Food and Agriculture Organization of the United Nations

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european commission for the control of foot-and-mouth disease

PARIS 26-27 SEPTEMBER 2016



Report

92ND SESSION OF THE EXECUTIVE COMMITTEE OF THE EUFMD COMMISSION

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FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
European Commission for the control of Foot-and-Mouth disease (EuFMD)
Rome, 2016

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Please note the Appendices are available online and as a separate document on the EuFMD website.

Findings and Conclusions of the 92nd Session of the Executive Committee

The Executive Committee, after considering the documents and issues on the Agenda of the 92nd Session of the Executive Committee of the EuFMD,

Acknowledges

The support of the European Commission for the Phase III of the EuFMD/EC work programme and to emergency actions in the European neighbourhood, the continued support of the Member States for the Secretariat of the Commission, and the interest of international partners to work together under the Global Strategy for Foot and Mouth Disease (FMD) towards common objectives that will reduce the risk of new FMD epidemics.

In relation to the general FMD risk situation

1. The recent jumps of infection from Pool 2 (South Asia) into the Indian Ocean islands and South-East Asia (Pool 1) should be noted by the Member States with concern, as indicative of a higher than normal prevalence of infection in source regions and spread by routes other than legal trade.
2. Laboratory surveillance networking between laboratories in South Asia, and the OIE/FAO Reference Centres in Europe, in order to better understand the risks of currently circulating strains, is encouraged and the proposal to give emphasis to this region in the next six months in the Pillar III workplan was endorsed.
3. Further Laboratory and field studies on the level of protection provided by type A antigens in the EU bank and the new A G-VII vaccines continue to be required urgently.
4. The possibilities to arrange for stocks of GVII vaccine from Turkey to be kept available as a rolling reserve need to be explored.
5. The work of the Reference Centre at ANSES to confirm the type O India/2001 epidemic in Mauritius was appreciated. Further, detailed studies to elucidate the mode of entry and spread are required and in view of the risk to French Dependencies and the wider EU, special assistance to Reunion in training for prevention and preparedness is required. The Secretariat was authorised to proceed to propose training and other follow-up, and to carry this forward with the CVO of France.
6. The post-vaccination immunity of the cattle and small ruminant population in Thrace is an important factor in protection against wider epidemics occurring in the Thrace region of Turkey. Every effort should be made through the THRACE component to ensure that surveys are conducted in the next six months to report to the next Executive or earlier if problems are detected.

Conclusions

1. The impact calculator, the simulation exercise guidelines and the emergency preparedness self-assessment tools have the potential to assist the wider MS and following experience with their use in the Balkans, wider dissemination to the MS and training on their use should be considered.
2. The regional exercises in the Balkans have provided some positive indicators of what can be achieved at national and regional level.
3. Cases of PPR, SGP, but not currently LSD, are indicative of fresh incursions of animals or risk materials into Thrace region and surveillance for these is important part of the overall confidence in the biosecurity measures to prevent fresh introductions.
4. A regional plan to sustain improvement in preparedness could assist to safeguard and sustain efforts over the period 2017-2019. Such a plan could help clarify the EuFMD workplan for the same period.
5. EuFMD could assist in the development of such a regional plan, while recognising those countries concerned should fully support the goals to be achieved, and that OIE, EC, FAO and others are engaged in wider health initiatives in the Balkan region, and that there are likely to be a range of health issues, not only FMD.

Concerning the situation in Turkey/West Eurasia and the REMESA countries:

6. The situation remains of grave concern with two major epidemics in the past 12 months. Although these may be expected normally to be followed by a period of relative calm, the continued circulation of A /Asia/GVII as an exotic virus to the European region is of much concern. Regular, monthly reporting on the circulation of FMDV strains in Turkey would assist risk assessment.
7. The Executive welcomes the establishment in GDPC of the epidemiology and monitoring unit, and urges that this becomes fully functional and able to provide the level of monitoring information that will bring confidence that the control programmes are having their expected impact. This is also an expected requirement of PCP Stage 2, and after entry into Stage 3 greater evidence will be required of impact on circulation.
8. The indications in the report were welcomed that plans were being made for intensification of control measures for Marmara and Aegean regions to limit virus circulation, enabling these regions to be proposed as PCP Stage3, in 2017. The Executive supported the request in the report for technical guidance on this from EuFMD, as part of the Component 2.1 workplan.
9. The establishment of a vaccine bank for the REMESA countries is a welcome development. A report indicating the mechanisms and criteria for the access to the stocks contained in the Bank by countries in the region would be helpful for co-ordination in emergency situations and for contingency planning, and the OIE is requested to report on this at the next Executive.

Concerning the support to the Global Strategy

10. The finalization of the revision of the PCP Guidelines, between the technical experts of EuFMD and the WG of GF-TADS is encouraged. Following the revision, a meeting should be organised at the level of the EuFMD officers with the GF-TADs Management Committee, on the improvement of processes for application of the PCP between the organizations, and on the plan of action to improve its implementation in the workplan to 2019.

11. The updated workplans for Pillar III components 3.2 and 3.4 was endorsed.
12. The workplans for Component 3.1 require discussion with the WG to establish if the stated outputs remain desired, if not the workplans will require to be revised and a revised set of workplans resubmitted to EC for agreement.

Concerning the Report of the Standing Technical Committee, and Administrative and Financial matters

13. The consensus was firmly supportive of the proposals of the Standing Technical committee (STC) relating to new methodologies for confidence in disease freedom.
14. The need to maintain the Biorisk Management Working Group was strongly supported and the group were encouraged to bring forward a workplan for the next Executive.
15. The continuation of policy of additional funding of actions by MS or other parties, to subsidise the main activity programmes was strongly supported as it had demonstrated added value for the member states, particularly in covering the cost of development of e-learning and other courses. The renegotiation with Australia for a series of Real-Time Training Courses (RTT) was agreed and the Secretariat authorised to conclude these.
16. The recruitment of an additional administrative assistant for the Open Session 2016 was agreed, to be covered by the revenue from registrations.
17. The expenditure plan for the current funds held in the Emergencies and Training Fund (MTF/INT/004/MUL), with an NTE (Not-to-exceed) date of 31st December 2017 was endorsed.

Report of the 92nd Session of the EuFMD Executive Committee

The Session was formally opened by Loïc EVANS (CVO France), who illustrated the long history of support provided by France to the EuFMD Commission. France had supplied several members and officers of the Commission in the past, as well as the current President, and in the form of the previous Secretary, Yves Leforban. Further France, through ANSES but also through its veterinary expertise, was pleased to assist EuFMD in the provision of experts for missions, such as the one most recently conducted in Mauritius.

Pascal BOIREAU, *Directeur du laboratoire de santé animale de Maisons Alfort,* welcomed all to ANSES, and to the famous laboratories where Carré and Valleé had conducted such famous work on FMD which established the presence of more than one serotype and much of the early work on the development of vaccines. The new laboratories, for work on FMD and other highly pathogenic agents, were a major investment for ANSES but an indicator of the support to be expected to this international work. ANSES was pleased to have become recognised as an OIE Reference Centre for FMD and keen to play its role in international surveillance. He introduced Dr Pascale PARISOT (*Directrice général adjoint en charge des laboratoires*), and provided the group with a tour of the new facilities at the close of the first afternoon.

The Session was Chaired by Dr Jean-Luc Angot, President of the Commission, and attended by all of the three elected officers and three of the six members. Apologies were received from Dr Nenad Petrovic, Serbia, Dr Nihat Pakdil, Turkey and Dr Gediminas Pridotkas, Lithuania.

Officers of the Commission present were: Dr Jean-Luc Angot (JLA, France, President) Dr Christianne Bruschke (CB, The Netherlands, Vice President) and Dr Ulrich Herzog (UH, Austria, Vice-President). Members of the **Executive Committee** present were Dr Spiros Doudounakis (SD, Greece), Dr Martin Blake (MB, Ireland), and Dr Lajos Bognar (LB, Hungary).

Observers from the international organizations were Dr Alf-Eckbert Füssel (AEF, Head of Sector, DG-SANTE), Dr Samia Metwally, FAO, representing Juan Lubroth, CVO-FAO (FAO), and Dr Laure Weber-Vintzel, OIE. Dr Don King represented the WRL-FMD at The Pirbright Institute (TPI).
The Secretariat for the 92nd Session comprised Dr Keith Sumption (KS, EuFMD Executive Secretary), Nadia Rumich (NR, Communications and Networks Officer), and Dr Mark Hovari, Contingency Planning Officer).

Item 1: Adoption of Agenda (Appendix 1)

The Agenda was agreed as circulated in advance. The Secretariat provided a bound set of documents that included

- Report of the 91st Session;
- Report on Activities since the 91st Session, and the Administrative and Financial Report;
- Reports of significant events managed including the Laboratory Simulation Exercise for the Balkan countries, and the meeting on “Regional Co-operation in TransCaucasia and neighbouring countries”;
- Training Update and Open Session 2010 programme;
- The Position Paper on Vaccination-to-live issues prepared by the Standing Committee.

As a separate document, the Full six month Report on the EC Phase IV Workplan, April-Sept 2016 was provided.

Item 2: Report of EuFMD activities since the 91st Session

The report of EuFMD activities since the 91st Executive Committee meeting was presented by Dr Keith Sumption (**Appendix 2)**. The major FMD risk events of the previous six month period, to March 2016, was the epidemic of FMD serotype A (G-VII genotype), which had swept across the Arabian peninsula and entered Turkey, Iran and Armenia, and against which no proven well matched vaccine existed, and the continuation of the type O epidemic in North Africa in late 2015. The type A epidemic abated in the spring, but was replaced by upsurge in type O cases in Iran and Turkey, which was locally severe in Iran. A different set of virus lineages including SAT2 persists in Egypt and is a cause for concern. The jump of infection (type O India 2001) to the Indian Ocean island of Rodrigues is yet another example of an unexplained jump of infection, this time into a free country, suggesting high prevalence of infection in source regions and/or movement of infection with people rather than trade. These examples are warnings for free regions.

Phase IV of the EC /FAO agreement on support to the EuFMD activities was signed between EC and FAO, with backdating for financial support to 1st October 2015. In the period since 1st October 2015, essential activities to implement the decisions of the 90th Executive had been funded from the Administrative Fund of EuFMD, as an interim measure, and after signature these costs could then be transferred to the EC Phase IV project.
Activities have commenced under almost every component but major financial commitments (e.g. Pirbright Contract, research fund contracts) and new ACTIONS (Component 1.8) were postponed until Funding was committed and received from EC.

Under Pillar I, support to the MS, the focus has been upon
- Component 1.1, Training for prevention and response; following the needs assessment survey of the 37 member states, agreement was reached with almost all MS on their use of training credits to select courses in the first 24 months, and several courses delivered (Real Time Course, online courses and workshop for crisis managers), with delivery well on track ;
- Component 1.2, Contingency Planning – the modelling networks and contingency planners webinar series have continued, and new tools (Guidelines on simulation exercises, and self-assessment of contingency plans), developed;
- Component 1.3, THRACE; supporting the national project staff in the three countries to work in surveillance, and supply essential diagnostics, plus a major workshop in Bulgaria for improving surveillance for LSD (risks associated with vector ecology);

The Balkans (Component 1.4) work component has undertaken a major laboratory simulation exercise across the region, testing both the delivery system for emergency diagnostic supplies and their use and interpretation
Activities of the Research Fund (1.5) and Risk Assessment (1.8) have been postponed, the first until decisions on priorities reached in September 2016; the second awaiting arrival of sufficient expertise to carry through the workplan. The monthly reporting of the Global situation has continued by demand.

In support of **Pillar II**, of most significance has been:
- Workshops for Jordan, Lebanon and Mauritania, to progress their RBSP (PCP pathway);
- the implementation of a webinar/training series for REMESA countries, including French and Arabic languages (Component 2.3);
- support to develop a surveillance for Morocco and Algeria (workshop and follow-up technical work);
- implementing a programme in Russian language for Practical FMD management, with take up of West Eurasian countries;

- agreement reached in Paris between a group of six Caucasus region countries, including the Russian federation, on information sharing, planning of control activities, and emergency preparedness. This was followed up by a field and desk based simulation exercise in July, with participation of five of the six countries;
- finalization of the series of training courses for Turkey ,in September (went ahead in face of UN reduced travel to Turkey rules, and security clearance process for meetings held in Turkey).

In support of **Pillar III**, support has been focused to the Gf-TADS Working Group through development of e-learning on the PCP, and testing of the first PCP e-learning courses (August 2016). Recruitment of an STP for Pillar III was completed in July, which has assisted the pilot course evaluation. Monthly Global Surveillance Reports have been produced and managed by Teresa Scicluna, STP.

The Administrative and Financial Report was provided Dr Sumption at this point, but reported under Item 8. Of note at this point is of the two positions (Training Programmes Manager and Contingency Planning Officer, CPO) that had been filled in September 2015 under Administrative Fund support, the CPO (Marius Masiulis) chose to return to Lithuania in August after 11 months, as had been agreed with his hierarchy at the start of his appointment, and Mark Hovari (Hungary) re-joined the team, as CPO, from 1st September 2016. He thanked Lajos Bognár, CVO Hungary, for allowing Mark to join certain key actions such as the simulation exercise in the Caucasus, in July, prior to his appointment.

The Chairman thanked the Secretary for the report and welcomed Mark Hovari to the EuFMD and to the Session. There being no other comments, he proposed that more detailed discussions would occur on the work plans under the Items to come.

Item 3. FMD situation – global and regional

a) Report of the FAO World Reference Laboratory (WRL) for FMD, Pirbright

Dr Don King, head of the WRL, presented the report to the Executive Committee **(Appendix 3).** The regular Report forms part of the requirements of the EC funded Contract between EuFMD and Pirbright (the status of this Contract is discussed later under this Item). He outlined the considerable changes in the global FMD situation since the last Executive Committee Session. The most significant involve long distance jumps of FMD topotypes from one pool to another, notably in this six-month period into remote, Indian Ocean, previously FMD-free islands (Rodrigues, Mauritius), and into South-East Asia, following previously reported jumps into the Middle-East and North Africa. These jumps call into question the vaccine selection in those regions which are usually based on the prevalent local virus circulation. The unexplained circumstances of these long distance virus movements also raise questions for European risk assessment. The movement of the type O/Ind/2001 virus (into Rodrigues/Mauritius) was discussed after the Report from ANSES.

The type A G-VII virus strain: at the last Executive, the epidemic spread through Saudi Arabia, Iran, Turkey and Armenia was reported, of major concern given the very **poor in vitro match** between this virus and many commercial vaccines. The results of an in-vivo vaccine challenge study, involving multivalent vaccines with two type A components (A Sau95/A Iran 05) plus O and Asia-1 antigens, in a PPG challenge format, confirmed the suspicion of low protection, as 7/16 animals developed foot lesions, so protection was about 50%. Evidence from the field suggested about 20% of exposed animals develop lesions, which appears better than the challenge result

but other factors must be considered in this. He indicated they propose to now test A22 and A Malaysia 97, in a modified challenge test. Until this is done, the selection of antigen against GVII remains a problem. The homologous vaccine produced in the SAP Institute needs to be considered as an emergency option.

The vaccine bank recommendations from WRL to the Executive Committee are unchanged, but the gap in vaccine availability for A/Asia/GVII was emphasised. The PRAGMATIST tool (developed between EuFMD and WRL) was used to provide guidance to the DG-SANTE in this period.

The Annual Meeting of the OIE/FAO FMD Laboratory Network (supported by OIE and EC/EuFMD, the latter under Component 3.3) will be held in November 2016; a new network agreement (MOU) has been drafted, comments expected from OIE and FAO.

a) Report of the OIE FMD Reference Laboratory, ANSES, Maisons Alfort

Dr Stephan Zientara provided an overview of the recent work of the Reference Centre, including their role in studies in West Africa and Pakistan, and in confirming and sequencing the strain involved in Rodrigues/Mauritius (FMD type O, Ind 2001 topotype).

This report was followed by discussions with Didier Boisseleau, who had undertaken a mission to Mauritius for France, with support from EuFMD, to provide immediate management support and guidance, in the previous week. The order of species involvement was discussed, and the issues of having pigs, cattle currently involved and potentially, the farmed and wild deer. He expected the cases to reduce over the next 1-2 weeks, as the vaccination campaigns were at their most intense and coverage was already around 50% of planned; he had provided guidance to increase the speed and for priority setting for impact. Limited understanding and application of biosecurity measures were a concern for the veterinary management, including work of vaccination teams.

Discussion

The origins of emergence of new, “threatening” antigenic variants was discussed. Some evidence for positive selection of antigen variants under vaccination exists; but also some regions of the world contain many variants even without significant vaccination ongoing, possibly because of levels of post-epidemic immunity. The origins of the current problem appear to be more in the sudden emergence of Indian viruses into regions where vaccines had been directed against West Eurasian origin strains, and our Banks had largely been prioritised based on the situation in West Eurasia (Turkey) and the Far-East because of history and risk assessments. Dr Füssel (EC) commented on the significance of virus strains emerging from India and how useful it would be to have more information available on the FMD viruses circulating there.

The need to arrange for coverage against A/Asia/GVII was discussed and it was agreed that active steps be taken to purchase cover, for example through arrangements with vaccine producers for monovalent (or multivalent) stocks.

The resilience of the buffer zone in Thrace was raised, and the lack of evidence from post-vaccination monitoring. The Secretary indicated that this had been signalled as a priority for some time, and would be taken up again under Component 1.3, the THRACE programme where it had been agreed technically but implementation (in Turkey) had been delayed.

Conclusions:

1. The recent jumps of infection from Pool 2 (South Asia) into the Indian Ocean islands and South-East Asia (Pool 1) should be noted by the MS with concern, as indicative of a higher as normal prevalence of infection in source regions and spread by routes other than legal trade.

2. Laboratory surveillance networking between laboratories in South Asia, and the OIE/FAO Reference Centres in Europe, in order to better understand the risks of currently circulating strains, is encouraged and the proposal to give emphasis to this region in the next six months in the Pillar III workplans was endorsed.
3. Further Laboratory and field studies on the level of protection provided by type A antigens in the EU bank and the new A G-VII vaccines continue to be required urgently.
4. The possibilities to arrange for stocks of GVII vaccine from Turkey to be kept available as a rolling reserve need to be explored.
5. The work of the Reference Centre at ANSES to confirm the type O India/2001 epidemic in Mauritius was appreciated. Further, detailed studies to elucidate the mode of entry and spread are required and in view of the risk to French Dependencies and the wider EU, special assistance to Reunion in training for prevention and preparedness is required. The Secretariat was authorised to proceed to propose training and other follow-up, and to carry this forward with the CVO of France.
6. The post-vaccination immunity of the cattle and small ruminant population in Thrace is an important factor in protection against wider epidemics occurring in the Thrace region of Turkey. Every effort should be made through the THRACE component to ensure that surveys are conducted in the next six months to report to the next Executive or earlier if problems are detected.

Item 4. Update and questions arising from implementation of the workplan

The Pillar I Update was provided by Mark Hovari (**Appendix 4)**. The summary report (Appendix 2 in the meeting documents) indicated the significant progress of the Training Component (circa 3000 users of the e-Learning/ Virtual Learning Environment), >900 trained in the online courses in the first year of Phase IV, workshops and Real-Time Courses completed). A needs assessment across the MS was completed, and following offer of a range of courses to meet these needs. The planned courses for the next 12 months were indicated.
He summarised the situation with Components on Contingency Planning, THRACE and the Balkans Components. Dr Hovari highlighted an issue with the work in the Balkans relating to the assessment of emergency preparedness plans, and the need for indicators of progress. As no general tool exists to do this, and in order to develop the "self-assessment critical faculty" of MS in this region, a prototype tool ("self-assessment of emergency preparedness for FMD") had been developed in the virtual learning environment, in which the users would be directed automatically to sources of help or guidance relating to the gaps they identify. This is aimed to assist assessment being found to be useful to those developing contingency plans. This would first be applied in Component 1.4, and the tool is based on the structure and contents of the EC Directive.
He reported also on the THRACE component, and while the confidence levels in disease freedom (FMD) remained satisfactory, an issue that had been highlighted before was the need to incorporate routine monitoring of the post-vaccination immunity to FMD in the activities in Turkish Thrace.
A major achievement of the Balkans Component (1.4) had been the **Laboratory Simulation Exercise**, which tested the feasibility of delivery of emergency kits as well as the proficiency to reach valid results and the capacity for correct interpretation. A full report was provided. In general, the labs had performed far better than would have been predicted in 2013 (before the Component initiated in Phase III) but that delivery of kits to the labs in non-EU countries severely affected the feasibility to operate a "just in time" arrangement of supply to labs "in the case of a suspicion".

The Chairman thanked Mark Hovari for the report and applauded the team on the high level of progress on the training initiative and valuable results of the Balkan simulation exercise. He also expressed the gratitude of the

Executive for the work of Marius Masiulis, who had led the Contingency Planning work and supervised the Thrace and Balkans components for the past year. He considered that the emergency preparedness tools could be of wide use and he encouraged communication with the MS on these.

Dr Herzog also applauded the work with the Balkan countries and said the LSD situation had highlighted how essential it is to have both preparedness and rapid means to co-ordinate in a crisis. A regional plan is needed, not only for LSD but for FMD, rabies, and other issues. The EuFMD work had shown what can be done, but also its difficulties, and the need for local as well as international leadership.
As the Tripartite meeting on THRACE could not be organised this year, the Executive Committee agreed that the upcoming meeting of the GF-TADs Standing Expert Group on LSD in Istanbul, 12th December, could be an opportunity to discuss the FMD prevention measures by the Tripartite, which could be as an extension of 1-2 hours to the GF-TADS meeting. Dr Doudounakis strongly supported this suggestion.

Conclusions

18. The impact calculator, the simulation exercise guidelines and the emergency preparedness self-assessment tools have the potential to assist the wider MS and following experience with their use in the Balkans, wider dissemination to the MS and training on their use should be considered.
19. The regional exercises in the Balkans have provided some positive indicators of what can be achieved at national and regional level.
20. Cases of PPR, SGP, but not currently LSD, are indicative of fresh incursions of animals or risk materials into Thrace region and surveillance for these is important part of the overall confidence in the biosecurity measures to prevent fresh introductions.
21. A regional plan to sustain improvement in preparedness could assist to safeguard and sustain efforts over the period 2017-2019. Such a plan could help clarify the EuFMD workplans for the same period.
22. EuFMD could assist in the development of such a regional plan, while recognising those countries concerned should fully support the goals to be achieved, and that OIE, EC, FAO and others are engaged in wider health initiatives in the Balkan region, and that there are likely to be in a range of health issues, not only FMD.

Item 5. Progress of Pillar II, Neighbourhood Activities

5.1 Report on the situation in Turkey

The report on the FMD situation in Turkey and neighbours was provided by Dr A. Naci Bulut, Şap Institute **(Appendix 5),** on behalf of Dr Nihat Pakdil, Deputy Secretary of Ministry, The Ministry of Food, Agriculture and Livestock, Turkey. Dr Bulut's presentation was discussed by the Executive, since he was not able to join by a reliable connection. He reported that in the period 1st January to 31st August, 2016 a total of 802 outbreaks (O, A) had been reported in Turkey. The Asia 1 serotype had not been observed since July 2015. In the year since 1st September 2015, over 1300 outbreaks had occurred, whereas only 105 had occurred in the 12 months to 31st August 2015. The dramatic change related to two new incursions, of the serotype A -Asia (GVII) and a new variant of O PanAsia II (Qom15). The response to the first has been previously described, of development of a homologous vaccine and re-vaccination of the national cattle herd. The second epidemic took off in March to May but has declined since. Neither epidemic has finished, as cases continue. No outbreaks were detected in Turkish Thrace.

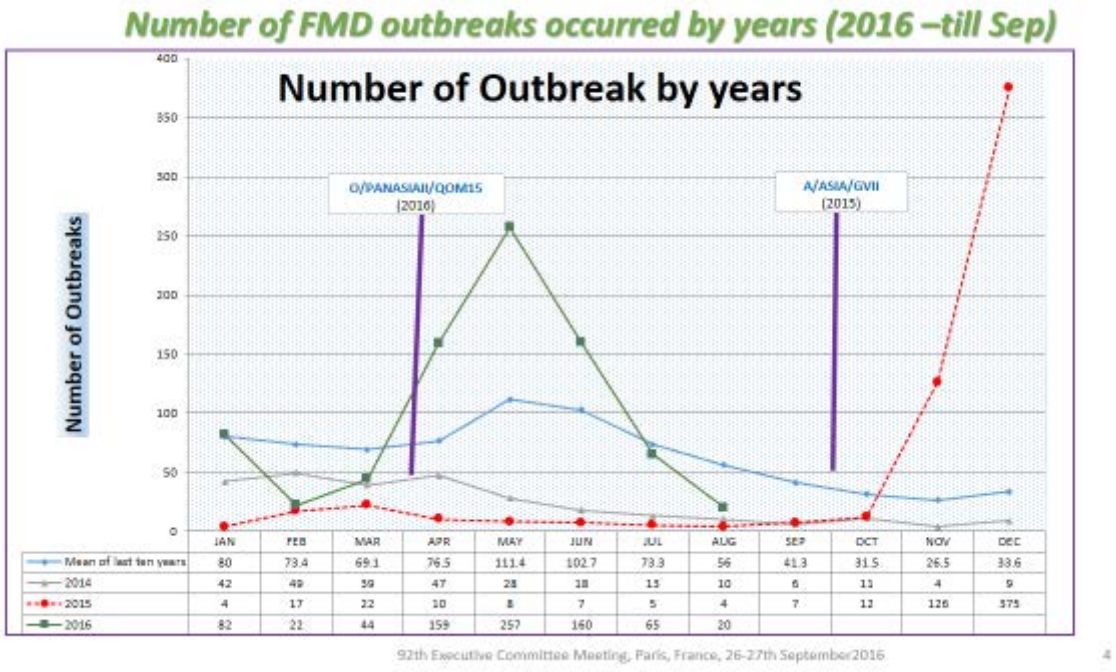


Figure 1: *FMD outbreak data from Turkey, indicating outbreaks due to Serotype A (red dashed line). Reproduced with permission from presentation given by Dr A Bulut to the Executive Committee*

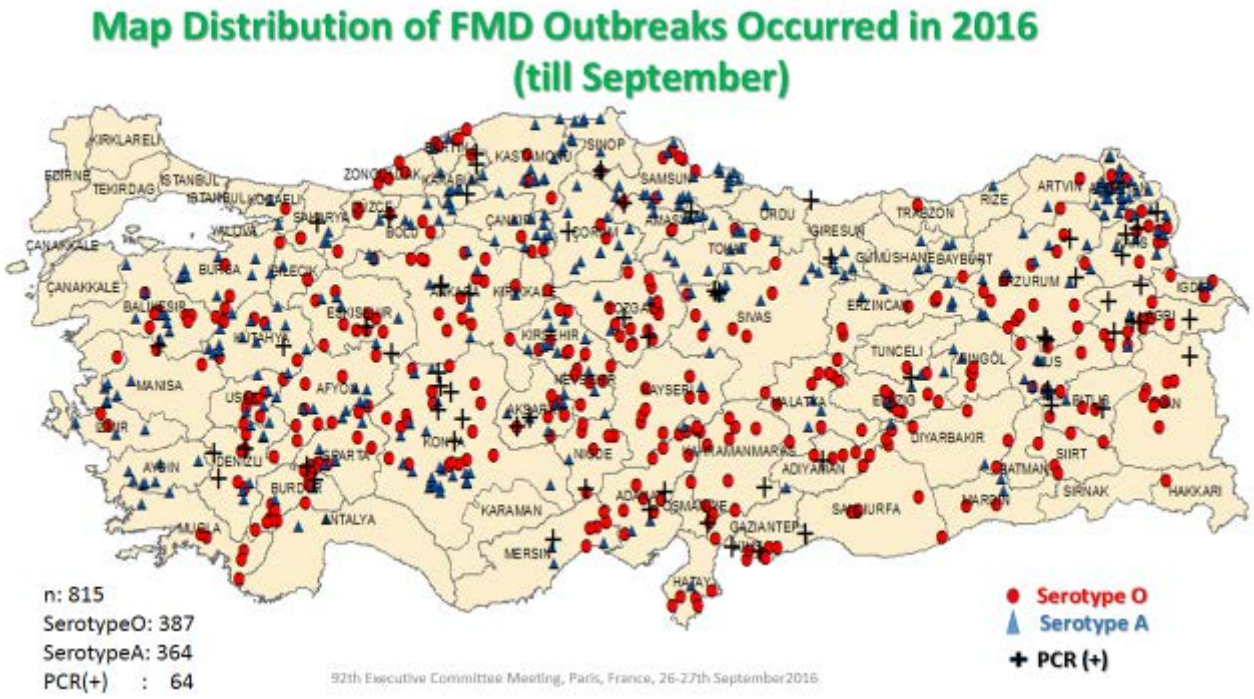
The control measures in 2016, as indicated in this presentation were:

- An earlier than normal spring 2016 vaccination campaign (cattle) (December 2015-15th March 2016), with SR included in some area in which it has been identified high risk. 17.5 million doses of tetra-valence vaccine (13.5 campaign + Emergency + SR) has been used for campaign vaccination and achieved >93% coverage.
- In summer, May-August, second vaccination campaign was implemented, 18.5 million doses vaccine were used with 94% coverage.
- **Between September-November, an additional vaccination campaign in Marmara and Aegean regions will be given.**
- Booster vaccination has been also implemented for primo-vaccinated cattle in Marmara, Thrace and Aegean regions.
- **To reduce risk from East, booster vaccination has been planned in provinces which have been identified as high risk in North East Anatolia, and** emergency vaccination in response to outbreaks including in SR.

In parallel, Clinical surveillance and outbreak case studies have been continued. Movement and animal market control measures has been strictly monitored. Markets and movements have been banned in the area in which it was identified high risk.

In terms of policy development, a specific control policy has been developed for Marmara & Aegean regions but not yet initiated, as part of the plan to enter PCP stage3. A workshop is proposed on this to be organized by GDFC; EuFMD support for this, with technical expertise, is requested to come under the Component 2.1, support to PCP progress in Turkey.

Figure 2: *Geographic distribution of outbreaks reported in Turkey due to Serotype A Gen VII FMD virus in November and December 2015, reproduced with permission from the presentation given by Dr A Bulut to the Executive Committee.*



Discussion

Don King pointed out that Turkey had not been affected by the O India 2001 epidemic, but had by the A /Asia/GVII epidemic. The reasons for this are not clear, but it appears the type A may have been an extension from the south (Iraq/Saudi Arabia) where the epidemic of this strain was occurring in mid-2015, whereas the A Iran 05 lineages continue to circulate in West Eurasian countries including Turkey.

The situation was of concern to many members. How was it possible to have so many outbreaks, despite using tetravalent vaccine at a high coverage? The data provided did not provide an explanation for this. More detailed analysis is needed to understand if the width of distribution is mirrored in the incidence in affected herds, or

whether the width merely indicates entry of infection but few cases per infected village were found. In other words, the serological monitoring is also important since it provides evidence of whether circulation has reduced (in some or many vaccinated areas) even if the headline number of outbreaks remains high. The relatively short duration of the peaks may give an indication of the underlying transmission. Short, intense epidemics affecting wide areas suggests that spread is relatively unlimited, and post-recovery immunity (perhaps with vaccination) rapidly controls the epidemic – until it becomes persistent and circulates at low incidence. The evidence that vaccination is bringing epidemics under control remains scarce. Veterinary services like to claim their measures controlled outbreaks but most observe similar epidemic trends to that seen here in Turkey.

Conclusions

1. The situation remains of grave concern with two major epidemics in the past 12 months. Although these may be expected normally to be followed by a period of relative calm, the continued circulation of A /Asia/GVII as an exotic virus to the European region is of much concern. Regular, monthly reporting on the circulation of FMDV strains in Turkey would assist risk assessment.
2. The Executive welcomes the establishment in GDPC of the epidemiology and monitoring unit and urges that this becomes fully functional and able to provide the level of monitoring information that will bring confidence the control programmes are having their expected impact. This is also an expected requirement of PCP Stage 2, and after entry into Stage 3, greater evidence will be required of impact on circulation.
3. The indications in the report were welcomed that plans were being made for intensification of control measures for Marmara and Aegean regions to limit virus circulation, enabling these regions to be proposed as PCP Stage3, in 2017. The Executive supported the request in the report for technical guidance on this from EuFMD, as part of the Component 2.1 workplan.

5.2 Co-operation in the Caucasus Region

This was provided by Gunel Ismayilova (EuFMD, Component Manager 2.1) and Mark Hovari (EuFMD).
Of most significance is that the Risk-Based Strategic Plans (RBSP) of Armenia and Azerbaijan have been accepted into Stage 2, during the 7th Regional FMD West Eurasia Roadmap meeting in Bishkek, 6-8 of April 2016. Further assistance in the plan includes the design of the 2016 national sero-surveys of Georgia, Azerbaijan and Armenia. For Turkey, implementation of monitoring of RBSP and technical support for national epi-network in Turkey has supported mainly been through training, with the final week of the four- week Practical Epidemiology Training course completed on 23rd of September 2016.
Following the last Executive, and in line with Activity 2.1.2.1 (*Support better information exchange between risk managers in the West Eurasia Roadmap countries*), a meeting was organized at the side of the 84th General Session of the OIE (25th May 2016) -on "Regional cooperation between Transcaucasia and neighbouring countries in the prevention and control of FMD and other major epizootic transboundary diseases". Invitations to this were sent by the EuFMD, and agreement from FAO and OIE received to organize the meeting. CVOs of the six countries most directly concerned were present and full support was given to the initiative, in the form of unanimous agreement on each of the points of the "Statement of Intentions", after an initial review and sharing of views. The high level FAO, OIE and EC representation was a great assistance and it is clear that this initiative must be seen as coming under GF-TADS.
Following the meeting in Paris, and with the open invitation there from the CVO Georgia, a Regional Foot-and Mouth Disease (FMD) Simulation Exercise was held in Georgia on 12-15th of July 2016, with three countries

directly participating and two countries (Russian Federation, Turkey) being fully involved as active observers in the inject driven desktop and field exercise**. The exercise was a great success, a first for those participating.**

Significant plans include

- The RBSP Development workshop in Bishkek, on the request of FAO and OIE.
- Organisation of FEPC (FMD Emergency Preparedness Course) in Turkish language.
- Follow-up of the "Statement of Intentions", including further work on improvement of regional cooperation in the prevention and control of FMD between Transcaucasia and neighbouring countries and information share, including monthly reporting by the countries.
- Organisation of the workshop on clinical surveillance and control strategy for disease freedom in Marmara and Aegean regions

The Chairman reminded the Session of the valuable meeting held in Paris and the agreement reached there. The first steps had been well taken to follow-up with a simulation exercise that had also tested international communications of the neighbouring countries. The regular reporting by the countries on their disease situation in the border regions, or across the entire country, would be a big step forward, and as agreed in Paris, more discussions are needed on how this will be managed, between the countries and the OIE and FAO database systems.

5.3 REMESA

The President, Dr Jean-Luc Angot provided the report on this Component (**Appendix 6**), adding to the summary report provided with the documents. The REMESA work is broadly divided into support to develop risk based strategic plans (RBSP), in Libya and Mauritania; only the second can go ahead in country in current circumstances. As well as the support to FMD management in Tunisia, Morocco and Algeria, focussing on the issue of FMD circulation and the risks which must be addressed in vaccination and surveillance strategies. Finally, the team also support networking and capacity building, through a series of webinars provided in three languages, co-ordinated with REMESA support unit (OIE and FAO).

The priorities for next six months are

- Follow up on the targeted surveillance established in Morocco, Algeria and Tunisia;
- Finalize the development of RBSP in Mauritania;
- Support the development of the coordination framework - REMESA networks;
- Maintain the collaboration and coordination with FAO and OIE in order to provide joint assistance and support;
- Establishment of partnerships with training providers, located in the region (e.g. Universities).
- Support the development of vaccination self-assessment tool, assist the design and implementation of field vaccine studies and promote risk based vaccination strategies

Discussion

The status of the regional vaccine bank was discussed. OIE indicated that the tender has not yet been published, as the funding had still to be consolidated. The EC also indicated they would financially support this. The Secretary indicated that at the meeting he attended in Tunis, organised by the OIE, the mechanisms by which the bank would operate were unclear. The countries could find that these are potentially counterproductive to good national planning, should the Bank appear as a mechanism to avoid investment in preventive vaccination. The operational details were all important and there was a need for this to be communicated.

The OIE agreed to come back with more details.

Conclusion

23. The establishment of a vaccine bank for the REMESA countries is a welcome development. A report indicating the mechanisms and criteria for the access to the stocks contained in the Bank by countries in the region would be helpful for co-ordination in emergency situations and for contingency planning, and the OIE agreed to come back with more details on this at the next Executive.

5.4 Pillar II Training Programme –results of the needs assessment and proposed workplan

This was presented by Jenny Maud, EuFMD (**Appendix 7)**. The component is new to the Phase IV programme, and has the aim of developing training courses of region –wide utility , which are able to be delivered in the three sub-regional actions, in appropriate languages and by EuFMD team or by training partners working under their supervision.
A training needs assessment was carried out, managed by Gunel Ismayilova and Karima Ouali, across the 19 countries of the European neighbourhood.

Following this process, the team then assessed which would be the priorities for training, in relation to the likely degree of impact of change to achieve the agreed outcome of the Pillar II actions. Which training would most likely improve the national application of the PCP in ways that would reduce FMD RISK?
Five priorities were identified:

	Improved abilities to be achieved:	How it can be achieved:
1.	**Farmer disease recognition, reporting, biosecurity, prevention**	Support to in-country training, job aids, cascade training
2.	**Regional/field veterinary services, biosecurity, disease sampling, reporting, investigation**	Endemic country oriented version of online FMD Emergency Preparation Course (FIT-C)
3.	**Apply the Progressive Control Pathway and write a Risk Based Strategic Plan**	Introduction to the Progressive Control Pathway under final testing. Support to RBSP through PCP Practitioners' Network. 4. Existing webinar series support.
4.	**Apply basic biostatistics and epidemiology to disease surveillance and control**	Repurpose existing introductory e-learning as short open access modules to be used prior to workshops etc (translation)
5.	**Socio-economic analysis (impact and control measure decision making)**	Specific e-learning course to be developed
	Risk analysis along the value chain	Specific e-learning course to be developed
	Vaccine tender specifications	Job aids or webinar
	Support to diagnostic testing at regional and central laboratories	E-learning courses are to be developed under component 3.3 in partnership with the Pirbright Institute.
	Post vaccination monitoring	Training resources are to be developed under component 3.2.

Workplan Priorities for the next six months

- Ongoing feedback and liaison with country training focal points (agree upon appropriate courses and candidates);
- Roll-out of PCP e-learning, endemic country FIT-C e-learning, short biostatistics and epidemiology modules, including through test phase of academic partnerships;
- Development of additional training (especially socio-economics and risk analysis along the value chain);
- Agree upon the Monitoring and evaluation mechanisms for such training;
- Ensure course developments are interlinked (meet the needs and support activity plan) of Pillar III, as far as possible.

The President thanked Dr Maud for the presentation and indicated his support for the development of academic partnerships to deliver training, particularly in regions which are outside of the EuFMD membership. Don King suggested the new e-learning developed at Pirbright could be made use of, and Jenny replied to indicate that good discussions were ongoing about pooling of teaching resources and greater access through the training network.

Martin Blake asked where the funds for delivery of new training came from. Dr Sumption indicated that non-EC contributions have largely been used to develop new course contents allowing EC funds to be used for delivery, with costs for delivery coming under the specific work components. This allows EC funds to be used for achieving results rather than development costs. For other regions, outside Europe, it is hoped that other funding mechanisms (including the academic partners own funding) would cover the cascade to country level, though the immediate start would depend on finding such relatively well resourced partners.

Item 6. Pillar III programme an Items proposed by GF-TADS partners

6.1 Summary of the Pillar III Workplan progress

This was provided by Chris Bartels, Manager for Components 3.1 and 3.2.
In relation to Component 3.1, there is little to report as the request of FAO/OIE FMD WG.

For assistance with International progress monitoring system (Activity 3.1.1) and Annual Global FMD report (Activity 3.1.2) had not been guided by specific instruction from the WG, or in country training courses and missions. A Global questionnaire had been developed under Phase III, but not sent out by FAO. EuFMD capacity exists to assist in this area, and if not any more a priority for the WG then the future workplan will need to be modified, and submitted to EC for their agreement upon change.

Under Component 3.2, much more has been done, including a submission of proposals from EuFMD for revision of the PCP-guidelines. These had first been developed by EuFMD in 2008, and published in the General Session reports in 2009 and 2011. The version of 2011 was a Joint Document of EuFMD, FAO and OIE, based upon consultation of experts. Four years into the Global Strategy on FMD control, there is a need to re-align the spirit and practice with the Guidelines, the main issues being:

- Assessment process, especially the need for assessment at any point of the year (=between regional roadmap meetings);
- Fast –track procedure, e.g where a country has the intention to aggressively control FMD (Stage 3) , after developing the national plan (Stage 1);
- When OIE Endorsement of a National Control Plan can first occur (end of Stage 3);

- Relevance of PCP-FMD Stage 5.

In addition, it seems clear to the EuFMD team that there is overdue a need to evaluate how the PCP-FMD is practiced by GF-TADS, as the situations have increasingly arisen whereby countries "leave the PCP " before they are shown to be managing their FMD by the standards expected of Stages 2 or 3. The risk exists that countries may opt for "endorsement of their control programmes" as an easier route to "progress and status", since the PCP Stage 3 requires evidence of surveillance for virus circulation and control of virus incursions when detected. Practice has become that countries requesting or having achieved OIE Endorsement of the National Control Plan are not assessed during Roadmap meetings. Dr Sumption considered that the quality of information expected in PCP Stage 3 countries must continue to be openly provided if the countries are given official control programme status, and that this is particularly important given the recent history of spread of infection from countries with official control programmes in place..

Dr Weber-Vintzel reminded that countries which official control programme had been endorsed by the OIE continue to participate in the roadmap meetings, to faithfully report their findings and FMD control measures and are interviewed. However, their PCP stages are not assessed by the RAG, as their control plans had already been endorsed by the World Assembly of OIE Delegates and were either annually reconfirmed or withdrawn. She indicated that this had been endorsed by the GF-TADs Management Committee. Taking the example of India and China, she also clarified that both countries will continue to report their FMD situation in SAARC roadmap meetings and in SEACFMD meetings, respectively.

Finally, she reminded that the OIE procedure for endorsement of official control programmes was based on the assessment of a detailed dossier by an ad hoc group of FMD experts and the elected OIE Scientific Commission for Animal Diseases against international standards. Recommendations from the Scientific Commission for Animal Diseases were then provided to all OIE Delegates at least 60 days in advance for comments, before formal adoption by the World Assembly of OIE Delegates. To provide long-term guaranty, this procedure is completed by the annual evaluation of the progress performed along the endorsed programme.

The work in progress includes:

- Workplan to follow up on actions agreed during West Africa Roadmap;
- Request for mentoring West Africa countries to get started;
- Development of Guidance and templates for entry into Stage 1
  - Developing Risk Assessment Plan template,
  - Webinar (series) on RAP, activities in Stage 1, RBSP;
- Support to Regional FMD Networking: need to be further elaborated.

Questions arising from the work with OIE and FAO as partners include would combining Regional Roadmap meetings of FMD and PPR be efficient, in cost and impact?

Work planned in the next six months includes

- Training needs assessment (as used in Pillar II, now to send out to Pillar III regions);
- Adaptation of training materials/delivery of pilot PCP e-Learning courses;
- Online Field Investigation Training for LINKTAD-China (funded by separate EC funding);
- Developing a model for sustainable training support in region.

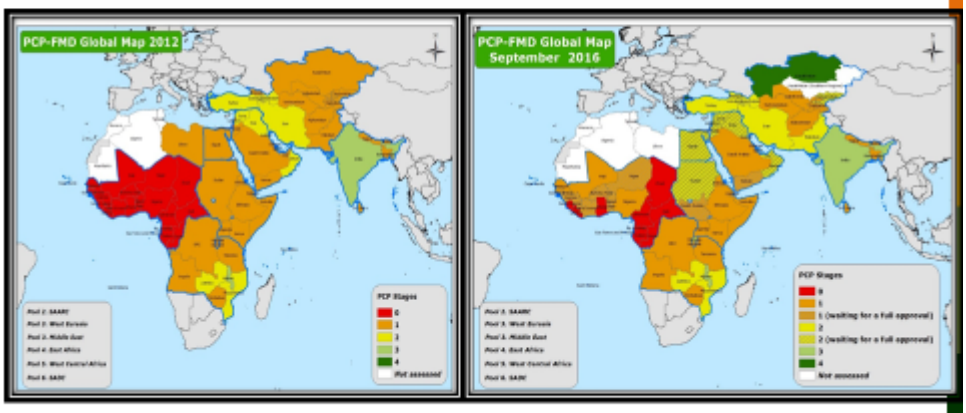
Establishing sustainability in regional training is a key part of this component but a challenging one. The EC Phase IV requires us to establish a System for sustainable use of PCP training resources in at least two regions outside the European neighbourhood, and supportive to the establishment of regional and global PCP-FMD networks of trainers and users. Towards this, new PCP-FMD e-Learning modules are under review process with group of 40 people from around Africa and Asia, and the FMD/OIE FMD Working Group. To establish the working practises of cascade training, a network of PCP practitioners is foreseen, starting with the 40 or more people who volunteered to evaluate the pilot courses. A launch of PCP e-learning and Practitioner network is planned in the EuFMD Open Session. To address the general issue that regional epidemiology networks are difficult to get started (two few epidemiologists in each region!), the approach is being taken of "progressively immersing PCP Practitioners in relevant epidemiologic fields" to (self) support epidemiologic capacity building in regions.

6.2 Report of the GF-TADS Working Group

A joint report was provided by Drs Samia Metwally (FAO) and Laure Weber-Vintzel (OIE) (**Appendix 8**).

They highlighted the PCP progress recognised over the four years since the Launch of the Global Strategy in 2012 (chart below), in particular in the number of countries that have moved into Stage 2 in West Eurasia, and also in the Middle-East, and the recent reassessment of the Stages in West Africa, which resulted in several being recognised in Stage 1, a small but significant step. Of note from the latter Roadmap, is the ideas from that meeting to combine control of FMD with livestock diseases such as PPR and CBPP, where possible, and the need for FAO, OIE and EuFMD to provide capacity building activities to the national points of contact. Among the regional bodies, AU-IBAR and ECOWAS were called upon to approach donors to contribute to the funding of National FMD Assessment Plans and Risk-Based Strategic Plans (RBSP) which are staging posts in the pathway.
The 2016-17 priorities of the WG for their work, and for work with EuFMD were given in the presentation, and repeated below. These have broadly two elements, development of the templates and tools, and the training to be given upon them, including the post-vaccination monitoring (PVM) guidelines.
The two speakers thanked EuFMD, and EC, for the support received under the Pillar III workplan.
They indicated the upcoming Regional Roadmap Meetings, in SAARC, Southern Africa and Middle-East, and stated they would again request EuFMD technical support to these.

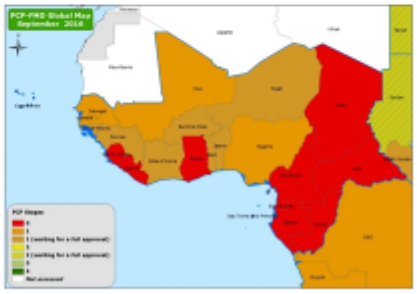
PCP-FMD Global Map 2012-16

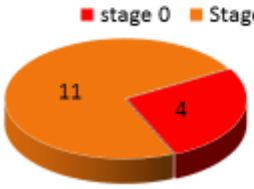


1st FMD Roadmap for West Africa, Lome, Togo, September 2016

- FAO-OIE-EuFMD webinars to introduce PCP principles and assessment
- 60 participants from 15 countries, RESOLAB, AU-IBAR, Pastoralist Organizations, Pirbright, ANSES, USDA, EuFMD, ECOWAS, Merial, OIE & FAO
- FMD-PCP training on principles and PCP assessment steps
- RAG member were nominated

- Stage 0: Cape Verde, Ghana, Liberia and Sierra Leone
- Stage 1: Senegal, Nigeria, Gambia and Mali
- Provisional Stage 1*: Benin, Cote d'Ivoire, Burkina Faso, Guinea, Guinea Bissau, Niger and Togo





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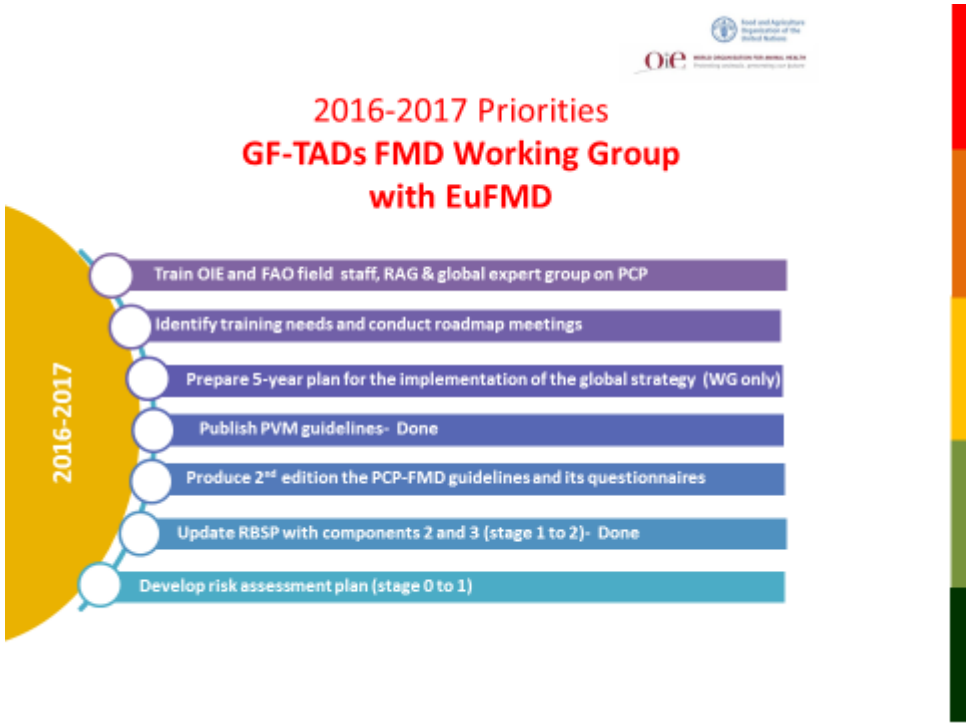

Discussion

Some caution was expressed about combining PPR and FMD meetings – the financing arrangements could be more complex, even if the efficiency of use of funds is higher. The need for a harmonised approach to assessment of competences and capacities for FMD and PPR management was also suggested.

The self-assessed and very ambitious Roadmap for West Africa was also questioned – based on experience elsewhere. It was agreed that since the future is not under the control of GF-TADS, it is better to label the long term Roadmaps as being "self-assessed" as they are not resources internationally to achieve what is written.

Keith Sumption welcomed the paper from the WG, and its indicators of a five-year plan being developed, and suggested that there is now a good opportunity to plan together on the Pillar III workplan to 2019, as we are now more than 12 months into the first 24month plan.

The practises involved in application of the PCP at Roadmaps were discussed, in particular the lack of a filter that requires those applying for OIE endorsed control plans to have fulfilled the PCP Stage 3 requirements. This is having the results that countries exit the assessment processes of the Pathway, which could be a dangerous short cut that leads to acceptance of plans without the standard of evidence required by the PCP and without having to show and defend its monitoring results to neighbours (in Roadmap meetings). Dr Sumption felt the creditability of the official control programme status of countries was under threat by non-application of the PCP and Roadmap processes, and worse, some of these were being shown to be major threats to the FMD situation in their neighbours. He appealed to the Session to recognise that the purpose of the international work on animal health, to build a better system to safeguard the health status of countries, was being undermined by failure to use the Pathway in the way it was first agreed between EuFMD, FAO and OIE.

While recognising the interest of the PCP as one of the tools to support endemic countries to progressively control and possibly eradicate FMD, Dr Weber-Vintzel reminded that having followed the PCP was not a requirement for the OIE endorsement of official control programmes or for the recognition of FMD free status.

Indeed, the OIE procedure is not prescriptive in terms of pathway to be followed by each country, as long as when applying for OIE recognition those countries fulfil all the requirements of the OIE *Terrestrial Code*. She also reminded that a significant number of countries were not using the PCP tool.

Conclusions

1. The finalization of the revision of the PCP Guidelines, between the technical experts of EuFMD and the WG of GF-TADS is encouraged. Following the revision, a meeting should be organised at the level of the EuFMD officers with the GF-TADs Management Committee, on the improvement of processes for application of the PCP between the organisations, and on the plan of action to improve its implementation in the workplan to 2019.
2. The updated workplans for Pillar III components 3.2 and 3.4 was endorsed.
3. The workplans for Component 3.1 require discussion with the WG to establish if the stated outputs remain desired, if not the workplans will require to be revised and a revised set of workplans resubmitted to EC for agreement.

Item 7. Standing Technical Committee (STC) Report

This was presented by Eoin Ryan, Chairman of the Standing Technical Committee.

7.1 Vaccination to live position paper

This paper had been developed by an ad hoc group, led by Stephan Zientara, and the paper was included in the documents. If approved by the Executive, it would also be presented at the Open Session, where other papers relating to vaccination to live issues will be discussed.
One of the their key points was that a six month waiting period in itself does not necessarily provide more confidence in disease freedom than a three month period if specific conditions are fulfilled, on

- Quality of vaccination strategy and implementation;
- Quality of post-outbreak surveillance.

Their proposal is that where vaccination to live is used a minimum three month waiting period should apply, with a requirement to either:

(a) Provide a comprehensive package of quality assurance data and epidemiological analysis to demonstrate the achievement of a high level of confidence in disease freedom, **or**…
(b) An additional three month waiting period (total wait = six months) with no requirement for additional quality assurance data (i.e. status quo).

Particular Evidence gaps that need to be addressed to provide methodology and confidence in the above are:
- A methodology for estimating confidence in disease freedom using evidence from different surveillance activities;
- A methodology integrating quality criteria into the overall calculation of confidence in disease freedom.

In the longer term, there should be effort to explore reduction to three months after testing a statistical number of cattle (vs census sampling) – this is only possible if supported by tools to estimate level of confidence in surveillance system.

Discussion

The Secretary indicated that a specific call for development of methodologies could be made under the EuFMD-FAR Fund, as was have done for development of the Impact Calculator for example. The priorities for the EuFMD-FAR need to be endorsed by the Executive, then developed in detailed call by the STC and/or the Secretariat.
He also asked if the issue of a ban on international movement of vaccinated animals could be reviewed, given if the same animals are individually registered and recorded as vaccinated. Dr Weber-Vintzel indicated that this had come up and the OIE were reconsidering this point, a possible change to allow such vaccinated animals into free areas may be proposed for 2018. She also indicated that the OIE may call upon EuFMD for their experience in applying and developing tools for achieving confidence in surveillance outcomes.

7.2 Biocontainment of FMDV; role and priorities for the revived Biorisk Management Standards Working Group

Dr Ryan introduced Dr Kathrin Summermatter, Deputy Director and Head of Biosafety at the Institute for Virology and Immunology (IVI), Mittelhausen, Switzerland (the National reference Centre for FMD in Switzerland, and which manages ta research portfolio on FMD, including studies with live virus). She has more than 15 years' experience in biosafety and has served on numerous national and international panels on biosafety. Dr Summermatter has agreed to take on the position of Leader of the Biorisk Management Working Group under the Standing Technical Committee, with Terms of Reference as attached **(Appendix 9)**.
Her CV was provided to the Executive in the documents, and she joined the Session by an online connection, and presented her background and initial thoughts on priorities, and challenges for the BRMWG **(Appendix 10).**

The Chairman thanked her for joining the Session and for indicated the sincere appreciation for taking on this important role, following the sad loss of Bernd Haas. This was supported by all the members.

7.3 Open Session 2016

The programme for the Open Session was presented by Dr Ryan. Over 140 proposals had been received for presentations and the registrations were well on course to meet or exceed the numbers at OS14 (Cavtat, Croatia, 2014). The OIE/FAO Working Group would lead two sessions, on days 1 and 3, and the GFRA would lead two Sessions on Day 1. Each have contributed by providing support for several international participants. The Session is on line to cover its own costs, and if a surplus is made, this could be used to initiate a Travel Fund in memory of Bernd Haas, something discussed between the Secretary and Thomas Mettenleiter, FLI and which met with approval by the family of Bernd. Nigel Gibbens, CVO UK, has agreed to give the final keynote paper before the close of the Session on Day 3.
The STC will chair and manage the Plenary Sessions on Day 1, and the Special Committee for Research will chair and assist with the Sessions on Days 2 and 3. There will be a pre-course Training for Portuguese speaking veterinarians, on the PCP and emergency preparedness tools, which will give back to our local hosts some training of their staff. International trainees for the course will be self-funded or supported by FAO.

7.4 Priorities for the EuFMD Fund for Applied Research
Following the STC meeting on this in June 2016, these had been updated to the following

1. Tools to assist modelling: focus on estimating confidence in disease freedom using post-outbreak surveillance in vaccinated populations;

2. Impact calculators: extending these to provide use to impacts of vaccination-to-live scenarios;
3. Requirements for approving marker vaccines in EU: possible outcome of the novel vaccines workshop at Open Session, would be proposals for studies that will bring forward data for licensing;
4. Tools to manage FMD in wildlife: issues highlighted by the requirement to prove freedom of wildlife (such as the deer on Mauritius).

The STC would review these again at the OS16. More specific, targeted calls for proposals would be needed to ensure the proposals most closely meet the needs identified.

Discussion

A vigorous discussion ensued over the problem that important trade partners go beyond the OIE recognition of freedom and re-opening imports are delayed; on the need for clear rules for regaining freedom, and as a starting point these should not be too lax; on how implementation of OIE standards mattes for all, and actions taken by OIE to address this issue; and on how public opinion may drive a political decision to vaccinate and that we must find ways to mitigate the impact this would make, with a real reflection on likely trade impacts. The question of movement of vaccinated animals into free zones (reducing this obstacle to vaccination to live) was mentioned..

Conclusions

1. The consensus was firmly supportive of the proposals of the STC relating to new methodologies for confidence in disease freedom
2. The need to maintain the Biorisk Management Working Group was strongly supported and the group were encouraged to bring forward a workplan for the next Executive.

Item 8. Administrative and Financial

The Secretary provided the Administrative and Financial Report, in the documentation for the Session (**Appendix 2**).

Staffing: the two positions (Training Programmes Manager (TPM) and Contingency Planning Officer, CPO) that were filled in September 2015 under Administrative Fund support, have been critical to implement the programme. The CPO (Marius Masiulis) chose to return to Lithuania in August after 11 months, as had been agreed with his hierarchy at the start of his appointment, and Mark Hovari (Hungary) rejoined the team, as CPO, from 1st September 2016. Jenny Maud continues in her role as overall Training Programmes Manager.

The team is greatly assisted by having animal health officers on a Short Term basis ((STPs) : of the current ones, Miriam Casey (Ireland) will finish in September 2016 and will hand over to Natasha Antovska (FYROM) to manage Component 1.4. A position has been offered to Isik Ersan, Turkey, but following the attempted coup in Turkey, complications arose affecting clearances for such positions. Should clearances not be received, the EuFMD will recruit Paolo Motta (Italy), on a temporary basis. Maria De la Puente Arevalo (Spain) will take over from Malin Grant (Sept 2016) covering the Training Component.

Administrative support: Currently, we have a Program Co-ordinator (Ms Carraz), a finance assistant (Ms Clementelli), and three team members (Ms Tomat, Ms Pirrello, M. Licastro) working on all the administrative and logistic issues of the EuFMD. Ms Addari is now fully funded from the additional training resources (therefore off the EC and MS budget) to provide for the rapidly growing number of e-learning courses. In this way the non-EC resources assist to subside EC activities, and provide more training options for the MS.

Dr Sumption indicated that the Open Session 2016 requires significant administrative support (one full time person), which can be funded from registration costs, making OS16 a self-supporting activity.

Financial Position of the Administrative Fund (MTF/INT/011/MUL)

The financial position (Appendix of the Fund is a healthy one, considering the problems associated with carrying the burden of the EC programme activities since 1st October 2015. The re-imbursement of the 011/MUL Fund, from the EC programme is underway but -in the tables provided- it should be noted that a negative cash balance occurred in July (MINUS USD 14,678). By September 19th 2016, the balance had returned to USD + 143, 248. At year end the balance is expected to be a healthy positive, above 450,000. This is higher than that projected at the General Session 2015, and avoids the need for further cost saving actions at this point.

Outstanding Contributions: With the exception of the few countries listed in the table provided, MS are consistent in paying their contributions within the calendar year and we can expect that of the currently outstanding amount (*USD 241,165.00)*, most of this (200,000 USD) will be contributed by MS by the end of the calendar year.

The situation relating to contributions from Albania and FYROM, if it continues, requires the Executive to decide upon taking action to suspend their membership, for the General Session 2017. The decision should be taken there about further action in line with the Constitution, which deems that after two-years of non-payment, they are withdrawn from membership.

Position of the Emergencies and Training Fund (MTF/INT/004/MUL)

The position of the Fund was reported in the tables in the documentation; the Fund has received additional contributions to cover training courses funded by MS and by Australia/New Zealand which are sufficient to cover the commitment to the remaining courses to be delivered from the 2015/16 contract with AUS/NZ. The funds from the latter are handled under a subaccount (“Baby 01”). In February 2016, a national real-time training programme was provided to Germany to train veterinarians in Kenya from all of their Lander. It was fully funded from these Lander (75,900 €).

The balance in the TF at the end of July 2016 was USD 145,291. Most of this amount are uncommitted funds, since they are the balance after activities have been completed. In line with EuFMD Financial regulations, they are available for use by the Commission in line with decisions of the General Session on the purpose of the Fund. The current Fund is considered to have an NTE of 31st December 2017, in line with the biennial decisions made at the General Session in 2015 on the biennium programme of work and budget. The continued operation of the fund beyond this date, and decisions on the use of the contributions should be made at the General Session in April 2017.

Position of the EC Program Fund (MTF/INT/003/EEC)

As a requirement of FAO to financially close the Phase II and Phase III projects by the end of July 2016, we can report that Phase II, Entity 608868, was finally closed with a cash deficit of USD 465. The reasons behind

the delayed closure (Phase II was 2009-2013) are multiple and mainly relate to the fact that the Fund has been operated continuously since the early 1980s, and the closure process in FAO requires all transactions however historic to be signed off as having been completed with no remaining commitment. Now this has been achieved, it greatly simplified final closure of Phase III (2013-15).

Phase IV Project financial position:

Expenditure (hard and soft commitment) on Phase IV activities at 30th September 2016 was 1,042,853 **EUR**. This is circa 32% of the 24 month budget, over a period of 12 months (50%) of this budget cycle. It must be noted that the agreement with EC is for four years, but the detailed outcomes and their associated budget were agreed with EC for the first two years, and the second two years to follow after the General Session in 2017 and the mid-term review.

It must be noted that not all of the EC activity expenditure carried by the 011/MUL has yet been charged back to the EC Fund, but the final % is well within the 50% of programme expenditure track.

The 24 month contract with The Pirbright Institute (Component 3.3) is counted as a commitment, and as this is the principal use of funds under Component 3.3, that component has reached 93% of its available 24 month budget.

Conclusions

1. The continuation of policy of additional funding of actions by MS or other parties, to subsidise the main activity programmes was strongly supported as it had demonstrated added value for the member states, particularly in covering the cost of development of e-learning and other courses. The renegotiation with Australia for a series of Real-Time Training Courses (RTT) was agreed and the Secretariat authorised to conclude these.
2. The recruitment of an additional administrative assistant for the Open Session 2016 was agreed, to be covered by the revenue from registrations.
3. The expenditure plan for the current funds held in the Emergencies and Training Fund (MTF/INT/004/MUL), with an NTE (Not-to-exceed) date of 31st December 2017 was endorsed.

Item 9: Co-ordination, future meetings

The date of the next Executive was proposed to occur in the first two weeks of March 2017.

Dr Angot thanked Fatah Bendali for his work with the EuFMD team to prepare for the Session, and to Loïc EVANS, CVO France, and Pascal BOIREAU and staff of ANSES, particularly Stephan Zientara and Labib Bakkali-Kassimi for their hospitality, the tour of the new laboratories and the Fragonard Museum.
Finally, he acknowledged the excellent work done by the entire EuFMD team, in preparation for the meeting.

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