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EADRA GUIDANCE DOCUMENT

Terms of Reference (ToR) for an EAD Categorisation Panel

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1. Purpose of the EADCP

An Emergency Animal Disease Categorisation Panel (EADCP) is an ad hoc group that is convened to consider and provide a recommendation based on the best available scientific, epidemiological and economic information regarding a request to:

- categorise or recategorise an Emergency Animal Disease (EAD) or
- remove a currently listed EAD from the Emergency Animal Disease Response Agreement (EADRA).

Use this document alongside the EADRA. If there is any conflict between the EADRA and this document, follow the EADRA.

In this guide, defined EADRA terms start with capital letters. You can read the full EADRA at https://animalhealthaustralia.com.au/eadra/.

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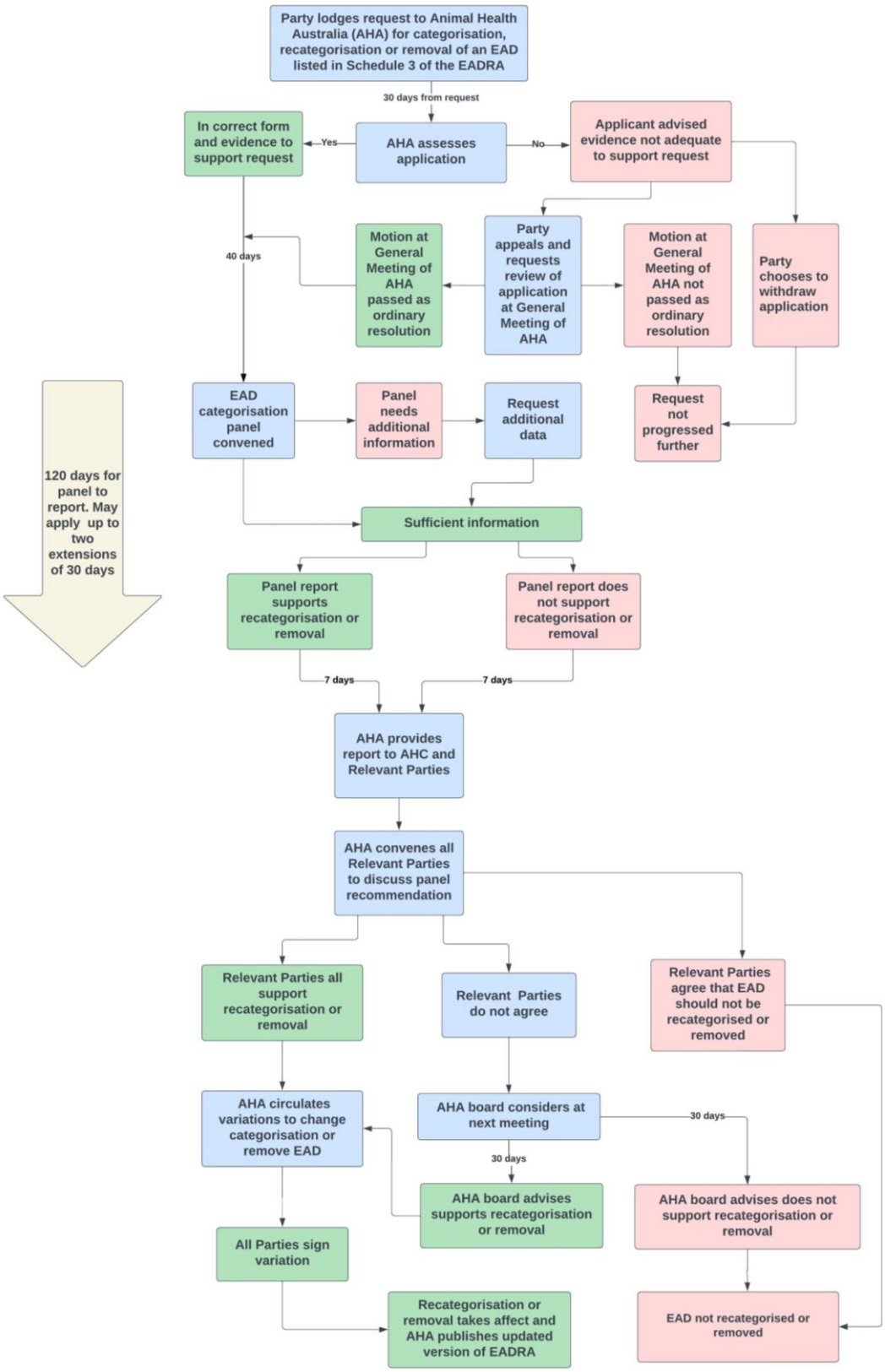
Figure 1: Summary of EAD categorisation or removal process.



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2. EADRA guidance to inform recommendations of the EADCP

An EADCP will use the latest approved version of EADRA guidance documents:

- the EADRA guidance on *Categorisation of EADs* is used to develop recommendations on the categorisation/recategorisation of an EAD
- the EADRA guidance on *Determining whether an unlisted disease is an EAD* is used to develop recommendations relating to the removal of an EAD.

3. Recommendation of the EADCP

The recommendation of the EADCP will be provided in a report to Relevant Parties and the Animal Health Committee (AHC). It will contain an assessment of relevant scientific, epidemiological and economic qualitative information and quantitative information (where this exists or can be reasonably generated).

A recommendation regarding the categorisation of an EAD will:

- be developed using a hypothetical scenario where the EAD is established
- use the establishment scenario to:
    - identify the potential:
        - direct and indirect impacts of the EAD on affected industries
        - direct impacts on the health of the human population
        - direct impacts on native animal populations
        - indirect impacts on the economy and/or community amenity and wellbeing
    - compare the total monetary and non-monetary losses that would potentially be incurred by the:
        - affected livestock industries (who would pay for the industry share of an EAD response) versus
        - other stakeholders (funded by government).

A recommendation regarding the removal of an EAD must outline the basis for removing the EAD from listing under the EADRA which may include but will not be limited to information on why the EAD no longer meets the definition of an EAD.

4. Membership of the EADCP

Animal Health Australia (AHA) will consult all Relevant Parties and the Animal Health Committee (AHC) on the membership of an EADCP. It will be made up of nominees with sufficient relevant scientific, epidemiological, economic, operational or disease control expertise to develop informed recommendations.

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Both industry and government expertise must be adequately represented so that EADCP deliberations and recommendations are well informed and avoid group think or bias.

The panel will be independently chaired by a senior staff member of AHA (noting that AHA does not share the eligible costs of an EAD response and is therefore an independent Party).

As a minimum it will include the following members in addition to the Chair:

- one or more government Chief Veterinary Officers (CVOs) or deputy CVOs (DCVOs) nominated by the AHC to represent the collective technical expertise of the AHC
- a person with specific expertise in the EAD/disease being considered
- a veterinary epidemiologist with EAD response expertise
- a representative of the Australian Bureau of Agricultural and Resource Economics and Sciences (ABARES) (or if they are unavailable, an alternative expert) with relevant economic expertise
- a representative of the Department of Agriculture, Fisheries and Forestry (DAFF) with relevant expertise in international trade
- a nominee from each Relevant Industry Party who can contribute information to help the panel determine the potential impacts of the EAD on the at-risk livestock industries and affected communities.

Where the Chair, in consultation with the panel members, determines that additional expertise is required, they will also include additional members, nominated by the AHC and/or Relevant Parties, with relevant expertise including but not limited to:

- a person with relevant disease control expertise
- a person with public health expertise, if there is a potential public health risk (due to infection of humans)
- a person with native wildlife health expertise, if there is a potential risk to the health and viability of native wildlife populations
- a conservation representative, if native wildlife populations may be threatened.

The Chair, in consultation with the panel members, may invite other advisers with relevant expertise to attend one of more meetings of the EADCP. These advisers will not participate in decision-making.

5. Roles and responsibilities

- AHA will seek nominations for the EADCP from all Relevant Parties and the AHC.
- Members of the panel will be nominated on the basis of their technical expertise, not to advocate for an individual Party.
- The EADCP will be chaired by a senior AHA staff member.
- The Chair will review nominations from Relevant Parties and the AHC to determine the initial membership of the EADCP.

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- The Chair, in consultation with members of the EADCP, may nominate additional members or appoint advisers if additional expert advice is needed.
- AHA will provide secretariat support. The secretariat will provide draft minutes to the EADCP members for review prior to the next meeting.
- The meeting minutes will be action-focused and will include a summary of key discussion points and an updated action list.
- Members of the EADCP will endeavour to directly source/provide technical information to inform the EADCP's recommendation. If this is not possible, the Chair will contact other parties to seek additional information needed by the EADCP.
- Members are expected to:
    - abide by confidentiality provisions of the EADRA
    - read meeting papers and seek to understand the issues prior to attending each meeting
    - contribute time and expertise as required via meetings or out-of-session (OOS) work to support the timely development of recommendations and advice for Parties.
- Members nominated by Relevant Industries will (subject to confidentiality requirements):
    - where necessary, consult within their organisation prior to meetings so they come prepared to contribute by presenting relevant information and informed views,
    - liaise regularly within the organisation, so there is an understanding of EADCP deliberations.
- The CVO or DCVO nominated by the AHC will:
    - consult with the AHC members prior to meetings so they come prepared to contribute by presenting informed and representative views,
    - liaise regularly with the AHC members, so there is an understanding of EADCP deliberations.

6. Budget for eligible expenses that may be Cost Shared by Relevant Parties

Approved eligible costs associated with panel operations will be retrospectively Cost Shared by the Relevant Parties according to the Cost Sharing arrangements for the final category of the EAD.

- Once the proposed membership of the EADCP is agreed, the Chair in consultation with the members and AHA secretariat, will develop a workplan for the EADCP and a budget for any expenses that will need to be Cost Shared.
- The workplan and budget will be circulated to all Relevant Parties for approval.
- The AHA secretariat will report to Relevant Parties on eligible expenditure incurred by the EADCP.

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Expenses may be eligible for Cost Sharing by the Relevant Parties include:

- Contract fees for any experts engaged by AHA on behalf of the EADCP to:
    - be a member of the EADCP or
    - provide advice to the EADCP.
- Any additional AHA staff costs for secretariat support (excluding cost for the Chair).

The cost of time contributed by staff or representatives of Relevant Parties will not usually be eligible for Cost Sharing but may be approved by the Relevant Parties if it will assist in effective and timely decision-making by the EADCP.

7. Scope of work for an EADCP

The EADCP will:

- Consult proposals for change in the categorisation or removal of an existing EAD.
- Consult or seek advice/information from relevant experts as required.
- Take into account relevant scientific, epidemiological, economic, operational and other knowledge and experience, including AHA guidance on categorisation criteria and processes.
- Recommend:
    - an appropriate categorisation for a new or existing EAD or
    - if an EAD should be removed.

The Chair and secretariat are responsible for drafting the final report for review and approval by EADCP members. The case presented in the final report of the EADCP should provide both qualitative and quantitative information (where this exists or can be reasonably generated) to support the final recommendation of the panel.

In scope of work

Considering the nature of the disease, such as:

- epidemiology – factors influencing the spread of the disease, such as incubation period, persistence of the organism, modes of transmission
- aetiology – i.e. information on the causal organism, such as its virulence
- susceptibility of species
- world distribution over time
- resistance and immunity
- availability and effectiveness of control/treatment.

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Using a theoretical, realistic scenario where the EAD is established to identify:

- the nature and quantum of the potential impact of the disease on the Affected Industries including losses due to:
    - decreases in the volume and/or quality of livestock production due to ill health and death of infected livestock; and
    - lost sales income, profitability, amenity and viability of livestock enterprises (due to loss of markets or consumer demand) or loss of genetics; and
    - increased production costs; and
- the nature and quantum of the potential wider (public) impacts of the disease including:
    - public health impacts due to infection of people with the EAD agent;
    - declines or extinction of native wildlife populations due to infection with the EAD;
    - flow on economic losses to other industries arising from impacts on production and domestic and international trade;
    - damage to the economic and social wellbeing of Australian communities, including reduced rural and regional economic viability and loss of social amenity.

Out of scope of work

In the context of categorisation of the EAD, consideration of the:

- likelihood of an EAD entering Australia or causing an EAD incident
- cost of an emergency response
- potential initial outbreak scenarios.

8. Meeting arrangements and document sharing

- The AHA secretariat will establish a dedicated and secure virtual channel (e.g. in Microsoft Teams) for the members of the EADCP to access and collaborate on shared documents including the final report from the EADCP.
- Meetings will occur via secure video conference (e.g. Microsoft Teams).
- Links to papers and documents will be circulated by email prior to each meeting.
- The Chair will consult the members of the EADCP to determine the:
    - meeting frequency (noting the required reporting timelines) and
    - arrangements for distribution of documents prior to meetings.

9. EADCP decisions and timeline

The EADCP will aim to finalise its report and recommendations as quickly as possible (especially if the decision is urgent). The report must be finalised within 120 days of the panel being convened, except where an extension is approved by Relevant Parties.

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If additional time is needed to source and consider relevant information, the chair of the EADCP may request up to two 30-day extensions to the 120-day period.

AHA will report the final findings and recommendations of the EADCP within seven days via papers to the AHC and all Relevant Parties.

Decisions of the EADCP will be made by Consensus. Any dissenting views and the reasons for the viewpoint must be documented in the EADCP's final report.

Consensus means (as defined in clause 2.1 of the EADRA) the making of decisions by general agreement (which may involve a measure of compromise necessary to ensure a workable outcome), and that none of the Parties actively participating in the decision-making process opposes the decision.

If Consensus cannot be reached within the timeframes outlined above, the available information and view of members will be conveyed to Relevant Parties for further consideration as per Schedule 3.2 of the EADRA.

10. Quorum requirements

The AHA secretariat will work with the Chair and members to try to schedule meetings so that all members of the EADCP can attend every meeting of the EADCP.

All members of the panel must be present for any discussion on the final recommendations of the EADCP.

11. Proxies

Members may, with the prior approval of the Chair, nominate (preferably with a week's notice) a proxy to attend a meeting if they are unable to. It is the member's responsibility to provide all necessary background information/briefing notes to support their proxy's engagement in the meeting.

12. Confidentiality

- All discussions must be treated as confidential unless otherwise agreed by the group.
- All members (excluding government staff already bound by a relevant Public Service Act) must provide a current signed Confidentiality Deed Poll declaration as per Schedule 9 of the EADRA to AHA prior to the first meeting.
- Materials shared to or within the group may be shared within the organisations of members who are Relevant Parties *'in confidence'* for the purposes of internal consultation but must not be distributed or shared more widely.