Food and Agriculture Organization of the United Nations

World Organisation for Animal Health

1st GF-TADs Regional Conference of Standing Groups of Experts on Priority Transboundary Animal Diseases (TADs) in the European Region

22-25 September 2025, Belgrade, Serbia

CONCLUSIONS AND RECOMMENDATIONS

I. GENERAL CONCLUSIONS AND RECOMMENDATIONS

A. Strategic and Governance

1. The GF-TADs Steering Committee for Europe (RSC) is fully committed to addressing and supporting the strategic and practical activities of the overall GF-TADs coordination mechanism. The RSC recognizes the needs of its members regarding priority TADs, acknowledges the efforts of Veterinary Services of Members to prevent and control TADs and share their experience and best practice transparently, and encourages regional teams of the FAO, WOAH and DG SANTE to collaborate effectively in these matters.

2. Regional offices of WOAH (GF-TADs/SGEs/RAGs Secretariat), FAO and DG SANTE should actively integrate guidance and outcomes derived from the 12th RSC and the GF-TADs Management Committee into GF-TADs operations.

3. Political and financial support for the GF-TADs framework must be sustained and enhanced to ensure continued strategic coordination against TADs in the European region.

4. Based on the current epidemiological situation with Sheep Pox and Goat Pox (SGP) infection in Southern-Eastern Europe and the Balkans (currently not a priority disease for GF-TADs Europe), and the persistent threat of Peste des Petits Ruminants (PPR) in Eastern Europe and the Southern Balkans, it is recommended to merge the two disease areas to establish a new Standing Group of Experts (SGE) for Small Ruminant Diseases (PPR and SGP[1]) to address these two infections efficiently and comprehensively. The list of priority TADs for Europe should be revised to include SGP accordingly in the Action Plan.

5. The SGE Secretariats (WOAH Regional and Sub-Regional Representation) are tasked with maintaining regional coordination on priority TADs in Europe, organizing regular meetings, and promoting actions relevant for disease elimination in collaboration with partners. This is conducted in close coordination with FAO and DG SANTE.

B. Surveillance, Transparency, and Preparedness

6. Members shall reinforce adherence to WOAH international standards for prevention and control of TADs, transparency and disease reporting (WAHIS, ADIS) to provide the necessary data for regional risk assessment and timely implementation of control measures.

7. Members should take note of and, where appropriate, integrate the disease control measures proven to be efficient, including the guidance on regionalisation and the use of vaccination as a complementary control tool.

[1] The scope of the SGE for Small Ruminant Diseases will be limited to only PPR and SGP

8. Members should develop pathways to facilitate sustainable, medium- to long-term planning and implementation of TADs control and eradication programmes, including administrative components (procurement, capacity building) and disease control activities.

C. Collaboration and Capacity Building

9. Maximize the uptake of technical capacity development tools offered by partners, including the FAO Virtual Learning Centre (VLC), WOAH Capacity building programmes, EC training and capacity building initiatives (BTSF, ADEWBII and other projects), EU Reference Laboratories, EuFMD training, the Joint FAO/IAEA Centre.

10. Support and leverage regional cooperation platforms such as REMESA (Mediterranean Animal Health Network), the ADEWB II project supporting Western Balkan countries on priority TADs, and similar projects in Europe region.

11. Continue monitoring the epidemiological situation to be ready to open the membership of the SGEs on TADs to other countries where the epidemiological situation has deteriorated or the risk has increased.

II. SPECIFIC CONCLUSIONS AND RECOMMENDATIONS BY PRIORITY DISEASE

1. Lumpy Skin Disease (LSD) – SGE LSD-15

The Conference notes the overall favorable epidemiological situation (no outbreaks in South-East Europe since 2017) but recognizes that the risk of re-introduction persists, particularly in Türkiye's Anatolian region. Recent cases in Italy and France prove that there is a permanent risk of the virus being reintroduced into LSD-free countries or zones, and that preparedness and vigilance measures should be in place, including as regards emergency vaccination

1. Affected countries are recommended to continue mass vaccination with homologous vaccines in the whole country or in specific zones. Decisions to continue or stop vaccination should be made in coordination with national or regional exit strategies and must consider past LSD occurrence, coverage, and current regional risk.

2. Vaccination programmes in at-risk countries and regions/zones, as demonstrated in Switzerland, can be an effective way to prevent the virus from spreading.

3. Ensure vaccine quality meets WOAH standards, with independent quality control (ideally via the relevant WOAH/EU Reference Laboratory). Countries that have ceased vaccination must maintain capacity to purchase vaccines quickly in case of resurgence. , and at-risk countries should plan for vaccine availability in good time.
4. Homologous vaccines are preferred, and high coverage must be ensured. If heterologous vaccines are used, higher doses should be applied. Central Asian countries should harmonize vaccination efforts and maintain vaccine readiness while ensuring independent vaccine quality control.

5. Cessation of vaccination must comply with WOAH standards on surveillance for demonstration of absence and early detection. This requires year-round passive surveillance with lab confirmation of all suspicions, and active surveillance (clinical, virological and serological surveillance)[2][3].

[2] https://www.woah.org/fileadmin/Home/eng/Health_standards/tahc/2018/en_chapitre_lsd.htm
[3] https://eur-lex.europa.eu/eli/reg_del/2023/361/oj/eng

6. Continue circulating strain characterization and investigation of vaccine-related strains in collaboration with the WOAH/EU Reference Laboratory.

7. All members are encouraged to share LSD data via WAHIS, ADIS, and EMPRES.

8. To formally include Italy and France in the SGE-LSD.

2. Peste des Petits Ruminants (PPR) – RAG

The conference noted that PPR is emerging as a threat in parts of Europe and the surrounding region. Recent epidemiological evidence has highlighted new entry routes and transmission risks, particularly in south-east Europe. The session on PPR analysed incursions in Greece, Romania, Albania, and Türkiye, with emphasis on cross-border movements, illegal trade, and the need for coordinated surveillance and control. It is recommended that a Standing Group of Experts of small ruminant diseases (including PPR and SGP only) be created under the GF-TADs umbrella[4], to coordinate efforts between Members and GF-TADs capacities.

1. Countries must strengthen risk-based surveillance, early warning, and diagnostic capacity, ensuring PPR is consistently included in differential diagnoses.

2. Cross-border cooperation and information sharing must be enhanced, with continuous transparency through WAHIS and GF-TADs platforms.

3. National contingency plans should be updated with the latest outbreak, transmission, and risk assessment data, and aligned with WOAH recovery requirements. Sustainable resources must be secured to support prevention, control, and eventual eradication efforts.

4. Awareness and education campaigns must be expanded for veterinarians, farmers, and stakeholders to improve timely reporting and response. PPR samples should be shared with reference laboratories in the region for genetic sequencing and epidemiological analysis to guide control measures.

3. Highly Pathogenic Avian Influenza (HPAI) – SGE HPAI-3

The Conference noted the continued global frequency of HPAI outbreaks, the rapid evolution of the virus, and the increasing risk posed by spillover to mammals (e.g., the US cattle outbreak).

1. Members need to strengthen their Veterinary Services to achieve effective prevention and control of HPAI outbreaks. Enhance collaboration with partners under GF-TADs and other stakeholders such as OFFLU, EFSA, REMESA, and IAEA under the One Health approach.

2. Members should continue national surveillance programmes, implementing risk assessment studies according to the WOAH Terrestrial Code. This includes increasing efforts in monitoring wild bird populations, and increased surveillance of HPAI viruses in wild and free-roaming carnivores (e.g. cats and dogs) in areas with high HPAI virus circulation to monitor both the level of virus infection in these species and the risk of emergence and transmission of mammalian-adapted viruses. Surveillance should also focus on domestic and farmed mammals exposed to highly contaminated environments (e.g. ruminants, pigs, camelids and fur animals), in close contact with

[4] As noted in the Section I, for reasons of efficiency, this proposal has been expanded for the new SGE to cover also SGP

HPAI virus-infected poultry or wildlife, or present in mixed-species farms. Passive surveillance should be used for HPAI detection.

3. Members should improve the capacity of their national laboratory networks for reliable testing and genetic characterization/sequencing. Actively share HPAI strains and/or whole-genome sequencing results with OFFLU, WOAH/FAO Reference Centers, and EFSA. It is essential to invest in bioinformatics tools for rapid mutation characterization.

4. Based on risk assessment, Members should decide on their national vaccination strategy. Countries should ensure that vaccination against HPAI does not become an unjustified barrier for international trade.

5. Members must continue awareness and education campaigns to ensure farmers' vigilance and continuous biosecurity efforts. Communicate risks clearly to the public, including advising against consumption of raw dairy products from infected cattle farms, managing companion animal exposure, and ensuring hygiene in the so-called ‘backyard’ farms. Overall the level of awareness must be kept high.

4. Rabies (RAB) – SGE RAB-7

The Conference consolidated that Rabies elimination is a GF-TADs and One Health priority for Europe and that the epidemiological situation is improving but recognized that surveillance remains the weakest point in some countries. SGE RAB Members should:

1. strengthen their capacities to implement rabies eradication programs in close collaboration with relevant national Veterinary Authorities within the GF-TADs and One Health frameworks. They should ensure early preparation, robust project management and full implementation, especially considering the administrative burden of budget allocation and procurement.

2. Continue with Oral Rabies Vaccination (ORV) efforts and ensure campaigns are implemented twice a year and not ceased earlier than two years after the last confirmed case, provided appropriate surveillance is performed. Strengthen ORV coordination across borders to align vaccination schedules and areas whenever possible.

3. Scale up rabies surveillance, particularly passive surveillance, given its critical role in strengthening confidence in freedom from rabies and addressing potential resurgence. This requires increasing the number of animals sampled (especially wildlife) by boosting awareness among hunters and other stakeholders and allocating sufficient resources and incentives.

4. Closely monitor the number, origin, and location of negative samples from passive surveillance to identify weak surveillance areas or blind spots. Broaden sample sources to include systematic testing of suspect foxes outside monitoring campaigns, including road kills.

5. Regularly and transparently share epidemiological information using appropriate platforms. Explore incorporating additional elements into the dataset (e.g., ORV details per campaign, subnational sample distribution) and reporting data in interoperable formats (e.g., shapefiles for ORV areas) to enhance comparability and reliability.

6. Plan for the phase-out of ORV only after careful risk assessment and preferably within a regional and cross-border perspective. Implement specific national arrangements for the sustainable supply of vaccines for timely response, including emergency vaccination in the event of resurgence.

5. African Swine Fever (ASF) – SGE ASF-25

The Conference acknowledged the decade of collaborative control by the SGE ASF, noting that ASF remains a serious threat without an effective vaccine for domestic pigs or oral vaccination for wild boar.

1. Countries must enhance and regularly monitor the application of biosecurity in both commercial and small non-commercial ('backyard') pig farms. Biosecurity is considered one of the key prevention tools and requires the adoption of attitudes and behaviours to reduce risk in all activities. Key measures include banning swill feeding of pigs and preventing direct or indirect contact between domestic pigs and wild boars.
2. Passive surveillance for dead wild boars is the most effective method for early detection and should be reinforced. Prompt carcass removal and safe disposal is consistently highlighted as a cornerstone strategy to reduce environmental viral load.
3. Contingency plans must be updated and regularly tested through practical simulation exercises to reinforce preparedness and response capacity.
4. Given that ASF is a transboundary disease, cross-Border cooperation is essential. This should include drafting joint contingency plans and organizing cross-border simulation exercises in peacetime.
5. Continue investments in vaccine research and take informed decisions on current vaccine candidates.
6. Awareness campaigns are strengthened to counter disinformation in affected zones.
7. When planning for ASF Exit Strategies, Members must adhere to the WOAH Terrestrial Animal Health Code criteria for determining ASF status, and experience of Check Republic, Belgium, Germany and Sweden. EFSA exit strategy should also be considered to determine and demonstrate the absence of virus circulation.
8. Strengthening diagnostic capacity and laboratory networks, ensure that veterinary laboratories are adequately equipped, staffed, and trained to conduct rapid, reliable ASF testing. Promote inter-laboratory proficiency testing and harmonized diagnostic protocols to maintain quality assurance across borders.
9. Improve movement control and traceability systems, enforce strict control of live pig movements, pork products, and feed in high-risk zones.
10. Engage pig producers, transporters, slaughterhouses, hunters and feed suppliers in ASF prevention and response measures. Encourage public–private partnerships to co-fund surveillance, awareness campaigns, and biosecurity improvements.
11. Interested countries should continue to request field missions by GF-TADs experts to rapidly provide support and science-based expert advice.

6. Foot and Mouth Disease (FMD) – RAG

The Conference recognized that FMD remains a significant transboundary threat and that strengthening of Veterinary Services and cooperation is essential to achieve long-term control goals.

1. In countries where FMD is endemic national FMD Control Plans, Standard Operating Procedures, and strategies must be regularly developed, updated, and aligned with the PCP-FMD progression framework and WOAH guidance as relevant.
2. Veterinary Services must ensure that the vaccines used for preventive and emergency vaccination are appropriate for circulating FMD virus lineages, and that information on outbreaks, virus circulation, and vaccination strategies is shared in a timely and transparent manner. Countries must enhance risk-based surveillance and early detection of FMD.
3. Cross-border cooperation and coordination must be strengthened to harmonize vaccination strategies as appropriate, implement effective movement controls, and reduce the risk of transboundary spread, especially regarding risks associated with illegal movement of animals.
4. A regional laboratory support network should be maintained and expanded for virus characterization and effective vaccine matching. Clinical samples, virus isolates and sequencing data should be timely shared with regional reference laboratories.
5. Members should ensure national plans are aligned with WOAH procedures for recovery of FMD free status without vaccination to expedite trade and status recognition.

IV. FINAL CONCLUSIONS AND WAY FORWARD

- Having hosted a very successful and impactful 1st GF-TADs Regional Conference, the comprehensive format has proven to be effective for achieving regional strategic alignment and technical discussion, as well as efficiency of financial and human resources.
- The next GF-TADs Regional Conferences should preferably be held every two years. The next event should be scheduled for late 2026 or January 2027 and be conducted in-person.
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- To maintain technical momentum and address emerging issues in the interim meeting for individual priority disease, especially SGE meetings, should take place throughout 2026, as webinars, online in person format according to Member’s needs to enable in-depth technical discussions

GF-TADs
GLOBAL FRAMEWORK FOR THE PROGRESSIVE CONTROL OF TRANSBOUNDARY ANIMAL DISEASES

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