



Food and Agriculture  
Organization of the  
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ROME, ITALY 23-24 APRIL 2015

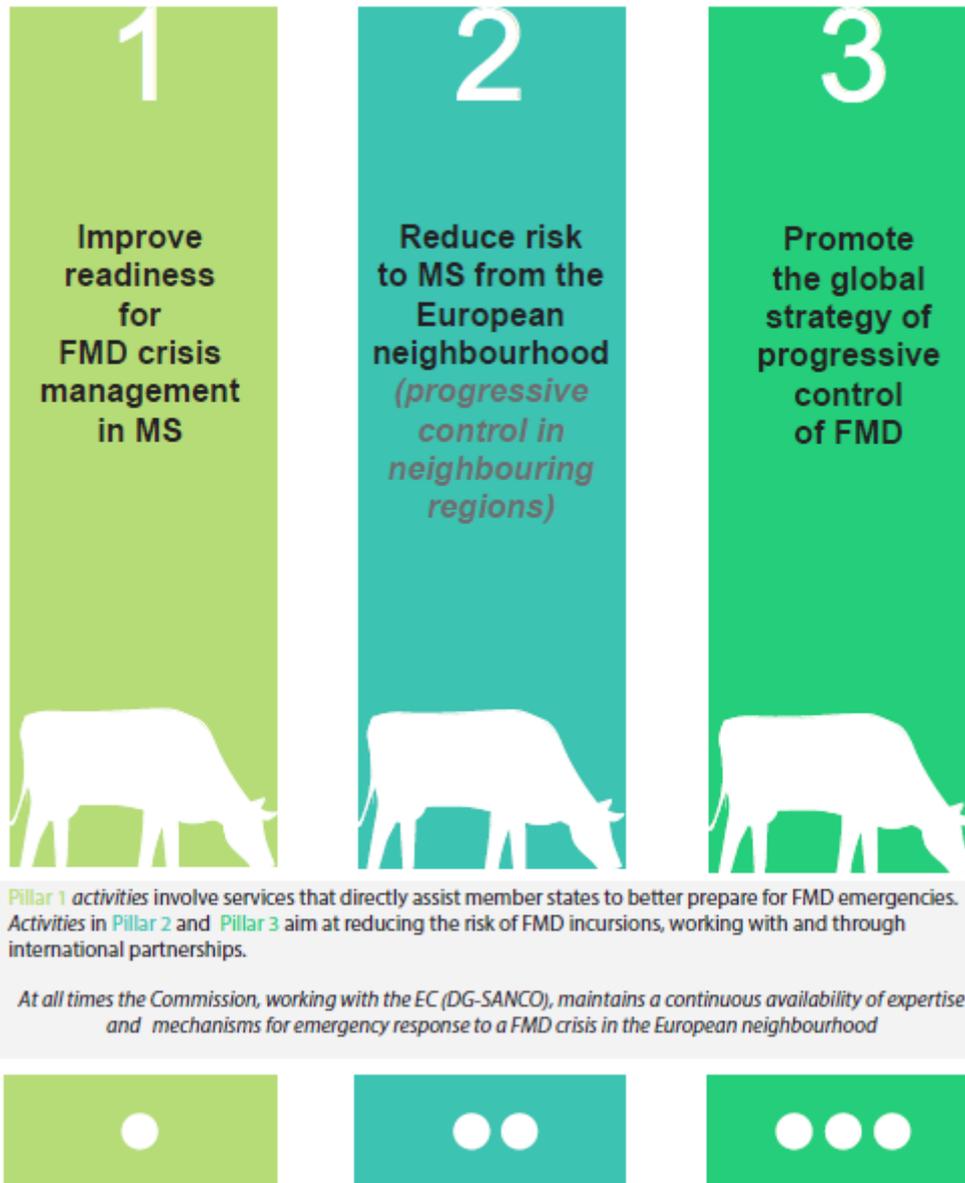


# Meeting documents

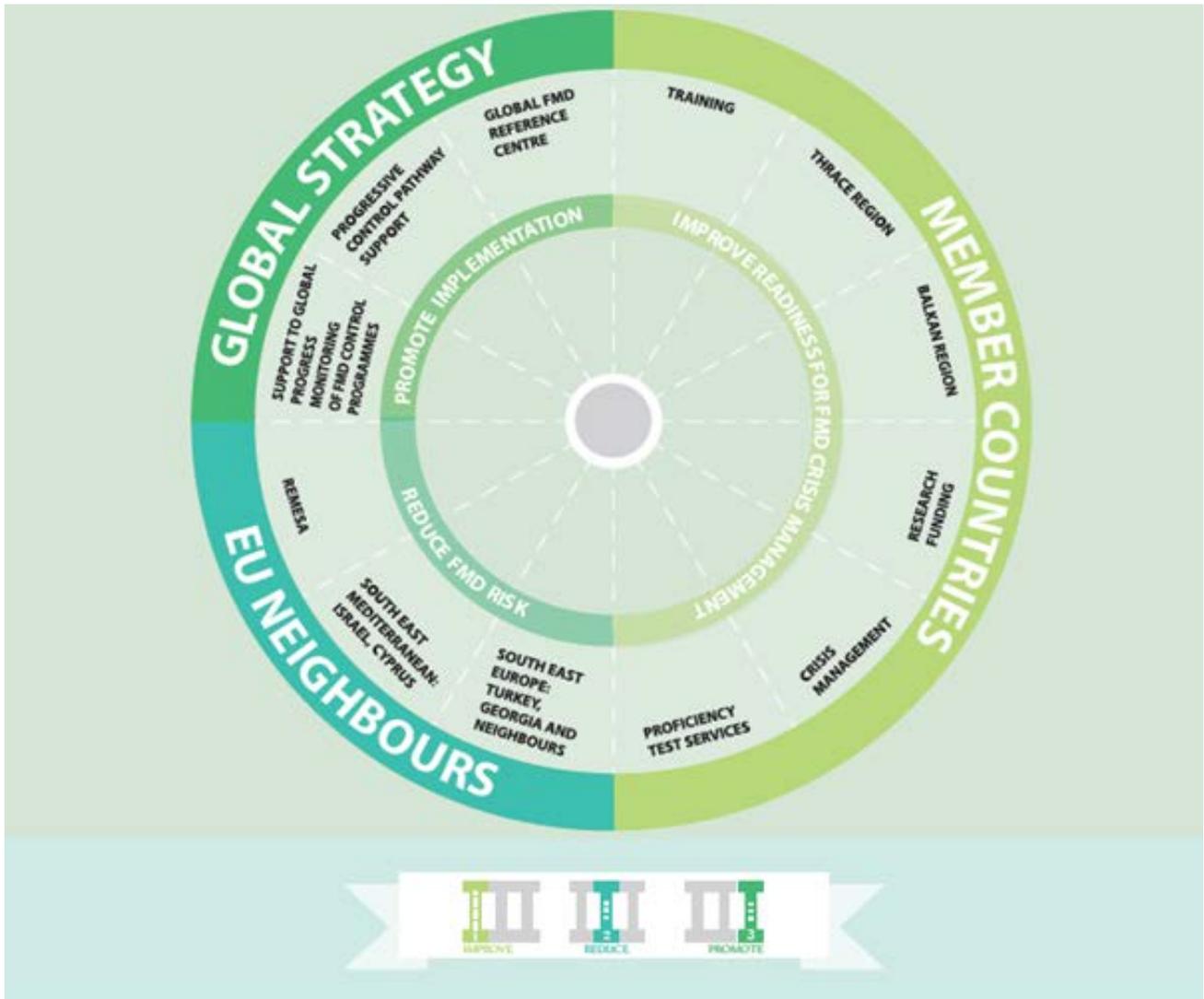
## 41<sup>ST</sup> GENERAL SESSION OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EuFMD)

FAO Headquarters  
Rome, Italy  
Iran Room (B116)

# The EuFMD Pillars



# The EuFMD Components



# EuFMD Pillars, Components and Managers

APRIL 2015

I	1.1	Training-RT	K.Sumption	J.Maud/N Rumich
	1.2	Decision support tools	M McLaws	K.Hickey
	1.3	THRACE	F. Rosso	STP M.Pandurovic
	1.4	Balkans	F. Rosso	STP M.Pandurovic
	1.5	Research Fund	K.Sumption	K.Sumption
	1.6	Crisis Management	K.Sumption	K.Sumption
	1.7	Proficiency Test Services	K.Sumption	Kees Van Maanen
II	2.1	Turkey/GEO	K.Sumption	M.McLaws
	2.2	Israel/Cyprus	K.Sumption	K.van Maanen
	2.3	REMESA	K.Sumption	F.Rosso
III	3.1	Monitoring	K.Sumption	STP I. Gutierrez Boada
	3.2	PCP	K.Sumption	C. Bartels
	3.3	Global Lab	K.Sumption	Kees van Maanen

## EuFMD staff in headquarters

APRIL 2015

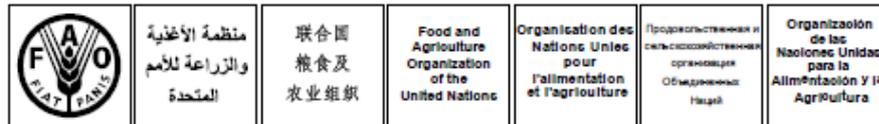
<b>Technical team:</b>	
Executive Secretary	K. Sumption
Deputy	F. Rosso
<b>Training Development Officer:</b>	
Communications and Training support officer	N. Rumich
<b>Short Term Professionals:</b>	
Seconded Staff/Visiting Scientists	E.Sikala, I.Idaghayes
<b>Administrative Team:</b>	
Program Co-coordinator	C. Carraz
Finance assistant	S. Clementelli
Team	I. d'Alessandro; E. Tomat



# ITEM I

**REAL TIME TRAINING Courses on** clinical investigation for the  
recognition and sampling of animals for FMD / **>600** people  
trained since 2009

February 2015



**FORTY FIRST SESSION OF THE EUROPEAN COMMISSION  
FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EUFGD)**

Rome, Italy, 23 - 24 April 2015

**PROVISIONAL AGENDA**

*Thursday 23 April 2015*

Morning 09.00 hrs

- Opening of the Session
1. Adoption of the Agenda *for decision*
  2. Global Foot and Mouth Disease (FMD) surveillance report *for information*  
European partnerships for Global Surveillance *for information*
  3. Technical Items with policy importance for member states (STC Items) *for information*
    - a. The importance of building business continuity into contingency plans
    - b. Technical progress on vaccination to live issues and the implications for diagnostic and vaccine banks
    - c. The value of modelling animal movement and marketing patterns for animal disease impact assessments at national and continental scale
  4. Report of the Executive Committee on the actions since the 40<sup>th</sup> Session *for information*  
Overview

*This document can be accessed using the Quick Response Code on this page;  
a FAO initiative to minimize its environmental impact and promote greener communications.  
Other documents can be consulted at [www.fao.org](http://www.fao.org)*



Selected Workprogramme Themes

Pillar 1: Roll out of the Training Credits programme : progress towards a breadth and depth of European expertise

Pillar 1: Improving contingency planning: progress with modelling, contingency planning networks and support to national simulation exercises

Pillar 2: Report on activities in the European neighbourhood to reduce risk to member states

Pillar 3: Reports on the GF-TADS Global Strategy and the support provided from EuFMD

5. Proposed updating to the four year Strategic Plan and the proposed “Pillar” work programmes for the biennium to April 2017; *for decision*
  - a. Pillar 1: Better preparedness for FMD crisis management in member states (MS)
  - b. Pillar 2: Reducing the risk to MS of FMD in the European Neighbourhood
  - c. Pillar 3: support to the Global FMD Control Strategy of FAO and OIE

*Friday 24 April 2015*

**Morning 09.00 hrs**

6. Report on the status of FMD antigen and vaccine banks in the European Neighbourhood *for information*
7. Proposed change to the EuFMD Constitution and Rules of Procedure *for decision*
8. Changes in Membership of the Commission *for information*
9. Financial Report, Budget and membership contributions for the biennium 2016-2017 *for decision*
10. Technical Committees and their functions in the upcoming biennium *for decision*
11. Election of the Executive Committee *for decision*
12. Any other issues

Side events/demonstration of the following are planned in the atrium

The Training Menu, e-learning and knowledge base for contingency planning

The prototype FMD Impacts calculator

Modelling livestock movements – side event

The updated FMD risk to Europe

The 13 Components of the EuFMD Workplan –poster Session

# ITEM 2

- **EuFMD TRAINING FOCAL POINTS NETWORK**  
Provides information and feedback on countries training needs.
- **EuFMD MODELLING NETWORK** Established to connect those engaged in disease spread modelling for FMD. It also includes those working in government veterinary services which use models and their outputs to inform contingency planning.
- **EuFMD CONTINGENCY PLANNING NETWORK** to establish cooperation between contingency planners in different countries, aiming to improve contingency planning for FMD amongst member states.
- **EuFMD WestEurasia FMD Lab and Epi networks** established as part of FAO and EuFMD's work to support Progressive Control of FMD in West Eurasia countries.

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## UPDATE ON CURRENT GLOBAL SITUATION FOR FMD: NEW OUTBREAKS AND THREATS

**Donald P. King**, Valerie Mioulet, Bryony Armson, Britta Wood, Ashley Gray, Barsha Thapa, Anna B. Ludi, Ginette Wilsden, Pip Hamblin, Mark Henstock, Bob Statham, Abid Bin-Tarif, Nick J. Knowles, Kasia Bankowska, Jemma Wadsworth, Alison Morris, Emma Fishbourne, Beth Johns, Debbie Gibson, Sarah Belgrave and Trish Ryder. On behalf of the OIE/FAO FMD Laboratory Network, WRLFMD, Vesicular Disease Reference Laboratory Group, The Pirbright Institute, Ash Road, Pirbright, UK, GU24 0NF

## Key Points

- Samples tested at the WRLFMD and the OIE/FAO FMD Laboratory Network provide vital intelligence about the circulation of FMD viruses in the field.
- The epidemiology of FMD in the regions that threaten Europe (North Africa, West Eurasia, and East Asia) is very dynamic, and recent trans-boundary movements of the virus require close monitoring.
- South Asia appears the ultimate source of the type O epidemic in North Africa in 2014-15 and more data on FMDV circulation is needed from the source -and spread- regions.
- The efforts to involve Regional Support Labs (RSLs) in East and West Africa in international surveillance are starting to yield positive results, and support for RSL capacity and function needs to be continued.
- A new risk-based approach is being developed to prioritise the selection of vaccine antigens for vaccine banks.
- The WRLFMD organises an annual inter-laboratory proficiency testing scheme which assists in the harmonisation of laboratory performance in different NRLS.

This presentation will review the current situation regarding field outbreaks of foot-and-mouth disease (FMD) using laboratory data generated from clinical samples and sequences received to the WRLFMD (The Pirbright Institute, TPI) and partner laboratories within the OIE/FAO FMD Laboratory Network. Since the 40<sup>th</sup> Session, the WRLFMD has received additional support via EuFMD (EC funded) to support better global FMD surveillance, including more effort to track circulation in the virus pools of most concern and supporting TPI's role as Secretariat of the OIE/FAO FMD Lab Network. The data generated are used to monitor the continued trans-boundary movements of FMD virus in Asia and Africa, and to also provide recommendations about the suitability of vaccine strains that can be used to control these outbreaks. In addition to mapping epidemiological patterns in FMD endemic settings, the sequence data also reveal exotic and unexpected incursions of FMD virus into new regions and countries that can pose an increased risk for onward spread of the disease, including to FMD-free countries.

During the past 12-24 months, concerns have been raised about the expanding circulation of certain FMD virus lineages. In particular, the spread of the O/ME-SA/Ind2001 strain that has been recently detected in the Middle East (Saudi Arabia and UAE), and in North Africa (Libya, Tunisia and Algeria) has demonstrated how readily FMD viruses can move between endemic pools. This lineage is normally only found in the Indian sub-continent where it has become the dominant serotype O clade, and if this new sub-lineage was able to establish itself in West-Eurasia it could potentially out-compete indigenous FMDV O/ME-SA lineages such as O/ME-SA/PanAsia-2. It is now important to define the precise viral sources of these outbreaks to identify transmission routes that may pose potential threats for future trans-regional movements of this and other viral strains. Furthermore, there is now a clear potential for trans-Mediterranean spread of this lineage which heightens the risk of incursion into southern Europe. It is encouraging that preliminary vaccine matching experiments (by virus neutralization) indicate that some vaccine strains normally used in the Middle East would probably offer effective protection against the O-Ind-2001d lineage viruses, and recent data from an in-vivo potency test with O-Manisa indicates that high-potency vaccine will provide a response in cattle equivalent to ~3 PD<sub>50</sub>. Elsewhere, a number of FMDV lineages (such as O/ME-SA/PaAsia, O/SEA/Mya-98 and A/ASIA/Sea-97) continue to circulate in East Asia, and there has also been spread of the A/ASIA/Iran-05 strain to cause FMD outbreaks in the Black Sea region of the Russian Federation. These data reinforce the role played by the OIE/FAO FMD laboratory Network to closely coordinate global surveillance to monitor the patterns of FMD virus movements and to recognise the emergence of new FMD virus lineages that may require new vaccines for control.

Other recent work at the WRLFMD (in collaboration with EuFMD) has developed a risk-based framework to select vaccine antigens for FMD vaccine banks. This new approach considers the different FMD viral lineages that pose the greatest threats to Europe, and accommodates laboratory and field data to select the most appropriate vaccine antigens that could be used to control FMD in emergency settings. In addition, the WRLFMD coordinates an annual proficiency testing scheme (PTS) for laboratory diagnostic methods. This exercise is central to harmonisation and intra-laboratory equivalence between different laboratories and the most recent PTS (from 2014) has involved 66 FMD National Reference Laboratories in Europe and elsewhere.

## European partnerships and Global FMD surveillance: networking between European NRLs for improvement of support to FMD surveillance in Africa and Asia

*Stephan Zientara, National reference Laboratory for FMD, ANSES Maisons Alfort, Paris*

### Key Points

- At least 7 of the European National Reference Laboratories (NRLs) for FMD in the EU and 2 further European ones have recently provided training, reference services and undertaken research on FMD with partners in Africa and Asia;
- The information on circulating virus strains in Pools 4 and 5 (Subsaharan East and West Africa) remains critically low for risk assessment and raising the capacity of nrls in those regions to undertake primary typing might rapidly generate information and local expertise needed for the PCP progress to begin;
- The high number of small West and Central African countries with limited air connections between them poses a challenge for regional services, and for assistance, and given the historic and language connections with Europe, argues for multiple partnerships under a co-ordinated (network/consortium) approach
- The greater involvement of European NRLs in building capacity inside and outside of Europe will help maintain the national/European expertise in case of a crisis;
- Such a network of European NRLs can integrate well with the current Pillar 3 work of the EuFMD and would provide additional support to the OIE/FAO Global Strategy;
- Limited funding would be needed to start with since there are good contacts between laboratories but a lack of essential diagnostic kits and technical guidance.

### Background

1. The SCRPD<sup>1</sup> of the EuFMD at their November 2013 Session addressed the question of how to work together more effectively in support of the Global Strategy on FMD Control, in particular the need to build laboratory capacities for FMD typing in areas little served by Reference Centres. They recommended a network be developed of the interested European Labs to improve delivery of training, to work closely and in support of the OIE/FAO FMD Ref Centres Network, and ensure opportunities were taken to assist where possible.
2. One specific idea that emerged was to address the biggest gap in surveillance relating to West and Central Africa through a network/consortium of FMD laboratories. This was presented as a concept to the OIE/FAO FMD Lab Network annual meeting in November 2014.
3. The European (FMD) laboratories (for example the Pirbright Institute –UK-, IZS Brescia –Italy-, CODA-CERVA –Belgium-, DTU –Denmark-, FLI –Germany- and ANSES –France-) have individual collaborations with African laboratories (in West and Central Africa) and the studies conducted together comprise the majority of reported typings from this region. As all of the countries of this part of Africa are considered in PCP stage 0 or 1, efforts to assist these countries to obtain basic data are likely to create an awareness and expertise to begin to identify options for FMD control.
4. **The ANSES Laboratory has developed a concept note for a consortium approach**, using the model of OFFLU; the latter is a network of expertise on animal influenza established jointly in 2005 by the World Organization for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) (hereafter the parent organizations) to support and coordinate global efforts to prevent, detect and control important influenzas in animals. Owing to its strong institutional links and participatory nature, it is a robust mechanism for the exchange of information within the animal health network and between human and animal health sectors.
5. **The ANSES proposal is to explore the creation under the umbrella of OIE, FAO (and/or EU-FMD) of an open network of expertise encompassing the OIE and FAO Reference Centers** (more precisely the Pirbright Institute, ISZ Brescia and CODA-CERVA) and other FMD-active European labs (ANSES, CVI, FLI, DTU,...) and African laboratories in certain West and Central African countries.
6. The main objectives of this network will be capacity building to establish FMD diagnosis methods and associated FMD epidemiology expertise in the collaborative centers, improve classic and molecular

<sup>1</sup> *Special Committee on research and Programme Development of the EuFMD*

epidemiology in order to deliver guidance, the better selection and use of vaccine, minimum biosafety guidelines for laboratory workers, and strategic guidance on FMD in Africa.

7. Moreover, this network will participate to better coordinate, highlight and integrate the individual initiatives that the European labs have developed in the same regions of Africa. Of course, this network will act in close contacts with the already existing networks (REMESA, RESOLAB, EARLN-FMD ...).
8. The consortium of European laboratories which is proposed will provide its expertise in FMD diagnosis and research to these already existing African networks recognizing they are led by regional economic communities or FAO/OIE for their regions.
9. The funding required in the start-up phase of such support to link European and African partners could be limited to essential diagnostic kits and guidance, and improvement of communications between all parties. From this start more significant funding might be leveraged from other sources.

#### **Objectives identified for the Consortium/Network**

1. To share and offer technical advice, training and veterinary expertise to African countries (in particular to the countries listed in annex 1) to assist in the prevention, diagnosis, surveillance and control of FMD;
2. To exchange scientific data and biological materials (including virus strains) within the network, to analyze such data, and to share such information with the wider scientific community;
3. To highlight FMD surveillance and research needs, promote their development and ensure co-ordination;
4. To improve and facilitate the FMD surveillance programmes already put in place by the existing African regional laboratories networks.

# ITEM 3

## Open Session OS14

Cavtat, Croatia 29-31 October 2014

**Where science and policy meet: FMD RISK MANAGEMENT in a world of changing disease landscapes**

For the first time in the EuFMD history, the meeting was streamed to a website and the videos of the presentations are available online. Email [Eufmd@fao.org](mailto:Eufmd@fao.org) to join.

**The Open Session online is now available as a resource to everyone registered with the EUFMD e-Learning website (currently over 1.400)**



Over 200 participants in Cavtat  
Many still registering to see the videos now!

**The importance of building business continuity into contingency plans: the example of FMD  
Continuity of Business Planning in the United States**

*P.J. Hullinger<sup>1</sup>, D. Bickett---Weddle<sup>2</sup>, T.J. Goldsmith<sup>3</sup>, J. Roth<sup>2</sup>, J. Zack<sup>4</sup>*

*<sup>1</sup>University of CA Davis, CA, US; <sup>2</sup>Iowa State University, Ames, IA, US; <sup>3</sup>University of Minnesota, Minneapolis, MN, US; <sup>4</sup>United States Department of Agriculture, Veterinary Services, Riverdale, MD, US*

**Key Messages**

- Continuity of Business (COB) planning is a necessary component of FMD emergency response planning for outbreaks that are geographically dispersed or of long duration.
- COB planning must engage and involve all stakeholders. It is not something that VS can do on its own.
- Government's role is to engage agri-business in developing disease management and COB plans.
- While planning guidance is necessary, COB plans must still be tailored to local, regional and state needs under a national umbrella framework.
- To be most successful, COB planning and preparedness must occur and be well socialized well in advance of an event.
- There is inherent value to COB planning that goes well beyond a "plan" or product.

**Presentation Summary**

If foot-and-mouth disease (FMD) was detected in the United States (U.S.), a national animal health emergency would be declared and livestock and allied industries would feel the immediate impacts of animal quarantines, animal and product movement restrictions, disease surveillance activities and other necessary measures implemented to control and ideally eradicate the disease. These response measures, while necessary to contain the outbreak, will have significant negative impacts on the normal business operations of uninfected livestock operations in affected areas, potentially disrupting interstate commerce and food supplies. The greatest impacts will be to industries producing perishable products and utilizing 'just-in-time' supply models. For wide-spread outbreaks or outbreaks in regions with a high density of livestock operations it may not be possible to contain or control an FMD outbreak quickly and thus new strategies are necessary to assist in the longer term management of large FMD outbreaks. The overarching goal of such strategies is to minimize the overall impact of the disease and disease control activities on affected industries.

To address this challenge, the United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service, Veterinary Services is supporting and collaborating in preparedness initiatives and academia-facilitated emergency management planning efforts with states and livestock industries. Collectively these projects are called "Secure Food Supply" (SFS) or "Continuity of Business" planning for livestock sectors potentially impacted by transboundary diseases. Core elements to all SFS plans are voluntary pre-event preparedness, proactive risk assessments, outreach, and training. The plans developed are guidelines only with all final disease management decisions made by the responsible officials during the outbreak. A key element, critical to a successful outcome from this initiative is the engagement and involvement of the U.S. livestock industry throughout the process.

One specific SFS effort is the 'Secure Milk Supply' (SMS) Plan, and its initial goal is to develop agreed upon processes and procedures to pick up, transport, and pasteurize milk from farms in FMD control areas thus helping to maintain business continuity for dairy producers, haulers, and processors. The second phase of planning addresses other necessary farm movements, the management of milk during large outbreaks when depopulation is no longer pursued, as well as off-site calf rearing and other business critical movements.

### Technical progress on vaccination to live issues and the implications for diagnostic and vaccine banks

E.Ryan<sup>1</sup>, K.Hickey<sup>2</sup>.

<sup>1</sup> Interim Chairman, EuFMD Standing Technical Committee (STC), Central Veterinary Research Laboratory, Backweston, Celbridge, Co. Kildare, Ireland. <sup>2</sup> European Commission for the Control of Foot-and-Mouth Disease, FAO, Rome, Italy.

#### Key messages

1. Vaccination-to-live is now more feasible as an option for decision makers than in the past, due to technical progress and changes in societal attitudes.
2. Due to the complexity and multidisciplinary aspects to vaccine issues, there is a need for an EuFMD-coordinated vaccine discussion network to provide a framework for discussing issues such as vaccine bank coordination, post-vaccination serosurveillance, policy and contingency planning, and the risk basis for antigen selection.
3. There is a need to continue to support European FMD modelling, including at continental/transboundary level, to provide inputs for estimating appropriate levels of stock for vaccine banks and diagnostic kit banks.
4. There is a need to continue to develop systems to improve the process of antigen selection for vaccine banks, taking account of regional, virus and vaccine coverage risks and to conduct at regular intervals an analysis of gaps in coverage.
5. In order to address the potentially very significant need for rapid deployment of large amounts of diagnostic resources following an outbreak, EuFMD member states should consider establishing a shared diagnostic bank.
6. There is a need to match commercially available vaccine antigens with appropriate commercially available serological structural protein detection kits, in order to facilitate the demonstration of vaccine effectiveness if vaccination to live is chosen as a strategy. Where there is a lack of an appropriate match, decision makers should be made aware. The Special Committee for Research and Programme Development (SCRPD) of the EuFMD could assist in leading such an exercise.
7. There is a need to conduct an evaluation on the degree to which vaccination-to-live may or may not influence market access for EuFMD members to trading partners.

#### Introduction

There has been substantial technical progress on vaccination-to-live issues in the past few years, as described by several groups of experts (Paton et al. 2014; Barnet et al. 2013; Geale et al. 2013) Decision makers, policy analysts and disease control managers would benefit from noting these developments and understanding how they might influence policy and contingency planning. There are also consequential implications for vaccine banks and diagnostic banks. The objective of this paper is to discuss the implications for vaccine banks, diagnostic banks and related policy/contingency planning issues.

Historically, the potential economic impact on international trade and market access has dominated other considerations regarding the implementation of a vaccination-to-live policy. Increasingly, the disposal of healthy animals, including those that are vaccinated, strictly for the purpose of regaining markets is likely to become harder to justify. The larger an outbreak becomes, the more unacceptable and unfeasible it is to control by culling, so factors that may predispose to large epidemic also favour early adoption of emergency vaccination (Paton et al, 2014, Geale et al., 2013). After the outbreaks of 2001, the European Union (EU) Directive on FMD control was revised; one aim being to encourage the use of vaccination with retention of vaccinated animals (vaccination-to-live). However, some EU member states may remain reluctant to implement this policy. Since 2002, the OIE has sought to make FMD vaccination more acceptable through changes to the Terrestrial Animal Health Code reflecting improved vaccines and diagnostic technology. There are some significant areas of consideration that must be accounted for when deciding whether or not to use vaccination; including international and trading implications (economics), logistical constraints, social and psychological effects, consumer reactions, and current international policy thinking. Most countries will maintain a flexible policy with regards to the use of FMD vaccine but decision makers should at least consider it as an option and engage in the necessary discussions in advance of an outbreak.

#### Decision points

##### 1- Suitability of antigens for use in in emergency vaccination

Despite past research into FMD vaccines there are still significant gaps in our knowledge, particularly the lack of in-vivo or field data to substantiate the spectrum of activity of vaccines against currently circulating FMDV lineages. The need to demonstrate vaccine effectiveness is becoming more widely accepted, as this would be a critical part of demonstrating to trade partners that the vaccination campaign was likely to achieve its goal. The current method used

by the World Reference Laboratory to produce recommendations for FMD vaccine antigens held by vaccine banks is currently being reviewed. A more risk based and regional approach is required to make these recommendations relevant to vaccine bank holders globally. Despite the technological advances in NSP DIVA tests and the production of high potency highly purified inactivated vaccines if the vaccine selected is not a good match to the circulating field strain then vaccination may not be effective.

## **2- What should be the fate of vaccinated animals (vaccinate-to-live or vaccinate-to-die)?**

Vaccination policy must take into account a range of factors such as logistics, socio-political impacts, market access and other industry implications, post outbreak surveillance to regain freedom with the OIE, and public attitudes. Cooperation and support from the public, industry and other stakeholders are vital to success of an eradication program. This emphasizes the importance of including other stakeholders in the contingency plan development, and not waiting to be faced with an outbreak before these discussions are held (Hickey, 2015).

Some epidemiological modelling has indicated that if emergency vaccination-to-live is used, it may decrease overall costs of outbreak to the Government but increase the proportion of costs borne by the private sector, which would then have vaccinated cattle potentially of less value (Bergevoet and Asseldonk, 2012).

The principal difference between vaccinate-to-live versus vaccinate-to-die policies is that vaccinate-to-die can involve much of the same widespread destruction of animals as accompanies widespread stamping out albeit in a more controlled timescale than culling alone.

## **3- How will the use of vaccination affect surveillance activities to support regaining the status “foot-and-mouth disease free where vaccination is not practiced?”**

In this paper, our discussions are based on the assumption that countries will use emergency, high potency vaccine in order to aid the eradication of FMD. They will then apply for regaining the status “foot-and-mouth disease free where vaccination is not practiced,” regardless of whether vaccinated animals are culled or not. Arnold et al. (2008) describes the uncertainty of prevalence of carrier animals after the use of a vaccinate-to-live policy and how this can complicate determining effective post-vaccination serosurveillance. Despite these difficulties they conclude that the expected prevalence of carrier containing herds after reactive vaccination is likely to be very low, approximately 0.2%. If a highly effective vaccine is applied rapidly and comprehensively and clinical surveillance is thorough, then the extent of subclinical infection is likely to be very low. Providing evidence that these requirements have been met is therefore at least, if not more, important than post-outbreak serosurveillance.

Paton et al. (2015) review the approaches that can be taken to improve the use and interpretation of serosurveillance using FMDV Non Structural Protein (NSP) tests. It is acknowledged in the paper that the selection of disease control strategy is influenced by the time to recover the FMD free status but there are still doubts as to the sensitivity and specificity of DIVA tests to detect infected animals within a population of vaccinates. Even well vaccinated animals may become infected if exposed to a sufficient viral challenge, particularly if the vaccine is not a good match to the circulating virus or if there is not a large enough number of animals correctly vaccinated. With pigs, the issue is not carrier status since pigs have never been shown to carry infection for extended times after recovery. However it is conceivable that some trade partners may demand evidence for lack of exposure to virus or circulation. Inadequately vaccinated pigs are a concern since even a few such animals if infected may produce very significant levels of virus..

The risk posed by carrier animals also required consideration. It is widely accepted that identification of all carriers is problematical. The evidence for an epidemiological role for carrier cattle is weak (Tenzin et al., 2008, Alexandersen et al. 2002). Therefore the risk posed by missing a vaccinated “carrier” that has weak seroconversion in NSP tests is far less dangerous than missing an acutely infected animal. Following effective vaccination, the quality of inspection is the principle factor influencing whether or not undisclosed carrier herds occur.

Vaccination is best implemented early on in an outbreak when there are indicators that the epidemic will be large. It can be assumed that therefore a large number of animals may need to be vaccinated and so the post vaccination surveillance requirements may be onerous with census sampling of all vaccinates. Paton et al. (2015) suggest that if it were accepted that only strongly seroconverting animals are likely to have spread infection then the number of vaccinated animals that require sampling could be decreased. More emphasis should be placed on the effectiveness of the FMD control programme, especially vaccine effectiveness, as this will be the best guarantee that the FMD infection has been dealt with.

## **4- Will trading partners take longer to reinstate market access as a result of a vaccinate-to-live policy?**

The reaction of trading partners to sanitary and phytosanitary issues are difficult to predict. Re-establishment of trade for affected industries will be one of the highest priorities of disease response efforts. The expected severe market disruption will reduce the value of related industries and may affect others, such as tourism and hospitality. In addition to the OIE guidelines on regaining a country’s FMD-free status following an outbreak, including specified waiting periods and the satisfactory completion of activities such as serosurveillance, bilateral trade negotiations and independent assessments performed by other countries may also influence the time taken to resume trade.

It is not possible to fully predict the market accessibility of trade partners outside of the EU/EFTA region following an actual FMD outbreak, and the return to trade timeline will likely be influenced by the speed of national risk assessment and review processes and the political environment as much as any scientific justification. The OIE Terrestrial Animal Health Code does not differentiate animal products derived from emergency vaccinated animals after 6 months in a FMD free country where vaccination is not practiced, but trading partners may discriminate, at least in price paid, for such commodities. This reduction could still play a critical role in the decision to vaccinate.

Disease surveillance, biosecurity at the farm level, traceability and control of the source cattle and slaughterhouse inspections are the main risk reduction measures for meat and meat products from vaccinated cattle. If these animals are slaughtered and processed under good management practice, in accordance with the norms and recommendations of the Terrestrial Code, these products present a negligible risk for the introduction of FMD into importing countries.

Although, the current mandatory OIE waiting period is either 3 months or 6 months depending on the control measures (vaccinate-to-live vs vaccinate-to-die) used during the outbreak, individual countries may take significantly longer to recognize the disease freedom of a country post outbreak than the OIE. For example, the United States reported a difference of 329 days between the time the OIE recognized the UK as FMD free following the 2001 outbreak and the time the United States recognized their freedom from FMD. Likewise, the United States took 47 days longer than the OIE to recognize France and Ireland as FMD free following the 2001 relatively small outbreaks (USDA, 2015).

It is unclear whether use of vaccination would increase the time for some countries to recognize freedom post FMD outbreak and reinstatement of OIE FMD free status. For example, the United States took 468 days longer than the OIE to recognize Japan's freedom during the 2000 outbreak when vaccination was not used and 560 days longer than the OIE during the 2010 outbreak when vaccination was used (USDA, 2015). Although, it is difficult to compare the circumstances for outbreaks across years, the Japanese outbreak in 2000 without vaccination lasted for 64 days and the 2010 outbreak with vaccination lasted for 76 days. Taken together, this information may suggest that the use of vaccination was not the significant source of delay to return to trade with Japan post FMD outbreak. Assuming vaccination is maintained within a containment zone and vaccinated animals are tracked, countries may be able to negotiate with trading partners to regain access and will be able to exclude vaccinated products from specific markets if required (Hickey, 2014).

One factor which may be a significant influence on the time for countries to return to trade is the perception of how the eradication efforts have been managed. Actions taken to eradicate FMD are visible to a global audience and therefore any disease management policies must be justifiable and aim to reduce social impact as much as possible whilst protecting the economy simultaneously. A key issue in reassuring trade partners is likely to be information on intensity and quality of surveillance post-outbreak not just "length of waiting period". For re-establishment of trade with third countries this is likely to be a critical determinant. Therefore policy makers could benefit from deciding in advance what additional measures (as well as EU/OIE mandated ones) they might employ, so as better to provide confidence to trade partners.

## **Implications for Vaccine Banks**

### **1. Coordination between vaccine bank members:**

Arrangement to support member countries in case of emergency situations, and relating to changing risk, has been central to EuFMD functions as indicated by Article V of the Constitution which includes the following as General Functions:

- 4. To stimulate and plan joint action wherever required in the implementation of prevention and control programmes and to this effect arrange means whereby adequate resources can be made available, for example, for the production and storage of vaccine, through agreements between Members.*
- 5. To arrange for suitable facilities for the typing and characterization of virus.*
- 6. To ensure the availability of an international laboratory (World Reference Laboratory ) with facilities for rapid characterization of virus by appropriate methods.*
- 7. To maintain information on the stocks of antigen and vaccine available in member countries and other countries and to keep the position continuously under review.*

The presence of these in the Constitution clearly shows the importance attached to each function as part of selection of supply of suitable vaccines and it can be argued these functions are needed at a wider level between countries desiring access to vaccine to use in emergency response. Co-ordination in the supply of vaccines in emergency situation is also given a "Special Function" of the Commission under the mandate of Article V, paragraph 2<sup>2</sup> of the

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<sup>2</sup> 2. To take suitable action in the following fields:

Constitution. As vaccination to live becomes more technically acceptable to decision makers, the mechanisms to support this as an option need to be further developed. Worldwide, several countries as well as regions have established FMD vaccine banks or reserves, which are mainly in the form of concentrated viral antigens. Managers of each of these face a number of similar issues over selection, manufacture, storage, regulation and renewal of vaccines.

Regional banks are often proposed in response to regional crises but recent FMD emergencies in the Republic of Korea and Japan, and in North Africa (SAT2 in 2012 and type O in 2014) have raised the issue that cooperation in supply of stocks may sometimes be more feasible between countries in different regions, since it is less likely that both will face the same risk at the same time.

There is practical and economic benefit to improved collaboration between such vaccine banks. In 2010 an International FMD Vaccine Strategic Reserve Network (IVSRN) was formed. The stated purpose is to share information and best practices with respect to common vaccine bank issues such as vaccine dose requirements, virus strain selection, manufacture, formulation, testing and regulatory control, storage, security, maintenance, monitoring and disposal. This is an example of the type of technical coordination which is becoming more necessary as the option of vaccination-to-live becomes more feasible.

Type C FMD has not been reported in over ten years. While welcome news, this raises the issue of whether there is a need for global coordination to ensure that an adequate stock of type C vaccine is maintained in case of re-emergence.

There would be clear advantages to an EuFMD-coordinated vaccine discussion network for member states, which would include in its remit the discussion of these points.

## **2. Estimating likely demand in the case of an outbreak**

With a greater acceptance of vaccination-to-live policies, it is more likely that an EuFMD member will decide to use vaccination as a control strategy in the face of an outbreak. If multiple countries were to be affected, this raises the issue of whether the minimum number of doses of high priority FMDV antigens available from the regional stock needs to be looked at again, to ensure that sufficient vaccine is available to provide effective cover where this strategy is selected; and on the potential access of countries to purchase vaccine from national bank holders within the region or outside of Europe. Modelling disease outbreaks, including at continental level in Europe, can provide a range of likely inputs into these calculations. It will therefore be necessary to continue to integrate disease modelling outputs with contingency planning activities, so that decision makers can be better informed when deciding the doses of vaccine needed for storage, including at European continental level.

This highlights the importance of continuing to support European disease spread modelling, particularly at continental level, to provide additional information to guide these decisions.

## **3. Selection of antigens in response to changes in risk**

More work is needed to accurately prioritize vaccine antigens that are held in vaccine banks. A regional specific risk based approach is required to maximise the benefits of maintaining vaccine banks. A tool is being developed by EuFMD in partnership with the WRLFMD, Pirbright in order to improve the way recommendations are made to vaccine bank managers.

This will involve determining the regions posing a threat to Europe, the lineages present there, ranking the risks posed by each of these lineages, and then prioritising the vaccine antigens which best cover the high risk lineages for vaccine bank storage. A significant output from this exercise will be a gap analysis to determine the lineages posing a threat but for which the available commercial vaccines provide limited protection.

The development of this tool will significantly contribute to the ability of decision makers involved in selecting antigens to more effectively mitigate risk based on the available information.

## **Implications for Diagnostic Banks**

In an FMD outbreak, the demand for diagnostic reagents may rapidly increase, potentially beyond the supply capacity normally available. This would particularly be the case for serology kits in the post-outbreak serosurveillance phase, but may also apply to reagents needed for confirming clinical cases. The concept of an international diagnostic bank, where several countries combine their resources which would then be available to members in the case of an emergency, is conceptually similar to that of a vaccine bank, and could provide essential support to countries seeking to control outbreaks and regain their FMD-free trade status. By pooling resources, participating countries would reduce their individual costs when compared to having national diagnostic bank arrangements with commercial

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- 2.1 Storage of antigen and/or vaccines by or on behalf of the Commission for distribution to any Member in case of need.

bodies, while still managing their risk, since the probability of multiple FMD outbreaks occurring simultaneously in multiple states is lower than the likelihood of outbreaks occurring in one of those states.

### **1. Resource estimation**

The additional resource requirements for post vaccination blood sampling in a vaccinate-to-live scenario must be estimated, for possible comparison by decision makers against the additional resources required for culling and disposal of animals in a vaccinate-to-die scenario. Census surveillance of vaccinated animals may act as a disincentive for adopting a vaccinate-to-live policy as it may be logistically challenging to implement and may involve resource demands which may be problematic.

In the 2011 Bulgarian outbreak, there was an acute need for reagents for virus detection and serology for surveillance during the outbreak, and the supplies available did not meet the rapidly escalating demand.

Following a vaccinate-to-live policy, there will be a need for a large number of diagnostic kits, particularly serology kits. The difficulty arises in estimating how many would diagnostic kits would be needed. Resource planning should involve integration of modelling estimates of outbreak size with lab resource demand.

As examples, in 2001 the UK tested over 3 million sera for FMD antibodies. In the Republic of Ireland, 160,000 serum samples were tested in 2001. In both cases, vaccination was not used. In the Netherlands in 2001, over 190,000 serum samples were tested, mostly from animals pre-vaccination to confirm they had not already been infected (A. Dekker, personal communication).

This again demonstrates the importance of continued support for European disease spread modelling, so that the results could be used as inputs in discussions on diagnostic resource estimates.

### **2. Laboratory capacity estimation**

Estimating the resources required to manage any animal disease outbreak is problematic. Each outbreak may be unique and therefore there is a dependence on epidemiological modelling to give some indications as to the predicted scale of outbreaks. The UK exotic disease contingency plan describes the test surge capacity they have planned for, in the event of a disease outbreak. Their nominated laboratory would be ready to start contingency surge capacity serological testing within three weeks of notification with an initial capacity of 7,000 tests per week, 20,000 tests in the second week, 40,000 in the third week and building to full capacity of 120,000 tests per week at week 10 (Anon., 2011). This is a useful illustration of lab capacity planning.

This point shows the importance of detailed laboratory contingency planning. Simulation exercises are very useful ways to evaluate laboratory capacity estimates, and veterinary services would benefit from regularly conducting such exercises.

### **3. Mechanisms for administering a diagnostic bank**

Diagnostic banks have certain essential components for administration:

- a) Maintaining a stock of test kits at all times. This baseline capacity should ideally provide coverage for testing during the initial phase of an outbreak, and may include:
  - (i) Reagents to detect virus such as antigen detection ELISA kits
  - (ii) Reagents to detect viral RNA such as PCR kits, primers and probes
  - (iii) Serological kits to detect antibodies for diagnostic purposes.For some assays such as PCR, many laboratories will use the reagents in the course of routine work and would normally expect to have sufficient capacity to deal with a surge. For other laboratories, particularly where severe financial constraints apply, there may not be PCR reagents available from routine work.
- b) Agreement on the number of kits that will be supplied, in the event of an outbreak, and the time frame for delivery of those kits. The estimation of the number of kits needed is a function of outbreak modelling estimates, risk analysis of the likelihood of an FMD outbreak occurring, and the degree of risk acceptance of decision makers, as well as budgetary constraints.
- c) As well as supply of the kits, training and training kits to ensure laboratory staff are familiar with process the test kits may be needed.
- d) Financial commitments: The services described above entail costs, whether provided by commercial companies, non-commercial actors or a combination. A clear description of costs is required to assist decision makers in allocating resources effectively.

It is essential that a country or group of countries seeking to establish a diagnostic bank arrangement give careful consideration to the above points.

#### **4. Balancing national responsibilities with the role of a shared diagnostic bank.**

It would be important to clarify the balance of responsibilities of any shared bank; due to lag-time in deploying diagnostic kits, participating states would need a clear understanding of the in-house diagnostic capacity they would need to maintain. It may be advisable that members of a diagnostic bank make a commitment to maintain an agreed national level of diagnostic kit stocks, with an accompanying clear schedule from the diagnostic bank of the numbers of kits which could be supplied and the expected lead-in time to supply following first request.

#### **5. Matching serological assays with vaccines**

Given the importance of being able to demonstrate vaccine effectiveness, particularly in the context of vaccination to live strategies, a diagnostic bank should include kits which are matched to specific vaccines, as advised by vaccine manufacturers, so that vaccinated animals can be serologically tested to provide proof of efficacy. This important step would require cooperation between vaccine manufacturers, serological kit manufacturers and experts in the field. The expected output would be that for each vaccine stored in a vaccine bank, a corresponding serological kit is identified as suitable to serological testing of vaccinates to detect structural proteins, and that a diagnostic bank should maintain a sufficient supply of such kits to be deployed in conjunction with the matching vaccine. This would then support countries wishing to demonstrate the effectiveness in the field of their vaccination campaigns. The SCRPD (Special Committee on Research and Programme Development) of the EuFMD has all 3 OIE/FAO Reference Centres in Europe represented and has expertise to assist to develop the process or draw conclusions on matched assays, and this could be a priority task over the coming biennium.

#### **6. What might a European FMD diagnostic bank look like?**

It is worth considering at this point what a European FMD diagnostic bank might look like and how it might be administered in practice.

It might consist of several elements:

- a) Rapid deployment kits: PCR reagents, antigen detection-ELISA kits, antibody detection serology kits, for the purposes of rapid deployment during the acute phase of an outbreak. The stock levels would be decided by expert opinion, informed by past experience and current modelling of likely numbers of outbreaks during the initial phase of an outbreak. Due to the rapid deployment time expected, the unit cost of this part of the bank stock would be higher than for kits deployed over a longer time frame.
- b) Serology kits for post-outbreak surveillance: These would not be required until at least 3 weeks after the last FMD case. Again, based on expert opinion informed by experience and current modelling, the bank might commit to supply a certain number of serology kits within a set time frame.
- c) Provision of structural protein-detecting antibody kits for vaccine effectiveness assays: Any such European diagnostic bank should seek to work with vaccine manufacturers, kit manufacturers and experts in order to maintain a sufficient number of kits to detect structural proteins which would be used to confirm vaccine effectiveness in the case of vaccine use.
- d) Clear protocol of expected dates for delivery of each category of diagnostic kit, and how much of each, following official request from bank member: It would be essential to achieve clarity on expected delivery dates and volumes so that contingency planners in member states could plan accordingly.
- e) Governance: An international European diagnostics bank would require an appropriately drafted agreement on funding, administration and the decision process for releasing kits. Any such bank would also involve contracts with commercial suppliers of kits, and these contracts would need to be administered according to the financial rules and regulations of the administering body.
- f) Audit and compliance: procedures would be required to verify any contracts with third parties, such as commercial companies which may agree to store an agreed number of kits to be available for immediate deployment, and to verify and third party contractor is maintaining the capacity to supply as agreed.
- g) Expert advisory body: An advisory body or committee would be needed to advise on matters such as the choice of reagents, the numbers of kits which should be available, how best to integrate modelling, including continental-level disease spread modelling, with diagnostic bank arrangements, and other such matters. Any risk assessment framework for diagnostic kits should be integrated with other relevant FMD risk assessment frameworks.

## **Conclusions**

1. Vaccination-to-live is now more feasible as an option for decision makers than in the past, due to technical progress and changes in societal attitudes.
2. There is a need for an EuFMD-coordinated vaccine discussion network to provide a framework for discussing issues such as vaccine bank coordination, post-vaccination serosurveillance, policy and contingency planning, and the risk basis for antigen selection.
3. There is a need to continue to support European FMD modelling, including at continental/trans-boundary level, to provide inputs for estimating appropriate levels of stock for vaccine banks and diagnostic kit banks.
4. There is a need to continue to develop systems to improve the process of antigen selection for vaccine banks, taking account of regional risks, virus risks and vaccine coverage risks and gap analysis, to assist decision makers in their efforts to mitigate risk.
5. EuFMD member states should consider establishing a shared diagnostic kit bank as a way of addressing the potential need for very significant diagnostic resources following an FMD outbreak.
6. There is a need to match commercially available vaccine antigens with appropriate commercially available serological structural protein detection kits, in order to facilitate the demonstration of vaccine effectiveness if vaccination to live is chosen as a strategy. Where there is a lack of an appropriate match, decision makers should be made aware. EuFMD should consider leading such an exercise.
7. There is a need to conduct an evaluation on the degree to which vaccination-to-live may or may not influence market access for EuFMD members to trading partners, to support decision makers in selecting the appropriate strategy.

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**Modelling animal movement patterns for disease impact assessment – rationale and implications of the FLI/DTU  
EuFMD-FAR project**

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**Key Messages**

- There is a constant risk of introduction of FMD into Member States and other countries.
- Reduced social acceptance of massive slaughter of animals.
- Simulation modelling is an effective way to compare different control strategies.
- Animal movements are crucial in spreading the disease, but individual animal movements are not available in all countries. Modelling on village basis provides an alternative.
- A simulation model was developed that can be adapted to various conditions and provide insights into the consequences of different control strategies.

There is a constant risk of introduction of foot-and-mouth-disease (FMD) into member states of the European Union and other countries. Options for preventing and controlling this animal disease are therefore continuously discussed. With regard to the control of outbreaks, various eradication strategies including pre-emptive slaughter of susceptible high-risk herds or the use of vaccines are considered. Furthermore, the FMD outbreak in the UK in 2001 fuelled discussions on the social acceptance of massive slaughter of animals and the potential use of ‘vaccination to live’ in an emergency situation. These issues have to be addressed by disease managers.

To make recommendations on these issues, e.g. On the use of vaccination to live after an outbreak of FMD, it is necessary to compare the consequences of different control strategies. Building on FLI and DTU experience, and with additional funds from our EuFMD funded research project, a simulation model was further developed and used to assess the advantages and disadvantages of different control options and evaluate their consequences. Animal movements may play a crucial role in spreading the disease, especially during the high-risk period, even over long distances, and must therefore be taken into consideration when modelling FMD. However, movement data on individual animal basis are not available in many countries, but often exist on the village level. Thus, the handling of movement data was adapted in such a way it allows simulating disease spread either based on actual movement data or on data in aggregated form, depending on the country situation.

To provide a tool for policy-makers and epidemiologists in different countries, work is still needed to implement additional control options and different combinations of control tools (e.g. Vaccination and culling) in the model. It is also important to study the conditions that could allow vaccination-to-live as an attractive option. In addition, the calculation of the economic effects of different control strategies has to be implemented in the model to provide a basis for further comparison of control strategies.

### Modelling FMD at European scale

*Professor Uno Wennergren, Theoretical Biology, Linköping University, Sweden*

*Professor Matt Keeling, Dept of Biological Sciences and Mathematics University of Warwick, UK*

*Assistant Professor Tom Lindström Theoretical Biology, Linköping University, Sweden*

*Assistant Professor Michael Tildesley, School of Veterinary Medicine and Science, University of Nottingham, UK*

#### Key message

- The importance of having continent-scale modelling of disease spread in Europe available as a tool;
- The importance of developing a framework which can account for the differences in farming practice across Europe;
- That the model outputs would be relevant to a range of scenarios in EU;
- That the modelling framework is used and tested for USA;
- The need to modellers to obtain the necessary animal and farm data to facilitate this work.

In this presentation we make the case for a unified modelling structure to predict the likely spread and action of controls of FMD across Europe. Throughout the EU, human health decisions (especially involving infectious diseases) are made with the assistance of predictive models. This is because the complex non-linear behaviour of infection circumvents our normal intuition. Here we argue that a similar model-based paradigm is needed for livestock infections.

We suggest that a robust and relatively simple model framework is required. We demonstrate this approach using a spatial-stochastic model that incorporates both long-range animal movements and localized distance-based transmission. In particular we focus on the findings for three test-cases which exemplify extremes of model challenges: the UK, the USA and Turkey.

The UK 2001 FMD outbreak is probably the most detailed epidemic ever recorded, and is potentially one of the most economically detrimental. Using calibrated simulation models we consider whether partial movement bans (focusing around infected counties) could have been equally effective at controlling the outbreak compared to a national ban.

We have extended our mathematical models to examine USA. For the USA the twin challenges are the lack of detailed farm information and the lack of epidemic information on which to base the simulations. We show how such difficulties can be overcome, and demonstrate that for some parameter combinations large-scale outbreaks are likely, and at what geographical scale movement bans becomes effective.

In Turkey, FMD is an endemic infection and is contained by vaccination. While the data on FMD in Turkey is relatively comprehensive, its endemicity and the action of vaccination provide their own challenges. We outline early attempts to capture the dynamics of FMD in Turkey and quantify the impact of vaccination.

Finally, we outline the potential impact of extending such work to the entire EU (or all of Europe), such that policy makers can be provided with the best scientific predictions on which to make their difficult decisions. An EU model can become the most efficient and data-driven model of them all since in EU there exist useful national databases.

# ITEM 4

**WEBINARS for** Training Focal Points / Modelling Network / Contingency Planning Network / Balkans Simulation Exercise Network / Guest webinar for LINKTADS / West Eurasia roadmap countries

**IN TOTAL: 24 webinars in past 12 months-approximately two per month**

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**Report of the Executive Committee on the Actions  
Since the 40<sup>th</sup> Session in April 2013**

### Executive Summary

The work programme in the past two years has been among the most intense ever for the Commission, reflecting the ambition of the Strategic Plan with its Three Pillars and the 13 Component Workplan agreed with the EC. No outbreaks of Foot and Mouth Disease have occurred within the free countries of the Member States (MS) in this period, despite the nearby, continuous risk. The first FMD outbreaks occurred in 2014 in Tunisia and Algeria since 1999, involving a strain from South Asia (probably India) reflect the rapid jumps in virus distribution that can occur, as well as the insecurity and difficulty for veterinary services in the Middle-East and North Africa. This has not been a time for complacency. The 24 month funding agreement enabled implementation of the new Strategy and the system of agreed long term work plans, a result-oriented planning and delivery framework, with a high emphasis on Component managers to communicate and co-ordinate with member states to ensure demand driven activities. This has shown its benefits and enabled a feeling that the actions being undertaken are closer to the needs of the member states than in the previous periods. The longer term planning has ensured the actions are coordinated and supportive to Gf-TADS and the Pillar III actions are now driven by the requests from the Gf-TADS FMD Working Group, ensuring the EuFMD is recognized as supporting the Global Strategy and providing its expertise to the international efforts.

The training partnership with Australia has enabled e-learning and virtual meetings to be established into the Training Programme and, as a result, e-learning courses have been taken up strongly by member states with a strong demand from Training Focal Points to deliver the courses at national level. The additional programme width and wider impact of the actions could only be achieved through cost cutting on travel and emphasis on use of webinars and e-learning. Thanks to experts in our MS and a multilingual team, the Commission has delivered FMD e-learning courses in Russian, French and English. In the past year, over 1000 persons across almost 50 countries have participated in the EuFMD e-learning online. It is clear, from the demand received, that every Veterinary Service has disease risk managers who need to be supported. The decline in European FMD research remains alarming and, though the new EuFMD-Fund for Research is filling a vital gap, the Standing Technical Committee (STC) has made it clear we need to learn from management approaches and research undertaken outside Europe. The new Contingency Planning network may act as a forum to identify priorities for studies as well as their relevance to policy including the use of vaccination to live. We have heard the cry from European contingency planners for arguments to assist them and it is hoped that giving them a voice, and tools such as the Impact Calculator, may bring the attention and support needed to ensure every country invests in contingency planning.

The Secretariat recognizes the role of the Chairman, Ulrich Herzog, and Vice Chairman Nigel Gibbens in the changes in strategy, management, better programme planning and stronger partnerships they have achieved over the past six years and the constant, constructive support of DG-SANTE throughout this period of economic and organizational change. On behalf of the members, the EuFMD wishes to thank them for their Leadership and commitment to achieving long term FMD security for the member states and more effective contribution to global efforts.

### Executive Committee and Standing Technical Committee Sessions and Actions since the 40<sup>th</sup> Session

1. The 40<sup>th</sup> Session was held in April 2013 and elected the following as Chairpersons and Members:

Position	Elected	Members:	Elected
Chairman	U. Herzog (Austria)	Member	D. Iliev (Bulgaria)
Vice-Chairman	N. Gibbens (UK)	Member	N Pakdil (Turkey)
Vice-Chairman	P.Naassens (Be)	Member	JL Angot (France)
		Member	J Milius (Lithuania)
		Member	Z. Novakovic (Serbia)

2. These attended (with the exception of Dr Milius) or sent alternates in their place to each of the four Executive Committee Sessions held in the interim (Lyon, October 2013; Brussels and Sofia 2014, Belgrade 2015). All the Session Reports are online. In addition Programme Committee (“Mini-Executive”) meetings were held in Lithuania, Brussels and Austria between Sessions, for decisions on the work programme in fulfilment of the Contract with the EC and as required by the situation

3. The **Standing Technical Committee (STC)** was elected at the 40<sup>th</sup> Session, and has met mainly by teleconference in the intervening period. They have helped enormously with the processes of the EuFMD Fund for Applied Research. They guided the programme for **very successful Open Session** held in Cavtat, Croatia, in October 2014, which had

over 250 participants on site and the same number registered for the online Conference which was streamed in parallel. Those elected and served the Commission were Professor David Paton, UK (until July 2014; then replaced ad interim by Eoin Ryan, Ireland); Christianne Brusckhe (NL), Preben Willeberg (DK) and Matthias Kramer (DE).

4. The Special Committee for Research and Programme Development (SCRPD) was also elected at the 40<sup>th</sup> General Session (List in **Table 1**) met twice, in Frascati in November 2013 and Cavtat Croatia in October 2014. They have been very active in reviewing the submissions to the EuFMD-FAR fund, as experts in the Real-Time Training courses and other courses, and in providing expert opinion on topics requested by the STC, and almost all presented work at the Open Session.

**Table 1.** Special Committee on Research and Programme Development (SCRPD).

In addition to the names below, representatives of the three FAO Reference Centers for FMD which are located in the EuFMD Member States are invited to each Session as follows: K. De Clercq (FAO FMD Reference Centre, VAR), E. Brocchi (FAO FMD Reference Centre, IZSLER) and J. Hammond (FAO-WRL FMD, Pirbright).

Name	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 & monitoring progress
Ron Bergevoet (NL)	Veterinary economist/FMD	Group 3: surveillance & monitoring progress
Katharina Stark (Swi)	Veterinary epidemiology, surveillance, management; FMD field research wide int. experience	Group 3: global issues/ PCP progress
Stephan Zientara (Fr)	Epidemiology, surveillance systems, Europe/Africa/REMESA/Wes Eurasia	Group 3: surveillance & monitoring progress
Don King (UK)	Global FMD surveillance, diagnostics	Group 3: surveillance & monitoring progress

#### Implementation of the Strategic Plan after the 40<sup>th</sup> General Session

5. At the 40<sup>th</sup> General Session, the Commission adopted a radical new Strategic Plan for the period 2013-17. The Secretariat, while completing the activities under the Phase II EC agreement (2009-13) was active in developing the agreement with the EC for Phase III funding, involving a fully-costed workplan for the three Pillars and 13 Component Objectives of the new Strategy. This was signed on 28<sup>th</sup> August 2013 and after review at the Lyon Session by the full Executive of the 13 components and 40 expected results, and detailed workplans and budgets for each, the new program was agreed by all parties, including the OIE and FAO observers, and commenced in October 2013. The programme was planned in detail for 24 months, with the Executive, through the Chairpersons, with the EC, acting as the Programme Steering Committee. The Executive Secretary was responsible for the management of the programme, assisted by the EuFMD Administrative Team, a Professional

Officer (Eoin Ryan, P3), Communications and Training Officer (Nadia Rumich), and Short Term Professionals and long term consultants who together managed the 13 components. Each component has a manager and this person is supervised by the Executive Secretary or his Deputy.

The progress of the workplan is reviewed every five-six months by the Executive at their Regular Sessions. The Chairpersons have reflected very positively on the transparency and high level of progress and outputs in almost all Components. The FMD crisis situation in North Africa required changes to priorities and emergency training and missions were implemented in June-August 2014. The system by which workplans are agreed with the Gf-TADS partners for Pillar II and III has enabled changes to the programming to be agreed with all parties, and the role of the REMESA Programme Committee has allowed this following the FMD epidemics in 2014.

A summary (Newsletter format) of the progress report on the EC funded actions between October 2013 and February 2015 is provided to the Session and is online (and the Full Report on the 13 Components is on the USB provided to the 41<sup>st</sup> General session participants and online).

## **6. Significant developments to the Pillar I programme**

### *Modelling and Contingency Planning*

The Component (1.2) on Modelling and Contingency Planning was launched as separate entity from the Training programme (1.1) in August 2014, following a strong demand from MS for the networks on modelling and contingency planning. This was decided by the Executive in July 2014. The interest has continued to be strong and the programme is complementary without overlap to the SANTE/FVO efforts to improve the quality and testing of contingency plans in the MS.

### *E-learning and training resources*

The development of e-learning courses was initially undertaken to ensure pre-course and post-course training of vets joining the Real-Time Training Courses. The success of the e-learning stimulated wider trials of e-learning for the Training Network and, as a result, the EC translated the course into all EU and neighborhood major languages. It has been run in French and Russian in 2014 and 2015. By the 41<sup>st</sup> General Session, over a thousand registered users have been through EuFMD courses and meetings and use the online training resources site.

### *Language versions and greater use of online platforms for networking and training*

Real-Time courses have been run in English, French and Russian, in Kenya and Turkey, and webinars and online training in all three are now regular (1-2 per week) events.

### *Demand driven developments*

Member states have asked to use training credits, or their own budgets, to buy additional places and to launch national versions of the emergency (e-learning) course. This demand from national training focal for resources to enable their own national training by efficient e-learning and blended learning (trainer moderated) has taught the EuFMD a lot about what MS desire from support. In 2015, we expect about six emergency courses for national (MS) users in addition to the English and Russian courses. Overall, about 50 countries have participated in training across the three Pillars.

### *Surveillance for other infections under the co-ordination programme in Thrace*

Following requests from the countries concerned and decisions at the Tripartite meetings in 2013 and 2014, the FMD surveillance programme in the three countries (GRE, BUL, TUR) was extended to include *Peste des Petits Ruminants* (PPR) and Sheep and Goat Pox (SGP). A mission was conducted with experts from the three countries to assist national preparedness/Contingency Planning for LSD in the Thrace region in relation to the threat of Lumpy Skin Disease (LSD) to Thrace. A moderate increase in the original budget (of circa 50,000 USD) was agreed to enable this.

## **7. Significant developments under Pillars II and III**

**Under Pillar II**, of most significance has been the intensive support to GDRC Turkey to establish an epidemiology and monitoring unit to assist GDRC to monitor the implementation of the Turkish national strategic plan. A workshop for Transcaucasus countries, Turkey and Russian federation, on "Improved FMD surveillance in the common borders region" was held in Ankara in January 2015. Further Progressive Control Pathway (PCP) workshops were held in Egypt under Component 2.2, and support was given to Algeria and Mauritania under the REMESA program (for surveillance). Under Component 2.3, support to Libya had progressed well to develop a national control programme (RBSP) until security broke down completely. This allowed more focus on the other countries and of significance, the good start made to work with Mauritania, for which the Libyan expertise was

useful. The FMD crisis in Tunisia and Algeria required emergency actions in June 2014; this only highlights the insecure situation for FMD management and risks to Europe.

**In support of Pillar III**, EuFMD experts have assisted the Gf-TADS Working Group through assistance to develop the Global Report, with focus on evidence for implementation of PCP related national activities, on training for FMD experts (East Africa, Component 3.2), and in development of an e-learning course on the PCP for launch in April 2015. Under Component 3.3, the WRL at Pirbright has strongly contributed in surveillance services and in managing the Annual Global Meeting of OIE/FAO Reference Centers. The target of surveillance in each Pool has not been met but progress has been made towards the planned involvement of screening labs (Regional Support Labs) in four countries; each is now contributing to the Monthly EuFMD report on virus circulation.

**8. Monthly Global Surveillance Reports** have been produced, managed by Teresa Scicluna, from the EuFMD Short Term Professional (STP) programme. In 2014 and 2015, each edition has had a different **Guest Editor** who is an international FMD expert from the Special Committee or from an FAO or OIE reference center. Circulation of the report continues to grow and, via promed and other routes, is used as a regular and valued output. There is a plan to improve the use of this information in the prioritization guidance on antigens for the European vaccine banks which will be reported at the 41<sup>st</sup> Session.

#### **9. Training Contract with Australia and New Zealand**

Following the positive review at the 40th Session in April 2013, the programme for Real Time training courses in Nepal for participants from Australia was extended in 2013 and 2014. As we received interest from other states (such as New Zealand), in order to keep the administrative arrangements clear, the extension to the programme was negotiated with Australia but included the provision of two courses for New Zealand. To date, 15 training courses have been held in Nepal, training 138 participants from Australia and New Zealand with very positive feedback received from each course. Additionally, as part of the terms negotiated by FAO with the host Government, support has been provided to the Department of Livestock Services (DLS), Nepal. 75 Nepalese veterinarians have been trained during the courses and training and equipment provided to the National FMD laboratory. Additionally, under FAO lead, a series of workshops have been held with the DLS FMD working group, which have enabled the drafting of a National FMD Control Programme, based on the principles of the PCP, which has recently been submitted for legislative approval. Central to the contract is the **agreement that it will bring direct benefits to EuFMD Member States, and these in 2013-14 include funding** of a significant proportion of the set-up costs of the EuFMD e-Learning training platform and the position of a full-time Training Support Officer. A request for further extension of the agreement for training courses to be held in 2015 and 16 has recently been agreed by the Executive Committee.

#### **Staffing and EuFMD Program Management Responsibilities**

**10.** The Secretariat staff is listed below (as of April 2015).

##### **Technical team at April 2015:**

Executive Secretary	Keith Sumption
Deputy	Fabrizio Rosso (ex-Eoin Ryan, to 1/2014, and Caroline Dube, June-July 201)
Training Development Officer	Jenny Maud (ex-G Torres to 10/2013, and C. Taylor, to 1/2014)
Communications and Training support	Nadia Rumich
Short Term Professionals	Katie Hickey (UK/NZ) Teresa Scicluna (Malta) Milan Pandurovic (Serbia) Gunel Ismailova (Azerbaijan)
Consultants (Component Managers)	M. Mclaws, C. Bartels, K. Van Maanen

##### **Administrative team :**

Program Co-ordinator	Cecile Carraz
Finance Assistant	Silvia Clementelli
Team members	Ida D'Alessandro; Erica Tomat

11. The Executive Secretary, the Deputy, 50% of the costs of the position of Ms Rumich and two STPs are funded by the Administrative Fund (Members Contributions), being the 2.5 posts plus two STPs as per the agreement on use of the Administrative Budget at the 40<sup>th</sup> General Session. Essentially, the technical programme is underpinned by this support, which equates to 20% of the overall annual administrative and work programme budget.
12. The management responsibilities for the EuFMD program are shown in **Table 3**. Managers have thus been mainly funded by the MS through the Administrative Fund with the exception of those which are EC funded (two consultants and one STP (Isabel Gutierrez Boada) and the Training Officer (by Australia). The Short Term Professionals (STPs) assist with management in areas of their competence.
13. **Short Term professionals (STPs):** the STP programme has been well taken up and the series of excellent STPs have strongly assisted the EuFMD with their in-depth knowledge of European contexts and veterinary service roles and responsibilities. Each STP commits to at least three months and usually not more than six. **Table 4** indicates the STPs in the past three years.
14. Visiting Scientists and Secondments from FAO regional offices: in 2015, the EuFMD benefitted from Dr Ibrahim Eldaghayes (Libya) joining EuFMD as Visiting Scientist, with no cost to EuFMD, on sabbatical leave from University of Tripoli. He already has more than two years' experience in FMD management in Libya and is very well known in REMESA, and therefore assists with this programme. In addition, Dr Elma Sikala comes on secondment from FAO-Zimbabwe office to work on the PCP Component (3.2), assisting Dr Bartels. These staff assist building bridges with REMESA and FAO and free up staff time for the main actions under Pillar I.
15. **Administrative support:** Currently, the EuFMD has a Program Co-ordinator (Ms Carraz), a finance assistant (Ms Clementelli), and two team members (Ms D'Alessandro, Ms Tomat) working on all the administrative and logistic issues of the EuFMD. The Finance Assistant is covering the G5 role, so there is no strong reason in terms of current performance gaps to recruit an FAO Clerk.

#### Financial position

16. The Secretariat manages three Trust Funds, for the Administration of the Secretariat (MTF/INT/011/MUL, contributions from the Member States), EC Program (MTF/INT/003/EEC) and an Emergencies and Training Fund into which additional contributions have been received for provision of training (MTF/INT/004/MUL).
17. Position of the **Administrative Fund (MTF/INT/011/MUL):** the opening cash balance was 453,275 USD and the statement for income and expenditure for 2014 (**Table 5**) shows that **618,105 USD of contributions against an expenditure of 738,476 USDS, and a final (year-end) Balance of 332,040 USD**. This is in line with expectations on the reduction in the end of year cash balance for 2014 and 2015. As a result of better than anticipated payment of arrears, there was a slightly higher balance at the end of 2014 (by about 30,000 USD), than was forecast in 2013.
18. **Outstanding Contributions:** at 31/12/2014 there was a total of USD 95,937.43 outstanding, of which 51,144 USD related to Bulgaria and 20,850 to FYROM. The letter was sent to Bulgaria on this issue resulted in prompt action and this amount was settled in full by February 2015. The Commission is grateful to Dr Iliev for action to resolve this situation.
19. Given the above, there is a need for careful attention to the expenditure in 2015, but the situation allows for filling of at least one STP position in 2015 from the fund (two positions were maintained in 2013-14) providing the Budget Revision (**Table 2**) with EC over the sharing of costs with the EC TF is agreed at an early date.
20. Position of the **Emergencies and Training Fund (MTF/INT/004/MUL)**. Funds have been received from the Department of Agriculture, Australia as part of the agreement of AU\$460,000 to cover courses in 2014-15. The new agreement has received 328,010 US\$ in 2014, had expenditure of 255,658 US\$ in this year, and has a balance of 118,013 US\$, which will be used, alongside the final contributions totalling 110,000AU\$, to cover the remaining three courses to be held in 2015.  
The EuFMD president received a letter on behalf of the CVO Australia to request four further courses in 2015-16 and one e-learning course, totalling an additional contribution of 245,600AU\$, and the 89<sup>th</sup> Executive Committee approved this continuation on the basis of clear benefits to the Member States. The Fund has also

received contributions from non-member states for places on Real Time courses and contributions from two member states funding additional places on training courses under the “training credits top-up scheme”, with a strong level of interest from MS in further training places. The Fund has been used to pay for a Full Time Training Development Officer in 2014 (Jenny Maud) who manages Component 1.1, a considerable gain to the EuFMD and a savings to EC Fund.

21. Position of the **EC Program Fund (MTF/INT/003/EEC)**. The Phase II agreement with the EC was operationally closed at the end of September 2013, and final payments organized and closed, so that the financial closure could be made on 13<sup>th</sup> February 2014. The final balance is US\$ 1,227,043.

***MTF/INT/003/EEC (PHASE II 2009-13, TFEU97AA09638 entity 608868)***

<b><i>EC Project Phase II</i></b>	<b><i>US\$</i></b>
<i>Total Cash received</i>	<i>10,592,358 (including interest earned 5,813)</i>
<i>Total expenditures</i>	<i>9,359,502</i>
<i>Final Balance</i>	<b><i>1,227,043</i></b>

22. Total expenditure in Phase III, at 10 April 2015, is US\$ 3,422,361, and thus over 100% of the agreed pre-financing. A call for Funds has been sent to the EC together with a proposed amendments to the project relating to use of budget (variation by line and per component, following the 89<sup>th</sup> Executive Committee Session), as recorded below.

<b><i>EC Project Phase III</i></b>	<b><i>USD</i></b>	<b><i>EURO</i></b>	<b><i>Note</i></b>
<b><i>Total scheduled</i></b>	<b><i>USD 5,318,270</i></b>	<b><i>€ 4,000,000</i></b>	
<i>Total Cash received 10 April 2015</i>	<i>USD 1,009,658</i>	<i>€ 771,379</i>	<i>Equivalent to €771,379 in Agreement</i>
<i>Total expenditures up to 10 April 2015</i>	<i>USD 3,422,361</i>	<i>€ 2,574,026</i>	<i>Over 200% of official pre-financing</i>
<i>Cash Balance</i>	<b><i>- USD 2,412,703</i></b>	<b><i>- € 1,814,642</i></b>	<i>Can Reduce negative balance by circa 320,000€ when the Final Balance Phase II is accepted by EC and counted into the first instalment.</i>
<b><i>Overall Phase III budget</i></b>			
<i>Maximum EC financing</i>	<i>USD 5,318,270</i>	<i>€ 4,000,000</i>	
<i>Expenditure to April 10<sup>th</sup> 2015</i>	<b><i>USD 3,422,361</i></b>	<i>€ 2,574,026</i>	<i>Exchange rate 0,75212</i>
<i>Current Balance</i>	<b><i>USD 2,145,743</i></b>	<i>€ 1,425,951</i>	

23. Management of expenditures - Phase III

At the 86<sup>th</sup> Executive Committee Session, the limits on spending per component and budget line were agreed and every component and subcomponent (outcome) was assigned a budget. Subsequent Executive Committee Sessions approved several proposed changes to the limits for some components and this created a need for a formal BUDGET REVISION, which was proposed to the EC on 11<sup>th</sup> March 2015. The financial control system now in place has made for clarity in the daily work and planning, and is controlled through the Financial Oversight of the Finance Assistant (Silvia Clementelli) and Budget Holder (Keith Sumption).

The Programme Coordinator (Cecile Carraz) develops the three-month forward work scheduling plan together with the Finance Officer and Component Managers and these have been transmitted to the Chairpersons when updated. The spending per Component is reviewed in team meetings once a month.

24. The Expenditure by Component

As mapping expenditure to components is not-automatic, there is no way to track spending per component in real-time. **Table 6** gives the result of the most up to date mapping of spending per component as presented to the 89<sup>th</sup> Session in February 2015. Only those components which have a high proportion of longer term commitments (into 2015, such as research studies contracted under Component 1.5) have “overspent” their expected 50% benchmark.

### Activity Plan April to August 2015

25. The 24 month agreement with the EC ends on 28<sup>th</sup> August 2015 and following the 41<sup>st</sup> General Session in April, the workplan and associated budget for the new Agreement will be develop. It is hoped agreement will be reached in order to start the new Contract on 1<sup>st</sup> September 2015. The final set of activities under the current Phase III will be conducted, with modifications so recommended at the 41<sup>st</sup> General Session. The planned actions are summarized in **Table 7**. A set of training courses under the contract with Australia and New Zealand will occur in May in Nepal.

The period after the General Session, including the OIE General Session, will involve significant work in developing detailed work plans for the Phase IV and the closure/finalization of actions agreed under Phase III. Following the Session, the new Executive will need to make decisions concerning the staffing of vacant positions under the Administrative Fund and to be included in the EC agreement, to support the agreed work program.

Table 2. Proposed Budget Revision Phase III

PROPOSED BUDGET REVISION - PHASE III								
Accounts	Description	Pillar I / EUR	Pillar II / EUR	Pillar III / EUR	Agreed Total September 2013	Proposed Total	Changes between new and approved budget	Proposed as % of previous
<b>STAFF COSTS</b>								
5300	Salaries Professional	205,934		22,882	94,385	228,816	134,431	142%
	Salaries General Service	5,000			251,149	5,000	-246,149	-98%
5570	Consultants Budget	396,139	290,077	39,625	359,049	725,841	366,792	102%
5900	Duty Travel Budget	537,200	321,000	122,899	981,099	981,099	0	0%
5650	Contracts Budget	380,000	55,000	400,000	835,000	835,000	0	0%
5920	Training Budget	102,500	124,000		161,200	226,500	65,300	41%
6000	Procurement Budget	356,715	59,452	41,159	777,700	457,326	-320,374	-41%
6150	Report Costs	2,688	1,025	889	4,602	4,602	0	0%
	Administrative support to the project	29,755			29,755	29,755	0	0%
6160	Project Evaluation Cost	17,928	6,833	5,918	30,679	30,679	0	0%
6300	General Operating Expenses	126,200	85,500	-	211,700	211,700	0	0%
6400	General Overhead Budget	2,000			2,000	2,000	0	0%
	<b>Subtotal</b>	<b>2,162,059</b>	<b>942,887</b>	<b>633,372</b>	<b>3,738,318</b>	<b>3,738,318</b>	<b>0</b>	<b>0%</b>
Grand Subtotal		€ 3,738,318.00						
Support Cost. 7%		€ 261,682.00						
<b>GRAND TOTAL</b>		<b>€ 4,000,000.00</b>						

**Table 3 – Management Responsibility: Pillar and Component Managers April 2014 to October 2015 - EuFMD /EC Action 2013-15 (“Phase III”)**

**BOLD= Continuity.** Grey= change. TSO: Training Support Officer. STP: Short term professionals. KS: Keith; NR: Nadia; FR: Fabrizio; JM: Jenny; AUS: Australian funds (to 12/2013)

Pillar	Comp	Comp.	Pillar Mgr	%time	KS %	NR%	STP/ TSO	2014	2014	2015	Comment
								July-Sept	Oct-Dec	Jan-June	
I	1.1	Training-RT	KS		10	20	TSO 0.5	<b>J.Maud</b>	<b>J.Maud</b>	<b>J Maud</b>	AUS funds support the Training Officer
	1.2	Training -CP&DS	KS		5	10	TSO 0.5	C. Dube	E. Calduch	E Calduch (Jan), Katie HICKEY (Feb-June)	
	1.3	THRACE	KS		5		STP 0.5	M. Hovari	M. Hovari	Mark Hovari (Jan), Milan Pandurovic (Feb-June)	
	1.4	Balkans	KS				STP 0.5	M.Hovari	M.Hovari	Mark Hovari (Jan), Milan Pandurovic (Feb-June)	
	1.5	Res Fund	KS		5			C. Dube	K.Sumption	K Sumption	
	1.6	Crisis	KS								
	1.7	PTS	KS					K. V Maanen	K. V Maanen	Kees	
		Surveillance Rep	KS			5		T.Scicluna	T.Scicluna	Teresa Scicluna	
II	2.1	Turkey/GEO	KS		10		STP 0.5	M.Mclaws	M.Mclaws (assisted by G. Ismailova STP)	M.Mclaws (assisted by G. Ismailova STP to June '15)	Gap after G.Ismailova
	2.2	Israel/Cyprus	KS	20				<b>K. V Maanen</b>	<b>K. Van Maanen</b>	Kees	K.VM to end of June in Rome then from distance
	2.3	REMESA	KS		10	10	STP 0.5	C.Dube	F.Rosso	F Rosso assisted by Ibrahim Eldaghayes (Visiting Scientist)	
			KS					G.Grigoryan	I. Gutierrez.	Isabel Gutierrez (to March)	Rodrigo Nova (UK) to cover after Isabel with 50% time to support e-learning under Training Component (1.1)
III	3.1	Monitoring			5		STP 0.75				
	3.2	PCP	KS		5	5	STP 0.25	<b>C.Bartels</b>	<b>C.Bartels</b>	Chris Bartels	
	3.3	Global Lab	KS		5			<b>K. V MAANEN</b>	<b>K. V MAANEN</b>	Kees	
			Total projects	100	60	50					
		Management			40						
		Communications				50					
Pillar	Comp	STAFF LEVEL		One P3	One P5	One P2	1 TSO +3 stps				

**Table 4. Short Term Professionals Programme – STP/Visiting Scientists/Secondments since April 2012**

Full name	Permanent Residence Country	Releasing Party	Start Date	End Date
WILSON, MS ELIZABETH	United Kingdom	Ministry of Agriculture, Belfast, Ireland	03-Apr-12	03-Sep-12
KNIGHT-JONES, MR THEODORE JAMES	United Kingdom	Pirbright Institute	27-Apr-12	31-Oct-12
DILAVERIS, MR DIMITRIOS	Greece	Ministry of Rural Development and Food of Greece	01-Nov-12	25-Apr-13
ALEXANDROV, MR TSVIATKO MARINOV	Bulgaria	Bulgarian Food Safety Agency	01-Nov-12	13-Apr-13
MILICEVIC, MS VESNA MILOVAN	Serbia	Ministry of Agriculture, Forestry and Water of Serbia	01-Nov-12	30-Jun-13
POTOCNIK, MR MARKO	Slovenia	Ministry of Agriculture and the Environment Administration	01-May-13	31-Oct-13
POLIHRONOVA, MS LILYANA	Bulgaria	National Diagnostic and Research Veterinary Medical Institute of the Republic of Bulgaria	30-Jun-13	29-Oct-13
BOUMA, MS ANNEMARIE	Netherlands	Ministry of Economic Affairs of the Kingdom of the Netherlands	31-Aug-13	30-Dec-13
VAN MAANEN, MR CORNELIS	Netherlands	Animal Health Service, the Netherlands	12-Sep-13	30-Jul-14
TURIAC, MS IULIA	Romania	National Sanitary Veterinary and Food Safety Authority	31-Oct-13	31-May-14
ROSSO, MR FABRIZIO	Malta	Ministry for Sustainable Development, Env. & Climate Change	05-Dec-13	15-Jun-14
GRIGORYAN, MR GRIGORI	Armenia	National scientific center for food safety risk assessment & analysis	25-Feb-14	30-Aug-14
SCICLUNA, MS MARIA TERESA	Italy	IZSLT, Istituto Zooprofilattico Sperimentale del Lazio e Toscana	23-May-14	31-Aug-15
ISMAYILOVA, MS GUNEL	Azerbaijan		06-Oct-14	07-Jul-15
GUTIERREZ BOADA, MS ISABEL	Spain	Ministry of Public Administration BIP las palmas Gran canarias	13-Oct-14	13-Apr-15
ELDAGHAYES, MR IBRAHIM	Libya	University Of Tripoli	20-Oct-14	01-May-15
HICKEY, MS KATHERINE	UK/New Zealand	Ministry for Primary Industries	02-Feb-15	01-Aug-15
PANDUROVIC, MR MILAN	Serbia	Ministry of Agriculture and environmental protection	23-Feb-15	31-May-15
SIKALA, MS ELMA	Zimbabwe	FAO	23-Feb-15	23-Jun-15

Table 5 - Financial Statement

STATEMENT 1				
MTF/INT/011/MUL - TF number 904200				
EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE				
<u>Financial Report from 1st January to 31 December 2014</u>				
	USD	USD	Eur	Eur
<b>Balance as at 1 January 2014</b>		453,275		340,410
Interest received	0			
Contributions from member countries and institute	618,105		508,082	0
Project Income Earned (Child)	0	618,105	0	464,197
<b>Expenditure</b>				
Salaries	430,894		323,601	
Consultant	163,484		122,776	
Contracts	0		0	
Duty Travel	110,786		83,200	
Training	7,036		18,854	
General Operating Expenses	25,105		18,854	
Expendable Equipment	1,171		879	
Non-Expendable Equipment	0		0	
<b>Total Expenditure</b>		<u>738,476</u>		<u>554,595</u>
<b>Balance as at 31 December 2014</b>		<u>332,904</u>		<u>250,011</u>
<b>Balance restated at UN Exchange rate of 31 December 2014</b>				
<p>The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2014. The average monthly UN Operational Exchange Rate applicable for the period to 31 December 2014 is USD 1: EUR 0.751</p>				

**Table 6: Mapping of activities**

EURO €	2013-2015				PILLAR I				PILLAR II				PILLAR III			
Account NB. Description	III PILLARS Budget 2013-2015	III PILLARS 16 mths Exp.	%	Available	Pillar I Budget 2013-2015	Pillar I 16 mths exps	%	Available	Pillar II Budget 2013-2015	Pillar II 16 mths exps	%	Available	Pillar III Budget 2013-2015	Pillar III 16 mths exps	%	Available
5900 TRAVEL	€ 854,550.00	€ 550,524.72	64%	€ 304,025.28	€ 595,750.00	€ 373,209.39	63%	€ 222,540.61	€ 176,000.00	€ 121,837.91	69%	€ 54,162.09	€ 82,800.00	€ 55,477.42	67%	€ 27,322.58
5920 TRAINING	€ 203,900.00	€ 159,350.27	78%	€ 44,549.73	€ 79,900.00	€ 138,135.22	173%	-€ 58,235.22	€ 124,000.00	€ 21,215.05	17%	€ 102,784.95	€ -	€ -	0%	€ -
5570 CONSULTANT	€ 541,296.00	€ 458,506.27	85%	€ 82,789.73	€ 288,196.00	€ 237,139.34	82%	€ 51,056.66	€ 185,100.00	€ 177,275.72	96%	€ 7,824.28	€ 68,000.00	€ 44,091.22	65%	€ 23,908.78
5650 CONTRACT	€ 714,380.00	€ 703,103.00	97%	€ 11,277.00	€ 330,000.00	€ 219,538.00	64%	€ 110,462.00	€ 9,000.00	€ 7,955.50	88%	€ 1,044.50	€ 375,380.00	€ 475,610.00	127%	-€ 100,230.00
6000 PROCMRT	€ 646,190.00	€ 50,803.21	8%	€ 595,386.79	€ 483,190.00	€ 39,379.11	8%	€ 443,810.89	€ 98,000.00	€ 11,424.10	12%	€ 86,575.90	€ 65,000.00	€ -	0%	€ 65,000.00
6300 GEN.OP. exps	€ 246,800.00	€ 4,532.73	2%	€ 242,267.27	€ 115,050.00	€ 1,437.40	2%	€ 113,612.60	€ 97,250.00	€ 2,913.15	2%	€ 94,336.85	€ 34,500.00	€ 182.17	1%	€ 34,317.83
<b>TOTALS Activity</b>	<b>€ 3,207,116.00</b>	<b>€ 1,926,820.20</b>	<b>60%</b>	<b>€ 1,280,295.80</b>	<b>€ 1,892,086.00</b>	<b>€ 1,008,838.46</b>	<b>54%</b>	<b>€ 883,247.54</b>	<b>€ 689,350.00</b>	<b>€ 342,621.43</b>	<b>48%</b>	<b>€ 346,728.57</b>	<b>€ 625,680.00</b>	<b>€ 575,360.81</b>	<b>92%</b>	<b>€ 50,319.19</b>
PRIOR 86th Excom	€ 3,207,116.00				€ 1,877,836.00				€ 720,100.00				€ 609,180.00			
Prior 1st EC Agreement	€ 3,207,116.00				€ 1,882,245.00				€ 689,608.00				€ 635,253.00			

**Table 7: Eight month Activity Plan Feb-Sept 2015**

8 Months Activities Plan - February - September 2015																	
PILLAR			PRIOR EC Budget Agreement	Total Budget Allocated € 320'7116	16 months Expenses Oct. 13 -Dec. 14	% 65 of project completion	Actual available (8 months activities 2015)	Feb.15	MAR. 15	APR. 15	May 15	Jun. 15	Jul. 15	Au 15	Sept.15		
PILLAR I IMPROVE  PRIOR Agreed € 1'882'245 Allocated € 1'877'836.00	1.1 E_Learning Training 1.1 Training Program	Nadia -Jenny	€ 341,239.00	€ 515,241.00	€ 380,446.35	73.8%	€ 134,794.65	NTC 16-17-18-19-20 refresher NTC 21 Induction course FEPC in English for Norway Lithuania Hungary Poland Portugal	NTC 13-14-15 refresher FEPC in English for Norway Lithuania Hungary Poland Portugal FEPC in Russian Language c/o Gunel FEPC in French	FEPC in French Algeria	Induction courses NTC	FEPC Spanish					
	1.2 Modelling Prior € 168'525 € 61'500	Katie Hickey	€ 168,525.00	€ 61,500.00	€ 6,095.00	9.9%	€ 55,405.00	89th Excom Network for FMD vaccination									
	1.3 THRACE Prior € 300'000.00	Fabrizio Rosso	€ 258,149.00	€ 350,000.00	€ 212,738.49	60.8%	€ 137,261.51	18-20 PPR Workshop Istanbul 25-27 LSD WS Cappadocia									
	1.4 BALKANS Emergency Management	TBC (ex Mark Hovari)	€ 236,781.00	€ 214,240.00	€ 106,907.46	49.9%	€ 107,332.54		Simex Evaluation (tentative) WS Sofia - Athens			Tent. Simex					
	1.5 Research Funding	Keith Sumption	€ 312,983.00	€ 285,000.00	€ 278,000.87	97.5%	€ 6,999.13			Biorisk	Wildlife conf.OIE General Session	SCRPD					
	1.6 Crisis/Management Prior € 501,155.00 - € 30,750.00 Comp. 1.2 - € 50,000.00 Comp. 1.3 - € 16,500.00 Comp. 3.2	Keith Sumption	€ 501,155.00	€ 403,905.00	€ 17,647.62	4.4%	€ 386,257.38										
	1.7 PTS - NRLs of EuFMD Members and neighbourhood	Kees Van Maanen	€ 63,413.00	€ 62,200.00	€ 7,003.51	11.3%	€ 55,196.49										
PILLAR II REDUCE  PRIOR Agreed € 689'608 Allocated € 720'100	2.1 SEE-SOUTH EAST EUROPE Wes Eurasia	Melissa Mc LAWS + Gunel Ismailova	€ 284,342.00	€ 298,100.00	€ 214,781.71	72.1%	€ 83,318.29	HQ Meeting	tentative West Eurasia RAG Astana								
	2.2 SEM SOUTH EAST MEDITERRANEAN Prior € 209,500.00 - € 30'750.00 Comp. 1.2	Kees Van Maanen	€ 183,509.00	€ 178,750.00	€ 63,047.22	35.3%	€ 115,702.78	Mission Egypt (+ C.Bartels)	Mission Palestine								
	2.3 REMESA	Fabrizio ROSSO	€ 187,586.00	€ 212,500.00	€ 64,792.51	30.5%	€ 147,707.49	23-26 Mission to Mauritania	Remesa JPC Tentative WSRegional FMD control strategy	Tentative Data Collect							
	2.4		€ 34,171.00	€ -	0	0	€ -										
PILLAR III PROMOTE  PRIOR Agreed € 635'253 Allocated € 609'180	3.1 SUPPORT System for Reporting on the	IsabelGutierrez Boda	€ 107,066.00	€ 86,000.00	€ 45,283.05	52.7%	€ 40,716.95	Joint Mauritania Comp 2.3	Meetings HQ OIE/FAO GF-TAD's FMD working Group (WG-FMD) -								
	3.2 PCP FMD WG of FAO/OIE Prior € 46'800	Chris BARTELS	€ 21,097.00	€ 63,300.00	€ 45,655.66	72.1%	€ 17,644.34	16-20 RVC + Jenny									
	3.3 Global FMD reference Centre -	Kees VanMaanen	€ 507,100.00	€ 476,380.00	€ 484,421.70	101.7%	-€ 8,041.70										
<b>Total Budget Allowances 2013-2015</b>			€ 3,207,116.00	€ 3,207,116.00	€ 1,926,821.14	60.1%	€ 1,286,389.86	13-14 89th Executive Committee, Belgrade	GENERAL SESSION HQ	Tentative Biorisk	Tent. Miniexcom	Tent. SCRPD	90th Excom				

## Item 4 OIE and FAO Reports on the Gf-TADS Global Strategy

### Progress on Implementation of Global FMD Control

*Joseph Domenech<sup>1</sup>, Giancarlo Ferrari<sup>2</sup>, Nadège Leboucq<sup>1</sup>,  
Laure Weber-Vintzel<sup>1</sup>, Julio Pinto<sup>2</sup>, Samia Metwally<sup>2</sup>*

<sup>1</sup>World Animal Health Organisation (OIE), Paris, France , <sup>2</sup>Food and Agriculture Organization (FAO) of the United Nations, Rome, Italy

Since the global FMD control strategy brought to light and adopted by FAO and OIE member countries at the 2<sup>nd</sup> global conference on FMD in June 2012 , several initiatives were made to establish an enabling environment to make FMD control a feasible option particularly for countries that are affected the most by this disease. Progressive control pathway for FMD (PCP-FMD) was introduced as the guiding tool for national control approach in which standard control measures are applied in a step-wise and monitored manner. Out of 87 FMD-affected countries, at least 60 nations are currently engaged, at various levels, in the implementation of PCP-FMD worldwide in the quest to reduce or eliminate FMD virus circulation by 2020-2025. Some regions are making progress in FMD Control such as South America and South East Asia. However, still a number of countries in Asia, Middle East and Africa are endemic for FMD.

For an effective implementation of the global FMD strategy and to resolve some of the anticipated challenges, regional roadmap platforms have been successfully used to assess the progress achieved on FMD control, in accordance to PCP-FMD guidelines. This regional platform also permits the formulation of harmonized national and regional programmes. The advancement of country's achievement in FMD control is assessed by PCP experts from the FAO-OIE Global Framework for the progressive control of Transboundary diseases (GF TADs) and with the support of EUFMD experts. While country's PCP-FMD stage is accepted by an elected regional advisory group and announced to country representatives during the regional roadmap meetings.

Technical GF TADs guiding material to facilitate the implementation of FMD control measures have been developed or are being developed, most of them being defined with the collaboration of and support from EUFMD. This includes guiding documents for national strategic control plans, sero-surveillance, FMD outbreak investigation and reporting, vaccination strategies, post vaccination monitoring, socioeconomic guidelines and others. The first training on PCP, using train the trainers approach, was successfully delivered with assistance from EuFMD to the FAO regional staff. More trainings with OIE contribution to include the Veterinary Services dimension in the PCP trainings, using the Performance of Veterinary Services (PVS) Evaluation tool (as described in the component 2 of the FMD Global Control Strategy) will follow.

The need for a trained global expert field team, training on PCP-FMD and available guidelines, regular regional FMD roadmap meetings, global database for exchange of FMD sequence and vaccine matching are prudent to improve the depth of expertise and to engage countries in investing in the control efforts. The regional laboratory and epidemiology networks and regional leading laboratories to ensure day to day support remain critically urgent to enhance.

In addition to the strategic implementation of the FMD control strategy, FAO and OIE stands ready to support unusual FMD events through their specific or more horizontal appropriate programmes.

# ITEM 5

**In addition to Real Time training, EuFMD provides** Modelling workshops / E-learning / Workshops under Thrace (Comp 1.3), Balkans (Comp 1.4), South East Europe (Comp 2.1), REMESA (Comp 2.3) / Practical Epidemiology for Progressive Control course / Progressive Control Pathway activities.

### Updating of the Strategic Plan and Work Programme

#### For Decision of the 41<sup>st</sup> Session

1. To adopt the Updated Strategic Plan for the four-year period 2013-17, as proposed by the Executive Committee following the review at its most recent Session.
2. To maintain the balance in effort and funding between Pillars I, II and III, but accommodate in the work programme to be developed for the funding agreement with DG-SANTE, the inclusion of a new component on Risk Communication and dedicated support to training in Pillars II and III.
3. That the Executive and Secretariat seek support from DG-SANTE for those parts of the programme it is able to support and to leverage support from the member states and other states and agencies that could compliment or support parts of the programme. In particular, the need for additional funds for the Research Fund should be a priority.

#### Background

1. In 2005, the Commission adopted a four-year Strategic Plan and funding for the actions was thereafter agreed with the EC for the same period. Revision of the four-year Plans occurred in 2009 and 2013. As the General Session of the EuFMD takes place every two years, which in 2015 is the mid-point of the four-year cycle, this provides a very good opportunity to review the progress and the need for modifications to the plan and associated work-programme.
2. The Strategic Plan and associated work-programme have been funded largely by two sources, the EC (DG-SANTE, about 75%) and the member states (25%) through their contributions which cover the professional staff that manage the programme and provide higher level technical inputs. From 2013, the training officer has been supported from additional contributions, accepted under full-cost recovery basis, for training from Australia and New Zealand. Thus there are currently two main funding streams supporting the work programme, but there is potential for additional contributions from member states and others, that can achieve cost-sharing and deliver more of value to the MS.
3. The 2009 Plan included a component on training veterinarians from the member states and the growth in demand for training has been strong since then. The current plan was adopted at the 40<sup>th</sup> General Session in April 2013. It marked a distinct departure from the past by moving away from the main effort in projects for FMD risk reduction in the neighbourhood to having a clear set of Pillars (Strategic Objectives) to clarify the balance of effort between services directly for the member states, for the countries in the neighbourhood, and in support of the global strategy. A two-year funding agreement was thereafter reached with the DG-SANCO in August 2013 and operational from 1<sup>st</sup> October 2013.
4. The Executive Committee, at the 89<sup>th</sup> Session in February 2015, reviewed the progress of the Strategic Plan and came to the overall conclusions in their Report, as follows:
  - *The current EuFMD Strategic Plan, with its three Pillars and balance between geographic-based and membership-wide activities, has been an important basis for the workplan and its communication to member states and partners. No major changes to this structure are needed at the midpoint of the four-year cycle.*
  - *Minor revisions to the document (EuFMD four year Strategic Plan, 2013-2017) are recommended for the 41<sup>st</sup> Session and should give attention to the points raised in the working groups at the 89<sup>th</sup> Executive Committee.*

**The conclusions of the working groups are provided in Annex 1.**

**The conclusions of the Executive, after the review at the 89<sup>th</sup> Session were:**

- *The Outline and balance of Pillar I is good, no major changes are needed although some **development of the communication and risk assessment on the FMD situation will help MS.***
  - *The suggested changes indicated above will be considered in developing the details of the components and the **trend towards supporting the national training and contingency planning** focal points should continue.*
  - *The sub-regional projects (THRACE, Balkans) are important for risk reduction to the MS and a further project on the **practical application of modelling** would make a tangible outcome to Component 1.2. To ensure willingness and commitment, such a project could be restricted to MS that have not modelling capacity in the VS and which could show commitment (volunteer) to take part.*
  - *For Pillar II, in summary, the systems put in place in the past 12-18 months, for co-ordination in each sub region, under GF-TADS and between FAO, OIE, EC and EuFMD and the parties/countries concerned that have largely shown to be useful to ensure an agreed work programme and should be continued.*
  - ***The training credits system might be useful across Pillar II**, based on the model for Pillar I, and may efficiently benefit from more limited range of languages involved.*
  - *For Pillar III, the feedback from FAO and OIE was appreciated and indicates there is a positive impact of the working processes and their outcomes so far under Pillar III.*
  - *Greater emphasis in the workplans for the Pillar should be made upon ensuring that epidemiologists are assisted, for example with webinar series that will improve their engagement and understanding of FMD epidemiology and how to assist national PCP application.*
  - *Consideration must be given to **developing efficient training modalities** that can be used by FAO and OIE and the MS they serve. The EuFMD expertise in e-learning and training could assist in this, particularly if the courses developed for the Pillar II countries can assist in Pillar III.*
5. The 2013 Strategic Plan had 13 components under the three Pillars, and funding from the EC was in the order of 2.1m€ for Pillar I, 0.942m€ for Pillar II and 0.633m€ for Pillar III. Each of the 13 components had a budget and further, each of the 40 expected results (Outputs) had their own allocated budget. Therefore, the Executive and EC were able to decide if the “value” of inputs/resources for every output expected are appropriate, and they have also taken steps during the past two years to re-allocate according to demand and spending.
6. Further, for sustainability and to ensure a demand driven process, each Component has in its design and in term of Outputs, a **co-ordination** element to ensure demand driven programme and better ownership; as well as a balance between establishing a new or **improved system** of work that can be expected to continue even without inputs, and the significant blocks of results or new resources that are by themselves important for the MS concerned (**Table 1**). The Co-ordination was often the least cost element since existing GF-TADS forums or virtual networking was used. Through this strategy for delivery the EuFMD attempted to ensure that the strategic plan would achieve a better functioning of current systems which operate within or between member states and which could be expected to continue after the current project Phase.
7. The Executive Committee held the view that the three Pillars approach and Results based management, are providing good evidence of progress but at this mid-point, must be continued for at least the next two years. The Updating to the Strategic Plan reflects lessons learnt in this period and is presented below.

**Table 1.** Strategy for delivery: the Three Pillars, 13 Components and the 40 expected results. Under the EC funded work programme coordination is key to every component with a balance of improvements to the systems, to new capacity or surveillance results, or new resources. Every Component and subcomponent (numbered) was budgeted for Results. *Additional results of the system are highlighted in italics.*

Components (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)			
	Co-ordination Framework	System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
<b>Pillar I</b>				
1.1 Training	1.1.1 Training Network for all ( 37) MS		1.1.2 Training Program	1.1.3 e-learning site in high use
1.2 Decision Support	1.2.3 Contingency Planning Network established	1.2.1 Modelling network	<i>FMD Impact Calculator</i>	1.2.2 Knowledge bank for contingency planners
1.3 Thrace	1.3.1 Tripartite/Management Group	1.3.2 System for managing real-time results for DF	1.3.3. Two years results on monitoring FMD in 3 countries	
1.4 Balkans	1.4.1 Management Group	1.4.3. Integration of NRLs into CPs & system for reg.diagnostic support in crisis	1.4.2. Improved cps following multi-country simulation exercise	
1.5 Research	1.5.1 SCRPD and STC Sessions/Guidance	1.5.2 EuFMD-FAR funding system	<i>Results of commissioned research</i>	Several commissioned projects created new resources (Models, Field Tests...)
1.6 Emergency	Exists – EC/EuFMD		1.6.1 and 1.6.2: delivery of assistance, associated missions	
1.7 Proficiency Test Service	1.7.2 EU-CRL with EuFMD		1.7.1 Two years of PTS for Euro-neighbourhood countries	

Components (13)	40 Sub-Components by their type for which specific work plans/budget assigned (forming Outputs, being the Expected Results, numbered 1.1.1 to 3.3.4)			
Pillar II	Co-ordination Framework	System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
2.1 Turkey/Georgia	Annual Roadmap, EuFMD Excom	2.1.3 Information system –West Eurasia	2.1.1 Turkey – PCP/RBSP	
			2.1.2 Georgia- PCP/RBSP	
2.2 Israel/Cyprus Neighbourhood	2.2.3 Co-ordination meetings and virtual meetings	2.2.2 System for improved confidence in disease detection	2.2.1 Palestine and Egypt – PCP/RBSP progress	
		2.2.4 System for information collation/sharing from East African (risk to mid-east)		
2.3 Remesa	2.3.2. Participate in REMESA JPC /with Support Unit	2.3.3 Regular information flow on risk situation in Mid-East/Egypt/Mauritania/sahel	2.3.1 Libya and Mauritania- PCP/RBSP progress	
	2.3.5 (New) Assist development of regional strategy for risk based surveillance and vaccination (this replaced earlier Output after outbreaks in TUN/ALG)	2.3.4 Establish system for continuous surveillance for confidence in disease freedom in high risk borders	2.3.5 (Previous). Improved CP capacity: Simulation exercises undertaken in Morocco/ALG, Training for 3 countries (online)	
Pillar III	Co-ordination Framework	System established	Substantial New capacity / Monitoring/Surveillance Results	New resources for managers achieved
3.1. Global Strategy progress – support to monitoring	Existing: the GF-TADS FMD WG and FMD Unit (FAO/EuFMD)	3.1.1 System for systematic collection of FMD control data designed and established	3.1.2 Collation and summary analysis of data collected for global monitoring	
			3.1.3 Assist FAO and OIE develop the Global FMD Report	
3.2 PCP support	3.2.3 Experts assist FMD WG in Roadmaps and support to WG requests	3.2.2 System for training PCP-experts/practitioners		3.2.1 PCP Tool box (Knowledge base)
3.3 Global Lab network support	3.3.1 Support to OIE/FAO lab Network annual coord meetings	3.3.2 Contract for WRL services for surveillance/ global network	<i>Annual Report and Quarterly reports, continuous service and online output.</i>	
		3.3.3 System for support to ensure essential samples shipped to reference centres, pools 3 and 4	3.3.4 Support to the OIE/FAO Lab Network partners and regional support labs participation in the PTS (19 labs)	

## UPDATED STRATEGIC PLAN FOR 2013-2017

Underlined are the proposed Updated elements as a result of the 89<sup>th</sup> Session of the Executive Committee

### OVERALL OBJECTIVES

The overall objectives consist of **three strategic goals** as follows:

1. To **Improve** readiness for FMD crisis management by Members;
2. To **Reduce** risk to Members from the FMD situation in the European neighbourhood (progressive control in neighbouring regions);
3. To **Promote** the global strategy of progressive control of FMD.

The operational objective of maintaining a mechanism for emergency response to an FMD crisis in the European neighbourhood will underpin the first two objectives.

### Beneficiaries

In general, beneficiaries will be the 37 countries which are members of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD)<sup>3</sup>, hereinafter called "Members", and other neighbouring countries where the situation of foot-and-mouth disease (FMD) creates a direct or indirect threat of introduction of the disease into one or more of the member countries of EuFMD.

### Strategic goal 1 – Improve readiness for FMD crisis management by Members

Progress towards the Strategic Goal may also be assisted by joint activities with non-member states of EuFMD where there is a mutual advantage recognised by the EuFMD Executive Committee.

#### Update:

In 2015-17, more emphasis will be placed upon national ownership of actions under each component, continuing the trend towards demand driven training, towards joint decision on training development through regular interactions (webinars/online meetings) with MS representatives and executive committee advisors (1.3, 1.4). The greater involvement of livestock industry actors and pan-European livestock sector representatives on self-funding basis in training, may assist towards better public/private sector interactions on contingency planning issues. There appears to be a demand from national training focal points for more training aids/assistance to them to engage /train their national vet personnel. This could be met through more emphasis on developing "job aids" that focal points in the MS can translate/adapt to national use.

### Outputs and Activities

#### 1.1 Develop European expertise in FMD crisis management and assist national FMD preparedness training programmes.

#### Update:

This component in future will continue to include all training activities under the training credits system; to build on the channel of communication with the 37 MS training network, and provide e-learning courses in national languages; supporting focal points to provide national training, "Equipping National Trainers In Relevant Expertise".

Additional courses to be offered on demand: training on management of a crisis response at local and national disease control centre level; contingency planning and simulation exercises.

The potential for training courses to be recognised (accredited) as modules will be explored to enable our FMD training to be part of accredited courses for training the "next generation of TADS managers". This recognises

<sup>3</sup> Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Georgia, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, The Netherlands, Turkey, the United Kingdom.

the long term importance for countries to have management as well as technical skills in their senior managers and the potential our courses may play to promote this approach.

This Component will continue to include training on clinical disease recognition, sampling for diagnosis, local area epidemiological investigations, risk factor analysis, practical application of biosecurity principles, and other aspects of FMD crisis management.

### **1.2 Support contingency planning of Members and at European level – Developing decision support tools for managers.**

#### Update:

In 2015-17, following strong demand this component should continue the FMD modelling network, contingency planning (CP) knowledge bank and CP/simulation exercise manager networks.

This component should ensure some development of support tools for MS also, e.g. The FMD impacts calculator. A common joint project (e.g. European livestock movements modelling project) and a more specific support project (e.g. Regional project for MS wishing to establish modelling for decision making, could be a group of countries at similar stage of capacity).

This component may include a Vaccine Banks/Vaccination issues Working Group or Network.

The training and providing support for Members to use disease simulation models and decision support tools to assist contingency planning will be offered under the Training Menu (**Component 1**).

### **1.3 Thrace region: programme for early warning surveillance in Greece/Bulgaria/Turkey.**

#### Update:

This component is of proven value and importance and to be continued 2015-17. Consider further development, specifically:

- Better tools for ease of data entry and analysis to support national managers);
- Activities to assess capacity for implementing non-vaccination against FMD in Turkish Thrace;
- To ensure surveillance for other exotic diseases at the same time as FMD, with appropriate diagnostic support;
- The development of contingency plans in event of introduction of exotic diseases into Turkish Thrace (this inclusion of Turkey in Component 1.4 support this for FMD).

This will continue to include collation and analysis of existing surveillance data, development of risk-based surveillance methods, and tripartite coordination of activities, integration of decision support tools and risk analysis into policy evaluation and development, and management of support to surveillance activities.

### **1.4 Improved emergency management capacity for FMD in the Balkan region**

#### Update:

This component is of proven value and importance, need to continue with trend towards self-governance and ownership -e.g. Of the regular meetings on CP/simulation exercise planning. The workplan will be identified after the outcomes of first full sim-ex, and may provide a demand led support on “difficult” issues with drafting national cps. The question of diagnostic banks for these countries /Lab support needs to be solved. A second full simulation exercise may be part of the two-year programme – e.g. Mid 2016 or 2017. Moldova and Greece will continue to be invited to participate, and for the first time, TURKEY.

This will continue to provide support to MS and non-MS in the Balkan region to improve the quality of contingency planning, to improve awareness of FMD risks and the economic consequences of emergencies, and give attention to the issues affecting national reference laboratory capacity for FMD confirmation and surveillance.

## 1.5 Research activities relevant to resolve policy issues

### Update:

Continue successful mechanism, but with more efforts to:

- Obtain additional support to the Fund, e.g. Partnership with other research funding providers to coordinate and complement;
- Strengthen role of STC in setting priorities.

This will continue to support for research projects which have been endorsed by the standing technical committee of the EuFMD as being of benefit to EuFMD objectives; activities to translate research into tools, actions or activities which are of benefit to EuFMD activities; and actions to integrate research outcomes with policy.

## 1.6 Support provided to member states through emergency technical response to FMD outbreaks in the member state or the European neighbourhood

This will continue to include the maintenance of a capacity to provide advice, technical support and assistance to EuFMD member states and countries in the European neighbourhood in the event of an FMD outbreak, including laboratory and epidemiological support. This baseline activity is also serviced by several of the activities listed above, as these will also act to maintain a degree of organisational readiness to respond to an FMD crisis. This also includes assisting and supporting Members with vaccine procurement and supply, through the provision of technical input, advice on selection of vaccine strains, risk based evaluation of vaccination strategies and other related activities.

## 1.7 Proficiency Testing Service. (For non-EU countries in the European neighbourhood)

This will continue as before, through the contract with The Pirbright Institute to ensure non-EU countries, which are members of EuFMD or neighbours to EuFMD members, are able to participate without cost to them in the annual EU-RL proficiency test scheme.

## 1.8 New component on activities to improve risk communication.

### Update:

Considering the current subdivision of tasks between Pillars and components, there is a need to ensure information is collated, analysed and communicated in forms that assist the MS at risk, to ensure

1) the antigen banks priority setting information is kept updated;

2) the change in lineages and epidemic trends in key pools threatening to Europe is communicated to surveillance managers (e.g THRACE surveillance programme);

3) the development and use of models developed for transcontinental spread of FMD in Europe.

The component will identify means of the establishing a system for early warning based on meat price differentials since this factor is seen as a key driver for illegal imports.

**Strategic goal 2: Reduce risk to Members from the European neighbourhood<sup>4</sup> (progressive control in neighbouring regions)**

### Update:

The system of three sub-regional components has worked well, as there are three sets of MS with specific interests (Turkey + Georgia, Israel/Cyprus, and REMESA group). The focus on Progressive Control Pathway (PCP) progress (national level, strategic planning) remains vital, but in 2015-17 as countries implement their strategic plans, a common supportive measure across the region, building on experience in Turkey, Georgia, Egypt, will

<sup>4</sup> The neighbourhood of the current 37 Members is here defined as follows:

- i. European Member Countries of the World Organisation for Animal Health (OIE) and member of the OIE Regional Commission for Europe which are eligible for membership in EuFMD;
- ii. the countries and territories adjacent to Members.
- iii. The countries in North Africa cooperating with Members in the framework of REMESA

be to establish a Training Network with focus on 1) common needs in Epidemiology and Monitoring at central Level and 2) Support to national trainers to roll out training (based on fepc used in Pillar I), using the three common languages in the neighbourhood: Russian, Arabic, Turkish.

## **Outputs and Activities**

### **2.1 South-East Europe: promote better management in Turkey and neighbours.**

This will continue to include supporting the collation, analysis and application of epidemiological data, including spatial data, from the area (but analysed under Component 1.8); providing training in the practical application of epidemiology to control FMD and advance along the FAO/EuFMD/OIE Progressive Control Pathway (PCP); engaging with national veterinary services to support them in the detection, management, and control of FMD, and identification of circulating viruses. This also includes support for the West Eurasia roadmap for progressive control of FMD, in coordination with other stakeholder bodies, as regards the European neighbourhood.

This component also includes, to the extent budget allows, support to specific countries 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.

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

This will continue the success of work in Palestine and Egypt, but using the training component, to extend the experience neighbouring countries of Cyprus and Israel, in line with the GF-TADS Middle-East Roadmap. It may include support to develop laboratory capacity in those countries; and support to regional coordination of FMD control strategies. This component also includes targeted support to specific country projects in line as part of regionally coordinated Gf-tads programs and roadmaps.

### **2.3 North Africa: technical support to REMESA<sup>5</sup> actions.**

This will continue to include, at the request of those Members participating in REMESA, actions to support activities carried out by France, Spain, Italy, Malta, Greece Cyprus and Portugal aiming at strengthening and regionally coordinating laboratory diagnosis, contingency planning, vaccination strategy development, risk based surveillance and other associated actions in Mediterranean countries of North Africa which pose a risk of FMD virus incursion into the REMESA area. Greater emphasis on training will be provided through component 2.4

### **2.4 Training Component**

#### Update:

A Training Network will be established for the Pillar II countries, adapting the model used in Pillar I, of the Training Network, Credits system and Menu of courses. Some EuFMD e-learning has already been translated or provided in Arabic, English, French, Russian and Turkish, but other content must be adapted. The use of e-learning platforms should be cost effective and enable greater participation at low cost, and spur the trend to national roll-out under national programmes.

## **Strategic goal 3 - Promote the global strategy of progressive control of FMD**

#### Update:

Considering the report of the 89<sup>th</sup> Executive Committee and recommendation to place effort on improving the linkage of epidemiologists to the “regional lab networks”, so becoming FMD technical networks underpinning regional Roadmaps and national programmes, and given the development of guidelines and processes for PCP under the GF-TADS working group, the two-year Phase will continue to work in support of the Global Strategy and provide as part of this, adapted training resources for potential take up under GF-TADS and national FMD control efforts (using Pillar I and II training resources).

<sup>5</sup> REseau MEditerranéen de Santé Animale – REMESA: <http://www.remesanetwork.org/>

## Outputs and Activities

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

This will continue to include collation, analysis and dissemination of relevant information on regional FMD control programmes worldwide; support for workshops to coordinate this process; and other associated actions.

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

This will continue to include engaging with the on-going development of the PCP, providing training in the application of the PCP to FAO and OIE nominated experts and to international agencies; supporting the development of associated tools and activities to integrate relevant fields with PCP applications; and support for the development of regional PCP roadmaps.

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

#### Update:

Additional support will be provided to the re-invigorate regional laboratory networks, but including epidemiology linkages, to ensure better technical expertise development at regional levels, underpinning surveillance and regional roadmaps. Virtual networking will be the most efficient and EuFMD expertise in these could assist WRL, FAO and OIE, using the model of the webinar programmes for West Eurasia. Other donor support will be needed for any physical meetings and GF-TADS are expected to find these.

This will continue to include 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, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU states<sup>6</sup> and internationally; and to continue as Secretariat of the OIE/FAO FMD lab network. It will continue to support a limited set of RSLs in pools 4 and 5 to screen samples from their regions as part of the need to achieve Pool level surveillance targets.

### 3.4 Pillar III Training Component

#### Update:

This component will make use of training resources and expertise generated under Pillar I and II programmes, such as PCP training resources used in the European neighbourhood, and make these available as training resources for international use. This component will help make available resources for national and regional programmes, to better communicate what is possible through the PCP approach and how it can be applied at national level. It will include some adaptation based on feedback, at least once per year an online course to support the "train the trainer" approach and support GF-TADS regional roll out of training. It will not be budgeted (EC) to provide the in country regional or national training, expecting that external donor /partner funding, e.g. FAO and OIE will find support for any in country application.

#### **Resource mobilisation**

The programme proposed is based on a continuation of the current levels of support from MS, from DG-SANTE and from additional contributions (e.g. Australian contract). The updated work programme can be accommodated if some redistribution occurs, mainly within Pillar II (to allow training Credits under Component 2.4) and within Pillar I (to support the project under 1.2, and component 1.8). It is assumed that the move to online training (in all Pillars) will reduce travel associated costs.

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<sup>6</sup> EU Member States are included in the PTS funded under the EU-CRL activities.

**Table 2.** Summary of changes proposed and how these may be accommodated (resources) if the major funding (DG-SANTE) remains at the same level in Phase IV (2015-17) as per Phase III (2013-15).

Pillar	Summary	Changes	Resource implications based on overall flat budget per annum
1.1 Training Programme	Continue the successful model, adding more options as per demand.	Additional options for training in outbreak management, in managing simulation exercises.	Not less than Phase III
1.2 Decision support/CP	Strong demand. Continue	Possible inclusion of FMD Vaccine network & a project to support a number of countries to apply modelling in CP.	More than Phase III
1.3 THRACE	Continue successful model	None unless FMD and exotic disease threat requires	As per Phase III
1.4 Balkans	Continue. Not yet self-sustaining improvement of CP.	More targeted CP support (Menu)	Reduction from Phase III, more targeted
1.5 Research	Continue successful model.	Better priority setting with targeted calls (STC)	Current is absolute minimum needed. Not less than Phase III.
1.6 Emergency	Continue, important safety net	Proportion to allocate to emergencies is an issue as it affects the programmed actions	At least 500k€, but if fixed at this level in a 4 year funding cycle it releases resources for other components compared to Phase III.
1.7 PTS	Essential service	None although more neighbourhood countries must be considered	As Phase III
1.8	Risk communication	New component, drawing information from Pillar II and 3 actions, for risk communication to MS.	Funded from reductions in other Pillar I components.
2.1 Turkey/ Georgia	Assistance to countries to monitor their control programmes is essential. Continue	Efficiency gains from supporting national FMD training focal points under Pillar II (creating capacity for FMD management)	Reduced from Phase III to support Component 2.4 (Training)
2.2 Israel/Cyprus neighbourhood	Encouraging progress seen, emphasis could shift to essential maintenance, and more involvement of neighbours.	As 2.1, with Arabic as a common language, support National Training Focal points/Epi Network to improve monitoring control	Reduced from Phase III to support Component 2.4 (Training)
2.3 REMESA	Complex situation with more REMESA countries and insecurity. Needs varied, Training credit model suggested to meet range of demands.	More targeted, e.g. Strategy for high risk borders. National focal points needed to improve rate of uptake of EuFMD support.	Reduced from Phase III to support Component 2.4 (Training)
2.4 FMD MGT training Prog.	Introduce Training Menu with courses delivered by e-learning (mainly) in Russian, Arabic and French	New component, uses training model from Pillar I.	New component funded from saving to Component 2.1 to 2.3
3.1 Support FAO FMD Unit	Continue support	Improve analysis and usefulness of data (inc risk assessment)	As per Phase III
3.2 Support dev. and uptake of PCP	Productive working arrangement with FMD WG. Continue	Updating of the PCP and guidance texts. Resources for PCP practitioners need to be made more available (Training Component)	As per Phase III
3.3 Support the global system for improved Ref Lab Services	Continue, WRL provides essential services.	De-emphasis on Reg. Lab Networks (Phase III) did not help global surveillance or samples to reach labs. This element needs support, better connected with Epidemiologists in each Pool. Support via virtual platforms to do this.	As per Phase III
3.4 Training Resources Comp.	Components 3.2 and 3.3 require training support.	Make efficient use of resources from Pillar I & II, adapting & translating in appropriate major languages to support PCP experts and practitioners irrespective of location.	New component with basic support funded either by small reduction in Pillar I or other resources. Potential sustainability (cost recovery basis if FAO or OIE projects fund training)

### 89<sup>th</sup> Session of the Executive Committee: extract of the Report

The Working Groups reviewed the balance of components of the 2013-15 Strategic Plan and associated workplan and came to the following conclusions:

#### ***Pillar I: Improve the preparedness of the member states for FMD crises***

1. The current number and balance between components was good, with a mix of regional (e.g. Training credits for all MS) and focussed geographical projects (THRACE, Balkans);
2. The real-time training programme provides an excellent experience, but they suggested more emphasis on how this is translated into the national capacity through cascade training programmes;
3. The Real Time training covers an immediate period (“to the point of the block on the holding”) and training for the next period - management of implementing controls - is a gap;
4. The Modelling network is also a good development but also needs to translate into assistance at the level of the MS to step into modelling. The future component might include a project for selected or applicant countries that wish to applying modelling in their CP;
5. Balkan capacity: there is clear evidence the countries want to continue this component 2015-17, to include also issues of recovery of free status, and to include Turkey since that country has at least the Free Zone in Thrace where emergency responses will be essential;
6. The research programme is valuable and should be continued on the current model;
7. There is a **gap in analysis of the information and its communication**, drawing on the work of Pillar II and III but making the relevant information accessible for those in Pillar I.

#### ***Pillar II: Reduce risk to members from European neighbourhood***

8. The current number (3) of geographical components covers the major sub-regional clusters of countries in an efficient way; further consolidation might create unworkable components.
9. Some cross-cutting support might be efficient where there are common issues to address and the training credits model used in Pillar I for MS might be adapted for non-member Pillar II countries, particularly as there are more limited languages (French, Arabic or Russian).
10. The credits system puts the emphasis on having national training focal points and such a system could help ensure the focus on supporting national trainers to cascade training at national level.
11. Turkey: the emphasis has been on national strategic plan development and the national monitoring unit, and they have asked for assistance to roll out national training in using their credits as MS. This could be a good model for roll out of training in similar countries. However more concrete emphasis on managing implementation of control, especially in western Turkey close to Istanbul, is something needed.
12. Georgia: the developments in the past two years with the PCP/national plan appear on track and encouraging.
13. Israel/Cyprus: the current work has focussed on Palestine and Egypt and has been positive. Given that Lebanon is in REMESA there is the question of what priorities Israel and Cyprus place on the balance of efforts with their neighbours, and discussion with them are needed.
14. REMESA: the general system with the JPC structure is a good basis for actions. However uptake of offered assistance has been slower than expected with Maghreb countries and a system of national focal points (as we have for the West Eurasia/TCC) could assist to operationalise support.

#### ***Pillar III: Promote the global strategy of Progressive Control of FMD***

In general the feedback was similar to the other Pillars:

15. There were positives from the first 18 months which need to be emphasised in reporting, including
  - The impact of the regional roadmap meetings;
  - The greater regional ownership through the regional roadmap advisory groups which have managed the acceptance procedures with support and advice from FAO, OIE and EuFMD experts;
  - Agreed acceptance procedures and processes now in use for over one year;
  - The process of identification of gaps at national level for national actions, which can then be addressed under national support projects;
- The global laboratory network as previously indicated.

16. There were areas for further attention in the next two- year Phase, including

- More efforts to increase networking between regional support labs (RSLs) and their national reference labs and any regional epidemiological networks. Currently, the emphasis has been on RSL to International Rls linkages which is positive, but insufficient as surveillance and flow of samples remains critically weak.
- More emphasis is needed to ensure epidemiologists working at national levels in African countries are aware of the PCP, of the lab networks, and have access to relevant FMD findings for improved use of information at national and regional levels. Practically, this means more focus on the support needed for those working on national planning (PCP), e.g. Available online resources/knowledge banks/webinars to better engage and support epidemiologists and consider using Collaborating Centres on Epidemiology as a parallel to the RSLs for Lab networks.
- Development of the expertise (global expert team) and regional/national expertise (PCP practitioners) should continue, and the FMD Working wishes to have EuFMD support with training on this.
- Discussion followed on the above. Doing more with the same resources will require efficient processes and evidence of impact, including take up and application of the tools and training provided by EuFMD under Pillar III. The trend towards e-learning, to use webinars and online meetings could be a way for EuFMD experts to assist efficiently the FAO and OIE. Depth in expertise and guidance is also needed and there remains some areas where the PCP related guidance (or national application) needs to be improved, such as quality of plans and evidence required for entering into Stage 3.

**The Conclusions reached by the Session were:**

17. The Outline and balance of Pillar I is good, no major changes are needed although some development of the communication and risk assessment on the FMD situation will help MS.
18. The suggested changes indicated above will be considered in developing the details of the components and the trend towards supporting the national training and contingency planning focal points should continue;
19. The sub-regional projects (THRACE, Balkans) are important for risk reduction to the MS and a further project on the practical application of modelling would make a tangible outcome to Component 1.2. To ensure willingness and commitment such a project could be restricted to MS that have not modelling capacity in the VS and which could show commitment (volunteer) to take part.
20. For Pillar II, in summary, the systems put in place in the past 12-18 months, for co-ordination in each sub region, under GF-TADS and between FAO, OIE, EC and EuFMD and the parties/countries concerned that have largely shown to be useful to ensure an agreed work programme and should be continued;
21. The training credits system might be useful across Pillar II, based on the model for Pillar I, and may efficiently benefit from more limited range of languages involved.
22. For Pillar III, the feedback from FAO and OIE was appreciated and indicates there is a positive impact of the working processes and their outcomes so far under Pillar III.
23. Greater emphasis in the workplans for the Pillar should be made upon ensuring that epidemiologists are assisted for example with webinar series that will improve their engagement and understanding of FMD epidemiology and how to assist national PCP application.
24. Consideration must be given to developing efficient training modalities that can be used by FAO and OIE and the MS they serve. The EuFMD expertise in e-learning and training could assist in this, particularly if the courses developed for the Pillar II countries can assist in Pillar III.

# ITEM 6

## UPDATES FROM THE PRESS

### Keeping FMD under control in the Balkans; Veterinary services test preparedness in simulated disease outbreak exercise

**9 February 2015, Rome** – The European Union and FAO have stepped up efforts to assist countries to prepare for any possible outbreaks of devastating foot-and-mouth disease (FMD) in cattle, sheep, goats and other animals, including in the Balkans. The EuFMD operates a broad programme to strengthen the capacity of veterinary services in Europe, given that even a single outbreak of FMD has massive economic implications for the countries and for Europe as a whole.

In recent years EuFMD has trained around 500 veterinarians across Europe in immediate response capabilities, has established an emergency training course for vets for crisis situations, has established a network for its member states for contingency planning and a knowledge bank to share experience for improved simulation exercises. The EuFMD helps countries develop and test contingency plans for rapid response to disease outbreaks before the virus can spread to neighbouring herds or further afield when livestock are transported to market. In any effort to stop the disease spreading, cooperation between neighbouring countries is crucial.

Such plans were tested recently in Bulgaria, Serbia and FYR of Macedonia, where government veterinary services took part in the first-ever desktop simulation of a simultaneous outbreak of FMD in herds in the three countries. Other Balkan countries and Greece took part as observers. The simulation exercise was funded by the EU, coordinated by EuFMD, and assisted by Danish government animal health experts, who acted as evaluators in each country.

<http://www.fao.org/news/story/en/item/276765/icode/>

**Report on the status of FMD antigen and vaccine banks in the European region and neighbourhood  
Results of the 2015 survey on stocks and interest in establishing a network for discussion on FMD vaccine  
banks and vaccination related issues.**

*Katherine Hickey, EuFMD Commission, Short Term Professional (STP) Officer*

### Potential Recommendations

1. To establish a FMD vaccine discussion network for EuFMD member states, as a component of the workplan to Support Contingency Planning (1.2).
2. Continue to develop systems to improve the process of antigen selection for vaccine banks, taking account of regional, virus and vaccine coverage risks and to conduct at regular intervals an analysis of gaps in coverage.

### Key Messages

- This report has 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.
- All high priority strains identified by the WRLFMD in 2015, were included in one or more banks. Approximately 37,840,000 million doses are held (not including the central EU bank), a reduction compared to 2013 and 2011.
- There is a need to move to a more evidence based priority setting process for antigen selection for vaccine banks, taking account of regional, virus and vaccine coverage risks and to conduct at regular intervals an analysis of gaps in coverage.
- Working with the WRL Pirbright, and following the updating to the risk assessment of the entry of FMDV from regional pools, a prototype tool has been developed to assist this process, using vaccine matching data to help prioritize vaccine antigens held in banks based on coverage of the pre-identified high risk lineages.
- Due to the complexity and multidisciplinary aspects to vaccine issues, there is a high interest expressed by MS through the 2015 survey for a vaccine discussion network to provide a framework for discussing issues such as vaccine bank coordination, post-vaccination serosurveillance, policy and contingency planning, and the risk basis for antigen selection.
- Regional banks are often proposed in response to regional crises but recent FMD emergencies in the Republic of Korea and Japan, and in North Africa have raised the issue that cooperation in supply of stocks may sometimes be more feasible between countries in different regions, since it is less likely that both will face the same risk at the same time. This argues for inter-regional co-operation, which might be developed by greater European involvement in the International FMD Vaccine Strategic Reserve Network (IVSRN) and vice-versa.
- Type C FMD has not been reported in over ten years. While welcome news, this raises the issue of whether there is a need for global coordination to ensure that an adequate stock of type C vaccine is maintained in case of re-emergence.

1. This report has 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 data on vaccine and antigen stocks will be provided during the presentation on the day to EuFMD Member State Delegates only.

### Summary of Responses

2. The survey was sent to all 37 EuFMD member countries, with 32 replies. Nine countries (five EU MS and four non-EU MS) indicated they held antigen and/or formulated vaccine. This does not include the central EU antigen bank. One EU MS has discontinued their national antigen bank since this report was last generated in

2013.

3. All high priority strains identified by the WRLFMD, were included in one or more banks. Approximately 37,840,000 million doses are held. The investments in antigen banks in the region remain significant however there appears to be a continued decrease in antigen stocks from 2011 and 2013.
4. Four EuFMD member countries (three EU MS and one non EU MS) do not include vaccination in their current contingency plan for FMD. Ten countries do not have operational capacity to carry out vaccination (seven EU MS and three non EU MS). Most countries plan to use their national veterinary services to carry out emergency vaccination.

#### **Antigen Recommendations**

5. Vaccine bank managers depend on the recommendations of the WRLFMD for selection of antigens to be maintained in antigen banks. The current recommendations, made by the WRLFMD, are global recommendations and not geographically specific (these recommendations have not changed since 2013). They do not provide information about the performance of the vaccines (ie- what lineages the vaccines protect against). This makes the recommendations difficult to interpret.
6. Working with the WRL Pirbright, and following the updating to the risk assessment of the entry of FMDV from regional pools, a prototype tool has been developed to assist how vaccine antigen recommendations are made. This tool uses vaccine matching data to help prioritize vaccine antigens held in banks based on coverage of the pre-identified high risk lineages.

Based on the results of the prototype tool and given the usual five year turn over period for replacement of antigens, it is perhaps surprising to see some older antigen stocks still being maintained (A Iran 87; A Iran 96.) .It is also surprising to see that O/TUR/5/2009 and A-TUR/2006 are not maintained in any antigen banks as these vaccines appear to perform well in-vitro against the lineages identified as a high risk to the EU neighbourhood. This presumably reflects procurement decisions rather than in vitro performance. It is welcome to note where a choice exists among commercial suppliers of antigens relevant for high risk virus lineages.

#### **EuFMD Vaccine Network:**

7. There is practical and economic benefit to improved collaboration between vaccine banks. In 2010 an International FMD Vaccine Strategic Reserve Network (IVSRN) was formed by the QUADS countries (Australia, New Zealand, USA and Canada) with the involvement of WRL Pirbright. The stated purpose is to share information and best practices with respect to common vaccine bank issues as well as issues related to vaccination policy. This is an example of the type of technical coordination which is becoming more necessary as the option of vaccination-to-live becomes more feasible and it creates a framework for facilitating collaboration between policy and technical advisors.
8. There would be clear advantages to an EuFMD-coordinated vaccine discussion network for member states, which would include in its remit the discussion of these points mentioned above.
9. Participation in this network should not be limited to only vaccine bank managers as many EuFMD MS have expressed interests in the issues of the use of FMD vaccine regardless of whether they have a national vaccine bank.
10. 94% of the EuFMD member countries that replied to the questionnaire have expressed interest in being part of a vaccine network. 87%, of those members, listed vaccination policy issues and deciding when to implement vaccination during an outbreak as the most important topic for discussion within an EuFMD vaccine network.
11. Other topics for discussion, not limited to the European region, but perhaps with the ISVRN, could be regarding maintaining stocks relevant to strains of FMD that could potentially be devastating but are currently not known to be circulating or considered a high or medium priority. Bio-terrorism issues are relevant here. As one example, Type C FMD has not been reported in over ten years. While welcome news,

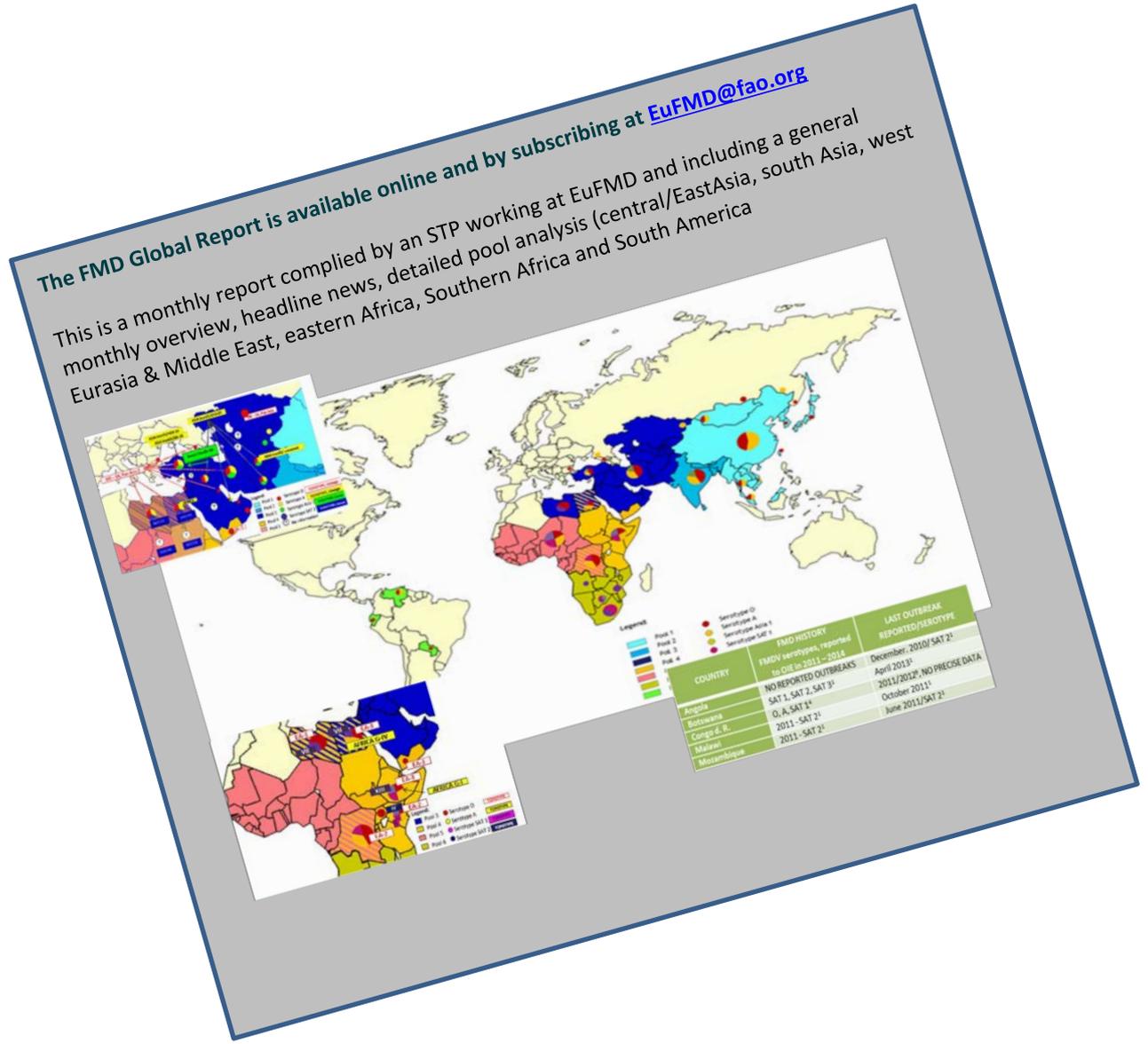
this raises the issue of whether there is a need for global coordination and even a commitment to ensure that an adequate stock of type C vaccine is maintained in case of re-emergence.

12. Regional banks are often proposed in response to regional crises but recent FMD emergencies in the Republic of Korea and Japan, and in North Africa have raised the issue that cooperation in supply of stocks may sometimes be more feasible between countries in different regions, since it is less likely that both will face the same risk at the same time. This argues for inter-regional co-operation, which might be developed by greater European involvement in the International FMD Vaccine Strategic Reserve Network (IVSRN) and vice-versa.

**Conclusions:**

13. A network of vaccine bank managers and relevant technical advisers is an invaluable resource to help ensure better preparedness for FMD. Maintaining contingency plans related to the use of FMD vaccine is a critical step in being prepared for an outbreak. Contingency planning regarding emergency use of vaccination should not be done in isolation.
14. With animal disease control policies now moving away from unnecessary culling of animals and the promotion of vaccination-to-live policies, the utilisation of FMD vaccine banks maybe a reality faced by any country that experiences an outbreak of FMD.
15. There is an urgent need to continue to develop systems to improve the process of antigen selection for vaccine banks, taking account of regional, virus and vaccine coverage risks and to conduct a gap analysis.

# ITEM 7



Circular State letter sent by FAO Director-General 4/11/2015

منظمة الأمم المتحدة للزراعة والغذاء	联合国 粮食及 农业组织	Food and Agriculture Organization of the United Nations		Organisation des Nations Unies pour l'alimentation et l'agriculture	Продовольственная и сельскохозяйственная организация Объединенных Наций	Organización de las Naciones Unidas para la Alimentación y la Agricultura
Viale delle Terme di Caracalla, 00153 Rome, Italy			Fax: +39 0657053152	Tel: +39 0657051		www.fao.org
Our Ref.: LE-27			Your Ref.:			

4/II/2015

**Constitution of the European Commission for the Control of Foot-and-Mouth Disease  
Amendments proposed by Austria**

The Director-General of the Food and Agriculture Organization of the United Nations, acting in his capacity as depositary, communicates the following:

On 17 December 2014, the Director-General received proposals for amendments to the above-mentioned Constitution made by the Government of the Republic of Austria. The proposed amendments are scheduled to be considered by the Commission at its forthcoming 41<sup>st</sup> session (Rome, 23-24 April 2015). They are reproduced in the annexes to this letter.

In accordance with Article XIV of the Constitution, proposals for amendments may be made by any Member of the Commission. They shall be approved by a two-thirds majority of the membership of the Commission and shall become effective only with the concurrence of the Council of the Organization. *AWD*

**Acte constitutif de la Commission européenne de lutte contre la fièvre aphteuse  
Amendements proposés par l'Autriche**

Le Directeur général de l'Organisation des Nations Unies pour l'alimentation et l'agriculture, agissant en sa qualité de dépositaire, communique ce qui suit:

Le 17 décembre 2014, le Directeur général a reçu des propositions d'amendement à l'Acte constitutif susmentionné présentées par le Gouvernement de la République d'Autriche. Les amendements proposés seront examinés par la Commission lors de sa 41<sup>ème</sup> session qui se tiendra à Rome du 23 au 24 avril 2015. Ils sont reproduits dans les annexes à la présente lettre.

Conformément aux dispositions de l'article XIV de l'Acte constitutif, des propositions d'amendement peuvent être présentées par tout Membre de la Commission. Les amendements doivent être approuvés par la Commission à la majorité des deux tiers de ses Membres, et n'entreront en vigueur qu'une fois approuvés par le Conseil de l'Organisation. *AWD*

## Amendments to the Constitution of the EuFMD, proposed by Austria

### ANNEX I

#### AMENDMENTS TO THE CONSTITUTION OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE PROPOSED BY AUSTRIA<sup>1</sup>

##### Generic change:

To replace "Chairman" with "Chairperson" wherever it occurs in the text of the Constitution.

##### Specific changes:

### ARTICLE I

#### Membership

1. Membership in the European Commission for the Control of Foot-and-Mouth Disease (hereinafter referred to as "the Commission") shall be open to such European Member Nations of the Food and Agriculture Organization of the United Nations, to such States participating as members in the Regional Conference for Europe of the Food and Agriculture Organization of the United Nations and serviced by the Regional Office for Europe of the Food and Agriculture Organization of the United Nations and to such European Member Nations of the International Office of Epizootics that are Members of the United Nations, as accept this Constitution in accordance with the provisions of Article XV. The Commission may, by a two-thirds majority of the membership of the Commission, admit to membership such other European States that are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency as have submitted an application for membership and a declaration made in a formal instrument that they accept the obligations of this Constitution as in force at the time of admission.

2. The Food and Agriculture Organization of the United Nations (hereinafter referred to as "the Organization"), the International Office of Epizootics (hereinafter referred to as "the Office"), and the European Community, and the Organization for Economic Cooperation and Development shall have the right to be represented at all sessions of the Commission and its Committees, but their representatives shall not have the right to vote.

### ARTICLE II

#### Obligations of Members regarding National Policies and International Cooperation for the Control of Foot-and-Mouth Disease

1. Members undertake to control foot-and-mouth disease with a view to its ultimate eradication by the institution of suitable quarantine and sanitary measures and by one or more of the following methods:

- 1) a slaughter policy;
- 2) slaughter together with vaccination;

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<sup>1</sup> Deletions appear as ~~strikethroughs~~ and insertions as underlined italics.

- 3) maintenance of totally immune cattle population by vaccination; other susceptible livestock may be vaccinated.
- 4) vaccination in zones surrounding outbreaks.

Methods adopted shall be rigorously carried out, *and for members not recognised by the Office as having the status of freedom from foot-and-mouth disease, there should be in place a national plan for the progressive control of the disease.*

2. Members should have available contingency plans for the immediate management of incursions of foot-and-mouth disease and ensure sufficient financial, human and technical resources are available for immediate application of the control methods indicated in Article II.1.

(following paragraphs to be renumbered)

### ARTICLE III

#### Seat

1. The seat of the Commission and its Secretariat shall be in Rome at the Headquarters of the Organization, *but may be temporarily located elsewhere in pursuance of a decision of the Commission at a previous session.*

(...)

### ARTICLE IV

#### General Functions

The following shall be the general functions of the Commission:

(...)

4. *To promote the progressive control of foot-and-mouth disease, to stimulate and plan joint action wherever required in the implementation of prevention and control programmes and to this effect arrange means whereby adequate resources can be made available, for example, for the production and storage of vaccine, through agreements between Members.*

(...)

### ARTICLE V

#### Special Functions

The following shall be the special functions of the Commission:

(...)

2. To take suitable action in the following fields:
  - 2.1 Storage of antigen and/or vaccines, *and of diagnostic kits or devices* by or on behalf of the Commission for distribution to any Member in case of need.
  - 2.2 Promotion when necessary of the establishment by a Member or Members of "cordons sanitaires" to prevent the spread of disease.
  - 2.3 The training of personnel of Member as required for management of emergency response and the establishment of a cadre of trained personnel who can assist other Members in case of need.
  - 2.4 The maintenance and promotion of appropriate biocontainment standards for handling of materials containing foot-and-mouth disease virus by Members.

Observers

#### ARTICLE IX

(...)

2. States which, while not Members of the Commission nor Members or Associate Members of the Organization, are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency may, upon request and subject to the concurrence of the Commission through its Chairman Chairperson and to the provisions relating to the granting of observer status to nations adopted by the Conference of the Organization, be invited to attend in an observer capacity sessions of the Commission or its Executive Committee.

(...)

#### ARTICLE X

Executive Committee

1. An Executive Committee shall be established and shall be composed of the Chairman Chairperson, two Vice-Chairmen Vice-Chairpersons of the Commission and five six delegates of Members selected by the Commission at the end of its regular session. The Members of the Executive Committee should represent the geographic area of the Commission. The Chairman Chairperson of the Commission shall be the Chairman Chairperson of the Executive Committee.
2. The first Vice-Chairperson shall be nominated as the Incoming Chairperson, and the second Vice-Chairperson shall normally be the immediate Past-Chairperson of the Commission, and shall be elected by the Commission until the end of the next regular session.
- 2.3. Members of the Executive Committee shall hold office until the end of the next regular session without prejudice to the right of re-election.
- 3.4. If a vacancy occurs in the Executive Committee before the expiration of the term of appointment,

the Committee may request a Member of the Commission the Member which provided the resigning Member shall be requested to nominate a new representative to fill the vacancy for the remainder of the term.

5. In the case of absence of the Chairperson, the first, followed by the second Vice-Chairperson may replace the Chairperson and an elected Member of the Executive Committee may replace the respective Chairperson.

4.6. The Executive Committee shall meet at least twice at reasonable intervals between any two successive regular sessions of the Commission.

5.7. The Secretary of the Commission shall act as Secretary to the Executive Committee.

## **CONSTITUTION OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE**

*As amended by the Commission at its Twenty-Second Session (29 March - 1 April 1977) and approved by the  
FAO Council at its Seventy-Second Session (8-10 November 1977). As amended by the Commission at its Twenty-  
Eighth Session (9-12 May 1989) and approved by the FAO Council at its Ninety-Sixth Session ( 6-10 November  
1989).As amended by the Commission at its Thirty-Second Session (2-4 April 1997) and approved by the FAO  
Council at its Hundred and thirteenth Session (4-6 November 1997).*

### **PREAMBLE**

The contracting Governments, having regard to the urgent necessity of preventing the recurrence of the heavy losses to European agriculture caused by the repeated outbreaks of foot-and-mouth disease, hereby establish, within the framework of the Food and Agriculture Organization of the United Nations, a Commission to be known as the European Commission for the Control of Foot-and-Mouth Disease, whose object shall be to promote national and international action with respect to preventive and control measures against foot-and-mouth disease in Europe.

### **ARTICLE I**

#### **Membership**

1. Membership in the European Commission for the Control of Foot-and-Mouth Disease (hereinafter referred to as "the Commission") shall be open to such European Member Nations of the Food and Agriculture Organization of the United Nations, to such States participating as members in the Regional Conference for Europe of the Food and Agriculture Organization of the United Nations and serviced by the Regional Office for Europe of the Food and Agriculture Organization of the United Nations and to such European Member Nations of the International Office of Epizootics that are Members of the United Nations, as accept this Constitution in accordance with the provisions of Article XV. The Commission may, by a two-thirds majority of the membership of the Commission, admit to membership such other European States that are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency as have submitted an application for membership and a declaration made in a formal instrument that they accept the obligations of this Constitution as in force at the time of admission.

2. The Food and Agriculture Organization of the United Nations (hereinafter referred to as "the Organization"), the International Office of Epizootics (hereinafter referred to as "the Office"), the European Community, and the Organization for Economic Cooperation and Development shall have the right to be represented at all sessions of the Commission and its Committees, but their representatives shall not have the right to vote.

### **ARTICLE II**

Obligations of Members regarding National Policies and International Cooperation for the Control of Foot-and-Mouth Disease.

1. Members undertake to control foot-and-mouth disease with a view to its ultimate eradication by the institution of suitable quarantine and sanitary measures and by one or more of the following methods:

- 1) a slaughter policy;
- 2) slaughter together with vaccination;
- 3) maintenance of totally immune cattle population by vaccination; other susceptible livestock may be vaccinated.
- 4) vaccination in zones surrounding outbreaks.

Methods adopted shall be rigorously carried out.

2. Members adopting policy 2 or 4 undertake to have available a supply of vaccine or antigen for vaccine production sufficient to ensure adequate protection against the disease in case the spread of the disease can not be controlled exclusively by sanitary measures. Each member shall collaborate with and assist other members in all concerted measures for the control of foot-and-mouth disease and in particular in the supply of vaccine or antigen for vaccine production where necessary. The quantities of antigen and vaccine to be stored for national and international use shall be determined by Members in the light of the findings of the Commission and the advice of the Office.

3. Members shall make such arrangements for the typing of virus from outbreaks of foot-and-mouth disease as may be required by the Commission and shall immediately notify the Commission and the Office of the results of such typing.

4. Members shall make arrangements for the rapid dispatch of new isolates to the FAO designated World Reference Laboratory for further characterization.

5. Members undertake to provide the Commission with any information which it may need to carry out its functions. In particular, Members shall immediately report to the Commission and to the Office any outbreak of foot-and-mouth disease and its extent and shall make such further detailed reports as the Commission may require.

### ARTICLE III

#### Seat

1. The seat of the Commission and its Secretariat shall be in Rome at the Headquarters of the Organization.

2. Sessions of the Commission shall be held at its seat, unless they are convened elsewhere in pursuance of a decision of the Commission at a previous session, or, in exceptional circumstances, of a decision of the Executive Committee.

### ARTICLE IV

#### General Functions

1. To enter into arrangements, through the Director-General of the Organization, with the Office within the framework of any agreements between the Organization and the Office to ensure that:

1.1 all Members are provided with technical advice on any problem relating to the control of foot-and-mouth disease;

1.2 comprehensive information on outbreaks of the disease and identification of virus is collected and disseminated as quickly as possible;

1.3 special research work required on foot-and-mouth disease is carried out.

2. To collect information on national programmes for control of and research on, foot-and-mouth disease.

3. To determine, in consultation with the Members concerned, the nature and extent of assistance needed by such Members for implementing their national programmes

4. To stimulate and plan joint action wherever required in the implementation of prevention and control programmes and to this effect arrange means whereby adequate resources can be made available, for example, for the production and storage of vaccine, through agreements between Members.

5. To arrange for suitable facilities for the typing and characterization of virus.

6. To ensure the availability of an international laboratory ( World Reference Laboratory ) with facilities for rapid characterization of virus by appropriate methods.

7. To maintain information on the stocks of antigen and vaccine available in member countries and other countries and to keep the position continuously under review.

8. To offer advice to other organizations on the allocation of any available funds for assisting in prevention and control of foot-and-mouth disease in Europe.

9. To enter into arrangements, through the Director-General of the Organization, with other organizations, regional groups or with Nations not Members of the Commission, for participation in the work of the Commission or its committees, or for mutual assistance on problems of controlling foot-and-mouth disease. These arrangements may include the establishment of, or participation in, joint committees.

10. To consider and approve the report of the Executive Committee on the activities of the Commission, the accounts for the past financial period and the budget and programme for the ensuing biennium, for submission to the Finance Committee of the Organization.

### ARTICLE V

#### Special Functions

The following shall be the special functions of the Commission:

1. To assist in the prevention and control of outbreaks in emergency situations in any manner considered appropriate by the Commission and the Member or Members concerned. For this purpose the Commission or its Executive Committee, in conformity with the provisions of Article XI (5), may use any uncommitted balances of the Administrative Budget referred to in Article XIII (7) as well as any supplementary contributions which may be provided for emergency action under Article XIII (4).

2. To take suitable action in the following fields:

2.1 Storage of antigen and/or vaccines by or on behalf of the Commission for distribution to any Member in case of need.

- 2.2 Promotion when necessary of the establishment by a Member or Members of "cordons sanitaires" to prevent the spread of disease.
3. To carry out such further special projects as may be suggested by Members or by the Executive Committee and approved by the Commission for achieving the purposes of the Commission as set forth in this Constitution.
4. Funds from the surplus of the Administrative Budget may be used for the purposes stated in paragraphs 2 and 3 of this Article when such action is approved by the Commission by a two-thirds majority of the votes cast, providing such majority is more than one half of the membership of the Commission.

#### **ARTICLE VI**

##### **Sessions**

1. Each Member shall be represented at Sessions of the Commission by a single delegate who may be accompanied by an alternate and by experts and advisers. Alternates, experts and advisers may take part in the proceedings of the Commission but not vote, except in the case of an alternate who is duly authorized to substitute for the delegate.
2. Each Member shall have one vote. Decisions of the Commission shall be taken by a majority of the votes cast except as otherwise provided in this Constitution. A majority of the Members of the Commission shall constitute a quorum.
3. The Commission shall elect, at the end of each regular session, a Chairman and two Vice-Chairmen from amongst the delegates. These officers shall hold office until the end of the next regular sessions, without prejudice to the right of re-election. The Commission shall also appoint the members of special or standing Committees.
4. The Director-General of the Organization in consultation with the Chairman of the Commission shall convene a regular session of the Commission at least every two years. Special sessions may be convened by the Director-General in consultation with the Chairman of the Commission or, if so requested, by the Commission in regular sessions or by at least one third of the Members during intervals between regular sessions.

#### **ARTICLE VII**

##### **Committees**

1. The Commission may establish temporary, special or standing committees to study and report on matters pertaining to the purpose of the Commission, subject to the availability of the necessary funds in the approved budget of the Commission.
2. These committees shall be convened by the Director-General of the Organization in consultation with the Chairman of the Commission and with the Chairman of the special or standing committee concerned, at such times and places as are in accordance with the objectives for which they were established.
3. Membership in such committees may be open to all Members of the Commission or consist of selected Members of the Commission or of individuals appointed in their personal capacity because of their competence in technical matters, as determined by the Commission. On proposal of the chairman, observers may be invited to participate in the meetings of the special and standing committees.
4. Members of the committees shall be appointed at the regular session of the Commission and each committee shall elect its own Chairman.

#### **ARTICLE VIII**

##### **Rules and Regulations**

Subject to the provisions of this Constitution, the Commission may, by a majority of two-thirds of its membership, adopt and amend its own Rules of Procedure and Financial Regulations, which shall be in conformity with the General Rules and Financial Regulations of the Organization. The Rules of the Commission and any amendments thereto shall come into force upon approval by the Director-General of the Organization, the Financial Regulations and amendments thereto being subject to confirmation by the Council of the Organization.

#### **ARTICLE IX**

##### **Observers**

1. Any Member Nation of the Organization that is not a Member of the Commission and any Associate Member may be invited to, or, upon its request, be represented by an observer at sessions of the Commission. It may submit memoranda and participate without vote in the discussions.
2. States which, while not Members of the Commission nor Members or Associate Members of the Organization, are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency may, upon request and subject to the concurrence of the Commission through its Chairman and to

the provisions relating to the granting of observer status to nations adopted by the Conference of the Organization, be invited to attend in an observer capacity sessions of the Commission.

3. Participation of international organizations in the work of the Commission and the relations between the Commission and such organizations shall be governed by the relevant provisions of the Constitution and the General Rules of the Organization as well as by the rules on relations with international organizations adopted by the Conference or Council of the Organization. All such relations shall be dealt with by the Director-General of the Organization. The relations between the Organization and the Office are governed by such agreement between the Organization and the Office as may be in force.

## ARTICLE X

### Executive Committee

1. An Executive Committee shall be established and shall be composed of the Chairman, two Vice-Chairmen of the Commission and five delegates of Members selected by the Commission at the end of its regular session. The Chairman of the Commission shall be the Chairman of the Executive Committee.

2. Members of the Executive Committee shall hold office until the end of the next regular session without prejudice to the right of re-election.

3. If a vacancy occurs in the Executive Committee before the expiration of the term of appointment, the Committee may request a Member of the Commission to appoint a representative to fill the vacancy for the remainder of the term.

4. The Executive Committee shall meet at least twice between any two successive regular sessions of the Commission.

5. The Secretary of the Commission shall act as Secretary to the Executive Committee.

## ARTICLE XI

### Functions of the Executive Committee

The Executive Committee shall:

1. make proposals to the Commission concerning policy matters and the programme of activities;

2. implement the policies and programmes approved by the Commission;

3. submit to the Commission the draft programme and Administrative Budget, and the accounts for the past biennium;

4. prepare the report on the activities of the Commission during the past biennium for approval by the Commission and transmission to the Director-General of the Organization;

5. undertake such other duties as the Commission may delegate to it, in particular with reference to emergency action under Article V (1).

## ARTICLE XII

### Administration

1. The staff of the Secretariat of the Commission shall be appointed by the Director-General with the approval of the Executive Committee, and for administrative purposes shall be responsible to the Director-General. They shall be appointed under the same terms and conditions as the staff of the Organization.

2. The expenses of the Commission shall be paid out of its Administrative Budget except those relating to such staff and facilities which can be made available by the Organization. The expenses to be borne by the Organization shall be determined and paid within the limits of the biennial budget prepared by the Director-General and approved by the Conference of the Organization in accordance with the General Rules and the Financial Regulations of the Organization.

3. Expenses incurred by delegates, their alternates, experts and advisers when attending sessions of the Commission and its committees as government representatives, as well as the expenses incurred by observers at sessions, shall be borne by the respective governments or organizations. The expenses of experts invited by the Commission to attend meetings of the Commission or its committees in their individual capacity shall be borne by the budget of the Commission.

## ARTICLE XIII

### Finance

1. Each Member of the Commission undertakes to contribute annually its share of the administrative budget in accordance with a scale of contribution. This scale of contribution shall be adopted by the Commission with a two-thirds majority of its Members in accordance with the Financial Regulations of the Commission.

2. Contributions of States which acquire membership between two regular sessions of the Commission shall be determined by the Executive Committee in accordance with the Financial Regulations of the Commission; for this

purpose such criteria as may be specified in the Financial Regulation shall apply. The determination made by the Executive Committee shall be subject to confirmation by the Commission at its next regular session.

3. Annual contributions provided for under paragraphs 1 and 2 above shall be payable before the end of the first month of the year to which they apply.

4. Supplementary contributions may be accepted from a Member or Members or from organizations or individuals for emergency action or for the purpose of implementing special schemes or campaigns of control which under Article V the Commission or Executive Committee may adopt or recommend.

5. All contributions from Members shall be payable in currencies to be determined by the Commission in agreement with each contributing Member.

6. All contributions received shall be placed in a Trust Fund administered by the Director-General of the Organization in conformity with the Financial Regulations of the Organization.

7. At the end of each financial period, any uncommitted balance of the Administrative Budget shall be retained in the Trust Fund and made available for the following years's budget.

#### **ARTICLE XIV**

##### **Amendments**

1. This Constitution may be amended by the Commission by a two-thirds majority of the membership of the Commission.

2. Proposals for the amendment of the Constitution may be made by any Member of the Commission in a communication addressed to both the Chairman of the Commission and the Director-General of the Organization. The Director-General shall immediately inform all Members of the Commission of all proposals for amendments.

3. No proposal for the amendment of the Constitution shall be included in the agenda of any session unless notice thereof has been received by the Director-General of the Organization at least 120 days before the opening of the session.

4. Amendments shall become effective only with the concurrence of the Council of the Organization.

5. An amendment not involving additional obligations for Members of the Commission shall take effect from the date of the decision of the Council.

6. An amendment which, in the view of the Commission, involves additional obligations, for Members of the Commission shall, after approval by the Council, bind the Members of the Commission who have accepted the amendment, as from the date on which it has been accepted by two-thirds of the membership of the Commission, and thereafter for each remaining Member of the Commission upon the date of receipt by the Director-General of the instrument of acceptance of the amendment by that Member.

7. The instruments of acceptance of amendments involving additional obligations shall be deposited with the Director-General who shall inform all Members of the Commission of the receipt of such instruments.

8. The rights and obligations of any Member of the Commission that has not accepted an amendment involving additional obligations shall for a period not exceeding two years as from the date of entry into force of the amendment, continue to be governed by the provisions of the Constitution as they stood prior to the amendment. Upon expiry of the a fore-mentioned period, any Member of the Commission that has not accepted such amendment shall be bound by the Constitution as so amended.

9. The Director-General shall inform all Members of the Commission of the entry into force of any amendment.

#### **ARTICLE XV**

##### **Acceptance**

1. Acceptance of this Constitution shall be effected by the deposit of an instrument of acceptance with the Director-General of the Organization and shall take effect, as regards Members of the Organization or the Office, on receipt of such instrument by the Director-General who shall forthwith inform each of the Members of the Commission.

2. Membership of States that are eligible for membership under Article I, but are neither Members of the Organization nor of the Office, shall become effective on the date on which the Commission approves the application for membership in conformity with the provisions of Article I. The Director-General shall inform each of the Members of the Commission of the approval of any application for membership.

3. Acceptance of the Constitution may be made subject to reservations. The Director-General of the Organization shall notify forthwith all Members of the Commission of the receipt of any application for membership or any instrument of acceptance of the Constitution either of which contains a reservation. A reservation shall become effective only upon unanimous approval by the Members of the Commission. The Members of the Commission not having replied within three months from the date of the notification by the Director-General of the

reservation shall be deemed to have accepted the reservation. Failing unanimous approval by the Members of the Commission of a reservation, the nation making the reservation shall not become a party to this Constitution.

#### **ARTICLE XVI**

##### **Withdrawal**

- 1.Any Member may withdraw from the Commission at any time after the expiration of one year from the date on which its acceptance took effect or from the date on which the Constitution entered into force, whichever is the later, by giving written notice of withdrawal to the Director-General of the Organization who shall forthwith inform all Members of the Commission. The withdrawal shall become effective one year from the date of receipt of the notification of withdrawal.
- 2.Non-payment of two consecutive annual contributions shall be regarded as implying withdrawal of the defaulting Member from the Commission.
- 3.Any Member of the Commission withdrawing from the Organization of the Office, when such withdrawal results in this Nation no longer being a Member of either of these two Agencies, shall be deemed to have withdrawn simultaneously from the Commission.

#### **ARTICLE XVII**

##### **Settlement of Disputes**

- 1.If there is any dispute regarding the interpretation or application of this Constitution, the Member or Members concerned may request the Director-General of the Organization to appoint a committee to consider the question in dispute.
- 2.The Director-General shall there-upon, after consultation with the Members concerned, appoint a committee of experts which shall include representatives of those Members. This committee shall consider the question in dispute, taking into account all documents and other forms of evidence submitted by the Members concerned. This committee shall submit a report to the Director-General of the Organization who shall transmit it to the Members concerned and to the other Members of the Commission.
- 3.The Members of the Commission agree that the recommendations of such a committee, while not binding in character, will become the basis for renewed consideration by the Members concerned of the matter out of which the disagreement arose.
- 4.The Members concerned shall share equally the expenses of the experts.

#### **ARTICLE XVIII**

##### **Termination**

- 1.This Constitution shall be terminated by a decision of the Commission taken by a three-fourths majority of the membership of the Commission. It shall automatically be terminated should membership, as a result of withdrawals, comprise fewer than six Nations.
- 2.On termination of the Constitution all assets of the Commission shall be liquidated by the Director-General of the Organization and after settlement of all liabilities the balance shall be distributed proportionally amongst Members on the basis of the scale of contributions in force at the time. Nations whose contributions are in arrears for two consecutive years and hence deemed to have withdrawn in conformity with Article XVI (2) shall not be entitled to a share of the assets.

#### **ARTICLE XIX**

##### **Entry into Force**

- 1.This Constitution shall enter into force upon receipt by the Director-General of the Organization of notifications of acceptance from six Member Nations of the Organization or of the Office, providing that their contributions represent in the aggregate not less than 30 percent of the Administrative Budget provided for in Article XIII (1).
- 2.The Director-General shall notify all Nations having deposited notifications of acceptance of the date on which this Constitution comes into force.
- 3.The text of this Constitution drawn up in the English, French and Spanish languages, which languages shall be equally authoritative, was approved by the Conference of the Organization on the Eleventh day of December 1953.
- 4.Two copies of the text of this Constitution shall be authenticated by the Chairman of the Conference and the Director-General of the Organization, one copy of which shall be deposited with the Secretary-General of the United Nations and the other in the archives of the Organization. Additional copies of this text shall be certified by the Director-General and furnished to all Members of the Commission with the indication of the date on which Constitution has come into force.

## **RULES OF PROCEDURE OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE**

*As amended by the Commission at its Thirty-Second Session (2-4 April 1997) and approved by the Director General of FAO on 7 September 1997*

### **Rule I - Sessions of the Commission**

Notices convening a regular session of the Commission shall be dispatched by the Director General not less than 50 days and notices convening a special session not less than 20 days before the date fixed for the opening of the session, to Members of the Commission, to such Nations which are not Members of the Commission and to such international organizations as may be represented in accordance with Article IX of the Constitution, hereafter referred to as "participating Nations and international organizations".

### **Rule II - Agenda**

1. A provisional agenda for each regular session of the Commission shall be drawn up by the Director-General and dispatched to Members and to participating Nations and international organizations not less than 50 days before the date fixed for the opening of the session.
2. The provisional agenda for a regular session shall consist of:
  - (a) All items the inclusion of which may have been decided upon by the Commission at a previous session.
  - (b) Election of Chairman and Vice-Chairmen of the Commission (Article VI of the Constitution).
  - (c) Application for membership in the Commission, if any (Article I of the Constitution).
  - (d) Draft programme and Administrative Budget (Articles IV and XI of the Constitution).
  - (e) Report of the Executive Committee on the activities of the Commission during the past biennium (Articles IV and XI of the Constitution).
  - (f) Reports by committees established under Article VII of the Constitution.
  - (g) Proposals of the Executive Committee concerning policy matters (Article XI of the Constitution).
  - (h) Any modifications of the Scale of Contributions including the confirmation of the determination of the contribution of any States having acquired membership since the last regular session (Article XIII of the Constitution).
  - (i) Audited accounts for the preceding financial period and the budget and programme for the ensuing biennium (Articles IV and XI of the Constitution).
  - (j) Amendments to the Constitution, if any (Article XIV of the Constitution).
  - (k) Any items which the Conference, Council or the Director-General of the Organization refer to the Commission.
  - (l) Any items which the Conference, Council or the Director General of the Organisation refer to the Commission
  - (m) Other business arising out of the Commission's functions.
3. A provisional agenda for each special session of the Commission shall be drawn up by the Director-General and dispatched to Members and to participating Nations and international organizations not less than 20 days before the date fixed for the opening session
4. The provisional agenda for a special session of the Commission shall consist of:
  - (a) All items the inclusion of which in the agenda of the special session may have been decided upon by the Commission at a previous session.
  - (b) Applications for membership in the Commission, if any (Article I of the Constitution).
  - (c) Amendments to the Constitution, if any (Article XIV of the Constitution).
  - (d) Any items proposed for consideration in a request by the Commission or by one third of the Members for the holding of the special session.
5. Any Member may, not less than 30 days before the date fixed for the opening of a session, request the Director-General to include specific items on the agenda. These items shall be placed on a supplementary list, which shall be dispatched to Members and to participating Nations and international organizations, not less than 20 days before the date fixed for the opening of the session.
6. During any session the Commission may, by a two-thirds majority of the votes cast, add to the agenda any item proposed by a Member.
7. At each session the provisional agenda, together with the proposed additions or deletions, if any, shall be submitted to the Commission for approval as soon as possible after the opening of the session and, on approval of the Commission with or without amendments, shall become the agenda of the session.
8. Copies of all reports and other documents to be submitted to the Commission at any session, in connexion with any item which may be on the agenda, shall be furnished by the Director-General to Members and to participating Nations and international organizations at the same time as the item or as soon as possible thereafter.

9. The Commission shall not proceed to the discussion of any item on the agenda until at least 24 hours have elapsed since the documents referred to in Paragraph 7 have been made available to delegations of Members.

**Rule III - Delegations and Credentials**

1. For the purpose of these Rules the term "delegation" means all the persons appointed by a Member to attend a session of the Commission, that is to say its delegate and his alternate, experts and advisers.
2. The credentials of delegates and alternates and the names of other persons in their delegations and of the observers from participating Nations and international organizations shall, insofar as possible, be deposited with the Secretary of the Commission not later than the opening day of each session of the Commission. The Secretary shall examine the credentials and report thereon to the Commission.

**Rule IV - Secretariat**

The staff of the Secretariat of the Commission shall be appointed in accordance with Article XII of the Constitution and subject to the provisions of that Article. It shall be the duty of the Secretariat to receive, translate into the working languages of the Commission and circulate documents, reports and resolutions of the Commission and its committees, to prepare the records of their proceedings and to perform such other work as the Commission or any of its committees may require.

**Rule V - Attendance at Plenary Meetings of the Commission**

1. Plenary meetings of the Commission shall be open to attendance by all delegations and by observers from participating Nations and international organizations and such members of the staff of the Organization as the Director-General may designate. Plenary meetings of the Commission shall be held in public unless the Commission decides otherwise.
2. Subject to any decision of the Commission the Secretary shall make arrangements for the admission of the public and of representatives of the press and other information agencies, to plenary meetings of the Commission.

**Rule VI - Powers and Duties of Chairman and Vice-Chairmen of the Commission**

1. In addition to exercising such powers as are conferred upon him elsewhere by these Rules, the Chairman shall declare the opening and closing of each plenary meeting of the session. He shall direct the discussion in plenary meetings and at such meetings ensure observance of these Rules, accord the right to speak, put questions, and announce decision.
2. In the absence of the Chairman during a plenary meeting or any part thereof, one of the Vice-Chairmen shall preside. A Vice-Chairman acting as Chairman shall have the same powers and duties as the Chairman.
3. The Chairman, or a Vice-Chairman acting as Chairman, shall not vote but may appoint an alternate or adviser from his delegation to vote in his place.
4. The Chairman, in the exercise of his functions, remains under the authority of the Commission.

**Rule VII - Executive Committee**

In accordance with Article X of the Constitution, the Chairman of the Commission shall be the Chairman of the Executive Committee. He shall have, in relation to meetings of the Executive Committee, the same powers and duties as he has in relation to meetings of the Commission. In the absence of the Chairman during a meeting of the Executive Committee or any part thereof, one of the Vice-Chairmen of the Commission shall preside. A Vice-Chairman acting as Chairman shall have the same powers and duties as the Chairman. A majority of the members of the Committee shall constitute a quorum. Decisions of the Committee shall be taken by a majority of the votes cast. Each Member of the Committee shall have one vote. Meetings of the Committee shall be open to Observers when deemed appropriate. The Chairman has the authority to invite Observers, subject to confirmation by the Committee.

**Rule VIII - Proposals and Amendments at Plenary Meetings**

1. Proposals and amendments for plenary meetings shall be introduced in writing and handed to the Chairman of the Commission who shall circulate copies to the delegations. Subject to a contrary decision of the Commission in a specific instance, no proposal shall be discussed or put to the vote at any plenary meeting unless copies of it have been circulated to all delegations not
2. In the absence of the Chairman during a plenary meeting or any part thereof, one of the Vice-Chairmen shall preside. A Vice-Chairman acting as Chairman shall have the same powers and duties as the Chairman.

3. The Chairman, or a Vice-Chairman acting as Chairman, shall not vote but may appoint an alternate or adviser from his delegation to vote in his place.
4. The Chairman, in the exercise of his functions, remains under the authority of the Commission.

**Rule IX - Conduct of Business and Voting Arrangements at Plenary Meetings**

The conduct of business, voting arrangements and other related matters not specifically provided for in the Constitution or these Rules shall be governed by the General Rules of the Organization.

**Rule X - Committees of the Commission**

1. In addition to the committees provided for in Article VII of the Constitution, the Commission may set up at each session and for the duration of the session, such committees as it considers desirable and allocate to these committees the various items on its agenda.
2. Each such committee shall elect a Chairman and a Vice-Chairman.
3. Each delegate shall be entitled to sit or be represented by another member of his delegation on each such committee and may be accompanied at meetings by one or more members of his delegation, who may speak but shall not vote.
4. The Chairman of each committee shall have in relation to meetings of his committee the same powers and duties as the Chairman of the Commission has in relation to plenary meetings. In the absence of the Chairman, the Vice-Chairman of the committee shall preside with the same powers and duties.
5. The procedure in a committee shall be governed by the provisions of Rule X so far as applicable. A majority of the members of the committee shall constitute a quorum.
6. All committees established by the recommendations to the Commission shall report their conclusions and recommendations to the Commission.

**Rule XI - Rapporteurs**

Any committee referred to in any of the preceding Rules may, on the proposal of its Chairman, appoint from among its members, one or more rapporteurs as required.

**Rule XII - Participating International Organizations**

Each participating Nation or international organization which has been invited to attend a session of the Commission may be represented by an observer. Such observer may, without vote, speak and, upon the request of the Chairman, participate in the discussions of the Commission and its committees. They may circulate to the Commission or its committees, without abridgement, the views of the Nation or organization which they represent.

**Rule XIII - Reports and Recommendations**

1. Summary records shall be made of the proceedings of the Commission and its committees and shall be circulated as soon as possible to members of delegations who participated in the meeting concerned in order to give them the opportunity to suggest corrections.
2. At each session, the Commission shall approve a report embodying its views, recommendations and decisions including, when requested, a statement of minority views.
3. The conclusions and recommendations of the Commission shall be transmitted to the Director-General of the Organization at the close of each session, who shall circulate them to the Members of the Commission, nations and international organizations that were represented at the session and, upon request, to other member Nations of the Organization, for their information.
4. Recommendations having policy, programme or financial implications for the Organization shall be brought by the Director-General to the attention of the Conference or Council of the Organization for appropriate action.
5. Subject to the provisions of the preceding paragraph, the Director-General of the Organization may request Members of the Commission to supply the Commission with information on action taken on the basis of recommendations made by the Commission.

**Rule XIV - Election of Officers**

1. At each regular session, nominations shall be called for by the Chairman from the floor for the offices of Chairman and two Vice-Chairmen of the Commission for the ensuing term of office as provided for in the Constitution.
2. Each nomination shall be supported by a mover and seconded and shall carry the endorsement of the nominee.

**Rule XV - Languages**

English and French shall be the working languages of the Commission.

**Rule XVI - Suspension and Amendment of Rules**

1. Subject to the provisions of the Constitution, any of the foregoing Rules may be suspended by a two-thirds majority of the votes cast at any plenary meeting of the Commission, provided that notice of the intention to propose the suspension has been communicated to the delegates not less than 24 hours before the meeting at which the proposal is to be made.
2. Subject to the provisions of the Constitution, amendments of or additions to these Rules may be adopted at any plenary meeting of the Commission, provided that the intention to propose the amendment or addition has been communicated to the delegates not less than 24 hours before the meeting at which the proposal is to be considered, and provided further, that the Commission has received and considered a report on the proposal by an appropriate committee.
3. The Executive Committee may propose amendments and additions to these Rules.

# ITEM 9

**Partners**  
[The European Commission for the control of Foot-and-Mouth Disease](#)  
[About EuFMD](#)  
[The disease](#)  
[Progressive Control Pathway \(PCP\)](#)  
[Upcoming events](#)  
[inPRESSive!](#)  
[EuFMD in Action](#)  
[FMD surveillance](#)  
[Reports](#)  
[Newsletters and Webinars](#)

**Updates**

**60<sup>th</sup>**  
Anniversary of the European Commission for the control of FMD disease (EuFMD)

**The European Commission for the Control of Foot-and-Mouth Disease (EuFMD)**, one of FAO's oldest Commissions, came into being on the 12<sup>th</sup> June 1954, with the pledge of the sixth founding member state to the principles of a coordinated and common action against foot-and-mouth disease at a time when the disease was ravaging the continent. After 60 years, the Commission is working harder for its member states at a time when the infection circulates in the European neighbourhood and in more than 100 countries in Africa, the Middle-East, and large parts of the Eurasian landmass. The Three Pillars of the EuFMD strategy to counter the threat of the disease, have been since 2013 to work

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**THE PROGRESSIVE CONTROL PATHWAY FOR FMD CONTROL (PCP-FMD)**  
Principles, Stage Descriptions and Standards

**PROPOSAL TO THE MEMBER STATES ON THE ADMINISTRATIVE BUDGET FOR TRUST FUND AND  
CONTRIBUTIONS TO  
MTF/INT/011/MUL FOR BIENNIUM 2016-17**

**2016- 2017 budgets (US\$) for approval by the 41<sup>st</sup> Session**

**Draft Proposal**

**The Draft Proposal for the 41<sup>st</sup> Session is as follows:**

1. To adopt the categorisation of Member States into 5 categories for contribution based on their livestock populations and UN contributions, through application of the formula adopted at the 32<sup>nd</sup> Session, and with the thresholds for entry onto a category as indicated in the Table 3;
2. To adopt the scale of contributions for each category, as given in Table 4, which incorporates both the historic adjustment and an increment for inflation since the budget contributions were last changed in 2009.
3. To adopt the Budget for expenditure from the Administrative Fund of 705,437 USD in 2016 and 713,330 USD in 2017, accepting the reduction in the balance of the Trust Fund that results from income of 606,997 USD from annual membership contributions, being in each year being less than expenditure, before payment of arrears is taken into consideration.
4. That the agreement to be reached with the European Commission on the programme of work and budget for the next 4 years includes sufficient support for professional and other technical inputs required to undertake the programme activities, while the Administrative Fund is used to guarantee sufficient financial provision for the key members of the Secretariat to perform the duties required in fulfilment of the Constitution relating to governance, programme oversight, direction and reporting;
5. That the co-operation with non-member states continues on the current basis of the full costs of service provided being met by those requesting the service, and with clear benefits to the Commission in terms of the expertise maintained to serve the member states.
6. That additional states are encouraged to enter into membership, with the contributions being based on the categorisation adopted at the 41<sup>st</sup> Session.
7. That member states be given the option of a payment of higher contribution category for a biennium, and can state in so doing if they wish the additional contribution to cover training services under the training credits system, for their national needs or if desired to be in the form of credits donated to other states.

***Background***

1. The funding of the administrative activities of the Secretariat of the EufMD Commission, and of the mandated activities required under the Constitution and 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.
2. 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, and has since 2013 introduced a levy of 8% (expected to rise to 10 or 12% this year on the decision of the FAO Council) on professional and consultant positions, which is used by FAO to pay for Central IT, security and other services. These additional costs must be found from savings and raised income.
3. The main programme of activities is supported under separate a financial agreement between FAO and the EC, activities on FMD control are financially supported for 4 m€ (current agreement for 24 months signed 28th August 2013) which is handled through Trust Fund MTF/INT/003/EEC. A third TF, for additional contributions by member states for specific actions, is maintained and has been used since 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.

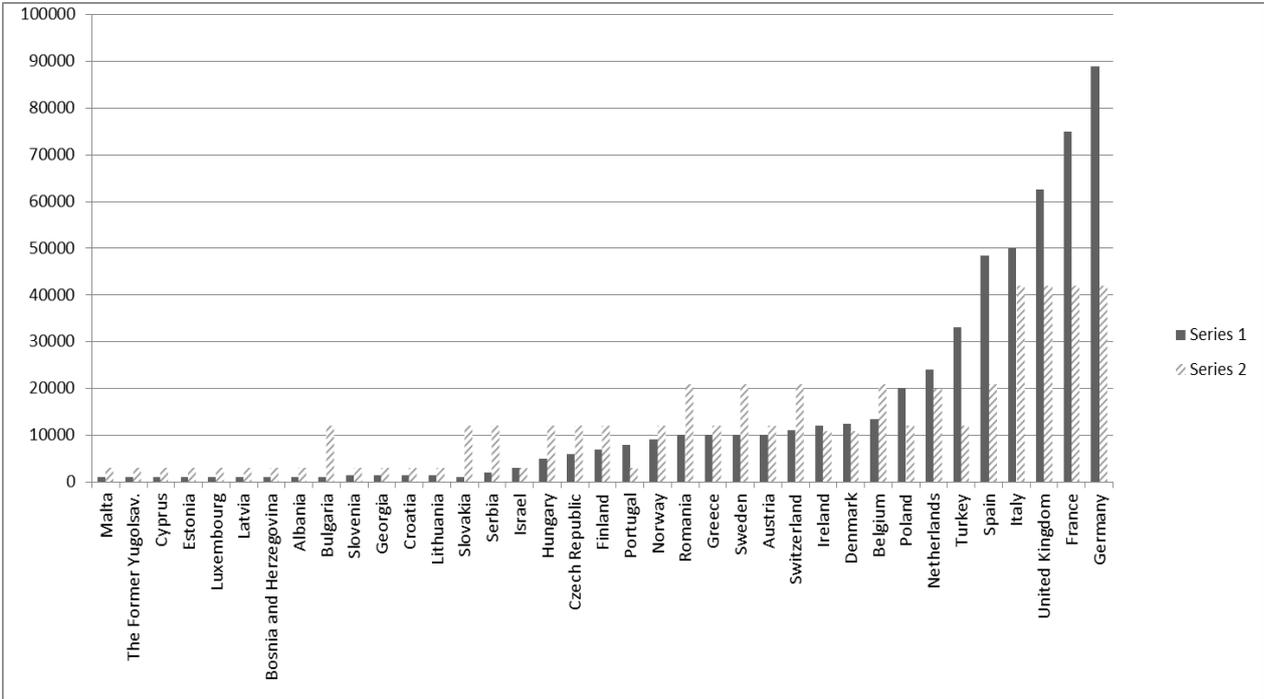
4. The 40<sup>th</sup> General Session in April 2013:

- Agreed an unchanged annual budget contribution to MTF/INT/011/MUL for 2014 and 2015, at US\$ 547,352, continuing the same level of contributions since the Session since January 2010;
- Agreed that the Executive Committee should review the categorisation of members for contributions and address the issue of raising income from contributions at the 41st Session
- Agreed that 2.5 professional posts plus two short term professionals could be supported from the Administrative Fund in 2014-15 , with the Executive Committee to keep under review the balance in the fund given that expenditure would exceed income in 2014-15.

***Review of the Categorisation of Member States for Budget Contribution***

5. The Executive Committee, at the 87<sup>th</sup> Session reviewed the change in GDP per capita and livestock populations since 1997 and recognised that several countries have significantly changed position in relation to other European states in the 17 year period. The review of these changes, and options to achieve a fairer distribution of the categories, and discussions upon the budget, were held at the 89<sup>th</sup> Session in February 2015. The arguments presented and discussed are summarised below.
6. The current scale of contributions was adopted at the 32<sup>nd</sup> Session in 1997, with four categories, based on a classification that used two equal criteria, a) the FAO contribution and b) livestock population (formula – 1 for cattle, 0.5 for pigs, 0.2 for sheep and goats). At this time, it was agreed that the category for a member country would be reviewed every six years, but this has not happened as no proposal has been submitted by MS or the Executive in the period. The 40<sup>th</sup> Session recommended the categorisation be reviewed in 2015.
7. The 2013 national livestock and 2015 UN/FAO financial contributions by countries was compiled , and the “1997 formula” was applied and countries ranked, using the equal criteria mentioned in paragraph 6. (Data in **Annex 1**) It can be seen (Table 4) that the top 10 countries in ranking remain the same as in 1997, whereas there are significant changes in the order of the next 10 countries, as a result in changes in livestock or UN contribution (GDP related) since 1997. This is also evident from Chart 1 where the red columns indicate the CURRENT category of contribution and it can be seen this no longer follows the order based on livestock/UN contribution (blue).
8. It can be argued that the top ranked countries (current categories 1 and 2) are to an extent subsidised by the others, but also that each member state has needs for support and an expectation of basic benefits from membership that will be similar whatever the size of animal population, and therefore there should be a level of contribution for the small countries. Currently the differential between the smallest and larger contributors is 10: 1. It should also be noted that the steps between country contributions are big (double or triple), so Spain and Italy are almost equal on the ranking but one currently pays double the other.

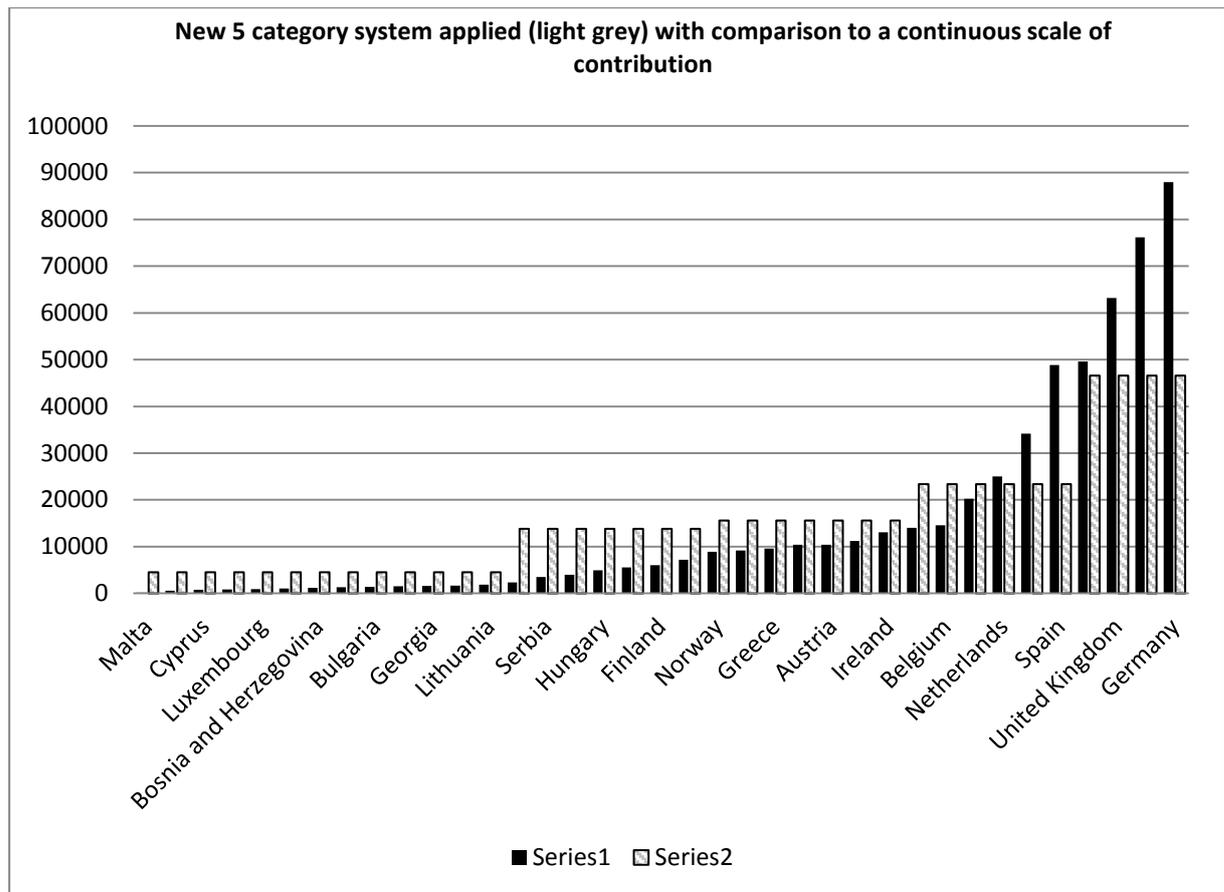
**Chart 1. Current contributions** in \$US (grey stripes) under the 4 category system compared to the “continuous scale amount” (full grey), the latter based on a countries livestock and UN contribution as a % of the European (37 states) total. This chart illustrates how the historic categories for contributions (red) are no longer well aligned for all countries to the livestock and UN contribution, as a result of changes since 1997.



9. Possible solutions to this were discussed by the Executive, with the fairest solution considered to involve the addition of one new category that captures the majority of the countries whose positions have moved either upwards and downwards significantly since 1997. This results in a fairer POSITION on the scale with least number of changes of position (Chart 2).
10. Alternative systems considered included a continuous scale, with or without a cap for minimum and maximum contributions, but this would result in all the top position/larger countries having significantly increased payments and overall, more countries that would face increased contributions compared to the categorisation system.
11. The change recommended by the Executive to introduce the new category and thresholds between categories would result in some five countries would paying more, relative to the current (2014-15) contributions. These countries are Israel, Norway, Greece, Austria and Ireland.
12. The Executive also recognised the need to address the relative underpayment (Chart 1) of the Category 1 and 2 countries compared to the lowest contributors. An increased 2% in contributions was decided upon, to be asked of the Category 1 and 2 countries in relation to the Category 4 and 5 members. The % increase for inflation over the 6 years was set at 1.3%<sup>7</sup> for all categories except the new Category 3.

<sup>7</sup> Equates to 8% over the 6 years since contributions were last raised.

Chart 2 New category system



**Budget Contributions proposed 2016-17**

13. The new Categorisation system was developed to reflect the changes in wealth and livestock populations over the past 18 years. The need for an increase in the overall budget contribution was agreed at the 40<sup>th</sup> Session as being a priority for the 41<sup>st</sup> Session.
14. The 40<sup>th</sup> Session agreed an unchanged level of contribution per member state, with the expectation that the reserve fund in the Administrative TF would be depleted over the biennium, as follows, with year end balances predicted to fall to USD 295,000 and USD 195,000 in 2014 and 2015. Previous Sessions have recommended a reserve of circa USD 200,000 be kept given the volatility of currency rates (which recently have soared by about 25%) and other contingencies in the biennium between Sessions.
15. The year –end position of MTF/INT/011/MUL was at **332,040 USD, which is better than the predicted (295,088)**. It should be noted that in 2014 savings were made through the vacancy arising in the P3 position after Eoin Ryan returned to Ireland in January 2014, but bigger savings were not achieved in part because consultants were recruited to cover the vacancy.
16. The income in 2014 and 2015 was also assisted by the payment of arrears from MS of circa 65,000 in 2014 and 55,000 in 2015, which helped offset the expenditure in both years but would not be expected to continue in 2016.
17. The Executive considered that it would be essential to retain the 2.5 professional posts, as agreed at the 40<sup>th</sup> Session, as the core of the Secretariat, but ensure under the new agreement to be reached with the EC that sufficient professional and technical time is budgeted under the EC financial agreement to ensure a fair balance with that supported by the member states. For this reason, the professional line is increased to cover the 2.5 posts in 2016, and consultants’ line limited to 30,000 USD. Presuming recruitment.
18. On the above basis, an income from contributions of at least 595,000 USD is needed each year to avoid the cash balance dropping below 100,000 at year end in 2017.

**Table 2 – Proposed Budgets for 2016 and 2017**

	Actual (2014), predicted (2015) and PROPOSED budgets for MTF/INT/011/MUL			
	2014	2015	2016	2017
	Actual	Predicted	Proposed 41st	Proposed 41st
Salaries <sup>8</sup>	430,894	370,800	476670 <sup>9</sup>	490970
Consultant	163,484	70,000	30,000	30,000
Contracts	0	1,000	1,000	1,000
Travel (inc STPs)	110,786	51500	50,000	40,000
STPs (Short Term Professional officers)		72,000	72,100	74,263
Training	7,036	6000	10,000	10,000
Gen Op Expenses	25,105	12,000	12,000	12,000
Expendable equipment	1171	1,000	1,000	1,000
Durable Equipment	0	2000	5,000	5,000
Central Service Charge		44000	47,667	49,097
<b>Total</b>	<b>738,476</b>	<b>630,300</b>	<b>705,437</b>	<b>713,330</b>
Income	618,105 <sup>10</sup>	601,000	606,997	606,997
Deficit	- 120,371	-29,300	-91,440	-99,333
<i>Year END Balance</i>	<b>332,904</b>	303,604	212,164	112,832

19. If needed, during the course of the biennium the Executive Committee could achieve reduction in the costs to the Administrative Fund could be achieved by :
- Reducing or shifting the STP programme to another funding source (savings of 36,000 USD per STP position per year);
  - Shifting one or more P posts to the EC budget.
20. The Executive Committee, having reviewed the categorisation of countries, the savings being achieved in 2015, and the need for a minimum of 2.5 professional positions in the Secretariat, and the need to adjust contributions after the 6 years without change, agreed upon the level of contributions per category that would achieve an income of circa 607,000 USD per annum.  
Table 4 indicates the proposed Level of Contributions per category and for each MS. This would achieve the required income of over 600,000 USD per annum, which will avoid depleting the fund below the minimum cash balance at all times for administrative function.
21. That member states be given the option of a payment of higher contribution category for the upcoming biennium, with the option at the 42<sup>nd</sup> Session to revert to the categorisation as set in Table 3.
22. In electing for a higher category, the MS can indicate if they wish the additional funds contribution to cover training services under the training credits system, for their national needs or for the purpose of international capacity building to be donated to other states, irrespective of their membership of the EuFMD. The conversion rate at the time of the 41<sup>st</sup> Session is 1600 USD per training credit.

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9 Assumes 2.5 professional posts filled throughout 2016 and 2017.

10 Includes payments of arrears of circa 65,000 USD above the annual contributions.

**Table 3 Categorisation of countries: proposed divisions**

Area Code	Region	Area Name	A plus B/2	Cont. scale budgetary formula	Current Category	NEW Category	New MS
125	E	Liechtenstein	0.00	7			
64	E	Faroe Islands	0.00	15			
134	E	Malta	0.03	144	4	5	
273	E	Montenegro	0.03	154			5
99	E	Iceland	0.06	334			5
154	E	The former Yugoslav Republic of Macedonia	0.09	487	4	5	
146	E	Republic of Moldova	0.10	524			5
50	E	Cyprus	0.11	628	4	5	
63	E	Estonia	0.12	676	4	5	
256	E	Luxembourg	0.14	757	4	5	
1	E	Armenia	0.15	826			5
119	E	Latvia	0.15	840	4	5	
80	E	Bosnia and Herzegovina	0.17	947	4	5	
3	E	Albania	0.19	1055	4	5	
27	E	Bulgaria	0.20	1121	3	5	
198	E	Slovenia	0.23	1238	4	5	
73	E	Georgia	0.23	1285	4	5	
98	E	Croatia	0.24	1330	4	5	
126	E	Lithuania	0.28	1523	4	5	
			<b>&gt;0.3</b>				
199	E	Slovakia	0.35	1922	3	4	
113	E	Kyrgyzstan	0.42	2311			4
208	E	Tajikistan	0.49	2706			4
272	E	Serbia	0.51	2827	3	4	
105	E	Israel	0.59	3239	4	4	
52	E	Azerbaijan	0.73	4013			4
97	E	Hungary	0.73	4023	3	4	
167	E	Czech Republic	0.82	4532	3	4	
67	E	Finland	0.89	4873	3	4	
213	E	Turkmenistan	0.92	5086			4
174	E	Portugal	1.06	5818	3	4	
57	E	Belarus	1.13	6222			4
			<b>&gt;1.2</b>				
162	E	Norway	1.31	7204	3	3	

183	E	Romania	1.36	7468	2	3	
84	E	Greece	1.42	7804	3	3	
210	E	Sweden	1.54	8445	2	2	
11	E	Austria	1.54	8468	3	3	
230	E	Ukraine	1.55	8549			3
211	E	Switzerland	1.66	9111	2	2	
108	E	Kazakhstan	1.75	9631			3
104	E	Ireland	1.93	10589	3	3	
			<b>&gt;2.0</b>				
54	E	Denmark	2.07	11383	2	2	
255	E	Belgium	2.15	11820	2	2	
235	E	Uzbekistan	2.20	12106			2
173	E	Poland	2.99	16448	2	2	
150	E	Netherlands	3.69	20312	2	2	
223	E	Turkey	5.04	27742	2	2	
203	E	Spain	7.21	39659	2	2	
			<b>&gt;7.25</b>				
106	E	Italy	7.33	40295	1	1	
185	E	Russian Federation	8.52	46875			1
229	E	United Kingdom	9.33	51321	1	1	
68	E	France	11.25	61852	1	1	
79	E	Germany	12.99	71452	1	1	
Tot.			100.0 0	550000 (USD)			

**Table 4.** Budgetary implications for member states of New Contribution, ordered by their Rank (Livestock/UN Contribution) in the 1997 assessment. The most affected countries for change in position are shown in grey

Member Country	1997 RANK	2015 Rank	1997 Cat. Level	Annual Contr-2006-2007	Contr-2008-9	Contr 2010-11	Contr 2012-13	Contr 2014-15 (40 <sup>th</sup> GS)	Contr.		Change
										2016-17	
										(41 <sup>st</sup> GS)	
				36 <sup>th</sup> GS	37 <sup>th</sup> GS	38 <sup>th</sup> GS	39 <sup>th</sup> GS	40 <sup>th</sup> Session	New Cat	Proposed	
GERMANY	1	1	1	39,650	41260	42,374	42,374	42,374	1	<b>46611</b>	4,237
FRANCE	2	2	1	39,650	41260	42,374	42,374	42,374	1	<b>46611</b>	4,237
U.K	3	3	1	39,650	41260	42,374	42,374	42,374	1	<b>46611</b>	4,237
ITALY	4	4	1	39,650	41260	42,374	42,374	42,374	1	<b>46611</b>	4,237
SPAIN	5	5	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
TURKEY	6	6	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
NETHER.	7	7	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
POLAND	8	8	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
BELGIUM	9	9	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
DENMARK	10	10	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
SWEDEN	11	14	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
ROMANIA	12	16	2	19,890	20700	21,260	21,260	21,260	3	<b>15,650</b>	-5,610
SWITZ.	13	12	2	19,890	20700	21,260	21,260	21,260	2	<b>23386</b>	2,126
AUSTRIA	14	13	3	11,960	12450	12,786	12,786	12,786	3	<b>15,650</b>	2,864

Member Country	1997 RANK	2015 Rank	1997 Cat. Level	Annual Contr-2006-2007	Contr-2008-9	Contr 2010-11	Contr 2012-13	Contr 2014-15 (40 <sup>th</sup> GS)		Contr.	
										2016-17	
										(41 <sup>st</sup> GS)	
				36 <sup>th</sup> GS	37 <sup>th</sup> GS	38 <sup>th</sup> GS	39 <sup>th</sup> GS	40 <sup>th</sup> Session	New Cat	Proposed	Change
IRELAND	15	11	3	11,960	12450	12,786	12,786	12,786	3	15,650	2,864
GREECE	16	15	3	11,960	12450	12,786	12,786	12,786	3	15,650	2,864
FINLAND	17	19	3	11,960	12450	12,786	12,786	12,786	4	13,809	1,023
CZECH REPUBLIC	18	20	3	11,960	12450	12,786	12,786	12,786	4	13,809	1,023
NORWAY	19	17	3	11,960	12450	12,786	12,786	12,786	3	15,650	2,864
SERBIA	20	23	3	11,960	12450	12,786	12,786	12,786	4	13,809	1,023
PORTUGAL	21	18	3	11,960	12450	12,786	12,786	12,786	4	13,809	1,023
HUNGARY	22	21	3	11,960	12450	12,786	12,786	12,786	4	13,809	1,023
BULGARIA	23	29	3	11,960	12450	12,786	12,786	12,786	5	4,504	-8,282
SLOVAK R.	24	24	3	11,960	12450	12,786	12,786	12,786	4	13,809	1,023
LITHUANIA	25	25	4	3,900	4060	4170	4170	4170	5	4,504	334
ISRAEL	26	22	4	3,900	4060	4170	4170	4170	4	13,809	9,639
ALBANIA	27	30	4	3,900	4060	4170	4170	4170	5	4,504	334
CROATIA	28	26	4	3,900	4060	4170	4170	4170	5	4,504	334
LATVIA	29	32	4		4060	4170	4170	4170	5	4,504	334
SLOVENIA	30	28	4	3,900	4060	4170	4170	4170	5	4,504	334

Member Country	1997 RANK	2015 Rank	1997 Cat. Level	Annual Contr-2006-2007	Contr-2008-9	Contr 2010-11	Contr 2012-13	Contr 2014-15 (40 <sup>th</sup> GS)	Contr.				
									2016-17		New Cat	Proposed	Change
									(41 <sup>st</sup> GS)				
				36 <sup>th</sup> GS	37 <sup>th</sup> GS	38 <sup>th</sup> GS	39 <sup>th</sup> GS	40 <sup>th</sup> Session					
ESTONIA	31	34	4			4170	4170	4170	5		<b>4,504</b>	334	
FYROM	32	36	4	3,900	4060	4170	4170	4170	5		<b>4,504</b>	334	
LUXEMBOURG	33	33	4	3,900	4060	4170	4170	4170	5		<b>4,504</b>	334	
CYPRUS	34	35	4	3,900	4060	4170	4170	4170	5		<b>4,504</b>	334	
BOSNIA-H	35	31					4170	4170	5		<b>4,504</b>	334	
ICELAND (withdrew from MS)	36		4	3,900	4060	<u>4170[2]</u>							
MALTA	37	37	4	3,900	4060	4170	4170	4170	5		<b>4,504</b>	334	
GEORGIA	Not ranked	27	4					4170	5		<b>4,504</b>	334	
<b>TOTALs as agreed by Session</b>				<b>496,210.00</b>	<b>528,890</b>	<u>547,352[3]</u>	<b>543,182</b>	<b>551,522</b>			<b>606,997</b>		

**Annex 1.** Livestock Populations (2013), Converted to Total Units (TU) by 1997 formula, % Contribution of the countries to UN system and position in the European scale based on an average of both (final column).

Area Code	Region	Area Name	Cattle2013 (Heads)	Goats 2013	Sheep 2013	Pigs 2013	Buffalo 2013	Total Units (1997 formula)	%TU in Europe (A)	UN Cont 2015	%European Cont FAO (B)	(A plus B)/2
125	E	Liechtenstein	6,350	368	4,000	1,800	-	8,124	0.00	0	-	<b>0.00</b>
64	E	Faroe Islands	2,300	-	70,000	-	-	16,300	0.01	0	-	<b>0.00</b>
134	E	Malta	15,220	4,598	10,930	49,450	-	43,051	0.01	0.016	0.04	<b>0.03</b>
273	E	Montenegro	84,000	-	207,000	18,000	-	134,400	0.04	0.005	0.01	<b>0.03</b>
99	E	Iceland	68,014	877	463,807	26,033	-	173,967	0.06	0.027	0.06	<b>0.06</b>
154	E	The former Yugoslav Republic of Macedonia	238,333	75,028	731,828	167,492	640	483,450	0.16	0.008	0.02	<b>0.09</b>
146	E	Republic of Moldova	191,200	128,900	695,100	410,400	-	561,200	0.18	0.003	0.01	<b>0.10</b>
50	E	Cyprus	57,000	243,130	347,000	357,900	-	353,976	0.12	0.047	0.11	<b>0.11</b>
63	E	Estonia	261,400	4,900	81,900	358,700	-	458,110	0.15	0.04	0.10	<b>0.12</b>
256	E	Luxembourg	193,623	4,456	8,582	87,518	-	239,990	0.08	0.082	0.20	<b>0.14</b>
1	E	Armenia	661,003	29,020	645,711	145,044	531	868,471	0.28	0.007	0.02	<b>0.15</b>
119	E	Latvia	393,000	13,300	83,600	355,200	-	589,980	0.19	0.047	0.11	<b>0.15</b>
80	E	Bosnia and Herzegovina	446,893	69,369	1,019,782	529,644	-	929,545	0.30	0.017	0.04	<b>0.17</b>
3	E	Albania	498,000	810,000	1,808,000	158,000	120	1,100,600	0.36	0.01	0.02	<b>0.19</b>
27	E	Bulgaria	526,112	293,639	1,361,545	530,945	9,212	1,122,621	0.37	0.017	0.04	<b>0.20</b>

Area Code	Region	Area Name	Cattle2013 (Heads)	Goats 2013	Sheep 2013	Pigs 2013	Buffalo 2013	Total Units (1997 formula)	%TU in Europe (A)	UN Cont 2015	%European Cont FAO (B)	(A plus B)/2
198	E	Slovenia	460,063	26,351	114,152	296,097	-	636,212	0.21	0.101	0.24	<b>0.23</b>
73	E	Georgia	1,128,800	54,400	688,200	204,300	18,000	1,379,470	0.45	0.007	0.02	<b>0.23</b>
98	E	Croatia	442,000	69,000	620,000	1,110,000	-	1,134,800	0.37	0.047	0.11	<b>0.24</b>
126	E	Lithuania	729,200	13,600	82,800	807,500	-	1,152,230	0.38	0.074	0.18	<b>0.28</b>
199	E	Slovakia	471,091	34,823	409,570	631,464	-	875,702	0.29	0.172	0.41	<b>0.35</b>
113	E	Kyrgyzstan	1,404,168	960,391	4,680,823	51,777	-	2,558,299	0.84	0.002	0.00	<b>0.42</b>
208	E	Tajikistan	2,043,725	1,772,982	2,959,495	662	15,000	2,990,551	0.98	0.003	0.01	<b>0.49</b>
272	E	Serbia	913,144	225,073	1,616,000	3,144,215	-	2,853,466	0.93	0.04	0.10	<b>0.51</b>
105	E	Israel	465,000	100,000	540,000	176,900	-	681,450	0.22	0.398	0.96	<b>0.59</b>
52	E	Azerbaijan	2,444,500	651,115	7,979,424	6,495	260,889	4,173,855	1.36	0.04	0.10	<b>0.73</b>
97	E	Hungary	760,000	89,000	1,185,000	2,989,000	-	2,509,300	0.82	0.268	0.64	<b>0.73</b>
167	E	Czech Republic	1,352,822	24,042	220,521	1,586,627	-	2,195,048	0.72	0.388	0.93	<b>0.82</b>
67	E	Finland	911,847	4,509	135,546	1,300,385	-	1,590,051	0.52	0.522	1.25	<b>0.89</b>
213	E	Turkmenistan	2,250,000	2,290,000	14,000,000	29,000	-	5,522,500	1.80	0.019	0.05	<b>0.92</b>
174	E	Portugal	1,471,000	398,000	2,073,000	2,014,000	-	2,972,200	0.97	0.477	1.14	<b>1.06</b>
57	E	Belarus	4,367,000	73,200	59,900	4,242,900	-	6,515,070	2.13	0.056	0.13	<b>1.13</b>

Area Code	Region	Area Name	Cattle2013 (Heads)	Goats 2013	Sheep 2013	Pigs 2013	Buffalo 2013	Total Units (1997 formula)	%TU in Europe (A)	UN Cont 2015	%European Cont FAO (B)	(A plus B)/2
162	E	Norway	849,984	62,800	2,223,661	848,063	-	1,731,308	0.57	0.856	2.05	1.31
183	E	Romania	2,009,135	1,265,676	8,833,830	5,234,313	-	6,646,193	2.17	0.227	0.54	1.36
84	E	Greece	679,000	4,250,000	9,520,000	1,077,000	1,750	3,971,500	1.30	0.642	1.54	1.42
210	E	Sweden	1,496,526	-	576,769	1,398,875	-	2,311,317	0.76	0.965	2.32	1.54
11	E	Austria	1,955,618	73,212	364,645	2,983,158	-	3,534,768	1.15	0.802	1.92	1.54
230	E	Ukraine	4,645,900	664,800	1,073,400	7,576,700	-	8,781,890	2.87	0.1	0.24	1.55
211	E	Switzerland	1,563,214	90,000	410,000	1,487,704	-	2,407,066	0.79	1.053	2.53	1.66
108	E	Kazakhstan	5,851,227	2,362,824	15,197,780	922,296	10,000	9,824,496	3.21	0.122	0.29	1.75
104	E	Ireland	6,902,600	8,700	5,110,600	1,552,000	-	8,702,460	2.84	0.42	1.01	1.93
54	E	Denmark	1,614,644	-	151,300	12,075,750	-	7,682,779	2.51	0.679	1.63	2.07
255	E	Belgium	2,454,704	40,473	114,407	6,592,978	-	5,782,169	1.89	1.004	2.41	2.15
235	E	Uzbekistan	9,966,600	2,681,500	14,077,500	94,500	-	13,365,650	4.37	0.015	0.04	2.20
173	E	Poland	5,859,541	81,727	249,481	11,162,472	-	11,507,019	3.76	0.926	2.22	2.99
150	E	Netherlands	3,999,220	412,550	1,033,570	12,212,300	-	10,394,594	3.40	1.663	3.99	3.69
223	E	Turkey	13,916,924	8,357,286	27,425,233	2,986	107,435	21,074,921	6.88	1.335	3.20	5.04
203	E	Spain	5,696,910	2,609,990	16,118,590	25,494,720	-	22,189,986	7.25	2.989	7.17	7.21

Area Code	Region	Area Name	Cattle2013 (Heads)	Goats 2013	Sheep 2013	Pigs 2013	Buffalo 2013	Total Units (1997 formula)	%TU in Europe (A)	UN Cont 2015	%European Cont FAO (B)	(A plus B)/2
106	E	Italy	6,091,500	891,604	7,015,700	8,661,500	402,659	12,003,711	3.92	4.472	10.73	<b>7.33</b>
185	E	Russian Federation	19,930,354	2,118,697	22,061,282	18,816,357	6,002	34,174,528	11.16	2.451	5.88	<b>8.52</b>
229	E	United Kingdom	9,844,000	98,000	32,856,000	4,885,000	-	18,877,300	6.17	5.207	12.50	<b>9.33</b>
68	E	France	19,095,797	1,291,028	7,233,720	13,487,588	-	27,544,541	9.00	5.623	13.49	<b>11.25</b>
79	E	Germany	12,587,020	165,000	1,641,000	27,690,100	5,000	26,793,270	8.75	7.18	17.23	<b>12.99</b>
		<b>TOTALs</b>	<b>162,267,226</b>	<b>35,989,938</b>	<b>218,191,684</b>	<b>186,043,808</b>	<b>837,238</b>	<b>306,125,454</b>	<b>100.00</b>	<b>41.67</b>	<b>100.00</b>	<b>100.00</b>

## Meetings and Events February -June

<b>February</b>	E-Learning	1-7	NTC 16,17,18 Refresher NTC21 Induction Course FEPC in English for Norway, Lithuania, Hungary, Poland, Portugal
		9-13	NTC21 Induction Course FEPC in English for Norway, Lithuania, Hungary, Poland, Portugal
		16-20	NTC21 Induction Course FEPC in English for Norway, Lithuania, Hungary, Poland, Portugal
		23-27	FEPC in English for Norway, Lithuania, Hungary, Poland, Portugal FEPC in English for Denmark, Bulgaria, Lithuania, Hungary, plus others
	Thrace	18-20	PPR Workshop for Thrace in Istanbul with Fabrizio and Angus
		25-27	LSD Workshop in Cappadocia
	Missions	1-7	Mission to Egypt 31 Jan-06 Feb - Bartels & Van Maanen
		10-11	Melissa - Trip to Rome - 10-11 Feb
		12-13	89th excom - Belgrade, SERBIA
		15-20	Chris Bartels - Trip to RVC-London 15-20 Feb
		23-26	Mission to Mauritania
<b>March</b>	E-Learning	2-7	FEPC in English for Norway, Lithuania, Hungary, Poland, Portugal; FEPC in English for Denmark, Bulgaria, Lithuania, Hungary, etc; FEPC in Russian Language (Gunel organizing)
		9-13	FEPC in English for Denmark, Bulgaria, Lithuania, Hungary, plus others; FEPC in Russian Language (Gunel organizing); FEPC in French for Algeria
		16-20	FEPC in English for Denmark, Bulgaria, Lithuania, Hungary, plus others; FEPC in Russian Language (Gunel organizing); KTC 13,14,15 Refresher Training; FEPC in French for Algeria
		23-27	FEPC in Russian Language (Gunel organizing); KTC 13,14,15 Refresher Training ; FEPC in French for Algeria
		30-31	KTC 13,14,15 Refresher Training FEPC in French for Algeria
	RTT	2-6	NTC 21 - Kenya
	Balkans	9-11	Tentative - 3 days - simex1 evaluation WS - Sofia/Athens/Other?
	SEM	8-12	Mission to Palestine Van Maanen and Mc Laws
	Remesa	16-18	Tentative - 10th meeting of the JPC of the REMESA Heraklion (Greece)
		26-27	Tentative - Ws Regional FMD Control Strategy
<b>April</b>	E-learning	1-3	KTC 13,14,15 Refresher Training FEPC in French for Algeria
		13-17	KTC 13,14,15 Refresher Training
		20-24	KTC 16 and 17 Induction courses
		27-30	KTC 16 and 17 Induction courses
	SEE	28-30	West Eurasia RAG meeting -Astana
		23-24	General Session FAO Rome
<b>May</b>	E-learning	1-8	KTC 16 and 17 Induction courses
	RTT	11-15	KTC 16
		18-22	KTC 17
	Remesa	26-28	TENTATIVE - Workshop on data collection/Management/analysis in Algeria
<b>June</b>	E-learning	1-26	Spanish FEPC
	Balkans	22-26	Tentative - Multi Country simex 2 (Bulgaria - Serbia - FYR of Macedonia)
		10-11	Tentative - Bruxelles - Mini Exec.Comm. And Standing Technical Comm.
	SCRPD	25-26	Tentative - Frascati - Special Comm. For Research Programme & Development

The Eufmd HQ team – March 2015



**Chairpersons of the European Commission for the Control of FMD  
1954-2015**

1	Dr J.C. Nagle	Ireland	1954-1957
2	Dr J.M. Van den Born	Netherlands	1958-1959
3	Sir John Ritchie	United Kingdom	1960-1964
4	Dr R. Gaier	Austria	1965-1966
5	Dr C. Werdelin	Denmark	1967-1970
6	Dr A.G. Beynon	UK	1971-1972
7	Dr A. Nabholz	Switzerland	1973-1975
8	Dr A. Brown	UK	1977-1980
9	Dr H. Van den Berg	Netherlands	1981-1982
10	Prof. Dr. A. Rojahn	Germany	1983-1987
11	Dr W.H.G. Rees	UK	1987-1988
12	Prof. P. Gafner	Switzerland	1989-1990
13	Dr Erik Stougaard	Denmark	1991-1992
14	Dr K.C. Meldrum	UK	1993-1996
15	Dr R. Marabelli	Italy	1997-2000
16	Dr Ignacio Sánchez	Spain	2001-2002
17	Dr Leos Celeda	Czech Republic	2002-2003
18	Dr Karin Schwabenbauer	Germany	2003-2006
19	Dr Peter De Leeuw	Netherlands	2006-2009
20	Dr Ulrich Herzog	Austria	2009-Present

**Executive Secretaries of the European Commission for the Control of FMD  
1954 -2015**

1	Sir Thomas Dalling ( <i>a.i</i> )	UK	1954-1958
2	Dr. E. Fogedby	Denmark	1958-1962
3	Dr. G.M. Boldrini	Italy	1962-1978
4	Dr. P. Stouraitis	Greece	1978-1993
5	Dr. Yves Leforban	France	1994-2001
6	Dr Keith Sumption	UK	2001-present

## Countries adhering to the European Commission for the Control of Foot and Mouth Disease

1953 – 2015

<b>Country</b>	<b>Date of Acceptance</b>
Norway	11 December 1953
Yugoslavia	15 December 1953
Ireland	16 December 1953
United Kingdom	21 December 1953
Denmark	29 January 1954
Netherlands	12 June 1954
Iceland	17 January 1955
Italy	27 September 1955
Turkey	27 September 1955
Portugal	6 October 1955
Austria	1 December 1955
Greece	23 March 1959
Luxembourg	1 June 1959
Belgium	24 September 1959
Switzerland	23 February 1961
Sweden	13 December 1963
Finland	5 March 1970
Malta	13 March 1970
Hungary	7 April 1970
Cyprus	11 January 1971
Bulgaria	2 November 1971
Germany, Fed.Rep	26 March 1973
Spain	20 December 1978
Polish People's Rep.	4 January 1984
France	28 February 1984
Czechoslovakia	1 January 1986
Albania	25 November 1986
Israel	4 September 1990
Romania	4 February 1993
Lithuania	27 May 1993
Croatia	17 January 1995
Slovenia	25 July 1995
The Former Yugoslav Republic of Macedonia	24 February 1997
Slovak Republic	21 April 2006
Latvia	28 February 2008
Estonia	22 April 2010
BosniaHerzegovina	6 December 2011
Georgia	22 April 2013