Recommendations

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OIE Regional Commission for Asia, the Far East and Oceania

Ulaanbaatar, Mongolia, 14 to 18 September 2015

Recommendation No. 1**:**	The role of Veterinary Authority in managing emerging aquatic animal diseases: what are the factors needed for success?
Recommendation No. 2:	How can we progress the cooperation between Animal health sector and public health sector?

Recommendation No. 1

The role of Veterinary Authority in managing emerging aquatic animal diseases: what are the factors needed for success?

CONSIDERING THAT

1. Recent growth in global aquaculture production has been extraordinary—rising to 97.2 million tonnes in 2013 from 27.8 million tonnes two decades earlier;

2. The Member Countries of the OIE Regional Commission for Asia, the Far East and Oceania are responsible for more or less 90% of global aquaculture production volume and 79% of global aquaculture production value;

3. Many characteristics of the rapidly growing aquaculture sector are consistent with drivers of disease emergence;

4. The emergence of new, damaging diseases has been a feature of aquaculture in recent decades with some emerging diseases resulting in panzootics and significant economic impacts;

5. Member Countries have experienced severe impacts from emerging diseases of aquatic animals;

6. In many countries, responsibilities for managing aquatic animal health are shared between the Veterinary Authority and other authorities (e.g. fisheries or aquaculture agencies);

7. Member Countries have identified improving transparency regarding notification of emerging diseases as one of the most important actions Member Countries could take to support international efforts to manage emerging diseases of aquatic animals;

8. Members Countries have identified early detection, public private partnerships and industry cooperation, availability of diagnostic tests, and early response as the most important factors for successful response to emerging diseases of aquatic animals;

9. Members Countries have identified better understanding of emerging disease epidemiology as the single most significant factor that would need to be addressed to improve success in disease response;

10. Some of the most important drivers of disease emergence such as production of alien species and aquatic animal translocation are not considered in the aquaculture planning and aquatic animal health management arrangements of some major aquaculture producers;

11. Some member countries do not have contingency plans for aquatic animal disease emergencies;

12. Member Countries have identified sharing of epidemiological information on emerging aquatic animal diseases, improving transparency and improving biosecurity and disease control as the most important actions Member Countries could take to manage emerging diseases; and

13. Member Countries have identified coordinating regional action for serious emerging diseases, provision of technical guidance on new emerging diseases, supporting OIE Members to build their capabilities through the OIE PVS Pathway, and advocating improved transparency for notification of emerging diseases as the most important actions that the OIE could take to support international efforts to manage emerging diseases.

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

RECOMMENDS THAT

1. Member countries consider any need for improved cooperation between their Veterinary Authority and other authorities responsible for aquatic animal health capabilities (e.g. fisheries or aquaculture authority) to ensure effective prevention and control of emerging diseases of aquatic animals;

2. Member Countries utilise risk analysis chapter and application of other measures recommended in the OIE Aquatic Animal Health Code to manage the risk of introducing pathogens during trade of aquatic animals and aquatic animal products;

3. Member Countries conscientiously report the occurrence of *emerging diseases* in accordance with the requirements in the OIE Aquatic Animal Health Code;

4. Member Countries consider drivers of disease emergence in their aquaculture planning and aquatic animal health management programmes;

5. Member Countries ensure that important factors for successful response to emerging diseases— early detection, early reporting, early response, and public private partnerships and industry cooperation— be incorporated in their aquatic animal disease preparedness programmes;

6. Member Countries take steps to improve biosecurity and disease control within their aquaculture industries;

7. Member Countries request PVS Evaluation missions of their Aquatic Animal Health Services to assist improvement and compliance with OIE standards;

8. Member Countries include among their priorities the strengthening of initial and continuing veterinary education for aquatic animal health professionals, taking into account the OIE recommendations on the competencies of graduating veterinarians ('Day 1 graduates') and the OIE guidelines on a veterinary education core curriculum;

9. The OIE work with Member Countries to facilitate improved coordination of regional action in response to serious emerging diseases of aquatic animals;

10. The OIE continue to provide technical guidance on new emerging diseases of aquatic animals;

11. The OIE develop and publish standards and guidelines for the control of aquatic animal diseases with clear principles that can be adapted to emerging diseases despite the lack of epidemiological understanding;

12. The OIE consider how it could advocate improved transparency for notification of emerging diseases of aquatic animals through WAHIS, including investigating motivation for notification; and

13. The OIE continue to support Member Countries in the region through the OIE PVS Pathway for Veterinary Services and Aquatic Animal Health Services.

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(Adopted by the OIE Regional Commission for Asia, the Far East and Oceania on 18 September 2015 and endorsed by the World Assembly of Delegates of the OIE on 26 May 2016)

Recommendation N°2

How can we progress the cooperation between Animal health sector and public health sector?

CONSIDERING THAT

1. Emerging and re-emerging diseases pose a substantial and continued threat to public health, animal health, ecosystems and, food and nutrition security;

2. 'Global public health' is a shared responsibility of both the human and animal health sectors;

3. Coordination and collaboration between the Veterinary Services (VS), the Public Health Services (PHS), other relevant authorities, and private sector constitute a key component of good veterinary and public health governance;

4. The OIE and WHO actively promote, with the support of FAO, an intersectoral collaborative approach among institutions and systems for the prevention, detection and control of diseases among and between animals and humans;

5. The OIE PVS Pathway and the WHO International Health Regulations Monitoring Framework (IHRMF) are useful tools helping countries to assess the competencies and capacities of their animal and human health sectors;

6. The joint use of the OIE PVS Pathway and the WHO IHRMF results in a detailed assessment and analysis of existing strengths and gaps and a better alignment of capacity-building approaches and strategies at the national level between the animal and human health sectors;

7. Veterinary and Public Health Services national pilot workshops, supported jointly by OIE and WHO and promoting intersectoral collaboration among the animal and human health sectors using the OIE PVS Pathway and the WHO IHRMF , have provided opportunities for recipient countries, such as Thailand in the region, to undertake concrete actions to improve such collaboration; and

8. The OIE, jointly with WHO and the World Bank, has published a guide for their Member Countries outlining methods for strengthening the good governance of health systems entitled "WHO-OIE operational framework for Good Governance at the human-animal interface: Bridging WHO and OIE tools for the assessment of national capacities".

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

RECOMMENDS THAT

1. Member Countries advocate for a high level of commitment by the national VS and the national PHS as a prerequisite for establishing national common priorities and for improving the effectiveness and capacities of both the animal health and public health sectors;

2. Member Countries consider a clear chain of command and the coordination mechanisms as priority factors for good governance of the VS and the PHS;

3. Member Countries be fully involved in the implementation of the OIE standards and WHO IHR through the use of the OIE PVS Pathway and the WHO IHRMF;

4. Member Countries be encouraged to identify practical activities for joint national and regional roadmaps to strengthen collaboration and coordination between the animal and public health sectors targeting antimicrobial resistance, rabies, zoonotic influenza, food safety, and emerging zoonotic diseases as priorities;

5. Member Countries identify opportunities for joint training programmes with animal health and public health officials from the different authorities likely to be called upon to work on joint contingency plans and disease controls or investigations of disease outbreaks and food safety events;

6. The OIE, in collaboration with WHO, and the support of FAO, continue to advocate at the highest level strong collaboration between the veterinary authorities, the public health authorities and other relevant stakeholders, including from the private sector;

7. The OIE continue to provide its Member Countries with support through the OIE PVS Pathway to improve their compliance with OIE standards, with particular emphasis on those relating to veterinary legislation, transparency, technical independence, joint programmes and coordination of their activities with the PHS;

8. The OIE support its Member Countries in the identification of concrete and well-defined goals and indicators to monitor their progress towards parallel implementation of joint technical areas of PVS Critical Competencies and IHR Core Capacities;

9. The OIE support its Member Countries in the use of the OIE PVS Pathway and the WHO IHRMF as the relevant tools in order to undertake a detailed assessment and analysis of the existing national strengths and gaps in the animal and human health sectors;

10. The OIE, in collaboration with WHO, continue to support VS and PHS in organising, at the request of individual Member Countries, national workshops promoting intersectoral collaboration between the animal and human health sectors using the OIE PVS Pathway and the WHO IHRMF; and

11. The OIE consider establishing an ad hoc Group and publish guidelines on coordination mechanisms and interventions between the animal health and public health sectors (including other relevant stakeholders) using the OIE PVS Pathway and the WHO IHRMF as tools.

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(Adopted by the OIE Regional Commission for Asia, the Far East and Oceania on 18 September 2015 and endorsed by the World Assembly of Delegates of the OIE on 26 May 2016)

13th Conference of the OIE
Regional Commission for the Middle East

Kaslik, Lebanon, 10-14 November 2015

Recommendation No. 1:	Control of rabies in the Middle East Region, with emphasis on stray dog control
Recommendation No. 2:	The use of non-structural proteins to differentiate between vaccinated and infected animals

Recommendation No. 1

Control of rabies in the Middle East Region, with emphasis on stray dog control

CONSIDERING THAT

1. Rabies is a widespread, neglected and under-reported zoonosis that has an almost 100% case fatality rate in humans and animals untreated in time and causes a significant social and economic burden in many countries of the Middle East;

2. The Member Countries where the disease is endemic should consider rabies as a high priority zoonosis;

3. Massive culling of dog populations or wildlife, as an isolated, interim or emergency control measure, is neither sustainable nor scientifically supported for efficiently controlling or eliminating dog-mediated rabies;

4. The control and elimination of rabies in dogs, through vaccination, and appropriate stray dog population control remains the only cost-effective way to sustainably protect humans from contracting the disease;

5. Only four (4) out of eighteen (18) countries of the Middle East Region estimate the size of their stray dog population, only two (2) countries have information on the prevalence of rabies in their stray dog population, and only five (5) countries have a vaccination programme for stray dogs;

6. The OIE has adopted and continually updates its intergovernmental standards relating to rabies prevention and control and stray dog population control;

7. The World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO), and the OIE, united in a "One Health" approach to eliminate human and animal rabies, provide Governments and other concerned stakeholders with strategic and technical guidance and build advocacy around rabies prevention, underpinned by strong Public Health and Veterinary Services;

8. The "One Health" concept and approaches are gaining momentum and attention across OIE Member Countries of the Middle East;

9. There is a consensus among Member Countries of the Middle East Region that the OIE should strengthen its support for rabies control and eradication in the Middle East region using the "One Health" approach; and

10. The scope of the Regional Animal Welfare Strategy for the Middle East (2014-2019) includes the appropriate control of stray dog populations.

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT

1. The Member Countries, with the support of the OIE, WHO, and FAO, develop and adopt a Regional Strategy for the eradication of rabies from the Middle East in which the vaccination of dogs and the control of stray dog populations, in compliance with the relevant OIE standards, including Animal Welfare standards, will be key components;

2. The Member Countries develop national roadmaps, including extension programmes, for the control of rabies, which will provide a pathway towards achieving the objectives of the aforementioned Regional Strategy, based on measurable activities and realistic timelines and indicators;

3. The Veterinary Services of Member Countries collaborate with the Public Health Services (Ministry of Public Health), municipalities, relevant NGOs and local communities to develop the national roadmaps and benefit from the cost-effective advantage of eliminating rabies at the animal source through appropriate programmes;

4. The Member Countries, with the support of the OIE and in collaboration with WHO and FAO, update and enforce their legislation (in accordance with the Regional Strategy) to comply with relevant standards, including those of the OIE, for effective rabies prevention and control, and stray dog population control;

5. The OIE, in collaboration with WHO and FAO, organise biennial "One Health" coordination regional workshops in the Middle East to provide technical support and monitor the progress of the Member Countries, to discuss future steps and actions, and, when relevant, to review and update the aforementioned Regional Strategy;

6. The OIE, with the financial contribution of Member Countries and donors, consider the establishment of an OIE Rabies Vaccine Bank to which Member Countries of the Middle East region would have access; and

7. The OIE, provided funding is available, organise in 2016 a Regional Conference in the Middle East aimed at presenting to Member Countries the OIE standards applicable to rabies and stray dog population control, establishing the baseline situation of the Member Countries and validating the aforementioned Regional Strategy.

(Adopted by the OIE Regional Commission for the Middle East on 14 November 2015 and endorsed by the World Assembly of Delegates of the OIE on 26 May 2016)

Recommendation No. 2

The use of non-structural proteins to differentiate between vaccinated and infected animals

CONSIDERING THAT

1. Serological tests are widely used to monitor the immune status of animals potentially exposed to foot and mouth disease virus (FMDV) or vaccinated against FMD;

2. There are a number of commercially available tests, and in-house assays that detect non-structural protein (NSP)-specific antibody responses;

3. The strength of the NSP-specific antibody responses in vaccinated animals that are subsequently infected with FMDV can vary according to the extent of virus replication;

4. NSP tests to differentiate between vaccinated and infected animals are already used by several countries to support foot and mouth disease (FMD) control programmes;

5. The design of sampling surveys is critical when NSP tests are used to support national programmes to attain the OIE status of FMD-free without vaccination (i.e., to identify animals in which virus is circulating or has established persistent infections), since random surveys are not always effective at detecting rare events; and

6. The OIE *Terrestrial Animal Health Code* and *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* provide standards on the use of vaccines and interpretation of serological tests for FMD.

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT

1. According to their national FMD status, and their official control programme, including vaccination strategy, Member Countries clearly define the purpose of sero-surveys: e.g. i) to determine the serological prevalence, ii) to provide robust evidence that the country or a zone of the country is free from FMD, and iii) to monitor the population immunity after vaccination;

2. With the support from the OIE/FAO FMD Laboratory Network, Member Countries identify and compile the FMDV field strains currently circulating in the Middle East region as well as the strains that could sporadically occur;

3. Member Countries compile a list of all vaccines (including details of manufacturers, specific FMDV strains, formulations, and degree of purity) that are currently deployed or available in the Middle East region;

4. Member Countries ensure that the FMD vaccines used are appropriate for the viruses circulating in the region and make greater use of the vaccine matching services offered by the OIE Reference Laboratories;

5. Member Countries ensure that the vaccines used comply with the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals;*

6. Member Countries wishing to differentiate vaccinated from infected animals use vaccine purified from NSPs, as recommended in OIE standards;

7. When using NSPs surveys, Member Countries carefully consider the study design and interpretation of results in the context of the performance of the assays used and, whenever required, seek advice from OIE Reference Laboratories;

8. Member Countries consider the importance of establishing and supporting a laboratory network to develop and harmonise capacity in the Middle East region using, among others, OIE Twinning mechanism;

9. The OIE continue to provide support to countries wishing to engage in the OIE procedure for endorsement of their official national control programme and official recognition of FMD freedom, including the organisation of a regional workshop on OIE's procedures in the region;

10. The OIE consider the possibility of establishing an FMD vaccine bank for the Middle East region; and

11. The OIE, in collaboration with its Reference Laboratories, collate field data and, where relevant, experimental data on the extent of NSP sero-prevalence in vaccinated herds that become infected, to inform the design of future serological surveys.

(Adopted by the OIE Regional Commission for the Middle East on 14 November 2015 and endorsed by the World Assembly of Delegates of the OIE on 26 May 2016)