

Recommendations

**of
Conferences of OIE Regional Commissions
organised since 1 June 2009**

**endorsed by the International Committee
of the OIE on 27 May 2010**

**10th Conference of the
OIE Regional Commission for the Middle East**

Doha, Qatar, 25-29 October 2009

[Recommendation No. 1:](#) Capabilities of veterinary laboratories in the region – Needs to improve animal disease diagnostic

[Recommendation No. 2:](#) An approach to developing coordinated and harmonised actions for the control of brucellosis

Recommendation No. 1

Capabilities of veterinary laboratories in the region – Needs to improve animal disease diagnostic

CONSIDERING THAT

1. Laboratory diagnostic capacity is a critical factor of the governance of Veterinary Services for allowing an early detection and rapid response to terrestrial and aquatic animal diseases, to prevent the spread of such diseases, as well as to reduce public health risks when referring to zoonoses, food safety and environmental biosecurity;
2. OIE Member Countries have obligations to comply with the OIE standards and guidelines in the field of veterinary laboratories as well as in the field of diagnostic tests;
3. The developing countries need the assessment and the continuous support to improve their laboratory capacities;
4. The OIE implements a Global Programme of Strengthening Veterinary Services, as well as the OIE Twinning Programme for assisting laboratories on a regional needs basis;
5. It is important to provide National Veterinary Laboratories with appropriate and sufficient resources (facilities and equipments, trained staff, structure, budget) to develop their tasks;
6. It is important to share accurate information between national, regional and international laboratory networks, in regards to field strain isolates of relevant diseases;
7. Biosafety and biosecurity measures prevent both spreading of pathogen agents to the environment as well as contamination to laboratory staff;
8. It is necessary for national laboratories to establish and apply SOPs;
9. The permanent inter-laboratory proficiency tests ensure the accuracy and quality of laboratory diagnosis;
10. Some specific expertise within the region is requested for helping countries to better prevent, control or eradicate some relevant diseases and to build up expertise within the region;
11. Veterinary laboratories are part of the Veterinary Services;
12. Human resources training are important to continuing education of laboratory staff;
13. Laboratory capacity could represent a limiting factor in surveillance and control of animal diseases;

14. It is necessary to improve the diagnostic capabilities of laboratories of the region through encouraging and strengthening the use of molecular basis techniques in diagnosis of infectious agents.

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT:

1. All veterinary laboratories comply with the OIE standards and guidelines for veterinary laboratories included in the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals*; the *Manual of Diagnostic Tests for Aquatic Animals*; and the handbook “*OIE Quality Standard and Guidelines for Veterinary Laboratories: Infectious Diseases*”;
2. OIE Member Countries of the Middle East Region assess permanently their laboratory capacities needs with the OIE PVS Process (OIE PVS evaluation, OIE-PVS Gap Analysis, and OIE PVS Follow-Up missions) being the general basis of such an assessment. Accordingly national Governments provide the necessary support and resources to national laboratories to carry out their tasks;
3. When feasible, potential Reference Laboratory candidates in the Region be identified to be part of the OIE Laboratory Twinning Programme, assisted by an existing OIE Reference Laboratory or Collaborating Centre, for relevant animal diseases, based on regional needs;
4. Countries of the region be encouraged to establish BSL3 biosecurity facilities in their Laboratories, when necessary for dealing with relevant infectious agents, as well as their staff be permanently trained and aware of all matters related to biosecurity and biosafety;
5. National laboratories from the region be encouraged to cooperate with other laboratories and other bodies by exchanging information on diagnostic tests, field strain isolates, as well as on experience in harmonization of standard procedures, including the development and implementation of inter-laboratory proficiency tests;
6. Banks of strains of relevant pathogens be established within the region, including local field isolates from different countries as well as the reference strains;
7. Veterinary Services in member Countries of the region establish and follow clear procedures for continuous reporting their veterinary diagnostic results to comply with their obligations to the OIE on animal diseases notification;
8. Veterinary Services exchange consultation with laboratories and take into account laboratory capacity and competence when designing their animal disease surveillance and control programmes.
9. Laboratories of the region improve their diagnostic capabilities by strengthening the use of molecular basis techniques in diagnosis of infectious agents;
10. The OIE continue its permanent work on further developing international standards on laboratory diagnostic tests and vaccine production for prevention, control and eradication of animal diseases, and for ensuring safe trade and laboratory biosecurity, as well as on supporting its Members on laboratory capabilities.

(Adopted by the OIE Regional Commission for the Middle East on 29 October 2009 and endorsed by the World Assembly of Delegates of the OIE on 27 May 2010)

Recommendation No. 2

An approach to developing coordinated and harmonised actions for the control of brucellosis

CONSIDERING THAT

1. Zoonotic animal diseases including brucellosis remain a serious obstacle to public health, social and economic progress, food security and food safety in Middle Eastern countries and especially those countries where appropriate prevention and control measures are not taken on time;
2. Effective collaboration between animal health and public health sectors in the spirit of “One World, one Health” concept (OWOH), both at national and regional levels, is an important factor for succeeding in controlling zoonoses, including Brucellosis;
3. Good governance of Veterinary Services complying with global standards on quality allows effective detection and control of brucellosis at its sources, in the animal population thereby minimizing exposure to the human population;
4. The OIE developed different tools such as OIE-PVS evaluation, OIE-PVS Gap analysis, OIE-PVS follow up, Laboratories twining and modernisation of legislation to help members to improve Veterinary governance;
5. Compliance with OIE Standards in regards to antigens, reagents and tests used for surveillance and diagnostic purposes is a key factor to achieve objectives of any Brucellosis Control or Eradication Program;
6. Adequate integrated medical and veterinary epidemiological surveillance system for brucellosis, which allows monitoring of the prevalence and incidence of infection at individual and herd level, the incidence of human infection and relevant activities performed by the veterinary services is a key factor to succeed on preventing, controlling or eradicating the disease irrespective of the strategy chosen;
7. It is necessary for the laboratories involved in the Brucellosis Control or eradication programme to participate regularly to inter-laboratory proficiency testing and to use different standardised diagnostic antigens for Brucellosis having different sensitivities;
8. It is necessary to understand the local and regional differences in animal husbandry practices, social customs, infrastructure, and the epidemiological pattern of the disease for Middle Eastern countries to know their sanitary situation as well as to exchange relevant epidemiological information through effective regional epidemio-surveillance networks;
9. Sustainable surveillance networks and diagnostic capacity are crucial for achieving an effective prevention and control of the disease;
10. Vaccination against brucellosis in relevant species, using vaccines complying with OIE Standards, is a key factor for ensuring the necessary immunity of targeted animal population in endemic countries;

11. Vaccination is not broadly applied nor consistently monitored in all Middle Eastern countries and available vaccines are not often adapted to field constraints; also Appropriate sanitary control measures against brucellosis, such as isolation and slaughter of infected animals when possible are not consistently applied in all countries;
12. Some preventive measures to minimize public health risks, such as consumption of heated milk from infected herds could be better implemented within the region;
13. It is necessary to have a national central co-ordination structure to follow up all activities, including vaccination campaigns, the surveillance, the evaluation of data and the re-planning of the programme;
14. It is important to use appropriate veterinary information and reporting systems in relation to the management of a long-term control campaign;
15. The implementation of permanent awareness campaigns directed to groups at risk including farmers and consumers and close collaboration between public health and animal health services will allow effective management of brucellosis risk.

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT

1. The OIE continues its support to Members for the strengthening of their Veterinary Services through the use of the OIE PVS Tool for the evaluation of Veterinary Services, the OIE-PVS Gap Analysis and follow up as well as their complementary supporting projects such as the sanitary legislation model and laboratory twinning programme, for improving the control of brucellosis, as well as other animal diseases;
2. With the support of relevant global and regional organisations, Member Countries establish at both regional and national levels, adequate cooperation mechanisms between the animal health and public health sectors, to improve the management of the disease at the animal-human interface by focusing on control at the animal source;
3. The OIE as well as other global and regional organisations encourage and support Member Countries to further develop research and studies to get a clearer understanding of the impact of brucellosis in animal and humans, both at public and animal health levels as well as on livestock production, taking into account all relevant factors which influence the Control Programme, such as animal husbandry practices, social customs, infrastructure, and the epidemiological pattern of the disease;
4. Member countries adapt their infrastructures to implement adequate strategies to control and eradicate Brucellosis, including, when relevant, vaccination of susceptible species, using vaccines which comply with OIE standards;
5. Any national Strategies to prevent, control and eradicate Brucellosis, consider the establishment of a proper epidemiosurveillance system, capable to monitor the prevalence and incidence of infection at individual and herd level, the incidence of human infection and the support to the activities performed by the veterinary services. Such surveillance should also include the use of antigens, reagents and laboratory diagnostic tests, complying with OIE international standards;

6. Member Countries establish sustainable regional epidemio-surveillance networks, with the support of relevant international and regional organisations, to have a better knowledge of the brucellosis situation of each country, as well as to share all relevant sanitary information between different countries;
7. Member Countries continue to improve their national disease reporting systems to accomplish their obligation in notifying the occurrence of brucellosis to the OIE through WAHIS;
8. Additional candidate laboratories be identified in the Middle East to enter into Twinning projects for brucellosis with existing OIE Reference Laboratories, to enlarge the availability of and access to expertise in the region and to support Middle Eastern countries for better preventing and controlling brucellosis;
9. National laboratories of Middle Eastern countries participate regularly to inter-laboratory proficiency testing for Brucellosis diagnostic at regional and global levels;
10. Governments be encouraged and sensitised to support brucellosis prevention and control programmes in relevant species, by allocating necessary resources (financial, structural and human) which allow proper implementation of relevant preventive and controlling measures, including among others cooperation with farmers (including their financial contribution), vaccination of susceptible species when relevant as well as culling of infected animals when possible;
11. OIE Reference Laboratories on Brucellosis, as well as other relevant research organisations develop further research and investigations to improve the diagnostic tests and vaccines quality, including their thermostable property for their use in relevant species under specific conditions;
12. Member Countries with the support of relevant global and regional organisations implement awareness campaigns addressed to all sectors, including regional, national, municipal and field level, with the involvement of Ministries of Health and Veterinary authorities with a specific focus on the importance of the control of brucellosis for both animals and humans, encouraging the implementation of basic preventive measures in regards to public health, such as the consumption of heat treated milk when produced in infected herds;
13. The OIE analyse the potential development of a specific programme for evaluation of Veterinary Laboratories complementarily to the OIE PVS programme.

(Adopted by the OIE Regional Commission for the Middle East on 29 October 2009 and endorsed by the World Assembly of Delegates of the OIE on 27 May 2010)

**26th Conference of the
OIE Regional Commission for Asia, the Far East and Oceania
Shanghai, People's Republic of China 16-20 November 2009**

[Recommendation No. 1:](#) Influenza development, including H1N1, surveillance and post-vaccination monitoring of H5N1

[Recommendation No. 2:](#) The development of disease-free zones for equine diseases, including the example of China

Recommendation No. 1

Influenza development, including H1N1, surveillance and post-vaccination monitoring of H5N1

CONSIDERING THAT

1. Zoonotic animal diseases, including Highly pathogenic avian influenza (HPAI) H5N1, remain a serious threat for food security and public health, social and economic progress and especially for Members where capacity is inadequate to apply appropriate prevention and control measures;
2. HPAI H5N1 virus strains have persisted in domestic poultry for 12 years and antigenic variants have been generated;
3. Most Members in the region have instituted a compensation mechanism in the event where a stamping-out policy was applied. This mechanism encourages timely notification of the occurrence of disease outbreaks and/or detection of infection;
4. It is necessary to understand the local and regional differences in animal husbandry practices, social customs, infrastructure, and the epidemiological pattern of the disease for OIE Members of Asia, the Far East and Oceania Region to better address risks of occurrence and spread of influenza viruses within the region;
5. The exchanging of relevant epidemiological information through effective regional surveillance networks is important;
6. Vaccination against HPAI H5N1, using vaccines complying with OIE Standards, and in accordance with the guidelines for the application of a vaccination strategy developed jointly by the OIE and FAO, is a relevant complementary measure in specific situations to prevent and control the disease. In these cases vaccination should be used in addition to, not instead of stamping out;
7. Vaccines directed to HPAI H5N1 are being used by several Members in Asia;
8. There is a need for a vaccination exit strategy to be included within the national policies on control of HPAI H5N1, based on appropriate risk evaluation, surveillance and the promotion of early detection and rapid response capacity of the country;
9. The OIE alone and jointly with FAO, WHO and WTO has issued clear statements, in regard to the pandemic H1N1 A/Influenza;
10. An FAO-OIE document “*A Global Strategy for the Prevention and Control of H5N1 Highly Pathogenic Avian Influenza*” has been developed promoting multisectoral approach to controlling zoonosis, including HPAI, and targeting disease source;

11. A multiagency FAO-OIE-WHO-UNICEF document supported by UNSIC and World Bank has been published: *“Contributing to “One World, One Health” A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystems Interface”*;
12. FAO-OIE GF-TADs support a regional approach to control transboundary animal diseases (TAD) including zoonoses such as HPAI;
13. Effective collaboration between animal health and public health sectors in the spirit of the “One World, One Health” concept (OWOH), both at national and regional levels, is an important factor for succeeding in controlling zoonoses, including Highly Pathogenic Avian Influenza H5N1 while controlling the disease at its animal source remains under the full responsibility of the Veterinary Services ;
14. Good governance of Veterinary Services complying with global standards on quality allows effective early detection and control of HPAI H5N1 at it’s source in the animal population and thereby minimizing exposure to the human population;
15. The OIE developed different tools such as OIE-PVS evaluation, OIE-PVS Gap analysis, OIE-PVS follow up missions, laboratory twinning, modernisation of legislation and capacity building of national focal points to help Members to improve veterinary governance;
16. There exist some ongoing or planned projects within the region, funded by several Members and donors, aimed to strengthen Veterinary Services and preventing, controlling or eradicating emerging diseases;
17. Compliance with OIE Standards in respect of the quality of antigens, reagents and tests used for surveillance and diagnostic purposes, is a key factor to achieve the objectives of any animal disease control or eradication Program;
18. The OIE has developed a document endorsed by FAO and other major partners such as key donors on *“Ensuring Good Governance to Address Emerging and Re-emerging Animal Disease Threats: Supporting the Veterinary Service of Developing Countries to Meet International Standards on Quality”*;
19. Comprehensive and sustainable surveillance networks and diagnostic capacity are crucial for achieving an effective prevention and control of the disease;
20. It is important to use appropriate information and reporting systems in support of the effective implementation of a long-term control strategy;
21. The joint OIE and FAO world scientific network for the control of animal influenza, (OFFLU), provides technical assistance and expertise to support OIE Members in the diagnosis, surveillance and control of animal influenza;
22. The OIE has developed the Laboratory Twinning concept aimed to improve diagnostic capacity and to promote the excellence of veterinary scientific community on a Regional basis;
23. The OIE has recently published a Scientific and Technical Review dedicated entirely to Avian Influenza;

24. The Members in the region have responded on a questionnaire developed by the rapporteur to reflect on the current situation of development of influenza, including H1N1, surveillance and post-vaccination monitoring of H5N1 to guide the formulation of these recommendations.

THE OIE REGIONAL COMMISSION FOR ASIA THE FAR EAST AND OCEANIA

RECOMMENDS THAT:

1. The OIE continue its support to Members for the strengthening of their Veterinary Services through the use of the OIE PVS Tool for the evaluation of Veterinary Services, the OIE-PVS Gap Analysis and follow up as well as their complementary supporting projects such as legislation update, the laboratory twinning programme and capacity building of national focal points, for improving the control of animal influenzas, and other animal diseases and promoting Veterinary public health;
2. Members review their Veterinary Services policies where necessary to implement adequate strategies to prevent the occurrence and spread of animal influenzas particularly HPAI H5N1, including, when relevant, a stamping-out policy complemented in specific situations by vaccination of susceptible species, using vaccines which comply with OIE standards and adopting an exit strategy. Such strategies should be in compliance with the OIE/FAO *Global Strategy for Prevention and Control of H5N1 Highly Pathogenic Avian Influenza*, as developed jointly. Vaccination should always be used in addition to, and not instead of stamping out;
3. Any national strategy to prevent, control and eradicate HPAI H5N1, should consider the establishment of a proper surveillance system, including the coverage of the whole territory at risk by well trained veterinarians and para-professionals working under the control of veterinarians, and the use of laboratory diagnostic tests complying with OIE international standards;
4. OIE Members continue to improve their disease reporting system to accomplish their obligation in notifying the occurrence of avian influenza to the OIE through WAHIS;
5. Additional candidate laboratories be identified within the region to enter where relevant, into twinning projects for avian influenza with existing OIE Reference Laboratories to enlarge the availability of and access to expertise in the region;
6. Governments be encouraged and sensitised by the OIE to support animal influenza surveillance programmes, and when relevant, prevention and control activities in pigs and other relevant species, by allocating necessary resources (financial, structural and human) which will allow proper implementation of relevant preventive and control measures;
7. Donors continue to further support programmes including vaccine banks and support to Good Veterinary Governance within the region to prevent the occurrence and spread of emerging diseases in developing countries;
8. OIE Members make full and timely use for the prevention, control and mitigation of influenza and other emerging or re-emerging diseases, of the cooperation programmes made available to them by donors, in particular the new Highly Pathogenic Emerging Diseases Programme for Asia that will run from January 2010 to end 2013, and other similar Programmes;

9. OIE Members who benefitted from grants under the World Bank-administered multidonor trust fund Avian and Human Influenza Facility, accelerate disbursement of the resources offered by this instrument;
10. The joint OIE and FAO worldwide scientific network for the control of animal influenza, (OFFLU), as well as other relevant research organisations, conduct further research and investigations to improve the tools and strategies as well as develop certain standards and guidelines for preventing and controlling animal influenza. Surveillance of influenza in swine is important in the Members where H5N1 influenza virus is still circulating;
11. The OIE continue its work and further develop and up-date standards for prevention and control of animal influenzas;
12. In the H1N1 2009 pandemic context the statements made by the OIE including the document “Questions and answers”, and the other statements made jointly with FAO, WHO and WTO be used by Veterinary Services of the region as key communication tools with policy makers and the public;
13. With the support of relevant global and regional organisations, OIE Members establish at both regional and national levels, adequate cooperation mechanisms between the animal health, public health and other relevant sectors, to improve the management of the biological risks at the animal-human interface by focusing on pathogen control at the animal source using veterinary skills and the multiagency document *“Contributing to One World, One Health* A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal–Human–Ecosystems Interface”* as a reference guiding document.

(Adopted by the OIE Regional Commission for Asia, the Far East and Oceania on 20 November 2009 and endorsed by the World Assembly of Delegates of the OIE on 27 May 2010)

Recommendation No. 2

The development of disease-free zones for equine diseases, including the example of China

CONSIDERING THAT

1. Competition, race and show equestrian events are of major and significant social and economic importance;
2. Large numbers of equine animals are moved both internationally and within countries for these specific events;
3. There is a need to ensure that horses movement does not pose a health risk within or between OIE Members;
4. OIE only has official disease status recognition procedures for foot and mouth disease, rinderpest, bovine spongiform encephalopathy and contagious bovine pleuropneumonia, and the OIE is looking for developing conditions for official recognition for freedom of specific equine diseases starting with African horse sickness and glanders;
5. OIE Members can self-declare freedom from specific diseases if they meet the relevant requirements of the OIE Terrestrial Code, and there are not yet Terrestrial Code provisions for self freedom declaration for a group of several equine diseases that are listed by OIE;
6. It is feasible to develop equine diseases free zones and self declaration procedures for specific events based on experiences such as the Equestrian Olympics and Para-olympics and Asian Games;
7. Certification with strategic testing for infectious equine diseases (for example, testing for equine influenza) is a key management tool to support safe horse movements;
8. Diagnostic testing and vaccination when relevant should be in line with methods described by the OIE Manual for Diagnostic Tests and Vaccines;
9. Effective Veterinary Services are essential to support and guarantee animal health within and between countries.

THE OIE REGIONAL COMMISSION FOR ASIA THE FAR EAST AND OCEANIA

RECOMMENDS TO:

1. Encourage host OIE Members to self declare zonal freedom from relevant equine diseases for specific situations such as the Olympics and Asian games and, where relevant, in accordance with the disease specific provisions of the Terrestrial Code;

2. Agree that rigor needs to apply to such situation and that host OIE Members need to ensure a high degree of compliance by both veterinary services and the private sector with OIE standards including zoning and compartmentalization;
 3. The OIE to provide Expert Missions to support Members in establishing equine disease free zones (EDFZ) upon the request and financial support of host Members;
 4. The OIE to support the development of a high quality document/publication to provide technical advice and assistance to Members proposing to establish EDFZs;
 5. To note that the generic Model Passport for International Movements of Competition Horses as established within the Chapter 5.12 of the OIE Terrestrial Code provides a most useful reference document; and to support its revision in due course and in the light of experience;
 6. Reinforce the need for OIE Members' participation in the OIE PVS Programme and related schemes;
 7. Encourage Members involved in equestrian events to monitor and survey the health of their equine population.
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(Adopted by the OIE Regional Commission for Asia, the Far East and Oceania on 20 November 2009
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