

2013

Report of the 40th General Session of the EuFMD Commission



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Recommendations of the 40th General Session of the EuFMD

Considering

1. The enormous potential economic consequences of even single FMD outbreaks in FMD free countries;
2. The extent and impact of the FMD epidemics in West Eurasia in 2011-12 and of the incursions of African serotypes of FMDV into parts of North Africa in 2012;
3. The uncertain environment for FMD prevention and management in parts of the Middle-East and North Africa, as a result of political developments and their impact upon the trans-border movements of people and animals;
4. The progress made to implement the West Eurasia Roadmap for FMD control and the need for benefit/cost assessments for further investments in FMD prevention and control;
5. The importance of managing the risk associated with working with samples or other materials containing foot-and-mouth disease virus;
6. The high level of progress made in implementation of the EuFMD four-year Strategy Plan adopted at the 38th General Session of the EuFMD commission;
7. The economic constraints affecting Member States and the advantages of working with other regions and countries which face similar challenges with FMD prevention and control; in addition to the benefits of mutual activities in training, research and development of greater capacity for emergency management;
8. The role of the EuFMD in the development and continual refinement, with FAO and OIE, of the Progressive Control Pathway (PCP) for FMD, and the contribution of the PCP to the development of sustainable national FMD control strategies for FMD;
9. The launch of the Global Strategy for FMD Control by FAO and OIE at the Bangkok Conference in 2012;
10. The need for socio-economics to be utilised in the evaluation of national strategies for prevention and control of FMD, at all stages of the PCP and in assessment of control options for incursions in free countries;
11. The changing global landscape for animal production, movement and trade, and the need for technical strategic guidance to the EuFMD Commission, its members and the international organizations, on issues and gaps that affect progress in FMD risk management;
12. The economic benefits, short and long term, of the development of new tools for FMD control and the vital importance of continuing with co-ordinated research programs on FMD in Europe.

Welcomes

1. The acceptance of the Constitution of the EuFMD by Georgia and the commitment shown by this means to the national control of foot-and-mouth disease, which will contribute to the European roadmap towards FMD freedom;
2. The offer of Croatia to host the Open Session of the Standing Technical Committee of the EuFMD at Dubrovnik in 2014.

Acknowledges

1. The support of the European Commission (DG-SANCO) for the work programme of the previous four-year Strategic Plan and the excellent working arrangements that have resulted in efficient and timely emergency responses to situations arising in the European neighbourhood, and welcomes the indications of support for the new EuFMD Strategic Plan as presented at the 40th General Session of the EuFMD.

Recognizes

1. The substantial achievements of the work programme implemented over the past biennium by the Secretariat and funded by the EC programme, especially as Secretariat to the West Eurasia Roadmap and in associated programmes of work, and *inter alia* in the excellence of the training programmes, the efficient delivery of emergency assistance to countries during the FMD crises in the past two years, and in the contribution of expertise to the international uptake of the Progressive Control Pathway (PCP);
2. The importance of reaching an understanding with the World Organization for Animal Health (OIE) and with FAO on matters relating to the programme of the EuFMD in countries which are not members of the Commission.

Agrees

1. The “Minimum Biorisk Management Standards for Laboratories working with foot-and-mouth disease virus, Sections I and II” as presented as paper GS40/4.2bis, as a replacement for the Standard adopted in 2009 at the 38th General Session of the EuFMD;
2. The four-year Strategic Plan (from today(2013) until 42nd GS(2017)) for the EuFMD Commission, as proposed in Item 8;
3. The work plan for the biennium, as proposed in Item 8, with the exception of the duties of the Secretariat of the West Eurasia Roadmap;
4. The proposed Administrative budget for the Commission for the period to the end of 2015;
5. The Terms of Reference for the Standing Technical Committee and Special Committee for Research, and the list of experts for each Committee for the two years until the next General Session of .

Recommends

1. That the Executive Committee develop a resource mobilisation strategy to ensure operational funds are found to adequately support the Work Plan 2013-16, including exploring options for cost sharing or establishing programmes of mutual interest with non-members and others;
2. That the scale of contributions of Member States be reviewed, with a view to presenting a revised set of categories in 2015;
3. That GfTADs Europe consider the need to support annual West Eurasia Roadmap meetings, including the use of the PCP to assess the progress of participating countries, as part of the regional strategy for the control of FMD.

Calls upon

1. FAO, OIE and countries in the Roadmap advisory group, to ensure that every effort is given to the successful continuation of the West Eurasia Roadmap and progress towards its vision of a region free of clinical FMD by 2020;
2. Research funding bodies, including the European Commission (EC), to ensure continuity in funding for co-ordinated research programmes on FMD, in response to the greater international risk and the transformative potential of the Global Strategy for FMD Control.

REPORT

Introduction

The 40th General Session of the EuFMD Commission took place in Rome, Italy, on the 22 to 24th of April 2013, and was attended by representatives of 31 member countries. Representatives from ten observer countries, from the invited observer institutions with special Constitutional status (EC, OIE, FAO), and from the European Medicines Agency (EMA) and civil society (industry) were registered and in attendance. There were in total around 100 persons.

On behalf of the Ministry of Health of the Government of Italy, Dr Romano Marabelli, CVO-Italy, welcomed the delegates of Member States and international organisations to Rome. The Ministry of Health was delighted to host the 40th Session and to offer its Headquarters in Rome as the venue for this important international meeting. Italy, as a Member State of the EuFMD and being close to the FMD affected countries in North Africa and Eastern Mediterranean, recognizes the valuable role and technical expertise of the EuFMD. Italy also welcomes the development of activities supporting FMD control in the neighbourhood, through joint work programmes with REMESA as an example. In the recent years the close work of EuFMD with the Italian national reference centre for vesicular diseases at Brescia (IZSLER), which is now an FAO Reference Centre, has been central in providing diagnostic kits and supplies to countries in the European neighbourhood, and was particularly important in rapidly developing diagnostics for supply in the emergency of the SAT2 crisis in the region. He also emphasised the good work and achievements of the Italian funded FAO project in five Central Asian countries that assisted to establish the co-operation in the region under the West Eurasia Roadmap. This should not be lost, and the EuFMD with EC/FAO/OIE should ensure a continuation of the West Eurasia Roadmap that was started as a joint activity of EuFMD and Italy (GTFS project). As a past President of the Executive, he knew the importance and difficulty of the work and thanked the Executive for their efforts. He concluded by wishing everybody an excellent time in the eternal city of Rome.

On behalf of the Director General of FAO, the Session was opened by Dr Berhe Tekola, Director, Animal Production and Health Division (AGA), Agriculture and Consumer Protection Department, FAO. His statement drew attention to the fact that in this year FAO celebrates 60 years since the first EuFMD member signed its pledge in December 1953 and that today, at the 40th Session, Georgia had delivered its instrument of acceptance of the Constitution and should become in time the 37th member. With 27 EU countries and a growing number of non-EU countries as members, the Commission provides a needed mechanism for countries to work together towards the same vision – in fact the Constitution is the basis for the European Roadmap to FMD Control. He recalled that the European progress in FMD control over 50 years has followed five stages -very like the five stages of the PCP-FMD, from strategy development to maintaining FMD freedom without vaccination, with the major progress in Western Europe being made in the first 15-20 years. However, FMD has not been eradicated from all of Europe – not all EuFMD members are free, and 11 of the immediate land neighbours are also not free. The end of the Road has not been reached – there is still work to be done, not only in Europe, but to sustain freedom through international action. He stated that FAO recognizes the work of the Commission in developing the PCP-FMD and believes that future development of the PCP-FMD is a joint work for EuFMD, FAO and OIE. He added that FAO also recognizes the work of the EuFMD in promoting the West Eurasia Roadmap, as it pledged to do in the 38th and 39th General Sessions of the EuFMD. FAO hopes to see further commitment of the EuFMD to continuing this work, together with FAO, in the framework of the GfTADS.

Given the discussion on the role of the EuFMD, FAO, at the highest level, recognizes the special nature of Article XIV bodies which have members at the heart of their ownership, in Governance and financing. The EuFMD is your Commission and FAO offers the advantages of the UN system and the FAO Global Offices in over 100 countries to extend the impact of new tools, and approaches such as the PCP-FMD for use in other regions. FAO can add to this partnership through its officers and offices.

He suggested that Member States should be proud of what the EuFMD has achieved in working together with FAO – and there are some good examples where the impact is positive well beyond Europe. For example, Ethiopia, a land with over 50 million cattle, has taken up the PCP-FMD approach in its national veterinary service planning, as has Kenya. In both cases the take up was spontaneous and occurred after EuFMD presentations at its Open Sessions. The Global Conference on FMD Control organized by FAO with OIE and the launch of the Global Strategy during the Bangkok conference is a recent and important development in the international history on FMD control. It has, at its heart, the PCP-FMD as a single framework in which the all countries can find their place and consider the stages of moving upwards, as well as the costs and difficulties. Continuing the regional work of the EuFMD is an important part of the Global Strategy – the West Eurasia Roadmap, for example, brings 14 countries together to address the challenge of one of the most important reservoirs of FMD viruses – Pool 3, from which infection spreads to Mid-East and Europe. This vital work must continue, and FAO encourages EuFMD to continue to partner together in this neighbourhood.

He was glad to see “future perspectives” on the Agenda and drew attention to the fact that change is happening quite fast, for example in Africa. Disease control in areas with extensive pastoralist traditions and borders will be a major challenge and these areas are already trading into the European neighbourhood. Some African countries are developing swiftly and, as mentioned, good ideas like the PCP can be adopted quickly where conditions are right. He therefore encouraged a new optimism that despite austerity in Europe, change is happening by itself and European technical assistance could make it happen more quickly and safely.

Finally, Dr Tekola assured the members that FAO is committed to supporting its Article XIV bodies and will strive to make the “enabling environment “ of FAO work for the EuFMD and for all its Member States. FAO, with a new DG, with new strategic objectives, and with a focus on delivering outcomes, is changing too through greater decentralization to ensure that Member States are better assisted. So as the FAO work with countries at regional and national level grows, this means the technical support demands grow too – and FAO is glad to have within its house a dynamic partnership with the EuFMD. He therefore encouraged the members to use this opportunity to look at Strategy and partnerships and to continue building on the success of the past 50 and more years.

Item 1. Adoption of the Agenda

Dr Ulrich Herzog, Chairman of the EuFMD Commission, thanked the Ministry of Health, and FAO, for their support and welcomed their opening statements which re-iterate the important partnership of EuFMD with FAO and with its member countries.

The Agenda (**Appendix 1**) was adopted as proposed, with small changes to the running order.

Item 2. Global Foot and Mouth Disease (FMD) surveillance report

*Document provided: Monthly report on the FMD situation in February 2013 from the EuFMD (**Appendix 2**).*

Dr Hammond, head of the World Reference Laboratory for Foot-and-Mouth Disease (WRL-FMD) Pirbright laboratory, summarized the global FMDV surveillance information (**Appendix 3**) gathered through the activities of the WRL for FMD at Pirbright as leader of the OIE/FAO FMD Reference Centres Network. This network had typed more than 1800 samples in 2012. No FMD samples were typed from South America and this region, for the first time, reported NO cases in 2012, which is a landmark event in FMD history.

WRL receives support from DEFRA, EC and EuFMD, and the report provided is part of the obligation to the EuFMD to report to international meetings and provide recommendation on priority antigens for the vaccine banks. The contract also covers the Proficiency Test Service (PTS) provided to EuFMD Member States and neighbourhood countries.

Risk situation

The most significant recent event is the movement of African SAT2, O and A viruses from sub-Saharan Africa into Egypt and Libya in early 2012. The Asia-1 epidemic in Turkey also continued through 2012. These occur once every ten years or so and studies on the Asia-1 Shamir in the vaccine bank had been conducted to determine potency against the field strains (Sindh-08 genotype). Vaccine matching carried out on representative isolates from each submission, and 2dm VNT carried out with a variety of Merial, Intervet (MSD) and ARRIAH bovine vaccinal reference sera. Around 1200 individual tests were carried out in 2012 by WRLFMD and results were presented as a “traffic light system”, for each virus pool.

He concluded that the most significant current threats relate to the topotypes circulating in West Eurasia (Pool 3) and East Asia (Pool 1), plus the SAT2 viruses in North Africa which are antigenically diverse (in 2012), and require more study and monitoring. For serotype O, the most important for concern are

- | | | |
|---------|----------|--------------------|
| - ME-SA | topotype | – PanAsia-2 strain |
| - SEA | topotype | – Mya-98 strain. |

For Serotype A, the most important for concern are

- | | | |
|--------|----------|------------------|
| - ASIA | topotype | – Iran-05 strain |
| - ASIA | topotype | – Sea 97 strain |

The high priority antigens for the vaccine and antigen banks in Europe were stated as:

2011 Recommendation	2013 Recommendation
O PanAsia-2 O Manisa O BFS or Campos A-Iran-05 A24 Cruzeiro A22 Iraq Asia-1 Shamir SAT2 Saudi Arabia	O PanAsia-2 O Manisa supplemented with O4625 or O3039 A-Iran-05 Asia-1 Shamir SAT2 Eritrea

For countries that identify a higher risk associated with Pool 1 (East Asia), A Malaysia 97 is relevant. Dr Hammond brought attention to the reduced importance of South American antigens given the lack of cases in that continent in 2012.

Proficiency Test Service (PTS)

The PTS is implemented by Pirbright with financial support from EC for the 27 EU countries and from EuFMD for inclusion of all EuFMD Member States (MS) plus a set of other neighbourhood countries including North Africa (Morocco, Algeria, Tunisia, and Egypt), the OIE/FAO Reference Centres network and leading laboratories in the regional African lab networks.

Relating to the 2012 PTS:

- 59 labs took part in this study;
- 26 labs were from EU member countries;
- 33 labs were from Non-EU countries.

Participants were sent a package containing uniquely coded and labelled samples for testing. Information was collected on tests in use, strains of virus used in tests, extent of on-going testing, and quality accreditation status of tests.

In the European neighbourhood, several did not take part although invited: Albania, Bosnia (the *Velic* Lab which is one of the two Reference Laboratories), Kosovo, FYROM, Montenegro. The letters sent had been improved in 2013 to better clarify that the countries could participate without cost. Algeria, Tunisia and Morocco had participated, as well as the three Transcaucase (TCC) countries, Turkey, Iran, Israel and Belarus.

The Chairman thanked Dr Hammond for the report and for the services provided by the WRL.

In concluding this Item, he commented that:

- The PTS should continue to be supported as an essential part of European preparedness and could be considered part of the “Pillar 1” activities in the new work plan.
- The services provided by the WRL in a wider context of the Global Strategy would be considered under Pillar 3.
- The Monthly Reports produced by the Secretariat are valuable to the MS and should continue in the new programme.

The participants indicated their general agreement.

Item 3. FMD management in the European Neighbourhood –international co-ordination and capacity building after conflict

*Document provided: The paper on this Item prepared by the REMESA Chairpersons was not available in advance as planned but is provided as **Appendix 4** to this Report.*

The Item was presented by Dr Angot, CVO France (paper: **Appendix 4** and presentation: **Appendix 5**). Following the events in the North African region in 2012 -particularly the crisis with SAT2 incursions- and the security situation in the central Sahara, the risk of FMD entry into North Africa had been elevated in the past year. Countries in the region were grateful to the EuFMD for provision of training and technical support and for facilitating meetings. He reminded the Session that the countries of North Africa are a "barrier" against the risk of spread of FMD in REMESA region (including Europe), and that Algeria, Morocco and Tunisia have already invested considerable efforts that must be sustained for the prevention and the control of FMD. Some countries are less advanced in their efforts to prevent and control FMD despite the presence of the virus on their territory, and there is a need for coordination between REMESA and EuFMD (or other international structures) in order to increase control efficiency. Given the different status of the six countries, different types of support are needed across the region. He indicated these would include:

In the field of epidemiology

1. Harmonization of monitoring and control plans;
2. Regional Contingency Plan approach and contingency essays;
3. Continuous training Plan in epidemiology and Risk assessment.

In the field of vaccination strategy

1. Emergency supply of vaccines in case of outbreaks and antigens bank;
2. Common Regional vaccines strategies.

In the field of Socioeconomics and animal movements

1. Assessing the risks related to animal movements (study).

In the field of laboratory

1. Regional reference laboratory and laboratory network;
2. Organize inter-laboratory tests;
3. Reinforced cooperation (twinning).

The Chairman thanked Dr Angot and Dr Carbajo Goni for their work in preparing the paper on this Item. He reflected that the "SAT2 crisis" in 2012 had exposed the impact of the wider political events and that the risks of the extension of FMD from Egypt and Libya had been a very real one to which the Commission had responded strongly in 2012, in co-ordination with international partners. Now is a good time to reconsider what is needed and how to work with REMESA to ensure steps are taken together. As the EU members of REMESA are also EuFMD Member States; they make an important link and must play their role in identification of what is necessary from EuFMD compared to others. The point would be considered again in Item 8, the Strategy and Work Plan.

Item 4. Report of the Standing Technical Committee (STC)

Item 4.1 Report of the Chairman

This was provided (**Appendix 6**) by Professor Paton, Chairman of the Standing Technical Committee (STC). The STC had met several times in the biennium with the Executive and operated mainly by teleconferences. The Open Session in Spain (October 2012, Jerez) had been a major success, with over 240 participants and a new format of using the Session to have one day of invited “Standing Committee Items” and two days of offered research papers (Special Committee for Research Session). This had worked very well and with over 50 % of papers relating to FMD management and epidemiology, had resulted in a higher than previous attendance by policy makers as well as a continued global representation of technical experts.

The STC had also met in Rome in January 2013 and reviewed the proposed new Strategy (“3 Pillars”) in relation to the programme of actions undertaken in the past four years, and lessons learnt in this period. The recommendations had been provided to the Executive at the 85th Executive Committee meeting in Chania, Crete.

The **major STC recommendations** were:

1. To repeat the Global Survey on FMD research but with improvements to ensure greater coverage of research active organizations surveyed;
2. To strongly recommend the continuation of the programme for funding small projects (Concept Notes) which had started in 2009 and had provided tangible outcomes that had been used by the MS;
3. To establish a Research Fund for the next two years, operated by the Secretariat;
4. To achieve a more transparent commissioning procedure – with clearer priorities but not specific research tendering;
5. To improve the reporting template and guidance for reviewers, and utilise the Special Committee expertise in the review process.

Relating to specific areas for activity by the STC, he concluded that there may be a need for attention to the issues surrounding the use of emergency vaccination and post-vaccination consequences, after the decision on a change in the waiting period has been reached by the OIE. After the May 2013 OIE conference, the Commission should consider if it needs the STC to:

1. Develop a revised position paper on dealing with seropositive animals found during surveillance after vaccination to live has been applied in a normally free country;
2. Clarify the issues where training or guidance to MS on their Contingency Plans is needed, including possible Workshops for MS.

Dr Gibbens who chaired the session, thanked David Paton and the STC for their report, and indicated how the Executive Committee had greatly appreciated their efforts and excellent technical guidance.

Item 4.2 Minimum Biorisk Management Standards (MBRMS) for Laboratories working with FMDV

Documents provided: MBRM Standard circulated in advance to MS for their response before the Session; and as version 4.2bis to the Session with changes incorporated after review of the responses from the MS (Appendix 7).

The Item was Chaired by Dr Gibbens, UK, and introduced by Dr Bernd Haas, leader of the Biorisk Management Group in the Special Committee for Research.

Dr Haas reminded the Session of the history of the Standard, which had been adopted at the 38th General Session of the EuFMD on 29 April 2009, and which superseded the prior Standards (1993 and 1985). Following review by the Biorisk Working Group of the EuFMD Special Committee on Research of the “Minimum

Standards of Biorisk Management for Laboratories Undertaking Diagnostic Investigations of Low-risk samples during an Outbreak of FMD”, a part of the 2009 Standard, revisions have been introduced into the new “MBRM Standards for FMD Contingency laboratories”. The technical content of the “Minimum Standards for Laboratories working with FMDV in vitro and in vivo” had been left unchanged, except for minor clarifications and the now consistent use of the term “Restricted Zone” for all areas where infective FMDV is or might be handled.

He added that it had become clear since the adoption of the 2009 version of the “Minimum Standards” that the task of balancing risks and benefits of laboratory work has to be seen in wider perspective since not all EuFMD Member States are free of FMD. Any standard of bio-risk management should be proportionate to the prevailing disease situation in the country or zone where it is located. Therefore a four-tier system of minimum bio-risk management standards for FMDV is proposed and the MBRM standards outlined in the paper for Adoption refer to Tier D and C:

- Tier A: General diagnostic laboratories, in FMD endemic countries;
- Tier B: Laboratories working with infectious FMDV, in FMD endemic countries;
- Tier C: Laboratories undertaking diagnostic investigations for FMD in the framework of a national contingency plan, in FMD free countries;
- Tier D: (Inter) national FMDV reference laboratories working with infectious FMDV, in FMD free countries.

The recommendations for changes to the Standard were circulated in a consultation Phase through the Secretariat, involving Biorisk managers of the FMD reference laboratories which handle live FMDV in Italy, France, Netherlands, Denmark, Germany and the UK. Following their responses, the proposed Standard was sent out to the EuFMD Member States in April with request to return technical comments by the 17th April 2013.

Comments were received from five Member States (United Kingdom, Ireland, Sweden, Switzerland (CH) and Denmark); several of these were for explanations that were provided, and not for changes.

Specific points addressed following consultation with the MS:

- a) As “Tier 1 – 4” may cause confusion with Risk Group 1-4 and BSL 1-4, the suggestion (UK) was followed to change it to Tier A,B,C, and D.
- b) It was taken into account that in some facilities showering out is not possible and so this was changed into a recommendation (CH) (“should”).
- c) As pre-heating of serological samples will not be possible in some testing regimes and requires additional validation efforts (UK). A flexible wording was chosen: (“...should ... as far as possible without impairing the intended testing regime or the validity of the tests used”).
- d) Points to be considered in a future revision include:
 - a clause on a preventive maintenance (Romania);
 - the use of Safety Performance Indicators (UK);
 - clarification of the role of the Biorisk Officer (CH);
 - Comprehensive updating of the Glossary (DG SANCO);
 - work on Sections covering Tier A and B;
 - an Annex providing examples/guidelines for inactivation procedures for samples;
 - the use of vaporized hydrogen peroxide for FMDV inactivation, following validation;
 - on the need for a definition of required airtightness (Ireland);
 - clarification (to Ireland) on the Tier Level for ‘large scale serological surveillance’; testing by ELISA falls under Tier C, unless a country decides it can carry it out in a high capacity Tier D lab. Confirmatory serological testing by VNT involves live virus so should only occur in a Tier D lab.

The paper was then discussed. The representative of Ireland asked for specific feedback on points raised, which were provided by Dr Haas. On the definition of airtightness, it was proposed, and accepted by Ireland, that the current wording could remain and the EuFMD biorisk expert group would review the potential definition and requirements in their workplan.

Item 5. Technical Items with policy importance for Member States (STC Items)

Four technical papers were then presented to the Session, with the titles selected by the Executive Committee after recommendation to the 85th Executive Committee meeting by the STC.

Item 5.1 FMD and wild boar: Implications for FMD management of recent findings

This was presented by Dr Khomenko, FAO (**Appendix 8**), and based upon studies in Turkey and Bulgaria conducted with support from the EuFMD under the Concept Note funding mechanism.

He reviewed the project in Anatolia, which had been commissioned after the 39th General Session of the EuFMD and work completed in the winter of 2011-12. This had proven a successful project with important implications for disease surveillance and control.

1. Wild boar and livestock can easily exchange FMD viruses (sharing habitats, scavenging, Kurban, hunting);
2. The epidemiological role of wild boar is secondary both under endemic and epidemic conditions in livestock and correlated well (spatially, temporarily and serotype wise) with disease occurrence in small ruminants;
3. Different serotypes may perform (transmit) differently in wild boar. O and Asia-1 seem to be better adapted than A;
4. Winter is the highest risk period for horizontal transmission of FMD in wild boar population;
5. FMD in wild boar may develop into localised sylvatic epidemics (3-6 months) affecting up to 20 % of wild boar and resulting in virus spread for 15-20 km.

The difficulties with regaining disease freedom in Bulgaria and Turkey after the epidemic of 2011 led to proposals for developing non-invasive (NI) sampling methods to enable sampling of wild boar without hunting. A further study on dispersion of wild boar (telemetry) is underway to better understand (and model) likely local spread of FMD after an introduction, including the interface with domestic animals.

The implications of NI:

- Early-warning or emergency surveillance in at risk areas in European wild ungulates can be improved and made more flexible;
- There is a potential for commercialization of specifically designed for surveillance baits or salt licks;
- Could be applicable to domestic animals too (extensive farming systems, small ruminants).

The initial findings suggest a working system is quite possible and the next stages are further field trials of the NI surveillance methodology, including other countries and situations. Further work with spatial ecology studies (e.g. ASFORCE) should help define the spatial guidance on where to use the baits in a surveillance programme. Development of a manual for wild boar disease surveillance, management and control is needed, as well as training for Veterinary Services.

The Chairman thanked Dr Khomenko for this noteworthy work, which already had provided important information for risk management but promised some valuable practical outcomes for the Member States. Dr Füssel, EC, supported this view and considered this is an important area for further work which must be continued.

Item 5.2 Socio-economics and decision making on FMD control policies

This was presented by Dr Ron Bergevoet (**Appendix 9**). His paper illustrated that the partition of the losses relating to FMD control in the Netherlands under different control policy options, varied greatly between

public and private (producers) sectors even if the total loss was the same. This has big implications for cost sharing between public and private sectors. He concluded that economic evaluation of different FMD management options should be integrated into the national decision making processes, and will be increasingly demanded by livestock industry where they are expected to bear a proportion of the costs and losses.

The Chairman thanked Dr Bergevoet for his paper, which has implications for all Member States and for the future EuFMD work programme. In a time of economic stress, how best to ensure this economic evaluation is included when changes to the capacity of Veterinary Services to perform emergency responses are being considered, or changes in policy? More will need to be done to support MS in this area.

Item 5.3 The implications of the decline in FMD research funding in Europe

Professor Paton (**Appendix 10**) brought to attention the decline in EC funding on FMD research and the likely negative impact for improving future FMD management options. In particular, the increase in funding after 2001 is now draining away and lack of research funding seems paradoxical when pressing for global FMD control. He considered there is an urgent need to create a European fund for FMD research. As FMD research is often a side-line to NRL functions, there is a need for more cooperation between MS to provide shared functions and to consider where the next generation of FMD experts will come from.

Professor Paton concluded by summarizing the areas where research funding decline would affect the needs of FMD free and non-free countries for the following:

“Non-free countries”

- Monitoring in complex epidemiological situations
- Simple diagnostics
- Understand epidemiology
- Cheap, stable vaccines that give long-term and broad protection
- Technology transfer

“Free” countries

- Early warning
- Safe trade
- Rapid detection
- Rapid onset vaccines/antivirals
- Safe and storable vaccines
- DIVA vaccines/tests
- Understand epidemiology
- Decision support tools

Item 5.4 The changing landscape for FMD epidemic management

Dr Christianne Bruschke, Chief Veterinary Officer Netherlands (CVO-NL) and member of the Standing Technical Committee, opened the discussion on how the changing national and international environment for the animal production and livestock trade, and different societal expectations and demands, may affect FMD management over the next ten or more years (**Appendix 11**). International trade in livestock, particularly export, is highly skewed, with countries like Denmark and the Netherlands having a disproportionately high involvement in international exports compared to the size of the country and the intensive nature of the livestock production systems also has issues. The further production increases by intensification need to be balanced against welfare and other concerns. Internationally, livestock trade is changing as populations grow in Asia, as African countries enter into international trade, and as South America is expected to become free of FMD across the continent. The pressure to reduce waste in food consumption also may re-open the issue of safe feeding of waste food to pigs.

A panel of the speakers from this Item was then formed and questions taken. The changing landscape for ruminant and pig production in Europe was discussed. Greater density of wildlife with wider issues of welfare and environmental impact of intensive production systems could have implications for management, with intensive systems and wildlife being two extremes but each with specific difficulties. The issues of vaccination to live had not been completely settled and a return to attention was needed. The issue of greater efficiency in production would mean re-opening discussion on use of feeding waste food to pigs, which the STC or EFSA may need to consider. There is a need for economic modelling but the complexity of doing this requires attention and capacity building if it is to be widely used and give confidence that policy changes are well considered at national or European level.

Conclusions

The work plan of the STC and Special Committee, in the biennium of the 41st Session, should include the following:

1. A repeat of the Global Survey on FMD research;
2. A position paper/guidance on managing the consequences of surveillance after application of a vaccination-to-live policy in response to outbreaks;
3. Biorisk Management Standards for Tier A and B laboratories, and attention to the remaining issues for the Tier C and D Standard;
4. Further development and field evaluation of surveillance methods for FMD in European wildlife, and development of a guidance paper (or Manual) for veterinary services;
5. Review the constraints to use of economic modelling in contingency planning in Europe and provide guidance on how these could be addressed;
6. Develop advocacy papers for investment in FMD research and on how the opportunities of the field programmes of EuFMD, FAO and others could be better used for research relevant to improving FMD management;
7. To further develop guidance on how “horizon scanning” could be brought into practise in the work of the STC, and the Commission with its Member States and European partners.

The STC was encouraged by the Chair to continue this work. The Chair also encouraged the Member States to participate in the 2014 Open Session where many of the priority topics would be on the Agenda for debate.

Item 6. Follow-up to the launch of the Global Strategy for FMD Control (Bangkok Conference)

Dr Domenech, OIE, presented a report on behalf of the FAO/OIE GfTADS working group on the state of play after the launch of the Global FMD Control Strategy which had occurred in June 2012 at the Bangkok Conference (**Appendix 12**). He reminded the Session of the three components of the Strategy, of the major tools of importance, the PCP-FMD, PVS and OIE Standards, and how these have been utilised in setting the expected progress over 15 years. He also mentioned the Action Plan for the first five years, with a particular focus on the virus pools in Eurasia and Africa. To convince countries to step up their FMD control activities and to enter or progress in the Pathway, Regional Meetings had been held:

- East Mediterranean countries (5) : 18th December 2012;
- Near-East and North Africa : 4-5th December 2012, Cairo;
- West Eurasia (10 countries attended) : 2-4th April 2013, Baku Azerbaijan;
- Gulf Co-operation Countries (GCC) +Yemen 8th April 2013, Dubai.

Upcoming Regional Roadmap events include a second regional workshop for South Asia (SAARC) countries planned to be held in India and to be organised by FAO. Specific OIE and FAO support actions to countries were listed, and he indicated OIE intends to open an FMD Unit for Central Asia in Kazakhstan. The Joint FAO/OIE FMD Working Group (WG) meets every two months and reports annually to the Global GfTADS Steering Committee on the implementation of the Strategy. On behalf of the Joint WG, he welcomed the new Strategic Plan of the EuFMD which provides potential support for progressive control in the European neighbourhood (in Pillar 2) and supports the Global Strategy in Pillar 3. The further development of the PCP guide and associated assessment tool would be a joint work with EuFMD and the WG encouraged the Member States to support the new EuFMD Strategy. The development of agreements between EuFMD and OIE, and with FAO, could only assist to ensure good understanding of responsibilities and to create a co-ordinated, efficient working relationship.

Dr Samia Metwally, FAO, then illustrated the current thinking of the Working Group on support to the Global FMD Surveillance Laboratory Network, an essential tool in the Global Strategy (**Appendix 13**). A project proposal has been developed aiming to strengthen and expand the global FMD laboratory network to better coordinate, harmonize and enhance the quality of the global diagnostic services. This should support co-ordinated development of the network services to better serve the needs in each region.

The network involves

- ✓ Global coordinating lab (GCL);
- ✓ FAO and OIE reference labs/centres (FORC);
- ✓ Fostering development of services by regional laboratories in virus pools 3,4 & 5;
- ✓ Better linkage of laboratory services and results to the PCP Stage needs, for assessment and development of risk-based control programmes.

The expected Outcomes are

- A strengthened global FMD laboratory network as proposed in the FAO/OIE global control strategy, that will have a close and continuous link with the global control agenda;
- Increased knowledge on circulating FMD virus in the regions where control measures are being developed, and improve vaccine selection for effective and immediate response to outbreaks;
- Pool-based FMD diagnostic services and associated expertise in virus pools 3, 4 and 5 through establishing regional leading laboratories (future FORC).

The Chairman thanked the OIE and FAO for their update and encouraged their continued fruitful co-operation to implement the Global Strategy. He concluded that:

- The PCP, as it had been developed by the EuFMD with FAO and applied in EuFMD programmes since 2008, remained an important responsibility for the Commission to develop in ways that will benefit the Member States and the neighbourhood, and this work should be contribution to the Global Strategy of FAO and OIE. This role would be indicated in the agreements to be concluded with FAO and the OIE;
- The support to the Global FMD Laboratory network proposal could not be concluded at this Session but would be decided after receipt of the proposal from FAO/OIE, with a view to a decision taken at the next Executive Committee Session on funding for Pirbright in 2014-15.

Item 7. Report of the Executive Committee on the actions since the 39th General Session of the EuFMD

*Documents provided to Session: 1) Summary of the EuFMD Actions implemented under the EC/EuFMD Agreement, September 2011-April 2013 (Paper 7.1) (**Appendix 14**); 2) Report of the Tripartite Meeting on control of FMD and other exotic diseases in the Southern Balkans (Paper 7.2) (**Appendix 15**).*

The Report on the Actions since the 39th General Session in 2011 was divided into two parts. The first concerning the six components that relate directly to emergency preparedness in the Member States, and the second on the three components that support FMD risk reduction in the areas immediately neighbouring to MS. During the Session, the Report on the Action under each Pillar was followed by the Item on the proposed work programme for the Pillar in the upcoming biennium.

Pillar 1: Report on activities undertaken to support emergency preparedness in the EuFMD Member States

The Report on Pillar 1 activities, in which the Veterinary Services of the Member States are direct beneficiaries, was given by Dr Ryan (**Appendix 16**). The Main achievements were summarised in **Appendix 14** and are listed below. This was immediately followed by a Report from Dr Sharon Turner, Director of the FMD Task Force, DAFF, Australia, on the Australian collaboration with EuFMD in the field of training in fmd (**Appendix 17**). The training helps fulfil Australia's commitment to improving earlier recognition and response to FMD, but also meets obligations to supply trained veterinarians in the case of an FMD outbreak in the UK and Ireland and four other countries that participate in the international animal health reserve arrangement. The EuFMD provides the trainers and Australia covers all costs and travel. Dr Turner mentioned that the training has had a very positive effect on the livestock industry leaders, as these have been trained alongside veterinarians and the interests and technical/policy issues faced by Australia are very similar to Europe. Australia therefore hoped to explore possibilities for synergy. A report was also provided by Dr Jef Hammond on the International Vaccine Banks Network (**Appendix 18**), as this complements the work of the Commission in FMDV intelligence gathering and communication, aimed to support Member States decision making on national antigen/vaccine banks.

Discussion

The representative of Norway congratulated the Secretariat on the training programme, which had had a positive impact in developing expertise among national trainers in the countries participating and was widely appreciated; Sweden supported the comment. The co-operation with Australia was supported by Norway but caution was needed to ensure that the EuFMD does not lose the efficiency for which it is known and to maintain a strong focus on services. A positive outlook would be if the co-operation would increase services provided while avoiding unnecessary bureaucracy.

The representative of Greece proposed that the Balkan countries needed CVO meetings on a regular basis for not only FMD but other major diseases. Dr Füssel indicated the EC supported the principle of extending invitation to other countries to the Tripartite Meetings and that parts of the meetings could cover ruminant epizootic diseases other than FMD, as these spread through similar risk pathways that need management. He also thanked the Secretariat for the training programme, and drew attention to the efficient emergency management procedures which had been utilised in the past two years and before then. Dr Füssel added that these must be maintained in the new programme.

Achievements since the 39th Session, under the EuFMD/EC agreement:

Pillar I – activities directly involving or benefitting member states

1. Field based FMD Training Programme

- Re-establishment of a European cadre of veterinarians with experience of FMD outbreak investigations through training in the real-time field training programme; >200 Europeans trained, from 36 Member States.

2. Strengthening FMD laboratories in the Balkan Region

- Trained personnel from each West Balkan country in FMD recognition and sampling in the field.

3. Improved Contingency Planning through use of decision support tools

- Eight countries trained in use of animal disease spread models to assess their contingency plans.

4. World Reference Laboratory (WRL) contract – FMD surveillance support activities

- Importance of the Proficiency Test Service (PTS) understood by most non-EU neighborhood OVS. The PTS offered to ALL Member States AND European neighborhood countries in 2009-12, with greater take up in 2012 than in 2008.

5. Technical studies

- Several supported studies have given immediate benefits;
- The full genome sequencing tools were used in the Bulgarian FMD tracing in 2011;
- The support for African serotype PCR tests gave rise to diagnostic advice to NRLs in the 2012 serotype SAT2 crisis;
- The wild boar studies have contributed to design of surveillance for freedom, and generated new potential tools for surveillance (non-invasive sampling to enable earlier proof of infection or freedom);
- Global FMD research reviews commissioned through GFRA to identify research gaps and overlaps.

6. Response to FMD Emergencies

- Delivery in 2011 of emergency vaccines and supplies to Turkey, and diagnostics for Bulgaria; Mission teams on the ground in Turkey, Bulgaria and Egypt within 10 days of each crisis, coordinated with the EC.
- Response to “non political crises” such as the Asia-1 epidemic where no other agency recognized the scale of the problem, and provided technical support to field assessment of vaccination effectiveness.

Pillar 2: Report on activities undertaken to reduce risk from the European neighbourhood

The Session received reports on the actions undertaken under the 2009-13 Strategic Plan which aimed at reducing the FMD risk from the countries in the European neighbourhood through supporting progressive control in the neighbourhood regions. The major one of these was the Component “Risk reduction in South-East Europe through support to FMD control in West Eurasia” and a report on this programme was given by Dr McLaws (**Appendix 19**). The other two components were reported by Dr Ryan (**Appendix 20**) - “Activities to reduce FMD risk in the South and East Mediterranean countries” and “FMD surveillance in the African proximity”. The latter being an action agreed at the 38th and 39th General Sessions of the EuFMD, with the aim of creating an information base for East and Southern Mediterranean countries likely to be first affected by movements of FMD through trade or informal channels from sub-Saharan Africa.

The major achievements of the programme are given below (from **Appendix 14**).

Pillar II – activities in the European neighbourhood to reduce the threat of FMD incursions into member states

Achievements since the 39th General Session, under the EuFMD/EC agreement:

7. Risk reduction in South-East Europe through support to FMD control in West Eurasia

- Establishment of the West Eurasia Roadmap as a regular platform for regional risk assessment, information sharing, Roadmap progress review, and better co-ordination of assistance and prevention measures, in support of regional and global GfTADS FMD control strategies;
- Progressive Control Pathway (PCP) based national prevention and control measures in place in Georgia, Armenia and Azerbaijan, with full handover to national responsibilities of vaccination programme maintenance in 2013;
- Significant progress in Iran, with a PCP based national FMD control strategy developed, improved management capacity in the borders with Turkey, and full participation in regional efforts through establishing capacity for local FMDV typing for early warning, and progress towards a national animal movement system;
- Establishment of a program in Thrace for surveillance to assure neighbors of confidence in disease freedom (a first).

8. Activities to reduce FMD risk in the South and East Mediterranean countries

- Introduction into Egypt of a PCP based national strategy development process (partially completed PCP Stage 1), with training of staff to complete the Stage; established capacity for rapid diagnosis of exotic FMDV strains;
- Establishing trained and equipped (kits) diagnostic capacity for SAT2 and other serotypes in NRLs in countries bordering to Egypt and Libya in mid-east and North Africa, within two months of SAT2 diagnosis, working through REMESA in North Africa.

9. FMD surveillance in the African proximity

- Establishment of FMD laboratory networks for sharing of FMD laboratory surveillance information and expertise, under the FAO led regional laboratory networks, in Eastern Africa (*EARLN-FMD*) and West/Central Africa (*Resolab-FMD*). These did not exist before 2010 and now receive support for surveillance from others (e.g. US IDENTIFY programme for early detection).

EuFMD actions in the European neighbourhood: viewpoints of member countries and neighbours

Statements were given by Dr Irfan Erol, Director General, GDPC Turkey (**Appendix 21**), Dr Nadav Galon, CVO Israel (**Appendix 22**), Dr Tamilla Aliyeva, Azerbaijan (**Appendix 23**) and Dr Angot, CVO-France.

Dr Erol indicated that **Turkey** considered the West Eurasia Roadmap to have made good progress even though the challenges faced by Turkey, and others, to control FMD were enormous. The Roadmap had started only in 2008 but had brought countries together under a common vision, and as a result there was

- better awareness of the FMD risks;
- identification of "new epidemic events" at an earlier point;
- better capacity for national FMD diagnosis and epidemiology;
- good platform for co-ordination of projects and technical support carried out by EUFMD, FAO and others;
- development of the process and guidance for PCP assessment and review of the progress;
- increasing national use of the PCP as tool in identification of gaps and for planning FMD control.

However, there are some gaps where regional as well as national attention is essential. Turkey would like to note:

- earlier warning of FMD through more attentive reference laboratory services – the regional lab network (WELNET) must be supported in the next two years;
- each country must have expertise in epidemiology and disease control programme development, and further training, such as the PEPC courses, must continue for the region;
- international support to countries to improve their PCP progress and FMD management, improving communication and co-ordination. Turkey was willing to host such support.

Dr Galon, **Israel**, illustrated the challenge to Israel, which has some of the highest yielding dairy farms in the world. It has however a complex position with most FMD outbreaks associated with the northern region and with the international borders, so mixed strains come from West Eurasia virus pool. In 2012 and 2013 FMD in the neighbouring Gaza Strip appeared to have come from the south, with SAT2 and now type A, whereas type O predominates in Israel in the past. This means that vaccination programmes are more complex with potentially four serotypes and multiple strains covering African and Middle-East/West Eurasia viruses. Faced with the challenges, Israel would like more support from EuFMD for On-site training(Israel, Gaza Strip and West Bank, neighbouring countries) on clinical signs and sampling, lab skills, Active surveillance including risk based and hot spots” - Rafah, northern border.

He considered there would be increased efficiency in the training being organized by a 3rd party involvement, such as EuFMD, helping communication and bridging political difficulties. The issue of vaccine banks and funding for preventive and emergency actions was a substantial topic and an international platform enabling regular meetings could assist with the dialog needed. He thanked EuFMD/FAO for the recent mission and training provided.

Dr Aliyeva, **Azerbaijan**, thanked the EuFMD for the support given and the EC for financial support over the past four years, which had helped to achieve a regional coordinated to FMD prevention and control in the Trans Caucasus. This had been fundamental for TCC countries and the three countries had been able to meet regularly for close coordination and cooperation which were critical for progress. Azerbaijan was concerned that without supervision and support from EC/EuFMD, these achievements could be lost, including loss of political support for prevention and control.

Azerbaijan intended to become a member of the EuFMD, and was committed to national FMD control, but asked for the following to be supported to continue by EuFMD:

- Share information between neighbouring countries (using regional database developed under the EuFMD project);
- Financial support for FMD surveillance (field survey and diagnostic equipment, reagents);
- Assistance in design and analysis of FMD surveillance, for monitoring national prevention programmes;
- Assistance in the development and implementation of national and regional risk-based FMD control strategies;
- Assistance in vaccine selection;
- Organisation of regional simulation exercises;
- Assistance for socio-economic impact analysis;
- Trainings for improvement of professional skill both for laboratory specialists, and for epidemiologists (PEPC).

Relating to North Africa, Dr Angot mentioned the needs of the **REMESA** countries differed widely, and that the next REMESA meeting planned in Portugal in June would have on the Agenda an item relating to the request to EuFMD for technical support.

The discussion on the above is reported under Item 8, Pillar 2 work programme.

Item 8. Strategic Plan and Work programme

Documents provided: The EuFMD Four Year Strategic Plan and 24 month Work programme (Item 8.1, Appendix 24)

The Chairman introduced the proposed Strategic Plan, explaining that it had been developed over the past year by the EuFMD Executive Committee. Immediately following the launch of the FAO/OIE Global FMD Control Strategy in Bangkok in June 2012, work began to identify the elements where EuFMD could most effectively place its efforts in the European region while remaining consistent and supportive to the Global Strategy and its likely implementation through GfTADS. The Session of the Executive Committee held in October 2012 had been devoted to this topic and led to identification of three major sets of actions which have the common aim of reducing the FMD risk and consequence to Member States. The “Three Pillars” approach arose from this Session and was further developed and discussed at the Executive Committee meeting held in February 2013 in Crete, leading to the Strategic Plan proposed for adoption at the current Session. In line with the Constitution and Rules of Procedure, the Executive must also propose a work programme for the biennium that indicates how to implement the Strategic Plan and this is also outlined in the paper provided.

He further explained that the activities in the 24 month Work Programme that should take place with non-member countries (that is, parts of Pillar 2 and Pillar 3) where the activities relate to FMD management in those non-Member States, would be agreed in advance with FAO and OIE using the GfTADS calendar and modalities according to the principles indicated in the understandings reached with FAO and OIE (Item 13). The current financing agreement with the EC would end in September 2013 and preparation for a new agreement has been undertaken by the Executive working closely with the EC. The Secretariat had developed the work programme based on the assumption of the same level of continuation of funding but with priorities redefined to ensure greater attention and support to Pillar 1 actions. The Pillar 2 actions would receive reduced share of the funding, mainly through omitting direct support to vaccination in the Trans-Caucasus. The reduced funding for Pillar 2 would not mean fewer activities and the call for supportive response to the situation in the Southern Mediterranean cannot be ignored. Strategic use of the support will be essential, working with willing partners who are also showing evidence of their own commitment.

The proposed Work Programme under Pillar 1 was presented by Dr Torres, EuFMD (**Appendix 25**) and for Pillar 2 and 3 by the Secretary (**Appendix 26 and 27**).

Pillar 1 Work programme

Dr Torres outlined the proposed work programme in the six actions identified as priorities by the Executive Committee under Pillar 1. Four of these actions have a training component. Furthermore, some of the training may also be relevant to Pillar 2 “neighbourhood” countries and therefore a “menu” of training will be developed based on a questionnaire survey conducted after the 40th General Session, as a first step. The use of online training to enhance the field training is being explored and is likely to open a new opportunity for ensuring participants can receive pre- and post-course exercises. These exercises may include “proficiency testing” and further development of the trainee network that will assist “trainees to become national trainers”.

Pillar 1 also involves the THRACE initiative, aimed at maintaining confidence in FMD freedom through risk based surveillance. The Risk Based Surveillance (RBS) experience may be relevant to extend in future years to other high risk common borders. Relating to the Balkan region plus Moldova, the first step would be a co-ordination meeting organised by the incoming Executive Committee. The support that could be provided would include assistance with organising a simulation exercise, support to contingency planning and required laboratory services, as decided at the onset.

The Research Fund, to be managed by the STC with the Secretariat, would function with procedures agreed with the Executive Committee and EC. The Emergency Response Capacity of the EuFMD, which comprises the technical capacity of the Secretariat and its network of experts, rapid procurement and supply of

materials including vaccines which will be maintained ready for action. In this component, although emergencies cannot be predicted, they can be planned for, and further work will take place on the co-ordination procedures. The need for European national antigen reserves and access in emergencies and contingency planning for emergency vaccination will be assessed in the training survey.

Discussion

Interest was expressed by members in the programme and supportive comments given. Questions related to the e-learning initiative were raised and this encouraged a demonstration of the initiative to CVOs (which was given at the end of the Session on the 24th April). The profile of trainees in the modelling courses was clarified and the survey would help define the interest and profile proposed by MS. It had, so far, followed the “intelligent customer” approach advised by the Executive in 2012. In-country training to establish modelling linked to GIS/information systems may be offered but the cost of this would impact upon the “training budget allocation” for the country. Language versions for training were mentioned. So far, development is in English but demand (and support) for other versions would be considered. Some countries (e.g. Libya) had already translated training into Arabic for their own use, a potential gain for the neighbourhood.

Conclusions

The Chairman thanked the MS for comments and there being no objections to the programme, thanked the Session for its endorsement.

Relating to training, the initial step would be the training survey in May 2013. He encouraged the e-learning initiative and a report on this to the next Executive and suggested the Executive should also consider if a “Training Advisory Group” from the MS might be formed given the ideas and suggestions received during the Session.

On the other elements, he concluded that the:

- Emergency fund will be retained and the budget for routine actions will be set in such a way as to retain an emergency fund;
- THRACE initiative must proceed and the parties would meet separately during the General Session to initiate the actions;
- West Balkan emergency preparedness network is important and the new Executive member from that region had a particular responsibility to lead this;
- Research Fund will be important to retain and to use strategically for outcomes of practical value to the MS, some priorities had been identified by the STC in earlier Item.

Pillar 2 Work programme

Dr Keith Sumption presented the proposed Work programme, which has three major sub-regional components and a component of surveillance in support, all with the overall aim of reducing the FMD risk to European Member States through progressive control in the neighbourhood countries.

1. South-East Europe (West Eurasia);
2. South-East Mediterranean;
3. North Africa (REMESA);
4. Surveillance in support.

The programme of activities is shown in the Work plan circulated in the papers of the meeting. It had been costed on the assumption of the type of technical support usually requested from the countries at certain stages of the PCP and which require some regional co-ordination with countries concerned and with GfTADS.

Component 2.1 South-East Europe: promote better management in Turkey and neighbours

The special position of Turkey, as an infected Member State with borders with six non-free countries, is given attention in this component. The proposed programme will support:

- collation, analysis and application of epidemiological data, including spatial data, from the area;
- training in the practical application of epidemiology to control FMD and advance along the FAO/OIE Progressive Control Pathway (PCP);
- engagement with national veterinary services in Turkey and its neighbours to support them in the detection, management, and control of FMD and in the identification of circulating viruses.

This also includes secretarial and coordination support for the West Eurasia roadmap for progressive control of FMD, in coordination with FAO and OIE, and includes developing specific country projects in line with the PCP, designed to improve national capacity to manage and control FMD and assist progress in cooperation with regionally coordinated GF-TADs programs and roadmaps.

Component 2.2 South-East Mediterranean: support better management in the neighbourhood of Cyprus and Israel

The work programme includes holding workshops and training sessions for neighbour countries of Cyprus and Israel to support laboratory diagnosis, contingency planning and vaccination strategy development; support to develop laboratory capacity in those countries; regional coordination of FMD control strategies, and if required by the situation, includes developing specific country projects in line with the PCP designed to improve national capacity to manage and control FMD and assist progress in cooperation with regionally coordinated GF-TADs programs and roadmaps.

Component 2.3 North Africa: technical support to REMESA actions.

This includes actions conducted at the request of those EuFMD Members participating in REMESA and other associated actions in Mediterranean countries of North Africa which pose a risk of FMD virus incursion into the REMESA area.

Component 2.4 Supporting surveillance to provide information needed by risk managers in the European neighbourhood

This includes a continuation from the previous programme of support for existing FAO or joint FAO/OIE surveillance networks (RESOLAB in West Africa, EARLN in East Africa, WELNET in West Eurasia, and those under REMESA), where such actions provide information to support the veterinary services in the neighbourhood (early warning and vaccine selection).

Discussion

The representative of Armenia thanked the EuFMD and EC for the support provided to the TransCaucasus and to the West Eurasia Roadmap, which enabled extremely valuable co-ordination meetings with neighbouring countries of Turkey and Iran.

The representative of Georgia supported this comment and indicated their strong support for the programme. He requested that regional meetings for planning control measures be supported.

Relating to West Eurasia, the EC indicated that the Roadmap is important for the region and mechanisms must be found for its continuation, but in the current situation the priority should be to support Turkey as a Member State and the Roadmap Progress meetings should be funded by other sources than the EC Trust Fund. Dr Lubroth, for FAO, indicated that he was confident that funding could be found by FAO to support the Roadmap to continue and to ensure the 2014 meeting, and would work with OIE to ensure this.

The representative of Turkey welcomed the indication of support and indicated willingness to enter into more detailed planning of activities with EuFMD, and recalled the need for support for early warning.

Conclusions

The Chairman summarized, after comments received:

- On Component 2.1 West Eurasia: the emphasis would be placed on ensuring information management for FMD decision making, in particular to assist Turkey and Georgia as Member States. Other Roadmap support would be on the Agenda for the next Executive and needs to be solved with GfTADS;
- On 2.2 South-East Mediterranean: a specific proposal would be formulated, and Agenda and timetable for co-ordination meetings established;
- On 2.3 REMESA countries: the Executive would respond to a proposal from REMESA following their next meeting;
- On 2.4 surveillance networks: these have generated important information for risk management in Europe and the immediately affected countries in the neighbourhood, so should continue to be supported.

Pillar 3 Work Programme: Promote the global strategy of progressive control of FMD

The programme proposed had three components, with the third of these including the support for international reference laboratories services provided by Pirbright (WRL for FMD Contract).

Component 3.1 Support FAO FMD Unit in collating information for review of progress of regional programmes on FMD control

This includes collation, analysis and dissemination of relevant information on regional FMD control programmes worldwide; support for workshops to coordinate this process and other associated actions. The proposal was to support this with an EuFMD Professional officer under the Short Term Professional (STP) programmes (seconded from Member States).

Component 3.2 Technical support to develop the EuFMD/OIE/FAO FMD progressive control pathway (PCP) methods and guidelines

This includes the on-going development of the PCP, providing training in the application of the PCP at national and regional level and for the international agencies; supporting the development of associated tools and activities to integrate relevant fields with PCP applications; support for the development of regional PCP roadmaps. The work plan for PCP development would be jointly agreed with FAO and OIE, and costs in this component relate to the provision of expertise while the cost of any missions and participants in training would be found by the FAO projects/funding agency.

Component 3.3 Support the global system for improved FMD reference lab services (World Reference Laboratory Contract, supporting FAO/OIE Strategy and Gf-TADS)

This includes supporting the FAO FMD World Reference Laboratory to provide services to the European neighbourhood and globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns. The work programme may include support for the OIE/FAO network of reference centres, as EuFMD had in the past. It was likely that support for the full proposal indicated by Dr Metwally could not be found from the EC/EuFMD programme without impact on the rest of the programme and the balance between the Pillars would be discussed after the extent/duration of the funding agreement was known.

Conclusions

The Chairman summarised his position as follows:

- On Component 3.1: this activity will benefit the MS as well as contributing to the Global effort, through support to information on risk management actions being undertaken in FMD affected countries, and he asked this be supported;
- On 3.2 the PCP: as it had been developed by the EuFMD with FAO and applied in EuFMD programmes since 2008, remained an important responsibility for the Commission to develop in

ways that will benefit the Member States and the neighbourhood. The work in Component 3.2 should be a contribution to the Global Strategy of FAO and OIE. This role would therefore be indicated in the agreements to be concluded with FAO and the OIE;

- On 3.3 the support to the WRL: had been agreed under the previous Sessions as important and should be continued, subject to EC agreement. However, the Global FMD Laboratory network proposal could not be concluded at this Session until receipt of the proposal from FAO/OIE, with a view to a decision taken at the next Executive Committee Session on funding for Pirbright in 2014-2015.

He asked if the Session agreed with his conclusions, and received positive indications. The Work programme was thus endorsed.

Item 9. Report on the status of FMD antigen and vaccine banks in the European Neighbourhood

The Report was presented by Dimitrios Dilaveris, EuFMD STP officer (**Appendix 28**) and had been undertaken in fulfilment of the Function IV.7 in the EuFMD Constitution which requires that the Commission keeps a record of the vaccine and antigen stocks available in the Member States in case of need for co-ordination of an emergency response by MS or others. The survey was sent to 47 countries, with 31 replies of which 25 from the MS. Nine countries indicated they held antigen or formulated vaccine and three of these were non-MS. A further two countries are known to hold banks but did not reply in time. Of those that reported, ALL high priority strains identified by the WRL in the 85th Executive Committee meeting report were included in one or more banks, including five which hold SAT2 Saudi Arabia. In total, about 65 million doses are held, which is a reduction compared to 2011, even though a new bank had been established. The investments in antigen banks in the region remain therefore significant. Given the usual five-year turn over between replacement of antigens, it is perhaps surprising to see some older stocks being maintained (A 22 Iraq), although potent type A vaccines can give good cross-protection. Relating to coverage, 80% of doses would appear highly suited to Pool 3, West Eurasia, so this emphasises how MS view this region as pre-eminent risk. The percentage of doses suitable for other pools was between 0 and 20%, although these cannot be viewed as a precise indication as some type A and O in Africa are likely to be covered by potent formulations, but does indicate that a focus on risk from one region may lead to an issue of doses available for strains from other regions.

In conclusion, in an emergency situation Member States may wish to contact other MS or non-MS to procure vaccine for emergency. The modalities need to be kept simple and legal issues solved in advance. The EuFMD Secretariat could assist either as a contact point, or in developing in advance the financial compensation mechanism for those releasing antigens.

The Chairman thanked Dr Dilaveris for his report and work with EuFMD, and proposed that the emergency arrangements for countries willing to release FMD stocks should be on the programme for the Executive for the coming biennium, to avoid a repeat of the difficulties that arose with the SAT2 response.

Item 10. Changes in Membership of the Commission

The Chairman welcomed the official instrument of acceptance of the EuFMD Constitution by Georgia. The letter indicating this had been signed by the Minister of Agriculture and a copy was provided by the national representatives at the 40th General Session. He also welcomed the statements by the representatives of Azerbaijan and Armenia to the Session of their intentions to become members of the Commission and confirmed that membership was an important signal to the European countries of their serious intent to manage the FMD risk in their countries. Membership provides the rationale for committing Commission attention and efforts to supporting their actions, in a similar way as is provided for other Member States. He also took the opportunity to invite Moldova to consider membership, as a country with an important position neighbouring a member state with an important ruminant population (Romania). He asked the Secretariat and incoming Executive to give attention to follow-up with each country mentioned.

Item 11. Financial Report, Budget and membership contributions for the biennium 2014-2015

*Documents provided: 1) Financial Report from FAO on the Income and Expenditure in Trust Funds administered by the Commission (**Appendix 29**); 2) Administrative Budget and Membership Contributions (**Appendix 30**)*

Summary of the Financial Position

The Financial Statements prepared by the Finance Division of FAO, were summarized by Dr Keith Sumption. The funding of the administrative activities of the Secretariat of the EuFMD Commission and of the mandated activities required under the Constitution, for which no other sources of funding are available, is derived from the annual contributions of member countries to Trust Fund MTF/INT/011/MUL, with the Budget and Contributions agreed every two years at the General Session. The administration of the Commission is wholly supported from the members' contributions from MTF/INT/011/MUL. FAO provides office space, lighting and heating, which in the past were a contribution to the Commission but are now charged to the Commission budget. The balance in this Fund was US\$532,505 at the close of December 2012, with a total expenditure almost exactly equal to the agreed annual contributions (US\$545,986 against agreed contributions of US\$ 547,352). However, he asked to keep in mind that with the recruitment of the P3 Animal Health Officer in 2012, made possible by a shift of the WRL Contract from the 011/MUL Fund to the EC Trust Fund, salaries were the principal expenditure and the balance had been achieved only by fact of the block on recruitment of the vacant Clerk position for over ten months. In 2011 the Commission had started the "short term professional officer" scheme, with the funds for supporting living allowances in Rome coming under the Travel Budget line. Actions had been taken to follow-up outstanding contributions and progress had been made, particularly with Serbia.

Relating to program funds, under a separate financial agreement between FAO and the EC, activities on FMD control are financially supported through an eight m€ agreement (current agreement for 48 months from September 2005) which is handled through Trust Fund MTF/INT/003/EEC. The reporting on this Fund is made according to the terms of the agreement, and is summarized in **Appendix 14** in the Report on the EC funded actions. A third TF (004/MUL), for additional contributions by Member States for specific actions, is maintained and has been used in 2012 for the funding of training programme contribution from Australia. This TF could be useful should MS or non-members wish to support certain actions, parallel to the situation of activities supported by the EC.

On the Administrative Budget

The Chairman then guided the discussions through the major questions posed in the paper on the Administrative Budget. During the 85th meeting of the Executive, the financial position and difficult choices to be made had been considered. It was clear that although the balance in the Fund was at a good level, this would be rapidly eroded and be in overdraft before the next Session and the economic climate would present difficulties for asking for greater contributions. The Executive were therefore in favour of the solution proposed that would involve significant cost savings while maintaining core staff. Although a reduction in the balance would be inevitable, there would be sufficient reserve to cope with possible exchange rate fluctuations and contingencies. It would also allow time to find other sources of financing to assist implementing the programme and maintaining core staff.

On the first question, the proposal for an unchanged annual budgetary contribution by the Member States in 2014 and 2015, was unanimously accepted by the Member States, as was the proposal that new Member States could be exempted from requests for contributions in their first calendar year of membership.

It was further agreed that the Executive should review the categories for contributions and given that the contributions had remained the same for six years, he drew attention of the members to the expectation that requests would need to be raised in 2015 for application in 2016-17. Several members indicated they appreciated the early warning of this and asked the Executive to ensure that the rise, if proposed, would be officially notified well in advance of the 41st General Session of the EuFMD (April 2015).

On the question of cost-sharing of administration, the Chairman indicated that the Commission received no funds from the regular programme of FAO and that full time professional positions are funded from the administrative programme and not the EC Trust Fund. Activities with other partners, such as Australia, would be considered on their merits for increasing the overall level of services provided by the Secretariat to members states and could share costs of professional services to ensure these are maintained by the Secretariat.

He also indicated that since FAO administrative rules that apply to the whole of FAO, such as appointing of clerical staff and travel, are set by FAO and impose difficulties for the EuFMD programme, the issues that arose in the past biennium need to be addressed. The FAO Finance Committee paper provided to the Session provided an important review of Article XIV bodies, which clearly indicates that the Commission, as an entirely self-financing body, fulfilled the criteria for recognition within FAO as eligible for greater autonomy in the administration of its programme while remaining in the framework of FAO. Given the tight financial position, the Executive would therefore give attention to supporting the Secretariat in their efforts to streamline administrative procedures and to ensure the timely recruitment of clerical and other staff.

The proposed budget for expenditure from the MTF/INT/011/MUL as in Table 2 of the paper circulated and the contributions as proposed in Table 3 were proposed for adoption and unanimously endorsed.

Item 12. Technical Committees and their functions in the upcoming biennium

*Document provided: Technical Committee, **Appendix 31***

The Chairman asked Dr Gibbens, as the Vice-Chair who had led the discussions with the Standing Technical Committee over the past two years on technical issues, research commissioning and the roles of the Technical Committees, to present the paper on the Special Committee. Dr Gibbens thanked the Standing Technical Committee (STC) for their important contribution over the past two years and particularly David Paton for his leadership. He also thanked Aldo Dekker for his work over the past four years with the Research group and recently with the Special Committee. He indicated that the need for these subcommittees was stronger than ever, given that the work programme of the Commission is larger and wider than before, and the Executive draws upon the seniority and experience of the STC for guidance in technical issues. It however recognises that the complexity of some of these issues requires them to be addressed by experts who have a regular working experience of the particular field. Therefore, for these issues, a wider set of experts are needed to follow the activities implemented under the 3 Pillars – and may take on specific tasks if commissioned. An example is the Biorisk Management Standards, prepared by a working group within the Special Committee – a highly dedicated team and specific for the particular task. Given the above, the solution of having a separate STC and Special Committee had merits, with the latter with revised Terms of Reference that reflect the new Strategic Plan and the need for experts who can follow the progress, review reports, and provide guidance on further development or changes in direction to the STC and Executive.

Discussion

Questions relating to selection and election procedures were raised. In response Dr Gibbens indicated that the most recent Executive Session was in agreement that the future system should include an Open Call procedure and a clear and transparent process. The incoming Executive would need to develop this and consider if changes to the EuFMD Rules of Procedure were needed before the process could be applied at the 41st Session.

Conclusions

1. The Terms of Reference (ToR) for the Standing Technical Committee, and Special Committee for Research and Development of the FMD programme, as proposed by the Executive in Paper GS40/12.1 were endorsed.
2. A transparent process for the identification of experts for the Committees, and Rules of Procedure for their selection and election should be developed by the Executive before the 41st Session in 2015.

Election to the Standing Technical Committee and Special Committee on Research

Dr Gibbens, on behalf of the outgoing Executive Committee, presented a proposal for membership of the Committees. These were elected unanimously, as follows:

Standing Technical Committee

David Paton	United Kingdom
Christianne Bruschke	Netherlands
Preben Willeberg	Denmark
Matthias Kramer	Germany

Special Committee on Research and Development of the FMD Programme

Dr Sumption presented the list of proposed members (table below), indicating the expertise that was considered relevant to the functions of the Special Committee. The representatives of the three FAO Reference Centres for FMD that are within the EuFMD Member States were proposed as below, as *ex-officio* members. The list was endorsed by the Session without further proposals.

Representatives of the three FAO Reference Centres for FMD which are located in the EuFMD Member States are as follows: Kris de Clercq (FAO FMD Reference Centre, VAR), Emiliana Brocchi (FAO FMD Reference Centre, IZSLER) and Jef Hammond (FAO-WRL FMD, Pirbright).

	Expertise	Pillar/ SubGroup
Bernd Haas (Ger)	FMD biorisk management, FMD lab services, vaccine evaluation	Group 1: European MS
Aldo Dekker (NL)	FMD research, vaccine evaluation	Group 1: European MS
Tsviatko Alexandrov (BG)	Contingency planning, wildlife surveillance	Group 1: European MS
Kate Sharp (UK)	Surveillance, risk management	Group 1: European MS
Sten Mortensen (DK)	Crisis management, contingency planning; epidemiology PhD	Group 1: European MS
Labib Bakkali (Fr)	FMD surveillance in REMESA, RESOLAB, European neighbourhood risk	Group 2: European neighbourhood risk
Giancarlo Ferrari (IT)	FMD surveillance and epidemiology, Progressive Control Pathway (PCP) expert	Group 2: Epidemiology and surveillance -West Eurasia, Mid-East, PCP progress
Michel Bellaiche (Is)	FMD surveillance and management, Israel/Mid-East	Group 2: European neighbourhood risk
Naci Bulut (TUR)	FMD surveillance in West Eurasia, vaccine quality and production	Group 2: European neighbourhood risk
Gregorio Torres (SP)	Epidemiology, surveillance systems, REMESA Mid-East	Group 2: European neighbourhood risk
Jean Francois Valarcher (SWE)	FMD virology, vaccine QA, surveillance, epidemiology, global	Group 3: surveillance and monitoring progress
Ron Bergevoet (NL)	Veterinary economist/FMD	Group 3: surveillance and monitoring progress
Katharina Stark (Swi)	Veterinary epidemiology, surveillance, management; FMD field research wide international experience	Group 3: global issues/ PCP progress
Stephan Zientara (Fr)	Epidemiology, surveillance systems, Europe/Africa/REMESA/Wes Eurasia	Group 3: surveillance and monitoring progress
Don King (UK)	Global FMD surveillance, diagnostics	Group 3: surveillance and monitoring progress

Item 13. Constitutional and legal matters

Documents distributed: 1) Review of the Article XIV bodies undertaken with a view to greater autonomy (**Appendix 32**); 2) On the understanding to be reached between the EuFMD Commission with FAO (**Appendix 33**) and with the OIE (**Appendix 34**)

The Chairman guided the Session through the work that had taken place to develop a formal understanding with FAO and OIE on issues relating to mainly to the scope and implementation of the EuFMD activities where they occur outside of the territory of the Member States. There being no geographical restriction on EuFMD activities in the Constitution, a few issues had arisen where activities had taken place as a result of Session decisions, and clarification of how EuFMD activities can be co-ordinated with the relevant regional and Global GfTADS actions was needed.

Relating to FAO, the recent reviews by FAO Governing Bodies of the position of the Article XIV Commissions within the framework of FAO had been undertaken with a view to reducing the bureaucratic obstacles to effective function, and the paper (**Appendix 32**) once adopted by FAO Conference in June 2013 should assist with several administrative difficulties, including reporting lines. These reviews made clear that the programme of the Commission is for the MS to decide at the regular Sessions and through the Executive; the administrative rules remain those of FAO. In areas such as recruitment of clerical staff there remained difficulties, and areas such as GfTADS, which are joint agreements between FAO and OIE, a common understanding is needed, since the programme is for the EuFMD members to decide but co-ordination is important.

On the FAO side, an exchange of letters with the Assistant Director General (ADG) of the Agriculture and Consumer Protection Department will occur after the FAO Conference and adoption of the FAO position on the autonomy of Article XIV bodies.

On the agreement with the OIE, the principles included in the draft agreement (**Appendix 34**) can be considered the principles that guide the Executive until an agreement is formally reached. There exists an agreement on co-operation between FAO and OIE, and the agreement on working arrangements between the EuFMD and OIE may be considered under this over-arching agreement.

In the discussion, the OIE indicated its appreciation of the expertise of the EuFMD and welcomed the opportunity to reach an agreement that would enable fruitful future co-operation. The OIE will open an office in Kazakhstan, and it will help to reach agreement with the EuFMD in areas where mutual activity could be advantageous.

Item 14. Elections

Election of the Executive Committee and Subcommittees

Ms Marta Pardo, from the Legal Office of FAO, presided over the Elections of the new Executive Committee. The Secretary reminded the Member States and candidates for election of the need to ensure that candidates accepted the serious responsibilities of the Executive Committee. Members are elected to represent the entire group, and as individuals, not states. Sessions of the Executive must have a quorum (5 of the 8) for decisions to be valid, and the use of alternates in place of the elected member should only occur in exceptional circumstances, since the member is elected individually by all Member States, not their alternate. The workload of the Chairpersons has been heavy in the past four years and it will help the quality of the Sessions to have a consistent presence of the elected members. He reminded the candidates that it is the Executive, not the Secretariat, who have the official duty to report in two years' time on the progress made and asked the members to ensure they keep space in their diaries to ensure participation in the Sessions, at the least, and to assist the Chair in the other work that is required.

Nominations for the position of Chairman and two Vice-Chairpersons were first called for, thereafter for the five other members of the Executive Committee.

The following were elected:

Position	Elected	Proposed by:	Seconded by:
Chairman	U.Herzog (Austria)	United Kingdom	Norway
Vice-Chairman	N Gibbens (UK)	Italy	Germany
Vice-Chairman	P Naasens (Belgium)	Sweden	Malta
Member	D. Iliev (Bulgaria)	Spain	Romania
Member	N Pakdil (Turkey)	Austria	Hungary
Member	JL Angot (France)	Belgium	Norway
Member	J Milius (Lithuania)	Germany	Poland
Member	Z. Novakovic (Serbia)	Lithuania	Belgium

There were no further proposals of names. The Executive Committee was unanimously accepted, and the elected members stood to receive the acclamation of the delegates, and to indicate their willingness to take on their responsibilities. Dr Herzog, having been re-elected, thanked the members for their confidence in him and in the new Executive to undertake the responsibilities placed upon them.

Item 15. Any Other business

The Chairman indicated that Croatia had provided a letter of invitation to host the 2014 Open Session in Dubrovnik. The Session indicated it welcomed the proposal to hold the Session in a new Member State of the EU and in a historic, attractive and accessible city.

Reading of the report

The Secretariat presented the draft final report, which was endorsed subject to the inclusion of the corrections and changes proposed during the reading by the Member States, EC and OIE, to be included in the version to be circulated for comments.

Closing ceremony

The Chairman, Dr Herzog, thanked the participants for their support and interest in the programme of the Commission, the EC for their support to the activities and active participation at all levels, and thanked the Secretariat and FAO for the organization and arrangements. He paid tribute to the members of the Executive who had served in the outgoing Executive for their generous contribution of time and energy, and in particular thanked Dr Lucio Carbajo Goni, Spain, Dr Leif Denneberg, Sweden, and Dr Spiros Doudounakis, Greece. Finally, he thanked the Secretariat, and especially Nadia Rumich, Cecile Carraz, Manuela Zingales and Leonardo Leon, for their perfect work over many months to prepare the Session, while maintaining the main tasks of the Commission in supporting FMD control continued at field level.