

# Fourth FAO/OIE Regional Steering Committee Meeting

# of GF-TADs for Asia and the Pacific

**Summary Report** 

Bangkok, Thailand, 1-2 July 2010

# List of Acronyms and Abbreviations

AAHL	CSIRO's Australian Animal Health Laboratory, Geelong
AAHTF	ASEAN Animal Health Trust Fund
ADB	Asian Development Bank
AMAF	ASEAN Ministerial Meeting of Agriculture and Forestry
AMC	ASEAN Member Countries
APHCA	FAO/Asia Pacific Commission on Animal Health and Production
APHIS	United States Department of Agriculture Animal and Plant Health Inspection Service
APHISA	Animal Production and Health Information System for ASEAN
ARAHIS	ASEAN Regional Animal Health Information System
ASEAN	Association of Southeast Asian Nations
ASEAN+3	ASEAN member countries plus Japan, RO Korea and PR China
ASECD	ASEAN Expert Group on Communicable Diseases
ASED	Asia Pacific Strategy for Emerging Diseases 2011-2015 (WHO)
ASWGL	ASEAN Sectoral Working Group on Livestock
AusAID	Australian Agency for International Development
AVET	Applied Veterinary Epidemiology Training (FAO RAP)
BSE	Bovine Spongiform Encephalopathy
CDC	Center for Disease Control and Prevention (US Government)
CIRAD	French International Research Centre working for International Development
CMC-AH	FAO/OIE Crisis Management Center of Animal Health
CSF	Classical Swine Fever
CVO	Chief Veterinary Officer
DCI	
DLD	EC- Development Cooperation Instrument
EC	Department of Livestock Development -Thailand
EC EC-TAD	European Commission
	Emergency Centre for Transboundary Animal Diseases (FAO)
EIDs	Emerging Infectious Diseases
EMPRES-i	FAO Emergency Prevention Systems (Global animal disease information system)
EPT	Emerging Pandemic Threat (USAID Programme)
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FETPV	Field Epidemiology Training Programme for Veterinarian (FAO)
FMD	Foot and Mouth Disease
GF-TADs	Global Framework for the progressive control of Transboundary Animal Diseases
GLEWS	FAO/OIE/WHO Global Early Warning and Response System for Major Animal Diseases
GMS	Greater Mekong Sub-region
GREP	Global Rinderpest Eradication Programme
HPAI	Highly Pathogenic Avian Influenza
HPED	EC-supported Regional Cooperation Programme on Highly Pathogenic Emerging and re-
	emerging Diseases in Asia
JICA	Japan International Cooperation Agency
JSTF	Japan Government Special Trust Fund
JTF	Japan Government Trust Fund
MDGs	Millennium Development Goals
OFFLU	OIE/FAO Network of Expertise on Animal Influenza
OIE	World Organisation for Animal Health
<b>OIE</b> Asia-Pacific	OIE Regional Representation for Asia and the Pacific Region
OWOH	One World One Health
PCP	Progressive Control Pathway approach for FMD (FAO)
PHOVAPS	Pacific Heads of Veterinary and Animal Health Production Services
PPP	Private Public Partnership
PPR	Peste des Petits Ruminants
PRIPPP	Pacific Region Influenza and Pandemic Preparedness Project

PRRS	Porcine Reproductive and Respiratory Syndrome
PSVS	OIE/AusAID Project to Strengthen Veterinary Services
PVS	Performance of Veterinary Services (OIE-PVS Tool)
RAHCs	Regional Animal Health Centres
RCM	Regional Coordination Mechanism (ASEAN)
RDL	Regional Diagnostic Laboratory (GF-TADs)
REC	Regional Epidemiology Centre (GF-TADs)
RSC	Regional Steering Committee (of GF-TADs)
RSO	Regional Specialized Organisation
RSU	Regional Support Unit
RVF	Rift Valley Fever
SAARC	South Asian Association for Regional Cooperation
SARS	Severe Acute Respiratory Syndrome
SEACFMD	OIE Southeast Asia and China Foot and Mouth Disease Campaign
SOM	Senior Officials Meeting (ASEAN)
SOMHD	Senior Officials Meeting of Health Development (ASEAN)
SPC	Secretariat of the Pacific Community
SPC+2	SPC member countries plus Australia and New Zealand
UNSIC	United Nations System for Influenza Coordination
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
VHP	Veterinary Public Health
VS	Veterinary Services
WAHIS	World Animal Health Information System
WB	World Bank
WHO	World Health Organization

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#### Summary Report of The Fourth FAO/OIE Regional Steering Committee Meeting of GF-TADS for Asia and the Pacific (Bangkok, 1-2 July 2010)

#### 1. Introduction

The Fourth FAO/OIE Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific was convened back-to-back with the First Steering Committee Meeting of EU-HPED Programme at Siam City Hotel, Bangkok on 1-2 July 2010. The Opening Session of the Fourth GF-TADs Regional Steering Committee Meeting was convened at 16:00, soon after the completion of HPED Steering Committee Meeting.

#### 2. Opening Session

The Opening Session was moderated by Dr Bernard Vallat, Director General of OIE. He called on Dr Itsuo Shimohira, Regional Representative of OIE Asia-Pacific to make introductory remarks. He was followed by Dr Juan Lubroth, FAO CVO; Dr Tritsadee Chaosuancharoen on behalf of the host country and finally Dr Bernard Vallat himself on behalf of the OIE.

#### 2.1 Welcome remarks and introduction by Dr Itsuo Shimohira

On behalf of the Permanent Secretariat of Regional Steering Committee of GF-TADs, Dr Shimohira thanked partners FAO RAP, OIE Sub-regional Representation for South East Asia and the DLD of Thailand for their collaborative efforts in preparing this Meeting.

Dr Shimohia reiterated that GF-TADs is a joint initiative of FAO and OIE providing regional alliance for the control of transboundary animal diseases at regional and country levels. The Third Regional Steering Committee Meeting of GF-TADs was held in Tokyo in July 2009. The Meeting recommended that the GF-TADs RSC Meeting should be convened at least once a year back to back with the HPED Steering Committee Meeting to provide guidance for the control of TAD in the region.

This Fourth Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific was convened here today in line with the recommendation. The main objective of this meeting is to expand the progressive control of TADs in the region and to coordinate with the EU programme It is expected that a defined regional policy will emerge to move forward with all the GF-TADs control activities in collaboration with the EC project.

He reminded that in Japan since April this year, serious outbreaks of FMD had continued for more than two months even though strict control measures were carried out. The outbreaks have caused very serious impact to the livestock industry of Japan. Therefore, countries in this region should promote the control of FMD disease in the region and share the information on the control of this disease. In this respect, GF-TADs is increasingly recognised as a very important mechanism for facing this challenge. He hoped this Meeting will be able to discuss effective mechanism for coordinated control measures against TADs in the region.

# 2.2 Welcome address by Dr Juan Lubroth

Dr. J. Lubroth welcomed the participants and briefed the meeting on the FAO vision emphasizing the importance of animal health and veterinary assistances for the global public good as well as the identification of upstream work that is required to tackle diseases at source. The GF-TADs has been reviewed in Paris and Rome and the regional meetings further thresh out the details of the GF-TADs programme implementation. J. Lubroth reported that the next GF-TADs Management Committee Meeting will be held in Paris in July where governance issues between OIE and FAO will be discussed. This will be followed by a Global Steering Committee Meeting in Paris in September.

J. Lubroth also announced that the world would soon be free from rinderpest. FAO/OE is still awaiting the submission documentations of rinderprest freedom by some island countries in the Pacific. He then requested the Secretariat of the Pacific Community (SPC) to assist in engaging the countries to submit a letter of historical freedom of rinderpest to FAO and OIE. J. Lubroth congratulated everyone on soon making this target a reality.

He then proceeded to report that the same GF-TADs collaboration is being done in the other regions like Africa and he expressed that the regional GF-TADs groupings should establish linkages with each other especially that diseases like African swine fever known only to be endemic in African regions are now showing itself in other regions.

# 2.3 Welcome address by Dr Tritsadee Chaosuanchareon

Dr Tritsadee expressed his thanks to the Permanent Secretariat for FAO/OIE Regional Steering Committee of GF-TADs for choosing Thailand as the venue for this Meeting. The issue of transboundary animal diseases is taken into account by every country in the world to find appropriate and effective measures to control or even eradicate these infectious diseases which either have zoonotic effect as well as economic impact. Efforts to deal with the controlling of the diseases have been the basic task and collaborative role of OIE, FAO at the regional level with the collaboration from ASEAN, SAARC and SPC and several other donors who support at the national level to combat the priority diseases in each region.

This Meeting would be a benefit to individual country in this region, namely ASEAN and SAARC in terms of adopting policies into regional and national activities. The Department of Livestock Development will also continue the commitment and its role in active participation in collaboration with the development partners to strengthen veterinary services to cope with the rapid changes of environment. Now, joining with the Permanent Secretariat of RSC of GF-TADs for Asia and the Pacific, he wished everyone during the meeting a nice stay in Bangkok.

# 2.4 Welcome address by Dr Bernard Vallat

On behalf of OIE Dr B. Vallat thanked and welcomed all the participants attending to the Meeting. He also thanked Tokyo OIE Regional Representation which is the Secretariat of Regional Steering Committee of GF-TADs for Asia and the Pacific, OIE SRR in Bangkok as well as the host country DLD for coordinating this Meeting to be held in Bangkok.

He stated that GF-TADs is a unique interagency coordination mechanism worldwide to control TADs. However, for GF-TADs to achieve the objective at the global level, the support of all regional partners especially the Sub-Regional Specialised Organisations have a special role to play.

In the context of One World One Health concept, OIE, FAO and WHO and EU in partnership with ASEAN and SAARC are broadening the concept of covering the emerging infectious diseases which looks beyond the present prioritised GF-TADs through the EU funded HPED Programme in Asia.

In this region, regarding HPAI situation, some countries have been able to control and prevent the disease, whereas some areas in the region still remain endemic. The veterinary services of those countries should be strengthened to fight against the endemictiy. Veterinary Services should be strengthened for early detection and rapid response against animal disease incursions including emerging and re-emerging zoonotic diseases. That is why OIE has invested heavily through the support of donors including in particular the European Union, Australia, Canada, Japan and USA, the development and use of tools for evaluation of the PVS, and more recently in the PVS Gap Analysis and veterinary legislation update support.

GF-TADs is the optimum forum for sharing the tasks between members in this context. The OIE will remain at the countries' service in seeking the international aids to redress the deficiencies and gaps noted. He was sure that the result would a benefit to all the countries in the region and in the world. He said for the long term, we must work through GF-TADs to improve national and regional and global capacity not only for animal health but also addressing emerging and re-emerging infectious diseases for public health thus contributing to One Health. He hoped this Meeting will be able to effectively discuss mechanism and ways of GF-TADs control and eradication and that the Meeting will create productive conclusions for future activities.

He reminded that Dr Juan Lubroth has just mentioned about the final eradication of rinderpest; the first time in the history the eradication of an animal disease. In this region, he pointed out that under SPC, there are Kiribati, Tuvalu and Micronesia. In the ASEAN region, there is Laos and in the SAARC region there is Sri Lanka. These countries should submit the applications for the rinderpest freedom status before January to be sure that in May 2011 members will vote the recognition of these countries. He said the world is very close to the declaration of freedom from rinderpest.

# 2.5 Nomination of the Chair of the RSC

Dr Itsuo Shimohira, representing the Secretariat of the Regional Steering Committee of GF-TADs, proposed Dr Tritsadee Chaosuancharoen, CVO of the host country, Thailand to act as the Chairman of the Meeting. He also proposed Dr Bernard Vallat and Dr Juan Lubroth to be the Co-Chairpersons of the Meeting. The proposal was unanimously accepted.

# 3. Achievements and Key Issues at the Global and Regional Levels of GF-TADs

# **3.1** Presentation of Global SC of GF-TADs initiative and progressive control pathway of FMD by Dr Peter de Leeuw

Dr de Leeuw explained about the governance aspects of the Global GF-TADs. Framing institutional documents of GF-TADs are the Millennium Development Goals, FAO/OIE agreement 2004, FAO/OIE GF-TADs Agreement 2004, FAO/OIE Chart of Competencies and Complementarities 2007, and the FAO-OIE-WHO Tripartite Note presented in Hanoi in 2010. The vision of GF-TADs is : 'a world capable of preventing, detecting, containing, eliminating and responding to animal and public health risks attributable to zoonoses and animal diseases, with a high impact on food security through multi-sectoral cooperation and strong partnership'.

The global governance structure was not set up properly yet, due to the H5N1 crisis. This made the creation of the regional structures the first priority. However, this gap has now been filled and the structures are up and running. The global governance of the GF-TADs is entrusted to the Global Steering Committee and the Management Committee. They are supported by the Global Secretariat that is based in Rome. Dr de Leeuw joined the Secretariat at the beginning of 2010. The Global Secretariat has now two part time staff members. A third staff member may be seconded by the Italian government.

Last year, the second evaluation of GF-TADs has been carried out. The main results of the official evaluation were that in a short time and in a difficult animal health context, GF-TADs proved its usefulness and achieved significant results for the benefit of animal health worldwide. The FAO/OIE collaboration on transboundary animal disease control should be continued and strengthened.

The evaluators suggested that outside communication has to be strengthened to make more people aware of the GF-TADs. Communication between the Global Steering Committee and the Regional Steering Committees should also be strengthened, just like the communication among the different Regional Steering Committees. Collaboration between the animal health and the human health officials could be strengthened because Regional Health Organisations are taking part in the Regional Steering Committees.

On technical aspects, the framing documents are the multi-agency OWOH Strategic Framework presented in Sharm el Sheik in 2008 and the FAO/OIE Good Governance document of 2007. At present, the organisations are working on their OWOH Strategy. Taking into account these strategies, the GF-TADs next 5-year Action Plan will tried to be developed and incorporate more of the OWOH approach.

On the global level, the GF-TADs interventions are three folds:

One approach is disease-oriented. The disease priorities are set in the region and may be different per region. However, some diseases are a priority in several or all regions. The first disease (after rinderpest) that needs to be taken up on a global scale is FMD.

There are also horizontal or topic-oriented priorities; examples of these are bio-security and reinforcement of veterinary services.

Thirdly, there are livestock or species-oriented activities; an example of this is the small ruminants approach where different diseases may be worked on at the same time.

At present, FAO and OIE are setting up the first GF-TADs Working Groups (FMD) at the global level. After that, this model probably needs to be copied at the regional level. Other Working Groups that are being considered are PPR and Rift Valley Fever (RVF).

Studies on the economic impacts of FMD under different field circumstances are urgently needed to provide hard data that FMD is also a problem for small holders and not just for countries with industrialized animal husbandry systems. These data should preferably be available at the next International Conference on FMD that will be held in Asia, most likely in June 2012. This may well be a pledging conference to start the global campaign.

An important disease intervention strategy developed by FAO is the Progressive Control Pathway with its related Regional Roadmaps in which the targets for a period of (usually) 10 years are laid down. Regional Roadmaps have been worked out for several regions, starting in Africa, the Middle East and Eurasia.

The background of the Progressive Control Pathway (PCP) is as follow: so far we have either FMD-free countries which are recognised as such by OIE or FMD-infected countries. The PCP realises that there are differences in the epidemiological situations in the different countries where FMD is endemic and even within countries. Countries may be at different levels in managing the risks of FMD infections.

The PCP control approach for FMD is divided into five stages. Stage 0 represents a situation where no or very little information is available and risks are not controlled. The viruses and the strains in circulation are not precisely known. In Stage 1, well-planned serological studies have been carried out and circulating viruses are known; the country decides to do epidemiology studies; critical points for virus spread are known and a plan is made to manage the risks and limit the virus circulation. In stage 1, a control response may not yet be in place. In Stage 2, control measures are taken at critical points and the effect is monitored. Each FMD outbreak is investigated. Incidence of outbreak is lower but still occurring. In Stage 3, the disease is nearly under control and there is an effective response to each outbreak. Each outbreak is investigated thoroughly; the cause is (usually) determined and shown to be linked to introduction of the virus into the country or region from outside.

Stage 4 is freedom with vaccination. Stage 5 is freedom without vaccination. So far, the OIE is recognising Stages 4 and 5. The possibility that OIE 'endorses' the programme of a country that has entered Stage 3 is under study. That would provide an important incentive to the country. The next step is to consider GF-TADs (in particular the Regional Steering Committees) to support the programmes for Stages 1 and 2. This is not going to be an official recognition or endorsement as provided by OIE but at least it shows a country has progressed and the status of the country has been discussed and acknowledged in the GF-TADs.

Apart from taking part in a regional effort, which is the only way to make progress, a strong incentive may be the facilitation of trade between countries that are at the same or a higher PCP level.

The Progressive Control Pathway is already introduced in Africa. The countries indicated in which PCP stage they felt they were in 2009 and indicated where they want to be in 2020. This information was evaluated by experts. The PCP approach helps the countries to make up their mind and to set up a strategy how they want to come from one situation to another. The same was done in Eurasia and in the Middle-East and it generated a lot of enthusiasm. It is hoped that this exercise will be done in the different regions of Asia as well.

Rinderpest has already been mentioned. If we can declare the world free of rinderpest, this will be an enormous achievement. In October 2010, the FAO will announce the end of field operations. In May 2011, during the OIE World Assembly of delegates in Paris, the technical decision will be taken and in June 2011, during the FAO Ministerial Conference in Rome the DGs of FAO and OIE will make a joint official declaration on rinderpest freedom.

Peste des Petits Ruminants (PPR) is an important disease; we hope that it can be controlled using the PCP approach, of course after adapting it to the characteristics of PPR. We think the idea of the PCP is useful for more diseases and we are working on it for other diseases such as brucellosis. For RVF, feasibility studies are now underway.

There are a number of so called Global Tools (platforms in which FAO, OIE and sometimes WHO work together) that have now considerable experience. This includes OFFLU (the laboratory network on avian flu; now flu of all species), GLEWS (on disease information) and CMC-AH (Crisis Management Center for animal health).

Networking is also a priority area. There are Regional Networks not only for laboratories, but also for veterinary epidemiology, communication and socio-economy.

There is a financial paragraph in the original GF-TADs proposal for the basic needs to keep the organizational structure going. Some two million USD will be needed for the coming 5 years. One of the recommendations of the external evaluation said that GF-TADs at the global level should have its own website. When the Global Secretariat is fully staffed, this will be done as a priority and it will try to be the linking pin between the different Regional Secretariats and to provide more information on what is going on elsewhere and at the global level.

# 3.2 Report of the Third Regional Steering Committee of GF-TADs Meeting by Dr Itsuo Shimohira

Dr Shimohira briefly mentioned about the previous three Regional Steering Committee meetings of GF-TADs so far held in the Asia-Pacific region. He briefly presented the main features of each meeting, the important decisions and recommendations made in each meeting. He also provided a summary account of the three Sub-regional Meetings of GF-TADs conducted in 2009 in SAARC, SPC and ASEAN regions. A short description of each Sub-regional Meeting was given with the main recommendations and conclusions reached in each meeting. He went on to give a report on the Third Regional Steering Committee of GF-TADs held in Tokyo in July 2009.

The Third Regional Steering Committee Meeting of GF-TADs which was held in Tokyo in July 2009 reiterated that GF-TADs is a coordination mechanism but not an implementation one; it remains as the critical and only available global framework in promoting the synergies in approach to control and prevention of TADs and EIDs among the international agencies. The meeting also recognised that GF-TADs had developed the tools such as GLEWS, OFFLU, and CMC-AH to support the TADs and EIDs control internationally and regionally. Also the meeting recognised that GF-TADs is a unique mechanism adding significant value to the global approach to the TADs and EIDs control.

The meeting recommended that GF-TADs should continue strengthening the cross-cutting issues including the capacity and quality of veterinary services to comply with the international standards, good governance of veterinary legislation and improvement of the laboratory services. Also the meeting recommended GF-TADs should support and strengthen the veterinary diagnostic services, biosecurity, improve the management of animal movement, technology and network, information system and communication. In addition, the meeting recommended the visibility of GF-TADs be enhanced to demonstrate the outcomes and impacts. It is very important to show that GF-TADs added value to the control of TADs on global and regional basic. The meeting also recommended that model pilot projects under the GF-TADs should be promoted in order to attract donors to support such projects. GF-TADs Regional Steering Committee should be the consultative

body for the projects funded regionally. Sub-regional GF-TADs meetings should be organised to discuss the specific regional issues including the socio-economic aspects relating to the disease control and prevention.

On special issues, the meeting recommended that road map for the diseases such as FMD. CSF, PPR and Rabies should be developed for each sub-region and funding sought to implement control and eradication programmes as appropriate. The existing disease control such as Road Map for SEAFMD, GREP and OIE/AusAID PSVS programme can be used as models for control of other TADs in the region. Also the meeting endorsed EC-supported HPED Programme is a very welcomed regional flagship programme to be linked with the existing sub-regional activities.

# **3.3** Activities and events of GF-TADs since the Third Steering Committee Meeting by Dr Itsuo Shimohira

As the second part of his presentation, Dr Shimohira continued to report on the activities and events related to GF-TADs since the Third Regional Steering Committee Meeting. He reviewed the activities and actions relevant to six major recommendations of the Third Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific. Dr Shimohira made a list of activities under each major recommendation which although were not all implemented by GF-TADs but considered as activities covered under the umbrella of GF-TADs.

1) One recommendation was to organise GF-TADs RSC Meeting with HPED Steering Committee Meeting and linked with the existing sub-regional activities: The recommendation was duly implemented with the convening of the present meeting. Prior to that, Sub-regional GF-TADs meeting for ASEAN was held in Jakarta in December 2009

2) Strengthening the capacity of veterinary services, good governance and legislation: OIE Regional Workshop on HPAI Information Sharing and Legislation Improvement was held in Tokyo in September 2009. Regional Workshop on Good Governance of Veterinary Services was held in Shanghai, P.R. China in November 2009.

3) Addressing cross-cutting issues, including cross sectoral collaboration between AH and HH: There have been two major events. One was the UN workshop on Avian and Pandemic Influenza Asia and the Pacific, Bangkok, January 2009; the other was the International Ministerial Conference on Animal and Pandemic Influenza held in Hanoi, April 2010.

4) Support strengthening of the diagnostic laboratory services, animal movement, information network and communication : OIE/JTF Project for Strengthening the Capacity Building of HPAI Diagnosis has conducted HPAI molecular diagnosis trainings for South Asian countries; both at regional and national levels during March 2010. OIE Regional Workshop on Strengthening of Communication was held in Singapore in November 2009.

5) Enhance the GF-TADs visibility through the demonstration of its outcomes and impacts: In this context, Dr Shimohira conceded that the Permanent Secretariat of GF-TADs needed more collaboration with the Global GF-TADs and other Regional GF-TADs to promote the visibility.

6) Close collaboration with the Sub-regional CVOs Groups: Both FAO and OIE collaborated closely with ASEAN ASWGL. OIE/FAO had jointly developed with AMC the Regional Strategy for CSF control. OIE collaborated closely with ASWGL for ASEAN Vaccine Standards Development, Vaccines Risk Analysis and Vaccine Lab Accreditation workshops. FAO/OIE collaborated closely with SPC Pacific Heads of Veterinary and Animal Production Services (PHOVAPS). More collaboration with the SAARC CVOs Group is anticipated.

# 4. FAO and OIE Achievements and Key Issues at the Regional Level

# 4.1 Regional Cooperation Programme on Highly Pathogenic and Emerging Diseases (HPED) in South and Southeast Asia by Dr Subhash Morzaria

Within FAO's strategic framework there are three goals: a) reduction of the absolute number of people suffering from hunger, b) elimination of poverty, and c) sustainable management and utilization of natural resources. Under these three goals there are 11 strategic objectives, out of which three are relevant to GF-TADs. These include 'increased sustainable livestock production', 'improved quality and safety of food at all stages of food chain' and 'improved preparedness, and effective response to food and agriculture threats and emergencies.

Within FAO, the platforms that are relevant to GF-TADs Asia are ECTAD-RAP established in FAO Regional Office for Asia and the Pacific, Bangkok in 2005, and a sub-regional ECTAD office established in FAOR-Kathmandu, Nepal in September 2007. Initially these units were to address HPAI but now they a broader mandate addressing other TADs and EIDs under the One Health approach. At the moment, the ECTAD-RAP programme has 36 projects in 11 countries (Nepal, India, Bangladesh, Cambodia, China, Laos, Myanmar, Vietnam, Philippines, Indonesia and Timor Leste). In addition to country projects, the ECTAD-RAP has a regional programme which focuses in South Asia and the Greater Mekong sub-region.

Looking at HPAI situation, in 2004 the disease came to Asia. In 2005 it spread from Asia to Central Europe and then to Europe, and Africa in 2006. There was wide spread emergence of the disease in 2007. By 2008, we came to see the stabilisation of the disease with four clear defined endemic foci in Egypt, parts of the Greater Mekong sub-region, the Indo-Gangetic Plane and Indonesia. The disease control has been broadly effective but it still exists in several countries. Generally, the disease is declining, although there is evidence that there was a rise this year in 2010 in Southeast and South Asia. This may be partially due to better surveillance and reporting. There are five countries affected in Southeast Asia and four countries affected in South Asia. Bhutan is a newly infected country.

The general trend is that there is a steady improvement and stabilization of disease globally; there is a significant improvement in early detection and reporting from the field by community animal health workers. Most laboratories in the region are capable of diagnosing the disease. There has been greater South-South collaboration and awareness of HPAI, although the perception of risks due to HPAI is not very high.

The activities of ECTAD-RAP are primarily to provide governments with strategies to contribute to the better understanding of the patterns of infection and transmission dynamics of HPAI H5N1 virus. The programme also coordinates regional networks for surveillance and diagnosis and collaborates closely with ASEAN and SAARC to promote partnership and to address policy issues related to HPAI and other TADs. More recently, we have looked at the revision of the regional strategy for H5N1 control to response to changing disease situation that includes wider spread of HPAI in South Asia, the establishment of endemic zone, the need for long term and stronger regional approach, and the need to address emergence of new diseases beyond the HPAI. The revised regional strategy is in line with the FAO/OIE Global Strategy, the ASEAN Strategy for the Progressive Control of HPAI, and the inter-agency document on One World One Health for TADs and EID control.

Recently, we have also tried to develop a document to address the approaches to control HPAI in the endemic countries. This document is expected to be published soon. Our current regional focus is on determining cross border risk of HPAI spread using an integrated approach examining market chains, production systems, socio-economic conditions, epidemiology of the disease including information on virus characterisation. We are trying to gather this information in several cross border points which are identified as risks for transmission. These are at the border of India and Bangladesh, India and Nepal, Bangladesh and Myanmar, and India and Myanmar. We have also cross border activities in the GMS area. There are a number of points particular in the border of Vietnam and China, Vietnam and Laos, Laos and China, and Myanmar and China. Particularly, in the border of Laos and China there is a significant new duck farming system emerging along with the new settlements. There has been emergence of new clade of H5N1 in northern Laos.

There is also a project launched last year to conduct a more structured, longitudinal surveillance looking at epidemiology of the disease in different HPAI epidemiological situations. The programme was created to essentially isolate as many viruses as possible and characterise at molecular level to see the evolutionary trend of viruses. This is a collaborating project with Leading Diagnostic Laboratories in the region; with AAHL, Murdoch University as partners in designing surveillance and providing quality control of reagents. There is also collaboration with OFFLU, OIE and USDA conducting study on molecular epidemiology through diagnostic and epidemiology networks. The laboratory network also supports harmonising protocols, including quality control in collaboration with Reference Laboratories.

One of our flagship projects in the region is the Field Epidemiology Training Programme for Veterinarian (FETPV) which is primarily funded through the USAID. The Department of Livestock Development hosts the coordination and training centre. FAO provides technical inputs, and participating countries include GMS countries plus Philippines, Indonesia and Malaysia. This is a partnership programme developed with the Thai Ministry of Public Health. We hope that this activity will be expanded to other countries in the region.

In addition to that, we have also regional public-private partnership programme, a pilot programme which started two years ago in Bangladesh and Indonesia. It is now expanded to Vietnam and China, essentially trying to engage poultry sector particularly commercial smallholders to increase the biosecurity control. We have regional wildlife surveillance and bat surveillance for Ebola Reston virus. We have also communication and advocacy strategy finalised recently for partners promoting greater awareness for HPAI and EIDs.

There is increasingly strong collaboration with the regional organizations such as ASEAN, SAARC and SPC under the GF-TADs umbrella. Strong collaboration with OIE in the region continues, and a number of joint activities are conducted with other UN agencies through regional UNSIC. We are now beginning to have greater engagement with the WHO with regular consultation.

Major challenges are in trying to engage private sector, we found that it is quite difficult to restructure poultry production system for more biosecure system because avian influenza is increasingly viewed by farmers as a poultry disease no different from Newcastle disease. There have been a number of new diseases in the region to which the programme has responded through CMC-AH. In this regard, recently through the FAO TCP facility a project to conduct H1N1 surveillance in pigs in ASEAN countries was initiated. This particular activity is to be expanded to look at animal influenzas and is a partnership project involving ASEAN member countries, OIE, AAHL, and Murdoch University. In addition, an ongoing sub-regional project on FMD and CSF control , which has been funded by ADB continues. The Phase II will conduct a major pilot immunisation programme agreed with OIE under the umbrella of GF-TADs.

A number of emerging and re-emerging infectious diseases were encountered in the recent months in this region. These include Ebola Reston virus, FMD, HPAI, PRRS, Rabies and Brucellosis. A number of platforms developed under FAO and OIE separately and jointly have been utilised to address these disease problems. In the future we will increasingly use One Health concept to address TADs and EIDs. In this regard the recently EU funded HPED programme would be an important platform. There is an additional programme which has been launched by USAID called "Emerging Pandemic Threat" (EPT) programme. FAO, OIE and WHO are particularly involved in this component in identifying the support in strengthening the laboratory network that are existing in the disease "hot spots" areas of the region, which include the Greater Mekong Sub-region. As part of the joint planning, there was a meeting identifying partners to develop plan in 2010 to address the capacity for laboratories within Southeast Asia. It is expected that for the next year, the EPT programme will also expand its activities to the other "hot spot" in Asia which is the Indo-Gangetic Plane.

In conclusion, we work with a large number of partners, which include governments, regional organisations (ASEAN, SAARC and SPC), international agencies and donor agencies.

# 4.2 Activities and issues encountered on TADs control by Dr Carolyn Benigno

Dr C. Benigno reported that FAO activities on the ground at the regional level are guided by the four principles: Promoting multi-sectoral collaboration, partnerships across all stakeholders, investing in human

and capital resources to enhance country's capacity for early warning, early detection and early reaction, encouraging decision making using science-based evidence and multidisciplinary approach, and promoting best practices of disease prevention and control throughout the production and market chain system.

The promotion of multi-sectoral collaboration covered a range of activities largely to meet requests from countries. Countries in the region requested for specific workshops on BSE, Brucellosis and Feed safety. In collaboration with SEACFMD, FAO is very much involved in the vaccine strategy review of the sub-region, provision of vaccines for emergency, FMD Labnet, FMD carrier status of Asian Swamp Buffaloes studies, and private-public partnership.

Dr C. Benigno also reported on the other activities, namely: an animal movement study in the GMS done in collaboration with ADB, SEACFMD and ACIAR., the collaboration with the ASEAN HPAI Working Group and the AusAID funded EID+3 programme under the ASEAN, the FMD work in Bhutan, the bat surveillance in the Philippines in collaboration with Wildlife Trust, Queensland Biosecurity, AAHL and US CDC we are looking into bat surveillance training and the environmental animal health management initiative funded by the government of Italy. With all these activities, Dr C. Benigno reported that the private-public partnership (PPP) has to be explored more fully especially in some countries where private sector groups are very much interested to take part on disease control. More active engagement with APHCA countries should be done and that regional consultations among partners must be done more regularly.

The second principle, investing in human and capital resources to enhance country's capacity on early warning, early detection and early reaction included activities such as the Field Epidemiology Training Program for Veterinarians (FETPV) and on a smaller scale the in-country training Applied Veterinary Epidemiology Training (AVET) Program held in the Philippines and Vietnam. Trainings on bat surveillance, brucellosis diagnosis were also conducted under the APHCA banner.

Dr C. Benigno opined that while regional trainings are useful, there is a need to follow up with in-country trainings to get full value of the regional trainings. Another issue is that trainings and workshops coming in 2010 should be more within the theme of the GF-TADs.

The third principle, encouraging decision making based on scientific basis covered activities on studies that will provide countries a basis to develop more rational policies on disease control. Studies on the FMD carrier role of the Asian swamp buffalo, vaccination studies, animal movement studies, the Ebola Reston Virus reservoir studies are some of the work aimed at assisting countries to develop their disease control programmes. Dr C. Benigno emphasized the need to understand the disease transmission risk drivers and disease impacts that will feed into the animal health programmes and livestock sector policies of member countries. She also indicated the importance of understanding the ecology of diseases and the interaction between pathogens, livestock, wildlife and people to reduce the health impacts.

The last principle, promoting best practices for the prevention and disease control, mentions the available materials developed for the guidance of the countries. These standards and manuals however need to be translated as operational work on the ground. To really apply this, there is a need to understand the underlying dynamics of community, individual beliefs and behaviour so as to fully get a buy-in from stakeholders.

# 4.3 Report on OIE/JSTF Project for Strengthening HPAI Control in Asia by Dr Itsuo Shimohira

Dr Shimohira explained about the OIE/JTF (2008-2013) project which is still running and the JSTF Phase II (2008-2009) which was completed in March this year.

He also explained briefly about the JSTF Phase I project (2006-2007). The project had benefitted eight Southeast Asian countries which included Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam. Nineteen National Laboratories were supported with laboratory equipments. The project also covered legislation review, information sharing, epidemiology training of field veterinarians and para-vet training components.

The JSTF Phase II was intended for seven countries; six South Asian countries plus Mongolia. The six South Asian Countries included India, Sri Lanka, Pakistan, Nepal, Bhutan and Bangladesh. In the seven countries 23 National Laboratories were identified for support with equipments and laboratory materials. A Regional Hands-on Training on molecular analysis by Gene Sequence Analyser was conducted in Kathmandu in February 2010 for four countries Bangladesh, Sri Lanka, Nepal and Mongolia; primarily to introduce the technology for gene sequence analysis of HA cleavage site of HPAI virus. The training has also created a good network of laboratories among the four countries with the Lead Country Laboratory in Pakistan. Through networking they have communicated with each other and solved some technical problems among themselves.

Under JSTF Phase II, national training courses for Real Time PCR method were also conducted in Kandy, Kathmandu, Dhaka and Thimphu. The trainings were conducted through South-South cooperation; by engaging resource persons from National Poultry Research Centre from Department of Livestock Services of Pakistan. It was just coincidence that during the training months, HPAI outbreaks occurred in those countries. The Real Time PCR equipments supplied by the project became a practical tool for the disease diagnosis on ground.

OIE/JTF Project for Strengthening HPAI Control in Asia planned to achieve three main objectives: 1) Strengthening of HPAI Information Networking in Asia; 2) Strengthening Capacity of the Veterinary Services including Legislation Improvement; and 3) Surveillance of Wild Birds and Domestic Animals along the Migratory Flyways. The Inception Workshop for this five-year regional project was held in April 2008.

The Animal Health Information Networking Meeting/Workshops were conducted twice, in 2008 and 2009. In 2009 Animal Health Information Networking Meeting, a Legislation Improvement Workshop was also incorporated. A field study tour to Kyoto Prefectural Government Animal Hygiene Centre was incorporated in the workshop programme to allow participants to look into the legislation enforcement measures in the HPAI control in Japan. The Third Information Networking Workshop for HPAI Control will be conducted in Tokyo in September 2010.

The First Expert Group Meeting on Wild Bird Surveillance under objective 2) to determine the surveillance strategies of wild birds in some countries was conducted in 2008. Similar meetings were conducted in 2009 and 2010. The last meeting held in June 2010 discussed and defined the implementation plan of wild bird surveillance. Based on the discussion in 2010-2011, plans have been drawn up for surveillance in Vietnam, Mongolia and Bangladesh. In the 2009 Workshop, a Molecular Data Analysis workshop was incorporated; so that laboratory specialist participants were assigned to visit Hokkaido HPAI Reference Laboratory to study management and accessing of the virus data base in the Hokkaido Reference Laboratory.

These meetings conducted by OIE/ JTF had been a good forum for veterinary authorities of the countries in the region to interact and exchange information and best practices for the control of HPAI and other animal diseases.

Some constraints met with the implementation of the project were: in the wild bird surveillance, problems in getting the desired species (Anseriformis) of wild bird. No HPAI virus sample was detected from live wild birds. With the OIE/JSTF project, the project supplied the equipments and provided the trainings. But some of the countries have difficulties to utilise the equipments, especially with the Gene Sequence Analyser. The project is trying to expand the use of the low cost reagent like SYBR Green method for Real Time PCR. For Gene Sequencer, one alternative would be to encourage the laboratories to expand the application not only for HPAI but also for other important viruses.

# 4.4 Report on South East Asia and China FMD Campaign by Dr Ronello Abila

Dr R. Abila commended that the OIE General Assembly has approved on 25 May 2010 the membership of SEAFMD to include Brunei, Singapore and China in the "OIE Sub-Commission for FMD in South East Asia and China (SEACFMD)". In Southeast Asia, FMD type A has occurred in Vietnam, Thailand and Malaysia. He continued to report FMD situation of the region. The main serotype prevalent in the region is still type O, mainly Mya-98 which spread widely in the region. This year, only two countries have not submitted reports; Cambodia and Laos. There were outbreaks of type O in Malaysia and also in Myanmar. Type A still occurred in Vietnam last year. It is well known that the SE Asia Strain Mya-98 FMD virus has spread all over the Asian region. It has been confronted in Hong Kong, in Korea and in Japan.

The Coordination Unit of SEACFMD organised a lot of coordination meetings. The FMD Sub-Commission Meeting was organised this year in Lao PDR. Several zoning working group meetings were organised in 2010. National Coordinator Meetings are organised during the month of August annually. This year, it will be organised in Cambodia. SEACFMD also organises the Lower Mekong Zone and Upper Mekong Zone Meetings. There is a new recommendation to have an In-country Voluntary Coordination Meetings for the MTM, Lower Mekong and Upper Mekong.

The Recommendations of the 16th Sub-Commission Meeting voiced to support the Animal Health Authorities for partnership. SEACFMD has included now ASEAN +3 for the cooperation of FMD control. SEACFMD is planning to work with the ASEAN Secretariat to use the Animal Health Trust Fund to support the meetings. Last May, agreement was reached with ASEAN to organise a workshop for improving FMD disease information and other diseases using the ARAHIS. It is now working on how to improve some limitations of ARAHIS to be more useful to the members; there is a need for some revision of the existing system, particularly with its compatibility to the WAHIS.

Dr Abila continued to report that SEACFMD is working with the ASEAN for high policy endorsement for some critical activities to overcome problems with animal movement with the commitments to support vaccination and surveillance. SEAFMD is expecting to get renewal of commitments coming from the Senior Officials and AMAF. For this purpose, planning is underway to submit a Policy Brief to the SOM-AMAF this coming August.

Endorsement had been granted in 2005 from the AMAF for the SEAFMD programme to include Singapore, Brunei and China to be accepted in the Sub-Commission and to change the name to South East Asia and China FMD Campaign (SEACFMD).

SEAFMD is also planning to submit the case to review the Road Map 2020. The socio-economic framework was just finalised in Vientiane, the draft will be presented in the December meeting. SEACFMD is also working with HPED programme on the vaccine bank and the progressive zoning approach as part of the review of FMD 2020 Road Map. Work is going on with the countries on how to improve the current practice of sub-zoning and outbreak investigation and management in the field. It was found to be very useful to enhance the capacity of the members for early detection and to involve them in conducting a better investigation.

SEACFMD has developed a manual together with FAO ADB Project back in 2008. It has been improving ever since; accommodating comments from of the countries. This manual has been transformed into a CD like RENEMA. CIRAD has suggested calling it RENEMA Outbreak Investigation Manual (OIM). This CD has been tested during the outbreak investigation training in Yunnan implemented by CIRAD through the funding of FAO but the material used in the training came from the original work that had been developed here in this region with FAO ADB project. It is now going with the Yunnan expert's assistance for the SE Asia not only for the FMD but also for other diseases. SEACFMD also organised with FAO APHCA with the support from Philippines on the GIS training using the Guan Dong GIS software and it is now very useful. SEACFMD also worked with FAO ADB on animal movement studies which enabled all to share a better understanding of the cross border movement of the animals and the risks over the pathway.

SEACFMD continues working on the FMD epidemiology network. The main task is to harmonise the reporting protocol and surveillance. The recent discussion is on how to use the laboratories in analysing the efficiency of vaccination campaign also focusing on the in-country engagement at the different zones. The first activity was in Lao PDR. A rapid assessment of the FMD zoning at the Lao and Vietnam border was conducted and the report came out was shared with other partners. We identified several risk factors that we have to look at to manage preventing the spread of FMD to Vietnam.

Animal movement management still remains the main challenge. The initial work on the risk analysis of the movement of animals is still valid; it is coming from the high cattle density area of Myanmar to Thailand, from Thailand to Malaysia, some pass through Lao PDR to the main markets in Vietnam The challenge is to identify the hot spots, and to prevent the spread of FMD from the hot spots, to locate the unknown foci in the region. Vaccination is the biggest challenge to cut the transmission of the disease. FMD Road Map is under review for 2010 and 2011 to finalise the vaccine strategies and the surveillance strategies. There will be continuing of training for outbreak investigation, pursuing of policy support to support activities on ground, involving stakeholders particularly the private sector and the maintenance of the FMD freed countries/areas.

# 4.5 Report on OIE/AusAID Program to Strengthen Veterinary Services in South East Asia by Dr John Stratton

Dr J. Stratton said PSVS mainly support the PVS pathway; the role of GF-TADs particularly in collaboration with FAO. There is the SEACFMD programme which is a vertical programme. PSVS programme built on that for the last three years is a horizontal programme which is targeting institutions and systems. Adding on it is the OIE HPED programme which is both horizontal as well as vertical. PSVS programme is getting a lot of leverage from each of these programmes. With HPED, there is the vertical component: the vaccine bank for FMD, Rabies. He suggested that it will be beneficial to use PSVS approaches beyond ASEAN countries into the other countries that HPED targeted in the entire region.

The PVS Pathway which involves the PVS Evaluation followed by Gap Analysis and then the 'treatment' with the OIE support. PSVS is aiming to support through engagement; particularly focuses on the top treatment option; the country owned Strategic Plan built on the Gap Analysis findings and finally in linking up with the relevant donors, FAO and other agencies, with the groups with the resources; with the national presence and the implementation mandate within the country. Lastly, there will be the Follow-Up Evaluation Mission for the country monitoring and evaluation using a consistent set of tools to measure the progress.

Virtually, all the donors around the world are showing interest in PVS. The Paris Declaration (2005) which is a very well known declaration on good principles towards enhanced aid effectiveness was signed off by 100 Heads of State and International Agencies around the world. It has five essential principles: 1) Ownership: developing countries set their own strategies for improvement of their institutions. PVS is helping countries through the Gap Analysis and converging the countries to the plan we are trying to work on helping them to set their own strategies and improve their own institutions; in this case their Veterinary Services. 2) Alignment: donor countries align behind these objectives using local systems, partnership with the donors in the resources implementation. 3) Harmonisation: Donor countries, FAO and OIE coordinate, simplify procedures; PVS is looking to emphasise this coordination. 4) Results: PVS is definitely built on results. 5) Mutual Accountability: Donors and partners are accountable for the results. In 2 to 4 years time there will be PVS evaluation to gauge results and measure achievements in the results.

PVS is a tool; a global initiative of qualitative evaluation to OIE Standards. As a follow up, the quantitative planning for improvement is the PVS Gap Analysis. Both of them are 2-3 weeks mission conducted by 2-4 OIE experts. PSVS is a particular work in Southeast Asia implemented by AusAID Programme. PSVS provides further support to the PVS pathway beyond the conduct of the missions and the production of reports. We are trying to assist countries in term of analysing the PVS Pathway having longer term and strategic objectives to deeper and broader engagement with Veterinary Services and also broader engagement with stakeholders.

There is strong advocacy component to improve uptake of PVS. We start to see some results in Southeast Asia. There are engagement activities in the actual missions, in different national seminars and workshops held within the country on PVS Gap analysis or Veterinary Services Strategic Planning Working Groups, assisting with the terms of reference etc. In this way, there is a dedicated Working Group within the country to follow through and develop the Strategic Plan and to do advocacy to high government officials and to the donors. We are providing specific assistance converting the findings into a Strategic Plan. We provide specific instructions to go about doing it themselves rather than asking outside sources. That really make the Gap Analysis transformed into their own Strategic Plan. We have a documentation component; we are asking candidate countries in Southeast Asia trying the progressive pathway to become models in demonstrating the full potential of the PVS Pathway right through to the resources utilization.

We have high level meetings; we have people like Dr Murray who would be going around meeting with Director Generals and Ministers. We also have interest in ASEAN which accepted adoption of PSVS as one of the three policy pillars for Veterinary Services. We have an economic study looking to develop advocacy by providing further advocacy to governments and donors to benefit the Veterinary Services and engage in national seminars on PVS Pathway and Strategic Planning of the country. We organise trainings with special workshops on the PVS specialised areas which has been identified in the generic gaps in the veterinary services in the region and globally. We held legislation workshops; a good outcome of that was the session on Veterinary Statutory Bodies. We have shared experiences with 5 Veterinary Statutory Bodies to advise the countries which have no such system to learn from other countries about what they involved.

In communication, a major outcome was the development and endorsement of Animal Health Communication Strategies, and we worked closely with OIE Asia-Pacific. We signed off with our OIE Commission for all CVOs in 2009. That is the basic for animal health communication across the region as well as provision of some guidelines as to strengthening animal health communication. We also held Emergency Management workshops to assist country develop strong emergency and strong chain of command around emergency management, etc. We are working with laboratory component which are on quality assurance for testing HPAI, assessing the gaps. We are also working very closely with FAO and others on the laboratory aspect.

In term of coordination, we are hoping to have donor round table at the end of the PVS pathway, at the end of the point where Gaps Analysis is available or Veterinary Strategic Plan is available, having round table for the country to present the findings to potential donors and see if there is interest in supporting a particular aspect of Veterinary Services Strategic Plan.

Consistency of PSVS with the GF-TADs: We enjoyed strong collaboration with FAO. We invited FAO to all the PSVS activities. We have specific presentation with FAO RAP staff on PSVS supported PVS pathway. The collaboration will become stronger around PSVS and PVS Pathway. FAO with its strong in-country presence and resources can be a key implementing partner to work with on PVS findings pathway. ASEAN have recommended PSVS as a key part of the policy pillar on strengthening Veterinary Services. They have three pillars, one focus on diseases, one focus on strengthening Veterinary Services, and one focus on animal health and human health collaboration. They identified the PSVS and PVS very relevant to the pillar of strengthening Veterinary Services. Also at the SEAFMD Sub-commission Meeting in March 2010, the ASEAN CVOs recommended that all Member Countries to request PVS Evaluation and PVS Gap Analysis missions.

The initial phase of PSVS ends in December 2010. We work with AusAID to seek the second phase. We try to present the entire PVS Pathway could be expanded to other regions. The project could be a model approach for the support of PVS Pathways for the consideration for the other regions and sub-regions. It would be very useful to have PVS evaluation across region, or sub-region to feed into regional or sub-regional strategy for FMD or border control, etc. It could be a very useful resource with the complete set of needs and gaps within Southeast Asia Region.

# Discussions

**Dr Juan Lubroth**: With regard to OIE PSVS and PVS Gap Analysis, I really think it is an interesting way to assist and provide treatment following the diagnostic and prescription phases and helping countries to identify gaps to improve and fill in those gaps. It is a very appropriate input from the important donors, very much supported from the FAO side. FAO has around 12-15 individuals trained in PVS who have assisted OIE in different places around the world to provide PVS Evaluation as well as Gap Analysis. I do see FAO strongly involved in the treatment regimes mentioned during the presentation.

**Dr Alain Dehove**: I would like to congratulate John for one of the proposal to possibly work at the regional level for the analysis of the Regional PVS Report and bring it to the country level. I think based on my experience in Africa, it is very interesting to work regionally to analyse country PVS reports for the whole region to work together for identification of pilot projects at the regional level. We believe this is a very good approach; to work together with Regional Organisations.

**Mr Riaz Hamidullah**: We noted in Dr Stratton's presentation that when PSVS is programmed to be considered for other regions, it might be reflected in the recommendations of this Meeting that in the HPED of South Asia, a similar exercise be replicated for PSVS of South Asia.

**Dr Sen Sovann**: I would like to echo the importance of activities at the department level with the OIE, FAO and WHO. I would also like to echo the importance for in-country coordination of the human resources built under various projects for the country to maximise the use at the country level. So far, in-country coordination has been falling apart. Some are very difficult for the decision makers in the country to get together. I would wish that the in-country team trained under the collaboration programmes also need to meet regularly in the country so that the country action plans can be committed for implementation. Secondly, I would like to echo the recommendation of Dr. John Stratton. It is very important to support a country like Cambodia where resources is an issue. I would like to seek also the harmonisation of the veterinary education in the sub-regional level. In Cambodia, training programme level is far below the desired level. In this regard, I think the retraining of the veterinary officials is essential for them to be competent in carrying out the regional activities.

**Dr Bernard Vallat**: I fully support the colleague from Cambodia. It is very important to have global and regional concepts, and to share the concepts with national delegates and national focal points, and to conduct the national seminar to convince the policy makers. That is why GF-TADs is being important; because we have the regional tools, we must also plan the national tools, for example using FAO national teams to have synergies for the FAO and OIE and donors, with all people involved in the development. After the regional step it is also important at the national step to inform all players. It is very important that we do not forget this aspect.

**Dr Juan Lubroth**: I have a comment for the national team, particularly with the country that needs assistance with the requests from several directions. The entry point obviously from the OIE point of view is the OIE Delegate. From FAO perspective, we engage a lot more at the field level in the animal health issues which will come to the attention of the Veterinary Officers. Our field programmes are on the ground below the CVO. I expect the CVO should be the one who is in the coordination role. Again in this GF-TADs meeting, I would like to address the veterinary education, veterinary curriculum, professionalism be demonstrated at the national level. As regard to this, it could be an issue or different issues with progressive control of the transboundary animal diseases, EIDs, better surveillance for EIDs. Education may be the answer to be going very well at various other arms on the work of veterinary curriculum. Another important aspect is what are the needs of Cambodia by the year 2015 for the veterinary profession? What are the needs of the region by the year 2015? It should be able to provide guidance, succession plan including what are the needs of the veterinary profession in the future.

# 5. Achievements and Key Issues at the Sub-Regional Level

# 5.1 Update on ASEAN cooperation on animal health and HPAI by Dr Asfri W. Rangkuti

Dr A. W. Rangkuti reported that ASEAN responsible body for animal health is ASEAN Sectoral Working Group on Livestock (ASWGL). ASEAN has its own priority diseases and activities. For HPAI, the lead country is Malaysia, now in the process of developing the Road Map by the ASEAN ADB project "Strengthening of ASEAN Coordination Capacity for Control of HPAI in ASEAN", conducting the Second Technical Working Group for development of HPAI Road Map for ASEAN 2020. For the FMD, it is SEACFMD campaign funded by AusAID. The programme would be funded until 2011; Road Map for FMD freedom with vaccination by 2020 in SE Asia has been endorsed by AMAF. ASWGL also agreed in 2010 to incorporate Brunei, Singapore and China for the SEACFMD Campaign. The SEACFMD campaign has prepared to issue the countries policy brief; for the cross border movement, and vaccine strategies through the ASWGL to the SOM-AMAF. For CSF, we have Philippines as the lead country and we have workshop for Regional Strategy in Philippines in 2008. Now it is in the process of finalising the Regional Strategy Framework which is under circulation for the Member States to provide comments and inputs to be submitted to the next SOM-AMAF for the decision. Animal Health Trust Fund if approved by the AMAF through the SOM-AMAF will be given priority to the TADs crucial for ASEAN. At this stage are HPAI, FMD and CSF. There are some initiatives to fund some FMD activities. All the Member Countries have contributed at least first batch of contributions. For APHISA which is developed in ASEAN is trying to link with other regional systems. OIE has offered assistance for streamlining.

There is also one activity funded by ASEAN-US Technical Assistance and Training Facilities in the "Pandemic Preparedness and Response (PPR)". The main objective of this PPR is to improve coordination among Member States in the Pandemic Preparedness and Response activities and promote the multi-sectoral approach both at the regional and national levels. This is also one of our "One Health" initiatives for the ASEAN. We try to elaborate all the players in the animal health sector. For example, in ASEAN Secretariat we have several Divisions regarding animal health and human health collaboration. We have Agriculture and Natural Resources Unit, Human Health Division, Environmental and the Disaster Management Unit and also the IEC and Technology Division to help us in the Disaster and Pandemic Response. We have ASEAN Technical Working Group on Pandemic Response that serves as the ASEAN coordinating structure on preparedness and response and one of the activities is the HPAI outbreak response.

For the animal and human health, ASEAN collaboration is under the ASEAN Working Group on Communicable Diseases under the ASEAN Ministry of Health which is also implementing the ASEAN +3 EID Programme and to support the ASEAN Secretariat to Member States to develop the ASEAN National Outbreak Response Teams. This EID also helps in the animal health and human health collaboration. First meeting was held in Vientiane in February and they developed the Joint Recommendations of Animal and Human Health. The ASEAN Senior Officials from both sectors of Agriculture Ministry and Human Health endorsed the joint collaboration for implementation. The EID +3 Programme has conducted its project completion meeting. At the moment, they are working on Policy Networking and Multi-sectoral Collaboration; this Medium Term Plan will be developed and presented to the next SOM for endorsement.

New initiative is the EC HPED programme in Asia to strengthen the institutional capacity of ASEAN and SAARC and their Secretariats to control HPED and improve epidemic and pandemic preparedness in the region. The programme will be implemented via contracts between the EC, FAO, WHO and OIE. The 30th SOM-AMAF held in Ho Chi Minh City in August 2009 endorsed the cooperation and partnership with the EC HPED. The HPED should be with the ASEAN ASWGL and with the ASEAN Public Health. We are in the process of countersigning the project documents. There are some clarifications that we will discuss with FAO. In principle, the Leaders had endorsed this programme. One of the collaborative initiatives was to study strengthening of ASEAN regional coordination on animal health and the zoonoses. Because we see that there are a range of other agencies' activities operated through the ASEAN Secretariat. Therefore, there is a need for the ASEAN to conduct a study on ASEAN Regional Coordination. The Special SOM-AMAF has proposed to start working on the proposal and the TOR. The objective was to study to assess and to present a

model for regional cooperation for control of TADs in ASEAN and if possible for animal health and human health coordination to address emerging and neglected zoonotic diseases in the ASEAN.

The ASEAN ASWGL meeting held in Lao PDR in May 2010 agreed on the establishment of Regional Coordination Mechanism (RCM) for animal health and zoonoses. ASEAN requested technical inputs from development partners for the preparatory process of RCM. One of the proposals was stages transition; which can help ASEAN to take over the existing coordinating activities; and particularly the FAO component of EC HPED programme which is one of the outcomes of the study conducted by the study team.

Our continuous effort is to ensure that ASEAN through their efforts in the animal health cooperation in HPAI will develop into the cooperation on animal health and zoonoses; strengthening of animal health capability and particularly, the veterinary services, to support animal health sector towards greater contribution to multi-sectoral cooperation on public health. We will strengthen partnership among agencies concerned and try to strengthen institutional linkages within country and across borders because we believe that it will help us in our activities. We will try to develop the partnership with the stakeholders and the public-private sectors and the civil society because we believe those players are the ones that we should engage to ensure that there will be good coordination in tackling animal and human health problems. Therefore we will continue our partnership and the coordination among ourselves and with the donor agencies.

# 5.2 Update on SAARC cooperation on animal health by Mr Riaz Hamidullah

Mr Hamidullah highlighted on two things; one is the SAARC Agriculture Vision 2020 and SAARC Regional Food Security Strategy 2008 supported from FAO. Both of these two documents contribute or complement some of the elements in GF-TADs. The third point is the CVO SAARC process to build up a longer term working relation with FAO and OIE. Most of the discussions taking place in the CVO process are technically mature and they will very quickly reach to the Summit level.

He also raised the question of fixing the time line for implementation of the three diagnostic laboratories in the three countries. He expected that FAO would provide a clear view to the Member States. The third CVO meeting is planned in August. He reflected that both FAO and OIE would be invited to the meeting. He would like both organisations to listen not only to the GF-TADs but also to those in the context of other ongoing works that CVOs are engaged with.

Based on the queries coming from the Member States, it is very critical to address the awareness or clarity of issues in GF-TADs to become clear at the country level. It might be useful to consider national workshops in some of the countries to apprise the concept of GF-TADs, not only the officials from the Veterinary Services but also other stakeholders that will be interested in the issues of GF-TADs; that will be also for the visibility of GF-TAD.

He suggested that it would be helpful to have in country coordination of GF-TADs within the national Department of Livestock Services for the reason that the overall international cooperation is not looked at in a very coordinated manner. Once that issue is addressed, that is also complement to the fuller effectiveness of GF-TADs.

# 5.3 Update on SPC cooperation on animal health by Dr Ken Cokanasiga

For the GF-TADs programme for the SPC region, Dr K. Cokanasiga covered the particular project the region is involving; the Pacific Regional Influenza and Pandemic Project (PRIPPP). It is AusAID and NZAID funding project; mostly by AusAID with supplementary funding by NZAID. This is a 4-year planning supposed to finish in June this year but an extension was granted for another 6 months. It is basically a human health and animal health project with multi-sectoral approach in the member countries of SPC. The goals are particularly HPAI and the measures to prevent and respond to the possible outbreak of HPAI and the Pandemic Influenza in the region. The broader objective is to ensure the animal health and human health surveillance and response in several countries and territories to be able to deal with avian influenza and pandemic influenza, and other emerging diseases. The project has three components; all these components

contribute to the achievement of the objectives. There are activities under the three components that underpinned the project.

Dr Cokanasiga presented a checklist that the project has developed to monitor the capacity of the countries and territories. It shows the achievements to date at the 22 member countries and territories; animal health activities and human health activities carried out by the countries/territories. One of the issues encountered in the project is that there is a need to continue to build on the capacity and the systems created under the PRIPPP project to ensure the sustainability of the efforts that have been created. There is a need for advocacy for the national governments to try and get them to ensure optimal investment in the preparedness efforts achieved by the project; the inclusion of GF-TADs programme into the National Disaster Management Strategy; again to ensure sustainability in the countries.

He concluded that because of the peculiarity of the geographic condition and logistic problems and issues, it is imperative that one has to be patient to undertake interventions in the region to coordinate the regional efforts with the national strategic plans and work plans. Consideration also has to be given to fact that within the region itself, there are members associated with the US Government and French Government.

Dr Cokanasiga concluded that the AusAID programme completion review will be undertaken this year. As the way forward SPC Member Countries share with the Regional Organisations the recommendations of the GF-TADs endorsed at the Third Regional Steering Committee Meeting in Tokyo. The Member Countries fully agree with the document in terms of the way forward for the region. He suggested that since Regional HPED programme in animal health and human health for Asia has been developed, perhaps it would be possible to create an HPED type programme using the tripartite agencies framework to assist the SPC Region Preparedness Plan.

# 6. General Discussion by Donor Agencies and Collaborating Countries

The Session was chaired by Dr Juan Lubroth. The Chair invited the donors for the multilateral or bilateral for any presentations or discussions or notes to the Steering Committee of GF-TADs. He remarked that without donors' support, GF-TADs would be above the ground and not reaching to the country level.

**Dr Gardner Murray, Australia**: AusAID has an Infectious Disease Strategy for four years which contributes around one hundred million dollars which is a substantial amount for a population like Australia. You have heard in this meeting that a lot of Australian Government's funds flowing to SPC project, SEACFMD campaign and PSVS and some go to EIDs in ASEAN and so on. This strategy will be renewed but we will expect to see the new strategy for the next four years published in July. The amount of money would not be 100 million dollars, it will be reduced to quite an extent, but there will be a fair amount for the component of One Health. One Health being zoonoses and those transboundary diseases that contributes to poverty alleviation and sustainability and so on. I think two of the programmes will be mentioned, PSVS which finishes this year and SEACFMD which will be finished June next year. We hope that they would be funded in the future along the activities in ASEAN.

**Dr Shigeo Nishino, JICA:** I am Shigeo Nishino, Chief Advisor of JICA Animal Disease Control Phase II. I have received much information in this Meeting of HPED and GF-TADs. There are many similar points with the JICA regional project. I would like to explain the view of our project. The JICA Regional Project on the Animal Disease Control Phase II, in short JICA ADC Project covers a period of four years from February 2008 to February 2011 for Mekong six countries which include Cambodia, Lao PDR, Malaysia, Myanmar, Thailand and Vietnam. JICA had supported the six countries in improving techniques of animal disease control for Central Laboratories in JICA ADC Phase I which spanned from 2001 to 2006. During the former project period, the outbreaks of avian influenza in the member countries triggered the necessity for further strengthening of animal disease control at the field level which led to the implementation of JICA ADC Phase II project.

This project focuses on establishing animal disease diagnostic techniques at the field level and strengthening of information system from the field to the central level. The project coordinates among the six countries to share the good experiences.

Our project consists of two pillars; one is the in-country projects and the other is the regional activities. For the outputs of the project, there are three important outputs. One is the strengthening of animal disease diagnostics in the countries; the other is the strengthening of measures for animal disease control and the third one is the regional structure for animal disease surveillance.

I would like discuss two regional activities: one is the Harmonising Animal Movement System. JICA and DLD Thailand held Regional Workshop on Animal Movement Management, harmonising animal movement systems in Thailand, 18-20 August 2009. This year, Second Harmonising Animal Movement System Meeting will be held on 17-18 August. In this regional workshop, we create opportunity for policy makers in animal movement management to share the present status of neighbouring countries and to establish network for the purpose of harmonising the animal movement systems. Our project hopes the joint statement of the meeting will be adopted as a guideline for harmonised animal movement management system in this region.

The second regional activity I would like to introduce is the First Central Laboratory Directors Meeting. The objective of the meeting is for facilitating the laboratory networking among member countries. The First Central Laboratories Meeting will be held in Malaysia, at the VRI Malaysia, hosted by the MVS. We will have two representatives from each country attending from six member countries. Two observers from the NIAH of Japan will also join the meeting. Expected outcome of the meeting will be signing of a Memorandum. The Memorandum will be sent to each country. I will let Dr Chantanee explain more about this.

**Dr Chantanee Buranathai:** I am National Project Coordinator of Thailand for JICA ADC Project Phase I and II. We have been working for the region for nine years now. We will host the Labnet meeting in Malaysia next week. We invited all the Directors of the national laboratories. We are going to discuss on the criteria of a Reference Laboratory that the region would like to see. We would like to share the outcomes of the meeting with all the member countries.

The second one is harmonising of animal movement management in the region. We have the first meeting last year; we invited the OIE SRR to that meeting. We are going to have another one in August. We are going to write the recommendations hopefully we can share the recommendations with other donors.

**Dr Juan Lubroth**: Sharing of information is the basis for coordination activities. We have seen yesterday and today that there is duplication of efforts. Somehow, as money is shrinking and we have to carry on with GF-TADs, we have to find ways to intelligently fit the different projects the multilateral aid organizations provide into the overall vision that we have in GF-TADs. For the Regional Steering Committee, this is the challenge to prevent from happening; the overlapping of activities. It is a very important point, and I would like to include this point in the recommendations.

**Dr Robert Tanaka, USDA**: I would like to briefly clarify some points. USDA United States basically maintains five offices in the region, Cambodia, Burma, Laos, Thailand and Indonesia. As mentioned earlier, our resources are dwindling; the kind of project the US can involve with would be tied to our overall Strategic Interests. Basically, there will be around three specific points in the US Government Strategic Interests. 1), Biosecurity which includes zoonotic and emerging diseases. We would continue to work on these kinds of project from global and regional standpoints. . United States is distant away from Asia. We will support those projects regionally working with OIE and FAO Offices. 2), Trade, we have a strategic role of improving trade international standards and harmonisation. We will collaborate with the kind of projects in line with these strategies; like OIE Standards and PVS. 3) Protecting US borders; the kind of activities involving controlling diseases which focus on projects that protect the US border and contain emerging and transboundary diseases.

We will support in that area and continuing supporting the CMC-FAO. Briefly, those are the kinds of projects that USDA will be supporting and looking for the strategic goal.

**Ms Libuse Soukopova**: Our assignment yesterday was discussing strategy for Asia and the strategy for four years from 2010 to 2013. We had discussed the regional programmes yesterday with presentations. Currently, we are reviewing the feasibility of the cooperation work for the human health which remains an important priority for funding for the remaining challenges for the period 2010 to2013. For the sake of cooperation and coordination, we also mentioned the previous strategic work; Avian Influenza Funding Facilities which is a multi-donor trust fund administered by the World Bank. Besides the EU, China, India, and Australia are also among the donors list. The countries of South and South East Asia are the recipients of the fund. There is also the Trust Fund primarily contributed from the European Commission until 2014. I believe that many projects are being identified. It is also envisioned that some trainings will be implemented by this Trust Fund. As I mentioned yesterday, the important thing is the continuation for the future coordination between the technical agencies.

**Dr Bernard Vallat**: Very briefly, just to compare the variety of OIE global animal health programmes, using the first support tool; the Good Governance, PVS pathway, and the final product will be the Round Table. We are not sure whether it will happen at the country level with the national projects as the final outputs of the PVS pathway. The next issue is improving the capacity building. Capacity building is the second pillar of the OIE priorities, using them to provide information, training to National Delegates, National Focal Points; currently in six areas. These focal point trainings will be conducted depending on the resources available. In the region, we have specific pilot activity like SEACFMD. This activity is considered as the model for the global approach to be developed with the OIE and FAO. We are also committed to organise with FAO the Global Conference on FMD. This conference in China in 2012. As it is prepared well in advance, we hope that this will be possible and happen very soon.

**Dr Juan Lubroth**: Thank you for globalising the forum which is so important for OIE. As far as the Global Conference for foot and mouth disease is concerned, since the Paraguay Conference was in 2009, the next conference in 2012 will represent three years since the Paraguay Conference. We attach great importance to this meeting, and so we will surely need to programme our budgets to make the FMD Global Conference possible.

**Dr Subhash Morzaria**: I just want to come back to the presentation by JICA, that mentioned Labnetworking : I think it will be very useful perhaps to meet on the sidelines later to discuss how we can better collaborate to sustain this Lab-network and also regarding the border activities, how we could add value to activities already going on for several years. I just want to ensure our collaboration.

**Dr Shiro Yoshimura**: Allow me a few minutes before the closing of the morning session. I would like to share the information on our outbreaks of FMD. It was almost two months ago, when we were informed about the FMD outbreaks in Japan while attending the International HPAI Conference in Hanoi. Since that time, two months have already passed, the number of infected farms totalled 291. Infected or suspected animals were nearly 200 thousand. Luckily, two weeks have been passed since the last outbreak; we are looking forward to announcing the freedom in the near future. I regard this outbreak as being a very Asian in background because the outbreak area is very densely populated area with people and animals. This disease took place in 11 municipalities, 9 neighbouring each other, 2 are separated. I was based in one of the nine municipalities, it is a small township about 100 sq. km where according to the statistics, they have nearly 80 pig farms and 230 beef cattle farms and 28 dairy farms. So you can imagine easily how closely farmers are located. Spreading of the disease was very quick; we could not catch up with the speed of spreading. So that is part of the circumstances where we have to use the vaccines. We had already destroyed all the infected and vaccinated animals. Two weeks ago was the last outbreak. If it continues in this way, we are looking forward to declaring freedom in the very near future.

Lessons learned from this outbreak are that we have to raise public awareness and preparedness. In actual field condition, clinical signs could be misleading because the signs were not typical We have to be very practical clinically; we have to listen and learn from others' experiences. This is what I would like to share with you in this morning session.

**Dr Juan Lubroth**: Thank you very much, we all wish Japan success as well as the Republic of Korea success in eliminating and eradicating the viruses in your countries. Your analysis of the origin of the virus underlines the motto that is used in GF-TADs: tackling the disease at source. The fewer sources we have where FMD is still endemic, the less risk we have that the disease will appear in countries that are already recognized as free of FMD. So investments to redress endemicity are essential to decrease the risk in the future.

# 7. Endorsement of Recommendations of HPED Coordination Meeting

As discussed and agreed in the HPED meeting coordination, the Meeting Conclusions and Recommendations of the First Steering Committee of HPED Meeting were to be endorsed by this meeting and attached as part of the meeting document of the Fourth GF-TADs RSC Meeting. The Meeting Conclusions and Recommendations of the First Steering Committee Meeting of HPED Programme for ASEAN and SAARC Region are endorsed by the members of the GF-TADs Regional Steering Committee and appear as <u>Appendix I</u>.

# 8. Adoption of Recommendations of the Fourth RSC GF-TADs

The Session was chaired by Dr Bernard Vallat. The Chair called on Dr Itsuo Shimohira, representing the Secretariat of the Regional Steering Committee of GF-TADs, to present the draft meeting conclusions and recommendations to the Meeting. The Meeting further elaborated and commented on the draft. The draft conclusions and the recommendations were tentatively approved by the Meeting. The Meeting agreed to distribute the draft to the participants for further comments and suggestions for finalisation. The finalised Meeting Conclusions and Recommendations appear as <u>Appendix II</u>.

# 9. Closing Session

Ms Libuse Soukupova on behalf of EC expressed thanks to all International Organisations FAO, OIE, WHO and Regional Organisations ASEAN and SAARC, all the members of the Regional Steering Committee of GF-TADs and also the observers from various organisations for their active participation in the meeting. She requested WHO to be present next time with both Regional Offices represented.

Dr Juan Lubroth, on behalf of FAO, Rome and FAO Bangkok Office, thanked all the participants for their participation and fruitful discussions. He lauded the importance of strong coordination and collaboration among multilateral or bilateral agencies. Looking at the future, he said that we need to make GF-TADs more dynamic. He thanked the Donor Representatives present in the Meeting and urged them to contribute to the global public good efforts. He also thanked OIE Regional Representation and FAO colleagues for organising the Meeting as well as the regional inter-governmental partners, SAARC, ASEAN and SPC and urged them to highlight the importance of animal health for food security and food safety to their respective Governing Bodies to make this GF-TADs successful. Lastly he thanked partners from OIE HQs for their collaboration.

Dr Bernard Vallat reiterated that the GF-TADs is a very important mechanism. OIE will continue support the GF-TADs. He expressed his thanks to donor EU for the support to animal health and human health in the Asia region. He also expressed his thanks to all the donors which have supported for a very long period to the animal health activities in the region. Finally he expressed his thanks to the Secretariat of GF-TADs and Regional Representation in Tokyo, the Sub-Regional Representation in Bangkok and FAO Bangkok team and DLD Thailand for organising the meetings. He wished all a safe trip home.

Dr Tritsadee Chaosuancharoen commended that for the past two days, the Meeting worked hard to produce recommendations for the HPED and GF-TADs to go forward with that as the guidelines for the regional TAD control. He expressed his sincere gratitude to the OIE, FAO and development partners for their strong support in animal health in the region. He also thanked the organisers of the Meeting Regional Representation in Tokyo, OIE Sub-regional Representation in Bangkok, and his DLD staff to make this Meeting possible.

#### **Regional cooperation programme on** highly pathogenic and emerging and re-emerging diseases (HPED) in Asia

# First Meeting of the HPED Steering Committee Bangkok, Thailand, 1 July 2010

# **Conclusions and Recommendations**

#### Recognising that:

- 1. The South Asian Association for Regional Cooperation (SAARC) and the Association of South East Asian Nations (ASEAN) are the appropriate regional intergovernmental organisations in South and Southeast Asian sub-regions to support coordination of regional programmes on HPED and other high impact zoonotic and non-zoonotic infectious animal diseases;
- 2. The SAARC and the ASEAN have politically endorsed the launch of HPED programme and already have internal mechanisms to discuss HPED and other high impact diseases;
- 3. Since 1994, a corner stone of the animal health programme of FAO is the Emergency Prevention System (EMPRES) for transboundary animal and plant pests and diseases which has engaged in numerous regional and country protects aimed at the prevention, detection, preparedness and management of high impact diseases, including zoonoses, with notable success in strengthening veterinary service capacities in the laboratory and in the field and through the establishment of sub-regional networks;
- 4. FAO's Global Rinderpest Eradication Programme and the EU FMD Commission can serve as models for the elimination of high impact diseases, including those that are emerging or re-emerging. These models have components that relate to coordination, applied research, improving country-to-country engagement through networking, development of strategies that consider socio-economic realities and needs;
- 5. As FAO's animal health programme also includes units devoted to veterinary public health (including food and feed safety), EMPRES/wildlife, and epidemiological work dedicated to understanding disease ecology and drivers for disease emergence, maintenance and spread;
- 6. Significant experience on control of HPAI and Pandemic preparedness has been gained by FAO, OIE and WHO in Asia and the Pacific Region and lessons learned have a direct relevance and to control of HPED in the region;
- 7. The SEA-C-FMD Campaign is a highly ambitious but successful programme that has achieved significant successes since it commenced in 1997. It counts 11 Member Countries in 2010. It deals with a disease that has major adverse socio-economic impacts on food production systems and inhibits economic development, particularly in the area of trade. It has as its key objective "to coordinate animal disease control activities between countries; provide technical advice, ensure coherent strategies and seek political and financial support to achieve FMD Freedom in the Region";
- 8. International standards on quality and evaluation of Veterinary Services have been adopted by 176 OIE Members, and that since 2006 the OIE is deploying the PVS Pathway, which includes initial PVS evaluations of performance of Veterinary Services using the OIE PVS Tool, PVS Gap Analysis, guidelines on veterinary legislation, and PVS follow-up evaluations, to facilitate compliance of countries with these international standards;

- 9. During the 76th World Assembly of OIE Delegates in May 2008, the World Assembly of the OIE reiterated the importance of Member focal points for animal diseases notification and requested Members to nominate additional national focal points for: wildlife; veterinary products; animal production food safety; animal welfare, and aquatic animals;
- 10. The OIE has established a rolling regional programme for the information and training of recently appointed OIE Delegates and National Focal Points;
- 11. The Strategic Framework "Contributing to One World, One Health A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface" had been developed jointly by four specialized agencies Food and Agriculture Organization (FAO), World Organisation for Animal Health (OIE), World Health Organization (WHO), United Nations Children's Fund (UNICEF), and endorsed by the World Bank and the UN System Influenza Coordinator (UNSIC) was published in October 2008;
- 12. The European Union (EU) signed the different components of the regional cooperation programme on highly pathogenic and emerging and re-emerging diseases (HPED) in Asia with the main partners, namely FAO, OIE and WHO, in December 2009;
- 13. "A Tripartite Concept Note Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces" clarifying the FAO-OIE-WHO Collaboration, was published in April 2010;
- 14. The Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs) is a joint FAO/OIE mechanism, which combines the strengths of both organisations to achieve the prevention and control of animal transboundary diseases (TADs) worldwide and in particular to address their regional and global dimensions, and that WHO is also associated to this mechanism for zoonotic diseases of regional importance;
- 15. There is an existing regional coordination mechanism in place, namely the Regional Steering Committee for Asia and the Pacific of the Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs), which is composed of members from FAO, OIE and WHO, regional organisations including ASEAN, SAARC, and SPC, and donors;
- 16. Cross-border (multilateral or bilateral) collaboration for information sharing is an important activity for prevention and control of TADs and zoonoses and it will be necessary to support ASEAN and SAARC to develop a framework for multilateral and bilateral cooperation covering human and animal health sectors;

The HPED Steering Committee recommends to the Regional Steering Committee for Asia and the Pacific of the Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs) that:

# GENERAL RECOMMENDATIONS

- 1. An annual ordinary meeting of the HPED Steering Committee is organised, back to back with a meeting of the Regional Steering Committee for Asia and the Pacific of the GF-TADs during the duration of the four-year HPED Programme;
- 2. Representatives from WHO Headquarters and relevant WHO Regional Offices are invited and encouraged to attend to the above meetings;
- 3. The OIE is requested to involve the SEA-C-FMD RCU to contribute to the design of the FMD Vaccine Bank established under the HPED programme (country coordination, technical eligibility criteria, procedure for delivery of vaccines, etc.) and to bridge with the SEA-C-FMD Campaign;

- 4. FAO, as a technical implementing agency, should play an important role with OIE on delivery of veterinary vaccines and biologicals to the stakeholders in the region. In this regard, mechanisms developed by APHCA should be taken advantage of;
- 5. The Programme Coordinators of the implementing agencies of the HPED Programme together with the regional partners participate in joint planning to define specific mechanisms to ensure improved coordination and synergy among the capacity building activities, including training, in the spirit of the One Health approach;
- 6. The international organisations increase efforts to raise the awareness of GF-TADs, One Health approach and the EU-funded HPED Programme at the country level;
- 7. The HPED Steering Committee compliments the EU for their vision on the HPED and urges the international agencies to work with other donors and partners to support similar programmes through international and regional agencies in other regions such as SPC and ECO (Central Asia);

### SPECIFIC RECOMMENDATIONS

- 1. The eligible countries are encouraged to benefit from the activities of the PVS Pathway, namely initial PVS evaluations of performance of Veterinary Services using the OIE PVS Tool based on OIE international standards for quality and evaluation of Veterinary Services, PVS Gap Analysis, the OIE guidelines on veterinary legislation, and PVS follow-up evaluations to monitor progress made. FAO is encouraged to be part of the national activities strengthening Veterinary Services within the PVS Pathway;
- 2. Countries which have not confirmed yet to the OIE their formal request for all or some of the steps of the above PVS Pathway are encouraged to do so;
- 3. The OIE is encouraged to work together with ASEAN and SAARC, with the support of FAO, on regional/sub-regional analysis of PVS country reports and/or country PVS Gap Analysis documents available for distribution of Donors and Partners;
- 4. The eligible countries are encouraged to benefit from the regional information and trainings seminars for newly appointed country Delegates to the OIE and OIE country focal points for (i) sanitary information systems (WAHIS/WAHID<sup>1</sup>); (ii) animal production food safety; (iii) veterinary medicinal and biological products; (iv) aquatic animal diseases; (v) animal welfare and (vi) wildlife;
- 5. FAO continues to engage with the SAARC and ASEAN Member Countries to implement national activities using existing FAO structures and platforms including wildlife and veterinary public health units to strengthen Veterinary Services, including the outcomes provided by the OIE PVS Pathway and the training of OIE focal points;
- 6. Regional animal health information systems such as ARAHIS are encouraged, such systems should be interfaced with the World Animal Health Information System (WAHIS);
- 7. Collaboration among FAO, OIE and WHO for joint training of public health and animal health professionals under HPED Project should be encouraged in terms of curriculum development, cost and expertise sharing.

<sup>&</sup>lt;sup>1</sup> World Animal Health Information System (WAHIS)/World Animal Health Information Database (WAHID)

# Fourth Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific Bangkok, Thailand, 1-2 July 2010

# **Conclusions and Recommendations**

Recognising that:

The GF-TADs initiative is a crucial mechanism accepted by the major stakeholders in the Region for the prevention and control of Transboundary Animal Diseases (TADs) and Emerging/Re-emerging Infectious Diseases (EIDs).

GF-TADs provides a coordinating platform for the national veterinary services of the region, regional organisations, international organisations, and donors to promote synergies and avoid duplication and fill gaps in addressing issues related to the prevention and control of TADs and EIDs.

WHO's active participation in this Meeting is considered as a significant step in promoting the one health concept in addressing zoonotic diseases. GLEWS, OFFLU, CMC-AH must be utilised through greater linkage to regional GF-TADs mechanisms and initiatives.

At the Asia-Pacific region level, a number of donor-funded programmes (AusAID, USAID, EU, Japan, ADB, USDA, France, Netherlands and Cooperazione Italiana) have made a significant contribution to improve prevention and control of HPAI, FMD and other TADs and EIDs.

Level of emergency response to HPAI has improved in all the countries and in many countries the disease has been successfully controlled and prevented due to support by the stakeholders, due *inter alia* to the investment made in this context. Nevertheless, in some countries due to the complex factors of livestock density, biosecurity level and other socio economic elements, endemicity of H5N1 virus is still a challenge to the region.

Recent outbreaks of FMD in the East Asia region reemphasise the importance of the regional control of TADs, highlighting the fact that the existence of a transboundary animal disease in a country is a threat to the neighbouring countries which are free from the disease.

GF-TADs is a strategically important coordination mechanism for regional projects in animal health and zoonoses which are supported by many bilateral and multilateral donors, and the Meeting welcomes the intention of EU to be a partner to this mechanism.

#### Recommendations

GF-TADs should continue to address capacity building and strengthening of veterinary services to meet the OIE standards. In doing so, as a result of the PVS Gap Analysis of veterinary services of each country in the region, the resource limited countries should be given high priority under the GF-TADs initiative through broader sub-regional collaboration in supporting veterinary services to comply with OIE standards, using ASEAN+3, SPC+2 and SAARC GF-TADs programmes.

FAO should be an important implementing partner of OIE PVS and PSVS outcomes in the region because of their strong presence in all the countries and experience of implementing field programmes.

Economic importance of TADs control is more evident in the developed countries with high sanitary status. Incursions of TADs have a far more devastating impact on the livestock industry thereof. Hence GF-TADs

regional approach should gain the support and further collaboration from those countries under the umbrella of GF-TADs.

Tremendous efforts have been made to eliminate HPAI from the poultry sector in this region. The successful elimination of HPAI from this region will be a public good for the region as well as for the world. Continued efforts should be promoted including more funding for surveillance in domestic waterfowl and wild birds in endemic countries and zones, and in certain defined hot spots.

GF-TADs, with the participation of WHO, will focus on the important TADs and potential zoonoses targeting the principal source in animals. In zoonoses, cross sectoral collaboration between animal health, human health and ecosystems should be promoted to achieve the principle of a One Health approach (in line with the FAO/OIE/WHO Tripartite concept note of April 2010).

GF-TADs should maintain a good balance in addressing issues: specific issues and cross-cutting issues, medium to long term approaches.

In addressing animal health and zoonoses, the livelihood and wellbeing of people and animal welfare issues should be taken into account, at the national level.

More holistic and multidisciplinary approaches are needed, considering globalisation, climate change and spread of TADs. In some cases, it may even call for forecasting of TADs under certain sets of changes in weather and socio-economic status.

The GF-TADs Asia Pacific regional steering committee should continue to be the regional coordination forum for the management of the EU-funded HPED Programme.

GF-TADs should continue to encourage the engagement of economically advanced countries of the Subregional GF-TADs programme of ASEAN+3 and SPC +2, with the respective sub-regional organisations.

GF-TADs should continue close collaboration with the Regional Organisations ASEAN, SAARC and SPC (RSOs) through continued engagement in the Animal Health Authorities Working Group of the respective organisations (e.g. ASEAN Sectoral Working Group on Livestock, SAARC CVO forum and the SPC PHOVAPS) and raising awareness of GF-TADs and its activities.

In this regard People's Republic of China should be invited to participate in relevant GF-TADs activities (beyond SEACFMD).

Professionals of the lead technical (OIE, FAO and WHO) and regional intergovernmental organisations of GF-TADs (ASEAN, SAARC, and SPC) should cooperate in the programming of activities of GF-TADs and relevant components of HPED. It is recommended that the lead managers, through meetings and teleconferences, communicate regularly and coordinate activities to make efficient use of the expertise available for capacity building work (e.g. laboratory training to OIE standards, laboratory networks, surveillance, risk analysis and identification of critical control points for intervention, wildlife capture and sampling).

Concepts expounded in the FAO Progressive Control Pathway (PCP), and endorsed by OIE, as evolved through the GF-TADs FMD WG, should be used in the review and planning of SEACFMD, to ensure further success, and other country or regional initiatives.

The PCP should be explored by the FAO and OIE technical leadership to other high impact diseases such as brucellosis and peste des petits ruminants in which intervention (prevention and surveillance) can incorporate species-based health (i.e., small ruminants, production systems and surveillance for EIDs) or classical swine fever, Streptococcus suis, and porcine reproductive and respiratory syndrome (i.e., swine health, production systems and surveillance for EIDs).

The Field Epidemiology Training Programme for Veterinarians (FETPV) of Southeast Asia and China with its holistic modules, such as socio-economic principles, wildlife, communication and advocacy, should be expanded to other sub-regional GF-TADs particularly SAARC and SPC.

GF-TADs should promote the need for more effective coordination at the country level, including among specialized agencies to realize the 'One Health' framework.

OIE and FAO under GF-TADs are requested to consider supporting *inter alia* initiatives on updating/developing national legislation (using OIE guidelines), veterinary education (using OIE core Curriculum), engaging non-governmental organisations, academia, private sector including private veterinarians in addressing TADs on a long-term basis in the region.

GF-TADs should enhance capacity of veterinary services to carry out surveillance complying with OIE standards in all countries with a focus on early detection, rapid response and characterisation of pathogens, and related animal and animal product movements.

In this regard GF-TADs should focus on risk analysis due to movement of live animals, animal production materials and animal products.

GF-TADs should promote strengthening the function of regional reference laboratories with higher capacity to collect and supply epidemiological information.

GF-TADs should continue to pursue cross-border and regional collaborative projects on priority diseases in SAARC and ASEAN using an integrated approach.

The GF-TADs Steering Committee endorses the recommendations (annexed) of the First SC Meeting of the HPED programme (1 July 2010).

# Fourth Regional Steering Committee Meeting on GF-TADs for Asia and the Pacific (Bangkok, 1-2 July 2010)

# **Tentative List of Participants**

#### **1. Regional Commissions**

#### FAO Regional Commission (APHCA)

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