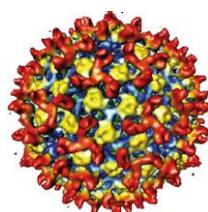




Regional GF-TADs for the Middle East 2016-year Action Plan for the period of 2012-2016

Final version approved by GF-TADs Global Steering Committee – October 2012



Introduction

1. The Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs), launched in 2004 is a joint initiative of OIE and FAO to achieve the prevention and control of transboundary animal diseases (TADs) and in particular to address their regional and global dimensions. The initiative is built on experiences in the past showing that progress in controlling TADs at country level is not likely to be successful and sustainable unless the efforts are part of a coordinated regional approach / embedded into supra-national frameworks.
2. The GF-TADs for the Middle East- the regional branch of the GF-TADs for the Middle East Region region according to the OIE delineation - was established in 2006 with a view to responding to priority diseases of the region, in particular FMD, Rinderpest, PPR, RVF, and Brucellosis. It encourages the creation of regional alliances and partnerships and the definition of a common vision and subsequent action plans for the control of priority TADs in the region.
3. The GF-TADs for the Middle East governance is composed of a Regional Steering Committee supported by a Secretariat. The Regional Steering Committee acts as a regional stakeholder platform, involving OIE Regional Commission, FAO Regional Representation, the leading regional technical organisations, country representatives, regional and international donors. The Secretariat is provided by the OIE Regional Representation for the Middle East. The GF-TADs for the Middle East operates under the overall guidance and supervision of the GF-TADs Global Steering Committee and Management Committee.
4. The GF-TADs Fourth Global Steering Committee meeting (GSC4) held on 18 and 19 October 2011 recommended to develop a five-year Action plan and requested regional input before June 2012 through the GF-TADs Regional Action Plan.

This document presents the elaboration process, the objectives and the content, and the implementation mechanisms of the GF-TADs for the Middle East Action Plan covering the period 2012-2016¹.

¹ Given that the main priority disease of this Action Plan is currently FMD, it was relevant to align the duration of the Action Plan with the duration of the first phase of the FAO-OIE FMD Global Strategy (= 5 years).

❖ Elaboration process

5. This GF TADs Action Plan results from the collated conclusions and recommendations of all the meetings held in the Middle East region under the GF-TADs umbrella or during meetings that recommended the use of the GF-TADs mechanism to influence and/or implement activities². The list of meetings is provided in the Table below and main recommendations made during the meetings are summarized in *Annex 1*.

Title of the meeting	Date and location
1 st GF-TADs RSC	April 2006, Beirut, Lebanon
2 nd GF-TADs RSC	November 2006, Damascus, Syria
3 rd GF-TADs RSC	September 2007, Amman, Jordan
4 th GF-TADs RSC	April 2009, Beirut, Lebanon

6. *The draft Action Plan will be presented and discussed during the 5th GF-TADs Middle East Steering Committee meeting in Dubai on 26 April 2012. and it will be officially endorsed by the GF-TADs Regional Steering Committee during this meeting and validated by the GF-TADS Global Steering Committee in April 2012. The Action Plan is due to start just after official endorsement by the Regional Steering Committee.*

² The OIE General Sessions and Regional Conferences are not GF-TADs events but (i) are arenas where the GF-TADs for the Middle East activities are systematically mentioned and promoted and (ii) whose regional recommendations were used to elaborate the GF-TADs Action Plan; they are therefore included among the events listed in the table above .

❖ Overarching principles for the elaboration of the Regional Action Plan

7. The Action Plan is in line with:

- the GF-TADs founding document, the **2004 GF-TADs Agreement**;
- the **recommendations provided by the GF-TADs Global Steering Committee** over the past 4 years (recommendations of the GF-TADs GSC1, 2, 3 and 4);
- the **recommendations provided by the GF-TADs Regional Steering Committee for Middle East** over the past 6 years (recommendations of the GF-TADs RSC1, 2, 3, 4);
- the recommendations made during the **2nd evaluation of the GF-TADs** carried out in 2009, notably those that particularly address regional aspects (see recommendations 15 to 19);
- The **'corporate' Strategies of the FAO** and the **OIE** respectively the FAO One Health Action Plan (2011-2015), the OIE Fifth Strategic Plan (2011 – 2015).
- The Terms of Reference of the GF-TADs Regional Steering Committee for the Middle East
- The **FAO-OIE-WHO Collaboration. Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces.** A Tripartite Concept Note

8. Overall, the Regional Action Plan has been developed in line with the following five main principles:

- The prevention and control mechanisms of transboundary animal diseases, in particular at source, are a **Global Public Good**. It requires coordinated efforts, solidarity and the full political support from national and regional authorities and justifies public investments;
- **Early detection, early warning and rapid response**, based on robust national surveillance systems that rely strongly on the participation of private veterinarians and livestock breeders, is key to the fight against priority TADs;
- The **Veterinary Services (VS)**, operating in line with the OIE international standards on **quality and good governance**, are the corner stones of efficient and cost-effective prevention and control of animal diseases;
- Investing in the **good governance of VS** and in prevention measures is much less costly than the economic losses incurred by major animal health crises;
- **Tackling diseases at the animal source** remains the most efficient and cost-effective way of dealing with **zoonotic threats and high impact diseases**;
- **Appropriate national and international collaboration** between the Animal and Human Health authorities, and where appropriate the environment authorities, is

key to the prevention and control of zoonoses and high impact infectious diseases.

❖ Focus / priorities

9. The Action Plan addresses areas of intervention including animal diseases and topics that have qualified as 'priority' for the region³, namely:

- Reactivate GF-TADs in the region and planning a number of activities carried out under the GF TADs flag, including those that are not GF-TADs labeled but which contribute to the GF-TADs objectives for ME.
- **Improve generation of information/data on and establish programs for the specific control of priority TADs: FMD, Brucellosis, PPR, Rift Valley Fever, Sheep and Goat Pox, Bluetongue, Glanders, and Rabies, in addition to the reinforcement of Veterinary Services.**
- Liaise with other regional or supra-regional initiatives to establish continuous intra- and inter-regional and cross-border collaboration and concerted action.
- Encourage countries to invest considerably in extension campaigns to farmers and vets, since the level of awareness and especially of biosecurity is likely to be very low in the field.

10. However, given the current situation as of 2012, *the year of elaboration of action plan*:

- The main focus will be on regional priority diseases:
 - ▶ FMD
Given strong emphasis at the global level, with the preparation of OIE/FAO global strategy to be officially presented in June 2012, in addition to the West Asia project on FMD to be implemented.
 - ▶ RVF
Which is a diseases of growing concerns in the Middle East, especially for trade in livestock between the Middle East and the Horn of Africa which needs the mobilization of the whole region.
 - ▶ Brucellosis
Currently considered as the most important zoonoses in the region, it needs special approaches involving regional accredited laboratories, intersectoral collaboration and setting relevant legislative governance.
- The Action Plan also integrates the regional component of strategies decided at global level under the GF-TADs mechanism (Rinderpest post eradication activities, if applicable); and

³ See recommendations and minutes of the GF-TADs for the Middle East Steering Committee meetings 1, 2, 3 and 4

- The Action Plan is flexible enough to address new or rising concerns (emergence or re-emergence of an animal disease, which would become a regional priority).

General objectives

11. The overall objectives of the GF-TADs for the regional Action Plan are as follows:

- Objective 1: Facilitate collaboration and maximize synergies among the countries and stakeholders in the region;
- Objective 2: Prevent the occurrence and reduce potential impacts of animal disease events on animal production, animal health, human health, livelihoods and economies in the region;
- Objective 3: Promote adequate governance of Veterinary Services in accordance with OIE standards through capacity building programmes at national and regional levels (that provide for appropriate legislation, human and financial resources and alliances between the public and private sectors);
- Objective 4: Ensure adequate funding to support implementation of disease prevention, detection and control activities, both in peace time and in crisis periods (including the establishment of funds for compensation of animals culled during eradication campaigns).

12. More specifically, the Action Plan for the region aims to:

- Facilitate regional and cross-border collaboration in the field of animal health, including networking activities;
- Improve national and regional knowledge and information/data on priority animal diseases;
- Provide technical guidance to improve disease prevention, surveillance, early detection, notification and rapid response systems (i.e., including WAHIS and Good Emergency Management Practices [GEMP]) in order to address all factors that affect or threaten animal health including zoonoses;
- Improve diagnostic laboratory capacity and performance at national level and support the establishment / reinforcement of national and regional reference laboratories, including laboratory networks;
- Support the reinforcement of Veterinary Services;
- Ensure the appropriate advocacy for animal disease prevention and control activities.

❖ GF-TADs labeling attribution process and expected results

13. GF-TADs is a mechanism for policy definition, coordination and harmonization and not an operational tool for programmes/projects implementation. As a consequence, GF-TADs does not have a programme of activities *per se*.

14. However, activities can be labeled GF-TADs if implemented under the umbrella of the GF-TADs and thus receiving the guidance of the GF-TADs Steering Committee for the Middle East.

15. In addition, stakeholders in animal health are encouraged to use the GF-TADs platform whenever appropriate according to the decision of the Steering Committee for the Middle East, including for activities that are not labeled GF-TADs but which contribute to the GF-TADs for the regional objectives.

16. Organizations and stakeholders in the region decide on an ad hoc basis if they want to have certain activities labeled as GF-TADs activities. The organizations are requested to bring planned GF-TADs activities to the attention of the GF-TADs for the Middle East Steering Committee via the GF-TADs for Middle East Secretariat for their labeling and if accepted (see point 17) to present the results during the bi-annual GF-TADs Steering Committee for the Middle East meetings. The GF-TADs for the regional Secretariat will annex the activities to the Action Plan on a yearly basis.

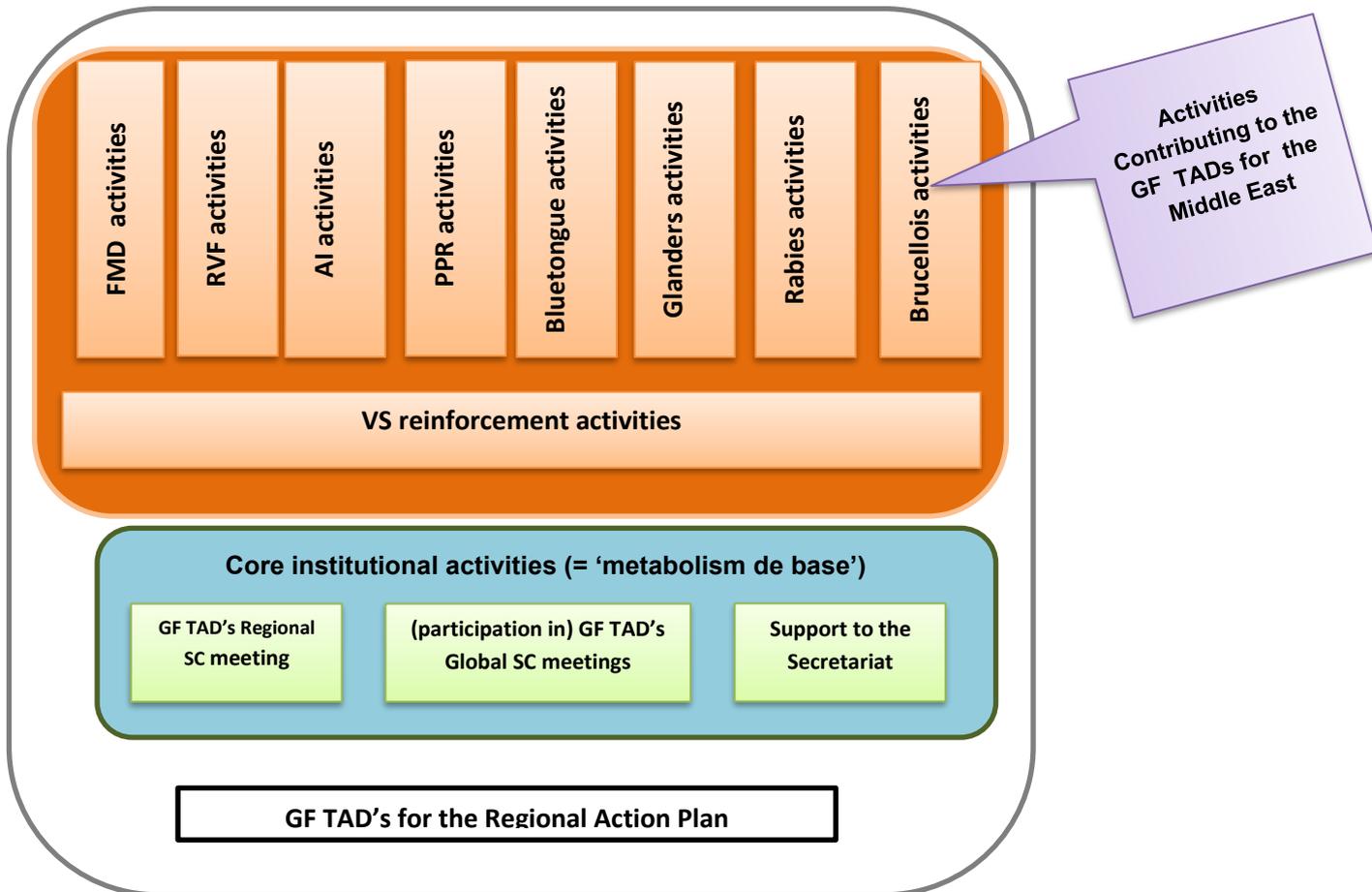
17. To be labeled 'GF-TADs', the activity should meet all 5 following criteria:

1. Address one of the priority diseases or topics of the GF-TADs for the region;
2. Contribute to the expected results as listed under Point 19 below;
3. Avoid duplication of or contradiction to any other activity in the region, and be in line with the stakeholders portfolios in the region;
4. Have its effects maximized if implemented at regional rather than at national level, and two (cross-border activities) or more countries (sub-regional / regional activities) are involved; and
5. Be endorsed by the GF-TADs Steering Committee for the Middle East during its regular meetings or an e-consultation procedure on an *ad-hoc* basis (see point 22).

18. Three categories of activities can receive the GF-TADs labeling:

- ▶ Vertical = disease-oriented activities;
- ▶ Horizontal = topic-oriented activities; and
- ▶ Core institutional activities (= ‘metabolism de base’), to ensure the proper functioning of the regional governance and platform (Regional Steering Committee, regional Secretariat, participation in Global Steering Committee).

The overall architecture of the Action Plan is depicted in the following chart:



19. The expected results of the GF-TADs labeled activities are presented in [Annex 2](#).

❖ Implementation arrangements

20. The implementation arrangements of the Regional GF-TADs for the Middle East Action Plan refer to the Terms of Reference of the Regional Governance of the GF-TADs (ToR), namely of the GF-TADS Regional Steering Committee for the Middle East and the Secretariat. More specifically:

21. The GF-TADs Regional Steering Committee for the Middle East is in charge of the overall monitoring of the implementation of the Regional Action Plan, with the support of the Secretariat (see point 4.1 and 4.3 of the ToR).

22. In between the regular meetings of the GF-TADs for the Middle East Regional Steering Committee, the GF-TADs labeling of activities is done via an e-consultation procedure on an *ad-hoc* basis led by the GF-TADs for the Middle East Secretariat. The procedure involves the Global GF-TADs Management Committee and the Chairperson of the GF-TADs Regional Steering Committee for the Middle East as follows: on the initiative of FAO, OIE or any other stakeholders in the region, the proposal will be circulated electronically by the Secretariat to the Members of the Regional SC for a tacit consent or comments within 10 working days. In exceptional cases, emergency procedures may be foreseen. Endorsement is made by mutual consent.

23. Whenever needed for the implementation of the Action Plan, the GF-TADs for the Middle East

- liaises with other regional GF-TADs SCs;
- liaises with other regional or supra-regional initiatives;
- requests the support of the GF-TADs-related tools, namely FAO/OIE/WHO GLEWS, OIE/FAO OFFLU and FAO/OIE CMC-AH.

24. Progress report of the Action Plan is made during the meetings of the GF-TADs Regional Steering Committee for the Middle East by the Chairman. In years when there is no such meeting, progress reports may be provided during the Conferences of the OIE Regional Commission for the Middle East. The GF-TADs for the Middle East Chairman – assisted if needed by the GF-TADs for the Middle East Secretariat - reports annually on the progress made in the implementation of the Action Plan to the Global Steering Committee during the Global Steering Committee meetings.

Annex 1 – Summary of the main recommendations made during the GF-TADs related meetings (2009)

Title of the meeting	Main recommendations
4 th GF-TADs RSC Meeting, Beirut, April 2009	<ul style="list-style-type: none"> • Continuing actions on Avian Influenza preparedness and control, providing technical assistance and expertise to Members and reinforcing capacity building in supporting matters; • Follow up of Rinderpest status of Middle Eastern countries, providing FAO and OIE assistance on surveillance programme and preparation of dossier for the official recognition; • Implementation of a regional programme to control the FMD in the Middle East in compliance with the conclusions and recommendations of the 5th FMD Round Table, Beirut, 8-9 April 2009; • Develop a regional programme on RVF prevention and control; • Assessment of PPR impact in the Middle East, developing collaboration programmes with other RAHC, notably the RAHC of North Africa – Tunis. • According to the endemic situation of brucellosis in the Middle East, to develop coordinated and harmonized actions on the control of this disease; • To continue in all countries the reinforcement of their Veterinary Services to strengthen prevention and control transboundary and zoonotic emerging diseases through OIE PVS evaluation and its complementary processes: the PVS Gap Analysis in collaboration with FAO and donors, OIE PVS Follow Up and Legislation; • To encourage laboratory twinning projects and other national laboratory capacity building initiatives in support of regional needs;

Annex 2 – Expected Results and eligible activities

Foot and mouth disease (FMD)

► **Expected results:**

- **FMD R1** - Countries or zones will be at least on stage 3 of the PCP Roadmap for the next five years.

► **Eligible activities:**

All activities included in the FAO-OIE Global Strategy for the control of FMD (under development / to be officially presented in June 2012) applicable to the region.

► **Indicators:**

- **FMD I1** – PVS reports in countries of the region
- **FMD I2** – 5th FMD Roundtable outcomes held in Beirut, Lebanon 2009.
- **FMD I3** - PCP status raised in countries of the region

► **Baseline situation** (as of January 2012):

The region is endemic and circulation of new strains and sub-strains	
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Peste des petits ruminants (PPR)

► **Expected results:**

- **PPR R1** – Surveillance programme of spread of PPR in the region is implemented.
- **PPR R2** - PPR is progressively controlled in countries where the situation is endemic
- **PPR R3** - At risk countries are better prepared for the prevention and control of PPR

► **Eligible activities:**

- PPR Portfolio Review
- Regional training workshops on PPR
- Cross-border / sub-regional coordination meetings on PPR
- Workshops/seminars on contingency Planning on PPR

► **Indicators:**

- **PPR I1** - Number of PPR affected countries
- **PPR I2** - Number of PPR outbreaks officially reported to the OIE
- **PPR I3** - Number of PPR vaccination campaigns
- **PPR I4** – Number of counties having a PPR contingency plan

► **Baseline situation**

PPR is endemic in the region	
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. Rift Valley Fever (RVF)

► **Expected results:**

- **RVF R1** - Further spread of RVF in the region is prevented
- **RVF R2** - RVF is progressively controlled in countries where the situation is endemic
- **RVF R3** - RVF is actively monitored and controlled in countries where cases previously occurred.

► **Eligible activities:**

- **RVF A1** - RVF Portfolio Review
- **RVF A3** - Regional training workshops on RVF
- **RVF A4** - Cross-border / sub-regional coordination meetings on RVF
- **RVF A5** - Workshops / seminars on contingency Planning on RVF

► **Indicators:**

- **RVF I1** - Number of RVF affected countries in the Middle East
- **RVF I2** - Number of RVF outbreaks in the Middle East officially reported to the OIE
- **RVF I3** – Number of RVF awareness programmes in the Middle East

► **Baseline situation**

Countries are RVF at risk countries via trade of animals from the Horn of Africa.	
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. Highly Pathogenic Avian Influenza (HPAI)

► **Expected results:**

- **AI R1** - HPAI is controlled in countries including in Egypt.
- **AI R2** - Contingency Plans for HPAI are available in all countries.

► **Eligible activities:**

All activities of the FAO-OIE Global Strategy for HPAI.

► **Indicators:**

- **AI I1** – Egypt Situation
- **AI I2** - Number of HPAI outbreaks officially reported to the OIE
- **AI I3** - Number of countries having an HPAI Contingency Plans

► **Baseline situation**

Egypt is the only country affected by HPAI, other countries are at risk.	
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Brucellosis

► **Expected results**

- **Bru R1** - The brucellosis risk for humans is reduced in affected countries
- **Bru R2** - Sustainable brucellosis control programmes are in place in endemic and at risk countries
- **Bru R3** - Enhanced national capacity for effective surveillance and control of brucellosis in animals and humans
- **Bru R4** - Brucellosis control activities are coordinated and harmonised at regional level

► **Eligible activities**

- **Bru A1** - Surveys (contribution to) to determine the prevalence of brucellosis in livestock in countries where the situation of brucellosis is not known
- **Bru A2** - Assistance to the national veterinary authorities in developing and implementing informed strategies for effective control of brucellosis in animals
- **Bru A3** - Promotion of intersectoral collaboration and public awareness for brucellosis.
- **Bru A4** - Promotion of regional coordination and harmonisation of brucellosis control and surveillance activities

► **Indicators**

- **Bru I1** - Number of countries with a proper understanding of the disease situation both in animals and humans
- **Bru I2** - Number of countries adopting a national strategic plan for surveillance and control of brucellosis in livestock
- **Bru I3** - Number of regional meetings for coordination of brucellosis control and surveillance
- **Bru I4** - Number of countries affected with brucellosis in animals
- **Bru I5** - Number of brucellosis cases in humans
- **Bru I6** - Number of brucellosis vaccination programmes in animals

► **Baseline situation**

Number of countries with a national strategy / action plan for Brucellosis (2011)	To be completed
Number of regional meetings on Brucellosis	Last one in 2009
Number of countries affected with Brucellosis in animals	16
Number of Brucellosis cases in humans	To be completed
Number of brucellosis vaccination programmes in animals in the Middle East	To be completed

. Reinforcement of Veterinary Services (VS)

► **Expected results:**

- **VS R1** - Good governance of VS has improved
- **VS R2** - Animal Health systems are in place

► **Eligible activities:**

- **VS A1** - Investment programmes supporting the improvement of Veterinary Services (based on the results of the OIE PVS and PVS Gap Analysis reports)

► **Indicators:**

- **VS I1** - Number and budget of investment programmes in the region supporting strengthening Veterinary Services
- **VS I2** - Number of VS engaged in the 'treatment phase' of the PVS Pathway (legislation, laboratories, veterinary education, VSBs, public/private sector alliances), on a voluntary basis.

► **Baseline situation**

Number and budget of investment programmes on VS in the region (2011)	(to be completed)
Number of VS engaged int the 'treatment phase' of the PVS Pathway (legislation, laboratories, veterinary education, VSBs, public/private sector alliances)	11

. Core activities

► **Expected results:**

- **Core R1** - The GF-TADs for the Middle East SC functions as a platform bringing added value to the countries for the prevention and control of TADs
- **Core R2** - Coordination for the progressive control of priority TADs in the Middle East and with neighboring regions is improved
- **Core R3** – GF-TADs Regional Steering Committee meeting ANNUALLY.

► **Eligible activities:**

- **Core A1** - Organisation of GF-TADs for the Middle East SC meetings
- **Core A2** - Participation in GSC meetings
- **Core A3** - Support to the Secretariat activities (facilitation, coordination and monitoring role, refer to the ToRs of the GF-TADs for the Middle East Secretariat), relationship between the GF-TADs for Middle East Secretariat and the Global GF-TADs Secretariat.

► **Indicators:**

- **Core I1** – Reactivation of the GF-TADs for the Middle East
- **Core I2** - Active follow-up of recommendations made by the Regional and Global GF-TADs Steering Committees

► **Baseline situation**

Number of RSC meetings Expected meeting in 26 th of April 2012 in Dubai, UAE.	Last one in 2009, Beirut, Lebanon
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Annex 3 – Year 1 activities

Annex 4 – Year 2 activities

Annex 5 – Year 3 activities

Annex 6 – Year 4 activities

Annex 7 – Year 5 activities