



Food and Agriculture
Organization of the
United Nations



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Report Appedices

97TH SESSION
OF THE EXECUTIVE COMMITTEE
OF THE EUFMD COMMISSION

Report Appendices

97TH SESSION OF THE EXECUTIVE COMMITTEE OF THE EUFMD COMMISSION

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Please note the Report is available online and as a separate document on the EuFMD website.

Appendix 1

Agenda

97th Executive Committee EuFMD

31 January - 1 February 2019
Rome, FAO Headquarters

Agenda

Thursday 31 ST January 2019			
13.30	1	Welcome & Adoption of the Agenda	J-L Angot
	2	Report on EuFMD activities since the 96 th Session	EuFMD Secretary
	3	a. FMD situation - Global and Regional	WRL
		b. Workplan– EURL FMD	ANSES
		c. Overview of other ruminant TADS situation in European neighbourhood (other FAST diseases).	Sciensano K. Krstevski
Break			
	4	Review of the proposed EuFMD Strategy for 2019-2023	
		a. Overview of the proposed strategy	K. Sumption, EuFMD
		b. Co-ordination arrangements with GF-TADS	P.Facelli
		c. Co-ordination with OIE/EU/FAO reference centres and the Supporting Expertise base	
	5	Pillar I Report	
		a. Progress Report on Training, Balkans and Thrace, and Emergency Preparedness	M.de la Puente, EuFMD
		b. Diagnostic Bank proposal for preparedness in South-East Europe	K. Krstevski, EuFMD
		c. Future Pillar I Strategy	M. de la Puente, EuFMD
Friday 1 ST February 2019			
8.30	6	Pillar II Report and Future: Preparation of the Executive Committee Report to the General Session	
		a. Pillar II progress Report	F. Rosso, EuFMD
		b. Progress on risk mapping for targeting surveillance and control	E. Chevanne, EuFMD
		c. Priorities and opportunities in the future programme for integration of efforts for risk reduction of FAST diseases	F. Rosso, EuFMD
10.00	7	a. External expert review of the EuFMD Training Programme	Chair of evaluation group
10.20		b. SCBRM for Briefing on the Updating of the minimum standards for the FMD Containment	K. Tjornehoj
	8	Pillar III	
		a. Progress Report	N. Lyons, EuFMD
		b. FMD-Working Group Report	B. Tekola FAO; M. Stone, OIE
		c. Pillar III: future workplan	N. Lyons, EuFMD
		d. Supporting surveillance and the WRL& OIE/FAO Ref Lab Network	
	9	Concluding discussion on the EuFMD Strategic Plan	
Break			
	10	Standing Technical Committee (STC) Report	E. Ryan
	11	Proposals for revision of the Technical and Special Committees	E. Ryan
	12	Briefing on the Updating of the Minimum Standards for FMD Containment	K. Tjornehoj
	13	Financial and Administrative Reports - Administrative Fund (011) - Emergency and Training Fund (004)	K. Sumption, EuFMD
	14	Agenda and Technical Items for the General Session EuFMDs: progress report and priorities for future development Biosecurity categorisations and their potential impact in management of FMD emergencies	M. de la Puente, EuFMD
	15	Any other business	
13.00	Close/Lunch		

Appendix 2

Report on Activities

Appendix 2. Report on Activities (K. Sumption)**Item 2****Report on Activities of the Secretariat: October 2018- September 2019****SUMMARY**

It has been an intense 4.5 months since the Brussels (96th) Session of the Executive Committee, held in September 2018, and a period of a high level of implementation of the Phase IV programme, as well as change. The most significant developments have been

- The Open Session 2018, with almost 300 participants, showing the international interest in the topic of vaccine security as an issue affecting control of FMD;
- A re-doubled effort to support the Balkan region, with simulation exercise support to 3 countries and a whole-region approach to create diagnostic capacity;
- An additional wildlife field surveillance course, run in Spain, with significant take up of self-funded places;
- Strengthened team to undertake the risk mapping and national PCP support for the Pillar 2 region, with more in-depth missions to REMESA countries;
- In Pillar 3, response to the West Africa epidemic with PCP “launch” missions to several countries and in South Asia, the first “All-India” online course that connects their surveillance centres in one training programme.
- Evaluation mission from an Expert Panel of Veterinary Education experts.

Fresh outbreaks of foot-and-mouth disease into Tunisia, Algeria and Morocco were reported and support to emergency response has been given, including diagnostic kits.

The tremendous work by Maria de la Puente as Pillar I coordinator, and Fabrizio Rosso and Nick Lyons as Pillar II and III supervisors respectively has made a big difference to delivery, despite a very challenging set of targets to meet. Inevitably, political events in neighbourhood countries have an impact, and progress to re-establish work in Egypt, and in Algeria, is slow. Very good partnership with OIE in every region has certainly assisted.

On the **partnership** side, the neighbourhood work has been greatly assisted by agreements with IZSLT (Italy), IZSLER (for diagnostic supplies) and CIRAD (Montpellier), but we continue to lack a strong Russian-language partner for training in Russian-speaking parts of Eastern Europe.

A. Actions taken in follow-up to the Recommendations of the 95th Session

Of note for attention:

- #3, concerning lack of active surveillance programmes in parts of the south and east Mediterranean, and confusions caused by lack of differentiation between PPR and FMD in small ruminants;
- #9, new countries have requested to participate in EuFMDs;
- #7, Biorisk Committee will make a proposal for a revision to the Minimum Standards.

<i>Item 2: Follow-up to the 95th Executive Committee</i>	<i>Follow-up</i>
1. The Committee noted the report, commended the follow-up to the previous recommendations and expressed appreciation for the continued level of delivery on almost all of the components.	
2. The risk situation in North Africa, and in the eastern neighborhood of Turkey, remain of deep concern given the recent history of disease incursions and the Secretariat should ensure that sufficient attention is given to deliver on the initiatives agreed on livestock prices, movements and risk mapping in these areas.	Recruitment of Etienne Chevanne (10/18) and Bouda Ahmadi (1/19) to intensify work with risk mapping and price gradients in Pillar 2 countries, focus on North Africa and Caucasus in 2019.
<i>Item 3: FMD situation and progress of FMD laboratory surveillance contracts</i>	
3. The frequency in the last six months of recognised “virus escapes” from the reservoir pools must be noted with concern. This has occurred from four of the six significant virus pools and underlines the importance of maintaining the international surveillance system to track changes in risk, and supports the current biennium priorities of attention to South Asia and West/Central Africa;	Intensified activities with West Africa with close co-operation with FAO Regional Office and OIE; includes francophone network for information gathering and exchange, missions to Cameroon, Chad and Niger to promote PCP Stage 1 commitment (1/19). In South Asia, first “all-India” online course for their network of state/cluster laboratories is a significant step.
4. North Africa (Algeria) and most countries in West Africa have reported an epizootic of FMD in the recent three months, with closely related strains of serotype O (EA-3 topotype) incriminated from Algeria and Guinea. It would appear that there is a regional “pandemic” event of unusual severity taking place, and that the attention given to provide online FMD training for these regions may have assisted to improve the reporting of the events.	The questions of para-professionals and their role and training remains open: in West Africa, many services are given by para-professionals or private vets but some countries have extremely few of these trained.
5. The work of WRL-FMD, ANSES and Sciensano to support twinning projects and laboratory strengthening in West, East and Southern Africa is proving beneficial to building the information base to assess the significance of new epidemic events, and these very much needs to continue to be supported.	Essential such twinning continues and post-twinning, these labs continue to receive support in the network.
6. The Committee takes note of the 60 th anniversary of the recognition of the World Reference Laboratory (WRL) by the EuFMD/FAO in 1958, and wishes to express its deep	WRL event was a great success with many very excellent talks.

appreciation and complete support for the work undertaken by the WRL on international surveillance and as a leading Reference Centre in the OIE/FAO Global FMD laboratory network.	
7. A technical group, with composition to be decided between the Chairs of the Standing Technical Committee (STC) and Special Committee on Biorisk Management Committee (SCBRM), should meet at the Open Session of the EuFMD (OS18), on the question of containment protocols for inactivated “penside” tests, with a view to identifying a procedure which could be adopted as a safe, standardized shipment option to FMD Reference Centres.	Remains on the Biorisk Committee Agenda. But as the use of penside tests offers major advantages, the EuFMD will provide these to selected labs in West Africa to increase sample submission, in 2019.
8. Representatives of the EuFMD, EU-Reference Laboratories (EU-RL) and WRL-FMD should meet in the next months to agree upon the support to Phase XXXII of the Proficiency Testing Service (PTS), considering the role of the new EU-RL, and the current lack of committed funds beyond September 2019.	Report back of this meeting expected.
<i>Item 4: Progress reports of relevance to discussion on future EuFMD directions</i>	
9. The proposal to maintain support to EuFMDis (European FMD spread model) was endorsed, for the current pilot countries and relating to the workplan for October 2018-September 2019.	WS for the new intake countries planned in Feb/2019.
10. Given the potential of the model, or similar models, to identify the impact of incursions at sub-regional and regional scales, the proposal to develop plans for a “European Transnational Contingency Planning Workshop” was supported, as was the idea to form an organizing committee including private sector representatives.	Koen Mintiens will make a proposal, expectation it will occur in September 2019 before Phase IV closes.
11. The feasibility of studying the impact of varying the number of assembly centres per country and per movement should be investigated.	Actioned, and study is planned
12. [On PPP] The proposed consultation process was supported, involving a period consultation with public and private stakeholders in Member States (MS) where private sector engagement had been recognized as an issue, in order to identify areas for guidance, training or other support.	On PPP, EuFMD has offered to support OIE in its initiative on PPP; and for EuFMD to prepare the training on PPP for FMD control as a joint course. Likely to result in WS on PPP with OIE in mid-2019 with associated e-learning.
13. The ideas to hold a workshop or conference on this area in September 2019 should be further developed, and reported to next Executive Committee.	Proposal from Koen Mintiens (Component 1.2) expected.
14. [Training] The continued developed and scale of the delivery of the training programme was commended.	
15. Given that MS differ in resources and risks, consideration should be given to whether the current flat rate allocation of training credits should be adapted to respond to the different risk positions of MS across the region. This question should be addressed in the <i>Strategy paper</i> for the 2019 General Session.	Still under consideration for the Strategy.

16. The Committee recognized the rationale for the move of Real-Time Courses to Uganda in 2019 and the potential that this brings of giving more opportunity to train upon protection zone and farm level biosecurity.	First Uganda RTT planned in January and Feb 2019.
17. The importance of maintaining engagement with host countries through a regular training presence was recognized and the argument was supported that there is a need to explore the interest of private sector in Europe in taking places, in order to ensure a sufficient level of take-up of places to sustain the courses.	Private sector engagements have been positive and will be further developed (Koen Mintiens).
<i>Item 5. Standing Technical Committee (STC)</i>	
18. The Chairman and members of the STC were thanked for their oversight and effort to maintain the quality and relevance of the studies conducted under the Fund for Applied Research (FAR-Fund).	
19. The work of the Special Committee for Biorisk Management (SCBRM) was commended. Indeed it was considered that greater support should be considered to this Committee in order that they proceed with their critically important work to ensure the safety of the European network of containment laboratories, vaccine producers and contingency diagnostic laboratories.	Minimum Standards under review by the Committee, which met on 11 th January in Zurich and agreed on revisions; the revised text will go through two rounds of consultation, 1) technical and 2) through circulation to the MS in advance of the General Session.
<i>Item 6. FMD Risk Reduction in the neighbourhood</i>	
20. The dynamic nature of the risk associated with virus circulation in the countries neighbouring Europe must not be forgotten or underestimated. Activities to ensure the risk is recognized and addressed within the countries and the wider region should remain a critically important part of the EuFMD programme.	Pillar 2 team has been strengthened in recent months with STP (Shahin Baiomy, Egypt) and experienced new officer Bouda Ahmadi, to the team of Fabrizio. This has enabled more in-country missions to Pillar 2 countries.
21. Progress in the adoption and implementation of FMD control programmed at national level around the region, remains challenging despite the concerted efforts under GF-TADS partners. The offer of Italy to provide additional support to build capacity for monitoring of national activities in several neighbourhood countries was welcomed and encouraged.	Joint activities underway - Update requested from Italy at the ExCom.
22. The concerns of Turkey and Georgia for sufficient attention to the high risk situation in West Eurasia were noted, as was the assistance provided by these countries to the regional efforts in the TransCaucasus, including joint online training courses and the sharing of immediate disease information.	EuFMD were working closely with OIE (Astana) for the West Eurasia Roadmap meeting in Iran, planned in March; this should help address the gap of Iranian engagement with the TCC and West Eurasia networks.
23. Given the situation in North Africa, further work on the options for the emergency supply of vaccine is needed, and consideration given to providing guidance or training to Pillar II countries on how to formulate a request for emergency vaccines.	Urgency again shown by new outbreaks across NA in January 2019.

<i>Item 7: Further directions: developing the strategy for the period 2019-2023</i>	
24. The Committee endorsed the proposal to establish a high-level task force to help develop the future Strategy, and that this strategy should take into consideration the views of MS and GF-TADS partners on how the EuFMD capacities could effectively support risk reduction and preparedness for other exotic TADS without diminishing effectiveness of the work against FMD.	The role of the task-force was replaced by the very active role of the President. The ExCom will review if there remains a need.
<i>Item 8: Progress of the GF-TADS Strategy</i>	
25. The finalization of the 2 nd PCP-FMD Guidelines between EuFMD, FAO and OIE was noted and the importance of these Guidelines for the Global Programme was recognized.	Noted.
26. The GF-TADS partners were encouraged to ensure that these Guidelines are well communicated to countries to ensure better development of national plans for GF-TADS and OIE recognition.	
27. The lead taken by EuFMD to support the Progressive Control Pathway Support Officer (PSO) system was commended. Additional resources are needed to sustain the PSO system for sustainability and impact, and provide means to follow-up guidance with support to critical national activities. It was also noted that the PSO system may be a model for how the GF-TADS could provide “desk support” to countries concerning other major TADS.	EuFMD is organising training of potential new PSOs, in agreement with FAO/OIE.
<i>Item 9. Administrative and Financial</i>	
28. The sound financial position of the Administrative and Emergency Funds was noted, as was the rationale to maintain a sufficient balance in the Administrative Fund. From October 2019, if necessary, the Fund may act as a bridge to support the operational programme if there are delays to negotiate funding for the work programme after the completion of the current EC Phase IV.	
29. The dates of the 97 th Session were proposed as 30 th January/1 st February 2019, and the General Session as 17-18 th April 2019.	Agreed and circulated.

B. EuFMD Program

1. Global Surveillance Reports

Current risk events of most note for the EuFMD MS:

✓ **North and West Africa: wide spread, multi-country epidemic of type O -EA3**

The widespread FMD epidemic ongoing in North Africa from mid-2018, and West Africa from September 2018, does not appear over, since Tunisia, Algeria and Morocco have each signalled FMD outbreaks or need for assistance in January 2019.

At time of writing FAO/OIE Emergency Management Centre (EMC) was formulating a mission to Algeria but unclear if the VS will accept the mission.

✓ **The situation in eastern Mediterranean**

Remains of concern since risks in several countries are less controlled with less information than usual: EuFMD has led missions to Lebanon, Jordan and Egypt in December and January 2019. Unofficial reports indicate SAT2 of a different lineage to previous ones is currently affecting Egypt. The experience from these missions is that each country has its own reasons for high level reluctance to report cases but the main contacts want to apply the PCP principles to improve the control measures - it is essential to have mission team members and regular contact to find a way forward in such situations.

2. Major developments/achievements

Pillar I:

- Training: the delivery of the training for MS on organising simulation exercises (Athens) and on field surveillance methods applicable to wildlife (Spain, January)
- Balkans: missions to four countries and the planning of three national simulation exercises, implementation of one in FYROM (November) with success;
- Development of a proposal for Diagnostic Bank for the Balkans and Thrace countries (December 18)
- New countries (Ireland, France, Spain) engaged with development of national EuFMDis models
- Training Review: visit of the 3 external evaluators (December 18)
- Consultation missions to FVO (Grange) to review the need for guidance on contingency planning and simulation exercises (November)
- Vaccine bank management: workshop on the PRAGMATIST tool for vaccine bank managers, November 1st, was very well attended

Pillar II:

- Two workshops in Turkey on outbreak investigation for 50 participants (Nov/Dec 2018)
- Online course in Arabic on FMD investigation for 180 persons from 10 countries completed
- Missions to Lebanon, Jordan, Egypt on their PCP activities (December/January) with WS on post-vaccination monitoring conducted together with IZSLT (Italy).
- Side workshops with Tunisia, Algeria and Morocco on risk mapping
- Emergency response : diagnostic supplies sent to Algeria (January 2019)

Pillar III:

- PCP – support officer (PSO) system agreed with FAO and OIE, plan for training up PSOs from South Asia and West Africa developed with OIE and FAO involvement;
- PSO support to several countries has assisted to bring forward their submissions of plans to the GF-TADS WG (e.g. Sudan, and assisted national revision - Kenya)
- Surveillance: successful completion of the para-vets pilot study for improved surveillance; system for delivery of penside tests on a more regular basis to “surveillance poor countries” developed;
- Training: successful delivery of online courses for EAST AFRICA in November, and INDIA (national FITC course for the regional and state labs involved in FMD investigation) in January.

3. The most significant delivery problems have been

The issues mentioned in the previous report have been addressed, with the support of a strengthened team focused on the issues mentioned.

Operational and administrative issues

FAO has introduced further procedures that will create difficulty, relating to travel (flight bookings): a mandatory 14 days minimum between ticketing and departure. This will affect more our flexibility to respond to urgent situations but does mean added stress to bring forward by at least 14 days every mission/workshop – nominations from MS will be required sooner with limited chance to change tickets.

4. New developments of note

- a. Special Committee for Biorisk Management – several online calls and a face to face meeting in Zurich (January 11th) to revise the Minimum Standards for FMD laboratory containment.
- b. Uganda: agreements to host real-time training have been signed, and the initial pilot course held in the week of 21st January 2019.
- c. Development of the revised EuFMD Strategy, and presentation to the CVO meeting in December (Jean-Luc Angot).
- d. Development of a proposal for an FMD diagnostic bank for the Balkans Countries, to be discussed with the the Executive Committee;
- e. Positive developments in the work with the OIE, with the Secretary attending the public-private partnerships (PPP) expert meeting, and a follow-on proposal being made to assist OIE to develop e-learning and training on PPP for implementation January- September 2019;
- f. Consultation meetings held with DG-SANTE (FVO) and EFSA on the EuFMD workprogramme on emergency preparedness and modelling.
- g. Tripartite (Turkey/Greece/Bulgaria) held 17th January 2019 in Sofia, with EuFMD, EC and OIE participation.
- h. Scientific progress:
 - i. A new project (alternatives to the “r –value” for vaccine matching) has been productive and reported to the OS18, and arrangements are being made for a further follow-up to enable more antigens to become available for the laboratories that wish to participate;

5. Secretariat

The composition of the Secretariat is indicated in **point 7**, and Phase IV team for implementing the EC project activities is given in **Table 1**.

C. EuFMD Program Report: Additional developments (including Non-EC funded pipeline)

- i. The EuFMD operates an Emergencies and Training Fund (MTF/INT/004/MUL), as agreed with the MS in April 2017, the Fund will be continued until December 2019, and extended thereafter if subsequent Sessions are in agreement.
- ii. Under the Australian/New Zealand funding, two Real-Time Training (RTT) Courses were successfully conducted in Nepal in November and December 2018. In addition, an online FMD Emergency Preparation Course for veterinarians was completed in November 2018. As part of the agreement with the Government of Nepal for provision of the training courses EuFMD continues to provide support in the development of risk-based FMD control strategies, the most recent support included a consultation on feasibility of vaccine production in Nepal, and meetings with the project management team from the World Bank in order to that work done on strategy development can be fed into a large livestock innovation project. A high number of FMD outbreaks were detected in the Kathmandu Valley and the relationships developed ensure that regular sample shipments are sent from Nepal to the World Reference Laboratory, providing valuable risk information from South Asia. Two Real Time Training courses are planned for March 2019. The current agreement finishes in December 2019 and discussions with the Australian Government, Department of Agriculture and Water Resources regarding potential extension are planned for April 2019.
- iii. An agreement with the Department of Agriculture, Food and the Marine (Ireland) to fund a study on the use of mobile phones to improve surveillance was agreed as a joint signature, with implementation to be completed within 18 months (i.e. by end of 2019). The project aims to examine incentives for farmers in endemic FMD regions to report disease using mobile phones and to undertake a small pilot study based on these findings. Funds have partly supported a short term placement from the University of Rwanda, a PSA in the EuFMD operations team and a consultant epidemiologist. Further to this, a letter of agreement has been finalized with Heifer International-Uganda (HI-U), an active NGO within East Africa with an extensive network of farmer co-operatives. Under this agreement, three farmer workshops will take place both in Uganda and Rwanda aiming to understand the incentives for farmers reporting disease and how mobile phone technology could contribute to this. These workshops will take place by the end of January 2019, and will lead to a development phase of a pilot SMS system which is planned to be undertaken in a single co-operative location in Uganda. Appropriate software has been sourced, and follow-up meetings will take place in Uganda regarding implementation of the project which will be facilitated by HI-U but led in collaboration with the Ugandan Ministry of Agriculture, Animal Industry and Fisheries.
- iv. An agreement has been finalised with the Canadian Food Inspection Agency (CFIA) for the delivery of a nationally tailored online FMD Emergency Preparation Course, to be delivered in both English and French. Full costs (USD 22, 307) will be covered by CFIA. The EuFMD e-Learning team are currently working with the CFIA team on the adaptation of the course to the Canadian national context with the delivery planned after March 2019.

D. Administrative Report**6. The Secretariat staff** are listed below (as of January 2019)**Technical team:**

Executive Secretary	(P5)	Keith Sumption
Communications and Networks Officer	(P2)	Nadia Rumich
Chief Operations Officer	(Cons)	Cecile Carraz
Pillar I Co-ordinator:		Maria de la Puente (part-time)
Pillar II Supervisor/Deputy Executive secretary		Fabrizio Rosso (part-time)
Pillar III Supervisor		Nicholas Lyons (part-time)
Online training programmes Manager		Jenny Maud
Consultants and Short Term Placements (STPs)		Rodrigo Nova Chavez (Chile) (STP) <i>(italics to indicate contract underway)</i>
		Frank Busch (UK. Replacing Daniel Donachie (UK) (STP)
		Kiril Krstevski (FYR of Macedonia)(STP)
		Willington Ojong Bessong (Cameroon)(STP)

A.K.M. Mostafa Anower (Bangladesh)(STP)
Abdenacer Bakkouri (Morocco)
 Shahin Ahmed Mohamed Baiomy (Egypt)(STP)
 Bouda Ahmadi (UK) from January 2019

Knowledge Leaders:

Koen Mintiens, Carsten Potzsch, Kees van Maanen (Vaccination); Melissa McLaws (Risk Analysis/Pragmatist tool); David Paton; Etienne Chevanne (Animal Movement Risks), Bouda Ahmadi (Economics and PPP in FMD control)

National Focal Point/PSAs:

T.Chaligava (Georgia); S.Kharatyan (Armenia);
 T.Aliyeva (Azerbaijan); B.Bahadur Adhikari (Nepal); C.Fouki; A.Exakoidis; G.Georgiev; A. Miteva; S.Moldanov

Administrative team:

Operational support team

Erica Tomat, Francesca Renzetti, Silvia Epps, Maurizio Licastro

E-learning Support Assistants

Chiara Addari

Finance assistant

Filippo Pedullá

Operational, ELearning and Communication Team support – (ex Interns):

Alessandra Alviti;
 Bryan Ross;
 Tiziano Federic

7. Linkage of staff positions to budget, under Phase IV

BOLD script indicates positions funded under the EC programme, and *italics* those funded by EuFMD under MTF/INT/011/MUL. (September 2018).

Table 1. Staff in Phase IV

Table 1: Staff in Phase IV			
Component (Output) Number	Pillar Supervisor/Coordinator	Output Manager	Lead - Network and training support
1.1	Maria de la Puente	STP 1 (R. Nova)	P2 (80:20 EC AND MUL/11)
1.2		RMSO (K. Mintiens)	P2 (80:20 EC AND MUL/11)
1.3		STP 2 (D Donachie)	
1.4		STP 2 (D Donachie)	
1.5		K Sumption	P2 (80:20 EC AND MUL/11)
1.7			
1.8		E. Chevanne	
2.1	F.Rosso (PII)	Consultant-3 (C Pöttsch)	
2.2		Consultant-2/STP (S Baiomy)	
2.3		Consultant: Bakkouri	
2.4		J Maud	P2 (80:20 EC AND MUL/11)
3.1	N.Lyons (PIII)	Consultant (Lyons)	
3.2		Consultant (Lyons)	
3.3		Consultant-2 (C van Maanen)	
3.4		TPM (J Maud)	P2 (80:20 EC AND MUL/11)
Key: EXSEC P5 Animal Health Office, Executive Secretary; NTSO Network and Training Support Officer; P2; CPO Contingency Planning Officer, consultant with experience/terms equivalent to P2; RMSO Risk Management Support Officer; TPM Training Programmes Manager, consultant with experience/terms equivalent to P2			

F. Financial Report**8. Financial position**

The Secretariat manages three Trust Funds, for the Administration of the Secretariat (MTF/INT/011/MUL, contributions from the Member States), EC Program (MTF/INT/003/EEC) and an Emergencies and Training Fund into which additional contributions have been received for provision of training (MTF/INT/004/MUL).

9. Position of the Administrative Fund (MTF/INT/011/MUL) (Financial Report Table 3)

Balance	01-01-2018	USD 632,511
MS contributions received	31-12-2018	USD 612,100
Total expenditure committed Effective Expenditures 2018	31-12-2018	USD 934,444 (of which USD 252,241 Exp.19 Salaries Cons. lines) USD 686,911 (effective Exp. year 2018)
Balance	01-01-2019	USD 310,167 (including Commitment 2019)
Balance Year End effective 2018		USD 557,700

The commitments are in line with the budget allocated. Closure of the financial year 2018 in February 2019, the re-allocation of unspent funds from year 2018 to year 2019 will be processed.

10. Member State Contributions report (MTF/INT/011/MUL) – (MS Contributions Year 2017/2018 Table 4)

Total contributions 2017	31-12-2018	USD 606,997
Outstanding Cont. 2017	31-12-2018	USD 43,540 (Albania, Romania, Turkey)
Total contributions 2018	31-12-2018	USD 611,501 (including Iceland)
Contributions received	31-12-2018	USD 612,100 (\$ 73,928 related 2017)
Outstanding Cont. 2018	31-12-2018	USD 73,333 (Albania, Belgium, Greece, Romania, Serbia)

Total Outstanding Contribution year 2017/2018 116,873. 43k related to 2017, Romania and Turkey are providing. 73 k related to 2018, Romania, Serbia are providing, 2nd reminder to Albania, Belgium, Greece. Slovakia and Hungary paid 2019 contribution in December 2018 - The Republic of Montenegro, new MS starting 2019.

**11. Position of the Emergencies and Training funds(MTF/INT/004/MUL) – (Financial Report Table 5-6-7)
EMERGENCY Funds (MTF/INT/004/MUL) PARENT Account – Table 5**

Balance	01-01-2018	USD 157,133
Contributions received	31-12-2018	USD 353,277
Total expenditure Committed Effective Expenditures 2018	31-12-2018	USD 496,913 (of which USD 132,129 Exp.019, advanced Exp.018) USD 364,784 (effective Exp. year 2018)
Balance	01-01-2019	USD 13,497 (including Commitment 2019)
Balance Year end effective 2018		USD 145,626**

Balance at year end 2018 in line with expectations. Forecast for year 2019 are with good prospective. Closure of the financial year 2018 in February 2019, the re-allocation of unspent funds from year 2018 to year 2019 will be processed.

TRAINING CONTRIBUTIONS (MTF/INT/004/MUL) CHILD Account – Table 5

Balance training Funds	01-01-2018	USD 31'126
Contributions Received	31-12-2018	USD 123, 187 from Ireland
Total expenditure Committed Effective Expenditures 2018	31-12-2018	USD 190,871 (of which USD 42, 129 LoA Heifer019+ advanced 90k) USD 58,742 (effective Exp. year 2018)
Balance	01-01-2019	USD <36,559 > (including Commitment 2019)
Balance Year End effective 2018		USD 95,571

Income 2019 in process to account for total circa 244k

- 90 k reimbursement of expenditures for IVVN Workshops, RTtrainings and webinars.
- 22k CFIA Agreement for the adaptation of the EuFMD online Training Course for CFIA
- 132k IIAD Agreement to be finalized for Ad-hoc real-time training courses.

AUSTRALIA Contributions (MTF/INT/004/MUL) BABY 01 –Table 7

Balance	01-01-2018	USD 126,008
Contributions received	31-12-2018	USD 230,090
Total expenditure	31-12-2018	USD 306,042
Balance	01-01-2019	USD 50,056

12. Position of the EC Program Fund (MTF/INT/003/EEC). (Financial Statement at 31-12-2018 Table 8).

The 2nd Biennium Budget Revised **Table 9** as per 95th ExCom comments, is in full compliance with, and in full support of, the agreed work programme. With the closure of the financial year 2018 an action will be taken in March 2019 with the re-allocation of unspent funds from year 2018 to year 2019.

The 2nd biennium expenditures are reported on a monthly basis to Pillar and Component Managers. They include expenditure tracking by budget line to allow better monitoring by components, supported by an Indicator/Milestones report every three months. The expenditure for activities for the second biennium at 31-12-2018 is **USD 3,229,642 / EUR 2,783,952** with a balance of **USD -1,053,059**.

Due to the Project negative balance, a Call for Fund of **EUR 2,812,078** has been requested in December 2018. The total amount is divided in; **EUR 912,078** to cover the cash deficit as of 31st November 2018 in accordance with Article 4 of PAGODA-Agreement Special Conditions and **EUR 1,900,000** as the 4th pre-financing payment to cover the period from 1st December 2018 to 30th September 2019.

The contracts line forecast and partly committed since October 2017 is circa **EUR 994,349.23** (shown by component **Table 9**).

The detailed fifteen-month expenditures and six-month activities plan are shown in **Table 10,11,12**.

13. EC Phase V working in progress for Work plan, business plan and financial plan

Table 2 – Management Responsibility: Pillar and Component Managers September 2018

EuFMD /EC Action 2017 (Phase IV)

BOLD= Continuity. Red= change. TSO: Training Support Officer. STP: Short Term Placement. KS: Keith Sumption; NR: Nadia Rumich; FR: Fabrizio Rosso; GG: Graeme Garner; JM: Jenny Maud; AUS: Australian funds

Pillar	Comp	Comp.	Supervisor	Component (Output) Manager	Assisted by
I	1.1	Training-RT	-	STP: Rodrigo Nova	
	1.2	Contingency Planning		Koen Mintiens	Sally Gaynor
	1.3	THRACE		Frank Busch (handover from Daniel Donachie)	
	1.4	Balkans		Frank Busch (handover from Daniel Donachie)	Kiril Krstevski
	1.5	Res Fund		Keith Sumption	Corissa Miller (to December 18)
	1.6	Crisis			
	1.7	PTS			
	1.8	Surveillance Rep		Etienne Chevanne	M.McLaws, M. Scicluna
II	2.1	Turkey/GEO	F.Rosso	C Pötzsch	Bouda Ahmadi
	2.2	Israel/Cyprus		Shahin Baiomy (STP)	
	2.3	REMESA		A.Bakkouri	
	2.4	PII- Training		J.Maud	A Bakkouri, S Baiomy
III	3.1	Monitoring	Nick Lyons	Nick Lyons	N.Rumich
	3.2	PCP		Nick Lyons	
	3.3	Global Lab		K.van Maanen	
	3.4	PIII- Training		J. Maud, STP:	B.Adhikari, M. Anower, W. Bessong

Table 3 - Position of the Administrative Fund (MTF/INT/011/MUL)

STATEMENT 1				
MTF/INT/011/MUL - TF number 904200				
EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE				
Provisional Financial Report from 1st January to 31 December 2018				
	USD	USD	Eur	Eur
Balance as at 1 January 2018		632,511		534,472
				0
				0
Interest received	0			0
Contributions from member countries and institute	612,100		517,225	
Project Income Earned (Child)	0		0	0
Expenditure				
Salaries	298,927		252,593	
Consultant	576,810		487,404	
Contracts	23		19	
Duty Travel	46,747		39,501	
Locally Contracted labour	0		0	
Training		-323		-273
Hospitality	0		0	
General Operating Expenses	8,026		6,782	0
Internal Common Services and Support	428			
Expendable Equipment	957		809	
Non-Expendable Equipment	2,849		2,407	
Total Expenditure		<u>934,444</u>		<u>789,605</u>
Provisional Balance as at 31 December 2018		<u>310,167</u>		<u>262,091</u>
The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2018. The average monthly UN Operational Exchange rate applicable for period to 31 December 2018 is USD 1: EUR 0.845				

Table 4 - *Member State Contributions report Table*

TRUST FUND No. 9042.00 - MTF/INT/011/MUL - Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease					
Status of Contributions year 2018 as at 31 December 2018					
ORACLE CODE: TF-AGAHD-TFAA97AA89122					
Member Governments	Contribution due for 2017	Outstanding year 2017 at 31/12/2018	Contribution Due for 2018	Received up to 12/2018	Outstanding at 31-12-2018
ALBANIA	4,504	4,504	4,504	-	9,008
AUSTRIA	15,650	-	15,650	15,650	-
BELGIUM	23,386	-	23,386	-	23,386
BOSNIA	4,504	-	4,504	4,504	-
BULGARIA	4,504	-	4,504	4,504	-
CYPRUS	4,504	-	4,504	4,504	-
CROATIA	4,504	-	4,504	9,008	-
CZECH REPUBLIC	13,809	-	13,809	13,809	-
DENMARK	23,386	-	23,386	23,386	-
ESTONIA	4,504	-	4,504	4,504	-
FINLAND	13,809	-	13,809	13,809	-
FRANCE	46,611	-	46,611	46,611	-
GEORGIA	4,504	-	4,504	4,504	-
GERMANY	46,611	-	46,611	46,611	-
GREECE	15,650	-	15,650	-	15,650
*HUNGARY	13,809	-	13,809	13,809	-
ICELAND			4,504	4,170	334
IRELAND	15,650	-	15,650	15,650	-
ISRAEL	13,809	-	13,809	13,809	-
ITALY	46,611	-	46,611	46,611	-
LATVIA	4,504	-	4,504	4,504	-
LITHUANIA	4,504	-	4,504	4,504	-
LUXEMBOURG	4,504	-	4,504	13,512	-
FYR of MACEDONIA	4,504	-	4,504	4,504	-
MALTA	4,504	-	4,504	4,504	-
NETHERLANDS	23,386	-	23,386	23,386	-
NORWAY	15,650	-	15,650	15,650	-
POLAND	23,386	-	23,386	23,386	-
PORTUGAL	13,809	-	13,809	27,618	-
ROMANIA	15,650	15,650	15,650	-	31,300
SERBIA	13,809	-	13,809	-	13,809
*SLOVAK REPUBLIC	13,809	-	13,809	13,809	-
SLOVENIA	4,504	-	4,504	4,504	-
SPAIN	23,386	-	23,386	23,386	-
SWEDEN	23,386	-	23,386	23,386	-
SWITZERLAND	23,386	-	23,386	23,386	-
TURKEY	23,386	23,386	23,386	23,386	23,386
UNITED KINGDOM	46,611	-	46,611	46,611	-
		*			
TOTALS	606,997	43,540	611,501	565,489	116,873
*The Slovak Republic and Hungary have paid their 2019 Contributions in Dec. 2018					

Table 5. EMERGENCY Funds (MTF/INT/004/MUL) PARENT

MTF/INT/004/MUL - TF number 909700						
Foot and Mouth Disease - Emergency Aid Programme						
Provisional Financial Report from 1 January 2018 to 31 December 2018						
	USD	USD		Eur	Eur	
Balance as at 1 January 2018		157,133		0	132,777	
Interest received				0		
Contribution received	353,277			298,519	0	
Refund to donor		0			0	
Expenditure						
Salaries Professional				0		
Consultancy	255,148			215,600	0	
Contracts	42,129			35,599		
Locally Contracted Labour	0			0		
Duty Travel	90,842			76,761		
Training	61,380			51,866		
Common Services and Support	599			506		
Technical Support Services	0			0		
General Operating Expenses	4,175			3,528		
Expendable Equipment	18,047			15,250	0	
Non-Expendable Equipment	4,603			3,890		
Support Costs 6%	19,990			16,892	0	
Less: Total Expenditure		496,913			419,891	
Provisional Balance as at 31 December 2018		13,497			11,301	
The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2018. The average monthly UN Operational Exchange Rate applicable for the period to 31 December is USD 1: EUR 0.845						

Table 6. Training Contributions (MTF/INT/004/MUL) CHILD –

Statement 5		CHILD Other Training Contributions							
MTF/INT/004/MUL - TF number 909700									
Foot and Mouth Disease - Emergency Aid Programme									
Provisional Financial Report from 1 January 2018 to 31 December 2018									
		USD	USD			Eur	Eur		
Balance as at 1 January 2018			31,125			0	26,301		
Interest received						0			
Contribution received		123,187				104,093	0		
Refund to donor			0				0		
Expenditure									
Salaries Professional						0			
Consultancy		73,040				61,719	0		
		-							
Contracts		42,129				35,599			
		0							
Locally Contracted Labour		0				0			
		0							
Duty Travel		64,933				54,868			
		0							
Training		(568)				(480)			
		0							
Common Services and Support		434				367			
		0							
Technical Support Services		0				0			
		0							
General Operating Expenses		189				160			
		0							
Expendable Equipment		718				607	0		
		0							
Non-Expendable Equipment		2,848				2,407			
		0							
		0							
Support Costs 6%		7,148				6,040	0		
Less: Total Expenditure			190,871				161,286		
Provisional Balance as at 31 December 2018			(36,559)				-30,892		
The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2018. The average monthly UN Operational Exchange Rate applicable for the period to 31 December is USD 1: EUR 0.845									

Ireland project LoA contract Line - **Heifer Project International – Uganda** “Services for the development of a mobile phone reporting and education system for FMD through understanding farmer incentives .

Table 7. Australian Contributions (MTF/INT/004/MUL) BABY 01 –

MTF/INT/004/MUL - TF number 909700 Baby 01 Australia						
Foot and Mouth Disease - Emergency Aid Programme						
Provisional Financial Report from 1 January 2018 to 31 December 2018						
	USD	USD		Eur	Eur	
Balance as at 1 January 2018		126,008		0	106,477	
Interest received	0					
Contribution received	230,090			194,426	0	
Refund to donor		0			0	
Expenditure						
Salaries Professional				0		
Consultancy	182,108			153,881		
Contracts	0			0		
Locally Contracted Labour	0			0		
Duty Travel	25,909			21,893		
Training	61,948			52,346		
Common Services and Support	165			139		
Technical Support Services	0			0		
General Operating Expenses	3,986			3,368		
Expendable Equipment	17,329			14,643		
Non-Expendable Equipment	1,755			1,483		
Support Costs 6%	12,842			10,851		
Less: Total Expenditure		<u>306,042</u>			<u>258,605</u>	
Provisional Balance as at 31 December 2018		50,056			42,297	
The Financial Statements of the Commission are maintained in US Dollars in accordance with the accounting policies and administrative systems of FAO. The amounts stated in Euros, including the opening balance, have been converted from US Dollars at the average monthly UN Operational Exchange Rates for 2018. The average monthly UN Operational Exchange Rate applicable for the period to 31 December 2018 is USD 1: EUR 0.845						

Table 8 - Position of the EC Program Fund (MTF/INT/003/EEC)

MTF/INT/003/EEC - TF number 617197						
EU Funded Activities (Phase IV: 2015 - 2019) carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease (EUFMD)						
Provisional Financial Report from 1 January to 31 December 2018						
	USD	USD		Eur	Eur	
Balance as at 1 January 2018		934,437			789,599	
Interest received	0					
Contribution received	838,560				708,583	
Refund to donor		0			0	
Expenditure						
Salaries Professional	113,834			96,190		
Consultancy	1,028,969			869,479		
Contracts	916,123			774,124		
Locally Contracted Labour	0			0		
Duty Travel	448,977			379,386		
Training	58,413			49,359		
Hospitality	0			0		
Technical Support Services	0			0		
General Operating Expenses	74,783			63,192		
Expendable Equipment	55,679			47,049		
Non-Expendable Equipment	7,807			6,597		
Internal Common Services and Support	7,759			6,556		
Support Costs 7%	113,711			96,086	0	
Less: Total Expenditure		<u>2,826,056</u>			<u>2,388,017</u>	
Provisional Balance as at 31 December 2018		-1,053,059			(889,835)	

Table 9 - Details Commitment Contracts line (LoA) 01-10-2017

Supplier	LoA Name	Total LoA	Comp.
Friedrich-Loeffler Institut (FLI) (USD 28,332.58)	Improved system for Monitoring and Evaluation of the progress of regional programmes on FMD control under Pillar III - Improved uptake of the global strategy for the progressive control of FMD	EUR 23,715.23	1.5
French Agricultural Research Centre for International Development (CIRAD) (USD 200,709.60)	Services for the development of Foot and Mouth Disease (FMD) risk map surveillance system based on risk information and mapping tool for southern European neighbourhood and for the evaluation of the potential for development FMD control options in West and Central Africa	EUR 168,000	1.5.2 - 37% 2.2.3 - 2% 2.3.1 - 8% 2.3.2 - 6% 2.3.3 - 23% 2.4.1 - 8% 3.1.3 - 6% 3.4.1 - 13%
Istituto Zooprofilattico Sperimentale delle Regioni Lazio e Toscana (IZSLT) (USD 91,752.96)	Services for the reduction of the Foot-and-Mouth Disease (FMD) risk to European Commission for the control of Foot-and-Mouth Disease (EuFMD) Member countries and for improving the uptake of the global strategy for progressive control of FMD	EUR 76,800	2.1.1 - 16% 2.2.2 - 9% 2.2.3 - 8% 2.4.1 - 11% 3.1.3 - 11% 3.2.3 - 20% 3.4.1 - 25%
The Pirbright Institute (TPI) (USD 558,404.91)	World reference laboratory services in support of the FAO/OIE global FMD laboratory network as part of the global FMD strategy and in support of FMD control in the European neighbourhood	EUR 455,100	3.3/1.7
Vétérinaires Sans Frontières (VSF) - Suisse (USD 23,893)	Services for the development of a system for Foot and Mouth Disease (FMD) outbreak detection, sample collection and submission, and for the evaluation of the potential for development FMD control options in Mali	EUR 20,000	3.3
The Pirbright Institute (USD 55,355.49)	Improved system for Monitoring and Evaluation of the progress of regional programmes on FMD control under Pillar III - Improved uptake of the global strategy for the Progressive control of FMD	GBP 42,919.21 (EUR 46,336)	1.5
French Agency for Food, Environmental and Occupational Health & Safety (ANSES) (USD 86,546.75)	Improved system for Monitoring and Evaluation of the progress of regional programmes on Foot and Mouth Disease (FMD) control under Pillar III - Improved uptake of the global strategy for the Progressive control of FMD" and - "Improved FMD management in Turkey and neighbours under Pillar II - Reduced risk to Members from the European neighbourhood: Progressive Control in neighbouring regions"	EUR 75,940	1.5
The Pirbright Institute (WRLFMD) (USD 56,562.80)	Alternative vaccine selection techniques	EUR 46,834	1.5
Consorzio Interuniversitario Nazionale per l'Informatica (CINI) (USD 23,391.81)	Services for the development of a mobile application for livestock disease reporting of Foot-and-Mouth Disease	EUR 20,000	1.1.1/3.4.2
The Pirbright Institute (USD 42,351.45)	Pilot study: Environmental sampling to improve FMDV surveillance and control on a pig farm in Thailand	GBP 33,500 (EUR 36,888)	1.5
The Emerging Infectious Disease Research Association (EIDRA) (USD 28,400)	Services to undertake environmental sampling for Foot and Mouth Disease ("FMD") surveillance in strategic locations in four agro-ecological zones in the Republic of Cameroon	XAF 16,310,120 (EUR 24,736)	3.3.2
Total		EUR 994,349.23	
****MUL/004 // Ireland project**** Heifer Project International - Uganda	Services for the development of a mobile phone reporting and education system for Foot-and-Mouth Disease through understanding farmer incentives	USD 42,128.53	MUL/004 Ireland Project


	15 months Expenditures 01 October 2017 - 31 December 2018						Activities held August - December 2018					Calendar plan activities January - Sept 2019												82 TOTAL EVENTS				111 TOTAL EVENTS						
	Overall PILLAR Manager Keith Sumption		Total Budget Allocated Phase IV 2nd biennium	15 months Expenses Oct. 2017 - Dec. 2018	project completion	Balance available	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Apr'19	May'19	Jun'19	Jul'19	Aug '19	Sep '19	Oct '19	Nov '19	Dec '19	Ott. 2018 - Sept 2019				Ott. 2017 - Sept/ 2018						
	Components Beneficiaries	Comp. Managers																						Total 86	10/15 Linked Online	11 online /FITC/FE PC/Adho RTT/Wild c1	64 Train ing	111 Total	Linked Online RTT/WI Identif	online e /FITC/ FEPC/ ning	53 Trai ning			
PILLAR I Supervisor Keith Sumption 2'070'906 €	1.1-E-learning programme	Rodrigo Nova Maria De La Puente	€ 522,975	€ 269,662	52%	€ 253,313			EufMD Open Session 2018 -Online _FMD Emergency Preparation Course for Australia (FEPC_AUS) (P.I) _KTC 29 Real Time Training - Induction courses (Baby01) _KTC 30 Real Time Training - Induction courses (Baby01) _FMD Investigation Training Course for East Africa (P.III)	_FMD Emergency Training Course for Member States (FEPC_EN0) (P.I) _KTC 29 Real Time Training - Induction courses (Baby01) _KTC 30 Real Time Training - Induction courses (Baby01) _FMD Investigation Training Course for East Africa (P.III)	_FMD Investigation Training Course in Arabic (FITC_AR2) (P.II) _to be verified if induction course for Uganda Pilot RTT _to be added Online induction to Wildlife /	Uganda Real Time Trainings_UTC1 _NTC 30 - Induction courses (P.I) _FMD Investigation Training Course for West Africa in English (P.III)	_RTT Nepal (KTC32) Induction training courses (Baby01) _RTT Nepal (NTC-32) Induction training courses (Baby01) _FMD Emergency Preparation Course for Canada (P.I) _FMD Investigation Training Course for West Africa in French (P.III)			FMD Emergency Training Course for Hungary (FEPC_HU) (P.I) _FMD Laboratory Investigation Training Course (P.III) _FMD Investigation Training Course for India (P.III)	Uganda Real Time Trainings_UTC 2 - Induction courses (P.I) -tbc Uganda (USA) UTC 1								22	12 linked to rtt '1 for each course - 4Aus+1US+ 3 MS) 1 linked to Wildlife 2 tbc	11 Total Online 3 MS FEPC emergen cy preparati on 1 ad hoc FEPC (Canada)	22	28					28
	1.1 Training for Member States							_Mission to EFSA (EuFMD) - Parma,Italy	_Workshop on Foot-and- Mouth Disease and Containment Zone(s) - Belgrade, Serbia	_Simex - Athens, Greece	_Evaluation of quality of training - FAO HQ	Real Time Training Uganda - 21-23 JanuaryPilot Uganda participants 18- 20 January _RBP or Post Vaccination Monitoring Workshop - Entebbe, Uganda _Wildlifesurveillance - Ciudad Real, Spain	Real Time Training Uganda UTC1 (NTC 30) 18- 22 February (case finding on 13-17 Feb & follow up PCP workshop on 11-12 Feb)		Simex for Spain & Portugal Regional approachsimulation exercise - Badajoz, Spain			Real Time Training - UTC2 (NTC 31)- Uganda (to be confirmed) _Real Time Training - NTC 31- Uganda (to be confirmed)						12	3 RTT (induction course) 1 wildlife 15imex? Spain Badajoz	12	15					10		
	1.2 improved Contingency Planning	Koen Mintiens Assisted by Sally Gaynor Maria De La Puente	€ 142,154	€ 69,131	49%	€ 73,023			_28th Conference of the OIE Regional Commission for Europe - Tbilisi, Georgia															1				3				2		
	1.3 THRACE Region	Daniel Donachie support Etienne Chevanne	€ 377,000	€ 151,883	40%	€ 225,117								_Tripartite Meeting - Sofia, BulgariaThrace Management meeting Sofia											2				4			1		
	1.4 BALKANS Region	Daniel Donachie Assisted by Krstevski Kiril	€ 202,110	€ 72,300	36%	€ 129,810			_Mission to Albania, Kosovo and FYR of Macedonia		_FYROM Simulation Exercise - Strumica, FYR of Macedonia	Visit Izsler Mission lab (Izril)	Serbia Visit rprep Simex												6			5	2			1		
	1.5 EuFMD Fund for applied RESEARCH	Keith Sumption Assisted by Corissa Miller	€ 372,387	€ 292,917	79%	€ 79,470			_WBC 2018 Scientific Committee - Sapporo, Japan (Sumption - Funded)	_Site inspection for the Open Session - Savelletri di Fasano, Italy	_Open Session 2018 - Savelletri di Fasano, Italy													1				7						
	1.6 Emergency Response	Keith Sumption	€ 323,780	€ 667	0%	€ 323,113																												
	1.7 Proficiency Testing Scheme	Kees Van Maanen	€ 46,300	€ 44,121	95%	€ 2,179																								1				
	1.8 Risk Analysis and Communication	Melissa McLaws MariaTeresa Soiduna Etienne Chevanne	€ 84,200	€ 32,401	38%	€ 51,799																												
PILLAR II Supervisor Fabrizio Rosso 1'090'500 €	2.1 SOUTH EAST EUROPE SEE/ West Eurasia	Carsten Pottsch	€ 356,500	€ 172,917	49%	€ 183,583							_2nd Outbreak Investigation Workshops - Ankara, Turkey _3rd Outbreak Investigation Workshops						_Mission on RBP update - Armenia/Azerbaijan _Animal Mobility Workshop (to be confirmed)						6			4		8			3	
	2.2 South East MEDITERRANEAN SEM / Cyprus - Israel	Shain Bayomy Abdenaor Balkouri	€ 260,000	€ 125,941	48%	€ 134,059								_RBP for FMD - Workshop Gulf Countries - Riyadh, Saudi Arabia _Mission Lebanon Jordan Egypt (workshop Preparation)	_Workshop on Post Vaccination Monitoring - Egypt				_RBP Workshop Lebanon/Sriya - Beirut, Lebanon _Mission Sudan - Kartoum, Sudan _Sample Quality/Biosecurity Egypt 1 day WS+2 days field - Cairo, Egypt	_FMD Risk Mapping Workshop (CIRAD) - Montpellier, France	_RBP Monitoring Evaluating - Jordan						10	1 RBP on request according countries	6	7				

Table 11 - Expenditures at 31-12-2018 by Component and budget line //



EURO €				2017-2019		PILLAR I		PILLAR II		PILLAR III		PILLAR I												IMPROVE			PILLAR II			REDUCE			PILLAR III			PROMOTE																								
ACTIVITY																																																												
Account NB. Description	III PILLARS Budget 2017-2019	III PILLARS Exp.	%	Pillar I Budget 2017-2019	Pillar I Exp.	%	Pillar II Budget 2017-2019	Pillar II Exp.	%	Pillar III Budget 2017-2019	Pillar III Exp.	%	Budget Comp. 1.1.	Exp. Comp. 1.1	%	Budget Comp. 1.2.	Exp. Comp. 1.2	%	Budget Comp. 1.3.	Exp. Comp. 1.3	%	Budget Comp. 1.4.	Exp. Comp. 1.4	%	Budget Comp. 1.5.	Exp. Comp. 1.5	%	Budget Comp. 1.6.	Exp. Comp. 1.6	%	Budget Comp. 1.7.	Exp. Comp. 1.7	%	Budget Comp. 1.8.	Exp. Comp. 1.8	%	Budget Comp. 2.1	Exp. Comp. 2.1	%	Budget Comp. 2.2	Exp. Comp. 2.2	%	Budget Comp. 2.3	Exp. Comp. 2.3	%	Budget Comp. 2.4	Exp. Comp. 2.4	%	Budget Comp. 3.1	Exp. Comp. 3.1	%	Budget Comp. 3.2.	Exp. Comp. 3.2	%	Budget Comp. 3.3.	Exp. Comp. 3.3	%	Budget Comp. 3.4	Exp. Comp. 3.4	%
5570 CONSULTANT (Technical)	957,491	632,743	66%	471,300	308,073	65%	302,000	224,701	74%	184,191	99,970	54%	130,000	81,017	62%	20,000	17,620	88%	190,000	122,186	64%	33,500	23,408	70%	40,000	30,531	76%	10,000	-	0%	2,800	1,470	53%	45,000	31,840	71%	126,000	99,672	79%	50,000	50,723	101%	53,000	43,168	81%	73,000	31,138	43%	27,960	17,183	61%	71,954	34,384	48%	24,600	17,933	73%	59,677	30,470	51%
5900 TRAVEL	922,315	433,543	47%	512,881	253,270	49%	276,000	135,951	49%	133,434	44,322	33%	223,000	124,302	56%	66,881	50,262	75%	69,000	12,708	18%	73,000	23,185	32%	48,000	41,415	86%	5,000	-	0%	3,000	838	28%	25,000	561	2%	90,000	39,896	44%	88,000	47,930	54%	91,000	45,543	50%	7,000	2,583	37%	33,934	3,911	12%	40,500	16,730	41%	36,000	18,507	51%	23,000	5,173	22%
5920 TRAINING	343,094	54,003	16%	125,094	32,249	26%	190,000	18,565	10%	28,000	3,189	11%	62,294	29,951	48%	5,000	1,217	24%	12,000		0%	35,000	1,081	3%	5,000		0%	100	-	0%	1,500		0%	4,200		0%	70,000	4,780	7%	45,000	7,552	17%	75,000	6,233	8%	-		0%	-			11,500	284	2%	11,500	2,581	22%	5,000	324	6%
5650 CONTRACTS	1,423,124	892,328	63%	642,736	265,108	41%	181,000	110,790	61%	599,388	516,429	86%	40,000	15,511	39%	42,773		0%	10,000		0%	-			260,963	207,784	80%	240,000	-	0%	39,000	41,813	107%	10,000		0%	40,000	12,127	30%	33,000	16,019	49%	61,000	61,000	100%	47,000	21,644	46%	25,000	14,769	59%	23,000	14,792	64%	466,533	436,376	94%	84,855	50,492	60%
6000 PROCUREMENT EQUIPMENT	350,429	54,768	16%	170,790	25,899	15%	80,500	17,570	22%	99,139	11,298	11%	17,500	6,685	38%	-	-		56,000	10,846	19%	25,610	7,783	30%	3,100		0%	68,580	585	1%	-			0			13,000	13,000	100%	24,000	1,396	6%	43,500	3,174	7%	-			-			9,000	5,189	58%	90,139	6,109	7%	-		
6300 GENERAL OPERATING EXPENSES	232,105	74,035	32%	148,105	48,483	33%	61,000	18,881	31%	23,000	6,671	29%	50,181	12,197	24%	7,500	32	0%	40,000	6,143	15%	35,000	16,843	48%	15,324	13,187	86%	100	81	81%				0			17,500	3,443	20%	20,000	2,320	12%	2,500	2,500	100%	21,000	10,618	51%	-	-				23,000	6,671	29%				
TOTALS for III Pillars Activities 2017-2019	4,228,558	2,141,420	51%	2,070,906	933,082	45%	1,090,500	526,459	48%	1,067,152	681,879	64%	522,975	269,662	52%	142,154	69,131	49%	377,000	151,883	40%	202,110	72,300	36%	372,387	292,917	79%	323,780	667	0%	46,300	44,121	95%	84,200	32,401	38%	356,500	172,917	49%	260,000	125,941	48%	326,000	161,617	50%	148,000	65,984	45%	86,894	35,862	41%	155,954	71,380	46%	628,772	481,507	77%	195,532	93,130	48%
HQ Staff and Support Cost																																																												
Account NB. Description	III PILLARS Budget 2017-2019	III PILLARS Exp.	%	Pillar I Budget 2017-2019	Pillar I Exp.	%	Pillar II Budget 2017-2019	Pillar II Exp.	%	Pillar III Budget 2017-2019	Pillar III Exp.	%	Budget Comp. 1.1.	Exp. Comp. 1.1	%	Budget Comp. 1.2.	Exp. Comp. 1.2	%	Budget Comp. 1.3.	Exp. Comp. 1.3	%	Budget Comp. 1.4.	Exp. Comp. 1.4	%	Budget Comp. 1.5.	Exp. Comp. 1.5	%	Budget Comp. 1.6.	Exp. Comp. 1.6	%	Budget Comp. 1.7.	Exp. Comp. 1.7	%	Budget Comp. 1.8.	Exp. Comp. 1.8	%	Budget Comp. 2.1	Exp. Comp. 2.1	%	Budget Comp. 2.2	Exp. Comp. 2.2	%	Budget Comp. 2.3	Exp. Comp. 2.3	%	Budget Comp. 2.4	Exp. Comp. 2.4	%	Budget Comp. 3.1	Exp. Comp. 3.1	%	Budget Comp. 3.2.	Exp. Comp. 3.2	%	Budget Comp. 3.3.	Exp. Comp. 3.3	%	Budget Comp. 3.4	Exp. Comp. 3.4	%
5300 SALARIES PROFESSIONAL	199,553	256,304	128%	114,845	146,684	128%	50,499	65,306	129%	34,209	44,315	130%	29,865	36,769	123%	15,204	19,670	129%	20,091	25,991	129%	9,774	12,645	129%	15,204	19,664	129%	9,231	11,943	129%	272	352	129%	15,204	19,649	129%	20,091	25,966	129%	12,489	16,158	129%	15,204	19,670	129%	2,715	3,513	129%	2,172	2,573	118%	14,661	18,963	129%	4,887	6,323	129%	12,489	16,456	132%
5570 CONSULTANT (Operational)	342,740	229,386	67%	161,395	104,586	65%	106,368	66,795	63%	74,977	58,004	77%	59,513	42,788	72%	16,183	8,754	54%	41,855	25,637	61%	16,183	11,077	68%	10,960	6,998	64%	3,236	2,333	72%	3,236	2,333	72%	10,229	4,666	46%	36,631	20,995	57%	19,420	13,973	72%	24,420	13,165	54%	25,897	18,662	72%	25,897	18,662	72%	29,131	20,995	72%	7,000	9,014	129%	12,949	9,332	72%
6150/6160 REPORT PROJECT EVALUATION COSTS	41,608	0	0%	26,651	0	0%	7,359	-	0%	7,599	0	0%	4,249		0%	1,690		0%	4,739		0%	3,604		0%	3,145		0%	8,006		0%	656			562		0%	2,784		0%	1,974		0%	2,145		0%	456		0%	1,483			459		0%	4,879			778		0%
TOTALS for HQ Staff and Support Cost	583,901	485,690	83%	302,891	251,270	83%	164,226	132,102	80%	116,785	102,318	88%	93,627	79,557	85%	33,077	28,425	86%	66,685	51,629	77%	29,561	23,723	80%	29,309	26,662	91%	20,473	14,275	70%	4,164	2,685	64%	25,995	24,314	94%	59,506	46,961	79%	33,883	30,131	89%	41,769	32,835	79%	29,068	22,175	76%	29,552	21,235	72%	44,251	39,958	90%	16,766	15,337	91%	26,216	25,788	98%
OVERALL III Pillars																																																												
TOTAL OVERALL III Pillars	4,812,459	2,627,110	55%	2,373,797	1,184,352	50%	1,254,726	658,560	52%	1,183,937	784,197	66%	616,602	349,219	57%	175,231	97,556	56%	443,685	203,512	46%	231,671	96,023	41%	401,696	319,579	80%	344,253	14,942	4%	50,464	46,806	93%	110,195	56,715	51%	416,006	219,878	53%	293,883	156,072	53%	367,769	194,452	53%	177,068	88,159	50%	116,446	57,097	49%	200,205	111,339	56%	645,538	496,843	77%	221,748	118,918	54%
Project Servicing Charge 7%	336,872	156,842	47%																																																									
GRAND TOTAL	5,149,331	2,783,952	54%																																																									

Table 12 - Balance by Pillar by Budget Line at 31-12-2018

EURO €				2017-2019				PILLAR I				PILLAR II				PILLAR III			
ACTIVITY																			
Account NB. Description	III PILLARS Budget 2017-2019	III PILLARS 15 mths Exp.	%	III PILLARS Balance Available	Pillar I Budget 2017-2019	Pillar I 15 mths exps	%	Pilar I Balance Available	Pillar II Budget 2017-2019	Pillar II 15 mths exps	%	Pillar II Balance Available	Pillar III Budget 2017-2019	Pillar III 15 mths exps	%	Pilar III Balance Available			
5570 CONSULTANT (Technical)	€ 957,491	632,743	66%	€ 324,748	€ 471,300	€ 308,073	65%	€ 163,227	€ 302,000	€ 224,701	74%	€ 77,299	€ 184,191	€ 99,970	54%	€ 84,221			
5900 TRAVEL	€ 922,315	433,543	47%	€ 488,772	€ 512,881	€ 253,270	49%	€ 259,611	€ 276,000	€ 135,951	49%	€ 140,049	€ 133,434	€ 44,322	33%	€ 89,112			
5920 TRAINING	€ 343,094	54,003	16%	€ 289,091	€ 125,094	€ 32,249	26%	€ 92,845	€ 190,000	€ 18,565	10%	€ 171,435	€ 28,000	€ 3,189	11%	€ 24,811			
5650 CONTRACTS	€ 1,423,124	892,328	63%	€ 530,796	€ 642,736	€ 265,108	41%	€ 377,628	€ 181,000	€ 110,790	61%	€ 70,210	€ 599,388	€ 516,429	86%	€ 82,959			
6000 PROCUREMENT EQUIPMENT	€ 350,429	54,768	16%	€ 295,661	€ 170,790	€ 25,899	15%	€ 144,891	€ 80,500	€ 17,570	22%	€ 62,930	€ 99,139	€ 11,298	11%	€ 87,841			
6300 GENERAL OPERATING EXPENSES	€ 232,105	74,035	32%	€ 158,070	€ 148,105	€ 48,483	33%	€ 99,622	€ 61,000	€ 18,881	31%	€ 42,119	€ 23,000	€ 6,671	29%	€ 16,329			
TOTALS for III Pillars Activities 2017-2019	€ 4,228,558	€ 2,141,420	51%	€ 2,087,138	€ 2,070,906	€ 933,082	45%	€ 1,137,824	€ 1,090,500	€ 526,459	48%	€ 564,041	€ 1,067,152	€ 681,879	64%	€ 385,273			
HQ Staff and Support Cost																			
Account NB. Description	III PILLARS Budget 2017-2019	III PILLARS 15 mths Exp.	%	III PILLARS Balance Available	Pillar I Budget 2017-2019	Pillar I 15 mths exps	%	Pilar I Balance Available	Pillar II Budget 2017-2019	Pillar II 15 mths exps	%	Pillar II Balance Available	Pillar III Budget 2017-2019	Pillar III 15 mths exps	%	Pilar III Balance Available			
5300 SALARIES PROFESSIONAL	€ 199,553	256,304	128%	-€ 56,751	€ 114,845	€ 146,684	128%	-€ 31,839	€ 50,499	€ 65,306	129%	-€ 14,807	€ 34,209	€ 44,315	130%	-€ 10,106			
5570 CONSULTANT (Operational)	€ 342,740	229,386	67%	€ 113,354	€ 161,395	€ 104,586	65%	€ 56,809	€ 106,368	€ 66,795	63%	€ 39,573	€ 74,977	€ 58,004	77%	€ 16,973			
6150/6160 REPORT PROJECT EVALUATION COSTS	€ 41,609	-	0%	€ 41,609	€ 26,651	€ -	0%	€ 26,651	€ 7,359	€ -	0%	€ 7,359	€ 7,599	€ -	0%	€ 7,599			
TOTALS for HQ Staff and Support Cost	€ 583,902	485,690	83%	€ 98,212	€ 302,891	€ 251,270	83%	€ 51,621	€ 164,226	€ 132,102	80%	€ 32,124	€ 116,785	€ 102,318	88%	€ 14,467			
OVERALL III Pillars																			
Account NB. Description	III PILLARS Budget 2017-2019	III PILLARS 15 mths Exp.	%	III PILLARS Balance Available	Pillar I Budget 2017-2019	Pillar I 15 mths exps	%	Pilar I Balance Available	Pillar II Budget 2017-2019	Pillar II 15 mths exps	%	Pillar II Balance Available	Pillar III Budget 2017-2019	Pillar III 15 mths exps	%	Pilar III Balance Available			
TOTALS for III Pillars Activities 2017-2019	€ 4,228,558	2,141,420	51%	€ 2,087,138	€ 2,070,906	€ 933,082	45%	€ 1,137,824	€ 1,090,500	€ 526,459	48%	€ 564,041	€ 1,067,152	€ 681,879	64%	€ 385,273			
TOTALS for HQ Staff and Support Cost	€ 583,902	485,690	83%	€ 98,212	€ 302,891	€ 251,270	83%	€ 51,621	€ 164,226	€ 132,102	80%	€ 32,124	€ 116,785	€ 102,318	88%	€ 14,467			
OVERALL - III Pillars TOTAL	€ 4,812,459	2,627,110	55%	€ 2,185,350	€ 2,373,797	€ 1,184,352	50%	€ 1,189,445	€ 1,254,726	€ 658,560	52%	€ 596,166	€ 1,183,937	€ 784,197	66%	€ 399,740			
Project Servicing Charge 7%	€ 336,872	€ 156,842	47%																
GRAND TOTAL	€ 5,149,331	€ 2,783,952	54%																

Appendix 3
Summary Report
of the EC Phase IV
Program progress

Summary Component reports – January 2019

Component 1.1 Training for Member States

Indicators

Activities	Indicators	Baseline Sept. 2017	Target 2 years	Unit of measure	Current Status
1.1.1	Knowledge Bank created and in use by MS	500	3,000	Number of participants that have accessed at least one open access training course or knowledge bank resource	1,377
1.1.2	Implement >85 % of the demand driven programme	85%	85 %	Training credits allocated by the 39 MS to training activities or regional initiatives have been delivered by EuFMD	63 %

Progress

Training credits system	The allocation and delivery of the training credits is fully on track. The number of training credits allocated by the Member States to EuFMD training is above 93% and 63% of the allocated training credits has already been delivered.
Training courses	The training menu uptake has proved satisfactory to MS and there has been no request for new courses.
Main issues	One Member State did not allocate their Training Credits to any of the training courses, thus reallocating their credits to joint initiatives should be considered. Luxemburg agreed to donate eight of their training credits for other MSs to attend the FMD Wildlife Surveillance workshop on January 2019.
Priorities for the next six months	Deliver a national tailored Online FMD Emergency Preparation Courses (FEPC) for Hungary and create a FEPC for Poland. Organize and deliver an Emergency Vaccination workshop. Support of regional approach requests, such as the cross border simulation exercises between Spain and Portugal and Nordic/Baltic countries.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
522,975	269,662	52%	253,313

Summary Component reports – January 2019

Component 1.2 Improved Contingency Planning

Indicators

Activities	Indicators	Baseline Sept. 2017	Target 2 years	Unit of measure	Current Status
1.2.1	Annual Participation in online meetings or webinars	300	300	Participation in online meetings or webinars	517
1.2.2	Number of published: Decisions Support Tools, discussion papers and guidelines that have been peer-reviewed	2	5	Published tools and guidance that has been peer-reviewed	4*

* Position paper on FMD vaccination issues; The AESOP (Assured Emergency Supply Options) paper; EuFMDiS v.1.3 and EuFMDiS user guide.

Progress

Networks	It was agreed with DG Sante Dir 7 (FVO) to plan a number of webinars of the contingency planning network from February 2019 onwards. The webinars will address specific weak points that appeared from DG Sante Dir 7 (FVO) audits in MS. The modelling network had one additional webinar presenting the EuFMDiS model by Graeme Garner. The Open Session Modelling session provided new opportunities for additional webinars in 2019.
EuFMDiS	The Republic of Ireland will join the EuFMD group of countries. The development for Spain is ongoing. The model is widely promoted at OIE regional meeting, Open Session, EU CVO meeting, meetings with EU private stakeholders
Get Prepared	The Get Prepared guidance document is revisited and discussed within the Pillar 1 team and with DG Sante Dir 7 (FVO).
PPP and preparedness	First contacts with EU private stakeholders to develop a public-private dialogue on mutual involvement in emergency preparedness and contingency planning.
Major issues	Tight window for planning important activities within the next six months.
Significant plans	Work on the EuFMDiS to incorporate a wildlife component and to engage with further MS who are interested to use the model. Plan the first meeting of the EuFMDiS steering group. The Get Prepared guidance document will be draft starting with a clear description of the concept and the objectives.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
142,154	69,131	49%	73,023

Summary Component reports – January 2019

Component 1.3 Thrace

Indicators

Activities	Indicators	Baseline: Sept.2017	Target 2 years	Unit of measure	Current Status
1.3.1	Tpt Mgt Meetings held	5	9	Meetings held involving staff of the 3 countries	9*
1.3.2	Maintain the data entry system with data entry meeting agreed targets	>75%	75%	% of reports entered by field operatives within expected time frame	>75%
1.3.3	The level of confidence in FMD disease freedom in Thrace region is higher than if activities stopped	> 90%	90%	Confidence in disease freedom	>90%
1.3.4	Joint exercises	2	3	Joint exercises 3 countries	2**

Progress

Management Meeting	A Management Meeting is planned for January 2019 in Sofia, Bulgaria and will be held in combination with a Tripartite Meeting.
Active surveillance, early detection	The active surveillance activities are regularly implemented: samples are collected on time and analysed in each of the three countries, and data uploaded on the online repository for analysis and communications. The confidence in FMD freedom in the Thrace region has been constantly above 90% in 2018 for each country.
Training Workshop	No specific workshops have been held for the Component this reporting period.
Major Issues	The FMD post-vaccination immunity study carried out in Turkish Thrace in 2017 requires a follow-up to validate the previous results and provide solid evidence of the immunity currently provided in the field. Outcomes of this study may affect risk scoring for the THRACE model.
Significant Plans	Maintain the achieved high level of confidence in the absence of circulating FMDV in European part of Turkey and the neighbouring areas of Greece and Bulgaria. To further strengthen the collaboration between the three countries at different operational levels (regular joint training workshops for official veterinarians, improved communication and review of the epidemiological situation and the control measures in the three countries for FMD and other TADs). Plan a future joint simulation exercise between the three countries. Work with Turkey on a future post-vaccination immunity study for Turkish Thrace.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
377,000	151,883	40%	225,117

Summary Component reports – January 2019

Component 1.4 Balkans

Indicators

Activities	Indicators	Baseline: Sept 2017	Target 2 years	Unit of measure	Current Status
1.4.1	Management and High Level Policy Meetings held compared to if project was not supported.	0	3	Nb of meetings	2*
1.4.2	Number of countries having a national or multi-country FMD simulation exercise	4	7	Nb of countries holding a national FMD exercise	5**
1.4.3	Participation in Balkan region proficiency test exercises	6	8	Nb of National participations in exercises in 24 months	13***

Progress

Meeting and workshop	1.4.1- Missions to Albania, Kosovo* to scope the veterinary and laboratory capacities for FMD. Emergency preparedness scoping missions also held in FYR Macedonia, Serbia and Bulgaria as well as planning meetings for simulation exercises. 1.4.2- FYR Macedonia held an FMD exercise in December 2018. Plans in place for Bulgaria and Serbia. 1.4.3- 13 countries participated in laboratory proficiency testing schemes and these include Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Montenegro, Serbia, FYR of Macedonia, Romania, Kosovo*, Moldova, Ukraine (plus Turkey and Greece who are supported under Component 1.3). Mission to IZSLER, Brescia to discuss diagnostic bank concept.
Collaboration	Sally Gaynor joined EuFMD as an Emergency Preparedness Officer and is working with the officers in the Component. Kiril Krstevski joined EuFMD HQ as Balkans Laboratory Network Coordinator.
Issues	Due to the threat of ASF in Europe the simulation exercises were pushed back later in the work programme; however, they will be delivered within the target.
Significant plans	1.4.1- Organize a Balkans Management Meeting in March 2019. Finalize the statement of intentions to be proposed to Member States to aid in their collaboration for emergency preparedness. 1.4.2- Bulgaria and Serbia due to have exercises in February and March 2019 respectively. 1.4.3- Produce concept note for Emergency Diagnostic Bank. Organize laboratory workshop/training. Continue to be in contact with NFPs to provide assistance with contingency planning.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
202,110	72,300	36%	129,810

Summary Component reports – January 2019

Component 1.5 Fund for Applied Research (FAR)

Progress

7th call April 2018	Pilot study to explore the feasibility and interest of environmental sampling to improve Foot-and-Mouth Virus ("FMDV") surveillance and control on a pig farm in Thailand Project Lead Applicant: Simon Gubbins	Overall cost: GBPE 338 5200.00 Status update: Agreement finalized and signed end of December in January 2018 2019.
6th Call Dec 2017	Pilot project for the evaluation of a system for engaging para-veterinarians and animal health workers for FMD surveillance and sample collection and for the preliminary assessment of the demand for FMD control services in Mali - Project Lead Applicant: Dr Diaoure, VSF-Suisse	Overall cost: € 20 000.00 (funds will be mobilized under Component 3.3.2) → Status update: The project started end of March 2018. An interim report was submitted on July 2018 and the second funding instalment released. The final report was submitted, reviewed and finally cleared by EuFMD, with the release of the final instalment in December 2018.
5th Call July 2017	FMD RiskmapS (FMD Risk map surveillance System): Development of a FMD surveillance program on risk information and mapping tools for southern European neighbourhood, integrating movement patterns of domestic livestock - Project Lead Applicant: Dr Lefrancois, CIRAD	Overall cost: € 168 000.00; Cost 1.5 50%: € 84 000.00 → Status update: An interim report is due by February 2019.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
372,387	292,917	79%	79,470

Summary Component reports – January 2019

Component 1.7 Proficiency Testing scheme**TO BE UPDATED****Indicators**

<i>Activities</i>	<i>Indicators</i>	<i>Baseline Sept 2017</i>	<i>Target 2 years</i>	<i>Unit of measure</i>	<i>Current Status</i>
1.7	Proportion of target reference laboratories participating	16	21	Number participating over total of neighborhood countries indicated in contract with service provider	14

Progress**Budget**

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
46,300	44,121	95%	2,179

Summary Component reports – January 2019

Component 1.8 Risk analysis and communication

Indicators

Activities	Indicators	Baseline: Sept. 2017	Target 2 years	Unit of measure	Current Status
1.8.1	System available to predict Antigen Prioritization	1	1	System available to predict Antigen Prioritization	1
1.8.2	Number of Global Monthly Reports	24	48	Number of Global Monthly Reports	42
1.8.3	Number of Risk Manager Summaries	0	4	Summaries published	0
1.8.4	Pilot study	1	1	Study completed	1

Progress

PRAGMATIST	A user-friendly version of PRAGMATIST now available; (the newest version was developed by WRL, with review by EuFMD).
Global Monthly Report	Revised the format of Global Monthly Report to include new charts/tables to communicate the relative prevalence of serotypes and strains and forecasting; Three Global Focal Points have been identified and recruitment is underway
Partnership	PRAGMATIST was featured at a workshop held in conjunction with the Open Session 2018; participants from Europe, North America and Australia attended and were enthusiastic about the tool. Specific recommendations for further development have been defined.
Major Issues	The delivery of the Risk Manager Summaries has been postponed due to delay in recruitment of the Global Focal Points
Significant Plans	Release of the new format of the GMR, in which data will be presented in a way to facilitate the parameterization of PRAGMATIST. Develop documentation to support PRAGMATIST, including a description of the default parameters

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
84,200	32,401	38%	51,799

Summary Component reports – January 2019

Component 2.1 South East Europe

Indicators

Activities	Indicators	Baseline Sept.15	Target 4 years	Unit of measure	Current Status
2.1.1	Nb of countries in region with a Risk Based Strategic Plan that has been accepted by GF-TADS FMD Working Group.	2 Georgia and Turkey	4 Georgia, Turkey, Armenia, Azerbaijan	Nb of countries	4 RBSP accepted by GFTADS WG (Geo, Tr, Arm, Azer)
2.1.2	Participation level from at least 5 countries in the region in online training courses	0	480 participants	Participants engaging in EuFMD e- learning	480 participants

Progress

Risk based strategic plans	RBSPs of three TransCaucasus countries (TCC) and Turkey are available and implemented. Updated RBSPs from Georgia and Armenia have been shared for comments with EuFMD. Turkey updated version not yet available
Regional workshops and training	Two workshops on outbreak investigations were carried out in collaboration with GDRC for 50 participants from East provinces of Turkey (Nov and Dec) with the objectives to raise awareness, improve preparedness and capacity to control FMD in order to progress to PCP stage 3 in central/eastern Anatolia. Following a workshop on FMD surveillance and post-vaccination monitoring (May 2018) an immunogenicity study was designed and started in November in Georgia and Armenia in collaboration with IZSLER and SAP institute. A side meeting was organized with Turkey during the EuFMD Open Session to discuss and coordinate: workplan for the WestEurasia Networks (epinet and welnet); immunogenicity studies in TransCaucasus countries (TCC); animal mobility, livestock and meat market price monitoring project
Online training	A Russian language webinar on Progressive Control pathway was delivered in November for participants from Azerbaijan, Georgia, Belarus, Ukraine, Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Russia. The webinar was aimed to share the level of FMD control and the related initiatives in Georgia and in the TCC region.
Issues	Progress with RBSP development for stage 1 countries in the WestEurasian region, i.e. Turkmenistan, Uzbekistan, Tajikistan (not included in the EuFMD workplan but epidemiological connected with TCC). Iran has not yet re-started the contributions and cooperation established within the Statement of Intention.
Priorities	Definition and implementation of control and surveillance measures for PCP stage 3 in candidate zones of Georgia, Azerbaijan and Armenia. Implementation of animal mobility and market price monitoring project. Revision of current RBSP and evidence of monitoring and evaluation process in Turkey and TCC. Evaluation and sharing of the results of the immunogenicity studies. Further develop the information sharing database.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
356,500	172,917	49%	183,583

2.2 South East Mediterranean

Summary Component reports – January 2019

Indicators

Activities	Indicators	Baseline Sept.15	Target 4 years	Unit of measure	Current Status
2.2.1 2.2.2 2.2.3	Number of countries in region with a Risk Based Strategic Plan that has been accepted by GF-TADs FMD Working Group.	1 (Egypt)	4 (Egypt, Jordan, Palestine, Lebanon)	Nb of countries	Achieved: 2 RBSPs developed: Egypt and Palestine (1 RBSP accepted by GF-TADs FMD Working Group), 1 RBSP drafted: Jordan
2.2.4	Assist networking through online meetings and sharing of FMD information to risk managers of countries under this component	0	140 participants in 24 months involving 6 countries	Nb of regional participations in online meetings	220 participants from 11 Arabic speaking countries in the NENA region.

Progress

Training	A FITC in Arabic was launched in 2018 for 180 participants from 10 countries (Bahrain, Egypt, Iraq, Lebanon, Jordan, Palestine, Saudi Arabia, Tunisia, Libya, Mauritania,).
Risk based strategic plan	Following the workshops conducted with Jordan, Lebanon and Syria for the development of a risk based strategic plan, regular on-line meetings were implemented and an in-country mission was carried out in Dec in order to assist the countries on the situation analysis (Lebanon) and on the monitoring and evaluation of the RBSP (Jordan and Egypt). A workshop has been planned in January in Egypt on post vaccination monitoring followed by a technical seminar on post vaccination surveillance design. The workshop is part of the 2019 activities aimed at promoting the establishing of a mechanism for evaluating the effectiveness of control measures adopted in the country with particular reference to the assessment of the vaccine quality and evaluation of the effectiveness of vaccination programs.
Issues	Lack of evidence of the effectiveness of the vaccine used in Lebanon and Jordan as well as in Egypt and Palestine. Risk posed by instability in Syria remain a point of concerns due to animal movements across the borders. Despite difficulties reported in the 208, a new action plan has been established (between GOVS and EuFMD) to support the main weaknesses identified.
Priorities	Continued support to Egypt according to the agreed priorities (RBSP M/E). Support to Lebanon for RBSP development. Continued support to Palestine, Sudan and Jordan for RBSP implementation. Implementation of field vaccine effectiveness studies. Improve availability of risk information and mapping tools, integrating movement patterns of domestic livestock

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
260,000	125,941	48%	134,059

Component 2.3 Support to REMESA*Summary Component reports – January 2019***Indicators**

Activities	Indicators	Baseline Sept 2015	Target 4 years	Unit of measure	Current Status
2.3.1	Nb of countries in region with a RBSP accepted by GF-TADs FMD WG	0	1	Nb of countries	First drafting Mauritania
	Nb of countries in region accepted in PCP Stage 3 or above by the GF-TADs FMD WG	1	2	Nb of countries	3
2.3.2	Nb of high-risk border areas where a surveillance system is designed, implemented and functioning.	0	1	Nb of implemented systems	0
2.3.3	Nb of participants from region taking part in online training course or webinars annually.	0	200	Participants engaging in single e-learning event annually	180

Progress

Progress along PCP	Participation to the EMC-mission in Mauritania for assessment of the epidemiological situation and define the support needed. A side workshop was organized during the Open Session with participants from Algeria, Morocco and Tunisia to analyze the epidemiological situation and discuss actions implemented and possible improvements related to risk based surveillance and control in the region A side workshop was organized in collaboration with CIRAD during the REMESA JPC meeting to revise the preliminary results of the risk mapping project connected to animal mobility (risk of FMD introduction and risk of spread) in North Africa.
Merged Francophone and North African networks	A series of webinars covering the priority topics identified by the Réseau Francophone committee were planned and started to be delivered in French. More than 300 participants to the FMD investigations online courses from North, West and Central Africa implemented during summer are invited to join the francophone network with the aim the built a regional network for animal health information sharing
Issues	Mauritania commitments for the finalization of RBSP are not yet evident despite the outbreaks during summer. Morocco has requested assistance for establishing a FMD free zone in accordance with OIE conditions. The epidemiological link between West and North Africa resulted from the recent FMD incursions in Algeria highlights the importance to better understand the FMD situation in WA and animal movement trends to NA in order to anticipate the seasonal risk.
Priorities	Implement Risk mapping studies with assistance of CIRAD; continue follow up in Morocco, Algeria and Tunisia on the design / implementation of FMD early detection and risk based surveillance; promote risk based vaccination strategies; maintain the assistance to Libya despite of instability.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
326,000	161,617	50%	164,383

Component 2.4 Training development and Co-ordination*Summary Component reports – January 2019***Indicators**

Activities	Indicators	Baseline Sept.15	Target 4 years	Achieved March 18	Explanation of indicator
2.4.1	New courses developed after regional gap analysis	0	4	6 (*)	New online training courses developed, one course equivalent to 20 study hours
2.4.2	Percentage of training courses satisfying monitoring and evaluation criteria	0	100	100	Percentage of courses meeting M and E criteria

(*)Socio-economic impact 24hrs, Risk Analysis Along the Value Chain (24hrs); Field Investigation Training (12 hrs); Introduction to the Progressive Control Pathway (6 hrs); Post Vaccination Monitoring (24 hrs- in combo with PIII); FMD Laboratory Investigation Training Course (12hrs- in combo with PIII)

Progress

Progress	New courses under development Sept-December 2018: French language socio-economic impact analysis. Courses delivered Sept-December 2018: Arabic FMD Investigation Training Course.
Issues	Ongoing difficulties in identification of partners and experts for delivery of Russian language version of in-depth e-learning modules.
Priorities	Continued delivery of planned online training courses, particularly focusing on delivery of French and Russian language versions. Wider publicity of open access e-learning course opportunities.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
148,000	65,984	45%	82,016

Summary Component reports – January 2019

Component 3.1 Improved system for monitoring and evaluation of progress of regional programmes on FMD control**Indicators**

Activities	Indicators	Baseline Sept 2017	Target 2 years	Unit of measure	Current Status
3.1.1	Gather information, author reports for the FMD Working Group	4	4	Number of reports	0
3.1.2	Activities to support global communication of the PCP situation	0	50% increase	Website usage statistics	0
3.1.3	Provide training support to the FAO/OIE working group activities	1	1	International training events	1

Progress

Requests	A request has been received from the OIE to provide assistance to a workshop on developing Risk-Based Strategic Plans for Gulf countries. The meeting has still not taken place but is anticipated for early 2019. A request was also received from the Kenyan government to attend a national PCP meeting supported by the Kenyan ECTAD office at FAO.
Reports	PCP Support Officers (PSO) are active and offering support to 20 countries. Two online meetings have taken place with activity reports provided to the FMD working group. Report from CIRAD on potential for FMD vaccine uptake in West and Central Africa is anticipated.
GF-TADs Website	An intern has been working on the GF-TADs website which is now live (www.gf-tads.org). The website is being continually updated with reports of roadmap meetings and links to supportive materials for countries relevant to their PCP stage.
Support	Support to activities assisting the FAO-OIE FMD working group will be provided in part through a LoA with IZSLT. Two short-term professionals has been recruited to assist with Pillar III activities focussing on West and Central Africa, and South Asia.
Priorities	Continued support to GF-TADs website. Recruitment of a new STP at end of current placements.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
86,894	35,862	41%	51,032

Summary Component reports – January 2019

Component 3.2 Progressive Control Pathway (PCP)

Indicators

Activities	Indicators	Baseline Sept 2017	Target 2 years	Unit of measure	Current Status
3.2.1	Development and Revision of PCP guidelines for joint FAO/OIE application	5	6	Number of guidelines	5
3.2.2	Training of PCP-FMD experts	6	30	Number of people trained	50
3.2.3	Support the facilitation of regional roadmap meetings, their follow-up actions and associated training or assessment processes	4	a) 5 b) 5 c) 2	a) No of roadmaps supported by EuFMD trained expert annually b) Between roadmap meeting webinars c) Workshops for RAP development	a) 3 b) 1 c) 0

Progress

PCP guidelines	New PCP guidelines have been released and the EuFMD has updated the PCP elearning modules, which are now live. The EuFMD and OIE are finalising the development a new online Self-assessment Tool for countries to assess accomplished and pending activities in relation to their current PCP Stage. This will also be made available online. The output of this tool will support and harmonize the PCP assessment by the Regional Advisory Group and will help PCP Support Officers in prioritizing the support activities.
Online training	Following the PCP meeting for East Africa, an online FMD investigation training (FITC) course has been initiated in November 2018. The online training course on Socio-economic impact assessment of FMD is currently under review with CIRAD, who will modify the course content and translate it into French prior to delivering to Francophone countries of North, Central and West Africa. This is being supported under Pillar II with added benefits for Pillar III countries.
PCP support officers	The EuFMD PCP Support Officer (PSO) proposal to the FAO/OIE FMD Working Group is being implemented providing positive support for countries to follow up on progressive FMD control after attending the regional roadmap meetings. Current PSOs are selected from the pool of EuFMD consultants with a view to increasing regional capacity. A PSO training course is being organised for February 2019 in Accra for people from FAO, OIE and ECOWAS. Plans are also underway for a similar course in South Asia.
Issues	EuFMD is now a full member of the FMD Working Group. This will facilitate a better understanding of the near-future plans laid out by the FMD Working Group as well better coordination and more direct collaboration between EuFMD and the FMD Working Group. There is a great need to support countries in West and Central Africa with a recent upsurge of FMD cases in the region.
Meetings /Workshops	EuFMD participated in the first Central Africa regional roadmap meeting in Douala, Cameroon in September 2018. EuFMD participated in a Kenyan RBSP development workshop, Naivasha, November 2018 Plans are being formulated for a STP to visit priority countries in West and Central Africa to assist PCP advancement (focus on stage 0 countries) at the request of the Regional FAO office for Africa.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
155,954	71,380	46%	84,574

Summary Component reports – January 2019

Component 3.3 Laboratory support

Indicators

Activities	Indicators	Baseline Sept 2017	Target 2 years	Unit of measure	Current Status
3.3.1	Nb of OIE/FAO Laboratory Network meetings	2	4	Annual International Meeting	4
3.3.2	Nb of samples typed in relation to minimum surveillance requirements per pool	0	6	Nb of pools where target reached (120 samples per year per target pool from at least 5 countries)	1*
3.3.3	Nb of new modules for e-learning and training on laboratory surveillance meeting quality standards	0	3	e-learning modules	1
3.3.4	Nb of labs supported to take part in global PTS annually	0	10	Labs taking part in PTS annually	4.5**

*Based on samples submitted to the WRLFMD as specified in their Quarterly reports from October 2017-September 2018 inclusive. Samples received: Pool 1=104, Pool 2=65, Pool 3=118, Pool 4 = 125, Pool 5=4, Pool 6=12

** 9 from of 12 global network labs listed in WRLFMD LoA participated in 2018 test

Progress

Meetings	13 th OIE/FAO FMD Laboratory Network Meeting took place in November 2018, UK. Representative from ANSES attended PCP-FMD Roadmap meeting, Douala, Cameroon (Sept 2018)
E-learning	FLITC: Plans for another online laboratory training course in next year PVM: WRLFMD involvement with elearning project collaborating with EuFMD (GCRF-STARs)
Surveillance gaps	Lateral flow devices: Field-work for FMDV surveillance project in Mali with Vétérinaires Sans Frontières (VSF) is completed and a final report received. EuFMD are organising the LFD shipment to ANSES where they will be tested. Plans are underway to extend the LFD sampling approach to other countries in WCA. Environmental sampling: An environmental sampling project is being developed in Cameroon in collaboration with researchers at the Pirbright Institute.
PTS 2018	Proficiency testing Scheme completed for 2018. From the Global FAO-OIE FMD lab network, China, India and Senegal did not participate. Plans for next PTS are underway.
Issues	Only one pool reached the submission target to the WRLFMD. This was a direct consequence of EuFMD supporting shipments. Poor submissions continue from Pools 5 and 6. Delays in LFD shipment from Mali. Regional laboratory networks in East Africa, West and Central Africa and South Asia need attention.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
628,772	481,507	77%	147,265

Summary Component reports – January 2019

3.4 Global Access to PCP-FMD training resources

Indicators

Activities	Indicators	Baseline Sept 2015	Target 4 years	Achieved September 2018	Explanation of indicator
3.4.1	e-learning courses delivered	0	12	8 Southern Africa: FMD Investigation Training Course FMD Post Vaccination Monitoring (joint South Asia) FMD Laboratory Investigation (global) South Asia: FMD Investigation Training Course FMD Post Vaccination Monitoring FMD Laboratory Investigation (global) FMD Investigation Training Course (2) FMD Risk Analysis Along the Value Chain (also some countries in S, E and W Africa, NENA) West and Central Africa FMD Investigation Training Course in French (1)	Nb of e-learning courses delivered to South Asia or African regions.
3.4.2	Nb of part. online training course /webinars	0	200	172	Participants engaging in single e-learning event annually (e.g joining online course or webinar)

Progress

Progress	Partnership established with Indian Council of Agricultural Research (ICAR) for delivery of e-learning courses in India, due to start January 2018. Online course delivered for East African countries in November 2018. Planned courses to be delivered in West and Central Africa starting January 2018. Planned partnership with the Pirbright Institute for online training on Post Vaccination Monitoring.
Issues	Further discussion on the future of the Progressive Control Practitioners' Network required.
Priorities	Continued delivery of e-learning courses in South Asia, particularly national level courses in India. Support to regional laboratory and epidemiology networking in South Asia. Delivery of second French language FMD Investigation Training Course for West and Central Africa. Development of tools and job aids for training by mobile phone particularly for veterinary paraprofessionals in target regions. Partnership with the Pirbright Institute for delivery of training on post vaccination monitoring.

Budget

Total Budget Workplan activity 24 months	Expenses Oct 17 – Dec 18	% project completion	Actual available
195,532	93,130	48%	102,402

Appendix 4

FMD Global and Regional situation



Update from WRLFMD: Jan 2019

Donald King

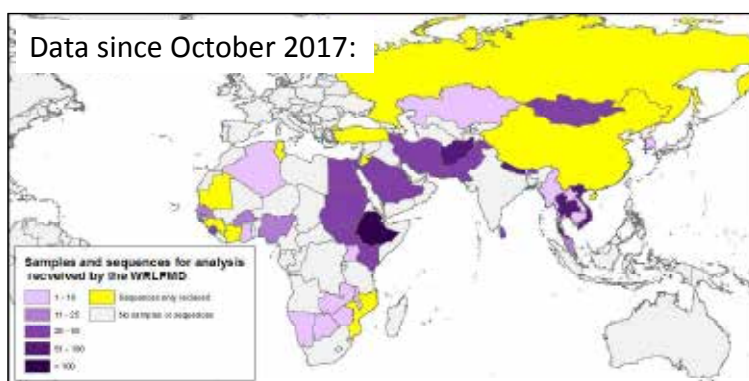
Acknowledgements: Valerie Mioulet, Nick Knowles, Anna Ludi, Ginette Wilsden, Alison Morris, David Paton, Abid Bin-Tarif, Mehreen Azhar, Hannah Baker, Lissie Henry, Jemma Wadsworth, Clare Browning, Antonello Di Nardo, Bob Statham, Britta Wood, Ashley Gray, Beth Johns, Mark Henstock, Nick Lyons, Dexter Wiseman, Julie Maryan, Sarah Belgrave



Sample Submissions:

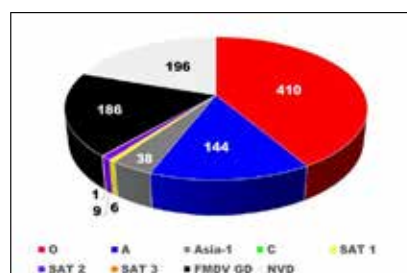
Since EuFMD ExCom in Brussels (September 2018)

- **Reports issued:** Burkino Faso, Gambia, Hong Kong SAR, Israel, Iran, Kenya, Laos, Mongolia, Thailand, Senegal, Sierra Leone, South Sudan, Sudan, Zambia
- **Samples received and being tested:** Algeria, Egypt, Ethiopia, Hong Kong SAR, Israel, Palestinian Autonomous Territories, Mongolia
- **Sequence exchange (additional genotyping reports):** Algeria (via ANSES), Ivory Coast (via ANSES), Mauritania (via ANSES), Republic of Korea, Turkey
- **Arranging Shipments:** Bhutan, Laos, Saudi Arabia, Republic of Korea, Uganda, Vietnam, Yemen



Results/reports can be retrieved from:

www.wrlfmd.org



www.pirbright.ac.uk

Enhanced surveillance via the OIE/FAO FMD Laboratory Network



- **Global surveillance and changing patterns in risk**
- **Harmonised and improved lab capacity**
- Established in 2004
- 15 Core OIE and FAO FMD Reference Laboratories
- Signed MoU defining aims and purpose of the Network
- Meeting and annual reports available:

Core Network Members and affiliates:

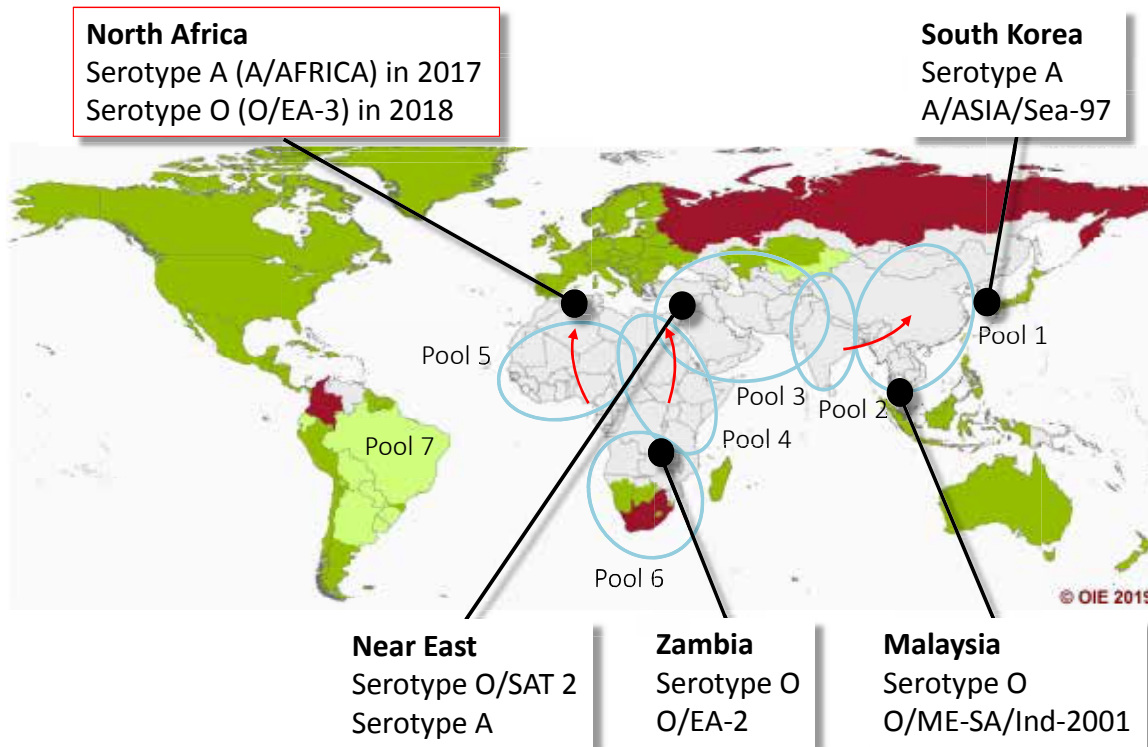


Pirbright– November 2018

<http://www.foot-and-mouth.org/>

www.pirbright.ac.uk

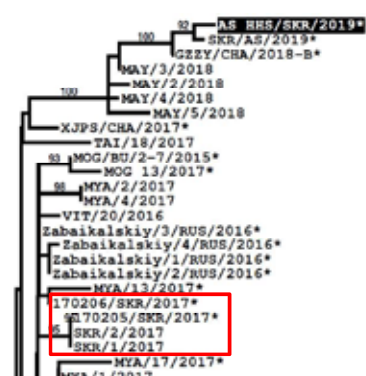
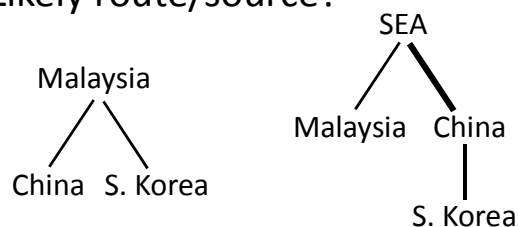
FMD –headline events discussed at last ExCom



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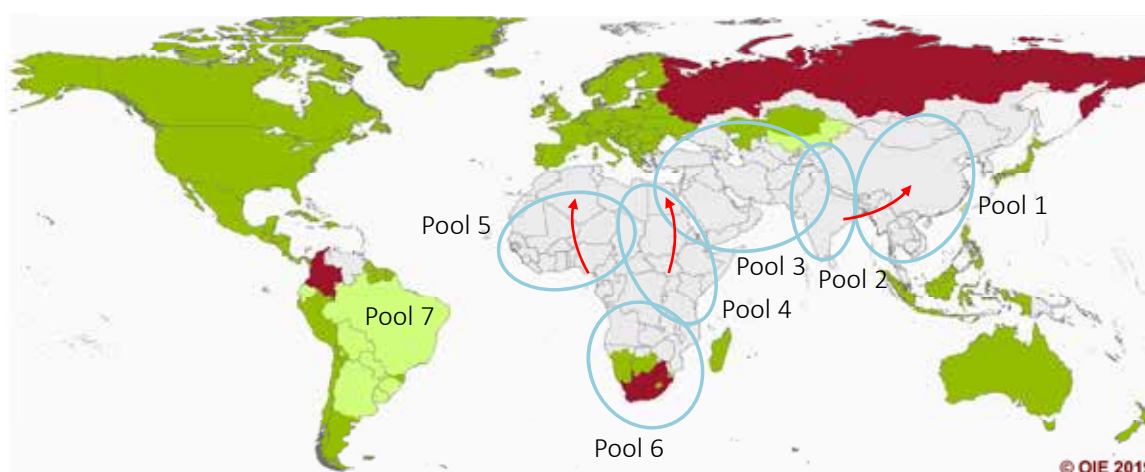
New FMD outbreaks in the Republic of (South) Korea

- First case reported 26th January 2019
- FMD in (vaccinated) cattle
- FMDV sequences from APQA
- Due to O/ME-SA/Ind-2001e
- Separate introduction of the virus in the country (distinct the cases to this lineage that occurred in 2017)
- Likely route/source?



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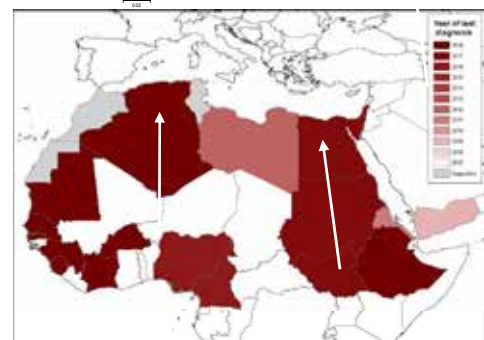
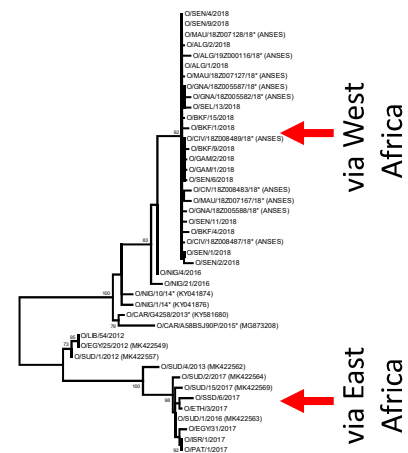
Continuing FMD outbreaks in East and North Africa



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- Due to the O/EA-3 topotype
- Recent origin in West Africa
- July 2018 -January 2019: Samples tested for FMD outbreaks in Burkino Faso, Gambia, Guinea, Ivory Coast, Mauritania, Senegal, Sierra Leone
- **~99% nt identity to Algeria**
- New cases in Algeria (Dec-Jan) sent to WRLFMD, ANSES and IZSLER and suspect cases reported in Tunisia and Morocco (samples to ANSES)



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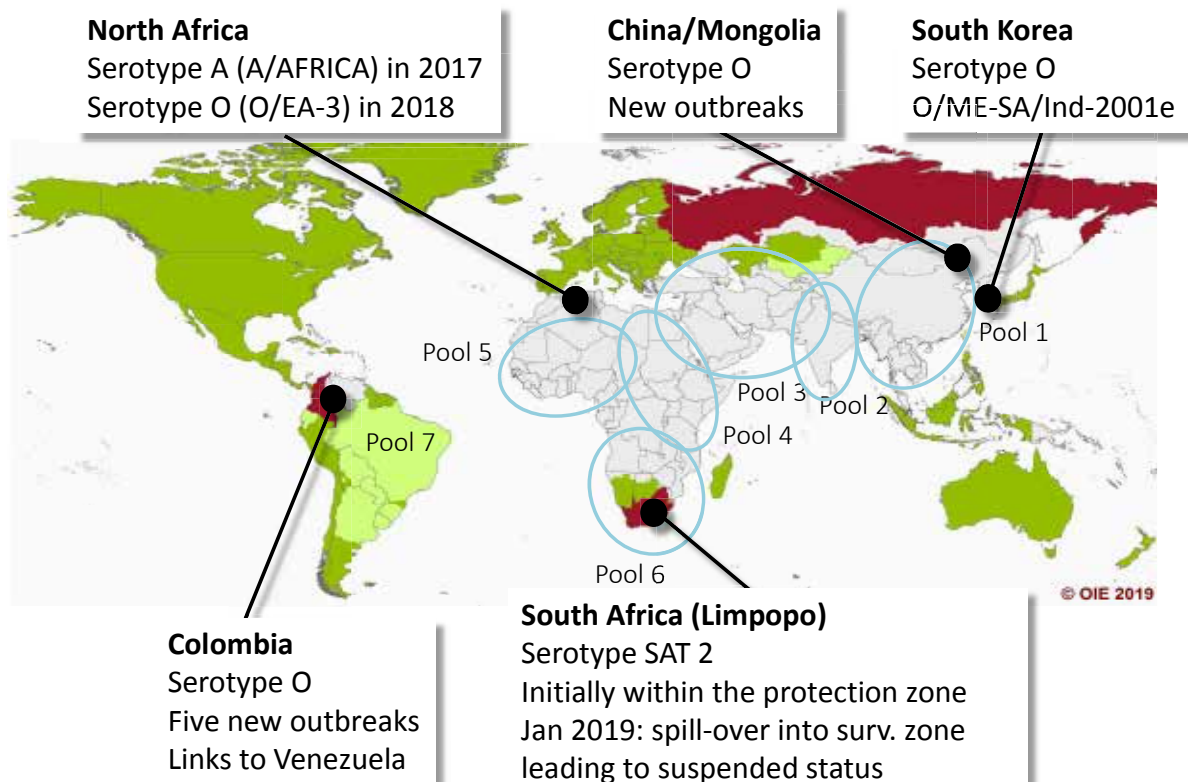


Use of transfection methods to rescue problematic FMD viruses

- Previous samples from South Sudan and Sierra Leone were FMDV-GD only (no live FMDV in the entire batch)
- Samples tested by new lineage-specific rRT-PCR and tentatively characterized as O/EA-3 (developed with NAHDIC, Ethiopia)
- “live” FMDV subsequently recovered from the RNA samples following transfection methods in LFBKs (using Lipofectamine 2000 and/or RiboJuice)
- Sequence data was obtained for these viruses (and reported) and vaccine matching is now underway
- Although optimization required, represents a useful approach for virus recovery from difficult samples (additional recent success with FMDV-GD samples from Laos)

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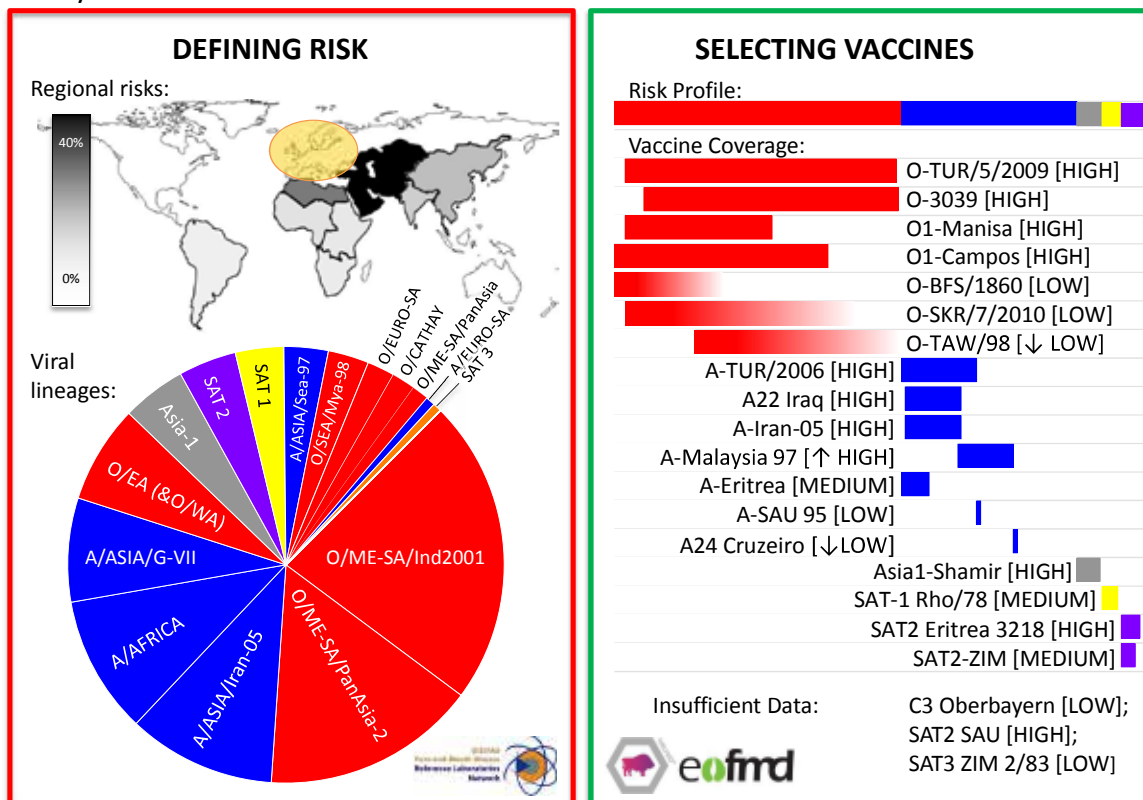
Current headline events



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Vaccine Antigen Prioritisation: Europe

January 2019



NB: Analyses uses best available data, however there are gaps in surveillance and vaccine coverage data

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PRAGMATIST update

Co-hosted by Melissa McLaws

- EuFMD/WRLFMD workshop for PRAGMATIST at OS-18
- Delegates included vaccine bank managers, commercial producers
- Broad endorsement of the approach used in the tool
- Recent review of lineage distribution values at the Network meeting
- Vaccine coverage scores have been circulated for review
- Testing of parameter sensitivity required?

Pragmatist: Hands-on workshop

Pragmatist is a tool developed by EuFMD and WRLFMD to support risk-based decision-making for vaccine banks and FMD preparedness. Output from Pragmatist is now used by the WRLFMD to recommend FMDV vaccines for inclusion in vaccine banks. Although Pragmatist was originally developed to support vaccine bank managers in FMD-free countries, it can also be adapted for use in endemic regions.

Target audience: Risk managers and science advisors.

Objectives

- To familiarize participants with the Pragmatist tool to inform vaccine selection for preparedness of an incursion of FMD. This will include the 3 key Pragmatist inputs:
 1. Which country or region presents the greatest risk as a source of an FMD incursion to my country or region?
 2. What are the most important serotypes and strains circulating in the endemic regions of the world?
 3. What coverage is provided by the vaccines available?
- To identify potential areas for further development of Pragmatist



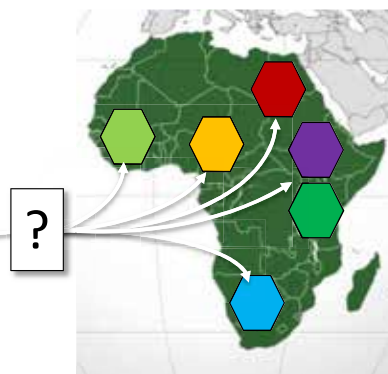
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Establishing capacity for independent evaluation of FMD vaccines in Africa



- FMD viruses in Africa are antigenically diverse
- Quality of FMDV vaccines used in Africa is highly variable
- Lack of empirical data to support vaccine selection
- Frequent reports of failure in the field leads to poor trust in vaccines
- AU-PANVAC (in Ethiopia) is mandated to provide independent quality control of all veterinary vaccines for Africa.

Project will establish a new tools to define whether vaccines are suitable for use in the different endemic pools in Africa



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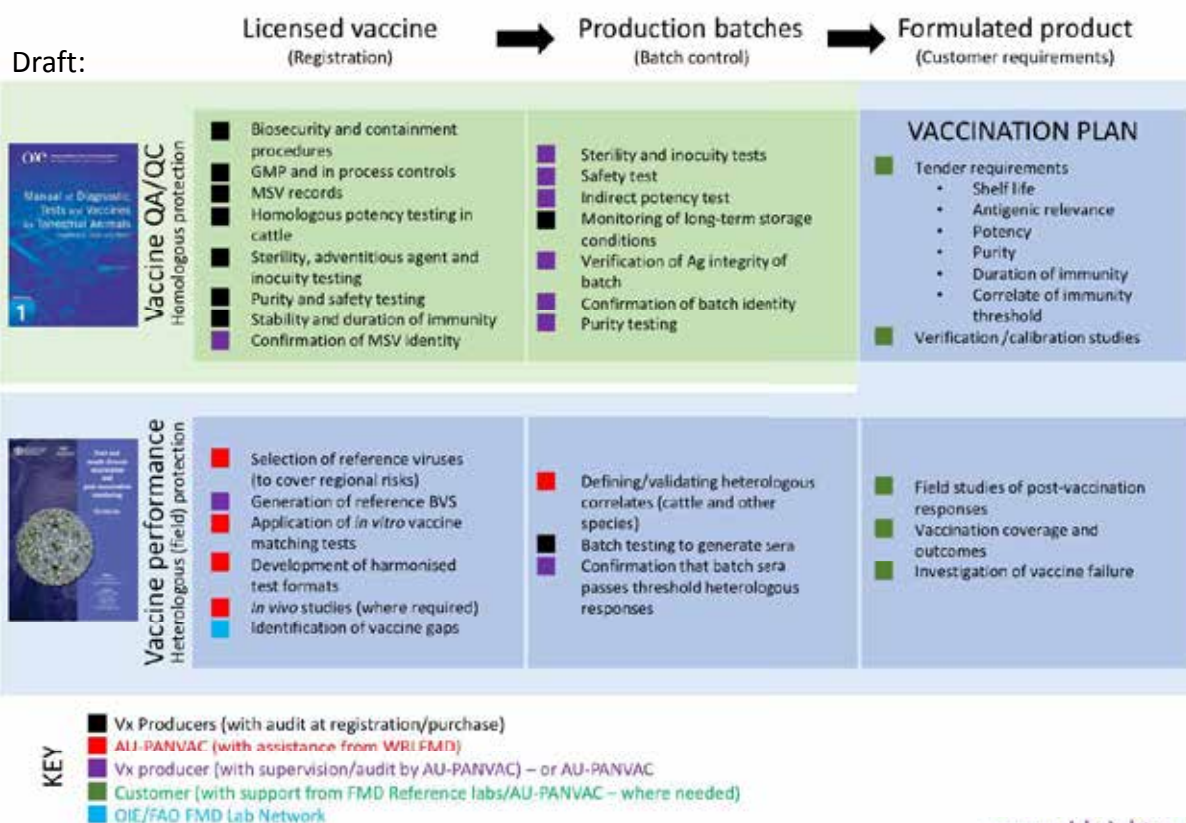
Vaccine QA/QC: How can we assess which vaccines are appropriate for use?

- 2019: new 2-year twinning project to develop capacity at AU-PANVAC for impartial assessment of vaccines in Africa
- Important role and links to industry partners
- Will establish metrics to assess heterologous responses provided by vaccines using panels of representative virus antigens
- New assay systems that can be standardized and used in low-containment laboratories
- Links to new initiatives for regional-level market authorization of vaccines

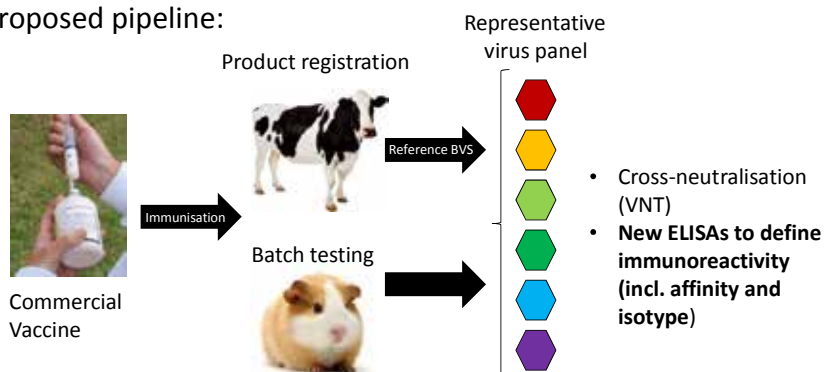


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Vaccine QA/QC: who does what?



Proposed pipeline:



Industrial partners:



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January 2019: Training course for EALN-FMD

Delegates from Ethiopia, Burundi, DR Congo, Eritrea, Kenya, Rwanda, South Sudan, Tanzania and Uganda



Supported by OIE
Twinning project:
NAHDIC and Pirbright

Priorities for the course:

1. Confirmation of FMDV cases and tools to characterize the serotype/topotype of viruses in clinical samples
2. Antibody tests to monitor the performance of vaccines
3. Networking and discussion!



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E-learning

- WRLFMD has developed an e-learning course for FMD diagnostic methods
- Delivered with EuFMD
- Next course to start 20th February 2019
- registration form:
<https://eufmdlearnin.g.works/mod/page/view.php?id=10480>



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Proficiency Testing Scheme (PTS)

- To assist National FMD Laboratories to develop/improve accurate and reproducible FMD diagnostic tests
- QA requirements to support ISO/IEC 17025

Phase XXXI update (covered by current WRLFMD contract and old EURL responsibilities):

	Phase XXXI
Total invited laboratories	102
Participants from European Union (funded by EURL for FMD)	26 (EU member states)
Participants from Global Network	Argentina, Brazil, Canada, Russia, Senegal, Thailand Pending: Botswana, China, Ethiopia, India, Kenya, Nepal, Nigeria, Republic of Korea, South Africa, USA
Participants from EuFMD Member states (non-EU)	Bosnia & Herzegovina, Georgia, Kosovo, FYRO Macedonia, Norway, Serbia, Switzerland, Turkey Pending: Albania,
Participants from neighbourhood countries	Algeria, Armenia, Montenegro, Morocco Pending: Belarus, Iran, Iraq, Jordan, Lebanon, Moldova, Tunisia, Ukraine
Other participating countries	Australia, Namibia, New Zealand, Singapore, Chinese Taipei,

- Proposal for Phase XXXII:
 - Global PTS to complement PTS organised by EURL
 - Focus on endemic diagnostic challenges
 - Scenarios tailored PCP expectations for the participating labs

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Reports and information

- New website (wrlfmd.org) launched in November 2018
- In addition to *Genotyping reports*, now contains *Vaccine matching* and *Serotyping reports*
- Other data sources:
 - EuFMD Monthly report
 - Quarterly WRLFMD report

Tools for FMDV sequences

- Priority for the FMD community
- FMDVTools: <https://mallorn.pirbright.ac.uk>



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Looking to the future.....



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Acknowledgements

- Support for the WRLFMD and research projects
- Collaborating FMD Reference Laboratories and field teams
- Partners within the OIE/FAO FMD Lab Network



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Selecting a vaccine for O/EA-3

- No potency/challenge tests have been performed
- Results for VNT vaccine matching (2011-2018)
- Algerian isolates generated results indicative of a match to O-3039, O-Manisa and O/TUR/5/2009
- Similar results for 2/3 related O/EA-3 isolates from Nigeria (2016)
- Vaccines currently used in North Africa? (for the previous O/ME-SA/Ind-2001 lineage)

	Vaccines		
	O-3039	O-Manisa	O/TUR/5/2009
ALG/1/2018	0.51	0.37	0.46
ALG/2/2018	0.45	0.34	0.59
NIG/12/2016	0.66	0.60	0.51
NIG/19/2016	0.52	0.79	0.68
NIG/04/2016	0.26	0.23	0.29
ETH/13/2018	0.34	0.21	0.38
ETH/16/2018	0.21	0.15	0.31
EGY/10/2017	0.47	0.33	0.78
EGY/26/2017	0.33	0.30	0.54
ETH/2/2017	0.20	0.22	0.35
ISR/1/2017	0.32	0.17	0.52
ISR/15/2017	0.52	0.47	0.58
ISR/18/2017	0.62	0.42	0.50
PAT/05/2017	0.26	0.34	0.45
PAT/11/2017	0.60	0.62	0.93
PAT/22/2017	0.40	0.37	0.63
EGY/07/2016	0.27	0.35	0.11
EGY/18/2016	0.01	0.00	0.00
ETH/03/2015	0.85	0.25	1.12
EGY/23/2014	0.22		
EGY/36/2014	0.44		
ETH/22/2013	0.40	0.18	0.81
SUD/04/2013	0.15	0.21	0.60
EGY/19/2012		0.04	0.04
EGY/25/2012		0.48	2.04
EGY/27/2012		0.04	0.04
ETH/04/2012		0.14	0.36
ETH/07/2012		0.20	0.39
ETH/12/2012		0.42	0.89
LIB/54/2012		0.25	0.69
SUD/06/2012	0.38	0.22	0.35
ERI/01/2011		0.21	0.74
ERI/03/2011		0.17	0.68
ERI/18/2011		0.16	0.68
ETH/01/2011		0.69	1.29
ETH/07/2011		0.62	1.05
ETH/13/2011		0.12	0.41
ETH/28/2011		0.14	0.56
ETH/29/2011		0.30	0.50
SUD/11/2011		0.49	1.29

www.pirbright.ac.uk

Appendix 5

Report from ANSES



FMD EURL

Overview of planned activities 2019-2020

EuFMD 97th Ex.Com. Meeting, 31/01&01/02 2019, Rome, Italy

FMD EU-RL (Anses/Sciensano) (1st January 2019)



Functions and Duties of the EURL for FMD

Official Journal of the European Union

COUNCIL DIRECTIVE 2003/85/EC
of 29 September 2003
on Community measures for the control of foot-and-mouth disease repealing Directive 85/511/EEC and Decisions 89/531/EEC and 91/665/EEC and amending Directive 92/46/EEC

ANNEX XVI
FUNCTIONS AND DUTIES OF A COMMUNITY REFERENCE LABORATORY FOR FOOT-AND-MOUTH DISEASE

Official Journal of the European Union

REGULATION (EU) 2017/625 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 15 March 2017
on official controls and other official activities performed to ensure the application of food and feed law, rules on animal health and welfare, plant health and plant protection products

Article 94
RESPONSIBILITIES AND TASKS OF EUROPEAN UNION REFERENCE LABORATORIES

Mains tasks of the EURL activities

CO-ORDINATION OF NRLs AND PROVISION OF TECHNICAL SUPPORT TO ENSURE AVAILABILITY AND USE OF HIGH QUALITY METHODS

PROVIDE SCIENTIFIC AND TECHNICAL ADVICE AND SUPPORT TO EU MS

PROVIDE SCIENTIFIC AND TECHNICAL ADVICE AND SUPPORT TO THE COMMISSION AND OTHER ORGANISATIONS



15 Activities

EURL Activities

Activity 1. Establish and maintain of FMD reference collections and up-to-date lists of available reference substances and reagents and of manufacturers and suppliers of such substances and reagents.

Objective: *Make FMD reference materials available and provide such materials to NRLs upon request.*

Activity 2. Production of FMD/SVD reference materials

Objectives: *Conduct animal experiment to constitute reference positive sera and virus strains to be used in the PT and could be provided to NRLs.*

Activity 3. Organize an annual proficiency test for virus and antibody detection.

Objective: *Coordinate the FMD and SVD diagnosis between the EU NRLs.*

Activity 4. Organize annual scientific meeting

Objective: *Communicate scientific and technical information, to discuss the PT results and any technical issues, to ensure close relationships within the NRL network.*

Activity 5. Development and implementation of FMD EURL website.

Objective: *Share information with the NRLs related to FMD and the activities of the EURL (SOPs, list of available reagents, workshops and PT).*



EuFMD 97th Ex.Com. Meeting, 31/01&01/02 2019, Rome, Italy

EURL Activities

Activity 6. Develop and validate methods of diagnosis of high standards.

Objective: *Improvement of FMD diagnostic and implementation on new methods.*

Activity 7. Review and evaluate new FMD diagnostic methods and provide information to NRLs.

Objectives: *Expanding the panel of FMD diagnostic methods.*

Activity 8. Share information on the methods of laboratory analysis.

Objective: *Provide SOPs and guidance on the FMD diagnosis methods.*

Activity 9. Conduct training courses for staff from national reference laboratories.

Objectives: *Ensure an appropriate follow-up of underperformance in PT tests and technology transfer.*

Activity 10. Build-up and maintain an up-to-date collection of vesicular virus strains other than FMDV and specific sera against those viruses.

Objectives: *Maintain collection of reagents (viruses and sera) for differential diagnosis of FMDV and make them available to NRLs.*



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EURL Activities

Activity 11. Provide timely confirmatory diagnosis of FMD outbreaks in the Member States.

***Objective:** Confirmatory diagnosis of FMD and the characterization of circulating strain*

Activity 12. Collaborate with laboratories in third countries (OIE/FAO RL, WRL) and with International Organizations (OIE, FAO, EuFMD).

***Objectives:** Provide scientific expertise and assistance in the field of FMD and other vesicular diseases..*

Activity 13. Monitor global and regional situation of FMD viruses.

***Objective:** Receive filed samples from countries geographically or commercially linked to the EU to isolate and characterize circulating FMD viruses.*

Activity 14. Provide advice to the Commission on vaccine strain selection and use.

***Objectives:** Collect information on FMDV vaccines, vaccine strains and vaccine efficacy.*

Activity 15. Provide scientific and technical assistance to the European Commission

***Objectives:** To meet the needs of the Commission in terms of expertise. (disease security measures, emergency situations...)*



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Acknowledgements



Food and Agriculture
Organization of the
United Nations



Thank you for your attention



EuFMD 97th Ex.Com. Meeting, 31/01&01/02 2019, Rome, Italy

Appendix 6

Report from Sciensano

Information from the EU-RL for diseases caused by Capripox viruses (lumpy skin disease, sheep pox, goat pox)

David Lefebvre, DVM, PhD

Service for Exotic viruses and particular diseases
Scientific Direction for Infectious diseases in animals

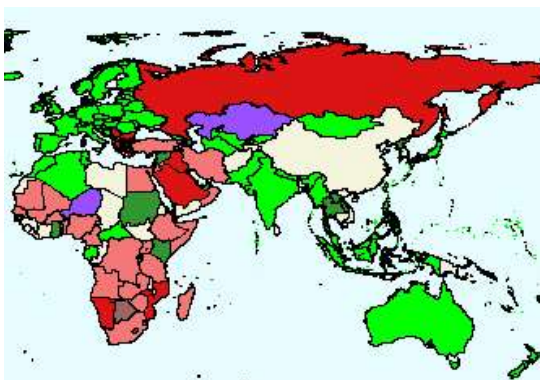
Sciensano
Brussels, Belgium

97th Executive Committee of the EuFMD, FAO Headquarters, Rome, January 31st 2019

.be

Lumpy skin disease virus

- Viral infection of cattle
- Entered the EU through Turkey in 2015, spread in the Balkan in 2016
- 2016-2018: EU-funded vaccination and eradication campaign
- 5-45% morbidity, 10% mortality
- Ahtropod-borne: mechanical spread by flies, mosquitoes (and ticks)
- Iatrogenic transmission by vaccination and injection
- Other mechanisms of transmission need more research



LSDV infection: clinical symptoms

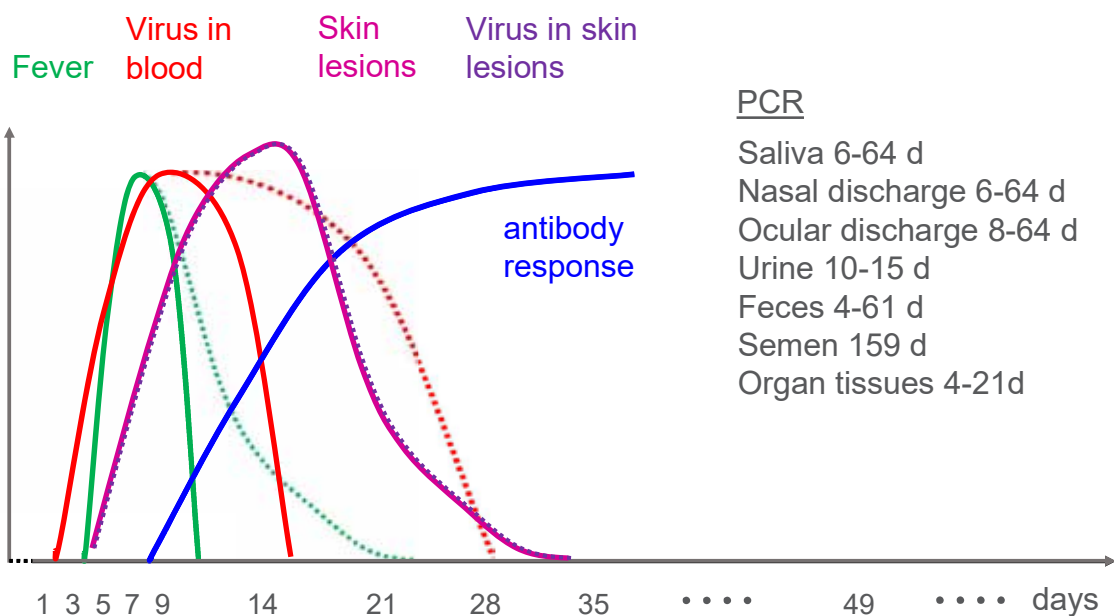
- Severe general illness with fever and milk drop
- Rhinitis, conjunctivitis, salivation
- Typical painful nodules (5 cm Ø) in the different layers of the skin which become necrotic plugs
- Pox lesions and necrosis of mucosal membranes in mouth, GI tract, respiratory tract → pneumonia
- Swelling of lymph nodes
- Limbs may be swollen and animals are reluctant to move
- Very slow recovery due to general illness, lesions and emaciation



LSDV infection: clinical symptoms



LSDV infection: diagnostic window



LSD vaccination in South East Europe– Situation as at May 2017




Vaccination completed

since 2016 in :

- > Bulgaria
- > Greece (Northern part)
- > Serbia
- > FYROM
- > Montenegro
- > Kosovo
- > Croatia
- > Albania

Vaccination in progress

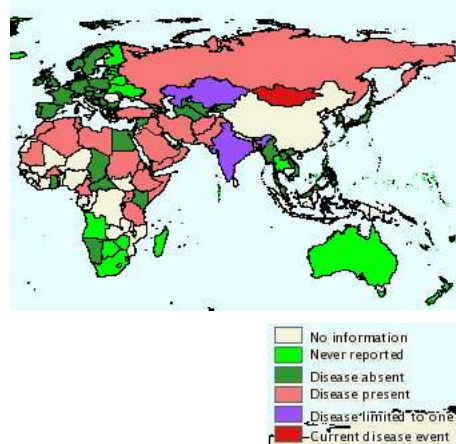
- in > Southern part of continental Greece & islands
- > Bosnia & Herzegovina

-  Vaccination completed since 2016
-  Vaccination in progress
-  Single LSD outbreaks reported in 2017 (ADNS)



Sheep pox and goat pox virus

- Direct contact with aerosol transmission
- Transmission through mucosae or skin
- Biting insects can serve as mechanical vectors
- In endemic areas:
 - 80% morbidity, 10% mortality
 - up to 100% mortality in imported European or Australian breeds
- Severe general illness with fever
- Skin lesions: macules → papules → necrosis
- Rhinitis, conjunctivitis and swelling of lymph nodes
- Papules on and necrosis of mucosal membranes
- Laborious breathing due to pneumonia



Sheep pox and goat pox virus



- Differential diagnosis:
 - Orf virus / ecthyma contagiosa (parapoxvirus)
 - Bluetongue virus
 - Peste des Petits Ruminants virus (Paramyxoviridae) ...
- Attenuated vaccines and inactivated vaccines are available, not yet applied in the EU





- 01/**2007**: Lesbos Island: 1 outbreak in a sheep holding
- 08/**2013**: 3 outbreaks in North Evros, with 2ry spread into different prefectures (until 03/2014)
- 10/2013: new 1ry (?) outbreak in Lesbos
- End 2013: 4 outbreaks in Bulgaria
- 06/**2014**: new (?) epidemic in South Evros, 2ry spread (until 12/2014)
- 12/**2016**: 4 outbreaks in Lesbos
- 09/**2017**: 32 outbreaks in Lesbos



Dimitrios Dilaveris, European Commission, Capripox and PPR EURL Workshop (Montpellier, 11-12 Oct 2018)

Recent activities of the EU-RL for Capripox viruses

- Organisation of an annual PT (ISO 17043 conform)
 - Detection of capripox virus nucleic acid in cell culture supernatant and tissue homogenate
 - Detection of specific antibodies to capripox viruses in serum
- Independent vaccine quality control for vaccines to be included in the EU vaccine banks for LSD or sheep pox
 - Identity of the vaccine strain
 - Titration of the vaccine
 - Freedom from extraneous agents



Recent activities of the EU-RL for Capripox viruses

Journal of Virological Methods 249 (2017) 48–57



Contents lists available at ScienceDirect

Journal of Virological Methods

journal homepage: www.elsevier.com/locate/jviromet



Development and validation of a TaqMan probe-based real-time PCR method for the differentiation of wild type lumpy skin disease virus from vaccine virus strains

Eirini I. Agianniotaki^{a,b}, Serafeim C. Chaintoutis^a, Andy Haegeman^c, Konstantia E. Tasioudi^b, Ilse De Leeuw^c, Panagiotis-Dimitrios Katsoulos^d, Achilleas Sachpatzidis^e, Kris De Clercq^c, Thomas Alexandropoulos^f, Zoe S. Polizopoulou^a, Eleni D. Chondrokouki^b, Chrysostomos I. Dovas^{a,*}



Assistance to the EC and countries

- Missions, trainings and workshops (on request of a country):
Greece, FYROM, Bulgaria, Belarus, Ukraine, Kazakhstan
- Technical input:
 - Provide (diagnostic) protocols for laboratories
 - Training for technicians and scientists at Sciensano (Kazakhstan, Greece, Bulgaria, Romania)
- Expert advice and reply to (official) questions



Studies

- Duration of immunity and protection after vaccination
- Subclinical infection
- Transmission studies:
 - Vectors
 - Direct and indirect transmission
- LSD and sheep pox vaccine evaluation



Appendix 7

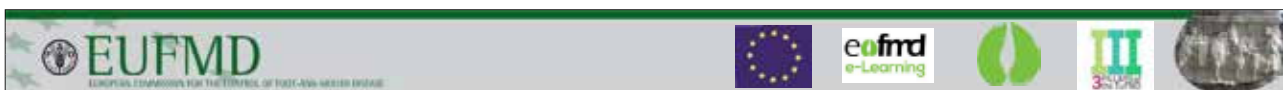
Situation of other threats



Overview of other “FAST diseases” in the European neighbourhood - Rift Valley Fever and Bovine Ephemeral Fever

Kiril KRSTEVSKI,
Short Term Professional, EuFMD

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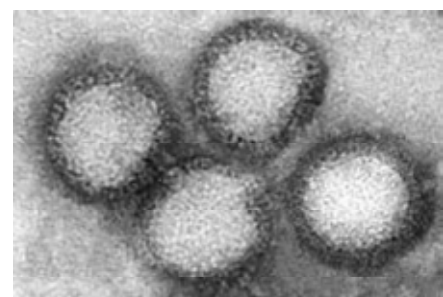


RIFT VALLEY FEVER







Rift Valley fever (RVF) is a peracute or acute **arthropod-borne, zoonotic** disease of **domestic ruminants**.

Rift Valley fever virus (REFV)

- *Bunyaviridae* family
- Single serotype, but strains of variable virulence exist
- Transmitted by various arthropods, ***Aedes* and *Culex* mosquitoes are the most important**
- **Many competent vectors**



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Pathogenicity of RVF in animals and humans

ANIMALS







- Hepatitis
- Abortions
- Death

HUMANS

- Febrile illness
- Neurological disorders
- Hemorrhagic fever

Death Rate 100%	Severe Illness Abortion Death	Severe Illness Virus in Blood Abortion	Infection Virus in Blood
Lambs	Sheep	Monkeys	Horses
Calves	Cattle	Camels	Cats
Kids	Goats	Rats	Dogs
	Humans	Squirrels	Monkeys

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Egypt –

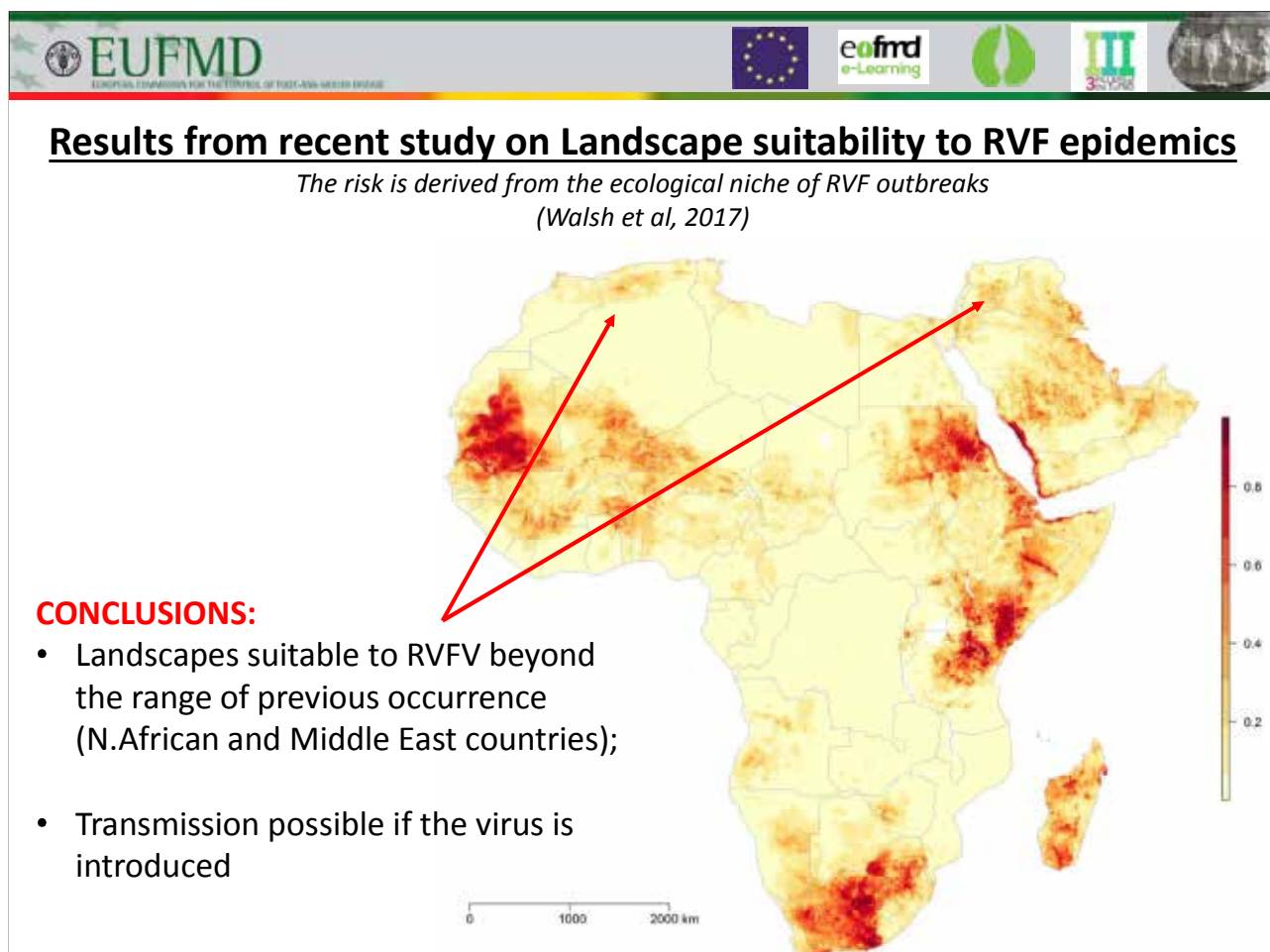
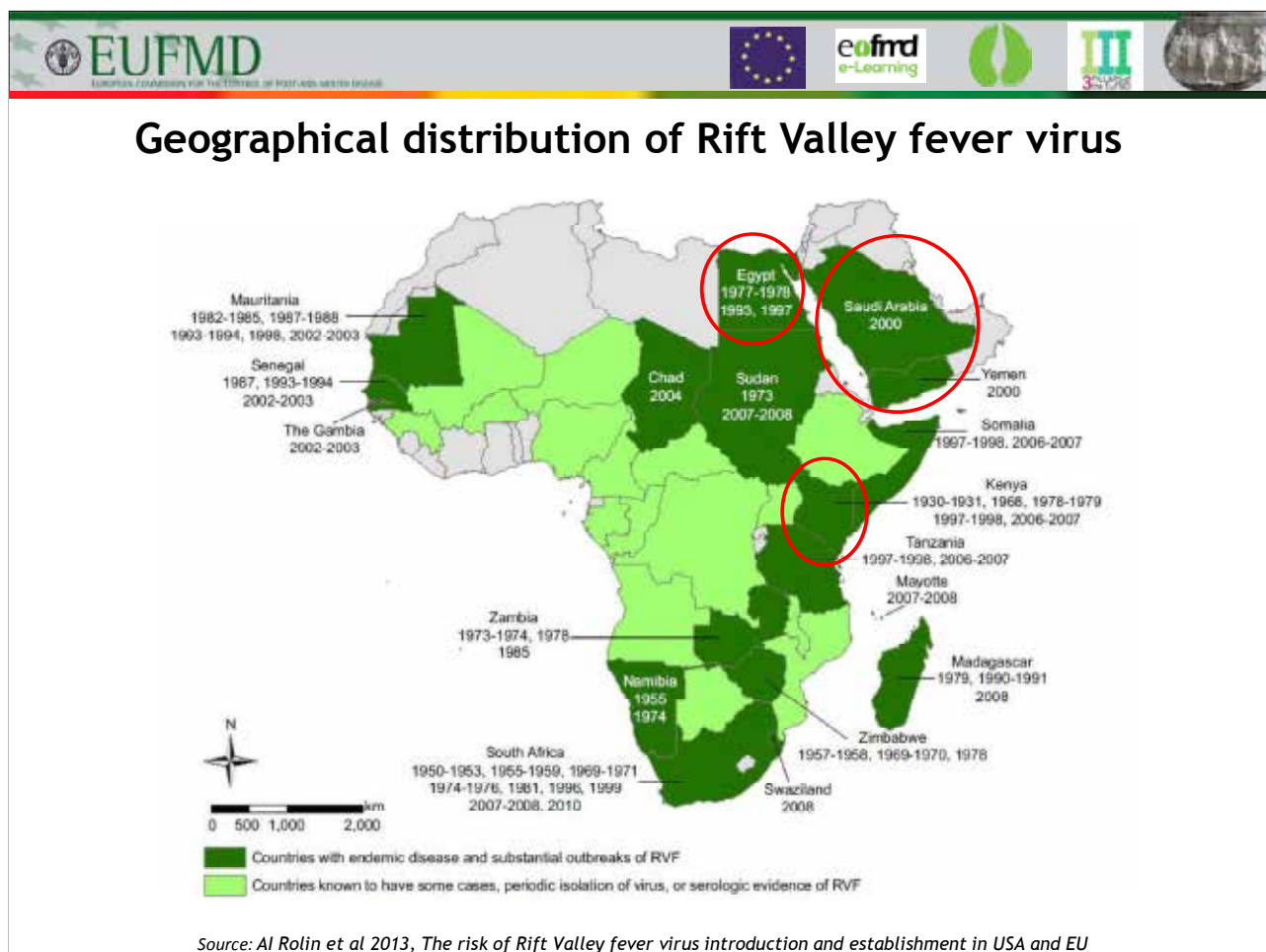
During 1977-78, the first epidemic of RVF reported in Egypt and the largest recorded thus far - associated with approximately 18,000 human cases and 598 deaths in humans (CDC, <https://www.cdc.gov/mmwr/preview/mmwrhtml/00032619.htm>)

factors helps RVFV to persist in environment in Egypt depends upon certain factors.¹⁴ Firstly, the appropriate climatic conditions for multiplication of insects with absence of effective insects control programs. Secondly, camels and wild animals play an important role in establishment the endemic RVFV cycle.^{15,16} Thirdly, vaccination of livestock with RVF vaccines plays an important role in the endemicity of the disease in Egypt.¹⁷ Fourthly, partial herd vaccination of susceptible hosts by inactivated vaccines. Fifthly, the massive losses of human during the first RVFV outbreak, as result of the absence of public health instruction, social and medical situations. Lastly, the field trials in Egypt are not under control which leads to environmental contaminations with RVFV live vaccine strains.

Epidemicity of RVFV in Egypt

RVFV infected a wide range of hosts including cattle, sheep, goats, buffaloes, camels, and others. Sheep is the most susceptible host with high rates of abortions during gestation period and high mortality rates among newborns.^{18,19} The first record for RVF outbreak in Egypt was recorded at Belbies city in Sharqiya Province in 1977. It appeared as acute febrile dengue-like disease in human.²⁰ In 1977, some investigations revealed that RVFV was isolated from different animal hosts, rats and man during RVF outbreak in Egypt and some areas of North Africa. In 1993, the second outbreak was mainly due to infection or using of vaccine strains. Some investigation was suggesting the virus continued endemic this two outbreaks until reinstated in 1993 from Sudan.²¹ In 1994, RVFV was isolated from 139(31.65%) cattle and 84(57.1%) sheep in Kafr El Sheikh and Behira Provinces. However, the locally produced RVF vaccine showed failure of its application.²² In 1997, the high incidence of abortion and mortalities among sheep and cattle was observed in Upper Egypt.²³ In

Citation: Sayed-Ahmed M, Nomier Y, Shoeib S. Epidemic situation of rift valley fever in Egypt and Saudi Arabia. *J Dairy Vet Anim Res.* 2015;2(3):77–79. DOI: [10.15406/jdvar.2015.02.00034](https://doi.org/10.15406/jdvar.2015.02.00034)



ORIGINAL ARTICLE

Serologic evidence of exposure to Rift Valley fever virus detected in Tunisia

A. Bosworth^{1,4}, T. Ghabbari², S. Dowall¹, A. Varghese¹, W. Fares³, R. Hewson^{1,4}, E. Zhioua³, M. Chakroun⁵, H. Tiouiri⁶, M. Ben Jemaa⁷, A. Znazen⁷ and A. Letaief²

1) Public Health England, Porton Down, Salisbury, UK, 2) Infectious Diseases Department, Farhat Hadhed University Hospital, Sousse, 3) Institut Pasteur de Tunis, Tunisia, 4) National Institute of Health Research, Health Protection Research Unit in Emerging and Zoonotic Infections, Liverpool, UK, 5) Infectious Diseases Department, F Bourguiba University hospital, Monastir, 6) Infectious Diseases Department and 7) Laboratory of Microbiology, Sfax, Tunisia

IgG Reactivity

Non-Febrile Workers: 7.8% Positive

Febrile Patients: 0% Positive

IgM Reactivity

Non-Febrile Workers: 0% Positive

Febrile Patients: 8.3% Positive

HUMAN SAMPLES from 2014

Results suggest active circulation of RVFV and evidence for human exposure

IgG antibodies (past infection) in non-febrile slaughtering workers

IgM antibodies (recent infection) in febrile patients (travel was excluded)

However, NO SEROLOGICAL EVIDENCE for RVFV presence was found in previous study - 2006!!

The Veterinary Journal 187 (2011) 402–404

Contents lists available at ScienceDirect

The Veterinary Journal

journal homepage: www.elsevier.com/locate/tvj

Short Communication

First serological investigation of peste-des-petits-ruminants and Rift Valley fever in Tunisia

Emna Ayari-Fakhfakh^a, Abdeljelil Gham^a, Ali Bouattour^a, Imen Larbi^a, Latifa Gribaa-Dridi^a, Olivier Kwiatek^b, Michèle Bouloy^c, Geneviève Libeau^b, Emmanuel Albina^b, Catherine Cêtre-Sossah^{b,*}

^a Institut Pasteur de Tunis F3, Place Pasteur, BP 74, 1002 Tunis Belvédère, Tunisia
^b CIRAD, UMR Contre des Maladies, Montpellier F-34398, France
^c Institut Pasteur, 25 Rue du Dr. Roux, F-75724 Paris Cedex 15, France

ARTICLE INFO

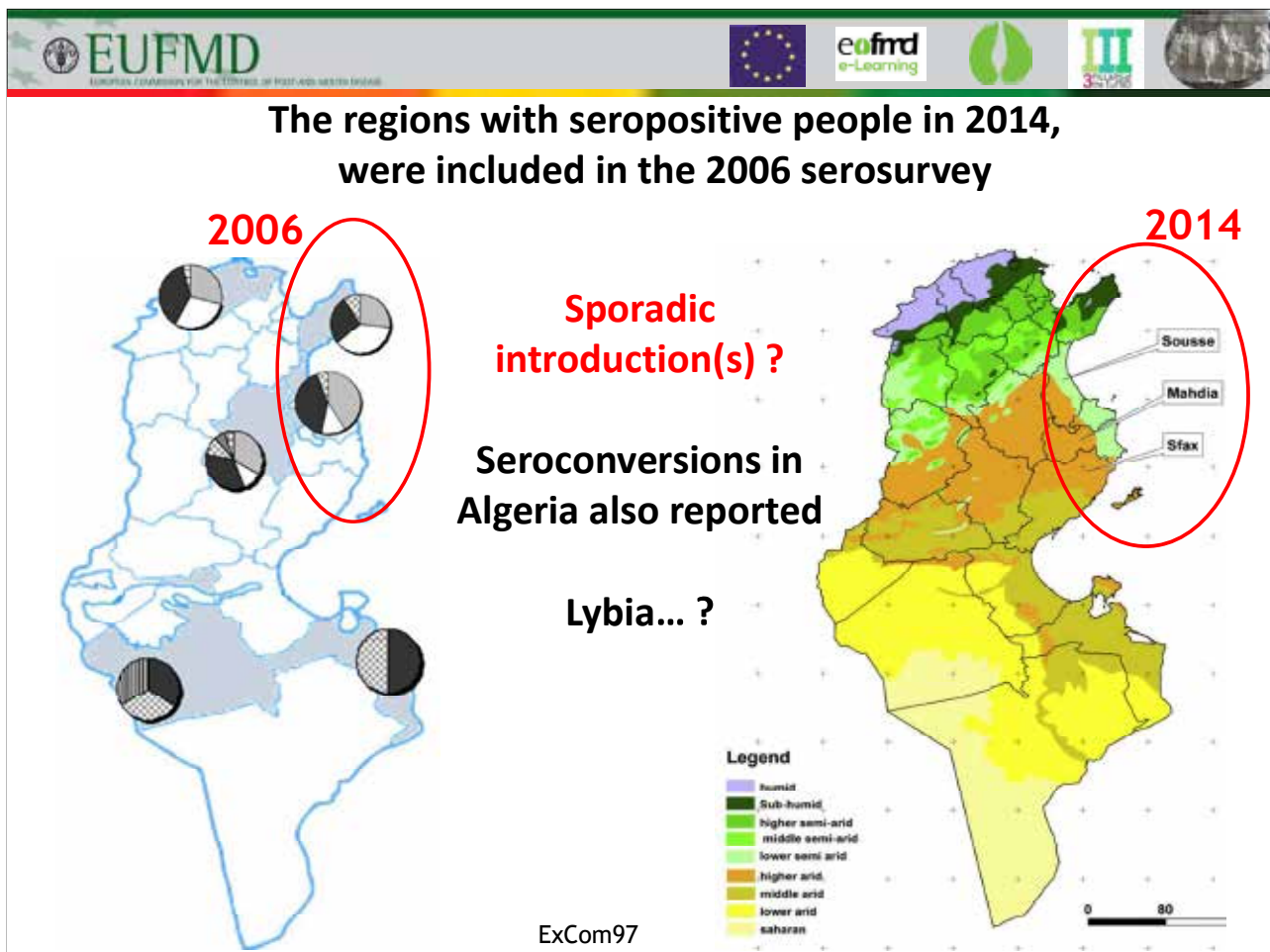
Article history:
Accepted: 16 January 2010

Keywords:
Peste-des-petits-ruminants
Rift Valley fever
Vectors
Tunisia

ABSTRACT

This study, carried out between September 2006 and January 2007, is the first cross-sectional serological investigation of peste-des-petits-ruminants (PPR) and Rift Valley fever (RVF) in Tunisia. The objective was to assess the potential need to develop a dual, recombinant PPR–RVF vaccine and how such a vaccine might be utilised in Tunisia. An overall PPR seroprevalence of 7.45% was determined, a finding supported by the high specificity (99.4%) and sensitivity (94.5%) of the ELISA used. On assessment of the diversity and density of mosquitoes in the sampling area, four species of RVF-vectors of the genus *Aedes* and *Culex* were identified. However, no serological evidence of RVF was found despite the use of a highly sensitive ELISA (99–100%). Larger scale investigations are underway to confirm these findings and the continuation of the emergency vaccination program against these two diseases remains valid.

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CONCLUSIONS:

Risk for RVFV introductions in N.African and Middle East countries remains **high and continuous**, and **introductions most probably do occur sporadically** (animal trades; aircraft spread of infected vectors)

Sustained virus transmission and epidemics outside the endemic regions are possible if these **introduction event(s) coincide with optimal conditions** (ideal temperature and water conditions for vector and virus survival, e.g. Arabian peninsula epidemic)

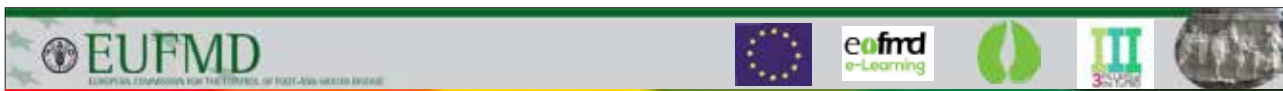


THE RVF THREAT TO EUROPE IS REALISTIC

The disease is close to Europe and many ecological and epidemiological processes relevant for epidemic event are still uncertain/unknown ...

ARE WE **PREPARED TO EARLY DETECT/CONFIRM** AND TO EFFECTIVELY REACT TO A POTENTIAL RVF INCURSION?

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NRLs in Europe – do we have:

- Implemented valid testing procedures for different purposes (case-confirmation, sero-surveys ?)
- Adequate knowledge and expertise to interpret the test results and support the decision making at national level??
- Access to sufficient quantities of specific reagents ?

Concerns:

- Capacities of the NRLs in Europe are most probably very variable
- **No appointed EU-RL** to ensure high-quality, uniform testing in Europe and support Commission risk assessment activities, in the area of laboratory analysis

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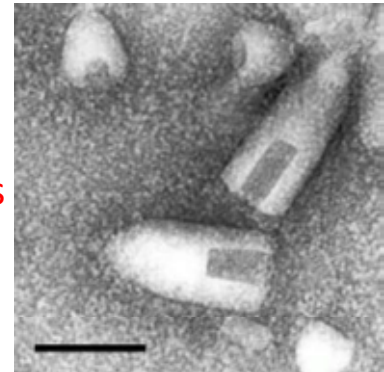
BOVINE EPHEMERAL FEVER

Bovine Ephemeral fever (BEF) is economically important **arthropod-borne** disease that affects **cattle and water buffalo**

Bovine ephemeral fever virus (BEFV)

Rhabdoviridae family

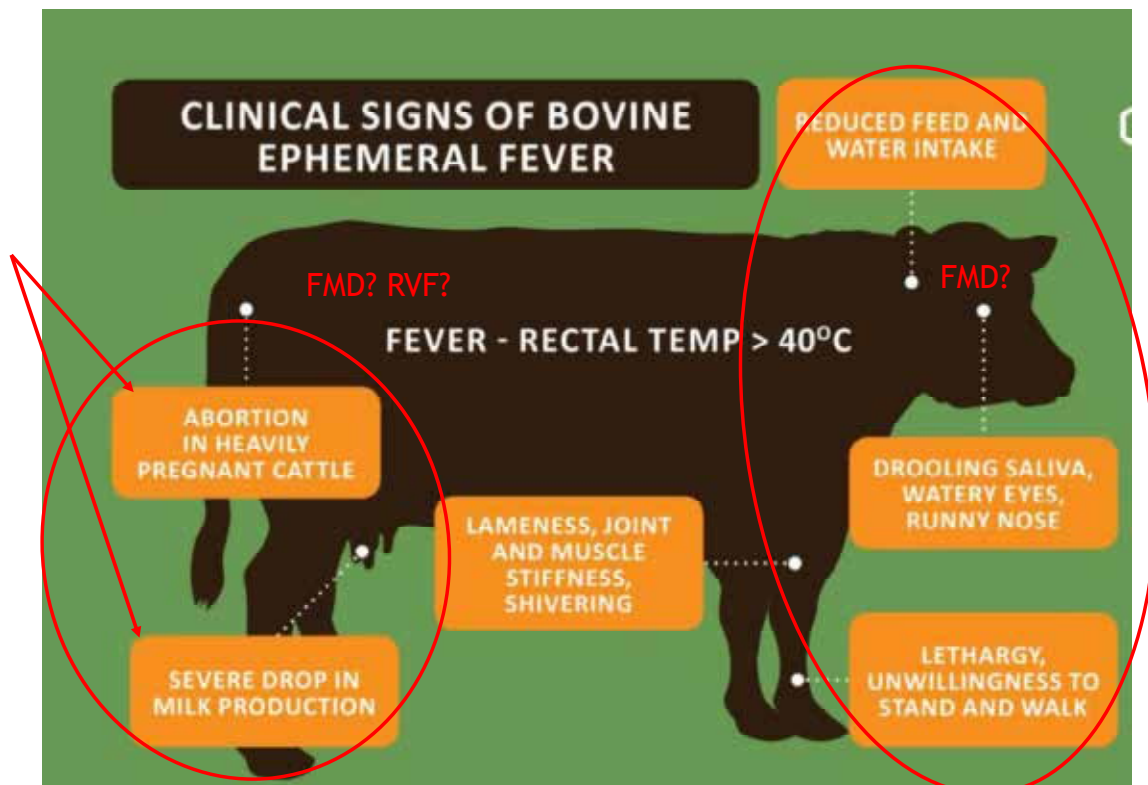
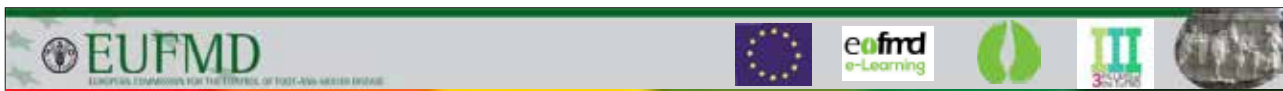
- Single serotype
- Transmitted by arthropods: various mosquitos and number of midges (*Culicoides*)
- no evidence on direct transmission



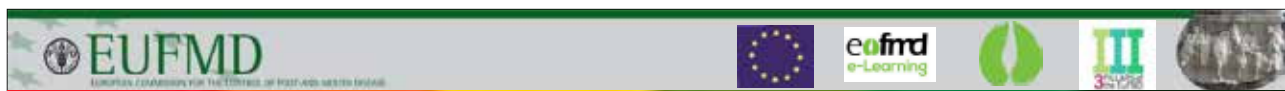
Morbidity - can be very high (approaching 100%)

Mortality - typically low (<1%)

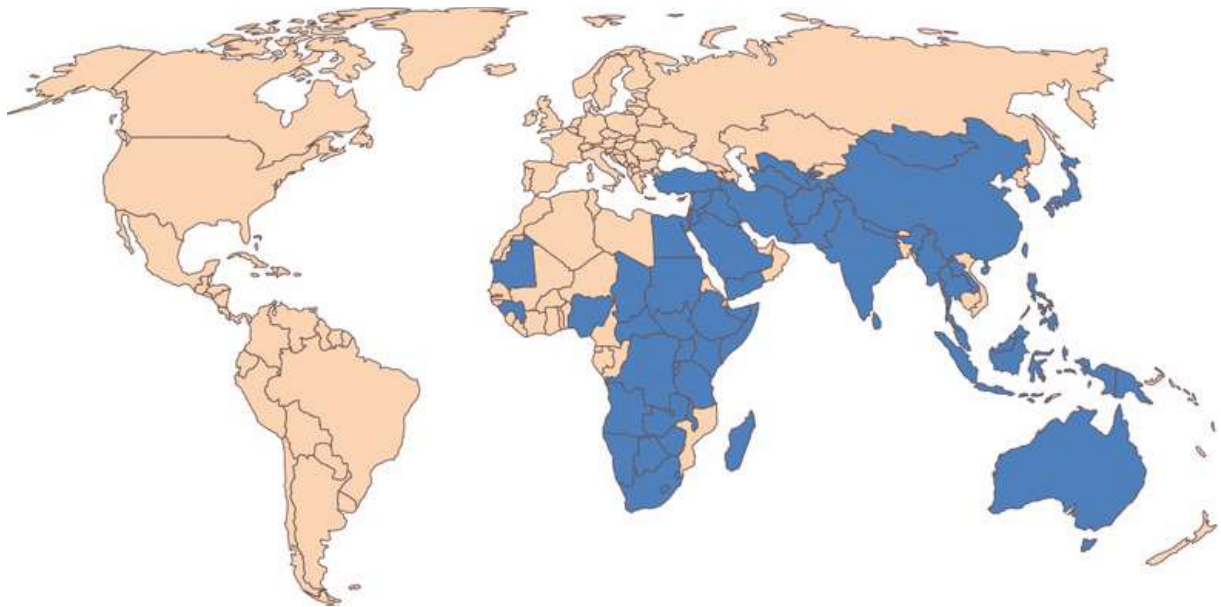
- recent years several countries reported alarmingly high case-fatality rates, sometimes **exceeding 20%**



Source: <http://www.lbn.org.au/2018/03/bovine-ephemeral-fever-three-day-sickness/>

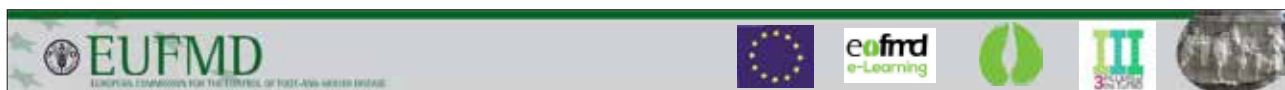


Known geographical occurrence of BEF

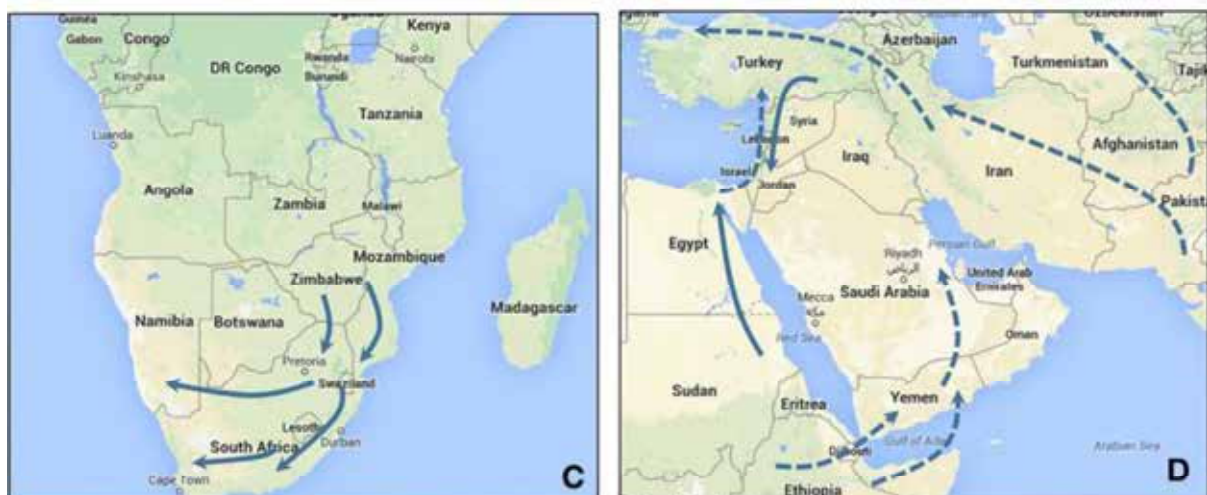


- BEFV distribution may include neighboring countries from which there are no known formal reports of disease.
- The distribution may also vary seasonally and from year to year.

Source: <https://veterinaryresearch.biomedcentral.com/articles/10.1186/s13567-015-0262-4>

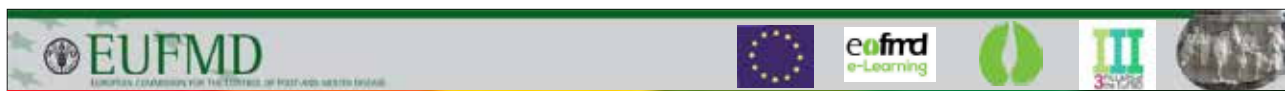


Likely general directions of seasonal spread of BEFV for S.Africa and Middle East



Pathways in the **Middle East** are less clear and may be complex with potential for epizootics to originate in either East Africa or West Asia. Dashed arrows indicate possible pathways in this region.

Source: <https://veterinaryresearch.biomedcentral.com/articles/10.1186/s13567-015-0262-4>

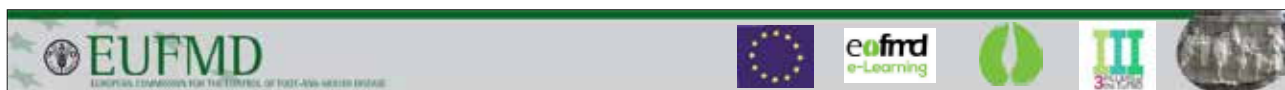


THE BEF THREAT TO EUROPE IS REALISTIC

- Big epidemic recorded in Turkey 2012, with outbreaks in many regions (unlike previous Turkey epidemics)...
- Frequency of new epidemics increased over the year
- Should be differentially diagnosed with FMD and RVF

Same concerns about the rapid detection/confirmation if introduced in Europe, as for the RVF

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Disease-specific expertise gained through different project exists ...

MediLabSecure

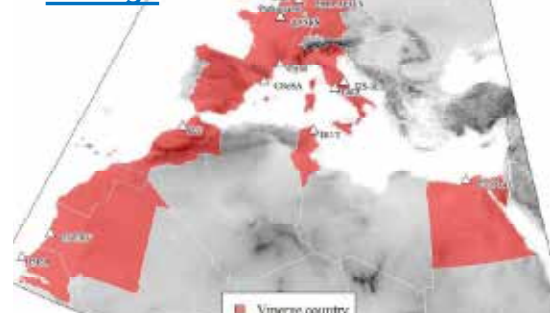



Common project objectives:
Link innovative diagnostics,
Risk identification and
implementation surveillance
strategies

EDENext








Vmerge





EUROPEAN COMMISSION FOR THE TREATMENT OF POST-AND-WEEDS DISEASES

To face the threats prepared, we need **disease-specific expertise and collaboration and networking** within and outside Europe
(increase and share knowledge on risk of introduction, epidemiology, diagnosis, best control practices, etc)

Network of national experts in the neighboring countries (high risk countries)


\rightleftarrows

Roster of EUFMD -MS disease experts (examples)






- CIRAD and ANSES (France)
- FLI (Germany)
- CISA-INIA (Spain)
- IZS G.Caporale (Italy)
- TPI (UK)
- Wageningen (The Netherlands)
- Other relevant
- Kimron Institute (Israel)
- Etlik Institute (Turkey)

• Others: Morocco, Tunisia,..


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EUROPEAN COMMISSION FOR THE TREATMENT OF POST-AND-WEEDS DISEASES

Closer and more active collaboration with national labs in the neighboring countries, focused on identified “hot-spots”

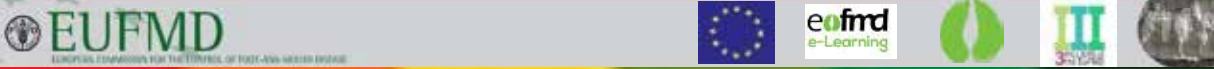


Appendix 8

Proposed EuFMD strategy




Revision of the EuFMD strategic plan *for the period 2019-2023*

The EuFMD – and current 3 Pillars Strategy

39 member states (includes all EU-MS)

- Executive Committee (9 CVOs)
- Secretariat 100% funded by MS
- Programme funded by EC DG-SANTE (85%), others (15%)

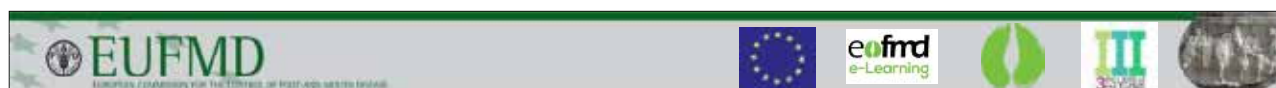


The infographic shows three pillars: 1. Improve readiness for FMD crisis management in MS; 2. Reduce risk to MS from the European neighbourhood (progressive control in neighbouring regions); 3. Promote the global strategy of progressive control of FMD. Each pillar is represented by a vertical bar with a cow silhouette at the bottom. Below the pillars, it states: 'Activities in Pillar 1 and Pillar 2 aim at reducing the risk of FMD incursions, working with and through international partnerships. At all times the Commission, working with the EU DG-SANTE, maintains a continuous availability of expertises and facilitates the emergency response in a FMD crisis in the European neighbourhood.'

EuFMD Strategic Plan 2015-19

THREE Pillars

1. Member states – preparedness
2. Neighborhood –reduce risks
3. Global – support and promote global strategy

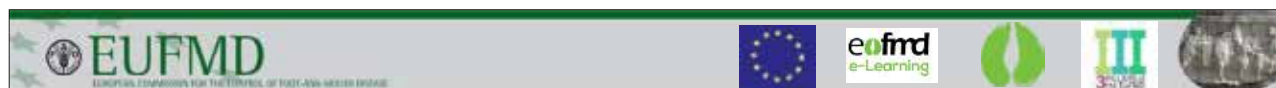


PROPOSED REVISION

ANIMAL HEALTH SECURITY THROUGH BETTER PREPAREDNESS AND REDUCED RISK FROM FMD AND SIMILAR TADS ("HOLD-FAST")



STAYING TRUE TO FMD.
HOLDING OFF THE
STORM OF SIMILAR TADS

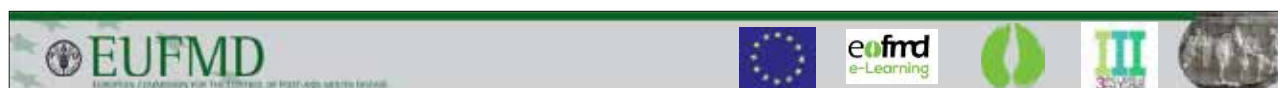


The Strategic Plan

– PRINCIPLES- governing the daily way we will work

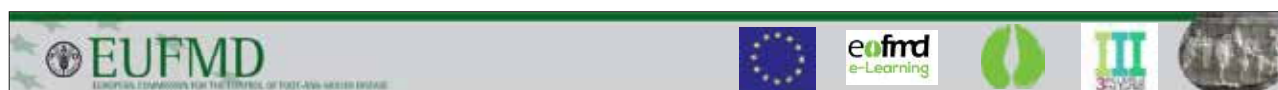
- **Continuous co-ordination** with the GF-TADS (Secretariats) at European and Global levels
- **Regular review of the risk** – and responsive management that is enabled to focus attention on areas of weakness and risk
- **Continuous engagement** with veterinary services in the neighbourhood
- **Effective utilisation and capacity building of the system of European and neighbourhood reference laboratories** for earlier detection and improved surveillance of FMD and similar TADS
- **World-leading training quality and tools** – aligned with educational best practise - tuned to the needs - and with the aim of application by national education providers
- **Continuous improvement** - in efficiency, delivery and impact [feedback obtained from end-users]

Non-negotiable values and commitments that frame the entire strategic planning activity.



Rationale for the Strategy

- FMD remains the #1 disease risk – in the European neighbourhood
- Over 250 million cases annually across the world – daily risk of FMD entry into EU : must maintain effort
- Capacity, Training and Preparedness tools already developed for FMD are relevant to similar TADS
- EuFMD, with EC support, already active in implementing surveillance and risks reduction programmes in areas where PPR, poxviruses, ASF are present
- FMD spread pathways involve all major species so adapting spread models (EuFMDis) to similar TADS is straightforward
- **Europe (+GF-TADS) needs implementing partners able to work effectively at national level in the neighbourhood**



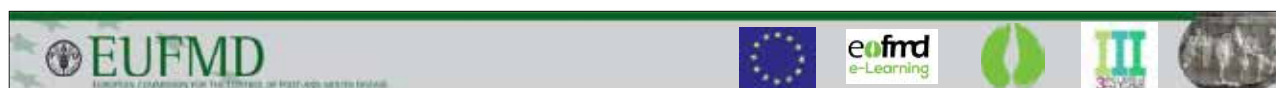
A categorisation of FAST diseases

Category 1 : FMD, and currently PPR, capripoxviruses

Criteria for inclusion:

- ruminant infections with similar risk factors to FMD;
- are currently present in directly bordering neighbourhood countries;
- Vaccination is an option.

A decision on whether TADS with clinical signs similar to FMD should be in Category 1 is needed. Such include SVD and Seneca Valley virus (SVV: (Senecavirus A infection).



Categories 2 and 3

Category 2: Rift Valley Fever, Bovine Ephemeral Fever [+simbu viruses]

Criteria:

evidence for circulation /disease in one or more neighbourhood countries but NOT directly bordering to EU MS

vaccination is needed in response;

Ruminants are directly affected with major losses.

The need for **contingency plans and effective vaccines** for use in both the neighborhood and potentially in EU-MS is recognized as a priority.

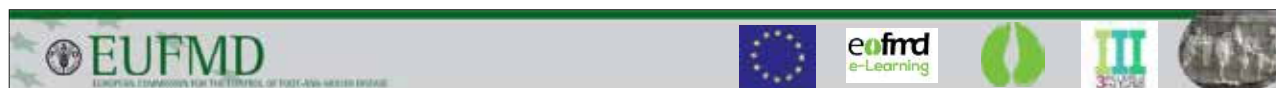
Category 3 : Not included in the above since

- these currently cause outbreaks in EU-MS and the priority is not therefore for actions in the European neighbourhood (e.g. ASF);
- co-ordination is well established at EU level: e.g. CSF , BT and AHS;
- For these, no specific activities are planned at this point [vaccine platform] .

Note:

Outbreaks of a Category 2 FAST disease in countries directly bordering an EU MS could be grounds for elevation to Category 1 status.

Vaccine availability/suitability : also important for AHS

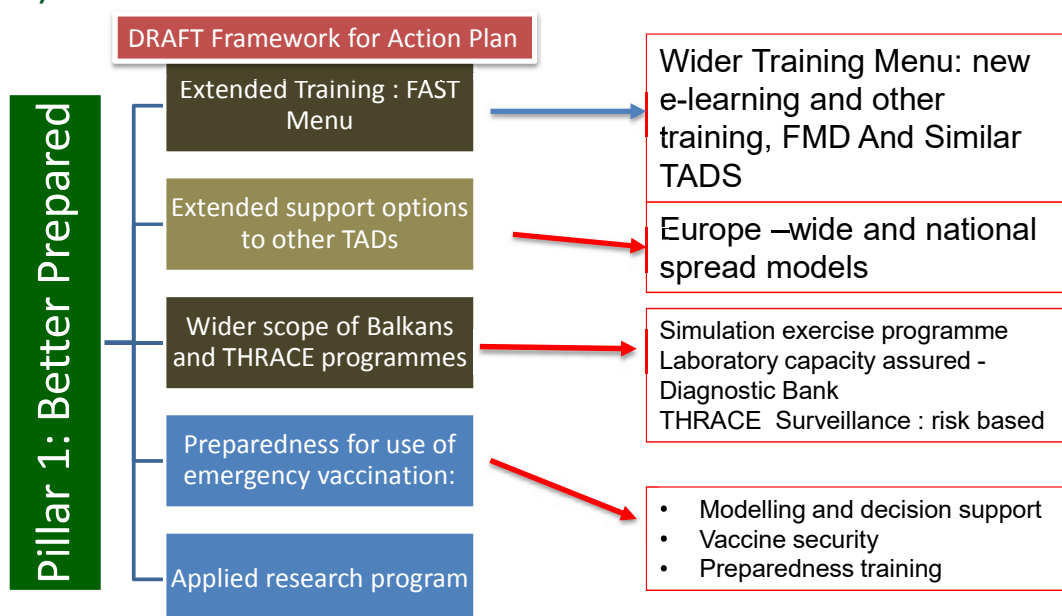


The Three Strategic Goals [Pillars]

1. **Improved preparedness** for management of FMD and similar TADS (“FAST diseases”) crises by Members and across Europe as a whole
2. **Reduced risk to Members from the FAST diseases** (FMD and similar TADS) situation in the European neighbourhood
3. **Sustained progress of the GF-TADS Global Strategy against FMD and the improved security of supply of effective vaccines**



Pillar I: supporting MS to prepare for FMD and similar TADS (FAST)

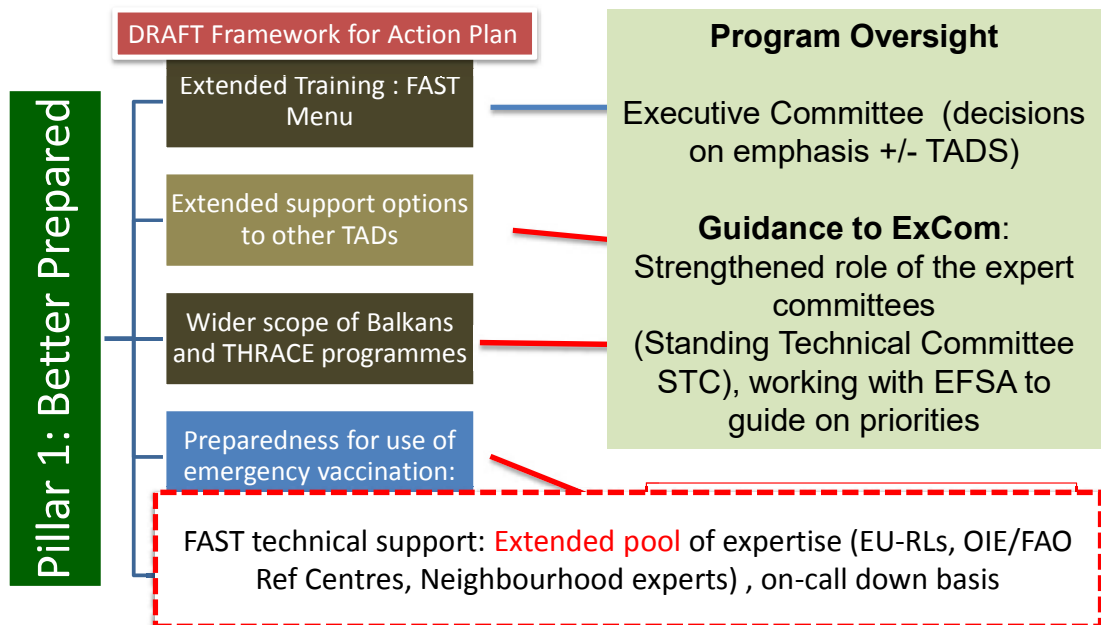


Pillar I [Objectives]

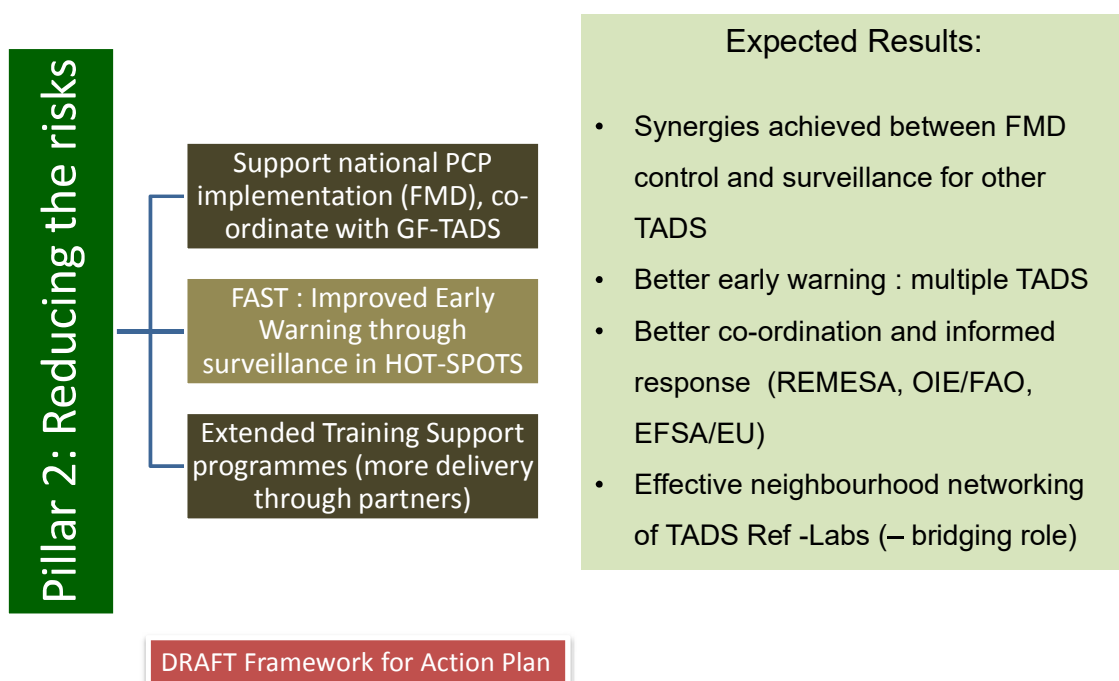
- 1. National capacity development:** Europe-wide programme of training in FAST disease crisis management delivered in formats that enable MS to develop and deliver better national level training programmes
- 2. Regional capacity in planning:** Europe-wide, systematic support delivered to risk assessment , contingency planning and targeting of interventions through modelling of national and regional control measures for FAST diseases
- 3. Preparedness for use of emergency vaccination:** for FMD and similar diseases, preparedness plans at European scale developed and tested, including enhanced public private partnering to assure emergency access to effective vaccines
- 4. South-Eastern Europe :** integrated surveillance and emergency preparedness system for FAST disease covering the THRACE and Balkan programme countries
- 5. Applied research program** delivering valuable tools and knowledge: addressing technical issues considered Europe-wide priorities for national preparedness against FAST diseases



Pillar I: flexibility to adapt to the changing priorities

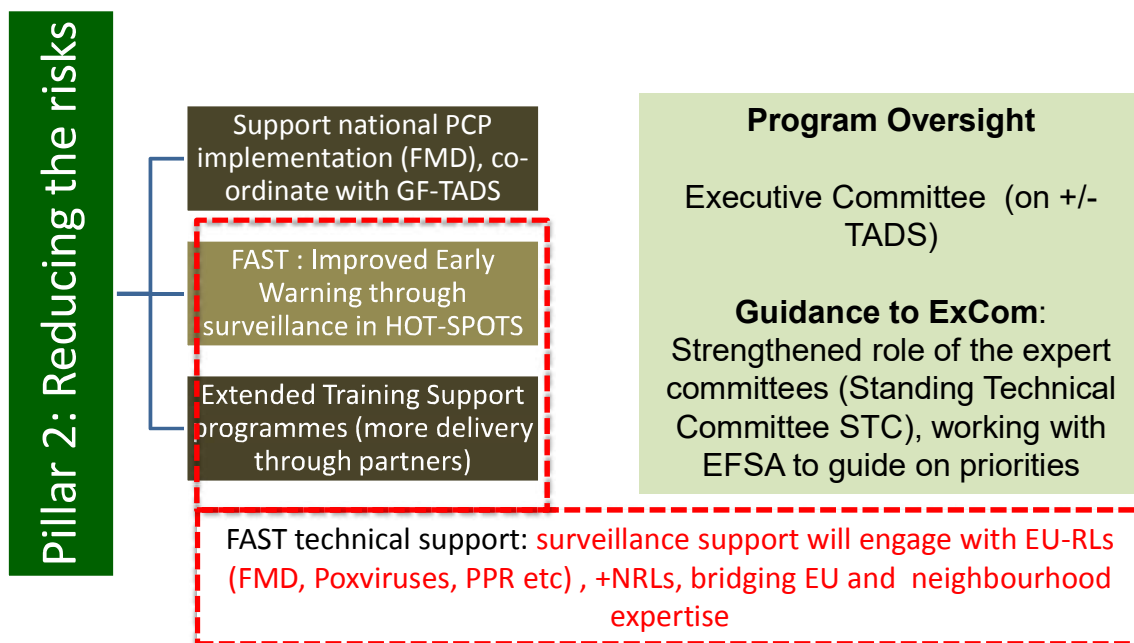


Pillar II: Risk reduction from FMD - and similar TADS - in the neighbourhood countries

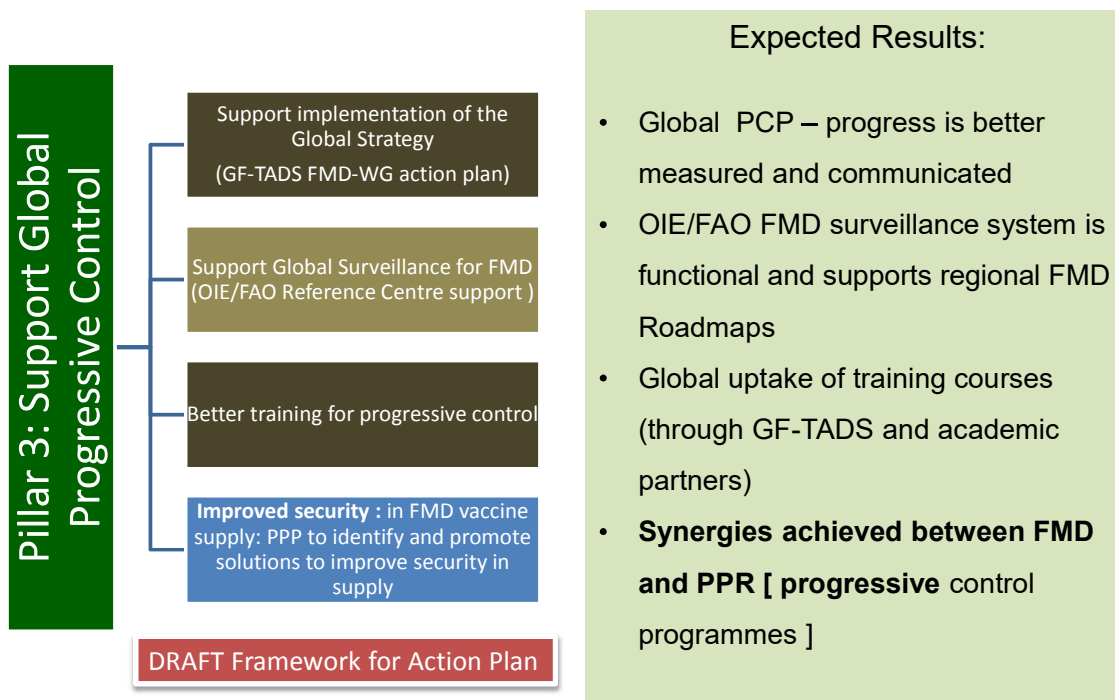




Pillar II: Risk reduction from FMD - and similar TADS - in the neighbourhood countries



Pillar III: Supporting the GF-TADS Global Strategy on FMD





Significant outcomes that will increase European preparedness

- **A Europe-wide TADS modelling capacity** serving MS and the region as a whole (EuFMDis+)
 - able to identify the impacts of TADS and of control measures
 - This capacity should be in place by 2021.
- **Laboratory proficiency and capacity for FAST diseases** established across the Balkan countries supported by a **diagnostic bank**
 - A cost-efficient system for ensuring all NRLs participate in proficiency tests for FAST diseases
 - Bank enabling re-supply in first week(s) of a FAST incursion is proposed.
 - potential emergency supply for other MS beyond the Balkan region.
 - This capacity to be established by end of 2020.
- **Integrated FAST disease early warning system** in the REMESA/neighbourhood region
 - be in place by end of 2020.
- **Vaccine security platform:**
 - Addresses a gap affecting contingency planning
 - public-private platform (PPP) – bringing private sector, RL and R&D experts, vaccine registration and contingency planners together on a regular basis
 - from early 2020



HOLDING FAST : Core actions of proven impact

- **A World –leading Training Programme.**
- **GET Prepared:** expertise and support to guide MS on stress-testing of their preparedness resources.
- **Regionally co-ordinated targeted, national assistance to countries to apply the Progressive Control Pathway (PCP-FMD) :** The intensity of effort will be co-ordinated with GF-TADS/REMESA partners.
- **Fund for Applied Research (FAR Fund).** : maintained. Studies with generic (multi-TADS) applicability will be favoured, but if funds allow there may be expansion to specific technical studies on single TADS if high enough a priority.



Oversight, Governance, communication and co-ordination with partners

Oversight and governance

- ExCom. the periodic (six-monthly) review

Co-ordination, in a changing disease risk environment

- need for periodic review and re-positioning of efforts to achieve the greatest effect
- the priorities of GF-TADS Europe and any associated expert groups will provide a demand basis for change in activities.
- The Executive and its three Officers will respond to proposals for change at the regular six-monthly Executive or on an ad-hoc basis where immediate response is needed that was not foreseen or adequately resourced in the work programme

Co-ordination with the private sector: specific platforms

- Modelling and emergency planning, where impacts of FAST diseases and control options affect the private sector
- For vaccine security

Technical support for decisions on changing priorities

- Greater role of the Standing Technical Committee (STC) on decisions upon changes in priorities or intensities of efforts on specific TADS.
- engagement between the STC, the OIE-SRR and EFSA

Emergency management: co-ordination

- On a day to day basis, the programme management resides with the EuFMD Secretariat, who will decide on appropriate actions
- work with the **GF-TADS Emergency Management Centre (EMC : based in FAO)** where specific missions are required.
 - Specific agreements/MOU may be developed with the EMC



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eufmd
e-Learning



Financial considerations

Financial

1. **Current program (ends 9/2019) financing is 2m€ per year*, of which 1m€ per year on Pillar 1 (Member States)**
2. **With this budget, only a small diversion of resource from FMD to other TADS can be managed without affecting FMD operations**
3. **Additional funds needed to achieve significant change in European security**
 1. Diagnostic Bank (FMD+) for proficiency and emergencies, for Balkans/THRACE (or wider)
 2. Laboratory testing for additional TADS in a neighbourhood (""early warning"" surveillance) in hot-spots
 3. Whole –Europe spread modelling efforts to optimise control efforts on basis of risk
 4. Emergency (vaccine) reserves OR assured supply (AESOP): and associated platform

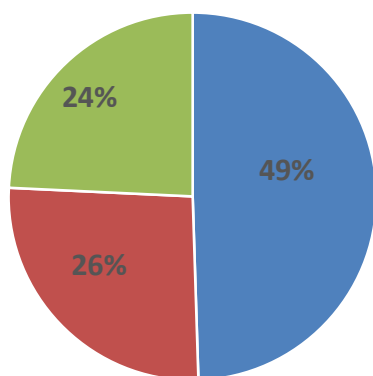
*amount unchanged since 2006



PHASE IV to PHASE V

PHASE IV by Pillars

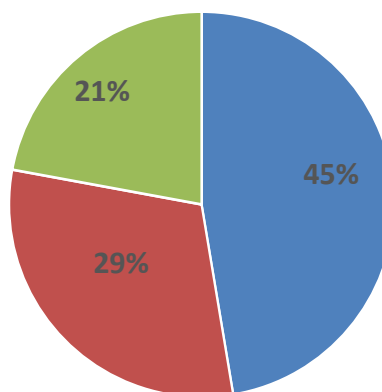
PHASE IV



■ PILLAR I ■ PILLAR II ■ PILLAR III

PHASE V by Pillars

PHASE V



■ PILLAR I ■ PILLAR II ■ PILLAR III



Other considerations

Human resources

1. No significant change needed in numbers
2. Some need for a wider expertise base [advisors/consultants] - managed by call for experts –more in laboratory area than in epidemiology & control policies
3. Need to strengthen professional positions within Secretariat – from two (P5/P2) to three (P5/P4/P2) to cope with level of co-ordination with GF-TADS/partners –and depth

Other

1. EuFMD Constitution

No immediate need to change – flexibility exists.

Future Executive to consider need for revision ahead of the General Session 2021

Appendix 9

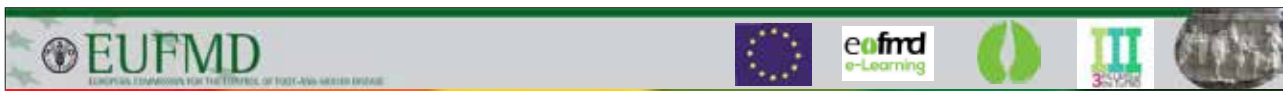
Pillar I Report on Training



Progress Report on Training, Balkans and Thrace, and Emergency Preparedness

María de la Puente Arévalo
FMD Risk Management Specialist, EuFMD






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Component 1.1: Training for Member States

Activities	Indicators	Baseline Sept. 2017	Target years	2 Unit of measure	Current Status
1.1.1	Knowledge Bank created and in use by MS	500	3,000	Number of participants that have accessed at least one open access training course or knowledge bank resource	1,377
1.1.2	Implement >85 % of the demand driven programme	85%	85 %	Training credits allocated by the 39 MS to training activities or regional initiatives have been delivered by EuFMD	63 %

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Work done

Workshops:


- Foot-and-Mouth Disease Containment Zones
- Simulation exercises for FMD
- FMD wildlife surveillance

E-learning:







- FMD Emergency Preparation Course: FEPC_EN9

Evaluation of training:


- Visit of three academics to evaluate the quality of EuFMD training




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Work in progress



The allocation and delivery of the training credits is fully on track
The training menu uptake has proved satisfactory to MS
EuFMD e-Learning website has been migrated to a commercial hosting




One Member State did not allocate their Training Credits to any of the training courses








- Online FMD Emergency Preparation Course (FEPC) for Hungary
- Online FMD Emergency Preparation Course (FEPC) for Poland
 - Emergency Vaccination workshop
 - Simulation exercise between Spain and Portugal
 - Simulation exercise Nordic/Baltic countries
- Knowledge Bank to be hosted on the main FAO servers

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EUROPEAN UNION FOR THE FIGHT OF FOOT-AND-MOUTH DISEASE






Component 1.2: Improved Contingency Planning

Activities	Indicators	Baseline Sept. 2017	Target 2 years	Unit of measure	Current Status
1.2.1	Annual Participation in online meetings or webinars	300	300	Participation in online meetings or webinars	517
1.2.2	Number of published: Decisions Support Tools, discussion papers and guidelines that have been peer-reviewed	2	5	Published tools and guidance that has been peer-reviewed	4*

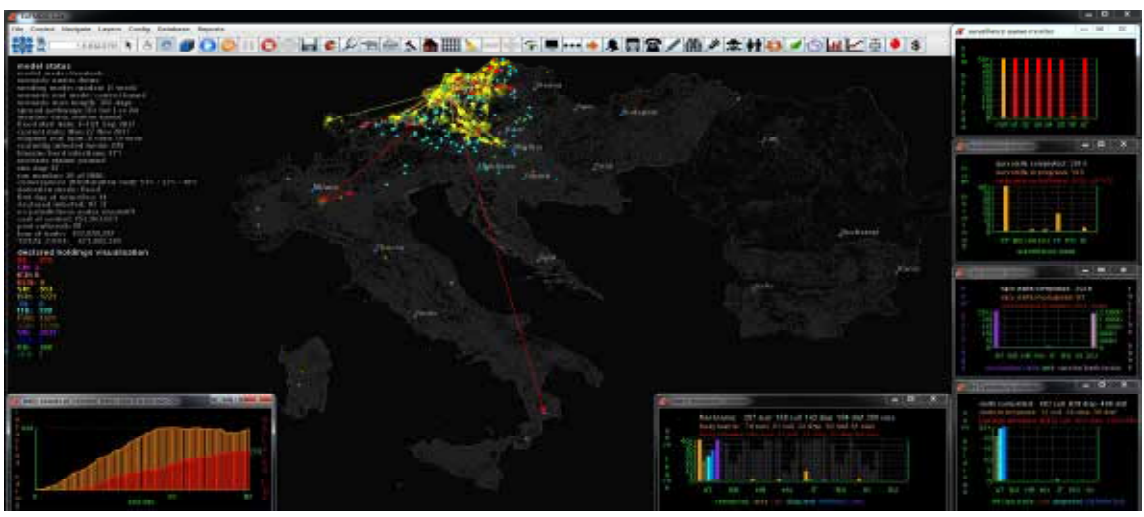
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Work done








Countries starting to use it
Countries collecting data

Model widely promoted: OIE regional meeting, OS18, EU CVO meeting, meetings with EU private stakeholder, EFSA


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EUROPEAN COMMISSION FOR THE FIGHTING OF FOOT-AND-MOUTH DISEASE


Work in progress




Modelling and Contingency Planning Networks on track

New countries interested in joining EuFMDiS

First contacts with EU private stakeholders to develop a public-private dialogue on mutual involvement in EP and CP




Tight window for planning important activities within the next six months








- **Series of webinars in collaboration with DG SANTE Dir F**
 - **GET Prepared guidance document**
- **New version of EuFMDiS/Validation of the model**
 - **EuFMDiS: Steering Committee meeting**
 - **EuFMDiS: Wildlife component meeting**
- **Meeting of the PPP for getting prepared for FMD-outbreaks**

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EUFMD
EUROPEAN COMMISSION FOR THE FIGHTING OF FOOT-AND-MOUTH DISEASE

Component 1.3: Thrace

Activities	Indicators	Baseline: Sept.2017	Target 2 years	Unit of measure	Current Status
1.3.1	Tpt Mgt Meetings held	5	9	Meetings held involving staff of the 3 countries	9
1.3.2	Maintain the data entry system with data entry meeting agreed targets	>75%	75%	% of reports entered by field operatives within expected time frame	>75%
1.3.3	The level of confidence in FMD disease freedom in Thrace region is higher than if activities stopped	> 90%	90%	Confidence in disease freedom	>90%
1.3.4	Joint exercises	2	3	Joint exercises 3 countries	2

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Work done

The active surveillance activities are regularly implemented:


Samples are collected on time
➡
data uploaded on the online repository
➡







Model to analyze FMD surveillance data to demonstrate freedom from disease

Country	Num. animals clinically examined	Num. samples tested
Bulgaria	28579	4489
Greece	23540	4529
Turkey	107922	4921


A Management Meeting in combination with a
Tripartite Meeting on January 2019 in Sofia, Bulgaria.

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Work in progress



The confidence in FMD freedom in the Thrace region has
has been constantly above 90% in 2018 for each country.

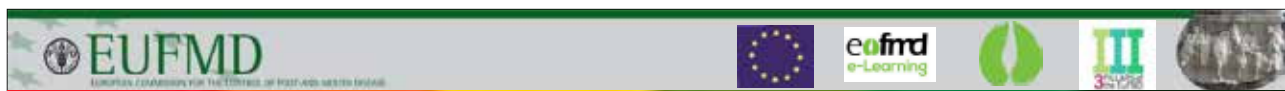


Outcomes of the FMD post-vaccination immunity study carried out
in Turkish Thrace may affect the risk scoring for the THRACE model



- Maintain high level of confidence in the absence of FMDV
- Further strengthen the collaboration between the three countries
 - Joint simulation exercise between the three countries
- Factor post-vaccination immunity study results for Turkish Thrace into the model
 - Possible adaptation of the model for other relevant diseases
- Pilot study for surveillance for FMDV infection in wildlife in Anatolia

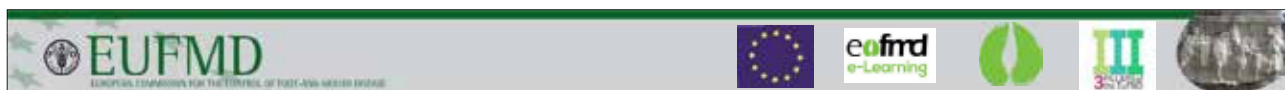
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Component 1.4: Balkans

Activities	Indicators	Baseline: Sept 2017	Target 2 years	Unit of measure	Current Status
1.4.1	Management and High Level Policy Meetings held compared to if project was not supported.	0	3	Nb of meetings	2
1.4.2	Number of countries having a national or multi-country FMD simulation exercise	4	7	Nb of countries holding a national FMD exercise	5
1.4.3	Participation in Balkan region proficiency test exercises	6	8	Nb of National participations in exercises in 24 months	13

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Work done

FYR of Macedonia:

Emergency preparedness scoping mission
FMD simulation exercise

Serbia: Emergency preparedness scoping mission







Bulgaria: Emergency preparedness scoping mission

Albania, Kosovo*: Missions to scope the veterinary
and laboratory capacities for FMD


Laboratory proficiency testing schemes





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Work in progress

 Planning of simulation exercises on track to be delivered within the target
13 countries participated in laboratory proficiency testing schemes

 Due to the threat of ASF in Europe the simulation exercises were
pushed back later in the work programme



- Joint 1.3/1.4 Management Meeting (tent. July)
- Simulation exercise Bulgaria in February 2019
- Simulation exercise Serbia March 2019
 - Laboratory workshop/training

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And also, during the next six month,...

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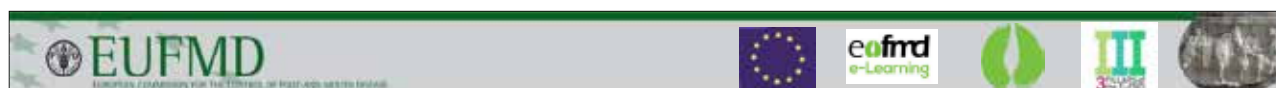


Planning the next work programme!

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Appendix 10

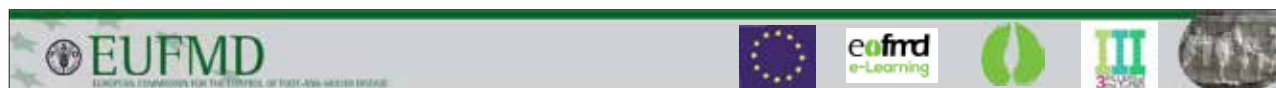
Diagnostic support bank



Diagnostic Bank proposal for preparedness in South-East Europe

Kiril KRSTEVSKI,
Short Term Professional, EuFMD

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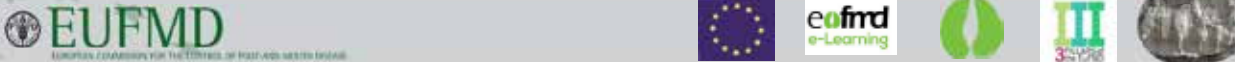







Balkan region, and especially **Thrace**, remains under constant threat for introduction of FMD and similar TADs (**FAST**)



Lessons learnt from past introductions of different TADs in the Balkan region:

- Permanent emergency preparedness of VSs and CP improvements needed
- Continuous networking and information sharing
- Coordinated surveillance and control strategies
- Harmonized collection of epidemiological and lab data - input for science-based control solutions

EuFMD **THRACE** and the **Balkan** Components support activities which address these gaps, and are both relevant

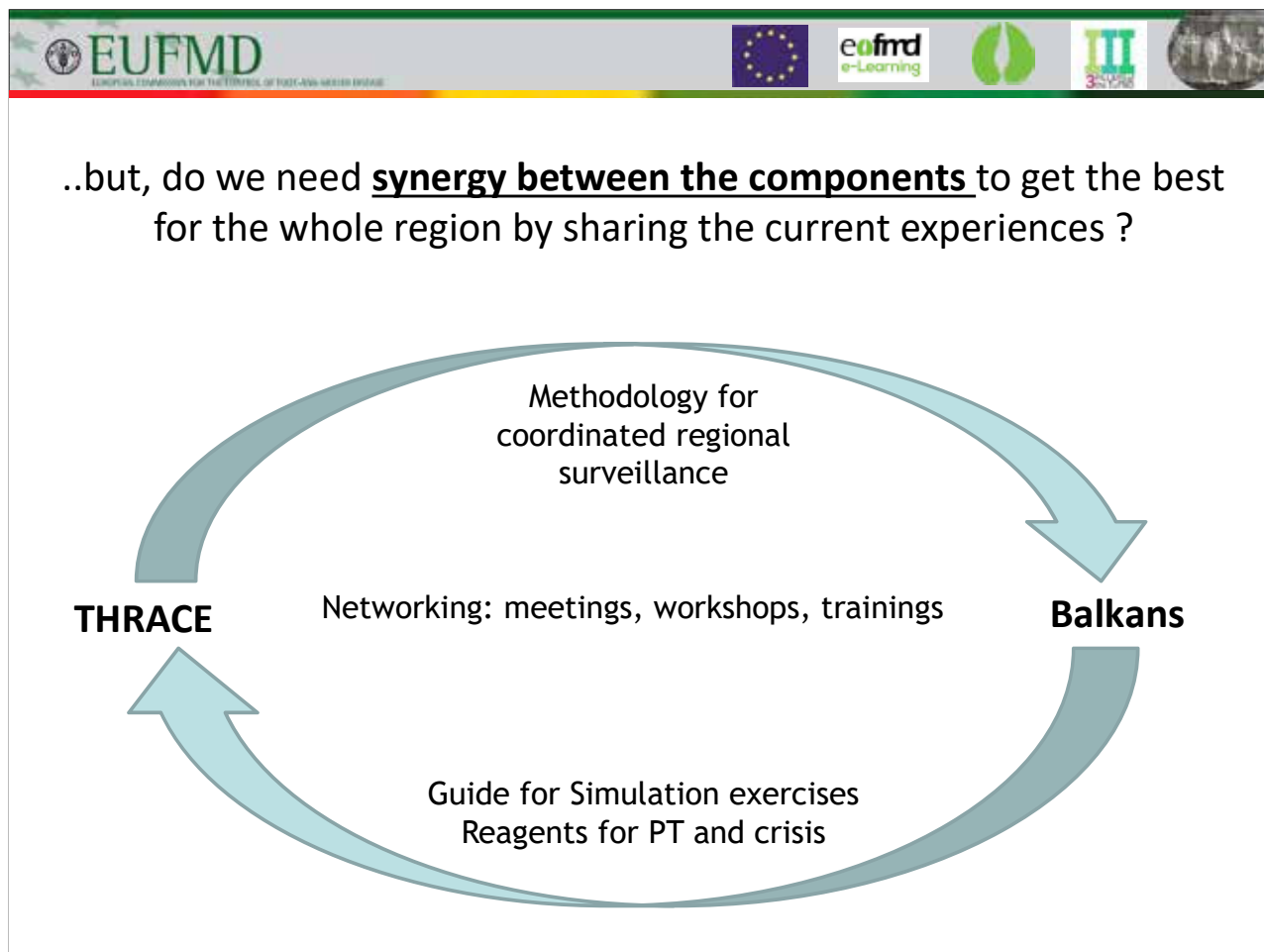
THRACE (component 1.3)

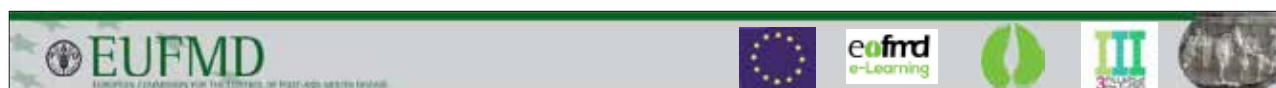
Balkan (component 1.4)

- Coordinated surveillance system** to prove confidence in freedom from FMD and other TADs and increase the likelihood of early detection of incursion
- Harmonized collection of epidemiological and lab data**

- Coordination** within the region and improvement of **national emergency preparedness** and laboratory capacity
- Improving **contingency plans** through **simulation exercises**
- Provision of **diagnostic support** for an FMD crisis

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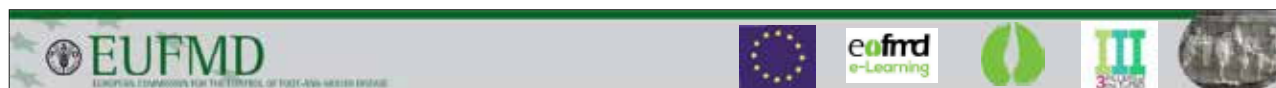
.. some relevant examples ...

THRACE Balkans

- Balkan countries will soon need to implement a system for surveillance to prove LSD absence and regain the LSD-free status
- If FAST disease occurs in a country within the region, neighboring countries can quickly adapt and implement surveillance system which will enable early detection of further spread or will prove absence of disease

Balkans THRACE

- Cascading experiences for organization, implementation and evaluation of Simulation Exercises (currently 3 piloting countries) and CP improvements
- Support for improved laboratory preparedness
- Lab contingency plans and Lab Simulation Exercises



Speaking about the laboratory support - laboratory capacities are integral and important part of :

- **emergency preparedness system** (confirmation of cases/outbreaks)
- **surveillance systems** (generate results/**data** important for decision making)



...because **RESULTS INDUCE FIELD ACTIONS (MEASURES)**



VSs / National Laboratories are well prepared if ensure :

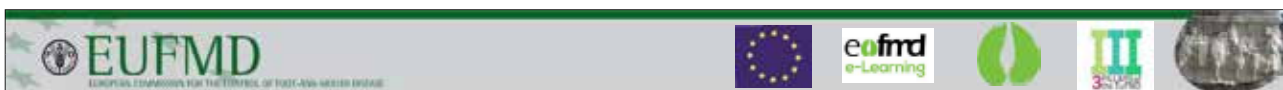
1. Confidence in the test results

- **PT participation**
- Records from internal quality control (use of **standards** for continuous monitoring of performances)
- **Accreditation**

2. Sufficient quantities of diagnostic reagents in a crisis

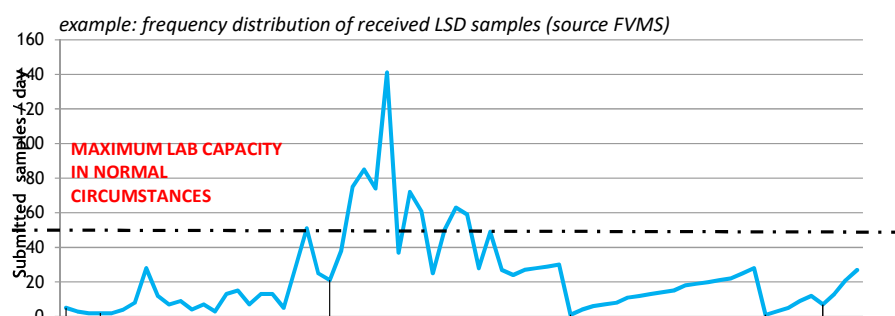
VERY CHALLENGING WHEN IT COMES TO EXOTIC DISEASES !!!

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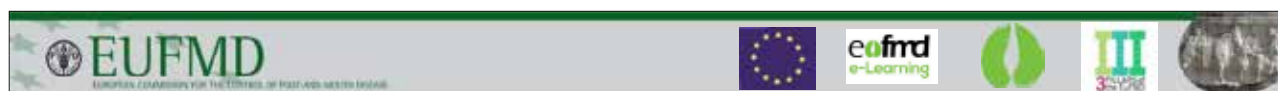
What we've learnt from the previous epidemics is that number of samples rapidly increases after disease introduction!!

Can we **respond promptly ??**



Constraints:

- **Time consuming procurement procedures** at national level
- Difficulties to procure something **not foreseen with the annual plans**
- Customs-related and other **importing issues** (especially non-EU countries)



Lab SimEx 2016 results

Import procedures in the non-EU countries identified as serious problem

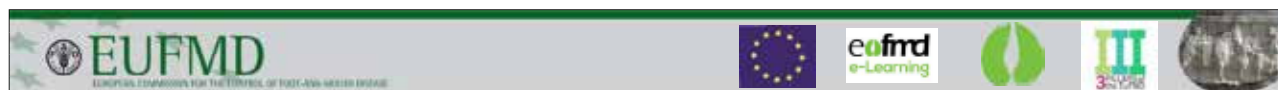
	Delivery on time	Antibody ELISA	Antigen ELISA	PCR
EU Country 1	10	10	10	10
EU Country 2	10	10	10	10
EU Country 3	10	10	10	10
EU Country 4	10	10	10	10
Non EU Country 1	7	10	10	0
Non EU Country 2	3	10	10	10
Non EU Country 3	7	10	10	10
Non EU Country 4	0	10	10	10
Non EU Country 5	7	10	10	0
Non EU Country 6	10	10	10	10
Non EU Country 7	Delivery not possible due to import issues			

Delivery

0 = not delivered normally
3 = 15 days delay
7 = 7 day delay
10 = no delay

Diagnostics

0 = not performed
10 = performed



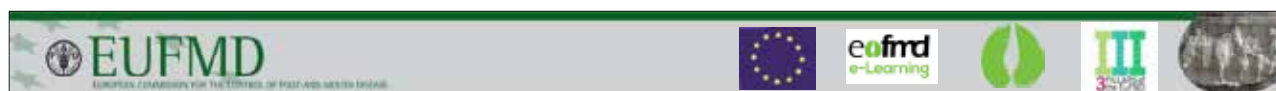
..and delays in reagents supply will result in:

Reported LSD outbreaks in 2017



- **SIGNIFICANT DELAYS** in the **CONFIRMATION AND REPORTING** of the new outbreak(s) – example: Albania reported many 2016 cases in 2017
- **UNDER-REPORTING** new outbreaks due lack of confirmatory diagnosis;
- **MIS-DIAGNOSIS** (if diagnosis relies only on clinical signs – and epidemiological links are dubious)

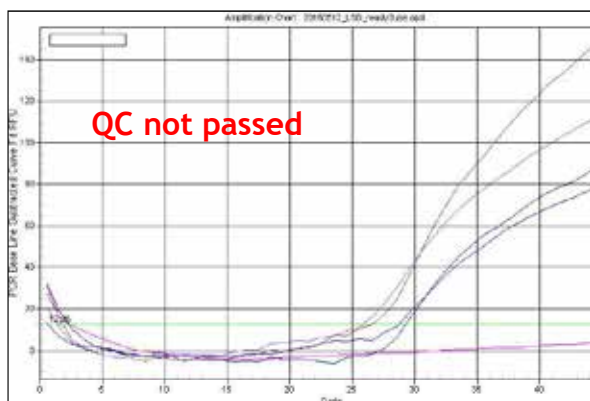
Source: D. Dilaveris, presentation SGE on LSD7 meeting



... in urgent situations, immediate support from different sources might arrive!

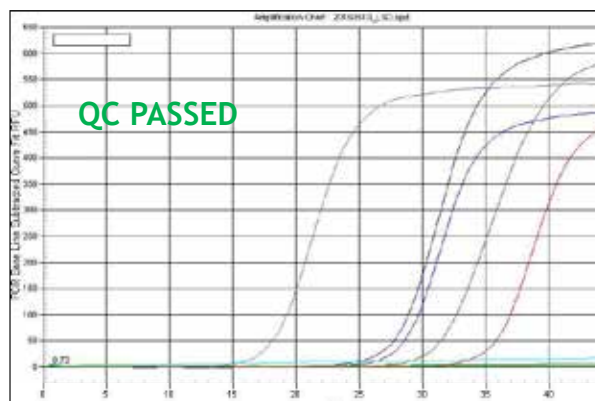
Internal quality control (certified standards) must ensure confidence in results !

LSD test result with "X" commercial test

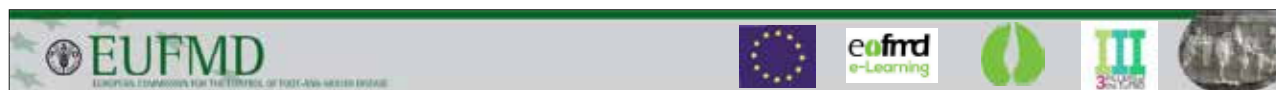


Amplification curves generated with the commercial assay

LSD test result with RECOMMENDED test

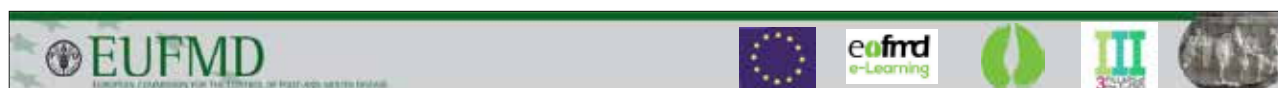


Amplification curves generated with the recommended reference assay



CONCLUSIONS:

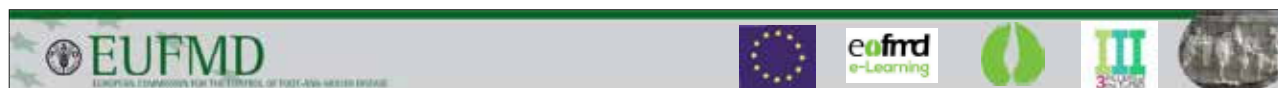
- Most national labs in the Balkan region might be able to confirm the initial cases, but will run-out in reagents very soon !
- National supply in reagents will take time resulting in inadequate capacities for rapid confirmatory diagnosis within the first weeks !



Our proposal:

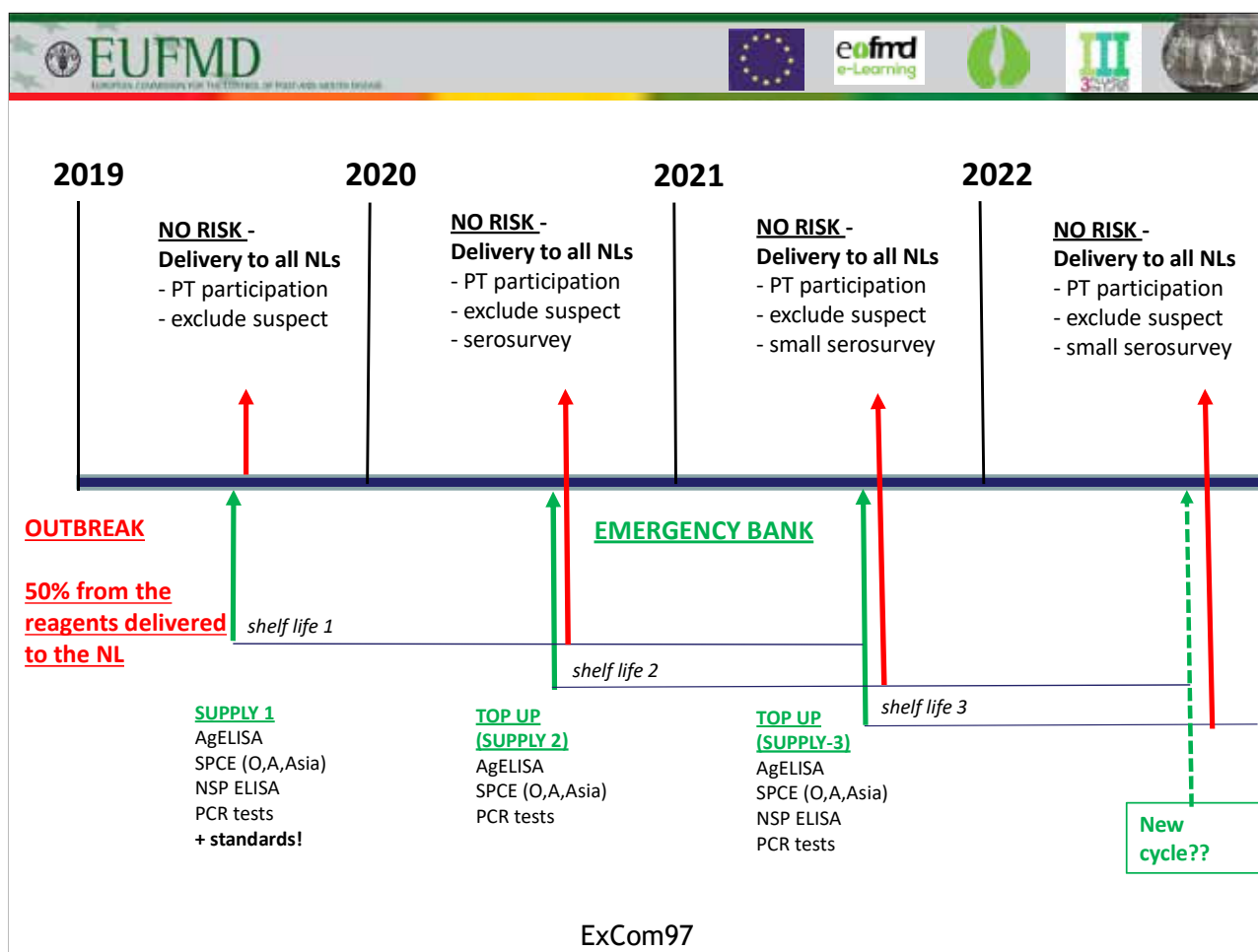
Setting up cost-effective and dynamic emergency bank of reagents

- Reagents **ready to be delivered**
- Initially for FMD (2019), but **potential for extension to other FAST** diseases (PPR, LSD, SPP, GTP) depending on regional priorities and EC agreement
- Initial costing: maximum 50,000 per annum for the FMD bank
 - Lower annual cost for the other TADS (since management costs the same)
- We propose to proceed to trial this in 2019, and decide later if demand, for other TADS to be included

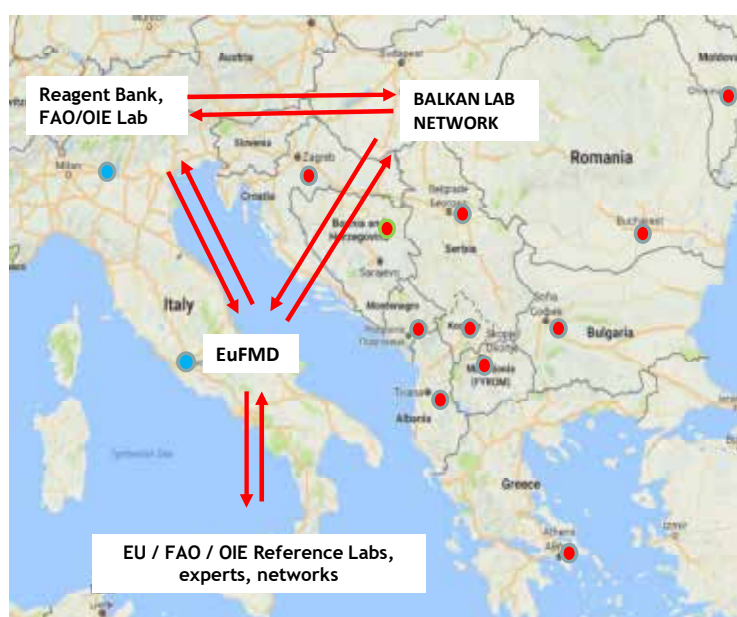


Main goals of the bank:

- Cover the initial gap and support the VSs within the first weeks (but NOT replace the national supply)
- Increase the confidence in the generated results at national and regional level and promote harmonization of diagnostic procedures
 - *Reagents for validated procedures + standards*
 - *Annual supplies to support and encourage PT participation*
- Contribution to increased confidence in disease freedom (serosurveys)
- Contribution to the applied research
 - Development and validation of diagnostic tests for FAST diseases



CENTRALIZED STORAGE – IZSLER, Brescia (FAO/OIE Reference Laboratory for FMD)



- Coordination to keep the system functional
- Increase networking and collaboration
- Inputs for improvements and future extension

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Appendix 11

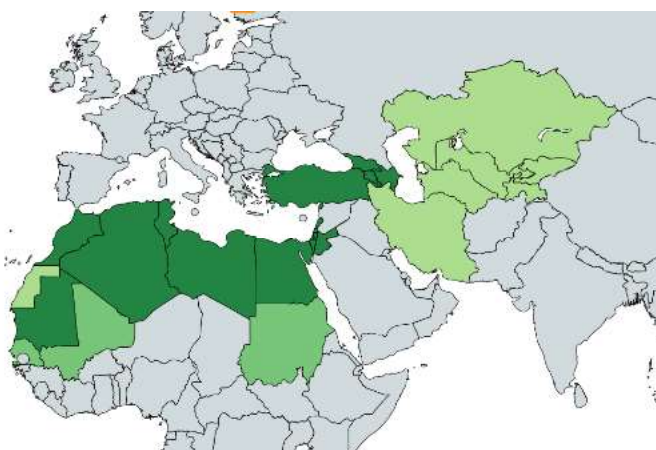
Report on Pillar II



Pillar II

Reduced FMD risk to EUFMD Members from European neighbourhood

Progress report: UPDATE September 2018 – January 2019



Targets across the pillar

- ➡ 1. Progression along PCP
- ➡ 2. Improve assessment of risk
- ➡ 3. Implementation of risk based strategies
- ➡ 4. Improved national capacity for FMD management



Turkey and Transcaucasus

- Two workshops on **outbreak investigation** were carried out in collaboration with GDPC for 50 participants from East provinces of Turkey (Nov and Dec 2018).
 - Clinical surveillance
 - FMD outbreak investigation
 - FMD clinical management
- Following a workshop on FMD surveillance and post-vaccination monitoring (May 2018) an **immunogenicity study was designed and started in November** in Georgia and Azerbaijan in collaboration with IZSLER and SAP institute.





North Africa

II. Open session side event (ws) : manage the risk and achieve progressive control in North Africa

29 october 2018, Italy



Online meeting for North Africa on FMD and PPR

Objectives

Share and discuss the national epi-situation, the implemented measures to manage the outbreaks and to prevent spread

Identify needs that international and regional partners could support



21 January 2019



Outcomes

Tunisia

Outbreaks started in
15/12/2018



24/12/2018 (OIE, 2018)



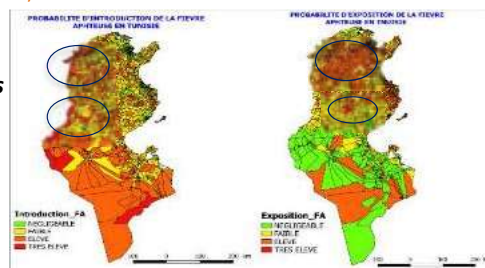
10/01/2019 (OIE, 2019)



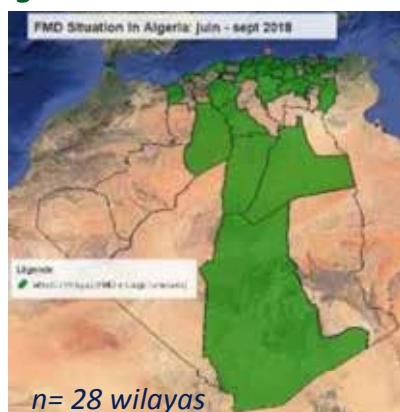
22/01/2019 (OIE, 2019)



- 12 Outbreaks reported in identified high risk areas for FMD – detected in non vaccinated animals or vaccinated more than 6-8 months ago / farms with new introductions/ areas with low vaccination coverage
- Serotype O confirmed - ongoing sequencing (ANSES)
- Annual vaccination campaign with >6PD50 vaccine **March 2018** :
 - LR : O3039, O manisa, SAT2 Eri, Alrq22
 - SR: O3039, O manisa, SAT2 Eri
- Implemented Measures
 - Activation of national crisis management
 - Borders surveillance reinforcement / Ring vaccination around outbreaks
 - Vaccination campaign planned for January 2019
- Needs
 - Financial support for 2 additional FMD vaccination on bovine only (Sept 2019 and Sept 2020)
 - Lab support (diagnostic kits / international FMD samples shipment)



Algeria Outbreaks started in June 2018



June- sept 18 : 103 FMD outbreaks in LR

Sept 2018 – Jan 2019 : FMD-PPR in SR + FMD in LR

- Serotype O confirmed (Pirbright / Anses) : O EA3
- LR vaccination Oct 2018 (74% coverage) : >6PD50 O/A vaccine (O Manisa + O 3039 / A 22 Irak)
- Implemented Measures
 - Rising surveillance levels in animal contact points
 - Outbreak management (culling before sept 18 / disinfection / compensation)
 - SR Ring vaccination (320.000 SR vaccinated)
 - Animal movement control
 - Feb 2019– start PPR vaccination campaign ; March 2019 FMD vaccination
 - Temporary stop of animal import
 - KITS and PCR support from EuFMD is ready to be provided

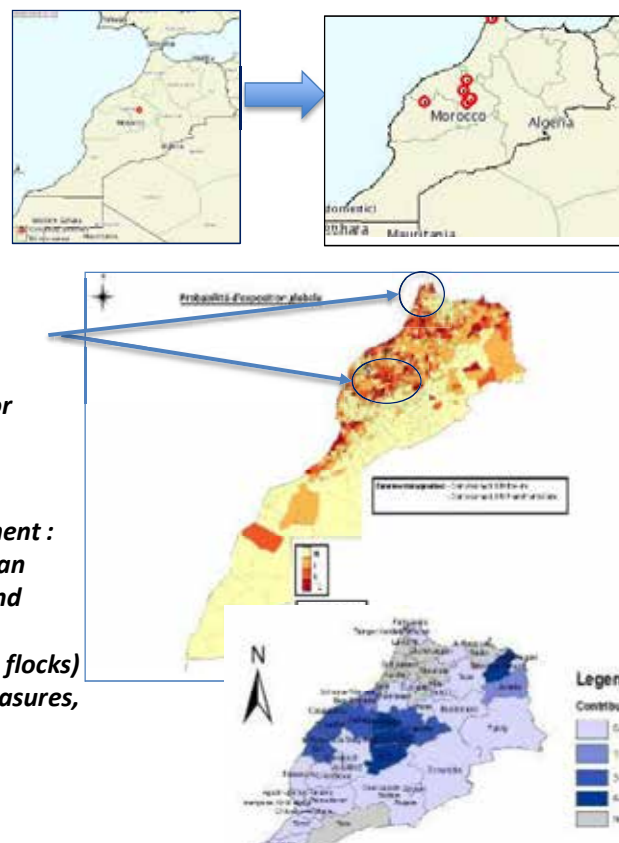


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Morocco

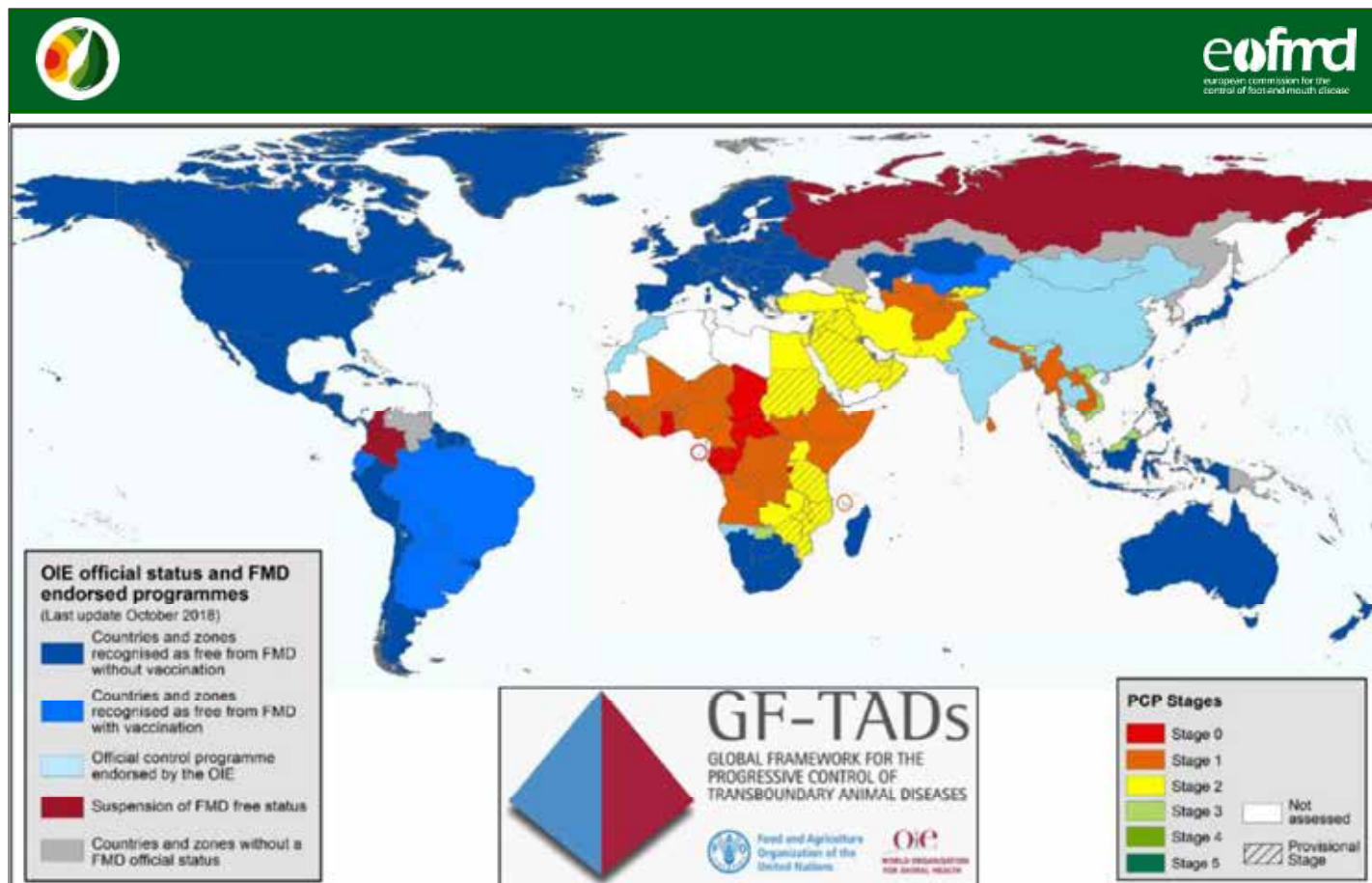
Outbreaks started on 1st Jan 2019

- Serotype O confirmed, pending sequencing (ANSES)
- 5 outbreaks in 3 provinces (including 1 in the North linked by animal commercial movement with live animal market in the first affected region).
- Clinical FMD in non vaccinated LR and SR (young animals)
- Outbreaks occurred in the defined high-risk areas
- Preventive vaccination campaign annually conducted for large ruminants. The last implemented started 28 Dec 2018 (O / A high potency vaccine)
- Major implemented Measures for Emergency management :
 - Activation of the national emergency response plan
 - culling of all susceptible animals compensation and disinfection
 - LR ring vaccination (3647 cattle vaccinated in 465 flocks)
 - Strict application of emergency response plan measures, including biosecurity measures



Online meeting - recommendations:

- Ensure strict **biosecurity** measures when carrying out vaccination campaigns
- Conduct a technical workshop for the three countries on **post-vaccination monitoring** as part of EuFMD support for the REMESA Action Plan.
- **Better use of the risk information** collected and analysed (ref: animal mobility)
- Schedule **meetings** between the three countries on **regular basis**



How to ensure that GF-TADs process is applied in North Africa ?
(Importance of provide indicators of progress and addressed gaps)



Middle East

Mission in Beirut, Lebanon - Amman, Jordan - Cairo, Egypt (Dec 2018)

Jordan (obj: assist M&E of RBSP – next WS planned in May)

Results

- Plan for training 210 trainees (public , private vets and para-vets.)
- Two peripheral labs have been equipped with ELISA and PCR units and training for 20 lab vets planned
- New reporting and surveillance system and new draft legislation to support RBSP activities
- Revision of M/E indicators



Lebanon (obj: assist RBSP development) – next WS planned in April

Results:

- Formulation of FMD taskforce.
- Agreement on the vision and goals of the RBSP.
- Agreement on conducting national NSP survey
- Agreement the appropriate ways to collect the data needed to finalize the situation analysis



Workshop on Post Vaccination Monitoring in Egypt, Cairo, 14 - 17 January 2019

1. To discuss current approaches on FMD vaccination and PVM.
2. To build capacity on evaluating FMD vaccination and post-vaccination monitoring.
3. To strengthen networking among all parties who are involved on FMD vaccination and PVM in Egypt.
4. Designing and drafting of the sero-surveillance plan.





18 participants from each of the following departments:

- Seven participants from (GOVS)
- Three participants (AHRI)
- Three Participants from (CLEVB)
- Three Participants from (VSVRI)
- One Participant from (MEVAC)
- One Participant from (IFT)



Recommendations

- Evaluation of immunity and level of protection through **small scale efficacy studies** combined with data about **coverage**.
- Increasing the PD50** of the vaccine/s used from 3 to 6.
- Adopt a different **vaccination time schedule** (every six months rather than every 4 months as done at present) with a complete primary course vaccination with a booster dose after 1 month.
- Target the population to be vaccinated based on a two criteria (**geographical area + production sector**) and not a mass vaccination approach as currently adopted.



FMD Investigation Training course in Arabic (Dec 2018)

250 participants from 14 countries





Priorities and opportunities in the future programme for integration of efforts for risk reduction of FAST diseases



Priority: **early warning** and **better preparedness** for FMD and Similar TADs in the EU neighbourhood - integrated approach



Opportunities:

- building on **networks** established
- making use of the **horizontal approach**
- adopting **flexible** programme
- working with **partners**



1. Coordinated activities

To achieve progressive control of FAST:

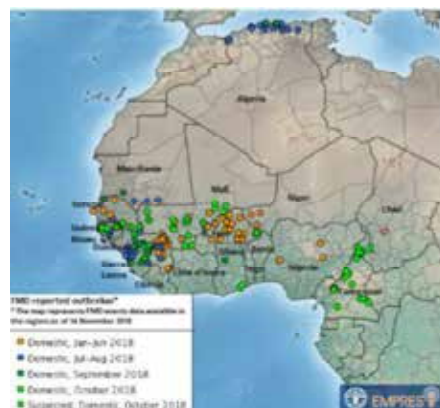
- **Coordinated mechanism** with other institutions (*regular updates of FMD control strategies and definition of priorities and related workplans*)
- Coordination with countries to **support national programmes** with regional/sub-regional meetings and national activities



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2. Improved early warning:

- Collection and analysis of risk information
- Definition of hot spot locations
- Design surveillance
- Prioritization of vaccines and improve their availability



FMD in West and North Africa

North Africa (Algeria, Mauritania) and most countries in West Africa have reported an **epizootic of FMD in the 2018**, with closely related strains of serotype O (EA-3 toptotype)

Sufficient attention should be given to deliver on the initiatives on **livestock prices, movements and risk mapping** in these areas.



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3. Capacity building:

- Laboratory capacity / network
- Vet Serv. capacity (e.g. clinical investigation, surveillance and control)
- Application of OIE code



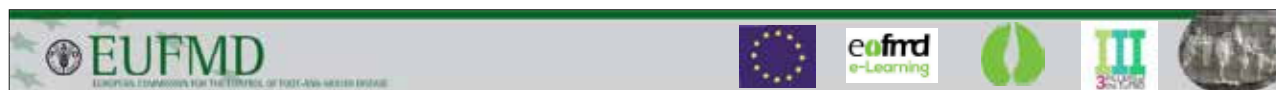
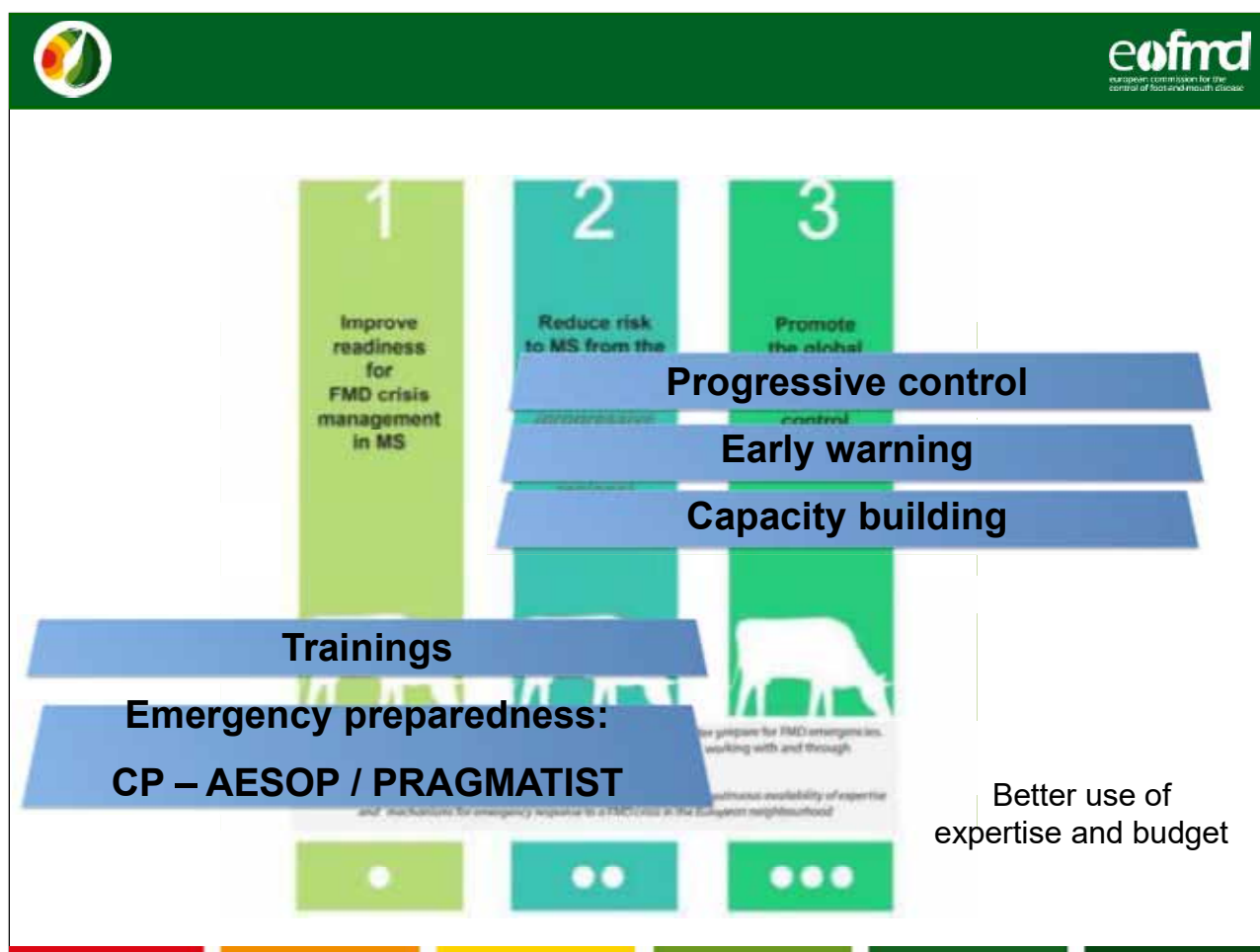
E.g. of courses developed with potential for wider application

FMD Risk assessment along the value chain
FMD Post Vaccination Monitoring
FMD Socio-economic Impact Assessment

Safe Trade and FMD Control

Networks (between EURLs and NRL)



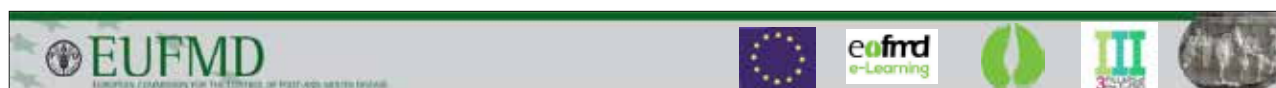


Progress on risk mapping for targeting surveillance and control

Etienne Chevanne
FMD Risk Management Specialist
EuFMD – Pillar II

1st February 2019

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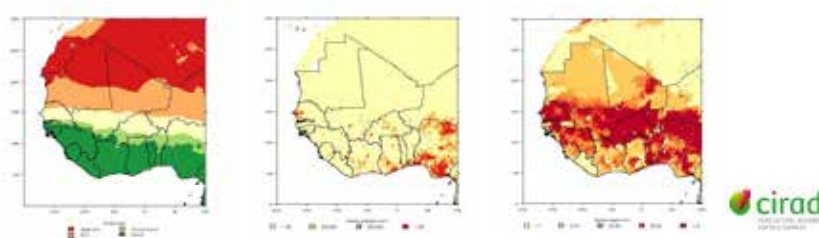


Risk mapping of animal diseases

Mapping has become increasingly important in assessing **the spatial distribution** of animal disease risk

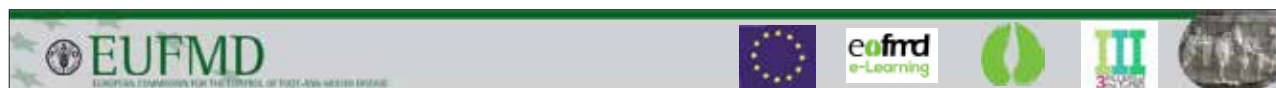
The visual nature of maps is especially helpful in identifying **the spatial heterogeneity** of disease risk

Risk maps are powerful tools for assisting animal health policy makers in disease management, through **a better allocation of limited resources**.



Practical outcome: Identify **high-risk areas** where **active surveillance** (risk-based sampling strategy, clinical investigations cf. Thrace) and **control measures** would be targeted. Risk mapping supports infectious diseases' early detection and reaction systems.

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EuFMD Partnership: Support to CIRAD to improve capacity of veterinary services on risk mapping in Africa in 2018-2019

Activities

Develop a **FMD surveillance program on risk information and mapping tools** for southern European neighbourhood, integrating movement patterns of domestic livestock,

Train **Veterinary Services of 6 countries (Algeria, Chad, Mauritania, Morocco, Senegal and Tunisia)** on qualitative risk analysis, geographic information systems and network analysis;

Conduct specific **field surveys** to address the knowledge gaps on national and transboundary animal mobility

Targets

Update and optimize surveillance protocols for TADs with a risk-based approach and in particular,
Design a surveillance for FMD early detection in high-risk areas in the Maghreb

Agenda:

« Risk mapping for the control of FMD » webinar (May 2017)

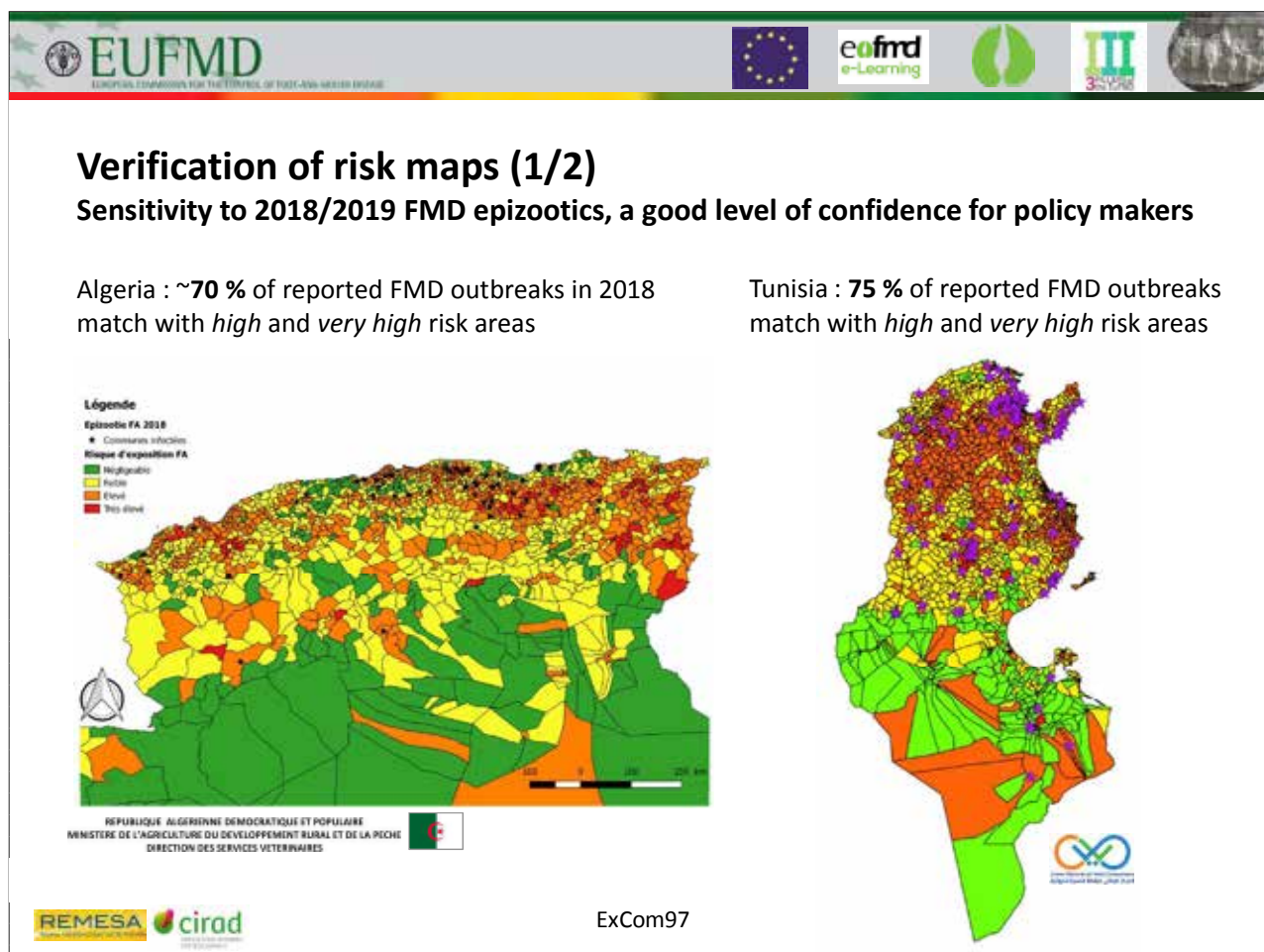
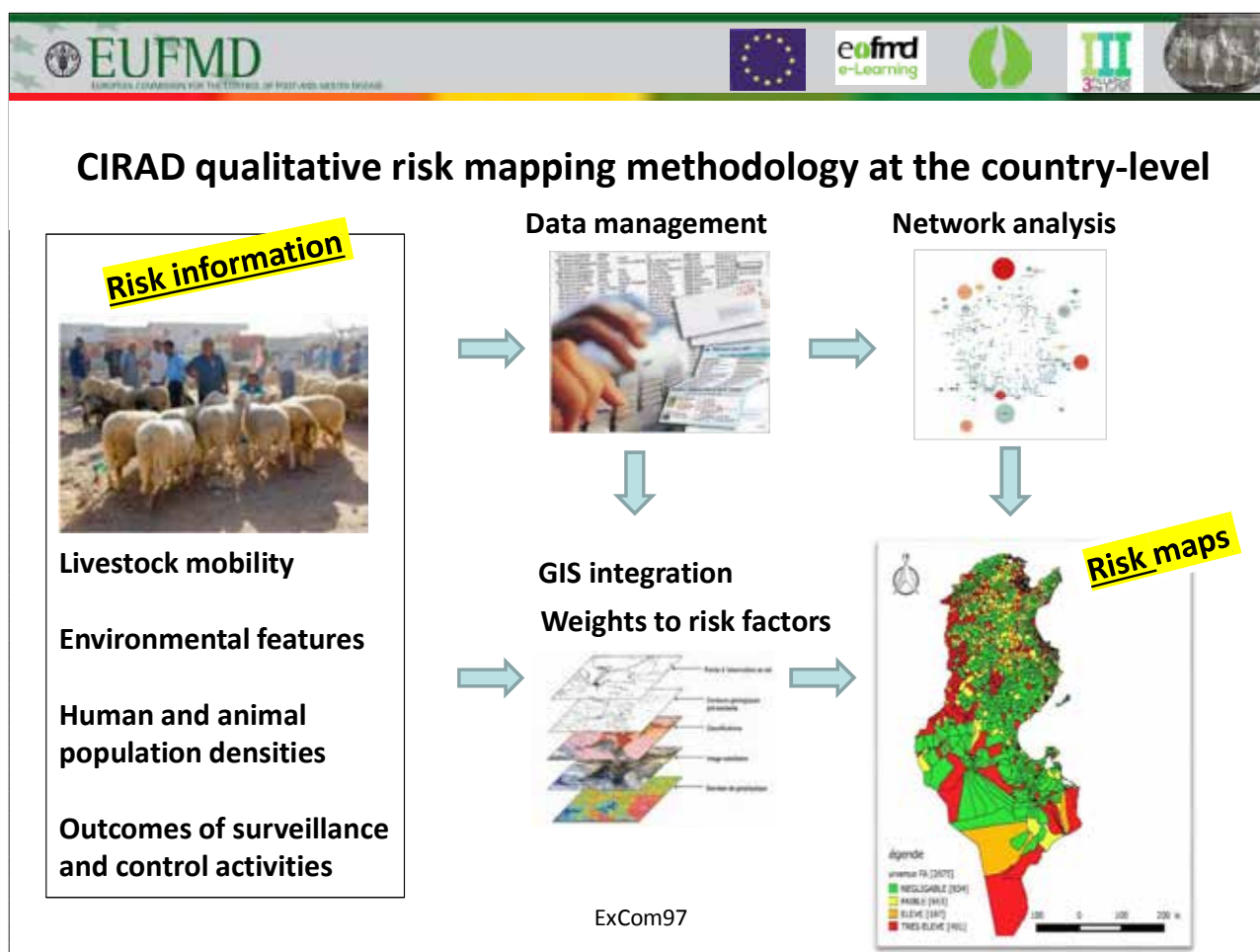
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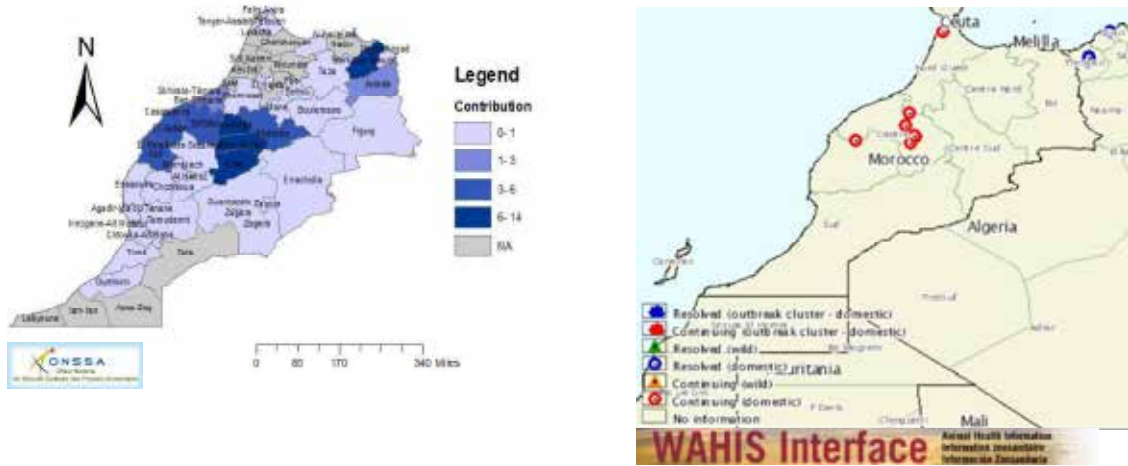
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Verification of risk maps (2/2)
Sensitivity to 2018/2019 FMD epizootics, a good level of confidence for policy makers

Morocco : Localities at the centre of Morocco heavily impacted by FMD outbreaks (Aug 18- now) were identified as **major contributors** to disease spread



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A regional approach for FMD Risk Mapping

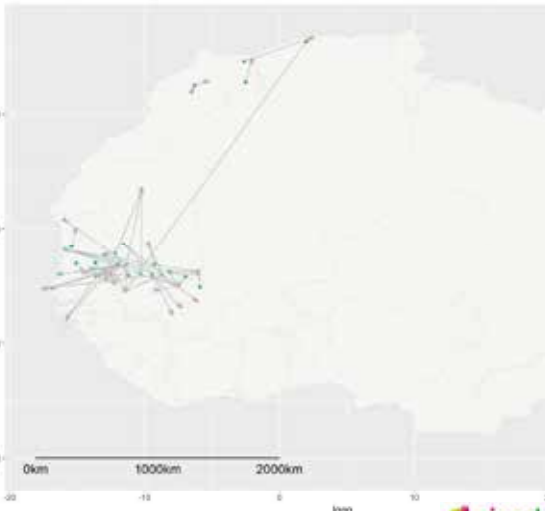
Mapping of the live animal trade network at the regional level shows

- **strong regional connexion between markets and**
- **intense live animal trade within the network**

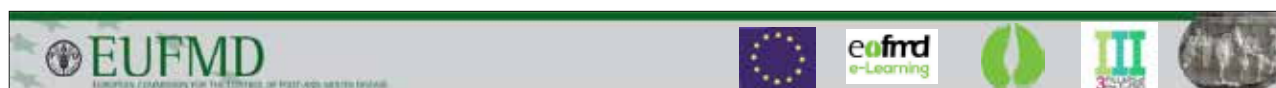
Markets and grazing areas are **contact points** and **disease hotspots** for geographically distant herds

Main livestock trade axes at the regional level

- Berkane Taourirt (**Morocco**) - Nador (**Algeria**)
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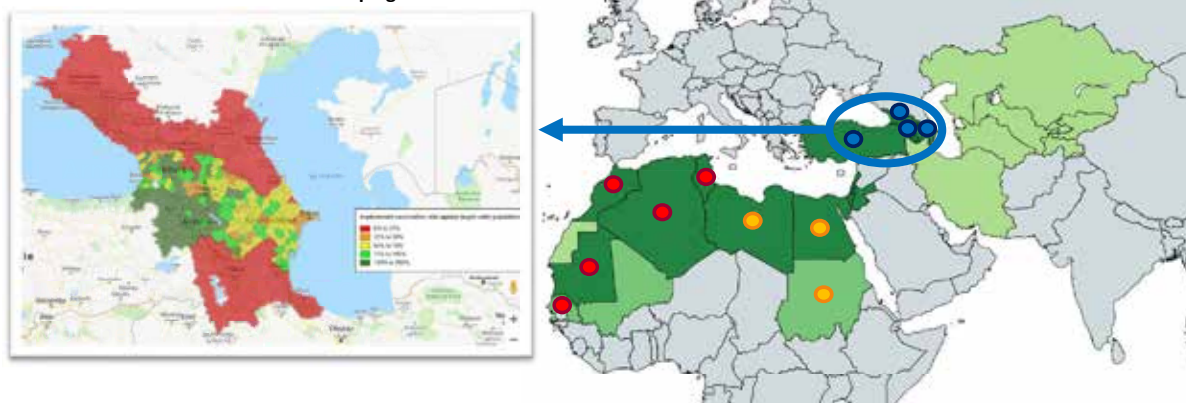
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Regional initiatives for the European neighbourhood in 2019

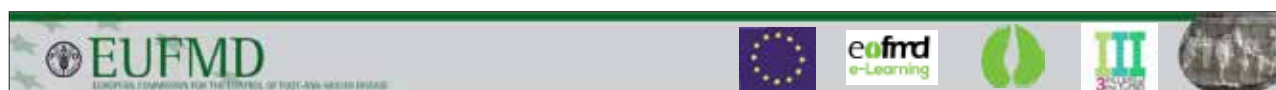
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Autumn 2018 FMD Vaccination campaign for cattle



An online platform for immediate sharing of disease information (outbreak notifications and vaccination campaigns) is already in place in the Transcaucasus countries and Turkey

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Future direction for the approach: multi-risk information

The **same methodology** can be applied to **further integrate risk information** on


- Animal mobility (pastoral and commercial movements)
- Results of surveillance activities,
- Reports of vaccination campaigns ,
- Market prices and other economic indicators that would proxy animal movements (price differentials across borders, price fluctuations)
- Climatic indicators






Towards the assessment of the **temporal distribution** of disease risk : Seasonal risk maps for countries and regions integrating peaks of animal mobility and live animal trade (Routine versus Festival period)

To gather risk information, **EuFMD will support:**

- The establishment of a network of intelligence national/pool focal points
- Further training of Veterinary Services
- New developments of the tool (online dynamic platform, web-sourced data)

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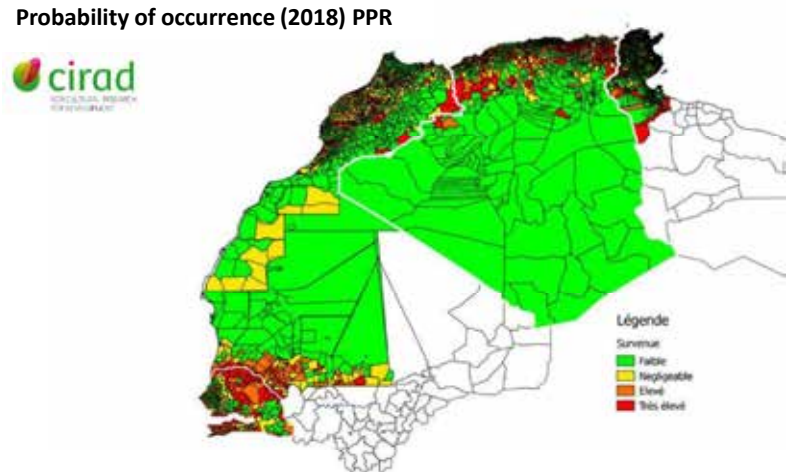

EUFMD
EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE

Future direction for the approach: FMD and similar diseases

This methodology is applicable to **other TADs sharing similarities (drivers) with FMD**


Probability of occurrence (2018) PPR








Légende
 Survenue:
 Faible
 Moyenne
 Elevée
 Très élevée

To further spread the risk mapping methodology, EuFMD supports CIRAD to produce a **Guidebook for Veterinary Services**, in **English** and **French**: expected release by April 2019

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EUFMD
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Challenges in risk mapping

Recent FMD outbreaks in North Africa further support the need for **collection of risk information at the regional level**, the need of a **regional approach for disease surveillance and control**, and **ownership** of such initiatives.

Model: signature of a *Statement of Intentions* in Transcaucasia

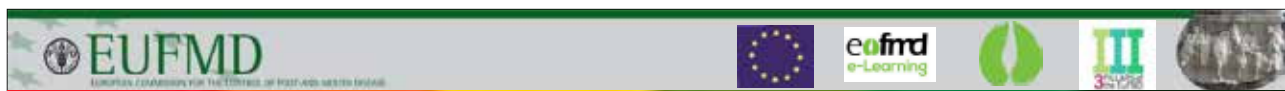
Risk mapping provides static pictures of a dynamic disease ecosystem, risk maps must be **updated on a regular basis** and validated by national CVOs, for surveillance to be re-adapted.

From description to prediction: towards computational models to predict disease occurrence and find drivers of disease spread.

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Appendix 12

Risk mapping

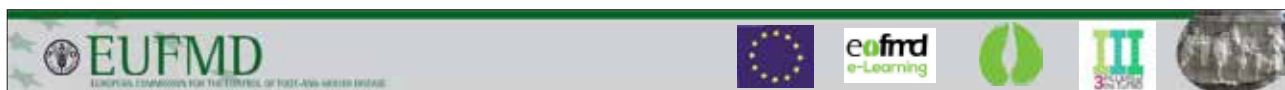


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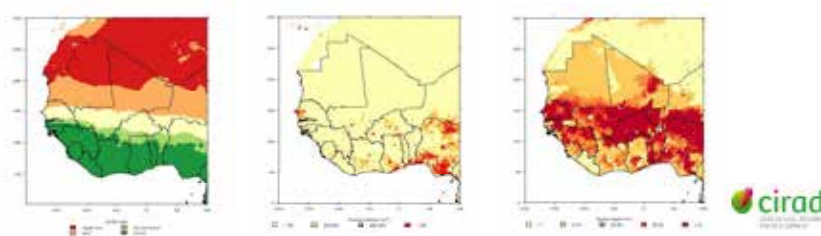


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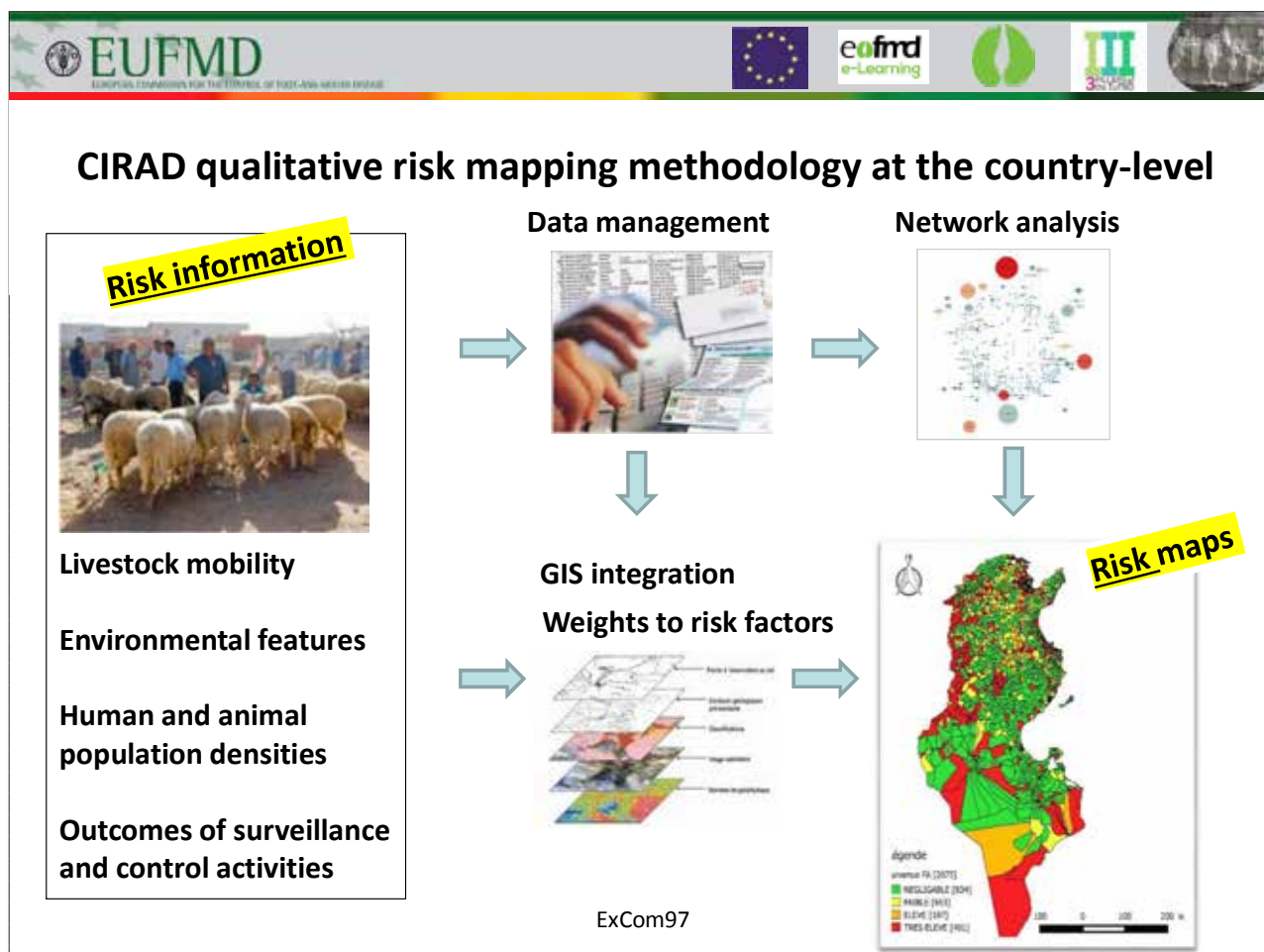
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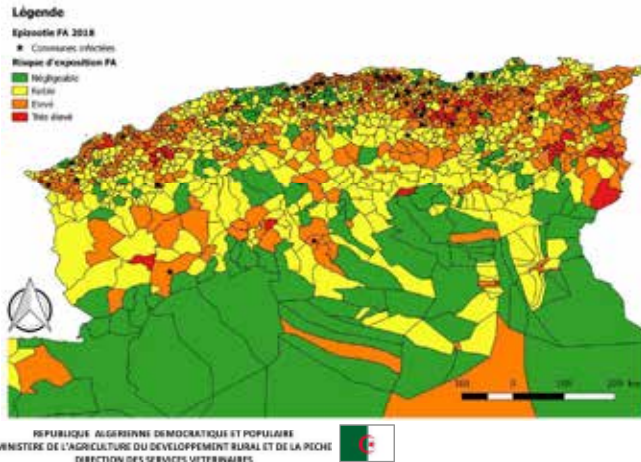
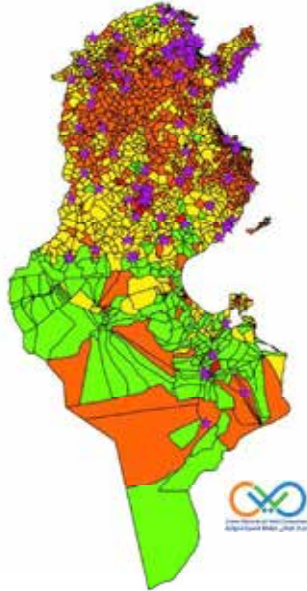
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Verification of risk maps (1/2)
Sensitivity to 2018/2019 FMD epizootics, a good level of confidence for policy makers

Algeria : ~70 % of reported FMD outbreaks in 2018 match with *high* and *very high* risk areas

Tunisia : 75 % of reported FMD outbreaks match with *high* and *very high* risk areas

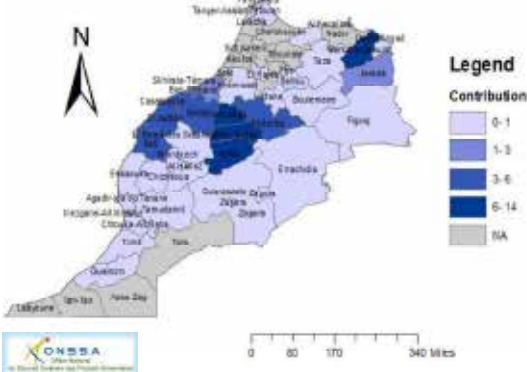
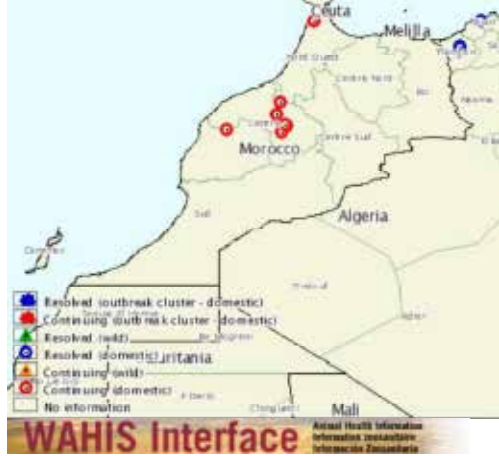



REMESSA cirad

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WAHIS Interface

Actual health information
Information transmission
Information transmission

REMESSA cirad

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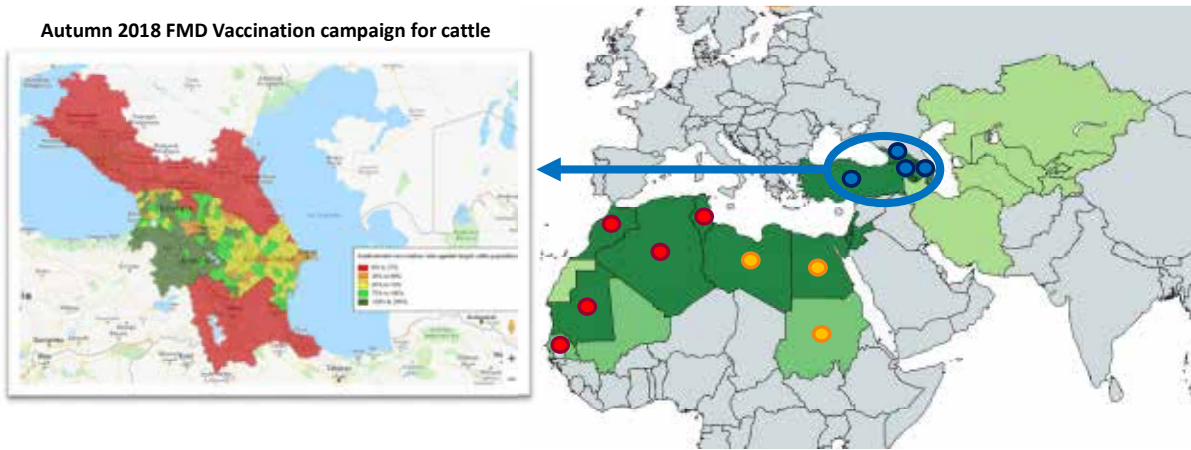


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Regional initiatives for the European neighbourhood in 2019

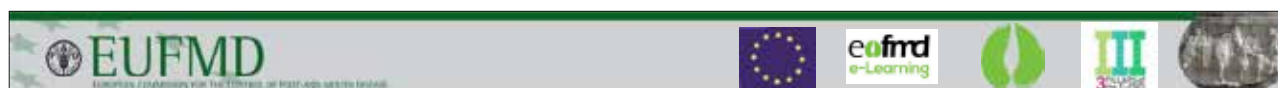
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Future direction for the approach: multi-risk information

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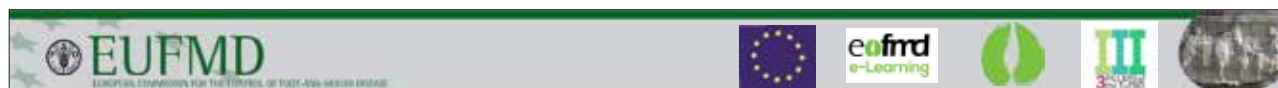
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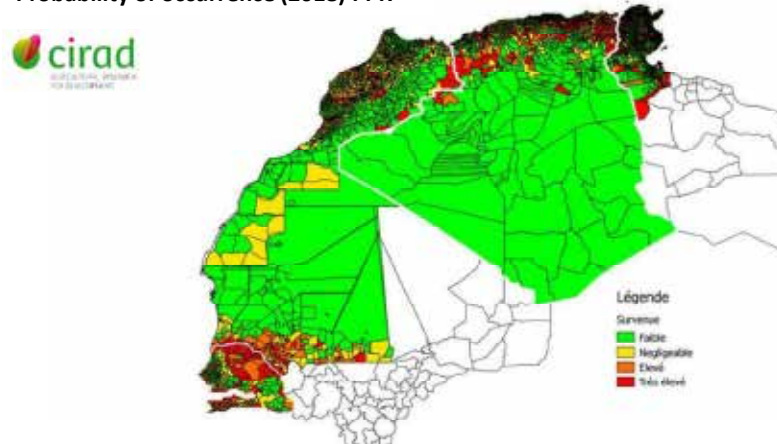
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Future direction for the approach: FMD and similar diseases

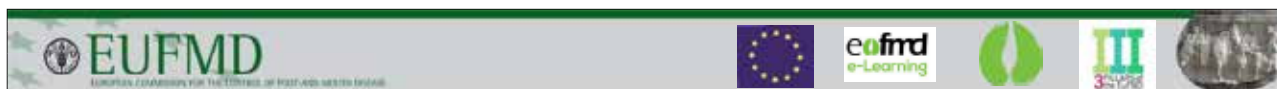
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Challenges in risk mapping

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From description to prediction: towards computational models to predict disease occurrence and find drivers of disease spread.

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Appendix 13

Report on Pillar III



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Turkey and Transcaucasus

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control of foot and mouth disease

North Africa

29 october 2018, Italy



II. Open session side event (ws) : manage the risk and achieve progressive control in North Africa



Online meeting for North Africa on FMD and PPR

Objectives

Share and discuss the national epidemiological situation, the implemented measures to manage the outbreaks and to prevent spread
Identify needs that international and regional partners could support



21 January 2019





Outcomes Tunisia

Outbreaks started in
15/12/2018



24/12/2018 (OIE, 2018)



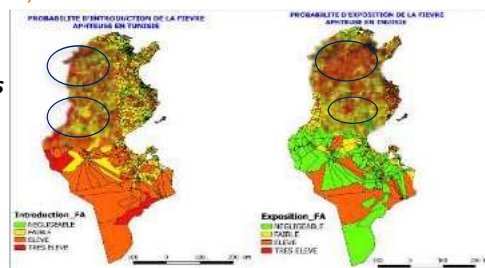
10/01/2019 (OIE, 2019)



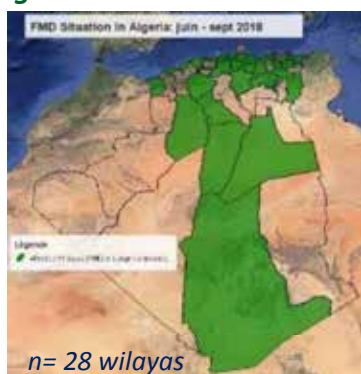
22/01/2019 (OIE, 2019)



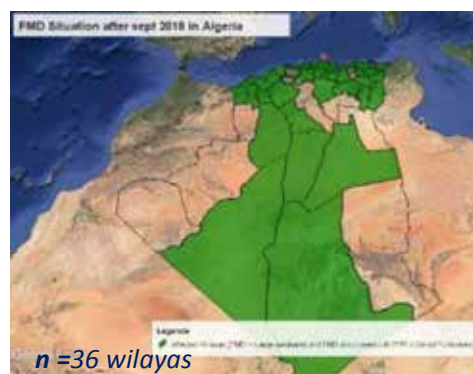
- 12 Outbreaks reported in identified high risk areas for FMD – detected in non vaccinated animals or vaccinated more than 6-8 months ago / farms with new introductions/ areas with low vaccination coverage
- Serotype O confirmed - ongoing sequencing (ANSES)
- Annual vaccination campaign with >6PD50 vaccine **March 2018** :
 - LR : O3039, O manisa, SAT2 Eri, Alrq22
 - SR: O3039, O manisa, SAT2 Eri
- Implemented Measures
 - Activation of national crisis management
 - Borders surveillance reinforcement / Ring vaccination around outbreaks
 - Vaccination campaign planned for January 2019
- Needs
 - Financial support for 2 additional FMD vaccination on bovine only (Sept 2019 and Sept 2020)
 - Lab support (diagnostic kits / international FMD samples shipment)



Algeria Outbreaks started in June 2018



June- sept 18 : 103 FMD outbreaks in LR



Sept 2018 – Jan 2019 : FMD-PPR in SR + FMD in LR

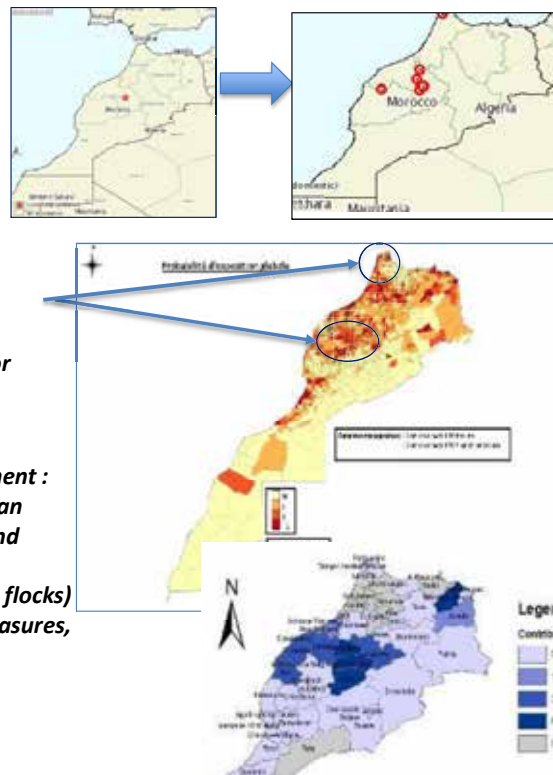
- Serotype O confirmed (Pirbright / Anses) : O EA3
- LR vaccination Oct 2018 (74% coverage) : >6PD50 O/A vaccine (O Manisa + O 3039 / A 22 Irak)
- Implemented Measures
 - Rising surveillance levels in animal contact points
 - Outbreak management (culling before sept 18 / disinfection / compensation)
 - SR Ring vaccination (320.000 SR vaccinated)
 - Animal movement control
 - Feb 2019– start PPR vaccination campaign ; March 2019 FMD vaccination
 - Temporary stop of animal import
 - KITS and PCR support from EuFMD is ready to be provided



Morocco

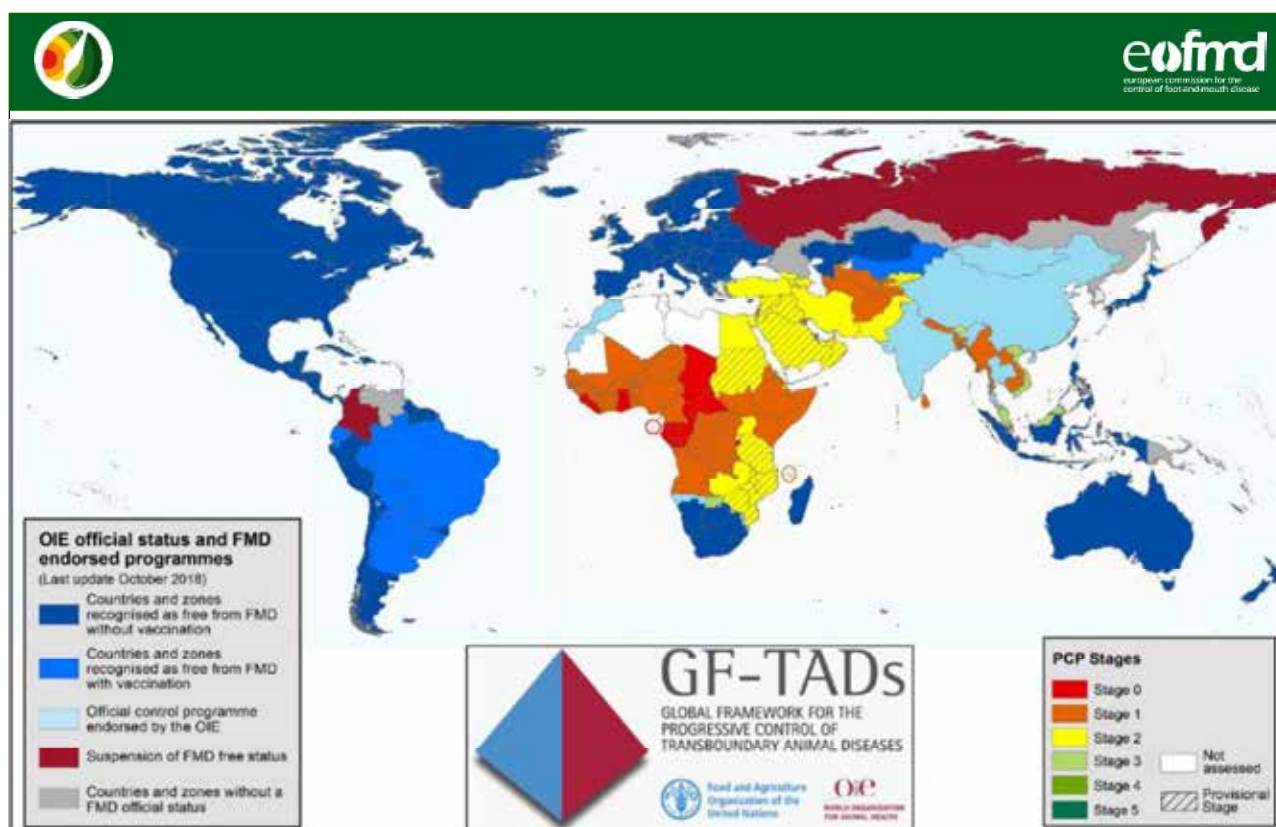
Outbreaks started on 1st Jan 2019

- Serotype O confirmed, pending sequencing (ANSES)
- 5 outbreaks in 3 provinces (including 1 in the North linked by animal commercial movement with live animal market in the first affected region).
- Clinical FMD in non vaccinated LR and SR (young animals)
- Outbreaks occurred in the defined high-risk areas
- Preventive vaccination campaign annually conducted for large ruminants. The last implemented started 28 Dec 2018 (O / A high potency vaccine)
- Major implemented Measures for Emergency management :
 - Activation of the national emergency response plan
 - culling of all susceptible animals compensation and disinfection
 - LR ring vaccination (3647 cattle vaccinated in 465 flocks)
 - Strict application of emergency response plan measures, including biosecurity measures



Online meeting - recommendations:

- Ensure strict **biosecurity** measures when carrying out vaccination campaigns
- Conduct a technical workshop for the three countries on **post-vaccination monitoring** as part of EuFMD support for the REMESA Action Plan.
- **Better use of the risk information** collected and analysed (ref: animal mobility)
- Schedule **meetings** between the three countries on **regular basis**



How to ensure that GF-TADs process is applied in North Africa ?
(Importance of provide indicators of progress and addressed gaps)



eofmd
 European Commission for the
 control of foot and mouth disease

Middle East

Mission in Beirut, Lebanon - Amman, Jordan - Cairo, Egypt (Dec 2018)

Jordan (obj: assist M&E of RBSP – next WS planned in May)

Results

- Plan for training 210 trainees (public , private vets and para-vets.)
- Two peripheral labs have been equipped with ELISA and PCR units and training for 20 lab vets planned
- New reporting and surveillance system and new draft legislation to support RBSP activities
- Revision of M/E indicators



Lebanon (obj: assist RBSP development) – next WS planned in April

Results:

- Formulation of FMD taskforce.
- Agreement on the vision and goals of the RBSP.
- Agreement on conducting national NSP survey
- Agreement the appropriate ways to collect the data needed to finalize the situation analysis





Workshop on Post Vaccination Monitoring in Egypt, Cairo, 14 - 17 January 2019

1. To discuss current approaches on FMD vaccination and PVM.
2. To build capacity on evaluating FMD vaccination and post-vaccination monitoring.
3. To strengthen networking among all parties who are involved on FMD vaccination and PVM in Egypt.
4. Designing and drafting of the sero-surveillance plan.



18 participants from each of the following departments:

- Seven participants from (GOVS)
- Three participants (AHRI)
- Three Participants from (CLEVB)
- Three Participants from (VSVRI)
- One Participant from (MEVAC)
- One Participant from (IFT)



Recommendations

- (i) Evaluation of immunity and level of protection through **small scale efficacy studies** combined with data about **coverage**.
- (ii) **Increasing the PD50** of the vaccine/s used from 3 to 6.
- (iii) Adopt a different **vaccination time schedule** (every six months rather than every 4 months as done at present) with a complete primary course vaccination with a booster dose after 1 month.
- (iv) Target the population to be vaccinated based on a two criteria (**geographical area + production sector**) and not a mass vaccination approach as currently adopted.



FMD Investigation Training course in Arabic (Dec 2018)

250 participants from 14 countries



Priorities and opportunities in the future programme for integration of efforts for risk reduction of FAST diseases



Priority: **early warning** and **better preparedness** for FMD and Similar TADs in the EU neighbourhood - integrated approach



Opportunities:

- building on **networks** established
- making use of the **horizontal approach**
- adopting **flexible** programme
- working with **partners**



1. Coordinated activities

To achieve progressive control of FAST:

- **Coordinated mechanism** with other institutions (*regular updates of FMD control strategies and definition of priorities and related workplans*)
- Coordination with countries to **support national programmes** with regional/sub-regional meetings and national activities



2. Improved early warning:

- Collection and analysis of risk information
- Definition of hot spot locations
- Design surveillance
- Prioritization of vaccines and improve their availability



FMD in West and North Africa

North Africa (Algeria, Mauritania) and most countries in West Africa have reported an **epizootic of FMD in the 2018**, with closely related strains of serotype O (EA-3 toptotype)

Sufficient attention should be given to deliver on the initiatives on **livestock prices, movements and risk mapping** in these areas.



3. Capacity building:

- Laboratory capacity / network
- Vet Serv. capacity (e.g. clinical investigation, surveillance and control)
- Application of OIE code

E.g. of curses developed with potential for wider application

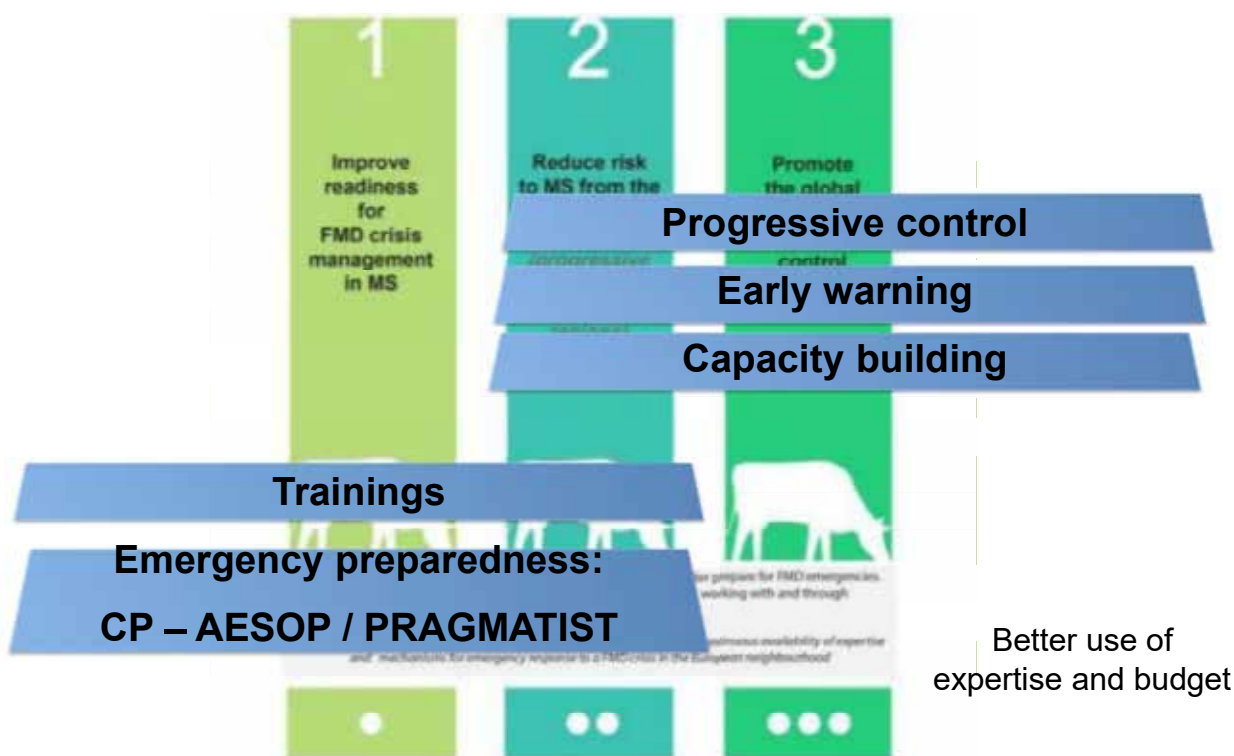
FMD Risk assessment along the value chain

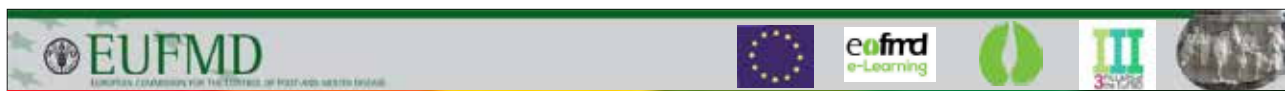
FMD Post Vaccination Monitoring

FMD Socio-economic Impact Assessment

Safe Trade and FMD Control

Networks (between EURLs and NRL)





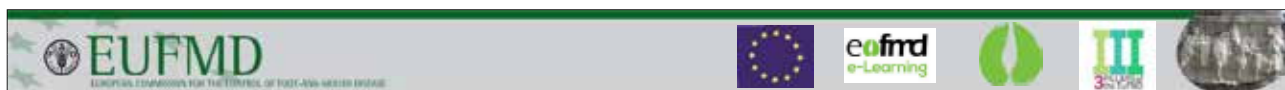
Progress on risk mapping for targeting surveillance and control

Etienne Chevanne

FMD Risk Management Specialist
EuFMD – Pillar II

1st February 2019

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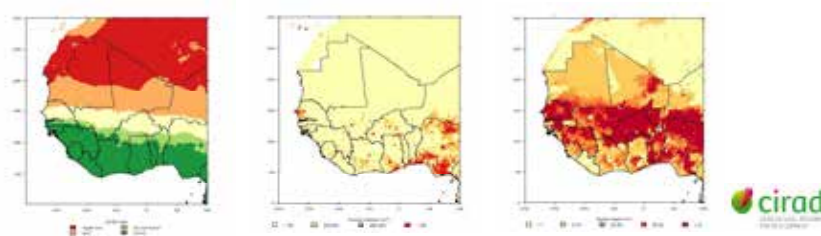


Risk mapping of animal diseases

Mapping has become increasingly important in assessing **the spatial distribution** of animal disease risk







The visual nature of maps is especially helpful in identifying **the spatial heterogeneity** of disease risk

Risk maps are powerful tools for assisting animal health policy makers in disease management, through **a better allocation of limited resources**.



Practical outcome: Identify **high-risk areas** where **active surveillance** (risk-based sampling strategy, clinical investigations cf. Thrace) and **control measures** would be targeted. Risk mapping supports infectious diseases' early detection and reaction systems.

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EuFMD Partnership: Support to CIRAD to improve capacity of veterinary services on risk mapping in Africa in 2018-2019

Activities

Develop a **FMD surveillance program on risk information and mapping tools** for southern European neighbourhood, integrating movement patterns of domestic livestock,

Train **Veterinary Services of 6 countries (Algeria, Chad, Mauritania, Morocco, Senegal and Tunisia)** on qualitative risk analysis, geographic information systems and network analysis;

Conduct specific **field surveys** to address the knowledge gaps on national and transboundary animal mobility

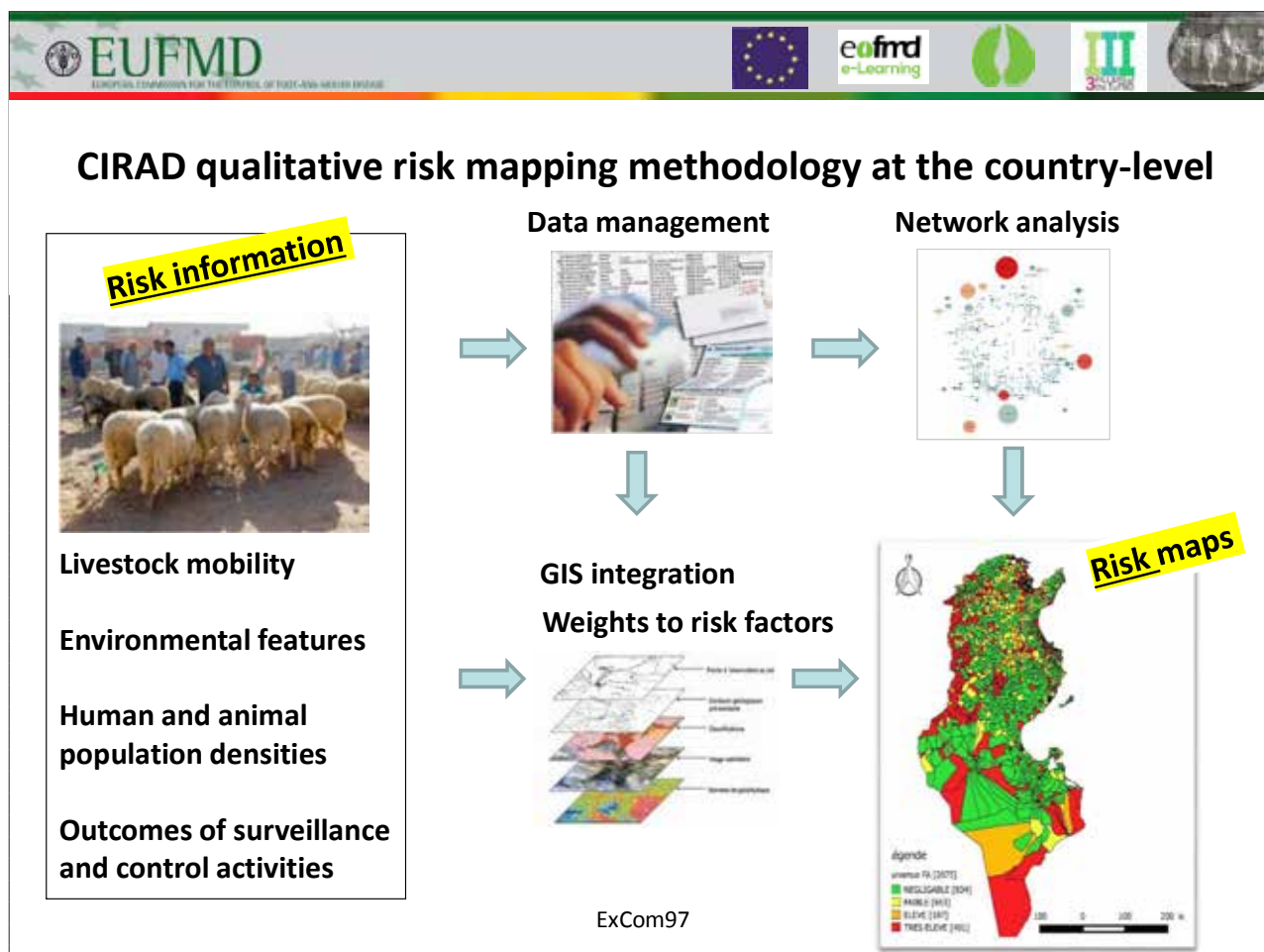
Targets

Update and optimize surveillance protocols for TADs with a risk-based approach and in particular, Design a surveillance for FMD early detection in high-risk areas in the Maghreb

Agenda:

- « Risk mapping for the control of FMD » webinar (May 2017)
- « Qualitative risk mapping & Optimization of national monitoring systems: development of risk-based surveillance protocols for FMD and other TADs » (France, 23-27 April 2018)
- « Journées REMESA » Sharing at the Maghreb level the risk assessment, risk maps and risk-related activities implemented at national level (France, 27-28 November 2018)
- One day technical meeting EuFMD CIRAD (Italy, 22 January 2019)
- « Qualitative risk mapping & Optimization of national monitoring systems: development of risk-based surveillance protocols for FMD and other TADs » (France, 1-12 April 2019)**



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Verification of risk maps (1/2)
Sensitivity to 2018/2019 FMD epizootics, a good level of confidence for policy makers

Algeria : ~70 % of reported FMD outbreaks in 2018 match with *high* and *very high* risk areas

Tunisia : 75 % of reported FMD outbreaks match with *high* and *very high* risk areas


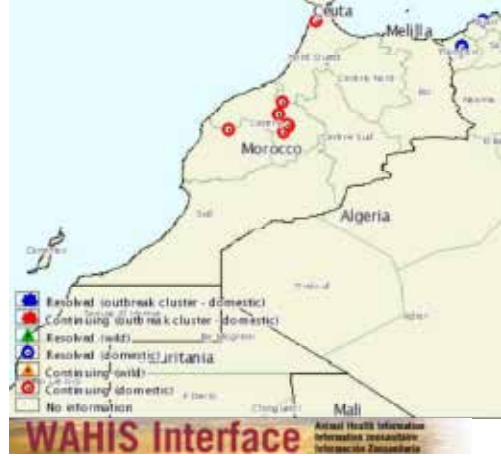



REMESSA cirad

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Verification of risk maps (2/2)
Sensitivity to 2018/2019 FMD epizootics, a good level of confidence for policy makers

Morocco : Localities at the centre of Morocco heavily impacted by FMD outbreaks (Aug 18- now) were identified as **major contributors** to disease spread

WAHIS Interface

Actual health information
Information réactualisée
Información Zoonosis

REMESSA cirad

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A regional approach for FMD Risk Mapping


Mapping of the live animal trade network at the regional level shows

- **strong regional connexion between markets** and
- **intense live animal trade within the network**

Markets and grazing areas are **contact points** and **disease hotspots** for geographically distant herds

Main livestock trade axes at the regional level

- Berkane Taourirt (**Morocco**) - Nador (**Algeria**)
- Aen Defla (**Algeria**) - Kayes (**Mali**)
- Niono (**Mali**) - Bassikounou (**Mauritania**)
- Kiffa (**Mauritania**) - Dakar (**Senegal**)
- Barkéol (**Mauritania**) - Bula (**Guinea Bissau**)

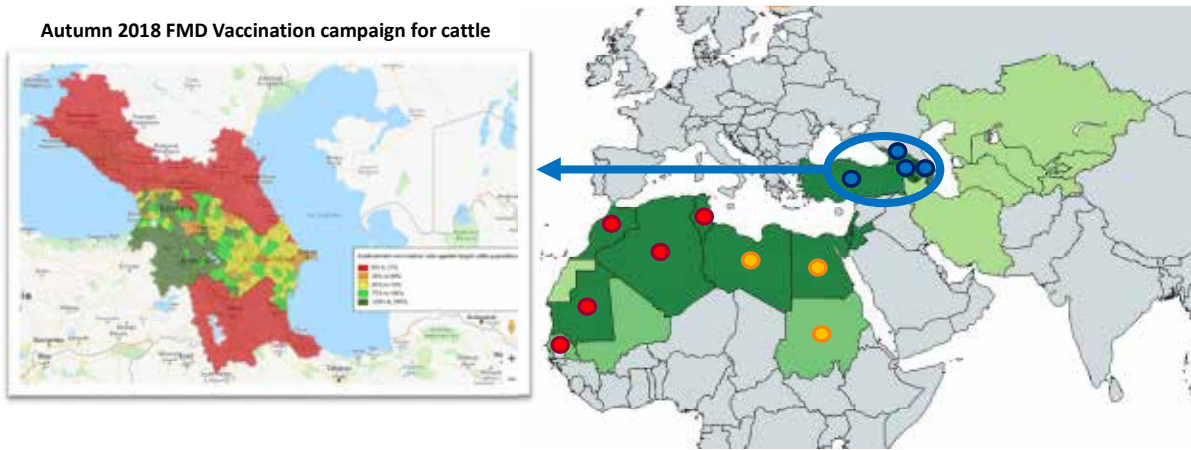


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Regional initiatives for the European neighbourhood in 2019

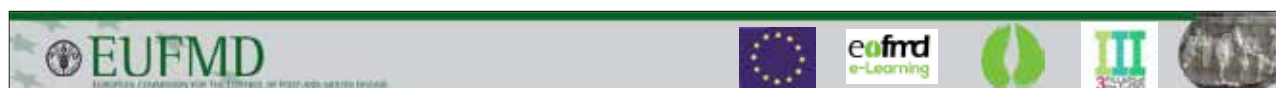
EuFMD Pillar II: *Reduced FMD risk to Members from European neighbourhood* supports the **regional establishment of disease risk information and mapping systems**, for the benefit of both European member states and European neighbourhood

Autumn 2018 FMD Vaccination campaign for cattle



An online platform for immediate sharing of disease information (outbreak notifications and vaccination campaigns) is already in place in the Transcaucasus countries and Turkey

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Future direction for the approach: multi-risk information

The **same methodology** can be applied to **further integrate risk information** on

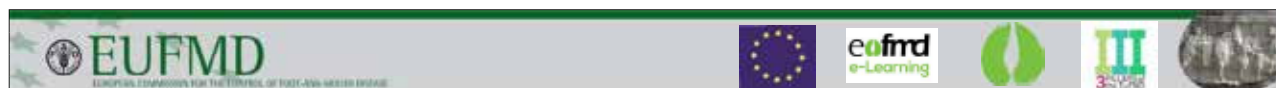
- Animal mobility (pastoral and commercial movements)
- Results of surveillance activities,
- Reports of vaccination campaigns ,
- Market prices and other economic indicators that would proxy animal movements (price differentials across borders, price fluctuations)
- Climatic indicators

Towards the assessment of the **temporal distribution** of disease risk : Seasonal risk maps for countries and regions integrating peaks of animal mobility and live animal trade (Routine versus Festival period)

To gather risk information, **EuFMD will support:**

- The establishment of a network of intelligence national/pool focal points
- Further training of Veterinary Services
- New developments of the tool (online dynamic platform, web-sourced data)

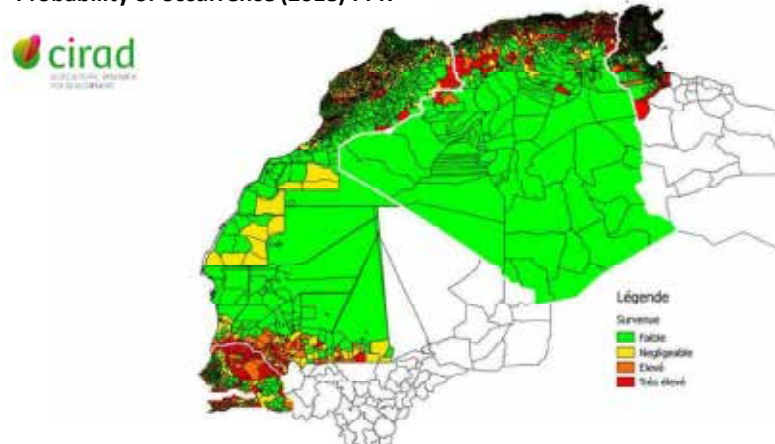
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Future direction for the approach: FMD and similar diseases

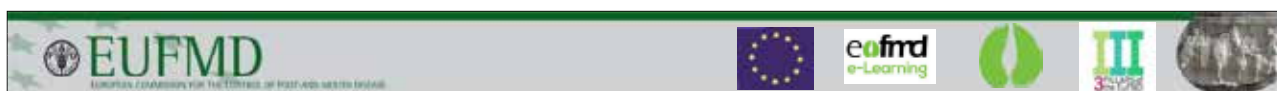
This methodology is applicable to **other TADs sharing similarities (drivers) with FMD**

Probability of occurrence (2018) PPR



To further spread the risk mapping methodology, EuFMD supports CIRAD to produce a **Guidebook for Veterinary Services**, in **English** and **French**: expected release by April 2019

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Challenges in risk mapping

Recent FMD outbreaks in North Africa further support the need for **collection of risk information at the regional level**, the need of a **regional approach for disease surveillance and control**, and **ownership** of such initiatives.

Model: signature of a *Statement of Intentions* in Transcaucasia

Risk mapping provides static pictures of a dynamic disease ecosystem, risk maps must be **updated on a regular basis** and validated by national CVOs, for surveillance to be re-adapted.

From description to prediction: towards computational models to predict disease occurrence and find drivers of disease spread.

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Appendix 14

Joint Report FAO/OIE

Activities of FAO-OIE FMD Working Group



Berhe Tekola

Director, AGA
FAO of the United Nations
Rome, Italy

Matthew Stone

Deputy Director General
World Organisation for Animal
Health (OIE)
Paris, France



Samia Metwally
Andriy Rozstalnyy
Bouna Diop



Keith Sumption



Neo Joel Mapitse
Gregorio Torres
Djahne Montabord

Contents

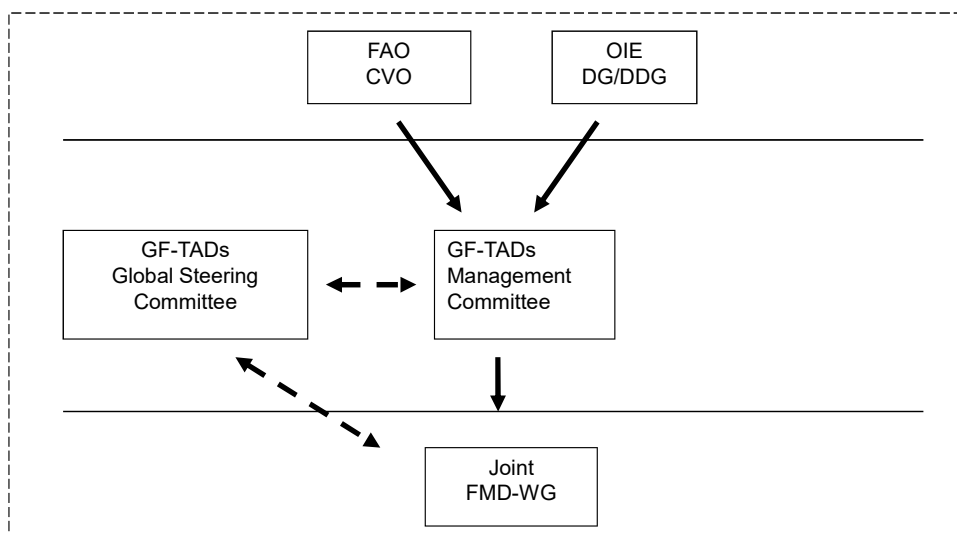
- Global FMD Control Strategy – where we are
- Accomplishments
- Way forward to strengthen the global impact

Global FMD Control Strategy



GF-TADS FMD Working Group

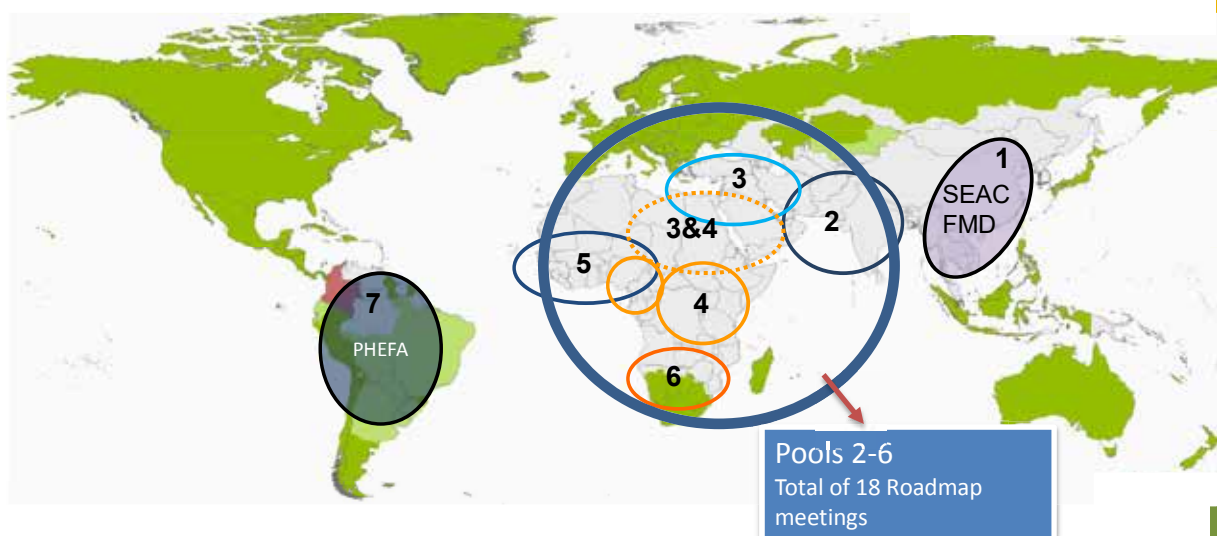
Responsible for the implementation of the Global Control Strategy



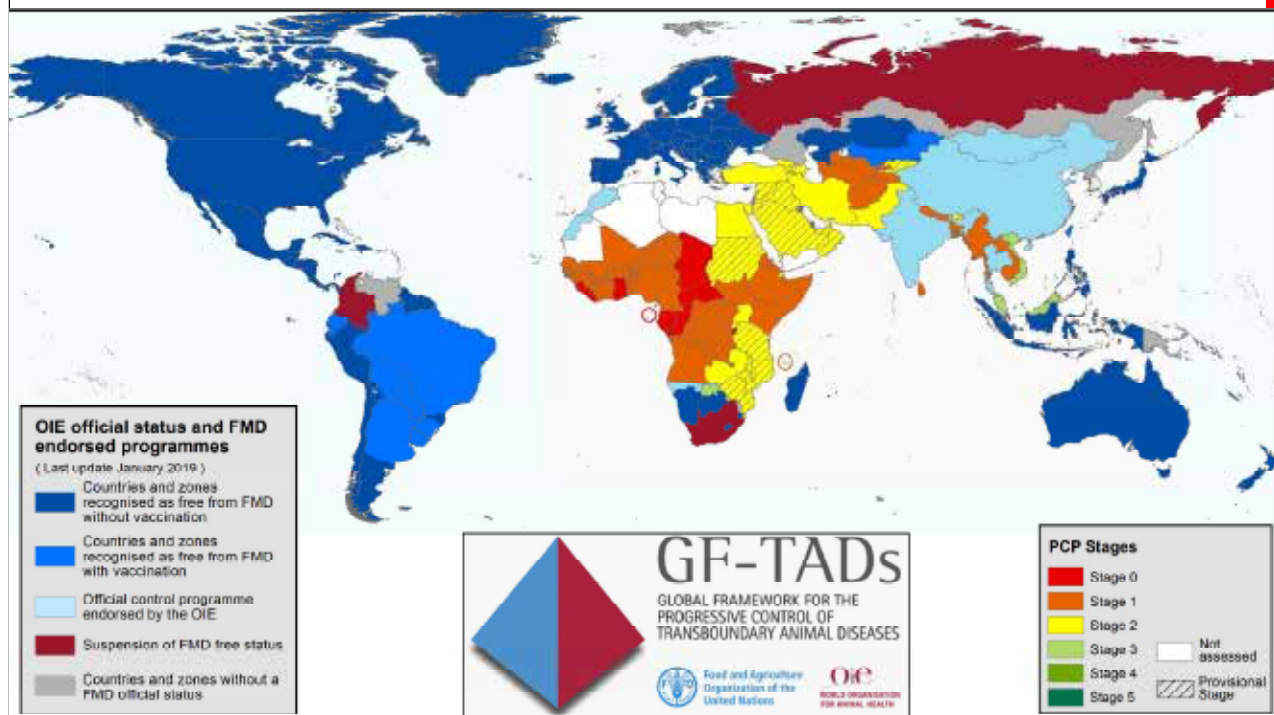
Implementation at global, regional and national level

Global	Regional	National
GF-TADs FMD WG developed the GS and coordinates its implementation	Regional roadmap meetings	PCP-FMD guiding tool
Global Network: <ul style="list-style-type: none"> Network of FAO/OIE FMD Reference Lab Global Expert Group 	Regional laboratory and epidemiology networks	Countries' investment, political will, control plans (FAO, OIE, EuFMD and donor support)
Development of resource documents	Regional proficiency test panels	Performance of veterinary services (PVS)
	Regional collaboration and transparency, including cross border issues	Promotion of success stories and in country support

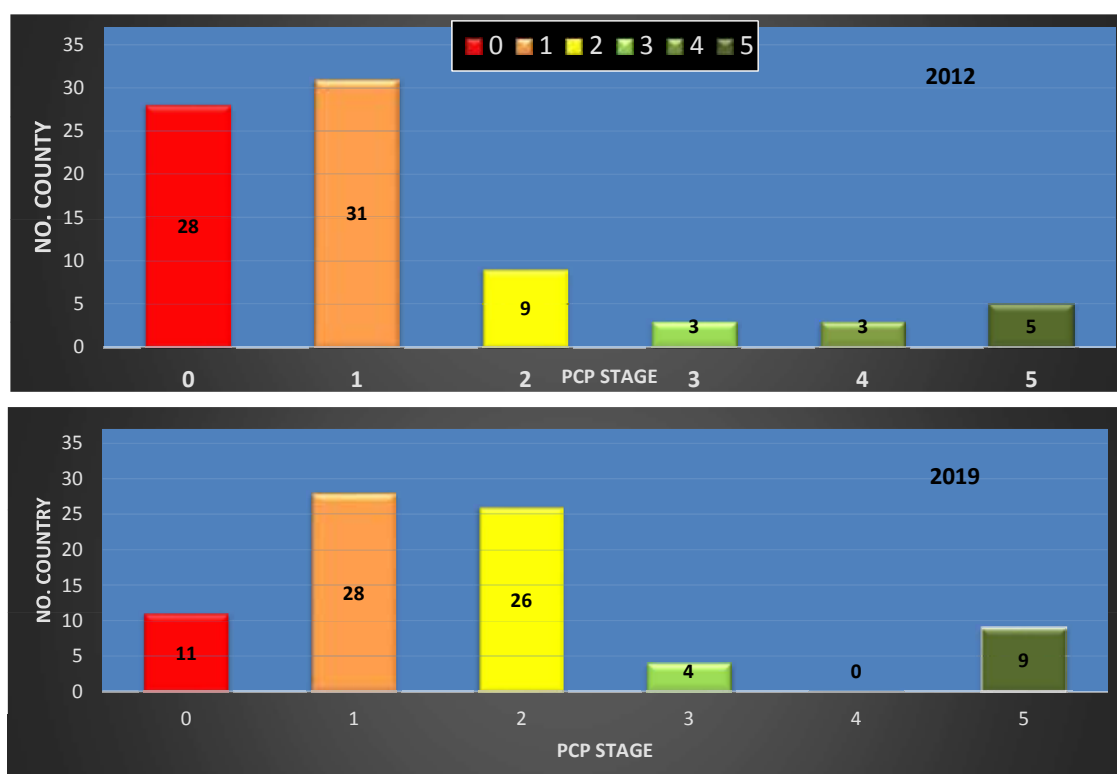
Regional Roadmap and Network Meetings 2017- 2018



Current OIE Official FMD Status, control programmes and PCP Stages



No. countries in each PCP Stage (79 total)



Accomplishments 2017-19

- Resource documents updated and developed
 - 2nd Edition of progressive control pathway
 - Template for risk assessment plan (stages 1)
 - Prepared an online self-assessment tool to replace the old questionnaires
- Organized:
 - Four regional roadmap meetings (Middle East, SADC, Central Africa, East Africa)
 - First Epi and Lab network meeting (West Eurasia)
 - Webinars prior to regional meetings
- Reviewed national control plans

Outcomes of the 35th GF-TADs FMD WG meeting (29-30 Jan, 2019 Rome, Italy)

- Challenges in implementing the FMD Global Strategy
 - Resources limitations
 - Country engagement in between roadmap meetings
- Adoption of the FMD WG Action plan (2019-2020)

Vision and Action Plan

Mitigating the challenges

- At least one roadmap meeting for all sub-regions
- Socio-economic guidelines
- Support from Reference Laboratories
- Strengthening of the existing lab and epi networks
- Coordination of regional efforts
- Engagement of key stakeholders, donors and decision makers
- PCP support officer system
- Resource mobilization

Strategy	Activity	1st Semester 2nd semester
1.	Collection of lists of contacts (PCP, eq, lab)	
1.1.	Conduct PCP e-learning/website (before each FMD)	
1.1.1.	PCP train the trainers (ACT/ELM officers) (20 people)	
1.1.2.	Develop guidelines on socio-economic	
1.1.3.1.1.1.	Expert visits for eq: 2 national workshops to support development and implementation of AEP (3 countries to be identified) per country	
1.1.3.1.1.2.	2 national workshops to support development and implementation of RSEP (countries to be identified eg Kyrgyzstan) per country	
1.1.4.	Create roadmap secretariats in each FMD region (2nd semester, in the regions with roadmaps are established)	
1.1.5.	Create an e-learning expert group (eq) + workshop for 1st experts	
1.1.6.	Second edition of PCP guidelines	
1.1.7.	Finalize and publish guidelines RAP	
1.1.8.	Drafting National Control Plan	
1.1.9.	Review check list questionnaires	
1.1.10.	Template for Member countries report eq/eq: for PCP stages 1-2	
1.1.11.	Template for Roadmap report	
2.1.1.	Identify and strengthen existing lab network and create lab network in the remaining regions leader nomination	
2.1.2.	Physicochemical meeting of the network (Directorate 2015, Middle East 2016, 2018)	
2.1.3.	Specific lab training (through lab network), Need specified - 2 workshops	NA NA



Outcomes of the 35th GF-TADs FMD WG meeting (cont'd)

(29-30 Jan, 2019 Rome, Italy)

Conclusions of the meeting are to:

- Leverage on synergies with PPR and Rinderpest Secretariats
- Strengthen collaboration with partners on implementation of the FMD Global Strategy
 - SWOT analysis of regional dynamics and identify areas of high impact
 - Regional Economic Communities, AU-IBAR, FAO and OIE regional and national offices, Ref centres

Per GF-TADs GSC10 recommendation:

- Develop socioeconomic guidelines for impact assessment
- Develop a strategic plan for resource mobilisation and advocacy with partners
- Increase awareness at national level and visibility

EuFMD Support to the Global Strategy Pillar III

- **Contribution of EuFMD**
 - Roadmap meetings;
 - PCP Support officers (PSO);
 - Global access to PCP-FMD training resources;
 - E-Learning;
 - Guidelines on socioeconomic impact analysis;
 - Support in translation of documents.

OIE Activities on FMD

- **Official recognition of FMD free status**
 - 31% of official statuses and programs were on FMD in 2018
 - Conduct FMD or FMD/PPR missions to Member Countries
- **Revision of the Terrestrial Code`s FMD chapter**
 - Surveillance methods for shorter recovery period (ad hoc Group August 2018)
- **Vaccines**
 - OIE - Pirbright - AU-PANVAC collaboration: FMD vaccine quality control in Africa
 - OIE FMD Vaccine bank
 - FMD vaccines: delivered/ordered 7.2 million doses mainly in South East Asia with one exception (Algeria)
- **PVS Evaluations FMD related Critical competences**

FAO Activities on FMD 2018-19

- Regional training for WC Africa on FMD epidemiology and diagnostics- Abidjan, Cote d'Ivoire, 25 - 28 February
- Increasing awareness about FMD, PPR and rinderpest to livestock keepers and veterinarians (Africa and Asia)
- EMC-AH missions to:
 - Mauritania- in response to the incursion of serotype O – November 2018
 - Malawi – wide spread of FMD in six districts- July 2018
- “Enhancement of FMD Control in Pakistan” – USD 2,648,276
- “Building resilience and self-reliance of livestock keepers by improving control of FMD and other TADs” USD 16,754,787

FAO and OIE Request for EuFMD Support

- Continued support to the OIE-FAO Laboratory Network
- Further development and expansion of the PCP Support Officer (PSO) system and network
- Technical support when requested
- Support to PCP-FMD Roadmap meetings
- Provision of training relevant to implementing the Global FMD control strategy

Conclusions

- FAO and OIE are committed to strengthening the governance of the GF-TADs mechanism to facilitate the implementation of the Global strategy
- Global FMD control is **feasible** and can be a driver to improve animal health systems, trade, nutrition and economic growth
- **FMD-PCP** approach and reinforcement of veterinary systems are gradually **gaining acceptance**. **Seventy nine** countries are engaged and closely monitored with notable evidence of advancement. Majority of countries are in stages 1 and 2
- Several countries developed and are implementing the risk-based strategic plans and
- A few countries advanced to OIE status

Acknowledgments

- FAO decentralized offices and ECTAD teams
- OIE Regional and Sub-regional Representations
- EuFMD secretariat
- Continental and Regional organizations: AU-IBAR, IGAD, SAARC, EU

Appendix 15

Report of the Standing Technical Committee









Item 10: Standing Technical Committee report

Eoin Ryan


Chair, Standing Technical Committee

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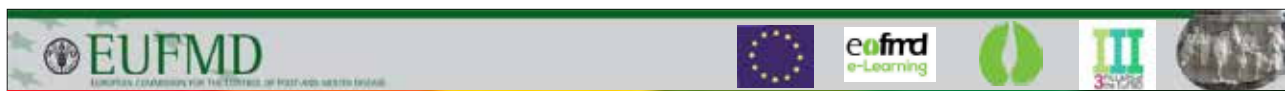


Open Session, Borgo Egnazia, October 2018

- Hugely successful
- Almost 300 attendees
- Focus on vaccine security
- Provided a space for public-private partnership discussions on vaccine supply and related issues
- Side-meetings of GFRA and other technical groups



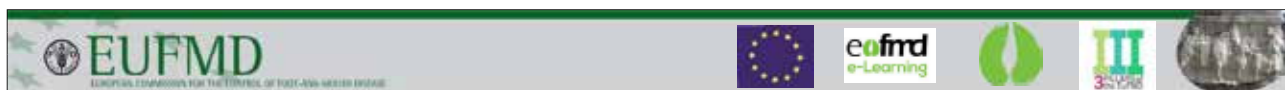
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Fund for Applied Research: current projects







Project	STC liaison/oversight
EuFMDis	K Staerk, R Bergevoet
Environmental and air sampling (TPI)	S Mortensen, E Ryan
RiskmapS (CIRAD)	S Mortensen
Paravets and LFD sampling (VSF)	E Ryan, K Schwabenbauer
Field_Eval_Inact LFDs (ANSES)	E Ryan
Bulk milk PCR (TPI)	S Zientara
Bulk milk PCR (FLI)	S Zientara
Alternative vaccine techniques	To be decided







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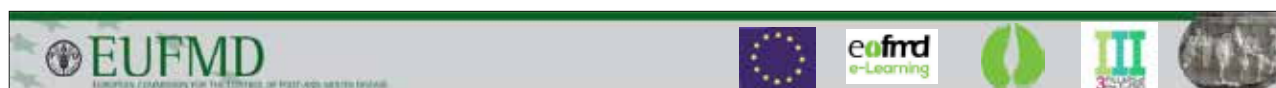


<p>Pilot study to explore the feasibility and interest of environmental sampling to improve Foot-and-Mouth Virus ("FMDV") surveillance and control on a pig farm in Thailand</p> <p>Project Lead Applicant: Simon Gubbins</p>	<p>Overall cost: € 38 200.00</p> <p>Status update: Agreement finalized and signed end of December 2018.</p>
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<p>Pilot project for the evaluation of a system for engaging para-veterinarians and animal health workers for FMD surveillance and sample collection and for the preliminary assessment of the demand for FMD control services in Mali - Project Lead Applicant: Dr Diaoure, VSF-Suisse</p>	<p>Overall cost: € 20 000.00 (funds will be mobilized under Component 3.3.2). Status update: The project started end of March 2018. An interim report was submitted on July 2018 and the second funding instalment released.</p>
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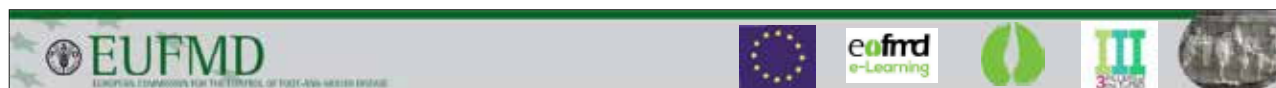
     	
<p>FMD RiskmapS (FMD Risk map surveillance System): Development of a FMD surveillance program on risk information and mapping tools for southern European neighbourhood, integrating movement patterns of domestic livestock - Project Lead Applicant: Dr Lefrancois, CIRAD</p>	<p>Overall cost: € 168 000.00; Cost 1.5 50%: € 84 000.00 ; Status update: An interim report is due by February 2019.</p>
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Impact of Fund for Applied Research

- Important tool enabling EuFMD to address specific policy/knowledge gaps through research
- Catalyses the application of larger research programs in policy-specific activities
- Provides a mechanism to leverage interest from others in programs which benefit EuFMD interests
- Relatively small sums, high impact
- Future: changes in scope to additional TADs?

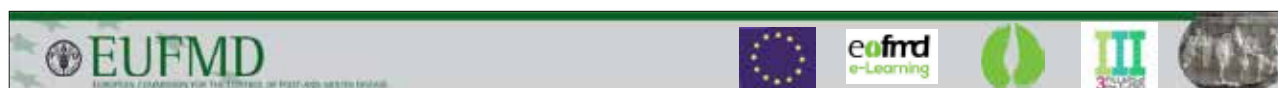
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Special Committee on BioRisk Management



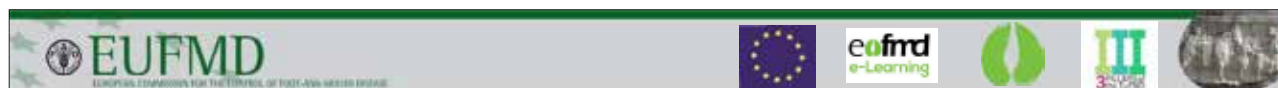
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Special Committee on BioRisk Management

- Cesare Berneri, IZSLER, Brescia, Italy
- Kathrin Summermatter, IVI, Switzerland
- Ulrika Allard Bengtsson, SVA, Sverige
- Douwe Kuperus, WBVR, Lelystad, The Netherlands
- Michael Essbaumer, FLI, Insel Riems, Germany
- Patrick Houston, WRL/ERL FMDV, Pirbright, UK
- Linda Moore, WRL/ERL FMDV, Pirbright, UK
- Kirsten Tjørnehøj, DTU VET, Lindholm, Denmark
- **Sebastian Allix – ANSES (New addition)**
- **Sciensano: no nomination yet**

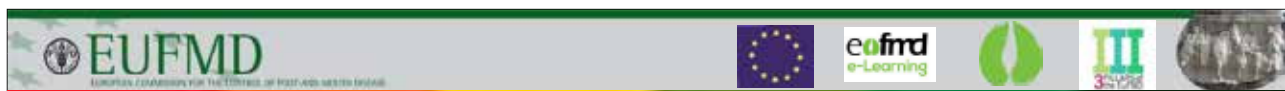
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Risk of diagnostic samples from endemic countries

- Samples coming into EU for diagnostic testing for FMD – process in place
- Other TADs: level of awareness of other potential pathogens in sample (e.g. FMDV) likely to be high
- Samples for non-TAD or non-infectious testing (e.g. genetics, nutrition): is there a risk of those samples being handled without regard to the FMDV/TAD risk?
- Solution: Awareness, training, communication

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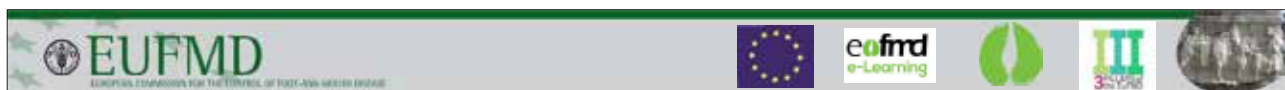


Item 11: Proposals for Revision of Technical and Special Committees

Eoin Ryan

Chair, Standing Technical Committee

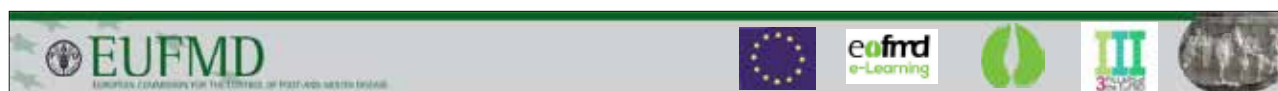
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Context

- STC discussions on options for expanded EuFMD scope
- New strategic plan for 2019-2023 to be agreed and outline approved at General Session in April
- Detailed plan to be drawn up and submitted to DG-SANTE in May/June/July 2019
- New workplan commences in September 2019

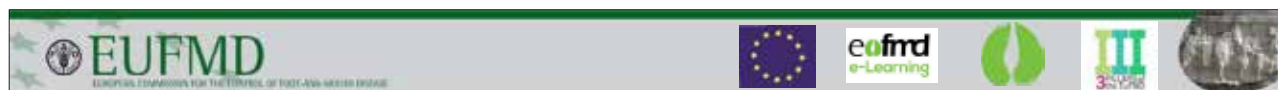
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STC Discussions at Open Session

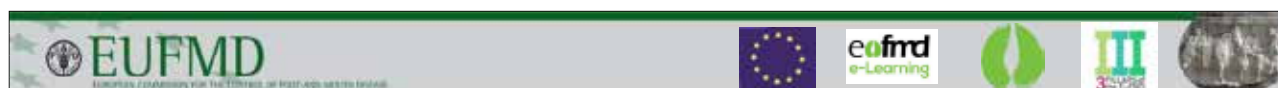
- EuFMD could and should play a role in supporting activities in relation to non-FMD transboundary animal diseases.
- Important points to resolve include
 - how to choose which diseases,
 - how to decide the extent to which EuFMD gets involved
 - how to balance the need for EuFMD to maintain a clear focus on its core work on FMD with a broadening scope.
- The risk of EuFMD engaging in too many activities carries a risk that the organisation may be stretched too thin, with consequences for sustainability in terms of organisational memory and staff resilience.

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- There is a need for clarity on the respective roles and **any gaps** between the remits of EuFMD, GF-TADs, OIE Regional Commission for Europe and the European Commission, with respect to actions in relation to TADs
- The STC are supportive of EuFMD interactions and partnerships with the private sector and with veterinary services outside the European area, which have delivered clear benefits to EuFMD member states over recent years

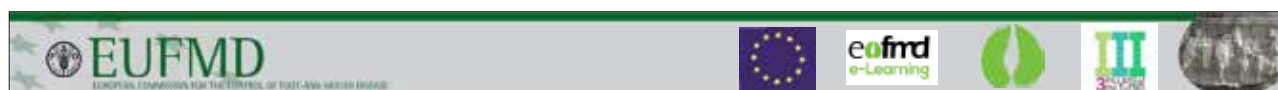
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STC Proposals from Closed Session

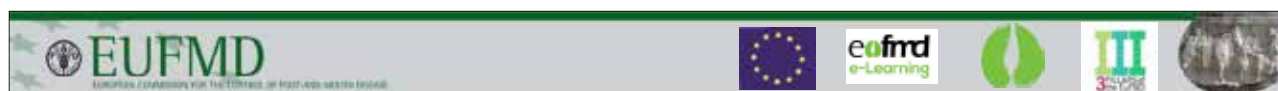
1. The Secretariat should draw up a matrix of EuFMD activities, itemising the types of work and which of the main TADs they might have applicability for (in addition to FMD)
2. Based on this, a list should be created of possible support activities for EuFMD MS in relation to these other diseases. This should include the estimated resource demands for each unit or iteration of these activities.
3. For the 2019-2023 work programme, an element should be included providing for a flexible approach in which activities potentially applicable to other diseases could be offered to MS, subject to clear and defined resource constraints such that the core work of EuFMD is not undermined.

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4. The 2019-2023 work programme should include an element on partnerships between EuFMD and other organisations (intergovernmental like GF-TADs, NGOs and commercial) , explicitly recognising the valuable role which these can play and also setting out how decisions may be made on resourcing such activities.
5. The limits on how many resources (in terms of money, time and staffing) may be allocated to non-FMD activities should be set out clearly in advance. Additional funding may be sought for these activities such that they are funded outside the normal working budget, subject to approval by the Executive Committee.
6. An evaluation should be carried out to look at any duplication and gaps in coverage from the collective activities of EuFMD, GF-TADs and other relevant bodies involved in tackling transboundary animal diseases in the European area. This evaluation could be funded from the Fund for Applied Research, and the results can inform discussions on medium to long term strategy

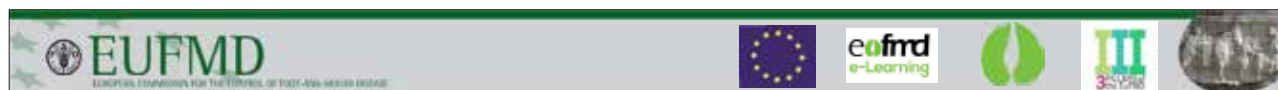
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STC Discussion on latest proposals

- STC meeting held via TC last week to discuss the HOLD-FAST concept
- Agreement that the destination is clear and is supported: An EuFMD focussed on FMD which uses its skillset and capacities to deliver additional support to member states in relation to other TADs
- Pathway for getting to this destination may benefit from further discussion
- Two main aspects:
 - (a) How to decide which activities/TADs to add to EuFMD scope
 - (b) How to provide the necessary support/expertise to ExCom & Secretariat

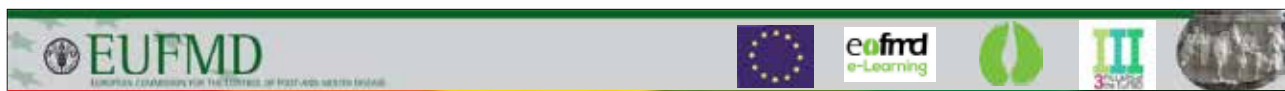
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STC Discussions

- Before deciding on specific implementation issues (e.g. new committee structure and role), important to clarify organisational roles
- Which organisation should do what?
- Where are the overlaps? More importantly – where are the gaps? What is slipping between organisational areas?
- “Clarification not complication”

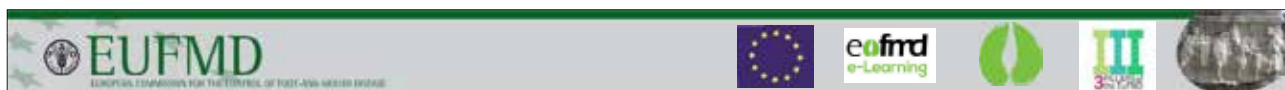
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STC Discussions

- What is the link between policy decisions on other TADs and implementation activities of EuFMD?
- Role of STC to advise – expands STC scope
- How can STC “plug into” existing expert networks on other TADs?
- Frequently the same people, overlapping professional networks
- Decision making in absence of EURLs/ref labs?

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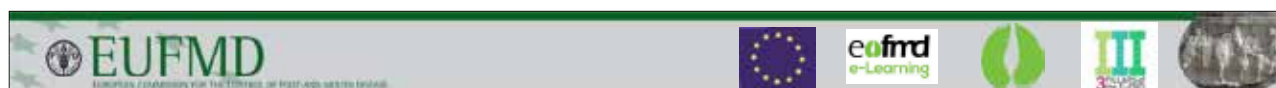
Proposed Changes to Special and Technical Committees

- Proposed changes create the need for disease specific expertise, and greater co-ordination with the efforts of the EU-RLs for these TADS
- Scope of the Fund for Applied Research (FAR Fud), which has been restricted to FMD, may also change

New special committee proposed to provide advice:

- The new TORs will reflect the additional needs for :
 - - Guidance to the Secretariat on similar TADS to FMD where surveillance support will be needed, training developed or provided, and on specific assistance to NRLs in the neighbourhood
 - - Scaling up support on FAST diseases according to risk

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Proposed Special Committee for Surveillance and Applied Research

HOLD-FAST: The old SCRPD to be replaced by this new committee

Competences needed in the Standing Committee

Specific technical expertise recognised at European /Global level on epidemiology and surveillance for one or more FAST diseases. Experts would have one or more competence from the following

1. Expertise in the epidemiology and laboratory diagnosis of schedule 1 or 2 FAST diseases and strong working connections with EU-RL or competent laboratories to support activities.
2. Expertise in potential vaccines for assessment of their potential use against FAST in Europe, and/or studies on the performance of vaccines against one or more FAST diseases.
3. Expertise in specialised disciplines that are considered critical for planning or response to FAST diseases, such as surveillance and control in wildlife.

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Centres	Capacities
TPI (Pirbright)	WRL-FMD, ex-WRL or EU-RL for PPR, BT
CIRAD	EU-RL for PPR Epidemiology/risk mapping in Africa and Asia
ANSES	Joint EU-RL for FMD Expertise in orbiviruses, for interpretation of epidemiology and surveillance relevant to FAST
Sciensano	Joint EU-RL FMD EU-RL capripoxviruses FAO/OIE Ref Centre on performance testing of vaccines (FMD)
Friedrich Loeffler Institute (FLI)	FMD-NRL, new vaccine platforms and wildboar studies Laboratory expertise in RVF and other emerging diseases
Kimron Institute, Israel	Bovine ephemeral fever (BEF) diagnosis and typing Other emerging disease risks, +FMD, LSD, PPR,...
IZSLER	FAO RC for vesicular diseases
CVRL, Lelystad	Expertise on FMD vaccine QCRVF also??
Veterinary Control Centres, Turkey	FMD (SAP Institute) Capripox, PPR (Etlik)
Expertise on wildlife surveillance	Institute for Game and Wildlife Research, Univ. Castilla-La Mancha, Spain (UCLM)
Observers (representing their Agency rather than individual expertise)	
EFSA	
OIE (GF-TADS Europe Secretariat)	



www.fao.org/eufmd.html