



WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future

12th Conference of the
OIE Regional Commission for the Middle East
Amman (Jordan), 23 to 26 September 2013

FINAL REPORT

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List of abbreviations

AGFUND:	Arab Gulf Programme for Development
AHS:	African horse sickness
AHVLA:	Animal Health and Veterinary Laboratories Agency
AOAD:	Arab Organization for Agricultural Development
AU-IBAR:	African Union – Interafrican Bureau for Animal Resources
BSE:	Bovine spongiform encephalopathy
bTB :	bovine tuberculosis
CBPP:	Contagious bovine pleuropneumonia
CCHF:	Crimean–Congo hemorrhagic fever
CSF:	Classical swine fever
CVO:	Chief Veterinary Officer
EAEVE:	European Association of Establishments for Veterinary Education
EU:	European Union
FAO:	Food and Agriculture Organization of the United Nations
FEI:	International Federation for Equestrian Sports (<i>Fédération Equestre Internationale</i>)
FMD:	Foot and Mouth Disease
FVM:	Faculty of Veterinary Medicine
GF-TADs:	Global Framework for the Progressive Control of Transboundary Animal Diseases
GLEWS:	Global Early Warning and Response System
HHP:	High health, high performance
HIV/AIDS:	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
HPAI:	Highly Pathogenic Avian Influenza
IFAH:	International Federation of Animal Health
IFHA:	International Federation of Horse Racing Authorities
ILRI:	International Livestock Research Institute
IPPC:	International Plant Protection Convention
IDB:	Islamic Development Bank
JUST:	Jordan University of Science and Technology
LSD:	Lumpy skin disease
MENA:	Middle East and North Africa
MERS-CoV:	Middle East respiratory syndrome coronavirus
NGOs:	Non-Governmental Organisations

OFFLU:	OIE/FAO Network of expertise on animal influenza
OIE:	World Organisation for Animal Health
OPEC:	Organization of the Petroleum Exporting Countries
PAFLEC:	Panafrican Platform for Livestock Exporting Countries
PAT:	Palestinian Autonomous Territories
PPR:	Peste des petits ruminants
PVS:	OIE Tool for the Evaluation of Performance of Veterinary Services
RAWS:	Regional Animal Welfare Strategy
RC:	Regional Commission
RC-ME:	Regional Commission for the Middle East
REEV-Med:	Mediterranean Veterinary Education Establishment Network
RVF:	Rift Valley fever
SARS:	Severe acute respiratory syndrome
SOLICEP:	Somalia Livestock Certification Project
SPS:	Sanitary and Phytosanitary
TAD`s:	Transboundary animal diseases
ToT:	Training of Trainers
USA:	United States of America
USDA-APHIS:	United States Department of Agriculture- Animal and Plant Health Inspection Service
VA:	Veterinary Authorities
VBDs:	Vector-borne diseases
VEE:	Veterinary Education Establishments
VERAU:	Veterinary Epidemiology and Risk Analysis Unit
VICH:	Veterinary International Conference on Harmonisation
VS:	Veterinary Services
WAHID:	World Animal Health Information Database
WAHIS:	World Animal Health Information System
WHO:	World Health Organization
WSPA:	World Society for the Protection of Animals
WTO:	World Trade Organization
WVA:	World Veterinary Association

Introduction

1. Following the invitation of the Government of Jordan, the 12th Conference of the OIE Regional Commission for the Middle East was held in Amman from 23 to 26 September 2013 under the patronage of her Royal Highness Princess Alia bint Al-Hussein.
2. A total of 70 participants, comprising OIE Delegates and/or nominees of 16 Member Countries and 4 Observer Countries and senior officers from 4 international organisations attended the conference. In addition, 1 representative of the private sector was present. Her Royal Highness Princess Alia bint Al-Hussein, Her Royal Highness Princess Sumaya bint El Hassan, His Excellency Dr Akef El Al Zoubi, Minister of Agriculture of Jordan, Dr Karin Schwabenbauer, President of the World Assembly of Delegates, Dr Bernard Vallat, OIE Director General, Dr Kassem Nasser Al-Qahtani, President of the OIE Regional Commission for the Middle East and Delegate of Qatar, Dr François Caya, Head of the OIE Regional Activities Department, Dr Joseph Domenech, Advisor, OIE Scientific and Technical Department, Dr Ghazi Yehia, OIE Regional Representative for the Middle East, Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department and Dr Susanne Münstermann, Project Officer, OIE Scientific and Technical Department also participated in the Conference. The speakers of Technical Items I and II, namely Dr MacDonald Farnham, Assistant Professor, College of Veterinary Medicine and Adjunct Instructor, School of Public Health, University of Minnesota, and Prof. Hassan Aidaros, Professor of Hygiene and Preventive Medicine, Faculty of Veterinary Medicine, Banha University (Egypt) and Director of the Middle East Veterinary Centre honoured the Conference by their presence.

Monday 23 September 2013

Opening Ceremony

3. Dr Ghazi Yehia, OIE Regional Representative for the Middle East, chaired the opening ceremony. The following personalities addressed welcome messages to the Conference:
 - Dr Munther Al-Refai, OIE Delegate of Jordan;
 - Dr Kassem Nasser Al-Qahtani, President of the OIE Regional Commission for the Middle East and Delegate of Qatar;
 - Dr Karin Schwabenbauer, President of the OIE and Delegate of Germany;
 - Dr Bernard Vallat, Director General of the OIE;
 - Dr Akef Al Zoubi, Minister of Agriculture of Jordan.
4. Their speeches are annexed at the end of the report.

Election of the Conference Committee

5. The Conference Committee was elected by participants as follows:

Chairperson:	Dr Munther Al-Refai (Jordan)
Vice-Chairperson:	Dr Abdulghaniy Y. Alfadhli (Saudi Arabia)
Rapporteur General:	Dr Ali Abdullah Al-Sahmi (Oman)

Election of Session Chairpersons and Rapporteurs for Technical Items and Animal Health Situation

6. The Conference Committee was elected as follows:

Technical Item I: Dr Kassem Nasser Al-Qahtani (Qatar), Chairperson
Dr Elias Ibrahim (Lebanon), Rapporteur

Technical Item II: Dr Salman Abdnabi Ebrahim (Bahrain), Chairperson
Dr Abdul Rahman AL Kandari (Kuwait), Rapporteur

Animal health situation: Dr Salah Fadhil Abbas (Iraq), Chairperson
Dr Yasser Aleryani (Yemen) Rapporteur

Adoption of the Agenda and Timetable

7. The Provisional Agenda and Timetable were adopted.

OIE Activities and Vision for the 21st Century

8. The Session Chairperson, Dr Munther Al-Refai, invited Dr Bernard Vallat, Director General of the OIE, to present an update on OIE Activities and Vision for the 21st Century.

9. Dr Vallat began his presentation with a brief overview of the OIE with its 178 Member Countries throughout the world. He reminded participants of the objectives of the Organisation, outlined its financial structure and highlighted the importance of OIE Regional Commissions in addressing issues specific to the Members of a region.

10. The Director General then commented on the OIE's current policies, highlighting key concepts, such as 'Global Public Good', 'One Health' and 'Good Veterinary Governance' and the global, regional and national animal health strategies and disease control and eradication programmes.

11. He stated that all these concepts are relevant when it comes to improving animal health worldwide while ensuring animal welfare, food security, food safety and alleviation of poverty.

12. Dr Vallat also recalled the OIE's reference role as the international standard-setting organisation for animal health issues including its relation to the World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement).

13. He pointed out that the OIE's role in the scientific management of animal welfare had grown to the point where the OIE was now recognised as the pre-eminent source of standards, guidelines, information and advice on animal welfare worldwide.

14. Dr Vallat reminded Delegates that another key element of the OIE's policies was the strengthening of good governance of Veterinary Services, which could be achieved by supporting Members' compliance with OIE international standards on the quality of Veterinary Services including legislation and continuously building the capacity of Member Countries' Veterinary Services. Good governance includes appropriate legislation, appropriate veterinary education programmes, human and financial resources allocated to Veterinary and Livestock Services, and, finally, relevant public-private partnerships applicable to the entire veterinary domain.

15. He also highlighted the importance of veterinary statutory bodies, which, while not being part of the Veterinary Authority, are nonetheless important in supporting the good governance of Veterinary Services as a whole.

16. Referring to the current global context, the Director General started by presenting the trends in global demand for food as well as the drivers of consumption and future trends, indicating that the worldwide consumption would increase by more than 50% in the near future, mainly in developing and transition countries.
17. He emphasised that the risk of diseases spreading around the world was increasing, due to factors such as globalisation, the unprecedented increase in movements of people, animals and animal products, changes in farming systems and climate change.
18. Dr Vallat noted the growing importance of veterinary public health given the zoonotic potential of animal pathogens, and stated that 60% of human pathogens and 75% of emerging diseases are zoonotic, and that 80% of potential bioterrorism agents are zoonotic pathogens.
19. Dr Vallat emphasised that veterinarians are also in the front line where protecting human health is concerned as they play an important role in stabilising society by supporting a healthy and productive agricultural sector, which in turn leads to a safe food supply. Veterinarians also make a significant contribution to protection of biodiversity and the environment.
20. Weaknesses in the Veterinary Services of one country can threaten neighbouring countries, regions and, potentially, the whole international community.
21. In discussing the new concepts to be used for promoting the protection of countries and regions from current and emerging threats to animals and humans, Dr Vallat began by highlighting the 'global public good' concept. Global public goods are those whose benefits extend to all countries, people and generations. Animal health systems are global public goods because controlling and eradicating infectious animal diseases, including zoonoses, bring broad national, international and inter-generational benefits.
22. He reminded the participants that Veterinary Services are a Global Public Good, and bringing them into line with international standards must therefore be considered a priority. Consequently, one of the OIE's commitments is to support the improvement of the legal framework and resource allocations of national Veterinary Services around the world.
23. He also discussed the outcomes of the Ministerial Declaration of the Meeting of G20 Agriculture Ministers, held in June 2011, highlighting the importance of early disease detection and of relevant international standards, areas where the OIE, the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), the *Codex Alimentarius* Commission, the International Plant Protection Convention (IPPC) and the WTO were encouraged to continue their efforts towards enhancing inter-agency cooperation.
24. In this connection, the Director General commented on the Tripartite Concept Note prepared by the OIE, FAO and WHO to strengthen collaboration between the three organisations in sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces.
25. Dr Vallat also summarised the outcomes of the High Level Technical Meeting to address Health Risks at the Human-Animal-Ecosystems Interfaces, held in Mexico City in November 2011, which, among other things, encouraged: the establishment of strong governance structures and aligned legal frameworks; the use of inter-sectoral approaches to risk assessment and risk mitigation for health issues at the human-animal-ecosystems interfaces; and joint training, simulation exercises, coordinated evaluation and gap analysis of national human and animal health systems.
26. He stressed the three priority topics adopted by the three organisations: rabies, zoonotic influenza and antimicrobial resistance.

27. The Director General went on to describe recent OIE achievements, highlighting the successful outcome of the highly pathogenic avian influenza (HPAI) H5N1 crisis, as well as the unprecedented efforts by the veterinary community that had led to official recognition for 198 countries worldwide as rinderpest free, as declared by the World Assembly of Delegates at the 79th General Session of the OIE.
28. Dr Vallat pointed out that the global rinderpest eradication programme had demonstrated that eradication relied on: a long-term vision; the commitment of governments; support from the international community and regional organisations; and dedicated international platforms for coordination, together with efficient tools for control and eradication and key involvement of national Veterinary Services. He highlighted the importance of continuing the joint efforts in the post-eradication phase.
29. Regarding the future challenges, Dr Vallat referred to the emergence and re-emergence of new diseases, in the context of climate change and changing ecosystems; the new risks arising at the wildlife–human–animal interface; the globalisation of trade and tourism bringing new risks; the constant threat of bioterrorism; societal demand for more proteins; human health risk alleviation; animal welfare; and environment preservation.
30. Dr Vallat went on to affirm that disease control at source was key to enhancing animal health, improving food security and mitigating poverty, in particular through: surveillance, early warning, reporting and effective response; commitment to public–private partnerships; investment in Veterinary Services and disease control programmes as global public goods; and good governance of the public and private components of Veterinary Services and compliance with OIE standards.
31. He added that animal health crises, causing considerable economic losses, might be prevented at a reasonable cost through the appropriate implementation of OIE standards on good governance by all those concerned.
32. On the subject of OIE support for good governance, Dr Vallat highlighted the following: strengthening Veterinary Services through capacity building, such as regular seminars for newly assigned OIE Delegates; establishment of topic-specific National Focal Points in each OIE Member Country and organisation of regular seminars for all these Focal Points; the network of OIE Reference Laboratories and Collaborating Centres; the laboratory twinning initiative; the OIE's scientific and normative publications; and the OIE PVS Pathway, which is a continuous process aimed at improving Veterinary Services' compliance with international standards in a sustainable manner.
33. He also commented on important OIE initiatives, including: support with implementing the recommendations of the recent FAO/OIE Global Conference on Foot and Mouth Disease Control; development of OIE programmes for the global control of other diseases, such as rabies and peste des petits ruminants (PPR); promotion of government and donor consensus; support to OIE programmes from international donors, including foundations; new twinning projects for veterinary education Establishments and Veterinary Statutory Bodies; and OIE policy on disease surveillance and notification, including in wildlife, in the context of freedom status and national control programmes official recognition of disease status, in preparation for the inclusion of PPR and classical swine fever (CSF) in the list of such diseases.
34. Dr Vallat then made reference to the preparation of the OIE's Sixth Strategic Plan. He explained that a draft was being prepared by the Council with the support of a consultant. This draft will be submitted for consultation to the Regional and Specialised Commissions in order to be ready for final adoption in May 2015 by the World Assembly of Delegates.

35. The OIE Director General concluded his presentation by affirming that the OIE would continue supporting its Members by: setting internationally recognised standards and guidelines on animal health, veterinary public health, including food safety, and animal welfare; disseminating scientific and animal health information particularly on diseases control methods; recognising the disease-free status of countries/zones for selected diseases; contributing to the global control of foot and mouth disease (FMD), rabies in dogs and PPR; providing technical and political support for good governance and Veterinary Services using the PVS Pathway and other capacity-building activities; supporting veterinary education; supporting a better quality, more organised veterinary profession including public/private partnerships; and influencing governments to secure greater recognition of the key role of veterinarians in society.

Discussions

36. The Delegate of Bahrain congratulated the OIE Director General for his comprehensive presentation. Referring to the different publications of the OIE, he expressed the wish for having more of those publications available in Arabic.
37. Dr Vallat reminded that the current use of English, French and Spanish as official languages of the organisation was a decision of the World Assembly of Delegates. He highlighted that, thanks to the voluntary contribution of some Member Countries of the Middle East, the OIE was able to provide some key publications and interpretation during Conferences in Arabic.
38. Making reference to the OIE initiatives taken for other languages such as Russian and Chinese, he explained that the OIE was open to provide support for publications in other languages, but this necessitate funding that is not currently available.
39. He finally proposed to include this topic on the agenda of the upcoming meeting of the OIE Council.
40. The Delegate of Oman reminded to the overall Regional Commission the necessity for Member Countries to adjust their category of contribution to the OIE to the economic situation of their countries. On that matter, he congratulated some countries that increased their level of contribution and invited other to do so whenever possible. He finally asked the OIE to ensure that the contributions of the Member Countries of the Region be, as much as possible, used for activities targeting the countries of the Middle East Region.
41. The Delegate of Jordan, while supporting the previous statements related to the importance of adjusting OIE contribution to the economic situation of the countries, highlighted that the current level of contribution of some countries was already representing a great financial effort.
42. The Delegate of Bahrain reiterated the statement of the OIE Director General regarding the importance of involving political level in the implementation of OIE Standards and guidelines. To that end, he strongly supported that decision makers be invited as much as possible to OIE events so they can be better exposed to the Global Context faced by the Veterinary Services.
43. A representative of JUST reminded the importance of fighting rabies as it remains an important zoonoses. He requested information regarding the actions undertaken by the OIE on that disease.

44. The OIE Director General provided the Regional Commission with a brief summary of the activities undertaken by the OIE regarding rabies as follows:
- Development of relevant standards for the control of rabies and safe trade of animals;
 - Development of standards on diagnostic tests and vaccines;
 - Organisation of Global Conferences; and
 - Establishment of regional vaccine banks.
45. He concluded this session by reminding that, as 95% of the human cases of rabies were due to dog bites, the mass vaccination of dog population was for sure the best approach for controlling this important zoonose. The cost would thus be less than 10% of the global cost of post bite treatment in humans.

Activities of the OIE Regional Commission for the Middle East

46. Dr Al-Qahtani, President of the OIE Regional Commission for the Middle East, reminded the Commission that the main objective of the OIE Regional Commission for the Middle East (RC-ME) was to tackle specific problems relevant to the animal health situation in the region and to establish cooperation at regional level in order to improve the quality of Veterinary Services in accordance with the OIE standards through an active and efficient collaboration.
47. He informed that regular seminars for OIE Focal Points were hold in the different fields of activities and that those were a basic pillar in the process of strengthening the veterinary services (VS) in the region, which were responsible of the surveillance and control of animal diseases, planning prevention procedures, setting procedures for animal movements in order to reduce the risk of introduction of potential animal diseases such as PPR, FMD and Glanders, among others.
48. Dr Al-Qahtani also informed on seminars for national Focal Points on Animal Production Food Safety, Wildlife, and Aquatic Animal Diseases that were scheduled for 2013.
49. He then commented that the Regional Commission met two times in 2013 to propose timetable for a work plan and to prepare the 12th Regional Conference.
50. He reminded participants on the meeting of the Regional Commission Bureau hold in Dubai, in April 2012 and where it had been discussed the necessity to request sponsorship and financial contributions from specific regional donors. Suggestions went toward addressing main financial sources existing in the region: IDB, OPEC, AGFUND.
51. He pointed out that, also authorities in the region should be approached by members of the bureau to consider supporting to the regional activities as it was of great priority.
52. He concluded by informing that the last meeting of OIE Regional Commission for the Middle East was on 27 May 2013 at the “Maison de la chimie” in Paris. The meeting was attended by 32 participants, including Delegates and observes from 17 Members of the commission and representatives from 6 international or regional organisations.

Facilitation of international competition horse movement – a new OIE initiative

53. Dr Susanne Münstermann, Project Officer, OIE Scientific and Technical Department, began her presentation by referring to the significant worldwide growth of the sport horse industry, bringing with it measurable and significant socio-economic benefits, including to national economies and the horse industry.
54. She noted that this growth had been particularly marked during the past decade, during which the number of events organised under the rules of the *Fédération Equestre Internationale* (FEI) had doubled. While events in the racehorse industry had not increased equally in number, the amount of prize money available had risen.
55. She added that this growth was, however, mainly taking place in the countries and regions of the world with a history of such events, such as the European Union (EU) and North America in the case of FEI events and in the closed circuit of international horse races. This is not only due to the long-standing tradition of equestrian sports in countries such as the United Kingdom, France and Germany, but also due to facilitated movement between countries of the EU and between EU countries and selected, approved third countries. Other parts of the world, not covered by EU regulations, face a number of challenges that impede the free and safe international movement of competition horses as well as the expansion of the equine industry in these regions. The main obstacles are inconsistent approaches to the design and the application of standards, regulations and biosecurity, leading often to excessive and irregular health requirements for importation of horses.
56. Dr Münstermann then informed participants that the OIE received a significant support from FEI and its President and together with the FEI and the International Federation of Horse Racing Authorities (IFHA) and other experts were currently developing the concept of 'high health, high performance' (HHP) horses, based on existing OIE standards. Principles such as compartmentalisation, biosecurity, identification and traceability, all already well described in the *OIE's Terrestrial Animal Health Code*, are being adapted for application to a sub-population of high health status horses. This status will be reserved for horses that move internationally for competitions or racing on a temporary import permit.
57. Dr Münstermann also added that the critical importance of the quality of the Veterinary Services and the reliability of their health certification, in accordance with OIE standards, was emphasised in this concept. Furthermore, the concept embraces a public-private partnership approach in which equine industry bodies such as the FEI and IFHA work closely with the Veterinary Services to ensure the maintenance of the high health status of this sub-population.
58. Dr Münstermann concluded by stating that the ultimate aim of this OIE initiative was to facilitate the international movement of HHP horses at a global level, thus providing an opportunity for regions of the world with an interest in, and the potential for, developing their equine industry to participate more actively in international equine events.

Discussion

59. Dr Salman Abdnabi Ebrahim, Delegate of Bahrain, thanked Dr Münstermann for her very pertinent presentation regarding such as a sensitive issue.
60. Dr Salman Abdnabi also thanked the OIE for such an important initiative that would be of great help for the region. He explained that the Middle East region faced a lot of difficulties when it came to the integration of the different standards for horse trade from European Union (EU) and USA. He referred to the situation of Glanders, among others.
61. He then hoped that OIE could soon publish international standards in order to harmonise and facilitate the horse movement.

62. Dr Abdul Rahman Al Kandari, representative of Kuwait, thanked Jordan for its generosity regarding the organisation on the Regional Conference. He seconded the comments from the Delegate of Bahrain highlighting that, the conditions established by different international organisations when it came to horse movement complicated the situation. He considered that it was very important that international organisations got a clear vision on the standards that the OIE was developing as those were scientific based standards and thus, the only standards that should be followed for harmonising horse movement so to avoid confusions.
63. Dr Ali Abdullah Al-Sahmi, Delegate of Oman, thanked Dr Münstermann for here clear presentation and thanked OIE for making horse movement as part of its commitments. He also referred to the work being done by the OIE in collaboration with Princess Haya. He underlined the fact that horse movement was definitely a very important issue that should be considered for inclusion in standards to be hopefully unanimously adopted soon by the World Assembly of Delegates.
64. A Member of the Delegation of the United Arab Emirates considered that it was interesting to see how horse movement increased over the years. He underlined that it was, not only due to commercial reasons but also because it was part of the region's traditions and heritage. He mentioned that the development of unified and worldwide adopted OIE standards regarding horse movement would help to reduce the risk of economic losses and thus would facilitate the movement of horses.
65. Dr Munther Al-Refai, OIE Delegate of Jordan, commented that it would be important to hold a Regional Conference on horse movement in order to address all those inquiries expressed by Delegates of the region.
66. Dr Vallat confirmed that, as already mentioned by Dr Münstermann, OIE was organising a Regional Conference on Horse Movement and that Dubai just confirmed its support for such an event to take place most likely in March 2014. All the Member Countries of the Region as well as industry representatives would be invited. The Conference would aim at getting a vision of the regional situation in order to progress in the elaboration of global standards to be proposed for adoption in May 2015 during the OIE World Assembly of Delegates. Dr Vallat explained that the OIE would, as a first step, propose the adoption in the *Code* of simple principles to facilitate horse movement.
67. Dr Vallat also commented on how difficult it was for countries to follow OIE standards in horses in general. He considered that one of the problems was related to the fact that governments needed to establish better partnership with the industry in order to ensure that OIE standards be respected.
68. Dr Ghazi Yehia, OIE Regional Representative for the Middle East, reminded that OIE was working on this issue since three years ago and that the Dubai Inter-Regional Conference would give an opportunity for all Member Countries to discuss more in details on this issue. He also pointed out that one of the biggest difficulties faced in the region was the fact that countries did not report diseases. This lack of transparency created problems for the trade by pushing importing countries to be more demanding.

Technical Item I
Veterinary education and incorporation of the “One Health” concept

69. Dr MacDonald Farnham, from the University of Minnesota, started his presentation explaining that the Technical Item 1 was prepared based on the answers of Delegates to a questionnaire. He informed that sixteen Members of the OIE Regional Commission for the Middle East responded to the survey detailing their awareness of OIE initiatives in training of veterinarians, continuing education programmes, understanding of the concept of ‘One Health’, whether One Health competencies are being addressed in current educational programmes and the future role of the OIE in veterinary continuing education.
70. He then added that the questionnaire was designed in five sections to capture the following information:
- 1) awareness of OIE initiatives in training of veterinarians and compliance with those initiatives along with information on how the veterinary profession is regulated in Member Countries;
 - 2) continuing education programmes, opportunities and methodologies utilized for graduate veterinarians;
 - 3) understanding of the concept of ‘One Health’ by Members including working definitions, implementation plans and integration and existing collaboration between veterinarians and other health professions;
 - 4) an outline of how One Health competency domains are being utilized in continuing education for veterinarians; and finally,
 - 5) recommendations on how the OIE can best strengthen support for veterinary education.
71. Before giving the details of the results of the survey, Dr Farnham commented that the World Organization for Animal Health had recognized that veterinary education and continuing education for veterinarians were critical for keeping individuals, institutions, governments and countries current and relevant in ensuring trade of animals and animal products, preventing spread and proliferation of transboundary animal (and human) diseases, as well as, keeping countries competitive in and accessing global markets for goods, services and knowledge. He referred to the recommendations produced by the OIE over the past five (5) years regarding Competencies of graduating veterinarians ‘Day 1 graduates’, veterinary education Twinning Projects as well as guidelines for veterinary education Core Curriculum.
72. Dr Farnham underlined the fact that OIE was recognized by the World Trade Organization Sanitary and Phytosanitary Agreement as the international standards setting organization for safe international trade in terrestrial animals and their products and “protection of human life and health from risks arising from diseases carried by animals”.
73. He then added that the OIE had been at the forefront in globalising the One Health concept as part of a tripartite effort with the World Health Organization and the Food and Agriculture Organization of the United Nations. ‘One Health’ recognizes the importance of collaboration, cooperation and partnership across disciplines and sectors in order to address complex health challenges shared by populations of humans, domestic animals, wildlife and their environments. The concept of ‘One Health’ is not new and has evolved as the world has grappled with: globalization of trade, information and travel; increased interdependence between countries for knowledge, goods and services; emerging diseases like HIV/AIDS, SARS and avian influenza; and increased recognition that such complex challenges require multi-faceted and equally as complex solutions.

74. Dr Farnham explained that the OIE sought to foster improved global governance of animal health systems and views the One Health interface (the interaction and interdependence of and between humans, animals and ecosystems) as a critical element in addressing global threats like H5N1 avian influenza. In areas related to the animal-human-ecosystem interface, collaboration and cooperation among the various sectors is essential to effective and efficient efforts and the OIE has been working along multiple different avenues to increase the guidance provided to its Members on how to best work at the interface.
75. Referring to the analyses of the answers received from Member Countries to the questionnaire, Dr Farnham commented that Veterinary medicine continuing education was active in most Members, although very few Members required continue education by law or as a requirement for licensure. He then added that almost all Members were aware of current OIE guidance on 'Day One Graduate Competencies' and 'veterinary education Core Curriculum' and that most Members felt that their educational programmes were in compliance with these guidelines.
76. He also mentioned that, over half of the Members had a veterinary statutory body and almost all countries had professional medical organizations of one type or another. The Members demonstrated a strong recognition that One Health embodies active collaboration between veterinary services and public health to address zoonotic diseases. Almost half of the Members have implemented action plans for 'One Health' approaches. One Health collaborations already exist in almost all Members for key zoonoses (brucellosis, rabies, and tuberculosis), as well as, food safety.
77. He then said that, although many One Health competencies were addressed, the One Health concept itself was only moderately integrated into continuing education for veterinarians. He explained that continuing education was delivered through a number of formats such as lectures, panel discussions, field trips and wet labs, but only half of the responding Members used simulation exercises requiring the application of core veterinary skills and One Health competencies.
78. Finally, Dr Farnham commented that virtually all responding Members would like to see the OIE take a larger role in supportive continuing education for veterinarians through an OIE Regional Collaborating Centre, developing guidance and standards and Twinning programmes.

Discussion

79. Prof. Al-Majali, representing JUST University, first thanked Dr Farnham for the excellent presentation. He expressed the importance of taking into account the regional context when addressing continuing education. He also went on stressing the need for strengthening continuing education not only in public sector but also at private level though the support of licensing body establishing requirements for education.
80. Dr Farnham agreed with the vision of the representative of JUST University and referred to the concept of public-private partnership.
81. Dr Corry Brown, representative of JUST University, while recognizing the great value of the Day-one graduate competencies developed by the OIE, expressed some concerns related to the possible disconnection they may have with the reality of Veterinary Education Establishments.
82. Dr Bernard Vallat explained the strategy of the OIE regarding its current and future work on veterinary education. He first indicated that the weaknesses in veterinary education of Members Countries have been clearly identified in the PVS Evaluations and based on this context, the OIE undertook the development of guidelines, namely the 'Day-one graduate competencies' and then the 'veterinary education Core Curriculum', adding details on the content of "day one competencies".

83. He highlighted that these guidelines were sufficiently flexible to take into consideration the regional and national particularities of veterinary education to be added in the list and hope that the Delegates would advocate for these guidelines and use them for influencing policy-makers as well as deans of Veterinary Education Establishments.
84. He also indicated that, in order to accompany the Members in their work on veterinary education, the OIE implemented a Twinning programme on veterinary education as well as on Veterinary Statutory Body. Although these programmes are currently benefiting of a lot of interest from the Members, the OIE still had to consolidate the funding in order to respond to the demand.
85. He also took the opportunity to remind the Regional Commission of the upcoming Global Conference on Veterinary Education and the Role of Veterinary Statutory Body to be held in Foz de Iguazu (Brazil) from 4 to 6 December, 2013.
86. A representative of Jordan provided some information regarding the Food and Drug administration of her country which developed a policy for ensuring a proper training of veterinarians on food safety.
87. Prof. Vincenzo Caporale, Special Advisor to the OIE Regional Representation for the Middle East, provided the Regional Commission with a summary of the different trends in veterinary education. While some curricula of veterinary education programmes are focussing on caring the animals and thus mainly leading to small animal practice, others are addressing the role of veterinarians in veterinary public health. According to him, the latter trend better represents the role that veterinarians should take in the society and this is well represented in the OIE guidelines on veterinary education.
88. Making reference to the situation in his country, Prof. Caporale explained that Italy was taken into account this vision of the role of the veterinarian at high level with the Veterinary Authority being fully part of the Public Health Authority.
89. The representative of the Palestinian Autonomous Territories expressed his concerns regarding the lack of proper chain of command in the Ministry of Agriculture to which most of the Veterinary Authorities of the Members of the Region pertain. This being reflected mainly in underfunded Veterinary Authorities which, in return, has an effect on the allocation of resources to continuing education of veterinarians. He finally proposed that expertise be more widely provided to Members of the Region.
90. Dr Vallat, OIE Director General, confirmed the willingness of the OIE in providing support on veterinary education to the Members of the Region and invited donors and developed countries to support such initiatives.
91. Following a comment on the Delegate of Bahrain who reiterated that 'education' was a broader concept than 'training', Dr Farnham explained that indeed training should be more than just a transfer of knowledge from a teacher to a student, but should rather aim at ensuring the student be able to use properly the knowledge received.
92. The President of the OIE, Dr Schwabenbauer, concluded the discussion by reiterating that One Health concept was not new. Many famous scientists such Pasteur, Koch, and Loeffler used that concept two centuries ago. Veterinarians should get access to initial and continuing education that include the broader perspective dictated by this concept.

Promoting veterinary education in the Middle East: Perspective of an OIE Twinning project on veterinary education

93. Prof. Ahmad Al-Majali, Dean of the Jordan University of Science and Technology (JUST), started his presentation by stating that veterinary education in the Middle East region was currently facing several challenges.
94. He explained that these challenges were more prominent in Veterinary Education Establishments in Arab countries. Among these challenges, he highlighted the lack of, or inadequate, 'moral and financial' governmental support, the low number of student enrolments, the lack of accreditation bodies and the problem of inadequate or irrelevant curricula.
95. Prof. Al-Majali stated that, in order to promote veterinary education in this Region, governments and institutions needed to work hard to eliminate or minimise these major challenges.
96. He went on to discuss other challenges facing veterinary education in the Middle East region and how to promote veterinary education by involving governments and stakeholders in the process of building sound and effective curricula based on OIE guidelines.
97. Prof. Al-Majali also commented on the experience of the Faculty of Veterinary Medicine at Jordan University of Science and Technology (FVM-JUST) in this respect during the faculty accreditation process by the European Association of Establishments for Veterinary Education (EAEVE). In addition, he described the recently approved OIE veterinary education Twinning project between FVM-JUST and the Royal Veterinary College in London and the programmes that will be offered under this Twinning umbrella.

Discussion

98. Dr Ali Abdullah Al-Sahmi, Delegate of Oman, commented on the necessity to sensitise Veterinary Education Establishments on the importance of their role in the improvement of the level of graduated veterinarians. He underlined that veterinarians were in the front line on animal disease control and their work was directly linked to the work of public health services especially when it comes to zoonoses.
99. He also insisted on the necessity of sensitising graduated veterinarians on their role not only on animal health but also in the society. Nowadays, veterinarians of the Middle East do not get the level of recognition of other health professions.
100. Prof. Al-Majali agreed with Dr Al-Sahmi comments pointing out that, everybody had a role in the society. He considered that, unfortunately, the role of veterinarians was not well promoted.
101. Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department, stressed on the importance of addressing animal production in the veterinary curricula.
102. Prof. Al-Majali explained that animal production was indeed included in the curriculum, but did not mention it as his presentation was only referring to new issues recently added.
103. Prof. Hassan Aidaros encouraged countries to use the outcomes of the OIE PVS Pathway and especially the PVS Evaluation as a guide to the improvement of their Veterinary Core Curriculum. He concluded by mentioning that countries first needed political will to ensure that veterinary education was addressed as a priority.
104. Prof. Al-Majali confirmed that JUST indeed used the PVS Evaluation results while preparing the new curriculum.

105. Dr Karin Schwabenbauer requested details on the selection process for veterinary students in Jordan taking into account that the enrolment of new veterinarians was very costly, at least in Germany.
106. Prof. Al-Majali explained that the number of candidates applying for entering Veterinary Education Establishments in Jordan was not as high as in European countries. However, he explained that they had a selection process which defined skills that should be comply with for being admissible. In also indicated that effort were made to avoid an overload of veterinarians on the market.
107. Responding to a concern of the Delegate of Sudan, Prof. Al-Majali explained that theoretical education was still being higher in the Middle East universities comparing to European universities where the veterinary education is more practical. He added that they were working on solving this issue. Regarding socio-economic studies, Prof. Al-Majali mentioned that they try to include reference to such studies in the curriculum. However more time would be required in order to address that complex issue appropriately.
108. The representative from Palestinian Autonomous Territories expressed his concern about the importance to structure veterinary education in the Middle East while taking into account cultural aspects of Arab Countries.
109. Dr Vallat made reference to the Network created in the Mediterranean for Veterinary Education Establishments which aim at developing an evaluation process for Veterinary Education Establishments in the region, comparable to the European system.
110. He highlighted the fact that, in order to be part of such network, VEE accepted to be evaluated by a third party.
111. Dr Vallat also informed that the last General Assembly of the Mediterranean Veterinary Education Establishment Network (REEV-Med) was held on 19 September in Brescia, Italy. They addressed the need for better global harmonisation of veterinary education worldwide, based on OIE guidelines. The secretariat of the Network is managed by the OIE Sub-Regional Representation in Tunis.

The use of OIE Codes in international trade

112. Dr Susanne Münstermann presented this topic on behalf of Dr Alejandro Thiermann, President of the OIE Terrestrial Animal Health Standards Commission.
113. She first explained that the WTO, established in 1995, had laid down in its Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement) general principles designed to safeguard human, animal and plant health in the context of international trade and had mandated the OIE, the International Plant Protection Convention (IPPC) and the *Codex Alimentarius* Commission to develop international standards for animal and plant health and food safety requirements, respectively.
114. She went on saying that signatories to the WTO were encouraged to use these standards, such as those issued by the OIE on animal health, in a harmonised approach in order to facilitate international trade. However, if countries decide to apply additional requirements, these must be based on scientific arguments and on scientific risk assessment.
115. Dr Münstermann then stated that, in this setting, the OIE standards, as laid down in the *Terrestrial Animal Health Code* and the *Aquatic Animal Health Code*, were crucial instruments to ensure animal health and welfare worldwide as a whole and to promote the safety of international trade of animals and their products.

116. She went on to explain the standard-setting process and indicated that it was based on transparency and democratic principles, giving all 178 OIE Member Countries equal opportunities to express their opinion and interest. A standard is developed at the request of Member Countries and is formulated by a group of experts, submitted to the relevant OIE Specialist Commissions for analysis and then circulated for all Member Countries to comment. Once all the comments have been addressed and the text has been finalised, it is presented to the General Assembly of Delegates for adoption.
117. Dr Münstermann then stated that, for certain specific diseases, the OIE can officially recognise the disease status of individual countries or zones. This group of diseases comprises FMD, contagious bovine pleuropneumonia (CBPP), bovine spongiform encephalopathy (BSE), African horse sickness (AHS), PPR and CSF. In the case of FMD, the OIE also has a procedure for endorsing national FMD control programmes in order to validate countries progression in the control of the disease, along the Progressive Control Pathway for FMD, established under the Global FMD Control Strategy. A similar initiative of recognition by OIE of national control programmes is also underway for PPR.
118. To conclude, Dr Münstermann pointed out that, if countries use the requirements stipulated in the *Codes* correctly when establishing their legislation or when trading internationally, they will comply with WTO obligations. In turn, if exporting countries encounter trade barriers after having applied the *Codes* correctly, they could request mediation with the support of the OIE. Hence, the *Codes* can be considered as their legal weapon to defend fair trade. Furthermore, the *Codes* provide countries not only with chapters regarding requirements to mitigate the risk of transmission of specific diseases, but also with horizontal chapters that can be applied in the overall animal health services that a country provides its livestock producers and animal industries. Examples of horizontal chapters are those on quality of Veterinary Services disease diagnosis, surveillance and Member Country obligations, such as notification of disease occurrence.

Case Study: Lumpy skin disease and other vector borne diseases in the Middle East

119. Dr Federica Monaco, from the 'Istituto Zooprofilattico Sperimentale dell' Abruzzo e del Molise 'G. Caporale', started her presentation mentioning that the vector-borne diseases (VBDs) were one of the major problems recently threatening the environment, the health and welfare of animals as well as the public health. Their spreading reflects the distribution of both vectors and susceptible hosts.
120. She added that, the factors influencing the ecological dynamics which drives the emergence of VBDs were various and often strongly correlated. She explained that those factors would be presented and their correlation to some of the recent outbreaks reported in the Mediterranean basin explored. Although, she added, such relationships were most of the time complex and difficult to interpret, some variables had indeed been shown to play a significant role.
121. Finally, Dr Monaco mentioned that wind and rainfall, for instance, had been demonstrated to be important for the spread and occurrence of LSD. Human activities by moving infected animals or affecting the immune response of susceptible animals because of poor hygienic conditions and lack of border controls could also favour the LSD dissemination. Animal trade and intense precipitations were included as possible causes of the entrance and appearance of RVF virus in Egypt in the 70's and in the Arabian Peninsula in 2000 and, in general, climate changes and globalization have been claimed as responsible for the increase of VBDs in recent years. The expansion of the traditional geographical distribution of competent vectors created favourable conditions for colonizing new areas and facilitated contacts between pathogens and new potential vectors as occurred for bluetongue virus in Northern Europe.

Discussions

122. The discussion on lumpy skin disease and bluetongue, involving the representatives of Bahrain, Lebanon, Oman, and Saudi Arabia highlighted that mass vaccination with proper vaccine was the most efficient disease control method.
123. The Delegate of Oman, Dr Al-Sahmi, explained that despite the lack of epidemiological data regarding the prevalence of CCHF in animals, the increased number of human cases observed in his country may indicate an increased prevalence in animals. He also expressed the need for having more laboratories having adequate biosecurity level allowing them to receive biological samples.
124. Dr Monaco supported the comment of Dr Al-Sahmi by reminding that the diagnostic of CCHF could only be done through viral isolation and that, due to the nature of the virus, BSL4 laboratory was necessary.

Tuesday 24 September 2013

Technical Item II Proper application of Halal slaughter

125. Prof. Hassan Aidaros, from the Banha University, started his presentation underlining the fact that animal slaughter in the Middle East region needed to be improved.
126. He explained that slaughterhouses in most Middle East countries need to make huge efforts to achieve better animal welfare and food safety.
127. Prof. Aidaros noticed that, in spite of the fact that the majority of populations in the region are Muslim, Halal slaughter was not being implemented as it should.
128. Prof. Aidaros presented then details on halal slaughter and its objectives in Islamic Sharia giving detail on how animals should be treated according to Islamic Sharia, the reality of animal treatment during transport and slaughter as well as the rules for proper application of Halal slaughter.
129. He also explained that the majority of the populations in the Middle East region followed Islam, while others followed Christianity and Judaism. He underlined the fact that religion was the foundation and major source of the culture and ethics in the region, and most people believed it was the main driver of all aspects of their lives. For example, Muslims believe that Islam provides guidance on food, culture, ethics, compassion, kindness, humanity, traditions and many other important values.
130. Prof. Aidaros added that, in many countries of the region, the understanding of animal welfare, especially during slaughter, had generally been expressed in terms of religious precepts and humane ethics rather than through regulations and legislation.
131. Prof. Aidaros concluded by proposing some measures to improve application of Halal slaughter such as:
 - to sensitise religious leaders and the relevant national authorities with regard to the cruelty that currently occurs, especially during transport and slaughter;
 - the OIE Regional Representation for the Middle East and the Delegates of Member Countries in the region to take the lead in promoting the proper application of animal slaughter in accordance with OIE standards, which also correspond to Halal rules. NGOs, religious authorities, producers, consumer associations and other stakeholders should be included in this process;

- to issue a legislation on animal welfare, including animal transport and slaughter at a national level, and its implementation, in accordance with OIE standards; and
 - to publish guidelines regarding “Best practice for Halal slaughter”, which should be made available to personnel in slaughterhouses and also to the general public, among others.
132. Finally Prof. Aidaros mentioned that the OIE Regional Representation for the Middle East and the Member Countries were working jointly on the Regional Animal Welfare Strategy (RAWS), which represented the required action plan for the Region and included the standards that Member Countries considered to be necessary to improve animal welfare in the Region. Proper application of Halal slaughter is one of the main components, among others.

Discussions

133. The Delegate of Bahrain and Chairperson for the Technical Item 2 thanked Prof. Aidaros for providing the Regional Commission with such a relevant presentation on Halal slaughter. He then opened the floor for discussions.
134. Her Royal Highness Princess Alia bint Al-Hussein, honouring the Commission with her presence at this session, expressed her appreciation of this presentation that she considered as extremely important for the Region.
135. She expressed her concerns regarding the misinformation circulating on Halal slaughter and highlighted the importance of ensuring a proper communication and training so to reach a common understanding regarding its application. She pointed out that not only the animal welfare component had to be taken into consideration in the proper application of Halal slaughter, but also the occupational safety of slaughterhouse workers.
136. She reminded the important link between a proper slaughter and food safety.
137. An animated discussion involving Delegates and Representatives of Bahrain, Iraq, Jordan, Libya, Oman, Palestinian Autonomous Territories, Sudan, and United Arab Emirates underlined the following:
- The application of reversible stunning and stunning to kill differs from country to country;
 - The experience of the United Arab Emirates regarding a Memorandum of Understanding with exporting countries represents a good alternative for countries to agree on a bilateral basis on animal welfare requirements and this could be applied by other countries;
 - Gulf Cooperation Council considers endorsing a unified regulation addressing slaughter and animal welfare;
 - The need to develop basic concept of Halal slaughter, including its definition;
 - The debate regarding Halal slaughter has to be extended to all interested parties, including consumer associations;
 - Training on animal welfare is needed;
 - Halal certification is still deficient; and
 - Future discussions on Halal slaughter and certification should also address poultry.
138. Prof. Aidaros underlined that Members had to take ownership of this issue as it was not the role of OIE to intervene directly with religious issues.

139. He also suggested that, in order to come up to a common vision regarding proper use of stunning, a small committee, comprised of both scientists and religious authority representatives of the region, be created.
140. He reminded that animal welfare in relation to slaughter was more than just stunning and that, other important elements, such as transport and handling, had to be considered as well. The main objective being to ensure minimal pain to the animals.
141. Dr Ghazi Yehia, OIE Regional Representative for the Middle East, considered that this issue definitely needed more attention and, building on a previous comment of Prof. Aidaros, suggested that a working group be created under, hopefully, the patronage of Her Highness Princess Alia bint Al-Hussein.
142. Dr Bernard Vallat, OIE Director General, first indicated that animal welfare, and especially its relation to slaughter, was an OIE priority. He reminded that the OIE always worked on reaching global consensus while ensuring that all standards be science-based, science being the common denominator for all Member Countries. He also reminded that the OIE had a permanent Animal Welfare Working Group and used an ad hoc group of scientists for proposing slaughter methods for all animal species and that this group comprised experts from all OIE regions and from different religions. Referring to the chapter of the *Code* on slaughter methods for all animal species adopted by unanimity by 178 Member Countries, he suggested that this document be used as reference for engaging discussions.
143. Reiterating the important role veterinarians play in the society, he highlighted their unique involvement not only in ensuring food safety but also in taking the lead in promoting and applying animal welfare.
144. He strongly supported the proposal of establishing a regional animal welfare working group and confirmed that the OIE had resources to accompany the work on such a group and to organise Training of Trainers (ToT) Seminars for the Member Countries of the region.

Harmonising national legislation on food safety

145. Dr Alberto Mancuso, from the 'Istituto Zooprofilattico Sperimentale dell' Abruzzo e del Molise 'G. Caporale', started his presentation by explaining that a coherent legal framework was the foundation of an effective food control system, providing the necessary legal powers and prescriptions to ensure food safety and allowing the competent authorities to build preventive approaches into the system and clarifying the role of Veterinary Services as already mentioned in the OIE PVS Tool.
146. He then added that, starting from 2002, the EU had adopted a new legal framework on food safety, mainly due to food crises that had induced a loss of consumer confidence. Some of the principles included in the EU legal framework on food safety are internationally recognised: a risk-based food safety policy, an integrated approach, implementation of the 'farm-to-table' approach, some food safety responsibilities transferred to the food business operator.
147. Dr Mancuso commented that these principles could form the basis in the process of modernisation of food legislation, keeping in mind that a new legal framework could have a significant impact, in terms for example of upgrading of agri-food establishments, re-organisation of official control systems, and readiness of food inspectors and food business operators to implement the new principles.

148. He then stated that, for this reason, the harmonisation and modernisation of legislation should be included in the framework of a food safety strategy designed to enable each country to develop an integrated, coherent, effective and dynamic food control system, and to determine the priorities for ensuring consumer protection and promoting the country's economic development.
149. Basic building blocks of the food safety strategy should be:
- Legislation;
 - Food Control management;
 - Official control/ inspection Services;
 - Laboratory system;
 - Training.
150. Dr Mancuso concluded by saying that the implementation of a multi-country Twinning project should be encouraged, and that a regional approach to the issue of modernisation of food legislation would help to optimise the use of available resources in the medium term.

The importance of having an Epidemiology Unit within the Veterinary Services

151. Dr Ghazi Yehia, OIE Regional Representative for the Middle East, expressed his personal vision on the importance, for Veterinary Services, to ensure having strong epidemiology expertise capable of addressing risk analysis as well. He referred then to the national Veterinary Epidemiology and Risk Analysis Unit (VERAU).
152. He explained that the VERAU should be the national resource centre for decision making on issues relevant to disease control and import/trade regulations.
153. He added that such a unit should be designed with the support of OIE Focal Points to cover a wide range of international, national and local animal health matters, and in particular: reporting on animal health activities; maintenance of a database on animal diseases; and disease investigation and risk mitigation.
154. The major activities performed by the VERAU should include the following:
- Maintaining the national animal disease database;
 - Advising the relevant authorities, planners and policy-makers for appropriate action;
 - Acting as a National Focal Point for animal health information, and strengthening the National Animal Health Information Management System;
 - Providing technical guidance to implement contingency/emergency preparedness plans in order to control transboundary animal diseases (TADs) in the country;
 - Preparing and implementing monitoring/surveillance / survey programmes for priority diseases;
 - Assisting with the development of animal health programmes;
 - Develop/facilitate the development of simple and effective systems for information exchange between various organizations involved in animal health related activities at national and international levels;
 - Provide official epidemiological information on animal diseases and zoonosis to OIE /WHO regularly; and
 - Carry out import risk analysis on demand.
155. Dr Yehia concluded by stating that epidemiological surveillance of animal diseases should be an essential and integral part of the national Veterinary Services, as a veterinary epidemiology unit would increase the frequency of reporting and the use of epidemiological analysis as part of the everyday activities of the Veterinary Services. Establishing a veterinary epidemiology unit would also provide a useful tool in helping to convince government decision-makers to allocate a higher budget for animal health activities implemented by the national Veterinary Services.

Discussions

156. The discussion in which representatives from Bahrain, Jordan, Oman, and JUST confirmed the importance for the Middle East Region to properly address epidemiology and risk analysis within the Veterinary Services and that more efforts were needed on that matter.
157. During this discussion, Prof. Al Majali, from JUST, proposed that a regional centre capable of providing epidemiology training be established in the Middle East and proposed his establishment as a potential candidate.
158. Linked to that proposal, Dr Sliter from USDA-APHIS, reminded the Regional Commission of the existence of a Collaborating Centre addressing risk analysis located in Fort Collins (Colorado) and that this Centre was available to support the efforts of the Middle East in improving regional expertise on that matter. This could be done using the OIE Twinning principles.
159. The OIE Director General, Dr Bernard Vallat, first stressed that the PowerPoint of Dr Yehia was more presented as a brainstorming topic than as an OIE standard. In fact, the OIE does not dictate precise structure to be established by Members, but rather provide objectives that can be found in both *Terrestrial* and *Aquatic Animal Health Codes*.
160. He reminded that, in order to support Members in the implementation of these standards, the OIE developed the OIE PVS Tool in which 47 Critical Competencies are identified as important for Veterinary Services to do so. Among these Critical Competencies, one is dedicated to Risk Analysis capacities.
161. He reiterated that the standards currently found in the *Codes* and *Manuals* were science-based and adopted by the overall Assembly of Delegates and as such, represented an agreed upon risk analysis which reduced the need for Veterinary Services to undertake bilateral import risk analysis. Those standards are generally sufficient to take decision on import/export issues.
162. He reminded the importance for Members Countries to respect their obligation towards the OIE and especially the one related to the notification of their sanitary status. Transparency being the basis on which countries can build trust on trade by using the OIE standards. In order to ensure a proper notification of the animal disease situation, Members are strongly invited to maintain a Focal Point who gets access to regular training provided by the OIE. He invited the Delegates to nominate their national Focal Points on animal diseases notification, wildlife, and aquatic animals and to use them in fulfilling their obligations towards the Organisation.
163. He also reminded the OIE published guides for qualitative and quantitative risk analysis.
164. Building on Dr Vallat's comment, Dr Yehia expressed his concerns regarding the fact that some countries were sometimes banning importations only on the basis of the animal disease status as per indicated in the World Animal Health Information Database. He reiterated that the OIE *Codes* were providing provisions and precautions for importing even when diseases were present. This attitude of few countries could be one the reasons why some countries may be reluctant to notify their sanitary situation. Dr Yehia also took the opportunity to inform the Commission of the existence of the OIE publication on risk analysis mentioned by the Director General and available in Arabic.

165. Dr Vallat also took the opportunity to comment on the presentation of Dr Mancuso regarding harmonising national legislation on food safety. He reminded the Commission that the OIE put in place, years ago, a permanent food safety Working Group comprised of high level experts from the Member Countries as well as from *Codex Alimentarius*, FAO and WHO. The work of this Group led to the development of OIE food safety standards based on the agreement between the OIE and the *Codex Alimentarius* and adopted by the World Assembly of Delegates.
166. He also highlighted that the OIE was advocating for a minimum of Competent Authorities to be involved in the overall food chain control. Making reference to one of his previous comment, he explained that Delegates were invited to nominate their national Focal Point on Food Safety in order to support them. He reminded also that OIE adopted a whole chapter in the *Code* on the role of Veterinary Services in food safety also mentioned in the OIE PVS Tool and advised Delegates to use that chapter for designing their national policies on food safety.

Honey bee diseases in the Middle East and North Africa (MENA) Region; tools for diagnosis, prevention and control

167. Dr Nizar Haddad, Director of the Bee Research Department of the National Centre for Agriculture Research, Extension Jordan, Beekeeping and Extension Specialist, and President of the Jordan Beekeepers Union, began his presentation by stating that beekeeping had existed in the Middle East and North Africa since time immemorial.
168. He explained that recently discovered ancient clay hives were thought to date back to the 10th or early 9th Century B.C. The Arab World is considered as an area very rich in native honey bee species. *Apis mellifera syriaca* is the native species throughout Syria, Lebanon, Jordan, historical Palestine, Iraq and the north of Saudi Arabia. In North Africa, the original bees are: *Apis m. sahariensis* – in some oases of North West Africa, mainly in Morocco and Algeria; *Apis m. intermissa* in Morocco, Libya, Tunisia and North West Morocco. *Apis m. lamarckii* is found in the Nile valley of Egypt and Sudan, *Apis m. nubica* in Sudan, and *Apis m. yemenitica* in Somalia, Sudan, Oman, Saudi Arabia and Yemen.
169. Dr Haddad stated that although this area had a rich biodiversity of local honey bees, globalisation activities had encouraged commercial beekeepers to import commercial honey bee breeds over the last half century.
170. He then observed that, in the early 1940s, beekeepers in the MENA region had started to move away from traditional clay hives and to introduce removable frame colonies. The late 1960s saw the start of the official importation of colonies and queens, and a marked increase in the importation of honey bees started after the massive destruction caused by the *Varroa* mite in the early 1980s in Jordan, Egypt, Syria and the Arabian Peninsula. These imports were associated with a further shift towards the use of modern colonies, since the clay hives were proving difficult to manage properly and to treat against the *Varroa* mite.
171. Dr Haddad concluded by stating that, due to the high imports of bees and queens from around the world, most of the known honey bee pests and diseases were now to be found in the MENA region, whereas most of the countries in the MENA region did not have adequately equipped laboratories to assist beekeepers. He stressed the importance to follow existing standards such as the *OIE Terrestrial Animal Health Code* in order to avoid transmission of bee diseases through trade.

Discussions

172. A discussion involving the Representatives of Jordan, United Arab Emirates, and Saudi Arabia strengthened the messages of the presentation of Dr Haddad regarding the importance of honey bees for the overall food chain.
173. A representative of Saudi Arabia suggested that the Veterinary Authorities of Member countries take a better ownership of issues related to honey bees in order to ensure the sustainability of actions being undertaken in that field.
174. Responding to a concern raised by the Delegate of the United Arab Emirates, Dr Haddad explained the different laboratory techniques currently available to distinguish adulterated and non-adulterated honey namely through melissopalynology (analysis of pollen) and chemical analysis.
175. Dr Yehia, OIE Regional Representative for the Middle East, concluded the discussion by informing the Commission on an upcoming Twinning project between an OIE Reference Laboratory and Yemen.

Animal Health Situation of Member Countries in the region during the first semester of 2013

176. The Session Chairperson, Dr Salah Fadhil Abbas, Delegate of Iraq, invited Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department to present the animal health situation of Member Countries in the region during the first semester of 2013.
177. This report is based on information contained in the national reports submitted by Member Countries of the OIE Regional Commission for the Middle East prior to the Regional Conference, and on information in relevant immediate notifications and follow-up reports received in 2013 up to 19 September and official historical data contained in the World Animal Health Information Database (WAHID) and HANDISTATUS II.
178. In preparation for the Conference, the OIE requested Member Countries of the Regional Commission to provide a report on their animal health situation in 2013. The following fourteen (14) countries submitted reports: Afghanistan, Bahrain, Cyprus, Egypt, Iraq, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, Sudan, Turkey, the United Arab Emirates and Yemen.
179. This report will begin with a review of exceptional events reported to the OIE in 2012 and 2013. An analysis of trends in the submission of six-monthly and annual reports between 2005 and 2012 will then be presented. This will be followed by a review of the recent situation in the Middle East region with regard to five terrestrial animal diseases, namely bovine tuberculosis (bTB), brucellosis due to *Brucella melitensis*, leishmaniosis, lumpy skin disease and peste des petits ruminants (PPR)¹. No aquatic animal health exceptional events relevant to this report were reported in the region during the first half of 2013.

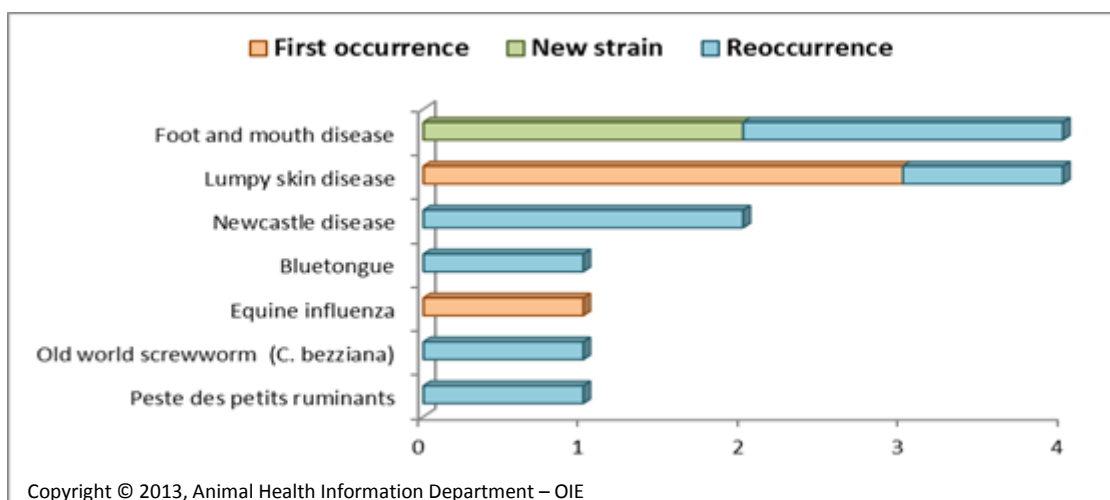
I. Exceptional epidemiological events and diseases

180. Figure 1 shows the exceptional epidemiological events notified by OIE Member Countries in the Middle East² between January 2012 and 19 September 2013.

¹ Israel is a Member of the OIE Regional Commission for Europe but for epidemiological reasons has been included in certain analyses of disease situations

² The Palestinian Autonomous Territories have also been included in the analyses as an observer territory in the Regional Commission

Figure 1: Number and reasons for notification of exceptional epidemiological events reported by Middle East countries/territories, between January 2012 and 19 August 2013



181. During this period, a total of 14 immediate notifications were submitted. The most frequently notified disease was foot and mouth disease (FMD), with four notifications (two for reoccurrences in **Libya** and two to report a new strain, namely SAT 2, in **Egypt** and in the **Palestinian Autonomous Territories**). For lumpy skin disease, there were three notifications for first occurrences in **Jordan**, **Lebanon**, and **Turkey** and one notification for a reoccurrence in **Palestinian Autonomous Territories**. Two notifications were submitted for reoccurrences of Newcastle disease, in **Cyprus** and **Libya**. Finally, one notification was submitted for each of the following: bluetongue (reoccurrence in the West Bank of the **Palestinian Autonomous Territories**), equine influenza (first occurrence in **Turkey**), old world screwworm (due to *C. bezziana*) (reoccurrence in **Iraq**) and PPR (reoccurrence in **Egypt**). Amongst the events notified, seven are reported to have been resolved. To date, a total of seven events are tagged as unresolved.

II. Six-monthly reports

182. As of 19 September 2013, the OIE had received a total of 29 terrestrial or aquatic six-monthly reports from Middle Eastern countries/territories covering the second semester of 2012, and nine reports covering the first semester of 2013. For the second semester of 2012, 19 countries/territories (90%) submitted their terrestrial six-monthly report and ten countries (48%) also submitted their aquatic six-monthly report. For the first semester of 2013, **Djibouti**, **Egypt**, **Lebanon**, **Sudan**, **Turkey** and the **United Arab Emirates** submitted their terrestrial six-monthly report and only **Egypt** and **Sudan** submitted the aquatic six-monthly report (Table 1).

Table 1: Second six-monthly reports for 2012 and first six-monthly reports for 2013, by type of report (aquatic or terrestrial), received by the OIE (as of 19 September 2013) from Middle East countries/territories

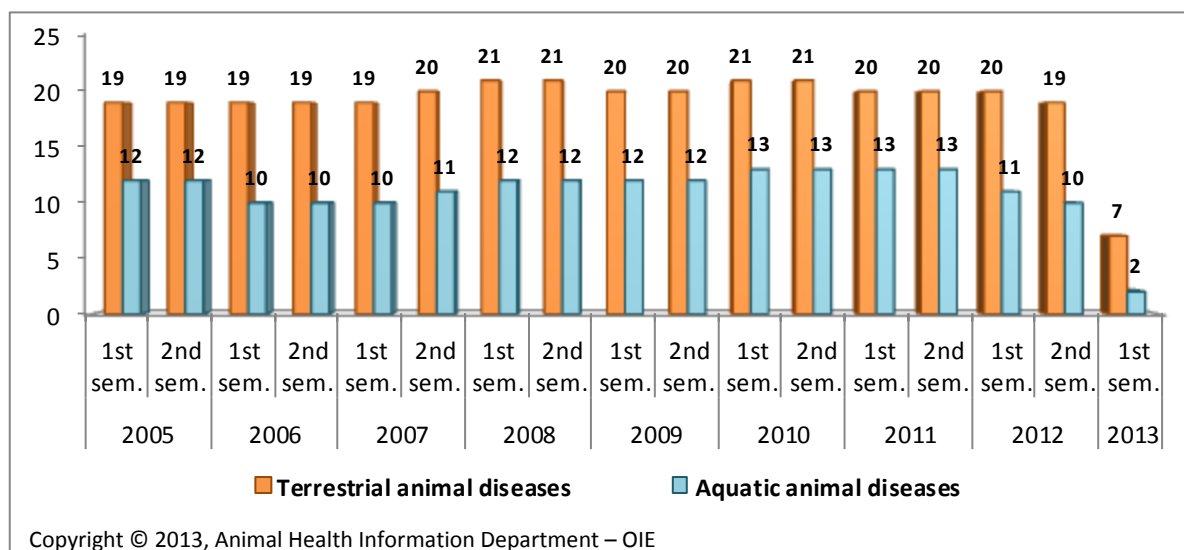
COUNTRY/TERRITORY		SECOND SEMESTER 2012		FIRST SEMESTER 2013	
		TERRESTRIAL	AQUATIC	TERRESTRIAL	AQUATIC
1	Afghanistan	Yes	Yes	No	No
2	Bahrain	Yes	No	No	No
3	Cyprus	Yes	Yes	No	No
4	Djibouti	Yes	No	Yes	No
5	Egypt	Yes	Yes	Yes	Yes
6	Iran	Yes	Yes	No	No
7	Iraq	Yes	Yes	No	No
8	Jordan	Yes	Yes	No	No
9	Kuwait	Yes	Yes	No	No
10	Lebanon	Yes	No	Yes	No
11	Libya	No	No	No	No
12	Oman	Yes	No	No	No
13	Palestinian Autonomous Territories	Yes	No	No	No
14	Qatar	Yes	No	No	No
15	Saudi Arabia	Yes	Yes	No	No
16	Somalia	No	No	No	No
17	Sudan	Yes	No	Yes	Yes
18	Syria	Yes	Yes	No	No
19	Turkey	Yes	No	Yes	No
20	United Arab Emirates	Yes	Yes	Yes	No
21	Yemen	Yes	No	No	No

183. In the Middle East Region, there is room for improvement in the number of countries reporting regularly and in a timely manner to the OIE. It has been observed that some countries report information to the OIE in an irregular manner. **Libya**, for example, has not sent any six-monthly reports to the OIE since 2010. The OIE's Animal Health Information Department is always ready to provide Member Countries with the help they need to submit their reports on a more regular and timely basis. It is also notable that information on aquatic animal diseases is still provided by only a limited number of countries (53% of reporting countries for the second semester of 2012 and to date), yet this information is important if we are to have a good overview of the aquatic animal health situation in the region. A number of countries in the Middle East are not involved in aquatic animal production, either through aquaculture or fish capture; however, some aquatic animal diseases can obviously be notified as "absent" or "never reported", and this information would be very useful in the future and serve as baseline information should these countries subsequently develop their aquaculture sector.

III. Trends in animal disease reporting to the OIE by Middle East countries/territories, between 2005 and first semester 2013

184. Figure 2 shows the number of the Middle East countries/territories that submitted completed six-monthly reports for terrestrial and/or aquatic animal diseases from 2005 up to and including the first semester of 2013.

Figure 2: Number of Middle East countries/territories having submitted six-monthly reports for terrestrial and/or aquatic animal diseases, from 2005 to first semester 2013 (as of 19 September 2013)



185. The results are encouraging, since most of the countries/territories in the Region have reported information for terrestrial animals consistently since 2005. Also, since 2005, few countries not previously reporting regularly to the OIE started to submit six-monthly reports on a regular basis. This is the case with **Iraq** (first six-monthly report submitted for 2007) and **Somalia** (first six-monthly report submitted for 2008). Also, a stable trend can be observed for the submission of reports for aquatic animal diseases, together with the information on terrestrial animal diseases. However, the information can still be improved to obtain a better knowledge of the regional aquatic animal health situation.

186. It will be seen that the number of countries in the Middle East that have submitted six-monthly reports for 2012 is lower than the number for 2011. This situation is due to a delay in the submission of six-monthly reports by some countries.

IV. Submission times of reports for 2012

187. To improve the scope and efficiency of the OIE's early warning system, events of epidemiological significance should be immediately notified to the OIE Headquarters. The various reasons justifying an immediate notification are described in the *Terrestrial Animal Health Code*³ and the *Aquatic Animal Health Code*⁴ (Chapter 1.1., Article 1.1.3.).

188. Table 2 presents the time observed between the confirmation⁵ of exceptional events and submission of the corresponding immediate notifications to the OIE, for Middle East countries/territories between January 2012 and 19 September 2013.

³ http://www.oie.int/en/international-standard-setting/terrestrial-code/access-online/?htmfile=chapitre_1.1.1.htm

⁴ http://www.oie.int/index.php?id=171&L=0&htmfile=chapitre_1.1.1.htm

⁵ "Confirmation" is defined as the date of laboratory confirmation tests reported in the immediate notifications or as the date of clinical confirmation.

189. Only two countries/territories submitted a report within 24 hours of confirmation of the event (in line with OIE requirements). Six countries/territories submitted immediate notifications within 2 to 7 days of confirmation of the event. Two countries submitted immediate notifications between one week and one month after confirmation of the event. Lastly, two countries submitted immediate notifications more than one month after confirmation of the event.

Table 2: Time observed between confirmation of an exceptional event and submission of the corresponding immediate notification to the OIE for Middle East countries/territories between January 2012 and 19 September 2013

Time between confirmation and submission	Country	Reason for notification
Within 24 hours after confirmation (time limit required by the OIE)	Cyprus	R. of Newcastle disease
	Palestinian Autonomous Territories	New strain of FMD
Between 2 and 7 days	Egypt	New strain of FMD
	Iraq	R. of Old World screwworm (<i>C. bezziana</i>)
	Jordan	F.O. of lumpy skin disease
	Libya	R. of FMD
	Libya	R. of Newcastle disease
	Palestinian Autonomous Territories	R. of lumpy skin disease
	Palestinian Autonomous Territories	R. of bluetongue
Between one week and one month	Turkey	F.O. of lumpy skin disease
	Egypt	R. of PPR
	Turkey	F.O. of equine influenza
More than one month	Lebanon	F.O. of lumpy skin disease
	Libya	R. of FMD

R.: reoccurrence

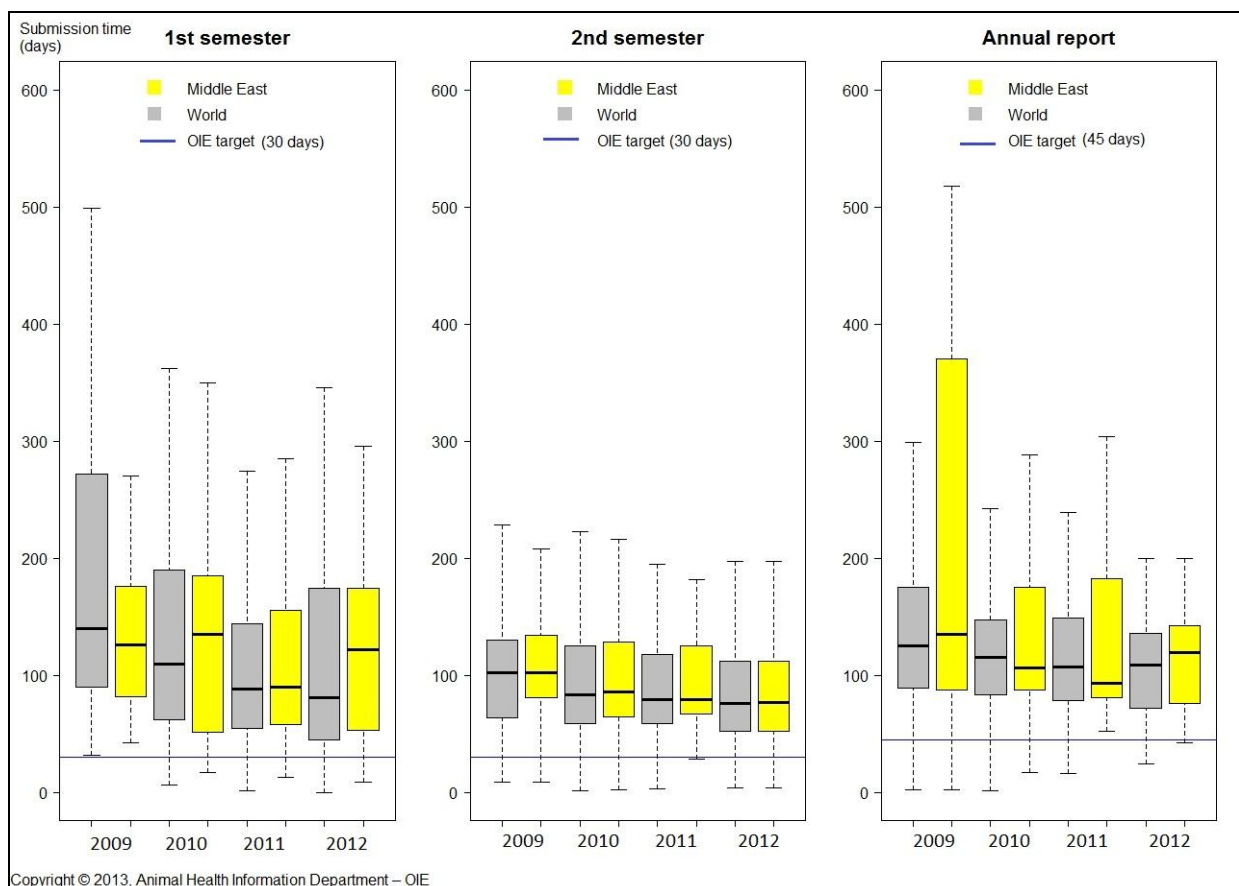
F.O.: first occurrence

N.S.: identification of new strain

190. The results observed in the Region in 2012 and 2013 could be improved upon, since only two countries followed OIE requirements and notified the OIE of the events within **24 hours** after their confirmation. It is essential for countries to react rapidly and notify exceptional epidemiological events so that other countries can be informed of exceptional animal disease events in a timely fashion and take all necessary preventive measures to avoid the spread of pathogens.
191. The OIE recommends a submission time not exceeding one month after the end of the semester for six-monthly reports and 45 days after the end of the year for annual reports.
192. Figure 3 uses boxplots to show the distribution of submission times of Middle East countries/territories for six-monthly reports and annual reports between 2009 and 2012. These submission times are compared to the submission times for all countries reporting to the OIE. This delay reflects the time needed for countries/territories to collect the information submitted to the OIE after the end of a given semester or year. The time required to collect information on OIE-listed diseases can vary greatly from one country to another, depending on the Veterinary Services, the size of the country and the animal health situation.
193. In 2009, the median submission time of all countries submitting reports was 139.5 days for the first six-monthly report, 102 days for the second six-monthly report and 125 days for the annual report. Regional median submission times were shorter (i.e. better results) or equivalent to the global median for six-monthly reports, while the regional median submission time was longer (i.e. poorer results) than the global median for the annual report.

194. Overall, between 2009 and 2012, there was an improvement in submission times at the global level, shown by a decrease in the number of days year after year. As shown in Figure 3, countries/territories of the Middle East followed the general trend for six-monthly reports for the second semester. In 2012, the median submission time of Middle East countries/territories sending the second six-monthly report was 81.5 days.
195. However, for six-monthly reports for the first semester, the region showed some improvement in submission times in 2011, but the results for 2012 (median time of 122 days) were equivalent to those for 2009. Also, for annual reports, a great reduction in the dispersion of data has been noted, with an improvement on the part of countries with the longest submission times. However, the regional median for 2012 (119.5 days) was almost equivalent to the regional median for 2009, a result that is clearly unsatisfactory. Nevertheless, the increase in submission times in 2012 (i.e. poorer results) may have been due to the transition to the second version of WAHIS. In the Middle East, performances are still quite far from meeting the OIE's objectives and the trend is not encouraging, except for the six-monthly reports for the second semester. Countries of the region should increase their efforts to submit information in a timely manner, and the OIE Animal Health Information Department is ready to help countries continue increasing the trend.

Figure 3: Submission time of six-monthly and annual reports from Middle East countries/territories, and from all the countries reporting to the OIE, between 2009 and 2012



196. Table 3 gives a summary of six-monthly and annual report submission times for Middle East countries/territories for 2012. The results observed in the Region for 2012 were not satisfactory, since only two countries/territories met the OIE's recommendations in terms of submission time. As shown in the table, a considerable number of reports were submitted more than three months after the end of the corresponding semester.

Table 3: Submission times of terrestrial and aquatic six-monthly reports and annual reports from Middle East countries/territories, for 2012

SUBMISSION TIME	NUMBER OF COUNTRIES IN THE CATEGORY	COUNTRY/TERRITORY
Submission time in accordance with OIE recommendations	2	Iraq (1st sem. & annual report) Palestinian Autonomous Territories (1st / 2nd sem.)
Submission time longer than OIE recommendations but within 3 months after the end of the semester/year	11	Afghanistan (2nd sem.) Somalia (1st sem.) Djibouti (1st / 2nd sem. & annual report) Sudan (1st / 2nd sem. & annual report) Egypt (1st / 2nd sem. & annual report) Syria (2nd sem.) Iraq (2nd sem.) Turkey (1st / 2nd sem. & annual report) Jordan (2nd sem.) United Arab Emirates (2nd sem. & annual report) Qatar (2nd sem.)
Submission time between 3 and 6 months after the end of the semester/year	13	Afghanistan (1st sem. & annual report) Oman (1st / 2nd sem. & annual report) Bahrain (1st / 2nd sem.) Palestinian Autonomous Territories (annual report) Cyprus (1st / 2nd sem. & annual report) Qatar (annual report) Iran (2nd sem. & annual report) Saudi Arabia (2nd sem. & annual report) Jordan (annual report) Syria (1st sem. & annual report) Kuwait (1st / 2nd sem. & annual report) United Arab Emirates (1st sem.) Lebanon (2nd sem. & annual report) Yemen (1st sem.)
Submission time > 6 months after the end of the semester/year	7	Bahrain (annual report) Qatar (1st sem.) Iran (1st sem.) Saudi Arabia (1st sem.) Jordan (1st sem.) Yemen (2nd sem. & annual report) Lebanon (1st sem.)
Report not yet submitted as of 19 September 2013		
Libya (1st / 2nd sem. & annual report) Somalia (2nd sem. & annual report)		

197. Out of 73 reports (six-monthly reports for aquatic and terrestrial species and annual reports) submitted by Middle East countries/territories for 2012 and reviewed by the OIE Animal Health Information Department so far, 39 reports were complete and no additional information was required in order to be able to validate the report (Table 4). Conversely, for some countries, the OIE Animal Health Information Department had to send requests for additional information during the validation process of six-monthly reports. The OIE encourages its Members to interact with the Animal Health Information Department, in order to improve the quality of the reports and facilitate the validation process.

Table 4: Reports for 2012 that could be validated by the Animal Health Information Department without requesting additional information from the country⁶

Country/territory	Report	Country/territory	Report	Country/territory	Report
Afghanistan	1st sem. T and A.	Iraq	1st sem. T and A.	Lebanon	1st and 2nd sem. T
	2nd sem. A		2nd sem. T and A.	Oman	1st and 2nd sem. T
	Annual		Annual		Annual
Cyprus	2nd sem. A	Jordan	1st sem. A	Saudi Arabia	1st and 2nd sem. A.
	Annual		2nd sem. A	Turkey	1st sem. A
Djibouti	2nd sem. T	Palestinian Autonomous Territories	1st sem. T	United Arab Emirates	2nd sem. T
	Annual		2nd sem. T		1st sem. A
Egypt	1st sem. A		Annual	1st sem. T and A.	Annual
Iran	1st sem. T	Kuwait	1st sem. T and A.	Yemen	Annual
	1st sem. A and A.		2nd sem. T and A.		1st sem. T

SITUATION IN THE REGION REGARDING SELECTED OIE-LISTED DISEASES

Lumpy skin disease

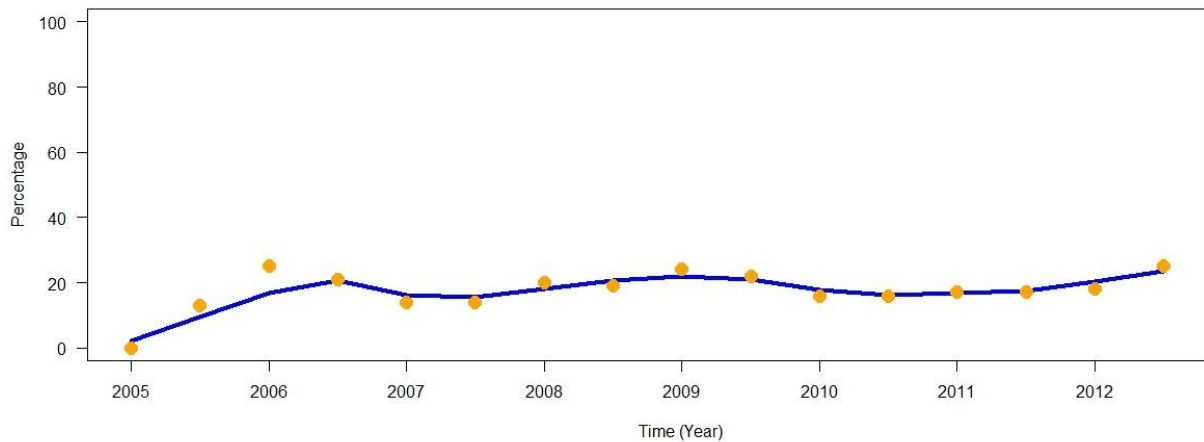
198. Lumpy skin disease is a disease of cattle of economic importance due to its impact on production. The disease is caused by strains of capripoxvirus that are antigenically similar to those responsible for sheep and goat pox⁷ in small ruminants. The disease is normally acute and can affect cattle of different ages. Clinical presentation includes fever, nodules on the skin, mucous membranes and internal organs, emaciation, enlarged lymph nodes, oedema of the skin, and sometimes death. Transmission is mainly mechanical and carried out by insects; transmission by contact only occurs at a low rate.
199. Historically, lumpy skin disease has been restricted to Sub-Saharan countries and Egypt, and outbreaks outside the African Region are rare, the only episode in the Middle East being in Israel in the late 1980s. Although lumpy skin disease and sheep and goat pox are both caused by capripoxvirus, lumpy skin disease has a different geographical distribution from that of sheep and goat pox, suggesting that cattle strains of capripoxvirus do not infect, or transmit between, sheep and goats. However, in recent years the distribution of lumpy skin diseases has been changing, with several outbreaks being reported within the Middle East region. The disease has also been reported in Europe (Albania in 2008) and Asia (Vietnam between 2005 and 2012).
200. As shown in Figure 4, the trend in reports of the presence of lumpy skin disease in the Middle East Region remained stable between 2006 and 2012. In three countries of the Region, the disease can be considered enzootic (**Oman**, **Somalia** and **Sudan**), and since 2012 there have been sporadic reports notifying the presence of lumpy skin disease in other countries of the Region. Thus, in 2012, **Israel**⁸ and **Lebanon** reported through immediate notifications the occurrence of the disease with two events that are still continuing in 2013 (with 94 and 2 outbreaks, respectively). Also in 2012, **Egypt** reported the presence of the disease in the six-monthly reports with two outbreaks in the region of Dumat. Events reported through immediate notifications continued to occur in 2013, with the addition of **Jordan** (2 outbreaks), the **Palestinian Autonomous Territories** (58 outbreaks) and **Turkey** (1 outbreak).

⁶ T= Six-monthly report for terrestrial species, A = Six-monthly report for aquatic species

⁷ OIE *Terrestrial Manual*: http://www.oie.int/fileadmin/Home/eng/Health_standards/tahm/2.04.14_LSD.pdf

⁸ Israel is a Member of the OIE Regional Commission for Europe, and was added in certain analyses of disease situations for epidemiological reasons

Figure 4: Percentage of reporting countries affected by lumpy skin disease in the Middle East, by semester, between 2005 and 2012



201. Other reports have indicated the potential presence of lumpy skin disease in wild animals in **Saudi Arabia** and **United Arab Emirates** particularly affecting Arabian oryx (*Oryx dammah*)⁹.
202. It is very important to react rapidly to new outbreaks taking place outside the enzootic range of occurrence of this disease. Control/eradication protocols should include relevant measures such as slaughtering of animals and destruction of carcasses. Ring vaccination may also be used in addition to a slaughter policy, but it is also acceptable to leave unvaccinated zones to allow the manifestation of any residual infection, as vaccination may allow the virus to persist in some cattle¹⁰.

Peste des petits ruminants

203. Peste des petits ruminants (PPR) is an acute contagious disease affecting mainly sheep and goats and is caused by a *Morbillivirus* (family *Paramyxoviridae*). It is characterised by fever, naso-ocular discharge, stomatitis, diarrhoea and pneumonia with foul offensive breath. In its acute form, PPR can cause herd mortality of between 80% and 100%. Although the virus is highly contagious, it can only be transmitted through direct contact with the secretions or excretions of a sick animal.
204. It was first reported in Côte d'Ivoire in 1942. From the 1970s, PPR moved further eastward and there were reports of the disease occurring in sub-Saharan Africa, the Middle East and South Asia. An epizootic of highly virulent PPR appears to have developed in South Asia in the early 1990s and to have spread widely between Bangladesh and the Middle East. It is still gaining ground, as evidenced by widespread infection occurring in central Asian countries in recent years and an incursion into the People's Republic of China reported to the OIE for the first time in July 2007. Owing to its clinical severity, high mortality and its expanding distribution, PPR has emerged as a major disease constraint on small ruminant production¹¹.

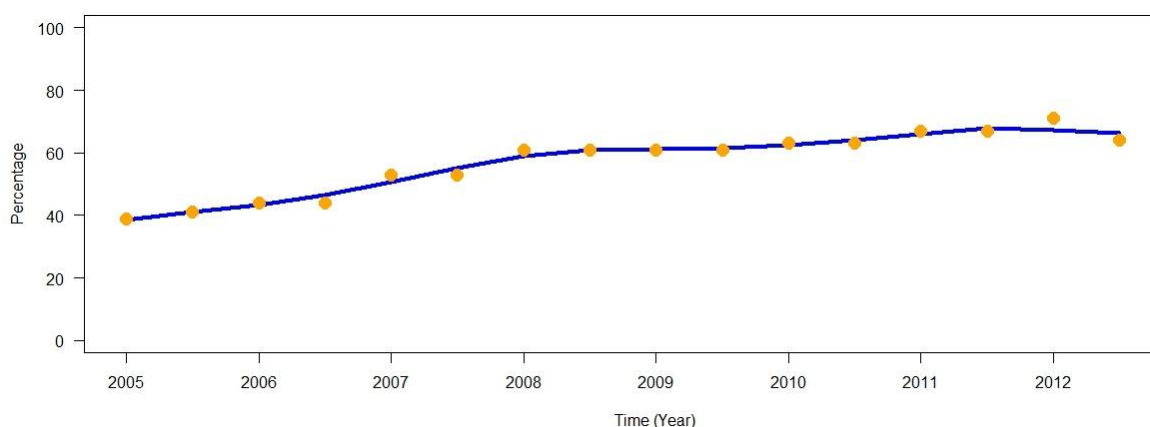
⁹ PROMED: <http://www.promedmail.org/direct.php?id=20130724.1842366>

¹⁰ FAO: <http://www.fao.org/docrep/u4900t/u4900t0d.htm>

¹¹ The spread of pathogens through trade in small ruminants and their products, D.M. Sherman, Rev. sci. tech. Off. int. Epiz., 2011, 30 (1), 207-217, <http://www.oie.int/doc/ged/D10761.PDF>

205. In 2012, sheep and goat population in the Middle East countries was about 300 million head, according to the information provided in the OIE annual reports, the biggest producers being **Iran, Sudan and Turkey**. The production of small ruminants has historically been one of the most important sources of meat in the region. In the Middle East, there is a continuous and economically important trade of small ruminants and their products. As an example, the trade in small ruminants from the Horn of Africa to Saudi Arabia for religious festivals in Mecca is estimated to be between US\$0.6 billion and US\$0.9 billion per year¹².
206. In the Region, 21 countries/territories out of 22 reported information on PPR to the OIE for 2012 and 2013: one country¹³ notified that the disease had never been reported and six countries¹⁴ (29%) notified that the disease had been absent during this period. Fourteen countries/territories¹⁵ (67%) declared the disease present. A total of 2400 outbreaks were notified in 2012, with about 50 000 cases in sheep and goats. Libya has not yet provided information for this period.
207. Figure 5 shows the percentage of reporting countries that were affected between 2005 and 2012. The percentage has regularly increased during the past eight years, from 35% of reporting countries affected in the Middle East in first semester 2005 to 69% of reporting countries affected in 2012.

Figure 5: Percentage of reporting countries affected by peste des petits ruminants in the Middle East, by semester, between 2005 and 2012



208. In some countries/territories of the region, PPR has been present for more than eight years. Indeed, **Afghanistan, Iran, Oman, Palestinian Autonomous Territories, Saudi Arabia, Sudan, Turkey and Yemen** have reported PPR present in domestic animals continuously since 2005.

¹² Risk of a Rift Valley fever epidemic at the haj in Mecca, Saudi Arabia, F.G. Davies, Rev. sci. tech. Off. int. Epiz., 2006, 25 (1), 137-147, <http://www.oie.int/doc/ged/d3264.pdf>

¹³ Cyprus

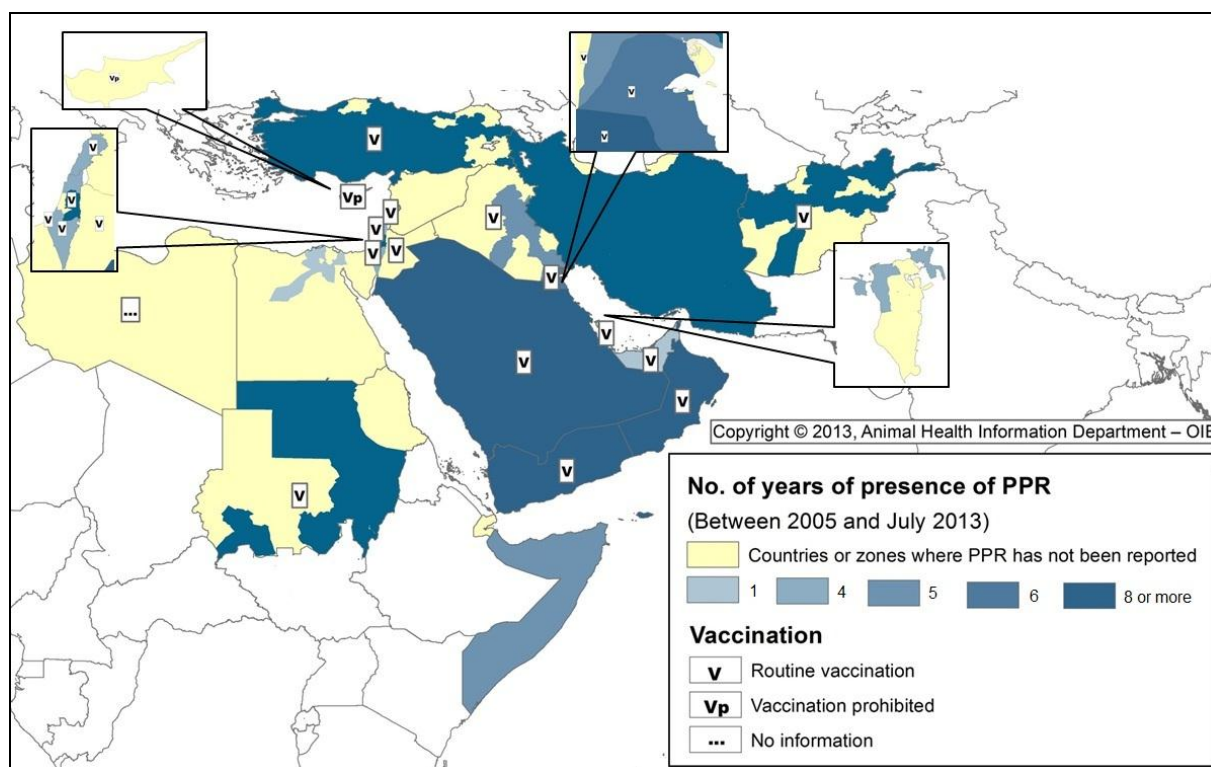
¹⁴ Djibouti, Jordan, Lebanon, Qatar, Syria and the United Arab Emirates

¹⁵ Afghanistan, Bahrain, Egypt, Iran, Iraq, Israel, Kuwait, Oman, Palestinian Autonomous Territories, Saudi Arabia, Somalia, Sudan, Turkey and Yemen

209. Some other countries had initially reported the disease present, before changing the reported status to absent. In the **United Arab Emirates**, for example, PPR was reported present between 2005 and 2010 and was then reported absent in 2011 and 2012. In **Israel**¹⁶, the disease was reported present in 2005 and 2006 and absent between 2007 and 2010, before a reoccurrence was reported in 2011; in the second semester of 2012, PPR was again reported absent.
210. Some countries have only provided information for certain years, indicating the presence of the disease. **Iraq** has only provided information for 2007, 2008 and 2010 to 2012, indicating that the disease was present. **Somalia** started reporting information in 2008, and the disease has been reported present since then.
211. Several countries that had been reporting PPR absent, informed the OIE of a first occurrence or a reoccurrence of the disease during this time period. In **Kuwait**, PPR was reported absent in 2005 and 2006, but has been reported present since 2007. In **Lebanon**, PPR was reported absent between 2005 and 2007, and was then suspected between 2008 and 2011. In **Bahrain**, where PPR was reported absent between 2005 and 2008, the presence of the disease was suspected between 2009 and 2011, and then confirmed in 2012. In **Egypt**, PPR was reported absent between 2005 and 2008, then the infection was detected in 2009, 2010 and 2012, and a clinical reoccurrence was reported between June 2012 and May 2013 in the regions of Al Qahirah, Al Isma'iliyah, Al Bahr al Ahmar and Al Buharyrah.
212. Finally, in some other countries, such as **Djibouti**, **Jordan** and **Syria**, the disease has been reported absent for at least the period from 2005 to 2013. **Qatar** provided information only for 2005 and from 2009 to 2012, indicating in each case that the disease was absent. In **Cyprus**, PPR has never been reported. **Libya** stopped providing information in 2010; up to that year, Libya had referred to the disease as “never reported”. However, this information should be treated cautiously since it might be related to the absence of a proper and well implemented national surveillance programme.
213. Figure 6 summarises the evolution of PPR in the Middle East between 2005 and August 2013, and indicates what vaccination programmes were applied in 2012. In endemic areas, the virus is currently controlled through routine vaccination; in other areas, outbreaks are controlled most efficiently through a number of methods including: slaughter of infected herds, good sanitation, import controls, movement restrictions and quarantine.

¹⁶ Israel is a Member of the OIE Regional Commission for Europe, but for epidemiological reasons has been included in certain analyses of disease situations

Figure 6: Evolution of peste des petits ruminants in the Middle East between 2005 and August 2013, and vaccination strategies applied in 2012



PPR control activities implemented by Veterinary Services

214. In addition to the routine vaccination programmes shown on the map above, several activities implemented by Veterinary Services for control of PPR have been reported in Member Countries' reports on their animal health situation in 2013 for the preparation of this Conference.
215. **Afghanistan** has prepared a strategic control plan for PPR, which will be implemented in the near future. In **Egypt**, sero-surveillance campaigns are performed annually to evaluate the evolution of the epidemiological situation in the country. In **Kuwait**, hyper immune serum has been raised in rabbits to perform agar gel precipitation for the detection of PPR occurrence in the field. **Sudan** described the pilot study on thermostable PPR vaccine delivery, conducted in the states of Khartoum and Gazira in collaboration with the Interafrican Bureau for Animal Resources (AU-IBAR) and the International Livestock Research Institute (ILRI). The aim of the study (due to be completed by the end of 2013) is to identify and test integrated service delivery solutions that implement vaccination in a sustainable epidemiological and economically effective programme.
216. The distribution of PPR in the Middle East has expanded throughout the past eight years. As the majority of goats and sheep are owned by smallholders, the spread of PPR is having a marked negative impact on fragile livelihoods and also undermines organised efforts to reduce poverty. Unfortunately, some of the countries in the region have limited financial and human resources to support their Veterinary Services in establishing an efficient PPR control programme. Such countries suffer economically as they may be effectively shut out of international trade opportunities because they cannot reliably establish, maintain and demonstrate disease-free status. However, the potential exists for eradication of PPR. The disease is closely related to rinderpest and, like rinderpest, there is a highly effective vaccine available which is considered to impart lifelong immunity after one injection¹¹. Yet, the cost of vaccines and their administration as well as logistical issues make vaccination campaigns problematic in some countries.

Brucellosis due to *B. melitensis*

217. Brucellosis, which is caused by *Brucella* spp., is considered one of the most important zoonoses in the world. Four species of *Brucella* are notifiable to the OIE: *B. abortus*, *B. melitensis*, *B. suis* and *B. ovis*. Infection with *B. melitensis* is recognised as a significant public health challenge, placing a major economic and financial burden on countries where the disease remains enzootic. In the Middle East, most human cases of brucellosis are caused by *B. melitensis*. Infection is transmitted from infected animals by ingestion of raw milk or dairy products, especially cheese made from raw or lightly heated milk. Transmission also occurs through contact with farmers and veterinarians coming in contact with infected animals. In small ruminants, abortion, reduced fertility, reduced milk production and lowered newborn viability are the major impacts.
218. While sheep and goats are the major reservoir of *B. melitensis* infection, there is increasing evidence of emergence in camels¹⁷. Brucellosis was reported in camels as early as 1931¹⁸ and, since then, the disease has been reported from all camel-keeping countries¹⁹. Camels are not known to be primary hosts of *Brucella*, but they are susceptible to both *B. abortus* and *B. melitensis*²⁰. They are frequently infected when they are in contact with infected large and small ruminants²¹. Isolation of *B. melitensis* from camels' milk²² indicates that brucellosis is a public health hazard. Human infection due to *Brucella* from camels is known to occur mostly through the consumption of raw milk²³, which is traditionally consumed by camel keeper in Arab nations. Non pregnant dromedaries experimentally infected with a field strain of *B. abortus* developed only mild, transient clinical symptoms. Orchitis and epididymitis have also been associated with brucellosis due to *B. abortus* and *B. melitensis*. Pregnant camels may develop retention of placenta, placentitis, uterine infections, foetal death and mummification, delayed maturity of foetus and infertility; it is also reported to cause arthritis and hygroma. However, difficulties can arise in the diagnosis of brucellosis in camels, especially as it causes few clinical signs, in contrast to its clinical course in cattle¹⁹.
219. Since the launch of WAHIS in 2005, a total of 234 cases of camels infected with *B. melitensis* have been reported, by **Israel, Libya, Oman, Qatar and Saudi Arabia**.
220. There are very significant benefits to human health and poverty alleviation from controlling and eradicating *B. melitensis* infections in animals; besides acute illness, the long debilitation associated with chronic brucellosis often severely impacts the ability to work.
221. In the Region the disease is known to have been endemic for decades. Some countries have succeeded in implementing control programmes to decrease its prevalence using vaccination programmes.

¹⁷ *Brucella melitensis* in Eurasia and the Middle East, FAO technical meeting in collaboration with WHO and OIE, Rome, May 2009, <http://www.fao.org/docrep/012/i1402e/i1402e00.pdf>

¹⁸ Brucellosis in camels, Solonitsuin, M.O., 1949, *Veterinarya*, Moscow 26, 16–21

¹⁹ Brucellosis in camels, M. Gwida et al., *Research in Veterinary Science* 92 (2012) 351–355

²⁰ The epidemiology of human brucellosis in a well-defined urban population in Saudi Arabia, Cooper, C.W., 1991, *Journal of Tropical Medicine and Hygiene* 94, 416–422.

²¹ Serological and bacteriological study of brucellosis in camels in central Saudi Arabia. Radwan, A.I., Bekairi, S.J., Prasad, P.V.S., 1992. *Revue Scientifique et Technique de l'Office International des Epizooties* 11, 837–844.

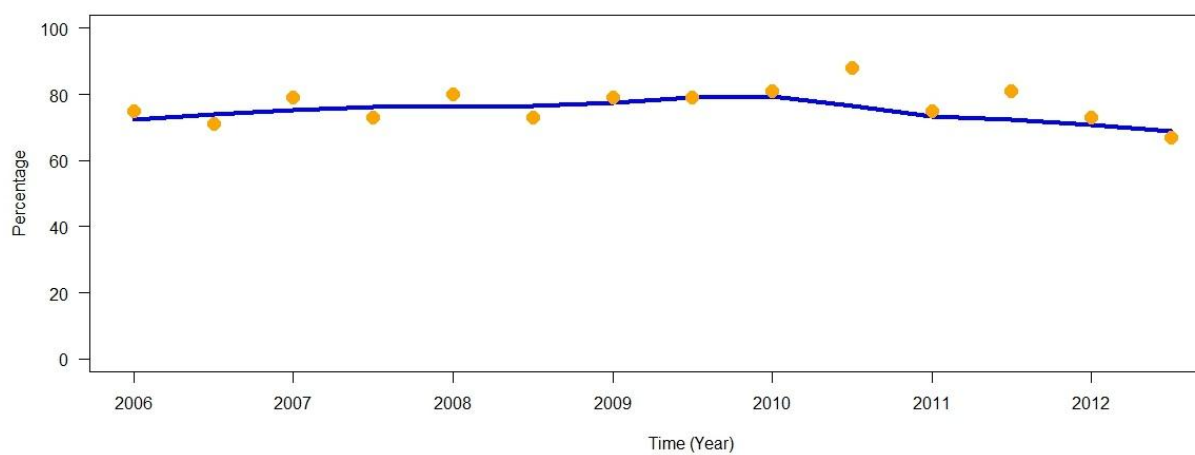
²² Prevalence of camel brucellosis in Libya. Gameel, M.A., Mohamed, O.S., Mustafa, A.A., Azwai, M.S., 1993. *Tropical Animal Health and Production* 25, 91–93.

²³ Brucellosis in Saudi Arabia. Kiel, F.W., Khan, M.Y., 1989. *Social Science and Medicine* 29, 999–1001

222. Twenty countries/territories out of 21 reported information on brucellosis due to *B. melitensis* to the OIE for 2012 and 2013: five countries²⁴ (25%) notified that the disease had been absent during this period. Fourteen countries/territories²⁵ (67%) declared the disease present and one country²⁶ declared the disease suspected. A total of 764 outbreaks were notified in 2012. In these outbreaks, about 5000 cases were observed in sheep and goats, about 350 in cattle, 50 in buffaloes and 5 in camelidae. Libya has not yet provided information for this period.

223. Figure 7 shows the percentage of reporting countries that were affected between 2006 and 2012. The percentage has been quite stable during the past eight years, with about 75% of reporting countries in the Middle East being constantly affected during this period.

Figure 7: Percentage of reporting countries in the Middle East affected by brucellosis due to *B. melitensis*, by semester, between 2006 and 2012



224. In some countries/territories of the region, brucellosis due to *B. melitensis* has been present for more than seven years. Indeed, **Egypt, Iran, Oman, Palestinian Autonomous Territories, Saudi Arabia, Sudan, Syria and Turkey** reported brucellosis due to *B. melitensis* present in domestic animals continuously since 2006.

225. Some other countries had initially reported the disease present, before changing the reported status to absent. In **Lebanon**, for example, the disease was reported present between 2006 and 2011, and then no animal cases were reported in 2012. Also, the **United Arab Emirates** reported brucellosis due to *B. melitensis* present in 2006, and then continuously absent between 2007 and 2012. **Yemen** reported the disease present between 2006 and 2008, and then absent between 2010 and 2012. Also, **Cyprus** reported the disease present between 2006 and 2010, and then absent in 2011 and 2012. While intensive and high coverage vaccination is important to keep a low prevalence of the disease, the mentioned absence of the disease and infection in certain countries could indicate a lack of active surveillance for this disease including serological surveillance where the presence of the infection could be demonstrated only by sampling animals. This seems not done or not properly shared by certain countries. Also, for some countries, mentioning the presence of the disease or the infection in small ruminants could create trade problems, making them reluctant to provide the real situation of the disease. This should not happen since it has been known for decades that brucellosis due to *B. melitensis* is endemic in the Region. Also

²⁴ Cyprus, Djibouti, Lebanon, United Arab Emirates and Yemen

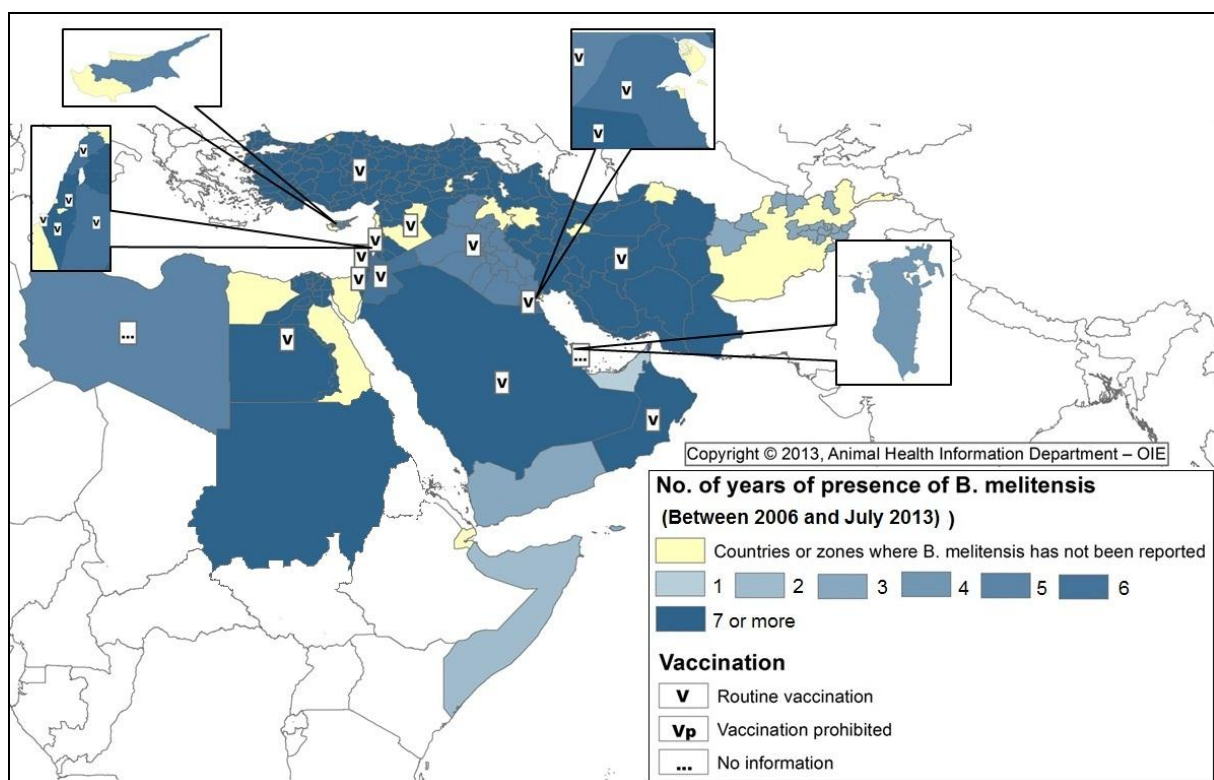
²⁵ Afghanistan, Egypt, Iran, Iraq, Jordan, Kuwait, Oman, Palestinian Autonomous Territories, Qatar, Saudi Arabia, Somalia, Sudan, Syria and Turkey

²⁶ Bahrain

the SPS equivalence principal for trade among countries having the same disease and applying the same control measures should be applied in these conditions and if this is not the case it could constitute an unjustified trade barrier.

226. Some countries only provided information for certain years, indicating the presence of the disease. This is the case with **Libya** (information provided for 2006 to 2010), **Qatar** (information provided for 2006 to 2012), **Jordan** (information provided for 2007 to 2012), **Iraq** (information provided for 2007, 2008 and 2010 to 2012), **Afghanistan** (information provided for 2010 to 2012) and **Somalia** (information provided for 2011 and 2012).
227. A few other countries that were previously reporting brucellosis due to *B. melitensis* absent, informed the OIE of a change in the status of the disease during this time period. In **Bahrain**, brucellosis due to *B. melitensis* had never been reported up to and including 2008, but has been reported suspected since 2009. **Kuwait** reported that the disease was absent in 2006, before reporting it continuously present between 2007 and 2012.
228. Finally, in **Djibouti**, the disease has been reported absent throughout the time period (2006-2013).
229. Figure 8 summarises the evolution of brucellosis due to *B. melitensis* in the Middle East between 2006 and August 2013, and shows vaccination programmes applied in 2012.

Figure 8: Evolution of brucellosis due to *B. melitensis* in the Middle East between 2006 and July 2013, and vaccination strategies applied in 2012



B. melitensis control activities implemented by Veterinary Services:

230. According to the animal health situation reports provided for this Conference, **Iraq** and the **United Arab Emirates** indicated their implementation of survey programmes for brucellosis in animals, in order to better adapt the control strategy to the current epidemiological situation.

231. Some other countries have ovine and caprine brucellosis eradication programmes, based on a test and slaughter policy. These are **Cyprus, Iran, Kuwait, Qatar, the United Arab Emirates and Turkey. Kuwait and Turkey** offer compensation for farmers. In **Cyprus**, no positive flocks have been found in 2013, and 92% of sheep and goats flocks have been declared officially free from brucellosis.
232. **Afghanistan** has developed a strategic control plan for brucellosis, which will be implemented in the near future. In **Turkey**, within the scope of a recent “One Health” project funded by the World Bank, studies relating to brucellosis have been carried out in collaboration with the Ministry of Health and a brucellosis eradication plan has been prepared.
233. **Saudi Arabia** have a control programme based on mass vaccination targeting to decrease the percentage of infected animals, that could lead the country to implement an eradication programme by test and slaughter strategy.
234. Finally, two Middle East countries have been involved in laboratory twinning programmes for brucellosis: **Afghanistan** (twinning between the Animal Health and Veterinary Laboratories Agency [AHVLA], Weybridge, United Kingdom, and the Central Veterinary Diagnostic and Research Laboratory in Kabul) and **Turkey**.

Main challenges

235. Most Middle East countries have already attempted to control brucellosis in ruminants, using various strategies with vaccination as the main measure of control, and in some cases these efforts are reported to have significantly reduced the incidence of brucellosis in cattle²⁷. However, over the past decades, progress in the control of *B. melitensis* infections has been uneven. Management systems for small ruminants vary markedly and food hygiene practices may also be deficient. There are major gaps in the knowledge of many livestock producers, and their practices are not adequately focused on preventive measures. Additionally, in some countries, some of the major constraints of control programmes may be insufficiently funded by veterinary administrations and lack accurate and reliable information on the disease, both in humans and animals¹⁷. In the absence of a coordinated regional strategy and programme to control the disease and obtain accurate knowledge of the movement of animals in the region, no conclusive results can be expected, despite the encouraging results in a few countries, especially for those importing live animals from neighbouring countries, including from the Horn of Africa.
236. The role of camels as well as cattle as reservoirs of *B. melitensis* and in the epidemiology of the disease needs to be elucidated otherwise no effective control programme can be implemented.

Bovine tuberculosis

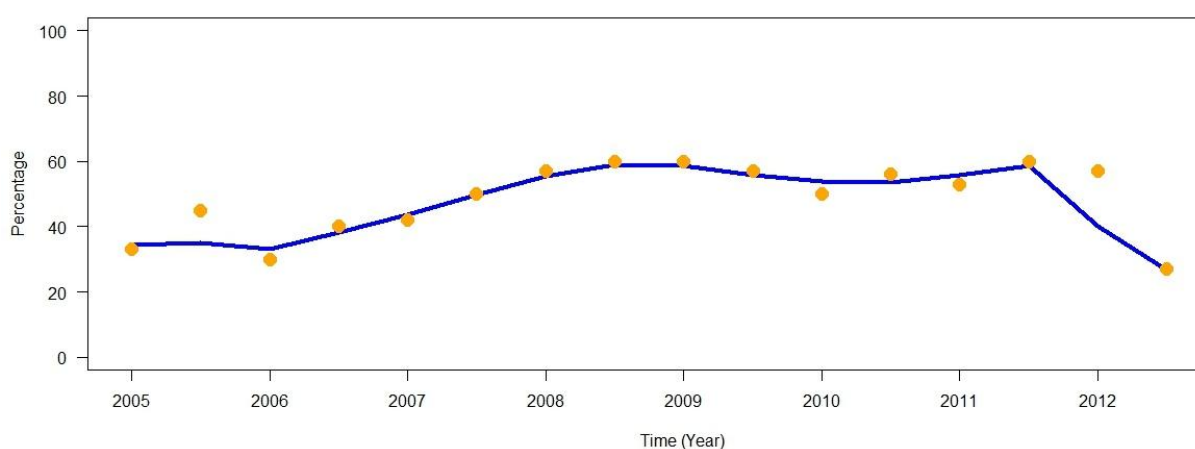
237. Bovine tuberculosis (bTB) is a chronic bacterial disease of cattle, caused by *Mycobacterium bovis*, that occasionally affects other species of mammals. This disease is a significant zoonosis that can spread to humans, typically by the inhalation of aerosols or the ingestion of unpasteurized milk. In developed countries, eradication programmes have reduced or eliminated bTB in cattle, and human disease is now rare; however, reservoirs in wildlife can make complete eradication difficult. bTB is still common in less developed countries, and severe economic losses can result from livestock deaths, chronic disease and trade restrictions. bTB is still widespread in Middle Eastern countries.

²⁷ Initiation of a national brucellosis control programme in Egypt. Refai, M., El-Gibaly, S., Adawi, A., 1990. In: Adams, L.G. (Ed.), Advances in Brucellosis Research. Texas A&M University, TX, USA

238. In the Region, 19 countries/territories out of 21 have reported information on bTB to the OIE for 2012 and 2013: one country²⁸ notified that the disease had never been reported and eight countries²⁹ (42%) notified that the disease had been absent during this period. Nine countries/territories³⁰ (47%) declared the presence of the disease and one country³¹ declared its presence as suspected. A total of 4860 cases were notified in cattle, 3 cases in buffaloes and 1 case in a camel in 2012. Yemen did not provide information on this disease in its six-monthly reports for 2012 and Libya has not yet provided any animal health information reports for this period.

239. Figure 9 shows the percentage of reporting countries that were affected between 2005 and 2012. The percentage increased between 2005 and 2009 from 33% to 60%, and then was stable until 2012, around 60% of reporting countries in the Middle East being constantly affected during this period.

Figure 9: Percentage of reporting countries in the Middle East affected by bovine tuberculosis, by semester, between 2005 and 2012



240. Bovine tuberculosis has been present in many countries of the region for a long time. For example **Egypt, Iran, Jordan and Turkey** have reported the presence of bTB continuously since 2005.

241. Some countries provided information only for certain years, indicating the presence of the disease, such as **Bahrain** (information provided for 2007 to 2012), **Afghanistan** (information provided for 2009 to 2012), **Libya** (information provided for 2005 and 2008 to 2010) and **Somalia** (information provided for 2012).

242. Several countries that previously reported bTB absent informed the OIE of a change in the status of the disease during this time period. In **Kuwait**, the disease was reported absent in 2005, then present between 2006 and 2009, absent again in 2010, and has been reported present since 2011. In **Lebanon**, bTB was reported absent between 2005 and 2007, then suspected between 2008 and 2011, and absent again in 2012. In **Qatar**, bTB was suspected in 2005, and then reported absent in 2006 and 2007, before being reported present between 2008 and 2011. In **Saudi Arabia**, bTB was reported absent between 2005 and 2009, before being reported present between 2010 and 2012. This would appear to suggest the absence of regular monitoring of the agent in many countries.

²⁸ United Arab Emirates

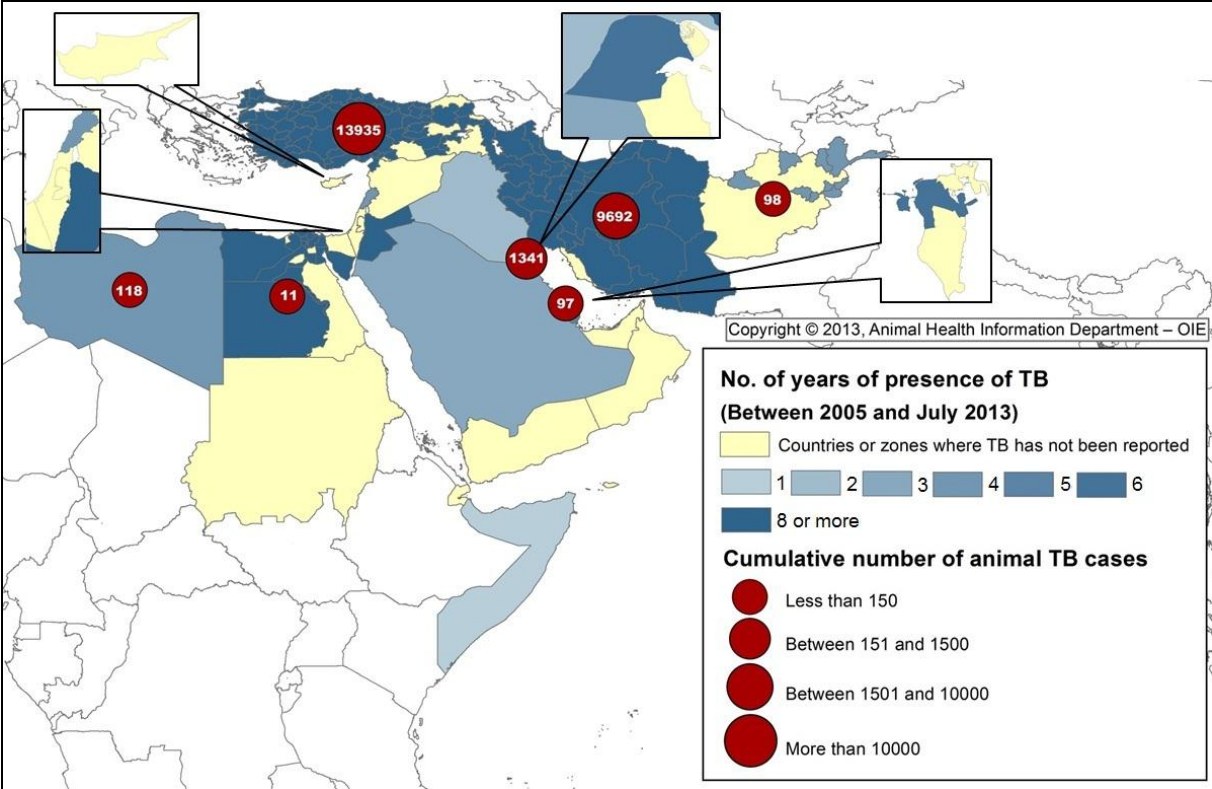
²⁹ Cyprus, Djibouti, Iraq, Lebanon, Oman, Palestinian Autonomous Territories, Sudan and Syria

³⁰ Afghanistan, Bahrain, Egypt, Iran, Jordan, Kuwait, Qatar, Saudi Arabia and Turkey

³¹ Somalia

243. According to its report submitted in preparation for this Conference, **Iraq** mentioned that no information had recently been collected on the prevalence of bTB in the country, but a first comprehensive survey campaign would be designed to improve knowledge of the situation.
244. In some other countries, such as **Cyprus**, **Djibouti** and **Sudan**, the disease has been reported absent throughout the time period (2005-2013). Some countries have only provided information for certain years, indicating the absence of the disease, such as **Oman** and the **Palestinian Autonomous Territories** (information provided only for 2008 to 2012), **Syria** (information provided only for 2005 and for 2008 to 2012) and **Yemen** (information provided only for 2006). The **United Arab Emirates** have notified that bTB has never been reported. The absence of the disease mentioned by several countries should be treated cautiously given that in some countries there is no proper implementation of national surveillance and control programmes for this disease despite its zoonotic impact.
245. Figure 10 summarises the evolution of bTB in the Middle East between 2005 and July 2013, and shows the cumulative number of animal cases reported during this period.

Figure 10: Evolution of bovine tuberculosis in the Middle East between 2005 and July 2013, and cumulative number of animal cases reported during this period



246. As is apparent from the figure, there is a high probability of underreporting of the number of animal cases observed in affected countries where the disease has been present for a number of years. Furthermore, we observed inconsistencies between the status of the disease in humans and that in animals. In **Afghanistan**, **Bahrain** and **Kuwait**, bTB was first reported present in humans and absent or without information in animals. However, these countries then started to report bTB present in animals as well, improving the knowledge of the epidemiological situation. **Somalia** reported the disease present in humans in 2008, without providing information in animals; however, in 2012, the country started reporting the disease presence in animals as well. **Sudan** has been reporting bTB absent in animals since 2005, although some cases were reported in humans in 2009, which suggest a certain lack of reporting and monitoring of this disease in animals in the field.

Finally, the **Palestinian Autonomous Territories** have reported bTB as continuously present in humans, but without information on the disease in animals or notifying the disease as absent in animals. Such inconsistencies should be verified by the countries concerned and the epidemiological situation should be clarified to avoid such situations.

247. Various bTB control and eradication programmes have been implemented in the Middle East, such as in **Bahrain** for 2012 and 2013. Most of these programmes are based on a test and slaughter policy, as in **Qatar, Saudi Arabia, Turkey** (with compensation for the animal owners) and **Cyprus** where, however, the national tuberculin test campaign started in 2004 never detected any positive animals and, in 2013, 277 holdings held official bTB free status. In **Kuwait**, a test and slaughter programme has been adopted with compensation for animal owners, and the country has indicated that the percentage of infected animals has significantly reduced between 2009 and 2013 (0.04% of cattle have tested positive in 2013 so far).
248. Some countries are implementing surveys to improve their knowledge of the epidemiological situation and better adapt the control strategy. This is the case in **Iraq**, which is planning to design a first national comprehensive survey campaign for bTB in cattle and buffaloes, in order to evaluate the prevalence of the disease.
249. It is worth mentioning that, since the launch of WAHIS, no cases have ever been reported in wild species in the region. In the future, disease control will require the identification of wildlife reservoirs and early detection of positive animals in farms, as both measures serve to reduce bTB transmission. In those countries where an eradication programme is underway, it is of strategic importance to provide a system of compensation for producers affected by early slaughter measures.

Leishmaniosis

250. Leishmaniosis refers to a disease comprising a variety of syndromes which are due primarily to infection with *Leishmania*³², a genus of trypanosomatid protozoa. It is an important zoonosis that particularly affects some of the poorest areas of the world, and its presence in humans is associated with poor nutrition, population displacement, poor housing, a weak immune system and lack of resources³³. The World Health Organization (WHO) estimates a worldwide prevalence of approximately 12 million human cases, which gives some idea of the importance of this zoonosis. The clinical presentation ranges from asymptomatic infections to those with high mortality, including three clinically distinct forms: visceral, cutaneous and mucocutaneous. The transmission of *Leishmania* is by vectors, namely phlebotomine sandflies. Most frequently, the transmission is zoonotic with the parasites being transmitted from an animal reservoir (typically dogs, small rodents and lagomorphs) by the bite of the female phlebotomine sandfly. The disease can also be anthroponotic, the parasite being transmitted by the sandfly from an infected human host³⁴.

³² OIE *Terrestrial Manual*:

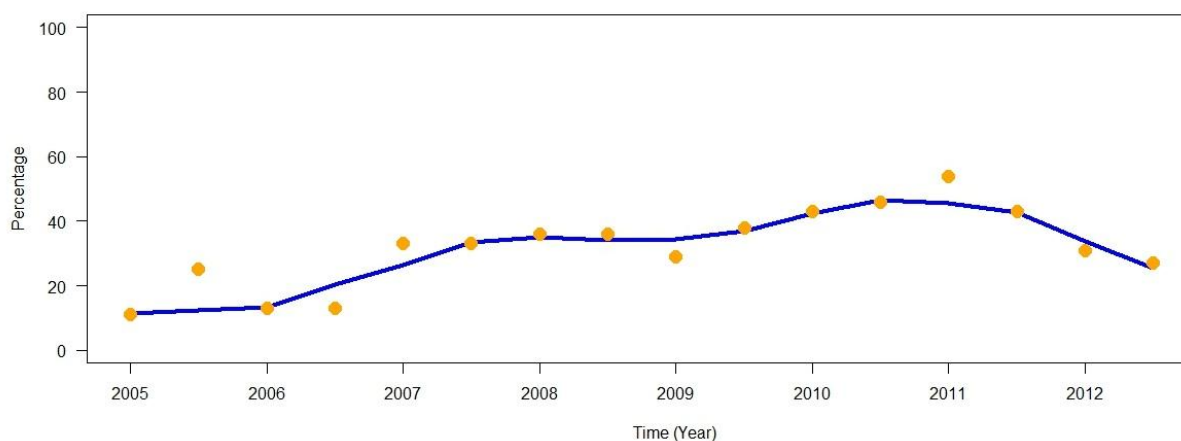
http://www.oie.int/fileadmin/Home/eng/Health_standards/tahm/2.01.08_LEISHMANIOSIS.pdf

³³ WHO: <http://www.who.int/mediacentre/factsheets/fs375/en/index.html>

³⁴ WHO: http://www.who.int/vaccine_research/diseases/soa_parasitic/en/index3.html

251. The public health impact of leishmaniosis is considered to be underestimated, as a substantial number of cases are never recorded. Several environmental changes are behind the expansion of leishmaniosis and the alarming rise in the number of cases. In the Middle East, it is recommended that the translation of laboratory discoveries into field applications should be improved, particularly in terms of control measures and research capacity building in countries where the disease is endemic³⁵.
252. The trend presented in Figure 11 shows that reporting of the presence of *Leishmania* in the Region has increased since 2005, probably reflecting a combination of an improvement in laboratory capacities and subsequently in the detection of the infection, and better data collection and reporting by the Veterinary Services.

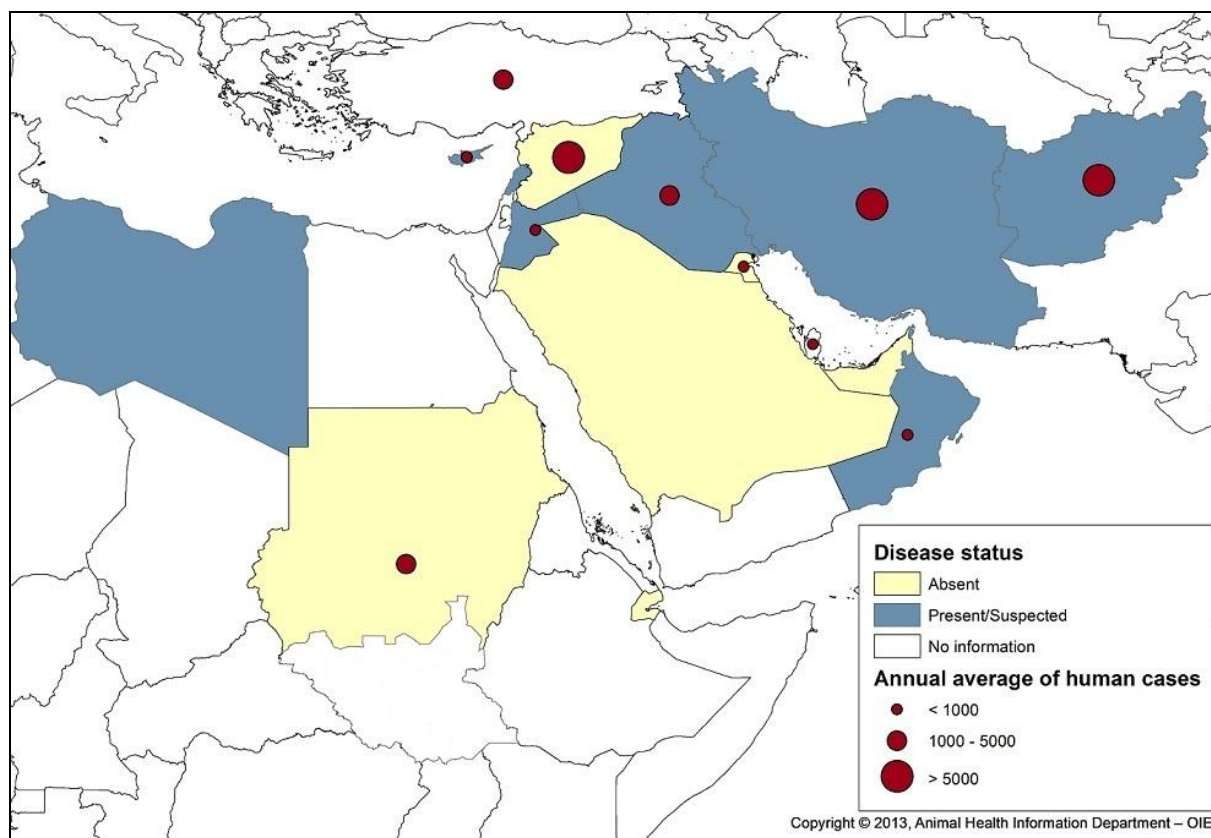
Figure 11: Percentage of reporting countries in the Middle East affected by leishmaniosis by semester, between 2005 and 2012



253. As shown in Figure 12, over the last three years (2010-2012) the reported cases of leishmaniosis in humans are widespread within the region (according to the data reported to the OIE in the annual report), with some countries such as **Afghanistan, Iran and Syria** standing out remarkably due to the number of human cases. As mentioned above, the presence of cases in humans is directly related to the presence of the infection in animals. Therefore, there appears to be an inconsistency in the reporting, in that countries such as **Turkey, Sudan and Syria** have a considerable number of human cases but have neglected to report the animal disease/infection as present.

³⁵ Leishmaniasis: Middle East and North Africa Research and Development Priorities. McDowell MA, Rafati S, Ramalho-Ortigao M, Ben Salah A (2011) PLoS Negl Trop Dis 5(7): e1219. doi:10.1371/journal.pntd.0001219

Figure 12: Distribution of countries in the Middle East reporting the presence of leishmaniosis in animals and the annual average number of cases in humans, from 2010 to 2012



254. Leishmaniosis is a clear example of a disease to be included within the framework of the One Health concept. Strategies for the detection and control of the parasite should involve both veterinary and medical expertise, aimed at improving diagnostic capabilities, combatting animal reservoirs, developing an appropriate prevention strategy for the disease in humans and treating human cases.
255. Dr Ben Jebara took also the opportunity to update the Regional Commission for the Middle East on the current situation related to the MERS-CoV.
256. He reminded that 103 confirmed cases of which 50 died had been reported by Middle East countries to the WHO between April 2012 and 2 September 2013. He underlined that, although the virus had been identified in humans only, the source being animal origin at this moment is not determined. He highlighted that neither the exposure source to the MERS-CoV for human community acquired cases, nor possible animal reservoirs had been identified. He finally opened the floor for discussion regarding the role of Veterinary Authorities (VA) in the region, with the activities that had already been achieved in countries that had human cases and to discuss possible design of strategy and actions that could be implemented in the near future by VA of the Region in order to find out the source of infection of Humans.
257. He also informed the Regional Commission that the OIE had developed a special Question and Answer document on MERS- CoV available on the OIE website and that the Delegates were welcome to use this fact sheet as a reference document (<http://www.oie.int/en/for-the-media/press-releases/detail/article/questions-and-answers-mers-coronavirus-cov/>).

Discussions

258. Dr Salah Fadhil Abbas, Delegate of Iraq and Chairperson of the session, thanked Dr Ben Jebara for providing the Regional Commission with a relevant summary of the animal health situation in the Middle East. He opened the floor for discussion.
259. The Delegate of Saudi Arabia and Vice-President of the Regional Commission for the Middle East, Dr Abdulghaniy Y. Alfadhl, commented on the current situation related to MERS-CoV in the Middle East. He informed the Regional Commission that Saudi Arabia was currently waiting for the outcomes of an expert mission comprised of experts from FAO, OIE, and WHO that took place in his country. He hoped that this mission would provide guidance for a better understanding of the situation.
260. The representative of Palestinian Autonomous Territories (PAT), Dr Imad Mukarker, explained that indeed Brucellosis represented a huge problem in the Region. He particularly raised concerns regarding the epidemiology of the disease in camels and urged for more research to be done including on vaccination.
261. Regarding the current situation with coronavirus, he highlighted that a joint research project with the Netherlands provided indications that a large proportion of camels studied would be infected with a coronavirus similar to MERS-CoV. However, he stressed on the need to better investigate this situation in order to clearly understand the potential implication of camels in the human disease.
262. Dr Bernard Vallat, OIE Director General, warned the Delegates of the Commission to be vigilant with coronavirus related scientific papers that may be published prematurely by external scientists and not taking in consideration the complexity of MERS-CoV situation.
- .
263. Regarding brucellosis in camels, Dr Vallat reassured the Regional Commission that the OIE was taking seriously the concerns of the Region and that the Organisation would reactivate the relevant ad hoc Group.
264. The representative from PAT shared his experience regarding LSD and PPR vaccination with the Regional Commission. He also provided an example of the application of the One Health concept by explaining that a joint Zoonotic Committee comprised of the Ministry of Health and the Veterinary Authority representatives has been established in the Palestinian Autonomous Territories. Reports from the Committee are provided on a regular basis to the OIE. The representative of PAT suggested that all the Delegates from the region consider the establishment of such a Committee.
265. Prof. Hassan Aidaros highlighted the importance of ensuring a proper vaccination against brucellosis in cattle and especially the importance to cover both *B. melitensis* and *B. abortus*. The importance of vaccination in goat and sheep has also been referred to.
266. The Delegate of Oman, Dr Al-Sahmi, asked for clarification regarding the requirements for notification of MERS-CoV to the OIE.
267. The Delegate of Bahrain commented on the increased trade of animals leading to a greater possibility for transboundary diseases, and especially FMD and tuberculosis, to spread. Regarding vaccination strategies to be used in relation to trade, he raised his concerns regarding the cost related to the vaccination of animals before exporting them and he wondered if exporting for slaughter, without vaccinating, could be acceptable.

268. In response to Delegates concerns, Dr Karim Ben Jebara provided clarifications as follows:

- As the animal source of human infection with MERS-CoV is not yet proven, the Member Countries were not required to notify the disease. Should the animal source be proven, Member Countries would have to notify it as an emerging disease.
- Member Countries have not only to notify their sanitary situation to the OIE but also, they have to follow the *Codes* when it comes to the establishment of import requirements, even when exporting countries are infected. There are provisions in the *Codes* for safe commodities, no matter the sanitary status of the country.

Establishment of a camel disease control network in the Middle East

269. Prof. Vincenzo Caporale presented the “establishment of a camel disease control network in the Middle East”, the results and recommendations of the OIE ad hoc Group on diseases of Camelidae convened in 2008 and 2010 as well the Workshop organized in Italy in 2011 with laboratories of North Africa and Middle East working on disease of dromedary camels.

270. He highlighted the main outcomes as follows:

1. The OIE- ad hoc Groups on Camelidae diseases should continue to operate to:
 - Identify the Old and New World Camelidae true priority diseases for which validation of diagnostic assays in relation to both disease control and trade and their product;
 - Review the disease-specific chapters of the ***OIE-Manual of Diagnostic Tests and Vaccines for Terrestrial Animals*** for the diseases that concern Camelids in view of adding, if necessary, specific requirements for diagnostic assays and vaccine production, and propose an outline for these revisions and a timetable to draft them;
 - Assess research need in relation to the epidemiology, diagnosis and control of camels' diseases worldwide.
2. The OIE should promote the implementation of an informal network of camel diseases national experts and a network of camel diseases national laboratories designated by CVOs from interested Member Countries.
3. The OIE-Middle East regional and the OIE-North Africa sub-regional representations should organize jointly meetings:
 - To validate the preceding AHG and workshop, in particular in relation to which diseases have to be considered as true priorities for veterinary services;
 - To identify which diseases of camels should be taken into account by the ***Oie-Terrestrial Animal Health Code*** and in the ***Manual of Diagnostic Tests and Vaccines for Terrestrial Animals***;
 - To report on camels health situation and organize surveys to quantify priority diseases occurrence;
 - To prepare a road map for priority actions ;
 - To act as a steering committee for implement of actions.
4. OIE-Reference Centres should be invited to collaborate with the national laboratories in relation to diagnostic procedures and reagents as well as vaccine protocols validation for camel priority diseases also through the activation of OIE-twinning projects.
5. The OIE should invite the Mediterranean veterinary school network and the OIE Reference Centres to organize undergraduate as well as graduate and in service training on infectious diseases of camels, diagnosis and management.

Discussions

271. Dr Munther Al-Refai, Chairperson of the Conference, thanked Prof. Caporale for the comprehensive presentation and opened the floor for discussion.
272. Dr Salman Abdnabi Ebrahim, Delegate for Bahrain, congratulated the speaker for the presentation. He then explained that, even if indeed research was needed in order better understand the camel diseases, there was already a good expertise in the Middle East. He reminded the Regional Commission the existence of two important centres, in United Arab Emirates and Morocco, working on camel diseases. These well-known centres represent an important source of expertise for the Middle East.
273. He also asked clarification regarding if Glanders was or not considered as a camel disease.
274. In response to the comments of the Delegate of Bahrain, Prof. Caporale reiterated that his presentation was based on the outcomes of the OIE ad hoc Group on Camelidae Diseases and was not necessarily representing his vision. He recognised that the Middle East region had a lot of expertise, but that this expertise had to be put together in order to get a clear picture and avoid that conflicting information circulate. Camel diseases experts of Morocco and United Arab Emirates are members of the OIE ad hoc Group on camel diseases since its creation. He confirmed that Glanders was not considered as a frequent disease in camels. However, he indicated that camels could be affected by the disease.

FMD and PPR control programme in the Middle East and North Africa (MENA) Region

275. Dr Joseph Domenech, Advisor at the OIE Scientific and Technical Department, gave a presentation on the FMD and PPR control programme in the Middle East and North Africa (MENA) Region. He started by stating that foot and mouth disease (FMD) and peste des petits ruminants (PPR) were among the most important diseases in many regions in the world.
276. Dr Domenech explained that these diseases had considerable impacts on the rural economies of the affected regions, and especially on smallholders' income, international trade and food security.
277. He also explained that prevention and control strategies and tools used to fight these two diseases were well known and effective but their implementation in certain countries posed multiple problems. He then added that these tools were based notably on surveillance and diagnosis systems, vaccination and animal movement controls.
278. Dr Domenech commented that in addition to the OIE information system WAHIS/WAHID, the FAO-OIE epidemiological analysis platform GLEWS and the FAO-OIE Crisis Management Centre were important international tools. He emphasised that the strengthening of animal health services remained indispensable and that the PVS tools were to be used wherever necessary, along with the OIE Terrestrial Animal Health Code.
279. Regarding FMD, Dr Domenech stated that, since the 11th Conference of the OIE Regional Commission for the Middle East, held in Beirut in October 2011, the global situation was still worrying. Sixty-seven countries in the world are currently recognised as officially free (66 without vaccination and 1 with vaccination) and 10 have officially free zones (with or without vaccination). He indicated that, among the OIE's 178 Member Countries, 101 did not have FMD-free status and that, in the Middle East region, Cyprus was the only country with an officially recognised free status without vaccination, while Turkey had an officially free zone with vaccination. He stated that four countries in the world now had officially endorsed national control plans, three of which were North African countries.

280. Dr Domenech then added that, since the Second FAO-OIE Global Conference on FMD Control, held in Bangkok in June 2012, numerous activities had taken place in the MENA region, including the organisation of several meetings (Cairo, Beirut, Dubai, Baku), which had allowed an assessment to be made of the FMD situation and the progress made with control programmes. A particular emphasis has been placed on support for Member Countries with preparing national strategies and project proposals to be submitted to national governments and their development partners.
281. He pointed out that the activities of the FAO-OIE GF-TADs Working Group on FMD were on-going and that several meetings had been planned for 2014. He also said that the OIE ad hoc Group on the Evaluation of FMD Status of Member Countries and the Scientific Commission for Animal Diseases continued their work in this field and that their workload was constantly increasing.
282. Regarding PPR, Dr Domenech informed participants that, the general situation was not improving. He considered that the number of infected countries had increased and that the Middle East region was widely infected. However, he noted that the situation in North Africa had been improving in the past two years and the control programme results in the Maghreb were very positive.
283. He then stated that a Global Control Strategy for PPR was being designed by the GF-TADs Working Group. He indicated that the process would correspond to what had been done during the preparation of the FMD Global Control Strategy, with the participation of experts from key countries and regions, specialised organisations, regional and international organisations as well as representatives of the private sector and other bodies or structures involved in this field.
284. Dr Domenech remarked that on-going experiences in various countries and regions would also be used, as well as the results of the Bill & Melinda Gates Foundation funded programme implemented by the OIE in West Africa. Specific tools to support the strategy are also being prepared as well as an international conference to be held by the end of 2014.
285. Dr Domenech concluded by commenting that an important step to accompany Member Countries in their fight against PPR had been achieved through the adoption, during the OIE General Assembly in May 2013, of a series of articles for the OIE *Terrestrial Animal Health Code*. An official country or zonal free status has been created and provision has been made for the official endorsement of national control plans. Other important activities are being carried out, such as the establishment of an international research and expertise network on PPR, which will be modelled on the Network of expertise on animal influenza (OFFLU OIE-FAO).

Presentations by International and Regional Organisations

African Union – Interafrican Bureau for Animal Resources (AU-IBAR)

286. Prof. Ahmed El-Sawalhy, Director of the AU-IBAR, started his presentation explaining that IBAR was the specialized agency of the African Union mandated to support and coordinate the development and utilization of animal resources in the continent. He also said that IBAR was developing the next four-year strategic plan along with a long-term livestock development strategy and a continental programme aiming at strengthening the resilience of livestock-dependent populations.

287. Prof. El-Sawalhy highlighted that support was provided to member countries to prevent and control priority TADs and zoonoses. This includes development of disease control strategies, allocation of resources and implementation of projects and programmes to produce quality vaccines, immunization of livestock populations and strengthening surveillance, diagnostic and health information systems. Capacities of RECs to coordinate and harmonise regional strategies, animal health and certification procedures are also enhanced so is veterinary governance in Africa.
288. He concluded mentioning that AU-IBAR was also promoting a greater participation of African States in health standards settings, the adoption of common positions and increase of compliance with SPS regulations. Through SOLICEP and PAFLEC, AU-IBAR has enhanced livestock market infrastructures, health certification and fostered dialogue between exporting countries and livestock trading partners in the Middle East. This helped build trust and increased access to markets.

Arab Organisation for Agricultural Development (AOAD)

289. Dr Zakaria Elkanawati, Head of the AOAD Middle Office, briefly introduced the AOAD scope of work.
290. He commented that AOAD targeted agricultural development through:
- National and regional studies;
 - Pilot and field projects;
 - Capacity building of human resources;
 - Technical assistance;
 - Conferences, symposia and workshops;
 - Cooperation and coordination with regional and international organizations and institutions.
291. He then informed on the Arab Bureau for Animal Health established in 2009 within AOAD's Organizational structure as a specialized entity in Animal Health. It extends its services to all Arab league member States and its mandate is to assist Arab countries in building their capacities to develop programmes and set priorities in areas Animal Health and animal disease control as well as to coordinate intra-Arab trade policies and regulations in live animals and animal products.
292. He concluded by detailing some of the activities carried out by the AOAD such as training and Capacity Building.

Discussions

293. Dr Salman Abdnabi Ebrahim, Delegate of Bahrain, questioned AOAD regarding the cooperation agreement signed with the OIE years ago. He considered that the cooperation of AOAD with OIE was not optimal and that there was a lack of participation from AOAD in the different OIE activities.
294. Dr Salman Abdnabi also commented on the financial allocation for livestock which he considered was not sufficient. He underlined the fact that several programmes to be implemented by AOAD were not yet completed.
295. Dr Salman Abdnabi urged AOAD to reactivate the cooperation with OIE and thus the participation of the organisation in OIE activities and to pursue livestock activities considering that an increased allocation of funds for livestock sector was necessary.

296. Dr Zakaria Elkanawati thanked the Delegate of Bahrain for its comments and pointed out that several programmes regarding livestock sector were currently on-going. He highlighted the activities related to transboundary animal diseases as well as pilot laboratory project. However, Dr Elkanawati explained that AOAD was facing some difficulties and challenges that impeded his organization to participate in OIE activities.
297. He confirmed the Delegate of Bahrain that all issues raised would be taken into consideration and that AOAD would be more present as of now in OIE activities.

International Federation of Animal Health (IFAH)

298. Dr Jac Bergman, Representative of IFHA, briefly commented on the activities of the organisation. He underlined that IFAH was the global representative body of companies engaged in research, development, manufacturing and commercialisation of animal health products.
299. Dr Bergman explained that IFAH had two types of members:
1. Corporate members, all top ten global animal health companies are member of IFAH; and
 2. National Associations of over 25 countries are member of IFAH.
300. He also mentioned that among the objectives of the organisation there were:
- ✓ To achieve a balanced regulatory and trade framework that fosters innovation while recognising the social and political environment;
 - ✓ To encourage constructive dialogue with governments, public policy makers, legislators, regulators, the veterinary profession, the food chain, consumers and other stakeholders;
 - ✓ To ensure that the contribution of the animal health industry to health and quality of animal and human life through the advancement of sound science is understood by society at large.
301. He concluded by commenting that IFAH international dialogue partners included OIE, FAO, WHO, WVA, *Codex Alimentarius*, VICH, and GALVmed.

World Society for Animal Protection (WSPA)

302. Dr Joe Anzuino, representative of WSPA, gave a brief overview of the work of the World Society for the Protection of Animals (WSPA) and, in particular, regarding its collaboration and continuing support for the development, and implementation, of the OIE animal health and welfare standards.
303. He commented on the four main project areas of WSPA and provided updates on current campaigns and developments. He also commented on the global and regional work of WSPA underlining the fact that the organisation expected to expand its current activities in the Middle East Region.
304. He also discussed on the importance of animal welfare education and the updated training package now available, as well as the rapidly expanding online resources that can be accessed.
305. Dr Anzuino concluded by mentioning that the veterinary profession plays a core and increasingly important and cross-cutting role in animal welfare. WSPA plans to increase the support it provides to the global veterinary profession. This will complement its existing relationship with the OIE. He then explained the key areas of this global veterinary engagement strategy.

Date, venue and technical item with questionnaire for the 13th Conference of the OIE Regional Commission for the Middle East

306. Dr Vallat explained that, as is customary, one of the technical items will include responses by Members of the OIE Regional Commission for the Middle East to a questionnaire to be prepared on a specific item. This item will be decided at the next meeting of the OIE Regional Commission for the Middle East to take place during the OIE General Session in May 2014. The other item will be on a topical issue to be proposed by the Regional Commission and approved by the same at the OIE General Session preceding the Conference, that is to say in May 2015.
307. Dr Ghazi Yehia, OIE Regional Representative for the Middle East, asked for proposal of country for hosting the 13th Conference of the OIE Regional Commission for the Middle East.
308. The Delegate of Oman expressed his honour to propose his country as host of the next Conference, to be held in September 2015. The precise dates will be defined at the next meeting of the Regional Commission at the OIE General Session in May 2014.
309. The proposal of Oman was applauded and adopted unanimously.

Discussions of Recommendations 1 and 2

310. Dr Vallat reminded the Delegates that the recommendations adopted at the Conference will be presented for endorsement by the next World Assembly of Delegates in May 2014, making it binding on the OIE to implement these recommendations.
311. Draft Recommendations 1 and 2 on the Conference of two technical items were presented to the participants and put forward for discussion. Some amendments were proposed to both draft recommendations, which will be corrected immediately and presented for final adoption at the Thursday session.

Wednesday 25 September 2013

Professional and guided cultural visit

312. The Government of Jordan organised a professional and cultural visit.
313. Participants found the visit to be of great interest. Sincere thanks to the organisers for their kind hospitality were presented.

Thursday 26 September 2013

Activities of the OIE Regional Representation for the Middle East

314. Dr Ghazi Yehia, OIE Regional Representative for the Middle East, presented the activities of the OIE Regional Representation, highlighting that the aim during the period 2012–2014 was to strengthen the capacities of Veterinary Services to control and manage animal diseases, notably transboundary animal diseases.

315. He explained that the Regional Representation was also involved in supporting the Members of the Region in harmonising regulations for the regional trade of animal and animal products, improving the animal disease information system, strengthening collaboration with regional and international organisations, holding conferences and seminars that would help to target specific issues related to animal health and public health, promoting the establishment of a network of regional Reference Laboratories and coordinating their activities. Collaboration is also reinforced with other organisations, especially FAO, WHO and AU-IBAR.
316. Dr Yehia stated that 2012-2013 had seen greater involvement of Member Countries in the activities of the Regional Representation. The Bureau of the Regional Commission had shown particular interest in finding funding support from potential regional donors so to implement several projects, mainly:
- The FMD control and eradication plan, which is in progress in the region with an intermediate goal to apply for OIE endorsement of official control programmes for FMD before 2017; and
 - Other projects covering surveillance and control of major animal diseases in the region, namely Rift Valley fever, brucellosis, PPR, lumpy skin disease and equine and camel diseases, have been included in the activities of the Regional Representation for this year and the years to come.
317. Lastly, Dr Yehia stated that the Regional Representation would continue to work towards strengthening the technical capacities, legislation and overall good governance of the Veterinary Services of Member Countries. It will continue to support and assist Delegates and also the Focal Points in their different fields of activities.

**Presentation from the Istituto Zooprofilattico Sperimentale Della Sicilia “A. Mirri”:
an Experience of Collaboration**

318. Dr Rossella Lelli accompanied by Dr Gesualdo Vesco, both from the Istituto Zooprofilattico Sperimentale (IZS) of Sicilia, briefly presented the work done by their organisation.
319. They informed that, the ten (10) Istituti Zooprofilattici Sperimentali established in Italy represented a network distributed along the Italian territory. This network is the instrument of the Italian Ministry of Health with regard to animal health, animal welfare and food safety. Each Institute have been recognised by the Ministry of Health as a National Reference Centre.
320. In Sicilia Region, the Ministry of Health has designed by law the:
- National Reference Centre for Leishmania
 - National Reference Centre for Tick borne diseases
 - National Reference Centre for Anisakis
 - National Reference Centre for Toxoplasma
321. They also referred to an agreement recently signed by the Lebanese Ministry of Agriculture and the Italian Ministry of Health, under which, the IZS of Sicilia trained Dr Maysa Dabaja from the University of Beirut, Lebanon.
322. They concluded by informing that the IZS of Sicilia was collaborating in a project, financed by the Italian Ministry of Health, to study the epidemiology of Q Fever in Lebanon.

Adoption of the draft Final Report and Recommendations

323. Dr Bernard Vallat explained the procedures for adopting the report and recommendations of the Conference. Delegates could submit comments or suggestions for consideration during the Conference itself. Further comments on the report received at the OIE Headquarters by 15 October 2013 would also be taken into consideration. However, the recommendations had to be adopted during the current session and could not be changed subsequently.
324. The report was unanimously adopted without comments.
325. The two draft recommendations were also adopted, with minor amendments taking into account participants' suggestions and discussions.

Closing ceremony

326. On behalf of the Bureau of the OIE Regional Commission for the Middle East, the OIE Headquarters and the Conference participants, Dr Kassem Al-Qahtani, President of the OIE Regional Commission for the Middle East, read the traditional motion of thanks dedicated to the host country.
327. Dr Munther Al-Refai, OIE Delegate of Jordan, thanked all the participants, the speakers and the OIE secretariat for the productive Conference.
328. Dr Vallat thanked the Conference organisers for the perfect organisation, warm welcome and hospitality, including the cultural visit appreciated by all participants. He also thanked the Delegates for their constructive contribution to the discussions.
329. He concluded by thanking the Conference secretariat and staff from OIE Headquarters and the regional office for their active and valuable participation. He invited all participants to attend the next Conference of the Regional Commission.
330. Dr Munther Al-Refai, OIE Delegate of Jordan, declared the Conference officially ended at 11.30 a.m.

Speeches pronounced during the opening ceremony

**Speech by Dr Munther Al-Refai, OIE Delegate of Jordan,
at the occasion of the 12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan – 23-26 September 2013**

Your Highnesses Princess Alia bint Al Hussein,
Princess Haya bint Al Hussein,
Princess Sumaya bint El Hassan,
Princess Iman bint Al Hussein,
Director General of the OIE, Dr Bernard Vallat,
President of the OIE, Dr Karin Schwabenbauer,
Minister of Agriculture of Lebanon, Dr Hussien Al Haj,
Minister of Agriculture of Jordan, Dr Akef Al Zoubi,
OIE Regional Representative for the Middle East, Dr Ghazi Yehia,
President of OIE Regional Commission for the Middle East, Dr Kassem Al-Qahtani,
Participants and Guests,

It is our great pleasure and honour to hold such a conference in our country Jordan, we are proud to be fully committed to the advancement of the ministry of Agriculture of Jordan represented by the veterinary services in Jordan and to the Activities of the World Organization for Animal Health and to adhering to the recommendations issued by the organizations as scientific and technical references for applied international standards in the area of controlling epidemic animal diseases.

Our organization deals with the consignment of live animals and imported as well as exported animal products in accordance with the *Codes* of OIE to prevent the transmission of animal diseases in order to protect public health and animal health. We also deal with diseased cases in a scientific, transparent and committed way through organizing reports on a regular basis as we carry out all the procedures required for the success of projects undertaken by the OIE for the eradication of some diseases in the region, such as FMD.

We also continue to strive to implement the strategies for the improvement of animal welfare, side by side with the special regulations for animal welfare that we have, which includes instructions that emphasize the application of animal welfare standards. In addition we collaborated with the OIE and discussed the upcoming Workshop for improving animal welfare programme which is to be held in Jordan next year.

Finally, we thank Princess Alia for supporting this conference and we wish all of you success in achieving all your goals and ourselves in achieving our main goal which is (One World One Health). Also, I would like to thank all our staff in the ministry of agriculture, at the top the minister of agriculture Dr Akef Al Zoubi and the secretary general of the minister Dr Radi Al Tarawneh for contributing to the success of this conference. In addition, I would like to thank our partners from the private sector specially JOVAC, Hejazi and Ghosheh company, national company for poultry, Nabil for food industries, Alana and PREMIUM and we hope you all have an enjoyable and pleasant stay in Jordan. God bless Jordan.

**Speech by Dr Kassem Al-Qahtani, President of the OIE Regional Commission for the Middle East and Delegate of Qatar,
at the occasion of the 12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan – 23-26 September 2013**

Royal Highness, sponsor of the conference,
Royal Highnesses,
His Excellency the Jordanian Minister of Agriculture, Dr Akef Al Zoubi,
His Excellency the Lebanese Minister of Agriculture, Dr Hussein Hajj Hassan,
Her Excellency President of the World Organization for Animal Health (OIE),
His Excellency the Director General of the World Organization for Animal Health (OIE),
Representatives of Countries and Representatives of Regional and International Organizations,
Distinguished Guests, Colleagues,
Ladies and Gentlemen,

I would like to extend my sincerest gratitude and appreciation to the Hashemite Kingdom of Jordan for its kind invitation to host the regional conference of the World Organization for Animal Health (OIE) in the Middle East in the current session. Our special appreciation goes to the Minister of Agriculture Dr Akef Alzubi.

Ladies and Gentlemen,

I am pleased to welcome you on behalf of the OIE Regional Commission for the Middle East in its twelfth meeting held in Amman between twenty and twenty-sixth of September 2013.

Our previous experiments confirmed that the cooperation between nations and the relevant international organizations is the fittest and the best means for controlling diseases and reducing their spread.

As we know the nature and spread of the epidemic animal disease spread, especially those trans-boundary diseases, do not allow any country, regardless its capacities, to control these diseases on an individual basis. Accordingly, the regional cooperation and international coordination are crucial and critical for the control and eradication of animal diseases.

The organisation of this regional conference is a real opportunity to study the developments related to the epidemiological situation of animal diseases in the Middle East. Many important topics will be discussed during this conference by a group of international scientists and intellectuals.

The important Agenda content of this meeting will allow the delegates to debate and express their opinions in order to reach solutions to the most important problems facing the livestock in the region. This meeting also represents an opportunity to the Regional Commission to discuss technical items that will serve as a basis to adopt a number of recommendations to be discussed in the final report draft of the conference during the plenary session on Thursday, the twenty-sixth of September.

In conclusion, I would like to extend my sincere thanks to His Excellency Dr Akef Al Zoubi for hosting the twelfth meeting of the OIE Regional Commission for the Middle East. I would also like to thank the president of the organization and its Director General and staff, and to Dr Ghazi Yehia, the OIE Regional Representative for the Middle East and all of his staff; and to His Excellency Dr Munther Al-Refai and members of the Regional Commission for their hospitality, for preparing and providing all means of success for this important conference.

We wish all of you a successful conference.

**Speech by Dr Karin Schwabenbauer, President of the OIE and Delegate of Germany,
at the occasion of the 12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan – 23-26 September 2013**

Her Royal Highness Princess Alia,
Her Royal Highness Princess Sumaya,
Honourable Minister of Agriculture of Jordan,
Honourable Minister of Agriculture of Lebanon,
Dear Delegate of Jordan, Dr Munther Al-Refai,
Dear President of the OIE Regional Commission for the Middle East, Dr Al-Qahtani,
Dear Members of the Bureau of the OIE Regional Commission for the Middle East,
Dear Director-General, Dr Bernard Vallat,
Dear Delegates,
Honourable Representatives of the International and Regional Organisations,
Distinguished Guests, Dear Friends,

It is a great pleasure for me to be here in Amman with you in this very particular part of the world situated at the cross-roads of Europe, Africa and Asia!

Today, the regional conferences and the work of the Regional Commissions are of major importance. This is where veterinarians from countries across the region meet on a regular basis and where they can get to know each other better and jointly work towards solving problems. In the age of globalisation, climate change and in light of the financial crisis with all the insecurities it entails, this is of particular importance. On top of these global challenges, this particular region is facing since quite a time now very specific problems linked to political unrests. Our thoughts are with those who have lost their beloveds and their home!

The mission of our World Organisation for Animal Health has been significantly broadened since its foundation: in addition to animal health in the strict sense of the term, it now also covers animal welfare and food safety at the level of primary production. What is more, the Organisation has been working to promote veterinary services across the world for some years now. The PVS is an instrument that facilitates a (self-) assessment of veterinary services. In times of crises it is of utmost importance not to forget the support to Veterinary Services by the international community –and who else than our Organisation is in a position to advocate for this?

The Organisation is now also focusing on veterinary legislation and more recently on veterinary education and training. We will hear more on the latter in the presentation of the Technical Item I and a specific talk on education in this region.

This year's topics will once again provide a good platform to exchange expertise. Both Technical Items - "Education and One Health" and "Halal Slaughter" have important implications for the Veterinary Profession and the Society as such. Movement of competition horses, Lumpy Skin disease spreading in the region, honey bee diseases, FMD and PPR control programmes, Camel diseases are all important topics for the region and beyond.

I'm convinced that this choice of themes will promote good and fruitful discussions! And I'm looking forward to learning more on these topics!

Allow me to say as the elected President of the World Assembly few words on the future of our Organisation. We will soon start the discussion on the next Strategic Plan. It is a good tradition in our Organisation that the regions participate in this discussion, bringing up through their representatives in the Council – for this Region it is our colleague Dr Ali Abdullah Al-Sahmi from Oman – their views. In my opinion, the upcoming Strategic Plan should aim at consolidating the OIE, to make sure that we will be able to face the challenges ahead, based on sufficient resources! This means also that we have to convince our political masters of the importance of our work for the society. WE know how important we are, but unfortunately the outside world is not always convinced that we are responsible for a global public good!

Therefore I would like to invite you to consider the following points:

Further modernisation of the Organisation;
Ensuring transparency of information and procedures;
Solidarity among the regions and the countries; and
Promotion of the diversity in our Organisation, including the more active participation of women.

I'm convinced that we are on the right way. And the Council has already undertaken some steps in this direction. The Bureau, especially the DG, are very supportive in this process.

With respect to the promotion of women in our Organisation –this is a topic that is very close to my heart, as you know–, I started an initiative during the Regional Conference in Europe, inviting all female participants in the conference for a cocktail. I would like to do this in each Regional Conference. It was therefore repeated in the Regional Conferences in the Americas and in Africa. And I am very happy that we will meet as well during this Conference tonight at 6 p.m. just after the meeting.

The aim of this special meeting is to give the women participating in this Conference a chance to get to know each other better and to discuss ways to step up involvement in our organisation. I hope for a good turn-out and support from the delegations.

I would now like to wish us all a productive conference, with many interesting discussions and plenty of new findings. But let us also enjoy the more informal part of the conference; I hope that you will find the time to talk to colleagues who you do not see that often. And please don't forget to enjoy the scenic beauty of this place rich of history and culture!

**Speech by Dr Bernard Vallat, Director General of the World Organisation for Animal Health
(OIE)
at the occasion of the 12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan – 23-26 September 2013**

Her Royal Highness Princess Alia bint Al-Hussein,
Her Royal Highness Princess Sumaya bint El Hassan,
Honourable Minister of Agriculture of Jordan,
Honourable Minister of Agriculture of Lebanon,
Honourable General Secretary of the Ministry of Agriculture of Jordan
Delegate of Jordan to the OIE,
President of the OIE,
President of the OIE Regional Commission for the Middle East,
Members of the Bureau of the OIE Regional Commission for the Middle East,
Delegates of Member Countries of the Middle East,
Representatives of International and Regional and National Organisations,
OIE Regional Representative for the Middle East,
Distinguished guests,

It is an honour and a privilege for me to welcome you all, as OIE Director General, to the 12th Conference of the OIE Regional Commission for the Middle East.

I would like to express my gratefulness and the gratitude of the Members of the OIE Regional Commission for the Middle East and indeed all Members Countries of the World Organisation for Animal Health, to His Majesty the King of Jordan for having honoured our Organisation with all his support and encouragement for this important event.

I express my gratitude to Her Royal Highnesses Princess Alia bint Al-Hussein and Princess Sumaya, who are also with us and whose commitment in the promotion of animal welfare including horses is testified all around the world.

I wish also to express my best regards to her Royal Highness Princess Haya of Jordan, OIE Goodwill Ambassador and President of the International Equestrian Federation (FEI), for her commitment to strengthening animal health and welfare throughout the world.

Finally, I would like to thank the Royal family and the Government of Jordan for offering to host this important Conference, and for the warm welcome we have received since our arrival in this beautiful country. In particular, I would like to express my gratitude to Dr Akef Al Zoubi, Minister of Agriculture of Jordan, to Dr Munther Al-Refai, Delegate of Jordan to the OIE, to our colleagues from the Veterinary Bureau of Jordan, to the OIE staff, to our Regional Representation for all the efforts made in preparing this event and to the Member Countries and sponsors that have provided support for the Conference.

The need to fight animal diseases at a global level led to the creation of the OIE on 25 January 1924 many years before the United Nations. Ever since, the OIE efforts have been concentrated on helping countries to prevent and to control animal diseases, by ensuring transparency of the animal disease situation at global level, by disseminating scientific disease control methods, and by encouraging international solidarity. Our Organisation has also played a key role in its capacity as the sole international reference organisation for animal health, enjoying established international recognition and benefiting from direct collaboration with the Veterinary Services of all its Member Countries. As a sign of the close relationship between animal health and animal welfare, the OIE has also become, at the request of its Member Countries, the leading international organisation for animal welfare.

In the modern-day context, our world is under permanent threat from natural or intentional biological disasters. An unprecedented increase in the movement of people and commodities worldwide, increasing interactions of humans with the environment, deforestation, climate

change, urbanisation, the need of more animal production in response to growing global demands for proteins of animal origin such as milk, eggs and meat, and the international trade in exotic pets are just some of the factors that have provided greater opportunity for transmission of pathogens between animal species and between animals and humans.

Animal diseases continue to restrict the availability of affordable and safe food and can impact adversely on food security, a key component of public health and social stability.

Animal pathogens can travel with amazing speed and do not respect national borders.

Over 60% of human pathogens originate from animals: influenza virus H5N1, anthrax, leptospirosis and rabies virus, to name just a few examples. It is why Veterinary Services are on the front line to protect public health.

Faced with these challenges, existing global, regional and national health and environmental policies must be reconsidered, and new tools as well as new ways of cooperation and synergies between stakeholders and governments must be found. The Veterinary Services must be ready to deal with these changes. Thus, the OIE's core mandate, which is "the improvement of animal health, veterinary public health and animal welfare worldwide", must be supported by all Member Countries in this context.

Veterinary Services play an important role in stabilising society because they support a healthy and productive agricultural sector, which in return leads to a safe food supply. Weaknesses in the Veterinary Services of one country can threaten neighbouring countries, regions and, potentially, the whole international community. They also make a significant contribution worldwide to the protection of biodiversity and the environment.

Unfortunately today many national Veterinary Services remain weak due to years of underinvestment and non-appropriate governance. That is why the OIE is constantly reminding decision-makers that Veterinary Services are a Global Public Good and bringing them into line with international standards on quality and efficiency must therefore be considered a priority. Consequently, one of our commitments is to support the improvement of the legal framework and public and private resource allocations to national Veterinary Services around the world.

Global control of animal diseases is impossible without good governance of national Veterinary Services. Good governance includes appropriate legislation, appropriate veterinary education programmes, appropriate human and financial resources allocated to Veterinary and Livestock Services, and, finally, relevant public-private partnerships applicable to the entire veterinary domain.

The key tools available to us include international standards, such as those of the OIE for animal health adopted by 178 countries, the World Health Organization (WHO) International Health Regulations (IHR) for public health, as well as the *Codex Alimentarius* on food safety.

The OIE Global Programme for strengthening Veterinary Services, namely the OIE PVS Pathway evaluating the Performance of Veterinary Services, which is mainly based on the OIE PVS Tool for the evaluation of performance of Veterinary Services, has advanced significantly and is now well beyond the symbolic number of 120 OIE Members involved in the process, all on a voluntary basis. Thus, it is now of paramount importance for countries to take ownership of PVS Pathway outcomes at national, regional and global levels, as reflected in the reports of OIE PVS initial evaluation, follow-up, PVS Gap Analysis and Legislation missions.

As you already know, the OIE work programme is dictated by five-year strategic plans developed in collaboration with OIE Members and partners and adopted by the World Assembly of Delegates. We are currently half way through the Fifth Strategic Plan and the implementation of this plan is going well.

The support provided to our Regional Representation for the Middle East located in Beirut has a great impact on the development of OIE activities and the success of the Strategic Plan in the region. The Regional Representation thus needs your permanent political support in order to provide regionally adapted services to OIE Members so that they may be strengthened.

With regard to one of the OIE's objectives, namely ensuring safety of the world trade of live animals by developing and adopting standards relating to rules that Member Countries can use to protect themselves from the introduction of diseases and pathogens, without setting up unjustified sanitary barriers, I would like to mention the work our organisation is doing among other to facilitate the international movement of competition horses. A new OIE and FEI initiative is aimed at achieving recognition by Veterinary Services of a "sub-population" of high health, high performance horses (HHP).

In this regard, FEI and the OIE have embarked on a three-year plan in response to a growing demand from countries for help in improving the current approach to cross-border movement of top-level sport horses that present a lower disease risk.

As stated by Her Royal Highness Princess Haya of Jordan on the occasion of the 81st OIE General Session held in Paris in last May, "together, the OIE and FEI are creating a system to differentiate health requirements for the temporary movement of healthy sport horses, which are under a high degree of veterinary supervision, from those to be used for other types of horses".

Of course, those principles would also apply for horses used for international races, according to current discussions between the OIE and the International Federation of Horseracing Authorities (IFHA) and between FEI and IFHA too.

Global control of animal diseases requires strong alliances, starting at governmental agencies level: the OIE, the United Nations (represented mainly by the Food and Agriculture Organization [FAO] and WHO), the community of international donors supporting animal health programmes, such as the European Union and the World Bank, private sector, foundations such as Bill & Melinda Gates Foundation, regional organisations such as IBAR and all OIE Member Countries.

The recent episodes involving the Middle East respiratory syndrome coronavirus (MERS CoV) testify the work being done by OIE in close collaboration with its partner organisations, WHO and FAO, and national animal health authorities of affected countries to monitor investigations into a possible animal source of MERS CoV.

Ladies and Gentlemen, National Delegates to the OIE,

The particular interest of the technical items presented during this Conference namely the compliance between the OIE standards and halal animal slaughter methods, and the continuing veterinary education in the Middle-East, including for the so-called One Health approach, will undoubtedly contribute to the success of this important event for the region. The recommendations to be adopted by the Members of the Regional Commission and the draft Final Report of the Conference will be discussed during a plenary session and will then be presented to the OIE World Assembly of Delegates in Paris in May 2014 for endorsement.

I am sure that the results of your recommendations will be of great importance for the region and indeed for the OIE's 178 Member Countries.

To conclude, may I once again, on behalf of all participants, express my most sincere gratitude to His Majesty the King and to the Jordanian authorities for having invited us to Amman, and to all our veterinary colleagues in Jordan for the very warm welcome we have received.

I have every confidence that the Twelfth Conference of the OIE Regional Commission for the Middle East will be a resounding great success.

Thank you for your kind attention.

**Speech by Dr Akef Al Zoubi, Minister of Agriculture of Jordan,
at the occasion of the 12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan – 23-26 September 2013**

Her Royal Highness Princess Alia bint Al Hussein, Sponsor of the conference,
Her Royal Highness Princess Haya bint Al Hussein,
Her Royal Highness Princess Sumaya bint El Hassan,
His Excellency Dr Hussein Hajj Hassan, Minister of Agriculture of the Republic of Lebanon,
Dr Bernard Vallat, Director General of the World Organization for Animal Health,
Dr Karin Schwabenbauer, President of the World Organization for Animal Health,
Dr Kassem Al-Qahtani, President OIE Regional Commission for the Middle East,
Delegate Director General of the International Center for Agricultural Research in the Dry
Areas/ICARDA,
Director of the Office of the Food and Agriculture Organization of the United Nations in
Jordan/FAO,
Dr Ghazi Yahya, OIE Regional Representative for the Middle East,
Director of the Office of the Regional Centre on Agrarian Reform and Rural Development in Near
East/CARDNE,
Director of the Office of the Arab Organization for Agricultural Development,
Heads and members of the participating delegations,
Ladies and Gentlemen,

Beginning to welcome Her Royal Highness Princess Alia bint Al Hussein, sponsor of the conference, to take care of the 12th Congress of the Regional Committee of the World Organization for Animal Health (OIE), as welcome Royal Highness Princesses on their participation in the opening of the conference.

It is a pleasure, too, to welcome all of you in the Hashemite Kingdom of Jordan, which meets at home today, to collect the scientists and experts and senior management of international organizations to participate in this conference, which was chosen Amman for the meeting. I am happy to make special welcome His Excellency Dr Hussein Hajj Hassan, Minister of Agriculture in Lebanon, Dr Bernard Vallat, Director General of the World Organization for Animal Health, Dr Karen head of the World Organization for Animal Health, and wished them and all our guests a pleasant stay in Jordan and a success to achieve all your mission.

Her Royal Highness sponsor of the conference
His Excellency the Minister of Agriculture in Lebanon
His Excellency the President of the World Organization for Animal Health
His Excellency the Director General of the World Organization for Animal Health (OIE)
Ladies and Gentlemen,

Concerned with the World Organization for Animal Health OIE (ONE WORLD ONE HEALTH), and its membership includes 178 member countries, including Jordan, are permanent relations with 35 international and regional organizations, and is the Constitution of the Organization is the official reference and approved for veterinary services in the Member States. Where is the adoption and application of all standards of the World Organization for Animal Health (OIE) in matters relating to animal health to land animals, wildlife and aquatic life and bee diseases, as well as the foundations of import and export, and laboratory diagnostic methods.

In its quest for the performance of its functions based World Organization for Animal Health (OIE) to hold a number of conferences and workshops, and training courses of local, regional and international, on many topics concerning animal health and public health, to get to the reality of the world and one ... One's health, and to promote international trade, animal welfare, wildlife, and access recently on horse racing, and in particular facilitate the movement of passing around the world. Where an agreement of understanding was signed in this regard, the World Organization for Animal Health (OIE), the International Equestrian Federation on the tenth of July this year.

Jordan today is pleased to host the work of the Second Congress of the organization in the capital, Amman, and thank those in the organization of their decision to choose the Jordanian capital, the venue for the conference. That Jordan is an active member of the organization, and lasting cooperation with them in order to serve its relations with the Member States, and his fortune animal, especially as livestock represent a major component of the components of the agricultural sector as it contributes, including 55% of the value of agricultural output in the kingdom, where occupies the poultry sector ranked First of agricultural output, followed by cattle and sheep sector.

Jordan and embrace the representatives of the Ministry of Agriculture of the conference reflects the great interest in the role of the agricultural sector and livestock, at a time when interest also reflects the continued bilateral cooperation with the Organization to serve and protect humans and animals from many common diseases and cross-border.

This will be the official delegations from twenty-one countries participate in the conference, to discuss important topics within two axes scientists. Where the first axis includes access to the term "One Health" and to encourage the teaching of veterinary medicine in the Middle East and the application of the Constitution of the Organization mechanisms and discuss the emergence of some emerging diseases in the region.

The second deals with the best ways for halal slaughter and the importance of epidemiological investigation and the most important bee diseases and veterinary health situation of the countries of the Middle East and raise the efficiency of the performance of horses and discuss plans to control major animal diseases.

Before I conclude, I would like to remind led by the Hashemite Kingdom of Jordan in building active participation between the government and the private sector, and to acknowledge the significant role of the private sector in the development of the agricultural sector and the livestock sector specifically productive and marketing, and record of success stories are proud of them all. And here I would like to extend my thanks to the private sector on its financial and moral support for this conference representing the contributions of each of:

- Jordan Bio-industries Center (Geoffak)
- National Poultry Company
- Al- Hijazi and Ghosheh food
- Nabil Company for Food Industries

In conclusion newer thanks to Her Royal Highness sponsorship of the High Commissioner for this conference, and Royal Highness PRINCESSES on their participation us this opening ceremony. I assure sincere thanks and appreciation to the World Organization for Animal Health to be held this conference in Amman, capital of Jordan, I also thanks official delegations, guests, ladies and gentlemen for your attention. Also wishing participants a pleasant stay and for the Conference to reach its goals. hope our country the Hashemite Kingdom of Jordan, progress and prosperity and more success in the global posts on different fields, inspired by the will of its leader, His Majesty King Abdullah II Ibn Al Hussein, may God protect him

Thank you for your kind attention.

LIST OF PARTICIPANTS

MEMBER COUNTRIES

BAHRAIN

Dr Salman A. Nabi Alkuzaei
OIE Delegate
Asst. Undersecretary for Agriculture Affairs
Ministry of Municipal Affairs and Urban
Planning
P.O. Box 251
Manama
Tel.: +973 39 62 93 62
E-mail: skuzaei@hotmail.com

CYPRUS

Dr Christodoulos Pipis
Head of the Animal Health and Welfare
Division
Veterinary Services
Ministry of Agriculture
1417, Athalassa Lefkosia
Nicosia
Tel.: +357 22 80 52 49 / 50
+ 357 99 58 48 52
E-mail: hpipis@vs.moa.gov.cy
ccpipis@gmail.com

EGYPT

Dr Osama Slim
OIE Delegate
Vice President
OIE Regional Commission for the Middle
East
Chairman (CVO)
General Organization for Veterinary
Services
1 Nadei El Saed Dokki – Giza
Cairo
Tel.: +20 2 37 60 88 67
+ 20 11 18 00 82 92
E-mail: govs.egypt@gmail.com
amarzok3@gmail.com

IRAN

Dr Seyed Mostafa Azizian
Deputy For Animal Disease Diagnosis &
Treatment
IRAN Veterinary Organization
Vali-Asr Ave Seyed Jamaledin Asad Abadi
Street
P.O. Box 141556349
Tehran
Tel.: +98 21 88 95 34 00
E-mail: ivohead@ivo.org.ir
ivoquarantine@ivo.org.ir

IRAQ

Dr Salah Fadhil Abbas
OIE Delegate
Secretary General
OIE Regional Commission for the Middle
East
Director General
Veterinary Directorate
Ministry of Agriculture
Al Wazira
Baghdad
Tel.: +964 770 48 47 973
E-mail: iraq_vet2010@yahoo.com

JORDAN

Dr Munther Al-Refai
OIE Delegate
Assistant of Secretary General
Ministry of Agriculture
Amman
Tel.: +962 79 90 59 320
Fax: +962 6 412 0691
E-mail: monther.r@moa.gov.jo

Dr Sami Al-Edwan
Chief of Veterinary Services
Ministry of Agriculture
Amman
Tel.: +962 79 90 59 452
Fax: +962 6 41 20 691

Dr Hisham Al Maaitah
Director of Animal Wealth
Ministry of Agriculture
Amman
Tel.: +962 6 41 30 530
Fax: +962 6 41 30 533
E-mail: hmaaitah@yahoo.com

Dr Mahmoud Al Hanatleh
Head of Quarantine Division
Ministry of Agriculture
Amman
Tel.: +962 79 90 59 419

Dr Ekhlas Hailat
Head of Epidemiology Unit
Ministry of Agriculture
Amman
Tel.: +962 79 90 63 121
E-mail: ekhailat@yahoo.com

KUWAIT

Dr Abdul Rahman Al Kandari
Director of Animal Health
Animal Health Department
Public Authority of Agriculture Affairs &
Fish Resources
P.O. Box 21422
Safat 13075
Tel.: +965 22 25 39 80 / 66 56 50 69
E-mail: alkanderi00@hotmail.com

LEBANON

Dr Elias Ibrahim
Animal Resources Director
Ministry of Agriculture
Bir Hassan
Beirut
Tel.: +961 1 84 84 45 / 3 15 41 20
Fax: +961 1 84 84 45
E-mail: eibrahim@agriculture.gov.lb
Eliai1978@hotmail.com

LIBYA

Dr Monier Sharif
Administrative Member
National Center of Animal Health (NCAH)
Omar Al Mukhtar Str. Al Zawia
Tripoli
Tel.: +21 89 26 97 42 86
E-mail: m_sharif2000de@yahoo.com

OMAN

Dr Ali Abdullah Al-Sahmi
OIE Delegate
Asistant of the Director General for Animal
Wealth
Ministry of Agriculture and Fisheries
P.O. Box 467
100 Muscat
Tel.: +968 24 95 26 10 / 99 37 18 16
Fax: +968 24 49 44 65
E-mail: alsahmyali@hotmail.com

QATAR

Dr Kassem Al-Qahtani
OIE Delegate
President
OIE Regional Commission for the Middle
East
Consultant of Animal Resources
Ministry of Environment
P.O.Box 20380
Doha
Tel.: +974 55 85 65 15 / 16
E-mail: k-qahtani@hotmail.com

Dr Farhoud Al-Hajri
Director of Animal Resources
Ministry of Environment
P.O. Box 20380
Doha
Tel.: +974 66 67 66 99
Fax: +974 44 67 56 89
E-mail: buhadi143@hotmail.com

SAUDI ARABIA

Dr Abdulghaniy Y. Alfadhli
OIE Delegate
Vice President
OIE Regional Commission for the Middle
East
General Director of Animal and Plant
Quarantine
Ministry of Agriculture
P.O. Box 31787
Riyadh 11418
Tel.: +966 1 40 44 292 / 50 54 62 948
E-mail: alfadhlg@hotmail.com

Dr Mohamed Hamad Alblowi
General Director of Animal Resources
Animal Resources Department
Ministry of Agriculture
P.O. Box 31623
Riyadh 11418
Tel.: +966 54 37 78 080 / 50 56 62 064
E-mail: blewevet@gmail.com

Dr Mohamed Saif Aldaen
Director of Diagnostic Laboratories
Ministry of Agriculture
P.O. Box 31623
Riyadh 11418
Tel.: +966 11 409 2951 / 50 59 26 215
Fax : +966 11 422 7345
E-mail: drsaiif1000@gmail.com

SUDAN

Dr Khidir Mohammed Elfaki
OIE Delegate
Director General of Animal Health and
Epizootic Diseases Control
Ministry of Animal Resources and Fisheries
and Rangeland
P.O. Box 293
Khartoum
Tel.: +249 123 033 652 / 123 333 416
E-mail: khidirfaki59@hotmail.com
pacesud@yahoo.com

TURKEY

Mr Yener Sekercan
Veterinarian
General Directorate of Food and Control
Ministry of Food Agriculture and Livestock
Eskisehir Yolu 9 km Lodumlu
Ankara
Tel.: +90 530 20 47 019 / 90 312 25 87 530
E-mail: yener.sekercan@tarim.gov.tr
baytarenercan@hotmail.com

UAE

Eng Saif Alshara Alsamahi
OIE Delegate
Assistant Undersecretary for the
Agricultural Affairs and Animal Sector

Ministry of Environment and Water
P.O. Box 1509
Dubai
Tel.: +971 4 21 48 400 / 50 629 5050
E-mail: smalshara@moew.gov.ae

Dr Amer Saleh
Veterinarian
Epidemiology Specialist
Animal Health Division
Ministry of Environment and Water
P.O. Box 1509
Dubai
Tel.: +971 4 21 48 391 / 55 88 04 653
E-mail: aysaleh@moew.gov.ae

YEMEN

Dr Yaser AL-Eryani
OIE Delegate
Director General of Animal Health and
Veterinary Quarantine
Ministry of Agriculture and Irrigation
Bir Asshaif, zone 38 st. No. 8
P.O. Box 14837
Sana'a
Tel.: +967 1 56 19 15 / 77 74 20 194
E-mail: yasservet04@yahoo.com
yasservet04@gmail.com

OBSERVERS

ITALY

Dr Romano Marabelli
OIE Delegate
Head of the Department of Veterinary
Health, Food Safety and Scientific
Evaluation for Health Protection
Ministry of Health
Viale Giorgio Ribotta, 4 00144
Rome
Tel.: +39 (0) 659 946 945 / 335 606 46 20
E-mail: alimentivet@sanita.it
r.marabelli@sanita.it

PALESTINIAN AUTONOMOUS TERRITORIES

Dr Imad Mukarker
Chief Veterinary Officer
Ministry of Agriculture
P.O. Box 197
Ramallah
Tel. : +972 2 27 67 722 / 59 93 86 065
E-mail: drimad_s@yahoo.com
cvo.palvety@gmail.com

INTERNATIONAL AND REGIONAL ORGANISATIONS

AOAD

Dr Zakaria Elkanawati
Head of Middle East Regional Office
Arab Organization for Agricultural
Development
11 Al Eslah El Zerai St., Dokki, Cairo
EGYPT
Tel.: +20 11 21 43 99 67 / 2 33 36 57 98
E-mail: mro@aoad.org
info@aoad.org

AU-IBAR

Dr Ahmed El-Sawalhi
Director
African Union - IBAR
P.O. Box 30786 – 00100 Nairobi
KENYA
Tel.: + 254 71 088 88 10 / 20 36 74 212
E-mail: ahmed.elsawalhy@au-ibar.org
ahmedelsawalhy@yahoo.com

WHO

Dr Stephane de La Rocque
Global Capacity and Response
World Health Organisation (WHO)
20 Avenue Appia
1211 Geneva 27
SWITZERLAND
Tel.: +41 22 791 2924
Fax: +41 22 791 4667
E-mail: delarocques@who.int

WSPA

Dr Joe Anzuino
Veterinary Liaison Manager
5th Floor, 222 Gray's Inn Road,
London, WC1X 8HB
UNITED KINGDOM
Tel.: +44 (0) 207 239 0500 / 745 450 6564
E-mail: joeanzuino@wspa-international.org

IFAH

Dr Jac Bergman
Associate Director
Institutional Sales Department
Intervet International by
Wim de Korverstraat 35
5831 AN Boxmeer
P.O. Box 31
5830 AA Boxmeer
THE NETHERLANDS
Tel.: +31 (0) 485 58 7559
Fax: +31 (0) 485 58 7083
E-mail: jac.bergman@merck.com

OTHER ORGANISATIONS

Dr Karen Sliter
Regional Manager Europe/Africa/Middle
East
USDA-APHIS-International Services
Blvd Du Regent, 27; 1000 Brussels
BELGIUM
Tel. : +32 81 14 053 / 47 89 54 796
E-mail: karen.sliter@aphis.usda.gov
relindis.joosten@aphis.usda.gov

Dr Sharon Williams
APHIS Attache
USDA-APHIS-International Services
4700 River Road Riverdale, MD
UNITED STATE OF AMERICA
Tel. : +1 501 240 6005
+ 20 12 29 00 30 78
E-mail: sharon.williams@aphis.usda.gov
parwansharon@aol.com

Dr Mahmoud Orabi
Animal Health Specialist
USDA-APHIS
8 Kamal-Eldin Salah St., Garden City,
Cairo.
EGYPT
Tel. : + 20 12 78 23 934
E-mail: Mahmoud.S.Orabi@aphis.usda.gov

Dr Rossella Lelli
Scientific Director
Istituto Zooprofilattico Sperimentale Sicilia
Via Gino Marinuzzi 3
90129 Palermo
ITALY
Tel.: +39 366 58 60 734
E-mail: rossella.elli@izssicilia.it

Dr Gesualdo Vesco
Biologist
Istituto Zooprofilattico Sperimentale Sicilia
Via Gino Marinuzzi 3
90129 Palermo
ITALY
Tel.: +39 09 16 56 52 30
Fax: +39 09 16 56 52 33
E-mail: gesualdo.vesco@izssicilia.it

SPEAKERS OF TECHNICAL ITEMS I AND II

Dr Mac Donald Farnham
Assistant Professor
Ecosystem Health Initiative
College of Veterinary Medicine
University of Minnesota
1988 Fitch Ave no. 385
St Paul, MN 55108
UNITED STATE OF AMERICA
Tel.: +1 612 424 0335
E-mail: farn0032@umn.edu

Prof Hassan Aidaros
Animal Health Expert
5, mossadak st.
Cairo
EGYPT
Tel.: +20 12 22 185 166
E-mail: h.aidaros@oie.int
mevetc@yahoo.com

OTHER SPEAKERS

Dr Alberto Mancuso
Head of the International Projects
Department
Istituto Zooprofilattico Sperimentale
dell'Abruzzo e Molise "G. Caporale"
Campo Boario, 64100 Teramo
ITALY
Tel.: +39 33 55 47 46 55 / 34 88 95 57 92
E-mail: a.mancuso@izs.it
alberto.mancuso@gmail.com

Prof. Ahmad Al-Majali
Dean, Faculty of Veterinary Medicine
University of Science and Technology
P.O. Box 3030
Irbid 22110
JORDAN
Tel.: +962 2 720 1000 ext. 22038
+962 79 58 85 236
Fax: +962 2 720 1081
E-mail: almajali@just.edu.jo

Prof Vincenzo Caporale
President
OIE Biological Standard Commission
64100 Teramo
ITALY
Tel.: +39 348 79 78 711
E-mail: v.caporale@oie.int

Dr Nizar Haddad
Director
Bee Research Department
National Center for Agriculture Research
Extension
JORDAN
Tel.: +962 77 73 27 437
Fax: +962 6 537 25 16
E-mail: drnizarh@yahoo.com

Dr Federica Monaco
OIE Reference Laboratory for West Nile
Campo Barrio
64100 Teramo
ITALY
Tel./Fax: +39 0861 33251
E-mail: f.monaco@izs.it

OBSERVER

Dr Faissal Abed El Dayem
General Manager
Jordan Bio-Industries Center (Jovac)
JORDAN
Tel.: +962 6 523 2746 / 79 6158 986
Fax: +962 6 5232 210
E-mail: faisal@jobaccnter.com

Dr Ehab Abu-Basha
Dean and Secretary General of the Arab
Association of Veterinary Medical Faculties
Jordan University of Science and Technology
Professor of Pharmacology and Toxicology
Faculty of Veterinary Medicine
University of Science and Technology
P.O. Box 3030 Irbid 22110
JORDAN
Tel.: +962 79 93 99 128
E-mail: abubasha@just.edu.jo

Mr Hashim Al Awadhi
Head of Veterinary Section
Public Health Services Department
Dubai Municipality
P.O. Box 67, Dubai
UAE
Tel.: +971 4 289 1114 ext. 221
Fax: +971 4 289 1123
E-mail: hmawadhi@dm.gov.ae

Dr Saeed Al Shahrani
Veterinary Pharmacologist
Saudi Food & Drug Authority
Riyadh northin ring road
Riyadh
SAUDI ARABIA
Tel.: +966 59 64 87 422
E-mail: smsahrane@sFDA.gov.sa
smsahrane@yahoo.com

Mr Ahmad Hassan Ahmad Al Shammari
Head of Abattoir Section
Public Health Services Department
Dubai Municipality
P.O. Box 20060, Dubai
U.A.E
Tel. : +971 4 26 72 228 / 50 31 69 993
E-mail: ahshammari@dm.gov.ae
dxb.ae@hotmail.com

Dr Ali Humaid Alshamsi
Animal production safety manger
ADFCA
Alain - Zakher p.o : 24077
UAE
Tel.: +971 3 70 67 250 / 50 44 95 047
E-mail: humaid.alshamsi@adfca.ae

Mr Afzal Aziz
President
Allanasons Limited
Allana Centre
113/115 M G Road
A R J Allana Marg. Fort
Mumbai 400 001
INDIA
Tel.: +91 22 6656 9000 ext. 1280
+ 91 98 2023 1202
Fax: +91 22 2269 5700/01
Email: aaziz@allana.com

Dr Rudinah Batarseh
Head of International Relations
Food and Drug Administration
JORDAN
Tel.: +962 6 563 2000 / 7 950 38 271
Fax: +962 6 510 5916
E-mail: rudina.batarseh@ifda.jo

Dr Corrie Brown
Professor, University of Georgia
Visiting Professor at Jordan University of
Sciences and Technology
JORDAN
E-mail: corbrown@nga.edu

Mr David Elliott
Programme Manager
Biological Engagement Programme
Salisbury
UNITED KINGDOM
Tel.: +44 (0)1 98 06 19 446
Fax: +44 (0)1 98 06 13 311
E-mail: delliott@dsh.gov.uk

Dr Nabih Ghaouche
President
Lebanese Veterinary Association
Beirut
LEBANON
Tel.: +961 3 305 382
Fax: +961 1 871 590
E-mail: nghaouche@hotmail.com

Dr Nabil Hailat
Professor
Jordan University of Science and Technology
Amman
JORDAN
Tel.: +962 79 588 5219
E-mail: hailatn@just.edu.jo

Dr Zaidoun Hijazeen
Pathologist
Animal Wealth Laboratory Directorate
Ministry of Agriculture
Amman
JORDAN
Tel.: +962 79 77 81 667
Fax: +962 6 41 30 533
E-mail: kalanzi80@yahoo.com

Dr Jamal Khazaal
General Manager
Libanvet
Zahle Main Road
Rahab Square
LEBANON
Tel.: +961 71 58 00 50
Fax: +961 8 93 14 22
E-mail: libanvet1@gmail.com

Dr Jocelyn Paul Marcel Merot
Counsellor - Trade food operators support
FRANCEAGRIMER
12 rue Henri Rol-Tanguy 93555 Montreuil
Sous Bois
FRANCE
Tel. : +33 1 73 30 31 58 / 6 12 49 33 18
E-mail: jocelyn.merot@franceagrimer.fr
export@franceagrimer.fr

Dr Xavier Pacholek
Agriculture Counsellor (Middle East)
French Embassy
Services économique régional près de
l'ambassade de France au Liban
Espaces des lettres – Rue de Damas
Beyrouth
LIBAN
Tel.: +961 1 420 150 / 169 / 71 760 703
Fax: +961 1 420 157
Email: Xavier.pacholek@dgtresor.gouv.fr

Mr Mahdi Quatrameez
Deputy CEO
H.R.H. Princess Alia Foundation
JORDAN
Tel.: +962 79 999 88 89
Fax: +962 6 534 04 07
E-mail: mahdi@almawajordan.org

WORLD ORGANISATION FOR ANIMAL HEALTH

Dr Karin Schwabenbauer
President of the OIE World Assembly of
Delegates
BMELV
Rochus str. 1 53123 Bonn
GERMANY
Tel.: 49 1 60 88 48 658
E-mail: ual33@bmelv.bund.de
oi@bmelv.bund.de

Dr Joseph Domenech
Advisor
OIE Scientific and Technical Department
E-mail: j.domenech@oie.int

Dr Susanne Münstermann
Project Officer OIE Scientific and
Technical Department
E-mail: s.munstermann@oie.int

Dr Bernard Vallat
Director General
World Organisation for Animal Health (OIE)
12 rue de Prony
75017 Paris
FRANCE
Tel.: +33 1 44 15 18 88
Fax: +33 1 42 67 09 87
E-mail: b.vallat@oie.int

Mrs Nathaly Monsalve
Conference Coordinator
OIE Regional Activities Department
E-mail: n.monsalve@oie.int

OIE Regional Representation for the Middle East

Dr Karim Ben Jebara
Head
OIE Animal Health Information
Department
E-mail: k.benjebara@oie.int

Dr Ghazi Yehia
Regional Representative
World Organisation for Animal Health (OIE)
Kaake Bldg. - Jnah
Beirut
LEBANON
Tel.: +961 1 84 34 68
Fax: +961 1 84 34 67
E-mail: g.yehia@oie.int

Dr Francois Caya
Head
OIE Regional Activities Department
E-mail: f.caya@oie.int

Dr Ali El Romeh
Consultant
E-mail: a.elromeh@oie.int

Ms Rita Rizk
Secretary
E-mail: r.rizk@oie.int

12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan, 23-26 September 2013

AGENDA

1. OIE Activities and Vision for the 21st Century.
2. Activities of the OIE Regional Commission for the Middle East.
3. Facilitation of international competition horse movement – a new OIE initiative.
4. **Technical Item I:** Veterinary education and incorporation of the “One Health” concept.
5. Promoting veterinary education in the Middle East: Perspective of an OIE Twinning project on veterinary education.
6. The use of OIE *Codes* in international trade.
7. Case Study: Lumpy skin disease and other vector borne diseases in the Middle East.
8. **Technical Item II:** Proper application of Halal slaughter.
9. Harmonising national legislation on Food Safety.
10. The importance of having an Epidemiology Unit within the Veterinary Services.
11. Honey Bee Diseases in the MENA Region; tools of diagnosis, prevention and control.
12. Animal Health Situation of Member Countries in the region during the first semester of 2013.
13. Establishment of a camel disease control network in the Middle East.
14. FMD and PPR control programme in the Middle East and North Africa (MENA) Region.
15. Presentations by International and Regional Organisations.
16. Activities of the OIE Regional Representation for the Middle East.
17. Other matters:
 - Date, venue and technical item with questionnaire for the 13th Conference of the OIE Regional Commission for the Middle East
 - Presentation from the Istituto Zooprofilattico Sperimentale Della Sicilia “A. Mirri”: an Experience of Collaboration

12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan, 23-26 September 2013

TIMETABLE

SUNDAY 22 SEPTEMBER 2013

4:30 p.m. Registration and distribution of documents regarding the Conference

MONDAY 23 SEPTEMBER 2013

8:30 a.m. Registration and distribution of documents (cont.)

9:00 a.m. Opening Ceremony

- Dr Munther Al-Refai, OIE Delegate of Jordan;
- Dr Kassem Al-Qahtani, President of the OIE Regional Commission for the Middle East and Delegate of Qatar;
- Dr Karin Schwabenbauer, President of the OIE and Delegate of Germany;
- Dr Bernard Vallat, Director General of the OIE;
- Dr Akef Al Zoubi, Minister of Agriculture of Jordan.

Master of Ceremony: Dr Ghazi Yehia – OIE Regional Representative for the Middle East

9.45 a.m. Group photo

10.00 a.m. OIE Welcome Reception

10.30 a.m. Election of the Conference Committee (Chairperson, Vice-Chairperson and Rapporteur General);
Election of Session Chairpersons and Rapporteurs for Technical Items and Animal Health Situation;
Adoption of the Agenda and Timetable

10:45 a.m. OIE Activities and Vision for the 21st Century
(Dr Bernard Vallat, Director General of the OIE)

11:30 a.m. Activities of the OIE Regional Commission for the Middle East
(Dr Kassem Al-Qahtani, Delegate of Qatar and President of the OIE Regional Commission for the Middle East)

11:45 a.m. Facilitation of international competition horse movement – a new OIE initiative (Dr Susanne Münstermann, Project Officer, OIE Scientific and Technical Department)

12:15 p.m. Lunch

2:00 p.m. Technical Item I : Veterinary education and incorporation of the “One Health” concept
(Dr Mac Farnham, Assistant Professor, College of Veterinary Medicine and Adjunct Instructor, School of Public Health, University of Minnesota)

3:00 p.m. Promoting veterinary education in the Middle East: Perspective of an OIE Twinning project on veterinary education (Prof. Ahmad Al Majali, Dean of the Jordan University of Science and Technology)

- 3:30 p.m. Break
(Preparation of recommendation on the Technical Item I by a designated small group of Delegates)
- 4:00 p.m. The use of OIE Codes in international trade (Dr Susanne Munstermann)
- 4:30 p.m. Case Study: Lumpy skin disease and other vector borne diseases in the Middle East (Dr Federica Monaco, IZST)
- 5.00 p.m. End of Session
- 8:00 p.m. Reception

TUESDAY 24 SEPTEMBER 2013

- 9:00 a.m. Technical Item II: Proper application of Halal slaughter
(Prof. Hassan Aidaros, Professor of Hygiene and Preventive Medicine, Faculty of Veterinary Medicine, Banha University and Director of the Middle East Veterinary Center (MEVETC))
- 10:00 a.m. Harmonising national legislation on Food Safety (Dr Alberto Mancuso, IZST)
- 10:30 a.m. The importance of having an Epidemiology Unit within the Veterinary Services (Dr Ghazi Yehia)
- 11.00 a.m. Break
(Preparation of recommendation for Technical Item II by designated small group of Delegates)
- 11:30 a.m. Honey Bee Diseases in the MENA Region; tools of diagnosis, prevention and control (Dr Nizar Haddad, Director, Bee Research Department, National Centre for Agriculture Research)
- 12:00 a.m. Animal Health Situation of Member Countries in the region during the first semester of 2013 (Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department)
- 1:00 p.m. Lunch
- 2:15 p.m. Establishment of a camel disease control network in the Middle East
(Prof. Vincenzo Capporale, Special Advisor to the OIE Regional Representation for the Middle East)
- 2:45 p.m. FMD and PPR control programme in the Middle East and North Africa (MENA) Region (Dr Joseph Domenech, Advisor, OIE Scientific and Technical Department)
- 3:15 p.m. Presentations by International and Regional Organisations
- 4:00 p.m. Break
- 4:30 p.m. Date, venue and technical item with questionnaire for the 13th Conference of the OIE Regional Commission for the Middle East

5:00 p.m. Discussions of Recommendations Nos 1 and 2

7:00 p.m. Reception

WEDNESDAY 25 SEPTEMBER 2013

7:30 a.m. Professional and guided cultural visit

THURSDAY 26 SEPTEMBER 2013

9:00 a.m. Activities of the OIE Regional Representation for the Middle East
(Dr Ghazi Yehia, OIE Regional Representative for the Middle East)

9:30 a.m. Presentation from the Istituto Zooprofilattico Sperimentale Della Sicilia "A. Mirri": an
experience of collaboration

9:00 a.m. Adoption of the Final Report and Recommendations

10:00 a.m. Closing ceremony

12th Conference of the OIE Regional Commission for the Middle East
Amman, Jordan, 23-26 September 2013

Recommendation N°1
Veterinary education and incorporation of the “One Health” concept

CONSIDERING THAT

1. Most Member Countries of the OIE Middle East Region have continuing education programmes for Veterinarians;
2. Less than 50% of veterinarians in the region receive continuing education training each year;
3. There is strong awareness of OIE ‘Day One Graduate Competencies’ and ‘Veterinary Education Core Curriculum’ programmes across Members of the Region;
4. There is recognition of the One Health concept as an opportunity for Veterinary Education and continuing education for veterinarians;
5. Members prioritized several methods OIE can utilize to support continuing education programmes including;
 - a) an OIE regional veterinary education **Collaborating Centre**
 - b) the development of **Standards** on initial veterinary education
 - c) the facilitation of **Twinning** projects
6. There is a consensus among Members that the OIE should strengthen its support for veterinary education;
7. The One Health concept and approaches are gaining momentum and attention across OIE Member Countries;
8. There exists a broad understanding among Members that One Health represents multiple collaborative efforts at the interface of animals, humans and the environment;
9. A majority of Members indicated they have a One Health implementation plan in place or one to put one in place in the future;
10. There are active One Health collaborations with Public Health Agencies focused on key zoonotic diseases (e.g. brucellosis, rabies, influenza and tuberculosis) and food safety; and
11. Several opportunities exist for enhancing veterinary continuing education through utilizing active learning methodologies (e.g. wet laboratories and simulation exercises) and by integration of One Health concepts and competency based programmes; and
12. Veterinary Education includes both initial and continuing education.

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT

1. The OIE take a larger role in supporting veterinary education worldwide;
2. An OIE Regional Veterinary Education Collaborating Centre be established in the Middle East;
3. The OIE work towards the development of standards on initial veterinary education based on the OIE 'Day One Graduate Competencies' and "Veterinary Education Core Curriculum" ;
4. The OIE continue supporting veterinary education and veterinary statutory body Twinning projects in the Region;
5. The OIE and its Members continue to emphasize and promote One Health concept as an opportunity for Veterinary Education and continuing education for veterinarians;
6. OIE actively seek collaborations and innovative methods for integrating active learning methodologies and the One Health concept into continuing education training programmes for veterinarians;
7. OIE advocate for inclusion of the "One Health" concept into veterinary education;
8. OIE and Members together highlight strong multi-disciplinary One Health collaborations, and share lessons learned in creating functional One Health partnerships;
9. The Member Countries of the Region take a better ownership of the involvement of the Veterinary Services in the initial and continuing education of veterinarians;
10. The Member Countries of Middle East use the results of evaluations performed within the framework of the OIE PVS Pathway to identify the needs for continuing training programmes and twinning actions between Collaborating Centres, between veterinary education establishments (VEE) and between Veterinary Statutory Bodies(VSB); and
11. The OIE advocate, at high political level, the importance of allocating adequate resources towards the improvement of continuing education of veterinarians.

12th Conference of the OIE Regional Commission for the Middle East
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Recommendation N°2
Proper application of Halal slaughter

CONSIDERING THAT:

1. Religion is the foundation and major source of the culture and ethics in the Middle East Region, and most people believe it is the main driver of all aspects of their lives;
2. Until now, in many Member Countries of the Region, the understanding of animal welfare, especially during slaughter, has generally been expressed in terms of religious precepts and humane ethics rather than through regulations and legislation;
3. In spite of the fact that the majority of populations in the Region are Muslim, Halal slaughter is not being implemented in some cases as it should be, according to religious precepts ;
4. Slaughterhouses in most Middle East countries need to make huge efforts to achieve better animal welfare and food safety objectives;
5. Animal welfare is a complex, multi-faceted, national and international public policy issue with important scientific, ethical, economic, cultural, political and commercial dimensions;
6. The OIE has a mandate to improve animal health and welfare worldwide, that standards on animal welfare were first adopted at the General Session in May 2005 and that they have been regularly updated ever since;
7. Animal health is a key dimension of animal welfare and that the subject of animal welfare is included in the OIE PVS Tool for the Evaluation of Performance of Veterinary Services and is also taken into account in the OIE initiative on veterinary legislation and veterinary education;
8. Regional animal welfare strategies or approaches, adapted to the situation in each region and accompanied by a suitable implementation plan, make a major contribution to enabling the OIE to carry out its mandate with respect to improving animal health and welfare worldwide;
9. Through PVS evaluations and other activities, the OIE has been able to assess the challenges faced by some countries in the Region of Middle East in trying to fulfil the missions inherent in good quality of Veterinary Services;
10. The lack of organisation of the various involved parties in the animal production sector prevents the creation of public-private partnerships essential for the sustainable implementation of OIE recommendations and standards in the field of animal health and welfare; and
11. It is important to continue capacity-building activities and to improve and develop them, both for the exchange of information and for their contribution to the overall strengthening of the capacities of the Veterinary Services using all the components of the OIE PVS Pathway.

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT:

1. Delegate of OIE Member Countries of the Region of the Middle East sensitise religious leaders and other relevant authorities of their country with regard to the cruelty that may currently occur, especially during transport and slaughter of animals for human consumption;
2. OIE Regional Commission for the Middle East, with the support of the Member Countries and the OIE Regional Representation for the Middle East, take the lead in promoting the proper application of animal slaughter in accordance with OIE Standards, which also comply with Halal precepts, and that NGOs, national and religious authorities, producers, consumer associations and other stakeholders also be included in this process so to encourage the creation of public-private partnerships;
3. Member Countries of the Region better implement the OIE animal welfare standards, including those dealing with land transport and slaughter of animal for human consumption;
4. Member Countries improve abattoirs by equipping them with all the facilities required for the proper implementation of animal welfare standards, including the following: correct design of the facility, unloading facilities and lairage; availability of feed and water; ante-mortem inspection; control of animal movement within the slaughterhouse; equipment for restraining animals; slaughter boxes;
5. Member Countries promote the involvement of consumer associations as possible leaders to highlight the regulatory partnerships for Halal slaughter, animal welfare and food safety and quality;
6. Member Countries of the Region sensitise official veterinarians in charge of livestock, especially at abattoirs, to the concepts of animal welfare and how these relate to Islamic precepts;
7. Member Countries implement effective and continuous training and education for all personnel working in abattoirs, and especially slaughterers;
8. OIE provide technical support to the publication of a document on the best practice for Halal slaughter complying with OIE adopted standards, which should be made available to personnel in slaughterhouses and also to the general public;
9. The OIE use the results of evaluations performed using the OIE PVS Evaluation Tool and Gap Analysis Tool to propose suitably adapted continuing training programmes, including training the trainers seminars as well as twinning actions using OIE Collaborating Centres (CC) specialised in animal welfare and between Veterinary Education Establishments (VEE), or other relevant twinning activities; and
10. The OIE Regional Commission for the Middle East with the support of the Member Countries and the OIE Regional Representation for the Middle East work jointly on the Regional Animal Welfare Strategy (RAWS), which will define the required action plan for the Region and include the standards that Member Countries consider to be necessary to improve animal welfare in the Region with proper application of Halal slaughter precepts being one of the main components.

MOTION OF THANKS

The President and the Members of the OIE Regional Commission for the Middle East, the President of the World Assembly of Delegates, the Director General of the OIE, members of delegations, country representatives, representatives of international and regional organisations and observers, wish to express their gratitude to the Government of Jordan, the Host Country, its national Delegate to the OIE and especially Her Royal Highness Princess Alia bint Al-Hussein for the royal patronage of the 12th Conference of the OIE Regional Commission, held from 23 to 26 September 2013, for the warm welcome extended to the participants, the excellent organisation and for all facilities made available to participants during their stay in Amman.