



FAO/OIE
GF-TADs

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES

**3RD STEERING COMMITTEE OF THE GF-TADs FOR THE MIDDLE EAST
04 SEPTEMBER 2007**

AMMAN, JORDAN

Report

Participating countries:

Bahrain, Cyprus, Egypt, Jordan, KSA, Kuwait, Lebanon, Iran, Palestinian Autonomous Territories, Qatar, Sudan, Syria, and Yemen.

1. GF-TADs Regional Steering Committee (RSC)

Dr Georges Khoury, chairman of the RSC, opened the session of this third Steering Committee, after Beirut in April 2006, where this committee was created, and Damascus in November 2006, where the general strategy was adopted.

He reminded that the aim of this RSC is to adapt policies and programs to the region needs with regard to epidemiology and prevalence of priority diseases and precised its main role: set a regional policy, adopt the budget, plan and run the activities.

2. GF-TADs Regional Action Plan elaborated during the 2nd GF-TADs RSC

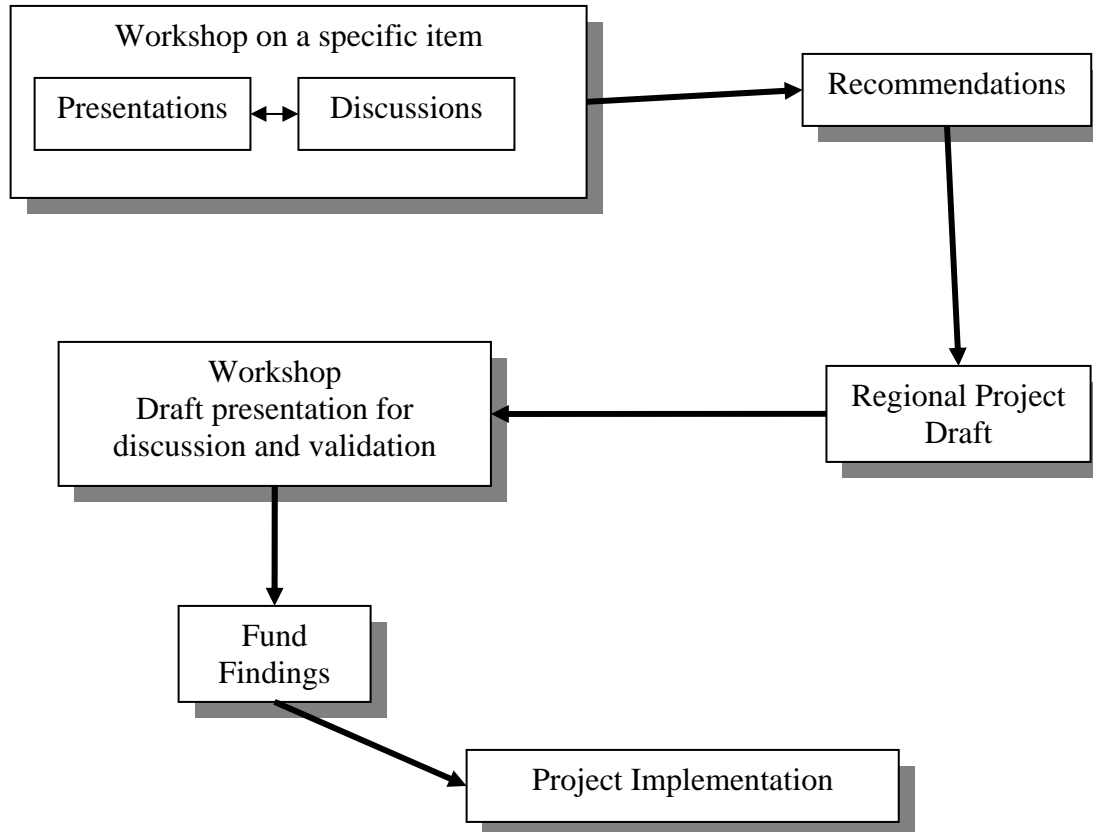
Then, Dr Ghazi Yehia, as Permanent Secretariat of the RSC, exposed the main components of the Regional Action Plan elaborated during the 2nd GF-TADs RSC:

- Developing a strategic vision document on the regional harmonized policies for the control of animal diseases and zoonoses in the Middle East, aimed at capacity building of Veterinary Services infrastructures and strengthening animal disease control measures;
- Applying the PVS (Performance, Vision and Strategy) tool for evaluation of Veterinary Services (VS), in order to enhance the delivery quality of the VS;
- Implementing disease surveillance and identification of the main TADs in the region;
- Developing / strengthening of laboratory diagnosis capabilities;
- Developing strategies for the eradication of TADs.

3. Areas of intervention

Dr Yehia presented the different actions realised during this previous year on behalf the RSC.

3.1. General scheme of work



This general scheme of work is based to respect the recommendations adopted by the RSC and to favorite discussions and proposals before the launching of projects.

Based on the recommendations adopted during specific workshops, draft of regional projects will be written and presented for discussion and validation during other workshops.

As soon as the draft is validated, then the process to implement concretely the project is launch with notably the fund findings.

3.2. FMD

3.2.1. Situation in the ME¹

FMD remains a significant drain to the budgets of the national veterinary services of the Middle East countries and on the livelihoods of livestock owners across the region.

The disease is endemic, but periodic devastating epidemics occur that spread rapidly across national and regional borders.

In 2005 and 2006, the Middle East has been severely affected by two separate type A epidemics, one which emerged in Iran (A Iran 05) in 2005- 2006, and an incursion of an African type A virus into Egypt causing widespread outbreaks in January-July 2006.

The new serotype A virus (A Iran 2005) was first observed in Iran and moved westwards into Turkey (including the European part of Thrace). It has continued to spread in 2006, circulating in Turkey and Iran, and which has been detected in Pakistan, Saudi Arabia and Jordan.

The type A which affected Egypt, was diagnosed in 8 governorates in this country. Genetically, this new serotype A differs considerably from the Middle Eastern viruses and was closely related to FMD viruses from East Africa.

The lack of immediate vaccines against the A Iran 05 and A Egypt 06 viruses contributed to the large scale of the outbreaks.

Type O remains endemic, but the risk of Asia-1 appears diminished with the last reported occurrence in Iran in August 2005. SAT viruses have not been reported in the region since 2003 (SAT-1 in Libya), but serological evidence of SAT infection in Sudan was observed.

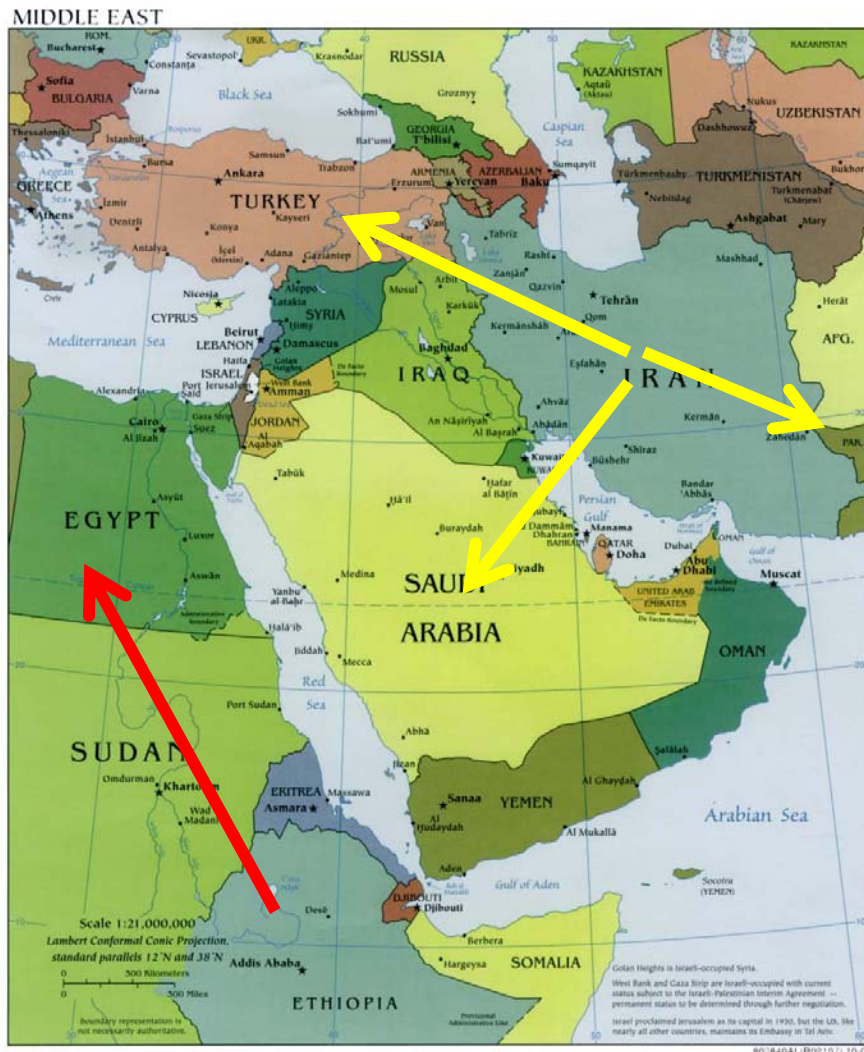
In 2007, the apparition of the type O PanAsia is the main events. This new strain in the region is probably originated from a strain circulating in India in 2000.

This epizootic strain has affected last winter Turkey, Jordan, Iran, Palestinian Autonomous Territory and probably Lebanon, causing death in young animals.

Almost all countries operate vaccination programs mainly supplied by large ruminants, some implement programs in small ruminants without a specific and adapted strategy. These programs, conducted to avoid virus circulation in ruminant population have not been proven effective.

These vaccination programs use vaccines from a wide variety of sources, including producers based within the region and international suppliers from Europe and India. The lack of standardisation may be a factor affecting control.

¹ OIEME, march 2007, Current situation of Foot and Mouth Disease (FMD) in the Middle East - Perspectives and risks linked to animal movement



Map n°1: recent spread of Iran 05 (in yellow) and Egypt 06 (red) serotypes to the region

3.2.2. Regional project proposal

As FMD is an endemic and widely spread among various animal species in the region, it is, therefore, very difficult to control the disease at a single country level.

The increase of animal movement between neighbouring countries in the region, where FMD is uncontrolled, makes the disease control even more difficult.

The presence of different strains and variants of the FMD virus in different countries makes the correct diagnosis and development of specific vaccines a crucial task.

FMD in the Region is perceived differently according to the type of farming system. In the intensified livestock sector (modern dairy cattle farms), the economic consequences are important. Farmers who are interested in extending their market face sanitary barriers either under informal intra-regional trade restriction or under the WTO / SPS Agreement. For the farmers from the traditional sector, FMD infection is often mild with a low mortality rate and consequences are

perceived only when a new strain is involved. This complicates the actual trend on handling the disease issue in the region.

As a consequence, the control of external and internal sources of FMD is not systematically addressed in the Region. At the national and regional levels, systems for early detection of the disease or of the emergence of new strains are needed. Furthermore, implementation of adapted control strategies has to be strengthened.

Since the early sixties, whenever there was an outbreak of FMD in the Middle East, high concern was always expressed that the disease might invade Europe.

Thus, to control FMD worldwide, the situation of this disease in Middle Eastern countries should be treated as a priority.

The implementation of a regional project to control FMD in the Middle East is essential.

This was highlighted during the 3rd Roundtable Meeting on FMD control in the Middle East and North Africa, Damascus, Syria, November 6-7th 2006, where one of the major recommendation made is to implement such project within the OIE/FAO global framework of the progressive control of transboundary animal disease program (GF-TADs), co-coordinated by the OIE Regional Representation for the Middle East with the Regional Animal Health Centre (RAHC) newly established to provide expertise and assistance especially in major emergency cases in the region.

The finalized project will be presented during the 4th Roundtable Meeting on FMD control in the Middle East, following the GF-Tads Meeting.

The project would be implemented for 4 years and two phases are foreseen. The first one, for one year, dedicated to evaluate in details the situation in each country, to identify the needs and to prepare the second phase, which is the effective implementation of the project.

A large part of the project will be dedicated to strengthening the capability of national laboratories in the diagnostic of FMD in collaboration with reference laboratories.

3.2.3. Discussion

The project will be discussed during the 4th FMD Round Table, Amman, Jordan, 5-6 September. For more details see the specific report of this meeting.

3.3. RVF

3.3.1. Situation in the ME

Rift Valley Fever² was restricted to sub-Saharan Africa until its detection in Egypt in 1977.

Since then, there have been several recurrences in Egypt, causing explosive epidemics (1977-1978, 1986-1987), resulting in hundreds of human deaths and heavy losses in the animal industry.

From 1999 to 2001, the disease spread from the Horn of Africa to Yemen and Saudi Arabia, causing human suffering and mortalities, severe losses in young animals and disruption in the regional trade of live animals. Sporadic cases have continued to appear in Saudi Arabia in subsequent years, where stringent measures are implemented to control the outbreaks (restriction of animal movements, systematic control of mosquitoes, vaccination with a live attenuated vaccine and surveillance). Direct and indirect economic losses have been estimated to exceed 75 million US\$ per year.

The recent outbreak of Rift Valley Fever (RVF) in Kenya, in December 2006, then in Tanzania in January 2007, shows the devastating effects that an uncontrolled zoonosis can have on a country. Since the beginning of the outbreak, the disease has affected thousands of animals (bovine, sheep, goats and camels)³ and over 600 humans, with around 200 deaths in Kenya, Somalia, and Tanzania⁴.

This highlighted the need for improved preparedness and surveillance.



Map n°2: localisation of animal outbreaks since December 2006³

² Shimshony A., Economides P., 2006, Disease prevention and preparedness for animal health emergencies in the Middle East, Rev. sci. tech. Off. Int. Epiz., 25 (1), 253-259.

³ OIE World Animal Health Information Database, <http://www.oie.int/wahid-prod/public.php?page=home>

⁴ WHO data, http://www.who.int/csr/don/archive/disease/rift_valley_fever/en/

3.3.2. Regional project proposal

Considering that RVF⁵:

- is endemic in many countries and epidemics tend to occur at irregular spatial and temporal intervals depending on climatic and environmental conditions that favours the breeding of the insect vector and it is therefore important for countries to be equipped with appropriate technologies to be able to establish contingency plans to predict and prepare for future occurrences ;
- can best be controlled by animal vaccination and vector control that need to be maintained and applied well in advance of expected risk periods for occurrence of the disease.

The need of a regional project has been highly underlined by the recent OIE workshop on *Rift Valley fever control and prevention strategies*, organised in collaboration with FAO and AU-IBAR in Cairo, Egypt, from 13 to 15 June 2007.

This regional project should propose notably:

- Training and technical assistance to countries to equip countries within the risk areas of Africa and the Middle East to rapidly diagnose the disease and to undertake predictive epidemiological studies for contingency planning
- A model based on risk parameters, including agro-climatic, to forecast potential RVFV activities particularly within the framework of the related Regional Animal Health Centre.

3.3.3. Discussion

Dr Orabi (APHIS) mentioned that some countries are very at risk at the moment and such project will be very helpful to implement adapted preventive strategies.

3.4. Highly Pathogenic Avian Influenza

3.4.1. Situation in the ME

The HPAI situation is particularly raising deep concern in the Middle East, taking into account the actual epidemiological status of the disease in the region and its geographical position on the cross roads of three continents: Asia, Europe and Africa.

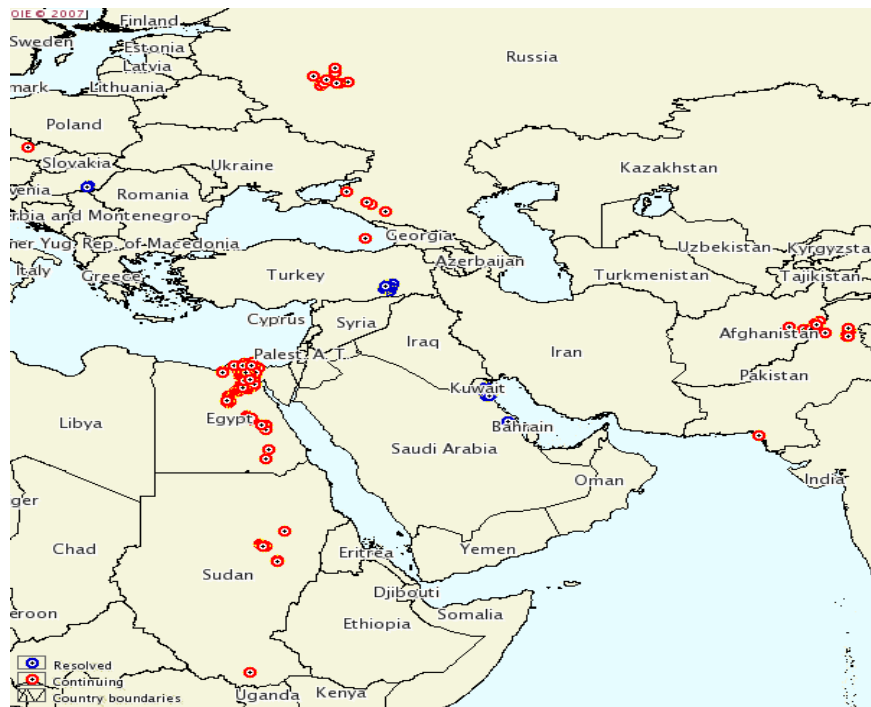
The enzootic presence of the disease in Egypt, causing heavy losses in Public Health and its frequent appearance in Turkey, represent a possible risk factor of introduction into Western countries.

The East of the region is threatened by the possible incursion of the virus from South East Asia. The viral strain found in February 2007 in Kuwait then in Saudi Arabia is extremely similar to the Pakistani strain, where it is suspected coming from via illegal uncontrolled trade.

⁵ Recommendations - OIE workshop on *Rift Valley fever control and prevention strategies*, Organised in collaboration with FAO and AU-IBAR, Cairo, Egypt, 13-15 June 2007

The exchange of hunting birds, e.g. falcons, was incriminated especially by the OIE expert's mission to Kuwait on March 2007.

In front of this situation, countries of the region are not appropriately prepared to react against a potential incursion of the disease in their national territories.



Map n°3: HPAI situation on 30 June 2007 (from WAHID – OIE)

In response to this situation, contingency plans were prepared and measures were taken in most of the regional countries. But these procedures have been rarely tested or evaluated by simulation exercises.

Also, the early warning and diagnostic capabilities, especially in laboratories are limited, which make the Egyptian case likely to happen in other regional countries.

In front of this situation the OIE Regional representation for the Middle East mobilized most its capacity since the beginning of the crisis.

A lot of workshops have been organized for the Veterinary Services of the region on epidemiology, vaccination strategy, communication, contingency plans, etc...

The recent creation of the *Regional Animal Health Centre* (RAHC), an OIE/FAO initiative on the *Global Framework of Transboundary Animal Diseases* (GF-TADs) agreement, will improve the means to coordinate and harmonise strategies of control and monitoring of avian influenza, but also of any other transboundary disease.

Each organisation will provide experts and will be involved in its own competencies, coordinating their activities such as evaluation and improvement of Veterinary Services, control strategies against animal diseases and zoonoses, and harmonisation of national contingency plans.

In this context, OIE advocated to reinforce the veterinary governance worldwide, not only to control avian influenza, but also to prevent and control all outbreaks or re-emergent animal diseases, and zoonoses.

This regional approach has been highly recommended during the workshop held in Doha (Qatar) on the *Avian Influenza Control Strategy*, in May 2007.⁶

OIE developed a tool for the evaluation of Veterinary Services, the *Performance, Vision and Strategies* (PVS) tool.

This tool is not only for evaluation of the quality of the VS, it identifies lacks and gaps and then facilitates the improvement and implementation of national control programmes and ensures appropriate funding.

VS of Yemen, Turkey, Egypt, and Djibouti have already been evaluated accordingly. The evaluation for Saudi Arabia, Kuwait, Oman and Lebanon will be implemented soon.

Also, specific expertise mission on national laboratories diagnostic capabilities for avian influenza has been carried out in Kuwait, Saudi Arabia and Lebanon. Egypt laboratory will be evaluated soon.

3.4.2. Regional project proposal

It is therefore advisable to provide advice and guidance to develop Contingency and Biosecurity plans tailored-made to the conditions prevailing in the Middle Eastern Countries.

Stage 1:

3 day meeting with the National Coordinators for the HPAI surveillance and control of the member countries.

- a) The program of the meeting will include presentations of generic models for contingency and biosecurity plans.
- b) Presentation of the existing and preparedness in each country.
- c) Discussion on the local conditions of each member country.

Stage 2:

2-3 day visits by HPAI experts to member countries.

Stage 3:

Development of specific contingency and of pre-security plans for the member countries.

3.4.3. Discussion

Dr Orabi mentioned that USDA/APHIS would provide some funds for the organization of workshops on Avian Influenza.

⁶ Recommendations – OIE/FAO Workshop on Avian Influenza Emergency Control Management, 6-8 May 2007, Doha - Qatar

Dr Nikolas Charisis (WHO/MZCP) proposed also to co-organize a regional avian influenza conference, jointly with his organization.

3.5. Rinderpest

3.5.1. Situation in the ME

Rinderpest has not been reported in the region since 1996 (in KSA) and UAE was the last country stopping vaccination in 2005.

Country	Last Rinderpest Reported	Last Rinderpest vaccine use	Declaration of provisional freedom	Submit for disease free status	Submit for infection free status	Eligible for disease free by 5 years rule	Eligible for infection free by 10 year rule
Afghanistan	-	-	14/09/05	-	-	2008	2013
Bahrein	1980	1985	-	-	-	-	1995
Cyprus					1999		
Djibouti	-	-	20/10/03	-	-	2006	2011
Egypt				2003	2006		
Iran	1994	2003	10/06/2003	-	-	2008	2013
Irak	1994	2002	04/04/2006	-	-	2007	2012
Jordan	1971	1997	1998	2007	-	2007	2012
KSA	1996	2003	01/08/04	-	-	2008	2013
Kuwait	1985	2002	07- 2003	-	-	2007	2013
Lebanon	1982	1993	1998	2005	-	2002	2007
Lybia	-	-	-	-	-	-	-
Oman	1995	2001	14/07/2004	-	-	2006	2011
Palestinian Authority	1985	2006-7	-	Not OIE MC	-	-	-
Qatar	1987	2003	07-2003	-	-	2008	2013
Somalia	-	-	01- 2007	-	-	-	-
Sudan	-	-	-	2006	2007	-	-
Syria	1983	2004	-	-	-	2009	2014
Turkey				2003	2005		
UAE	1995	2005	01/10/05	-	-	2010	2015
Yemen	1995	2000	21/10/03	-	-	2008	2013

	Free from Rinderpest infection		Self declaration of provisional freedom
	Free from Rinderpest disease		Unqualified

Rinderpest Situation in the Middle East (20 August 2007)

3.5.2. For implementation

General assistance could be implemented to countries for official status recognition on the OIE pathway.

3.5.3. Discussion

Dr Mohammed Abdel Razig Abdel Aziz (Sudan) précised that Sudan has submitted in July for recognition of free infection status.

Dr Yehia mentioned that the Regional Representation will follow this issue by assisting countries in the completion of their national dossier.

He explained also the obligation for country to report their disease situation through the WAHIS system. He proposed also to assist countries on this point. Experts could be sent to help Veterinary Services in accomplishing this specific task.

Prof. Aidaros (OIE/FAO-RAHC) proposed also assistance for the preparation of documents.

3.6. Other potential areas of intervention

3.6.1. Brucellosis

Brucellosis is a zoonosis endemic in all Middle-Eastern Countries, significantly affecting public health and with serious economic implications.

The disease has a seasonal pattern, with the highest incidence during spring and summer.

The countries with the highest incidence of human brucellosis are Saudi Arabia, Iran, the Palestinian Autonomous Territories, Syria, Jordan and Oman.

Most human cases are caused by *B. melitensis*, particularly biovar 3.

There is some controversy over the best policy for controlling brucellosis in animals. In some countries, the 'test and slaughter' policy has been adopted, together with the vaccination of young females. In others, mass vaccination has recently begun, particularly for sheep and goats. The most commonly used vaccine to control *B. melitensis* is Rev. 1 vaccine. *Brucella abortus* S19 is used in cattle. RB51 vaccine for cattle is used on a small scale in some countries. Vaccination is limited to cattle and small ruminants.

Discussion:

Dr Obeida Mudawar (Lebanon) mentioned that different strategies are implemented on the control and surveillance of this disease in the region, and then there is a necessity of strategies harmonisation.

Dr Geiger (FAO- Iran) explained that the Iranian Authority is very concerned by this issue. A workshop could be organised in Iran on this subject.

Dr Khoury proposed Syria as an other alternative to hold the mentioned workshop.

3.6.2. Blue Tongue

Serological evidence and the knowledge available on Blue Tongue epidemiology and the distribution of the historical vector, *Culicoides imicola*, may indicate that BT is enzootic throughout the region, in spite of a lack of reports.

The BT virus (BTV) serotypes have been recorded between 1963 and 2001 in seven Middle-Eastern countries (Egypt, Jordan, Syria, Turkey, Cyprus and Iraq), involved in clinical or subclinical (serology only) infections. While BTV4 seems to be the predominant serotype involved

in clinical disease, seven other serotypes have been identified in infected animals: 1, 2, 6, 9, 10, 12 and 16.

Discussion:

Considering the lack of knowledge of this disease in the region the RSC recommend to organise a specific workshop on this issue.

On proposition of Dr Mukarker, Epizootic Haemorrhagic Disease (EHD) will also been included.

Dr Fares Bakhit Naser (Jordan) proposed to hold it in Jordan.

4. Provisional timetable

The RSC has adopted the 2008 calendar concerning workshops:

	<i>Subject</i>	<i>Date</i>	<i>Place</i>
Avian Influenza	Biosecurity measures and contingencies plans	February 2008	Oman
	Regional forum for evaluation of national contingency plans Experts Reports	October 2008	Cairo
FMD	5 th Round Table	September 2008	Beirut
RVF	Regional project presentation	December 2008	Yemen
Rinderpest	During the 4 th RSC of GF-TADs	September 2008	Beirut
Brucellosis	Middle East situation and Control strategies	April 2008	Iran (or Syria)
Orbivirus (BT and EHD)	Impact of Orbivirus infection in the region	June 2008	Jordan

5. Presentation of the OIE/FAO Regional Animal Health Centre

Prof. Aidaros explained that the purpose of the OIE/FAO Regional Animal Health Centre is to provide a framework for the coordination and harmonization of strategies to monitor and evaluate activities related to the prevention and control of Avian Influenza and other Transboundary Animal Diseases in the region.

He reminded that the Centre is newly established since the final agreement was signed in May 2007 between OIE, FAO and the Lebanese Ministry of Agriculture.

He highlighted the necessity to strengthen the Veterinary Services to be able to manage transboundary diseases.

He presented the draft project "emergency assistance" for 15 months duration. The validation of the project by OIE and FAO is pending the scheduled beginning is January 2008. This will include technical assistance, workshop organization and trainings.

Dr Khoury, as chairman of the session and to conclude, emphasized the importance of this centre for the region, which should be the base of implementation of regional strategies to control endemic diseases in the region.

6. List of participants

Cf. annex 1.

7. Agenda

Cf. annex 2.

ANNEX 1: LIST OF PARTICIPANTS



**3RD MEETING OF THE GF-TADS STEERING COMMITTEE
FOR THE MIDDLE EAST**

Amman - Jordan

4 SEPTEMBER 2007

LIST OF PARTICIPANTS

MEMBERS:

Dr Georges Khoury (Syria)	President
Dr Keith Sumption (FAO)	Representing Dr Joseph Domenech, Vice President
Dr Salman Abdelnabi (Bahrain)	
Dr Fares Bakhit Naser (Jordan)	
Dr Obeida Moudawar (Lebanon)	
Dr Nicolas Charisis (WHO/MZCP)	Representing Dr Aristarhos Seimenis

PERMANENT SECRETARY:

Dr Ghazi Yehia (OIE)

OFFICIAL OBSERVERS:

Dr Mahmoud Orabi (USDA/APHIS)	Representing Dr Linda Logan
Dr Charles Martins-Ferreira (France)	
Dr Faisal Bayoumi (KSA)	

OTHER OBSERVERS:

Dr Alexandros Koni (Cyprus)	Dr Kassem Al-Qahtani (Qatar)
Prof. Dr Hamad Samaha (Egypt)	Dr Mohammed Al-Yousef (KSA)
Dr Mohamed Abdel Razig (Sudan)	Dr Mohammed Al Haddad (Yemen)
Dr Nabih Ghaouche (Lebanon)	Dr Francis Geiger (FAO-EU/FMD)
Dr Ghazi El Hakim (Lebanon)	Dr Pierre Primot (OIEME)
Dr Ali Raad (Lebanon)	Prof. Hassan Aidaros (FAO)
Dr Imad Mukarker (Palestine)	

ANNEX 2: AGENDA



FAO/OIE
GF-TADs

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES

**Regional Steering Committee
for the Middle-East
of the
GF-TADS**

4th September 2007

Amman - Jordan

AGENDA

1. GF-TADs Regional Steering Committee (RSC) (G. Khoury)

This section will present the objectives, structure and role of the GF-TADs RSC approved during the first meeting in Beirut – April 2006

Discussion

2. GF-TADs Regional Action Plan elaborated during the 2nd GF-TADs RSC (G. Yehia)

This section will summarize the different points of the Regional Action Plan validated during the 2nd GF-TADs RSC in Damascus – November 2006

Discussion

3. Areas of intervention (G. Yehia)

- 3.1. Highly Pathogenic Avian Influenza
- 3.2. Foot and Mouth Disease
- 3.3. Rift Valley Fever
- 3.4. Rinderpest
- 3.5. Other potential areas of intervention: Brucellosis, Blue Tongue

For each specific disease a summary of the different actions already done and further working axis will be presented

Discussion

4. Presentation of the Regional Animal Health Centre (H. Aidaros)

The agreement signed in May 2007 by the Lebanese Ministry of Agriculture, The FAO CVO and the OIE DG will be presented

Discussion

5. Other matters

6. Recommendations

