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FOR ANIMAL HEALTH

11th Meeting of the Global Steering Committee of the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs)

Report of the virtual meeting,
3–4 November and 17 December 2020



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Committee of the Global Framework
for the Progressive Control of
Transboundary Animal Diseases
(GF-TADs)**

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Background

The Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) co-organized the 11th Meeting of the Global Steering Committee (GSC11) of the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs), which was held digitally, via Zoom, on 3 and 4 November 2020 from noon to 2.30 p.m. with the third session of GSC11 being held on 17 December 2020 from noon to 1.50 p.m. (Rome/Paris time).

The purpose of GSC11 was to request guidance from key experts and decision makers in the field of transboundary animal diseases (TADs). Upon invitation, 49 participants came together in the Global Steering Committee of GF-TADs to formulate a vision for the future of GF-TADs. The meetings were also attended by 35 observers. A detailed report and the agenda are attached to this summary report as annexes (Annex 1 and 2, respectively).

Day 1: 3 November

The GSC11 was opened by the Director General of OIE Dr Monique Éloit and Deputy Director-General of FAO Ms Maria Helena Semedo, being the two chairs of GF-TADs. The Global Coordinator of GF-TADs gave an overview of global governance activities since GSC10, November 2018. The Regional Coordinator demonstrated the follow-up on the recommendations of the last Global Steering Committee meeting.

Regarding activities at the regional level, it was noted that GF-TADs governance is still under development in Africa. The 10th meeting of the Regional Steering Committee (RSC) of GF-TADs for the Americas updated the Terms of Reference (TOR) of its RSC, chose a new President, Dr Jaspinder Komal, and adopted the TOR for a Standing Group of Experts (SGE) for African swine fever (ASF) in the Americas. At RSC11, the regional priority disease list was reviewed. In 2020, an updated TOR for the RSC of Asia and the Pacific was adopted, ensuring equal representation across the four sub-regions. The TOR also engages and promotes inclusion of donors and technical partners in the region. The RSC of Asia and the Pacific set up an SGE-ASF and adopted a focus on preparedness and early detection of new TADs. The RSC of Europe has already organized an SGE on ASF, meeting twice a year for eight years, ensuring strong information-sharing and highlighting real cooperation on the goal of eradication of ASF. The RSC Europe undertook a major effort to control lumpy skin disease (LSD) in the Balkans and eradicated the disease from the entire south-east of Europe, following the establishment of SGEs. After an interruption of seven years, the 7th RSC for the Middle East was held on 5 October 2020. The TOR of the RSC was revised and a new RSC chair, Dr Ibrahim Qasim, the Chief Veterinary Officer (CVO) of Saudi Arabia was elected. Control of TADs as part of One Health, food security, etc., was highlighted.

The participants were asked through a poll to react to two questions at the end of the session. The question on which categories of stakeholders are recommended to associate more in GF-TADs regional meetings was answered as follows: 1. Officials from national Veterinary Services (67%), 2. Private sector (60%), 3. regional specialized organizations (55%); The question on what type of output of regional meetings will increase impact was answered as follows: 1. Exchange of best practices (68%), 2. Information exchange (60%), 3. capacity development (50%).

The next session focused on the progress on global priority TADs. The overviews added to the background document 'Global priority diseases for GSC11'. The ASF disease working

group (ASF WG) presented an overview of the activities, concentrated in the GF-TADs Initiative for the Global Control of ASF. Risks to the activities of the ASF WG are inadequate resources, lack of a secretariat, lack of engagement from countries and competitive priorities such as COVID-19. The Foot and Mouth Disease (FMD) Working Group gave an overview of progress made. The Global FMD Strategy uses the five-stage Progressive Control pathway for FMD control. Still some parts of the world are in stage 0 (West and Central Africa) but, in general, 2020 showed progress with more countries advancing to a higher stage. The Peste de Petits Ruminants (PPR) Secretariat coordinated the PPR Monitoring and Assessment Tool (PMAT). In 2020, 57 countries were free of PPR and many countries moved from stage 1 to 2. Human resources dedicated to the global secretariat are a concern as the secretariat cannot support the workload requested by the countries. The main upcoming strategic activity is the review of PMAT and the epizone approach. The FAO–OIE joint Rinderpest Secretariat presented the coordination of the post-eradication strategy for rinderpest. A number of activities and progress since 2018 were mentioned. As future activities, the upcoming 10-year anniversary of rinderpest eradication, a virus destruction mission to Vietnam and the inspection of a vaccine manufacturing facility in Ethiopia were mentioned.

The next session was dedicated to the state of play of regional priorities. The priorities of GF-TADs for the Americas since 2012 include FMD, avian influenza (AI), classical swine fever (CSF), bovine spongiform encephalopathy (BSE), screw-worm and rabies, and since 2015, ASF. GF-TADs for Asia–Pacific focuses on the following regional priority diseases: FMD, AI, swine diseases of high impact, PPR and rabies. The priorities are further defined at subregional levels. The GF-TADs for Asia–Pacific is also expected to contribute to the reinforcement of the capacity of Veterinary Services and continues to support emergency preparedness, advocacy, sharing of information and of experiences. GF-TADs for Europe selected the following priority diseases: ASF, LSD and rabies. An SGE is established for each of those, and for zoonotic AI, CSF, brucellosis and Rift Valley fever (RVF). Reinforcement of Veterinary Services is also a priority cross-cutting topic. GF-TADs for the Middle East presented as priorities for the region FMD and PPR, and as secondary priority diseases RVF, rabies and brucellosis. At a discussion after the presentations, it was concluded that some regions also included zoonotic diseases. This deserves further clarification with regard to the relationship with the Tripartite on TADs such as HPAI, rabies and RVF.

Day 2: 4 November

The day started with a poll on which animal diseases should be considered as GF-TADs priorities at global level. The majority of the 50 participants indicated ASF (89%) and FMD (85%) as the main priorities, followed by PPR (67%) and HPAI (48%), and then rabies (39%), RVF (37%), rinderpest post-eradication and brucellosis (24%). The second poll was asking if GF-TADs should also deal with other over-arching animal health topics and if so which ones. Most of the 52 participants considered preparedness and response to emerging, re-emerging and neglected animal diseases (63%), re-enforcement of Veterinary Services (63%) and early warning and disease information systems (56%) as relevant additional cross-cutting issues for the GF-TADs activities.

The next session highlighted the need to continue the funding of TAD control activities and the risk of reduced investments in national services. Key principles are consistency of focus in controlling TADs and common advocacy, clarity on roles and responsibilities and complementarity of mandates of FAO and the OIE. Engagement of relevant partners, including private sector needs continuous effort. The current landscape of resource mobilization shows a drop of 7–8% in official development assistance (ODA) for 2020 and already 5–6% for 2021. In addition, the ODA provided is targeting on the COVID-19 response. The capacity to improve food security has also suffered from the COVID-19 crisis. This all stresses the importance of collaboration between FAO and OIE for joint resource mobilization. The relation between GF-TADs and the Tripartite on zoonotic diseases and food security issues, was questioned. It was highlighted that the main focus of the GF-TADs is on highly contagious animal diseases such as ASF, FMD and PPR. In some regions zoonotic diseases are also identified as priorities but there is the necessity to avoid duplication between GF-TADs and Tripartite. It remains important to assure donors that there is no duplication between GF-TADs and the Tripartite.

GF-TADs needs to focus on what can be done best with available resources. Investments in animal health, supported by the World Bank, are still important despite the COVID-19 situation. USD 400 million to USD 500 million is invested in capacity development of Veterinary Services and USD 1.4 billion for animal health. GF-TADs has a role to play to steer the investments to where it gives the best impact, with good technical and financial coordination. GF-TADs should move from disease-specific funding requests to broader approaches. Several comments in the chat referred to a stronger involvement of public–private partnership and the need to use the relationship between the private sector and governments to highlight the importance and increase investment in animal disease control. Animal health is an important component of One Health. There is a need to focus on the capacity to deliver, taking into account available human resources and funds before enlarging the scope of GF-TADs, which should focus on the current limited list of priorities as recommended by the last external evaluation. Rabies, zoonotic AI, antimicrobial resistance (AMR) are main priorities for the Tripartite and member countries are encouraged to address these through a Tripartite approach.

In the next session the Regional Coordinator introduced the draft revision of a renewed global strategy for GF-TADs. The renewed strategy will lead to an Action Plan for the upcoming two years, while the strategy is developed for the upcoming five years. The discussion was summarized with the recommendation that the proposed global strategy, based on three pillars, be developed in an operational plan with a theory of change approach and clear and measurable indicators. During the third session on 17 December, a renewed draft strategy was discussed, based on the discussions as outlined above. Recommendations were discussed and proposed for adoption. The new strategy needs to be appropriate and has to showcase how significant work on GF-TADs is for the health and benefit of all.

Day 3: 17 December

The third day started with opening remarks. Assistant Director General of FAO, Dr René Castro, welcomed the participants of the third session of GSC11, emphasizing the importance of the cooperation of OIE and FAO in GF-TADs. Deputy Director General of OIE, Dr Jean-Philippe Dop, welcomed participants, recalling the first two sessions of GSC11. GF-TADs Global coordinator, Dr Henk Jan Ormel, presented the report of the first two sessions for validation by the participants.

Theory of change of GF-TADs strategy and consultation process until the adoption of the strategy

Chief Veterinary Officer of FAO, Dr Keith Sumption explained the main components of the theory of change and described the theory of change developed for the GF-TADs, grouped in concentric spheres (sphere of control, sphere of influence and sphere of interest). A diagram (Annex II) presented the relationships between the activities, the outputs, intermediate and longer-term outcomes and the overarching impacts.

At the level of the sphere of interest, the overall impacts of GF-TADs stem from the GF-TADs initial agreement and the desired changes in the society relate to achieving progress towards the Sustainable Development Goals (SDG1 *No poverty*, SDG2 *Zero hunger* and SDG 10 *Reduce Inequalities*).

At the level of the sphere of influence, the three main overall outcomes can be simplified as 'prioritization', 'capacities' of countries and 'partnership' through country ownership and accountability. The connection between the outputs and their contribution to intermediate and long-term outcomes, sometimes contributing to several intermediate outcomes was explained. These outcomes are reliant on certain assumptions, such as the commitment from FAO, OIE and countries and the expected interventions of key stakeholders in different spheres, in particular the members of the regional steering committee and their networks.

The theory of change received positive feedback from the participants who supported the process and direction taken and signalled the need to provide a written description of the theory of change, clarifying the levels of responsibility between regional and global levels, the link of the strategy with the global priority transboundary animal diseases (TADs) groups, relationship with other global

mechanisms addressing regional priority TADs with zoonotic potential and expectations regarding performance indicators.

Dr Jean-Philippe Dop introduced the pathway for the regional consultation based on the steps of development of the strategy. Bilateral consultations between the management committee and members of the regional steering committee will be organised in January on the overall strategic objectives and expected outcomes of the strategy and type of outputs expected. It will be followed by another round of more detailed consultations, to further define the link between the outputs, existing TAD strategies and activities. The finalization of the strategy document will be supported by a drafting committee, composed of FAO and OIE staff from global and regional levels. The final strategy document will be translated into Arabic, Chinese, French, Russian and Spanish and will be circulated to the Regional Steering Committees for a last round of comments. The final objective will be the endorsement by the Management Committee at the end of first quarter 2021.

Recommendations

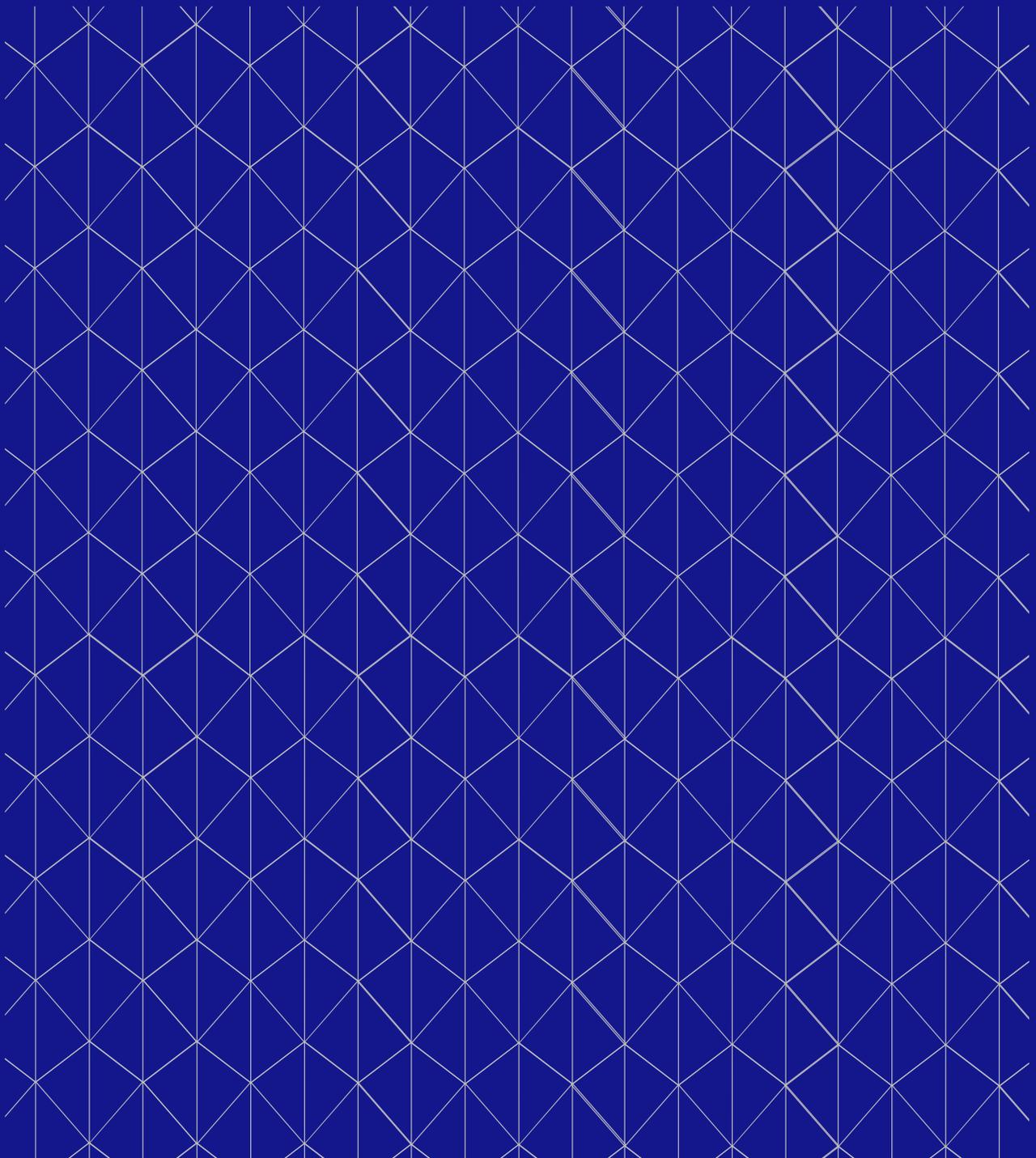
Dr Henk Jan Ormel submitted the draft recommendations resulting from the discussions during sessions 1 and 2 to the participants for approval. One recommendation was revised and all 19 were adopted. Additional recommendations resulting from the discussions during this last session have been added to the list of adopted recommendations. The participants agreed that the 12th meeting of the GF-TADs Global Steering Committee will take place in December 2021.

Closing remarks

The co-chairs Dr Jean-Philippe Dop and Dr Keith Sumption thanked the participants, and looked forward to future fruitful interactions. A series of group photos were taken virtually (Annex III).

The Director General of OIE, Dr Monique Éloit, provided closing remarks, highlighting the improved spirit of collaboration in GF-TADs, the need to improve partnerships with the private sector and regional institutions and the importance of building bridges with other platforms like the Tripartite and regional initiatives on TADs like South-East Asia Foot and Mouth Disease (SEAFMD).

Annexes



ANNEX 1

Detailed Report of the 11th Meeting of the Global Steering Committee of the GF-TADs

SESSION 1: 3 NOVEMBER 2020

Opening of the meeting

Dr Monique Éloit welcomed the group, noting that the GF-TADs mechanism is 16 years old, having been signed in 2004. The mechanism is relevant to addressing transboundary animal diseases, particularly those impacting the livestock sector. She mentioned the new context and the sanitary crisis, highlighting the need to support GF-TADs. She noted the need to re-commit to the revival and investment in the new strategy of GF-TADs to make it more efficient for our members and partners. She emphasized the importance of the coordination of efforts between OIE and FAO to make the mechanism benefit all other resource partners. She highlighted the COVID-19 crisis while emphasizing that efforts to control animal diseases should not be sacrificed because all the SDGs are important. There is renewed momentum in GF-TADs in the last two years. She provided examples of efforts made at the regional level to maintain the dynamic and engage countries, delegates, focal points, and stakeholders within the mechanism. She thanked collaborators from regional and sub-regional representation for their contributions to better visibility and efficiency of GF-TADs. She recognized the OIE's commitment to GF-TADs with full-time staff recruited and assigned to the GF-TADs Global Secretariat. Many core activities of the OIE are linked with GF-TADs activities including achievement of disease-free status, etc. She warmly welcomed the FAO Committee on Agriculture's decision to establish a Subcommittee on Livestock, highlighting the link between FAO and the OIE. She welcomed Keith Sumption to the GF-TADs team. She acknowledged the tremendous challenge we face collectively but the great opportunity through our engagement together to tackle these challenges through development of a GF-TADs strategy.

Ms Maria Helena Semedo welcomed colleagues on behalf of the Director-General of FAO. The framework was launched to prevent, detect, and respond to transboundary animal disease. She acknowledged the pandemic but emphasized other threats that must not be forgotten. Animal diseases like ASF, PPR, etc., threaten food security and livelihoods for many, including poor and vulnerable populations in less developed countries. Shifting the focus beyond human health, she mentioned the need to tackle other SDGs. GF-TADs does exactly this by supporting FAO's pursuit of a

better world without hunger, to produce food sustainably. She linked GF-TADs to prevention of AMR. She emphasized that TADs are not a standalone issue but that they have a link to overarching global threats such as food insecurity and rural poverty. Reducing the burden of TADs can contribute significantly to achieving the SDGs. FAO and the OIE are looking along the value chain from farm-to-fork to link global strategy to regional realities. She noted that FAO takes livestock and animal health very seriously. Recent developments highlighted include the latest COAG committee, the establishment of the Livestock Subcommittee as a dedicated forum to address livestock issues. At the same session, members also recognized the critical importance of prevention and management of animal and plant pest diseases for food security. In June, FAO underwent major reorganization, with One Health and livestock becoming more prominent with establishment of the Joint FAO/WHO Centre (CODEX Food Standards and Zoonotic Diseases) (CJW) and Joint FAO/IAEA Centre (Nuclear Techniques in Food and Agriculture) (CJN). FAO is developing a new Strategic Framework for the period through 2030. She acknowledged Keith Sumption as new CVO and as a new co-chair of the Management Committee of GF-TADs. She emphasized that livestock production is not an isolated sector. She highlighted that FAO and the OIE work hand-in-hand and that our cooperation is visible. FAO, through GF-TADs, looks to coordinate at global, regional, and national levels. Cooperating with the OIE on GF-TADs is a priority for FAO. Involvement of so many stakeholders is an example of a multi-lateral public-private partnership as well as a practical, generous and necessary way forward to tackle TADs. She wished the group a fruitful meeting.

GF-TADs dynamic at global and regional levels

Session chaired by Dr Jean-Philippe Dop and Dr Keith Sumption
Dr Jean-Philippe Dop welcomed the group and thanked the DG OIE and DDG FAO for their encouraging words on this collaboration.

Dr Henk Jan Ormel gave an overview of GF-TADs governance activities since last GSC. He presented an organigram showing that the Global Steering Committee (GSC) is the highest advisory body of the GF-TADs and that the

GF-TADs Management Committee (MC) is the highest deciding body, as supported by the Global Secretariat (GS). Under global governance, there are five regions, Africa, Americas, Asia–Pacific, Europe, and the Middle East and each region has its own steering committee and a regional secretariat.

The MC is co-chaired by DDG OIE Jean-Philippe Dop and FAO CVO Keith Sumption. The OIE Delegation is comprised of Dr Neo Mapitse and Dr Montserrat Arroyo and FAO delegation is comprised of Dr Madhur Dhingra and Dr Wantanee Kalpravidh, who is temporarily replaced by Dr Astrid Tripodi. The Global Secretariat (GS) supports the Management Committee and is comprised of Global Coordinator Dr Henk Jan Ormel, Regional Coordinator Dr Alexandre Fediaevsky, and Global Facilitator Dr Orr Rozov. Dr Ormel highlighted the website and the GS effort to keep the website up-to-date with global and regional activities as well as for the four global priority diseases. There have been very many activities, including eight MC meetings and global meetings of disease working groups. He highlighted the designation of ASF as a global priority disease and the establishment of a working group dedicated to ASF. He highlighted strengthened interactions between all secretariats and structures.

Dr Alexandre Fediaevsky demonstrated the follow-up on recommendations from the last GSC meeting and the state of play of the items. The main achievements are increased resources at both global and regional levels and increased gender balance. He highlighted the increase in frequency and regularity of interaction between global and regional secretariats. He highlighted the involvement of senior management at the OIE and FAO and the recognition of GF-TADs at high-level meetings such as the G20 and Committee on Agriculture (COAG). He highlighted the need for funding of the basic mechanism of the Global Secretariat and the need to invest in the relationship between GS and RS and in supporting tools (Global Early Warning System for Major Animal Diseases [GLEWS], Emergency Management Centre for Animal Health [EMC-AH], OIE/FAO Network of Expertise on Animal Influenza [OFFLU]). He mentioned the need to launch the RSC in Africa under the presidency of African Union-Interafrican Bureau for Animal Resources (AU-IBAR). Regarding activities at the regional level, Dr Jean-Philippe Dop asked for regional reports. He noted that GF-TADs governance is still under development in Africa. He mentioned that for additional details, participants could refer to page 4 of the General Summary of Activities at Global and Regional Levels.

Americas: *Dr Catya Itzel Martínez Rivas from OIE Subregional Representative for Central America in Panama*
Dr Catya Itzel Martínez Rivas highlighted the 10th meeting of the RSC of GF-TADs for the Americas in which they updated the TOR of RSC, chose a new President, Dr Jaspinder Komal

and adopted the TOR for an SGE for ASF in the Americas. The RSC held two meetings, an in-person and a virtual meeting, the first on Border control on 3–4 December 2019 and the second on Risk of introduction and dispersion on 15 June 2020.

At the 11th meeting of RSC of GF-TADs for the Americas, they reviewed their priority disease list. The group adopted an SGE for avian influenza led by Inter-American Institute for Cooperation on Agriculture (IICA) and classical swine fever led by Organismo Internacional Regional de Sanidad Agropecuaria (OIRSA). The representative expressed appreciation to the government of Canada. Dr Jean-Philippe Dop recognized Jaspinder Komal and the region's efforts toward the prevention of ASF in the region.

Asia and the Pacific: *Dr Hirofumi Kugita, regional secretariat of GF-TADs*

In 2020, formal TOR were adopted for RSC for the first time to ensure equal representation across the four sub-regions. It also engages and promotes inclusion of donors and technical partners in the region.

Members reviewed activities of past two years. Following the introduction of ASF, the region set up an SGE-ASF to facilitate regular coordination with the region and other regions and provision of technical expertise. In regard to several other emerging disease threats, the region adopted a focus on preparedness and early detection of new TADs. The group is working on development of regional strategies with expected adoption of global and regional strategy in alignment, as GF-TADs will become an important platform for members and continued improvement of animal health and welfare globally and regionally. Dr Jean-Philippe Dop acknowledged the presence of Dr Masatugu Okita, the chair of the Ministry of Agriculture, Forestry and Fisheries (MAFF).

Europe: *Dr Bernard Van Goethem Chair GF-TADs Regional Steering Committee for Europe, DG SANTE European Commission*

Dr Bernard Van Goethem acknowledged collaboration with Dr Jaspinder Komal and Dr Luis Barcos, who mutually attend each other's meetings. He mentioned the organization of an SGE, meeting on ASF twice a year for eight years, ensuring strong information-sharing, highlighting real cooperation toward the goal of ASF eradication. The group undertook a major effort to control LSD in the Balkans, with the support of coordination of GF-TADs, and eradicated the disease from the entire south-east of Europe, following the establishment of SGEs. He reminded participants of the administrative work needed for the correct functioning of the different groups (RSC, SGEs), and of the importance of those groups keeping priority list action plans and of members sharing best practices with each other. The European

Commission in Brussels provided vital financial support. In addition, he noted that RSC members are fully engaged.

Dr Budimir Plavsic, OIE Regional Representative in Moscow, highlighted the effort to share best practices in Europe, to coordinate on Tripartite issues, particularly zoonoses. He recognized priorities and the efforts to coordinate at a sub-regional level. The work of GF-TADs was recognized.

Next SC for Europe is 18 November 2020. The priority agenda includes new TOR, a new list of priority diseases, elections of chairs, and more.

Middle East: Dr Ghazi Yehia, OIE Regional Representative for the Middle East

After a long absence of seven years, the 7th RSC for the Middle East was held on 5 October 2020.

The TOR of Regional GF-TADs was revised. A summary of the group’s new action plan is available. New board chair,

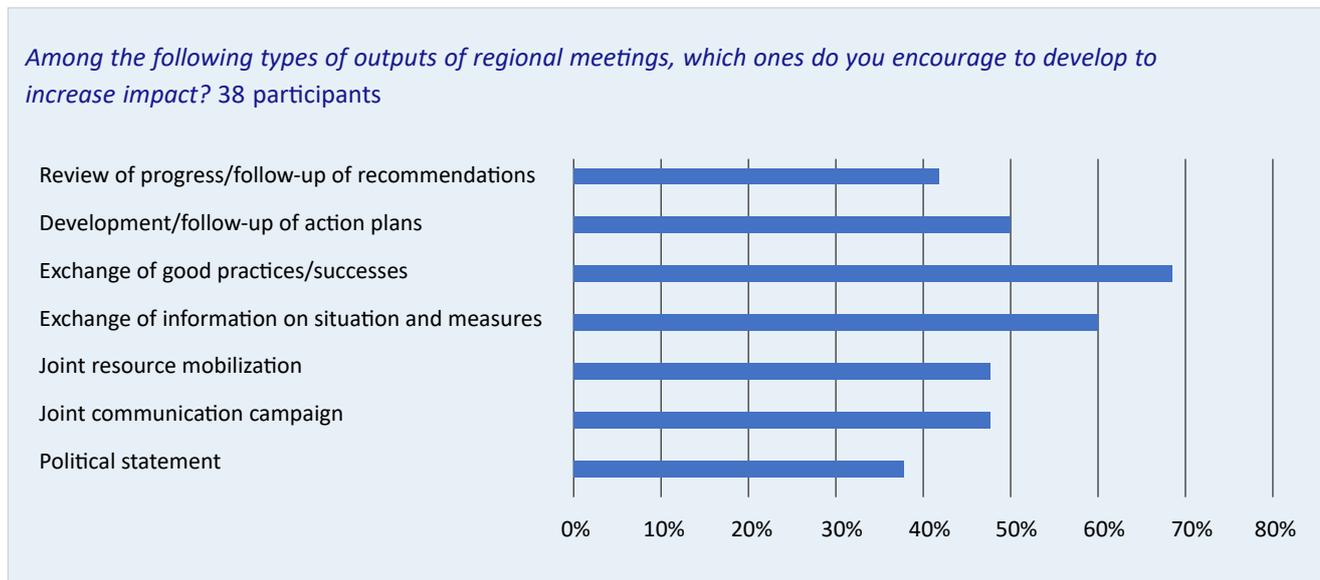
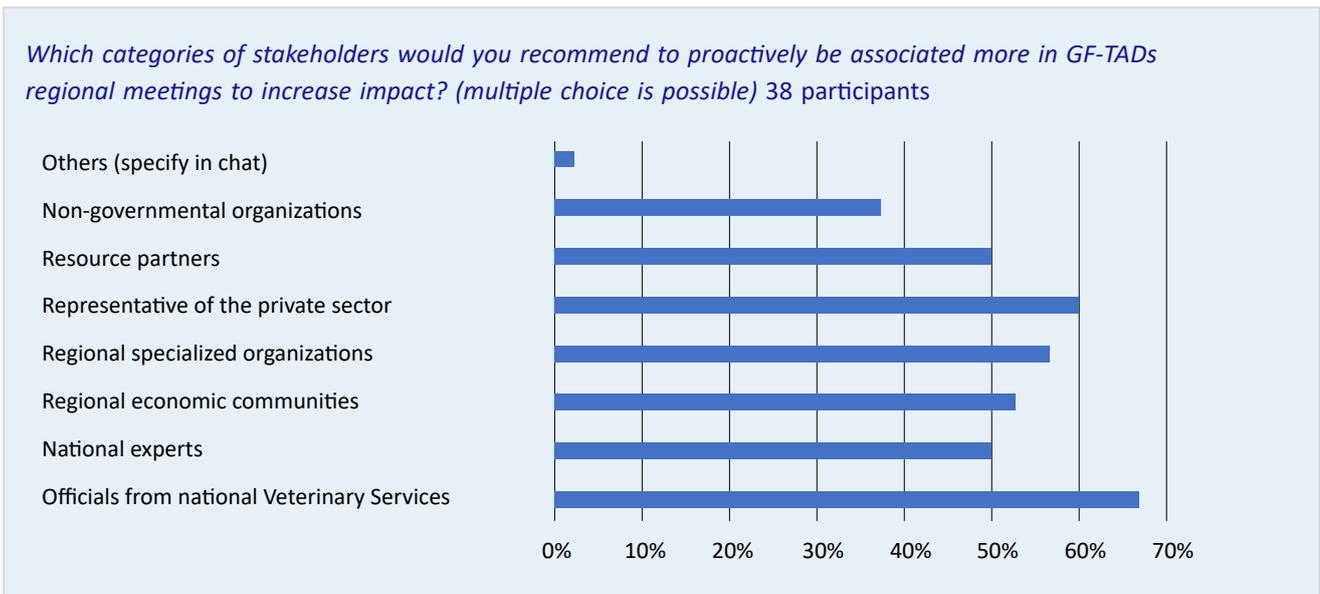
Dr Ibrahim Qasim, the CVO of Saudi Arabia was appointed, and a new board was appointed. Control of TADs as part of One Health, food security, etc., was highlighted. The new plans will include capacity building and procedures for surveillance of TADs.

Dr Jean-Philippe Dop acknowledged Dr Ibrahim Qasim’s presence in the meeting. He then highlighted the polls to launch the later discussion.

Dr Keith Sumption reflected on the polls and mentioned the need to keep in mind the poll results regarding the sharing of good practice and success stories between regions. He highlighted the SGE approach to share experiences between regions. He also highlighted the need to involve the private sector.

Dr Jaspinder Komal commented that engaging the private sector is important as well as emphasizing that the exchange of best practices and experts is a useful information exchange.

Answers to the polls:



Progress on global priority TADs strategies

Session chaired by Dr Madhur Dhingra and Dr Montserrat Arroyo

Dr Madhur Dhingra (FAO) invited the chairs of the GF-TADs priority disease working groups on ASF and FMD and the secretariats of PPR and post-Rinderpest (p-RP) to give an overview of their respective priority diseases. The overviews are included in the background document 'Global priority diseases for GSC11'.

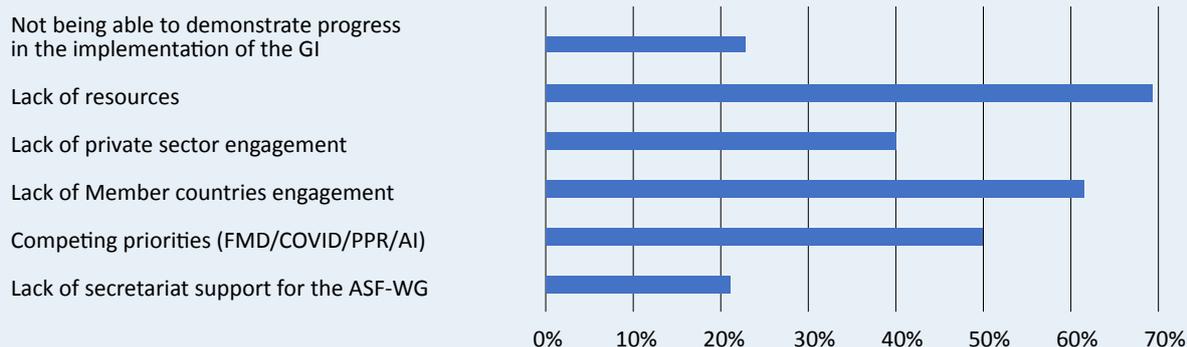
Dr Gregorio Torres, chair of the ASF Working Group (ASF WG) presented an overview of the activities, concentrated in the GF-TADs Initiative for the Global Control of ASF. This Global Initiative has three main objectives: 1. improve capabilities of countries; 2. establish an effective

coordination framework; 3. facilitate business continuity to protect food systems. The Global Initiative was announced February 2020 during the Green Week in Berlin, made available on the GF-TADs website in June and launched by DG FAO and DG OIE 20 July 2020. The ASF WG aims to improve cooperation with the regions. Risks to the activities of the ASF WG are inadequate resources, lack of a secretariat, lack of engagement from countries and competitive priorities such as COVID-19. Political will is necessary as is working together with the private sector. The key will be that the work of the ASF WG needs to have an impact in the field.

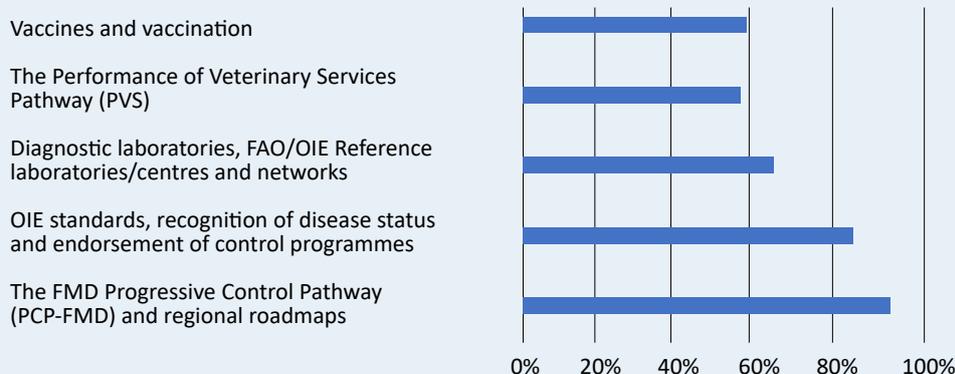
After the presentation of the ASF WG, three poll questions were proposed to participants and observers.

Answers to the polls:

What are the 3 major risks for implementation of the GF-TADs Initiative for the global control of ASF? 42 participants

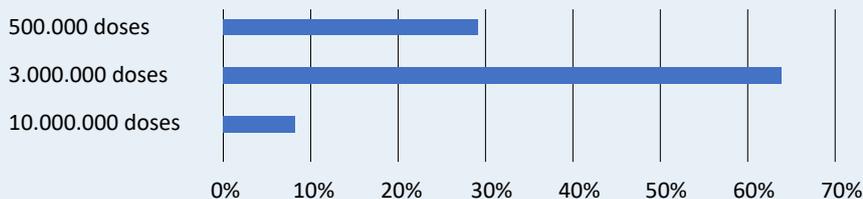


Which of the following tools are used in the fight against FMD? 42 participants



Rinderpest (42 participants, 3 million = 64%, 500 000 = 29%, 10 million=7%)

How many doses of Rinderpest vaccine are currently available? 42 participants



Answer: 3 million doses (42 participants, 3 million = 64%, 500 000 = 29%, 10 million=7%)

Dr Madhur Dhingra introduced Dr Samia Metwally (FAO) as co-chair of the GF-TADs Foot and Mouth Disease Working Group (FMD WG). The other co-chair is Dr Neo Mapitse (OIE). After this week, Dr Samia Metwally will temporarily reduce her activities and her role as co-chair of the FMD WG will be taken over by Dr Astrid Tripodi. Dr Madhur Dhingra thanked Dr Samia Metwally for her contributions to the FMD WG for the past nine years.

Dr Samia Metwally gave an overview of the activities of the FMD WG. The FMD Global Control Strategy consists of 3 components: 1. improving global FMD control; 2. strengthening Veterinary Services; 3. prevention and control of other major livestock diseases. The overall objective of the Global Strategy is to contribute to poverty alleviation and to protect the global and regional trade in animals and animal products. The Global Strategy uses the five-stage Progressive Control pathway for FMD control. Some parts of the world are still in stage 0 (West and Central Africa) but in general 2020 showed a shift to the right with more countries advancing to a higher stage. Priorities for 2020 are regional activities based on regional roadmaps, the establishment of a five-year action plan with strong links between regional and global levels, virtual learning tools, public-private cooperation and the establishment of a global coordination committee on FMD. She indicated that many of the challenges presented for ASF are also common to FMD and highlighted specific challenges such as control of animal movements and lack of resources.

Dr Felix Njeumi (FAO) presented an overview of the activities of the PPR secretariat. The PPR Global Control and Eradication Strategy (GCES) has 3 objectives: 1. eradicate PPR by 2030; 2. strengthen Veterinary Services; 3. reduce the impact of other major infectious diseases of small ruminants. A PPR Monitoring and Assessment Tool (PMAT) with different stages has been developed. In 2020, 57 countries are free of PPR and many countries moved from stage 1 to 2. The target now is on 80 countries. This year an Advisory Committee was established and held its first meeting in

July 2020, focused on resource mobilization. Nine regional strategies are under development. National eradication programmes have been established but need to be imbedded in project development investment plans. In addition to a regional approach the secretariat tries to identify two to three epizones to bring regional approaches together. Some constraints are the funding capacities, political will and advocacy activities. To overcome the travel restriction, virtual roadmap meetings will be organized using EU-FMD distance learning platform. Human resources dedicated to the global secretariat are a concern as the secretariat cannot support the workload requested by the countries. Main upcoming strategic activity is the review of PMAT and the epizone approach.

Dr Mariana Marrana (OIE) presented on behalf of the FAO-OIE joint Rinderpest Secretariat the coordination of the post-eradication strategy for rinderpest. The post-eradication priorities are: 1. establish an FAO-OIE Rinderpest holding facility (RHF); 2. prepare a Global Rinderpest Action Plan; 3. approve essential research projects; 4. advocate for the destruction of Rinderpest Virus Containing Material (RVCM); 5. raise awareness and improve communication. Progress since 2018 was mentioned, including the following highlights: four more countries who destroyed their RVCM, publication in six languages of the Global Rinderpest Action Plan (GRAP), approved research projects and vaccine production and the designation of two Rinderpest Holding Facilities (RHF) in China and France in addition to the five previously designated RHF. A challenge that remains is to engage with seven countries still storing RVCM. Upcoming activities include: the ten-year anniversary of rinderpest eradication, a virus destruction mission to Vietnam and the inspection of a vaccine manufacturing facility in Ethiopia.

Dr Madhur Dhingra opened the floor for discussion.

Dr Mark Schipp (CVO Australia) asked whether there are any real prospects for ASF eradication. Dr Gregorio Torres replied that elimination is feasible and the key word is biosecurity. He also referred to a question from Dr Jaspinder

Komal (CVO Canada) about the timeline of the strategy. The global initiative has no deadline like the PPR strategy. It is a six-year strategy combined with a two-year Action Plan aiming to assist countries to control the disease and implement international standards to prevent spread of the disease and preservation of international trade. The WG considers that implementation of the strategy will finally lead towards eradication of ASF.

Dr Jaspinder Komal reflected on the lack of human resources in national Veterinary Services, making it difficult to implement international standards. He said that at a global level we need to face this and tackle the problem as this is threatening global trade. We need to go region by region, country by country to develop the capacities of Veterinary Services.

The Director General of the OIE, Dr Monique Éloit emphasized that OIE is committed to the work of the PPR secretariat and will provide all the support needed. A seconded the OIE staff officer based in Rome was not replaced after retirement, but all support needed will be provided by an officer based at OIE Headquarters in Paris.

Dr Madhur Dhingra thanked the presenters and summarized the following recommendations:

1. Regional approaches developed with the support of regional experts are the preferred way to engage countries in global strategies and to increase country and regional engagement.
2. Veterinary Services are key to country progress.
3. Both FAO and the OIE need to allocate sufficient human resources to support governance units of GF-TADs and countries are asked to support this framework.
4. Performance indicators and reporting tools need to be developed for monitoring and evaluation of progress.
5. Public–private partnerships to address global strategies need strengthening.

Regional TADs Priority diseases, emerging TADs, Zoonoses

Session chaired by Dr Montserrat Arroyo and Dr Astrid Tripodi

Dr Montserrat Arroyo invited the regional GF-TADs representative to deliver the state of play of regional priorities.

Dr Catya Itzel Martínez Rivas (Regional Secretariat, OIE office in Panama), presented on behalf of the chair of regional GF-TADs the priorities for the Americas which include, since 2012, FMD, AI, CSF, rabies, BSE and screw worm, and since 2015, ASF. An SGE has been established for ASF and will be established for AI and CSF. This list of diseases is under revision as now some of them are covered under the Tripartite and some do not appear to be

transboundary animal diseases. For ASF the priorities focus on early detection, business continuity and role of wild and feral pigs. The region will also work on follow-up on previous recommendations and defining the new strategy.

Dr Masatsugu Okita (Ministry of Agriculture of Japan), presented on behalf of the chair of the RSC for Asia–Pacific, Dr Norio Kumagai, the following regional priority diseases: FMD, AI, swine diseases of high impact, PPR and rabies. The priorities are further defined at subregional levels. Harmonization with global strategies (FMD, ASF, PPR, rabies) are taken into account. An SGE has been established for ASF. Under GF-TADs the objective for AI is to improve control of the disease in poultry production, taking into account the role of wildlife which is complementary to the work done on zoonotic aspects under One Health perspective. In addition to the specific priority diseases, emerging diseases are considered, such as recent outbreaks of AHS and LSD. Additionally, activities to address emerging diseases with zoonotic potential and wildlife related activities are expected to be strengthened in the region. The GF-TADs is also expected to contribute to the reinforcement of the capacity of Veterinary Services and to continue to support emergency preparedness, advocacy, and sharing of information and of experiences.

Dr Budimir Plavsic (Regional Secretariat, OIE office in Moscow) presented on behalf of the chair of the RSC for Europe, the priority diseases: ASF, LSD and rabies. SGEs have been established for each of those, and also for zoonotic AI, CSF, brucellosis and RVF. Reinforcement of Veterinary Services is also a priority cross cutting topic. The revision of the priorities will be discussed during the next RSC meeting (18 November 2020), taking into account the regional situation, outputs of this meeting and collaboration with Tripartite partners.

Dr Ibrahim Qasim (CVO of Saudi Arabia), chair of the RSC for the Middle East presented the priorities for the region as FMD, PPR, and as secondary priority diseases RVF and brucellosis. Rabies is also included for the eradication of dog-mediated human rabies. The regional priorities also intend to support elements of strategy defined at global level such as the Rinderpest Post-eradication Programme, AMR and other One Health activities.

To conclude this session, Dr Astrid Tripodi acknowledged the work done or ongoing for prioritization at the regional level and pointed out that some regions also included zoonotic diseases, which deserves further clarification on the relation with the Tripartite such as HPAI, rabies, RVF, and considered the opportunity to provide more support for RVF at the global level.

SESSION 2: 4 NOVEMBER 2020

Welcome

Dr Alexandre Fediaevsky (regional coordinator of Global Secretariat, OIE Headquarters) welcomed the participants to this second session and introduced two polls.

The first poll was about the diseases to be considered GF-TADs priorities at the global level. The majority of the 52 participants in the poll indicated ASF (89%) and FMD (85%) as the main topics, followed by PPR (67%) and HPAI (48%), and then rabies (39%), RVF (37%), Rinderpest post-eradication and brucellosis (24%), and a minority of participants considered other diseases not mentioned (6%).

The second poll asked if GF-TADs should also deal with other over-arching animal health topics and, if so, which ones.

New context for approaching the control of priority TADs at regional or global levels

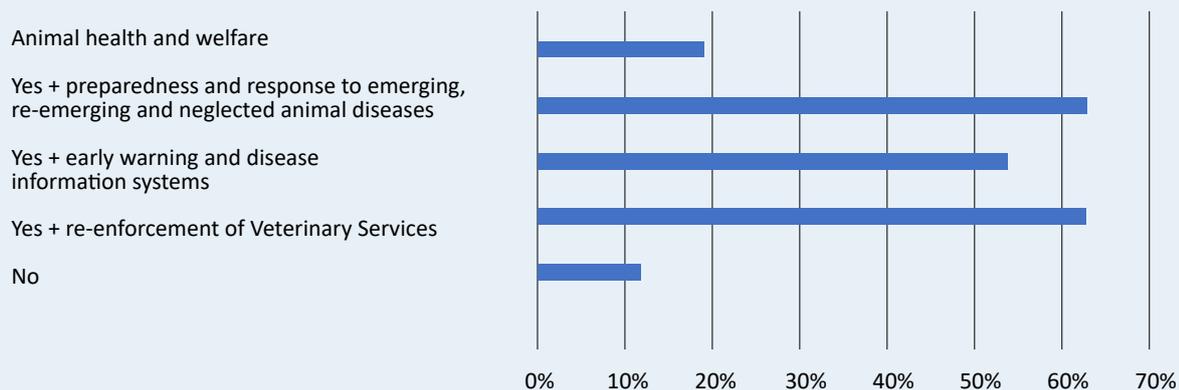
Session chaired by Dr HendrikJan Ormel and Dr Alexandre Fediaevsky

Dr HendrikJan Ormel introduced the topic of this session and invited the resources mobilization teams from the OIE and FAO to give some background on funding capacities for GF-TADs.

Ms Emily Tagliaro (Head of Engagement and Investment Department, OIE) highlighted the need to continue the funding of TADs control activities and the risk of reduced investments in national Veterinary Services. The OIE and FAO have long-standing experience of collaboration which is particularly significant for diseases such as rinderpest, avian influenza and PPR, all still under the GF-TADs priorities. To prepare the way forward, the key principles to be kept in mind are consistency of focus in controlling TADs and common advocacy; clarity on roles and responsibilities; and complementarity of mandates of FAO and the OIE; but also engagement of other relevant partners, including the private sector. A strong focus is needed on the delivery of results and on targeting countries as the main beneficiaries of support. Mr Edward Bogart (Marketing and Outreach Officer, FAO) presented the current landscape of resource mobilization, noting a drop of 7-8% in official development assistance (ODA) for 2020 and already 5-6% for 2021 and in addition the ODA provided are targeting the COVID-19 response increasing the level of competition. However, the GF-TADs also has opportunities to be attractive in this environment in its capacity to address control of zoonotic diseases and being connected to One Health, and its capacity to improve food security which has also suffered from the COVID-19 crisis. This stresses the

Answers to the polls:

Do you believe that GF-TADs should also deal with other over-arching animal health topics? If so, could you indicate which ones? 52 participants



Most of the 52 participants considered preparedness and response to emerging, re-emerging and neglected animal diseases (63%), re-enforcement of Veterinary Services (63%) and early warning and disease information systems (56%) relevant additional cross-cutting issues for the GF-TADs activities, some participants also considered animal health and welfare (19%) and a minority of participants (12%) considered no other activities.

importance of collaboration between FAO and OIE for joint resource mobilization and marketing to donors.

Dr Mark Schipp (CVO Australia) asked how the GF-TADs, relation with the Tripartite would be managed if there is a greater involvement of the GF-TADs in zoonotic disease and food security issues, in particular in terms of relationship with the WHO. Dr Keith Sumption (CVO FAO) answered in the context of his introductory intervention, explaining that animal health is part of One Health, as illustrated, for instance, by the link between animal diseases and the use of antimicrobials. He highlighted the contribution of GF-TADs to One Health and gave the example that out of the 15 objectives of the Tripartite agreement, five are common areas with the GF-TADs. He pointed out the importance that both organizations bring attention to the impacts of TADs in a broader contexts and explain how the investment in the control of TADs would make a difference to more general objectives of humanitarian development.

Dr Jean-Philippe Dop (Deputy Director General OIE) highlighted that the main focus of the GF-TADs is very contagious animal diseases such as ASF, FMD and PPR. He acknowledged that in some regions zoonotic diseases are also identified as priorities but it is necessary to avoid duplication between GF-TADs and the Tripartite. He advocated working on mutual benefits for common, cross-cutting issues such as those identified in the introductory poll: capacity building of Veterinary Services, early detection, diagnostic capacity, preparedness and response.

The question of the articulation between GF-TADs and the Tripartite was further discussed. From the resource mobilization point of view, Ms Emily Tagliaro emphasized the importance of coordination between FAO and the OIE to ensure donors there is no duplication between GF-TADs and Tripartite-level collaboration. Dr Karim Tounkara (GF-TADs regional secretariat Africa, OIE office in Bamako) shared the experience of establishing the Tripartite regional coordination group for Africa with the three regional directors from FAO, OIE and WHO and the designation of a rotating secretariat, definition of terms of references, and identification of priorities and common work plans and concluded that as it involves the same actors it would be easy to coordinate GF-TADs and Tripartite and ensure complementarity.

Dr Bernard Van Goethem (Chair GF-TADs Regional Steering Committee for Europe, DG SANTE European Commission) emphasized the importance of focusing on what GF-TADs can do best with available resources. Dr Franck Berthe (senior agriculture specialist World Bank, Washington) supported this view. He reminded session participants

that investments supported by the World Bank in animal health are still important despite the COVID-19 situation, with USD 400 to USD 500 million invested for Veterinary Services and USD 1.4 billion for animal health. He said that GF-TADs has a role to play to steer the investment where it gives the best impact, with good coordination of technical and financial discussion and to move from disease specific funding requests to broader approaches. Dr Hanns Krebb (DEVCO, European Commission) highlighted the context of recent discussion about a PPR grant for the PPR Secretariat, supporting vaccination and surveillance in countries and the importance that governments contact EU delegations directly at the country level where animal health priorities can be integrated from a bottom up approach. Several comments in the chat referred to stronger involvement of public-private partnership. Dr Carel du Marchie Sarvaas (HealthforAnimals) confirmed the importance of leveraging the relationship between the private sector and governments to highlight the importance and increase investment for animal disease control.

Dr Monique Éloit (Director General OIE) acknowledged that animal health is an important component of One Health. She stressed the need to focus on the capacity to deliver results, taking into account available human resources and funds before enlarging the scope of GF-TADs, which should focus on the current limited list of priorities as recommended by the last external evaluation. She reminded session participants that rabies, zoonotic AI and AMR are priorities for the Tripartite and that Member Countries are encouraged to address these through a Tripartite approach, such as a regional secretariat. She emphasized that the Director Generals of FAO, OIE and WHO are working to underline the importance of the Tripartite mechanism, and to strengthen its governance.

Dr Jean-Philippe Dop (Deputy Director General OIE) highlighted the importance of linking the objectives of the control of TADs to broader objectives such as sustainable development goals and building on concrete results to demonstrate the efficiency of the mechanism in the field, such as fewer disease outbreaks and more status recognition.

In conclusion, Dr Keith Sumption (CVO FAO) highlighted the strong political interest in One Health and acknowledged the need to achieve concrete results for GF-TADs, but pleaded for the political support necessary to ensure that it is followed at the national level and emphasized that a balanced approach needs to consider the capacity to provide support to animal health, giving to livestock keepers affordable means and access to services to control diseases.

The evolving functions of GF-TADs and developing strategies

Session chaired by Dr Keith Sumption and Dr Jean-Philippe Dop

Dr Keith Sumption introduced the aim of this session, invited participants to comment and gave the floor to Dr Alexandre Fediaevsky to introduce the draft revision of a renewed global strategy for GF-TADs. He explained the way forward in the revision of the former strategy, taking into account the third evaluation of GF-TADs, new priorities and discussions with the MC of GF-TADs. He presented a draft based on three pillars, but not yet a theory of change and a monitoring and evaluation (M&E) framework. During the third session of this GSC11, there will not be a final document with a theory of change, but rather a further developed strategy, based on the discussions during the first two sessions. The renewed strategy will lead to an Action Plan for the upcoming two years, while the strategy is developed for the upcoming five years. The GS developed a first version which participants will discuss during this second session. Following this exchange, a second, more detailed version will be presented on 17 December. Following this exchange, and inputs from the GSC, the strategy will be finalized. The final document will be validated by the MC.

Some key points in this draft strategy are:

1. Continuity. The draft strategy is based on the recommendations of the third evaluation of GF-TADs;
2. A more customer centric perspective, focusing on the needs of countries;
3. Create more synergies between cross-cutting issues;
4. Strengthening engagement.

Whatever strategy is discussed will eventually lead to action at national levels. Engagement of Veterinary Services, but also public–private partnerships are important for more engagement with the goals of a GF-TADs strategy.

A point of attention will be the changed means of communication. Now there are opportunities to communicate virtually, like session participants are doing today, and possibilities to reach out to more people. After finalizing a strategy, building an M&E framework will follow. These different ideas are presented in three pillars:

- I. Members agree on priority TADs, strategic approaches and needs;
- II. Members benefit from coordinated support to implement TADs control strategies;
- III. Members own the strategy, follow the process and receive feedback.

Dr Keith Sumption summarized the presentation by stating that pillar I is putting the members in a strong role in identifying priorities, pillar II is about realizing the benefits

GF-TADs could bring and pillar III focuses on partnerships and progress monitoring. The whole new strategy is very much customer/country centric. As the stakeholders are in the centre, Dr Sumption opened the discussion by asking what the members of the GSC expect from GF-TADs.

Dr Bernard van Goethem stated that GF-TADs should not deviate from what it is doing now. GF-TADs is functioning well and should concentrate on priority diseases, staying close to the field in close cooperation with national Veterinary Services and with efficient impact on farmers, producers and consumers.

Dr Jean-Philippe Dop brought forward earlier discussions in the MC about One Health and about public–private partnerships. He asked the members of the GSC if incorporating the private sector should be a target for the strategy. Dr Mark Schipp stated that engaging the private sector should not be an aim in itself, but if it facilitates the delivery of the objectives of the strategy it is worth trying. He was pleased with the layout and the format of the three pillars, but was not sure if the three pillars, as they were presented today, can make a global strategy. He also warned that engaging stakeholders could lead to conflicting expectations. Stakeholders who are not involved in international trade, usually do not recognise TADs as a significant concern.

Dr Luis Barcos commented that the experience with involving the private sector in the RSC of GF-TADs in the Americas was really positive. Their contributions are adding new insights from another perspective and serve to find new ways to work together.

Dr Carel du Marchie Sarvaas added that as a representative of the private sector that he is a minor player, but agreed with Dr Barcos that stakeholders from the private sector have had good experiences in different countries. It depends on different cultural approaches. Public–private partnerships are not easy to form. Once they are started and working, they can be of tremendous benefit. Any of these TADs cannot be tackled alone. He stated that he would like to see more farmer groups active in GF-TADs. HealthforAnimals is very supportive of working together with the GF-TADs mechanism.

Dr Hans Krebbs (DG DEVCO, European Commission) had no direct comments on the strategic approach and stated that the EC is working on One Health programmes which should include AMR.

Dr Jaspinder Komal was very pleased with the roll out of the renewed strategy. In the Americas, the regional strategy is expanded to other priority diseases, some of them being zoonotic like rabies and avian influenza. Private partners are involved and even sometimes act as chair of a disease working group. Human health partners are missed as

is the One Health context in GF-TADs. We look forward to a renewed global strategy and the place of One Health in this renewed global strategy. Including the private sector in decision making processes together with Veterinary Services could also work at the global level. Issues like animal movements, compensation and the desired end point are very relevant to decide in co-responsibility with the private sector.

Dr Keith Sumption added that on the point of involving the private sector, pillar III needed further strengthening. Effective partnerships should play a key role throughout the new strategy. He also came back to Dr Schipp's question as to how to make the strategy attractive to countries where transboundary trade is not a major issue. Dr Sumption stated that TADs have an impact on everyday life in countries where these diseases have an impact. This impact can be great even when there is no trade. Dr Schipp replied that some countries in his region are more interested in how to strengthen Veterinary Services than in a vaccination against one specific disease.

Dr Jaspinder Komal added that GF-TADs, seen from his experience as chair of an RSC, is good at bringing people together, doing analyses and sending recommendations. He would recommend emphasizing the importance of supporting Veterinary Services through harmonization, training and strengthening expertise in the renewed strategy. It would be good to make recommendations as practical as possible for implementation at the country level.

Dr Keith Sumption raised the issue of the role of GF-TADs in emergency response. Is GF-TADs the mechanism for managing Animal Health Events of International Concern?

Dr Jean-Philippe Dop replied that there is a mechanism for agreeing on priority diseases, but not yet on related issues like the one mentioned above. It is not possible to give a clear answer on this during the session. He wanted to come back to capacity building and agreed with Dr Jaspinder Komal on the need to strengthen capacity building of Veterinary Services, not only during an outbreak of a TAD, but continuously. He mentioned the need for harmonization, but this should be more a regional harmonization than a global one as the needs in different geographic zones differ a lot. He concluded by saying that a lot still needs to be done to reach a concluding strategy, but that the guidance of the GSC was extremely helpful.

Dr Keith Sumption asked a rhetorical question by asking if the absence of a TAD is the same as health. He replied himself by saying that there is more and reiterated that significant work needs to be done, using the draft document presented today as a baseline and adding the outcomes of the discussions of these two sessions. More emphasis is needed

on what change is expected and a structure is needed with the input of a theory of change model, to make the strategy more implementable. There is enormous pressure on international organizations to respond to what happened this year. The COVID-19 pandemic overshadows everything. We cannot afford parallel mechanisms. GF-TADs needs to consider the direction of animal health and national Veterinary Services. Dr Keith Sumption stated that the MC valued the comments of participants and noted that they would be taken into consideration.

Dr Sumption summarized the discussion in the following recommendations:

1. The proposed global strategy, based on three pillars, should be developed in an operational plan with a theory of change approach and clear and measurable indicators.
2. Contributions from different stakeholders, including the private sector, should be taken into account and merged in future strategies at global and regional levels.

Dr Sumption thanked all participants and closed the session.

Closing remarks

Closing comments of the members of the GF-TADs Management Committee:

Dr Jean-Philippe Dop hoped that this meeting of the GSC of GF-TADs helped the participants to capture all the work done for GF-TADs by disease working groups, RSCs and secretariats and the global secretariat. The MC really wanted to engage the GSC, being an advisory body, in the development of a renewed strategy. The MC will take into account your guidance. During the third session on 17 December, we hope to share a renewed draft strategy and we will also ask you to adopt recommendations, coming out of our discussions. He thanked his co-chair Keith Sumption and expressed the hope that session participants were all aware of the fruitful cooperation of FAO and the OIE in the GF-TADs initiative.

Dr Madhur Dhingra stated that these were interesting days and thanked the GSC for guidance on the way forward. A lot needs to be done with a robust theory of change. We need to avoid working in the silos of specific diseases and focus more on the cross-cutting topics. She looks forward to more engagement and hopes to see all session participants back on 17 December.

Dr Neo Mapitse expressed gratitude for the discussions and the guidance of the GSC. He pointed to the importance of resource mobilization during difficult global economic circumstances. He also expressed the expectation that a renewed global strategy will assist the regions as well in reaching synergies.

Dr Astrid Tripodi added that the topic of regional prioritization of TADs was not fully discussed yet. There are different regional approaches, some add zoonotic diseases, others do not. This issue needs to be addressed in the renewed global strategy or in the session on 17 December.

Dr Montserrat Arroyo stated that she looks forward to the feedback to be received between this session and the next session on 17 December. She liked the emphasis on the importance of regional levels as this is in her eyes the most important level for TADs. A lot of work still needs to be done, including a robust theory of change.

Dr Keith Sumption stated that it is important to get the strategy right between now and the end of the year as the world is changing and has a lot of interest now and this window of opportunity will not stay open for long. The new strategy needs to be appropriate and has to showcase how significant our work on TADs is for the health and benefit of all.

Dr Luis Barcos asked if the invitation could be expanded to all members of RSCs as observers to the GSC, as this will tremendously improve understanding of GF-TADs and assist in better engagement at regional levels.

SESSION 3: 17 DECEMBER 2020

Opening remarks

Assistant Director General of FAO, Dr René Castro, welcomed the participants to the third session of GSC11, emphasizing the importance of the cooperation of the OIE and FAO in GF-TADs. FAO is convinced that striving to improve animal health through improving the capacity of Veterinary Services and cooperation across borders contributes to food security and poverty reduction. For FAO, cooperation with the OIE, Veterinary Services of its member countries and the private sector, through the GF-TADs mechanism, is a priority. Deputy Director General of the OIE, Dr Jean-Philippe Dop, welcomed participants, recalling the first two sessions of GSC11 with active participation laying foundations for the main principles that will guide the finalization of the new GF-TADs strategy to be discussed during this session. He also emphasized the importance of involving the regions in the further development of this strategy. The GF-TADs Global Coordinator Dr Henk Jan Ormel shared the rules and procedures of the session and submitted the report of the first two sessions for approval. The participants approved the report.

Theory of change of GF-TADs strategy and consultation process until the adoption of the strategy

The GF-TADs Regional Coordinator, Dr Alexandre Fedi-ayevsky introduced further developments on the GF-TADs strategy, following the first two sessions of the GSC11 and based on the three pillars and general principles presented in November and on recommendations received. The theory of change and the consultation process were presented by Dr Keith Sumption and Dr Jean-Philippe Dop.

Firstly, Dr Keith Sumption explained the main components of the theory of change:

- **Impacts** result from the long-term outcomes (over a ten-year period or more), that GF-TADs will have directly or indirectly on stakeholders and how that contributes to the whole of society and to the sustainable development goals (SDG).
- **Outcomes** are intermediate stage, over a five-year period, covering changes, benefits, learning or other effects that happen as a result of contributions of GF-TADs, depending on the contributions of countries and stakeholders.
- **Outputs** are direct results of GF-TADs work that contribute to the outcomes and are under GF-TADs management control.

- **Activities** are actions that GF-TADs manage and undertake to achieve the outputs. They require inputs in terms of human, material and financial resources. Activities require the involvement of other stakeholders.
- Underlying critical assumptions are assumed to be true at the planning phase and need to be verified during the implementation.

Dr Keith Sumption then described the theory of change for the GF-TADs. The components described above are grouped in concentric spheres: progressing from the sphere of control, where the activities and the nine different outputs are outlined, to the sphere of influence on the Member countries and stakeholders, that contain the intermediate and longer-term outcomes, and finally, to the sphere of interest that includes the overall impacts.

A diagram (Annex II) presented the connection between the activities, the outputs, intermediate and longer-term outcomes and the overarching impacts.

The overall impacts of GF-TADs on its stakeholders were stated in the initial agreement between the FAO and the OIE as:

- safeguard Member countries from repeated incursions of infectious disease epidemics
- enhance safe trade in livestock and animal products
- improve food security and sustain livelihood by reduction of damaging effects of TADs.

At the level of the sphere of interest, the expected changes in society relate to SDG1 *No poverty*, SDG2 *No hunger* and SDG 10 *Reduce Inequalities*.

The three main overall outcomes can be simplified as 'prioritization', 'capacities' of countries and 'partnerships' through country ownership and accountability.

The theory of change describes the connection between the outputs and their contribution to intermediate and long-term outcomes, sometimes contributing to several intermediate outcomes.

The first output, 'TADs prioritization facilitated/coordinated', is expected to have an impact on 'countries to assess capacity gaps and prioritize TADs', leading to a second intermediate outcome, 'National disease strategies are harmonized for coordinated planning and implementation', which in turn leads to the overall outcome, 'Member countries regularly prioritize TADs at regional level, and design evidence-based plans (operational, action plans) aligned with global and regional strategies and approaches'.

The second output, 'Regional approaches to control and prevent priority TADs in alignment with global and regional strategies formulated' and the third output, 'Disease specific mechanisms (frameworks, working groups and net-

works) to support harmonized/coordinated planning established' jointly contribute to the intermediate outcome that 'Harmonized tools, approaches, and mechanisms are used in TADs control planning' which in turn leads to the overall outcome that 'Member countries regularly prioritize TADs at the regional level, and design evidence-based plans (operational, action plans) aligned with global and regional strategies and approaches'.

These different connections can be visualized on the diagram.

The theory of change also identifies certain assumptions (in grey on the diagram) about the context where activities take place so that the outputs effectively contribute to the expected outcomes and the outcomes to the impacts.

The key stakeholders, (in purple on the diagram), can differ between the stages and have different roles in different spheres.

Members of the RSCs play a role (red star on the diagram) in the sphere of control to conduct activities such as regional governing bodies for the GF-TADs or meetings for coordination of disease-specific strategies (standing groups of experts, roadmap meetings, etc.).

For this mechanism, there is an underlying assumption that there will be wider OIE and FAO initiatives, beyond GF-TADs, to build capacity for implementation of control strategies.

The key stakeholders are also an enabling factor (in green on the diagram and with a red star) in the sphere of influence, to uptake the outputs of the activities to the intermediate and long-term outcomes. This can be either directly through their different national or regional responsibilities or through advocacy activities and their capacity to exert influence upon other stakeholders. In that perspective the regional networks and RECs such as the African Union, Association of Southeast Asian Nations (ASEAN), South Asian Association for Regional Cooperation (SAARC), Economic Community of West African States (ECOWAS), European Union, and others will play an important role to reach out to countries, Veterinary Services, farmers and producer associations and to take these priorities and objectives through financing mechanisms at national and regional levels.

A key assumption is that country commitment will be maintained or may even increase as a result of the contribution of the outputs and outcomes.

Dr Keith Sumption concluded by requesting feedback from the GSC to indicate whether they believe that outputs will influence stakeholders like associations of farmers and producers, and countries and regional networks in such a way that eventually the third long-term outcome on ownership, accountability and sustainability occurs.

Dr Mark Schipp provided support for the approach and acknowledged progress made towards the theory of change and looked forward to further development in a dedicated document, noting that indicators on the outcomes related to Members' ownership, accountability and sustainability would be more challenging.

Dr Huang Baoxu, on behalf of the RSC for Asia–Pacific stressed that:

- The current theory of change provides a mixture of outputs and outcomes to be achieved at global, regional and national levels; the level of intervention should be clarified.
- The link between the disease-specific groups (FMD WG, PPR Secretariat, ASF WG) and the GF-TADs global strategy needs to be further defined.
- There is a need to clarify the relationship between GF-TADs and mechanisms that exist for regional priority TADs that have zoonotic potential. He mentioned the example of rabies, which is considered a GF-TADs regional priority by certain regions but also covered by the Tripartite with its own Global Alliance for Rabies Control; and the example of avian influenza, which is a regional priority for America, Europe and Asia–Pacific, and for which FAO and the OIE have OFFLU to coordinate their efforts but the relationship between OFFLU and GF-TADs remains unclear. He invited session participants to recognize avian influenza as a GF-TADs priority in its animal health perspective.
- Key performance indicators have been discussed in past years but were not developed – existing tools to evaluate the animal health situation should be used, such as PCP stages, OIE disease-free status, etc., in order to avoid increasing the burden of M&E implementation.

Dr Keith Sumption reminded session participants of the specificity of the GF-TADs, being a coordination mechanism, and the difficulty sometimes to say where the outputs stop and where the outcomes starts. He indicated that the RSCs are involved in achieving outputs, for instance, on the prioritization of regional disease activities, and that it will need to influence the partners at different levels to lead to the expected outcomes.

He reassured session participants that FAO and the OIE are committed to supporting the global priority TADs groups and the contribution to the theory of change is better indicated in the strategic document once the overall direction is confirmed.

Regarding regional priority TADs that have zoonotic potential, he explained that there is no inconsistency, as the theory of change assumes that many changes will occur through the activities of Veterinary Services at country

levels, so recognising that avian influenza management is also a priority under the Tripartite, but with an implementation that largely relies on Veterinary Services, the expected influence of GF-TADs on Veterinary Services is not overlapping with the Tripartite. He acknowledged that OFFLU is a valid and important mechanism that needs to be maintained and probably to be mentioned in the GF-TADs strategy, as it was in the earlier strategy.

He indicated that the stage of proposing key performance indicators was not yet reached, and that first there is a need to be clear that the GSC believes in the direction of the theory of change and the main outputs presented. He confirmed that tools such as stage of PCP will be taken into account in the key performance indicators to measure progress.

Dr Jean-Philippe Dop also suggested that these questions illustrate the need for consultation and to have regional inputs and ensure ownership. He stressed that the key performance indicators will need to reflect the specificity of the GF-TADs as a coordination mechanism, not to be confused with the actions taken by countries to actually control the disease.

He considered the importance of defining the roles and responsibilities of the different GF-TADs players – countries, resource partners, technical partners, and stakeholders – ensuring each one knows what he is supposed to deliver, which again stresses the need for dialogue and consultation.

Dr Jaspinder Komal supported the approach of the theory of change, also identifying the sphere of influence and control, and he confirmed the responsibility of the members of the RSCs to agree on the outcomes to achieve. From there, there will be a need to identify the outputs needed and the means to measure performance through regular monitoring and specific achievements for certain diseases. He pointed out, based on the example of ASF, the possibility to using existing governance mechanisms to gather stakeholders and identify the goals and outcomes to achieve as a first step and then to identify the enabling factors and gaps to address.

Dr Keith Sumption acknowledged the important role and experience of the RSCs in determining who the influencers are to adequately link outputs to the outcomes at regional and national levels.

The second item, on regional consultation, was introduced by Dr Jean-Philippe Dop who proposed the pathway for the regional consultation based on the following steps:

1. Identify the background and general principles to guide the strategy.
2. Initiate the theory of change, defining the impacts, outcomes and inputs and describing the assumptions, influences and leverages.

3. Link TADs strategies and activities to outputs, identifying gaps, adjusting outputs and outcomes and initiating discussion on indicators.
4. Finalize the strategy for endorsement and development of the operational plans.

After the initial consultation on the guidance to the strategy, through the GSC, regional consultations are proposed for the remaining steps.

In January, a consultation will be proposed to agree on the overall objectives, goals and outcomes that the GF-TADs coordination mechanism should seek. Among different organizational options, the members opted for consultations with members of the MC and the GS, organized specifically for each region, with participation of chairs of RSCs, up to five members of RSCs, regional secretariats of GF-TADs and FAO regional representations.

A second round of regional consultations will be proposed in February to consult with RSC members and a delegation from the global level with MC members, the GS, representatives from disease-specific groups and M&E specialists to work on the link between the outputs and TADs existing strategies and activities, and to explore the possible indicators and start developing the operational plans.

After the regional consultations, the finalization of the document will be supported by the establishment of a drafting committee, with FAO and OIE staff from global and regional levels.

The developed strategy document will be translated into Arabic, Chinese, French, Russian and Spanish.

The final document will be circulated to the RSCs for a last round of comments (March 2021). The goal for final endorsement by the MC is end of March 2021. From that stage the operational plans will be developed with the aim to start implementation in 2021.

Adoption of recommendations

The draft recommendations were sent to all participants prior to the third session. The GF-TADs global coordinator Dr Henk Jan Ormel submitted the draft recommendations resulting from the discussions during Sessions 1 and 2 to the participants for approval. The participants agreed that the 12th meeting of the GF-TADs Global Steering Committee will take place in December 2021. Subsequently, 19 draft recommendations were presented to the participants.

Dr Mark Schipp noted on global priority diseases that zoonotic diseases should be coordinated through the Tripartite mechanism and that the current four global GF-TADs priority diseases are appropriate. Work on other Tads can be better achieved through a regional approach in GF-TADs. All draft recommendations were adopted without further amendments. Any additional recommendations resulting from the discussions during this session will be presented together with the report of this session and added to the list of adopted recommendations after assessment.

Closing remarks

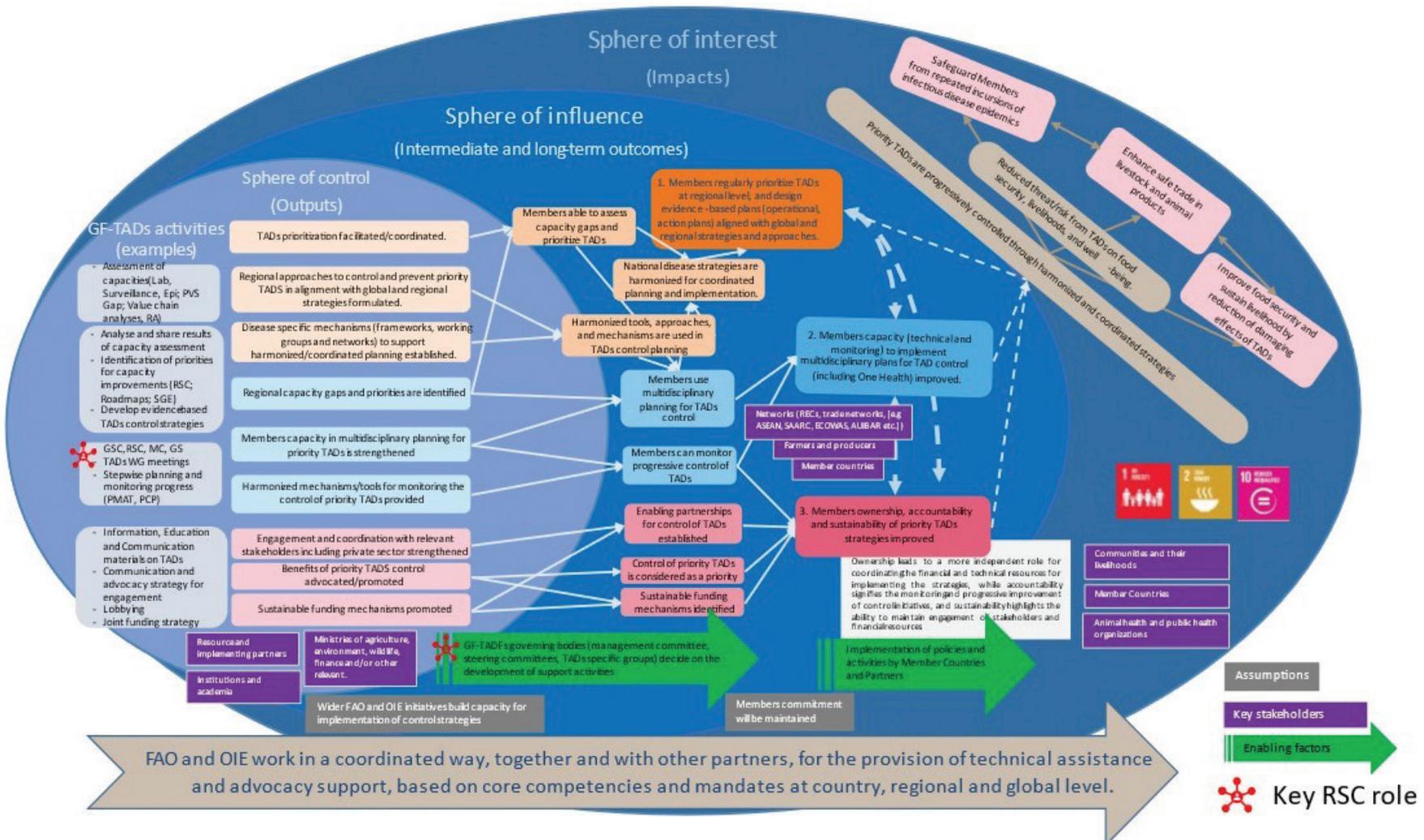
GF-TADs co-chair Dr Jean-Philippe Dop thanked the participants and the secretariat for a fruitful meeting of the GSC. He looks forward to consulting the regions and to finalizing the new global strategy. Co-chair Dr Keith Sumption also expressed his gratitude and noted that the process of working together has been very energetic and in good spirits between the two organizations. He said that the collaboration needs a strategy that is fit for purpose and has real benefits for all involved. The shared arguments during this meeting will help make a better strategy. He wished all participants safe and relaxing weeks ahead during these exceptional and difficult times. After the closing words of both co-chairs of the GF-TADs Management Committee, a group photo was taken on Zoom (Annex III).

The Director General of the OIE, Dr Monique Éloit, made closing remarks, highlighting three specific topics:

1. GF-TADs improved the cooperation between regional and global levels with a new spirit and new dynamics. This progress needs to be continued;
2. GF-TADs needs to develop more and better partnerships with private-sector and regional institutions. GF-TADs needs their support and they need ours;
3. GF-TADs needs to build bridges with other platforms like the Tripartite and with regional initiatives on trans-boundary animal diseases such as SEACFMD. GF-TADs is not a platform for implementation, but for cooperation, so let us cooperate!

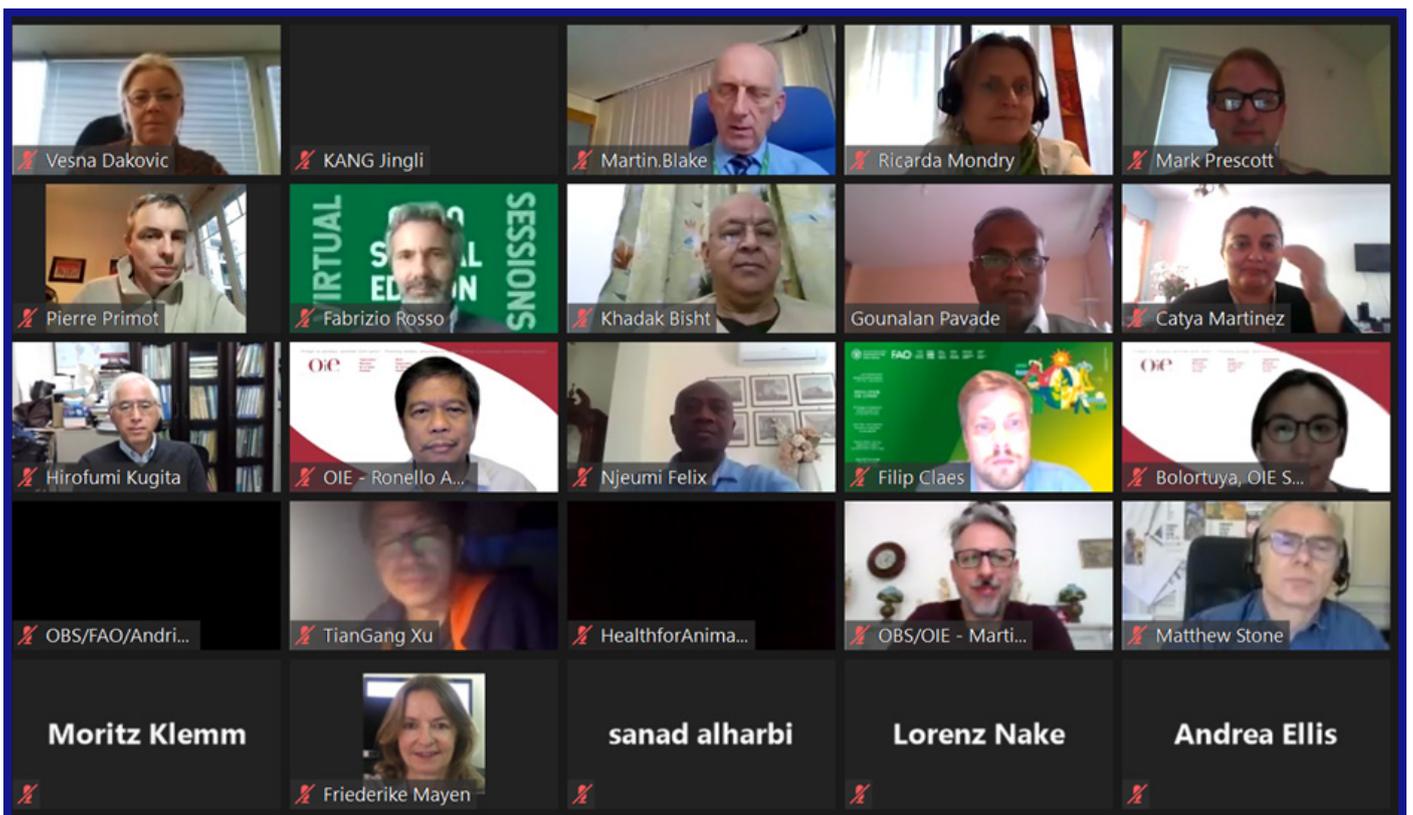
Dr Éloit gave her best wishes to all participants, hoping for better times in which a face-to-face meeting can be organized again and closed the 11th meeting of the GF-TADs Global Steering Committee.

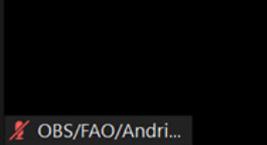
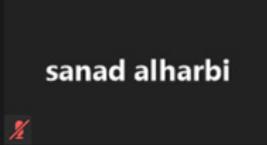
Diagram of the theory of change



ANNEX 3

Group photos



 Gounalan Pavade	 Catya Martinez	 Hirofumi Kugita	 OIE - Ronello A...	 Njeumi Felix
 Filip Claes	 Bolortuya, OIE S...	 OBS/FAO/Andri...	 TianGang Xu	 OBS/OIE - Marti...
 Matthew Stone	 Nick Juleff	 Hanns Krebs DE...	 Lorenz Nake	 HealthforAnim...
 Moritz Klemm	 Friederike Mayen	 sanad alharbi	 Andrea Ellis	 obs - Caitlin Ho...
 antonino de an...	 OBS/FAORLC-M...	 rachid BOUGUE...	 Astrid Tripodi	 karma Rinzin

Agenda

11TH MEETING OF THE GLOBAL STEERING COMMITTEE OF THE GF-TADS (GSC11)

Video conference on Zoom 3–4 November and 17 December 2020*

*Please kindly note that there are two sessions in November and then a six-week interval before the third session on 17 December. It is our hope that this time will provide an opportunity for us to start exchanging and collaborating on a new global strategy for GF-TADs. We anticipate inputs from participants but also some in-depth individual reflection between the second and third sessions of our meeting.

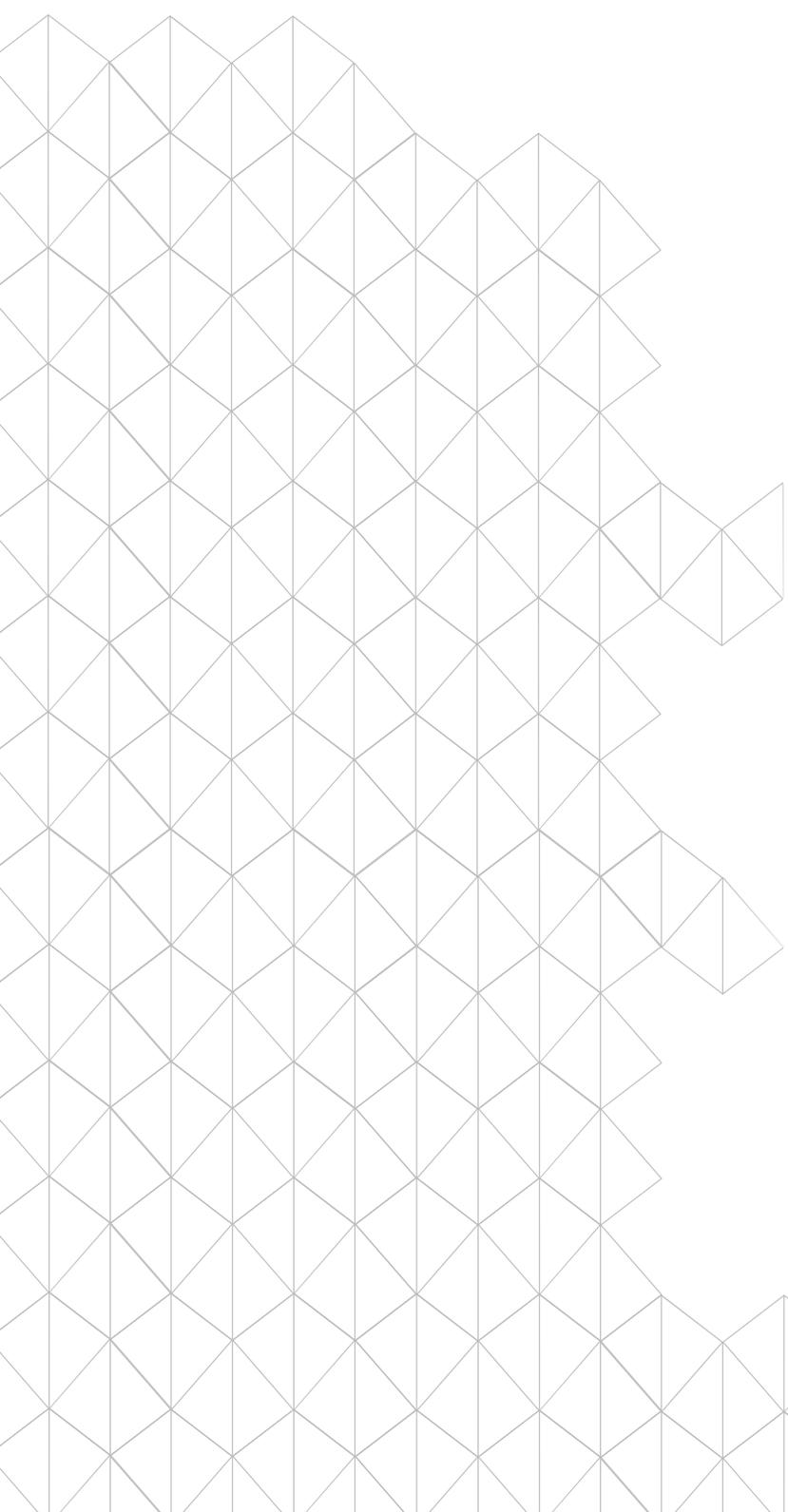
Session 1: 3 November 2020 12 pm to 2.30 pm (CET/GMT+1)	
Time (UTC)	Topics
12.00 pm	Opening speeches
	Presentation of the Agenda and organization
GF-TADs dynamic at global and regional levels	
12.20 pm	<ul style="list-style-type: none"> - Overview of GF-TADs governance activities since the GSC10 and perspectives for 2020-21 - GF-TADs platform activities at regional level – governance and engagement capacity with stakeholders, engagement at country level - State of play of the follow-up on recommendations from the third evaluation - Discussion: <i>Who and how is GF-TADs engaging at global, regional and country levels?</i>
Progresses in global priority TADs strategies	
1.00 pm	<ul style="list-style-type: none"> - Report on FMD, PPR and Rinderpest post eradication - GF-TADs global initiative for the control of ASF - Discussion: <i>What are the common and specific constraints and assets for the GF-TADs global strategies?</i>
10 min break (1.40pm to 1.50pm)	
Regional TADs Priority diseases, emerging TADs, Zoonoses	
1.50 pm	<ul style="list-style-type: none"> - Current and considered regional priority diseases, including emerging diseases and zoonotic diseases - Discussion: <i>What are the expectations from regional level towards global level, potential of coordination with other global or regional initiatives (e.g. Tripartite)?</i>
2.30 end of first session	

Session 2: 4 November 2020 12pm to 2.30pm (CET/GMT+1)

Time (UTC)	Topics
12.00 pm	- Opening and summary of previous session
New context for approaching the control of priority TADs at regional or global levels	
12.10 pm	<ul style="list-style-type: none"> - Evolution of main drivers and element of context to take into account on the resource mobilization for the control of TADs and the involvement of private sector - Place of GF-TADs as part of One Health concept in the changing situation surrounding animal health as well as work in parallel with the Tripartite at global and regional levels Discussion: <i>GF-TADs as a mechanism for improving health, what does it imply in terms of evolving functions and communication, coordination with Tripartite?</i>
10 min break	
The evolving functions of GF-TADs and developing strategies	
1.00 pm	<ul style="list-style-type: none"> - Development of global and regional strategies - Three strategy axes and preliminary discussion of draft skeleton resolutions - Discussion: <i>How would you contribute to the new vision of the GF-TADs, what are the expected levels of involvement?</i>
10 min break	
2.10 pm	Wrap up of session 2 and way forward session 3
2.30 end of second session	

Session 3: 17 December 2020 12pm to 13.50 pm (CET/GMT+1)

Time (UTC)	Topics
12.00 pm	- Opening remarks
	- Presentation of the summary of the previous sessions
Continued discussion on strategies & developing recommendations of the GSC11	
12.10 pm	<ul style="list-style-type: none"> - Development and coordination of global and regional strategies - Monitoring and evaluation framework, reporting - Discussion: <i>Are you willing to engage in this strategy, what are your priorities for the operational plan?</i>
10 min break	
1.00 pm	- Adoption of recommendations
Meeting Closure	
1.40 pm	- Closing remarks, next steps
1.50 end of GSC11	



This document has been produced under the umbrella of



GF-TADs

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES



Food and Agriculture
Organization of the
United Nations

Oie
WORLD ORGANISATION
FOR ANIMAL HEALTH

Read meeting recommendations

<http://www.fao.org/3/cb7081en/cb7081en.pdf>