**CRITERIA AND FACTORS FOR RATIONAL PRIORITISATION OF ANIMAL DISEASES
THAT SHOULD BE COVERED BY PUBLIC HEALTH POLICIES**

François Gary

Phylum, ZAC des Ramassiers, 9 allée Charles Cros – F 31770 Colomiers

gary@phylum.fr

Summary: The vast majority of the OIE Member Countries view the prioritisation of animal diseases that should be covered by public health policies as a major and complex issue, as 135 of the 178 Member have responded to a questionnaire sent to them by the OIE. Over 90% of them state that they have already or intend to embark on an approach of this kind. Three diseases – rabies, brucellosis and tuberculosis – already stand out because they are covered by an official control programme in more than 50% of the respondent countries

The first aim mentioned for prioritizing animal diseases is resource allocation to Veterinary Services, to ensure that they have the means they require to implement health programmes. A set of technical aims is mentioned ranging from trade facilitation, reducing disease-related economic losses to the improvement of public health.

The countries' responses provide a hierarchy of criteria for appropriate prioritisation. In first place they single out the impact on public health including food safety, followed by the economic impact of the disease, primarily on trade, and to a lesser extent the impact of the disease on the environment and on society with the potential risk of crisis. In the matter of disease control measures, the countries appear to consider the availability and feasibility of disease control measures as the most important prioritisation criterion. Even though there is a common set of criteria to be taken into account, the differences observed from one continent to another demonstrate that the weightings may vary in line with the individual region or country issues.

The prioritisation of animal diseases should also serve to strengthen the Veterinary Services in the opinion of 90% of the respondent countries. This reminds us that the choice of official animal health programmes cannot be made without ensuring that they sustain the competencies required from the Veterinary Services as described in the OIE Code.

To conclude, the vast majority of countries lend legitimacy to the support given by the OIE in the area of animal disease prioritisation by drawing up guidelines and recommendations, updating the technical disease cards, organizing training workshops or offering legislative support.

1. Introduction

The choice of diseases covered by the public policies developed by the Veterinary Services is a major, but complex issue. Firstly it must fit with health, economic and societal priorities that tend to be difficult to rank. Secondly, it must also be based on a consensus between the different interested parties (breeders, veterinarians, citizens, political authorities). Yet, the interests of the different sections of the population may well diverge depending on whether they are economic operators of the various animal sectors whose economic interests are top of mind, or health-conscious consumers and the public that are also receptive to social and environmental issues.

As major economic constraints burden the Veterinary Services, prioritisation is all the more a necessity to ensure that public funds are properly used. It is also a device to be used to make ready a duly proportionate response in the event of health crises to avoid futile and costly over-reactions to unexpected events. Several countries have already embarked on an animal disease prioritisation approach covered by public policies. They have incorporated this approach as an animal and public health risk management tool.

Hence, a questionnaire was sent out to all the member countries in anticipation of the 82nd General Session to gauge their perception of the issues and criteria for rational prioritisation of animal diseases.

2. Questionnaire

The questionnaire was divided into six parts: (i) the survey of main diseases covered by public policies, which enables us to grasp the choices that have already been made by each country; (ii) the individual country commitment to a prioritisation approach and its organisational characteristics; (iii) the criteria and factors considered important for appropriate prioritisation; (iv) the aims that should motivate animal disease prioritisation; (v) the role that the OIE could play to facilitate this prioritisation exercise; (vi) and lastly the possible link between prioritisation and the PVS pathway[1].

To gauge the importance of the prioritisation criteria and factors each country had to respond by giving a score from 0 (unimportant) to 5 (very important). The data was processed to produce a mean score and calculate the percentage of countries that gave the scores of 4 and 5.

Out of the 178 member countries polled, 135 sent a response. Table No. 1 lists the respondent countries, grouped by continent. The definition of the continents applied is that used by the OIE.

Table No. 1 – List of countries that responded to the questionnaire

Continents	Respondent countries
Africa 35 countries	Algeria, Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Congo (Dem. Rep.), Egypt, Equatorial Guinea, Ghana, Guinea-Bissau, Guinea, Kenya, Lesotho, Morocco, Mauritania, Mauritius, Mozambique, Namibia, Niger, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Somalia, South Africa, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda and Zimbabwe.
America 24 countries	Argentina, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Costa Rica, Colombia, Cuba, Dominican Republic, Equator, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Salvador, United States of America, Uruguay and Venezuela.
Asia 29 countries	Bangladesh, Bhutan, Brunei, Cambodia, China (Peoples' Rep.), Taipei, India, Iran, Iraq, Israel, Japan, Kazakhstan, Korea (Rep. of), Kuwait, Malaysia, Mongolia, Myanmar, Nepal, Oman, Pakistan, Philippines, Saudi Arabia, Singapore, Sri Lanka, Syria, United Arab Emirates, Vietnam and the Yemen.
Europe 42 countries	Albania, Armenia, Austria, Azerbaijan, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, Czech Rep., Denmark, Finland, France, Georgia, Germany, Greece, Hungary, Estonia, Ireland, Iceland, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Malta, Moldavia, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and the United Kingdom.
Oceania 5 countries	Australia, Fiji, Micronesia, New Zealand and New Caledonia.
Total: **135 countries**	

---

[1] http://www.oie.int/en/support-to-oie-members/pvs-pathway/

Criteria and factor for rational prioritisation of animal diseases
that should be covered by public health policies

3. Reponses of the member countries

It should be emphasised that the excellent response rate of 76% demonstrates the member countries' keen interest in this subject.

3.1. Diseases covered by an official control programme

Three specific diseases in the countries are covered by an official control programme in more than 50% of the respondent countries (table No. 2): rabies (70%), brucellosis (64%) and tuberculosis (58%).

**Table No. 2 – Percentage of the 135 respondent countries
with an official control programme for the following diseases**

	Rabies	Brucellosis	Tuberculosis	Foot-and-mouth	Peste des petits ruminants	Classical swine fever	BSE	Contagious bovine pleuropneumonia	African horse sickness
% of countries with an official control programme	70%	64%	58%	40%	25%	24%	18%	14%	10%

More than a third of the countries that have official control plans developed for the diseases in table No. 2 claim they are run as international programmes: 54% of the countries for African horse sickness, 52% for foot-and-mouth and 45% for rabies.

The diseases covered by an official control programme by more than 50% of the countries (table No. 8 of appendix) are: rabies (74%), brucellosis (71%), foot-and-mouth (60%), tuberculosis (56%) and peste des petits ruminants in Africa; rabies (96%), tuberculosis (88%) and brucellosis (83%) in America; foot-and-mouth (83%), rabies (79%), brucellosis (70%) and tuberculosis (56%) in Asia. In Europe, the official control programme spread is wider with only rabies covered by an official control programme in more than 50% of the countries. There are too few countries in Oceania to interpret the data in this way.

Other diseases are mentioned and relate to local epidemiological situations. Only avian influenza and Newcastle disease are mentioned by 19 and 18% of the countries respectively.

As for diseases not present in the countries, avian influenzas and FMD are most frequently mentioned (42 and 30% respectively). African swine fever is mentioned most often by the countries of Europe because of the current epidemiological context.

3.2. Commitment to an animal disease prioritisation approach

A prioritisation approach has been or will be embarked upon by 90% of the countries (table No. 3). This move is well underway in all continents, although it appears to be further advanced in America and Asia.

Table No. 3 – Commitment to a prioritisation approach

	Africa	America	Asia	Europe	Oceania	Total
1- Already made	38%	58%	59%	36%	40%	46%
2- Underway	24%	25%	21%	43%	20%	29%
3- Planned	18%	13%	17%	14%		15%
4- A long way off	21%	4%	3%	7%	40%	10%

The main experts involved in this approach are Veterinary Services experts (96% of the countries), the experts tasked with risk assessment (84%), veterinary laboratory experts (69%), private veterinary experts (66%), Ministry of Health experts (64%), and animal sector experts (58%).

The prioritisation findings were mainly shared with the Veterinary Services of the country trading partners with whom live animals and products of animal origin are exported or imported (table No. 4), followed by the supervising ministry decision makers and the breeders.

Table No. 4 – Parties with whom the findings were shared

	Total
The Veterinary Services of the countries with which the country either exports or imports animals or products of animal origin	91%
The supervising ministry decision-makers	89%
Breeding trade representatives from the countries	86%
The Veterinary Services of neighbouring countries (regional economic community)	72%
The top-level decision-makers	71%
The Ministry of Health decision-makers	67%
The Ministry of Finance or Budget ministry decision makers	54%

3.3. The priority aims of an animal disease prioritisation approach

The most frequently cited aim is to allocate resources to Veterinary Services, either to be able to justify the resources required for priority health programmes or for more effective use of the allocations made (table No. 5). This is followed by a set of technical aims, namely facilitating trade, reducing disease-related economic losses and improving public health.

Table No. 5 – Animal disease prioritisation approach aims and issues mentioned by the countries

Number of countries (% of countries in the column area)	Africa	America	Asia	Europe	Total
Allocation of Veterinary Service resources	15 (43%)	9 (38%)	12 (41%)	16 (38%)	52 (39%)
Facilitating animal and animal product trade	10 (29%)	9 (38%)	11 (38%)	17 (40%)	47 (35%)
Reducing disease-related economic losses	11 (31%)	8 (33%)	10 (34%)	13 (31%)	42 (31%)
Improving public health and food health safety	13 37%)	8 (33%)	6 (21%)	14 (33%)	41 (30%)
Improving food safety	5 (14%)	2 (8%)	3 (10%)	1 (2%)	11 (8%)
Sharing health aims better with partners in the livestock sector	5 (14%)	1 (4%)	1 (3%)	4 (10%)	11 (8%)
Strengthening the Veterinary Services and their network	4 (11%)	4 (17%)	0	1 (2%)	9 (7%)

3.4. Criteria for appropriate prioritisation

The countries' responses rank the criteria for appropriate prioritisation (table 6).

The most frequently mentioned top-ranking criteria relate to the impact on public health and include direct consequences of the disease in terms of human mortality and morbidity. The food safety criterion emerges stronger in African countries (see table No. 9 in the appendix).

These are followed by sets of economic impact measuring criteria of the disease. These criteria tend to be mentioned as important more by the countries of America, than the other continents. Within this set, the impact on trade criterion emerges most frequently, with the exception of the African countries where the impact on national production is viewed as more important (see table No. 9 in the appendix).

The disease's impact on the environment and its societal impact are less frequently mentioned as important. Of the societal impact criteria, the most important is seen to be the potential risk of consumer or public crisis.

As for disease control measures, the most important criterion to take into account in the countries appears to be the availability and feasibility of disease control measures (vaccination, stamping out, etc.). While the direct cost of control measures emerges as an important criterion, it is certainly a feasibility element of the measures.

Table No. 6 – Importance ascribed to animal disease prioritisation criteria
(Score from 1 to 5: 1 => little importance, 5=> high importance)

	Mean score	% of the countries percentage of countries who gave scores of 4 and 5
Economic impact of the disease (mean of the following 3 items)	**4.24**	**80%**
Drop in animal production and animal products in the countries because of the disease	4.42	85%
Potential impact of the disease on national and international animal trade and animal product trade	4.49	90%
Potential impact of the disease on other economic sectors (such as tourism, plant production, food-processing industry…)	3.8	64%
Impact of the disease on public health (mean of the following 3 items)	**4.46**	**89%**
Direct impact of the disease on human health (morbidity, mortality)	4.79	96%
Impact of the disease on food health safety	4.51	94%
Impact of the disease on food safety (food security)	4.07	77%
Impact of the disease on the environment	**3.65**	**57%**
Societal impact of the disease (mean of the following 3 items)	**3.73**	**61%**
Risk of animal suffering caused by the disease	3.69	60%
Potential risk of crisis with consumers or the public	4.25	84%
Risk of bioterrorism linked to the pathogenic agent of the disease	3.25	40%
Availability and feasibility of the disease control measures	**4.34**	**74%**
Impact of control measures	**3.92**	**72%**
Direct cost of control measures	4.29	83%
Indirect cost of control measures (e.g.: obstacle to trade, impact of these measures on other economic sectors such as tourism or food-processing, etc.)	3.81	71%
Environmental risk relating to control measures (risk of pollution by carcasses, environmental impact of the fight against disease vectors)	3.67	61%

Moving to the factors external to the countries that may influence the choice of priority diseases, when asked about the implementation of coordinated regional or global programmes 50% of them said they should be taken into consideration to a small extent for countries while 46% of them said to a large extent. Donors' participation is only an important criterion for 22% of the countries; although this criterion is more critical for the countries of Africa (see table No. 10 in appendix).

3.5. Prioritisation and strengthening of Veterinary Services.

For 90% of the countries, the prioritisation of animal diseases must also serve to strengthen the Veterinary Services. Of the most frequently mentioned competencies to be strengthened are active and passive epidemiological surveillance and strengthening of laboratory facilities. Moreover it is in Africa and Asia that the choice of priority diseases is particularly related to the competencies of the Veterinary Services (see table No. 11 in appendix).

3.6. OIE support for the prioritisation of animal diseases

Already 53% of the countries stated that they knew of the OIE study[2] on the categorisation and prioritisation of animal diseases. While 91% of the European countries know of it through the EU's contribution to its financing, half the countries in America and Asia, and 30% of African countries knew of it.

Of the 71 countries familiar with the study, 54% of them have used it, 24% are drawing on it, while 15% said they had not used it because it was published after their prioritisation exercise (13%) or that it did not match their aims (2%).

Most of the countries feel that in addition to this study, the OIE should support the countries (table No. 7) by drawing up guidelines and recommendations, updating the technical disease cards, organizing training workshops or providing legislative support. The countries of Africa and Asia that most strongly express this expectation of OIE support.

Table No. 7 – Support that the OIE could provide to develop animal disease prioritisation

	Priority	Crucial
Drawing up the guide and recommendations for appropriate prioritisation	27%	62%
Organizing regional workshops to disseminate these recommendations	34%	48%
Update descriptive cards with details of the scientific knowledge on the diseases and the available control measures	24%	64%
Support the development of veterinary legislation defining the priority diseases included in the official control programme	34%	46%
Disseminate the prioritisation experiences and findings of countries	40%	38%
Convince governments about the main concerns for priority diseases	29%	47%
Convince donor agencies	24%	46%

4. Discussion

The number of responses proves that prioritisation of animal diseases is viewed as a major issue for Veterinary Services. The question about diseases being the current focus of an official control programme enables us to gauge the disease ranking made by the Veterinary Services, be it the result of rational prioritisation or a more intuitive approach. It is reassuring to see that the most frequently mentioned diseases are those that represent global public health and economic issues. The proof that the "One Health" concept is already being applied by the Veterinary Services[3] is borne out by the fact that rabies, tuberculosis and brucellosis are the most frequently mentioned diseases targeted by official control plans.

---

[2] Listing and Categorisation of Priority Animal Diseases, including those Transmissible to Humans http://www.oie.int/en/support-to-oie-members/global-studies/categorisation-of-animal-diseases/

[3] Consultation entitled Operationalizing "One Health": A Policy Perspective - Taking Stock and Shaping an Implementation Roadmap Stone Mountain (United States of America), 4-6 May 2010. http://www.oie.int/en/for-the-media/onehealth/oie-involvement/stone-mountain/

Almost two-thirds of the countries have already or are currently conducting this kind of exercise. Prioritisation of animal diseases is an "animal health" risk management decision-making tool, thus it follows that the Veterinary Service experts should be the first to be involved in this exercise. The risk assessment agency experts are taking part, by providing their expertise on the impact assessment of the various diseases that should be prioritised.

It is also interesting to note that the first prioritisation findings users mentioned are the Veterinary Services of the trading partner countries and that facilitating trade is presented as one of the first goals of the exercise. Thus it is a tool that should justify adaptation of the specific details of the animal health policies to the countries' individual issues, while ensuring that they do not create undue economic obstacles to the international trade of animals and animal products.

While prioritisation is a tool that encourages the principle of subsidiarity enabling each country to define its own animal health policies, it can also be a factor of regional or international animal health programme coordination. Already more than a third of the countries say that their control programmes of the main diseases are part and parcel of regional or international coordination. Apart from listing the priority diseases, the rational prioritisation exercise identifies and qualifies the criteria and factors that determine the priority of a disease. By making such a contribution at a regional scale, the regional priorities are easier to determine taking into consideration the rational arguments of each country. This explains why 96% of the countries consider that when they are defining their national priorities the regional and international coordination of control programmes of specific diseases should be factored in.

Most of the countries also mentioned the importance of involving and sharing the findings with the various Veterinary Service partners, be they livestock breeder professionals or competent authority partners such as the Ministry of Health. Strong consensus is needed on which animal diseases should be covered by official control programmes. This should make it easier to persuade the political authorities to commit to decisions at supervisory ministry or government level and release the resources required to implement these programmes.

It is interesting that a preliminary ranking can be drawn from the mean importance level ascribed by the countries to the animal disease prioritisation criteria. Firstly it emphasises the plethora of criteria, as most of them are deemed important to the majority of countries. However, the differences between the mean levels from one continent to another prove that the weighting cannot be the same from one country to another. Accordingly, a common methodology must be applied to retain the possibility of comparing findings across individual countries, but with weightings that must be adaptable to suit the political priorities of each country. Hence the first OIE study[4] proposed an impact group approach (economic impact of the disease, impact of the disease on public health, societal and environmental impact, etc.) so that the diseases could be ranked by deciding on the relative weight ascribed to each impact group in line with the political priorities that had been adopted.

The issue of resource allocation is considered as a priority target of rational animal disease prioritisation. The developed countries want to ensure that the resources made available to the Veterinary Services are properly used to control the diseases that constitute collective issues (economic issues of the breeding sectors, public health issues, etc.). Their developing country counterparts want to ensure that minimal resources are provided to enable the Veterinary Services to develop efficient control programmes for the few diseases that present the countries' biggest issues.

Thus it stands to reason that animal disease prioritisation goes hand-in-hand with the strengthening of Veterinary Service competencies. The challenge for the developing countries is to use priority disease control programmes to construct active or passive epidemiological surveillance networks, the analytical capacities of laboratories, setting up territorial coverage by a veterinary network, etc. In the case of developed countries where budget restrictions are leading to greater selectivity in official disease control programmes, the challenge is to ensure when justification for curtailing of such and such a programme is by its success, it does not undermine the sustainability of the network built across the area. It has to be remembered that these networks are effectively fixed costs that have been covered by major interventions. Consequently it has been easy to graft public health or professional programmes onto them at marginal cost by relying on these networks borne by the major prevention programmes. But while the stoppage of a prophylactic programme is the price of its success, it must be made without putting a strain on the Veterinary Services' capacities

---

[4] http://www.oie.int/en/support-to-oie-members/global-studies/categorisation-of-animal-diseases/

primarily to avoid disease reintroduction through early detection and rapid reaction. Let us remember that it is the very aim of PVS Gap Analysis to estimate the fixed costs of the networks that form the basis of the required competencies of the Veterinary Services. Rational prioritisation of animal diseases is thus a complementary tool to the PVS Pathway approach. Furthermore, rational prioritisation will be based on the quality of epidemiological and local economic data.

In conclusion, it makes sense that the very vast majority of the countries lend legitimacy to the OIE's support action to prioritise animal diseases. Two priorities stand out. The first is writing guidelines that will contribute to providing common tools, and no doubt facilitate dialogue between countries on the choice made by each of them. The second is to update the scientific data cards gathered on each disease. This underscores that rational prioritisation can only be based on shared scientific data, and it is the core of the OIE's mission. The countries are thus emphatically concerned that the OIE Code should remain the internationally recognised scientific reference in terms of decision-making aid on animal health policies. At the end of the day it is essential to make prioritisation accessible to all countries and thereby avoid making scientific information gathering and analysis efforts too costly when they can be shared.

Appendix: Main responses to questions

Table No. 8 – Diseases in the countries covered by an official control programme

	Africa	America	Asia	Europe	Oceania	Total
Rabies	74%	96%	79%	52%	0%	70%
Brucellosis	71%	83%	70%	45%	20%	64%
Tuberculosis	56%	88%	56%	48%	40%	58%
Foot-and-mouth	60%	17%	83%	10%	0%	40%
Peste des petits ruminants	50%	0%	48%	7%	0%	25%
Classical swine fever	3%	46%	41%	17%	0%	24%
BSE	6%	13%	21%	31%	0%	18%
Contagious bovine pleuropneumonia	38%	0%	17%	2%	0%	14%
African horse sickness	24%	0%	10%	5%	0%	10%
Avian influenza	0%	33%	31%	21%	0%	19%
Newcastle disease	37%	46%	0%	0%	0%	18%

Table No. 9 – Importance ascribed to animal disease prioritisation criteria by continent

	Africa		America		Asia		Europe	
	Mean score	(% of scores 4 and 5)	Mean score	(% of scores 4 and 5)	Mean score	(% of scores 4 and 5)	Mean score	(% of scores 4 and 5)
Economic impact of the disease (mean of the following 3 items)	**4.35**	**83%**	**4.68**	**92%**	**3.977**	**72%**	**4.08**	**75%**
Drop in animal production and animal products in the countries because of the disease	4.82	97%	4.75	92%	4.24	79%	4.09	78%
Potential impact of the disease on national and international animal trade and animal product trade	4.41	88%	4.87	100%	4.21	83%	4.57	93%
Potential impact of the disease on other economic sectors (such as tourism, plant production, food-processing industry…)	3.82	64%	442%	83%	3.48	55%	3.59	55%
Impact of the disease on public health (mean of the following 3 items)	**4.673**	**93%**	**4.570**	**95%**	**4.310**	**87%**	**4.290**	**85%**
Direct impact of the disease on human health (morbidity, mortality)	4.82	94%	4.92	100%	4.59	93%	4.8	98%
Impact of the disease on food health safety	4.59	91%	4.62	96%	4.31	90%	4.5	98%
Impact of the disease on food safety (food security)	4.61	94%	4.17	88%	4.03	79%	3.57	59%
Impact of the disease on the environment	**3.82**	**67%**	**3.58**	**46%**	**3.71**	**54%**	**3.48**	**50%**
Societal impact of the disease (mean of the following 3 items)	**3.870**	**67%**	**3.710**	**58%**	**3.850**	**66%**	**3.747**	**65%**
Risk of animal suffering caused by the disease	3.5	53%	3.46	50%	3.86	66%	3.86	69%
Potential risk of crisis with consumers or the public	4.35	85%	4.48	87%	4.1	79%	4.26	86%
Risk of bioterrorism linked to the pathogenic agent of the disease	3.76	62%	3.19	38%	3.59	52%	3.12	41%
Availability and feasibility of the disease control measures	**4.59**	**88%**	**4.67**	**96%**	**4.1**	**76%**	**4.17**	**79%**
Impact of control measures	**3.835**	**0.705**	**4.085**	**75%**	**3.655**	**62%**	**3.665**	**59%**
Direct cost of control measures	4.65	91%	4.46	88%	4.24	83%	3.9	74%
Indirect cost of control measures (e.g.: obstacle to trade, impact of these measures on other economic sectors such as tourism or food-processing, etc.)	3.85	74%	4.29	83%	3.76	69%	3.79	64%
Environmental risk relating to control measures (risk of pollution by carcasses, environmental impact of the fight against disease vectors)	3.82	67%	3.88	67%	3.55	55%	3.54	54%

Criteria and factor for rational prioritisation of animal diseases that should be covered by public health policies

Table No. 10 – Importance of factors external to the countries in the prioritisation of animal diseases

% of countries	Africa	America	Asia	Europe	Total
Disease covered by coordinated control programmes across your regional economic community or worldwide					
Zero importance	7%	0%	4%	-10%	4%
Slight importance	35%	50%	65%	65%	50%
High importance	58%	50%	31%	45%	46%
Disease whose official control programme may be financed by an external donor					
Zero importance	21%	21%	21%	28%	24%
Slight importance	41%	58%	55%	61%	54%
High importance	38%	21%	24%	11%	22%

Table No. 11 – Veterinary Service strengthening factor to be taken into account when choosing priority diseases

	Africa		America		Asia		Europe		Total	
	Mean score	(% of scores 4 and 5)	Mean score	(% of scores 4 and 5)	Mean score	(% of scores 4 and 5)	Mean score	(% of scores 4 and 5)	Mean score	(% of scores 4 and 5)
Strengthening of the active or passive surveillance network	4.94	100%	4.75	92%	4.62	97%	4.07	79%	4.5	90%
Strengthening the veterinary laboratories	4.98	100%	4.75	96%	4.58	97%	4	74%	4.45	89%
Strengthening veterinary coverage on the ground	4.7	97%	4.58	96%	4.24	79%	3.71	60%	4.19	79%
Strengthening animal traceability and movements	4.35	82%	4.54	87%	4.24	79%	3.93	71%	4.21	80%
Compliance with OIE quality standards (PVS)	4.56	91%	4.29	79%	4.28	76%	3.46	61%	4.01	76%

Table No. 12 – Support means that the OIE could contribute for the prioritisation of animal diseases

% of countries declaring the following means priority or crucial	Africa	America	Asia	Europe	Total
Drawing up the guide and recommendations for apposite prioritisation	100%	71%	97%	89%	89%
Organizing regional workshops to disseminate these recommendations	91%	79%	90%	72%	82%
Updating descriptive cards detailing the scientific knowledge on the diseases and the available control measures	94%	83%	90%	86%	88%
Supporting the development of veterinary legislation defining the priority diseases included in the official control programme	97%	71%	93%	63%	80%
Sharing the prioritisation experiences and findings of countries	91%	71%	79%	74%	78%
Convincing governments about the main concerns for priority diseases	100%	79%	79%	58%	76%
Convincing donor agencies	84%	79%	69%	58%	70%

———————————

Criteria and factor for rational prioritisation of animal diseases
that should be covered by public health policies