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AGRICULTURE
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I have interviewed a number of dairy farmers about the foot and mouth disease epidemic. At the outset it is worth saying that there is a renewed optimism amongst them since you have become minister. The fact that they can procure vaccines through a relatively straightforward S21 authorisation process has pleased them greatly. Nevertheless, some concerns have arisen.

a**) Vaccine matching is vital for ensuring the suppliers provide the most effective vaccines. There was concern whether ARC-OVR will consistently take FMD samples and provide these to the Pirbright Institute. There is a concern that ARC-OVR has a conflict of interests because it wants to be a vaccine supplier and thus has an incentive to keep information to itself. Are you taking steps to ensure that ARC-OVR timeously collects FMD samples and sends test results to Pirbright so that the large vaccine producers in Argentina and Turkey can keep their vaccines up-to-date?**

RESPONSE:

The Agricultural Research Council - Onderstepoort Veterinary Research (ARC-OVR) in South Africa and The Pirbright Institute in the United Kingdom are two of the world's premier veterinary virology and vaccine institution.

Thus, ARC OVR is one of the only two WOAH/FAO Reference laboratories for FMD in Africa.

The ARC-OVR routinely conducts phylogenetic surveillance of circulating FMD field strains as a recognised regional WOAH Reference Laboratory.

The laboratory maintains competencies comparable to those of other WOAH FMD Reference Laboratories, including The Pirbright Institute (TPI) in the United Kingdom.

Countries with no WOAH reference laboratories send samples to TPI and ARC-OVR for which a fee is charged.

As expected under WOAH agreement, ARC-OVR maintains a strong collaborative relationship with TPI and continues to submit samples when appropriate for confirmatory testing, specialised analyses, proficiency activities, research collaborations, and WOAH-related diagnostic requirements (most recent being February 2026).

WOAH allocates a quota of 50 samples for each reference laboratory per year, and ARC uses this allocation appropriately, as required. Routine shipment of test samples to TPI would be a costly duplication of work already done and could be classified as fruitless and wasteful expenditure.

Results of ARC tests for vaccine matching are routinely shared with the Directorate for Animal Health and each sending veterinary for publication/discussion with their respective stakeholders/clients, and not as public information.

b) Given the history of what happened with vaccine manufacturing at OBP, why should we have confidence that ARC-OVR will do a better job?

RESPONSE:

The ARC and OBP are separate entities with distinct mandates.

Since its establishment, ARC-OVR's Transboundary Animal Diseases (TAD) programme has been mandated to provide diagnostic services for FMD, African swine fever and other economically important transboundary animal diseases; conduct research and development on diagnostics and vaccines; produce FMD vaccines for prophylactic vaccination within the official FMD protection zone. These are established functions that ARC-OVR has routinely performed.

ARC OVR, in collaboration with OBP has already demonstrated vaccine manufacturing capability with the recent batches. The current collaborative model already shows how leveraging the capabilities and strengths of these organisations can work together. In the

specific case of FMD vaccine production, the ARC produces the antigen from proliferated live virus, performs downstream processing and purification, and formulates the vaccine, while OBP provides bottling and filling support for the final product.

The recent FMD vaccine batches demonstrate that this partnership is not theoretical. It is already being put into practice.

This is consistent with other areas of collaboration, including vaccines such as heartwater vaccine, where the ARC undertakes vaccine production and OBP supports filling activities.

c) Isn't vaccine development something that's better left for the private sector, even local companies, with Onderstepoort being responsible for monitoring, testing, scientific advice etc?

RESPONSE:

The ARC-OVR-TAD's mandate is aligned with the Animal Diseases Act and its role in supporting national FMD control. South Africa is a signatory to WOAH, with overall responsibility for FMD control remaining with the State.

ARC-OVR is one of the very few WOAH FMD Reference Laboratories with integrated vaccine-production capability. Another example is BVI in Botswana that has been supplying South Africa for the last 20 years.

A reference laboratory that also has integrated vaccine production capability is an advantage, not a handicap nor conflict. Private sector players, universities and other players are currently involved with development and production of vaccines. Keeping the momentum towards restoration of domestic production capability is more important and does not require stopping some of the advances made.

Consequently, significant investments have already been made at the ARC to increase production, with a larger system scheduled for delivery in the next few months. This will ramp up production to about 200k – 300k doses monthly. The current low production period is being used to build up the antigen bank that will be required for increased production when it commences in 2027.

In addition, ARC has also expanded diagnostic capacity with additional skilled personnel and equipment procurement and installation to increase capacity for serology and molecular diagnostics.

The laboratory is now testing 3000 samples per day (translating to 9 000 tests for SAT1, SAT 2 and SAT 3) instead of the original 480 samples per day. As a result, the diagnostic tests backlog has been cleared, and tests are now performed within regular timelines.

d) The predominant view is that vaccination needs to happen twice a year, preferably in the same 30-60 day period until FMD is eradicated. This is not a small undertaking. Presumably the formal farmers will for the most part be able to manage this process. But what steps is the Department of Agriculture taking to ensure that informal herds (about half the cattle population of the country) are vaccinated on this kind of schedule?

RESPONSE:

Vaccination schedules are determined by the vaccine's potency, efficacy and duration of immunity, which manufacturers must demonstrate for product registration. For FMD outbreak control, WOAH recommends a potency of 6 PD50. Vaccines with lower potency (approximately 3–5 PD50) may require a double dose and/or more frequent vaccination to maintain adequate herd immunity, with lower potency generally requiring more frequent administration.

e) In your Parliamentary address this week you say that vaccines should go straight to vets, not via OBP. This is very sensible. What progress is being made in this regard?

RESPONSE:

Private veterinarians are already able to buy vaccines straight from the supplier. From the recently imported vaccines a total of four million is put aside for them to buy directly for their clients.

Livestock owners register as an authorised person with the department and when approved, they are able to buy these vaccines from the veterinarian in their area and vaccinate their own cattle. Over a thousand livestock owners have already taken up the opportunity to vaccinate their own cattle.

f) I am a bit confused with the current official disaster status of FMD. Is there a national state of disaster in place? What exactly is this allowing you to do that you otherwise couldn't?

RESPONSE:

Foot and Mouth Disease (FMD) outbreak has been classified as a National Disaster in terms of the Disaster Management Act No. 57 of 2002. This declaration was published in the Government Gazette in February 2026.

This declaration enables coordinated action across all spheres of government to contain the outbreak, protect livestock, and safeguard livelihoods and food security in South Africa.

g) The 2022 report on the state of animal biosafety commissioned by then minister Didiza is absolutely damning. (It paints a terrible picture of what government failed to do for two decades prior to the report.) The report makes 21 short-term recommendations and 3 medium-term recommendations. Clearly if they'd been carried out, we wouldn't be where we are with FMD. Are those recommendations a priority for you and can you perhaps comment on what you're doing in that regard?

RESPONSE:

The Ministerial Task Team concluded that South Africa's animal biosecurity system was in a state of crisis and broken. Definitely, this conclusion was spot on given where we find ourselves today. Its recommendations covered policy reforms, biosecurity plans, institutional reforms, countrywide coordination, planning and execution, capacity building and institutional reform. All these issues are currently receiving attention through the FMD strategy, task teams established, fit for purpose structure being finalised, engagements with National Treasury, amendments of the Animal Health Act and issuance of regulations to allow public private partnerships to vaccinate. As we fight the

disease, we are also using the opportunity to address the recommendations made in the report in a phased approach.

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