



11th Regional Steering Committee of GF-TADs for the Europe

GF-TADs Regional plan of action

GF-TADs regional Secretariat



Regional Plan of Action: a piece of a whole





Second planing period with better knowledge of our strenghts and weaknesses.



Aims at better responding to members needs



Needs to fit into the working plans of FAO and WOAH



Objectives of the GF-TADs Strategy for 2021-2025

- 1. Establish strategies for priority TADs at the sub-regional, regional and global level.
- 2. Develop and maintain capacities to prevent and control TADs.
- Improve sustainability of strategies to control priority TADs through multi-disciplinary partnerships.



Theory of change

Enabling factors:

Global and regional GF-TADs coordinate and support the implementation of the theory of change Implementation of policies and activities by Members from public and private sectors













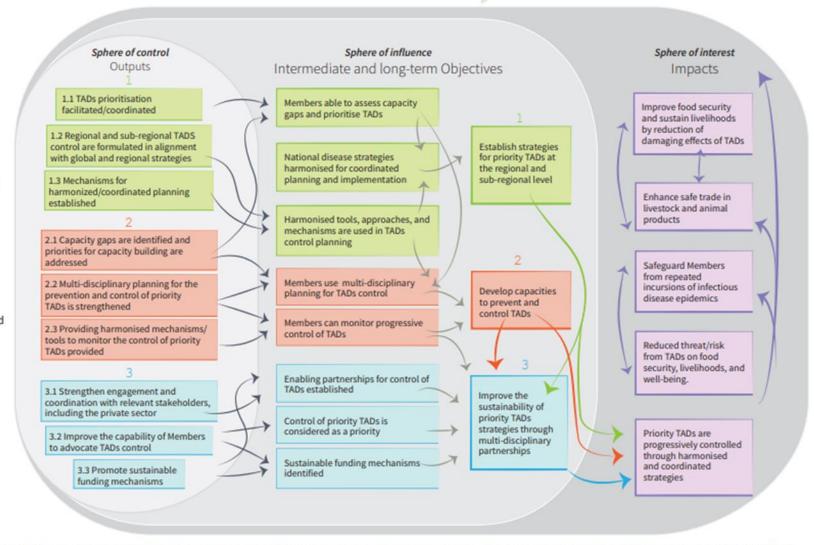
Stakeholders involved in the spheres of the ToC

External Stakeholders:

- Regional and sub-regional economic communities
- Regional and sub-regional specialised organisations
- Thematic networks
- International NGOs
- Resource and implementing partners

National Stakeholders:

- Public sector
- Private sector
- Research institutions and academia
- Farmers and producers
- Consumers
- Local communities
- Local NGOs



FAO and OIE work in a coordinated way, together and with other partners, for the provision of technical assistance and advocacy support, based on core competencies and mandates at country, regional and global level

11th RSC Europe 4th October 2022

Key points – scope and framework

▶ 1.1 – TADs prioritzation facilitated / coordinated

ASF, LSD, Rabies, FMD, HPAI

Example	Verify regularly during RSC that priority TADs match the priorities of the different sub-			
Activities	s regions			
Proposed	In case of emerging disease, consider if GF-TADs should be involved as coordination			
	mechanism			

■ 1.2 — activities in line with Global and regional strategies

Example	Develop or update (sub-)regional strategies or roadmaps for each of the priority TADs			
Activities	based on existing frameworks at global level (ASF, FMD, PPR, and others such as			
proposed:	when developed) and provide inputs to global frameworks			
	In the absence of formulated global strategies (Rabies for oral vaccination of wildlife			
	LSD, HPAI until global strategy is being developed), consolidate recommendations			
	taking into account best practices and experience at national or sub-regional level, and			
	international standards			

■ 1.3 – coordinated planning

Example	Consolidate workplans of GF-TADs partners on 12-24 months rolling basis, identifying			
Activities	responsibilities and GF-TADs labeling opportunities.			
proposed:	Organise follow-up and regular update of workplans.			

Key points – tools and actions



<u>Example</u>	consolidate information on capacity assessment activities implemented in or by
<u>Activities</u>	members (<u>e.g.</u> tool, focus, country, year of implementation) and share the
proposed:	information
	coordinate implementation of capacity assessment activities including country's
	missions according to the evolution of epidemiological situation
	organize capacity building activities to address the priority gaps identified

2.2 planning for prevention and control of TADs

	Example Activities proposed:	Listing all of the disciplines to take into account; and invite relevant stakeholders to SGEs
		Continue / strenghten collaboration with hunters for work related to wildlife collaboration (ASF, HPAI).
		Develop value chain analysis for certain pig/poultry production involving socio economists, Associate anthropologist for certain communication campaign towards small producers, etc.

2.3 harmonized mechanisms for monitoring control

Example	Participate in the finalization and implementation of the monitoring and evaluation
Activity	(M&E) framework for ASF
proposed:	

Key points – stakeholder engagement



Example	Create lists of stakeholders that should be implicated, and reach out to those not to			
Activities	part in relevant activities.			
proposed:	Develop manuals specifically meant for private stakeholders in ASF management.			
	Develop case studies			
	Organize workshops to share best practices and results of positive case studies			

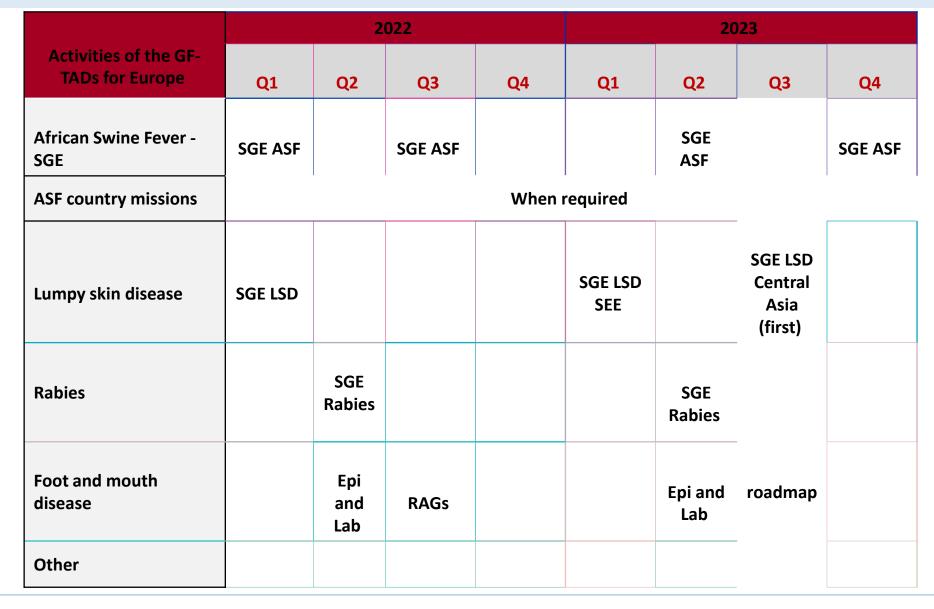
3.2 improve advocacy by members

Example	Create toolboxes for communication material on previously identified gaps
Activities	
proposed:	

3.3 promote sustainable funding

Example	Ensure efficient accountability to promote renewed funding, including by ensuring				
Activities	systematic reporting on outcomes to relevant donor organizations.				
proposed:					

Coordinated activities: sample table (annex 1)



Annex 2 – projected milestones

Projected milestones for priority (diseases in the region			
Year for projected milestone	2023	2024	2025	
ASF				
PPR				
HPAI				
Rabies				
LSD				

either this annex can be validated during the next RSC in two years
or the annex can be discussed and validated through an ad hoc

mechanism based on the Bureau before the 2023 Regional Commission.

Key performance indicators (Project for Annex 3)



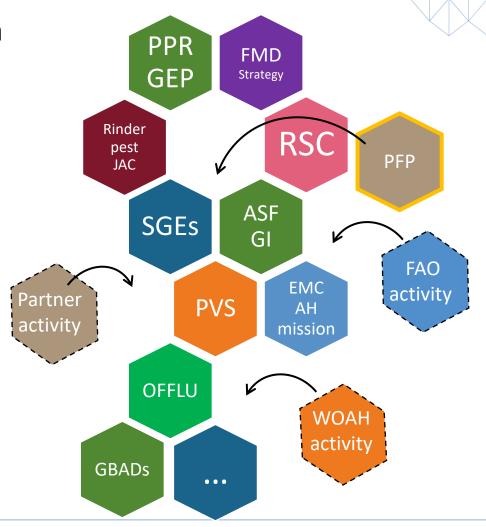
- Essential in assessing our own progress in front of our members
- Will be taken from the global level KPI
 - Currently, KPIs have been developped for ASF and are being tested within the M&E framework.

Can be introduced in the plan for the next RSC

Implementation of the GF-TADs Strategy: Strong coordination to value all partners' contributions

The implementation of the GF-TADs Strategy relies on a contribution from all stakeholders

- Map how FAO and WOAH activities at global and regional levels under umbrella of the GF-TADs contribute to the GF-TADs Strategy
- Identify within FAO and WOAH what activities have the potential to contribute to the GF-TADs Strategy but which are not coordinated with GF-TADs mechanism and identify new
- Engage and coordinate with partners, in particular at regional level, to include the outputs of their activities to the GF-TADs strategy



http://www.gf-tads.org/

- Can we agree on the list of priority diseases?
- What are your comments on the draft Plan of Action?
 - Can we submit annexes for later validation?
- As Members, do you see any areas you would like to put special emphasis on?
- Can we adress the validation of annexes before the next RSC?

Thank you for your attention