

THE EuFMD COMMISSION, 2004-2014: A DECADE OF DEVELOPMENT

Responding to the new wave - adapting Strategy to regional events 2005

Events, however, concentrate minds and wills and what happened next had significance... (cont. on page 2)

New concepts and their application for national, regional and global control

Lessons learnt in this context, together with re-assessment of the results of the... (cont on pag. 3)

Progressive Control going hand in hand with capacity development - the new Strategy and its delivery after 2009

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Progress and change - FMD progress is not a one way path

However, while progress was being made with the framework in West Eurasia,... (cont. on page 5)

Making a difference in the region- and contributing to global control, the EuFMD after 2012

Following the launch of the Global Strategy in 2012, the EuFMD Executive... (cont. on pag 7)

e-EuFMD: equipping people, ensuring innovations and information in the hands of those who need them in FMD management

In 2014, the first e-learning course for emergency response was launched,... (cont. on pag 6)

How might the next decade be known? (pag 8)



The first 50 years of the EuFMD Commission, 1954 to 2004, saw Foot-and-Mouth Disease (FMD) swept out of Western Europe. This success was the result of strategies developed in the first ten years of the Commission. National commitments to control FMD were implemented by the member states together with coordinated actions on imports and land border security, which included long term actions by EuFMD, particularly in Turkish Thrace. For the first time, the cycle of endemic FMD had been broken in a major continent that had significant land borders to endemic zones.

technical developments relevant to FMD control across the globe.

Given these past success in Western Europe it might seem odd to label **2004-14 the decade of development of progressive control** - yet this was very much the case. The need for progressive control was emphasized by the catastrophic events of 2001, raised consciousness of the explosive nature of FMD, the changes in global livestock trade and the risks posed ... (cont. on page 2)

FMD REMEDY

It is called PCP-FMD!!

You are some steps away from the solution to your problems and it comes in 6 different colors!

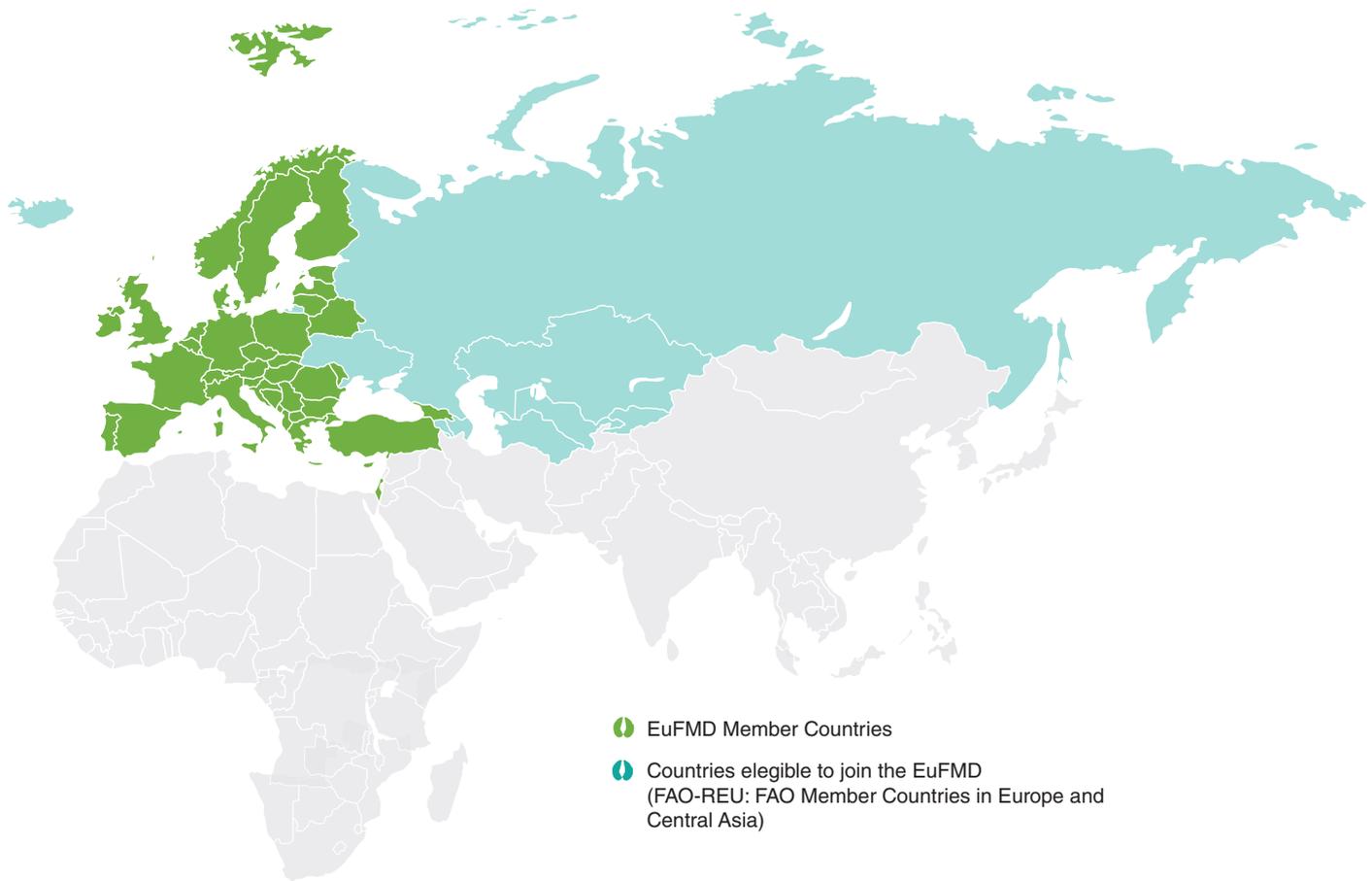
In 2004, the Commission celebrated these 50 years of progress by handing out medals for those who had been deemed by their peers to have created the technical breakthroughs or leadership to make possible the eradication of FMD on the European mainland and in so doing, had contributed

Obituaries

1926 - ?

FMD Type C

Has it died?



by continuous circulation of FMD across most of Africa and Asia.

FMD research was spurred on by these events, but substantial international investments in FMD control in endemic countries did not materialize, in part because of the scale of the challenge and cost, but also because of the highly pathogenic avian influenza (HPAI) crises from late 2003. The latter was also a driver for FAO and OIE to agree in 2004 a “*Global Framework for Control of Transboundary Animal Diseases -GF-TADS*” which provided the basis for co-ordination and joint animal health centers in the regions. GF-TADS brought new capacity to deliver technical assistance, although this was focused initially on HPAI. The EuFMD, as a specialized technical Commission, remained focused on FMD while international attention was placed elsewhere, and acted from 2003 as a global observatory on FMD, and sought to ensure member states were aware of changes in risk.

The EuFMD continued in its field programme on the Turkish borders with the EU and the TransCaucasus countries to reduce risks. Important, yes, but in their way, not really influencing the scale of the FMD risk in the main reservoirs of infection which could easily be transferred to free countries by infected products or people. Given the scale of the problem, what could the Commission achieve, when it was clear that for avian influenza, hundreds of millions were required to make a difference? Scarcity of funds is great driver for change in approach and given this, the CVOs making up the EuFMD Executive placed emphasis on the need for developing appropriate management and strategy by the

affected countries as a prerequisite for control. Given the likelihood that this would not happen without the economics and politics in those countries aligning behind better control, there appeared an impasse for progress.

Responding to the new wave - adapting Strategy to regional events 2005

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In 2005, under the Chairmanship of Dr Schwabenbauer, the Commission adopted a four year Strategic Plan with four priorities. This plan balanced the actions against risk in eastern Europe with actions to improve “global FMDV surveillance”, and activities to directly prepare member countries, through technical studies on the “vaccination to live” issues and the provision of training. Later that year, the EC agreed a four-year funding package for the activities.

In January 2006, outbreaks of FMD type A (“A Iran 05”) broke out across Turkish Thrace and an immediate EuFMD mission followed, with the EU swiftly delivering emergency vaccine for a revaccination campaign. Spread to Greece and Bulgaria was prevented but this incursion had occurred without warning – the epidemic had passed through Iran and Turkey to the European borders without international awareness.

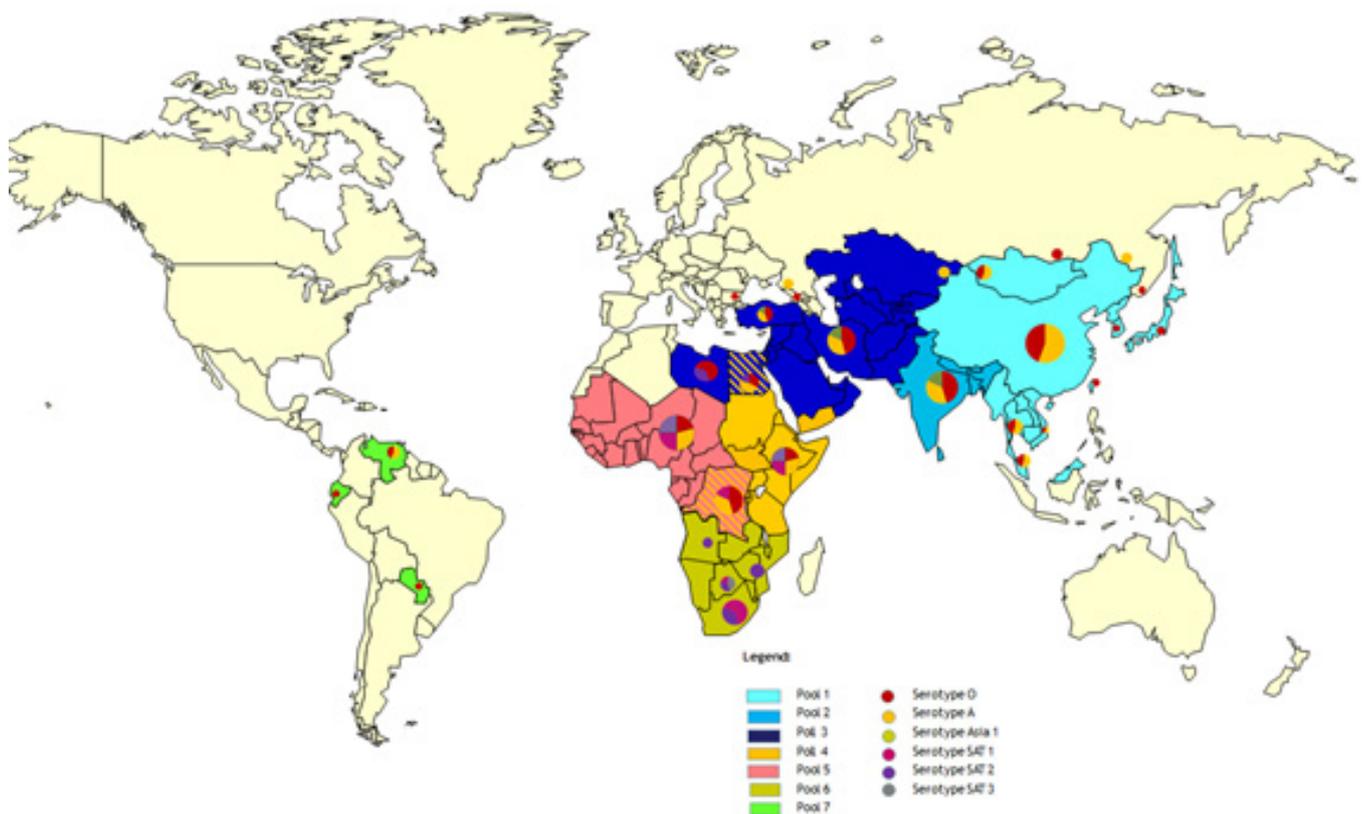
Within months a long planned, but not before agreed, “FMD observatory” project in Iran was implemented with the support of France. This helped ensure sufficient sampling to achieve early warning of the next great epidemic, of type O, which spread across the region in 2007 again reaching Turkish Thrace and precipitating further emergency actions.

In early 2006, Egypt was severely affected by a national epidemic of type A that originated in East Africa and for which the national programme against type O offered no protection. It was clear that observing epidemics sweeping across regions, originating in Asia or Africa and within months appearing on the EU borders, in Israel, or in the Mediterranean, and warning member states might be the limit of what a small Commission could hope to achieve. However, with Turkey in the front line and the EU planning to invest in pre-accession support to Turkey on animal health, the Commission -at its General Session in 2007- recommended the EuFMD assist the development of a Long Term Plan (“Roadmap”) for FMD control. The Roadmap would involve Turkey and its neighbours, and the Secretariat would assist “development of a strategy under GF-TADS for progressive control of FMD”. Throughout 2007 and 2008 the Commission’s work in Turkey and Iran and in the neighbors focused on identification of how FMD spreads and therefore identifying priorities for improving management of the risks. In 2007 the UK was also seriously affected by an FMD type O epidemic following escape of the virus from the Pirbright plant.

New concepts and their application for national, regional and global control

(from page 1).

(...) “global observatory” work, led to three major conceptual advances, presented and discussed at the “Ericc Session” of the EuFMD in October 2008. These were the concept of “*the seven virus pools*”, as regional ecosystems for viral circulation and evolution to be given specific attention as each pool is likely to require tailored vaccines; the concept of regional initiatives or “*roadmaps*” that ensure countries within pools work together to manage the common risks; and the concept of a control pathway to assist countries with the steps to take to progress within regional roadmaps. These concepts were then immediately applied in November 2008 at the ground breaking “Shiraz Meeting” in Iran, where FAO and EuFMD brought together for the first time the 14 countries regularly affected by “Virus Pool 3”. In this meeting the Progressive Control Pathway – PCP-FMD, was first applied to identify the stage of control of each country and to develop a “West Eurasia Vision and Roadmap” for progressive, stepwise improvement in national management. A collective aim was also agreed;



Pic 2: Distribution of foot-and-mouth disease virus pools, 2011 – 2013 (EuFMD) Progressive Control going hand in hand with capacity development – the new Strategy and its delivery after 2009

“West Eurasia free of clinical FMD by 2020”. The immediate response of countries was enthusiastic to the PCP-FMD concept and vision, both within this region, and also from the European member states, even though the latter were more distantly at risk.

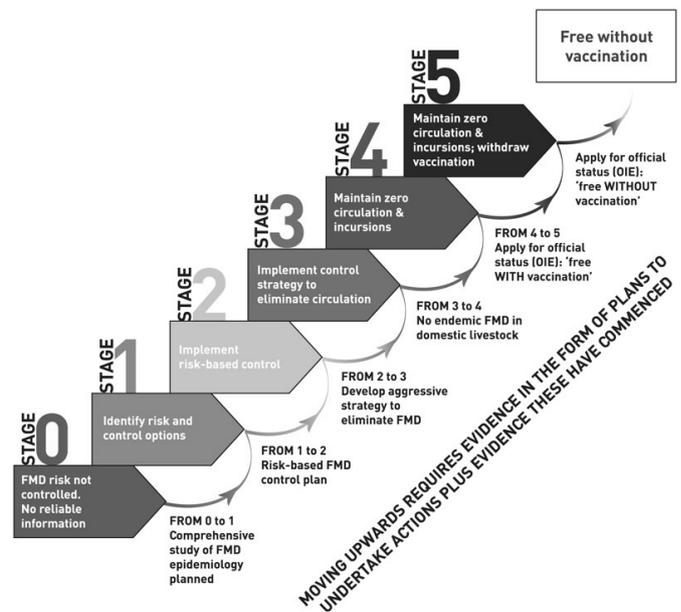
Progressive Control going hand in hand with capacity development – the new Strategy and its delivery after 2009

(from page 1).

(...) a new four-year Strategic Plan with five priorities, of which progress in the West Eurasia Roadmap was one, along with greater emphasis on training of European vets, recognizing that most member states had not experienced FMD for more than 20 years; on technical studies and networks, which introduced a new fund system for applied research; and FMD surveillance networks, to gather information relevant to Europe and also to the needs of the regional networks. It also adopted an updated Standard for Biorisk Management for laboratories handling live FMD. It was clear that the previous standard had served very well but to improve the implementation, inspection and licensing issues, sections on management needed updating, in line with international bio-risk management norms that place emphasis on management system as a critical part of the containment. Under the Chairmanship of Ulrich Herzog, CVO Austria, the EuFMD work developed a focus on management and the innovation of the PCP provided this framework to discuss and develop FMD management strategy aims and objectives with countries. Through the innovation of field based training, taking European veterinarians with a management role into endemic settings to see at first-hand how to respond to outbreaks, the eyes of many were opened to the realities and difficulties of FMD control. From the start in 2009, over 400 vets have been trained in FMD in the field, from every member state. The new generation is now better aware and a new framework exists for assisting countries to develop appropriate national strategies. Under the Strategy, and through FAO and EuFMD projects, 10 of the 14 West Eurasian countries were given assistance in 2008-10 to undertake the actions required for PCP stage advancement – initially, these are mainly the comprehensive review of epidemiology and control options, with the aim of development of risk based national control plans. The PCP-FMD was also quickly taken up by FAO and with EuFMD and OIE support, was applied in a PanAfrican FMD progress meeting in Nairobi in 2009 to define a Roadmap for sub-Saharan Africa, and through GF-TADS, in the Mid-East and North Africa. With this rapid take up, the OIE/FAO Global Conference on FMD in Paraguay in June 2009 recognized the PCP-FMD's potential and further development of the tool was strongly recommended. Spontaneous uptake of the PCP-FMD by several Africa and Asian countries followed. Following promotion under GF-TADS and regional workshops, by the end of 2011 national delegates had worked through the PCP self-assessment and developed a Roadmap for their country and



region covering the period to 2025, for almost all virus pools, with the exception of virus pool 5 (West and Central Africa). The Stage was then set for development of the GF-TADS Global FMD Strategy, presented at Bangkok in June 2012, which adopted the target that every country which is not free of FMD should progress two stages in the PCP over the next 15 years. Sustainability and broader positive impact to economies should follow from the complementarity between the PCP, with its emphasis on national processes and systems for sustainable, risk-based FMD management, and development of competences in the veterinary services to manage this, measured by the PVS pathway of the OIE. The impact is further enhanced by the value of these dual processes in developing national integrated control plans covering other major diseases.



Progress and change - FMD progress is not a one way path

(from page 1).

(...) in reality the PCP approach would not quickly affect the natural evolution, origin and speed of spread of epidemics. In 2009, a second, evolved variant of type A Iran 05 swept across West Eurasia and reached the Gulf States and North Africa, and emergency vaccination donations were provided. In 2010-11 the virus pool 3 was widely affected by a regional type O epidemic that reached as far as Bulgaria, where a difficult outbreak involved infection of wild boar in transboundary forests. As a result, the 39th General Session of the EuFMD in 2011 added priorities to the work programme of research on FMD in wild boar, better preparation of the west Balkan countries, and greater emphasis on training of veterinary service staff for progressive control. The other priorities remained in place so the programme now reflected the reality of close geographical risk and a need for scaling up preparedness – at a time of financial austerity in Europe. European management capacity was a concern for all. EuFMD was asked to assist countries with more emphasis on preparedness planning and implications of changing public and private service delivery. An uneasy task, when faced with rapid, unprecedented external change; the “Arab spring”, with change in Egypt and Libya, in particular, transformed the risk landscape. Suddenly African serotypes of FMD were found in Egypt and Libya, and the Mediterranean basin was at risk from SAT-2 viruses, with vaccination programs in place. From April to June 2012 EuFMD assisted almost all countries around the basin to receive training and diagnostic kits for African SAT-2 strains, and greater political awareness of the need to assist North Africa was voiced by European member states.

Making a difference in the region- and contributing to global control, the EuFMD after 2012

(from page 1).

(...) reconsidered the work programme, reflecting on the requests from MS for greater emphasis on their needs, and those of the neighbours to the east and south, and considering our role and expertise in relation to that of FAO and OIE in the regional roadmaps and networks (e.g. REMESA for the Mediterranean), and how to ensure good co-ordination with FAO and OIE under the GF-TADS Framework. A new Strategy was formed and after consultation, presented and adopted at the 40th General Session in April 2013, as the “*Three Pillars*“. These are:

- to improve preparedness of European MS,
- to reduce the risk from the neighbourhood,
- to support the Global Strategy of FAO and OIE with technical expertise.

The EC supported this Strategy with a new two year budget but it was also clear that more would need to be done with no more funds, a familiar picture for the member states. A wider programme, driven by past events, and more efficiently delivered, with, for neighbouring non-free countries, a greater emphasis on management using the PCP. The whole programme would be defined in advance and agreed between parties, with evidence of being



EuFMD TRAINING

More than 600 veterinarians and 50 countries have benefitted from our training courses since the establishment of the programme in 2009

- Partners
- E-learning
- Workshops
- Real Time Training



Real Time Training: field experience, clinical diagnosis, lesion ageing, epidemiology, biosecurity - Online FMD Emergency Preparation Course - FMD Modelling as a Decision Support Tool - FMD Laboratory Techniques - FMD Vaccination - Introductory Epidemiology - e-Learning - Multi-lingual training - Tailored courses.

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demand driven by member states in 13 components. The new training programme, since October 2013, for example, has been developed with regular and direct involvement of the focal points from each of the member states, with a “menu” for training and training credits enabling them to select training appropriate to their needs. The uniqueness of the field-based training provided by EuFMD courses was also recognized by non-member countries. Australia and others sought partnerships in training, which the 40th General Session of the EuFMD agreed could be of value to EuFMD and European members. Partnerships with Australia helped to underwrite costs of developing new e-learning programmes, and valuable shared experience, given the comparative strength of these partners in preparedness planning exercises. To cope with the increased demands across the wider region, a scheme for “short term professionals” was introduced, giving early to mid-career vets from the MS the chance to work in management of components of the EuFMD programme, another way of also ensuring the presence in the team of those who truly know the needs of this cadre of staff from the member states.

e-EuFMD: equipping people, ensuring innovations and information in the hands of those who need them in FMD management

(from page 1).

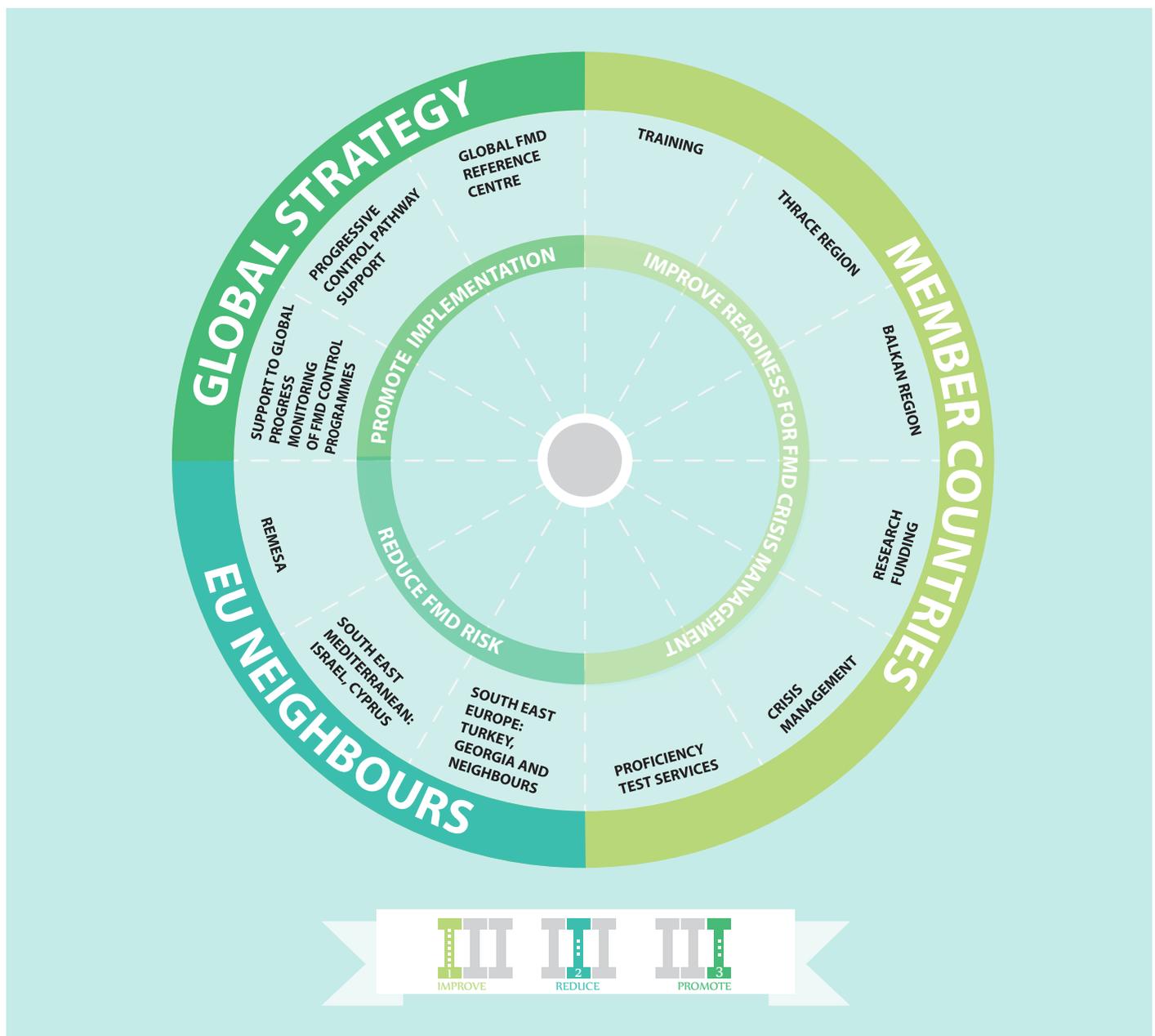
(...) with over 40 countries participating. Field-based training in Russian, French and English were provided, and in country simulation exercises provided as an immediate response to the spread of the Pool 2 South Asian strain (type O India 2001) into Libya and Tunisia. Reflecting the scarcity of new funds for FMD research (as compared to 2004), the modest “EuFMD Fund for Applied Research” has a significant role to play in offering “start-up” funding to new work that has potential to address gaps in methods or tools, overseen by the Standing Technical Committee aided in their reviews by the Special Committee on Research (SCRPD). Funds have been disbursed for innovative field based diagnostic assays, and priorities in mid-2014 include methods applicable to detect FMD in wildlife without trapping or killing, models for better consensus in decision making, and low cost, innovative and safe sample transport solutions to reduce the cost of surveillance. A global survey of FMD research will occur in 2014, and it is clear that compared to 2004, the FMD community, worldwide, has comparatively higher strength and capacity that could benefit Europe, and bridges must be kept open to ensure European member states gain from this. In 2014, the pressure and immediacy of FMD on our doorsteps keeps us alive to the risks and cognizant of the management difficulties in affected countries. This can only help ensure that our technical expertise, across a wide network of European countries, remains relevant to meet the challenges of the next decade.

How might the next decade be known?

We hope the reader might agree with the Foreword to the 1987 review of EuFMD and its activities, and find them suitably fitting today, *“The Commission can derive considerable satisfaction from the results achieved which should serve as an example to other regions of the world of the benefits to disease control stemming from international collaboration.”*

The new tools and concepts for progressive control are an achievement of the past decade. It is a challenge for all of us to ensure this coming period is known, for good reasons, as the decade of progressive control; it is not too much to hope that in every virus pool, significant progress is made in each affected country to identify and adopt sustainable national control programmes, and to make use of the concepts and practices of the PCP to better manage other animal health challenges.

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60 YEARS OF THE EuFMD

CHAIRPERSONS OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE, 1954-2014

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

22. Luxembourg
23. Malta
24. Norway
25. Poland
26. Portugal
27. Romania
28. Serbia
29. Slovak Republic
30. Slovenia
31. Spain
32. Sweden
33. Switzerland
34. The former Yugoslav Republic of Macedonia
35. The Netherlands
36. Turkey
37. United Kingdom

SECRETARIES OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE

1. Sir Thomas Dalling (ad interim).
United Kingdom, 1954-1958
2. Dr. E. Fogedby. *Denmark, 1958-1962*
3. Dr. G.M. Boldrini. *Italy, 1962-1978*
4. Dr. P. Stouraitis. *Greece, 1978-1993*
5. Dr. Yves Leforban. *France, 1994-2001*
6. Dr Keith Sumption. *United Kingdom, 2001-present*

COUNTRIES ADHERING TO THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE

Establishment of the European Commission for the control of Foot-and-Mouth Disease (EuFMD)

12 June 1954

1. Albania
2. Austria
3. Belgium
4. Bosnia Herzegovina
5. Bulgaria
6. Croatia
7. Cyprus
8. Czech Republic
9. Denmark
10. Estonia
11. Finland
12. France
13. Georgia
14. Germany
15. Greece
16. Hungary
17. Ireland
18. Israel
19. Italy
20. Latvia
21. Lithuania

