



# The EuFMD programme and its contribution to GF-TADS in the European neighbourhood

**Jean-Luc Angot and  
Keith Sumption**

**Acknowledgements: EC DG-SANTE**

**Program 2013-14:  
4m€ (EC), 1.5 m€ (other – MS)**





## Basis for EuFMD actions

- ✓ **Legal Base (Constitution)**
- ✓ **Strategic Plan (3 Pillars) adopted 2013**
- ✓ **Program 2013-14 : 75% funded by EC, 25% by MS and others**
  
- ✓ **GF-TADS and agreement on the 24 month Phase III Work plan, September 2013**
- ✓ **Executive Committee with EC, FAO and OIE for Executive decisions on programme development**
- ✓ **Strong record of timely and efficient delivery of projects**
- ✓ **Dedicated professional team funded by member states**
- ✓ **Feet on the ground – close working relationship with beneficiaries**



# EuFMD Role

**Intergovernmental body working on behalf of its members, supported (75%) by DG-SANTE, based in FAO, and in coordination with OIE**

- 1. Co-ordinated actions to reduce risk and consequence of FMD incursions to member states by**
  1. Improved preparedness of MS
  2. Reduced risk from neighbourhood
  3. Reduced risk from the global FMD pool (supporting FAO/OIE)
- 2. Responsible for:**
  1. Biorisk management Standards for FMD laboratories in Europe
  2. Database on holdings of national vaccine and antigen banks (surveyed every 2 years).
- 3. Continuous provision of up to date information on the FMD circulation across the globe (–antigen bank decisions/risk assessment purposes)**
- 4. Emergency response capacity (Emergency Fund: 0.5m€)**



# The focus of the assistance depends on the FMD status of the country

## 1. Good Emergency Management Practises (GEMP)

- FMD free countries - and non-free at high risk of virus incursions
- Contingency Plans – validated through testing (exercises)
  - Early warning
  - Early detection (passive, risk based surveillance)
  - Early and effective response (tested)

## 2. Progressive Control Pathway for FMD (PCP-FMD)

- Countries not officially free of FMD
- Risk based, focus on national strategic plans (accepted GF-TADS process)
- Prepares for entry into OIE endorsement and recognition system



# What has been achieved – under the Phase III Programme with EC support

- ✓ **Emergency Prevention and Management - improved capacity**
  - ✓ Revived capacity and expertise : Over 300 veterinarians from 50 countries trained in FMD in the field
  - ✓ Over 500 veterinarians completed e-learning on FMD in 2014-15
  - ✓ Tutored e-learning courses in 2014- 15
    - ✓ in English, Russian, Spanish, French, Serbian-Croatian
    - ✓ 48 countries
  - ✓ Western Balkan countries + Moldova: two multi-country simulation exercises 2015
  - ✓ THRACE region: continuous. 3 country programme to sustain confidence in FMD freedom, integrated with LSD, PPR and SGP surveillance
  - ✓ Contingency Planning and Modelling Networks – all MS



# What has been achieved – under the Phase III Programme with EC support

- ✓ **Progressive Control of FMD – reducing risk**
  - ✓ Progress - West Eurasia Roadmap; several countries progressing in management level for FMD control
  - ✓ Georgia, Armenia, Iran, Armenia, Azerbaijan, Turkey assisted in PCP progress (Stage recognition /progress) – 2014/15
  - ✓ Middle-East FMD Roadmap, REMESA:
    - ✓ Palestine, Egypt, Libya, Mauritania, assisted in PCP progress – 2014/15
    - ✓ REMESA: emergency response (2013-14) and training in FMD management (e-learning and simulation exercises)



# Lessons Learnt

- Failure to address risks results in a high risk of failure of FMD Control Plans.
- It can take more than one year to develop a National Risk Based Strategic Plan that has national ownership and commitment. Its worth taking time!
- It is difficult to to change “the administrative mindset” – from counting inputs to monitoring outcomes. The system to collect, validate, analyse data on implementation and the impact of an FMD control plan needs to be created.
- The need to build up FMD control from the bottom-up. The national VS may not have skills to engage the field level: district, local vets, farmer associations, NGOs.
- Training the trainers is not enough. We need also help them - and make it easier and less costly to train national staff.
- Training managers is needed – PCP is a good entry to management training.
- We need to greatly scale up educational initiatives under GF-TADS –there is a huge unmet demand
- EuFMD, EC, FA and OIE - we can deliver a lot when we work together

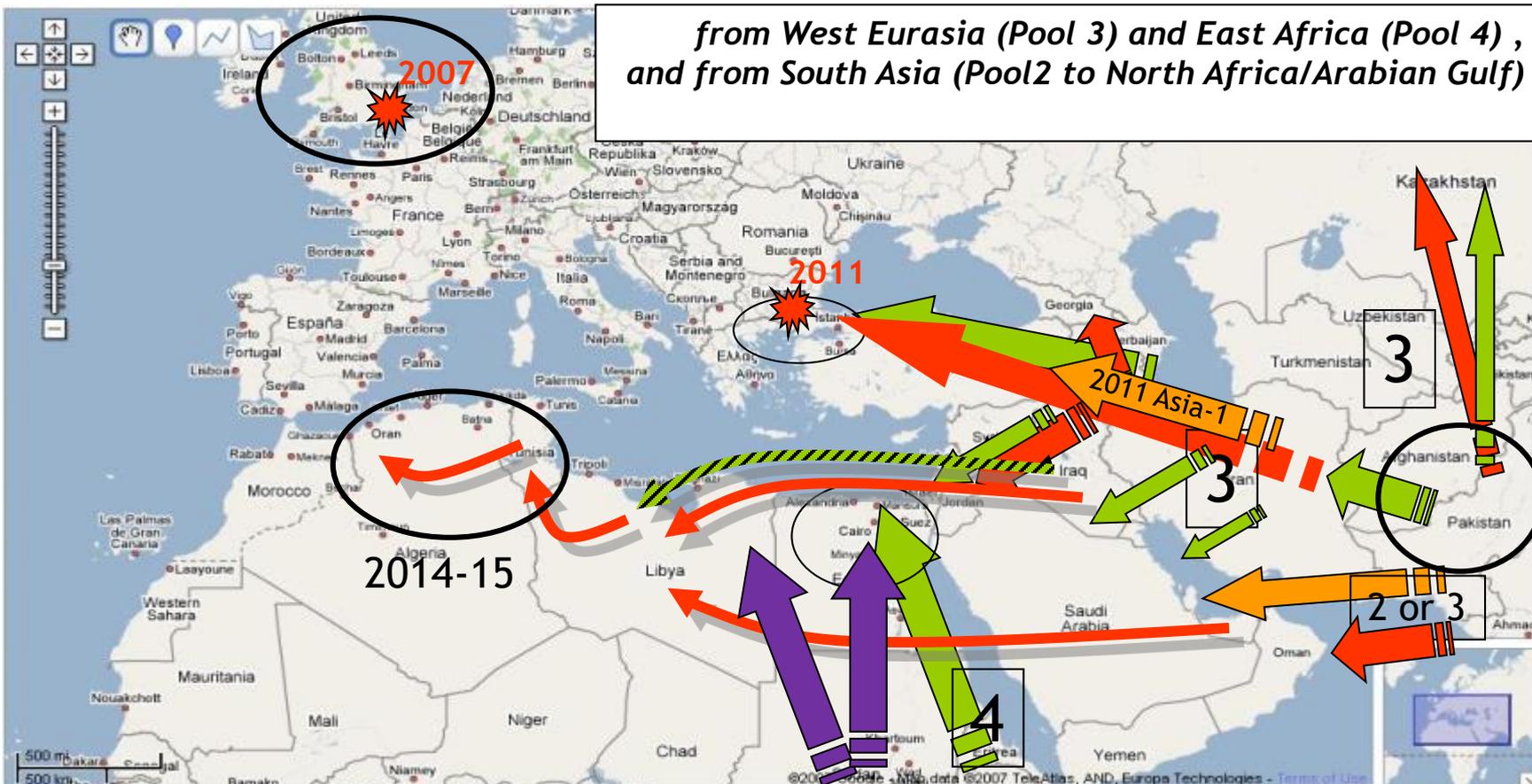


# Incursions of FMDV to the European neighborhood:

From more than one “geo-political region”

Mainly from virus pools 3 and 4, more recently from Pool 2

Past 8 years (2007-15)



Type O, Type A, Type Asia-1, Type SAT2



## The 3 Pillars

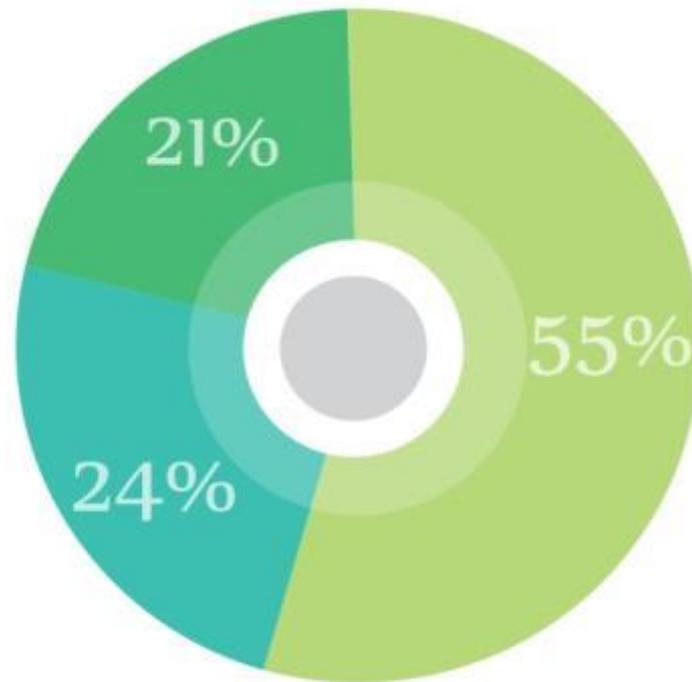




## PROGRAMME RESOURCES

### -Budget

*Proportion based on  
budget use*



EU donor : Proposed budget Euro 4,000,000

Allocation of funds for pillar

- 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

TF Secretariat funds Euro 980,000



## Pillar 1 RESOURCES

### -Budget

*Proportion based on budget use (each component)*



### Pillar 1 : SIX Components

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- 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
- 1.7. PTS



# Pillar 2

## RESOURCES

### -Budget

*Proportion based on budget use (each component)*



### Pillar 2: THREE Components

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- 2.1. SouthEast Europe: Turkey, Georgia and neighbours
- 2.2. SouthEast Mediterranean: Israel, Cyprus
- 2.3. REMESA

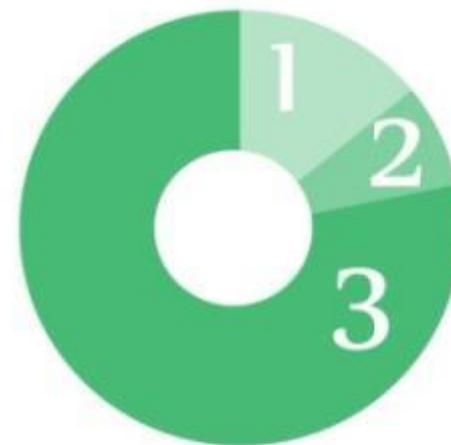


# Pillar 3

## RESOURCES

### -Budget

*Proportion based on budget use (each component)*



### Pillar 3: THREE Components

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- 3.1. Monitoring
- 3.2. PCP support
- 3.3. Global ref. lab. support



# UPDATED STRATEGIC PLAN FOR 2015-19

## Pillar I



### **Strategic goal 1 – Improve readiness for FMD crisis management by Members**

- **Training Program - Credits system offered to ALL 38 MS**
  - **+ support to National Trainers (e-learning for national use)**
- Contingency Planning Network – further development
- THRACE - Greece, Bulgaria and Turkey – continued program
- BALKANS – more in depth support to CP
- Research Fund



## **Component 1.1** Develop European expertise in FMD crisis management and assist national FMD preparedness training programmes.

- **Training Credits system offered to 38 MS**
- provide e-learning courses in **national languages**; supporting focal points to provide national training, “**Equipping** National Trainers In Relevant Expertise”.
- **Demand driven**
- potential for training courses to be recognised (accredited)

training the “next generation of TADS managers”.

**Long term importance** for countries to have management as well as technical skills in their senior managers





# Real Time Training in FMD outbreak investigation

- Overall aim : to maintain (and increase) core expertise in every MS on FMD recognition and response
- 3 training credits per course





# Cascade Training

## Assisting NATIONAL training programmes

- Train AND assist the trainer



### Foot and Mouth Disease Clinical Examination



It is important to have a systematic approach to examining animals suspected of foot and mouth disease. Write down your findings as you examine animals. A prepared form may help you do this efficiently.

Firstly, take a clinical history from the farmer:

- What clinical signs have they noticed? Lameness, drooling, not eating, any deaths, any abortions?
- When did the signs start?
- Which animals have been affected? How many?
- Which ones are the most recent cases?



Next, observe the animals from a distance:

- General demeanour/stance
- Salivation/increased jaw movement
- Lameness/shifting weight



Finally carry out a clinical examination of as many animals as possible to fully assess the situation:

- Ensure good restraint-remember FMD is painful
- Take the animal's temperature
- Examine the likely sites of vesicles thoroughly - muzzle, mouth, feet including the interdigital space (clean off dirt) and udder
- Enquire about milk yield if appropriate
- Record your findings for each animal, including animal identity no.



Lesion ageing

- Lesion ageing is important for epidemiological investigations. Lesion ageing allows you to establish a likely time period in which clinical signs first appeared, and from this, the likely time period in which infection took place, and when viral shedding could have begun.
- When carrying out lesion ageing in order to determine the likely date of infection of a group of animals, it is important to examine all animals, looking for the oldest lesions.
- For diagnostic sampling search for the most recent case with the freshest lesions.

Day of Clinical Disease	Appearance of lesion
Day 1	Blanching of epithelium followed by formation of fluid filled vesicle.
Day 2	Freshly ruptured vesicles characterised by raw epithelium, a clear edge to the lesion and no deposition of fibrin.
Day 3	Lesions start to lose their sharp demarcation and bright red colour. Deposition of fibrin starts to occur.
Day 4	Considerable fibrin deposition has occurred and regrowth of epithelium is evident at the periphery of the lesion.
Day 7	Extensive scar tissue formation and healing has occurred. Some fibrin deposition is usually still present.



# Online FMD Emergency Preparation Course

## ✓ Who?

Similar audience to Real Time training course, but allows rapid training of a large group of trainees.

## ✓ What?

Course covers:

- FMD aetiology and pathogenesis
- Clinical diagnosis, lesion ageing
- Epidemiology, outbreak investigation
- Biosecurity



# **Online FMD Emergency Preparation Course**

**Has been run in :**

**English (38 countries)**

**French (3 countries, North Africa)**

**Serbian-Croatian**

**Russian (8 countries)**

**Spanish (1 country)**

**Probable, if demand: Arabic**

**Available: ALL EU languages**



## **Component 1.2** Support contingency planning of Members and at European level – through networking, and support tools

- Continue the FMD modelling network
- Contingency planning (CP) knowledge bank and CP/simulation exercise manager networks.

This component will include a **Vaccine Banks/Vaccination issues** Working Group or Network.

MAY include a Diagnostic Bank for emergency supplies





**Component 1.3** Thrace region: programme for early warning surveillance in Greece/Bulgaria/Turkey.

This component is of proven value and importance and to be continued 2015-17.

- **Co-ordination – 3 countries**
- **Support surveillance for FMD, LSD, PPR, SGP for confidence in freedom**
- Improved, tested capacity to respond.



# THRACE surveillance programme – assisted awareness campaign and surveillance for Lumpy Skin Disease

Activities of the Greek Authorities in response to the LSD outbreaks in European Turkey



*1<sup>st</sup> occurrence of Lumpy Skin Disease in Greece, Tripartite Meeting, 31/8-1/9/2015, Alexandroupolis (Greece)*



# **Component 1.4**

## **Western Balkans FMD**

### **Emergency Preparedness**

Credits: Eoin Ryan, Marko Potočnik,  
Budimir Plavšić



## Background (Problems addressed)

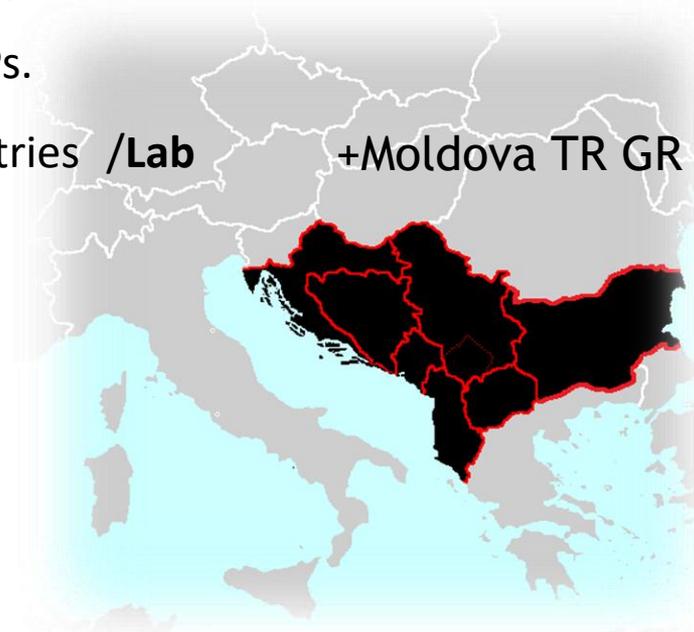
- Balkan region – strategic importance to Europe for FMD control
- Ability of these countries to response properly is crucial
- Baseline knowledge and experience from IPA Rabies and CSF project from EU
- Bulgaria, Serbia, Croatia, Bosnia and Herzegovina, Montenegro, Albania, FYROM and Kosovo

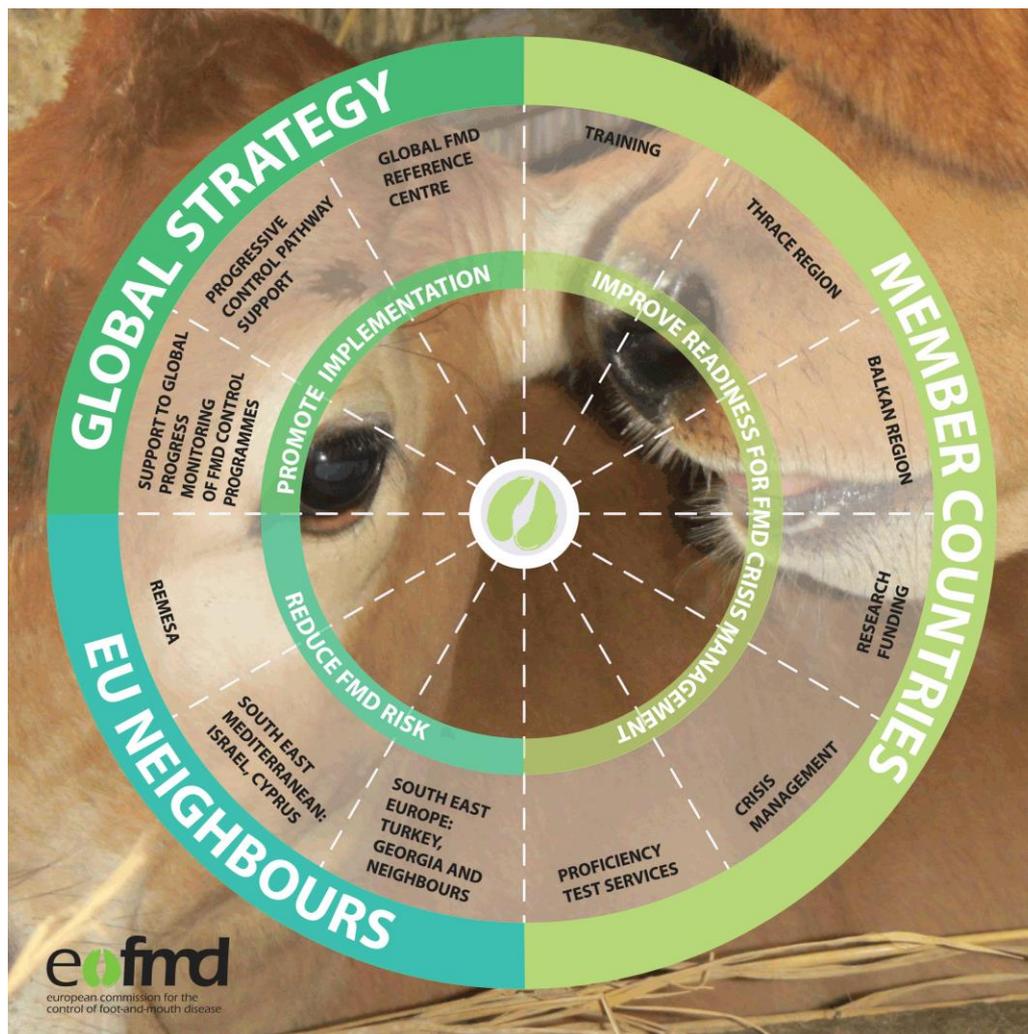




## Component 1.4 Improved emergency management capacity for FMD in the Balkan region. 2015-17

- All Western Balkan Non-EU countries+GR+BG+Moldova+Turkey
- Two simulation exercises in 2015
- Proven value and importance,
- Support trend towards **self-governance** and **ownership**
- **support on “difficult” issues** with drafting national CPs.
- the question of **diagnostic banks** for these countries /Lab support to be addressed +Moldova TR GR







Food and Agriculture  
Organization of the  
United Nations



# **Pillar 2: Reduce Risk to members from the FMD Situation in the European Neighbourhood**

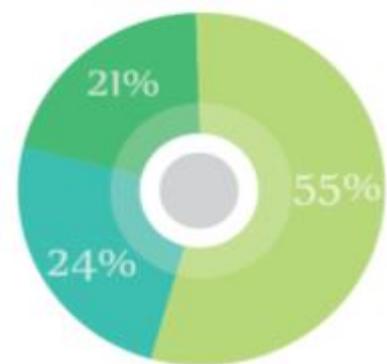
## ***Accomplishments and Lessons Learned***



THREE components:

- 2.1: SE Europe (Turkey, Georgia and Neighbours)
- 2.2: SE Mediterranean (Israel, Cyprus & Neighbours)
- 2.3: REMESA

## Pillar 2 overview



EU donor : Proposed budget Euro 4,000,000

Allocation of funds for pillar

- 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





# UPDATED STRATEGIC PLAN FOR 2015-19

## Pillar II



### Strategic goal 2 – Reduce risk to Members from the European neighbourhood (progressive control in neighbouring regions)

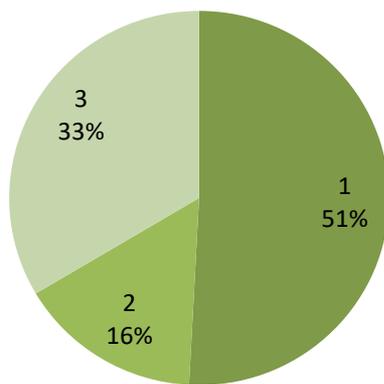
- Three sub-regional components
- From 2015, greater emphasis on development of TRAINING COURSES
  - **Turkish, Russian , Arabic and French** language training networks and courses

National Support - will focus on Progressive Control Pathway (**PCP**) progress (national level, strategic planning)



## Last two year – focus was on national strategic planning

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



€ 298,100

Agreed by ExCom 86

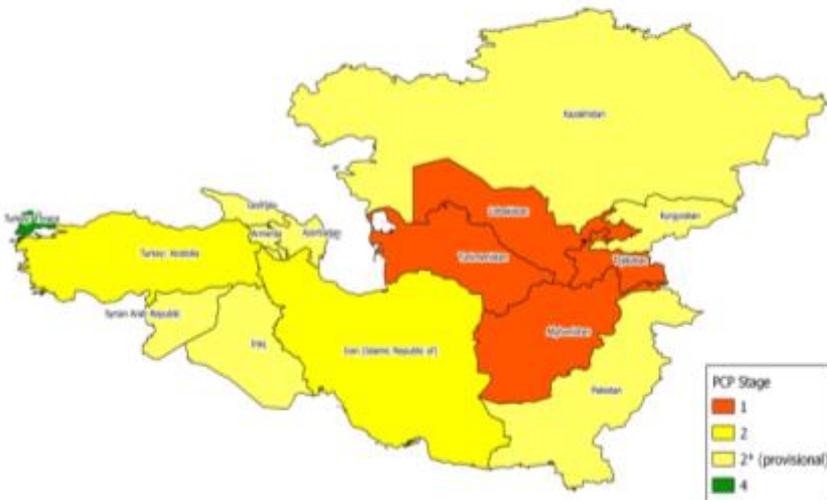
*% use of funds on achieving each results*

# Component 2.1: Turkey, Georgia, +neighbours

## Achievements *West Eurasia:*

- Support to GF-TADS ANNUAL progress meetings - **W. Eurasia Roadmap meetings** (Astana, 2014; Almaty April 2015)
- **Webinar Series** established
  - Three webinars: English and Russian versions
- **Georgia, Turkey , Iran – progressed to Stage 2 PCP**

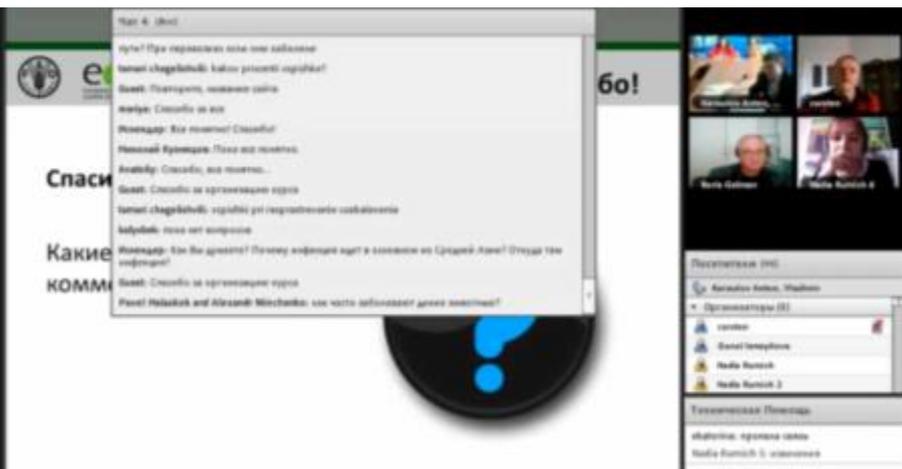
2014 PCP-FMD Stages  
West Eurasia Roadmap





## RUSSIAN language training – field and online

- **Real-time training course** held in Erzurum, Turkey, in Russian and Turkish (June 2014).
  - Participants from Turkey, Azerbaijan, Armenia, Georgia, Kazakhstan, Moldova, Ukraine
- **Russian-language FMD emergency preparation course (FEP-c)** held with 90 participants from eight countries
  - Trainers from EuFMD, Kimron Institute (Israel) and ARRIAH

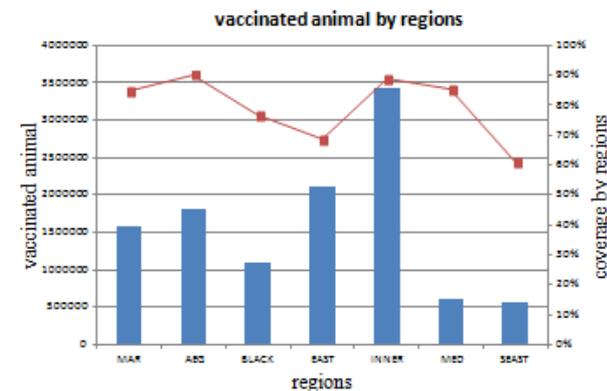
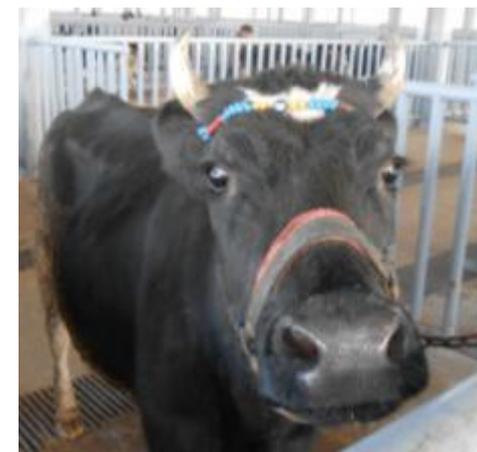




## Component 2.1: South-east Europe

### Lessons Learned

- strategic plan development takes time.
- Improving systems of implementation and monitoring takes even longer
- need to train managers - and epidemiology capacity
- Russian language networks essential





## Component 2.2: SE Mediterranean

**Objective: To improve FMD management in the neighbourhood of Cyprus and Israel to support progressive control of FMD in the neighbourhood**



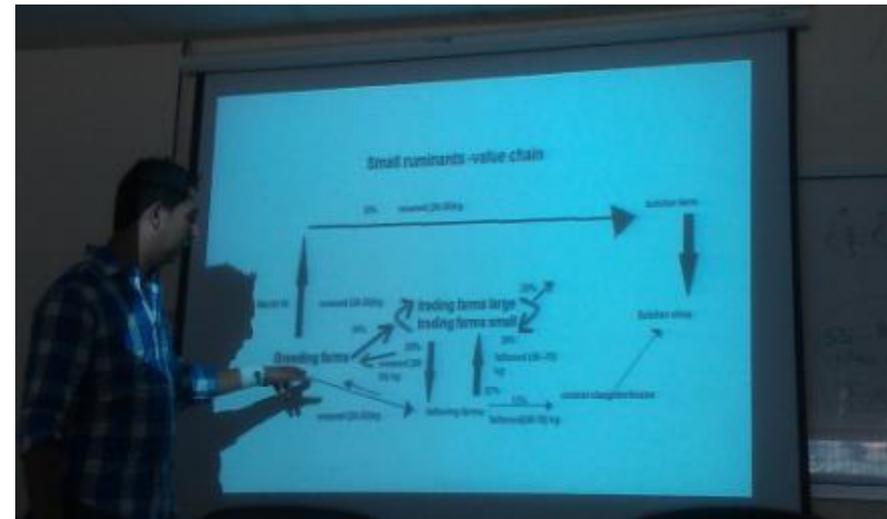
FMD taskforce during PCP-FMD workshop



## Component 2.2: South-east Mediterranean

### Lessons Learned

- Progress- Palestine, Egypt
- RBSP approach well received
- **need to include**
  - **Lebanon, Jordan**
- challenges similar to other Pillar II countries
  - Training,
  - Capacity building in VS
  - **networking in common (Arabic) language needed**





## Component 2.3 Support to REMESA





## 2.3 REMESA

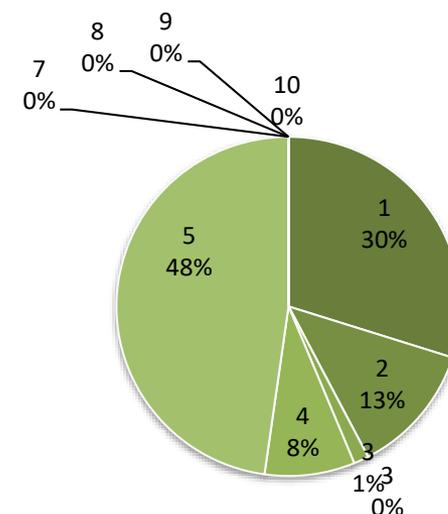
**OBJECTIVE: Assist national FMD risk management as part of the REMESA action plan**

**Program is agreed at REMESA JPC**

**It was modified after major events occur (Libya –insecurity; and FMD in Tunisia/Algeria)**

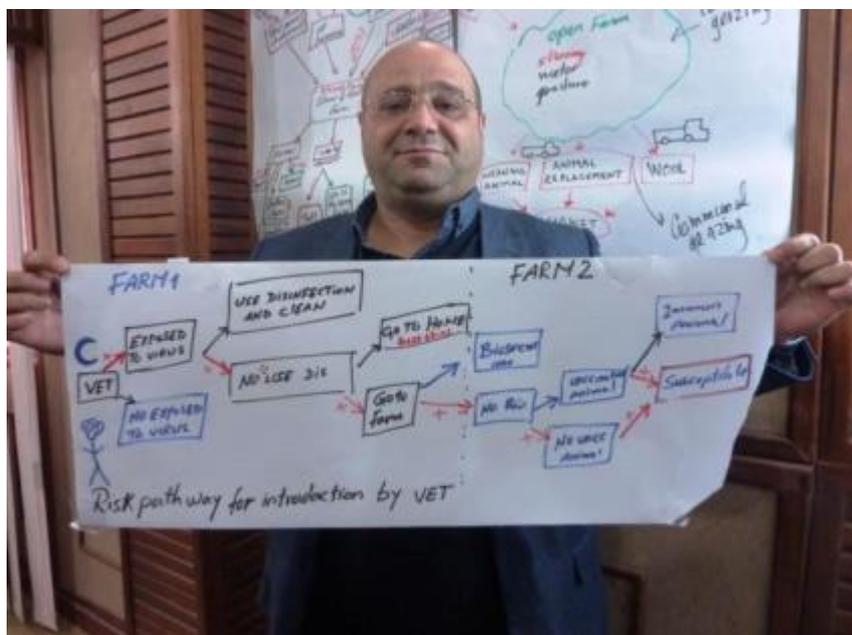
### **OUTPUTS (EXPECTED RESULTS 2013-15):**

- 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;**
- 5. Regional strategy for risk-based surveillance and vaccination programme and strategy to establish a local/regional vaccine-bank**





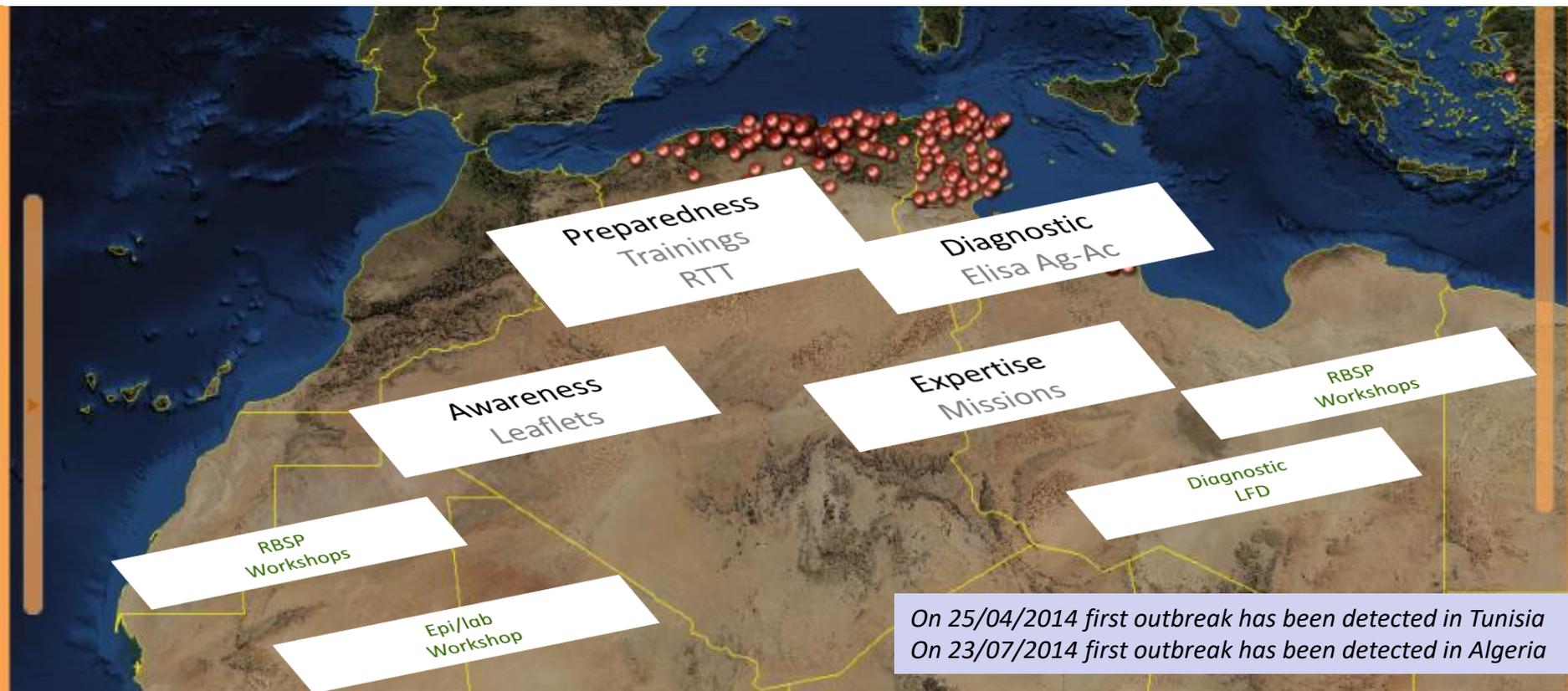
# Developing national risk based control plans – a very significant step for any country





# Emergencies happen– FMD in 2014 in North Africa

## EuMD support actions

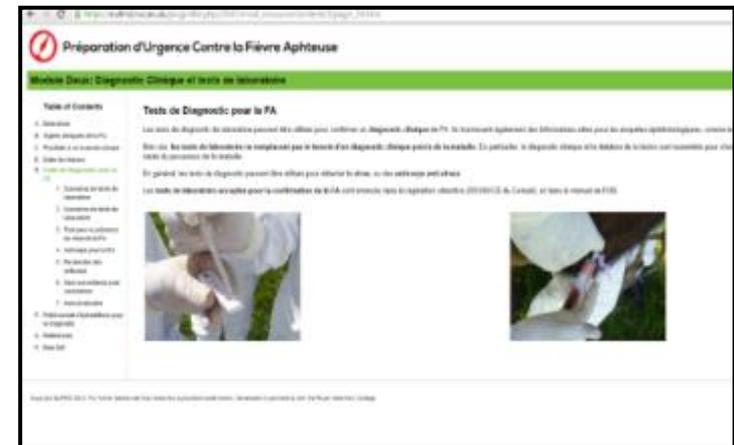




# Préparation d'urgence contre la fièvre aphteuse

## Course covers:

- **FMD aetiology and pathogenesis**
  - **Clinical diagnosis, lesion ageing**
  - **Epidemiology, outbreak investigation**
  - **Biosecurity**
- First course in French during Summer 2014- Algeria, Morocco, Tunisia (25 participants each country)
  - Highly appreciated by participants
  - Perfect timing: emergency course for FMD emergency situation
  - Same course for Tunisia in May or June 2015





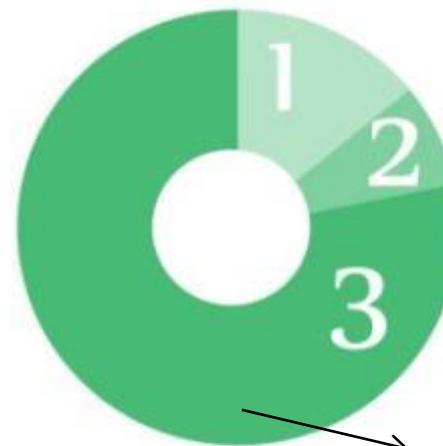


# Pillar 3

## RESOURCES

### -Budget

*Proportion based on budget use (each component)*



GF-TADS support services provided by Pirbright; support OIE/FAO Ref Lab Network

### Pillar 3: THREE Components

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3.1. Monitoring

3.2. PCP support

3.3. Global ref. lab. support



# Specific Proposals relating to GF-TADS Europe

- 1. Workplan Component 2.1 – support to Turkey, Georgia and neighbouring countries and to the West Eurasia Roadmap (24 months, October 2015-September 2017)**
  - Support countries to progress in PCP (TUR, GEO, ARM and AZB)
  - Support Roadmap
    - Epidemio-surveillance networks (Webinars, Online Training)
  - Support better contingency planning
    - Russian language technical networking - including UKR, Moldova, RF
- 2. Re-establish Co-ordination Framework for FMD management in the Caucasus under GF-TADS**
  - Model - Tripartite for FMD control in THRACE (3 countries, EuFMD-FAO/EC/OIE)
  - Technical (project) working group meetings every 6 months
  - CVO level meetings every 12 months -or more frequent if required



# Previous arrangements – 1990s- present

- Until 2004 – annual “Tripartite” meetings
- After 2004 – technical meetings for TCC under the EuFMD programme (Buffer Zone until 2013)
- After 2008 =informal meetings on the side of the West Eurasia Roadmap
- Ankara Workshop (2015): EuFMD requested by 3 TCC, RF to find support for re-starting co-ordination for this subregion
- (6 territories + TUR + Iran)

Report of the EUFMD-FAO/OIE/EC Tripartite meeting on the technical support for control of foot-and-mouth disease in the Caucasus region

15 March 2004

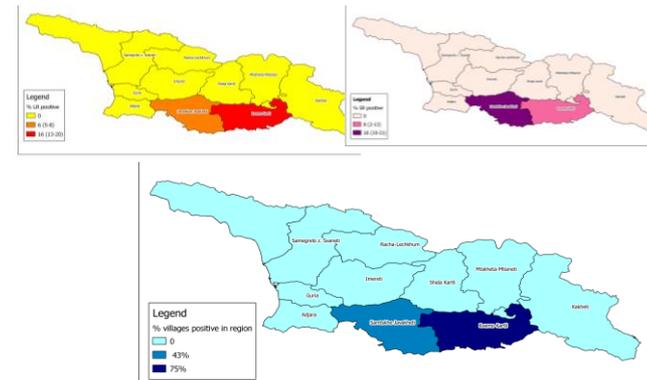
FAO SubRegional Office for Central and Eastern Europe, Budapest, Hungary

*The meeting was held in English and Russian*

**Item 1. Opening remarks**

The President of the European Commission for the Control of Foot-and-Mouth Disease (EUFMD), Dr. Karen Schwabenbauer, welcomed all the participants to the meeting. She was particularly pleased to note the participation of four of the five invited countries, from Turkey, Georgia, Armenia and Azerbaijan, the OIE (Prof. Belev), the European Commission (Dr Fuessel), and the OIE regional reference laboratory at Vladimir, Russian Federation (Dr Zakharov).

2012 Georgia NSP Serosurvey





# 2015 proposal - Caucasus subregional co-ordination

## 1. Revive Co-ordination Framework

1. CVO/OIE delegate meetings – Annual (Paris, May?)
2. Technical Meetings every 6 months for TCC countries under EuFMD workplan 2.1
  - Cycle relates to vaccination campaigns evaluation (sero-monitoring)- and forward planning
  - **RF experts, Turkish and Iranian FMD** surveillance experts invited to participate
  - 1<sup>st</sup> technical meeting in November in Tbilisi

## 2. Specific programmes of support

1. EuFMD experts assist FAO or OIE on request with technical missions to develop specific FMD control projects (subject to funds and ExCom agreement)  
Example being FAO request (development of project for **ARM+TAJ+KYR**, mission to Moscow, Oct-Nov 2015)



Thank you  
DG-SANTE and Member States for support  
FAO and OIE

How to contact us

[EUFMD@fao.org](mailto:EUFMD@fao.org)

[EuFMD-Training@fao.org](mailto:EuFMD-Training@fao.org)

Or Google EuFMD for website