



**Pan American  
Health  
Organization**



Regional Office of the  
**World Health Organization**

**Veterinary Public Health**

Pan American Foot-and-Mouth Disease Center

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**PROJECT FOR STRENGTHENING  
PANAFTOSA'S TECHNICAL COOPERATION  
FOR CONSOLIDATION OF THE HEMISPHERIC  
PLAN TO CONTROL FOOT-AND-MOUTH DISEASE (FMD)**

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**PROJECT FOR STRENGTHENING  
PANAFTOSA'S TECHNICAL COOPERATION  
FOR PHEFA'S CONSOLIDATION**

**EXECUTIVE SUMMARY**

The Hemispheric Plan for the Control of Foot-and-Mouth disease (PHEFA) has yielded significant results in combating foot-and-mouth disease (FMD). South America has now 85 percent of its territory FMD free, with or without vaccination. This has permitted the maintenance of and access to markets – exports of meat of susceptible species have exceeded US\$8 million. These results have nourished the expectation on the part of governments and involved sectors of definitively eradicating the disease and encouraged higher investment and production improvements.

There is recognition that coordination and technical cooperation provided by PANAFOTSA under PHEFA have been decisive for the results so far achieved and continue to be necessary for sustaining these results and for making further progress toward the eradication of the disease on the continent. PAHO's financing model has evolved toward one requiring a higher volume of voluntary contributions tied to specific projects, whereas the regular funds have not risen in the same proportion to cover technical cooperation costs. It is thus necessary to adopt a new model of management and financing of PANAFOTSA's technical cooperation for continuing to support PHEFA in the final stage of FMD eradication.

Based on the analysis of problems related to PHEFA's lags, a biennial project as part of a long-term plan is proposed. If the budgets proposed are implemented, at the project's completion 100 percent of the countries will have plans, allocated resources, and viability studies for eliminating FMD, while priority countries will have effective surveillance and notification systems, animal movement control, 100 percent outbreak containment, and systematic vaccination campaigns based on risk assessment.

Expected results: RE1, PHEFA's review; RE2, assured sustainability through advocacy; RE3, support of national programs; RE4, strengthening of surveillance and risk analysis systems; RE5, strengthening of laboratorial capacity for diagnostic, surveillance, and vaccine control; RE6, research and development; RE7, Center's administration and maintenance; and RE8, coordination.

## 1. INTRODUCTION AND CONTEXT

Foot –and-mouth disease remains one of the most serious cattle diseases worldwide, owing to its high infectious nature and adaptation capacity; the clinical damage it produces in several animal species, with significant, direct impact on animal health; its economic impact on agribusiness productivity; and the serious difficulties of access to cattle and cattle product markets owing to the restrictions imposed by the veterinary services of importer countries, with extremely adverse socioeconomic consequences for the affected countries and zones, principally South-North trade restrictions.

In this past last decade, FMD has been a major global concern, particularly in developed countries, given frequent introductions and the disease’s negative impact on some of the territories formerly free without vaccination. A prime example of this was the FMD outbreak in the United Kingdom and in the Americas’ Southern Cone in 2001, which had devastating socioeconomic consequences, including losses of eight billion pounds in the United Kingdom and of hundreds of million dollars in the Mercosur member countries, with major political repercussions. Japan and Korea have also faced outbreaks in the last decade.

The outbreaks compromised not only animal production but other important segments of the economy as well, such as meat supply and consumption, agricultural and cattle-raising services, the food industry and animal inputs, in addition to severely affecting the living conditions of rural communities and country tourism, causing social consternation over the impacts on the environment and on animal well-being and leading to the sacrificing of 6.5 million animals in the United Kingdom alone. Concern over the risks of the disease’s introduction in these countries is also reflected in the high expenditures on prevention, emergency preparedness, border controls, setting-up of vaccine laboratories and high biosecurity laboratories, required for risk and cost/benefit analyses based on the costly economic impact of the introduction of the disease into their territories. Recently, on the initiative of the countries and international organizations, a world conference on FMD was held in Asuncion, Paraguay, at which FMD prevention, control, and eradication were recognized as actions to ensure international well-being.

After its introduction in South America in the 18th century, FMD became endemic practically all over the territory with significant cattle populations since the 20th century. After the introduction of the disease in Canada in 1949 and in Mexico in 1950, it became a regional concern, which led to the establishment of the Pan-American Foot-and-Mouth Disease Center-PANAFTOSA in 1951 under an agreement between the Organization of American States and the Brazilian government, under the auspices of PAHO. Since then, the Center has extended technical cooperation to the countries, generating knowledge and tools that have supported control actions, including the development of vaccines and diagnostic methods and the creation of the South American diagnostic network; the continental information system; the epidemiological characterization of the disease’s ecosystems as well as a wide-ranging human resources training and development plan, particularly as regards the countries’ veterinary services. In addition, on a PAHO/PANAFTOSA initiative, a South American Commission to Control Foot-and-Mouth Disease (COSALFA) was set up, a regional body with public and private participation to coordinate and follow up intervention actions. Thereafter, PAHO, through PANAFTOSA, set up the Hemispheric Commission for the Control of FMD (COHEFA), and, through coordinated, harmonious work with official services and in close cooperation with the private sector (cattle-raising and industrial concerns) a Hemispheric Plan for the Eradication of

FDM (PHEFA) was established and implemented. PHEFA raised the regional challenge of eradicating the disease by 2009 and formulated strategies and action objectives based on the countries' commitment and political will.

So far, PHEFA has achieved a considerable number of its targets and discharged its commitments, to the point of having 85 percent of the bovine population of more than 350 million head in South America recognized by OIE as free of the disease, with or without vaccination. These remarkable results were achieved through the countries' great technical and financial effort and PANAFTOSA's technical cooperation and the systematic sanitary work of the approximately five million cattle raisers, who have valued the health of their cattle as a priority as well as a common social asset. This is a historic sanitary achievement on a global level, given both the challenge's technical difficulty and the scale of the region's investment, of about one billion dollars a year, 70 percent of which financed directly by producers.

Meeting in Texas in 2004, COHEFA's member countries decided to give a new impetus to PHEFA, so as to point out the countries and zones facing greater risk in 2005-2009, for which the Inter-American Group for Eradication of Foot-and-Mouth Disease (GIEFA) was established to provide guidance for the formulation of the new plan and for seeking national and international resources for its financing.

The major progress in the sanitary situation as regards FMD allowed the countries of the region to significantly improve their bioproduction indicators, thanks to the elimination of the disease's impact on the animals, and made possible the laying down of the sanitary base for growing, sustained exports of animal products (principally bovine meat and pork). This progress has also allowed South America, particularly Brazil and the other Southern Cone countries, to become the world's greatest cattle production pole. The extraordinary development achieved in recent decades has lifted this region to a privileged position in the world trade of meat and other animal products, bringing them unquestionable economic and social benefits, as this trade totaled over US\$8 billion in 2008, according to FAO.

Estimates indicate that world demand for meat will double in the next twenty years, which will give South America a great comparative advantage as a world supplier, given the progress achieved in the production systems, which has permitted increased productivity without the need to increase the area destined for cattle. Conditions are also favorable for free-ranging cattle production, under natural conditions propitious for environmental protection and for obtaining less fatty, healthier meat. This favorable future cattle-raising scenario in most South American countries poses new production and sanitary challenges, particularly as regards the consolidation and maintenance of PHEFA's progress and the disease's definitive eradication.

Despite the progress just described, there are still areas in South America where infection still circulates in an endemic form, which makes South America vulnerable and jeopardizes the giant effort spent over decades by the official FMD control programs, the cattle raisers, and all the members of the meat production chain to eradicate the disease, which remains the major sanitary barrier to the trade in animals and animal products. Ecuador and Venezuela have failed to achieve PHEFA's objective of eliminating clinical cases of the disease by 2009 and remain as endemic countries. In Bolivia, although clinical cases have not been reported since 2007, vaccination coverage has been low and weaknesses in the epidemiological surveillance, animal movement control, and outbreak detection and attention systems put in doubt the disease's actual situation and

raise the suspicion of undetected virus circulation. In the Amazon and in some border zones risk characterization has not been completed and thus the FMD situation thus remains unknown. There is also a need to consolidate the intervention efforts in the countries in the High Surveillance Zone on the Argentine, Bolivian, Brazilian, and Paraguayan border, which was established in accordance with OIE to address cases of sporadic detection of the disease. It is also necessary to consolidate the intervention efforts in other border zones, such as those in Colombia, Ecuador, and Venezuela, where high surveillance instruments are developed.

Progress achieved is sustained basically through systematic mass vaccination – in excess of 600 million doses are applied each year, financed 100 percent by producers.

These social actors have more and more difficulty in understanding the need to continue vaccinating, as for more than ten years most of the territories that have become free with vaccination have not detected the disease. If the need of systematic vaccination at the current levels because of the incidence of the disease in the region persists and if producers still fail to perceive the progress made in the sanitary condition and the improved trade prospects, disincentive and difficulties may occur in regard of high coverage. This poses a risk of increased susceptibility of the population and greater risk of infection as well as the disease's resurfacing, which would mean a sanitary retrocession that would entail the waste of all the efforts made and of the results achieved.

The conclusion is that despite all the significant progress made under PHEFA, the mission of eradicating FMD in South America is still incomplete. It is thus necessary to strengthen the national programs and the cooperation and solidarity-based, effective actions in favor of priority countries in connection with the final eradication effort.

At the 36th COSALFA Regular Meeting, the above-described panorama was reviewed by PANAFTOSA and analyzed by the official and private sector delegates of the member countries. PANAFTOSA's Director, in his capacity as COSALFA's Ex-Officio Secretary, stressed the Center's further budgetary difficulties in maintaining the level and volume of technical cooperation needed for addressing the problems identified in this final stage of FMD eradication.

The country delegates, sensitive to the situation and aware that this is a decisive moment for making FMD past history in South America, expressed the need for the following: (1) to maintain the progress made and advance further so that all countries may obtain certification as FMD free with or without vaccination and gradually create the conditions for being certified as free without vaccination; and (2) to maintain the political and financial strength for implementing the strategies and priority actions called for under PHEFA, including regional coordination.

In this respect, COSALFA 36's Resolution III addresses the strengthening of technical cooperation for FMD eradication and requests PANAFTOSA to set up a working group (WG) charged with formulating proposals regarding new financing sources, while Resolution IV stressed the need to ensure the provision of reference reactive substances.

PANAFTOSA set up the WG, which held its first meeting November 25-26, 2009 in Rio de Janeiro, Brazil. The WG's main conclusions and action plans were as follows:

- 1) Based on contributions put on record at the meeting and on virtual consultation with the WG, PANAFTOSA will prepare a project based on biennial plans.

- 2) In the first biennium, a priority approach was recommended for critical areas, without neglecting prevention in all territories, to be submitted to the countries;
- 3) PANAFTOSA will be this Project's agglutinating body, according to a framework in which the different international organizations that operate in the region will participate;
- 4) The WG recommends that the costs and benefits of this specific project aimed at FMD elimination be discriminated; it further recommends the establishment of a Trust Fund based on alternative contribution forms to finance the actions throughout the project's two-year, to be submitted to PAHO's Director. The Fund should also specify the project's administration costs (PAC);
- 5) In parallel, consideration should be given to the establishment of a foundation to manage PHEFA funds in the long term;
- 6) The project will have the following components: (1) PHEFA's revision; (2) Cooperation extended to the countries; (3) Laboratories; (4) Epidemiology; (5) Sustainability; (6) Research and Development; and (7) Coordination and administration; and
- 7) In Bolivia, Ecuador, and Venezuela, where PHEFA goals have not been reached, cooperation and promotion actions should have priority. The terms of reference of consultants from international agencies connected with FMD elimination in those countries should conform to PHEFA.

As requested, this proposal of a technical cooperation project for PHEFA's consolidation over a two-year period is submitted to the WG's consideration. This proposal forms part of a regional intervention process to achieve the eradication of FMD, to be defined during PHEFA's revision called for under this proposal.

As per Resolution CVP/PY/III/06/09-10 of the meeting held in Asuncion, Paraguay on March 24, 2010, the health directors agreed to "renew the commitment to support technical cooperation activities in relation to FMD carried out by the Pan-American Center for the Control of the Foot-and-Mouth Disease/PAHO, so that it can review and update PHEFA." This initiative will permit PANAFTOSA to coordinate all regional resources to be made available for achieving the stated objective and take the leadership in the project's implementation.

## **2. SITUATION DIAGNOSTIC AND PROBLEMS TO BE ADDRESSED**

Significant results have been achieved under PHEFA. South America has now 85 percent of its bovine/bubaline population in FMD free zones/countries with and without vaccination, which has permitted it to maintain and increase market access, and export meat of susceptible species in excess of U\$8 billion dollars.

These results fuel the expectation on the part of governments and interested sectors of achieving FMD's definitive eradication, and have encouraged ever higher investment and production improvements.

The weaknesses of the disease's surveillance and control systems, coupled with persistent virus circulation in some areas, present considerable, lasting risks. This requires maintenance of high vaccination coverage, which in some cases is difficult to achieve over time.

PANAFTOSA has identified areas of greater risk and the requisite interventions to achieve PHEFA's objectives, but the necessary resources and, in some cases, political decisions are lacking.

Until now, the regional coordination and technical cooperation provided by PANAFTOSA for PHEFA has been financed entirely by the Brazilian Government and by regular funds of the Pan-American Health Organization (PAHO), and to a lesser degree by some national governments.

The financing model adopted by WHO and PAHO in recent decades has tended to a model requiring a higher volume of voluntary contributions allocated to specific projects. However, the regular funds have not increased in the necessary proportion to cover the costs of PAHO's technical cooperation.

Given the preceding, there has occurred a significant reduction of regular funds to support the technical cooperation PANAFTOSA provides for the elimination of FMD, and thus a critical point has been reached, which may compromise the success so far obtained.

In addition, although FMD eradication yields direct benefits for the agribusiness sector in every country of the Region, contributions from the private sector have been neither regular nor significant, and the same applies to the public sector, with the exception of the Brazilian Government.

It is thus necessary to establish a new model of management and financing of PANAFTOSA's technical cooperation to guarantee PHEFA in the last stage of FMD elimination on the continent.

### **3. LOGIC FRAMEWORK MATRIX**

The following pages offer a description of the objectives, indicators, and means of verification, and of assumptions external to the project.

Assumptions external to the project refer to facts expected to occur, coupled with the activities proposed for achieving the project's purpose and objective.

After the Logic Framework Matrix, notes about it and the activities are presented, describing the objectives, indicators, and assumptions, as well as the method and criteria used in the preparation of the costs matrix shown in Appendix 1.

Appendix 2 shows the check list for evaluating the countries' situation and the execution of the corrective measures, as well as the costs of their implementation.

## LOGIC FRAMEWORK MATRIX

	Indicators	Checking means	Assumptions external to the Project
<p><b>Objective:</b> To guarantee PHEFA for the final stage of FDM eradication on the continent.</p>	<p>All countries have work plans and resources for eliminating FDM. Emphasis on priority countries and areas at the project's completion.</p>	<p><i>Ad hoc</i> evaluations</p>	<p>Countries allocate resources and political commitment to achieve the project's objective</p>
<p><b>Purpose:</b> To ensure PHEFA's efficacy, coordination, support, and monitoring and the adoption of its actions in the countries.</p>	<p>a. Three priority countries have:</p> <ul style="list-style-type: none"> <li>• 100% of foci notified and eradicated following PHEFA procedures by the end of 2<sup>nd</sup> semester</li> <li>• Control of animal records and movement</li> <li>• Two annual campaigns of vaccination of the entire herd</li> </ul> <p>b. Zones currently free with vaccination maintained by end of the 4<sup>th</sup> semester</p> <p>c. Zones currently free without vaccination maintained by end of 4<sup>th</sup> semester</p> <p>d. Characterization of cattle and FMD risk in the Amazon completed by end of 4<sup>th</sup> semester</p> <p>e. Brazilian Northeast recognized as free with vaccination by end of 4<sup>th</sup> semester</p>	<p>PANAFTOSA report</p> <p>COSALFA report</p> <p>PANAFTOSA evaluation of countries</p>	<p>Agreements achieved.</p> <p>National and local authorities and other interested parties adhere to the project and discharge their commitments under the adapted PHEFA.</p> <p>PANAFTOSA in condition to meet expectations.</p>

OBJECTIVES	INDICATORS	CHECKING	EXTERNAL ASSUMPTIONS
<b>RE1:</b> PHEFA reviewed and adapted	1.1 PHEFA document revised with the participation of the WG and COSALFA (1 <sup>st</sup> semester ) 1.2 PHEFA document approved by COHEFA, GIEFA donors and countries (1 <sup>st</sup> semester )	Published document	Proposal is approved and adopted by the countries
<b>RE2:</b> PHEFA's sustainability ensured through advocacy	2.1 Regional advocacy and promotion program launched under the GIEFA framework (Semester 1)	GIEFA report	Countries attach priority to Summit Resolutions
<b>RE3:</b> National programs supported	3.1 National plans of Bolivia, Ecuador, and Venezuela revised and approved under conditions set under 3.2 1 <sup>st</sup> semester1) 3.2 Priority countries meet the following conditions (Semester 3): (1) legislation revised; (2) technical personnel trained; (3) surveillance and movement control system implemented; (4) vaccination campaign carried out; (5) all suspected cases cared for; (6) registered herds 3.3 All other countries meet conditions specified under the revised PHEFA (throughout the project's implementation)	PANAFTOSA'S evaluation and monitoring report to COSALFA	Countries comply with commitments undertaken in regard to PHEFA and allocate resources for execution of the actions called for under the revised plans  Local authorities and interested parties accept and adhere to national plans
<b>RE4:</b> Contribution to the vigilance and risk analysis systems	1.1 All countries provide timely notification and submit information to PANAFTOSA (2 <sup>nd</sup> semester ) 4.2 In the three priority countries, the Amazon, and the South American Chaco: • Ecosystems and production circuits characterized (1 <sup>st</sup> semester) • Vaccination plans drawn on the basis of risk evaluation ( 1 <sup>st</sup> semester )	OIE and VAHIS reports PANAFTOSA's epidemiologic bulletin COSALFA report Auditing reports	Regulated vaccination and movement control plans  Private sector approves vaccination  Inspection authority and promotion campaign ensure observance of vaccination and movement control regulations
<b>RE5:</b> Research & Development	5.1 New surveillance instruments and information systems developed (Semester 3) 5.2 Complete kit to estimate the potency of vaccines developed (Semester 4)	PANAFTOSA reports	Continuity of specialized working teams in the countries and in PANAFTOSA  Regulatory authorities authorize procedures
<b>RE6:</b> Contribution to the strengthening of lab capacity for diagnostic, surveillance and control of vaccines as required under PHEFA	<b>RE6-A Management of biological risks</b> 6A.1 All labs evaluated by the South American Biosecurity Commission (3 <sup>rd</sup> semester)	FAO and OIE lists PANAFTOSA lab's annual report	Countries comply with commitments toward COSALFA  PAHO-MAPA Agreement maintained and extended to PANAFTOSA'S BSL 3 Ag at

	<p><b>REG-B:Adaptation of municipal laboratories</b></p> <p>6B.1 Conclusion of Lanagro/MG, Brazil</p> <p>6B.2 Compliance with requirements for kits registration</p> <p><b>RE6-C: Diagnostic and reference</b></p> <p>6C.1 National labs of all countries participate in quality assurance rounds with satisfactory results (3<sup>rd</sup> semester )</p> <p>6C.2 Entire reactive substances demand met (3<sup>rd</sup> semester)</p> <p>6C.3 Trained lab human resources in the three priority countries</p> <p>6C.4 Completion of the genetic mapping of the FMD virus in South America</p>		MAPA
<b>RE7:</b> Administration and maintenance	<p>7.1 Efficacious and effective administrative and financial mechanisms for executing the allocated resources (As of 1<sup>st</sup> semester1)</p> <p>7.2 Work plan approved by COSALFA (by end of Semester 1)</p> <p>7.3 A Trust Fund established 1<sup>st</sup> semester) and executed with resources available for the Work Plan's implementation</p>	<p>1. COSALFA report</p> <p>2. COHEFA report</p> <p>3. PAHO audit report</p> <p>4. GIEFA report</p>	No drastic change in administrative regulations and exchange conditions
<b>RE8:</b> Project coordination	<p>8.1 Two regular COSALFA meetings held and progress in the revised project (As of 1<sup>st</sup> semester )</p> <p>8.2 A transparent management procedure agreed with COSALFA and Donors (By end of 1<sup>st</sup> semester)</p> <p>8.3 Cooperation project to support PHEFA in the stage after its ensuring</p> <p>8.4 Technical audits made</p>		

## 4 NOTES ON THE LOGIC FRAMEWORK MATRIX AND ACTIVITIES

### Logic Framework Matrix

The lines in the preceding Logic Framework matrix show the motives for or the objectives of the project, while the columns show what will be produced, the measurement instruments, and the assumptions or risks that may affect the project.

[The methodology used by PAHO/WHO for constructing the logic framework matrix may be checked at: <http://www.paho.org/spanish/d/csu/LFAEspanol.pdf>.]

The End is the project's ultimate objective, toward which will be directed other projects and resources (national plans). In this case, the End is a PHEFA guaranteed for accomplishing the final stage of eradication. This will occur when all countries have plans and resources allocated to eliminate FMD with certainty. In addition to the project's execution, the achievement of the End requires that the countries allocate the necessary resources and execute national plans aligned with PHEFA's principles.

The Purpose describes the changes that will occur as a result of the project's successful execution: PHEFA's effectiveness, coordination, support, and monitoring and the adoption of the actions by the countries. This will be assessed through the indicators set for the priority countries. In the case of the three priority countries, the situation described by the indicator – 100 percent of focuses notified, control of herds and animal movements, and two vaccination campaigns based of risk analysis – is the requisite for being sure that FMD will be eradicated in the following stage in these countries.

Expected results are the direct product of the project's management. They were proposed by the Working Group and are shown in the logic framework matrix in an orderly fashion, pursuant to the cause and effect relationships.

### Activities, costs, and resources

The activities are shown on the spreadsheet hereto annexed.

The lines on the spreadsheet show the activities associated with each expected Result, while the columns have two sections: costs discriminated between human resources and activities (US\$ HRs and US\$ Activity) and financing sources.

The financing sources are four: PAHO regular resources; PAHO resources from voluntary contributions (contributed by the Brazilian government for PHEFA and ZNS, and for foodstuffs channeled through WHO headquarters); PAHO resources from the production of FMD diagnostic kits, covered by users; and ad hoc resources contributed by the Brazilian government for upgrading of the LANAGRO-MG laboratory in Pedro Leopoldo, MG.

Costs should be seen as a proposal, while resources by source should be seen as assumptions.

Total resources are projections based on assumptions and on historic records.

Costs are shown discriminated at the activity level. The project's total cost is US\$18,937,545. According to projections, sources will be PAHO regular resources, voluntary contributions from the Brazilian government for the Center's maintenance, and recovery of reactive substances production costs, totaling US\$8,449,739; in addition, the Brazilian government contributes with another US\$1,400,000 of specific resources for technological development and upgrading of the biosecurity laboratory. So far, there is no financing identified for US\$8, 048,058, which added to the project's support costs, would raise the total to US\$9,087,806.

The agreed mechanism for mobilization of resources is the Trust Fund. Through this Fund PANAFTOSA will mobilize and organize the resources contributed so as to adjust strategic priorities under the project. The parties will establish the terms and conditions for disbursement in each situation.

A document should be prepared specifying the strategies for recovering investment and costs, as well as the mission of the Trust Fund and the available capital.

This document, titled Memorandum of Understanding, will establish a common base between potential partners. It explains the rights and obligations of the partners and of the contributors to the Trust Fund, the expected results and the targets to be reached, which organizations will be involved, the activities considered, the information required, and when the result should be announced, based on the functioning and objectives achieved criteria.

Trust Fund resources guarantee that the programmed budget will be in force for more than one year, so as to ensure the establishment and financing of an official program. They provide financial stability to public policies by ensuring their future financing.

## RE1 PHEFA's Revision

### 1.1 Consultant Contract

- Terms of reference to be defined
- The consultant will work in consultation with the members of the ad hoc group

### 1.2 COHEFA's workshop and meeting

- Includes the costs of an ad hoc group's meeting to adjust the document and of a COHEFA meeting for final approval

## RE2 Sustainability and advocacy

### 2.1 Preparation of an advocacy plan

- Contracting of consultant. Terms of reference to be defined
- Document submitted to PHEFA's consideration

### 2.2 PHEFA's participation in political forums

- Technical missions and management meetings with GIEFA's support, treatment of PHEFA at ministerial meetings and at subregional and regional presidential summits (MERCOSUR, CAS, CAN, COTASA, UNASUR, Summit of the Americas)

The Foot-and-Mouth Disease Days has been eliminated

## RE3 Cooperation extended to the countries

### 3.1 Support to priority countries

- Contracting of human resources (HRs) includes: one international professional and one assistant in each priority country
- RHs costs relate to activities called for under the verification matrix

### 3.2; 3.3; and 3.4 Support to FMD free areas and priority zones

- Includes salaries of two international professionals and two assistants that would discharge functions at PANAFTOSA, giving support to the different areas and priority zones

*For this Expected Result PAHO has regular resources to cover one international professional and one assistant.*

## RE4 Epidemiology

### 4.1; 4.2; 4.3; and 4.4 HRs Management: **SSII Support: Support to Risk Analysis; notification and response systems; and training of national staff**

- Includes salaries of two international professionals and one assistant and resources for technical missions and training courses

## RE5 Research and Development

### 5.1 Subsidy to development of kit for vaccine control

- This activity has been agreed with MAPA/Brazil and resources have been approved

### 5.2. Subsidy to development of surveillance instrument and information systems

- Resources for technical missions, consultancy, and materials

### 5.3 Research for development of diagnostic kit

- Resources for hiring of researchers and lab development

## RE6 Laboratory and biosecurity

This RE is subdivided into three components according to the investment and expected impact.

### RE 6.A Management of biological risks

#### 6A.1 Biosecurity

- Includes hiring of one international professional
- Resources for lab evaluation by the South American Biosecurity Commission

#### RE6.B Adaptation of laboratories

The benefits of this investment exceed the project's timeframe

#### 6.B1 Adaptation of the Pedro Leopoldo laboratory

- To be covered by the Brazilian government

#### 6.B2 Adaptation of the kits production laboratory

- The production laboratory requires an adequate physical structure to meet Brazilian registration requirements; to date, the requisite financing (US\$1.5 million) has not been identified

## RE6.C Diagnostic and reference

### 6.C1 Laboratorial reference

- Includes salaries of lab personnel: one international professional as coordinator, one assistant, and eight lab technicians and one national official
- *PAHO/WHO will have regular resources available to cover one international professional plus technical staff*
- Activities include functions related to reference, diagnostic quality assurance (inter-lab) and strain monitoring on the field
- Costs include purchase of inputs and equipment calibration, replacement, and maintenance

### 6.C2 Production of reactive substances

- HRs include salaries of lab personnel: two national officials and nine lab technicians
- Activities include preparation of reactive substances to meet the demand under national plans
- Resources for this activity will be covered by users of reactive substances
- Costs include purchase of inputs, and equipment calibration, replacement and maintenance
- Production lab requires adaptation of physical structure to meet Brazilian registration requirements; to date, the requisite financing (US\$1.5 million) has not been identified

### 6.C3 Training

- Training of personnel of countries' labs

## RE7 Administration and Management

### 7.2 Administration

- Covers the Center's administrative structure: administration, finances, and human resources, except for salaries of Administrator and of finance, purchases, and human resources coordinators

### 7.3 Center's general services and maintenance

- This activity encompasses the Center's general services and maintenance structure
- General services total 30 functionaries in the areas of stewardship, parks, cleaning, and security
- Costs other than HRs include payment for electricity, communications, water, and sanitation works, fuel, and vehicle maintenance

## RE8 Coordination

### 8.1. Coordination

- HRs includes 50 percent of the salaries of the Center's Director and his/her assistant, the project's technical cooperation coordinator, and the laboratory coordinator. These are covered by PHO regular resources
- Activities include technical missions and workshops with the interested parties
- Project coordination will encompass the structures already existing in the countries, the multilateral entities already in place, commissions already established; PAHO representations in the countries, and the South American lab network

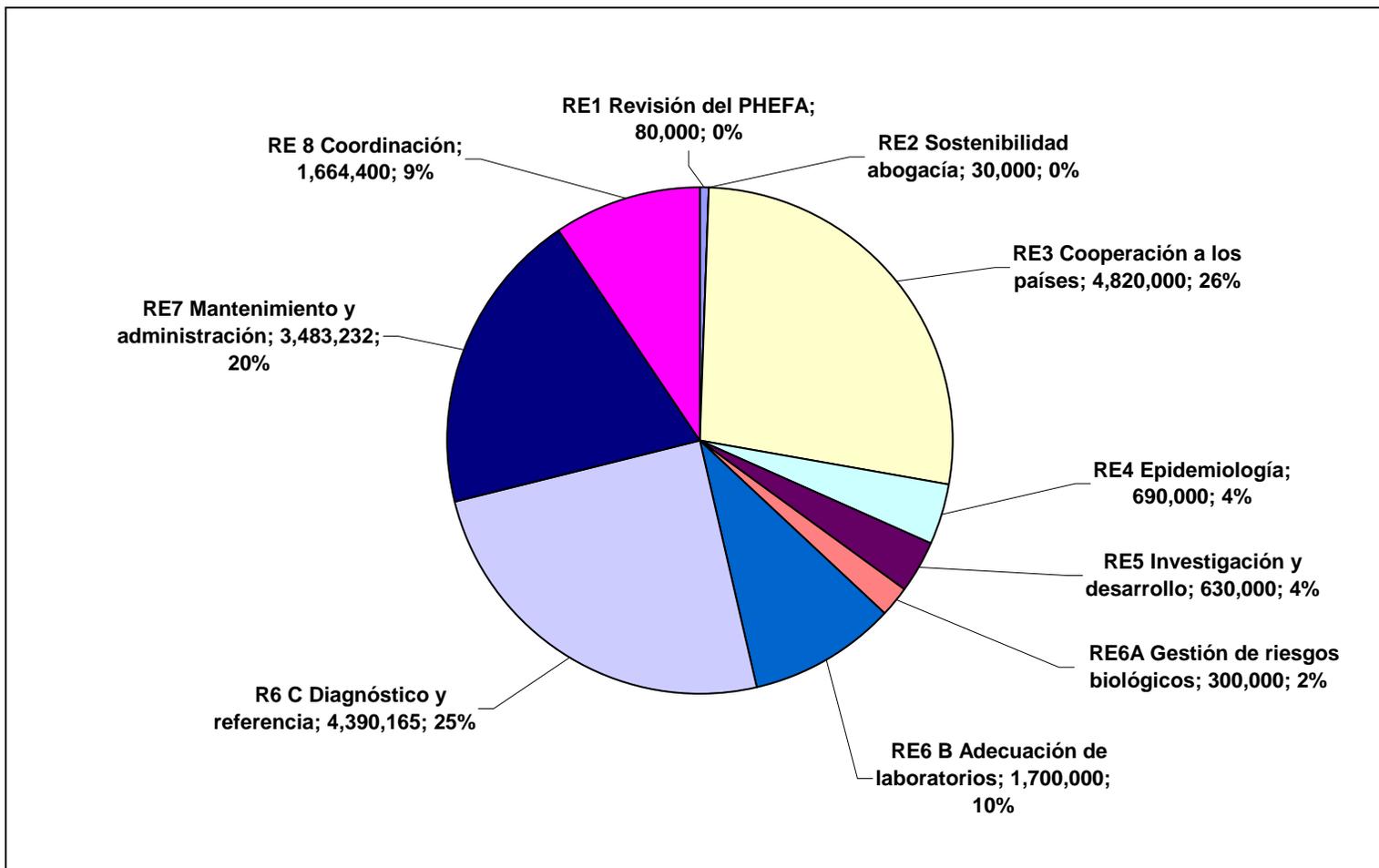
## **APPENDICES**

PHEFA'S CONSOLIDATION - PTB 2010-2011 provisional data subject to adjustment

Expected Result / Activities	Costs			Sources				TOTAL	
	US\$ HR	US\$ Activ.	Total /costs	PAHO regular recourses	MAPA mainten. PANAFT	Proceeds from kit sales	Tech Coop/ MAPA	Financed	To be financed
<b>RE1 PHEFA's revision</b>									
1.1 PHEFA's revision	20,000								20,000
1.2 COHEFA's workshop and meeting		60,000							60,000
<b>TOTALS RE1</b>	<b>20,000</b>	<b>60,000</b>	<b>80,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80,000</b>
<b>RE2 Sustainability advocacy</b>									
2.1 Preparation advocacy plan									0
2.2 Participation in political forums		90,000							90,000
2.3 RIMSA		60,000							60,000
<b>TOTALS RE2</b>	<b>0</b>	<b>150,000</b>	<b>150,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>150,000</b>
<b>RE3 Cooperation extended to the countries</b>									
3.1 Support to priority countries	2,000,000	2,450,000							4,450,000
3.2 Support to areas free with vaccination		60,000							60,000
3.3 Support to areas free without vaccination		60,000							60,000
3.4 Priority zones	200,000	50,000							250,000
<b>TOTALS RE3</b>	<b>2,200,000</b>	<b>2,620,000</b>	<b>4,820,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,820,000</b>
<b>RE4 Epidemiology</b>									
4.1 SSII Management	180,000	0							180,000
4.2 Support to risk evaluation and campaign planning	110,000	40,000							150,000
4.3 Support to notification and response systems	110,000	30,000							140,000
4.4 Training of national staff	120,000	100,000							220,000
<b>TOTALS RE4</b>	<b>520,000</b>	<b>170,000</b>	<b>690,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>690,000</b>
<b>RE5 Research and development</b>									
5.1 CFL kit development	45,000	355,000					400,000		0
5.2 Subsidy to development surveillance instrument and y SSII		80,000							80,000
5.3 Research and development diagnostic kits		90,000				90,000			0
<b>TOTALS RE5</b>	<b>45,000</b>	<b>525,000</b>	<b>570,000</b>	<b>0</b>	<b>0</b>	<b>90,000</b>	<b>400,000</b>	<b>490,000</b>	<b>80,000</b>

RE6 Laboratory and Biosecurity									
RE6A Management of biological risks									
6A.1 FMD biosecurity program	100,000	200,000							300,000
Total A	100,000	200,000	300,000	0	0	0	0	0	300,000
RE6 Laboratories adaptation									
6.5 Production laboratory adaptation		700,000							700,000
6.2 Pedro Leopoldo lab adaptation		1,000,000					1,000,000		0
Total B	0	1,700,000	1,700,000	0	0	0	1,000,000	1,000,000	700,000
R6 C Diagnostic and reference									
6.3 Laboratorial reference	975,738	540,000		837,680					678,058
6.4 Production of reactive substances	1,674,427	900,000				2,574,427			0
6.6 Training		300,000							300,000
Total C	2,650,165	1,740,000	4,390,165	837,680	0	2,574,427	0	3,412,107	978,058
TOTALS RE6	2,750,165	3,640,000	6,390,165	837,680	0	2,574,427	1,000,000	4,412,107	1,978,058
RE7 Maintenance and administration									
7.1 Administration	833,300				833,300				0
7.2 General Services	1,698,732	951,200			2,649,932				0
TOTALS RE7	2,532,032	951,200	3,483,232	0	3,483,232	0	0	3,483,232	0
0.85									
RE 8 Coordination									
PHEFA TC coordination (50% D and 1 P4)	740,000	200,000		740,000					200,000
Laboratory coordination (1 p4)	410,000			410,000					
Adm. Coord. (50% adm., finance.,HRs, and purchases)	314,400			314,400					
	1,464,400	200,000	1,664,400	1,464,400				1,464,400	200,000
GRAND TOTALS	9,531,597	8,316,200	17,847,797	2,302,080	3,483,232	2,664,427	1,400,000	9,849,739	7,998,058
	Proposed			Assumed			8,449,739	PSC 13%	1,039,748
							Total	9,037,806	

**Chart 1**  
**DISTRIBUTION OF PHEFA COSTS**



**Chart 2**  
**PROJECT'S TOTAL TO ENSURE PHEFA: 18,887,545**

