



Food and Agriculture
Organization of the
United Nations

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WORLD ORGANISATION
FOR ANIMAL HEALTH

12th Meeting of the Global Steering Committee of the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs)

Recommendations of the virtual meeting,
2 November and 2 December 2021



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Recommended Citation

FAO and OIE. 2022. *12th Meeting of the Global Steering Committee of the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs). Recommendations of the virtual meeting, 2 November and 2 December 2021.* Rome.

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The Global Steering Committee of the GF-TADs held its 12th Meeting on 2 November and 2 December 2021. The GSC12 was convened virtually, in light of the continued global COVID-19 pandemic and associated public health concerns. The second session was attended by 102 participants, of which 60% were invitees and 40% were observers from FAO and the OIE.

Considering:

- The cooperation agreement for the promotion of the joint FAO–OIE initiative ‘Global Framework for the Progressive Control of Transboundary Animal Diseases’ (GF-TADs) signed by FAO and the OIE on 24 May 2004;
- The outcomes and recommendations of previous GF-TADs Global Steering Committee meetings;
- The outcomes and recommendations of the 3rd FAO–OIE Joint Evaluation of the GF-TADs (2018) that still need to be addressed;
- The consultations organised since the GSC11 Meeting to develop the GF-TADs Strategy for 2021–2025 and the adoption of this strategy by the GF-TADs Management Committee in November 2021;
- The need to engage the GF-TADs mechanism in specific, achievable recommendations.

The Global Steering Committee welcomed the launch of the GF-TADs Strategy for 2021–2025 and recommended that:

1. Synergies be encouraged across the different TAD control strategies and that the GF-TADs Strategy for 2021–2025 connect with the One Health approach,¹ including the GSC being updated on relevant initiatives related to One Health.
2. Local socio-economic contexts be taken into account in the planning and implementation phases of TAD control strategies, in particular with regard to the needs of livestock producers and access to affordable animal health services by smallholder farmers.
3. All relevant stakeholders at global and regional levels be strongly encouraged to engage in cooperating through the GF-TADs coordination mechanism, from the design phase of control strategies to the implementation phase.

¹ As per the Joint Tripartite and United Nations Environment Programme statement on One Health, One Health is defined by the One Health High-Level Expert Panel as ‘an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development’ (www.oie.int/en/tripartite-and-uneep-support-ohhleps-definition-of-one-health/).

4. Implementation of the GF-TADs Strategy be monitored by using the specific, measurable, achievable, relevant and time-bound (SMART) key performance indicators currently developed under the GF-TADs and that easy and feasible monitoring actions be established.

The Global Steering Committee welcomed the initiative to use the GF-TADs Strategy for 2021–2025 to coordinate efforts to facilitate access to quality vaccines against TADs and recommended that:

5. Public–private partnerships be encouraged, in particular with veterinary vaccine manufacturers.
6. Countries be supported in their efforts on advocacy for financing vaccination campaigns, and on encouraging investment in research, development and production of quality vaccines, cold chains and/or access to thermotolerant vaccines, when feasible, as well as the financing and monitoring of vaccination campaigns.
7. Capacity-building and harmonisation initiatives to improve the predictability of the growing demand for vaccines and their markets be supported by providing more accurate estimates on TAD vaccine usage and better access to epidemiological data.
8. Vaccine regulatory approval be harmonised so that better information on vaccine production capacity be provided, and that independent quality control of vaccines be ensured, including by facilitating the establishment of regional vaccine quality control centres.
9. The responsiveness of the GF-TADs to surges in vaccine demand during emergency situations be enhanced through various solutions such as pre-qualification systems, facilitated tendering processes, constitution of international/regional/national antigen/vaccine/diagnostic banks or funds (especially for foot and mouth disease [FMD] vaccines).
10. Vaccination campaigns be closely coordinated at regional or sub-regional level, while focusing efforts on the weakest links in the chain from the design of a vaccine campaign to the post-vaccination monitoring phase.
11. Support be provided to countries on the design and implementation of the TAD control strategies, based on the best available science, including the timely characterisation of circulating pathogen strains, vaccine matching (when relevant) and the use of data from post-vaccination monitoring to identify factors influencing vaccination coverage and efficacy.

The Global Steering Committee welcomed the overview provided by the GF-TADs Global Secretariat and priority TADs working groups of the progress made on the GF-TADs global priority diseases and the initiative to establish a partnerships and financing panel in the context of the GF-TADs Strategy for 2021–2025 and recommended that:

12. Actions under GF-TADs be optimised according to the following categories:
 - a. emerging diseases² (e.g. African swine fever [ASF] emergence in Americas) and globally eradicated diseases (e.g. rinderpest);
 - b. diseases approved for global eradication (e.g. peste des petits ruminants [PPR]);
 - c. diseases included in global or regional progressive control programmes (e.g. ASF, FMD, highly pathogenic avian influenza [HPAI], lumpy skin disease [LSD]).
13. The implementation of disease prevention and control against groups of diseases that affect a single livestock species (e.g. swine diseases with ASF, classical swine fever [CSF], porcine reproductive respiratory syndrome [PRRS]) be supported through a holistic approach when this generates synergies of actions and resources against TADs.
14. Countries be assisted in enhancing their capacities to implement the OIE international standards, which requires both political engagement and finance at the national level.
15. Guidance be provided to countries on investment planning for animal health as well as on zoonotic/public health, including guidance on how to make an investment case for positive outcomes on climate and natural resource impact mitigation to allow countries to leverage climate/environmental financing options.
16. Countries be assisted with the financing and provision of regional and international experts.
17. Synergies among the various programmes on priority TADs and among different countries and regions be strengthened in the implementation of activities organised by the global GF-TADs working groups, acknowledging the specific benefits from these synergies.

18. The GF-TADs strategies address the specific needs of countries. In subregions with critical animal health situations and weak capacities for response, this may lead to resources being focused on the strengthening of national Veterinary Services to obtain effective progress in priority TAD strategies with more achievable results.
19. A stronger working relationship be encouraged with stakeholders of animal value chains – which includes producers, sellers, hunters, middlemen, wildlife hunters and stakeholders – in efforts on disease prevention and control, particularly for ASF.

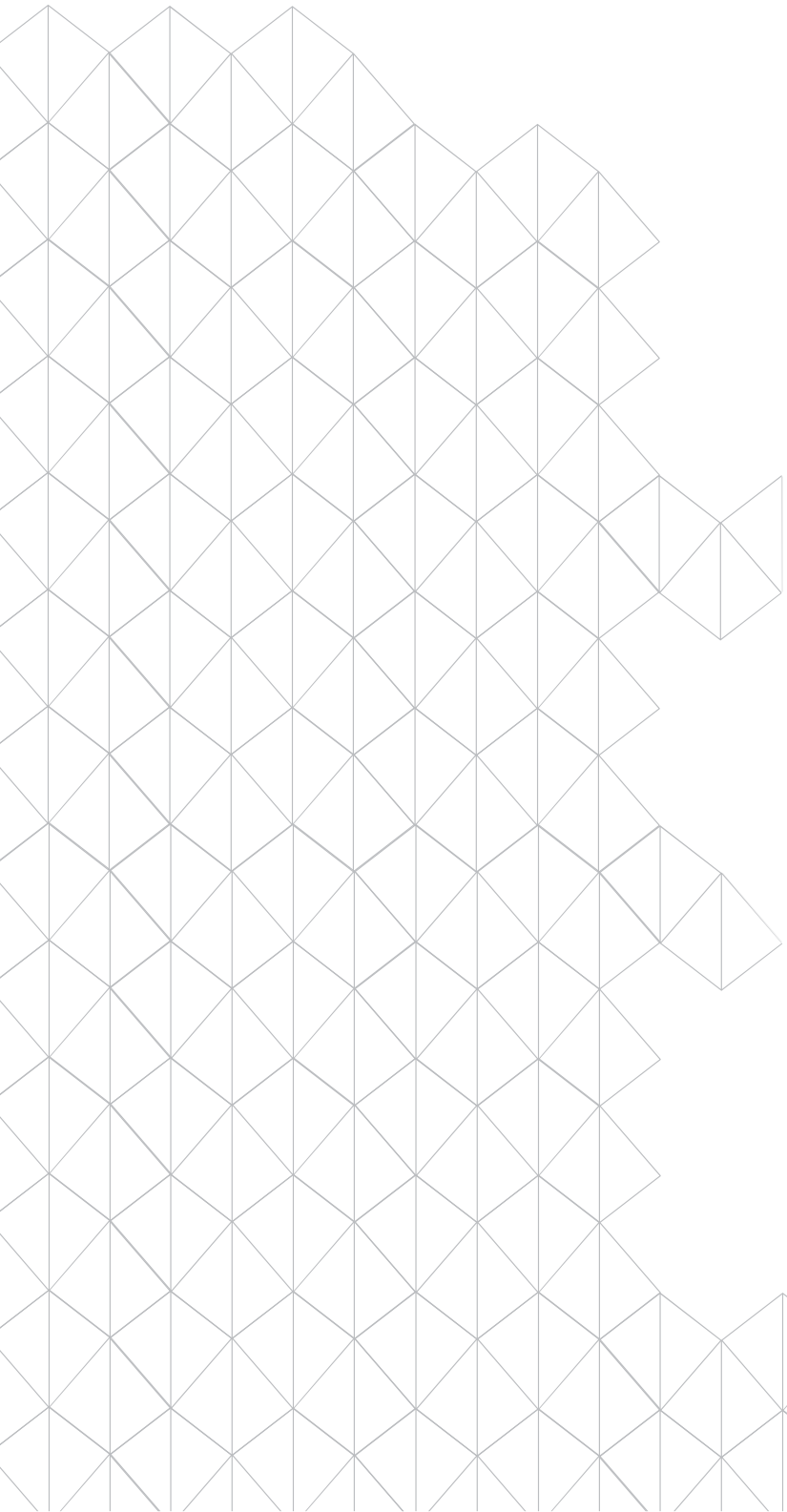
The Global Steering Committee welcomed the update on HPAI and the discussion on the level of global coordination to be provided under the umbrella of the GF-TADs and recommended that:

20. HPAI be included as an active global priority TAD and that the current joint FAO/OIE H5N1 Control Strategy be updated to reflect this.
21. HPAI surveillance at the global level, including in wild birds, and exchange of epidemiological information at the interregional level, informing early warning systems, both be strengthened.
22. HPAI regional control strategies be adapted to specific characteristics of local production systems as well as to their socio-economic, market and value chain contexts.
23. Biosecurity along value chains be strengthened taking into account the specificities of the different production systems and local risk factors.
24. Potential adverse effects on food security through protein and resource losses associated with responses to HPAI outbreaks be critically reviewed, and that policies and strategies for alternatives (e.g. vaccination) and accompanying trade policies be developed.
25. The current OIE international standards for vaccination strategies, including the use of differentiation of infected from vaccinated animals (DIVA) vaccines, be critically reviewed and updated where relevant.
26. The role of OFFLU in the control of HPAI under the GF-TADs umbrella be re-evaluated and the use of data to inform evidence-based policies be improved.
27. Monitoring of low pathogenic avian influenza (LPAI) with zoonotic potential be improved to better contribute to One Health information sharing and outcomes.

² According to OIE [Terrestrial Animal Health Code](#), emerging disease ‘means a new occurrence in an animal of a disease, infection or infestation, causing a significant impact on animal or public health resulting from: a change of a known pathogenic agent or its spread to a new geographic area or species; or a previously unrecognised pathogenic agent or disease diagnosed for the first time’.

The Global Steering Committee welcomed the update from the five Regional Steering Committees and the progress made since the GSC11 Meeting, and recommended that:

28. The sharing of information be improved in relation to specific country needs and priority gaps identified by different organisations or during the implementation of different TAD control strategies to avoid duplication and facilitate synergies.
29. A multidisciplinary approach to capacity gap assessments and capacity-building activities be encouraged.
30. The development and regular updating of regional action plans for the control of TADs in a multisectoral approach be encouraged and that the respective responsibilities of different stakeholders be better defined.
31. Regional action plans be used to improve the timely identification of opportunities for the labelling of activities under the umbrella of the GF-TADs.



This document has been produced under the umbrella of



GF-TADs

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
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