Rationale for updating the Implementation and Capacity Development Strategy.

(Prepared by Ms Olga Lavrentjeva, the Chair of the IC)

 Background

1. CPM-14 (2019) endorsed the content of the IPPC Strategic Framework (SF) 2020-2030, subject to adjustments as detailed in the relevant Appendix of the CPM-14 report, in advance of its formal adoption at CPM-15 in 2020.
2. In view of this decision, the IPPC National Phytosanitary Capacity Development Strategy (2012-2017), developed by the CDC and endorsed by the CPM (2011) will now need to be updated to align with the new IPPC Strategic Framework 2020-2030.
3. The Implementation and Capacity Development Committee (IC), during its May 2019 meeting, tasked a group of IC members to form an Implementation and Capacity Development Strategy Team and to develop an outline and propose the content for a new Implementation and Capacity Development Strategy (ICDS) with the vision to support the IPPC SF (2020-2030). The new ICDS would replace the outdated IPPC National Phytosanitary Capacity Development Strategy (2012-2017). The ICDS outlines will be presented to the November 2019 IC meeting.
4. In the preparation for this work, the IC ICDS Team provided content for a presentation, in the 2019 series of IPPC Regional Workshops, outlining the issues for discussion on Implementation and Capacity Development in relation to the IPPC 2020-2030 SF.
5. In addition, the IC requested the IPPC Secretariat to explore the possibility of hiring a consultant to help with the drafting of the ICDS.

Rationale for updating the Implementation and Capacity Development Strategy.

1. **To set a clear direction and priorities:**
2. First and foremost, an ICDS will rationalise and establish priorities for implementation of the IPPC SF 2020-2030 as well as pertinent International Standards for Phytosanitary Measures. This is important considering the limited resources available in the IPPC Secretariat dedicated to ICD.
3. Since 2017, the IPPC Secretariat entered a phase of restructuring and has experienced staff turnovers or reassignments that have had an impact on the delivery of the ICD work programme. Considering this, it is imperative to agree to and establish a framework for delivering ICD priorities which takes into account the role of the IC. To do this would entail thinking seriously about the elements that are necessary to maintain the IPPC Secretariat’s leadership in this space and the capacities both within the IPPC Secretariat and the IC to maintain an effective and relevant ICD work programme.
4. To ensure sustainability, it is essential to consolidate ongoing ICD activities with recently established responsibilities (call for topics); to foresee implementation activities related to SF 2020-2030 objectives, for example, commodity standards, authorisation, and to consider partnership arrangements such as South-South cooperation etc.
5. Since the start of the transition period from the CDC to the IC in 2018, there has been very few new resources mobilized to support the ICD work programme. This fact underscores the need to set a vision, establish priorities, and set effective parameters for implementation and capacity development activities in order to attract partners and donors.
6. As funds are invested in the IPPC Secretariat’s work programme, having a practical and rational strategic framework and work plan in place will help firm up mutual accountability between the IPPC Secretariat and Donors and ensure a strong return on investment in terms of approved implementation and capacity building activities.
7. **To get everyone on the same page and prioritise resources:**
8. A well defined ICDS would lay out the direction that the CPM, CPM Bureau, IC, SC and the IPPC Secretariat should be going and help ensure they are all moving together in the same direction to implement the IPPC and SF 2020-2030 goals.
9. An ICDS would make it easier for making decisions on which activities to fund or to identify which actions should be taken alone or with partners. In this regard, having a clear and practical strategy will help us identify the partnerships and define their scope as well as activities to enhance and build a relevant and effective ICD work programme.
10. It would have the added value of enabling the IPPC Secretariat and IC to ensure that projects align with the objectives of ICDS and therefore optimise the use of the scarce resources available.
11. Furthermore, the ICDS would provide a platform to focus, not expand the scope, of implementation and capacity building topics submitted during the call for topics and help ensure selected topics align with the directions set out in the ICDS..
12. The ICDS would help us to define a roadmap in a transparent and accountable manner and lead us to better align our resources to maximize our strategic success.
13. **To communicate the message:**
14. A communication plan is critical to help with the implementation of a strategic plan. For that purpose the renewed IPPC communication strategy could be used and if necessary repurposed.
15. Successes, results and outcomes of ICDS activities should be promoted broadly through all available channels. We have seen the momentum that could be attained through the recent ICD projects and activities that the Secretariat has implemented in recent years and this work has received broad recognition from the IPPC Community and supports the IYPH.
16. An effective ICDS supporting the IPPC SF 2020-2030 is the way to go to increase the awareness of the IPPC as the key custodian of plant health globally. ICDS is the natural and logical platform to maximize the relevance of the IPPC Secretariat and the CPM in this regard.
17. The SPG is invited to:
* *Endorse* the IC efforts to develop the Implementation and Capacity Development Strategy
* *Encourage* the general involvement of members of the CPM Bureau, SC and IC when called upon to contribute to the drafting of the ICDS.
* *Encourage* the IPPC Secretariat to avail resources to engage a technical specialist to assist in the development the Implementation and Capacity Development Strategy.