



Federation of Veterinarians of Europe

# Animal Health Visits

Application of art. 25 Survey

Federation of Veterinarians of Europe



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# ABSTRACT

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In 2016, the European Union adopted the 'Animal Health Law', and Article 25 laid down requirements for all operators (from production animals to wild animals) to ensure that their establishments receive regular animal health visits from a veterinarian.

These 'animal health visits' were to be implemented in all EU countries by April 2021 to strengthen animal health by improving disease prevention, through enhanced biosecurity, and disease detection. Regular animal health visits have great potential to improve animal health and welfare, reduce the use of antibiotics and enhance simultaneously sustainability and economic efficiency.

The present paper analyses the results of two surveys carried out by the Federation of Veterinarians of Europe (FVE) among its members, namely in 2017 and 2022. Based on the results, we benchmarked the implementation of the animal health visits per country established on a checklist laid down in the <u>FVE position paper</u>.

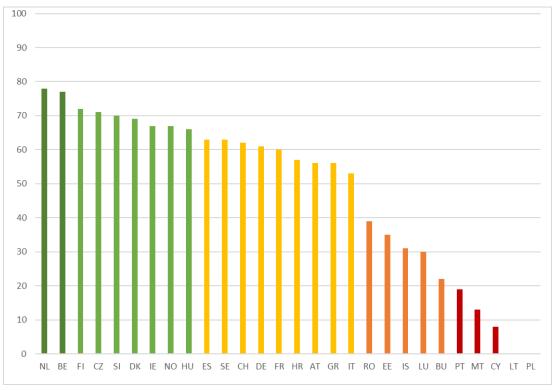


Figure 1: Benchmarks of the different countries regarding the implementation of the animal health law visits based on the information received. The maximum score is 100 (covering all species, all types of establishments, full coverage, mandatory, done by a private practitioner, all subjects), the lowest score is 0 (no visits). Please note that several countries are in progress to further implement these visits, so the scores will change over time.





Our results show that the majority of EU Member States currently have animal health visits, but none are perfect. Many are restricted to specific production animals (e.g., Belgium, Germany, Norway, Spain and Sweden), not covering all operators, under the umbrella of official controls by authorised and state veterinarians or only covering specific aspects (e.g., medicines control but not biosecurity).

FVE reinitiates that the intention of regular animal health visits should be to advise farmers on improving animal health, and biosecurity and to carry out preventive work. To achieve this, only a veterinary practitioner regularly visiting the establishment will have robust and detailed knowledge about the running conditions. Initial and continued training for veterinary practitioners in preventive health management for groups of animals, ideally already in undergraduate education, is an important prerequisite for successful visits. Regular visits are also important to build up a relationship of trust between the owner of the establishment (e.g. the farmer) and the veterinarian.

The plethora of national requirements concerning the covered species, type of holdings, executing veterinarian, and subjects indicate a crucial need for harmonisation on a community level. FVE calls upon the European Commission to issue secondary legislation to avoid a continuous insufficient and inconsistent application of Article 25.





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# INTRODUCTION

The Animal Health Law (Regulation 2016/4291)<sup>1</sup>, adopted in 2016, requires operators in Article 25 to make sure that establishments receive animal health visits from a veterinarian. These "animal health visits" were to be implemented in all Member States (MS) of the European Union (EU) by April 2021 and aim to strengthen animal health by improving disease prevention.

Regular animal health visits have great potential to improve animal health and welfare, reduce the use of antibiotics and enhance simultaneously sustainability and economic efficiency. There are huge challenges ahead for the European livestock sector, and these visits foster veterinary advice to farmers on improving animal health, biosecurity, and carrying out preventive medicine, also they act in favour to enhance food safety and public health even further, whilst reducing production costs, and environmental impact. They must have a wider scope, the transmission of knowledge between the veterinarian and the animal owners, improve animal welfare, and the responsible use of veterinary medicines<sup>2</sup>.

"There is a need to define the animal health visit to formulate a practical and meaningful tool that has added value for farmers, veterinarians and consumers alike; a tool that will ultimately act in favour of animal welfare, food safety, public health, reduced production costs, more effective use of resources and reduced climate/environmental impact, consumer perception, and consumer reassurance."

FVE published a <u>position paper</u> on the regular animal health visits in January 2021 underlining the importance of an implementing act with harmonised minimum requirements for these animal health visits on Community level. One year after the publication of the FVE position paper and after the entry into force of mandatory regular animal health visits, FVE carried out a survey in collaboration with its members to analyse

<sup>&</sup>lt;sup>1</sup> Regulation (EU) 2016/429 of the European Parliament and of the Council of 9 March 2016 on transmissible animal diseases and amending and repealing certain acts in the area of animal health ('Animal Health Law'): <u>https://eur-lex.europa.eu/legal-</u>content/EN/TXT/PDF/?uri=CELEX:32016R0429&gid=1602247521175&from=EN

<sup>&</sup>lt;sup>2</sup> FVE position paper: "Prevention is better than cure: regular animal health visits make this happen". Published 10/01/2021 https://fve.org/cms/wp-content/uploads/061-AHL-visits adopted.pdf





the state of play regarding the current situation in each country regarding the implementation of the animal health visits. This entailed active help and support from the member organisations, for which we are immensely grateful, helping the FVE and the other veterinary colleagues gain insight, helping to identify the weak points of the current situation and, consequently, to pursue the targets, healthier and happier animals and operators.

It can be concluded that, despite the compulsory date of April 2021, there is still lots of work to do and great room for improvement. It became clear, that many countries already had a national system of visits but further harmonisation on community level is necessary. The plethora of different systems in each country indicates the necessity for concrete harmonised requirements as target species, the frequency, and the details of the visits.

## METHODS

This survey was sent in January 2022 to carry out the analysis of the situation in the different countries. Two types of surveys that were distributed, one for first responders and one for follow up information. The survey was sent to 30 European Veterinary Associations in EU and EFTA Member States and the United Kingdom.

The survey consisted of 3 to 6 multiple-choice questions with the possibility to give additional free-text answers. The survey also included an annexe, which compiled the information per country for the first survey made by the FVE in 2017<sup>3</sup>. Based on the responses, the overall current situation in Europe as well as the individual country situation were analysed.

Next, we scored and benchmarked the countries implementation based on the following checklist:

1. Are the AHV performed by a private veterinary practitioner? (Yes, with a one-toone relationship/ contract; Yes, with additional education; No, by a quality assurance veterinarian; No, by an official veterinarian)

<u>NOTE</u>: AHV are supposed to be done by a veterinary practitioner. They are to advise the farmer and to ensure preventive care of the animals. Ideally, this is done with a one-to-one relationship/ contract.

2. Are the AHV mandatory? (Yes, they are mandatory; No, they are voluntary; Yes, including useful advice and feasible recommendations; Yes, including useful

<sup>&</sup>lt;sup>3</sup> Study carried out by FVE intern Eline Nijhof in October 2017.





advice and feasible recommendations and results influence frequency; Yes, including useful advice and feasible recommendations and results influence frequency and they are available to the CA/OV)

<u>NOTE</u>: According to the AHV all operators keeping animals should receive regular animal health visits so they should be mandatory. Ideally, the visits generate useful advice and feasible recommendations, and a report is made which is available to the CA/OV upon request.

3. Which type of holdings are included in the Animal Health Visitation scheme? (Commercial livestock farms/ Commercial and private livestock farms/ Commercial establishments having animals /Commercial and private establishments having animals)

<u>NOTE</u>: The AHL requires all operators (from production animals to wild animals) to ensure that their establishments receive regular animal health visits from a veterinarian, so ideally all these establishments need to get visited.

4. How is the coverage of total holdings included in the Animal Health Visitation scheme? (All livestock, including horses and commercially kept companion/wild animals)

NOTE: Idem as above, coverage should ideally be 100%

5. Which subjects are covered in the Animal Health Visitation scheme? (Advising on statutory and societal responsibilities / Analysing key figures on the farm / Animal health data, incl. early detection of disease / Monitoring disease eradication status / Animal treatment/medication / Advising on disease prevention / Improved animal welfare / Advising on husbandry and management / Quality assurance / Biosecurity)

<u>NOTE</u>: According to the AHL, these visits are aimed at improving disease prevention, in particular biosecurity and detection of disease, and Article 25, states they may be combined with other purposes. In all countries, this is the case and many more subjects are covered in these visits, such as medicines control, animal welfare aspects, etc. Through this farm-specific herd health plan the regular visiting veterinarian can advise the farmer to improve animal health, welfare, public health, sustainability and farm profitability.

6. Is the Animal Health Visitation scheme covering all production types (intensive to extensive) with a high enough frequency (risk-based)?

NOTE: To advise farmers in improving animal health, improving

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biosecurity and carrying out preventive work, the veterinarian needs robust and detailed knowledge about the running conditions at the farm, which can only be achieved by regularly visiting the farm. Therefore, the frequency of the visits has to be high enough, depending on the risk posed.

### SURVEY RESULTS

#### **RESPONSE RATE**

The survey was sent to 30 FVE members and it was completed by 27 countries. Figure 1 shows the participating countries based on the available information.

Figure 1. European map indicating the participating countries.

Green: information available from 2022, Yellow: information available from 2017 Blue: no information available Powered by Big C GeoNames, Microsoft, OpenStreetMap, TomTom

Per question

#### Q1. Implementation

Q1: Since the entry into force of the Animal Health Law, was Art 25 introducing the need for operators to have animal health visits from a veterinarian implemented in your country?

□ Yes, the government implemented this satisfactory
 □ Yes, the government implemented this, but unsatisfactory (e.g., not for all

establishments, not regular enough, etc)

 $\Box$  My country had already regular veterinary visits regulated before

 $\Box$  No, but plans are being made by the government to implement this in the future

 $\Box$  No, the government has done nothing yet

□ I do not know

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A total of 18 EU MS/EFTA countries (64%) already had implemented regular animal health visits before the Animal Health Law came into force, but most of them only in specific farmed animal species. Of seven countries that haven't implemented regular animal health visits, three said they had plans to do so in the future.





Q2. If yes, who can perform this type of visit? (multiple answers possible)

□ A private veterinary practitioner, who has a 'one-to-one' relationship (e.g., contracted veterinarian)

 $\square$  A private veterinary practitioner, with no specific relationship contract

 $\square$  A private veterinary practitioner, who has received additional education

□ A veterinary practitioner, employed by the 'quality assurance system'.

□ An official veterinarian

 $\Box$  Other person, please specify: A private practitioner with the concession of the competent authority

 $\Box$  I do not know

In those countries that already had regular animal health visits, most were performed by **private practitioners with a one-to-one contract with the farm (15/21 responses)**, thereof two countries required authorisation by the competent authority (CA) and five countries' additional education to perform the visits. Alongside private practitioners, official veterinarians performed animal health visits in Finland, France, Spain and Sweden. In Switzerland and Estonia, solely official veterinarians were in charge of the animal health visits (Fig. 3).



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# Q3. IF YES, FOR WHICH TYPE OF ESTABLISHMENTS ARE THESE ANIMAL HEALTH VISITS MANDATORY? (MULTIPLE ANSWERS POSSIBLE)

- □ Only commercial farms
- □ All commercial establishments holding livestock
- $\square$  All private and commercial establishments holding livestock
- □ All commercial establishments having animals (e.g. also horse riding schools)
- □ All establishments having animals (e.g. including dog kennels, etc)
- $\Box$  I do not know
- □ Other (indicate)

Of those countries that already had implemented regular animal health visits, two-thirds (n=14) performed the visits in commercial and non-commercial livestock holdings, often depending on the species and size of the holding.

#### ADDITIONAL RESULTS

#### Payment of the visits

Based on combined data from 2017 and 2022, in slightly more than half of the countries (n=12/22) farmers paid for the visits, whereas in 14% (n=3/21) the competent authority paid and in 24% (n=5) both parties shared the costs.

# **Objectives of the visits**

Based on combined data from 2017 and 2022, animal health data followed by animal treatments (e.g. antibiotics, withdrawal times), performance parameters (e.g. mortality data, production rates), and identification & registration were the most current subjects covered by animal health visits (Fig. 4).

Biosecurity, while specifically mentioned in Art 25 of the Animal Health Law, was only included in 22 countries having or planning regular animal health visits.



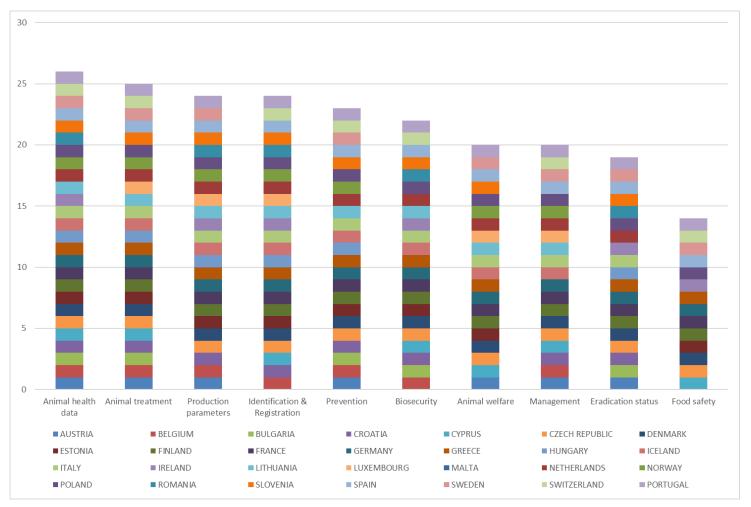
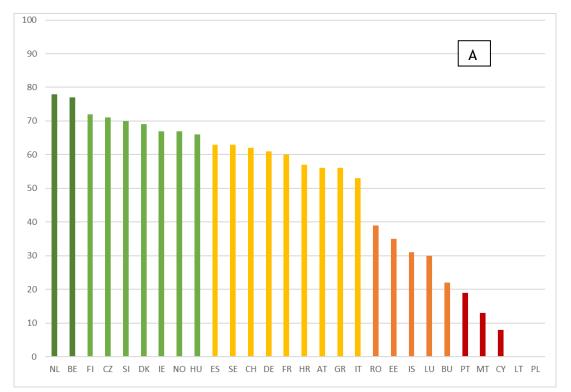


Figure 4. Covered subjects in descending order during animal health visits per country

# **BENCHMARKING OF COUNTRIES**

Based on the <u>FVE position paper</u><sup>4</sup>, the given answers were evaluated, and a score was attributed to each country (Annexe 3). The maximal score of 100 (the ideal situation concerning animal health visits) was not achieved by any country, the Netherlands heads the ranking with 78 points followed by Belgium with 77 points. Eight countries scored above 65, whereas nine countries had between 65 and 40 as well as eight countries below 40 (Fig. 5A). Nordic countries scored better than southern European countries (Fig. 5B).



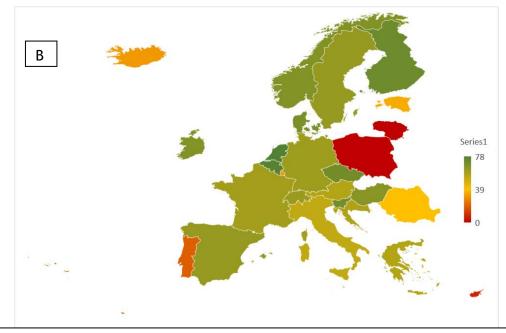


Figure 5. A. Benchmarking score of countries in descending order B. Mapped benchmarking score of countries





# PER COUNTRY

AUSTRIA

S	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Extensive report available to the CA/OV		Wide range of subjects, incl. animal welfare	Very high coverage for pig holdings
Low score elements	Voluntary	Commercial livestock farms under the conditions of the "Animal Health Service" <sup>5</sup>	Biosecurity is not covered	Low frequency for some species

Austria's government **implemented** the need of operators to have animal health visits through the 'Austrian Veterinary Medicines Control Act' since 2002, establishing the rules for the use of veterinary medicines and the relevant documentation. The visits are performed by a **private practitioner** who has a **one-to-one** contract. The Austrian Veterinary Chamber considers the actual implementation however as **unsatisfactory due to the voluntary participation**.

**Commercial livestock and poultry farms**, that have an **individual contract** with a veterinarian under the conditions of the "Animal Health Service" (Österreichischer Tiergesundheitsdienst). Over 60% of the cattle in Austria, over 70% of the poultry, almost 90% of the pigs, just under 40% of the goats and around 30% of the sheep participate in Animal Health Service. Also, numerous aquaculture facilities join this service.

Content of the visit:

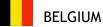
Subject	Involved	For example
Identification & Registration		
Key figures (e.g. mortality data, production rates)	Х	
Animal health data	Х	
Eradication status	Х	

<sup>5</sup> http://extwprlegs1.fao.org/docs/pdf/aut63568.pdf





Animal treatment / medication (e.g. antibiotics, withdrawal times)	Х	Veterinarian is obliged to take back returned veterinary medicines (e.g. out of date)
Prevention (e.g. vaccinations)	Х	
Animal welfare (e.g. tail docking, non–curative surgeries)	Х	
Management (feeding, housing)	Х	
Food safety		
Biosecurity (on the farm + environment around the farm)		



Coverage **Establishments** Content Implementation Frequency High score elements Private practitioner with a one-to-one relationship Commercial Very high Wide range of and noncoverage for subjects, incl. Extensive report commercial livestock available to the biosecurity animal holdings species CA/OV Mandatory Low score elements Low frequency Animal welfare for some is not covered poultry species

**Belgium** already implemented regular visits in various forms for commercial and private establishments having **all** kinds of animals.

The FASFC (Federal Agency for the Safety of the Food Chain) demands that all livestock farmers should have epidemic surveillance on the farm done by a veterinarian who must check, stamp and sign the medication register on the farm every three months. The visits are performed by a **private practitioner** who has a **one-to-one** contract.

Moreover, poultry and pig farmers must subscribe to a health surveillance programme (by the private organisation <u>Belpork</u> and <u>Belplume</u>). Therefore, visits are 'demanded' at least six visits per year (or more, if or breeding cycle is shorter). In addition, during the visits the veterinarian shall check the medication register of the farm and sign it (even if he didn't administrate the treatment). As well poultry and pig farms have, additionally to the mandatory AH visits, private contracts including specifications where AH visits are





foreseen on a regular basis such as quality assurance schemes, which are existing for practically all livestock species.

On regional level in the Walloon part, a detention permit will soon require a presentation of a certificate from the municipality of the adopter in order to be able to acquire a companion animal. This certificate will certify that the owner is not subject to any forfeiture of the license to keep an animal.

However, there is **no specific implementation** of the art. 25 but **plans** are made for further work on national level.

Subject	Involved	For example
Identification & Registration	Х	
Key figures (e.g. mortality data, production rates)	Х	
Animal health data	Х	
Eradication status		
Animal treatment/medication (e.g. antibiotics, withdrawal times)	Х	
Prevention (e.g. vaccinations)	Х	
Animal welfare (e.g. tail docking, non– curative surgeries)		
Management (feeding, housing)	Х	Ventilation, the capacity of animals, overall hygiene (AMCRA, 2013)
Food safety		
Biosecurity (on the farm + environment around the farm)	Х	Pest control







	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship	All commercial and non- commercial animal holdings	Medium range of subjects, incl. vaccinations	
Low score elements	No information on the report No information on voluntarily		Animal welfare is not covered	Coverage and frequency unknown

In Bulgaria, Animal Health visits were **already regulated**, and there is further information about plans to adapt it to the art. 25.

The visits are performed by a **private practitioner** with a **one-to-one** contract. **All** establishments (commercial and non-commercial) holding **all** kinds of animals need to perform these visits, but the frequency was not specified. The **payment** is made by the **farmer**.

Subject	Involved	For example
Identification & Registration		
Key figures (e.g. mortality data, production rates)		
Animal health data	Х	
Eradication status	Х	
Animal treatment/medication (e.g. antibiotics,	Х	
withdrawal times)		
Prevention (e.g. vaccinations)	Х	
Animal welfare (e.g. tail docking, non-curative surgeries)		
Management (feeding, housing)		
Food safety		
Biosecurity (on the farm + environment around the farm)	X	





	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship and authorised by the CA Mandatory	All commercial and non-commercial animal holdings	Wide range of subjects, incl. vaccinations	High coverage for ruminants
Low score elements	Extensive report available to the CA/OV			Low frequency for some species

In Croatia, Animal Health visits were **already regulated**, there is further information about plans for adapt it to the art. 25. The visits are performed by an **authorised veterinarian**.

Regarding the establishments that need to perform these visits: All establishments (commercial and non-commercial) holding all kinds of animals need to perform these visits except small companion animals. The payment is made by the farmer (only if there is written decision for that from the Ministry) or the competent authority (Ministry is paying in 99% of the visits).

- For example Identification & Registration х Key figures (e.g. mortality data, production rates) Х Animal health data Х **Eradication status** Х Animal treatment/medication (e.g. antibiotics, Х withdrawal times) Prevention (e.g. vaccinations) Х Animal welfare (e.g. tail docking, non-curative surgeries) Х Management (feeding, housing) Х Food safety Х Biosecurity (on the farm + environment around the farm) х
- Content of the visit:







CYPRUS

ore its	Implementation	Establishments	Content	Coverage Frequency
High score elements	Mandatory		Animal welfare is covered	
Low score elements	Official veterinarian No information on the report No information on voluntarily	Commercial livestock farms	Low range of subjects, biosecurity is not covered	No information on coverage and frequency

Since the entry into force of the Animal Health Law, the Cyprus government has not implemented regular animal health visits, but there are plans to do so in the future. The veterinary services are drafting at this point a regulation which will attempt to control this matter.

However, surveillance programmes (monitoring of certain diseases), the registration of the welfare, sampling and food hygiene checks are already done by the Competent Authority. Farmers are not obliged to have any type of veterinary surveillance other than the one they have by the Competent Authority, but most farms have private (unregulated) contracts with private veterinarians for consultation and overall health monitoring of the farmed animals.

• Planned content of the visit:

Subject	Involved
Identification & Registration	X
Key figures (e.g. mortality data, production rates)	
Animal health data	x
Eradication status	
Animal treatment/medication (e.g. antibiotics,	×
withdrawal times)	X
Prevention (e.g. vaccinations)	
Animal welfare (e.g. tail docking, non-curative surgeries)	x
Management	x
Food safety	x
Biosecurity	x
Other	







CZECH REPUBLIC

	Implementation	Establishments	Content	Coverage Frequency
High score elements	Extensive report available to CA/OV Mandatory	Commercial and private animal holdings	Wide range of subjects, incl. animal welfare and biosecurity	High coverage
Low score element	Official veterinarian			Low frequency

Since many years, preventive animal health farm visits are carried out regularly by an official veterinarian of the State Veterinary Administration (SVA), based on an annual plan<sup>6</sup>. The farmer receives the report from the visit and the results will be collected in a central database operated by the SVA. The Competent Authority has access to the database. However, the Czech Republic has **not implemented** Art. 25 as such, but **plans** are made to do so. All types of animal holding receive animal health visits. The payment is made by the Competent Authority in the case of mandatory visits from the health control programme. The minimum frequency of farm visits is not laid down in national legislation but will be based on the annual plan of the competent authority that year.

Subject	Involved	For example
Identification & Registration	Х	
Key figures (e.g. mortality data, production rates)	Х	
Animal health data	Х	More attention, when visits will be done for prescriptive medicine
Eradication status	Х	
Animal treatment/medication (e.g.antibiotics, withdrawal times)	Х	u a
Prevention (e.g. vaccinations)	Х	""
Animal welfare (e.g. tail docking, non– curative surgeries)	Х	
Management (feeding, housing)	Х	" "
Food safety	Х	
Biosecurity (on the farm + environment around the farm)	x	

 $<sup>^6</sup>$  competent authority under the Ministry of Agriculture of the Czech Republic is established according to the Veterinary Act No. 166 / 1999 (DG JRC / IPTS, 2005)





	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Extensive report available to CA/OV		Wide range of subjects, incl. animal welfare and biosecurity	High coverage for livestock
Low score element		Commercial livestock holdings		Frequency unknown

Animal health visits has been implemented satisfactory in Denmark. The visits are performed by a private practitioner with a one-to-one contract. There are two types of contracts that determine the frequency. Basic contracts require 2 annual visits and additional contracts require at least 4-26 visits (depending on the type of production).

All private and commercial establishments holding livestock with more than 300 sows / 3000 slaughter swine / 6000 weaners / 100 cows / 200 young stock. These farms are obliged to have a 'Veterinary Advisory Service Contract' (VASC) with a private veterinarian. Official controls on animal welfare will be done by the Ministry of Food, Agriculture, and Fisheries.

Poultry is not introduced to the contracts, because the use of veterinary medicines in this sector is generally low and the industry did not request to apply such a scheme. Payments are made by the farmer.

Subject	Involved	For example
Identification & Registration	Х	CHR number, address, geographical position, number of animals with ear tags
Key figures (e.g. mortality data, production rates)	Х	Mortality, Slaughterhouse reports, Feed conversion rate, Average Daily gain
Animal health data	Х	All veterinary events/reports, including results of inspections (on-the-spot), samples for TSE and <i>Salmonella</i> , eradication status, SPF status



Animal treatment/medication (e.g.antibiotics, withdrawal times)	X	Use of medication: date of sale, drug identity and quantity, identification of the prescribing veterinarians and the farm, where the medicine isbeing used, codes for animal species, age and disease, person who provided the treatment. Information about ADD for each age group is available in the VetStat system. Cattle: use of medicine is registered for the specific animal treated in a central database.
Prevention (e.g. vaccinations)	Х	A systematic review of 14 points of "Good clinical practice" to prevent AB treatments
Animal welfare (e.g. tail docking,non–curative surgeries)	X	All producers must pinpoint up to three focus areas where they work to improve animal welfare – based on the veterinarians' observations. Tail bite is registered and documented. Mandatory local anaesthesia and use of painkillers at surgical castration and dehorning/disbudding
Management	Х	Housing, food, water
Food safety	Х	Slaughterhouse surveillance of i.e. <i>Salmonella</i> , trichinosis, AB residues
Biosecurity (on the farm + environment around the farm)	x	Management, hygiene (e.g. disinfection methods)and (surgical) procedures; zoonotic infection protection plan; Identification of potential risks (HACCP); Animals, feed, bedding, semen, medicine;

ESTONIA

	Implementation	Establishments	Content	Coverage Frequency
High score elements	Mandatory Extensive report available to CA/OV	All commercial and non-commercial livestock holdings	Wide range of subjects, incl. animal welfare and biosecurity	High coverage for livestock
Low score element	Official veterinarian		Animal husbandry is not covered	Low frequency for poultry

Estonia has **implemented** animal health visits based on the 'Veterinary Act', and the Agriculture and Food Board (PTA) implements official mandatory veterinary inspection visits to farms.



They are performed by an **official veterinarian employed** by the PTA with no additional requirement. Regarding the establishments that need to perform these visits: **all** establishments holding **livestock**. The payment is carried out by competent authority when it is surveillance and by the animal owner in case of veterinary service costs.

• Content of the visit:

Subject	Involved	For example
Identification & Registration	Х	
Key figures (e.g. mortality data, production rates)	Х	
Animal health data	Х	Including eradication status
Eradication status		
Animal treatment/medication (e.g. antibiotics, withdrawal times)	Х	Antibiotics use esp. critical antibiotics
Prevention (e.g. vaccinations)	Х	
Animal welfare (e.g. tail docking, non– curative surgeries)	Х	
Food safety	Х	
Biosecurity (on the farm + environment around the farm)	Х	



	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Extensive report available to the		Wide range of subjects, incl. animal welfare and biosecurity	High coverage and high frequency for livestock
Low score element	OV/CA Official veterinarian (poultry)	Commercial livestock holdings		

Finland already had regular veterinary visits; therefore, the government of Finland has not implemented any additional regulations to implement Art. 25. The system of preventive animal health farm visits is mandatory for poultry: The Finnish Food Authority (Ruokavirasto) monitors all livestock farmers. The visits can be performed by a private practitioner with a one-to-one relationship, who is also asked for additional education.



The veterinarian can also be employed by the quality assurance system. In addition, official veterinarians can perform the visits. National summaries are public to the authorities, certain issues of individual facilities are visible to the authorities. The farmer must pay also for the mandatory visit to poultry (broilers, turkeys and laying hens) farms, although those visits are carried out by the official veterinarians.

Preventive animal health farm visits for pigs, cattle, and small ruminants are not mandatory but farmers are motivated to participate in systems that provide preventive animal health farm visits. Preventive animal health farms visits for cattle and pigs are coordinated by private organisation Animal Health ETT, which maintains the pig health classification register Sikava and the cattle farm health monitoring system Naseva. Belonging to these healthcare monitoring systems is mandatory for producers if they want to sell to certain companies. In practice, 95% of pig production and 87% of cattle production are covered by the healthcare monitoring system. Large farms are more likely to belong to health care monitoring systems than small ones, so the proportion of farms that belong to the systems is slightly lower. Health visits to cattle and swine farms ("semimandatory" or quality assurance system) are always paid for by the farmer.

Subject	Involved	For example
Identification & Registration	Х	
Key figures (e.g. mortality data, production rates)	Х	Mortality, laboratory, section results, production parameters
Animal health data	Х	Evaluation symptoms, disease situation
Eradication status	Х	
Animal treatment/medication (e.g. antibiotics,withdrawal times)	Х	Advice on medication; checking the medication plan, use of medicines and medication recordings. A specialmedication plan must be drawn if the farm is using prescriptive medicines without a visit
Prevention (e.g. vaccinations)	Х	Vaccination, good nutrition
Animal welfare (e.g. tail docking, non–curative surgeries)	Х	Stimulus material for swine to prevent tail biting (tail docking is forbidden in Finland), painkillers & anaesthesia for dehorning, painkillers for castration
Management	Х	Housing, good nutrition, water, ventilation, temperature, air quality, production conditions, 'near environment' for the animals
Food safety	Х	Testing of milk after AB treatments before delivering to dairy, test recordings, withdrawal period recordings. Dairy farms: mastitis PCR before treatment (> 150 000 test / year), for example, to show the freedom of Str.



		Agalactiae. Pig health classification register Sikava's national level farms are required to undergo salmonella testing every three years.
Biosecurity (on the farm + environment around the farm)	X	Disease barrier ('hygiene lock'), hygiene, animal traffic in and outside the farm, feed and water quality,protection of the feed stores, pest and rodent control etc. (Naseva special – level: cattlefarms in the <i>Mycoplasma bovis</i> resistance programme) Sikava special level, premises selling breeding animals; higher demands for biosecurity. Pig farms at Sikava's special and national level: Biocheck Ugent <sup>®</sup> disease prevention assessment once a year, mandatory. Cattle farms in Naseva: Biocheck Ugent <sup>®</sup> disease prevention assessment once a year, voluntary.

# FRANCE

nts	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Mandatory Extensive report available to CA/OV	All commercial and non-commercial livestock holdings	Wide range of subjects, incl. animal welfare and biosecurity	High coverage for livestock
Low score element				Low frequency for some species

The government of France had already implemented veterinary visits, there are no plans to further regulate the implementation. The visits are performed by a **private practitioner** with a **one-to-one** relationship or an **official veterinarian**. Regarding the establishments that have to have these visits: **All** establishments having **all** type of animals.

In France, the 'Visite Sanitaire' is mandatory on the farms as seen in the Code Rural et de la Pêche maritime - article R2O3-1 (Legifrance, 2012) for cattle (> 5 cows, excluded KI – stations) poultry (> 250 chickens), small ruminants (> 50 sheep, or > 25 goats) and pigs (excluded 'open air' farms).and for horses (> 3 horses). The **frequency** of these visits depends on the animals, for livestock, in the case of **cattle 1 visit every two years**; **poultry, small ruminants, and pigs**: at least **one visit per two years**. The **payment** of visits to the health control programme is covered by the French Government.

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• Content of the visit:

Subject	Involved	For example
Identification & Registration	Х	Identification, register;
Key figures (e.g. mortalitydata, production rates)	x	Documents of health assessments, veterinary inspection reports, hygiene checks
Animal health data	Х	Veterinary Health Logbook;
Eradication status	Х	
Animal treatment/medication (e.g. antibiotics, withdrawal times)	Х	Antibiotics, drugs, doses, treatment duration, withdrawal period;
Prevention (e.g. vaccinations)	x	
Animal welfare (e.g. tail docking, non–curative surgeries)	x	
Management	Х	
Food safety	Х	
Bio security (on the farm +environment around the farm)	X	Against insects and rodents



# GERMANY

umplementation		Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Mandatory Extensive report available to CA/OV	Other livestock holdings can benefit from voluntary visits	Wide range of subjects, incl. animal welfare and biosecurity	High coverage for pigs
Low score elements		Only pig holdings		Low frequency for some sub-species





In Germany, the government has already **implemented** mandatory regular veterinary visits for commercial pig breeding and fattening holdings. These visits should be done by a private veterinarian who must have special expertise in the field of pig health, which must be confirmed by the competent statutory body. For poultry, cattle and small ruminants, the visits are not mandatory. The results of the visits are not collected in a central database.

The veterinary administration in Germany is responsible for the prevention and control of (transmissible) animal diseases and the defence against the introduction of diseases from abroad. In the form of veterinary checks, they will control animal welfare and safeguard and improve animal health (BMEL, 2015). The frequency of visits is determined by the number of rearing cycles (one visit in every circle of fattening, or twice a year for breeding sows)

Subject	Involved	For example
Identification & Registration	Х	Location numbers, species
Key figures	Х	Mortality data, production rates)
Animal health data	Х	
Eradication status	Х	
Animal treatment/medication	Х	Administration of the treatment, including prescribed veterinary drug certification, waitingtimes, dosage, application
Prevention	Х	Vaccination
Animal welfare	х	(' <i>Initiative Tierwohl</i> ', e.g. climate, space, handling, castration, dehorning, footpad health,tail docking, non–curative surgeries
Management	Х	Housing, food and water
Food safety	Х	Monitoring of <i>Salmonellae</i> (poultry, pigs); Findings from slaughtering;
Biosecurity (on the farm + environment around the farm)	x	Internal and external hygiene





	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Mandatory		Wide range of subjects, incl. animal welfare and biosecurity	High coverage for livestock
Low score element	No information on the report	Only commercial livestock holdings		Low frequency for some species

In Greece, regular animal health visits were already implemented since 2016. All farms will be visited by the 'farm veterinarian' of their choice at least once a year, based on a register established, maintained and controlled by the national competent authority. The competent authority organises additional training for farm veterinarians, however this is not mandatory to be in the 'farm veterinarian registry'. In case of eradication programme for Brucellosis, the frequency is higher, and veterinarian needs to submit reports. In addition, around 20% of the cattle farms, 50% of the pig farms, 45% of the poultry farms and 30% of the small ruminants' farms may have some additional checks, such as the one from the quality assurance system.

In addition, the government implemented Article 25 but unsatisfactory only for small ruminants and bovine commercial farms.

Subject	Involved	For example
Identification & Registration	Х	
Key figures (e.g. mortality data, production rates)	Х	
Animal health data	Х	
Eradication status	Х	
Animal treatment/medication (e.g. antibiotics, withdrawal times)	Х	
Prevention (e.g. vaccinations)	Х	
Animal welfare (e.g. tail docking, non-curative surgeries)		Most probably
Management (feeding, housing)	Х	
Food safety	Х	
Biosecurity (on the farm + environment around the farm)	Х	





nts	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Mandatory Extensive report available to CA/OV	All commercial and non-commercial livestock holdings	Wide range of subjects, incl. animal welfare and biosecurity	High coverage for livestock
Low score elemen				Low frequency for some species

In Hungary, regular animal health visits have been **implemented** for years, therefore, no additional plans are being made for the implementation of Article 25. The visits are performed by veterinary practitioners, with whom farmers need to have a **contract**, regulated by the Hungarian Animal Health Law. Without this contract, the farmer cannot send animals for slaughter. The law does not provide details on what type of services a contract needs to entail, neither on the visitation period nor on the price. **Payments** have covered the farmer.

Subject	Involved	For example
Identification & Registration X		Categories and number of animals at the holding, animals register. The contracted vet controls this,as a delegated task from the state.
Key figures	Х	Data of holding, holding a logbook Done by a contracted vet, state delegation.
Animal health data	Х	Systematic monitoring of the disease of the animals each year
Eradication status	Х	Done by a contracted vet, state delegation.
Animal treatment/medication	х	All licensed veterinarians having a contract can prescribe/administrate/deliver medication. Needto log it in the medicines record on the farm.
Prevention (e.g.vaccinations)	х	Most vaccinations are done by the contracted vet, some official vaccinations by state.
Animal welfare (e.g. taildocking, non – curative surgeries)		Optional: Farmers need to keep their animals inrelation to the state Regulations on Animal Welfare. The farmer can include animal welfare services from the vet in his contract but does notneed to.
Management		Optional: Same as Animal Welfare, according to contract
Food safety		Optional: Same, according to the contract
Biosecurity (on the farm + environment around the farm)		Optional: Same, according to the contract





	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Extensive report available to CA/OV		Wide range of subjects, incl. animal welfare and biosecurity	Medium coverage for livestock
Low score element	Official veterinarian Voluntary	Commercial livestock holdings		Low frequency for some species

Livestock farm health controls are in place since 1978 when the Veterinary Services have been placed under the responsibility of the Ministry of Health. The Directorate-General for Animal Health and Veterinary Medicinal Products (DGSAF) is responsible to set up national programmes for disease prevention, control and eradication of animal diseases and for setting guidelines for the control of animal welfare on-farm.

Across the regions, veterinarians employed by the Local Health Units and practitioners on behalf of national services, carry out farm visits for infectious disease prevention and control, prophylaxis and eradication, feed safety, veterinary medicines responsible use and animal welfare checks according to national surveillance plans. Private practitioners are involved by farmers voluntary for farm animals' health programmes, for drugs prescription and responsible use of antibiotic and for consultancy in animal welfare and biosecurity.

In Italy, there is no implementation of article 25, however, a recent Decree (N. 136 of 5 August 2022) establishes the necessity of animal health visits while further details (method and frequency) and related checklists should be defined within the next 24 months.

In 2018 Italy has launched a voluntary project named ClassyFarm aiming to involve official veterinarians, veterinary practitioners, and farmers to streamline intervention on-farm and fully comply with the European Animal Health Law and Official Controls Regulations. The ClassyFarm project, in line with the Decree N. 136, aims to carry out farm visits to collect and process data related to biosecurity, animal welfare, health and production parameters, animal nutrition, consumption of antimicrobial drugs, and slaughterhouse-detected lesions. The farm veterinarian should collaborate with the official veterinarians while supporting the farmer, in the implementation of a strategic farm management program to improve animal health and welfare. The ClassyFarm project is not at the moment ready to receive all the data requested by the new Decree however, should improve in the next years.





• Content of the visit:

Subject	Involved	For example
Identification & Registration	Х	
Key figures	Х	
Animal health data	Х	Herd database
Eradication status	Х	
Animal treatment/medication	Х	
Prevention	х	Farm vet is responsible for the prevention of the animals
Animal welfare	Х	
Management	Х	Feed, residues
Food safety		
Biosecurity (on the farm + environment around the farm)	х	



#### ICELAND

ents	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship		Wide range of subjects, incl. animal welfare and biosecurity	High coverage and frequency for aquaculture
Low score elements	No information on the report	Commercial and non-commercial aquaculture holdings		

In Iceland, a private veterinary practitioner, who has a 'one-to-one' relationship performs the AHV. However, the legislation only applies to aquaculture but includes commercial as well as non-commercial holdings. Nothing is specified on the number of visits. Aquaculture establishments producing a small quantity of aquaculture animals (< 20 tons) are exempted to apply for such requirements. The farmer has to bear the costs.





• Content of the visit:

Subject	Involved	For example
Identification & Registration	Х	
Key figures	Х	
Animal health data	Х	
Eradication status		
Animal treatment/medication	Х	
Prevention	Х	
Animal welfare	Х	
Management	Х	
Food safety		
Biosecurity (on the farm + environment around the farm)	x	



#### IRELAND

nts	Implementation	Establishments	Content	Coverage Frequency
re elements	Private practitioner with a one-to-one relationship		Wide range of subjects,	High coverage and
High score	Mandatory Extensive report		incl. animal welfare and biosecurity	frequency for livestock
	available to CA/OV			
Low score element	Official veterinarian	Commercial livestock holdings		

In Ireland, the government has **not done** any specific initiative regarding the Animal Health Law, but the country already has veterinary visits. The Irish government has direct involvement in the control and eradication of diseases and the legacy and prevention of cross-boundary diseases.

The Department of Agriculture, Food and the Marine works together with multiple stakeholders, including 'Animal Health Ireland' (AHI; <u>www.animalhealthireland.ie</u>) on voluntary regular animal health visits. AHI is a partnership between private sector organisations, businesses in the agri-food and the DAFM and is independently managed.





To provide more support for farmers (e.g. to improve the health of their livestock), they give advice (e.g. during visits, via social media or seminars) and this service is free.

However, to implement these measures on farms, farmers have to bear the costs. AHI works closely with an industry-owned database (www.icbf.com) to develop dashboards to present results to herdowners and vets, manage programme data and exchange this where appropriate with DAFM systems. 'Teagasc' is another voluntary advisory service for farmers from the Agriculture and Food Development Authority with at least 7 - 8 meetings per year. In addition, assurance schemes are built on the best practices in farming and processing, current legislation, relevant industry guidelines and international standards (by stakeholders, such as DAFM, Teagasc, and Farm Organisations).

Subject	Involved	For example
Identification & Registration	Х	Spot checks, Cross Compliance
Key figures (e.g. mortality		Surveillance; a lotof data analyses.
data, productionrates)	Х	Traceability system AIM (Animal Identification andMovement)
Animal health data	Х	TB; Animal Health
	N/	Ireland
Eradication status	Х	
Animal		Single forms,
treatment/medication (e.g.		farmer can chooseto do
antibiotics, withdrawal times)		
Prevention (e.g. vaccinations)		Single forms, farmer can choose
		to do
Animal welfare (e.g. tail		Single forms,
docking, non-curative		farmer can chooseto do
surgeries)		
Management (feeding, housing)		Single forms (risk-based), farmer can choose
		to do
Food safety	Х	
Biosecurity (on the farm +		
environment around the	Х	
farm)		

• Content of the visit:



No data.





ore its	Implementation	Establishments	Content	Coverage Frequency
High score elements				
Low score elements	There are no AHV			

Lithuania has not implemented the AHL visits, but plans are made for the future. Until now, there is no specific information about the professional that would perform the visits or the kind of contract nor who would bear the costs. No further information.

• Planned content of the visit:

Subject	Involved
Identification & Registration	Х
Key figures	Х
Animal health data	Х
Eradication status	
Animal treatment/medication	x
Prevention	x
Animal welfare	x
Management	x
Food safety	
Biosecurity (on the farm + environment around the farm)	X



### LUXEMBOURG

	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Mandatory	All commercial and non-commercial livestock holdings	Medium range of subjects, incl. animal welfare	
Low score elements	No information on the report		Biosecurity not covered	Low frequency for livestock Unknown coverage

Luxembourg had already veterinary visits regulations so there is no extra implementation. The visits are performed by a private practitioner with a one-to-one relationship. Regarding the establishments that must have these visits: All establishments (commercial and non-commercial) holding livestock. The competent authority covers the payments for the visits. The visits have a compulsory character, and they have to be performed once a year.

• Content of the visit:

Subject	Involved		
Identification & Registration	X		
Key figures	X		
Animal health data			
Eradication status			
Animal treatment/medication	x		
Prevention			
Animal welfare	x		
Management	x		
Food safety			
Biosecurity (on the farm + environment around the farm)			





	Implementation	Establishments	Content	Coverage Frequency
High score elements	Mandatory Extensive report available to CA/OV			High coverage for ruminants
Low score elements	Official veterinarian	Commercial livestock holdings	Low range of subjects, incl. animal welfare and biosecurity	Unknown frequency

In Malta, preventive animal health farm visits for animal welfare, animal health and prescriptive medicine purposes are not mandatory. Preventive diagnosis for TB and Brucellosis is carried out regularly by official veterinarians employed by the Veterinary Regulation Department. Many farms are serviced by private veterinarians on a need basis. There are no agreements between the livestock keepers and the private veterinarians. These services involve some clinical work, prophylaxis strategies and vaccination plans and in certain cases pregnancy diagnosis. Farmers can purchase prescriptive medicines and other treatments from retail outlets, without the supervision of a veterinarian. Malta is very much in favour of the benefits of preventive animal health farm visits; therefore, they think the visits should be regular and mandatory but the political will to enforce such regulation is lacking.

nts	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship Mandatory Extensive report available to CA/OV	Commercial and non-commercial livestock holdings	Very wide range of subjects, incl. animal welfare and biosecurity	High coverage and frequency for livestock
Low score elements				

### NETHERLANDS





The Netherlands had already implemented regular animal health visits.

The visits are performed by a **private practitioner** with a **one-to-one** relationship based on animal health- and treatment plans set up together. These plans are specific for the farm and contain concrete agreements which will be evaluated each year. The veterinarian can change the animal health- and/or treatment plan during the year if it is necessary during one of the demanded visits. The Dutch government demands the monitoring of the health andwelfare of farm animals such as 5 pigs, 5 dairy cattle, 5 veal calves, 25 goats, 250 turkeys, 250 rabbits, and 250 broilers.

The frequency of the visits is also regulated depending on the species. Cattle and goats farm receive visits four times per year; pig farms once a month and poultry farms one time per round of broilers.

Subject	Involved	For example	Exceptions	
Identification & Registration	Х			
Key figures (e.g. mortality data, production rates)	Х	Lab- and section results, mortality		
Animal health data	Х	Most common diseases		
Eradication status	Х			
Animal treatment/medication (e.g. antibiotics, withdrawal times)	Х	Antibiotics, based on formularies, lab results and more	Special 'treatment plan'will be set up	
Prevention (e.g. vaccinations)	Х	Vaccination		
Animal welfare (e.g. tail docking, non–curative surgeries)	Х			
Management	Х	Housing, food, water		
Food safety				
Biosecurity (on the farm + environment around the farm)	x	Food and water quality, hygiene,drag of animals.		







nts	Implementation	Establishments	Content	Coverage Frequency
High score elements	Quality assurance veterinarian (livestock) Extensive report		Wide range of subjects, incl. animal welfare	High coverage for poultry High frequency for livestock
Low score element	Official veterinarian (Pigs, poultry and aquaculture)	Commercial livestock holdings	Biosecurity is not covered	

Norway has **not implemented** yet article 25 but **plans** are for the future. Until now, preventive animal health farm visits in Norway are mandatory by the government for poultry (1-12 per year) and aquaculture animals (12 per year). Animal welfare visits are also mandatory for swine (1 - 3 visits per year).

The Norwegian Food Safety Authority (NFSA), Section for Animal Health, is the competent authority for the control and monitoring of animal health and welfare. Also, for minimum requirements for the measurements of biosecurity on the farm, the district offices of the NFSA will do on-the-spot checks (EFTA, 2014). All animals for food production can be controlled and checked for minimum requirements in an audit form. The authorities have described a future animal health strategy which is not yet amended, where these animal welfare visits must be combined with regular farm health visits.

In addition, voluntary quality assurance systems such as KSL (Kvalitetssystemet i Landbruket) as known. KSL aims to reach higher quality in the agriculture system. Therefore, they ensure that the Norwegian agriculture is run, according to current laws and regulations. In addition, they want to safeguard food safety, animal welfare and the quality of the Norwegian food products (Government.no, n.d.). The KSL is not mandatory, but farmers who are members of this quality assurance system will get a premium (e.g. better prices for their products). The Norwegian farmers association has implemented regular animal welfare visits performed by veterinary private practitioners in all cattle stocks with a frequency once every 16 months, and plan to implement a similar programme for small ruminants (probably twice a year).

Around 60% of the cattle farms, 50% of the pig farms, 100% of the poultry farms and 40% of the small ruminants receive preventive animal health farm checks. In addition, all fish





farms are obliged to have regular visits (at least 6 times per year) by a veterinarian or a fish health biologist. Payments are done by the farmer.

• Content of the visit:

Subject	Involved			
Identification & Registration	Х			
Key figures	Х			
Animal health data	Х			
Eradication status				
Animal treatment/medication	Х			
Prevention	Х			
Animal welfare	Х			
Management	Х			
Food safety				
Biosecurity (on the farm + environment around the farm)				



ore nts	Implementation	Establishments	Content	Coverage Frequency
High score elements				
Low score elements	There are no AHV			

In Poland, the government did not yet implement of the Animal Health Law and there are **no plans** or ideas of doing it soon. Neither semi-mandatory not voluntary animal health visits for the purposes of animal welfare, animal health, and preventive medicine purposes are not performed by any organization in order to meet the requirements of art. 25 regulation 2016/429. The Chamber believes that a good visit shall include all subjects: identification and registration, key figures, animal health data, eradication status, animal treatment, prevention, animal welfare, management, food safety and biosecurity.

The Chamber believes as well that preventive animal health farm visits are beneficial to improve good practice of animal husbandry for the animals under the care of the farmer. Such animal health visits should be based on a mandatory contract ('one-on-one'





relationship), the frequency of the visits should be at least once per a few weeks or months (depending on the species and type of production) and the farmer should pay for the visit.



ore its	Implementation	Establishments	Content	Coverage Frequency
High score elements			High range of subjects covered	High coverage for ruminants and pigs
Low score elements	Quality assurance veterinarian Voluntary	Commercial livestock farms		Unknown frequency

In Portugal, semi-mandatory visits are organised for ruminant farms by OPP (organizations of animal products) or by ADS (sanitary defence groups) that, with predetermined cooperation with the Portuguese State make individual identification, brucellosis, leucosis and tuberculosis tracking (before yearly now only by sampling) as well as vaccinations against brucellosis (in some areas). During these visits, epidemiological surveillance is also made that includes detection of diseases and animal wealth fare. In the particular case of pigs, every farmer needs to have contact with a private veterinarian to ensure Aujeszky disease control (tracking and vaccination).



### ROMANIA

nts	Implementation	Establishments	Content	Coverage Frequency
High score elements	Non-commercial: Private practitioner with a one-to-one relationship Extensive report available to CA/OV		Biosecurity is covered	High coverage for ruminants and pigs
Low score elements	Commercial: Official veterinarian	Commercial and non- commercial livestock farms	Low range of subjects	Low frequency





Rumania **already had<sup>7</sup>** animal health visits and, this is in satisfactory fulfilment with the requirements laid down in Article 25. Visits are performed by **a private practitioner** with a **one-to-one** contract for non-commercial holdings and by an official veterinarian for commercial holdings.

The preventive animal health farm visits are since then mandatory for cattle, pigs and small ruminants (poultry not included) by the government. The frequency is one visit per year (between February and May). However, the results of the visits will not be collected in a central database as they are noted down on paper. The results of the visits will be sent to the farmer, veterinarian and the competent authority. One annual visit is mandatory between February and May. After analysis of the report, when results could improve, even more, it is possible to have one more visit that year. The payment is covered by the competent authority.

Subject	Involved	For example
Identification & Registration	Х	
Key figures (e.g. mortality data, production rates)	Х	
Animal health data	Х	
Eradication status	Х	TBC, Brucellosis
Animal treatment/medication (e.g. antibiotics, withdrawal times)		
Prevention (e.g. vaccinations)		
Animal welfare (e.g. tail docking, non–curative surgeries)		
Management (feeding, housing)		
Food safety		
Biosecurity (on the farm + environment around the farm)	x	

• Content of the visit:

<sup>&</sup>lt;sup>7</sup> <u>By the 2</u>3th of December 2013, Decision No. 1156 was approved 39



### SLOVENIA

	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship, authorised by the CA Mandatory Extensive report available to CA/OV		Wide range of subjects, incl. animal welfare and biosecurity	High coverage
Low score elements		Commercial and non-commercial livestock farms		Low frequency

Slovenia **already had**<sup>8</sup> preventive animal health farm visits. These preventive animal health farm visits must be carried out at the holdings with ungulates (bovine, porcine, ovine /caprine, equines), poultry, lagomorphs and game intended for trade purposes or processing of food (Uradni list RS, 2006, 2008).

An annual inspection programme is approved by the Administration of the Republic of Slovenia for Food Safety, Veterinary Sector and Plant Protection (AFSVSPP). At the beginning of each year, the AFSVSPP selects farms which need to be checked in the frame of official veterinary checks. The visits are performed by a **private practitioner** with approved by the competent authority. Findings which are done by the veterinarian during the visits should be entered into the database (VOLOG) and reported to the Regional Office of the AFSVSPP within three days. The **frequency** of the visits is once per year **Payment** is made by the Republic of Slovenia.

Subject	Involved	For example
Identification & Registration	Х	Categories and number of animals at the holding, animal registers
Key figures (e.g. mortality data,production rates)	Х	Data of holding, holding a logbook
Animal health data	Х	Systematic monitoring of the disease of the animals each year
Eradication status	Х	
Animal treatment/medication	Х	Special attention to the use of critically important antimicrobials

• Content of the visit:

<sup>&</sup>lt;sup>8</sup> <u>Article 6</u>, point 6 of the Veterinary ComplianceCriteria Act (Uradni list RS, 2005) 40





Prevention (e.g. vaccinations)	Х	Vaccination
Animal welfare (e.g. tail docking, non–curative surgeries)	Х	Housing system for the husbandry of the animals, compliance with animal welfare conditions
Management		
Food safety		
Biosecurity (on the farm	Х	Possible hazards (eg. chemicals/biocides
+ environment around		which are used) and safety measures for the
the farm)		environment
Animal welfare	X	Checking some animal welfare indicators

SPAIN

	Implementation	Establishments	Content	Coverage Frequency
High score elements	Private practitioner with a one-to-one relationship (pigs and poultry)	All commercial and non-commercial livestock holdings	Wide range of subjects, incl. animal welfare and	High coverage for livestock
	Extensive report available to CA/OV		biosecurity	
Low score element	Official veterinarians (livestock)			Frequency low or unknown some species

At the moment, Spanish pig and poultry farms have national regulations developed by the Ministry of Agriculture, Fisheries and Food (MAPA)<sup>9</sup> and regional regulations developed by the different autonomous communities that include the **obligation for the operator to assign a veterinarian** in charge of advising and informing in terms of biosecurity, hygiene, health and animal welfare and to receive animal health visits. However, Spain has plans to further implement regular animal health visits in the future. MAPA is currently working on cattle regulations and on developing legislation covering, in general terms, the role of this new veterinarian figure ensuring that it does not conflict with those figures already in existence (official veterinarians, veterinarians of the ADSG, veterinarians of integration companies, etc) which also carry out animal health visits.

Currently, many different types of veterinarians are involved in performing compulsory health control programmes:

• On one hand, official veterinarians, attached to the regional ministries of agriculture (Regional Veterinary Services or Local Veterinary Services) that





implement programmes according to guidelines and protocols that include the activities of inspections and audits. The implementation of these protocols may vary depending on the autonomous communities, but fieldwork, on some issues such as routine sampling, is usually assisted by veterinarians from public companies (e.g TRAGSEGA) or veterinarians accredited by the competent authority (private sector).

• On the other hand, veterinarians working in the private sector (in Livestock Health Defence Groups –ADSG) also collaborate to ensure that these mandatory health programmes are implemented.

Subject	Involved
Identification & Registration	Х
Key figures (e.g. mortality data, production rates)	Х
Animal health data	Х
Eradication status	Х
Animal treatment/medication (e.g. antibiotics, withdrawal times)	х
Prevention (e.g. vaccinations)	Х
Animal welfare (e.g. tail docking, non-curative surgeries)	х
Management (feeding, housing)	Х
Food safety	Х
Biosecurity (on the farm + environment around the farm)	х

• Content of the visits



### SWEDEN

	Implementation	Establishments	Content	Coverage Frequency
High score elements	Extensive report available to CA/OV Mandatory for poultry		Wide range of subjects, incl. animal welfare and biosecurity is covered	High coverage for pigs and poultry
Low score elements	Official veterinarian (poultry) Quality assurance veterinarian (pigs)	Commercial livestock farms		

Sweden already had regular mandatory animal health visits, but no further plans have been made when it comes to article 25 to be implemented.





For Swedish poultry farmers, the preventive animal health visits are mandatory by government, for breeding herds, herds delivering eggs to the hatcheries and for hatcheries producing more than 50.000 chickens yearly. These visits will be controlled by the Board of Agriculture and are performed by official veterinarians four times a year. For Swedish pig-farmers, the preventive animal health visits are mandatory if a farmer wants to sell piglets or livestock (breeding gilts). This assurance programme is demanded by the industry, but the programme is supported and regulated by the Swedish Board of Agriculture and is performed by veterinarians with a special authorisation yearly for small and midsize production units, twice per year for breeding units selling livestock and larger production units. The farmers bear the costs of these visits. Health visits are also mandatory within certain biosecurity programmes and in relation to authorisation to use medicines as a farmer.

Subject	Prescriptive medicine and assurance programme	Biosecurity program "Smittsäkrad besättning"
Identification & Registration		
Key figures (e.g. mortality data, production rates)	Х	
Animal health data	Х	
Eradication status	X (assurance program)	x
Animal treatment/medication (e.g. antibiotics, withdrawaltimes)	Х	
Prevention (e.g. vaccinations)	Х	x
Animal welfare (e.g. tail docking, non-curative surgeries)	Х	
Management (feeding, housing)	Х	x
Food safety	Х	x
Biosecurity (on the farm + environment around the farm)		x

• Content of the visits:





	Implementation	Establishments	Content	Coverage Frequency
High score elements	Mandatory	All commercial and	Wide range	Very high
High elei	Extensive report available to the CA/OV	non-commercial production and companion animals	of subjects, incl. biosecurity	coverage for all holdings
Low score element	Official veterinarian		Eradication status is not covered	Low frequency for some species

Switzerland **already had** regulated animal health visits. The visits are performed by an official veterinarian or **an official animal welfare officer**.

Regarding the establishments that are receiving these visits: **all** establishments having **all** kind of animals. In a risk-based approach, farms are visited one to four time a year (pigs holding depending on the rearing cycle), commercial companion animal holding (e.g. dog kennels) are visited in individually fixed intervals. The Competent Authority defines binding risk categories based on uniform criteria and the responsible veterinarian assigns the holding into the appropriate category.

Subject	Involved
Identification & Registration	Х
Key figures (e.g. mortality data, production rates)	
Animal health data	Х
Eradication status	
Animal treatment/medication (e.g. antibiotics, withdrawal times)	x
Prevention (e.g. vaccinations)	
Animal welfare (e.g. tail docking, non-curative surgeries)	Х
Management (feeding, housing)	Х
Food safety	Х
Biosecurity (on the farm + environment around the farm)	х





### ANNEXE 1 - SURVEY FOR FOLLOW UP

### FVE Survey regarding the implementation of Art. 25 of the Animal Health Law

Country: Your Name: Your Organisation:

## 1. Since the entry into force of the Animal Health Law, was Art 25 introducing the need for operators to have animal health visits from a veterinarian implemented in your country (for more info: see annexe 2)?

□ Yes, the	government implemented this satisfactory
------------	--

□ Yes, the government implemented this, but unsatisfactory (e.g. not for all establishments, not regular enough, etc)

□ No, we had already regular veterinary visits in our country regulated before

 $\Box$  No, but plans are being made by the government to implement this in the future

□ No, government has done nothing yet

- I do not know
- 2. If yes, who can perform this type of visit? (multiple answers possible)
  □ A private veterinary practitioner, who has a 'one-to-one' relationship (e.g. contracted veterinarian)

 $\Box$  A private veterinary practitioner, with no specific relationship contract

□ A private veterinary practitioner, who has received additional education

 $\Box$  A veterinary practitioner, employed by the 'quality assurance system'.

 $\Box$  An official veterinarian

- $\Box$  Other person, please specify:
- $\Box$  I do not know

3. If yes, for which type of establishments are these animal health visits mandatory? (multiple answers possible)

□ Only commercial farms

□ All commercial establishments holding livestock

□ All private and commercial establishments holding livestock

 $\Box$  All commercial establishments having animals (e.g. also horse riding schools)

□ All establishments having animals (e.g. including dog kennels, etc)

□ I do not know

 $\Box$  Other (indicate)

4. On the next pages, you can find the summary on the situation on animal health visits in your country, collected by Eline Nyhof, FVE stagiaire in 2017. Can you check the text and update it to the situation at this moment? Feel free to use track changes.



### ANNEXE 2 - SURVEY FOR FIRST RESPONDENTS

FVE Survey regarding the implementation of Art. 25 of the Animal Health Law

Country: Your Name: Your Organisation:

1. Since the entry into force of the Animal Health Law, was Art 25 introducing the need for operators to have animal health visits from a veterinarian implemented in your country (for more info: see annex1)?

□ Yes, the government implemented this satisfactory

□ Yes, the government implemented this, but unsatisfactory (e.g. not for all establishments, not regular enough, etc)

 $\Box$  My country had already regular veterinary visits regulated before

 $\square$  No, but plans are being made by the government to implement this in the future

□ No, the government has done nothing yet

- $\Box$  I do not know
- If yes, who can perform this type of visit? (Multiple answers possible)
   □ A private veterinary practitioner, who has a 'one-to-one' relationship (e.g. contracted veterinarian)

 $\square$  A private veterinary practitioner, with no specific relationship contract

 $\Box$  A private veterinary practitioner, who has received additional education

 $\Box$  A veterinary practitioner, employed by the 'quality assurance system'.

 $\Box$  An official veterinarian

 $\Box$  Another person, please specify:

 $\Box$  I do not know

### 3. If yes, for which type of establishments are these animal health visits mandatory? (Multiple answers possible)

□ Only commercial farms

□ All commercial establishments holding livestock

 $\hfill\square$  All private and commercial establishments holding livestock

 $\Box$  All commercial establishments having animals (e.g. also horse riding schools)

 $\Box$  All establishments having animals (e.g. including dog kennels, etc)

- □ I do not know
- □ Other (indicate):
- 4. Which aspects will be observed and produced in these visits? (Multiple answers are possible)
  - □ Identification & Registration
  - $\Box$  Key figures on the farm (e.g. mortality data, production rates)
  - □ Animal health data (e.g. most common diseases, samples)
  - Eradication status (e.g. BVD, Neospora, IBR, Aujeszky)
  - $\Box$  Animal treatment (e.g. antibiotics)





- □ Prevention (e.g. vaccinations)
- □ Animal welfare (e.g. tail docking, non-curative surgeries)
- □ Management (e.g. housing, food, water)
- □ Food safety
- □ Biosecurity (on the farm + environment around the farm)
- □ I do not know
- $\Box$  Other, please specify:

### 5. Who is paying for these visits? (Multiple answers are possible)

🗆 Farmer

□ Competent authority

□ I do not know

□ Third-party, please specify

### 6. Is it regulated the frequency of these visits?

 $\Box$  Yes, there is a compulsory number of visits depending on the kind of establishment namely:

- □ Yearly
- 🗆 Bi-annual
- $\Box$  More than 2 times a year
- $\hfill\square$  Depends per species
- $\Box$  I do not know

□ Nothing is specifying the number of visits

- I don't know
- $\Box$  Other, please specify:

#### Do you want to give any further information on this topic?

### ANNEXE 3 - BENCHMARKING SCORES PER COUNTRY

Che	ecklist for re	gular AHV	Mx. Points	A T	B E	B U	C H	H R	C Y	C Z	D E	D K	E S	E E	F I	F R	G R	H U	l S	l E	l T	L T	L U	M T	N L	N O	P L	P T	R O	S E	S I
	Are the AHV per- formed by	Yes, with a one-to- one relationship/ contract	10		1 0	1 0						1 0	1 0		1 0	1 0	1 0	1 0		1 0	1 0		1 0		1 0	1 0			1 0		
	a private veteri-	Yes, with additional education	10	1 0				1 0			1 0								1 0											1 0	1 0
	nary practi-	No, by a quality assurance veterinarian	5								5		5		5			5			5					5		5		5	5
	tioner?	No, by an official veterinarian	1				1		1	1			1	1	1	1				1	1			1		1			1	1	
		There are no preventive AHV in my country	0																			0					0				
tion	Are the AHV	Yes, they are mandatory	2		2		2	2	2	2	2	2	2	2	2	2		2		2				2	2	2			2	2	2
organisation	manda- tory?	No, they are voluntary	1	1							1	1			1		1	1		1	1				1	1		1		1	
and or	Do the AHV result in a	Yes, including useful advice and feasible recommendations	1					3			1																				
Relation	report of the visit summar- ising key	Yes, including useful advice and feasible recommendations and results influence frequency	2																							2					
	findings?	Yes, including useful advice and feasible recommendations and results influence frequency and they are available to the CA/OV	3	3	3		3			3		3	3	3	3	3		3		3	3			З	3				3	3	3
	Which type of	Commercial livestock farms	1	1					1						1		1			1	1			1		1		1		1	
	holdings are	Commercial and private livestock farms	2								2	2	2	2				2	2				2		2				2		2



included in the AHV	Commercial establishments having animals		3																									
scheme?	Commercial and private establishments having animals		4		4	4	4	4	4						4													
How is	Cattle	<25%	1																									
the coverage		25 to 75%	2	2						2										2				2			2	
of total holdings		>75%	3		3		3	3	3		3	3	3	3	3	3	3		3			3	3		3	3		3
included	Pigs	<25%	1																									
in the AHV		25 to 75%	2					2												2				2				
scheme?		>75%	3	3	3		3		3	3	3	3	3	3	3	3	3		3				3		3	3	3	3
	Small ruminants	<25%	1																								1	
		25 to 75%	2	2						2	2				2				2					2				
		>75%	3	3	3		3	3	3				3			3	3					3	3		3	3		3
	Poultry	<25%	1					1			1																	
		25 to 75%	2	2						2									3	2								
		>75%	3		3		3		3			3	3	3	3	3	3						3	3			3	3
	Rabbits/minks/game /Aquaculture	<25%	1	1				1																				
		25 to 75%	2								2																	
		>75%	3		3		3		3								3	3					3					3
	Horses	<25%	1		1			1							1													
		25 to 75%	2																									
		>75%	3				3		3																			3
	Companion animal kennels	<25%	1					1																				



			25 to 75%	2									2																
			>75%	3		3		3			3																		
	Advising on statutory and	The AHV include advising on Identification & Registration	Yes	1		1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1
	societal responsi- bilities	The AHV include advising on mitigation of antimicrobial resistance	Yes	1		1			1		1	1	1	1	1	1	1	1			1	1		1					1
	Analysing key figures on the	The AHV include checking morbidity/mortality data	Yes	1	1	1			1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1
Content	farm	The AHV include checking performance parameters (ADG/FCR) and compare these to targets.	Yes	1	1	1			1		1	1	1	1	1	1		1	1	1	1	1	1	1	1		1	1	1
0		The AHV include checking slaughter results (FCI, lesions) of meat-producing animals	Yes	1							1	1	1			1		1	1		1			1	1				
		The AHV include checking Dairy plant results (SCC, bacteriology) of milk-producing animals	Yes	1							1					1					1								
	Animal Health data	The AHV include interpretation of animal health data	Yes	1	1	1	1	1	1		1	1	1	1	1	1		1	1	1	1	1		1	1		1	1	1
	autu	The AHV include establishing farm specific herd health	Yes	1				1				1	1	1		1			1		1	1		1					





	plan for each held species																											
	The AHV include identification, testing and detection of notifiable and zoonotic disease	Yes	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1		1	1		1	1	1	1	1	1
	The AHV include training of the farmer in the recognition of early warning signs	Yes	1							1		1											1					
Monitorin g disease eradicati on status	The AHV include performance of appropriate sampling	Yes	1	1	1	1		1		1	1	1	1	1	1		1	1		1	1		1	1			1	1
Animal treat- ment / medica-	The AHV include establishing treatment protocols for VMP/Medicated feed	Yes	1	1	1	1	1			1	1	1	1	1	1		1	1	1	1	1	1	1	1			1	1
tion	The AHV include checking storage of VMP/Medicated feed	Yes	1	1	1		1			1	1	1	1	1	1		1	1	1	1	1	1	1	1			1	1
	The AHV include checking withdrawal periods of VMP/Medicated feed	Yes	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			1	1
Advising on disease preven- tion	The AHV include advising on vaccinations	Yes	2	2	2	2		2		2	2	2	2	2	2	2	2	2	2	2	2		2	2			2	2
Improved animal welfare	The AHV include advising on improvement of measures (e.g. mutilations, enrichment, non- curative surgeries,	Yes	1	1			1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1





	pain-free techniques)																											
Advising on hus- bandry	The AHV include advising on climate/ventilation	Yes	1	1	1		1	1		1	1	1	1		1	1	1	1	1	1	1	1	1	1			1	1
and manage-	The AHV include advising on feed and water	Yes	1	1	1		1	1		1	1	1	1		1	1	1	1	1	1	1	1	1	1			1	1
ment	The AHV include advising on housing	Yes	1	1	1		1	1		1	1	1	1		1	1	1	1	1	1	1	1	1	1			1	1
Quality assur- ance	The AHV include advising on food quality and food safety	Yes	1				1		1	1	1	1	1	1	1	1	1	1		1			1				1	
Bio- security	The AHV include advising on internal and external biosecurity protocols	Yes	1		1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1		1			1	1	1
	The AHV include advising on quarantine measures incoming animals	Yes	1							1	1	1	1		1	1												
	The AHV include advising on entry systems for visitors/workers	Yes	1		1		1			1		1	1		1	1							1					
	The AHV include advising on use of disinfectants (where, when, which)	Yes	1				1			1		1	1		1	1												1
	The AHV include advising on pest control	Yes	1		1					1			1		1	1							1					
	The AHV include advising on disposal of carcasses and litter	Yes	1							1		1	1		1	1							1					1



	Cattle	The AHV are performed for dairy cows	every two mont hs	2							2		2		2		2			2	2			2	
			less	1	1	1	1	1	1	1		1		1		1		1	1				1		1
		The AHV are performed for calves (including those for slaughter)	4 times per year	2	2	2	2						2				2			2	2			2	
			less	1				1	1	1	1	1		1	1	1		1	1				1		1
cy		The AHV are performed for beef	3 visits per fatte ning cycle	2									2				2			2	2			2	
nen			less	1		1	1	1	1	1	1	1		1	1	1		1	1				1		1
and frequency	Small ruminant s	The AHV are performed in intense production (deseasoned	4 times per year	2		2					2				2					2					
ies		parturitions)	less	1			1		1																
Species		The AHV are performed in extensive production (seasonal	2 times per year	2	2	2					2				2					2	2			2	
		parturitions)	less	1			1	1	1			1		1		1	1						1		1
	Pigs	The AHV are performed for breeding sows and piglets	1 visit per mont h	2									2				2			2	2				
			less	1	1	1	1	1	1	1	1	1		1	1	1		1	1				1	1	1
		The AHV are performed for fatteners	4 visits per year	2		2	2			2	2		2				2			2	2			2	
			less	1	1			1	1			1		1	1	1		1	1				1		1



				•																												
	Poultry	The AHV are performed for	visit	2																												
		pullets	per																													
			mont h																													
			less	1	1	1		1			1					1	1									1						
		The AHV are	4	2		2															2						2				2	
		performed for laying hens	visits per																													
			year																													
			less	1	1			1	1		1					1	1	1	1			1		1		1						1
		The AHV are performed for	1-2 visit	2		2						2									2					2	2					
		broilers	per																													
			mont h																													
			less	1	1			1	1		1			1		1	1	1	1			1		1							1	1
		The AHV are	1	2								2									2						2					
		performed for	visit																													
		turkeys	per mont																													
			h								4											4										
			less	1	1	1		1	1		1					1	1	1	1	_		1		1		1	-				1	1
	Minor species	The AHV are performed for	2-12 per	2		2							2							2						2	2					
	species	Rabbits/minks/game	year																													
		/Aquaculture	less	1	1			1	1		1																					1
	Horses	The AHV are performed for Horses	1-2 per	2																												
		performed for horses	year																													
			less	1	1	1		1	1		1						1															1
	Companio	The AHV are performed for	1-2 per	2																												
	n animal breeder/	companion animal	year																													
	kennel	breeder/kennel	less	1	1	1		1	1		1																					
Tot	al SUM			100	5	7	2	6	5	8	7	6	6	6	3	7	6	5	6	3	6	5	0	3	1	7	6	0	1	3	6	7
					6	7	2	2	7		1	1	9	3	5	2	0	6	6	1	7	3		0	3	8	7		9	9	3	0

