

## **REPORT OF THE REVIEW OF THE CAPACITY DEVELOPMENT COMMITTEE OF THE IPPC**

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### **I. INTRODUCTION**

At CPM-7 (2012) the CPM established the Capacity Development Committee (CDC) to provide guidance on IPPC capacity development (CD) activities. It was agreed that after two years the CPM would review the function of the CDC including deciding whether to establish a subsidiary body.

The CPM Bureau, at its June 2013 meeting, agreed that the review of the CDC would instead take place at CPM-10 in 2015. This is because in order to arrange a review of the CDC at CPM-9 (2014), the review would have covered only the first year of CDC activities due to the time needed to conduct the review and present it as a CPM paper.

During the October 2014 meeting of the CPM Bureau it became apparent that the leader for the Capacity Development Committee (CDC) review was having difficulty completing the assignment. It was hoped that the review would provide guidance as to the future of the CDC; however, as there were concerns the review might not be completed in time, the Bureau was presented with a number of different options to consider for next steps. Despite the best intention of the lead of the review process to complete the work by CPM-10 (2015), in late December 2014 it became clear that the review was not going to be completed with sufficient time to consider the results prior to CPM 10 (2015). Consequently the CPM agreed to extend the current mandate of the CDC by one year, have another person produce a report for the Bureau meeting in June, 2015 when the Bureau would then decide, under consideration of the evaluation report, on how to proceed.

This is the report of the CDC review produced for the CPM Bureau meeting in June 2015.

### **II. BACKGROUND OF CAPACITY DEVELOPMENT IN THE IPPC CONTEXT**

“Capacity development”, as it is known today, has been called by different names over the years, such as technical assistance and capacity building, which reflect the different conceptual tendencies the CPM attributed to the interpretation of Article XX of the IPPC. Article XX<sup>1</sup> of the IPPC states that *"the contracting parties agree to promote the provision of technical assistance to contracting parties, especially those that are developing contracting parties, either bilaterally or through the appropriate international organizations, with the objective of facilitating the implementation of this Convention"*. This article provides the mandate to the CPM and the IPPC Secretariat to facilitate the implementation of the IPPC and its standards through any form of technical assistance.

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<sup>1</sup> IPPC (1997), Article XX “Technical assistance:.”

Over the years capacity development received quite different levels of attention from the CPM and the contracting parties. With the establishment of the IPPC Secretariat and of the Interim Commission on Phytosanitary Measures IPPC activities were geared towards establishing a viable standard setting structure and programme. Budget allocations were mainly used for standard setting and organizing meetings. Nevertheless, the regular staff of the IPPC Secretariat incorporated a P4 position responsible for "technical assistance". Operational funds for technical assistance were, however, very limited and the activities of the technical assistance officer were very much limited to:

- Information provision in the Technical Consultation among Regional Plant Protection Organizations (TC-RPPOs);
- Information provision to candidates for becoming new Contracting Parties;
- Information provision responding to the technical questions from Contracting Parties; and,
- Provision of technical advice to the FAO technical cooperation projects.

Especially, through the activity of providing technical advice on phytosanitary aspects to FAO technical cooperation projects the IPPC Secretariat was able to introduce tangible phytosanitary capacity building into FAO technical cooperation projects throughout the world.

With the advance of standard setting, the production of numerous ISPMs and the improving funding situation the CPM slowly turned its focus to issues related to the implementation of the IPPC and its standards and the provision of assistance to build national phytosanitary capacity.

Based on intensive discussions about the provision of technical assistance, the CPM in its 3<sup>rd</sup> Session (2008) agreed to establish an Open-Ended Working Group (OEWG) to examine capacity development issues, with a view to developing a capacity development strategy<sup>2</sup>. The established OEWG, in its 1<sup>st</sup> meeting (December 2008), developed the first draft of the Capacity Development Strategy<sup>3</sup>, which was further discussed and revised in the 2<sup>nd</sup> meeting (December 2009). Also the OEWG recommended the establishment of the Expert Working Group for discussing further capacity development issues and elaborating a work programme for the consideration of the CPM<sup>4</sup>.

The CPM-5 (2010) discussed and agreed on the National Phytosanitary Capacity Development Strategy, and also agreed to establish the Expert Working Group on Capacity Building (EWGCB)<sup>5</sup>. One of the important outcomes from the EWGCB was reflected in the IPPC Strategic Framework, adopted in the CPM-7, where capacity development was described as one of the four strategic objectives of the IPPC. In addition, the EWGCB discussed and concluded to recommend creating a new subsidiary body for capacity development to be proposed to the CPM.

Based on the recommendations of the EWGCB, the CPM Bureau, in its meeting in June, 2011, agreed to seek a more formalized body for capacity development, but proposed to create a body of

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<sup>2</sup> CPM-3 Report (p.18)

<sup>3</sup> OEWG-1 Report(p.12)

<sup>4</sup> OEWG-2 Report (p.16)

<sup>5</sup> CPM-5 Report (p.14), CPM2010/21

another nature between expert working group and permanent subsidiary body<sup>6</sup>. Subsequently, the Open-ended Working Group on Strategic Planning and Technical Assistance (SPTA), in its meeting in October 2011, discussed the issue and requested the Secretariat to develop a document with various options for CPM discussions and decision. In this meeting, some supported the creation of a new subsidiary body because it would provide continuity and more recognition from outside of the community. Others supported the approach of “technical committee”, which would provide more flexibility and may be less costly to operate<sup>7</sup>.

The CPM, in its 7<sup>th</sup> Session (March 2012), discussed the provided options and decided to establish the CDC as a technical committee and to revisit the issue of CDC status in two years<sup>8</sup>. In this session, the CPM also endorsed the logical framework and work plan under the National Phytosanitary Capacity Development Strategy agreed in 2010 (for a summary of discussions on the establishment of the CDC see Annex V).

### **III. METHODOLOGY**

The methodology applied to conduct this review is based on the ToRs developed by the CPM-Bureau (see Annex I). To conduct the review a lead reviewer was appointed in order to undertake the main tasks and to produce a draft report which would be circulated to a review group for discussions and comments. The review group was intended to be 3-4 persons strong, but was finally extended to include 5 persons having no personal interest in the review of the CDC.

The lead reviewer, with the assistance of the IPPC Secretariat, conducted a desk study on the functions, roles and achievements of the CDC and investigated legal provisions regarding the establishment of bodies within the FAO and IPPC framework.

In order to investigate the efficacy of the CDC work and to solicit opinions on the possible future of the CDC a questionnaire was developed and interviews conducted with the members of the CPM Bureau, the SC Chairperson and the members of the CDC, including the CDC observers. These interviews were conducted in person during the CDC meeting in 2014 and the CPM Bureau meeting in October 2014. In addition to the interviews, interviewees were given a questionnaire to judge the success of the CDC to carry out its functions, as stated by the ToRs of the CDC (see Annex II for the CDC ToRs).

The desk study, legal analysis, the interviews and the responses to the questionnaire form the basis of the report provided.

#### *Limitations*

During the October 2014 meeting of the CPM Bureau it became apparent that the leader for the CDC review was having difficulty completing the assignment. It was hoped that the review would

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<sup>6</sup> Report of Bureau June 2011 (p.9), 2011Bureau June/10

<sup>7</sup> Report of SPTG 2011 (p.9), 2011SPTG/11

<sup>8</sup> CPM-7 Report (p.23), CPM2012/4, CPM2012/INF/18

provide guidance as to the future of the CDC; however, as there were concerns that the review might not be completed in time, the Bureau was presented with a number of different options to consider for next steps. Despite the best intention of the lead of the review process to complete the work by CPM-10 (2015), in late December 2014 it became clear that the review was not going to be completed with sufficient time to consider the results prior to CPM 10 (2015). Consequently, the CPM decided that a new person should finalize the review.

At the meeting of the CPM-Bureau in March 2015 Ralf LOPIAN was appointed to finalize this review and to present a draft report to the CPM Bureau at its meeting in June 2015.

The change of lead reviewer may have had profound impacts on the reliability of the results. The questionnaires were not sent to the identified interviewees by mail and answered in writing, but a series of interviews were undertaken. The interviews were undertaken in conjunction with meetings in which the interviewees were partaking. Unfortunately different people were conducting the interviews and taking notes which led to individual styles of note taking and recording. It is in many cases not discernable anymore if blanks in the interview tables represent a "non-given answer" or were simply not recorded because of misunderstandings or language limitations. In addition, information provided by the erstwhile lead reviewer may not be fully verified anymore in such a short period.

#### **IV. LEGAL MATTERS**

In 2014, the IPPC Secretary assisted the lead reviewer and conducted an interview with the FAO Legal Service about the differences between a "subsidiary body" and a "technical committee". It was intended to identify legal limitations to the establishment of one or the other structure. The IPPC Secretary recorded the interview in the form found below in box 1.

##### **Box 1: Legal views on the “status issue”**

*Note: Questions are from the IPPC Secretariat, and Answers from the Legal Office.*

**Q1:** In the CPM-7 discussions, CPM established the CDC as Technical Committee instead of as Subsidiary Body (like SC and SBDS), with broadly shared understanding among the participants that Technical Committee is of more temporary nature than Subsidiary Body. From the legal point of view, what is the difference between Technical Committee and Subsidiary Body? The difference could be arrangement and stability in terms of financial aspects, staffing, relation with CPM, other IPPC bodies and the Secretariat (such as reporting or info sharing) as well as procedural issues such as member selection.

**A1:** Pursuant to Rule IX (Subsidiary Bodies) of the CPM Rules of Procedure (RoP), “the Commission may establish such subsidiary bodies as it deems necessary for the accomplishment of its functions”. This is the only rule that gives the CPM the possibility of establishing bodies, *lato sensu*, within the framework of the IPPC to assist the CPM in the exercise of its functions. CPM RoP do not provide for the possibility of establishing the so called “technical committees” as something different from a subsidiary body. It would,

therefore, seem that all bodies established within the framework of the IPPC are subsidiary bodies. Rule IX is broad enough and does not set forth any particular condition, characteristics, limitations or requirements that the body in question needs to meet aside from those established under Part O of the Basic Texts on Principles and Procedures which should Govern Conventions and Agreements Concluded under Articles XIV and XV of the Constitution and Commission and Committees Established under Article VI of the Constitution, in particular paragraph 19 which lays down that “Both with respect to Article VI and Article XIV bodies, the convention or agreement , or statutes as the case may be, shall make the establishment of subsidiary bodies subject to the availability of necessary funds in the relevant approved budget. When the related expenses are to be borne by the Organization, the determination of such availability shall be made by the Director-General. Before taking any decision involving expenditure in connection with the establishment of subsidiary bodies, the body concerned must have before it a report from the Director-General on the administrative and financial implications thereof”.

Differences among the various bodies may come from the name, mandate, functions, membership, duration or other features that the CPM may want to give to the concerned body but any body established to assist the CPM in the exercise of its functions is to be considered as a CPM subsidiary body.

**Q2:** One of the main purposes of the CDC review is to help the CPM to make decisions on the CDC status in the CPM-10. If there is no difference, the review may lose the major purpose. How would you see it?

**A2:** I am not aware of the reasons and the objective of the review so it is difficult to assess whether the review may lose its purpose. The CDC was established for a reason and such reason remains irrespectively of whether the CDC was established under the impression that it was not a CPM subsidiary body. However, if the purpose is to examine possibilities as to whether the CDC may become a subsidiary body, this is clearly not necessary in light of the foregoing.

Over the years the ICPM/CPM had always associated "subsidiary bodies" with committees or bodies having a major oversight functions over specific IPPC work areas, such as standard setting and its overseeing "Standards Committee" and dispute settlement with the "subsidiary body on dispute settlement". On the other hand, the CPM created many bodies which had technical functions or were *ad hoc* structures created for a specific task. For those committees, groups or panels an association as a subsidiary body never occurred. Perhaps and under consideration of the interpretation by the FAO Legal Office the CPM may now address two types of bodies:

Oversight Committees: Responsible for the oversight, strategy and work programme development of specific and substantial CPM work areas, such as:

- Standards Setting
- Dispute Settlement
- Capacity Development

- Technical Bodies: Responsible for undertaking specific, usually ad hoc tasks on behalf of the CPM or the oversight committees, such as:
- technical panels
  - expert working groups
  - technical committees
  - open-ended working groups
  - advisory groups
  - bodies with other creative names

In addition to the above separation one should consider that the CPM entertains an additional governance structure with the CPM-Bureau, the Financial Committee and possibly the Strategic Planning Group.

## V. FINDINGS

### *a. Achievements of the CDC*

The achievements of the CDC during its relatively short existence have been just short of a miracle. The CDC had been able to establish a number of very visible achievements in cooperation with the IPPC Secretariat. The establishment of a specific web-site geared towards capacity development ([www.phytopsanitary.info](http://www.phytopsanitary.info)), populating the web-site with relevant material, the development of training materials, manuals and other guidance documents has been substantial. Additionally, the organization of numerous side sessions at CPM-9 and CPM-10 has created substantial awareness about CD activities and provided ample training opportunities to delegates, especially from developing countries.

In the answers received with regard to the questionnaire perhaps the most outstanding accomplishments of the CDC mentioned were the development of manuals and other materials such as operational guidelines and training material. In this context the STDF project 350 on "Global Phytosanitary Manuals, Standard Operating Procedures and Training Kits Project" was specifically mentioned as an outstanding activity. In addition, the PCE tool and the phytosanitary resources page were identified as outstanding issues in relation to the CDC. In general, the work of the CDC has been recognized as outstanding by many interviewees. Its work is well known and especially the activities to produce manuals, operational procedures and trainings kits were identified as marvellous.

### *b. Role and status of the CDC*

The scope and objectives of the CDC is defined through its ToRs which provide that the CDC is a "*technical structure of the CPM, whose membership is voluntary and is accountable to the CPM*". In addition it states that the CDC "*provides oversight and contributes to the delivery of the IPPC Strategic Objective of developing National Phytosanitary Capacity of its members, guided by the CPM*".

This construct is rather interesting since it clearly combines oversight functions in the name of the CPM, but at the same time it is specifically designated as a technical body. When discussing the role of the CDC with the interviewees, many of them identified the major role of the CDC as assisting the IPPC Secretariat in the delivering of CD activities through the development of strategy, work-plan and efforts to receive resources. Interestingly, however, none of the interviewees indicated that the CDC "*provides oversight*", the primary role of the CDC as indicated in its ToRs. Although many of the interviewees may have taken that as a given and also partially indicated that in their answers, it is nevertheless interesting to note that interviewees do not primarily see the CDC as the body which supervises CD activities on behalf of the CPM and contracting parties. Instead, it is rather seen that the CDC is assisting the IPPC Secretariat in delivering CD activities. It is apparent that the supervising role of the CDC has been to some extent neglected and should be emphasized in the future.

Instead, many of the interviewees recognized the technical competences of the CDC to either develop tools and guidance or to identify them. This is a very technical aspect of the CDC and more related to the functions than the role being played. It should, however, be pointed out that especially this approach to identifying the role of the CDC seems to be connected to the fact that members of the CDC are very much involved in the technical work of capacity development. This has undoubtedly benefits and should be maintained.

The overarching question on the status of the CDC of being either a "technical committee" or a "subsidiary body", which is here believed to be an oversight body is indeed more a question which is determined by the working procedures applied.

The majority of the respondents felt that more recognition and status would be important for the CDC activities because they thought that CD would be easier recognized and CD work would increase its importance. Overwhelmingly the interviewees believed that the CDC has the same importance as the SC or SBDS for that matter. Additionally, the more ISPMs are developed, the more important the role of CDC will be in providing implementation assistance. It was thought that the SC and the CDC essentially complement each other. To do that fairly a similar status would be necessary. On the other hand, however, it was also believed that the status of the CDC is not so important as long as the good, technical and effective working of the CDC is maintained. There was a perception that the work of the CDC, especially through the selection of members and the language regime, may be made more difficult. It appears that the major perception of a subsidiary body is that it has inherently difficult working procedures, member selection and language requirements. This perception may have resulted from the shadow the SC may have thrown, by being a procedural monster.

This was somehow the main dividing line: the perceived difference between a formal body and an informal, more technical oriented structure. Somehow the ideal structure would be a "subsidiary body" with the current CDC working procedures, language regime and selection process for its members. Also the interviewees wished for greater recognition of the CDC and its work and better resources.

Another important point in the considerations for and against an oversight committee is the responsibility of the CPM to properly address capacity development activities and to take full accountability for their planning and implementation. This can only be done if the CPM has the full oversight and provides direction to the IPPC Secretariat.

The thoughts by the respondents also clearly correspond to the findings of the IPPC Secretariat Enhancement Evaluation which recommended that the structure of the IPPC secretariat should be consisting of two units (Standard setting & Implementation Facilitation Unit). An oversight by two oversight committees, the SC and the CDC, would be consistent with the revised structure.

*c. Functions of the CDC*

The functions of the CDC are laid down in its ToRs (see Annex II). In general interviewees were very positive about the functions of the CDC with several answers specifying that the CDC functions are clear, result-oriented with a good focus, and that the members' expertise is properly utilized. It is particularly positive to see that many interviewees saw the working of the CDC very positively.

This was further endorsed by a specific supplementary questionnaire designed to measure how well the CDC has succeeded in executing its specific functions (Table 1).

**Table 1: Functions of and their implementation by the CDC**

<i>Question: In your opinion, how well did the CDC succeed in carrying out its functions as listed below?</i>	
<b>Functions</b>	<b>Rating</b>
Report to CPM of its activities	4.4
Review the national phytosanitary development strategy (= the strategy) on a regular basis	4.2
Participate in the triennial review group of IRSS	4.1
Identify, promote and/or develop proper activities in line with the strategy (technical resources such as manuals, SOPs, guidelines, training materials and database)	4.6
Develop recommendations to the CPM for procedures and criteria for the production, oversight and approval of the technical resources	4.3
Assess and prioritize of the relevant information for inclusion to IPP of phytosanitary resource page, according to the criteria identified by the CDC	4.4
Monitor and evaluate the implementation of the strategy	3.8
Enhance links with donors, partners and other public/private organizations on capacity development in the phytosanitary area	4.2
Provide guidance on capacity development activities for inclusion in the Secretariat work plan	4.4
Share information based on the identified challenges	4.1
Review periodically its functions and procedures	4.2
Report to CPM of its activities	4.4
<b>Legend: 5 = Very well; 4 = Rather well; 3 = Moderate; 2 = Not so well; 1 = Not well</b>	



The answers received (see Annex III for complete table) were very positive. In general, interviewees gave the CDC the highest marks for success in implementing its functions. This is indeed remarkable and should be seen as a testament to the professionalism and efficacy of the CDC.

Although the rating table was in general very positive, there was, however, one function which received less appreciation than all the others. This function was "*monitor and evaluate the implementation of the strategy*". Some respondents to the general questionnaire also mentioned the lack of monitoring and evaluation and voiced some overlapping ideas which aimed at establishing a function and procedures to analyse the impacts of the CD activities undertaken by the IPPC. Such an analysis could be used to learn for the future, adjust programmes and to establish future strategies. To have an analysis of the impacts of IPPC CD activities would be an important component in designing effective CD activities and strategies in the future. The CPM had similar initiatives some years ago and consequently established the IRSS to measure the implementation of IPPC and its ISPM and to provide support. Perhaps it would be possible to include into the IRSS a module which evaluates how implementation assistance has been utilized and to what effect.

An important aspect is the crosscutting issue between CD, and implementation and the Implementation Review and Support System (IRSS). Participants in the interview saw that there should be a linkage between ISPM implementation and CD activities and that the CDC should have an important role in implementation. In addition, it was indicated that the IRSS results should form a basis of the CD activities of the CDC. Consequently, it should be beneficial if CD activities and IRSS are under one "roof" and that the CDC should also be responsible for the IRSS implementation.

Another feature identified as needing improvement is the work of the CDC in relation to strategy and work programme preparation. It was indicated that the strategic work should be improved and that there should be a better prioritisation of activities done. The strategic importance of the CDC was indicated under more than one question and consequently it should be improved.

A very detailed and interesting discussion arose on the question of who should develop and adopt the work programme of the CDC. On the one hand several respondents believed that the work programme should be developed only by the CDC and the Secretariat. On the other hand several others thought that the CPM should be involved and even agree on the work programme.

Perhaps the main reason for this is that the terminology used may not have been absolutely clear. It appears there is a hierarchical difference between the CDC work plan (general identified intentions) and the CDC work programme (what is actually undertaken). Considering the English definitions of the words **programme** "*a set of related measures or activities with a particular long-term aim*" (Oxford dictionary) and the term **plan** "*a set of things to do in order to achieve something, especially one that has been considered in detail in advance*" (Oxford dictionary) it does not become apparent that there is a great difference.

Applying this logic to the SC, for example, one could argue that the "work plan" of the SC is to develop ISPMs. The work programme would be the decision as to which ISPMs would be developed. Incidentally both are actually agreed by the CPM.

Translating this onto the CDC one could claim that the work plan incorporates the production of manuals. The work programme would then be the decision which manuals are to be prepared. The difference here is that the CPM does not approve which manuals are developed.

An additional difficulty appears when looking at the ToRs of the CDC. According to the functions, the CDC has neither a mandate to develop a work plan nor a work programme. Its only functions related to work plan/programme development are:

- Review the IPPC national phytosanitary capacity development strategy on a regular basis.
- Provide guidance on capacity development activities, for inclusion in the Secretariat work plan

In fact, the use of the term "Secretariat work plan" makes it more difficult to understand because if it is considered to have a work plan then what is its work programme.

In the light of these inconsistencies, different interpretations and confusion it is perhaps important to revise the ToRs and RoPs of the CDC to include responsibilities regarding work plan/programme development and its submission to the CPM for information/adoption. This would also satisfy requests by respondents for more prioritisation.

#### *d. Processes of the CDC*

Concerning processes there were a few points made which deserve further analysis.

##### *Transparency:*

There were some respondents who specified that the transparency can be improved, thus allowing as well getting more regional inputs into the work of the CDC. The call for more transparency also corresponds to a point made by the IPPC Secretariat Enhancement Evaluation which "*considered that it was important for transparency and consistency, that the selection criteria for posting materials in the Phytosanitary page should be explicitly described, but did not find evidence of this. In its view, posting of some key working documents prior and during the meetings of the CDC would be helpful to get better involvement from the CPs*". Consequently, it would be of benefit for the CDC and its activities if the transparency practises would be looked at.

##### *Regional Inclusiveness:*

A very valid point made was that it may be a good idea to seek a mechanism where countries/regions can make requests more actively in terms of selection of topics and geographical targets (currently the Secretariat's judgement makes the direction); also, that the regions could input into the work of the CDC. Considering the low resources of the CDC and the IPPC Secretariat it should be beneficial to have input from regions or RPPOs. This point is on one hand to establishing the work-programme but also deals with the input from regions in general. Considering the relatively low resources available to the IPPC it should be considered beneficial to have regions contribute to the CD activities.

### *Interaction between CDC and SC:*

Surprisingly there was only one comment specifying that there needs to be a close interaction between the CDC and the SC. This interaction had been for many years now considered to be important and a part of the new "implementation" focus. In addition, the IPPC Secretariat Enhancement Evaluation called for a closer cooperation between these activities. Since these cooperation efforts have been primarily limited to the IPPC Secretariat it may be appropriate to involve the CPM and let it decide on the essentials of cooperation between the CDC and the SC.

### *e. Strategic Partnerships of the CDC*

The CDC has a number of strategic partnerships with other international and regional organizations, such as STDF or IICA. These strategic partnerships are overwhelmingly seen to be positive by almost all interviewees. The partnership with the STDF and IICA is really appreciated and valued not only for the resources which may become available through them, but also through the technical expertise they can contribute to the deliberations of the CDC. Additionally, other partnerships that support official training activities undertaken by a country's plant health system could be explored and supported when the objective is to strengthen national and regional plant health capacity, and consequently, plant health officials' ability and capacity to implement international standards. The very positive view and evaluation of the strategic partnerships are only clouded by an uneasiness about the CDC dependency on funds or other resources from these strategic partners. Questions arise on the sustainability of a programme which is largely dependent on funds from partners. In addition, occasional misconceptions about or stress on the donors purpose and directions may cause sceptical feelings towards these donors. In order to avoid sceptical perceptions or doubts about strategic partners it may be beneficial to have regular discussions on strategic partnerships in the CDC. In this context it may also be beneficial to investigate on how to create synergies with various FAO initiatives in relation to capacity building.

### *f. Resources of the CDC*

In general, the results of the interview showed that respondents were satisfied with the staff resources committed to CD activities in the IPPC Secretariat. Especially the passion and commitment of the staff was praised. Many interviewees specifically pointed out that staff-wise the resources seem to be sufficient. This did not include considerations on the sustainability of the staff positions in the Secretariat. Many IPPC Secretariat staff with relevance to CDC activities are project-based short term employees or consultants. The withdrawal of project funds may wreak havoc on the staffing and may have serious consequences for CD activities. In this regard one should also consider the recommendations of the IPPC Secretariat Enhancement Evaluation which clearly recommended that regular budget staff positions for CD activities should be increased.

Many of the respondents also indicated that there needs to be a long-term budget and increased regular budget funds. However, there was no full consensus on the matter. Several interviewees also promote increased fund raising from outside sources. Some arguments made stressed, however, that the interests of donors may not always be congruent with those of the IPPC. Consequently, if the

CPM considers CD activities important it should provide additional financial resources for building national phytosanitary capacity. This should necessitate a principle decision by the CPM.

## VI. CONCLUSIONS AND RECOMMENDATIONS

### a. *Role and Status of the CDC*

The strategies, work programmes and activities of the IPPC and CPM with regard to implementation activities, which includes capacity development and assistance to FAO technical cooperation projects, have considerably increased over the last five years. It can be assumed that with increasing standard setting even more needs for implementation assistance will arise. The planning, coordination, implementation and oversight of these programmes and activities must be ensured in order to run an efficient and purposeful implementation programme. In addition, the oversight should be compatible with structures established under standard setting.

At the same time it should be ensured that an oversight structure is as much as possible free from limiting procedures and processes with regard to member selection, size and language requirements. The technical competence of members must be ensured. In order to reflect the structure of the IPPC Secretariat, as proposed by the IPPC Secretariat Enhancement Evaluation, it is therefore proposed to create an oversight committee for implementation issues. Specific technical activities can be developed in *ad hoc* technical bodies established under the oversight body (e.g. expert working groups, technical panels).

<b><i>Recommendation 1:</i></b>	It is recommended that the CPM abolishes the current CDC and establishes an oversight committee, named "Implementation Committee", which will oversee all capacity development activities, including IRSS and those related to the Implementation Project Surveillance (IPS).
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<b><i>Recommendation 2:</i></b>	The CPM should as much as possible retain the technical competence and efficient working environment of the CDC by preserving the current member selection process, language regime and committee size for the new Implementation Committee.
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### b. *Functions of the CDC*

With the establishment of an oversight committee the functions of the current CDC would need to be adjusted to reflect the tasks of such a committee. There would be a need to increase and emphasize the supervisory aspect this Implementation Committee undertakes on behalf of the CPM. The functions would need to include the responsibilities of the Implementation Committee with regard to planning, coordination, evaluation, and the work plan/programme development and adoption. In addition, it would need provisions for the supervision of IRSS and IPS activities.

<b>Recommendation 3:</b>	<p>The CPM should adopt, based on a proposal by the CDC, new terms of reference which should include functions with regard to:</p> <ul style="list-style-type: none"> <li>• planning and adoption of the draft implementation/capacity development strategy (for adoption by CPM)</li> <li>• development and adoption of draft work plan/programme (for adoption by CPM)</li> <li>• supervision and coordination of IRSS and IPS activities</li> <li>• coordination of all implementation relevant activities</li> <li>• development of an evaluation system to evaluate the success of past implementation assistance activities</li> </ul>
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*c. Processes of the CDC*

Capacity development and implementation activities do not receive very much resources from the IPPC regular budget and are dependent on extra-budgetary contributions. For that reason it is important that regional approaches, where regions could input into the work of the CDC are encouraged. This regional inclusiveness also mandates that the transparency policy of the new Implementation Committee is appropriate.

With the new approach of integration of standard setting and implementation activities it also becomes necessary that the SC and the newly to be created Implementation Committee need strong interaction and coordination. Considering that the IPPC Secretariat has not been successful in facilitating this integration, not even on a secretarial level according to the IPPC Secretariat Enhancement Evaluation, it would be highly desirable if the CPM sets the pace and adopts guidelines for the cooperation between the SC and the Implementation Committee.

<b>Recommendation 4:</b>	The CDC should discuss its transparency provision and should submit their policy proposals concerning transparency to the CPM Bureau.
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<b>Recommendation 5:</b>	The Implementation Committee should develop a policy on how to involve regions or RPPOs more actively in its work.
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<b>Recommendation 6:</b>	The SC and the Implementation Committee should develop together guidelines for cooperation and submit to them to the CPM for adoption.
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*d. Resources of the CDC*

The resources of the current CDC are insufficient. Staff resources are based almost exclusively on project posts which are short term employees or consultants. The withdrawal of project funds may have serious consequences for staffing and for CD activities. The IPPC Secretariat Enhancement Evaluation clearly recommended that regular budget staff positions for CD activities should be increased.

Financial resources are also insufficient and depend largely on donor contributions and external partners. The CPM should consider implementation related activities important and it should provide additional financial resources for building national and regional phytosanitary capacity. A principle decision by the CPM to that effect should be adopted.

<b><i>Recommendation 7:</i></b>	Increase regular budget financed staff in the IPPC Secretariat responsible for implementation activities.
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<b><i>Recommendation 8:</i></b>	The CPM should adopt a principle decision on the importance of CD and implementation and set clear budgetary principles for financing these activities.
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## **VII.FINAL CONSIDERATIONS**

The reviewers would like to thank the members of the CDC, the CPM-Bureau and the chair of the SC for their valuable time and their cooperative approach in answering the questions during the interviews. The reviewers would also like to thank Mr Yukio Yukoi, former Secretary of the IPPC, for his assistance in the preparation of this review report.

### **Annexes**

Annex I	ToR of CDC review
Annex II	ToR of the CDC
Annex III	Rating table for functions of CDC
Annex IV	Compilation and Analysis of Answers for the CDC Evaluation
Annex V	Summary of discussions on CDC

## Annex I

### Work plans for the review of the IPPC Capacity Development Committee (CDC)

*[Finalized on 26 May 2014]*

#### Introduction

1. At CPM-7 (2012), the CPM established the Capacity Development Committee (CDC) to provide guidance on the IPPC capacity development activities. The CDC was established as a technical committee to be an oversight structure on capacity development activities, but not as a new subsidiary body (like Standards Committee and Subsidiary Body for Dispute Settlement). In establishing the CDC, the CPM also decided that the status of the CDC would be further discussed after the review to be conducted in two years based on the development and function during the period.
2. In its meeting in June 2013, the Bureau agreed that the review should cover the full two-year period, taking place after the CPM-9 (March-April, 2014) and its result would be presented to the Bureau in October 2014 and to the CPM-10 in March, 2015.
3. The Bureau discussed and agreed on the draft TORs. After some informal communication, the Secretary re-considered the agreed TORs in a practical and cost effective way and suggested a little differently reframed version (this document) for Bureau's comments, and finalized as it is.

#### Reviewers

4. 3-4 reviewers will be selected by the Secretary based on the following elements:
  - 1) Absence of conflict of interest
  - 2) Knowledge and experiences in IPPC CD related activities
5. A lead reviewer will take the main tasks and the draft will be circulated to the other reviewers for discussions and comments. This communication will be basically in e-mail exchange, but may take place in the form of Skype discussions.

#### Purpose of the review

6. The purpose of the review is to help the CPM to decide the status of the CDC. More specifically, the CPM will discuss in its 10<sup>th</sup> session (March, 2015) whether the CDC would become a subsidiary body, stay as a technical committee, or should be considered otherwise. At the same time, the review exercise should include the summarization of the overall experiences from the initial period of CDC activities as a basis for the review.

## Tasks of the review and timelines

7. The reviewers will:
  - 1) Collect the information relevant to the review as well as general information (e.g. functions, roles and achievements) regarding the CDC to have the overall picture, with proper help of the Secretariat (this can take place throughout the review, as necessary).
  - 2) Identify the elements or criteria to consider what would affect the CPM decision on the CDC status.
  - 3) Also, identify the potential advantages, drawbacks, and implications of converting the CDC into a formal subsidiary body, which the Secretariat would help in getting FAO legal views as well.
  - 4) In reference to the strategy and work plan approved by the CPM, review the process established for CDC related activities, the actual discussions, activities and achievements of the CDC.
  - 5) Plan and conduct interviews with the stakeholders as appropriate. This may include the members of Bureau, CDC, CPM Subsidiary Bodies, Regional Plant Protection Organizations, Contracting Parties (with or without participation to the recent CD related activities), and donors.
  - 6) Summarize the findings and develop recommendations based on the findings.
  - 7) Share the draft review report with the Secretariat for comments, in particular, the factual parts should be properly confirmed. Also share the draft report with Bureau for comments.
  - 8) Finalize the reports and submit to the Secretary, who will present it to the Bureau meeting in October for discussions.
  
8. The proposed timeline is as follows:
  - 1) By the end of May: selection of reviewers and development of questions for interview
  - 2) Early June (CDC meeting): interview (to be done by me based on the questions to be developed by reviewers since no reviewers can attend it due to the time constraint)
  - 3) Late June (Bureau): update to the Bureau members
  - 4) Mid July: circulation of the first draft to the other reviewers for comments (in two weeks)
  - 5) End of July: circulation to the Secretariat for comments
  - 6) End of August: report to the Secretary
  - 7) End of mid-September: the report will be communicated to the Secretary
  - 8) October: Bureau and will discuss the issue on how to present to the CPM-10



## Annex II

### Terms of Reference and Rules of Procedure of the IPPC Capacity Development Committee (CDC)

#### Terms of Reference

##### 1. Scope and objectives of the IPPC Capacity Development Technical Committee (CDC)

The IPPC Capacity Development Committee (CDC) is a technical structure of the CPM, whose membership is voluntary and is accountable to the CPM.

It provides oversight and contributes to the delivery of the IPPC Strategic Objective of developing National Phytosanitary Capacity of its members, guided by the CPM.

The scope includes:

- Implementation of the IPPC national capacity building strategy.
- Sustainable funding for the IPPC national capacity building strategy
- Implementation of the IPPC and ISPMs by contracting parties.

##### 2. Structure

The composition of the Committee is based on geographical representation, with one delegate from each FAO region and a minimum of three members from developing countries. The selection of member experts is performed by the Bureau, supported by the Secretariat through an open call. The provision of appropriate references of technical expertise and qualifications of the candidates will be the guiding criteria for selection. The Committee is composed of 7 experts. The members will have no personal interest in providing independent technical assistance, in order to prevent any conflicts of interest in the framework of the CDC.

##### 3. Functions

The CDC will have the following functions:

- Report to the CPM of its activities.
- Review the IPPC national phytosanitary capacity development strategy on a regular basis.
- Participate in the triennial review group of the IRSS.
- Identify, promote and/or develop appropriate capacity development activities in line with the IPPC national phytosanitary capacity development strategy including technical resources, such as manuals, SOPs, guidelines, training materials and databases.
- Develop recommendations to the CPM for procedures and criteria for the production, oversight and approval of technical manuals, SOPs, training materials and databases.
- Assess and prioritize for inclusion in the IPP or the phyto resources page as appropriate those manuals, SOPs, guidelines, training materials and databases provided by partners, other public-private organizations, NPPOs and RPPOs, relevant for the implementation of the IPPC and its ISPMs, according to criteria identified by the CDC.
- Monitor and evaluate the implementation of the IPPC national phytosanitary capacity development strategy.
- Enhance links with donors, partners and other public private organizations concerned with capacity development in the phytosanitary area.
- Provide guidance on capacity development activities, for inclusion in the Secretariat work plan.
- Share information based on the identification of challenges associated with the implementation of the IPPC and its standards with CPM bodies including SPTA.
- Review periodically its functions and procedures.
- Undertake other functions as directed by the CPM.

**4. IPPC Secretariat**

The Secretariat is responsible for coordinating the activities of the CDC and providing administrative, technical and editorial support, as required by the CDC.  
The Secretariat is also responsible for reporting and record keeping regarding the capacity development activities.

**Rules of Procedure****Rule 1. Membership**

Membership of the CDC is open to IPPC contracting parties.

The Committee consists of one delegate from each FAO region with at least three members from developing countries.

Members serve for terms of two years, with a maximum of six years. *Requests for additional periods for the same member will be subject to the selection procedures and conditions established in item 3 of the Terms of reference. Partial terms served by alternate are not counted as a term under these Rules.*

**Rule 2. Alternate**

A potential alternate is nominated for each region for members of the CDC, under the same selection procedures and conditions established in item 3 of the Terms of reference. Once confirmed, potential alternate member are valid for the same period of time as specified in Rule 1.

A member of the CDC will be replaced by a potential alternate from within the same region if the member resigns, no longer meets the qualifications for membership set forth in these Rules, or fails to attend two consecutive meetings of the CDC.

An alternate will serve through the completion of the term of the original member, and may be nominated to serve additional terms.

**Rule 3. Chair**

The CDC elects its Chairperson and Vice-Chairperson from among its membership

**Rule 4. Qualifications of members**

Candidates will present documented evidence of experience in capacity development and particularly on:

- demonstrated experience in managing phytosanitary systems;
- demonstrated experience in delivering phytosanitary capacity development activities;
- in depth knowledge of the IPPC and International Standards for Phytosanitary Measures;
- experience in the application of phytosanitary regulations/legislation;
- preferably knowledge, qualifications and/or experience in developing training materials and
- adequate knowledge of English to be able to participate in the meetings and discussions

**Rule 5. Sessions**

The CDC will meet annually, have extraordinary meetings when necessary and make use, as an alternative, of innovative work options, such as videoconference, teleconference, work by mail, facsimile and e-mail, in the most cost-effective manner within the available resources.

*A meeting of the CDC will not be declared open unless there is a quorum of 4 members.*

**Rule 6. Observers and participation of invited experts**

Meetings are open according to FAO Rules.

However, the CDC may determine that certain meetings or business need to be conducted without observers, in particular where controversial information is involved.

In specific cases, with prior agreement of the members, the Secretariat may invite individuals or representatives of organizations with specific expertise to participate on an ad hoc basis at a specified meeting or part of a meeting or for specified business, as invited experts.

**Rule 7. Decision-making**

The CDC will work by consensus on all decisions.

**Rule 8. Review**

The CDC will periodically review its functions and procedures.

**Rule 9. Amendments**

Amendments to the functions and procedures of the CDC will be decided by the Commission as required, upon recommendation of the Committee.

**Rule 10. Confidentiality**

The CDC will exercise due respect for confidentiality where sensitive information is identified.

**Rule 11. Language**

The meetings of the CDC will be conducted in English.

Interview question results with the sheet for rating

Question: In your opinion, how well did the CDC succeed in carrying out its functions as listed below?

Functions	Total															
Report to CPM of its activities	4.4	5	5	5	4	5	4	4	5	4	4	5	5	4	3	
Review the national phytosanitary development strategy (= the strategy) on a regular basis	4.2	5	5	4	5	3	3	4	NA	4	3	5	5	4	NA	
Participate in the triennial review group of IRSS	4.1	5	5	4	NA	3	4	NA	NA	4	4	5	NA	NA	3	
Identify, promote and/or develop proper activities in line with the strategy (technical resources such as manuals, SOPs, guidelines, training materials and database)	4.6	5	4	5	5	5	5	4	4	5	4	5	5	4	5	
Develop recommendations to the CPM for procedures and criteria for the production, oversight and approval of the technical resources	4.3	5	5	4	5	5	3	4	5	4	2	5	5	4	NA	
Assess and prioritize of the relevant information for inclusion to IPP of phytosanitary resource page, according to the criteria identified by the CDC	4.4	5	5	5	5	5	5	5	NA	5	3	4	4	3	3	
Monitor and evaluate the implementation of the strategy	3.8	4	4	4	4	4	3	4	NA	3	3	4	5	4	NA	
Enhance links with donors, partners and other public/private organizations on capacity development in the phytosanitary area	4.2	5	5	3	4	5	4	4	5	4	3	4	4	5	4	
Provide guidance on capacity development activities for inclusion in the Secretariat work plan	4.4	5	5	4	5	5	5	5	NA	4	3	4	5	4	3	
Share information based on the identified challenges	4.1	5	5	3	4	4	5	4	4	3	3	4	5	4	4	
Review periodically its functions and procedures	4.2	5	5	4	5	4	3	5	4	4	3	4	5	5	3	

**Legend:**

**NA = Don't know**

**5 = Very well**

**4 = Rather well**

**3 = Moderate**

**2 = Not so well**

**1 = Not well**

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**ANNEX IV**
**COMPILATION AND ANALYSIS OF ANSWERS FOR THE CDC EVALUATION**
*Limitations:*

The questionnaires were not sent to the identified interviewees by mail and answered in writing, but a series of interviews were undertaken. The interviews were undertaken in conjunction with meetings in which the interviewees were partaking. Mainly two occasions were used. The CDC meeting in June 2014 and the Bureau meeting in October 2014. Unfortunately different people were conducting the interviews and taking notes which led to individual styles of note taking and recording. Since there has been a change in the lead reviewer, it is in many cases not discernable anymore if blanks in the interview tables represent a "non-given answer" or were simply not recorded because of misunderstandings or language limitations. In each of these cases the answer provided in this compilation is "no answer given or recorded".

**Part 1: Identification questions**

Question 1 of the questionnaire which was an identification of the interviewees' relation to the IPPC was not answered or recorded for any of the 16 persons being part of the review. Please also note that the answers of the interviews were identified as A1 - A16. For anonymity reasons the answers of individual interviewees were placed under different 1 - A16). Consequently and for example, answers provided for under A1 do not present the opinion of just one specific individual.

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**Question 2:** *Have you been involved in CD activities of your country or other international organizations? If yes, specify.*
**A1:** Lead the establishment of PRA unit in NPPO

**A2:** CD activities on single window in neighbouring countries

**A3:** Frequent involvement in developing CD manuals on plant health since late 1990's

**A4:** Worked as training consultant in

**A5:** IICA provides various types of technical assistance in

**A6:** Participated in the CD activities to help countries

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	many countries in the region (more than 10 countries) in strengthening the national phytosanitary capacity.	the region.	in the region for 10 years.
<b>Compilation of answers</b>	STDF working group		
	<b>A7:</b> Observer to the CD activities of NPPO for developing countries Participated in the development projects (not in the area of plant health but of rural development)	<b>A8:</b> Involved in project in the countries regarding obsolete pesticide	<b>A9:</b> Technical cooperation projects to neighbouring countries (many bilateral projects)
	<b>A10:</b> Reviewing CD related assistant project proposals to be submitted to Ministry of Foreign Affairs	<b>A11:</b> Attend STDF meeting and many related workshops Involved in developing many projects	<b>A12:</b> no answer given or recorded
	<b>A13:</b> Involved in CD activities in my country's organizations and staff	<b>A14:</b> Not directly	<b>A15:</b> Not very much
	<b>A16:</b> FAO & UNEP		

**Question 2:** *Have you been involved in CD activities of your country or other international organizations? If yes, specify.*

	Summary of Answers	Conclusions & Recommendations
<b>Analysis of answers</b>	It appears that most of the participants in the review of the CDC have had a fair amount of involvement into capacity development either of their countries or through other international organizations or agencies. It is also positive that some of the participants did not have just plant health related experience in CD, but were also involved in other areas, such as obsolete pesticide matters. This gives a certain broad perspective which can only be considered positive.	The selection of interviewees in the CDC review was appropriate.
	Only three interviewees had apparently no previous CD expertise. This is actually quite low considering that many of the participants were Bureau members and were not selected as those based on their CD expertise.	Sufficient expertise in capacity development or technical assistance was available to provide meaningful answers.

**Question 3:** *Have you been involved in IPPC organized CD activities? If yes, specify!*

<b>A1:</b> no answer given or recorded	<b>A2:</b> no answer given or recorded	<b>A3:</b> no answer given or recorded
<b>A4:</b> no answer given or recorded	<b>A5:</b> no answer given or recorded	<b>A6:</b> no answer given or recorded

<i>Compilation of answers</i>	<b>A7:</b> no answer given or recorded	<b>A8:</b> no answer given or recorded	<b>A9:</b> no answer given or recorded
	<b>A10:</b> Only side session in CPM	<b>A11:</b> Phytosanitary Capacity Evaluation	<b>A12:</b> Attend regional ISPM workshop
	<b>A13:</b> Hosting a workshop	<b>A14:</b> No	<b>A15:</b> Attend the workshop
	<b>A16:</b> Through legal office of FAO and directly involved from beginning		

**Question 3:** *Have you been involved in IPPC organized CD activities? If yes, specify!*

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	This question partially overlapped with Question 2. Many of the participants obviously believed that answering question 2 would also include answering question 3. That may be expressed that there have been quite a high amount of "no answer given or recorded" indicated. In fact since the interviewees had been members of the Bureau, the CDC and SC it should be assumed that all of them had been to some degree in contact with IPPC CD activities, being it only that they participated in CPM side sessions.	Since already question 2 showed that sufficient expertise was present the absence of specific experience of IPPC relevant CD activities should not be over dramatized.

**Question 4:** *What is the most outstanding issue you can associate with the CDC activities?*

<i>Compilation of answers</i>	<b>A1:</b> Made many technical resources accessible to the countries through the development and enriching of phytosanitary resource page (with substantial impacts on countries)	<b>A2:</b> Established the basis for exploring the various CD activities according to the actual needs in the countries.	<b>A3:</b> Market access manual; PRA videos; Materials on dielectric heating; All these are in real and full use at least in my country to train the officers
	<b>A4:</b> - Development of manuals, in particular, on transit. This need was raised by many countries, but for the first time actually taken up seriously. - PCE applications have been useful for applied countries.	<b>A5:</b> - Identification of the issues/areas of countries' interests and resources available, and link them to get the results/impacts. - Improvement of the countries' participation observed in the PM-9.	<b>A6:</b> Matched the needs and provisions of the technical resources through hands-on training. Often, the availability of technical resources does not really work well without further assistance.
	<b>A7:</b>	<b>A8:</b>	<b>A9:</b>

Would like to name PCE tool and STDF 350 <sup>1</sup> project	Development of tools and operational guidelines to be used in the fields	Development of Phytosanitary Resource Pages
<b>A10:</b> Bringing resources to assist NPPOs; Activities are aligned to IPPC activities	<b>A11:</b> Developing materials	<b>A12:</b> Improvement of implementation
<b>A13:</b> no answer given or recorded	<b>A14:</b> no answer given or recorded	<b>A15:</b> no answer given or recorded
<b>A16:</b> CDC discussions about STDF were good. The development of practical guidance. The STDF 350 project. The WB GFSP are doing something similar.		

**Question 4:** *What is the most outstanding issue you can associate with the CDC activities?*

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	<p>The most important aspect of this question had been to identify if the work of the CDC had been perceived and recognized as important and significant. It is in itself a statement of significance if interviewees recognize the contributions of the CDC as outstanding.</p> <p>In the answers received perhaps the most outstanding accomplishments of the CDC mentioned were the development of manuals and other materials such as operational guidelines and training material. In this context the STDF project 350 on "Global Phytosanitary Manuals, Standard Operating Procedures and Training Kits Project" was specifically mentioned as an outstanding activity. In addition, the PCE tool and the phytosanitary resources page were identified as outstanding issues in relation to the CDC.</p>	<p>The work of the CDC has been recognized as outstanding by many interviewees. Its work is well known and especially the activities to produce manuals, operational procedures and trainings kits were identified as outstanding.</p>

<sup>1</sup> STDF/PG/350 Global Phytosanitary Manuals, Standard Operating Procedures and Training Kits Project; see also: [http://www.standardsfacility.org/sites/default/files/STDF\\_PG\\_350\\_Application\\_Dec-11.pdf](http://www.standardsfacility.org/sites/default/files/STDF_PG_350_Application_Dec-11.pdf)

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### **Part 1: Summary**

The interview showed that most of the participants in the review of the CDC have had a fair amount of involvement into capacity development either of their countries or through other international organizations or agencies. It is also positive that some of the participants did not have just plant health related experience in CD, but were also involved in other areas, such as obsolete pesticide matters. This gives a broad perspective which can only be considered positive with regard to the significance of the results. In addition, most of the interviewees knew the work of the CDC very well and recognized its work. Especially its activities related to the STDF project 350 on "Global Phytosanitary Manuals, Standard Operating Procedures and Training Kits Project" were highly valued.

It can be concluded that the selection of interviewees in the CDC review was appropriate and that sufficient expertise in capacity development or technical assistance was available to provide meaningful answers. The interviewees knew the work of the CDC and regarded it highly.



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## Part 2: General questions

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**Question 1:** *Please tell me briefly the roles which the CDC has played in its 2.5 years-of existence, in the IPPC CD activities and the overall framework of the IPPC. Mentioning the associated specific achievements would be helpful.*

<p><b>A1:</b> It is a very good working. All the time the participants work. It works very well.</p>	<p><b>A2:</b> CDC has played roles of 1) providing guidance to the Secretariat, 2) giving structure/profiles of IPPC CD activities and 3) linking strategy and work programme. Through the development and implementation of STDF 350 project, substantial achievements have been made.</p>	<p><b>A3:</b></p> <ul style="list-style-type: none"> <li>- Took lead of developing tools and materials by providing guidance</li> <li>- Seek how to develop the capacity of human resources</li> </ul>
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<p><b>A4:</b> The CDC has played roles as advisory group to the IPPC Secretariat by providing new ideas/areas, topics for projects and helping proposal development for external funds</p>	<p><b>A5:</b></p> <ul style="list-style-type: none"> <li>- Promote capacity development related to phytosanitary activities by IRSS, resources page, manuals (e.g. dielectric heating)</li> <li>- Should further enhance the CD activities related to specific ISPMs adopted (done some but needed more).</li> </ul>	<p><b>A6:</b> Made visible and accessible many previously unknown but useful tools/technologies/information in particular to the developing countries.</p>
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*Compilation of answers*

<p><b>A7:</b></p> <ul style="list-style-type: none"> <li>- Impact on the implementation of ISPMs and IPPC, by narrowing the gap between the approved ISPMs and NPPOs' reality.</li> <li>- Development of phytosanitary resource page has established the effective basis for further CD development.</li> </ul>	<p><b>A8:</b> Looked into the gaps and narrow them between the rules and the reality. Often the ISPMs are implemented not in a way as developed.</p>	<p><b>A9:</b></p> <ul style="list-style-type: none"> <li>- Establish the ways of strategic working for the CD.</li> <li>- Passions of the participants from countries in the various side sessions showed the success in selecting the right topics for their interests/needs.</li> </ul>
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<p><b>A10:</b> Not only talking, not only producing papers, but made come real the visible impacts.</p>	<p><b>A11:</b></p> <ul style="list-style-type: none"> <li>- Developed strategy and work plan</li> </ul>	<p><b>A12:</b> Developing materials</p>
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- Secure funds
- Manage the delivery of number of projects
- Web page
- Very positive move

<p><b>A13:</b> CDC’s involvement in implementation of ISPM15 is very important  CDC’s involvement in ephyto is also very important  It is good to conduct specific projects with the STDF financial support and aim for the outcome</p> <p><b>A16:</b> Energy to mobilize resources. Development of manuals and tools</p>	<p><b>A14:</b> CDC functions very good Good relationship with RPPO</p>	<p><b>A15:</b> Importance of implementation has been recognized</p>
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**Question 1:** *Please tell me briefly the roles which the CDC has played in its 2.5 years-of existence, in the IPPC CD activities and the overall framework of the IPPC. Mentioning the associated specific achievements would be helpful.*

	Summary of Answers	Conclusions & Recommendations
<p><i>Analysis of answers</i></p>	<p><i>Limitations:</i> The question on which roles the CDC has played is not easy to answer since it is not absolutely clear what is meant by "roles". This is further augmented by the fact that the interviews were conducted by two different persons which may have had themselves a different conception and consequently may have involuntarily directed the interviewees into different directions. To the author of this review it is still not absolutely clear what "roles" has meant to the original developer of the questionnaire. For the purpose to come to a conclusion it is assumed that "role" is defined to mean basically the scope and objectives of the CDC.</p> <p>The answers provided by the interviewees are very diverse and vary from the meaning as identified above to the functions and partially meaning and success of the CDC. Several interviewees responded to the question indicating that the role of the CDC is to assist the IPPC Secretariat, also through developing a strategy and work plan and funds. This appears to be the major identified role of the CDC.</p>	<p>The conclusions of the answers to this questions must be taken with a grain of salt since it is not absolutely clear if the question was understood correctly by all interviewees and interviewers.</p> <p>The major role of the CDC was indicated as assisting the IPPC Secretariat in the delivering of CD activities through the development of strategy, work-plan and efforts to receive resources.</p>

Many of the interviewees identified the technical competences of the CDC to either develop tools and guidance or by identifying it. This is a very technical aspect of the CDC and more related to the functions than the role being played. It should, however, be pointed out that especially this approach to identifying the role of the CDC seems to be connected to the fact that members of the CDC are very much involved in the technical work of capacity development. Many of the interviewees also identified the promotion of CD and the mobilization of resources as roles of the CDC.

There is one astonishing fact in the answers provided: The absence of reference to the CPM and the contracting parties. None of the interviewees indicated that the CDC "*provides oversight and contributes to the delivery of the IPPC Strategic Objective of developing National Phytosanitary Capacity of its members, guided by the CPM*", the primary role of the CDC as indicated in its ToRs. Although many of the interviewees may have taken that as a given and also partially indicated that in their answers, it is nevertheless interesting to note that interviewees do not primarily see the CDC as the body which supervises CD activities on behalf of the CPM and contracting parties.

The CDC is very much seen as a technical body with strong technical functions in developing material.

**R1:**

**The technical competency and assistance of the CDC to the Secretariat should be maintained.**

The supervising role of the CDC has been apparently neglected in the answers of the interviewees.

**R2:**

**The supervising role of the CDC must be emphasised in the future. The role of the CDC should also be to provide direction to the IPPC Secretariat and to supervise the implementation of the CD strategy and its work-programme.**

**Question 2:** *Please tell me the positive aspects of the CDC functions. Tell me the aspects to be improved if any.*

*Compilation of answers*

**A1:**

- Generally very well functioned, based on the given ToRs. Substantial works developed good amount of the results as temporarily seen in the CPM-9 side session and on resource page.
- As mentioned earlier, more focus should be placed on the CD activities linked with specific ISPMs.

**A2:**

- Raising awareness of the needs to identify the needs for making specific assistance available.
- Raising accessibility of the already existing knowledge and tools through development of phytosanitary resource page, which are welcomed/appreciated and started being in use in countries.
- Providing the linkage between regions in terms of practical ways to develop national capacity.
- Actual and proper use of the developed or reviewed technical resources should be monitored (we should not be happy only because they are developed and available).

**A3:**

- Broad and proper communication with CPM, other IPPC bodies, the Secretariat as well as other agencies with appropriate technical expertise
- Better prioritization and better emphasis on the strategy may help.

<p><b>A4:</b></p> <ul style="list-style-type: none"> <li>- Properly identified the gaps and successfully developed needed manuals</li> <li>- Should consider what the “real” “appropriate” implementation, and advocate this.</li> </ul>	<p><b>A5:</b></p> <ul style="list-style-type: none"> <li>- Development of useful products.</li> <li>- It would be further better if clearer focus on the specific ISPMs is made according to the IRSS results, for example. Focus is needed on the implementation of specific ISPMs.</li> </ul>	<p><b>A6:</b></p> <p>Regular meetings where face-to-face discussions go well in a productive way, with the good helps from the Secretariat in-between the meetings. There seem some gaps in regional passions (for example, there is no participation from the North America to this week. Active participation from all the regions would contribute to the achievements of the CDC-related activities.</p>
<p><b>A7:</b></p> <ul style="list-style-type: none"> <li>- (+) CDC’s function of providing clear guidance/structure</li> <li>- (-) Further efforts are needed to ensure the proper connection between the Strategy and the work programme</li> </ul>	<p><b>A8:</b></p> <ul style="list-style-type: none"> <li>- (+) Clear result-oriented with good focus</li> <li>- (-) not in particular but hard to say from the outside</li> </ul>	<p><b>A9:</b></p> <ul style="list-style-type: none"> <li>- (+) properly made inputs to practical areas based on the members’ field experiences</li> <li>- (-) Overall strategic views should be strengthened</li> </ul>
<p><b>A10:</b></p> <p>The oversight of CDC is very positive aspect. From time to time a bit too much SEC dominated. They could be more strategic. e.g. CDC should look at resource mobilization. How to influence other TA programmes. The CDC is a baby. It still can develop further to include outreach. They should work more on the WHY questions! The IRSS should receive higher importance.</p>	<p><b>A11:</b></p> <p>Having CDC has made big differences</p> <p>Level of technical assistance activities increased</p> <p>Very positive having the Committee</p>	<p><b>A12:</b></p> <p>CDC has many positive aspects</p>
<p><b>A13:</b></p> <p>Implementation is challenging issue for IPPC</p> <p>Implementation is important issue for IPPC and CDC plays important role</p>	<p><b>A14:</b></p> <p>CDC supports RPPO’s CD activities</p>	<p><b>A15:</b></p> <p>no answer given or recorded</p>
<p><b>A16:</b></p> <p>Transparency is important</p>		

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**Question 2: *Please tell me the positive aspects of the CDC functions. Tell me the aspects to be improved if any.***

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	In general interviewees were very positive about the functions of the CDC with several answers specifying that the CDC functions are clear result-oriented with a good focus and that the members expertise is properly utilized. It is particular positive to see that many interviewees saw the working of the CDC very positively.	The functions of the CDC are in general viewed very positively.
	An important aspect reoccurring in the answers is the crosscutting issue on implementation and the Implementation Review and Support System (IRSS). Participants saw that there should be a linkage between ISPM implementation and CD activities and that the CDC should have an important role in implementation. In addition, it was indicated that the IRSS results should form basis of the CD activities of the CDC.	To improve the CDC functions/activities it was suggested that there should be a closer focus on implementation and the IRSS. <b>R3:</b> Capacity development activities should be closely linked to IRSS. <b>R4:</b> CDC should be the responsible oversight body for IRSS.
	Another feature mentioned by more than one respondents is the work of the CDC in relation to strategy and work plan preparation. It was indicated that the strategic work should be improved, that there should be a better prioritisation of activities done. This maybe viewed in the light of a perception that the activities in the CDC maybe a bit too much dominated by the IPPC Secretariat, which was identified by one respondent.	<b>R5</b> The CDC should improve its activities on CD strategy and its related development of a work-programme.
	Finally, a suggestion for improvement was identified in better transparency possibly through broad communication with the CPM and other CPM bodies. At this point it should be difficult to judge if the transparency activities of the CDC (in this case it is also the IPPC Secretariat) are sufficient. Here an overall analysis of the CPM/IPPC Secretariat transparency policy should be looked at and consistently applied.	Transparency has been identified an issue where CDC could improve.

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**Question 3: *Please tell me the positive aspects of the CDC process. Tell me the aspects to be improved if any.***

A1:	A2:	A3:
<ul style="list-style-type: none"> <li>- Participatory ways of working is excellent.</li> <li>- Decisions are properly taken as a group, and various means (in particular, in-between the</li> </ul>	<ul style="list-style-type: none"> <li>- The ways of working are not boring but encouraging the CDC members to continuously work in an active manner, with proper reminding the deadlines, for example.</li> </ul>	<ul style="list-style-type: none"> <li>- While the CDC identified the substantial amount of works, they have been completed with clear time frame, proper focus and reminders.</li> <li>- These are not easy, but have been</li> </ul>

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**Compilation of answers**

meetings) are used to ensure the participations, which are very helpful.

- No particular points to be improved.

- Increased use of teleconference has been very useful, which is now tradition 2-3 weeks prior to the CDC meetings. Very brief minutes for the teleconference would help.

- Suggestion: short video clips (taken by digital cameras) can be used to exchange the actual/current operations in countries (bringing into the meetings, or taking back from the meetings back home). Visual presentation can work better in communicating and sharing the information. High quality is not needed.

overcome by the passions of the members and by the Secretariat supports.

**A4:**

Some participants are reluctant to participate. The production of the report by Friday is hindering. Should be more time for strategic discussions. The term of membership is too short. Great observer participation

**A5:**

Should maintain the current process, which are well functioning. The CDC members feel the ownership and the environment of the discussions is comfortable and filled with passions from all.

**A6:**

- Process involving observers has worked well. Also info sharing with members seems good.
- Brief but more frequent updates (on key issues only) would better keep informed the CDC members including observers in order to enhance the continuous feeling of the ownership.

**A7:**

Development process of the materials seems working well. The use of survey monkey has been good.

**A8:**

- CDC process is good to ensure active involvement, regional representations and proper dialogue between members and donors
- Balance between inputs from Secretariats and those from members can be improved

**A9:**

- (+) Clear task assignment within the CDC members and to the Secretariat
- (-) not in particular but hard to say from the outside

**A10:**

- (+) fast and efficient process with

**A11:**

Be more focused approach compared with doing many

**A12:**

no answer given or recorded

- Secretariat's strong pushes things
- (-) Too much well agreed, efficiency fully depends on the Secretariat

<b>A13:</b> no answer given or recorded	<b>A14:</b> It is necessary to take more time for consultation such as material documents	<b>A15:</b> no answer given or recorded
<b>A16:</b> no answer given or recorded		

**Question 3:** *Please tell me the positive aspects of the CDC process. Tell me the aspects to be improved if any.*

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	<p>In general the interviewees were very satisfied with the processes applied in the CDC. It appears that some innovative practises like teleconferences before the CDC meetings to prepare meetings and the active involvement of observers are very well received.</p> <p>There is, however, one aspect where a slight discomfort is becoming apparent: the dominance of the IPPC Secretariat. As already indicated in the above question, also here the issue of IPPC Secretariat causing a slight imbalance is raised. Although there is not such a strong from multiple respondents to this to justify a recommendation, it is nevertheless an undercurrent which should be taken seriously by the IPPC Secretariat.</p>	<p>Interviewees were very content with the processes applied in the CDC. No major suggestions for improvement were made.</p> <p>Few respondents raised a subject related to the IPPC Secretariats' dominance in the CDC. Perhaps a discussion within the CDC on the role of the Secretariat may identify possible differences in expectations before they mature into conflicts.</p>

**Question 4:** *What is your view on the CDC efforts to have and extend strategic partnership outside of the IPPC community since its inception?*

<b>A1:</b> Good relationship with STDF and IICA (as donors with technical expertise) has been observed by its efforts. In the future, more outreaching may be needed, but proper focus should be maintained in relation with the goals of CDC.	<b>A2:</b> <ul style="list-style-type: none"> <li>- Good interaction with other organizations so far (in terms of funds and technicality)</li> <li>- Clear analysis and focus are needed before starting the actual partnership</li> </ul>	<b>A3:</b> <ul style="list-style-type: none"> <li>- Very good and flexible relationship with STDF and IICA</li> <li>- Invited participants contribute a lot</li> <li>- Sometimes, there are sceptical feelings towards the donors</li> </ul>
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<i>Compilation of answers</i>	<ul style="list-style-type: none"> <li>- Too much dependency on STDF in terms of funds can be regarded as sustainability problem</li> </ul>		
<p><b>A4:</b> How could CDC connect with FAO's other existing program? Connection with FAO's agriculture and forestry section is important</p>	<p><b>A5:</b> Good approach Good relationship with STDF</p>	<p><b>A6:</b> It is good to explore such partnership</p>	
<p><b>A7:</b> It is good for fund raising</p>	<p><b>A8:</b> Very good</p>		<p><b>A9:</b> Very positive Integrated coordination among Secretariat is important</p>
<p><b>A10:</b> Could do an agenda item.</p>		<p><b>A11:</b></p> <ul style="list-style-type: none"> <li>- Has been successful in partnering with donors.</li> <li>- Faced occasionally the difficulties in the dialogue, where proper understanding did not emerge due to too much emphasis on the relevant donor's purpose and directions. More strategic approach may have to be considered to address such difficulties.</li> </ul>	<p><b>A12:</b> Good partnering has been made, helping mutual benefits.</p>
<p><b>A13:</b> Partnering has been done mostly by the Secretariat, followed by the proper dialogue. The supports and contributions made from IICA and STDF have been good, leading to the real collaborative actions. The needs may gradually shift and proper monitoring should be kept.</p>		<p><b>A14:</b></p> <ul style="list-style-type: none"> <li>- Partnering is important and well done so far. As an example, the partnering with STDF (continuous observer) has been success in securing the occasions to hear the needs and advice of the donor so as to make easier to be funded.</li> <li>- Appropriate technical experts are invited (such as dielectric heating).</li> </ul>	<p><b>A15:</b> Successful to receive external funds.</p>



**A16:**

Initially, it was not clear what should be the priority, but various actions have been taken for better direction. Currently we have good partners. Probably more donors should be sought to have partnership as the CDC develops further.

**Question 4: *What is your view on the CDC efforts to have and extend strategic partnership outside of the IPPC community since its inception?***

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	<p>The strategic partnerships with organizations outside the IPPC community are seen overwhelmingly positive by almost all interviewees. The partnership with the STDF and IICA is really appreciated and valued not only for the resources which may become available through them, but also through the technical expertise they can contribute to the deliberations of the CDC. The respondents also stress that IICA and STDF also benefit from this collaboration and that possibly additional strategic partnerships should be sought.</p> <p>The overwhelmingly positive view and evaluation of the strategic partnerships are only clouded by an uneasiness about the CDC dependency on funds or other resources from these strategic partners. Questions arise on the sustainability of a programme which is largely dependent on funds from partners. In addition, occasional misconceptions about or stress on the donors purpose and directions may cause sceptical feelings towards these donors.</p> <p>Although these notions had been voiced in very diplomatic tones they should be taken very seriously since they can undermine the wholly successful cooperation until now. Perhaps regular discussion items within the CDC on the role and functions of strategic partnerships may be undertaken to highlight and re-evaluate purposes, aims and benefits of such partnerships. Such a strategic discussion could be combined with a "horizon-viewing" exercise to identify additional strategic partners.</p> <p>One respondent indicated that "<i>integrated coordination among the Secretariat is important</i>". Considering the amount of projects handled by different staff this is an important issue to be taken seriously by the Secretariat. However, this topic is highlighted in more detail below.</p>	<p>The strategic partnerships with organizations outside the IPPC community are seen very positive, but to avoid sceptical perceptions or doubts about strategic partners it may be beneficial to have regular discussions on strategic partnerships in the CDC.</p>

**Question 5: *Do you think that the resources allocated to the CDC related activities by the IPPC Secretariat (human, financial, etc.) are adequate for it to effectively carry out its activities/functions?***

<b>A1:</b>	<b>A2:</b>	<b>A3:</b>
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<i>Compilation of answers</i>	<ul style="list-style-type: none"> <li>- Supports from the IPPC Secretariat has been useful and appreciated. The relevant staff members are so passionate that we could complete the works while the volume of the work is huge.</li> <li>- More financial resources should be allocated.</li> </ul>	<ul style="list-style-type: none"> <li>- Technical information and services provided by IPPC Secretariat has been useful and appreciated. More stability and sustainability (without frequent breaks of staff contracts) is needed.</li> <li>- More allocation of financial resources would help. Some “incentive payments” for proper implementation could be an idea. Countries often face the lack of small money to implement.</li> </ul>	<ul style="list-style-type: none"> <li>- Staff supports are very helpful.</li> <li>- More financial resource allocation would help in ensuring the quality of the developed products and in accelerating the development.</li> </ul>
	<p><b>A4:</b></p> <ul style="list-style-type: none"> <li>- Staffing, technical inputs and services are OK.</li> <li>- Financial situation has been not easy, but the CDC has managed to find the external funding sufficiently so far.</li> </ul>	<p><b>A5:</b></p> <p>More resource allocation on focused areas (based on the strategic thinking) would be very useful. So far, it does not seem that the IPPC is ready to invest on CD activities as needed. Also, the sustainability and stability of the Secretariat staffing is essential.</p>	<p><b>A6:</b></p> <p>FAO rules seem to affect the sustainability of the Secretariat members. Otherwise, the resources are sufficient. Travel assistance should be considered also for the developed countries as domestic situations/rules may not allow the staff to participate in the necessary meetings. OIE provides travel assistance to its key persons.</p>
	<p><b>A7:</b></p> <p>While CDC has been successful to attract the external funds (which is good), core budget allocation has been much limited. Large share of the funds became available from STDF. If the CDC work is recognized as a key area, more resource allocation from the core funds should be considered.</p>	<p><b>A8:</b></p> <ul style="list-style-type: none"> <li>- Mostly the funds came from outside</li> <li>- More sustainability with long-term funding is needed</li> <li>- More regular budget has to be allocated (too limited at this moment)</li> </ul>	<p><b>A9:</b></p> <ul style="list-style-type: none"> <li>- Little allocation from regular budget (mostly depends on external funds)</li> <li>- This might become future problem where directions of projects may be too much affected by donors’ intention</li> </ul>
	<p><b>A10:</b></p> <p>Depending how much I want Currently almost sufficient</p>	<p><b>A11:</b></p> <p>no answer given or recorded</p>	<p><b>A12:</b></p> <p>We have to review the TOR of CDC</p>
	<p><b>A13:</b></p>	<p><b>A14:</b></p>	<p><b>A15:</b></p>

Should be more persons. Anna is unsustainable. Financially, there should also be an financial increase.	Seems to be successful Within FAO, there is no money. We need resources from outside of FAO	no answer given or recorded
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**A16:**  
CDC may utilize technical panels

**Question 5:** *Do you think that the resources allocated to the CDC related activities by the IPPC Secretariat (human, financial, etc.) are adequate for it to effectively carry out its activities/functions?*

<i>Analysis of answers</i>	Summary of Answers	Conclusions & Recommendations
	<p>It is perhaps one of the most encouraging outcomes of the interview: the recognition of the staff contribution to the work of the CDC. Many interviewees specifically pointed out that staff-wise the resources seem to be sufficient. In addition, the respondents indicated (not only under this question) that the passion and the helpfulness of the staff is really appreciated.</p> <p>Nevertheless, no comment was made regarding the sustainability of the staff responsible to the CDC. Many IPPC Secretariat staff with relevance to CDC activities are project based short term employees or consultants. The withdrawal of project funds may wreak havoc on the staffing and may have serious consequences for CD activities.</p> <p>In this regard one should also consider the recommendations of the IPPC Secretariat Enhancement Evaluation which clearly recommended that regular budget positions for CD activities should be increased.</p>	<p>Although the staff resources have been judged sufficient at the moment, the long-term sustainability of temporary project posts should be questioned.</p> <p><b>R6</b> <b>Increase regular budget financed staff in the IPPC Secretariat responsible for CD activities.</b></p>
	<p>This is also indicated by many of the respondents who indicate that there needs to be a long-term budget and increased regular budget funds. However, there is no full consensus on the matter. Several interviewees also promote increased fund raising from outside sources.</p>	<p>If the CPM considers CD activities important it should provide additional financial resources for building national phytosanitary capacity.</p> <p><b>R7:</b> <b>The CPM should make a principle decision on the importance of CD and implementation and set clear budgetary principles for financing these activities.</b></p>

**Question 6:** *The major purpose of this review is to help the CPM make a decision on the status of the CDC. In addition to this, what other aspects do you think this review exercise should look into to enable the CDC to better fulfil its functions?*

<b>A1:</b>	<b>A2:</b>	<b>A3:</b>
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<i>Compilation of answers</i>	It would be good if the review helps the CPM to confirm that the CDC work has been on right track, or to suggest the improvement in terms of the direction for the future, as well as to share the lessons from CDC experiences with other bodies.	It would be nice to have clear picture of real impacts of CDC from its activities and achievements.	Status issue is an issue. It would be good to make clear whether the roles, functions, process and operations have been going well or not.
	<b>A4:</b> Nothing in particular.	<b>A5:</b> Broad coverage of the interview exercise would collect useful views.	<b>A6:</b> None in particular.
	<b>A7:</b> How to improve the recognition	<b>A8:</b> Not in particular.	<b>A9:</b> Not particularly at this moment.
	<b>A10:</b> Small group is good you don't want it to grow too big. Invite sometimes other observers like the WB	<b>A11:</b> no answer given or recorded	<b>A12:</b> no answer given or recorded
	<b>A13:</b> It is necessary to evaluate the actual impact of countries which training is conducted. Some years will be necessary for actual evaluation.	<b>A14:</b> To examine whether CDC function efficiently	<b>A15:</b> No Most important issue is to consider the status
	<b>A16:</b> no answer given or recorded		

**Question 6:** *The major purpose of this review is to help the CPM make a decision on the status of the CDC. In addition to this, what other aspects do you think this review exercise should look into to enable the CDC to better fulfil its functions?*

<i>Analysis of answers</i>	Summary of Answers	Conclusions & Recommendations
	<p>Not too many respondents answered this question. There were, however, some overlapping ideas which aimed at establishing a function and procedures to analyse the impacts of the CD activities undertaken by the IPPC. Such an analysis could be used to learn for the future, adjust programmes and to establish future strategies.</p> <p>To have an analysis of the impacts of IPPC CD activities would be an important component in designing effective CD activities and strategies in the future. The CPM had some years ago similar initiatives and consequently established the IRSS to measure the implementation of IPPC and its ISPM and to provide support. Perhaps it would be possible to include into the IRSS a module which evaluates how implementation assistance has been utilized to what effect.</p>	<p><b>R8:</b> To measure the impacts of CD and implementation assistance the CDC should develop an evaluation module which maybe included into the IRSS.</p>

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## **Part 2: Summary**

This part of the questionnaire aimed to identify issues associated with the role, functions and processes of the CDC. In addition, the policy of the CDC towards strategic partnerships and the provision of resources to activities undertaken by the CDC were investigated. These issues were raised in order to identify if there are issues to be addressed in the review which may necessitate a change of the ToRs of the CDC or other decisions to be made by the CPM.

### *Role of the CDC*

With regard to the role of the CDC, which was interpreted by the reviewer to mean the objectives and aims of the body, the major role of the CDC was indicated as assisting the IPPC Secretariat in the delivering of CD activities through the development of strategy, work-plan and efforts to receive resources. However, many of the interviewees identified also the technical competences of the CDC to either develop tools and guidance or by identifying the need for such specific material as the main role. This is a very technical aspect of the CDC and actually more related to the functions than the role. This reflects the fact that members of the CDC are very much involved in the technical work of capacity development. Many of the interviewees also identified the promotion of CD and the mobilization of resources as roles of the CDC. Consequently, the CDC is very much seen as a technical body with strong technical functions in developing material.

### **Recommendation 1:**

**The technical competence and assistance of the CDC to the Secretariat should be maintained.**

It is perhaps this technical focus which has led to an apparent neglect of the supervising role of the CDC. None of the interviewees indicated that the CDC "*provides oversight and contributes to the delivery of the IPPC Strategic Objective of developing National Phytosanitary Capacity of its members, guided by the CPM*", the primary role of the CDC as indicated in its ToRs. Although many of the interviewees may have taken that as a given and also partially indicated that in their answers, it is nevertheless interesting to note that interviewees do not primarily see the CDC as the body which supervises CD activities on behalf of the CPM and contracting parties. It is important to re-enforce this supervisory function in the CDC.

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**Recommendation 2:**

**The supervising role of the CDC must be emphasised in the future. The role of the CDC should also be to provide direction to the IPPC Secretariat and to supervise the implementation of the CD strategy and its work-programme.**

***Functions of the CDC***

With regard to the functions of the CDC, interviewees in general viewed them very positively. They specified that the CDC functions are clear and result-oriented with a good focus and that the members expertise is properly utilized. It is particular positive to see that many interviewees saw the working of the CDC very positively. One issue for improvement was clearly identified: a better integration of the IRSS and its results into the work of the CDC. Participants saw that there should be a linkage between ISPM implementation and CD activities and that the CDC should have an important role in implementation. In addition, it was indicated that the IRSS results should form basis of the CD activities of the CDC.

**Recommendation 3:**

**Capacity development activities should be closely linked to IRSS.**

**Recommendation 4:**

**CDC should be the responsible oversight body for IRSS.**

Another feature identified of needing improvement is the work of the CDC in relation to strategy and work programme preparation. It was indicated that the strategic work should be improved, that there should be a better prioritisation of activities done. This maybe viewed in the light of a perception that the activities in the CDC maybe a bit too much dominated by the IPPC Secretariat, which was identified by one respondent. However, the strategic importance of the CDC was indicated under more than one question. Consequently it should be improved.

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**Recommendation 5:**

**The CDC should improve its activities on CD strategy and its related development of a work-programme.**

Finally, transparency has been identified as an issue where the CDC could improve. At this point it should be difficult to judge if the transparency activities of the CDC (in this case it is also the IPPC Secretariat) are sufficient. Here an overall analysis of the CPM/IPPC Secretariat transparency policy should be looked at and consistently applied.

#### *CDC processes*

Interviewees were very content with the processes applied in the CDC. No major suggestions for improvement were identified. Few respondents, however, raised a subject related to a perceived IPPC Secretariats' dominance in the CDC. Perhaps a discussion within the CDC on the role of the Secretariat may identify possible differences in expectations before they mature into conflicts.

#### *Strategic partnerships of the CDC*

The strategic partnerships with organizations outside the IPPC community are seen overwhelmingly positive by almost all interviewees. The partnership with the STDF and IICA is really appreciated and valued not only for the resources which may become available through them, but also through the technical expertise they can contribute to the deliberations of the CDC. The overwhelmingly positive view and evaluation of the strategic partnerships are only clouded by an uneasiness about the CDC dependency on funds or other resources from these strategic partners. Questions arise on the sustainability of a programme which is largely dependent on funds from partners. In addition, occasional misconceptions about or stress on the donors purpose and directions may cause sceptical feelings towards these donors. In order to avoid sceptical perceptions or doubts about strategic partners it may be beneficial to have regular discussions on strategic partnerships in the CDC.

#### *CDC Resources*

In general, the results of the interview showed that respondents were satisfied with the staff resources committed to CD activities in the IPPC Secretariat. Especially the passion and commitment of the staff was praised. Many interviewees specifically pointed out that staff-wise the resources seem to be sufficient. This did not include considerations on the sustainability of the staff positions in the Secretariat. Many IPPC

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Secretariat staff with relevance to CDC activities are project-based short term employees or consultants. The withdrawal of project funds may wreak havoc on the staffing and may have serious consequences for CD activities. In this regard one should also consider the recommendations of the IPPC Secretariat Enhancement Evaluation which clearly recommended that regular budget positions for CD activities should be increased.

**Recommendation 6:**

**Increase regular budget financed staff in the IPPC Secretariat responsible for CD activities.**

Many of the respondents also indicated that there needs to be a long-term budget and increased regular budget funds. However, there was no full consensus on the matter. Several interviewees also promote increased fund raising from outside sources. However, if the CPM considers CD activities important it should provide additional financial resources for building national phytosanitary capacity. This would necessitate a principle decision by the CPM.

**Recommendation 7:**

**The CPM should make a principle decision on the importance of CD and implementation and set clear budgetary principles for financing these activities.**

*Other aspects to improve the functions of the CDC*

Some interviewees voiced overlapping ideas which aimed at establishing a function and procedures to analyse the impacts of the CD activities undertaken by the IPPC. Such an analysis could be used to learn for the future, adjust programmes and to establish future strategies. To have an analysis of the impacts of IPPC CD activities would be an important component in designing effective CD activities and strategies in the future. The CPM had some years ago similar ideas and consequently established the IRSS to measure the implementation of the IPPC and its ISPMs and to provide support. Perhaps it would be possible to include into the IRSS a module which evaluates how implementation assistance has been utilized to what effect.

**Recommendation 8:**



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**To measure the impacts of CD and implementation assistance the CDC should develop an evaluation module which maybe included into the IRSS.**

### **Part 3: Questions specific to the status issue**

#### **Question 1: *What is your general view on the status issue under the current “Technical Committee status”?***

*Compilation of answers*

<b>A1:</b> In the current situation, it seems that the recognition of the group is limited.	<b>A2:</b> As worked well based on the ToRs and RoPs approved by CPM, the CDC should become a SB for more sustainability and formalization.	<b>A3:</b> <ul style="list-style-type: none"> <li>- Personally, status does not matter. The real substantive development and achievements should matter.</li> <li>- Proper recognition is needed. If becoming a SB may ensure more sustainability of CD works, which will help the real substance, this may be considered positively.</li> </ul>
<b>A4:</b> Why not making the CDC as a SB?	<b>A5:</b> Not know very much the difference between a SB or not. To me, the actual progress of the CDC activities (and consequent impacts on the countries) based on the strategic thinking and prioritisation is most important.	<b>A6:</b> Current way of working seems good in terms of substance and achievements, without introducing politics. Sufficient knowledge, experiences and willingness to contribute have been working well.
<b>A7:</b> Would like to see the member selection process to be maintained, in which the technical knowledge and experiences (as first priority) are the core elements and still regional balance is respected. It is critical to understand the difference in nature between standards development and technical resources development (how to maximize the quality in helping countries is more important than harmonization).	<b>A8:</b> <ul style="list-style-type: none"> <li>- CDC should be defined under the overall implementation</li> <li>- It there is the need of effective and sustainable functions, it should be a subsidiary body.</li> </ul>	<b>A9:</b> Would not care too much on the names and status as still advantages and disadvantages are not very much clear.
<b>A10:</b> More profile against more interference	<b>A11:</b> no answer given or recorded	<b>A12:</b> no answer given or recorded
<b>A13:</b> no answer given or recorded	<b>A14:</b> no answer given or recorded	<b>A15:</b> no answer given or recorded

**A16:**  
no answer given or recorded

**Question 1:** *What is your general view on the status issue under the current “Technical Committee status”?*

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	<p>Of the 16 interviewees there were six of who didn't answer or whose answer was not recorded. This is perhaps also an expression of the difficulty by the interviewees to identify or attribute differences between a "technical committee" and a "subsidiary body", if indeed there are any.</p> <p>If the question would have been posed in a form which asks if there is a need to have a technical working group or an oversight committee, the answers may have been much more extensive.</p>	<p>The real question to be asked is: Should the CDC be a technical or oversight committee?</p>
	<p>There were a number of respondents who believed that the status of the CDC is not so important as long as the good, technical and effective working of the CDC is maintained. There was a perception that the work of the CDC, especially through the selection of members and the language regime, may be made more difficult through "political interference".</p>	<p>Whatever the decision on the status will, be the introduction of procedures and practises which negatively affect the efficacy of the CDC should be avoided.</p>
	<p>The majority of the respondents were, however, of the opinion that the CDC should be a "subsidiary body". They argued that more profile is needed and that more recognition may ensure more sustainability of CD activities including resources.</p>	<p>The majority of the respondents were of the opinion that the CDC should be a "subsidiary body".</p>

**Question 2:** *What pros and cons do you see with the two options, i.e. maintaining the “Technical Committee” status, and changing to make it “a Subsidiary Body”? Are there any changes of your views between two years ago and now?*

	A1:	A2:	A3:
<i>Compilation of answers</i>	<p>More clout vs. work efficiency and respect. Finance.</p>	<ul style="list-style-type: none"> <li>- SB (+): higher profiles can be obtained; direct report to CPM from the CDC Chair can be done</li> <li>- SB (-): might get into bureaucratic or political process in selecting members; review process of products may be affected</li> </ul>	<ul style="list-style-type: none"> <li>- SB (+): Better sustainability with sustainable resources available (human and financial resources)</li> <li>- SB (-): may lose efficiency if different arrangement should be introduced as a subsidiary body (e.g. selection of members)</li> </ul>

	<ul style="list-style-type: none"> <li>- As now (+): opposite to SB (-) -&gt; proper process for selecting members and for technical resources development will be maintained</li> <li>- As now (-): opposite to SB (+) -&gt; profiles may stay not high</li> </ul>	<ul style="list-style-type: none"> <li>- As now (+): Current efficiency will be maintained with “freedom”</li> <li>- As now (-): not in particular</li> </ul>
<p><b>A4:</b></p> <ul style="list-style-type: none"> <li>- SB (+): better profile in the CPM</li> <li>- SB (-): may require more administrative process and more resources; may highlight the importance of regional representation</li> <li>- As now (+): process and work flow are flexible and particularly the member selection is very much expertise-based</li> <li>- As now (-): less chance to report directly to CPM; low profile in the CPM (general perception)</li> </ul>	<p><b>A5:</b></p> <p>SB (+): CDC decisions may be recognized as more formal ones.</p> <p>SB (-): Member selection might be politically influenced.</p> <p>As now (+): Can ensure current ways of working and member selection.</p> <p>As now (-): Nothing in particular.</p>	<p><b>A6:</b></p> <p>No clear views. But, current ways of working, which seem quite good, should be respected. There is no reason to destroy the well-established and well-functioning ways.</p>
<p><b>A7:</b></p> <p>The differences between the two options are not clear, and not easy to consider the potential pros and cons.</p>	<p><b>A8:</b></p> <p>The current way (as a TC) may be good to ensure the technical competence of the members while this can be maintained after the change of the status. For the CDC, people should not be coming and learn before contributing. People should share the experiences and knowledge.</p>	<p><b>A9:</b></p> <ul style="list-style-type: none"> <li>- SB: -&gt; benefits only in terms of sustainability and formalized status</li> <li>- Current: -&gt; the reverse side of the above</li> </ul>
<p><b>A10:</b></p> <ul style="list-style-type: none"> <li>- SB (+): more formalized, getting better recognition, more stability/sustainability</li> <li>- SB (-): Not sure what aspects the CDC will have to change by</li> </ul>	<p><b>A11:</b></p> <p>I think there is no practical difference between Subsidiary Body Status and Technical Committee status.</p> <p>My impression is there is freedom for selection of Committee member comparing with Subsidiary Body</p>	<p><b>A12:</b></p> <p>Technical Committee is more flexible</p> <p>Rules are applied to Subsidiary Body and not flexible, for example selection of member</p> <p>It is early to make CDC as SB</p>

- becoming a SB
- As now (+): With clearly spelled out ToRs and RoPs, the current ways of working (functioning well) can stay.
- As now (-): reverse side of SB (+)

<p><b>A13:</b> Should be changed into Subsidiary Body. Should be formal body even though if it cost more</p>	<p><b>A14:</b> It is good if resources will be able to gather in case of Subsidiary Body</p>	<p><b>A15:</b> Cost issues (translation of documents, etc.) should be examined. It is better to formalize as Subsidiary Body if legal and financial implications are same.  We have to decide under the limited resources.</p>
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**A16:**  
If more visibility can be achieved by becoming SB, it is better.

**Question 2:** *What pros and cons do you see with the two options, i.e. maintaining the “Technical Committee” status, and changing to make it “a Subsidiary Body”? Are there any changes of your views between two years ago and now?*

Analysis of answers	Summary of Answers	Conclusions & Recommendations
<p><i>of</i></p>	<p>This question is almost a continuation of the first question under this part. Again the main dividing line is the perceived difference between an formal body and an informal, more technical oriented structure. Many interviewees would wish for a "subsidiary body" because of the increased importance. Others would like to maintain the current status because it is less "politically" influenced, meaning that it is working with less formal regarding members, languages and working procedures.</p>	<p>The ideal situation according to the different opinions of the respondents would be a "subsidiary body" with the current CDC working procedures, language regime and selection process for members.</p>
	<p>In this context it should be noted that the working procedures, member selection and language regime of bodies established under the CPM are established by the CPM itself. Nobody forces the CPM to establish rigid structures and procedures. Although this has been done in the Standards Committee, one should consider that this body is primarily responsible for regulatory harmonization, a quite different subject than capacity building.</p>	

**Question 3:** *Do you think a CDC body has equal importance with the SC or SBDS?*

<i>Compilation of answers</i>	<b>A1:</b> Yes	<b>A2:</b> Yes	<b>A3:</b> Yes
	<b>A4:</b> Didn't have the same importance in the past. Yes, it should have the same importance as the SC. There needs to be closer linkages of the two.	<b>A5:</b> Yes	<b>A6:</b> no answer given or recorded
	<b>A7:</b> no answer given or recorded	<b>A8:</b> Importance. These are essential to complement each other	<b>A9:</b> My impression is that one of the existing subsidiary bodies may not be functioning well or not be providing the results with impacts. CDC is complementary to the standard setting. Only rule setting does not make any sense if the implementation is left out and one may suggest the "stop developing" until implementation reaches the proper level. The more the standards are developed, the more important the roles of CDC will be.
	<b>A10:</b> The direct comparison with others in importance does not make much sense, but sees the importance of CDC.	<b>A11:</b> Yes, CD is one of the main pillars in the IPPC activities, but importance in nature may differ and the expectation should not be the same as those activities for harmonization or legal issues.	<b>A12:</b> Yes, and the importance is getting more over time to ensure that the adopted standards will be properly implemented.
	<b>A13:</b> Yes	<b>A14:</b> Yes, for better recognition	<b>A15:</b> Yes, I strongly believe it does.
	<b>A16:</b> Yes. CDC's importance is to narrow the gaps between the approved standards and the countries who are obliged to implement them (currently they are apart).		

**Question 2:** *Do you think a CDC body has equal importance with the SC or SBDS?*

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	<p>Overwhelmingly the interviewees believed that the CDC has the same importance as the SC or SBDS for that matter. It was thought that the more the standards are developed, the more important the roles of CDC will be. It was thought that they SC and the CDC essentially complement each other</p> <p>The thoughts by the respondents also clearly correspond to the findings of the IPPC Secretariat Enhancement Evaluation which recommended that the structure of the IPPC secretariat should be consisting of two units (Standard setting &amp; Implementation Facilitation Unit) and that these activities are overseen by relevant bodies.</p>	<p>The CDC should be equally important with the SC.</p> <p><b>R9:</b></p> <p><b>The CDC should have equal status and importance with the SC.</b></p>

**Question 4:** *After the review, if the conclusion is staying at Technical Committee, what would you make “additional points to take into account”? What would you [recommend in case of a] [~~for the~~]<sup>2</sup> different conclusion (making it as “a [Statutory] Subsidiary Body”?)*

<i>Compilation of answers</i>	<p><b>A1:</b></p> <p>More efforts for raising recognition of the CD activities (and CDC) should be made if the CPM concludes maintaining the current status. Minimizing the bureaucratic process and maintaining technical expertise of the members (and selection process) should be taken into serious consideration. Also, more resources should be allocated if the CDC gets the SB status.</p>	<p><b>A2:</b></p> <p>TC scenario</p> <ul style="list-style-type: none"> <li>- Should recognize the CDC’s functions and achievements well</li> <li>- Should consider more sustainable staffing</li> </ul> <p>SB scenario</p> <ul style="list-style-type: none"> <li>- Should ensure the sufficient technical expertise, and minimise the political influence in the member selection</li> </ul>	<p><b>A3:</b></p> <p>SB Scenario:</p> <ul style="list-style-type: none"> <li>- Member selection should maintain with minimal influence of politics, but ensure the sufficient and proper technical expertise for CD</li> </ul> <p>As now scenario:</p> <ul style="list-style-type: none"> <li>- Better recognition should be ensured for the CDC’s achievements, progress and ways of working.</li> </ul>
	<p><b>A4:</b></p> <p>SB scenario</p> <ul style="list-style-type: none"> <li>- Technical expertise should be ensured.</li> <li>- Political influence on the member selection should be avoided.</li> </ul> <p>As now scenario</p> <ul style="list-style-type: none"> <li>- More influential roles should be</li> </ul>	<p><b>A5:</b></p> <p>no answer given or recorded</p>	<p><b>A6:</b></p> <p>Current process of the member selection is good and should be maintained regardless of the results of “status issue”, ensuring the quality of the member composition. The next review, if needed, should not be in two years but in a longer term.</p>

<sup>2</sup> The question had been slightly edited for better comprehension (RL).

found in the IPPC implementation.

<p><b>A7:</b> SB scenario</p> <ul style="list-style-type: none"> <li>- The process of member selection and materials development should be maintained to ensure the quality of products (should not be mixed with standards development)</li> </ul> <p>As now scenario</p> <ul style="list-style-type: none"> <li>- Resource allocation should be improved</li> </ul>	<p><b>A8:</b> SB scenario</p> <ul style="list-style-type: none"> <li>- The selection process should be kept.</li> <li>- Work flow should be maintained for keeping activeness, efficiency and flexibility.</li> </ul> <p>As now scenario</p> <ul style="list-style-type: none"> <li>- Current good focus should remain.</li> </ul>	<p><b>A9:</b> SB scenario</p> <ul style="list-style-type: none"> <li>- The selection process should be maintained</li> <li>- Political elements (such as regional representation) should be minimized</li> </ul> <p>As now scenario</p> <ul style="list-style-type: none"> <li>- Next review period should be longer or may be done when considered necessary (with no fixed period)</li> </ul>
<p><b>A10:</b> We have to review the TOR</p>	<p><b>A11:</b> no answer given or recorded</p>	<p><b>A12:</b> no answer given or recorded</p>
<p><b>A13:</b> no answer given or recorded</p>	<p><b>A14:</b> no answer given or recorded</p>	<p><b>A15:</b> Transparency</p>
<p><b>A16:</b> Transparency</p>		

**Question 4:** *After the review, if the conclusion is staying at Technical Committee, what would you make “additional points to take into account”? What would you [recommend in case of a] [~~for the~~]<sup>3</sup> different conclusion (making it as “a [Statutory] Subsidiary Body”?)*

Analysis of answers	Summary of Answers	Conclusions & Recommendations
of	The answers received to this question again reflect the major perception that a subsidiary body has inherently difficult working procedures, member selection and language requirements. Basically the respondents wished that if a "subsidiary body" would be established it more or less should maintain the same working conditions and do not change the process for selecting its members.	A "subsidiary body" with the current CDC working procedures, language regime and selective process for members.  <b>R10:</b> <b>The CDC should be established as the official CD &amp;</b>

<sup>3</sup> The question had been slightly edited for better comprehension (RL).



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**IRSS oversight body of the CPM.**

In the case the current scenario of a technical committee would be maintained the interviewees wished for greater recognition of the CDC and its work and better resources.

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**Question 5:** *(If the interviewee has not responded in terms of the following elements) do you have any observations on the sustainability, resources, transparency, expectation, operational difficulties involved in the CDC activities?*

*Compilation of answers*

<b>A1:</b> no answer given or recorded	<b>A2:</b> Sustainability - The full dependency on STDF should be questioned  Transparency - Transparency can be further improved by members' efforts to get inputs in their regions (not through the political balancing).	<b>A3:</b> Expectation - Good mechanism should be kept for identifying the needs of NPPOs as most important end-users - There are diverse needs and the prioritization is important. - Lack of sustainable funds and staffing can be operational difficulties
<b>A4:</b> Inclusiveness  It may be a good idea to seek a mechanism where countries/regions can make requests more actively in terms of selection of topics and geographical targets (currently the Secretariat's judgement makes the direction)	<b>A5:</b> Nothing in particular	<b>A6:</b> no answer given or recorded
<b>A7:</b> No operational problems are observed. Activities and discussions are well managed, and the workload of the members seems appropriate.	<b>A8:</b> Not in particular.	<b>A9:</b> No particular operation difficulties are observed except the staff sustainability mentioned earlier.

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<b>A10:</b> No particular operational differences.	<b>A11:</b> Transparency is priority issue	<b>A12:</b> I have a concern if CDC stands as Committee, whether donors provide enough funds Subsidiary Body is formal body of IPPC and donors may provide enough fund Cost implication may arise(e.g. document translation cost)
<b>A13:</b> Interaction between CDC and SC is important	<b>A14:</b> no answer given or recorded	<b>A15:</b> no answer given or recorded
<b>A16:</b> no answer given or recorded		

**Question 5:** *(If the interviewee has not responded in terms of the following elements) do you have any observations on the sustainability, resources, transparency, expectation, operational difficulties involved in the CDC activities?*

Analysis of answers	Summary of Answers	Conclusions & Recommendations
	Some of the answer provided under this question effectively reiterate points and subjects already made under previous questions. There were, however, a few points which should be specified further.	
	<b>Transparency:</b> There were some respondents which specified that the transparency can be improved, this allowing as well getting more regional inputs into the work of the CDC. The call for more transparency also corresponds to a point made by the IPPC Secretariat Enhancement Evaluation which " <i>considered that it was important for transparency and consistency, that the selection criteria for posting materials in the Phytosanitary page should be explicitly described, but did not find evidence of this. In its view, posting of some key working documents prior and during the meetings of the CDC would be helpful to get better involvement from the CPs</i> ".	<b>R11:</b> <b>The CDC should discuss its transparency provision and should submit their policy concerning transparency to the CPM Bureau.</b>
	<b>Regional Inclusiveness:</b> the point was made that it may be a good idea to seek a mechanism where countries/regions can make requests more actively in terms of selection of topics and geographical targets (currently the Secretariat’s judgement makes the direction). Also that the regions could input into the work of the CDC. Considering the low resources of the CDC and the IPPC Secretariat it should be beneficial to have input from regions or RPPOs.	<b>R12:</b> <b>The CDC should develop a policy on how to involve regions or RPPOs more actively in CD.</b>
	<b>Interaction between CDC and SC:</b> Surprisingly there was only one comment specifying that there needs to be a close interaction between the CDC and the SC. This interaction had been for many years now considered to be important and a part of the new "implementation" focus. In addition, the IPPC Secretariat Enhancement Evaluation called for a closer cooperation between these activities. Since these cooperation efforts have been	<b>R13:</b> <b>The SC and the CDC should develop together guidelines for cooperation and submit to the CPM</b>

primarily limited to the IPPC Secretariat it may be appropriate to involve the CPM and let it decide on the essentials of cooperation between the CDC and the SC.. **for adoption.**

**Question 6:** *How do you think the work programme should be developed, for example, should be determined by the CPM or by the Secretariat?*

<i>Compilation of answers</i>	<p><b>A1:</b> CPM and CDC should have a time-to-time mechanism to ensure the linkage between the Strategy and the work programme while the linkage has been okay so far.</p>	<p><b>A2:</b> Presented work programme is very ambitious. So far done properly but sustainability should be considered.</p>	<p><b>A3:</b> Answer already given in a different context.</p>
	<p><b>A4:</b> CPM discussions, Bureau, SC, IRSS, Secretariat supports, collection of countries' ongoing needs, views from observers and other stakeholders, have properly contributed to the CDC to develop work programme. The CDC has made efforts to translate theoretical needs into the practical ones. Such work programme development is transparent.</p>	<p><b>A5:</b> Work programme should be developed reflecting the actual needs of the countries. It seems that the Secretariat is playing important roles in putting such needs into together, taking into consideration various inputs/feedback from CDC members, other bodies, countries and RPPOs, for CDC decision.</p>	<p><b>A6:</b> The CPM adopted the national capacity development strategy and its action plans, based on which the CDC is working, in good coordination with IRSS (identifying the needs through the survey, for example). The CPM's discussion on the overall implementation seems to further help.</p>
	<p><b>A7:</b> Not very much understandable. The CDC has developed the work programme (with the help of the Secretariat) according to the strategy and work plans approved by the CPM.</p>	<p><b>A8:</b> Glad to have the current ways, in which the CDC members develop the work programme according to the strategy and work plan approved by the CPM and with the continuous efforts to identify and update the needs in the countries. CPM-9 was an excellent opportunity to share with all the countries the achievements the CDC has made, where substantial interests were shown from many people. We should not lose the momentum. The CDC must be in a right direction.</p>	<p><b>A9:</b> The work programme has been developed based on the strategy and work plan approved by the CPM. The CDC members feel the ownership of the work programme with proper supports from the IPPC Secretariat. The successful experiences of side-sessions in the CPM-9 should be further extended to the regional and national efforts. Asian region already started in doing so, and such efforts are appreciated by the countries in the region.</p>
	<p><b>A10:</b> In terms of transparency, work program developed by CDC should be adopted by CPM</p>	<p><b>A11:</b> Work program should be adopted by CPM</p>	<p><b>A12:</b> no answer given or recorded</p>
	<p><b>A13:</b></p>	<p><b>A14:</b></p>	<p><b>A15:</b></p>

CPM Work program should be developed by the Committee. CPM CPM should be involved.

**A16:**

work programme based on the strategy. Should not be imposed by the CPM. Framework of oversight. On a yearly basis the work of the CDC should be compare to the strategy. Should regularly internally evaluate its work. Indicators and baselines should be developed.

**Question 6: How do you think the work programme should be developed, for example, should be determined by the CPM or by the Secretariat?**

	Summary of Answers	Conclusions & Recommendations
<i>Analysis of answers</i>	<p>The answers provided in relation to the development of the work programme are confusing and split in opinion. On the one hand several respondents believe that the work programme should be developed only by the CDC and the Secretariat. On the other hand several respondents thought that the CPM should be involved and even agree on the work programme. A clear direction is not discernible in the answers.</p> <p>Perhaps the main reason for this is that the terminology used may not be absolutely clear. It appears there is a hierarchical difference between the CDC work plan (general identified intentions) and the CDC work programme (what is actually undertaken). Considering the English definitions of the words <b>programme</b> "<i>a set of related measures or activities with a particular long-term aim</i>" (Oxford dictionary) and the term <b>plan</b> "<i>a set of things to do in order to achieve something, especially one that has been considered in detail in advance</i>" (Oxford dictionary) it does not become apparent that there is a great difference.</p> <p>Applying this logic to the SC one could argue that the "work plan" of the SC is to develop ISPMs. The work programme would be decision which ISPMs would be developed. Incidentally both are actually agreed by the CPM.</p> <p>Translating this onto the CDC one could argue that the work plan incorporates the production of manuals. The work programme would then be which manuals are prepared. The difference here is that the CPM does not approve which manuals are developed.</p> <p>An additional difficulty appears when looking at the ToRs of the CDC. According to the functions, the CDC has neither a mandate to develop a work plan nor a work programme. Its only functions related to work plan/programme development are:</p> <ul style="list-style-type: none"> <li>- Review the IPPC national phytosanitary capacity development strategy on a regular basis.</li> <li>- Provide guidance on capacity development activities, for inclusion in the Secretariat work plan</li> </ul>	<p>The use of the terms "work plan" and "work programme" is confusing and inconsistent and needs further clarification.</p> <p>Practises in developing work plans/programmes in the SC and CDC should be consistent if possible and appropriate.</p> <p>The ToRs of the CDC do not provide a mandate to develop or adopt a work plan/programme. The ToRs do need review and amendment.</p> <p><b>R14:</b></p> <p><b>The CDC should be invited to review its ToRs and RoPs and present them to CPM 12 for adoption. The reviewed ToRs should include proposals for the CDC functions with regard to the development and CDC adoption for CD strategy and work plan/programme. It should also include proposals on the role of the CPM with regard to the final adoption of CD strategy and work plan/programme.</b></p>

In fact, term e use of the Secretariat work plan makes it more difficult to understand because if it is considered to have a work plan then what is its work programme.

In the light of these inconsistencies, different interpretations and confusion it is perhaps important to overwork the ToRs and RoPs of the CDC to include responsibilities regarding work plan/programme development and its submission to the CPM for information/adoption. This would also satisfy requests by respondents for more prioritisation as indicated in above chapters.

### **Part 3: Summary**

The questions on the status of the CDC of being either a "technical committee" or a "subsidiary body", which is here believed to be an oversight body were largely overlapping and highlighted the problem from slightly different angles.

In the majority the respondents felt that more recognition and status would be important for the CDC activities because they thought that CD would be easier recognized and CD work would increase its importance. There were a number of respondents who believed that the status of the CDC is not so important as long as the good, technical and effective working of the CDC is maintained. There was a perception that the work of the CDC, especially through the selection of members and the language regime, may be made more difficult through "political interference".

This was somehow the main dividing line: the perceived difference between an formal body and an informal, more technical oriented structure. Somehow the ideal structure would be, according to the different opinions of the respondents, would be a "subsidiary body" with the current CDC working procedures, language regime and selection process for its members. Basically the respondents wished that if a "subsidiary body" would be established it more or less should maintain the same working conditions and do not change the process for selecting its members and in the case the current scenario of a technical committee would be maintained the interviewees wished for greater recognition of the CDC and its work and better resources..

Overwhelmingly the interviewees believed that the CDC has the same importance as the SC or SBDS for that matter. It was thought that the more the standards are developed, the more important the roles of CDC will be. It was thought that they SC and the CDC essentially complement each other.

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The thoughts by the respondents also clearly correspond to the findings of the IPPC Secretariat Enhancement Evaluation which recommended that the structure of the IPPC secretariat should be consisting of two units (Standard setting & Implementation Facilitation Unit) and that these activities are overseen by relevant bodies.

**Recommendation 9:**

**The CDC should have equal status and importance with the SC.**

**Recommendation 10:**

**The CDC should be established as the official CD & IRSS oversight body of the CPM.**

On other matters, such as sustainability, resources, transparency and operational difficulties interviewees identified a few issues which could be improved.

*Transparency*

There were some respondents which specified that the transparency can be improved, this allowing as well getting more regional inputs into the work of the CDC. The call for more transparency also corresponds to a point made by the IPPC Secretariat Enhancement Evaluation which "*considered that it was important for transparency and consistency, that the selection criteria for posting materials in the Phytosanitary page should be explicitly described, but did not find evidence of this. In its view, posting of some key working documents prior and during the meetings of the CDC would be helpful to get better involvement from the CPs*".

**Recommendation 11:**

**The CDC should discuss its transparency provision and should submit their policy concerning transparency to the CPM Bureau.**

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*Regional Inclusiveness:*

Some respondents raised the point that it may be a good idea to seek a mechanism where countries/regions can make requests more actively in terms of selection of topics and geographical targets (currently the Secretariat's judgement makes the direction). Also that the regions could input into the work of the CDC. Considering the low resources of the CDC and the IPPC Secretariat it should be beneficial to have input from regions or RPPOs.

**Recommendation 12:**

**The CDC should develop a policy on how to involve regions or RPPOs more actively in CD.**

*Interaction between CDC and SC*

Surprisingly there was only one comment specifying that there needs to be a close interaction between the CDC and the SC. This interaction had been considered to be important for many years and forms an essential part of the new "implementation" focus. In addition, the IPPC Secretariat Enhancement Evaluation called for a closer cooperation between these activities. Since these cooperation efforts have been primarily identified as an IPPC Secretariat effort it may be appropriate to involve the CPM and let it decide on the essentials of cooperation between the CDC and the SC.

**Recommendation 13:**

**The SC and the CDC should develop together guidelines for cooperation and submit to the CPM for adoption.**

*Development of IPPC CD strategy and work plan/programme*

The answers provided in relation to the development of the work programme are confusing and split in opinion. On the one hand several respondents believe that the work programme should be developed only by the CDC and the Secretariat. On the other hand several respondents thought that the CPM should be involved and even agree on the work programme. A clear direction is not discernible in the answers.

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Perhaps the main reason for this is that the terminology used may not be absolutely clear. It appears there is a hierarchical difference between the CDC work plan (general identified intentions) and the CDC work programme (what is actually undertaken). Considering the English definitions of the words **programme** "*a set of related measures or activities with a particular long-term aim*" (Oxford dictionary) and the term **plan** "*a set of things to do in order to achieve something, especially one that has been considered in detail in advance*" (Oxford dictionary) it does not become apparent that there is a great difference.

Applying this logic to the SC one could argue that the "work plan" of the SC is to develop ISPMs. The work programme would be decision which ISPMs would be developed. Incidentally both are actually agreed by the CPM.

Translating this onto the CDC one could argue that the work plan incorporates the production of manuals. The work programme would then be which manuals are prepared. The difference here is that the CPM does not approve which manuals are developed.

An additional difficulty appears when looking at the ToRs of the CDC. According to the functions, the CDC has neither a mandate to develop a work plan nor a work programme. Its only functions related to work plan/programme development are:

- Review the IPPC national phytosanitary capacity development strategy on a regular basis.
- Provide guidance on capacity development activities, for inclusion in the Secretariat work plan

In fact, term e use of the Secretariat work plan makes it more difficult to understand because if it is considered to have a work plan then what is its work programme.

In the light of these inconsistencies, different interpretations and confusion it is perhaps important to overwork the ToRs and RoPs of the CDC to include responsibilities regarding work plan/programme development and its submission to the CPM for information/adoption. This would also satisfy requests by respondents for more prioritisation as indicated in above chapters.

**Recommendation 14:**

**The CDC should be invited to review its ToRs and RoPs and present them to CPM 12 for adoption. The reviewed ToRs should include proposals for the CDC functions with regard to the development and CDC adoption for CD strategy and work plan/programme. It should also include proposals on the role of the CPM with regard to the final adoption of CD strategy and work plan/programme.**



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**Part 4: Acknowledgements**

The reviewers would like to thank all interviewees for their time, cooperation and their constructive approach.

## Annex V

## Summary of discussions on the establishment of CDC (from CPM-3 to CPM-7)

Meetings	Decisions	Reference
CPM-3, April 2008	<ul style="list-style-type: none"> <li>Agreed to establish an Open-Ended Working Group (OEWG) on Capacity Development to develop the IPCC Capacity Development strategy</li> </ul>	CPM-3 report (p.18)
1 <sup>st</sup> OEWG, December 2008	<ul style="list-style-type: none"> <li>Developed draft strategy</li> </ul>	
2 <sup>nd</sup> OEWG, December 2009	<ul style="list-style-type: none"> <li>Revised draft strategy</li> <li>Recommend that OEWG should become a core group</li> </ul>	2 <sup>nd</sup> OEWG report (p.16)
CPM-5,  March 2010	<ul style="list-style-type: none"> <li>Approved CD strategy</li> <li>Agreed to establish Expert Working Group (EWG)</li> </ul>	CPM-5 report (p.14)  CPM2010/21
1 <sup>st</sup> EWG, October 2010	<ul style="list-style-type: none"> <li>Discussed and decided creation of a new Subsidiary Body</li> <li>Conducted Strengths Weaknesses Opportunities Threats (SWOT) analysis</li> </ul>	1 <sup>st</sup> EWG report (p.10)
2 <sup>nd</sup> EWG, May 2011	<ul style="list-style-type: none"> <li>Updated SWOT analysis</li> </ul>	2 <sup>nd</sup> EWG report (p.3)
CPM Bureau, June 2011	<ul style="list-style-type: none"> <li>Agreed to create more formal body</li> <li>Recommended alternative proposal for creation, with more formality than EWG, but not as formal as SB, as a fall-back proposal</li> </ul>	2011 June CPM Bureau report (p.9)  2011 Bureau June/10
SPTA, October 2011	<ul style="list-style-type: none"> <li>Some felt that SB would provide continuity and have more recognition but it was noted that a technical committee might provide more flexibility and help keep costs down</li> <li>Requested to develop a paper for CPM presenting the various options</li> </ul>	2011 SPTA report (p.9) 2011 SPTA/11
CPM-7, April 2012	<ul style="list-style-type: none"> <li>Selected and established the CDC as Technical Committee</li> </ul>	CPM7 report (p.23) CPM2012/14 CPM2012/INF/18