

RAPPORT DE MISSION/ MISSION REPORT

Dr Bernard Vallat, Directeur général

Tokyo (Japon)

Dates de la mission/Dates of the meeting : 7-9 mars 2005

Objet de la mission / aim of the meeting:

- Lancement du Comité régional de pilotage du mécanisme GF-TADs pour l'Asie et le Pacifique. La réunion était organisée par le Dr Fujita, Représentant régional de l'OIE pour l'Asie et le Pacifique.

Autres participants / Other participants:

- Bureau Central de l'OIE :
 - Dr Dewan Sibartie, adjoint au Chef du Service Scientifique et technique
- Représentation régionale de l'OIE pour l'Asie et le Pacifique :
 - Dr Fujita, Représentant régional
 - Dr Oketani, adjoint au Représentant régional

Résumé et conclusion / Summary and conclusion:

• Réunion GF-TADs

J'ai participé avec l'appui du Dr Dewan Sibartie à la réunion constitutive du Comité régional GF-TADs pour l'Asie et le Pacifique.

La logistique a été assurée très efficacement par le Dr Fujita et son équipe, avec l'appui du Ministère japonais de l'Agriculture.

La mise en place de ce comité a été réalisé en parité avec le Représentant du Bureau central de la FAO, le Dr Joseph Domenech, assisté par un représentant du Bureau régional de Bangkok (Dr Hans-Gehard Wagner). Le Dr François-Xavier Meslin a également participé en représentation du siège de l'OMS, assisté par la Dre Mary Elisabeth Miranda du Bureau régional de Manille.

Les résultats de cette réunion ont été globalement satisfaisants (se référer au compte rendu détaillé figurant en annexe qui comporte également les recommandations adoptées).

Il est apparu que les différentes Organisations sous-régionales sont très attentives à la répartition des tâches découlant du GF-TADs et qu'elles souhaitent y jouer un rôle majeur, notamment l'ASEAN.

Une des grandes difficultés sera également, à l'intérieur des Organisations sous-régionales, l'équilibre des responsabilités entre leurs Pays Membres. Il s'agit d'un facteur strictement politique, pas toujours compatibles avec la logique épidémiologique, mais il sera essentiel d'en tenir compte.

Il conviendra également de rechercher rapidement une source de financement commune FAO/OIE pour financer l'organisation des futures réunions de ce Comité régional.

• Contacts bilatéraux OIE-Japon

Après la réunion GF-TADs, j'ai rencontré plusieurs autorités japonaises du Ministère des Affaires étrangères et du Ministère de l'Agriculture.

Aux Affaires étrangères, j'ai eu à plaider pour le statut diplomatique de la Représentation régionale de l'OIE. Une certaine bonne volonté de mes interlocuteurs a été notée, mais la pression devra être maintenue pour avoir satisfaction car les réticences sont encore fortes. L'exemple récent de

l'impossibilité du Dr Fujita de se rendre en mission OIE en Corée du Nord illustre bien l'utilité du changement de statut diplomatique de la Représentation régionale.

J'ai été reçu également au Ministère de l'Agriculture par le Vice-Ministre et ses proches collaborateurs. La volonté de poursuivre la coopération actuelle entre le Japon et l'OIE a été réaffirmée. La même attitude prévaut chez les dirigeants du JICA chargés des questions agricoles qui souhaitent soutenir, notamment par des fournitures de matériel (véhicules, équipement de laboratoire) les projets d'action sanitaire qui sont ou seront exécutés sous l'égide de l'OIE, notamment dans le cadre de SEAFMD et GF-TADs.

- **Interventions relatives à l'ESB**

J'ai participé à un dîner offert par le Président de la Commission nationale indépendante de sécurité sanitaire des aliments. J'ai été interrogé à maintes reprises sur la perception des risques liés à l'ESB pour les consommateurs. Les réponses que j'ai apportées se sont toutes appuyées sur le *Code* actuel de l'OIE et sur le projet de chapitre soumis pour commentaires aux Délégués pour adoption en mai 2005.

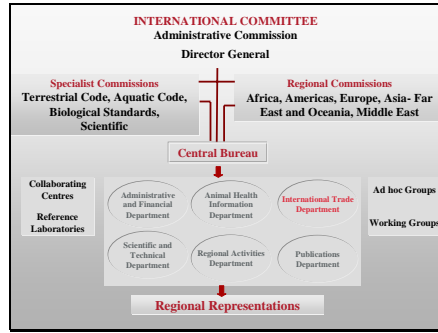
J'ai également fait une intervention publique lors d'une conférence organisée par la même Commission. J'ai exposé la position de l'OIE en matière d'évaluation du risque ESB et ai répondu à de nombreuses questions du public (consommateurs, médias, bouchers principalement). Il est apparu que les réactions du public japonais sont similaires à celles qui avaient eu lieu il y a 10 ans en Europe, à savoir que la médiatisation de l'ESB conduit à une surestimation probable du risque pour les consommateurs.

Diffusion : Chefs de Service et adjoints, Chargé(e)s de mission, A. Thiermann, P. Blandin, M. Teissier, M. Zampaglione, Représentants régionaux.

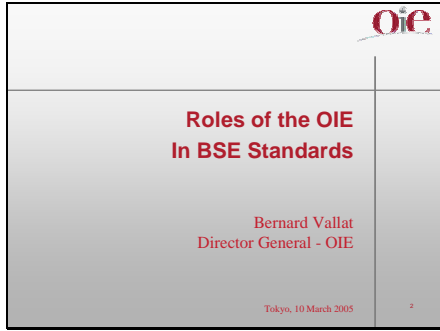
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Diapositive 6



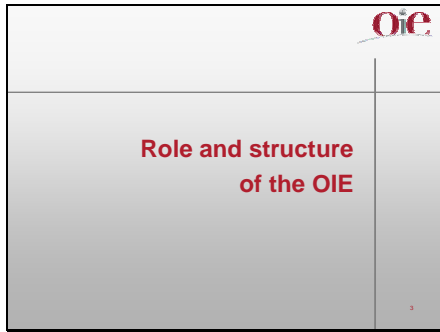
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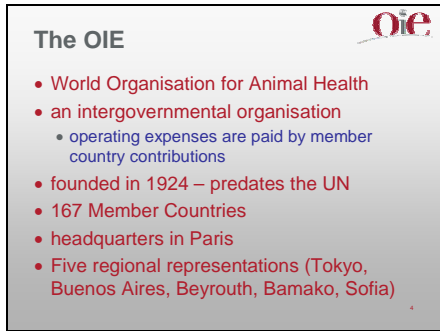
Diapositive 3



Diapositive 8



Diapositive 4



Diapositive 9



Diapositive 5



Diapositive 10



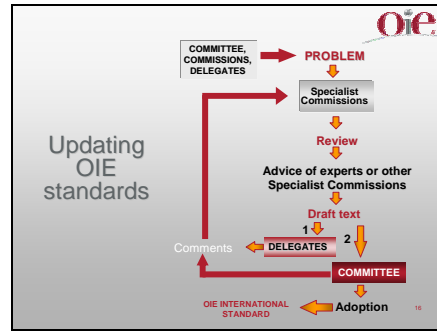
Diapositive 11

OIE international standards

- OIE develops and publishes **health standards for trade in animals and animal products and biological standards**
- through **elected Specialist Commissions of 4-6 members each**
- adopted by OIE Member Countries during **General Session each May by consensus**
 - no other pathway
- OIE standards help in controlling animal diseases and zoonoses world wide

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OIE Specialist Commissions

- Terrestrial Animal Health Standards Commission
- Biological Standards Commission
- Scientific Commission for Animal Diseases
- Aquatic Animal Health Standards Commission
- using working groups and *ad hoc* groups for specialist tasks eg animal welfare, BSE, epidemiology, avian influenza, TB

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OIE Expertise

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Contribution by Japanese experts

- Specialist Commission
 - Dr Sakamoto (Scientific Commission of Animal Diseases)
- Working Groups
 - Dr Miyagishima (WG on Animal Production Food Safety)
 - Dr Yamanouchi (previous WG on Biotechnology)
- Ad hoc Groups
 - Dr Asai (Antimicrobial Resistance)
 - Dr Kida (Avian Influenza Surveillance)
 - Dr Fukusho (Classical Swine Fever)
 - Dr Tsutsui (BSE)

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Working with relevant experts

- OIE does not work only with vets.
- For BSE and other zoonoses, key is close cooperation with other experts, eg from WHO

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Diapositive 14

Updating OIE standards

- Issue / problem identified by Delegate, OIE Commission, industry, scientist, individual
 - new scientific information eg from research or disease outbreak
 - new disease - emerging
 - new approaches eg vaccination
- Addressed by appropriate Commission as new or revised standard
 - using appropriate expert advice on disease or procedure

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OIE Reference Laboratories

- 157 Reference Laboratories in 30 countries cover 80 diseases and topics
- Centres of expertise and standardisation to other laboratories and to OIE
 - store and distribute reagents
 - develop / validate new diagnostic tests
 - coordinate scientific / technical studies
 - provide scientific and technical training
 - prepare and distribute proficiency tests

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Updating OIE standards

- proposal circulated for comment by Member Countries, experts, organisations
 - Commission may revise proposal on basis of comments received
- discussed by Delegates at General Session
 - may be discussed only and returned for further work
 - may be adopted as OIE international standard
- opportunity for all to be involved in standards development

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BSE reference laboratories

- **3 laboratories for BSE**
 - Dr Danny Matthews UNITED KINGDOM
 - Prof. Andreas Zurbriggen SWITZERLAND
 - Dr Takashi Yokoyama JAPAN

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Diapositive 21



OIE Trade Standards

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Diapositive 26



Approach in the Code

- **Appendices**
 - collection and processing of semen
 - collection and processing of embryos/ova
 - inactivation of pathogens and vectors
 - transport of animals
 - diseases surveillance systems
- **Model veterinary certificates for**
 - live animals
 - products of animal origin

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Diapositive 22




OIE Codes

- **Recommend health measures to be used by veterinary authorities or other competent authorities**
 - to establish health regulations for the safe importation of animals and animal products
 - while avoiding unjustified trade restrictions
- **Now expanding into animal welfare and food safety**

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Diapositive 27



OIE BSE Chapter

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Diapositive 23




Principles in the Codes

- **WTO obligations complied with**
- **Scientific basis for recommendations**
 - assessment of risk factors
 - evaluation of veterinary services
 - zoning and compartmentalisation
 - epidemiological surveillance
- **Credible health certification**
- **Importing country assumed to be free of disease or with a control programme**

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Diapositive 28



History of OIE BSE standard

- **Disease first reported in 1986 in UK**
 - OIE first work in 1988 via meeting of world renowned scientists
 - added to disease list / required notification in 1990
- **Discussed by MCs in General Sessions and Standard for BSE adopted in 1992**
- **Standard updated as often as necessary due to rapidly developing scientific information**

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Diapositive 24




Approach in the Code

- **Generic (horizontal) chapters**
 - general definitions
 - obligations and ethics in international trade
 - import risk analysis methodology
 - monitoring and surveillance systems
 - quality and evaluation of veterinary services
 - import/export procedures

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Diapositive 29




Current BSE Chapter

- **5-category system**
 - Free
 - Provisionally free
 - Minimal risk
 - Moderate risk
 - High risk
- **Based on risk assessment, surveillance, number of cases (imported/indigenous), feed ban, etc**
- **Even for High risk category, fresh meat can be traded**
- **Absolute ban only for MBM**

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Diapositive 25




Approach in the Code

- **specific chapters on OIE listed diseases, eg**
 - FMD
 - BSE
 - AI
- **within each chapter, articles on**
 - description of pathogen / disease
 - determining status of a country or zone
 - 'safe' commodities irrespective of status (if possible)
 - recommendations for 'unsafe' commodities

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Diapositive 30




Current safe commodities

- **When authorising import or transit of the following commodities, Veterinary Administrations should not require any BSE related conditions, regardless of the BSE status of the exporting country:**
 - *Milk and milk products;*
 - *Semen and in vivo derived cattle embryos;*
 - *Hides and skins (excl. from head) ;*
 - *Gelatin and collagen prepared exclusively from hides and skins (excl. from head);*
 - *Protein-free tallow (max of insoluble impurities of 0.15% in weight) and derivatives;*
 - *Dicalcium phosphate (with no trace of protein and fat);*

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Diapositive 31

Proposals for addition of list 

- Deboned skeletal muscle *meat* (excluding mechanically separated meat)
- Blood and blood by-products

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Diapositive 36

Proposed 3-category system 

1. Negligible BSE risk without commodity-specific risk mitigation measures
2. Negligible BSE risk with commodity-specific risk mitigation measures
3. Undetermined BSE risk

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Diapositive 32

For other Commodities 

- When authorising import or transit of other commodities listed in this chapter, *Veterinary Administrations* should require the conditions prescribed in this Chapter relevant to the BSE risk status of the cattle population of the exporting country and *zone*....

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Diapositive 37

3 category approach 

- Risk based, not prevalence based
- Based on assessment of risk factors and whether appropriate measures have been taken to address them
- Finding one case does not necessarily change trade measures
- Allow MCs to concentrate on commodity-specific risk mitigating measures
- Takes into account of efforts on farmer awareness and effectiveness of feed ban

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Diapositive 33

New approach 

- Current 5-category system **causes** problems due to complexity of chapter - MCs wanted simpler approach
- Ad hoc group discussed simplification while retaining chapter's scientific base
- Simplified 3-category system is proposed for adoption in May 2005

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Diapositive 38

1. Negligible risk without measures 

- 1) Risk assessment conducted and appropriate generic measures taken for the relevant period of time
- 2) Type B surveillance is in place

Either


- 3) No BSE case / any BSE case are imported
 - a) criteria are compiled with at least for 7 years and
 - b) *meat-and-bone meal* or *greaves* from ruminants not been fed to ruminants for at least 8 years

Or

- 4) Last indigenous case was more than 7 years ago same as 3) plus all cases and progeny are destroyed.

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Diapositive 34

Factors for assessing the BSE risk 

- **Factors relating to the introduction of TSE agent into a cattle population**
 - presence/absence of animal TSE agents
 - *meat-and-bone meal* from the indigenous ruminant
 - imported *meat-and-bone meal*
 - imported live animals
 - imported animal feed and feed ingredients
 - imported products of ruminant origin for human
 - imported products of ruminant origin for cattle
- Surveillance / epidemiological investigations should be taken into account in risk assessment

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Diapositive 39

2. Negligible risk with measures 

- 1) Risk assessment conducted and appropriate generic measures taken for the relevant time
- 2) Type A surveillance is in place

Either


- 3) No BSE case / any BSE case are imported
 - a) criteria are compiled with, but not for 7 years or
 - b) *meat-and-bone meal* or *greaves* from ruminants not been fed to ruminants, but not for 8 years

Or

- 4) Indigenous case has been reported same as 3) plus all cases and progeny are destroyed.

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Diapositive 35

Factors for assessing the BSE risk 

- **Factors relating to the exposure of the BSE agent to cattle...**
 - recycling and amplification of the BSE agent through consumption by cattle of MBM
 - use of ruminant carcass etc, rendering process and method of animal feed manufacture
 - feeding or not of ruminants with MBM from ruminants, incl. measures to prevent cross-contamination
- level of surveillance for BSE and the results

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Diapositive 40

3. Undetermined BSE risk 

- cannot be demonstrated that it meets the requirements of another category.

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Diapositive 41



Current SRMs

1) From cattle of any age originating from a country with a moderate or a high BSE risk, the following commodities should not be traded for the preparation of food, feed, fertilisers, cosmetics, pharmaceuticals... :

tonsils and intestine, and protein products derived thereof.

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Diapositive 46



BSE surveillance

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Diapositive 42



Current SRMs

2) From cattle originating from a country with a moderate or a high BSE risk, that were at the time of slaughter over 12 months of age, the following commodities should not be traded for the preparation of food, feed, fertilisers, cosmetics, pharmaceuticals... :

brains, eyes, spinal cord, skull and vertebral column and protein products derived thereof.

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Diapositive 47




Current surveillance appendix

- **Goals for surveillance**
 - to determine whether BSE is present or not
 - if present, to monitor the epizootic for aiding control measures
- **Subpopulations for surveillance**
In the order of decreasing likelihood
 - 1 - Cattle displaying signs consistent with BSE
 - 2 - Cattle displaying signs not necessarily indicative of BSE
 - 3 - Cattle subject to normal slaughter

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Diapositive 43




Current SRMs

3) From cattle, originating from a country with a minimal BSE risk, that were at the time of slaughter over 30 months of age, the following commodities should not be traded for the preparation of food, feed, fertilisers, cosmetics, pharmaceuticals... :

brains, eyes and spinal cord, skull, vertebral column and derived protein products.

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Diapositive 48



Proposed surveillance scheme

- Different "Point Value" allocated depending on the sampled subpopulation
 - Urging more samples from riskier sub-pops
- Two types of surveillance depending on the result of risk assessment
 - If risk factors negligible, less surveillance burden
- Scientists believe that not all cattle need to be examined

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Diapositive 44



Proposal for SRMs

1) From cattle of any age originating from a country defined in Articles 4 and 5, the following commodities should not be traded for the preparation of food, feed, fertilisers, cosmetics, pharmaceuticals... :


tonsils and distal ileum, and protein products derived thereof.

* Article 4: Negligible risk with measures

* Article 5: Undetermined BSE risk

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Diapositive 49



Perspective on vCJD

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Diapositive 45



Proposals for SRMs


(Cont.)

2) From cattle over 30 months of age originating from a country defined in Articles 4 and 5, the following commodities should not be traded for the preparation of food, feed, fertilisers, cosmetics, pharmaceuticals... :

brains, eyes, spinal cord, skull, vertebral column and derived protein products.

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Diapositive 50




Perspective on vCJD

- In the past, many models predicted likely pathways of vCJD epidemic
- However, now it appears to be minor compared to other public health concerns
- Article published by the Royal Society makes a "best estimate" of 70 future deaths

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Diapositive 51



**OIE dispute
settlement process**

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Diapositive 52




Dispute settlement

- If requested by parties, OIE may act as 'mediator' to help resolve differences on a particular technical issue
 - technical-based process, not legal
 - voluntary
 - outcomes not binding, unless agreed at start
- OIE experts discuss issues and make recommendations
- Can be alternative to WTO process or precursor to it

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Diapositive 53

Thank you for your attention



World organisation for animal health

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**SUMMARY REPORT OF
THE FIRST REGIONAL STEERING COMMITTEE OF GF-TADS
IN ASIA AND THE PACIFIC
(Tokyo, 7-9 March 2005)**

1. Opening session

Opening addresses were delivered by H.E. Mr Mineichi Iwanaga, Vice Minister of Agriculture, Forestry and Fisheries, Japan; Dr Bernard Vallat, Director General of the World Organisation for Animal Health (OIE); Dr Joseph Domenech, Chief Veterinary Officer, Food and Agriculture Organization of the United Nations (FAO); and Mr Yoshihiro Yamashita, President of the Japan Livestock Technology Association (JLTA), all of whom emphasized the importance of a regional and international approach to better harmonise and coordinate policies and strategies and to better prevent and control transboundary animal diseases including zoonoses.

2. Background information

The Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs) is a joint FAO/OIE initiative, which combines the strengths of both organisations to achieve agreed common objectives. The GF-TADs is a facilitating mechanism which will endeavour to empower regional alliances in the fight against transboundary animal diseases (TADs), to provide for capacity building and to assist in establishing programmes for the specific control of certain TADs based on regional priorities.

The specific aim for GF-TADs is to establish sub-Regional Support Units (RSU) with a cadre of epidemiologists (REU: Regional Epidemiology Unit) and initially funded through the GF-TADs, integrated in relevant bodies (RSO: Regional Specialised Organisations). In the region, OIE and FAO Headquarters, OIE and FAO Regional Commissions and Representations will support the Regional Specialised Organisations and sub-Regional Support Units for the implementation of regional and national programmes and development of project proposal.

3. Election of Chairpersons and Vice Chairpersons

Dr Mahato (Nepal) was elected Chairperson, Dr Domenech (FAO-Rome) and Dr Teng (ASEAN) as Vice Chairpersons.

4. General objectives of GF-TADs

4 -1 Aims of the Programme

The GF-TADs is a joint FAO/OIE initiative which combines the strengths of both organisations in the fight against transboundary animal diseases (TADs) by providing capacity building and assisting in establishing animal disease control programmes. The ultimate aims of the Programme are to improve protein food security, alleviate poverty, safeguard the world livestock industry (of developed as well as developing countries) from repeated shocks of infectious disease epidemics and the promotion of safe and globalised trade in livestock and animal products. The GF-TADs Programme is developed along four main thrusts namely:

- A regionally led mechanism to operationally address and implement action against priority diseases;
- The development of Regional and Global Early Warning Systems for major animal diseases;
- The enabling and application of Research on TADs for more strategic disease management and control; and

- The completion of the Global Rinderpest Eradication Programme set for 2010.

The Regional Support Units that have been proposed and the indicator animal diseases for the various regions and sub regions with foot and mouth disease, highly pathogenic avian influenza and classical swine fever being the main common diseases. It was described the Global Early Warning System (GLEWS) as a major component of the Programme which would enlist the participation of WHO particularly as regards the zoonosis coordination at international level.

The meeting was the first of the five regional meetings scheduled to take place under the GF-TADS launching programme. The other meetings will be held in Americas, Europe, Middle East and Africa. The decisions taken at this meeting should therefore be based on consensus so that they can prove useful for subsequent meetings.

The agreement between OIE and FAO under GF-TADs is that the OIE Regional Representation in Tokyo, Japan will be the permanent secretariat of the Regional steering Committee. By recognising country and regional specificities as regards animal diseases and animal disease control, a major objective of the GF-TADs was to try and adapt policies to regions, sub-regions and countries. This could be achieved by the establishment of regional, sub-regional epidemiology and laboratory networks. The meeting is thus expected to provide donors with a new framework to monitor the universal fight against transboundary animal diseases.

4 – 2 Examples of ongoing activities

4.2.1. SEAFMD

The progress on FMD control in Southeast Asia (SEAFMD) and preparation of the extension phase were reported, highlighting that the SEAFMD programme has been instrumental in helping Indonesia maintain its free FMD status and Malaysia and the Philippines obtain FMD free status for zones. The eight components of the SEAFMD Campaign were underlined in the achievements recorded under each component.

A mid-term evaluation of the campaign has revealed satisfactory progress and continuation of the campaign has been highly recommended. The phase III of the programme will start in January 2006 and funding is being sought. Under the new phase, the administrative and financial management of the programme will fall under the responsibility of ASEAN but the OIE will continue to provide technical supervision for international credibility. Member Countries of ASEAN are committed to provide partial funding for the programme but additional funding will be required and hence the need for consideration under the GF-TADs initiative.

4.2.2. Report on avian influenza control in Asia

An update on HPAI control in Asia was reported, describing the unprecedented crisis of HPAI in Asia which has resulted in the disease becoming endemic in several countries in the region. The difficulties encountered in the control of the disease namely; the multi-species farming systems, the potential role of ducks as carriers, live bird market systems, the role of fighting cocks and the lack of resources. The need was expressed for more research in priority areas, enhanced collaboration with public health authorities and better regional and international cooperation.

Other areas explained were the conclusions and recommendations of the various meetings organised jointly by OIE and FAO particularly as regards possible vaccination strategies.

OIE/FAO experts provide appropriate advice to local veterinary authorities in the detection, surveillance and control of the disease and the provision of laboratory reagents by OIE Reference Laboratories to help in basic diagnostic methods. It was reported that the OIE experts forming

part of specific Ad hoc Groups in reviewing the Chapter on avian influenza for the OIE Terrestrial Animal Health Code in order to promote the safe trade of poultry and poultry products.

4.2.3. Report on avian influenza control in Asia by FAO TCP

The FAO's response to the HPAI crisis in Southeast Asia was explained. Funds were made available for an emergency response to address surveillance and disease control issues. A task force comprising 25 persons working under his leadership were involved in consolidating available data and undertaking disease intelligence. The interventions were supported through Technical Cooperation programmes (TCPs). These comprised 6 national, 6 regional and 1 international TCPs, amounting to a total of US\$5.5 million.

The usefulness of the publication of the 'FAO Recommendations for the prevention, control and eradication of HPAI in Asia' was also explained.

4.2.4. On-going activities of the WHO

It was stated that GLEWS would complement the existing WHO Alert and response system. The importance of zoonoses as emerging infections was stressed on the importance of the collaboration of the WHO with the OIE and FAO in this respect.

The activities of the WHO in the region were stressed particularly on preparedness actions to be taken in the event of a possible pandemic Flu.

5. Discussion on a) Policy and b) Technical Issues and c) Review of the draft of the Terms of Reference for the Regional Steering Committee for Asia and the Pacific and for Implementing Bodies of the GF-TADs.

5.1. RSOs, etc.

Regional Specialised Organisations (RSOs) are the key actors and include ASEAN, SAARC, SPC and ECO. The RSOs support and guide the Sub-Regional Support Units (RSUs), sometimes in coordination with the country organisation. A working group has been established under ASEAN. The decision to work as ASEAN + 3 is a political one and may be worth considering. SAARC and ECO are in the early stages of reviewing and adopting the GF-TADs concept. SPC is another possible RSO that may become involved in animal health initiatives.

The Sub-Regional Support Units work on several activities: prioritizing diseases, advising and supporting national efforts, capacity building, information management (collect, analyze, report), encourage private sector involvement, conduct needs assessments, and prepare documents for meetings.

Networking mechanisms were explained for the GF-TADs. Avian influenza regional activities need to be sustained. Surveillance and lab activities should be coordinated, including the certification of labs and quality assurance. Support from OIE and FAO World Reference Laboratories is essential. Information management systems are diverse but need to be compatible.

SEAFMD includes ASEAN (financial management) and OIE and FAO (technical aspect) can be viewed as a model programme for cooperation and coordination of sub-regional disease control. PR China has committed funding to the ASEAN Trust Fund (ASEAN + 3) for this purpose. An important concern is the funding for Phase III of SEAFMD.

Currently FMD is established as a major disease programme. AI and classical swine fever will increase in importance.

Due to a possible gap in funding allocation, SEAFMD needs donors by January 2006. Some SE Asian countries supplement their OIE contribution by 10% to be used within the ASEAN Trust Fund.

OIE establishes laboratory standards. A science network exists. OIE/FAO reference laboratories in the region could support GF-TAD projects, as well as regional disease control.

It was emphasized to coordinate policies and address donor concerns, and the use of international standards and harmonized policies.

OIE and FAO are working with WHO on zoonoses reporting (including unofficial) to make the situation more transparent. OIE and FAO need to include WHO in the GF-TADs. FAO and OIE work on the farm and production levels. WHO is at the animal-human interface.

6. GF-TADs Regional Steering Committee of Asia and the Pacific (RSC)

6.1 Roles

- To ensure sub-regional guidance and coherence of the clusters: South-East Asia, South Asia, East Asia, Central Asia and the Pacific Islands, to monitor progress and determine, with the Permanent Secretariat for the GF-TADs Regional Steering Committee of Asia and the Pacific (the Regional Steering Committee), performance indicators for effective field, laboratory, epidemiological evaluation of disease events and control efforts.
- To provide strategic direction to the Regional Specialised Organisations (RSOs) and the sub-Regional Supporting Units (RSUs) and to promote the control and eradication of specific TADs in the region.
- To foster a spirit of cooperation between member countries and donors, to coordinate activities and to provide advice and assistance whenever possible.

6.2 Membership

The Regional Steering Committee is composed of: a) selected representatives of Chief Veterinary Officers (3), b) representatives of the Association of Southeast Asian Nations (ASEAN) and the South Asian Association for Regional Cooperation (SAARC) as the Regional Specialised Organisations, c) representatives of OIE Headquarters (OIE Paris) and FAO Headquarters (FAO Rome), d) OIE Regional Representative for Asia and the Pacific based in Tokyo, and FAO Regional Representative for Asia and the Pacific based in Bangkok, and e) one representative of Specific Donors; International Fund for Agricultural Development (IFAD), the Japan International Cooperation Agency (JICA), the Australian Agency for International Development (AusAID), United States Agency for International Development (USAID), the Asian Development Bank (ADB), the World Bank, the European Union (EU), the United States of America, Japan, etc.

6.3 Duties and responsibilities

- To advise on the coordination and management of the RSU activities.
- To advise on the RSU annual work plans.
- To assist the RSOs and major donors in monitoring and evaluating the RSU activities.
- To ensure that the representatives of RSOs provide reports and coordinate the implementation of agreed actions within their member countries.
- To ensure that the Committee members maintain links by correspondence between meetings
- To ensure that the Lead Officers of RSUs send reports to the Regional Steering Committee, Global Steering Committee, ASEAN, SAARC, and major donors or as required.

6.4 Frequency and venue of meetings

- The Regional Steering Committee will meet at least once a year.
- An extraordinary meeting can be convened by Chairman with agreement by the Permanent Secretariat.
- Between meetings, activities will be carried out by the Permanent Secretariat Bureau of the Regional Steering Committee.

6.5 Rules of meetings

- The Regional Steering Committee will have a quorum of half of the members + one provided that at least one each of OIE and FAO Headquarters' representatives are present.
- Decision making will be carried out by consensus.
- The Regional Steering Committee will be attached to the Global Steering Committee.
- Meeting costs for the representatives of developing member countries of the Regional Steering Committee will be provided from the budget of GF-TADs.

6.6 Chairman and Vice-Chairmen

- At the beginning of each meeting the Chairman is proposed by the Permanent Secretariat and agreed by the majority of the Members.
- Chairmanship is not a permanent one but rotated on a basis to be decided by the RSC for one year.
- The Chairman appoints two Vice-Chairmen in agreement with the Steering Committee.
- The Chairman has authority to invite persons/experts on specific items of the agenda, as resource persons/experts including WHO, as deemed appropriate. Persons/experts have no voting right.

7. The Permanent Secretariat of the Regional Steering Committee of Asia and the Pacific

7.1 Roles

- The Permanent Secretariat is hosted by the OIE Regional Representation for Asia and the Pacific to perform the following roles:
- To set up its Bureau in the OIE Regional Representation for Asia and the Pacific based in Tokyo, Japan.
- Be responsible for preparing agendas, invitations, draft recommendations and reports for annual meetings.
- To provide policy and strategic advice to the RSUs between meetings of the Regional Steering Committee.
- To undertake and maintain communication with the Global Steering Committee.

7.2 Composition of the Permanent Secretariat Bureau

The Permanent Secretariat Bureau is led by the OIE Regional Representative for Asia and the Pacific.

7.3 Duties and responsibilities

- To organise the Regional Steering Committee meetings.
- To circulate invitations and provisional agenda at least one month before meetings.
- To nominate the Chairman for each meeting.
- To draft recommendations, action lists and minutes for presentation on the last day of each meeting. Final recommendations and action lists will be distributed within one month of the completion of each meeting.
- To publish and distribute the full report of meetings to delegates and observers concerned within six months of each meeting.
- To attend meetings of the RSUs and contribute to business out of session as required.
- To report summarised outcome of meetings of the RSUs for the information of the Regional Steering Committee.
- To provide high-level policy and strategic advice to RSOs between meetings of the Regional Steering Committee

8. Regional Specialised Organisations (RSOs)

8.1 Roles

Key actors in the implementation of GF-TADs are the Regional Specialised Organisations which, in interaction with OIE, FAO, their respective Regional Commissions, national veterinary services and technical specialists, strategize and prioritize activities for disease control, information reporting, surveillance, and risk mitigation. The sub-Regional Support Units (RSUs) will be hosted by RSOs.

8.2 Locations of Regional Specialised Organisations (RSOs)

8.2.1 South-East Asia

- ASEAN Headquarters based in Jakarta, Indonesia serves as the Regional Specialised Organisation (RSO) in the sub-region.
- The RSO hosts the RSUs such as avian influenza control project and the Regional Coordination Unit of the South-East Asia Foot and Mouth Disease Control Project (RCU) in the sub-region in the countries decided by the RSO.
- The RSO integrates and harmonises GF-TADs related activities in Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam, and Japan, RO Korea and PR China.
- Other countries such as Taiwan Province of China, PDR Korea and Mongolia will be invited for this collaboration based on relevant epidemiological consideration.

8.2.2 South Asia

- SAARC Secretariat based in Kathmandu, Nepal serves as the RSO in the sub-region.
- The RSO hosts the RSU in the sub-region in countries decided by the RSO.
- The RSO integrates and harmonises GF-TADs related activities in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.
- Other countries will be invited to collaborate based on epidemiological considerations.

9. Sub-Regional Support Units (RSUs)

9.1 Designation of sub-Regional Support Units

Geographical areas, based on agro-ecological and traditional animal production practices, are identified in conjunction with the importance of TADs for livestock production and trade and of their significance for the maintenance of the most important infectious agents with potential for spread between countries and regions.

Through a process of regional consultation, countries sharing similar epidemiological and ecological status with respect to the major TADs are asked to evaluate their TADs status and prioritise situations they considered to be particularly pressing and needing attention.

To establish sub-Regional Supporting Units, sub-regional groupings are based on the prioritised TADs identified by the constituent countries and endorsed by the Steering Committee.

9.2 Establishment of sub-Regional Support Units

9.2.1 South-East Asia

- The sub-Regional Support Units (RSUs) such as SEAFMD and influenza project are established in the region.
- The RSUs are hosted by ASEAN.
- The RSU in charge of Foot and Mouth Disease (FMD) is established in Bangkok, Thailand. Avian Influenza and Classical Swine Fever (CSF) will be considered at a later stage. Each RSU is composed of one Lead Officer, one Technical Assistant, two Associate Officers, and one Clerk.

- The Lead Officer of the RSU will establish links between field findings and laboratory diagnosis with timely reporting, so as to capture a body of animal health information for analysis by in-country epidemiological units (National Veterinary Diagnostic Laboratories).

9.2.2 South Asia

- An RSU is established in the sub-region and hosted by the SAARC Secretariat in Kathmandu, Nepal (to be confirmed by SAARC).
- The RSU is composed of one Lead Officer, one Technical Assistant, two Associate Officers and one Clerk.
- The Lead Officer of the RSU will establish links between field findings and laboratory diagnosis with timely reporting, so as to capture a body of animal health information for analysis by in-country epidemiological units (National Veterinary Diagnostic Laboratories).

10. Sub-Regional Epidemiology Networks and Centres

- One Sub-Regional Epidemiology Network will be established for each sub-region.
- The Sub-Regional Epidemiology Networks are composed of the National Epidemiology Teams/Centres. One of them takes a leading sub-regional role.
- The Sub-Regional Epidemiology Centres (RECs) are attached to the leading sub-regional centres and they are under the responsibility/coordination of the RSUs.
- The Sub-Regional Epidemiology Centres support/coordinate the networks of the National Epidemiology Teams/Centres: training for technology transfer (epidemiology tools), regional coordinating meetings support for epidemiology analysis at the national levels.
- One or a consortium of World Reference Collaborating Centres of the FAO-OIE Networks will support the RECs and the Sub-Regional Epidemiology Networks.
- The RECs act as regional nodes for the epidemiology analysis. They disseminate their results to the National Epidemiology Teams/Centres, to OIE, to FAO and to the RSUs.
- The RECs are composed of one regional coordinator, head of the REC or under its responsibility, and of national - regional - international epidemiology specialists as appropriate. One clerk and Associate Officers will also be part of the REC teams.

Locations:

- South-East and East Asia: to be proposed
- South Asia: Kathmandu (Nepal) (to be confirmed by SAARC by the end of September 2005)

11. Sub-Regional Laboratory Networks and Sub-Regional Leading Laboratories

- Sub-Regional networks of veterinary laboratories will be established for each sub-region and each disease.
- The Sub-Regional Laboratory Networks are composed of the National Veterinary Laboratories. One of them will take a leading regional role for each sub-region and each disease.
- The Sub-Regional Leading Laboratories are under the coordination/responsibility of the RSUs.

- The Sub-Regional Leading Laboratories support/coordinate the National Veterinary Laboratories: diagnostic, training, transfer of technologies/tools, regional coordinating meetings, proficiency testing, support to the diagnostic laboratories at the national level.
- One or a consortium of International Reference Laboratories from the OIE/FAO World Reference Laboratory Networks will support the Sub-Regional Leading Laboratories and the Sub-Regional Laboratory Networks: training, transfer of tools, proficiency testing, reference diagnostic, quality assurance.
- The Sub-Regional Leading Laboratories act as regional nodes for the diagnostic, training and data gathering and dissemination of the information to the National CVOs and Veterinary Laboratories, to OIE, to FAO and to the RSOs.
- For each disease, the teams of the Sub-Regional Leading Laboratories are composed of one regional coordinator, head of the specialised diagnostic and research service and of national - regional - international laboratory diagnostic and research specialists as appropriate. One clerk and Associate Officers will also be part of the teams.

Locations:

- South-East Asia and East Asia:
 - FMD = Pakchong (Thailand)
 - HPAI = (to be confirmed by ASEAN by the end of September 2005)
 - CSF (to be confirmed by ASEAN by the end of September 2005)
- South Asia: (to be confirmed by SAARC by the end of September 2005)
 - FMD = India
 - HPAI = Pakistan
 - PPR = Nepal or India or Bangladesh

12. Specific Donors (Donors)

12.1 Donors' Consultative Meeting

- The Donor members hold the Donor Consultative Meetings during meetings of the Regional Steering Committee chaired by FAO and OIE.
- For the Donor Consultative Meetings, secretariat services will be provided by the Permanent Secretariat Bureau of the Regional Steering Committee.
- Donors will elect a representative to become a member of the Steering Committee membership.

12.2 Participation of private sectors

- Relevant regional bodies will promote the engagement of private industry, livestock producer associations, cooperatives and civil society at large, and is envisioned at each opportunity and considered as part of the overall GF-TADs strategy, to gain such participation for better understanding of disease dynamics. The Chairman has authority to invite persons/experts on specific items of the agenda, as resource persons, as deemed appropriate. Persons/experts have no voting right.

13. Recommendations

13.1 Regional Units, capacity building and research

The Regional GF-TADs Steering Committee:

1. Notes that transboundary Animal Diseases (TADs) in Asia represent a serious impediment to livestock production and trade of livestock and livestock products threatening the livelihoods of more than 50% of the rural population;
2. Notes that TADs in the region such as highly pathogenic avian influenza may have serious potential public health implications;
3. Endorses the Terms of Reference for the Regional Steering committee for Asia and the Pacific, the Permanent Secretariat, the Regional Epidemiological Units (REUs) and the Regional Diagnostic Laboratories (RDLs);
4. Recommends that the Regional Support Units (RSUs) should be hosted by the relevant RSOs;
5. Notes that the Region comprises some of the poorest countries of the world where capacity building for Veterinary Services in terms of veterinary infrastructure, improvement in the laboratory diagnostic capability and enhancement of epidemiological surveillance for animal diseases should be considered a top priority for support by the international community;
6. Notes that a) significant progress has been achieved by the OIE Regional Coordination Unit of SEAFMD Campaign hosted in Bangkok, Thailand and that this unit would serve as the RSU for FMD control in the sub-region b) that the work of this RSU would be supported by the Regional FMD Laboratory in Pakchong, Thailand which would serve as RDL and c) that the REU will be designated to coordinate relevant networks for FMD in the sub-region in support of this RSU;
7. Notes that emergency response to and control of avian influenza in Asia has to be considered as a priority on a long term basis;
8. Notes that the RSOs would be meeting in the near future to finalise the location of other RSUs, REUs and RDLs for priority diseases and recommends that the final decisions be communicated to the Regional Steering Committee at latest by the end of September 2005;
9. Recommends that the GF-TADs provide all the necessary support for the early establishment of the RSUs
10. Recommends that the GF-TADs ensure that appropriate funding be made available for strengthening capacity building for the veterinary services for the most needy countries of the Region;
11. Notes that while some research has been carried out in certain animal diseases such as FMD and avian influenza in the region, a lot of scientific information is still required for the proper understanding and control of TADs in the Region and
12. Recommends that adequate funds be earmarked for research in priority fields as endorsed by the Global Steering Committee.

13.2 International coordination and financial aspects

The Regional GF-TADs Steering Committee:

1. Notes the necessity for Asia and the Pacific to build animal health control coordination mechanisms in order to improve investments in the field of emergency activities and medium term crisis prevention systems for transboundary animal diseases, including zoonoses.
2. Agrees that the GF-TADs mechanisms at global, regional and sub-regional levels are crucial to support and harmonise policies and monitor implementation of the relevant projects.
3. Recommends that the already existing programmes, such as SEAFMD Campaign and Avian Influenza Emergency Programme, would be used as models for other projects to address current priority diseases such as FMD, avian influenza and CSF for South-East Asia and FMD, avian influenza and PPR for South Asia.
4. Recommends that Member Countries of RSOs such as ASEAN and SAARC contribute to trust funds dedicated to animal health programmes and established by these RSOs.
5. Recommends that national investments in animal health infrastructures remain a priority and would be supported permanently at political and technical levels by the GF-TADs, using the worldwide and regional influence of international and regional organisations involved in the GF-TADs.
6. Recommends that financial mechanisms supporting the projects could allow, when necessary, appropriate transparency concerning the use of resources funded by donors.
7. Recommends that a part of resources funded by donors would be allocated to the support of global and regional coordination mechanisms of the GF-TADs.
8. Notes that WHO will advocate, in the field of zoonoses, the importance of prevention , control and eradication of the zoonoses at their source in animals in order to protect human health, and will support GF-TADs in this framework.
9. Recommends that potential donors for Phase III of SEAFMD could provide support urgently in order to avoid the collapse of the current programme, noting that governments are in the process of committing funds to the new animal health trust fund of ASEAN.
10. Recognises that the HPAI FAO Emergency response to the crisis in Asia was designed in coherence with the global approach of GF TADs and that there is a need to work now on a mid to long term basis. As a matter of priority, the long term support and sustainability of National Laboratories and Epidemiology Teams/Centres must be built and this needs an immediate support to avoid the cessation of the current networks by the end of the year.