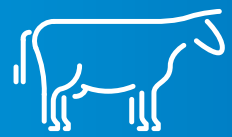
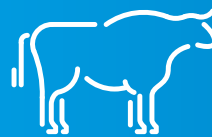
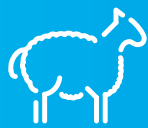
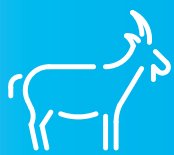


National Program for
Foot-and-Mouth Disease

Strategic Plan PNEFA 2017 – 2026

2022 Update



MINISTRY OF
AGRICULTURE
AND LIVESTOCK



Ministry of Agriculture and Livestock
Secretariat of Plant and Animal Health
Department of Animal Health

National Program for Foot-and-Mouth Disease
Surveillance – PNEFA

Strategic Plan

PNEFA 2017 – 2026

2022 Update



Brasília, April 2023.

1. Background and contextualization

The Strategic Plan for the National Foot and Mouth Disease Surveillance Program (PE-PNEFA) aims to “create and maintain sustainable conditions to ensure the status of a country free from foot-and-mouth disease and expand the foot-and-mouth disease-free zones without vaccination, protecting the national livestock heritage and generating maximum benefits for the stakeholders and Brazilian society.”

The Plan is designed to be implemented over ten years, starting in 2017 and ending in 2026. It is aligned with the provisions of the Terrestrial Animal Health Code of the World Organisation for Animal Health (WOAH) and with the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA) guidelines, converging efforts to eradicate the disease in the American continent.

One of its main challenges is the gradual replacement of vaccination against foot-and-mouth disease, throughout the Brazilian territory, by strengthening the four components of PE-PNEFA:

- a. extending the capacities of veterinary services;
- b. strengthening the animal health surveillance system;
- c. interaction with stakeholders in the FMD prevention program; and
- d. the transition from a free zone with vaccination to a free zone without vaccination throughout the country.

Within these four components, 16 operations were organized, composed of 102 actions, which must be executed at the national level, called ‘national actions’, and at the State level, called ‘state actions’ of the Plan.

As provided for the PE-PNEFA, during the implementation of the Plan, the Ministry of Agriculture and Livestock (MAPA), jointly with the state (EGE) and national (EGN) management teams, shall monitor the implementation of the planned actions according to the defined indicators, in order to assess the need or possibility of anticipating or postponing the transition schedule in specific Federation Units (UFs) or any of the organized Blocks.

This document seeks to explain the scenario regarding the execution of the PE- PNEFA in the mentioned period, as well as update the document with decisions and adjustments proposed by the stakeholders to the Plan, mainly by the EGN, thus representing the updated version of the Plan after half (five years) of the time foreseen for its execution. It is worth mentioning that the Covid-19 Pandemic had a significant influence on the adjustment of the calendar, as well as the delay in the execution of some actions at the federal and state levels.

2. Current scenario for foot-and-mouth disease in Brazil and South America

Throughout the evaluated period, it was possible to verify that South American countries, except Venezuela, advanced in foot-and-mouth disease eradication, mainly based on the PHEFA Action Plan 2021- 2025, seen in Figure 1.

Most countries in the region carry on their sanitary status as FMD-free using massive vaccination programs for cattle and buffaloes, justifying its maintenance as the primary tool to prevent the disease. However, slow progress has been made in establishing free zones or countries without vaccination in South America.

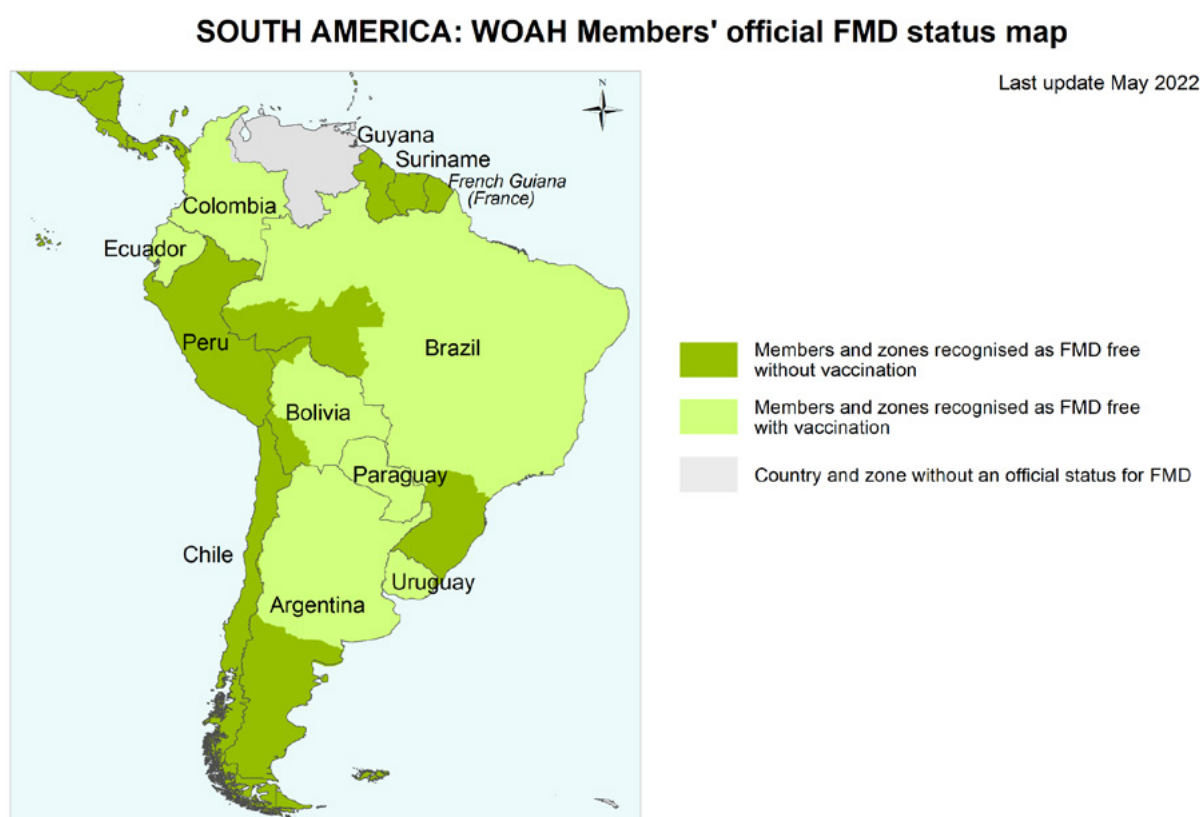


Figure 1 – Sanitary status for foot-and-mouth disease in South America, according to the WOAAH.

In Brazil, the first FMD free zone with vaccination was implemented in 1998, comprising the states of Rio Grande do Sul and Santa Catarina. After that, a gradual process of implementing free zones in the rest of the country was started. In 2007, WOAAH recognized the state of Santa Catarina as the country's first FMD free zone without vaccination, kept since then.

In 2014, the FMD-free zone with vaccination was expanded to include the seven states of the Northeast and the Northern region of Pará. In 2018, the free zone with vaccination was again expanded to include the states of Roraima and Amapá and the rest of the states of

Amazonas and Pará, thus covering the entire territory of Brazil as free of foot-and-mouth disease. Since April 2006, so more than 16 years, Brazil has remained free of the disease.

As one of the significant advances of PE-PNEFA, in May 2021, the states of Rio Grande do Sul, Paraná, Rondônia, and Acre were recognized as free of foot-and-mouth disease without vaccination by WOA, in addition to 14 municipalities in the state of Amazonas (Apuí, Boca do Acre, Canutama, Eirunepé, Envira, Guajará, Humaitá, Itamarati, Ipixuna, Lábrea, Manicoré, Novo Aripuanã, Pauini and a part of Tapauá) and five municipalities in the state of Mato Grosso (Aripuanã, Colniza, Comodoro, Juína and Rondolândia). Therefore, all the Block I and Block V are recognized by WOA as FMD free without vaccination, according to Figure 2.

Furthermore, according to the PE-PNEFA schedule and the EGN assessment, MAPA Ordinance No 574 of 31/03/2023 was published “prohibiting storage, marketing, and use of vaccines against foot-and-mouth disease in the Federal District and in the States of Espírito Santo, Goiás, Minas Gerais, Mato Grosso, Mato Grosso do Sul and Tocantins.” However, the rest of the country continues vaccinating animals in 2023.

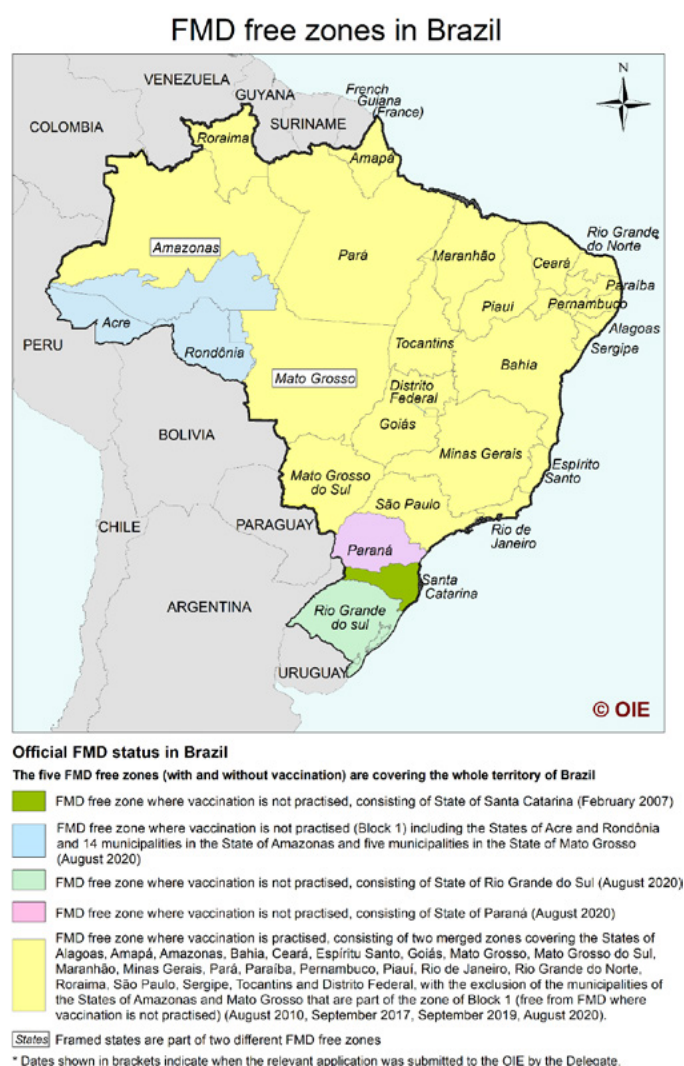


Figura 2 – Foot-and-mouth disease-free zones in Brazil in 2022, according to WOA.

3. Geographical Organization of the PE-PNEFA

In the transition process to become FMD free without vaccination, Block 1 was initially limited to the states of Acre and Rondônia, but geographic organization required local adjustments, incorporating the southern region of Amazonas and part of Mato Grosso and investing in inspection structures at the border regions with the zone free with vaccination.

As provided in the PE-PNEFA, the states of Paraná and Rio Grande do Sul submitted independent development proposals, validated by MAPA and the EGN after evaluating compliance with the indicators defined and verifying the conditions and structures implemented for surveillance of the entry of animals vaccinated against foot-and-mouth disease, which required investment in fixed surveillance posts, especially in the case of Paraná (33 in all) and continuous surveillance programs in international border regions - as an example, we cite the Sentinel Program, successfully used in Rio Grande do Sul.

As such, after the Plan update, published in 2019, the redistribution of the UFs into the five blocks was confirmed, as represented in Figure 3 and transcribed below:

- a. Block 1 - free zone without vaccination, composed of the UFs: Acre, Rondônia, part of Amazonas, and part of Mato Grosso;
- b. Block 2 - free zone with vaccination, composed of the following UFs: rest of the states of Amazonas, Amapá, Pará, and Roraima
- c. Block 3 - free zone with vaccination, composed of almost all the UFs of the Northeast region: Alagoas, Ceará, Maranhão, Paraíba, Pernambuco, Piauí and Rio Grande do Norte;
- d. Block 4 - free zone with vaccination, composed of the following UFs: Bahia, Distrito Federal, Espírito Santo, Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Rio de Janeiro, São Paulo, Sergipe, and Tocantins;
- e. Block 5 - free zone without vaccination, composed of the UFs of the southern region: Paraná, Rio Grande do Sul, and Santa Catarina.

In the current configuration, Blocks 2, 3, and 4 comprise the only zone free of foot-and-mouth disease with vaccination in the country, recognized by WOA (Figure 3). The main challenge of PE-PNEFA currently involves the strategy and the way to transition these blocks to FMD free without vaccination status.

This new grouping aimed to facilitate the process of transition to foot-and-mouth free zones without vaccination in a regionalized manner, originally scheduled to begin in 2019 and end in 2023, when the entire country would then reach the condition of foot-and-mouth disease free without vaccination, recognized by the WOA. However, according to what is already provided in the PE-PNEFA calendar, mainly as a result of the Covid-19 Pandemic, which led to delays in some state and national actions, the schedule had to be adjusted again, with international recognition of the entire country expected in May

2025 or 2026, depending on the level of implementation of the actions agreed upon in the UFs that made up Blocks 2, 3, and 4.

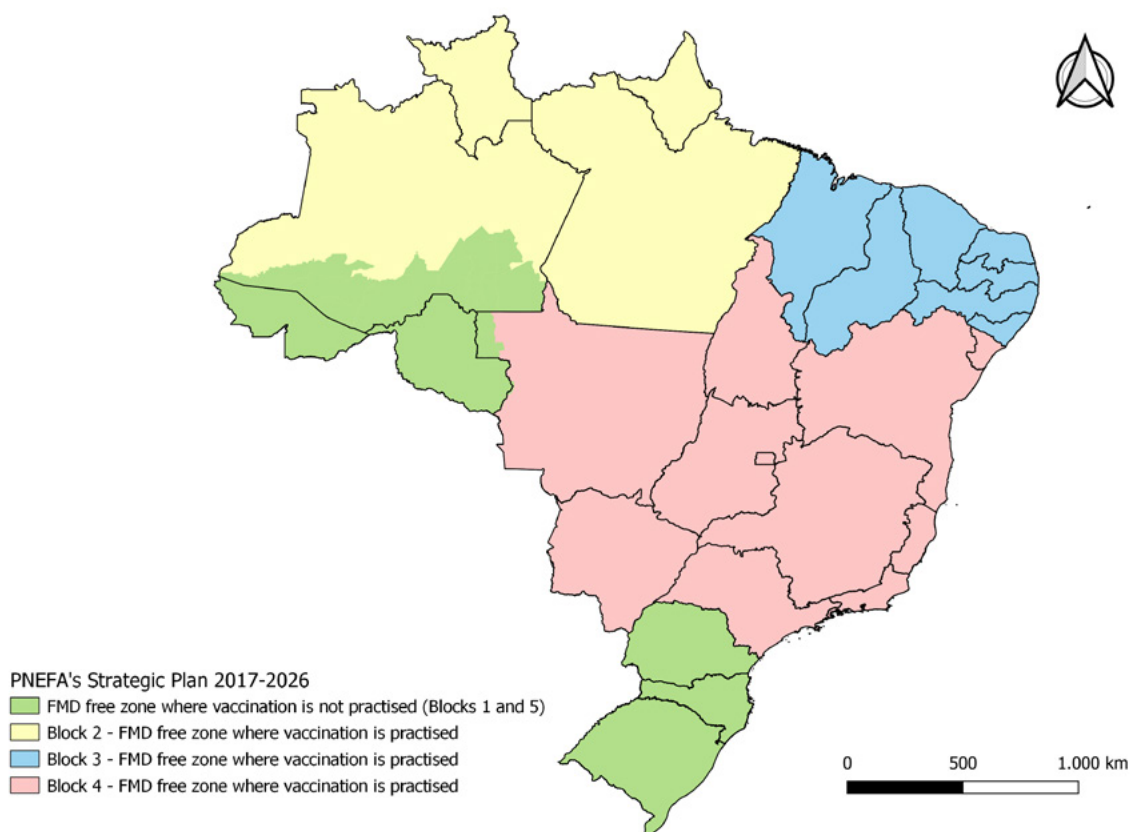


Figure 3 - Geographical organization of the Blocks and the zones free of foot-and-mouth disease without vaccination, represented in yellow, after five years of implementation of the PE-PNEFA.

4. Evaluation of PE-PNEFA State and national actions

From July 2019 to September 2022, 22 Block meetings were held, and each year approximately one meeting per Block is held, except for Block 1, which held two meetings in 2020, one in person before the pandemic and another in virtual modality, during the pandemic. In all these meetings, the Department of Animal Health (DSA) presented an evaluation of the execution of the actions planned in the Federal States and Blocks, directing efforts toward priority actions with the most significant impact on the process of transition from the sanitary condition to a free zone without vaccination.

In addition, around 30 meetings of the Blocks' Group of States Coordination Commissions (CCGEs) were held, with an average of approximately three meetings per Coordination per year. It is worth noting that the CCGE in Block V was implemented after the others.

Figures 4 and 5 show the percentage of fulfillment of the 42 actions at the state level, grouped by geographic Block and separated by zones in which vaccination is or is not

practiced, evaluated in the first half of 2022. The actions were considered on schedule when the completion percentage was equal to, or higher than 60%; when they had already been completed at the time of the evaluation, and those that did not apply to the Federal Government. The actions characterized as not on the schedule are those in which the percentage of execution was below 60% and those that still need to be initiated.

Thus, for the FMD-free zones without vaccination, it is possible to verify that Block 1 has 77.85% of the actions within the deadline, especially in the state of Rondônia, with 30 actions already concluded and the percentage of progress of the Plan's state actions at 90.91% (Figure 4). On the other hand, Block 5 has 91.67% of actions within the deadline, and it is noteworthy that all three states that make up this Block have concluded 28 actions, with very similar state action progress percentages. This finding reveals the high level of integration among the Blocks, which MAPA believes is extremely important for the Plan's smooth progress.

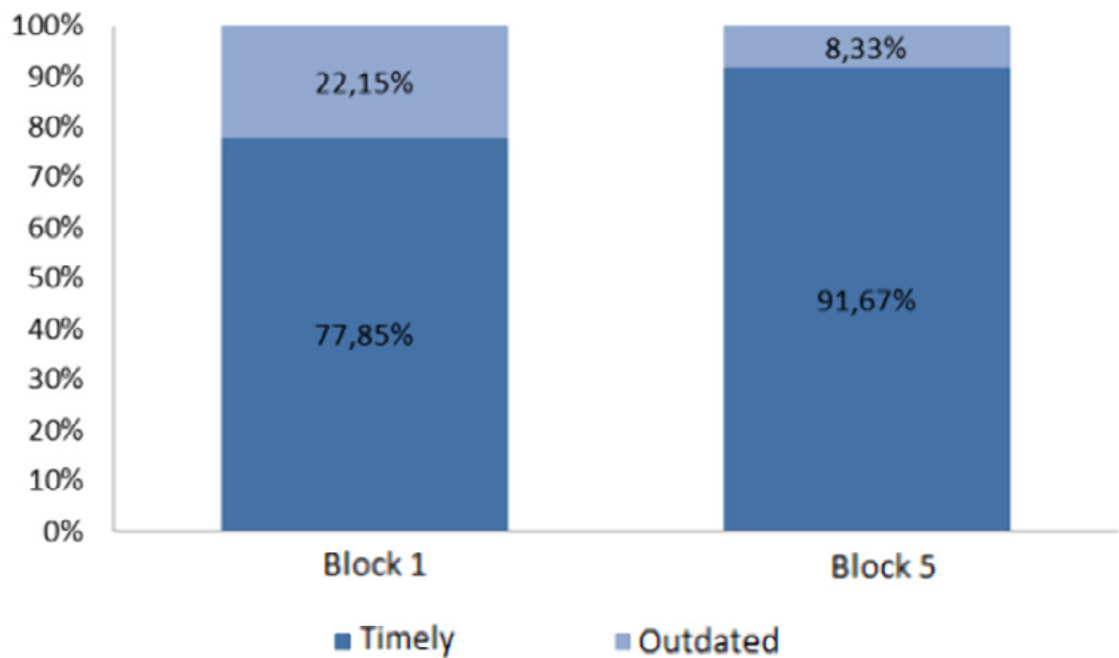


Figure 4 - Percentage of compliance with state-level actions in FMD-free zones without vaccination, grouped by geographic Block.

The states in the foot-and-mouth disease free zone with vaccination make up the other three Blocks of the Plan. Block 2 has 73.87% of the actions within the deadline, especially the state of Pará, which has already concluded 20 actions and is progressing well with state actions at 84.09%. About Block 3, the actions considered on the schedule are 56.81%, and the positive highlight is for Ceará, which has already concluded 24 actions and presents 75% progress in the Plan's actions (Figure 5).

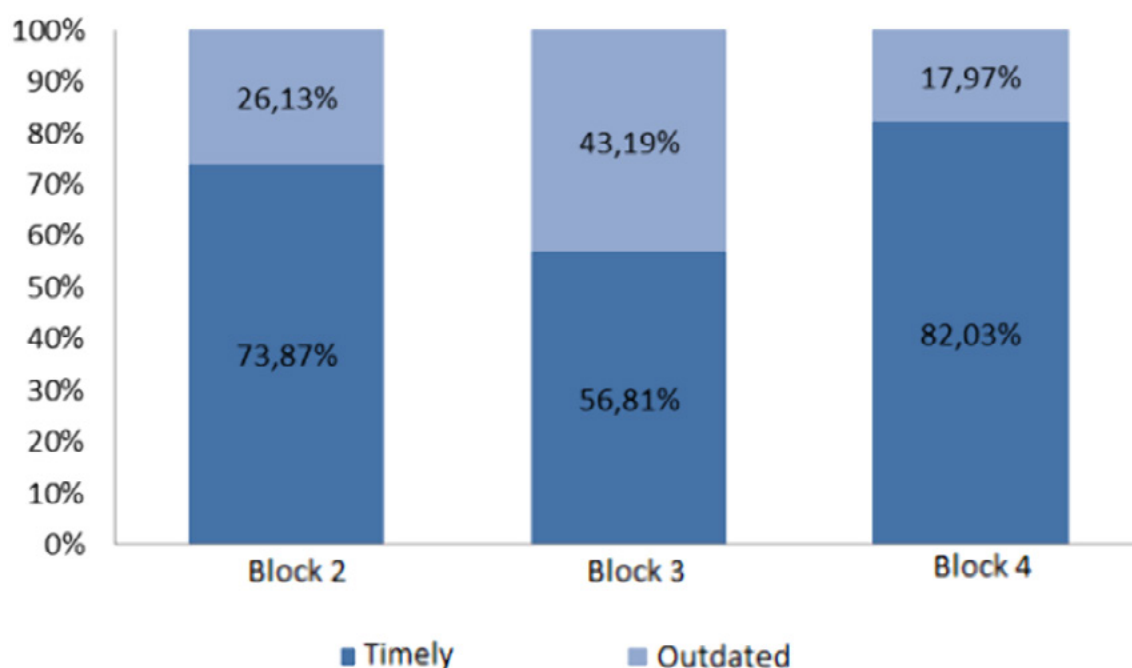


Figure 5 - Percentage of compliance with state-level actions in the FMD-free zone with vaccination, grouped by geographic Block.

Within the current vaccination-free zone, the highlight goes to Block 4, where 82.03% of actions are on schedule. It is also worth noting that the state management teams and the EGN, coordinated by the Department of Animal Health, evaluated the indicators of all UFs in the Block and decided to suspend vaccination in seven that met the criteria defined for this phase, namely, the Federal District, Espírito Santo, Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais, and Tocantins. This suspension of vaccination occurred after the November 2022 phase, according to Figure 6. The initial evaluation was conducted in April 2022, and the final evaluation, in March 2023.

For this phase of the Plan, the minimum requirements agreed upon with the EGN for suspension of vaccination from the cited FUs were:

1. existence of the private fund with raising;
2. registration, with geolocation in at least 70% of rural establishments;
3. minimum of 60% progress in the actions of the Strategic Plan;
4. Average Quali-SV score of 3.2 for higher risk states; 3.1 for states considered to be medium risk; and 3.0 for those considered to be lower risk (such classification will be explained later in this document); and,
5. Implemented the border surveillance program for UFs with international borders - in the case evaluated, Mato Grosso and Mato Grosso do Sul.

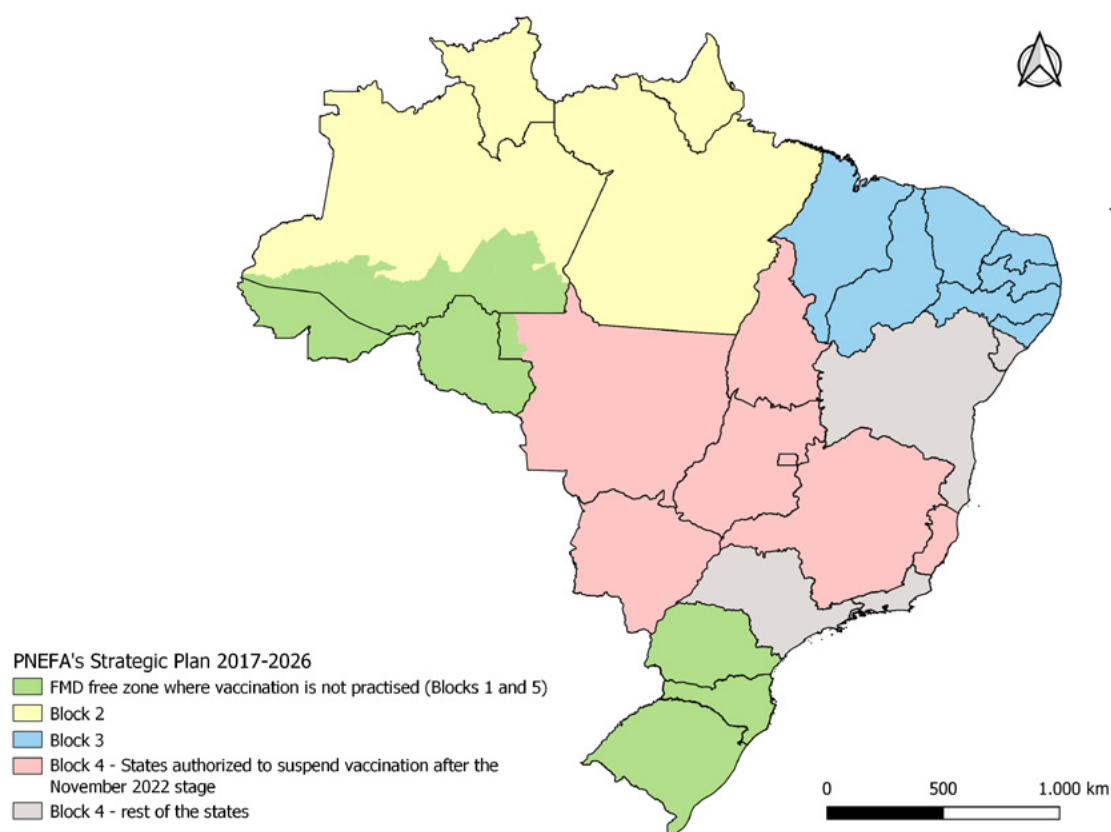


Figure 6 - Geographical organization of the Blocks and the FMD-free zones without vaccination, highlighting the states authorized to suspend vaccination after the November 2022 stage, represented in pink.

Concerning the structure and technical and operational capacity of the SVO, although they are consolidated in all of Brazil's FMD-free zones, regular evaluations by MAPA through the Program for the Evaluation and Improvement of the Quality of Official Veterinary Services (Quali-SV) indicate the need for improvements and adjustments in all the UFs to support progress and maintain the status of FMD-free zones without vaccination. Furthermore, to advance in the Plan's timeline, states need to reach a minimum average score in the Quali-SV Program, as already reported.

Moreover, the PNEFA funding mechanisms need to be adjusted so that they are sufficient and timely to sustain the new sanitary condition. The vulnerabilities need to be analysed and corrected continuously. In contrast, the surveillance system must be evaluated, adjusted, and strengthened to address the risks of reintroducing the disease into the national territory.

It is essential to highlight that the relations between public and private actors need to be strengthened and expanded, especially in the UFs where livestock farming has a lower relative participation in the economy, aiming at greater community participation in implementing the Plan and of PNEFA itself.

Of the relevant actions at the state level, which had already been cited in 2019 and which have not yet been completed in the Blocks, the following can be highlighted: complete geolocation of rural establishments holding foot-and-mouth disease susceptible animals and interest to animal health; the correction of structural and operational deficiencies of local veterinary units, after evaluation of the Quali-SV Program, through the strengthening of physical structures, human resources, and communication; making them compatible with local demands and the desired new sanitary condition; and the definition and implementation of an efficient system of transferring resources to cope with animal health emergencies, using government resources and private funds at the state level.

At the national level, part of the actions are under the direct responsibility of the DSA, and part is shared with other MAPA Departments and the productive sector. Because the Plan involves other MAPA departments, a working group called GT-PNEFA was established by SDA/MAPA Ordinance No. 396 of 16 December 2020 to identify the best ways to implement and forward the cross-cutting actions planned in PE-PNEFA. During the 180 days of the group's work, virtual meetings were held, divided by theme and Department to discussions. At the end of the meetings, the group agreed on the directions to be taken and defined who was responsible for their implementation and the deadlines for each item discussed. All meetings were recorded by the staff of the Foot and Mouth Disease Division (DIFA) of the DSA, and the documents specifying the referrals were sent to all participants, along with any files used in the respective meeting. Thirty referrals were made, 12 of which were already finalized during the group's work period. The other 18 referrals were discussed and presented to the relevant Departments (Figure 7).

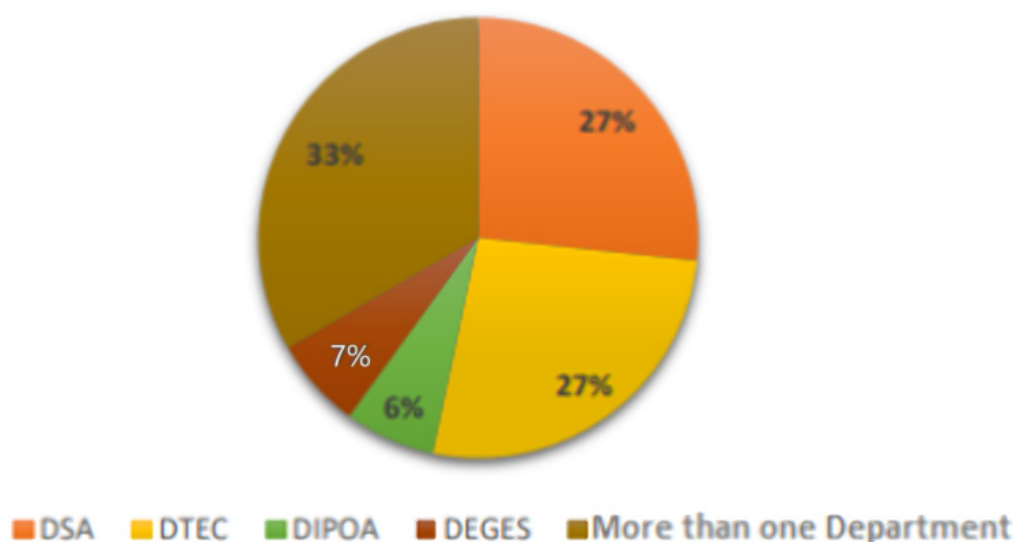


Figura 7 - Referrals made in GT-PNEFA by Department.

Even if they have had some evolution from 2019 to 2022, some national actions considered priorities are ongoing and can be cited: the implementation of the antigen and vaccine bank against foot-and-mouth disease; the achievement of stability in the transfer of financial resources from the federal level to the State Veterinary Services; the whole operation of the Agricultural Management Platform (PGA) with the integration of registrations, movements, and inspection posts throughout the national territory; the strengthening of surveillance at the international border; the implementation of the national emergency fund; and the promotion of Education and Communication in Animal Health.

In the update of the Plan published in 2019, the EGN listed some challenges, which guided changes that were considered essential for the continuation of the execution of PE-PNEFA. To this end, the adaptation of the Plan regarding the geographical reconfiguration of the Blocks was accepted and finalized, with the incorporation of the states of Mato Grosso and Mato Grosso do Sul into Block IV. As a result, Paraná and Rio Grande do Sul migrated to Block V, along with Santa Catarina, and suspended vaccination against FMD in individual pleas; there was an adjustment in the schedule to adjust the time needed to perform the actions by the other blocks; and, finally, the criteria were adjusted according to the evaluation of risk indicators and livestock importance, through the publication of the evaluation of FMD risk factors in Brazil's UFs and adequacy of the Quali-SV evaluation, by the General Coordination of Animal Health Evaluation and Planning (CGPZ/DSA/MAPA) in July 2020, which categorized the UFs according to the risk associated with the probability of introduction and impacts of FMD (Figures 7 and 8).

Thus, the following minimum average Quali-SV Program values were agreed upon with EGN members: 3.4 for the Federal States included in the highest risk category; 3.2 for medium risk; and 3.0 for lower risk, as shown in Figure 7.

UF	Risk Index	Risk Classes
Mato Grosso	5,21	3
Mato Grosso do Sul	4,91	3
Rio Grande do Sul	4,41	3
Rondônia	2,66	3
Paraná	2,53	3
Santa Catarina	2,10	3
Acre	1,78	2
Minas Gerais	1,07	2
Goiás	1,05	2
São Paulo	1,01	2
Pará	0,90	2
Roraima	0,78	2
Amazonas	0,75	2
Tocantins	0,70	2
Bahia	0,64	1
Maranhão	0,59	1
Espírito Santo	0,49	1
Rio de Janeiro	0,43	1
Pernambuco	0,40	1
Ceará	0,39	1
Sergipe	0,33	1
Distrito Federal	0,30	1
Paraíba	0,30	1
Piauí	0,28	1
Amapá	0,27	1
Alagoas	0,26	1
Rio Grande do Norte	0,26	1

Figure 8 - Risk Index (probability X impact) and Risk Classes of the Federal States.

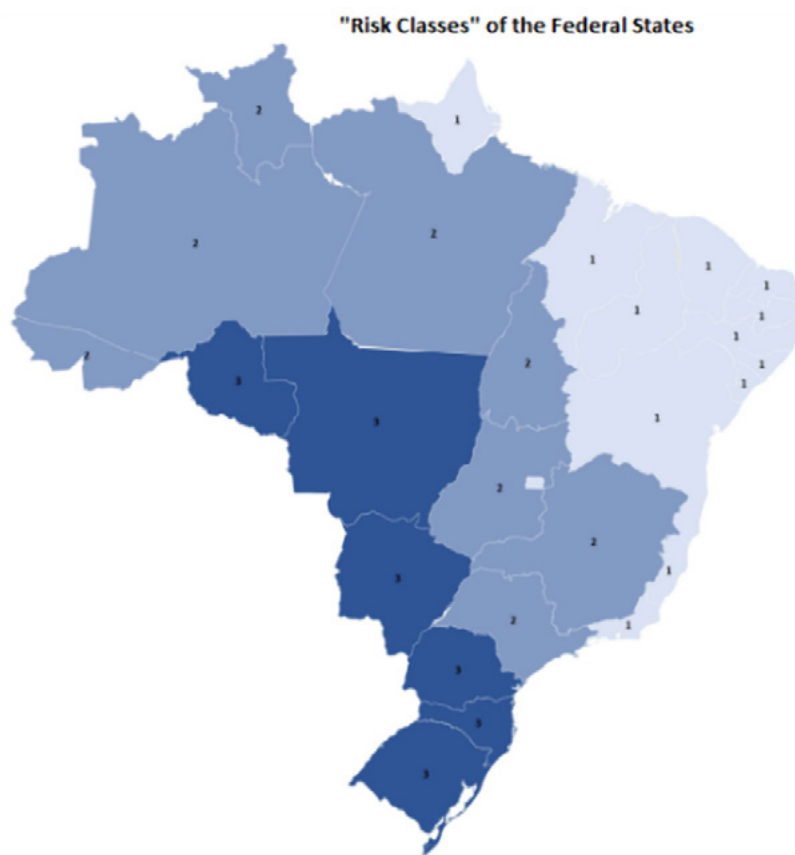


Figure 9 - Map with the "Risk Classes" of the Federal States by grouping the "Risk" indexes.

Following the challenges listed by the EGN in 2019, during the period under review and due to the advent of virtual meetings, a more significant number of meetings were held with the participation of the EGN, improving the interaction and participation of the national management team, especially concerning the distribution of actions, as well as decision-making. As a result, twelve meetings of the EGN were held during the period under review.

Social and political participation was also strengthened in the UFs, with the consolidation of state forums to discuss the Plan's actions at the state level, as well as the increased frequency of meetings of the state management teams and the CCGEs of the five blocks (average of three meetings per Coordination per year).

Finally, the Department of Animal Health, with the participation of the institutions that compose the EGN and through the Division of Foot and Mouth Disease (DIFA), published, in early 2022, the PNEFA National Communication Plan, aimed at promoting education and social communication on foot-and-mouth disease, as well as the definition of guidelines to be used by the states at the time of the realization of their state plans.

5. The sanitary status transition schedule

As previously mentioned, the schedule for the transition of the blocks, from the outset, is conditional on the implementation of the actions foreseen in the Strategic Plan. In this context, for a decision on suspending vaccination, a detailed evaluation of the implementation and progress of these actions must be conducted by the EGEs, the EGN, and MAPA. Table 1 shows the proposed schedule for the transition of the sanitary condition in each zone five years after the beginning of the Plan's execution.

Table 1 - Forecast of the beginning of the sanitary condition transition schedule in each zone after five years of PE-PNEFA implementation

Zone	Last vaccination against FMD ¹
1 - Composed by Block I	November 2019
2- Composed by seven Block IV* UFs	November 2022**
3 - Composed by Blocks II, III, and the rest of the Block IV UFs	Subsequent evaluation in April 2023
4 - Composed by Paraná	May 2019
5 - Composed by Rio Grande do Sul	April 2020

¹ After the assessment of the completion of all actions foreseen in the EP

* Federal District, Espírito Santo, Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais and Tocantins

** Provided that the UFs comply with the outstanding criteria and actions agreed with the EGN and Block IV CCGE in April 2022.

During the execution of the schedule, the need, possibility, and opportunity to anticipate or postpone the transition process by Federal Government or by Block may be evaluated according to compliance with the established technical conditions. In this sense, the progress of the planned actions has been evaluated every six months, both by the EGEs and the CCGEs, as well as by the national management team and MAPA.

It is worth noting that the following steps must be taken in order to request an advance on the schedule by Federal Government or Blocks:

1. Quali-SV assessment, with the minimum necessary score or higher for the items set out in Annex V of the first version of the Plan, as well as the corrective action plan;
2. A proposal for zoning, with the establishment of fixed transit inspection posts or a surveillance proposal that ensures inspection within the limits of the zone and an analysis of the impact on the movement of animals susceptible to foot-and-mouth disease and their products; and
3. Documentation evidencing state management and implementing the actions set out in the Plan.

After evaluating the above items, the DSA may request new supervision along the lines of Quali-SV in the state, as performed in Rio Grande do Sul and Paraná, to verify the controls and surveillance actions for foot-and-mouth disease in the proposed area.

As described above, for this phase of the Plan, minimum requirements were agreed upon with the EGN to authorize the suspension of the vaccine in the states that make up Block IV. Initially, the DSA evaluated all the criteria to verify which UFs could meet them. Then, in a virtual meeting, the data is presented to the rest of the EGN for approval.

After evaluation, approval by the NGE, and state commitment to finalize pending actions until vaccination is suspended, the states are authorized to stop vaccinating their animals next year. First, however, the regulatory deadline of 24 months for requesting international recognition of a new FMD-free zone without vaccination to WOAHP must be verified (Figure 9). In addition, during the 12 months before the General Session of the WOAHP, which will review the request submitted by the country, the entry of vaccinated animals and the trade of vaccines against FMD in the free zone that is suspending vaccination must be prohibited.

6. PE-PNEFA management and monitoring

6.1 Organization

The success of the Plan continues to depend on a high level of political commitment; financial availability and sustainability; the participation of the private sectors and their interaction with the SVO; good management of operations; and commitment and technical rigour in implementing and monitoring the planned actions.

To this end, the management of the Plan was organized and has been executed in three elemental spheres: national (central instance), state (intermediate instances), and local (local instances). Therefore, management teams were defined in the central instance, the EGN, and intermediate instances, the CCGEs and EGEs, composed of entities interested in the PNEFA, both from the public and private spheres, with knowledge of sanitary programs and project management profiles. Halfway through the Plan's implementation, it is possible to verify that all UFs have established their EGEs and hold regular meetings besides participating in the CCGEs of the Blocks.

The EGEs play an essential role in the transition process, being responsible for strategic and articulation issues that are fundamental for advancing health status. Their attributions include the following:

- a. management of the implementation, monitoring, and completion of the PE-PNEFA actions;
- b. management of the execution, follow-up, and conclusion of the Quali-SV Action Plan's corrective actions;
- c. follow-up and discussion of the results of the studies for zoning and identification of vulnerabilities;
- d. follow-up and monitoring of the PE-PNEFA to set deadlines for completion of the necessary steps for suspension of vaccination;
- e. active discussion with society and stakeholders in state forums and other meetings (e.g., caravans through the interior of the Federal State to disseminate and discuss the PE-PNEFA with producers and others involved); and
- f. participation in the CCGEs for monitoring the execution of PE-PNEFA in the other UFs of the Block.

Over the five years of implementation, it was found that in the Federal States with an active state management team and with a significant representation of the private (federations, industry, etc.) and public (SVE, SFA, and others) sectors, there was a more significant implementation of actions. This greater involvement and commitment of state actors was reflected in better evaluation, distribution, and sharing of responsibilities.

At the central level, the DSA is responsible for coordinating the EGN, supported by its specific technical area, in integration with the other areas of the Department. The EGN meets frequently, mainly to discuss the progress of PE-PNEFA. The DSA is also responsible for liaising with other areas of MAPA, with the intermediate SUASA bodies, and with other institutions and entities involved in the operations to plan, implement and evaluate the progress of the various planned actions.

Over time, the EGN was expanded and today has ten institutions, including public and private, being them: MAPA (represented by the Department of Animal Health - DSA and the Department of Technical Services - DTEC), Federal Council of Veterinary Medicine (CFMV), National Forum of Agricultural Health Executors (FONESA), National Confederation of Agriculture (CNA), National Union of the Animal Health Products Industry (SINDAN), Brazilian Association of Animal Recycling (ABRA), Association of Milk Producers (ABRALEITE), Brazilian Association of Cold Storage Plants (ABRAFRIGO), Brazilian Association of Animal Protein (ABPA), Brazilian Association of Meat Exporting Industries (ABIEC). Furthermore, the Pan American Foot and Mouth Disease Centre (Panaftosa) is expected to begin participating in the EGN as an invited institution in 2023. This fact is important because it increases the representativeness of PNEFA stakeholders. In addition, in all meetings of the EGN during this period, the CCGEs presidents could participate in representing their Blocks.

The DSA will also be able to use Committees and Commissions formed internally and externally, as well as forums organized to deal with animal health issues, to discuss aspects of common interest and obtain contributions for implementing the actions set out in the Plan. In addition, DSA receives support from specialized consultants in some critical areas for PE-PNEFA, such as the identification of areas of higher risk for the introduction and dissemination of FMD in the states in the transition of sanitary status, as well as the identification of rural establishments with higher movement, considered as hubs. These consultancies are conducted with the Inter-American Institute for Cooperation on Agriculture (IICA).

Similarly to what happens at the national level, state management teams may use state committees, commissions, and forums to facilitate stakeholders' access and discuss issues of common interest that contribute to the implementation of the Plan. In addition, they should seek the necessary operational support to manage their projects better.

Finally, in the local instances, the actions are the responsibility of the rural unions, with the participation of the UVLs, duly supported and accompanied by their intermediary instances. The veterinarians and technicians of the UVLs must be perfectly inserted in the community through the local Councils and Committees formed, always seeking the most outstanding social participation in developing their activities and replicating the Plan's guidelines. To this end, the CNA and the state management teams must encourage the

dissemination and constant updating of the Plan for rural unions and municipal Councils, keeping them informed about its execution in other spheres.

In the states and Blocs, it is the responsibility of the management teams (EGE and CCGE) to continue monitoring and implementing the actions set out in PE-PNEFA, even after the suspension of vaccination, as these actions are perennial and sustains the maintenance of the FMD-free zones in the country, especially those related to surveillance, strengthening the SVO and education and communication with stakeholders, including sharing and raising awareness of the role of each entity in this process of sanitary evolution.

6.2 Monitoring

Monitoring by indicators and frequent checks in the field enables an adequate evaluation of compliance with the actions and results achieved, and the need for timely reviews and adjustments to achieve the objectives and targets set.

At the national level, the issues related to the Plan have been submitted annually to evaluate the EGN, which indicates priorities and helps build viable alternatives to achieve the objectives and targets set, especially in the short and medium term.

In addition, the DSA evaluates the progress of the state and national actions every six months using monitoring spreadsheets and the SuiteSA software. The progress is always presented to the states and the NGE during the annual Block meetings.

Both the DSA and the EGEs should have the support of the CCGEs, whose main objective is the regional management of PE-PNEFA, through monitoring the implementation of the actions of the Block as a whole, supporting the states so that all walk together. As previously mentioned, all five Blocks have their CCGEs active and active. The CCGEs' direct attribution is to monitor the execution and evaluate the operations and actions planned for each of the Block's member States, especially regarding fulfilling their objectives, achieving programmed goals, and adequate management.

In order to promote the dissemination and involvement of farmers and other stakeholders in the Plan's actions, the state management teams are responsible for organizing annual state forums, under the Coordination of the respective SVOs, to discuss aspects related to the execution of the Plan. Besides the state forums, the management teams are also responsible for promoting meetings in all the state regions, seeking to disseminate and inform farmers about the progress of the Strategic Plan. In this aspect, it is essential to the involvement and active participation of the agriculture federations in liaising with the rural unions to organize these events.

At the national level, every two years, the DSA organizes a national forum to disseminate updated information on the progress of PE-PNEFA and promote discussion and participation of the actors involved in the aspects of the most significant relevance and impact at the national level. Notably, the national forum is an integration event, with the participation of the 27 EGEs, the presidents of the CCGEs, and the NGE.

In December 2021, the II National Forum of the PE-PNEFA 2017-2026 was held in virtual format due to the Covid-19 Global Pandemic. The forum was distributed in two parts and was attended by various segments interested in the PNEFA. The schedule and other information on the national forums can be consulted on the [PNEFA page](#) on the Map Portal. The next PE- PNEFA National Forum is scheduled for 2023.

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