine (component 2.2), Azerbaijan, Armenia, Ukraine and Moldova (component 2.1) Kazakhstan (USDTRA funded)





Real Time Training: Nakuru August 2014

French language

Belgium (comp 1.1) , Morocco,
Tunisia (REMESA) , DRC





PCP workshop: Nakuru August 2014

- PCP workshop led by Chris Bartels as part of FAO agreement with DVS Kenya



Real Time Training

- Database of all EuFMD trainees developed
- Comprehensive assessment for after RTT developed
- Cascade training still a focus



Nepal Real Time Training, Australia funding

- 4 courses since last meeting, including first course for New Zealand
- Continued excellent cascade training- feed experiences onto to EuFMD MS.
- Courses well received, interest in funding further courses in 2015



Online FMD Emergency Preparation Course

✓ Who?

2 participants from close to every EuFMD member state

✓ What?

Course covers:

- FMD aetiology and pathogenesis
- Clinical diagnosis, lesion ageing
- Epidemiology, outbreak investigation
- Biosecurity

✓ Why?

- Evaluate for future use

FMD Emergency Preparation Course

Module One: Introduction to Foot and Mouth Disease

Table of Contents

A. Welcome

B. Introduction

1. Economic impact
2. FMD endemic countries
3. The hot and mouth disease virus
4. Self test questions
5. The global distribution of FMD
6. FMD in the European neighbourhood
7. Exercises

C. Pathogenesis

D. Well done!

Introduction

Foot and mouth disease (FMD) is a highly contagious, acute viral disease affecting cloven hooved animals, including pigs, cattle, sheep and goats.

The disease is characterised by the formation of vesicles and erosions inside the mouth, and on the nose, hooves and feet. Mortality is low in adult animals, but can be common in young piglets, calves and lambs.

(Images of a pig's mouth and a pig's head with lesions)

eofmd e-Learning

Home | FMD Emergency Preparation

Navigation

- Home
- My home
- My profile
- Current course
 - FMD Emergency Preparation
 - Participants
 - My courses

Course completion status

Status: In progress

All criteria below are required:

Required criteria	Status
Activity completion	10 of 11

[More details](#)

FMD Emergency Preparation Course

Welcome to the FMD Emergency Preparation Course. This course is designed to allow veterinarians to prepare for a foot and mouth disease (FMD) emergency by rapidly improving their knowledge of FMD diagnosis and outbreak investigation.

To get started, simply follow each of the links below in turn. You can check your progress using the course completion tool.

At the end of the course you will be issued with a certificate if you complete all four training modules, make at least one forum post and complete the post course assessment, obtaining a satisfactory mark.

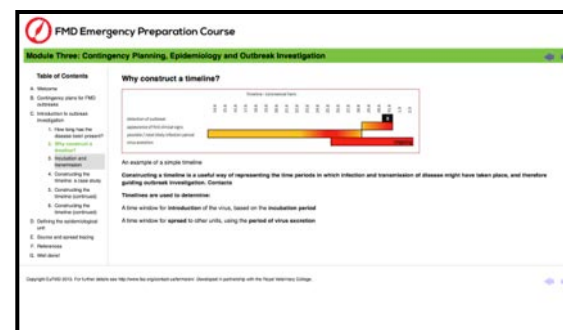
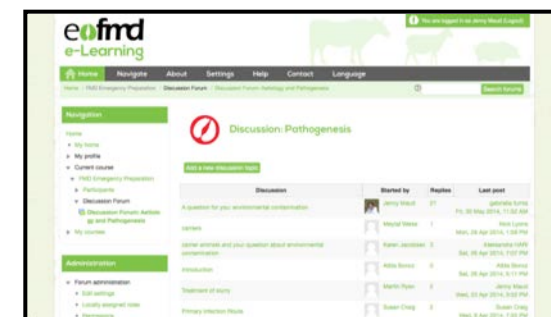
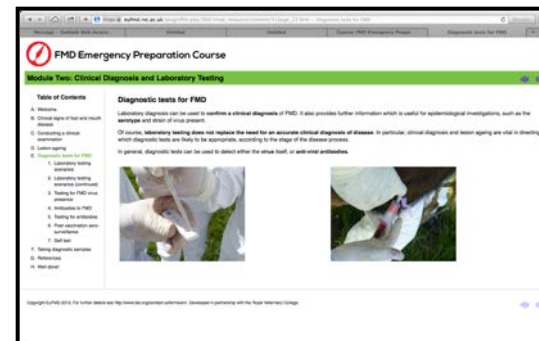
(Image of a woman standing next to a pig)



Online FMD Emergency Preparation Course

✓ How?

- **80-100 trainees** enrolled on one course
- Available for **3-4 weeks**
- Introductory 1 hour **webinar**
- Four interactive self study modules, including videos and many photos
- **Tutorial support and discussion** through online forum
- **Comprehensive final assessment**
- Closing webinar
- Approximately **10 hours study time** in total

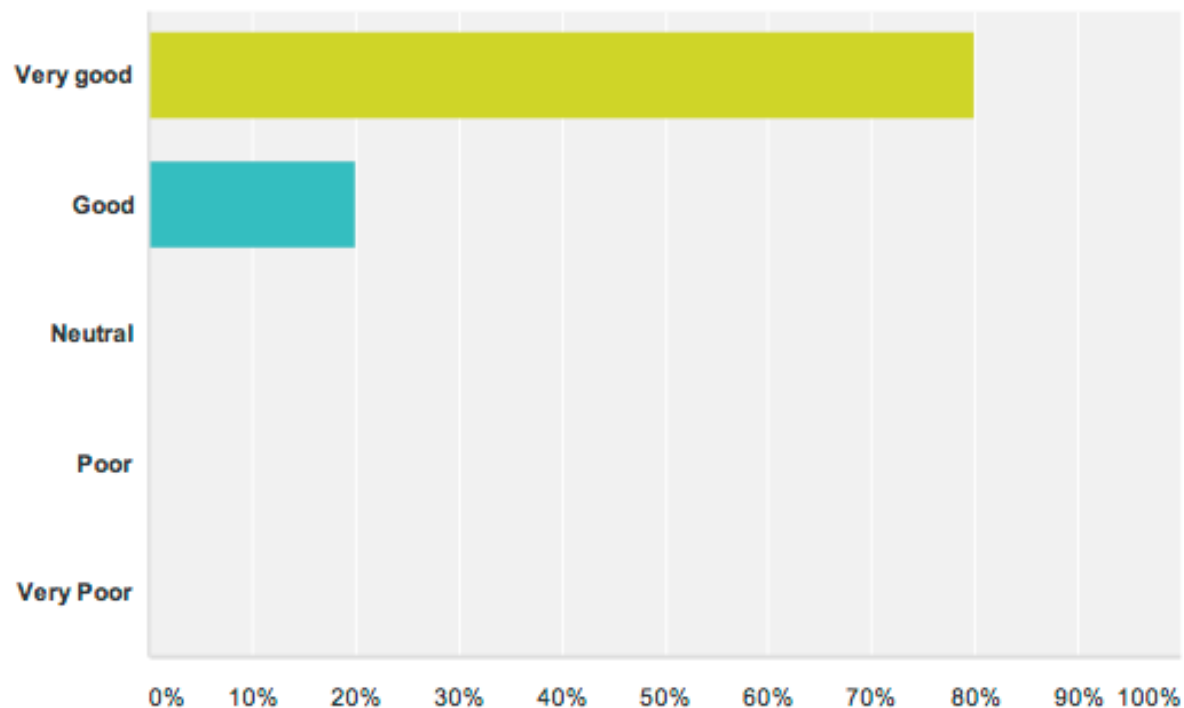




Online FMD Emergency Preparation Course

Q1 How do you rate this online course overall?

Answered: 40 Skipped: 0

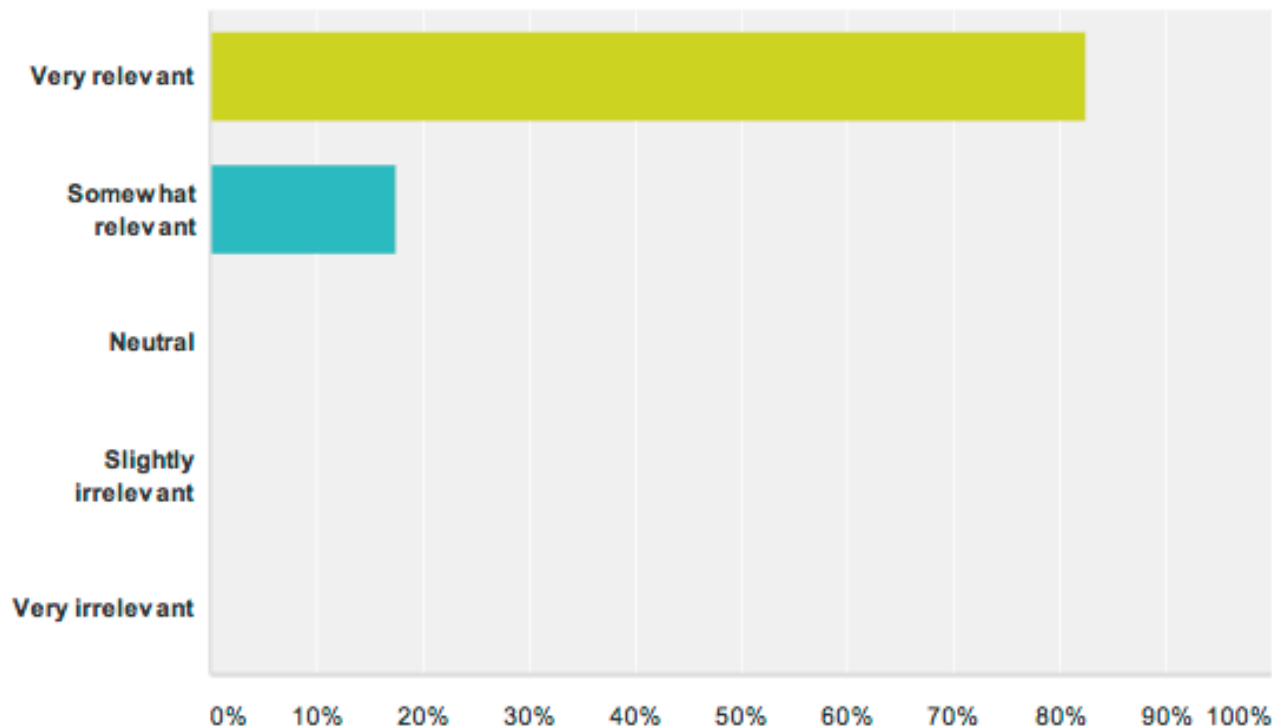




Online FMD Emergency Preparation Course

Q2 Was the course relevant to your specific needs?

Answered: 40 Skipped: 0

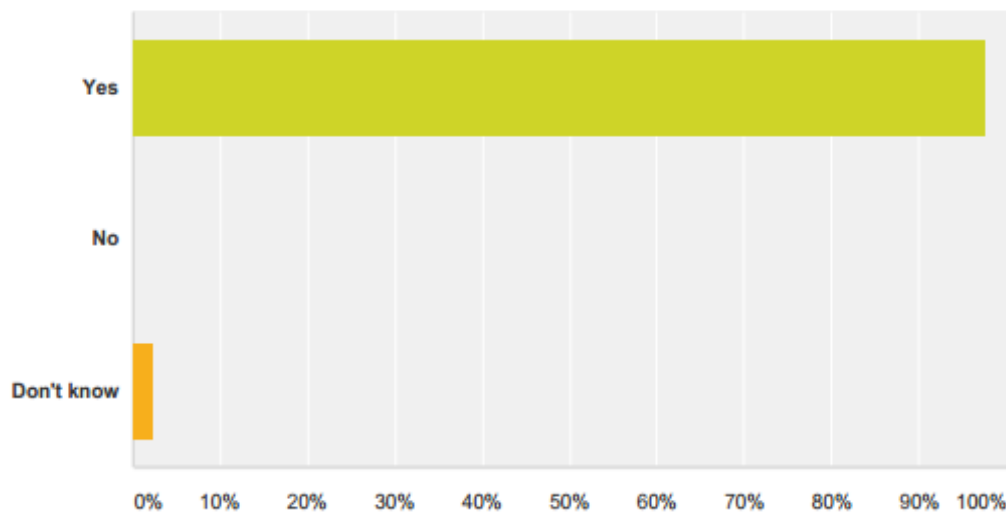




Online FMD Emergency Preparation Course

Q11 Would you recommend others in your country to take part in the online FMD Emergency Preparation Course in the future?

Answered: 44 Skipped: 9





Online FMD Emergency Preparation Course

It would be very good to adopt the course and run it as a part of regular emergency preparedness trainings and simulation exercises.

It would be very useful if this could be recognised as CPD. It's a great opportunity for those who for some reason or other cannot easily travel to another country/region to obtain this training

Very very interesting course. Thank you very much for letting me participate



Online FMD Emergency Preparation Course

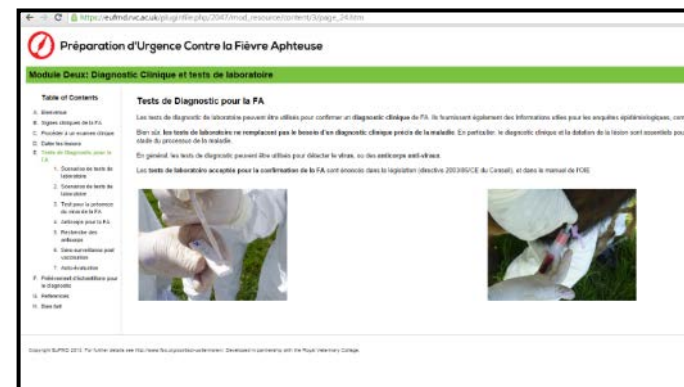
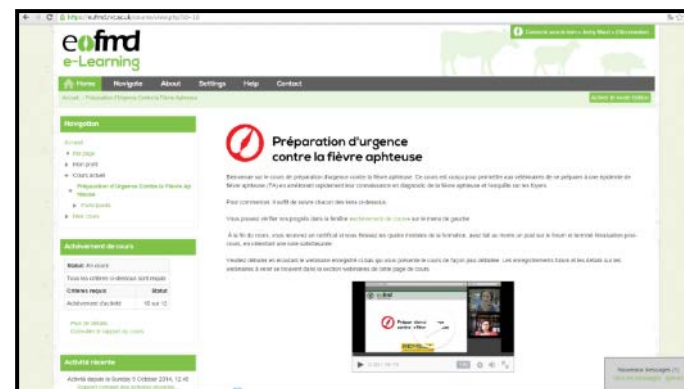
In my opinion 1.- **the course should be a bit longer**, for example one week more would be better. 2.- The **discussion forum is very useful as it makes you think** more questions and **practical scenarios for answering** would be adequate as would be a longer time for answering the questions. 3.- It would be useful to have **more further readings** to complete the information given for those who want to expand knowledge. 4.- There are some topics that could be expanded further as they have been dealt with little information. I miss some information on **control measures with special focus on vaccination options** and scenarios although I think this topic will be dealt in a future course if I am not wrong.. Generally speaking the course has been great and very useful and I would like to thank all people involved in its preparation.



Préparation d'urgence contre la fièvre aphteuse

Course has been translated into all EU languages (courtesy of DG SANCO)

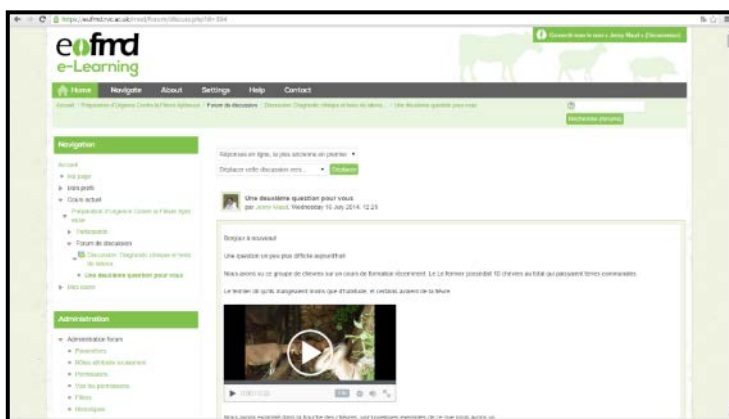
First course in French during Summer 2014- Algeria, Morocco, Tunisia (75 participants)





Préparation d'urgence contre la fièvre aphteuse

Online discussion forums a particular success



The screenshot shows the 'Discussion: Pathogénèse' forum page. It includes a search bar and a 'Recherche (forums)' button. The main content area features a 'Ajouter une discussion' button and a table listing various discussion topics.

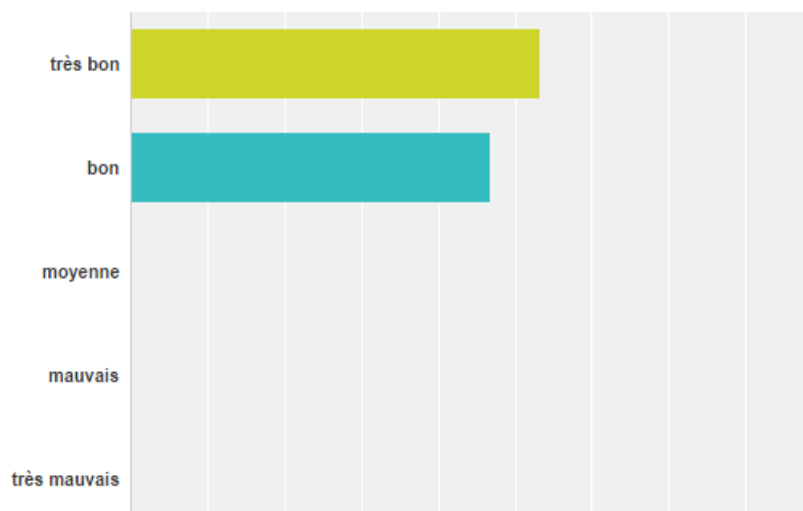
Discussion	lançé par	Réponses	Dernier message
separation de virus par les animaux gaires	Sarah BOUCENNA	1	Caroline Dubé Thu 21 Jul 2014, 20:09
résistance de virus	MOHAMED KALACHE	1	Caroline Dubé Wed 20 Jul 2014, 23:07
Installation	MOHAMED KALACHE	1	Wael Serris Wed 20 Jul 2014, 10:12
Documentaire sur présent cours	Oayya EL HARIRI	1	Caroline Dubé Wed 20 Jul 2014, 10:52
Immunité	Ayacha BOUHOUS	4	Caroline Dubé Wed 20 Jul 2014, 10:53
statut indienne	MOHAMED KALACHE	1	Jenny Maud Mon 28 Jun 2014, 22:08
la lutte contre la FA	MOHAMED CHAKOUR DJELTHA	2	MOHAMED KALACHE Fri 25 Jul 2014, 20:40
Surveillance des maladies à déclaration obligatoires	MOHAMED CHAKOUR DJELTHA	1	MOHAMED KALACHE Fri 25 Jul 2014, 22:34
Voies d'entrée du virus	MOHAMED KALACHE	3	MOHAMED KALACHE Fri 28 Jul 2014, 22:24
Prélèvements sur cadavres d'animaux	Samy HAMZA	2	MOHAMED KALACHE Fri 25 Jul 2014, 22:10
pathogénèse	AHMEDLahdir BOUTAMINE	2	AHMEDLahdir BOUTAMINE Thu 20 Jul 2014, 00:20
Immunité	Ayacha BOUHOUS	1	Ayacha BOUHOUS Tue 22 Jul 2014, 12:53
viulence virale	MED BENBISA	2	Jenny Maud Mon 21 Jul 2014, 21:12
fièvre aphteuse et autre maladie	MOHAMED KALACHE	4	MOHAMED KALACHE Sun 20 Jul 2014, 10:32
apurement lors de la FA	MOHAMED KALACHE	2	Henwe LARBO Sun 20 Jul 2014, 10:24
l'éclosion du virus	Ibarr Film	2	MOHAMED KALACHE Thu 17 Jul 2014, 16:51
Présentation de virus	MOHAMED KALACHE	1	Jenny Maud



Préparation d'urgence contre la fièvre aphteuse

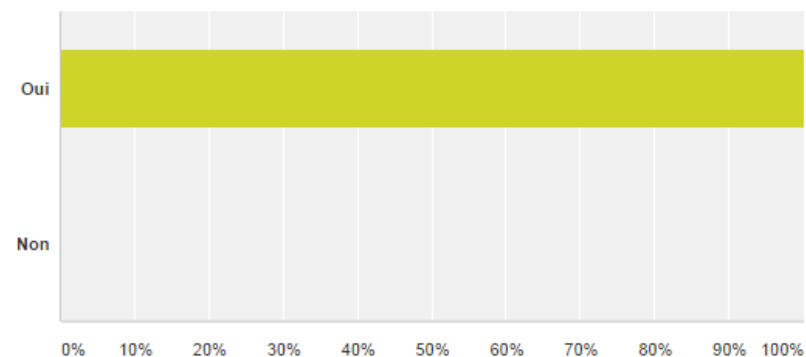
Quelle note donneriez-vous à ce cours en ligne dans son ensemble?

Answered: 47 Skipped: 0



Recommanderiez-vous à d'autres collègues dans votre pays de participer au cours à l'avenir?

Answered: 38 Skipped: 9





Préparation d'urgence contre la fièvre aphteuse

j'ai apprécié ce cours. On se sent à l'aise, sans stress , on participe avec interet et passion.

"Je suis heureux de ce cours et j'espere que ce n'est pas le dernier"

Dans l'ensemble le cours est bien fais, je remercie toute l'équipe qui s'est chargée de nous dispenser ce cours. C'est un cours très riches bien illustré et permet d'ouvrir plusieurs débats. Je suggère, puisque le contexte épidémiologique ainsi que les conditions de terrain en Afrique sont différentes par rapport à l'Europe et ailleurs, de mettre l'accent sur les modes de lutttes de la FA en zones saharienne et subsaharienne



Online FMD Emergency Preparation Course

The online course will be available in two ways in future:

- **EuFMD-wide course- English language**

1 training credit for 20 places

- **“Bespoke” country specific course**

- Translated
- Addition of country specific content
- 80-100 participants per course, all from host country. Could include stakeholders etc

Initial course 6 training credits

Subsequent courses 4 training credits per course

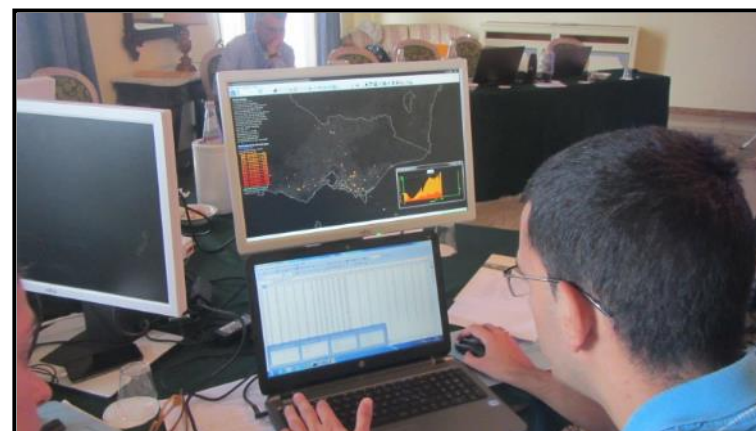
(host country should provide translation assistance plus one co-trainer to participate in discussion forum and webinars)



To vaccinate or not to vaccinate: using modelling to investigate FMD control options

1 week workshop, held Frascati, Italy September 2014

- **Interactive**, scenario led training
- Included disease spread **modelling and socio-economic** interpretation of outputs
- Used newly developed **Australian Animal Disease Spread (AADIS)** model as training tool
- Aim to develop “**Intelligent customers**” of models to assist contingency planning





To vaccinate or not to vaccinate: using modelling to investigate FMD control options

Pre course e-learning: 6 hours over 3 weeks, self directed.

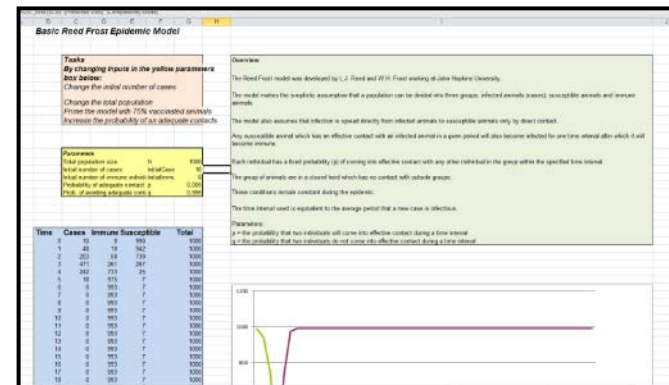
Week 1:

What is epidemiological modelling, why do we use models
FMD basics



Week 2:

Characteristics of models, different types of models



Week 3:

Practical modelling: work flow, assembling a modelling team.



To vaccinate or not to vaccinate: using modelling to investigate FMD control options



Use of AADIS



Economic evaluation

Practical group tasks



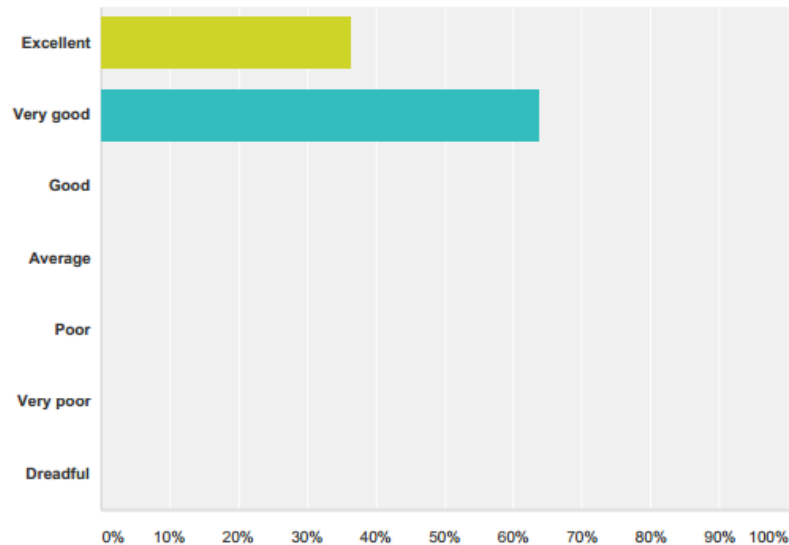
Participatory multi-criteria decision analysis
“Stakeholder” consultation



To vaccinate or not to vaccinate: using modelling to investigate FMD control options

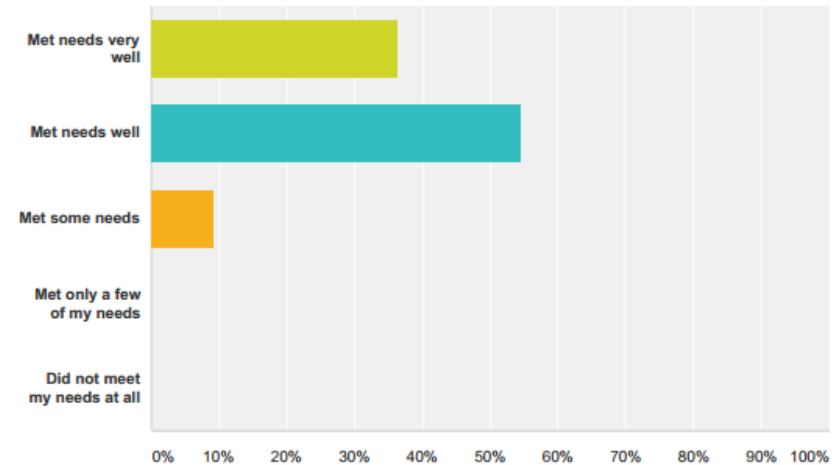
Q12 Please rate this course overall

Answered: 11 Skipped: 1



Q1 How well did the workshop meet your specific needs and requirements?

Answered: 11 Skipped: 1





To vaccinate or not to vaccinate: using modelling to investigate FMD control options

Covered exactly what I wanted in a way so I could understand it

I enjoyed the: multi-disciplinary approach which combine epidemiology, modelling and economics. -The insight on results presentation

I would like to have gone into detail a bit more

I enjoyed: getting into details with the disease and the strategies available, and having the opportunity to discuss with other countries participants about all these matters



Budget situation

1.1 BDgET EXECOM planned for activities			\$ 465,492.00	€ 351,446.46				\$ 348,296.00	€ 262,963.48	\$ 122,412.00	€ 96,338.24
1.2 BDgET EXECOM planned for activities			\$ 214,850.00	€ 162,211.75				\$ 24,599.00	€ 18,572.25	\$ 239,298.00	€ 180,669.99
TOAL 1.1/1.2			\$ 680,342.00	\$ 512,241.00	\$ -	\$ -	\$ -	\$ 372,895.00	€ 281,535.73	\$ 361,710.00	€ 277,008.23

Expenditure

Remaining

55% of budget spent so far. **47%** training credits spent so far.
(Does not include funding from self paid places)

Real Time Training within budget per TC

Modelling workshop over budget per TC: development of new course



Plans for next 6 months

Training credits system

- Seek further guidance on training to be developed 2015 and beyond
- Ensure all countries have spent allocation
- Top up scheme

Real Time Training

- 2 courses Nov/Dec and more in spring
- Stakeholder participation

Online FMD Emergency Preparation Course

- EuFMD wide course (December and Spring)
- Spain, UK, Serbo-Croat tailored courses
- Roll-out of other language courses
- Extend LOA RVC



Plans for next 6 months

Additional e-Learning

- Introductory epidemiology/biostatistics (RVC)
- PCP e-learning
- Webinars for member states

Possible additional courses

- Repeat modelling workshop
- Advanced modelling/socio economics
- Vaccination practicalities

Staff support

- Possible interest in further course in Nepal from Australia/New Zealand for 2015



Significant issues for discussion

Training credits ‘top-up’ scheme

A number of Member States have expressed an interest in purchasing additional places on a variety of EuFMD courses.

Executive Committee previously agreed for Real Time Training:
(doesn't include flights, applies to MS and non-MS)

Need to streamline a cost per place on any EuFMD course **FOR MS**

	Scheme	Basis	Minimum	Total (€)	USD
1	Flat rate	per place	1	4375	5688
2	Last minute/Additional cost	per place (max 2)*	1	3500	4550
3	Tailored course**	per COURSE (English, French)	10	43750	56875

*if last minute gaps appear on courses run for the MS.

**timing and content agreed between the parties; whereas in #1, trainees join those from other countries on courses offered at a few, set times per year.



Significant issues for discussion

Training credits 'top-up' scheme

	Total (EUR)	Per TC (EUR)
1.1/1.2 Budget for training courses	420,400	1136
1.1/1.2 Budget for infrastructure (e-learning)	95,000	257
Total 1.1/1.2 Budget	515,400	1393

The above budgets DO NOT include costs of training support officer, or admin staff time.

Propose 1TC = 1600 EUR to account for this. **EuFMD MS only, to be reviewed.**
Costs INCLUDE flights.

	Cost when 1TC = 1600 EUR
Real Time Training (3TC)	4800
Modelling (2TC)	3200
FEPC- Bespoke first course (6TC)	9600
FEPC- Follow on (4TC)	8000



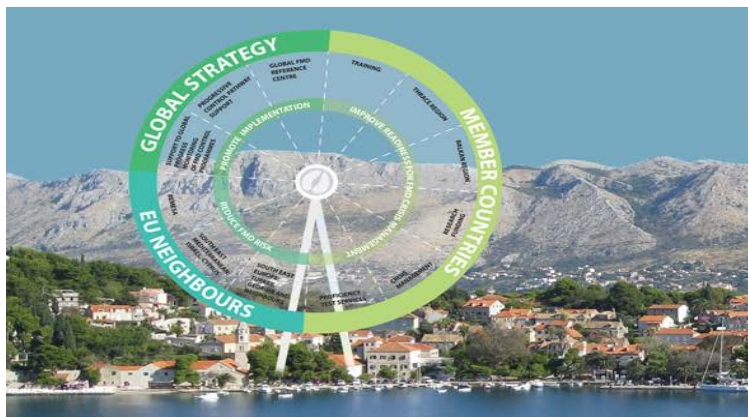
Thank you





Item: Components 1.2

Modelling, Decision Support Tools (DST) and Simulation Exercises



EuFMD Open Session

Kavtat (Croatia), 29-31 Oct. 2014



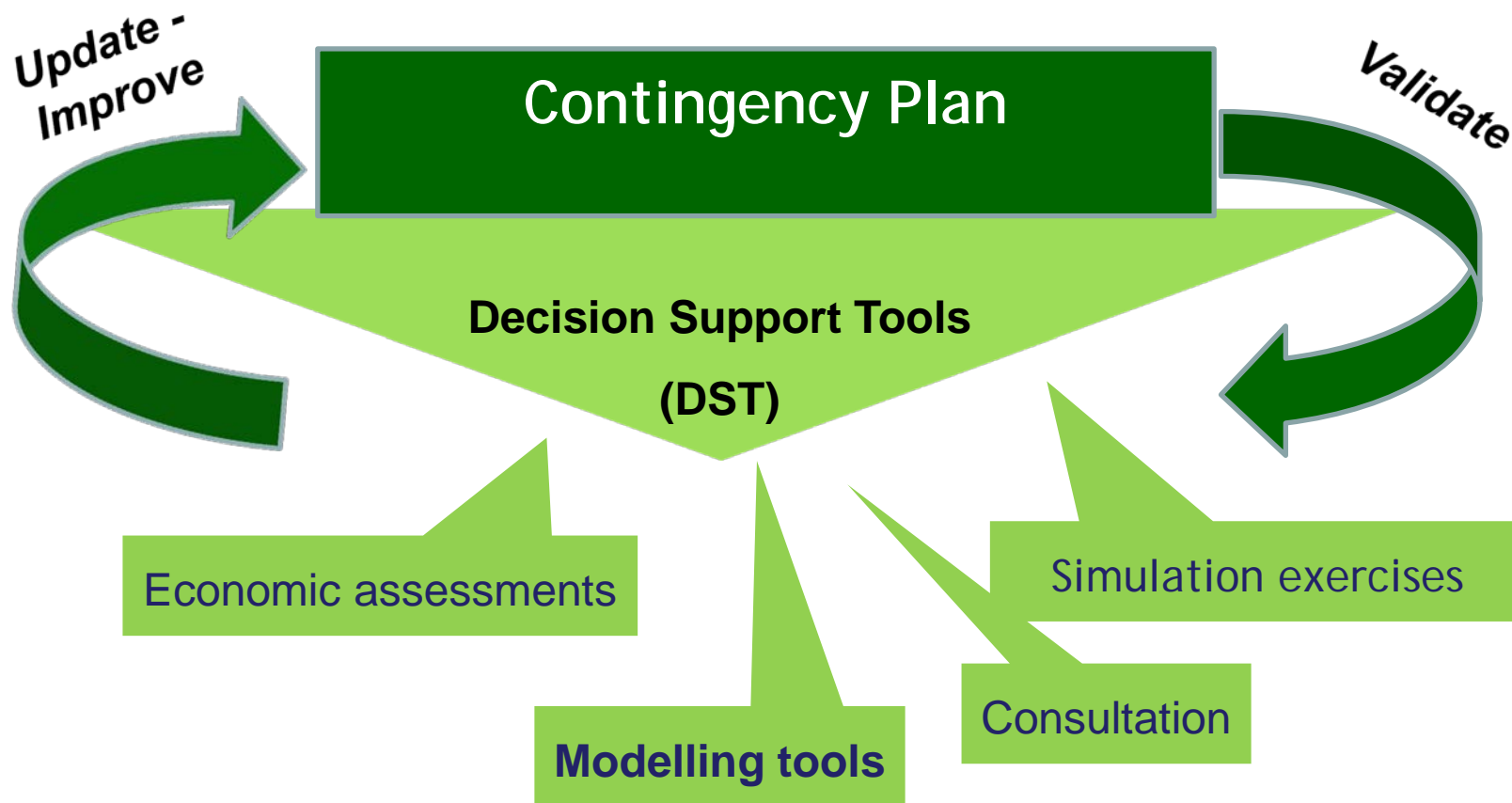


Component 1.2 Modelling, Decision Support Tools (DST) and Simulation Exercises

- 'New' component, previously with Component 1.1
- Workplan developed by Caroline Dube and presented to ExCom in July 2014
- New project team formed following Caroline's resignation:
 - Supervisor: F. Rosso, (K. Sumption - interim modeling)
 - Component manager: E. Calduch Negro (M. Mclaws - interim modeling)
- Budget 61,900 Euro (consultancies plus travel)



Contingency Plan Development



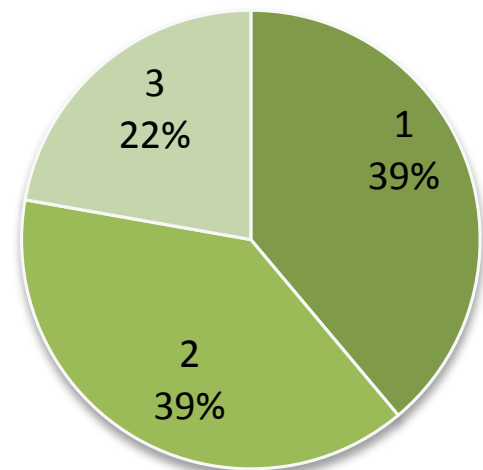


Component 1.2 Modelling, Decision Support Tools (DST) and Simulation Exercises

Objective : to improve the ability of Member States and Europe as a whole to respond to a foot-and-mouth disease (FMD) incursion by using modelling and decision-support tools as well as simulation exercises to develop and test their FMD contingency plans and outbreak response.

OUTPUTS (EXPECTED RESULTS):

1. A European modelling network composed of policy makers and model users from all interested MS with direct access to FMD models and model developers linked to other international modelling groups.
2. Resources for training on disease modelling and economic analysis in decision-making and simulation exercise design
3. A network of managers in contingency planning and simulation exercise design.





Output 1. *European modelling network*

- Discussion paper drafted - circulate to focus group
- Initial meeting at EuFMD Open Session (30 October)
- Network objectives to be endorsed. Draft:
 1. Promote use of models to inform contingency planning for FMD in Europe (ie applied research) through enhanced understanding
 - a) amongst current users (through external validation of models) as well as non-users
 2. Forum for discussion and technical support
 3. Identification of decision support tools expected to provide the most value to decision makers.
 - Support their development (through EuFMD-FAR &/or network)



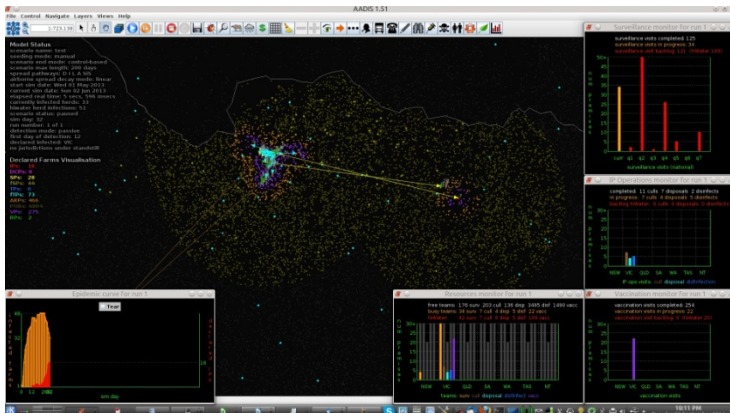
Output 1. *European modelling network*

Initial activities proposed:

1. Description of currently available resources: models and expertise
2. Webinar/seminar series- network members to describe current research
3. Develop a common project (subject to interest & support)
 - European disease spread model (cross-border spread)
 - Modeling framework(s) that can be readily adapted to different countries
 - Studies to identify key national-level parameters (ie what specific national-level data is really essential for model input?)
 - Studies to explore optimal control measures for 'typical' European countries, ie representative of different husbandry systems etc
 - Model comparison studies to validate existing models

Output 2. Resources for training: modelling, and simulation exercise design

- E-learning on epidemiological modeling has been developed
- Modeling workshop on the use of epidemiological modelling and socio-economic analysis in FMD contingency planning (held 29 Sept-3 Oct 2014)





Output 2. Resources for training: modelling, and simulation exercise design

Future ideas and plans:

1. Development of Guidelines:
 - For testing Contingency Plans (ie simulation exercises)
2. Review of resources available for simulation exercises and development of a website for access to these.
3. Accessible and easy-to-use tools / calculators:
 - to assess the socio-economic impact of FMD emergencies.
 - to calculate resources required to control an outbreak (ie, number of vets, slaughter capacity, vaccine doses...)



Output 3 A network of managers in contingency planning and simulation exercise design.

- To link persons facing similar challenges throughout EuFMD member states and work together find solutions
 - Through internet (website, webinar, email), meetings...
 - Sharing technical resources, ideas and solutions
 - First step is to identify interested members, then identify wants and needs to assist their work.
 - Modeling workshop, FVO Meeting, existing reports, EuFMD training focal points
 - Discussion at modeling workshop:
 - 17 participants from 11 countries
 - Network already formed through FVO? (will work with FVO to identify where EuFMD can best provide support)



Output 3 A network of managers in contingency planning and simulation exercise design.

- Q 13 Modeling workshop feedback form: *How can we help you more after the course has finished?*

	Not needed	Might be useful	Useful	Very useful	Total
Advanced modelling courses	0.00% 0	36.36% 4	45.45% 5	18.18% 2	11
Advanced socio-economics courses	9.09% 1	18.18% 2	54.55% 6	18.18% 2	11
Expert one on one consultation for your country	18.18% 2	45.45% 5	18.18% 2	18.18% 2	11
Modelling network- put you in touch with other modellers	9.09% 1	27.27% 3	27.27% 3	36.36% 4	11
Contingency planning network- put you in touch with contingency planners	9.09% 1	9.09% 1	18.18% 2	63.64% 7	11

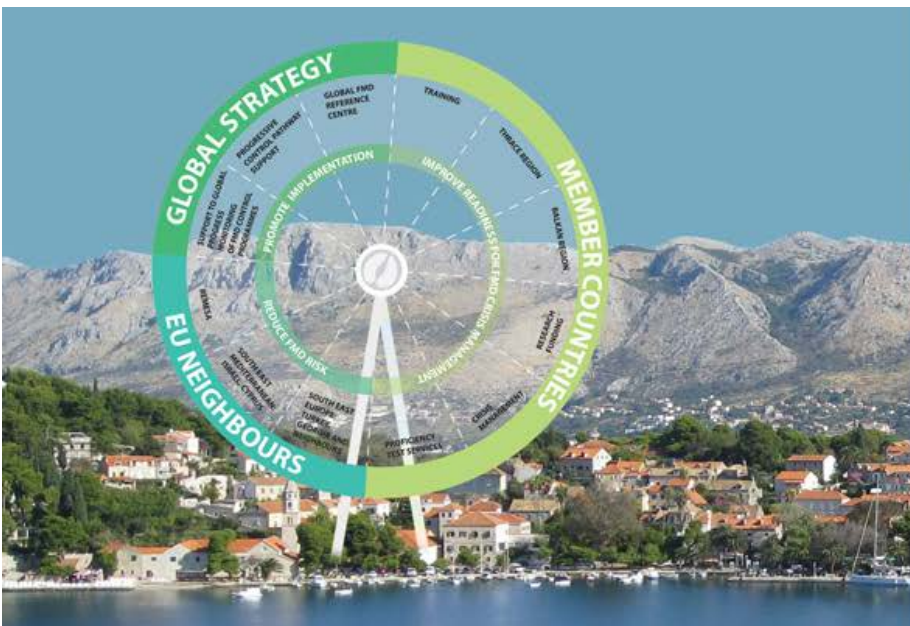


CP Issues: from discussion at modeling workshop Oct 2014

Issue	Solution
<p>Shortage of resources within Veterinary Services for emergency preparedness</p> <ul style="list-style-type: none"> • caused by lack of awareness of importance 	<p>An accessible and easy-to-use tool to assess the socio-economic impact of FMD emergencies could be developed to help to raise awareness.</p>
<p>Contingency plans drafted but not tested</p> <ul style="list-style-type: none"> • or not all aspects tested: <ul style="list-style-type: none"> • Stakeholders • Neighbouring countries • Local levels • resources required 	<ul style="list-style-type: none"> • Raise awareness about importance of testing • Development of Guidelines for testing CP (simulation exercise and other) <ul style="list-style-type: none"> • include best practices such as stakeholder involvement, include neighbouring countries, involvement of national and local levels • Tool to calculate resources required (ie. number of vets, slaughter capacity, vaccine doses...)



Thank You



EuFMD Open Session

Kavtat (Croatia), 29-31 Oct. 2014





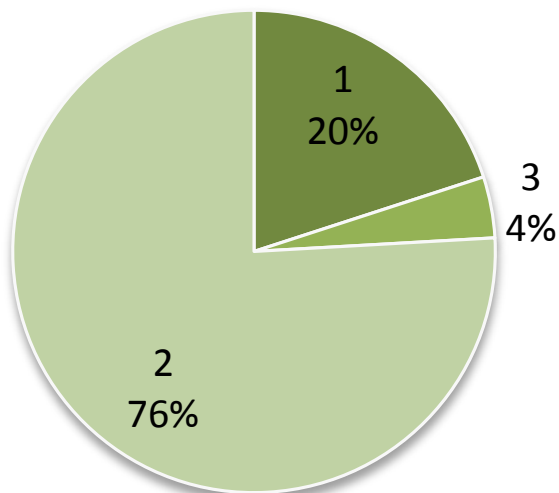
Appendix 7

88th Executive Committee meeting of the EuFMD

Item: 1.3 Thrace

Author: M. Hovari (STP)

Expected results



1. Establishing a co-ordination framework for the activities required to maintain confidence in DF amongst the three countries;
2. Established system for real-time data entry to support management of national surveillance activities aimed at maintaining DF confidence;
3. Achieving two years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework).





EuFMD workplan

PROGRESS UPDATE AND REVISED PROGRAM (88 TH Session, October 2014)		2013			2014											2015					Comment					
Activity	Events	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 Planning																										done
1.1 Biannual tripartite coord. meetings	4																									rescheduled
1.2 Small activity implementation meeting	6																									Not impl.
2.1 Maintenance of web-based system	Continuous																									
2.2 Training in GIS and data management	1																									
3.1 Surveillance activities	Continuous																									
3.2 Delivery of reagents/consumables	By need																									



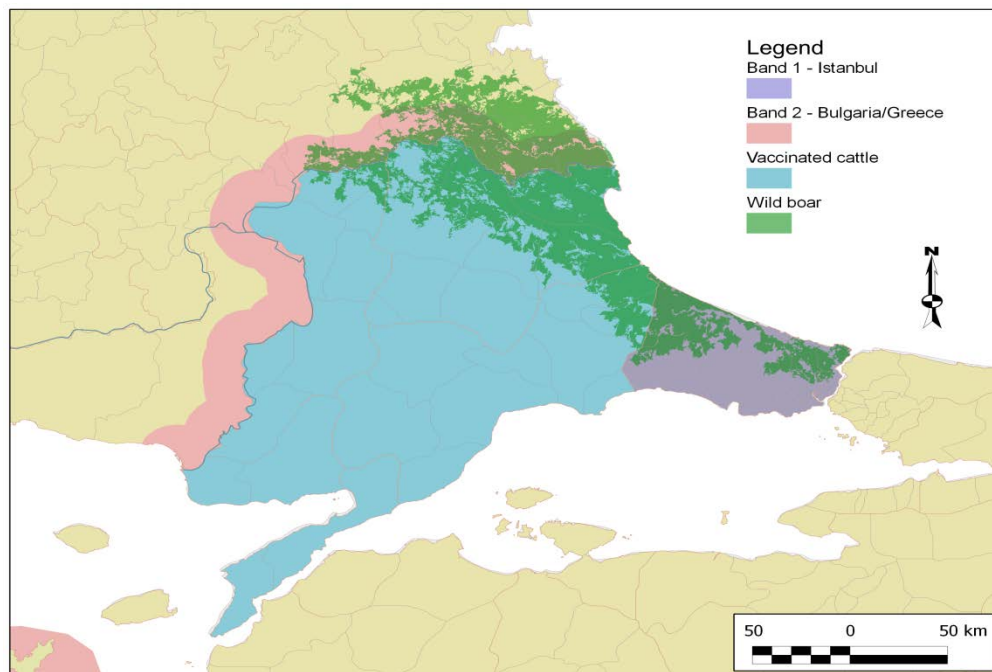


Figure 1: High priority FMD surveillance zones, based on a) high probability of introduction (Istanbul and border areas), low sensitivity (vaccinated cattle in Turkish Thrace, as well as low awareness farmers in Istanbul). Priority surveillance areas for wildlife surveillance are shown in green, representing the area of contiguous forest running through Turkish Thrace to Bulgaria.



Figure 2: High likelihood zones for introduction (including the Greek islands). The islands are considered to have lower consequences, due to more limited opportunities for spread to neighbouring areas.



FMD surveillance for early detection

I and II cycles 2014

THRACE

Early warning surveillance for FMD

Clinical and serological surveillance carried out in the period Jan - Jul 2014

Country	N. controls in epi-units	N. animals sampled (Cycle Targets)	N. cattle inspected
BULGARIA	219	2,281 (2520) 90%	15,924
GREECE	958	2,252 (2400) 93%	4,819
TURKEY	620	2,450 (2618) 93%	22,086*
TOTAL	1,797	6,893 (7,583) 91%	42,829*

**The surveillance performed in low risk area of Turkey has been reported and included in the model*



Report system

To maintain the regular confidence level of FMD freedom and early detection a report system has been agreed and implemented

- Monthly report from consultants (data, issues, outcomes)
- Cycle report from consultants (data, issues, outcomes)
- Cycle (three months) report produced by EuFMD and cleared by focal points
- Annual report produced by EuFMD

MONTHLY REPORT

Reporting Officer:
 Country:
 Programme: T.H.R.A.C.E.
 Period reported: from to
 Date of report:

1-Background

2- Activity

Settlement (Province / Sub-Region / District)	Clinical surveillance					Serological surveillance				
	N. eqi- units controlled	N. cattle controlled on farm	N. sheep/goats controlled on farm	TOTAL animals controlled on farm	N. cattle controlled at abattoir	N. eqi- units controlled	N. cattle controlled on farm	N. sheep/goats controlled on farm	TOTAL animals controlled on farm	N. cattle controlled at abattoir
Total										

3-Issues and Outcomes

Notifications - Suspected diseases - Positive lab results - Increasing risk - Difficulties encountered

CYCLE REPORT

1-Background

2- Activity

Settlement (Province / Sub-Region / District)	Clinical surveillance					Serological surveillance				
	N. eqi- units controlled	N. cattle controlled on farm	N. sheep/goats controlled on farm	TOTAL animals controlled on farm	N. cattle controlled at abattoir	N. eqi- units controlled	N. cattle controlled on farm	N. sheep/goats controlled on farm	TOTAL animals controlled on farm	N. cattle controlled at abattoir

3-Description of the activities

Implementation of the programme

4-Issues and Outcomes

Notifications - Suspected diseases - Positive lab results - Increasing risk - Difficulties encountered

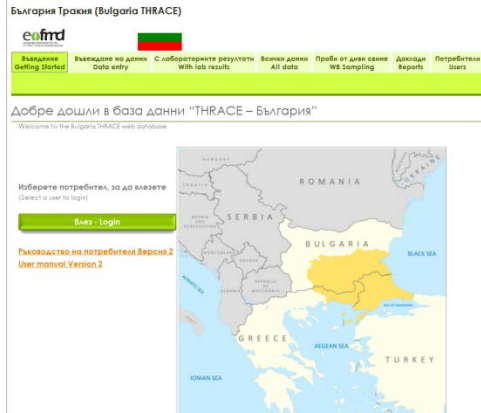
5-Follow-up activities

Continuation of the proper implementation of programme

Actions to improve surveillance



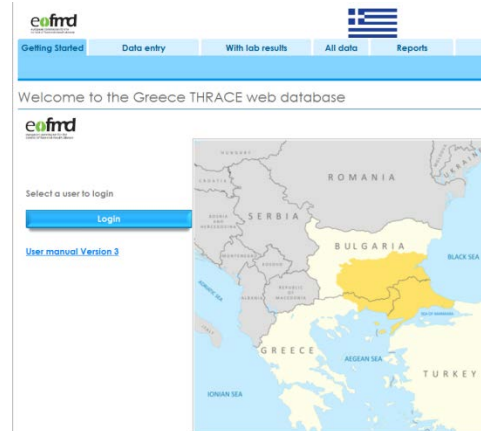
Web-based database



Developed separated database for each country

- Regular monitoring of activities
- Information shared only when cleared
- Adapted to country (language, animal production, activity)

ID	Village	Epi Unit	Comments	Province	District	Village_A_E	Village_F_K	Village_L_N	Village_O_Z
1	Siliwi	Bahçeli		ISTANBUL	ARNAVUTKOY				
2	Bahçeli	34644		ISTANBUL	ARNAVUTKOY	BAHÇELI			
3	Bahçeli	34644		ISTANBUL	ARNAVUTKOY	BAHÇELI			
4	Bahçeli	21147		ISTANBUL	ARNAVUTKOY	BAKLI			
5	Balaban	20941		ISTANBUL	ARNAVUTKOY	BALABAN			
6	Balaban	20941		ISTANBUL	ARNAVUTKOY	BALABAN			
7	Bollica	2090		ISTANBUL	ARNAVUTKOY	BOLLIÇI			
8	BOLLIÇI	(24415)		ISTANBUL	ARNAVUTKOY	BOLLIÇI			
9	BOYALIK	(24415)		ISTANBUL	ARNAVUTKOY	BOYALIK			
10	BOYALIK	(2374)		ISTANBUL	ARNAVUTKOY	BOYALIK			
11	BOYALIK	(2374)		ISTANBUL	ARNAVUTKOY	BOYALIK			
12	ÇİNGİR	(16991)		ISTANBUL	ARNAVUTKOY	ÇİNGİR			
13	ÇİNGİR	(16991)		ISTANBUL	ARNAVUTKOY	ÇİNGİR			
14	DELUKUKAYA	(1908)		ISTANBUL	ARNAVUTKOY	DELUKUKAYA			
15	DURSUNKOY	(2094)		ISTANBUL	ARNAVUTKOY	DURSUNKOY			
16	DURSUNKOY	(2094)		ISTANBUL	ARNAVUTKOY	DURSUNKOY			
17	DELUKUKAYA	(1908)		ISTANBUL	ARNAVUTKOY	DELUKUKAYA			
18	HACI MAŞLI	(1991)		ISTANBUL	ARNAVUTKOY		HACI MAŞLI		
19	HACI MAŞLI	(1991)		ISTANBUL	ARNAVUTKOY		HACI MAŞLI		
20	HADIMKOY	(1913)		ISTANBUL	ARNAVUTKOY	HADIMKOY			
21	HADIMKOY	(1913)		ISTANBUL	ARNAVUTKOY	HADIMKOY			
22	HARAÇCI	(12191)		ISTANBUL	ARNAVUTKOY	HARAÇCI			
23	HARAÇCI	(12191)		ISTANBUL	ARNAVUTKOY	HARAÇCI			
24	İMRAHÖR	(13346)		ISTANBUL	ARNAVUTKOY	İMRAHÖR			
25	İMRAHÖR	(13346)		ISTANBUL	ARNAVUTKOY	İMRAHÖR			
26	NAKKAŞ	(20110)		ISTANBUL	ARNAVUTKOY		NAKKAŞ		
27	NAKKAŞ	(20110)		ISTANBUL	ARNAVUTKOY		NAKKAŞ		
28	ÖMERLİ	(22148)		ISTANBUL	ARNAVUTKOY			ÖMERLİ	



Functionalities

Data entry

- Epi-units characteristics
- Clinical surveillance (FMD/PPR/SGP)
- Samples collected
- Serological results

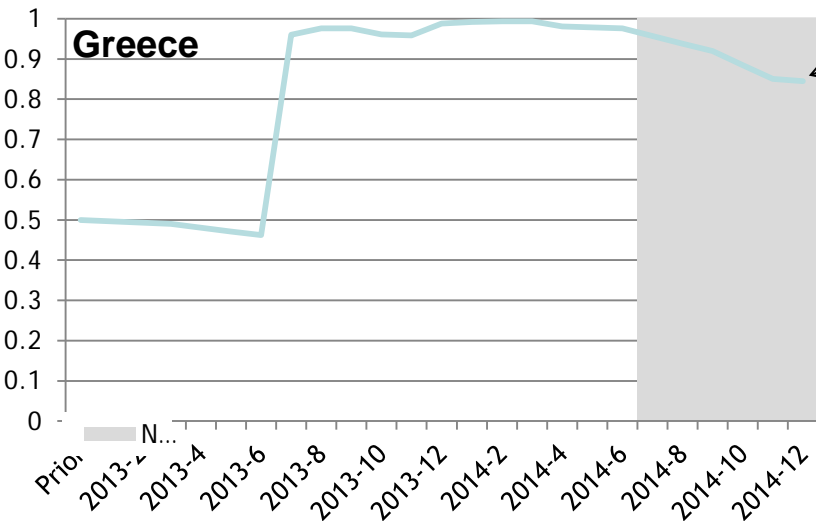
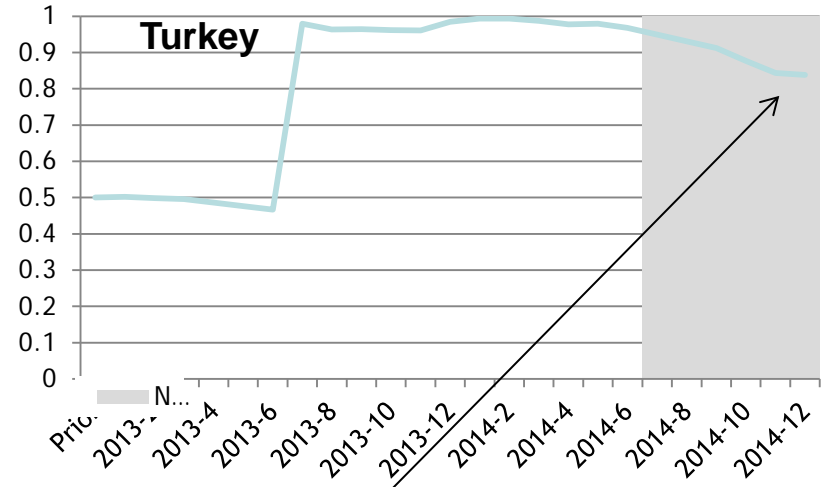
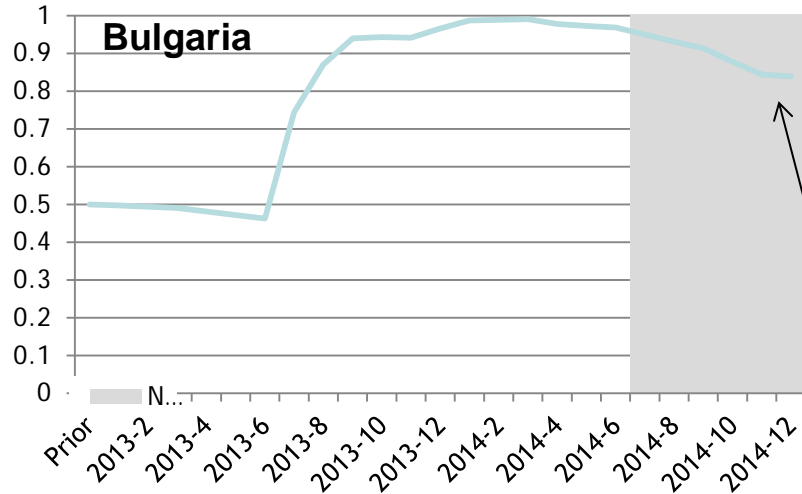
Reports

List of controls with results

Development of database:
Marko Potoknic (consultant)



FMD freedom confidence – Cameron model



Prediction if surveillance activities would stop

Design prevalence values					
Herd level design prevalence	0.02	P_H^*			
Animal-level design prevalence	0.2	P_A^*			
Probability of introduction					
Annual P(intro)	0.02	annually			
Seasonal variation?	Yes				
Unadjusted monthly P(intro)	0.0017	monthly			
Monthly relative risk scores					
Score	Adjusted P(intro)				
1	1	0.0006			
2	1	0.0006			
3	1	0.0006			
4	3	0.0018			
5	3	0.0018			
6	3	0.0018			
7	3	0.0018			
8	3	0.0018			
9	3	0.0018			
10	6	0.0036			
11	6	0.0036			
12	1	0.0006			
Herd-level risk factor					
Risk factor name	Region	RR	PrP	AR	EPI
High risk group	East	3	0.2	2.142857	0.042857
Low risk group	West	1	0.8	0.714286	0.014286
Prior probability of freedom					
	0.5	Prior P(free)			
Surveillance sensitivity					
Type	Combined Sensitivity				
Serosurvey	0.92				
Clinical exam	0.2				
Abattoir clinical	0.3				



Possible surveillance of other diseases



The surveillance implemented with the purpose to rise the confidence of disease freedom and improve the early detection capacity can be applied for other diseases

Strengthening points

- Clinical examination of the animals can be focused on different clinical signs
- Samples collected can be tested for different diseases
- Passive surveillance system can be used with different messages
- Database easily upgraded
- Countries/Focal points collaboration

The image shows a grid of informational cards for various diseases, including foot-and-mouth disease. Each card features an illustration of an affected animal (sheep, pig, cow, horse) and text in multiple languages. The cards are organized into columns and rows, with some cards having a red border indicating a specific disease. The text on the cards includes symptoms, clinical signs, and diagnostic methods. The cards are arranged in a grid format, with some cards having a red border and others having a green border. The text is in multiple languages, including English, Spanish, and others. The cards are arranged in a grid format, with some cards having a red border and others having a green border. The text is in multiple languages, including English, Spanish, and others. The cards are arranged in a grid format, with some cards having a red border and others having a green border. The text is in multiple languages, including English, Spanish, and others.



PPR and SGP surveillance

ACTIVE SURVEILLANCE

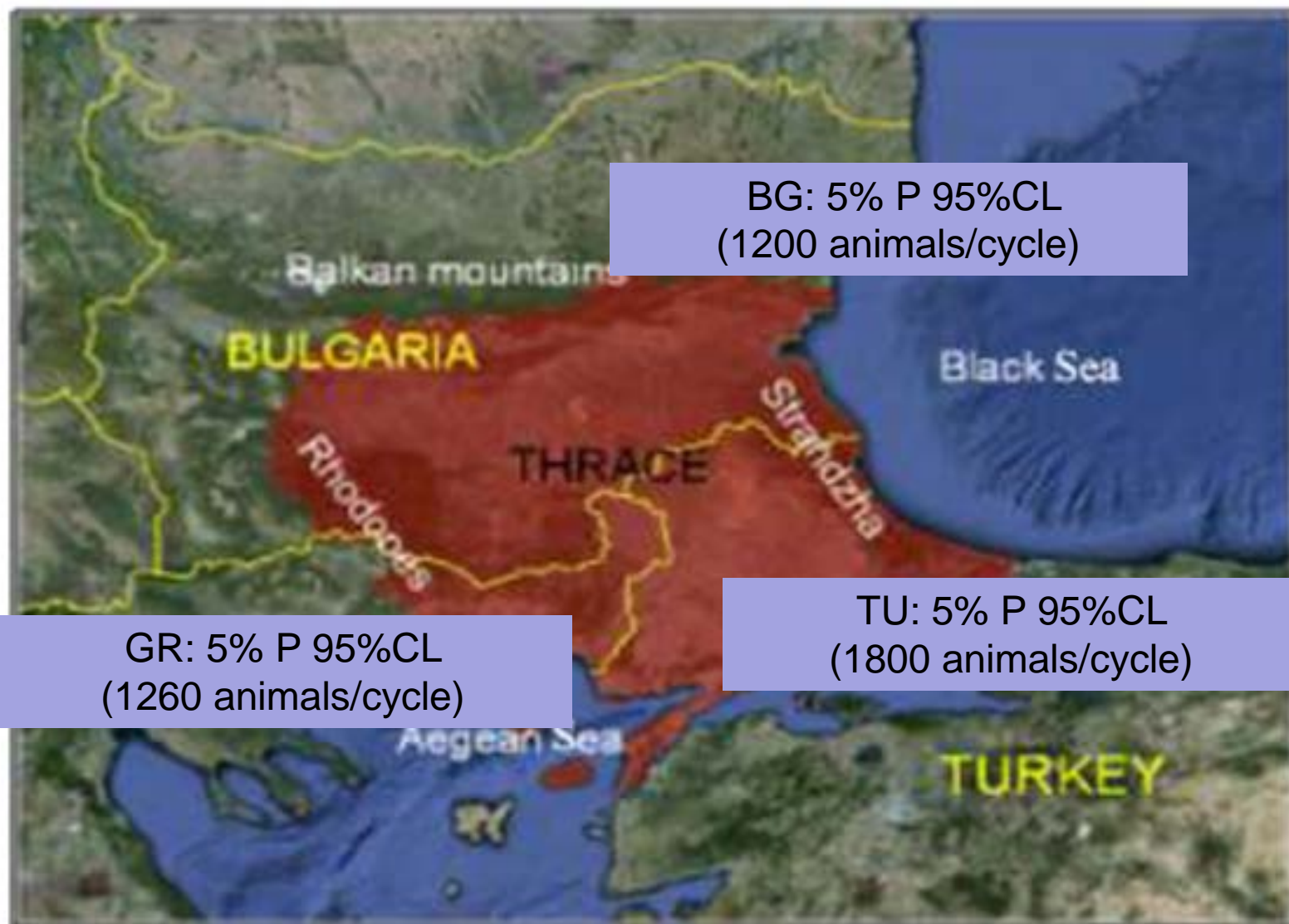
- **Clinical surveillance** implemented in Bulgaria – Greece (border areas with Turkey) and in Turkey (whole Turkish Thrace zone)
- **PPR diagnostic kits** delivered to Greece and Bulgaria for confirmatory tests
- The **database** is upgraded to allow the registration of the controls carried out for PPR and SGP
- Development of **targeted sero-surveillance** in progress

PASSIVE SURVEILLANCE

Passive surveillance to be improved with leaflets and posters for farmers



PPR/SGP surveillance





Laboratory Workshop

*for Lumpy Skin Disease, Sheep and Goat Pox, and Peste des Petits Ruminants –
Management meeting for Thrace*

Held in Istanbul, Turkey on the 25th – 27th of August with the cooperation of Pendik Veterinary and Control Institute

The main targets of the workshop were :

- **Laboratory capacity building and networking** for LSD/ SGP/PPR;
- Sharing information regarding spread, **control and eradication of LSD/ SGP/PPR**;
- Discuss future activities relating Thrace with National Focal Points.

Two trainers from Pirbright Institute, UK

Participants from Bulgaria (3), Greece (3) and Turkey (5)

Special outcomes for Thrace:

- **PPR disease freedom confidence** project;
- Pendik – Pirbright Expert cooperation regarding SGP/LSD vaccine challenge



Draft leaflets and posters on SGP and PPR

To be finalized and produced

Чума по дребните преживни животни

Болестта

Чумата по дребните преживни животни е вирусно заболяване по овцете и козите, които се характеризира с треска, депресия, изтечания от очите, носа и устата, афти в устната кухина, сузла и напукави муцунки и ноздри и диария. Заразените животни могат да показват кашлица и затруднено дишане и хранене. Протичането на болестта може да завърши със смърт.

Начин на заразяване

Основният начин за предаване и разпространение на болестта е директен контакт между здрави и болни животни. Контактите с вирусна фекалия, оборудване, превозни средства и постеля също могат да бъдат източник на инфекцията.

Предпазване

Предпазване на стадото от проникване на болестта е най-добрият и най-евтиният начин за борба с нея. За да предпазите стадото си:

Избягвайте:

- Контактите между животни от различни стада (например на пасища);
- Посещения на други животновъдни обекти;
- Размяна и споделяне на животни, инструменти, превозни средства с други ферми.

Използвайте:

- Дезинфекционна площадка на входа на фермата;
- Предпазни облекла и калцунци за посетителите;
- Карантинни помещения, в които да изолирате и наблюдавате новоизкупени животни в рамките на 21 дни от влизането им във фермата

Информираност

Вашето стадо може да бъде изложено на риск. Ето защо е от изключителна важност да проверите редовно всички животни от Вашето стадо. Всяко съвпадение за Чума по дребните преживни животни трябва незабавно да се съобщава на ветеринарен лекар. Обявяването на болестта е задължително и е от съществено значение за ограничаване на по-нататъшното ѝ разпространение.

Телефон за контакт: 02 915 98 42 p_kam@bfsa.bg

Шаржа по овцете и козите

Болестта

Шаржата по сиво-зелено характеризираща депресия, генерална патология по кожата, пневмонията и дробове.

Изривите по червения петък преминават и открити ранливи видими обекти (коремната област, опашката, вимпът) и страните на главата обикновено отпадат и дробове.

Протичането завърши със смърт.

Начин на заразяване

Основният разпространение директен контакт болни животни вирусна фекалия превозни средства и сред могат да бъдат източник на инфекцията.

Предпазване

Предпазване проникване на в-добрият и борба с нея. За да предпазите:

Избягвайте:

- Контактите на различни стада пасища;
- Посещения на други животновъдни обекти;
- Размяна и споделяне на животни, инструменти, превозни средства с други ферми.

Използвайте:

- Дезинфекционна площадка на входа на фермата;
- Предпазни облекла и калцунци за посетителите;
- Карантинни помещения, в които да изолирате и наблюдавате новоизкупени животни в рамките на 21 дни от влизането им във фермата

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Телефон за контакт: 02 915 98 42 p_kam@bfsa.bg

PESTE DES PETITES RUMINANTS

SHEEP AND GOAT POX

DISEASE

Peste des Petits Ruminants is a disease of sheep and goats which causes fever, depression, discharge from eyes, nose and mouth, sores in mouth, dry cracked muzzle and nostrils and diarrhea. The infected animals may cough and show difficulties in breathing and eating.

Sheep and goat pox is a disease causing fever, depression, skin lesions mainly on the head, face and hairless part of the body (belly, under the tail, udder, genitals). The skin lesions start with red spots and pimples which gradually turn into black, round-shaped crusts and open sores. The head usually looks enlarged and disfigured because of the skin lesions.

Death of infected animals can occur.

TRANSMISSION

Contact between animals is the main way of transmission and spread of the disease, but also feed, equipment and bedding may be contaminated and transmit the virus.

PREVENTION

Risk behaviors increase the probability of infection. Protecting the herd from disease is the best and cheapest measure to fight it.

TO PROTECT THE HERD

Avoid:

- Contacts between animals of different herds (e.g. on pasture);
- Visiting other animal holdings;
- Sharing animals, tools, vehicles with other farms.

Implement:

- Disinfectant footbath at the entrance of the stable;
- Disposable boot covers and suits for the visitors;
- Dedicated stable to isolate and observe for 20 days any new animal purchased.

Isolation

Disinfectant

Çiçeği

yun ve keçi çiçeği ateş, presyon, yaygın deri yonlama neden olan bir staltikdir.

ni lezyonları kırmızı lekeler ve iles ile başlar ve yaygın yavaş ah, yuvataf şekilli kabuklara ve k yaralara dönüşür. Deri yonları baş, yüz ve vücudun şiz bölgelerinde (kuyruk altında, bek, memo, genital bölge) yaygın görülür. Baş genellikle şişir ve büyük görünmektedir.

ekte hayvanlarda ölüm şydana gelebilir.

Hayvanlar arası temas buluşmada hastalığın yayılımında esas 0 oynar. Bunun yanında yem, abzemeler, araç ve atiklarla virüs şayabilir.

staltikla mücadelede, hastalığın şydü korumak en iyi ve en ucuz lemdir. Yüksek risk durumu feksiyon olasılığın arttır.

şydü korumak için: **İzolasyon**

İzolasyon: - Değişik sürüler arası temas meğlin otlak, diğer işletmelerle ziyaret, diğer işletmelerle hayvan, araç-geçer paylaşımı

Uyulama

- Ahr girişlerinde ayak dezenfeksiyonu için dezenfeksiyon çukuru - Ziyaretçiler için tek kullanımlık çizme galosu ve tulum kullanımı - Yeni alınan hayvanların 21 gün süreyle izole edileceği ve gözlem altında tutulacağı karantina irleri.

şin sürünüz risk altında olabilir. yvanların düzenli olarak kontrol imesi çok önemlidir.

yun-keçi çiçeği yünden her tü tü şüphe durumu acı olarak teriner servisine bildirilmelidir.

dirim zorunlu ve hastalığın ıleri ama buluşmasını durdurmak kından gereklidir.

Farkındalık

Sizin sürünüz risk altında olabilir. Hayvanların düzenli olarak kontrol edilmesi çok önemlidir.

Koyun-keçi vebası yünden her tü tü şüphe durumu acı olarak veteriner servisine bildirilmelidir.

Bildirim zorunlu ve hastalığın ıleri ama buluşmasını durdurmak kından gereklidir.

Contact Tel number E-mail

Koyun ve Keçi Vebası Hastalığı

Hastalık

Koyun ve Keçi Vebası Hastalığı, koyun ve keçiye ateş, gözler, burun ve ağızda akıntı, depresyon, ağız içine yaralar, burun ve burun deliklerinde kuru katıklara ve ishale neden olan bir hastalıktır. Enfekte hayvanlar öksürük ve nefes alma ve yeme güçlüğüne gösterebilir. Hasta hayvanlarda öksürük oluşabilir ve yeme ve solunuma güçlükler görülebilir. Hasta hayvanlarda ölüm görülebilir.

Bulaşma

Hayvanlar arası temas buluşmada hastalığın yayılımında esas rolü oynar. Bunun yanında yem, abzemeler, araç ve atiklarla virüs bulaşabilir.

Önleme

Risk durumu enfeksiyon olasılığın arttır. Hastalığın mücadelede, hastalığın şydü korumak en iyi ve en ucuz önlemdir. Sürünüz korumak için:

Önlem

- Değişik sürüler arası temas (örneğin otlak,
- Diğer işletmelerle ziyaret,
- Diğer işletmelerle hayvan, araç-geçer paylaşımı

Uyulama

- Ahr girişlerinde ayak dezenfeksiyonu için dezenfeksiyon çukuru
- Ziyaretçiler için tek kullanımlık çizme galosu ve tulum kullanımı
- Yeni alınan hayvanların 21 gün süreyle izole edileceği ve gözlem altında tutulacağı karantina ahırları.

Farkındalık

Sizin sürünüz risk altında olabilir. Hayvanların düzenli olarak kontrol edilmesi çok önemlidir.

Koyun-keçi vebası yünden her tü tü şüphe durumu acı olarak veteriner servisine bildirilmelidir.

Bildirim zorunlu ve hastalığın ıleri ama buluşmasını durdurmak kından gereklidir.

Contact Tel number E-mail

YOUR RISK MAY BE AT RISK. IT IS VERY IMPORTANT TO CHECK REGULARLY ALL THE ANIMALS.

Any suspicion of Peste des Petites Ruminants / Sheep and Goat Pox must be notified immediately to the Veterinary Service.

Notification is compulsory and is essential to limit further spread of the disease.

email : statevetservices@eu.com Tel. 858585858585858585

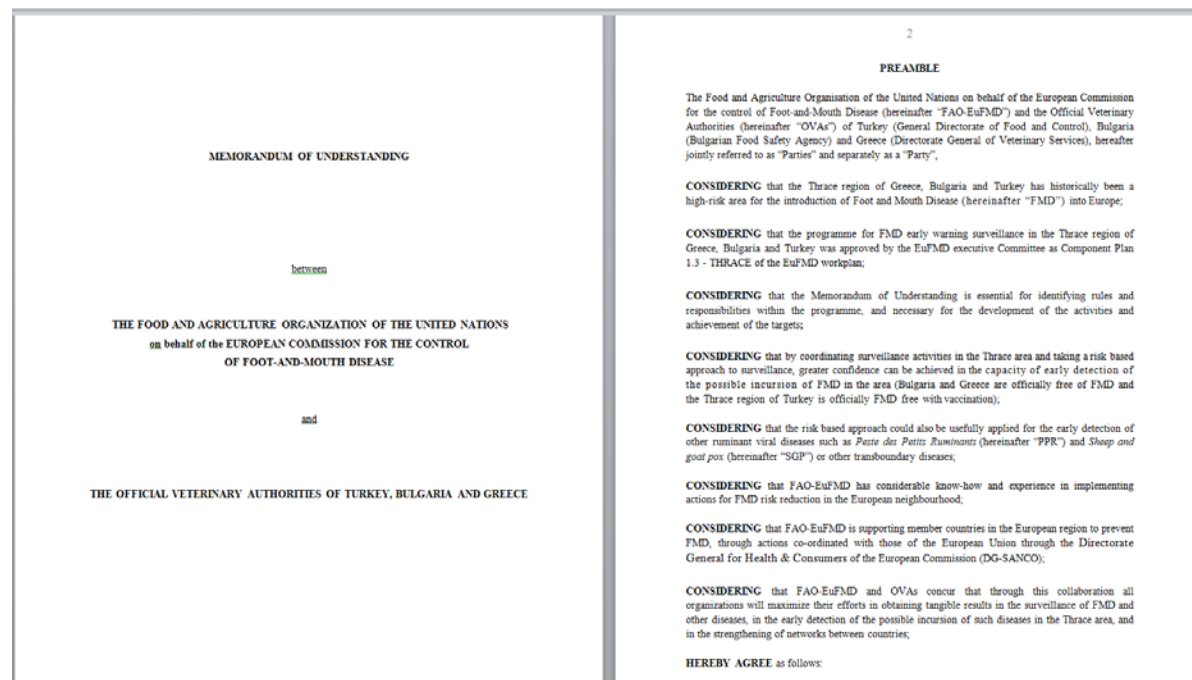


Memorandum of Understanding

The MOU was jointly amended and approved by focal points

It covers:

- Purpose of collaboration
- Area of collaboration
- Financial implication
- Plan of action
- Rules and responsibilities



Finalization: Letter of agreement to the MoU



Procurements

Kits and reagents delivered in 2014

TOTAL 2014 (USD)				
	FMD	PPR	SGP	TOTAL
Bulgaria	0	2,698	0	2,698
Greece	4,090	1,512	0	5,602
Turkey	10,500	0	0	10,500
TOTAL	14,590	4,210	0	18,800

Shipment and some consumables not included



Procurements

Kits and reagents still requested for 2014

TOTAL 2014 (USD)				
	FMD	PPR	SGP	TOTAL
Bulgaria	15,700	0	2,375	18,075
Greece	0	0	13,000	13,000
Turkey	12,500	0	0	12,500
TOTAL	28,200	0	15,375	43,575

Shipment and some consumables not included



Priorities for the next 6 months

- ✓ **Maintain** level of **control and awareness** for FMD and **regular reporting** of the activity carried out and related outcomes;
- ✓ Improve of **PPR** and **SGP passive / active surveillance**;
- ✓ Explore the possibility of a **confidence in disease freedom for PPR**;
- ✓ **Trainings for veterinary staff** on FMD, PPR and SGP according to the different needs of the three countries;
- ✓ Finalization of the **Memorandum of Understanding**
- ✓ Develop courses/material on **clinical investigation** for FMD/SGP/PPR
- ✓ Produce a **annual report** of the programme



Budget

Activity	Budget until October 2014			Projection until April 2015	
	Original	Spent	Available	Spent	Available
1.1. Planning	-	-		-	-
1.2. Biannual tripartite cord. meetings	€ 41,000	€ 8,300	€ 32,700	€ 12,300	€ 28,700
1.3. Small activity implementation meeting	€ 19,000	€ 0	€ 19,000	€ 7,500	€ 11,500
2.1. Maintenance of web-based system	€ 9,600	€ 4,800	€ 4,800	€ 7,200	€ 2,400
2.2. Training in GIS and data management	€ 2,700	€ 2,700	€ 0	€ 2,700	€ 0
3.1. Surveillance activities	€ 145,200	€ 106,000	€ 39,200	€ 154,000	-€ 8,800
3.2. Delivery of reagents/consumables	€ 82,500	€ 14,500	€ 68,000	€ 46,000	€ 36,500
Total	€ 300,000	€ 136,300	€ 163,700	€ 229,700	€ 70,300

Note: 40.000 € spent for the first procurement (before the workplan 2013-2015) are not included

Additional 50.000 € have been asked for 2014-2015 in order to implement activities for PPR/SGP/LSD



Programme has been implemented
with good results
through

collaborative **Focal Points**



..and good
Short Term Professionals





88th Executive Committee meeting of the EuFMD

Item: 1.4 Balkans
Author: M. Hovari

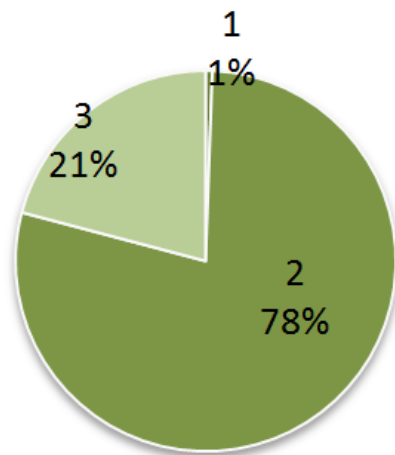


Expected results

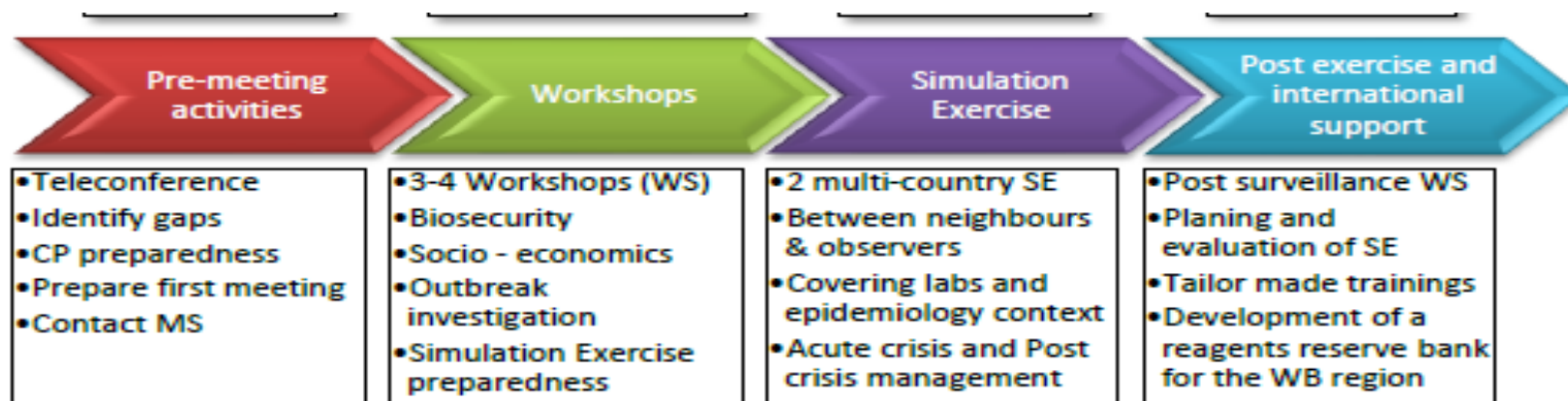
OBJECTIVE: To support the development of FMD emergency management capacity in the Balkan region.

OUTPUTS (EXPECTED RESULTS):

1. Coordination framework for western Balkan countries for emergency planning on FMD, including an FMD laboratory sub-network;
2. Improved contingency plans through participation of countries in two multi-country simulation exercises with pre and post exercise training and evaluation on specific themes or chapters of the contingency plans;
3. Integration of national FMD reference centers (laboratories) in the national CPs and improved regional diagnostic capacity for FMD challenge



BALKANS: To support the development of FMD emergency management capacity in the Balkan region.



Expected results:

- Contingency planning (CP) improvement;
- Integration of national FMD reference centres (laboratories) in the national CPs and improved regional diagnostic capacity for an FMD challenge.

Balkans

Participating Countries :

Members: Bulgaria, Serbia, Republic of Macedonia, Croatia, Bosnia and Herzegovina, Albania and Montenegro;

Non-members: Kosovo and Moldova.



Organizations involved:

Danish Veterinary and Food Administration (FVST)

Danish Emergency Management Agency (DEMA)





EuFMD workplan

PROGRESS UPDATE AND REVISED PROGRAM (88 TH Session, October 2014)		2013			2014												2015					Com ment					
Activity	Events	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.Planning																											Done
1.1 Identification of network focal points	1																										Done
1.2 Establishment of steering group for <u>SimEx</u>	1																										Done
1.3 Identification of lab sub-network focal points	1																										Done
1.4 Regular contact (via email/TC/webinar) with focal points to maintain communication and identify issues, e.g. PTS participation	10 (8)				█	█	█		█				█		█	█			█			█				█	Done
2.1 Workshops held to address specific themes or chapters of CP (demand driven subject choice: see annex 1)	8			█	█		█		█						█			█				█					Resc hed.
2.2 Cross-border simulation exercises held	2														█			█									
2.3 In-country expert support missions (demand-driven)	5						█				█				█			█				█					
2.4 Translation of <u>EuFMD</u> training materials into <u>Serbo-Croat</u>	1										█					█											
3.1 Procurement of lab reagents/kits to support a minimum diagnostic capacity and enable participation in PTS	2	█																									
3.2 Laboratory training within Balkans	2															█	█										
3.3 Within-Balkan regional PTS organized	1																									█	



FMD Laboratory Contingency Planning Workshop

Main goal:

to contribute to the improvement of the FMD emergency preparedness in the Western Balkans, focusing on FMD contingency planning for National Reference Laboratories.

Outcome:

it was proposed to organize two additional laboratory trainings as a follow up to this workshop:

- **FMD Laboratory diagnostic methods;**
- **Biosafety (Biorisk) Officer training.**

- **3rd workshop** in a series of 4
- 8 – 10 April 2014, Kraljevo, Serbia
- 13 participants from **six countries**

excellent
cooperation
and
collaboration
between
participants





Issues for Executive Committee attention

- Some countries involved in the project have not yet established a clear **chain of command** in their Contingency Plan nor succeeded completely to implicate / raise **awareness of partners** / stakeholders involved in controlling the disease.

Progress will need to be made as these chapters will be tested during the first simulation exercise;

- The first simulation exercise planned for October 2014 will be held in **End of January 2015**. The Simulation exercise will be designed, executed and evaluated with the help of DEMA/FVST.





Priorities for the next 6 months

- Prepare and organize the 4th workshop: **“FMD Workshop on surveillance”** on **10 – 12 of November 2014** in Sofia, Bulgaria;
- Prepare and organize **“FMD laboratory training”** on **17 – 21 of November 2014** in Brescia, Italy;
- Prepare and organize **Biosafety (Security) Officer Training** before first simulation exercise
- Finalize preparations for the **first multi-country simulation exercise** to be conducted in end of January 2015 with DEMA/FVST
- Prepare and organize a **follow-up workshop** to the first simulation exercise for the evaluation of the outcomes of the first simulation exercise
- Looking at the outcomes adjust the **second simulation exercise** planned in **June/July 2015**





Priorities for the next 6 months

- Provide assistance and guidance to continue developing the **Contingency Plans** and **Operational Manuals** for FMD;
- Facilitate a **Serbo-Croatian version** of the e-learning material in order to use it prior to the simulation exercises to improve preparedness





Budget

Activity	Budget until October 2014				Projection until April 2015	
	Original	Revised*	Spent	Available	Spent	Available
1.1. <u>Balkan emergency planning coordination and animation of laboratory subnetwork</u>	€ 1,200	€ 1,200	€ 0	€ 1,200	€ 0	€ 1,200
2.1 Workshops to address specific themes/chapters of CP	€ 124,800	€ 55,900	€ 28,125	€ 27,775	€ 45,750	€ 10,150
2.2. Cross-border simulation exercises	€ 33,600	€ 75,000	€ 0	€ 75,000	€ 35,000	€ 40,000
2.3 In-country expert support missions	€ 9,000	€ 9,000	€ 1,875	€ 7,125	€ 1,875	€ 7,125
2.4 Translation of training materials into Serbo-Croatian	€ 900	€ 900	€ 0	€ 900	€ 900	€ 0
3.1 Laboratory procurement	€ 24,700	€ 24,740	€ 0	€ 24,740	€ 10,000	€ 14,740
3.2 Laboratory training within Balkans	€ 14,000	€ 41,500	€ 0	€ 41,500	€ 37,500	€ 4,000
3.3 Coordination and arrangement of within-Balkan PTS	€ 6,000	€ 6,000	€ 0	€ 6,000	€ 0	€ 6,000
Total	€ 214,200	€ 214,240	€ 30,000	€ 184,240	€ 120,400	€ 93,840

(*) Proposed rearrangement of the budget



88th Executive Committee meeting of the EuFMD

2.1 West Eurasia: progress in Turkey and Georgia

Author: M McLaws

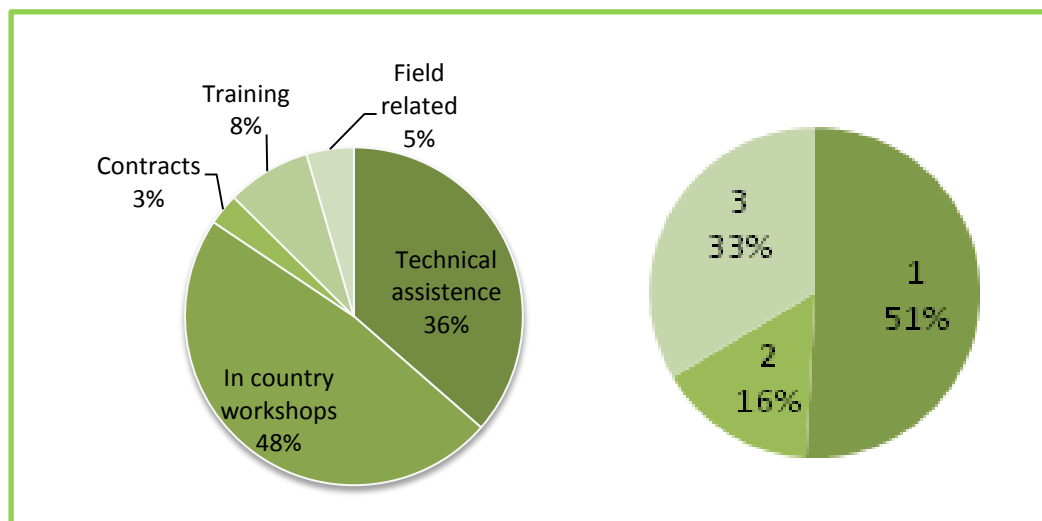


Overview

Objective: To reduce the impact of FMD in Turkey and Georgia and to reduce the risk posed by FMD in the region to all EuFMD Member states.

Outputs:

1. Risk based control programmes adopted and implemented in TURKEY
2. Risk based control programmes adopted and implemented in GEORGIA
3. Improved information system for regional risk managers which supports the West Eurasia Roadmap countries.



ExCom88

€ 298,100
Agreed by ExCom 86

58% spent



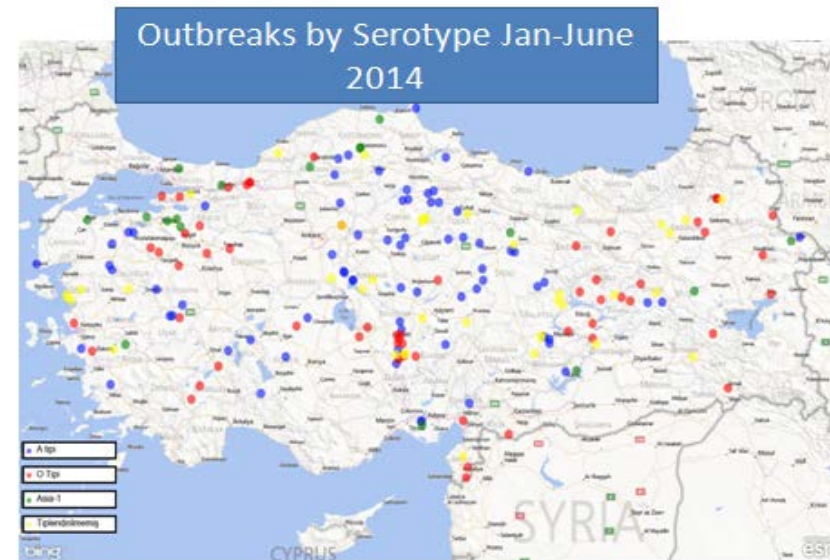
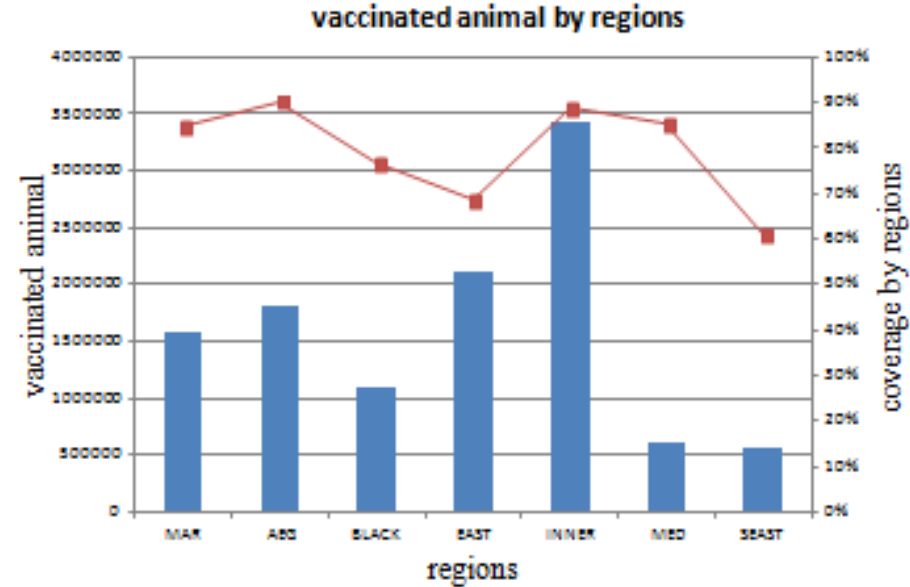
Progress in Turkey: 1

- Risk based strategic plan developed
- Monitoring and epidemiology unit initiated
 - 3 members
 - Part-time, no formal appointment
- Training in epidemiology provided
 - Series of 1 week missions
 - Current 8 week intense input



Progress in Turkey: 2

- Monitoring and epi unit currently producing quarterly report on FMD situation and control
- Turkey hosted a real-time training course in Erzurum in June
 - Members of monitoring unit participated
- Ongoing collaboration with Warwick University to develop a disease spread model for Turkey





Turkey: Priorities for next 6 months

- Continue to work with the monitoring and epidemiology unit:
 - Senior epidemiologist based in Ankara for 8 weeks (Nick Honhold)
 - Epidemiology training
 - System for monitoring: timely and useful
 - Including ongoing issues with extracting TurkVet data
 - Engage with management to ensure that information generated is useful and used
 - Develop way forward based on his recommendations



Progress in Georgia: 1

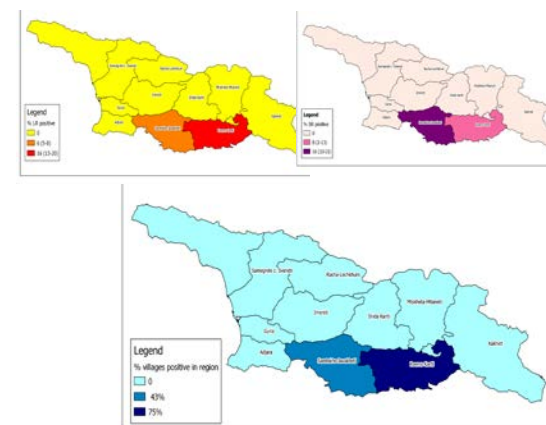
Risk-based strategic plan development :

- RBSP working group appointed within the Georgian VS
- Missions in Aug 2013, February and August 2014
- Draft plan developed and submitted to GF-Tads to support progression along PCP (from Stage 1 to 2) during W. Eurasia Roadmap meeting (April 2014)
 - Georgia provisionally accepted to PCP Stage 2, subject to improvements to RBSP based on expert review

Progress in Georgia: 2

- Technical support to serosurvey design and implementation (autumn 2014)
 - mission in August 2014 (Potsch)
 - NSP and SP surveys, sampling according to risk

2012 Georgia NSP Serosurvey



- 2 Georgian participants in Russian language real-time training in July 2014

Risk hotspots	Expected Prevalence	Sample sizes at % level of error		
		5%	4%	3%
S.Javakheti, K.Kartli, Kakheti	30%	323	505	897
Villages bordering live animal markets (in high risk areas: S.Javakheti, K.Kartli, Kakheti)	30%	323	505	897
Villages bordering live animal markets (outside high risk areas)	20%	246	385	683
Villages through which lead seasonal migration routes and on pastures (winter pasture)	20%	246	385	683
Uncontrolled territories, incl. informal movements (border villages)	15%	196	307	545
Turkish border (border villages in Adjara)	15%	196	307	545
Other areas (background)	5%	73	115	203
Total sample sizes		1496	2509	4453



Georgia: Priorities for next 6 months

- Ongoing improvement to RBSP- particularly in chapters relating to monitoring system and operational plan
 - Plan will be example for other countries in region (especially Armenia and Azerbaijan)
- Work with VS to implement a system of monitoring key indicators
- Raise the profile of FMD within the 2014 National Action plan, through collaboration with Colorado State University and inclusion in the animal disease task force



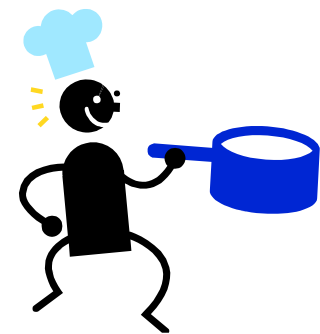
Issues for Executive Committee Attention: Turkey and Georgia

- Development of the RBSP and associated monitoring system is demanding more resources (time and missions) than originally envisioned.



Necessary ingredients:

1. Support of national Veterinary Services
 - Often stretched for HR capacity to complete routine tasks
2. Capacity in epidemiology
3. Enabling environment - disease management
 - Evidence based decision making
 - Implementing disease control according to written strategy





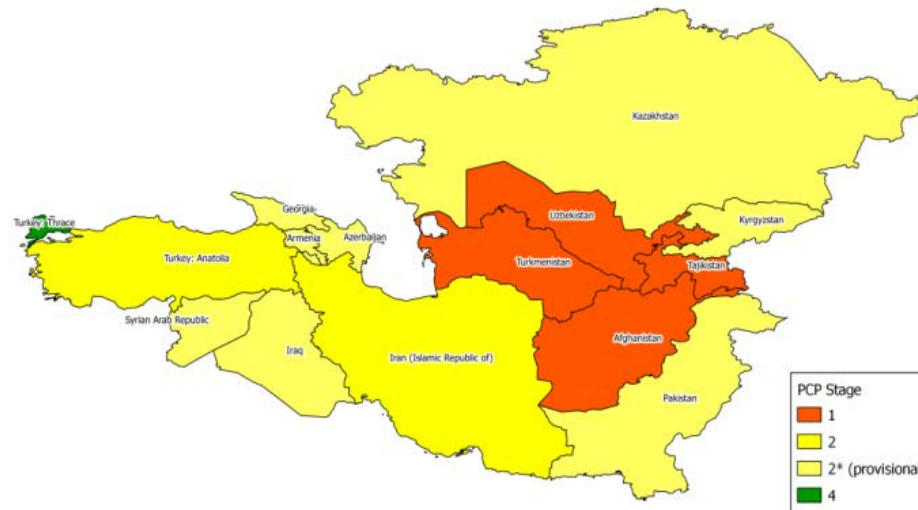
Issues for Executive Committee Attention: Turkey and Georgia

- This has led to delays in implementation of 'targeted studies'
 - Intended to be driven from monitoring results and support iterative improvements in RBSP
 - highly dependent on support and inputs from national Vet Services (ie funds allocated mostly for technical support)

Progress in West Eurasia Region 1

- The annual W. Eurasia Roadmap meeting was held in Astana in April 2014.
 - EuFMD assisted with preparation, facilitation, PCP assessments and writing the report from the meeting
 - supported experts from Turkey and Georgia to attend, as well as the epidemiology network coordinator

2014 PCP-FMD Stages
West Eurasia Roadmap

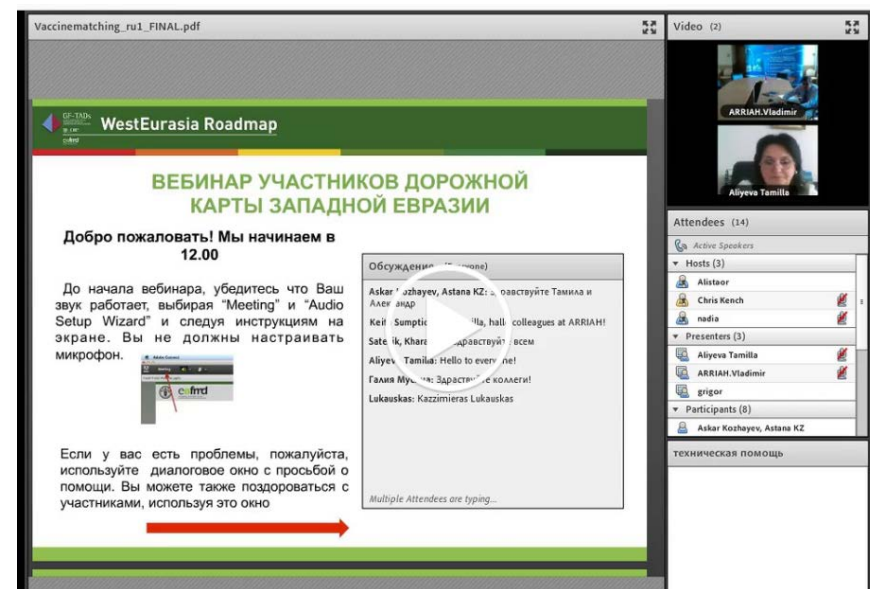




Progress in West Eurasia Region 2

A Webinar Series has been established for laboratory and epidemiology network members

- recommendation from Astana meeting
- coordinated by EuFMD, in support of the OIE/FAO FMD working group.
- technical topics such as designing and monitoring vaccination programs and outbreak investigation
- held in English and Russian
- 3 webinars so far, response has been very positive.



The screenshot shows a webinar interface. The main slide is titled 'WestEurasia Roadmap' and contains the following text in Russian: 'ВЕБИНАР УЧАСТНИКОВ ДОРОЖНОЙ КАРТЫ ЗАПАДНОЙ ЕВРАЗИИ', 'Добро пожаловать! Мы начинаем в 12.00', and instructions for participants. A chat window on the right shows messages from participants like Askar, Keir, Sate, Aliyev, Galina, and Laskauskas. The interface also includes a video panel with two active participants (ARRIAH.Vladimir and Aliyeva Tamilla) and a list of attendees (14) including hosts, presenters, and participants.

Recording available online:
<http://media.bloomsburymediacloud.org/media/west-eurasia-webinar-2-0-0-2>

Progress in West Eurasia Region 3

- Real-time training course was held in Erzurum, Turkey, in Russian and Turkish (June 2014).
 - Participants from Turkey, Azerbaijan, Armenia and Georgia as well as other EuFMD member state countries.
 - E-learning material translated into Russian

- **West Eurasia Database:**

- data on vaccination and outbreaks input monthly from Georgia, Armenia and Azerbaijan





Issues for Executive Committee Attention: West Eurasia Region

1. Need for further development of the Empres-i database:
 - to promote sharing of information in the region
 - Options to improve this are being explored through collaboration with Institute for Infectious animal Diseases (former FAZD).
2. Less known about the FMD situation in Iran
 - Following the completion of the EuFMD cooperative project
 - Important for threats to the region and Turkey in particular.



W. Eurasia Region: Priorities for next 6 months

- A regional workshop is planned (Dec 2014, date to be set)
 - Technical workshop: Georgia, Azerbaijan, Armenia, experts from ARRIAH
 - Scope out proposed 5 year project funded by the Russian Federation
 - Identification of key components prior to workshop through teleconference with each party (new STP)
 - EuFMD to provide expert facilitation
 - Turkish experts to participate if held in Ankara.
- Continue webinar series
- Pursue collaboration to improve functionality of WE database (Institute for Infectious animal Diseases (formerly FAZD))



Appendix 10

88th Executive Committee meeting of the EuFMD

Item: component 2.2.

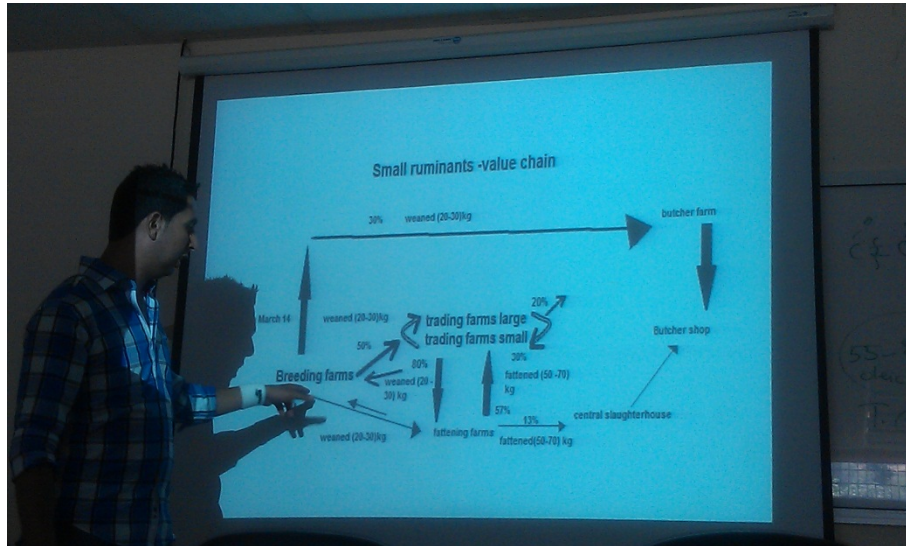
Author: Kees van Maanen



88th Executive Committee meeting of the EuFMD

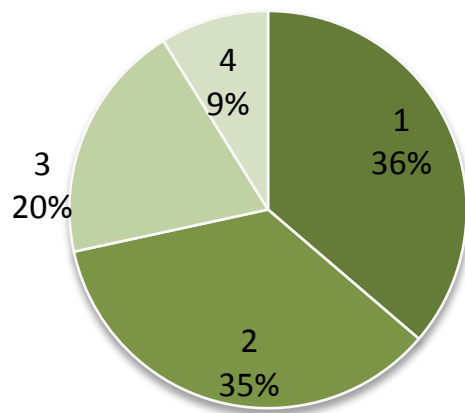
COMPONENT 2.2. REDUCED RISK

To improve FMD management in the neighborhood of
Cyprus and Israel to support progressive control of FMD



Expected results

€ 209,500 Agreed at ExCom 86



% use of funds on achieving each Output

1. Risk Based Strategic Plans (RBSP) adopted and PCP progress achieved (Palestine and Egypt);
2. System established to improve confidence in disease detection and/or freedom (as applicable) in neighbourhood of Israel (Palestine initially; Egypt and others according to national demand);
3. Coordination framework in place to oversee and assist activity implementation nationally and regionally;
4. System in place to provide improved disease risk information to managers in Israel and Cyprus re: current threats from sub-Saharan East Africa.



Most important progress indicators

- Development of a **Risk Base Strategic plan** for Palestine (work in progress)
 - Training approach on RBSP (three workshops have been held in Ramallah)
 - Training on Disease Outbreak Investigation in Palestine
 - Training and discussions on passive and active surveillance
- **Serological surveillance studies** planned in West Bank and Israel, kits provided by EuFMD and some studies carried out already (PhD project in Israel)
- **Assessment visit/consultative workshop** in Egypt on March 31th
- **Laboratory support** mission in Egypt in June 2014
- Shipment from Egypt to WRL supported, data of passive and active surveillance analysed
- **First PCP/RBSP workshop in Egypt** in September 2014
- Development of **FMD guidelines** for East Africa supported
- **Shipment of samples** from Kenya and Nigeria supported, Ag/serotyping ELISA kits provided, raw data analysed and guidance provided.

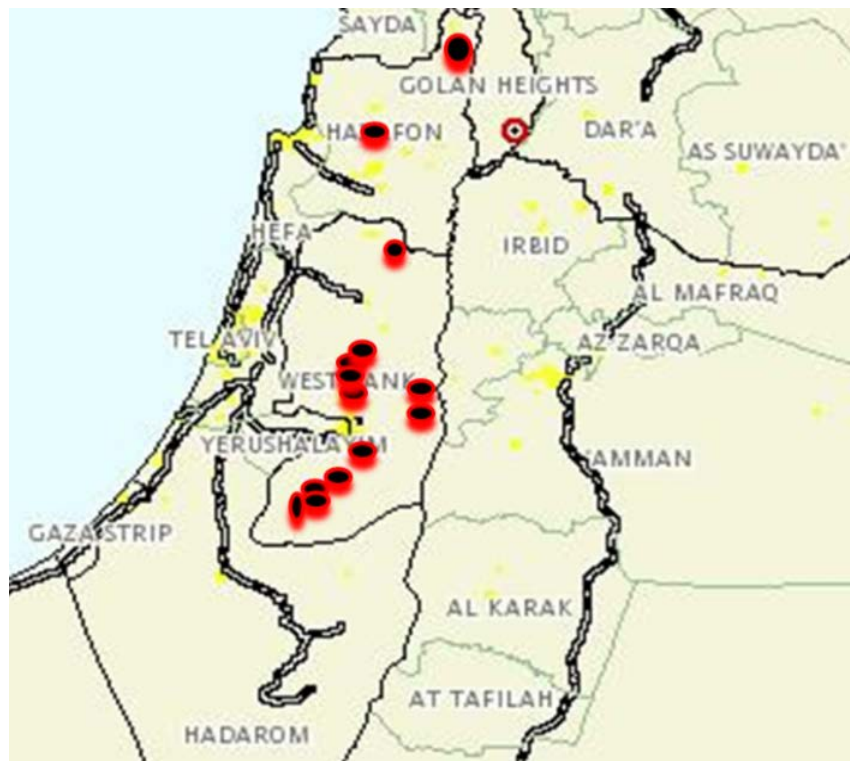


Workshops West Bank

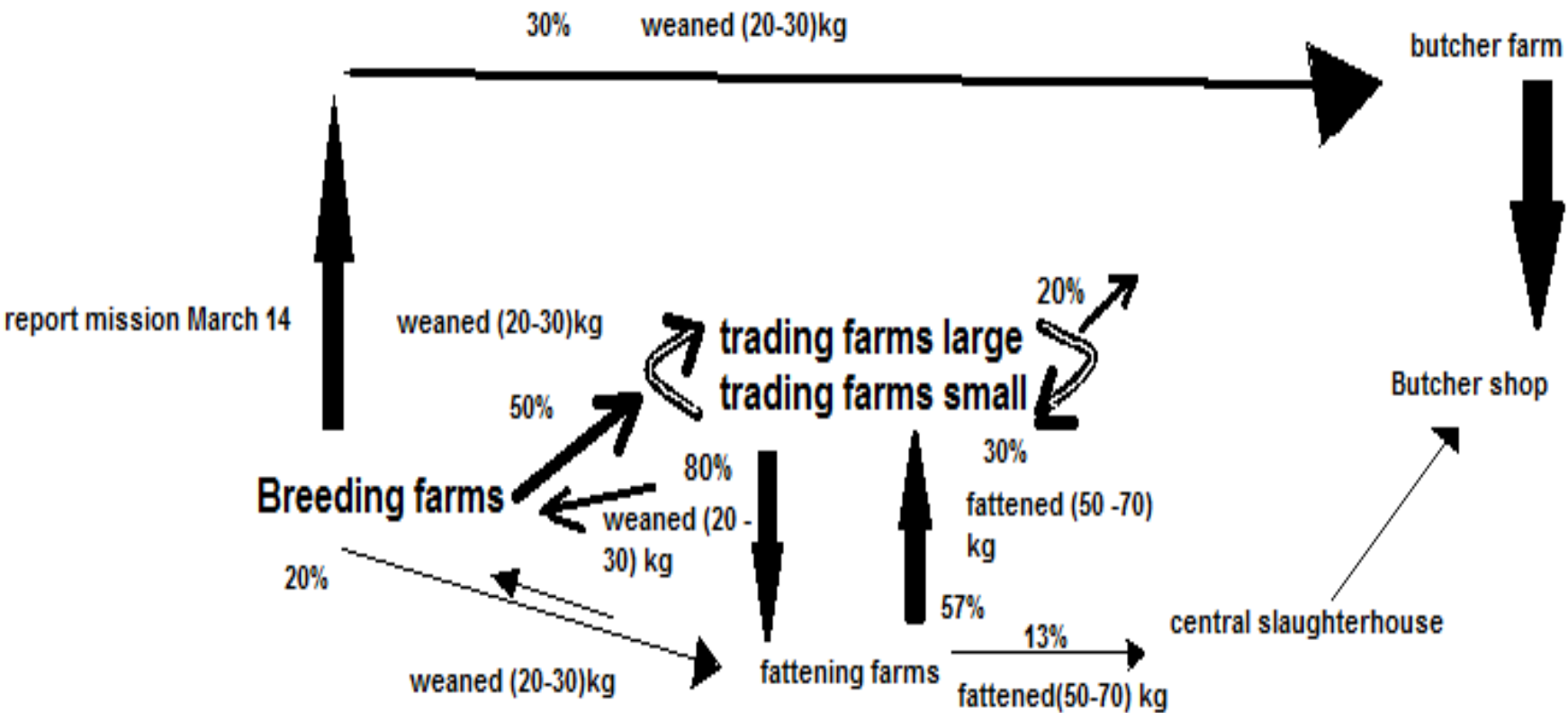


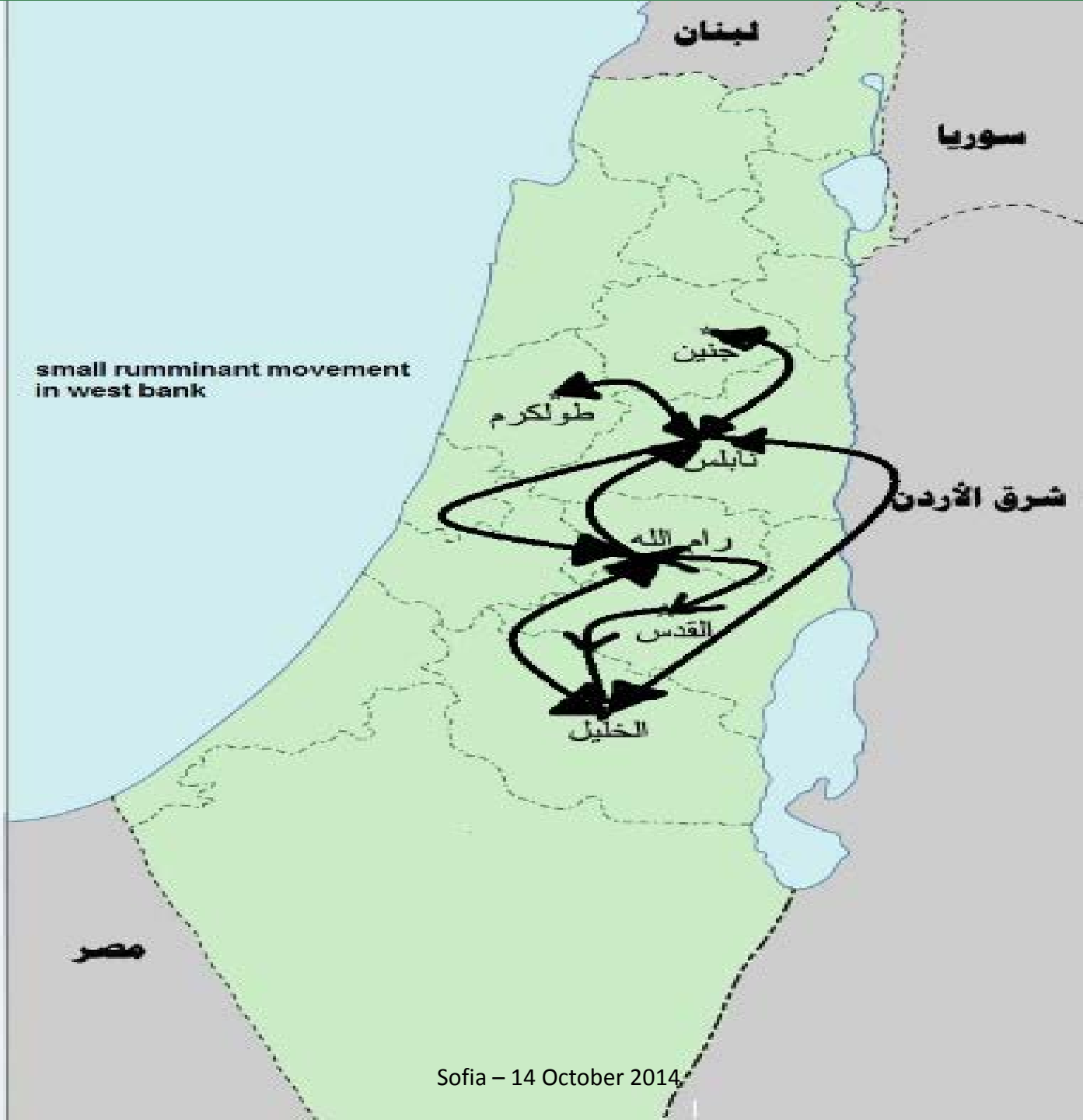


Outbreak investigations West Bank and Israel



Small ruminants -value chain







Use of EpiCollect: small field study in the West Bank about FMD awareness farmers



[Create Project](#) [Instructions](#) [Privacy Policy](#)

[Log in](#)

Home > Project : Pal_Aware1 > Form : farmer

Pal_Aware1 - farmer

EpiCollectPlus only uses first party cookies to make the site work. We do not add or read third-party cookies. If you are concerned about our use of cookies please read our [Privacy Statement](#)

Table View [Map](#)

Filter List By

Time Created	Unique ID	What is the farmer's name?	How many sheep and goats on the farm?	How many cattle on the farm?	Describe the farm	Who do you ask for advice if your ani...	If other, please specify who you woul...	Which disease do you think is most im...	If other, please specify which is mos...	Have you heard of FMD?	What would you see if an animal had FMD?	If other, please describe signs	How do animals ge FMD?
dinsdag 24 juni 2014 9:48:49	831fd24a-5016-4ae6-9992-61aaef32b068	Faris	800	90	fattening, breeding, trading, milking	government vet		FMD		Yes	salivation, fever, lameness, sores in the mouth, sores on feet, depression		from wild animals



Egypt: situation in 2013

179 villages (3.2%) reported FMD symptoms in 23 out of 27 governorates

Samples from 110 villages from these reported villages (60%) were sent to the national laboratory (AHRI).

98 samples results received (89%) and 13 samples (11%) were unfit for testing.

A total of 61 positive cases (62%) were detected

FMD Serotypes A, O detected in 2013.



Egypt: situation Jan – June 2014

339 villages reported FMD symptoms in 24 out of 27 governorates



Samples from 222 from 456 herds were sent to the national laboratory (AHRI).



122 samples results (55%) resulted positive

Delta regions 63%
Western regions 2%
Eastern regions 4%
Central regions 20%



(80%) were serotyped : O (34%) - SAT 2 (31%) - A (15%)

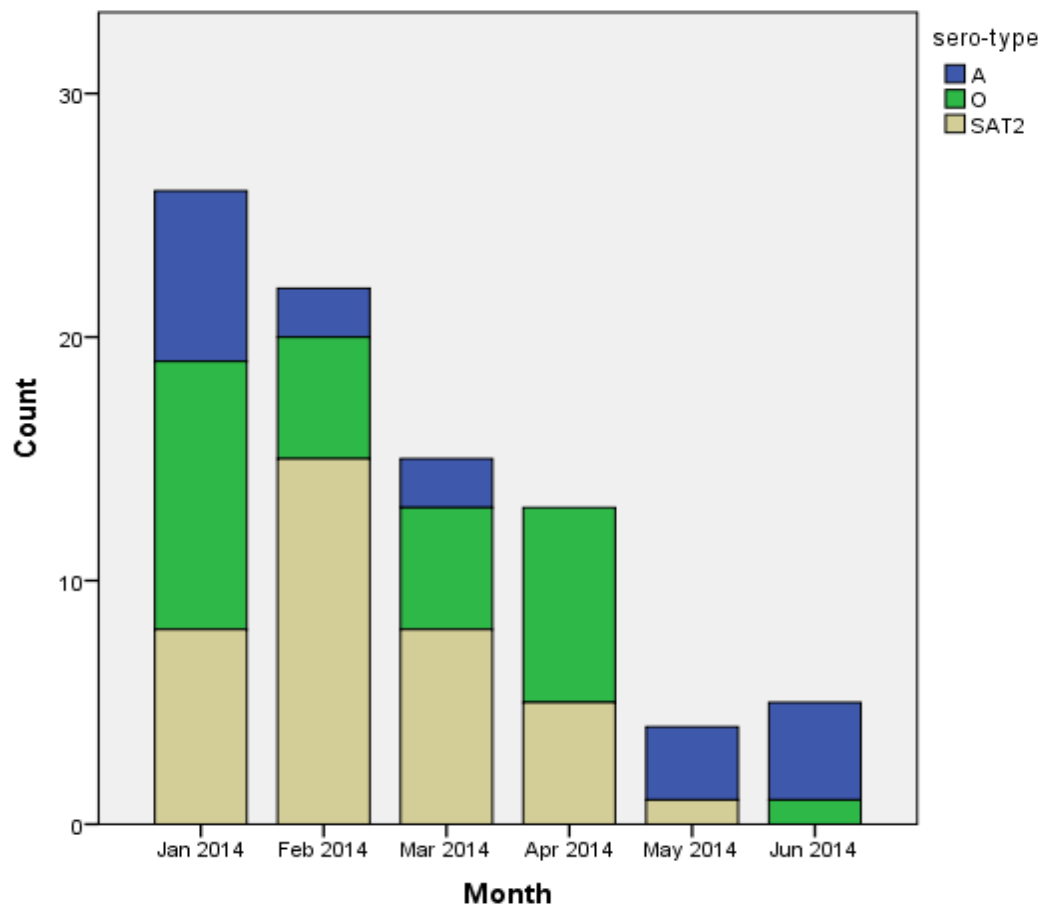


16 genotyped: O/Sudan - O/Pan Asia 2 - A/Iran 05



Ongoing surveillance in Egypt, 120 samples serotyped in first 6 months of 2014

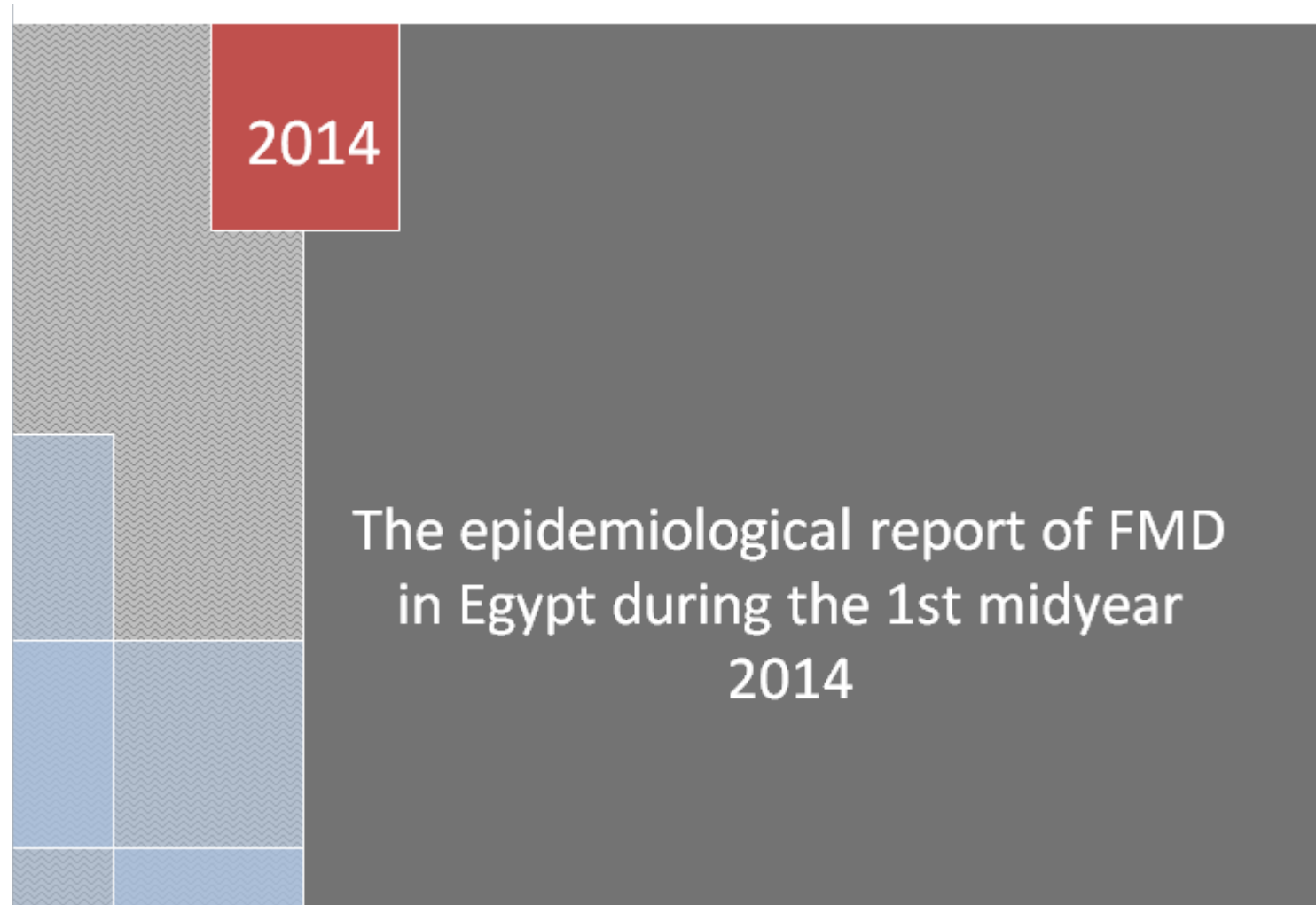
SAT2 clearly not disappeared after 2012!





General Organization of Veterinary Services

Increased activities





Issues for Executive Committee attention

- FMD control in Palestine requires **close collaboration** with Israel, complicated situation in the West Bank especially after the recent war.
- **Steering committee** meetings at the moment not possible because of the tensions (not allowed for by the Palestinian ministry of Agriculture)
- **Working days** are relatively short due to long and complicated travel for participants. Therefore one or two extra workshops needed.
- **Quality of vaccines** used in Egypt unclear, confusion about data from post vaccination monitoring. Has been and will be addressed in subsequent workshops.
- Production of post vaccinal antisera for vaccine matching has started in Egypt, sera and **vaccine strains should be shared with WRL Pirbright** under a MTA.



Issues for Executive Committee attention c'tnd

- Information about **the role of small ruminants** in the epidemiology of FMD in the region is needed, **NSP serosurveillance studies** should shed more light on this issue.
- Still many **gaps in passive and active surveillance for pools 4 and 5**. RSLs have been identified and some support has been given, but MoU's should be written to enhance activities and clarify roles and responsibilities.



Priorities for the next 6 months

- Continuation of workshops in Palestine resulting in a RBSP
- Improving outbreak investigation including molecular epidemiology
- Risk based serosurveillance in small ruminants in Palestine and Israel
- Combined (Israel/Palestine) risk-based surveillance and risk-based vaccination workshops
- Continuation of workshops in Egypt to complete RBSP and enhance laboratory capacity
- Finalising FMD guidelines and rapid field guide for East Africa
- Assist with annual meeting 2014 for EARLN subnetwork
- Continue and extend support to RSLs in pools 4 and 5



Budget update

- 20% of budget spent (€ 42,494)
- Workshops and training activities in Egypt have started and are often hosted by GOVS or even by the industry, so relatively low logistical costs for EuFMD
- Also workshops in Palestine are held in the facilities of the Ministry of Agriculture/Veterinary service and logistical costs are relatively low
- Budget may allow for additional activities (support of shipments, reagents)



Progress update and revised program

PROGRESS UPDATE AND REVISED PROGRAM (88 th Session, October 2014)		YEAR 1												YEAR 2												Comments
Activity	Events	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 Train staff in Palestine using PEPC format to complete Risk-based strategy plan	1 (4 weeks)			█			█			█			█													
																										Rescheduled
1.2 Support Egypt to complete RBSP building on PEPC and PCP1 activities/2.3.1. Egypt RBSP workshops	Year 2																									
																										Rescheduled
2.1.1 Real-Time Training - (in Turkey) for Palestine and others	1																									
2.1.2 Laboratory capacity building and training in Palestine	1																									
																										Rescheduled
2.1.3 Training Palestine in RBS based on THRACE program	1																									Not implemented
2.2.1 Risk-based vaccination workshop (Palestine, Israel)	1																									
2.2.2 Training in RBS system (Palestine, Israel)	1																									Not implemented
2.3.2 Egypt - identification of support needed	1																									
3.1 Steering committee Israel/Palestine convened and regular meetings held																										Not implemented
3.2 Annual technical meeting held in Cyprus attended by Israel, Palestine, Egypt, Jordan and Lebanon																										
4.1.1 Sample submission from regions posing risk to Israel supported	On-going	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
4.1.2 Information on disease risk collated and communicated to risk managers in Israel	2																									



Thank you for your attention!





88th Executive Committee meeting of the EuFMD

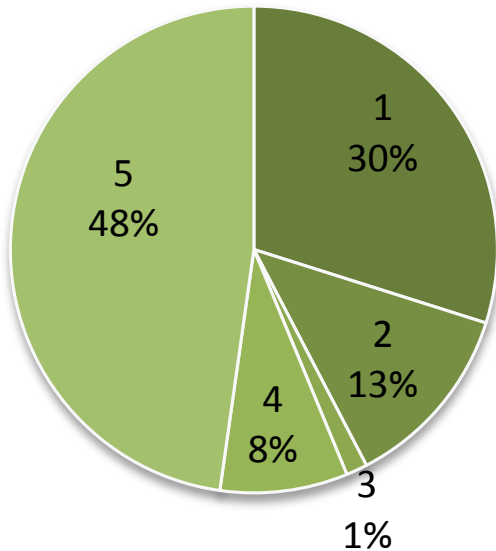
Component 2.3 Support to REMESA

Fabrizio Rosso

Component 2.3 – Assist national FMD risk management as part of the REMESA action plan

ORIGINAL WORKPLAN - Expected results

1. Risk based control programme (PCP Pathway) adopted and implemented in Libya and Mauritania;
2. Improved regional co-ordination;
3. Regular information flow on FMD circulation in Mauritania/Western Sahel countries available to risk managers;
4. System established in the REMESA high risk area for FMD spread (Libya, Algeria, Tunisia) to provide continuous confidence in FMD freedom;
5. Morocco, Algeria and Tunisia disease freedom dossier submission to OIE.



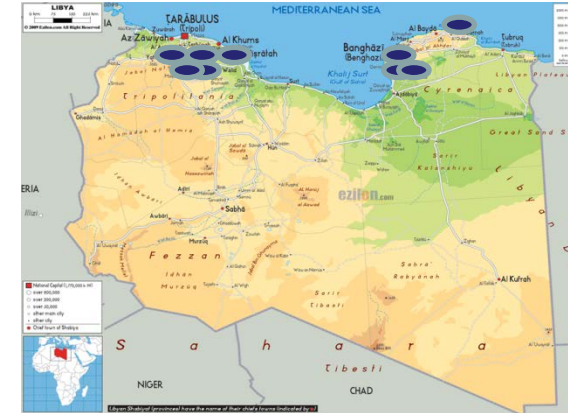
Libya



Country	Species	N. animals
Libya	Bovine	150,000
	Small ruminants	6,300,000
	Camelidae	47,000

Serological surveillance 2013/2014:
15% prev SR
18% prev Cattle

Few outbreaks at the end of April and May
 No new outbreaks



2013 Vaccination (cattle and SR):
O Manisa – O 3039 – A Iran
In 2014 vacc in cattle (May-June)

EuFMD workplan

- Training using PEPc to assist national staff to complete the **Risk Based Strategic Plan (RBSP)**
- Support field FMD **outbreak investigation**
- Design **surveillance system** to be implemented **in high risk areas**



Training using PEPc to assist national staff to complete the Risk Based Strategic Plan (RBSP).

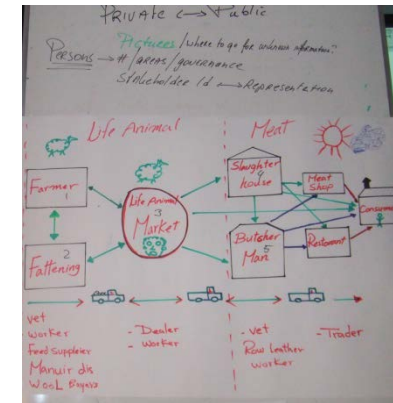
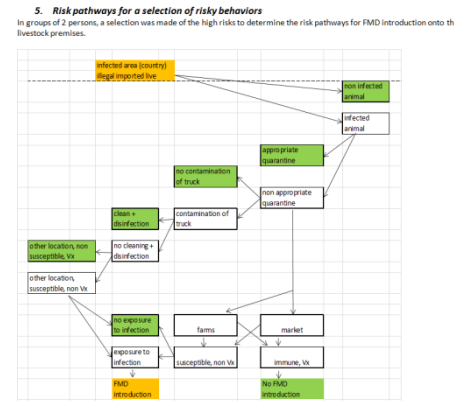
Two workshops have been held in January and March 2014

- Familiarization of the veterinary services with the **principles of PCP-FMD** framework
- Better understanding of **livestock production** and **FMD occurrence** in the country
- Identification and quantification of key **risks** and important **gaps** regarding FMD control
- Recognition of the FMD **risk pathways**
- Agreement on **activities** that are required to develop and implement the RBSP.



Method:

- Risk Perception
- Value chain analysis
- FMD Risk mapping by production system (farm type)
- Risk pathways for a selection of risky behaviors
- Pairwise ranking
- Field visits
- Actions needed



Due to **political instability** of the country and security issues the 3rd and 4th workshops scheduled for August and September 2014 have not been implemented with some repercussions on the progression of the programme and effectiveness of the activities already implemented.

The regular consultation with the National Center of Animal Health (NCAH) of Libya helps to maintain an update on the surveillance programme and control activities ongoing in the country.





Pairwise ranking: risk perception exercise

Rank	SPREAD WITHIN LIBYA	1 animal markets	2 pasture sharing	3 internal migration	4 weakness of veterinary control in disease control	5 veterinarians are not applying biosecurity	6 stakeholders do not consider FMD a problem	7 stakeholders are not aware of FMD control (no farm biosecurity)	8 wildlife and stray animals, donkeys	9 lack of data and information	10 lack of a legal framework	total
5	animal markets		2 11	4 9	13 0	0 13	8 5	12 2	0 14	0 14	13 1	69
9	pasture sharing			14 0	11 3	12 2	14 0	13 1	0 14	3 11	13 1	34
6	internal migration				4 10	11 3	9 5	13 1	0 14	2 12	14 0	63
7	weakness of veterinary control in disease control					9 5	14 0	13 1	1 12	6 8	13 1	55
4	veterinarians are not applying biosecurity						11 3	11 3	0 14	3 11	7 7	70
3	stakeholders do not consider FMD a problem							9 5	0 14	6 8	12 2	85
2	stakeholders are not aware of FMD control (no farm biosecurity)								0 14	3 11	10 4	100
10	wildlife and stray animals, donkeys									13 1	13 1	3
8	lack of data and information										11 3	39
1	lack of a legal framework											106



Support field FMD outbreak investigation

Penside tests (10 boxes – 200 units) have been delivered to Libya in end March 2014

Following the delivery of these kits a training course on “how to use the LFD’ has been organized by Libyan Authorities for **Rapid Response Teams (RRTs)** of the National Center of Animal Health (NCAH) and it has been carried out in Tripoli on the 23rd of April 2014.

Pen-side tests have been distributed to RRTs in areas with the high risk of FMD: Tripoli Branch, Zawia Branch, Benghazi Branch, Green Mountain Branch and West Mountain Branch. Despite the unstable political situation in Libya, the pen-side tests have been used in Tripoli areas, West mountain areas, Green Mountain areas and Benghazi areas and FMD has been diagnosed using the kits in Tripoli, West Mountain and Green Mountain.

Some samples were collected from positive animals, and they have been prepared to be shipped to IZSLER lab in Brescia. As there are no flights from Tripoli, samples are still kept in the Tripoli Lab



Mauritania



Country	Species	N. animals
Mauritania	Bovine	1,700,000
	Small ruminants	13,000,000
	Camelidae	1,600,000



EuFMD workplan

- Training national taskforce members based in PEPc principles in order to assist national staff to complete **Risk Based Strategic Plan**
- Support **laboratory diagnosis**
- Support participation in **regional laboratory network**

Support laboratory diagnosis

In April 2014 **9 NSP ELISA kits** (4.000 samples) have been delivered to Mauritania.

The kits have been shipped from Morocco, on our request, due to the availability of kits in Morocco (18 kits have been delivered there in January 2014) and the close expiry date of the kits (31.07.2014 - then extended by Prionics to 31.01.2015).



Workshop with representatives from Mauritania – Senegal – Mali Dakar 3-4 June 2014

Target: to implement a cross-border approach in the fight against FMD and improved networking between laboratories and veterinary services in the region.

Sero-surveillance

To get an understanding of FMD controls in the Mauritania

To develop a monitoring study to quantify the risk for FMD in different areas and production systems in Mauritania.

Capacity building and linkages between laboratories

- Improve the capacity of laboratories
- Current diagnostic techniques for FMD
- Harmonize and improve communication between laboratories
- Improve collaboration and to gain an understanding of the necessary technical assistance from WRLs



Atelier sur l'épidémiologie de la fièvre aphteuse et le renforcement des capacités du laboratoire

Dakar, 3-4 juin 2014

AGENDA

Mardi 3 juin

Matin

- Analyse et discussion sur la situation des trois pays en ce qui concerne :
- La population et la production animales,
 - L'épidémiologie de la fièvre aphteuse et les mesures de contrôle,
 - L'organisation des services vétérinaires et des laboratoires

Après-midi

- Exercices sur le développement d'un programme de surveillance adapté au profil de production animale dans la région afin de déterminer :
- la prévalence de la fièvre aphteuse,
 - l'identification des sérotypes qui circulent et les souches,
 - fournir de l'information sur la situation épidémiologique de la fièvre aphteuse.

Mercredi 4 juin

Matin

- Analyse et discussion sur les capacités actuelles des laboratoires dans les trois pays au niveau central et local en se focalisant en particulier sur :
- les capacités des laboratoires à réaliser les tests ELISA pour la détection des anticorps.
 - le nombre d'échantillons analysés chaque année par ELISA et PCR
 - la procédure pour collecter et envoyer les échantillons depuis le terrain vers le(s) laboratoire (s), y compris le LNR.

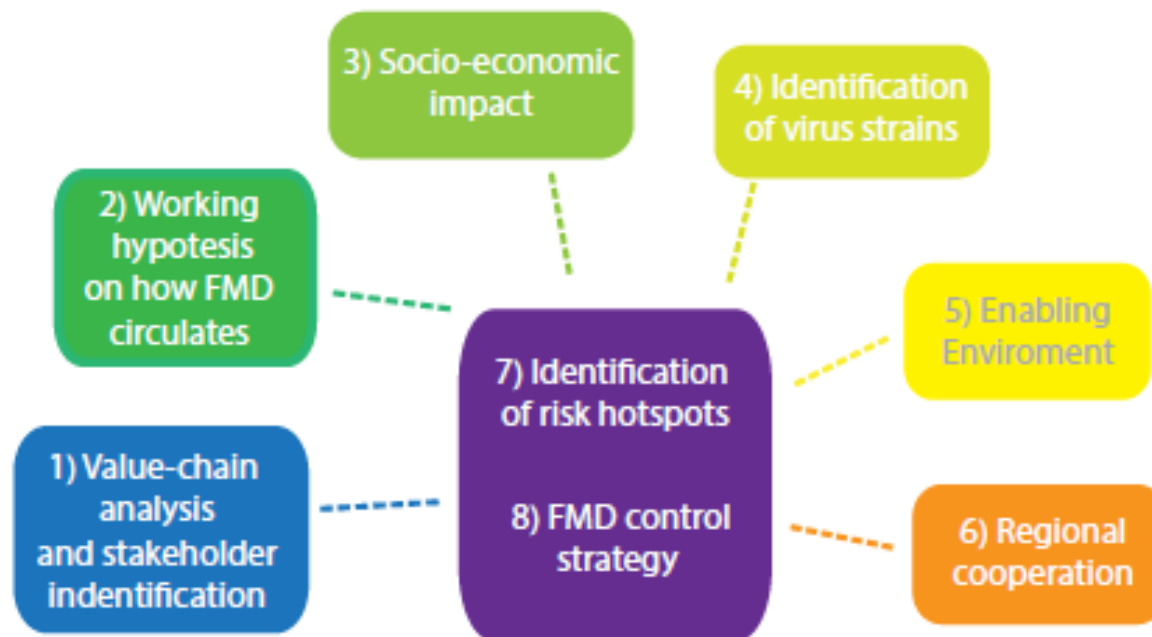
Après-midi

- Améliorations possibles pour:
- la capacité d'analyse des échantillons par ELISA/PCR
 - la capacité d'analyser les résultats obtenus





1. Start with understanding epidemiology of FMD, and what the impact is (PCP Stage 1)
2. Start developing and implementing risk-based strategic plan to mitigate the risks
3. Ongoing monitoring to demonstrate effectiveness and adjust to improve or address new risks (all PCP Stages)





Tunisia – Algeria - Morocco

Crisis management - support

On 25/04/2014 first outbreak has been detected in Tunisia

On 23/07/2014 first outbreak has been detected in Algeria





Support to emergency preparedness.

Algeria: a course has been organized in **Algiers on 24-25 June 2014 for 25 participants** coming from different areas of the country with the aim of improving the knowledge regarding prevention and control measures against FMD introduction and spread.

Morocco: a course has been organized in **Rabat on 5-6 June 2014 for 20 participants** coming from different areas of the country

Aim of the courses : improving the knowledge regarding the prevention and control measures against the FMD introduction and spread

Subjects have been covered during the course:

- Recognizing lesions and symptoms of FMD;
- Determining age of the lesions;
- Laboratory diagnosis (rapid delivery, response time);
- Epidemiological investigation;
- Risk analysis
- Monitoring around the outbreaks;
- Identification of national, provincial and local priorities for action in case of outbreaks;
- Communication during FMD crisis





Tunisia



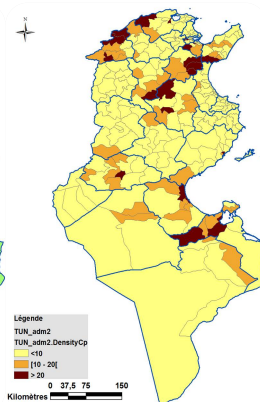
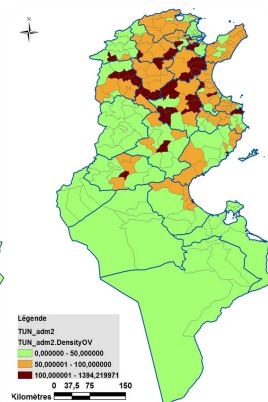
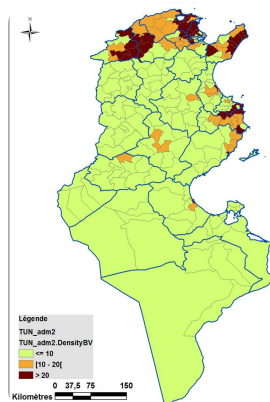
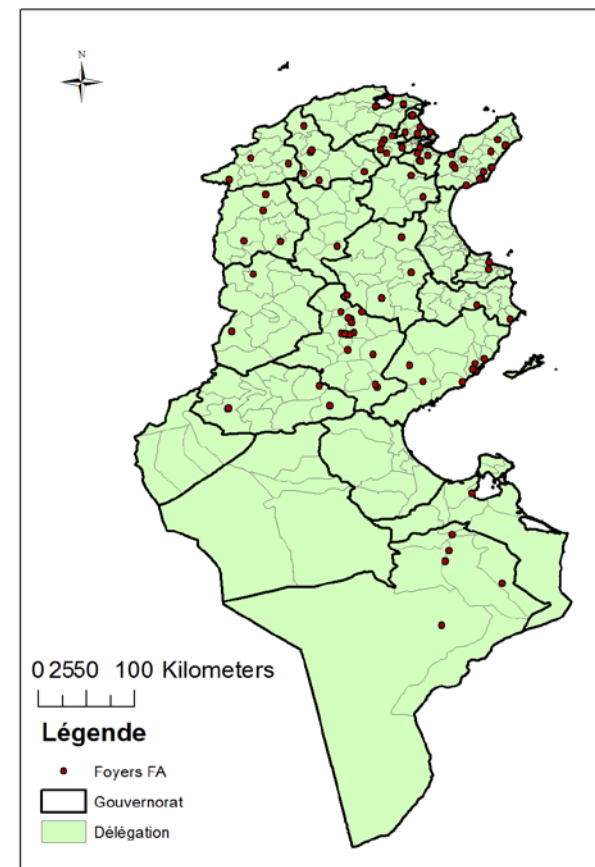
Country	Species	N. animals
Tunisia	Bovine	600,000
	Small ruminants	8,000,000
	Camelidae	70,000

Situation: 124 outbreaks.

Cattle and small ruminants affected

(389 cattle – morbidity 18.2; 550 small ruminants – morbidity 8.7)

Last outbreak: 8/09/2014



Densité des Bovins
par délégation

Densité des Ovins
par délégation

Densité des caprins
par délégation

Yearly vaccination :

Cattle - **O Manisa, O Magreb, A-22, SAT2 Eritrea**

Small ruminants - **O Manisa, O Magreb, SAT2 Eritrea**

Vaccination campaign 2013 coverage:

79% bovine – 68% small ruminants

Time of vaccination: bovine in May-July,
small ruminants in Sept-Nov



Emergency vaccination programme implemented in Tunisia

Vaccination of cattle and small ruminants within 5 km around outbreaks (inside-out).

Only cattle are vaccinated if disease detected on cattle.

Number of animals vaccinated (10/09):

534.000 bovine (89%)

820.000 small ruminants (10%)

Tunisia planned an exceptional booster vaccination campaign for all bovine and small ruminants.

The yearly vaccination campaign for bovine is supposed to start in January 2015 (previous one carried out in May-July).

Tunisia has been supplied by **1 mln doses (O Bfs)** by EC which have not been used yet and which are now supposed to be used for the vaccination campaign in 2015.



Support emergency preparedness

Tunisia: **10 Ag ELISA kits** have been delivered to Tunisia on beginning of May. The kits have been retained at customs at the airport until beginning of June. In order to supply Tunisia with ELISA Ag kits, **other 4 kits** have been ordered to IZSLER and delivered to Tunisia on 20/05/2014 (hand delivery).

A joint mission (OIE/EuFMD/FAO) has been held on June 2014 to evaluate and discuss the control measures implemented in Tunisia, their **effectiveness**, the **possibility of improvements** and the immediate needs for the country such as vaccine and strategy to be used for conducting an effective vaccination campaign.



A joint mission (OIE/EuFMD/FAO) - June 2014

Outcomes: in order to improve effectiveness of control measures

Epidemiology

→ Reinforce epi unit to analyze data of infected farms

→ Increase passive surveillance

→ Develop vaccination plan for high risk animals and premises

→ Develop surveillance scheme to demonstrate absence of virus circulation

→ Possible support by EuFMD

Veterinary Services

→ Increase communication with farmers, markets, dealers

→ Improvement of biosecurity by all vets

→ Better implementation of mandatory movement restrictions

→ Organization of field teams (vaccination, surveillance)

→ Improve the animal identification system

Algeria



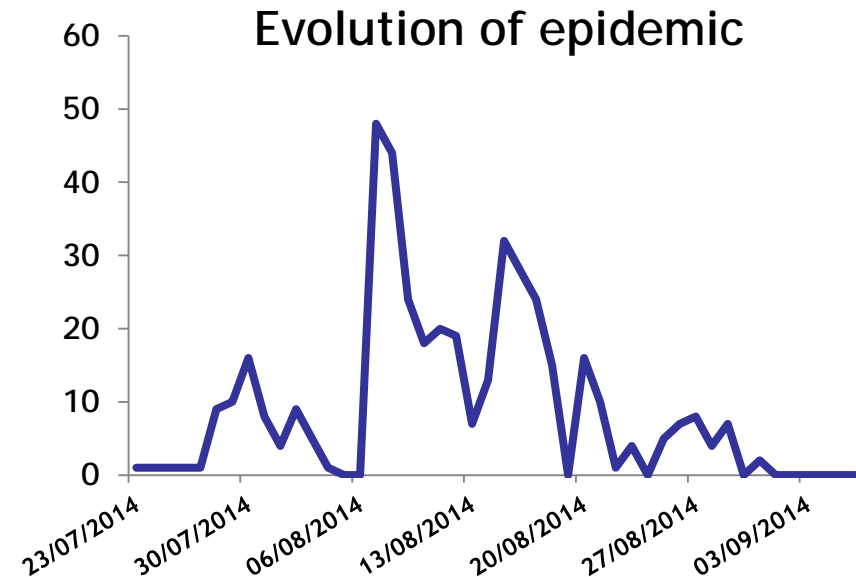
Country	Species	N. animals
Algeria	Bovine	1,650,000
	Small ruminants	23,800,000
	Camelidae	290,000



Yearly vaccination: bovine > 6 months in March/April 2014 performed on dairy herds (670.000 animals; 40%).

Situation: **417 outbreaks** detected in 26 villages mainly in the North where there is a high concentration of bovine.

Clinical cases detected only in bovine in the outbreaks and in non vaccinated animals





Emergency vaccination programme:

Vaccination on bovine around outbreaks implemented with the following vaccines:

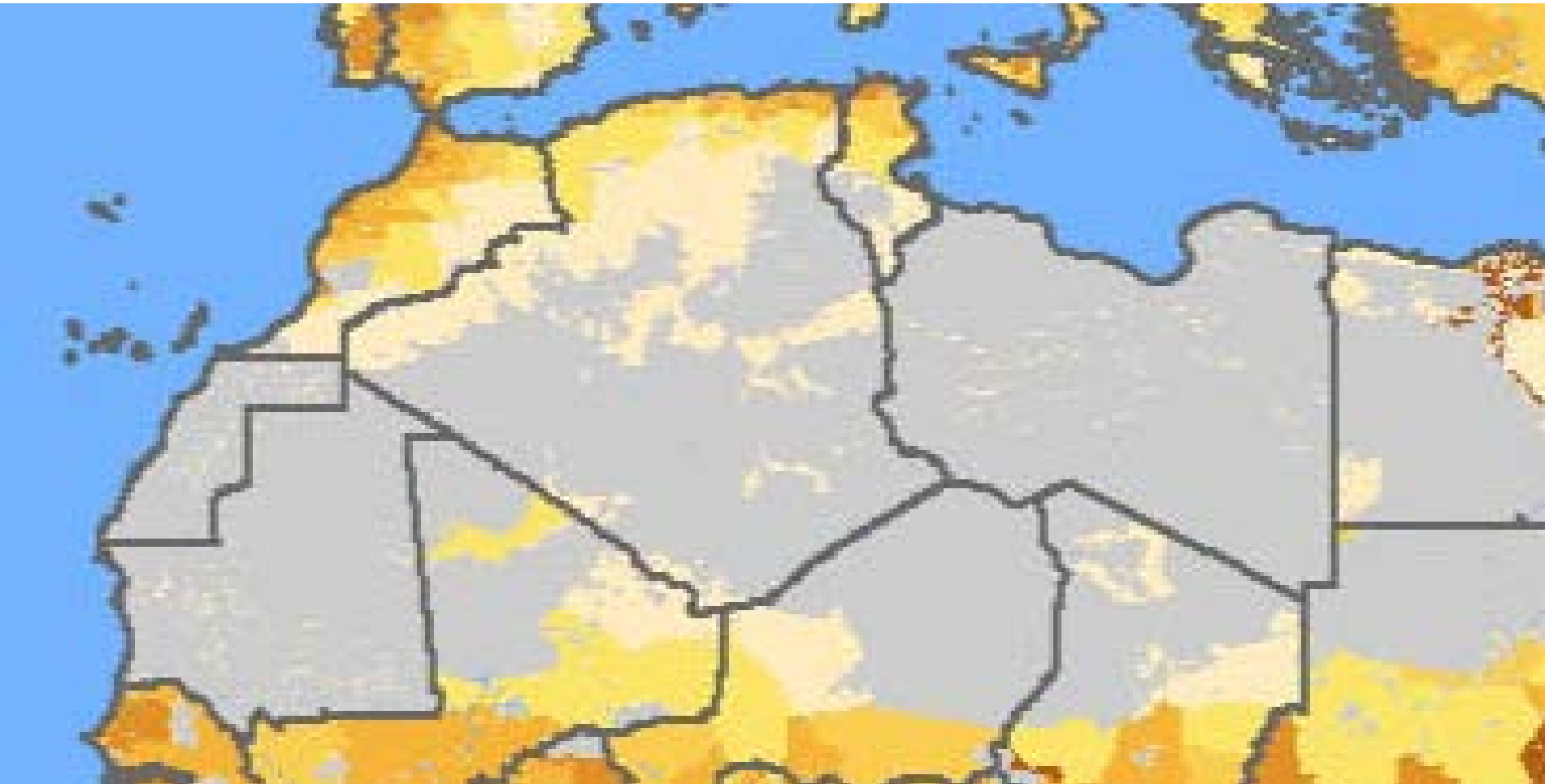
248.000 doses from the own stocks	OTur/Alran
100.000 doses from EU (19/8)	OBfs
200.000 doses from Tunisia (23/8)	
900.000 doses emergency procedure (23/8)	OTur/Alran
80.000 doses from France (31/8)	Obfs
TOTAL: 1.528.000 doses	

The target of the emergency vaccination programme implemented is to **protect cattle population** and reduce the possibility of occurrence of clinical signs. On end August the annual vaccination programme has covered 890.000 bovine mainly in the east (55%). The emergency vaccination programme around the outbreaks has covered 562.000 animals.

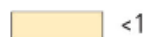
Algeria requested doses of vaccine to EC immediately after the occurrence of first outbreaks. 2 Mln doses are expected from Merial in November.



Cattle density map – *Animal production and health division*



Number per square km



<1



5-10



20-50



100-250



Water



No data



1-5



10-20



50-100



>250

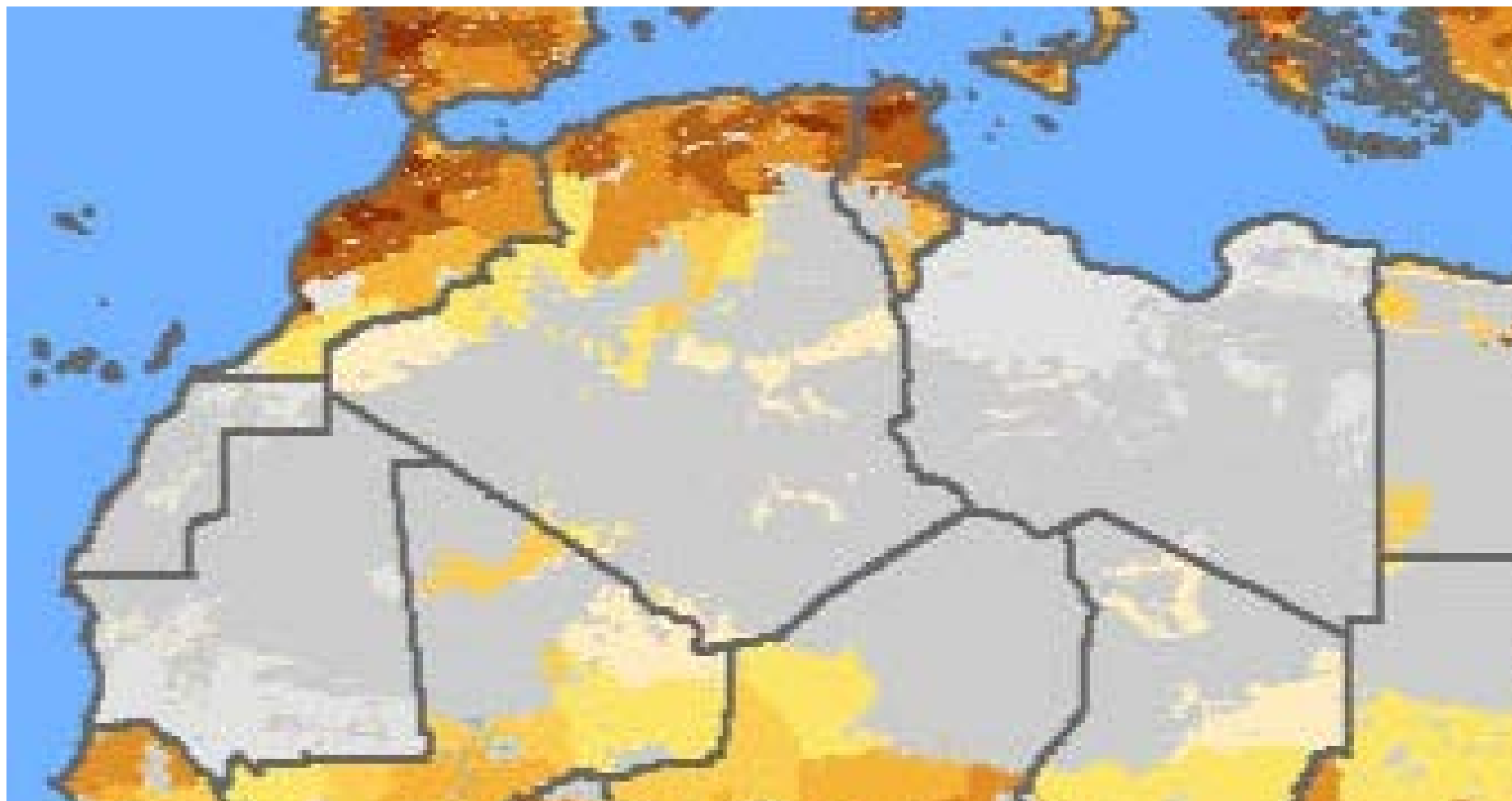


Unsuitable for ruminat





Sheep density map – *Animal production and health division*



Number per square km





Analysis of FMD risk introduction from Tunisia to the rest of North African countries and into Europe

Dr. R. Bouguedour – Dr. A. Ripani OIE Tunis

- Imported bovine
- Domestic bovine
- Small ruminants
- Camelidae
- Dairy products

Morocco



Country	Species	N. animals
Morocco	Bovine	2,800,000
	Small ruminants	25,200,000
	Camelidae	70,000



Situation: after outbreaks in Algeria ban of introduction of animals and products and implementation of an awareness campaign for vets and farmers.

Difficulties have been declared for controlling animal movements from Algeria.

Vaccine. The request of **1.5 mln doses** of vaccine has been delivered to FAO on the 13/8/2014. On the 20/09/2014 vaccine doses will be provided by Merial. Morocco is interested only in monovalent vaccine and from 20/09 Morocco will start to use Merial vaccine. Morocco is looking forward for the result of vaccine matching.



New activities proposed in EuFMD workplan - REMESA

Morocco,
Tunisia,
Algeria

Outputs

Develop a regional Risk Based Strategic Plan

Actions

Technical support together with OIE/FAO by creating a **regional strategy** for risk-based surveillance and vaccination programme



New activities proposed in EuFMD workplan - REMESA

Morocco,
Tunisia,
Algeria

Outputs	Actions
Develop a regional Risk Based Strategic Plan	Technical support together with OIE/FAO by creating a regional strategy for risk-based surveillance and vaccination programme
Support the development of local/regional vaccine bank	Support with knowledge, experiences, expertise and tools the establishment of a local/regional vaccine-bank



New activities proposed in EuFMD workplan - REMESA

Morocco,
Tunisia,
Algeria

Outputs	Actions
<p>Develop a regional Risk Based Strategic Plan</p> <p>Support the development of local/regional vaccine bank</p>	<p>Technical support together with OIE/FAO by creating a regional strategy for risk-based surveillance and vaccination programme</p> <p>Support with knowledge, experiences, expertise and tools the establishment of a local/regional vaccine-bank</p>
<p>Design surveillance system to be implemented in high risk areas and support with software and diagnostic kits the active surveillance</p>	<p>Design and implementation of programmes (Thrace model) for disease freedom confidence and for early detection capacity improvement in the border between Morocco/Algeria and other areas</p>



New activities proposed in EuFMD workplan - REMESA

Morocco,
Tunisia,
Algeria

Outputs

Actions

Develop a regional Risk Based Strategic Plan

Technical support together with OIE/FAO by creating a **regional strategy** for risk-based surveillance and vaccination programme

Support the development of local/regional vaccine bank

Support with knowledge, experiences, expertise and tools the establishment of a **local/regional vaccine-bank**

Design surveillance system to be implemented in high risk areas and support with software and diagnostic kits the active surveillance

Design and implementation of programmes (Thrace model) for **disease freedom confidence** and for early detection capacity improvement in the border between Morocco/Algeria and other areas

Support surveillance system for disease freedom/early detection

Procurement diagnostic tests. Technical assistance for design of **sero-surveillance**.



Morocco,
Tunisia,
Algeria

Outputs

Actions

Develop a regional Risk Based Strategic Plan

Technical support together with OIE/FAO by creating a **regional strategy** for risk-based surveillance and vaccination programme

Support the development of local/regional vaccine bank

Support with knowledge, experiences, expertise and tools the establishment of a **local/regional vaccine-bank**

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Procurement diagnostic tests. Technical assistance for design of **sero-surveillance**.

Build capacity in clinical disease recognition

One francophone/Arabic Real Time FMD course with two participants per country. Webinars to share findings online.





New activities proposed in EuFMD workplan - REMESA

Morocco,
Tunisia,
Algeria

Outputs

Actions

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Technical support together with OIE/FAO by creating a **regional strategy** for risk-based surveillance and vaccination programme

Support the development of local/regional vaccine bank

Support with knowledge, experiences, expertise and tools the establishment of a **local/regional vaccine-bank**

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Procurement diagnostic tests. Technical assistance for design of **sero-surveillance**.

Build capacity in clinical disease recognition

One francophone/Arabic Real Time FMD course with two participants per country. Webinars to share findings online.

Support emergency preparedness planning and test emergency response

- E-learning** courses on 'emergency preparedness' focused on clinical examination, clinical signs, lesion aging, epi-investigation.
- Workshops on **real time data collection**, data analysis and data management
- Support **passive surveillance** improvements
- Simulation exercise** in Morocco



Budget

Output	Activities	Original budget	Spent	Available	Note	AVAILABLE
Libya	Training using PEPc to assist national staff to complete RBSP	16,000	15,000	1,000		11,000*
	Guided Finalisation of RBSP, stakeholder consultations	5,000		5,000		
	Support Epi and Monitoring Unit after RBSP implemented	1,500		1,500		
	Evaluate RBSP progress	3,500		3,500		
	Support field FMD outbreak investigation (penside test)	5,000	5,000	0		
Libya, Tunisia	Design surveillance system to be implemented in high risk areas (Tunisia, Egypt) (4)	18,000		0	Re-allocated	
Mauritania	Training national taskforce members based in PEPc principles	11,500	2,300	9,200		23,000
	RBSP –guided development, finalisation	6,000		6,000		
	Support laboratory diagnosis	5,000		5,000		
	Support participation in regional laboratory network (3)	3,000		3,000		
Multiple countries	Support FMD clinical recognition	10,000		10,000		10,000
REMESA Regional Coord.	Support REMESA coordination activities – pre-JPC meet	15,000	8,000	0	Re-allocated	11,500
	REPIvet-RELABSA network mtg.	11,500		11,500		
Morocco, Tunisia, Algeria	Supply diagnostic kits according to agreed surv. plans.	50,000	8,000	30,000	Partially re-all	106,500
	Build capacity in clinical disease recognition – RTT	18,000	12,000	6,000		
	Support emergency preparedness planning and test emergency response	5,000		0	Re-allocated	
	Development of regional strategy for risk-based surveillance and vaccination programme	0		30,000	New activity	
	Design surveillance system to be implemented in high risk areas (Morocco-Algeria borders)	0		10,000	New activity	
	Support for establishing of local/regional vaccine bank	0		10,000	New activity	
	*E-learning on ‘emergency preparedness’	0		4,500	New activity	
	Workshop on real time data collection, analysis and management	0		8,000	New activity	
	Simulation exercise in Morocco + (Algeria, Tunisia/old plan)	28,500		6,000	Partially re-all	
TOTAL		212,500	50,300	162,200		

Note: activities in Tunisia, Algeria, Morocco have been implemented in 2014 after the outbreaks using emergency funds comp. 1.6)

*Possible re-allocation for e-learning in Morocco, Algeria, Tunisia



Priorities for the next 6 months

Libya: e-learning courses and support to awareness campaign (no missions allowed at present) . Re-allocation of funds (?)

Mauritania: PCP – development of Risk Based Strategic Plan (follow up workshop - ANSES)

Multiples countries: training material and e-learning to improve clinical and epi-investigation

Morocco, Algeria, Tunisia. Development of **Risk based regional strategy** for surveillance and control and establishment of a **regional vaccine-bank**.

Supporting **surveillance systems**, + building capacity in **clinical recognition**, + supporting **emergency preparedness** and test **emergency response** :

- Design and implementation of programme for disease freedom confidence
- E-learning: improving preparedness
- Workshops on real time data collection, data analysis and data management.
- Support for passive surveillance improvements
- Simulation exercise in Morocco



EUFMD

EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE



eofmd
e-Learning



III
3 PILLARS of
the EuFMD



Thank you

ExCom88



88th Executive Committee meeting of the EuFMD

Item: Support to the Global Programme Progress,
issues and plans for the next 6 months

PILLAR III – Component 3.1

Authors: Samia Metwally, Juan Lubroth



5th West Eurasia FMD Roadmap Meeting

23-24 April, Astana, Kazakhstan



- Thirteen countries participated
- **Eight countries** in provisional PCP stage 2
- EuFMD provided technical assistance in:



- a. Review of control plans and questionnaires for PCP assessment
- b. Country interviews



- ❑ **The Global FMD report** (responsibility of the FMD WG)
 1. Draft questionnaire for collating material for the report was prepared and up for revision
 - Assistance from EuFMD STP
 2. Report to be published early 2015

- ❑ **Technical guiding documents**
 1. EuFMD collaborated with FAO/EMPRES and OIE in developing template and guidance for preparation of FMD national control plans for national investments
 2. EuFMD provided input/comments on the development of post-vaccination monitoring guidelines for FAO/OIE GCS

1st PCP-FMD Training for FAO HQ staff

July, 2014

1. Two-day workshop for 20 participants
2. Objectives:
 - a. Share knowledge and experience in implementing PCP in the field with main focus on stages 1-2
 - b. Learn how organize and implement a Risk-Based Strategic Plan (RBSP) and how to determine risk hotspots through a simulation exercise

EuFMD supported this training with PCP-experts





2nd East Africa FMD Roadmap Meeting

(+ PPR Consolation meeting)

20-23 October in Kigali, Rwanda

1. Twelve East African countries to share information on FMD and PPR virus circulation within the region
2. Objectives
 - a. Review progress made in FMD since 2012
 - b. Update the FMD regional roadmap for 2014-2024
 - c. Provide an update on the global PPR control strategy
 - d. Agree on the development of the first PPR Roadmap

EuFMD has been collaborating with **FAO** in the preparation of the roadmap meeting and will participate in meeting

FMD roadmap meeting includes financial support by Italy and implemented by FAO/ECTAD

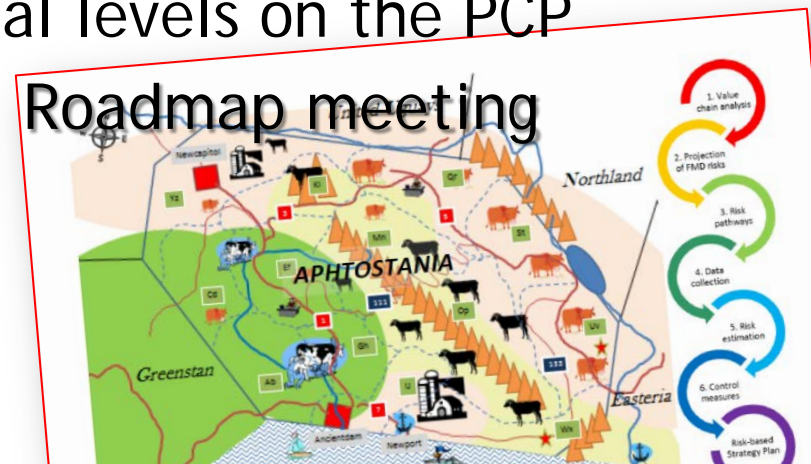


PCP-FMD Training for FAO Staff in Africa

15-17 October, Kigali, Rwanda

1. Trainees: FAO staff working on FMD in Africa
2. Objectives:
 - support national veterinary services in assessing their status on the PCP-FMD framework
 - support FMD progress for countries to enter Stage 1 (Assessment Plan) and countries to enter Stage 2 (Risk Based Strategic Plan)
 - training at national and regional levels on the PCP
 - assist in conducting a Regional Roadmap meeting

EuFMD will join FAO





Global OpenFMD Database

- This initiative was launched by FAO in 2012 and gained acceptance when presented at FMD international and regional meetings

Why OpenFMD?

- To house curated and annotated FMD sequence data of FMD virus sequenced worldwide in one database
- To conduct sequence similarity maps, multiple sequence alignment, phylogenetic trees against recent and diverse strains
- Link the virus genetic profiles to the epidemiological data housed in EMPRES-i
- Provide an open access to all FMD community



How would it work?

GenBank
Genetic info

DBASE PB
Genetic info

Other lab dbases
Genetic info

Transfer public data

Expert inputs

OpenFMD

Interface – Bioinformatic tools - Curation

Science Comm.

Transfer public data

EMPRES-i
Epi info



Google

OpenFLU



http://openflu.vital-it.ch/browse.php



Boingo - Aeroporti di Roma

OpenFluDB browse



Swiss Institute of Bioinformatics

OpenFlu database

Log-in or create new account

Statistics

Browse

Upload

About

Help

What's new ?

Browse OpenFlu database

quick search



virus type

- ALL-
- A
- B
- C

H subtype

- ALL-
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

N subtype

- ALL-
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

lineage

- ALL-
- swl
- Yamagata
- Victoria

host

- ALL-
- Human
- Animal
- Avian
- Chicken
- Duck
- Eagle
- Falcon
- Goose
- Guineafowl
- Gull
- Heron
- Ostrich
- Other avian
- Partridge
- Pheasant
- Pigeon
- Quail
- Sandpiper
- Stork
- Swan
- Turkey
- Turnstone
- Mammals
- Canine
- Feline

continent

- ALL-
- Africa
- Antarctica
- Asia
- Europe
- North America
- Oceania
- South America

country

- ALL-
- Afghanistan
- Aland Islands
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba



100%



EN

08:40
13/10/2014

JavaScript is disabled for your browser. Some features may not work without it. Open (Flu) Search History of Medicine, The Center for the Study of The American ...



OpenFMD – Ongoing and Future developments

- **Phylogenetic analysis** (Sequence Similarity Maps)
- **Data exchange** with WRLFMD
- **Automation** of pushing uploaded sequences to GenBank
- **Curation interface** in collaboration with Pirbright WRL
- **Genetic module** with EMPRES-I

- Funding streams – Australia, USA, EU/EC (EuFMD)

- The database will be regularly maintained and updated by the Swiss Institute of Bioinformatics



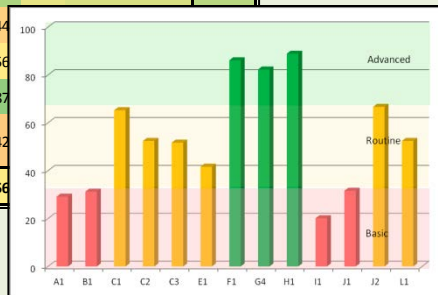


GEMP



FAO Laboratory Mapping Tool

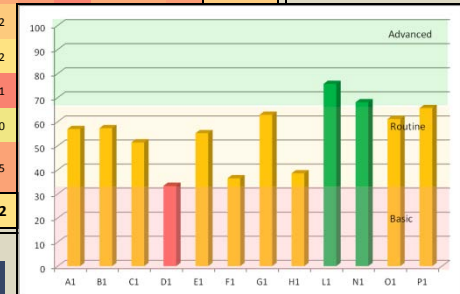
Category	L1*	N1*	P1*	G1	O1*	B1	A1	E1	C1	H1	F1	D1	Regional average by category
Geographic location Total	89	100	67	89	78	67	67	89	89	56	44	56	74
Laboratory Budget Total	78	78	67	44	44	22	33	22	22	11	11	0	36
Basic supply Total	100	100	89	100	67	78	100	89	89	56	56	44	81
Organization Total	100	100	67	67	67	100	67	67	67	67	67	67	75
Linkage with satellite labs Total	56	100	100	100	100	56	33	67	100	56	56	56	73
Communication means Total	67	75	83	67	67	50	50	42	67	42	50	25	57
Infrastructure Total	71	54	50	46	46	54	42	38	33	21	13	43	47
Equipment Total	61	44	44	28	39	28	44	28	39	22	22	22	35
Reagent supply Total	71	79	58	58	58	58	58	42	38	29	29	29	51
Staff skills + availability Total	92	79	96	88	92	88	96	79	71	42	33	25	73
Sample accession Total	72	67	44	50	39	39	39	50	44	33	28	22	44
Available technology Total	67	59	67	63	56	56	48	56	33	15	15	15	46
Training Total	89	56	56	56	56	56	56	56	56	56	56	56	58
Quality Assurance Total	100	96	75	79	75	75	67	79	63	67	67	67	76
Biosafety/Biosecurity Total	67	39	50	50	50	50	39	44	67	67	67	67	67
Staff Security/Health Total	56	67	33	56	22	33	22	56	67	67	67	67	67
Laboratory collaboration Total	93	60	93	93	93	93	73	87	93	93	93	93	87
Use of databases/platforms Total	75	42	67	58	67	58	58	42	67	67	67	67	67
Grand Total by laboratory	77	68	66	64	61	57	57	56	56	56	56	56	56



Laboratory assessment data for 12 laboratories in the Congo Basin region



Category	H1*	F1*	G4	J2	C1*	L1	C2	C3	E1	J1	B1	A1	I1	Regional average by category
Geographic location Total	67	78	89	89	67	56	22	44	56	22	89	67	11	58
Laboratory Budget Total	78	78	67	56	67	33	56	67	44	44	0	0	11	46
Basic supply Total	100	100	89	100	100	33	44	100	44	78	44	44	11	68
Organization Total	100	100	100	67	67	67	67	67	67	67	67	67	67	74
Linkage with satellite labs Total	100	100	89	44	78	67	67	67	67	33	56	33	44	65
Communication means Total	92	92	100	58	67	17	50	75	67	58	33	17	25	58
Infrastructure Total	92	88	75	71	75	25	54	42	46	42	38	42	25	55
Equipment Total	94	78	72	67	50	50	50	50	44	50	50	33	33	56
Reagent supply Total	88	83	83	63	75	29	67	63	25	42	17	21	4	51
Staff skills + availability Total	96	92	83	83	54	58	46	54	58	8	38	46	25	57
Sample accession Total	94	94	100	94	61	67	50	44	61	44	28	39	28	62
Available technology Total	96	96	89	59	63	59	63	67	19	15	19	11	11	51
Training Total	89	67	83	61	33	56	28	28	22	11	28	28	22	43
Quality Assurance Total	79	96	79	33	58	67	58	42	86	76	86	57	62	62
Biosafety/Biosecurity Total	86	76	86	57	62	62	43	52	89	89	100	67	78	44
Staff Security/Health Total	89	89	100	67	78	44	22	11	87	93	60	73	87	73
Laboratory collaboration Total	87	93	60	73	87	73	67	60	83	67	67	92	83	83
Use of databases/platforms Total	83	67	67	92	83	92	83	25	89	89	100	67	78	44
Grand Total by laboratory	89	87	83	67	66	53	53	52	52	52	52	52	52	52



Laboratory assessment data for 13 laboratories in the S/SE Asia region



Accueil du site | Agenda | CRSA | FAO.org | Contact | Plan du site | Rechercher

Unité Régionale FAO ECTAD
Afrique de l'Ouest et du Centre
CENTRE REGIONAL DE SANTE ANIMALE - BAMAKO

Accueil du site > RESOLAB

RESOLAB

Le Réseau Ouest et Central Africain des laboratoires vétérinaires de diagnostic de l'influenza aviaire et des autres maladies transfrontalières.

Pour accéder à la zone de ressource sécurisée, cliquez ci-dessous :

RESOLAB

Calendar | FAO.org | RAHC NAIROBI | Contact | Site Map

Background

- FAO ECTAD
- RAHC NAIROBI
- Staff Profile

Activities

- FAO/ECTAD Workshop on Socio-economic Impacts of PPR Outbreaks.
- Poultry Biosecurity Guidelines Retreat
- Regional Poultry Biosecurity Workshop
- Risk analysis training workshop
- Safe Poultry Production Training in Burundi
- Safe F

Calendar | FAO.org | RAHC NAIROBI | Contact | Site Map

Unité Régionale FAO ECTAD
Eastern Africa
REGIONAL ANIMAL HEALTH CENTRE - NAIROBI

Accueil du site > EARLN

EARLN

The Eastern Africa Region Laboratory Network

EARLN
LABORATORY NETWORK

The control and prevention of transboundary...

Calendar | FAO.org | RAHC GABORONE | Contact | Site Map

Home page > LAB NET

LAB NET

Heads of all SADC Central Veterinary Laboratories have been meeting for more than 10 years in order to foster collaboration and exchange of information on disease diagnostics. Since the advent of Highly Pathogenic Avian Influenza on the African continent, this group has been particularly active in the early detection of a possible incursion of the disease into the SADC region, which is so far free from the infection.

FAO-ECTAD has given financial and technical support to the group since 2007 by funding a second meeting per year, in addition to the annual meeting of the Sub committee. During these second meetings, Avian Influenza featured high on the agenda.

Activities such as harmonisation of SOPs for AI diagnostic tests, Proficiency Tests amongst laboratories and support to the regional

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Unité Régionale FAO ECTAD
Southern Africa
REGIONAL ANIMAL HEALTH CENTRE - GABORONE

Accueil du site > LAB NET

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Calendar | FAO.org | RAHC GABORONE | Contact | Site Map

Home page | Calendar | FAO.org | RAHC GABORONE | Contact | Site Map

Présentation

- FAO ECTAD
- RAHC GABORONE

Documentation

- Biosecurity and HPAIL
- HIGHLY PATHOGENIC AVIAN INFLUENZA
- Highly Pathogenic Avian Influenza Virus Subtype H5N1 in Africa
- HPAIL reagent demand - supply hub
- Operations of Demand-Supply Hub for Avian Influenza Serodiagnostics reagents at ARC-OVI
- Small Scale Family Poultry Production
- The Livestock Agency Guidelines

Présentation

- FAO ECTAD
- CRSA-AN / Unité FAO-ECTAD

Activités

- I Réunion REPIVET
- Formation Systèmes d'Information Géographique (SIG)
- Atelier Régional en Communication
- Mission
- Communication en Tunisie
- PCR - Diagnostic Lab IA/MN
- Mission

Unité Régionale FAO ECTAD
المركز الإقليمي للصحة الحيوانية بشمال إفريقيا
Centre Régional de Santé Animale pour l'Afrique du Nord (CRSA-AN)

Accueil | Maladies Prioritaires | Projets | Agenda | FAO.org | Contact

Accueil > RELABSA

RELABSA

RÉSEAU DE LABORATOIRES DE SANTÉ ANIMALE

RELABSA
Laboratoires

Pour accéder à la zone de ressource sécurisée, forums et téléchargement des documents, cliquez ci-dessous :

Pour accéder à l'espace privé, forums et téléchargement des documents, cliquez ici



Activities	YEAR 1																																
	Planning phase																																
	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S				
Planning	x	x	x	x	x																												
ing using PEPc to assist national staff to complete RBSP																																	
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BSP –guided development, finalisation																																	
upport laboratory diagnosis; initial supply then on basis of use and monthly reporting																																	
Support FMD clinical recognition at field level- develop trainers materials in arabic																																	
Support REMESA coordination activities – pre-JPC meet																																	
RESEPI-RELBSA network mtg. Timing- TBD																																	
Support participation in regional laboratory network (3)																																	
Supply diagnostic kits according to agreed surveillance plans. OIE will lead the national dossier development, EuFMD experts to support design of surveillance if asked (and for justification of supply of diagnostic kits). Initial WS lead by OIE in November 2013.																																	
Build capacity in clinical disease recognition – Real Time Training Places (one francophone/Arabic course with 2 trainees per country), mid-2014																																	
Technical support together with OIE/FAO by creating a regional strategy for risk-based surveillance and vaccination programme (workshops)																																	
Support with knowledge, experiences, expertise and tools the establishment of a local/regional vaccine-bank																																	
Design surveillance system for confidence on disease freedom and early detection capacity to be implemented in high risk areas and diagnostic kits the active surveillance																																	
-E-learning courses on 'emergency preparedness' focused on clinical examination, clinical signs, lesion aging, epi- investigation																																	
-Workshops on real time data collection, data analysis and data management																																	

**REMESA
FMD inputs
Gantt charts**



Proposed EuFMD support to FAO

October 2014-March 2015

- Continue to assist in the production of the Global FMD Report
- Continue to support the development of guiding documents related to PCP-FMD
- Participate in updating the PCP-FMD guidelines (early 2015)
- Assist in the FAO FMD unit activities
- Support to FAO training on FMD management and control
- Add to technical support for FAO/OIE FMD Roadmap Meetings and evaluation of national control plans
- Financial contribution for continued development of OpenFMD database



88th Executive Committee meeting of the EuFMD

Item: Component 3.2 PCP-FMD

International capacity for the application of the EuFMD/FAO/OIE Progressive Control Pathway (PCP-FMD) enhanced through development of tools, guidelines and knowledge transfer

Author: Chris Bartels

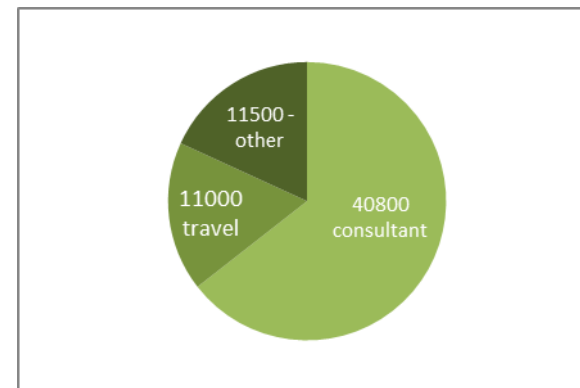


Budget overview

€63.300 budget (increased by €16.500 after Excom 87)

Currently 35.170 € spent (56%)

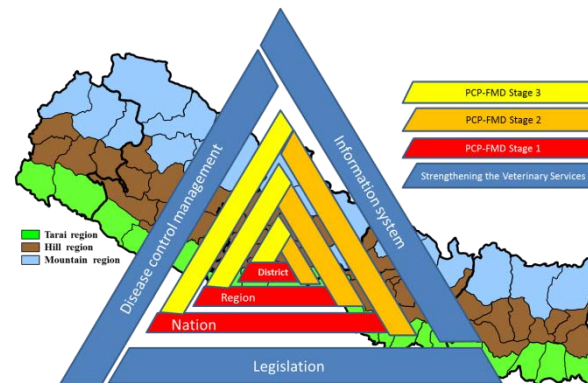
Budget available 28.130 €



PCP-FMD workshop – developing RBSP

- Component 2.2
 - Palestine
 - Egypt
- Component 2.3
 - Libya

Under EuFMD Real time training: Kenya and Nepal



PCP-FMD training (TOT)

- FAO Headquarter training
 - Specialists from different sections (EMPRESS-I, PPR, Brucellosis, Rabies)
- FAO regional (Eastern Africa) staff training
- “Aphlostania” Workshop game – Do-it-yourself PCP-FMD + RBSP

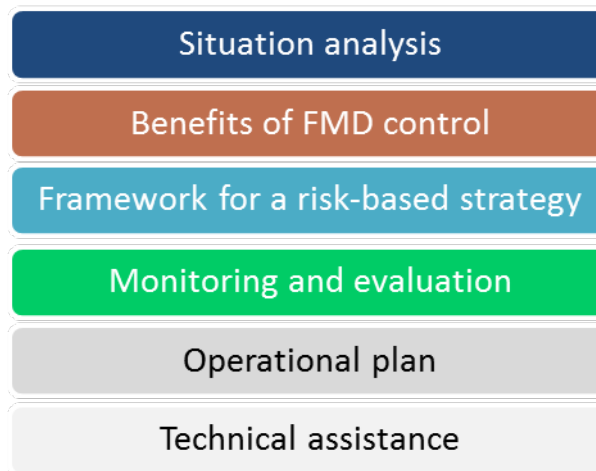


ExCom88



Guidelines and templates on RAP, RBSP and NCP

- RAP: risk-assessment plan for countries entering PCP-FMD Stage 1
- RBSP: risk-based strategy plan for entering PCP-FMD Stage 2
- NCP: national control plan for entering PCP-FMD Stage 3
- In collaboration with FAO-FMD unit Giancarlo Ferrari



Webinar + Guidelines on Outbreak investigation

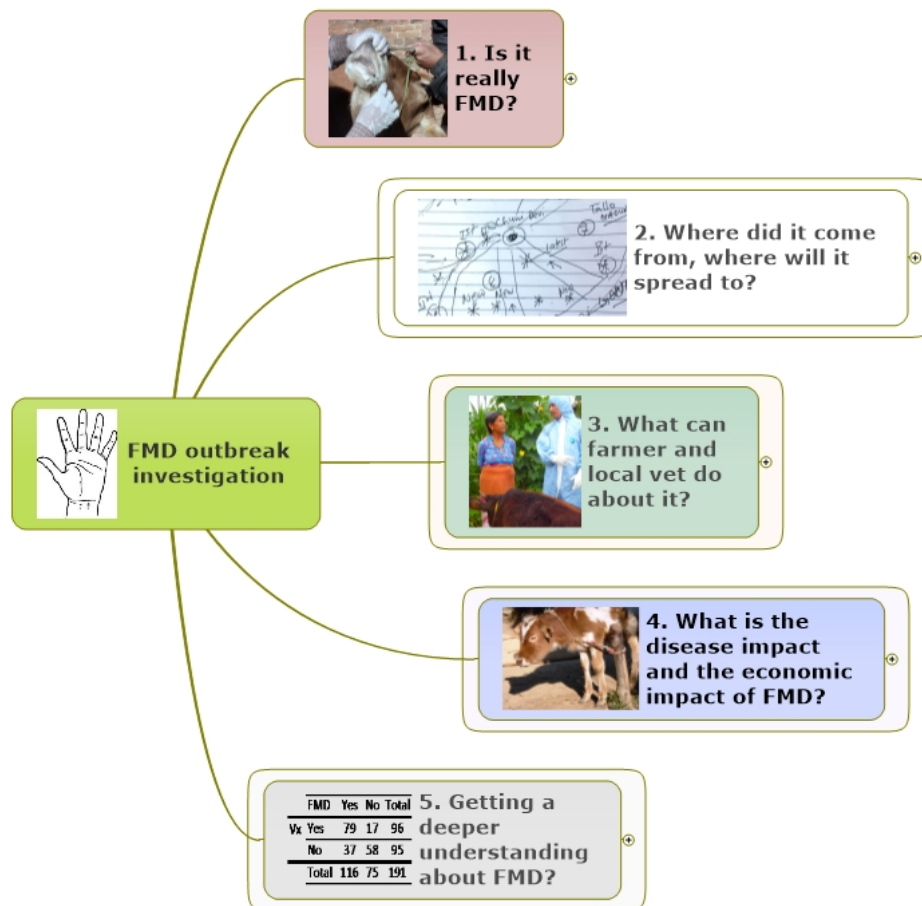
West Eurasia region (comp 2.1)

LinkTAD – China

Support to GF-TADS under LinkTADs – *LinkTADs aims to bring together world-class research institutes and experts in cross-border cooperation with the aim to coordinate research between the EU and China, thus improving scientific excellence in animal health (epidemiology and laboratory).*

Link
TADs

LINKING EPIDEMIOLOGY AND LABORATORY RESEARCH ON TRANSBOUNDARY ANIMAL DISEASES AND ZOOSES IN CHINA AND EU





Issues of concern

- FAO/OIE FMD Working Group





Priorities for next 6 months, 2014/2015

- Further development of e-learning modules
- Guidelines, technical notes on
 - Monitoring and evaluation
 - Sero-surveys/surveillance
- Follow-up on training of trainers (FAO staff Eastern Africa)
- Within EuFMD components development and application go hand in hand (components 2.1, 2.2 and 2.3)
- Establishing mechanism to safeguard sharing experience

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