



EU funded HPED Highly Pathogenic and Emerging Diseases

3rd Steering Committee Meeting

Bangkok, Thailand, 17 July 2012

Summary Report

Introduction:

The 3rd Steering Committee Meeting of the European Union (EU) funded Programme on Highly Pathogenic and Emerging Diseases (HPED) was organised on 17 July 2012 in Bangkok, back to back with the 6th Regional Steering Committee Meeting for Asia and the Pacific of the Global Framework for Transboundary Animal Diseases (GF-TADs). The meeting was attended by participants from OIE, FAO, WHO, Regional Organizations, namely ASEAN and SAARC, as members of the Steering Committee, and by representatives from some countries in the Region as observers.

Session 1 and 2 – Opening and Scene Setting Sessions:

The Opening and Setting the Scene Sessions, which were moderated by Kachen Wongsathapornchai, ASEAN Regional Support Unit Coordinator for FAO RAP in Bangkok, started with the welcoming addresses from Dr Hiroyuki Konuma, FAO Assistant Director General and FAO Regional Representative, Dr Chin Kei Lee, Emerging Disease Surveillance and Response Team Leader for the WHO Regional Office for the Western Pacific and Dr Gardner Murray, Special Adviser to the OIE. It was followed by the opening address from M. Hans Schoof, External Relations Programme Manager, European Commission (EC).

.1 Welcoming address by Dr Hiroyuki Konuma, FAO Assistant Director General and FAO Regional Representative

Mr. Konuma highlighted the importance of HPED in animals, not only in terms of impact on animal and human health, but also in terms of livelihood, poverty reductions, and food

security. HPED and their impacts are transboundary in nature; therefore, prevention and control of HPEDs is a regional, international, and global public good. It is important that regional and international organizations work together and invest in building capacity to deal with HPEDs.

Mr. Konuma shared FAO's long term commitment to fighting against HPED, and continuing efforts for and dedication to sustainable regional approaches on HPEDs in partnership with all stakeholders. He praised the efforts of ASEAN and SAARC and their member countries in addressing concerns on HPEDs through the establishment of regional coordination mechanisms (RCMs). To complement the RCMs, FAO currently hosts the Regional Support Units for ASEAN and SAARC, with majority of staff from ASEAN and SAARC member countries. This will directly strengthen capacity in ASEAN and SAARC, and prepare the path to fully functional RCMs.

Mr. Konuma expressed his gratitude to the European Union for their support to improve regional capacities to prevent, control and eradicate HPED. Equally importance, he also thanked donors and partners for which they are crucial and essential for sustaining the efforts and facing ever increasing challenges at global, regional and national levels.

.2 *Welcoming address by Dr Chin Kei Lee, Emerging Disease Surveillance and Response Team Leader for the WHO Regional Office for the Western Pacific*

Dr CK Lee expressed his great pleasure to participate. He recalled that the International Health Regulations IHR (2005), which entered into force on 15 June 2007, aim to improve the capacity of all countries to detect, assess, notify and respond to public health threats, by 15 June 2012. Although encouraging progress has been made in meeting the IHR requirements in the WPR through the collective implementation of the Asia Pacific Strategy for Emerging Diseases (APSED), over half the countries in the Asia Pacific region are still unable to meet the established deadline. This indicates that more time as well as additional financial and technical resources are required to ensure these countries are IHR compliant, including the areas of zoonoses, by the next deadline. Issues of sustainability and prioritization of the technical areas are emphasized for further capacity strengthening. Strengthening of operational links and intersectoral collaboration are also encouraged both at the regional level, and at the country level. He thanked the host country donors and partners for providing a venue

.3 *Welcoming address by Dr Gardner Murray, Special Adviser to the OIE*

On behalf of the Director General of the OIE, Dr Gardner Murray, welcomed participants to the 3rd HPED Steering Committee Meeting. He said that the last 12 months had been busy with considerable collaboration and cooperation with FAO and OIE and WHO, partners to the HPED programme.

From an OIE perspective, contractual obligations had been met in the three areas of the component: Vaccine Banks were up and running, including contracts signed for the supply of rabies vaccines; numerous capacity building activities have been completed through PVS Evaluations and PVS Gap Analysis with associated training, for example in the PR of China, and through training focal points in the region.

The next 12 months would see a continuation and expansion of these activities including a series of rabies vaccination projects and twinning projects on laboratories, veterinary statutory bodies and veterinary education.

Dr Murray emphasized the importance of working with “like” activities funded by other agencies such as AusAid, USAID and the World Bank. These provide complementarities and significant leveraging of funds with greater efficiencies and effectiveness is achieved in topics such as “One Health”.

Dr Murray supported that, in the course of the meeting, participants have in the back of their minds, how HPED “gains” can be achieved in the medium to long term when HPED finishes. Key partners need to consider this matter with the EU and others to ensure sustainability of approach.

Finally he thanked the EU for funding this important regional programme, and wished participants every success for the meeting.

.4 Opening Address by M. Hans Schoof, External Relations Programme Manager, European Commission

Mr Hans Schoof, on behalf of the EU, welcomed the participants and expressed his gratitude and appreciation to the main organisers, OIE, FAO as well as to the authorities in Thailand for hosting the meeting.

He stated that networking was an important element of the HPED programme and he very much hoped that the meeting and the subsequent GF-TADs meeting would enable the participants to get to know new colleagues and to exchange information and to fine-tune and coordinate activities.

He reminded the participants that this was the 3rd steering committee of a four year programme and was pleased to see that the programme had come to speed and that the different measures and actions have reached a state of maturity.

He stated that at last year’s meeting, the EC had presented the findings of the mid-term review and believed that over the past year the findings and lessons learned had been taken to heart and that the measures had been taken to correct and adapt where necessary.

At the previous meeting concerns had been expressed regarding the visibility of the HPED programme. He announced that prior to coming to Bangkok he had the pleasure of meeting colleagues of WHO in Dehli and FAO colleagues and was given many examples of brochures and other visibility material that had been produced in the past year. He said that this was one of the areas in which progress had been made.

He recalled the conclusions of the 2nd steering committee and emphasized that one of its recommendation was that reporting and discussions on progress at the third steering committee shall also make reference to relevant case examples.

He closed his intervention by stating that he looked forward to the meeting and was anxious to learn more about the past year’s achievements by the different organizations FAO, OIE, WHO but also looked forward to hearing from the colleagues from ASEAN and SAARC secretariats of their evolving vision and how they perceived the progress of the HPED project to date.

.5 *Session 2– Introduction of participants and recall of last year recommendations*

This session was chaired by S. Morzaria.

A discussion session allowed representatives from the international and regional organisations to express what they expected to be the outputs from the meeting

Subhash Morzaria expressed the wish that this meeting be an opportunity to find synergies, to look ahead for the next years and way forward for collaboration. Then all participants self-presented themselves. Alexandre Bouchot recalled last year recommendations of the 2nd Steering Committee by presenting them into clusters. Some key words were identified such as: Systems / Sustainability / long-term vision / international standards / Vaccine banks; Coordination / collaboration – One Health approach; □ Regional bodies / Strengthened national level; □ Priority diseases: FMD, Rabies; Stepwise approach / Transition / Monitoring & Evaluation; □ Visibility

Session 3 – Progress of EU HPED Programme against the 2nd Meeting recommendations

This poster session was chaired by Ronel Abila.

As a prelude, each organisation was asked to make a selling point of the posters displayed. Then participants were asked to list the top three issues / challenges and the corresponding solutions they were identifying when implementing control of TADs.

.1 *The FAO selling point by K. Wongsathapornchai*

Dr. Kachen Wongsathapornchai, ASEAN Regional Support Unit Coordinator, provided a briefing on key points, summarizing key activities under FAO component, for the poster session. Dr. Wongsathapornchai noted the revised project logical framework, as a response to the recommendations of the Mid-term Evaluation and the 2nd HPED Steering Committee Meeting, to provide systematic approach to project monitoring and evaluation. Dr. Wongsathapornchai highlighted strong engagement of ASEAN and SAARC in project planning and implementation, as well as monitoring and evaluation. EU HPED Programme – FAO Component continued to support functional regional coordination mechanisms, such as GF-TAD and the establishment of ASEAN Coordination Centre for Animal Health and Zoonoses (ACCAHZ). The Programme also continued to promote multi-sectoral and multi-disciplinary collaboration using One Health approach through regular coordination meetings, joint activities, as well as communication and advocacy initiatives. The Programme has fostered sharing of information and resources through epidemiology and laboratory networks. The Programme continued to strengthen regional capacity to deal with HPED through development and implementation of relevant strategies, guidelines, and manuals, both for vertical (disease-specific) and horizontal (cross-cutting) issues. Key focus of the activities was to ensure sustainability of the programme inputs and outputs thereby ensuring engagement and ownership of the regional organizations and their member states.

.2 *The WHO selling point by G. Gongal*

Dr Gyanendra Gongal from WHO stated that three sets of poster presentations were presented which highlighted progress made in implementation of the HPED project at (i) regional and country levels, (ii) tripartite coordination between FAO/OIE/WHO for implementation of the HPED Project and (iii) collaboration with ASEAN and SAARC Secretariats.

He stated that the following points were illustrated in the posters: WHO Regional Offices for South East Asia and the Western Pacific are working together to implement the Asia Pacific Strategy for Emerging Diseases in which zoonoses control is a priority area; Strengthening collaboration between human health and animal health sectors for prevention and control of zoonoses is the focus of the project in line with APSED/zoonoses work plan; So far, a tripartite coordination mechanism has been institutionalized at the regional level and many activities have been identified and implemented jointly; the recommendations of the EU mid-term evaluation have been honoured and country implementation plans have been supported through WHO Country Offices; Rabies control has been identified as a priority zoonotic disease by most countries; Opportunities and challenges in implementing the project have been highlighted.

.3 *The OIE selling point by E. Tagliaro*

Ms Tagliaro commenced by stating that the OIE poster presentation tells a story: it initially sets the scene and introduces the OIE component of the HPED programme, including the overarching and specific objectives of the component followed by the results/actions foreseen, the targeted countries and final beneficiaries.

The second and third poster provided detailed information on a selection of the tools used to achieve the objectives of the OIE component. The first of these two posters was a fact sheet for the FMD Vaccine Bank and described the vaccines available, the delivery options, the beneficiaries and the procedure for requesting vaccines.

The third poster supplied a detailed overview on the successful OIE Twinning Laboratory programme by giving global statistics, anticipating the future developments, the sustainability of the programme and also made reference to success stories in HPED eligible countries.

The fourth poster demonstrated complementarity with other programmes by supplying information on the SEACFMD Campaign now incorporated into the AusAID funded STANDZ programme. She stated that although the OIE component of the HPED programme provided the establishment of the FMD Vaccine Bank whereas the SEACFMD/STANDZ programmes supplies the necessary support and technical assistance to implement vaccination campaigns.

Lastly and in view of last year's recommendations to provide case study examples on actions implemented, the OIE has provided a detailed presentation on the FMD vaccination campaigns in both Laos and Myanmar linked to the vaccines provided through HPED programme.

.4 *Outputs of the poster viewing session*

All comments from the participants on the top three issues / challenges and the corresponding solutions they were identifying when implementing control of TADs have been gathered by W. Kalpravadih all along the day and presented before presenting the recommendations. These comments can be found in the "Summary of Progress of EU HPED Programme" as an annex.

Session 4 – Visions and approaches towards strengthened capacities to prevent, control and eradicate HPED

This session was chaired by CK Lee

1.

Vision and initiatives of EU by H. Schoof

M. Schoof commenced his intervention with his vision on the project from the EU context from which the initiatives originate.

He stated that actions on animal and human health in Asia in recent years, all find their origin in the EU's regional work in Asia, and are hence financed from budgets that are in principle reserved for initiatives that cover more than just one country.

He informed the participants of the meeting that the current budget period will run from 2007 to 2013 and that they have allocated approximately 80 million euro for related activities in the region.

He announced that one important programme is HPED. Other programmes include the EU support to the Avian and Human Influenza Fund of the World Bank to which a contribution of circa 50 mil Euro was made for Asia, 20 mil eur circa between North Africa, Central Asia and Eastern Europe. A third programme under the current budget cycle for regional cooperation in Asia corresponds to a 10 mil Eur grant programme which the EU hopes to launch later this year.

Relating to this last programme, he highlighted that the key elements essential to the EU approach are: (a) need for close collaboration of the animal health and human health sectors, in combination with their various environments; (b) need for close collaboration between authorities, international organisations and donors; (c) the important role played by regional authorities such as SAARC and ASEAN; (d) the emergence in recent years of a 'One Health' movement or momentum.

He stated that the One Health approach is actively promoted by the EC both within the EU and in its external relations vis-à-vis other parts of the world. As a result, the EU is actively involved in the preparation and implementation of most of the international conferences on One Health. He made apparent that a number of special expert meetings aiming to promote and help implement the One Health approach had taken place in recent years in Winnipeg, Melbourne, Stone Mountain and Atlanta.

Stemming from this he then addressed the initiatives and stated that the new EU programme will focus on One Health. The preparatory work for this programme had been done by Dr Ingo Neu and Mr Miranda and pointed out that they had met with a number of the meeting participants during the exploratory work conducted in November last year.

He announced that 10 mil eur had been allocated to the programme and that it was approved by EU Member States which signifies that they can now proceed in elaborating in more precise terms of reference in order to publish a call for proposals later this year or early 2012.

The objective of the programme is "to improve health and well-being of fragile populations in Asia by tackling health risks and challenges at the interface between animals, humans and their various environments. It is specifically to strengthen capabilities in the Least Developed Countries in Asia to address and prepare for risks related to infectious diseases via the promotion

of innovative and regional cross-sectoral and multi –actor collaborations and networking through the implementation of One Health approach.

In practice he stated that the EU would foresee 6-9 grant projects under the programme. In all grants the participation of two or more Asian countries will be required. At least one of the participating Asian countries is to come from the group of Afghanistan, Bangladesh, Bhutan, Cambodia, Lao PDR, Myanmar and Nepal.

The direct beneficiaries of the grants will be think-tanks or non-governmental organisations specialized in research and development activities linked to health and environment, higher education institutions and/or international organisations.

The operational duration of each grant project will have a maximum of 4 years. In the first year of implementation, but also in later years, the EC intends to organize networking events.

2. *Vision and Initiatives of ASEAN*

Representative of ASEAN Secretariat Ms J. Sriwongsa presented on ASEAN cooperation on TADs involving both animal health and human health sectors. She stated that animal health and zoonoses are cross-cutting concerns within and among ASEAN Member States; that effective animal disease control requires coordination and cooperation at all levels (national, regional, global). The 32nd ASEAN Ministers on Agriculture and Forestry (AMAF) Meeting on 23 October 2010 in Cambodia, pledge their commitment and tasked the SOM-AMAF and ASWGL to implement necessary actions in the advancement of the ASEAN Cooperation on Animal Health and Zoonoses.

For ASEAN Animal Health cooperation, she then highlighted key related activities such as setting up the ASEAN Coordination Centre for Animal Health and Zoonoses (ACCAHZ); developing and implementing the Roadmap Towards an HPAI-Free ASEAN Community by 2020; building up the ASEAN Animal Health Trust Fund (AAHTF); enhancing the Animal-Human Health Collaboration and Enhancing Partnership Arrangements and Cooperation with Development Organisations through the EU Regional Cooperation Programme on HPED in Asia and the Regional GF-TADs and ASEAN Plus Three Frameworks for TADs.

She further elaborated that Health Sector under guidance of the Senior Officials on Health Development (SOMHD), ASEAN Expert Group on Communicable Diseases (AEGCD) by lead countries is implementing the ASEAN Medium - Term Plan on Emerging Infectious Disease (2012-2015). Activities related with the ASEAN Partnership Laboratories, risk communication, Field Epidemiology Training Network (FETN), activities related to Highly Pathogenic Emerging Diseases and the focus on Rabies are clear area for collaboration between the Human and Animal Health sectors.

To summarize, a political commitment exists and on-going activities are well received by the ASEAN high level officials. She pointed out that there is a need for the two responsible Working Groups, ASWGL- AEGCD to have a joint consultation meeting to operationalize all given mandates, to discuss and agree on common issues of interest, maximize existing resources and enhance collaboration between two sectors. This proposal has been approved by the 7th SOMHD held during 26-28 March 2012, Cebu City, Philippines. The Joint Consultative Meeting could be held back-to-back with the 7th AEGCD.

On the way forward, it is thus sensible to consider utilizing existing mechanisms, to observe the on-going institutionalization of ASEAN Cooperation, to maximize ASEAN comparative advantages and to prioritize regional issues.

Key recommendations include advancing institutional capacity building initiatives be continued, supporting an implementation of Regional Roadmaps (SEACFMD, HPAI, CSF, AAHTF) and exploring for support possibilities for ASEAN-RSU beyond 2013.

Some additional information is available as annexes named ASEAN cooperation on TADs- Brief Update 2011-2012 and Information Paper: ASEAN Expert Group on Communicable Diseases (AEGCD)

3. *Vision and Initiatives of SAARC*

M. T. Muhammad commenced by recalling that core policy making bodies of SAARC are composed of the Standing Committee (Foreign Secretaries), the Council of Ministers (Foreign Ministers) and the highest level, Summit (Heads of States/Governments). Sectoral policy making bodies include Ministerial and Expert Level Committees. Sectoral Ministerial meeting reports are placed at the Council of Ministers' meeting for information and endorsement.

As far as HPEDs and TADs are concerned, the relevant Sectoral mechanism is the Agri/Food Ministers Meeting. There is a Technical Committee on Agriculture, which regularly meets and deliberates on all technical issues related to Agriculture and Food Security. Senior Officers Meeting (Secretary Level) meeting is also held, generally back –to- back with Agri Ministerial.

Since inception, Food Security is one of the most important areas of cooperation of the Association. SAARC Leaders have demonstrated their commitment towards ensuring Food Security by adopting a number of important policy documents e.g. Agri Vision 2020, Colombo Statement on Food Security (Colombo Summit, 2008). Given such high level political commitment on Food Security, addressing issues related to TADs/HPED becomes extremely important because they have direct impact on Food Security.

Not surprisingly, therefore, SAARC Leaders have decided to adopt the GF-TAD Framework back in 2006. A MOU signed between SAARC and FAO in 2010, paved the way for launching the EU funded HPED project. The project has initiated in order to strengthening of SAARC in its ability to control and eradicate HPED by undertaking a range of capacity building, networking and information sharing activities. SAARC is happy to see the project is implementing the activities as per the stated objectives of the project. SAARC highly values its relations with EU as an important Observer. That EU is supporting the project is in itself a satisfying experience for SAARC.

SAARC is keen to remain engaged even more robustly with FAO, OIE and WHO in implementation of the HPED project. It seeks to involve in planning of activities, implementation, monitoring and evaluation of the project. SAARC would like to see sustainability of the project is ensured and also institutionalizing of the resources and activities has taken place. SAARC is deeply committed to maintain its relations with FAO through this project and also looks forward to implement other priority SAARC Food Security projects in partnership with FAO.

4. *Discussion*

Regarding the One Health approach, M. Schipp (Australia) acknowledged that the principles were well understood at global level but was wondering how it was implemented on the ground and asked if and where changes were needed.

S. Morzaria (FAO) answered that there was indeed a better understanding at regional level but there is also a need to emphasize work at national level. He recognised that getting a One Health approach, including at the ground level would require a staged approach with the definition of priorities. He concluded by forecasting that this would, in any case, take a long time to achieve.

R. Abila (OIE) mentioned the work done in many countries in the region through national zoonosis committees for instance and indicated that improvement was still needed notably at the political and subsequent legislative levels.

G. Gongal (WHO) mentioned then the work done in Bangladesh where both human and animal health sectors are working together in the Cox Bazar region on Rabies. Fighting Rabies at the animal source, which has come on the front line due to the OIE impulsion, is a good illustration of how the animal health sector can exercise its social responsibility.

G. Murray (OIE) made the observation that it was always difficult to assess the value for money in such situations, at least in conventional ways. However, he considered that the foundations were in place and that it was now necessary, as anticipated in his opening remarks, to explore ways to sustain those concepts in the future. In support of this, he suggested that next year's meeting should evaluate what has been done so far and to assemble the jigsaw of activities implemented among all parties. He mentioned, for instance, the closer links between the IHR-APSED and the PVS Pathway approaches as well as the activities under the AusAid Emerging Infectious Disease strategy.

G. Gongal mentioned then the decision made in January during the Chiang Mai workshop to open the forum in the future to environmental and wildlife sectors. J. Sriwongsa (ASEAN) recalled the tripartite document between WHO, FAO and OIE and encourage the human and animal sectors to implement joint activities and consultative committees.

S. Morzaria (FAO) requested H. Schoof (EU) to indicate how the new EU initiative on Health he mentioned was linked to the current HPED programme. H. Schoof first took the opportunity to mention that there were some good signals that the messages have been taken on board with regards to the outcomes of the last year evaluation. In this regard, he mentioned the consultative process with ASEAN and SAARC prior to the changes in the OIE contract and the much higher disbursement rate. He agreed with G. Murray's comment on the need for monitoring and evaluation and emphasized the importance of showcasing concrete case studies such as the Myanmar vaccination campaign with the input of the OIE FMD Vaccine Bank. He then stated that there was a link between the coming EU "One Health" programme and the current EU HPED programme, even if not immediate. Indeed, whereas the EU regional cooperation effort has been so far dedicated to the International level, the plan for the coming programme is a more bottom-up approach through combined participation of different types of actors. Our topics of interest have an open ear in Brussels even though competition with other priorities obviously exists. It is one of the reason why the EU cooperation has for general principle to kick start activities with the objective of their integration into local policies.

H. Schoof then asked, without any prejudice of the answer, if and how synergies between programmes were handled.

G. Gongal explained synergies were looked at closely especially in the laboratories area and that the recent meeting of WHO, FAO and OIE Collaborative Centres, the first of his kind, was a good opportunity to enhance those synergies. He stressed that initiatives at national level shall be supported by a mechanism at regional level.

S. Morzaria stated that before HPED, most of the synergies between organisations were looked at on an *ad hoc* basis, except for the GLEWS mechanism. Since the implementation of the HPED programme in Asia, the three organisations are meeting at least three times in a year for sharing information and coordinating their activities. Activities such as FETPV with the participation of both sectors have been developed. In any case, even though there are sometimes institutional differences that may induce some limitations, we are in a promising learning process.

G. Murray stressed the point that, whereas it might not be easy to analyse at a first glance for non-experts, a considerable amount of work has been done in the specific and complex area of the laboratories for clarifying the role of everyone.

Session 5 - Approaches and plan of actions for the implementation of HPED Programme 2012 – 2013

1. State of play and implementation plans of OIE

This presentation was handled by both E. Tagliaro and A. Bouchot with the objective to share the activities implemented to date by the OIE as well as those forecasted for the coming year. These activities, as indicated in the project document, are (i) the establishment of a regional vaccine bank; (ii) the implementation of the PVS Pathway; (iii) some capacity building activities;

To start, it has been mentioned that some changes in the allocation of funds within the project have been authorised by the EU early in 2012 after consultation of the stakeholders including the regional bodies.

Regional Vaccine Bank

According to these changes and given the priority highlighted in numerous foras and documents, the regional antigen/vaccine bank for FMD has been strengthened and the funds available increased. The rabies vaccine bank was not subject to any revision whereas the HPAI Vaccine Bank has been incorporated into the HPED vaccine bank.

Both the FMD Antigen/Vaccine Bank and the Rabies Vaccine Bank are operational. The HPED (including HPAI) vaccine bank is currently empty and can be established should the regional epidemiological situation warrant this need.

Concerning the FMD Regional Vaccine Bank, the selection process was completed through an OIE international call for tender. A two-year contract has been signed with the vaccine supplier on 25 November 2011 with termination the 6 December 2013. The Utilisation Guidelines for eligible countries were endorsed at the 18th SEACFMD Sub-Commission for FMD. The FMD

Antigen Bank contains 5 core strains and 6 optional strains, and a pre-formulated FMD vaccine is available (4 strains). Vaccines are thus available in various different size vials and delivery timeline options, which ranges from within five working days for urgent and immediate, to less than 15 days for urgent and not immediate, above 15 days and under two months for rapid and over two months can be considered a planned delivery.

These vaccines are donated to the national veterinary service for use in the one or more of the below identified cases: (i) Buffer zones (ring vaccination) around FMD free zones; (ii) Well-defined areas that are under threat of resurgence of FMD; (iii) Well-defined areas where it can be reasonably argued that vaccination will contribute to reducing the risk for FMD (for instance in identified 'hot spots'); and (iv) Where exceptional circumstances exist that merit consideration of VB supplies.

To date, the following deliveries have been made: 200,000 doses in 50 ml vials of trivalent vaccines for the People's Republic of Laos; 200,000 doses in 50ml vials of bivalent injectable vaccines in 10ml vials available within 10 working days or up to 15 weeks vaccines for Myanmar with an additional 300,000 doses that have been scheduled. This vaccine bank was widely publicized during the FAO/OIE Global conference on FMD control held in Bangkok late last month and the OIE is expecting additional requests from HPED eligible countries.

Concerning the regional vaccine bank for rabies, the selection process has also been completed through an OIE international call for tender with two tenders finally awarded. Decisions were made by independent, world-renowned experts. The first supplier will provide parental (injectable) rabies vaccines for dogs in 10ml vials available within 10 working days or up to 15 weeks depending on quantity ordered which has to be in multiples of 1,000 dog doses. Initial simulations indicate that up to 4M doses could be made available. The second supplier will provide parental (injectable) rabies vaccines for dogs in 1ml vials as well as oral vaccines for research projects in pilot countries. There again, eligibility Criteria have been endorsed at the 18th SEACFMD Sub-Commission for FMD.

The PVS Pathway

The PVS Pathway corresponds to OIE's global strategy to improve the strength and governance of Veterinary Services. It is a global programme started in 2006 for the sustainable and staged improvement of a country's Veterinary Service compliance with OIE standards on the quality of Veterinary Services and is a crucial basis for improving animal health and public health and for enhancing compliance with WTO Sanitary and Phytosanitary Standards at national, regional and international level.

The first step: the country OIE PVS evaluation is a qualitative assessment of the performance and the compliance of Veterinary Services in accordance with the OIE international standards on quality and evaluation of Veterinary Services (Chapters 3.1 and 3.2 of the OIE Terrestrial Animal Health Code), using the OIE PVS Tool.

A state of play as of 20 June demonstrates that in the OIE Asia, Far East and Oceania region, out of the 32 members, 18 have requested a PVS mission of which all have been implemented and of which 11 reports are available for distribution to Donors and Partners. Concerning this last point, all reports available to date were made available to DEVCO in June this year; similarly, validated reports are sent to FAO; an agreement has been reached with WHO that the OIE will provide PVS reports further to the receipt of a request.

Concerning specifically the HPED eligible countries, 13 missions out of 18 eligible have been requested and implemented in the following countries: Bangladesh, Bhutan, Cambodia,

Indonesia, Democratic People's Republic of Korea, Laos, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand and Vietnam. Although PR China has yet to request a PVS Evaluation, in April this year the OIE conducted an ad hoc training seminar upon the specific request from the country concerned which saw the participation of 62 key national and provincial policy makers of the Veterinary Services.

The second step: the PVS Gap Analysis corresponds to a qualitative and quantitative assessment of a country's needs and priorities and facilitates the definition of the Veterinary Services objectives in terms of compliance with relevant OIE standards. This also equates to the formulation of an indicative operational budget for five years and an exceptional budget when relevant.

A state of play as of 20 June demonstrates that in the OIE Asia, Far East and Oceania region, out of the 32 members, 12 have requested a PVS mission of which 10 have been implemented and of which 9 reports are available for distribution to Donors and Partners. Concerning the HPED eligible countries, the following ten HPED-eligible countries have received a PVS Gap Analysis: Bangladesh, Cambodia, Indonesia, Laos, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka and Vietnam.

On the basis of the outcomes of step 1 and 2, the PVS Pathway includes PVS follow-up missions as well as capacity building, specific activities, projects and programmes on veterinary legislation, one health, twinnings on strengthening of laboratories, development of VSB and harmonization of competencies acquired through veterinary education establishments.

The rider to the contract mentioned above led to the insertion of Twinning projects under the umbrella of the PVS Pathway. The OIE will facilitate the implementation of 10 laboratory twinning projects, 1 pilot twinning project on Veterinary Statutory Bodies and another pilot project on Veterinary Education.

Twinning projects are recognized as an effective means for capacity building as their focus is on the enhancement of expertise. Commencing with laboratory twinnings, this is a tried and tested programme whereby support is provided to twin OIE Reference laboratories with national laboratories wanting to become OIE RLs. OIE supports the link between the laboratories through financing secondments, workshops, trainings, joint research but does not pay for laboratory upgrades or hardware. The idea is that the aspiring OIE RL is self sustainable. The focus and emphasis and investment is given to development of expertise and strengthening of regional and international networks.

At least 70 applications have been received, 6 projects are implemented and just under 30 projects are ongoing: concerning HPED eligible countries, there are 8 active projects in China, Malaysia, India and Vietnam. In demonstration of its success, there are 11 projects which have been approved by the OIE and are due to commence, of which seven in HPED eligible countries. Of interest to this forum is the Changchun Laboratory in China which has become an OIE RL for rabies.

In view of the results garnered though from the laboratory twinning mechanism and considering the disparity in veterinary education around the world, the OIE has launched the twinning project on Veterinary Education. This programme will be based on the work of an OIE ad hoc Group on Veterinary Education and the recent OIE publication the "OIE recommendations on the Competencies of graduating veterinarians ("Day 1 graduates") to assure high-quality of National Veterinary Services". These recommendations set out the minimum competencies needed by graduating veterinarians to be adequately prepared to participate in National Veterinary Services (both public and private sector) at the entry level. Using this as a basis, the OIE will support the twinning of veterinary education establishments to broaden the

geographical distribution of high quality veterinary education to improve governance of Veterinary Services.

Similarly and linked to governance, the OIE will have also created the twinning programme for Veterinary Statutory Bodies. These projects will create opportunities for developing and in-transition countries to draft the relevant legislation required in compliance with the OIE Terrestrial Code; this will result in the creation of a regulatory framework with clearly defined objectives and powers to regulate the whole veterinary profession.

Capacity building

Lastly, the third OIE activity is to conduct national and regional capacity building workshops and seminars in the following topics: National delegates to the OIE; Animal disease notification (WAHIS); Wildlife diseases; Veterinary Products; Animal Production Food Safety; Animal Welfare; Aquatic Animal Diseases; Communication; Laboratories. As the OIE recognizes the importance of on high quality education and expertise development, these seminars ensure worldwide regular training and maintain continuing education.

The lists of the seminars that the OIE has implemented to date and since commencement of the HPED programme, as well as the foreseen activities scheduled to take place in 2012 and early 2013, are available at <http://www.srr-seasia-oie.com/programs/hped/activities-report/>.

To summarize, OIE is providing through the HPED programme and other programmes, support to the HPED eligible countries in many ways: PVS Pathway, regional Vaccines Bank notably for FMD and Rabies, training of focal points. The vision behind is that senior officials in each country will be empowered to design sound strategies for the Veterinary services that will allow them to find for support from their Government and development partners. Once in place, these Veterinary services will be able to build regional cooperation under umbrellas such as the SEACFMD campaign.

2. State of play and implementation plans of WHO

Dr. Gyanendra Gongal from WHO made a presentation on the plan of HPED Project in 2012-13. WHO will continue to support regional and country level activities for strengthening coordination and collaboration between human and animal health sectors as per zoonoses workplan under the Asia Pacific Strategy for Emerging Diseases.

He elaborated guiding principles and consideration of recommendations of the mid-term evaluation team for HPED Project for better and effective implementation of project activities. The project will continue to implement activities to support better understanding of public health threat of the HPED, effective coordination between human health and animal health sectors, strengthening laboratory diagnostic, surveillance and response capacity for zoonoses including regional coordination among FAO, OIE and WHO. WHO will continue to explore joint collaboration with partners at the country level.

3. *State of play and implementation plans of FAO*

FAO employs a result-based approach to implement EU HPED project activities. The overall objective is to strengthen ability of ASEAN and SAARC to prevent, control, and eradicate HPED. Expected results (outputs) include functional regional coordination mechanisms established, improved understanding of epidemiology of HPEDs, and improved diagnostic capacities for HPED in South and South East Asia regions.

Several key achievements have been met, such as the establishment of the RSUs, support for the establishment of regional coordination mechanisms, technical support for the development of strategies, fostering and institutionalization of epidemiology and laboratory networks, and strengthening of capacity including communication, value chain, and disease tracking and information sharing. FAO will continue to implement activities according to the project's logical framework and work plan, in close collaboration with ASEAN and SAARC secretariats and member states. Summary of activities are presented in Annex __. FAO will continue to support ASEAN and SAARC initiatives using programmatic approach to ensure maximized benefits with optimized resource utilized.

Session 6 – Enhancing the synergies

This session was chaired by S. Morzaria

As the synergies between the international organisations were already discussed in session 3, S. Morzaria asked the development partners to express their views on this topic so that the jigsaw can start to assemble.

Royce Escolar (AusAid) expressed his appreciation of the already existing level of synergies and suggested to go further for instance through the implementation of joint activities. He also asked at which level the dialogue should be held. He also mentioned the collaboration between AusAid and the USAID/Prevent programme on community based surveillance. D. Schar (USAID) acknowledged it was a very interesting discussion to have and that it was important to look at potential overlap at country level, for instance in the laboratories field between FAO and WHO activities, in order to be able to leverage limited resources. M. Schipp (Australia) mentioned the on going agreement between DAFF and FAO in **Indonesia** (?).

Recalling that he was a new comer in this area, S. Cobb (NZ) asked whether all those synergies should not be over-sighted by a specific body. G.Gongal recalled the principles included in the 2010 tripartite document and mentioned that WHO, likewise the other organisations, has its own obligations related to the IHR/APSED strategy and has a unique reporting system against these obligations whatever the donor (except a specific report for EU). G. Murray emphasized that the role and mindset of individuals in each organisation were probably more important than creating an additional body. R. Abila called for a step back and indicated that the picture is much clearer than it was not so long ago at the beginning of the HPAI crisis: guidance exists nowadays for strengthening systems that are much more ready to combat any emerging ou re-emerging disease.

T. Kawashima (Japan) stressed that at least it was important to agree on sharing all the relevant information. He also asked how it was envisaged to continue in the future without the HPED funding. He finally emphasized the need to get the point of view of the beneficiary

countries on this point of sustainability, on the benefits they believe having received from the programme and their priorities for the future.

S. Morzaria concluded this session by acknowledging that the One Health approach is increasingly embraced. He also stressed the importance of making a little number of sharp recommendations that would encompass all those points.

Session 7 – Recommendations and closing

This session was chaired by G. Murray.

He introduced for discussion the recommendations drafted during the day based on the participants comments. They were adopted by the meeting after minor discussions (see annex).

G. Murray then asked successively ASEAN and SAARC representatives to make some final statements.

J. Sriwongsa on behalf of ASEAN gave some indications at least from an Human Health sector perspective. She reiterated the need, now that the tripartite is in place, to think on the way to materialize it including at country level. She also stressed that the 2013 deadline for handing over the coordination mechanisms to the ASEAN Member States was coming fast and that it would require probably more ownership that now from their part. Political commitment shall be continuously sought and it is also important to take stock of and to document properly what has already been achieved, for instance in the fight against Rabies.

T. Muhammad on behalf of SAARC recognized that things are moving slowly and that this is requiring a long-term commitment that goes well beyond 2013. Consolidation of what has been achieved so far can only be done through Members ownership and the mechanisms to attain this still need to be devised. One important limitation in the SAARC region lays in the often inappropriate legislation in place.

CK Lee (WHO), P. De Leeuw (FAO) and G. Murray (OIE) expressed their thanks to all participants, organisers and host country. They also thanked EU for funding such an ambitious programme. G. Murray stated that, even though it was sometimes difficult to set up, the 3 components were now up and running and that the foundations were sound which would authorise a significant amount of activities to happen in the coming year. P. De Leeuw indicated that, even though this programme was going efficiently beyond HPAI, this specific threat had not completely disappeared and should be kept in mind.

H. Schoof expressed then his satisfaction to see how smoothly the whole process went. He thanked ASEAN and SAARC for their guidance and openness. He also thanked the other donors for participating in this successful meeting. He finally addressed his thanks to the whole logistic team.

The meeting was closed at 6 pm.

3rd HPED STEERING COMMITTEE

Recommendations

17 – 19 July 2012, Bangkok (Thailand)

Takes note:

- That the EU has agreed to the revision of the OIE component which includes an incremental strengthening to the FMD vaccine bank and of the PVS Pathway including Twinning projects (Laboratory, Veterinary Education, VSB) and that the modifications have been supported by both the ASEAN and SAARC Secretariats.

Recommends:

- Continue to engage the ASEAN and SAARC Secretariats and Member States in the planning, implementation and monitoring and evaluation of programme activities to ensure political commitment and ownership;

- The promotion of synergy and complementarity with other relevant programmes and activities in the region;

- Encourage greater collaboration among FAO, OIE and WHO;

- Continue to promote multisectoral and multidisciplinary collaboration at international, regional and national levels;

- To advocate for continued work on the One Health approach through the development of One Health strategies at national, sub-regional, regional and international levels;

- Consider Rabies as a potential example for operationalizing the One Health concept and system strengthening at regional and country levels since there is political support to control the disease by both regional organizations (ASEAN and SAARC);

- That the implementation and coordination of programmes on priority diseases, with particular reference to Rabies, take into account the recommendations from relevant meetings and conferences such as the High Level Technical Meeting (HLTM) on Health Risks at the Human-Animal-Ecosystems Interfaces held in Mexico City (Mexico, 15-17/11/2011), the OIE Global conference on Rabies Control in Incheon (Republic of Korea, 7-9/09/2011) and the ASEAN/FAO/OIE/WHO Rabies workshop in Chiangmai (Thailand, 19-20/01/2012);

- That the recommendations from the FAO/OIE Global Conference on FMD Control in Bangkok (Thailand, 27-29/06/2012) are applied to national, regional and global strategies;

- The strengthening of animal health systems at national level to effectively eliminate diseases at the source and to curtail the spread of transboundary disease (both animal and zoonotic) to fulfill their role as both a regional and global asset;

- To advocate for social responsibility of the animal health sector in preventing, controlling and eradicating zoonoses;

- That the capacities of countries are reinforced to make best use of the Vaccine Banks to manage and control the spread of priority diseases, including FMD and Rabies;

- That the next Steering Committee should, on a basis of an evaluation, identify the strengths, weaknesses, lessons learned and best practices of the programme particularly taking into consideration the perspective of country representatives

- To explore options to sustain achievements and activities (for example but not exclusively vaccine banks, laboratory networks) beyond 2013, building on successes of the EU HPED programme by development partners, the tripartite and the regional organisations (ASEAN and SAARC)

- Thanking the EU for funding and supporting the HPED programme;

- That the next meeting will take place back to back with the GF-TADS meeting in Tokyo (Japan) on 17 July 2013

Programme

Agenda

3rd Meeting of the Steering Committee of the Highly Pathogenic Emerging and Re-Emerging Diseases (HPED) Programme

Bangkok, Thailand; 17 July 2012

Schedule	Topic	Suggested speakers
8.30 – 9.00	Registration	
9.00 – 9.30	SESSION 1: Opening Session	M/C Kachen Wongsathapornchai
	Welcome address by the FAO – Hiroyuki Konuma Welcome address by the WHO – C.K. Lee Welcome address by the OIE – Gardner Murray Opening address by the EU – Hans Schoof	
9.30 – 10.00	SESSION 2: Introduction and Scene Setting	Chair: Subhash Morzaria
	Introduction of participants Meeting objectives and review of the recommendations from the 2 nd Meeting	Alexandre Bouchot
10.00 – 10.30	Group Photo – Morning Break – Coffee/Tea	
10.30 – 11.30	SESSION 3: Progress of EU HPED Programme against the 2nd Meeting recommendations	Chair: Ronel Abila
10.30 – 10.45	Prelude to the poster display: 5 minutes selling point from FAO/OIE/WHO	
10.45 – 11.30	Poster viewing session	
11.30 – 12.30	SESSION 4: Visions and approaches towards strengthened capacities to prevent, control and eradicate HPED	Chair: WHO
11.30 – 11.50	Visions and initiatives of EU	
11.50 – 12.10	Visions and initiatives of ASEAN	
12.10 – 12.30	Visions and initiatives of SAARC	
12.30 – 12.40	Discussion	
12.40 – 13.40	Lunch	
13.40 – 14.25	SESSION 5: Approaches and plan of actions for the implementation of HPED Programme 2012 – 2013	Chair: SAARC
13.40 – 13.55	State of Play and Implementation plans of FAO	
13.55 – 14.10	State of Play and Implementation plans of OIE	
14.10 – 14.25	State of Play and Implementation plans of WHO	
14.25 – 15.30	SESSION 6: Enhancing the synergies	Chair: FAO
15.30 – 16.00	Afternoon Break – Coffee/Tea	
16.00 – 16.30	SESSION 7: Way forward	Chair: ASEAN
16.30 – 17.40	SESSION 8: Recommendations and closing	Chair: Gardner Murray
16.30 – 17.15	Recommendations	
17.15 – 17.30	Next Meeting(closing workshop) – Dates, venue and issues	
17.30 – 17.40	Closing remarks	
18.00 – 20.00	Official dinner	

Summary of Progress of EU HPED Programme

in yellow indicates the number of last year recommendation from the 2nd HPED SC

Implementing Agency	Expected outputs	Key Progress (with the linkage to recommendations from the 2 nd Steering Committee Meeting)	Issues/challenges	Suggestions to overcome the challenges
1. FAO	1.1 Regional Coordination Mechanism established (1a, 1b, 1c, 1d, 3a, 3b, 3e, 5a)	<p>1.1.1 Establish a Regional Support Units (RSUs) for ASEAN and SAARC</p> <p>1.1.2 Provide support to organize high-level intergovernmental meeting to agree on the strategy and TOR to combat HPED</p> <p>1.1.3 Provide support for the establishment of ASEAN regional mechanism for animal health</p> <p>1.1.4 Organize regular meetings, workshops and trainings to promote interaction and information sharing between animal, wildlife and human health agencies at the regional and country levels using zoonoses prevention and control as a model</p> <p>1.1.5 Support ASEAN and SAARC in the development of communication strategy</p> <p>1.1.6 Support the organization of GF-TADS and EU- HPED projects steering committee meetings</p>		
	1.2 Regional Epidemiology	1.2.1 Make available technical support at the regional level for epidemiology capacity building and networking		

	Capacity and Networking Developed (1b, 1c, 2b, 3a, 3d, 3e, 4, 7, 8, 9)	<p>1.2.2 Support regional epidemiology capacity building related activities including:</p> <ul style="list-style-type: none"> a) Support the development of a regional strategy for veterinarian epidemiology capacity development which include the plan to ensure the outcomes of capacity building programs b) Conduct needs assessment for capacity building c) Support capacity building program including short- and longer-term trainings <p>1.2.3 Support regional epidemiology networking related activities including:</p> <ul style="list-style-type: none"> a) Facilitate information sharing through existing sub-regional platform (ARAHIS, Disease Information System for South Asia, EMPRESi) b) Contribute to the global early warning system – GLEWS (joint early warning system) <p>1.2.4 Support utilization of epidemiological information for decision making:</p> <ul style="list-style-type: none"> a) Develop and pilot guidelines including provide training on ‘value chain studies to support control of TADs’ b) Support the generation of epidemiological information through the implementation of epidemiology studies using multidisciplinary approach involving relevant sectors c) Advocate decision making using science based evidence 		
	1.3 Regional Laboratory Capacity Development and	<p>1.3.1 Strengthen capacity of national laboratories including:</p> <ul style="list-style-type: none"> a) Improve diagnostic capabilities through provision of equipment, reagents, trainings, technical consultancies/experts, and other resources such as manual and textbooks 		

	<p>Networking (1a, 1c, 1d, 2b, 3a, 3b, 3d, 3e, 4, 7, 8, 9)</p>	<p>b) Improve the biosafety management system through support the biosafety assessment program, provision of biosafety equipment and training on biosafety management and equipment maintenance</p> <p>1.3.2 Support the regional laboratory network related activities including:</p> <p>a) Facilitate sharing of information and expertise of laboratory staff at regional and international levels</p> <p>b) Facilitate national animal health laboratory engagement with public health laboratories and other laboratories in the network</p> <p>c) Facilitate sharing of sample biological materials and reference reagents</p> <p>1.3.3 Improve quality of diagnostic services through the regional proficiency testing program (HPAI, Rabies, Swine diseases including ASF, CSF, PRRS)</p> <p>1.3.4 Support the utilization of information generated from the laboratory results for disease control planning including:</p> <p>a) Isolate and characterize causative agents strains and provide appropriate information for vaccine strains to be used in control program</p> <p>b) Support the development of laboratory information management system (LIMS)</p> <p>c) Develop and organize laboratory-field epidemiology linkage training of trainers</p>		
<p>2. OIE</p>	<p>2.1 National and regional capacity building</p>	<p>2.1.1 Ensure regular training and maintain continuing education of National Delegates to the OIE and of National OIE focal points for the correct application of international standards</p> <p>2.1.2 Ensure networking and continuous information</p>		

	activities (1c, 4)	exchanges between countries.		
	2.2 OIE Regional Antigen/Vaccine Banks (3b, 5b, 9, 10)	2.2.1 Establish the Rabies vaccine banks and make the vaccines available based on country requests 2.2.2 Establish the FMD Antigen/Vaccine Bank and make the vaccines available based on country requests		
	2.3 OIE Twinning projects (1c, 2b, 4, 8, 9)	2.3.1 Support Twinning Projects between laboratories (HPAI, FMD and rabies included), Veterinary Statutory Bodies or on Veterinary Education Establishments 2.3.2 Create international and regional links for improved Animal Health Systems to reinforce national capacities, build expertise and compliance with OIE international standards		
	2.4 OIE PVS Pathway (1c, 1b, 4)	2.4.1 Conduct a systematic evaluation of Veterinary Services with regards to international standards (PVS Evaluation) on a voluntary basis 2.4.2 Assist the member countries by integrating the PVS evaluation findings with national priorities and advise on National Veterinary Services strategy (PVS Gap Analysis), 2.4.3 Organize regular PVS Pathway Follow-up missions which is considered a consistent mechanism for the monitoring and evaluation of progress		
3. WHO	3.1 Improved understanding of public health threat of HPED at professional and public levels (2, 3)	3.1.1 Organise media consultation on EID/zoonoses and development of media resources on EID/Zoonoses 3.1.2 Prepare a resource book on EID/zoonoses for health professionals and media people 3.1.3 Posters and brochures on brucellosis, leptospirosis, rabies, toxoplasmosis and scrub typhus have been developed 3.1.4 Organise training workshop on clinical recognition, case management and control of EID/zoonoses 3.1.5 A study tour was organized for Sri Lankan government. officials to Bali to share good practices in dog		

		rabies control under FAO-WHO collaboration 3.1.6 Support World Rabies Day activities at country level		
	3.2 E Established coordination mechanism for HPED Control (1, 3, 5)	3.2.1 Reorganization of existing avian influenza coordinating committee into a multisectoral committee with defined roles and responsibilities <ul style="list-style-type: none"> ▪Support for strengthening intersectoral coordination mechanism through provision of technical professionals for coordination and technical support to Member countries ▪Conduct joint training, workshop and seminar for strengthen collaboration between human health and animal health sectors ▪Enhance SAARC-WHO collaboration Supporting SAARC to organize regional technical workshops Support proposals from SAARC members on workshops, consultancies on cross-border collaboration, research, pilot projects related to HPED control Organize “Inter-country Rabies Meeting in SAARC region” <ul style="list-style-type: none"> ▪Enhance ASEAN-WHO collaboration <ul style="list-style-type: none"> a) AEGCD focal points nominated as HPED focal points b) Support ASEAN through “lead countries” on HPED control 		
	3.3 Improved Laboratory Diagnostic Capacities for	3.3.1 Guidelines for Prevention and Control of Nipah Virus Infection have been drafted 3.3.2 Lab diagnostic kits provided to members	Guidelines for Prevention and Control of Nipah Virus Infection have	

	HPED (2, 4, 7)	<p>3.3.3 Lab training on EIDs/Zoonoses</p> <p>3.3.4 Trainings related to application of intradermal rabies vaccination</p> <p>3.3.5 Regional Meeting on Public Health Research for Influenza</p>	been drafted	
	3.4 Strengthened surveillance and response including regional networking (2,4, 7)	<p>3.4.1 Development of standard training modules for field epidemiology for animal and public health professionals and paraprofessionals</p> <p>3.4.2 Support member countries to participate Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) Conference to share good practices in FETP</p> <p>3.4.3 Consultation with SAARC on epidemiological and laboratory networking</p>		
	3.5 Implemented priority HPED control activities at the regional level (8, 9)	<p>3.5.1 Rabies</p> <p>a) Regional Strategic Framework for Elimination of Human Rabies Transmitted by Dogs</p> <p>b) Many SAARC countries have used HPED Project fund for strengthening capacity for rabies control</p> <p>c) Concept note and proposal for SAARC Rabies Elimination Project for consideration</p> <p>3.5.2 Pilot and research projects at country level</p> <p>a) Leptospirosis</p> <p>b) Anthrax</p> <p>c) IDRV</p> <p>d) <i>Streptococcus suis</i> infection</p>		
	3.6 Regional project activity effectively coordinated,	<p>3.6.1 Technical professionals and assistants for coordination and implementation of HPED project activities recruited and technical support provided to Member countries</p> <p>3.6.2 M&E expert recruited to harmonize different existing</p>		

	managed and technical support provided (5)	M&E tools such as IHR/APSED		
4. FAO/OIE/WHO	4.1 Tripartite collaboration on OH related activities	<p>4.1.1 Regional Workshop on Collaboration between Human and Animal Health Sectors on Zoonoses Prevention and Control – January 2012 (2a, 2b, 2c, 8)</p> <p>4.1.2 Meeting on Multi-sectoral Collaboration on Rabies Prevention and Control – January 2012 (9)</p> <p>4.1.3 Regional Forum of FAO/OIE/WHO Collaborating/Reference Centers on EIDs/Zoonoses – December 2011 (1c, 1d, 8, 9)</p>	4.1.1 Other sectors/disciplines were minimally engaged at the events in 2011-12	<p>4.1.1 Other sectors sector to be more engaged in the future events to promote OH approach</p> <p>4.1.2 Need more demonstration/implementation of tripartite collaboration at the country level</p> <p>4.1.3 Need practical/functional information sharing mechanism under the tripartite framework</p>
	4.2 Regional Laboratory network	<p>4.2.1 Laboratory Technical Advisory Group (Lab-TAG) (FAO-OIE-WHO)</p> <p>4.2.2 Lab Director Forum for animal health laboratories (FAO-OIE)</p> <p>4.2.3 Joint Animal Health and Public Health Regional Laboratory Network Meeting (FAO-OIE-WHO)</p> <p>4.2.3 ASEAN Regional Strategic Framework on Animal Health Laboratory Capacity Development and Networking (FAO and OIE)</p>		
	4.3 Regional Epidemiology Capacity Development	4.3.1 Field Epidemiology Training Programs at country and regional levels	Note – Although joint trainings were not organized: There were trainings	

			that were participated or involved by FAO and OIE and/or WHO.	
	4.4 Joint Country Missions for Emergency Situation	Joint assessment of surveillance system in Cambodia to address the HPAI outbreaks in human without report in animal		

Recommendations which were addressed by the implementing partners through cross-cutting:

Accommodate the conclusions and recommendations from EU evaluation report (5)

EU Visibility (6)

ASEAN COOPERATION ON TADs

Brief Update 2011-2012

Background

1. Animal health and zoonoses are cross-cutting concerns within and among AMS as they affect food security and safety, livelihood and rural development as well as public health. Such concerns know no political, social, cultural, economic and geographical boundaries hence, effective animal disease control requires coordination and cooperation at all levels (national, regional, global).

2. Recognising the above concerns, the 32nd ASEAN Ministers on Agriculture and Forestry (AMAF) Meeting on 23 October 2010 in Cambodia, pledge their commitment and tasked the SOM-AMAF and ASEAN Sectoral Working Group on Livestock (ASWGL) to implement necessary actions in the advancement of the ASEAN Cooperation on Animal Health and Zoonoses that contribute to a prosperous, stable, peaceful and safer ASEAN Community.

3. As follow up actions from the mandates given, the following key activities and political interventions have been/being implemented in the region:

ASEAN Coordination Centre for Animal Health and Zoonoses (ACCAHZ)

4. The Special Senior Officials Meeting of the Thirty-Second Meeting of the ASEAN Ministers on Agriculture and Forestry (SSOM-32nd AMAF), which was held on 8-9 August 2011 in Cambodia, endorsed the proposal for the Establishment of a Regional Coordination Mechanism on Animal Health and Zoonoses. Further, the 33rd AMAF Meeting, which was held on 6 October 2011 in Jakarta, endorsed the Terms of Reference of the Preparatory Committee of the Regional Coordination Mechanism on Animal Health and Zoonoses and agreed that it be called the “*ASEAN Coordinating Centre on Animal health and Zoonoses Preparatory Committee (ACCAHZ PrepCom)*”.

5. The First ACCAHZ PrepCom Meeting held on 8 May 2012 in Myanmar recognised the need to develop the “Establishment and Financing Agreement” as the foundation in the development of subsequent instruments for the operation and sustainability of the Centre. The Agreement is currently in the process of finalisation and is expected to be submitted at the Preparatory Senior Officials Meeting of the Thirty-Forth ASEAN Ministers on Agriculture and Forestry Meeting (PrepSOM-34th AMAF) in September 2012. The 2nd PrepCom Meeting will be held on 28-29 August 2012 in Chiang Mai, Thailand.

Roadmap Towards an HPAI-Free ASEAN Community by 2020

6. The SSOM-33rd AMAF Meeting held in Jogjakarta, Indonesia on 9-10 July 2012, recognised that HPAI continue to be a serious threat and impede

economic development, as well as on the advancement towards ASEAN integration thus, cooperation and collaboration in addressing HPAI should continue to be strengthened.

7. Despite a general decline in the number of outbreaks, the Meeting also recognised the need to progressively implement and support the Roadmap for an HPAI-Free ASEAN Community by 2020. In this context the following key interventions were made:

- Considered and agreed on the Executive Report on HPAI, which appears as **Appendix 1**, as a tool to continue the momentum of cooperation in its control and eradication and drawing support from the ASEAN Leaders and relevant stakeholders.

- Agreed on the development of a project proposal for countries with HPAI sporadic status (Cambodia, Lao PDR and Myanmar) to improve early detection and response and attain freedom status by 2016. The project proposal will be submitted for possible funding by the ASEAN Animal Health Trust Fund.

ASEAN Animal Health Trust Fund (AAHTF)

- The SSOM-33rd AMAF agreed to streamline the process of utilisation and management of the Fund in order for it to be more responsive to the needs of ASEAN and draw support from development partners and donor agencies.

Animal-Human Health Collaboration

8. Animal and Human Health Collaboration in ASEAN is guided by the ASEAN Plus Three Joint Recommendations and Work Plan on Animal and Human Health collaboration, endorsed by SOM-AMAF and Senior Official Meeting on Health Development (SOMHHD) in 2009. Moreover, the ASEAN Member States and Plus Three Countries have adopted the “Call for Action” and “Regional Strategic Framework” towards the Elimination of Rabies in the region.

9. In the view to establish closer working relationship on areas of common interest, the SSOM-33rd AMAF Meeting agreed on the conduct of the AEGCD and ASWGL Joint Consultative Meeting with the aims to strengthen collaboration in addressing risks at the animal and human interfaces, and agreed on activities that can be jointly advanced (e.g. rabies). A possible discussion point/outcome could be a joint One Health strategic plan for ASEAN.

Enhancing Partnership Arrangements and Cooperation with Development Organisations

- **EC Regional Cooperation Programme on HPED in Asia**

10. Special SOM-30th AMAF Meeting, 11-13 August 2009 in Viet Nam, endorsed the Regional Cooperation Programme on Highly Pathogenic and

Emerging Diseases (HPED) in South and Southeast Asia (ASEAN Component). Recognizing the significance of continued efforts to strengthen capacities and capabilities of ASEAN to prevent, control, and eradicate HPED, the 20th ASWGL Meeting held in Myanmar, 22-24 February 2012, agreed to support the implementation of the activities envisaged under the work plan of the EU HPED Programme.

11. Furthermore, the SSOM-33rd AMAF echoed similar appreciation on the support and collaboration made by development and dialogue partners among others - ASEAN-RSU FAO EU-HPED Project and OIE STANDZ Programme with AusAID and EU support - and noted the continued efforts to strengthen capacities and capabilities of ASEAN to prevent, control, and eradicate highly impacting TADs.

Regional GF-TADs and ASEAN Plus Three Frameworks for TADs

12. The Special Senior Officials Meeting of the 10th ASEAN Ministers on Agriculture and Forestry Plus Three (SSOM-10th AMAF+3) Meeting held in Cambodia, 10 August 2012, viewed the Regional GF-TADs Framework as a useful mechanism, providing an effective coordinating platform for the control of TADs and EIDs as well as zoonotic diseases in the ASEAN Plus Three Countries. Considering the need to continue supporting the initiatives, the SSOM-11th AMAF+3 Meeting held on 11 July 2012 in Indonesia, noted the importance of inter-regional coordination and cooperation with emphasis for regions that share boundaries and virus pools. The Meeting also encouraged the ASEAN Plus Three Countries to explore mechanisms and resources under the Regional GF-TADs and ASEAN Plus Three Cooperation Strategy in strengthening and sustaining institutional capacities to manage and control TADs and EIDs.

Information Paper: ASEAN Expert Group on Communicable Diseases (AEGCD)

Introduction

1. Health cooperation on Emerging Infectious Diseases (EID) has been overseen by the ASEAN Expert Group on Communicable Diseases (AEGCD). Current Chair of AEGCD is Myanmar. The 7th AEGCD Meeting will be hosted by the Philippines during the 3rd – 4th quarter of 2012 subject to confirmation from Member States.

2. Majority of the achievements on EID cooperation come from the concluded ASEAN Plus Three EID Programme Phase I (2004-2005) and Phase II (2007-2010). The ASEAN Plus Three EID Programme has established key building blocks for an ASEAN regional mechanism that will allow response to EIDs and other public health threats in a timely manner, strengthened multisectoral collaboration through the frameworks agreed among the ASEAN Plus Three Countries and between the health and the non-health sectors, and increased the profile of a neglected zoonotic disease of public health importance (rabies) and a life-threatening infectious disease (dengue).

3. The ASEAN Socio-cultural Community (ASCC) Blueprint which was approved by the ASEAN Leaders at the 4th ASEAN Summit held on 1 March 2009 in Hua Hin, Thailand is now the main guiding document for ASEAN regional cooperation in the socio-cultural sector, including health.

4. The 5th Meeting of SOMHD held on 7-9 December 2009 in Kuala Lumpur discussed the mechanism for the implementation of the ASCC Blueprint and observed that there are 55 actions under the following sections, namely:

B.3: Enhancing Food Security and Safety,

B.4: Access to Healthcare and Promotion of Healthy Lifestyles,

B5: Improving capabilities to Control Communicable Diseases,

Action iv. 'Sharing of drug research data among ASEAN Member States' under B.6: Ensuring a Drug-free ASEAN, and

Action no. xii under B.7: Building disaster-resilient nations and safer communities.

Mandates on Animal Health – Human Health Collaboration

5. Noting some of the building blocks resulted from the ASEAN Plus Three EID Programme concluded as June 2010, among others, there are some guiding principles in strengthening collaboration between the two sectors include the following.

A. Joint Recommendations on AH-HH Collaboration

6. Multisectoral collaboration is primarily guided by the ASEAN Plus Three Joint Recommendations and Work Plan on Animal and Human Health collaboration, which has been endorsed by SOM-AMAF and SOMHD in 2009. This framework was a result of the recognition of the varying levels of collaboration that exist between the two sectors, and the need for stronger collaboration at national and regional levels in tackling both emerging and neglected zoonoses such as avian influenza and rabies.

The Framework is being used in addressing agreed disease-specific issues such as AI, Rabies, Leptospirosis, Food-borne salmonellosis and brucellosis as the Primary ones, while Japanese encephalitis, Anthrax, Streptococcus suis, bovine tuberculosis, cysticercosis and Henipa viruses as secondary diseases of common interest. Identified areas of collaboration, coordination and cooperation under this Framework include: policy; communication and information sharing; surveillance, prevention and control, laboratory (e.g. APL network); capacity development; and R&D.

B. Call for Action on the Elimination of Rabies

7. ASEAN Plus Three Countries, as a part of the ASEAN Plus Three Emerging Infectious Diseases Programme, under the project led by the National Institute of Hygiene and Epidemiology of Viet Nam, came together and developed a Call for Action towards Elimination of Rabies in the ASEAN Plus Three Countries by the year 2020 at the Regional Workshop on Information Sharing on Rabies Prevention and Control, in Halong, Viet Nam on 23-25 April 2008 where animal and human health sectors of the ASEAN Plus Three Countries were represented.

8. This Call for Action was supported by the 3rd ASEAN Plus Three Health Ministers Meeting held in Manila in October 2008. On the animal health side, the Special Senior Officials Meeting of the 30th Meeting of the ASEAN Ministers on Agriculture and Forestry (Special SOM-30th AMAF) held in Ho Chi Minh City, Viet Nam in August 2009 also supported the Call for Action.

Strategic Framework on Health Development (2012015)

9. To operationalise the 55 health elements stipulated in the ASCC Blueprint, the Senior Officials Meeting on Health Development (SOMHD) conducted two consecutive Planning Meetings to draft the ASEAN Strategic Framework on Health Development (2010-2015) of which later endorsed at the 10th ASEAN Health Ministers Meeting, held during 19-23 July 2010, Singapore. This document will serve as a strategic framework on the implementation of ASCC Blueprint on health development. It will provide direction for relevant technical working groups to further develop their respective work plans. This will allow existing health subsidiary bodies/task forces to maintain their ownership by developing their respective work plans. In addition, elaboration of each of focus area requires specific expertise to come up with comprehensive work plans.

10. The ASEAN Health Ministers also agreed to increase ASEAN's effort to provide better response to any emerging infectious diseases in ASEAN including;

△ Endorsing the establishment of an ASEAN Risk Communication Resource Centre in Malaysia;

△ Adopting the Minimum Standards on Joint Multi-sectoral Outbreak Investigation and Response to develop a regional and national guidelines in coordinating procedures to mount a clear, effective, coordinated and timely response to emergencies in the spirit of ASEAN;

△ Endorsing the establishment of the ASEAN Plus Three Partnership Laboratories (APLs) to further strengthen the laboratory surveillance and networking in the ASEAN Plus Three Countries; and

△ Supporting the ASEAN Framework and Work Plan for collaboration between the human and animal health sectors on emerging and neglected zoonotic diseases at both the regional and national levels.

ASEAN Medium – Term Plan on Emerging Infectious Diseases (MTP-EID)

11. Based on the above guidance and previous achievements under the ASEAN Plus Three EID Programme, the 5th Meeting of AEGCD, held in December 2010 in Kuala Lumpur, drafted the Medium Term Plan of Emerging Infectious Diseases (MTP-EID) --- the name of work plan of AEGCD. MTP - EID aims to address health element under B5. Improving capability to control communicable diseases with strategic objective to enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases.

12. Finalisation of MTP-EID became the highlight of the 6th Meeting of AEGCD, held in November 2011 in Myanmar. The Meeting agreed that the MTP-EID would consist of the following 9 components, each of which would be led by particular Member State:

I. ASEAN EID Mechanism (AEM) – Thailand and EID website – Indonesia

II. ASEAN Partnership Laboratories –Malaysia

III. Risk Communication – Malaysia

IV. Human and Animal Health Collaboration --Thailand and Lao PDR

V. Operationalisation of Minimum Standards of Joint Multisectoral Outbreak Investigation and Response – Cambodia,

VI. Stockpiling of antivirals and Personal Protective Equipment (PPE) – ASEAN Secretariat

VII. Field Epidemiology Training Programme (FETP) networking – Thailand,

VIII. WHO-EC Project on HPED particularly on cross-border collaboration --Thailand and Lao PDR,

IX. Specific diseases include the following diseases:

a) Rabies – Viet Nam,

b) Dengue – Viet Nam (one of the sub-components is ASEAN Dengue Day launching to be led by identified lead country),

c) Malaria (Myanmar)

14. The Work Plan for the other component such as rabies and dengue is being reviewed by the lead countries, Viet Nam.

15. In collaboration with FAO, OIE, ASEAN and SAARC Secretariats, WHO has formulated a project proposal for strengthening surveillance and response for Highly Pathogenic and Emerging Diseases (HPED). Under health component, the 6th AEGCD has proposed the following activities focusing on cross-border collaboration to be implemented in 2012 under WHO-EC HPED Project;

▲ Policy Advocacy on cross-border joint investigation and diseases surveillance on specific diseases of interest

▲ Conduct Assessment on cross – border collaboration; and

▲ Conduct Regional Workshop to strengthen collaboration

Ways Forward

18. There are several ongoing projects/activities under the ASEAN MTP – EID addressing animal and human health issues. As such, there is a need for the two responsible Working Groups, ASWGL- AEGCD to have a joint consultation meeting to operationalize all given mandates specified above. It will also aim to clarify, discuss and agree on common issues of interest, maximize existing resources, enhance collaboration and identify joint activities to implement and advance the Joint Recommendations on AH-HH Collaboration and Rabies Call for Action. This proposal has been approved by the 7th SOMHD held during 26-28 March 2012, Cebu City, Philippines. The Joint Consultative Meeting could be held back-to-back with the 7th AEGCD.

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Participants list