

**AusAID Grant Funding to  
World Organisation for Animal Health (OIE)  
for the Southeast East Asia Foot and Mouth Disease  
(SEAFMD) Campaign**

**Independent Review Report**

by

**Dr Brian Scoullar and Dr Nigel Perkins**  
AusReady Advisors

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## Acronyms and Abbreviations

AAHTF	ASEAN Animal Health Trust Fund
ACE	ASEAN Centre for Energy
ACIAR	Australian Centre for International Agricultural Research
ADB	Asian Development Bank
AEF	ASEAN Experts Group
AEGC	ASEAN Expert Group on Communicable Diseases
AEM	ASEAN Economic Ministers
AERISRP	ASEAN Plus Three Emerging and Resurging Infections Surveillance and Response Program
AFMM	ASEAN Finance Ministers Meeting
AHMM	ASEAN Health Ministers Meeting
AHPISA	Animal Health and Production Information System in ASEAN
AHTF	Animal Health Trust Fund
AHW	Animal Health Workers
AMAF	ASEAN Ministerial Meeting on Agriculture and Forestry
AMCs	ASEAN Member Countries
AMM	ASEAN Ministerial Meeting
APEC	Asia Pacific Economic Cooperation
ASC	ASEAN Standing Committee
ASC	ASEAN Security Community
ASCHN	ASEAN Sub-Committee on Health and Nutrition
ASCU	ASEAN Surveillance Coordinating Unit
ASEAN	Association of South East Asian Nations
ASF	ASEAN Science Fund
ASFOM	ASEAN Senior Finance Officials Meeting
ASOEN	ASEAN Senior Officials on the Environment
ASOF	ASEAN Senior Officials on Forestry
ASWGFi	ASEAN Sectoral Working Group on Fisheries
ASWGL	ASEAN Sectoral Working Group for Livestock
AUD	Australian Dollars
AusAID	Australian Agency for International Development
BSE	bovine spongiform encephalopathy
CIDA	Canadian International Development Agency
CIRAD	Centre de Coopération Internationale en Recherche Agronomique pour le Développement
CITES	Convention on International Trade of Endangered Species (of Wild Fauna and Flora)
CLM	Cambodia, Laos, Myanmar
CLMV	Cambodia, Laos, Myanmar and Vietnam
CPRGS	Comprehensive Poverty Reduction and Growth Strategy
CSF	classical swine fever (hog cholera)
DARD	Department of Agriculture and Rural Development
DoA	Department of Agriculture
DLD	Department of Livestock Development (Thailand)
EC	European Commission
EID	Emerging Infectious Diseases

EMPRES	Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (FAO)
EpiNet	epidemiology network
EU	European Union
FAO	Food and Agriculture Organisation of the United Nations
FMD	foot-and-mouth disease
GF-TAD	Global Framework for the Progressive Control of Transboundary Animal diseases
GIS	Geographic Information System
GMS	Greater Mekong Subregion
HEPR	Hunger Eradication and Poverty Reduction
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HPAI	highly pathogenic avian influenza
ICARD	Information Centre for Agriculture & Rural Development
ILRI	International Livestock Research Institute
IRLP	Improve Rural Livelihood Project
JICA	Japan International Cooperation Agency
LMZ	Lower Mekong Zone
LP ELISA	Liquid phase enzyme-linked immunosorbent assay
M&E	Monitoring and Evaluation
MBDS	Mekong Basin Disease Surveillance
MDG	Millennium Development Goals
MoH	Ministry of Health
MoI	Ministry of Industry
MOST	Ministry of Science, Technology and Environment
MOU	Memorandum of Understanding
MTM	Malaysia-Thailand-Myanmar
NFMDTF	National Foot and Mouth Disease Task Force
OIE	World Organisation for Animal Health (Office International de Epizooties)
Paravets	Para-veterinary professionals
PSLP	Public Sector Linkages Program
PSP	Public Sector Program (Sanitary and Phyto Sanitary)
PSVS	Public Sector Veterinary Services
PSCC	Private Sector Consultative Committee
PVS	Performance of Veterinary Services
R&D	Research and Development
RCU	Regional Coordination Unit (Bangkok)
REU	Regional Epidemiology Unit (GF-TAD)
RRL	Regional Reference Laboratory
RSO	Regional Specialised Organisation (GF-TAD)
RSU	Sub-Regional Support Unit (GF-TAD)
SAARC	South Asian Association for Regional Cooperation
SDR	standard, definitions and rules
SEA	Southeast Asia
SEAFMD	Southeast Asia Foot-and-Mouth Disease
SEAFMDC	South East Asia Foot and Mouth Disease Campaign
SOHMD	Senior Officials Meeting on Health Development
SEOM	Senior Economic Officials Meeting
SOM	Senior Officials Meeting

SOMRDPE	Senior Officials Meeting on Rural Development and Poverty Eradication
SPSCB	Sanitary/Phytosanitary Capacity Building Project
TADInfo	Transboundary Animal Disease Information System
TADS	Transboundary Animal Diseases
THB	Thailand Baht
TOR	Terms of Reference
UMZ	Upper Mekong Zone
USD	United States Dollars
VND	Vietnam Dong
WGL	Working Group on Livestock
WHO	World Health Organization

## Executive Summary

This document presents findings of a review of the AusAID Grant Funding to World Organisation for Animal Health (OIE) for the Southeast Asia Foot-and-Mouth Disease (SEAFMD) Campaign to assess efficiency and effectiveness; consider future roles, responsibilities and governance arrangements; and the applicability of the SEAFMD model to the management of other major diseases.

The review team consisted of Dr Brian Scoullar (Team Leader, Monitoring and Evaluation Expert) and Dr Nigel Perkins (Animal Health Expert). The review team attended meetings and met with stakeholders during a one week period that included the 14th Annual Meeting of the OIE Sub-Commission for FMD in Southeast Asia (SEA), held in Hanoi, Vietnam from 10-14 March 2008. Additional information was accessed from scientific literature and reports of previous SEAFMD meetings and reviews.

The review team concluded that the Regional Coordination Unit – SouthEast Asia Foot and Mouth Disease (RCU-SEAFMD) has achieved international recognition as a model of excellence for regional coordination in animal health and in particular in Foot and Mouth Disease(FMD) control. RCU-SEAFMD is providing a highly effective coordination role built around a clear regional strategy – outlined in the SEAFMD 2020 roadmap document - under which country activities can be planned and implemented in a way that ensures harmonisation, cooperation and working towards the shared vision. Donor agency and member country representatives are better able to identify potential project areas that contribute to member country needs, are aligned with the regional strategy, and link effectively and efficiently with activities of other donor agencies in the region.

Progress is being made in capacity development in veterinary and diagnostic services with benefits directly attributable to FMD control as well as non-specific benefits for other diseases. In addition there is progress in regional FMD control and eradication with development of progressive zoning strategies, Indonesia maintaining freedom, Philippines successfully eradicating FMD and other member countries either reducing the incidence or developing animal health capacity.

The SEAFMD campaign/program has been adopted and endorsed by the Association of Southeast Asian Nations (ASEAN) and by partner agencies including OIE and the Food and Agriculture Organisation of the United Nations (FAO). Complete transition of SEAFMD activities into ASEAN including responsibility for financial management through ASEAN accounts has not yet occurred.

The following issues and recommendations were identified in the review:

- 1 *Governance and organisation: There is uncertainty over the options and optimal pathway(s) for organisational arrangements and management of SEAFMD activities in the future.*
  - 1.1 That RCU-SEAFMD continues to be managed as it is until such time as there is a clear indication from ASEAN of a preferred organisational structure allowing complete transition into ASEAN. It is expected that an OIE sub-regional office will be formed prior to the successful creation of an ASEAN Centre for Animal Health.
    - 1.1.1 Once an OIE sub-regional office is established in Bangkok, a preferred short-term arrangement for management of RCU-SEAFMD is to have it as a component or unit within the OIE sub-regional office.
    - 1.1.2 It is recommended that co-appointment of the SEAFMD regional coordinator (Dr Ronello Abila) as the regional representative of a sub-regional OIE office in Bangkok be considered carefully in view of the existing heavy workload for the

- 1.1.3 If the ASEAN Centre for Animal Health (name not yet defined) is formed prior to an OIE sub-regional office in Bangkok, then the preferred option will be to move RCU-SEAFMD into the ASEAN Centre for Animal Health.
- 1.2 That RCU-SEAFMD and donor/partner agencies continue to work with ASEAN towards achieving a complete transition.
  - 1.2.1 Activities aligned with the goal of achieving transition include continued lobbying for ASEAN to prioritise action in this direction, funding of expert advice on the process of transition and the structure and function of SEAFMD within ASEAN (understood to already have begun), and donor/partner agency contributions to the capital (seed) fund of the Animal Health Trust Fund (AHTF). These steps are considered likely to shorten the time frame required for completion of transition. The key initial step is achieving ASEAN support for the formation, structure and function of an ASEAN Centre for Animal Health and how the RCU-SEAFMD can be transitioned into this Centre.
  - 1.2.2 It is important to recognise that ASEAN has already formally endorsed and adopted the SEAFMD Campaign as an ASEAN program and that the Campaign has a formal reporting pathway into ASEAN. The SEAFMD Campaign is considered to be highly effective with benefits to the region and to Australia through progression towards FMD control and, more generally, through enhancement of animal health capacity in the region. While every effort needs to be made to encourage complete transition to ASEAN ownership there is also recognition that the program is effective, efficient and worthy of ongoing donor support.
- 1.3 An important interim achievement will be agreement from ASEAN on the formation and structure of an ASEAN Centre for Animal Health (name yet to be defined) that can act as a parent body to components such as RCU-SEAFMD and others eg RCU- highly pathogenic avian influenza (HPAI).
- 1.4 That RCU-SEAFMD retain a clear focus on ASEAN member countries with consideration given to expanding membership of SEAFMD to include all ten ASEAN countries. Neighbouring countries (China, India, Bangladesh) must be involved for effective FMD control and are best involved as participating countries.
- 1.5 That RCU-SEAFMD retain a clear focus on FMD and that separate coordination units be considered where appropriate for other transboundary diseases such as HPAI and classic swine fever(CSF). The preferred approach to managing multiple coordination units is to have them clustered under a single body and in a single location (OIE sub-regional office in the short term and ultimately the ASEAN Centre for Animal Health).
- 1.6 That care be exercised when considering options for changes to organisational arrangements and management of the RCU-SEAFMD to ensure that ongoing identity and visibility of the unit are not affected. For example if the RCU is managed as a component unit within an OIE sub-regional office or within an ASEAN Centre for Animal Health, the RCU needs to be clearly badged and identifiable by member countries, participating countries and donor/partner agencies as the RCU-SEAFMD.

- 2 *Sustainability: Concerns were identified over delays in completing transition to ASEAN, in transferring financial sustainability to ASEAN, and the difficulties in maintaining the focus of RCU-SEAFMD, as the RCU acquires additional tasks [Public Sector Veterinary Services (PSVS), OIE sub-regional office responsibilities].*
  - 2.1 That staffing needs of the RCU-SEAFMD be defined and appointments made as necessary to ensure that work of the RCU-SEAFMD is not adversely affected by the creation of the OIE sub-regional office and an ASEAN Centre for Animal Health.
    - 2.1.1 Minimal staffing requirements based on the current workload of the RCU-SEAFMD are considered to include: regional coordinator, technical consultant (assist with PSVS and other technical requirements), secretarial position and communications officer. Additional assistance may be funded through project budgets or external funding.
    - 2.1.2 Additional funding should be considered for communications, to support activities under the current communications officer, and to move the position into a full-time funded staff appointment.
  - 2.2 That AusAID and other donors continue to support RCU-SEAFMD until such time as transition to ASEAN is completed and that the Animal Health Trust Fund (AHTF) be considered as an important long term contribution to sustainability. A step-wise process is recommended comprising:
    - 2.2.1 Funding of the RCU-SEAFMD in its current structure for a period of 2 years (to 30 June 2010) in conjunction with donor funded activities in collaboration with ASEAN aimed at achieving ASEAN agreement on structure and mechanism of operation for an ASEAN Center for Animal Health including how multiple RCUs might operate under this, confirming the role of AHTF in achieving financial sustainability, and commitment to a transition plan.
    - 2.2.2 By June 2010 have developed a phased transition plan involving development of the capital (seed) account of the AHTF followed by a gradual decline in donor funds being directed to operational costs of the RCU(s). This is likely to involve multi-agency contributions over a defined time period to raise the capital account balance to a level sufficient to allow interest income to fund operational costs and a declining ongoing contribution to operational costs of the Centre and component RCUs. The phased transition plan is likely to involve up to six years of funding (June 2010 to June 2016), perhaps managed in two successive three-year blocks.
  - 2.3 That member countries continue to be encouraged to contribute to the AHTF and that once an ASEAN Centre for Animal Health is formed a major funding drive be initiated to draw on member countries, collaborating countries and donor/partner agencies to contribute to a capital fund to facilitate sustainable financial management of the ASEAN Centre for Animal Health.
- 3 *Monitoring and Evaluation (M&E): There is a lack of outcomes-focused M&E as identified in the 2007 M&E Panel Report. Funding constraints have not permitted SEAFMD to address this issue in the time period since then.*
  - 3.1 That an M&E expert team (including ASEAN specific expertise) be engaged to assist in developing an appropriate M&E framework including establishment of baselines, review of strategies and the development of outcomes at national and regional levels. The RCU-SEAFMD coordinator indicated that an M&E Workshop is planned for August 2008



- 3.2 That the timing of mobilizing an M&E expert team should enable the team to assist in the planning and preparation of the M&E August workshop and to participate in it.  
Implementation of the resulting M&E framework will require additional funding
- 4 *Cross cutting issues: There is a lack of data and information concerning the importance of gender in relation to SEAFMD activities.*
  - 4.1 An analysis of past and present studies, which include gender and socio-economic impacts, should be made to acquire current knowledge with which to inform future directions for their inclusion in SEAFMD and/or other diseases.
  - 4.2 That consideration be given to funding a project to complete an initial assessment of the gender specific and socio-economic impacts of FMD and its control and eradication in SEAFMD member countries.
  - 4.3 That all bilateral projects in the region be encouraged to incorporate into their activities components directed at assessment/targeting of gender and socio-economic impacts of FMD and of FMD control and eradication.

# 1 Background

The purpose of the review was to assess the efficiency and effectiveness of the OIE in the management of RCU-SEAFMD activities and consider the future roles, responsibilities and governance arrangements of key participants, particularly ASEAN and OIE, as well as the applicability of the SEAFMD model to the management of other major diseases.

AusAID funding of the SEAFMD program commenced in 1997 with Phase I. Subsequent project reviews, evaluations, and completion reports indicated a steadily increasing expansion of and resilience in, the institutional capacity of the eight SEAFMD member countries to progressively control FMD.

The SEAFMD Phase 2 Completion Report (2006) indicated that:

- The trust funds, established separately by ASEAN and the OIE, have provided the opportunity for increased donor support as demonstrated by greater participation of FAO, France, Japan, the EU and New Zealand.
- OIE Sub-Commission meetings are held annually. National coordinators attend four meetings annually. OIE standards and technological advances are discussed at meetings and workshops.
- Liaison and collaboration by SEAFMD with FMD related projects has continued. Organisations involved include Japan International Cooperation Agency (JICA), FAO, Asian Development Bank (ADB), France, the Economic Union (EU) and AusAID through cooperation with five FMD related projects. SEAFMD also provided technical assistance and advice to the Avian Flu crisis.
- SEAFMD, through the Regional Coordinating Unit (RCU) is acknowledged as the peak coordinating body for FMD in Southeast Asia.
- Monthly FMD status reports of member countries are sent regularly to the RCU and the regional status report, circulated to member countries, is returned to the RCU.
- The regional reference laboratory, inaugurated in 2004, has capacity for genetic sequencing, improved understanding of virus strains and analysis of the distribution of FMD serotypes. This gives the RCU the capacity to adjust vaccine types to counter changes in the strains of FMD.
- The management of animal movement and identification of cattle zones are recognized as critically significant in the control of FMD.
- The first campaign to eradicate FMD on a zonal basis involving three countries Malaysia, Thailand, Myanmar (MTM) was inaugurated in 2003 and is continuing.
- Post-graduate students (twelve) are presently undertaking FMD related thesis work at Murdoch University, Perth, Western Australia.

## 1.1 Development Context

The Australian Government's overseas aid program is a federally funded program that aims to reduce poverty in developing countries and achieve sustainable development, in line with Australia's national interest.

A recent global, commissioned study examined impacts of animal diseases on the livelihoods of the poor and the potential for collaborative research to improve these livelihoods<sup>1</sup>. FMD ranked within the top ten conditions in South Asia, South East Asia and globally, based on assessment of impact on the poor. The impact of FMD in several species, the importance of cattle and pigs in different parts of Asia,

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<sup>1</sup> <http://www.ilri.org/InfoServ/Webpub/fulldocs/investinginanimal/index.htm>.

and the high population of poor in the region all contributed to this high global ranking. The key conclusion of relevance to RCU-SEAFMD is that FMD was identified as a disease of global importance in terms of impact on livelihood of the poor. Demonstration of effectiveness of the RCU-SEAFMD in progressing towards FMD control and eradication would represent a direct contribution to the overall goal of the SEAFMD program which is to increase food security and alleviate poverty.

## **1.2 Problem Analysis**

The first phase of SEAFMD was reviewed in December 1999. The campaign was found to be highly relevant in the SEA context and fundamental elements of the program were sound, with participants enthusiastic and committed. The review recommended that the campaign be extended to June 2001 and, during the period, transfer of SEAFMD management to ASEAN be achieved as a base for continuing the campaign to 2004.

An AusAID Mid-Term Review was undertaken in April 2003 and an OIE/ASEAN Mid-Term Evaluation in December 2003. Both reported a high level of achievement of the objectives for the Strategic Plan 2001-2004 and that in several areas, expectations had been exceeded. It was expected that ASEAN endorsement of SEAFMD would lead to long-term institutional sustainability, including financial sustainability through creation of an ASEAN Animal Health Trust Fund (AHTF).

An extension of Phase II funding (2005) was implemented to enable a smooth transition to Phase III of the Campaign and incorporating a handover of SEAFMD to ASEAN by January 2006. The Final Activity Completion Report for Phase II, submitted in June 2006, indicated that handover to ASEAN had not been achieved due in part to delays in setting up the AHTF.

Australia agreed to provide an additional grant for partial funding of Phase 3 of the Campaign until 31 December 2007 to ensure adequate resourcing to allow the Campaign to continue to function until such time that the ASEAN AHTF would be ready to support the operation of the RCU-SEAFMD. It was recognised that the transition to ASEAN ownership would entail consideration of a number of critical issues including governance, funding and management.

At the time this review was implemented there were a number of issues that required attention concerning RCU-SEAFMD:

- Sustainability of the SEAFMD program was a major issue:
  - AusAID funding ended at 31 December 2007. Savings accumulated in the project budget at 31 December 2007 were directed towards maintaining the Campaign until 30 June 2008.
  - Transition to ASEAN ownership had not been achieved and the AHTF did not have sufficient funds to provide ongoing financial sustainability. The 13<sup>th</sup> Sub-Commission meeting had recommended that current arrangements of SEAFMD management be continued under the OIE until 2010 with greater ASEAN support and with efforts continuing to be directed towards achieving transition to ASEAN by 2010.
  - A proposal had been prepared for funding of SEAFMD for the period from 2008-2010.
- The pathway to achieving transition to ASEAN remained unclear including details on structure, management and governance.
  - These issues were impacted by a range of other activities and occurrences including developments within ASEAN (ASEAN Charter), neighbouring countries (ASEAN+3 countries, India, Bangladesh), prominence of HPAI and various response activities related to HPAI including the need for regional coordination functions directed towards HPAI, OIE plans to open a sub-regional office in Bangkok and OIE/FAO development of the Global Framework for the Progressive Control of Transboundary Animal diseases (GF-TAD) model for regional coordination of animal disease activities.

- The RCU monitoring and evaluation framework was reviewed in 2007 and recommendations made. Funding constraints have prevented implementation of activities/changes based on these recommendations.
- There had been no formal review of the SEAFMD Campaign since 2003.

### **1.3 Purpose, Scope and Overall Terms of Reference**

The purpose of the review is to establish the efficiency and effectiveness of the OIE in the management of SEAFMD RCU activities and consider the future roles, responsibilities and governance arrangements of key participants, particularly ASEAN and OIE, as well as the applicability of the SEAFMD model to the management of other major diseases. The TOR also includes a review of the management aspect, sustainability plan and future directions of the SEAFMD Campaign (SEAFMDC), details of which can be found in Appendix 1.

## **2 Approach and Methodology**

The Independent Review of AusAID Grant funding to SEAFMDC was timed to coincide with the annual SEAFMD/OIE Sub-Commission Meeting in Hanoi, Vietnam, to be attended by sixty representatives from both donor and member countries. This afforded the Review Team the opportunity to meet with representatives of all program beneficiary countries.

The team leader spent three days in Canberra on pre-departure preparations and briefings with staff from AusReady and AusAID. The Review Team arrived in Hanoi, Vietnam on Saturday, 8<sup>th</sup> March 2008 (see Appendix 2 for Team Travel Itinerary) for briefings with AusAID Bangkok, RCU Regional Coordinator, and the President of the OIE Sub-Commission for FMD in SEA, prior to the start of the 14<sup>th</sup> Meeting of the OIE Sub-Commission. Meetings were held during the week with representatives of stakeholder organisations and less formal discussions were held with a number of individuals (see Appendix 3 for List of Persons Met). A range of printed materials was used as reference including reports from various activities and meetings of SEAFMD and other FMD-associated activities, and published literature.

## **3 Activity**

The concept of the SEAFMD program arose in 1990 based on OIE recognition of the risk to communities of animal diseases in ASEAN member countries. FMD was identified as the disease of greatest concern and achieving control of FMD as contributing to increased food security and the alleviation of poverty as well as providing a model for the prevention and control of other serious diseases such as HPAI and CSF. The SEAFMD Campaign was officially launched in 1997 with eight member countries (Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Vietnam), overviewed by the SEAFMD Sub-Commission that is chaired by the OIE, with members from participating countries, ASEAN, FAO, AusAID and key donors. The basic concept was that FMD can be prevented and managed at the Sub-regional level if there are sound veterinary services and professional coordination of animal health activities between countries.

Details on the activities of the SEAFMD program and historical achievements can be found in the SEAFMD 2020 roadmap document<sup>2</sup>.

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<sup>2</sup> SEAFMD 2020: A roadmap for foot and mouth disease freedom with vaccination by 2020 in South-East Asia. RCU, OIE Sub-Commission for FMD in South-East Asia, 2007.

## 4 Observations

### 4.1 Effectiveness

The activities of the RCU-SEAFMD have achieved international recognition as a model of excellence for regional coordination in animal health, and in particular, FMD control. Very clear testimonials were received from all individuals interviewed, affirming and supportive of the common vision and strategy for FMD and attesting to the value and achievements of the RCU-SEAFMD in coordinating and facilitating activities at national, sub-regional and regional levels.

*“The biggest achievement of the SEAFMD campaign has been the provision to member countries of a common vision and strategy in controlling the disease. The multi-pronged approach used by SEAFMD campaign has been very effective and is now being looked upon as a model by the international scientific community to control other transboundary animal diseases and zoonoses especially Avian Influenza.”* (Dr Bernard Vallat, OIE Director-General. Opening Ceremony, Hanoi, 10-14 March 2008.)

Attendance at the 14th Annual Meeting of the OIE Sub-Commission in Hanoi reflected the level of support for the RCU-SEAFMD. The meeting was addressed by the Vietnamese Minister of Agriculture and Rural Development (Dr. Cao Duc Phat) and attended by representatives from all eight member countries as well as senior representatives from government animal health agencies in Australia, New Zealand, Japan, People’s Republic of China, Chinese Taipei and the Australian Embassy in Bangkok representing AusAID. Major international animal health agencies and donors were represented including: OIE (President of OIE, Director-General, Head of Regional Activities Department, Coordinator of the OIE World Animal Health and Welfare Fund, Regional Representative for Asia and the Pacific); FAO (Chief Veterinary Officer, Regional Manager for Asia and the Pacific, Chief Technical Adviser for Asia and the Pacific, Animal Health Officer for Asia and the Pacific); European Commission; the French Agricultural Centre for Agricultural Development (CIRAD); and the International Livestock Research Institute (ILRI). Attendance at the meeting of senior representatives from a variety of stakeholders is a clear indication of the level of regard and support held for the activities of the SEAFMD Sub-Commission.

Strong support for the activities of the SEAFMDC from ASEAN was demonstrated through endorsement by the ASEAN Sectoral Working Group for Livestock (ASWGL) and the Senior Official Meeting of the ASEAN Ministers of Agriculture and Forestry (SOM-AMAF), adoption of the SEAFMDC as an ASEAN program, and formation of the ASEAN Animal Health Trust Fund (AAHTF) in 2006. The SEAFMDC has also been endorsed by OIE including the full 172 member countries of the OIE.

The views of representatives from all member countries were obtained through a combination of group and individual meetings and less formal discussions. All representatives were unreserved in their support of the value of the SEAFMD Campaign and the RCU. There was variation between countries in the perception of impacts of SEAFMD on their activities and on FMD control. Less developed countries (Cambodia Laos Myanmar and Vietnam (CMLV) for example) identified direct benefits of SEAFMD activities on their capacity to detect and respond to FMD outbreaks while also acknowledging the value of the linkages and communication benefits of participating in SEAFMD activities. More developed countries such as Thailand and the Philippines indicated that the major beneficial impact of SEAFMD was the regional coordination, linkages, networking and facilitation

provided through meetings and SEAFMD communication channels. Representatives from Yunan Province, China indicated that the particular attributes that attracted their involvement were the regional coordinating role (including linkages, networking and communication with neighbouring countries) as well as the technical expertise and capacity enhancement activities (project-related activities) that were associated with SEAFMD.

A number of major achievements have been identified since the previous review in April 2003:

- Appointment of an ASEAN regional co-ordinator;
- Release of the SEAFMD 2020 roadmap which provides a long-term strategy applying a progressive zoning approach to control and eradicate FMD in the region and identifies crucial inputs required to achieve it. The SEAFMD 2020 roadmap has been endorsed by ASEAN and OIE and has been recognized nationally and internationally as a visionary document outlining the regional approach to FMD control and eradication;
- Development of national plans for FMD control that are aligned with the SEAFMD 2020 roadmap;
- Development of a progressive zoning approach to FMD control in the region:
  - Signing of an MOU for the MTM Campaign for FMD freedom;
  - Development of plans for further regional and sub regional zone activities in Myanmar, Upper Mekong and Lower Mekong with the Upper Mekong zone now being progressed towards a formal MOU;
  - Commitment of Yunan Province (People's Republic of China) to involvement in the Upper Mekong activities along with Vietnam, Lao PDR and Thailand;
  - Discussions have also been held with Bangladesh and India concerning cooperation with SEAFMD campaign activities in areas adjacent to the two countries;
- Development and funding of bilateral projects in member countries that specifically refer to the 2020 roadmap and the value of being aligned with a regional strategy for achieving FMD control and eradication;
- Establishment of a Private Sector Consultative Committee;
- Development of a communications program and appointment of volunteers to manage this;
- Regional secondment program; and
- Establishment of a regional reference laboratory for FMD in Thailand.

A large number of activities associated with the RCU-SEAFMD have either been completed, are currently underway, or are in the planning and development stage. These include some twenty plus current projects that are operating across the region and funded by AusAID, ACIAR, ADB-FAO, NZ MAFF, JICA and France. FAO identified 7 current projects and one in development (Phase 2 for Greater Mekong) totaling ~\$USD 12 million. There are approximately 20 post-graduate students working on projects in the region and under supervision from Murdoch University (n=12), Massey University (n=5) as well as University of Queensland and University of Sydney. There are a number of training and education activities being funded by FAO, EU, OIE, AusAID and other agencies. Many of these activities involve the RCU-SEAFMD in coordination, design/development or delivery.

It is very clear that the RCU-SEAFMD is providing a highly effective coordination role built around a clear regional strategy under which country activities can be planned and implemented in a way that ensures harmonization, cooperation and working towards the shared vision. Donor agency and member country representatives are better able to: identify potential project areas that contribute to a member country needs, are aligned with the regional strategy, and that link effectively and efficiently with activities of other donor agencies in the region. There are examples of effectiveness of SEAFMD in influencing member country actions and policy such as the support for the progressive zoning approach including signing of multi-lateral MOUs associated with the MTM campaign and development towards signing similar MOUs in the Upper and Lower Mekong regions. There are also examples of bilateral

project funding involving donor agencies and individual countries or groups of countries where the project design and documentation refers to the SEAFMD 2020 roadmap and the importance of alignment with a regional strategy (Phase 2 of the FAO/ADB Greater Mekong Subregion project). Donor agency representatives specifically referred to the value of the 2020 roadmap in providing a regional strategy that allowed countries and funding agencies to develop projects that meet national needs and are aligned with regional strategy. In attending the Hanoi meeting the review team was able to view first-hand the effectiveness of the RCU in using the meeting to identify research issues of importance to the SEAFMD Campaign and facilitating the development of project proposals in collaboration with member countries and donor/partner agencies.

The RCU-SEAFMD also completes a number of missions each year involving more direct discussions with member countries on aspects of national policy development and member countries activities concerning detection and control of FMD, alignment with the regional strategy and, in the past year, completion of assessment of veterinary services using the OIE Performance of Veterinary Services (PVS) tool. In addition the RCU is involved in development and delivery of training workshops including workshops on communication and outbreak investigation.

The high level of effectiveness of the RCU in regional coordination, facilitation of effective networks involving member countries, donor agencies, other partner agencies and countries and the development of the regional strategy (2020 roadmap), provides evidence that the RCU is creating an environment whereby the process of identifying and funding bilateral projects (funding agency – member country) is being facilitated. It is likely that projects are being established that operate within the region or a member country, that do not directly involve RCU staff, but where some of the credit for the strategic focus, design and implementation of the project (and therefore subsequent project outcomes), may be directed to the RCU i.e. the ASEAN ADB funded program for the control and eradication of AI throughout ASEAN. Objective measurement of this attribution would require specific M&E activities.

For example, the region has seen a progressive improvement in FMD status over time with Indonesia maintaining free status, Philippines progressing towards OIE recognition of free status, and evidence of reduction in the annual number of FMD outbreaks over time in Thailand and Vietnam. An increase in reported outbreaks over time has occurred in Lao PDR largely attributed to fresh incursions of FMD virus in 2006 and 2007. FMD cases in Malaysia have also risen in recent years due to a combination of the directing of animal health resources away from FMD toward HPAI control, and the decision in 2003 to ban animal imports from any countries with FMD including Thailand. This decision, resulting in increased illegal movements of animals and incursions of FMD, was rescinded in 2006, allowing a move towards management of animal movements to reduce risk. Thailand has seen a small reduction in the number of outbreaks coupled with a move from type A strains (reduced) to type O strains (increased). Myanmar and Cambodia are both suffering from severe resource constraints and under-reporting of FMD outbreaks, making it difficult to accurately describe what is going on in these two countries. Improvements in surveillance capacity have resulted from SEAFMD activities in these countries and have contributed to better understanding of resource constraints and under-reporting. These very brief comments reflect the complexities of FMD epidemiology in the area and the multi-factorial causal web that influences spread of the disease. These comments also reinforce the critical importance of a regional approach to disease control given the close proximity of countries and the movement of people and animals across the region.

It is also important to note that capacity strengthening in animal health, particularly veterinary services and diagnostic laboratory capacity in member countries, is a major achievement of SEAFMDC

activities. This was achieved through: meetings and discussions with member countries, coordination and delivery of training activities and workshops, the indirect benefit of RCU coordination activities, the 2020 roadmap facilitating identification of needs, and implementation of funded projects addressing those needs. It is acknowledged that this attribution is anecdotal, again reinforcing the need for M&E to document such impacts. As capacity improves in diagnostic and veterinary services it is expected that reported numbers of FMD cases will initially rise due to improved surveillance and detection. This progression was clearly seen in the Philippines where a dramatic rise in FMD cases was rapidly followed by effective control and eradication. A similar pattern is expected to emerge in other SEAFMD countries.

The RCU has eight components which serve as objectives against which performance can be assessed (see Appendix 1 for detail). Based on the information summarised above, it is the opinion of the review team that the RCU is highly effective at achieving Components 1 through 6. Progress is being made against Component 7 which relates to the importance of involving private sector stakeholders in FMD control activities, as evidenced in the report from Dr Boonpeng Santiwattanatam on the Private Sector Consultative Meeting held in Bangkok in November 2007. As understanding of the issues, in particular the drivers of animal disease spread in the region is improved through research, and as animal health capacity improves, the importance of private sector commitment in disease control becomes critical to successful control and eradication. This is recognised within SEAFMD and efforts to increase involvement of private sector in FMD control activities are timely and appropriate.

The current goal, purpose and objective of SEAFMD is more relevant now than at inception. Prior to 2003, SEAFMD was fully occupied on strengthening linkages between member countries and building a regional integrated program for the control and, eventual eradication of FMD. Gender, poverty alleviation and environment were low priorities in a schedule dealing with foundational issues. In contrast, at the 14<sup>th</sup> Sub-Commission Meeting, poverty alleviation and gender issues (the Goal of the program) were concerns frequently expressed by representatives and participants, freedom from FMD was a major theme through the 2020 road map (program Purpose) and the emerging network of a number of RCUs is developing in part because of the effectiveness and efficiency of the SEAFMD RCU (program Objective).

The last component (Component 8) refers to monitoring and evaluation and achievement against this objective is described in the next section.

## **4.2 Monitoring and Evaluation**

Well structured project or program designs commonly utilise a transition of steps that commence with goal, purpose and objectives at the conceptual stage and move on to outcomes, objectives, outputs and activities at the operational stage. At a time when the project is operating, monitoring and evaluation<sup>3</sup> are common practices to gauge effectiveness in achieving the goal. Quantification of project performance should align with statements (i.e. statements of outcomes, objectives, outputs and activities) which are measurable. Whilst there are exceptions, the rapid increase in measurement techniques has given rise to the expectation that statements are quantified. Aligned with this

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<sup>3</sup> Monitoring: is continuous & systematic data collection on specified indicators to provide management with indications of the extent of progress. Monitoring does not include attribution or causation in its indicators. Evaluation is the systematic and objective assessment of the relevance, efficiency, effectiveness, impact and sustainability of development activities.



expectation is the need to write statements (of purpose, objectives and output) in ways that make quantification possible.

In the SEAFMD document design, goal, purpose and objectives are clear and consistent at the conceptual stage but lack quantitative guidelines for achieving stated outcomes that can be supported by indicators, baselines and targets. Effective M&E is not currently occurring. At the operational stage the design consists of components, objectives and outputs. The workplan lists four columns: Program Description (identical to the outputs at the operational level), Planned Activities, Targets and Outcomes. The present column headed “Outcomes” is recording the success or otherwise of actioning the “Target”, so it should be titled as “Outputs” not Outcomes. The final step should be the fifth column “Outcomes” and is there to record the achieved (or not-achieved) result in the medium to longer term.

At the operational level there are eight components, which provide the framework by which reporting is conducted to assess the progress of the program. The eight member countries of SEAFMD recognise the components as a valuable, stable and consistent method of reporting.

Six monthly reporting is detailed and informative however does not provide a systematic framework of monitoring or evaluation, primarily because it is qualitative and descriptive, lacking rigorous objective measurement in the progression towards outcomes. Annual work plans are similarly descriptive and do not address progression toward outcomes.

The 2007 M&E Panel Report<sup>4</sup> highlighted these concerns and made a number of recommendations to develop more effective M&E processes. Funding constraints have limited progress on recommendations however SEAFMD staff are supportive of the need to implement the recommendations and the RCU-SEAFMD coordinator indicated that an M&E Workshop is planned for August 2008.

Quantitative, outcomes-based monitoring and evaluation became realistic possibilities when the 2020 roadmap document was accepted by the eight member countries and donors, and was endorsed by ASEAN in September 2007. The goal of the roadmap is to provide a long-term strategy to achieve FMD freedom with vaccination in eight countries by 2020. The major principles involved in controlling FMD include:

- Identification of the foci of infection through surveillance,
- Prevention of infection of susceptible hosts by quarantine and movement management,
- Elimination of the source of the virus,
- Increasing herd and animal immunity by vaccination,
- Mobilisation of political and public support for the campaign, and
- To these tools/strategies is added zoning of livestock, moving progressively through six zones of decreasing incidence of FMD to freedom by 2020.

These tools and strategies are quantifiable and the time constraint of the year 2020 is clearly defined thus introducing rigor and verifiability into program management and in the application of an M&E process.

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<sup>4</sup> M&E Panel Report, Bangkok Regional Program, May 2007.

### 4.2.1 Components, Objectives, Zoning and Outcomes

Components have been unchanged since 2002 and the objectives associated with them have been relatively stable over the same period. The objective then, can be incorporated with the component, which allows for more than one objective per component. Component 4 has the task of assisting member countries in promoting and coordinating the regional FMD control program, i.e. the implementation of the 2020 roadmap. An important component of the 2020 roadmap is zoning and with the passage of cattle movement through six zones, each zone will develop differing needs, thereby different objectives, outputs, and outcomes within the framework of Component 4. Other Components can then develop an outcomes approach to M&E using the experience developed from trialing Component 4.

The purpose of zoning cattle is, using a step by step approach, to increase the control and eradication of FMD. Vital aspects of stock management include entry to zoning areas combined with the regular control and management of animal diseases. The example below of an outcomes based workplan is highly hypothetical and, quite possibly, inaccurate in its detail. Its aim however is to outline the factors in an outcomes-based system for program operation, monitoring and evaluation followed by a spreadsheet similar to the SEAFMD Workplan model.

This approach to program management is measurable, transparent and verifiable, and with experience has been shown to be efficient and effective. In defining results it moves on from outputs to outcomes as the latter is the next step in the development activity. The outcomes approach allows for a number of objectives under the umbrella of Component 4 and indicators specific to those objectives to be included in the workplan.

Draft SEAFMD Outcomes Based Workplan				
<b>Component 4 – Disease Surveillance, Diagnosis, Reporting and Control :</b> To ensure that the necessary information required to understand the regional epidemiology of the disease is available to all member countries.				
<b>Progressive Zoning: Zone 1</b> <b>Objective 1</b> To secure, without loss, 300 cattle arriving from destination A (120 males,145 females,35 calves) free of FMD vaccinations and incursions to control FMD. Cattle are expected to depart in July 2011, FMD free with stock losses of less than 10% (i.e. 30 or less) since arrival.				
<b>Indicators</b> (Level of verification/substantiation) i.e. the difference between head count of livestock from destination A, verified by head count of same stock departing Zone 1 in 2011 (allowing for natural increase figures)				
Output A	Planned Activities	Target and Dates	Output B	Outcomes
4.1 FMD vaccinations to be administered to 187 susceptible livestock. Success rate aimed at 95% or higher.	Inform people responsible Ensure timely availability of vaccines Secure all necessary transport	187 cattle (65 Males 122 females) to be vaccinated 12-15th August 2009	All livestock correctly vaccinated	7 livestock, 5 males 2 females contracted FMD: 96% successful. The 7 affected livestock have been isolated until recovery

A second Objective under Component 4 Zone 1 might be training programs for farm families arriving into Zone 1 on FMD management, inclusive of livestock health, and community concerns. Appropriate indicators developed might include; contacts with farm families, workshops held, and numbers trained.

There are a number of challenges in moving to effective M&E that measures outcomes, particularly for the RCU-SEAFMD. The regional coordination activities of the unit need to be assessed separately to in-country FMD control activities that may result from independent actions by a member country or from bilateral projects involving a donor agency and a member country in partnership. Regional outcomes may be associated with measures such as commitment by countries to the regional vision and strategy (2020 roadmap), evidence of regional zoning agreements (MTM agreement), and evidence of policies/activities and projects that are explicitly designed to be aligned with the 2020 roadmap or where RCU activities have influenced initiation, design or implementation of these outcomes. A major final outcome will be successful achievement of eradication in the zones. In some instances there may be specific outcomes that can be credited to RCU actions such as training workshops involving RCU staff resulting in measurable change in veterinary service capacity.

In some countries, activities associated with improvements in diagnostic or veterinary service capacity and reduced or zero FMD outbreaks may be attributed predominantly to bilateral projects or independent country actions that do not directly involve RCU-SEAFMD. However, a portion of these achievements is considered able to be attributed to RCU-SEAFMD activities of coordination, facilitation and communication at the national and policy level. It is therefore, important to identify methods that allow partitioning of benefit to RCU and/or other sources. In a similar manner, socio-economic benefit/impact at the livestock smallholder level is likely to include only a component that can be attributed to the RCU-SEAFMD. The SEAFMD 2020 roadmap document is a significant achievement that, together with the planned M&E workshop in August 2008, should greatly assist in the development of an M&E framework that can measure outcomes at local, national and regional levels.

#### **4.2.2 Relevance of RCU objectives**

The RCU objective (as defined in the Terms of Reference) is to add value to the regional control program through the activities of the South East Asia Foot and Mouth Disease Campaign Regional Coordination Unit.

There are eight components identified in RCU documentation and annual member country reports provide information arranged under headings that are directly based on these eight components. Member country representatives were supportive of the current components though it is recognised that this may in part be because the member country representatives are accustomed to the components and the requirement to arrange reports according to the components. The review team felt that the current components were appropriate and remained relevant to the ongoing activities of the RCU.

### **4.3 Efficiency**

The SEAFMD RCU Bangkok office has a heavy workload. It is responsible for coordinating the regional program for combating FMD in eight member states of ASEAN. The RCU's principal strategy for effecting change is that, through discussions at meetings such as the OIE Sub-Commission, countries and donors of common interest decide on a course of action. The RCU coordinates a number of meetings, which have attendance of up to 90 people. Other activities within the workload of the RCU include: support to member countries, negotiations with ASEAN, promoting the zoning approach to

FMD and the MTM Campaign, maintaining communication activities, establishing the Private Sector Consultative Committee (PSCC), and collaboration and support to other AusAID projects, to the EU and to other donors.

The staff comprise five to six people, including part-time positions: the Regional Coordinator of SEAFMD, secretarial support, a regional consultant, communications officer (volunteer), MTM support position (graduate student), and an epidemiologist (technical expert). The permanent staff appointments comprise the regional coordinator and secretarial support positions. The technical expert position ended in December 2007 and has not yet been replaced. The regional consultant position was filled in early 2008, made possible through additional funding associated with the OIE/AusAID Project to Strengthen Veterinary Services to Combat Avian Influenza and Other Priority Diseases in South East Asia. The communications officer is a volunteer and is paid a living allowance and not a salary. The MTM support person is a short-term position funded through project activities. Staff morale within the group is high, staff are dedicated and committed to the campaign, and visitors comment on the excellent work and positive working environment.

Important contributions are also made to SEAFMD by a range of voluntary activities including in particular co-opted experts who respond to requests for assistance in drafting documents, lobbying on behalf of the program and providing assistance as required.

The heavy workload and small staffing complement mean that the RCU can be described as highly efficient (outputs per unit input). The same issues also impact sustainability (see next section).

#### **4.4 Sustainability**

The present situation is likely to change when the 2020 roadmap accelerates in phase three (2006 to 2010) this year. The aim of phase three is to progress the status of livestock from FMD control to FMD eradication in the zone. The skills and tools needed to achieve this include risk analysis, surveillance, vaccination, animal movement management and public awareness. Other tasks include the development of emergency preparedness and contingency plans against outbreaks of FMD at regional and national levels. The tasks of both the RCU and member country departments will increase under such a program. This will continue steadily during the course of the roadmap for two reasons: for progressively moving through zones and for protecting the status of zones from re-infection as they are declared free.

Funds will be required to support the program and ensure the delivery of essential services ultimately to livestock owners and rural communities. Sustainability in the longer term requires completion of transition to ASEAN ownership with primary responsibility for funding also under ASEAN control through the AHTF. There is likely to be a need for donor agency support until transition is completed and beyond that potentially through contribution to the capital fund of the AHTF.

Sustainability of the RCU-SEAFMD is threatened by many of the same issues that result in the unit being described as efficient. Only two of the 5-6 staffing positions may be considered permanent staff. The remaining positions are part-time, short-term and/or not funded (volunteer communications officer) or funded through a variety of external means (French funding for technical expert position, and project funding for MTM support person and regional consultant). Sustainability issues are exacerbated by the fact that the RCU-SEAFMD appears to be expanding in functions and responsibilities, most notably with the move by OIE to establish a sub-regional office in Bangkok that may involve appointment of the RCU regional coordinator (Dr Ronello Abila) to the sub-regional representative position, and

implementation of the OIE/AusAID Project to Strengthen Veterinary Services to Combat Avian Influenza and Other Priority Diseases in South East Asia.

The regional coordinator position is most critical to the success of the unit. The coordinator has a very high workload. If the coordinator was to fall ill or resign from the position the RCU would be seriously affected. The recent appointment of Dr Tata Naipospos as a regional consultant to the RCU does provide some support to the coordinator's position since Dr Naipospos is highly skilled, held in high esteem and capable of supporting the coordinator's role. The appointment of Dr Naipospos was made possible through project funding and therefore is not a permanent position.

Other positions are all very important to the functions of the RCU and yet nearly all positions are non-permanent. The communications officer is a volunteer receiving a living allowance only, working four days a week and managing a very heavy workload. The MTM position is a temporary position made possible through project funding and providing a range of support functions to both the MTM zone and more broadly to the general functions of the RCU. The technical expert position has ended and negotiations are underway to try and continue French support to allow this position to be filled once again. The previous technical expert (Dr Stephane Forman) provided epidemiological support for many of the functions of the RCU as well as general support for member country representatives and was held in very high regard by the RCU and member countries. There is strong justification for making the communications officer and technical expert positions permanent positions within the RCU.

World economic events of the past 12 months or more have seen the USD lose weight against other currencies and particularly against the AUD and regional currencies such as the THB. If ongoing aid payments are made in USD, these developments have the potential to reduce effective funding for the RCU-SEAFMD. It may be useful to consider alternatives for program budgets including payments in AUD rather than USD. This is not included in the recommendations of the current report since it is considered more of an operational issue and is reported here because the issue was raised during the information gathering process and has the potential to impact on sustainability.

## **4.5 Stakeholder Governance and Organisational Arrangements**

There has been recognition in previous SEAFMD reports of the importance of ASEAN taking responsibility for the SEAFMD campaign as a major part of ensuring ongoing sustainability of the campaign. ASEAN officially adopted the SEAFMD campaign as an ASEAN program in 2002, with attendant reporting obligations through the lead country (Thailand for SEAFMD) to the ASWGL. This constitutes an important level of responsibility within ASEAN for the campaign and a clear reporting pathway for SEAFMD reports to be presented to ASWGL and through this body to SOM-AMAF. This is separate to day-to-day management of SEAFMD activities which currently are aligned to its position as an OIE Sub-Commission with responsibilities to OIE headquarters in Paris.

A transition plan of SEAFMD to ASEAN has been endorsed by ASEAN (ASWGL and SOM-AMAF), including movement of day-to-day management and payment of operating costs, inclusive of salaries<sup>5</sup>. Part of this plan included the establishment by ASEAN of an Animal Health Trust Fund (AHTF) to support long-term sustainability of the SEAFMD. For the purposes of this document complete transition of SEAFMD to ASEAN is defined as SEAFMD operating under some form of ASEAN management structure with staff appointments, salaries and other operating costs all being managed by

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<sup>5</sup> Final Activity Completion Report for Australian Support to the OIE Campaign to Control and Eradicate Foot-and-Mouth Disease in South-East Asia, June 2006.

ASEAN and through ASEAN accounts. The initial target date for completion of transition was January 2006.

The AMAF established the ASEAN AHTF in November 2006. While initiation of the AHTF concept occurred prior to the appearance of HPAI in the region in 2004 and arose largely through discussions aimed at ensuring sustainability of the SEAFMD program, it appears that the AMAF decision resulting in approval and creation of the AHTF in 2006 was influenced significantly by a recognition of the need to develop regional capacity to respond to HPAI as well as other diseases<sup>6</sup>.

The AHTF has two accounts: a seed fund account receiving contributions by member countries (and possibly other sources) with amounts varied according to country capacity, and a project fund account receiving contributions from international donor agencies or private sector stakeholders. The seed fund is to be invested as a capital account and interest from this fund will be apportioned at 80% to the project fund account and 20% back into the seed account. The project fund account can then be used to fund projects. A schedule of country contributions to the seed fund has been produced totaling USD1.8 million over a six year period. The AHTF has a robust framework for accountability, drawdown proposals and proper use and management of the Fund for long-term sustainability. The fund is to be used for the purpose of financing ASEAN Animal Health Projects approved by the SOM-AMAF through recommendations of the ASWGL with the priority being to support regional coordination for control and eradication of FMD, HPAI, CSF and other regionalized disease and eradication programs for economically important animal diseases. At the time of the 14th Annual Meeting of the OIE SEAFMD Sub-Commission, there had been contributions to the AHTF totaling approximately USD300,000 from six countries.

There are a number of issues relating to the potential role of the AHTF in ongoing SEAFMD activities:

- An important reason for the origin of the idea of the AHTF was to provide financial sustainability for the RCU-SEAFMD. However, the guidelines for utilisation of the ASEAN AHTF indicate that the fund is to support regional coordination for FMD, HPAI, CSF and other economically important animal diseases. In addition activities eligible for support under the Fund must involve participation of all ASEAN Member Countries or should benefit the region as a whole. The fund therefore has a much broader mandate than FMD alone. It seems reasonable to think that funds may be more likely to be released for regional activities associated with coordination of multiple diseases (see following sections for discussion on the ASEAN Animal Health Center) or for activities associated with HPAI which currently has a higher profile both regionally and internationally than FMD. Arguments that can be used in favour of FMD-related expenditure include the importance of the disease in the region, the benefits of achieving freedom, the success and profile of the SEAFMD campaign and its ability to serve as a model for other diseases.
- While there are existing guidelines for utilisation of ASEAN AHTF funds, these have not yet been applied i.e. the actual mechanisms for developing, reviewing and approving proposals and flows of money have not been fully developed or applied in a test case. It is understood that RCU-SEAFMD will be raising this issue at the next ASWGL meeting (April-May 2008) in an attempt to seek approval for development and submission of a proposal asking for funds to be released from the AHTF.

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<sup>6</sup> <http://www.aseansec.org/18392.htm>.

- The level of funds within the AHTF is insufficient to provide sustainability to the RCU-SEAFMD. The SEAFMD 2020 roadmap document indicates that RCU-SEAFMD requires USD600,000 per year to operate as a coordinating and monitoring agency<sup>7</sup>. It is recommended that this estimate be revisited to take into account the range of activities undertaken by the RCU-SEAFMD, staffing requirements, discount value of funds over time, and the exchange rate of the USD against other currencies. If the broad intent of the AHTF is to act as a capital account and limit spending to income generated through investment of the funds, then total fund requirements seem likely to be USD5 to 6 million and preferably higher to allow for vagaries in interest rates, returns on investment, operating costs of the RCU-SEAFMD and the fact that the fund is intended to provide for activities other than FMD alone. The current level of funds within the AHTF (USD300,000) is insufficient to generate more than a minor contribution to operating costs.
- It seems likely that member countries and donor agencies will watch with interest the progress and activities of AHTF. If the fund continues to attract only limited support from member countries and if deposited funds are not used within a reasonable time frame to fund activities of benefit to member countries, then AHTF is likely to lose critical support and risk becoming dysfunctional. If the fund does not generate sufficient capital to allow use of income derived from invested capital for expenditure, then it may be preferable to use some capital funds for smaller project activities to demonstrate to all stakeholders that the fund is capable of being utilised for the benefit of member countries and the region. The longer term goal of having a capital fund with expenditure limited to income derived from invested capital, is strongly supported.

There are also a number of issues surrounding the management structure of RCU-SEAFMD and related activities in the region associated with animal health and with ASEAN.

- ASEAN has been criticised for being ineffectual largely because of the principles of consensus decision-making and non-interference in member country activities and decision making. At the 13th ASEAN Summit (Nov 2007), Leaders signed the ASEAN Charter which – once ratified – will provide a legal and institutional framework to support the realisation of ASEAN's objectives, including regional integration and the ability to enforce compliance with ASEAN decisions<sup>8,9</sup>. The next ASEAN Summit is expected to be held in late 2008 in Thailand. For the Charter to become legally binding, all ten member nations must ratify the Charter before the next ASEAN Summit in December 2008. Five countries have ratified it to date. While the Charter may or may not be ratified in 2008, the process – along with other developments such as economic integration and free trade negotiations between ASEAN and Australia/New Zealand – indicate that ASEAN is gathering momentum as a regional body with genuine authority to make decisions on behalf of member countries. This environment is a favourable one for advancing initiatives to move regional animal health activities such as SEAFMD into ASEAN, i.e. to complete the transition into ASEAN.
- The ASEAN Regional Strategy for the Progressive Control and Eradication of HPAI for 2008-2010 began in 2004 with the formation of the ASEAN HPAI Taskforce to serve as a network to formulate and help in the implementation of definite measures and areas of cooperation to

<sup>7</sup> SEAFMD 2020. A roadmap for foot-and-mouth disease freedom with vaccination by 2020 in Southeast Asia. 2007, page 33.

<sup>8</sup> [http://www.13thaseansummit.org.sg/asean/index.php/web/about\\_asean/asean\\_charter](http://www.13thaseansummit.org.sg/asean/index.php/web/about_asean/asean_charter)

<sup>9</sup> <http://www.aseansec.org/ASEAN-Charter.pdf>

control HPAI in the animal health sector. There is now significant support for the HPAI regional strategy through the ASEAN Ministers on Agriculture and Forestry (AMAF) and the ASEAN Health Ministers Meeting (AHMM), and their respective senior officials, working groups and experts [i.e. the ASEAN Sectoral Working Group on Livestock (ASWGL) and the ASEAN Highly Pathogenic Avian Influenza (HPAI) Task Force from the animal health sector, and the Senior Officials Meeting on Health Development (SOMHD) and the ASEAN Expert Group on Communicable Diseases (AEGCD) from the public health sector], in conjunction with international organisations, such as the FAO, OIE and WHO<sup>10</sup>. The ASEAN Regional Strategy for Progressive Control and Eradication of HPAI for 2008-2010 has been most recently discussed at the Fourth ASEAN Workshop on HPAI Control and Eradication, held in Bali in February 2008<sup>11</sup>. The strategy document<sup>12</sup> is very interesting in that it calls for the establishment of a regional coordination unit, mentions GF-TADs as a regional mechanism and emphasises the need to develop short, mid and long-term strategies for control and eradication of HPAI from the region including the use of terms such as progressive zoning and the development of a roadmap. There is a great deal of commonality between the approach outlined in the strategy and that already being implemented through SEAFMD. The strategy document also presents a possible structure diagram showing how the regional coordination unit may operate. It is also understood that there is interest from both Thailand and Malaysia in establishing the physical location of the proposed HPAI regional coordination unit and that ASEAN is intending to engage the services of a consultancy team to advise on options for developing, implementing and operating the unit including the role of ASEAN, additional country involvement from ASEAN+3 members (China, Japan, South Korea) and three countries from the East Asia Summit (EAS), as well as aid agencies and international partners. The RCU-SEAFMD coordinator is already involved in providing advice into this process.

- There has been mention of a regional “project coordination unit” to be established at the ASEAN level to assist in implementation of the ASEAN Regional Strategy for the Progressive Control and Eradication of HPAI and in particular to ensure synergy of effort with the ASEAN+3 EID Program (Phase 2) and other programs associated with HPAI across the region<sup>13</sup>.
- There is discussion of the establishment of an ASEAN Animal Health Center (name not yet determined) with broad responsibilities for regional coordination of activities focused on animal diseases and potentially a human health center (One Health Center or Public Health Center). The drivers for these regional coordination unit(s) appear to be more from the area of emerging and re-emerging infectious diseases and zoonoses (ASEAN+3 EID program) and there is clear overlap between these discussions and those referred to above that have been centered on HPAI. There appears to be strong support for separate animal health and human health coordination centers to allow animal/human disease-specific activities to occur separately, while also having very strong linkages between the two areas to facilitate work on zoonotic diseases in particular. There is also support for a one health concept that incorporates wildlife concerns and ecosystem health in the mixture of activities. Finally there appears to be little firm idea yet of structure and mechanisms of operation for these centers and the consultancy team referred to above will presumably be considering these issues as well when deliberating on coordination center options for ASEAN. In forming one or more centers, the

<sup>10</sup> <http://www.aseansec.org/18392.htm>.

<sup>11</sup> <http://www.adb.org/Documents/Events/2008/Highly-Pathogenic-Avian-Influenza/Program.pdf>.

<sup>12</sup> <http://un-influenza.org/files/ASEAN%20Regional%20Strategy%20for%20HPAI%202008-2010.pdf>.

<sup>13</sup> <http://www.adb.org/BirdFlu/assistance/asean-subproject.pdf>



ASEAN is apparently considering using the established ASEAN Center for Energy ([www.aseanenergy.org](http://www.aseanenergy.org)) as a model. This is a semi-autonomous coordination center that exists under the level of the senior officials on energy (equivalent to ASWGL in the animal health area).

- While this document concentrates on ASEAN as the regional body, it is possible that momentum for development of an ASEAN Center for Animal Health may be linked to ASEAN+3 countries in association with discussions over EID and HPAI for example. The general principles would however be considered to remain unaltered (need for a regional body under which the animal health components such as SEAFMD may be housed). Changing the regional body from ASEAN to ASEAN+3 may result in additional delays due to the need to incorporate additional political consensus into discussions.
- OIE plans to create a sub-regional office in Bangkok, Thailand to complement the existing regional representation in Tokyo and in recognition of the need to have regional coordination capacity in the South-East Asia region<sup>14</sup>. It is not clear exactly when the OIE sub-regional office may be created and also what the exact structure will be in relation to RCU-SEAFMD.
  - Negotiations are currently understood to be occurring between OIE and the Thailand government over detailed arrangements for the establishment of a sub-regional office including such issues as granting of diplomatic status and tax exemption as well as details over provision of office space and utilities and other administrative support.
  - It appears that the initial intent will be to create a sub-regional office and appoint Dr Ronello Abila as the coordinator for the sub-regional office of the OIE, in addition to his current tasks within RCU-SEAFMD. To some extent the existing RCU is already acting as a sub-regional office though arguably with a more limited scope of activities. Over time it is expected that the range of OIE activities coordinated through the sub-regional office will expand beyond SEAFMD activities to include the full array of OIE activities such as welfare, standards, and capacity building. While the appointment of Dr Abila as a sub-regional coordinator is supported, it is essential that staffing requirements for RCU-SEAFMD continue to be maintained so that SEAFMD workload is not adversely affected.
  - If the sub-regional office is created as a separate entity to the existing RCU-SEAFMD, it is not clear whether the RCU-SEAFMD will then fall under the sub-regional office in an administrative and management sense. In the short term this would seem to be a logical move. As discussed later, the longer term goal remains to undergo complete transition of RCU-SEAFMD into ASEAN and the preferred approach to this is through creation of an ASEAN coordination center (called in this document the ASEAN Animal Health Center).
  - There is uncertainty over whether OIE funds generated through member country subscriptions to OIE will be used to contribute to operating costs of the OIE sub-regional office, the level of such funding and also whether such funding may contribute towards the operating costs of the RCU-SEAFMD. Presumably the only avenue by which OIE funds would contribute to RCU-SEAFMD activities would be if the RCU-SEAFMD were to exist administratively and from a management sense under the control of the OIE sub-regional office. Movement of funds from member countries in the South-East Asian region to a sub-regional office in Bangkok may have an adverse impact on funding available for the regional office in Tokyo since it is dependent in part on the same member countries.

<sup>14</sup> [http://www.oie.int/download/Good\\_Governance/A\\_good\\_gouvernance.pdf](http://www.oie.int/download/Good_Governance/A_good_gouvernance.pdf)

- The broader mandate of an OIE sub-regional office compared to the RCU-SEAFMD is believed to be best served by a long term strategy involving movement of RCU-SEAFMD (and other regional coordination units based on the RCU-SEAFMD model) into an ASEAN structure (ASEAN Center for Animal Health) and to separate the OIE sub-regional office. The two structures would need to work together on many activities and close linkages will be important.
- There has also been considerable interest over the past few years in the GF-TAD model as it may apply to the South-East Asia region<sup>15</sup>. The Global Framework for Transboundary Animal Diseases (GF-TAD) is a joint FAO/OIE initiative that combines the strengths of both organisations and emphasises regional alliances to undertake capacity building to control specific transboundary animal diseases<sup>16</sup>. It is important to note that the GF-TAD model is jointly supported by FAO and OIE and that it is still a conceptual model. There are a number of important issues relevant to SEAFMD and the ASEAN region.
  - The RCU-SEAFMD was created prior to the GF-TAD agreement. RCU-SEAFMD is recognised as being equivalent to the RSU under a GF-TAD framework and the RCU-SEAFMD would serve as a model for coordination units/centers to address other priority diseases (HPAI and CSF)<sup>15,16</sup>. There is no real distinction between RCU-SEAFMD and GF-TAD other than terminology and the fact that RCU-SEAFMD has a single disease focus. If RCU-SEAFMD were to be extended to apply to other diseases it would do so under a GF-TAD approach.
  - The second steering committee meeting for GF-TADs agreed that the RSU for ASEAN would be located in Bangkok, essentially agreeing that the RCU-SEAFMD was the de-facto RSU under a GF-TAD framework.
  - Development of an ASEAN Animal Health Center would also be likely to follow the GF-TAD approach.
- The SEAFMD Campaign originated with eight member countries and has expanded with involvement of additional participating countries. China has become involved in SEAFMD activities in the Upper Mekong region through Yunnan Province. Discussions are being held with India and Bangladesh concerning involvement in regional activities involving Myanmar. Involvement of neighbouring countries as participating countries is considered important in achievement of regional disease control. All participating countries are already members of the OIE. It is however, considered important to restrict membership of SEAFMD to ASEAN countries though there may well be benefit in expanding membership to include all ten ASEAN countries since this may facilitate transition to ASEAN ownership. Neighbouring countries (China, India, Bangladesh) are considered best involved in SEAFMD as participating countries.

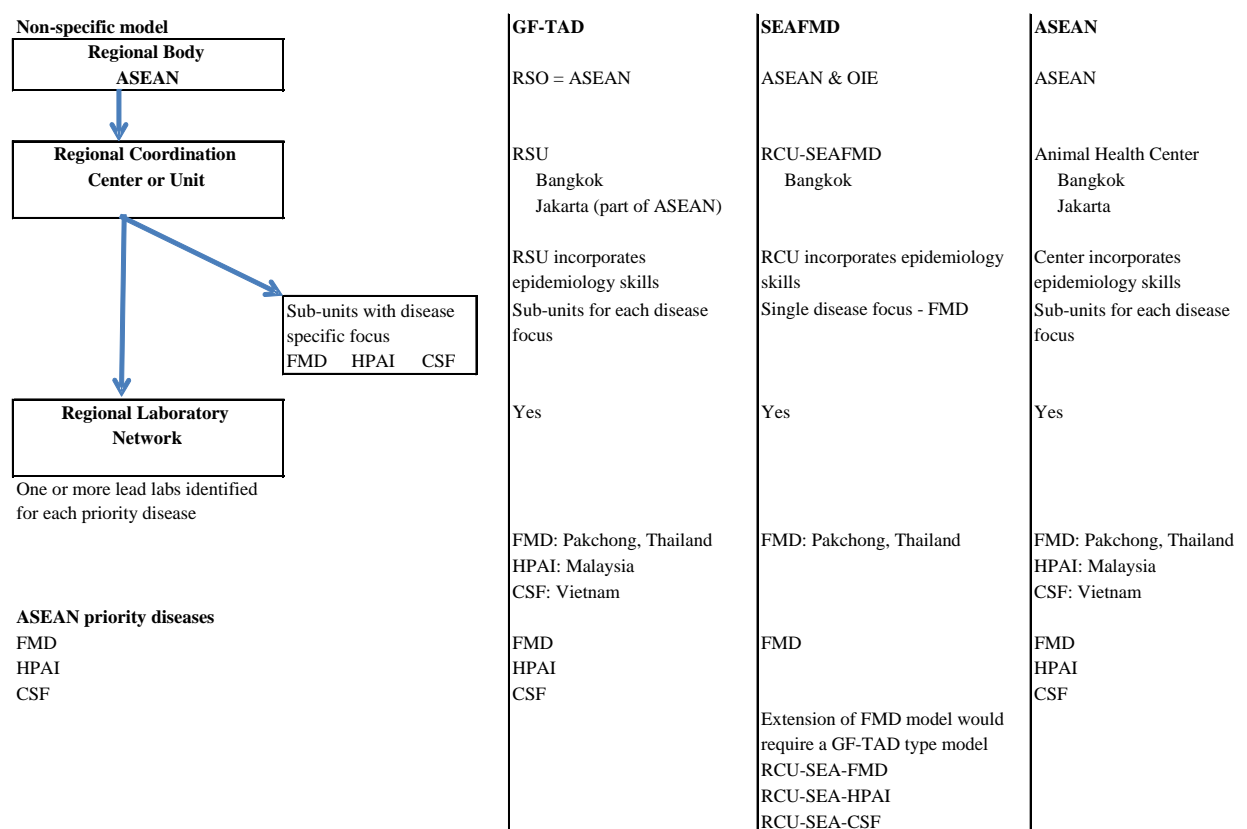
Figure 1 shows a diagrammatic representation of regional coordination of animal disease control. The non-specific model is a general model that incorporates some important principles. These include the need for ownership of the coordination function by ASEAN, the consolidation of coordination activities in a single physical location for efficiency (regional coordination unit or center), that the regional

<sup>15</sup> First Steering Committee Meeting on GF-TADs, 2005. [http://www.oie.int/downld/Good\\_Governance/3.2.4..pdf](http://www.oie.int/downld/Good_Governance/3.2.4..pdf).

<sup>16</sup> Second Steering Committee meeting on GF-TADs, 2007. [http://www.rr-asia.oie.int/representation/programmes/programme\\_g/pdf/II%20GF-TADs%20Minutes%20of%20the%20Meeting.pdf](http://www.rr-asia.oie.int/representation/programmes/programme_g/pdf/II%20GF-TADs%20Minutes%20of%20the%20Meeting.pdf)

coordination unit or center may have multiple sub-sections or sub-units (each with a specific disease focus), and that regional reference laboratories be identified for each disease.

The sections of Figure 1 on the right hand side show terminology and possible structures under the existing SEAFMD model, GF-TADs and potentially under a parent body described as the ASEAN Animal Health Center. It is immediately apparent that the different models are essentially describing the same structure. SEAFMD currently has a single disease focus. If it were to be expanded to apply to multiple diseases this would best be done under a GF-TAD model with a single over-arching coordination unit comprising some common functions and multiple disease specific components (RCU-FMD, RCU-HPAI, RCU-CSF, etc). An important decision for each of these broad approaches will be where to site the single regional coordination unit or center. In the RCU-SEAFMD, this unit already exists and is located in Bangkok. In the GF-TAD model, early discussions were considering either Jakarta (as part of ASEAN) or Bangkok. The July 2007 Second meeting of the Steering Committee for GF-TADs indicated that the RSU for ASEAN should be in Bangkok, essentially acknowledging that the existing RCU-SEAFMD was the regional RSU under a GF-TAD model. This leaves the ASEAN model which is conceptually not well developed and where the structure and mechanisms of operation are as yet undecided.



**Figure 1: Diagrammatic representation of regional coordination of animal disease control.**

There is consensus that the existing RCU-SEAFMD is the model that should be applied to other diseases based on documentation of the GF-TAD model<sup>11,15,16</sup> and on feedback provided to the review team from representatives of FAO, OIE, member countries and representatives from other countries and agencies. There is also strong support for a single coordination unit/center that is housed in a single

location and that contains component sections with disease specific focus. This means that RCU-SEAFMD would become a component of a coordination unit with a broader, multi-disease focus with other components modelled on RCU-SEAFMD and focused on the other priority diseases. There is strong support for the multi-disease, Regional Coordination Unit/Center to be housed in Bangkok to build on the success of SEAFMD. The labels of the different sections (coordination unit vs. support unit vs. center) are relatively unimportant though stakeholders will identify with a consistently badged structure.

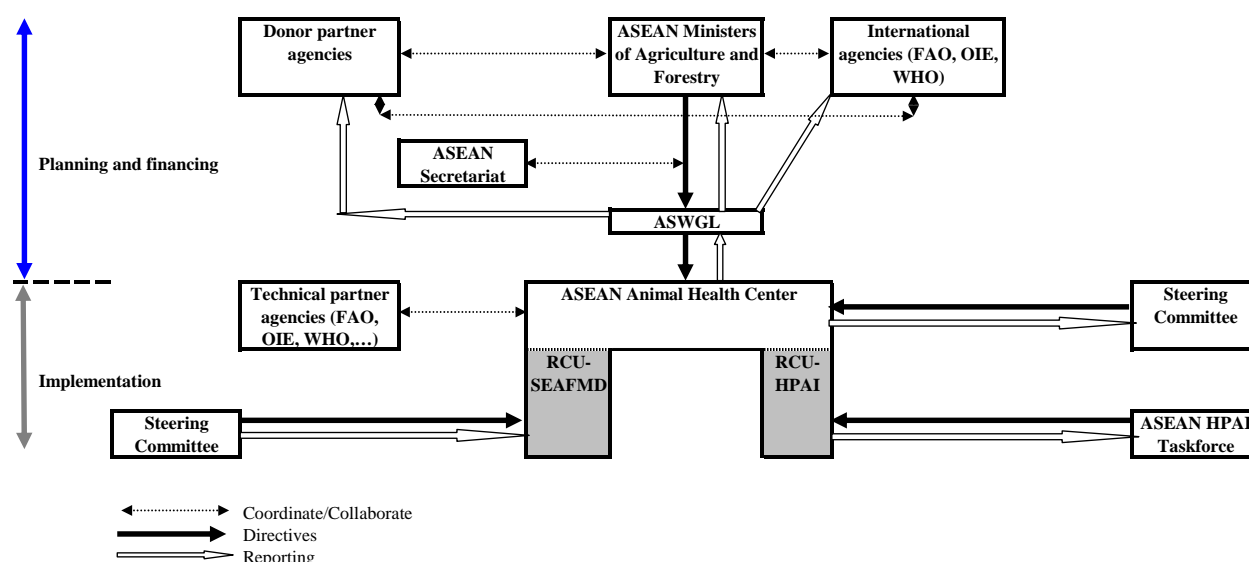
RCU-SEAFMD has a small number of staff, is a highly efficient unit and this model is strongly supported under an expanded approach with a parent coordination office and multiple, disease-specific components. This is also clearly supported under the GF-TAD model with documentation indicating that each RSU would be comprised of one Lead Officer, one Technical Assistant, two Associate Officers, and one Clerk.

While high level agreement and commitment to the GF-TAD model involving FAO, OIE and other international agencies has been achieved, details of structure and mechanism of operation are still being clarified. An example of an issue yet to be clarified is how multiple disease-specific components might be managed within a single parent RSU office. If RCU-SEAFMD is the model of a disease specific component, then the simplest approach is to replicate the RCU concept (RCU-SEAFMD, RCU-HPAI, RCU-CSF) and have these three components managed under one office, equivalent to the RSU from a GF-TAD model. The staffing requirements for the parent office and for disease-specific components will then need clarification. For example there may be some positions that provide support across multiple components/diseases (IT, communications, finance and possibly technical positions such as epidemiology). The parent office will presumably require a coordinator or senior management position. Staffing requirements for each disease-specific component would also require review with positions dependent on the workload. The simplest starting position would be to have a single coordinator in each disease-specific component. Decisions on additional staff under disease-specific components would then most logically be based on workload and available resources.

ASEAN ownership (complete transition) of regional coordination is uniformly supported. The most effective mechanism appears likely to be the formation of an ASEAN Animal Health Center as described above. There is less support for locating such a center in Jakarta and more rationale for locating it in Thailand to build on a number of regional activities that are already located in Bangkok. An ASEAN Animal Health Center would then be viewed as a parent coordination body (equivalent to a RSU in the GF-TAD model). The RCU-SEAFMD would then form a component unit within the ASEAN Animal Health Center with additional RCUs being formed as required (RCU-HPAI, RCU-CSF). The development of this regional coordination approach with a parent body and component parts with specific disease focus (or specific issue focus) is best achieved using the GF-TAD model. This entire approach will require harmonisation of terminology between the different models as outlined in Figure 1. A draft representation of a structure based around an ASEAN Animal Health Centre is shown in Figure 2 for illustrative purposes only.

An important milestone will be agreement of the structure and operating mechanisms for the ASEAN Animal Health Center with ASEAN financial support managed through the AHTF. This will mean increasing the AHTF significantly to a total capital investment pool of the order of USD5 to 10 million or more. The interim arrangement will be to continue current structures.

The drive to create a regional coordination unit for HPAI is creating some concern because there is not yet a parent coordinating body (equivalent to the ASEAN Animal Health Center concept or a RSU) under which the two RCUs (SEAFMD and HPAI) could co-locate. It will be important to create the parent body (ASEAN Animal Health Center) using the GF-TAD model as a guide and then co-locate the two units in Bangkok. The final step will then be to develop the AHTF sufficiently to allow the parent coordinating body to be moved completely within ASEAN.



**Figure 2: Diagrammatic representation of implementation mechanism.** Adapted from ASEAN Regional Strategy for the Progressive Control and Eradication of HPAI (2008-2010).

## 4.6 Cross cutting issues

There is a lack of data and information concerning the importance of gender and environmental issues related to SEAFMD activities. A series of questions were posed by Dr Alain Vandersmissen<sup>17</sup> in the meeting that are considered relevant to cross cutting issues and in particular gender: does FMD have a gender specific impact; can that be measured and assessed; are those impacts being taken into consideration in current actions; and, what additional data should be collected to further our understanding.

There is information documenting the socio-economic impact of FMD in the region and the beneficial impact of FMD control on socio-economic measures. A recently completed study has provided important information on impact of FMD in Vietnam<sup>18</sup> and a report from ILRI provides additional information to document the importance of FMD impacts on the poor and the value in controlling FMD in alleviating poverty. There is likely to be value from an M&E perspective of completing additional research to document the socio-economic impact of FMD and the benefit of FMD control in the region, either as components of other projects or as additional projects such as the Vietnam report.

There is little evidence to indicate that FMD control and eradication activities have significant environmental impact.

<sup>17</sup> Vandersmissen A. European External Response to AI and other Emerging Diseases. 14<sup>th</sup> Meeting of the OIE Subcommission for FMD, Hanoi, 10-14 March 2008.

<sup>18</sup> Economic impact assessment of foot-and-mouth disease on smallholder farms in Northern Vietnam, FAO 2007.

## **5 Priority Issues**

### **5.1 Governance and Organisational Structure**

There is uncertainty over the options and optimal pathway(s) for organisational arrangements and management of SEAFMD activities in the future.

### **5.2 Sustainability including ongoing role of donor agencies and role of ASEAN**

Concerns have been expressed over the delays in complete transition to ASEAN and in transferring financial sustainability to ASEAN and difficulties in maintaining the focus of RCU-SEAFMD as the RCU acquires additional tasks (PSVS, OIE sub-regional office responsibilities).

- ASEAN has already expressed strong support and a level of ownership of the campaign.
- The trust fund has been formed and is accumulating funds though at a slower rate than anticipated.
- Complete transition to ASEAN is likely to be a longer term goal (several years or more) and is dependent on agreement for a structure (semi-autonomous center) and on continued momentum through issues such as HPAI.
  - It is difficult to identify a time frame for completion of transition to ASEAN ownership due to the complexities of achieving consensus amongst ASEAN member countries on the organisational structure and management, whether ownership is limited to ASEAN or expanded to ASEAN+3, as well as requiring member country contributions to funding. It is unlikely that complete transition will be achieved by 2010 though it does appear reasonable to expect the pathway and final structure to be agreed by 2010. There appears to be momentum gathering within ASEAN to progress the formation of an ASEAN Center for Animal Health particularly in association with HPAI and donor agency funding for HPAI-related activities.
  - Facilitation of the process is likely to involve continued lobbying for ASEAN to prioritise action in this direction, funding of expert advice on the process of transition and the structure and function of SEAFMD within ASEAN and donor agency contribution to the capital (seed) fund of the AHTF. These steps are considered likely to shorten the time frame required for completion of transition.
- It is critical that SEAFMD continue to be supported until such time as complete transition can occur.

### **5.3 Monitoring and Evaluation (M&E)**

While RCU-SEAFMD and member states are recognized internationally for their excellence in regional coordination for the control of FMD, the data to verify the reputation is lacking. RCU reporting is qualitative and descriptive. Introduction of the 2020 roadmap which quantifies the goal (FMD freedom with vaccination) the duration (by 2020) and the area (SEA) provides the environment for initiating an outcomes focused M&E system.

Component 4 (Disease Surveillance, Diagnosis, Reporting and Control) is the example used for the M&E system by:

- amalgamating the Component and its attendant Objective into a single statement,
- developing, as needed, two or more Objectives to meet critical issues within the mandate of Component 4, and

- designing and implementing a number of Outputs to meet the requirements of the Objective.

The Objectives and Outputs are transparent quantitative, comprehensive, verifiable and supported by indicators.

## **5.4 Cross-Cutting Issues**

There is a lack of data and information concerning the impact of FMD and FMD control on gender specific issues and a need for further assessment of the socio-economic impact of FMD.

## **5.5 Future Directions**

### **5.5.1 Are the objectives and design of the SEAFMD program still relevant**

The objective and eight components are considered to be still relevant to the ongoing activities of the SEAFMD program. Comments in the section on M&E have identified the need to consider objectives with a view to development of effective outcomes assessment.

The 2020 roadmap document has been identified as a visionary document outlining a regional strategy that can be used by member countries and donor/partner agencies in guiding activities. This document is aligned with the original objectives and will provide a valuable guide for SEAFMD activities into the future. It would be valuable to incorporate SEAFMD goal, purpose and objectives (including components) into the roadmap 2020 document.

### **5.5.2 Other modalities for implementing a regional animal health program**

Feedback received by the review team from all participants at the Hanoi meeting indicated unanimous support for SEAFMD as the premier example of a regional animal health coordination unit and the program was identified as a role model on which similar coordination units might be based either elsewhere in the world for FMD or for other disease (in Asia or elsewhere). The review team have considered several alternative modalities currently being discussed within the ASEAN region though these are all variants on the same SEAFMD/GF-TAD model.

### **5.5.3 Exit strategy**

The need for an exit strategy is primarily associated with ensuring effective and complete transition of SEAFMD to ASEAN ownership with subsequent decline in the need for donor agency funding to support RCU-SEAFMD activities. This is covered in the recommendations below.

## **6 Recommendations**

### **6.1 Governance and Structure**

6.1.1 That RCU-SEAFMD continue to be managed as it is until such time as there is a clear indication from ASEAN of a preferred organisational structure allowing complete transition into ASEAN. It is expected that an OIE sub-regional office will be formed prior to the successful creation of an ASEAN Center for Animal Health.

- Once an OIE sub-regional office is established in Bangkok, RCU-SEAFMD is best managed as a component or unit within the sub-regional office.

- It is recommended that co-appointment of the SEAFMD regional coordinator (Dr Ronello Abila) as the regional representative of a sub-regional OIE office in Bangkok be considered carefully in view of the existing heavy workload for the SEAFMD regional coordinator and any additional responsibilities associated with the regional representative position. Depending on workload, there may be justification for an additional technical appointment within the office (either at OIE level or at RCU level) to assist in meeting responsibilities.
  - If an ASEAN coordination center (ASEAN Center for Animal Health) is formed then it is expected that RCU-SEAFMD would move into this center. If the ASEAN Center for Animal Health is formed prior to an OIE sub-regional office in Bangkok, then the preferred option will be to move RCU-SEAFMD into the ASEAN Center.
- 6.1.2 That RCU-SEAFMD and donor/partner agencies continue to work with ASEAN towards achieving a complete transition.
- Activities aligned with the goal of achieving transition include continued lobbying for ASEAN to prioritise action in this direction, funding of expert advice on the process of transition and the structure and function of SEAFMD within ASEAN (understood to already have begun), and donor/partner agency contributions to the capital (seed) fund of the AHTF. These steps are considered likely to shorten the time frame required for completion of transition. The key initial step is achieving ASEAN support for the formation (and structure and function) of the ASEAN Center for Animal Health) and how the RCU-SEAFMD can be transitioned into this Center.
  - It is important to recognise that ASEAN has already formally endorsed and adopted the SEAFMD Campaign as an ASEAN program and that the Campaign has a formal reporting pathway into ASEAN. The SEAFMD Campaign is considered to be highly effective with benefits to the region and to Australia through progression towards FMD control and more generally through enhancement of animal health capacity in the region. While every effort needs to be made to encourage complete transition to ASEAN ownership there is also recognition that the program is effective and efficient and worthy of ongoing donor support.
- 6.1.3 An important interim achievement will be agreement from ASEAN on the formation and structure of an ASEAN Animal Health Center (the name of this center may be different – the key achievement is the formation of an ASEAN regional coordination center that can act as a parent body to components such as RCU-SEAFMD and others, eg RCU-HPAI).
- 6.1.4 That RCU-SEAFMD retain a clear focus on ASEAN member countries. Neighbouring countries (China, India, Bangladesh) must be involved for effective FMD control but are best involved as participating countries.
- 6.1.5 That RCU-SEAFMD retain a clear focus on FMD and that separate coordination units be considered where appropriate for other transboundary diseases such as HPAI and CSF. The preferred approach to managing multiple coordination units is to have them clustered under a single body and in a single location (OIE sub-regional office in the short term and ultimately the ASEAN Center for Animal Health).
- 6.1.6 That care be exercised when considering options for changes in organisational arrangements and management of the RCU-SEAFMD to ensure that ongoing identity and visibility of the unit are not affected. For example if the RCU is managed as a component



unit within an OIE sub-regional office or within an ASEAN Center for Animal Health, the RCU needs to be clearly badged and identifiable by member countries, participating countries and donor/partner agencies as the RCU-SEAFMD.

## **6.2 Sustainability**

6.2.1 That staffing needs of the RCU-SEAFMD be defined and appointments made as necessary to ensure that work of the RCU-SEAFMD is not adversely affected through creation of the OIE sub-regional office and of the ASEAN Center for Animal Health.

- Minimal staffing requirements based on the current workload of the RCU-SEAFMD are considered to include: a regional coordinator, a technical consultant (assist with PSVS and other technical requirements), secretarial position, and a communications officer. Additional assistance may be funded through project budgets or external funding.
- Additional funding from donor agencies to the RCU, should be considered for communications, to support activities under the current communications officer, and to move the position into a full-time funded staff appointment. This recommendation reflects the importance of communication activities and training and the risks associated with having these activities attached to a volunteer position.

6.2.2 That AusAID and other donors continue to support RCU-SEAFMD until such time as transition to ASEAN is completed and that AHTF be considered as an important long term contribution to sustainability. A step-wise process is recommended comprising:

- Funding of the RCU-SEAFMD in its current structure for a period of 2 years (to 30 June 2010) in conjunction with donor funded activities in collaboration with ASEAN aimed at achieving ASEAN agreement on structure and mechanism of operation for an ASEAN Center for Animal Health including how multiple RCUs might operate under this, confirming the role of AHTF in achieving financial sustainability, and commitment to a transition plan;
- By June 2010 have developed a phased transition plan involving development of the capital (seed) account of the AHTF followed by a gradual decline in donor funds being directed to operational costs of the RCU(s). This is likely to involve multi-agency contributions over a defined time period to raise the capital account balance to a level sufficient to allow interest income to fund operational costs and a declining ongoing contribution to operational costs of the Center and component RCUs. The phased transition plan is likely to involve up to 6 years of funding (June 2010 to June 2016), perhaps managed in two successive three-year blocks.

6.2.3 That member countries continue to be encouraged to contribute to the AHTF and that once an ASEAN Center for Animal Health is formed a major funding drive be initiated to draw on member countries, collaborating countries and donor/partner agencies to contribute to a capital fund to facilitate sustainable financial management of the ASEAN Center for Animal Health.

## **6.3 Monitoring and Evaluation**

6.3.1 That an M&E expert team including ASEAN specific expertise and an experienced livestock operator, be engaged in developing an M&E framework linked to the planning

and implementation of livestock zoning movements, establishment of baselines, a review of strategies and the development of outcomes at the national and regional levels. The RCU-SEAFMD coordinator indicated that plans are already in place to hold an M&E Workshop in August 2008.

- 6.3.2 That the timing of the mobilizing of an M&E expert team should enable the team to assist in the planning and preparation of the M&E August workshop and to participate in it. Implementation of the resulting M&E framework may require additional funding since it is critical that funding not be diverted away from other RCU activities.
- 6.3.3 That projects be encouraged to incorporate into their activities components directed at assessment of socio-economic impact of FMD and of FMD control and eradication.

## **6.4 Cross-Cutting Issues**

- 6.4.1 There is a lack of data and information concerning the importance of gender in relation to FMD activities. An analysis of past and present studies, which include gender and socio-economic impacts, should be made to acquire current knowledge with which to inform future directions for their inclusion in SEAFMD and or other diseases.
- 6.4.2 That consideration be given to funding a project to complete an initial assessment of the gender specific and socio-economic impacts of FMD and its control and eradication in SEAFMD member countries.
- 6.4.3 That all bilateral projects in the region be encouraged to incorporate into their activities components directed at assessment/targeting of gender and socio-economic impacts of FMD and of FMD control and eradication.

## **7 Acknowledgements**

The review team would like to acknowledge and thank AusReady staff for arranging travel plans and meetings in Canberra. In addition the review team would like to thank AusAID Bangkok staff, particularly Julia Landford and Siripen Nuchachatpong for their considerable assistance, together with AusAID Canberra staff for their willingness to give of their time in preparation briefings and meetings. The generous support of all people contacted through the course of this review activity who provided information on the activities of the RCU-SEAFMD is gratefully acknowledged.

## Independent Review of the AusAID Grant Funding to World Organisation for Animal Health (OIE) for Southeast Asia Foot and Mouth Disease (SEAFMD) Campaign

### Terms of Reference

#### INTRODUCTION

AusAID will undertake a review of achievements through the AusAID supported Southeast Asia Foot and Mouth Disease Regional Coordination Unit (RCU) commencing March 2008. The purpose of the review is to assess the efficiency and effectiveness of the OIE in the management of SEAFMD RCU activities and consider the future roles, responsibilities and governance arrangements of key participants, particularly ASEAN and OIE, as well as the applicability of the SEAFMD model to the management of other major diseases. Any findings and recommendations will be useful for AusAID in considering future direction of Australian support to the sustainability of the SEAFMD Campaign. The review team will meet with OIE and some representatives from the program beneficiary countries and key stakeholders over one week period.

#### BACKGROUND

The SEAFMD campaign was based on OIE recognition of FMD as a regional animal health and development issue in 1990. Subsequently, the program became a formal OIE program in 1994, overviewed by the SEAFMD Sub-Commission that is chaired by the OIE, with members from participating countries, ASEAN, FAO, AusAID and key donors. The SEAFMD campaign was launched in 1997.

The **goal** is to increase food security and alleviate poverty amongst rural smallholder producers of livestock in the seven Member Countries comprising the OIE Sub-Commission for FMD in South-East Asia.

The **purpose** is to increase the productivity and economic output of the livestock sector by controlling and eradicating FMD.

The **objective** is to add value to the regional control program through the activities of the South East Asia Foot and Mouth Disease Campaign Regional Coordination Unit.

The RCU would add value to the regional control program by

- 1) Promoting and coordinating the regional FMD control program, harmonizing approaches to control and providing support to identified issues.
- 2) Defining adequate national resources and funding needed for delivery of defined outputs in the regional plan
- 3) Developing a communication approach that allows for effective implementation of the SEAFMD program
- 4) Ensuring that the necessary information required to understand the regional epidemiology of the disease is available to member countries
- 5) Ensuring that animal health policies, standards and definitions are harmonized as much as possible, so that regional animal health security is assured.

- 6) Identifying research issues of importance to the SEAFMD program and facilitating participation of appropriate national and international research organizations in research and innovation.
- 7) Facilitating development in the livestock sector that support disease control and optimize production, and integrating the private sector into national and regional animal health systems
- 8) Establishing an internal and external review audit process to monitor and evaluate achievement of defined program outputs.

SEAFMD Campaign operates in eight countries of ASEAN: Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Vietnam. The basic concept is that FMD can be prevented and managed at the sub-regional level if there are sound veterinary services and professional coordination of animal health activities between countries.

The SEAFMD campaign has been funded by AusAID in three phases as described below.

### **Phase 1 (1997-2001)**

A regional coordination unit (RCU) was established in Bangkok. Australian (AusAID) involvement with the SE Asia FMD Campaign commenced at the beginning of phase 1 was to help fund an Australian FMD expert for three years as head of the RCU.

#### ***Review***

Phase 1 was reviewed in December 1999. The campaign was found highly relevant in the South-East Asian context and that fundamental elements of the program were sound and participants enthusiastic and committed. The review recommended the campaign be extended to June 2001 and, during the period, ownership by ASEAN be achieved as a base for continuing the campaign to 2004.

### **Phase 2 (2001-2005)**

The Project Design Document (PDD) for the second phase of funding was prepared jointly by OIE and Agriculture, Fisheries and Forestry - Australia (AFFA) in 2000. Australia agreed to provide an additional contribution for phase 2 of the campaign to cover salary and RCU support costs for an Australian FMD Regional Coordinator. Additional support was provided by the OIE Japan Trust Fund, Kasetsart University and member countries. Thailand Department of Livestock Development provided staff, office and other forms of support.

#### ***Reviews***

An AusAID mid-term review was undertaken in April 2003 and OIE/ASEAN Mid-Term Evaluation in December 2003. Both reported a high level of achievement of the objectives for the Strategic Plan 2001-2004 and that in several areas expectations had been exceeded. As indicated in the project document, it was clear that during the project life, activities had to be implemented for the eventual handover of the RCU to ASEAN. It was expected that ASEAN's endorsement of SEAFMDC program would lead to long-term institutional sustainability. The AusAID review team in 2003 was of the opinion that the preparation for the full handover of the OIE SEAFMDC to ASEAN by November 2004 had to be given more emphasis.

The critical aspect in finding ways to ensure sustainability of the RCU is the issue of funding. An idea was for ASEAN through the ASWGL to set up an ASEAN Animal Health Trust Fund (AAHTF) to manage the coordination efforts to control FMD and other diseases of regional importance.

### **Phase II Extension (November 2004 – December 2005)**

An extension of Phase II funding (2005) was agreed to enable a smooth transition to Phase III of the Campaign planned for 2006-2008. Australia provided an additional grant to support RCU costs and final selection of an ASEAN national to be the South East Asia Foot and Mouth Disease Campaign Regional Coordinator. Final Activity Completion Report for Phase II was submitted by OIE/RCU to AusAID in June 2006 (Annex 1). It was noted that the transition to ASEAN responsibility is a critical period in the life of the program and will need careful management and adequate resources.

### **Phase III (2006-2010)**

Australia agreed to provide an additional grant to **the OIE and ASEAN request** for partial funding of Campaign Phase III until 31 December 2007. Total contributions to date are AUD3.99 million. The reason for Australian involvement in this final phase of funding for the SEAFMD is to ensure that Phase 3, a critical component of the internationally agreed SEAFMD Strategic Plan for freedom with vaccination by 2020, is adequately resourced. Further in seeking to achieve this goal, governance, funding and management issues need to be considered, particularly in the context of ASEAN and OIE arrangements and structural matters relating to other major diseases in the Region.

### **Issues**

- OIE reported that, as of 31 December 2007, there are USD 312,695.95 savings from this initiative and will request to spend the savings during an extension until 30 June 2008.
- At the 13th Sub-commission meeting in March 2007, it was acknowledged that there were insufficient funds in the AAHTF to fund the Campaign and it would be a further three years (2010) until the transition can happen.
- ASEAN endorsed the 13th Sub-Commission recommendations to continue with current arrangements of SEAFMD management under the OIE until 2010 with greater ASEAN involvement
- The 2nd Regional Steering Committee meeting of FAO/OIE GF-TADs, with participation of ASEAN, recommended to set up a Regional Support Unit in Bangkok to manage 3 priority diseases : FMD, HPAI and CSF.
- The OIE plan to establish an OIE Sub-regional Representation Office also in Bangkok to manage its various programs in the ASEAN region.
- The RCU monitoring and evaluation framework was reviewed during Bangkok Regional Program M&E Panel in May 2007. Improvements were recommended.
- Quality at Implementation was reported in May 2007 for Phase III. Sustainability of the program management is one of key concerns.
- OIE already submitted a proposal for additional funding to support RCU for 2008- 2010.
- There has been no review by AusAID since 2003.
- The Department of Agriculture Fisheries and Forestry (DAFF) and ACIAR have provided technical advice to the SEAFMD throughout the campaign. It is very likely that DAFF and ACIAR will continue their involvement with this campaign.

### **OBJECTIVES OF THE REVIEW**

Within the context of current RCU objectives and components, the objectives of this review are to:

- i. Review OIE effectiveness in achieving the SEAFMD Program's objectives.

- ii. Review efficiency of RCU's management of the Program, its ability to coordinate a regional disease control program, and the engagement of other institutions in supporting this program.
- iii. Review governance and organisational arrangements for future program direction and management with particular reference to the sustainability strategy and ASEAN and OIE roles and responsibilities. In so doing account will be taken of financial sustainability and other relevant developments in the region.
- iv. Recommend priority issues and future direction of AusAID support to the SEAFMD RCU.

## **SCOPE OF THE REVIEW**

In undertaking this Review, the Review Team will be required to:

### *Management aspect*

- Provide effective opportunities for project beneficiaries / counterparts to provide their assessment of the performance of OIE against RCU objectives.
- Identify the added value provided by the RCU to the program as described in the program objectives.
- Review the monitoring and evaluation being carried out as part of the program and identify gaps that need addressing and provide possible solutions.
- Identify if recommendations made in M&E Panel in May 2007 are being implemented.
- Assess whether current RCU objectives and design are being met and still relevant.
- Assess degree that economic impact and other cross-cutting issues are being addressed and reported.
- Examine the conditions of OIE support and provision of inputs to participating countries in the SEAFMD Campaign.
- Consider relationships between SEAFMD RCU and OIE RCU in Bangkok (under another AusAID funded project on Strengthening Veterinary Services in Southeast Asia) in terms of their linkages, duplication or complementarities given both offices are being co-located and funded by AusAID through OIE.

### *Sustainability plan*

- Examine the AAHTF's plan or preparedness to support participating countries in SEAFMD Campaign.
- Taking into account recent developments in, and decision by ASEAN, review the appropriateness of current mechanisms in ensuring successful transition to ASEAN for future management of the program including the role of ASEAN.
- Assess the likelihood of the AAHTF having sufficient funds to meet its operational objectives by 2010.
- Recommend key points to be considered in evaluating sustainability of FMD RCU management beyond the life of this current phase of funding.

### *Future directions*

- Assess whether original objectives and design of the SEAFMD program are still relevant.
- Examine other existing modalities in implementing a regionally coordinated animal health program.

- Develop an exit strategy for the current form of AusAID funding in line with current progress of contributions to AAHTF, and taking into consideration constraints on regional and national organisations and agencies.

## DURATION AND PHASING

The review team will meet all key counterparts during the 14th Meeting of the OIE Sub- Commission for FMD in Southeast Asia to be held in Hanoi on 10-14 March 2008. The OIE Sub-Commission meeting will be participated by ASEC, ASEAN National Coordinators, national and regional research organisations and key donors. Review Team members will also be assisted by OIE RCU to make arrangements for meetings with representatives from relevant national and regional organisations. The following table provides **indicative** timings for 3 March – 9 April 2007:

Duration and Place	Tasks
3 days – Australia (3-5 March 2008)	Review of key documents, including the following: <ul style="list-style-type: none"> <li>- SEAFMD Campaign Project Design Document</li> <li>- AusAID MTR report 2003 (Phase II)</li> <li>- Phase II Activity Completion Report</li> <li>- OIE Funding Proposal for Phase III</li> <li>- AusAID Funding Approval for Phase III</li> <li>- Letter of Agreement &amp; amendments (Phase I – III)</li> <li>- Progress reports for Phase III (January 2006- December 2007)</li> <li>- RCU Annual Plans (Phase III)</li> <li>- M&amp;E Panel Report 2007 : Bangkok Regional Program</li> <li>- AusAID QAI Report in 2007 on SEAFMD funding</li> <li>- other documents on recent project design missions, outcomes and lessons learned from other relevant AusAID and other donor projects (as required by the review team).</li> <li>- Discuss (by phone) with Asia Program Quality and Development, AusAID Canberra</li> </ul>
1 day (7 March 2008)	Travel Australia – Hanoi
Saturday 8 March 2008  Afternoon	Arrive Hanoi – check in M Hotel (Gouman Hotel)  Meet Ms Julia Landford - AusAID First Secretary, Regional Emerging Infectious Diseases Program Meet Dr Gardner Murray, the President of OIE sub-commission for FMD in the Southeast Asia Meet Dr Ronel Abila, OIE SEAFMD RCU Coordinator
Sunday 9 March 2008	Meet National Coordinators from Malaysia, Vietnam and Myanmar (separate meetings) Meet representative from ASEAN Secretariat Meet representative from ASWGL
Monday 10 March 2008	Meet NZAID representative Meet FAO representative Meet representative from China
Tuesday 11 March 2008	Meet Livestock Private Sector and research organisations Meet Thai Regional Reference Laboratory representative
Wednesday 12 March 2008	Meet EC representative
Thursday 13 March 2008 Afternoon	Meetings/ Review Team discussion

Friday 14 March 2008 Morning	Travel Hanoi – Bangkok Review Team discussion
2 days: 15-16 March 2008	Prepare Aide Memoire
Monday 17 March 2008	Present Aide Memoire in AusAID Bangkok Travel Bangkok – Australia
1 day	Travel Bangkok-Australia
19-21 March 2008	drafting Review Report
Wed 26 March 2008	Submission of First Draft Report
2 April 2008	Receive AusAID comment on Draft
2 days	Finalise the report
9 April 2008	Submission of Final Report

## SPECIFICATION OF THE REVIEW TEAM

The Review Team will consist of:

1. As Team Leader, an independent external **Design and M&E specialist**, who will be responsible for the overall management and coordination of the review, including development of appropriate methods for the review and delivery of the draft and final report in a timely manner. The Team Leader will possess the following skills:
  - Design and M&E skills;
  - A strong background in project management, review and evaluation;
  - Strong experience in international development;
  - Understanding and experience with development of public policy;
  - A high standard of report writing and oral communication skills;
  - Good understanding of AusAID systems and processes; and
  - Excellent interpersonal and representational skills.
2. An independent external **Animal Health Technical Expert** with knowledge of the region's animal disease / health structures and strategies, as well as trade / economy and cross-border issues. The Animal Health Expert will also assist in developing appropriate methods for the review to assess technical quality of the project and take part in the discussion with counterparts and also contribute in drafting report. S/he will possess the following skills:
  - Experience in animal health services and strengthening of veterinary services in developing countries or another area closely related to the Project's area of focus;
  - Strong experience in international development;
  - A high standard of report writing and oral communication skills;
  - Good understanding of AusAID systems and processes; and
  - Excellent interpersonal and representational skills.

*Note:* it is important that between the Team Leader and the Animal Health Technical Expert, there is experience or knowledge in FMD eradication program in Southeast Asia region.

An **AusAID representative** will accompany the review mission during their meetings in Hanoi.

The Review Team Leader will spend approximately 3 days in Australia on pre-departure preparations and briefing with staff of Asia Regional Section during 5-7 March 2008. The technical specialist and ASEAN representative will also be provided with in-country briefing before attending meetings with counterparts.



SEAFMD RCU Coordinator can assist the review team by providing the team with resumes of significant contacts for their meetings in Vietnam, coordinating information and schedule updates.

## REPORTING REQUIREMENT

The Review Team Leader will be responsible for preparation and delivery of the following documents:

1. **Key discussion issues and background paper:** A succinct report will summarise the background for discussion and review methodology based on desk study. It will be provided **by 6 March 2008**.
2. **An Aide Memoire:** A succinct report will provide a brief and clear summary of the review process, and include preliminary conclusions. It will be provided **by 17 March 2008**.
3. **The first draft of the review report:** The brief and clear draft report in electronic format to a maximum of 15 pages (excluding annexes) will present the overall findings of the review and recommendations for future direction of AusAID support to the project, especially in relation to handover of RCU management to ASEAN and recurrent funding issues. It will be submitted to AusAID no later than **26 March 2008**. AusAID will provide comments on the draft report within 5 working days of receipt.
4. **A final version of the review report:** Fifteen bound copies and an electronic copy of the final report incorporating, where appropriate, suggestions made by stakeholders, or as otherwise agreed by AusAID must be delivered no later than 5 working days after receipt of AusAID comments on the draft report. The final independent review report format should conform to the report format in the back of AusGUIDeline 4.6.

Reports should be submitted to:

First Secretary – Regional Emerging Infectious Diseases Program  
AusAID Bangkok  
c/o Australian Embassy  
37 South Sathorn Rd. Bangkok 10120  
Email: Julia.landford@ausaid.gov.au

### Travel Itinerary of the Review Team

**Dr. Brian B. Scoullar**, B.Ag.Sc. Dip.Ag.Ext. M.Ag.Sc. PhD.,  
Design and M&E Specialist/Team Leader  
GPO Box 2664  
Canberra ACT 2601  
Email: [koyuna@ozemail.com.au](mailto:koyuna@ozemail.com.au)

**Dr Nigel Perkins**, BVSc (Hons), MS, PhD, Dip ACT, FACVSc  
Animal Health Technical Expert  
AusVet Animal Health Services  
30 Plant Street  
Toowoomba  
Queensland AUSTRALIA 4350  
Phone: +61 (0)7 4632 0636  
Mobile: +61 (0)437935376  
Email: [nigel@ausvet.com.au](mailto:nigel@ausvet.com.au)  
URL: [www.ausvet.com.au](http://www.ausvet.com.au)

#### Travel Schedule of Dr Brian Scoullar

7 March 2008	LV CNB 0855; AR SYD 0945 QF564 LV SYD 1155; AR HK 1745 QF 127
8 March 2008	LV HK 0900; AR HAN 1000 VN793
15 March 2008	LV HN 0930; AR BKK 1120 VN831
17-18 March 2008	LV BKK 1795; AR SYD 0610 QF 302 LV SYD 0810; AR CNB 0905 QF 787

#### Travel Schedule of Dr Nigel Perkins

7-8 March 2008	LV BNE 2359; AR BKK 0610 TG 992
8 March 2008	LV BKK 0750; AR HAN 0935 TG 682
14 March 2008	LV HAN 2035; AR BKK 2225 TG 685
17-18 March 2008	LV BKK 1725; AR SYD 0635 TG 993 LV SYD 0905; AR BNE 0935 QF 512

## List of Persons Met by the Review Team

Date/Activity/Venue	Person Met/Position/Institution
3 March 2008	Research/Preparatory Documentation
4 March 2008	<b>Ms Nina Mines</b> , AusReady Facility Officer, ANU Enterprise Pty Ltd for briefing
5 March 2008	<b>Mr Ian Kershaw and Mr Jeremy Stringer</b> , AusAID Canberra
8 March 2008	Meeting with: <b>Ms Julia Landford</b> , First Secretary, Emerging Infectious Diseases, AusAID Bangkok, Australian Embassy <b>Ms Siripen Nuchachatpong</b> , Finance and Program Manager, AusAID Bangkok Meeting with: <b>Dr Gardner Murray</b> , President, OIE Sub-Commission for FMD in SEA <b>Dr Ronello Abila</b> , Secretary of SEAFMD Sub-Committee and Regional Coordinator, OIE Regional Coordination Unit (SEAFMD-RCU) Teleconference with: <b>Mr Somsak Pippopinyo</b> , Assistant Director. Head of the Natural Resources Unit, Bureau for Resources Development, ASEAN Secretariat, Indonesia
9 March 2003	Meeting with: <b>Dr Wilai Linchongsubongkoch</b> , Senior Veterinary Researcher, regional Reference Laboratory for FMD in Southeast Asia, Thailand <b>Ms Siripen Nuchachatpong</b> , Finance and Program Manager, AusAID Bangkok <b>Prof John Edwards</b> , Consultant, OIE SEAFMD-RCU and Dean, School of Veterinary and Biomedical Sciences, Murdoch University, Australia Meeting with OIE SEAMDC-RCU National Coordinators: <b>Dr Agus Wiyono</b> , National Coordinator SEAFMD-RCU, Head, Animal Biosecurity Subdirector, Ministry of Agriculture, Indonesia <b>Dr Khin Maung Latt</b> , National Coordinator SEAFMD-RCU, National Animal Health Centre, Ministry of Agriculture and Forestry, Myanmar <b>Dr Reildrin Morales</b> , National Coordinator SEAFMD-RCU, Deputy Head, National FMD Task Force, Bureau of Animal Industry, Philippines Meeting with OIE SEAFMD-RCU Steering Committee: <b>Dr Bernard Vallat</b> , Director General, OIE, France <b>Dr Alain Dehove</b> , Coordinator, OIE World Animal Health and Welfare Fund, France
10 March 2008	Attended: Opening Ceremony and Sessions Discussions with: <b>Dr Teruhide Fujita</b> , OIE Regional Representative for Asia and the Pacific, Japan <b>Dr Peter Black</b> , Principal Research Scientist, Department of Agriculture, Fisheries and Forestry (DAFF), Australia <b>Dr Barry O’Niel</b> , President of OIE, Director of Biosecurity, Ministry of Agriculture and Forestry, New Zealand Discussions: <b>Dr Jef Hammond</b> , Head of Terrestrial Animal Diagnostics, CSIRO AAHL, Australia <b>Dr Chris Morrissy</b> , Scientific Coordinator of AAHL Regional

	<p>Program, CSIRO AAHL, Australia</p> <p>Discussion: <b>Dr Allain Vandersmissen</b>, European Commission Avian Influenza External Response Coordinator, Directorate-General for External Relations, Belgium</p> <p>Meeting with:</p> <p><b>Dr. Holl Davun</b>, National Coordinator SEAFMD-RCU, National Veterinary Research Institute, Ministry of Agriculture Forestry and Fisheries, Cambodia</p> <p><b>Dr Signa Tittipphone</b>, National Coordinator and Deputy Director, National Animal Health Center, Department of Livestock and Fisheries, Ministry of Agriculture and Forestry, Lao PDR</p> <p><b>Dr Thanit Anekwit</b>, National Coordinator of SEAFMD-RCU and Deputy Director General, Department of Livestock Development, Thailand</p>
11 March 2008	<p>Attended Sessions</p> <p>Meeting with: <b>Dr Peter Black</b>, DAFF, Australia</p> <p><b>Dr Linda Corner</b>, Agriculture Counsellor, Australian Embassy, AusAID, Thailand</p> <p>Discussion: <b>Dr Li Huachun</b>, Director Principle Scientist, Jindian Kunming, Yunnan Province, China</p>
12 and 13 March 2008	<p>Attended Sessions</p> <p>Met with: <b>Prof John Edwards</b>, Consultant, OIE SEAFMD-RCU and Dean, School of Veterinary and Biomedical Sciences, Murdoch University, Australia</p> <p>Discussions with:</p> <p><b>Dr Paul van Aarle</b>, Director for Institutional Sales, Intervet International BV, The Netherlands</p> <p><b>Dr Toshiro Kawashima</b>, Director, Ministry of Agriculture, Forestry and Fisheries, Tokyo, Japan</p> <p><b>Dr Fred Unger</b>, Veterinary Epidemiologist, ILRI Kenya (Bangkok Outpost)</p> <p>Attended: OIE SEAFMD-RCU National Coordinators Meeting and OIE SEAFMD-RCU Observers Meeting</p> <p>Discussion: <b>Dr Subhash Morzaria</b>, Chief Technical Adviser, FAO Regional Office for Asia and the Pacific, Thailand</p> <p><b>Dr Philippe Dubuorget</b>, Head of Technical and Support FMD, Merial Grandes Prophylaxis Global Enterprise, France</p>
14 March 2008	<p>Attended Sessions</p> <p>Discussions with: <b>Dr Ronello Abila</b>, Regional Coordinator, OIE Regional Coordination Unit</p> <p><b>Dr Tata Naipospos</b>, Regional Consultant, OIE Regional Coordination Unit</p>
16 March 2008	<p>Meeting: <b>Dr Ronello Abila</b>, Regional Coordinator, OIE Regional Coordination Unit and Secretary, SEAFMD Sub-Commission</p>
17 March 2008	<p><b>Julia Landford and Siripen Nuchachatpong</b>, AusAID Bangkok</p>