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Working Document

**OVERVIEW ON CURRENT EU SITUATION IN RELATION TO EU CO-FUNDED
VETERINARY PROGRAMMES AND PROPOSALS AS REGARDS FUNDING
PRIORITIES FOR 2018-2020.**

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1. INTRODUCTION

Regulation (EU) No 652/2014¹ (CFF), and in particular Title II, Chapter I, lays down provisions for the management of expenditure of national veterinary programmes.

Article 2 of the CFF specifies the general and specific objectives to be attained by the expenditures referred to the implementation of veterinary measures.

Article 7 of the CFF provides for the list of animal diseases which qualify for EU financial contribution under emergency measures (Annex I to CFF).

Article 10 of the CFF provides for the list of animal diseases and zoonoses which qualify for EU financial contribution to implement national veterinary programmes (Annex II to CFF).

Based on Article 36 of the CFF, a multiannual work programme for 2016-2017 (C(2015) 3024), setting up priorities for EU financial contribution for national veterinary programmes was adopted on 30 April 2015 and the objectives of the national veterinary annual-multiannual programmes are clearly listed in its Annex.

For the possible EU financial contribution for national veterinary programmes to be implemented by 2018, there is need, on the basis of results achieved until now, future challenges and possible budget constrain, to set up the priorities for 2018 and, if possible, until 2020 to cover the current financial period under CFF. It has to be noted that a new annual (2018) or multiannual (2018-2020) work programme for the implementation of national veterinary programmes for animal diseases and zoonoses, has to be adopted by the Commission by 30 April 2017 (Article 36 of CFF).

It has also to be considered that a revision of the unit costs system, introduced in 2014 to co-fund certain measures implemented under the national veterinary programmes, is on-going. It is expected to be finalised by April 2017 and it might influence the profile of the budget needed per disease.

Finally, Regulation (EU) No 2016/429 on transmissible animal diseases (Animal Health Law) has been adopted in April 2016 and several delegated and implementing acts will be adopted by the Commission by April 2019 for the application of the new rules. In view of that, funding perspectives for 2018-2020 still need to be based on current rules.

The aim of this document is to provide a basis to adapt funding options to the EU priorities and expected results for the period 2018-2020 also in view of increasing the prevention of risk from neighbouring third countries.

1.1. EU co-funded veterinary programmes

The national veterinary programmes represent by far the largest amount of expenditure under the EU food safety budget. For example, from 2007 until 2014, more than EUR € 1.306

¹ Regulation (EU) No 652/2014 of the European Parliament and of the Council of 15 May 2014 laying down provisions for the management of expenditure relating to the food chain, animal health and animal welfare, and relating to plant health and plant reproductive material, amending Council Directives 98/56/EC, 2000/29/EC and 2008/90/EC, Regulations (EC) No 178/2002, (EC) No 882/2004 and (EC) No 396/2005 of the European Parliament and of the Council, Directive 2009/128/EC of the European Parliament and of the Council and Regulation (EC) No 1107/2009 of the European Parliament and of the Council and repealing Council Decisions 66/399/EEC, 76/894/EEC and 2009/470/EC.

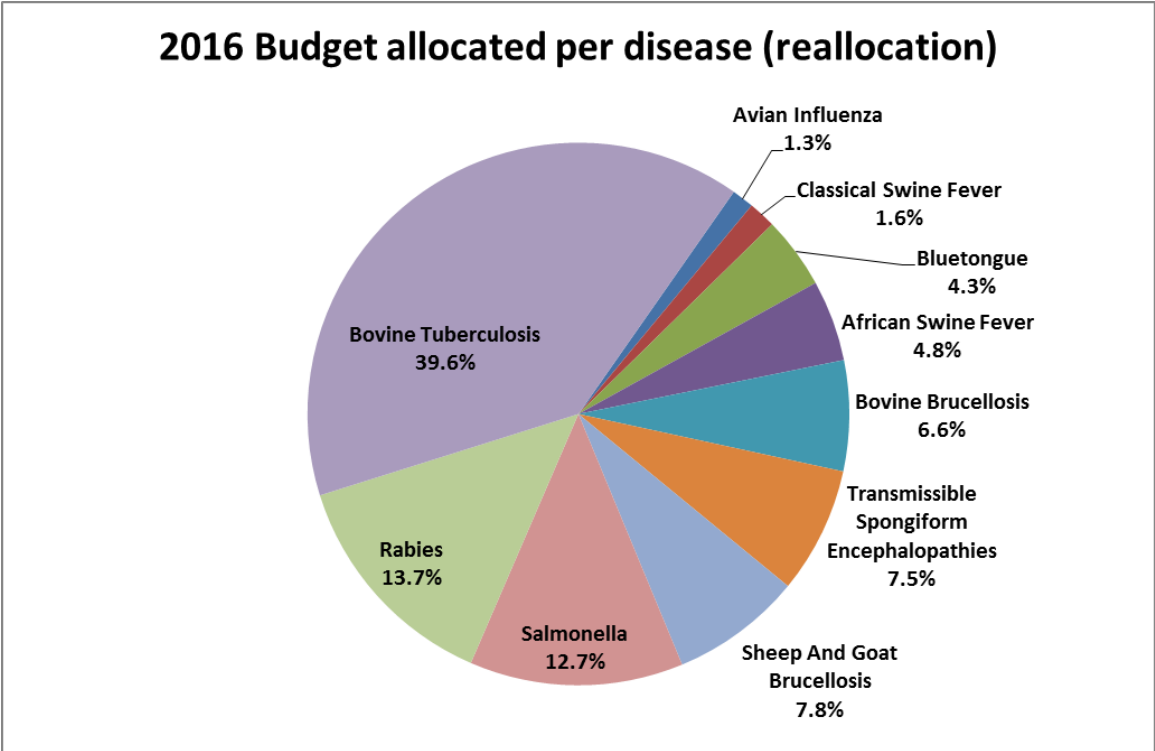
billion were spent by the EU for co-funding the implementation of veterinary programmes targeting thirteen diseases before 2010 and eleven diseases since 2011. During these 6 years, all Member States could benefit from EU contribution for the programmes they submitted. Since 2015, due to the favourable epidemiological situation, the EU is co-funding the implementation of veterinary programmes targeting ten diseases: bovine tuberculosis (TB), bovine brucellosis (BB), sheep and goats brucellosis (S&GB), bluetongue (BT), Transmissible Spongiform Encephalopathies (TSEs that include: bovine spongiform encephalopathies (BSE) and scrapie), avian influenza (AI), rabies, zoonotic *Salmonella*, classical swine fever (CSF) and African swine fever (ASF).

The largest amount spent during the period was:

- € 398.6 M for TSE programmes (30.51% of overall spending during this period), followed by
- € 349.7 M (26.77%) for TB and bluetongue with € 170.7 M (13.07%)
- € 100.1 M for Rabies (7.67% of EU co-funding)
- € 91.5 M for *Salmonella* infection of poultry flocks (7.0 %)
- € 74.1 for S&GB (5.67%)

From 2015, due to the favourable situation, the EU financial contribution for TSE programmes was reduced, as well in 2016. In the meantime, it should be noted that more than 53% of the budget 2015 and 2016 has been allocated for the implementation of eradication programmes (BB, TB and S&GB) and in particular, more than 39% has been allocated for the implementation of tuberculosis programmes (see table 1 below).

Table 1



2. FUNDING PERSPECTIVES 2018-2020.

In relation to funding perspectives, it has to be taken into account that the forecast budget of the CFF (financial statement attached to the CFF) until 2020 (table 2 below), clearly shows a constant, annual reduction of the budget for veterinary programmes.

Under "commitments" 2014-2016", it is listed the budget finally allocated per year to different programmes and it shows a constant decreasing per year in relation to the budget originally committed and this trend continues until 2020. The first line, that is referring to veterinary programmes and other measures (such as vaccine), shows the annual decreasing of the budget allocated, in relation to the one committed and this trend will most likely continue until 2020.

Table 2

Forecast budget of the CFF
Ceiling for the expenditure for the period 2014 to 2020: EUR 1 891 936 000

	<i>Commitments</i>			<i>Forecast Budget for 2014-2020</i>						
	2014	2015	2016	2014	2015	2016	2017	2018	2019	2020
FOOD AND FEED PROGRAMME										
Eradication programmes and other veterinary measures	€ 172,40	€ 165,20	€ 171,90	€ 180,00	€ 178,50	€ 177,00	€ 175,00	€ 171,50	€ 171,50	€ 171,00
Plant health surveys and seeds	€ 0,20	€ 7,60	€ 12,00	€ 5,00	€ 10,00	€ 14,00	€ 19,00	€ 25,00	€ 28,50	€ 30,50
Controls	€ 61,80	€ 62,10	€ 47,40	€ 45,72	€ 47,36	€ 50,40	€ 53,56	€ 57,52	€ 60,02	€ 62,16
Animal and plant health emergency measures	€ 12,60	€ 16,10	€ 19,00	€ 20,00	€ 20,00	€ 20,00	€ 20,00	€ 20,00	€ 20,00	€ 20,00
Support/administrative measures	€ 1,50	€ 1,50	€ 1,50	€ 2,67	€ 2,67	€ 2,67	€ 2,67	€ 2,67	€ 2,67	€ 2,67

Taking into account the budget constraints, the EU animal health strategy (AHS) motto: "Prevention is better than cure" and the objectives of the CFF (article 2), there is a need to reflect on the current achievements and on the priorities for 2018-2020.

In particular there is a need:

a) To further focus on:

1. **Protection and prevention:** implementation of measures to avoid the introduction of trans-boundary diseases in the Union territory such as: rabies, classical and African swine fever and exotic diseases such as: Lumpy skin disease (LSD), sheep pox and goat pox, sheep and goat plague (PPR,), Foot and mouth disease (FMD);
2. **Surveillance:** activities to collect and record data in order to assess the epidemiological evolution of the diseases and to take targeted measures for control and eradication to stop spread such as AI;
3. **Preparedness:** ready to manage/contain and extinguish outbreaks in short time (vaccine banks).

b) To maintain effort to:

1. **Control,** implementing measures to obtain or maintain the prevalence of an animal disease or zoonosis below a sanitary acceptable level/fixed target (salmonella);

2. **Eradicate** endemic or exotic diseases in order to capitalise the budget already spent in the past years to achieve the eradication.

The EU funding perspectives for veterinary programmes to be implemented in 2018-2020 should be linked to the main actions and related measures described above.

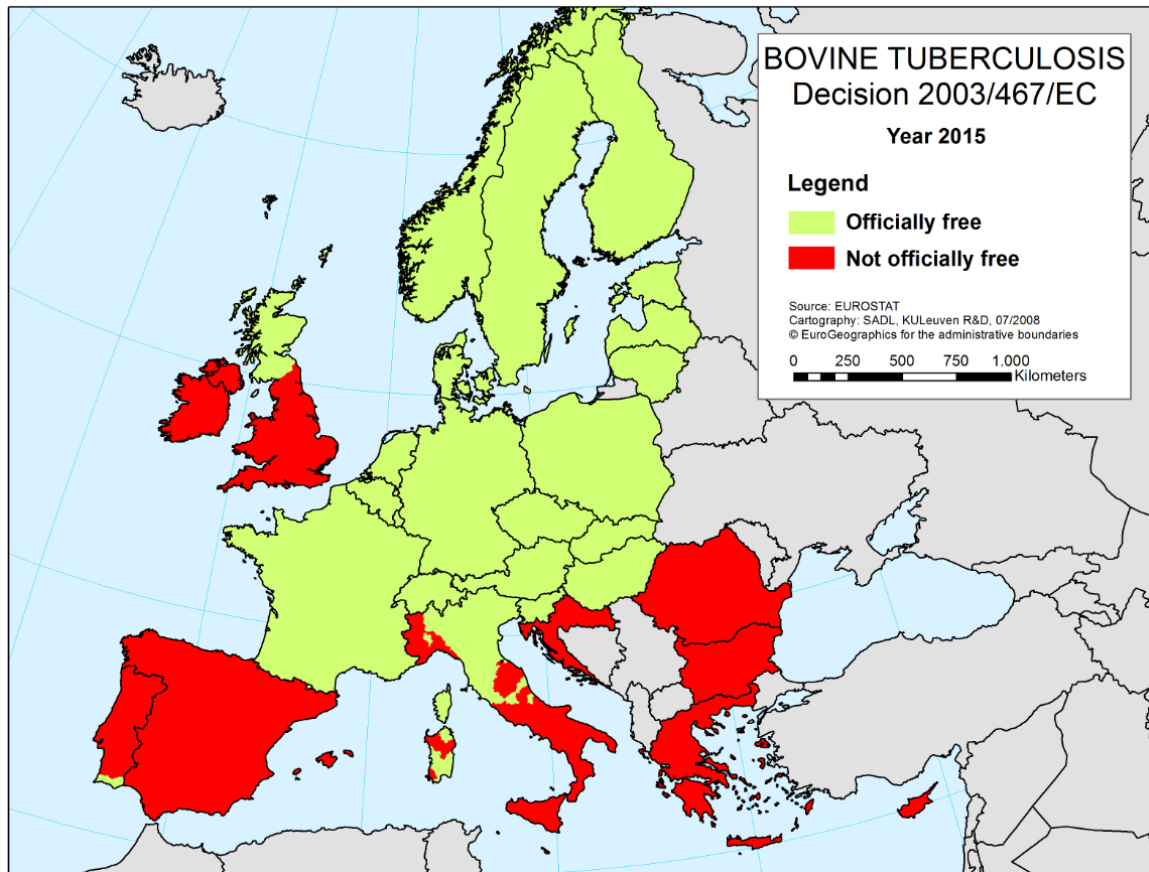
As consequence of the current epidemiological situation and future trends, it is expected a progressive reduction of co-funding from 2018 for certain diseases for which the epidemiological situation in the whole EU is favourable (such as BB, BSE, S&GB and TB). Those funds might be reallocated to other veterinary programmes and emergency measures dealing with diseases that represent a high risk for EU such as: ASF, AI and LSD.

Below, per disease, the current situation and the proposed funding options for 2018 and following years are listed.

2.1. Bovine Tuberculosis

Current situation

The TB situation in the EU has evolved in a very favourable way during the past decades, with 17 Member States being TB officially free as well as and some regions of Italy, Portugal and the UK at 31/12/2015.



Final goal: eradication.

The main issues identified until now to achieve the final goal are:

- Quality of the testing: need to ensure the quality of the application of the tuberculin test and to improve detection of bTB in slaughterhouse in routine post-mortem;
- Control of animal movements: need to apply all the EU rules and strengthen some as appropriate
- Wildlife (badger, deer, wild boar): to take into account their influence
- Epidemiological investigations: need to be improved;
- Stakeholders' engagement: need to be further reinforced.

a) Expected results (2020)

By 2020, Croatia could potentially become officially-free from the disease

22 Member States would then be free or officially-free of TB (all 28 EU MSs except UK, IE, ES, IT, PT and EL)

The 6 remaining infected MSs could become officially-free in the following years after 2020 :

- In UK, the eradication is currently foreseen by the competent authority to be achieved in 2038
- In IE, the eradication is currently foreseen by the competent authority to be achieved in 2030
- In ES, the timeline for the eradication will depend on each region and is currently foreseen by the competent authorities to be achieved between 2020 and 2030 depending on the regions concerned.
- In IT, where some regions are already declared TB officially-free, the eradication is currently foreseen in 2022 for all not already TB free regions.
- In PT, where some regions are already declared TB officially-free, the eradication is currently foreseen in 2025 for all not already TB free regions
- In EL, there is currently no co-financed programme for TB.

b) Proposed evolution for the co-funded measures for 2018-2020

- 1) Status quo" as regards the measures funded until 2016 and co-financing rate
- 2) "Status quo" as regards the measures funded until 2016 but progressive decrease of the co-financing rate
- 3) Reduction of the measures to be co-funded and "status quo" as regards the co-financing rate
- 4) Reduction of the measures to be co-funded and progressive decrease of the co-financing rate.

c) Estimated budget to be allocated in the different options

- 1) in option 1 : circa 60 M€/year (circa 40% of the EU veterinary programmes funds)
- 2) in option 2 : circa 54 M€ in 2018, 48 M€ in 2019, 43M€ in 2020 with an example of decrease of the co-financing rate of 5% each year
- 3) in options 3 and 4 : will depend on the measures selected and co-financing rate chosen.

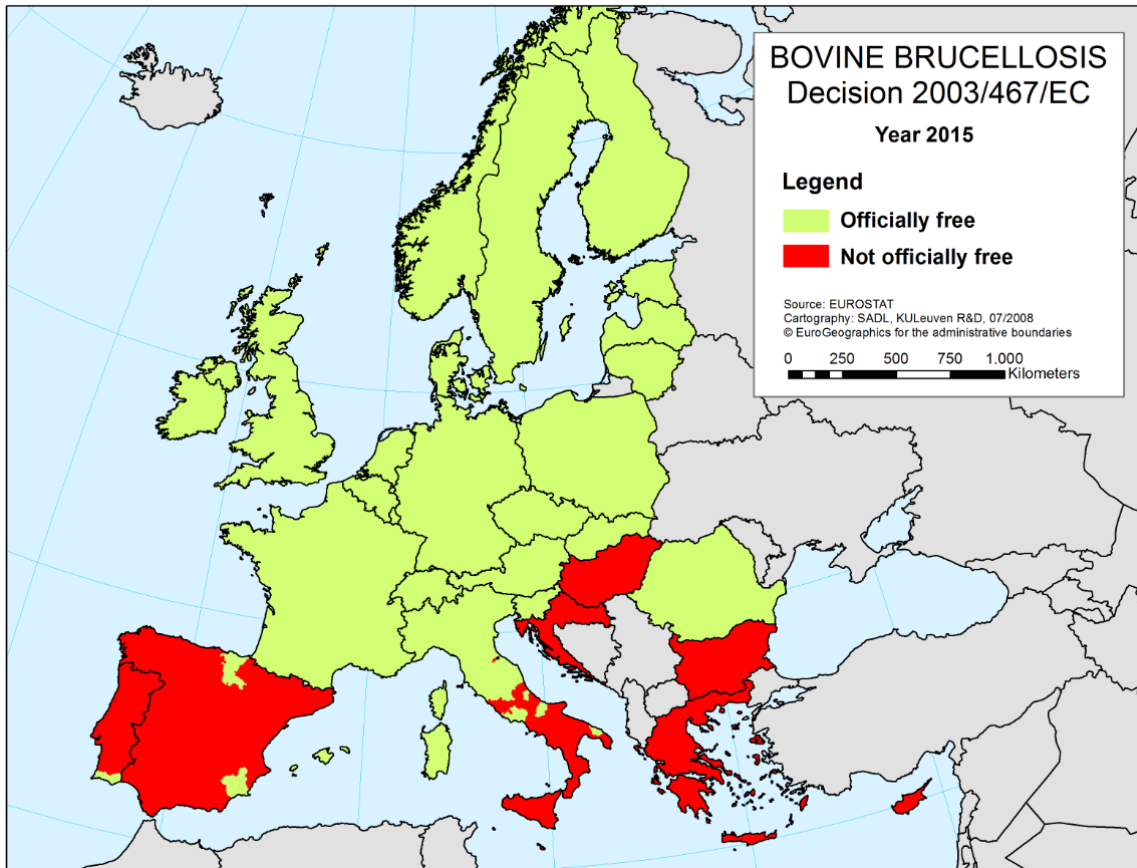
Given the high amount of funding already granted against TB in the past, the limited impact of the disease on health² and trade, the reduction of the future available EU funds, and the rise of new risks, threats and priorities as regards animal diseases in the EU, option 2 seems the most appropriate for the Commission. It should be also noted that the Commission needs to ensure that the financial allocation per disease, per Member States, is balanced taking into account the budget availability and the funding priorities identified for the period 2018-2020.

² 170 confirmed human cases due to M. bovis in 2015 in the EU (EFSA Journal 2016; 14(12):4634)

2.2. Bovine Brucellosis (BB)

Current situation

The BB situation in the EU has evolved in a very favourable way in during the past decades, with 18 Member States being BB officially free at 31/12/2015. In addition, several regions of Italy, Portugal, Spain and the UK have also be declared as BB officially free.



Final goal: eradication.

The main issues identified until now to achieve the final goal are:

- Not always adequate control of animal movements, especially when transhumance or common grazing areas
- Application of the vaccination with unsatisfactory or inadequate coverage of the target population
- Lack of epidemiological inquiries and insufficient epidemiological support to analyse data and adapt the programme accordingly.

a) Expected results (2020)

By 2020 HR and ES could become free or officially-free from the disease.

25 Member States would then be free or officially-free of the disease (all 28 EU MSs except PT, IT, EL).

The 3 remaining infected MSs could become free or officially-free in the following years after 2020:

- In PT, (herd prevalence 2015: 0,24%) the eradication is currently foreseen by the competent authority to be achieved in 2022.
- In IT, (herd prevalence 2015: 1,89%) the eradication is currently foreseen by the competent authority to be achieved in 2025
- In EL, there is currently no co-financed programme for BB.

b) Proposed evolution for the co-funded measures for 2018-2020

- 1. "Status quo" as regards the measures funded until 2016 and co-financing rate
- 2. "Status quo" as regards the measures funded until 2016 but progressive decrease of the co-financing rate
- 3. Reduction of the measures to be co-funded and "status quo" as regards the co-financing rate
- 4. Reduction of the measures to be co-funded and progressive decrease of the co-financing rate.

c) Estimated budget to be allocated in the different options

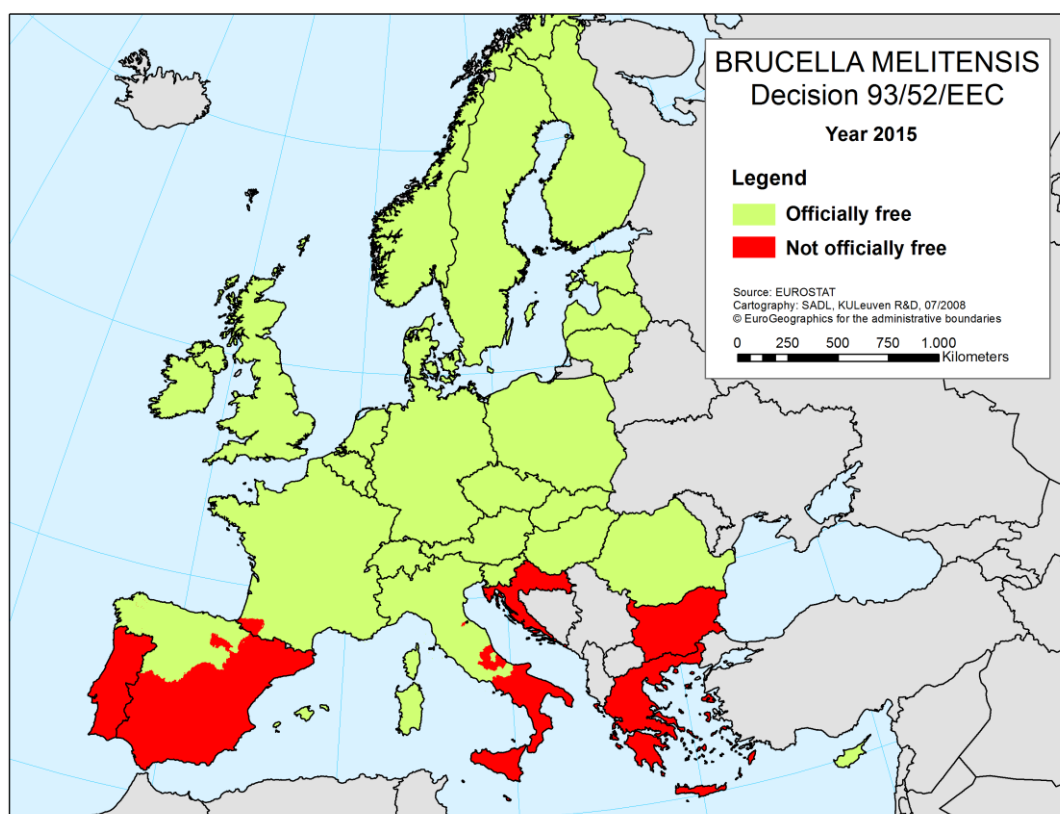
- in option 1: circa 10 M€/year (figures 2016) but the amount should decrease progressively with the current target of eradication of these diseases in the EU around 2020 (except in EL)
- 2) in option 2: 9 M€ in 2018, 8 M€ in 2019, 7 M€ in 2020 with an example of decrease of the co-financing rate of 5% each year
- 3) in options 3 and 4: it will depend on the measures selected and co-financing rate chosen.

Given the good evolution of the situation as regards bovine brucellosis in the EU and the fact that most of the MSs still implementing a co-funded programme, are close to the eradication, there is a need to support a final effort to eradicate the disease. For that reason, option 1 seems the most appropriate for the Commission.

2.3. Sheep and goat brucellosis (S&GB)

Current situation

The sheep and goat brucellosis situation in the EU has evolved in a very favourable way in the past decades, with 20 Member States being S&GB officially free at 31/12/2015. In addition, several regions of France, Italy, Portugal, and Spain are also already SGB officially-free.



Final goal: eradication.

The main issues identified until now to achieve the final goal are:

- Not always adequate implementation of the holding registration and animal identification system;
- Not always adequate control of animal movements, especially when transhumance or common grazing areas;
- Application of the vaccination programme for sheep and goats brucellosis – unsatisfactory or inadequate coverage of the target population;
- Lack of epidemiological inquiries and insufficient epidemiological support to analyse data and adapt the programme accordingly.

a) Expected results (2020)

By 2020, HR and ES could become free or officially-free from the disease

25 Member States would then be free or officially-free of the disease (all 28 EU MSs except PT, IT, EL)

The 3 remaining infected MSs could become free or officially-free in the following years after 2020

- In PT, (herd prevalence 2015: 0,83%) the eradication is currently foreseen by the competent authority to be achieved in 2024.
- In IT, (herd prevalence 2015: 1,24%) the eradication is currently foreseen by the competent authority to be achieved in 2021
- In EL, (herd prevalence 2015: 0,4%) the eradication date is currently not known with precision given the low level of flock coverage achieved the previous years.

b) Proposed evolution for the co-funded measures for 2018-2020

- 1. "Status quo" as regards the measures funded until 2016 and co-financing rate
- 2. "Status quo" as regards the measures funded until 2016 but progressive decrease of the co-financing rate
- 3. Reduction of the measures to be co-funded and "status quo" as regards the co-financing rate
- 4. Reduction of the measures to be co-funded and progressive decrease of the co-financing rate.

c) Estimated budget to be allocated in the different options

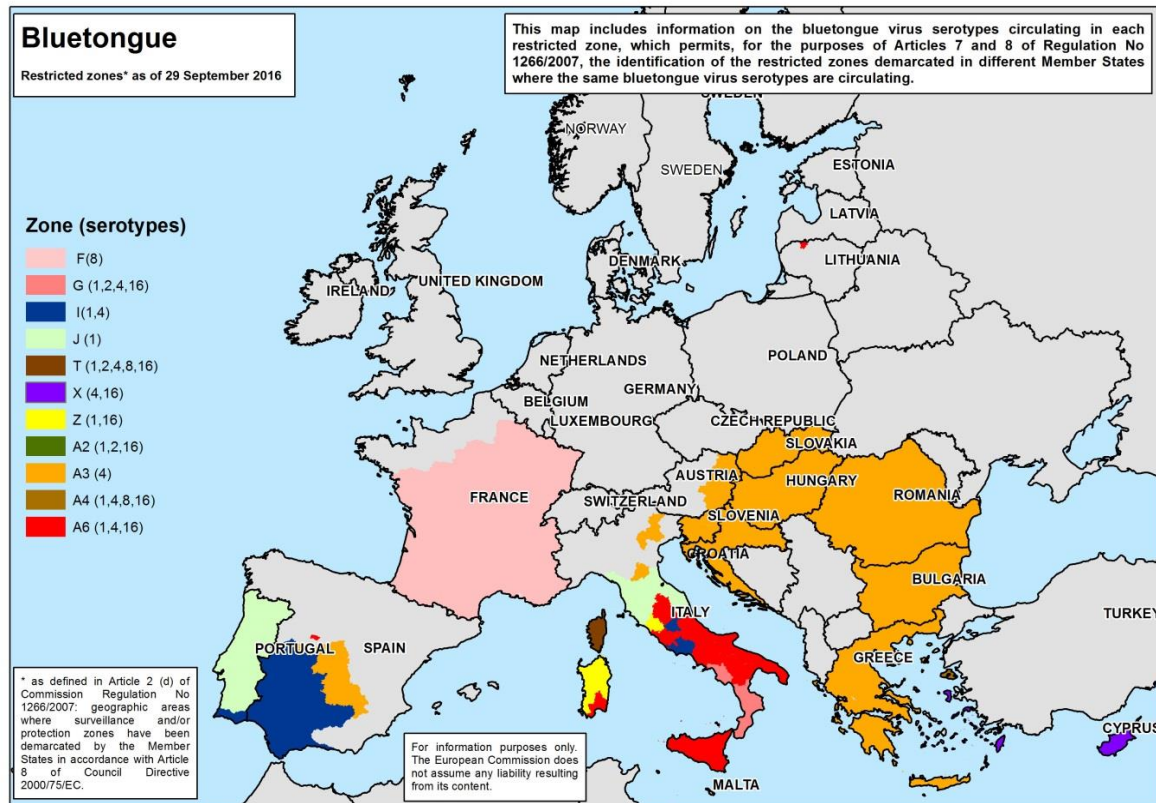
- in option 1: circa 10 M€/year (figures 2016) but the amount should decrease progressively with the current target of eradication of these diseases in the EU around 2020 (except in EL)
- 2) in option 2: 9 M€ in 2018, 8 M€ in 2019, 7 M€ in 2020 with an example of decrease of the co-financing rate of 5% each year
- 3) in options 3 and 4: it will depend on the measures selected and co-financing rate chosen.

Given the good evolution of the situation as regards sheep and goat brucellosis in the EU and the fact that most of the MSs still implementing a co-funded programme, are close to the eradication, there is a need to support a final effort to eradicate the disease. For that reason, option 1 seems the most appropriate for the Commission.

2.4. Bluetongue

Current situation

Five BTV serotypes are currently present in the EU (see map below) in 14 Member States. In addition to the wide spread of BTV-4 since mid-2014, BTV-8 has also reappeared in France in September 2015.



Action= surveillance and control:

- to ensure a fast detection of any possible incursion of the disease in free areas and
- to ensure an efficient control of the disease by compulsory vaccination.

Final goal= prevention and, if detected, control of the disease

Main issues identified until now to achieve the final goal:

- Non large scale compulsory vaccination of all susceptible species is not able to stop the spread of the disease and to protect the herds
- 24-26 different serotypes, and no cross-immunity
- No EU-approved vaccines except for 2 serotypes

a) Expected results (2020)

In 2020, the expected result is to keep the current number of free areas in the EU 15 MSs in (2015). However, it must be noted that this objective will also depend on the permanent risk of introduction of new serotypes in the EU originating from neighbouring third countries

(such as Turkey and North Africa) and the risk of the adaptation of some serotypes to new vectors (as for serotype 8 in 2006).

b) Proposed evolution for the co-funded measures for 2018-2020:

The current EU financial contribution covers surveillance activities and vaccination activities. For the future, it must be taken into account the ongoing discussion on future EU policy on BT initiated under the NL Presidency, the experience gained from the previous epidemics, the high number of different bluetongue serotypes and the lack of cross-protection between the different serotypes, the variability of pathogenicity between the different serotypes and the cost-benefit variability which is induced.

Four options are proposed:

- 1. "Statu quo" as regards the measures funded until 2016 and co-financing rate;
- 2. "Statu quo" as regards the measures funded until 2016 but progressive decrease of the co-financing rate.
- 3. Reduction of the measures to be co-funded and "status quo" as regards the co-financing rate (for example, only surveillance co-funding and no vaccination co-funding anymore, etc..)
- 4. Reduction of the measures to be co-funded and progressive decrease of the co-financing rate.

c) Estimated budget to be allocated in the different options

- 1) in option 1: circa 8 M€/year, but amount depending mainly on the compulsory vaccination campaigns planned by the Member States
- 2) in option 2: 7,2 M€ in 2018, 6,5 M€ in 2019, 5,8 M€ in 2020 with an example of decrease of the co-financing rate of 5% each year, but amount depending also on the compulsory vaccination campaigns planned by the Member States.

3) in options 3 and 4: it will depend on the measures selected and co-financing rate chosen. For example, if the vaccination co-funding is stopped, the annual budget needed for surveillance only would be around 2 M€.

Considering that bluetongue is not a first line priority for EU and OIE, currently others animal disease crises needs to be dealt with such as: ASF, AI and taking into account the future budget availability, 2, 3 or 4 are the preferred Commission options. However, those preferred options will be revised, if needed, on the basis of the outcome of the incoming EFSA opinion expected by beginning of 2017.

2.5. African swine fever (ASF)

Current situation:

Eastern part of the EU

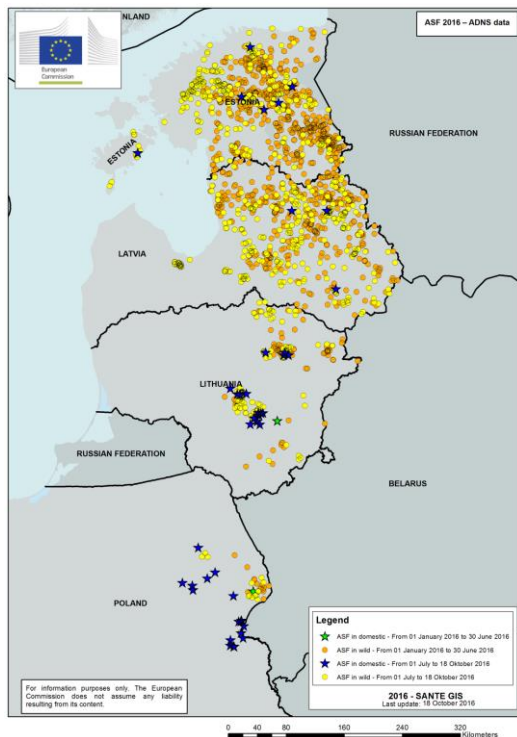
In line with the seasonal pattern observed in past years, an increased diffusion of the virus was observed during the summer (June to September). Similarly, an increased diffusion of the virus was also observed in the Russian Federation and Ukraine. Moldova notified the first occurrence of ASF at the end of September 2016.

Member State	Outbreaks of ASF in domestic pigs in 2016	Notification of cases of ASF in wild boar in 2016
Estonia	6	774
Latvia	3	632
Lithuania	18	216
Poland	20	31

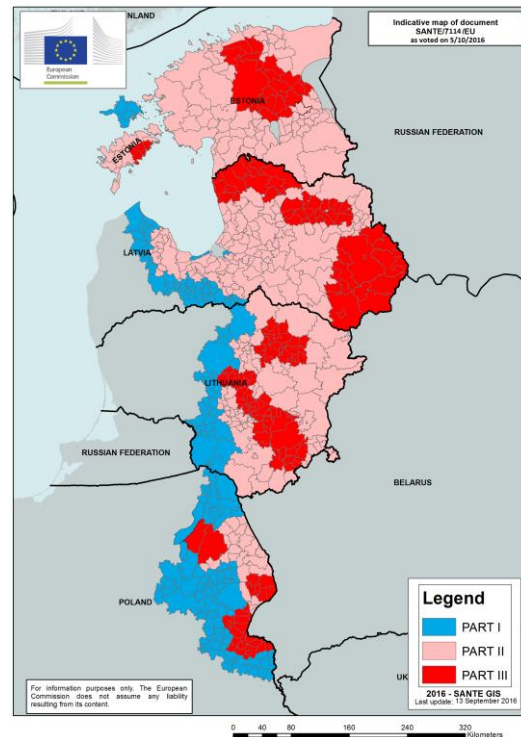
Country	Outbreaks notified to the OIE in 2016
Russian Federation	255
Belarus	0
Ukraine	58
Moldova	2

The occurrence of ASF in Moldova and in Ukraine represents a clear risk for Romania, Hungary and Slovakia in the near future. Likewise, the spread of ASF westwards in Ukraine represents an additional risk for Poland.

Distribution of cases in 2016 (October 2016)



Areas under restriction (October 2016)



In 2016 approved EU co-funded programmes are implemented in:

- four affected MSs.: Estonia, Latvia, Lithuania, Poland; and

- three MSs in the Eastern border: Slovakia, Hungary, Romania.

Italy (Sardinia)

Eradication is progressing very slowly in Sardinia. The presence of unlicensed, free-ranging pig that roam communal pastures in the interior of the island is the main source of infection and the eradication of this animal population is not correctly implemented by the Competent authorities.

For 2016 and 2017 the Italian eradication programme was not approved for EU funding.

Actions: control and eradication

Final goal: eradication

Main issues identified until now to achieve the final goal:

- Difficult management of wild boar populations;
- Low biosecurity measures in place in domestic pig holding, especially in-backyards;
- Absence of vaccine;
- Difficult coordination with neighboring non-EU countries.

a) Expected results (2020)

Considering the importance of issues identified, it is unrealistic to foresee eradication of the disease by 2020 in the affected Member States.

The expected results will be:

1. Infected Member States:

- limit geographical extension of the disease
- Limit the spill over of the disease into domestic pigs.

2. Member States bordering infected countries:

- Prevention of introduction of the disease;
- Ensuring early detection and control of the disease if introduced.

b) Funding options

Four options are proposed:

- **First option:** "Statu quo" as regards cofunding rate, surveillance, disease control measures and wild population management measures (selective hunting and finding collection of dead wild boars) in affected Member States and non-affected Member States neighbouring third countries already infected;

- **Second option:** expansion of the EU funded programmes to Member States bordering already infected Member States (notably Germany and Czech Republic) to provide financial support for measures targeted towards disease preparedness and early reaction in case of outbreaks or cases.
- **Third option:** First or second option coupled with support to regions bordering the EU of neighbouring third countries already infected when the measures proposed by these third countries fit with the EU strategy to eradicate ASF.
- **Fourth option:** one of the options already described plus eradication programmes in the the currently non-affected Member States due to the spread of the disease.

c) Estimated budget to be allocated in the different options

- **First option:** 10 MEUR/year based on 2017 allocation.
- **Second option:** circa 11 MEUR/year if two additional Member States have an approved ASF programme for EU funding.
- **Third option:**
 - If the third countries involved are Ukraine and Moldova, it is expected an allocation for both countries together of 0.5 MEUR/year. Therefore, the total EU support will range from 10.5 MEUR to 11.5 MEUR/year;
 - If the third countries involved are Ukraine, Moldova, Belarus and the Russian Federation, it is expected an allocation for the four countries together of 2 MEUR/year. Therefore, the total EU support will range from 12 MEUR to 13 MEUR/year.
- **Fourth option:** for each new Member State infected, the expected allocation for their eradication programmes will range from 1.5 MEUR to 2 MEUR per year.

The Commission considers that the third option combining option 1 with support to regions bordering the EU of neighbouring third countries already infected is the most appropriate.

2.6. Classical swine fever (CSF)

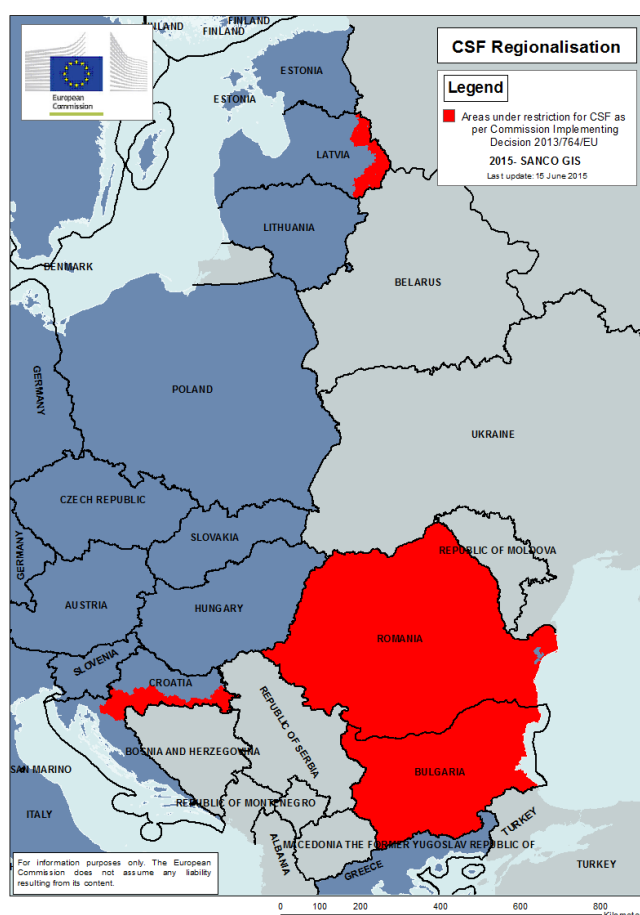
Current situation

Up to date there are four MSs where measures to restrict the movements of live animals and products thereof out of some areas of the MS concerned or from the whole MS are in place:

- Latvia: part of the country;
- Romania: whole country;
- Bulgaria: whole country;
- Croatia: part of the country.

During the last 5 years, no vaccination has been conducted, except for vaccination of wild boars in some areas of Bulgaria and Latvia.

The situation of CSF in neighbouring non-EU is at best uncertain (vaccination of pigs, unknown status of wildlife), or unfavourable (presence of cases and outbreaks) in the Eastern border. In the western Balkans, the countries have benefitted from EU support for control of CSF through the Instrument for Pre-accession Assistance over the last few years.



In 2016, approved EU co-funded programmes are implemented in: Latvia (including vaccination of wild populations), Slovakia, Hungary, Romania, Bulgaria, and Croatia.

Actions: surveillance and eradication

Final goal: eradication

Main issues identified until now to achieve the final goal:

- Difficult management of wild boar populations;
- Low biosecurity measures in place in domestic pig holding, especially in-backyards;
- Not adequate surveillance to provide evidence of absence of virus in all susceptible populations;
- Difficult coordination with neighboring non-EU countries.

a) Expected results (2020)

Nor cases neither outbreaks in the EU.

b) Proposed evolution for the co-funded measures for 2018-2020:

- **First option:** phasing out of EU funding considering the favourable epidemiological trend.
- **Second option:** Status quo as regards the on-going programmes, measures funded and co-financing rate.
- **Third option:** second option coupled with:
 - support for surveillance and vaccination to third countries of the EU eastern border and Western Balkans; and
 - approval of new surveillance programmes in Member States (notably Poland and Lithuania) .of the EU eastern border considering the uncertain situation in the region;

c) Estimated budget to be allocated in the different options

First option; from 2 MEUR in 2018 to 1 MEUR in 2020

Second option: circa 2 MEUR/year

Third option: the amount to be allocated will depend very much on the programmes received from non-EU countries.

The Commission considers that the third option is the most appropriate.

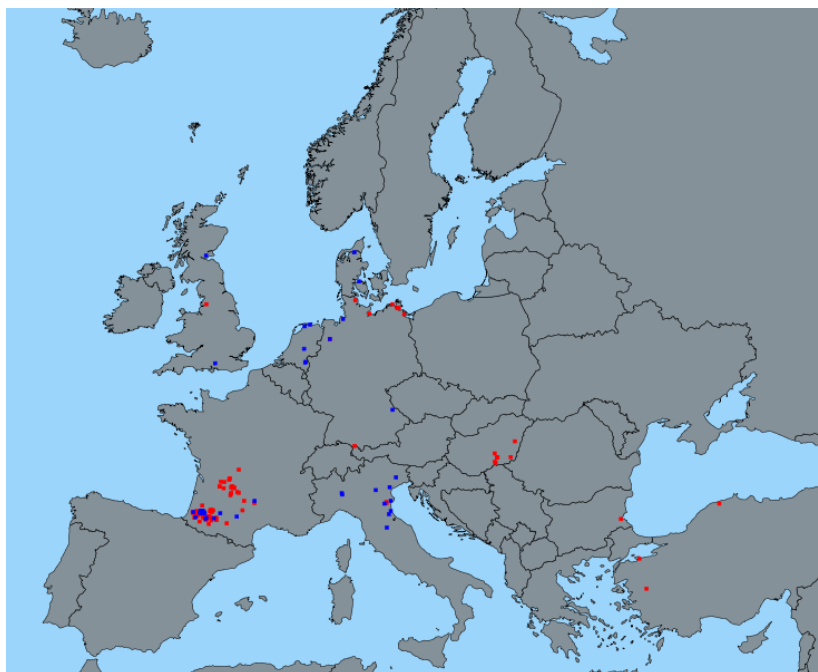
2.7. Avian Influenza

Current situation

25 MS have a co-funded surveillance programme in 2016 (all except DK, EE, MT)

In 2015 and until November 2016, there have been 102 outbreaks of HPAI and 42 outbreaks of LPAI in poultry in the EU

HPAI (in red) and LPAI (in blue) outbreaks in poultry from January 2015 to November 2016
(source ADNS)



Action= surveillance, prevention, preparedness

a) Expected results (2020)

In relation to AI, it is expected the reduction of secondary outbreaks of avian influenza in poultry by 2020. However, it must be noted that the occurrence of primary outbreaks can't be foreseen in advance given the possible introduction of new highly pathogenic or low pathogenic viruses in the EU from neighbouring or distant non-EU countries through migratory birds and the potential of the virus already present to mutate into a new strain.

b) Proposed evolution for the co-funded measures for 2018-2020.

Two options are proposed:

1. Status quo" as regards the measures funded until 2016 and co-financing rate
2. Modification of the surveillance measures and update of the funding, depending on the possible evolution of the surveillances requirements (DG SANTE request for a scientific opinion of EFSA on avian influenza, with deadline 30 May 2017)

c) Estimated budget to be allocated in the different options.

- option 1 : circa 2 M€/year
- option 2 : not possible to predict as depending on the possible evolution of the surveillance guidelines in the future. However, due to the nature of these programmes and its modest costs³ no drastic changes are envisaged.

Option 2 seems the most appropriate for the Commission, as the EU funding should follow the evolution of the surveillance activities foreseen in the EU guidelines, and taking into account the possible update of these guidelines based on the ongoing EFSA mandate.

2.8. Rabies in wild animals

Current situation

The evolution of the disease in 2016 is extremely positive. In the MS where the situation was more problematic (South-eastern part of Poland and Romania), there has been an important reduction in the number of cases in domestic animals and wildlife (excluding bats). (see table 1).

The only negative aspect is a new incursion of rabies in Hungary that was detected in a zone subject to vaccination where cases have not been found for many years. Nevertheless, no further transmission has been observed.

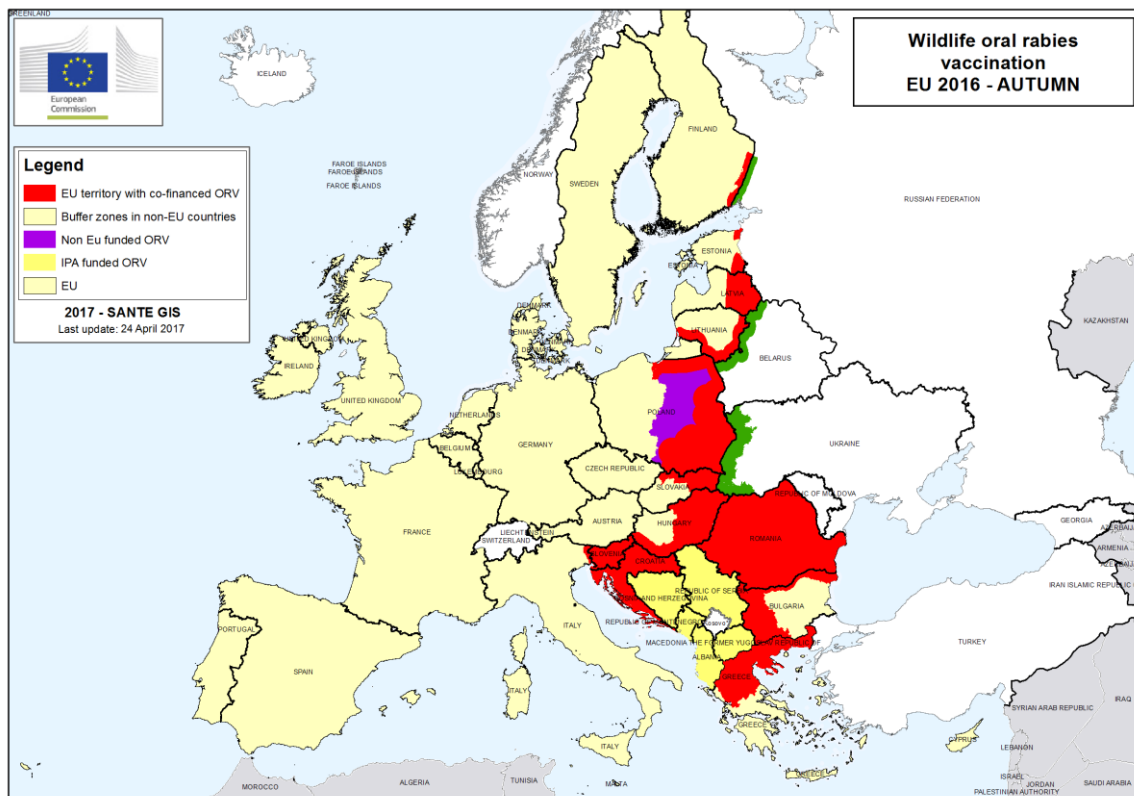
Table 1. Rabies cases in domestic animals and wildlife in Member States with EU-cofunded approved programmes for elimination of rabies in wildlife. (November 2016)

	2009	2010	2011	2012	2013	2014	2015	2016
Finland	0	0	0	0	0	0	0	0
Estonia	3	0	1	0	0	0	0	0
Latvia	69	16	1	2	0	0	0	0
Lithuania	63	33	14	5	1	0	2	0
Poland	6	145	156	254	196	98	93	11
Slovakia	0	0	0	0	7	0	5	0
Hungary	2	10	0	0	24	23	0	1
Romania	515	469	342	457	486	142	28	11
Bulgaria	58	6	1	1	0	2	0	0
Croatia	784	652	375	166	37	1	0	0
Greece	0	0	0	9	29	10	0	0
Italy	68	209	1	0	0	0	0	0
Slovenia	34	12	0	3	1	0	0	0
Total	1602	1552	891	897	781	276	128	23

In 2016, EU co-funded approved programmes (map 1) are implemented in:

³ It must be noted that the avian influenza surveillance programmes do not include the costs of the eradication measures of AI outbreaks, which are covered under the EU emergency funds

- 13 MSs: Finland, Estonia, Latvia, Lithuania, Poland, Slovakia, Hungary, Romania, Bulgaria, Greece, Croatia, Slovenia and Italy.
- Three non-EU countries as part of the MS programmes: Russian federation (Karelian region), Belarus and Ukraine.
- Russian Federation (including the last year of EU support in the Kalinigrad oblast, having achieved rabies eradication).
- Bosnia i Herzegovina, Serbia, Montenegro, FYROM and Albania through the Instrument for Pre-Accession Assistance (IPA) funding.



Map 1

Action: eradication

Final goals:

- Eradication from wildlife in the EU and no re-introductions from third countries.

Main issues identified to achieve the final goals:

- Difficulties on the management of the procurement procedures;
- Insufficient planning and control of the bait distribution;
- Insufficient levels of surveillance to verify the effectiveness of vaccination;
- Difficult cooperation or coordination with neighboring third countries:
 - Eastern border;
 - Western Balkans.

a) Expected results (2020)

Eradication of rabies from wildlife in the EU by 2020 and significant reduction of cases in buffer zones of third countries due to the oral rabies vaccination campaigns funded by the EU. This will allow to reduce vaccination areas steadily in MS and increase vaccination areas in non-EU countries.

b) Proposed evolution for the co-funded measures for 2018-2020:

First option: Progressive reduction of the vaccination areas in the period 2018-2020 to have from 2020 on:

- a vaccination strip of 70 km wide alongside the EU border (inside the EU) with the Russian Federation, Belarus, Ukraine Moldova and Western Balkans; and
- a buffer vaccination zone inside several areas of Russian Federation, Belarus, Ukraine and Moldova of 50 to 100 km wide.

As regards the EU support in the Western Balkans, the aim is to ensure the continuity of the vaccination campaigns in the area.

Second option: Progressive reduction of the vaccination areas in the period 2018-2020 to have from 2020 on a vaccination strip of 70 km wide alongside the EU border (inside the EU) with the Russian Federation, Belarus, Ukraine Moldova and Western Balkans with no vaccination in third countries.

The Commission considers the first option the most appropriate to avoid possible spread of the diseases from neighbouring third countries, once Rabies has been eradicated in the EU.

c) Estimated budget to be allocated in the different options.

First option: currently EU co-funded eradication programmes are covering 810 000 km² with a total allocation of 26,5 MEUR. If the positive trend continues and eradication from EU borders is achieved in 2020 we expect that 380 000 km² will be covered by the vaccination program with an EU financial contribution of 13.5 MEUR in 2020.

Second option: If the positive trend continues and eradication from EU borders is achieved in 2020 we expect that 230 000 km² will be covered by the vaccination program with an EU financial contribution of 6, 5 MEUR in 2020.

2.9. Transmissible Spongiform Encephalopathie (TSEs)

Current situation

1. BSE

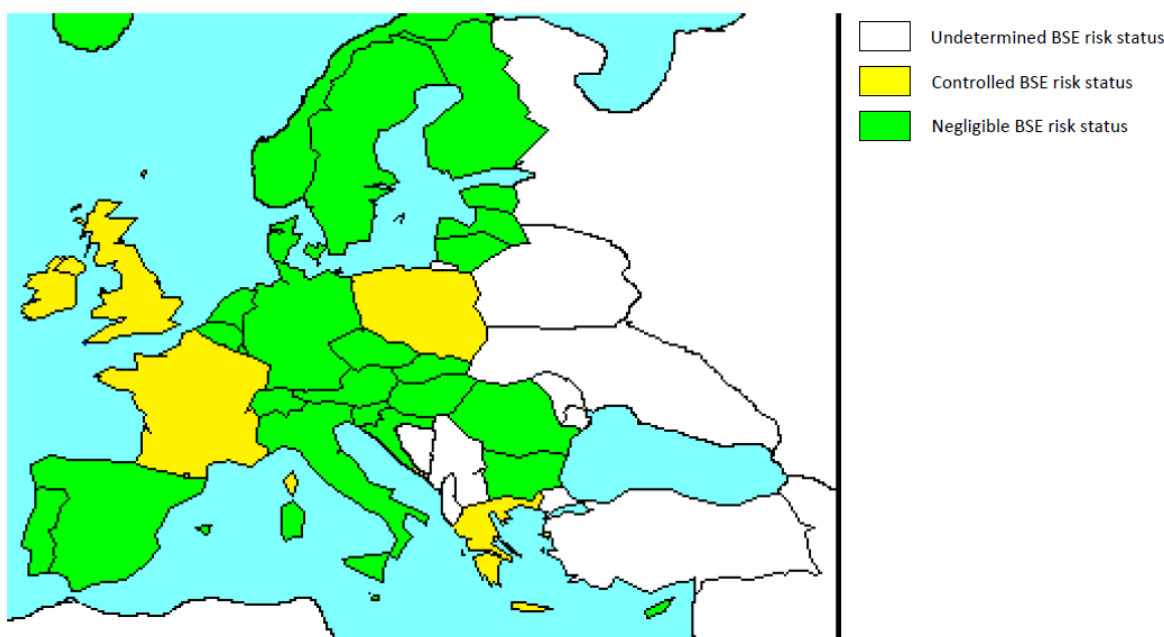
BSE is almost eradicated but cases (classical and atypical) are still detected:

- Classical cases are now very rare (2 in 2013, 3 in 2014, 2 in 2015). A small number of these cases continue to be detected in animals born far after the introduction of the feed ban (BAB). Currently, the origin of these BAB classical BSE cases is unknown and the Commission is consulting EFSA on this subject. It is therefore important to remain vigilant.
- Atypical cases remain at a stable low level (between 5 and 13 a year in the EU). The current EU policy is based on the understanding that atypical BSE is a spontaneous and sporadic disease, which therefore cannot be eradicated, but which may represent a zoonotic risk, and for which surveillance and withdrawal of specific risk materials (SRM) measures should therefore continue to apply.

The active monitoring system is mainly focusing on risk animals (fallen stocks, emergency slaughters and animals presenting clinical signs at the ante mortem examination). Decision 2009/719/EC provides for derogation for 26 MSs for the minimum age of testing of bovine animals.

MSs are classified according to their BSE risk status:

BSE risk status of EU Member States and neighbouring countries according to Commission Decision 2007/453/EC as last amended by Commission Implementing Decision (EU) 2016/1100 of 5 July 2016



2. Scrapie

There is no scientific evidence that scrapie is a zoonosis. Based on provisions of Regulation (EC) No 999/2001, a policy of testing and eradication and control measures is applied. According to a 2014 EFSA scientific opinion (“Scientific Opinion on the scrapie situation in the EU after 10 years of monitoring and control in sheep and goats”, EFSA Journal 2014;12(7):3781), “control options applied to classical scrapie in sheep and goats indicate that

a classical scrapie eradication policy that relies solely on the detection of infected flocks by post-mortem testing and subsequent depopulation would be unlikely to succeed” and the implementation of an effective breeding programme is needed. So far only sheep breeding programmes have proven to be efficient (resistant genotypes in sheep are clearly identified) and are part of the Regulation (EC) No 999/2001. For goats, resistant genotypes have not yet been clearly identified, however the Commission sent on 31 March 2016 a mandate to EFSA asking if such genotypes can be identified.

Breeding programmes are not compulsory and are currently not implemented in all MSs.

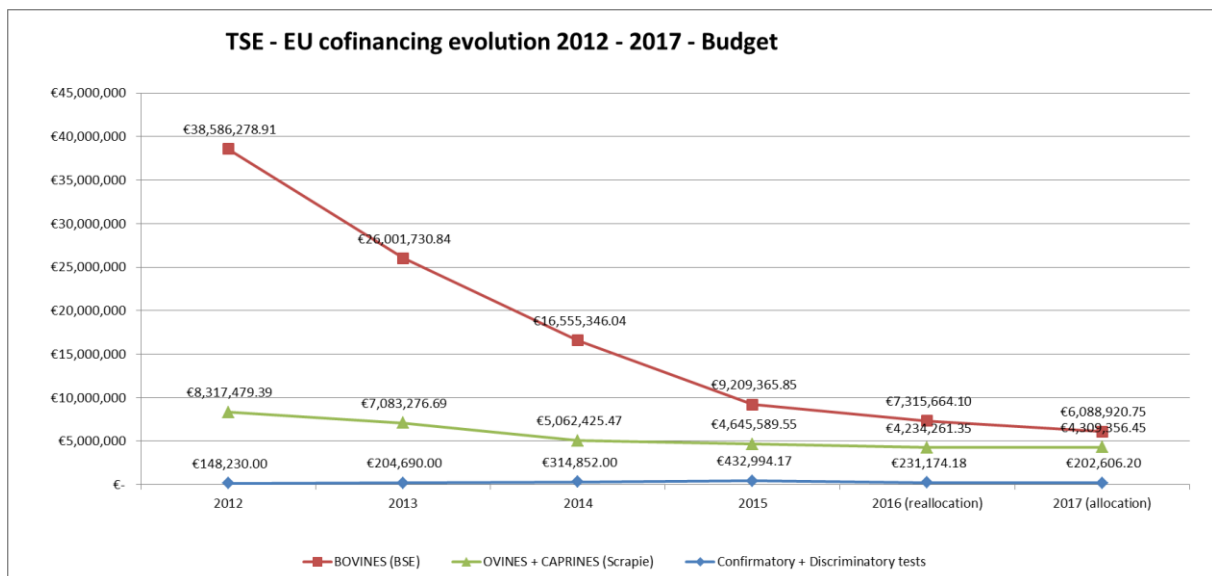
Final goal: eradication of BSE and scrapie classical cases.

Main issues identified to achieve the final goals:

BSE: in some MSs, sampling of risk bovine animals is not sufficient to guarantee that this population is sampled in compliance with the requirements of Regulation (EC) No 999/2001.

Scrapie: some MSs do not consider relevant to invest resources on this disease. MSs with an affective scrapie program are those where scrapie causes sizeable animal health and/or trade problems.

The favourable evolution of the BSE programme is reflected by the evolution of the EU budget from 2012 until 2017 as regards TSE EU cofinanced programmes as shown in the following graph:



a) Expected results (2020) – related measures to implement

1. BSE

Less than five classical cases of BSE per year on the whole EU territory.

25 Member States with a negligible BSE risk (compared to 20 in 2015)

2. Scrapie

12 Member States without cases of classical scrapie over the last 7 years (compared to 9 in 2015)

b) Proposed evolution for the co-funded measures for 2018-2020.

1. BSE

For the period 2018-2020, two options are envisaged:

Option 1: freezing of the phasing out of the co-financing of this disease: the system remains as it is in 2017 from 2018 to 2020 (same eligible measures and co-financing rates).

Option 2: Phasing out goes on:

- 2018: same eligible measures and co-financing rates as in 2017 (50%-75% i.e. 50% for the Member States with a GNI per inhabitant above 90% of the Union average, 75% for the others)
2019-2020: gradual decrease of the co-financing rate (e.g. 33%-50% in 2019 and 25%-33% in 2020).

2. Scrapie

From 2018, two options are envisaged concerning co-financing during the period 2018-2020:

Option 1: statu quo: the co-financing system remains as it is in 2017 from 2018 to 2020 (same eligible measures and co-financing rates).

Option 2: beginning of the phasing out of the EU financial contribution

Decrease of the co-financing rate

- 2018: 50-75% (same as in 2017)
- 2019-2020: gradual decrease of co-financing rate (e.g. 33%-50% in 2019 and 25%-33% in 2020), except for measures considered critical such as:
 - Rapid tests on risk animals and clinical suspicions
 - Genotyping tests for breeding programmes in MSs which can demonstrate that:
 - ✓ scrapie represents a real problem in sheep holdings (animal health and welfare)
 - ✓ the programmes are in compliance with EU requirements (Chapter C of Annex VII of Regulation (EC) No 999/2001) and concern a sufficient number of flocks (at the level of the country or of a breed) in order to ensure a sizeable impact of the breeding programme on the resistance of the ovine population concerned.

For BSE and scrapie, option 2 represents the preferred Commission option.

c) Estimated budget to be allocated in the different options

The following estimations are based on analysis of the 2017 data (unit costs, ceilings, cofinancing rates).

1. BSE

Option 1: 6 million EUR per year from 2018 to 2020

Option 2: 2018: 6 million EUR,

2019: 4 million EUR,

2020: 2.8 million EUR

2. Scrapie

Option 1: The EU co-financing of scrapie programmes amounts to four to five million EUR a year from 2018 to 2020

Option 2: 2018: 4.5 million EUR,

2019: 4 million EUR,

2020: 3.5 million EUR

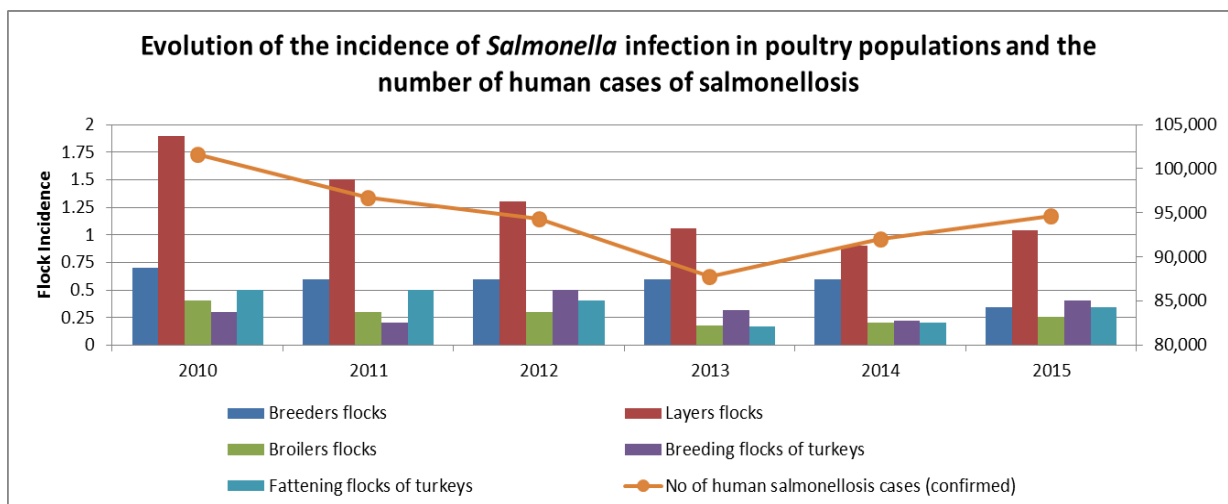
2.10. *Salmonella* infection in certain poultry populations

Current situation

In 2015 23 MSs had achieved the EU targets for their poultry populations (2015 is the last result known: EFSA report 2015). Five MSs did not reach the targets for one or several poultry populations: BE, BG, CZ, EL and PL.

For the period 2014 and 2015, nine MSs did not reach the EU targets for one or several poultry populations: BE, BG, CZ, DK, EL, HR, MT, PL and PT.

As shown on the following graph, the evolution of the incidence of confirmed human salmonellosis cases follows the same trend of the evolution of the incidence of the infection of layers flocks. This makes sense as the main cause of human contamination by *Salmonella* is the consumption of eggs.



Action= control of the flocks infection rate in certain poultry populations.

Final goal: achievement of the EU targets as set in the Regulations (EU) No 200/2010 (breeders), No 517/2011 (layers), No 200/2012 (boilers) and No 1190/2012 (turkeys).

The main issues identified hampering the achievement of the final goal is the lack of effectiveness of biosecurity measures in poultry houses/holdings and improper implementation of measures (mainly routine confirmatory sampling, too high rate of false negativity of FBO samples, insufficient official sampling, insufficient implementation of trade restrictions).

a) Expected results (2020) – related measures to implement

All poultry populations (breeders, layers, broilers, breeding and fattening turkeys) in 26 MSs should reach the EU targets.

In parallel it is expected that the number of confirmed human cases of salmonellosis would decrease (target should be less than the 94,625 confirmed cases reported in 2015).

b) Proposed evolution for the co-funded measures for 2018-2020.

Three options are possible:

Option 1: Co-financing rules remain unchanged until 2020.

Option 2: same as option 1 but in addition, for MSs which had at least one poultry population above the EU target in 2014 or 2015, a specific agreement could be implemented in order to speed up the decrease of the *Salmonella* infection incidence of poultry flocks in these MSs: provided the MS implement a reinforced programme for the concerned poultry populations the EU financial contribution could be increased.

Option 3: beginning of the phasing out in Member States which achieved all EU targets for five consecutive years (e.g. decrease of the cofinancing rate by 5% per year from 2018 on). Based on 2015 data, this would concern seven MSs (all EU targets met from 2011 to 2015).

Commission preferred option would be option 2. Depending on budget availabilities, option 2 could be complemented by option 3.

c) Estimated budget to be allocated in the different options

Estimations based on analysis of the 2017 data (unit costs, ceilings, cofinancing rates)

Options 1: 19 million EUR per year

Option 2: no evaluation available (depends on the number of MSs volunteering for reinforced programmes). An increase of the budget is expected.

Option 3: decrease expected: based on the initial allocation 2017 (19 M€), the budget would decrease to 17.7 M€ in 2020.

2.11. Exotic diseases

The exotic diseases concerned would be Lumpy Skin Disease (LSD), Sheep Pox and Goat Pox (SGP), Peste des Petits Ruminants / small ruminants plague (PPR).

2.11.1 Sheep and Goat Pox (SGP)

Between August 2013 and February 2015, **an epidemic of Sheep and Goat Pox (SGP) occurred in Greece and in Bulgaria.** 216 outbreaks of SGP were detected and stamped-out in Greece, and 4 outbreaks were detected in Bulgaria. No vaccination was applied. The cost of the emergency measures applied has been covered under the emergency measures budget.

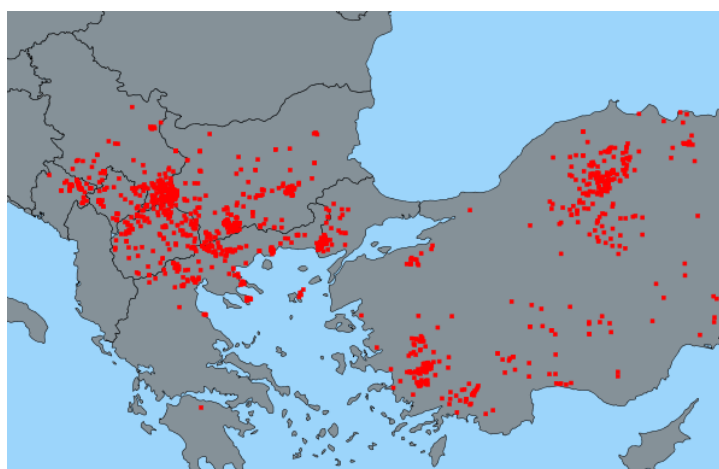


SGP outbreaks from August 2013 to February 2015 (source ADNS)

2.11.2 Lumpy Skin Disease (LSD),

More recently, **LSD outbreaks have occurred in Greece since August 2015 and have spread to Bulgaria and the Balkan countries.** Vaccination campaigns have been implemented in those countries and also in Croatia

The Commission has established an EU vaccine bank for LSD, in order to support the emergency vaccination campaigns implemented by the Member States against this disease.



LSD outbreaks from August 2015 to September 2016 (source ADNS)

In both cases (SGP and LSD), the disease is suspected to have been introduced from Turkey, where both diseases are present on a large scale.

2.11.3 Peste des Petits Ruminants / small ruminants plague (PPR).

Peste des Petits Ruminants (PPR) (sheep and goat plague) is present in Turkey, with 39 outbreaks notified in ADNS in 2016, including at the Eastern border with the EU, showing that the risk of introduction of this disease into the EU is real and acute



PPR outbreaks in 2016 (source ADNS)

Therefore, the neighbouring third-countries are clearly identified as being a main risk for the introduction of exotic diseases in the EU.

Actions: eradication, surveillance, preparedness.

a) Expected results (2020)

By 2020 it is expected to eradicate the current outbreaks of lumpy skin disease in the EU (Greece, Bulgaria) and all Member States free from lumpy skin disease, sheep and goat plague and sheep and goat pox.

b) Proposed evolution for the co-funded measures for 2018-2020 :

In order to co-fund possible annual or multiannual surveillance programmes to prevent further introduction or re-introduction of the above mentioned exotic diseases, a delegated act (as by Article 10 of CFF) to supplement the list of animal diseases and zoonoses of Annex II to CFF to include lumpy skin disease, sheep and goat plague and sheep and goats pox, has been adopted by the Commission on 4th November 2016⁴.

This will allow the implementation of an appropriate annual or multiannual surveillance programme for prevention in those Member States (or part of them) at risk of introduction

⁴ OJ L 9 of 13.1;2017, p.2

from bordering Countries, as well as the implementation of an eradication programme in those Member States where the disease (s) are already present).

The EU funding will be allocated to address the expected results.