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REPORT FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT

on the evaluation of Regulation (EU) 2016/429 on transmissible animal diseases and amending and repealing certain acts in the area of animal health ('Animal Health Law')

{SWD(2026) 179 final}

INTRODUCTION

Under Article 282 of Regulation (EU) 2016/429 on transmissible animal diseases ('Animal Health Law')[1] the European Commission ('The Commission') must carry out an evaluation of that Regulation and delegated acts referred to in Article 264 of that Regulation and submit the results of the evaluation in a report to the European Parliament and the Council. This present document is intended to comply with this legal obligation and to serve as a report.

Accordingly, this report draws from the conclusions and lessons learnt and obtained throughout the evaluation process. It builds on the results presented in Staff Working Document on the evaluation of the Animal Health Law (AHL) and further outlining specific areas of particular attention and certain future actions to be taken by the Commission and Member States.

2. BACKGROUND, SOURCES AND POLICY CONTEXT

Transmissible animal diseases do not respect borders, and even if they mainly affect animals and cause economic losses, some of them may also affect humans. Harmonised rules with measures to control such animal diseases are regulated in the EU for decades, e.g. some of the first acts on animal health were adopted as far back as in 1964. With the introduction of the EU Single market, these rules were further expanded and reinforced in the 90's of the last century.

The AHL was adopted in 2016, entered into force on 21 April 2016 and applies from 21 April 2021. It aims to provide for a simpler and more flexible regulatory framework, ensuring a risk-based approach to set out animal health requirements, enhanced disease preparedness, prevention and control for listed transmissible animal diseases.

In addition, it reduces the administrative burden for farmers, other operators and competent authorities without compromising animal health status in the Union. Furthermore, it provides more suitable tools to deal with sanitary crises (e.g. emerging diseases) or to address specific circumstances and contributes to less economic losses due to disease outbreaks.

This regulatory framework was adopted as a result of the EU Animal Health Strategy: 'Prevention is better than cure'[2] which followed a comprehensive evaluation of the EU Animal Health Policy (CAHP) 1995-2004 and alternatives for the future[3].

The AHL replaced 39 separate legal acts and introduced a single, harmonised and risk-based framework for animal health across the European Union. The reform introduced a modernised system of risk-based measures (e.g. disease categorisation), clearer allocation of responsibilities among competent authorities and operators, enhancing prevention, most particularly with strengthened biosecurity, reinforced preparedness, enabling vaccination and upgrading contingency planning requirements. These are the core tools for disease control and the structured use of regionalisation to ensure trade continuity.

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1 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), OJ L 084 31.3.2016, p. 1.

2 EU Animal Health Strategy 2007-2013 - Food Safety - European Commission.

3 CAHP evaluation Final Report-Part I final.doc.

This architecture enables the AHL to implement the principle of 'prevention is better than cure', as set out in the 2007 EU Animal Health Strategy[4]. It represents a transition from reactive crisis management to a proactive, risk-based approach that incorporates surveillance, preparedness, prevention, early detection, rapid response, and recovery measures within a unified legislative framework.

The AHL also contributes to broader Union policy objectives. It supports the One Health approach by addressing the link between animal health, public health and the environment. It aligns with the broader EU objectives by promoting sustainable and resilient agri-food systems. Furthermore, it promotes sustainable competitiveness of the agri-food sector and strengthens crisis resilience within the internal market by ensuring harmonised standards and coordinated responses to transboundary animal diseases.

The Commission evaluated the Regulation (EU) 2016/429 in accordance with the EU Better Regulation Principles and presented the results in the Staff Working Document on the evaluation of the AHL and its supporting study[5]. The evaluation assesses the extent to which the AHL has achieved its objectives since its entry into force on 21 April 2016, and more specifically after becoming applicable on 21 April 2021. The study covered the period until 31 December 2023, while the Staff Working Document includes some more recent experiences including until early 2026. Both documents draw on extensive evidence, including monitoring data and stakeholder input collected through multiple consultations conducted as part of the study and beyond, notably the CVO forum, Animal Health Advisory Committees, and other expert groups. The evaluation also relies on Member State implementation reports and notifications, Commission audits, data from the Animal Disease Information System (ADIS), European Food Safety Authority (EFSA) scientific opinions, and findings from the EU Veterinary Emergency Team (EUVET).

Overall, the results indicate that the AHL has mostly reached its main objectives, although with a certain level of variation. The regulation is viewed by all key stakeholders as creating a strong foundation for a harmonised animal health policy in the EU.

3. SUMMARY OF THE MAIN FINDINGS, LIMITATIONS

During the evaluation period, stakeholders and Member States faced several implementation challenges. Although the AHL establishes a harmonised framework, its application across the Union has not been uniform. As described in the SWD the consultation performed through the supporting study indicates that differences in administrative capacity, governance structures, and resources have affected the pace and extent of national alignment, with some Member States still to finalise the necessary adjustments. The complexity of the legal framework, including its delegated and implementing acts, has been highlighted as demanding, particularly for smaller operators. Differences in interpretation and enforcement practices influence the perception of equal treatment among stakeholders. These findings must be interpreted in light of important limitations. The AHL has been applicable only since April 2021, providing a relatively short timeframe to assess structural and long-term impacts. National alignment

[4] https://food.ec.europa.eu/document/download/7820a76d-d19d-4a35-b223-caae0f7143da_en?filename=ah_policy_strategy_2007-13_en.pdf.

[5] https://data.europa.eu/doi/10.2875/0446681

progressed at varying speeds, and in several cases pre-existing rules continued to apply alongside AHL requirements, making attribution of impacts difficult.

The evaluation period also coincided with the COVID-19 pandemic, geopolitical disruptions, increased costs and significant disease outbreaks, including highly pathogenic avian influenza and African swine fever. These factors make it difficult to attribute impacts and limit drawing definitive conclusions. The evaluation still provides early, indicative insights although a more robust assessment will require additional time and data.

3.1 EFFECTIVENESS

The AHL has been widely acknowledged as a significant step forward in harmonising the EU's approach to animal health, moving from a reactive to a preventive system. The current effectiveness of the AHL must be assessed in light of its ongoing implementation. Most Member States have not yet completed the alignment of their national legislation with the Regulation, with some showing substantial progress. For example, the Commission analysis of Member States' transposition of penalties according to the AHL shows that by June 2023 only 10 Member States reported that they have adopted, or were working on, rules which include penalties applicable to infringements of the AHL. Delays are due to the complexity of national legal systems and administrative structures. In addition, adapting to the new approach introduced by the AHL will take time for all actors to master and therefore affects stakeholders´ perception of its effectiveness. This also explains the progressive transition.

The AHL has introduced a structured and science-based system for disease categorisation. Transmissible animal diseases are listed under five categories (A to E) based on their epidemiological profile, impact, and type of measures to be implemented to address them. This categorisation enables proportional responses and prioritisation of resources, allowing Member States to tailor their surveillance and control strategies to national contexts. This approach is broadly supported but concerns remain about the system's responsiveness to emerging threats and the need for more frequent updates, particularly considering climate-driven changes in disease dynamics.

The AHL emphasises prevention through enhanced biosecurity. The regulation establishes clear responsibilities for operators and competent authorities, requiring the implementation of biosecurity measures at the farm level and across the production chain. While this has improved awareness and risk mitigation, implementation remains uneven between different operations (e.g. large vs. small scale). The lack of harmonised guidance and training has further complicated the uptake in some Member States.

The reinforcement of stakeholder roles and shared responsibilities is another key feature. The regulation clarifies the duties of farmers, veterinarians, competent authorities, and other actors in the animal health chain. This has improved coordination and accountability, particularly in disease notification, surveillance, and outbreak response. However, the evaluation study highlights[6] the need for broader awareness on the responsibilities of each actor and capacity-building, especially among smaller operators and non-authority stakeholders. Despite EU-level training initiatives as part of the Better Training for Safer Food initiative, dissemination at the national level remains limited, and many stakeholders report difficulties in navigating the legal

[6] External study, p 84.

framework and understanding their obligations. In this regard, contingency planning and simulation exercises can also play a role in involving operators and increasing awareness.

Delays in the alignment of national legislation have led to differences in the application of certain new provisions, such as those on risk-based animal health visits. These visits are an important tool for disease prevention and early detection. While some Member States have integrated these visits into existing programmes, the extent to which this provision is implemented remains difficult to assess due to a lack of data. In addition, a lack of enforcement mechanisms and shortages in veterinary personnel, particularly in rural and remote areas, further undermine full implementation.

The AHL strengthens the EU's capacity to control and eradicate diseases through structured eradication programmes and the recognition of disease-free areas[7], which are essential to maintain safe trade and reduce the burden of endemic diseases. However, uneven national implementation has limited their full potential. Importantly, the use of regionalisation has avoided major disruption of trade flows during outbreaks. The AHL allowed Member States to apply targeted restrictions rather than blanket bans, enabling the safe movement of animals and products from disease-free zones.

The evaluation recognised and welcomed the paradigm shift of the AHL which provides for a wider and more flexible use of vaccination against animal diseases. The AHL has clarified the conditions under which vaccination can be used as a preventive or emergency measure. This has enabled more strategic deployment of vaccines, such as in the case of Highly Pathogenic Avian Influenza (HPAI)[8], where targeted vaccination campaigns have helped to reduce outbreak severity and limit economic losses. This new policy contributed importantly to limiting negative effects of several animal diseases. Most often mentioned examples are HPAI, with recent preventive vaccination in France since 2024, bluetongue virus (BTV) in several Member States, lumpy skin diseases (LSD) in Italy, France and Spain in 2025-2026 as well as foot and mouth diseases (FMD) in Slovakia, Hungary (2025) and Cyprus (2026). However, some called for broader support for vaccination, such as expanded EU antigen and vaccine banks beyond only Category A diseases and called for a more structured and coordinated vaccination plan against animal diseases in the EU.

The upgrade of digital tools such as TRACES for traceability and animal movements and ADIS for reporting and notification are seen as an improvement and have been recognised as a step forward in simplifying procedures, although technical and interoperability issues persist[9].

While the implementation of the AHL has aimed to harmonise and simplify animal health requirements across the EU, some unintended effects have been observed, particularly for small-scale operators, such as hobby keepers. In particular, in certain cases, the requirements introduced at the national level, which sometimes go beyond what is set by the AHL, have resulted in increased administrative and financial burdens. Additionally, while the AHL does not regulate financial support, the lack of adequate compensation mechanisms has been noted by stakeholders as a barrier to effective implementation.

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7 External study, p 111.
8 SWD, point 2.3.3.
9 External study, Point 4.12. page 69.

The AHL effectiveness is evident in areas where implementation has progressed, particularly in disease categorisation, risk-based surveillance, biosecurity, and eradication efforts. However, overall the implementation is still in a transition phase. Continued support for Member States, simplification of legal instruments, and broader stakeholder engagement will be essential to fully realise the regulation's potential. As national systems continue to align with the AHL, a more comprehensive assessment of its long-term impact will become possible.

3.2 EFFICIENCY

The evaluation of the AHL efficiency examines whether the costs incurred by Member States, stakeholders, and the Commission have been proportionate to the benefits achieved since its implementation. However, a significant limitation of the evaluation is that Member States have not yet fully aligned their national legislation with the AHL, nor fully utilised the flexibility offered by the AHL. As a result, it remains challenging to disentangle the impact of the AHL from that of not fully aligned national legislation. Additionally, several years may be required before the effects of the AHL are reflected in actual changes to animal health status, especially considering that external factors markedly influence the epidemiological landscape.

Overall, the cost-benefit balance of the AHL is expected to be positive in the long term, though with important qualifications. In the short to medium term, the AHL has entailed substantial costs and administrative efforts for various stakeholders, and these upfront costs have in some cases been higher than initially expected. These costs and efforts are investments expected to yield clear future benefits in disease prevention and control, regulatory harmonisation, and trade facilitation. Such benefits are expected to grow over time. The AHL's emphasis on prevention (e.g. biosecurity measures and surveillance) is expected to reduce costly disease outbreaks in future years, leading to savings that justify the current expenditures. Nonetheless, the efficiency gains are not yet fully achieved, as the regulatory transition is still ongoing. In this early implementation phase, the AHL's benefits have materialised unevenly, while certain costs are front-loaded.

Some National Competent Authorities have borne substantial one-off and ongoing costs to align national systems with the AHL. These include efforts to update or consolidate national legislation, upgrade IT systems (e.g. for disease notification and traceability), recruit or train staff, and communicate new requirements to stakeholders. Many national authorities had to redirect significant resources to adapt their surveillance and reporting infrastructure.

New compliance costs for operators also appeared. These stem from obligations such as enhanced disease surveillance and biosecurity, record-keeping for animal movements, and, in some cases, requirements such as animal health visits and registrations of new establishments. However, depending on the specific measures, they were not entirely new to all operators. For instance, some farmers in particular sectors and countries were already subject to animal health visits prior to the implementation of the AHL, either due to national legislation or to participation in private certification schemes. Consequently, the extent to which the AHL has introduced new costs varies across operators, sectors, and Member States.

According to the study, the benefits observed or anticipated under the AHL include a more effective and efficient disease control and a more coherent regulatory environment. By replacing 39 legal acts with a single regulation, the AHL was designed to streamline rules and reduce legal fragmentation. In principle, this consolidation has given more legal certainty and should improve clarity and save administrative effort in the long term. Indeed, many

stakeholders report that having a unified framework has improved coordination between authorities and stakeholders and facilitated a quicker, more unified response to transboundary disease threats. There is evidence that the AHL's measures (such as risk-based surveillance and regionalisation) have helped contain recent animal disease incursions (e.g. avian influenza, African swine fever) more efficiently, thereby reducing the scale of culling, trade bans, and other costly emergency measures. Trade data and stakeholder feedback indicate that the internal market has remained resilient. Intra-Union trade recovered strongly after 2021 despite ongoing outbreaks of animal diseases, suggesting that the AHL framework has supported trade continuity[10]. By harmonising standards and approaches across the EU, the AHL helps maintain trust in intra-EU trade of animals and animal products and prevents unjustified trade barriers during disease events (use of disease zoning/regionalisation rather than nationwide bans). These benefits, while harder to quantify immediately, contribute to a more stable and predictable operating environment for businesses and authorities. Taken together, the above elements suggest that the AHL is delivering value that should, over time, balance out the investments made.

Despite its long-term advantages, certain operators claim that the implementation has introduced administrative burdens, particularly in the initial stage. They have raised concerns about increased paperwork, the complexity of new procedures, such as establishments registration, record keeping, animal health visits, and overlapping requirements between national and EU requirements. Certain target groups have been especially affected. In particular, small-scale farmers and hobby animal keepers have reported that complying with the AHL's requirements (such as obtaining animal health certificates for animal movements, or meeting new record-keeping and biosecurity rules) is, in their view, onerous and disproportionate to the scale of their operations. Larger commercial operators also note some increased compliance costs, but these tend to be more easily absorbed in bigger businesses.

The efficiency and cost-benefit experience of the AHL varies significantly between Member States and groups of operators. Member States that entered the AHL era with a developed veterinary infrastructure, advanced IT systems, and well-resourced administrations have generally managed the transition more smoothly and even capitalised on it. For example, countries that introduced a national computerised database for animal traceability ahead of the AHL have built up on this system and reported improvements in surveillance and early detection capacity. This example highlights that where investment has been made in infrastructure and capacity-building, the AHL's operational efficiency can be realised more effectively. By contrast, Member States with more limited resources or less developed systems have faced steeper challenges and higher relative costs. Such disparities also affect stakeholders like farmers; for instance, if a country delays rolling out updated guidance, farmers and veterinarians in that country might struggle for longer with confusing procedures.

Moreover, the distribution of costs and benefits among stakeholder categories also varies depending on the extent Member States use the flexibility granted by the AHL[11] [12]. In Member States that did not fully embrace a risk-based approach, the farming community felt a heavier burden. In other Member States that applied the flexibilities of the AHL to tailor measures to local risk (for example, exempting very small keepers from certain duties), the private sector's burden was relatively lighter. These policy choices, along with differing economic structures

[10] SWD, Point 4.1.1, page 44.
[11] External study, Annex 3, p. L
[12] SWD, point 4.1.2, p 46.

(large commercial farms vs. many smallholders), mean that the AHL's efficiency can be viewed differently from one country or sector to another.

3.3 COHERENCE

The evaluation shows that the AHL is internally coherent. Union disease listing and categorisation determine the level of surveillance, movement conditions and control measures, creating a structured link between risk assessment and operational response. In practice, however, differences remain in how Member States design surveillance systems, manage wildlife interfaces and apply derogations during outbreaks. As several Member States are still completing national alignment, full operational consistency has not yet been achieved.

Externally, the AHL operates alongside other Union legislation in a complementary manner. The Official Controls Regulation provides the horizontal framework for verification and enforcement in the EU along the agri-food chain. The AHL acts upstream of General Food Law[13] and zoonoses legislation[14] by addressing animal health risks before they affect food safety or public health. It also aligns with the EU legislation on veterinary medicinal products[15] especially where vaccination or treatment forms part of disease control strategies. The AHL seeks to provide a coherent application of 'One health' concept, addressing the interconnections between animal and public health, wildlife, the environment, food and feed safety, animal welfare and taking other external factors, such as food security, economic factors, social issues into consideration[16].

Consistency with food safety and animal welfare legislation is overall assessed as strong [17], although stakeholder views on practical alignment with animal welfare legislation are mixed, particularly where disease-control measures under the AHL may have implications for animal welfare.

The AHL applies to wildlife only where it is epidemiologically relevant for the prevention or control of listed diseases. Certain areas, particularly transmissible spongiform encephalopathies and most rules on animal by-products, continue to be regulated under specific legal frameworks outside the AHL.

3.4. RELEVANCE

The AHL remains highly relevant in light of evolving epidemiological pressures, including recurrence of certain diseases, the continued spread of others such as African Swine Fever (ASF), highly pathogenic avian influenza (HPAI) and the expansion of vector-borne diseases.

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13 Regulation (EC) No 178/2002 of the European Parliament and of the Council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety, http://data.europa.eu/eli/reg/2002/178/2026-01-01.

14 Directive 2003/99/EC of the European Parliament and of the Council of 17 November 2003 on the monitoring of zoonoses and zoonotic agents, amending Council Decision 90/424/EEC and repealing Council Directive 92/117/EEC, http://data.europa.eu/eli/dir/2003/99/oj.

15 Regulation (EU) 2019/6 of the European Parliament and of the Council of 11 December 2018 on veterinary medicinal products and repealing Directive 2001/82/EC, http://data.europa.eu/eli/reg/2019/6/oj.

16 External study, p.78.

17 SWD, p59.

Its preventive orientation, use of regionalisation and other tools as vaccination provide appropriate tools to address increasingly complex disease dynamics.

Overall, the AHL is considered fit for current needs and sufficiently adaptable to emerging threats through uniform minimum requirements for diseases categorised as category A and B and more flexible approaches for diseases categorised as category C, D and E. However, the operators indicate several challenges in this regard. The flexibility provided for diseases categorised as C, D and E enables Member States to tailor measures to national circumstances but may also lead to heterogeneous application of measures (for example, vaccination against bluetongue), which are beneficial for controlling the disease in the Member States but can impact intra-EU trade and market predictability. In addition, biosecurity obligations and animal health visit requirements, while clearly defined in principle, were identified by stakeholders as areas where more detailed and harmonised operational guidance would support more consistent implementation.

3.5 EU ADDED VALUE

The evaluation confirms clear EU added value. By establishing harmonised rules for animal health and in particular for disease surveillance, prevention and control, the framework supports coordinated action across Member States and contributes to a level playing field within the internal market. Union-level tools, such as disease listing and categorisation, antigen and vaccine banks, EU disease notification and reporting system, network of EU animal health laboratories, regionalisation and common rules for movements and entry into the Union, underpin predictable cross-border coordination and facilitate safe trade. Moreover, the AHL framework ensures that requirements for entry into the Union are as stringent as those applying in the EU, creating an equal level playing field for the EU operators. These entry requirements in line with the international standards of WOAH permit international trade in accordance with WTO/SPS principles. These outcomes could not have been achieved to the same extent by Member States acting alone [18][19].

The balance between EU and national action is broadly proportionate. However, the outcomes show some limitations affecting the extent to which EU added value is fully realised in practice. Differences in national implementation and the use of flexibility provisions can affect the predictability of animal movements and create uneven conditions for certain operators. On that the consultation pointed out that further coordination at Union level could improve consistency and market predictability while maintaining necessary flexibility.

4. LESSONS LEARNED AND NEXT STEPS

As indicated, although the AHL has only been fully applicable since 2021, the evaluation confirms an overall positive assessment and widespread appreciation among stakeholders. The AHL is widely regarded as a significant improvement on the previous fragmented framework, providing a modernised, risk-based legal architecture and is considered to provide a strong and coherent foundation for a harmonised, preventive, and risk-based animal health policy in the EU. It supports a shift in focus from eradication to prevention, preparedness and proportionate

18 External study, p139.
19 SWD, p 69.

long-term disease management, thereby strengthening the predictability and sustainability of EU animal health policy.

Despite positive overall feed-back and appreciation, the complexity of tertiary legislation, uneven implementation and delays in national alignment have limited the full realisation of the framework's potential. The Commission identified certain areas where further attention is needed. These areas, identified across the evaluation criteria and requiring further attention by the Commission and Member States have crystalised in the points presented below.

4.1 Strengthening the single policy and legal framework

The evaluation recognises the AHL as a clearer, modernised legal structure that ensures more consistent application of animal health rules across the EU. The AHL is widely seen as a structural improvement compared with the previous framework. It further reduces reliance on emergency eradication measures alone and supports more sustainable, predictable, flexible long-term disease management.

On the other hand, the evaluation points towards complexity of tertiary legislation, unevenly implemented or not yet enforced rules across Member States. These also report that alignment with national legislation was more complex than anticipated. The study also identified a certain level of frustration as regards the time needed for the adoption Delegated Acts, which is longer than initially assumed by certain stakeholders.

To address these issues, the Commission should continue aligning and streamlining tertiary legislation to make it easier to navigate and more user friendly. In addition, the Commission should increase the user friendliness and updates of the Commission website with explanations on integration and operation of different pieces of legislation and their inter-connections. If necessary, the Commission can develop Guidance on various elements of the legislation, adopted in the format of "Commission notice" when relevant. Better Training for Safer Food (BTSF) training must continue and reinforce the transfer of knowledge across Member States.

Member States must accelerate and ensure full transposition of the AHL by removing obsolete national legislation. Where needed, they should develop national or sectorial guidance as relevant for the topic to complement the Commission Guidance, especially to address specific circumstances and situations. Moreover, Member States must distribute downstream the knowledge obtained through BTSF training more effectively and efficiently in the official services and operators.

4.2 Clarifying responsibilities of different actors and strengthening compliance

The evaluation showed a clearer allocation of obligations and reduced uncertainty about who is responsible for prevention, notification, control and recovery measures. It shows that the AHL introduced a shared-responsibility principle, increased awareness among stakeholder groups, particularly veterinarians and the competent authorities, which has facilitated more organised cooperation during disease outbreaks. This has also contributed to improved compliance.

However, responsibilities can still be unclear at local operational level, particularly during outbreak situations. The evaluation showed shortcomings in local operational planning, stemming from lack of training and coordination, rather than from deficiencies in the AHL

framework. Practical application of the framework is further complicated by layered delegated and implementing acts. Moreover, there is a legal obligation for Member States to report to the Commission on the penalties applicable to infringements of the provisions of the AHL. Few Member States reported about their acts providing for penalties [20].

To address these issues, in addition to the elements mentioned under point 4.4, the Commission aims to adopt an implementing regulation on contingency plans.

Regular publication of comparable information on national penalties and enforcement practices can be envisaged in order to enhance transparency regarding national sanctioning systems and to promote accountability and mutual trust. In light of this reflection, the Commission could initiate a discussion in the framework of Animal Health Advisory Committee (AHAC) and Standing Committee for Plants, Animals, Food and Feed (PAFF) on the added value of establishing requirements on minimum level of sanctions or other guidance to Member States on how to apply sanctions.

Member States must reinforce their efforts in transposing rules and develop the necessary sanctions to ensure a proper implementation of the AHL nationally and give the competent authorities the necessary tools to enforce the legislation.

4.3. Ensuring adaptability of disease categorisation/prioritisation

The evaluation concludes that disease prioritisation and categorisation is a valuable key measure which supports proportionate, science-based EU measures. However, concerns remain about adaptability and the timeliness of updates and adaptability to emerging risks and diseases posing specific challenges such as vector-borne diseases.

The Commission will therefore review and verify whether the current categorisation system still fits the current circumstances**.** It will also review if categorisation criteria adequately address specific challenges (e.g. vector borne diseases, where a request for an EFSA opinion has already been launched) and may propose changes to legislation, if needed. The Commission will further mandate EFSA and consider launching a more comprehensive assessment and where relevant, re-assessment of animal diseases for their listing for Union intervention and categorisation under the AHL.

4.4. Improving the response to animal diseases and contingency plans

The evaluation concluded that the adoption of the AHL has led to better coordinated responses to animal diseases. In addition, rules for contingency plans will further contribute to improved response to disease outbreaks.

However, implementation of disease control measures across Member States remains uneven. On the contingency plans, stakeholders note the absence of implementing rules and the Study[21] concluded that contingency plans are outdated in several Member States.

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20 SWD, p.27.

21 External study, p 66.

To strengthen the disease control measures in the EU, the Commission will continue to revise and amend delegated regulations[22] to adjust them to the most recent scientific developments and Member States' needs. To ensure uniform implementation of contingency plans, the Commission will adopt an implementing regulation. The Commission will further support Member States by continuous BTSF training, focussing on continued support provided on animal health. The Commission will launch a specific series of Commission audits in Member States to monitor Member States' States implementation of simulation exercises and the implementation of the rules on contingency plans.

4.5. Enhancing regionalisation and compartmentalisation

The evaluation indicated that the disease control measures introduced by the AHL that have helped minimise the impact of disease outbreaks, support the recognition of disease-free areas in the EU and enable continued intra-EU trade and exports. This has been achieved using EU regionalisation, and to a lesser extent also newly introduced concepts of compartmentalisation, enabling the continued trade within the EU and exports to non-EU countries.

However, an uneven recognition by third countries of regionalisation and related tools reduced expected benefits for international trade continuity. Several stakeholders call for more practical guidance, knowledge and capacity building.

To address these issues, the Commission will further support Member States by developing Guidance on the application of regionalisation and compartmentalisation, to improve understanding. A user-friendly Commission website will provide explanations of different pieces of legislation and visualisation of regionalisation through innovative IT mapping tools.

The Commission and Member States will also continue advocating for the recognition of EU regionalisation with the trading partners at bilateral and multilateral meetings, within trade agreements, SPS negotiations and international standard setting bodies.

4.6. Addressing uneven implementation in Member States, risk-based measures and flexibility

Weak and uneven implementation of the AHL in the Member States is amongst the most often mentioned findings of the evaluation and perceived as a weak point. At the same time, the measures in the AHL are based on risk. In that respect, the legal framework offers opportunities to provide flexibility through more detailed rules i.e. delegated and implementing acts adopted on the basis of the AHL. The AHL also gives Member States the possibility to implement stricter rules in certain areas. Although some Member States have good practices to ensure proper implementation of the new regulatory framework, and the added value of BTSF trainings is clear, the implementation in many Member States remains only partial.

With respect to flexibility, while the evaluation highlights the AHL's added value, especially when implementing disease control measures, it also stresses that this leads to uneven enforcement and to different use of derogations in Member States. This was perceived as a factor affecting the single market and creating unequal conditions for certain sectors in different Member States and there was a call for more consistent implementation across the EU.

[22] http://data.europa.eu/eli/reg_del/2020/687/oj.

To address this, the Commission can reinforce Commission audits in Member States to closely monitor and stimulate a better and more even level of implementation. If considered necessary, the Commission may limit/frame the use of Member States derogations through the modification of delegated and implementing acts and ensure more prescriptive harmonised rules. The Commission and Member States could increase transparency by keeping up-to-date and transparent national and Commission websites, by providing information at Standing Committee on Plants, Animals, Food and Feed (PAFF Committee) and making it publicly available on the PAFF Committee website. Moreover, continued BTSF training will, by raising knowledge, providing information and conducting practical exercises, continue supporting Member States' implementation.

4.7. Emphasis on risk-based prevention, biosecurity and surveillance measures

The evaluation noted an important progress in obtaining disease free statuses for several listed animal diseases, for which eradication is compulsory in the Union, such as tuberculosis, brucellosis or rabies, introducing a shift from an eradication-centric model to prevention and control[23]. The evaluation shows that surveillance is reinforced under this framework applying a risk-based approach. On the other hand, it observed a mixed application of basic operator's surveillance through animal health visits according to Article 25 of the AHL, uneven enforcement of biosecurity, and pointed to resource issues, especially a shortage of veterinarians. Enhancing national-level surveillance networks and ensuring alignment with EU-level indicators to maintain a level playing field across Member States,[24] could help in implementing a flexible, risk-based approach that adapts to the local context which is only justifiable if it is underpinned by robust surveillance systems.

To address a request repeated in the evaluation, the Commission can develop rules with criteria and baseline frequency of animal health visits and develop guidance on biosecurity, where the Member States in their reflection explicitly preferred guidance to legislation.

4.8. Optimising the use of vaccination across the EU

As indicated in point 3.1, the evaluation recognised and welcomed the paradigm shift of the AHL which provides for a wider and more flexible use of vaccination against animal diseases and shows some good examples. More recently, an unprecedented volume of animals to be culled due to the spread of diseases justifies calls for broader use of vaccination also as a prevention tool where possible.

In response, the Commission will verify whether the current vaccination rules and principles included therein are fit for purpose and if the approach for different Category A diseases addresses the needs, taking into consideration potential impacts of such changes to the economy, society and trade. This work should be undertaken within a broader international multilateral context, taking into account not only EU rules but also international standards and trade requirements. The Commission will therefore continue to engage with WOAH, trading partners and other international stakeholders to promote science-based approaches to vaccination, contribute to the development of international standards and, reduce unjustified trade related barriers associated with the use of vaccination. The Commission will also regularly discuss with Member States and industry how to ensure better availability of vaccines

[23] Point 3.4. of Staff Working Document, p.26.
[24] Point 5.6. of External study.

for such animal diseases. The Commission will also ask for scientific advice supporting the decision-making process on how to best use vaccination under different scenarios and for different purposes, i.e. to support disease control measures with emergency vaccination or to use it as a disease prevention tool.

4.9. Reducing administrative burdens, costs, reporting and complexity of certain measures

The evaluation study perceived the introduced risk-based measures as more cost-effective. Some specific benefits are already visible, for example improvements in early detection of avian influenza in certain regions[25]. However, these benefits are not yet widespread. Training and the implementation of new obligations, such as animal health visits, also generated increased costs.

Moreover, in some cases, as for example for ASF, specific rules introducing additional zoning elements and movement restrictions on top of the general AHL framework provisions, were perceived as more complex, reintroducing a disease-by-disease approach, increasing documentation requirements and creating confusion for operators and trading partners. Member States and operators also reported increased workloads related to early detection and surveillance of animal diseases.

On the other hand, some simplification occurred in practice. The Commission has issued clarifications to distinguish low-risk movements (e.g. certain pets and captive birds), and some Member States have introduced national measures such as waiving fees for hobbyist certificates. Simplification is proved to be possible within the existing legal framework. However, the evaluation study also pointed towards diverging national obligations and top up EU rules, which many perceive as problematic.

The Commission will therefore continue pursuing the use of simplification possibilities through amending the existing delegated and implementing acts, taking an evidence- and risk-based approach. The Commission can also consider **limiting or better framing the use of Member States' derogations** through the modification of delegated and implementing acts and ensuring more harmonised rules.

4.10. Addressing funding concerns

The evaluation study highlights several instances of the lack of adequate financial mechanisms, in particular to compensate farmers for their losses due to disease outbreaks and related costs. Although the study considered this was an unintended effect, it noted that the clarification of responsibilities shifted the financial obligations to farmers.

Experience as regards EU co-financing has shown that the unpredictability of large-scale outbreaks of certain animal diseases, leading to major crises, point to a need to ensure access to a crisis reserve fund suitable for financing animal diseases emergency measures.

The Commission noted these concerns which will be also addressed through the Livestock Strategy and the new Multiannual Financial Framework.

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[25] SWD, Point 4.1.1., page 39-41.

4.11 Strengthening external coherence and links with other legislation:

The evaluation confirms that the AHL is broadly aligned with other EU policy frameworks, including the One Health approach. Its objectives reinforce those of the single market, public health, food safety, and environmental protection. Nonetheless, some inconsistencies remain.

4.11.1. One Health approach

Meaningful alignment of the AHL with the One Health approach is observed. The AHL reflects a clear legislative commitment and remains relevant to its overarching objectives. However, the extent of its practical alignment and operational effectiveness is perceived differently by various stakeholder groups and is characterised by both notable strengths and persistent challenges in implementation and integration[26]. Its effective application continues to face gaps, especially in the integration of environmental health and cross-sectoral collaboration and stronger coordination across animal, human and environmental health systems, particularly for zoonotic and wildlife-related risks.

The Commission will further support efforts of Member States to enhance coherence and strengthen multidisciplinary integration in the countries with emphasis on sharing best practices.

In the new implementing regulation on contingency plans (see also above), which is planned for adoption in 2026, the Commission will require Member States to clarify procedures for cooperation of veterinary authorities with their public health counterparts, and when relevant environmental and other authorities.

4.11.2. AHL and the link with rules on transmissible spongiform encephalopathies (TSE) and on zoonoses

Despite the fact that AHL has introduced a well-structured, risk-based approach for animal disease control, its coherence with pre-existing, legislation on Transmissible spongiform encephalopathies (TSE) Regulation[27] - remains partial. Stakeholder input, particularly from competent authorities, has highlighted that maintaining separate legal frameworks for TSEs and other zoonotic diseases has resulted in regulatory fragmentation and implementation difficulties. The fact that TSEs are not included in the AHL's disease categorisation process results in confusion among operators and authorities, it complicates disease prioritisation, influences co-financing decisions and weakens communication of health risks[28]. According to the study, addressing these inconsistencies would support both legislative coherence and more efficient allocation of disease-related EU funding.

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26 External study, point 4.3.7, p 143.

27 Regulation (EC) No 999/2001 of the European Parliament and of the Council of 22 May 2001 laying down rules for the prevention, control and eradication of certain transmissible spongiform encephalopathies, http://data.europa.eu/eli/reg/2001/999/oj.

28 External study, point.4.4.2, p 151.

The Commission is already addressing certain aspects of the TSE rules in the ongoing Food and Feed Safety simplification omnibus[29] adopted in December 2025. In addition, it will launch a comprehensive revision of the TSE rules and consider bringing them under the AHL.

The Commission will also **review, simplify and update the existing zoonosis directive** and reflect how to incorporate other zoonotic agents under the AHL framework.

4.11.3. Clarifying interfaces with animal welfare

Although the evaluation study didn't identify any direct legal contradiction/friction with animal welfare rules, perception of misalignment exists, especially in the areas of animal transport and culling practices during outbreaks, particularly in some farming systems. Normally such concerns relate more to the specific and in many cases local implementation of certain temporary disease control measures and broader farming practices rather than to the legal provisions.

The Commission can further address these through scientific advice provided by EFSA and in the Livestock Strategy**.** The Commission can also consider organising a dedicated BTSF for specific issues at the interface between animal health and animal welfare in different outbreak scenarios, particularly during emergency situations affecting transport, housing conditions or culling of animals during disease outbreaks.

5. CONCLUSIONS

In conclusion, the evaluation shows that the AHL presents a strong foundation for a harmonised animal health policy in the EU. Its shift towards prevention, risk-based decision-making, and integration with broader EU goals marks a substantial improvement over the previous system. However, uneven implementation, perceived complexity in legal instruments, and limited stakeholder understanding continue to pose challenges.

The Commission identified areas and actions that could address these issues, for instance through simplification, capacity building, enhanced cooperation between operators, and Member States and the European Commission aiming at introducing a more preventive approach. These would help the AHL to fulfil its potential in safeguarding animal and public health, promoting resilience, and supporting the competitiveness of the EU's agri-food sector. The priority at this stage is not a fundamental reform, but consolidation, clarification and consistent implementation across the Union. Continued monitoring and evidence gathering will inform any future legislative adjustments.

[29] Simplification of legislation - Food Safety - European Commission.