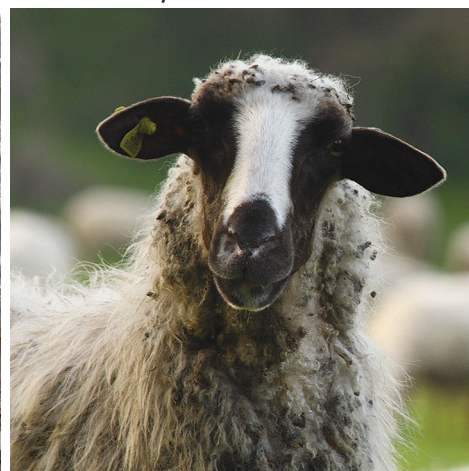
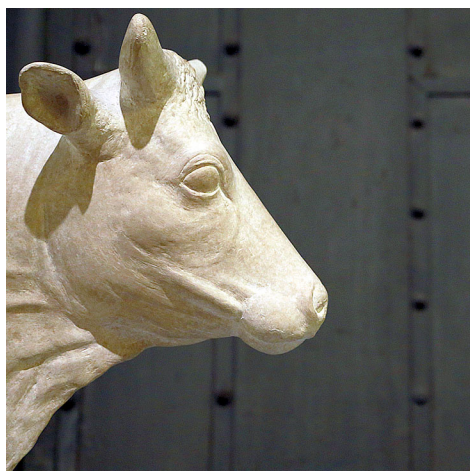




Food and Agriculture
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european commission for the
control of foot-and-mouth disease

ROME, ITALY 23-24 APRIL 2015



Report

41ST GENERAL SESSION OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EuFMD)

FAO Headquarters
Rome, Italy
Iran Room (B116)

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Recommendations of the 41st General Session of the EuFMD

Considering

1. The enormous economic consequences of even single Foot and Mouth Disease (FMD) outbreaks in FMD-free countries;
2. The extent and impact of the FMD incursions of South Asian lineages of FMDV into parts of the Middle -East and North Africa in 2014;
3. The problems associated with insecurity in the Middle-East and parts of north Africa and the need for improving virus intelligence on the strains circulating immediately south of the Sahara, and for Progressive Control Pathway (PCP) progress to be encouraged in West and Central Africa;
4. The need for contingency planning to include continuity of business planning with the involvement of stakeholders;
5. The large number of samples that need to be tested in post-outbreak surveillance for FMD freedom and the delays that will follow if there is a shortage of validated diagnostic kits;
6. The potential for spread of FMDV during a silent phase after introduction to a free country and the need to anticipate the number and extent of movements of infection within and between countries in this period;
7. The pressures upon Contingency Planning (CP) managers and the need for tools to assist them to better predict and communicate the scale and impact of FMD incursions;
8. The demand for support to national training programmes to better equip national trainers in provision of courses to update and train their staff, and positive impact of the translation by the EC of the Foot and Mouth Emergency Preparation course (FEPc) course into all official European languages;
9. The interest of Member States (MS) in exploring the potential of vaccination to live as policy in response to incursions and the technical, economic and material issues which remain where MS have requested guidance;
10. The progress made to implement the West Eurasia Roadmap for FMD control and the need for benefit/cost assessments for further investments in FMD prevention and control;
11. The high level of progress made in implementation of the EuFMD four-year Strategy Plan adopted at the 40th General Session of the EuFMD commission;
12. The economic constraints affecting Member States and the advantages of working with other regions and countries which face similar challenges with FMD prevention and control; in addition to the benefits of mutual activities in training, research and development of greater capacity for emergency management;
13. The role of the EuFMD in the development and continual refinement, with FAO and OIE, of the Progressive Control Pathway (PCP) for FMD, and the contribution of the PCP to the development of sustainable national FMD control strategies for FMD;
14. The economic benefits, short and long term, of the development of new tools for FMD control and the vital importance of continuing with co-ordinated research programs on FMD in Europe;
15. The encouraging progress of the research studies funded under the EuFMD-FAR fund, and the lack of other funding opportunities specific for FMD in Europe;
16. The need to ensure European risk managers and experts are aware of progress made in other continents given the trend for FMD research studies to be funded and conducted outside of Europe, particularly in Asia;
17. The need for revision of the categories of contribution given the change in economic circumstances and livestock populations in member states of Europe over the past 20 years;
18. The progress made under GF-TADS to put into place assessment processes for PCP stages and their successful application in Roadmap Meetings in West Eurasia and other regions.

Acknowledges

1. The support of the European Commission (DG-SANTE) for the work programme of the current four-year Strategic Plan and the excellent working arrangements that have resulted in efficient and timely emergency responses to situations arising in the European neighbourhood, and welcomes the indications of support for a new agreement on funding to be concluded in 2015.

Recognizes

1. Progress with the implementation of the current Strategic Plan and the understandings reached with the World Organization for Animal Health (OIE) and with FAO on matters relating to the programme of the EuFMD in countries which are not members of the Commission, and in regard to EuFMD support of the GF-TADS Global FMD Control Strategy.

Agrees

1. Upon the updating of the Strategic Plan for 2013-17, with the inclusion of the changes proposed in the paper presented to the 41st General Session;
2. Upon the potential of the network of European FMD reference centres to support capacity building and better surveillance for FMD by laboratories in Africa and Asia in coordination with existing FAO/OIE Laboratory Networks and agrees upon the need to encourage this network through the work programme for Pillar III of the new programme;
3. The amendments to the Constitution of the EuFMD, following the proposal of Austria and the modifications to the proposal circulated at the 41st General Session and agreed by more than two thirds of the members;
4. To amend the Commissions own Rules of Procedure, in the form of the final version after discussions as adopted;
5. The work plan for the biennium should be based on the updated strategic plan and include each of the components proposed in the plan;
6. The revision of the categories of countries for contributions as proposed in Item 9, and the adoption of the proposed Administrative budget [USD 606,977] for the Commission for the period to the end of 2017;
7. Upon the need to update the joint FAO/EuFMD/OIE PCP-FMD Guidelines, PCP questionnaires and National Control Plans and to work with FAO and OIE on this in the next biennium;
8. The priorities for the Standing Technical Committee (STC), to be supported through the allied components of the workplan, to include in 2015-17 advice to the Executive Committee on:
 - bringing to the Executive a proposal of how an EuFMD diagnostic bank might be set up and administered;
 - Exploring in further detail the issues surrounding emergency vaccination to live, including identification of constraints to adopting this policy;
 - Conducting a vaccination-to-live simulation exercise to gain a better understanding of the pinch points for implementation;
 - Continuing support to animal movement and disease spread modelling, with the outputs to inform contingency planning activities;
 - Exploring the integration of business continuity planning into national and continental contingency planning;
 - Continue support for further development of the FMD Impact Calculator and tools to assist in vaccine evaluation.
9. The list of four experts for the Standing Technical Committee and the thirteen experts for the Special Committee for Research and Programme Development (SCRPD), as well as the experts from the three FAO /OIE FMD reference laboratories in Europe (Pirbright, IZSLER and CODA).

Recommends

1. An FMD vaccination network be formed and supported under the EuFMD workplan for 2015-17;
2. That the Executive Committee review the benefits to the Commission of further updating to the Constitution including the benefits and conditions for additional membership;
3. That the Executive Committee take steps to raise the income to the administrative fund, including active discussions with potential member states with the aim of achieving new MS before the end of 2016;
4. Further discussions between the FAO and OIE on how to ensure global efforts on FMD control and PPR control and eradication are complementary, synergistic and efficient, and ensure the role of the training materials and expertise developed by the EuFMD can best assist FAO and OIE in this area;
5. MS be aware of the risks of spread of other exotic and (re)emerging viruses within the European neighbourhood including Lumpy Skin Disease (LSD), and the need for surveillance sufficient for early detection of FMD and other diseases at the interface of Europe with its neighbours and in continental animal transport networks;
6. The Executive Committee and Secretariat make every effort to find ways to increase the funding for research on FMD, exploring the possibility for national or other agencies to jointly fund research via the EuFMD-FAR fund or through other means;
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 credit system, for their national needs or if desired to be in the form of credits donated to other states;
8. Further review by the Executive Committee of the payment categories particularly of the step between Categories 1 and 2.

Calls upon

1. FAO, OIE and countries in the West Eurasia and Middle-East and North Africa Roadmap advisory groups or similar systems, to ensure that every effort is given to the successful continuation of the Roadmaps and that progress is maintained towards their vision of regions free of clinical FMD by 2020.

REPORT

The 41st General Session of the EuFMD Commission was held in Rome, at the HQ of FAO, on the 23-24th April 2015 and attended by delegates from 32 of the 38 member states of the Commission and observers from the European Commission (EC), the World Organisation for Animal Health (OIE), and Civil Society.

The Session was opened by Dr Ren Wang, Assistant Director General for Agriculture and Consumer Protection Department, FAO. His address is given below.

Honorable Vice Minister of Kazakhstan, Delegates of the Member States; Dr Domenech, Representative of the DG of the OIE; Dr Fuessel, Head of the Delegation from DG-SANTE of the European Commission; Observers from FAO Member states from across the world, invited experts.

As Assistant DG of the AG Department let me welcome you to Rome on behalf of the DG of FAO, Mr Graziano de Silva. FAO has been proud to host the European Commission for the Control of Foot-and-Mouth Disease the HQ of FAO in Rome since 1954, where as an Article XIV body it has been at the forefront of FAO work in the European region. We are glad to see it is continuing to serve its members and to strongly contribute in support of the Global Strategy of FAO and OIE to prevent, control and eliminate the threats and negative impact of FMD on livelihoods, efficiency in production and trade.

FAO respects the Legal position of the Article XIV bodies and their Constitutions, and their right to update the basic texts in line with changing needs for common action and to ensure good governance. FAO recognizes the decisions taken by the member states on the Constitution are for the member states to make and as far as possible my Department will support your decisions when it comes to the endorsement of the changes at FAO Council or Conference. With regard to admission of non-European states into membership, an item that you will be discussing this General Session, the key consideration must be the added value of this form of partnership for international biosecurity.

Economic drivers have everywhere demanded greater efficiency from the international organisations and the EuFMD is a shining example within FAO of having reformed its strategy and implementation in the past 4-6 years, and the President and Executive Committee must be congratulated for achieving a much greater impact, across more countries and regions than in the past, while having in real terms a reduced budget since 2008. It is a remarkable achievement. They must also be congratulated for their efforts to ensure partnerships with FAO and OIE under the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs; 2004), and with EC as the major donor, have fruitfully developed, giving support to the Global Strategy and giving confidence for the further development of joint programmes in the next years.

We all know there are limits to efficiency gains that can be made, at which point many hard decisions have already been made. The economic benefits of having additional member states are a valid reason for seeking additional member states. But the best reason must be the added value to the success of the collective effort to achieve international biosecurity – that is the basis of the EuFMD Constitution – and achieving the freedom from the fear of FMD outbreaks that can destabilise not only livestock trade and livestock related sector, but the social fabric and political landscape, for years after a single event.

In the past two years since we last met, the FMD virus has not ceased to circulate in livestock populations in 6 of the 7 virus pools that make up the global distribution of the disease. Europe remains uniquely at risk, being next to 3 of these pools, areas plagued with current political, economic and social insecurities. This is not a time for complacency. All FMD-free countries have similar issues, though not located in Europe's geographic position. There may be added value to having members in distant locations who can contribute to the biosecurity of the whole, sharing the burden of effort and cost that has traditionally fallen on Europe. Finally, may I re-iterate that FAO is changing, it has undertaken great reforms in the last 2 years and we know some of these have impacted the work of the Article XIV bodies. May I re-assure that I will take steps to ensure the Secretariat of the Commission is provided with appropriate office space, and able to efficiently serve its members with less administrative red tape. I believe the best seat for the EuFMD remains in Rome, at the HQ of FAO, reflecting its activities that are inter-regional as seen fit by the Executives.

Lastly may I express my thanks to you all for participating in this Session, your voice and vote is important to building together better support to the members and the global safeguards needed in livestock production, in terms of sustainable efficiencies, resilience of the communities we serve, and economic growth.

Opening addresses were then given by Dr Domenech, for the OIE and Dr Füssel, for the EC. Dr Domenech indicated the OIE recognised the important contribution of the EuFMD not only in the European region but also in support of the GF-TADS Global Strategy through actions under its new Strategy to ensure co-ordinated support to the neighbourhood and to OIE/FAO in the global context. The contribution of EuFMD experts has been important for progress since the Bangkok Global Conference and he thanked the Executive for their commitment to working in a new way with OIE. From the side of the OIE, he indicated strong support for the strategic plan and anticipated further development of close and productive work between EuFMD and OIE.

Dr Füssel for the EC, congratulated the Executive and Secretariat for the progress made in the past two years and positive contribution being made to improve the preparedness of MS for FMD and the reduction of risk from the neighbourhood. He indicated that the EC was in the process of agreeing a four-year funding for the EuFMD activities to be concluded in the next few months to follow on from the current two year programme which will conclude in August 2015. He thanked the EuFMD for their partnership over the past years and the coordination with the EC, FAO and OIE which has worked well in the current biennium.

Item 1. Adoption of the Agenda

Dr Herzog, Chairman of the EuFMD Commission, welcomed the representatives of Member States and introduced the Agenda (**Appendix 1**). He brought to attention the Item concerning the Constitution and Rules of Procedure and in particular the Draft Amendment to the Rules of Procedure (RoP) which govern the arrangements for Sessions. The proposed amendments to the latter had been circulated with the meeting documents and this gave delegates at least 24 hours to review them before the item would be discussed on the 24th. He informed the Session that the draft amendments could not have been circulated before since it required meetings to be concluded with the FAO Legal Service and the proposals had been modified following their final advice on the 22nd April.

The Agenda (**Appendix 1**) was adopted as proposed.

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

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

Dr King, head of the World Reference Laboratory for Foot-and-Mouth Disease (WRL-FMD) at The Pirbright Institute (TPI), summarized the global FMDV surveillance information (**Appendix 3**). This had been gathered through the activities of the WRL for FMD at Pirbright as WRL-FMD and as leader of the OIE/FAO FMD Reference Centres Network.

This network had received 874 samples in the period October 2013 – March 2015 from 34 countries. No FMD samples were typed from South America and this region had reported no cases in the mentioned period.

Since the 40th General Session, the WRL-FMD has received additional support via EuFMD (EC funded) to support better global FMD surveillance, under a contract that set targets for virus typing in the virus pools of most concern, and which also supported TPI's role as Secretariat of the OIE/FAO FMD Lab Network. The results of the typing enable monitoring of the continued trans-boundary movements of FMD virus in and between the six virus ecosystems (Pools) of Asia and Africa, and to also provide recommendations about the suitability of vaccine strains that can be used to control these outbreaks. Significant surveillance gaps still remain in the East and West African pools.

Risk situation

During the past 12-24 months, concerns have been raised about the expanding circulation of certain FMD virus lineages. 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. In particular, the spread of the O/ME-SA/Ind2001 strain from South Asia (*i.e.* India or its eastern neighbours) into the Middle East (Saudi Arabia and UAE), and North Africa (Libya, Tunisia and Algeria) is of real concern and has demonstrated that FMD viruses jump between endemic pools. This lineage was until recently normally only found in the Indian sub-continent where it has become the dominant serotype O clade, and has entered both the Arabian peninsula and North Africa by unknown routes. It remains to be seen if this new sub-lineage, as previously occurred with O Panasia in the late 1990s, establishes itself in West-Eurasia by out-competing indigenous FMDV O/ME-SA lineages such as O/ME-SA/PanAsia-2. It is now important to recognise that events are occurring that enable jumps between pools and these transmission routes provide a threat of trans-regional movements of this and other viral strains. Furthermore, there is now a clear potential for trans-Mediterranean spread of this lineage 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-2001 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 PD50.

Elsewhere, a number of FMDV lineages (such as O/ME-SA/PanAsia, O/SEA/Mya-98 and A/ASIA/Sea-97) continue to circulate in East Asia, and he highlighted the evidence for heightened international risk from Pool 1 as shown by the frequency of distinct incursions into the Republic of Korea. Dr King recalled the events of 1999-2001 where such events preceded entry into South Africa and the United Kingdom of viruses from this region. Other extensions into free areas included the spread of the A/ASIA/Iran-05 strain to cause FMD outbreaks in the Black Sea region of the Russian Federation.

Serotype C has not been detected since 2004, so possibly this serotype is extinct in the wild.

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 recognize the emergence of new FMD virus lineages that may require new vaccines for control.

In summary, the most significant current threats relate to the continued spread of serotype O in North Africa (pool 3) and the topotypes circulating in West Eurasia (Pool 3) and East Asia (Pool 1).

For serotype O, the most important for concern are:

- | | | |
|---------|----------|--------------------|
| - ME-SA | topotype | - Ind-2001 |
| - ME-SA | topotype | - PanAsia-2 strain |
| - SEA | topotype | - Mya-98 strain |

For Serotype A, the most important for concern are

- | | | |
|--------|----------|-----------------|
| - ASIA | topotype | - Sea 97 strain |
|--------|----------|-----------------|

Recent work to develop a risk-based framework to select vaccine antigens for FMD vaccine banks has been undertaken by WRL with EuFMD, and will be presented later in the 41st Session. Without prejudice to the findings of those studies, the high priority antigens for the vaccine and antigen banks in Europe were stated as:

2011 Recommendation	2013 Recommendation	2015 Recommendation
O PanAsia-2 O Manisa O BFS or Campos A-Iran-05 A24 Cruzeiro A22 Iraq Asia-1 Shamir SAT2 Saudi Arabia	O PanAsia-2 O Manisa supplemented with O4625 or O3039 A-Iran-05 Asia-1 Shamir SAT2 Eritrea	O Manisa O PanAsia-2 (or equivalent) O BFS or Campos A24 Cruzeiro Asia 1 Shamir A Iran-05 (or A TUR 06) A22 Iraq SAT 2 Saudi Arabia (or equivalent i.e. SAT 2 Eritrea)

Proficiency Test Service (PTS)

The WRLFMD coordinates an annual proficiency testing scheme (PTS) for laboratory diagnostic methods, a continuation of the series initiated by EuFMD/FAO in the 1980s. 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. The PTS is implemented by Pirbright with financial support from EC for the 27 EU countries and from EuFMD for inclusion of all EuFMD Member States (MS) plus a set of other neighbourhood countries, the OIE/FAO Reference Centres network and leading laboratories in the regional African laboratory networks.

Relating to the 2014 PTS:

- 66 labs took part in the study;
- 27 labs were from EU member countries;
- 39 labs were from Non-EU countries.

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

EUFMD funded participants		
	2013	2014
Participants from Global Network Labs	BVI, Botswana: ARRIAH, Russia: OVI, South Africa: NAHDIC, Ethiopia: Embakasi, Kenya: Pakchong, Thailand: USDA, USA ³	BVI, Botswana: OVI, South Africa: NAHDIC, Ethiopia: Embakasi, Kenya: Pakchong, Thailand; Lanzhou, China: Panaftosa, Brazil; NVRI Nigeria; LNERV, Senegal; USDA, USA ³
% of labs meeting target performance	Cat-1 0% Cat-2 17% Cat-3 50% Cat-4 33%	Analysis of results pending
Participants from EuFMD Member states (non-EU)	Algeria, Bosnia, Georgia, FYROM, Morocco, Norway, Serbia, Switzerland, Tunisia, Turkey	Albania, Bosnia, Georgia, Macedonia, Norway, Serbia, Switzerland, Turkey
% of labs meeting target performance	Cat-1 0% Cat-2 0% Cat-3 40% Cat-4 60%	Analysis of results pending
Participants from neighbourhood countries	Armenia, Azerbaijan, Belarus, Iran, Libya, Lebanon, Montenegro.	Algeria, Armenia, Azerbaijan, Belarus, Egypt, Iran, Kosovo, Morocco, Moldova, Tunisia, Montenegro, Lebanon,
% of labs meeting target performance	Cat-1 0% Cat-2 0% Cat-3 43% Cat-4 57%	Analysis of results pending

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

Discussion

The events close to European borders and apparently increasing threat to Europe as a large number of people enter the EU from across the Mediterranean is cause for concern; also the implications of the incursions into FMD free countries from East Asia where the vaccines used in emergency response are the same as would be used in Europe if facing the same strain yet many cases have occurred, for reasons that remain unclear, despite vaccination (121 since December 2014).

Dr King restated the promising development of the tools for vaccine/ antigen prioritisation, but added a note of caution. There is very limited hard data on the prevalence of lineages in certain pools/countries and this is an important cause for uncertainty. These data and expert opinion could be provided in the monthly or quarterly report system to update the lineage risk and vaccine advice.

Item 2b: European partnerships and Global FMD surveillance. Networking between European NRLs for improvement of support to FMD surveillance in Africa and Asia

Dr Jean-Luc Angot, CVO of France, presented the concept of a network/consortium (**Appendix 4**), through which the European NRLs already active in support for third country FMD RLs might more effectively work together in provision of training and technical support. This might, as a priority, address the situation of NRLs in West and Central Africa. This idea had originated at the EuFMD Special Committee Meeting in November 2013, and was developed and presented as a concept to the OIE/FAO FMD Lab Network annual meeting in November 2014.

Considering that there are several NRLs in Europe (CVI-Netherlands, DTU-Denmark, FLI-Germany and ANSES-France) which are active in such international work in addition to the OIE/FAO Reference Laboratories (The Pirbright Institute-UK, IZS Brescia-Italy, CODA-CERVA-Belgium), the concept is aimed at fostering collaboration with African laboratories (particularly in West and Central Africa) for better capacity for virus typing in the countries and contribution to regional and global surveillance. The high number of countries in this region and cost of transport of samples makes a regional reference centre in the region a major challenge and a more efficient approach of typing in the countries themselves under technical guidance from partners (e.g. the NRLs in Europe). The main objectives of this network will be the improvement of the capacity building to establish FMD diagnosis methods and associated FMD epidemiology expertise in the collaborative centers, improve classic and molecular 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.

This network would be under the framework of the OIE/FAO Reference Laboratories network and contribute to (not replace) the existing African networks (REMESA, RESOLAB, EARLN-FMD) recognizing the principle that the latter may be best led by regional leaders and regional economic communities.

The main activities identified for the Consortium/Network are:

1. To share and offer technical advice, training and veterinary expertise to West and Central Africa countries 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 analyse 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.

The Chairman thanked Dr Angot for the proposal and for the services provided by ANSES to surveillance under Pillars II and III of the EuFMD work programme.

Discussion

In the discussion Dr Metwally stated that FAO encourages the development of this initiative as a contribution to capacity building within regions in order to provide local expertise and advice for progressive control. FAO has a significant programme for laboratory networking and welcomed the proposal on the expectation that it would support the existing regional laboratory networks such as those currently underpinned by FAO.

Item 3. Technical Items with policy importance for Member States (STC Items)

This Item was chaired by Dr Gibbens. The opening remarks for this Item were given by Dr Eoin Ryan, interim Chairman of the Standing Technical Committee. The items chosen for the Session were selected by the Executive following the outcome of the Open Session of the STC held in Cavtat, Croatia in October 2014. The items were considered ones where the MS in Europe should be aware of the developments in other free regions in contingency planning, including some radical and surprising approaches to ensure the livestock sector is resilient enough to cope with major FMD crises, and where vaccination may be used, that there is sufficient preparation to avoid bottlenecks associated with insufficient vaccine or diagnostic test capacity. Finally, continent wide modelling may enable better prediction of the number and extent of MS involvement in future outbreaks and this should better help estimate resources required at national and regional level.

The STC had met several times in the biennium with the Executive and operated mainly by teleconferences. The Open Session of the STC in Cavtat (October 2014, Croatia) was a major success, with over 250 participants on site and an additional 350 participants registered for the "Open Session Online". The online streaming allowed remote users to watch recordings of all presentations shortly after the live event. This recording library remains a valuable reference resource.

Item 3.1 The importance of building business continuity into contingency plans

The paper was presented by Dr P.J. Hullinger (**Appendix 5**), University of CA Davis, CA, US, and reported on the approach taken in the US to ensure that the effects of measures to contain FMD do not cause excessive disruption to food supply and business survival. Large scale outbreaks and control measures will disrupt the interstate commerce and food supply chain and efforts have been made to ensure the sectors understand this and work with Government and academia to mitigate against such disruption.

To address this challenge, the USDA is supporting planning efforts with states and livestock industries under a title of "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. 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.

She outlined the multiple components in the SMS Plan, including "Biosecurity Performance Standards" for dairy premises, milk haulers, and processing plants, aimed at timely permits for processing raw milk from dairy premises not known to be infected with FMD. Various SOPs and decision support tools have been developed, and the industry better engaged in surveillance by active observational surveillance (AOS) to improve recognition and reporting.

The Continuity of Business planning she advocated is a necessary component of FMD emergency response planning but not something that VS can do on its own - it has to involve the relevant industry stakeholders. To ensure state to state comparability and recognition of SMS standards there is a need for a national umbrella framework.

Discussion

Points raised included comments on the importance of public and private partnerships between government and industry and on the importance of building a good framework with industry in peace-time to allow better working during an emergency.

A question was raised by the representative of Denmark regarding the testing of the system – on whether simulation exercises had been conducted. Dr Hullinger explained that desk top exercises had occurred but as yet full scale simulation exercises of the milk supply plans have not been carried out.

Professor Jonathan Rushton commented that the value chain approach would be interesting to apply in the system presented and that maybe food supply chains need restructuring in order to make them more resilient in the face of crises such as FMD.

A final enquiry involved the gold/silver/bronze biosecurity levels applied to premises, and whether these had been accepted across the US or recognized in US legislation. The presenter explained that this was under discussion but so far no US wide acceptance was in place., and that state level recognition was a good way to start this process.

The Chairman thanked Dr Hullinger for an excellent and thought provoking presentation. This is an area that must be considered by MS in their contingency planning and in the work of the Commission in the next couple of years.

Item 3.2 Technical progress on vaccination to live issues and the implications for vaccine and diagnostic banks

This was presented by Dr Eoin Ryan (**Appendix 6**). A paper supporting this item was prepared following review of the recent developments and provided to the Session. His presentation illustrated that there has been substantial technical progress on vaccination-to-live (VTL) issues in the past few years, and as this leads into greater willingness of risk managers and pressure from policy makers, there are implications for resources which are needed – both at national and regional level.

Implications relating to vaccine banks:

1. Greater demand on the regional (EU) bank with crisis situations, resulting in limitations to what can be assured to MS in terms of doses that can be supplied. In these situations all vaccine banks are in similar position and mutual assurance mechanisms could increase the total potentially available.
2. Estimating likely demand in the case of an outbreak. With a greater acceptance of vaccination-to-live policies, it is more likely that a EuFMD member will decide to use vaccination as a control strategy in the face of an outbreak. 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. A strong evidence base is needed since the performance of vaccines supplied by the MS to the population in a crisis need to be communicated and doubts on their performance will erode confidence and willingness of industry to support VTL.

Implications foreseen for the Diagnostic Banks:

In an FMD outbreak the demand for diagnostic reagents may rapidly increase, easily outstripping re-stocking rates. 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. By pooling resources, participating countries would reduce their individual costs when compared to having national diagnostic bank arrangements. He outlined a number of the issues that will affect the calculation on the resources needed, and essential elements in the administration of a diagnostic bank. As for contents and services expected, he considered it might consist of: a) Rapid deployment kits; b) Serology kits for post-outbreak surveillance; c) Provision of structural protein-detecting antibody kits for vaccine effectiveness assays; d) Clear protocol of expected dates for delivery of each category of diagnostic kit; e) Governance f) Audit and compliance g) Expert advisory body.

The following conclusions were presented

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 a 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.

Discussion

Dr King stated that EU NRL (National Reference Laboratories) have on several occasions also called for the diagnostic bank to be established and the EU-RL on their behalf should be involved in the coordination regarding diagnostic banks. There is some work undertaken on this subject already to build upon and also within the MS, as some EU MS already hold diagnostic banks.

Regarding the diagnostic bank it was also highlighted that national labs will need training and accreditation and an essential part of the system should be a reserve of trained personnel to scale up activities.

Dr Gibbens, as Chair for this item, thanked Dr Ryan and Dr Hickey for the presentation and concluded that for these issues regarding vaccination, vaccine and diagnostic banks, there was a strong need to continue the development to a proposal stage if funds are needed to establish this, and should be addressed in EuFMD's upcoming workplan.

Item 5.3- The value of modelling animal movement and marketing patterns for animal disease impact assessment at national and continental scale

Dr Sauter-Louis, Friedrich-Loeffler-Institut, Federal Research Institute for Animal Health, Germany and Professor Wennergren, Linköping University, Sweden made short presentations on this Item 5.3 (**Appendices 7 and 8**). The need for models that could be easily adapted to use the information structure in the database of the MS was identified at the 40th Session and the project at FLI selected for funding after a call for proposals issued under the EuFMD-FAR scheme. The presentation of Professors Wennergren and Keeling arose from the identification by the EuFMD modelling network (Component 1.2) of the need for continental scale modelling, in part to answer the many questions on the scale of impact and resources required by MS.

The FLI work (undertaken together with DTU, Denmark) addressed the need for models that can use movement data on village level as individual animal data are not available. This extends the possibilities for more countries to utilize the system. Work is still needed to enable additional control options and different combinations of control tools (e.g. Vaccination and culling) to be run 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.

The second talk highlighted the enormous power of computing for analysis of the millions of animal movement records at national or regional scale, and illustrated this with progress made in the US where quality of information is poor in comparison to Europe; if it could be done there, much more could be achieved in Europe if data was made available from national sources. An EuFMD wide, or EU wide (or even partial EU) model could be extremely important to answer questions on which regions would be of most importance as sources and which most affected in a crisis; and could become the most efficient and data-driven model of them all since in EU there exist very useful national databases.

The Chairman thanked all speakers for the excellent and thought-provoking papers, and the STC for their efforts and commitment over the past years to providing advice and guidance to the Executive.

Item 4. Report of the Executive Committee on the Actions since the 40th Session in April 2013

Dr Sumption introduced the report on the work programme carried out in the past two years (**Appendix 9**) The Highlights report (**Appendix 10**) and full reports by Component have been provided to the MS in advance of the Session, and every six months to the Executive Committee Sessions. He reflected that the programme since the 40th Session 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 between the Executive and the EC. The 24-month funding agreement on the basis of long term work plans (agreed at the start of the programme as opposed to the a series of proposals by the Executive Committee) had been the key to ensuring clarity with all parties involved and better programming of actions. The use of a result-oriented planning (40 outcomes each with budget and time frame) and a high emphasis on Component managers to communicate and co-ordinate with member states has helped ensure both a demand driven set of activities and a good record on delivery. 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.

Major elements of the Pillar I, II and III programmes were then presented by Component Managers and for Pillar III, the perspective of FAO and OIE was presented to ensure the context of the EuFMD support was understood.

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

The Report on Pillar I activities, in which the Veterinary Services of the Member States are direct beneficiaries, was given by Dr Maud with reference to Component 1.1 (training activities) and Dr Rosso with reference to the other components.

Component 1.1 Training

The presentation (**Appendix 11**) drew attention to the

Credit system

A training credit system was implemented to ensure training needs are met through a demand driven program. To date 93 % of training credits spent or allocated to upcoming courses.

Focal points for each country were nominated and periodic questionnaires provided to assess ongoing training needs and receive nominations for courses. Relationship established with focal points has allowed recent telephone consultation exercise on training needs.

Real time trainings

Real-Time courses have been run in English, French and Russian, in Kenya and Turkey, and webinars and online training are now regular (1-2 per week) events. 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 2014 and 2015. Central to the contract is the agreement that it will bring direct benefits to

EuFMD Member States, and these in 2014-15 include funding of a significant proportion of the set-up costs of the EuFMD e-Learning training platform and the position of the Training Support Officer.

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 neighbourhood major languages. It has been run in French and Russian in 2014 and 2015.

The e-learning website integrates the course resources and includes recordings of all presentations given at the Open Session, the webinars now used extensively across EuFMD's work programme, and enables the training to reach far more trainees than could be possible by face to face training.

By the 41st General Session close to 1500 registered users have been through EuFMD courses and meetings and use the online training resources site.

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 points for resources to enable their own national training by efficient e-learning and blended learning has taught the EuFMD a lot about what MS desire from support. In 2015, we expect about six online 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.

What has been learnt to take forward into the future programme:

- The training credits system is working, but can be further improved, encouraging a longer term planning of training needs and courses, improved two way communication with focal points. The latter may be one way to better ensure trainees selected are most suitable and also to better meet their country's training needs.
- The need to equip national trainers (through resources including translated courses, job aids), which may require more focus on "training the trainer" to enable better national training courses, and tools to assist them (including engaging with their livestock sectors).
- Development of new courses to support growing/newly identified needs (Vaccination, Contingency planning, simulation exercises, Risk Based Surveillance).
- The importance of building an enabling environment for national trainers/trainees, across all three pillars (Additional e-learning resources developed, but also Quality assurance and impact assessment).
- Seek partnerships for delivery of training where necessary and accreditation of training courses to ensure quality.

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

(Appendix 12 covers the PPT for Components 1.2-1.5)

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. 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.

A EuFMD modelling network has been established and is growing. Training resources for modelling have been developed. An inventory of models and other decision support tools implemented and a prototype model for the rapid assessment of FMD impacts (Royal Veterinary College, UK) started to be developed.

Contingency planners have been supported with a Knowledge Bank which was developed to facilitate the network between CP managers and as inventory of information useful to improve the contingency plans.

What has been learnt to take forward into the future programme:

- High international interest in the Modelling network and its webinar series.
- Further development and refinement of an accessible and easy-to-use calculator to assess the socio-economic impact of FMD and resources needed.
- Gaps in guidance/tools for MS on contingency planning: particularly areas of Risk Communication, Diagnostic Banks and Planning Simulation Exercises, categorization and definitions of CP exercises
- Strong cross-EuFMD interest in support on vaccination issues for CPs.

Component 1.3 Surveillance for FMD and other infections under the co-ordination programme in Thrace

A coordination framework between Bulgaria, Greece and Turkey has been established with regular management and tripartite meetings, enabling a targeted risk based surveillance to be implemented for almost two years which gives confidence to the freedom from FMD in European Turkey and the border areas of Greece and Bulgaria. A web based database was developed and implemented for the data collection, management and analysis with a model to calculate the progressive probability of freedom from FMD over time. Laboratories of the three countries are regularly supported with diagnostic material. Following requests from the countries concerned and decisions at the Tripartite meetings in 2013 and 2014, the FMD surveillance programme in the three countries was extended to include *Peste des Petits Ruminants* (PPR), Sheep and Goat Pox (SGP) and Lumpy Skin Disease (LSD) and a model to assist the planning of the surveillance developed. 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.

What has been learnt to take forward into the future programme:

- The programme and its management structure has been important for continuous collaboration between countries.
- The value in return of the essential support provided for targeted risk-based surveillance, which has encouraged and enabled actions to improve awareness and reporting.
- Value of the model developed for FMD to the surveillance performance and design for other diseases (e.g. PPR).
- Need for contingency planning for the event of cases being found, and to review the capacity needed for containment if Turkey chose to cease FMD vaccination in Turkish Thrace.
- The applicability of the risk based surveillance programme to other high risk border regions or other regions for confidence in disease freedom.

Component 1.4 Support for the development of FMD emergency capacity in the Balkan region

Weakness in contingency planning in some countries in the Western Balkans has been a concern for some time and the programme had a focus on demonstrating why CP are essential if FMD is to be managed and not turn into a regional disaster, through desktop and field testing of current level of CPs. Leader countries in the project have been Serbia, Bulgaria and FYROM with the other Western Balkan non-EU territories (+Croatia and Moldova) involved in workshops and an observers. The establishment of network of National Focal Points and Laboratory Sub-network Contact Points has been important, and in itself could be vital in case of real outbreak in the area for mutual support and exchange of information between countries. After a series of workshops, a first major simulation exercise was undertaken in January 2015 with a second exercise planned in June.

What has been learnt to take forward into the future programme:

- In very small countries with limited personnel, there is a need to provide targeted assistance to complete CPs and operational manuals.
- Importance of including Turkey in the activities, since they are particularly relevant to Turkish Thrace where contingency planning is essential for control of FMD cases should they occur Improving the sustainability through developing agreements on mutual assistance.
- Developing the capacity of the countries to manage their own exercises to test CPs.

- Potential for use of Serbo-Croatian versions of the e-learning FEPC and other training material (job aids) for multiple territories in this area.

Discussion

The participants indicated their agreement and appreciation.

Dr Alexandrov (BG) highlighted the benefit of having implemented a joint programme for multiple disease and requested to include training activities for multiple diseases in the future training programme.

Dr Füssel (EC) stated that the programme helps in maintaining high attention in the area which is considered at high risk for the possible incursion of FMD and other transboundary diseases.

Dr Domenech (OIE) mentioned that it is important to maintain the focus on FMD and include other diseases in the surveillance activities when there is an evident cost/benefit impact without affecting the capacity to reach the main objectives of improve the FMD preparedness which is the mandate of the activity carried out.

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

The reports on Pillar II were provided by Drs McLaws and Eldaghayes (**Appendix 13**). The work in the neighbourhood has been supported under three components, covering the three groups of MS at most risk of FMD, being Turkey/Georgia (Component 2.1), Cyprus/Israel (2.2) and those MS bordering the Mediterranean that participate in REMESA (2.3). The common aspect to this work has been the focus on assisting countries to progress in management of FMD through the Progressive Control Pathway (PCP), which ensures, under GF-TADS, that progress will be monitored by the Roadmap process (West Eurasia and Middle-East) or under REMESA for north Africa. An emergency response had to be mounted following FMD in Tunisia and Algeria and subsequently the workplan for the REMESA countries was altered to address the change in situation. The progress in Turkey, Georgia, Egypt and Palestine has been reported and assessed in Regional Roadmaps and REMESA meetings and has provided a good example to others.

Component 2.1 Risk reduction in South-East Europe

Dr McLaws reported on this component, whose activities were aimed to support management of the FMD risk in Turkey and Georgia and to reduce the risk to these members from the neighbours (most of which are in the West Eurasia Roadmap). Most effort has been upon the development of the Risk-Based Strategic Plan (RBSP) in Turkey and Georgia and the establishment of capacity to monitor the implementation of their national RBSP. Following request from the Russian Federation and in line with protection of Turkey/Georgia, a workshop for Trans Caucasus countries, Turkey and Russian federation, on “Improved FMD surveillance in the common borders region” was held in Ankara in January 2015. EuFMD continued to supply significant technical support to the West Eurasia Roadmap meetings (Astana, 2014; Almaty April 2015) and through a series of webinars in English and Russian to support the Laboratory and Epidemiology Networks.

What has been learnt to take forward into the future programme:

- Progress has been made in establishing the RBSP in Turkey and Georgia, and there is now need for progress on the RBSPs in Armenia and Azerbaijan (in line with the Roadmap recommendations).
- Establishing competent monitoring and epidemiology units in those countries that have entered PCP Stage 2 is valuable and enables VS to monitor program implementation and impact.
- The need for a program of training courses in Russian language for the countries of W Eurasia, and to deliver these in a significant way in co-ordination with OIE and FAO.
- Surveillance in THRACE needs to reflect the changing risk situation in Anatolia/West Eurasia.
- There is need for further development of the regional outbreak and vaccination database to assist risk management in the common border regions of Turkey/Georgia with their neighbours in the Caucasus countries, Iran, Iraq and Syria.

Component 2.2 Improve FMD management in the neighbourhood of Cyprus and Israel

The activities under component 2.2 were aimed at improving FMD management in the neighbourhood of Cyprus and Israel in order to support progressive control of FMD in the neighbourhood, and in this phase

focused on achieving PCP progress in Palestine and Egypt. A series of PCP workshops and related missions and supervised activities were conducted with the aim of both Palestine and Egypt completing PCP Stage 1 with the development of their national RBSP. Joint meetings where possible with Israel and Palestinian VS represented were held associated with most missions, for co-ordination and communication. Positive progress was evident with excellent working relations, achieved despite security issues in both countries.

What has been learnt to take forward into the future programme:

- Both Palestine and Egypt to finalize their RBSP for adoption at national level and submission for acceptance to GF-TADS; future support to assist the move to monitoring implementation and impact (PCP Stage2).
- Potential for similar RBSP/PCP progress support to Lebanon and Jordan, being both neighbours of Israel and members of REMESA.
- Greater networking between Arabic speaking epidemiologists and risk managers, associated with the Pillar II training programme, for capacity development for typical tasks required in PCP stages 1 and 2.

Component 2.3 Support to REMESA

The EuFMD Strategy and work programme for the countries along the south and east Mediterranean has been to support REMESA with workplan actions agreed or modified at six-monthly Joint Planning Committee (JPC) of REMESA. The difference in health status/PCP stage of countries in REMESA required different activities in Libya /Mauritania (PCP Stage 1) and Tunisia/Algeria/Morocco (OIE endorsed FMD control programmes). The former have been assisted to move towards national RBSP, but security issues have prevented half of the planned workshops in Libya. The breakdown of FMD control in Tunisia and the overspill into Algeria resulted in accelerated support for simulation exercises and serosurveillance. The planned monitoring programme on the high risk Tunisia/Libya border has been postponed during the crisis but needs revisiting after the workshop to review lessons learnt from the type O epidemic, in July 2015. The report by Dr Eldaghayes illustrated how Libya has used the experience of the EuFMD Real-Time Training Course in Kenya in January 2013 to roll-out national level training, and how the improved typing of FMD has followed. He reported a significant improvement in control of FMD since the crisis of early 2014.

The EuFMD support to other North African countries was presented:

- **Tunisia:** Providing ELISA kits, missions, workshops, Online Emergency Preparedness Course for 25 vets last August 2014 and leaflets in Arabic and French.
- **Algeria:** Providing ELISA kits, Online Emergency Preparedness Course for 25 vets last August 2014 and leaflets in Arabic and French.
- **Morocco:** ELISA kits, Online Emergency Preparedness Course for 25 vets last August 2014 and leaflets in Arabic and French.
- **Mauritania:** NSP ELISA kits and 1st PCP workshop last February 2015. The 2nd workshop will be carried out on the 1st week of May.
- **Senegal:** A workshop in Dakar on 3-4 June 2014, with representatives from Mauritania, Senegal and Mali to implement a cross-border approach in the fight against FMD and improved networking between laboratories and veterinary services in the region.

What has been learnt to take forward into the future programme:

- A workshop will be held in July 2015 in North Africa to discuss the previous FMD outbreak, analyse the gaps, turning “Lessons Learnt” into a revised regional strategy for reducing risk to those aiming to regain or maintain endorsed country programmes.
- Strong demand for training appropriate to the national needs and health status; a “Demand-led training system” for non-EU REMESA countries, and EuFMD role in the training credit approach could ensure efficient use of courses relevant to the needs and languages in common use of the REMESA countries.

Discussion

The participants indicated their general agreement.

Dr Domenech (OIE) stated that the support given by EuFMD was very useful for neighbour countries and added that a regional vaccine bank has been set up for North African countries involved in the REMESA framework.

The Chairman, Dr Herzog, then took the time to thank Dr McLaws for her major contribution to FMD control with the EuFMD through the development and application of the PCP in many countries in West Eurasia and the Middle-East and in the provision of guidance and tools to the OIE/FAO Working Group for application in the Global Strategy. He wished her well for the return to Canada with her family.

Pillar III: Report on activities undertaken in support of the GF-TADS Global FMD Control

The EuFMD Strategy from the 40th Session has been to support (about 20% of budget) the Global Strategy, with the workplan for the three components in Pillar III being agreed with FAO and OIE. The requests of the GF-TADS FMD Working Group (FMD-WG) for support have been accommodated wherever possible, and decisions of the Executive Committee have included a moderate increase in support to the PCP Component to meet the request for expertise to assist the FMD-WG with Roadmap Meetings and guidance.

Dr Metwally, for FAO and Dr Domenech, for OIE, provided reports to the Session on progress of the Global Strategy and actions of the two organizations over the past two years (**Appendices 14 and 15**); and Drs Bartels and van Maanen reported on the EuFMD support provided (**Appendix 16**) for the PCP development and roll-out, and in support of better Global Laboratory Surveillance (mainly through the contract with WRL-FMD at Pirbright). Dr Bartels and Dr van Maanen gave their presentation, via Adobe Connect, from Egypt, where they were engaged on a EuFMD mission, demonstrating the webinar software currently used by EuFMD.

Component 3.1 Support to Global Progress Monitoring

Activities under component 3.1 involve the provision of support to the FAO-OIE GF-TADS FMD Working Group on the Global Strategy for FMD Control.

Dr Metwally presented on behalf of FAO, outlining activities carried out in support of the Global Strategy in the last 2 years by the FAO-OIE GF-TADS FMD Working Group. FAO's activities in FMD control are under three of the FAO Strategic Objectives, and contribute to eradication of hunger, provision of goods and services from agriculture, and the resilience of livelihoods. Recent examples of FAO activities in support of FMD control have included missions and activities to provide assistance in capacity development for diagnosis, epidemiology, control strategies, monitoring and evaluation. Diagnostic kits and vaccines have also been provided. Beneficiary countries have included the Democratic People's Republic of Korea, Uganda, Tunisia, Egypt, Algeria, Sri Lanka, China, Mongolia and Russia. FAO projects on FMD and PPR control are ongoing in Afghanistan and Pakistan.

Dr Metwally drew attention to technological developments including the EMPRES-I mobile application, currently being tested as a tool for surveillance, and the BETA version of the Open FMD database, containing virological data openly accessible to FMD scientists.

Regional PCP-FMD Roadmap meetings have been held with the second roadmap meeting for SAARC countries held in October 2014 and the 2nd East Africa roadmap meeting held in October 2014. Funding constraints have limited the number of regional roadmap meetings held. EuFMD has supported the development of a report on the global FMD control status, and this will be published in 2015.

PCP training for FAO staff has been provided in Rome and East Africa, with assistance in the provision of trainers by EuFMD. Guidelines are in development, including on FMD socioeconomics.

Future activities for the Working Group include:

- A joint concept note with OIE, to allow resource mobilisation for FMD control.

- A number of technical workshops, to be organized with assistance from EuFMD.
- Publication of the second edition of the PCP guidelines, and finalise socio-economic and post vaccination monitoring guidelines.
- With assistance of EuFMD, establish and train a global FMD PCP support network.

Dr Domenech then followed with a presentation on behalf of **OIE**. He emphasised the role of the FAO/OIE FMD laboratory network in co-ordinating global surveillance, ensuring consistency in nomenclature and providing regional vaccine recommendations. He outlined the OIE role in endorsement of FMD control plans at PCP stage 3, and official OIE free status (with/without vaccination) in PCP stages 4 and 5. He reported that the regional roadmap meetings have been a valuable tool in implementation of the Global Strategy, allowing countries to share experiences, co-operate, review and monitor progress in a structured and transparent way.

Dr Domenech also outlined OIE activities in disease information and reporting (through the WAHIS information system) and also activities related to ensuring standards through the Terrestrial Animal Health code. The FMD-PCP is closely linked to the OIE PVS pathway, and OIE's support in capacity development of veterinary services is vital in progression on FMD control. The OIE laboratory twinning programme has also allowed laboratory capacity development. The Scientific Commission for Animal Diseases (SCAD) FMD Ad Hoc Group is engaged in recognition of country FMD status, and the endorsement of FMD control plans. Currently, there are 67 Countries officially free from FMD, 13 countries having at least one zone free from FMD and four countries with an official control programme endorsed by the OIE.

The OIE Terrestrial Animal Health Code chapter 8.6 on FMD has been updated and the changes will be presented at the OIE General Session in May 2015 for adoption. There are no major changes but simplification and clarification of some areas (e.g. surveillance), and more flexibility in others (e.g. for recovery status).

OIE is involved, with partners, in a number of regional projects to support FMD control. These include the OIE South-East Asia and China FMD SEACFMD Campaign and the Eastern Asia OIE/JTF Project on FMD Control for Asia. An OIE FMD Unit for Central Asia has recently been established in Astana, Kazakhstan. OIE has also provided support to the REMESA secretariat, with workshops in 2013 and 14 to assist countries to prepare submissions on PPR and FMD status and endorsement of control plans.

Dr Domenech ended his final presentation to the EuFMD General Session (see item 12) with the conclusion that the PCP-FMD approach is gradually gaining acceptance, and that global FMD control is feasible, and can be a driver to wider improvements in animal health systems. Engagement of policymakers, international and regional organisations, and particularly adequate funding, are needed to support and sustain FMD control under the PCP. Additionally, vaccination issues should be better addressed by governing authorities and the research community. Lastly, Dr Domenech noted that the experiences and successes of the FMD-PCP have inspired the recent launch of the *Peste des Petits Ruminants* (PPR) control and eradication strategy.

Component 3.2 Global PCP-FMD support

Dr Bartels presented the programme developed under component 3.2. aimed at enhancing international capacity for the application of the PCP-FMD through development of tools, guidelines and knowledge transfer.

A program of actions was provided to assist FAO and OIE, including:

- a) Producing training material for the PCP risk-assessment plan (RAP) for countries entering PCP-FMD Stage 1; for the RBSP: risk-based strategy plan for entering PCP-FMD Stage 2; and for the NCP: national control plan for entering PCP-FMD Stage 3;
- b) Guidelines on outbreak investigation, post-vaccination monitoring, sero-surveys, economic impact, and risk analysis along value-chain;

- c) Application through PCP-FMD workshops, to develop RBSP with Veterinary Services of Palestine , Egypt, Libya, Nepal, Mauritania;
- d) Training on PCP-FMD (a simulation exercise “Aphtostania”© was developed and practised in Tripoli, Rome, Kigali and Cairo);
- e) PCP-FMD training for FAO regional and national officers, trainers implemented in FAO HQ, Rome and Eastern Africa, Kigali;
- f) Support to PCP-FMD regional roadmap meetings (West Eurasia, Azerbaijan - 2013, Astana -2014, Almaty 2015), Middle East and Northern Arica(Amman), Eastern Africa (Kigali) , and support to FAO/OIE FMD WG in the assessment procedures.

What has been learnt to take forward into the future programme:

- There is global interest and need for training on the PCP-FMD; with e-learning being a feasible and efficient option.
- There is a need to support national officers (Govt or FAO/OIE staff) with practical guides (‘job aids’ -Ready to use field materials).
- There is a need to increase global access to guidance and experience (Improve the PCP/FMD Knowledge Bank).

Component 3.3 support the FAO/OIE global FMD lab networks as part of the global FMD control strategy

Dr van Maanen summarized the progress of Component 3.3, adding to the Report provided by Dr King from TPI under Item 2. Progress has been made by the OIE/FAO FMD Lab Network on several fronts although the rate of establishment of capacity to undertake primary virus typing in the Pools (rather than transfer to Europe/other Reference Centres) has not been as rapid as intended, for several reasons. However, three of the four RSLs in Pools 4 and 5 are now regularly typing FMDV and providing monthly reports to the EuFMD/network, and overall, submissions to the OIE/FAO Network labs have improved. In line with the focus in this component on support to the Global Strategy, the Network has a working to review and revise the services in line with the need to provide more appropriate vaccine recommendations for endemic settings, since vaccination effectiveness will be a major factor in continued public and private investment in control in endemic settings.

What has been learnt to take forward into the future programme:

- time taken to establish the regional support labs (RSLs), need to consolidate progress through Memoranda of Understanding to ensure two way commitment, and continued technical guidance especially in pools 4 and 5.
- to utilize the good connections between European NRLs and some RSLs, and support through means such as the “European partnerships and Global FMD surveillance: networking between European NRLs for improvement of support to FMD surveillance in Africa and Asia”.
- the importance of maintaining regional laboratory networks as each region has a high number of interested NRLs and these networks can build their own understanding and capacity, but need a driver in addition to the RSLs.
- essential role of TPI in the Global Network and in providing services including the PTS to promote the OIE, FAO and RSLs to better undertake regional functions.

Item 5. Updating of the Strategic Plan and Work Programme

Dr Sumption presented the proposal (**Appendix 17**) for updating of the EuFMD strategic workplan. The paper relating to this had been circulated in advance of the Session to the member states, and principally proposed that the four-year Plan adopted at the 40th Session in April 2013 be maintained without substantial change except for the inclusion of specific attention to risk assessment and communication to member states, and specific focus on training within Pillar II and Pillar III. He took the Session through the proposal, outlining the modifications suggested to the focus of current Components and the rationale behind the three specific components, one for each Pillar. In particular the good update of the Training

Credits system in Pillar I, and the courses developed under Pillar II for neighbourhood countries, and the interest from MS to deliver courses at national level using EuFMD content and eLearning platform, provides an opportunity to extend the access to these courses within Pillar II and Pillar III. He illustrated how, assuming a flat budget for the next couple of years, these components could be supported without cutting significantly the most valued elements of each Pillar. In Pillar II, for example, similar courses can be expected to be relevant to the neighbourhood countries and the conversion to Russian, Arabic and French and delivery in the languages could be achieved without a high cost if e-learning is appropriate. In general, the Strategy presupposes that there will be further reductions in expenditure on travel in favour of the expertise to provide training and technical guidance at a distance. There is a danger this trend could go too far, and so experience of experts of working in neighbourhood in particular will continue to be vital to working relations and for appropriate technical guidance. There will also more emphasis on ensuring epidemiologists are supported, not only in Pillar II but in the “laboratory” networks which have been central to Global Surveillance.

Leveraging additional support

Given the tight stretch of the financial and human resources, leveraging additional support is needed for those elements that are not the priority for the EC funding, if they are to occur. The activities in the past two years have stimulated interest from member states and non-members to fund additional activities, and the continuation of the policy applied by the Executive in 2013-15 relating to cost recovery was proposed, to ensure additional activities cover their full costs plus support administrative and technical work involved.

Item 6. Report on the status of FMD antigen and vaccine banks in the European Neighbourhood

The Report was presented by Dr Hickey, EuFMD (**Appendix 18**) and had been undertaken in fulfilment of the Function IV.7 in the EuFMD Constitution which requires that the Commission keeps a record of the vaccine and antigen stocks available in the Member States in case of need for co-ordination of an emergency response by MS or others. She summarized the results of the recently conducted survey of vaccine holdings, indicating a significant reduction in holdings between 2011 to 2015 with several MS giving up holding individual banks. The good approximation of holdings to the recommended vaccines in the list of the WRL was a positive, but this also creates the situation of concern over “lower priority” antigens for “niche threats” – where it can occur than no banks hold such antigens in Europe.

The practical and economic benefits of improved collaboration between vaccine banks for these situations was suggested. Dr Hickey indicated the high level of interest in the survey responses. 94% of the EuFMD member countries that replied to the questionnaire 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 a EuFMD vaccine network.

Other topics for discussion, not limited to the European region, but perhaps with the International Strategic Vaccine Reserves Network (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. Another reason relates to the probability that European neighbours may be less inclined to release stocks to EuFMD MS than national or regional banks in other continents, since it is unlikely 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.

The conclusions were:

1. 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.

2. 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.
3. 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.

The Chairman asked for indications of support for the proposal to establish a FMD vaccine discussion network, as a component of the workplan to support Contingency Planning, and received several indications of support. On this basis EuFMD should take this forward as part of its biennium workplan following this Session.

Dr Gibbens asked if there was benefit to be had in including vaccine manufacturers into the discussions within a vaccine network. Dr Hickey replied that within the International FMD Vaccine Strategic Reserves Network there have been opportunities to invite vaccine manufactures individually to teleconferences to provide information on their production and supply of FMD vaccines and this has been a very valuable exercise.

Dr Gibbens also brought to attention the problem of “ramping-up” supplies of antigen supply given that the international emergency stock pile of antigens appears at an all-time low, and thus limited stocks would be available for release and countries would need to consider how to obtain additional from the open market or other countries. The Secretary replied that the ramping-up issue has been recognised as a priority and one approach to solving this, without holding much larger stocks, is to have FMD vaccines produced outside of the rate-limiting capacity of high containment plants (where only the European plants can produce a wide range of antigens from all continents, compared to South America). The approaches include engineered virus vectors that are safe (no transmission) using non-FMD virus as a vector, such as adenovirus based vaccines. One highly promising set of candidate adeno-vectored FMD vaccines will be field tested in 2016-17 and EuFMD, with FAO and OIE, have been invited to assist in country selection for trials and for design of the field studies. The US funding for these trials is several million US Dollars, and this is an example of where Europe is becoming dependant on advances made in the US and increasingly, the far-east.

Item 7. Proposed change to EuFMD Constitution and Rules of Procedures

The Chairman for this Item was Dr Gibbens, First Vice-Chairman, since the proposals for change had been made by Austria. He reminded the Session of the procedures which had been followed, in accordance with the Constitution and Rules of Procedure (RoP), relating to circulation of documents to the member states in advance of the Session. The written feedback provided by member states to the Secretariat by in verbal form to the Chairmen had been reviewed together with FAO Livestock Division Director and the Legal Service of FAO. It had been agreed with the Legal service that since the RoP gave more detail relating to procedures for the election of officers, that changes in the RoP were more appropriate to achieve the objectives of the proposal from Austria and that only minor changes to the Constitution relating to the number of elected members was strictly needed within the Constitution; but both documents must be reviewed in final proposed form, side by side, and the Secretariat had therefore circulated these at start of the Session at 0900 on the 23rd.

Amendments to the Constitution

Dr Gibbens read through the proposals for amendment, indicating any difference to the proposal tabled by Austria, and after each point asked for comments, clarifications or counter proposals.

1. Article I: no objection had been given in written form to the Secretariat relating to admitting non-European states into membership. However, verbal discussions with MS had indicated an uncertainty over the benefits or problems that may result from this change and so the proposal tabled was to retain the original (1997) clause, on the understanding the incoming Executive will review and publish their considerations.
This also applies to the Observer status of the OECD, given that one MS had questioned the omission and there was a general position from the other Observers mentioned in the same Article that removal of the OECD was premature.
2. Article II: relating to paragraph 1, the words "except where the status had been temporarily suspended", in order to distinguish the position of members whose status is normally to be free of FMD, was proposed by the Executive as an additional change.
3. Article III: following questions raised by MS, and after assurances provided by FAO, at the level of the Assistant Director General, relating to provision of adequate facilities for the Secretariat, and recognising force majeure, the proposal for change is considered unnecessary and the 1997 was proposed to be retained.
4. Article IV: recognising the responses of MS in favour of the promotion of progressive control and of commitment to global progress, the phrase "and to promote the global control of foot-and-mouth disease" to be added to the end of the sentence in place of the reference to progressive control, which had already been covered under Art II;
5. Article V: on the recommendation of the Executive Committee, to include "training" in paragraph 2.4;
6. Article X: to place the proposal relating to incoming, and past Chairpersons (paragraph 2) into the RoP, and retain in the Constitution the changes only to paragraph 1 (from five to six delegates) and relating to equitable geographical representation, and para 3, relating to replacement of members, the wording of the latter two changes being proposed by the FAO legal office.
The relating text in the RoP relating to Election of Officers were thereafter read through for comparison and clarity.

There were no questions raised upon the proposals for amendment. He then moved on the Rules of Procedure.

Amendments to the RoP

Dr Gibbens read through the proposed amendments to the RoP, with the exception of the Article relating to election of officers which had been reviewed together with the Constitution.

He explained the innovation relating to the participation in decision making through use of virtual platforms, and how as there is no precedent for this in FAO Rules, but the development of these were ongoing, that it was necessary to add "without prejudice" to the Rule.

He also explained that following discussion with the FAO legal office, that French would be maintained in the RoP as an official language but for reasons of cost, the requirement to have Session documents translated had been removed.

There were no questions relating to these proposed amendments and indications of support were noted.

Voting on the proposed Amendments

In accordance with FAO procedures, the system for voting followed standard procedures and was supervised by the Chief of the Conference, Council and Protocol Affairs Division. In line with Rule VI (3) of the Rules of Procedure, the Chairperson cannot vote but may appoint an alternate from his/her delegation to vote in their place, but having no deputy in the delegation the Chairman, Dr Herzog, could not vote. However, since there were sufficient member states for a quorum (20), checked by show of hands, the voting was able to proceed. Voting followed (through open declaration of Yes/No/Abstain), in accordance with Rule XII.7(a) of the General Rules of FAO, starting from the first country selected at random from the draw of name cards. After one round of voting, country by country with each providing a verbal response, a

check was made for the presence of members who did not respond to the question. The total was then confirmed by the official scrutinisers and reported by the Secretary as follows:

Votes in favour of the proposed amendments: 30

Votes cast: 30

Majority required: 26

No delegates voted against or abstained, and as more than two-thirds of the members voted in favour, the proposals for amendment to the Constitution and RoP can be considered adopted.

Present and voted (30):

Belgium, Bulgaria, Croatia, Cyprus, Czech republic, Denmark, Estonia, Finland, Georgia, Germany, Greece, Hungary, Ireland, Israel, Italy, Lithuania, Netherlands, Norway, Poland, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom.

Not present: Albania, Bosnia and Herzegovina, Iceland, Latvia, Luxembourg, Portugal, FYROM (7).

Present but could not vote (Austria, on account of providing the Chairperson).

The FINAL versions, after amendment, will be submitted to the Director General of the FAO for approval by Council (Constitution) and by the DG (RoP).

The Final (as approved in the Session) Versions are provided in the **Appendices 19 (Constitution) and 20 (RoP)**.

Item 8. Changes in Membership of the Commission

Georgia entered into membership in 2013 after submitting its Instrument of Acceptance of the Constitution. During the procedure for voting on Item 7, it was identified that Iceland had not officially submitted to the Director General its intention to withdraw from membership and thus was still technically a member state. The Secretary and Chairpersons were asked to follow up with them and explore whether their intentions remained the same, and if so to complete the formal withdrawal.

Item 9. Financial report, budget and membership contributions for the biennium 2016-2017

The Financial report relating to Contributions by Member States in 2013 and 2014 were provided to the Session (**Appendix 21**) and explained by Ms Carraz, EuFMD Workplan Coordinator. Actions taken in 2013 and 2014 to achieve payment of outstanding contributions by MS had mostly been successful with a significant reduction in the amount outstanding at the end of each year. For this, the MS were thanked as this had helped to offset the higher expenditure over income in both years.

Dr Sumption then presented the proposal (**Appendix 22**) for revision to the categories for contribution, and the proposal for contributions from each category of MS in 2016-17. He summarized how the formula applied was identical to that of 1997, but the livestock populations and contribution to the UN used the most recent figures in FAOSTAT and FAO Council Reports, and all countries, including non-MS in Eastern Europe, were included in the comparison. Changes in rank were in evidence mainly in the middle size countries which had had more major livestock populations in the mid-1990s than at present; some evidently had higher GDP reflected in the UN contribution.

He explained how costs had been reduced over the past six years with major saving achieved, and that the maintenance of 2.5 posts plus two STP positions under the Administrative Budget was the agreement reached in 2013 relating to the minimum for function of the Secretariat, and assumed the programme and its operational administration was covered by the EC. This set the minimum yearly funds to be raised to cover the costs, and thus the total to be raised through contributions.

The Chairman, Dr Herzog, reminded the Session of how the contributions had been fixed for six years (three biennia) because of the financial crisis in Europe and that after 18 years, it was necessary both to address the historic changes in MS in terms of wealth and livestock, and the need to ensure the sound basis for the functioning of the administration. He reflected that the exchange rate issue for the euro is a concern for the Eurozone but at least half the MS use other currencies and thus it is not easy to compare the true level of change for MS but each have had time to reflect on this after the circulation of the proposal before the Session.

In discussion, Dr Facelli (Italy) proposed that further review of the payment categories particularly of the step between Categories 1 and 2 are made by the Executive Committee and stated that Italy will abstain to vote on the proposed changes in the contributions.

The proposals, being the seven points set out as draft proposals in the paper provided to the Session, were put to the decision of the Session by the Chairman. No delegations were against, and with the abstention of one MS (Italy), the proposals as indicated below were adopted.

1. To adopt the categorisation of Member States into five categories for contribution based on their livestock populations and UN contributions, through application of the formula adopted at the 32nd 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 four 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 41st 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.

Item 10. Election of the Officers, the Executive Committee and Standing and Technical Committees

Dr Lubroth, Head of the Animal Health Service, FAO, presided for the election of members of the Executive Committee, officers of the Commission, and members of the Standing Technical (STC) and Special Committee on Research and Programme Development (SCRPD). As FAO, at the level of Council and DG, had not yet approved the amendments to the Constitution and Rules of Procedure that had been agreed under Item 7, the procedures in place were followed, with the exception that a sixth member of the Executive was to be elected, but who would serve as an Observer until the amendments were formally adopted by FAO. This had been explained in advance to the Session and re-iterated before the elections by Dr Lubroth.

Election of members of the Executive Committee

He called for nominations, each of which had to have a proposer and be seconded by at least one other.

For the five members of the Committee, the following were nominated:

<i>Member proposed</i>	<i>Proposed by</i>	<i>Seconded by</i>
Martin BLAKE (Ireland)	United Kingdom	France, Denmark
Dejan Bugarski (Serbia)	Finland	Turkey
Gediminas Pridotkas (Lithuania)	Poland	United Kingdom
Spiros DOUDONAKIS (Greece)	Bulgaria	Hungary, Romania
Irfan EROL (Turkey)	Switzerland	Serbia, Italy

He asked the Session if there were additional proposals for the five regular member positions, and being none, the five persons were elected by the Session to serve as members. Each were asked if they accepted the nomination and its responsibilities to serve the geographic areas which had proposed them, and each indicated they did so.

For the Observer position, on the understanding that this would become the sixth member after adoption of the amended Constitution:

Lajos BOGNAR (Hungary) was proposed by Austria, and supported by Romania and Slovakia.

No other candidates were proposed and Dr Bognar was endorsed for the position.

Officers of the Commission

Dr Lubroth called for proposals for the Chairperson and two vice-chairpersons, after explaining that the current procedures remained in force but the understanding of all is that once the DG has approved the amendments, these would then serve according to the Rules adopted at the current Session.

For the Position of Chairman:

Dr Jean-Luc ANGOT (France) was proposed by Austria, and seconded by Sweden, Spain, Italy, Greece, Romania and Turkey.

There being no other candidates proposed, Dr Angot was endorsed unanimously.

For the 1st Vice-Chair:

Dr Christianne BRUSCHKE (Netherlands); proposed by Belgium and supported by Romania and Germany.

For the 2nd Vice-Chair:

Dr Ulrich Herzog (Austria) proposed by Croatia and supported by the UK, Czech Republic and Turkey.

There being no additional nominations for Chairpersons, the two vice chairs were endorsed unanimously, and by acclamation, the new officers were encouraged to take up their new responsibilities with the full support of the delegates present.

Election of the Standing Technical Committee (STC)

The following were proposed by the outgoing Executive Committee to be the members of the STC :

Dr Dietrich RASSOUW (Germany.)

Dr Eoin RYAN (Ireland).

Dr Yanko IVANOV (Bulgaria).

Dr Stephan ZIENTARA (France).

For each of these, the Secretariat had received written statements confirming their willingness to stand for the STC and providing their scientific credentials and experience they would bring to the position, and indicating the support of their administration for their candidacy.

Dr Lubroth asked the Session for indication of their support for the proposal and this was indicated; none were against.

Election of the Special Committee on Research and Programme Development (SCRPD)

The Secretary provided the list of the 13 SCRPD members proposed by the outgoing Executive, asking all to take into consideration that the representatives of the three FAO Reference Centres for FMD that are within the EuFMD Member States are *ex-officio* members, and are proposed as Dr Kris de Clercq (FAO FMD Reference Centre, VAR), Dr Emiliana Brocchi (FAO FMD Reference Centre, IZSLER) and Dr Don King (FAO-WRL FMD, Pirbright).

The other 13 members were proposed as follows, with new members (Drs German Caceres, Marius Masiulis and Nicholas Lyons) to cover vacancies arising through change of position (Kate Sharpe) and election to STC (Stephan Zientara) and to represent the WRL (Don King).

	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
German Caceres (SP)	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
Marius Masiulis (LT)	FMD/ASF/CSF surveillance in Eastern Europe	Group 2: European neighbourhood risk
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
Jean Francois Valarcher (SWE)	FMD virology, vaccine QA, surveillance, epidemiology, global	Group 3: surveillance and monitoring progress
Ron Bergevoet (NL)	Veterinary economist/FMD	Group 3: surveillance and monitoring progress
Katharina Stark (Swi)	Veterinary epidemiology, surveillance, management; FMD field research wide international experience	Group 3: global issues/ PCP progress
Nick Lyons (UK)	FMD epidemiology and vaccination effectiveness, Africa/Egypt	Group 3: global issues/ PCP progress

Item 12. Any other business

Future Sessions

The tentative dates for the 42nd Session were proposed as 27-28th April 2017.

The first Session of the Executive Committee for the biennium was proposed as 24-25th September.

Appreciation of the work of the outgoing Chairpersons and Executive Committee

The incoming Chairperson of the Commission, Dr Angot, presided for the final item of the Agenda, and thanked the membership for their faith in him and support expressed in the election.

Dr Angot said: *“Strong today of 37 Member countries, EUFMD exceed its regional scope to become now an international reference. Indeed, even if EUFMD acts as a regional body specialized in supporting Member countries, EuFMD also supports, in close partnership with the FAO and the OIE, the strengthening of FMD surveillance in several neighboring countries affected by the disease by offering its expertise and technical assistance. Mediterranean neighbourhood, the Middle East and the Balkans are particularly concerned. Since 2013, I actively participate in the Executive Committee as member and between 2009 and 2013 as observer. I was able, during these two years, to measure the seriousness and professionalism of the Secretariat managed by Keith Sumption in an efficient way, the quality of the work done, the consistency of the program with the needs and the effectiveness of implemented actions, particularly those implemented in the field, with sometimes difficult geopolitical contexts. I take the opportunity to congratulate Ulrich Herzog, Nigel Gibbens and all the team of the Executive Committee for the consistent work done these previous years, particularly with the adoption of the Strategic plan and a clear and efficient Work Program. I will strongly support the development of networks (laboratories, vaccine banks, modelling...) because the networks are efficient tools of coordination and sharing of practices. I would focus to implement the strategic directions proposed in this work program for the two next years, as I consider this programme is fully consistent with the current epidemiological context and the FAO - OIE global strategy on FMD. I would use my experience and my skills to implement EUFMD projects and programs in full transparency with Members, in compliance with internal rules and in the continuity of the work done by the previous team”.*

There followed speeches of appreciation for the work of Dr Herzog and Dr Gibbens as Chairman and first Vice-Chairman over the past six years and, on behalf of the Secretariat, Dr Sumption recalled the many ways that their leadership had helped redefine, redirect the work of the Commission and in very significant ways to renovate and rejuvenate the EuFMD to be a pre-eminent contributor to the international efforts to achieve safety and security of counties from the risk of FMD. On behalf of everyone in the team he presented copies of a personalized book recording the progress of the Commission from 2007-2015 to Drs Herzog and Gibbens and also to Dr Domenech, recalling how, from the very first day as Chief of the Animal Health Service of FAO in 2003, he had worked to achieve a system for co-ordination between FAO and OIE which helped to ensure the role of EuFMD could develop within an international framework for trans boundary animal disease control. The contributions of all three had been immense and the strength and impact of the three Pillars Strategy was in the main part due to their efforts to bring all parties into an agreed system for planning and delivery and the efficiency with which this is now done is in many respects due to their foresight. Strong and sustained applause from the delegates endorsed each of these tributes.

The Chairman and Secretary thanked all member states present for their support to the continued work of the Commission and thanked those who had worked tirelessly over several months to prepare the 41st Session, particularly Nadia Rumich, for her work in ensuring the highest standard of communications and documentation, and Cecile Carraz, Erica Tomat, Ida d'Alessandro and Silvia Clementelli who have worked tirelessly to deliver a very significant work programme at the same time as all arrangement for a successful Session.