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Stop Transboundary Animal Diseases and Zoonoses (STANDZ) Initiative

Final Design Document

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Acronyms

AAHL	Australian Animal Health Laboratory (CSIRO Australia)
AAHTF	ASEAN Animal Health Trust Fund
ACIAR	Australian Centre for International Agricultural Research
ADB	Asian Development Bank
AEC	ASEAN Economic Community
AEGCD	ASEAN Expert Group on Communicable Diseases
AH	Animal Health
AI	Avian Influenza
AINR	Agriculture Industries and Natural Resources Division (within ASEC)
AMAF	ASEAN Ministerial Meeting on Agriculture and Forestry
AMS	ASEAN Member States
APSED	Asia Pacific Strategy for Emerging Diseases (WHO)
ARAHIS	ASEAN Regional Animal Health Information System
ASEAN	Association of South East Asian Nations
ASEC	ASEAN Secretariat
ASWGFi	ASEAN Sectoral Working Group on Fisheries
ASWGL	ASEAN Sectoral Working Group on Livestock
ASWGOH	ASEAN Secretariat Working Group for ONE Health
AWGNCB	ASEAN Working Group on Nature Conservation and Biodiversity
AusAID	Australian Agency for International Development
CIDA	Canadian International Development Agency
CSF	Classical Swine Fever
CVO	Chief Veterinary Officer
DLD	Department of Livestock Development (Thailand)
ECTAD	Emergency Center for Transboundary Animal Diseases (part of FAO)
EID	Emerging Infectious Disease
EMPRES	Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (FAO)
EPT	Emerging Pandemic Threats Program (USAID)
EU	European Union
EuFMD	European Commission for the control of Foot-and-Mouth Disease
FAO	Food and Agriculture Organisation (of the United Nations)
FAO RAP	Regional Office for Asia and the Pacific (within FAO)
FETPV	Field Epidemiology Training Programme for Veterinarians
FMD	Foot-and-Mouth Disease

GDP	Gross Domestic Product
GF-TAD	Global Framework for the Progressive Control of Transboundary Animal Disease
GST	Gender/Social Team
H5N1	Haemagglutinin type 5; Neuraminidase subtype 1 (Influenza Virus)
HCDU	Health and Communicable Diseases Unit (within ASEC)
HPAI	Highly Pathogenic Avian Influenza
HPED	Highly Pathogenic and Emerging and Re-emerging Diseases (EU-funded program)
HRF	AusAID Health Resource Facility
IDA	International Development Association
IHR	International Health Regulations (WHO)
ILRI	International Livestock Research Institute
JICA	Japan International Cooperation Agency
JSF	Japan Special Fund
M&E	Monitoring and Evaluation
MBDS	Mekong Basin Disease Surveillance
MDGs	Millennium Development Goals
MS	Member State (of any organisation)
OFFLU	OIE/FAO Network of Expertise on Animal Influenzas
OIE	World Organisation for Animal Health
OIE-SRR	OIE Sub-Regional Representation for South East Asia
OIE World Fund	OIE World Animal Health and Animal Welfare Fund
OWOH	One World One Health
PSCC	Private Sector Consultative Committee (part of SEAFMD)
PSVS	Project on Strengthening Veterinary Services (AusAID and OIE)
PVS	OIE-PVS tool for the Evaluation of Performance of Veterinary Services
RAC	Regional Advisory Committee for Fisheries Management (SEAFDEC)
RAHC	Regional Animal Health Centre (GF-TAD)
RCM	Regional Coordination Mechanism (generic term)
RCU	Regional Coordination Unit
RCU-SEAFMD	Regional Coordination Unit for the South East Asia FMD Campaign
RSU	Sub-Regional Support Unit (GF-TAD)
SAARC	South Asian Association for Regional Cooperation
SARS	Severe Acute Respiratory Syndrome
SEAFMD	South-East Asia Foot and Mouth Disease Campaign
SEACFMD	South-East Asia and China Foot and Mouth Disease Campaign
SEARO	South East Asia Regional Office of WHO

SOM-AMAF	Senior Officials Meeting for ASEAN Ministerial Meeting on Agriculture & Forestry
SRR	Sub-Regional Representative (OIE)
STANDZ	Stop Transboundary Animal Diseases and Zoonoses Initiative (AusAID)
STRIVES	Strengthening Initiatives for Veterinary Services (AusAID; component of STANDZ)
TADs	Transboundary Animal Diseases
TCP	Technical Cooperation Programme
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
UNSIC	United Nations System Influenza Coordinator
USAID	United States Agency for International Development
VS	Veterinary Services
WHO	World Health Organisation of the United Nations
WPRO	Western Pacific Regional Office of WHO
WRL	World Reference Laboratory
WTO	World Trade Organisation

Executive Summary

Guiding Principles and Operating Frameworks

The World Organisation for Animal Health (OIE) is an intergovernmental organisation with the global mandate for improving animal health worldwide. In South East Asia, OIE has a leading role in the regional coordination of the South East Asia and China Foot and Mouth Disease (SEACFMD) Campaign and in assisting countries' veterinary services systems strengthening through the Project on Strengthening Veterinary Services (PSVS), on the basis of the OIE PVS Pathway.

Building on the success of these current two programs primarily supported by AusAID, OIE was able to expand the scale of its operations in the Region, working within agreed collaborative frameworks with its main technical partners in the Region, FAO and WHO[1]. In keeping with this expansion, OIE has established the OIE Sub-Regional Representation for South East Asia (OIE-SRR) with the support of the Government of Thailand. Continued investment in OIE operations for the period 2011–2015 is being made by various donors in recognition of OIE-SRR's good reputation and the long term nature of the changes required at both regional and national levels to improve the capacity of the animal health sector to respond to and manage priority diseases. This is of particular benefit for those countries for which there is urgent need to act and for which there are no current bilateral donor programs through which support can be provided directly.

The design of this new AusAID Stop Tranboundary Animal Diseases and Zoonoses (STANDZ) Initiative provides an opportunity to improve internal operational efficiencies of AusAID-funded activities, as well as an opportunity for improving harmonisation of AusAID-funded regional activities with other Development Partners[2] particularly those working with OIE. Since, many of these activities are seen as continuation of previous and related activities, the shift to improved alignment to country plans and systems will need to be gradual over the next few years so as to minimise risk of reversing progress particularly with achievement of FMD eradication targets.

The principles that underpin the proposed design and that will guide program implementation include:

- Action-based approach aligned to country needs, strategies and policies
- Work in partnership to ensure sustainability of efforts
- Build in flexibility to modify approaches as necessary and as appropriate
- Target systems strengthening
- Improve gender and social mainstreaming in OIE-SRR operations and activity implementation
- Provide scope to leverage from and/or scale up support to Governments and other development partners

[1] This includes, among others, the Global Framework for the Progressive Control of Transboudnary Animal Diseases (GFTADS), the One Health Framework, and the FAO-OIE-WHO Tripartite Framework

[2] This includes the European Union- Highly Pathogenic Emerging Disease Program (EU-HPED), the USAID Emerging Pandemic Threats Program (EPT) IDENTIFY Component, and an ACIAR project with OIE currently in the design process

Goal and Objectives of the Program

The Goal of the AusAID STANDZ Initiative (2011 to 2015) is to reduce the impact of emerging infectious diseases (EIDs) on food security, public health and livelihoods in South East Asia.

The Purpose of STANDZ is to strengthen the capacity of animal health sectors in South East Asian countries for the prevention, control and eradication of priority Transboundary Animal Diseases (TADs) and Zoonoses.

The four (4) Component Objectives of STANDZ are:

1. Support animal health regional and international coordination in South East Asia;
2. Strengthen the capacity of national veterinary services consistent with OIE tools and standards;
3. Develop, better resource and implement priority animal disease management strategies, including more intensive in-country support to SEACFMD Phase IV consistent with the revised SEACFMD Roadmap 2020; and
4. Strengthen the capacity of the OIE Sub-Regional Representation in South East Asia in priority organisational development areas of gender/social mainstreaming, monitoring and evaluation, operations research, and communications.

Governance

The STANDZ Initiative will establish a STANDZ Steering Committee as the main governance mechanism for its activities. The Core Management Committee will include the Director General of OIE or his representative from OIE Headquarters as Chairperson, a Department of Agriculture Forestry and Fisheries (DAFF) Australia representative as Deputy Chairperson[3], an AusAID representative, an ASEAN Member State (AMS) representative (concurrent chair of the ASEAN Sectoral Working Group on Livestock-ASWGL), and an ASEAN Secretariat representative from the Agriculture, Industries and Natural Resource (AINR) unit.

An Advisory Group of observers will complete the Management Committee, with meetings in plenary session of the Steering Committee, held back-to-back with core group. The Advisory Group will include representatives from: FAO, WHO, Thailand's Delegate to OIE (or representative), OIE Regional Representative in Tokyo (or his/her Deputy), and the Senior Adviser to OIE. Members of this latter group can also be drawn from the EU, the People's Republic of China, South Korea, ACIAR, industry representatives, and other agencies as the need and opportunity arise. OIE-SRR will act as the Secretariat of the STANDZ Steering Committee.

The OIE Sub-commission for FMD Control in South East Asia and China (led by OIE and composed of ASEAN member countries, China, technical agencies, research institutes, agencies and donors) provides strategic direction and technical guidance to the whole SEACFMD 2020 campaign. The OIE-ASEAN Delegates Meeting, currently being convened as a follow on meeting to the OIE SEACFMD Sub-commission, comprising Chief Veterinary Officers (CVOs) and Livestock Director General levels, will provide strategic guidance to the STANDZ Initiative.

The GF-TADs Regional Steering Committee for Asia and the Pacific remains an umbrella coordination mechanism for STANDZ activities consistent with existing regional programs on EIDs such as the EU-funded HPED program.

[3] DAFF Australia will chair the core management Committee in case OIE Paris is absent.

Program and Financial Management

The program management arrangements of STANDZ aims to streamline and rationalise SEACFMD and PSVS activities and to better align and support the establishment of core functions of the OIE SRR, including the implementation of the OIE-SRR Business Plan 2011–212.[4] Core technical staff will take responsibility for the implementation of the Program by component.

In terms of efficiency, financial management arrangements will include:

- Single funding agreement and account within the OIE World Fund to cover AusAID's support to OIE under STANDZ
- Single whole-of-initiative progress and financial report
- Some flexibility to move funds across activities
- Consolidated and rationalised initiative workplan and budget for OIE

As an extension of current arrangements through which OIE-SRR provided emergency vaccines and other support in response to country requests, either through technical assistance, in kind contributions or cash grants, OIE-SRR will establish a resource envelope for targeted interventions and emergency support from which countries can request support in the areas of Objective 2 or 3. The main purpose of setting up this arrangement is to provide emergency assistance and a flexible mechanism for countries to lead and begin action in new areas that may be identified from the process of implementing their respective national FMD control plans, completing the PVS Gap Analysis or implementing their national Animal Health or Veterinary Services Strategic Plan. Requests should be initiated by countries, to ensure relevance and sustainability. OIE will strengthen processes for application, reporting, financial accountability as well as assessment for results. The OIE-SRR M&E Team will be responsible for managing the implementation of operations and support the Technical Coordinators for technical oversight of the projects.

The budget for the STANDZ program for the period July 2011 to June 2015 is estimated at AUD 12.7m, of which 53% is allocated to support partner governments' national level activities (Components 2 and 3), 11% to regional coordination and program management and 31% to OIE-SRR operations which includes M&E, gender/social mainstreaming, and communication activities. OIE Paris overheads represent 5% of total cost.

Program Monitoring

The primary in-country stakeholder will continue to be the Ministries of Livestock or Agriculture. For SEACFMD, there will be increasing engagement with livestock and veterinary services officials at the sub-national levels owing to an increasing focus on outbreak investigation and response.

Mainstreaming gender and social issues will be a designated responsibility of a 2 or 3 person Gender/Social Team (GST) comprising the SRR Representative and one or two other staff. Opportunities for expanded engagement with women's machinery, NGOs and civil society will also be explored as a means of integrating gender/social analysis into program activities. M&E and Communications will be established as core functions of the OIE-SRR, with responsibilities for organisational monitoring and reporting including strategic information. This covers providing technical support to

[4] OIE SRR-SEA Business Plan 2011-2012 will be revised by August 2011 incorporating STANDZ programme.

countries in possible collaboration with other technical partners such as FAO and WHO.

Consideration can be given to establishing an M&E team within the new organisational arrangements, combining any other funded research post and activity with the resources provided through the STANDZ program for M&E and Communication. A member of the M&E team should be part of the GST and given the responsibility for ensuring that gender/social mainstreaming happens in all aspects of M&E (including research) and communication.

Priority Activities: First 6 months of STANDZ Implementation

The following summarises the priority activities and milestones for the 6-months of STANDZ implementation:

1. Confirm job descriptions; Recruit staff; finalise the organisational structure, and clarify roles of OIE-SRR and staff;
2. Develop a revised OIE SRR Business Plan (2011-12) taking into account STANDZ implementation;
3. Develop the following:
    a. Provisional set of country level indicators for the SEACFMD Campaign; confirm end-of-program outcome level indicators for the STANDZ Initiative; clarify budget for all M&E activities (M&E Refinement Work scheduled in August 2011);
    b. Advocacy, Mobilisation and Communication Strategy for OIE-SRR;
    c. Establish the Gender and Social Team and complete the first draft of the OIE-SRR Gender Policy and first 6 month workplan to clarify overall outcome statement on gender and highlight priority activities.
4. Clarify the Terms of Reference of the STANDZ Core Management Committee and Advisory Group, including rules, roles and functions of members.
5. Complete the selection criteria guidelines for the Country Resource Envelope for Targeted Interventions.

1. Analysis and Strategic Context

1.1. Policy and Strategic Context for OIE Operations in South East Asia

1.1.1. OIE and the OIE SRR

The World Organisation for Animal Health was founded in 1924 as the Office International des Epizooties (OIE) to provide international cooperation and coordination against the spread of animal diseases. OIE, as an intergovernmental organisation, predates the United Nations (UN) and is not part of the UN system.

The overall mandate of OIE is to improve animal health, veterinary public health and animal welfare world-wide. This includes prevention of spread of animal diseases; prevention and control of animal diseases transmissible to humans (zoonoses); reduction of risks from infectious diseases at the animal–human–ecosystems interface; improved animal production food safety measures; and improvement of animal welfare[5].

The World Assembly of Delegates is the highest authority of the OIE and comprises the Delegates of all 178 Member Countries and meets at least once a year. As such, OIE has direct access to countries' Chief Veterinary Officers and Director Generals of Livestock. The World Assembly of Delegates adopts international standards in the field of animal health, especially for international trade, and adopts resolutions on the control of major animal diseases.

Regional Commissions foster regional cooperation in the control of animal diseases and provide inputs to the World Assembly in developing policies; the Specialist Commissions, Working and *ad hoc* Groups and the network of Reference Centres develop scientific advice; and the Director General, Headquarters staff and the Regional and Sub-Regional Representations provide administration for the Organisation. The Council of the OIE provides advice to the Assembly on policy matters and to the Director General on administrative matters. OIE is also able to draw upon the expertise of national and international experts to assist in formulating advice to Members.

The OIE Sub-Regional Representation for South East Asia (OIE-SRR) was formally established with the Government of Thailand in 2010 after operating as the Regional Coordinating Unit (RCU) for the South East Asia Foot and Mouth Disease (SEAFMD) Campaign since 1997 and for the Program for Strengthening Veterinary Services (PSVS) since 2007, both funded principally by AusAID.

The Government of Thailand, as the host country, provides in-kind office accommodation to the OIE-SRR within the premises of the Department of Livestock Development. The mandate of the OIE-SRR is *to effectively manage and coordinate the profile, planning and operations of the SRR in South East Asia, such as to strengthen its involvement in policy design and governance related to decision making in animal health within OIE and with member countries.*

[5] World Organisation for Animal Health (OIE) Fifth Strategic Plan: 2011–2015 (78 Sg/20)

1.1.2. Inter-Agency Coordination

The OIE has always cooperated with relevant partners as a means of better delivering its program of work and has cooperative agreements with over 40 international governmental and non-governmental organisations and formal or informal agreements for cooperation with other organisations. Cooperation between the OIE, FAO and WHO in particular has demonstrated a positive synergistic effect on the work programs of these Organisations and this will continue and be enhanced through existing frameworks such as:

- Global Early Warning and Response System for Major Animal Diseases including Zoonoses (GLEWS) with FAO and WHO
- Global Framework for the Progressive Control of Transboundary Animal Diseases (GFTADs)
- OIE-FAO Network of Expertise on Animal Influenza (OFFLU)
- FAO-OIE Crisis Management Centre – Animal Health
- FAO-OIE-WHO Collaboration: A Tripartite Concept Note

1.1.3. One World One Health Framework

In October 2008, the OIE together with FAO, WHO, UNICEF, the UN System Influenza Coordinator, and the World Bank prepared a comprehensive strategic framework for reducing risks at the animal–human–ecosystems interfaces – referred to as the One World One Health Framework (OWOH). Implementation of this framework will be guided by key principles that include the adoption of a multidisciplinary, multinational and multi-sectoral approach, the integration of technical, social, political, policy and regulatory issues, and the establishment of broad-based partnerships across sectors and along the research-to-delivery continuum. They also include engagement of wildlife and ecological communities, the human and veterinary medical communities and advanced research institutions.

The OWOH Framework comprises six strategic foci:

1. Initiating more preventive action by dealing with the root causes and drivers of infectious diseases, particularly at the animal–human–ecosystems interface.
2. Building more robust public and animal health systems that are based on good governance and are compliant with the International Health Regulations (IHR) 2005 (WHO, 2005) and OIE international standards, with a shift from short-term to long-term intervention.
3. Strengthening the national and international emergency response capabilities to prevent and control disease outbreaks before they develop into regional and international crises.
4. Better addressing the concerns of the poor by shifting focus from developed to developing economies, from potential to actual disease problems, and to the drivers of a broader range of locally important diseases.
5. Promoting wide-ranging institutional collaboration across sectors and disciplines.
6. Conducting strategic research to enable targeted disease control programmes.

In April 2010, FAO-OIE-WHO published a Tripartite Concept Note - Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces - The FAO-OIE-WHO Collaboration.

The three organizations recognize a joint responsibility for addressing zoonotic and other high impact diseases and have been working together for several decades to minimize the health, social and economic impact from diseases arising at the human-animal interface by preventing, detecting, controlling, eliminating or managing disease risks to humans originating directly or indirectly from domestic or wild animals. FAO, OIE and WHO have created governance structures, established early warning systems and developed mechanisms to enhance coordination and support member countries.

The three organizations recognise the importance of and assist member countries to improve their national legislation by enabling veterinary and public health authorities to carry out key functions, including animal production, food safety, inspection and certification of animal products, importation or internal quality control of pharmaceuticals, as well as compliance with international obligations. Evaluation and gap analysis tools (such as the OIE Pathway for Veterinary Services) are used at the global level and must be further developed.

Veterinary Services will continue to provide the front-line services in the control of animal diseases as they concern food security, and in the control of livestock diseases at the animal–human–ecosystem interface, as they are responsible for the health of the animal at the source of such diseases, including zoonoses and food-borne diseases.[6]

1.1.4. ASEAN-OIE Memorandum of Understanding

OIE operates under the guidelines of a Memorandum of Understanding (MoU) with the Governments of the Member Countries of the Association of Southeast Asian Nations (ASEAN) dated June 2008.

Under the terms of the MoU, the OIE shall assist Member Countries, where appropriate through:

- Development of appropriate measures to support the control and prevention and eradication of animal diseases;
- Design and setting up of epidemiological surveillance, disease reporting and animal health information systems and emergency procedure for disease outbreak;
- Development of standards for trade in animals and animal products;
- Strengthening of the Veterinary Services by supporting training courses in veterinary fields.

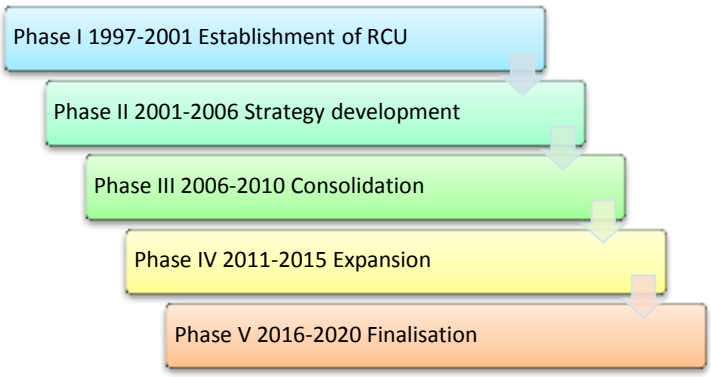
1.1.5. SEACFMD Campaign and the SEACFMD Roadmap 2020

The South East Asia Foot and Mouth Disease Campaign (SEAFMD) Campaign was formally established in 1997 and under an agreement between the OIE and the Kingdom of Thailand, a Regional Coordination Unit (RCU) was established in Bangkok in 1997.

[6] Veterinary services are usually responsible for livestock diseases, but not wildlife diseases, at the source.

AusAID has been the primary donor for the SEAFMD since 1997, contributing a total of A$6.5 million over 14 years and three previous program phases. Other donors include Thailand (as host country), France, Japan, New Zealand and Switzerland. The Campaign is in the last stage of Phase III of 5 phases as illustrated in Figure 1.

Figure 1: SEAFMD Campaign Phases



Each phase have shared similar long term goals, but the process of development of each phase, and FMD control approaches, have been iterative and Phase IV is seen as the critical expansion phase to achieving regional eradication of FMD with vaccination by 2020. To this end, the Campaign now includes all 10 ASEAN member countries and China, which has been involved in the Upper Mekong Zone Meetings since 2004, and the name changed to SEACFMD to reflect this inclusion.

The SEACFMD 2020 Roadmap represents a pioneering regional strategy to eradicate a priority TAD endorsed by all SEACFMD participating countries, including regional bodies such as the ASEAN, GFTADs, and the OIE regional commission in Asia and the Pacific. The first edition of the 2020 Roadmap, endorsed by the OIE General assembly in May 2007 and released in September 2007, was revised in late 2010 to incorporate new and more in-depth knowledge of FMD control measures and analysis of the drivers of FMD emergence. The new version will be released in the first half of 2011. The revised Roadmap will be used to guide countries in revising national FMD control strategies and annual workplans.

Key achievements of the SEACFMD Campaign include:

- SEACFMD is globally recognised (e.g. World Bank, ADB, Australia, European Union, New Zealand, France, OIE, FAO) as a model of excellence in the regional control of a priority transboundary animal disease.
- SEACFMD is the main regional platform in coordinating FMD-related activities of countries and other donors in South East Asia.
- The campaign added 3 new members (e.g. China, Brunei and Singapore) since 2010, bolstering potentials for technology transfer and assistance particularly from China.
- Contributed to the expansion and maintenance of OIE accredited FMD-free zones in the region (e.g. Brunei, Indonesia, Philippines, Singapore, Sabah and Sarawak in Malaysia). The campaign has assisted in maintaining FMD-free regions in the Myanmar-Thailand-Malaysia zone particularly Region 2 in Thailand.
- Supported the establishment of the first OIE-accredited FMD reference laboratory in South East Asia based in Pak Chong, Thailand – strengthening the regional diagnostic capacity.

1.2. Key issues facing the Animal Health Sector in South East Asia

1.2.1. South East Asia a Hotspot for Emerging Infectious Diseases

The Fifth Global Progress Report on Animal and Pandemic Influenza (July 2010) recognised that a high proportion of infectious diseases in humans come from animals, that these zoonotic diseases have high economic costs, and that outbreaks that do occur – such as SARS, H5N1 HPAI and pandemic influenza A(H1N1) 2009 – have major political, economic and health consequences. The Global Report also stressed that much needs to be done to bring veterinary services up to standards in many countries and that if investments in animal health systems are not sufficient, the risk of further disease outbreaks will increase.

South East Asia is recognised as a hotspot of emerging infectious diseases, particularly zoonoses. Both SARS and H5N1 highly pathogenic avian influenza emerged from East Asia. Experts from the London School of Hygiene and Tropical Medicine are predicting[7] that the next global pandemic is likely to arise in South East Asia. Drivers include economic growth resulting in rapid rates of urbanisation, increasing demand for animal products, and cultural norms resulting in close proximity of humans and animals. Together with weak surveillance and regulatory capacity for the oversight of animal movement, these drivers make the region vulnerable to emerging infectious diseases. Surveillance systems, as the backbone of disease control, should be used as part of a more comprehensive monitoring and evaluation system capable of anticipating the emergence of infectious disease and supporting timely and effective outbreak response. This is turn requires building new competencies in the underlying national systems and workforce to increase their capacity to adapt and respond to any EID outbreaks. Investment in building strong monitoring and evaluation capacity is essential.

1.2.2. High Socio Economic Impact of EIDs and Zoonoses

About 70 per cent of emerging diseases are zoonotic (i.e. transmittable from animals to humans). The public health costs of zoonoses are substantial. The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 affected 32 countries with over 8,000 cases and 812 deaths. The cost of SARS to the global economy was estimated at US$30 to $50 billion (an estimated 2.0% reduction in the East Asian Gross Domestic Product) through the shock on sectors such as tourism, travel and retail. Cost estimates for the H1N1 2009 influenza pandemic vary between US$0.8 to $3 trillion.

An estimated 30 per cent of livestock production is lost in developing countries due to livestock disease. FMD is a priority livestock disease in South East Asia impacting on poverty reduction efforts, sustainable development, and food security. FMD is endemic in seven (7) out of the eleven (11) SEACFMD member countries.[8] The disease is highly infectious and hinders livestock sector development through increased premature deaths, lower animal productivity, increased burden to public resources, and restrictions to livestock trade. FMD increases rural smallholders' vulnerability to poverty owing to their limited animal reserves and other resources (Refer to Annex 1). Livestock in South East Asia are predominantly owned by rural smallholder farmers.

[7] Emerging infectious diseases in southeast Asia: regional challenges to control, RJ Coker, BM Hunter, JW Rudge, M Liverani, P Hanvoravongchai, Lancet January 25, 2011 DOI:10.1016/S0140-6736(10)62004-1

[8] These seven countries include: China, Cambodia, Laos, Malaysia, Myanmar, Thailand and Vietnam.

The Philippine swine industry incurred an estimated cost of US$95.0 million from the FMD outbreaks which started in 1994 and lasted for more than 5 years. This cost is about 4.2 billion Philippine pesos for a single year, using current exchange rates. Studies have predicted a combined gross benefit of US$20 million per year for the Philippines and Thailand if both are able to export pork products in the absence of FMD.

At the smallholder farm level, a 2007 FAO economic impact assessment of FMD across three (3) provinces in Northern Vietnam showed that:

- Average economic loss from an FMD outbreak ranged from US$87 to US$930 per farm. This represented around 10 to 27 per cent loss of total farm annual income.
- Unconfirmed rumours of an FMD outbreak spurred farmers to sell livestock at three-fourths the prevailing market price in order to avoid greater losses should an actual outbreak occur.
- On average, the lost working time on agriculture production was estimated to be approximately three (3) hours per person per day. This time was diverted primarily to cleaning and disinfecting FMD-afflicted animals.

A similar study in Cambodia suggest that FMD-affected families could lose up to 85% of their total monthly household income owing to an FMD outbreak.

Eradicating FMD in South East Asia provides bio-security benefits to FMD-free countries. FMD-free status is a major trading advantage for livestock products and South East Asia remains the nearest threat for the potential spread of FMD to Australia and other neighbouring countries. The recent FMD outbreaks in South Korea and Japan[9] are a stark reminder of this recurring risk of disease re-emergence. South Korea, free from FMD since 2002, has culled about 3.0 million heads of livestock since the November 2010 FMD outbreak with total damages to date costing about US$1.8 billion. Japan, FMD-free since 2000, had an FMD outbreak in 2010 which cost the Japanese economy about US$3.18 billion. The Australian Productivity Commission estimated in 2002 that the cumulative loss to the national economy of a FMD outbreak in Australia would be about A$2–3 billion in Gross Domestic Product for a short outbreak, rising to A$8–13 billion for a 12-month outbreak. Eradicating FMD in the region is clearly in line with Australia's and other developed countries' national interests.

ASEAN has identified 5 priority regional infectious diseases in the animal sector as HPAI, FMD, rabies, classical swine fever (CSF) and Newcastle's Disease. Member Countries also list rising levels of porcine reproductive and respiratory syndrome (PRRS), haemorrhagic septicaemia (HS) and Nipah as recent causes for concern.

The bulk of human deaths from rabies, a neglected zoonotic disease, occur in Asia with an estimated 31,000 people suffering mortality from dog rabies in the region each year. The economic burden of rabies stems from health expenditure on treatment, premature mortality, lost days of labour and funds being directed into control programs. Children less than 15 years of age are at greatest risk of infection. A recent outbreak among stray dogs in Bali illustrates the potential socio economic impact of the disease. Management in the source population of dogs, such as via dog vaccination and stray dog control, is the most cost-effective strategy for preventing rabies in people. It is estimated that between US$2–15 million is spent each year in the Philippines and Vietnam treating suspected rabies cases (Refer to Annex 1).

[9] The virus strain from these East Asian outbreaks were identified as the Myanmar 98 type O.

1.2.3. Lessons Learned

STANDZ builds on almost 15 years (1997-2011) of OIE experience working on FMD in South East Asia and more recently with the PSVS support to the OIE PVS pathway. Key lessons include:

a. Success in FMD eradication has been across archipelagos (e.g. Indonesia, Philippines) and required significant bilateral funding. Achievements are due mainly to bilateral rather than the ongoing SEACFMD regional effort.

b. A mainland multi-country situation with much lower capacity countries (i.e. Mekong countries) poses more significant challenges for a regional program operating with limited funds (i.e. A$6.5 million over 15 years).

c. High probability that FMD eradication by 2020 will not be achieved unless significant funding is mobilised by countries and donors for national level programs, in particular for vaccination campaigns.

d. The SEACFMD Campaign is providing good value for money for donors and countries with clear economic benefits from eradicating FMD (e.g. at least 3:1 benefit-cost ratio for the regional campaign). Cost-benefit studies to date provide clear justifications for countries to invest in Veterinary Services prevention rather than on responding to outbreaks (e.g. 2.1 to 3.7:1 benefit cost ratio for Vietnam and the Philippines).

e. Transition of regional coordination functions to ASEAN, while desirable, is unlikely to be achieved in the short to mid term. Important regional programs such as SEACFMD will be dependent on donor support in the short term.

f. Building of partner government animal health system capacities requires a long-term approach. While OIE, through the OIE PVS Pathway, provides countries with a tool to systematically evaluate and prioritise gaps in their veterinary services sectors, addressing these gaps require long-term commitment and reforms within countries with possible continuing support from technical agencies and donors. The impact, for instance, of STANDZ addressing the quantity and quality of veterinarians will not be apparent within the duration of the STANDZ initiative.

g. Achieving STANDZ purpose level statement – i.e. strengthening the capacity of animal health sectors in South East Asian countries for the prevention, control, and eradication of priority TADs and Zoonoses - will require corresponding actions external to the STANDZ initiative. This include: commitment and resourcing from partner governments to the animal health sector and to national FMD eradication in particular, including on vaccines and human resource; and harmonised, coordinated, and sustained support from technical agencies, regional institutions and key donors.

h. As reflected in the SEACFMD 2020 Roadmap, there is greater realisation from OIE and countries of the importance of gathering the impact story of FMD eradication at the community levels by further disaggregating the benefits and drivers of eradication based on the economic, gender and social roles within households.

i. OIE can influence greater incorporation of development issues in the animal health sector (e.g. economic, gender and social aspects and impacts of animal disease control) through its PVS tools and through STANDZ.

j. It is inherently difficulty to delineate regional and national level action in achieving joint outcomes and impact owing to weak and varying regional and national M&E systems. While SEACFMD has succeeded in improving regional coordination, standard-setting, and enhancing multi-country political, resource, and cooperation agreements, efforts to improve country-level outcomes will require country-specific interventions that will have to be consistent with agreed regional or global protocols. Given the changing socio economic dynamics and trade patterns in the region, review the evolving risk situations on a regular basis and as necessary and subject to agreement, adjust animal health program interventions.

k. Gender/social equality, M&E and communications remain critical areas for improvement. The lack of clear indicators and baseline figures in regional and national M&E frameworks, particularly for the long-running SEACFMD Campaign, hinder assessments of the regional progress against 2020 Roadmap targets. Failure to link regional activities to higher level national impact and socio-economic measures hampers advocacy initiatives—which in turns leads to low availability of resources, difficulties in scaling up and limited sustainability of gains at the country level (refer to Annex J – Rapid Assessment of SEACFMD Phase 3).

1.2.3.1. Limited Capacity of Animal Health Sectors in ASEAN Member Countries

The SEACFMD Campaign, while focused on a single disease, FMD, is attributed a high degree of effectiveness because it is underpinned by a broad animal health systems strengthening approach which has been used by countries in preventing and controlling HPAI, classical swine fever (CSF), and Ebola Reston in pigs. However, there is also a strong realisation from OIE and AusAID that a regional campaign, while important, will not lead to successful eradication if not complemented by well-resourced national FMD plans. More successful eradication efforts resulted from a combination of long-term regional and in-country support, either through national government budgets or in conjunction with donor-supported national FMD programs. The Philippines scenario is a good example with partner government political and resource commitment and where AusAID also provided A$9.2 million to support the Philippine FMD Eradication efforts from 1996 to 2009 with country level implementation through FAO. The context of tackling FMD in mainland South East Asia, with shared land borders, is also more challenging compared to previous successes with archipelagos (i.e. Indonesia and Philippines) and is highly dependent on transborder collaboration on animal movement

This issue is particularly relevant for least developed countries in South East Asia (e.g. Laos, Cambodia, Myanmar) wherein weak national animal health systems are constrained by insufficient physical, human, and financial resources. AusAID and other donors currently do not have bilateral FMD programs in these countries. STANDZ considers these as priority countries for support given epidemiological confirmation that the Mekong, particularly Myanmar, is a focal point in the geographic spread of FMD in mainland South East Asia and, consequently, to East Asia.

AusAID's support to the SEACFMD Campaign is providing value-for-money. Results of a cost-benefit study for the SEACFMD Campaign show that for every dollar invested by Australia in SEACFMD since 1997, three dollars in benefits were realised – a three-fold return on the Aid program's investment. The study based its estimated benefits from the Philippines (controlling the outbreak in conjunction with an AusAID bilateral support since mid-1990s) and Thailand (preventing the spread of a 2004

Myanmar FMD outbreak in Thailand). The main assumption is a 5 per cent attribution of benefits to the SEACFMD regional program with 95 per cent of benefits attributed to national level programs. The study noted that estimated benefits could be higher if transboundary spill-overs in maintaining Australia, Indonesia, Brunei and Singapore[10] as FMD-free were included.

The geographic focus on South East Asia and the importance of strengthening national veterinary services systems underpinned the introduction in 2007 of the Program for Strengthening Veterinary Services (PSVS). The PSVS has addressed a key regional niche by rolling-out the OIE PVS Evaluation and PVS Gap Analyses in South East Asia. PSVS pioneered an approach of specialised training and systematic support to countries' journey through the OIE PVS Pathway, including development of their respective national VS strategic plans. OIE Paris has acknowledged that OIE-SRR, through PSVS, has contributed significantly to clarifying and shaping OIE's global thinking on the PVS Pathway. PSVS has contributed to increasing South East Asian countries' uptake of the OIE PVS Pathway (e.g. 3 PVS Evaluations and 7 PVS Gap Analyses in 3 ½ years of implementation).

Since OIE maintains the global standards on animal health and veterinary services, the OIE PVS Pathway is accepted as the global process, containing standard OIE tools, to assist countries in reaching international Veterinary Services (VS) standards. National VS systems that meet OIE international standards will have stronger capacities to prevent and control transboundary animal diseases (e.g. FMD, HPAI, PRRS) and arrest zoonotic diseases (e.g. SARS, HPAI, Rabies, and H1N1 2009 influenza) at source.

This investment in VS systems strengthening is economically attractive for national governments and donors. A 2010 PSVS study assessed the economic attractiveness of investing in veterinary services activities by quantifying their benefits in reducing the frequency of emerging infectious disease episodes, along with improved management of endemic and food-borne diseases. Benefit cost-ratios of between 3.7 and 2.1:1 were calculated for the Philippines and Vietnam, respectively. This indicates that for each dollar invested in improving veterinary services activities, US$3.7 of economic benefits will be generated for the Philippines and US$2.1 for Vietnam. Higher relative benefits are associated with rabies control programs due to the high value of avoided health sector expenditure and premature mortality.

However, there is some potential for overlap of activity between the systems strengthening activity under SEACFMD and PSVS, as the latter is more generic and aligned to achieving the international standards. STANDZ seeks to directly address these overlaps through a more rationalised approach to activities.

1.2.3.2. Inadequate Production and Distribution of Veterinary Workforce

In countries such as Lao PDR where investment in the animal sector has not been optimal, production of the workforce is inadequate at two levels, number and quality of skills and competence. In countries, such as Vietnam, where production is not an issue, the availability of the adequate number of posts and distribution of the workforce is the more challenging issue with graduates beginning to take jobs outside of the animal sector.

However, as in human health, the animal health sector needs to look at its skill mix as it moves forward in addressing workforce constraints. For least developed

[10] One can also argue that containing and eradicating FMD in South East Asia, particularly in Myanmar, could have prevented the significant economic losses of recent FMD outbreaks in Japan and South Korea. The billions of dollars incurred by these two countries could have been potential benefits if FMD was controlled through the trade chain from Myanmar to East Asia.

countries lacking professionally trained veterinarians, para-vets and community animal health workers serve as the first line of defense in animal disease prevention, surveillance and response. In developed countries, programs for veterinary and paraveterinary professionals are also changing in scope to include exposure to gender, social and economic variables and to develop a workforce that is able to be more adaptive in its approach and able to work in multidisciplinary teams. There is also huge variation in development of veterinary education among countries, and analysis by country, based on PVS Evaluation and PVS Gap Analysis reports, could be done to clearly identify the priority workforce issues.

1.2.3.3. Veterinarian Services and Gender Issues

Veterinarians, para-vets and livestock extension workers usually lack skills needed to consider gender and other social variables in their work. Training tends to focus on technical aspects of animal health, rather than on the human-animal interface or how to communicate effectively with the people who care for animals. Veterinary curricula, for example, do not usually train students how to understand and work with women and other marginalized groups, especially those with limited education. Opportunities exist within broader curriculum development processes to integrate training on working effectively with diverse cultures or across gender boundaries, in para-veterinary training in particular.

OIE can play an important role to bring these issues into regional dialogue on development of curricula standards. By mainstreaming a gender/social perspective in its work, OIE can begin to capitalize on such opportunities under STANDZ to raise these issues in regional and national fora.

Lack of skills among vets and para-vets to consider how gender and social differences may impact on their work is compounded by the fact that most technical animal health specialists working in rural areas are men. The very nature of gender norms and constructs makes it easier for men to work with other men, rather than women, in the community. However, it appears that the veterinary field is rapidly changing. A look at professional trends in developed countries such as the US and Australia reveal a pattern of rapid feminization of veterinary medicine. Enrolment in veterinarian colleges in the US is now 80% female, and women will very soon comprise the majority of practicing vets. Contrast this with 1960 U.S. Census data that reported the field of veterinary medicine to be 98% male (“Women now dominate the field of veterinary medicine” 2011). While sex-disaggregated data from the SEA region is not readily available, informal estimates collected from knowledgeable sources during the course of the design mission suggest that a similar trend is underway in the region whereby women already dominate the veterinarian schools in the region’s most developed countries, and they comprise a growing share of enrolments in lesser developed countries. The exact pace of this change has yet to be carefully measured, and the implications of this trend have not been considered fully in planning arguably owing to the inability of the livestock sector to fully take into account gender and social issues. On the one hand, more women in the field may offer a better opportunity for women-to-women livestock outreach. On the other hand, the pattern appears to be that few women work in rural areas, raising questions as to whether there will be an abundance of domestic urban veterinarians and a subsequent shortage of livestock rural veterinarians to service remote areas. Again, OIE is well positioned to play an important role in bringing these issues to the table of regional and international dialogues. Opportunities exist, for example, within the PVS Pathway tools and processes to capture better social and gender data as a basis for planning and advocacy.

1.2.3.4. Gender and Social Equality and Foot and Mouth Disease (FMD)

FMD freedom with vaccination, as outlined in the SEACFMD 2020 Roadmap, is one of OIE's cornerstone efforts in the region that will continue and expand under the STANDZ Initiative. The gender-specific impacts of FMD at the micro-level have received scant attention within the global literature, and have not, therefore, been a strong focus of control and response strategies. It is understood that FMD outbreaks tend to have disproportionate impacts on least developed countries and on poor farming families in particular, and some studies, particularly those from FAO, have highlighted the debilitating impact of FMD across SEA (refer to Section 1.2.2 and Annex 1).

FMD poses a direct threat to the food security, nutrition and income of rural communities that are dependent on livestock, as evidenced above, but the gender and social-specific dimensions of the impact of the disease have yet to be adequately explored. The impacts of FMD outbreaks will vary within a family depending on gender-specific roles and responsibilities. Similarly, the benefits garnered by employing FMD prevention strategies will not be gender/social neutral, but will vary by age, class and gender to differentially affect men, women, boys and girls.

Gender/social equality, like M&E and communications, remain critical areas for improvement. While there is a general openness to the importance of these areas, current capacity on these issues is lacking at both regional and national levels. It is important however that these are not seen as specialist inputs on their own, and thus separate functions, but rather core competencies and skills of all OIE line managers. These activities need to be mainstreamed into all activities of the program in simple and concrete ways. The specialist role is to support and advise and facilitate the line manager to ensure that these issues can best be integrated into their outputs and processes. The lack of attention to these issues undermines the effectiveness and efficiency aspects of performance.

1.2.4. Consistency with Existing AusAID and Other Donor/Multilateral Programs

The STANDZ Initiative, as a proposed continuation of AusAID's current support to the SEACFMD Campaign and the PSVS, will support the achievement of the animal health objectives of new AusAID Pandemics and Emerging Infectious Diseases (EID) Framework (2010-2015) by:

- promoting adherence to international animal health standards amongst South East Asian countries through the OIE PVS Pathway and provide targeted support to countries' implementation of national Veterinary Services (VS) strategic plans;
- strengthening national level systems for prevention, detection and control of EIDs, with focus on transboundary animal disease (FMD) and zoonoses (rabies);
- ensuring and supporting countries' rapid response to FMD outbreaks, when they occur; and
- building the evidence base for countries' response more broadly to strengthening national VS systems and specifically to disease management approaches through technical and applied economic and social impact research particularly for FMD and rabies.

Aside from SEACFMD, there are no existing bilateral or regional programs dedicated to addressing FMD in the region. Small one-off projects, whenever they occur, are coordinated with SEACFMD. For instance, FAO/ADB provided funding to OIE/SEACFMD to develop a manual on outbreak investigation and to roll-out the training in Lao PDR, Cambodia, Myanmar and Vietnam.

Other programs that have been taken into account in the design of this program include:

Australian Centre for International Agricultural Research (ACIAR): ACIAR has initiated formal negotiations with OIE in establishing a regional bio-security research project within OIE-SRR (by 2012) focused on livestock market chain and animal movement in the Mekong countries. Plans include ACIAR funding a position within OIE-SRR to manage this research project. This project will strongly complement the research agenda of STANDZ with direct benefits to SEACFMD activities and interventions. This is a good opportunity for OIE to mainstream gender and social issues into the ACIAR research project, if this has not been considered in the project activity design. This will be valuable in addressing specific knowledge gaps on gender and social variables in animal movement management related to FMD eradication efforts.

AusAID: Indonesia is the only South East Asian country where AusAID is currently funding substantial bilateral programs on Pandemics and EIDs. The Australia Indonesia Partnership for EIDs (AIP-EID), implemented by DAFF for $22.0 million across 4 years (2010-2014), aims to support the Ministry of Agriculture and the Directorate General of Livestock Services in strengthening the planning and management for disease prevention and control. AIP-EID will include activities on disease information management, laboratory and quarantine operations as well as strengthening Indonesia's decentralised veterinary services (e.g. disease identification and notification system from village to district level, communication system between central, provincial and district levels).

Indonesia will not be a focus of STANDZ capacity building activities given the substantial resources and activities of AIP-EID in Indonesia on national VS systems strengthening. The key contribution of STANDZ to the AIP-EID is facilitating Indonesia's uptake of the PVS Pathway. As per the design of the AIP-EID, the PVS Gap Analysis output will be a key basis of its activities. Nevertheless, the sharing of lessons from the AIP-EID experience at the national/sub-national level will be useful for STANDZ work in priority South East Asian countries without standalone VS strengthening programs. DAFF's membership to the STANDZ program steering committee will facilitate this sharing of lessons between the two programs.

AusAID Jakarta funded a $850,000 rabies control project in Bali, Indonesia implemented by WHO. STANDZ will complement in-country rabies work through the development of a multi-sectoral One Health operational strategy to control rabies in South East Asia, building on the broad ASEAN regional policy framework for Rabies Control. STANDZ will focus on advocating for more resources from governments, international organisations and other partners to specifically support veterinary services in controlling rabies at source.

AusAID Bangkok currently funds a Community-Based Avian Influenza Risk Reduction Program in the Mekong Zone implemented by CARE Australia across Cambodia, Laos, Myanmar and Vietnam. AusAID funding will end in 30 June 2011. There are opportunities for OIE to more closely collaborate with a future AusAID community EID program and expand OIE and strengthen Livestock Ministries' network of stakeholders at the country level (e.g. provincial governments, international NGOs, local NGOs, UN agencies in-country, etc.).

These partnerships may have to be coursed through OIE's current contacts from the Ministries of Livestock or Agriculture. OIE will benefit from closer on-the-ground information on TADs and zoonotic disease management and control given the variable quality and timeliness of reporting to date from national level counterparts. This will provide OIE with a clearer and more complete country context from which OIE can revise its guidelines for country-specific interventions (implemented by national counterparts or other partners) and/or possibly use this information as an advocacy tool for high-level government support to strengthen the whole VS chain of command from community to national level interventions. Correspondingly, links with OIE will enable community level implementers to closely align their activities to national VS plans and to international and cross-border disease management protocols on surveillance, vaccination, outbreak investigation and communications.

European Union - Regional Program on Highly Pathogenic and Emerging and Re-emerging diseases in Asia (EU-HPED): The EU-HPED, implemented through FAO, OIE and WHO, covers South and South East Asia. It aims to strengthen regional cooperation, disease response capacity and policy development. Specific activities include: joint WHO and FAO training in epidemiology and diagnosis, risk analysis and improvement of live bird and food markets; establishment of a regional epidemiology network on HPEDs in animals and humans; establishment of a regional laboratory network to improve diagnosis of priority HPED ensuring coordination between the human and animal health sectors; support to the OIE PVS Pathway, including national and regional workshops on Good Governance of VS; and establishing a regional vaccine bank for FMD, HPAI, and Rabies.

The EU-HPED vaccine bank, implemented by OIE, will allow delivery of emergency animal vaccines (e.g. HPAI, FMD, Rabies) to South and South East Asian countries. However, guidelines and actual vaccine administration, logistics, and coverage are not covered by the program. STANDZ, while focused only in South East Asia, can fill this gap by assisting least developed countries in these areas to ensure that emergency vaccines are used according to agreed OIE international protocols and directed at priority zones. In addition, the EU-HPED vaccine bank is only eligible for emergencies and does not cover the significant "peace-time" FMD vaccine requirements of mainland South East Asia, a field STANDZ proposes to intensify in priority areas in recognition of the crucial role of vaccination in reaching the SEACFMD 2020 eradication targets.

STANDZ focus on supporting the OIE PVS Pathway is limited to the developing countries of South East Asia, with priority given to the Mekong countries (e.g. Cambodia, Laos, Myanmar, Vietnam). A more efficient division of labour and resources would mean that the EU-HPED consider focusing its OIE PVS Pathway support to the eight (8) South Asian Association for Regional Cooperation (SAARC) countries[11], China, the Democratic People's Republic of Korea, and Mongolia. This is possible since the funding for both STANDZ and EU-HPED are coursed through the OIE World Animal Health Fund and both programs are implemented through the OIE-SRR. In the aspect of PVS Pathway support, OIE Paris will need to manage the efficient allocation of donor funds in recognition of the STANDZ limitations on geographic scope.

The previous PSVS activity supporting regional laboratory networking and quality assurance, implemented by the Australian Animal Health Laboratory (AAHL), can now be subsumed possibly under EU-HPED (FAO Component) and to the USAID-EPT IDENTIFY component (see below). AAHL also supports its own activities with the South East Asia FMD Regional Reference Laboratory in Pak Chong, Thailand.

[11] SAARC countries include: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka.

STANDZ can monitor these FMD-specific activities as part of its regional role in FMD eradication.

USAID-Emerging Pandemic Threats (EPT) Program: The USAID-Emerging Pandemic Threats (EPT) Program focuses on pre-empting, at the earliest possible stages, new zoonotic diseases that pose a significant threat to public health. USAID EPT focus is on novel pathogens found in wildlife[12] with a geographic scope that includes the Congo Basin of East and Central Africa, the Mekong region of South East Asia, the Amazon region of South America, and the Gangetic Plain of South Asia. The various components of USAID-EPT are as follows:

- PREDICT: Increase local capacities in geographic hotspots to identify the emergence of new infectious diseases in high-risk wildlife, such as bats, rodents, and primates that could pose a major threat to human health. Implemented by the University of California Davis School of Veterinary Medicine, Wildlife Conservation Society, Wildlife Trust, The Smithsonian Institute, and Global Viral Forecasting, Inc.
- RESPOND: Twinning of schools of public health and veterinary medicine in the hotspot regions with U.S. counterpart institutions to strengthen the capacities of countries to train cadres of professionals to identify and respond to outbreaks of newly emergent diseases in a timely and sustainable manner. This project develops outbreak investigation and response trainings that merge animal and human-health approaches toward a comprehensive capacity for disease detection and control. Implemented by Development Alternatives, Inc., the University of Minnesota, Tufts University, Training and Resources Group, and Ecology and Environment, Inc.
- IDENTIFY: Aims to help develop laboratory networks and strengthen diagnostic capacities in geographic hotspots for new emergent diseases. Implemented by WHO, FAO, and the OIE, including through the OIE-SRR for South-East Asia (Bangkok).
- PREVENT: Formulation of strategies for effective behaviour change and communication approaches that address the challenges posed by emerging pandemic disease threats. Implemented by the Academy for Educational Development and Global Viral Forecasting, Inc.
- PREPARE: Support preparedness planning and policy development as well as indigenous, iterative capacity to develop and plan disaster and outbreak simulations of preparedness plans. Implemented by the International Medical Corps.
- DELIVER: Commodity procurement and logistics assistance for preparedness and response to emerging pandemic threats. Implemented by John Snow, Inc., PATH, UPS Supply Chain Solutions, Crown Agents Consultancy, and Fuel Logistics Group.

USAID is highly supportive of the STANDZ focus on FMD and on international VS standards through the OIE PVS Pathway. STANDZ proposed work on establishing veterinary statutory bodies, progressing the outputs of the OIE PVS Pathway, are additional areas not addressed by USAID-EPT. There are specific opportunities for collaboration between STANDZ and the USAID-EPT RESPOND component on gender/social research, rabies, twinning of veterinary schools and veterinary curriculum development.

[12] Defined as feral, non-domesticated and partly domesticated animals, including rodents, bats, birds, primates, etc.

JICA: The Japan-Thailand Technical Cooperation Project for Animal Diseases Control (ADC) in Thailand and Neighbouring Countries aimed to support strengthening animal health in Thailand, Cambodia, Lao PDR, Vietnam, Myanmar and Malaysia. The first phase of the project was from December 2001 to December 2006, while Phase II is from April 2008 to February 2011. The project purpose was to establish surveillance structures for animal diseases between field (pilot site), local and central level in each member country. The expected outputs of the project were as follows:

- surveillance techniques for animal diseases are strengthened in each member country;
- surveillance information system for animal diseases is strengthened in each member country; and
- regional structure for animal disease surveillance is built among member countries.

Main inputs from JICA are laboratory equipment and support of reagents to improve diagnostic capacity. In phase 1, the JICA project collaborated with SEACFMD in organising workshops with livestock traders in the Myanmar-Thailand and Malaysia-Thailand border. In phase 2, JICA invited SEACFMD to its regional workshops on animal movement. JICA has supported Thailand in establishing a diagnostic laboratory in the border of Myanmar and Thailand. However, this laboratory is reportedly non-functional because the movement of livestock from that area has ceased. To date, there are no indications that JICA will support ADC phase 3.

FAO: FAO Bangkok has established an ad-hoc Emergency Centre for Transboundary Animal Diseases (ECTAD) to manage HPAI projects in Asia and the Pacific. It received significant support from USAID, Japan, Germany, Netherlands, EU, World Bank, and ADB. AusAID supported FAO for an HPAI project in Myanmar. Recently, FAO received new funding from EU to support FAO HPED components and from USAID for the IDENTIFY component of EPT. FAO also has country ECTAD teams in a number of ASEAN countries working out of the FAO country representations and collaborating with the national animal health service to implement HPAI prevention and control activities. In the region of interest, the teams are presently operating in Myanmar, Lao PDR, Cambodia, Indonesia, Viet Nam and China. HPAI in now considered endemic in the latter three countries.

The Regional Strategy for Highly Pathogenic Avian Influenza and other Emerging Infectious Diseases of Animals in Asia and the Pacific 2010–2015 was recently launched by ECTAD. It is a revision of the Strategic Framework for HPAI Prevention and Control in SEA developed in May 2006. The Strategy aims to provide a vision for a common approach to address the ongoing problem of HPAI and EIDs and to serve to harmonise activities of various partners and donor agencies within the Region. The vision of the Regional Strategy is to eliminate the threat posed by HPAI and other EIDs to the livelihoods and health of the human populations nationally, regionally and globally. The Goal is to guide ECTAD-RAP in the support it provides to countries and regional organisations in Asia and the Pacific.

The main focus of FAO is capacity building at the country level. FAO has also been engaged in developing regional networks concerned with HPAI – for example a regional epidemiology network and the regional laboratory network. The other issue is that FAO has also engaged in a large number of studies looking at the socio-economic aspects of HPAI and its control, including gender impacts. FAO has developed a regional training program called Field Epidemiology Training for Veterinarians. It is a 2-year program to develop in-depth capacity on surveillance, disease outbreak investigation and research methodologies. The trainees undergo a series of 2 weeks to one month training in Thailand, hosted by the Thai Department

of Livestock Development (DLD). Trainees then return to their home countries and implement a project. After 2 years, the trainees will submit their project output akin to a thesis in a university setting.

Asian Development Bank (ADB). The ADB is in the design stage (Jan to March 2011) of a US$ 40 million multi-country program 2012-2016 aimed at capacity building of animal health sectors for improved inter-regional trade in Lao PDR, Cambodia, Vietnam and Myanmar. The country implementers will include the Ministry of Agriculture, Ministry of Health, Universities (Veterinary Medicine). The entry point will be the PVS assessments conducted through the PSVS project. A regional coordinating program unit will be established in Bangkok, principally to manage implementation of the Myanmar program as ADB cannot work directly with the Government. The design document will be ready around mid 2011. Depending on the activities identified on the ADB design, there may be specific opportunities for STANDZ and the ADB program to leverage from each others' activities on veterinary education and capacity building.

2. Program Description

2.1. Guiding Principles and Operating Frameworks

Through the years, SEAFMD has achieved international recognition from various organisations (e.g. FAO, European Commission, World Bank, ADB, and other OIE regional sub-commissions) as a model for regional control of FMD, and for other transboundary diseases. Due to this, FMD-related activities of other donors in South East Asia were mainly coordinated through the SEACFMD Program (i.e. bilateral AusAID programs, FAO/ADB, New Zealand, JICA, Australian Biosecurity, ACIAR, DAFF/AusAID, Thailand). The regional strategy concept gained wide acceptance in the 1st Global FMD Conference in June 2009 with other regions expressing strong interest to follow the SEACFMD approach. The FAO/OIE GF-TADs Framework also identified SEACFMD's progressive zoning approach as a priority in Southeast Asia.

Building on the success of current two programs primarily supported by AusAID, OIE was able to expand the scale of its operations in the Region, working within agreed collaborative frameworks with its main technical partners in the Region, FAO and WHO[13]. In keeping with this expansion, OIE has established the OIE Sub-Regional Representation for South East Asia (OIE SRR) with the support of the Government of Thailand. Continued investment in OIE operations for the period 2011–2014 is being made by various donors in recognition of OIE-SRR's good reputation and the long term nature of the changes required at both regional and national level to improve the capacity of the animal health sector to respond to and manage priority diseases. This is of particular benefit for those countries for which there is urgent need to act and for which there are no current bilateral programs through which support can be provided directly.

The design of this new AusAID STANDZ Initiative provides an opportunity to improve internal operational efficiencies of AusAID funded activities, as well as an opportunity for improving harmonisation of AusAID-funded regional activities with other Development Partners[14], particularly those working with OIE, in the interest of ensuring sustainability of program activities. Since many of these activities are seen as continuation of previous and related activities, the shift to improved alignment to country plans and systems, in keeping with good aid effectiveness practice, will need to be gradual over the next few years so as to minimise risk of reversing progress particularly with achievement of FMD eradication targets.

The principles that underpin the proposed design and that will guide program implementation include:

- Action based approaches aligned to country needs, strategies and policies
- Working in partnership to ensure sustainability of efforts
- Building flexibility to modify approaches as necessary and appropriate
- Targeting systems strengthening
- Improve gender and social mainstreaming in OIE-SRR operations and activity implementation
- Providing opportunity to leverage from and/or scale up support to Governments and other development partners.

[13] This includes the GF TADS Framework, One Health Framework, and the FAO-OIE-WHO Tripartite Framework

[14] This includes the EU-HPED, USAID-EPT/IDENTIFY, and an ACIAR project currently in the design process

2.1.1. Goal and Objectives of the Program

The Goal of the AusAID STANDZ Initiative (2011 to 2015) is to reduce the impact of emerging infectious diseases (EIDs) on food security, public health and livelihoods in South East Asia.

The Purpose of STANDZ is to strengthen the capacity of animal health sectors in South East Asian countries for the prevention, control and eradication of priority Transboundary Animal Diseases (TADs) and Zoonoses.

The four (4) Component Objectives of STANDZ are:

1. Support animal health regional and international coordination in South East Asia;
2. Strengthen the capacity of national veterinary services consistent with OIE tools and standards;
3. Develop, better resource and implement priority animal disease management strategies, including more intensive in-country support to SEACFMD Phase IV consistent with the revised SEAFMD Roadmap 2020; and
4. Strengthen the capacity of the OIE Sub-Regional Representation in South East Asia in priority organisational development areas of gender/social mainstreaming, monitoring and evaluation, operations research and communications.

Transition of regional coordination functions to ASEAN will remain a long-term goal of STANDZ. To avoid risks to the momentum of current programs, STANDZ will be focused on on-going activities and arrangements until ASEAN ownership and governance arrangements are clear.

Figure 1 summarises the goal and objectives and Program activity by objective.

Overall, the components have been designed to align to the core strategic approaches of the OIE PVS regional and global levels. Component 2 and 3 will comprise activity implemented at country level and Component 4 will support the development and strengthening of core functions of the OIE-SRR, including continuing external M&E and Gender assistance to OIE-SRR and communications. Figure 2 illustrates broadly the alignment between the program components to the systems strengthening areas of the SEACFMD Campaign and the PVS pathway.

Figure 1: Schematic of OIE-STANDZ Program 2011–15 Goal and Objectives

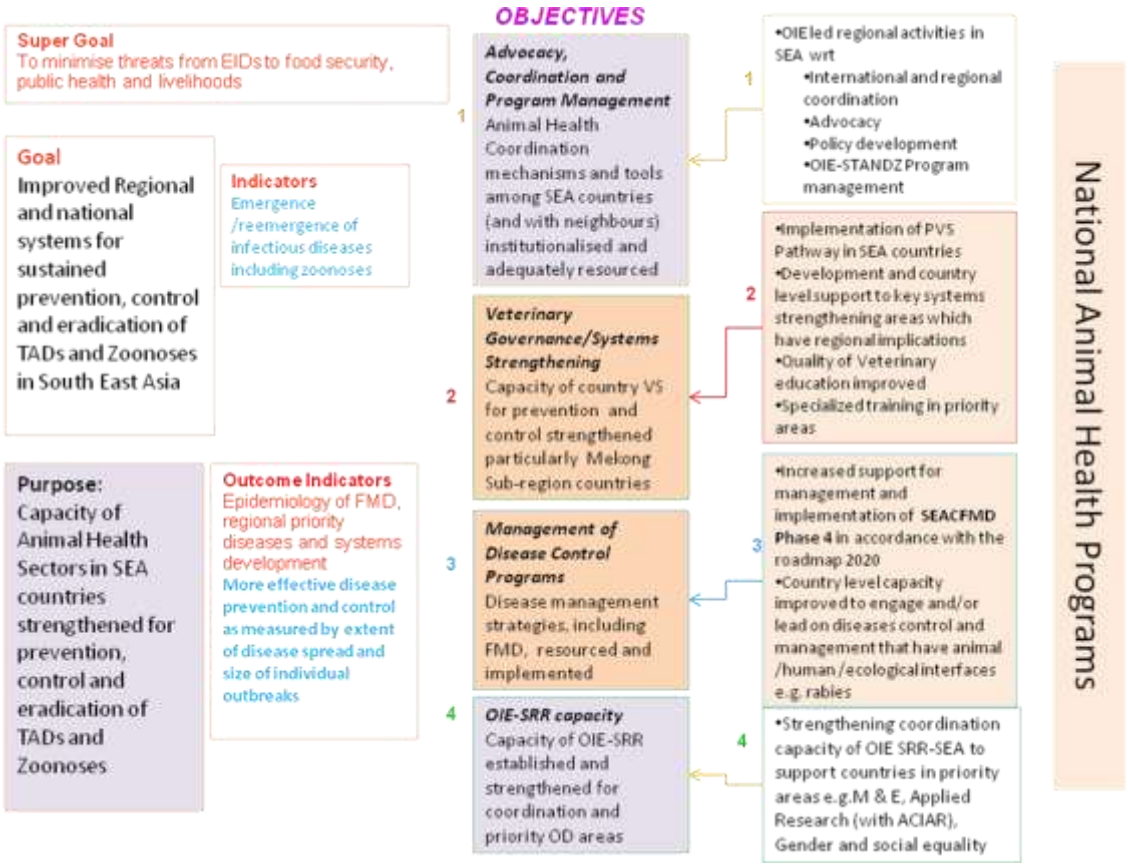
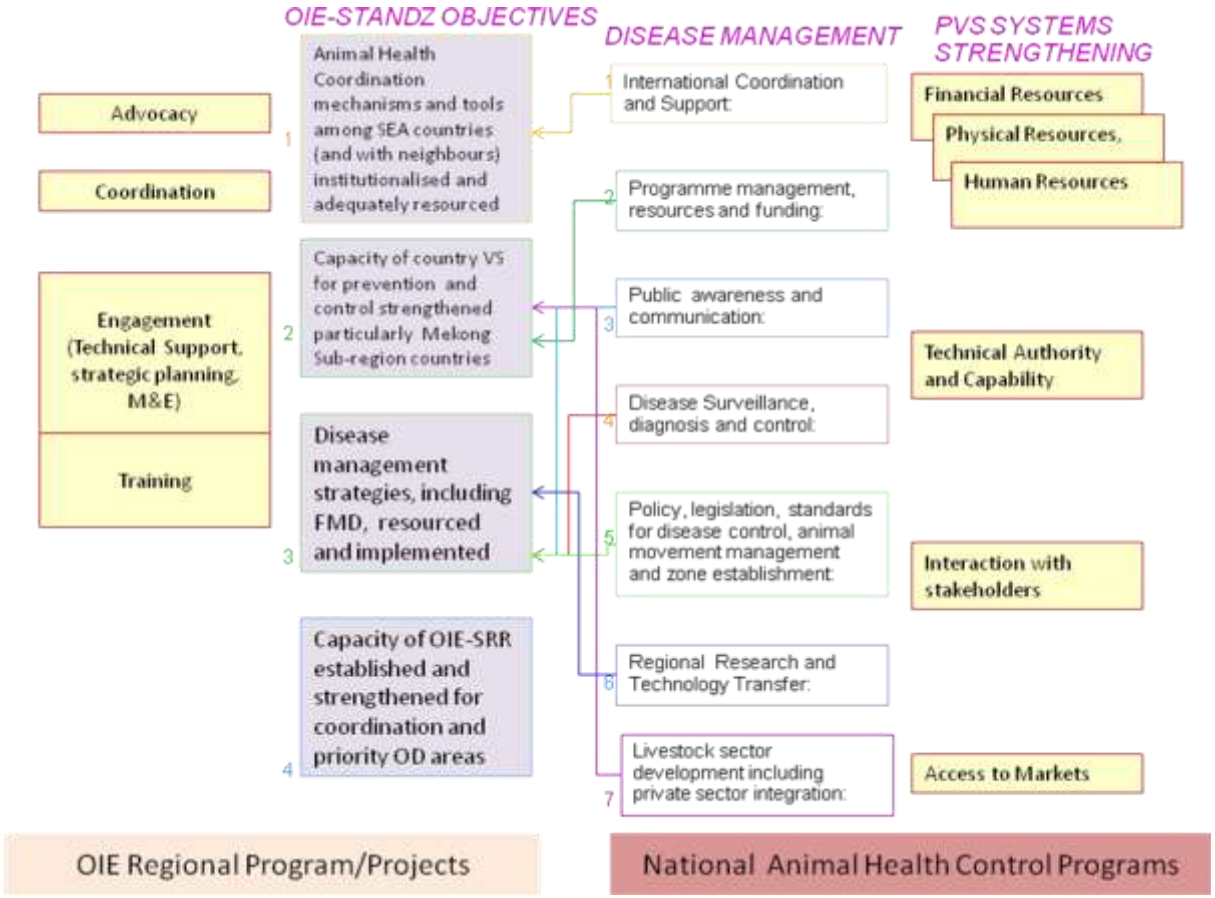


Figure 2: Alignment of the OIE-STANDZ Program 2011–15 and PVS Systems Strengthening Key Areas



2.2. Component 1: Animal Health regional and international advocacy and coordination among SEA countries (and with their partner countries and) supported

Key activity areas for this component include:

1. Advocate and represent SEA Animal Health Sector interests at Global and Regional levels
2. High level advocacy among and within countries (eg. meetings with CVOs, Ministers and key policy makers), including funding agencies, for sustained commitment in policy and resources for FMD eradication and veterinary services systems strengthening
3. Coordinate with ASEAN through its relevant structures e.g. Asean Sectoral Working Group on Livestock (ASWGL), SOM-AMAF to sustain country commitment to FMD and to veterinary services systems strengthening
4. Assure STANDZ Program Management and Governance

As the focus increases regionally on building capacity for preventing and managing EIDs, and more resources are mobilised and programs scaled up at the national level (a target outcome of Component 1), it is important to improve the coordination of regional level activity to ensure that country managers are not unduly overwhelmed with travel and meeting commitments.

STANDZ will rationalise and combine meetings of SEACFMD and the Strengthening Initiatives for Veterinary Services (STRIVES) – formerly known as PSVS - to cut down on frequency.

While meeting processes are relatively mature in terms of documenting meeting minutes, reporting of meetings will be further simplified under STANDZ. Attention will also shift to follow up action at national level, linked to M&E, so that regional meetings are not viewed as simply 'talk shops' but rather important avenues for advocacy, knowledge sharing and networking. To this end, the OIE-SRR will develop an advocacy, mobilisation and communication (ACM) strategy and plan to guide a more structured and broader engagement with its partners. The strategy will identify the potential of other forms of interaction apart from meetings, like electronic newsletters, social media, study tours, including the potential of joint working with other partners in this area. A costed workplan will be completed for implementation in 2012.

The OIE-SRR is a technical partner of ASEAN as per the Memorandum of Understanding (June 2008). The OIE-SRR will maintain its SEACFMD-RCU function to provide support to the SEACFMD Sub-Commission and the ASEAN Sectoral Working Group on Livestock (ASWGL) as the technical Secretariat for the SEACFMD 2020 Campaign. In this role, the OIE SEACFMD-RCU coordinates regional level activity supporting countries to achieve national and regional targets and milestones of the SEACFMD 2020 Campaign[15]. It supports the convening of the SEACFMD Sub-Commission, a high level forum comprising National FMD Coordinators and Director Generals of Ministries of Livestock or Agriculture, on an annual basis. The role of the Sub Commission is to provide strategic direction to the SEACFMD campaign so as to promote the prevention, control and eradication of FMD in the region.

The OIE-SRR Representative and senior staff play a high level advocacy role for sustained action at global, regional and national levels by participating at global and regional meetings in relevant issues, working in close collaboration with a range of stakeholders including global and

[15] These national and regional targets and milestones of the SEACFMD campaign will be specified during the M&E Refinement work with OIE-SRR and participating countries scheduled in August 2011.

regional partners like FAO and WHO. AusAID funding under STANDZ will be used only to support participation of core STANDZ staff in activities directly relevant to STANDZ objectives and implementation. Given the challenging workload of the STANDZ-funded OIE-SRR staff, stricter rationalisation of staff attendance to external representational "non-core" activities should be in place.

OIE-SRR also convenes training sessions in animal health for senior managers in keeping with its technical role, either as lead or jointly with other technical organisations such as FAO and ACIAR.

The STANDZ Program management arrangements will be implemented within this component so as to improve program efficiency and alignment to OIE and country processes and plans.

The evolution of the SEACFMD-RCU, primarily funded by AusAID, to the current OIE-SRR overseeing various donor-funded projects brought about key changes in staff functions. For instance, the creation of the OIE-SRR led to a dual role for the SEACFMD-RCU Coordinator and SRR Representative.

Formerly The Special Adviser provided consultancy advice directly to the SEAFMD Program as required by the then SEAFMD Regional Coordinator. In 2007, contractual arrangements were entered into with the Director General, OIE where the position of The Special Adviser, SE Asia was created. This was amended in 2010 to the OIE Regional Special Adviser reflecting the evolving nature and increasing complexity of SRR activities. Under both designations, the Special Adviser provided and provides independent expert part time consultancy services across a range of OIE interests, particularly AusAID funded projects. As such he is co funded and is directly accountable to the Director General, OIE, not only for STANDZ matters but for other areas of OIE work.

The proposed hiring of new personnel under the STANDZ Initiative provides OIE an opportunity to clarify the roles and functions of all SRR staff, relevant advisers, and working methods with OIE Headquarters to internal and external stakeholders. Clearer roles and accountability mechanisms of all parties will ensure efficiency in overall implementation of STANDZ and in OIE-SRR operations in general. The provisional arrangements are described in detail in Sections 2.5.1 and 3.

Table 1 lists the range of meetings convened and attended by the OIE-SRR in keeping with its current functions of advocacy and coordination. For clarity, technical training at national level will be included under Components 2, 3 and 4.

Table 1: Summary of meetings convened and attended by OIE-SRR

Meeting	Frequency	Purpose	No. attending	No. of days
SEACFMD Meetings				

Meeting	Frequency	Purpose	No. attending	No. of days
Meeting of the OIE Sub commission for FMD in South East Asia and China	Annual	Assess status of the SEAFMD campaign, report advancement of the national FMD control and prevention programmes of Member Countries, as well as FMD-related initiatives of collaborating global and regional agencies and institutions.	85	6
Malaysia-Thailand-Myanmar (MTM) Tri-State meeting	Annual	Discuss FMD status and zoning in the MTM zone.	20	3
Meeting of the Lower Mekong Working Group (LMWG) on FMD Zoning and Animal Movement Management	Annual	Report country progress of LMWG, discuss constraints and develop recommendations to progress in establishment of FMD zoning	20	3
Meeting of the Upper Mekong Working Group (UMWG) on FMD Zoning and Animal Movement Management	Annual	Report country progress of UMWG, discuss constraints and develop recommendations to progress in establishment of FMD zoning.	20	3
National Coordinators Meeting	Bi-annual	SEAFMD National Coordinators to assess status of each country's FMD control activities, problems and constraints.	15	3
SEACFMD Epidemiology Network	Annual	Assess FMD reporting system, analyze FMD data and develop recommendations to further improve FMD surveillance.	20	3
SEACFMD Laboratory Network Meeting	Annual	Discuss status of National FMD laboratories, problems and constraints, proficiency testing, priority researches in the Sub-region to underpin SEAFMD 2020.	20	3
Global and Regional Meetings				
OIE General Session	Annual	Global session of OIE World Assembly of Delegates.	2	6
Conference of the OIE Regional Commission for Asia, Far East and Oceania	Annual	Regional session.	2	3

Meeting	Frequency	Purpose	No. attending	No. of days
OIE Delegates Conference SEA	Annual	Sub Regional session back to back with FMD Sub Commission Meeting; ; High Level discussions on One Health and Vet Services System Strengthehing issues is now a standard agenda	85	
GF-TADS Regional Meeting	Annual	Regional meeting with FAO and WHO.	5	3
One World One Health (OWOH) Meeting	Annual	Global meeting Ministers of Health, Agriculture.	5	4
ASEAN (ASWGL) Meeting	Annual	Regional meeting DGs Livestock, Agriculture.	5	4
Program Management				
STANDZ Program Steering Group + Back-to-back Meeting with Advisory/Observers Group	Bi-annual	Review and approve STANDZ 6 monthly progress report, discuss constraints, develop recommendations for follow up action, foster partnerships and joint implementation.	11	3

2.3. Component 2: Capacity of national Veterinary Services strengthened consistent with OIE tools and standards

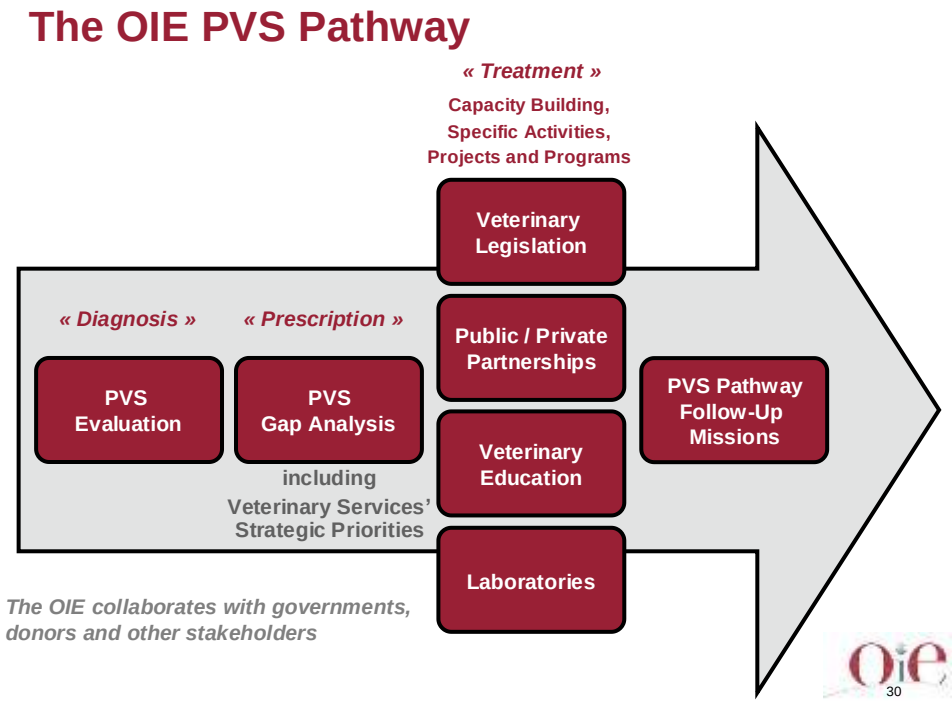
Key activity areas for this component include:

1. Development of AH Strategies, M&E frameworks and Financing through implementation of PVS Pathway in priority SEA countries leading to completion of PVS evaluation and PVS Gap Analysis, and
2. Country level support to key systems strengthening areas which have regional implications e.g workforce, laboratory services, epidemiology and reporting systems
3. Quality of Veterinary education strengthened e.g. standard Vet Education Curriculum (including those for training para-vets), twinning of vet universities, establishment of vet statutory bodies
4. Specialized training provided in priority areas

2.3.1. Development of Animal Health or Veterinary Services Strategic Plans through implementation of PVS Pathway

The focus of this component is to improve the alignment of the use of the OIE PVS Pathway to the development of National Animal Health Sector Strategic Plans, and related financing and monitoring and evaluation frameworks. Figure 3 illustrates the schematic for the PVS Pathway.

Figure 3: Schematic of the OIE-PVS Pathway



This builds on the lessons learnt and successful processes completed for Vietnam and the Philippines under the PSVS 2007–11, which identified the following steps as possible key activities to ensure ownership and leadership from the Government[16]:

- Conducting a national level workshop on the PVS Pathway and elements of strategic planning involving senior government leaders and a broad range of stakeholders.
- Establishing a National VS Strategic Planning Working Group to oversee the process, involving key stakeholders, and assigning a dedicated team to complete the outputs.
- Providing specialist technical support in (i) facilitating the use of the PVS Pathway (ii) strategic planning (iii) costing and/or economics and (iv) monitoring and evaluation.
- Ongoing technical support for following up decision making and review of implementation (continuous learning loop).

All 8 Member Countries who participated in the PSVS had started the PVS Evaluations and in the process of completing the PVS Gap Analysis. Vietnam and the Philippines are in the final stages of using the PVS Gap Analysis to guide the drafting and approval of National Strategic Plans. Indonesia's Gap Analysis, once finished in the early-2011, will be progressed further within the Australian Indonesia Partnership for Emerging Infectious Diseases (AIP-EID) supported by AusAID and implemented by DAFF.

OIE will continue to facilitate member countries through the PVS Pathway through regional level training activities and STANDZ will provide resources for Cambodia, Lao and Myanmar in the completion of the PVS Gap Analysis and Animal Health Strategic Plans and supporting frameworks. There has been some opening discussions on resources being made available through STANDZ to support Lao PDR in finalising a national Animal Health Strategic Plan within the 5 year agriculture plan and its monitoring and evaluation framework and financing framework. This will form the basis for documenting the process in a resource constrained setting.

The PVS Pathway can also be used for a process of routine and systematic review. A guideline will be developed within the monitoring and evaluation framework to encourage Ministries of Agriculture to conduct annual and mid term reviews of their strategic plans. The guideline could be piloted using STANDZ resources in Lao and integrated into the monitoring and evaluation process.

OIE has developed a PVS evaluation tool for aquatic animal health services. OIE also plays a leading role in animal welfare. However, the primary objectives of AusAID funding under STANDZ – i.e. FMD eradication and adherence of national animal health systems to international standards – prevent the use of STANDZ funds and resources for aquatic animal health and animal welfare. Aside from the lack of clear linkages to AusAID's EID Framework (2010-2015), the immense resources required and the limited funding availability to eradicate FMD and to build national veterinary services in line with international standards are clear justifications to narrowly focus STANDZ efforts to TADs and Zoonoses.

[16] PSVS Activity Completion Report, October 2010

2.3.2. Support to Systems Strengthening

The PVS Gap Analysis identifies and costs interventions needed for improving performance in 46 critical competency areas. These critical competencies are grouped into 4 key systems strengthening areas (fundamental components) which include:

- Physical, human and financial resources
- Technical authority and capability
- Interaction with stakeholders
- Access to markets

Based on the PVS Gap Analysis and the National Animal Health Sector Strategic Plan, the Ministry of Agriculture can prioritise key areas for support in systems strengthening. STANDZ resources will be made available under this activity to Cambodia, Lao, Myanmar, and Vietnam for targeted interventions that are not otherwise covered by other OIE-SRR programs, other technical agencies, or other donors' support. Guidelines for these interventions will be developed to ensure that they are demand-driven and not top down. Care will be taken to ensure that these interventions are relevant and add value to the country context.

2.3.3. Quality of Veterinary and Veterinary Para-professional Education Improved

This activity is consistent with the OIE Strategic Vision for 2015 which states that the OIE will develop programs for professional development and leadership in the veterinary terrestrial and aquatic animal health sectors. In particular these will include:

- Increased emphasis on initial and continuing education in veterinary public health disciplines, including aquatic animal health;
- Working with deans or directors of veterinary training institutions and key national veterinary education policy-makers to strengthen and/or harmonise veterinary curricula so that future graduates are increasingly able to work applying international standards for disease surveillance, veterinary public health, food safety and animal welfare;
- Involving national Veterinary Services and Veterinary Statutory Bodies (VSB) in the harmonisation of accreditation procedures for veterinary faculties, to foster recognition of the importance of veterinary activities for society as a whole at the global level;
- Including initial and continuing education of veterinary professionals and para-professionals in capacity-building activities;
- Working with veterinary statutory bodies for a better selection of, and the continuing education of, veterinarians and veterinary para-professionals.

The OIE will also work with government, academic institutions and professional veterinary associations and organisations to encourage the retention of veterinarians qualified in veterinary public health in rural and remote areas. This will require consideration of the gender issues as discussed in Section 2.2.

This activity is being led by a Global level Veterinary Education Working Group which will provide guidance to the OIE-SRR in the implementation of this activity.

The OIE-SRR has begun working with the SEA Veterinary Schools and the Federation of ASEAN Veterinary Associations (FAVA). FAVA is in the process of developing its 5-year strategic plan and welcomes joint work with OIE-SRR on strengthening of veterinary and veterinary para-professional education.

A key first step to guide this subcomponent will be to complete a rapid assessment of the situation with respect to veterinary education in the Region. This can build on the results of the PVS evaluations and PVS Gap Analyses completed to date, information from FAVA membership, and possibly a review of available country-level training, education, and curriculum provided to veterinarians and para-vets. Key questions for the assessment include[17]:

- What is the current status and what are the needs sub-regionally and nationally?
- How can educational standards be improved nationally (key role of VSBs, vet education joint university staff forums)
- How can educational standards be improved sub-regionally (exploring more standardized curricula, staff sharing etc)
- What are options around vet education in countries where the capacity is currently lacking (quotas to other schools in sub-region, new faculties, guest lecturers?)
- What are options around scholarships/external support? How do these work best? (undergraduate level, postgraduate level, past history– ABCRC, Colombo plan, Vet services strengthening in Vietnam, etc)
- What are the options around capacity building for existing educational systems for countries? (twinning, academic exchanges, vets involved in paravet schools?)
- What are the most effective options for continuing education as a shorter term fix? (external delivery, training of trainers, overseas short courses, upgrading VAHWs?)

[17] Activity Completion Report, PSVS, Progress Report 6, Oct 2010

- Could there be value in the OIE-led development of a curriculum subject on International Veterinary Science, which would focus on issues such as EIDs, OIE standards, PVS etc. Linkages to similar activities by ADPC on One Health and WSPA on Animal Welfare could be explored.

Based on the outcome of the assessment, a joint workplan and/or workplan of support to FAVA or a suitable implementer can be developed to guide the allocation of resources for this activity.

2.4. Component 3: Priority Animal Disease management strategies developed, better resourced and implemented, including more intensive support to SEACFMD Phase IV consistent with the SEACFMD Roadmap 2020

Key activity areas for this component include:

1. Country level support for partner government implementation of national FMD Program in accordance with the SEACFMD Roadmap 2020.
2. Country level capacity to engage and/or lead on diseases control and management that have animal /human /ecological interfaces e.g. rabies.
3. Capacity building in Applied Research in FMD and Rabies.
4. Capacity building in M&E for SEACFMD and Rabies.

2.4.1. Country level support for partner government implementation of national FMD Program in accordance with the SEACFMD Roadmap 2020

At the technical level, improved surveillance and the rapid identification of foci of infection will be pursued, particularly at the farmer and community levels. Biosecurity will be reinforced and disease management improved with the objective of eliminating the virus.[18]

Importantly, FMD incidence will be reduced by targeting FMD ‘at source’ and along risk movement pathways. Control zones will be established when the incidence of FMD has decreased to low levels and the likelihood of further outbreaks reduced. Zones or countries free of FMD will focus on quarantine and emergency disease preparedness in the event of an outbreak.

[18] SEACFMD Roadmap 2020, Advance Draft in publication January 2011

Vaccination will therefore play a pivotal role in the SEACFMD program. Key to success will be substantially increased vaccination in areas where FMD occurs and where animals are sourced for export, for example in central Myanmar. This should provide major benefits over the next five years. Vaccination will also be performed in emergency situations and in high risk consignments of livestock. Existing vaccination programs will be examined for effectiveness and revised in the light of findings. A draft vaccination strategy[19] has been developed with a recommendation to pilot a systemic vaccination strategy aimed at progressively establishing an immune cattle/buffalo population that coincides with the major thrust of animal movement. Myanmar is identified as the country for the pilot and this blanket vaccination would be a good complementary action to the emergency vaccination program supported through the OIE-HPED project.

Advocacy with the donor community and countries will be needed to obtain funding for vaccines in the poorer countries and for general assistance with FMD activities. Ongoing efforts will be made to meet decision makers, to prepare briefings for such meetings, and to enlist the support of governments and of ASEAN. Increased emphasis will be placed on public awareness activities and mobilising stakeholder and public support in SEACFMD. Public relations and effective communication form key components of SEACFMD strategies and their use will be particularly important support tools in free countries and zones.

Key issues will include the revision and implementation of SEACFMD research and development activities and the increase of effectiveness on program M&E at the technical level through regular scientific reviews, and at the RCU coordination and management level. Research will include socio-economic impact assessments at village/community levels (prioritising previous investments), including mainstreaming of gender and social issues in these community studies. Risk analyses tools to support disease control and surveillance and epidemiology networks will be enhanced and supported by improved databases and scientific skills. This will improve the basis for judgments on zoning approaches and vaccination options. Training in outbreak investigations and management will be continued and greater emphasis will be placed on understanding and managing livestock movements and the minimisation of risk while facilitating trade. OIE standards will be used as a benchmark for activities. The RCU facilitates the development of strategic policy for FMD control in the region and coordinates animal disease activities between countries, helps identify program weaknesses, supports corrective action and ensures that coherent strategies and agreed outcomes are in place.

It should be stressed that OIE-SRR defines and approaches its “in-country activities” as mainly funding and technical guidance (in adhering to protocols and standards) to partner governments’ implementation, specifically by the relevant government veterinary authority (e.g. Livestock Breeding and Veterinary Department in Myanmar, the Department of Animal Health in Vietnam, and Department of Livestock and Fisheries in Laos). Project proposals are prepared by these government agencies for approval and funding by OIE-SRR. Funds are transferred by OIE-HQ to OIE-SRR and then to the departments’ bank accounts and are subject to governments’ accounting and audit processes. OIE-SRR ensures that activities and expenses are eligible and within budget authorised. Activities and outputs are reported by the livestock department to OIE-SRR and are used by OIE-SRR to inform current and future disease management strategies of participating countries.

[19] Draft Proposal for a vaccine policy and strategic directions for FMD control in support of the SEACFMD Roadmap 2020, G Bruckner, July 2010

The above “in-country” approach is strongly consistent with Paris Declaration and Accra Agenda for Action principles on working through local systems, consistency with national plans, and fostering partner government ownership and accountability. An added benefit of this approach is sustainability through strengthening the capacity and skills of partner government staff in disease management activities such as in outbreak investigation, animal movement control, surveillance, etc. Effectiveness and efficiency are also achieved as government, as the implementer, has in-depth knowledge on the local context, have strong local networks, and most importantly, the authority to direct and change the pubic sector’s disease management approach. This approach is different and more cost-effective from technical assistance provided by external agencies or consultants operating in the country.

OIE-SRR had various previous experience in providing in-country support (e.g. $80,000 provided by FAO/ADB to OIE to train CLMV staff in Outbreak Investigation, New Zealand funds to conduct surveillance in the Mekong River Delta, $34,000 provided by the AusAID/DAFF Sanitary and Phytosanitary Capacity Building Program for surveillance in Tanintharyi district in Myanmar).

The proposed Resource Envelope under STANDZ (see Section 2.7 for details) is the key support mechanism for country-level and country-led activities. Priority activities already identified include: vaccination in hotspots and critical points such as Central Myanmar and along the Mekong borders, surveillance, social/gender community study along hotspots.

Despite the above, and in recognition of instances wherein countries lack the absorptive and implementation capacity to address priority gaps, OIE-SRR under STANDZ will work in partnership with key identified in-country technical implementers.

For example, OIE-SRR has good working relations with FAO-ECTAD. Whereas in the past, FAO-ECTAD provided funds to OIE to implement and coordinate some in-country work, given the proposed STANDZ resources, OIE-SRR , where appropriate, is willing to reverse the process and fund FAO country team in implementing priority activities subject to suitable program and cost effective arrangements being made and taking into account other service bdelivery options. Initial informal discussions have already occurred with FAO Myanmar who is keen to expand a predominantly HPAI role in Myanmar to FMD and has expressed willingness to co-implement with OIE-SRR under SEACFMD. Through AusAID, OIE-SRR has started engaging with CARE Australia and will explore closer links with a future AusAID-funded community-based program on EIDs in the Mekong.

The OIE-RCU has a central role in the overall coordination of the SEACFMD campaign. This coordination role involves, *inter alia*:

- supporting annual meetings of the national coordinators of member countries
- assisting with rigorous reviews of national FMD plans and programmes
- arranging and providing expert support for epidemiological and surveillance programmes
- assisting member countries to help each other in a synergistic manner

- maintaining the link between OIE and ASEAN
- providing leadership in attracting funding for member countries
- managing and updating the FMD database for the region and links to animal health information systems
- providing public awareness and training
- ensuring productive relationships with complementary programmes
- facilitating and identifying priority research studies.

The technical M&E role of the OIE-RCU is an essential tool in determining the progress of the SEACFMD campaign and recommending new directions where necessary. This will be further enhanced under STANDZ through the revision of the M&E framework, with focus on identifying specific indicators, to be held in August 2011.

With the support of member countries and the OIE, the RCU will continue to access new technology relevant to the SEACFMD campaign. The RCU has collected a wide range of material and provides a database that can be used by member countries for public awareness, training and management of disease control activities. It is also the catalyst for the formalisation of memoranda of understanding between member countries on matters relating to FMD in South East Asia.

Member countries are responsible for implementing activities to control FMD within their jurisdiction. Resources are mainly derived from government budgets and, in some cases, donors provide funds for bilateral projects to control the disease. The various strategic components of the SEACFMD campaign are implemented by the country from the national level down to the field level. One critical responsibility of members is transparency in disease reporting, particularly outbreaks of FMD near country borders. The RCU routinely provides alert notices to all members to warn them of possible risks to their territory.

2.4.2. Country level capacity to engage and/or lead on diseases control and management that have animal /human /ecological interfaces e.g. rabies

As part of its global mandate to promote the leadership of the Veterinary Services, the OIE, in cooperation with its public and private partners, will assist Members to develop institutional frameworks that enable cooperation between the different stakeholders — including representatives of human, animal and environment agencies — in the control and prevention of animal diseases (including zoonoses). This will allow early detection of and response to emerging infectious diseases at the animal–human–ecosystems interface. Such frameworks should encourage improved collaboration between the public health and animal health sectors and other line ministries to improve preparedness for and response to potential infectious diseases.

Rabies is one of the oldest diseases known to man. It's mode of transmission through bites from infected dogs has been long established since ancient times. Rabies vaccine has improved significantly over the past century and, in animals, is one of the cheapest vaccines ever produced. And yet, in spite of such developments, rabies continues to kill thousands of people, most of them children in Asia. Given that approximately 95–98% of human rabies originated from dog bites, it is but logical that control of rabies in dogs is the most effective way to control human rabies. But the biggest challenge remains on how to get resources to control rabies at the animal source. Many Agriculture Ministries do not prioritize rabies control because dogs are not part of the livestock sector, and many Health Ministries allocate funds only for human rabies vaccine.

The veterinary services are faced with an uphill struggle to convince governments to invest resources for the control rabies in dogs. Because of this predicament, the OIE-SRR is working with ASEAN Member States to develop a multi-sectoral strategy to control rabies in South East Asia that would focus in getting resources from governments, international organizations and other partners to support rabies control in the region. OIE has been campaigning to all governments and international agencies to provide veterinary services worldwide with resources to control rabies in animals. Part of this campaign is to highlight the importance of canine rabies during celebration of Vet2011. A Global Conference on Rabies Control will also be held this year in Seoul from 7–9 September to tackle not only technical challenges in controlling rabies, but also in gaining political support.

In South East Asia, OIE-SRR has worked closely with ASEAN in getting political commitment from Member States to control rabies. Using the recommendations from the OIE Rabies Conference for Eurasia in 2007, OIE-SRR worked with ASEAN through the ASEAN+3 EID project funded by AUSAID, in coming up with a policy statement to support rabies control in ASEAN plus 3 countries in 2008. This statement dubbed as the 'Call for Action towards the Elimination of Rabies in the ASEAN Member States and Plus Three Countries' was finally endorsed both by ASEAN Health and Agriculture Ministers in 2008 and 2009, respectively. This document will be a useful tool for veterinary services to lobby their governments for support. Following the policy endorsement by ASEAN Ministers, a framework for rabies control in ASEAN was drafted by ASWGL and AEGCD.

The OIE, through its MOU with ASEAN signed in 2008, will work closely with Member States to further develop this framework into a robust strategy to control rabies in ASEAN. The OIE, through its SEACFMD Campaign, has a long experience in coordinating regional control of trans-boundary animal diseases. The SEACFMD 2020 roadmap which was used by ASEAN as a model in developing an HPAI control roadmap could also be used in developing a multi-sectoral rabies control strategy in South East Asia. Support from FAO, WHO and other partners is crucial in the development of this strategy[20].

[20] Developing a Multi-Sectoral Rabies Control Strategy in South East Asia *R Abila, DVM, MSc (Vet Epid.) Presented at the 16th Federation of Asian Veterinary Association (FAVA) Congress, 16-18 February 2011, Cebu City, Philippines*

2.4.3. Capacity building in Applied Research in FMD

The OIE-SRR currently supports key elements of applied research particularly as it relates to achievement of FMD prevention and control. This includes research conducted by government secondees and by government specialist staff in specific areas identified by countries as priorities. OIE-SRR is now engaged in ongoing discussions with ACIAR on the development of a research program through which OIE-SRR will be a designated research institute twinned with Australian Research Centres of excellence. Identified research interests include animal movement studies and socio-economic implications of EIDs in the animal sector. If successful, ACIAR will fund a full time post of Research Specialist in OIE SRR to lead and coordinate the program.

STANDZ will continue to progress the conduct of socio-economic impact studies prioritising assessments of prior interventions. Outputs of the studies will be used and communicated as an advocacy tool for increased resource mobilisation and in influencing policies and approaches to FMD and rabies control and eradication. Increase mobilisation of resources to these priority TAD and neglected zoonoses will be an important outcome indicator under STANDZ.

2.4.4. Capacity building in M&E for SEACFMD and Rabies

SEACFMD campaign is highly ambitious and complex and, based on lessons learnt from managing other multisectoral, multipartner programs, it is essential that a monitoring and evaluation framework be developed so that countries can track their progress to achieving national and regional objectives and targets. This M&E process will be based on the objectives outline in the SEACFMD 2020 Roadmap.

Based on similar exercises completed for HPAI[21] and HIV, the process to develop an FMD M&E Framework (for the whole SEACFMD Campaign – i.e. regional and national components – as broadly reflected in the SEACFMD 2020 Roadmap) will need to be iterative and dynamic. Goals and objectives will need to be agreed and a logic model linking inputs, outputs, outcomes and impact is needed. FMD indicators to be used to track progress in key components will be agreed, and definitions and methods of measurement defined. An FMD M&E framework will facilitate a standardised reporting format for countries to report progress and will comprise information from surveillance systems, routine monitoring of veterinary services, process assessment (as in animal movement studies) and impact evaluation (on food security, sector productivity, livelihoods). The information can be used to improve planning, measuring performance and advocacy.

Work was started in 2009 to develop a broad M&E framework at regional and national levels. Operationalising this initial M&E framework was a challenge owing to weak M&E systems and capacities at the regional and national levels. The state of M&E systems at the national levels, particularly on FMD control, is not known or documented. OIE will be recruiting a Communications Officer (M&E Coordinator) who will work with the SEACFMD/Disease Management Coordinator to facilitate the continued iteration of the framework and its implementation. Further short-

[21] Guide for Monitoring and Evaluating Avian Influenza Programs in SEA, Measure Evaluation, 2008

term external M&E expertise may be required to further build up the OIE-SRR M&E capacity and to refine and address key gaps and issues related to M&E.

Throughout the STANDZ implementation, the OIE-SRR M&E team, with guidance from the STANDZ core management committee and advisory group, will assess and determine: a) how realistic target indicators are; b) whether sector strategic plans, financing frameworks and M&E frameworks are of good quality and are being used. Results of these assessments should be documented, including an analysis of challenges, and should be used to change and improve on-going implementation. This will need to be closely monitored by the STANDZ core management committee as this plays a major factor in the effectiveness of implementation.

A similar exercise will be completed as the Regional Rabies Control Program is developed.

2.5. Component 4: Capacity of OIE-SRR strengthened in priority organisational development areas of gender and social mainstreaming, monitoring and evaluation, operations research and communication

Key activity areas for this component include:

1. Strengthen Management and Coordination Capacity of OIE-SRR
2. Capacity building for gender/social mainstreaming
3. Capacity building for Communication/Knowledge Management
4. Support to establishment and operations of OIE-SRR

2.5.1. Strengthen Management and Coordination Capacity of OIE-SRR

AusAID has been the principal development partner of OIE in South East Asia principally through its support to the SEAFMD campaign since 1997 and to PSVS (STRIVES) since 2007. Other donors have also supported the OIE SRR. The French government has seconded a veterinarian from 2004 -2010 as Technical Advisor to the SEAFMD Campaign. Additional staff were added to the SRR are the Programme Coordinator and Project officer for EU-HPED and Programme Coordinator for USAID IDENTIFY Project.

OIE receives funds based on mandatory member country contributions. In 2008, to strengthen OIE's regional and sub-regional representation offices, OIE's member countries agreed to allocate 10% of their contributions to support operations and activities of SRRs. However, while available, this is still in its early stages and has not been used to support full-time SRR staff. In addition to this, member countries in South East Asia also agreed to provide an additional contribution specific to SEACFMD support with an amount representing 10% of their annual contributions.

An annual budget is established for all OIE RR and SRRs (draft annual budget presented by each office, finalised after discussion with HQ). Now that SSR Bangkok is established as such (as opposed to earlier functioning as RCU-SEAFMD) it is invited to do the same on an annual basis (started in 2010).

Currently the part of the mandatory contributions received from Members reserved for regional offices (the so called “10% rule”) is meant for regional representation (RRs) (I.e. Tokyo RR in the case of Asia). OIE will envisage to change this if OIE Members accept a significant increase of the levels of annual mandatory contributions (discussion scheduled), this would then allow for possible use at SRR level also.

Specific “SEACFMD contributions” received from SEA Members will be reserved for the operating costs of the SRR Office.

Most recent external and member country contributions to SEACFMD-RCU include:

- ACIAR (Australia) printing of “Manual on disease surveillance, risk analysis and zoning” : 6 652,93 EUR (received on 24/05/2010)
- Balance of FAO Subvention (Study Cross Border, Project 2009) : 748,26 EUR (received on 08/10/2010)
- New-Zealand / FMD: 163 094,13 EUR (received on 30/07/2008) + 6 414,78 EUR (received on 01/01/2009)
- French Embassy in Bangkok: 4 718,25 EUR (received on 27/07/2010)
- Contributions from Asian countries (in 2010) : Thaïland - 2 875,00 EUR, Cambodia - 862,50 EUR; Malaysia - 1 725,00 EUR; Philippines - 1 725,00 EUR ; Myanmar - 8 62,50 EUR; Singapore - 4 312,50 Euros; PRC - 5 750,00 EUR and Indonesia - 1 725,00 EUR.

The risk of continuing to fund projects within the OIE-SRR is that it may limit the role of the positions funded to Program Coordinator roles for separate projects which may be at odds with the management intent of providing flexible funding through the World Fund. This arrangement has the potential to undermine any efficiency gains from consolidating AusAID funding into one agreement with a joint accountability and financial reporting structure. Figure 1 illustrates the organisational structure of the OIE SRR-SEA.

Currently, AusAID is funding 7 out of the 10 staff within the OIE-SRR. AusAID fully funded positions include: OIE Sub-regional Representative and concurrent SEACFMD Coordinator (Abila); STRIVES Coordinator (vacant since Dec 2010 and to be filled under STANDZ); 1 Junior Project Officer each for SEACFMD and PSVS (Aviso and Lamont); an Executive Assistant; and an Office/Administrative Assistant. AusAID is co-funding the Senior Adviser to OIE (Murray). OIE proposes that STANDZ maintain the existing positions to be supported by AusAID and to add 4 new personnel in recognition of the proposed expansion of activities, namely:

1. STANDZ overall Program Manager (note: Abila will remain as OIE Sub-regional Representative and at the same time maybe appointed as the STANDZ overall Program Manager. Once this appointment is confirmed by OIE Paris, a new SEACFMD Coordinator will be recruited.)

2. 1 Junior Project Officer to handle One Health and as an added resource for SEACFMD and STRIVES
3. 1 Communications Officer (acting as M&E focal point) – (note: this position was previously filled by an Australian volunteer)
4. 1 administrative staff for finance and accounts

Thus, STANDZ will be potentially fully funding 10 out of the expected 15 positions (or 67 per cent) under the OIE-SRR, 11 out of 15 positions if partial funding to the Senior Adviser to OIE is included.

As mentioned under Component 1, while noting that recruitment of OIE staff is a prerogative of the OIE DG, further clarification on the job descriptions of current and new positions funded by STANDZ is required during implementation in close coordination between OIE Paris, AusAID and DAFF.

Figure 4: Proposed Organisational Structure of the OIE SRR-SEA

By aligning support to the OIE-SRR to its core functions, STANDZ provides an opportunity to harmonise AusAID contributions with those of other Development Partners now funding the SRR operations, namely the EU, USAID and possibly ACIAR in the near future. The OIE is in the process of completing its business plan for 2011 which will set out the costs of its structure and operations.

In the interest of optimising organisational performance, the OIE will complete its business plan for 2011 within the first 6 months of signing the agreement (which will be shared to AusAID and DAFF). The proposed Gender/Social Mainstreaming Strategy may be integrated within the broader business plan with input for the Gender/Social Advisor and the GST. Priority activities within the next 6 months of signing the agreement with AusAID will include:

- Clarify roles and functions of the SRR
- Develop job descriptions for new positions
- Update current job descriptions
- Finalise the organisational structure
- Support the completion of an updated and costed business plan 2012–2013

2.5.2. Capacity Building for Gender/Social Mainstreaming

Operationalizing Gender and Social Mainstreaming (GSM) into OIE-SRR requires a participatory, iterative process that will be carried out over the duration of the STANDZ program. GSM is a process of institutional structural and behavioural change. The nature of such change processes do not give way to steady or predictable steps, but there are milestones and indicators that can help make sure the process stays on track and that the institution continues to grow and learn. The below details a 'roadmap' that lays out the process. The actual route will be shaped by internal actors within OIE who will function as a team as well as by regular inputs from external gender experts.

Table 2 below offers an overview. Milestones and indicators will be integrated into wider office M&E frameworks, reducing the need for separate monitoring although the GST will be responsible for ensuring that the roadmap is adhered to in principle.

Key Areas	Outcome Targets	Milestones/Indicators
1. OIE is supported and guided by institutional gender/social policy to clarify vision and mission	**1.1** Comprehensive policy drafted in participatory manner. **1.2** Human resource policy that supports gender and diversity drafted within context of wider office development.	MS – gender/social mainstreaming policy is formally adopted and disseminated. MS – Formal HR policy adopted (if separate from GSM policy).

Key Areas	Outcome Targets	Milestones/Indicators
2. Capacity of the OIE to improve program equality and effectiveness through gender/social mainstreaming is enhanced	2.1 Establish of a well functioning gender team within OIE-SRR. 2.2 Increase engagement with inter-agency and external gender specialists. 2.3 Ensure staff increasingly improve gender knowledge and skills.	MS - Appointment of a gender team. MS - Establishment and dissemination of terms of reference for gender team. # of times in the last year gender team met # of times GT participated in external gender event or meeting in last year % of staff who participated in a gender training in last year
3. Staff and management are held accountable for gender/social mainstreaming	3.1 TOR and job descriptions include gender sensitivity. 3.2 Performance review frameworks include gender mainstreaming as a competency for all staff. 3.3 Progressive movement is demonstrated toward reaching parity targets	MS - Performance review frameworks include gender as a competency for all staff. % of TORs for consultancies that include gender competencies % of new staff with gender specified in terms of reference and job description % of staff who report against gender in their appraisals % of female staff at higher levels of organization % of females on program steering committee

Key Areas	Outcome Targets	Milestones/Indicators
4. Gender mainstreaming processes throughout OIE are developed in coordination, advocacy, policy and communication.	4.1 Increased GSM in design phase of all new projects. 4.2 Systemized monitoring of GSM in all new projects. 4.3 Increased GSM in evaluating projects. 4.4 Increased levels of activity in priority areas (tbd).	MS - establishment of key social/gender priority areas for focus in next 4 years % of new projects that mainstreamed gender/social in the design phase including in M&E frameworks % of evaluations that included a gender/social focus % of research initiatives that mainstream gender/social analysis # of joint program initiatives that work in priority areas evidence of integration of g/s issues in coordination, advocacy and communication (e.g. # of regional workshops that include g/s components, evidence of g/s in advocacy and other communication materials
5. Increased use of financial resources toward G/S mainstreaming.	5.1 Establishment of system within OIE to monitor allocation and expenditures on gender/social equality 5.2 Increased % of tracked resources spent on gender equality goals.	MS – Establishment of GEM or other budgetary system. % of total budgets used toward G/S mainstreaming

The GSM policy is a necessary precursor to have in place. The policy will help guide achievements in the other four results areas. Developed in a participatory way, it will also serve as a learning process for the institution, and it will help clarify thinking and encourage ownership of ideals. The GSM Policy will build institutional mechanisms to foster GSM across OIE programs by creating and enabling a Gender/Social Team (GST) within OIE and by seeking guidance and fostering collaboration with external expertise. The OIE will also work to explore opportunities for capacity development of staff on gender/social issues as they relate to animal welfare. STANDZ includes a budget for the hiring of external

expertise as required. Details on each key area and draft TORs for the GST and for a gender advisor is included in Annex A2 – Gender and Social Mainstreaming.

2.5.3. Capacity building for Monitoring and Evaluation/Knowledge Management

A provisional M&E Framework for STANDZ is proposed in Section 3: Implementation Arrangements. At the process and outcome level, this framework will be linked to the M&E Framework for SEACFMD and Rabies. STANDZ will support the recruitment of an Communications/Knowledge Management Coordinator who will have the responsibility for guiding the development of M&E capacity and knowledge sharing processes in the OIE-SRR, ensuring appropriate linkages among program frameworks and minimising overlap. Each line manager/coordinator is responsible for the content of the M&E and communication frameworks, including the identification of appropriate indicators sets and production of reports and assessments within their program or core function. The detailed job description will be developed once STANDZ funding is confirmed.

FAO and WHO are active in developing M&E Frameworks for other EIDs, their regional programs and building national capacity for M&E. This would be a key area for joint working under the GF-TADs, the OWOH Framework, and the FAO-OIE-WHO Tripartite framework. Short term technical support is also provided for completion of the STANDZ mid term and end of program reviews.

2.5.4. Support to establishment and operations of OIE-SRR

Key areas for support under this subcomponent include:

- OIE SRR 2 year Business Plan completed
- Management Development
- Office Systems improved
- Premises maintenance (with the Government of Thailand)
- Miscellaneous office expenses

The completion of the OIE-SRR 2 year Business Plan within the first 6 months of the STANDZ program implementation will provide more detail on the scope and costing of support required to OIE SRR operations.

2.6. Key Outcomes and Impact to be achieved

Expected Program level outcomes will be achievement of the country level SEACFMD Roadmap 2020 Phase IV targets, to include decrease in FMD incidence and improved outbreak management; the increase uptake of South East Asian countries of the OIE PVS Pathway for systems

strengthening in line with global standards, including the development and resourcing of costed national VS strategic plans and in addressing veterinary education/human resource development in select priority countries; and development and establishment of cross sectoral National Prevention and Control strategies for rabies[22], or other diseases where more relevant, highlighting the One Health approach of animal and human health collaboration in tackling a zoonotic disease.

The country FMD and Rabies indicator set will be agreed under component 3 in the development of the M&E Framework as separate from the outcome indicators that will be used to assess the performance of the OIE-SRR in management of the STANDZ program. The STANDZ M&E provisional framework is provided in Section 4.

At the impact level, the Program will support the completion of socio-economic assessments to evaluate how and/or if investment in animal health sectors improved the response to emerging infectious diseases over the period of the program. This could be done jointly with FAO, WHO and other development agencies/partners, with a particular focus with tracking progress in Cambodia, Lao PDR, Myanmar and Vietnam. This impact information will need to be used through the STANDZ Advocacy, Mobilisation and Communication Strategy to obtain more funding at the national level.

2.7. Form of Aid Proposed

STANDZ is a regional technical support program working through an intergovernmental organisation, the OIE-SRR, to strengthen ASEAN member countries Animal Health sectors. The Program will support the staffing and operations of the OIE-SRR in its regional coordinating role and to engage with countries by providing training, diagnostic support through the FMD Reference Laboratory, consultancy services, regional surveillance and monitoring and evaluation and vaccine supplies. In the interest of increased efficiency, STANDZ management arrangements will include:

- A single funding agreement and account within the OIE World Fund to cover AusAID's support to OIE SRR-SEA;
- A single whole-of-initiative progress and financial report;
- Some flexibility to move funds across activities;
- Consolidated and rationalised initiative workplan and budget for OIE;

As previously stated, OIE-SRR's approach to "in-country activities" is to fund and provide technical guidance to partner governments' implementation, specifically by the relevant government veterinary authority (e.g. Livestock Breeding and Veterinary Department in Myanmar, the Department of Animal Health in Vietnam, and Department of Livestock and Fisheries in Laos). Project proposals are prepared by these government agencies for approval and funding by OIE-SRR. Funds are transferred by OIE-SRR to the departments' bank accounts and are

[22] Countries will be identified for action and piloting the OWOH initiative as it relates to controlling rabies from an the animal health sector perspective e.g Vietnam and one other

subject to governments' accounting and audit processes. OIE-SRR ensures that activities and expenses are at par with local rates. Activities and outputs are reported by the livestock department to OIE-SRR and are used by OIE-SRR to inform current and future disease management strategies of participating countries. Partnership with external technical and implementing agencies in-country such as FAO and NGOs will be resorted to in cases where national government absorptive and implementing capacity are weak.

As an extension of current arrangements through which OIE SRR provided emergency vaccines and other support in response to country requests, either through technical assistance, in kind contributions or cash grants, OIE SRR will establish a resource envelope for targeted interventions and emergency support from which countries can request support in the areas of objective 2 or 3. The main purpose of setting up this arrangement is to provide a flexible mechanism for countries to begin action in new and emerging areas that may be identified from the process of implementing their national FMD programs, the PVS Pathway or implementing the Strategic Plan. Requests should be initiated by countries, to ensure relevance and sustainability, rather than be seen as a Program or OIE activity. OIE will strengthen processes for application, reporting, financial accountability as well as assessment for results. The OIE-SRR M&E Team will be responsible for managing the award process and support the Technical Coordinators for technical oversight of the projects.

OIE will develop an eligibility criteria for accessing the resource envelope for the approval of the STANDZ core management committee. As a base guideline, the resource envelope can only be used to support emergency assistance and specific activities that can be sustained by partner governments in line with SEACFMD 2020 and to support implementation of recommendations identified in PVS Gap Analysis.

The use of the resource envelope will be strictly monitored by the STANDZ core management committee to ensure proper use. Sample criteria may include:

- alignment to national strategies or PVS Gap Analysis;
- a new or emergency activity to support implementation of SEACFMD 2020 roadmap;
- for non emergency projects, activity will lead to scoping or scaling up of a country initiative, with potential for measurable impact, by either government, OIE or another partner within their comparative advantage for implementation, including joint action;
- linked to priority cross-cutting areas like M&E, gender/social mainstreaming;
- focused on priority trans-boundary or zoonotic diseases (e.g. FMD, rabies).

The OIE SRR shall ensure proper accountability of member countries in the use of these funds. The OIE may utilise partner organizations such FAO, research institutions and NGOs, if applicable, in the implementation of in-country projects.

3. Implementation Arrangements

The primary in-country stakeholder will continue to be the Ministries of Livestock or Agriculture although, for SEACFMD, there will be increasing engagement with livestock and veterinary services officials at the sub-national levels owing to an increasing focus on outbreak investigation and response. In this regard, links and complementarities to a future AusAID-funded community-based EID risk reduction program in the Mekong will also be explored. Opportunities for expanded engagement with women's machinery, NGOs and civil society will also be explored with national counterparts as a means of integrating gender/social analysis into program activities. Partner governments will be the primary partner in in-country implementation with assistance from FAO or other external in-country agencies, when required.

Given the streamlining of the current activities under SEAFMD and PSVS, and the introduction of new projects within the OIE-SRR portfolio, the program management arrangements of STANDZ aims to better align and support the establishment of core functions of the OIE SRR and the implementation of the OIE-SRR Business Plan 2011–201223. Core technical staff will take responsibility for the implementation of the Program by component. The structure of the OIE-SRR is summarised in Figure 4, vacant positions are noted.

The STANDZ Initiative will establish a STANDZ Steering Committee as the main governance mechanism for its activities. The Core Management Committee will include the Director General of OIE or his representative from OIE Headquarters as Chairperson, a Department of Agriculture Forestry and Fisheries (DAFF) Australia representative as Deputy Chairperson[24], an AusAID representative, an ASEAN Member State (AMS) representative (concurrent chair of the ASEAN Sectoral Working Group on Livestock-ASWGL), and an ASEAN Secretariat representative from the Agriculture, Industries and Natural Resource (AINR) unit.

An Advisory Group of observers will complete the Management Committee, with meetings held in plenary session of the Steering Committee, back-to-back with core group. The Advisory Group will include representatives from: FAO, WHO, Thailand's Delegate to OIE (or representative), OIE Regional Representative in Tokyo (or his/her Deputy), and the Senior Adviser to OIE. Members of this latter group can also be drawn from the EU, the People's Republic of China, South Korea, ACIAR, industry representatives, and other agencies as the need and opportunity arise. OIE-SRR will act as the Secretariat of the STANDZ Steering Committee.

A priority during STANDZ implementation is to clarify the different roles of the STANDZ core management committee and the advisory group.

The OIE Sub-commission for FMD Control in South East Asia and China (led by OIE and composed of ASEAN member countries, China, technical agencies, research institutes,agenices and donors) provides strategic direction and technical guidance to the whole SEACFMD 2020 campaign. The OIE-ASEAN Delegates Meeting, currently being convened as a follow on meeting to the OIE SEACFMD Sub-commission, comprising Chief Veterinary Officers (CVOs) and Livestock Director General levels, will provide strategic guidance to the STANDZ Initiative.

[23] OIE SRR-SEA Business Plan 2011–2012 to be completed by March 2011.

[24] DAFF Australia will chair the core management Committee in case OIE Paris is absent.

The GF-TADs Regional Steering Committee for Asia and the Pacific remains an umbrella coordination mechanism for STANDZ activities consistent with existing regional programs on EIDs such as the EU-funded HPED program.

3.1. Proposed Monitoring and Evaluation Framework

The expected outcomes of the OIE-STANDZ Program are summarised in the Logframe below. In Annex B, a provisional indicator set is provided by component stratified by input, output and outcomes which will be used to monitor outcomes and outputs.

Table 5: STANDZ Logframe

Objectives	Indicator	MoV	Assumptions
Goal: To reduce the impact of emerging infectious diseases (EIDs) on food security, public health and livelihoods in South East Asia.	Socio economic impact indicators	**Socio economic impact evaluation**	
Purpose:			
To strengthen the capacity of animal health sectors in South East Asian countries for the prevention, control and eradication of priority Transboundary Animal Diseases (TADs) and Zoonoses.	**Country level** SEACFMD Roadmap 2020 Phase IV targets, to include decrease in FMD incidence and improved outbreak management. Increase uptake of South East Asian countries of the OIE PVS Pathway for systems strengthening in line with global standards. Development and establishment of cross sectoral National Prevention and Control strategies for rabies.	OIE SRR Annual Reports Country Annual Reports SEACFMD Annual Reports.	
Outputs			
1. ***Coordination and Program Management*** Support animal health regional and international coordination in South East Asia; REGIONAL	OIE SRR Advocacy, Communication and Mobilisation Strategy and workplan. Advocacy targets e.g. milestones/indicators of countries' increasing commitment to their respective FMD plans e.g. legislative, funding, policy, M&E. Coordination meeting targets. Participation in GF TADS, One Health at global and Regional level.	OIE SRR Progress Reports	OIE staff recruited and retained. Regional Partners committed to overarching frameworks and MoU(s) agreed. Financial stability and growth contiunes in Region DPs retain high level of interest and commitment to SEA Region. Agreement on Establishment of Regional Coordinating. Mechanism for SEA
2. ***Veterinary Governance/Systems Strengthening*** Strengthen the capacity of national veterinary services, particularly in Cambodia, Lao PDR, Myanmar and Vietnam, consistent with OIE tools and standards; COUNTRY	Countries with costed PVS Gap Analysis Reports, comprehensive AH strategies, M&E frameworks and financing frameworks. Country specific process indicators e.g. HR in VS strategy developed and costed. Targeted interventions supported.	OIE SRR Progress Reports Country Annual Reports	

Objectives	Indicator	MoV	Assumptions
3. *Management of SEAFMD and other priority Disease Control Programs* Develop, better resource and implement priority animal disease management strategies, including more intensive in-country support to SEACFMD Phase IV consistent with the revised SEAFMD Roadmap 2020 COUNTRY	Epidemiology surveillance for Emergence /re-emergence of infectious diseases including zoonoses. Research and M&E Framework for FMD and Rabies developed. SEACFMD 2020 regional level process indicators and milestones to include vaccination. Rabies 2020 regional process indicators and milestones. Country specific process indicators e.g. National Roadmap for FMD eradication. Targeted interventions supported.	Regional Surveillance System OIE SRR Progress Reports Country Annual Reports SEACFMD Surveillance Reports	
4. *OIE-SRR capacity building* Strengthen the capacity of the OIE Sub-Regional Representation in South East Asia in priority organisational development areas of gender/social mainstreaming, monitoring and evaluation, operations research and communications.	OIE SRR OD and Business Plan operationalized. Gender/Social mainstreaming Policy, GST operationalized, Gender budgeting system implemented.	OIE SRR Progress Reports	

The schedule of reporting against these indicators are summarised in Table 6.

Table 6: Proposed schedule of reporting for routine monitoring and evaluation

	Inputs	Outputs	Process	Outcome
Frequency of Reporting	Monthly	Quarterly	Quarterly/6 monthly	Annually
From	OIE SRR Coordinators	OIE Coordinators	OIE SRR Rep	OIE SRR Rep
To	OIE SRR Rep	OIE-SRR Rep	OIE-HQ	OIE-HQ
To		OIE HQ	STANDZ PSC (6-monthly)	STANDZ PSC
Distribution			AusAID (6-monthly)	SEAFMD SubCommission, OIE Delegates Meeting AusAID

3.2. Financial Management Arrangements

In keeping with established financial management procedures for SEAFMD Phase 3 and PSVS, funds will be channelled from AusAID through the OIE World Animal Health and Welfare Fund managed from OIE HQ in Paris, which handle the overall financial management of the program. The OIE World Animal Health and Welfare Fund was created on May 28, 2004 by Resolution No. XVII of the OIE World Assembly of Delegates. The Fund has been established "for the purpose of projects of international public utility relating to the control of animal diseases, including those affecting humans and the promotion of animal welfare and animal production food safety". The Governance of the World Animal Health and Welfare Fund follows the general OIE Governance.[25] In addition, two specific Committees are in place:

a. Management Committee of the World Fund - In accordance with Article 4 of the Appendix to Resolution No. XVII of May 2004, the OIE General Assembly elected a Management Committee for the OIE World Animal Health and Welfare Fund. The main responsibility of the Management Committee is to recommend after review and assessment the adoption of the annual accounts of the OIE World Animal Health and Welfare Fund and to transmit them to the Council of the OIE for endorsement and final adoption by the OIE World Assembly of National Delegates from 178 OIE Member Countries;

b. Advisory Committee of the World Fund – A unique forum on Animal Health and Welfare with high level representatives from International Organizations; key donors and the private sector. Currently chaired by the representative of the World Bank. Participants are high level representatives from international Organizations (WTO, WHO, FAO and OIE); key Donors: World Bank, European Commission, United States of America, United Kingdom, Switzerland, Japan, Italy, France, Canada, Australia; observers from the private sector (Supply of Affordable Food Everywhere Initiative, SSAFE) and from Donors below the Financial threshold for membership (New-Zealand and Spain).

The management of this Agreement through the OIE World Animal Health and Welfare Fund facilitates the coordination of financing from the different projects in the region, as well as communication with partner organisations and Donors.

Day to day financial management of the majority of program activities will be carried out by the OIE SRR office in Bangkok through the respective coordinators with support from the OIE SRR-SEA Representative. The OIE-HQ will directly manage contributions to PVS missions in countries, OIE PVS training in OIE Headquarters in Paris (OIE HQ), PVS involvement in some official global and regional meetings (OIE Regional Commission, GFTADs).

In compliance with the STANDZ Agreement with AusAID, the overarching management and coordination of the Program is assigned to the OIE SRR Representative, Dr Ronello Abila, a full time contracted OIE employee who has the overall responsibility for (i) managing the implementation, budget and monitoring and evaluation of the Program; (ii) ensuring technical support to countries in South East Asia is provided as part of implementation of the project; (iii) assist member countries to improve capacities as per the objectives of the Program (iv) act as Secretariat of the Program's Steering Group (S-PSG); (v) in coordination with relevant national, regional and

[25] World Assembly of 178 national delegates; OIE Council (elected Board of the OIE), two elected auditors *(Commissaires aux comptes)*; internal audit and external audit (external auditor nominated by the Assembly).

international organisation and ensure that the Program is coordinated with other activities in the region.

OIE Headquarters in Paris will retain responsibility for overall management of the funds and ensuring due financial diligence. An external independent audit of AusAID contributions to the OIE World Fund will be included within the duration of STANDZ. The funding of this independent audit will be covered by the existing budget requested through this design document.

3.3. Gender and Social Mainstreaming

Mainstreaming gender and social issues will be a designated responsibility of a 2 or 3 person Gender/Social Team (GST) comprising the SRR Representative and one or two other staff member. Monitoring and Evaluation and Communication will be established as core function of the SRR, with responsibilities for organisational monitoring and reporting including knowledge management. This may, in the future, cover providing technical support to countries in collaboration with other technical partners such as FAO and WHO. Consideration will be given to a establishing an M&E team within the new organisational arrangements, combining any other funded research post and activity with the resources provided through the STANDZ program for M&E and Communication. A member of the M&E team should be part of the GST and given the responsibility for ensuring that gender/social mainstreaming happens in all aspects of M&E (including research) and Communication.

Gender and social advisory support will be provided to the GST on an ongoing basis. Refer to Attachment 6 for draft Terms of Reference for the Gender and Social Advisor.

3.4. Sustainability Issues

Sustainability of regional coordination functions was previously linked to the eventual management of an ASEAN-led and sustained regional coordination mechanism. Unlike in previous SEACFMD phases, transition to ASEAN is not an explicit milestone objective of STANDZ. Prior experience, acknowledged by OIE and AusAID, show that the process of establishing a new ASEAN regional coordination mechanism on animal health is highly dependent on ASEAN Member States processes, timelines, and initiative.

ASEAN Member States, coordinated by the ASEC, have begun planning for the establishment of an ASEAN Regional Coordinating Mechanism (RCM) for Animal Health. OIE-SRR, with FAO, EU, ADB and AusAID, are part of the advisory group and will continue to be closely engaged with ASEAN in the development process. While the actual establishment of this semi-autonomous ASEAN Centre might take about 3 to 4 years, STANDZ (and particularly OIE-SRR) should be ready to re-visit the future form and function of its programs, including its broader regional coordination activities, depending on RCM's chosen role and mandate vis-à-vis the technical mandate of OIE. The STANDZ governance arrangement, which includes key stakeholders involved in the ASEAN RCM process, will serve as an important platform to reinforce active engagement and maintain the momentum of ASEAN efforts.

SEACFMD's success through the years have resulted in drawing new (e.g. EU, USAID) and potential donors (e.g. China, Singapore, Brunei) into both the SEACFMD Campaign and in supporting specific aspects of animal health systems. OIE's advocacy and direct access to Chief Veterinary Officers and Ministers of Livestock has contributed to countries' sustained and increasing commitment to national FMD plans and to animal

health system strengthening to address TADs and zoonoses, in general. Key achievements include:

- Thailand's fiscal budget for FMD control amounts to US$12.0 million in 2010.
- Malaysia is implementing its national FMD control and eradication strategy with an annual budget of about US$3.2 million for the years 2011 to 2012.
- Laos drafted a new National Plan for FMD Zoning Management for 2011-2015 with an allocated an annual budget of US$ 6,200.
- Vietnam investments US$36.0 million across four years from 2006 to 2010 in its national FMD program;
- Burma allocated a budget of US$200,000 for the construction of a new national FMD Laboratory.

STANDZ OIE PVS Pathway support advocates for country counterpart funding of their respective national VS strategic plans as a first priority and to achieve sustainability of funding. In the short term, and particularly with least developed countries in the Mekong, STANDZ acknowledges that emergency assistance (e.g. vaccines), while inherently non-sustainable, will need to be provided to achieve FMD eradication targets. The selection criteria for the country support envelope will ensure that only emergency assistance and sustainable activities will be funded. Support, for instance, will be provided only to partner governments who have shown clear commitment through policies and counterpart funding or resources. OIE-SRR will also ensure that local capacities are built to administer future emergency outbreak investigation and response.

The biggest threat to sustainable outcomes is the lack of significant and supplementary funding at the country level to implement and maintain the various STANDZ activities (e.g. additional workforce, vaccination, training, etc). Greater funding, focused at the national levels, is required during and beyond STANDZ to make significant progress against the STANDZ objectives. STANDZ will strengthen its advocacy tools through developing an Advocacy, Mobilisation and Communications Strategy, backed by more socio-economic impact work, and will focus on mobilising resources at the country level as a significant measure of STANDZ implementation success.

3.5. Compliance with the Environment Protection and Biodiversity Conservation Act and Child Protection Policy

There is limited environmental impact from activities as STANDZ direct support will be on strengthening national animal health systems of least developed countries in South East Asia where majority of livestock are owned by smallholder farmers. To date, animal disease control activities (e.g. surveillance, vaccination, animal movement management, communications) have limited scope and reach in these countries.

While livestock intensification spurred by increasing demand is expected in the region, the relative smaller base of livestock populations in the region and the relative lack of intensive large-scale livestock production systems negate any significant impact on the environment, including greenhouse gas emissions. As such, a strategic environmental assessment of the STANDZ Initiative is not planned and is deemed not required.

In reality, and based on the South East Asian context, the environment has more influence on the incidence of animal disease. Natural disasters and prolonged wet season have, for instance, led to the increased spread of the FMD virus. STANDZ is

focused on building and supporting countries' capacities to address animal disease outbreaks when they occur, including during times of natural disasters. The initiative does not directly assist in building capacities to mitigate and prepare for natural disasters or the effects of climate change.

AusAID's Child Protection Policy is not applicable to the STANDZ activities as activities will not be implemented in child vulnerable sectors.

3.6. Risk Assessment and Management

The aid modality of funding regional and country level activity through an international organisation such as OIE limits fiduciary risk and over the past 14 years has proven to be a relatively robust and accountable mechanism for financial probity. Fungibility risks are mitigated by the involvement of both AusAID and DAFF in the PSC and the SEACFMD Sub-Commission.

SEACFMD and PSVS historical disbursement levels average at around 70 to 75%. Although the move to establish the OIE-SRR should improve disbursement and implementation capacity, the number of vacant posts as well as the increase in scope and range of SRR workload (HPED and IDENTIFY projects) could potentially undermine that gain. Mitigation of this pattern of under-spend and slow implementation will be managed in part by supporting the development of the OIE SRR along functional lines rather than confining posts to managing self contained projects.

In an effort to intensify and expand country level activity, the design proposes an expansion of the current mechanism by which OIE has provided emergency vaccine and other support to countries as required through a Resource Envelope for Targeted Interventions. This has the potential of providing a 'learning through doing' experience for countries to begin to mobilise regional resources, leverage other resources and to provide tools and best practice lessons for ASEAN on the use of the AHTF. However, this is an approach that requires further clarification and would be recommended for potential commencement in 2012, pending completion of detailed guidelines laying out criteria and the process for accessing the funds. The expansion of the resource envelope mechanism should also improve pace of implementation as it does not depend on OIE staff for implementation.

A key risk in focusing on in-country support is the general lack of national resources, limited absorptive capacity, and varying levels of country support to TADs/zoonoses control and veterinary services. This will impact on whether STANDZ activities are effective in meeting its objectives and on whether activities and outcomes can be sustained by partner governments.

To address this, STANDZ meetings will be rationalised and combined to cut down on frequency. Proposed new administrative support will take pressures off the OIE-SRR technical staff, and combined with rationalisation of meetings, will allow greater in-country consultations at both senior officials and technical levels.

More importantly, OIE-SRR will focus STANDZ resources and assistance to countries who have clear and demonstrated commitment to TADs and zoonotic control. Where countries are identified as a priority geographic area in FMD control, but have weak absorptive capacity, OIE-SRR will partner with key technical in-country implementers in assisting partner government disease control efforts. All activities, even those that are implemented by in-country technical partners, will seek to build local capacity for sustainability purposes.

Despite acknowledgement of the importance of key competencies like gender and social equality, monitoring and evaluation and communication and agreement of key action points to address these weaknesses in operations, there has been limited attempt to carry through on these action points. In part this is due to the heavy workload of the current staff complement, the SRR Representative also filling the role of the SEACFMD Coordinator.. This is turn is resulting in decreasing level of effectiveness in its advocacy role as the SRR is finding it more difficult to demonstrate value for money and ultimately to mobilise more resources. The risk that this will continue to occur can be mitigated by moving to a more functional approach and also by supporting the SRR to complete an organisational development plan and a business plan to ensure its implementation.

Given that SEA is considered a global hotspot for EID, there is a real risk that an outbreak can occur and reach epidemic proportions. This is managed by broadening the scope of engagement in the region and supporting the development the capacity of member countries to engage in the OWOH framework. Focus on strengthening the M&E capacity including the surveillance systems is also key.

There is a risk that the global financial instability will reach the SEA during the period of the program and undermine the growing level of political and technical commitment and engagement for strengthening of the animal sector. The continuation and strengthening of OIE-SRR's in regional level advocacy is vital given its non partisan and 'honest broker' role.

A risk is the lack of sustainability of regional coordination activities for FMD and the reversal of the progress to date at this critical juncture of expansion of national FMD control programs to achieve eradication targets. The process has been restarted by ASEAN Secretariat and ASEAN member countries on the establishment of the ASEAN Regional Coordination Mechanism (RCM) for Animal Health which has the involvement and support of key stakeholders and at a time when there is a high level of awareness of the threat of EIDs. It is important that OIE SRR maintains its presence and support in this process given the organisational credibility in the Region and with member countries. It should also be noted that the process is led by ASEAN. The success and early establishment of this ASEAN RCM will ultimately depend on the level of commitment of ASEAN member states.

However, another major risk until the form and future of the RCM is finally agreed is that extensive AusAID support channelled through OIE could be perceived as undermining this process. This risk has been managed by AusAID remaining open to engaging directly with ASEAN on the RCM process and/or continuing to support a broader range of regional level projects within its EID framework. AusAID, along with OIE, are members of the advisory group to ASEAN on the RCM development process.

Annex A: Sector/Problem and Other Relevant Analyses

Annex A.1: Economic Analysis

Overview of the Livestock Sector

The livestock sector accounts for a substantial 80 per cent share in agricultural Gross Domestic Product of developing countries. About two-thirds of the world's domestic animals are kept in developing countries and over 90 per cent of these are owned by rural smallholders. More importantly, the livelihoods of 600 million rural poor people in the world rely heavily on livestock primarily as a source of income, food, and agricultural input.

It is forecast that the demand for livestock products will double over the next 20 years as meat; eggs and dairy products become increasingly important as preferred sources of protein. According to FAO projections, countries with a large emerging middle class like China, India and Vietnam will spur much of the growth as the proportional amount of animal protein in the diet grows rapidly.

The Economics of Disease Emergence[26]

Movement of livestock and livestock products across countries in the Greater Mekong Sub-region is influenced by the interplay of supply and demand factors (see table below). Animal movements, through international and domestic trade, pose the highest risk of spread of transboundary animal disease such as FMD.

Myanmar has the highest population of ruminants. With low relative domestic demand, Myanmar can offer the cheapest prices for livestock. Thus, Myanmar serves as the major source of livestock traded to many countries in the region. Thailand has the second largest number of cattle and buffalo and is also a major source of FMD. Cambodia and Lao PDR have smaller cattle populations compared to, for example Vietnam, but as domestic demand is not high in these countries, trade movements are all directed to Vietnam where the price is higher and is driven by increasing demand.

Table 7: Cattle and buffalo populations in mainland South-East Asia and Intra-regional Trade

Country	Cattle (millions)	Buffalo (millions)	Import	Export	Comparative unit price ranking
Cambodia	3.34	0.72	None	High	Average
Lao PDR	1.35	1.16	None	High	Average
Malaysia	0.8	0.14	High	None	Very High
Myanmar	12.63	2.84	None	Very High	Low
Thailand	9.34	1.58	Average	High	Moderate
Vietnam	6.88	3.0	High	None	Moderate to High

[26] Excerpts from the SEACFMD 2020 Roadmap (2011 version).

Traditionally, Malaysia has been a net importer of ruminants because of low domestic supply and high domestic demand, particularly during religious festivals. The movement of ruminants towards China has been increasing since 2008 due to attractive prices brought about by increasing Chinese demand.

The movement of pigs follows the reverse direction. Vietnam has the highest population of pigs and serves as the main source of live pigs and frozen suckling piglets that move to Cambodia, Lao PDR and even to Thailand as well as other parts of the region, for example Hong Kong.

Economic and Populations Growth: Demand Drivers

China has been experiencing growth in excess of 10% per annum in recent years and has since established itself as a major trading partner of South East Asian countries, cementing its growing economic influence in the region. This overarching dominance of China in terms of market size and economic growth is likely to continue. Another key player is Vietnam with its fast growing population of over 80 million with increasing disposable income that leads to higher consumption of meat.

The urbanisation process is forecast to continue across all mainland South East Asia and China with the fastest rate being anticipated in Lao PDR (from a low base). Urbanisation is linked to economic growth and industrialisation. People are attracted to cities for higher paying and less labour intensive work. The incomes of urban workers are generally higher than their rural counterparts.

This overall increase in urban populations and their disposable income also fuels the increasing demand for animal protein. However, with the exception of China and Malaysia, the forecasts suggest that in 2020, most people will still be living in rural areas and many will be raising livestock (see table below). Livestock production systems and practices will change, at least for a portion of the population, to meet the increasing demand for protein in the region. In addition to urbanisation, there is also migration of labour between and within countries to satisfy new demands for labour in rural or urban areas.

Table 8: Percentage of total human population classified as living in an urban environment in mainland SEACFMD member countries, 2010-2010

Country	2010		2020		Increase
	Number in millions	Percentage	Number in millions	Percentage	
Cambodia	3.03	20%	4.21	24%	39%
China	635.84	47%	786.76	55%	24%
Lao PDR	2.136	33%	3.381	44%	58%
Malaysia	20.15	72%	25.13	79%	25%
Myanmar	16.99	34%	22.57	41%	33%
Thailand	23.14	34%	27.8	39%	20%
Vietnam	27.05	30%	36.27	37%	34%

Regional Inter-connectivity

Large infrastructure programs in the region will further increase inter-connectedness in the region, facilitating economic growth, urbanisation, and trade (people and animal movement). This will have significant impacts on the spread and management of emerging infectious disease, including transboundary animal disease and zoonoses. Some of these key regional projects include:

- China expects to expand the current 86,000 km rail network to 120,000 km by 2020 and some portions of this will be built to cater for trains that can travel at 350 km per hour. The total mileage of China's highway network will reach 3 million km by 2020 and form a high-speed goods communication network. This will cater for growing urban populations as well as to integrate the underdeveloped central and western provinces of China (e.g. Yunnan Province).
- In Vietnam, plans include: a north-south road that extends 3,262 km; construction of seven roads in the north (1,099km), central and highland areas (264km); seven routes in the south (948km); roadlinks with China through two expressways from Vietnam to the southern province of Guangxi.
- The Singapore to Kunming railway is expected to be completed between 2015 and 2020.
- A bridge spanning 11.6 km is planned to connect the northern Thai province of Chiang Rai with Huai Sia in LaoPDR and further to Yunnan Province in southern China.
- In Myanmar, a crude oil terminal designed to be the starting point for the Myanmar-China oil pipeline is to be constructed. The terminal located in the port of Kyaukphyu in Rakhine State, will be the beginning of a 771 km pipeline running from Kyaukphyu to Kunming City in Yunnan Province.

In addition to the above are initiatives to facilitate trade across the Greater Mekong Sub-region. This include having a single-stop customs inspection, establishing minimum standards for the design and reliability of infrastructures, providing cross-border visas for those transporting goods, and instituting transit traffic regimes.

Economic Impact of Transboundary Animal Diseases and Zoonoses

Livestock not only generate food, but are valuable assets, serving as a 'bank' and source of draught power and an essential safety net for smallholder farmers in times of crisis. The food security lens has again attracted attention to the important role that livestock play in developing countries.

International and domestic trade of livestock presents an attractive opportunity both for the commercial livestock industry and for rural smallholders. Trade in livestock is expected to increase given the growth in demand for meat and livestock products.

An estimated 30 per cent of livestock production is lost in developing countries due to livestock disease.[27] Amongst transboundary animal diseases[28], Foot and Mouth Disease

[27] Upton, Martin. 2004. "The Role of Livestock in Economic Development and Poverty Reduction." Pro-Poor Livestock Policy Initiative Working Paper 10, FAO, Rome.

(FMD), endemic in most of mainland South East Asia, continues to be a regional priority along with Highly Pathogenic Avian Influenza (HPAI), Classical Swine Fever (CSF), Newcastle Disease, and Porcine Reproductive and Respiratory Syndrome (PRRS).

Like other transboundary animal diseases, a country's FMD-free status is a requirement for international trade. FMD prevents countries' access to higher value export markets for its meat products. Importing countries, as part of their preventive measures, will block the entry of livestock products from FMD-infected areas. This loss of trade opportunity presents a substantial loss for South East Asian countries. Studies have predicted a combined gross benefit of US$20 million per year for the Philippines and Thailand if both are able to export pork products in the absence of FMD.

Vaccination, deaths, and FMD control measures such as culling are costly for both the government and private industry. The Philippine swine industry, for instance, incurred an estimated cost of US$95 million during the FMD outbreaks in 1995. This cost is about 4.2 billion Philippine pesos for a single year, using current exchange rates.

In addition to the increasing intensification of production systems to meet the demand for meat, and as the economies in the region grow, some of the people living in rural environments will become more commercial and larger scale cattle producers (e.g. 'ranching sector'). As farmers shift away from subsistence and draught-based cattle ownership, larger scale and higher input production systems (such as cattle fattening activities), the implications of transboundary animal diseases, such as FMD outbreaks, become far more damaging economically.

In terms of zoonotic disease, the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 affected 32 countries with over 8,000 cases and 812 deaths. The cost of SARS to the global economy was estimated at US$30 to $50 billion (an estimated 2.0% reduction in the East Asian Gross Domestic Product) through the shock on sectors such as tourism, travel and retail. Avian Influenza resulted in losses of between US$10 – 20 billion across the region with significant impacts on small farmers and trade. Dolberg (2005)[29] noted that 58 out of 64 provinces in Vietnam had been affected and 17% or about 44 million of the total national poultry flock of 262 million were destroyed as a result of HPAI. The direct mortality loss was estimated to be $53 million (World Bank 2004).[30] Cost estimates for the current H1N1 2009 influenza pandemic vary between US$0.8 to 3 trillion.

The bulk of human deaths from rabies, a neglected zoonotic disease, occur in Asia with an estimated 31,000 people suffering mortality from dog rabies in the region each year. The economic burden of rabies stems from health expenditure on treatment, premature mortality, lost days of labour and funds being directed into control programs. Children less than 15 years of age are at greatest risk of infection. Management in the source population of dogs, such as via dog vaccination and stray dog control, is the most cost-effective strategy for preventing rabies in people. It is estimated that between US$2-15 million is spent each year in the Philippines and Vietnam treating suspected rabies cases.

[28] OIE and FAO defines "Transboundary Animal Diseases (TADs)" as those that have a significant economic, commercial and/or food security importance for a group of countries; which can easily spread to other countries and reach epidemic proportions; requiring cooperation between countries for its control and exclusion.

[29] Dolberg, F. (2005). Summary of the Emergency Regional Support Project for Post-Avian Influenza Rehabilitation. FAOTCP/RAS/3010(E) http://www.fao.org/ag/ againfo/subjects /documents/ ai/rehabdolberg.pdf

[30] World Bank (2004) Avian Influenza Emergency Recovery Project, World Bank Report T7631-VN, Project Design Document, World Bank, Hanoi.

One can argue that if these zoonotic diseases were prevented and controlled at source (i.e. within animal populations), costs to the global economy and to public health would have been avoided.

Prevention *vs* Response: HPAI case

An OIE-commissioned study in 2007 provided evidence that countries' investments in prevention far outweigh the costs related to outbreak response. The study, using Highly Pathogenic Avian Influenza (HPAI) as an example, estimated the global prevention and preparedness costs related to HPAI at US$1.0 billion over 3 years or about US$334.0 million per year. This yearly investment on prevention pales in comparison to the estimated direct production costs and losses of HPAI-infected countries of US$5.34 billion to US$11.75 billion per year. As a specific example, the study found that, in Vietnam, investing in disease investigation and strengthening veterinary services would cost the government a total of US$30.0 million against the US$62.0 million a year total direct production costs and losses due to HPAI during the 2004-05 outbreak. For developing countries grappling with scare resources, the message is clear – preventing transboundary animal diseases is less costly than reacting to outbreaks.

Community-level Impact of Transboundary Animal Diseases

Transboundary Animal Disease outbreaks, such as from FMD and HPAI, will have disproportionate impacts on least developed countries and impede countries' achievement of the Millennium Development Goals, particularly the reduction of hunger, poverty, and child mortality.

When FMD occurs, poor farmers are unable to use their livestock in planting rice for their livelihood and are unable to sell infected livestock to augment household income. In this regard, FMD poses a direct threat to the food security, nutrition and income of rural communities dependent on livestock. This situation is compounded by limited animal reserves and resources of rural smallholders including inadequate access to vaccination, compensation and re-stocking programs.

Various studies have described the debilitating impact of FMD across South East Asian communities. In Lao PDR, rumours of an FMD outbreak force farmers to sell animals at half the market price. In Northern Vietnam, FMD outbreaks accounted for about 21 per cent net loss of total annual household income. Farmers also spend less time on agriculture production and more time, an average of 3 hours per person per day, treating FMD-infected animals. In Cambodia, average cost of FMD per affected family consumes 85 per cent of total monthly rural household income.

Animal Health Systems: Addressing the Disease at Source

The Fifth Global Progress Report on Animal and Pandemic Influenza (July 2010) states that:

'Policy makers increasingly recognise that a high proportion of infectious diseases in humans come from animals, that these zoonotic diseases have high economic costs (especially for countries that export livestock and meat products), and that outbreaks that

do occur – such as SARS, H5N1 HPAI and pandemic influenza A(H1N1) 2009 – have major political, economic and health consequences.'

Furthermore, the same report also noted that:

'much needs to be done to bring veterinary services up to standards in many countries… animal health legislation is often outdated and inadequate, and too little funding is available for veterinary staff, operating costs and laboratory diagnostics… if investments in animal health systems are not sufficient, the risk of further disease outbreaks will increase. A standardised indicator-based system for the quantitative analysis of progress is urgently needed.'

National public veterinary expenditure in Vietnam was estimated to be around US$22 million in 2007 (OIE - Civic Consulting 2009)[31], or around 4% of the overall public agriculture budget. A similar portion of 4% of all public agriculture expenditure was attributed to livestock services in the Philippines during 2005. (World Bank, 2007).[32]

Given Veterinary Services accounted for a much lower portion of agricultural budgets than the relative contribution of livestock to overall gross value of agriculture, it could be argued that public expenditure on animal health, such as targeting transboundary animal diseases, food safety and zoonoses, which are the key 'public good' expenditures supporting livestock globally, has been neglected.

Cost-Benefit of Investing in Animal Health Systems

Under the AusAID/OIE PSVS, a 2010 study was conducted to assess the economic attractiveness of investing in veterinary services activities by quantifying their benefits in reducing the frequency of emerging infectious disease episodes, along with improved management of endemic and food-borne diseases.

Based on cost and benefit estimates for Vietnam and the Philippines case study countries, the benefits of improved animal health are more than the resource needs outlined in national Veterinary Services strategic plans. Benefit cost-ratios of between 3.7 and 2.1:1 were calculated for the Philippines and Vietnam, respectively. This indicates that for each dollar invested, US$3.7 of economic benefits will be generated for the Philippines and US$2.1 for Vietnam. Higher relative benefits are associated with rabies control programs due to the high value of avoided health sector expenditure and premature mortality.

Annex A.2: Gender and Social Issues - STANDZ

The STANDZ Program (2011-2015) aims to help develop the capacity of the animal health sectors in Southeast Asian (SEA) countries for the prevention, control and eradication of priority Transboundary Animal Diseases (TADs) and Zoonoses. The overall goal of the program is to improve regional and national systems for sustained prevention, control and eradication of TADs and Zoonoses to minimize negative effects on food security, public health and livelihoods from the threats of emerging infectious diseases (EIDs). This annex provides a contextual overview of gender and social inequalities in the region as a backdrop to exploring how gender and social issues influence the ability of programs to achieve goals within the animal health sector,

[31] OIE (2009), Cost of National Prevention Systems for Animal Diseases and Zoonoses in Developing and Transition Countries, Civic Consulting, Consulting Report for OIE. http://www.oie.int/eng/OIE-WB_Conference_1007.pdf

[32] World Bank, (2007) Philippines Agriculture, Public Expenditure Review, Rural Development, Natural Resources and Environment Sector Unit, East Asia and Pacific Region.

focusing particularly on EIDs, TADs and Zoonoses. The annex includes an assessment of institutional gender/social issues, providing a 'roadmap' to mainstreaming within OIE's organizational operations.

Gender – concept and background

Gender equality refers to equal rights and opportunities for all individuals regardless of whether they were born male or female. Equality between women and men, as laid out in the Millennium Development Goals (MDGs) and other key international agreements[33], is recognized as both a basic human right and as a necessary precondition for human-centered development.

Gender is one of many important social determinants, along with class, age, ethnicity and others that interact to influence an individual's welfare and status. Gender should not be seen as an isolated variable, but rather as a complex construct that is tightly woven into other social variables. Gender inequalities are closely bound to class inequalities and unequal power relations. The interaction between gender, poverty and other social variables is known to put some sectors of society at increased risk to security, but social and gender analysis is still too often eschewed from the regular functioning of development systems.

Box 1: Key Gender Terms

Sex universal biological differences between men and women.

Gender learned social and behavioral differences between women and men including differences in roles, rights and responsibilities.

Gender mainstreaming a means of ensuring that women's as well as men's concerns and experiences (both individually and relative to each other) are integral to all aspects of programs so that inequality is not perpetuated.

Gender awareness/gender sensitivity recognition of differences and inequalities between females and males.

Gender analysis the study of differences between males and females usually undertaken in order to assess inequalities and redress imbalances.

Gender advocacy taking action to foster gender equality; working to increase awareness of others to take collective action to reduce gender inequalities.

Gender Mainstreaming

Following the Fourth World Conference on Women in Beijing (1995), gender mainstreaming has been accepted by the development sector as the predominant means of fostering gender equality. The importance of gender equality from a development perspective is multi-faceted, but the three strongest arguments fall under the rubrics of equality, efficiency, and sustainability.

Equality: Increasing women's access to and control over resources, including decision-making roles, is fair and just. Equality as a value underpins all development efforts, and lies at the core of rights-based approaches to development. Gender equality remains a persistent human rights issue that requires on-going efforts to redress imbalances that have resulted in the systematic subordination and exclusion of women from certain domains (and men from others).

Efficiency: Considering men's and women's roles and responsibilities as part of the planning of policies and interventions improves development effectiveness, and ensures that women, as well as men, can play their part in national development. Mounting evidence points to improved gender equality within organizations as a driver of improved growth and competitiveness within the sector. Encouraging women's empowerment at local and national levels improves development outcomes for women, men and children.

[33] See Attachment 1.

Well-educated and economically active women are integral to sound political and economic functioning of societies.

Sustainability: Gender equality is an important social dimension of sustainable human development. Global efforts to improve human welfare (e.g. health, education, livelihoods, natural resources) are stymied by systemic gender inequalities that prevent full engagement of women and men in change processes. Empowering women (and men) is a necessary condition for finding long-term solutions to improve the lives of the most vulnerable men, women and children worldwide.

Social and Gender Inequality in the Southeast Asia Region

The 10 countries of the region comprise a diverse range of histories and cultures. The region includes countries in all four of the UNDP[34] categories of human development with the majority clustered within the 'medium' tier of human development as follows:

Very high human development:	Brunei, Singapore
High human development:	Malaysia
Medium human development:	Thailand, Philippines, Indonesia, Vietnam, Lao PDR, Cambodia
Low human development:	Myanmar

Based on UNDP's Human Development Index, countries ranked globally from 27th (Singapore) all the way down to 132nd (Myanmar) our of a total of 169 ranked countries as shown in the chart below (UNDP 2010). The HDI is a summary measure that assesses progress in three dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. A higher HDI denotes a higher level of human development.

Southeast Asian Countries

Table 9: UNDP's Human Development Index

Country	HDI value / Global HDI rank	Inequality-adjusted HDI	Gender inequality index
Brunei	0.805 / 37	-	-
Cambodia	0.494 / 124	0.351	0.672
Indonesia	0.600 / 108	0.494	0.680
Lao PDR	0.497 / 122	0.374	0.650
Malaysia	0.744 / 57	-	0.493
Myanmar	0.451 / 132	-	-
Philippines	0.638 / 97	0.518	0.623
Singapore	0.846 / 27	-	0.255
Thailand	0.654 / 92	0.516	0.586
Vietnam	0.572 / 113	0.478	0.530

Source: 2010 Human Development Report.

The inequality-adjusted HDI takes into account inequality in all three dimensions of the HDI by 'discounting' each dimension's average value according to its level of inequality. The HDI is an

[34] UNDP. 2010. Human Development Report. New York: UNDP.

index of 'potential' human development, while the IHDI is an index of actual human development. The 'loss' in potential human development due to inequality is represented by the difference between the HDI and the IHDI. As the data above shows, all of the ranked countries in the region are marked by significant inequalities, which restrict the ability of disadvantaged sectors of society to fully realize their human capabilities.

The Gender Inequality Index (GII) is a composite index that reflects women's disadvantages in the dimensions of reproductive health, empowerment, and economic activity. The GII shows the loss in human development due to inequality between female and male achievements in the three GII dimensions. The higher the GII value, the more significant the level of gender inequality. As the above data shows, most of the regional countries for which GII have been calculated demonstrate moderate to high levels of inequality that can be interpreted as losses in achievement from between 50 and 65 percent. This is not directly comparable to total inequality losses because different variables are used. In general, countries with unequal distribution of human development also experience high inequality between women and men, and countries with high gender inequality also experience unequal distribution of human development. Further exploration of gender inequality is elaborated below.

Gender Inequality

Despite on-going efforts to redress imbalances, gender equality remains an elusive goal for the countries that comprise the Southeast Asia region. Women and girls living in the region continue to experience inequality relative to men and boys in key indicator areas of development that range from the household level to the national level where women are universally under-represented in the region's formal decision-making bodies. Gender differences in terms of roles, responsibilities, expectations and behaviors feed into the patterns of social, economic and political inequality that is evident throughout the region as outlined below.

Table 10: Gender and Education in Southeast Asia

Country	Net Primary Enrolment (%) Male/Female	Adult Literacy Rate (%) Male/Female
Brunei	-	95/90
Cambodia	89/83	85/64
Indonesia	93/93	95/87
Lao PDR	86/79	77/61
Malaysia	96/97	92/85
Myanmar	82/82	94/86
Philippines	92/94	93/93
Singapore	95/94	97/89
Thailand	88/85	95/91
Vietnam	-	94/87

Sources: 2006 and 2005 Human Development Report; 2005 ASEAN Statistical Yearbook

The above data on net primary enrolment for the region reveals that most countries have closed the gender gap in enrolment at the primary level. The Philippines and Malaysia now record slightly higher rates of female enrolment at the primary level relative to male rates. Cambodia and Lao PDR, however, continue to report significantly lower rates of female enrolment in primary school. While many countries have successfully closed the gender gap at the primary school level, countries such as Cambodia, Indonesia, Lao PDR, and Vietnam report significantly less female enrolment in secondary schools and even less at the tertiary level. Other countries such as Brunei, Malaysia, the Philippines and Thailand show the opposite trend with females comprising the majority of all graduates from colleges (ASEAN 2007).

While data at the primary school level is encouraging, data for adult literacy rates in the region continue to reflect a significant disparity between male and female literacy rates. Most countries in the region continue to show a 5% or higher differential between male and female literacy rates with only two exceptions (Philippines and Thailand). Cambodia and Lao PDR have the starkest difference between men and women's literacy rates at 21% and 16% respectively. Low literacy and educational attainment rates for women limit their ability to fully engage in economic, social and political arenas within which they live.

Table 11: Gender and Economic Inequality in SEA Countries

Country	Female Economic Activity Rate (% 15+ yrs)	Ratio of Estimated Female to Male Earnings
Brunei	44	-
Cambodia	74	0.74
Indonesia	51	0.45
Lao PDR	54	0.52
Malaysia	46	0.36
Myanmar	68	-
Philippines	54	0.60
Singapore	51	0.51
Thailand	65	0.59
Vietnam	72	0.71

Source: 2006 Human Development Report

Recorded rates of female economic activity in the region as shown above are generally moderate, although Brunei and Malaysia report rates below 50 percent. It is important to bear in mind that official rates of female economic activity are only able to capture data from the formal economy. Women are likely to be underrepresented by the above figures because so much of their work is clustered in the informal sector, especially in poorer countries.

Female earnings compared to male earnings are low in many countries in the region. Indonesia, Lao PDR, Malaysia and Singapore report that women are earning around 50 percent or less than men. This data points to the fact of women's inferior economic status relative to men in terms of their earning capacity in the formal marketplace. Women's limited access to and control over cash impacts directly on their ability to manage their livelihood systems and to improve their own welfare and that of their children and families.

Table 12: Indicators of Power and Well-Being in Southeast Asia

Country	Seats in Parliament (female to male ratio)	Maternal Mortality Ratio (per 100,000 live births)
Brunei	-	13
Cambodia	0.226	540
Indonesia	0.202	420
Lao PDR	0.337	650
Malaysia	0.164	62
Myanmar	-	380
Philippines	0.259	239
Singapore	0.310	-
Thailand	0.160	110

Country	Seats in Parliament (female to male ratio)	Maternal Mortality Ratio (per 100,000 live births)
Vietnam	0.347	150

Source: 2010 Human Development Report

The ratio of female to male seats held in parliament as presented above gives an indication of women's status and acceptance in official decision-making positions. The figures for the region range from a high of close to 35% percent female for Vietnam and Lao PDR to a low of approximately 15% women in Thailand and Malaysia's highest governing bodies. This data points to continued under representation of women's voices in formal decision-making processes across the region.

Maternal Mortality Ratio (MMR) is often considered a proxy indicator of women's more general state of health and well-being. While MMR is closely associated with poverty, most maternal deaths are from preventable causes and some relatively poor countries have demonstrated the ability to significantly reduce MMR by prioritizing women's health. MMR data for the region shows wide variation, with many countries including Cambodia, Indonesia, Lao PDR, and Myanmar continuing to show very high rates of maternal mortality.

Linking Gender, Decision-making, Resources and Livelihood Security

Sex disaggregated data such as the figures presented above reveal the extent to which women and men (girls and boys) in the region have been able to benefit from the forces of development. It also exposes the extent to which women and girls have not shared equally with men and boys in terms of realizing the full potential of their capabilities. As the above shows, poor women throughout the region tend to have less access to education and other social services, less access to and control over resources, less access to information, and less formal decision-making power. Inequalities in terms of education, access to resources and decision-making are closely linked with inequalities and inefficiencies in livelihood security. Recognition of these areas of inequality as they exist within the countries of the region is an important basis for understanding the context within which women (and men) operate to secure their livelihoods.

Gender and Livestock

The livestock sector comprises a growing portion of global goods and services. Livestock make substantial contributions to household food security in the region by providing income, food, fuel, and fertilizer for many rural households. Livestock functions as an informal 'bank' for many families by offering food security as well as by serving as an asset that can be sold or exchanged quickly in times of need. There are opportunities as the sector expands to ensure benefits for less advantaged groups with a gender/social equality perspective.

Males and females of all ages participate in small-scale animal production. Men commonly own and manage large animals, such as cattle and buffalo, while women are usually responsible for poultry, pigs and small ruminants. Women and men often have different and quite specific knowledge about, and responsibilities for, various aspects of livestock production. Women, for example, may be responsible for preventing or treating diseases in livestock, men may be in charge of marketing, and boys and girls may be in charge of grazing or providing fodder. However, generalized differences about male and female roles for livestock production should be understood as complementary and fluid, rather than restrictive or rigid. Different families within the same community may

organize themselves in different ways. Norms can also change quickly in response to external stimuli or opportunity such as changes in markets or access to credit, or patterns of outmigration for paid employment.

Women's domains of control over small livestock comprise a critical aspect of family livelihood strategies for many rural families, especially poor families. Small livestock keepers face numerous challenges including poor market access, disease outbreak, economic policies that favor large-scale producers, weak supporting institutions, and a lack of opportunities to improve skills and knowledge. While males and females are both involved in livestock production, often with complementary roles in caring for the same species, gender inequalities can reduce the extent to which women can access resources and services necessary to fully protect and develop their investment in livestock. Women typically face greater challenges than men to livestock management as they have less access to and control over resources, including livestock and livestock-related resources (land, credit, services). Men have tended to have far better access to training and technology via farmers organizations and extension programs that are usually oriented towards larger livestock animals under male control.

Evidence from the region presented above details the reality of women's lower economic earning power relative to men. This translates into limited access to resources to improve the health and well being of themselves, their children and their livelihood systems (including livestock). The lack of cash to pay for preventative measures or treatments is a well-documented obstacle to full utilization of support services. Women's and men's relative earning capacity and control over family finances influences their ability to make autonomous decisions about human and animal care. Women's lower status in the family combined with lower rates of educational attainment and literacy in many countries of the region limits their access to information about animal care and preventive measures as well as their likelihood of seeking either preventative or ameliorative treatment. Gender and other social inequalities, therefore, tend to stymie efforts to secure stable livelihood and ecosystems for all.

Unequal social and economic power structures influence the ability of women and men to manage their livelihood systems. This is especially important when risk reduction strategies require material inputs such as vaccines or where action to reduce risk incurs negative short-term impacts on family livelihood systems. To understand 'community' patterns in terms of knowledge, attitudes and practices, one must look carefully at similarities and differences between women's and men's beliefs and practices. Further, the relative power of women and men to act upon their convictions must be assessed to better understand how decisions are made and resources are allocated within households.

Veterinarian services and gender issue

Veterinarians, para-vets and livestock extensionists usually lack skills needed to consider gender and other social variables in their work. Training tends to focus on technical aspects of animal health, rather than on the human-animal interface or how to communicate effectively with the people who care for animals. Veterinarian curricula, for example, do not usually train students how to understand and work with women and other marginalized groups, especially those with limited education. Opportunities exist within broader curriculum development processes to integrate training on working effectively with diverse cultures or across gender boundaries in rural vet or para-vet training in particular. OIE can play an important role to bring these issues into regional dialogue on development of curricula standards. By mainstreaming a gender/social

perspective in its work, OIE can begin to capitalize on such opportunities under STANDZ to raise these issues in regional and national fora.

Lack of skills among vets and and para-vets to consider how gender and social differences may impact on their work is compounded by the fact that most technical animal health specialists working in rural areas are men. The very nature of gender norms and constructs makes it easier for men to work with other men, rather than women, in the community. However, it appears that the veterinarian field is rapidly changing. A look at professional trends in developed countries such as the US and Australia reveal a pattern of rapid feminization of veterinary medicine. Enrollment in veterinarian colleges in the US is now 80% female, and women will very soon comprise the majority of practicing vets. Contrast this with 1960 U.S. Census data that reported the field of veterinary medicine to be 98% male ('Women now dominate the field of veterinary medicine' 2011).

While sex-disaggregated data from the SEA region is not readily available, informal estimates collected from knowledgeable sources during the course of the design mission suggest that a similar trend is underway in the region whereby women already dominate the veterinarian schools in the region's most developed countries, and they are comprising a growing share of enrollments in lesser developed countries. The exact pace of this change has yet to be carefully measured, and the implications of this trend have not been considered fully in planning (due to a repeated failure within the sector to take into account gender and social issues). On the one hand, more women in the field may offer a better opportunity for women-to-women livestock outreach. On the other hand, the pattern appears to be that few women work in rural areas, raising questions as to whether there will be an abundance of domestic urban veterinarians and a subsequent shortage of livestock rural veterinarians to service remote areas. Again, OIE is well positioned to play an important role in bringing these issues to the table of regional and international dialogues. Opportunities exist, for example, within the PVS process to capture better social and gender data as a basis for planning and advocacy.

Foot and Mouth Disease (FMD)

FMD eradication, as outlined in the SEACFMD 2020 Roadmap, is one of OIE's cornerstone efforts in the region that will continue and expand under the STANDZ program. The gender-specific impacts of FMD at the micro-level have received scant attention within the literature, and have not, therefore, been a strong focus of control and response strategies. It is understood that FMD outbreaks tend to have disproportionate impacts on least developed countries and on poor farming families in particular, and some studies have highlighted the debilitating impact of FMD across SEA. FMD outbreak rumors in Lao PDR spurred farmers to sell animals at half their standard market price. Outbreaks in parts of Vietnam accounted for 21% net loss of annual income per household. Families spent an average of 3 person hours per day treating affected animals. Estimates from Cambodia suggest that FMD-affected families could lose up to 85% of their total monthly household income.

FMD poses a direct threat to the food security, nutrition and income of rural communities that are dependent on livestock, as evidenced above, but the gender-specific dimensions of the impact of the disease have yet to be adequately explored. The impacts of FMD outbreaks will vary within a family depending on gender-specific roles and responsibilities. Similarly, the benefits garnered by employing FMD prevention strategies will not be gender/social neutral, but will vary by age, class and gender to differentially affect men, women, boys and girls.

Research from Australia and the Netherlands on the social impacts of FMD outbreaks identified a range of effects on individuals and communities as a result of the disruption to regular livestock operations and loss of revenue (Van Haaften et al. 2004; Productivity Commission 2002). Financial and emotional stress, trauma, increasing workloads, marginalization and depression have been cited as adverse social impacts, though the gender-specific aspects have generally not been explored. Potential social problems arising from FMD outbreaks include:

- higher rates of depression and other psychological problems;
- rise in substance abuse;
- increases in physical health problems including insomnia, heart attacks and strokes;
- intra-familial relationship problems;
- increases in domestic violence;
- disruption to children's education; and
- threats to community cohesiveness brought on by blaming of subsectors of society for the outbreak or conflict around unequal compensation packages.

While it is difficult to assign an economic value to the social impacts of FMD outbreaks, the social impacts are potentially quite significant and long-term, and could entail costs that extend well beyond the duration of the outbreak. Early efforts to mitigate social impacts that incorporate a gender perspective would help government and other stakeholder groups to tailor their approaches and reduce the likelihood that negative impacts of an outbreak instigate long-term negative effects on individuals or sub-sectors of affected communities.

Rabies

The STANDZ program will support OIE-SRR to support countries in the development and establishment of cross-sectoral prevention and control strategies for rabies. An electronic literature search on gender and social aspects of rabies control and transmission yielded very little data, suggesting that the field is ripe for research that may help to better target IEC campaigns for rabies control and eradication. The World Health Organization (2005) estimates that 55,000 people die globally each year from rabies, with 56% of human deaths occurring in Asia, primarily in rural areas. More than 40% of those who are bitten by rabies-suspect animals are children under the age of 15. Sex disaggregated data is not available. The predominance of rabies transmission to children suggests that in-depth research that takes into account gendered roles and priorities may shed some light on opportunities to especially target mothers (and fathers) in their caretaking role to affect behavioral change around rabies detection, prevention and treatment.

Avian Influenza

There has been more written about the gender and social dimensions of Avian Influenza (AI) than other priority TADS and zoonoses in the region. This is likely influenced by two factors: 1) the large amount of resources that have been funneled toward AI control, and 2) the fact that backyard poultry farming is predominantly a female domain, thereby raising the profile of a need for gender sensitivity in control strategies. Information on AI

is provided in this annex as an example that helps to highlight the relevance of gender and social analysis to livestock disease control and eradication strategies. Issues may be similar or different for other priority diseases, but structured inquiries and assessment (that are currently lacking in FMD and rabies) are required to illuminate trends and issues. This section draws on the works of Esser 2009 and 2007, Osteria 2008, and Velasco et al. 2008 among others as cited.

Understanding the gender dimensions of AI is aided by research and analysis into the physical and social differences between women, men, girls and boys that may influence disease prevalence and health outcomes. Biological differences between males and females including physiological, genetic and hormonal factors may influence differential responses in women's and men's bodies to infectious agents. Social and gender roles are also influencing factors that affect risk exposure, disease prevention, detection and response.

Regional data on AI in humans is based on laboratory confirmed cases. Evidence from studies of other infectious diseases suggests that differences in gender norms and priorities can lead to differential rates of case detection and health service utilization between males and females. Estimating disease prevalence via reported cases in which individuals have sought care and received AI diagnosis may lead to underestimates of the disease prevalence within particular social groups, including poor women. Restrictions on women's mobility, differences in access to cash and in health-seeking behaviors may constrain women's ability to use health services. A study in Thailand, for example, found that men were six times more likely to have malaria based on records of those seeking medical treatment. Population-based studies conducted in the same area found no difference in the prevalence of infection between males and females (Ettling et al. 1989 as cited in Tolhurst 2002). This points to the need for caution from any conclusions that may be drawn based on known cases of AI as it is certainly possible that the picture of prevalence rates would be different from population-based surveys.

Gender Roles and Divisions of Labor

Gender roles and divisions of labor affect women's and men's (girls' and boys') risk of exposure to infection. As AI can be transmitted from birds to humans, researchers must look deeply within all aspects of poultry production to understand who is at risk in large-scale as well as backyard poultry farming systems. A relatively simple cross-section of the variables of age and sex with poultry production sheds light on a complex mosaic of complementary roles and responsibilities around backyard chicken farms. Understanding of gender roles and divisions of labor as well as decision-making patterns around poultry and family healthcare helps to unlock the factors behind at-risk behaviors and AI disease prevalence for different social groups, bearing in mind that differences will emerge between and within countries.

Women's gender roles position them as potentially pivotal to AI control strategies. Women are usually in charge of backyard poultry and they are also primarily responsible for health care within many families, making them valuable potential agents of change to reducing risks for themselves, their livestock, their children and other family members. Despite this, few AI strategies have fully capitalized on women's roles and potential contributions to improve responses to AI, although some innovative community-level programs have piloted approaches that work closely with women on AI control through local women's organizations as well as through health centers.

Information and behavioral change

Reviews of AI information campaigns in Indonesia, Thailand, Vietnam, Laos and Cambodia suggest that information about AI has generally reached both women and men, and there is a good level of understanding and knowledge among poultry producers (backyard and commercial) about how to protect oneself from AI infection. Barriers to information access are higher for the poor, less educated and for women in some areas. The oft-noted pattern persists that men, as identified farmers and heads of households, are commonly invited to poultry training courses or courses on AI prevention and control. This pattern is influenced by the fact that most animal health workers and village livestock agents are male, thereby reinforcing the perception that the livestock sector is a male domain.

The acknowledgement of women's key roles in small-scale poultry production and marketing, and the growing understanding of the importance of this arena of activity to household livelihood strategies, has not been translated into specific targets of women in communication campaigns. 'Women poultry keepers rarely receive adequate support and services or resources or training. Neglect of this important production group can exacerbate the effects of socio-economic shocks resulting from AI outbreaks. Women are in the frontline defense against the disease' (Velasco et. al. 2008:3).

Compensation Issues

The issue of who to compensate for animal losses, especially for small-scale producers, is laden with gender issues. As a general rule, the beneficiaries of compensation are the owners of the animals. Identification of owners for backyard systems and small enterprises is complicated by the fact that formal records are not normally available and factors such as differential ownership by sex pose challenges for compensation programs.

Gender sensitive assessments and analysis of AI bird compensation programs highlight the need to determine clearly who owns the birds when the head of household is not the same person as the bird owner. Those who are eligible for compensation must be located so that their rights and responsibilities may be made clear. This has been found to be especially difficult in areas where women have lower rates of formal education and literacy or where women are not comfortable dealing with outside agents. The participation of community-based organizations and NGOs has proven to be one of the most critical factors for ensuring successful accountability arrangements and the handling of grievances (Agriculture and Rural Development 2006).

Women are often the owners of chickens (either outright or together with husbands), yet it is remains common for formal payment mechanisms to be channeled through the head of household, or the lead male in the family. Research has shown repeatedly that money that goes directly into women's hands is more likely to benefit the family than that which goes into men's hands. Compensation schemes need to accommodate this by insuring that money goes to women in cases where they are the owners of poultry. Alternatively, money may go jointly to the husband and wife depending on the gender norms in the society.

Poultry may represent a large share of assets for poor families in the region. Poor, rural women in particular will likely have limited means to rebuild their livelihoods in the absence of poultry. To understand better the gender differentiated impact of banning, culling and compensation efforts, programs must look at who within the family makes the

decisions about selling eggs or poultry and who decides what to spend the income on as well as on what it is spent. The way in which compensation is distributed and the form in which it comes (cash or credits, etc.) may influence greatly the ability of women to rebuild livelihood systems.

Furthermore, shifts from small-scale poultry production to larger-scale bio-secure, commercial production has translated in a shift of power and responsibilities in poultry production from female to male in some areas of Vietnam. This is consistent with well-documented patterns globally whereby men commonly take over production systems that are expanded or mechanized, regardless of who previously managed the production. Transfer of control from female to male can have a positive effect in reducing female workloads, but it can be negative in terms of reducing women's access to critical productive resources. This trend highlights the importance of gender analysis to understand 'who wins' and 'who loses' and to ensure that disease interventions do not exacerbating existing gender and social inequalities within a community.

Sample recommendations

The below sample of recommendations are drawn from regional country-level research done on AI and other EIDs that incorporate gender and social inquiry and analysis. The recommendations are provided as an illustrative indication of the practical application of gender/social mainstreaming to improving programming effectiveness.

1. Dissemination of information via health care facilities should take into account that women tend to have more knowledge and utilization of public facilities. Public health care systems should explore opportunities to educate women in particular (and men) about EIDs by combining EID information with child health or immunization programs that may require mothers (and some fathers) to regularly visit health centers.
2. Both males and females should have access to EID information in line with their complementary roles. Sex-specific targeting strategies should be combined with general targeting in efforts to reach both males and females. Critical information that may inform health-seeking behaviors for EIDs should assume a collaborative model of family decision-making, and carefully target both women and men with key messages.
3. There are differences as well as similarities in gender roles and responsibilities between families, sites and countries. It is imperative that EID strategies consider site- and country-specific gender differences, and not assume that general patterns necessarily hold true in all settings.
4. Existing targeting methods for AI have been generally successful in reaching both males and females at reasonably similar rates, however access to information has not translated into sustained behavioral change. There is not a general need to overhaul communication strategies, rather to fine-tune and to focus on sustainable behavioral change that is role-specific. Fine-tuning of targeting strategies should be specific to particular needs and roles including recognition of women's (and men's) as caretakers. IEC programs should consider targeting messages to empower women to protect themselves and families.
5. Existing EID campaigns using radio and television have tended to reach both men and women at similar rates. Data on print media appears to be more gender-specific, and programs should bear the potential for print selectively target males

or females. As women may not always attend community meetings, spreading of information through other methods is critical.

Gender/Social Mainstreaming within the "One Health" Framework

The 'One Health' approach involves a process of integrating institutional ties between a broad range of stakeholders as a framework to promote adaptive approaches to global security that recognize the inextricable interdependency of animal, environmental and human health. A strategy to combat EID that incorporates gender and socioeconomic analysis into the range of activities associated with strengthening national and regional systems under the "One Health" framework is consistent with international agreements and the policies of national governments and other key collaborating partners such as WHO and FAO. This strategy is supported by a broad body of evidence that shows that sensitivity to gender and other social variables (e.g. age, class, ethnicity) are integral to the effectiveness and sustainability of initiatives.

Working within the "One Health" framework to holistically consider interfaces between humans, animals and ecosystems requires an operational approach that incorporates gender and social analysis. Gender/social analysis helps to reveal the ways in which women and men (girls and boys) in different cultural and ecological settings have a distinct set of roles and responsibilities, opportunities, interests and access with respect to the management of livelihood resources including livestock and natural resources. The result of these gender-specific intra-household dynamics is that women, men, girls and boys may be exposed to different risks of animal-to-human and human-to-human disease transmission. In addition, gender roles and norms may lead to differential access to disease information and health-related resources thereby affecting how individual actors may be able to identify and respond to a threat to either animal or human health. Stakeholders need to deepen their understanding of:

- differences in male and female vulnerabilities to loss of livelihood/income
- differential risks of infection based on gender-specific roles and responsibilities
- differential animal/disease/human health knowledge based on gender roles and responsibilities
- gendered differences in perceptions and priorities that influence behavioral change models.

Beyond deepening understanding, stakeholders need to utilize this information to actively inform policies, programs and activities. Integrating gender and social issues into systems strengthening initiatives facilitates consideration of how gender and related social factors influence human, livestock, and wildlife interactions; risks of animal-to-human and human-to-human disease transmission; and impact on the ability of campaigns to detect and control outbreaks. Building regional capacity to prevent, control and eradicate TADs and zoonoses requires systems integration of gender and other social considerations into operations. Critical points of entry for gender/social mainstreaming include community-based initiatives, institutional capacity development, research, monitoring and evaluation, and fostering collaborative interactions between physical and social scientists.

Gender and EIDs

Emerging Infectious Diseases (EIDs), including trans-boundary and zoonotic diseases, are a major challenge in the Southeast Asian region to the stability of livelihood systems and the health and well-being of humans and animals. The majority of EIDs identified in humans in the past several decades have been zoonotic, and some evidence suggests that infectious diseases occur at higher levels in the context of high degrees of social and gender inequality (Osteria 2008). The social and economic impact of EIDs is disproportionately borne by small holders and disadvantaged sectors of society, including women and children.

Efforts to address infectious diseases have been hindered by the failure to take into account the full range of variables that influence the spread of diseases including social aspects. Reasons for gender/social omission include:

- planners and technicians are mostly technical experts who lack understanding of social science based tools of analysis
- lack of sex-disaggregated and gender sensitive data in design and monitoring
- failure to fully operationalize gender policies in most agencies working on EID which leads to lack of capacity for gender sensitive programming and low levels of participation of women-focused agencies in EID response and action planning.

Attention to gender is a crucial component of a holistic response to the challenges posed by EIDs. Gender identities, status, roles and responsibilities influence vulnerability to and knowledge of EIDs. Gender and other social variables influence people's ability to protect the health of themselves and their animals and to seek appropriate care. Differences in access to and control over resources and decision-making power in the household can also influence men's and women's response to zoonotic EIDs. Responses to zoonotic EIDs require a comprehensive perspective and integrated initiatives that relate both to the social and the ecological systems. A cross-sectoral approach to EIDs requires linter-agency agreement and collaboration to integrate a social/gender framework into the technical aspects of disease control.

The need to move from the traditional vector control approach to community based initiatives imply female and male stakeholder ownership of zoonosis control and prevention strategies. Efforts to prevent and control zoonotic EIDs regionally are not likely to succeed outside an integrated approach that reduces the underlying social inequalities. Such an approach requires multi-sectoral efforts and resource mobilization beyond the capacity of a single sector to address by itself. Increasing collaboration between environmental, health and animal groups is of utmost importance such as that espoused under the FAO/OIE/WHO Collaborative Framework (2010) on sharing responsibilities for addressing health risks at the animal/human/ecosystems interface (which, not incidentally, does not mention gender).

Effective strategies for strengthening health systems ability to prevent and respond to EIDs are increasingly understood to require social and gender analysis that takes into account men's and women's unique risks and spheres of knowledge and responsibility. This is particularly relevant in the context of persistent gender inequalities and more subtle gender differences that exist in the region. The artificial divide that separates social scientists from physical scientists must be bridged to improve health outcomes and to enable health systems to fully realize the potential of sex-disaggregation and social and gender analysis to improve intervention effectiveness.

Efforts to reach animal disease control objectives will be stymied by failure to incorporate gender and social analysis into policy and program work. Opportunities for gender experts and social scientists to contribute to in decision-making at all levels should be supported under the "One Health" framework. OIE, together with its collaborating agencies, can play an important role in developing and utilizing gender-sensitive and culturally aware approaches. A broadened perspective will open up a range of new opportunities within the sector to involve non-traditional groups in animal welfare strategies such as schools, health workers and women's national machineries.

Research gaps

Research gaps within the animal health sector (as within most sectors) are numerous, and gaps in knowledge about the social and gender dimensions of EIDs including TADs and zoonosis abound. Country coordinators who attended the design mission workshop expressed a need for socio-economic impact assessments of animal disease that could help in planning and advocacy. Gender and socially-sensitive research on community knowledge, attitudes and practices around disease prevention and response for most animal diseases is incomplete[35]. Working within the framework of GSM, the OIE has an opportunity to help fill some of these gaps under STANDZ, but it is important to recognize the need for GSM within broader studies, rather than reliance on separate 'gender studies.' Wider research topics that include gender/social analysis are likely to have wider readership and more impact than some 'gender studies' that tend to be perceived by many audiences as irrelevant to their line of work. Therefore, the STANDZ design stresses the importance of ensuring that all research undertaken with OIE's involvement seek to include gender and wider social analysis. This is built into the focus on organizational processes of mainstreaming gender/social into work systems, and ensuring accountability.

While highlighting the importance of a mainstreaming approach to gender/social issues in research, there will also be a need to commission studies that primarily focus on gender/social issues in order to bridge information gaps and inform OIE's work in key program areas. Discussions were held with members from the RESPOND regional initiative on EIDs (part of USAID's global Emerging Pandemic Threats program) about the potential for collaborative research between the two programs that looks at issues of common interest . RESPOND team-members are aware of the risk of conducting gender research that has little practical application, and, are willing to think creatively about how research may be used to directly inform operations. While RESPOND is focused primarily (but not solely) on wildlife and STANDZ is focused primarily (but not solely) on livestock, there may be opportunities for collaboration in the areas of rabies or veterinarian curricula development. Additionally, the potential addition of a research program with ACIAR[36] offers opportunities for mainstreaming GSM within research initiatives on animal movements and market chains that could make a valuable contribution to FMD eradication efforts.

Institutional Gender Issues

Contrary to common perceptions, institutional rules and structures are not gender-neutral. Institutions have largely developed around male work patterns, male priorities, and male attitudes due to the predominance of men in institutions, and particularly in

[35] Potential areas of research interest are included in Attachment 4.

[36] At the time of the design mission (Jan 2011) discussions were underway with ACIAR on project formulation. Project remains under development at the time of this writing.

decision-making positions. Gender differences and inequalities affect who is qualified and available to work; patterns of staffing; training, promotion and career development as well as many aspects of organizational culture. Research on the gendered nature of institutions reveals that institutions, including development organizations, government agencies and civil society, are usually a part of the problem of gender inequality they are committed to addressing. In other words, institutions both reflect and help shape unequal gender relations. Improving program quality requires institutions to recognize and address internal issues that perpetrate the very inequalities they seek to address.

Gender inequality is deeply embedded in institutional values, culture, and processes, which often leads to limitations in the ability to achieve development results that are equal, efficient and sustainable. Promotion of gender equality is, therefore, incumbent upon all development agencies. Gender equality has remained in the forefront of international agendas both as a development goal and a human rights issue, as highlighted in numerous international protocols and commitments such as the MDGs, Beijing PoA and CEDAW[37]. Gender equality is increasingly understood both as a development goal in its own right, and an essential pre-requisite to meeting broader global development goals. It is, therefore, both an end and a means of progressing development efforts to empower individuals to utilize their full human capabilities.

A strong commitment to gender equality is reflected in the policies of most of OIE's collaborating partners (JICA, CIDA, FAO, WHO, USAID, AusAID, ADB, ACIAR, EU, ASEAN) and in the constitutions and international commitments of all regional member states. Most organizations have adopted gender mainstreaming as a key strategy to promote gender equality. Effective gender mainstreaming requires that institutions have the capacity to build gender equality. Gender mainstreaming policies include internal institutional issues (such as equal opportunity employment, entitlements and environment) as well as programmatic processes. Despite a plethora of well-intentioned policies, a range of factors limit the achievement of gender equality commitments made by agencies and member states, including limitations in the capacity of international institutions and national machineries to mainstream a gender perspective into operations.

World Organisation for Animal Health- OIE

OIE is one of the few key global stakeholders working in the field of EIDs, including TADs and zoonoses, that does not currently have an institutional gender policy to help shape its activities globally. This is a significant omission that leaves the OIE-SRR-SEA without formal guidance or imperative to address gender and other social issues in its work and its workplace. Discussions with OIE representatives from the national and SRR level revealed a lack of awareness and understanding of the implications or meaning of such a policy, although there is a general openness and willingness to adapt.

OIE-SRR has responded favorably to donor request to address gender issues. The SEAFMD 20/20 Roadmap has been updated to note that the gender effects of FMD are not known. Revised reporting frameworks now capture sex-disaggregated data on activity participants, though the data is not currently being monitored. The SEAFMD Regional Coordinator and two national project coordinators attended an introductory gender and development training offered by AusAID in 2009. Plans were also approved to allocate funds to hire a gender consultant to help develop a gender strategy for the SEAFMD program, but this never eventuated and it was decided to work more

[37] See Attachment 1.

comprehensively on gender within the new program, rather than to introduce it at the tail end of the old program. Limited progress on gender mainstreaming has, therefore, been hampered by a range of issues including a failure to include gender in the design phase of projects (which makes it very difficult to 'recover' mid-stream), lack of technical expertise or systems established within OIE to mainstream gender, lack of external expertise employed, and the reality of competing demands forced GSM down on the priority list.

Working under the umbrella of the STANDZ program with support from AusAID offers OIE-SRR an opportunity to play an important role within the institution to lead by example on gender/social policy development and implementation that may be scaled up or adapted by HQ for broader adoption. Discussion with OIE-Paris and SRR suggested that this was possible based on past experiences whereby the SRR has influenced operations within the wider OIE structure. An outline of 'standard' gender policy components is included in Attachment 3, though it should be understood that policies vary from institution to institution. The final policy should be developed in a participatory manner with the OIE-SRR with input from OIE-Paris to foster ownership and accountability. A gender advisor should help to guide the process of policy development, preferably within the wider framework of an office development strategy. The human resource aspect of the policy may be contained within the GSM or it may be separate as part of broader human resource policy development.

Instituting a formal policy and integrating a gender mainstreaming approach into OIE-SRR's operations is strategic in terms of program sustainability, equality and effectiveness. It will essentially allow them to 'catch-up' at the policy level with other key collaborating partners like FAO and WHO, and to begin to find ways to work together with stakeholders on priority gender/social issues within their program areas of expertise. At the same time, instituting gender fair workplace policies and practices will improve the ability of the OIE-SRR to attract and retain the best individuals in the field, thereby strengthening the institution as a whole. This is widely acknowledged as standard best practice in both the public and private sector (World Economic Forum 2008).

A growing body of work on gender and institutions suggests that those organizations that have successfully integrated gender across the three inter-related areas or Paper, People and Process are more likely to be able to successfully integrate a gender equality perspective into their work. 'The paper' refers to formal organizational policies, assessing whether gender policies are in place. 'The people' refers to human capabilities, checking if staff has the knowledge, skills, resources and motivation to work toward gender equality. "The process" refers to procedures and practices to ensure work practices integrate gender into systems and activities. An outline of the PPP Framework that includes suggested indicators is included Attachment 2. This framework will inform the policy design and the monitoring and evaluation framework for STANDZ. Further elaboration is provided below.

Operationalizing Gender/Social Mainstreaming within OIE-SRR-SEA

Operationalizing Gender and Social Mainstreaming (GSM) into OIE-SRR requires a participatory, iterative process that will be carried out over the duration of the STANDZ program. GSM is a process of institutional structural and behavioral change. The nature of such change processes do not give way to steady or predictable steps, but there are milestones and indicators that can help make sure the process stays on track and that the institution continues to grow and learn. The below details a 'roadmap' that lays out

the process. The actual route will be shaped by internal actors within OIE who will function as a team as well as by regular inputs from external gender experts.

The table below offers an overview. Milestones and indicators will be integrated into wider office M and E frameworks reduce the need for separate monitoring although the GST will be responsible for ensuring that the roadmap is adhered to in principle.

Table 13:

Key Result Areas (KRAs)	Outcome Targets	Milestones/Indicators
1. OIE is supported and guided by institutional gender/social policy to clarify vision and mission	1.1 Comprehensive policy drafted in participatory manner. 1.2 Human resource policy that support gender and diversity drafted within context of wider office development.	MS – gender/social mainstreaming policy is formally adopted and disseminated. MS – Formal HR policy adopted (if separate from GSM policy)
2. Capacity of the OIE to improve program equality and effectiveness through gender/social mainstreaming is enhanced	2.1 Establish of a well functioning gender team within OIE-SRR. 2.2 Increase engagement with inter-agency and external gender specialists. 2.3 Ensure staff increasingly improve gender knowledge and skills.	MS - Appointment of a gender team. MS - Establishment and dissemination of terms of reference for gender team. # of times in the last year gender team met # of times GT participated in external gender event or meeting in last year % of staff who participated in a gender training in last year
3. Staff and management are held accountable for gender/social mainstreaming	3.1 TOR and job descriptions include gender sensitivity. 3.2 Performance review frameworks include gender mainstreaming as a competency for all staff. 3.3 Progressive movement is demonstrated toward reaching parity targets	MS - Performance review frameworks include gender as a competency for all staff. % of TORs for consultancies that include gender competencies % of new staff with gender specified in terms of reference and job description % of staff who report against gender in their appraisals % of female staff at higher levels of organization % of females on program steering committee

Key Result Areas (KRAs)	Outcome Targets	Milestones/Indicators
4. Gender mainstreaming processes throughout OIE are developed in coordination, advocacy, policy and communication.	4.1 Increased GSM in design phase of all new projects. 342 Systemized monitoring of GSM in all new projects. 4.3 Increased GSM in evaluating projects. 4.4 Increased levels of activity in priority areas (tbd).	MS - establishment of key social/gender priority areas for focus in next 4 years % of new projects that mainstreamed gender/social in the design phase including in M&E frameworks % of evaluations that included a gender/social focus % of research initiatives that mainstream gender/social analysis # of joint program initiatives that work in priority areas evidence of integration of g/s issues in coordination, advocacy and communication (e.g. # of regional workshops that include g/s components, evidence of g/s in advocacy and other communication materials
5. Increased use of financial resources toward G/S mainstreaming.	5.1 . Establishment of system within OIE to monitor allocation and expenditures on gender/social equality 5.2 Increased % of tracked resources spent on gender equality goals.	MS - Establishment of GEM or other budgetary system. % of of total budgets used toward G/S mainstreaming

KRA #1 – Development of GSM Policy

The policy is a necessary precursor to have in place. The policy will help guide achievements in the other four results areas. Developed in a participatory way, it will also serve as a learning process for the institution, and it will help clarify thinking and encourage ownership of ideals. Other details on the process of policy development noted above.

KRA #2 – Improved capacity of OIE-SRR for GSM

The GSM strategy will build institutional mechanisms to foster GSM across OIE programs by creating and enabling a Gender/Social Team (GST) within OIE and by seeking guidance and fostering collaboration with external expertise. The OIE will also work to explore opportunities for capacity development of staff on gender/social issues as they relate to animal welfare.

Gender/Social Team (GST)

The GST will be comprised of designated 2-3 person team comprised of the SRR Representative, a program coordinator or officer and either a delegated research or M and E / communications post. It is likely that the GST will start as a 2-person team and expand to a 3-person team with the addition of the research and communications/M and E post, of which gender will comprise part of the terms of reference. GST members will

serve as the primary point of contact for the OIE on gender and other social-related activities. They will have responsibility to help guide the process internally over the course of the STANDZ program and beyond. The GST should meet every two months for the first year of implementation. They may scale back meetings for the second year to depending on an assessment of progress made. Draft TORs for the GST are provided in Attachment 5. The TOR outlines the role of the GST, but it also makes clear that responsibility for GSM rests with all staff. The GST TOR should be finalized by the GST for distribution. An announcement should come from the Representative to all staff to explain the role of the GST and all staff, and to encourage internal communication and cooperation to effectively mainstream gender.

Increase engagement with specialists

Operationalizing of the gender policy requires increased engagement between OIE and external gender/social specialists to provide technical support for GSM. The GST and the whole of the OIR-SRR are expected to utilize the services of gender specialists to meet technical demands. Participation in the GTWG (which is currently being sought as part of the design process) will afford opportunity for OIE to network with gender experts on other regional, international agencies. As OIE lacks internal expertise at higher organizational levels, they will need to liaise with counterpart agencies that can help link them into broader networks and consultant's database. UNDP manages such a regional database, of which gender is a sub-category. FAO has a strong presence at HQ level and a focal point at regional level. FAO and ADB have both produced series of tools and checklists designed to bring together gender and social issues in the livestock and wider agricultural sector. UN-Women, AusAID and WHO may also serve as valuable resources to link OIE to the necessary expertise. The STANDZ program includes a budget for the hiring of external expertise as required. Sample TOR for a gender advisor is included in Attachment 6. Other experts will also be hired on for short-term work as needed.

Staff capacity development

Capacity development of OIE staff is a critical aspect of effective GSM. Current levels of gender-specific skills and knowledge were low among staff members and also national counterparts, according to assessments and discussions held during the counterparts meeting in the design mission. Recent efforts to include representatives from OIE in an AusAID training served only as a basic introduction. The GST may decide to allocate funding for a specific gender training at some point during the STANDZ project. However, this training must be designed around distinct changes to procedural or operational expectations if it is to have any impact. Basic 'gender sensitivity" training is not recommended as it does not usually lead to changes in practice. Rather, it is advise that gender and social issues are mainstreamed into the TORs for any technical training program as well as for regional meetings.

Opportunities should be sought to build in program components that include the views of gender and social experts as well as to request other experts to discuss the relevance of gender/social aspects to their particular area of expertise wherever possible. Sources of gender and social expertise may include national universities, NGOs as well as experts from within counterpart agencies including WHO and FAO. The OIE should expand its networks to help bridge the social and technical divide that persists in the animal welfare sector by forging new relationships between key players with diverse backgrounds. This fits neatly within the 'One Health' framework.

GST members should receive special attention under the to build their skills. They should be prioritized for technical gender training specific to their sectors as well as more generally focusing on institutional gender mainstreaming. Due to the small size of the OIE-SRR, the organization should seek to piggy-back onto on-going training efforts in the region whenever possible. Gender advocacy, gender communications are also possible topics but it is best that the fields within the broader subjects are narrowed to ensure relevance to the animal health sector. Gender training

needs should be decided by the GST in response to a needs analysis in conjunction with opportunities that may arise regionally.

Gender parity targets

The OIE-SRR currently displays a stereotypical structure whereby men hold all of the high level positions, and women hold all of the lower level positions – without exception. The organization is aware of this pattern and gives it informal consideration, but has not yet taken concrete steps to in advertising or selection criteria to redress this imbalance. The development of an HR policy for OIE-SRR under STANDZ provides an opportunity to institute new hiring practices such as taglines "women are especially encouraged to apply" or "equal opportunity employer" to job advertisements. Sex of applicant and wider issues of social diversity may also be a factor that is considered in selection criteria. Setting of gender parity targets[38] and agreement on actions needed to proactively redress imbalances will be done in a participatory way as a part of gender policy design. The GST will monitor progress.

The steering committees of the two previous AusAID-funded projects that are now encompassed within the STANDZ program were heavily male dominated. Similarly, the "national coordinators" for PSVS and SEAFMD at the country level have been primarily male appointees. While it must be recognized that achieving gender parity is difficult in a context where women are largely eschewed from decision-making positions, the OIE can begin to take proactive steps in forming its new steering committee to recognize the imbalance and support female appointees within committees and coordinating bodies. The OIE should also seek to involve non-traditional sectors with relevant community, social or gender expertise in proceedings whenever possible.

KRA #3 – Accountability

Lack of accountability has been identified as one of the weakest areas with respect to efforts to mainstream gender in organizations globally over the last two decades. The GST should work toward standardizing GSM as a competency in all staff performance reviews. This adjustment to performance reviews will contribute to build staff capacity by providing a mechanism to check that staff members have received the necessary training and information to meet their responsibilities for GSM. GST members should report against specific GSM actions in their individualized work plans and performance reviews (elaborated from their more general TORs). In addition, the GST, under the direction of the SRR Representative and in collaboration with administrative and program staff, should ensure that all new job descriptions and TORs include gender competencies as standard across OIE operations.

KRA #4 – Gender mainstreaming processes established

Establishing GSM processes focuses on formally institutionalizing the GST as well as targeting critical entry points (design, evaluation and TORs) to improve and standardize GSM across OIE. GSM within OIE-SRR should target the design phase of all new projects as the most important point of entry for improving mainstreaming in programs and projects. Current levels of gender integration during project design have been weak. If a project successfully mainstreams a gender/social perspective in the design phase, then GSM in implementation, monitoring and evaluation should follow as a matter of course with limited need for special interventions. If GSM is overlooked in the design phase, it is very difficult to recover, and a critical evaluation does not change the fact that valuable opportunities were missed (as evidenced in evaluations of both SEAFMD and PSVS). Along with a focus on the design of all new projects, the GMS highlights the need to ensure that gender is built into the TORs for all work as well as into all program monitoring systems and evaluations. The M and E framework for STANDZ serves as a model for gender/social integration.

[38] Gender parity targets should realistically reflect what is achievable in a given field, and should be viewed as a means to measure incremental change. Targets need not be set as an ideal 50/50 male/female divide in all cases.

Identify priority gender/social areas

Gender and social inequality is pervasive. Opportunities to mainstream gender/social issues into programs and activities are everywhere. The very cross-cutting nature of GSM, however, can make it difficult for institutions that are new to the field to understand where they should focus their efforts in order to achieve maximum impact. To help to focus its efforts, OIE-SRR should identify some priority areas for action at the regional and country level. Priority areas should be decided on the basis of a guided, internal participatory assessment. Judgment criteria for assessment may include: under-recognized or under-resourced issue; OIE ability to make an impact; OIE has expertise and comparative advantage. It is premature at this point in time to prescribe priority issue areas for OIE, as the institution must first begin its mainstreaming process and conduct its own analysis to make an informed choice. Priority issue analysis may be facilitated with outside expertise, likely in the second year of the project. Possible priority areas may include:

- Facilitating GSM in key policy frameworks
- Facilitating GSM in key government counterpart agencies such as Ministries of Livestock
- Integrating GSM into pilot PVS Pathways application
- Advocating for GSM integration into next iteration of PVS tool
- Fostering GSM in priority disease analysis and interventions (e.g. building a knowledge base on gender and social issues around FMD or rabies)
- Facilitating GSM in vet and para-vet curricula and training
- Documenting and encouraging regional and national dialogue and action on implications of the feminization of veterinarian services
- Sex disaggregation of monitoring and surveillance reports
- Applied research into key areas (see Attachment 4)

KRA #5 – Gender budgeting

Efforts are required for OIE-SRR to adjust budgeting systems to allow for tracking of budget allocations and expenditures on gender/social equality. The gender equality marker (GEM) is recommended as an efficient means of tracking. In the case of OIE, the GEM may be adapted to become a “gender/social equality marker”. The GEM can be used as a planning tool in work planning and also as a monitoring tool in budgets. The GEM indicates the degree to which an activity contributes to GSM goals and to building gender equality (GE). Sample guidelines and attributions are included below. The tool can be made more sensitive by adding additional increments if desired. Attribution rates can also be adjusted.

- G2 - GSM is a principle objective of the activity and it is likely to positively impact of GE (budget attribution: 75%).
- G1 - The activity includes GSM components and may impact positively on GE, although GE is not the main objective (budget attribution: 25%)
- G0 - The activity has not mainstreamed gender or social issues, and has no inherent potential to impact on GE (budget attribution: 0%)

As a learning tool, the GEM should be utilized by all staff members in planning and budgeting. The process itself offers a learning experience for staff to see that there are gender/social implications in most activities, and to begin to seek out creative ways of incorporation. The GST should oversee a yearly analysis and tracking of gender budgets to monitor whether spending on GSM efforts increase or decrease over time as a result of on-going institutional GSM processes under the STANDZ program. Integration of the GEM into planning and budgeting systems should be supported by external expertise.

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Attachment 1

Key International Commitments on Gender Equality

The Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)

CEDAW (1979) provides a comprehensive framework to guide rights-based action for gender equality. This treaty positions gender inequality as the result of discrimination against women. CEDAW calls for equality of outcome, going one step beyond equality of opportunity. Thus, states must go beyond enactment of anti-discrimination laws to take steps to ensure equality in daily lives. CEDAW defines discrimination and the range of steps that states must take to eliminate it, provides for women's rights, and makes provision for ratification, monitoring, reporting and other procedural matters.

The Beijing Platform for Action

The Beijing Platform for Action (PFA) (1995) positions women's empowerment as a fundamental pre-requisite for equality, development and peace. It includes gender analysis of problems and opportunities in twelve critical areas of concern, and specific standards for action, to be implemented by governments, the United Nations system and civil society. The PFA rests on the principles of shared power and responsibility between women and men at home, in the workplace, and in the wider national and international communities. Acknowledging equality between women and men as a matter of human rights and a condition for social justice, the PFA envisages a partnership between women and men as a condition for people-centered sustainable development. Its strategic objectives include:

- promote women's economic rights and independence, including access to employment, appropriate working conditions and control over economic resources;
- facilitate women's equal access to resources, employment, markets, and trade;
- provide business services, training, and access to markets, information, and technology, particularly to low-income women;
- strengthen women's economic capacity and commercial networks;
- eliminate occupational segregation and all forms of employment discrimination;
- promote harmonization of work and family responsibilities for women and men.

The PFA is the first global commitment to gender mainstreaming as the prescribed method to achieve women's empowerment. The methodology was elaborated by ECOSOC in 1997, noting that the goal of gender mainstreaming is gender equality, for which women's empowerment is usually required. Therefore, the gender mainstreaming task in UNDP is dual: to support the empowerment of women to expand their capabilities, opportunities and choices, claim their rights and move into full gender equality; and the capacity development of governments to respond positively to women's interests, and to foster gender equality.

The Millennium Development Goals (MDGs)

The Millennium Declaration (2000) calls for the full implementation of CEDAW and other human rights commitments. The MDGs took a clear position that gender equality is both a goal in itself (MDG-3), and a condition for the achievement of the other goals, positioning gender as a cross-cutting issue. The MDG includes four indicators to monitor progress toward MDG 3 (promotion of GE and WE):

6. The ratio of girls to boys in primary, secondary and tertiary education
7. The ratio of illiterate women to men, 15–24 years old
8. The share of women in wage employment in the nonagricultural sectors
9. The proportion of seats held by women in national parliaments.

Attachment 2

PPP Framework for Gender Mainstreaming in Institutions

1. The Paper
    1.1. Organizational policy on gender equality exists and is in line with global gender commitments
        1.1.1. Policy or vision is clearly laid out in key documents.
        1.1.2. Policy is consistent with international gender commitments.
    1.2. Human resource policies support commitment to gender equality.
        1.2.1. Hiring advertisements aim for gender balanced staff.
        1.2.2. Sexual harassment guidelines or other measures to promote a gender fair working environment are in place.
        1.2.3. Gender and family friendly policies such as maternity, paternity, breastfeeding and family leave are in place.
        1.2.4. New staff training and briefings procedures make gender policies clear.
        1.2.5. Staff performance appraisals include assessment of staff member's achievement with gender equality goals.
2. The People
    2.1. Human resource practices are gender sensitive.
        2.1.1. Men and women are represented at all levels of the organization.
        2.1.2. Policies that aim to reduce gender inequality (e.g. sexual harassment or maternity/family leave policies) are understood and implemented.
        2.1.3. Action is taken when possible in staff hiring practices to redress imbalances.
        2.1.4. Staff generally feels positive about gender attitudes and informal work environment (e.g. common areas are a comfortable space for all; sexist jokes and language are not used).
    2.2. Managers and other staff understand and meet responsibilities to work toward gender equality
        2.2.1. Staff has a clear vision of and commitment to gender equality in the organization.
        2.2.2. Staff has had training or other exposure to gender issues.
        2.2.3. Staff take active steps to meet their responsibilities to work toward gender equality.
        2.2.4. Managers support and reward staff for working toward gender equality.
        2.2.5. Staff has had training or other exposure to gender issues.
3. The Process
    3.1. Systems and procedures are in place to track progress with gender mainstreaming

3.1.1. Reporting and monitoring systems capture sex-disaggregated data (quantitative).

3.1.2. Reporting and monitoring systems capture gender sensitive data (qualitative).

3.1.3. Gender data and analysis actively informs organization activities.

3.2. Financial resources are used to achieve gender policies.

3.2.1. Money is used for staff training or other awareness-raising events.

3.2.2. Experts are included on staff or hired as needed.

3.2.3. Money is used in programming for special targeting of areas of gender inequality (e.g. women's project or men's project).

3.3. There are routine mechanisms in place to share learning on gender mainstreaming with others inside and outside the organization.

3.3.1. Internal meetings include gender issues on the agendas and/or staff feels comfortable raising gender issues at meetings.

3.3.2. Gender focal points/teams or specialists are given a voice to assist with mainstreaming gender.

3.3.3. Staff participates in external sessions or events to share ideas and raise their awareness of gender issues.

Attachment 3

Sample Gender Policy Framework

1. Goals and objectives
    - 1.1.1. International commitments
    - 1.1.2. Organizational mandate
    - 1.1.3. Policy objectives
2. Mainstreaming principles and priority areas
    - 2.1.1. HR policies (maternity, paternity, breastfeeding, flexi-time, sexual harassment, job advertisements, gender parity)
    - 2.1.2. Capacity development
    - 2.1.3. Knowledge management
    - 2.1.4. Research
    - 2.1.5. Communication and advocacy
3. Accountability mechanisms
    - 3.1.1. Internal meachanisms (GST)
    - 3.1.2. Core competencies
    - 3.1.3. Performance review
    - 3.1.4. Gender budgeting
    - 3.1.5. Roles and responsibilities
4. Monitoring and evaluation
    - 4.1.1. Indicators and milestones

Attachment 4

Possible Research Areas incorporating a Gender/Social Lens

A pattern persists whereby reports and research that claim to look at the social and economic impacts of animal diseases including zoonoses devote primary attention to economic impacts with only a minor focus on social impacts, and little or no mention of women and men as distinct actors with gender-specific roles and responsibilities (see, for example, Webb 2008 and FAO 2004). Research that does delve into social dimensions at all rarely includes analysis that goes deeper than the household as the unit of analysis. Areas of potential focus are highlighted below. This list is not meant to be exhaustive, but to serve as a starting point for discussions.

1. Gender analysis can offer insights into the high rate of return families garner from investment in livestock as well as the high value placed on the flexibility small livestock such as poultry offers to access small amounts of cash as needs arise. Studies could look at issues such as whether the value of poultry is disproportionately high for poor females as one of their few means of accessing cash quickly or the impact of the lack of access to cash from diseased livestock on women's and men's ability to pay school fees or afford health care or food.
2. There is weak, but interesting, evidence to suggest that women may be more superstitious and fatalistic in their beliefs about EIDs than men (Esser 2009; Osteria 2008). This suggests that there may be issues involving women's feeling of empowerment to control their paths that affects their prevention, care and treatment strategies. Qualitative research that seeks to understand relations between gender, health, traditional beliefs and empowerment would be illuminating.
3. Gender data should not be viewed in isolation of other influential social variables such as age, class and education levels. Future research should carefully explore the ways in which gender intersects with other social variables to affect observed differences in knowledge, attitudes and practices around animal care. This would aid in developing strategies that are appropriately fine-tuned to specific target groups.
4. The need to move from the traditional vector control approach to community based initiatives imply population based ownership of EID control and prevention strategies. Social communication, health education, and participation by men and women in information dissemination can form the basis of innovative programs. Gender equal participation in decisions related to EID initiatives requires that both women and men are not only program beneficiaries, but active agents in behavior change. An assessment of how both men and women can participate in behavior change communication programs would be useful.
5. KAP studies on animal diseases (especially zoonosis) that include methodical gender and socio-cultural analysis.
6. Research into the gender and social dimensions (socio-economic impact assessments) of priority diseases outbreaks and control methods for which data is currently unavailable including FMD and rabies, among others.

7. Analysis of gendered and socioeconomic impacts of new policies around animal production such as bio-security controls on poultry production or restrictions on animal movements.
8. Assessment of national or regional sex ratio of animal health workers to understand trends and to assess the impact of imbalances. There is a strong connection between the sex of the community worker and the ability to work most effectively with same-sex farmers, although either male/female workers can be trained to be more sensitized to the needs of the whole range of actors at the community level and to ensure that they effectively reach males and females, rich and poor, ethnic minorities and majorities, etc. These issues are not being given attention in the field. Assessment of the current gender/social competencies of vets, para-vets and livestock extension agents. Curricula analysis and training recommendations would be useful at the policy level.

Attachment 5

Role of Gender/Social Team – OIE-SRR-SEA

While all staff members have responsibility for working toward gender equality, GST members have a special role to act as agents of change and to serve as technical resource people in guiding the office to mainstream gender. GST members must be able to devote adequate time to their gender-related work to maximize impact. To this end, direct supervisors should make a commitment toward making time available for GST duties. Required time commitments will vary, but are estimated at between 10 and 15% of staff time.

Specific duties include:

1. Participate in Gender Thematic Working Group (GTWG) meetings and activities;
2. Report on GTWG activities to wider staff within OIE;
3. Represent OIE at relevant official gender functions;
4. Help to coordinate and monitor implementation of the OIE Gender Policy;
5. Expand personal knowledge of gender issues and gender mainstreaming strategies through training workshops and written resources;
6. Guide staff to build capacity on gender and social mainstreaming by providing information on learning opportunities;
7. Provide technical advice on gender mainstreaming, and/or ensure that technical advice is available from outside sources as needed (e.g. short-term national or international consultants, collaborating agency gender specialists); and
8. Provide input to ensure gender/social issues have been addressed focusing especially on the design phase for all new programs activities.

Gender Mainstreaming and OIE Staff

Mainstreaming gender into OIE-SRR-SEA requires the commitment of all staff.

Managers: have the ultimate responsibility for overseeing gender/social mainstreaming. Managers should ensure programs are gender/socially responsive, and should hold staff accountable for mainstreaming in all relevant activities.

Program Staff: are responsible for mainstreaming gender in their programs.

Administrative Staff: should facilitate mainstreaming mechanisms in key processes including recruitment, advertising, human resource and monitoring systems.

Annex B: Summary of Performance Indicators by Component, Purpose, and Goal

Table 14: Summary of performance Indicators stratified by component, purpose and goal

	Component	Inputs	Outputs	Process	Outcome	Assumptions
	Goal: To reduce the impact of emerging infectious diseases (EIDs) on food security, public health and livelihoods in South East Asia.			Socio-economic and cost-benefit impact assessments conducted focused on **previous investments;** outputs of studies used as advocacy tools to mobilise more resources for TADs and zoonoses at the national levels.	Minimise the socio economic impact of Transboundary Animal Diseases (FMD) and Zoonoses (Rabies)	
	Purpose: Capacity of Animal Health sectors in SEA countries strengthened for prevention, control and eradication of priority Transboundary Animal Diseases (TADs) and Zoonoses			SEACFMD Roadmap 2020 milestones developed and agreed (see country outcome indicators worksheet) Priority countries with AH Strategies completed Pilot country Rabies Prevention and Control Plan developed	Country level SEACFMD Roadmap 2020 targets (see country outcome indicators worksheet) Pilot Country level Rabies process indicators	Partner government sustains commitment (policy, financial and human resources) to TADs and zoonoses prevention, control and eradication. ASEAN maintains high political visibility and commitment to TADs and zoonoses. Donors and technical agencies in SE Asia coordinating and harmonising programs to avoid duplication, address priority gaps, and to lessen the administrative burden to countries in implementation.
	Component 1: Coordination and Program Management					
1.1	Advocate and represent SEA Animal Health Sector interests at Global and Regional levels	Airfares Per diems Workshop venue Workshop materials Communication	OIE Global and Regional Meeting GF TADS Meeting OWOH Meeting National Coordinators Meetings FMD Scientific	Joint OIE-FAO-WHO workplan for SEA under GF-TADS and OWOH	SEACFMD closely work with ASEAN in the development of the ASEAN RCM Member Countries continue high level of commitment to	ASEAN Member Countries and the ASEAN Secretariat continue the strong momentum in establishing the ASEAN RCM, including operationalising the ASEAN Animal Health Trust Fund.

		costs	Meetings Other Regional Meetings		SEACFMD Campaign	ASEAN maintains high political visibility and commitment to TADs and zoonoses, specifically to FMD and Rabies.
1.2	Coordinate with ASEAN through its relevant structures e.g. ASEAN Sectoral Working Group on Livestock (ASWGL), SOM-AMAF		ASEAN Meetings (2)		FMD and VS strengthening continue to be highlighted as ASEAN priorities.	ASEAN continues to be open in engaging with OIE.
1.3	Advocate among and within countries (eg. meetings with Ministers and key policy makers)		OIE SRR-SEA Newsletter Country Visits Study Tours	OIE SRR-SEA Advocacy, Mobilisation and Communication Plan developed	Increase and sustained government funding of national FMD plans and VS programs. Policy and veterinary legislation are relevant and implemented.	Livestock ministries able to convince and lobby for greater funding from their respective national governments. Livestock ministries able to inform policy development within their countries.
1.4	OIE-STANDZ Program management and governance	Airfares Per diems Venue materials	SEACFMD SubCommission Meeting (1) OIE SubRegional Delegates Meeting (1) STANDZ PSC Meetings (2)	OIE STANDZ Progress and Annual Reports submitted in timely fashion Document donor and other relevant programs/activities on TADs and zoonoses in SEA and submit as an attachment to the STANDZ annual report.	OIE-SRR, under STANDZ, able to leverage and jointly implement activities with other donors and technical partners.	Donors and other technical agencies are willing and openly engaging as members of the STANDZ steering committee (i.e. management committee and advisory group).

	Component 2: Veterinary Governance/Systems Strengthening					
2.1	Implementation of PVS Pathway in priority SEA countries leading to completion of PVS evaluation and PVS Gap Analysis, and development of AH Strategies, M&E frameworks and Financing	Consultancies (6X15d) Airfares Per diems workshops communication costs	PVS Assessments (4) Strategic Planning Consultancy Reports(2)	Member Countries PVS Gap Analysis completed Lao AH Strategic Plan, M&E framework and Financing framework developed	Member Countries with National Animal Health Sector Strategic Plans, financing frameworks and M&E frameworks Member Countries completing Animal Health Sector Annual Reviews and Reports Member Countries conducting PVS Assessments every 3 to 5 years Joint regional workplan for veterinary and paraveterinary education agreed and operational for priority countries	Member Countries request for OIE-SRR assistance, under STANDZ, in the PVS Pathway. Livestock ministries are able to develop national VS strategic that are inclusive of other relevant sectors. Livestock ministries are able to progress government funding of the national VS strategic plan. Livestock ministries are effectively implementing and resourcing their M&E frameworks and systems.
2.2	Country level support to key systems strengthening areas which have regional implications e.g veterinary workforce reforms	Consultancies (3X15d) Airfares Per diems workshops communication costs	Country Project Reports	PVS Systems Strengthening Plan developed Country 6 month Progress Reports		Livestock ministries are able to allocate resources to priority gaps in their country's veterinary services. Other donor-funded programs building national capacity in certain VS components are using national plans as basis of their support and are coordinating activities with similar projects.

2.3	Quality of Veterinary and paraveterinary education strengthened e.g. Vet Education Curriculum, twinning of vet universities, establishment of vet statutory bodies	Consultancies (3X15d) Airfares Per diems workshops communication costs	Assessment of Vet Education	Joint regional workplan for veterinary and paraveterinary education developed for priority countries		Veterinary schools are willing to partner with other schools to improve veterinary education. Training is provided to and is accessible to relevant parties. Countries are willing to establish veterinary statutory bodies.
2.4	Specialized training provided in priority areas	Consultancies (3X15d) Airfares Per diems workshops communication costs"Consultancies (3X15d) Airfares Per diems workshops communication costs" Secondees	Regional Training workshops	Capacity improved in priority competencies		Trainees are adopting new skills in their work place and countries.
	Component 3: Management of SEACFMD and other Disease Control Programs					
3.1	Country level support for implementation of national FMD Program in accordance with the roadmap 2020	Consultancies (3X15d) Airfares Per diems workshops communication costs vaccines	National Vaccine Plans completed and costed for Myanmar, Lao PDR, Cambodia Pilot vaccine project designed for Myanmar Country 6 monthly Progress Reports	Pilot vaccine project implemented in Myanmar	Research and M&E Framework for FMD and Rabies developed SEACFMD 2020 regional level process indicators and milestones to include vaccination	Livestock ministries are providing political, human, and financial commitment to priority activities.
3.2	Country level	Consultancies	To be determined	To be determined		Human health ministries are

	capacity to engage and/or lead on diseases control and management that have animal /human /ecological interfaces e.g. rabies	(3X15d) Airfares Per diems workshops communication costs vaccines			Rabies 2020 regional process indicators and milestones Country specific process indicators e.g. National Roadmap for FMD eradication Targeted interventions supported	willing to coordinate rabies control efforts with their animal health counterparts (vice versa).
3.3	Capacity building in Applied Research	Salary (research coordinator)	To be completed with ACIAR	To be completed with ACIAR		
3.4	Capacity Building in M&E	Consultancies (3X15d) Airfares Per diems workshops communication cost	Toolkit for SEACFMD Roadmap 2020 Monitoring and Evaluation Framework completed M&E Framework for Rabies prevention and control in animals strategy completed			Countries have operational M&E frameworks on FMD control (e.g. data gathering and reporting systems at all levels).
	Component 4: OIE-SRR capacity building					
4.1	Management Capacity of OIE-SRR	salaries	OIE fully staffed	OIE-SRR completely staffed	Performance reviews of projects improving in key areas % of females on Program Steering Committee % of evaluations that included a gender/social focus	
4.2	Capacity of the OIE to improve program equality and effectiveness through gender/social mainstreaming is enhanced	Training costs for GST Gender/social advisor 45d/year Airfares 3/year Per diems	Appointment of a gender team and meeting regularly establishment of key social/gender priority areas for focus in next 4 years	Increase engagement with inter-agency and external gender specialists Establishment of GEM or other budgetary system Human resource policy that support gender and diversity drafted within		Partner governments are receptive to gender and social mainstreaming activities, including providing sex disaggregated data and analysis.

		Mainstreamed training for MCs Technical inputs into priority areas (reseach, advocacy, etc.)	Comprehensive gender policy drafted in participatory manner	context of wider office development % of new staff with gender specified in terms of reference and job descriptions % of TORs for consultancies that include gender competencies	% of of total budgets used toward G/S mainstreaming Comprehensive gender policy approved and in place OIE SRR-SEA performance targets achieved	
4.3	Capacity building for M&E/Communication	Consultancies (3X15d) Airfares Per diems workshops communication costs	STANDZ M&E Framework and baseline values agreed Communication Strategy developed covering dissemination of best practice, training and meeting schedule	Web-based access to regional surveillance information, SEACFMD M&E framework, OIE-STANDZ M&E Framework to MCs Best Practice guidelines and protocols available electronically to MCs		
4.4	Support to establishment of OIE-SRR	Consultancies (3X15d) Airfares Per diems workshops training costs office costs	Organisational Development Plan and Business Plan completed and costed with updated ToRs and Job descriptions Guidelines for Resource Envelope for Targeted Interventions Training Plan developed, including on Gender and social equality	Staff performance objectives aligned to organisational objectives		

Table 15: SEACFMD Provisional Monitoring Framework: Process Indicators for Component 2

Desired Outcomes	Process Indicators	Progress/Achievement to date	Activities
Implementation of new SEACFMD 2020 Road Map by SEACFMD members	At least one in-depth and well-documented outbreak investigation (OI) consistent with RCU Manual of FMD Outbreak Investigations conducted annually by at least four SEAFMD members by end of 2010	• One investigation in Rakhine, Myanmar done in September-October 2010 • One outbreak investigation in Xiengkhouang, Lao PDR in January 2010 • One outbreak investigation in Cambodia in October-November 2010 • One outbreak investigation in Vietnam in December 2010 (ongoing)	• Organizing annual meetings of the SEAFMD Sub-Commission, National Coordinators, MTM Tri-state Commission, Upper and Lower Mekong Working Groups, Epidemiology and Laboratory Networks, and other sub-regional and national workshops/trainings; • assisting with reviews of national FMD plans and programmes; • arranging and providing expert support for epidemiological and surveillance programmes for each zone; • assisting each member country to help each other in a systematic manner; • providing the link to OIE and ASEAN; • leadership in attracting funding for member countries; • providing the FMD database for the Sub-region and links to animal health information systems; and • maintaining coordinated communications, media development, public awareness and training. *
	Adoption of Animal Movement Management (AMM) guidelines by at least five member countries by 2011.	AMM guidelines not completed. AMM studies completed for 4 borders (Cambodia-Vietnam, Vietnam-Lao PDR, Thailand-Lao PDR and Thailand-Cambodia). The results of the study are used in preliminary negotiations of Cambodia and Vietnam to develop border specific guidelines.	
	AMM guidelines implemented in at least three member countries by 2011	Not implemented (refer to text above)	
	Adoption of FMD communication guidelines by all SEAFMD Sub-Commission members by 2011	Consultant engaged to develop the communication manual in collaboration with the Philippines. Target is for endorsement in March 2011 by the Sub-Commission. Animal health communication strategy developed under the PSVS Project	
Indicator no longer	FMD communication guidelines implemented in at least three	Animal health communication strategy developed under the PSVS Project	

Desired Outcomes	Process Indicators	Progress/Achievement to date	Activities
applicable?	member countries by 2011.		
Focus is being shifted to hotspots rather than the zones	Implementation of minimum standard definition and rules (SDR) for progressive zoning by at least three countries by 2011.	Implemented by the Tanintharyi Region of Myanmar which is part of the MTM (continuation), Region 2 of Thailand (2009) and central part or Zone 2 of Luzon Island of the Philippines (2010). Partial implementation in northern part of Lao PDR.	
Continued cooperation among SEAFMD members to control FMD	At least one Memorandum of Understanding (MoU) agreed between two or more SEAFMD members by 2011.	The MoU is to agree on the zones in the Upper Mekong. While no MoU, China sits as part of the UMZ and is now a member of the SEACFMD Campaign.	
	At least one multi-country protocol agreed between two or more SEAFMD members by 2011. (pertaining to protocol on animal movement and vaccination)	Already captured	
	At least 50% of agreed action recommendations made in SEAFMD sub-regional meetings are implemented by one or more SEAFMD members between 2009 and 2011.	Recommendations not tracked (not translated to the country reporting framework)	
Improved Support among Existing and Potential Partners	No. of co-funded SEAFMD activities such as vaccinations, training, surveillance increases from one in 2008 to five in 2011.	Three activities were co-funded during this reported period, two in outbreak investigation training and one in animal movement studies. The FAO HPAI project co-funded a training on Outbreak Investigation and Management in Lao PDR in June 2009. In October 2009, the FAO TCP project on Ebola Reston	

Desired Outcomes	Process Indicators	Progress/Achievement to date	Activities
		surveillance in the Philippines co-funded with the SEAFMD a Trainer's Training on Outbreak Investigation and Management. With support from the FAO/ADB project on the control of TADs in GMS, the SEAFMD conducted a study on the cross-border movement of FMD susceptible animals in Cambodia, China, Lao PDR and Vietnam in close collaboration with the ACIAR ULM Project in Cambodia and Lao PDR.	
		Setting up of the FMD vaccine bank under the EU HPED Project	
		Pilot vaccination study in Lao PDR and Cambodia under the ADB	

Table: 16 Provisional SEAFMD Monitoring Framework for Member Countries: Process and Outcome indicators for OIE STANDZ (based on M&E Framework 2009)

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
FMD Disease Status			Endemic	Endemic	Endemic	Endemic	Endemic	Endemic with 2 FMD free without vaccination States 2003 aiming for FMD-F status by 2015	**FMD free** without vaccination except for one Zone pending in 2011	**FMD Free** without vaccination 1990
Serotype			O, A	O	O, A1	O, A	O, A	O, A	O	
vaccine producer					y		y			
Political Commitment	Resources, policy statements, legislation	What is the level of government commitment: policy, decree, law?	Ministerial decree Prakas no legislation	general law		PM order for HPAI and FMD	Animal Epidemic Act 1956 amended in 1999 cabinet order for zone 2	Animal Ordinance 1953 revised 2006 Livestock Importation Policy	Standing Presidential Order Ministerial order	Act No 18/2009 Animal Husbandry and Animal Health replace 6/1967

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
Improved national FMD program management and coordination	Government's annual FMD budget as % of total Government animal health budget compared to % in pre Phase I baseline year (1997)	Does a budget line exist for FMD management?	no	yes 2010	$18,000 to support lab and vaccine production	yes	yes	yes	yes	no
	Comment on trend	up, down, nk	nk	increasing	$200K for construction new lab	$36m 2006 increasing	increasing	increasing	increasing	nk
	Functional FMD Program Management and Coordination Unit established (evidence of 'functional' including dedicated staff, budget for unit, activities, meetings etc)		none	none	none	none	none	none	Task Force	none
	National Plans consistent with 2020 Roadmap	Name of plan, period covered?	Draft National Plan	National FMD Plan	National FMD Plan completed Phase 1 2008-10	National Strategy Animal Production Development 2020	National TBD Plan	Naitonal FMD Control and eradication Strategy in line with 10th Malaysian	National FMD Plan	contingency plan to control entry

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
								Development Plan		
Stakeholder support	No indicator yet for improved stakeholder support (including members of public, govt agencies and private sector)	stakeholder group engaged?	traders	traders			traders			
Zoning	Percentage of national area covered by different categories of zone (control, buffer, eradication, free)		nk	nk	nk	nk	nk	nk	nk	nk
	Establishment of new zone(s)		no	no	no	no	no	no	no	no
	Development and/or maintenance of OIE free zones cfed 2009 base		none	none	none	none	none	yes	yes	yes
	Cross-border cooperation on zones not in zone									

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
		umz								
		lmz								
		mtm								
Animal Movement Management	Trader registration or accreditation system introduced or maintained?		introduced	maintained	none	improved maintained	improved maintained	improved maintained	maintained	nk
	Establishment of quarantine/holding facility so that traders can be required to quarantine animals prior to moving animals		no	no	yes with export to Malaysia	yes	yes	yes	yes	yes
	Animal ID system introduced or maintained		no	no	no	no	yes	yes	no	no
Surveillance	Increased number of FMD outbreaks (in zones compared to non-zones?) detected annually where this trend is plausibly linked to improved detection of foci of infection through improved surveillance		yes	no	no	yes	no	no	no	no
	Improve timeliness of reporting FMD outbreaks	submitted within 60 days of deadline	yes	no	yes	yes	yes	yes	yes	yes

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
	using web-based ARAHIS/WAHIS Regional Core online-reporting									
	No. and % of more in-depth and well documented outbreak investigations consistent with RCU Manual of FMD Outbreak Investigations (case studies) conducted annually to develop better understanding of the disease		1	1	1	1	0	0	0	0
	Improved outbreak detection and reporting from local to national level		yes	yes	no	yes	yes	yes	yes	yes
Improved Diagnosis	% of outbreaks that have good-quality samples submitted to diagnostic laboratories	trend for no of samples submitted	increased	decreased	unchanged	maintained	maintained	increasing	na	na

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
	No. of days between national laboratory's receipt of sample and notification of test results ("turnaround time") for Antigen and Antibody ELISA, NSP test		nk	nk	nk	nk	nk	nk	nk	nk
Improved Vaccination	Vaccination coverage in zones with vaccination		bad	bad	bad	good	good	good	na	na
	No. of zones (with vaccination) achieving 80% FMD vaccination		nk	nk	nk	nk	nk	nk	nk	nk
	No. of zones with vaccination per country that implement post-vaccination monitoring of immunity levels increases between 2009 and 2001.		not monitoring	not monitoring	not monitoring	yes	yes	yes	na	na

Annex C: Implementation Schedule by Component

Table 17: The following is the provisional activity plan for the Program over the period 2011-2014.

	STRATEGIC AREAS	2011				2012				2013				2014				Lead Partner	Support Partners	Implementing Partners
	ACTIVITIES	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
	Component 1: Coordination and Program Management																			
1	**Advocate and represent SEA Animal Health Sector interests at Global and Regional levels**																			
1.1	OIE General Session					x				x				x				OIE		
1.2	Conference of the OIE Regional Commission for Asia, Far East and Oceania			x				x				x				x		OIE		
1.3	OIE Delegates Conference SEA					x				x				x				OIE		
1.4	GFTADS Regional Meeting							x				x				x		Joint	FAO, WHO	
1.5	One World One Health Meeting				x				x				x				x	Joint		
1.6	Other Regional Meetings				x		x		x		x		x		x		x	OIE/ Other		
1.7	Meeting of the OIE Sub commission for FMD in South East Asia and China					x				x				x				OIE		MCs
1.8	Malaysia-Thailand-Myanmar (MTM) Tri-State meeting					x				x				x				OIE		MCs

	STRATEGIC AREAS	2011				2012				2013				2014				Lead Partner	Support Partners	Implementing Partners
	ACTIVITIES	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
1.9	Meeting of the Lower Mekong Working Group (LMWG) on FMD Zoning and Animal Movement Management						x				x				x			OIE		MCs
1.10	Meeting of the Upper Mekong Working Group (UMWG) on FMD Zoning and Animal Movement Management				x			x				x				x		OIE		MCs
1.11	National Coordinators Meeting			x		x		x		x		x		x		x		OIE		MCs
1.12	SEACFMD Epidemiology Network				x		x				x				x			OIE		MCs
1.13	SEACFMD Laboratory Network Meeting								x				x				x	OIE	IDENTIFY	MCs
1.14	FMD Scientific Meeting				x			x				x				x		OIE		MCs
1.15	Other FMD Regional Meetings																			
1.1.6	Rabies Coordination Meetings				x		x	x			x	x			x	x		OIE/ Other		MCs

2	**Coordinate with ASEAN thorugh its relevant structures e.g. Asean Sectoral Working Group on Livestock (ASWGL), SOM-AMAF**																	
2.1	ASWGL			x		x		x		x		x		x			ASEAN	OIE, FAO	MCs
2.2	Other ASEAN Meetings								x				x				x	ASEAN	OIE, FAO	MCs
3	**Advocate among and within countries (eg. meetings with Ministers and key policy makers)**																	
3.1	Country Visits linked to technical consultancy																	OIE		
3.2	Participate in national planning events																	OIE		
4	**OIE-STANDZ Program management and governance**																	
4.1	OIE-STANDZ Program Steering Committee ((ref 1.3)			x		x		x		x		x		x			OIE		MCs
4.2	OIE Delegates Conference SEA (ref 1.3)																	OIE		
4.3	Complete guidelines for STANDZ Resource Envelope for targeted interventions																	OIE		MCs
4.4	Progress Report																	OIE		
4.5	Annual Report																			
4.6	Mid term Review, End of Project Review					x				x				x				OIE		MCs

	Component 2: Veterinary Governance/Systems Strengthening																		
1	**Implementation of PVS Pathway in priority SEA countries leading to completion of PVS evaluation and PVS Gap Analysis, including legislation support, and development of AH Strategies, M&E frameworks and Financing**																		
1.1	Support to Cambodia, Lao, Myanmar for completion of PVS Pathway				x		x										OIE		
1.2	Support to Lao, for completion of AH Strategic Plan, M&E frameworks and financing frameworks					x	x										OIE		
1.3	Support to Annual and Midterm Reviews										x				x		OIE		
2	**Country level support to key systems strengthening areas which have regional implications e.g workforce, financing**																		
2.1	Targeted interventions project support Cambodia				x	x			x	x			x	x			MCs	OIE	
2.2	Targeted interventions project support Lao						x	x			x	x			x	x	MCs	OIE	
2.3	Targeted interventions project support (1 per country per year) Myanmar				x	x			x	x			x	x			MCs	OIE	
2.4	Targeted interventions project support (1 per country per year) Vietnam						x	x			x	x			x	x	MCs	OIE	
2.5	Targeted interventions project support Other (2/4 countries)																		

3	**Quality of Veterinary and paraveterinary education strengthened e.g. Vet Education Curriculum, twinning of vet universities, establishment of vet statutory bodies**																		
3.1	Assessment of Veterinary education situation in Cambodia, Lao and Myanmar leading from PVS Assessment					x	x											OIE	FAO, ADB	
3.2	Development of Joint workplan for strengthening of veterinary and paraveterinary education						x	x										OIE	FAO, ADB	
3.2	Support to FAVA in implementation of Strategic Plan				x	x	x	x	x	x	x	x	x	x	x	x	x	FAVA	OIE	
4	**Specialized training provided in priority areas**																			
4.1	Regional training in specialised area 1					x		x		x		x		x		x		OIE	FAO	
4.2	Regional training in specialised area 2						x		x		x		x		x		x	FAO	OIE	
	Component 3: Management of SEACFMD and other Disease Control Programs																			
1	**Country level support for implementation of national FMD Program in accordance with the roadmap 2020**																			
1.1	Support to design and implementation of pilot program for vaccine strategy					x	x	x	x	x	x	x	x	x	x	x	x	OIE	FAO, HPED	Myanmar
1.2	Support to development of national FMD control strategies and/or programs in priority countries					x	x	x	x	x	x	x	x	x	x	x	x	OIE		MCs
1.3	Support to RRL			x	x	x	x	x	x	x	x	x	x	x	x	x	x	RRL	OIE, IDENTIFY	
1.4	Targeted Intervention Country Projects					x	x	x	x	x	x	x	x	x	x	x	x	MCs	OIE, FAO	MCs

2	**Country level capacity to engage and/or lead on diseases control and management that have animal /human /ecological interfaces e.g. rabies**																		
2.1	Development of 'Regional Rabies control in animals campaign'					x	x	x	x	x	x	x	x	x	x	x	x	OIE	FAO, WHO	MCs
2.2	Support to development of national rabies control programs in priority countries						x	x	x	x	x	x	x	x	x	x	x			CLMV
2.3	Support to design and implementation of vaccine strategy for rabies						x		x		x		x		x		x	OIE	HPED , FAO, WSPA	
2.4	Targeted Intervention Country Projects																	MCs	OIE, FAO	MCs
3	**Capacity building in Applied Research**																			
3.1	Research Coordinator					x	x	x	x	x	x	x	x	x	x	x	x	OIE	ACIAR, FAO	CLMV
3.2	Research Workplan developed and implemented							x	x	x	x	x	x	x	x	x	x			
4	**Capacity Building in M&E**																			
4.1	Support to development and implementation of SEACFMD 2020 M&E Framework					x	x	x	x	x	x	x	x	x	x	x	x	OIE	FAO, WHO	MCs
4.2	Support to development of Regional Rabies M&E Framework					x	x	x	x	x	x	x	x	x	x	x	x	OIE	FAO, WHO	MCs
4.3	Support to implementation of regional surveillance network (continuing)					x	x	x	x	x	x	x	x	x	x	x	x	OIE	FAO, WHO	MCs

	Component 4: OIE-SRR capacity building																			
1	**Management Capacity of OIE-SRR**																			
1.1	OIE SRR Representative -STANDZ Program Manager			x	x	x	x	x	x	x	x	x	x	x	x	x	x	OIE		
1.2	Disease Management/SEACFMD Coordinator			x	x	x	x	x	x	x	x	x	x	x	x	x	x	OIE		
1.3	Veterinary Services Coordinator			x	x	x	x	x	x	x	x	x	x	x	x	x	x	OIE		
1.4	Technical Adviser			x	x	x	x	x	x	x	x	x	x	x	x	x	x	OIE		
1.5	Project Officers (3)			x	x	x	x	x	x	x	x	x	x	x	x	x	x	OIE		
1.6	Office Manager			x	x	x	x	x	x	x	x	x	x	x	x	x	x	OIE		
1.7	Administrative Support staff			x	x	x	x	x	x	x	x	x	x	x	x	x	x	OIE		
2	**Capacity building for gender/social mainstreaming (see GENDER worksheet)**																			
2.1	OIE is supported and guided by institutional gender/social policy to clarify vision and mission																	OIE		
2.2	Capacity of the OIE to improve program equality and effectiveness through gender/social mainstreaming is enhanced																	OIE		
2.3	Staff and management are held accountable for gender/social mainstreaming																	OIE		
2.4	Gender mainstreaming processes throughout OIE are developed in coordination, advocacy, policy and communication.																	OIE		
2.5	Increased use of financial resources toward G/S mainstreaming																	OIE		

3	**Capacity building for M&E/Communication**																		
3.1	M&E Coordinator/Knowledge management Coordinator					x	x	x	x	x	x	x	x	x	x	x	x	OIE	
3.2	Support to development and implementation of MIS/communication strategy including dissemination of best practice						x		x		x		x		x		x	OIE	
4	**Support to establishment and operations of OIE-SRR**																		
4.1	Organisational Development Plan completed				x													OIE	
4.2	Management Development					x		x			x		x		x		x	OIE	
4.3	Office Systems improved																	OIE	
4.4	Premises maintenance (with Gov of Thailand)																		
4.5	Miscelleaneous office expenses																	OIE	

Annex D: Draft Terms of Reference

Position: **Strategic Gender Advisor**

Organization: OIR-SRR

Expected Duration: Total of 45 days over 1 Year

Program: STANDZ

Duty Station : Bangkok, Thailand

1. Objective

- To build the capacity and empower the OIE-SRR-SEA mainstream a gender and socially perspective under the STANDZ program that supports capacity development of the animal health sectors in Southeast Asian (SEA) countries for the prevention, control and eradication of priority Transboundary Animal Diseases (TADs) and Zoonoses.
- To provide oversight and guidance to OIE in developing a gender policy and mainstreaming gender into program operations.
- To provide technical assistance to OIE and it collaborating partners in the animal health sector on relevant tools, frameworks and methodologies to improve program effectiveness
- To promote partnership building and collaboration between partners and other stakeholders.

2. Background

The World Organisation for Animal Health was founded in 1924 as the Office International des Epizooties (OIE) to provide international cooperation and coordination against the spread of animal diseases. The overall mandate of the Organisation is to improve animal health, veterinary public health and animal welfare world-wide. This includes prevention of spread of animal diseases; prevention and control of animal diseases transmissible to humans (zoonoses); reduction of risks from infectious diseases at the animal–human–ecosystems interface; improved animal production food safety measures; and improvement of animal welfare.

The OIE Sub Regional Representation for South East Asia (OIE SRR-SEA) was formally established in 2010 based in Bangkok, Thailand after operating as the OIE Regional Coordinating Unit (OIE-RCU) for the South East Asia Foot and Mouth Disease (SEAFMD) Campaign since 1997 and for the Program for Strengthening Veterinary Services (PSVS) since 2007, both funded principally by AusAID. Office accomodation is provided by the Department of Livestock, Government of Thailand. The mandate of the OIE SRR-SEA is *to effectively manage and coordinate the profile, planning and operations of the SRR-SEA, such as to strengthen involvement in policy design and governance related to decision making in animal health within OIE and with member countries*

The purpose of the OIE-STANDZ Program 2011 to 2015 is ***capacity of Animal Health sectors[39] in SEA countries strengthened for prevention, control and eradication of priority Transboundary Animal Diseases (TADs) and Zoonoses.*** The overall Goal of the

[39] To include Livestock ministries (including technical departments such as labs and the whole national public system down to the sub-national levels), private industry, private vets associations, SPS/customs, Vet universities, Public Health Agencies

Program is to improve Regional and National systems for sustained prevention, control and eradication of Transboundary Animal Diseases (TADs) and Zoonoses so as to minimise the threat of emerging infectious diseases (EIDs) on food security, public health and livelihoods in South East Asia.

The objectives of the OIE-STANDZ Program 2011–15 Components include:

10. Animal Health regional and international coordination among SEA countries (and with their partner countries) supported
11. Capacity of national Veterinary Services strengthened particularly in Cambodia, Lao PDR, Myanmar and Vietnam
12. Priority Animal Disease management strategies developed, better resourced and implemented, including more intensive support to SEACFMD Phase IV consistent with the SEACFMD Roadmap 2020
13. Capacity of OIE-SRR strengthened in priority organisational development areas of gender and social mainstreaming, monitoring and evaluation, operations research and communication.

3. Scope of Work

The Strategic Gender Adviser will oversee a) successful development and operationalization of a Gender/Social Mainstreaming Policy for OIE, producing measurable results and b) provide technical assistance on a call down basis as agreed and when requested by the OIE to:

(i) Provide support, training and guidance to the GST to ensure sound functioning and capacity development in key areas as required.

(ii) Provide technical assistance to OIE in developing work plans and performance appraisals that integrate GSM

(iii) Engage in dialogue with key players and assist OIE in making linkages to on-going gender training, workshops and other events or sources of information in the region.

(ii) Develop terms of reference for additional technical assistance in the area of gender and other social issues as they relate to the field of animal health and the specific program objectives.

(iv) Work with the agency on integrating GSM in the five-year business development plan, M and E framework and other strategic areas of institutional development

(v) Provide strategic and technical advice and support to the OIE-SRR and program partners on a needs basis. This may include desk review of communication and other outreach materials.

(vi) By end of consultancy, present recommendations for next steps for integration of GSM and strategic direction to ensure the process continues to move forward.

4. Qualifications

- Master's Degree or higher in gender studies, public policy, social sciences, development studies or a related field. Knowledge of animal health sector preferred;

- Proven ability to conduct gender/social analysis;
- At least 10 years of experience in gender and development, including an understanding of gender budgeting and institutional processes, preferably in the SEA region;
- At least 5 years of experience in the strategic areas and implementation of gender mainstreaming;
- At least 5 years of experience in working with international organisations, government counterparts and donors;
- Experience in programme design and monitoring and evaluating;
- Excellent skills in training, facilitation and documentation
- Excellent English skills.

5. Timing

The Strategic Gender Advisor would work for a total of 45 days, on an as-needed basis from August 2011 to July 20012. During this time, up to three trips of 7-10 days (including travel) are envisioned for the advisor, and the remainder of contract days will be from home. Precise travel and working schedule are to be agreed upon between the SRR Representative and the Strategic Gender Advisor, provided all milestones are met.

Indicative travel to duty station:

- I Visit: Sep 2011 (ten days, including travel)
- II Visit: Jan 2012 (ten days, including travel)
- III Visit: May 2012 (ten days, including travel)
- 5 days home based support to GST

Annex E: Risk Management Matrix for the OIE STANDZ Program 2011-1015

Table 23: Assessment matrix

Scale of likelihood					Consequence of risk				
					Insignificant	Minor	Moderate	Major	Catastrophic
	Numerical:	Historical:			1	2	3	4	5
Likelihood	>1 in 10	Is expected to occur in most circumstances	Almost Certain	5	6	7	8	9	10
	1 in 10 - 100	Will probably occur	Likely	4	5	6	7	8	9
	1 in 100 – 1,000	Might occur at some time in the future	Possible	3	4	5	6	7	8
	1 in 1,000 – 10,000	Could occur but doubtful	Unlikely	2	3	4	5	6	7
	1 in 10,000 – 100,000	May occur but only in exceptional circumstances	Rare	1	2	3	4	5	6

Table 34: Risk Assessment Matrix:

	Risk	Likelihood	Consequence	Risk rating	Approach to management of risk
1	Implementation delays and pattern of underspend constrains ability to scale up activity	2	3	5	Program design supports operations of OIE SRR while aligns better to OIE core functions and country plans rather than having limiting posts to only AusAID funded activity
2	Loss of OIE current staffing	2	3	5	Minimise delay in agreeing scope of new program and signing contract Support completion of updated and new job descriptions and the new OIE-SRR organisational structure; improve use of available skills and gender equality
3	Not able to recruit staff with required skills and experience to OIE-SRR	2	4	6	Work in partnership and develop joint workplans to optimise use of comparative advantage Flexibility in budget to recruit short term technical support if staff recruitment delayed Streamline job descriptions and Improve gender equality
4	Limited action put on gender and social equality, M&E and communication	3	4	7	Program supports integration of these skills and functions into OIE SRR rather than for AusAID activity only
5	High staff turnover or not able to retain staff for full term	2	4	6	HR policy and procedures improved to ensure regular performance reviews and clear job descriptions in keeping with skill sets
6	Outbreak of EID resulting in country resources diverted and program implementation delayed	3	4	7	Program design aligned to broader sector and systems strengthening while preserving resources for FMD control Flexibility in design allows resources to be reallocated to meet broader EID activity (note: flexibility of funds subject to donor approval)
7	Fudiciary risk of using country financial management	2	2	4	Continued use of OIE World Fund and regional program Guideline for Resource Envelope clear on accountability of country; close monitoring

					of OIE-SRR of country expenditure and performance for activities funded by the resource envelope.
8	AusAID perceived as undermining establishment of ASEAN RCM by funding STANDZ through OIE	3	3	6	AusAID and OIE are supportive and will continue to be closely engaged as advisory group members to the ASEAN process in establishing a regional coordination mechanism.
9	Regional financial crisis decreases availability of resources for animal sector	2	4	6	Improve M&E framework and capacity to show socio-economic benefit of investment
10	Lack of country ownership and accontability for FMD targets and systems strengthening	3	4	7	Improved focus on PVS pathway to support development of national animal health sector plans Continued use of participatory Governance arrangements based on OIE delegates structure OIE to use its direct access to CVOs to sustain country support for national FMD programs and targets Resource envelope only provided to countries with demonstrated commitment to FMD targets.
11	Lack of national resources, limited absorptive capacity, and varying levels of country support to TADs/zoonoses control and veterinary services.	4	6	7	OIE-SRR will focus STANDZ resources and assistance to countries who have clear and demonstrated commitment to TADs and zoonotic control. Where countries are identified as a priority geographic area in FMD control but have weak absorptive capacity, OIE-SRR will partner with key technical in-country implementers in assisting partner government disease control efforts. All activities, even those that are implemented by in-country technical partners, will seek to build local capacity for sustainability purposes.

Annex F: List of Persons Consulted During Design Mission

Table 25: List of persons consulted during Design Mission

Name	Designation /Organisation
Preecha Somboonprasert	Director General, Department of Livestock Development, Thailand
Alain Vandersmissen	Senior Coordinator Influenza, One Health, Emerging Diseases, Directorate Asia / Regional Affairs, European External Action Service
Libuse Soukupova	Programme Manager, Asia and Central Asia, EC Europe Aid
Andrew Clements	Senior Infectious Disease Advisor, EPT, USAID
Brian McLaughlin	Regional Director, RESPOND EPT, SEA Region, DAI,
Sudarat Damrongwatanapokin	Regional Animal Health Advisor, USAID Regional Development Mission Asia
Dan Schar	Regional Emerging Infectious Disease Advisor, USAID
Cornelis (Kees) Van der Meer	Design Team Leader, ADB Greater Mekong Subregion Action Plan for improved SPS handling in cross border trade
Peter Beers	Manager, International Programms and Disease Intelligence, DAFF, Australia, Team Leader Australia Indonesia AH Project
Doug Gray	Research Program Manager, Animal Health, ACIAR
Subhash Morzaria	Regional Manager, Emergency Centre for Transboundary Animal Diseases (ECTAD), FAO, Bangkok
Christopher John Oxenford	Laboratory Specialist, WHO Office in Lyon, International Health Regulations Coordination, Health Security and Environment
Takeshi Kasai	Director, Health Security and Emergencies, WHO Western Pacific Regional Office, Manila Phillipines
Shoko Ishikawa	Regional Program Manager, UN Women Regional Office
Malcolm Hazelman	Senior Extension, Education and Communications Officer, FAO-Regional Office
Nishino Shigeo	Chief Advisor, JICA Regional Cooperation Project for Animal Disease Control Phase 2
Okada Masahiro	Project Coordinator, JICA Regional Cooperation Project for Animal Disease Control Phase 2

Name	Designation /Organisation
Inoue Toru	Veterinary Diagnosis, JICA Regional Cooperation Project for Animal Disease Control Phase 2
Chantanee Buranathai	Regional Coordinator, JICA Regional Cooperation Project for Animal Disease Control Phase 2
Shioga Yuki	Trainee, JICA Regional Cooperation Project for Animal Disease Control Phase 2
Sonia Le Bris	Acting Director, International Programs Coordination and Management Division/ Migration and Travel Health Division, Public health Agency of Canada
Pattama Vongratanavichit	Program Officer, Development, Embassy of Canada
Ian Dacre	Disaster Management Operations Director Asia-Pacific, World Society for the Protection of Animals (WSPA)
Regional and Country Representatives	
Asfri WInaldi	Technical Officer, Agriculture Industries and Natural Resources Division, ASEAN Secretariat, Jakarta
Wilai Linchongsubongkoch	Director of Reference Laboratory for Foot and Mouth Disease for South East Asia
Achariya Sailasuta	General Secretary, FAVA Federation of Asian Veterinary Associations *President,* The Thai Veterinary Medical Association Under Royal Patronage
Sen Sovann	Deputy Secretary General, Ministry of Agriculture, Forestry and Fisheries Cambodia
Reildrin Morales	Deputy Head, National FMD Task Force Bureau of Animal Industry, Phillipines
Kyaw Sunn	National FMD Laboratory, Myanmar
	National FMD Laboratory, Myanmar
Sorn San	Head of the National Animal Health and Production Investigation Centre, Department of Animal Health and Production, Cambodia
Prasit Chaitaweesub	Vice President SEACFMD Sub Commission Veterinary Officer, Department of Livestock Development, Thailand
Orapan Pasavorakul	Veterinary Expert, Department of Livestock Development, Thailand

Name	Designation /Organisation
Phouth Inthavong	Veterinary Officer, Lao PDR
Emilinda L.Lopez	Head, Immunization Disease Control Section, Bureau of Animal Industries Philippines
Pham Than Long	Epidemiologist, Epidemiology Division, Department of Animal Health, Vietnam
Mohamed Naheed bin Mohamed Hussein	Vice President SEACFMD Sub Commission Veterinary Officer, Disease Control Unit, Department of Veterinary Services, Malaysia
OIE	
Alain Dehove	World Fund Manager, OIE Paris
Ronel Abila*	Sub-Regional Representative, OIE SRR-SEA
Gardner Murray*	Special Advisor , OIE SRR-SEA
Alexander Bouchot	HPED Program Coordinator, OIE SRR-SEA
Sharie Avoso	SEAFMD Project Officer, OIE SRR-SEA
Jarunee Seingsanan	PSVS Project Officer, OIE SRR-SEA
AusAID	
Royce Escolar*	EID Program Manager, AusAID South East Asia

***Members of Design Team*

Annex G: List of Documents Reviewed

Table 26: List of Documents Reviewed

Final Terms of Reference Joint AusAID-OIE Design Mission for the Stop Transboundary Animal Disease and Zoonoses (STANDZ) Initiative	21 December 2010
STANDZ Design In-Country Mission – Schedule of Meetings	Draft as at 6 January 2011
AusAID Pandemics and EID Framework 2010 to 2015	
Concept Note on AusAID STANDZ Initiative_FINAL	OIE/AusAID
Design Team Kit	AUSAID
The Southeast Asia Foot and Mouth Disease Campaign, Final Project Design Document, Phase III (2009-2011) including annexes	OIE Regional Coordination Unit, Bangkok, Thailand, January 2009
SEAFMD 2020, A Roadmap for food and mouth disease freedom with vaccination by 2020 in South East Asia	Regional Coordinating Unit, Sub-Commission for FMD in SEA, September 2007
SEACFMD 2020, A Roadmap for food and mouth disease freedom with vaccination by 2020 in South East Asia and China	Regional Coordinating Unit, Sub-Commission for FMD in SEA, January 2011 (in publication)
The South East Asia Foot and Mouth Disease Campaign Project 2nd part of Phase III (2009-2011)(Draft)Progress Report April 2009 to March 2010	Regional Coordination Unit for SEAFMD, OIE SRR-SEA April 2010
SEAFMD Quality at Implementation Report	Dec 2010
Revision of the Monitoring and Evaluation System South East Asia Foot and Mouth Disease (SEAFMD) Campaign – Phase III (2009 to 2011)	Mission Report of the M&E Specialist 24 May 2009
AusAID Grant Funding to World Organisation for Animal Health (OIE) for the Southeast East Asia Foot and Mouth Disease (SEAFMD) Campaign Independent Review Report	Dr Brian Scoullar and Dr Nigel Perkins AusReady Advisors 7 April 2008
SEAFMD Final QAE_Feb090001	
Fifth Progress Report of the Project to Strengthen Veterinary Services (PSVS) to Combat Avian Influenza and Other Priority Diseases in South East Asia	OIE, December 2009

Activity Completion Report, OIE/AusAID Project to Strengthen Veterinary Services (PSVS) to Combat Avian Influenza and Other Priority Diseases in South East Asia	OIE, 29 October 2010
Documentation Process of the AusAID/DAFF-funded Project to Strengthen Veterinary Services (PSVS) to Combat Avian Influenza and Other Priority Diseases in South East Asia	9 Sep2010
OIE Project for Strengthening Veterinary Services South East Asia Sub-Region Monitoring, Evaluation and Reporting Plan	October 1st, 2009
OIE/AusAID Project on Strengthening Veterinary Services to CombatAvian Influenza and other Priority Diseases in Southeast AsiaAidWorks Initiative Number INH027 INDEPENDENT PROGRESS REPORT	Tristan Jubb, Livestock Health Systems Australia Susan Dawson, International Health Development 31 October 2009
Strengthening ASEAN Regional Coordination of Animal Health andZoonosis Final Report	Nigel Perkins, Georg Petersen, Gideon Bruckner 31 March 2010
World Organisation for Animal Health (OIE) Fifth Strategic Plan: 2011–2015 (78 Sg/20)	
FAO-OIE-WHO Collaboration Tripartite Concept Note	April 2010
Contributing to One World, One Health, A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal–Human–Ecosystems Interface: A consultative document	Joint publication: FAO, WHO, OIE, UNICEF, UN System Influeza Coordination, World Bank 14 October 2008
Realised and Potential Economic Benefits of the Southeast Asia Foot and Mouth Disease Campaign	Ross McLeod eSYS Development 11th July 2010
Emerging infectious diseases in southeast Asia: regional challenges to control, , Lancet January 25, 2011 DOI:10.1016/S0140-6736(10)62004-1	RJ Coker, BM Hunter, JW Rudge, M Liverani, P Hanvoravongchai, January 25, 2011
Draft Proposal for a vaccine policy and strategic directions for FMD control in support of the SEACFMD Roadmap 2020	G Bruckner, July 2010
Developing a Multi-Sectoral Rabies Control Strategy in South East Asia*, DVM, MSc (Vet Epid.) Presented at the 16th Federation of Asian Veterinary Association (FAVA) Congress, 16-18 February 2011, Cebu City, Philippines*	*R Abila, February 2011*

Guide for Monitoring and Evaluating Avian Influenza Programs in SEA	Measure Evaluation, 2008
WHO Expert Consultation on Rabies, WHO Technical Report Series 931	2005
Global Framework for the progressive control of Transboundary Animal Diseases, GFTADS	FAO and OIE, May 2004
Regional cooperation programme on highly pathogenic and emerging and re-emerging disease in Asia (HPED), OIE Component: “Strengthening Veterinary Services in Asia,Regional Vaccine Bank and Capacity building for surveillance, early detection and radication of highly pathogenic emergingand re-emerging animal diseases”	Final Revision, OIE/EC Nov 2009
Economic Benefits of Strengthening Veterinary Services in Southeast Asia	Ross McLeod, eSYS Development, 14th November 2010
Memorandum of Understanding (MoU) between the Governments of the Member Countries of the Association of South East Asian Nations and OIE on technical Cooperation	3 June 2008
The Rising Threat of Zoonotics Diseases: The Use of “Risk-Based” Strategies to Build a Global Early Warning System for Surveillance and Response Building on the Success in Combating Highly Pathogenic Avian Influenza	Dennis Carroll, Special Advisor to the USAID Administrator on Pandemic Influenza, April 2009
OIE Tool for the Evaluation of Performance of Veterinary Services(OIE PVS Tool)	Fourth Edition, OIE 2009
A Field Manual For Animal Disease Outbreak Investigation and Management	RCU SEAFMD/FAO/Murdoch University, AusAID, March 2009

Annex H: Rapid Assessment of OIE SEAFMD Support Project: 2009-1

Description of the Activity

The South East Asia Foot and Mouth Disease (SEAFMD) Program – Phase III (2009 to 2011) is a A$2.6 million two-year regional initiative which aims to improve institutional capacities of Southeast Asia's livestock ministries in national and cross-border prevention, control, and eradication of foot and mouth disease (FMD). AusAID remains the OIE RCU-SEAFMD Program's major funder since 1997 having provided about A$6.5 million over 14 years and three program phases. The current phase is the consolidation phase and focuses on the context of tackling a transboundary disease in mainland Southeast Asia, with shared land borders, as compared to previous FMD success with archipelagos (e.g. Indonesia and Philippines). SEAFMD's prior success in FMD eradication shows that the regional campaign should be complemented by well-resourced national FMD plans, a current challenge especially in Mekong countries. Figure 1 summarises the key phases of the SEAFMD Roadmap.

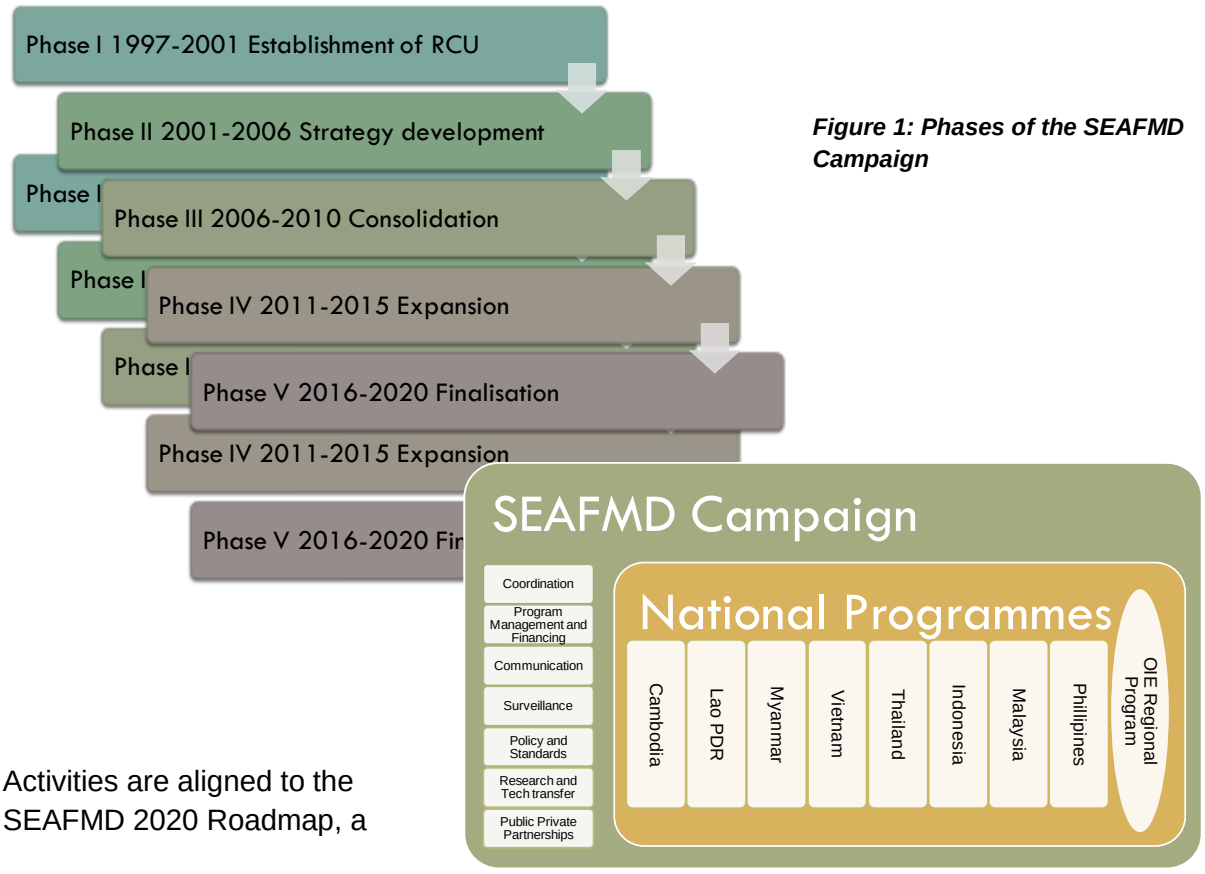


Figure 1: Phases of the SEAFMD Campaign

Activities are aligned to the SEAFMD 2020 Roadmap, a

regional strategic framework developed by the program and endorsed by all ASEAN Member Countries (AMS), outlining steps to achieve FMD freedom with vaccination in Southeast Asia by 2020. The SEAFMD Roadmap covers eight Southeast Asian countries: Burma, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Thailand, and Vietnam, each with its own national FMD Program and the SEAFMD Regional Coordinating Unit (RCU) Program. Figure 2 summarises the operating context.

Figure 2: Operating Context of the SEAFMD 2020 Roadmap and Campaign

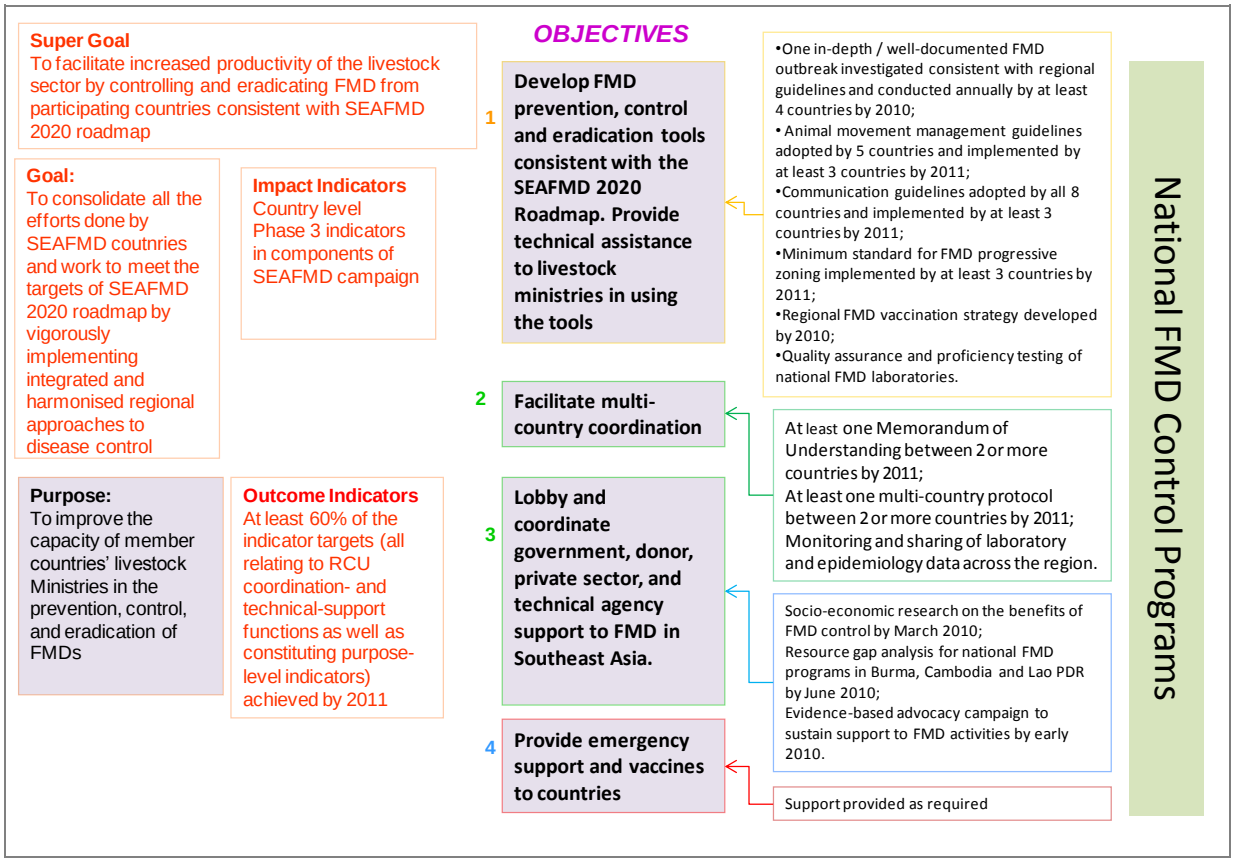
Objectives summary

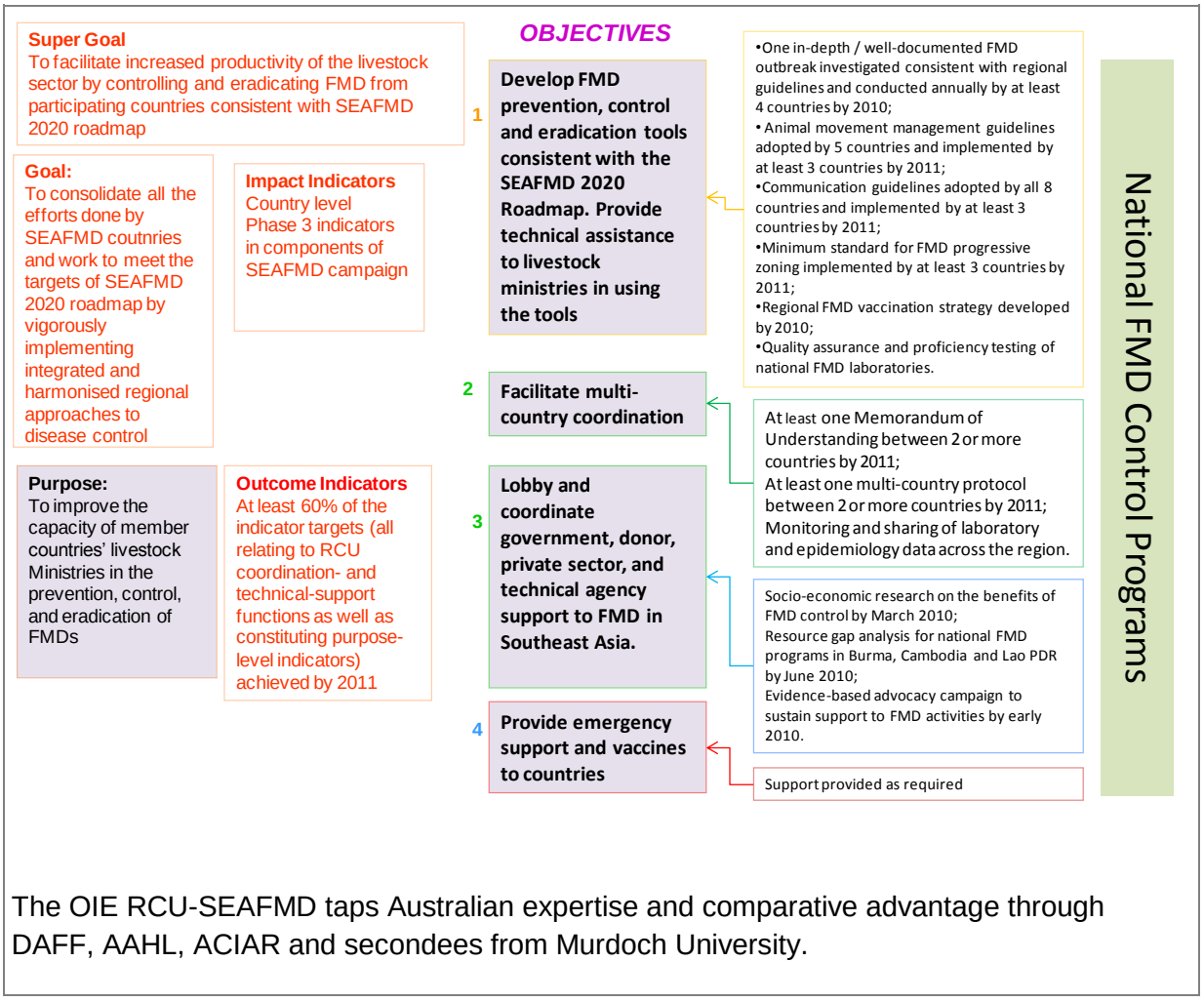
The SEAFMD Roadmap 2020 aims to attain FMD freedom with vaccination across all its member countries by 2020. The OIE SEAFMD Regional Program's purpose is to improve the capacity of member countries' livestock ministries in the prevention, control, and eradication of FMDs in support of the achievement of the Roadmap 2020's goal and targets.

The objectives of the OIE SEAFMD Regional Program are to:

1) Develop FMD prevention, control and eradication tools consistent with the SEAFMD 2020 Roadmap and provide technical assistance to livestock ministries in using these tools.
2) Facilitate multi-country coordination
3) Lobby and coordinate government, donors, private sector, and technical agencies support to FMD in Southeast Asia.
4) Provide emergency vaccines and support to countries.

Figure 3 summarises the goal, objectives and expected outcomes for Phase 3.


Super Goal
To facilitate increased productivity of the livestock sector by controlling and eradicating FMD from participating countries consistent with SEAFMD 2020 roadmap
Goal:
To consolidate all the efforts done by SEAFMD coutnries and work to meet the targets of SEAFMD 2020 roadmap by vigorously implementing integrated and harmonised regional approaches to disease control
Impact Indicators
Country level
Phase 3 indicators in components of SEAFMD campaign
Purpose:
To improve the capacity of member countries' livestock Ministries in the prevention, control, and eradication of FMDs
Outcome Indicators
At least 60% of the indicator targets (all relating to RCU coordination- and technical-support functions as well as constituting purpose-level indicators) achieved by 2011
OBJECTIVES
1
Develop FMD prevention, control and eradication tools consistent with the SEAFMD 2020 Roadmap. Provide technical assistance to livestock ministries in using the tools
•One in-depth / well-documented FMD outbreak investigated consistent with regional guidelines and conducted annually by at least 4 countries by 2010;
• Animal movement management guidelines adopted by 5 countries and implemented by at least 3 countries by 2011;
•Communication guidelines adopted by all 8 countries and implemented by at least 3 countries by 2011;
•Minimum standard for FMD progressive zoning implemented by at least 3 countries by 2011;
•Regional FMD vaccination strategy developed by 2010;
•Quality assurance and proficiency testing of national FMD laboratories.
2
Facilitate multi-country coordination
At least one Memorandum of Understanding between 2 or more countries by 2011;
At least one multi-country protocol between 2 or more countries by 2011;
Monitoring and sharing of laboratory and epidemiology data across the region.
3
Lobby and coordinate government, donor, private sector, and technical agency support to FMD in Southeast Asia.
Socio-economic research on the benefits of FMD control by March 2010;
Resource gap analysis for national FMD programs in Burma, Cambodia and Lao PDR by June 2010;
Evidence-based advocacy campaign to sustain support to FMD activities by early 2010.
4
Provide emergency support and vaccines to countries
Support provided as required
National FMD Control Programs



The OIE RCU-SEAFMD taps Australian expertise and comparative advantage through DAFF, AAHL, ACIAR and secondees from Murdoch University.

Relevance

FMD remains endemic in 6 out of the 8 SEAFMD member countries impacting on livelihood production, food security, sustainable development and poverty reduction efforts particularly for rural smallholders

FMD is a priority livestock disease in South East Asia (as agreed by ASEAN Animal Health Working Group and FAO) It is highly infectious and a key driver of the disease is animal movement across national boundaries and into FMD free zones. Transboundary Animal Disease outbreaks, such as from FMD and HPAI, are very costly. FMD-free status is a requirement for international trade. FMD prevents countries' access to higher value export markets for its meat products. The Philippine swine industry, for instance, incurred an estimated cost of US$95 million during the FMD outbreaks in 1995. Studies have predicted a combined gross benefit of US$20 million per year for the Philippines and Thailand if both are able to export pork products in the absence of FMD. FMD outbreaks have disproportionate impacts on least developed countries and impede countries' achievement of

the Millennium Development Goals, particularly the reduction of hunger, poverty, and child mortality. In Lao PDR, rumours of an FMD outbreak force farmers to sell animals at half the market price. In Northern Vietnam, FMD outbreaks accounted for about 21 per cent net loss of total annual household income. Farmers also spend less time on agriculture production and more time, an average of 3 hours per person per day, treating FMD-infected animals. In Cambodia, average cost of FMD per affected family consumes 85 per cent of total monthly rural household income.

Australia's FMD-free status is a major trading advantage for livestock products. The Australian Productivity Commission estimated in 2002 that the cumulative loss to the national economy of a FMD outbreak in Australia would be about A$2–3 billion in gross domestic product for a short outbreak, rising to A$8–13 billion for a 12-month outbreak. Recent outbreaks in Korea and Japan confirm that eradicating FMD in the region is in line with Australia and other neighbouring countries' national interests.

However, experience with SEAFMD also show that a regional campaign, while important, will not lead to successful eradication if not complemented by well-resourced national FMD plans (e.g. the Philippines with support from an AusAID-funded FMD eradication project). FMD eradication is also more challenging in mainland South East Asia owing to unregulated animal movement across borders as opposed to archipelagos (e.g. Philippines and Indonesia).

Effectiveness

Results of a cost-benefit study[40] for the SEACFMD Campaign show that for every dollar invested by Australia in SEACFMD since 1997, at least three dollars in benefits at the national level (e.g. combined Philippines and Thailand benefits) were realised – a three-fold return on the Aid program's investment. The study also concluded that at 5% attribution to enhanced coordination, investment in OIE regional level action represented good value for money. Estimated benefits could be larger if the impact of preventing FMD incursion in Australia and other FMD-free areas are quantified. There are future research opportunities to explore community level impacts of FMD eradication that could provide important novel information on gender and social outcomes.

OIE conducted a qualitative assessment as part of its M&E framework which showed that stakeholders, particularly at country level continue to value the OIE RCU role in coordination and advocacy for the SEACFMD Roadmap 2020. Stakeholders identified key achievements to include capacity building, technical leadership, improved regional and global cooperation, establishment of networks, policy development, harnessing political support, facilitation of trade, sharing of information, emergency in- country support for vaccines, public awareness, sample collection and diagnostics during outbreaks. Benchmarking has also encouraged

[40] Realised and Potential Economic Benefits of the SEAFMD Campaign, R McLeod, July 2010

countries to improve. Areas for improvement include resource mobilisation for national FMD programs, research, training at subnational levels, vaccine supply, and improved working with other sectors and partners.

Agreement has now been reached to expand coverage to all 10 ASEAN countries and neighbouring China which has meant a rebranding of the Campaign to SEACFMD. The inclusion of China, Brunei and Singapore in the regional campaign reflects the high regional credibility built through the years by SEACFMD as well as the importance of China's role in the success of regional FMD eradication efforts, especially in the Mekong sub-region. The SEACFMD Roadmap 2020 has been updated in light of this change and in preparation for Phase 4. The revised 2020 Roadmap contains more in-depth presentation and analysis of the drivers of FMD emergence.

However, the causal relationship between OIE regional and in-country sponsored activities and country level progress is still unclear based on the Annual and 6 monthly progress reports. This is possibly due to the limited action of implementing the M&E Framework developed in May 2009[41] so that information is not apparent. In the recent qualitative assessment, national coordinators did note that little was being done systematically to follow up on recommendations in the regional meetings. Although surveillance data is routinely submitted, it is not clear how this is reviewed and used to improving ability to predict and contain outbreaks.

Countries continue to report against broad systems development at national level (the 7 components of the SEAFMD Response), and have not begun to use the optional indicator set that was developed in May 2009 to begin to more systematically assess progress and develop a more robust M&E framework. It is also unclear how these systems strengthening aspects upon which the SEAFMD is based, links to the AusAID-funded PSVS. There seems to be an overlap in some areas, which could be used as opportunities for greater effectiveness and efficiency particularly for countries with limited resources.

Efficiency

Annex 1 summarises the key achievements (outcomes against objectives) of the OIE RCU SEAFMD Program. A provisional country monitoring framework has also been collated using the optional indicator set from May 2009.

Since late 2009, the RCU SEAFMD Coordinator was appointed as SRR Representative and no provision has been made to recruit a replacement. OIE is achieving the 70% for budget disbursement, decreasing the level of underspending to around 30%, but it is unclear whether this is due to low absorptive capacity of countries, poor budgeting or RCU too distracted with transition to SRR and taking on new projects such as the HPED and IDENTIFY.

RCU is unable to meet deadlines for report submissions and reported activity is focused primarily at output levels rather than process and outcomes. This is in part due to late reporting by member countries but there is also little time for follow up of agreed actions from

[41] Revision of the M&E System for the SEAFMD Campaign Phase 3, May 2009

the meetings. Staff appear to be spread too thinly, while at the same time most of workload is administrative - organising workshops and meetings, developing presentation materials, collating data.

The use of secondees and volunteers e.g. in communication and research, while generating little direct costs, does not lend to smooth continuity of activity and has limited accountability. There is an opportunity to use secondees more strategically to build in-country capacity and maintain a network of reform champions.

Monitoring and Evaluation

While the OIE SRR acknowledges the importance of M&E, there appears to be little priority given to improving M&E systems or capacity. Little progress has been made using the revised M&E Framework from 2009, which was in part due to OIE neither recruiting the staff member for M&E or short term advisory support to support implementation, it also shows the lack of understanding that M&E is a competence of all managers, and that it is an essential prerequisite for planning, advocacy and disease control. Neither has there been any substantive work on the development of the M&E framework for the SEACFMD campaign. Such a framework, similar to what has been done for HPAI or HIV in public health, would make it easier to link SEAFMD and national level progress.

OIE RCU SEAFMD M&E continues to be weak due to:

- Primarily qualitative, unstructured data gathering, weak analysis and lack of systematic tracking of progress
- Meetings documentation consists of formal meeting minutes with little clarity of actions required and decisions made
- No routine follow-up (mainly dependent on the next meeting organised by RCU and on the information reported by countries)
- RCU (and stakeholders) still confused between regional RCU work and national level partner government work with limited attempt to track and document country progress and situation systematically
- Reporting primarily at output level, outcomes not routinely documented and reported to AusAID

Sustainability

AusAID has been exploring a long-term institutional home to sustain the SEAFMD Campaign since the inception of the Campaign. Despite progress in 2006 with the establishment of the the ASEAN Animal Health Trust Fund (AAHTF), the AAHTF remains dormant and unused despite the current balance of US$1.0 million from country contributions across 4 years. There remains limited capacity and readiness in ASEAN for handover of RCU role and functions at the end of Phase 3 in June 2011. The process to review the situation and establish a Regional Coordinating Mechanism for Animal Health was re-started in March 2010[42] (co-funded by AusAID). Recommendations of an independent study have been endorsed by ASEAN Member States with a clearer decision that transition to ASEAN Secretariat management is not feasible. An ad hoc taskforce was formed in Feb 2011 to develop a detailed plan to establish this semi-autonomous ASEAN Regional Coordination Mechanism. However, progress is slow reflecting protracted ASEAN processes and limited

[42] Strengthening ASEAN Regional Coordination of Animal Health and Zoonosis, N Perkins, G Petersen, G Bruckner, March 2010

capacity. Experience with similar semi-autonomous ASEAN institutions show that this could take 4 to 5 years to establish.

Estimates are that FMD eradication by 2020 requires an investment in national and regional action of around US$285m over the period 2010 to 2020 with about 2% allocated to enhanced coordination (if maintaining at current levels of investment). About 60% of these costs will fund a vaccination strategy and OIE SRR-SEA has been able to attract investment from the EU-HPED to begin work in this area (albeit only focused on emergency vaccine supply).

However, the OIE SRR-SEA has no clear advocacy and mobilisation strategy for engagement with donors or member countries to increase support for national FMD programs and the SEAFMD regional coordination functions (and weak M&E systems as above). Joint working with FAO and WHO at a regional level has started, since the GF-TADS framework is managed from OIE Regional Office, Tokyo. Progress is reported but at the preliminary stage of sharing information and minimising overlap rather than seeking joint funding or developing joint workplans.

OIE has, with the support of the Thai Government, establish a Subregional Representation in Bangkok and has been successful at attracting new and additional resources from EU-HPED and USAID IDENTIFY projects. It is currently in negotiations with ACIAR to support building its research capacity. The SEACFMD Roadmap 2020 has been updated and the Campaign now includes all 10 ASEAN Member States and China.

Gender equality

While there is a general openness to the importance of gender, current OIE-SRR capacity on this issue is severely lacking in terms of internal institutional operations, Headquarters' policy support, and external programming, as evident by :

- Sex-disaggregated data reporting inadequate and incomplete in recent progress report
- No gender policy or strategy to mainstream gender equality into internal OIE operations
- No mechanism on how to enforce and influence member countries
- No staff member recruited or assigned

  Minimal effort in actioning recommendations from last review apart from sending 2 staff on AusAID gender training

Cross-cutting issues

The limited effort in addressing the cross cutting issues around M&E, communication and gender and social equality together with the fact that the OIE SRR-SEA, especially in the context of increasing number of donor funding projects, is now spread too thinly due to chronic understaffing and reliance on an informal workforce of secondees and volunteers is beginning to negatively impact on the efficiency and effectiveness of the RCU and the program. This should also have an affect on the PSVS. Relevance remains high but there needs to be a re-think of management approach to OIE-SRR operations and introduction of more flexible ways to support national level action. Given the slow progress with

institutionalising the Campaign in ASEAN, sustainability of the program is best served by continuing to support OIE in the regional coordination role.

Risk management

Implementation and disbursement slippage has been a consistent feature of both the SEACFMD support project and PSVS, although this has improved compared to previous phases (disbursement levels average at around 70 to 75% which currently meet AusAID imposed disbursement targets). Although the move to establish the OIE-SRR could improve implementation capacity by improving the ability to attract and retain staff and new projects, the number of vacant posts as well as the rapid increase in scope and range of SRR workload (HPED and IDENTIFY projects) could potentially undermine that gain. There is also the risk that more staff will be lost if there are significant delays in agreeing the form of the follow on program.

Further, a narrow focus on improving internal efficiencies only for AusAID funded activities may have adverse effects on broader aspects of effectiveness and relevance particularly given the growing scope and scale of activity in OIE SRR-SEA itself (with other projects) and at country level. A broader organisational development approach in strengthening the functional aspects of the newly established OIE SRR-SEA is encouraged.

Key Results

SEAFMD continues to be recognised both as a model of excellence in the regional control of FMD and a model that can be used in the control of tranboundary animal diseases. Australia is SEAFMD's primary donor, contributing about $6.5 million from 1997-2011 to previous and current phases of the program. Achievements, since 1997, include contributions to:

1. Eradicating FMD in the Philippines in conjunction with substantial AusAID bilateral support.
2. Maintaining Indonesia's FMD-free status.
3. Increasing government resource commitments to National FMD Plans with Vietnam and Thailand respectively allocating US$21.0 million (2008 to 2010) and US$10.0 million (2007 to 2011) of their fiscal budgets to FMD control.
4. Improving the reporting of and investigations of outbreaks so that effects can be contained effectively.
5. Enhancing regional diagnostic capacity by supporting Southeast Asia's first and only OIE-accredited FMD Regional Reference Laboratory based in Pak Chong, Thailand
6. Providing capacity development in veterinary services, jointly with PSVS, with benefits applied by member countries to controlling other livestock diseases such as HPAI, Newcastle Disease, Classical Swine Fever, and Ebola Reston.
7. Serving as the main regional platform in coordinating FMD-related activities of countries and donors in Southeast Asia - the SEACFMD Roadmap 2020 has been updated and the Campaign now includes all 10 ASEAN Member States and China.

8. Mobilised new and additional resources in the campaign through the addition of the EU-HPED and USAID_IDENTIFY programs
9. In agreement with Government of Thailand, established the OIE SRR for SEA as a permanent office.

The newly rebranded SEACFMD Roadmap 2020 and its Campaign remains an important and relevant program for AusAID investment. AusAID and DAFF, as OIE's long standing and trusted partners in the SEA Region, have an opportunity in the design of the follow on STANDZ Program to encourage OIE's evolution to being a stronger partner for building SEA countries' capacity and systems to tackle any EIDs, using FMD and rabies control as models.

Performance Ratings

Performance Area	**Dec 2009**	**Jan 2011**
Relevance	4	4
Effectiveness	5	4
Efficiency	5	4
Sustainability	3	4
Monitoring and evaluation	4	3
Gender	2	2

Annex 1:

Table1: OIE RCU-SEAFMD Provisional Monitoring Framework, January 2011

Desired Outcomes	Process Indicators	Progress/Achievement to date	Activities
Implementation of new SEAFMD 2020 Road Map by SEAFMD members	At least one in-depth and well-documented outbreak investigation (OI) consistent with RCU Manual of FMD Outbreak Investigations conducted annually by at least four SEAFMD members by end of 2010	• One investigation in Rakhine, Myanmar done in September-October 2010 • One outbreak investigation in Xiengkhouang, Lao PDR in January 2010 • One outbreak investigation in Cambodia in October-November 2010 • One outbreak investigation in Vietnam in December 2010 (ongoing)	• Organizing annual meetings of the SEAFMD Sub-Commission, National Coordinators, MTM Tri-state Commission, Upper and Lower Mekong Working Groups, Epidemiology and Laboratory Networks, and other sub-regional and national workshops/trainings; • assisting with reviews of national FMD plans and programmes; • arranging and providing expert support for epidemiological and surveillance programmes for each zone; • assisting each member country to help each other in a systematic manner; • providing the link to OIE and ASEAN; • leadership in attracting funding for member countries; • providing the FMD database for the
	Adoption of Animal Movement Management (AMM) guidelines by at least five member countries by 2011.	AMM guidelines not completed. AMM studies completed for 4 borders (Cambodia-Vietnam, Vietnam- Lao PDR, Thailand-Lao PDR and Thailand-Cambodia). The results of the study are used in preliminary negotiations of Cambodia and Vietnam to develop border specific guidelines.	
	AMM guidelines implemented in at least three member countries by 2011	Not implemented (refer to text above)	
	Adoption of FMD communication guidelines by all SEAFMD Sub-Commission members by 2011	Consultant engaged to develop the communication manual in collaboration with the Philippines. Target is for endorsement in March 2011 by the Sub-Commission. Animal health communication strategy developed	

Desired Outcomes	Process Indicators	Progress/Achievement to date	Activities
		under the PSVS Project	Sub-region and links to animal health information systems; and • maintaining coordinated communications, media development, public awareness and training. *
Indicator no longer applicable?	FMD communication guidelines implemented in at least three member countries by 2011.	Animal health communication strategy developed under the PSVS Project	
Focus is being shifted to hotspots rather than the zones	Implementation of minimum standard definition and rules (SDR) for progressive zoning by at least three countries by 2011.	Implemented by the Tanintharyi Region of Myanmar which is part of the MTM (continuation), Region 2 of Thailand (2009) and central part or Zone 2 of Luzon Island of the Philippines (2010). Partial implementation in northern part of Lao PDR	
Continued cooperation among SEAFMD members to control FMD	At least one Memorandum of Understanding (MoU) agreed between two or more SEAFMD members by 2011.	The MoU is to agree on the zones in the Upper Mekong. While no MoU, China sits as part of the UMZ and is now a member of the SEACFMD Campaign.	
	At least one multi-country protocol agreed between two or more SEAFMD members by 2011. (pertaining to protocol on animal movement and vaccination)	Already captured	
	At least 50% of agreed action recommendations made in SEAFMD sub-regional meetings are implemented by	Recommendations not tracked (not translated to the country reporting framework)	

Desired Outcomes	Process Indicators	Progress/Achievement to date	Activities
	one or more SEAFMD members between 2009 and 2011.		
Improved Support among Existing and Potential Partners	No. of co-funded SEAFMD activities such as vaccinations, training, surveillance increases from one in 2008 to five in 2011.	Three activities were co-funded during this reported period, two in outbreak investigation training and one in animal movement studies. The FAO HPAI project co-funded a training on Outbreak Investigation and Management in Lao PDR in June 2009. In October 2009, the FAO TCP project on Ebola Reston surveillance in the Philippines co-funded with the SEAFMD a Trainer's Training on Outbreak Investigation and Management. With support from the FAO/ADB project on the control of TADs in GMS, the SEAFMD conducted a study on the cross-border movement of FMD susceptible animals in Cambodia, China, Lao PDR and Vietnam in close collaboration with the ACIAR ULM Project in Cambodia and Lao PDR.	
		Setting up of the FMD vaccine bank under the EU HPED Project	
		Pilot vaccination study in Lao PDR and Cambodia under the ADB	

Table 2: Provisional SEAFMD Monitoring Framework for Member Countries: Process and Outcome indicators for OIE STANDZ (based on M&E Framework 2009)

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
FMD Disease Status			Endemic	Endemic	Endemic	Endemic	Endemic	Endemic with 2 FMD free without vaccination States 2003 aiming for FMD-F status by 2015	**FMD free** without vaccination except for one Zone pending in 2011	**FMD Free** without vaccination 1990
Serotype			O, A	O	O, A1	O, A	O, A	O, A	O	
vaccine producer					y		y			
Political Commitment	Resources, policy statements, legislation	What is the level of government commitment: policy, decree, law?	Ministerial decree Prakas no legislation	general law		PM order for HPAI and FMD	Animal Epidemic Act 1956 amended in 1999 cabinet order for zone 2	Animal Ordinance 1953 revised 2006 Livestock Importation Policy	Standing Presidential Order Ministerial order	Act No 18/2009 Animal Husbandry and Animal Health replace 6/1967
Improved national FMD program	Government's annual FMD budget as % of total Government animal	Does a budget line exist for FMD	no	yes 2010	$18,000 to support lab and vaccine	yes	yes	yes	yes	no

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
management and coordination	health budget compared to % in pre Phase I baseline year (1997)	management?			production					
	Comment on trend	up, down, nk	nk	increasing	$200K for construction new lab	$36m 2006 increasing	increasing	increasing	increasing	nk
	Functional FMD Program Management and Coordination Unit established (evidence of 'functional' including dedicated staff, budget for unit, activities, meetings etc)		none	none	none	none	none	none	Task Force	none
	National Plans consistent with 2020 Roadmap	Name of plan, period covered?	Draft National Plan	National FMD Plan	National FMD Plan completed Phase 1 2008-10	National Strategy Animal Production Development 2020	National TBD Plan	Naitonal FMD Control and eradication Strategy in line with 10th Malaysian Development Plan	National FMD Plan	contingency plan to control entry
Stakeholder support	No indicator yet for improved stakeholder support (including members of public, govt agencies and private	stakeholder group engaged?	traders	traders			traders			

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
	sector)									
Zoning	Percentage of national area covered by different categories of zone (control, buffer, eradication, free)		nk	nk	nk	nk	nk	nk	nk	nk
	Establishment of new zone(s)		no	no	no	no	no	no	no	no
	Development and/or maintenance of OIE free zones cfed 2009 base		none	none	none	none	none	yes	yes	yes
	Cross-border cooperation on zones not in zone									
		umz								
		lmz								
		mtm								
Animal Movement Management	Trader registration or accreditation system introduced or maintained?		introduced	maintained	none	improved maintained	improved maintained	improved maintained	maintained	nk
	Establishment of quarantine/holding facility so that traders can be required to quarantine animals prior to moving animals		no	no	yes with export to Malaysia	yes	yes	yes	yes	yes
	Animal ID system introduced or		no	no	no	no	yes	yes	no	no

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
	maintained									
Surveillance	Increased number of FMD outbreaks (in zones compared to non-zones?) detected annually where this trend is plausibly linked to improved detection of foci of infection through improved surveillance		yes	no	no	yes	no	no	no	no
	Improve timeliness of reporting FMD outbreaks using web-based ARAHIS/WAHIS Regional Core online-reporting	submitted within 60 days of deadline	yes	no	yes	yes	yes	yes	yes	yes
	No. and % of more in-depth and well documented outbreak investigations consistent with RCU Manual of FMD Outbreak Investigations (case studies) conducted annually to develop better understanding of the disease		1	1	1	1	0	0	0	0
	Improved outbreak detection and reporting from local to national level		yes	yes	no	yes	yes	yes	yes	yes
Improved Diagnosis	% of outbreaks that have good-quality samples submitted to diagnostic laboratories	trend for no of samples submitted	increased	decreased	unchanged	maintained	maintained	increasing	na	na

Key Road Map Areas	Optional Indicators/Evidence	Indicator explanation	Cambodia	Lao-PDR	Myanmar	Vietnam	Thailand	Malaysia	Phillipines	Indonesia
	No. of days between national laboratory's receipt of sample and notification of test results ("turnaround time") for Antigen and Antibody ELISA, NSP test		nk	nk	nk	nk	nk	nk	nk	nk
Improved Vaccination	Vaccination coverage in zones with vaccination		bad	bad	bad	good	good	good	na	na
	No. of zones (with vaccination) achieving 80% FMD vaccination		nk	nk	nk	nk	nk	nk	nk	nk
	No. of zones with vaccination per country that implement post-vaccination monitoring of immunity levels increases between 2009 and 2001.		not monitoring	not monitoring	not monitoring	yes	yes	yes	na	na

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