

88th

SESSION

Of the

EXECUTIVE COMMITTEE

Of the

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

(EuFMD)

Sofia, Bulgaria

13-14 October, 2014



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Findings and Recommendations of the 88th Session of the Executive Committee

The Executive Committee, after considering the documents and issues on the Agenda of the 88th meeting of the Executive Committee of the EuFMD,

Acknowledges

The support of the European Commission for the Phase III of the EuFMD/EC work programme, and to emergency actions in the European neighbourhood, the continued support of the Member States for the Secretariat of the Commission, and the interest of international partners to work together under the Global Strategy for FMD towards common objectives that will reduce the risk of new FMD epidemics.

In relation to the general FMD risk situation

Takes note of the unexplained movement of O India 2001 viruses into the southern Mediterranean and the westwards spread of the epidemic to affect Tunisia and Algeria, and of the actions of the EC together with EuFMD, OIE and FAO to co-ordinate an effective response to reduce the risk to Europe; and of the continued epidemics of SAT2 in Egypt, and the possible increased threat relating to unintended or intentional human activities as a result of conflict situations close to borders with Member States (MS).

Conclusions

Item 2

1. Given the likely continued circulation of O India 2001 topotype in the European neighbourhood there is an urgent need for clarification of the utility of several emergency stocks of type O antigens, in particular O Manisa and O BFS. A potency test with heterologous challenge is required and the Secretariat should take steps to identify the facilities and their earliest opportunity to undertake such studies.
2. There is a need for a paper on implications of the serotype C disappearance, covering issues of remaining holdings in laboratories, possible sequestration of live viruses, maintenance of vaccine banks and evidence for lack of circulation.

3. WRL are encouraged to include vaccines from the SAP Institute in Turkey in future vaccine matching given the importance of their vaccine production for domestic and potential for regional use in future emergencies.

Item 4

4. The Chairman concluded that the cost model should be used and experience reviewed periodically.
5. The Workplan for Component 1.2 was endorsed.
6. The development of an easy to use economic calculator for the impact of FMD outbreaks should assist the MS in their arguments for sufficient resources to improve their CPs. A prototype should be developed for the General Session in 2015 at which point the utility and additional features desired by MS could be identified and decisions taken on value of further development.
7. The programme (1.3) remains of high importance and workplan for the term of the project was endorsed.
8. The additional activities for surveillance and early detection of PPR/SGP/LSD were endorsed, as part of the programme on the common borders of Greece/Bulgaria and Turkey for risk-based surveillance for FMD.
9. There is a need for evidence on the effectiveness of the vaccination programmes against PPR-SGP-LSD-BT, and factors affecting this, following useful studies on FMD vaccine effectiveness conducted in Turkey with EuFMD support.
10. The workplan for the term of the Component (1.4) was endorsed.
11. There remains a need to ensure CVOs and Ministries of countries in the Balkan region remain committed to developing CPs for FMD and the Executive Committee members and Observers should use their different channels of communication to ensure this message is communicated.

Item 5

12. For Turkey, a report and recommendations are expected by the end of the year after the current intensive in country support.
13. For Georgia, the future programme should be clarified before the General Session, including the EuFMD role in any regional long term project. In all cases, the commitment of the countries themselves is a prerequisite.
14. That the EuFMD can in principle support the 6th Roadmap as per the 5th one, and that Component 2.1 budget should support this in 2015.
15. The view of the veterinary services of Georgia, Armenia and Azerbaijan is needed on any decision on the scope and objectives of a regional project. The EuFMD Secretariat should continue to plan for meetings with the parties interested to develop a potential programme and to review this at the next Executive Committee.
16. The revised programme was endorsed, and can be presented at the REMESA JPC in early November. The EuFMD position remains that it is for REMESA to decide on the support they require and we assist them to develop feasible and efficient means of support within the current budget allocation.

17. A revised strategic plan for the North African countries is a priority, recognizing the front line position of Tunisia and risk from Libya and its informal trade connections to mid-east countries and sub-Saharan Africa.
18. The *in vivo* vaccine challenge study is a priority and WRL, with EC, are requested to clarify when this can occur and if any role of EuFMD is needed to expedite arrangements.
19. The proposal from Tunisia to EuFMD-FAR for support for serological studies could be supported as part of Component 2.3, if national authorities request this as part of the workplan.

Item 6

20. Support should continue to the FMD Unit and in development of the Global Report, as per the programme.
21. The delayed production of the report on global progress was accepted but such a report should be available for the EuFMD General Session in April 2015.
22. The Executive would review future support at the next Executive, in order to develop a common position for the programme for the next two years after April 2015.
23. The greater role of European NRLs in international twinning and capacity building is welcomed and both WRL and EuFMD (through Component 3.3) should actively encourage this development.

Item 7

24. The arrangements for the Open Session were supported and it was welcomed to have very important topics for European risk managers in the programme.
25. The Chairpersons would consider the STC priorities for the final call for the EuFMD-FAR to be made in December.

Item 8

26. The principle of the proposal for the change to the text relating to Chairpersons and vacancies on the Executive committee was endorsed.

Meeting Report

The Executive Committee of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD) held its **Eighty-Eighth Session** in Sofia, Bulgaria on the 13-14 October 2014, hosted by the Bulgarian Food Safety Agency. The welcome address was given by Dr Radoslav Karabadzakov, Deputy Executive Director of the BFSA.

Members of the **Executive Committee** present were: Dr Ulrich Herzog (UH, Austria, Chairman), Dr Jozef Hooyberghs (JH, Director Animal Health, Belgium, representing Dr Naassens), Dr Jean Luc Angot (JLA, France), Dr Nigel Gibbens (NG, Vice Chairman, UK), Dr Yanko Ivanov, (Bulgaria), Dr Veli Gülyaz (Turkey, representing Dr Erol), Dr Dejan Bugarski (DB, CVO Serbia). Apologies were received from Dr Jonas Milius (Lithuania).

Other participants were Dr Naci Bulut (NB, Turkey). Observers from the international organizations were Dr Füssel (AEF, Head of Sector, DG-SANCO), Dr Juan Lubroth (JL), representing FAO, and Dr Joseph Domenech (JD) representing the OIE. Dr Spiridon Doudounakis (SD, Greece) attended as a national Observer, as agreed at the 40th General Session.

Dr Don King (WRL, Pirbright) participated via Adobe Connect, as did Drs Melissa McLaws (EuFMD), Dr Jenny Maud (EuFMD) and Dr Chris Bartels (EuFMD).

Also present Dr Tsviatko Alexandrov (BFSA, Bulgaria) and Dr Dimitrios Dilaveris (Greece), as part of the technical teams of Dr Ivanov and Dr Doudounakis, respectively. The Secretariat for the 88th Session comprised Dr Keith Sumption (KS, EuFMD Executive Secretary), Dr Fabrizio Rosso (FR, Deputy to the Executive Secretary, EuFMD), and Ms Rumich (NR, EuFMD), Communications Officer. The list of participants is given in **Appendix 14**.

Item 1. Adoption of the Agenda

The Agenda was adopted without change.

Papers for the items of the Agenda were provided principally in the form of a single bound booklet containing the Report on progress in the last six months, Administrative and Programme Reports (**Appendix 1**). Additional documents were provided for information, being a document submitted for the review of Article XIV bodies required by the FAO Director General (**Appendix 2**).

Item 2. FMD situation report

The report (**Appendix 3**) was given by Dr Don King, World Reference Laboratory, The Pirbright Institute (TPI) via *Adobe Connect*®, from Seoul. He drew to attention that type O predominated among submission in 2014, in contrast to the diverse and apparently unconnected type A epidemics in multiple pools in 2013.

He provided vaccine matching results on the type O India 2001 isolates from Tunisia, which led to discussion on the limited match with several strains commonly held in significant quantity by European banks. This was further discussed and it was agreed there is a need to clarify if Manisa or O BFS stocks provide protection in a challenge study to the O India 2001. The EU-CRL contract allows for a single challenge test each year but, given the urgency, other European facilities might be

needed to undertake the test quickly. AEF agreed to check the financial issue and KS to identify if FLI or Lelystad could undertake the challenge.

Regarding progress of the contract work (Component 3.3), WRL reported 88 samples from two countries in Pool 5 in 2014. The SAT2 viruses indicated a possible source area for incursions in Egypt/Libya. The target (under the WRL contract) is 120 samples/year/pool from spatially and temporally distinct field outbreaks and given the number of countries in pool 5, effort is needed to bring in additional source countries for more complete picture of virus circulation. Insufficient submissions from Pool 4 are an issue. The OIE twinning project with NAHDIC Ethiopia may assist as well as greater work with Embakasi Lab, Kenya. Improved submission rates from Pools 4 and 5 is a joint EuFMD and Pirbright responsibility under the Agreement.

Discussion

Dr Ivanov suggested that EuFMD should review laboratory holdings of type C, given the risk these might pose to international animal health. Dr Gibbens asked about progress on low cost biosafe transport (Penside test kit shipments), and Dr Angot reported on the situation in Algeria, which appeared greatly improved with no cases in the previous three weeks. The latter indicated that although five million sheep had been recently slaughtered for the *Eid* festival, the spread in Algeria had mainly occurred in cattle and through movements between fattening farms without much opportunity for transmission to sheep. The sufficiency of diagnostic test kits in emergencies was also discussed.

Conclusions

1. Given the likely continued circulation of O India 2001 topotype in the European neighbourhood, there is an urgent need for clarification of the utility of several emergency stocks of type O antigens, in particular O Manisa and O BFS. A potency test with heterologous challenge is required and the Secretariat should take steps to identify the facilities and their earliest opportunity to undertake such studies.
2. There is a need for a paper on implications of the serotype C disappearance, covering issues of remaining holdings in laboratories, possible sequestration of live viruses, maintenance of vaccine banks and evidence for lack of circulation.
3. WRL are encouraged to include vaccines from the SAP Institute in Turkey in future vaccine matching given the importance of their vaccine production for domestic and potential for regional use in future emergencies.

Vaccine and Antigen Bank recommendations

These were provided by WRL and remain unchanged from the previous Executive Committee. Results from VM on the O Ind 2001 strains circulating in North Africa indicate O TUR/09 to be an excellent match with O 3039 usually also matching adequately. The list below does not specifically stipulate these antigens although O TUR/09 is in the O Panasia -2 lineage. The process of updating the risk assessment of the virus pools to Europe is being undertaken by EuFMD and should be completed after the Open Session. This could then be followed by a process of developing a “global” scoring for

antigens based on the VM utility of antigens for each pool, to develop a semi-quantitative assessment that could be updated for each Executive Committee.

	Vaccine strain (for each category are not listed in order of Importance)
High Priority	<ul style="list-style-type: none"> 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)
Medium Priority	<ul style="list-style-type: none"> A Eritrea SAT 2 Zimbabwe SAT 1 South Africa A Malaysia 97 (or Thai equivalent such as A/NPT/TAI/86) A Argentina 2001 O Taiwan 97 (pig-adapted strain or Philippine equivalent)
Low priority	<ul style="list-style-type: none"> A Iran '96 A Iran '99 A Iran 87 or A Saudi Arabia 23/86 (or equivalent) A15 Bangkok related strain A87 Argentina related strain C Noville SAT 2 Kenya SAT 1 Kenya SAT 3 Zimbabwe A Kenya

Item 3. Report on the past six months

The Report on activities since the 87th Session in Brussels was given by Keith Sumption (**Appendix 4**).

Follow-up to conclusions of the 87th Session

These were summarized in Table 1 of **Appendix 4**. Follow-up actions were discussed on 13 of the conclusions. KS indicated that ones where follow-up had not occurred included the revitalisation of links with Iran (although diagnostic kits had been provided in response to continued monthly reports being received), the technical meeting on vaccination program effectiveness for FMD and other TADS, where FAO/OIE would lead on the non-FMD TADS; the paper on type C for the Open Session (Ingrid Bergmann approached but declined); the budget contributions from MS and the letter to vaccine bank managers. On the latter, he proposed that this follow-up is developed as a paper for the General Session, by an Short Term Professional (STP) who will join in January and has worked as focal point for the QUADS group on FMD vaccine reserves.

Overview of the EC programme

Progress was on track in almost all areas, as summarized in **Appendix 4** and given in detail for each of the Components in the six Month Report by Component Managers. Reports on each of the 12 components were presented and discussed in more depth 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 Session. A 13th Component (**1.2**) was agreed by the Chairpersons at their July meeting, to be funded from MS contributions, on Modelling and

Contingency Planning. Each Manager has a budget and a clear workplan to manage. One component (Emergency Fund) has been called upon for the first time to support the emergency missions and diagnostic kit supplies to Tunisia, Algeria and Morocco following the FMD incursion, but with minimal impact on its budget allocation.

Monthly Global Surveillance Reports have been produced, managed by Teresa Scicluna, 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, and circulation continues to grow, reaching about 100 names in the distribution list.

Item	Conclusion number	Follow-up
Risk Situation	2. STC Guidance On Understanding FMD Control In China	Keynote paper for Open Session
4. Pillar 1	4. Refresher training/assessment	On track
	5. MS to be told that CVET list experts should do refresher training	Check with SANCO. EuFMD could contact CVET experts directly. To be done?
	6. Economics course linked to modelling	Done, Course held
	7. Management at end of epidemics to be part of sim-ex Balkans	Planned
	8. Cost recovery for additional training places	Paper for the 88 th Session
	9. Additional funds for surveillance for other TADS-Thrace	50,000€ request was agreed to be added to the Budget for 1.3
	10. Evaluate THRACE programme with expert input on surveillance model	Annual report from year 1 to be reviewed by Angus Cameron
Item 5, Pillar 2	15. Turkey	Additional consultancy agreed to give full time input into the Epi and Monitoring Unit, GDFC.
	16. Need for revitalised links to Iran	No significant action except webinars
	18. Technical meeting, Cyprus	None, need to discuss priority topics with GFTADS partners
	19. Develop Low cost biosafe transport	EuFMD-FAR proposal funded.
STC	22. Topics for the Open Session	All included except the paper on situation (Eradication achieved?) of serotype C
Admin	27. Need to review the categories and level of MS contributions	To be done
Other	To write to MS on interests for vaccine bank and diagnostic bank coordination	To be done. STP candidate lined up for actions on this area from January 2015

The Chairman congratulated the Secretariat on the Report and progress, 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 (**Appendix 5**) was given by Dr Jenny Maud, Training Support Officer, via *Adobe Connect*®. She reminded the Executive of the Training Credits system and illustrated how it had been used by MS. Several MS had completely used their credits, a few had not responded and all had the opportunity- though the regular webinars with Training Focal Points in the 37 MS- to understand the upcoming courses and decide on their priorities. The Training Programme had delivered Real Time Courses (in English, French and Russian) and online e-learning (Emergency Course) in English for all MS and in French for North African countries. The latter had been a great success with very full participation of trainees. A workshop combining epidemiologic modelling for FMD with economic analysis had been given in form that enabled trainees to model control options and estimate economic and resources needed for each option. This Workshop was highly complex in planning but delivery format was a great success, thanks to strong support from Australian FMD modelling team and the Wageningen economics team (Ron Bergevoet). Progress on the infrastructure for knowledge management had also been good with further development of the EuFMD e-learning site which now has several hundred subscribers from across Europe.

The training credits system has been found to have an interesting aspect in that several MS have requested to purchase additional training places or courses from national funds. So far, additional places on Real-Time Courses had been provided on a full cost basis to MS and non-MS but there is a need for a cost model that covers all course options.

Since the overall Training Budget is 515,000€ for 370 Training Credits (10 per MS), the current cost per TC is circa 1400€. This budget excludes Training Officer and administrative support. For purchased credits, a figure of 1600€ was proposed, to cover these additional costs. On this basis, as an example an extra place for a MS on a Real Time Course would cost 3TC (4800€) , as compared to 4375€ plus flights for non-MS that had been previously agreed.

Discussion

The Executive indicated their full support for the program and warmly applauded the training team for the achievements over a difficult summer period. Dr Angot expressed his gratitude for the francophone e-learning course, in particular. Dr Füssel also congratulated the team and felt the important workshop on the FMD vaccination decision was timely and relevant to the discussions with EU MS and that it would be continued at the DG-SANCO workshop in Grange. He was glad to see the Secretary would participate in this.

The cost model was discussed and clarified. As the TC reflected full costs plus administration, if MS wished to purchase places on this basis, it would have no drain on EU or Administrative funds. KS clarified the point about courses organized by EuFMD in Nepal, where the arrangements with the host country are made via the FAO office in the country but practical organization is by the EuFMD. Host country fatigue has not been noted so far, in fact the build-up of trained local staff has created fresh interest in FMD in most places.

Conclusions (numbering continued from previous Items):

4. The Chairman concluded that the cost model should be used and experience reviewed periodically.

Component 1.2: Modelling, Decision Support Tools and Simulation Exercises

The Secretary reminded the Session that this Component had been agreed at the last General Session, but integrated with the Training Programme at the 86th Session (Lyon). In Brussels (87th Session) the proposals made by Caroline Dubé were supported and a more detailed programme agreed with the Mini-Executive in July. The programme had gone through consultation with a working group from the Technical Committee and focal points in MS, who felt it to be highly necessary but cautioned about what could be achieved “as a network” without specific support to actions to develop tools and support that are missing. Following Caroline Dubé’s resignation, Melissa McLaws had taken on the role to support Output 1 (European modelling network) and a consultant (Elsa NegroCalduch) the work on resources for contingency planning and simulation exercises managers. He further indicated that the DG-SANCO meeting in Grange Ireland that followed the Executive would provide a good opportunity to ensure that tools and support under Component 1.2 were tuned to the priorities identified by the FVO and MS as issues. Dr McLaws summarised the workplan (**Appendix 6**).

For the Modelling Network, an initial meeting would be held on the side of the EuFMD Open Session making use of the number of interested persons who will attend. For the second output, tools that could be developed and which were requested by contingency planning participants in the Frascati workshop included an easy to use economic calculator to assist planners in negotiation over resources. On testing of CPs, guidelines are currently lacking to assist planning of drills, simulation exercises and field testing of CPs and the meeting in Grange could help validate the need for this and away ahead.

Conclusions

5. The Workplan for Component 1.2 was endorsed.
6. The development of an easy to use economic calculator for the impact of FMD outbreaks should assist the MS in their arguments for sufficient resources to improve their CPs. A prototype should be developed for the General Session in 2015 at which point the utility and additional features desired by MS could be identified and decisions taken on value of further development.

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

The report on progress (**Appendix 7**) was presented by Dr Fabrizio Rosso, who is now acting as supervisor for the Component with Mark Hovari (STP, Hungary) as Component Manager. The FMD, SGP and PPR surveillance in the three countries had been discussed at the Tripartite Meeting in the morning and so Dr Rosso summarized the progress and the workplan priorities for the next six months. The workplan actions in each country were implemented as per plan and the confidence in disease freedom remained above 95% in each country, but with an obvious tendency to drop below

95% if activities were suspended for more than one month. This indicates how, with current levels of risk, annual surveys are less valuable for confidence and how sensitive the system is to reductions in surveillance actions. There were no major management issues that require decisions from the Executive. However, it should be noted from the Tripartite that the reasons behind the continued outbreaks of SGP in Greece in 2014 since April, and the role of circulation in Turkish Thrace as a source for outbreaks in Greece, remains unclear and clinical surveillance in Turkish Thrace is an area for attention in the next months. Also of note is the design of a surveillance plan for evidence for freedom from PPR in Turkish Thrace using cattle as indicators of circulation in a vaccination small ruminant population. This strategy has not been evaluated elsewhere with cattle used in DIVA surveillance strategy.

Discussion

The representatives from Greece, Bulgaria and Turkey indicated their support for the current workplan activities and the importance of the programme. The Chairman expressed satisfaction for the progress but noted the problems with SGP which may require a more intensive surveillance and outbreak investigation effort on the Turkish side to better understand the situation.

Juan Lubroth drew attention to the new global strategy on PPR and encouraged efforts to ensure they are in line with this. He indicated how evaluating DIVA for evidence of freedom could be a valuable tool and he welcomed the approach in Thrace. Dr Füssel reminded all that PPR is a differential diagnosis for FMD and any entry of exotic ruminant infection to Turkish Thrace must be thoroughly evaluated as it may indicate heightened risk for FMD. If LSD also advances towards Thrace we need to be aware and know how to react.

Conclusions

7. The programme remains of high importance and workplan for the term of the project was endorsed.
8. The additional activities for surveillance and early detection of PPR/SGP/LSD was endorsed, as part of the programme on the common borders of Greece/Bulgaria and Turkey for risk-based surveillance for FMD.
9. There is a need for evidence on the effectiveness of the vaccination programmes against PPR-SGP-LSD-BT, and factors affecting this, following useful studies on FMD vaccine effectiveness conducted in Turkey with EuFMD support.

Component 1.4: Improved FMD emergency management in the Balkan region

The six-month progress Report was also presented by Dr Rosso (**Appendix 8**). Following the flooding and other difficulties in spring 2014, and under the component management of Mark Hovari, the simulation exercise had been rescheduled from autumn 2014 to January 2015. An intensive and coordinated series of actions will take place in the build up to the exercise. EuFMD has used DEMA (Danish Emergency Management Agency) to assist co-ordination given their expertise and earlier work (Feb 2014) with EuFMD in this region.

A 4th workshop: “**FMD Workshop on surveillance management in an FMD crisis**” will occur **10 – 12 of November 2014** in Sofia, Bulgaria; also, “**FMD laboratory training**” on **17 – 21 of November 2014** in Brescia, Italy for all countries of the region plus Moldova and (funded by FAO) Ukraine. To ensure national labs can switch to biosafety required for FMD, a **Biosafety (Security) Officer Training will occur** before the first simulation exercise which will focus on three countries (Serbia, Bulgaria and FYROM) with observer involvement for the others. A **follow-up workshop will then occur to evaluate the exercise and** adjust the expected format objectives for a **second simulation exercise** (with likely greater involvement of other national agencies in reality testing) planned in June/July 2015. So far, the cost of workshops had been very modest thanks to savings achieved through efficient local arrangements and this allowed for a more extensive and intensive work in the next six months, and potential for a more extensive final reality testing exercise in summer 2015, or other use of the savings.

Discussion

Dr Füssel drew attention to the issue of disposal of carcasses. This might be a huge difficulty in some countries/settings in the region and needs to be tested, and solutions found. Dr Bugarski gave full support to the program and welcomed the emergency preparedness e-learning course being made available in Serbo-Croat, and given before the exercises if possible. Greece indicated their desire for more involvement in the exercises including invitations to the regional workshops (**Note:** subsequently arranged that they will participate in the surveillance workshop in November and the exercise in January, as observers). Dr Gibbens took note that it has been difficult to get countries to engage in contingency planning and we should be therefore realistic to the difficulty of achieving real CP progress in the countries which are not EU members or close to this. What does success look like? And added that we will need to continue to engage or effort we have made may be lost.

Conclusion

10. The workplan for the term of the project was endorsed.
11. There remains a need to ensure CVOs and Ministries of countries in the Balkan region remain committed to developing CPs for FMD and the Executive Committee members and Observers should use their different channels of communication to ensure this message is communicated.

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 9**). The focus of the work is to assist Turkey and Georgia to improve progression on the PCP, with emphasis on the monitoring system as an aid to management of the national plan in Turkey and the completion of the strategic plan and monitoring of its impact in Georgia. For the regional roadmap (West Eurasia), EuFMD experts assisted OIE/FAO with the West Eurasia Roadmap meeting in April and with a series of webinars in English and Russian to improve networking and sharing on laboratory issues and outbreak investigations. A first Russian language course had been

held in June in Turkey for Russian speaking countries (the three TransCaucasus countries, plus Moldova, Ukraine and Kazakhstan). Keith Sumption and Grigor Grigorian had visited FGI-ARRIAH in July for discussions on improving technical cooperation and possible joint training programs in the region.

Turkey: the emphasis is upon strengthening the FMD **monitoring and epidemiology unit, with a full time senior epidemiologist** based in Ankara for 8 weeks in the autumn (Nick Honhold), at the end of which the Unit should be able to provide higher quality and more timely reports to local (GDFC) management. Ongoing issues to solve include how to regularly and easily extract relevant data for reports from the TurkVet data, and ensure that information generated is useful and used by FMD managers. The way forward based on recommendations from this mission. The Turkish national strategic plan was accepted by the Regional Roadmap advisory group (under GF-TADS) in April and the M&E unit will assist in measuring the impact of its implementation.

Georgia: the missions and assistance have focussed on improvement to the national plan (RBSP)– particularly in chapters relating to monitoring system and operational plan, which should provide an example for other countries in region (especially Armenia and Azerbaijan). In the coming months, work with VS to implement a system of monitoring key indicators important and raising the profile of FMD within the 2014 National Action plan is needed. Collaboration with Colorado State University and their work has helped ensure FMD is on the agenda of the animal disease task force meetings.

Common issues for implementation are that the development of the RBSP and associated monitoring system is demanding more resources (time and missions) than originally envisioned. It must also be noted that national VS have limited HR capacity to undertake strategic planning and these are lower priority than completing routine tasks, and limited capacity in epidemiology, and the system for decision making does not make use of an evidence base. The development of capacity in M&E units is important to improved management but will take considerable time.

West Eurasia: a regional workshop is planned in December 2014, for FMD epidemiology and laboratory experts from Georgia, Azerbaijan, Armenia, and FGI-ARRIAH following the proposal from FGI-ARRIAH during the mission of Keith Sumption. At the suggestion of the latter, the WS will scope out a possible 5 year project on progressive FMD control. The key activities and components will be discussed prior to workshop through teleconference with each party with Gunel Ismayilova (STP) taking the lead. EuFMD to provide expert facilitation and Turkish experts are expected to participate if held in Ankara. The immediate plans are also to continue the webinar series in Russian and English and pursue collaboration to improve functionality of West Eurasia database (with the Institute for Infectious animal Diseases (formerly FAZD)).

Discussion

Concern was raised that local management commitment in Georgia was insufficient to achieve progress and the EuFMD effort should either be much increased or potentially reduced and placed elsewhere. Melissa McLaws clarified how the co-ordination in Georgia has worked well with FMD being elevated to the national animal health task force (US led project) and this provides a driver for progress to be reported nationally as well as internationally.

Regarding the West Eurasia Roadmap, the OIE reported that it went well, and support from EuFMD was very well appreciated and key part of the success. They also indicated the Roadmap Model will be taken to other regions as it does involve regional CVOs playing a role to ensure a fair process of validation of the progress. Dr Lubroth indicated that there could be difficulties for the 6th Roadmap meeting in 2015 unless further assistance is obtained. FAO does not want to split up the 14 countries into further groups. Dr Domenech said one issue was that some countries are attached to mid-east Roadmap meetings. This may pose problems with regard to the acceptance of the PCP stage ranking through the Regional Advisory Group assessment (before being presented to the meeting participants). OIE considers that a country PCP stage should not be assessed by two different RAGs since if the conclusions are different (and this was the case for one country during the Astana meeting) it could bring difficulties between the OIE Delegates members of the two RAGs and with the country representatives. OIE proposes that when a country is epidemiologically related to two regions/“road map meetings”, it is attached to one of them only with regard to PCP stage assessment (through the “RAG process”). But the country(ies) which are in that case would continue to participate to the two regional road map meetings.

Conclusions

12. For Turkey, a report and recommendations are expected by the end of the year after the current intensive in country support.
13. For Georgia, the future programme should be clarified before the General Session, including the EuFMD role in any regional long term project. In all cases the commitment of the countries themselves is a prerequisite.
14. That the EuFMD can in principle support the 6th Roadmap as per the 5th one, and that Component 2.1 budget should support this in 2015.
15. The view of the veterinary services of Georgia, Armenia and Azerbaijan is needed on any decision on the scope and objectives of a regional project. The EuFMD Secretariat should continue to plan for meetings with the parties interested to develop a potential programme and to review this at the next Executive Committee.

Component 2.2: South East Mediterranean: Israel and neighbours

This Component was reported by Fabrizio Rosso (**Appendix 10**). The most significant development since the Executive is the set of activities in Egypt that have commenced in the past months. Support for Egypt to progress to complete PCP Stage 1 was requested by the country at the Amman FMD Roadmap meeting and had been foreseen in the Workplan with a small budget agreed in the Executive Committee meeting in October 2013. The missions in 2014 had agreed a timetable of activities and had given positive evidence of the take up and application of past training on surveillance, with a good quality six monthly report produced by the Monitoring and Epi Unit (and perhaps the best reporting in the neighbourhood, to date).

Progress indicators: the development of a Risk Base Strategic Plan (RBSP) for Palestine is still ongoing. To date, three workshops have been held in Ramallah, with training on Disease Outbreak Investigation, and on passive and active surveillance. Serological surveillance studies are planned in West Bank and Israel, with kits provided by EuFMD and some studies carried out already. The laboratory support mission in Egypt in June 2014 had re-established working relations, and the extent of SAT2 isolations in 2014 is an important finding and a concern for the region.

Issues: FMD control in Palestine requires close collaboration with Israel, complicated situation in the West Bank especially after the recent war, and Steering committee meetings are not possible at the moment because of the tensions. Since Security issues make a short working day in missions, more time is needed in country and to complete the work towards the RBSP. The quality of vaccines used in Egypt is unclear, and there is confusion about data from post vaccination monitoring. This all requires time to resolve and are important as the national strategy in Egypt is based on nationally produced vaccine. Production of post vaccinal antisera for vaccine matching has started in Egypt, and sera and vaccine strains should be shared with WRL Pirbright under a MTA. Information about the role of small ruminants in the epidemiology of FMD in the region is needed. The NSP serosurveillance studies should shed more light on this issue.

Discussion

Juan Lubroth indicated that FAO has a significant animal health team in Egypt and there are concerns on veterinary governance issues that EuFMD Executive should be aware of.

Dr Domenech reiterated the importance of continued work with Egypt for the region and that the work being undertaken under Component 2.2 was a good contribution to the regional priorities identified in the Amman Roadmap. The Chairman concluded that his contact with Israel had been positive in relation to the work programme and the information from Egypt important for European countries to know, and the work plan should proceed as proposed. Support was indicated by the Committee.

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

Fabrizio Rosso, Component Manager for 2.3, presented his report (**Appendix 11**). During his 3.5 month break from EuFMD (in Maltese Government service), the component had been managed by Caroline Dubé and Keith Sumption, a period that coincided with the major epidemic development in Tunisia and Algeria. The major FMD developments relate to the situation in Libya and the overspill of infection to Tunisia in April and Algeria in July. The security situation in Libya, having seriously worsened so that missions cannot be conducted, has affected the initial plan for development of the national RBSP (risk based strategic plan). Of the five outcomes of the workplan, the last two (concerning Tunisia, Algeria and Morocco) were accelerated to include simulation exercises in June-July in Algeria and a first *e-learning* in French for 75 participants, delivered just in time for training of the Algerian service ahead of the FMD epidemic. He provided an overview of the situation in each country and the EuFMD response, coordinated with the OIE and EC. Following the request of Tunisian authorities for FMD vaccine, and efforts to obtain vaccine from commercial sources by EuFMD having failed, the EuFMD had recommended O BFS vaccine be supplied as the vaccine matching had indicated it was the best of the available vaccines in terms of titers of antibody against the O India 2001 strain. The EC had very efficiently delivered this in early August. The replacement of the Tunisian CVO had unfortunately occurred just before delivery of the vaccines and local decisions had been to reserve the emergency vaccine for later use, despite ongoing outbreaks. The coordination between EuFMD, OIE and EC had been good but at times the lack of regular, weekly feedback from countries on the vaccination programs was frustrating to efforts to provide support or justify additional efforts. This can be contrasted to past EuFMD experience with Turkey, Egypt and Iran where emergency vaccine deliveries were usually preceded by more open information and followed by better feedback.

Given the situation, and the meeting organized by the OIE in mid-September in Tunis, a revised workplan was needed and had been developed and circulated to FAO and OIE and feedback received; this was presented to the Executive Committee.

The new activity plan for Morocco, Tunisia and Algeria is summarized below, and requires re-allocation of budget from Libyan actions towards support to surveillance to clarify if circulation has ceased and in the high risk border zones is needed given the risk of fresh incursions from Libya. Tunisia remains a country at high risk of further outbreaks and fresh incursions but the type of technical support needed had not yet been agreed with national authorities. The REMESA JPC Meeting (3-4th November) would be important for gaining support to the regional and national work plans.

	
New activities proposed in EuFMD workplan - REMESA	
Outputs	Actions
Develop a regional Risk Based Strategic Plan	Technical support together with OIE/FAO by creating a regional strategy for risk-based surveillance and vaccination programme
Support the development of local/regional vaccine bank	Support with knowledge, experiences, expertise and tools the establishment of a local/regional vaccine-bank
Design surveillance system to be implemented in high risk areas and support with software and diagnostic kits the active surveillance	Design and implementation of programmes (Thrace model) for disease freedom confidence and for early detection capacity improvement in the border between Morocco/Algeria and other areas
Support surveillance system for disease freedom/early detection	Procurement diagnostic tests. Technical assistance for design of sero-surveillance.
Build capacity in clinical disease recognition	One francophone/Arabic Real Time FMD course with two participants per country. Webinars to share findings online.
Support emergency preparedness planning and test emergency response	<ul style="list-style-type: none"> -E-learning courses on 'emergency preparedness' focused on clinical examination, clinical signs, lesion aging, epi-investigation. -Workshops on real time data collection, data analysis and data management -Support passive surveillance improvements -Simulation exercise in Morocco

Immediate (six month) plan:

Libya: e-learning courses and support to awareness campaign (as no missions allowed at present). Continued support to surveillance at distance (Penside Test kits) Re-allocation of funds to support the following:

Mauritania: PCP – development of Risk Based Strategic Plan (follow up workshop - ANSES).

Multiple countries: training material and e-learning to improve clinical and epi- investigation.

Morocco, Algeria, Tunisia. This is summarised in the table above.

Discussion

Dr Domenech indicated the agreement of the OIE to the proposed revised workplan. He provided further information on the situation. The Libyan circumstances should be noted and is very great concern for Tunisia and the other countries. The commitment of those at the top of the veterinary

service of Libya is impressive but their security situation limits possible control in the field, and will remain difficult. For Mauritania, although FMD has not been a priority, their plan to build an abattoir for export will make FMD control a priority and so this is a good time to assist them. Tunisia: serology suggests possible past introduction in 2012, although clinical outbreaks reported only in 2014. (**Note from Secretariat:** EuFMD provided kits and assistance in 2012 to Tunisia). OIE has currently withdrawn from the list on 19th September the Tunisian National FMD Control Plan (CP). Algeria: he explained that the lack of interactions between infected cattle husbandry systems and sheep provide a reason why small ruminants are not currently affected and why control by vaccination in cattle appears successful at present. SCAD did not withdraw the CP from the list, but will review it in November. Evidently strong measures have been taken and the assistance of the Netherlands to provide antigen from its bank (on cost replacement basis) has been of major assistance to ensure vaccine was delivered quickly.

Dr Angot reported that he had been in Algeria for meetings and the situation was improving and considered under control. They will re-open internal markets and quarantine centres.

Keith Sumption emphasized the need to develop a thorough report on the control in Algeria, to clarify if emergency vaccination and other measures made a difference; the EuFMD reports on the 1999 epidemics were valuable to the question of impact of “vaccination to live”. Dr Gibbens emphasized the importance of resolving if OBFS or O Manisa would provide good protection against the O India 2001 strains.

Conclusions

16. The revised programme was endorsed, and can be presented at the REMESA JPC in early November. The EuFMD position remains that it is for REMESA to decide on the support they require and we assist them to develop feasible and efficient means of support within the current budget allocation.
17. A revised strategic plan for the North African countries is a priority, recognizing the front line position of Tunisia and risk from Libya and its informal trade connections to mid-east countries and sub-Saharan Africa.
18. The in vivo vaccine challenge study is a priority and WRL, with EC, are requested to clarify when this can occur and if any role of EuFMD is needed to expedite arrangements.
19. The proposal from Tunisia to EuFMD-FAR for support for serological studies could be supported as part of Component 2.3, if national authorities request this as part of the workplan.

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

A presentation was given by Juan Lubroth (**Appendix 12**) relating to the Global Report and FMD Unit (Component 3.1), from Chris Bartels on Component 3.2 (PCP support: **Appendix 13**). The Report on Component 3.3 (Global Surveillance support from the OIE/FAO Lab Network) had already been provided by Don King, WRL.

Regarding the Global FMD Report, Juan Lubroth thanked the EuFMD for support through the provision of an STP and indicated the timetable from the Report was now spring 2015, as agreements and deadlines for delivery of a report in September 2014 had not been able to be kept.

Regarding wider issues, he requested the Executive to consider supporting the OpenFMD initiative, which aims to increase the sharing of sequence information between the many labs outside (and inside) the Ref Centre Network. FAO considers OpenFlu a major success, based on the Swiss Institute for Bioinformatics world leading role in this field. Australian and UDS funding has developed OpenFMD to a promising stage but connecting WRL and others into OpenFMD requires additional work to overcome issues.

Dr Domenech indicated the position of the GF-TADS Working Group and indicated a high level of satisfaction with EuFMD support which had been provided over the past year, from development of guidance documents to assistance with Roadmap Meetings. The WG meetings will restart shortly and it was appreciated that EuFMD had continued to work in the interim.

The Chairman summarized:

20. Support should continue to the FMD Unit and in development of the Global Report, as per the programme.
21. The delayed production of the report on global progress was accepted but such a report should be available for the EuFMD General Session in April.
22. The Executive would review future support at the next Executive, in order to develop a common position for the programme for the next 2 years after April 2015.

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

This was presented by Chris Bartels (Component manager for 3.2), via *Adobe Connect*® from Kigali, Rwanda, where he was leading Training on the PCP for FAO regional veterinary experts, together with the FAO FMD Unit (Dr Ferrari) (**Appendix 13**). Dr Domenech mentioned that, as developed in the global FMD control strategy, the next PCP trainings will have to include the component on veterinary services.

Of note in the past six months has been the development of templates for the evidence (dossiers) to be submitted by countries seeking to enter Stages 1,2 and 3 of the PCP. For the time being they are entitled

- RAP: risk-assessment plan for countries entering PCP-FMD Stage 1;
- RBSP: risk-based strategy plan for entering PCP-FMD Stage 2;
- NCP: national control plan for entering PCP-FMD Stage 3.

These templates will have to be discussed with the GF-TADS WG and be endorsed as GF TADS documents. They will be used when appropriate as the basis for communication and training efforts, through any agencies using the PCP, to ensure wide uptake, more consistent application and better submission of evidence.

Development of online training is a priority for the next six months and a first pilot e-learning should be conducted in Feb-March 2015. Reports on national application and progress would be given at the Open Session, by those involved in Component 3.2, and national efforts (for example from Libya,

South Asia, East Africa). Other actions in the next six months are development of Guidelines, technical notes on 1) Monitoring and evaluation, 2) Sero-surveys/surveillance, and establishing a resource bank, and identifying ways to safeguard PCP knowledge and best practise sharing experience to assist the wider user group.

Conclusion

The support for this Component and its workplan was evident from the Executive and from OIE and FAO. The Chairman thanked Dr Bartels for his report and the good relations established with the Working Group experts.

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

This was reported under Item 2. The Secretary drew to attention that

- Several experts within a number of European NRLs that are active in international twinning and support to FMD surveillance (France, Belgium, Denmark, Germany, Netherlands, Turkey), were working together to develop a concept of a group to support improved Global Surveillance, following their initial brainstorming on this at the EuFMD Closed Session in 2013. This group could assist by sharing the workload of capacity building with regional support labs in Africa and Asia, and provide a means to support the objectives in Component (3.3) of greater sample typing within regions with greater and faster rates of submission to Reference Centres. This topic would be further discussed at the Closed Session in Croatia on 28th October 2014.
- The OIE/FAO Global FMD Lab Network will hold their 2014 meeting in November 2014 in Brescia, Italy. Teresa Scicluna (STP) and Kees van Maanen (Component Manager, 3.3) will attend for EuFMD and the European labs involved in the above initiative are all expected to attend for the first time.

Conclusion

23. The greater role of European NRLs in international twinning and capacity building is welcomed and both WRL and EuFMD (through Component 3.3) should actively encourage this development.

Item 7. Standing Technical Committee

7.1 Open Session Cavtat, Dubrovnik, Croatia

Nadia Rumich illustrated the update for the Open Session (of the Standing Technical and Research Committees) in October 2014 in Dubrovnik. The SCRPD would meet in Closed Session on the 28th, followed by three days of the Open STC and SCRPD Sessions. The STC Session would comprise invited papers considering how global and European livestock production will change and how risks of FMD are changing, and indicate the trends and opportunities in surveillance, emergency management, capacity building, and roll out of the Global Strategy that must be considered for national and international uptake over 5-10 years of effort. There will be 2.5 days of the SCRPD Open Session,

where over 120 papers were submitted and over 240 persons expected to attend. In addition the Session will for the first time be online, enabling access from interested experts unable to attend; and costs of speakers kept to budget through use of some online presentations from South Africa, Europe, China and elsewhere. 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 the milestone FAO publication on Changing Disease Landscapes in early 2014.

7.2 Report on the on the EuFMD-FAR (Research Fund)

The Secretary reported on the EuFMD-FAR; the fund had committed to five projects, following the two stage (SCRPD and STC) review and Executive Committee approval. *Circa* 50,000€ remained unallocated for a final call in December 2014. Some priorities were suggested for the final call, including:

- Optimization of the field application of non-invasive sampling of wildlife
- Development and validation of tests on formulated vaccines to identify if damaged by storage conditions (simple and low costs tests for intact capsids (immunogenic antigens)).

The first is now possible given the positive results of the FLI work under EuFMD-FAR contract; the second is needed wherever vaccine is used (Turkey, North Africa,..) but no proposals had been received on this in the recent call. Other priorities might be identified by the STC at the Open Session and they would provide a report to the Executive Committee in November for a decision on the final call.

Regarding the STC composition, Professor David Paton had retired from Pirbright and resigned from the STC, and had been thanked by the Chairman for his work over many years and particularly to establish the STC and EuFMD-FAR. In the interim before the 2015 General Session, Eoin Ryan had agreed to assist the STC (C. Brusckke, P. Willeberg and M. Kramer) at the Open Session 2014 and to April 2015 (General Session).

Conclusions:

24. The arrangements for the Open Session were supported and it was welcomed to have very important topics for European risk managers in the programme.
25. The Chairpersons would consider the STC priorities for the final call for the EuFMD-FAR to be made in December.

Item 8 Issues arising from the 87th Session

The Chairman opened the issue of the Election Procedures and presented a possible text with the intention of assuring a longer term role and responsibility for EuFMD development by the Chairpersons. His suggested text brought procedures in line with those of the OIE. The text was discussed and procedures for amendments explained. If proposed as a Change to the Constitution it would require at least 120 days’ notice to Member States before the April Session. If proposed as a Rule of Procedure by the Executive Committee it could be voted at the Session without change to the Constitution.

The changes were supported in principle and could also assist with the issue of coverage of vacancies arising during the term of the Executive Committee.

The Chairman asked the Secretary to discuss the proposal with FAO legal office and provide feedback before the end of November (CVO Meeting).

Conclusions:

26. The principle of the proposal for the change to the text relating to Chairpersons and vacancies on the Executive committee was endorsed.

Item 9 Administrative issues

The Secretary introduced the Section of the main report (**Appendix 1**) on the Administrative matters, covering both financial position and management of human resources.

- **Position of the Administrative Fund (MTF/INT/011/MUL):** the position is almost as expected although no savings have yet been evident on staff costs as the position of Eoin Ryan had been covered by Dr Dubé and thereafter by recruitment of consultants. The Outstanding Contributions remain at similar level to 2013, at USD 151,271, of which the most significant is that of Bulgaria (51,144 USD). (Dr Ivanov indicated he was aware and the problems had arisen before his time). Given the above, there is a need for careful attention in 2015 to the expenditure, but the filling of at least one STP position in 2015 (two positions were maintained in 2013-14) is affordable.
- **Emergencies and Training Fund (MTF/INT/004/MUL):** There is a balance of 118,013 USD from which to cover the remaining two courses in 2014, and a further tranche of funds are expected in January to cover the 2015 courses. The Fund has been used to pay for a Full Time Training Development Officer in 2014 (Jenny Maud) who manages Component 1.1, a considerable gain to the EuFMD and a savings to EC Fund.
- **EC Program Fund (MTF/INT/003/EEC).** The Phase II agreement with the EC was operationally closed at the end of September 2013 and final payments organised and closed, so that the financial closure could be made on 13th February 2014. The final (unofficial) balance is US\$ **1,233,598**.
- **The Phase III (current) programme** expenditure at 8th October 2014, is US\$ 2,394, 810 (circa 1,884m€), and has a cash deficit of US\$1,388m. A call for Funds is urgently due. FAO will send this to EC shortly. The delay had related to the slow speed of closure of Phase I and II (requiring additional reporting by the Secretariat to prepare a Final four-year Narrative Report to EC).

The expenditure relating to the 4m€ Phase III programme is exactly on track, at 46% after 50% of the duration of the agreement (and after delivery of over 50% of committed actions).

This has been achieved since the limits on spending per component and budget line were agreed and every component, and subcomponent (outcome) has been assigned a budget. The Component Managers thus know their spending limits for each of the outcomes they are expected to work towards. The system has made for clarity in the daily work and planning, and is controlled through the Financial Oversight of the Finance Assistant (Silvia Clementelli) and Budget Holder (Keith Sumption).

- **Need for budget revision:** there is a need to present to the EC a revised Budget Table indicating the revisions to ceilings for Components agreed at the 87th Executive and Mini-Executive Session in July in Brussels, namely
 - Increase of 50,000€ to THRACE to enable purchase of diagnostic equipment for the 3 countries;
 - Increase of 16500€ for Support to OIE/FAO under Component 3.1 (PCP);
 - Reduction in the budget line Emergencies (1.6) by the above amount;
 - A request to agree the Component workplan (1.2) for modelling/contingency planning of 61,500 €.

On the latter, the Executive Committee indicted agreement to draw the 61,500 € from Components 2.2 and 3.1 and Emergency fund on equal basis (20,000€ from each).

He provided tables indicating the current staffing arrangements and their funding, as well as the vacancies arising in the course of the past/coming six months.

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. He considered this a real step forward and asked that compliments should be transferred to Cecile Carraz for her administrative management.

Item 9. Future meetings

Dates of future Sessions/meetings were agreed as follows: *89th Executive Committee and back to back Tripartite Meeting: 12-13 February 2015. Venue: Belgrade, Serbia).*

Acknowledgements

The Chairman thanked the Secretariat for their industry over the difficult summer period and in preparation of the Session, and Dr Yanko Ivanov and team for excellent arrangements and hospitality in Sofia. He thanked the entire Executive for participating at the Session and in their continuous support. He concluded that it is an important work being achieved by EuFMD, and a good work, and it gives satisfaction to know that members of the Executive are all assisting in their various ways to follow and guide parts of the Work programme and this has been really helpful.