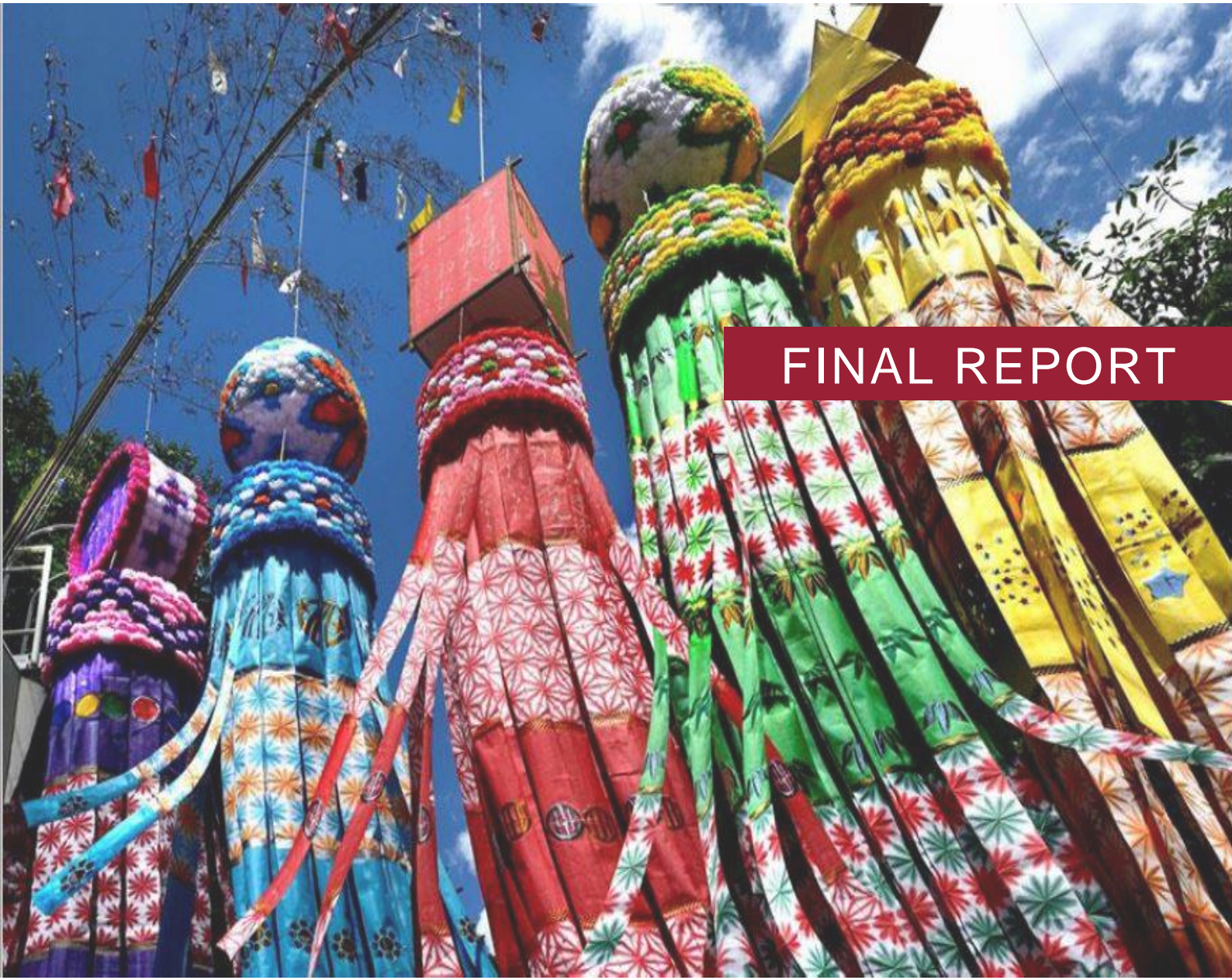




WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future

**31st Conference of the
OIE Regional Commission for
Asia, the Far East and Oceania**
Sendai, Japan, 2 to 6 September 2019



FINAL REPORT



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CONTENTS

	Page	§
List of abbreviations.....	iii	
Introduction.....	1	1-4
Tuesday 3 September 2019		
<hr/>		
Opening Ceremony	2	5
Approval of the Programme.....	2	6
Appointment of the Conference Committee	2	7
Appointment of Session chairpersons and rapporteurs	2	8
The role of the OIE in supporting the Sustainable Development Goals: developing and improving collaborative partnerships	3	9-13
Regional Work Plan Framework 2016-2020: state of play and challenges	4	14-15
Technical item I: Zoonosis and food safety – improving collaboration between animal and public health professionals to achieve a better outcome.....	5	16
AMR challenges in the region	5	17-18
The Asia-Pacific contribution to the global goal of ‘zero human dog-mediated deaths by 2030’.....	6	19
Analysis of the Animal Health Situation in Members in the region in 2018 and the first half of 2019	7	20
Wednesday 4 September 2019		
<hr/>		
Technical item II: Strengthening the cooperation on African Swine Fever prevention and control in the Asia-Pacific region	8	21
OIE procedure for official recognition of disease status and for the endorsement of national official control programmes and their maintenance.....	8	22-23
The OIE PVS Pathway and its technical and financial partners (panel discussion).....	9	24-25
Developing an OIE Aquatic Animal Health Strategy collaboration, sustainability, our future	10	26-28
Discussion of Recommendations	11	29-30
Thursday 5 September 2019		
<hr/>		
Cultural visit	11	31

Friday 6 September 2019

SEACFMD Campaign: challenges and perspectives	12	32-36
Proposal of dates and venue for the 32nd Conference of the OIE Regional Commission for Asia, the Far East and Oceania	12	37-39
Adoption of the Draft Final Report and Recommendations.....	13	40-42
Closing Ceremony	13	43-47

ANNEXES

Programme	15
Recommendation 1	19
Analysis of the Animal Health Situation.....	21
Recommendation 2	51

List of Abbreviations

ADB:	Asian Development Bank
AMR:	Antimicrobial resistance
AMU:	Antimicrobial use
ASF:	African swine fever
CBPP:	Contagious bovine pleuropneumonia
CSF:	Classical swine fever
ECTAD:	Emergency Centre for Transboundary Animal Diseases
FAO:	Food and Agriculture Organization of the United Nations
FMD:	Foot and mouth disease
GF-TADs:	Global Framework for the Progressive Control of Transboundary Animal Diseases
IHR:	International Health Regulations
JEE:	Joint External Evaluation
LSD:	Lumpy Skin Disease
MEF:	Monitoring and Evaluation Framework
NACA:	Network of Aquaculture Centres in Asia-Pacific
NBWs:	National Bridging Workshops
OIE:	World Organisation for Animal Health
PCP:	Progressive Control Pathway
PPPs:	Public–private partnerships
PPR:	Peste des petits ruminants
PRRS:	Porcine reproductive and respiratory syndrome
PVS:	Performance of Veterinary Services
SDGs:	Sustainable Development Goals
SEACFMD:	South-East Asia and China Foot and Mouth Disease
SEAFDEC:	Southeast Asian Fisheries Development Center
SPC:	Secretariat of the Pacific Community
WAHIS:	World Animal Health Information System
WAP:	World Animal Protection
WHO:	World Health Organization – Western Pacific Regional Office (WPRO)

Introduction

1. Following the kind invitation of the Government of Japan, the 31st Conference of the OIE Regional Commission for Asia, the Far East and Oceania was held in Sendai from 2 to 6 September 2019.
2. On Monday, 2 September 2019, before the start of the Conference, an “Interactive workshop on the role of OIE Delegates in OIE Standards” was held in order to strengthen the community of leaders in the region through an understanding of the value of engaging in the standard-setting process and through participant-initiated discussions related to standards development and implementation.
3. A total of 96 participants, comprising OIE Delegates and/or representatives of 22 Members of the Region and senior officers from 7 regional and international organisations, attended the Conference. In addition, representatives of the private sector as well as private veterinary organisations from the region and from the host country were present.

Members of the Commission: Australia, Bangladesh, Bhutan, Cambodia, China (People's Rep. of ~), Fiji, Iran, Japan, Malaysia, Maldives, Mongolia, Myanmar, New Caledonia, New Zealand, Papua New Guinea, Russia, Singapore, Sri Lanka, Chinese Taipei, Thailand, United States of America, and Vietnam.

International/regional organisations: ADB¹, FAO², NACA³, SEAFDEC⁴, SPC⁵, WAP⁶, and WHO⁷.

4. Dr Norio Kumagai, President of the OIE Regional Commission for Asia, the Far East and Oceania and Delegate of Japan, Dr Mark Schipp, President of the OIE World Assembly of Delegates and Delegate of Australia, Dr Monique Eloit, OIE Director General, Dr Hirofumi Kugita, OIE Regional Representative for Asia and the Pacific, Dr Ronello Abila, OIE Sub-Regional Representative for South-East Asia, Dr François Caya, Head of the OIE Regional Activities Department, and Dr Gillian Mylrea, Head of the OIE Standards Department, also participated in the Conference. The speakers presenting Technical Items, namely Dr Norikazu Isoda, Specially Appointed Associate Professor at the Unit of Risk Assessment and Management of Hokkaido University Research Center for Zoonosis Control, for Technical Item I, and Dr Wantanee Kalpravidh, ECTAD⁸ Project Regional Manager at the FAO Regional Office for Asia and the Pacific and Dr Caitlin Holley, Regional Project Coordinator at the OIE Regional Representation for Asia and the Pacific, for Technical Item II, honoured the Conference with their presence.

¹ ADB: Asian Development Bank

² FAO: Food and Agriculture Organization of the United Nations

³ NACA: Network of Aquaculture Centres in Asia-Pacific

⁴ SEAFDEC: Southeast Asian Fisheries Development Center

⁵ SPC: Secretariat of the Pacific Community

⁶ WAP: World Animal Protection

⁷ WHO: World Health Organization – Western Pacific Regional Office (WPRO)

⁸ ECTAD: Emergency Centre for Transboundary Animal Diseases (FAO)

Opening Ceremony

5. The following authorities addressed welcome messages to all participants during the opening ceremony:
- Mr Susumu Hamamura, Parliamentary Vice-Minister for Agriculture, Forestry and Fisheries;
 - Mr Yoshihiro Murai, Governor of Miyagi Prefecture;
 - Dr Monique Eloit, OIE Director General;
 - Dr Mark Schipp, President of the OIE World Assembly of Delegates;
 - Dr Norio Kumagai, President of the OIE Regional Commission for Asia, the Far East and Oceania and Delegate of the host country, Japan.

Approval of the Programme

6. The Provisional Programme and the Agenda were adopted (see the final programme in Appendix 1).

Appointment of the Conference Committee

7. The Conference Committee was elected by participants as follows:

Chairperson:	Dr Norio Kumagai (Japan)
Vice-Chairperson:	Dr Tashi Samdup (Bhutan)
Rapporteur General:	Dr Him Hoo Yap (Singapore)

Appointment of Session chairpersons and rapporteurs

8. Chairpersons and Rapporteurs were designated for the Technical Items and the Analysis of the Animal Health Situation as follows:

Technical Item I:	Dr Katulandage Ariyapala (Sri Lanka), Chairperson Dr Ye Tun Win (Myanmar), Rapporteur
Technical Item II:	Dr Baoxu Huang (China (People's Rep. of), Chairperson Dr Phan Quang Minh (Representative of the Delegate of Vietnam), Rapporteur
Analysis of the Animal Health Situation:	Dr Alireza Rafiepoor (Iran), Chairperson Dr Anthony Zohrab (New Zealand), Rapporteur

**The role of the OIE in supporting the Sustainable Development Goals:
developing and improving collaborative partnerships**

9. Dr Monique Eloit, OIE Director General, and Dr Mark Schipp, President of the OIE World Assembly of Delegates, delivered a joint presentation regarding “the role of the OIE in supporting the Sustainable Development Goals: developing and improving collaborative partnerships”.
10. Dr Eloit first reminded participants of the 17 Sustainable Development Goals (SDGs), which call for action by all Members and interested parties to achieve a better and more sustainable future for all. She then referred to the OIE’s Strategic Objectives (OIE 6th Strategic Plan), which clearly indicate the work being carried out by the Organisation to achieve a healthier and safer planet. She demonstrated how the OIE’s strategic objectives are closely aligned with SDGs and share a common global vision for the economic prosperity and social and environmental welfare of populations. Dr Eloit presented several examples of the OIE’s actions and how they address several SDGs.
11. Dr Schipp then delivered a presentation on the current and future challenges faced by the Organisation in this transition phase as the OIE prepares to conclude the Sixth Strategic Plan and engage in the Seventh Strategic Plan. Dr Schipp also took the opportunity to refer to the open consultation that had taken place at the beginning of the year involving all OIE current and potential interested parties to obtain their suggestions/vision to feed the reflection process for the development of the Seventh Strategic Plan. One of the main topics of interest highlighted by respondents to the open consultation was the need to develop and strengthen partnerships. Dr Schipp explained the OIE’s vision in that respect and its strategy aimed at optimising cooperation with partners.
12. Based on this presentation, the Regional Commission for Asia, the Far East and Oceania noted that:
 - The benefits of implementing OIE standards go beyond trade facilitation and play a role in achieving a sustainable food supply for the future, creating jobs, fighting poverty and hunger, and developing the economy. All this is fully aligned with SDGs 1, 2, 3, 8, 11, 12, and 15;
 - The work of the OIE in securing animal health and welfare by appropriate risk management is a key factor in safeguarding the livelihoods of millions of people around the world and protecting life below water and life on land, as well as ensuring sustainable cities and communities and responsible consumption and production;
 - The OIE will undertake a deep analysis in order to better showcase its contribution to the SDGs;
 - The work of the OIE to ensure partnerships designed to help achieve the goals is also well recognised thanks to the work done, among others, through the Tripartite collaboration with WHO and FAO under the “One Health” concept;
 - The main current and future challenges being faced by the Organisation include, among others, a competitive international trade environment, technological advancements, ensure multisectoral collaboration, improve preparedness to respond to a rapidly evolving global context, ensure sustainable and appropriate financing, and the need to raise awareness of the OIE;
 - The OIE has a central role to play in responding to today and tomorrow’s global challenges; thus, it needs to ensure multisectoral collaboration, capitalise on stakeholder capacities, including through public–private partnerships (PPPs), and strengthen and broaden its network of strategic partners;
 - The OIE is working to be considered as a potential partner for other organisations; thus, it is key for the Organisation to work on an adapted result-based communication strategy to increase its visibility.

13. The Regional Commission underlined the following points during the discussion:
- By supporting stronger national Veterinary Services, founded on principles of their good governance and quality, the OIE contributes directly or indirectly to the 17 SDGs;
 - The SDGs will not be achieved without strong well-resourced Veterinary Services;
 - Even if the technical nature of the OIE is undeniable, the Organisation needs to strengthen its presence at the highest political level in order to sensitise policy makers on the central role the organisation must play in responding to global future challenges, mainly regarding the 2030 Agenda for Sustainable Development;
 - Ensuring OIE presence at political level is also crucial to ensure increasing financial support to Veterinary Services;
 - The OIE Seventh Strategic Plan will be developed in a way to be used as an advocacy document catching the attention of high-level authorities and donors. Additionally, a workplan framework will accompany the Plan detailing the actions to be carried out in order to ensure its smooth implementation;
 - Delegates are the main ambassadors of the OIE at national level. Therefore, they should advocate for the organisation's activities using, among others, political fora declarations such as those of the G20 in which the OIE invest a lot of efforts to be referenced.

**Regional Work Plan Framework 2016-2020:
state of play and challenges**

14. Dr Quaza Nizamuddin Hassan Nizam, Vice-President of the OIE Regional Commission for Asia, the Far East and Oceania and Delegate of Malaysia, briefly reviewed the Regional Work Plan Framework 2016-2020, which was adopted by the Regional Commission at its 29th Conference, held in Ulaanbaatar, Mongolia, in order to guide prioritisation of activities within the region aligned with the OIE Sixth Strategic Plan. He presented the state of play on the regional objectives and specific activities as established in the work plan. He underlined the key issues and explained the actions needed to address these issues from a regional perspective.
15. Following the presentation, the Regional Commission for Asia, the Far East and Oceania noted that:
- The Regional Work Plan Framework will be updated/revised in alignment with the upcoming OIE Seventh Strategic Plan in order to ensure the Regional Commission continue providing input to OIE standards, recommendations, policies and programmes, promoting scientific excellence in the region, and providing regionally adapted activities and support;
 - The launching of the updated "OIE WAHIS" and the new "OIE Regional Websites" will help to improve and strengthen information sharing as well as the support provided to Members;
 - The OIE Regional Commission acknowledged the review of the progress made along the 2016-2020 Regional Work Plan Framework highlighting achievements and activities that would need to be strengthened in the next Regional Work Plan;
 - While acknowledging that the Region collectively implemented the technical programme, it was considered that communication and Members engagement should be given higher priority in the next Work Plan;
 - Finally, the Regional Commission was informed that the renovated regional website would be launched later in 2019 and the OIE would take advantage of the Seventh Strategic Plan to develop a more engaging communication strategy.

Technical Item I
Zoonosis and food safety – improving collaboration between
animal and public health professionals to achieve a better outcome

16. Technical Item I, entitled “Zoonosis and food safety - improving collaboration between animal and public health professionals to achieve a better outcome”, presented by Dr Norikazu Isoda, Specially Appointed Associate Professor at the Unit of Risk Assessment and Management of Hokkaido University Research Center for Zoonosis Control, prompted stimulating discussions among participants from which the OIE Regional Commission for Asia, the Far East and Oceania elaborated a recommendation in accordance with the OIE General Rules (see Recommendation 1 in Appendix 2).

AMR challenges in the region

17. Dr Tomoko Ishibashi from the Ministry of Agriculture Forestry and Fisheries of Japan and Chair of the newly established OIE AMR Working Group, provided participants with an overview of the antimicrobial resistance (AMR) challenges in the region.
18. Following the presentation by Dr Ishibashi, the Regional Commission for Asia, the Far East and Oceania noted that:
- Substantial efforts have been made as a region and within Members to address the global concern of AMR; these efforts have included the development of national action plans and multi-sectoral coordination mechanisms;
 - In order to transform the improved understanding through such efforts into actual results, i.e., responsible and prudent use of antimicrobials and control of the emergence and spread of AMR, a legal framework appropriately covering antimicrobials from production to use is indispensable;
 - In addition to continued technical support for monitoring/surveillance of antimicrobial use (AMU) and AMR, support by the OIE and other key partners for updating drug legislation to respond to the needs of the Members would be helpful;
 - Several regional meetings as well as global meetings on AMR/AMU are held. However, the reality in the field is such that there are still significant gaps faced by Members in implementing related activities. Also, inadequate regulatory framework still poses significant challenges in many Members in their efforts to fight AMR. Therefore, OIE’s support for developing legislations on AMR through its Veterinary Legislation Support Programme is welcomed;
 - High-level awareness is important to ensure the political buy-in for the development and adoption of adequate legislations by Members with the support of the OIE as well as other partners;
 - There is a need for technical as well as high level political support to raise the importance of the AMR agenda in the Region;
 - While developing and implementing legislations, it is important to consider alternative approaches that farming communities could adopt, without significant effect on their existing farming practices, such as improved biosecurity, disease-resilient measures, among others;
 - There is a need to engage the environmental sector more effectively since it also has a crucial role to play in addressing AMR issues under a One Health approach;
 - The OIE should better consider regional diversity when presenting regionally-compiled results on AMU.

**The Asia-Pacific contribution to the
global goal of 'zero human dog-mediated deaths by 2030'**

19. Following the presentation by Dr Katinka de Balogh, FAO Senior Animal Health and Production Officer, regarding the Asia-Pacific contribution to the global Goal of 'zero human dog-mediated deaths by 2030', the Regional Commission for Asia, the Far East and Oceania concluded that:
- As most human rabies cases in Asia are caused through bites from rabid dogs, vaccination of dogs against rabies remains the most relevant intervention to control and subsequently eliminate dog-transmitted human rabies in Asia;
 - When planning rabies control strategies, and in order to ensure appropriate intervention, there is a need to thoroughly understand the epidemiology of the disease, including dog ecology studies, to better understand the socio-cultural factors of human–dog linkages;
 - There are incontestable evidences that rabies can be eliminated through dog vaccination. Countries such as Chile and Colombia, have eliminated dog-mediated rabies, thus, Asia, Far East and Oceania region is encouraged to pursue its efforts in the rabies elimination through vaccination;
 - Support to provide free rabies vaccines is needed, especially for stray dogs that are often excluded from vaccination campaigns because of the lack of resources. As it is not possible for the Tripartite partners to provide such financial support to all its Members, an alternative to sustain dog vaccination could be through public-private partnership approaches involving related partners such as the pet food industries;
 - Census of stray dogs is also key to understand rabies epidemiology and define better control strategies;
 - At least 5 to 10 years are needed to implement an efficient rabies vaccination campaign throughout the national territory, therefore, it is key to first concentrate in the risk areas and then go gradually;
 - Vaccination of both domestic and stray dogs is the most efficient and cost-effective disease control measure for rabies;
 - When there is an acute outbreak involving stray dogs, vaccination of such animal population might represent of risk of human contamination. In this context, dog elimination can be considered with the appropriate humane methods, but it should not be the privileged approach;
 - High level commitment of Veterinary Services to rabies elimination is key for reaching the global goal of elimination of dog-transmitted rabies by 2030;
 - High-level political commitment, including in the development of legislations for responsible pet ownership is also key for rabies control;
 - Due to the transboundary nature of the disease, a close collaboration between neighbouring countries it is essential to ensure the control of the disease;
 - The Conferences of the OIE Regional Commission represent one of many fora in which neighbouring countries and territories can take the opportunity to discuss together on the potential cross border collaboration.

**Analysis of the Animal Health Situation
in Members in the region in 2018 and the first half of 2019**

20. Following the presentation on the analysis of the animal health situation in the region made remotely by Dr Montserrat Arroyo Kuribreña, Acting Head of the OIE World Animal Health Information and Analysis Department (report available in Appendix 3); the OIE Regional Commission for Asia, the Far East and Oceania noted that:
- Regarding reporting, Members recognise the overall good performance of the Region in terms of compliance with the reporting obligations and timeliness in submitting the required information. However, the OIE DG highlighted the crucial importance for the Region to better perform in early detecting and notifying highly contagious diseases such as ASF, not only as an efficient way to limit the international spread of diseases, but also as a demonstration of early detection capability and transparency. At the same time, the Members of the Region acknowledge the marked delays in reporting some events, specifically those involving aquatic animal diseases, and the need to review this situation to encourage improvements. Countries and territories of the Region are strongly encouraged to continue their efforts to submit timely, complete and accurate information in their reports, for both terrestrial and aquatic animals;
 - The Regional Commission was reminded that the OIE World Animal Health Information and Analysis Department is systematically contacting countries and territories in case of surprising or irrelevant information notified through OIE WAHIS;
 - Regarding the avian diseases selected for the analysis, the OIE highlights the exceptional performance of the Region in its reporting and detection capacities. Members are recommended to keep the current level of quality of the information provided and in particular to maintain the good level of surveillance that allows early detection and a rapid response.
 - To support the international solidarity, one of the pillars of the OIE, countries and territories of the Region that have optimal diagnostic capacities are encouraged to provide assistance to other countries and territories with a lower level of resources, both within and beyond the Region;
 - With regard to the swine diseases selected for the analysis, Members recognise that the quality of information on the situation for these diseases is quite good, especially for ASF. The OIE, however, encourages free Members to be prepared for potential emergence on their territory (with regards to the laboratory capacities). However, there are still some countries and territories that do not provide any detailed information on diseases considered stable (e.g. classical swine fever [CSF] and porcine reproductive and respiratory syndrome [PRRS]), and this lack of information can pose a risk to other Members, which remain unaware of the true disease distribution and its incidence. In order to improve the capacity of the Region in terms of disease detection, Members are encouraged to review and update the diagnostic capacity information they include in their next annual report, as this section could be used in the new OIE-WAHIS system as a reference to enable better support for countries and territories with their diagnostic requirements;
 - About the ruminant diseases selected for the analysis, namely foot and mouth disease (FMD), peste des petits ruminants (PPR) and bovine babesiosis, big differences are observed in the quality of the information provided and diagnostic capabilities within the Region. In view of these results, countries and territories are encouraged to continue their efforts on reporting the FMD situation and the control measures applied, and to improve the reporting of PPR-related information in order to support the global eradication programme. Additional efforts should be made to improve the quality of reporting on stable diseases such as bovine babesiosis;

- With regard to rabies, the OIE highlights the good level of reporting on the rabies situation in the Region and the good quality of the information provided, but at the same time, the OIE recommends that its Members strengthen their engagement for “Zero by 30: The Global Strategic Plan to End Human Deaths from Dog-Mediated Rabies by 2030”, in particular by improving rabies surveillance capacities in the Region, and improving vaccination coverage to reduce the spread of the disease;
- Regarding aquatic animal diseases, considering the importance of aquatic animal production for the Region and the information provided in this section of the report, the OIE recommends that OIE Members improve the quality of their reporting for aquatic animal diseases to ensure transparent and timely notifications, which are crucial for avoiding disease spread. The OIE helps its Members to fulfil their reporting obligations by encouraging the nomination of national Focal Points for Aquatic Animals, and by giving Focal Points access to WAHIS and providing them with regular dedicated training;
- Finally, although lumpy skin disease was not included in the analysis of the animal health situation, as it had not been previously identified as a disease of concern for the region, some Members expressed their concern for the possibility of its emergence in their territories. They suggested to consider discussing the integration of LSD under the GF-TADs, which would be the appropriate platform to discuss on transboundary animal diseases such as this one. Members were invited to increase awareness for this disease and considering it's an OIE listed disease to immediately notify through WAHIS in case of disease detection.

WEDNESDAY 4 SEPTEMBER 2019

**Technical Item II
Strengthening the cooperation on African Swine Fever
prevention and control in the Asia-Pacific region**

21. Technical Item II on “Strengthening the cooperation on African Swine Fever prevention and control in the Asia-Pacific region”, was presented by Dr Wantanee Kalpravidh, ECTAD Project Regional Manager at the FAO Regional Office for Asia and the Pacific, and Dr Caitlin Holley, Regional Project Coordinator at the OIE Regional Representation for Asia and the Pacific. The joint presentation prompted a lively discussion among the participants, as reflected in the recommendation elaborated by the OIE Regional Commission for Asia, the Far East and Oceania (see Recommendation No. 2 in Appendix 4).

**OIE procedure for official recognition of disease status and for the endorsement of
national official control programmes and their maintenance**

22. Dr Laure Weber-Vintzel, OIE Deputy Sub-Regional Representative for South East Asia, and Dr Wacharapon Chotiyaputta, Director of International Livestock Cooperation at the Department of Livestock Development of Thailand, jointly presented on the OIE procedure for official recognition of disease status and for the endorsement of national official control programmes. The interactive presentation gave details of the OIE procedure, provided an opportunity for experience sharing and included an estimate of the number of dossiers that the OIE could expect in the coming years.
23. The OIE Regional Commission for Asia, the Far East and Oceania concluded that:
- Members should consider whether and when they could apply for the endorsement of their official control programmes for PPR, FMD and/or CBPP, as well as for official recognition of disease-free status, particularly when the disease has been historically absent from the country or territory and when a Global Strategy exists;

- Members having an officially recognised disease status or an endorsed official control programme should provide the relevant information supporting annual reconfirmation in November each year, including any supporting information deemed necessary, as prescribed in the *Terrestrial Animal Health Code*;
- Following the expression of interest by some Members in applying in the coming years for the endorsement of an official control programme or for official recognition of disease-free status, the OIE Regional and Sub-Regional Representations should explore whether support for the procedure is needed, including training;
- Members wishing to apply for the endorsement of an official control programme or for official recognition of disease-free status should be encouraged to contact other Members in the Region that have already successfully applied.

The OIE PVS Pathway and its technical and financial partners (panel discussion)

24. A panel discussion among representatives of the Asian Development Bank, the Australia Department of Foreign Affairs and Trade, FAO, the Department of Agriculture of the United States of America, and the WHO enabled Conference participants to listen to OIE partners' views on a range of topics, such as the most effective way to advocate for the importance of Veterinary Services and the need for both governments and international partners/donors to invest in Veterinary Services. The panel also discussed how the OIE supports the strengthening of Veterinary Services through its PVS Pathway, the recent evolution of the PVS Pathway, what could be further improved, and the barriers that make it difficult to address the issues identified in PVS Pathway missions' reports. The panel discussion focussed on one of the key outputs of the OIE PVS Pathway Think Tank Forum undertaken by the OIE in 2017: *Strengthening Veterinary Services through the OIE PVS Pathway – The case for engagement and investment in Veterinary Services*, commonly referred to as the PVS Business Case.
25. The OIE Regional Commission for Asia, the Far East and Oceania concluded that:

On the issues of investment in Veterinary Services and the advocacy needed for increased investment:

- Ensuring proper investment in Veterinary Services, and especially in its public component, is crucial as Members cannot rely only on private services. Official Veterinary Services (Veterinary Authorities) are key to guarantee provision of services in rural areas and for marginalised populations, where private veterinary services may not be sustainable;
- The argument for increased investment is also a reality in Public Health Services. Thus, ensuring synergy between Veterinary Services and Public Health Services through multisectoral collaboration, involving sectors indirectly impacted by health events, is crucial to address issues at the human-animal interface in a global health security context;
- Public investment is also extremely low in the overall agricultural sectors; thus, it is more strategic to include animal health within a bigger portfolio such as agriculture and livestock sectors to request for public investment instead of doing so separately;
- Policy makers must be better sensitised on the important role animal health plays in society and the urgent need to support stronger national Veterinary Services to achieve a healthier and safer planet. Unfortunately, as per past experiences, attention from high level authorities is mainly gained during animal health crises and Members may take the opportunity of the current ASF situation (and its socioeconomic impact) to raise attention of their government to animal health issues and importance of Veterinary Services;
- Commitment from national governments is also required to ensure donor funded projects are successful and thus, encourage future investment;

- In order to reach policy makers, the way of communicating should be changed by developing key messages and choosing innovative communication media adapted to the targets. For example, economic impact figures will capture Minister of Finance's attention more than just numbers of animals affected. The "PVS Business case" is an excellent support document and source of messages to assist Members in advocating for their Veterinary Services; When referring to the need for strong Veterinary Services, it is important to keep in mind that: 1) SDGs cannot be achieved without investing in Veterinary Services; 2) the tools to strengthen Veterinary Services already exist (PVS Pathway, IHR MEF, and NBWs, among others); and 3) funding is not unlimited, thus, activities to be conducted should be prioritised;
- The issue of low investment is also mirrored in Aquatic Animal Health Services. Delegates were recommended to take advantage of the PVS Tool - Aquatic and to better liaise with their OIE Focal Points for aquatic animals.

On the solutions proposed by the OIE through the PVS Pathway

- PVS Self-assessment represents an excellent opportunity for OIE Members to regularly monitor their situation and take the lead in having a comprehensive understanding of their needs and gaps. It could also be an excellent way to support Members in better preparing for an OIE PVS Evaluation mission;
- By using the outcomes of the IHR/PVS NBWs, the OIE and WHO can join efforts to advocate for donors' investment in public health and animal health sectors in support of global health security;
- It is important for Veterinary Services to participate in WHO JEE missions and, when they exist, PVS Pathway mission reports should be used during JEEs to ensure that relevant animal health priorities be considered. As JEE reports systematically reach policy makers, it represents an excellent opportunity to channel the importance of animal health and build the case for investment in Veterinary Services;
- The support of the OIE is requested to provide guidance to Members to better prioritise the actions to be addressed in order to respond to the recommendations from the different assessments carried in the countries and territories. It was suggested that it could be done at an earlier stage, as part of the PVS Pathway's Evaluation Stage.

Developing an OIE Aquatic Animal Health Strategy collaboration, sustainability, our future

26. Dr Ingo Ernst, President of the Aquatic Animal Health Standards Commission, and Dr Gillian Mylrea, Head of the OIE Standards Department, facilitated the session 'Developing an OIE Aquatic Animal Health Strategy – collaboration, sustainability, our future'. Dr Monique Eloit, OIE Director General, opened the session and discussed the background to the development of the OIE Aquatic Animal Health Strategy and the corresponding Action Plan. Dr Ernst followed with a presentation on the importance of aquaculture worldwide and in the Asia, Far East and Oceania region and the challenges that need to be overcome if aquaculture is to meet the current demands as a protein source to feed the growing human population. Dr Mylrea then gave a presentation that mapped some proposed thematic areas that need to be addressed to improve management of aquatic animal health and promote sustainable aquaculture production growth. The presentations were followed by group discussions and feedback regarding the proposed thematic areas and their relative contribution to improving management of aquatic animal diseases. Dr Jing Wang, Regional Project Officer from the OIE Regional Representation for Asia and the Pacific, closed the session with a presentation on the Regional Collaboration Framework on Aquatic Animal Health in Asia.

27. The OIE Regional Commission for Asia, the Far East and Oceania concluded that:
- The development of an OIE Aquatic Animal Health Strategy is critical to ensure that the OIE and its Members are well placed to anticipate and respond to the growing challenges of aquatic animal health management.
 - The outcomes of the strategy should ensure that:
 - (i) Existing OIE resources, capabilities and networks are optimised to provide strategic benefit to aquatic animal health management;
 - (ii) the Action Plan on aquatic animal health complements and supports implementation of the forthcoming OIE Seventh Strategic Plan;
 - (iii) OIE activities in the field of aquatic animal health assist Members to meet the future strategic challenges of aquatic animal production;
 - (iv) Collaboration with partners is strengthened;
 - (iv) Donor investment is attracted to and focussed on agreed strategic priorities.
 - Members will engage in the development of the strategy and contribute to relevant actions to ensure its effective implementation.
 - The Regional Collaboration Framework on Aquatic Animal Health in Asia is an excellent initiative to strengthen, among other things, diagnostic networks in the region.
28. The detailed outcomes from the group discussions and feedback were collected by the OIE and will serve to feed the reflection process for the development of the OIE Aquatic Animal Health Strategy.

Discussion of Recommendations

29. Draft Recommendations 1 and 2 on the two Technical Items of the Conference were presented to participants and put forward for discussion. Both draft Recommendations will be submitted for adoption at the Friday session with amendments as per participants suggestions and discussions.
30. Following adoption by the Regional Commission, the Recommendations will be submitted for endorsement by the OIE World Assembly of Delegates in May 2020. Once endorsed by the Assembly, they will serve as an important guideline for Members of the OIE Regional Commission for Asia, the Far East and Oceania, as well as for the Organisation as a whole.

THURSDAY 5 SEPTEMBER 2019

Cultural visit

31. Participants greatly appreciated the cultural visit programmes organised for the day by the host country. Sincere thanks were extended to the organisers for their kind hospitality.

SEACFMD Campaign: challenges and perspectives

32. Dr Ronello Abila, OIE Sub Regional Representative for South East Asia, provided participants with details on the SEACFMD Roadmap (2021-2025). He started by briefly reminding on the history of the SEACFMD Campaign and its achievements during the 2016-2019 period. He highlighted, among others, the expansion of it with the approval of Mongolia's membership in 2016, the increase in transparency, thanks to a platform for coordination and information sharing, the better understanding of the FMD epidemiology, and the improvement on the mapping of animal movements. He also commented on the challenges faced by the Campaign as, although some improvements in Veterinary Services in some Members have been accomplished, many critical competencies needed for supporting FMD control are still lacking. Dr Abila also referred to the outcomes of the special meeting of the Sub Commission that took place in May 2019, and the National Coordinators Meeting in June 2019.
33. The strengths, weaknesses, opportunities, and threats of the Campaign were also detailed and the objectives for the coming period mentioned including, among others, to improve disease reporting and evolution of Members in the PCP stage, to ensure the maintenance and extension of FMD free areas, to improve regional and national FMD laboratory diagnostic and outbreak investigation, ensure better vaccination, and to enhance the animal movement management and tracking system.
34. A proposed Roadmap Outline for 2021-2025 was presented which included the General principles, goals, objectives and cross-cutting issues.
35. Following the presentation, the OIE Regional Commission noted that, in order to ensure the success of the Roadmap 2021-2025 there is a need to:
 - Strengthen Veterinary Services to enable them to implement the FMD national programmes and;
 - Improve regional expertise by ensuring access to quality laboratory diagnosis, and exposing national experts to regional experiences and regional experts to international experience;
36. Finally, Dr Abila commented that a consultation survey will be sent to relevant stakeholders in order to get their feedback on the Roadmap proposal. The first draft of the Roadmap will be ready in the first semester of 2020 and should be circulated among SEACFMD Members for further comments. The final draft will be probably ready for endorsement by the end of 2020.

Proposal of dates and venue for the 32nd Conference of the OIE Regional Commission for Asia, the Far East and Oceania

37. Regarding the 32nd Conference of the OIE Regional Commission for Asia, the Far East and Oceania, the Delegate of Thailand expressed the wish for his country to host the next Conference, to be held in 2021.
38. The proposal of Thailand was endorsed unanimously.
39. The Delegate of Iran also expressed the wish of his country to host a Regional Conference. Such proposal should be considered in the discussions for the 33rd Regional Conference.

Adoption of the Draft Final Report and Recommendations

40. An electronic version of the draft final report was sent to all participants to facilitate the comments to the report.
41. Dr Monique Eloit, OIE Director General, explained the procedures for adopting the report and recommendations of the Conference. Comments on the report received at the OIE Headquarters by 20 September 2019 would be taken into consideration. However, the recommendations had to be adopted during the current session and could not be changed subsequently, only editing being accepted.
42. The two draft recommendations were adopted, with minor amendments considering participants suggestions and discussions.

Closing Ceremony

43. Dr Monique Eloit, OIE Director General, expressed her gratitude to all participants for the excellent and enriching week of discussions and interaction. She noted with satisfaction that several topics were addressed during the Conference such as ASF, rabies, FMD, food safety, AMR, PPP, among others. Dr Eloit also mentioned that the two adopted recommendations as well as, the conclusions of the report clearly expressed the needs of the region as per highlighted by participants during the open discussions. She also thanked the speakers for the time and energy dedicated to the preparation of the presentations. Dr Eloit thanked all partners that participated in the Conference and made especial reference to those that participated in the panel discussion regarding the PVS Pathway. She underlined the active participation of the region during the group activity that aimed at supporting the OIE in developing its future aquatic animal health strategy. Additionally, Dr Eloit applauded the contributions received from all participants in order to better define the future of the Organisation and its next Strategic Plan including, how to better advocate from local to global level, and how to better dispatch information to ensure it reach Members' authorities effectively. She commented that all the information provided by participants will certainly contribute to feed the reflection process with the Council to finalise the Seventh Strategic Plan. She exhorted Delegates to use the conclusions and recommendations of the Conference to sensitise their local authorities and partners on the important role of the OIE is supporting animal health and welfare worldwide.
44. Finally, she expressed her deepest gratitude to Japan, to the Minister Agriculture, Forestry and Fisheries, to the Vice-Minister, the Governor of Miyagi Prefecture, to the local authorities that contributed to the success of the Conference, to the OIE Delegate of Japan, and the colleagues from MAFF for the invaluable support provided before and during the Conference which allowed the smooth organisation and development of such an important event for the region. She also made especial mention to the kindness and warm welcome provided to all participants which have made this Conference memorable for all.
45. Dr Norio Kumagai, OIE Delegate of Japan, thanked all participants for their active participation during the week and especially for the fruitful recommendations that were adopted in order to better support the region to improve the collaboration on zoonosis and food safety as well as to achieve a better collaboration on ASF control. He encouraged Delegates to make good use of the Conference outcomes and to take action in order to raise the awareness on the key work done by the OIE and the importance of actively participating in its activities and to strengthen the capacities of Members to tackle animal health issues.
46. Finally, he wished all participants a safe trip back home highlighting that Japan will always welcome them.
47. He declared the Conference ended at 11:30 a.m.

PROGRAMME

MONDAY 2 SEPTEMBER 2019

- 8:00 a.m. – 9:00 a.m. Registration and distribution of documents for the Workshop
- 9:00 a.m. – 5:00 p.m. Interactive workshop on the role of OIE Delegates in OIE Standards
(restricted to OIE Delegates + one technical staff per OIE Member)
- 4:00 p.m. – 6:00 p.m. Registration of participants and distribution of documents for the Regional Conference

TUESDAY 3 SEPTEMBER 2019

- 8:00 a.m. – 9:00 a.m. Registration of participants and distribution of documents for the Regional Conference (cont.)
- 9:00 a.m. Opening ceremony
- 9:45 a.m. Group Photo / Break
- 10:15 a.m. Approval of the Agenda and Programme
Appointment of the Conference Committee (Chairperson, Vice-Chairperson and General Rapporteur)
Appointment of session chairpersons and rapporteurs (Technical items and Animal Health Situation)
- 10:30 a.m. The role of the OIE in supporting the Sustainable Development Goals: developing and improving collaborative partnerships (Dr Monique Eloit, OIE Director General, Dr Mark Schipp, President of the OIE World Assembly of Delegates and Delegate of Australia)
- 11:00 a.m. Discussion
- 11:30 a.m. Regional Work Plan Framework 2016-2020: state of play and challenges (Dr Quaza Nizamuddin Hassan Nizam, Vice-President of the OIE Regional Commission for Asia, the Far East and Oceania and Delegate of Malaysia, and Dr Hirofumi Kugita, OIE Regional Representative for Asia and the Pacific)
- 12:00 p.m. Discussion
- 12:30 p.m. Posters Session
- 1:00 p.m. Lunch

- 2:00 p.m. Technical Item I: Zoonosis and food safety - improving collaboration between animal and public health professionals to achieve a better outcome (Dr Norikazu Isoda, Specially Appointed Associate Professor, Unit of Risk Assessment and Management, Research Center for Zoonosis Control, Hokkaido University, Japan)
- 2:45 p.m. Discussion
- 3:15 p.m. AMR challenges in the region (Dr Tomoko Ishibashi, Ministry of Agriculture, Forestry and Fisheries of Japan)
- 3:45 p.m. Discussion
- 4:15 p.m. Coffee break
Preparation of Recommendation No. 1 by designated small group
- 4:45 p.m. The Asia-Pacific contribution to the global goal of 'zero human dog-mediated deaths by 2030' (Dr Katinka De Balogh, FAO Senior Animal Health and Production Officer)
- 5:15 p.m. Discussion
- 5:45 p.m. Analysis of the Animal Health Situation in Members in the Region in 2018 and the first half of 2019 (Dr Montserrat Arroyo, Acting Head, OIE Animal Health Information and Analysis Department)
- 6:30 p.m. Discussion
- 6:45 p.m. End of the session
- 7:30 p.m. Reception hosted by Japan

WEDNESDAY 4 SEPTEMBER 2019

- 9:00 a.m. Technical Item II: Strengthening the cooperation on African Swine Fever prevention and control in the Asia-Pacific region (Dr Wantanee Kalpravidh, ECTAD Project Regional Manager, FAO Regional Office for Asia and the Pacific and Dr Caitlin Holley, Regional Project Coordinator, OIE Regional Representation for Asia and the Pacific)
- 9:45 a.m. Discussion
- 10:15 a.m. OIE procedure for official recognition of disease status and for the endorsement of national official control programmes and their maintenance (Dr Laure Weber-Vintzel, OIE Deputy Sub-Regional Representative for South-East Asia and Dr Wacharapon Chotiyaputta, Director of International Livestock Cooperation, Department of Livestock Development of Thailand)
- 10:45 a.m. Discussion
- 11:15 a.m. Coffee break
Preparation of Recommendation No. 2 by designated small group

- 11:45 a.m. The OIE PVS Pathway and its technical and financial partners (panel discussion with previously selected partners)
- 12:45 p.m. Lunch
- 2:15 p.m. Developing an OIE Aquatic Animal Health Strategy – collaboration, sustainability, our future (Dr Gillian Mylrea, Head of the OIE Standards Department and Dr Ingo Ernst, President of the OIE Aquatic Animals Health Standards Commission)
- 3:45 p.m. Coffee break
- 4:15 p.m. Discussion of Recommendations
- 5:15 p.m. End of the session
- 7:15 p.m. Reception hosted by the OIE

THURSDAY 5 SEPTEMBER 2019

Cultural visit

FRIDAY 6 SEPTEMBER 2019

- 09:30 a.m. SEACFMD Campaign: challenges and perspectives (Dr Ronello Abila, OIE Sub-Regional Representative for South-East Asia)
- 10:15 a.m. Proposal of dates and venue for the 32nd Conference of the OIE Regional Commission for Asia, the Far East and Oceania
- 10:30 a.m. Break
- 11:00 a.m. Adoption of the Draft Final Report and Recommendations
- 11:30 a.m. Closing Ceremony
- 12:00 p.m. Lunch

Recommendation 1:

Zoonosis and food safety - improving collaboration between animal and public health professionals to achieve a better outcome

CONSIDERING THAT:

1. Health issues at the human-animal-environmental interface including zoonosis and food safety events have increased in recent decades due to socio-economic and scientific factors, including globalisation, climate change and changes in human behaviour;
2. Zoonotic and foodborne disease cannot effectively be controlled by only one sector, thus requiring coordination and collaboration between the Veterinary Services (VS), the Public Health Services (PHS) and other relevant authorities such as those involved in environmental health, as a key aspect of good governance and a prerequisite for sustainable improvement in disease control;
3. The Tripartite partners (OIE, FAO and WHO) actively promote an intersectoral collaborative approach among institutions and systems for the prevention, detection and control of zoonotic and foodborne diseases; the OIE PVS Pathway and the WHO International Health Regulations Monitoring and Evaluation Framework (IHR MEF) being useful tools helping OIE Members to assess the competencies and capacities of their animal and human health sectors;
4. The Tripartite partners (OIE, FAO and WHO) have been leading several programmes and activities at the global and regional level to address zoonosis and food safety issues including the development of the Tripartite Zoonosis Guide (TZG), and tools supporting multisectoral collaboration such as IHR/PVS National Bridging Workshops (NBWs) and the WHO Guide for Multisectoral Partnership Coordination for Preparedness;
5. Tripartite partners have been working with Members to establish and improve national Multisectoral Coordination Mechanisms (MCMs), as these play a pivotal role to sustainably ensure effective control of zoonosis and management of food safety issues;
6. Two questionnaire studies have been conducted in the region recently, one at the 8th Asia-Pacific Workshop on Multisectoral Collaboration at the Animal-Human-Ecosystem Interface to collect information relevant to a current multisectoral One Health mechanism (April 2019), and a second one for the 31st Conference of the OIE Regional Commission for Asia, the Far East and Oceania to obtain comprehensive information about current MCMs in the region (September 2019);
7. Both questionnaire surveys, while highlighting the establishment of an MCM at national level in over 80% of OIE Members, identified difficulties in terms of government support, availability of resources and technical capacity, hampering the creation of new MCMs in other Members; and
8. Based on responses to the September 2019 questionnaire study, OIE Members still require further support for MCMs in terms of governance improvement, full resource mobilisation under strategic prioritisation, equal responsibility-sharing between sectors for MCM funding, as well as greater use of resource mapping analysis and monitoring and evaluation systems.

THE OIE REGIONAL COMMISSION FOR ASIA, THE FAR EAST AND OCEANIA

RECOMMENDS THAT:

1. OIE Members establish or sustain an MCM for zoonotic and/or relevant food safety issues, at national and subnational levels (if applicable), in consultation and agreement with relevant partners and stakeholders, and with identification of reliable functions, mechanisms, infrastructure and resources, under a clear governance;
2. OIE Members regularly review and update the MCM to implement technical activities with efficacy and sustainability;
3. OIE Members perform resource mapping analysis to identify available infrastructure, human and financial resources for use by MCMs to support their activities;
4. OIE Members endeavour to provide appropriate resources and fund allocation with strategic priorities and promote equitable sharing of responsibilities between relevant sectors within MCMs to facilitate activities;
5. OIE Members develop a self-monitoring and evaluation system for MCMs and their activities to assess effectiveness;
6. OIE Members be fully involved in the implementation of the OIE standards and WHO IHR by taking advantage of the OIE PVS Pathway and the WHO IHR MEF, when relevant;
7. The OIE, in collaboration with other Tripartite partners, continue to advocate at the highest level strong collaboration between the VS, the PHS and other relevant authorities such as those involved in environmental health, while OIE Members advocate for a high level of commitment by the VS and PHS in MCMs, as a prerequisite for improving the capacities of involved sectors in managing zoonosis and food safety risks;
8. The OIE, in collaboration with other Tripartite partners, assist its Members in identifying gaps in their MCMs and other One Health collaboration initiatives, using the OIE PVS Pathway, the WHO IHR MEF, and other recent One Health Tools such as the TZG, IHR/PVS NBWs, and the WHO Guide for Multisectoral Partnership Coordination for Preparedness;
9. The OIE, in collaboration with other Tripartite partners, continue to strengthen connections between the PVS Pathway and the IHR MEF, to better align support to OIE Members and ensure that Veterinary Services are systematically considered as key actors of multisectoral initiatives and MCMs; and
10. The OIE, in collaboration with other Tripartite partners, identify relevant experts who can assist Members with establishment or improvement of MCMs.

**ANALYSIS OF THE ANIMAL HEALTH SITUATION
IN MEMBERS IN THE REGION IN 2018 AND THE FIRST HALF OF 2019**

(Update 11 June 2019)

*World Animal Health Information and Analysis Department,
Montserrat Arroyo Kuribreña, Peter Melens, Lina Mur, Paolo Tizzani and Paula Caceres*

This report is based on information obtained from six-monthly reports, annual reports, immediate notifications and follow-up reports submitted to the OIE through the World Animal Health Information System (WAHIS) by the 44 countries and territories⁹ in the Asia, the Far East and Oceania region (hereafter referred to as 'AFEO Region' in this report), up to 11 June 2019. Special attention is given to the 2018 and early 2019 reporting period.

The first part of the report reviews the overall reporting performance of the AFEO Region, in comparison with the rest of the world, in terms of the transparency, timeliness and quality of reporting in recent years. The second part of the report provides a detailed analysis of selected diseases of critical importance, including the quality of their reporting, the surveillance methods applied, and the relevant control measures and diagnostic tests reported through WAHIS.

OVERALL REPORTING PERFORMANCE OF THE AFEO REGION

To analyse the overall reporting performance of the AFEO Region and compare it with that of the rest of the world, a set of performance indicators was devised and these were grouped into four categories: i) total number of reports submitted; ii) transparency of reporting (accuracy of the reports in reflecting the actual situation); iii) timeliness of reporting; and iv) quality of reporting. These indicators were calculated for the two main types of mandatory reports that concern animal health, namely exceptional reports (including immediate notifications and follow up reports) and six-monthly reports (for terrestrial and for aquatic animal diseases). For each category of indicators, the results for the AFEO Region reports were compared with the results for the rest of the world, firstly for immediate notifications and follow up reports and secondly for six-monthly reports. Considering that the statistic presented includes both OIE and non-OIE Members (with no reporting obligations), the overall idea of the comparison is not to derive any statistically significant difference between regions but only to describe the Region performances and compare it to the rest of the world, that acts as reference value.

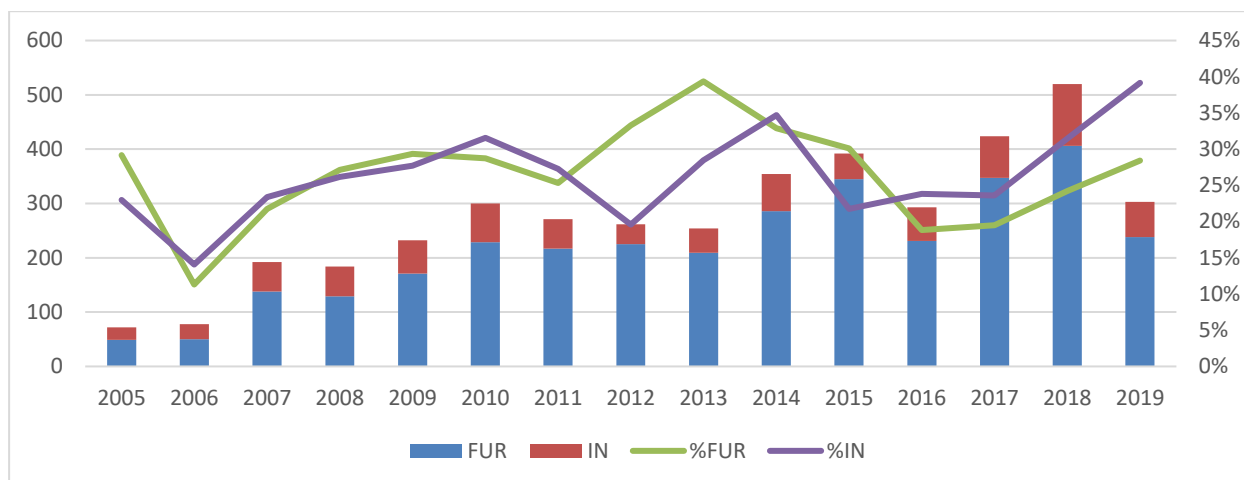
1. Total number of reports submitted

1.1. Immediate notifications and follow up reports

Between 1 January 2018 and 11 June 2019, 65 immediate notifications and 238 follow up reports were submitted by countries and territories of the AFEO Region. As shown in Figure 1, this follows the increasing trend in the number of notifications submitted by the AFEO Region since 2016. Furthermore, during the first months of 2019, the immediate notifications submitted by the Region represented 40% of the total number of immediate notifications submitted worldwide and 28% of the follow up reports. This trend of reporting was highly influenced by the animal health situation in the AFEO Region during the period of analysis, as almost 60% of the immediate notifications submitted were for African swine fever or for Highly pathogenic avian influenza (affecting poultry and wildlife).

⁹ 36 Members of the OIE Regional Commission for AFEO, the Far East and Oceania, as well as Cook Islands, French Polynesia, Hong Kong (SAR-PRC), Kiribati, Marshall Islands, Palau, Samoa and Tonga

Figure 1: Evolution in the annual number of immediate notifications (IN) and follow up reports (FUR) submitted by the AFEO Region over time (between 2005 and 11 June 2019) and the percentage of IN and FUR reports worldwide contributed by the AFEO Region



1.2. Six-monthly reports

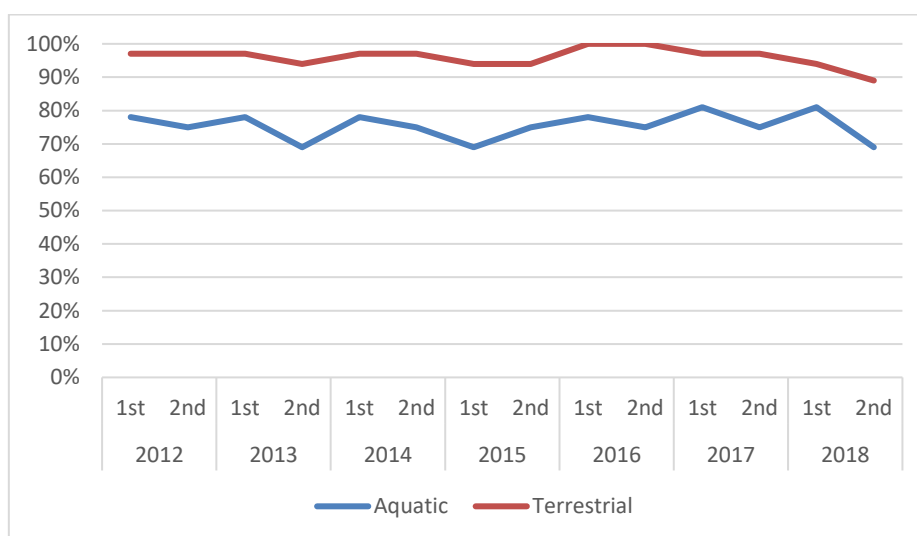
As of 11 June 2019, 95% (42/44) of countries and territories in the AFEO Region had submitted the first six-monthly report for 2018 on terrestrial animal diseases and 80% (35/44) had submitted both six-monthly reports. For the aquatic animal disease reports, the submission rates were slightly lower, as 82% (36/44) of the countries and territories in the Region had submitted the first six-monthly-report for 2018 and 68% (30/44) had submitted both six-monthly reports.

When comparing the AFEO Region with the rest of the world, the submission rates for 2018 were higher in AFEO for every type of report except for the second six-monthly report on terrestrial animal diseases (AFEO Region 80% vs 83% in the rest of the world). This indicates that, for the year 2018, countries and territories of the AFEO Region had a very high rate of compliance with the requirements to submit information to the OIE, especially for the aquatic six-monthly reports, where the percentages of submission were much higher than for the rest of the world (e.g. 82% in AFEO vs 61% in the rest of the world for the first aquatic six-monthly report).

Considering the trend in the submission rate since 2012 (Figure 2), a stable trend in reporting compliance was observed. In particular, the submission rate for aquatic six-monthly reports was lower than the rate for terrestrial six-monthly reports (75% vs 96%) during the entire period. This difference is mainly the result of two countries having submitted no aquatic reports since 2005 and three others having submitted very few aquatic reports.

Countries and territories of the AFEO Region are encouraged to continue their efforts to achieve 100% submission rates for the years ahead.

Figure 2: Trend in submission rates for six-monthly reports (terrestrial and aquatic) by OIE countries and territories in the AFEO Region during the period 2012 – 2018



2. Transparency of reporting

Article 1.1.3. of the OIE *Terrestrial Animal Health Code* and *Aquatic Animal Health Code* (hereafter the OIE Codes) stipulates the situations in which immediate notifications should be submitted to report the occurrence of an exceptional event. However, sometimes countries and territories do not follow the instructions for timely submission of information on exceptional events, reporting instead through six-monthly reports. During the period of analysis, four cases were identified in the AFEO Region where the countries and territories concerned should have submitted an immediate notification but instead submitted this information through six-monthly reports (one for aquatic animal diseases, and three for terrestrial animal diseases). Failure to report exceptional events in a timely manner can have an impact on other countries/territories by exposing them to a risk of which they are unaware given the absence of appropriate notifications. When these situations are detected, the World Animal Health Information and Analysis Department (WAHIAD) contacts the countries/territories concerned to remind them of their obligations for timely reporting as stipulated in the OIE Codes. Compared to the rest of the world, transparency in the AFEO Region was slightly higher, with an average of 3.5 unreported events for every 100 reports in the AFEO Region, compared to 5.6 unreported events per 100 reports in the rest of the world. It is important to highlight that the main objective of the active search activity carried out by WAHIAD is to ensure that important events, identified as “exceptional” according to the criteria specified in the OIE Codes, are reported in a timely manner through immediate notifications, and not through the regular update on all OIE-listed diseases (i.e. the six-monthly reports).

Transparency of the AFEO Region was also evaluated through the active search for unofficial information conducted by WAHIAD. Currently, the active search system retrieves information from a variety of sources, using two platforms for automatic search (the International Biosecurity Intelligence System [IBIS]) managed by the government of Australia and Epidemic Intelligence from Open Sources [EIOS] managed by the World Health Organization [WHO]), as well as formal communications from the network of OIE Reference Laboratories and Collaborating Centres. The findings of this active search activity are compared with the information reported by OIE Members through WAHIS. During the period January 2018 to 11 June 2019, countries and territories in the AFEO Region were contacted on 54 different occasions to clarify rumours circulating on the Internet. As a result of the requests for clarification, in 57% of the cases where countries/territories in the Region were contacted, an immediate notification or follow up reports was subsequently submitted to the OIE. These results are in line with the results obtained considering all the other Regions, where approximately 54% of contacts with the countries/territories concerned resulted in a positive response and the submission of a report. In 24% of the cases where countries/territories in the AFEO Region were contacted, no answer to the OIE enquiries was provided, a result that is in line with the average in the rest of the world of 26%. This percentage of unanswered requests is not negligible and countries and territories are encouraged to follow-up on these requests, in their own interests.

3. Timeliness of reporting

3.1. Immediate notifications and follow-up reports

Article 1.1.3. of the OIE *Codes* also stipulates the time within which OIE Members are required to submit an immediate notification to report an exceptional event involving an OIE-listed diseases (i.e. within 24 hours of event confirmation). In order to evaluate compliance with this requirement, the dates of the start of the event, event confirmation and reporting were analysed for all the immediate notifications submitted by the AFEO Region for the period January 2018 to 11 June 2019, by type of disease (aquatic vs terrestrial), and the results were compared to those for the rest of the world.

Table 1 shows that the average times for confirmation (i.e. from start of the first outbreak to confirmation of the event) and submission of the immediate notifications (from confirmation of the event to submission of the report to the OIE) were slightly longer in the AFEO Region than in the rest of the world for terrestrial animal diseases. This resulted in an average of 28 days from the start of first outbreak to the submission of the report in the AFEO Region, versus 23 days in the rest of the world.

These differences were even higher for the aquatic reports submitted during this period. The average time from start to confirmation of aquatic events was almost five months in the AFEO Region (versus an average of 17 days for the rest of the world). The time from confirmation to the notification of these events was also far longer, namely an average of 100 days in the AFEO Region, compared to 33 days in the rest of the world. As revealed by a previous analysis (as reported at the General Session of the OIE in May 2019), the reporting of aquatic animal diseases tends to suffer from more delays than that of terrestrial animal diseases. Difficulties in communication between the aquatic services and the veterinary services, where these are separate, were pointed out as a potential contributing factor to this delay¹⁰. Nevertheless, these differences were extremely high in the AFEO Region during the period of analysis. Although not many immediate notifications were received during this period, these figures are a cause for concern and should be discussed and explored to understand the factors influencing the delay in reporting of aquatic events in the AFEO Region.

Table 1: Average number of days between the start of the outbreak, event confirmation and report submission for immediate notifications submitted by countries and territories of the AFEO Region vs the rest of the world, by type of disease (aquatic vs terrestrial) during the period January 2018 to 11 June 2019

	Terrestrial		Aquatic	
	AFEO Region	Rest of world	AFEO Region	Rest of world
Start to Confirmation	13.6	11.9	148.5	17.3
Confirmation to Submission	14.5	11.3	100.4	33.3
Start to Submission	28.0	23.2	249	50.6

¹⁰ OIE, 2019. World Animal Health Report presented during the General Session in May 2019

3.2. Six-monthly reports

The OIE *Codes* do not set any requirement for the timing of the submission of six-monthly reports. Nevertheless, during training of Notification Focal Points for Animal Disease Notification and through reminders to OIE Delegates, the WAHIAD recommends that these reports should be submitted as early as possible after the end of the relevant semester. On average, for the year 2018, the AFEO Region submitted the six-monthly reports approximately 10 days earlier than the rest of the world (Table 2). The only exception was for the aquatic reports for the second semester of 2018, which were submitted slightly later than those of the rest of the world. In addition, as pointed out in the World Animal Health Report presented during the General Session of the OIE in May 2019, the second semester reports (aquatic and terrestrial) were submitted much earlier than the first semester reports, most likely due to the additional efforts made to remind countries/territories to submit their reports in preparation for the General Session.

Table 2: Average time (in days) taken to submit aquatic and terrestrial six-monthly reports (SMR) for 2018, after the end of reporting period: comparison between the AFEO Region and the rest of the world

SMR for 2018	AFEO Region	Rest of the world
Aquatic SMR 1	111.4	125.4
Aquatic SMR 2	70.6	63.2
Terrestrial SMR 1	116.0	131.4
Terrestrial SMR 2	58.1	68.3

4. Quality of reporting

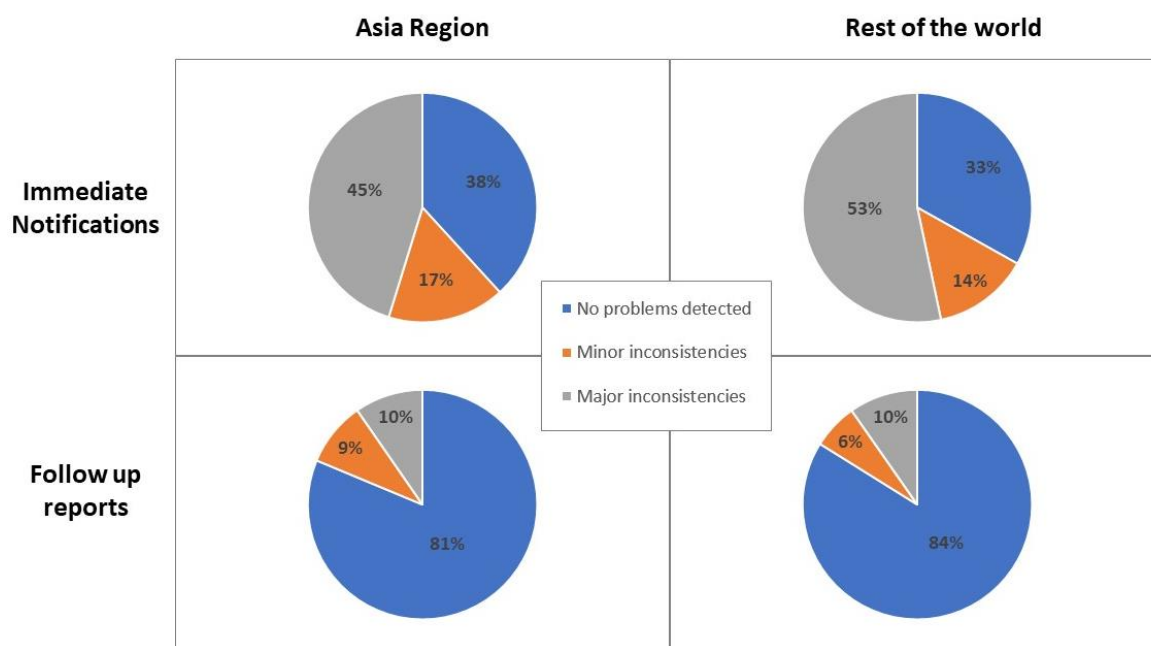
4.1. Immediate notifications and follow up reports

The quality of the exceptional reports (immediate notification and follow up reports) submitted by the AFEO Region was also evaluated, taking into account the existence of inconsistencies/problems in the reports submitted, the importance of those inconsistencies (classified as minor or major [i.e. requiring the country or territory to be contacted before the publication of the report]), their number and the most common types of inconsistencies detected by the OIE during the validation process.

Figure 3 shows that the detected inconsistencies were very different between the immediate notification (top row) and the follow up report (bottom row). Specifically, most of the follow up reports submitted in the AFEO Region and in the rest of the world did not present any problems (81% and 84%, respectively), while the immediate notifications not presenting any problems represents approximately one third of the total submitted. Immediate notifications have a much higher potential for errors and inconsistencies, and this is demonstrated by the fact that approximately half of the immediate notifications submitted (45% for the AFEO Region and 53% for the rest of the world) presented major inconsistencies that required the sender to be contacted, while 17% (AFEO Region) and 14% (rest of the world) presented some minor inconsistencies.

When comparing AFEO Region reports with those of the rest of the world, AFEO Region immediate notifications generally presented fewer inconsistencies, and if present they were more often minor, not requiring the country or territory concerned to be contacted. For FUR, the AFEO Region and the rest of the world presented very similar results.

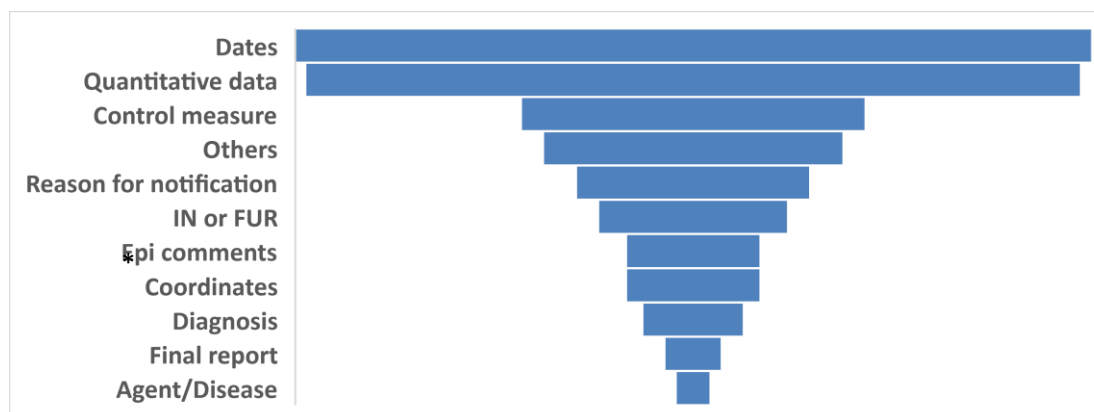
Figure 3: Analysis of inconsistencies found in immediate notifications and follow up reports submitted from the AFEO Region and from the rest of the world



Generally, in reports where inconsistencies were detected, only one inconsistency was present per report. However, in the case of immediate notifications, up to 40% of the reports with inconsistencies presented two or more inconsistencies. These factors (more frequent inconsistencies, in a higher number and of more importance), make immediate notifications more difficult to process and they influence the efforts needed to validate them.

The type of inconsistency was evaluated for all immediate notifications and follow up reports in order to identify the most common inconsistencies and consequently address them in future training. The pattern observed in the AFEO Region was almost identical to that in the rest of the world in terms of the most common errors. Therefore, Figure 4 presents only the results for the AFEO Region. As shown in the graph, inconsistencies in dates (especially date of last occurrence) and in quantitative data (i.e. numbers of cases and culled animals not consistent with the control measures reported) were the two most common inconsistencies in both types of report. In terms of frequency, these two categories of inconsistencies were followed by inconsistencies in the control measures reported (e.g. the quantitative data indicate that stamping out has been carried out, but this measure was not selected as applied in the report) and a group of 'other reasons' which were very variable and difficult to classify in a single category. Exclusively for immediate notifications, inconsistencies relating to the 'wrong reason for notification' (i.e. recurrence vs first occurrence) were frequent, followed by 'the submission of an immediate notification instead of the corresponding follow up report'. The result of these last inconsistencies is a delay in publication of the immediate notification, which is contrary to the requirement in the OIE Codes for notification within 24 hours, and thus presenting a risk to trade and for the spread of diseases. Therefore, the OIE encourages the countries and territories always to evaluate if an immediate notification is needed and, if so, carefully study the appropriate reason for notification to be entered in the report. In addition, once the immediate notification has been submitted, national Focal Points for Animal Disease Notification to the OIE are encouraged to make themselves available (by telephone or email) during the following 24 hours to answer any potential queries or provide any necessary clarifications.

Figure 4: Most frequent categories of inconsistencies observed in immediate notifications and follow up reports submitted by countries and territories of the AFEO Region between March 2018 and 11 June 2019



*"Epi comments": refers to incorrect information reported in the section "epidemiological comments", or either to inconsistencies between the epidemiological comments and the information reported in other sections of the report

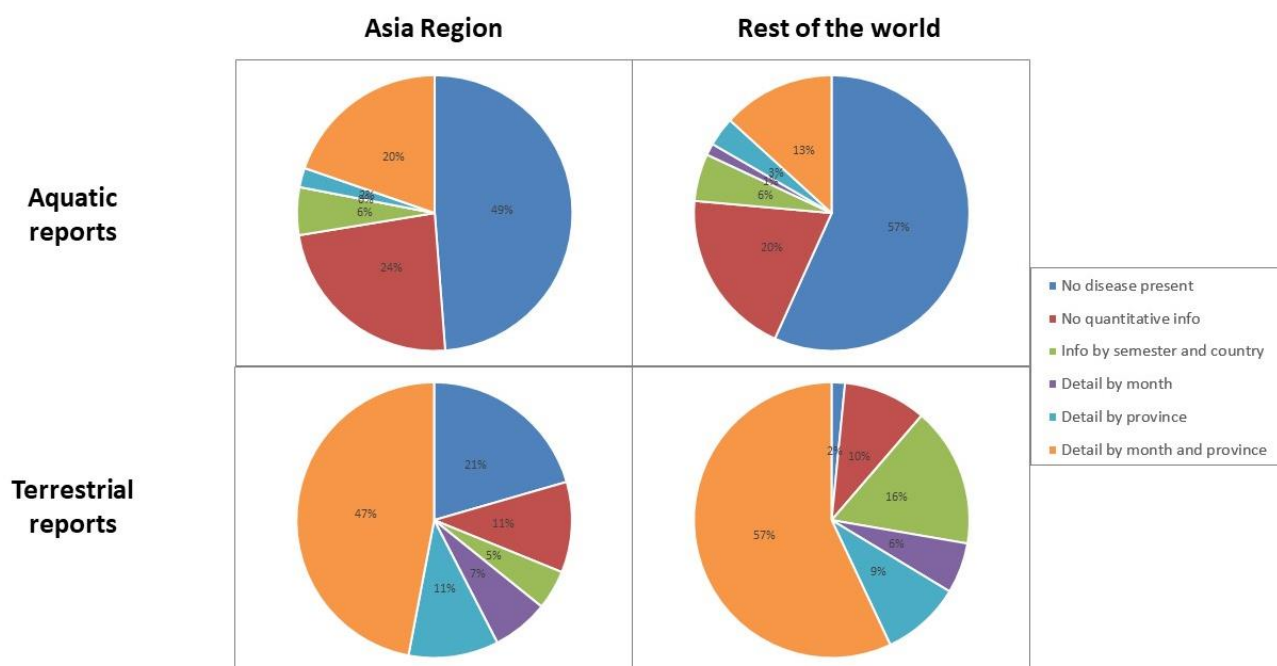
4.2. Six-monthly reports

The quality of the six-monthly reports received was assessed differently from that of the immediate notifications/follow up reports, and the analysis took into account two main indicators: firstly, the number of diseases with the occurrence code 'no information' per report, and, secondly, the level of detail of any quantitative data provided, for the diseases reported as 'present'. The greater the quantity and detail of the information provided, the higher the quality of the report.

In their six-monthly reports for 2018, countries and territories of the AFEO Region provided information on an average of 82% of the terrestrial animal diseases and 77% of the aquatic animal diseases. This translates as an average of 17 (out of 96) terrestrial and seven (out of 29) aquatic animal diseases with the occurrence code 'no information' by report. No differences were observed between the reports from the AFEO Region and those from the rest of the world for this indicator. However, major differences were observed between the information provided for domestic animals and wild animals and between aquatic and terrestrial reports. Specifically, the terrestrial reports generally contained information on more diseases than the aquatic reports. In both types of reports (aquatic and terrestrial), countries and territories provided more information for domestic animals (88% of terrestrial animal diseases reported for domestic animals and 80% for farmed aquatic animals), while the percentages decreased to 77% for terrestrial wild animals and 74% for captured aquatic animals.

These results are positive and demonstrate that, in general, countries and territories in the AFEO Region are aware of their status in terms of OIE-listed diseases, especially in the case of domestic terrestrial animals. However, additional efforts should be made in the surveillance of wild animals and aquatic diseases in order to achieve a similar degree of report compliance.

Figure 5: Level of detail provided for the OIE-listed diseases in the six-monthly reports for 2018, by type of report (aquatic vs terrestrial) and by region



When analysing the content of the six-monthly reports and the level of detail of the quantitative information provided for the diseases reported as present, big differences were observed between aquatic and terrestrial animal diseases reports, while some minor differences were observed when comparing the AFEO Region with the rest of the world (Figure 5). In general, reports with 'no disease present', were much more common for aquatic reports than for terrestrial reports, representing up to 49% of the AFEO Region reports and more than 57% of the reports from the rest of the world. Reports of this type (i.e. with all diseases reported as absent or no information) accounted for 21% of the terrestrial reports from the AFEO Region, compared to only 2% for terrestrial reports from the rest of the world. This big difference should be evaluated cautiously, while also taking into account the existence of appropriate control measures, such as surveillance.

In addition, the proportion of reports with no quantitative information provided despite indicating some diseases as present, was much higher for aquatic reports than for terrestrial reports (20% vs 10%), and was also slightly higher for both aquatic and terrestrial reports in the AFEO Region than in the rest of the world. Finally, when quantitative data were provided, the most common template used was the most detailed one (by month and by administrative division), which is a good sign and an indication of progress in the accuracy and detail of the information provided.

Worldwide, 32% of the six-monthly reports received did not present any inconsistencies and were validated directly. The percentage for the AFEO Region reports was slightly higher than the percentage for the rest of the world (38% compared to 29% for the rest of the world). This reflects well on the training provided and demonstrates good compliance with procedures by Focal Points for Disease Notification to the OIE, which should be further encouraged.

- The submission rates for the six-monthly reports for 2018 were higher in the AFEO Region than in the rest of the world, especially for aquatic reports. Six-monthly reports were also submitted by countries and territories of the Region with shorter delays after the end of each semester.
- The transparency of the AFEO Region in submitting immediate notifications was higher than that of the rest of the world, while the percentage of positive feedback to OIE enquiries for unreported events detected through the active search activities is in line with the average behaviour at global level.
- The analysis identified slightly longer delays for the confirmation and submission of immediate notifications for exceptional events involving terrestrial animal diseases, but marked delays for events involving aquatic animal diseases, a situation that should be further reviewed to encourage improvement.
- The immediate notifications submitted by the AFEO Region presented fewer and comparatively less serious inconsistencies than those of immediate notifications submitted by the rest of the world. Nevertheless, special attention should be paid to the submission of immediate notifications as inconsistencies in the reports can lead to delays in their publication, hindering the transparency of information.
- Worldwide, aquatic six-monthly reports contained less information and less detailed quantitative data than the corresponding terrestrial reports. These differences were smaller for the AFEO Region. However, a considerable proportion of terrestrial six-monthly reports from the AFEO Region did not report any disease as present, a situation that should be treated with caution and viewed in parallel with the control measures put in place.

Therefore, countries and territories of the AFEO Region are strongly encouraged to continue their efforts to submit timely, complete and accurate information in their reports.

SELECTED ANIMAL DISEASES

In this second part of the report, we provide a detailed analysis of some groups of animal diseases, including the situation in the AFEO Region (disease distribution and reports received), the control measures applied and diagnostic capacity, as reported to the OIE during the period January 2018 to 11 June 2019

a. Avian diseases

Disease situation and reporting

Four OIE-listed diseases of birds were selected in this section: infection with avian influenza viruses of both high and low pathogenicity (HPAI and LPAI) in poultry; infection with influenza A viruses of high pathogenicity in birds other than poultry, including wild birds (HPAI wild); and infection with Newcastle disease virus (NCD). These diseases were selected in view of the importance of avian production in the AFEO Region, and the significant economic consequences of their occurrence and spread in the Region. According to FAO¹¹ data, in 2017 AFEO accounted for 35% of chicken meat production in the world (37.6 million tonnes out of a total of 109 million)¹², and for 65% of egg production (1.03 billion out of a total of 1.6 billion).

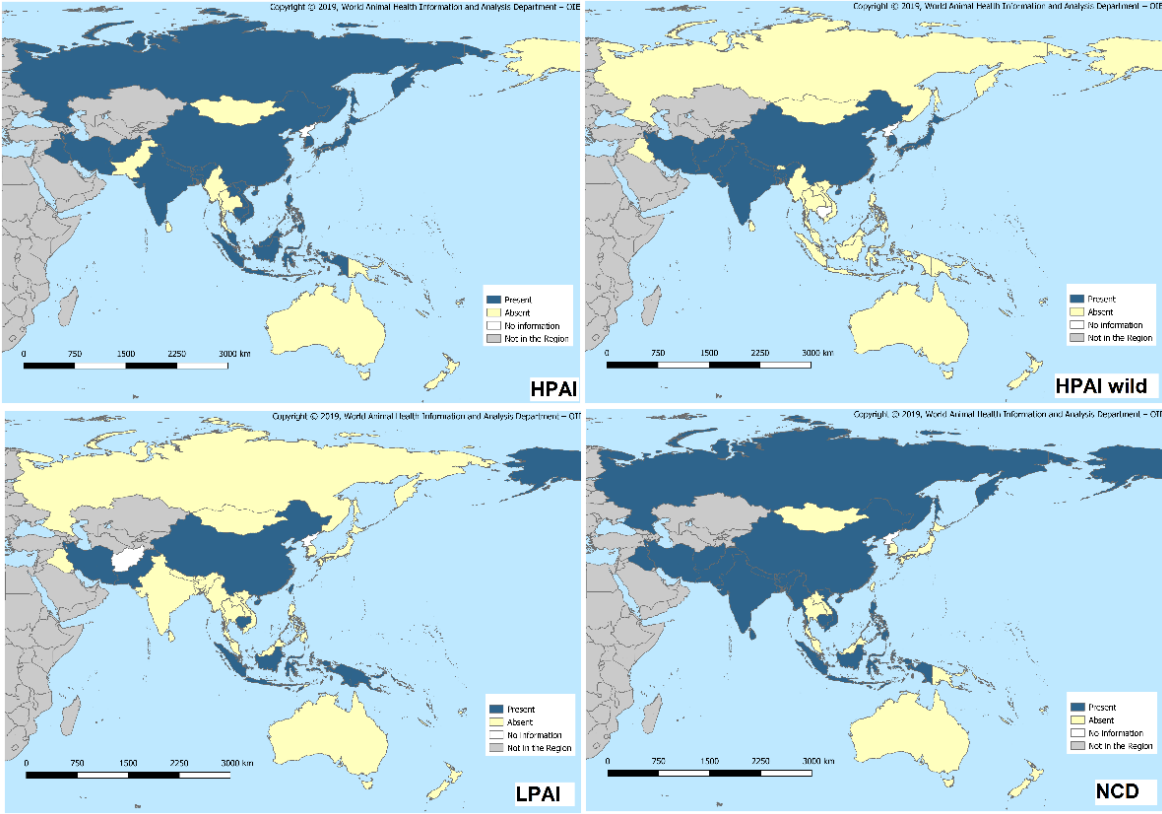
¹¹ FAO: Food and Agriculture Organization of the United Nations

¹² FAO - <http://www.fao.org/faostat/en>

In the AFEO Region, avian influenza viruses (both HPAI and LPAI) are the pathogens with the highest impact in terms of animal losses and movement restrictions on animals and animal products in the poultry sector, while NCD is the disease of birds with the widest distribution, in terms of the number of countries and territories affected. HPAI (in poultry) was reported through immediate notifications by 15 countries and territories in the Region, followed by HPAI (in birds other than poultry, including wild birds) (9 countries and territories) and LPAI and NCD (2 countries each). Among the selected avian diseases, during the period of analysis NCD was reported as present by 20 countries and territories¹³, followed by HPAI (in poultry) reported by 19 countries and territories¹⁴, HPAI in non-poultry including wild birds (11 countries and territories)¹⁵, and LPAI (9 countries and territories)¹⁶ (as of 11 June 2019).

During the period of analysis, 61% of the countries and territories in the AFEO Region (27 out of 44) were affected by at least one of the four selected diseases, 4.5% of them (2/44) were affected by all four diseases, 20% (9/44) were affected by three diseases, 18% (8/44) by two diseases and 18% (8/44) by one disease only (mainly NCD). The distribution of the selected diseases is reported in Figure 6.

Figure 6. Distribution of HPAI, HPAI wild, LPAI and NCD in countries and territories in the AFEO Region during the period January 2018 to 11 June 2019: information is displayed at country/territory level



¹³ Afghanistan, Bangladesh, Bhutan, Cambodia, China (People's Republic of), Hong Kong (SARC), India, Indonesia, Iran, Iraq, Myanmar, Nepal, Pakistan, Philippines, Russia, Singapore, Sri Lanka, Timor-Leste, United States of America and Vietnam.

¹⁴ Afghanistan, Bangladesh, Bhutan, Cambodia, China (People's Rep. of), Chinese Taipei, Hong Kong (SARC-PRC), India, Indonesia, Iran, Iraq, Japan, Korea (Rep. of), Laos, Malaysia, Nepal, Philippines, Russia and Vietnam

¹⁵ Afghanistan, Bangladesh, China (People's Rep. of), Chinese Taipei, Hong Kong (SARC-PRC), India, Iran, Japan, Korea (Rep. of), Nepal and Pakistan

¹⁶ Cambodia, China (People's Rep. of), Chinese Taipei, Indonesia, Iran, Pakistan, Papua New Guinea, Samoa and United States of America

HPAI was reported through immediate notifications by all the affected countries and territories in the AFEO Region, except for Indonesia, where the disease is considered stable and is therefore reported through six-monthly reports only. In particular, 45 immediate notifications were submitted for HPAI (in poultry). The most common serotype was H5N1, reported by 10 countries, followed by H5N6 (7 countries), H5N8 (5 countries and territories), H5N2 (2 countries) and H7N9 (1 country). Two countries and territories provided information only on the haemagglutinin type (H5). Most of the countries and territories notified the recurrence of the disease, while Afghanistan reported the first occurrence of the disease in a zone (H5 serotype) and Chinese Taipei reported the occurrence of a new strain (H5N6).

The same reporting behaviour was observed for HPAI in birds other than poultry, including wild birds, where all the affected countries and territories reported the disease exclusively through immediate notifications. Specifically, 14 immediate notifications were submitted during the period. In this case the most frequently reported serotype was H5N6 (4 countries and territories), followed by H5N1 (3 countries), H5N8 (2 countries), H5N2 and H7N9 (1 country each). Two countries and territories provided information only on the haemagglutinin type (H5). Most of the countries/territories reported the recurrence of the disease, China (People's Rep. of) reported the first occurrence of serotype H7N9 in a zone, and Iran and Pakistan reported the first occurrence of a new strain in the country (respectively H5N6 and H5N8).

LPAI was reported through immediate notifications by only three countries and territories. In particular, Cambodia reported the occurrence of three new strains (H5N6, H7N4 and H7N7), while Chinese Taipei and the United States of America reported the recurrence of the disease (respectively serotypes H5N2 in Chinese Taipei, and H5N2, H7N1, H7N3 in the United States of America). The most common serotype in this case was H5N2, reported by two countries. All the other serotypes (H5, H5N6, H7N1, H7N3, H7N4, H7N7) were reported by only one country or territory each. It is worth highlighting the fact that 67% of the countries and territories declaring the disease present (i.e. 6 out of 9) did not provide information about the serotype circulating.

Finally, NCD was reported mainly through six-monthly reports, meaning that the disease is considered stable in the countries and territories concerned. Only three countries reported the recurrence of the disease in the country through immediate notifications: Cambodia, Russia and the United States of America.

Regarding the accuracy of the information provided, in general very detailed information was submitted by countries and territories notifying the presence of HPAI (whether in poultry or in birds other than poultry, including wild birds) with 100% of the countries and territories providing quantitative details (Table 3). For LPAI, quantitative information was submitted by approximately 67% of the affected countries and territories, and for NCD by 80% of the affected countries and territories.

Table 3: Status of avian diseases in the AFEO Region, and the format used by countries and territories to report each disease present (by immediate notifications/follow up reports (IN/FUR) or by providing quantitative information in six-monthly reports) (as of 11 June 2019)

	No. countries/territories reporting disease present				ABSENT	NO INFO
	Total	IN/FUR	Quant. info	No quant. info		
HPAI	19	18	1	1	23	2
*HPAI in wild birds	11	11	0	0	28	5
LPAI	9	3	3	3	32	3
NCD	20	3	13	4	20	4

* HPAI (in birds other than poultry, including wild birds)

Preventive and control measures reported

Based on the information reported by the countries and territories of the AFEO Region in their six-monthly reports, HPAI (in poultry) and NCD are the diseases with the highest proportion of countries and territories declaring at least one control measure in place: 73% (32 out of the 44 countries and territories in the Region). HPAI in birds other than poultry, including wild birds is the disease for which the lowest proportion of countries and territories declared having some control measures in place: 61% (27 out of 44) (Table 4).

Of the four avian diseases considered, NCD and HPAI were the ones most frequently reported as being 'notifiable': in 64% of countries and territories (28 out of 44).

The reported level of surveillance is quite high for HPAI (in poultry) and NCD (declared by respectively 31 and 30 countries and territories), and lower for HPAI in birds other than poultry, including wild birds and LPAI. In particular, for HPAI in birds other than poultry, including wild birds, surveillance activities were reported by only 26 countries and territories. Finally, very few countries reported routine vaccination for avian influenza viruses (i.e. 3 for HPAI, 1 for HPAI in birds other than poultry, including wild birds and 3 for LPAI) while, as expected for this type of disease, this measure is extensively applied for NCD (15 countries and territories).

Table 4: Number of countries and territories in the AFEO Region applying control measures for four selected avian diseases, as indicated in their six-monthly reports

	Reporting at least one control measure	Notifiable disease	Surveillance*	Routine vaccination (Vaccination prohibited)
HPAI	32	26	31	3 (20)
**HPAI in wild birds	27	20	26	1 (11)
LPAI	29	23	28	3 (14)
NCD	32	28	30	15 (2)

*Surveillance: any type of surveillance was considered, including general surveillance, targeted surveillance, monitoring and screening. If the country/territory reported the application of at least one of these measures, it was considered to apply surveillance of some kind.

** HPAI (in birds other than poultry, including wild birds)

Diagnostic capacities of countries and territories in the AFEO Region

The diagnostic capacities of countries and territories in the AFEO Region were assessed for each of the selected avian diseases, based on the laboratory and diagnostic test information submitted in the annual reports for 2017 and 2018 (“National reference laboratory” and “Diagnostic tests” sections). The 2017 annual reports were included in the analysis as approximately 30% of countries and territories in the AFEO Region had not yet submitted their 2018 annual report. The information provided in immediate notifications and follow up reports on the diagnostic laboratories and tests used in connection with the exceptional events reported in 2018 and 2019 was also considered in the analysis (Table 5). Information on HPAI in poultry and HPAI in birds other than poultry, including wild birds was grouped together as it is the same disease.

Around 70% of the countries and territories in the Region reported having diagnostic capacities for HPAI, and a total of 64 laboratories were reported in the whole Region. Surprisingly, only nine countries/territories in the Region reported the presence of laboratory capacities for LPAI. Considering that the same diagnostic techniques can be used for the detection of both HPAI and LPAI, this result could be interpreted as an inconsistency in the information reported by countries/territories. Regarding NCD, despite the disease being stable in the affected countries and territories in the Region, only 60% of them reported having diagnostic capacities. Although the diagnostic capacity reported in the annual reports was quite high for HPAI and NCD, there were nevertheless numerous laboratories (and up to 6 countries/territories in the case of HPAI) reported in the immediate notifications / follow up reports that had not been reported before in the annual reports. Countries and territories are encouraged to report their updated and most complete diagnostic capacities in the annual reports. Providing accurate information on diagnostic capacities enables an evaluation to be made of Regional performance in terms of proper surveillance, and early detection of diseases.

Table 5: Diagnostic capacity in the AFEO Region for selected avian diseases as reported in the annual report (AR) and the immediate notification and follow-up reports (IN/FUR). Shown in parentheses are the number of countries/territories and laboratories reporting diagnostics in the IN/FUR that are not included in the AR

	No. of countries and territories in the Region with diagnostic capacity		No. of laboratories in the Region with diagnostic capacity	
	AR	IN/FUR (not in AR)	AR	IN/FUR (not in AR)
HPAI	24	16 (6)	33	47 (31)
LPAI	6	4 (3)	6	9 (8)
NCD	24	3 (2)	36	7 (6)

- All the selected avian diseases are quite widespread in the AFEO Region, but with considerable differences in epidemiological status. HPAI in poultry and HPAI in birds other than poultry, including wild birds are both reported by almost half of the countries and territories in the Region, and mainly through immediate notifications and follow up reports, indicating that the occurrence of these diseases is still considered as an exceptional event in the country/territory. Only one country in the Region considers the disease as stable and reports its occurrence through the six-monthly report. The situation of NCD in the Region is similar in terms of its distribution and the number of countries/territories affected, but NCD is considered as stable in most of the Region, with very few countries and territories reporting it through the early warning system. Finally, LPAI has a limited distribution in the Region, but most of the countries/territories reporting the disease present consider it to be stable.
- The level and accuracy of reporting and the details provided by the countries and territories declaring the diseases present are satisfactory, allowing an acceptably accurate overview of the Regional situation of these diseases from a geographical perspective (administrative divisions affected) and in terms of their impact (number of cases and losses).
- The satisfactory quality of reporting is confirmed by the preventive and control measures reported to be in place in countries and territories in the AFEO Region. All these diseases are reported to be “notifiable”, and some minimal surveillance activity is reported in around 60% of the countries and territories. On the other hand, vaccination is used as control measure for NCD only. The reported control measures reflect the different epidemiological situation of the selected diseases in the Region, and these are controlled through vaccination, where the disease situation is stable, and through various other preventive and control measures when the disease occurrence is exceptional.
- The diagnostic capacity of the countries and territories, as reported in the immediate notifications, follow up reports and annual reports, shows a good level in the Region, although some countries/territories need to make extra efforts to update the information on their diagnostic capacities in the annual report.

The OIE highlights the exceptional performance of the Region in its reporting and detection capacities for avian diseases. Members are recommended to keep the current level of quality of the information provided and in particular to maintain the good level of surveillance that allows an early detection and rapid response to potential animal health threats. On behalf of international solidarity, one of pillars of the OIE, countries and territories of the AFEO Region with optimal diagnostic capacities are encouraged to provide assistance to other countries/territories, both within and beyond the Region, that have a lower level of resources.

b. Swine diseases

Disease distribution and reporting

Three diseases of swine, African swine fever (ASF), classical swine fever (CSF) and porcine reproductive and respiratory syndrome (PRRS), were selected for further analysis due to their wide spread distribution in the AFEO Region and the important consequences that are associated, as 58% of the global swine produced comes from this Region¹⁷

As shown by the maps in Figure 7, during the period of analysis (January 2018 to 11 June 2019), CSF and PRRS were the two most widely distributed in the AFEO Region, affecting 12¹⁸ and 13¹⁹ countries and territories, respectively. However, this period was characterised by a major spread of ASF in the Region (until August 2018, Russia was the only country in the AFEO Region that had ever registered ASF cases). As of 11 June 2019, seven²⁰ Members in the Region were affected.

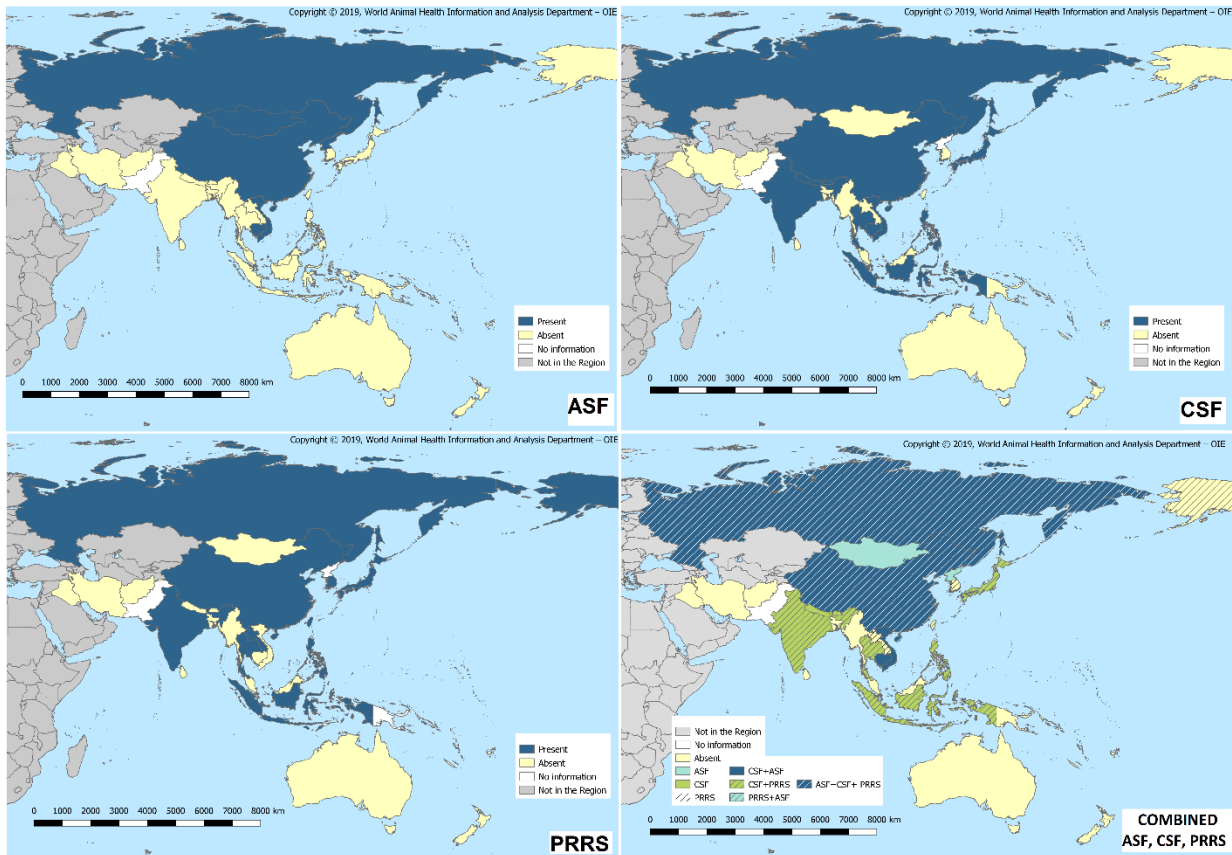
¹⁷ Sources: FAOSTAT 2019 - <http://www.fao.org/faostat/en>

¹⁸ Bhutan, Cambodia, China (People's Rep. of), India, Indonesia, Japan, Nepal, Philippines, Russia, Thailand, Timor-Leste and Vietnam.

¹⁹ China (People's Rep. of), Chinese Taipei, French Polynesia, Hong Kong (SAR-PRC), India, Indonesia, Japan, Korea (Rep. of), Laos, Philippines, Russian, Thailand and United States of America.

²⁰ Cambodia, China (People's Rep. of), Hong Kong (SAR-PRC), Korea (Dem. People's Rep. of), Mongolia, Russian and Vietnam.

Figure 7: Distribution of ASF, CSF and PRRS in countries and territories in the AFEO Region, during the period January 2018 to 11 June 2019: information is displayed at country/territory level



As of 11 June 2019, almost half of the countries and territories in the AFEO Region (20 out of 44) reported at least one of the three selected diseases: 7% reported the presence of all three diseases (3 out of 44) and 18% (8 out of 44) presented two of the diseases (one reported ASF/PRRS, two presented ASF/CSF and five presented CSF/PRRS). As can be seen in Figure 7, the distribution of PRRS and CSF was very similar, with eight countries affected by each disease, especially in South East Asia. While the first outbreaks of ASF in the Region were restricted to China (People's Rep. of), the disease is progressively spreading southwards. The co-occurrence of several swine diseases in many of the Region's countries/territories could pose difficulties, not only for differential diagnosis, but also for the allocation of resources for the control of these diseases.

Table 6: Status of swine diseases in the AFEO Region, and the format used by countries and territories to report each disease present (by immediate notifications/follow up reports (IN/FUR) or by providing quantitative information in six-monthly reports) (as of 11 June 2019)

	PRESENT				ABSENT	NO INFO
	Total present	IN/FUR	Quant. info	No quant. info		
ASF	7	7	-	0	35	2
CSF	12	1	7	4	29	3
PRRS	13	1	7	5	26	5

As expected, all the countries/territories newly affected by ASF submitted information through immediate notifications and follow up reports. For the other two diseases, most of the countries and territories that reported them present did so using the six-monthly reports as they consider the disease situation to be sufficiently stable (Table 6). For those two diseases (PRRS and CSF), only two countries and one country, respectively, submitted immediate notifications. Some affected countries (4 with CSF and 5 with PRRS) did not provide any information about the disease situation. Even though both these diseases are considered stable in the AFEO Region, it is important to continue submitting quantitative information through six-monthly reports to provide information about their presence and distribution.

During this period (January 2018 to 11 June 2019), 52 immediate notifications for ASF were submitted from the AFEO Region. Six of them referred to the first occurrence of ASF in the country/territory (Cambodia, China (People's Rep. of), Hong Kong (SAR-PRC), Dem. People's Rep. of Korea, Mongolia and Vietnam²¹). China (People's Rep. of) reported through 33 immediate notifications the first occurrence of the disease in different provinces of the country; 12 immediate notifications were submitted by Russia, China (People's Rep. of) and Hong Kong (SAR-PRC) to report a recurrence of the disease in a previously affected area.

Four immediate notifications were submitted on CSF, including three by Russia to report the recurrence of the disease. In September 2018, Japan submitted an immediate notification to report the recurrence of CSF (first occurrence in the country since 1992). Since then, the country has reported 528 outbreaks affecting domestic pigs and wild boar. Oral vaccine has been applied to control the disease in two affected prefectures, but vaccination is prohibited in domestic swine. As of 11 June 2019, the event was still open.

A single immediate notification was reported for PRRS in the Region and related to the recurrence of the disease in Laos in January 2019 (first occurrence in the country since 2010).

Preventive and control measures reported

Based on the information contained in the six-monthly reports, among the three selected swine diseases, CSF was the one for which the highest proportion of countries and territories reported applying some type of control measure (63%, 23 out of 44) (see Table 7). Interestingly, no major differences were observed between the number of countries and territories considering ASF/CSF and PRRS notifiable and those that do not, as approximately half of the countries and territories in the Region did not report these diseases as notifiable (slightly higher for PRRS).

Some type of surveillance was applied in 63% of the countries and territories for CSF and in 50% of the countries and territories for ASF and PRRS. Considering the important negative consequences of ASF and its spread in the Region, the fact that half of the countries and territories in the Region do not apply any type of surveillance for ASF seems insufficient for the early detection and effective control of the disease. Specifically, 15 countries and territories that reported ASF as 'absent' did not report having implemented any surveillance activity. However, this should be considered in the context of the pig

²¹ Laos reported the first occurrence of ASF on 20 June 2019.

populations present in each country/territory. Finally, routine vaccination was reported as being applied in 18% of countries and territories for CSF (8 out of 44) and only 7% for PRRS, which seems a low figure considering that PRRS vaccine is very commonly used in pig farms. At the same time, some countries/territories reported that vaccination prohibited; being a common practice in CSF to prohibit vaccination for certain populations (i.e. domestic pigs) and allow vaccination in wild boar.

Table 7: Number of countries and territories in the AFEO Region applying control measures for three selected swine diseases, as indicated in their six-monthly reports

	Reporting at least one control measure	Notifiable disease	Surveillance*	Routine vaccination (Vaccination prohibited)
ASF	26	21	22	NA
CSF	28	24	28	8 (6)
PRRS	25	19	22	3 (3)

*Surveillance: any type of surveillance was considered, including general surveillance, targeted surveillance, monitoring and screening. If the country/territory reported the application of at least one of these measures, it was considered to have applied surveillance of some kind.

Diagnostic capacities of countries and territories in the AFEO Region

The analysis revealed that, based on the information reported in the annual reports for 2017 and 2018, the highest level of diagnostic capacity in the Region was for CSF, followed by PRRS and lastly ASF. However, the analysis of information submitted in immediate notifications / follow up reports during the period January 2018 to 11 June 2019 showed that the number of countries/territories and laboratories in the Region able to perform ASF diagnosis is in fact much higher, reaching the level of diagnostic capacities for PRRS, with 10 countries and territories with the capacity to diagnose ASF (Table 8). Interestingly, some of these countries/territories have large networks of regional laboratories at national level (i.e. Russia reported 25 different ASF laboratories, China [People's Rep. of] reported 23 ASF laboratories and Japan reported 6 CSF laboratories).

Table 8: Diagnostic capacity in the AFEO Region for the three selected swine diseases as reported in the annual report (AR) in comparison with the information submitted in the immediate notifications and follow up reports (IN/FUR). Shown in parentheses are the number of countries/territories and laboratories reporting diagnostics in the IN/FUR that are not included in the AR

	No. of countries and territories in the Region with diagnostic capacity		No. of laboratories in the Region with diagnostic capacity	
	AR	IN/FUR (not in AR)	AR	IN/FUR (not in AR)
ASF	5	7 (5)	6	53 (51)
CSF	17	2 (1)	25	9 (8)
PRRS	10	2 (0)	13	2 (1)

This could indicate that, for the diseases absent in the Region (as was the case with ASF before 2018 except for Russia), the laboratory capacity reported in the annual report is less complete than for the diseases reported as stable.

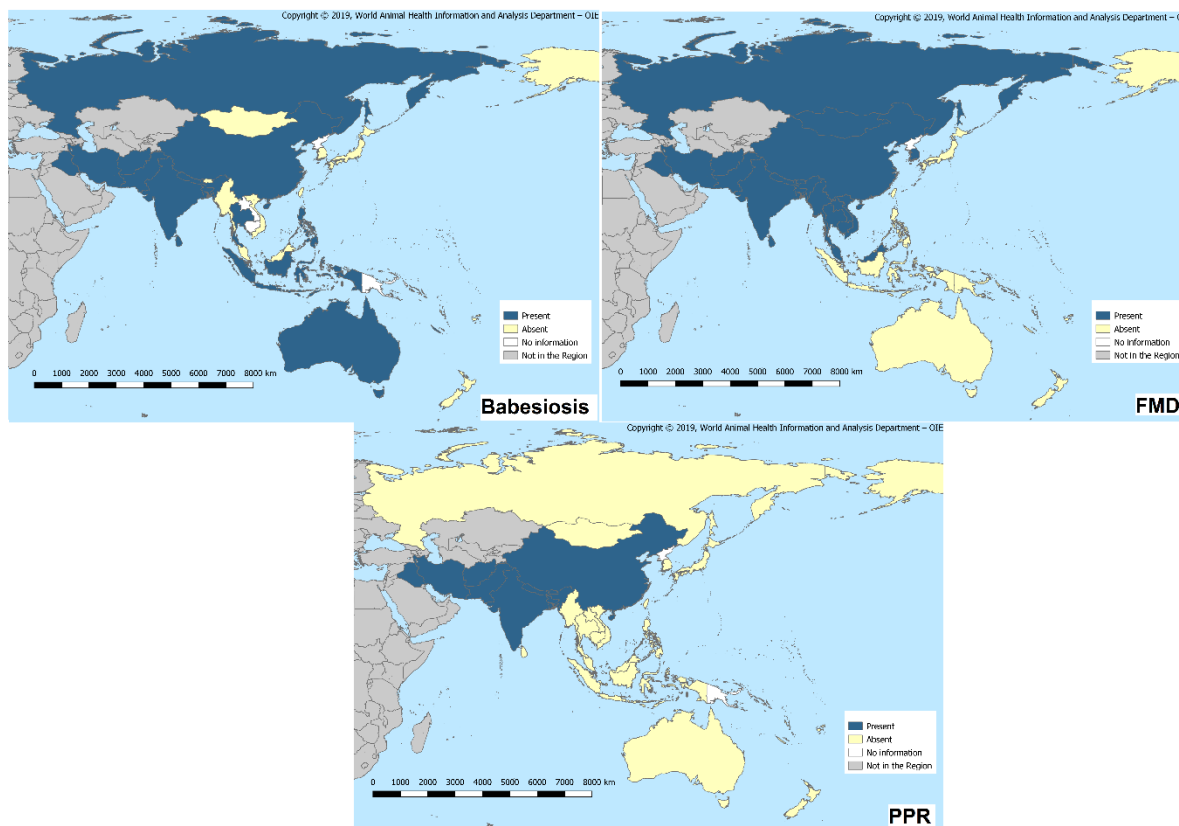
- The concomitant presence of two or more of these swine diseases in 25% of countries and territories of the Region could pose some difficulties not only for the differential diagnosis, but also for the notification and control of the diseases.
- The quality of information on the disease situation for the selected swine diseases was quite good, especially for ASF, for which numerous immediate notifications were submitted from the Region. However, there are still some countries and territories that do not provide any detailed information on disease location or evolution for diseases considered stable (e.g. CSF and PRRS). This lack of information can pose a risk to other countries/territories, which remain unaware of the true disease distribution and incidence.
- The analysis of the control measures revealed that in half of the countries and territories of the Region these diseases are not notifiable and no surveillance activities have been reported. This should be addressed to confirm whether countries and territories are not implementing effective surveillance activities or simply not reporting them. Whatever the case, countries and territories are encouraged to review the control measures reported for these diseases in their next six-monthly reports.
- Another gap was identified between the diagnostic capacity information reported in the annual reports and the information provided in immediate notifications, especially for emerging diseases such as ASF. Countries and territories are encouraged to review and update the diagnostic capacity information they include in their next annual report, as this section will be used in the new OIE-WAHIS to support countries and territories in the AFEO Region with their diagnostic requirements.

c. Ruminant diseases

Diseases distribution and reporting

Another group of diseases selected for this analysis included several diseases that affect ruminant hosts such as bovine, ovine and caprine species, among others (e.g. FMD in swine). Three diseases were chosen in order to compare the reporting performance of countries and territories in the AFEO Region regarding different types of diseases. Firstly, FMD was chosen as a transboundary animal disease with a high impact on international trade, and one that is widespread in AFEO, especially in the Centre of the Region (see Figure 8). Secondly, PPR was selected as an example of a disease limited to Central Asia and one for which a global eradication programme is in progress. Finally, bovine babesiosis was selected as an endemic disease of cattle that is widely distributed in the Region, for which no global eradication strategy exists, and no international trade barriers are generally imposed.

Figure 8: Distribution of bovine babesiosis, FMD and PPR in countries and territories in the AFEO Region, during the period January 2018 to 11 June 2019: information is displayed at country/territory level



As illustrated in Figure 8, FMD affected almost half of the countries and territories of AFEO during the period of analysis (20²²/44). In most of these countries and territories the disease is reported to be present and stable, only five countries or territories having submitted an immediate notification during this period. Fourteen countries and territories reported quantitative information through their six-monthly reports (Table 9). It is important to highlight that the quality of information available for FMD was much better than that for the other two diseases; for example, only one country reported FMD as present without providing any additional quantitative information. It is also one of the diseases for which the number of immediate notifications was highest in this Region, especially due to the spread of serotype O (17 immediate notifications), compared with only two reports for serotype A and one for Asia 1.

Bovine babesiosis, on the other hand, is an example of a disease that is widely distributed in the Region (it was reported to be present in 17²³ countries and territories), but with only a limited amount of information being reported. Specifically, half of the affected countries and territories did not provide any quantitative information on the location or scale of the disease. As expected, the reporting of bovine babesiosis was done mainly through six-monthly reports, and just one 'exceptional event', in New Caledonia, has continued to be open since 2008. No immediate notifications were submitted during the period of analysis.

²² Afghanistan, Bangladesh, Bhutan, Cambodia, China (People's Rep. of), Hong Kong (SAR-PRC), India, Iran, Iraq, Korea (Rep. of) Laos, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Russian, Sr Lanka, Thailand and Vietnam.

²³ Afghanistan, Australia, Bangladesh, China (People's Rep. of), French Polynesia, India, Indonesia, Iran, Iraq, Nepal, New Caledonia, Pakistan, Philippines, Russia, Sri Lanka, Thailand and Vietnam.

During the period of analysis, PPR was reported present in nine²⁴ countries and territories. Only one immediate notification was submitted, and most of the affected countries and territories (66%) reported quantitative information through their six-monthly reports. However, despite the existence of a global eradication programme, two countries still reported the disease as present without providing any quantitative information.

Table 9: Status of three selected ruminant diseases in the AFEO Region and the format used by countries and territories to report each disease present (by immediate notifications/follow up reports (IN/FUR) or by providing quantitative information in the six-monthly reports [SMR])

	PRESENT				ABSENT	NO INFO
	Total present	IN/FUR	Quant. info SMR	No quant. info		
FMD	20	5	14	1	22	2
PPR	9	1	6	2	32	3
Bovine babesiosis	17	1	9	7	22	5

Five different countries submitted a total of 20 immediate notifications relating to FMD during the period of analysis. China (People's Rep. of) submitted 13 immediate notifications: one for the first occurrence of serotype O and three relating to the new strain of serotype O; the remaining nine immediate notifications related to the recurrence of FMD, eight for serotype O and one for serotype A.

Korea (Rep. of) submitted two immediate notifications for FMD, one for the recurrence of serotype A and another for the recurrence of serotype O. Myanmar reported the recurrence of serotype O and Nepal submitted two immediate notifications reporting the recurrence of serotype AFEO 1. Russia submitted three immediate notifications for the recurrence of serotype O.

For PPR, only one immediate notification was submitted in the AFEO Region. This was for the recurrence of the disease in Bhutan in 2018. This event was declared closed in August of the same year. No immediate notifications were submitted for bovine babesiosis.

Preventive and control measures reported

The analysis of reported preventive and control measures revealed a globally higher level of reporting for this group of diseases than for the other groups studied, such as swine diseases. Specifically, FMD was the analysed disease most frequently notifiable in the Region (in 73% of countries and territories) and the one for which surveillance was applied most often; it was also one of the three diseases with the highest number of countries and territories reporting the application of at least one measure (together with HPAI and NCD). This reveals that, despite being present and stable in many countries and territories of the Region, FMD is still considered a high priority, and this is reflected in their reporting. Based on the reported information, 70% of the affected countries and territories apply routine vaccination. Therefore, the appropriate matching of vaccines with the circulating strains is crucially important for the control of the disease in the AFEO Region.

²⁴ Afghanistan, Bangladesh, Bhutan, China (People's Rep. of), India, Iran, Iraq, Nepal and Pakistan.

In view of the existence of a global PPR eradication programme, it is important to note that only 55% of countries and territories in the Region reported that the disease was notifiable and only 65% reported applying surveillance. Vaccination is routinely applied in most of the affected countries/territories, whereas it is prohibited in all OIE Members having an officially recognised PPR-free status²⁵ (i.e. this is one of the requirements for obtaining PPR-free status) as well as in two other OIE Members that have not yet achieved PPR-free status.

Interestingly, bovine babesiosis was reported to be a notifiable disease in almost the same number of countries and territories in the Region as PPR. Surveillance for bovine babesiosis is less frequently applied, however, and vaccination is very rare. This information corresponds perfectly to the characteristics of an endemic disease in the Region.

Table 10: Number of countries and territories in the AFEO Region applying control measures for three selected ruminant diseases, as indicated in their six-monthly reports

	Reporting at least one control measure	Notifiable disease	Surveillance*	Routine vaccination (Vaccination prohibited)
FMD	32	30	32	14 (10)
PPR	30	24	29	7 (11)
Bovine babesiosis	26	22	25	1 (2)

*Surveillance: any type of surveillance was considered, including general surveillance, targeted surveillance, monitoring and screening. If the country/territory reported the application of at least one of these measures, it was considered to have applied surveillance of some kind.

Diagnostic capacities of countries and territories in the AFEO Region

As shown in Table 11, diagnostic capacity for FMD in the Region was very high, and it was similar to the diagnostic capacity for other transboundary animal diseases analysed in this report, such as HPAI. It is a very good indicator that, for most countries and territories and most laboratories, details of their diagnostic capabilities for FMD were provided in the annual report, and in only very few cases was this information available only in immediate notifications. This finding supports previous results on the good level of reporting for FMD in comparison with other diseases and demonstrates that it is possible to achieve this level of reporting.

Interestingly, very few countries and laboratories were reported to be able to perform PPR diagnostics, even fewer than the number of countries/territories currently affected in the Region. The information currently available is potentially not complete, however. Therefore, countries and territories are encouraged to complete this section in their next annual reports in order to provide a good picture of the diagnostic capacity in the Region, as this is an essential component of the eradication programme.

Finally, almost no data were reported regarding laboratory diagnosis of bovine babesiosis.

²⁵ Australia, Chinese Taipei, Korea (Rep. of), New Caledonia, New Zealand, Philippines, Singapore, Thailand and United States of America.

Table 11: Diagnostic capacity in the AFEO Region for the selected ruminant diseases, as reported in the annual report (AR) in comparison with the information submitted in the IN and FUR (IN/FUR). Shown in parentheses are the number of countries/territories and laboratories reporting diagnostics in the IN/FUR that are not included in the AR

	No. of countries and territories in the Region with diagnostic capacity		No. of laboratories in the Region with diagnostic capacity	
	AR	IN/FUR (not in AR)	AR	IN/FUR (not in AR)
FMD	23	4 (3)	29	6 (5)
PPR	6	1 (1)	8	1 (1)
Bovine babesiosis	7	-	7	-

- FMD is widely distributed in the Region, with three circulating serotypes (O, A and Asia 1), though most of the events reported during the period of analysis were caused by serotype O. Very good quality information was available for FMD distribution, quantitative data and control measures applied. Of the three diseases analysed in this section, FMD is the one most frequently reported as notifiable and with the highest level of reporting for the control measures applied. The diagnostic capacity for FMD in the Region is also very high and is very accurately reported in the annual reports.
- PPR distribution is limited in Central AFEO, and nine OIE Members are recognised as free from the disease. However, considering that a global eradication programme is in progress, the level of reporting for this disease is not ideal, as some affected countries or territories have not provided any detailed information. The overall level of information reported on the control measures applied and on laboratory diagnostic capacity for the disease in the Region remains insufficient.
- For bovine babesiosis, which is present and stable in most of the Region, the quality of information available is not very good. However, the disease was reported to be notifiable in half of the countries and territories in the Region.

In view of the above results, countries and territories are encouraged to continue their efforts on reporting the FMD situation and the control measures applied, and to improve the reporting of PPR-related information in order to support the global eradication programme. Additional efforts should be made to improve the quality of reporting on stable diseases such as bovine babesiosis.

d. Rabies

Disease distribution and reporting in the AFEO Region

The main reason driving the selection of this disease for analysis in this report was its inclusion among the diseases selected in the context of the Regional Work Plan Framework²⁶. One of the main objectives of this Plan is to improve disease notification. Moreover, the evaluation of the rabies situation in the AFEO Region is very important in the framework of the Region's contribution to rabies control. Among the points highlighted at the Conference of the OIE Regional Commission for Asia, the Far East and Oceania, held in Malaysia in 2017, were the following: 1) the need for the Region to actively engage in "Zero by 30: The Global Strategic Plan to Prevent Human Deaths from Dog-mediated Rabies by 2030"²⁷, developed jointly by WHO, OIE, FAO and the Global Alliance for Rabies Control (GARC), and contribute to the elimination of dog-mediated human rabies in the region by 2030; 2) the feasibility of ending human deaths from dog-mediated rabies through the availability of relevant knowledge, technologies and vaccines; and 3) the benefits of using barrier or ring vaccination to protect dog and human populations,

²⁶ Second Regional Work Plan Framework 2016-2020. Adopted by the Regional Commission Members at the 29th Conference of the OIE Regional Commission for AFEO, the Far East and Oceania (Ulaanbaatar, Mongolia, September 2015). Updated 21 May 2018

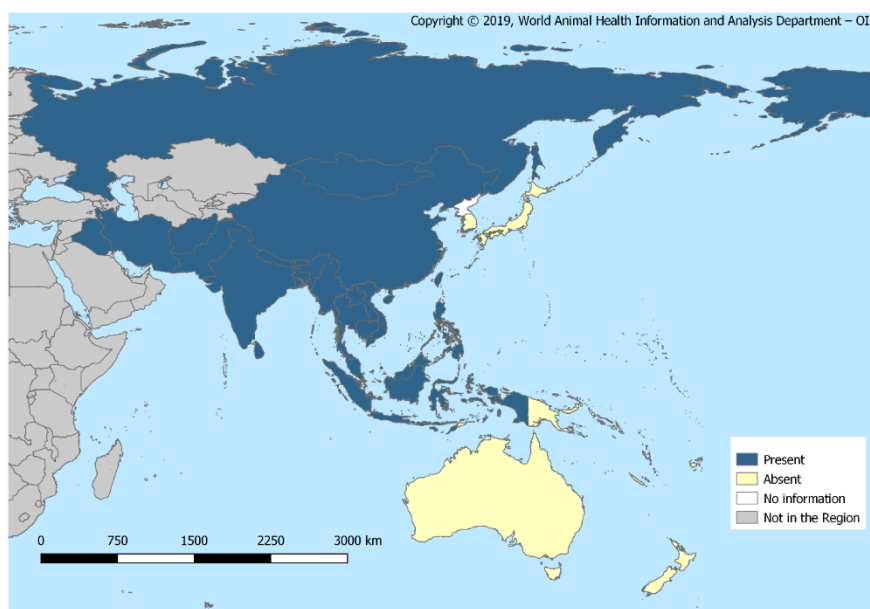
²⁷ http://www.oie.int/fileadmin/Home/eng/Media_Center/docs/Zero_by_30_FINAL_online_version.pdf

as long as such vaccination extends a sufficient distance from infected cases or areas and provides sufficient vaccination coverage (at least 70%)²⁸.

For this reason, an update on the status of the disease in the AFEO Region, the reporting behaviour of the countries and territories, the preventive and control measures in place and the Region's diagnostic capacity is considered of pivotal importance to understand the level of compliance with the Global Strategic Plan.

During this period (January 2018 to 11 June 2019) rabies was reported as present by 50% of countries and territories in the Region (22²⁹/44). Most of these countries and territories reported the disease present only in domestic animals (14/22), seven reported the disease present in both domestic animals and wildlife and one country reported the disease present only in wildlife. During this period, only Malaysia reported the presence of the disease through an immediate notification. The event in Malaysia started in July 2017 in Sarawak administrative division and then spread to Kedah, Perak and Perlis administrative divisions. Three hundred and fifty-five outbreaks have been reported through WAHIS with 361 cases reported (in cats and dogs). As of 11 June 2019, the event is still ongoing. The current distribution of rabies in the AFEO Region is shown in Figure 9.

Figure 9. Distribution of rabies in countries and territories in the AFEO Region during the period January 2018 to 11 June 2019: information is displayed at country/territory level



As already mentioned, rabies was reported through immediate notification by only one country, while all the other 21 countries and territories that reported the disease present did so through their six-monthly reports, indicating that they considered the disease situation to be stable.

Regarding the accuracy of the information provided, the level of detail reported by countries and territories was generally satisfactory, with 86% of them reporting complete quantitative details. Only three countries reporting the disease present did not provide quantitative data, and only two countries in the Region did not provide any information about the status of the disease. The majority of

²⁸ World Health Organization. WHO Expert Consultation on Rabies. Second report. Geneva WHO technical report series; no. 982; 2013 [cited July 17, 2017]. At: http://apps.who.int/iris/bitstream/10665/85346/1/9789240690943_eng.pdf

²⁹ Afghanistan, Bangladesh, Bhutan, Cambodia, China (People's Rep. of), Chinese Taipei, India, Indonesia, Iran, Iraq, Laos, Malaysia, Mongolia, Nepal, Pakistan, Philippines, Russia, Sri Lanka, Thailand, United States of America and Vietnam.

countries/territories reported quantitative information using the highest level of spatial accuracy (by administrative division) (Table 12).

Table 12: Status of rabies in the AFEO Region and the format used by countries and territories to report the disease present (by immediate notifications/follow up reports (IN/FUR) or by providing quantitative information in the six-monthly reports [SMR])

	PRESENT				ABSENT	NO INFO
	Total present	IN/FUR	Quant. info SMR	No quant. info		
Rabies	22	1	18	3	20	2

Preventive and control measures reported

Based on the information reported in their six-monthly reports, around 70% of countries and territories in the AFEO Region reported applying at least one control measure for rabies. The same percentage of countries and territories reported the disease as being notifiable.

The level of surveillance reported was lower, with only 63% of countries and territories reporting disease surveillance (general surveillance, targeted surveillance, monitoring or screening). Finally, very few countries and territories reported routine vaccination for rabies prevention and control (41%). This result is quite surprising, considering the large number of countries/territories reporting the disease present and the ongoing eradication project.

Table 13: Number of countries and territories in the AFEO Region applying control measures for rabies, as indicated in their six-monthly reports

	Reporting at least one control measure	Notifiable disease	Surveillance*	Routine vaccination (Vaccination prohibited)
Rabies	31	31	28	18 (3)

*Surveillance: any type of surveillance was considered, including general surveillance, targeted surveillance, monitoring and screening. If the country/territory reported the application of at least one of these measures, it was considered to have applied surveillance of some kind.

Diagnostic capacities of countries and territories in the AFEO Region

The low level of rabies surveillance, as highlighted in the previous section, is also confirmed by the information that countries and territories provided in their annual reports, immediate notifications and FUR. Based on these reports, only 29% of the countries/territories that submitted information for 2017 and 2018 reported having some diagnostic capacity for rabies, with a total of only 27 laboratories reported for the whole Region (Table 14). These figures are much lower than those for FMD or HPAI, for which more than half of the countries and territories reported having diagnostic capabilities.

Table 14: Diagnostic capacity in the AFEO Region for rabies, as reported in the annual report (AR) in comparison with the information submitted in the immediate notifications and follow up reports (IN/FUR). Shown in parentheses are the number of countries/territories and laboratories reporting diagnostics in the IN/FUR that are not included in the AR

	No. of countries and territories in the Region with diagnostic capacity		No. of laboratories in the Region with diagnostic capacity	
	AR	IN/FUR (not in AR)	AR	IN/FUR (not in AR)
Rabies	12	1 (1)	21	6 (6)

- Rabies continues to be one of the most widespread OIE-listed diseases in the Asia, the Far East and Oceania Region. Only one country reported the presence of the disease through an immediate notification; all other affected countries and territories reported it in their six-monthly reports, confirming that the disease is considered to be stable in most of the affected countries/territories.
- The level and accuracy of reporting and the details provided on the disease situation are very satisfactory, with most of the countries and territories reporting quantitative data with a high degree of spatial accuracy.
- However, a low level of implementation of preventive and control measures was observed in the reports, as in a large proportion of the Region there is neither surveillance nor the application of official vaccination in place. On the one hand, this information highlights the risk of potential underreporting of the real distribution of rabies, and, on the other hand, that countries and territories in the AFEO Region should improve their efforts in terms of rabies eradication and control.
- Finally, limited diagnostic capacities for rabies were reported in the Region.

Based on these findings, the OIE highlights the good level of reporting on the rabies situation in the Region and the good quality of the information provided, but at the same time the OIE recommends that its Members strengthen their engagement in “Zero by 30: The Global Strategic Plan to Prevent Human Deaths from Dog-Transmitted Rabies by 2030”, in particular by improving rabies surveillance capacities in the Region, and improving vaccination coverage to reduce the spread of the disease.

e. Aquatic animal diseases

Disease distribution and reporting

Two aquatic diseases of importance for the Region, infection with white spot syndrome virus (WSS) and infection with koi herpesvirus (KH), were selected based on the OIE-listed aquatic diseases most frequently reported in 2018 through immediate notifications, follow up reports and six-monthly reports. Aquatic diseases are of particular importance considering the role that aquatic animal production plays in this Region. Based on FAO data³⁰, in 2017 the AFEO Region accounted for 87% of world fish production and 90% of world crustacean production.

During the period of analysis (January 2018 to 11 June 2019), WSS was reported present by 32% of the countries and territories in the AFEO Region (14³¹/44), while KH disease was reported present by 16% of countries and territories (7³²/44).

³⁰ <http://www.fao.org/faostat/en/#data/QA>

³¹ Australia, China (People's Rep. of), Chinese Taipei, India, Indonesia, Iran, Japan, Korea (Rep. of), Pakistan, Philippines, Singapore, Thailand, United States of America and Vietnam.

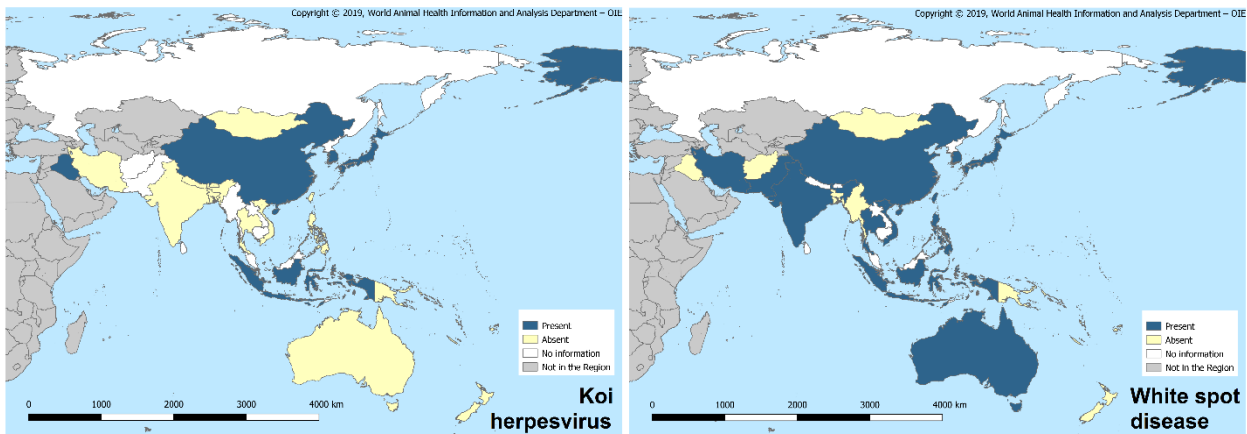
³² China (People's Rep. of), Indonesia, Iraq, Japan, Korea, Singapore and United States of America.

During this period, Iraq was the only country that reported KH through immediate notifications; all the other affected countries and territories reported the presence of the disease in their six-monthly reports. In November 2018, Iraq reported the first occurrence of the disease in the country, in four different administrative divisions. The disease then spread to four other administrative divisions. More than 2.5 million cases were reported and, as of 11 June 2019, the event is still ongoing.

No immediate notifications were submitted for WSS during the period of analysis. All the affected countries and territories reported the presence of the disease in their six-monthly reports.

The current distribution of KH and WSS in the Region is shown in Figure 10.

Figure 10. Distribution of KHV and WSS in countries and territories in the AFEO Region during the period January 2018 to 11 June 2019: information is displayed at country/territory level



As already highlighted, countries and territories reporting the presence of either of these diseases did so mainly through their six-monthly reports, indicating that they considered the disease situation to be stable.

Regarding the accuracy of the information provided, the average quality of reporting was significantly lower than that observed for the terrestrial animal diseases. In the case of KH, 71% of the countries and territories reporting the disease present provided detailed quantitative information, whereas in the case of WSS the percentage was 64%. Moreover, around 25% of the countries and territories in the Region did not report any information at all on the status of either disease, indicating a serious gap in knowledge about the real distribution of these diseases.

Table 15: Status of two selected aquatic animal diseases in the AFEO Region and the format used by countries and territories to report each disease present (by immediate notifications/follow up reports (IN/FUR) or by providing quantitative information in six-monthly reports)

	PRESENT				ABSENT	NO INFO
	Total present	IN/FUR	Quant. info SMR	No quant. info		
Koi herpesvirus disease	7	1	4	2	26	11
White spot disease	14	0	9	5	20	10

Preventive and control measures reported

Based on the information reported in their six-monthly reports, fewer than 50% of the countries and territories in the Region reported applying preventive and control measures for these two diseases. An even lower percentage (less than 30%) of countries and territories reported that the disease is notifiable in the country/territory. Also, the level of surveillance reported by the countries and territories of the Region for these two diseases is in line with the apparent low level of attention they are accorded in the Region; fewer than 50% of countries and territories declared any kind of surveillance activity in place. No countries or territories reported applying routine vaccination for disease prevention control and purposes, which is understandable given that no safe and effective vaccine is currently widely available.

Table 16: Number of countries and territories in the AFEO Region applying control measures for the two selected aquatic animal diseases, as indicated in their six-monthly reports

	Reporting at least one control measure	Notifiable disease	Surveillance*	Routine vaccination (Vaccination prohibited)
Koi herpesvirus	21	17	19	0 (2)
White spot disease	22	15	21	0 (0)

*Surveillance: any type of surveillance was considered, including general surveillance, targeted surveillance, monitoring and screening. If the country/territory reported the application of at least one of these measures, it was considered to have applied surveillance of some kind.

Diagnostic capacities of countries and territories in the AFEO Region

The information provided by countries and territories through their annual reports, immediate notifications and follow up reports highlights the very limited diagnostic capabilities for these diseases in the Region. Only 18% of the countries/territories that submitted information for 2017 and 2018 declared some diagnostic capacity for KH and only 23% for WSS, with a total of only 14 and 11 laboratories reported for the whole Region for KH and WSS, respectively (Table 17).

Table 17: Diagnostic capacity in the AFEO Region for the selected aquatic animal diseases, as reported in the annual report (AR) in comparison with the information submitted in the immediate notifications and follow up reports (IN/FUR). Shown in parentheses are the number of countries/territories and laboratories reporting diagnostics in the IN/FUR that are not included in the AR

	No. of countries and territories in the Region with diagnostic capacity		No. of laboratories in the Region with diagnostic capacity	
	AR	IN/FUR (not in AR)	AR	IN/FUR (not in AR)
Koi herpesvirus	7	1 (1)	11	3 (3)
White spot disease	10	-	11	-

- Our analysis of these two aquatic animal diseases highlights the fact that information on their epidemiology and distribution in the Region is very limited. Very few countries or territories reported the disease through immediate notifications, most doing so through their six-monthly reports. Importantly, a significant number of countries and territories have not reported any information on the status of these diseases.
- The level and accuracy of reporting, and the level of detail regarding the disease situation in countries/territories reporting the diseases present, is in each case very low. In view of the limited information reported, in terms of disease distribution and quantitative data, it is difficult to obtain a complete picture of the epidemiological situation of these two diseases and their distribution at country/territory level.
- The limited information on the epidemiological situation of these diseases is compounded by the low level of preventive and control measure implemented, with, in particular, more than 50% of the countries and territories in the Region not declaring any surveillance activity in place.
- This lack of surveillance for the selected diseases is also confirmed by the information reported on the laboratories, which depicts an almost total absence of diagnostic capacity for the detection of KS and WSS in the Region.

Taking into account the importance of aquatic animal production for the Region and the information provided in this section, the OIE recommends that OIE Members improve the quality of their reporting for aquatic animal diseases to ensure transparent and timely notifications, which are crucial for avoiding disease spread. The OIE helps its Members to fulfil their reporting obligations by encouraging the nomination of national Focal Points for Aquatic Animals, and by giving Focal Points access to WAHIS and providing them with regular dedicated training.

Recommendation 2

Strengthening the cooperation on African Swine Fever prevention and control in the Asia-Pacific region

CONSIDERING THAT:

1. African swine fever virus has been progressively spreading globally, affecting areas in Asia where there is a very high density of pigs, and where pig production and consumption are highly integrated in the culture. The socio-economic impact of ASF is now being seen with increases to pig and pig product prices and spill-over effects to other commodities in parts of Asia;
2. The epidemiology of African swine fever is complex and unique: the virus is very resistant and able to persist in pig products and survive in the environment for long periods. The spread of ASF is mainly driven by human activities;
3. Pig value chains in Asia are complex with many production systems and stakeholders involved along the production chain;
4. Transborder movements linked to specific ethnic groups and communities, transborder workers and traders as well as tourism are constant;
5. Early detection of ASF through an adequate surveillance and diagnostic system is important to efficiently contain the disease and limit its spread. It is also essential to ensure timely reporting via OIE-WAHIS immediate notification;
6. Currently, there is no vaccine available for ASF; and the disease can be controlled only through biosecurity measures applied in a timely and efficient manner;
7. Cooperation between OIE Members and partnerships between the public and the private sectors can provide mechanisms to better address ASF prevention, preparedness and control;
8. It is urgent to take concrete and coordinated actions among OIE Members; and
9. GF-TADs is the most appropriate mechanism to address ASF at global and regional levels, and as such, a Standing Group of Experts on ASF has been established in Europe and Asia and a global initiative is now being developed, all under the GF-TADs' umbrella.

THE OIE REGIONAL COMMISSION FOR ASIA, THE FAR EAST AND OCEANIA

RECOMMENDS THAT:

1. The Veterinary Authorities conduct thorough analyses of the pig value chains and identify all the stakeholders involved in these value chains to fully understand the risk pathways for entry and spread of ASF;
2. The Veterinary Authorities investigate and monitor the socio-economic impact of ASF to highlight the importance of the disease and advocate for political support and resource allocation;
3. The Veterinary Authorities engage with stakeholders in prevention and control strategies across sectors involved with pig production and distribution such as agriculture, food and feed processing, producers, transport and utilise media to increase understanding and awareness of ASF and take necessary actions to implement measures to prevent further spread and contain the disease;
4. The Veterinary Authorities engage with other relevant authorities such as those responsible for law enforcement, border control, transportation, wildlife/environment that may assist to enforce implementation of prevention and control measures;
5. The Veterinary Authorities embark on public-private partnerships (PPP), guided by the OIE PPP Handbook (Guidelines for public-private partnerships in the veterinary domain), to improve trust between the sectors and ensure effective implementation and compliance with disease control measures recognising the shared responsibility for the ASF-related burden;
6. The Veterinary Authorities ensure a strong surveillance system is in place to enable early detection in both domestic and wild pigs, rapid outbreak containment and timely notification to the OIE-WAHIS;
7. The Veterinary Authorities actively engage in the regional and global initiatives to share their knowledge, challenges and lessons learnt to understand the evolving epidemiology of the disease in Asia;
8. The OIE Members actively contribute to the activities of the GF-TADs Standing Group of Experts on ASF for Asia, by ensuring appropriate participation and utilising agreed recommendations in their local settings;
9. FAO and OIE launch the global initiative for the control of ASF under the GF-TADs umbrella to harmonise and coordinate national, regional and global efforts as recommended at the 87th General Session of the OIE World Assembly of Delegates in May 2019;
10. The OIE and FAO continue working together with other regional and international organisations to ensure a coordinated approach at all levels to address the many challenges faced in controlling ASF, including the priority areas identified under the SGE-ASF for Asia;
11. The OIE and FAO encourage and support its Members to implement relevant standards and guidelines to prevent, detect and control ASF;
12. The OIE encourage and support its Members to share information on the current ASF situation in their countries/territories and ensure transparency of disease situation globally through the OIE-WAHIS notification system in a timely manner;
13. The OIE ensure up to date scientific information on ASF virus is available by engaging with scientific experts from around the world and revise OIE *Terrestrial Code* and *Manual* relevant chapters if indicated;
14. The OIE continue to share scientific information and develop communication and awareness materials further targeting specific groups and topics as identified in the region; and
15. The OIE organise workshops in the region to disseminate best practices in developing successful and sustainable Public-Private Partnerships (or PPPs) to strengthen Veterinary Services.