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EuFMD

87TH EXECUTIVE COMMITTEE



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European Commission for the Control of Foot-and-Mouth Disease | EuFMD

87th

SESSION

Of the

EXECUTIVE COMMITTEE

Of the

**European Commission for the Control of Foot-and-Mouth Disease
(EuFMD)**

Brussels, Belgium

2-3 April, 2014



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Findings and Recommendations of the

87th Session of the Executive Committee of the EuFMD

The Executive Committee, after considering the documents and issues on the Agenda of the 87th Session of the Executive Committee of the EuFMD,

1. **Acknowledges** the support of the European Commission for the Phase III of the EuFMD/EC work programme, which started in October 2013 following the endorsement of the Executive to the detailed plan of work and budget presented at the 86th Executive Committee meeting of the EuFMD.

In relation to the general FMD risk situation:

2. **Takes note** of the changing pattern of international circulation of FMD viruses, particularly the resurgence of O Panasia in Pool 1 (East Asia), the unexplained movement of O India 2001 viruses from Pool 2 (South Asia) into Libya and the Arabian peninsula, the reported outbreaks of SAT2 in Egypt, and the evolution of the type A situation in West Eurasia.

Recommends

3. That Member States (MS) should take into consideration in their risk assessments the current FMD situation and the expected rise in FMD cases in spring-summer period in Turkey and other parts of West Eurasia with similar seasonality in livestock production systems;
4. That further effort and attention is given to encourage Veterinary Services (VS) of territories in the Balkan region to develop and test their Contingency Plans (CP) for FMD outbreaks, and that members of the Executive and Observer organisations reinforce this message wherever possible.

Conclusions

Item 2

1. There is a need for better understanding of the factors that lead to a high risk of FMDV contamination of animal products and whether these factors can be incorporated into the process of assessing change in international FMD risks;
2. The FMD control situation in China needs to be much better understood. The Standing Technical Committee (STC) should give guidance on how this could be achieved;
3. The criteria for inclusion of antigens in each category needs be defined, together with the basis or process for their inclusion, as part of the STC review.

Item 4 on the Pillar 1 programme

4. Prior trainees on the EuFMD Real-Time Courses should be invited to undertake refresher training and its associated assessment, using the e-learning Foot and Mouth Emergency Programme course (**FEPC**) course after the current pilot course has been completed and evaluated;
5. DG-SANCO could assist to ensure MS are aware of the need for refresher training for those who are proposed by MS for the C-VET list, and for their own contingency planning purposes.

6. A course on the economic impact assessment of FMD control options remains necessary and given the linkage to modeling of control options, thought should be given to running the modeling courses in parallel. The need to place this later in the autumn 2014 was accepted;
7. Consideration needs to be given on training for management of the end of an epidemic, including recovery and regaining freedom. The planned simulation exercise in the Balkans could be an opportunity to include this in one of the final workshops;
8. The cost recovery basis for additional participation of private sector and government services of MS should be developed (if participation beyond a quota is requested) in line with the agreed fee structure for additional places on real-time training courses;
9. The importance of inclusion of surveillance for small ruminant TADS (SGP, PPR) and capacity to detect LSD if suspected in Thrace region, was endorsed, and the EC is asked to consider if the additional costs of diagnostics to support supplies could be supported;
10. An evaluation or review of the THRACE programme (possibly led by Special Committee for Research and Programme Development (SCRPD) member with Angus Cameron) after its first year of operation could be beneficial. This could include review of the risk periods and inclusion of particular locations (e.g. Istanbul Province) as a risk area for attention;
11. Neighbouring MS wish to see post-vaccination monitoring for levels of immunity included in the future surveillance programme. A design for this should be developed and costs identified;
12. Program activities in Component 1.4 are going well but national attention to progress sections of the CPs remains weak. The laboratory capacity workshop is likely to result in a design for a regional emergency diagnostic reserve, and in the first place supply diagnostic kits in support of the annual proficiency tests and for the simulation exercise;
13. All parties in the Executive and observers need to ensure a consistent high level of attention is needed in their contacts with national agencies on the need for completing FMD-CPs;
14. There will be a need for training on the exit strategy options and on planning for recovery; this should be considered for the last part of the simulation exercise.

Item 5 on the Pillar 2 programme

15. The Executive Committee takes note of the concerns about national commitment to establish the National FMD Epidemiology and Monitoring Unit in Turkey. This unit has an important role in the region in providing reports and information that will give confidence in the FMD control in the country;
16. The reduced flow of information on FMD situation in Iran is a concern to Turkey and other MS. The revitalization of the WELNET lab Network after the Astana meeting should assist with this;
17. The willingness of Turkey to host the Russian language Real Time Training in Erzurum is appreciated;
18. Technical Meeting in Cyprus: the Secretariat should discuss with GF-TADS partners what technical issues they consider most important to cover and identify dates with the Cypriot hosts and GF-TADS partners;
19. The development of low-cost, risk-free FMD sample shipment methods is important for countries in this region and in others where complexity of international air transport requirements has severely reduced submission and timeliness of samples to reference centres. The STC should consider the options to address the barriers and report to the next Executive;
20. The funding line in the programme for Component 2.3 should not normally be used for supporting REMESA CVOs to attend Joint Planning Committee meetings. On an exceptional basis, requests will be considered by the Chairman.

Item 6 on the Pillar 3 programme

21. The willingness and interest of the European NRLs to support the Global Strategy, and assist in activities to improve FMD surveillance in Africa and Asia was noted. The EuFMD Secretariat is encouraged to work with the WRL and the European NRLs to better communication and encourage co-ordination with Actions under Component 3.3.

On the Open Session of the Standing Technical Committee

22. The following topics were agreed as important for the Open Session:
- Papers on the changing disease landscape: how the economic, livestock sector, trade and risk is expected to develop;
 - an invited authoritative paper on FMD management in China;
 - on the consequences of surveillance findings after emergency vaccination;
 - an updated assessment of the risks from virus pools into Europe;
 - the progress of Global FMD Research and its consequences for European priorities;
 - FMDV stability (importance in biosecurity, movement in products, and in vaccines);
 - Management of risk posed by serotype C, 10 years after the last case;
 - African livestock sector development and FMD management.

Administrative issues

23. The Executive Committee endorsed the selection of Dr Dubé for the position of Animal Health Officer (P3), as a replacement for Dr Ryan;
24. MS that fail to pay their outstanding contributions should receive letters reminding them of their responsibilities; these include, in April 2014 Albania, Ireland, Bulgaria, FYROM;
25. The Secretariat should proceed to fill the vacant Short Term Professional (STP) position since the budget position is sufficient to maintain the two STPs for the rest of 2014;
26. The Committee notes with appreciation the extension of the contract with Australia but also the need to find additional funds, for example through charging full costs for additional courses in response to demand, to allow for a full time position of Training Officer;
27. There is a need to review the Contribution Categories of MS following significant social, economic and livestock sector changes in the MS since 1996.

Additional Action Points

Item 4

1. List of all previous real-time course trainees from the MS to be sent to DG-SANCO;
2. Co-ordinated effort between DG-SANCO and EuFMD to ensure MS and prior trainees are aware of the need for completion of refresher courses and assessment.

Item 7

3. Updating of the previous study on the relative importance of virus pools for the entry of FMDV into Europe (STC/Secretariat);
4. Secretariat to write to MS to discuss their interests in co-ordination on Vaccine Bank issues and on diagnostic reagent bank.

Meeting Report

The Executive Committee of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD) held its **Eighty-Seventh Session** in Brussels, Belgium, on the 2-3rd April 2014, hosted by the Federal Agency for Food Chain Safety. The welcome address was given by Dr Pierre Naassens, Chief Veterinary Officer, Belgium, and Vice Chairman, EuFMD Executive Committee.

Members of the **Executive Committee** present were: Dr Ulrich Herzog (UH, Austria, Chairman), Dr Pierre Naassens (PN, Belgium, Vice Chairman), Dr Jean Luc Angot (JLA, France), Dr Nigel Gibbens (NG, Vice Chairman, UK), Dr Yanko Ivanov, (Bulgaria), Dr Veli Gülyaz (Turkey). Apologies were received from Dr Jonas Milius (Lithuania). Dr Budomir Plavsic (Serbia) participated by videoconference.

Other participants were Dr Donald King (DK, Head of the WRL for FMD at Pirbright), Dr Fuat Ozyoruk (FO, Turkey). Observers from the international organizations were Dr Alf Füssel (AEF, Head of Sector, DG-SANCO), Dr Juan Lubroth (JL), representing FAO, and Dr Joseph Domenech (JD) representing the OIE. Dr Dimitrios Dilaveris (DD, Greece) attended as a national Observer, as agreed at the 40th General Session of the EuFMD (April 2013).

The Secretariat for the 87th Session comprised Dr Keith Sumption (KS, EuFMD Executive secretary), Dr Jenny Maud (JM, Training Support Officer, EuFMD), Dr Chris Bartels (CB, EuFMD consultant), and Ms Nadia Rumich (NR, EuFMD), Communications Officer. The list of participants is given in **Appendix 17**.

Item 1 Adoption of the Agenda

The Agenda (**Appendix 1**) was adopted without change.

The document containing all background documents for the meeting was distributed, as was a document summarizing achievements, expenditure and actions taken and pending (Highlights Paper, **Appendix 16**).

Item 2 FMD situation report

The report (**Appendix 2**) was given by Dr Don King, World Reference laboratory, The Pirbright Institute (TPI). In the six months since the last Executive in October 2013, the WRL had received 373 samples from 18 countries for characterization; of these 137 isolates were made, indicating that a lot of work is conducted on samples that have insufficient viral infectivity, a topic that must be addressed under the new contract with FAO. It should be noted that almost ten years have passed since the last confirmed type C outbreaks (in 2004). The EuFMD-supported project on serotype specific PCR assays has provided useful results/new tools for Eastern Africa region and the WRL has started to produce guidance notes to assist labs to use these primer sets. Of epidemiological note, SAT2 has again been reported in Egypt, and samples are on the way from there, and also Nigeria and DPRK (type O reported).

Very significant is the spread of O Panasia lineage in the far-east, a resurgence of a toposotype that had not disappeared from pockets in that region and O India 2001 lineages in the Middle-East and North Africa that have jumped into the region from South Asia (Pool 2). Pool 2 viruses have occasionally been seen in the Gulf but in 2014 they appear to have become established in Libya, UAE and Saudi Arabia, with multiple introductions. The spread is unexplained and being unprecedented does mean that Pool 2 needs attention, particularly as it is an area (India and neighbours) that sends almost no samples to WRL. In Egypt, it will be important to establish if the SAT2 differs from the epidemics in Egypt and Libya in 2014, as a new introduction or has been endemic since the initial introductions.

Vaccine and Antigen Bank recommendation

Based on the previous EuFMD assessment which placed *Pool 3>Pool 1>Pool 4* in risk to Europe and based on historical evidence of trans-boundary movements of viruses and frequency of FMD outbreaks in endemic pools, the following can be considered the most significant topotypes in current circulation and thus priorities for vaccine/antigens reserves:

1. West EurAsia (pool 3) : O/ME-SA/PanAsia-2, A/ASIA/Iran-05 and Asia-1;
2. East Asia (via southeast Asia: Pool 1): O/SEA/Mya-98, O/ME-SA/PanAsia, A/ASIA/Sea-97;
3. North Africa (via sub-Saharan Africa: Pool 4): SAT 2, O/EA-3.

On this basis, he provided a Table of Antigen and Vaccine Recommendations, noting that the name of the (genetic) topotype above does not correspond with antigen names, as the naming is on a different basis - and South American antigens would not be the highest category for inclusion. *[the Tables are in the PPT and need to be read in context of the prior text].*

Discussion

The Committee discussed the resurgence of the O Panasia topotype after almost ten years of epidemiological silence, in relation to its importance in Europe in 2001. Dr Gibbens asked if it is known if the characteristics for long distance movement in animal products are understood. The Secretary replied that a number of factors will influence the presence of virus in animal products, from incidence in the species concerned, levels of viraemia as well as stability of virus over time. The question raised provides a good reason for more work on stability issues, and this will be reviewed at the Open Session in Croatia. Juan Lubroth, FAO, mentioned the Crisis Management Centre (CMC) mission to DPR of Korea in response to their reported type O outbreak, but the serotype/topotype was not yet confirmed. Don King drew attention to the changing serotype A situation in Pool 1, where it had spread to affect parts of the RF, Mongolia and Kazakhstan.

On Priorities for the Antigen banks, the STC have agreed to take on the review of the former risk assessment process which was introduced in 2011, following a study on the relative risk of virus pools as a source of infection for Europe. Don King suggested a historical basis for entry be used. KS indicated that most risk assessment principles consider this can bias the findings and may miss what are most important changes in risk factors, an example being the spread from South Asia to Libya could not have been predicted on historical grounds. DK recalled that Pools 3 and 1 were considered to provide the greatest threat to Europe in the previous EuFMD assessment and he would agree with this being the current situation. KS mentioned that the antigen reserves must also be strategic, given that type C has apparently disappeared but may remain in laboratories, or in the wild, and vaccine is important to retain, as the EU does.

Conclusions

1. There is a need for better understanding of the factors that lead to a high risk of FMDV contamination of animal products and whether these factors can be incorporated into the process of assessing change in international FMD risks;
2. The FMD control situation in China needs to be much better understood. The Standing Technical Committee (STC) should give guidance on how this could be achieved;
3. The criteria for inclusion of antigens in each category needs be defined, together with the basis or process for their inclusion, as part of the STC review.

Item 3 Report on the past six months

The Report on activities since the 86th Session in Lyon was given by Keith Sumption (Appendix 3). An overview was provided as a paper, supplemented by an overview of the implementation and issues for each component. Reports on each component were provided by the Component Managers, and would be discussed under Items 4-6.

The focus of activities in the period has been the implementation of the Work Plans for the 12 Components of the EC funded program that had been approved at the 86th Executive Committee meeting. Each of the Components is managed by a Component Manager and these have in several cases handed over responsibilities to new entrants (Short Term Professionals). So far this has worked well and each Manager has a budget and a clear work plan to manage.

The Financial Closure of Phase II (2009-2013) has necessitated closing contracts, formal handover to beneficiaries of purchases etc., a high additional administrative burden, but was completed in February 2014 and financial accounts will be reported to the EC shortly.

EC program implementation: Activities under 10 of the 12 Components started on time and are underway, and these are reported in the Component Managers six-month Reports.

Under Pillar 1, the three main components (Training Program, THRACE surveillance, Balkans Emergency Preparedness) have all started well. The EuFMD Fund for Applied Research (EuFMD-FAR), Component 1.5, has so far agreed one applied project and has three studies/projects pending resubmission/STC review.

In support of Pillar 2, workshops and training have been held in Turkey and Georgia (Component 2.1), and progress made to establish an epidemiology and monitoring unit to assist GFC to monitor the implementation of the Turkish national strategic plan. Workshops have been held in Palestine and Israel under Component 2.2, and support given to GF-TADS Roadmap in Amman (March 2014); and the REMESA program (Component 2.3) has commenced with support to Libya and the three Maghreb countries.

In support of Pillar 3, EuFMD experts have assisted the GF-TADS Working Group to develop training for FMD experts (Component 3.2) in application of the Progressive Control Pathway (PCP) and national control plans; the assessment of plans, and surveys for global uptake and action to manage FMD (Component 3.1); and supported the Regional Roadmap meetings (Amman and Astana). A Letter of Agreement with Pirbright for their services in 2014-15 has been negotiated and should be signed in April 2014.

Monthly Global Surveillance Reports have been produced, managed by Iulia Turiac, STP. In 2014 each edition has had a different **Guest Editor** who is an international FMD expert from the Special Committee or from an FAO or OIE reference center.

Committee Sessions and Reports: The Special Committee on Research and Program Development (SCRPD) met at Frascati, Rome, in November 2013 and had an excellent, productive Session, with 17 of the 18 experts present.

The Biorisk Management Working Group had its first meeting in Berlin on 23rd October 2013 and initial draft of the Tier A and B management standard has been developed for group review.

Teleconferences of the Standing Technical Committee have occurred (March 6th, 2013) to review resubmissions and proposals for the Open Session.

In terms of staffing, Eoin Ryan, **P3**, Animal Health Officer/Deputy to the Secretary, returned to Ireland on the 15th January 2013 after two years with the EuFMD. A successor has been identified by

Open Announcement and competitive selection process. **Two Short Term professionals** (STPs): Marko Potocnik, Slovenia and Liliana Polihronova, Bulgaria, finished end of October 2013: one STP (Anne Marie Bouma, NL) finished on 31st December 2013, and two STPs joined from 1st November 2013 (Fabrizio Rosso, Malta, and Iulia Turiac, Romania), and a third, Grigor Grigoryan, Armenia, in mid-March 2014. **Training Development Officer:** Jenny Maud, from UK, who has developed the e-learning courses with EuFMD, joined in February 2013, replacing Clare Taylor (UK). **Current vacancies:** the G5 position (Programme Assistant). One STP (after Fabrizio Rosso) from June 2014, to cover REMESA program and monthly reports.

The Chairman congratulated the Secretariat on the Report and progress made since Lyon, and indicated that there would be time in the Agenda to return to the specific components under the following Items, including the administrative matters. The overview of the program was appreciated given the breadth and depth of activities that are ongoing.

Item 4 Progress, issues and plans, Pillar 1

The EuFMD Training Programme on Emergency preparedness and management decision support: Components 1.1 and 1.2

The Report was given by Dr Jenny Maud, Training Support Officer (**Appendix 4**). Jenny Maud introduced herself, indicating how she had built on the work of Clare Wild and Gregorio Torres in this role in 2013.

The Training Credits (TC) system had been well taken up by MS, and she reported on the use of the TC by countries. Since October, a lot of effort had been placed to achieve Training Focal Points in each MS, and some had become very active, with others there is a need to get more response. However, with the introduction of webinars for feedback and exchange, more and more two-way communication is occurring. Almost all MS have two persons enrolled on the first online e-learning course (FMD Emergency Preparedness course, **FEPC**) which will be run for three weeks in April 2014. The majority of credits have been used on Real-Time Training places but some had elected to use the TC on the FMD lab training at Pirbright, and some are waiting for the modelling, decision making and economics courses in the autumn. The latter are awaiting the P3 officer arrival but in the meantime e-learning on use of modelling has been developed (and is under review). The success of the webinars for obtaining feedback, and of the pre and post course online training and assessment, suggests this is a good route to achieve the training outcomes and evidence for individual development.

The priorities for the next months are:

Outcome One: Training credit system

- Continue webinars, newsletters, website updates;
- Follow up “unresponsive” focal points;
- Further discussion on tailored activities and supplementary training courses.

Outcome Two: Training programmes: RTT, contingency planning, models/decision support tools

- RTT: Russian, French, English language courses planned;
- Further develop cascade training programme;
- Modelling and decision support tools, vaccination workshops.

Outcome Three: Infrastructure for knowledge transfer in place

- Further develop the FMD Emergency Preparation Course, based on MS feedback;
- Translate the FMD Emergency Preparation Course;
- Finalize new e-learning courses;
- Introduce standalone webinars.

Discussion

A good discussion ensued on the use of the e-learning modules in training, refresher courses and on the post-course assessment. MS have an obligation to undertake simulation exercises and updates their CPs. Could it be expected therefore, or required that they utilize the FEPC course, for example, in their exercises or ensure it is referenced in Contingency Plans? DG-SANCO indicated they were willing to ensure translation of the course content into the official languages of the EU and following this, it could then be available for all MS to use.

The view that vets proposed for the C-VET list should provide evidence of undertaking a real-time course or refresher training was supported. There should be a formal process for this and CVOs, as well as training Focal points, aware of who has taken and passed refresher training.

The idea that livestock industry animal health and biosecurity leaders might attend real-time training courses to become better aware of issues for bio-containment and biosecurity was discussed, but was not considered a priority. It could be considered if such bodies could support their costs to attend.

The EuFMD-wide roll out of the e-learning emergency course was applauded and attention drawn to the launch on the 8 April 2014.

Action Points

- a) List of all previous real-time course trainees from the MS to be sent to DG-SANCO;
- b) Co-ordinated effort between DG-SANCO and EuFMD to ensure MS and prior trainees are aware of the need for completion of refresher courses and assessment.

Conclusions (numbering continued from Item 2)

4. Prior trainees on the EuFMD Real-Time Courses should be invited to undertake refresher training and its associated assessment, using the e-learning Foot and Mouth Emergency Programme course (FEPC) course after the current pilot course has been completed and evaluated;
5. DG-SANCO could assist to ensure MS are aware of the need for refresher training for those who are proposed by MS for the C-VET list, and for their own contingency planning purposes;
6. A course on the economic impact assessment of FMD control options remains necessary and given the linkage to modeling of control options, thought should be given to running the modeling courses in parallel. The need to place this later in the autumn 2014 was accepted;
7. Consideration needs to be given on training for management of the end of an epidemic, including recovery and regaining freedom. The planned simulation exercise in the Balkans could be an opportunity to include this in one of the final workshops;
8. The cost recovery basis for additional participation of private sector and government services of MS should be developed (if participation beyond a quota is requested) in line with the agreed fee structure for additional places on real-time training courses.

Component 1.3: Program for early warning surveillance in the Thrace region of Greece, Bulgaria and Turkey

The report on progress was presented by Dr Fabrizio Rosso (STP Malta; Component 1.3 manager) (**Appendix 5**); Dr Fiat Ozyurok covered the surveillance in Thrace region and FMD situation and management plan for Anatolia (**Appendix 6**).

Discussion

THRACE programme

Representatives from the three countries indicated their support and appreciation of the programme and the co-ordination arrangements. The chairman, on their behalf, thanked FR for his efforts.

The movement data indicated in maps was questioned by Turkey. Although it came from the TURKVET system they considered it might include proposed but rejected (after lab tests) movements.

The request from Greece, on behalf of the three countries, for an increase in the budget of Component 1.3 of circa € 16,000 per country over two years was discussed. The rationale was that diagnostics for PPR and SGP, and Lumpy Skin Disease (LSD), were now clearly needed. Dr Domenech, for the OIE, indicated that efficient, joint surveillance programmes for multiple diseases would add value to FMD programmes and such joint actions fitted very well with the principles of the Global Strategy.

The Chairman concluded that there was a consensus on the benefit, and he would ask the EC to consider and provide their opinion. The additional € 50,000 in year 2 would need to be drawn from other components, for example the emergency reserve, if no savings were found elsewhere.

Situation in Turkey

The risks relating to the situation in Syria were discussed. Animal movement patterns in Turkey suggest a trade towards the Syrian border and likely cross border movements into Syria. The importance of using the TURKVET database to check trends in movements, and comparison between years, was emphasized by the EC.

Dr Ivanov drew attention to the importance of case definitions in FMD surveillance and having standard procedures where defined cases /events occur. He wanted to see more clarity on this. [This will be taken up under the Epidemiology and Monitoring Unit, being supported under Component 2.] The significant changes in one year, after the Chania Executive Committee of the EuFMD, were mentioned. The development of the national strategic plan for FMD is a big advance, with real change in the vaccination programme (total doses to be used, potency PD6, and booster doses in Aegean/Marmara region).

There was general agreement that the regular, routine surveillance in Thrace was beneficial for confidence compared to annual NSP surveys. The additional value of monitoring vaccine coverage/immunity was proposed, as it may be easier to monitor if immunity exceeds 90% than detect much lower incidence of infection.

Conclusions

9. The importance of inclusion of surveillance for small ruminant TADS (SGP, PPR) and capacity to detect LSD if suspected in Thrace region, was endorsed, and the EC is asked to consider if the additional costs of diagnostics to support supplies could be supported.
10. An evaluation or review of the THRACE programme (possibly led by SCRPD member with Angus Cameron) after its first year of operation could be beneficial. This could include review of the risk periods and inclusion of particular locations (e.g Istanbul Province) as a risk area for attention.
11. Neighbouring MS wish to see post-vaccination monitoring for levels of immunity included in the future surveillance programme; a design for this should be developed and costs identified.

Component 1.4: Improved FMD emergency management in the Balkan region

The six-month progress Report was presented by Dr Budimir Plavsic, Serbia, via Adobe Connect. **(Appendix 7).**

Two workshops had been completed since October 2013, with the second in the form of a desk simulation of an epidemic involving Bulgaria, FYROM and Serbia, which had tested the national disease crisis management, local and also international co-ordination arrangements. A third workshop, focusing on laboratory contingency plans for an FMD epidemic, was planned for the week following the Executive. A mission to Moldova to assess their CPs and laboratory preparedness was

reported and one person from Moldova was trained in the Real-Time Course in Kenya in March 2014. The challenges in the region remain, but significant participation across borders had been achieved and better understanding of the need to plan for the huge challenge of an FMD event.

Discussion

The challenge of motivating countries to develop adequate CPs was discussed. Motivation for this will need several different drivers - from EC and EU accession processes, to convincing arguments from the economic and other risks associated with not progressing with plans. The question was how can the Executive Committee help more? Dr Plavsic ensured the Executive Committee were aware that there was a great appreciation by participating Veterinary Services (VS) for the work so far. It had succeeded to bring VS together around a common problem in a practical and engaging way. Dr Gibbens re-iterated that high level support is needed and the Executive Committee wished to assist in this, to promote and persuade. The Open Session, in Dubrovnik in October 2014, could give an opportunity, and effort is needed to engage the Balkans countries participation.

Conclusions

12. Program activities are going well, but national attention to progress sections of the CPs remains weak. The laboratory capacity workshop is likely to result in a design for a regional emergency diagnostic reserve, and in the first place supply diagnostic kits in support of the annual proficiency tests and for the simulation exercise;
13. All parties in the Executive and observers need to ensure a consistent high level of attention is needed in their contacts with national agencies on the need for completing FMD-CPs;
14. There will be a need for training on the exit strategy options and on planning for recovery; this should be considered for the last part of the simulation exercise.

Item 5 Neighborhood countries, progress, plans and issues for the next six months (Pillar 2)

Component 2.1: To reduce the impact of FMD in Turkey and Georgia and reduce the risk posed by FMD in the region to all EuFMD Member States

This item was presented via Adobe Connect by Dr McLaws, EuFMD, Component manager for 2.1 (**Appendix 8**).

This Component focuses on development of risk based control programmes for FMD in Turkey and Georgia, and the reduction of risk to these countries through the information gathering on FMD epidemic risks and promotion of risk based control (PCP) in the neighbours.

Generally the work has gone well, but issues for attention include:

Turkey: Monitoring and Epidemiology (M&E) Unit: there is an urgent need for official acknowledgment of M&E unit and official appointment of its staff members. The Unit must be able to access the data that they require for their analyses and reports, and the TurkVet database is difficult to use for routine analysis.

Georgia: Risk-based strategic plan: Development of the plan is delayed, the working group indicates that they have many other duties and it is difficult to find time to complete it.

West Eurasia: Following the completion of the EuFMD cooperative project in Iran, there is less regular exchange of information about the FMD situation and related threats to the region and turkey in particular. There is a need to develop a system that promotes regular communication between WELNet laboratories. There is also a need for further development of the *EMPRES-i* database, to enable participating countries to see the regional vaccination situation.

Discussion

As the situation in Turkey had been tackled after the earlier presentation, most discussion focussed on the need for clarity regarding the short and long term Turkish national Plan and having clear indicators of whether the support provided was being used effectively and making a difference. A follow-up mission to that of the Chairman in August 2013 might be useful. However, a meeting with Turkish representatives in Paris could help clarify, especially as it falls after the Astana Roadmap Meeting.

The need to revitalize WELNET was agreed. This network had been affected by the issues surrounding the leadership of the West Eurasia Roadmap and the role of EuFMD. Now though, with the new programme agreed at the last Session, and the clarity of a joint letter received from GF-TADS to the Chairman on this, attention will be given to re-establishing this network. As not many lab experts will be in Astana, webinars will be used to get dialog re-established, in English and in Russian. The Chairman drew attention to a request from Kazakhstan for training which EuFMD had received, and his response had been to write to Bernard Vallat (OIE) and Juan Lubroth (FAO) suggesting a joint meeting after the Astana Roadmap, with Kazakh veterinary services. In addition to which one person from that country could participate in a Real time Training Course (**Done**: this happened in March 2013).

The Chairman thanked Turkey for their willingness to host the first Russian language Real-Time Training Course in Erzurum in June.

Conclusions

15. The Executive Committee takes note of the concerns about national commitment to establish the National FMD Epidemiology and Monitoring Unit in Turkey. This unit has an important role in the region in providing reports and information that will give confidence in the FMD control in the country;
16. The reduced flow of information on FMD situation in Iran is a concern to Turkey and other MS. The revitalization of the WELNET lab Network after the Astana meeting should assist with this;
17. The willingness of Turkey to host the Russian language Real Time Training in Erzurum is appreciated.

Component 2.2: South East Mediterranean: Israel and neighbours

This is a new component of work compared to Phase II programme and progress and plans were reported in the six-Month Update and in the presentation of Chris Bartels (**Appendix 9**). The FMD situation in Palestine, Lebanon, Egypt and Jordan, all neighbours of Israel, was also reported at the GF-TADS Roadmap Meeting in Amman in March. At that meeting, the assessment process for PCP Stages followed the agreed principles of the GF-TADS WG and EuFMD experts had assisted (Chris Bartels, Keith Sumption). Juan Lubroth summarised this meeting, and indicated how the EuFMD support to neighbours of Israel fitted closely with the regional need to ensure countries develop sustainable national control plans in line with the Global Strategy (**Appendix 10**).

Discussion

The Chairman indicated with some satisfaction and relief that the programme had started well, in a region where difficulties can be anticipated. He was happy to see the role of the assistance in the development of a national control plan in Palestine, and the Steering Committee between Israel and Palestine assisting to ensure co-ordination. The complex movement patterns between the two countries and the perceptions of each country posing a risk to the other were discussed. The lack of evidence for disease freedom in Jordan and Lebanon, and the impossibility of there being FMD control in Syria at the present time, does result in Palestine/Israel being under threat from multiple

neighbours. Chris Bartels also highlighted the good work in Egypt, following training provided, that addressed under-reporting, and had revealed a probable high risk situation with SAT2 circulation.

The GF-TDS meeting in Amman had highlighted the relative openness of some countries to send samples (Yemen, Bahrain, for example) in a region where under-reporting is a problem. Yemen's issue is that dangerous goods (such as FMDV samples) cannot be transported. Developing transport protocols that enable shipment could solve this widespread issue, affecting the cost and complexity in many countries.

The Chairman, in summary, congratulated the team for getting the work going. There being no objections, he endorsed the proposed work plan. Regarding holding a technical meeting in Cyprus, he indicated that Cypriot authorities had offered their support to host the meeting. The Secretariat should discuss with GF-TADS partners what technical issue they consider most important to cover. The effectiveness of vaccination programmes for FMD, SGP and Lumpy Skin Disease, being ones affecting MS, and associated laboratory methods for use in monitoring, were an important topic.

Conclusions

18. Technical Meeting in Cyprus. The Secretariat should discuss with GF-TADS partners what technical issue they consider most important to cover, and identify dates with the Cypriot hosts and GF-TADS partners;
19. The development of low cost, risk free FMD sample shipment methods is important for countries in this region and in others where complexity of international air transport requirements has severely reduced submission and timeliness of samples to reference centres. The STC should consider the options to address the barriers and report to the next Executive.

Component 2.3 Assist national FMD risk management as part of the REMESA action plan

The report on this Component was prepared by Fabrizio Rosso, Component Manager, and presented by Dr Jean Luc Angot (**Appendix 11**), following the Joint Planning Committee meeting held in Malta at the end of March 2013. The programme had been very active, with a focus on Libya (development of national control plans using the training on risk based strategy planning, and supporting Tunisia, Algeria and Morocco through supply of diagnostic kits to undertake the sero-surveillance for FMD freedom. Plans were advanced for supporting Mauritania to embark on the PCP, and the French national agency (ANSES) staff was assisting EuFMD in that respect. Excellent co-operation with Libya had assisted the work to move quickly although the security situation there highly constrained missions (to Tripoli) and also result in great difficulties for national field based control activities. The support to these countries was much appreciated and REMESA countries, from Europe as well as North Africa, really appreciated the good start that has been made. The only issue arising from the JPC related to use of funds to support REMESA CVOs to attend the JPC. EU member states consider that the JPC of REMESA is an institution that should be supported by the members and it should not be needed for EuFMD to support this.

Discussion

The situation with funding of CVOs to attend the JPC meeting was discussed. A budget line had been agreed in the Component 3.3 expenses to support co-ordination by having CVOs meet periodically. The funds were very limited and EuFMD had agreed with the REMESA Regional Coordination Unit (RCU) in FAO in Tunis to support CVOs to meet together in Malta back-to-back with the JPC. The Chairman indicated that such back-to-back meetings were surely efficient but that on the whole, EuFMD expected to see other funds, including those of the MS of REMESA, used for attendance at the JPC, if it were to function as a regional entity. The OIE considered the support given by EuFMD

was very welcome and very well co-ordinated with the OIE, and the issue here was only a matter of ensuring that as an institution of REMESA, the MS understood the importance of the JPC and supported. Juan Lubroth suggested that REMESA could do more to ensure Israel is included in some way, to ensure they are better informed; but accepted that the regional technical meetings under Component 2.2 of the EuFMD package is one mechanism that is helpful.

Conclusion

20. The funding line in the programme for Component 2.3 should not normally be used for supporting REMESA CVOs to attend Joint Planning Committee meetings; on an exceptional basis, requests would be considered by the Chairman.

Item 6 Support to the Global Programme-Progress, issues and plans for the next six months (Pillar 3)

An update from the GF-TADS FMD Working Group (WG) was provided by Dr Domenech, OIE. He thanked the EuFMD for the support received to the work of the group and mentioned that the collaboration was highly appreciated and had helped with the finalization of processes for PCP Stage assessment, including the Terms of Reference of the Regional (Roadmap) Advisory Groups, which had been applied in the Roadmap Meeting in Amman. The Roadmap meeting Astana will follow the same processes, and with EuFMD experts involved.

Regarding national control plans, the Risk Based Strategic Plans (RBSP) approach had been developed by EuFMD and discussed in the WG, but no decision has yet been made to propose this template for global use, in part since the template developed by EuFMD focuses on FMD control plans. It is for debate by GF-TADS if the development plans for VS capacity and concerning other TADS need inclusion. However, there is a need to avoid prescriptive plans given that PCP Stages are development and improvement should occur through the process of learning by doing – requiring monitoring and evaluation. FAO and OIE are updating their agreement and this is important for fund raising.

Regarding the co-ordination with EuFMD

- he reminded the Committee of the area of joint work which is the PCP training course, to be prepared by EuFMD, to which OIE will add the PVS Training component. This is aimed at developing a cadre of international PCP experts to assist in national and regional support;
- On regional support laboratories, the WG is in agreement that Component 3.3, working with and through The Pirbright Institute, supports improving capacity of the leading laboratories in Pools 3,4 and 5. The WG agreed with the list of two Eastern African labs and two West African labs as these had been identified by relevant regional networks;
- The Global FMD Report to GF-TADS: this is an important work and now needs to progress quickly. The WG appreciates the support by EC through Component 3.1;
- In other areas there is much to do where support from EuFMD is requested: completing the socio-economic guidelines, support to the organisation of Roadmap meetings and development of guidance on vaccination strategies that accord with PCP principles.

He cautioned however that with the changes in FAO, including decentralization, there may be consequences for OIE, and the WG, and this needs to be kept in mind.

OIE supports all proposals made today and appreciates the new working arrangements and the good support of EuFMD.

Component 3.1; support to Monitoring the Global Progress in FMD control

Dr Lubroth summarised the proposed chapters of the first GF-TADS Global Report on FMD Control, which has the intended finalisation date of the end of September 2014 and presentation at the GF-TADS Global Steering Committee meeting. The chapters should bring together in one document:

- the annual report of the OIE/FAO FMD Reference Lab Network;
- a chapter on progress to apply the Global Strategy, particularly application of control measures and uptake of the PCP in national planning;
- reports on components 2 and 3 of the Global Strategy, including the progress in capacity building (PVS);
- progress to link FMD control with other TASDS in coordinated national and regional actions;
- a chapter on the state of FMD research;

Regional Initiatives will be highlighted and an authorship of each section agreed between FAO and OIE.

Discussion

Dr King, Pirbright, indicated that Chapter 1 on virus circulation was essentially completed for 2013 as the network report has been completed. A summary could be easily provided for the Global report. Alf Füssel suggested it would be useful to provide evidence of the gain for countries in having endorsed control programmes. [Their experience might be reviewed in Chapter 2]. He asked what is the mechanism that assures that if a country submits its national control programme to the OIE, the evidence it has been assessed (or not) by GF-TADS is provided. [The points made by Dr Domenech indicated that the WG is not yet in agreement with how to assess the National Control Plans submitted by countries as part of the progression from one Stage to another; EuFMD had provided a template for the plans but no agreement yet reached on how to assess these].

Component 3.2: Support to the Progressive Control Pathway (PCP-FMD)

The Report was presented by Chris Bartels (Component manager for 3.2, **Appendix 12**). There had been intense work in the past six months, in part due to the nature of working closely with the WG in development of tools needed but also since this component assisted the EuFMD work countries in the neighbourhood (Pillar 2) and activities in Libya, Palestine, Turkey and Georgia all required inputs. It is quite clear that training international experts is vital to use PCP related tools and approaches, to make the best use of PCP in national circumstances, and to ensure a consistent approach to Roadmaps and PCP assessment across the world. Training provided to OIE and FAO nominated experts is important but these experts will need to adapt training to national needs; hence a second line of online training resources is under development. He provided his plan for the coming months and drew attention to the need to review the funding for the final year, given the current level of demand for expert services.

Discussion

The budget situation for this component was discussed. Initially, a smaller budget had been assigned as there was a delay to receive the request for support from GF-TADS, so a first level had been set that could be reviewed as work progressed. There was general agreement that as the demand appears to be high and services appreciated, the budget should be reviewed, by the EC program steering committee (Chairpersons, EC and Secretary), before the situation for the component becomes critical.

Component 3.3 Support to FMD Laboratory Co-ordination (WRL Contract)

This was presented by Don King (**Appendix 13**), on behalf of the Component manager (Kees van Maanen). The planned activities in this Component are mostly commissioned through a Letter of Agreement (LoA) with Pirbright, and this had been agreed (but not yet signed) by both parties. Nevertheless, Pirbright were undertaking the expected services in 2014.

Of note is the interest of several European national reference laboratories (NRLs) to support the Global Strategy, building on their own collaborations and relationships built over time with laboratories in many parts of Asia, Africa and South America. At the SCRPD Frascati meeting, the NRLs represented developed a vision, mission and areas for activity that European NRLs might provide to the Global effort. This is a highly positive move but needs follow-up to ensure that the spirit is not lost and that parties remain in contact and explore ways to better use the expertise across this network in providing training or services. Don King indicated this was not a threat to the current OIE/FAO network but rather a supportive group that would need to be kept informed. EuFMD could assist in this but it was largely for the labs themselves to arrange to speak regularly and identify opportunities.

The Global Lab Network had its last meeting in Bangkok in November 2013 and the next will be in Italy (Brescia) in November/December 2014.

Conclusion

21. The willingness and interest of the European NRLs to support the Global Strategy and assist in activities that improve FMD surveillance in Africa and Asia was noted. The EuFMD Secretariat is encouraged to work with the WRL and the European NRLs to assist better communication and encourage co-ordination with Actions under Component 3.3.

Item 7 Standing Technical Committee

7.1 Open Session Dubrovnik

Nadia Rumich illustrated the plans (**Appendix 14**) for the Open Session (of the Standing Technical and Research Committees) in October 2014 in Dubrovnik. The financial comparisons of options had been made, and venues visited and compared. The best combination of Conference venue, Hotel room rates with optional different cost levels, position and services offered was with a Hotel group that operate a large Hotel in Cavtat and offer several smaller (and lower and higher cost) options in the same location. This village has a wonderful position on the sea about 20 minutes from Dubrovnik and social events in the city could be reached by boat (or bus) from the conference Hotel. The selection of this Hotel would enable a relatively low cost price of registration to be set and an operating surplus achieved sufficient to support keynote speakers to attend and up to 40 free registrations for EuFMD scientific committee members and invited speakers.

Regarding technical content, the Session would have one full day with invited STC papers, and two full days for the SCRPD Open Session. The title of “**Where science and policy meet: FMD risk management in a world of changing disease landscapes**” was proposed by the STC, given the 60th anniversary year and reflecting in selected talks on the changing international livestock production, trade and risk situation, and changing social and economic conditions for producers and which affect veterinary service policy options. The chairman of the STC considered that in addition to the outcomes of the working groups from the Frascati SCRPD, for example on wildlife risk management, there should be

- an invited authoritative paper on FMD management in China;

- on the consequences of surveillance findings after emergency vaccination;
- on the status of progress of Global FMD Research;
- an updated assessment of the risks from virus pools into Europe.

Following discussion on Item 2, there is also a need for

- a review on FMDV stability (importance in biosecurity, movement in products, and in vaccines);
- a paper on serotype C, ten years after the last case (posing the question, is it time for management of the type C stocks held by laboratories, as for Rinderpest?).

The Chairman thanked Nadia and David for the report and supported the proposals. There was a discussion on the use of an "early bird registration" level and it was agreed this would encourage earlier registration which is very important for planning purposes.

7.2 Report of the Chairman of the STC

This was given by Professor Paton, Chair of the Standing Technical Committee, via Adobe Connect (**Appendix 15**). The Closed Session of the Special Committee for Research and Programme Development (SCRPD) had been held at Frascati near Rome in November 2013, and attended by 17 of the 18 members of the Committee. The change in membership at the 40th General Session of the EuFMD (April 2013) had been beneficial with a better balance to the group with greater epidemiology, economics and emergency management expertise. The teams worked very well and the venue was fantastic for productive small group work. The recommendations have been useful to the STC and have already informed the work under the Components.

On the EuFMD-FAR (Research Fund): the open call and two-stage review process has been a major improvement, for rigour and scrutiny and resulted in active engagement with the SCRPD (in review) and the proposer (often directly between STC members and the proposer, to discuss possible changes). The process also ensures discussion between the STC members on what are the technical needs of the MS, which assists with one part of the STC mandate.

The second call had been scheduled for January but was postponed while resubmissions from call 1 were being reviewed. The 2nd Call should be sent in April, with a deadline for reply in June (4th) with a more specific focus to encourage proposals on modelling, on Biorisk free sample submission, and tests for integrity of antigen in vaccines to enable checks on and initial product quality and effect of cold chain on vaccine delivered to the field.

Follow-up to the Lyon Session:

- The STC agree that it will take on the task of reviewing and revising the previous study on the relative importance of virus pools for the entry of FMDV into Europe, as this set the priority pools for decision on vaccine and antigen bank contents;
- Vaccine Bank managers network – the STC brought to attention that associated with vaccine use would be a high need for diagnostics that are appropriate and available for post vaccination monitoring/serological screening, and MS might desire to have access to such a Bank, co-ordinated between the parties. They recommended the Secretariat writes to MS to discuss their interests in co-ordination on VB issues and on diagnostic reagent bank.

Discussion

Dr Domenech supported the title and intentions of the Session, and asked if the organizers could include issues affecting FMD control in Africa in the Session. Keith Sumption replied that given the increasing participation of African countries in livestock trade, from countries not free of FMD, then

FMD management in Africa connects well with the “changing disease landscapes” theme since it brings both incentives and risks and new opportunities that need to be understood.

Conclusion

22. The topics for inclusion in the Open Session were agreed, and are given at the start of the report.

7.3 Options to assist capacity development in FMD emergency management modelling/decision support

The Secretary introduced the item and Dr Dubé to the Executive Committee. A small group working at the Frascati SCRPD Session had identified options where EuFMD could assist in improving the understanding of models for FMD decision making. One follow-up was the meeting in London on 5th February, at the annual UK meeting organized by the AHVLA on modelling in animal health, to which Austrian and Belgian CVOs were invited to send representatives. Caroline Dubé, having a background in similar issues for FMD management in North America, brought her thoughts (**Appendix 16**) on step-wise approach to address the differing needs of European MS, suggesting the three practical steps forward could be to:

- ✓ Ensure all MS have a basic knowledge of models and disease spread modelling – EuFMD workshop and e-learning course;
- ✓ Review available disease spread models for FMD available in MS and other models of interest from outside Europe;
- ✓ Establish a modelling network through a workshop to review a number of models of interest and to develop an outline of a common project.

Dr Dubé illustrated these in more detail, and concluded with the suggestion that the steps in the next six months should be:

- a) A Workshop on vaccination as a control measure (Action: as planned under the Training Component 1.1);
- b) Survey of models existing in MS and outside MS (Secretariat);
- c) Workshop to establish a modelling network (New activity)
 - I. To determine the scale of the modelling effort required
 - II. To Identify key vaccination questions to answer
 - III. To resolve if there a model or models that can address the scale and question to be addressed?

The Chairman thanked Caroline for the helpful and practical proposal and indicated that the Executive Committee looked forward to working with her in the coming months and welcomed her to the team. He supported her proposal, but suggested for the future new activities need to be provided in advance and the costs identified if they are not part of the current Component activities. Keith Sumption explained that the intention had been for Caroline to provide her ideas based on her background, but since the Committee had indicated its support, it was a good start and helpful to move ahead on an area which had been challenging for many years.

Item 8 Issues arising from the 86th Session

The Secretary reviewed the recommendations from the 86th Executive Committee meeting and indicated actions taken. The Vaccine Bank Managers network had been covered in the STC presentation. Regarding the 60th anniversary year, marking the founding of the Commission in June 2014, the big event will be the Open Session in Dubrovnik and the period from June to October will

involve the preparation for this. No major event is planned in June, but the use of a series of webinars, to engage with MS and experts on topics of what has changed, and what will change, could be a way to stimulate debate that is needed as part of the “horizon scanning” agreed as needed at the 40th General Session in April last year.

Item 9 Administrative issues

The Secretary introduced the paper on the Administrative matters and the financial position of the three Trust Funds operated by the Commission (**Appendix 17**, six-months Report).

He provided tables indicating the current staffing arrangements and how these are funded, and the vacancies arising in the course of the past six months and in the coming six months.

Regarding the position of the P3 Animal health officer, Eoin Ryan had returned to Ireland in January. The process to select a replacement was explained, and the FAO procedures had been followed. The Chairman had participated in the interview panel and was in agreement with the FAO Panel which concluded that the position should be offered to Caroline Dubé. Over 70 applicants had both a veterinary degree and a post graduate Masters degree and the interest in the position had been very high. Dr Dubé was considered to have given an outstanding interview and had the expertise acquired from a decade of working on FMD management issues at Federal Level in Canada that will be valuable to working at European level with the EuFMD. Her CV was provided to the Executive.

Regarding the Financial position

- There is a need to address outstanding contributions of four MS, which have more than two annual contributions in arrears. Letters have been prepared for each of these for the Chairman to send to remind them of their responsibilities. Having achieved savings since the 40th General Session, the support for the two STP positions in 2014 can be maintained. He explained one of these has been offered to Marius Masiulis (Lithuania); the other is vacant after June 1st 2014.
- The Phase II of the EC project (2009-13) has been financially closed and the final balance is higher than forecast in August 2013 (by some US\$ 200,000). The carryover of this balance into the Phase III will be valuable to ensure the emergency reserve fund in MTF/INT/003/EEC is kept at sufficient level to enable emergency vaccine purchase.
- There is a need to request the second payment for funds from the EC, having spent over 70% of the first instalment. A request for this will be sent officially by FAO.
- The position with the contract with Australia on Training was positive; the first Phase had been completed with success and had supported a training officer and e-learning development. The new contract would enable this to continue (but with a part-time training officer covering about 70% of the contract period).

The Chairman thanked the Secretariat for keeping them well informed on the financial position, especially for providing the budget spent for each Component and budget line. This is a real step forward.

Regarding the Membership Contributions and budget for the 41st General Session of the EuFMD, the Secretary provided the report of the EuFMD General Session at which the MS were placed in four categories for contribution, and which gave the basis for this (a ranking based on susceptible livestock and the national contribution to the UN system). Since 1996 the economic position of MS had changed and to illustrate this, Chris Bartels provided charts of the change in livestock and GDP per capita. Many of the largest MS (Italy, Germany, UK, and France) had seen their position stay unchanged while a number of others had seen major changes. The Executive has the task to decide if there should be a change in the contribution expected of those who have larger livestock populations and a real growth in GDP, or based on other indicators.

The Chairman thanked Dr Bartels for the interesting illustration of change and proposed that a meeting, perhaps in Rome, would be needed to study the budget and contribution options and report back to the next Executive.

Conclusions

23. The Executive Committee endorsed the selection of Dr Dubé for the position of Animal Health Officer (P3) , as a replacement for Dr Ryan;
24. MS that fail to pay their outstanding contributions should receive letters reminding them of their responsibilities; these include, in April 2014, Albania, Ireland, Bulgaria, FYROM;
25. The Secretariat should proceed to fill the vacant STP position since the budget position is sufficient to maintain the two STPs for the rest of 2014;
26. The Committee notes with appreciation the extension of the contract with Australia but also the need to find some additional funds, for example through charging full costs for additional courses in response to demand, to allow for a full time position of Training Officer;
27. There is a need to review the Contribution Categories of MS following significant social, economic and livestock sector changes in the MS since 1996.

Item 9 Future meetings

Dates of future Sessions/meetings were agreed as follows: *88th Executive Committee and back to back Tripartite Meeting: 13-14 October 2014. Venue: Sofia (to be confirmed by Dr Ivanov).*

Note: Dr King and Dr Domenech might not attend, since the OIE reference centres meeting is 14-16 October 2014. The dates come after the Kurban festival (3-7th October 2014).

Acknowledgements

The Chairman thanked Pierre Naassens for his assistance and support to hold the Session in the Agency and commended the excellent working arrangements for the Session. He thanked Nadia and Jenny for managing the Adobe Connect and Skype connections and believed the trial was very successful and should be repeated in future. He thanked the Secretariat for their work to prepare the meeting and the members of the Executive for following Component as Focal Points, which has helped with the transition to the new programme involving a wider number of countries, so the specific issues are best followed by those members who are working in those regions, such as Dr Angot for REMESA.