Draft Commission Implementing Regulation

concerning the implementation of contingency plans and simulation exercises for the prevention, control and eradication of transmissible animal diseases

Current state of play

PAFF January 2026

European Commission,
DG Health and Food Safety
Unit G2 – Animal Health

Current state

- Written comments until **12 December 2025**
- Suggestions received from:
    - Austria, Denmark, Germany, Hungary, Italy, Latvia and Norway
- Many of the concerns raised are already addressed in the draft that has been designed to allow a **risk-based and proportionate implementation,** taking into account differences in epidemiological situations, national structures and available resources.
- **Transitional period (18 months from adoption)** to align existing contingency plans with draft regulation is foreseen to allow competent authorities and other involved institutions sufficient time to prepare for implementation of the new requirements.
- **Training**: BTSF on Contingency Plans

Comments and Commission response/actions

Proportionality / MS capacity / level of administration

Member States comments:
The requirements may be difficult to implement due to **limited resources and capacity**, creating a disproportionate administrative burden.
The regulation should **not interfere/be too prescriptive with the allocation of competences**.

Commission response
- Proportionality is already embedded in the draft Regulation (e.g. Article 6, Annex I and Annex II).
- The definition of competent authority is in the AHL .
- No obligation to create structures, existing structures and plans to be used/improved/made compliant.
- The regulation is compatible with centralised and decentralised national systems

Commission action:
The Commission will: further strengthen references to proportionality and flexible implementation (e.g. “where appropriate”, “taking into account national structures”), while maintaining minimum preparedness objectives.
A recital will be added: to indicate that implementation shall be risk-based, proportionate to the epidemiological situation, disease category and available national structures.

Cooperation and chain of command

Member States comment:
The practical implementation may be difficult, especially beyond the animal–human health interface (public health environment, wild animals management).

Commission response
- The Commission considers that there should not be an exclusion of sectors even if challenging, this remains essential for preparedness and early/effective response.
- Member States remain free to organise internal decision-making structures in line with national law. And to amend where possible and relevant.

Cost-effectiveness and additional funding

Member States comments:
Concern about resources and efficiency.
Defintion of cost-effective, may be misleading in emergency planning

Commission response
- The regulation sets obligations, not funding mechanisms.
- The Commission considers that cost-effective does not mean the cost-saving. Cost-effective is the“ best value for achieving the objective” therefore allows the authority to achieving the greatest possible benefit given the level of available resources.

Minimum standards / harmonization

Member State comments:
Minimum standards are not sufficiently clearly defined, creating a risk of divergent interpretation between Member States.

Commission response
The Commission considers that an **objective-based definition of minimum standards** (not performance standards/no further quantitative specifications) is necessary to ensure a harmonised level of preparedness across the Union, while allowing Member States flexibility in operational implementation according to their national context.

Simulation exercises (frequency and format), choice of diseases and risk assessment

Member States comments:
Requirements on simulation exercises, risk assessments and training are justified but resource-intensive.

Commission response
- Not all Category A diseases require simulation exercises every three years.
- Member States determine which diseases to address, based on: the epidemiological situation, and risk assessment outcomes.
- The format and scope of simulation exercises may vary by disease (see Annex V).In the event of an outbreak, Member States may decide not to organise a simulation exercise at the predefined interval (as already provided for in Article 8(6)).
- Regular risk assessment remains a core element of preparedness and situational awareness.

Commission action:
One or more recitals will be added to clarify that: simulation exercises must be proportionate to objectives, risks and available resources; full-scale exercises are not systematically required.
The recitals will also clarify that: risk assessments may build on existing assessments and be updated as necessary, taking into account the evolving epidemiological situation.

Emergency plan vs instruction manual/Access to contingency plans and instruction manuals and involvement of stakeholders

Member State comments:
The distinction between contingency plans and instruction manuals is not sufficiently clear.National contingency plans are internal government documents and should not be automatically accessible to private sector representatives or stakeholders.

Commission response:
- The Regulation does not require public disclosure of internal government contingency plans. It requires coordination and coherence with relevant stakeholders' plans, without imposing access to internal documents.
- Stakeholders should, however, be appropriately informed of the relevant elements necessary for effective preparedness and response.
- The distinction between contingency plans and instruction manuals is functional rather than structural. Member States may choose to organise them as a single integrated set of documents, provided all regulatory requirements are met.

Commission action:
A recital will be added: to clarify that instruction manuals may be physically integrated into the contingency plan or referenced therein.
The relevant Article will be revised: to explicitly confirm that the competent authority retains discretion to grant access to specific sections of contingency plans and instruction manuals, as appropriate..

Changes in the Articles and annexes

Changes Draft Act

- **Article 1** – reference corrected
    - Emerging diseases as defined in **Article 6, point (2)**, of Regulation (EU) 2016/429.
- **Article 2** – added definitions for ‚operational expert group' and ‚recovery phase'
    - **'operational expert group'** means a group of people who have knowledge and expertise in the control and diagnostics of category A diseases, on the animal species concerned, the possible vectors of specific category A diseases, on terrestrial or aquatic animals and terrestrial wild animals.
    - **'recovery phase'** means all actions to restore normal operations towards ensuring the absence of the disease in previously affected area.

Changes Draft Act

- **Article 4** paragraph 1 – deleted word ‚central‘

The ~~central~~ competent authority shall establish a chain of command for the implementation of the contingency plans in accordance with the administrative and political structures of the concerned Member State.

Rationale: harmonisation with definition in AHL.

‘competent authority’ means the central veterinary authority of a Member State responsible for the organisation of official controls and any other official activities in accordance with this Regulation and Regulation, or any other authority to which that responsibility has been delegated.

Changes Draft Act

- **Article 8** paragraph 3 (b) – replaced ‚the result of a‘ with ‚identified as relevant during the‘

    - (b) category A diseases relevant to the current epidemiological situation of the Member State and neighbouring countries or **identified as relevant during the** risk assessment carried out by the competent authority.

- **Article 8** paragraph 4 – added ‚should, where possible‘

    - Simulation exercises **should, where possible,** be organised jointly and carried out in cooperation with neighbouring Member States or third countries, according to the outcomes of the risk assessment.

- **Rationale:** Possibility, to exclude neighbouring countries in case of conflict with them, regardless of the outcomes of the risk assessment.

Changes Draft Act

- **Article 8** paragraph 6 – deleted ‚for certain category A diseases‘, deletion of (c), inclusion into (b)
    - The competent authority of certain Member States may decide not to organise simulation exercises at the interval indicated in point 2 (a) and (b) ~~for certain category A diseases~~ where:
        - (b) the disease has occurred for the first time, **has re-occurred or remains present** in its territory and the contingency plan has been consequently implemented in practice;
        - ~~(c) the disease has re-occurred or remains present in its territory and the contingency plan is being regularly implemented.~~

- **Rationale:** In all these cases, contingency plans have recently been in use, no need for two separate points.

Changes Draft Act

- **Article 9** paragraph 3 – added ‚significantly‘

    - Member States that adopt or update their contingency plans **significantly** in accordance with this Regulation shall ensure that initial training for all authorities and stakeholders identified in those plans is organised within 12 months from the date of adoption or update.

- **Rationale:** According to paragraph 2 (b) only significant revisions of the contingency plans require training.

Article 9 paragraph 5 – rephrased

- The contingency plan shall be made accessible, in a proportionate manner, to relevant stakeholders in order to raise awareness, clarify their roles and responsibilities, and support adequate preparedness. The Member State concerned shall determine, on the basis of a reasoned assessment, which parts of the contingency plan are to be shared and may restrict access to sections not necessary for stakeholders preparation.
- ~~The contingency plan must be accessible to all relevant stakeholders to raise awareness, clarify their roles, and support adequate preparation. However, sections not directly relevant to their preparation may be withheld~~

- **Rationale:** the Competent Authority has rights to grant access to the contingency plans and manuals.

Changes Draft Annexes

- Annex I Point 4 – replaced ‘organigramme’ with ‘organizational chart’
    - Updated **organizational chart** including contact details (phone numbers, email and organisation) of the personnel in charge of all the relevant actions.

- **Rationale:** Improved wording

Comments Draft Annex

- Annex I Point 5 – added ‘as appropriate’

    - Program and the designated authority responsible for organisation of the simulation exercises at national, regional and local level **as appropriate**

Rationale: Administrative, geographic and disease situation of MSs may vary; aligned with AHL Art. 43 paragraph 2 (d) (ii)

- Annex I and IV – **we will** separate what, *must exist and be organised* (Annex I – strategic/logistical) from *how to do it in practice* (Annex IV-technical/operational)

Rationale: to avoid overlaps and repetitions in Annexes I and IV

Next steps

- Internal consultation procedure (duration: 1-2 months)
- Amendments and editorial adjustments made on the basis of the Legal Service's feedback
- Submission to the PAFF Committee for discussion or opinion (agenda item C or B, as appropriate)

Questions?
Comments?