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Original: English

**IMPLEMENTATION OF OIE STANDARDS BY OIE MEMBER COUNTRIES:
STATE OF PLAY AND SPECIFIC CAPACITY BUILDING NEEDS**

DESCRIPTIVE ANALYSIS OF THE QUESTIONNAIRE

S. Kahn, K. Bucher & D. Tellechea

Western Australian Department of Primary Industries and Regional Development, Australia
World Organisation for Animal Health (OIE), France

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INTRODUCTION

Background

At the 84th General Session of the OIE, held in Paris on 21–26 May 2016, the World Assembly of Delegates confirmed the topic “Implementation of OIE standards by OIE Member Countries – state of play and specific capacity-building needs” as the Technical Item with questionnaire to be presented at the 86th General Session in May 2018.

The OIE’s international standards are based on science and adopted by its 181 Member Countries. OIE standards in the *Terrestrial* and *Aquatic Animal Health Codes* should be used by the Veterinary Authorities of importing and exporting countries for early detection, reporting and control of animal diseases, including zoonoses, and to prevent their transfer via international trade in animals and their products while avoiding unjustified sanitary barriers to trade.

The World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement) recognises the OIE as the international standard setting body for matters relevant to animal health and zoonotic diseases. If countries apply OIE standards, they are complying with their WTO obligations.

The international standard-setting process of the OIE is transparent and fully participatory. While the OIE works to ensure that Member Countries are aware of their international obligations, there are still significant problems in the consistent application of these standards by many countries, particularly when making decisions on the importation of animals and animal products. Concerns about the non-application of OIE standards are regularly raised at the WTO SPS Committee. OIE recommendations on fish diseases, foot and mouth disease, bovine spongiform encephalopathy, African swine fever and avian influenza have all been the subject of the formal dispute settlement process in the 20 years since the creation of the WTO.

To encourage the implementation of its standards by its Members and fulfil its role as a WTO reference standard setting body, the OIE is designing an *Observatory on the implementation of OIE standards*. The Observatory is intended to serve as a tool to monitor and evaluate the implementation of the OIE standards. Data to be collected will help the OIE to determine the relevance of its standards to Member Countries. By evaluating progress and the constraints faced by Members in the implementation of OIE standards, the Observatory will contribute to the on-going improvement of OIE standard setting processes and related capacity building activities.

Objectives of the Technical Item with Questionnaire

This Technical Item addressed the implementation by Member Countries of the OIE standards for international trade in live animals and animal products (including food of animal origin). The purpose of the study was to identify and analyse factors that limit implementation of the standards and make recommendations on how the OIE could help Member Countries to overcome these difficulties. The study was also intended to support the OIE Observatory Project, by collecting baseline data. Both this Technical Item and the Observatory Project have the overall objective of supporting the implementation of OIE standards and, thereby, promote safe trade in animals and animal products.

METHODOLOGY

The questionnaire

The questionnaire comprised 4 sections with a total of 65 questions, including 60 questions requiring answers and 5 that invited the provision of additional information.

- Section 1: General information about national systems for sanitary measures;
- Section 2: Use of OIE standards when setting sanitary measures for the importation of commodities;
- Section 3: Use of OIE standards when negotiating access to export markets;
- Section 4: Challenges to the use of OIE standards and capacity building needs.

The questionnaire was translated in French and Spanish and was sent to all OIE Delegates through an online survey tool. The data were collected between December 2017 and February 2018. The descriptive analysis was performed using Excel.

Limits of the study

A strong effort of coordination at national and regional level was needed to answer the questionnaire as different areas might be involved in the processes of developing sanitary conditions for imports and/or negotiating market access, specially, considering the variety of animal species and products these processes include.

An example was provided by a country that sent the on-line questionnaire answered from the point of view of Terrestrial animals and a scanned copy of the same questionnaire answered from the point of view of Aquatic animals and biological products.

The extension and structure of the questionnaire may have diminished the accuracy of the responses as the countries had to provide one single completed questionnaire. Further specific studies may be needed in the future.

OVERVIEW OF RESPONSES OF MEMBER COUNTRIES

1. Member Countries replying to the questionnaire

Of the 181 OIE Member Countries that were sent the questionnaire, responses were received from 145 countries with an overall response rate of 80%. The list of responding countries is given in Annex 1. Some countries are members of more than one OIE region. To carry out the analysis of regional specificities, membership was attributed as shown in Annex 2. In this report, reference to the status of Member Countries as ‘developed’, ‘developing’ or ‘least developed’ was based on the United Nations classification¹ shown in Annex 3.

Figure 1 compares the response rate from the five OIE regions and Figure 2 shows the attribution of responding countries to the five OIE regions.

Figure 1 – Percentage of Member Countries in each region that replied to the questionnaire

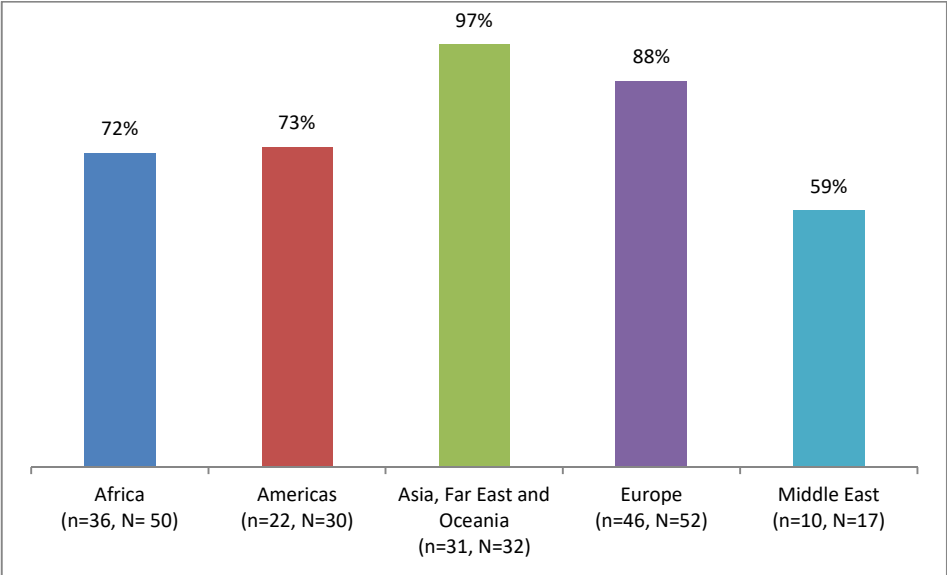
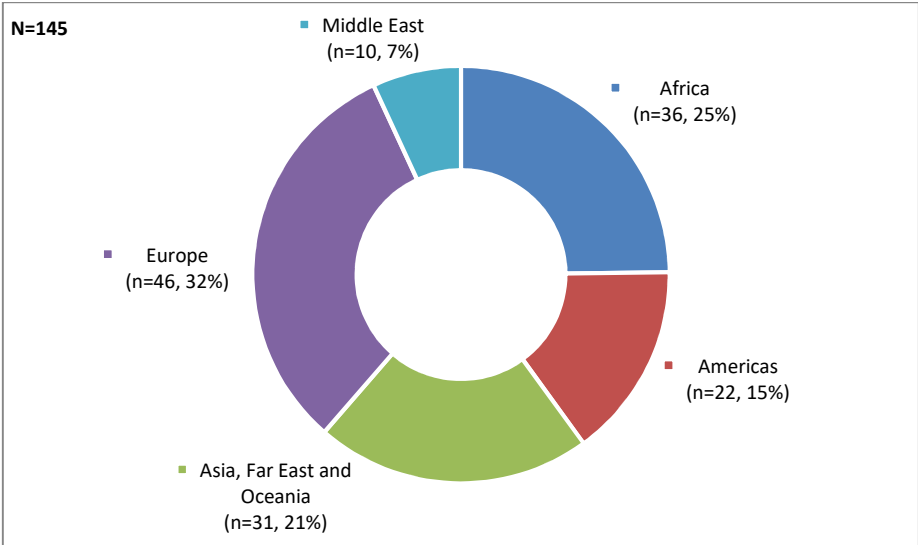


Figure 2 – Regional distribution of responding countries



¹ United Nations. World Economic Situation and Prospects 2018. Available at: https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/WESP2018_Full_Web-1.pdf Accessed on 28 February 2018.

2. Overview of national systems for setting sanitary measures

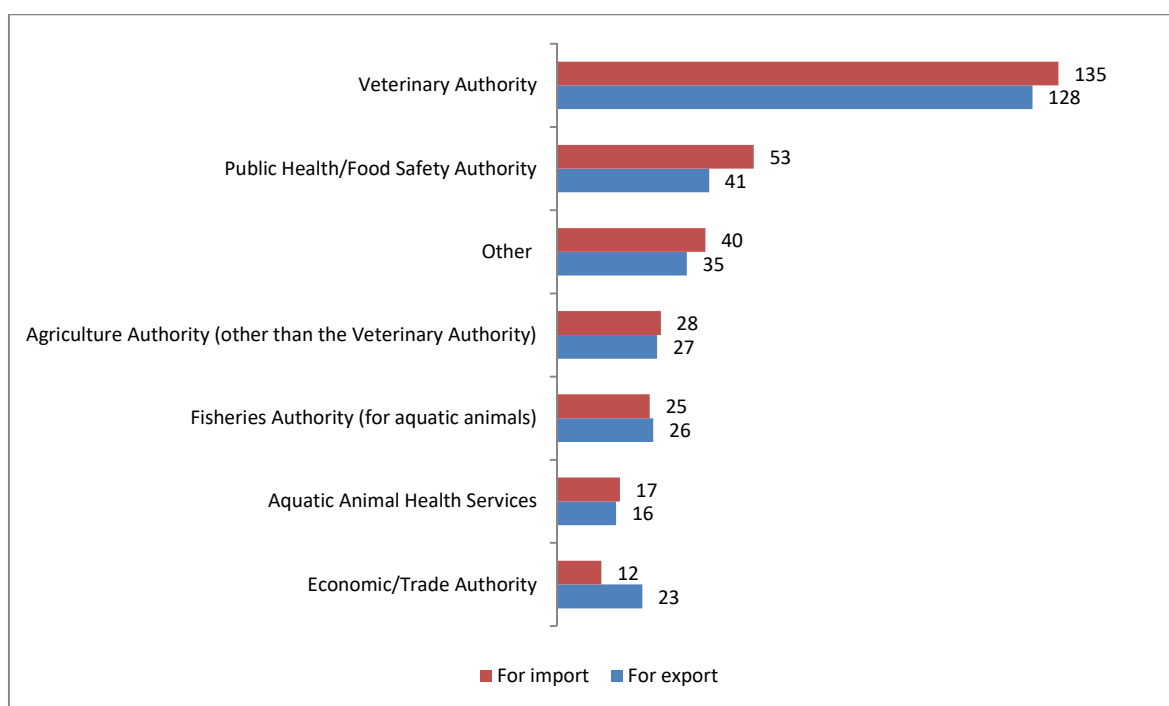
2.1. Coordination among competent authorities

A large majority of respondents indicated that the Veterinary Authority was the competent authority responsible for developing sanitary measures, in the context of imports (135 countries, 93%) and exports (128 countries, 88%).

For more than one half of respondents, the competency for developing sanitary measures is shared between at least two authorities at national level, in the context of imports (87 countries, 60%) and exports (80 countries, 55%).

Supra-national coordination was specified by most EU Member States, which identified the European Commission in this role in the context of import and export. While the role of the European Commission to negotiate export market access is well recognised, national governments remain responsible and are the competent authority for export certification.

Figure 3 – Which is the designated competent authority in your country responsible for developing sanitary requirements applied to the importation of commodities and for negotiating sanitary measures to support market access? (multiple choice question)



2.2. Staff involved in import and export activities

The involvement of the officials in setting sanitary measures both for import and export was common, with 134 countries (92%) of respondents indicating that this occurs either some or all of the time. Of the 11 countries (8%) indicating that this was not the case, no common factors were evident.

Regarding the participation of staff in OIE focal point seminars and (in a separate question) training on the SPS Agreement, 42% of respondents said 'yes, this is a priority'.

Only 10 countries (7%) indicated that staff responsible for setting sanitary requirements did not receive training on the SPS Agreement. Five of these countries also indicated that their staff did not have the opportunity to participate in OIE focal point seminars.

Figure 4 –Do the staff responsible for setting/negotiating sanitary measures have the opportunity to participate in OIE focal point seminars?

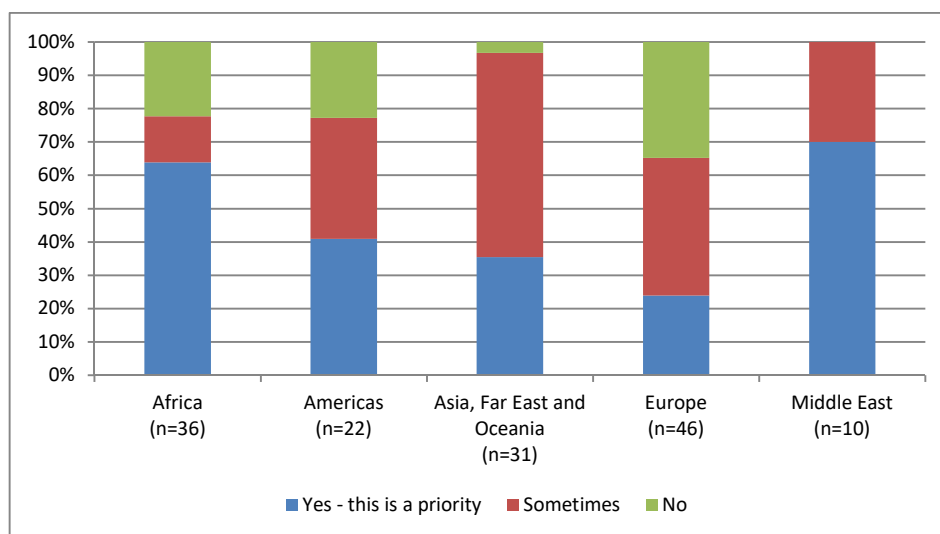
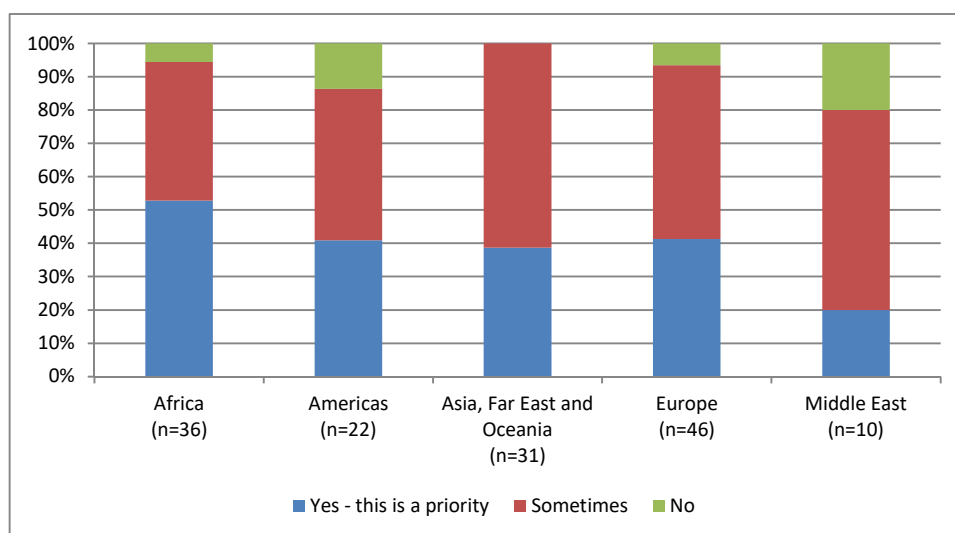


Figure 5 – Do the staff responsible for setting/negotiating sanitary measures receive training in relation to the requirements of the SPS Agreement?



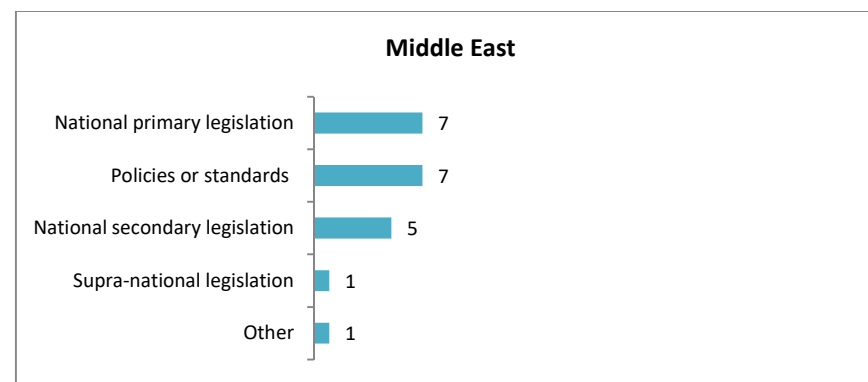
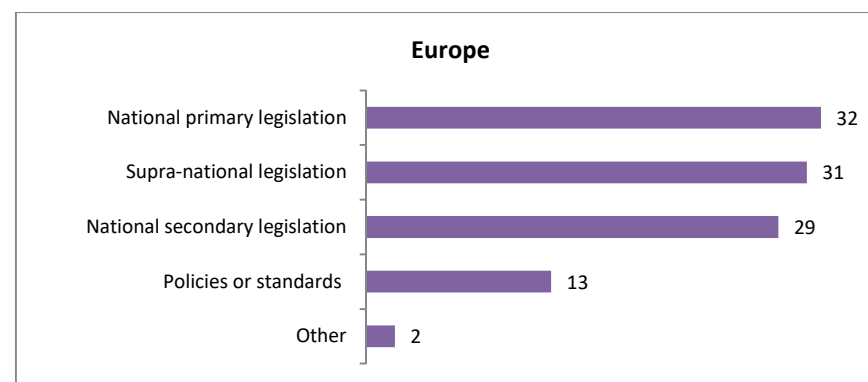
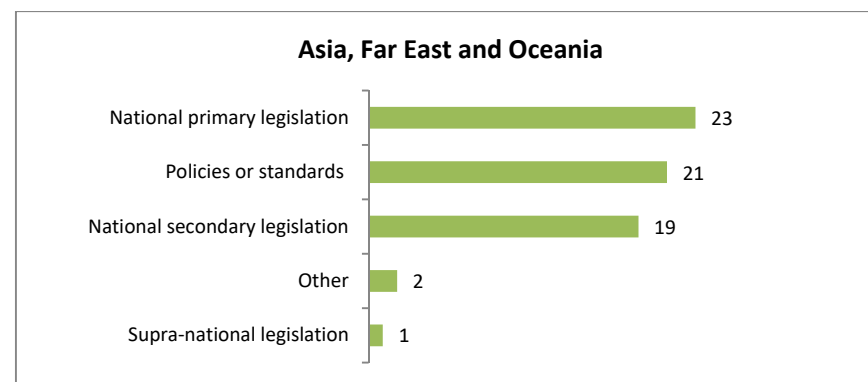
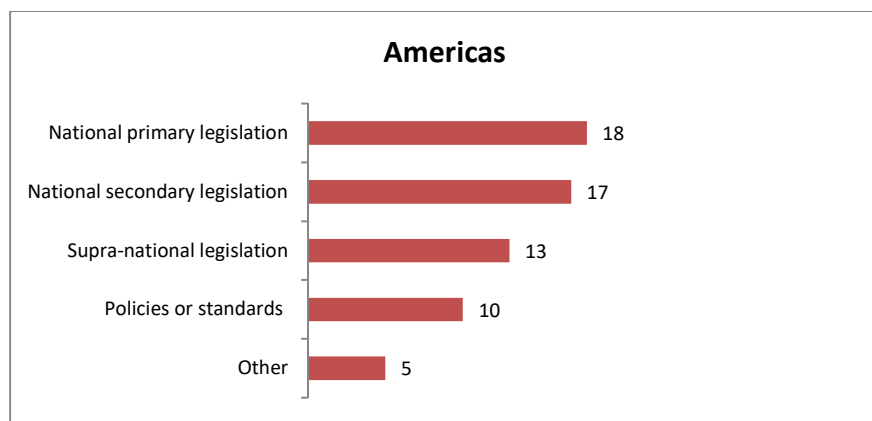
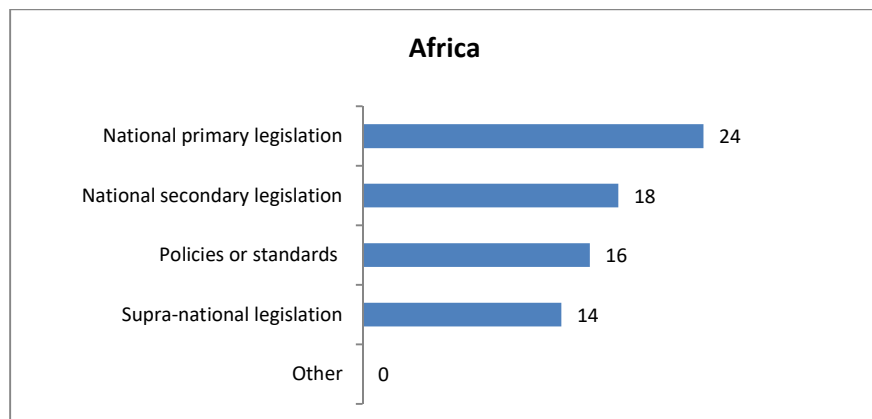
2.3. Legal framework

The harmonisation of national SPS measures with international standards is a key principle of the SPS Agreement. Use of the OIE standards as the basis for national sanitary requirements facilitates safe trade. Nearly all countries (144, 99%) indicated that international standards are considered when developing sanitary requirements, either as a legal requirement (57 countries) or a matter of policy (87 countries). The country answering “No” indicated that there are discussions to consider international standards in the future.

In total, 104 countries (72%) identified national laws as the legal authority for sanitary requirements in relation to imports.

Forty-two countries faced challenges related to legal framework when setting sanitary measures for the importation of commodities: “Appropriate legal framework is not in place” or/and “Regulatory process is complex / lengthy”.

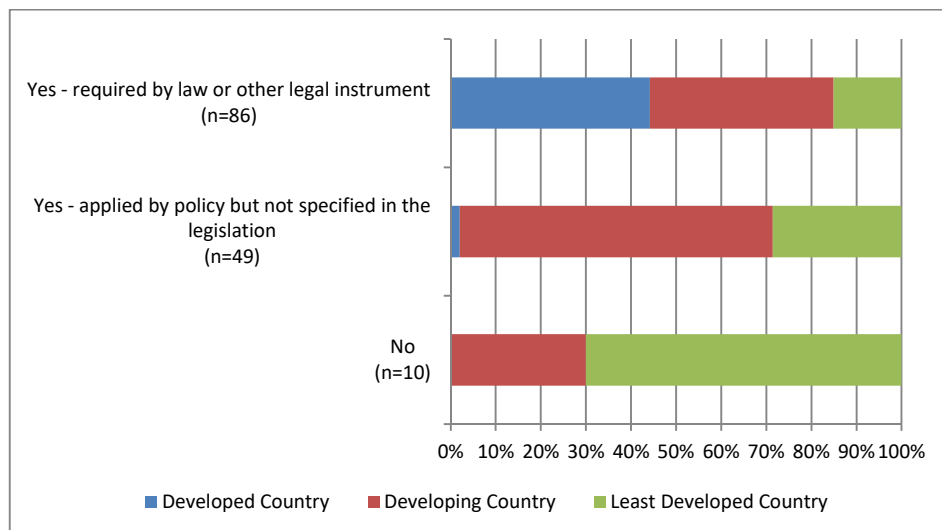
Figure 6 – In your country what is the legal framework that underpins sanitary requirements for imported commodities? (multiple choice question)



2.4. Risk analysis as a regulatory tool

Risk analysis is used by 135 countries (93%), either by law (86 countries, 59%) or policy (49 countries, 34%). 125 countries (86%) reported that they apply standards or systematic procedures for risk analysis.

Figure 7 – Does your country use risk analysis as the basis for setting sanitary measures?



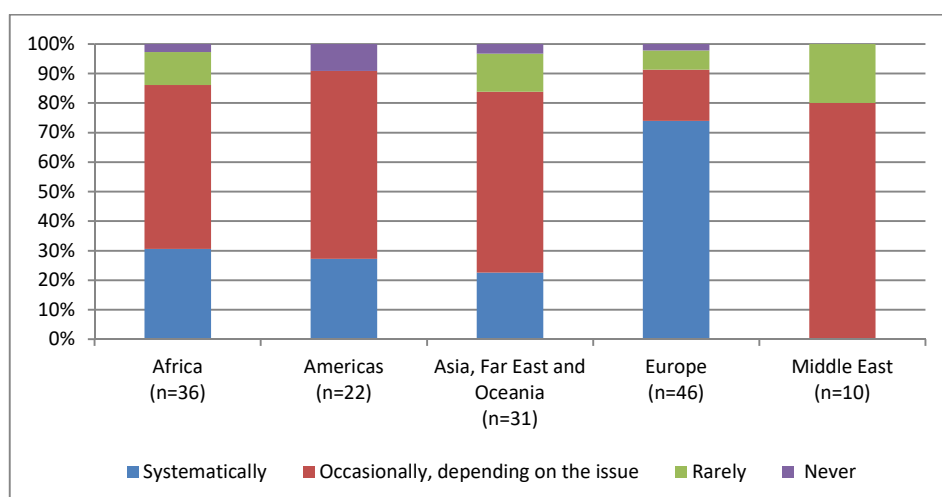
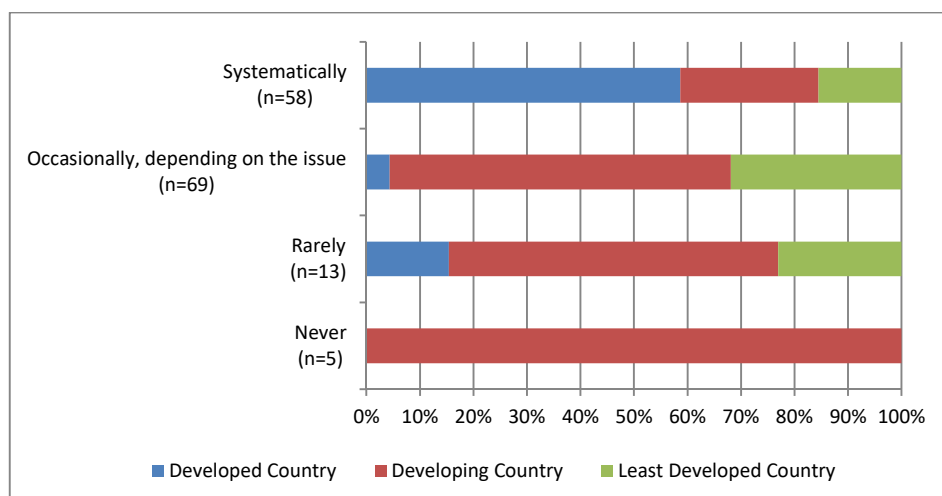
2.5. Regulatory transparency

i. Consultation with stakeholders (private sector, trading partners)

When initiating the development of sanitary measures, requests from importers (120 countries, 83%) and requests from the government of a trading partner (113 countries, 79%) were the most commonly reported 'trigger'. The responses also showed the importance of the private sector in this process, with requests from importers, exporters, and stakeholders reported as 'triggers' by 83%, 59% and 68% of countries respectively. Stakeholders and trading partners also request reviews or evaluation of sanitary measures in 41 (28%) of countries.

Although requests from the private sector are recognised as triggers for the development and review of sanitary requirements, private sector stakeholders are not consulted systematically when setting sanitary measures (87 countries, 60%). A similar number of countries (88, 61%) advised that comments from foreign governments or exporters are not sought systematically.

Figures 8a & 8b: To what extent are private sector stakeholders (e.g. producers, processors, consumers) consulted when establishing sanitary measures?



ii. WTO SPS notification

From a total of 145 respondents, 129 are WTO members.

The SPS Agreement recognises transparency as a key principle, applying to the sharing of information on sanitary measures at an early stage, by communication with stakeholders and trading partners. Measures that conform with international standards do not have to be notified to the WTO. While 98 countries indicated that they report the establishment of sanitary measures to the WTO SPS system, 19 countries reported that they do not, and 28 responded 'don't know'.

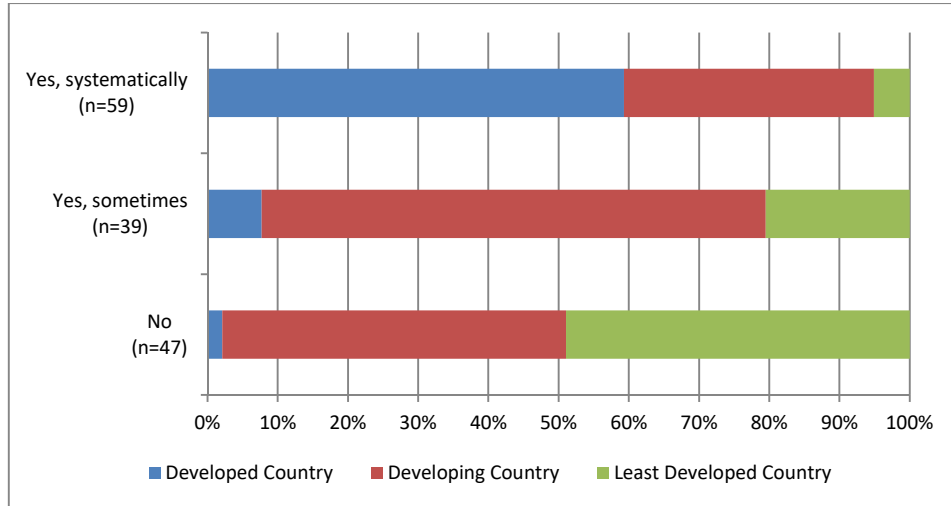
Thirty-eight countries having formal policies for equivalence include WTO notification in their procedure.

iii. Communication

Most countries (73%) make reports of import risk analyses available to trading partners on request or the public through an official website. Many countries reported that they provide trading partners with information on equivalence agreements on request or the public through an official website (95 countries, 66%). One third of respondents (47 countries) reported that, after entry into force, sanitary requirements for importation and health certificates are not available to the public on a website.

Forty-three countries (30%) reported that sanitary conditions for access to export markets are available to the public on a website and 80 countries (55%) reported that they are available on request.

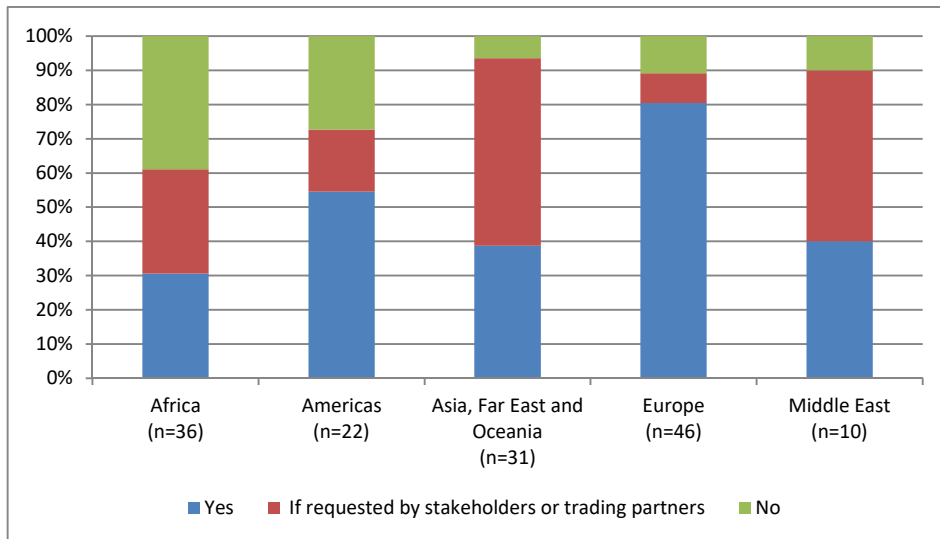
Figure 9 – After entry into force, are sanitary requirements for importation and veterinary health certificates available to the public on an official web-site?



2.6. Review and Evaluation

Proactive policies on the review and evaluation of sanitary measures were reported by 76 countries (52%), with 52 indicating that this was done each year after the OIE General Session.

Figure 10 – Does your country have a proactive policy to evaluate and revise sanitary measures periodically (e.g. to take into account amendments to the OIE Codes)?

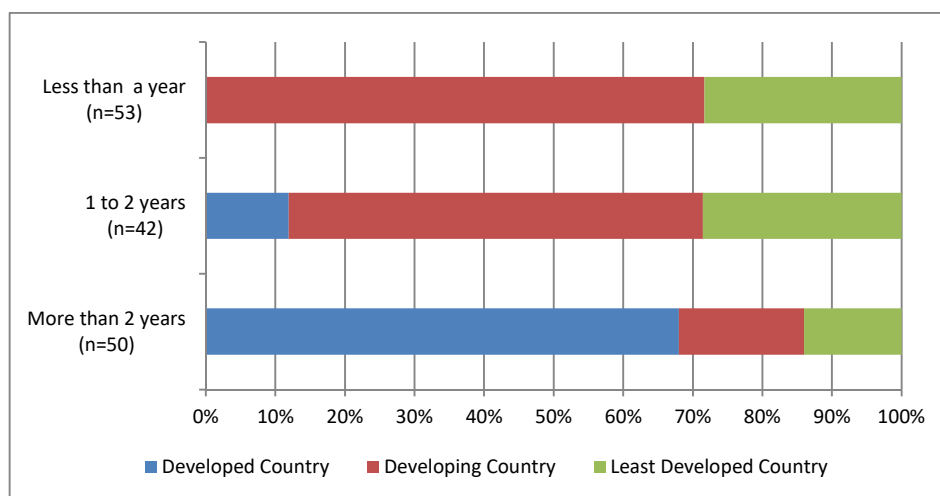


3. Use of OIE standards by Member Countries for trade negotiation

3.1. Time-frame of process to develop sanitary requirements for importation

In 98 countries (68%), the timeframe for the development of sanitary requirements for imports is decided on a case by case basis. Once a country has been approved for importation, 92 countries (63%) said that on average it takes less than one year to develop sanitary requirements for importation of a new commodity, whereas importation from a country for the first time often takes more than one year (92 countries, 63%).

Figure 11 – On average, how long does it take to develop sanitary requirements for importation from a country that was not previously approved for importation?

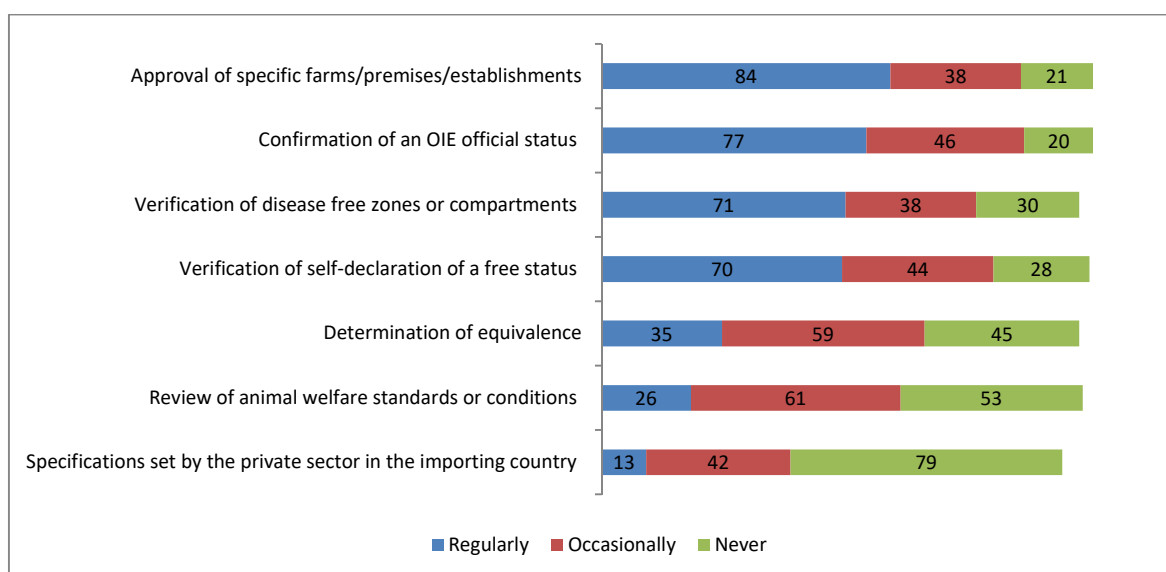


3.2. Activities carried out by importing countries to approve market access

Actions carried out by importing countries on a ‘regular’ or ‘occasional’ basis are shown in Figure 12. The collection of additional information, with or without an on-site visit was reported as a regular or occasional occurrence by the three quarters of all countries, whether this related to the approval of specific premises; verification of self-declared disease status; establishment of free zones or compartments, or official decisions of the OIE in relation to disease-free status.

Other verification activities were reported to occur at a lower frequency. Nearly one third of countries (45) reported that determinations of equivalence never occurred and 53 countries (37%) reported that review of animal welfare standards never occurred. Few countries reported that private sector specifications were discussed; in fact, more than half reported that this never occurred.

Figure 12 – When you are negotiating access to export markets, how often do the importing countries carry out the following activities? (multiple choice question)



3.3. Collecting information and obtaining guarantees from exporting countries

Many countries reported lack of transparency or failure to provide information by exporting country. This was the top challenge to recognise equivalence (reported by 87 countries, 60%) and when recognising disease free zones/compartments (reported by 107 countries, 74%).

i. Collecting information on disease status

▪ WAHIS

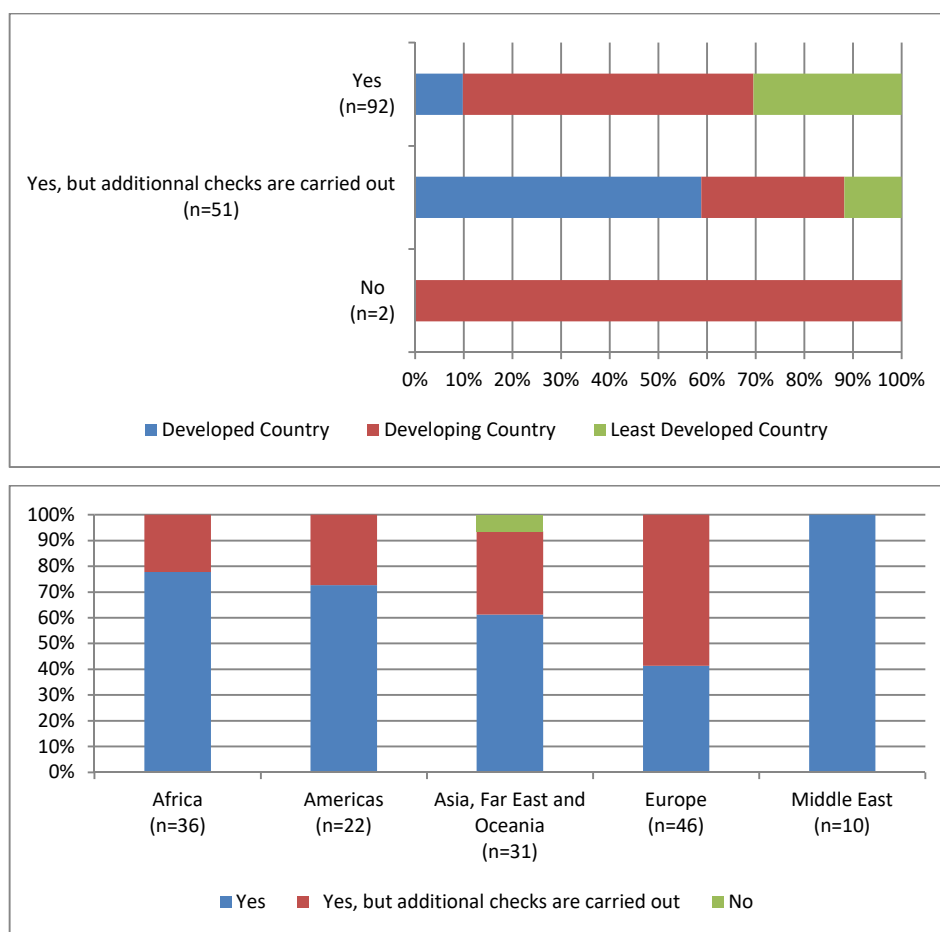
When Member Countries are developing sanitary measures for imported commodities, they systematically consult the World Animal Health Information System (90%).

▪ OIE Official disease status

From the perspective of exporting countries: having an official OIE disease status is very important for 92% of respondents (133 countries) and fairly important for 8% (12 countries) for export market access. Nevertheless, 85% of respondents (123 countries) stated that, when they are negotiating access to export markets, importing countries do regularly (53%) or occasionally (32%) a confirmation of an official status granted by OIE through requests for dossiers and/or on-site visits.

From the perspective of importing countries: when Member Countries are developing sanitary measures for imported commodities, they systematically consult the OIE official disease status lists (90%). Some 98% of respondents (143 countries) consider official OIE decisions on disease status, including 35% (51 countries) stating that they carry out additional checks.

Figure 13a & 13b – When setting sanitary measures for imports, does your country consider whether the OIE has granted official disease freedom for the exporting country/zone?



▪ Self-declaration

From the perspective of exporting countries: having a self-declaration for a disease is very important for 59% of respondents (85 countries) and fairly important for 35% (51 countries) for export market access. Some 78% of respondents (114 countries) stated that, when they are negotiating access to export markets, importing countries do regularly (48%) or occasionally (30%) a verification of self-declaration of a free status through requests for additional information and/or on-site visits.

From the perspective of importing countries: when Member Countries are developing sanitary measures for imported commodities, 41% consult published self-declarations systematically and 25% consult them occasionally.

ii. *Collecting information on the capacity of Veterinary Services and Aquatic Animal Health Services*

▪ Use of PVS report

When negotiating access to export markets, a PVS report was considered 'very useful' by 19 countries (13%). 64 countries (44%) stated that a PVS report is sometimes useful but other information is also required by importing countries. Nearly one third of countries reported that they did not have a PVS report.

The reports of PVS missions were reported as 'systematically or occasionally' consulted by almost one half of importing countries, whether the report had been published by the OIE (53% reported systematically or occasionally) or requested directly from exporting country (40% reported 'systematically or occasionally').

▪ Use of questionnaire and on-site mission

From the perspective of exporting countries: questionnaires and on-site visits are commonly used by importing countries to establish conditions for market access and these may occur on multiple occasions. A majority of countries (81%) reported that they had received questionnaires in 2017; 46 countries (32%) had received more than 5 questionnaires in the year. Some 71% of countries (103) reported that they had received visits from importing countries in 2017; 33 countries (23%) had received more than 5 visits in the year.

From the perspective of importing countries: when Member Countries are developing sanitary measures for imported commodities, many countries systematically or occasionally use questionnaire answered by exporting countries (109 countries, 75%) and carry out a visit to exporting countries (103 countries, 71%).

Figure 14a & 14b – How often do you use questionnaires answered by the exporting country when developing sanitary measures for imported commodities?

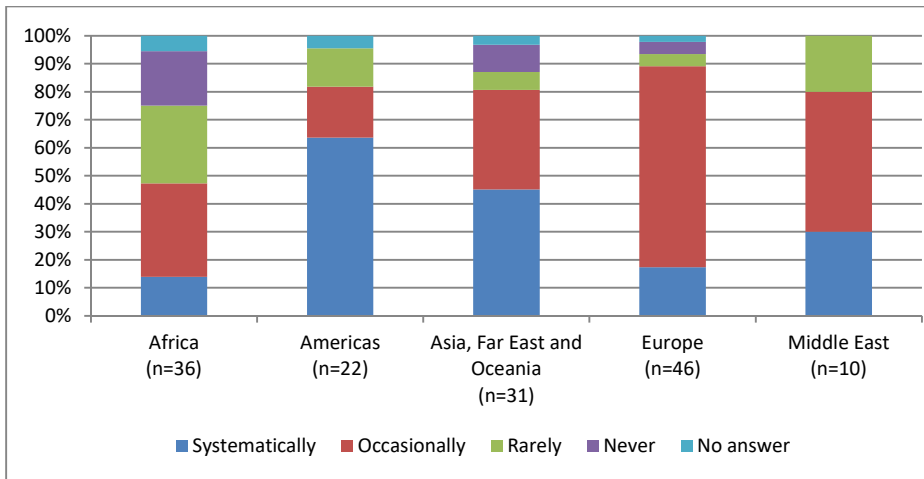
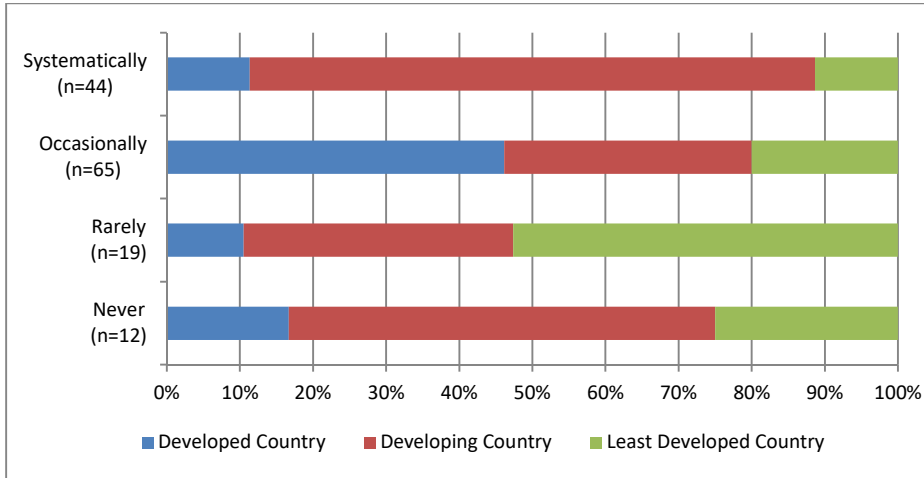
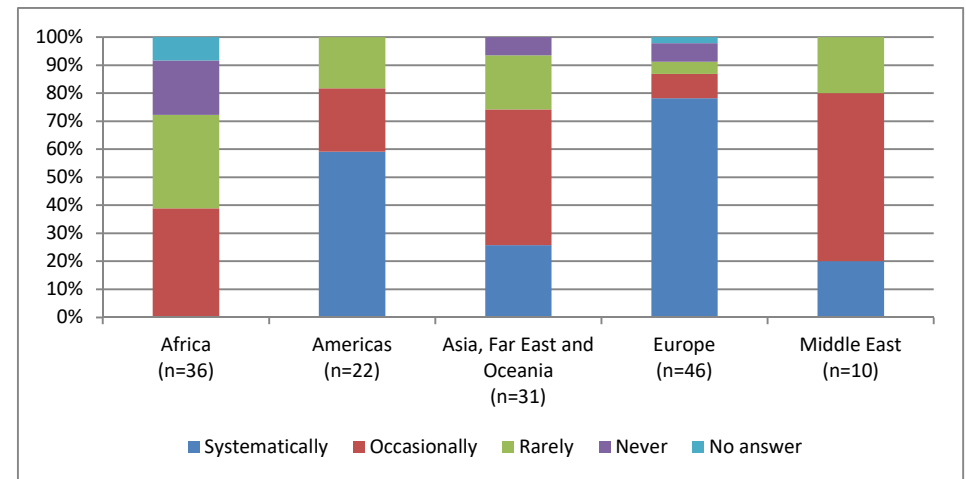
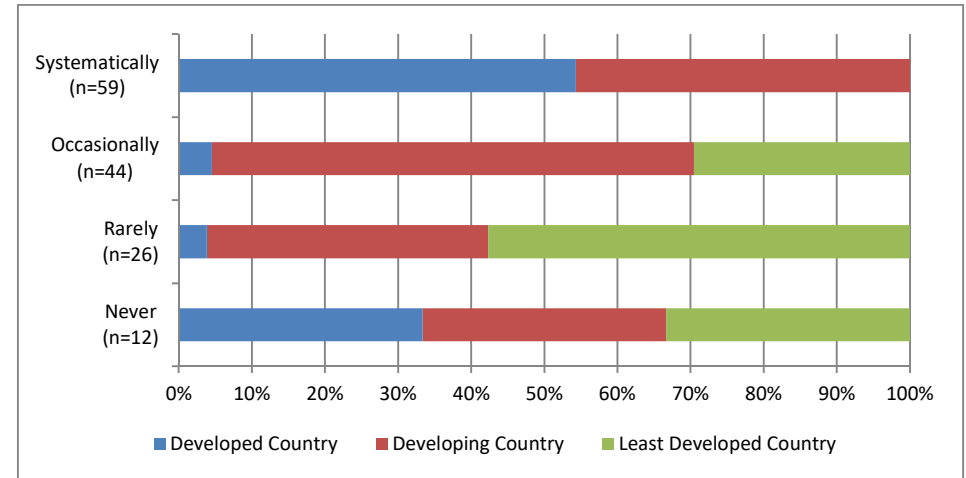


Figure 15a & 15b: How often do you carry out visit to exporting country when developing sanitary measures for imported commodities?



▪ **Transparency of exporting countries**

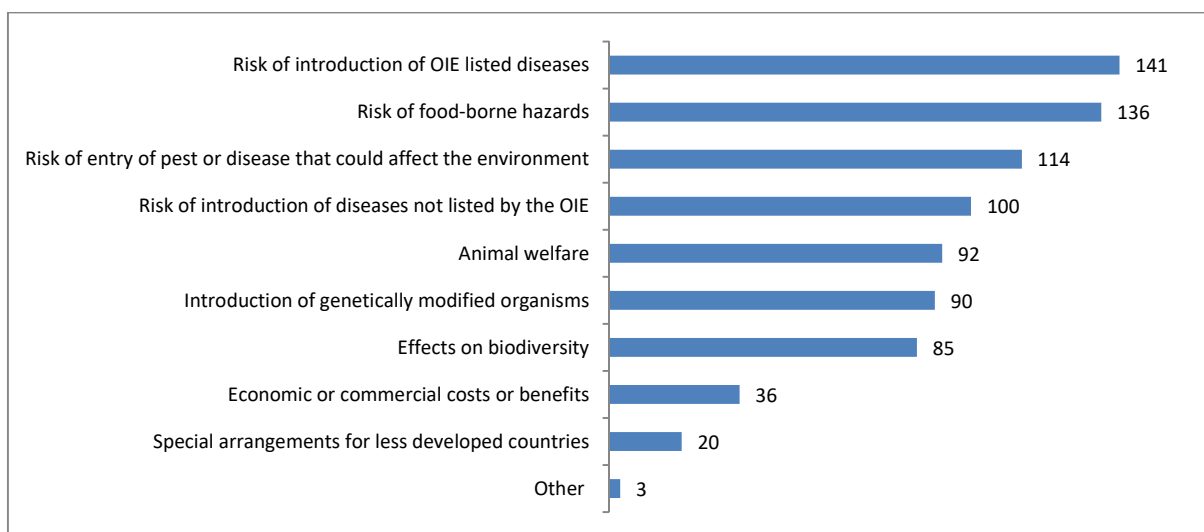
When countries were asked to indicate how they communicate disease occurrences or other failures of health safeguards with their trading partners, the most commonly reported method was ‘personal contact at level of CVO or senior veterinary official’ (126 countries, 87%), followed by ‘rely on the OIE to disseminate information’ (102 countries, 70%), then ‘political channels, Minister or CEO’ (63 countries, 43%). In the category ‘other’, 33 countries reported that information was provided by embassies and trade agencies and that there were specific mechanisms for the provision of notification under bilateral agreements. Some European countries mentioned the EU Animal Disease Notification System as an important mechanism for sharing information amongst trading partners.

3.4. Application of import risk analysis

Import requirements are frequently developed for a commodity that may be imported from more than one country (71%) or a commodity/country combination (66%).

With respect to import requirements, preventing the introduction of OIE listed diseases and of food borne hazards are very common objectives (97% and 94% respectively) but non OIE-listed pests/diseases, and those that threaten the environment, are also considered by 69% and 79% of countries, respectively. Animal welfare was identified as a subject of sanitary requirements by 92 countries (63%). The authority to consider economic or commercial issues when setting sanitary measures for imports was reported by 36 countries (25%).

Figure 16 – When setting sanitary requirements for imports, what factors can be considered?
(multiple choice question)

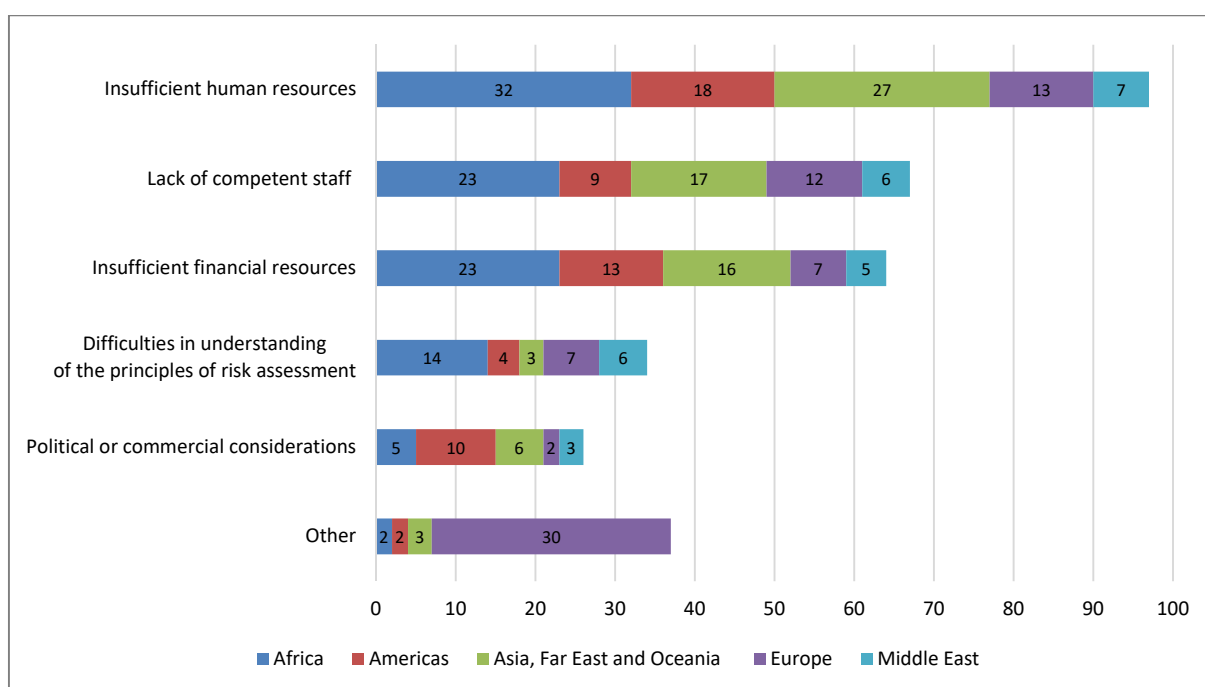


When developing sanitary measures for imported commodities, the OIE handbook on import risk analysis for animal and animal products is used systematically by 41% of respondents for *Volume I - Introduction and qualitative risk analysis* and by 36% of respondents for *Volume II - Quantitative risk assessment*. Some 14% of respondent systematically make use of risk assessments elaborated by other importing countries and 52% do this occasionally.

Some 55% of respondents reported that they do not systematically provide scientific justification to trading partners when imposing import measures that are stricter than OIE recommendations.

Sixty countries (41%) reported lack of expertise in risk analysis as a challenge when setting import sanitary measures. The challenges that were most commonly reported by countries were insufficient human resources, including technical capabilities; insufficient financial resources, and lack of staff who are competent to carry out import risk analysis.

Figure 17 – What challenges does your country face when performing an import risk analysis as a basis for setting sanitary measures for the importation of commodities?
(multiple choice question)



3.5. Determination of equivalence in making decisions on importation

From the perspective of exporting countries: when they are negotiating access to export markets, 94 countries reported that determination of equivalence occurred regularly (24%) or occasionally (41%) whereas 122 countries reported that approval of specific farms/premises/establishments occurred regularly (58%) or occasionally (26%).

From the perspective of importing countries: most countries (133, 92%) reported that the Competent Authority has the authority to use equivalence as basis for setting import sanitary requirements, either by law (75 countries, 52%) or policy (58 countries, 40%). However, only 76 (52%) reported that they had formal policies or procedures on equivalence and 80 (55%) indicated that their processes for determining equivalence conform with the relevant OIE recommendations.

Equivalence based on a set of measures, such as testing, treatment and pre-export isolation was reported by 109 countries (75%). A significant number of countries reported equivalence decisions based on management of animal health in a country or zone (90 countries, 62%) and on food production systems (80 countries, 55%).

Lack of transparency or failure to provide information by exporting country was the top challenge to recognise equivalence (reported by 87 countries, 60%). The other challenges that were most commonly reported by importing countries when deciding equivalence were inadequate human resources, including their technical capacity and capability (49%, 71 countries) and lack of guidance from the OIE (30%, 43 countries).

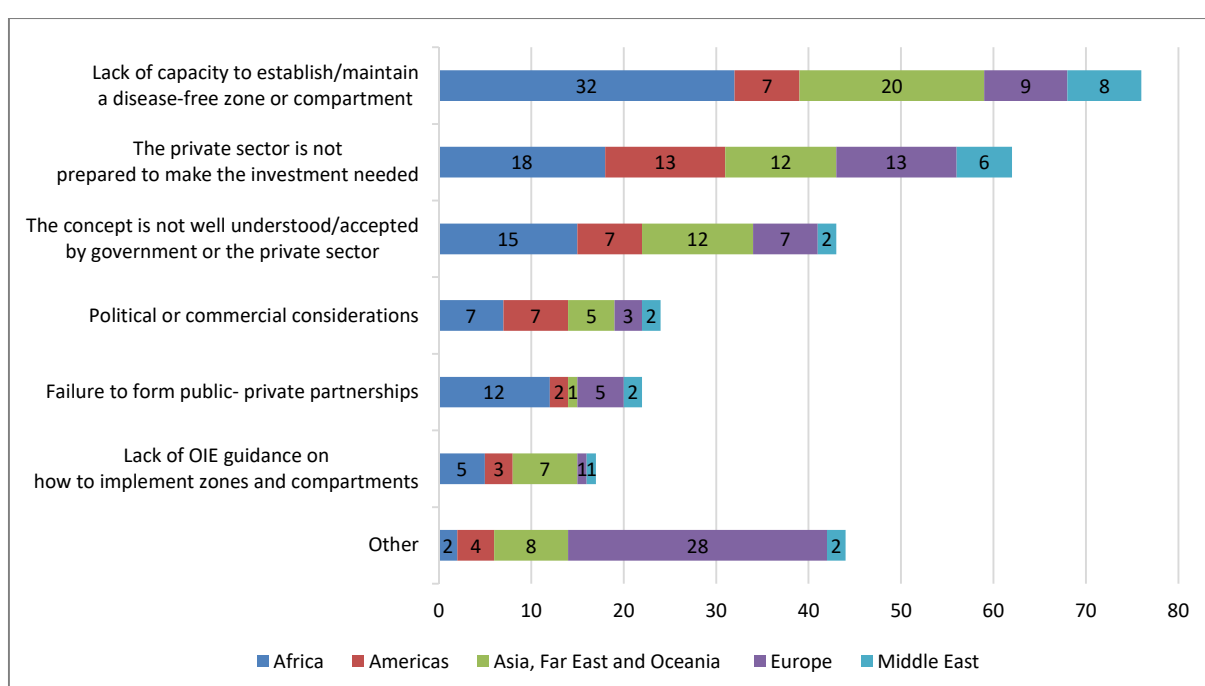
3.6. The use of OIE standards to facilitate market access

i. Zoning and compartmentalisation

From the perspective of exporting countries: lack of capacity to establish/maintain a disease free zone or compartment was reported by 76 countries (52%) as the main challenge in relation to negotiation of market access, followed by lack of private sector investment (62 countries, 43%).

Three-quarters of respondents (109 countries) stated that, when they are negotiating access to export markets, importing countries either regularly (49%) or occasionally (26%) conduct a verification of disease free zones or compartments through requests for additional information and/or on-site visits.

Figure 18 – What are the main challenges to using zoning and compartmentalisation in your country as a tool to facilitate trade, as recommended by the OIE? (multiple choice question)



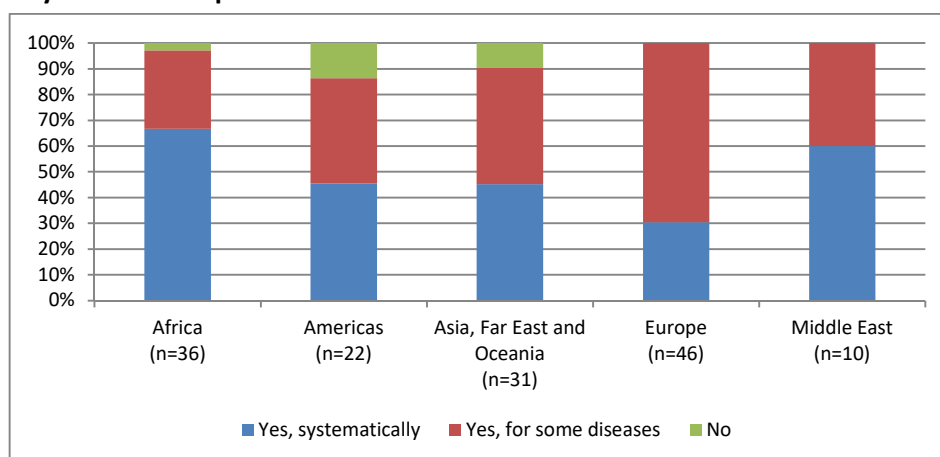
From the perspective of importing countries: sixty-eight countries (47%) reported that they systematically authorise imports from disease free zones in accordance with relevant OIE recommendations. While only 35 countries (24%) currently have protocols for importation from disease free compartments, a further 66 countries (46%) reported that these are currently under consideration and 48 countries (33%) reported that they follow the guidelines on compartmentalisation that are found on the OIE website.

Lack of transparency or failure to provide information by exporting country was the top challenge when recognising disease free zones/compartments (reported by 107 countries, 74%).

Reluctance of decision-makers to accept importation from infected countries despite scientific acceptance of the application of zoning or compartments was reported as a significant challenge to the recognition of disease-free zones or compartments by 56 countries.

‘Political or commercial considerations’ was reported as a significant challenge by 39 countries.

Figure 19 – If an exporting country applies OIE recommendations on zoning for diseases, does your country authorize imports from these free zones?



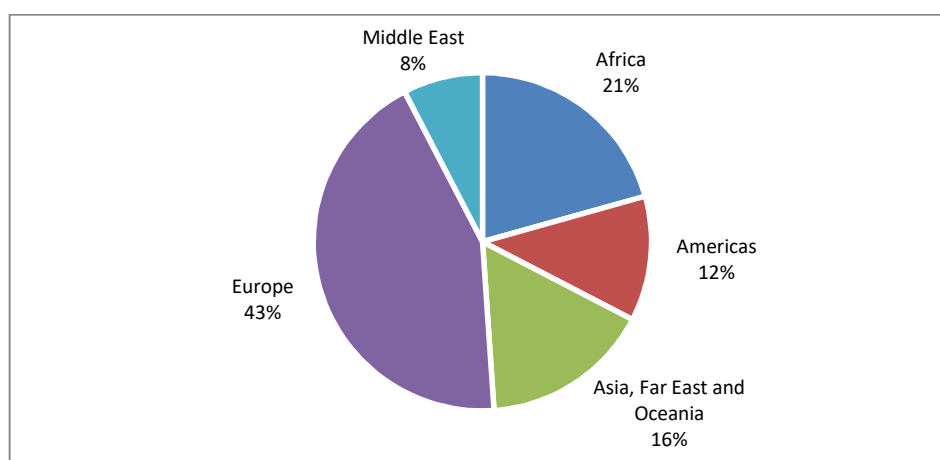
ii. Safe trade and safe commodities

When establishing import requirements, 140 countries consider the definition of safe commodities in the Codes, fully (80 countries, 55%) or sometimes (60 countries, 41%). The consideration of OIE recommendations on the processing or treatment of commodities to inactivate pathogens was reported by 139 countries, either ‘fully’ (86 countries) or ‘sometimes’ (53 countries).

3.7. Other issues relating to standards

Animal welfare was reported as ‘regularly addressed’ in the negotiation of market access by 26 countries (18%) and ‘regularly or occasionally’ addressed by 61 countries (42%) and, only 2 countries reported animal welfare as a challenge when negotiating access to export markets. When considering these results, it is important to bear in mind that animal welfare is not covered by the WTO SPS Agreement and respondents may have considered that animal welfare measures were not a sanitary measure. Another explanation for these results is that private specifications for animal welfare, being stricter than OIE recommendations, effectively ‘set the bar’ in the trade context. As a training topic, animal welfare rated a relatively low priority compared with other topics. Animal welfare was considered a high priority by 42% of respondents, including countries at all levels of economic development in all 5 OIE regions.

Figure 20 – The percentage of countries in each region that consider animal welfare when setting import requirements (n=92)



Private specifications (or private standards) are requirements of the private sector, often large food retailers. They may cover food safety or quality, animal welfare, or other issues. Ten per cent of countries reported that failure to comply with private specifications was a challenge to market access and 9% reported that private sector specifications are regularly discussed when negotiating access to export markets. More than half of all respondents said that private sector specifications were never discussed.

4. Usefulness of mechanisms to facilitate implementation

4.1. Capacity building activities

These questions sought to ascertain the requirements of Member Countries for capacity building activities. Training on OIE standards and the SPS Agreement, and on Import risk analysis, was reported as a high priority for 74% of countries.

Figure 21 – Importance of training topics, in the context of better understanding and implementation of OIE standards: (multiple choice question)

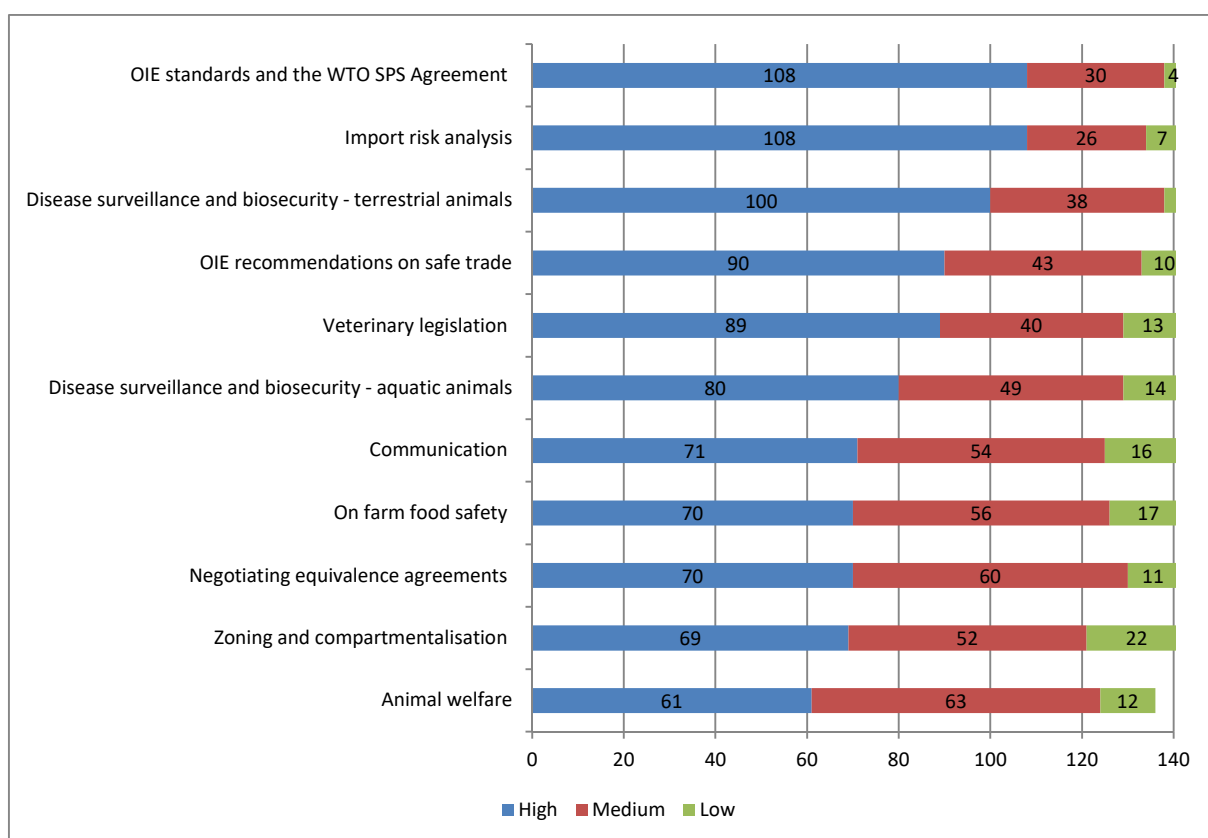


Table 1 shows the responses of countries in relation to the priority of topics to be addressed in training activities. There was a good degree of agreement on priority topics for training. More than 60% of countries identified four topics as high priority and more than 90% of countries supported these four topics as a high or medium priority, i.e. OIE standards and the SPS Agreement; import risk analysis; surveillance and biosecurity in terrestrial animals; and safe trade/safe commodities. Training on the negotiation of equivalence agreements was reported as a high or medium priority by 89% of countries and veterinary legislation was reported as a high priority by 61% of countries.

There were some regional differences – e.g., Asia, Far East and Oceania identified training on ‘Communications’ as a top priority while Middle East and Americas identified training on ‘Veterinary Legislation’ as a high priority.

Table 1. Topics identified as high or high/medium priority for training.

Topic	Number of countries	
	High priority	Either High or Medium priority
OIE standards and the SPS Agreement	108 (74%)	138 (95%)
Import risk analysis	108 (74%)	134 (92%)
Surveillance & biosecurity (terrestrial)	100 (69%)	138 (95%)
Safe trade & safe commodities	90 (62%)	133 (92%)
Veterinary legislation	89 (61%)	129 (89%)
Surveillance & biosecurity (aquatic)	80 (55%)	129 (89%)
Negotiating equivalence agreements	70 (48%)	130 (89%)
Communication	71 (49%)	125 (86%)
On farm food safety	70 (48%)	126 (87%)
Zoning & compartmentalisation	69(48%)	121 (84%)
Animal welfare	61 (42%)	124 (85%)

Figure 22 – Regional high priorities for training

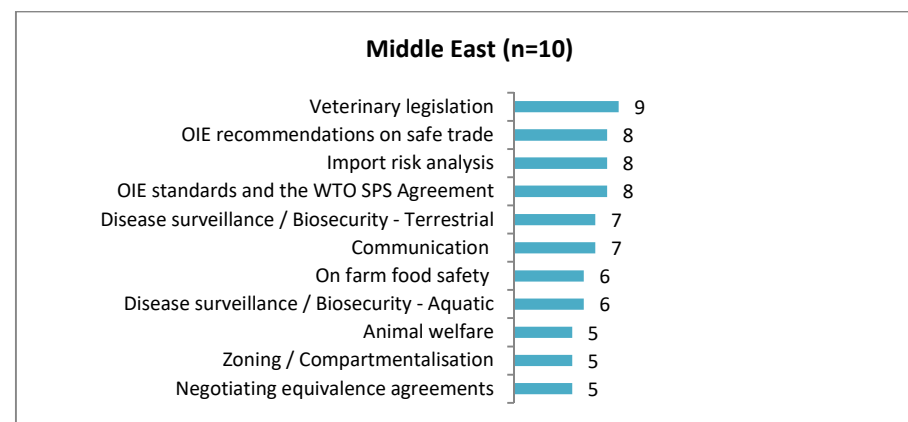
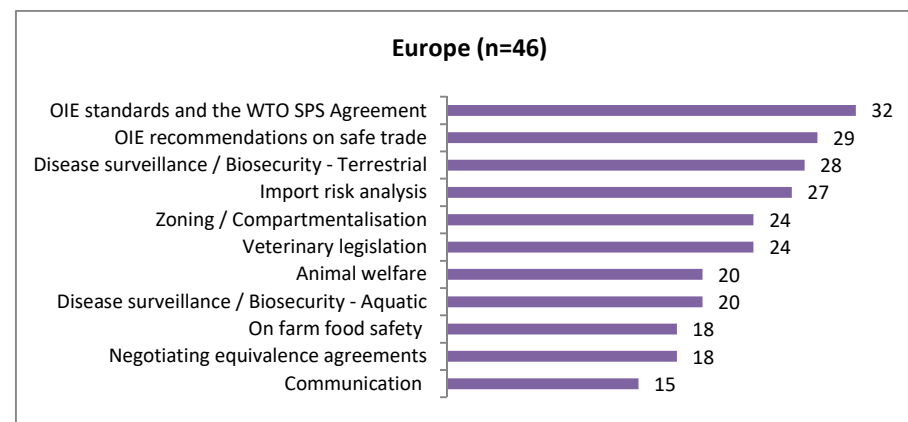
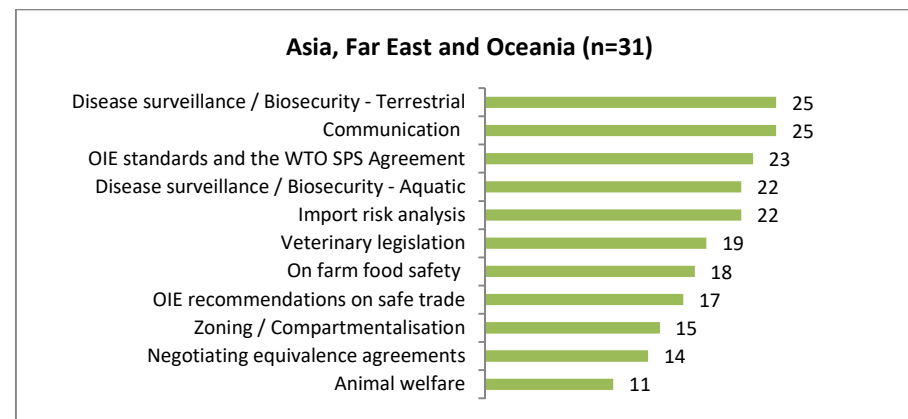
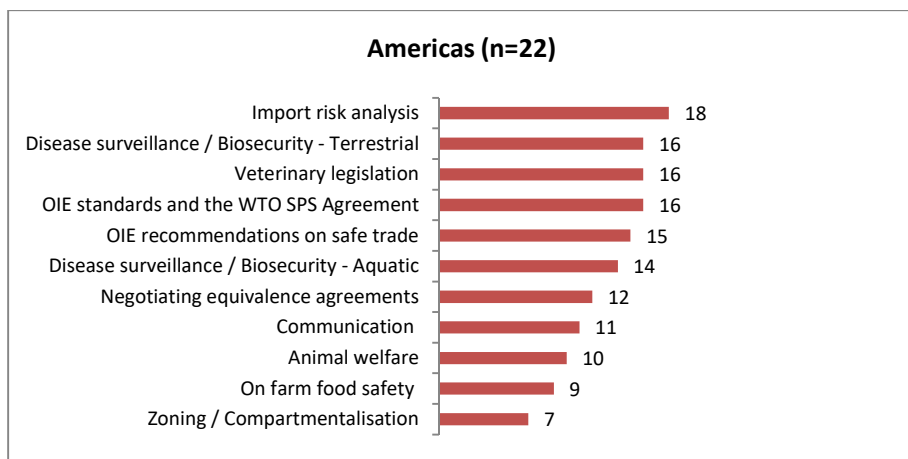
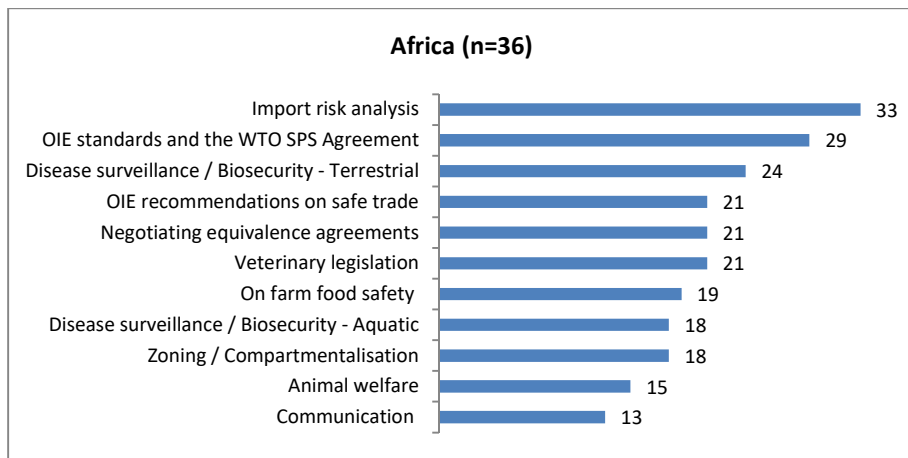


Figure 23 – High priorities for training, according to the level of development of Member Countries

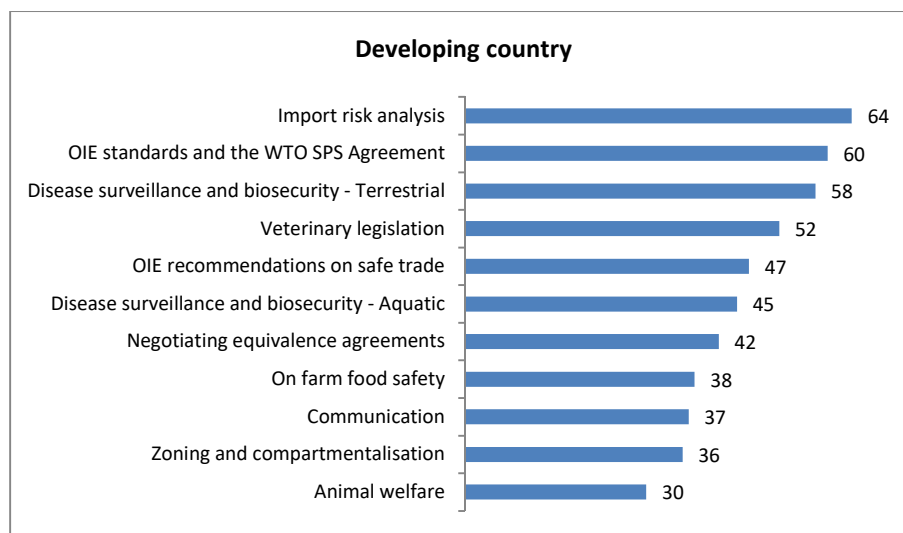
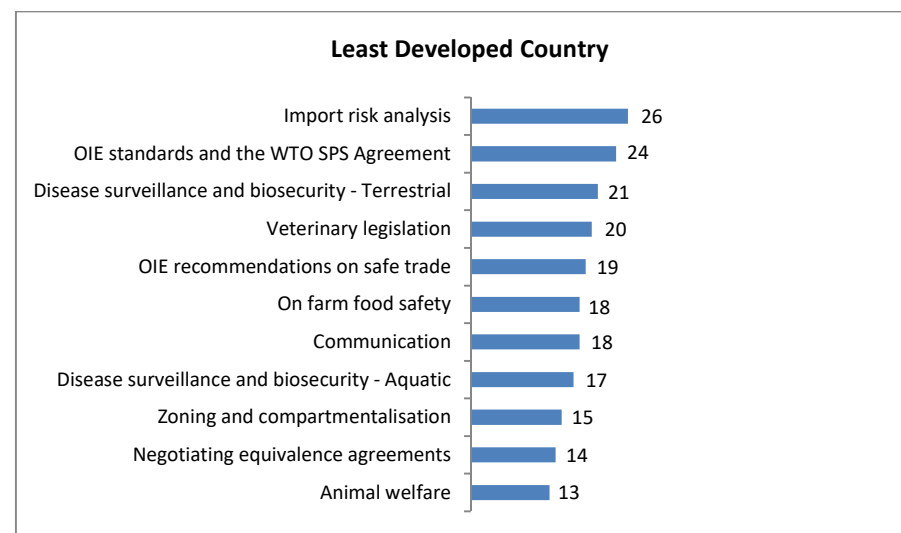
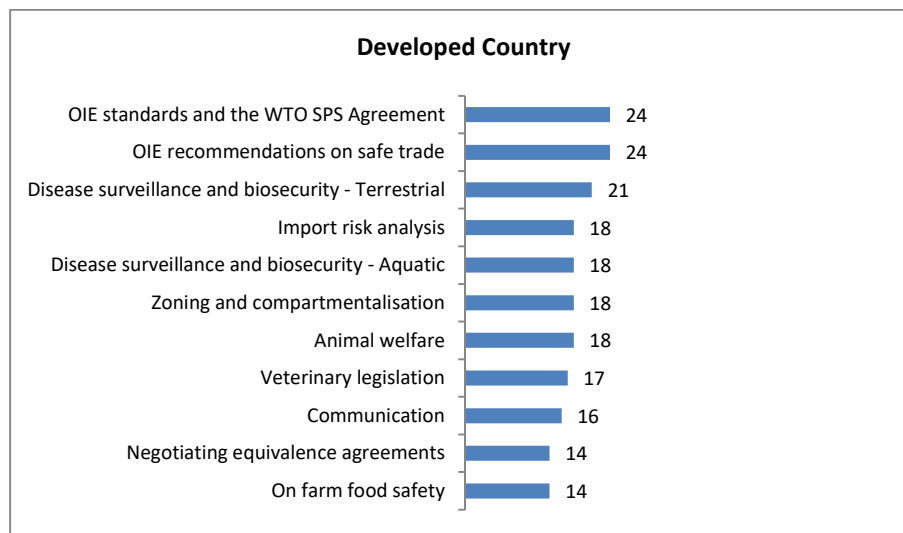
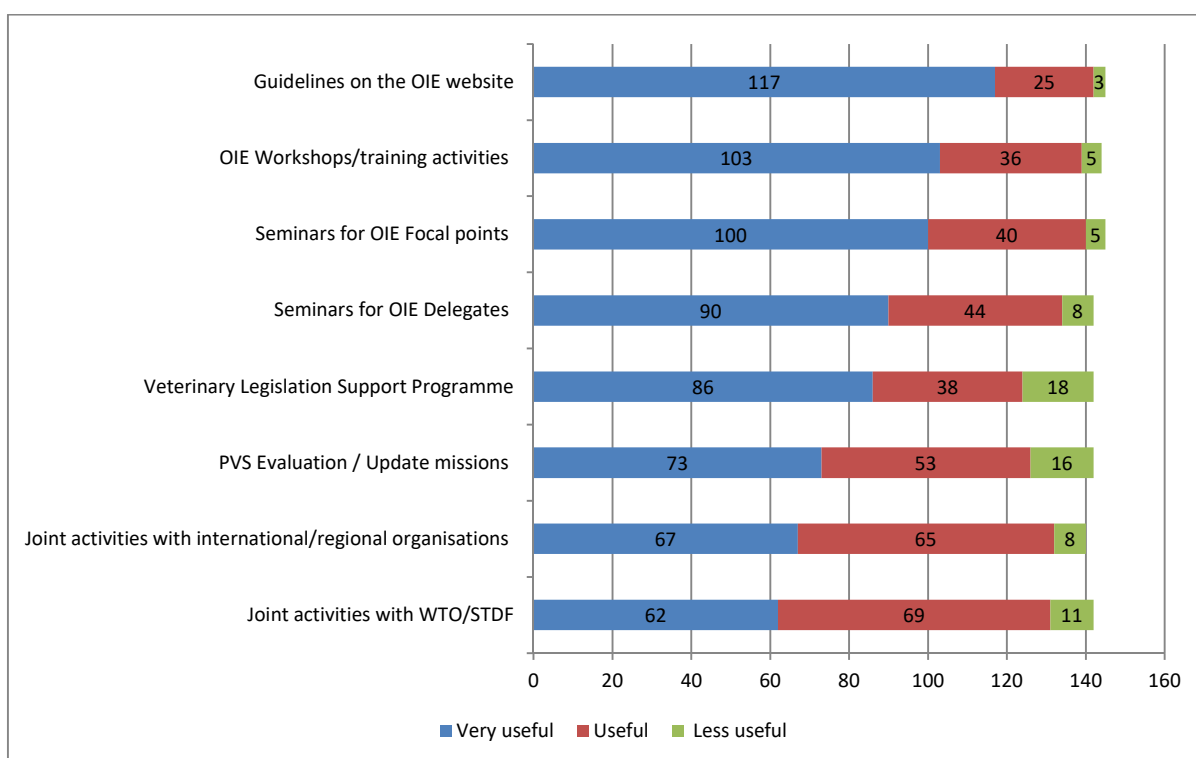


Figure 24 – Usefulness of activities in developing understanding of OIE standards



A similar approach was taken to the responses of countries in relation to the usefulness of OIE activities to them in developing understanding of the standards (see Table 2).

Table 2. Usefulness of activities in developing understanding of OIE standards

Activity	Number of countries	
	Very useful	Very useful or useful
Guidelines on the OIE website	117 (81%)	142 (98%)
OIE workshops/training activities	103 (71%)	139 (96%)
Seminars for OIE focal points	100 (69%)	140 (97%)
Seminars for OIE Delegates	90 (62%)	134 (92%)
Veterinary legislation support programme	86 (59%)	124 (86%)
PVS Evaluation/Update missions	73 (50%)	126 (87%)
Joint activities with international/regional	67 (46%)	132 (91%)
Joint activities with WTO STDF	62 (43%)	131 (91%)

Guidelines on the OIE website and OIE seminars or workshops were generally supported by Member Countries as ‘useful or very useful’ activities (more than 90% of responses). However, in comments provided under ‘other’, some countries called for review of access to OIE activities. Suggestions included making provision for import/export specialists to attend seminars, and providing for a broader participation in OIE training activities, e.g. by use of webinars.

4.2. Mechanisms to resolve differences between Member Countries

These questions address the mediation and resolution mechanisms that are currently available in the context of international trade. The responses of countries on the use and usefulness of the mechanisms were closely aligned, with the following order being reported: bilateral processes; WTO SPS Committee bilateral consultations; mediation procedure of a Regional Community; WTO dispute settlement procedure; Involvement of OIE offices and, finally, OIE dispute mediation procedure.

Seventy per cent of countries reported that they had never used the OIE informal dispute mediation procedure set out in Code Art. 5.3.8 and 42% reported that it was not useful.

A question looked at the factors limiting the usefulness of the six mechanisms listed above. For all six mechanisms, slowness or complexity was reported most frequently – from 23% of countries (OIE dispute mediation) to 38% of countries (mediation procedure of a Regional Economic Community). For bilateral processes and the WTO dispute settlement procedure, about one quarter of countries reported lack of scientific expertise and high costs, respectively.

4.3. Whether the OIE standards are ‘fit for purpose’

Fifty two percent of countries reported that OIE standards met their needs ‘always’ and 48% reported ‘sometimes’. A little more than half the respondents reported that the OIE addresses the priorities of Member Countries ‘in part’ (57%) and 36% reported ‘fully’.

Figure 25 – Do you agree that the OIE standards meet your country’s needs in relation to setting sanitary measures for imports and when negotiating access to export markets?

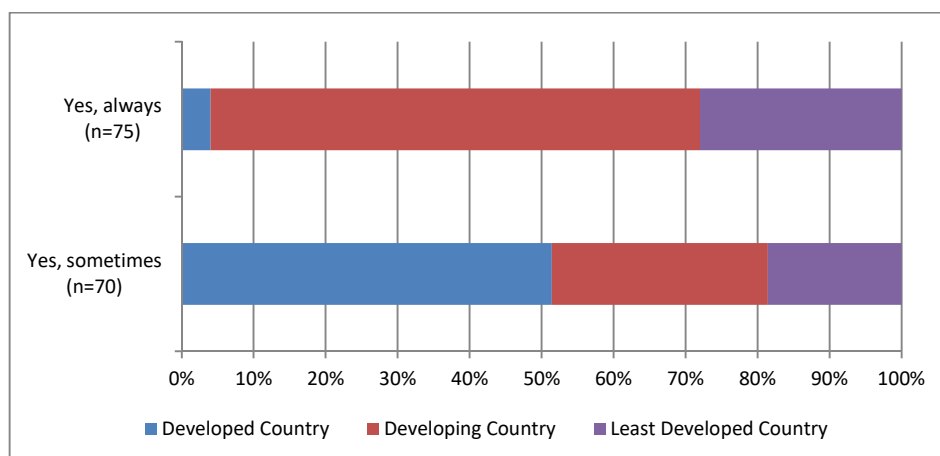


Figure 26 – Does the OIE address the priorities of Member Countries when setting standards?

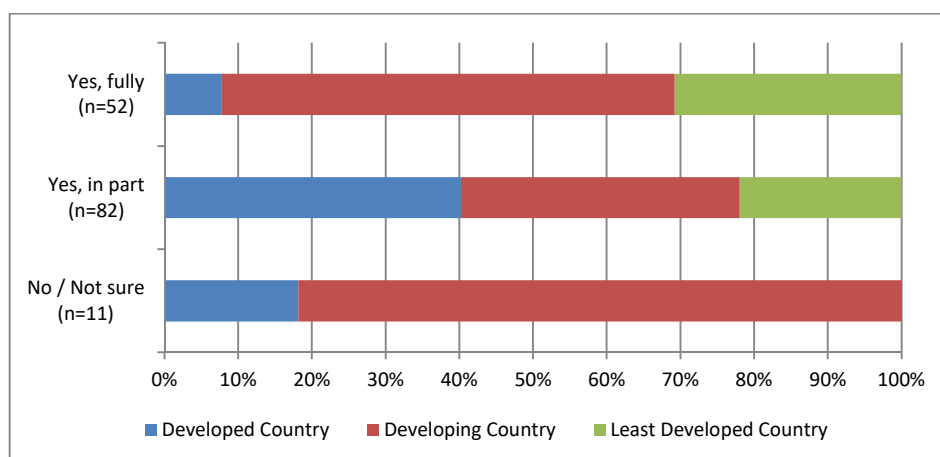
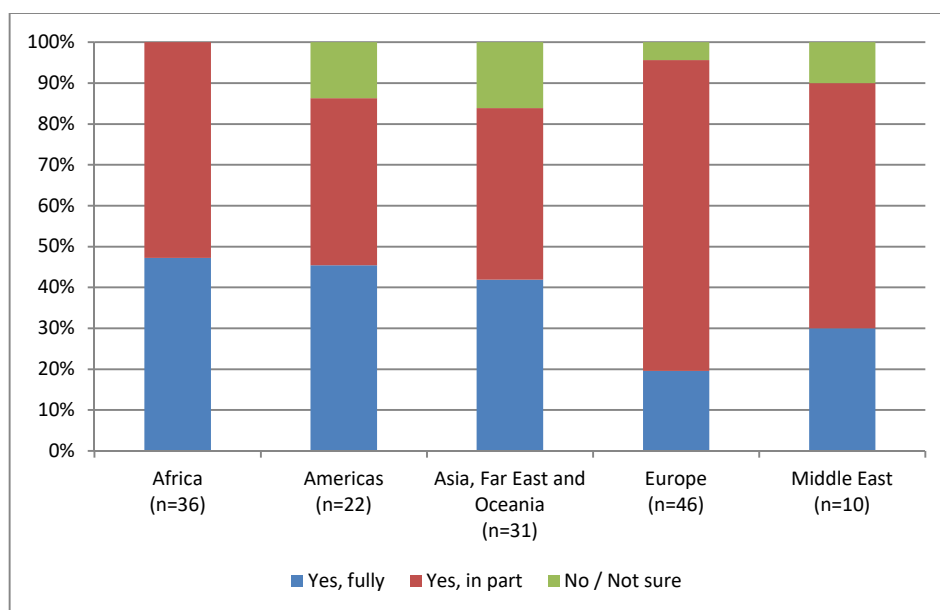


Figure 27 – Does the OIE address the priorities of Member Countries when setting standards?



Sixty six countries responded to the question ‘please recommend a single action that could make the OIE standards more useful to your country’. The suggested actions fell into two broad categories: actions to improve the Terrestrial Code and other actions by the OIE. Apart from the EU countries, the proposals of Member Countries were not closely aligned.

Actions to improve the Terrestrial Animal Health Code included:

Adapt texts to the reality of production systems in various regions, including to address the issue of transhumance; the development of guidelines or standards where these do not currently exist; updating of standards, notably for BSE, PED and Schmallenberg virus; consideration of using compartmentalisation in relation to the small hive beetle; the possibility of searching the Code by commodity, not only by disease; more work on zoning and compartmentalisation; further development of texts on the inactivation of pathogens; production of the Code in Arabic; the alignment of disease specific chapters, particularly with respect to the treatment of commodities; and the provision of more extensive rationales to help explain the standards in the Code and facilitate risk assessment.

Other actions proposed to be taken by the OIE included:

More support for the implementation of the recommendations of PVS missions; provision of more training and more participation by countries in the development of the standards; the OIE should have more authority to enforce recommendations and should play an advocacy role; the OIE should be proactive in issuing advice when disease incidents occur, and the OIE should clarify which of the standards, guidelines and recommendations are standards for bilateral trade.

Annex 1

List of OIE Member Countries responding to the questionnaire

AFGHANISTAN	DENMARK	LATVIA	SAN MARINO
ARGENTINA	DJIBOUTI	LESOTHO	SAO TOME AND PRINCIPE
ARMENIA	DOMINICAN (REP.)	LIBYA	SAUDI ARABIA
AUSTRALIA	ECUADOR	LIECHTENSTEIN	SENEGAL
AUSTRIA	EL SALVADOR	LITHUANIA	SERBIA
AZERBAIJAN	ERITREA	LUXEMBOURG	SEYCHELLES
BAHRAIN	ESTONIA	MALAWI	SIERRA LEONE
BANGLADESH	FIJI	MALAYSIA	SINGAPORE
BARBADOS	FINLAND	MALDIVES	SLOVAKIA
BELGIUM	FORMER YUG. REP. OF	MALI	SLOVENIA
BELIZE	FRANCE	MALTA	SOMALIA
BENIN	GABON	MAURITIUS	SOUTH AFRICA
BHUTAN	GAMBIA	MEXICO	SPAIN
BOLIVIA	GEORGIA	MICRONESIA (FEDERATED	SRI LANKA
BOSNIA AND HERZEGOVINA	GERMANY	MOLDOVA	SUDAN
BRAZIL	GHANA	MONGOLIA	SWAZILAND
BRUNEI	GREECE	MONTENEGRO	SWEDEN
BULGARIA	GUINEA	MOROCCO	SWITZERLAND
BURKINA FASO	GUINEA-BISSAU	MOZAMBIQUE	TAIPEI (CHINESE)
CABO VERDE	HAITI	MYANMAR	TANZANIA
CAMBODIA	HONDURAS	NEPAL	THAILAND
CAMEROON	HUNGARY	NETHERLANDS (THE)	TIMOR-LESTE
CANADA	ICELAND	NEW CALEDONIA	TUNISIA
CHAD	INDIA	NEW ZEALAND	TURKEY
CHILE	INDONESIA	NICARAGUA	UGANDA
CHINA (PEOPLE'S REP. OF)	IRAN	NIGER	UKRAINE
COLOMBIA	IRELAND	NIGERIA	UNITED KINGDOM
COMOROS	ISRAEL	NORWAY	UNITED STATES OF AMERICA
CONGO (DEM. REP. OF THE)	ITALY	PAKISTAN	URUGUAY
CONGO (REP. OF THE)	JAPAN	PANAMA	UZBEKISTAN
COSTA RICA	JORDAN	PAPUA NEW GUINEA	VANUATU
COTE D'IVOIRE	KAZAKHSTAN	PARAGUAY	VIETNAM
CROATIA	KENYA	PHILIPPINES	YEMEN
CUBA	KOREA (REP. OF)	POLAND	ZIMBABWE
CURACAO	KUWAIT	PORTUGAL	
CYPRUS	KYRGYZSTAN	ROMANIA	
CZECH REPUBLIC	LAOS	RWANDA	

Annex 2

Responding countries classified by OIE region

Africa (n=36 / N=50)

BENIN	ERITREA	MALI	SEYCHELLES
BURKINA FASO	GABON	MAURITIUS	SIERRA LEONE
CABO VERDE	GAMBIA	MOROCCO	SOUTH AFRICA
CAMEROON	GHANA	MOZAMBIQUE	SUDAN
CHAD	GUINEA	NIGER	SWAZILAND
COMOROS	GUINEA-BISSAU	NIGERIA	TANZANIA
CONGO (DEM. REP. OF	KENYA	RWANDA	TUNISIA
CONGO (REP. OF THE)	LESOTHO	SAO TOME AND PRINCIPE	UGANDA
COTE D'IVOIRE	MALAWI	SENEGAL	ZIMBABWE

Americas (n=22/N=30)

ARGENTINA	CHILE	ECUADOR	PANAMA
BARBADOS	COLOMBIA	EL SALVADOR	PARAGUAY
BELIZE	COSTA RICA	HAITI	UNITED STATES OF
BOLIVIA	CUBA	HONDURAS	URUGUAY
BRAZIL	CURACAO	MEXICO	
CANADA	DOMINICAN (REP.)	NICARAGUA	

Asia, Far East and Oceania (n=31/N=32)

AUSTRALIA	INDONESIA	MONGOLIA	SINGAPORE
BANGLADESH	IRAN	MYANMAR	SRI LANKA
BHUTAN	JAPAN	NEPAL	TAIPEI (CHINESE)
BRUNEI	KOREA (REP. OF)	NEW CALEDONIA	THAILAND
CAMBODIA	LAOS	NEW ZEALAND	TIMOR-LESTE
CHINA (PEOPLE'S REP. OF)	MALAYSIA	PAKISTAN	VANUATU
FIJI	MALDIVES	PAPUA NEW GUINEA	VIETNAM
INDIA	MICRONESIA (FEDERATED STATES OF)	PHILIPPINES	

Europe (n=46/N=52)

ARMENIA	FORMER YUG. REP. OF	LATVIA	SAN MARINO
AUSTRIA	FRANCE	LIECHTENSTEIN	SERBIA
AZERBAIJAN	GEORGIA	LITHUANIA	SLOVAKIA
BELGIUM	GERMANY	LUXEMBOURG	SLOVENIA
BOSNIA AND	GREECE	MALTA	SPAIN
BULGARIA	HUNGARY	MOLDOVA	SWEDEN
CROATIA	ICELAND	MONTENEGRO	SWITZERLAND
CYPRUS	IRELAND	NETHERLANDS (THE)	UKRAINE
CZECH REPUBLIC	ISRAEL	NORWAY	UNITED KINGDOM
DENMARK	ITALY	POLAND	UZBEKISTAN
ESTONIA	KAZAKHSTAN	PORTUGAL	
FINLAND	KYRGYZSTAN	ROMANIA	

Middle East (n=10/N=17)

AFGHANISTAN	JORDAN	SAUDI ARABIA	YEMEN
BAHRAIN	KUWAIT	SOMALIA	
DJIBOUTI	LIBYA	TURKEY	

Annex 3

Responding countries classified by level of development

Developed countries

AUSTRALIA	FINLAND	LIECHTENSTEIN	ROMANIA
AUSTRIA	FRANCE	LITHUANIA	SAN MARINO
BELGIUM	GERMANY	LUXEMBOURG	SLOVAKIA
BULGARIA	GREECE	MALTA	SLOVENIA
CANADA	HUNGARY	NETHERLANDS (THE)	SPAIN
CROATIA	ICELAND	NEW CALEDONIA	SWEDEN
CYPRUS	IRELAND	NEW ZEALAND	SWITZERLAND
CZECH REPUBLIC	ITALY	NORWAY	UNITED KINGDOM
DENMARK	JAPAN	POLAND	UNITED STATES OF AMERICA
ESTONIA	LATVIA	PORTUGAL	

Developing countries

ARGENTINA	CUBA	KOREA (REP. OF)	PARAGUAY
ARMENIA	CURACAO	KUWAIT	PHILIPPINES
AZERBAIJAN	DOMINICAN (REP.)	KYRGYZSTAN	SAUDI ARABIA
BAHRAIN	ECUADOR	LIBYA	SERBIA
BARBADOS	EL SALVADOR	MALAYSIA	SEYCHELLES
BELIZE	FIJI	MALDIVES	SINGAPORE
BOLIVIA	FORMER YUG. REP. OF MACEDONIA	MAURITIUS	SOUTH AFRICA
BOSNIA AND HERZEGOVINA	GABON	MEXICO	SRI LANKA
BRAZIL	GEORGIA	MICRONESIA (FEDERATED STATES OF)	SWAZILAND
BRUNEI	GHANA	MOLDOVA	TAIPEI (CHINESE)
CABO VERDE	HONDURAS	MONGOLIA	THAILAND
CAMEROON	INDIA	MONTENEGRO	TUNISIA
CHILE	INDONESIA	MOROCCO	TURKEY
CHINA (PEOPLE'S REP. OF)	IRAN	NICARAGUA	UKRAINE
COLOMBIA	ISRAEL	NIGERIA	URUGUAY
CONGO (REP. OF THE)	JORDAN	PAKISTAN	UZBEKISTAN
COSTA RICA	KAZAKHSTAN	PANAMA	VIETNAM
COTE D'IVOIRE	KENYA	PAPUA NEW GUINEA	ZIMBABWE

Least developed countries

AFGHANISTAN	DJIBOUTI	MALI	SOMALIA
BANGLADESH	ERITREA	MOZAMBIQUE	SUDAN
BENIN	GAMBIA	MYANMAR	TANZANIA
BHUTAN	GUINEA	NEPAL	TIMOR-LESTE
BURKINA FASO	GUINEA-BISSAU	NIGER	UGANDA
CAMBODIA	HAITI	RWANDA	VANUATU
CHAD	LAOS	SAO TOME AND PRINCIPE	YEMEN
COMOROS	LESOTHO	SENEGAL	
CONGO (DEM. REP. OF THE)	MALAWI	SIERRA LEONE	