



BUSINESS PLAN

EADRA AND AUSVETPLAN
2016/17 – 2018/19
VERSION 5.A

ACKNOWLEDGEMENTS

Animal Health Australia (AHA) wishes to thank all of our government and industry Members who contribute their time and resources to the ongoing maintenance of the EADRA and AUSVETPLAN projects.

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FOREWORD

Animal Health Australia (AHA) is an incorporated, not for profit, public company established in 1996 by the Australian, state and territory governments and major national livestock industries and is governed by an independently selected, skills-based board. AHA's Members encompass all the state, territory and federal governments, the chief terrestrial livestock industries as well as other animal health organisations and service providers. AHA works with its Members to keep Australia free of new and emerging diseases, and to improve animal health¹, enhance market access and foster the resilience and integrity of the Australian animal health system.

Access to international and domestic markets is dependent on Australia's excellent animal health status and reputation, which in turn depends on government, industry and stakeholder commitment to animal health and welfare, biosecurity², surveillance, and emergency disease preparedness and response. Government and industry partnerships, facilitated by AHA, have been successful in delivering a world-class system for the management of livestock biosecurity risks, which helps Australia maintain its enviable disease free status.

In 2015, AHA decided to streamline the process of business planning development for the EADRA (Emergency Animal Disease Response Agreement) and AUSVETPLAN projects, by combining the two business plans and aligning reporting requirements.

This business plan, which now covers both projects, was drafted during 2015 in accordance with the agreed process, noting that the annual work plans will be subject to revision through the Annual Operating Plan budgetary process.

In addition, in 2015, AHA launched a new Strategic Plan, which is the blueprint for the future and sets AHA's direction for the next five years (2015-2020). This business plan aligns with the new Strategic Plan.

¹ Animal health and welfare are inextricably linked. AHA's role in the animal welfare continuum is contained to issues that may impact on animal production, trade and market access and community social licence.

² "Biosecurity is the management of risks to the economy, environment and the community, of pests and diseases entering, emerging, establishing or spreading." Intergovernmental Agreement on Biosecurity is an agreement between the Commonwealth, state and territory governments (with the exception of Tasmania) and provides a national framework on biosecurity. It came into effect in January 2012. AHA's role in the biosecurity continuum is focused post-border.

1. OVERVIEW

1.1 PURPOSE OF THE BUSINESS PLAN

The rationale of the EADRA/AUSVETPLAN Business Plan is to achieve a longer-term commitment by funding parties for the forward three financial years to strengthen Australia's emergency animal disease response arrangements through successful partnerships with AHA's Members.

The purpose of this business plan is to:

- inform AHA members about the EADRA and AUSVETPLAN projects in more detail than is provided in the overall AHA Annual Operating Plan (to which they are linked)
- assist AHA Members in making a decision on the EADRA and AUSVETPLAN-specific sections before being asked to endorse the overall AHA Annual Operating Plan
- provide direction on the development and implementation of EADRA and AUSVETPLAN project priority activities.

1.2 PROJECT TITLE: EADRA AND AUSVETPLAN

The EADRA (Emergency Animal Disease Response Agreement) is a contractual arrangement that brings together the Commonwealth, state and territory governments and livestock industry groups to collectively and significantly increase Australia's capacity to prepare for, and respond to, emergency animal disease (EAD) incursions.

AUSVETPLAN (the Australian Veterinary Emergency Plan) is a comprehensive framework of manuals that sets out the starting policy and guidelines for agencies and organisations involved in a response to an outbreak of an EAD.

1.3 BACKGROUND

EAD preparedness is a core responsibility of all AHA Members. Its importance is reinforced by the need to ensure rapid and effective responses to EAD incidents to support Australia's strong export market for its livestock and livestock products. The arrangements that Australia has created for cooperative management for a possible emergency (not just exotic) livestock disease are unique and envied by other livestock trading and production countries.

AHA considers EAD preparedness to be one of its highest priorities. Specifically, Strategic Priority 1 of the AHA Strategic Plan 2015-2020³ is '*effectively manage and strengthen Australia's emergency animal disease response arrangements through successful partnerships with Members*'. The underpinning Strategies are:

1. S1.1 Safeguard the integrity of the Deed⁴ to ensure the effectiveness and currency of the response framework and supporting tools.

³ www.animalhealthaustralia.com.au/our-publications/corporate-publications/strategic-plan/

⁴ Also known as the EADRA

2. S1.2 Improve collaboration across governments and livestock industries to enhance emergency animal disease preparedness and response

The EADRA is an agreement between government and industry on how to manage the cost and responsibility for a response to an EAD outbreak. It was developed to facilitate rapid responses to, and control and eradication or containment of, certain EADs and establishes mechanisms that:

1. facilitate immediate reporting of suspect EADs by providing financial disincentives for any failure to report
2. facilitate an early and comprehensive response to an EAD, to define the nature of the disease and contain its spread
3. provide that Parties that fund a response to an EAD have a role in decision making about the response and its funding
4. define funding responsibilities up to certain limits for each EAD including providing a framework wherein:
 - a. the beneficiaries of the eradication or containment of a disease pay an appropriate and equitable proportion of the costs of mounting a response
 - b. no one person/organisation is made better or worse off financially as a result of reporting a disease incident or suspected disease incident
 - c. there is appropriate accountability by a Party to all of the Parties who fund a response to an EAD.
5. define the EAD preparedness and risk mitigation responsibilities of Parties to the Deed
6. facilitate the development of a genuine industry-government partnership for progressing preparedness and responses to EADs
7. recognise the responsibilities of signatories regarding prevention (e.g. development of biosecurity plans and statements).

The focus of the EADRA is on eradication of EADs, and most listed diseases are exotic. For all EADs listed in the EADRA, there is an agreed approach to responding to an outbreak, set out in AUSVETPLAN. Therefore, while the EADRA deals with management of cost and responsibility for a response, AUSVETPLAN provides the technical information and procedures that enable a cohesive response.

Under the EADRA, an affected jurisdiction's EAD Response Plan must be consistent with relevant AUSVETPLAN management manuals and any applicable AUSVETPLAN disease strategy, and be guided by other AUSVETPLAN manuals. Any proposed significant variations to AUSVETPLAN must be clearly identified⁵.

The purpose of AUSVETPLAN is to:

1. underpin the provisions of the EADRA with technical information

⁵ See Clause 7 in the EADRA (www.animalhealthaustralia.com.au/programs/emergency-animal-disease-preparedness/ead-response-agreement/)

2. provide a series of manuals that inform combat agencies about how to manage cohesive, harmonised EAD responses
3. provide jurisdictions with pre-agreed policies that they can test, practise, and immediately implement when required
4. provide a basis for standard national operating procedures for core activities.

In summary, AUSVETPLAN is a comprehensive framework of manuals that sets out the starting policy and guidelines for agencies and organisations involved in a response to an outbreak of an EAD.

AHA does not determine animal health policy. AHA facilitates the development of national policy through engagement with the relevant stakeholders. Governments are ultimately responsible for developing and implementing national disease response policies. AHA manages the review, approval and publication process of AUSVETPLAN on behalf of all its government and industry Members.

The EADRA/AUSVETPLAN Business Plan links to, and is consistent with, AHA's Strategic Plan 2015-2020⁶ and AHA's Annual Operating Plans.

1.4 CONCLUSION/TERMINATION

EADRA and AUSVETPLAN are on-going projects of AHA.

⁶ www.animalhealthaustralia.com.au/our-publications/corporate-publications/strategic-plan/

2. OBJECTIVES AND SCOPE

2.1 PROJECT OBJECTIVES

The objectives of the EADRA and AUSVETPLAN projects are to help EADRA signatories meet their obligations under the Deed, and to deliver excellence in Australia's EAD preparedness and response arrangements respectively, through:

- maintaining and improving the EADRA as the primary, legally binding reference document for EAD response arrangements
- maintaining a world benchmark and Australia's reputation for excellence in EAD preparedness.

And delivering agreed AUSVETPLAN manuals and supporting documents that:

- are effective in foreseeable contexts
- are understood and able to be rapidly implemented
- seek to minimise the socio-economic costs for government and industries.

2.2 OUTCOMES

The following target outcomes are identified in the AHA Strategic Plan 2015-2020 for the EADRA and AUSVETPLAN projects:

TABLE 1: TARGET OUTCOMES MEASUREMENT

Target Outcome 1	Measure	Completion Date	Accountability
Nationally agreed and useable response framework and supporting tools that are fit-for-purpose and readily available.	A strong and robust, nationally agreed, unified framework to deal successfully with EADs. An increased focus on preparedness with more efficient and effective responses by AHA Members to reduce the impacts of EADs.	On-going	AHA and its Members
Enhanced EAD preparedness and response arrangements are gained through improved collaboration between AHA Members.	Strengthened government-industry partnerships for effective and successful responses to emergency animal diseases.	On-going	AHA and its Members
All signatories to the Deed are Members of AHA.	Improved collaboration between governments and livestock industries to enhance EAD preparedness and response.	On-going	AHA and its Members/EADRA signatories

2.3 OUTPUTS

Apart from EADRA workshops (Section 4), and EADRA and AUSVETPLAN communications (Section 5), there are discrete outputs to be delivered by the EADRA and AUSVETPLAN projects:

2.3.1 Updated versions of the Deed

Any Party can, at any time, propose to AHA, variations to the Deed and amendments to its schedules. Such proposals will be discussed with representatives of Parties at the annual EADRA workshop convened by AHA (usually in March). If in-principle support is provided at these workshops, AHA – sometimes with the assistance of a small working group – will further develop the proposed variations and amendments. As a default, AHA will formally ask Parties to approve variations to the Deed and amendments to the schedules once a year.

AHA formally liaises with Plant Health Australia to work towards EADRA and EPPRD harmonisation.

2.3.2 EADRA guidance documents

Any Party can, at any time, request AHA to provide guidance on the use of the EADRA and its processes. Sometimes, this may warrant a modification to the Deed, e.g. to clarify a particular point. However, in other cases, it may be more appropriate to produce a separate document that does not form part of the Deed and is not legally binding (although signatories are expected to generally comply with its contents). AHA – sometimes with the assistance of a small working group – will draft such documents that will – when finalised – be endorsed at the annual EADRA Workshop and issued under the authority of the signatories to the Deed and may be amended or varied at any time with the agreement of the Parties. When required, Members of working groups are identified by requesting government participation through Animal Health Committee (AHC) and industry participation through AHA's Industry Forum.

2.3.3 List of authorised signatories

Each Party to the Deed has an authorised signatory. As a default for jurisdictions, the relevant minister is the signatory; some ministers have delegated their authority to a person, or to a position, in the relevant department. Similarly, the presidents, or equivalents, of some Industry Parties have authorised their respective Chief Executive Officer (CEO) or other delegate to be the authorised signatory. Only the authorised signatories can approve proposed variations to the Deed.

AHA maintains a current list of signatories; Parties can request a change to their authorised signatory at any time, in writing. The list is not publicly available.

2.3.4 AUSVETPLAN manuals

The suite of AUSVETPLAN manuals include:

Disease strategies and response policy briefs

Operational manuals

Enterprise manuals

Management manuals

2.3.5 Supporting documents

These are not endorsed AUSVETPLAN manuals but support the manuals described above, and provide additional information to stakeholders. These include guidance, resource and internal reference documents:

1. Guidance documents provide general guidance to personnel involved in an EAD outbreak, to assist with understanding relevant policies and procedures
2. Resource documents provide information of a general technical nature to stakeholders both during an EAD outbreak as well as during non-outbreak times.
3. Internal reference documents provide guidance to TRG members, expert writing groups etc.

2.3.6 AUSVETPLAN registry of reviewers

AHA has developed an AUSVETPLAN registry of reviewers to draw upon. This registry is wider than, for example, the AUSVETPLAN Technical Review Group (TRG) members; it includes other experts from governments as well as industry Members, and experts from outside AHA's membership.

When an AUSVETPLAN manual is prioritised for review or development, AHA will draw on relevant members of the registry of reviewers in order to put together an expert writing group with a range of expertise.

Members of the AUSVETPLAN registry of reviewers require a thorough understanding of and relevant experience in at least one of the following categories:

1. the Australian national animal health system, in particular, EAD preparedness and response arrangements
2. animal health standards, guidelines and recommendations
3. specific knowledge of the relevant species and diseases
4. the development of national animal health strategies and policies.

In addition to drawing on the AUSVETPLAN registry of reviewers, AHA may also publicise upcoming reviews and developments of new manuals on the AUSVETPLAN website and seek expressions of interest from appropriately qualified people to join the membership of relevant writing groups. The AUSVETPLAN project budget does not include funding for consultant or per diem fees.

2.3.7 Emergency Animal Disease Watch Hotline

AHA monitors and manages the EAD Watch Hotline, with statistics collated and reported through the National Animal Health Information System.

2.4 SCOPE OF WORK

See Section 2.3 for the scope of this business plan.

The following activities are outside the scope of the EADRA and AUSVETPLAN projects:

2.4.1 Application of the EADRA in an EAD event

In an EAD event, where cost sharing is activated under the Deed, AHA will initiate a separate project (i.e. outside the scope of this project). If the EADRA has been activated for a response to an EAD incident, AHA maintains records of funds receivable and payable by Parties. Following completion of the Proof of Freedom Phase (or a decision by the National Management Group that the EAD cannot be eradicated or contained following the EAD Response Plan), AHA determines the total cost (including shared costs and non-shared costs) of that EAD outbreak. These activities are outside the scope of this project.

2.4.2 EADRA and AUSVETPLAN training

Training is an essential part in ensuring the efficacy of a response. A commitment to training is part of a signatory's obligations under the EADRA. Clause 9.2 of the EADRA commits AHA

to conduct a National EAD Training Project (refer to the AHA Annual Operating Plan). While the EADRA and AUSVETPLAN projects will inform training needs (e.g. through the AHA EAD Training Project), the delivery of such training is outside the scope of this project.

2.4.3 Biosecurity and risk management

Through Clause 14 of the EADRA, all Parties acknowledge the need for a program of risk reduction measures, complementary to the Deed, to reduce the risk of the entry and spread of EADs including biosecurity measures for implementation and maintenance at national, regional and individual premises levels. AHA has developed, and will further develop and continue to manage, a national project that includes consultative mechanisms to facilitate governments and livestock Industry Parties working together (refer to the AHA Annual Operating Plan). While the EADRA project will inform needs for biosecurity plans (through the AHA Biosecurity Services Stream), the development of such plans is outside the scope of this project.

2.4.4 Nationally Agreed Standard Operating Procedures

On some operational aspects of an EAD response, it may be useful to provide more guidance than contained in AUSVETPLAN manuals. For such purposes, AHC can ask technical experts to produce Nationally Agreed Standard Operating Procedures (NASOPs), based on AHC-agreed priorities. NASOPs are developed for use by jurisdictions during responses to EAD incidents and emergencies. They underpin elements of AUSVETPLAN and describe the actions typically undertaken during a response to an incident, for example, the management of livestock in transit at the time a livestock standstill is declared for foot-and-mouth disease. They are not part of AUSVETPLAN but for convenience are hosted on the AHA website close to the AUSVETPLAN web pages.⁷

2.4.5 Research and development

There is a risk that AUSVETPLAN disease strategies are not used in responses because they are outdated, inappropriate or unworkable (Section 2.6). In such cases, there may be a need for research and development (R&D) to fill the deficiencies in knowledge that may impede a successful response. While this project will undertake to provide guidance for such research, R&D delivery is outside the scope of this project.

2.4.6 Aquatic EAD response arrangements

There is a separate AHA special-funded project which is exploring the development of a formal government-industry process for national decision-making and funding of EADs for the aquatic sector.

⁷ www.animalhealthaustralia.com.au/programs/emergency-animal-disease-preparedness/nasops/

2.5 PROJECT DEVELOPMENT PLAN

Table 2 lists the scheduled dates for the EADRA and AUSVETPLAN projects. Items 1-6 are to be repeated annually, with appropriate date changes.

TABLE 2: EADRA AND AUSVETPLAN PROJECT MILESTONES

Id	Description	Who is responsible	Scheduled start	Scheduled finish	Predecessor
1	Drafting of EADRA and AUSVETPLAN Business Plan including updated rolling three-year work plans.	AHA	October	December	-
2	Presentation of draft updated rolling three-year work plans to AHA Industry Forum and Animal Health Committee for comment.	AHA	December	January	1
3	Revision of draft EADRA and AUSVETPLAN Business Plan.	AHA	February	February	1 and 2
4	EADRA Workshop review of progress against the current EADRA work plan, and TRG review of progress against the current AUSVETPLAN work plan, and check annual work plan for upcoming year/suggestion of new priorities.	AHA	February	March	3
5	Presentation of draft business plan including updated rolling three-year work plan to AHA Members' Forum for endorsement.	AHA	March	March	4
5	Funding for upcoming financial year agreed by AHA's Members in General Meeting.	AHA	June	June	4
6	Annual repeats of items 1-5.	AHA			5

2.6 RISKS TO THE PROJECT

2.6.1 Risk Identification

AHA regularly conducts analyses of risks in the categories Key Business Risks, Corporate Risks and Program Risks, using a process consistent with the Risk Management Standard AS/NZS ISO 31000:2009, Risk management – Principles and guidelines, published by Standards Australia⁸. This EADRA and AUSVETPLAN Business Plan deals only with specific project risks but uses the same methodology and ratings.

2.6.2 Risk Analysis and Evaluation

A risk analysis carried out internally by AHA has identified six principal project risks for the EADRA and AUSVETPLAN projects:

1. Formal authorisation and subsequent publication of revised versions of the Deed are significantly delayed.

This is most likely to be due to delays in a Party obtaining its authorised signatory's formal (and inherently high-level) authorisation.

2. Development of EADRA guidance documents is significantly delayed.

This could be due to, inter alia, inadequate jurisdictional and industry resourcing for working group support.

3. Loss of EADRA credibility and reduction of signatories' commitment to the EADRA.

This could be due to, inter alia:

- some livestock industries remaining outside the Deed
- government Parties exploring the possibility of expanding the scope of the Deed to include non-livestock industry sectors (e.g. aquaculture) or other parties perceived as beneficiaries of a response to an EAD
- government Parties exploring the possibility of merging the EADRA and the Emergency Plant Pest Response Deed (EPPRD) and moving towards one Deed that in the future could also include other parties perceived as beneficiaries
- lack of clarity about some of the provisions of the EADRA (e.g. valuation, compensation and cost-sharing).

4. EAD disease strategies (AUSVETPLAN) are not used as a basis for response policies.

This could be due to, inter alia:

- lack of awareness that such strategies exist

⁸http://infostore.saiglobal.com/store/getpage.aspx?path=/publishing/shop/promotions/AS_NZS_ISO_31000:2009_Risk_Management_Principles_and_guidelines.htm&site=RM

- strategies (rightly or wrongly) perceived as being outdated
 - strategies being inappropriate or unworkable
 - strategies not addressing issues raised during the consultation and development process
 - relevant personnel not being familiar with the use of AUSVETPLAN manuals.
5. Allocated project resources are not sufficient to deliver against the annual work plan.

This could be due to, inter alia:

- delayed replacement of departed AHA staff or jurisdictional (TRG) AUSVETPLAN staff
 - additional, unfunded yet non-negotiable requests for the production of new or revised documents (e.g. in an emergency situation)
 - necessity for increased meeting support (e.g. travel and accommodation for face-to-face meetings of expert writing groups)
 - necessity for unplanned consultancies and contracts (e.g. experts).
6. There are significant externally-caused delays in the timely publication of revised and new AUSVETPLAN documents.

This could be due to, inter alia:

- stalled negotiations in the consultation phase
- inadequate external (jurisdictional or industry) resourcing for effective consultation.

2.6.3 Risk analysis

Table 3 analyses and evaluates the risks identified in Section 2.6.1.

TABLE 3: RISK ANALYSIS AND EVALUATION

Risk	Likelihood (untreated risk)	Consequences (untreated risk)	Risk rating (untreated risk)	Evaluation
Formal authorisation and subsequent publication of revised versions of the Deed is significantly delayed.	Possible	Minor	Low	Tolerable region for residual risk. It may be acceptable to not expend resources on further treatment (Section 2.6.4)
Development of EADRA guidance documents is significantly delayed.	Likely	Minor	Medium	Generally intolerable region. Needs monitoring and a proactive mitigation strategy (Section 2.6.4)
Loss of EADRA credibility and reduction of signatories' commitment to the EADRA.	Possible	Major	High	An intolerable region, and risk must be mitigated and monitored (Section 2.6.4)
There is a failure of the EADRA processes to respond appropriately (e.g. in regards to Performance Standards/Outcomes) in the event of a specific emergency incident.	Likely	Major	High	An intolerable region, and risk must be mitigated and monitored (Section 2.6.4)
EAD disease strategies (AUSVETPLAN) are not used in responses.	Possible	Major	High	An intolerable region, and risk must be mitigated and monitored (Section 2.6.4)
Allocated project resources are not sufficient to deliver against the annual work plan.	Likely	Minor	Low	Tolerable region for residual risk. It may be acceptable to not expend resources on further treatment (Section 2.6.4)
There are significant externally-caused delays in timely publication of revised and new AUSVETPLAN documents.	Likely	Moderate	High	An intolerable region, and risk must be mitigated and monitored (Section 2.6.4)

2.6.4 Risk evaluation

See Section 2.6.2

2.6.5 Risk mitigation

For the principal risks identified above, AHA's broad mitigation strategies⁹ include:

- proactive efforts to consult and seek advice on emerging issues
- provision of high quality, professional and timely advice on issues
- responding effectively to Members' requirements
- systematic business planning and reporting processes (including through this business plan)
- use of risk evaluations as part of policy analysis, program delivery design and services procurement (Section 2.6.5)
- development of tightly defined contract management processes and service standards for delivery of key external services including information technology and human resource processing
- funding agreements that reflect the assessed risk, balanced against the need for the delivery of services
- well articulated and widely disseminated and managed policies and procedures covering program expectations and contingency planning.

Specific proposed treatments and their effect on likelihood, consequences and the resulting risk rating are presented in Table 4.

The treatments proposed for risks #1 and #5 may not reduce likelihood or consequences sufficiently to reduce the rating of either. As such, the risk retains the (tolerable) rating of 'low'. No additional treatments are warranted.

The treatments proposed for risk #2 can reduce the likelihood and thereby reduce the risk to a rating of 'low'.

The treatments proposed for risk #3 may not reduce likelihood or consequences sufficiently to reduce the rating of either. As such, the risk retains the (not tolerable) rating of 'high'. The risk needs to be accepted.

The treatments proposed for risk #4 can reduce the likelihood and thereby reduce the risk rating from 'high' to 'medium'.

Regarding risk #6, while the incorporation of jurisdictional and industry resource requirements into this business plan (Section 6.1) is aimed at obtaining commitment by Parties to providing those resources, in reality, the inherent reliance of the effectiveness of the AUSVETPLAN project on jurisdictional and industry in-kind contributions is a key vulnerability. In times of diminishing resources or emergency situations, such commitment to the AUSVETPLAN

⁹ AHA methodology has been reviewed to determine consistency with AS/NZS ISO 31000:2009 Australian Standard on Risk Management.

project will suffer. The treatments proposed may not reduce the likelihood or consequences sufficiently to reduce the rating of either. This risk needs to be accepted, or a new business model for the project needs to be developed.

TABLE 4: RISK EVALUATION AFTER PROPOSED TREATMENTS

Risk	Proposed treatment or response	Likelihood (after treatment)	Consequences (after treatment)	Risk rating (after treatment)
Formal authorisation and subsequent publication of revised versions of the Deed is significantly delayed.	maintaining good working relationships with Parties' representatives exploration of alternative, legally sound ways to obtain Parties' authorisations	Possible	Minor	Low
Development of guidance documents is significantly delayed.	AHA to retain highest level of expertise of staff incorporation of jurisdictional and industry resource requirements into this business plan (Section 6.1), with a view to commitment by Parties to providing those resources	Possible	Minor	Low
Loss of EADRA credibility and reduction of signatories' commitment to the EADRA.	increasing communication efforts to emphasise the crucial advantages of the EADRA (legally binding, joint government-industry agreement) in dealings with stakeholders broadening the industry signatory base (esp. ducks, alpacas) for the EADRA increasing cooperation with Plant Health Australia to harmonise the provisions of the EADRA and the EPPRD as appropriate working together with governments towards ways to address gaps in biosecurity arrangements (esp. aquaculture) collecting 'lessons learned' during the use of the EADRA and the production of guidance documents to address them working to ensure all signatories to the Deed are Members of AHA	Possible	Major	High
There is a failure of the EADRA processes to respond appropriately (e.g. in regards to Performance Standards/Outcomes) in the event of a specific emergency incident.	'Blueprint project' development and implementation to capture lessons identified from all EAD responses that trigger cost sharing under EADRA. OIE PVS Audit presently being undertaken will involve all governments, livestock industries and AHA. AHA plans to undertake a gap analysis (provided relevant information is made available in the report) to determine any next steps for the development of Performance Standards. Refer to BM143 Agenda item 8.2.	Possible	Major	High

Risk	Proposed treatment or response	Likelihood (after treatment)	Consequences (after treatment)	Risk rating (after treatment)
EAD disease strategies are not being used in responses.	<p>AHA to retain highest level of expertise of staff</p> <p>awareness-raising measures about AUSVETPLAN (Section 5)</p> <p>guidance for research where deficiencies in knowledge prejudice successful responses</p> <p>implementation of the AUSVETPLAN monitoring and evaluation plan</p> <p>increased efforts to inform training needs (training delivery is outside the scope of this project)</p> <p>participate in national fora on emergency training and Animal Health Committee processes</p>	Unlikely	Major	Medium
Allocated project resources are not sufficient to deliver against the annual work plan.	monitoring and reviewing the work plan against budget and expenditure	Possible	Minor	Low
There are significant externally-caused delays in timely publication of revised and new AUSVETPLAN documents.	<p>enhanced consultative processes (e.g. 'high-level' meetings) to address and resolve significant issues</p> <p>incorporation of jurisdictional and industry resource requirements into this business plan (Section 6.1), to obtain commitment by Parties to providing necessary resources</p> <p>recognising and rewarding excellence to better harness committed as well as 'voluntary' contributions</p>	Possible	Moderate	Medium

2.6.6 Monitoring and review

AHA reviews the EADRA and AUSVETPLAN project risks every six months as part of the overall risk review conducted by the company.

2.7 Relevant government policy, legislation and rules

In Australia, each state and territory has operational responsibility for the control and/or eradication/management of animal diseases, whether endemic or exotic, within its borders. Each state and territory therefore administers its own EAD control legislation, which is supported by emergency service arrangements. In all cases, these provide adequate powers for all essential EAD eradication measures. The Australian Government has powers under the *Quarantine Act 1908*¹⁰ to support the states and territories where appropriate.

In an EAD event that triggers the EADRA, the EAD Response Plan developed by the state or territory chief veterinary officer(s) in whose jurisdiction(s) the EAD incident has occurred, must be consistent with relevant AUSVETPLAN manuals, unless the Consultative Committee on Emergency Animal Diseases advises, and the National Management Group agrees to, a proposed variation that must be clearly identified in the EAD Response Plan.

¹⁰ The *Biosecurity Act 2015* will commence on 16 June 2016, 12 months after royal assent, replacing the *Quarantine Act 1908*.

3. PROJECT MANAGEMENT PLAN

3.1 GOVERNANCE

EADRA

AHA is the custodian of the EADRA.

While two of AHA's livestock industry Members are not (yet) signatories to the Deed itself, the EADRA, as a project, is subscription-funded; it provides benefits to all AHA Members. AHA's accountability therefore is to all AHA Members.

High-level strategic guidance on the project is provided by AHA's EAD Reference Group.

Rolling three-year work plans are reviewed and updated annually by governments and industry, through the Industry Forum, Animal Health Committee, and through the EADRA workshops to which AHA invites all current as well as prospective Parties and Plant Health Australia – see also Sections 2.5 and 3.2.

Within AHA, the EADRA project is part of the EAD Preparedness and Response Services area, overseen by an Executive Manager and managed by a Veterinary Officer. Further part-time support is provided by the AHA Executive Team, by Corporate and Member Services (including communications), and other projects, as and when required.

Governments and industry provide input into the refinement of the Deed, its application in non-outbreak times (e.g. through categorisation panels) and the development of guidance documents. Variations to the Deed, amendments to the Schedules as well as guidance documents require the approval of all Parties, the latter through a less formal process.

In February/March each year, AHA organises an EADRA workshop. This provides a forum to guide the development of the EADRA annual work plan. It reviews its own terms of reference and progress against the current annual work plan, and identifies current issues of concern as well as lessons learned from the use of the EADRA. These are then prioritised and provide the required guidance for the development of the annual work plan for the subsequent business cycle.

AUSVETPLAN

AUSVETPLAN is a subscription-funded AHA project and therefore 'owned' by, and providing benefits to, all AHA Members. AHA manages the AUSVETPLAN review, approval and publication process on behalf of all government and industry Parties. AHA's accountability therefore is to all AHA Members.

High-level strategic guidance on AUSVETPLAN is provided by AHA's EAD Reference Group.

Rolling three-year work plans are reviewed and updated annually by governments (through the AUSVETPLAN TRG and AHC) and industry (through the Industry Forum) – see also Sections 2.5 and 3.2.

Within AHA, the AUSVETPLAN project is part of the EAD Preparedness and Response Services area, overseen by an Executive Manager and managed by the Manager AUSVETPLAN. Part-time technical support is provided by policy and veterinary officers.

Further part-time support is provided by the AHA Executive Team, by Corporate and Member Services (including communications), and other projects, as and when required.

AHA chairs the TRG which provides technical and scientific support to the development of AUSVETPLAN manuals and documents. The TRG comprises experts representing the Australian Government Department of Agriculture and Water Resources, state and territory agriculture (or equivalent) departments and the CSIRO Australian Animal Health Laboratory. Industry participates as appropriate. The terms of reference for the TRG are maintained on the TRG Extranet as an AUSVETPLAN internal reference document (refer to 2.3.4), and are reviewed annually.

To assist the TRG, expert writing groups are convened as required.

Industry organisations provide expertise in the development of AUSVETPLAN manuals through writing groups and through consultations during the development and revision of manuals.

New and reviewed manuals are endorsed by AHA, AHC or the National Biosecurity Committee (NBC), depending on:

- the category of manual (for example, enterprise manuals are not subject to government endorsement)
- the nature of the suggested changes:
 - Type 1 – changes to an existing manual that are clear matters of fact or minor operational procedures (authorisation: AHA)
 - Type 2 – more substantial changes to an existing manual, relating to significant technical issues or operational policies and procedures (authorisation: AHC)
 - Type 3 – all new manuals, and significant policy changes to an existing manual that have financial implications for stakeholders (authorisation: NBC).

3.2 REPORTING REQUIREMENTS

Tables 5 shows AHA's reporting and consultation requirements for the EADRA and AUSVETPLAN projects.

TABLE 5: REPORTING AND CONSULTATION REQUIREMENTS

When	To/With whom	What	For
February/March	EADRA Workshop (EADRA) TRG (AUSVETPLAN)	Check annual work plan for upcoming year and identification of new priorities Review terms of reference Mid-year progress report against the current work plans	Discussion
February/March ¹¹	AHA EAD Reference Group AHA Industry Forum Animal Health Committee	Review and recommend issues to be raised at the EADRA workshop (EADRA) Mid-year progress report against the current work plans (OOS)	Information
June	AHA General Meeting	Final draft Business Plan including rolling three-year work plan beginning next fiscal year	Endorsement
August	TRG (AUSVETPLAN)	Identify priorities for work plan next year	Discussion
August	AHA Industry Forum Animal Health Committee	End-year progress report against the current work plans (OOS)	Information
September	AHA EAD Reference Group	Possible changes in strategic priorities in Business Plan	Discussion
December/January	AHA Industry Forum Animal Health Committee	Draft updated rolling three-year work plans	Comment

From time to time, exceptional reports may be prepared, e.g. where there are significant delays against the rolling three-year work plan, or significant achievements, or other significant matters that require discussion and decision.

¹¹ AHA plans to do this work out of session in future years

4. PROJECT ACTIVITIES

To meet the project objectives (Section 2.1), the activities listed in Tables 6 and 7 are undertaken. Responsibility rests with the Executive Manager, EAD Preparedness and Response Services and the relevant project managers.

TABLE 6: PROJECT ACTIVITIES – EADRA

# ¹²	Item
Outputs	
1.	Delivery against work plan – see Appendix A
2.	Publish updated versions of the Deed and guidance documents (Sections 2.3.1 and 2.3.2)
3.	Maintain list of signatories and nominated representatives (Section 2.3.3)
Processes	
4.	Manage project internally within AHA (including monitoring expenditure against budget and reviewing risks)
5.	Liaise with Plant Health Australia to work towards EADRA and EPPRD harmonisation
6.	Organise and chair EADRA workshops in February/March each year
7.	Identify and prioritise issues
8.	Coordinate EADRA out-of-session activities
9.	Convene EADRA working groups and workshops as and when required
10.	Oversee EAD categorisation processes as and when required
11.	Consult Parties on proposed variations to the Deed clauses, amendments to the Schedules and on guidance documents
12.	Seek approval of proposed variations to the Deed clauses, amendments to the Schedules and on guidance documents, through the relevant processes
13.	Undertake EADRA communication activities (Section 5)
14.	Liaise with AHA’s legal advisors as and when required
15.	Inform training, biosecurity and risk management needs (Sections 2.4.2-2.4.4)

¹² not a priority ranking

AHA has prepared a rolling three-year work plan for the EADRA project 2016/17 to 2018/19 (Appendix A). This work plan is based on the following:

- regularly occurring, foreseeable tasks (e.g. Deed updates)
- work currently underway and likely to continue into at least 2016/17
- additional tasks identified at the March 2015 EADRA workshop
- Animal Health Committee and AHA's Industry Forum comments from the respective April and September 2015 meetings and the October/November 2015 out-of-session processes.

TABLE 7: PROJECT ACTIVITIES – AUSVETPLAN

# ¹³	Item
Outputs	
1.	Delivery against work plan – see Appendix B
2.	Publish new or revised AUSVETPLAN manuals and AUSVETPLAN supporting documents (Section 2.3.4)
3.	Maintain the registry of reviewers (Section 2.3.5)
Processes	
4.	Manage project internally within AHA (including monitoring expenditure against budget and reviewing risks)
5.	Organise and chair TRG face to face meetings in February/March and August each year
6.	Coordinate TRG out of session work
7.	Convene AUSVETPLAN expert writing group meetings as and when required
8.	Review and improve – on an on-going basis – AUSVETPLAN operations (through internal AUSVETPLAN reference documents – see Section 2.3.3)
9.	Consult industry and governments on AUSVETPLAN priorities (Table 5 and Section 3.2)
10.	Seek approval of new or revised AUSVETPLAN manuals through the relevant processes (Section 3.1 and Figure 2)
11.	Undertake AUSVETPLAN communication activities (Section 5)
12.	Liaise with AUSVETPLAN scientific editor
13.	Inform evaluation, training, NASOP and research needs on AUSVETPLAN (Sections 2.4.1 – 2.4.4)
14.	Conduct monitoring and evaluation of the AUSVETPLAN project

¹³ Not a priority ranking

To develop the annual AUSVETPLAN work plan (Appendix B), AHA and the TRG apply a risk-based prioritisation process, using an abbreviated Nominal Group Technique¹⁴ process, and taking into account the following risks:

1. disease risks: the combination of likelihood of entry and establishment of a disease and the level of consequences
2. business¹⁵ risks: risks to the business that arise from manual issues, process issues and the use of AUSVETPLAN manuals
 - a. manual issues (examples):
 - i. neither a disease strategy manual nor a response policy brief exists for a disease with a high disease risk (e.g. a new disease)
 - ii. a response policy brief exists for a disease with a high disease risk but is deemed insufficient; a comprehensive manual is required (e.g. the disease has increased in importance; the response policy brief does not provide sufficient detail on the proposed response)
 - iii. a manual or a response policy brief exists for a disease with a high disease risk, but some critical issues have changed significantly, requiring a different response policy (e.g. vaccines have become unavailable; the possible host range in Australia has increased)
 - iv. a manual or a response policy brief exists for a disease with a high disease risk, and while the disease risk has not changed significantly, the document has not been updated for a number of years and the response strategy is perceived to be out of date
 - v. changes in government processes and structures that influence disease control centre management
 - vi. significant advances in operational aspects of surveillance, vaccination, destruction, disinfection and decontamination.
 - b. process issues (examples)
 - i. there is a lack of experts to competently deliver a manual update or a new manual
 - ii. AUSVETPLAN approval processes are perceived to be cumbersome and to take too long
 - iii. AUSVETPLAN consultation processes are perceived to be not sufficiently inclusive
 - iv. controversial issues raised during consultation are perceived to not have been satisfactorily addressed and resolved

¹⁴ www.cdc.gov/healthyyouth/evaluation/pdf/brief7.pdf

¹⁵ the 'business' is the entire AUSVETPLAN project, i.e. the process of manual review, approval and publication on behalf of all of AHA's government and industry members

- v. stakeholders disengage from the consultation process.
- c. usage issues (examples)
 - i. existing AUSVETPLAN manuals do not facilitate a cohesive response to an outbreak
 - ii. relevant personnel do not know how to use AUSVETPLAN
 - iii. EAD training provided outside this project does not address the needs identified through this project.

Disease response strategies need to take into account all sources of risks so that the management of livestock health consequences are integrated with management of consequences to human health, economic and trade outcomes, social well-being and organisational effectiveness and reputation.

TRG regularly reviews progress made against the current year's work plan, adjusts the plan for the out years, and identifies items for the year to be added annually (viz rolling three-year work plan) see Section 3.1).

For the regular reporting, consultation and approval processes see Section 3.2.

While the primary purpose of a three-year rolling work plan is to ensure strategic continuity in delivery against agreed priorities, there will also be situations where an item (that may or may not be on the current work plan) needs to be assigned an immediate priority, thereby overriding other priorities. Such situations can arise where there is a need for a new or updated disease strategy to ensure a rapid and effective responses to an EAD incident to support Australia's strong export market for its livestock and livestock products. In the past, such requests have been brought forward by AHC during EAD events.

5. STAKEHOLDER COMMUNICATIONS

Stakeholders in the EADRA and AUSVETPLAN projects include all AHA Members as well as others that are part of the national animal health system, for example, meat, dairy and wool processors, and livestock transporters. Project activities, in particular consultation on new or revised AUSVETPLAN manuals, includes Members, but will extend to non-members as and when required. Plant Health Australia – while not a stakeholder itself – has an interest because the Commonwealth and state and territory governments are signatories to both the EADRA and the EPPRD.

Project activities, in particular consultation on proposed variations to the Deed clauses, amendments to the Schedules and on guidance documents, includes signatories, but will extend to non-members, as and when required.

Apart from regular reporting and consultation arrangements (Section 3.2), EADRA communication activities are targeted at raising awareness about the EADRA and informing training, biosecurity and risk management needs relevant to the EADRA.

In addition, the EAD Preparedness and Response Services area's Communications Strategy supports this business plan (as well as the business plans for the AUSVETPLAN and the Training projects), with the view to identifying specific strategic communications activities to be implemented by AHA to increase awareness of EAD preparedness and response activities amongst identified target audiences.

Apart from TRG activities (Section 4) and regular reporting, consultation and approval arrangements (Section 3), AUSVETPLAN communication activities are targeted at raising awareness about AUSVETPLAN, informing evaluation, training and NASOP needs on AUSVETPLAN, and achieving a sense of pride and ownership in AUSVETPLAN among AHA Members and other stakeholders.

In addition, the EAD Service Stream Communications Strategy supports this business plan (as well as the business plans for the EAD Response Agreement and the Training projects), with the view of identifying specific strategic communications activities to be implemented by AHA to increase awareness of EAD preparedness and response activities amongst identified target audiences.

Communication activities include:

- regularly updated questions and answers (Q&As) on the EADRA, published on the EADRA website
- informal (email) updates to Animal Health Committee on, for example, updated versions of the Deed and on new guidance documents
- informing the AHA EAD Training project about EADRA training needs (Section 2.4.2)
- informing the AHA Biosecurity Services area about the needs for biosecurity plans (Section 2.4.3)
- informing the AUSVETPLAN project about the needs to update AUSVETPLAN manuals (Section 2.4.4)
- utilising other opportunities such as industry meetings (e.g. AGMs), EAD training courses (e.g. Rapid Response Team exercises), etc.

- informal (email) updates to the TRG and AHC on, for example, publication of AUSVETPLAN documents and generally about achievements of the project
- regular items on AUSVETPLAN activities in AHA Update newsletters
- regular items and articles on AUSVETPLAN activities and information to relevant publications
- informing the AHA EAD Training project about AUSVETPLAN training needs (Section 2.4.1)
- liaising with AHC on the need for NASOPs, or AUSVETPLAN manual evaluations (Sections 2.4.2 and 2.4.3)
- utilising other opportunities such as industry meetings (e.g. AGMs), EAD training courses (e.g. Rapid Response Team exercises), etc
- exchange of information between TRG and the National Animal Health Training Steering Committee about AUSVETPLAN updates relevant to training.

6. FINANCIAL MANAGEMENT

6.1 FUNDING SOURCES AND BASIS

AHA manages the EADRA and AUSVETPLAN as subscription-funded projects, i.e. direct costs are primarily covered through equal contributions from the Australian Government, the state and territory governments in aggregate, and all livestock industry Members in aggregate. AHA's service providers and Associate Members also contribute a proportion of their total contributions to AHA subscription-funded programs, and some funding comes from the company's interest income¹⁶.

A General Meeting of Members held annually in June formally agrees upon this funding ('core' or 'subscription' funding) on an aggregate basis for the next financial year.

Work plans for the upcoming three financial years for both components have been developed (Section 4 and [Appendixes A and B](#)) to meet the project objectives (Section 2.1). The work plans have been costed (Section 6.2) based on previous years' budgets and experience.

The breakdown within the state and territory governments and industry groups, respectively, is based on the rolling three-year averages of industry gross values of production (GVPs) and those industries' location in the states and territories. The detailed methodology for these calculations was agreed by Members in General Meeting. This means that the actual dollar contribution for these Members is adjusted annually to reflect changes in the rolling three-year average of industry GVP. Likewise, forward estimates for contributions from service providers, Associate Members and income from interest are estimates only.

TRG members estimate that to perform their functions effectively, up to 0.2 FTE (each) are required, which – if costed – would add the equivalent of a total of 1.8 FTE to the funding basis (with 0.2 FTE provided by each state and the Northern Territory, 0.2 FTE by the Australian Government Department of Agriculture and Water Resources, and 0.2 FTE by the CSIRO Australian Animal Health Laboratory (AAHL)).

Jurisdictions' and AAHL's TRG commitments are almost the same as AHA's staffing commitment, which means that AHA is reliant on an effective TRG and expects governments to make these in-kind resources available in addition to their subscription funding. The 0.2 FTE contribution by each TRG member should be reflected in that person's work plan to ensure their contribution is recognised and can be delivered.

In addition, there are considerable 'in kind' (and some cash) contributions by Parties and other stakeholders in government as well as the private sector, e.g. through membership on expert writing groups, working groups and through the EADRA and AUSVETPLAN consultation processes. Industry contributions have not been costed; however, especially in the case of diseases or topics of cross-species and cross-sector interest (e.g. foot-and-mouth disease), their contributions are significant and critical for the effective delivery of project outcomes.

¹⁶ distributed equivalent to the proportional costs of AUSVETPLAN as one of all AHA "core" (or subscription-funded) projects – refer to AHA Annual Operating Plans

6.2 EXPENDITURE

A breakdown of projected itemised expenditure for the upcoming three fiscal years is provided in Tables 8 and 9. These are based on previous years' actual expenditure. The total figure for 2016/17 reflects core-funding agreed by AHA Members in General Meeting in June 2016.¹⁷

The budget must be read in conjunction with the rolling three-year work plans ([Appendixes A and B](#)). The AUSVETPLAN work plan ([Appendix B](#)) uses the following approximations:

Low-level (one-star) input activities should require input only by AHA and its scientific editor. No meeting costs are expected.

- Examples: 'Tail-end' of a new or revised manual development and approval process; minor technical update with few comments expected.

Medium level (two-star) input activities as a minimum require input by AHA and its scientific editor but could also require input by expert writing groups and the TRG. For this level of activity, expert writing groups and the TRG are expected to discharge their duties by email correspondence or teleconference; however, face-to-face meetings may be required.

- Examples: Reconciling comments on a first draft revision; policy change with comments expected.

High level (three-star) input activities require input by AHA, expert writing groups, the TRG and AHA's scientific editor. If TRG needs to discuss these items face-to-face, the costs would be covered through the regular TRG meeting cost; however, additional face-to-face meetings of expert writing groups are most likely required.

- Examples: Preparation of a first draft (new or revised manual) through expert writing groups and TRG; expected divergence of stakeholder views in the consultation process.

Table 8 assumes averages for 2016/17 based on previous years' actuals for the cost of one annual face-to-face EADRA one-day workshop (9 government and 16 livestock industry participants) (includes¹⁸ accommodation, meals, incidentals, meeting expenses, etc.).

To continue to save costs, working group meetings will be conducted by teleconference as a default; face-to-face meetings will require self-funding by participants.

Prioritisation efforts by the TRG and AHC consistently identify the foot-and-mouth disease and avian influenza disease strategies, and the control centres management manuals as key priorities. Additionally, TRG notes that in order to facilitate delivery against the work plan, and accounting for diminishing resources within jurisdictions, it is preferable to identify a concise number of key priorities for which resources can be allocated. Resources also need to take into account emerging priorities if and when they arise.

¹⁷ Information to be provided following endorsement of the AHA Annual Operating Plan at General Meeting in June 2016

¹⁸ For the purpose of this plan, travel costs are excluded, because the EADRA workshop is held back to back with other AHA meetings with almost total overlap in attendees.

Enterprise manuals are usually prepared by industry; there may therefore be a high level of activity within that industry before the manual is submitted to AHA, but that engagement is not included in [Appendix B](#).

Table 9 assumes averages for 2016/17 based on previous years' actuals for:

- two TRG face-to-face, 2 day meetings per year (includes travel, accommodation, meals, incidentals, meeting expenses, etc. for twelve participants)
- two expert face-to-face 1-2 day writing group meetings (includes travel, accommodation, meals, incidentals, meeting expenses, etc. for six participants).

6.2.1 Notes on 2017/18 and 2018/19 estimates

In Tables 8 and 9, expenses for 2017/18 have been indexed at 3% over 2016/17 and for 2018/19 at 3% over 2017/18. These are conservative figures, and allow for continuous adequate resourcing.

TABLE 8: EXPENDITURE BUDGET (EADRA)

Items	2016/17	2017/18	2018/19
Staff (including on-costs) - see Section 3.1	214,420	220,853	227,478
Operations			
- EADRA workshops (accommodation, meals, incidentals, meeting expenses, etc.)	16,000	16,480	16,974
- Other meetings (e.g. working groups)	2,300	2,369	2,440
Consultancies and contracts ¹⁹			
- Legal fees	5,019	5,170	5,325
Totals	237,739	244,871	252,217

¹⁹ As agreed at the EADRA Workshop in March 2015, categorisation panels will be considered as special funded projects, whereby the costs of the categorisation panel will be retrospectively shared by the Relevant Parties according to the cost sharing arrangements for the disease category that is ultimately agreed

TABLE 9: EXPENDITURE BUDGET (AUSVETPLAN)

Items	2016/17	2017/18	2018/19
Staff (including on-costs) - see Section 3.1	327,896	337,733	347,865
Operations			
- TRG meetings (travel, accommodation, meals, incidentals, meeting expenses, etc.)	50,000	51,500	53,045
- Expert writing group meetings (travel, accommodation, meals, incidentals, meeting expenses, etc.)	10,000	10,300	10,609
- Other consultation meetings	20,000	20,600	21,218
- EAD Watch Hotline	7,727	7,959	8,198
Consultancies and contracts (incl. scientific editing)	64,000	65,920	67,898
Totals	479,623	494,012	508,832

7. STRATEGY

7.1 KEY INDICATORS

Tables 10 and 11 list key performance indicators for the project activities identified in Section 4.1. Responsibility ultimately rests with the Executive Manager, EAD Preparedness and Response Services.

TABLE 10: KEY INDICATORS (EADRA)

# ²⁰	Item	KPI	Target date
Output indicators			
1.	Delivery against work plan – see Appendix A	90% of the work plan is completed, with non-achievements explained and remedial action put in place to progress, by the end of the current business cycle.	Report as per Table 5
2.	Publish updated versions of the Deed and guidance documents (Sections 2.3.1 and 2.3.2)	EADRA and guidance documents are up-to-date, appropriately endorsed and easily accessible on the AHA website.	Annually (EADRA) and as per work plan (guidance documents)
3.	Maintain list of signatories and nominated representatives (Section 2.3.3)	List of authorised signatories is current, requests from Parties for changes are completed and reviewed as needed and by the end of each business cycle and control measures are identified to combat delays in work plan.	On-going
Process indicators			
4.	Manage project internally within AHA (including monitoring expenditure against budget and reviewing risks)	Project is within budget or increased budgets are explained and approved.	Monthly review
5.	Liaise with Plant Health Australia to work towards	There are a declining number of inconsistencies between the Deeds.	On-going

²⁰ Not a priority ranking

	EADRA and EPPRD harmonisation		
6.	Organise and chair EADRA workshops in February/March each year	The annual work plan is assessed, reviewed and endorsed.	Within four weeks after each meeting
7.	Identify issues and priorities	Issues identified by AHA Members during the current business cycle, that require modifications to the Deed or the preparation of EADRA guidance documents, are prioritised and endorsed at the Members Forum in November and included in the annual work plan of the subsequent business cycle.	As required
8.	Coordinate EADRA out-of-session activities	Timeline of responses to OOS items.	Within four weeks after posting
9.	Convene EADRA working groups	EADRA documents are based on scientific evidence and are technically sound.	As and when required
10.	Oversee EAD categorisation processes	Adherence to timelines as set out in the EADRA.	As and when required
11.	Consult Parties on proposed variations to Deed clauses, amendments to Schedules, and on guidance documents	The EADRA and guidance documents represent a consensus of the Parties' position(s).	On-going
12.	Seek approval of proposed variations to Deed clauses, amendments to Schedules, and on guidance documents, through the relevant processes	The EADRA and guidance documents represent a consensus of the Parties' position(s).	Deed: annually Guidance documents: as required
13.	Undertake EADRA communication activities (Section 5)	Stakeholders recognise, accept and value the EADRA as the primary, legally binding reference document for EAD response arrangements.	On-going

14.	Liaise with AHA’s legal advisors	Queries on the Deed are addressed professionally.	As and when required
15.	Inform training, biosecurity and risk management and AUSVETPLAN needs (Sections 2.4.2-2.4.4)	Needs are incorporated into relevant groups’ work plans.	On-going

TABLE 11: KEY INDICATORS (AUSVETPLAN)

# ²¹	Item	KPI	Target date
Output indicators			
1.	Delivery against work plan – see Appendix B	90% of the work plan is completed, with non-achievements explained and remedial action underway.	Reports as per Table 5
2.	Publish new or revised AUSVETPLAN manuals and AUSVETPLAN supporting documents (Section 2.3.4)	AUSVETPLAN manuals are up-to-date, appropriately endorsed and easily accessible on the AHA website.	As per work plan
3.	Maintain the registry of reviewers (Section 2.3.5)	Experts are readily identified when needed for information on animal species, diseases, industry information, operational issues, etc.	On-going
Process indicators			
4.	Manage project internally within AHA (including monitoring expenditure against budget and reviewing risks)	Project is within budget.	Monthly review
		Control measures are identified for delays in work plan resulting from actual responses.	Monthly review
5.	Organise and chair TRG face-to-face meetings in February/March and August each year	The annual work plan is assessed and reviewed.	Within four weeks after each meeting
6.	Coordinate TRG out-of-session work	Timeliness of responses to OOS (TRG Extranet) items.	Within four weeks after posting
7.	Convene AUSVETPLAN expert writing group meetings as and when required	AUSVETPLAN manuals are based on scientific evidence and are technically sound.	As required
8.	Review and improve – on an on-going basis – AUSVETPLAN	Documents are reviewed and adjustments made by TRG.	Annual check of documents

²¹ Not a priority ranking

	operations (through internal AUSVETPLAN reference documents – see Section 2.3.6)		
9.	Consult industry and governments on AUSVETPLAN priorities (Table 5 and Section 3.2)	The work plan reflects stakeholder priorities.	On-going
		Feedback from real or simulated emergencies is incorporated in AUSVETPLAN reviews.	
10.	Seek approval of new or revised AUSVETPLAN manuals through the relevant processes (Section 3.1 and Figure 2)	AUSVETPLAN response strategies represent stakeholder consensus positions.	On-going
		Approvals checklist can be ticked off with no or minimal delay.	As required
11.	Undertake AUSVETPLAN communication activities (Section 5)	A wide group of stakeholders is aware of AUSVETPLAN and how to use it.	On-going
12.	Liaise with AUSVETPLAN scientific editor	Contract schedule is reviewed, and regular meetings are held to address outstanding issues.	As required
13.	Inform evaluation, training, NASOP and research needs on AUSVETPLAN (Section 2.4.1 – 2.4.4)	Needs are incorporated into relevant groups' work plans.	On-going
14.	Conduct monitoring and evaluation of the AUSVETPLAN project	AUSVETPLAN manuals are current and adequate for the purposes of EAD outbreak response, and training in EAD preparedness and response.	On-going

7.2 INFORMATION MANAGEMENT

The latest version of the EADRA and all endorsed guidance documents as well as other supporting information (e.g. Q&As) are published on the publicly available AHA website.

All endorsed AUSVETPLAN manuals and supporting documents as well as contextual information are published on the publicly available AHA website.

From time to time, items of special significance will be highlighted separately on the homepage.

All internal records (e.g. meeting minutes, draft versions of manuals, relevant emails) are electronically stored on the AHA internal server (SharePoint).

Documents of relevance to the TRG (e.g. meeting minutes, draft versions of manuals, internal AUSVETPLAN reference documents) are electronically stored on the AUSVETPLAN Extranet (password-protected access by TRG members).

Staff costs for information management are included in 'staff costs' in Section 6.2.

7.3 MONITORING AND REPORTING

Sections 3.1 (Governance) and 3.2 (Reporting requirements) outline the compulsory monitoring and reporting undertaken each year to ensure AHA meets its management obligations. Quality indicators are not included in these reporting requirements and AHA has been developing ways to officially capture regular feedback on quality indicators (Section 8).

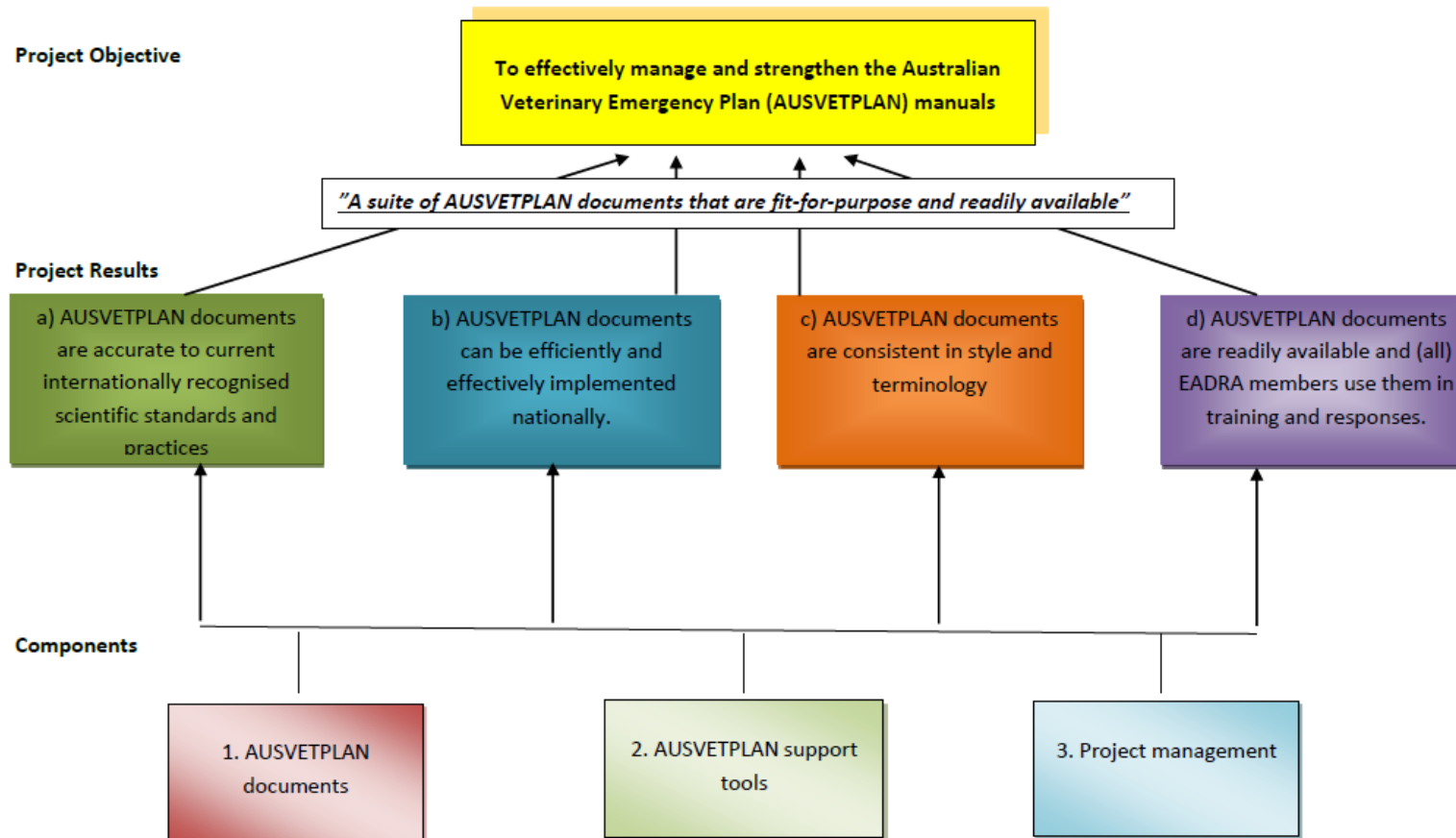
8. EVALUATION

Business planning is an ongoing activity. AHA will review this plan annually to ensure its continuing relevance and accuracy. Prior to each year's review, feedback will be sought from AHA Members on the current year's performance through meeting agenda items (which include an annual review of the work plan) and specific surveys.

The following Monitoring and Evaluation (M&E) Model has been developed for AUSVETPLAN and a similar model is under development for the EADRA.

In internal evaluation of the projects is undertaken at the end of each 3 year cycle. Ideally an external evaluation would be undertaken at the end of 2 cycles (i.e. every 6 years) but this is dependent on additional funds being made available for such a specific undertaking.

AUSVETPLAN PROJECT M&E MODEL



9. BUSINESS RULES

AHA is responsible for the management of the EADRA and AUSVETPLAN projects. Because the operation of these projects is a collaboration of AHA, governments and a range of livestock industries, the following rules apply:

- a business plan for the period 1 July 2016 to 30 June 2019 has been prepared and endorsed by all Parties. It can be reviewed at any time during this period at the request of the TRG or AHA
- any increases in budget require endorsement by Funding Parties to the business plan
- all Parties are required to nominate a representative who has responsibility for EADRA and AUSVETPLAN issues within their organisation
- the EADRA and AUSVETPLAN projects can be independently reviewed as part of the AHA review process
- only those activities consistent with this business plan are undertaken, with any proposed additional activities first approved by AHA and relevant Funding Parties
- expenditure on EADRA and AUSVETPLAN project activities is appropriately recorded using acceptable accounting standards
- service providers are required to submit invoices quarterly
- where invoicing to AHA is required, such invoices will include supporting documentation as required
- reimbursements from AHA to service providers are required to comply with any payment policies
- expenditures do not exceed budgets unless previously approved by AHA
- cash contributions to the EADRA and AUSVETPLAN projects are managed in accordance with AHA's finance policies and procedures
- the principle of funding equating to expenditure applies to the EADRA and AUSVETPLAN projects.

10. APPENDICES

- Appendix A: Rolling three-year work plan (EADRA)²²
Appendix B: Rolling three-year work plan (AUSVETPLAN)

²² This work plan still needs to be endorsed at the EADRA Workshop 21 March 2016

APPENDIX A

#	Item	2016-17	2017/18	2018/19
1.	EADRA workshop	X	X	X
2.	Updated version of the Deed	X	X	X
3.	Updated Q&As	X	X	X
4.	Normal commitments, including self-assessments by State, Territory and Industry Parties against their respective set of normal commitments; review of the principles of normal commitments; and review of State and Territory government and Industry normal commitments.			X
5.	Comparison of the EADRA and EPPRD and identification of areas of inconsistency that are amenable to harmonisation (to be conducted jointly with PHA)	X	X	X
6.	Broaden industry signatory base to the EADRA	X	X	X
7.	Cooperate on the development of aquatic animal biosecurity emergency response arrangements	X	X	X
8.	Financial assistance for animals vaccinated against FMD and let to live	X		
9.	Transition to management considerations	X		
10.	Third five-year review of the EADRA (due 2017)	X	X	

#	Item	2016-17	2017/18	2018/19
11.	Guidance document to describe a blueprint for post incident review of cost shared responses including “hot” debrief, “cold” debrief, lessons from other formal internal or external reviews, input from the efficiency advocate, and a mechanism to include input from owners of affected properties	X	X	
12.	Clarity around membership of CCEAD under the EADRA, including participation by affected industries, unaffected industries and their participation in consensus and decision making	X		
13.	Guidance document on a streamlined process for sourcing and appointing an Efficiency Advocates for an EAD response, including a generic terms of reference, a process for identifying the required skill sets, generic selection criteria and contractual obligations as well as the development and maintenance of a register of suitable candidates to perform the duties of an Efficiency Advocate under the EADRA	X	X	
14.	Guidance document on cost sharing of response costs relating to a National Livestock Standstill	X	X	
15.	Include provisions of AHC26OOS05 in the Guidance Document for developing an EADRP	X		
16.	Working group to scope and develop the terms of reference and project plan, and identify issues for the third five-year review in 2017	X		
17.	Clarify consequential loss	X	X	
18.	Clarify welfare slaughter	X	X	

#	Item	2016-17	2017/18	2018/19
19.	Manage changes to the EADRA regarding national EAD training	X	X	

APPENDIX B

Refer to separate document attached.

11. GLOSSARY

Abbreviation or acronym	Term	Weblink
AHA	Animal Health Australia	www.animalhealthaustralia.com.au
AHC	Animal Health Committee	www.agriculture.gov.au/animal/health/committees/ahc
AUSVETPLAN	Australian Veterinary Emergency Plan	www.animalhealthaustralia.com.au/what-we-do/emergency-animal-disease/ausvetplan/
EAD	Emergency animal disease	
EADRA	Emergency Animal Disease Response Agreement	www.animalhealthaustralia.com.au/what-we-do/emergency-animal-disease/ead-response-agreement/
EPPRD	Emergency Plant Pest Response Deed	www.planthealthaustralia.com.au/biosecurity/emergency-plant-pest-response-deed/
GVP	Gross Value of Production	
NASOP	Nationally Agreed Standard Operating Procedures (NASOPs)	www.animalhealthaustralia.com.au/what-we-do/emergency-animal-disease/nationally-agreed-standard-operating-procedures/
TRG	AUSVETPLAN Technical Review Group	



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