



FAO/OIE
GF-TADs
GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES

**Third FAO/OIE Regional Steering Committee Meeting
of GF-TADs for Asia and the Pacific**

Summary Report

Tokyo, Japan, 23-24 July 2009

List of Acronyms and Abbreviations

| | |
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| AAHL | Australian Animal Health Laboratory |
| AAHTF | ASEAN Animal Health Trust Fund |
| ADB | Asian Development Bank |
| ALive | African Partnership for Livestock Development, Poverty Alleviation, and Sustainable Growth |
| AMC | ASEAN Member Countries |
| APHCA | FAO/Animal Production and Health Commission for Asia and the Pacific |
| APHIS | Animal and Plant Health Inspection Service |
| AHPISA | Animal Health and Production Information System for ASEAN |
| ARAHIS | ASEAN Regional Animal Health Information System |
| ASEAN | Association of Southeast Asian Nations |
| ASEAN+3 | ASEAN member countries plus Japan, RO Korea and PR China |
| ASWGL | ASEAN Sectoral Working Group on Livestock |
| AusAID | Australian Agency for International Development |
| BSE | Bovine Spongiform Encephalopathy |
| CAHW | Community Animal Health Workers |
| CDC | Center for Disease Control and Prevention (US Government) |
| CMC-AH | FAO/OIE Crisis Management Center for Animal Health |
| CSF | Classical Swine Fever |
| CVO | Chief Veterinary Officer |
| DG | Director General |
| EC | European Commission |
| ECTAD | Emergency Centre for Transboundary Animal Diseases |
| EIDs | Emerging Infectious Diseases |
| FAO | Food and Agriculture Organization of the United Nations |
| FMD | Foot and Mouth Disease |
| FVI | France Vétérinaire International |
| GF-TADs | Global Framework for the progressive control of Transboundary Animal Diseases |
| GLEWS | FAO/OIE/WHO Global Early Warning and Response System for Major Animal Diseases |
| GMS | Greater Mekong Sub-region |
| GREP | Global Rinderpest Eradication Programme |
| HPAI | Highly Pathogenic Avian Influenza |
| HPED | EC-supported Regional Cooperation Programme on Highly Pathogenic Emerging and Re-emerging Diseases in Asia |
| IBAR | Inter-African Bureau of Animal Resources (African Union) |
| INAPs | (HPAI) Integrated National Action Programmes |
| JICA | Japan International Cooperation Agency |
| JSTF | Japan Special Trust Fund |
| JTF | Japan Trust Fund |
| MDTF | Multi Donor Trust Fund |
| MERCOSUR | Mercado Comun del Sur |
| NASA | National Aeronautics and Space Administration |
| NVSL | National Veterinary Services Laboratories |
| OFFLU | OIE/FAO Network of Expertise on Animal Influenza |
| OIE | World Organisation for Animal Health |
| OIE Asia-Pacific | OIE Regional Representation for Asia and the Pacific |
| OIRSA | Organismo Internacional Regional de Sanidad Agropecuaria |
| OWOH | One World One Health |
| PHOVAPS | Pacific Heads of Veterinary and Animal Health Production Services |
| PPP | Pandemic Preparedness Plan |
| PPP | Public-private partnership |
| PPR | Peste des Petits Ruminants |

| | |
|--------|---|
| PRIPP | Pacific Region Influenza Preparedness Plan |
| PRRS | Porcine Reproductive and Respiratory Syndrome |
| PSVS | OIE/AusAID Project to Strengthen Veterinary Services |
| PVS | Evaluation of Performance of Veterinary Services (OIE-PVS Tool) |
| RAHCs | Regional Animal Health Centers |
| RAP | (FAO) Regional Office for Asia and the Pacific |
| RDL | Regional Diagnostic Laboratories |
| REC | Regional Epidemiology Centre |
| RSC | Regional Steering Committee (of GF-TADs) |
| RSO | Regional Specialized Organisation |
| RSU | Regional Support Unit |
| RVF | Rift Valley Fever |
| SAARC | South Asian Association for Regional Cooperation |
| SARS | Severe Acute Respiratory Syndrome |
| SC | Steering Committee |
| SEAFMD | OIE Southeast Asia Foot and Mouth Disease Campaign |
| SOP | Standards of procedures |
| SPC | Secretariat of the Pacific Community |
| SPC+2 | SPC member countries plus Australia and New Zealand |
| TADs | Transboundary animal diseases |
| TCP | Technical cooperation programme |
| TOT | Training of trainers |
| UNICEF | United Nations Children's Fund |
| UNSIC | United Nations System Influenza Coordination |
| USAID | United States Agency for International Development |
| USDA | United States Department of Agriculture |
| VS | Veterinary services |
| WAHIS | World Animal Health Information System |
| WB | World Bank |
| WHO | World Health Organization |

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**Summary Report of
The Third FAO/OIE Regional Steering Committee Meeting
of GF-TADs for Asia and the Pacific
(Tokyo, 23-24 July 2009)**

1. Introduction

As per the decision of the Second Regional Steering Committee Meeting of GF-TADs (Bangkok, 18-19 July 2007), the Third FAO/OIE Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific was held at Toranomon Pastoral Hotel, Tokyo on 23-24 July 2009. The Meeting was attended by staff from FAO and OIE Headquarters and Regional Offices, ASEAN, SAARC and SPC, international livestock organisations, the host country livestock institutions, and international donor organisations. The list of participants is attached as Appendix-I. The tentative agenda is attached as Appendix-II.

2. Opening Session

2.1 Welcome remarks and opening speeches

Dr Teruhide Fujita, Regional Representative of OIE Asia-Pacific, on behalf of the Permanent Secretariat of GF-TADs Regional Steering Committee, gave an overview of various important international organisations represented in this Meeting. He called to mind that the trend of livestock revolution was continuing, and that there was an increasing demand for food of animal origin in Asia. But certain constraints, such as transboundary animal diseases and zoonoses, were universally common issues. It is difficult for a single country to tackle such diseases due to their transboundary nature. Regional approaches are necessary to control these diseases. Therefore, there is a need for strong drive in strengthening animal health capacity regionally. The Meeting would address regional priorities in line with the recommendations of the Second Regional Steering Committee Meeting of GF-TADs. He also recalled that two Sub-Regional Meetings of GF-TADs had been recently organised for the SAARC and SPC regions. Unfortunately, the ASEAN meeting was postponed due to events beyond our control. As a substitute, Malaysia, the Philippines and Thailand, three leading countries of GF-TADs designated by ASEAN, were invited impromptu to convene the stand-in ASEAN Sub-Regional GF-TADs Meeting. However, only the delegate from Malaysia could attend the Meeting. The representatives from ASEAN Secretariat and the Chairperson of ASEAN ASWGL were present at this Meeting. Therefore, taking this opportunity, a short session of ASEAN would be held prior to the Plenary Session of GF-TADs Regional Steering Committee Meeting. Main discussions were on further development of regional ASEAN programmes.

Dr Joseph Domenech, FAO CVO, in his remarks recalled that the First Meeting of the joint FAO/OIE GF-TADs for Asia and the Pacific took place in Tokyo in 2005 and then followed by Africa, Europe and America. He reminded that this initiative, started in 2002/3 in response to the FMD problem in Europe, had become a robust framework especially in the HPAI crisis period. HPAI strategy was developed, several international meetings were convened, and as the HPAI situation evolved and new diseases emerged during the HPAI crisis the concept of one world one health (OWOH) was introduced. At the regional level a number of tools with networks of epidemiology and diagnosis have been established. He highlighted that FAO/OIE GF-TADs was managed at three levels, global, regional and sub-regional, to improve animal health services globally by addressing a number of TADs that are highly infectious. Zoonotic dimensions were important to consider but not exclusively as other factors such as livelihood and well being of people were also very important. Thus diseases such as FMD and Rinderpest were considered important. It was also important to note that rinderpest was almost eradicated. The OIE FMD initiative in Paraguay was held to look at the global roadmap, and other diseases such as PPR can be addressed in such a way. However, inter-sectoral and horizontally cross-cutting issues needed to be addressed. This was being done with tools like

GLEWS, CMC-AH, etc. The OWOH approach encompasses all of this through prevention and control of diseases taking into account cross-cutting issues, clear command, public-private partnership (PPP), deployment of community animal health workers (CAHWs), movement control, biosecurity, good governance, and identification of hot spots where diseases emerge. Emerging EIDs would always come and emergency preparedness capacity was a necessity. In this region, FMD and HPAI have been a major focus. The GF-TADs Regional Steering Committee was accepted as an efficient mechanism to manage and coordinate the issues related to these and other TADs problems in the region. Also in this regard the Sub-Regional Meetings were also important. The launching of EC project in SAARC and ASEAN would be a good starting point. Many challenges were expected, but all of these could be addressed with the various instruments that have been developed.

Dr Bernard Vallat, Director General of OIE, in his key messages emphasised OIE continue to support the GF-TADs concept because it was unique in the world. It has a mechanism globally and regionally to provide for development of policies at regional and global levels. Although it was a joint framework between FAO and OIE, nothing was done without consultation with countries, regions and donors. Globally over 128 countries are in the category of developing and they depend on external resources, and therefore OIE would continue to advocate investment in resources for supporting Animal Health issues. FAO and OIE would maintain synergies and common position on key issues addressing Animal Health problems worldwide. Both organisations have provided advice and common position and specific statements during crisis, such as avian influenza and H1N1. The recommendation of this Meeting would be that, without good veterinary structures, specific TADs could not be addressed. Therefore, generic investment on human resources, financial resources and good governance in veterinary services as a prerequisite to TADs control and eradication were very relevant. Each sub-region has made specific recommendations from the Sub-Regional Meetings. The recommendations also take into consideration the specificity of each region. When speaking of ASEAN, we must take account of ASEAN +3 and should not forget China, as on 16-20 November 2009, there would be the 26th Conference of the OIE Regional Commission for Asia, the Far East and Oceania in Shanghai, and every country in the region would be invited. The Animal Health status of the region would be considered, and we would encourage China to be more engaged.

Dr Toshiro Kawashima, CVO of the host country, on behalf of the Ministry of Agriculture, Forestry, and Fisheries, welcomed all the participants. He thanked FAO and OIE for their GF-TADs initiative and thanked OIE Asia-Pacific for organising the Meeting. He reiterated that the GF-TADs Steering Committee Meeting was important for regional and global alliance on TADs control. The GF-TADs initiative had taken a lead in engaging regional organisations. The First Meeting in 2005, the Second Meeting in 2007 and then a series of Sub-Regional Meetings of GF-TADs with Regional Organisations in 2009 had been held. Priority diseases had been identified for these sub-regions. Today further initiatives at the regional level would be discussed. Japan had been supporting OIE and FAO activities and would continue to do so. This was because Japan would like to secure the stable livestock base for food security through effective TADs control.

He recalled that, when he participated in the 77th OIE General Session, he was elected as the President of the OIE Regional Commission to succeed Dr Gardner Murray who had made great contribution in the region. He said he would also like to do his best for promoting animal health in this region and needs the support of all who are attending the Meeting. He encouraged open and candid discussions during the two-day Meeting.

3. Short consultation on ASEAN GF-TADs

Dr Fujita proposed to the Meeting setting up a short consultation for ASEAN with presentation and discussions, as a substitute for the planned ASEAN Sub-Regional Meeting which was postponed due to the unavoidable circumstances. He mentioned that there were three participants from the region: Dr Tjeppe Soedjana, Chair of ASWGL, Mr Suriyan Vichitlekarn, Senior Officer from ASEAN

Secretariat and Dr Mohamad Azmie Zakaria, Chair of ASEAN HPAI Taskforce. The session was moderated by Dr Fujita, OIE Regional Representative for Asia and the Pacific.

3.1 ASEAN cooperation on TADs (2008-2009)

Mr Suriyan Vichitlekarn, Senior Officer for Agriculture, Bureau of Economic Integration and Finance of ASEAN Secretariat

The ASEAN HPAI Taskforce led by Malaysia was formed in 2004. Regional strategy 2008-2010 has been developed with well coordinated multi-sectoral and multidisciplinary approach. The ADB-supported project on strengthening ASEAN Secretariat to facilitate and monitor implementation of ASEAN HPAI programme was implemented from 2006-2008. The second phase was expected to start soon in 2009. After this in 2010 there would be further intensification of the HPAI programme. For FMD, under AusAID funded project with Thailand as a lead country, funds would be provided until June 2011. Roadmap for FMD freedom by 2020 with vaccination was endorsed by ASEAN in the 27th AMAF Meeting. Communication of the SEAFMD website, newsletters and e-news were regularly published and prevalent in member countries. For CSF, Philippines is a lead country. An FAO/OIE regional workshop was held in Manila to develop and draft a Regional Strategy for CSF. The Draft Regional Strategy of CSF was waiting to be endorsed by members. ASEAN Animal Health Trust Fund (AAHTF) has been established to finance Animal Health projects. Priority diseases are FMD, HPAI and CSF. Currently USD 738,000 have been accumulated by all ASEAN countries' contributions.

On Animal Health Information, ASEAN has two initiatives; one is AHPISA led by Vietnam, and another one is ARAHIS led by Singapore which was planning to link with WAHIS. On Animal Health and Human Health Collaboration, the first ASEAN +3 regional workshop was organised and areas for common interest identified. A workshop was convened in Vientiane on 3-5 February 2009, and the second meeting was to be held in Bali, Indonesia on 27-28 July 2009 on EIDs. With regard to the Pandemic Preparedness and Response, the objective was to improve coordination among AMC, learning from past experiences of HPAI and SARS to promote coordination and multispectral approach involving public health, animal health and disaster management. Upcoming Collaboration of EC HPED in Asia with an objective to strengthen veterinary institutions in ASEAN has been reviewed and endorsed by ASWGL. It was expected that this EC programme would soon be funded and started. Lastly, he gave emphasis on an initiative to be taken by ASWGL to study on strengthening ASEAN cooperation on TADs and Zoonoses particularly aiming at strengthening regional coordination beyond TADs and explore possible regional models for Animal Health and Human Health coordination in addressing emerging and other neglected diseases in ASEAN. The study would also explore present feasible models of regional coordination arrangement for TADs in ASEAN.

3.2 Discussion

Dr Tjeppy Soedjana remarked that he fully endorsed Mr Suriyan's presentation. He added that the ASEAN Working Group on Livestock convened recently had agreed on a BSE free initiative for ASEAN countries. FAO and OIE had conducted trainings on BSE risk assessment activities before. The ASEAN member states would like to request that the training scheme be extended to the region in order to enable the region to be accepted as Free from BSE or BSE "Low Risk" Status region. Dr Mohamad Azmie Zakaria (Malaysia), Chair of ASEAN HPAI Taskforce, emphasised that effort should be continued on HPAI and extended to H1N1 which would need multi-sectoral and multidisciplinary approach for ASEAN Taskforce. ASEAN has been a useful vehicle to coordinate funding and support, and the Taskforce provided the focal point for channeling activities. He remarked that, at the end of the day, it was strengthening the veterinary services, without which we could not deal with TADs.

Dr Bernard Vallat suggested that attempt should be made to speed up collaboration between AHPISA and ARAHIS to link up with WAHIS. When accomplished, that would become part of the success story in the regional collaboration. With regard to zoonoses prevention and control using the OWOH approach, the Veterinary Services should be the leader at the farm level when dealing with animal diseases at source. He reminded that each country individually had to submit its application to the OIE (following the OIE procedure) for the official recognition of BSE Status.

Dr Gardner Murray asked at what stage the AAHTF fund or its interest would be used for operation. Mr Suriyan responded that it was a seed fund and would be used to leverage additional funds. He said that this would become clearer when the study on regional coordination and collaboration on TADs and zoonoses was completed.

4. Nomination of Chair

Dr Teruhide Fujita, representing the Permanent Secretariat of the Regional Steering Committee, proposed Dr Toshiro Kawashima, CVO of Japan and President of the OIE Regional Commission for Asia, the Far East and Oceania, be the Chairperson of the Third Regional Steering Committee of GF-TADs for Asia and the Pacific. It was unanimously agreed by the Meeting. Dr Kawashima requested that Dr Bernard Vallat and Dr Joseph Domenech be Co-chairs of the Committee.

5. Session 1: Achievements at global and regional levels of GF-TADs

The Session was chaired by Dr Toshiro Kawashima. ,

5.1 Presentation of the Second Global Steering Committee of GF-TADs initiative

Dr Joseph Domenech, FAO CVO

He called attention to the fact that while WHO having endorsed the framework of GF-TADs they have not fully engaged in the meetings that have so far taken place regularly. Continuing his presentation, he mentioned that operational arm of the GF-TADs at the regional level was Regional Support Unit (RSU). In Africa Regional Animal Health Centres (RAHC, an equivalent to RSU) have been established but not in Asia. Global Secretariat was hosted at FAO HQ and operational arms at the global level were the Global Support Units such as GLEWS, CMC-AH and OFFLU. First evaluation of GF-TADs was done in 2005 and the second evaluation was taking place now.

The future activities of the GF-TADs would be within the One World One Health (OWOH) framework. He also showed the Chart of Complementarities. The Second Global GF-TADs Meeting in Rome presented the recommendations from the First Global Steering Committee Meeting. Eight recommendations were implemented. One recommendation was ongoing. Five recommendations were not implemented; waiting for the second evaluation results. Regional reports of Africa, Asia, the Middle East, Europe and America were presented in the Second RSC Meeting. A GF-TADs website would be first introduced. Global reports on GLEWS, OFFLU, CMC-AH and RAHCs of GF-TADs were presented. The second evaluation of the GF-TADs was being conducted by Dr P. Chartier (FVI). The ToR were approved by FAO and OIE. The report was expected by the end of September 2009. There were quite a lot of discussions on what has been done by RAHCs.

Technical topics presented were:

OWOH:

- After the Sharm el Sheik Conference there was the Winnipeg technical meeting. Another meeting has been planned to be held in CDC Atlanta before the next meeting in Hanoi in May 2010.

- On the OIE PVS, FAO has been involved in the Gap Exercise.
- A lot has been done on H5N1, and global awareness has been maintained on H1N1, particularly with regard to impact on pigs.
- FMD Asuncion Conference was commented upon and acknowledged.
- Rinderpest is on its pathway for freedom declaration.
- On RVF and PPR, GREP like initiative could be considered.
- The new proposed GF-TADs budget base is USD 2.2 million for five years for regional and global activities.

2009 and 2010 Guidelines:

- Global Steering Committee decides on specific committees or groups.
- FMD will be the first global initiative.
- Planning and programming of meetings via compliance with all the Secretariats at regional and international levels.
- Networks (epidemiology and laboratories) need investment and harmonisation and equivalence.
- The ToRs of Global Steering Committee and Management Committee (Recommendation No. 2) will be implemented after approval.
- There were all together 19 Recommendations. These were endorsed by participants but not yet fully written up. They can be circulated soon as draft. The key ones are: composition of the First Global Steering Committee and Global Management Committee for 2010-2011, envisage to have a wildlife representative as permanent observer in the SC and Compliance with the FAO-OIE Chart of Complementarities.

Global Steering Committees:

Dr Jurgen Schlunts (WHO), Representative of Regional Secretariat Dr. Fujita, Director of AU-IBAR, Mr Suriyan Vichitlekarn (ASEAN Secretariat), USA and EC will be presented. Detailed composition of Global Steering Committee and that of the Management Committee of GF-TAD are included in the documents circulated.

5.2 Report of the Second Steering Committee of GF-TADs for Asia and the Pacific

D. T. Fujita, Permanent Secretariat of RSC for Asia and the Pacific

GF-TADs, combining strengths of both FAO and OIE for regional alliances provides capacity building, establishing programmes based on regional priorities. Dr Fujita pointed out that three Regional Steering Committee Meetings were held; the first one in Tokyo in 2005, the second in Bangkok in 2007 and now the third in Tokyo again in 2009. In the First Regional Steering Committee Meeting, memberships of RSC were decided to be composed of selected CVOs including the Chair of FAO APHCA, President of the OIE Commission for Asia, the Far East and Oceania, Representatives from FAO, OIE and WHO Headquarters, Representatives from Regional Offices, i.e. FAO Bangkok, OIE Asia-Pacific and Sub-Regional Representative of OIE Bangkok, Regional Organisations, i.e. ASEAN, SAARC, SPC and Chair of ASWGL and Representatives from donors which included World Bank, EU, USAID, USDA, Australia, AusAID, ADB, Japan, JICA, etc. and Representatives of private sectors. One of the specific aims of GF-TADs is to establish Regional Support Unit (RSU) with Regional Epidemiology Units, and integrating into Regional Organisations, namely: ASEAN, SAARC and SPC with networks of epidemiology and laboratories. RSU serves the sub-regional and national programmes for the development proposal in collaboration with OIE and FAO Regional Offices and Regional Commissions. Roles and functions of the Regional Steering Committee, RSO and RSU, Regional Epidemiology Unit, Laboratories Network and Permanent Secretariat of RSC were determined. Prioritized diseases were identified.

As per the Second RSC Meeting recommendations, Sub-Regional GF-TADs Meetings have been convened in SAARC and SPC regions, which developed short- and long-term strategies for

prevention and control of TADs in their respective regions. Unfortunately, the ASEAN Sub-Regional Meeting scheduled for 20-21 July 2009 was forced to be postponed because of unexpected events. A brief explanation of the outcomes of the SAARC and SPC were presented to the Meeting. In brief, SAARC has decided to develop the roadmap for each transboundary disease. Countries were encouraged to have their Veterinary Services assessed with the OIE-PVS Tool, and to apply for PVS Gap Analysis. Whereas SPC, which has no eminent threat of TADs, decided on capacity building and preparedness for prevention of introduction of TADs from the neighbouring regions.

6. Session 2: Achievements at the regional level

The session was continued to be chaired by Dr Toshiro Kawashima.

6.1 Ongoing TADs control activities in the other regions

6.1.1 Africa

Dr Joseph Domenech, FAO CVO

GF-TADs activities in progress in Africa can be categorized into vertical and transversal approaches. Vertical approaches are disease specific:

- The HPAI Integrated National Action Programmes (INAPs) funded by EC and implemented by the joint team of FAO, OIE, WHO and AU-IBAR under a WB MDTF. HPAI persists only in Egypt and it is eradicated in the other parts of Africa.
- With FMD, a Technical Workshop in Nairobi on progressive pathway of FMD has been conducted. Rift Valley Fever (RVF) is also one of the priority diseases for specific activities. Guidelines and methodologies were put in place for RVF control.
- With trypanosomiasis problem in Africa it was thought that it would be solved with the deforestation but it was not so. Tsetse fly eradication was not possible; and therefore there is now renewal of interest for controlling the disease.
- Rinderpest is in the final stage of eradication; some countries still need to complete the OIE pathway. Today, it is achievable to declare eradication and we know that the virus is not circulating any more. Peste des petits ruminants (PPR) is still widely spread and is still spreading. It was only confined to India a few years ago but now in the Middle East and east Africa and west Africa and moving upstream to Georgia, etc.
- With regard to H1N1, what is the impact on pigs? What is their role? To answer these questions several TCPs were formulated to support surveillance. Regional Animal Health Centres (RAHCs) which are joint FAO-OIE undertakings were set up in Tunis and FAO-OIE-IBAR in Bamako.

On transversal topics:

- OIE PVS, PVS Gap Analysis, and Collaboration between OIE and FAO are ongoing.
- A biosecurity manual was published, and another biosecurity in pigs is developing after H1N1 incidence. In the future, in order to define roadmaps for diseases in Africa, there is a unique platform on livestock which is called ALive. GF-TADs is the animal health component of ALive.

6.1.2 Discussion

Dr Gardner Murray remarked that the achievements just presented were very impressive. From a general programme implementation point of view, the key thing was to demonstrate what results had been achieved with the programme. Dr Domenech agreed that it was important to prepare a document for the GF TADs focusing on the outcomes in Africa and other regions. He mentioned that the Second Evaluation of GF-TADs would send the questionnaires to some of the members attending this

meeting. That should be an opportunity for the beneficiaries and the regional organisations to say that GF-TAD has made the difference. Dr Vallat commented that “it is difficult to demonstrate the outcomes of GF-TADs as it is not an institution but a mechanism providing coordination between several players.” He said we could demonstrate that “GF-TADs attracts donors and for donors it is important to see that many players are able to have a mechanism of coordination with commitments, and the commitments are respected by all the donors.” He remarked that it was the main outcome and indicator of the Global and Regional GF-TADs.

6.2.1 Europe, the Middle East and America

Dr Gaston Funes, Head, Regional Activities Department, OIE Paris

In all the regions, there are various vertical and transversal approaches based on regional characteristics. First, for Europe, the first GF-TADs Regional Steering Committee Meeting was held in Paris in 2007 from where 23 recommendations were issued. Hundreds of millions of Euros were invested mainly from European Commission, but most of the activities were implemented in non-EU countries. Among them were 21 joint conferences which were held in Eastern Europe and Central Asian countries focusing on quality of Veterinary Services, curricula of veterinary schools, training of OIE Delegates and National Focal Points, and on sub-regional programmes on specific prioritized diseases. One important issue is public-private partnership strengthening through Animal Health Advisory Committee under the GF-TADs with participation of all relevant actors from both public and private sectors. Veterinary border controlling is a key issue under the GF-TADs coordination programme which provides trainings for border inspection forces both in EU and non-EU countries. EU FMD control is a success story, and the recent strategy is for progressive control of the disease in the western Russia region. The concept of OWOH is a new pillar for GF-TADs for Europe in addressing BSE, Rabies and Influenza viruses and linking between veterinary and public health. As a preventive measure, Europe is also looking at its neighbours such as Mediterranean and Black Sea regions and Africa where diseases are endemic, as a measure to prevent the introduction of the diseases.

Regarding the GF-TADs in the Middle East, the last regional meeting was held in April 2009. The Regional Animal Health Centre (RAHC) was inaugurated in Beirut. The RAHC was hosted by the OIE Regional Office and the facility was provided by the Ministry of Agriculture of Lebanon. It was staffed by members from FAO and OIE and a Regional Organisation and the countries. Main activities would be addressed to Rinderpest and FMD. The regional 5th FMD round table discussion has just convened and focused on spread of Type A Iran 2005 and on persistent Type O Pan Asia II in the region, and the vaccine matching issue. The Middle East is HPAI free except Egypt (belongs to both Middle East and Africa). Under the framework for regional RAHC, there were agenda like FMD regional training in 2010 and a model to forecast activities of RVF (developed with the assistance of USDA and NASA), Brucellosis Regional Conference in Qatar in October 2009, continued strengthening VS through PVS programme and Laboratory Twinning and Collaboration with Mediterranean Zoonoses Control Centre. In conclusion, it was stated that relevant human and financial resources for the function of the RAHC were the key issue to implement the activities.

GF-TADs in the America region is to look at the coordination between all regional and international organisations, donors and countries and to develop a regional strategy for priority diseases. There were different Inter American Committees set up to look at medical products, aquatic diseases, avian diseases, FMD, BSE and activities such as compensation. The America Region Pilot Plan on Compensation Experience Scheme was now ongoing in Trinidad and Tobago and Peru. The first Meeting of National Laboratories was conducted for all American countries to look at inter-laboratory collaboration for TADs, including identification of potential twinning projects. Specific cost/benefit studies for diseases such as CSF, FMD and Newcastle disease with a pilot country for each disease were developed. The studies will be good tools, to demonstrate to governments and donors the cost/benefit of control programmes. For FMD, regional and national programmes in MERCOSUR countries were supported and monitored by the Scientific Commission of OIE; one of the hot spot

areas of reoccurrence of disease. Also the national project for FMD in Venezuela was funded by Spain and Italy. There was also OIRSA 2020 Road Map Plan for CSF Control. Under the GF-TADs framework, the increasing trend of Rabies needs to review the control strategy through America OWOH approach.

6.2.2 Discussion

Dr Vallat remarked that a list of programmes were just mentioned which had been recommended by different Regional Steering Committees but not implemented by the Regional GF-TADs. The GF-TADs just recommends and then some players would come in. GF-TADs mechanisms were able to provide coordination and made things happen. He added that in Europe, some programmes were paid by EC but only linked with the recommendations made under the GF-TADs Regional Steering Committee umbrella. The fact that each region has different problems and specific programmes justifies the existence of Regional Steering Committee and Global Steering Committee of GF-TADs.

Dr Domenech also added that GF-TADs was not an implementing programme. Each member of the GF-TADs, either FAO or OIE, had its own programmes in agreement with the donors and was committed to the implementation of those programmes. He said even though GF-TADs did not implement, it organised a lot of international conferences that defined rules, coordinated mechanisms for better implementation of international standards which were used at the national level to ensure coherence. The Steering Committee meetings made recommendations and sent messages to the international organisations and to the donors; this was the important output of GF-TADs mechanism. Dr Vandersmissen agreed to Dr Domenech's statement and he compared GF-TADs coordination mechanism to that of UNSIC which he said was also a coordination mechanism.

6.3.1 Ongoing TADs control activities in the Region: FAO regional activities

Dr Subhash Morzaria, Manager, ECTAD Unit, FAO RAP Bangkok

He discussed a number of activities under the GF-TADs umbrella. Some of the activities carried out have not necessarily involved all the organisations together. He first presented the background of GF-TADs in this region. When the GF-TADs draft framework was still under formulation for approval from both FAO and OIE, a series of joint consultations were carried out on control of TADs in very close collaboration with SAARC and ASEAN. Because of these consultations and subsequent GF-TADs meetings in Asia and the Pacific, there has been a clear-cut understanding of the priority transboundary diseases in these two sub-regions. As a result, there is now a cluster of countries under each specific region which agrees on major transboundary diseases and which works in a collaborative arrangement to address these diseases. The diseases prioritized for SAARC are HPAI, FMD and PPR and for ASEAN they are HPAI, FMD and CSF. For the SPC sub-region, which has just convened its Sub-Regional GF-TADs Meeting jointly with FAO and OIE, there are no major TADs in the region, but they emphasise prevention of transboundary diseases prevailing in the neighbouring regions and to tackle some endemic diseases like Brucellosis, Leptospirosis and Bovine Tuberculosis.

Activities on control of TADs were determined through consultations among the member countries of each group. FAO has been involved in many activities prioritized under the GF-TADs framework in collaboration with SAARC and ASEAN countries. In a more generic term, these activities could be categorised to seven cross-cutting areas: surveillance, laboratory capacity building, preparedness and responses plan, good livestock production practices, socio-economic issues, communication and regional collaboration. Dr Morzaria further elaborated on how each component was addressed and how activities were carried out at the country level as well as at the regional level. They are either implemented by FAO or in many cases in joint collaboration with OIE and other international organisations, bilateral agencies and iNGOs.

Because of tremendous surge of donor funding in HPAI from 2005 onwards, there have been many projects on capacity building including training, renovation of laboratories and provision of equipments to support the diagnosis of transboundary animal diseases. Recently ADB has provided FMD Regional Reference Laboratory in Thailand with gene sequencing equipment for better understanding of molecular epidemiology of FMD viruses in the region. FAO is also collaborating under the umbrella of GF-TADs with OIE and ADB in Upper Mekong and Lower Mekong zoning approach for FMD and other TADs control. FAO/OIE through Crisis Management Centre approach, investigated the PRRS outbreak in Southeast Asia, more recently FAO/OIE/WHO on the joint Ebola Reston virus study of pigs in the Philippines. Lastly, he highlighted that major funding agencies like the United States, Japan, Australia, Germany, ADB, World Bank and others through assistances in HPAI projects have been instrumental in promoting awareness of all the transboundary animal diseases issues. In the context of the pandemic H1N1 2009 virus that is causing a global pandemic, he stressed that FAO/OIE would focus in the context of how this disease will impact the pig industry and the role of pigs as a potential source of future pandemic influenza viruses.

6.3.2 Ongoing TADs control activities in the Region: OIE regional activities

Dr Itsuo Shimohira, Senior Deputy Regional Representative, OIE Asia-Pacific

On the major activities of OIE Asia-Pacific on TADs, the first OIE/JSTF project for the ASEAN region (2006-2007), which focused on legislation review, information sharing, epidemiology training, provision of advanced laboratory equipments and TOT training of field veterinarians and para-veterinarians, was implemented through the Japanese Government Special Trust Fund Project. Next he explained about the OIE/JTF project (2008-2012) for Asia which focused on the three areas: component (1) which will facilitate exchange of animal health information, component (2) on the evaluation of veterinary services through PVS and training on legislation and diagnostic techniques, and component (3) on surveillance of AI viruses in wild birds and domestic animals with relevance to the epidemiological spread of virus along the migratory flyways. The results of the virus study will also strengthen the database of HPAI virus existing in the Regional HPAI Reference Laboratory in Hokkaido. Along with the project another OIE/JSTF project (2008-2009) was also implemented at the same time. He further explained the events and activities so far carried out with the current two projects.

The OIE/JSTF phase II project was implemented because of spatial epidemiological changes in HPAI to South Asian countries. This was implemented to cover mainly seven South Asian countries and Mongolia. Activities of the project were on two aspects. One was capacity building of laboratories staff in diagnostic and surveillance techniques, and the second was to upgrade the laboratories through supply of modern diagnostic equipments and materials including some support of renovation of the laboratory. Lastly, he informed the Meeting of the forthcoming Second OIE Regional Meeting on Strengthening Animal Health Information Networking in Asia to be held in Tokyo, Japan under the OIE/JTF project focusing on legislation matter of HPAI control. The Meeting would also arrange a field trip to Kyoto to study the control of recent HPAI outbreaks in the region.

7. Session 3: Achievements at the sub-region level

The session was chaired by Dr Joseph Domenech.

7.1 Report on SAARC Sub-Regional GF-TADs

Mr Riaz Hamiddulah, Director, Agriculture and Rural Development, SAARC

He explained the SAARC GF-TADs, which includes the document “Road Map for Control of TADs in SAARC Member States,” an outcome of SAARC CVOs meetings and also “the Meeting Recommendations of the FAO/OIE Sub-Regional Meeting of GF-TADs for SAARC Region”,

attached to the Meeting folder distributed to the participants. The institution of CVO process was a breakthrough for the livestock sector in the SAARC region. With regard to the OWOH, in theory, it is accepted by both the line ministries of the member countries but, when it comes to practice, they often encountered some difficulties in coordinating the two. Also, in his opinion, in order to take the GF-TADs to its expected fusion among members they need to address in some countries the strengthening of the veterinary services first. The PVS evaluation of those countries has to get done and the gaps should be dealt with. He felt that it would take some years to have all members be prepared for the implementation of the entities of GF-TADs set up, including the diagnostic laboratories for three specific diseases in the SAARC region. As regard to EC proposal, some discussions were still underway yet and it was expected to finalise towards the end of the year. Regarding the operationalization of framework of GF-TADs to be more innovative, perhaps SAARC should have more involvement of the private sector and the grass-root level. He put forward that GF-TADs is not an institution, but it is a dynamic framework evolving with time. Therefore it should not confine to looking at the five entities coming up in SAARC or ASEAN, but to consider other possibilities as well.

7.2 Report on SPC Sub-Regional GF-TADs

Dr Ken Cokanasiga, Advisor, Animal Health and Production, SPC

In the Second Meeting of the Regional Steering Committee of GF-TADs, the Secretariat of the Pacific Community (SPC) was recognised as a Sub-Regional Specialised Organisation (RSO) under the context of GF-TADs for Asia and the Pacific Region. He gave a very brief description of some unique features of the SPC region, which was an organisation representing 22 Pacific Island Countries and Territories and four metropolitan members, i.e. USA, Australia, New Zealand and France.

SPC has involved in TADs in trying to address the Pandemic Influenza. The Pacific Region Influenza Preparedness Plan (PRIPP) project assisted by Australia and New Zealand has been running for the third year. The project has been designed to build up capacity for the preparedness against potential threat of pandemic influenza focusing on the surveillance and response to the disease for both animal and human health. FAO/OIE Sub-Regional GF-TADs of SPC was held on 25-26 June 2009. Basically one of the issues when dealing with SPC countries was very scarce resources and veterinary capacity they have in the member countries. A lot of discussions came up from the GF-TADs Sub-Regional Meeting held in Nadi. These were mostly technical issues like establishment of basic surveillance system, data collection, public awareness and para-veterinarian training, more work on socio-economic issues, greater awareness for policy makers, need for laboratory capacities (both infrastructure and skill of laboratory technicians). Some recommendations were put forward. There was an agreement for RSU to be within the SPC attached to Animal Production Team. The three sub-regional laboratories started with the PRIPP programme in Guam, Fiji and Papua New Guinea should be developed to maintain certain basic diagnostic technology for some transboundary diseases. While still maintaining linkages with the reference laboratories in US, France and Australia, there is a need to set up a reference laboratory for the region for easy access by member states.

Since the region is practically free from major TADs, the effort made will be on disease protection and prevention of TADs like HPAI, Newcastle disease, CSF, FMD, Bluetongue, PPR and Rabies which are prevalent in the neighbouring regions and more attention paid to the endemic diseases which exist in the region such as Brucellosis, Leptospirosis and Bovine TB. He went on to explain in more detail on the conclusions and recommendations reached in the meeting.

7.3 Discussion

Dr Gardner Murray questioned the issue of diagnostic testing and the standard operating procedure and he asked what would be the costs for sending samples to reference laboratories. Dr Ken Cokanasiga responded that their problem was accessing the reference laboratories; even though their members have access to AAHL and United States NVSL in Ames, Iowa, the problem was in getting

the airline and linkages because countries are so far apart in distance and time taken. They would like to develop a group of basic tests they could do locally in the region and use those as a decision-making tool rather than waiting for the result to come back.

With regard to the SAARC decision on EC project, Dr Vandersmissen expressed his concern that the delay in the decision making would hamper the implementation of the whole EC Project. Mr Riaz Hamiddulah explained that, for the approval of HPED, because of the tiers to take within the SAARC process, it would take some time to reach consensus with the SAARC. Because of the intergovernmental mechanism, that meeting would take place to reach the final decision towards the end of the year. Dr Domenech also welcomed the very positive step taken by SAARC member countries to form the CVOs Group. He said the donor EC who would help with the GF-TADs programme for the region was waiting for the decision of the Group. SAARC should find the answer to speed up the process. Another point he raised with SAARC CVOs group was that FAO and OIE would like to be involved as observers in the same way as in the ASEAN Livestock Working Group meetings. Mr Riaz Hamiddulah suggested in response that as a practice, prior to the next CVO meeting which would be held in Sri Lanka in 2010, FAO and OIE send a formal request to the SAARC Secretariat or to the host country. Through this process FAO and OIE would be able to join the meeting as observers.

8. General discussion by Donor Agencies and Collaborating Countries

The Session was chaired by Dr Bernard Vallat.

The Chair reminded the group of some important guidelines to be considered in the final drafting of the meeting recommendations; to reiterate the importance of GF-TADs and to mention some generic points which are priorities shared by all stakeholders. Specific needs of each sub-region made by sub-regional meetings should be reflected in the recommendations. On HPED project, the Chair suggested, if necessary, to add some recommendations to speed up the process of approval by SAARC to comply with the deadline.

Dr Alain Vandersmissen appreciated the Steering Committee Meeting of GF-TADs process which he said was very interesting, federating a lot of the efforts, articulating the inputs of the technical agencies with different regional organisations and institutions. He said historically, EC had conducted projects in strengthening veterinary services in South Asian countries and Egypt, supported the Rinderpest programme in Africa and veterinary research in West Africa and in Latin America. Avian Influenza was an occasion for all of us in the livestock field to seize the opportunity to build upon it. With the HPAI, EC got funds and part of the funds would be utilized in what EC has been proposing to ASEAN and to SAARC to be implemented soon. Similarly One Health is an opportunity. EC is planning activities for the period 2011-2013. He said HPED is a flagship programme not only for EC. It is involving FAO, OIE, ASEAN and SAARC; therefore it is also a flagship programme from the Regional Steering Committee of GF-TAD's point of view.

Dr Robert Tanaka stated that USDA has invested people in strategic areas throughout the world with the new HPAI Fund. All these offices opened specifically to address H5N1 issues, they had provided some assistance in epidemiology surveillance and laboratory capacity. He said the assistances were not only applicable to H5N1 but also going to be helpful in other transboundary animal diseases as well.

Dr Toshiro Kawashima, CVO Japan, stated that from the perspective of a donor country which would like to contribute to the activities for improvement of the GF-TADs, he understood that the diseases situation, the geographic differences, and the decision-making processes were quite different from region to region. Many topics had come up in the discussions; from H1N1 outbreak to the PVS activities and a new topic like HPED. He suggested each sub-region should create concrete activities or programmes which could be considered by donors to contribute for the implementation.

Dr Bernard Vallat responded that what Dr Kawashima proposed was very clear and useful. He would suggest a model recognised as working well, such as SEAFMD. This Committee could recommend it to other regions when relevant. For SAARC, the SEAFMD project is a good model to be used. To help donors to have a clear vision, GF-TADs could help with the “branding” of the projects. The Committee could recommend to the donors that we would support such projects.

Dr Joseph Domenech suggested that recommendations came out from today’s discussions and the conclusions and recommendations of the previous Sub-Regional Meetings and the Global Steering Committee could be taken for consideration. The recommendations should express a certain number of ideas to have a balance of cross-cutting and vertical approach; the question of veterinary services, private-public partnership, including the community level and grass-root level, governance and legislation, without forgetting capacity building and communication. It should also include the fact that the global support unifies the efforts and tools such as GLEWS and OFFLU should be supported as well. He agreed that GF-TADs has some added value, even though it is hard to quantify the results. Therefore the recommendation should include request to donors for continued support to organise this sort of meeting. Finally on European Commission’s HPED programmes, he urged all relevant stakeholders to try their best to include SAARC in the programme.

Dr Gardner Murray suggested GF-TADs meeting should include the development banks like World Bank and ADB. The second point was that people learned from SEAFMD programme, as a parallel he said he also learned from Paraguay, their FMD programme, which is what the GF-TAD does; it enables people to learn.

Mr Riaz Hamiddulah emphasised good governance of veterinary administration which he would say effective and better governance of veterinary administration, that was coming to be the high point for the success of GF-TADs. He said strengthening of GF-TADs was also a continuous process. There was the concept of continuous veterinary education which implies both educational institutions as well as professional institutions. Dr Bernard Vallat also noted veterinary education must be included in good governance. OIE would have a global conference on veterinary education to have a consensus on basic veterinary curriculum to comply with the societal demand of the veterinary profession. “What kind of quality control could be made at the global level to ensure that veterinary diploma is given correctly to people who will be able to work in the domain is important for us particularly in TAD control and on OWOH concept.” Finally among prioritized diseases, he proposed that Rabies which was a global growing problem with a high impact on Public Health, particularly, in all Asian regions would be considered by the Regional Steering Committee as one of the priority diseases

Dr Teruhide Fujita pointed out that, for the convening of the Sub-Regional Meeting in ASEAN, the Sub-Regional Meeting could review the recommendations made by this Meeting in order to approach the line of action of the Regional Steering Committee Meeting, if there were some issues not discussed here. The Sub-regional Meeting could take those issues to the next Regional Steering Committee Meeting. Dr Bernard Vallat supposed it should be an ASEAN +3 including China. He was interested in the opinions of the three countries as well. He suggested that the GF-TADs ASEAN +3 meeting to be flexible without a date.

9. Session 4: Regional cooperation programme: Regional cooperation programme for control of HPED

The Session was chaired by Dr Alain Vandersmissen, Coordinator, One Health, Emerging Diseases, Health Security, European Commission.

Introduction: Dr Alain Vandersmissen, Chair of the Session

The HPED Programme originated from the EC External Relations and Practices (DG RELEX) as a consequence of H5N1 crisis. EC has allotted EUR 48 million for cooperation in animal and human health in Asia. Twenty million was decided to be dedicated to the Highly Pathogenic Emerging and Re-emerging Disease (HPED) in Asia. The project will closely associate ASEAN and SAARC Secretariats, and will be implemented by agencies FAO/OIE for animal side and WHO for human side.

9.1 FAO programme on HPED

Dr Subhash Morzaria, Manager ECTAD Unit, FAO RAP Bangkok

FAO programme on Highly Pathogenic Emerging and Re-emerging Diseases (HPED) in South and Southeast Asia was developed under the GF-TADs umbrella for funding by EC. The FAO component looks at the improvement of regional capacity for prevention, control, and eradication of HPED including HPAI. The budget for the programme is EUR 8 million for a period of 48 months. The principal beneficiary is the population of Asia, Europe and global community by preventing emergence and spread of epidemics and pandemics due to HPED and HPAI. The expected outcomes from the programme are to enhance capability and capacity of ASEAN and SAARC to prevent and eradicate HPEDs including HPAI in the region, establishment of epidemiology and diagnostic networks and more coordination at the regional level and greater engagement of cluster of countries at the sub-regional level. For ASEAN, there will be establishment of RSU with Regional Epidemiology Centre (REC) in Bangkok and a network of Regional Diagnostic Laboratories (RDL) for each prioritized TAD. For SAARC also RSU and REC will be set up in Kathmandu and the base of RDL for each prioritized disease has been identified. He went on to describe the detailed project implementation arrangements and linkages of partner organisations with OIE and WHO and also some features of similarity and difference between ASEAN and SAARC components of the project.

9.2 OIE programme on HPED

Dr Alain Dehove, Coordinator, OIE World Animal Health and Welfare Fund, OIE Paris

The OIE component of the programme focuses on the strengthening of the veterinary services in Asia and setting up of a vaccine bank, and capacity building activities for surveillance, early detection, and eradication of HPEDs. Regions covered by the project are those of the SAARC and ASEAN including China, Mongolia and RO Korea. The duration of the project is also 48 months. The three main components of the project are (a) to set up an operational regional vaccine bank for HPED animal diseases which include HPAI, FMD and Rabies, (b) to build up capacity of Veterinary Services (VS) through PVS (Performance of Veterinary Services) gap analysis, (c) capacity building through seminars and workshops for public and private policy makers on good governance of veterinary services. The total budget for the programme is EUR 9 million, of which EC will fund EUR 7 million and the remaining amount will be co-financed by OIE World Animal Health and Welfare Fund. The allocation for the vaccine bank is in the order of EUR 5.1 million; avian influenza will correspond to 40% of allocation, FMD vaccine will correspond to 30%, and Rabies will be allocated up to 20%. Dr Dehove further explained in detail on the mode of operation of each component of the project.

9.3 Discussion

Dr Alain Vandersmissen remarked that the two presentations gave a lot of insight of what the EC programme would be; the projects were of long-term capacity building, strengthening of veterinary services and sustainability of actions. The Commission would like to insist on a full coherence of the three projects of OIE, FAO, and WHO being parts of one single objective. There should also be a full coherence and complementarities between the human and animal health sides. The Commission would like to guarantee that political steering ownership of the programme would be in the hand of

ASEAN and SAARC. A steering committee for the programme would be composed of representatives from FAO, OIE, WHO, ASEAN, SAARC, EC and other observers upon invitation, and the meeting would be convened at least once a year back to back with the Regional Steering Committee of GF-TADs. He reminded that the deadline for signing the contract was before 31 December 2009 and would like to advise SAARC to speed up the process of endorsement. The last point was the coordination with other contributors to the regional programmes particularly AusAID and ADB. For complementarities and synergies, the mechanism of GF-TADs like steering committee, in his view was the most appropriate approach.

Mr Suriyan Vichitlekarn added that EC HPED project was very timely considering ASEAN was going to initiate the animal health and human health collaboration. The second point he would like to suggest, if possible was to include some interregional exchange and consultation for ASEAN and SAARC to explore future collaboration. Dr Alain Dehove endorsed the Steering Committee of GF-TADs for Asia and the Pacific and the HPED project Steering Committee were the appropriate fora for discussion between ASEAN and SAARC. In addition, he envisaged in the proposal possible ad hoc meetings such as a specific meeting to discuss the procedures to request vaccine from the vaccine bank. Dr Subhash Morzaria also raised the point of how would the ASEAN/EC HPED link with the ADB GMS sub-regional GF-TADs project which was also a very similar programme. He indicated that the second phase ADB project would soon be launching immunization against FMD in Upper Mekong and Lower Mekong disease free zones identified by OIE.

Dr Gardner Murray remarked that sustainability was critical. SEAFMD programme and PSVS capacity building programmes were running out of sub-regional representation in Bangkok. In his view these programmes had been successful partly because of Thailand. It was important that individual country and the ministries concerned support the effort. He indicated that AusAID also has another project on EID programme in public health area coordinated by ASEAN, Jakarta. This programme was coming to an end and it seemed to have concern about the EC project as a duplication or being a competitor. To this Mr Suriyan responded that for the WHO component of HPED project which addresses public health was the concern from the AusAID side. To him it was not duplication of work, there is some possibility of linking, and building up synergies and he hoped AusAID would continue to be involved in the process along with the implementation of the EC HPED programme.

Dr Bernard Vallat added that he considered this kind of meeting was a bridge between the global and the regional concerned. He welcomed all donors to support this kind of activities. He called for all donors to be more flexible and to accept that the GF-TADs Regional Steering Committee is the bridge between the regions and the global policies involving all partners.

10. Wrap up - Conclusions

The session was chaired by Dr Toshiro Kawashima, Chairperson.

Dr Teruhide Fujita, on behalf of the drafting group, presented the draft conclusions and recommendations of the Meeting. The draft was further commented, amended by all the participants. Some suggestions and advices were noted down for further editing. The edited draft conclusions and recommendations would be circulated by the Secretariat to all the participants for further comments within the following week and the final draft will be adopted accordingly. The final validated Conclusions and Recommendation are attached as [Appendix-III](#).

11. Closing Session

Dr Joseph Domenech FAO CVO in his closing remarks concluded that the Meeting has been extremely productive. He would like this platform set up year after year to meet together. The group has established an extremely good ambient, the meeting has reached to a set of recommendations

covering all issues, thanks to all the participants who came to Tokyo and the GF-TADs Secretariat and the representatives of Government of Japan.

Dr Bernard Vallat, DG OIE in his closing remarks mentioned he was very happy with the output of the Meeting. He is convinced that it is very important to have this important mechanism which changed and aligned the perspective of all participants and to take account of all partners. Now that all have a good base to work together. He acknowledged that optimum condition and the management of the Meeting done by Dr Fujita and his team, and Japanese colleagues and thanked CVO of Japan who personally attended the Meeting and finally to all the participants for their very constructive discussions and wished everyone a safe trip home and every success.

Dr Toshiro Kawashima in his closing remarks said this was the first time he had to chair an FAO/OIE meeting. He was very happy that the Meeting concluded in a very successful way and he thanked all participants of the Meeting for their good contributions and understanding.

**3rd FAO/OIE Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific
(Tokyo, Japan, 23-24 July 2009)**

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**Third Regional Steering Committee Meeting on GF-TADs for Asia and the Pacific
(Tokyo, 23-24 July 2009)**

Tentative Agenda

Day 1 23 July

| Schedule | Topics | Speakers |
|-------------|--|--|
| 08:30-09:00 | Registration | |
| 09:00-09:30 | Opening of the day Welcome Remarks and Introduction | T. Fujita (Secretariat RSC) |
| | Welcoming Address | J. Domenech |
| | Welcoming Address | B. Vallat |
| | Opening Address | T. Kawashima (Host Country, Japan) |
| | Nomination of the chair of the meeting (to be proposed) | |
| 09:30-09:40 | Break for Photo Session | |
| 09:40-10:10 | SESSION 1: Achievement at the global and regional levels of GF-TADs - Presentation of Global SC of GF-TADs Initiative - Report of the 2nd Regional Steering Committee | J. Domenech T. Fujita (Secretariat RSC) |
| 10:10-10:40 | Coffee break (1/2 h) | |
| 10:40-12:00 | SESSION 2: Achievements at the regional level GF-TADs in the other Regions - Ongoing FAO TADs control activities in the Region - Ongoing OIE TADs control activities in the Region | (FAO/OIE HQs) FAO OIE |
| 12:00-13:30 | Lunch (1-1/2h) | |
| 13:30-15:00 | SESSION 3: Achievement at the sub-regional level Reports from ASEAN, SAARC and SPC | Regional Organisations |
| 15:00-15:30 | Coffee break (1/2h) | |
| 15:30-17:00 | General discussion by Donor Agencies and Collaborating Countries | Donor agencies and Collaborating Countries (tbc) |
| | End of the day | |
| 18:00-20:00 | Welcoming dinner | |

Day 2 24 July

| Schedule | Topics | Speakers |
|-------------|---|-----------------------------|
| | SESSION 4: Regional cooperation programme | |
| | Regional cooperation programme for control of HPED | |
| 09:30-09:30 | - FAO programme on HPED - OIE programme on HPED - WHO programme on HPED | FAO OIE WHO (tbc) |
| 10:30-11:00 | Coffee break (1/2h) | |
| 11:00-12:00 | Discussion for the regional programmes | |
| 12:00-13:30 | Lunch (1-1/2h) | |
| 13:30-14:30 | Wrap-up - Conclusions - End of the day | T. Fujita (Secretariat RSC) |

**3rd FAO/OIE Regional Steering Committee Meeting of
GF-TADs for Asia and the Pacific
(Tokyo, 23-24 July 2009)**

CONCLUSIONS AND RECOMMENDATIONS

Recognizing that

1. The FAO/OIE GF-TADs is an established mechanism for the control and prevention of Trans-boundary Animal Diseases (TADs) and Emerging Infectious Diseases (EIDs) providing a coordinating framework for a range of infectious disease control activities occurring at global, regional and country levels.
2. GF-TADs is a coordinating mechanism, not an implementing one; and remains critical and the only available global framework in promoting synergies in approaches to control and prevention of TADs and other EIDs among the international agencies and avoiding contradictions and duplications in policy and programmes as recently seen in the management of HPAI and Pandemic H1N1 2009 crisis.
3. WHO is an important collaborating organization in the GF-TADs initiative and has a significant role in promoting animal and public health partnership in addressing zoonotic diseases.
4. GF-TADs has developed a range of tools and platforms such as GLEWS, OFFLU, RAHCs and CMC-AH to support TADs and EIDs control at international and regional levels.
5. HPAI crisis, and more recently the emergence of Pandemic H1N1 2009, have highlighted the potential importance of other existing TADs and EIDs such as FMD, CSF, PPR, rabies and infection with Reston Ebola virus, and the need to address these diseases as Global Public Goods with enhanced international and regional collaboration.
6. The unique coordinating mechanism under the GF-TADs is adding significant value to global and regional approaches to TADs and EIDs control.
7. HPAI is still resurgent in the region, while emergency responses to HPAI were supported by all stakeholders to control the disease with success in many cases, due inter alia to the investment made in the context of HPAI.
8. GF-TADs is strategically important for regional projects in animal health, in particular TADs and human infectious diseases (zoonoses) supported by bilateral and multilateral donors such as Australia, Canada, France, Germany, Japan, the Netherlands, New Zealand, USA, ADB and the World Bank (WB). It welcomes the intention of the European Commission (EC) to articulate future HPED programme with other donor activities and acknowledges the role vested onto GF-TADs to promote coherence and complementarities of these actions all along the implementation phases.

GENERIC RECOMMENDATIONS

1. GF-TADs overall goals are aligned with Millennium Development Goals and should contribute to food security and food safety, while taking into account socio-economic issues to protect livelihood and well being of people.
2. GF-TADs should continue to address cross cutting issues including capacity development; strengthening veterinary services to comply with OIE international standards on quality of veterinary services (OIE PVS Tool and PVS Gap Analysis), good governance and legislation, veterinary education, and improved diagnostic laboratory services.
3. Cross cutting approaches should include strong cross sectoral collaboration including that between animal and public health sectors as embodied in the principles of the inter-agency (FAO/OIE/WHO/UNICEF/UNEP/WB) document entitled “Contributing to One World, One Health: A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface” presented at the 6th International Ministerial Conference on Avian and Pandemic Influenza in Sharm el-Sheikh, Egypt, in 2008, and endorsed by the participants.
4. In this regard the WHO should be encouraged to participate in the Regional Steering Committee meetings to ensure synergy and harmonization of control of TADs particularly zoonoses and EIDs.
5. GF-TADs should support strengthening of diagnostic laboratory services, biosecurity, improved management of animal movement, epidemiology and laboratory networks, information systems and communication.
6. Good balance should be maintained between addressing the control and prevention of specific diseases and cross cutting issues, as well as the emergency response and medium to long term approaches to TADs and EIDs control.
7. The GF-TADs should continue to promote addressing the disease emergence through targeting the principle source which is animals, and ensure that the veterinary services remain the lead in addressing the control and eradication of these diseases at the national level.
8. Veterinary services, in dealing with animal diseases including zoonoses for improvement of animal production, the livelihood and well being of people, should take into account, at the national level, the importance of the interface between humans, domestic animals and wildlife.
9. More holistic and multidisciplinary approaches with veterinary and public health sectors are needed, considering globalization, climate change and broader factors of emergence and spread of TADs.
10. In this regard, the GF-TADs should promote surveillance based on defined hot spots in collaboration with other sectors including wildlife organizations.
11. FAO and OIE should maintain a sustainable mechanism to support the GF-TADs basic costs, which should be supported from external resources through continued collaboration with donors.
12. Monitoring and evaluation should be incorporated into the GF-TADs programme so that outcomes of coordination and synergies could be demonstrated.
13. GF-TADs visibility should be enhanced through the demonstration of its outcomes and impacts. It is important to show that GF-TADs adds value as a unique coordinating mechanism for control of TADs on global and regional bases. Model pilot projects under GF-TADs should be promoted in order to attract more donors to support such projects.

REGIONAL RECOMMENDATIONS

1. GF-TADs Regional Steering Committee for Asia and the Pacific should be the consultative mechanism for projects funded regionally such as the EC-supported regional cooperation programme on highly pathogenic and emerging and re-emerging diseases in Asia (“HPED Programme”), ASEAN Trust Fund activities, and others.
2. GF-TADs Regional Steering Committee supports the management set up for EC-funded HPED Programme as agreed during the meeting held in Rome in July 2008 and welcomes in particular the fact that the HPED Steering Committee meeting should be held back to back and in close collaboration with the GF-TADs Regional Steering Committee.
3. GF-TADs should continue engagement with sub-regional organizations/arrangements including SAARC, ASEAN, ASEAN+3, SPC and SPC+2 strengthening an important component of promoting sustainable improvements of GF-TADs.
4. ASEAN+3 sub-regional meeting should be organized as soon as possible.
5. GF-TADs sub-regional meetings should be organized to discuss specific sub-regional issues including socio-economic aspects related to disease control and prevention. The frequency of the sub-regional meetings should be flexible.
6. Efforts should be made to expedite the harmonization of national and regional information systems such as TADinfo and ARAHIS with WAHIS to ensure compatibility.
7. OIE and FAO should be invited to the ASEAN Sectoral Working Group on Livestock (ASWGL) meetings, the SAARC CVOs’ meetings and SPC PHOVAPS meetings, recognizing the importance of the role of these two international organizations in GF-TADs coordination.
8. The proposal from ASEAN as well as conclusions and recommendations (as per attached) from the Sub-Regions of SAARC and SPC be endorsed by the 3rd Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific.
9. GF-TADs Regional Steering Committee confirms the nomination of the CVO of Japan (Dr. Toshiro Kawashima) as the Chair of the Regional Steering Committee.
10. The Chairs of the SAARC CVOs Group, the ASWGL and PHOVAPS should be invited to join the Regional Steering Committee.

SPECIAL ISSUES

1. In relation to Pandemic H1N1 2009 crisis, the key and harmonized messages produced by FAO and OIE have demonstrated strong collaboration under the GF-TADs and that FAO has started emergency financing for surveillance activities in pigs in various regions including Asia. Further funding should be sought to sustain activities to support surveillance in the region to monitor evolution and potential impact of Pandemic H1N1 2009 virus.
2. Strategies and road maps for specific diseases such as HPAI, FMD, CSF, PPR and rabies should be developed and funding sought to implement control and eradication programmes as appropriate.
3. All countries from the region should be encouraged to undertake the OIE PVS Evaluation, PVS Gap Analysis and to update their legislations related to animal health.
4. The existing disease control such as road map for SEAFMD, GREP and veterinary capacity building such as OIE/AusAID PSVS programme can be used as models for control of other TADs in the region.
5. Considering the growing importance of rabies in this region, there is a need for addressing the problem at source rather than post-exposure treatment in humans, through better engagement with public health sector at the same time taking into consideration animal welfare issues.
6. EC-supported HPED Programme is a very welcome regional flagship programme, to be linked with existing sub-regional activities.
7. The next Regional Steering Committee should be held within the two years time frame.
8. The meeting acknowledged the huge contribution of Dr. Joseph Domenech to the development of GF-TADs.

Proposals from ASEAN Sub-region for GF-TADS

Due to the incidents and security reasons in Jakarta, the Sub-regional Meeting of GF-TADs for ASEAN could not be organised prior to the 3rd Regional Steering Committee for GF-TADs for Asia and the Pacific. However, views and discussion made by the ASEAN Sectoral Working Group on Livestock on the sub-regional cooperation on TADs was reported, from which the recommendations were drawn.

1. There is considerable progress in the control of important TADs in the AESAN region through the formulation and implementation of Sub-regional Strategy/ Campaign for each priority TADs, namely HPAI and FMD. SEAFMD Campaign 2020 is a model in which partnership among countries and international organisations with funding support from donor agencies has contributed to the success in tackling with the disease in the ASEAN region. Such a model could be replicated for other TADs, particularly CSF. It is recommended technical and funding support to the implementation of Sub-regional Strategies/ Campaigns should be continued. This is in particular to the Sub-regional Strategy for Control and Eradication of CSF in the ASEAN region.
2. Regarding BSE, ASEAN Member States requested technical assistance from FAO and OIE declaring a BSE-free status in ASEAN through enhancing studies and regional collaboration in addition to information sharing. Suggestion is to seek possibility of extending the existing training scheme for BSE diagnosis and risk assessment into a workshop in order for ASEAN Member States to discuss a work plan on how ASEAN can be considered as a region where all countries are BSE negligible risk.
3. Multi-sectoral collaboration is inevitable in the preparedness and response to any zoonotic diseases and should continue to be enhanced. It is however important to underscore the importance of and the need for strengthening of veterinary services capacity and sub-regional coordination to control animal diseases at sources. This would be a foundation, essential in enhancing contribution of the animal health sector into broader public health concern as guided by OWOH.
4. With the view to improve sub-regional coordination of TADs in ASEAN region, an independent study on “Strengthening ASEAN sub-regional coordination on animal health and zoonosis” is considered crucial and important in mapping out long-term strategy and plan. Due consideration and reference should be made to existing models and experiences in the control and eradication of priority TADs in the sub-region. Collaboration and inputs from international organisations and agencies concerned, particularly FAO and OIE is requested. Suggestion is made to clarify further expansion and utilisation of the ASEAN Animal Health Trust Fund as an integral part of strengthening of ASEAN sub-regional coordination on animal health and zoonosis.

**FAO/OIE Sub-Regional Meeting of GF-TADs for SAARC Region
in collaboration with SAARC Secretariat
(Kathmandu, Nepal, 4-5 June 2009)**

Recommendations

1. Considering that SAARC CVOs have developed a broad and generic roadmap for TADs control it is now recommended that more specific strategies and roadmaps be developed for each of the priority diseases identified for the region taking into account specific regional issues. In this regard the following is recommended:
 - a. As part of the global effort to control FMD, a number of regions in the world have moved toward developing regional road maps for FMD control. In order to support this global effort and to provide strong thrust to the control of FMD in SAARC countries, it is recommended that a road map for FMD towards progressive control and eradication be developed for the sub-region.
 - b. Recognizing that PPR is endemic in the SAARC region and its economic importance to the livestock industry of member countries, the meeting recommends that a regional strategy for PPR control and eradication be developed based on the global rinderpest eradication programme model.
 - c. While all SAARC member countries have national strategies to control HPAI in poultry, given the regional importance of the disease the meeting recommends that a sub-regional HPAI strategy to cover SAARC member countries be developed as soon as possible and to be compatible with the FAO/OIE Global Strategy on the Control of HPAI.
 - d. The disease specific roadmaps should be developed with the CVOs of each country based on the already agreed GF-TADs Framework for SAARC, taking into account the need for harmonization of approaches, including the need for regional epidemiological studies based on pathogen ecology, management of cross border livestock movement, disease information sharing, and improved understanding of the biological (particularly genetic and immunological) characteristics of pathogens, and the mechanism of provision of vaccines in case of emergencies.
2. In order to enhance more regional coordination using the GF-TADs framework, the meeting emphasized on early implementation of GF-TADs in SAARC, by early establishment of RSU and all associated units and networks.
3. In the meantime the meeting acknowledges and supports the ongoing work on HPAI and FMD being conducted by FAO and OIE in some countries and the sub-region.
4. Given the increasing importance of emerging infectious diseases it is recommended that broader capacity on early detection and response be developed in the region and greater cross-sectoral collaboration be promoted on the broad principles of One World One Health.
5. Considering the rapid spread of A/H1N1 influenza in humans, the propensity of the virus to recombine with other Influenza A viruses, and the presence of H5N1 virus in the region, it is recommended that in the context of SAARC member countries a surveillance strategies for H1N1 and H5N1 be developed in pigs and mixed pig-poultry farming systems and overall capacity building in the region to diagnose this disease be strengthened.
6. In the context of long term capacity building for the region to control TADs and EIDs, it is recommended that SAARC countries are encouraged when appropriate to have their veterinary

services assessed using OIE PVS tool, and PVS gap analysis (OIE in collaboration with FAO and other partners).

The meeting recognizes and appreciates the efforts of FAO and OIE in fostering regional cooperation and collaboration for improved control of TADs in SAARC countries.

**FAO/OIE Sub-Regional Meeting of GF-TADs for SPC Region
in collaboration with SPC Secretariat**

(Nadi, Fiji, 25-26 June 2009)

Conclusions and Recommendations

The FAO/OIE Sub-Regional Meeting of GF-TADs for SPC Region in collaboration with SPC Secretariat held in Nadi, Fiji on 25-26 June 2009, recommended the following to support activities of animal disease prevention and control in the Secretariat for Pacific Community (SPC) region, particularly in conjunction with the Global Framework for progressive control of Transboundary Animal Diseases (GF-TADs).

The following conclusions and recommendations were derived from the above meeting.

1. The member countries of the Pacific Region have agreed that Regional Support Unit (RSU) under the umbrella of GF-TADs for the Pacific region will be hosted by the Secretariat for Pacific Countries (SPC). The RSU will be based in Suva, Fiji and attached to the animal production and health team. It has also been agreed by the member nations that the Epidemiological Unit will be attached to the RSU in Suva and will have links with national focal points as well as to the epidemiological expertise in Australia, France, New Zealand and USA.
2. For the RSU to function efficiently, it is also recommended that it be strengthened, and training for the regional staff attached to the Unit be provided so they are able to manage regional coordination to support rapid responses to emerging disease problems and also develop and deliver training programmes of the region in various aspects of TADs control.
3. Based on the predominant livestock species in the 22 member countries, and almost no major problems with important transboundary animal diseases (TADs), the member countries have agreed to base their GF-TADs priority on disease prevention through early detection and response capabilities. In this regard the countries have identified the following two broad priorities:
 - a. Consolidating their preparedness plans for exotic diseases such as Highly Pathogenic Avian Influenza (HPAI), Newcastle Disease, Classical Swine Fever, Foot and Mouth Disease, Bluetongue, Peste des Petit Ruminants and Rabies.
 - b. Continuing to address their immediate endemic zoonotic disease problems such as Brucellosis, Leptospirosis and Bovine Tuberculosis in ruminants.
4. Regional Coordination will be one of the most important functions of the RSU and in this regard it should play a major role in:
 - a. regional harmonization of various aspects of disease control including standardization of legislation and its application, and
 - b. resource mobilisation for the priority areas identified below.
5. SPC has identified three Sub-Regional laboratories to be based in Guam, Fiji and, Papua New Guinea. These are level 2 laboratories that will serve the three Pacific Island subregions; Melanesia, Micronesia and Polynesia. Level 2 laboratories are defined as easily accessible to other Pacific Islands Countries and Territories (PICTs), have an appropriately established infrastructure to house serology equipment, have permanently employed, well trained laboratory veterinarians and technicians and countries hosting the laboratories can give duty tax exemption for imported laboratory equipment. These laboratories are currently focused on conducting serological tests for avian influenza, but will soon upgraded to conduct PCR- based diagnostics. These laboratories are also expected to provide other diagnostic services, particularly for

potential important exotic diseases (see above). The member nations recommend that the strengthening of these sub-regional laboratories is a priority in order to provide rapid regional diagnostic capacity, particularly as most of the countries in the region have inadequate national diagnostic capabilities.

6. The Pacific countries have agreed that given the current state of national and regional diagnostic capacity it is not realistic to consider building facilities that could provide regional reference level diagnostic facility. Thus the SPC members will continue to access services of the external Reference Laboratories through Australia, France, New Zealand and USA.
7. It was acknowledged that in the medium to long term national laboratory capacities will need to be built up to support surveillance programmes that will enable the countries and the region to detect infectious diseases early, and respond to them in a timely manner. In recommending enhancement of laboratory capacities in various countries of the Region the following important points need to be taken into consideration:
 - a. Laboratory capacity is still rudimentary in the region and majority of the countries do not even have basic national laboratory facilities.
 - b. In most countries the human health diagnostic capacity is at a higher level than veterinary laboratories, however currently, veterinary samples are not allowed to be tested in human laboratories.
 - c. The key areas for strengthening laboratory capacity include renovating existing rundown laboratory buildings or constructing completely new buildings, and procuring new laboratory equipment.
 - d. Multiple laboratory techniques should be progressively strengthened; starting with basic laboratory facilities to microscopy, serology and in some countries molecular diagnostics.
 - e. Standard Operating Procedures (SOPs) for collection and shipping of samples and diagnosis need also to be developed for most countries.
8. The SPC also agreed that all countries should strengthen their surveillance capacity and develop programmes focusing on the two main activities below:
 - a. Conducting base line disease surveillance to better define the existing disease status in the countries.
 - b. Generating national and regional information on livestock sector (range of species, numbers, farming systems, etc), and their socio-economic relevance and importance.
9. The participants also strongly recommended training in a broad range of areas for infectious disease prevention and control. These included:
 - a. Training of para-vet, and institutionalization where possible. The training should include development of advanced para-vet modules and web-based training courses starting with introductory level training, and gradually moving into more specialised training to make diagnosis of exotic or unusual diseases possible.
 - b. Training should also be provided to build a strong cadre of laboratory technicians who should be able to make diagnosis of exotic diseases.
 - c. Field epidemiology training is also necessary in all countries of the Region.
 - d. Biosecurity training for quarantine officers
 - e. Communications training (for public awareness, risk communication and crisis communication, etc.) should also be included as part of the capacity building.
 - f. Good livestock production practices (including on farm biosecurity) and animal welfare
10. Policy and legislation should be strengthened particularly in the areas of compensation, border control (biosecurity), intersectoral coordination, emergency management and vaccination.

11. It is also recommended that for effective and efficient delivery of the above recommendations a monitoring and evaluation system of the GF-TADs regional programme be carried out every for 2 years.