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Report

97TH SESSION OF THE EXECUTIVE COMMITTEE OF THE EUFMD COMMISSION

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

Conclusions

Item 2

Follow-up to the 96th Executive Committee

1. The Committee noted the report, commended the follow-up to the previous recommendations and expressed appreciation for the continued level of delivery on most of the components.
2. The risk situation in North Africa - including Egypt, and in the eastern neighborhood of Turkey, remain of deep concern given the recent history of disease incursions. The Secretariat should ensure that sufficient attention is given to deliver on the initiatives agreed on livestock prices, movements and risk mapping in these areas.

Item 3

3. North Africa (Algeria, Tunisia and Morocco) and most countries in West Africa have reported an epizootic of FMD in the last six months, with closely related strains of serotype O (EA-3 topotype) incriminated from these. A regional "pandemic" event of unusual severity has taken place and has not yet finished in the North African countries.
4. The FMD situation in North Africa has been complicated by the co-circulation of PPR virus and problems for differential diagnosis in the field and confirmation in the laboratories. The situation confirms the importance of actions to clarify the presence of more than FMD in such situations and to support NRLs to be constantly ready to confirm new cases.
5. The EU-RL (reference laboratory) system has a vital role to play to maintain readiness of the National Reference Laboratories (NRLs) in EU member states. The EuFMD member states are wider and there is a need to ensure these countries participate in future PTS, not only for FMD. There is also an important role to play to ensure NRLs in North Africa and Mid-East act as an early warning system for emerging Transboundary Animal Diseases (TADs) and that communication is improved between all of these centres of expertise.
6. The Committee takes note of the 60th anniversary of the designation World Reference Laboratory (WRL) by the EuFMD/FAO in 1958, and wishes to express its deep appreciation and complete support for the work undertaken by the WRL on international surveillance and as a leading Reference Centre in the OIE/FAO Global FMD laboratory network.
7. Representatives of the EuFMD, EU-RL and WRL-FD should meet in the next months to agree upon the policy relating to surveillance (typing samples from outside of EU) and support to Phase XXXII of the PTS, considering the role of the new EU-RL.

Item 5

8. The delivery of the Pillar I components is considered to be on track and the additional field workshop that was run in Spain on surveillance methods in wildlife was highly appreciated.
9. The proposed objectives of the future Pillar I program were strongly supported.
10. The need for a continuous capacity in the Balkan countries for exclusion and confirmation of FMD cases and immediate follow-up investigations was recognized. The proposal to establish a system to ensure all NRLs maintain such capacity and can be resupplied on an urgent basis ("diagnostic bank") was endorsed, on the basis that all procured reagents will be used before expiry date for the purpose of programme, which includes for surveillance to retain OIE-free status. The technical details of the proposed contents should be reviewed by the EU-RL before they are finalized.

Item 6

11. The dynamic nature of the risk associated with virus circulation in the countries neighbouring Europe must not be forgotten or underestimated. Activities to ensure the risk is recognized and addressed within the countries and the wider region, must remain a core part of the EuFMD programme, and in future, include FAST (FMD and transboundary disease....) diseases in the assessment.
12. Progress in the adoption and implementation of FMD control programme at national level around the region remains challenging, despite the concerted efforts under GF-TADS partners. Progress is often dependent on long term relationships of trust being established and the expertise and capacity to maintain these relations must be retained in the EuFMD.

13. The concerns of Turkey and Georgia for sufficient attention to the high risk situation in West Eurasia were noted. The upcoming West Eurasia Roadmap meeting in Iran provides an opportunity to re-engage with Iran and reconfirm commitments of the Transcaucase countries under the Statement of Intentions (SOI). The leadership provided by Turkey and Georgia in the region is noted and appreciated.
14. Given the situation in North Africa, further work on the options for the emergency supply of vaccine is needed, and consideration given to providing guidance or training to Pillar II countries on how to formulate a request for emergency vaccines.
15. OIE and FAO are strongly encouraged to propose PCP-FMD assessment of those countries in North Africa which currently do not have an OIE endorsed Official Control Plan (OCP). This should ensure countries within REMESA clarify their intentions for progression towards a GF-TADS or OIE recognized status.
16. The proposed objectives for the neighbourhood (Pillar II) program were supported. It was noted that the activities involving greater surveillance in hot-spots for multiple TADS may require significant additional financial support to achieve, and consideration is needed to provision for emergency response to non-FMD epidemic developments.

Item 7

17. It was agreed that it would be useful to invite the chairperson representing the Evaluation team, Dr Wapenaar, to the General Session, at which point the evaluation and the response could be presented together.

Item 8

18. The EuFMD support to the FMD-WG (working group) is appreciated by the GF-TADS partners and their request for continued support under the new Strategic Plan is noted.
19. The recommendations of the 10th Global Steering Committee (GSC) of GF-TADS, were noted, and the evidence that the focus on FMD, PPR and Rinderpest is leading to active consideration of synergies is welcomed.
20. The PSO system continues to be a promising system for providing cost-efficient support to countries. Electronic tools and work flow processes to ensure a more effective functioning of the Secretariat, with faster processing of documents submitted to the WG, is also needed; the work of EuFMD under Pilar III should continue to support development of tools including ones that improve communication between partners.

Item 9

21. The proposed Strategic Plan was endorsed for circulation to MS and presentation to the General Session, subject to the comments received from Officers on the final version being addressed and a financing plan developed.

Item 10 and 11

22. The Officers of the Commission should reconsider the terms of reference for the Standing Technical Committee (STC) and take steps to ensure that the profiles of persons proposed for election are appropriate to the new functions.
23. The availability of the STC experts to contribute to the work involved should be affirmed by Member States, and the institutions providing these experts should be expected to give written evidence of their release for such duties.
24. A new name and function for the Special Committee for Research and Programme Development (SCRPD) should be proposed at the Session, reflecting on the needs of the Commission for an expertise panel on the FAST diseases, covering surveillance and control issues, including performance of vaccines. The Secretariat, in close consultation with the current STC, should present a list of names of experts for the Special Committee, ahead of the CVO meeting on 26th March.

Item 13

25. Further work is needed on the proposal for budget contributions to be circulated in advance of the General Session, particularly regarding the measure of inflation to be proposed as the basis for the change in budget at each regular, two-yearly Session.
26. The proposal for an increase based on 1.5% inflation over the four-year period since the last revision was endorsed. The final agreement with MS should be for an increase not less than 1% per annum over this period.
27. Any proposal from a member state for the re-categorization of their position should be made on the basis of a solution that does not reduce the overall contributions and budget of the Commission, by agreements being reached between a group of countries of similar position in the ranking based on the 1997 formula.

Item 14

28. The proposals and suggested speakers were supported, with a strong recommendation to liaise with the Romanian Presidency to ensure they are aware of the paper on biosecurity classifications and the potential for improving business continuity in FMD emergencies.

Report of the 97th Session of the Executive Committee

The Session was opened by Dr Jean-Luc Angot, President of the Commission, who thanked all the participants for their willingness to give time to the work of the Session and welcomed all to Rome.

Representatives of the FAO, OIE and EC (DG-SANTE) -as the official Observer bodies - gave a short statement each. Dr Tekola, Director, Livestock Division, FAO, welcomed everyone to FAO and spoke of the support of his Division for the draft strategic plan and for extending the application of the capacities for the EuFMD to address additional TADS. Dr Stone, DDG-OIE, congratulated the Secretariat for the quality of the reporting and of the Strategic Plan, and looked forward to discussions on how to ensure the co-ordination between OIE and EuFMD could be further developed, seeing multiple areas where the interests of OIE and EuFMD appear closely aligned. Dr Füssel, DG-SANTE, also welcomed the interesting proposal which addressed disease control issues of great concern to the Union countries. The discussions to be held were significant and in his view, while an expansion of disease coverage is needed, the discussions should be cautioned by considerations of the likely future financial constraints.

Officers of the Commission present were: Drs Jean-Luc Angot (JLA, France, President), and Martin Blake (MB, Ireland, Vice-President). Apologies were received from Drs Christianne Bruschke (CB, The Netherlands, and Vice President), and Lajos Bogнар, CVO Hungary.

Members of the **Executive Committee** present were Damien Iliev (DI, Bulgaria), Zoran Atanasov (ZA, FYR of Macedonia), Dr Pakdil (Turkey) and Dr De Angelis/Dr Ferrari representing Silvio Borrello (Italy). Dr Magdalena Zietara (MZ) represented Poland following the departure from office of Krzysztof Jazdzewski (KJ, Poland).

Dr Lasha Avaliani, Georgia, attended as Special Observer, as agreed at the General Session.

Observers from the **international organizations** were Dr Alf-Eckbert Füssel (AEF, Head of Sector, DG-SANTE), Dr Matthew Stone, Deputy-DG, OIE (MS) and Dr Berhe Tekola (BT), Director of the Livestock Division, FAO. Dr Don King represented the WRL-FMD at The Pirbright Institute (TPI), Dr Labib Bakkali-Kassimi represented ANSES, and Dr David Lefebvre represented the Sciensano, as part of the ANSES –Sciensano partnership awarded the EU-RL for FMD. Dr Eoin Ryan (ER), attended as Chair of the Standing Technical Committee.

The **Secretariat** for the 97th Executive Committee Session comprised Dr Keith Sumption (KS, EuFMD Executive Secretary), Dr Fabrizio Rosso (FR, Deputy Officer to the Executive Secretary, online), Dr Nick Lyons (NL, Pillar III supervisor), Maria de la Puente Arevalo (MP, Pillar I coordinator) and Nadia Rumich (NR, Communication and Networks Officer).

Item 1. Adoption of the Agenda

The Agenda was adopted without change (**Appendix 1**).

Item 2. Report on the activities since the 97th Session

Summary of actions since September 2018

The Report (**Appendix 2**) was provided by Keith Sumption, who summarized the outcome of the 96th Executive Committee Session, and its follow-up over the past six months.

Reporting and communication (managed by Nadia Rumich) of the last months since the 96th Session was provided as one - page summaries of the 16 programme components. Full 6 monthly reports were not provided this time as the [period of 4.5 months only had elapsed since the last Executive; these would be produced as part of the two year report to the General Session. The following were provided in the meeting documentation: *Summary Report of the EC Phase IV program progress* (One page per Component) (**Appendix 3**).

The President thanked Keith and the team for the good follow-up to the last Session, especially the progress made in the Balkans, and in the response to the FMD situation in North Africa. He considered the latter to remain serious and this must remain an area where EuFMD is very active, as part of REMESA.

Conclusions

1. The Committee noted the report and commended the follow-up to the previous recommendations, and expressed appreciation for the continued level of delivery on most of the components.
2. The risk situation in North Africa, including Egypt, and in the eastern neighborhood of Turkey, remain of deep concern given the recent history of disease incursions and the Secretariat should ensure that sufficient attention is given to deliver on the initiatives agreed on livestock prices, movements and risk mapping in these areas.

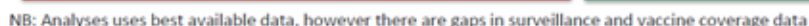
Item 3 Situation of FMD and similar transboundary diseases in the neighbourhood of member states

Four reports were presented. The Report of the WRL (**Appendix 4**) by Dr Don King, that of the EU-RL by Dr Labib Bakkali, ANSES (**Appendix 5**), and on the capripoxvirus situation by Dr David Lefebvre, Sciensano (**Appendix 6**). The situation relating to other threats was given by Kiril Krstevski (EuFMD) (**Appendix 7**).

The key points from the WRL Report:

- New outbreaks in the Republic of Korea, caused by O/MESA/India 2001. On the basis of defined risk from the wide distribution of O/India2001, this is the predominant risk in the overall analysis (PRAGMATIST output given below).
- The outbreaks of O/EA-3, with quite distinct “East African” and “West African” branches responsible for the epidemics in Egypt, from that of Tunisia/Algeria/Morocco, present a far higher risk than in the past, but are relatively well covered by current type O vaccines.
- The PRAGMATIST tool enables a visualisation of the coverage against the risks, and type O risks are well covered by type O vaccines including O-3039 and O1-Manisa. Several vaccines are needed to cover against the type A risk, and there remains some vulnerability where no type A vaccine in the analysis provides cover.
- The risks associated with other serotypes are low and relatively well covered by the Asia-1, SAT1- and SAT-2 vaccines in the analysis.
- A good workshop on PRAGMATIST was held with EuFMD (Melissa McLaws) at the Open Session of the EuFMD (October 2018) which was well attended. The tool is now being evaluated by North American and Australian vaccine bank managers for their use.

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With the support of the EuFMD FAR-Fund (Fund for Applied Research), new assay systems look promising for transfer to PANVAC for vaccine matching and measurement of immunogenicity (avidity assays) for use in low-containment laboratories. Regarding support to lab networks, under OIE twinning, the WRL had supported a training for the East African Lab network (EARLN-FMD). In February, the WRL together with EuFMD, will launch a new online FLITC course (FMF lab investigation training course) for at least 100 participants from Europe and elsewhere.

Dr King summarized the position of Phase XXXI, funded via EU-ERL (for 26 EU countries) and EC via EuFMD (for the neighbourhood countries plus the OIE/FAO Ref Lab Network and regional support labs serving Roadmap regions).

	Phase XXXI
Total invited laboratories	102
Participants from European Union (funded by EURL for FMD)	26 (EU member states)
Participants from Global Network	Argentina, Brazil, Canada, Russia, Senegal, Thailand Pending: Botswana, China, Ethiopia, India, Kenya, Nepal, Nigeria, Republic of Korea, South Africa, USA
Participants from EuFMD Member states (non-EU)	Bosnia & Herzegovina, Georgia, Kosovo, FYRO Macedonia, Norway, Serbia, Switzerland, Turkey Pending: Albania,
Participants from neighbourhood countries	Algeria, Armenia, Montenegro, Morocco Pending: Belarus, Iran, Iraq, Jordan, Lebanon, Moldova, Tunisia, Ukraine
Other participating countries	Australia, Namibia, New Zealand, Singapore, Chinese Taipei.

The Phase XXXII remains to be planned out with EU-RL and EuFMD/FAO, since the EU-RL would have responsibilities at the least towards the EU MS and certain other European countries. DK suggested a different PTS could be appropriate for the non-FMD free countries/regions, considering the needs for lab services which differ according to their PCP position.

EU-RL report

Dr Bakkali-Kassimi reported on the workplan for the EU-RL, which had 15 points in its terms of reference. Of importance to the discussions, are the roles identified for PTS relating to candidate countries and the expectation the EU-RL would receive samples from neighbourhood countries and from third countries where EU has trade links. This brings up the issues for the EuFMD and others on where to send samples from countries.

In his report, Dr Lefebvre illustrated the work of Sciensano as a EU-RL on capripoxviruses and reviewed the recent history of epidemics and most recent confirmed distribution in the European neighbourhood. Dr Krstevski subsequently reviewed the situation with Rift Valley Fever (RVF) and bovine ephemeral fever (BEF), highlighting the records of RVF in Egypt and Tunisia and uncertainty over continuity of circulation and circulation on the basis of introductions in each case. With BEF, major epidemics had occurred in Israel but also in Turkey and could easily recur.

The Chairman thanked each speaker for their presentation, and commended the WRL for the services over many years as the EU-RL as well as being the EuFMD/FAO WRL. He wished the EU-RL consortium well on their major new task. Dr Angot suggested several of the issues raised over the future arrangements need to be discussed in a separate working party between WRL, EU-RL, EC and EuFMD. The Secretariat were asked to arrange this and report back on recommendations. The situation with PPR in the neighbourhood was raised, and would be covered in Pillar II discussions. The point was accepted by the Session that EU does not have RLs for each of the potential TADS that threaten it but there is a need for clarity as to which laboratories have competence and accreditation that may allow them to confirm cases. The discussions over LSD also indicated that EU-RLs may not be directly involved in discussions over control measures in EU and neighbourhood and need to be better informed.

Conclusions

3. North Africa (Algeria, Tunisia and Morocco) and most countries in West Africa have reported an epizootic of FMD in the recent six months, with closely related strains of serotype O (EA-3 topotype) incriminated from these. A regional "pandemic" event of unusual severity has taken place and has not yet finished in the North African countries.
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5. The EU-RL system has a vital role to play to maintain readiness of the NRLs in EU member states. The EuFMD member states are wider and there is a need to ensure these countries participate in future PTS, not only for FMD. There is also an important role to play to ensure NRLs in north Africa and Mid-East act as an early warning system for emerging TADS and that communication is improved between all of these centres of expertise.
6. The Committee takes note of the 60th anniversary of the designation WRL by the EuFMD/FAO in 1958 and wishes to express its deep appreciation and complete support for the work undertaken by the WRL on international surveillance and as a leading Reference Centre in the OIE/FAO Global FMD laboratory network.
7. Representatives of the EuFMD, EU-RL and WRL-FD should meet in the next months to agree upon the policy relating to surveillance (typing samples from outside of EU) and support to Phase XXXII of the PTS, considering the role of the new EU-RL.

Item 4. Review of the proposed EuFMD Strategy for 2019-2023

Keith Sumption presented the draft Strategy Document (**Appendix 8**) to the Committee. The Strategy is written for the four-year period from the General Session in April 2019 to the Session of April 2023, and would be the first major change to the Strategy since 2013, when the “Three Pillars” strategy was first adopted.

That Strategy had been validated in 2015 for the period to 2017 and, he believed, had been a highly appropriate one following the adoption of the GF-TADS Global Strategy in 2012. In fact, the strategy made clear the role in co-ordination and implementation for the Commission towards the member states, the neighbourhood regions and in support of the Global Strategy. Since the previous Executive in September, the President of EuFMD had taken a co-ordination and consultation role in relation to discussion of the potential new strategy with member states. The role of the Commission in supporting actions on additional diseases had been discussed at the OIE Regional Commission Conference in Tbilisi, and at two CVO meetings in late 2018 and January 2019.

Following these initial discussions, the Strategy paper was developed by the Secretariat with inputs from the officers of the Commission. KS emphasised that the inclusion of activities relating to other diseases was an evolution not a revolution. Most of the major activities in Pillar I are generic in nature and assist preparedness for multiple TADSs. In Pillar II the risk factors for PPR, capripoxvirus epidemics and circulation are very similar to those for FMD, involving the small ruminant production and marketing movements across the Mid-East and North Africa. The work undertaken to develop risk based national plans already must consider small ruminant related risks, so assists to design better surveillance and more focussed actions. For Pillar III, he indicated no significant change to emphasis although many synergies can be found between the key elements of the FMD and PPR Global Strategies.

Dr Sumption re-assured the Committee about the impact of addition of new diseases. He underlined the advantages there would also be of the more cross-cutting approach, in areas such as preparedness for use of emergency vaccination for FMD, PPR, capripoxviruses and the next sets of threats such as Rift Valley fever and bovine ephemeral fever (BEF). Contingency planners need to know the state of play with vaccines, their performance, DIVA issues, safety and likelihood of any marketing authorisation being given in near future. The EuFMD Open Session had shown a real value in bringing private sector and public together on this for FMD and this platform could be extended to other TADS of concern. This development would have limited costs but general relevance and impact, and be facilitated by adoption of the Strategy.

Dr Piergiuseppe Facelli (GF-TADS Global Secretariat) took the floor and reviewed the results of the GF-TADS Evaluation and the 10th Global Steering Committee meeting. He paid credit to EuFMD for the support provided on the areas of website and communication and urged that this continue in 2019. The future emphasis decided is upon three major TADS (FMD, PPR and Rinderpest post-eradication) and the FMD –WG already had persons from all three global secretariats in the WG. This starts to provide a way forward to maximise the synergies and cost-efficiencies and the new Strategy of EuFMD could be very supportive in common areas where capacity for communications and training is needed, where EuFMD has strengths.

Discussion

The President opened the floor for discussion on the Strategy and invited comments. Unanimous support was given by the members present and discussion focussed on the financial and the question of geographical coverage. On the first, Dr Füssel welcomed the overall vision but urged caution as to expectations on funding from EC, suggesting that PPR should be considered to be a priority but to be careful about extending too far in terms of other TADS without a clear assessment of the impact upon the programme for FMD risk management. The discussion moved onto the concept that the EC funded programme would provide a baseline from which additional efforts of partners, or additional funds, might contribute.

The President indicated that France was willing to support the EuFMD programme in this way, with a financial contribution that addresses areas that the EC or other funds could not. This was welcomed by the Committee.

Geographical coverage was also discussed inasmuch the opportunity to look for more member states. The Secretary reminded that all European countries can become members, but with membership comes obligations on both sides. While expanding TADS coverage it may be better to first roll-out the new programme for the current MS before taking on additional MS for whom training and surveillance support may be needed. KS reminded that countries do not need to be MS to contribute funds to support actions. The Executive would decide if such funds would assist the programme and be in line with Strategy. At the last Executive Committee, Italy had indicated its support to funding parts of the Pillar II programme through the arrangements between OIE and the Italian institutes. This is a good example of the overall vision being supported by various MS and agencies without all funds coming via EuFMD.

Conclusions: presented under Item 9

Item 5. Pillar I Report and outline of the future Strategy

Maria de la Puente Arevalo (EUFMD, Pillar I coordinator) presented the progress Report on Pillar I (**Appendix 9**), followed by the proposal for the changes in future Pillar I focus under the new Strategy. Dr Kiril Krstevski (Balkans Laboratory Network Coordinator) presented the rationale for a diagnostic support bank for the Balkans laboratories which would help guarantee capacity across the region for laboratory confirmation and support to crisis response, an agreed outcome in the Phase IV programme (**Appendix 10**).

Overall, the Pillar I programme has delivered strongly in the past months, with the training programme well on track to deliver to each MS in accordance with their choices (training credits). Of significance are the recent and upcoming courses on simulation exercise management, emergency vaccination, wildlife surveillance in the field, and national on-line courses. The first regional simulation exercise (Spain and Portugal) is a good example of a new and effective partnership, in that circa 100 persons will be involved through the national funding of the arrangements, with EuFMD providing leadership of the exercise. The Balkans programme has caught up in delivery, with a strong team of three working on it. The EuFMD is modelling continues to grow with countries requesting national versions to be developed.

Relating to the future programme, the team had reviewed how to cover the broader FAST disease issues without compromise to the FMD programme, and came up with a “Pillar I” strategy to do this.

The key concepts in the new strategy are:

- To connect training strongly to FAST disease control issues, thus training workshops promote a better understanding of the specific issues (such as issues in the design of surveillance for small ruminant TADS such as PPR and FMD) as well as assist to address actual issues of the programme (optimized multi-pathogen surveillance).
- Promoting the development of four-year national training plans, with a linkage of training to cascade or national training provided by national focal points. Countries opting to develop national FAST training plans would receive more credits and support.
- Use of the EuFMD to undertake Europe scale assessments of vulnerabilities, as a basis to guide greater emphasis on problem solving in the training and regional activities
- Integrated Balkans and THRACE components, for better preparedness for a regional response to new FAST epidemics in which early warning is provided by the surveillance under THRACE.
- A PPP platform for emergency vaccination to better ensure awareness of the status of vaccines for use in emergency response.

Dr Krstevski, in his presentation, provided a proposal from the work with Balkan countries to address the major issues that NRLs are unprepared for FMD immediate diagnosis and the re-supply to non-EU members is affected by importation issues. To address this and ensure adequacy for proficiency tests plus any other exclusion diagnosis/conformation, a bank of reagents could be provided in such a way that all reagents are used within participating countries before reaching expiry date, and a central repository used to provide supply within 48 hours to labs that request in an emergency.

The President opened the floor to discussion. Support was received for the overall proposal for Pillar I, and from Drs Iliev and Atanasov from the integrated approach for the Balkans and in respect of the diagnostic bank. The EU-RL and WRL representatives expressed support but also desired to have more discussion on how the contents of the bank would be selected. The Secretary proposed they be part of the working group to finalise the proposal and for development of the future oversight mechanisms. He clarified that EuFMD follows FAO rules for procurement, with tenders used where there exists sufficient suppliers.

Conclusions

8. The delivery of the Pillar I components is considered to be on track and the additional field workshop that was run in Spain on surveillance methods in wildlife was highly appreciated.
9. The proposed objectives of the future Pillar I program were strongly supported.
10. The need for a continuous capacity in the Balkan countries for exclusion and confirmation of FMD cases and immediate follow-up investigations was recognised, and the proposal to establish a system to ensure all NRLs maintain such capacity

and can be resupplied on an urgent basis (“diagnostic bank”) was endorsed, on the basis that all procured reagents will be used before expiry date for the purpose of programme, which includes for surveillance to retain OIE-free status. The technical details of the proposed contents should be reviewed by the EU-RL before they are finalised.

Item 6. FMD Risk Reduction in the neighbourhood: Pillar II Report and proposed future strategy

Dr Fabrizio Rosso provided the report on progress of the four components of the Pillar II programme (**Appendix 11**). Although activities and coordination are organized under three sub-regional clusters, the targets across the neighbourhood are common ones:

1. Progression along PCP;
2. Improve assessment of risk;
3. Implementation of risk based strategies;
4. Improved national capacity for FMD management.

In terms of the workprogram with countries, Dr Rosso highlighted the following:

Turkey	A series of workshops organised for outbreak investigations. GDFC provided the trainings to ensure learning objectives were met.
North Africa	Urgent face-to-face and online meetings had been organised to better understand the risks and the role of partners in response. The PPR situation complicates the FMD reporting and response in most of the Maghreb, in 2019.
Tunisia	12 outbreaks detected (last was 27 th Jan 2019); Areas that were identified as “high risk” in risk mapping studies by CIRAD were mostly involved: Additional risk factors are under investigation (such as low vaccination coverage): National vaccination campaign started in Jan 2019; The previous vaccination campaign was in Feb 2019; Tunisia had 31 outbreaks of PPR in 2017 and five outbreaks in 2018. Samples were collected for serotyping on 31st of January.
Algeria:	Outbreaks of FMD and PPR associated to each other that makes differentiation difficult. 500 communities and 36 districts are affected (75% of all districts). Last vaccination campaign was in October 2018 and the next one will be in March 2019. Risk of introducing the virus is mainly from West Africa mostly serotype O but also serotype A has been identified. Animal movement between Mauritania and Algeria is significant risk for further introductions.
Morocco	Five outbreaks reported from Jan 2019. High risk area is the central region of the country. Markets connecting the North to the centre play a crucial role in virus circulation. Risk mapping linked to animal mobility helps to intensify the surveillance activities. Last vaccination campaign (serotype O) was back in June-October 2017. Immunity was low within the population and there has been progress with post-vaccination monitoring activities.
Middle East	Jordan and Lebanon need assistance with developing their risk-strategy plans.
Egypt	It is important to keep activities going on. Post-vaccination monitoring training/workshops started with 18 participants. Vaccination is done three times per year. No data on immunogenicity is available. Vaccination is targeted based on geographical areas.

Discussion points

The situation in Algeria is a major concern. The vaccination programme does not involve sheep and it is likely that the limited vaccination programme quality in cattle has much impact upon virus circulation. It was suggested that the risk mapping slides (particularly in Algeria) are communicated with CVOs in EU Member States. The work on identifying high risk areas was agreed as a most important one in EuFMD's activities that must be highlighted and communicated to EU MS. Requests for vaccine from Tunisia and Algeria need to be sent with far greater detail in the request such as the specific antigens, date of delivery, type of vaccine formulation. EuFMD might give training on this as they do for MS. It must be clarified who (which Reference Labs) should be receive samples from this region. The EuFMD must also maintain strong individual and personal links (such as current and former Short Term Placements) to the neighbourhood countries as this can provide a key factor to facilitate and solve communications.

Progress with risk mapping for targeting surveillance and control measures.

Étienne Chevanne (EuFMD) presented the details of progress with risk mapping for targeting surveillance and control measures (**Appendix 12**), which supports the twin targets of risk assessment and the implementation for risk based strategies for FMD surveillance and control.

Discussion points

The presentation encouraged a good discussion with strong support for this activity and for the extension of the studies on risk mapping beyond North Africa. The plans to involve the TransCaucasus countries and Turkey in the next phase were warmly supported, with the CIRAD providing training and methodology.

Presenting regular updates on risk mapping to the EU Member States level was proposed. The implementation however needs clarification. It could be through a circular risk update to all MS or placed on the agenda of regular Standing Committee meetings.

Dr Stone suggested that the similar intentions of work in South-East Asia could lead to productive comparison in methods and results. A technical meeting of groups working on this may be valuable.

The lack of PCP assessments of North African countries was discussed. The countries are not assessed at Roadmap meetings as the REMESA acts as the co-ordinating body, and to date has not applied the GF-TADS processes within the REMESA framework of meetings. It was concluded OIE and FAO should agree a position to be proposed at REMESA which would encourage countries to clarify their intentions for progress towards a GF-TADS or OIE recognized status.

Future programme – Pillar II

Fabrizio Rosso presented the details of priorities and opportunities in the future programme for integration of efforts for risk reduction of FAST diseases. These included: 1) coordination of international efforts to support and improve the progressive control at national level activities 2) Improved early warning for multiple FAST diseases across the region; 3) support to capacity building.

Discussion points

The THRACE surveillance programme model was discussed for its relevance to FAST disease early warning in hot-spots in the European neighbourhood where multiple FAST diseases may be co-circulating. The risks associated with commercial transportation vehicles moving between Africa and Europe (Spain) and also private cars, need to be better quantified. Persons working with livestock may also be moving from infected premises in North Africa and EU countries and present a risk. The above supports that greater training and awareness is needed at every level and a greater engagement to ensure the private sector in the region is aware of the need for biosecurity at holding and personal levels.

Conclusions

11. The dynamic nature of the risk associated with virus circulation in the countries neighbouring Europe must not be forgotten or underestimated. Activities to ensure the risk is recognized and addressed within the countries and the wider region must remain a core part of the EuFMD programme and, in future, include FAST diseases in the assessment.

12. Progress in the adoption and implementation of FMD control programme at national level around the region remains challenging, despite the concerted efforts under GF-TADS partners. Progress is often dependant on long-term trust relationships being established. The expertise and capacity to maintain these relations must be retained in the EuFMD.
13. The concerns of Turkey and Georgia for sufficient attention to the high risk situation in West Eurasia were noted, and the upcoming West Eurasia Roadmap meeting in Iran provides an opportunity to re-engage with Iran and reconfirm commitments of the TCC countries under the Statement of Intentions. The leadership provided by Turkey and Georgia in the region is noted and appreciated.
14. Given the situation in North Africa, further work on the options for the emergency supply of vaccine is needed. Consideration should be given to providing guidance or training to Pillar II countries on how to formulate a request for emergency vaccines.
15. OIE and FAO are strongly encouraged to propose PCP-FMD assessment of those countries in North Africa which currently do not have an OIE endorsed Official Control Plan (OCP). This should ensure countries within REMESA clarify their intentions for progression towards a GF-TADS or OIE recognized status.
16. The proposed objectives for the neighbourhood (Pillar II) program were supported. It was noted that the activities involving greater surveillance in hot-spots for multiple TADS may require significant additional financial support to achieve, and consideration is needed to provision for emergency response to non-FMD epidemic developments.

Item 7. External review of the Training Programme

The Executive Secretary explained how a call for expertise to evaluate the EuFMD training programme was sent. From those who answered the call, a panel of three veterinary education experts (from UK, Belgium and Italy) invited to form a panel and visit and review the programme. Their focus should be on the processes used to maintain quality including the system for gathering feedback and impact assessment.

The experts included one person whose part time work with the field veterinary services in Belgium enabled her to form a view as to the relevance of the training formats as well as content of courses offered by EuFMD.

The Chair of the panel (Dr Wendela Wasenaar, Nottingham University UK) joined by skype.

The President thanked Dr Wasenaar for the report, and the very positive comments on the training programme. The recommendations would be very helpful and he asked the Secretary to prepare a response.

Conclusion

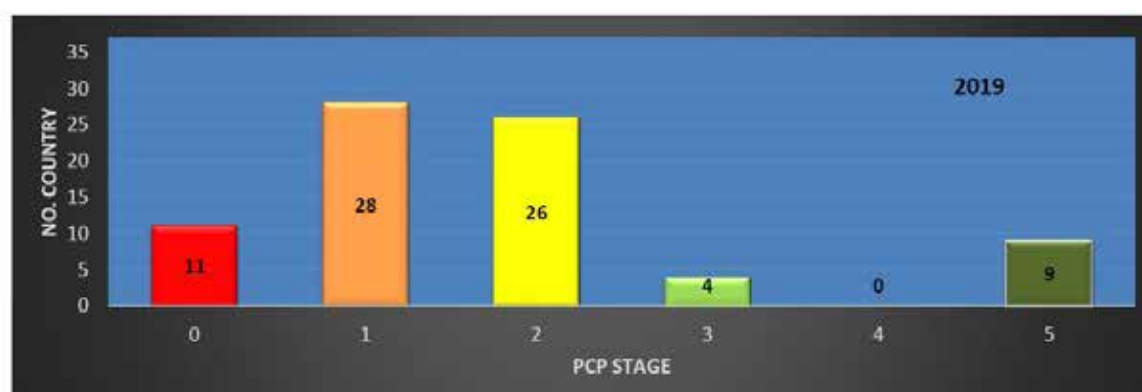
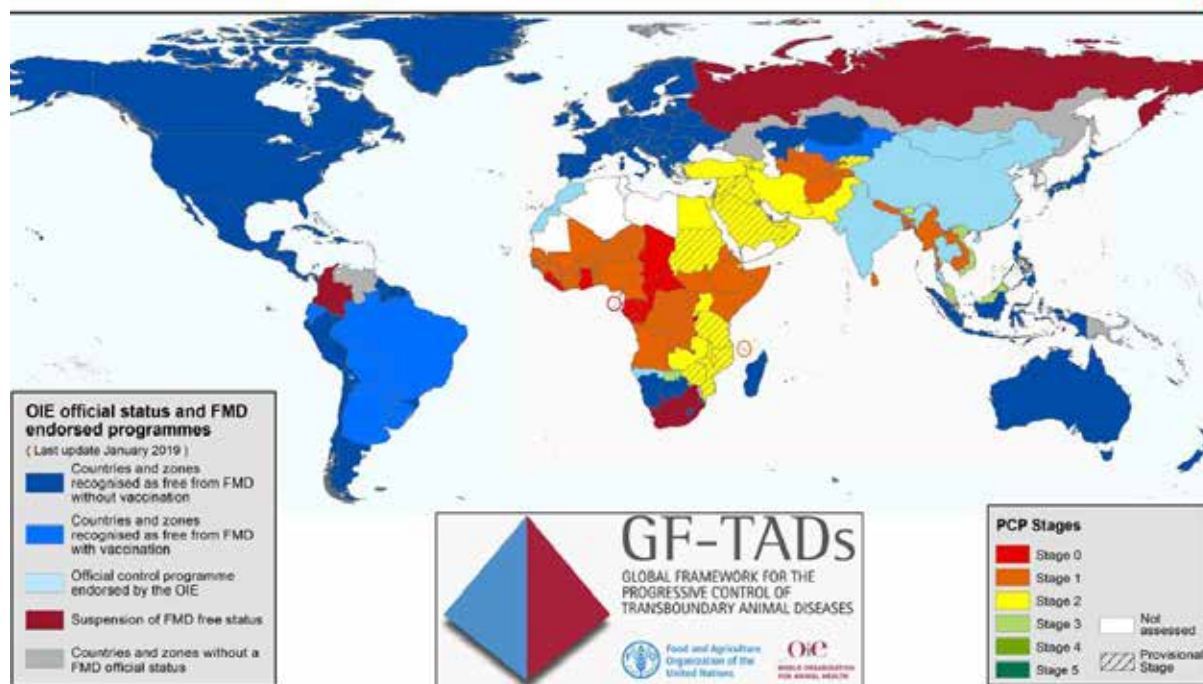
17. It was agreed that it would be useful to invite Dr Wasenaar to the General Session, at which point the evaluation and the response could be presented together.

Item 8. Progress of work supporting the GF-TADS Global Strategy: Pillar III update and outlook

Dr Nick Lyons, EuFMD, presented a progress report (**Appendix 13**) on the four components of Pillar III, and this was followed by a joint presentation by OIE and FAO (**Appendix 14**), presented by Dr Stone (OIE) with Samia Metwally, (FAO). The GF-TADS partners thanked Dr Lyons for his work on Pillar III and the evident strong delivery on multiple areas of the FMD working group workplan.

In their joint presentation, they indicated that 79 countries had been assessed and engaged in the national level application of the PCP-FMD, and that since the Pathway was now integrated with the OIE recognition system at the higher stages (Stage 3 → Official Control Programme of the OIE, previously Stage 4), thus the overall global situation can be indicated in the chart below. Of note are the four countries in REMESA for which assessments have not been made since they are not officially verified in Mid-East or other Roadmaps. In terms of PCP stage, the high % of countries in Stage 1 presents a major challenge and in this regard greater support is needed for these countries to progress the development of their national strategies. The PSO system is promising in this regard and EuFMD was thanked for supporting this. But the work involved at country level is significant and more investment is needed in national projects. Similarly, with 26 countries in Stage 2, support is needed to ensure these countries do not regress, and do monitor and evaluate their programmes effectively. This means support is needed to apply post-vaccination monitoring (PVM) and the training provided by EuFMD and other partners is highly appreciated on this.

Current OIE Official FMD Status, control programmes and PCP Stages



The outcomes of the 35th GF-TADs FMD WG meeting (29-30 Jan, 2019 Rome, Italy) were discussed. This was a significant meeting that concluded there are positive developments to be made by leveraging on the synergies between FMD- WG and the PPR and Rinderpest Secretariats, and by a strategic effort to collaborate in a new way with partners (such as AU-IBAR) for the implementation of the FMD Global Strategy. A SWOT analysis was conducted to identify areas to focus efforts within the WG workplan, and identified several parties (Regional Economic Communities, AU-IBAR, FAO and OIE regional and national offices) for engagement. Turning to the future arrangements, they urged the continued support of EuFMD to the Global Strategy, and to provide specific support in areas of:

- the OIE-FAO Laboratory Network;
- Further development and expansion of the PCP Support Officer (PSO) system and network;
- Flexibility to provide other technical support when requested;
- Support to PCP-FMD **Roadmap** meetings;
- Provision of **training** relevant to implementing the Global FMD control strategy.

This was followed by the presentation of Dr Lyons on the future Pillar III programme under the new Strategy. The main objectives suggested were to:

- build up the PCP-support through the PCP – support Officer (PSO) system, which currently supports 25 countries. The demand from the Working Group is to support additional countries within their current stages to better monitor their programmes and to make realistic longer term plans for progression;
- continue support to the OIE/FAO reference centre network, but ensure greater linkage of this network to the needs of the global strategy, particularly in improving the use made of vaccination by better application of the PVM guidelines in every region;
- ensure vaccine security, through the PPP platform, to better address reasons why vaccines are insufficiently available;
- continue support to roll-out of online training programmes by regional and national partners, building on the success of the Phase IV courses but with greater attention to ensure access to courses by private sector and by mobile phones.

Discussion

The President welcomed the progress report and took note to the scale of the challenge with over 50 countries in Stages 1 and 2. The PSO system appears of real benefit to provide guidance but substantial national investments will be the main engine of change. He also welcomed the new thinking in the GF-TADS Secretariat on synergies. He considered that the FMD and EuFMD capacities in training may well be very helpful to the PPR Secretariat.

Discussion focused on vaccine quality, the ways that improve quality of vaccines and how vaccination programmes might be encouraged. The Post Vaccination Monitoring (PVM) Guidelines (OIE/FAO) had been important and the courses now offered on this had already had a good impact. However, data remains very scarce on the immunogenicity of vaccines sold onto the market and buyers – national and private – deserved more access to such data. The OIE twinning process (WRL and PANVAC) may assist in developing capacity to do such studies in Africa on a routine basis and the two-year support may be a model for Asia or mid-East. Overall, there was strong support for the balanced programme that was suggested and to continue supporting the FMD-WG in this way.

Conclusions

18. The EuFMD support to the FMD-WG is appreciated by the GF-TADS partners and their request for continued support under the new Strategic Plan is noted.
19. The recommendations of the 10th Global Steering Committee (GSC) of GF-TADS, were noted. The evidence that the focus on FMD, PPR and Rinderpest is leading to active consideration of synergies is welcomed.
20. The PSO system continues to be a promising system for providing cost-efficient support to countries. Electronic tools and work flow processes to ensure a more effective functioning of the Secretariat, with faster processing of documents submitted to the WG, is also needed; the work of EuFMD under Pilar III should continue to support development of tools including ones that improve communication between partners.

Item 9. Concluding discussion on the EuFMD Strategic Plan

Dr Angot, EuFMD President, concluded the discussions on the proposed Strategy. The Secretariat should update the Strategic Plan document taking into consideration the comments received at the Executive, and should prepare a more detailed case relating to the financing of the plan with different levels of funding from the EC and others for elements in the plan. The updated plan should be distributed at least one week ahead of the final CVO meeting (26th March) before the 43rd General Session of the EuFMD.

Conclusion

21. The proposed Strategic Plan was endorsed for circulation to MS and presentation to the General Session, subject to the comments received from Officers on the final version being addressed and a financing plan developed.

Item 10 and 11. Standing Technical Committee Report (STC) and Proposal for revision of the Special Committee for Research and Programme Development

Dr Eoin Ryan, Chairman of the STC, provided the report (**Appendix 15**). The STC met at the Open Session but their discussion relating to evaluation ahead of revision of the strategy had been overtaken by the strategic plan being developed in November-December. The STC had expressed some concerns that if a greater role was expected of them in future, their availability to take on a more time consuming level of commitment needs to be considered.

Relating to the need for the STC and for Specialized Technical Committees, the STC reconfirmed the importance of having an international experienced panel with a strong daily working knowledge of FAO, OIE, EC, and the various agencies (EFSA) should work in support of MS and of the policy issues affecting MS preparedness for FMD and in future, FAST diseases. This experience enables the STC to guide upon research projects of importance and, in future, to better suggest on where EuFMD has added value to the work of the agencies and partners. Regarding the Special Committee for Research and Programme Development (SCRPD), this mainly acts as a reviewing panel for projects proposed for the FAR Fund, avoiding conflicts of interest. For the future, the priorities for technical committees would be to establish a panel that represents expertise centres on all the major FAST diseases and their epidemiology, across the member states. The new Special Committee would serve as a set of experts as well as institutions able to provide technical guidance to the Secretariat but also act as a FAST disease surveillance network, with a particular role where there are no designated Reference Centres in the MS. The new special committee would also be united by the common interest in improved use of surveillance support activities such as the risk mapping initiatives under Pillar II. The new Committee would add value to the current FMD expertise since the latter would be better informed from surveillance activities for other FAST diseases.

It was agreed that the Committee might include experts from North Africa on basis of their expertise, even if the country is not a member state, and that the Special Committee would also strongly support the objectives of REMESA.

Conclusions

22. The Officers of the Commission should reconsider the terms of reference for the Standing Technical Committee and take steps to ensure that the profiles of persons proposed for election is appropriate to the new functions.
23. The availability of the STC experts to contribute to the work involved should be affirmed by Member States, and the institutions providing these experts should be expected to give written evidence of their release for such duties.
24. A new name and function for the Special Committee for Research and Programme Development (SCRPD) should be proposed at the Session, reflecting on the needs of the Commission for an expertise panel on the FAST diseases, covering surveillance and control issues, including performance of vaccines. The Secretariat, in close consultation with the current STC, should present a list of names of experts for the Special Committee, ahead of the CVO meeting on 26th March.

Item 13. Financial and Administrative

Keith Sumption provided the Administrative Summary (Appendix 16) and associated Financial Reports.

On Administrative matters:

He summarized the changes in senior positions, support staff and Short Term Placements. With the return of Daniel Donachie to Scotland after six months as STP, Frank Busch had been recruited (also from APHA) with an expectation he would see through the year and assist with the development and initial implementation of the new Strategy and EC Contract. Dr Etienne Chevanne and Dr Bouda Ahmadi had also been recruited in October and January respectively to assist Fabrizio Rosso with the Pillar II work, but also to support the wider work on risk assessment (Dr Chevanne) and socio-economic guidance as part of national support work (Pillars II and III).

On financial matters:

The balance in the position of the Administrative Fund at year end has been reduced by expenditure exceeding income, which was part of the overall plan (agreed in 2017). The position of the Emergencies and Training Fund is also in line with the

expectation with sufficient funds to cover the activities agreed with the funding parties (principally AUS/NZ for training, and Ireland for the mobile phone project). A full set of expenditure tables for the EC project were provided. A call for funds has been sent to the EC in December and a response to the reply from the EC, which had asked for clarifications, was in process.

Budget to be proposed at the General Session for 2020-2021

The Secretary circulated a paper on the budget contributions from member states, providing as background the document submitted for adoption at the 42nd General Session in 2017. The contributions per MS had been last revised in 2015, at which time, a re-categorisation of certain countries had been agreed. He posed several questions in this paper to the Executive relating to the budget to be proposed, concerning the question of increasing the contributions, on the categories of Italy in relation to that of Spain and Turkey.

It was agreed that an increase in the membership contributions was justified on the basis of the inflation in the EU and European MS since 2015, which had been running at 1.5 to 2 % per annum. The increase is also justified as the new Strategy will require a greater, longer term commitment to senior staffing in the Secretariat to ensure a continuous level of co-ordination at senior level with OIE, EC and FAO than is currently the case. The system adopted by the OIE of increases linked to the official measure of inflation (from OECD) could be appropriate and was recommended to be further examined and potentially proposed in April. On the basis of the inflation over four years, the President considered that a contribution of 1.5 % per annum increase in each category was appropriate (thus 6% over the period from 2015 to 2019, to come into effect in 2020). This is in effect less than inflation over the four-year period. However, other members of the Committee expressed caution and considered it may be difficult to get this agreed with MS, but they supported an increase and considered it should not be less than equivalent to 1% per annum over four years.

Regarding the re-categorisation of Italy, one option would be that Italy persuades Spain to contribute at an equal level. The other that there be a new category comprising three countries (Italy, Spain and Turkey) whose revised, combined contributions should be such that there is no reduction in the EuFMD overall budget. This would mean that Spain and Turkey would provide about 10,000 USD per annum more, and Italy have a reduction of similar amount. This proposal was not considered supportable by Dr Pakdil (Turkey). The representative of Italy was asked if he still wished to see a change in membership contribution and if so, they should consider an agreement with Spain and/or Turkey that would result in a proposal to the Session that would not reduce the overall budget.

Conclusions

25. Further work is needed on the proposal for budget contributions to be circulated in advance of the 43rd General Session, particularly regarding the measure of inflation to be proposed as the basis for the change in budget at each regular, two-yearly Session.
26. The proposal for an increase based on 1.5% inflation over the four-year period since the last revision was endorsed. The final agreement with MS should be for an increase not less than 1% p.a. over this period.
27. Any proposal from a member state for the re-categorisation of their position should be made on the basis of a solution that does not reduce the overall contributions and budget of the Commission, by agreements being reached between a group of countries of similar position in the ranking based on the 1997 formula.

Item 14. Technical Items for the EuFMD General Session

Four technical items were presented and proposed for the inclusion in the 43rd General Session agenda. Three on emergency preparedness (presented by Maria de la Puente for Pillar I) and one on early warning for FAST diseases in the neighbourhood, from the Pillar II team (presented by Fabrizio Rosso).

Conclusions

28. The proposals and proposed speakers were supported, with a strong recommendation to liaise with the Romanian Presidency to ensure they are aware of the paper on biosecurity classifications and the potential for improving business continuity in FMD emergencies.

Closing

Dr Angot thanked all members of the Executive and the Observers for their attendance and inputs. He thanked the Secretariat for the efficient arrangements for the Session, especially Nadia Rumich for the quality of the Reports and arrangements, Cecile Carraz and her team, Fabrizio Rosso, Nick Lyons and Keith Sumption.

