Food and Agriculture Organization of the United Nations

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

PARIS 3-4 OCTOBER 2019



Report

98TH 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, 2019

Contents

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

Conclusions

Item 2

1. Endorsement was given to the report on the actions since the General Session, with an appreciation for the volume of actions completed with success.

Item 3

2. The need for specific recommendations relating to relative value of retention of certain antigens in the EUVB was recognised. Attention to this under the workplan (1.3) on Emergency Vaccination should be given.
3. Consideration should be given to the assistance the countries in the Balkan region may require to provide evidence needed by the OIE of their freedom from PPR infection.
4. Consideration is needed on how "non-OIE listed" diseases of significance in the neighbourhood, such as bovine ephemeral fever (BEF), may be monitored better.
5. Consideration is needed, given the dynamic and devastating nature of Rift Valley Fever (RVF) epidemics, on how to interpret and understand the risks posed by RVF events in the areas bordering the European neighbourhood countries, such as Mauritania and Sudan.
6. Guidance is sought on the above conclusions from the Standing Technical Committee of the EuFMD (STC), on actions that are advisable and may be undertaken in the programme or by others.
7. Action should be undertaken for systematic collation of data on vaccination programmes in the European neighbourhood countries if feasible, extending the current collation of information from the six TransCaucasus countries to the 14 neighbourhood countries.
8. Guidance is sought from the Special Committee on Biorisk Management (SCBRM) on the biosafety protocol for inactivation of penside test kits (LFD), addressing issues such as how verification of correct procedures can be implemented.

Item 4

9. The STC proposal on measurement of risk in the European neighbourhood was endorsed for inclusion as a means to measure the impact of the four year Phase V programme.

Item 5

10. Recognition was given on the short period to develop the full set of work plans, and to consult on these. The efforts to do so with member nation representatives, and with FAO and OIE offices at every level, was noted.
11. The proposal for operational co-ordination with FAO, OIE and EC offices was considered beneficial and should be provided to each partner to provide clarity on frequency and mode of co-ordination, and activated as soon as working agreement is reached.

Item 6

12. Endorsement was given to the set of work plans for Pillar I components, and the guidance from the STC for the Executive Committee to follow more carefully specific components was noted.

13. The vaccine security platform has the potential to improve the understanding of the barriers to registration, production and availability of effective vaccines against FAST diseases and the Secretariat was encouraged to move forward with the plans for the first meeting, in close consultation with EC, FAO and OIE on the Agenda.

Item 7

14. Endorsement was given to the set of Pillar II work plans, and that for Component 1.7 (Risk analysis). The comments received from the STC should be considered carefully by the Officers and members, as well as the Secretariat.

15. The additional resources from France and Spain for surveillance support are welcomed and noted for their importance to establish the new programme as a co-ordinated mechanism for addressing essential surveillance gaps. Liaison with Turkey is encouraged to identify means and priorities for similar support to surveillance and FAST disease security in its neighbourhood.

Item 8

16. Endorsement was given to Component 3.2 of the Phase V action, relating to reference laboratory support to global surveillance and vaccine selection. The maintenance of the previously agreed review process with DG-SANTE before finalisation of the contract with TPI, was noted.

Item 9

17. Endorsement was given to the entire set of 14 work plans comprising Phase V action that had been submitted for examination by the Session.

Item 10

18. The OIE and FAO are encouraged to continue the process of identifying synergies in respect of the FMD and PPR (and Rinderpest Post-Eradication (RPE)) programmes, and to identify areas where the EuFMD may better assist, and provide these to the Chairpersons, before or at the next Session.

Item 11

19. A full set of final reports of the FAR Fund projects under Phase IV should be assembled to showcase the significance and impact of the funding mechanism, by the next Session.

20. The value of maintaining this form of funding or applied research was affirmed and the workplan (1.5) endorsed.

21. The STC requested to identify priorities for the first call for funding proposals, and have these endorsed by the Secretariat and Chairman, before being issued under the new Phase V programme.

Item 12

22. The importance of the requirement to balance the needs of the FMD control and FAST disease risk management stakeholders in the programme of technical meetings at the Open Session (OS20) was noted.

23. The Secretariat should proceed to develop the plans for the OS20, with the STC. The interest of the members from France and Spain to host the Session was noted and the view of the member from Greece should also be sought.

Item 13

24. Endorsement was given to the Financial Reports for the three Trust Funds and the Secretariat was commended for the financial position and the preparedness for a smooth transition to the Phase V of the EC programme.

25. The Session took note of the position relating to the Phase V agreement and thanked the EC for their responsiveness to the proposal from EuFMD and their actions to achieve progress in the contract negotiation.

26. The Officers should continue to follow closely the outcome of the contract negotiation, given the degree of burden upon the Administrative Fund and impact on the programme that will occur if the funding agreement is not concluded successfully by the close of 2019.

Report of the 98th Session of the Executive Committee

The Session was opened by Dr Martin Blake, Chairman of the Commission, who thanked the OIE for offering to host the Session and all the participants for their willingness to give time to the work of the Session.

He gave the floor to the Deputy Director General (DDG) of OIE, Dr Jean-Philippe Dop, and to Dr Charles Martins, representing the Ministry of Agriculture and Food of the host country.

In his welcome address, Dr Dop highlighted the growing areas of collaboration between OIE and EuFMD, and the success of recent work together on joint training courses, the Public-Private Partnerships (PPP) initiative, and in support of the GF-TADs Global Strategy. As OIE plans to develop its e-learning capacity, it will look to the EuFMD, who have lead the way in this field, for expertise and guidance. In the area of emergency preparedness, the OIE respects the work and knowledge of EuFMD and is glad to collaborate in planning a simulation exercise to test international preparedness for disease crises. OIE was pleased to host the Session at its Headquarters for the first time, in over 60 years, and he hoped, not the last.

On behalf of France, Dr Charles Martins welcomed the members of the Executive, and observers from FAO, OIE, and EC, and re-iterated France's support for the work of the Commission. France considers foot-and-mouth disease is an ever present threat to livestock agriculture. Because of France's position, it is believed to be at risk of other transboundary diseases from the European neighbourhood, and from the changing climate. France appreciated the direct support provided by EuFMD through the training programme, and through its technical work supporting surveillance, not least with ANSES, and with CIRAD. The collaboration on emergency preparedness is most important and France remains interested in the use of models developed by EuFMD. Dr Martins confirmed full support of the role Stephan Zientara will play as the Chair of the Standing Technical Committee (STC), and trusts that the funds provided in 2019 to support surveillance and better control of FAST diseases in REMESA, will assist to ensure the HOLD-FAST strategy is able to make a good start in this vital area.

Officers of the Commission present at the Session were: Dr Martin Blake (MB, Ireland, President), Drs Jean-Luc Angot (JLA, France, Vice-President), and Lajos Bognar (LB, Hungary, Vice-President).

Executive Committee members present were Drs Hendrik Jan Roest (HJR, The Netherlands), Valentin Almansa (VA, Spain), Olev Kalda (OK, Estonia) and Nihat Pakdil (NP, Turkey). Apologies were sent by Drs Zoran Atanasov (North Macedonia), and Chrysoula Dile (Greece).

International organizations observers were Drs Alf-Eckbert Füssel (AEF, DG-SANTE, European Commission), Juan Lubroth (JL, CVO-FAO), and Neo Mapitse (NM, OIE). The fourth official observer organisation, OECD, was unable to send an Observer. Reference Centres were represented by Drs Don King, for the WRL-FMD at The Pirbright Institute (TPI), and Labib Bakkali-Kassimi, for the EURL-FMD at ANSES. Dr Stephan Zientara (SZ), attended as Chair of the Standing Technical Committee.

Dr AbdulNaci Bulut also participated as advisor to Dr Pakdil (NB, Turkey).

Secretariat for the 98th Executive Committee Session comprised Drs Keith Sumption (KS, EuFMD Executive Secretary), Fabrizio Rosso (FR, Deputy Officer to the Executive Secretary), Maria de la Puente Arévalo (MP, Pillar I coordinator), MN Cecile Carraz (CC, Work Plan 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 98th Session

Summary of actions since April 2019

The Report (**Appendix 2**) was provided by Keith Sumption, who summarized the outcome of the 97th Executive Committee Session, and its follow-up over the past six months.

In the five months since the 43rd General Session in Rome in April 2019, the Secretariat has had two major objectives:

1. The completion of the last six months of the biennium work programme, the overall Phase IV (2015-19) programme agreed with the EC, and all associated sub-contracted actions involving partners by the 30th September 2019;
2. The detailed planning of the Phase V programme, for each Pillar and Component, the consultation on these with partners, and intense work of internal clearances and drafting documentation needed for the contractual procedures between FAO and DG- SANTE.

On the first point, Dr Sumption summarized the delivery of actions over the past five months (**Appendix 3**). In this period, participants from 65 countries, including the 39 member nations (MN) have been involved in training, missions or other form of support, and over 500 persons have taken the e-learning courses, mainly in English, French, Russian and most recently, in Polish languages. Over 150 persons have been assisted to participate in workshops. Several major new tools (PCP-TRAC system for the FMD Secretariat) have been developed and numerous studies (Vaccine Pre–Qualification, Emergency Management Capacity in North Africa…) completed. The work to finalize the actions agreed under the last 24 months of the Phase IV programme has been intense. The objective was to complete almost all actions by the end of July 2019, in order to leave August and September for the work to plan the new Phase V programme. Therefore, a rolling presence of senior team members was implemented, with "fresh leaders" from mid-August for Pillar I and III. In addition, recruitment processes have been followed to address the gaps in the EuFMD roster of expertise for the new programme. However, contracts for these will be largely on hold until the financial and contract position of Phase V has been resolved.

On the second point, the substantial processes of internal clearance of the proposed project were finalized in FAO in July and the "Grant Application Form" (GAF) and associated budgets submitted to DG-SANTE - through FAO official channels - in late July. Detailed work plans for each of the Components have been added in August and September. Those drafting the plans have given attention to a series of consultations with partners (mainly the OIE and FAO regional offices). In order to consult with European experts from the MN, a meeting of the new Special Committee for Surveillance and Applied Research (SCSAR) together with Training Focal Points (TFPs) from Member nations, was held on 23- 24th September in Bari (Italy). The aim of the meeting was to review the priorities for the FAST (FMD and Similar Transboundary) disease training programme, for research, and for improved surveillance networking.

The Executive Secretary also drew attention to the effort to remain ready for disease risks in July- August 2019, as the timing this year of the major festivals (kurban bayram / eid) was a significant concern. Historically, these events in summer have been associated with entry of relevant disease into Thrace region and to Greece. He thanked Dr Pakdil for the achievement of passing through this risk period without a significant upsurge in FMD events. However, further cases of FMD serotype O (EA-3) did occur in July in Morocco, and in Israel (of unrelated O PanAsia 2). He reminded the Session that the European neighbourhood has several unconnected epidemics that continue to circulate, which occurred at a time

when there is significant additional human movements to and from European Member Nations to these regions.

The meeting documentation included a summary of the Grant Application to the EC, and a complete set of the detailed work plans by Pillar and Activity (Component) (**Appendix 4**).

The President thanked the Executive Secretary for the Report, and on the very comprehensive, clear and well-structured documents for the Phase V. The work involved was clearly enormous and he thanked Cecile Carraz, Nadia Rumich, Fabrizio Rosso and the whole team for the management of the completion of activities of Phase IV and all the work involved in preparation for Phase V. He appreciated that the work of Phase IV is never completely over until final reports and closures have been achieved, but considered that the Commission should be highly satisfied by the achievements of the past couple of years and the quality of the plans for the upcoming programme.

Conclusions

1. Endorsement was given to the report on the actions since the General Session, with an appreciation for the volume of actions completed with success.

Item 3. Situation of FMD and similar transboundary diseases - Global and Regional

Two reports were presented. The Report of the WRL-FMD (**Appendix 5**) was provided by Dr Don King, and that on the other FAST diseases by Dr Neo Mapitse, OIE (**Appendix 6**). A short report by the EU-RL representative (Dr Bakkali-Kassimi) followed the report of Dr King.

The key risk issues from the WRL-FMD Report:

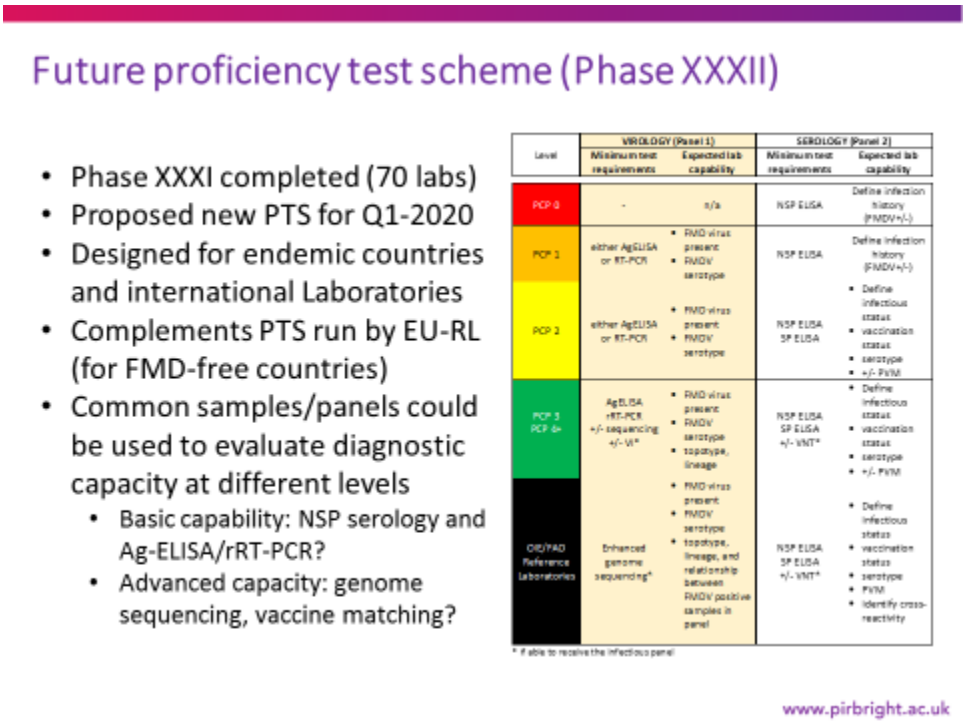
- The detection of O India 2001-e lineage in Pakistan, and its risk of replacement of the endemic type O viruses (risk to Turkey, Georgia);
- The continued North African epidemic(s) related to O East Africa-3, with most recent cases as far apart as Libya and Morocco;
- The distinct "East Africa" lineages of both SAT2 (new SAT2 VII incursion) and O–EA3 viruses circulating in Egypt, the SAT2 also carrying a risk associated with poor vaccine matching;
- The alarming spread of two distinct O East Africa 2 lineages (genetic difference >15%) to the Republic of the Comoros (threatening an overseas department of France (Mayotte)) and in Southern Africa (Zambia, where further spread would threaten the beef export zones of Botswana and Namibia).

At present the changes in virus circulation do not result in a significant shift in the output of the PRAGMATIST tool (vaccine antigen recommendations for Europe) but are of significance for the multiple sources of risk in the neighbourhood of member nations. He also reminded the Session of the urgent need for better vaccines against African origin viruses.

He reported on significant activities relating to the above:

- Further work (with EuFMD) to improve the PRAGMATIST tool;
- Actions (under OIE twinning) to develop the capacity of AU-PANVAC for FMD vaccine independent testing, for vaccines for use in Africa;
- Activities completed (with EuFMD-FAR Fund support) to improve tests for vaccine matching (avidity methods);
- Training delivery (with EuFMD) - in laboratory investigation, and post-vaccination monitoring (online training plus workshop in Tanzania funded by GCRF-STARS);
- Support to studies on the field performance of vaccines that are of relevance to Europe (example of study in Mongolia).

Regarding the future of the Proficiency Test Service (PTS), a new division of responsibilities (with EU-RL) was being finalized, in which the WRL would support the GF-TADs Global Strategy by a focus on provision of PTS in accordance with the PCP-stage of countries, as summarized below.



Source: EU-RL FMD

An oral report was provided by Dr Bakkali-Kassimi, ANSES, from the EU-RL FMD. The 1st PTS managed by ANSES (for EU countries, plus EuFMD-MN) is underway, and a survey of lab capacities has been undertaken in some REMESA countries (for EuFMD) to make known the Phase V work plans. Regarding submission of samples, EURL strongly requested an opinion on the safety of the submission protocol for inactivated penside test strips be given by the Biorisk management committee (SCBRM), since it offered many advantages for submission.

Report on the FAST disease situation (Dr Mapitse, OIE) (Appendix 6)

Dr Mapitse reviewed the information available to the OIE through its reporting system, for four OIE listed diseases (Peste des Petits Ruminants (PPR), Lumpy Skin Disease (LSD), Sheep pox and Goat pox (SGP) and Rift Valley Fever (RVF). As Bovine Ephemeral Fever (BEF) is not OIE-listed, he could not report on this.

Of significance were the following observations:

- **PPR:** several EuFMD member nations in the Balkan region are not yet recognized as PPR free. PPR recurrence in North Africa (Algeria: 105 outbreaks October 2018, and last report received; Libya also reported an outbreak in March).
- **LSD:** in 2018-19 in Russian Federation the disease had spread in eight provinces, at latitudes that are equivalent to Scotland, Denmark and Baltic states. This has some significance for risk assessment for northern Europe. Control of LSD in South-East Europe after 2016 appears very successful but the

potential for recurrence remains. [*Although not discussed at the Session, an unexplained jump of LSD to Bangladesh, reported to OIE in August 2019, is of significance also, as it threatens the enormous cattle populations in South and East Asia*].

- **SGP:** reported cases from almost all of the European neighbourhood. The situation around Moscow (Russian Federation), is of interest, but unclear, as persistence of SGP once established in an area is a particular problem.
- **RVF:** the situation in Mauritania is of note for risk to North Africa. Following the Session, FAO sent a warning message on RVF (after climatic risk assessment and suspected cases close to the southern Egyptian border).

The Chairman thanked each speaker for their presentation, and considered it very helpful to have such a concise summary of the FAST disease situation by the FMD reference laboratories and OIE. He opened the floor for discussion.

Discussion

AEF commended the work and use of the PRAGMATIST tool but asked if more specific recommendations relating to retention of South American strains (as an example) in the antigen reserves could be provided.

NB (for Turkey) informed the Session that only serotype O viruses were circulating in Turkey in 2019, with only two or three outbreaks per month in Anatolia. A distinctly good state of control but one remaining vulnerable, and therefore the vaccination programme currently retain type A.

JL asked that more attention be given to collation and sharing of information on antigens/vaccination programmes, as currently done in the Transcaucasus (under the Statement of Intentions –SOI), but over a wider region. FR responded by indicating that such information is collated (REMESA, Roadmaps) but not systematically available in real-time, as it is for the TCC countries, but it is planned to be offered. Some success had been gained in performance monitoring of vaccines used in the region through small scale immunogenicity studies (Georgia, Azerbaijan, and Morocco). However, these are not easy to arrange, more for local political problems (from vaccine distributors) than technical ones.

Conclusions

2. The need for specific recommendations relating to relative value of retention of certain antigens in the EUVB was recognised. Attention to this under the workplan (1.3) on Emergency Vaccination should be given.
3. Consideration should be given to the assistance countries in the Balkan region may require to provide the evidence needed by the OIE of their freedom from PPR infection.
4. Consideration is needed on how “non-OIE listed” diseases of significance in the neighbourhood, such as bovine ephemeral fever (BEF), may be better monitored.
5. Consideration is needed, given the dynamic and devastating nature of Rift Valley Fever (RVF) epidemics, on how to interpret and understand the risks posed by RVF events in the areas bordering the European neighbourhood countries, such as Mauritania and Sudan.
6. Guidance is sought on the above conclusions from the Standing Technical Committee of the EuFMD (STC), on actions that are advisable and may be undertaken in the programme or by others.

7. Action should be undertaken for systematic collation of data on vaccination programmes in the European neighbourhood countries if feasible, extending the current collation of information from the six Transcaucasus countries to the 14 neighbourhood countries.

8. Guidance is sought from the Special Committee on Biorisk Management (SCBRM) on the biosafety protocol for inactivation of penside test kits (LFD), addressing issues such as how verification of correct procedures can be implemented.

Item 4. EuFMD Phase V Work Programme Objectives

Keith Sumption introduced "Phase V, Grant Application", the key document submitted to the EC (DG-SANTE) for the potential agreement on the funding for Phase V action. An extract of the GAF was provided in advance of the Session and in the meeting documents. He drew attention to the key performance indicators (expected results) for the Output (Pillar) and Activity (Component) levels. It is obligatory for both FAO proposals and EC acceptance to have quantifiable and "SMART" (Specific, Measurable, Attainable, Relevant, and Time bound) indicators and these are indicated in the documents. They provide a means for progress reporting during the course of Phase V that can be operated within the FPMIS (FAO Project Monitoring System) and reported to the Executive Committee and EC.

The STC had been requested to advise on how the Outcome of the Phase V could be measured. The **Outcome** of the project is stated to be a lower FAST disease risk in the *European neighbourhood enabling better trade conditions and higher food security prospects for European stakeholders in the livestock sector*. This level (Outcome) is the result of the Phase V – and clearly dependent on the national uptake and actions on FAST diseases, and not only on EuFMD. The question posed to the STC, at the recent meeting at Bari, September 24-25 was – *how do they advise to measure FAST disease risk in the European neighbourhood?* Stephan Zientara (Chair, STC) provided the view of the STC based on those discussions. STC members considered that for the immediate European neighbourhood countries, a composite measure of risk could be based on:

A defined set of countries in the neighbourhood, and for each of these:

- the GF-TADs indicators of FMD, PPR national control programme performance (not limited only to the PCP stage and equivalent for PPR, but using also evidence of monitoring system) be used as measures for disease control;
- an indicator of application of monitoring and surveillance performance for the other FAST diseases is applied.

The assumption behind using such an indicator is that the higher the performance measures (above), the lower the risk.

An advantage of the system is that for FMD and PPR, the current GFTADs system can be used. For the other FAST diseases, some work is needed to define the baseline for comparison, but could largely use the results of recent studies conducted by EuFMD on surveillance system in the neighbourhood.

Conclusion

9. The STC proposal on measurement of risk in the European neighbourhood was endorsed for inclusion as a means to measure the impact of the fourth year, Phase V programme.

Item 5. Co-ordination in planning and arrangements: Phase V Work Programme

The extensive consultation process on the proposed work plans, over the past month, was summarised by KS. A different approach was taken for the three "Pillars". For Pillar I, the Balkans and THRACE countries management meeting, and the Bari meeting (Sept.2019) (with training focal points, and SCSAR members) were the most significant means of direct contact, whereas for Pillars II and III, the FAO and OIE regional, sub-regional and FMD-WG members were invited to comment, and meetings held where possible. For Pillar I, Directorate F (DG-SANTE) were also engaged in constructive consultation at the Bari meeting.

Given the need to consult as the programme develops, and considering the difference in contact point in FAO, OIE and EC for each Pillar, he proposed to circulate a document setting out the principle and plans for coordination, including monthly skype calls, and written notice/consultation when missions are planned.

SZ summarized the co-ordination of the STC with the Surveillance (SCSAR) and Biorisk Management (SCBRM) committees. Nadia Rumich outlined the communication plan that had been submitted as part of the GAF to EC for Phase V, and the sustainability principles, that will be applied during operations of the programme.

Discussion

The Chairman opened the floor to discussion. Regarding working with the OIE on "Exercise Phoenix", KS clarified that it was a proposal from OIE that EuFMD was responding to, and OIE had the overall lead for the exercise within the context of the overall project (in which FAO and Interpol are the principal partners). [Keith Hamilton joined the Session and was able to confirm this point].

Conclusions

10. Recognition was given on the short period to develop the full set of work plans, and to consult on these, and the efforts to do so with member nation representatives, and with FAO and OIE offices at every level, was noted.
11. The proposal for operational co-ordination with FAO, OIE and EC offices was considered beneficial and should be provided to each partner to provide clarity on frequency and mode of co-ordination, and activated as soon as working agreement is reached.

Item 6. Approval of the Work Plans for Phase V

A complete set of the 14 component work plans that together comprise the Phase V work plans (135pp) was provided in electronic copy for review. Each work plan follows a template, with an opening section indicating how activities would be organized and contribute to achieve the expected result at Pillar (Output) level.

The 14 work plans were reviewed as clusters, since there is a strong horizontal, technical relationship between activities, particularly between Pillars I and II (in emergency preparedness) and Pillars II and III (national PCP progress – and supporting laboratory, and other capacity building disciplines).

Three major themes were reviewed under Item 6.

Dr De la Puente (MP) reviewed the plans for the Improved preparedness components (**Appendix 7**), specifically:

- the training programme for the member nations (Component 1.1);
- the tools for decision support and better emergency preparedness against FAST disease (1.2);
- the integrated Balkans and THRACE action (1.4);
- the PTS for NRLs that are EuFMD member nations but non-EU (1.6).

KS then reviewed the Vaccine Security components, these being Activity 1.3 (preparedness for emergency vaccination against FAST diseases in EuFMD states) and Activity 3.4 (improved international vaccine security for FMD).

The activity 1.7 (Early Warning) was presented by Dr Rosso under Item 7, as it is strongly linked to the early warning surveillance actions planned under Pillar II, in the European neighbourhood.

Discussion

For the STC, Dr Zientara indicated that the meeting in Bari had enabled the STC members to review individually and together the work plans for Pillar I, and had a series of comments to assist the Executive, which he reviewed for the Session, as given below.

Component 1 increases European expertise in FAST disease emergency management achieved through the delivery of training and the assistance to Member nations to cascade training at national level. The HOLD-FAST training and BTSF will be two of the most significant in Europe and the way forward to coordinate better was agreed in Bari and is recommended.

Component 2 involves the GET PREPARED Toolkit, EuFMDiS and the online network. The GET PREPARED Toolkit is already comprehensive. STC suggestions were to develop a template for reporting of daily disease status data to use by National Disease Control Centers – reporting of herd incidence (national / by area) and status of controls.

Component 3 deals with use of vaccination in emergency response plans for FAST diseases. The EUFMD team identified this risk: “2. The establishment of the pre-qualified supplier and the AESOP system to improve vaccine quality and availability will require quite a lot of coordination and development work due to the novelty of the concepts and the number of stakeholders that will need to be involved in the process.” **An important component to be followed by the ExCom**.

Component 4 improves surveillance and emergency preparedness against FAST diseases in South-Eastern Europe. Many good activities. However, it must be foreseen that ASF will continue spreading for next 2-3 years in most of the member nations in region. Therefore, the time and effort that member nations can give to FAST diseases will be under severe pressure and a strategy for dealing with this must be foreseen

Component 5 - applied research. No specific comments

Component 6 - Proficiency Test Services. The success of this component relies on the co-operation of the involved countries, and sufficient capacity within the EU Reference Laboratory.

Component 7 - FAST Disease risk assessment and forecasting. A new reporting tool will be developed. Collaboration with other organizations, and in particular with FAO (EMPRES-i) and the OIE, will be essential to share the best information available, to find synergies and avoid unnecessary overlap.

The proposed actions relating to vaccine security, including the establishment of the vaccine security platform, drew interest and support. The potential of the pre-qualification system, and its relation to emergency procurement of vaccines, was seen as very relevant to addressing the issue of use of vaccination against FAST disease incursions in the neighbourhood, and potentially within EU countries. The development of new vaccines of sufficient quality for control of African viruses was important for member nations as well as for risk reduction in the neighbourhood, so the AgResults Initiative for East Africa was seen as highly interesting and relevant.

Conclusions

12. Endorsement was given to the set of work plans for Pillar I components, and the guidance from the STC for the Executive Committee to follow more carefully specific components was noted.

13. The vaccine security platform has the potential to improve the understanding of the barriers to registration, production and availability of effective vaccines against FAST diseases and the Secretariat was encouraged to move forward with the plans for the first meeting, in close consultation with EC, FAO and OIE on the Agenda.

Item 7. Approval of the Phase V Work Plans: neighbourhood and global

Fabrizio Rosso (FR) presented the Pillar II and Pillar III work plans (**Appendix 8**), in the following clusters:

- Pillar II plans relating to improved integration of surveillance with control programmes in the neighbourhood countries.

  A better knowledge of the livestock flows in North Africa, Middle-East and South-East Europe would be a major advantage for the forecast of dangers threatening Europe as well as useful information for the national veterinary services in designing more effective national disease surveillance and control programs. The resulting risk maps will be useful to develop integrated disease surveillance programs focused on specific risk hubs, in order to optimize the veterinary service resources deployed in the field, and improve the effectiveness of control measures implemented.

- Activities under Pillar II and III that relate to PCP progress, including support to the in-country Progressive Control Pathway (PCP) and that given to ensure efficient guidance to countries (Progressive Control Support Officers (PSO) system) and to the secretariat (Roadmaps and PCP "system support").

  The progression along the PCP remains the main expected achievement within the Pillar II programme for the EU neighbouring countries, to improve control of FMD. An appropriate coordination mechanism with OIE, FAO and other partners in the regions will assist to identify better the specific needs that different countries have to develop and revise the FAST disease control strategies according to the different PCP stages, and taking into consideration risks, socio-economic benefits, public-private partnerships and weaknesses of control measures.

  Sustained and effective implementation of the FMD Global Strategy will be supported under Pillar III through improved technical assistance provided to the FMD Working group and to GF-TADs Regional Roadmaps for PCP-FMD implementation. Targeted support will be provided within the workplan to specific country projects as part of regionally coordinated GF-TADs programmes and roadmaps, as well as the assistance to the work plans defined by epidemiology and laboratory networks established in the different regions and sub-regions.

- Activities under Pillar II and Pillar I (comp.1.7) aimed at improving the global and neighbourhood FAST disease risk assessment and forecasting, with information to Member States and the public made available on a regular basis.

  Improved quality, usefulness and availability of information gathered on FMD risk of entry into EuFMD member nations, through the development of on-line map-based tools in order to allow a better understanding of the epidemiological situation and major risks present at the EU borders and beyond, and the relative value of the antigens available for use in European emergency reserves.

- Program for capacity-building that supports national and regional activities for improved PCP progress and FAST disease control in the European neighbourhood, and improved early warning surveillance, notification and early response.

Discussion

Dr Zientara, for the STC, provided the guidance for the STC on the Pillar II programme through the following points:

- Importance of developing a common framework for risk-assessment and risk-based surveillance in European neighbourhood to have similar and comparable risk information. Animal mobility should be considered as an important risk factor together with other risk elements, in order to map the risk in different regions. It would be advisable to investigate what activities are already in place at national level with regards to risk-assessment and surveillance for FAST diseases;
- Relevance of understanding the long-term training program established in each country, training needs and training accessibility to better design and deliver tailored training programme;
- Importance of identification of clear, easily measurable and harmonized performance indicators able to evaluate also the progress in countries not advancing along the PCP during the timeframe of the programme or not embarked in PCP.

AEF asked if the programme would put into effect a "surveillance belt" for activities around Europe, for FMD and similar high risk TADS. FR agreed that this would be the case. Considering the surveillance would be risk-based, it would focus, for efficiency on locations where maximum likelihood of early warning for several FAST diseases could be achieved, and the design of the system was one of the most major activities planned in year 1. The political context in each focus country is also key to feasibility, and the co-ordination with FAO and OIE will be vital to smooth the many issues involved in establishing a new system.

JLA confirmed the support of France to the new programme, and its donation of 200,000€ to assist the new approach. VA fully supported the work on risk analysis which is most important for Spain, and confirmed that some funds in support of surveillance in southern REMESA countries will be provided.

NB, for Turkey, voiced their concern for the programme not to forget the significance of Iran in the eastern European region, and the need to maintain an active involvement with both Iran and Pakistan since FMDV and FAST diseases frequently emerge and spread to Turkey and Europe from that source. KS drew attention to the contributions being made by France and Spain to neighbourhood surveillance. Could Turkey provide such support, in its neighbourhood? He suggested this be further explored with Dr Pakdil. The I.R of Iran may face difficulties for diagnostic kit supply, as well as vaccines that would have serious implications for Turkey and others.

The Chairman agreed with this point. He was pleased to see the commitment of France and Spain to surveillance in REMESA countries, and proposed further discussions to follow with Turkey to consider means and priorities for assistance in FMD/FAST disease surveillance in its neighbourhood.

Conclusions

14. Endorsement was given to the set of Pillar II work plans, and that for Component 1.7 (Risk analysis). The comments received from the STC should be considered carefully by the Officers and members, as well as the Secretariat.
15. The additional resources from France and Spain for surveillance support are welcomed and noted for their importance to establish the new programme as a co-ordinated mechanism for addressing essential surveillance gaps. Liaison with Turkey is encouraged to identify means and priorities for similar support to surveillance and FAST disease security in its neighbourhood.

Item 8. Support to the GF-TADs Global Strategy: reference laboratory support to global surveillance and vaccine selection

Keith Sumption gave the history of support for the WRL-FMD and its role in supporting GF-TADs Global Strategy since the Bangkok Conference (2012), and emphasized the impact of this co-operation. He mentioned how, since 2013, the OIE/FAO Reference Laboratory network had been led by WRL, with the support provided by EC via EuFMD for the common aim of ensuring sufficient information would be made available on vaccine selection to guide both the countries in each virus pool /Roadmap region. It would also ensure Pillar I and II countries are kept aware of viral emergence, movement and risks. Given the move of the EU-RL to ANSES and Sciensano, he commended the proposal from Don King (Item 3) to move towards to a PCP-based system of laboratory capacity development, so that the NRLs aim to meet essential national services in typing or monitoring of vaccination, according to stage. KS indicated that, in order to avoid the possibility of double financing, the new contract with the WRL would be sent for review by DG-SANTE, as previously (in 2017, 2015, and 2013). He underlined that there is already excellent spirit and evidence of co-ordination between the four FMD reference centres in Europe, and that with the new HOLD-FAST strategy, there will be clear benefits from finding means to ensure greater sample submission for FAST diseases to the relevant RCs. The system that has worked so well for FMD has never been in place for FAST diseases, but now was an opportunity to combine shipments from certain settings.

Discussion

AEF confirmed the position and the importance for EU members to maintain the global laboratory surveillance which had been led for so long by TPI, and which EC had supported as a contribution to the GF-TADS global strategy.

Dr Zientara, for the STC, provided the review comments on the Pillar III components and noted the STC strongly endorsed the approach proposed for FMD. Regarding the potential of the work undertaken for the Global FMD Strategy to combine with efforts on other FAST diseases, they concluded that as both the Global Strategies for FMD and PPR have a “component 3, to synergize with control of other TADS”, then GF-TADs has already identified that the programmes for each disease at national or high level should always consider planning to make use of synergies, and thus supportive project activities also. This may be counter to current implementation, where strategies on FMD and PPR are often developed separately. The STC recommended that “

FMD be considered as the main driver to address other FAST diseases, and a principle in Pillar III should be to take advantage of the similarities of the PPR global strategy with the FMD one as an additional opportunity for the development of joint informative indicators to monitor and evaluate progress toward expected outcomes and offer the baseline for Risk Assessment of introduction into the EU area”.

Conclusions

16. Endorsement was given to Component 3.2 of the Phase V action, relating to reference laboratory support to global surveillance and vaccine selection. The maintenance of the previously agreed review process with DG-SANTE before finalisation of the contract with TPI, was noted.

Item 9. Capacity Building for Progressive Control

The Executive Secretary (KS) presented the activities planned under Component 3.3. Under Phase IV, there had been tremendous progress in the development of e-learning in support of national and regional capacity for FMD strategy development, and monitoring and evaluation of vaccination programmes, and in the laboratory investigation (with TPI). Many of the courses were offered either at regional level (South Asia, regions of Africa, Mid-East) or in common languages groups (English, French, Russian, Turkish and Arabic). In collaboration with OIE, the PPP e-learning has been developed, a vital part of national development of sustainable FMD control plans. The period of course development and piloting under Phase IV has been a great success. Phase V may now focus on the "cascade" of the training programmes from "regional to national", as has been achieved in Europe under Pillar I, where many national scale e-learning courses have been run. To achieve this would require a decentralisation of course management from Rome to the regional centres, where they are best placed to manage both course delivery within a context of support to application of PCP at national levels. This new approach ("Virtual Learning Centres (VLC)") requires a modest investment to establish, but potentially has good sustainability if the VLC hosting institution has other programmes and mandates requiring the VLC approach. He proposed that the first of these, Southern Africa, be given priority because of the epidemic spread of type O into Southern Africa, and the request received to provide such support to regional and national training. He further explained how EuFMD expertise in "**Training Management System (TMS)**" could also be decentralised to national scale, in Pillars I to III. In more advanced countries, HR management links training to an individuals' record, and allows managers to see the individual as well as overall uptake of training. Such systems are also part of Continued Professional Development (CPD) for private vets. Many countries in the neighbourhood and beyond do not yet have a way to manage their public -or private- training system.

Under Phase V, it is proposed to adapt the EuFMD central TMS to be applied by individual countries, and to pilot this in one or two selected countries in each of the three Pillars. Potentially, such a system assists the uptake as well as impact of other FAO and OIE training (and that of other providers), and should assist reporting at national level (for bilateral trade, and to OIE/FAO).

Discussion

Dr Lubroth confirmed that the FAO Office for Southern Africa, based in Zimbabwe, had requested support to establish a VLC in the region with the assistance of EuFMD and he strongly endorsed the proposal. It would complement the EC support to SADC and FAO to improve the implementation of sanitary and phytosanitary standards (SPS) and could provide timely assistance to the capacity building and communication needed in the fight against the southward spread of exotic FMDV in the region.

AEF confirmed that SADC region is of importance to the EU since several countries have agreements to export to EU from their FMD free zones. Reducing the risks to these zones assists reducing the risks to EU.

At the conclusion of the discussion, the Chairman asked if the full set of work plans for Phase V were accepted by the Session. Members affirmed this was the case.

Conclusion

17. Endorsement was given to the entire set of 14 work plans comprising Phase V action that had been submitted for examination by the Session.

Item 10. Synergies in the FMD and PPR Global Programmes and their implications for the future EuFMD programme of support.

Drs Neo Mapitse, OIE, and Juan Lubroth, FAO, reported on this item. The background is that the external evaluation of GF-TADs had recommended a focus upon FMD, PPR and Rinderpest Post-Eradication (RPE). Under the FMD Global Strategy, FMD control programmes should be developed in such a way at national level, that they contribute also to national VS strengthening (PVS) and make use of synergies that exist for improved control of other TADS, such as PPR. This paper was developed largely by the FMD-WG but with inputs from PPR and RPE Secretariats, which the GF-TADs Management Committee, in its September meeting, considered.

The Chairman noted that the process of identifying and building upon synergies was ongoing. He asked that the FAO and OIE provide an update to the next meeting.

He re-iterated that the role of the Commission is to support the work of the Secretariats on FMD and PPR in ways that are both appreciated and efficient. International progress on both diseases matters to EuFMD and its member nations since a number of EuFMD MN are not recognized as free of one or both of these FAST diseases.

Conclusion

18. The OIE and FAO are encouraged to continue the process of identifying synergies in respect of the FMD and PPR (and Rinderpest Post-Eradication (RPE)) programmes, and to identify areas where the EuFMD may better assist, and provide these to the Chairpersons, before or at the next Session.

Item 11. Fund for Applied Research (FAR) – Report and Proposed Priorities

Under Phase IV, a Fund for small applied research studies was operated, to address priorities identified by the STC and approved by the Executive. A short report was provided on status of each project that has been funded. In two cases (Field study on non-invasive sampling of wild boar in endemic regions, and a study on FMDV in large infected pig herds), these studies could not be conducted for reasons of complexity in official permissions (Turkey, and Thailand). Others, such as studies on bulk milk as a sample for FMDV surveillance (Kenya & Iran) and environmental sampling (at markets in Cameroon) had made great progress with significant results. Final reports of each of these will be received within the next two months (November 2019).

Regarding the future FAR fund, the recent Bari meeting gave time to identify potential projects of impact for surveillance (or control) of multiple FAST diseases. Experts from the reference centres worked together (often for the first time) to identify potential new projects. Ideas formulated into small projects included:

- Penside test for differential diagnosis of FMD/PPR/poxvirus infections in small ruminants, to address field diagnosis and sample collection issues in “small ruminant dominated regions such as North Africa”.
- Penside test for differential diagnosis of multiple FMDV serotypes.
- Field testing of non-invasive sampling at markets and other locations of cattle/small ruminants (using “mineral blocks”, based on the successful detection of FMD and LSD in cattle saliva under lab conditions.
- Studies that will provide guidance and greatly reduce wastage of PPR vaccines, and ease application in remote areas, by optimising the use of information on when vaccinal PPRV loses infectivity under storage.
- Modelling based on culling and disposal capacities of member nations to better understand this perceived constraint to slaughter policies.
- Development of an App for training on herd level biosecurity (peacetime and crisis) - for farm level application.

Given that the time available in Bari was limited, these should be considered as a first set of ideas for studies. Those present at the Bari meeting were mainly from a laboratory or training background, and proposals from risk managers, epidemiologists and modellers, for example, might be considerably different. He (SZ) considered four of these were “FAST in scope and interesting”, and one (#2) met a current concern, since the European supplier of penside tests (Svanova) is not certain to continue production and a solution is needed for our MN.

Conclusions

19. A full set of final reports of the FAR Fund projects under Phase IV should be assembled to showcase the significance and impact of the funding mechanism, by the next Session.
20. The value of maintaining this form of funding or applied research was affirmed and the workplan (1.5) endorsed.

21. The STC requested to identify priorities for the first call for funding proposals, and have these endorsed by the Secretariat and Chairman, before being issued under the new Phase V programme.

Item 12. STC report – plan for the SC Biorisk Management and future Technical Closed and Open sessions (OS20)

Dr Stephan Zientara reviewed the outline plan for the SCBRM, and the position of the STC and SCSAR experts at Bari, on the future of the "Open Session" conference. On the first, the SCBRM had achieved an enormous feat in reviewing entirely the Minimum Standards (MNBRM) for the April 2019 General Session. Some more direction is now needed, plus clear resourcing of ideas for provision of training. On that side, there appears new funds at TPI that may assist and, as EuFMD reviews its Pillar I training plans, it should enter into discussion with TPI on how future BRM training may be achieved, as a priority.

On the OS20, those present in Bari had discussed this and come up with a clear position:

- The OS are a vital part of international updating for the FMD community, and the connection they provide between FMD experts with risk managers is unique. A strong request was made to maintain this focus and not dilute the value by time devoted to other specific other FAST diseases.
- Back-to-back meetings are good in principle for covering FAST as well as FMD specific content. However many persons cannot come for a full four-day meeting and prefer options for participating in specific elements;
- Common issues for FAST diseases include similarity of risk factors, such as animal movement. A back to back, or common part of an OS20, might be on the application of the science of risk mapping, for example, and have wide interest and value.
- A two-day FMD meeting, and a further 1.5 days with break-out working group and/or common plenary sessions (on common disciplines/risk) might be attractive;
- Parallel sessions are not appreciated by the FMD experts whose work requires them to cover the widest range of issues;
- The potential locations for OS20 include Spain (Majorca), France (Montpellier/Languedoc), and Greece (Thessalonica/Halkidiki). Timing was proposed as the last week of October 2020.

Conclusions

22. The importance of the requirement to balance the needs of the FMD control and FAST disease risk management stakeholders in the programme of technical meetings at the Open Session (OS20), was noted.
23. The Secretariat should proceed to develop the plans for the OS20, with the STC. The interest of the members from France and Spain to host the Session was noted and view of the member from Greece should also be sought.

Item 13 Financial and Administrative Reports

Keith Sumption provided the Administrative Summary (**Appendix 9**) and associated Financial Reports for the three Trust Funds operated by the Commission, for the Administration of the Secretariat (MTF/INT/011/MUL, contributions from the Member nations), EC Program (MTF/INT/003/EEC) and an Emergencies and Training Fund into which additional contributions have been received for provision of training (MTF/INT/004/MUL).

In relation to the Administrative Fund, the balance at 31/08/19 was USD 104, 403. A predicted year-end balance after unpaid contributions are received, of almost USD 300,000. This gives the Commission some room for flexibility given that the first instalment of the EC Phase V funding may be delayed in arrival (previous experience was around eight months). The expenditure of over 860,000 USD in 2019 to date reflects the commitment to key operational and technical staff to maintain their contracts in the interim before EC funding arrives. It is expected that inputs of the staff/consultants, whom are to be covered by EC funds, can be back-charged to the EC Fund to October 1st 2019. The interregnum between EC funding cycles should not have a long-term impact on the Administrative Fund financial positon.

Position of the EuFMD Emergencies and Training funds MTF/INT/004/MUL (Child & Baby 01 Account)

As agreed with the MN at the 43rd GS in April 2019, the fund will be continued until December 2021. The funds in hand, and agreed to arrive under the contribution agreements established between the resource partner and FAO, can cover the planned programme of activities, as well as cover all costs of EuFMD technical and operational support. The pipeline agreements (**with expected total contribution in bold**) are summarized below:

Contributions to be received by 2019 Pipeline for 2020 Activities:

- USA Texas A&M College of Veterinary Medicine and Biomedical Science for real-time training courses to be conducted by end of 2019(**71k**).
- French Ministry of Agriculture to support the EUFMD's activities training REMESA network (**220k**).
- Canadian Food Inspection Agency (CFIA) to run a new online course in spring 2020 providing 50% seats for CFIA veterinarians, academics and veterinarians from USDA and 50% seats for veterinarians from private sector (**25k**).
- Individual places purchase on EuFMD Real-time Training and specific workshops. (**10k**).

Position of the EC Program Funds

Phase IV (2015-2019). Expenditure at 31-08-2019, after 47 months of the programme was **USD 8,187,671** with balance of **USD 760,852** (includes reserve of fund for emergency).The Financial Position (Financial Statement at 31-08-2019) is given in the Appendix 11 which provides the expenditure by Pillar, Component and Input description (Contracts, Travel...). After all remaining processes have been completed to achieve the final financial closure, settlement with EC of any outstanding balance should occur following the standard processes.

Phase V: 2019-2023. The proposed budget for the Phase V action is almost **11.2m€**, and detailed in Appendix 11. This table provides a summary of the proposed budget for Phase V, given by year, input description and by Pillar, and is based upon the budgets for delivery of the 14 component work plans which were proposed to the Session.

On Administrative matters, Keith Sumption indicated that the key staff were in place for each Pillar, and for the major new technical area of the vaccine security action. Decisions will be needed on the level of senior support needed to steer the Balkans/Thrace component, but more immediate support will be provided by a new Short Term Placement in the team, from Albania. The other area where expertise is needed is QA/QC of the training programme, to put in place the recommended changes from the external review, but also to ensure the team has a structured training for all new intake and staff - the new programme will place many demands for consistent communication as well as efficient delivery, and the training system applies to all parts of the EuFMD programme.

Conclusions

24. Endorsement was given to the Financial Reports for the three Trust Funds and the Secretariat was commended for the financial position and the preparedness for a smooth transition to the Phase V of the EC programme.

25. The Session took note of the position relating to the Phase V agreement and thanked the EC for their responsiveness to the proposal from EuFMD and their actions to achieve progress in the contract negotiation.

26. The Officers should continue to follow closely the outcome of the contract negotiation, given the degree of burden upon the Administrative Fund and impact on the programme that will occur if the funding agreement is not concluded successfully by the close of 2019.

Closing

The Chairman reminded the Executive of the joint responsibility of the Committee to ensure the programme as agreed is able to be carried with success by the Secretariat. There would be many benefits to a closer involvement of members with the work activities and the issues arising, and he asked members if they were willing to share this responsibility by following specific workplan components. This was agreed and he then indicated he would ask members in the coming weeks with the aim of having a good fit between members' interests and activities planned.

Next meeting dates would be identified by the Chairman and likely to be in March 2020. Dr Almansa offered to host the Session in Spain. This was agreed subject to the political developments, with The Netherlands as an agreed alternative.

The Chairman thanked the OIE for their willingness to host the Session, and the Ministry of Food and Agriculture of France, for their support to the new Strategy, and for the pleasant arrangement for hospitality. He thanked the Secretariat for the very substantial efforts to prepare the new programme and the Session. On behalf of the Commission, he thanked Juan Lubroth for the guidance and interest he had shown in the work of the Commission, for almost 18 years, a very substantial level of involvement at personal level as well as for FAO.

He thanked again all the members and Observers present, and to the EC, especially Dr Füssel, for the continued, deep engagement in the objectives and actions against FMD and FAST diseases.

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