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**REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND
THE COUNCIL**

**on the outcome of the EU co-financed programmes for the eradication, control and
monitoring of animal diseases and zoonosis over the period of 2005-2011**

{SWD(2014) 55 final}

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EXECUTIVE SUMMARY

The present report focuses on the outcome of the implementation of the EU co-financed programmes for the eradication, control and monitoring of animal diseases and zoonosis, as required by Article 41 of Council Decision 2009/470/EC on expenditure in the veterinary field¹.

The co-funding for the animal diseases eradication, control and monitoring programmes (hereinafter “veterinary programmes”) represents by far the largest amount of expenditure under the EU food safety budget². Over the period under evaluation, more than EUR 1,17 billion were spent by the EU -for co-funding the implementation of programmes targeting thirteen diseases³. During these 7 years, all 27 Member States (MSs) (EU-25 until 31st December 2006) benefitted from EU contribution.

In spite of some areas of concern, the veterinary programmes continue to play a crucial role in the effective management of the targeted animal diseases, by ensuring disease surveillance and eradication, better targeting of the control of trans-boundary diseases of high EU relevance as well as prevention and rapid reaction to emerging and re-emerging animal diseases, which are a cornerstone of the EU Animal Health Strategy. This, in turn, offers clear net economic benefits to the relevant sectors of the EU economy and to the smooth functioning of the single market, as well as the protection of consumers and public health (in the case of zoonosis), which represent key public goods for EU society.

Taking into account future threats and challenges of the EU co-financed veterinary programmes, the analysis conducted allows a certain number of conclusions on future actions needed to improve the management of the programmes, notably: better prioritisation, reduction of costs for managing the programmes for both the Commission and the MSs, improvement of design, implementation and cost-effectiveness analysis of the EU co-financed veterinary programmes.

On 29 June 2011, the Commission has proposed a new regulation⁴ covering the whole area of food safety expenditure. The aim is to optimize the existing financial framework, leading to increased simplification, transparency, flexibility, and to demonstrate the cost-effectiveness of the expenditure on food safety, including veterinary programmes. The proposal will be formally adopted by the co-legislators in the first half of 2014.

¹ OJ L 155, 18.6.2009, p. 30. Following several amendments, Council Decision 2009/470/EC codified, repealed and replaced Council Decision 90/424/EEC on expenditure in the veterinary field.

² In 2011, some 75% of the total budget executed for Food and Feed was allocated to veterinary programmes.

³ Avian Influenza, African Swine Fever, Aujeszky's Disease, Bovine Brucellosis, Bovine Tuberculosis, Bluetongue, Classical Swine Fever, Enzootic Bovine Leucosis, Rabies, Enzootic Salmonellosis, Ovine and Caprine Brucellosis, Swine Vesicular Disease, TSEs (BSE and Scrapie).

⁴ COM(2011) 398 final.

1. INTRODUCTION

Article 41 of Council Decision 2009/470/EC on expenditure in the veterinary field provides that “every four years, the Commission shall submit to the European Parliament and to the Council a report on the animal health situation and cost-effectiveness of the implementation of programmes in the various Member States, including details of the criteria adopted”⁵.

Within the current monitoring and evaluation system, no specific tools to measure the cost-effectiveness of the food and feed spending have been implemented, therefore the present report mainly relates to a preliminary cost-benefit analysis of the programmes implemented.

It is to be noted that many veterinary programmes, especially eradication activities (e.g. tuberculosis), are by their nature long-termed activities. Therefore results are often achieved a long time after the implementation of specific measures.

The present report, being the first produced in this framework, extends the evaluation period to the seven years 2005-2011.

2. BACKGROUND

The EU financial contribution for animal diseases eradication, control and monitoring programmes represents by far the largest amount of expenditure under the EU food safety budget. It is aimed to progressively eliminate animal diseases and to implement disease monitoring measures in the MSs and the EU as a whole. It is also part of the overall EU Animal Health Strategy⁶ aimed at ensuring a high level of animal health, public health and consumer protection. The ultimate objectives of the veterinary programmes are to guarantee a high level of protection of both animal health and public health, to encourage the improvement of the productivity of the livestock sector and to contribute to the economic sustainability of the sectors directly or indirectly affected by an animal disease outbreak⁷.

The animal diseases and zoonosis which are eligible for EU co-financing are listed in Annex I to Council Decision 2009/470/EC.

The prioritisation of the funding is decided and adjusted by the Commission on an annual basis to ensure that it is fully appropriate to the situation actually prevailing. The greatest weight is given to diseases of either animal health or public health importance (such as zoonosis) and those which have major economic impact due to trade implications and income losses for the livestock sector in the EU. The proposed prioritisation is discussed with the MSs through the Standing Committee on the Food

⁵ The report is also based on the outcome of two evaluations conducted in this frame:
“Preparation of a report on the outcome of the EU co-financed animal disease eradication and monitoring programmes in the MSs and the EU as a whole” (2011, Food Chain Evaluation Consortium).

“Evaluation of the Eradication, Monitoring and Control Programmes for Animal Diseases” (2013, ICF-GHK).

⁶ Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of Regions COM 539 (2007) final - A new Animal Health Strategy for the European Union (2007-2013) where “Prevention is better than cure”.

⁷ Some figures about the economic significance of the livestock sector in the EU over the period under consideration are given in Commission Staff Working Document SANCO/11377/2013, Chapter VIII.

Chain and Animal Health⁸ (SCoFAH). The Commission's internal assessment is based on data submitted by MSs, Food and Veterinary Office (FVO)⁹ reports, financial audit reports¹⁰, and results of the Task Force for monitoring disease eradication¹¹ (TF).

In 2006, in order to ensure a more efficient and effective achievement of their objectives, a multi-annual approach for veterinary programmes was introduced.

EU co-funded veterinary programmes cover a wide range of measures including vaccination, testing of animals and compensation for slaughtering or culling. Generally, the EU financial contribution is at the rate of 50% of the cost incurred by the MSs to implement specific measures¹² up to a maximum amount, with the exception of the costs of Transmissible Spongiform Encephalopathies (TSE) monitoring, testing and genotyping which have been funded at 100% up to a ceiling, and the costs associated with rabies programmes (purchase and distribution of vaccines, laboratory tests) which have been co-financed at 75% since 2010. In 2011, all diseases which were previously co-financed at 50% were co-funded at a higher rate, i.e. 60%, as a contribution to budgetary recovery of MSs struggling with financial and economic crises. Over the period 2005-2011, the overall EU payments amounted to more than EUR 1,17 billion¹³ to cover thirteen diseases' programmes.

It has to be noticed that the total amount of funding varied greatly depending on the nature of the disease as well as on the number of programmes approved for each disease.

During these 7 years, all 27 MSs (EU-25 until 31st December 2006) benefitted from EU co-financing. The distribution of funding in the period under consideration per, respectively, co-financed disease and MS, is illustrated in Figure 1 and Figure 2 of Commission Staff Working Document SANCO/11377/2013, Chapter III.¹⁴

⁸ Set up by REGULATION (EC) No 178/2002 of the European Parliament and of the Council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety, OJ L 31, 1.2.2002, in order to assist the Commission in ensuring a more effective, comprehensive approach to the food chain. It is composed of representatives of the MSs and chaired by the representative of the Commission.

⁹ The FVO is part of the Health and Consumers Directorate-General. Its mission is to assure, by means of audits, inspections and related activities, effective control systems and to evaluate compliance with EU standards within the EU, and in third countries in relation to their exports to the EU.

¹⁰ Audit Reports are addressed to management and other stakeholders and summarise results of the audit work conducted by the Financial Audit Service of the Commission (DG Health and Consumers).

¹¹ This Task Force (TF) was established in March 2000 in line with action 29 of the White Paper on Food Safety. The TF is formed by representatives of each Member States under Commission responsibility and annual or bi-annual meeting are held in Brussels. Its objectives are: (a) to improve animal disease eradication and (b) to improve the cost-benefit-ratio of animal disease eradication programmes that are co-financed by the EU. In addition, six TF sub-groups have been created: bovine tuberculosis, bovine brucellosis, ovine and caprine brucellosis, rabies, salmonellosis, and classical swine fever, to deal with specific diseases and to provide technical support. Reports of the TF meetings are published on Commission web: http://ec.europa.eu/food/animal/diseases/index_en.htm

¹² Not all the measures implemented by MS are co-financed by EU that can contribute only to specific measures, depending on the disease, as listed in the Commission Decisions approving annually the veterinary programmes. See for more details Commission Implementing Decision 2012/761/EU- OJ L 336, 8.12.2012, p. 83.

¹³ The balance for 2011 excludes some programmes which are still under on-going financial audits.

¹⁴ The final EU payments for veterinary programmes implemented by the MSs and previously approved by the European Commission are presented in Commission Staff Working Document SANCO/11377/2013, Chapter III.

Figure 1 Distribution of payments per MSs (2005-2011)

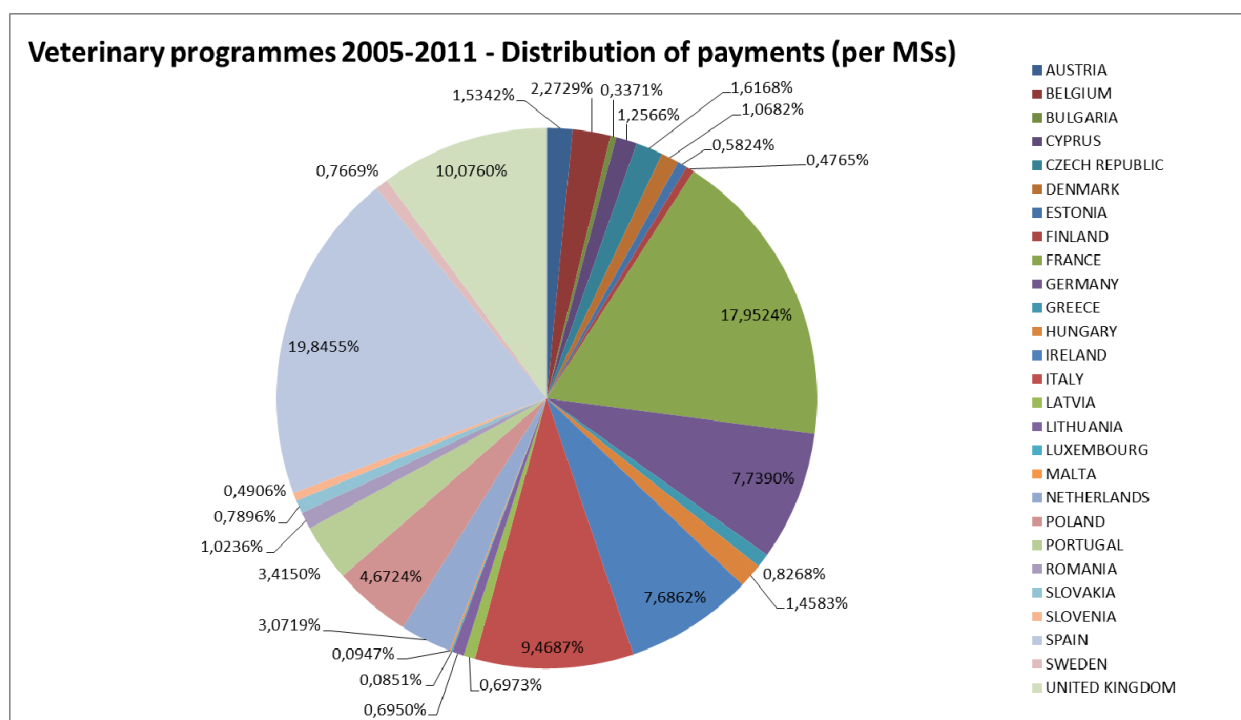


Figure 2 Distribution of payments per diseases (2005 2011)

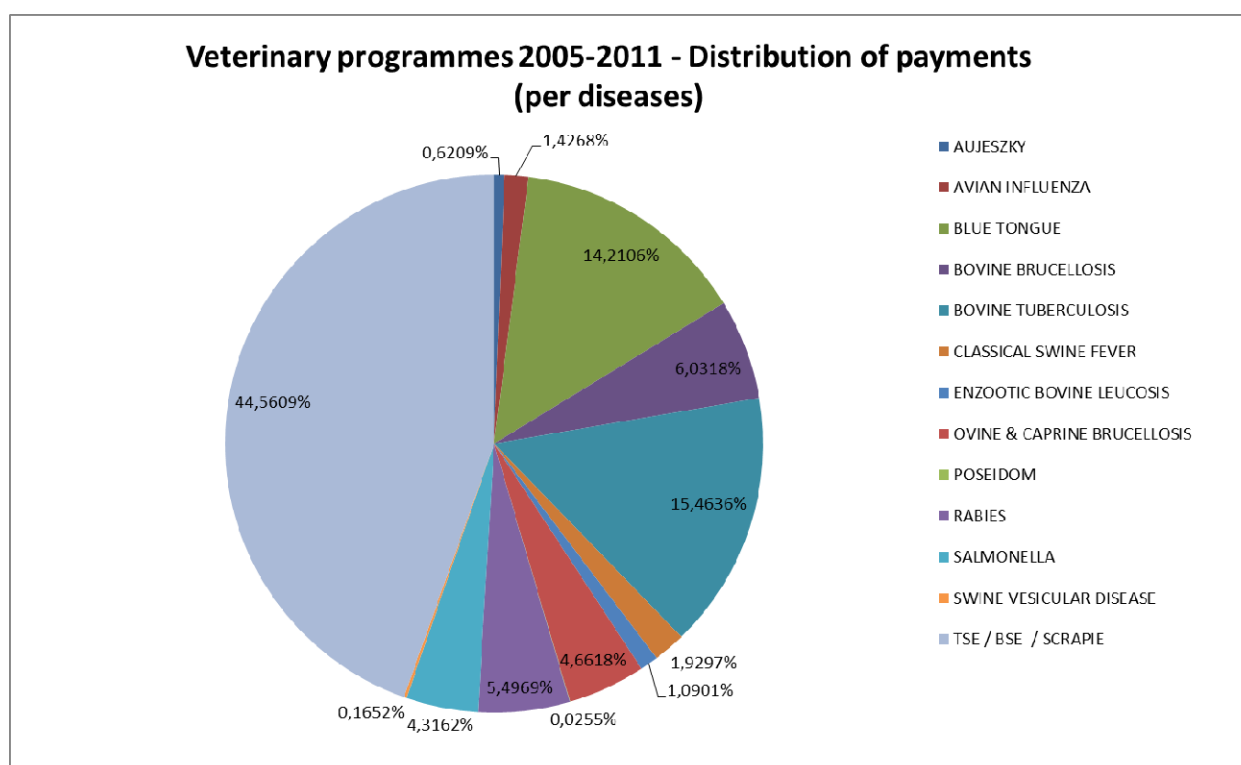
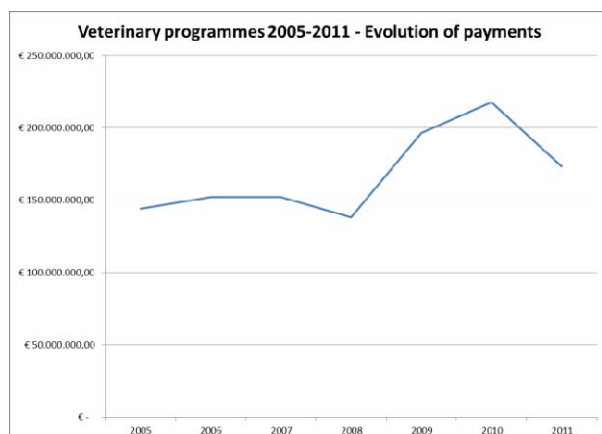


Figure 3 Evolution of funding (2005-2011)



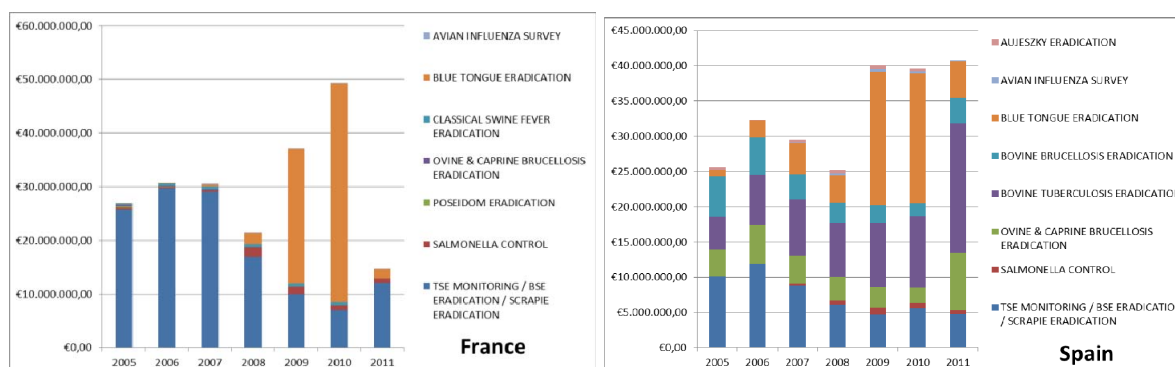
The evolution of funding (Figure 3) shows a very significant increase since 2009: this upward trend is mainly due to the significant increase in funding eradication programmes for bluetongue, notably in France and Spain (see Commission Staff Working Document SANCO/11377/2013, Chapter IV.2 for further details) and bovine tuberculosis, particularly in Ireland and UK (see Commission Staff Working Document SANCO/11377/2013, Chapter IV.3 for further details). It is also due to the increased funding rate for all diseases in 2011, as explained above.

Over the period under consideration, two MSs, notably France and Spain, absorbed almost 38% of the overall EU contribution, as shown in Figure 1. The other main recipients, whose aggregate absorption represented another 35% of the EU payments were: Italy (9,5%), United Kingdom (10,1%), Germany (7,7%) and Ireland (7,7%).

The remaining 27% of expenditure was distributed between further 21 MSs, whose individual allocation exceeded 3% in the cases of Poland, Portugal and Netherlands only.

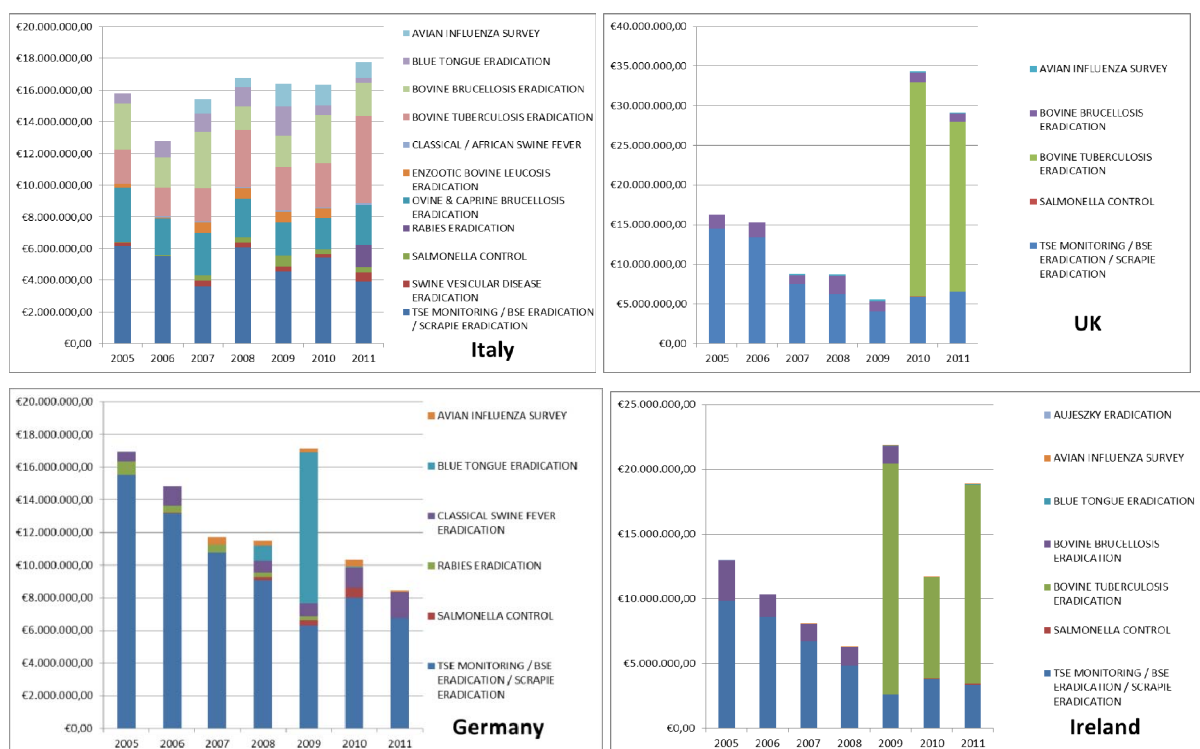
The evolution of payments addressing the six main recipient countries is illustrated in Figure 4, which also provide information on the distribution of payments per disease within each MS¹⁵.

Figure 4 Main recipient MSs for veterinary programmes (2005-2011)



¹⁵

Details EU co-financing in the remaining 21 MSs are presented in Commission Staff Working Document SANCO/11377/2013, Chapter VI.



As shown by Figure 2, more than 74% of the EU payments made in the period under consideration addressed three main veterinary programmes. The EU invested in the monitoring of TSE and the eradication of Bovine Spongiform Encephalopathies (BSE) and Scrapie some 44,5% of the overall co-financing. The second important allocation (amounting to about 15,5% of EU co-funding) covered the eradication of Bovine Tuberculosis, followed by the eradication of Bluetongue (more than 14%).

Another 20,5% was distributed between four diseases, notably: the eradication of Bovine Brucellosis (6%), Rabies (5,5%), Ovine and Caprine Brucellosis (4,7%); the control of Salmonella (4,3%).

The co-financing of programmes for the remaining seven diseases represented the residual 5,2% of the EU spending.

3. EU ANIMAL HEALTH SITUATION OVER THE PERIOD 2005-2011

Overall, the qualitative and quantitative evaluation of the veterinary programmes co-funded at EU level and implemented in the period 2005-2011, shows that they effectively contributed to improve the animal health status within the EU, therefore providing a good value for money. Positive outcomes have been achieved in most cases, except for certain diseases in some MSs where areas of concern still remain.

In some cases, despite the progress, results tend to vary between diseases and there are still some EU regions where local problems persist. Reasons for this include epidemiological factors - notably the role played by wildlife or vectors - which affect the effectiveness of the measures taken within certain programmes, but also specific programme implementation issues at MS level.

The MSs affected often faced structural difficulties including budgetary or staffing problems (insufficient staff or inappropriate allocation of staff) which, despite all efforts, hampered the proper implementation of the actions defined in the

programmes. The Commission aims at further support the MSs in addressing these deficiencies through, for example, reducing the costs associated with the management of programmes, and improving the prioritisation of diseases.

Failures are also attributable to socio-cultural issues, such as inadequate coordination between national and regional/local players, or lack of dialogue (communication) between public and private sector stake holders. To address these shortcomings, the role of the Task Force in disseminating best practices and sharing MSs' experiences will be further enhanced.

The results of the analysis are discussed per disease in the following sections.

3.1. Notable achievements

In most cases, the targeted diseases have been effectively contained and incidence or presence has been brought under control. Many of them have been progressively eradicated from large areas of the EU. This is evidenced by a significant expansion of “disease free zones” in the EU during this period (e.g. bovine tuberculosis, bovine brucellosis, and classical swine fever)¹⁶.

- The implementation of the compulsory **BSE** monitoring and eradication programmes in cattle was a necessary element in a series of measures taken at EU level that led to a dramatic decline in the detected BSE cases within the period 2005-2011 and an average annual decrease of 38% has been observed. By 2011, only 28 positive cases were found from over 6,3 million tests performed. Trade in live cattle, beef and bovine products from MSs most affected have been restored, and consumer confidence has returned. The EU compulsory measures to monitor **Scrapie** and eradicate the disease in infected sheep and goat flocks/herd, resulted in a much better knowledge of the distribution of scrapie and, through discriminatory testing, the assurance that the incidence of BSE in sheep and goats is now nil or negligible.
- The **Bluetongue** programmes have played an important role in the control and eradication of this disease, especially for the control of the epidemics caused by serotypes BTV-8 and BTV-1 that appeared unexpectedly in 2006 and 2007. The EU mobilised significant financial resources allowing MSs to launch a coordinated vaccination campaign across all infected areas. This campaign has proven very successful as bluetongue has effectively been brought under control and BTV-1 and BTV-8 serotypes virtually eliminated from all over Europe.
- In the case of **Rabies**, the co-funded oral vaccination programmes, launched at the end of the 1980s, have proved very successful, as they have led to the steady eradication of rabies from several MSs. Between 2005 and 2011, the total number of positive rabies cases at EU level has decreased very significantly from 2,575 cases to 518. The eradication of rabies from Europe is now in sight. This is a unique situation in the world as the EU has achieved rabies eradication on a scale which has never been experienced anywhere else before¹⁷. The disease has now been confined to the east of the EU and the

¹⁶ More details about officially disease free zones are given in Commission Staff Working Document SANCO/11377/2013, Chapter IX.

¹⁷ In recent years, due to a high infection pressure from the Western Balkan (WB) countries, the EU is also financing cooperation activities on rabies (and CSF) with WB within the Instrument for Pre-accession Assistance (IPA).

Commission is finalising the provision of funding for the creation of vaccination belts through bilateral agreements between interested Member States with their respective neighbours where rabies is still a threat¹⁸.

- The compulsory co-financed control programmes for **Salmonella**, which have been implemented step-by-step since 2007, led to a notable improvement of the situation in poultry. The number of reported human cases in the EU has declined by 50%. The decreasing trend at EU level of the human cases, between 2005 and 2011 was statistically significant, with a mean annual reduction of 12% (Data from European Food Safety Authority (EFSA))¹⁹. The reduction of prevalence of Salmonella serovars of public health relevance has been made through the effective and coordinated implementation of national salmonellosis control programmes (including, *inter alia*, routine monitoring programmes by both the farmer and the competent authority) in specified poultry populations targeting those serovars most responsible for human infections.
- **Avian Influenza (AI)**, which has made increasing incursions into the EU in recent years mostly through wild bird spread, has been successfully contained with the support of the compulsory surveillance programmes. Their implementation has proven effective in providing early warning for the timely detection of outbreaks of both high and low pathogenic strains, reducing the risk of both economic losses to farmers, and also the emergence of a zoonotic strain dangerous for humans. Following crises, these were also extremely useful in allowing early detection of High Pathogenic Avian Influenza (HPAI) in wild birds, therefore preventing further spread in commercial flocks and reducing risk of exposure to humans. As from 2008 the number of both wild birds and domestic birds surveyed declined. The decrease in the number of surveyed birds has to be seen in relation to the positive trend in the number of outbreaks occurring where a significant decline since 2007 both for domestic and wild birds could be observed. In 2007 25 HPAI outbreaks occurred in domestic birds while 0 in 2011. No outbreaks occurred in wild birds from 2010.
- **Classical Swine Fever (CSF)** had been eradicated in most EU15 MSs by 2004, except for certain areas in Germany, Luxemburg and France where the disease still occurred in wild boar. The enlargement of the EU has led to increased risks, due to CSF reservoirs in the central Europe, the Balkan region as well as an endemic situation of CSF in Bulgaria and Romania at the time of EU accession. Following the increase in funding to implement control measures, in recent years, in these regions good progress in CSF eradication has been achieved. The largest outbreaks during this period were in domestic pigs in Romania between 2006 and 2007 and in wild boar in Hungary in 2008. In 2009 no outbreak in domestic pigs occurred and in 2010 and 2011, no outbreaks in both domestic and wild animals were reported.

¹⁸ Third Countries that are at the moment being considered under this plan include Russia, Ukraine, and Belarus.

¹⁹ The European Food Safety Authority (EFSA) was set up in January 2002 as an independent source of scientific advice and communication on risks associated with the food chain. It was created as part of a comprehensive programme to improve EU food safety, ensure a high level of consumer protection and restore and maintain confidence in the EU food supply.

- In the case of **Bovine Tuberculosis (TB)**, epidemiological data for MSs supported by co-funded programmes, indicate that between 2005 and 2011 some progress has been made towards the eradication of the disease. In Spain, Italy, Portugal and Poland, there was a clear decrease in the cases of bovine tuberculosis and Poland obtained “officially tuberculosis free” (OTF) status in 2009 as did several regions of Italy in the last few years. The epidemiological situation of tuberculosis in Ireland (EU co-financed programmes started in 2009) showed some improvements. The situation needs to be confirmed in the following years.

On the whole, significant progress has also been made in eradicating both **Bovine Brucellosis** and **Ovine and Caprine Brucellosis**, with only some parts of the EU still affected by these diseases.

- **Bovine Brucellosis (BB)** has been nearly totally eradicated in most EU countries: since 2005, the prevalence of BB in cattle tested in those MSs with co-funded programmes decreased or remained at a low level in most countries (Cyprus, Ireland, Spain and in the territory of the Azores). In Northern Ireland, an increase was observed after 2005, albeit starting from a very low base, with a decline in the level of incidence from 2009. The successful implementation of the programmes has resulted in the granting of ‘officially brucellosis free’ (OBF) status for the Republic of Ireland as a whole in 2009, as well as several regions and provinces in Italy, and the Spanish Canary Islands.
- The implementation of the eradication programmes for **Ovine and Caprine Brucellosis** made excellent progress in Cyprus, northern and central Italy, Portugal and Spain, where the herd prevalence considerably declined between 2005 and 2011. When extending the time frame of the epidemiological analysis, the success in Spain is even more remarkable: the country reported a considerable decrease in herd prevalence, with a decline from some 30% in 1999 to 0.54% in 2011.
- The successful implementation of the programmes to eradicate **Enzootic Bovine Leucosis (EBL)** has resulted in a significant decline of the incidence of the disease in those countries at risk, notably Portugal, Poland and Italy.
- A similar positive trend is observed for **Aujeszky’s disease (AD)**, and an increasing number of MSs have become disease-free. Over the period 2005-2011 the key result of the eradication programmes is that the disease has been eradicated from Germany, Slovakia, and many regions of the UK while progress has also been made in several other regions. Following the success of implementation of these programmes and a re-prioritisation of the diseases by Council in 2006²⁰, EU co-financing has been stopped in 2010.

3.2. Partial success

- **Bovine Brucellosis: in Portugal and Italy**, due to particular circumstances related to the implementation of the bovine brucellosis eradication programmes in certain regions, there are significant variations in performance at regional level. In Italy the presence of bovine/buffalo brucellosis differs significantly by region. In northern and central Italy several regions and provinces are officially

²⁰ Council Decision of 19 December 2006 amending Decision 90/424/EEC on expenditure in the veterinary field OJ L 397, 30.12.2006, p. 22–27.

free, whereas in the southern regions the prevalence and the incidence of the disease are still high in bovines and buffaloes. In continental Portugal, there are also geographic variations in terms of the prevalence of the disease, which is higher in certain regions compared to the rest of the country. Nonetheless, there are notable improvements, particularly, where the implementation of the vaccination programme in the Azores has yielded excellent results with herd prevalence falling from above 3% in 2006 to just over 1% in 2011.

3.3. Areas of concern

- **Ovine and Caprine Brucellosis: Greece and southern Italy** are the main areas of concern in eradicating the disease, with particular implementation issues of the programmes that adversely affected the overall performance of the programmes. It is important to note that where programmes have failed to perform due to poor or incorrect implementation at MS or local level, the Commission has effectively taken corrective action or imposed penalties in terms of not approving the programme or reducing the funding in subsequent years or reducing the contribution for the years concerned.
- **Bovine Tuberculosis in UK:** co-financed eradication programmes have been implemented across the country since 2010, covering the whole territory except Scotland (officially free from the disease since 2009). The epidemiological situation was a cause for concern during the studied period and continues to require careful attention, particularly in England: the measures of the approved programmes have to be properly implemented.
- **African swine fever in Italy (Sardinia):** the disease has been completely eradicated from the EU territory, except for Sardinia. In spite of the favourable downwards trend in the previous years, there was a serious resurgence of the disease during the second half of 2011, due mainly to a poor implementation of the approved programmes.

4. COST-BENEFIT ANALYSIS OF VETERINARY PROGRAMMES OVER THE PERIOD 2005-2011

The performance of the measures implemented under EU co-funding over the period 2005-2010 was evaluated both internally and by means of external studies conducted in the last few years²¹, based on tangible results of EU action to support the MSs in eradicating, controlling and monitoring certain animal diseases. These studies have shown the overall success of the veterinary programmes but also highlighted a number of weaknesses where particular implementation issues adversely affected the outcome of the programme, as described already in section 3. These drawbacks are expected to be addressed by, for example, the ongoing modernisation of the financial management tools and the optimisation of the activities carried out by the task force.

It has to be reminded (see section 2) that in 2011, the eligible measures, previously co-financed at 50%, were co-funded at a higher rate, i.e. 60% and an additional measure was co-financed²².

Commission Staff Working Document SANCO/11377/2013, Chapter IV presents the results of the cost-benefit analysis for the diseases which represent a larger amount of the EU financial contribution for veterinary programmes.

²¹ See footnote 2.

²² A lump sum per domestic animal sampled was introduced.

5. ADMINISTRATIVE BURDEN LINKED TO EU CO-FUNDED VETERINARY PROGRAMMES

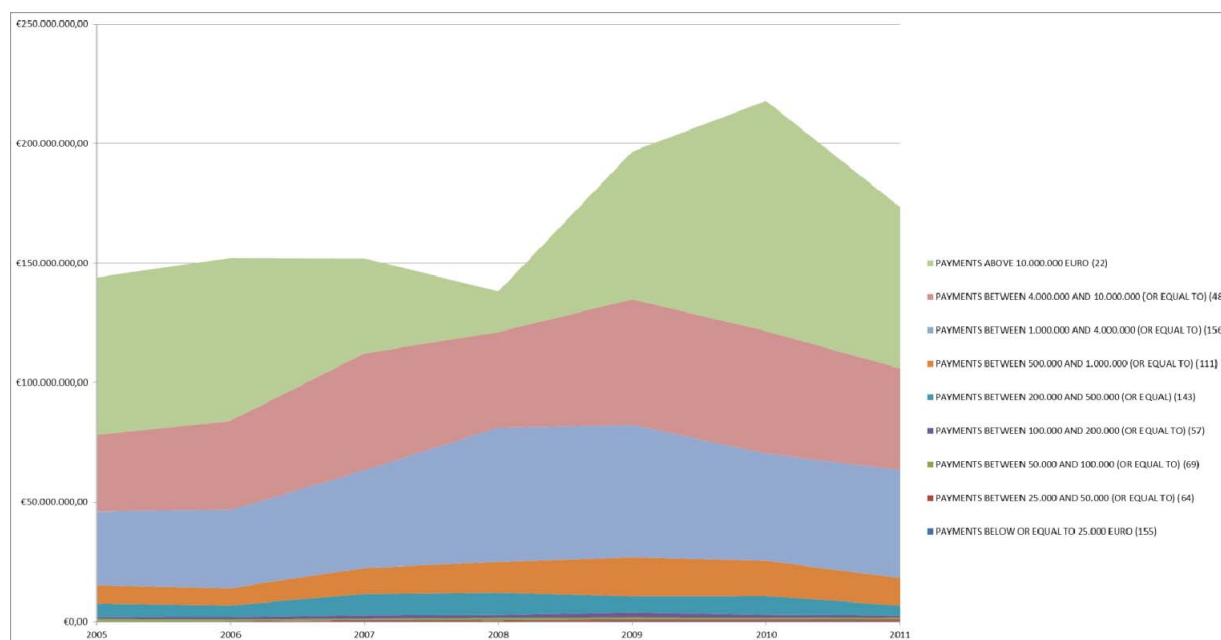
Administering EU funds and their spending requires considerable resources, both at national and at EU-level. The resource needed does not significantly change in proportion to the size of the programmes. In each case there is a requirement for preparation and scrutiny of the programme, preparation and adoption of a Commission Implementing Decision, financial administration and performance checks.

Despite the considerable costs associated with applying for and receiving small financial contributions, MSs acknowledge the benefits of those payments in particular in relation to capacity and consensus building reasons.

From 2005 to 2011, 825 payments were made, for a total EU co-financing of EUR 1.174.253.269,46. The figure below presents the evolution of funding over this period, grouping payments according to their value.

As it can be observed, payments below or equal to EUR 200.000 (four lowest thresholds) represented a very small share of total EU co-financing over the period, slightly exceeding 1,5% of the overall amount. On the other hand, the sum of these four lowest categories accounted for almost 42% of the total number of payments.

Figure 5 Distribution of payments per progressive amounts (2005-2011)



On the contrary, the highest threshold (payments above EUR 10.000.0000), alone accounted for more than 35% of the EU funding over the period, whilst corresponding to only 2,6% of the number of payments made.

This means that a significant amount of payments are of relatively small value, particularly:

- almost 19% of the payments were below or equal to EUR 25.000, corresponding to about 0,1% of the total funding;
- more than 26% of the payments did not exceed EUR 50.000, representing some 0,3% of the amount co-financed in the period considered.

More detailed information about the individual value of payments in the frame of the EU co-financing for veterinary programmes can be found in Commission Staff Working Document SANCO/11377/2013, Chapter V.

6. CONCLUSIONS AND WAY FORWARD

Over the period under consideration, the EU co-funded veterinary programmes have demonstrated their catalytic effect in achieving:

- **the improvement of both public and animal health:** reducing disease prevalence/incidence; safeguarding public health (in the case of zoonosis); fulfilling their role as a key disease prevention/management tool in the context of the EU Animal Health Strategy;
- **benefits in economic terms for the EU as whole:** protecting the value of the sector; contributing to market stability; ensuring safe trade; increasing extra-EU trade; reducing human health costs²³.

The main **strengths** which contributed to the success of EU co-financed veterinary programmes were:

- Bottom up approach in identifying and addressing Animal Health-issues, being programmes designed at MSs level and top-down approach ensuring respect of EU rules and criteria, being programmes approved by the Commission.
- Flexibility in allocating available resources thanks to annual adjustments (according to epidemiological situation and disease prioritisation) and to the possibility to apply different financial rates.
- Capacity of the EU system to react to exceptionally serious health situations (e.g. BSE crises, bluetongue epidemics) using limited financial resources in relation to the overall high economic value of the animal sectors.
- EU sustainability of financial contribution allowing medium-long term planning for veterinary programmes in MSs.
- Regional cooperation approach providing valuable assistance to candidate countries and to third countries bordering the EU, which prevented the introduction of diseases in the EU (also ensuring sustainability of results achieved to date in MSs).
- Sharing of knowledge, experience and best practices among MSs also in the context of the Task Forces for monitoring disease eradication.

However, a certain number of weaknesses have been highlighted: some of them have already been partially addressed by the Commission; others still need to be so in the near future:

- Lack of a systematic approach, based on a clear set of objectives and indicators, that would help to evaluate the performance of programmes implemented. This also limits the possibility to demonstrate the cost-effectiveness of the different measures.

²³

For further details see Preparation of a report on the outcome of the EU co-financed animal disease eradication and monitoring programmes in the ms and the EU as a whole (2011, Food Chain Evaluation Consortium).

- Significant differences in MSs veterinary systems and livestock structures which leads to variability in programme implementation, risking to jeopardise results achieved at EU level, particularly when dealing with trans-boundary diseases.
- Submission of multi-annual programmes by the MSs is still not sufficient, limiting the possibility to focus on the progress being made to clear medium term objectives and to reduce the efforts needed to administer the program.

In the meantime, over the period to 2020, the EU will also face a number of specific **challenges**, possibly compromising the effectiveness of MSs programmes. These mostly relate to:

- **The potential re-emergence of current priority diseases:**
 - Trans-boundary movement of susceptible wildlife animals (particularly CSF, ASF and Rabies in Eastern and Baltic MSs).
 - Illegal meat imports from non-EU third countries (particularly CSF and ASF along the Eastern border of the EU).
 - Detection of sporadic cases of BSE, and uncertainties with regards to ‘atypical BSE’ (all MSs).
- **The potential introduction of emerging diseases:**
 - Risk for incursion in border EU regions of hazards present in neighbouring third countries.
 - Risk related to the possible introduction of emerging diseases and re-introduction of known pathogens into the EU from neighbouring third countries.
- **Main changing risk factors:**
 - Increasing complexity of international supply chains.
 - Increasing risk of vector borne diseases and the possible effects of climate change in terms of altering animal disease emergence and spread patterns.
 - Potential relaxation of surveillance measures when the disease situation has achieved the primary objective.
 - Efforts to increase the sustainability of public finances both at MSs and at EU level, may lead to a budget reduction that can be detrimental on programme sustainability. This will mainly affect programmes which require long term continuity in order to achieve desired outcomes. Results and impacts of the programmes need to be assessed in the medium-long term to fully evaluate the performance of the programmes: drawing conclusions by comparing results on a short term basis can be misleading, as achievements in the field of animal health can only be demonstrated over a certain period of time (depending on the epidemiology of the disease).

On 29 June 2011, the Commission has proposed a new regulation covering the whole area of food safety expenditure. The aim is to optimize the existing financial framework, leading to increased simplification, transparency, flexibility, and to demonstrate the cost-effectiveness of

the expenditure on food safety, including veterinary programmes. The proposal will be formally adopted by the co-legislators in the first half of 2014.