Food and Agriculture Organization of the United Nations

THE HAGUE 9-10 MARCH 2016



Report

91ST SESSION OF THE EXECUTIVE COMMITTEE OF THE EuFMD COMMISSION

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FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EuFMD)
Rome, 2016

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Appendices

Findings and Conclusions of the 91st Session of the Executive Committee

The Executive Committee, after considering the documents and issues on the Agenda of the 91st Session 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 Foot and Mouth Disease (FMD) towards common objectives that will reduce the risk of new FMD epidemics.

In relation to the general FMD risk situation

1. The recent jumps of infection from South Asia into the Middle-East, and the rapid spread between countries in the south-eastern European neighbourhood should be noted by the member states as a major cause for concern.
2. Laboratory and field studies on the level of protection provided by serotype A antigens in the EU bank and the new A G-VII vaccines are urgently required. The possibility to undertake such studies in the field in Iran or Turkey should be pursued vigorously.
3. The SAP Institute, Turkey, is to be commended for the very quick development of a homologous vaccine to the epidemic type A G-VII strain, and the GDFC for bringing forward the spring campaign to ensure early, national re-vaccination of the national herd, a very major logistical and practical achievement.
4. As the detection of the new strain and the initiation of vaccine development occurred before the international reporting of detection of the new strain, the Executive must remind its member states of the obligation to report epidemiologically significant events to the OIE and, in line with its mandate, also to the EuFMD.
5. The SAP Institute, as leader of the WELNET, together with the WRL and FGI-ARRIAH, had provided valuable information in English and Russian to the FMD laboratory network in the countries of West Eurasia and the Middle-East.
6. WELNET, working with WRL and FGI-ARRIAH, should urgently develop vaccine recommendations for West Eurasia for the upcoming Roadmap Meeting, and in future ensure it follows closely the situation in the Arabian Peninsula which now appears to be an entry point for infection to Turkey/Iran/TransCaucasus.
7. Surveillance to provide confidence in the absence of virus circulation in regions recently affected by FMD in North Africa is required. Support to the design and implementation could be provided under Component 2.3 of the EuFMD/REMESA workplan.

Conclusions

1. Considering that human resources can be critically constrained during emergency responses, the EuFMD should develop and consult upon a set of "Guidelines on human resource sharing", to ensure MS are aware of issues and their potential solutions, firstly targeting non-EU countries (i.e. western Balkans).
2. The area of decision-making upon the use of emergency vaccination in free countries remains a priority for member states. It was recommended that EuFMD proceed through a process involving 1) an expert consultation to prioritise issues, inform the objectives and design of a workshop, 2) a well-structured workshop involving multiple member states, based on the recommendations of the consultation, and 3) wide dissemination of the findings of the workshop to all Member States.
3. The practical management of emergency vaccination programmes requires to be tested in many countries and remains an important planning issue. It was recommended to investigate whether training in this field could be combined with neighbourhood/North African countries where such emergency campaigns have been recently conducted and which are interested to improve their emergency preparedness.
4. Regarding the development of diagnostic bank, the idea of focussing initial development to the FMD free, non-EU countries (i.e. western Balkans) was endorsed, with the lead taken under Component 1.4.
5. Regarding leveraging funds for improved international surveillance, it was recommended to proceed with caution and to report back to the next Session on the outcome of the pilot round of the FASTA process.
6. The need to increase the uptake and application of the PCP, at regional and national levels was recognised. The Committee gave general encouragement to exploration by the Secretariat of alternative routes to disseminate the PCP-FMD approach. The broadcasting of webinar series, the development of e-Learning modules and courses, establishing a Knowledge Bank including Job Aids was supported as potential ways forward to effectively disseminate the PCP-FMD approach to large groups of stakeholders from both the public and private sector.
7. The EuFMD training programme was also recognised as making a contribution to continuing professional development (CPD) of national public service officials in Europe. The requirement for CPD of veterinarians in the neighbourhood countries is limited, and EuFMD training contents could be examples that could assist competent authorities to roll out CPD to their officers using the "cascade training" model.
8. Greater attention must be given to obtaining up to date information on virus circulation in South Asia, especially India, and the identification of effective vaccines. The real-time training programme in Nepal has provided a useful opportunity to ensure samples are collected and submitted for typing, but a more strategic approach to ensure active South Asian participation in FMD surveillance is required. The Regional Support Unit (RSU) to SAARC countries could play an important role, and South Asia should be prioritised for more attention under the Pillar III networking and training action plan.
9. Regarding co-ordination of FMD prevention and control in the Trans-Caucasus countries, the pilot programme proposal from the Russian Federation on six countries involving into the entire animal population vaccination was appreciated. Recognising the investment and commitment of each state, and the need for clarity and commitment on future national surveillance objectives and progression in the PCP, a meeting involving the representatives of Georgia, Armenia, Azerbaijan, Turkey, Iran and the Russian Federation should be convened during the OIE General Session held later on this year in May 2016. The EuFMD could provide the Secretariat for the meeting, and would co-ordinate this with OIE, FAO and EC.
10. The following requests from the GF-TADS Working Group for the inclusion in the work-plans under Pillar III were endorsed:
    a. PCP Training for FAO and OIE staff to improve the awareness, and increase the appropriate application of the PCP-FMD tool, with the ultimate goal to have all regional / sub-regional officers

being able to provide guidance to countries and to better follow-up their respective regional roadmap.

b. Revision of the PCP-FMD guidelines and associated questionnaires, by building on the experiences gained and to include Component 2 of the FMD Global Strategy (Strengthening Veterinary Services).
c. Guiding materials for FMD control plans required such as templates for control plans - to support countries willing to progress to PCP Stages 1, 2 and 3 and to advance in their PCP stage, and including the post-vaccination monitoring (PVM) and the socio-economic guidelines.
d. Assistance in the processes of acceptance of Regional Leading Laboratories in particular in North Africa, Eastern African and Western Africa.
e. Relating to REMESA, the OIE proposal that EuFMD be represented on the Steering Committee of the regional vaccine bank for North Africa, and also provide an expert to the workshop on development of a regional vaccination strategy, were supported.

11. The five proposed priorities for support under the Fund for Applied Research were endorsed, for inclusion in the calls for research to be conducted in the first 24 months of Phase IV.
12. Regarding the development of diagnostic bank, the idea of focussing initial development to the FMD free, non-EU countries (i.e. western Balkans) was endorsed, with the lead taken under Component 1.4.
13. The Secretariat was authorised to continue to support on an interim basis the initial activities of the Phase IV EC programmes from MTF/INT/011/MUL, on the understanding that these costs could be charged to the EC funds, with backdating until 1st October 2015.
14. The 92nd Session of the Executive dates are proposed as 26-27 September 2016, in Paris, France.

Report of the 91st Session of the EuFMD Executive Committee

The Session was opened by Dr Christianne Bruschke, Vice Chairperson of the Executive Committee and Chief Veterinary Officer of the Netherlands. She welcomed all the members, observers and technical experts to The Hague. The Netherlands was a founding member of the EuFMD Commission in 1954 and she emphasised the importance of the Commission's work for its member states and to reduce the risk of FMD incursions from the neighbourhood and the continued concerns over entry of infection from any parts of the world where infection is circulating. The Netherlands had provided several Officers of the Commission over the past 60 years and she was delighted to have the honour to continue this important role.

The Session was attended by eight of the nine elected officers and members, with apologies received from Dr Dejan Bujarski, Serbia.

Officers of the Commission present were: Dr Jean-Luc Angot (JLA, France, President) Dr Christianne Bruschke (CB, The Netherlands, Vice President) and Dr Ulrich Herzog (UH, Austria, Vice-President). Members of the **Executive Committee** present were Dr Spiros Doudounakis (SD, Greece), Dr Martin Blake (MB, Ireland), Dr Gediminas Pridotkas (GP, Lithuania), and Dr Lajos Bognar (LB, Hungary).
Dr Irfan Erol (IE, Turkey) was represented by Dr Ozhan Turkyilmaz, GDFC (OT, Turkey).

Observers from the international organizations were Dr Alf-Eckbert Füssel (AEF, Head of Sector, DG-SANTE), Dr Juan Lubroth, CVO-FAO (FAO), and Drs Jean-Philippe Dop (OIE) and Alessandro Ripani representing the OIE. Dr Don King represented the WRL-FMD at The Pirbright Institute (TPI), and Dr Naci Bulut the SAP Institute, Turkey. Dr Evgeny Nepoklonov, CVO, and Dr Lebedev, Rosselskhoznador, Russian Federation, attended as Observers by agreement with the Chairperson of the Commission.
The Secretariat for the 91st Session comprised Dr Keith Sumption (KS, EuFMD Executive Secretary), Dr Jenny Maud (JM) (Training Programmes Officer), Dr Marius Masiulis (MM, Contingency Planning Officer), and Dr Chris Bartels (CB, Component 3.2 Manager, PCP).

Item 1: Adoption of Agenda (Appendix 1)

The Agenda was adopted after agreement on an additional item concerning FMD control in the regions of the Russian Federation bordering to the Trans-Caucasus.
The Secretariat provided a bound set of documents that included

- Final Workplan for EuFMD activities 2015-17;
- Report on Activities since the 90th Session, and the Administrative and Financial Report;
- Report of the 90th Session;
- Proposals for changes to the workplan of Component 2.1 (Turkey and Georgia, West Eurasia).

Item 2: Report of EuFMD activities since the 90th Session

The report of EuFMD activities since the 90th Executive Committee meeting was presented by Dr Keith Sumption (**Appendix 2**). Dr Sumption discussed EuFMD activities in response to the major FMD risk events of the period, namely the epidemic of FMD serotype A (G-VII genotype) in the Arabian peninsula, Turkey, Armenia and Iran and the spread of the North African serotype O epidemic into Morocco in October 2015.
Phase III of the EuFMD work programme was operationally closed at the end of September 2015. The signing of the Phase IV agreement with the EC has been delayed. An informal agreement has been reached with DG-SANTE to backdate the start date of the agreement to October 2015. On the date of the Executive meeting the agreement had not been signed, although this was anticipated to occur shortly. The delay to the signature of the agreement had posed challenges to the Executive, with interim funding provided by the MS trust fund. The Executive had been unable to issue any long contracts to personnel or partners, and Dr Sumption thanked those concerned for their patience and loyalty.

Given funding constraints priority has been given to:

- **Thrace** (component 1.3) given LSD epidemic situation, and from November, the new epidemic of type A in Turkey;
- **Online and remote support**: development of webinars to support components 1.2, 1.3 and 1.4 with involving component 2.1 activities and online training courses;
- **Training** needs assessments;
- Support to **regional networks** (virtual support), to FAO/OIE at the Middle East roadmap meeting, consultative meetings in the Middle East and with the I.R of Iran.

The Administrative and Financial Report was provided Dr Sumption at this point, but reported under **Item 8.**

Item 3. Update and questions arising from the implementation of the workplan.

Short presentations were provided that gave the background to the issues subsequently discussed in detail by the working groups in the afternoon. After reporting back and discussion in the plenary, the conclusions reached are reported at the end of Item 3.

a) Training programmes

Dr Jenny Maud presented an update **(Appendix 3)** on the training programme (components 1.1, 2.4 and 3.4). In improving the infrastructure for online training, EuFMD administrative staff had been trained to assist with management of e-learning courses and an update to the appearance and functionality of the EuFMD e-Learning platform is underway in partnership with the Royal Veterinary College. Development of the online knowledge bank had been slightly delayed due to EC funding delays. Dr Maud reported on the training needs assessment carried out for EuFMD Member States under component 1.1. This had now been nearly completed with 35 responses received, and the MS had indicated their selection of training courses through the training credits (TC) system. As a result, the selection of courses by MS was now clear and almost all of the TC available for the two years of the programme had been assigned. The results of the training needs assessment highlighted areas which MS identified as lower competencies, particularly decision making and preparedness for implementation of vaccination programmes. Development of supporting materials to enable MS to provide their own in country training courses is underway, with pilot projects occurring with Italy and Germany. Germany has funded 22 places on a bespoke Real Time Training course. Training needs assessment was currently underway in Pillar II countries, following a similar format to that carried out for 1.1. E-learning on the PCP-FMD is in the final stages of completion. A short Term Professional (STP) (Obakeng Kemolathle, Botswana) to assist with activities under Pillar III, including training, has been selected and activities under this component were expected to be greatly assisted by this.

b) Emergency Preparedness

Dr Marius Masiulis presented an update (**Appendix 4)** on the workplan components that involve emergency preparedness of the member states (1.2), in Thrace (1.3) and the Western Balkan countries (1.4). Of note:

- At the end of November 2015, the EuFMD launched a "Practical FMD management programme" for the MS participating in components 1.2, 1.3, 1.4 and neighbourhood countries (Component 2.1), in English and in Russian. The programme consists in two parts – introductory and main. The main part is be divided into five modules and each module is made from several (up to three) webinars. Participants receive a certificate of attendance once they complete a module, pass a short quiz with a satisfactory mark and participate in webinar series discussion forum.
- Relating to the Contingency Planning network, a database of the national experts has been developed, to assist in development of specific parts of Operational manual, (as part of the Contingency Plan). The database will assist identifying persons to share experience and request participation as tutors, in exercises and webinars, discussion forums and in case of animal disease outbreak.
- For the Modelling network, two webinars have been held, and a subgroup of modeling network has submitted a proposal to Horizon 2020 which, if funded, would involve the development of a pan-European disease spread model, as recommended by the General Session.

- A new database and display system for management of activities for early warning surveillance in the Thrace region of Bulgaria/Greece/Turkey has been developed and tested. The new Database is based on Google Fusion Tables and was launched on 1 January 2016 in parallel with the existing SharePoint. During the 1st cycle, the new software will be tested and possible issues will be improved. Depending on the outcome, the EuFMD could shift to the new Google Fusion database completely from the beginning of the 2nd cycle 2016.
- A Practical training for wildlife surveillance for Foot-and-Mouth Disease workshop was conducted in Bulgaria under component 1.3 and 1.4, with 22 contingency planners/ wildlife specialist in February 2016. Plans were also advanced for the upcoming Laboratory Surveillance Exercise for Balkan region with expected participation of 11 countries.

c) Progressive Control of FMD- in the neighbourhood and in support of global strategy

Dr Chris Bartels gave a short presentation (**Appendix 5**) on EuFMD's activities in Near East, North Africa (component 2.1) and under Pillar III (except for component 3.3). Activities in Palestine need to be followed up while activities in Lebanon and Jordan are currently being planned. A constraint under Pillars II and III is the limited number of experts capable of managing the in country work that involves development of national FMD control strategies. Part of the short term solution involves training of the STP officers from MS and from North Africa.

With regard to component 3.1, activities depend on requests from the FAO/OIE FMD working group. No such requests have been received. The EuFMD expects that in the next period, the working group will come forward with request for support on the Annual Global FMD report (activity 3.1.2) on training of FMD experts (Activity 3.1.3) and potentially in-country mission up request (activity 3.1.3). For Component 3.2, EuFMD has been providing substantial input for the socio-economic guidelines on FMD control and participation in the Regional Roadmap meeting for North Africa and the Near East in Doha, Qatar in December 2015. Currently, the EuFMD is supporting the revision of the PCP-FMD guidelines and developing materials for PCP-FMD training of FAO and OIE regional staff.

Under component 3.4, there is high demand for training from across the globe while there are limited resources (funds, capacity, and time) under this Component. Dr Bartels put forward a number of points for discussion on how to transfer knowledge and skills to national practitioners, which were discussed in the group discussions.

d) Prioritisation of applied research and surveillance

Dr Eoin Ryan (Chair, Standing Technical Committee (STC)) summarised conclusions from the recent STC meeting. The EC Horizon 2020 research funding program does not include a specific call for funding proposals related to FMD. EuFMD's Fund for Applied Research (FAR) is therefore the only FMD specific research fund at European Level. The STAR-IDAZ consortium is a global grouping seeking to identify research priorities for international animal disease issues, including FMD, and may present an opportunity for leveraging prioritisation of the research priorities identified by EuFMD. The FAR itself traditionally supports the Global Foot and Mouth Disease Research Association (GFRA) to produce a "state of FMD research" report every two years, and Dr Ryan queried whether there was need to commission a specific report on European research priorities in order to better identify these.

Dr Ryan reported that the STC identified the following research priorities at their recent meeting:

- Tools to assist modelling FMD spread with respect to national data compatibility issues;
- Practical application of the latest bio secure FMD sample transport research;
- Application of FMD impact calculators to contingency planning;
- Requirements for approving FMD marker vaccines within the EU;
- Tools to manage the spread of FMD in wildlife.

Dr Ryan updated the Executive on the FMD Amplified Surveillance Technology Transfer and Training Awards (**FASTA**) concept, recently endorsed by the STC. The FASTA concept functions as a catalyst to develop partnerships to improve surveillance activities, leveraging existing investments to generate additional outputs. Some initial success in achieving such partnerships has been achieved between Nigeria and Belgium. He also reported that further discussion had been held with Dr Herzog (UH, Austria) on the concept of a diagnostic bank. An initial pilot bank was proposed which include the diagnostic reagents required for the acute phase of an outbreak, focussed on the Balkans region. This matter was further discussed in the small group sessions.

e) Small group discussions

The Executive were divided into two groups for the discussion session.

Group One	Group Two
Alf Füssel	Jean-Luc Angot
Ulrich Herzog	Christianne Bruschke
Spiros Doudounakis	Jean-Phillippe Dop
Martin Blake	Juan Lubroth
Alessandro Ripani	A.Naci Bulut
Lajos Bognar	Gediminas Pridotkas
Jenny Maud	Ozhan Turkyilmaz
Marius Masiulis	Chris Bartels
Eoin Ryan (part)	Eoin Ryan (part)
Keith Sumption (part)	Keith Sumption (part)

Item 4: Feedback from Group discussion

Discussion Group 1

Emergency Preparedness: Component 1.2, the issue of critical human resources

Questions discussed by the group:

1. Should we have as a priority the sharing of human resources? Is it important for all MS or only for a specific region?

2. Do we need to develop template for bilateral agreement and present for MS CVO for further discussion?

The members of Executive Committee agreed on the importance of the human resource sharing and concluded, that:

1. For the EU countries, the CVET (Community Veterinary Emergency Team) already exists to help Member States veterinary authorities, and should provide a system for assistance. This may function as means to find critically constrained human resources that can be useful to other Member States;
2. The sharing of human resources can only be done only on voluntary basis;
3. Language barriers will be one of the most important problems, as few MS share common languages with more than one other country in Europe.
4. Reducing the bureaucratic burden was necessary to make the sharing of expertise more attractive and feasible. Common issues include maintenance allowances, contracts, insurance, rates, accommodation, and a template or guidance may assist MS to develop a streamlined process;
5. The guidelines would be useful for all MS but target could be firstly non-EU neighbourhood – Balkan region.

Conclusion

15. The EuFMD should prepare and distribute for the further discussions "Guidelines on human resource sharing" that ensure MS are aware of issues and their potential solutions, firstly targeting non-EU countries (i.e. western Balkans).

Priorities for support to MS on vaccination issues

Relating to lower competencies in preparedness for FMD vaccination identified by the training needs assessment, the questions below were discussed:

Where are the biggest gaps in our support to MS and how could they be addressed? (Training, research priority, vaccination network).
What is the relative importance of the following topics for more attention?

1. *Decision making on whether to vaccinate, implications of OIE code change, exit strategies to vaccination.*
2. *Practical planning on how to implement emergency vaccination.*

The discussion group agreed that further support on decision making regarding vaccination should be prioritized. This should include consideration of:

- Trade implications of vaccination and exit strategy following vaccination. Dr Füssel raised the particular issue of trade in live vaccinated animals between EU Member States. It is likely that there are wide differences in the impact of FMD vaccination according to trading patterns of EuFMD MS.
- Support to strategic decision making on vaccination, and communication to decision makers (government ministers). Could a tool be developed to assist decision making?
- Need to consider the changed landscape since 2001, including public opinion changes, and technological changes including e.g. rendering.
- Need to look broadly at decision making; Dr Herzog commented on the value of including a broader view of veterinary ethics and wide stakeholder consultation in the decision making process.

Recommendation

1. To prioritise support to the area of decision-making on use of vaccination, through a process involving 1) an expert consultation to inform the design of a workshop, 2) a well-structured workshop involving multiple member states, based on the recommendations of the consultation, and 3) wide dissemination of the findings of the workshop to all Member States.
2. The practical management of emergency vaccination programmes remain important and it was recommended to investigate whether training in this field could be combined with neighbourhood/North African countries where such emergency campaigns have been recently conducted and which are interested to improve their emergency preparedness.

Implementing an EuFMD diagnostic bank

The group discussed the establishment of a diagnostic bank for reagents needed for testing samples from suspected clinical FMD cases (PCR, antigen detection ELISA, antibody detection ELISA, LFDs) during the initial phase of an outbreak (i.e. not the post-outbreak serosurveillance phase). The idea of focussing initial development to the FMD free, non-EU countries (i.e. Western Balkans) was endorsed by the group. They considered that such a bank should be based in an FMD reference laboratory (e.g. IZSLER) with a commercial courier company contracted to transport reagents within 48 hours of a request being made. A least cost method should be explored by the Secretariat. If kits are purchased, a system for use of kits approaching their use-by dates should be agreed, which may involve donation to countries under other parts of the EuFMD programme. The bank should be linked to existing laboratory networks and contingency planning networks, and beneficiary NRLs should have had appropriate training, coordinated with the EURL/WRL. Although the regional focus of the bank could be the Balkan non-EU members, the existence of the bank could assist if crisis occurs in an EU member if the bank is not restricted solely to these countries. Eoin Ryan (STC) was invited by Don King (WRL) to give a talk on this subject at the EURL FMD meeting in May 2016.

Discussion group 2

Prioritisation of applied research and surveillance:

1. Coordination:
   The group discussed the issue of the extent to which the FAR should coordinate with other research funders and consortia. The consensus was that the limited funding available for FMD research affects national FMD laboratory function and capacity and restricts the development of better technical options in disease control and risk management. Advocacy was needed to argue the case for more FMD-specific research with funding bodies such as DG-Research. More socio-economic research on the impact of FMD would be useful both as an end in itself but also as it would inform such advocacy.
   Coordination of FAR priorities with other research consortia such as STAR-IDAZ could be positive, particularly in order to avoid unnecessary duplication of research efforts. However the group noted the risk of the EuFMD losing control of its own research agenda if there was excessive coordination; there was a value in staying in control of FAR fund priorities.
   Within the context of limited funding available for FMD research, the option of exploring the IAEA CRP funding mechanism was recommended.
2. Leverage:
   The group discussed the suggestion that the EuFMD could play a role in leveraging funding towards activities that will contribute to achieving the agreed outcomes of the Strategic Plan. This has developed since some funding agencies or sources have shown an interest to support areas of FMD surveillance and training, particularly in Middle-east and Africa, and for which the Phase IV funding is very limited. As a result of such external funding interest the Secretariat developed the EuFMD FASTA mechanism, with a particular emphasis on disease surveillance and virus isolate characterisation, involving a competitive process with objectives to identify quality proposals that address gaps in surveillance and which external agencies may be willing to support. The consensus was that while the group supported the outputs which this is intended to serve (improved disease intelligence to inform European risk management), the group advised caution with regard to the modalities proposed. There is a risk that this approach is opportunistic rather than strategic, and care should be taken to ensure any EuFMD activities of this sort are strategically aligned. The issue of data ownership in relation to funding bodies was flagged as an important point. There may be reputational risks to EuFMD arising from a perception of having a close relationship with private companies or certain countries, or from being perceived to be acting as a "contractor" for others, which may create difficulties for the EuFMD core work.
   The possibility to obtain the same outputs while mitigating the risks outlined above was discussed, and the option of using other bodies such as GFRA to connect two partners was suggested.
   The group recommended to proceed with caution and to report back to the next Session on the outcome of the first round of the FASTA process.

Additional pathways to disseminate the PCP-FMD framework

The group discussed how the high demand for training on the PCP-FMD (and other aspects of FMD management) by the partners in the Global Strategy and FAO and OIE MS could be met. This demand is not only originating from the national veterinary services but more and more from local veterinary services, private veterinarians, farmer groups, technical support staff of dairy cooperatives, and veterinary and livestock training schools.
What are alternatives for achieving greater uptake and application by regional and national "practitioners in disease management?".

The financial resources available within the EC/EuFMD programme are fixed and very limited and so highly efficient ways of working are required. From the experience of the past few years the EuFMD training team suggests the following:

- Low cost, improved access to learning:
  - continued development of PCP-FMD e-Learning modules for the global audience, and the process of establishing a Knowledge Bank including Job-Aids, and throughout the component work-plan, webinar series are offered relevant to the various regions.

- Widening participation: supporting a PCP practitioners community to include any person working with livestock and encountering FMD
  - EuFMD has been approached by the University of Tripoli, Libya to develop and support Continued Professional Development (CPD) training as means to offer training and expertise on FMD control for veterinary practitioners. As a result, EuFMD is considering so called 'Partnerships with Universities' under its work-plans 2.2 and 2.3. It will be a means to reach out in a sustainable and practical way to those people working with livestock directly.

- Greater emphasis on CPD: CPD in the EU is a usual requirement for veterinarians but is very limited in neighbourhood countries and developing regions. Veterinary Statutory bodies have a role in setting requirements. Greater availability of CPD relevant to public and private management of epizootics/FMD will assist updating of the thousands of vets in practice in neighbourhood countries.
  -Does the OIE have information on how best to include Veterinary Statutory Bodies in promoting CPD?

- Funding: The above-mentioned routes and delivery of training for the practitioner community requires additional funding by other sources
  -A funding basis could be that the user and member of such community pays for him/herself, or donor support is found for the outreach to practitioners.

From the discussion with the members of the Executive Committee, it was concluded that there is

- General support for EuFMD to further explore alternative routes to disseminate the PCP-FMD approach. The broadcasting of webinar series, the development of e-Learning modules and courses, establishing a Knowledge Bank including Job Aids was supported as a good example of using modern technology to disseminate the PCP-FMD approach to large groups of stakeholders from both the public and private sector.

- It was however stressed that

  - EuFMD has to remain focused on its objectives under its mandate with regard to Pillar II and III.
  - Alternative routes are to be in parallel with support to strengthening the capacity of the national veterinary services as this is a similar important part of the Global Strategy of FMD control.
  - Training and support through partnerships with Universities must keep in mind the local situations to safeguard its application in the local context of a country (academic institutions are not the competent authorities for notifiable disease management).

- There was support to have statutory boards involved when discussing support to CPD development and delivery.

- Support to pursue cost recovery options including charges for training provided to the practitioner community. Here, EuFMD can further elaborate its policy on user-fees being charged directly to practitioners or through third-party organisations (including international organizations).

Item 5: FMD situation – Global and Regional

a) Report of the FAO World Reference Laboratory (WRL) for FMD, Pirbright

Dr Don King, head of the WRL, presented the report to the Executive Committee **(Appendix 6).** The regular Report forms part of the requirements of the EC funded Contract between EuFMD and Pirbright (the status of this Contract is discussed later under this Item). He outlined the considerable changes in the global FMD situation since the last Executive Committee Session. The most significant involve long distance jumps of FMD topotypes from one pool to another, notably into the Middle-East and North Africa. These jumps call into question the vaccine selection in those regions which are usually based on the prevalent local virus circulation. The unexplained circumstances of these long distance virus movements also raise questions for European risk assessment. The importance of outbreak investigations to ensure unusual patterns (suggesting new strains) followed by genotyping with rapid feedback of data to inform control efforts was emphasised. A higher rate of typing of outbreaks in the European neighbourhood is needed if new incursions are to be picked up quickly, and greater attention to the Gulf /Arabian Peninsula countries as incursion points.

Epidemic situation: the type O/Ind/2001 virus has continued to spread westwards, after several months when its presence in Tunisia/Algeria was not reported, causing outbreaks in Morocco, and has also now spread east from India into Vietnam and Lao PDR. There is a good match between existing vaccines and this virus strain. Phylogenetic analysis suggests that there have been multiple "escapes" of this virus from the Indian subcontinent.

The type A G-VII virus strain has spread into Saudi Arabia, Iran, Turkey and Armenia, in another example of rapid and unexpected virus spread between pools. There is a **poor in vitro match** between this virus and many commercial vaccines; this poses a considerable risk to Europe. An in-vivo vaccine challenge study is currently underway in Pirbright and the results will be communicated to EuFMD in April when it is complete. There are promising reports from Turkey that the novel vaccine produced by the SAP Institute against this strain is effective, and bovine vaccinal serum should soon be sent from the SAP Institute to Pirbright for inclusion in the next vaccine matching panel.

The situation in East Asia was described, where three virus lineages continue to cause outbreaks: O/ME-SA/PanAsia, O/SEA/Mya-98, and A/Asia/Sea-97. These viruses are thought to spread into East and Central Asia from South-East Asia. [Note: shortly after the Session, WRL reported the detection of O /MESA/Panasia in Israel and Palestine, an apparent jump from South-East Asia].

The vaccine bank recommendations from WRL to the ExCom are unchanged, but the gap in vaccine availability for A/Asia/GVII was emphasised; the current challenge studies should help identify if the current set of high priority antigens provide acceptable levels of protection.

The Annual Meeting of the OIE/FAO FMD Laboratory Network (supported by OIE and EC/EuFMD, the latter under Component 3.3) had been held in Belgium in November 2015; this included working group meetings on nomenclature and post-vaccination monitoring, discussion of global surveillance and changing risk pathways, and harmonising and improving laboratory capacity.
Training activities being conducted by WRL were described, including an OIE twinning project with NAHDIC Ethiopia and the development of e-learning materials.

The recent outbreaks of swine idiopathic vesicular disease, caused by Seneca valley virus, in the United States was described. This has caused a considerable increase in the number of FMD suspect cases reported there, since the clinical signs of vesicular lesions are similar. The relevance of this for differential diagnosis in Europe will be disseminated to NRLs of EU member states at the EURL FMD meeting in May.

Discussion

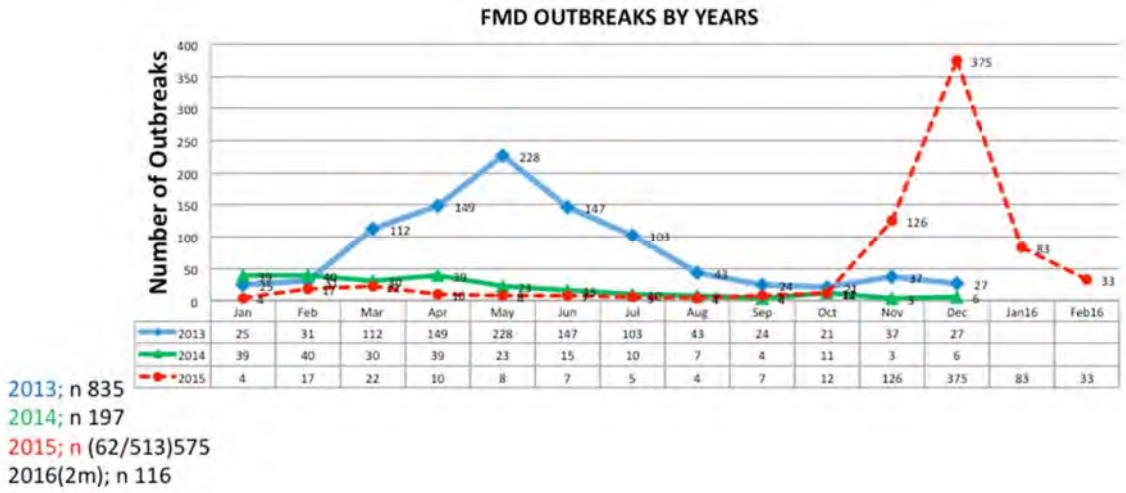
Dr Füssel (EC) commented on the significance of virus strains emerging from India and how useful it would be to have more information available on the FMD viruses circulating there. Dr Lubroth (FAO) noted that the FAO have also advocated for improved surveillance in India and sharing of virus data, including through the SAARC body and the FAO regional unit. Dr Maud (EuFMD) referred to the work jointly conducted by the FAO Kathmandu office and EuFMD in the context of the real-time FMD training courses in Nepal, whereby virus isolates from outbreaks are collected and made available for further analysis; the value of this activity to provide a window into virus circulation in India was highlighted.

Conclusions:

1. The recent jumps of infection from South Asia into the Middle-East, and the rapid spread between countries in the south-eastern European neighbourhood, should be noted by the member states as a major cause for concern.
2. Laboratory and field studies on the level of protection provided by type A antigens in the EU bank and the new A G-VII vaccines are urgently required. The possibility to undertake such studies in the field in Iran or Turkey should be vigorously pursued.
3. Greater attention must be given to obtaining up to date information on virus circulation in South Asia, especially India, and the identification of effective vaccines. The real-time training programme in Nepal has provided a useful opportunity to ensure samples are collected and submitted for typing, but a more strategic approach to ensure active South Asian participation in FMD surveillance is required. The Regional Support Unit (RSU) to SAARC countries could play an important role, and South Asia should be prioritised for more attention under the Pillar III networking and training action plan.

b) Report on the FMD situation in Turkey and neighbours: (WELNET report)

The report on the FMD situation in Turkey and neighbours was presented by Dr A.Naci Bulut, Şap Institute **(Appendix 7),** on behalf of Dr Nihat Pakdil, Deputy Secretary of Ministry, The Ministry of Food, Agriculture and Livestock, Turkey. Dr Bulut reported that in the period 1 January to 1 October 2015 a total of 62 outbreaks (O, A, Asia 1 serotypes) had been reported in Turkey. The situation changed from early October; on the 9th October 2015, molecular analysis of a serotype A sample that had been collected from an outbreak investigated in Van province on 29th September 2015 which indicated the incursion of a new strain of serotype A FMD virus. The genetic sequence of this virus strain, subsequently referred to as serotype A G-VII, was extremely different (21.5% by sequence) from the serotype A FMD strains previously circulating in Turkey during 2015. An emergency response to the new incursion was initiated, involving animal movement restrictions, active surveillance and rapid production of a new vaccine. A monovalent vaccine for the new serotype was available for in vitro vaccine matching and quality assurance on 10th November 2015, and first used in the field on 24th November 2015. Turkey's spring vaccination campaign was brought forward, and following initial emergency use of the newly manufactured monovalent vaccine, a tetravalent vaccine including the new strain has now been produced (O Panasia/, A (AsiaGVII, A Iran05/A Tur14 and Asia1/SINDH08).
Dr Bulut reported that the number of outbreaks reported due to Serotype A gen VII rose very rapidly, with a total of 126 outbreaks reported in November and 265 in December due to the new serotype. Outbreaks occurred in all geographic regions of Anatolia, but no outbreaks were detected in Turkish Thrace.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan16	Feb16
2013	25	31	112	149	228	147	103	43	24	21	37	27		
2014	39	40	30	39	23	15	10	7	4	11	3	6		
2015	4	17	22	10	8	7	5	4	7	12	126	375	83	33

Figure 1: *FMD outbreak data from Turkey, indicating outbreaks due to Serotype A (red dashed line). Reproduced with permission from presentation given by Dr A Bulut to the Executive Committee*

Figure 2: *Geographic distribution of outbreaks reported in Turkey due to Serotype A Gen VII FMD virus in November and December 2015, reproduced with permission from the presentation given by Dr A Bulut to the Executive Committee.*

The Spring FMD vaccination campaign was brought forward to begin December 2015. To date a total of 15.5 million doses of tetra-valent vaccine have been administered giving vaccination coverage of 93%. Booster vaccination for primo-vaccinated cattle in the Marmara and Aegean regions has been implemented and a vaccination campaign is planned to be carried out three times in these regions in 2016. Movement restrictions and closure of markets has been strictly enforced in affected areas. Surveillance, outbreak investigation and awareness raising activities have also occurred. In the Thrace region, activities as part of the EuFMD surveillance programme have continued and in addition clinical surveillance has been conducted three times by central surveillance teams. The number of reported outbreaks is reduced with 83 reported in January 2016 and 33 in February 2016.

Discussion

Dr Alf Füssel thanked Turkey for their good and rapid response to this outbreak. He emphasised, supported by Dr Spiros Doudounakis, the importance of ensuring that Turkish Thrace maintained its FMD free with vaccination status. Dr A.Naci Bulut responded that the FMD free status of Turkish Thrace was extremely important, not only

in preventing incursion of FMD to neighbouring Member States, but also to Turkey itself, and therefore every effort would continue to be made to protect this region and continue surveillance activities.
Dr Chris Bartels proposed that the rapid epidemic spread of this novel strain, combined with large amount of data available presented a unique opportunity to study the evolution of the outbreak and mechanisms of FMD transmission in Turkey. Dr Don King agreed, mentioning that genetic sequencing could assist in these epidemiological studies, but that such a study would require adequate funding, above that available from EuFMD's research funds. Dr Füssel agreed that such studies would be extremely important, and might build on existing modelling studies carried out in Turkey. Dr Bulut supported the need for studies within Turkey, but emphasised that investigating the source of the incursion into Turkey, and drivers for disease incursion into Turkey, such as meat price data, is also important**.** The Secretariat were requested to follow up to investigate sources of funding and investigators to carry out such studies.
Dr Jenny Maud mentioned that the Secretariat recognised the need for in vitro and field verification of the effectiveness of the newly produced Turkish vaccine strain. Iran had been identified as a suitable location to carry out field vaccine effectiveness studies during the recent visit of Drs Sumption and Lyons, and Turkey had been requested to provide a small amount of the Sap institute vaccine (approx. 5000 doses) to facilitate such studies. Dr Bulut was aware of this request, and had forwarded it to the Turkish ministry for approval.

Conclusions

1. The SAP Institute, Turkey, is to be commended for the very quick development of a homologous vaccine to the epidemic type A G-VII strain, and the GDFC for bringing forward the spring campaign to ensure early, national re-vaccination, a very major logistical and practical achievement.
2. As the detection of the new strain and the initiation of vaccine development occurred before the international reporting of detection of the new strain, the Executive must remind its member states of the obligation to report epidemiologically significant events to the OIE and, under its mandate, also to the EuFMD.
3. The SAP Institute, as leader of the WELNET, together with the WRL and FGI-ARRIAH, had provided valuable information in English and Russian to the FMD laboratory network in neighbouring countries in West Eurasia and the Middle-East.
4. WELNET, working with WRL and FGI-ARRIAH, should urgently develop vaccine recommendations for West Eurasia for the upcoming Roadmap Meeting, and in future ensure it follows closely the situation in the Arabian Peninsula which now appears to be an entry point for infection to Turkey/Iran/TransCaucasus.

FMD situation in the Caucasus countries

A presentation **(Appendix 8)** was given by Dr Lebedev, speaking on behalf of Dr E. Nepoklonov. They had been invited by Dr Angot to present their position on FMD control given the epidemic development in the Trans-Caucasus, particularly the first case in Armenia for over a decade, related to the deteriorating epidemic situation in late 2015. In their proposal they recalled the long history of EuFMD implementing a disease control programme on behalf of the OIE/FAO/EC Tripartite, with Russian Federation vaccine used in the buffer zone from 1999 to 2012. Their proposal was for a revival of a regional programme, with co-ordinated efforts in the territories bordering Georgia, Armenia and Azerbaijan, including the Russian Federation, Turkey and Iran, creating a new buffer against further spread of FMD using uniform FMD vaccine comprising the vaccine strains most relevant to the risk. The proposal also involves agreement of the parties on surveillance (both active and passive), including monitoring investigations and disease outbreak investigations and scientific and technical cooperation in the following areas: training of staff members (diagnosis, epidemiology, clinical diagnosis, etc.), risk assessment, epidemiology, also assessment of the disease risks and management options where susceptible wild animals are involved.
They expressed their desire that their proposal would be able to achieve a functioning framework for the Caucasian Veterinary Services to work together, and to see progress of countries in the stages of the FMD Progressive Control Pathway (EuFMD/OIE/FAO). It would also be important for ensuring vaccine production is based on the most relevant FMD isolates before they reach the mentioned territories. It is also expected that over

time FMD freedom of zones followed by country level is expected, with OIE recognition as FMD free zones or countries where vaccination is practiced (4th and 5th PCP stages).

Discussion

Dr Angot welcomed the intervention and the proposal, which if it were to proceed would involve two EuFMD member states, Turkey and Georgia. The situation with epidemic spread of the type A G-VII has clearly indicated the importance of vaccine production centres in Turkey, Iran and Russian Federation to rapidly respond to the new threats, and these efforts could benefit all of Europe. The proposal though involves several countries not represented in the Session, but which are members of FAO and OIE, and a consensus would be needed that reflects the interests of those countries and the international organisations.

Keith Sumption asked if the countries would be free to select and use their own vaccination strategies and programmes within a guidance framework, or was their proposal to supply vaccine with conditions in order to harmonise the programmes. The answer was that no decision had been made by the Russian Federation on supplying vaccine at this point, it was thought that common agreement would be sought with all CVO's on the vaccines to be used, with scientific support from EuFMD and FGI-ARRIAH. They also said that as the countries cover only 50-70 % of entire animal population, there are gaps and international organisations should supply the rest to ensure 100 % coverage.

KS stressed that the EuFMD experience with the buffer zone was that seropositive animals were found in the zone in every year, with some higher and lower risk areas recognised, and so it had to be concluded that entry of infection did occur, and at that time the buffer zones did not adequately manage movement controls. Very large buffer zones would therefore be needed, which could still be crossed by illegal movements in a few hours - a system which could be extremely costly and prone to failure. The benefits of alternatives involving greater internal control of movements must be part of the future solution.

In summary, Dr Angot proposed a side –meeting involving the representatives of the six territories, EuFMD, OIE, FAO and EC, during the OIE General Session held later on this year in May. The EuFMD could provide the Secretariat for the meeting, and would co-ordinate this with OIE, FAO and EC.

c) Report on the situation in North Africa

Dr Jean-Luc Angot presented the Report of FMD in North Africa in a presentation "Support to REMESA, component 2.3" **(Appendix 9).**

He started with an overview of the number FMD outbreaks reported in Tunisia (143 in 2014), Algeria (12 in 2015) and Morocco (15 between 28 October and 13 November 2015).

The EuFMD workplan for REMESA had been developed during a workshop in Rabat, Morocco (24-26 August 2015) which had had the purpose to reach a common understanding on the difficulties associated with the control of the FMD incursion into the region in 2014 and 2015. The workshop provided recommendations in the fields of 1) strengthening prevention of incursions, 2) Strengthening FMD control, 3) Improving mobilisation of human and financial resources and 4) Strengthening of communication. From these recommendations, and based on previous activities and assessments, the Component 2.3 workplan was developed and includes:

- Improvement in short and long term management of the national FMD risk, with tangible indicators of progression along the PCP Pathway, towards OIE recognition of FMD freedom and a regional strategy for FMD control.
- The programme is based on the support to:
    - develop, adopt and implement Risk Based Strategic Plans for FMD control in Libya and Mauritania, and the capacity to achieve and maintain PCP stage 3 or 4 in Morocco, Algeria, Tunisia;
    - Implement a coordination framework in order to facilitate communication, review and guide upon activity implementation at national and regional level;
    - Create a system to improve availability of disease risk information for planning of surveillance, control and vaccination programmes, and developing vaccine banks.

All the activities and the related outcomes can help to directly or indirectly reduce the risk of FMD incursions into the EuFMD member states.

Dr Jean-Luc Angot continued by going over the Status of activities. The issues brought to the attention for the Executive committee were

- Difficulties in Libya for RBSP and partnership with University of Tripoli (security and political instability). See the group discussion (group 2);
- Difficulties in Mauritania to further develop the RBSP due to lack of commitment of Veterinary Services and pending payments;
- Greater involvement of technical officers from REMESA countries, through contracting STPs from North Africa countries: Karima Ouali from Algeria from March to August to support the activities planned under component 2.3 and Mounir Khayli from Morocco from March to May to provide assistance to the surveillance programme for FMD in Morocco.

Dr Angot concluded that the 2.3 workplan is established according to the needs and supporting the development of a regional strategy for FMD control. Key elements are risk-based surveillance and early warning system, self-assessment on vaccination programmes, emergency preparedness, opportunities for exchanging information and improving networks and trainings. Last but not least, the ground is laid for close collaboration and coordination with FAO, OIE and REMESA countries.

Discussion

The mechanisms by which infection of the Indian type O strains initially spread to Libya was raised, and the lack of apparent detection of FMDV circulation in Algeria preceding the outbreaks in Morocco. Dr Ripani provided additional information in his presentation on these points.
The Session noted with appreciation the work undertaken, including the importance of support to improvement of surveillance in regions recently affected by FMD in North Africa and where the possibility of circulating infection remained.

d) World Reference Laboratory (WRL) contract

Dr Ryan (Chairman, STC) summarised this item. The previous contract between WRL and EuFMD concluded in October 2015, with the final payment under the letter of agreement made after the final report had been received. In good faith, and as good partners, the WRL have continued their activities in line with the previous contract, including funding the OIE/FAO FMD reference laboratory meeting in November 2015. A draft letter of agreement for the renewed contract is under preparation, which will include activities from components 1.7 and 3.3 of the strategic plan; this will be discussed between the Secretariat and Don King (WRL) in the coming days, and in line with discussions with the Financial Unit of DG-SANTE, will be reviewed before finalisation by the latter to ensure there is no perceived or actual double funding of activities under the EU-RL and FAO/EuFMD contract.

Discussion

Dr King commented on the delay in renewing the contract with the WRL; there was a risk that financial controllers in Pirbright may not be willing to continue to provide services in the absence of a contract; there was also concerns in Pirbright that the new contract must be retrospective in order to refund the cost to Pirbright of providing services to EuFMD during the period between contracts. Dr Füssel (EC) confirmed that the renewed EC contract with EuFMD would be retrospective, and so the money could therefore be used by the Secretariat to pay WRL for work already conducted as agreed.

Item 6: Items proposed by Gf-TADS Partners

A joint presentation **(Appendix 10)** by Juan Lubroth (FAO), Jean Pierre Dop (OIE) and Alessandro Ripani (OIE). Dr Lubroth started with an overview of the FAO support to FMD control, which supports the reduction of risk to EuFMD member states. In 2015, FAO through Technical Cooperation Projects (TCP), Trust Funds (TF) has supported FMD control in various regions of the world.
This included

- Emergency assistance or support on FMD control in North Korea, Uganda and Zimbabwe;
- Development of National Control Program for Foot and Mouth Disease in Pakistan;
- Building resilience and self-reliance of livestock keepers by improving control of Foot-and-Mouth Disease (FMD) and other Transboundary Animal Diseases (TADs) – Afghanistan;
- Foot-and-Mouth Disease Control in Southeast Asia through Application of the Progressive Control Pathway", within the framework of "Improving National Preparedness for Transboundary Animal Infectious Disease in Developing Countries in Southeast Asia".

As well as numerous projects on strengthening of the veterinary services which are in line with the 3rd component of the Global Strategy for FMD control.
Since 2012, 11 regional roadmap meetings were convened in Asia and Africa. This is supporting gradual control of FMD by the approach of the PCP-FMD.

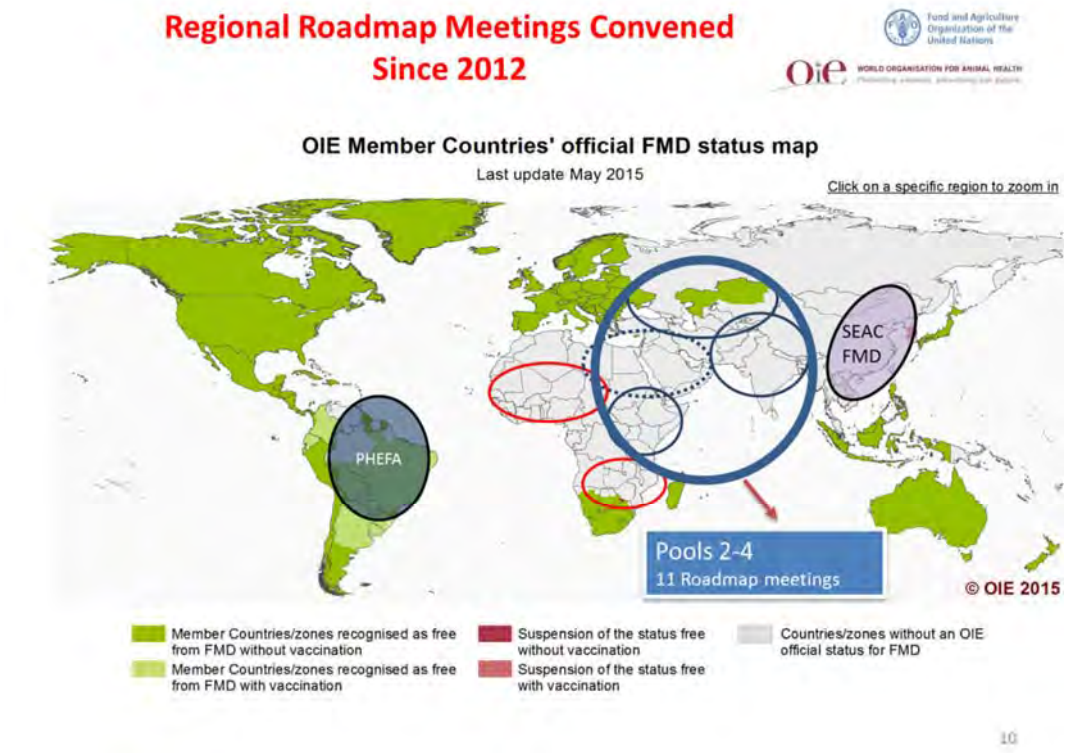


Figure 3, Regional roadmaps convened since 2012

With regard to the Global Strategy for FMD control, Lubroth indicated that global FMD control seems feasible and that the PCP-FMD approach and the reinforcement of veterinary systems are gradually gaining acceptance. Currently, 60 countries are engaged and 42 countries are closely monitored with notable evidence of advancement. However, political will and engagement of international and regional organizations and development partners are crucial to the startup and sustainability of FMD control and funding is needed to support the global strategy, particularly those countries at lower PCP stages.
A welcome development was that roadmap meetings are being attended by third parties especially in West Eurasia and East Africa which may be a show of interest by potential donors.

Concurrently, these meetings demonstrate challenges in different areas such as diagnostics (for instance the capabilities to carry out sustainable surveillance, field investigations and collection and shipping of samples, laboratory biosafety and biosecurity and equipment and reliable flow of diagnostic supplies) and on vaccine and vaccination related issues such as low coverage, vaccination regimens for small ruminants, risk-based vaccination programs and use of good quality vaccine.

Regional plans are necessary to address FMD control for hot-spots in regional *ecosystem and their (re-) emergence*), to establish concerted regional control plan with examples in Southern America (*PHEFA) and South-East Asia (SEACFMD)* and to understand *a*nimal movement patterns and value chains between countries within a region.
Dr Juan Lubroth emphasized the need to be able to convince decision-makers on allocating budget on animal health related issues. FMD control is one of a number of competing priorities and may be overlooked given other disease concerns.
Dr Jean-Pierre Dop continued the presentation with listing the priorities for the FAO/OIE FMD Working Group in 2016. These started with

- PCP Training for FAO and OIE staff to improve the awareness, and increase the appropriate application of the PCP-FMD tool, to clarify the link between the PCP-FMD and PVS tools under the component 2 of the Global Strategy and to clarify the relation between the PCP-FMD tool and the OIE procedure for endorsement of official control programme for FMD and for recognition of FMD free status. The ultimate goal is to have all regional / sub-regional officers being able to provide guidance to countries and to better follow-up their respective regional roadmap. For the long-term to have regional officers apply such risk management approaches to other threats of animal origin.
- Revision of the PCP-FMD guidelines and associated questionnaires, by building on the experiences gained and to include Component 2 of the FMD Global Strategy (Strengthening Veterinary Services)
- Guiding materials for FMD control plans required such as templates for control plans - to support countries willing to progress to PCP Stages 1, 2 and 3 and to advance in their PCP stage. Examples are the post-vaccination monitoring (PVM) guidelines (soon to be published) and the socio-economic guidelines, to guide countries to:
- Need for Regional Leading Laboratories in particular in North Africa, Eastern African and Western Africa. These need to be rrecognized and nominated by the region while support may be expected from the Working Group to the process of drafting criteria and development of the nomination process. Such Regional Leading Laboratory will benefit the region by facilitating access to training and diagnostic reagents and proficiency testing.

[Note on the last: the OIE/FAO Working Group had agreed Regional Support Laboratories in 2013 to be: Kenya (Embakasi), Ethiopia (NAHDIC), Nigeria (Vom), and Senegal, based on nominations from the regions. On this basis EuFMD had provided support under its component 3.3. These cover East and West Africa only].

Dr Jean-Pierre Dop continued to outline the OIE activities relevant to FMD control at global level. He referred to the current revision of the Code and Manual on international standards. Additionally, Dr Dop mentioned the update of official status recognition and endorsement of official control programs. As can be seen from the global map in Figure 4, the endorsed status of Algeria was withdrawn recently (February 2016) after withdrawal of the Tunisia endorsed control programme in September 2014. An OIE steering committee is currently elaborating the details of establishing OIE supported vaccine banks.

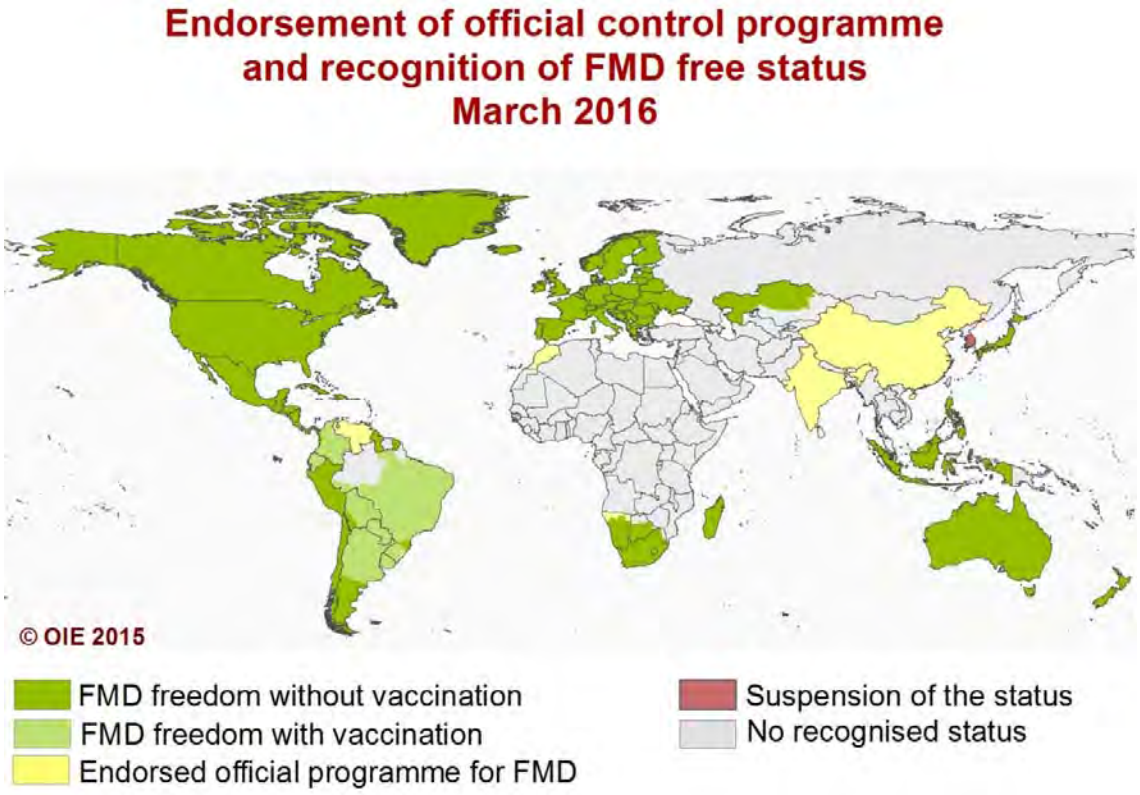


Figure 4, Endorsement and recognition

Dr Alessandro Ripani from the OIE sub-regional representation for North Africa in Tunis, Tunisia continued to present FMD activities in North Africa. He started with reviewing the FMD situation in the region.
Serotype O, strain O/ME-SA/Ind-2001 started circulating in 2014 in Tunisia and Algeria after previously being introduced in Libya in 2013. In November 2015, this strain was detected in Morocco. It seems likely that this strain originates from the Indian subcontinent and has reached North Africa through trading routes in which the Middle East is involved.
Serotype SAT2 was notified in Mauritania in 2015, 9 years after the previous FMD notification from Mauretania.

The lessons learnt from the FMD epidemic in North Africa are the difficulties to contain animal movements between and within countries affected. This involves difficulties with raising awareness with animal traders, with having appropriate vaccines available immediately and difficulties in implementing regular active surveillance in the affected countries. Obviously, the political instability in Libya is posing a challenge for a regional approach to control.

Dr Ripani continued to elaborate about the REMESA activities, in particular on the decision by the Joint Permanent Committee (JPC) during the 9th meeting held in Tunis. The OIE was entrusted by REMESA Countries to implement a regional bank for North Africa of vaccines and antigens for FMD to allow access to high quality vaccines or antigens for the countries of the Region complying with intergovernmental standards - in particular in emergency situation - through an international call for tender prepared by the OIE.
This project is in progress and the countries recommended to establish a specific steering committee for the vaccine bank that would associate REMESA member countries with representatives of the UMA secretariat, FAO sub regional office for North Africa, EuFMD as well as donors.
At the last JPC meeting in Algiers (24-25 November 2015), the importance of establishing a regional vaccine bank for FMD in the REMESA region was re-iterated, along with a harmonized vaccination strategy among the countries and an effective livestock animal identification (traceability of the animal movements).
Based on these recommendations, OIE office in Tunis plans to organize a workshop dedicated to elaborate and to be agreed on a harmonized and feasible vaccination strategy for FMD to be presented at the next REMESA meeting. The major elements to be discussed and agreed during the workshop are as follows: Which species need

to be vaccinated and at what ages; which serotypes need to be used; What is the best ttiming of vaccination programme. This workshop is scheduled for 30 and 31 March for which EuFMD is invited to provide a technical expert. A second workshop will discuss livestock identification systems in cattle and small ruminants.

Discussion

The situation with Regional Leading Laboratories (RLL) was discussed. Clarifications were needed on terminology and process, since Regional Support Laboratories (RSLs) had been identified in East and West Africa under the FAO lead regional laboratory and epidemiology networks. Dr Juan Lubroth emphasized the role EuFMD may have by setting criteria for the nomination process for the RLL and by providing support in training and access to diagnostic reagents/proficiency testing.
The need to build up the cadre of expertise to provide strategic guidance to countries on FMD management was emphasized. FAO and OIE receive continual requests for support and are unable to field the teams required on short notice. The training offered by EuFMD could assist to develop this, but attention is needed to ensure that a cascade of training is feasible. New options to explore national capacity development by the low cost roll out of the virtual training must be considered.
The progress to develop a harmonized strategy on vaccination and a vaccine bank for North Africa was discussed. Dr Angot, Chairman, thanked the FAO and OIE for their joint presentation and for the positive development of the working relations with EuFMD, and the efforts to ensure commonly agreed workplans under Pillars II and III.

Item 7: Standing Technical Committee (STC)

Dr Eoin Ryan (STC Chair) presented the report **(Appendix 11)**. The STC had held a meeting in Rome on 4th February, where the EuFMD workplan was presented and discussed. The risk posed to program delivery by the delay in obtaining funding from DG-SANTE was noted by the STC. The benefits of partnerships to EuFMD program delivery were discussed, including the Australian/New Zealand partnership and the additional funds received from the UK, Spain and Germany for tailored training courses. In relation to the output evaluation methodology for the work program, the STC noted that for Pillar III, this may not be fully appropriate since Pillar III activities involve cooperation with others (FAO, OIE, national partners) and so input and activity evaluation would also be appropriate in this case. The benefits to the program of cross-cutting activities such as training (developed for Pillar I but used in Pillar II and III), risk-based surveillance (developed in Thrace, now being looked at for Pillar II areas), and alignment with programs under the Better Training for Safer Food (BTSF) were noted.

An update was provided on the tasks assigned to the STC at GS41. The diagnostic bank proposal which had been outlined by Dr Ryan at the 90th ExCom meeting, and further refined during the group discussions at this meeting, was discussed and the revised proposal based on the group work endorsed. For vaccination-to-live issues, a sub-group of the STC and SCRPD will be convened by Stephan Zientara (ANSES, STC) to explore further with a view towards reporting back to the ExCom and Secretariat; it is proposed to hold a meeting of this sub-group in ANSES shortly. The impact of the new Animal Health Law on contingency planning and business continuity planning and the intersect with the need for guidelines for farm/industry biosecurity was outlined; this was to be explored further by Dr Rassow (Germany, STC). However, Dr Rassow has now resigned from the STC due to a change of duties in work. Regarding the options for FMD control in wildlife, Dr Ivanov (Bulgaria, STC) has attended the relevant simulation exercise in Bulgaria and will report back.

Regarding the biorisk management group, the sad loss of Dr Bernd Haas was noted. The STC recommendation to the Executive Committee was that Katrin Summermatter (Switzerland) and Sebastian Allix (France) be invited to join the BRMG.

The priorities for the Fund for Applied Research had been agreed by the STC; it was emphasised that the FAR is the only FMD-specific research fund at European level. The priorities proposed by the STC are:

- Tools to assist modelling FMD spread with respect to national data compatibility issues;
- The practical application of the latest biosecure FMD sample transport research;
- The application of FMD impact calculators to contingency planning;

- The requirements for approving FMD marker vaccines within the EU;
- Tools to manage the spread of FMD in wildlife.

Open Session:

The proposal for the 2016 Open Session of the STC and Special Committee on Research was put to the Executive Committee. The STC meeting had reviewed the options identified in the Lisbon area of Portugal. A very suitable Conference facility in the historic port village of Cascais, Portugal had been found and the recommendation was to proceed with this choice, with dates of 25-28 October. Regarding costs, the Conference is planned to be on a non-profit, cost recovery basis, and to ensure this, it would be needed to increase registration by €50 to €300/350/400 for early bird/regular/late registration. Given the expected interest in the STC day, a one-day registration option would be provided, at €150.

The themes proposed are:
Overall Title: OS'16 : **The Practice of Innovation**
The Session would be divided into two parts, the STC led day and the Research Committee led Sessions.

- STC Day: **Innovative ideas and options for FMD management**
- Research Days: **Globalising access to science and innovation: connecting livestock keepers and knowledge leaders**.

Discussion

Dr King (WRL) indicated the importance of the Session for research students for their understanding of FMD policy, management and science, and asked if the cost for students could be reduced rate. This was agreed in principle, subject to the Secretariat examining the projected costs and it not adversely affecting the existing estimates.
Dr Angot thanked Eoin for his report and the members indicated their appreciation of his work for the STC.

Conclusion

1. The five proposed priorities for support under the Fund for Applied Research were endorsed.
   The proposal for the Open Session was supported. The Secretariat should ensure that as far as possible the Session was also available online as this had been a success in 2014.

Item 8: Administrative and financial

The Secretary outlined the financial status of the Funds under management (**Appendix 2**). Relating to the Administrative Fund (MTF/INT/011/MUL), this fund had been also used with the agreement of the Chairpersons to cover operational activities scheduled for performance under the EC contract, since 1st October 2015. Of a total expenditure of USD 174,745 it is expected that when relevant expenditures are transferred to phase IV of the EC programme the remaining expenditure for 2015 will be USD 488,500.

Dr Sumption detailed contributions received from MS to the Trust Fund. A total of USD 563,341 have been received, with USD 75,502 outstanding. Albania and FYR of Macedonia have outstanding contributions of greater than two times their annual contribution.

The Emergencies and Training fund (MTF/INT/004/MUL) has received funds from Australia and New Zealand under the Nepal Real Time Training project, and also from multiple Lander in Germany to support attendance on a bespoke Real Time Training course. These contributions are received on a full cost basis, and have supported the recruitment of additional staff members and also the development of new training and e-learning content.

Dr Sumption thanked Dr Juan Lubroth and Dr Berhe Tekola (FAO) for their assistance in securing new office accommodation at FAO headquarters after EuFMD were asked to vacate two rooms which had been used for Operations staff and STPs (8 persons).

Discussion

In relation to outstanding contributions from Member States, Dr Angot suggested that official letters be sent to Albania and the FYR of Macedonia requesting urgent payment. Dr Herzog commented that payment in instalments could be offered as a solution if necessary.
Dr Füssel confirmed that DG Santé had agreed that the signature of the agreement will proceed as soon as possible and can be retroactive to the 1st October 2015.

Item 9: Co-ordination, future meetings

Dr Angot thanked Dr Bruschke and Dr Bouma for the hosting of the Session in very pleasant meeting facilities, and thanked all for their attendance and contributions to the discussions. In particular, he thanked Turkey for sharing of information and their response to the recent serotype A G- VII outbreaks. Dr Angot also thanked the representatives from the Russian Federation for their attendance and proposal. Finally, he acknowledged the excellent work done by the entire EuFMD team, in preparation for the meeting.
Dr Angot proposed that the next meeting be held during September 2016 in Corsica, France, and all present agreed to this proposal. Subsequent to the Executive Committee meeting, the location and dates are now changed to Paris, France, 26-27 September.

www.fao.org/ag/eufmd.html