



Organisation
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Animal

10th Conference of the
OIE Regional Commission for the Middle East
Doha (Qatar), 26-29 October 2009

FINAL REPORT

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List of abbreviations

ACP: African, Caribbean and Pacific Group of States
AAHSC: Aquatic Animal Health Standards Commission
AfDB: African Development Bank
ALIVE & ISCTRC: African Livestock / International Scientific Council for Trypanosomiasis Research and Control
AOAD: Arab Organization for Agricultural Development
ARIS I: Animal Resource Information System
ASF: African swine fever
AU/IBAR's: African Union/ Interafrican Bureau for Animal Resources
AW: Animal Welfare
AWWG: Animal Welfare Working Group
BSE: Bovine spongiform encephalopathy
BT: Bluetongue
BTV: Bluetongue virus
CAADP: Comprehensive Africa Agriculture Development
CAC: Codex Alimentarius Commission
CAHWs: Community based animal health workers
CBPP: Contagious bovine pleuropneumonia
CCHF: Crimean Congo haemorrhagic fever
CCPP: Contagious caprine pleuropneumonia
CFT: Complement Fixation Test
CVO: Chief Veterinary Officer
EC: European Commission
ELISA: enzyme-linked immunosorbent assay
EMPRES: Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases
EU: European Union
FAO: Food and Agriculture Organization of the United Nations
FAO-GREP: Global Rinderpest Eradication Programme
FAO/RNE: FAO Regional Office for the Near East
FCC/ECTAD: Food Chain Crisis Management Framework / Emergency Centre for Transboundary Animal Diseases
FMD: Foot and mouth disease
GCC: Gulf Cooperation Council
GF-TADs: Global Framework for the Progressive Control of Transboundary Animal Diseases
GLEWS: Global Early Warning and Response System
HPAI: Highly Pathogenic Avian Influenza

HQs: Headquarters

IETS: International Embryo Transfer Society

IPPC: International Plant Protection Convention

IPPC: International Plant Protection Convention

JP15: Joint Project 15

KSA: Kingdom of Saudi Arabia

LEISOM: The Livestock Emergency Intervention to Mitigate the Food Crisis in Somali

MZCC: Mediterranean Zoonoses Control Programme

NCD: New Castle Disease

NGOs: Non-Governmental Organisations

OWOH: “One World, One Health”

PACE: Pan-African Programme for the Control of Epizootics

PAN-SPSO: Participation of African Nations in Sanitary and Phytosanitary Standard Setting Organizations

PARC: Pan African Rinderpest Campaign

PPR: Peste des petits ruminants

PVS: OIE program for evaluation of Performance of Veterinary Services

RAHC: Regional Animal Health Centre

RAZI Institute

RC: Regional Commission

RR: Regional Representation

RSC: Regional Steering Committee

RVF: Rift Valley fever

SCAD: Scientific Commission for Animal Diseases

SERECU II: Somalia Ecosystem Rinderpest Eradication Coordination Unit

SOLICEP: Somali Livestock Certification Project

SPINAP-AHI: Support Programme for Integrated National Action Plans on Avian and Human Influenza

SPS: Sanitary and Phytosanitary

SVD: Swine Vesicular Disease

TAD`s: transboundary animal diseases

TAIEX: Technical assistance information exchange office

TCP: Technical Cooperation Projects

UAE: United Arab Emirates

UN: United Nations

UNICEF: United Nations Children’s Fund

UNSIC: UN System Influenza Coordinator

US CDC: United States Centres for Disease Control and Prevention

USDA APHIS: United States Department of Agriculture/Animal and Plant Health Inspection Service

VACNADA: Vaccines for the Control of Neglected Animal Diseases in Africa

VS: Veterinary Services

WAHID: World Animal Health Information Database

WAHIS: World Animal Health Information System

WHO: World Health Organization

WLWG: Wildlife Working Group

WSPA: World Society for the Protection of Animals

WTO: World trade Organization

Introduction

1. Following the invitation of the Government of Qatar, the 10th Conference of the OIE Regional Commission for the Middle East was held in Qatar from 26 to 29 October 2009.
2. A total of 69 participants, comprising OIE Delegates and/or nominees of 16 Member Countries and 1 Observer Country and senior officers from 5 regional and international organisations attended the conference. In addition, one representative of the private sector was present. Dr Bernard Vallat, OIE Director General, Dr Kassem Al-Qahtani, President of the OIE Regional Commission for the Middle East and Delegate of the host country, Dr Gastón Funes, Head of the OIE Regional Activities Department, Dr Ghazi Yehia, OIE Regional Representative for the Middle East and Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department also participated in the Conference. The speakers of Technical Items I and II, namely Dr Elham Atta Mohamed El-Ebiary and Prof. Vincenzo Caporale honoured the Conference by their presence.

Monday 26 October 2009

Opening Ceremony

3. His Excellency, Mr. Abdullah bin Mubarak bin Iabboud Al-Moudadi, Minister of Environment welcomed all participants to the State of Qatar on the occasion of the 10th Conference of the OIE Regional Commission for the Middle East.
4. He conveyed to all participants the greetings from the Prime Minister and the Minister of Foreign Affairs of Qatar and his wishes for the success of all activities of the Conference.
5. His Excellency stated that this conference has being hold at circumstances where the world is going through a crucial stage and confronts a significant number of challenges in the field of animal health. This situation requires a high level of coordination and cooperation to address these challenges.
6. The achievement of the objectives of this conference requires careful investigation of the epidemiological situation of animal diseases in the Middle East, in order to set the appropriate mechanisms to achieve effective and tangible outcomes. The achievements in Animal Health aspects should expand to include public health and other development plans.
7. Mr. Abdullah bin Mubarak bin Iabboud Al-Moudadi underlined that the nature and the rapid spread of epidemic animal diseases, particularly, trans-boundary animal diseases (TAD`s) requires regional and international cooperation to control and eradicate these epidemics.
8. His Excellency manifested that the State of Qatar confirm through this conference the importance of cooperation between the countries of the region with the World Organization for Animal Health (OIE) to address these biological hazards.
9. Finally he manifested his pleasure to acknowledge the role of the World Organization for Animal Health (OIE) in strengthening veterinary services capabilities of the countries in the region through the OIE program for evaluation of Performance of Veterinary Services (PVS) to the member countries.
10. He also expressed his appreciation to the OIE, for its valuable role in supporting the diagnostic capabilities of the Central Veterinary Laboratory in Doha through the encouragement of twinning process with the World Organization for Animal Health (OIE) reference laboratory.

11. To conclude he welcomed all participants again in Doha and expressed his best wishes for them to have a pleasant stay, and success for the conference.
12. Dr Vallat started by thanking the Government of Qatar, specially to the Sheikh Hamad bin Khalifa Al-Thani - Emir of the State of Qatar , for accepting to host the Regional Conference. He specially referred to the recent nomination of the OIE Delegate of Qatar, Dr Kassem Nasser Al-Qahtani, as elected President of the OIE Regional Commission for Middle East during the last OIE General Session in May 2009.
13. He remarked the participation of Middle Eastern Countries in OIE activities, highlighting the fact that more than 80 % of the total countries have already entered the OIE PVS Programme of Strengthening Veterinary Services. He also referred to the support from the OIE to several countries to update their Veterinary Legislation, aiming to be in compliance with OIE Standards.
14. He stressed that laboratory diagnostic capacities is a key component of the epidemio-surveillance system, as part of Good Governance of Veterinary Services which allows early detection and rapid response to animal diseases. He reminded that one of the Technical Item of the Conference is related to this issue, and will allow addressing main needs and priorities within the region.
15. Dr Vallat recalled that the OIE/FAO Regional Animal Health Centre established in Beirut under the GF-TADs umbrella, effective since almost three years ago, is a clear example of complementarities and synergies between OIE and FAO, as well as the key participation of countries from the Region.
16. He referred to FMD, as one of the main problems in the region, and recalled the necessity to further develop and establish a suitable Regional Strategy, following the recommendations from the FMD Global Conference held last June in Paraguay. He highlighted the regional work and discussions within the framework of the FMD Round Table.
17. Dr Vallat also referred to the other Technical Item included for the Conference: “An approach to developing coordinated and harmonised actions for the control of Brucellosis”, which falls within the concept, “One World, One Health”. OWOH is one of the new elements of the OIE Fifth Strategic Plan, especially within the inter-agency cooperative Framework for Reducing Risks of Infectious Diseases at the Animal-Human-Ecosystem Interface.
18. Dr Vallat commented that the OIE, WHO and FAO (with the support of the UN System Influenza Coordinator [UNSIC] and the World Bank) have prepared a consensus document on global measures needed to coordinate medical and veterinary health policies more effectively, taking into account new requirements to prevent and control zoonoses. He stressed the key role of Veterinary Services when dealing with animal diseases, being the most effective strategy to tackle the disease at its source at the animal population.
19. He highlighted the work done by the region in matters of animal health certification and trade, in cooperation mainly with African countries, stressing the strategic location of the region and its relation to the risks of spread of animal diseases.
20. Dr Vallat made references to the OIE 5th Strategic Plan (2011-2015) which was enriched with comments from some OIE Members, A final version will be submitted to the OIE World Assembly of Delegates for adoption in the next General Session in May 2010.
21. Dr Vallat explained that the Fifth Strategic Plan is a consolidation of the achievements of the Fourth Strategic Plan, strengthening pre-existing elements.
22. Some new elements, such as actions that support food security through the reduction of disease will be further developed.

23. Another new item to be included relates to the contribution of climate and environmental changes to the occurrence and geographical spread of diseases and disease vectors and the influence of ruminants on the environment. Dr Vallat commented that an Ad Hoc Group on this topic will be convened in 2010. He highlighted the work carried out by the region on this, in relation to RVF.
24. The next Plan will also consider the OIE official recognition of some relevant equine diseases. The OIE Scientific Commission for Animal Diseases has proposed to start with the process for two diseases, namely African horse sickness and glanders.
25. He committed Member Countries in providing an adequate budget to respond to the annual work programmes developed under the plan, both from ordinary contributions as well as from voluntary contributions including those through the OIE World Animal Health and Welfare Fund. He also referred to the necessary support from the OIE's inter-agency partners through joint programmes and projects.
26. The Director General noted the key role of well qualified Veterinarians on preventing and controlling major biological risks, therefore the OIE considers the Veterinary Education as a global public good.
27. He commented on the successful outcomes of the recent OIE Global Conference for Deans of Veterinary Schools, held in Paris two weeks ago.
28. Then, Dr Vallat referred to the work of the OIE Regional Representation, highlighting the permanent training programme for OIE new Delegates and National Focal Points, considering the high rate of turnover of OIE Delegates and staff of Veterinary Services in many countries. This programme will be developed in all regions with all OIE Regional Representations, under the coordination of OIE HQs, during the next two years, and covering all national Focal Points.
29. The Director General ended his address by stressing again the importance of sound governance of Veterinary Services, and by stating that the joint work between Member Countries and the OIE, as well as other relevant international organizations (such as FAO) and international Donors when necessary, is a key factor to succeed.
30. Finally he wished all participants a successful conference.
31. Dr Kassem Al-Qahtani welcomed participants on behalf of the World Organization for Animal Health Regional Commission for the Middle East in the occasion of the 10th Conference. He commented that this conference comes in the framework of the World Organization for Animal Health to support and strengthen the capabilities of veterinary laboratories, activation of surveillance and monitoring programs for infectious and zoonotic diseases, and setting control programs for animal diseases aiming to protect human health and livestock in the Middle East region.
32. Dr Al-Qahtani mentioned that the spread of animal epidemics, lately, has a great impact on international trade and global economy. In addition it is considered as one of the main obstacles for the development of food security programs in our countries.
33. He remarked that considering the fact that proper diagnosis is the corner stone of any successful control program, and of the main objectives of the World Organization of Animal health (OIE). The OIE sets its strategic objectives to strengthen the capabilities of veterinary laboratories. This objective will be achieved through the cooperation of the OIE regional offices and representation with all OIE member countries.

34. Dr Al-Qahtani underlined that the livestock sector in the Middle East has an effective contribution to enhance the nutritional, economic and social levels to Middle East countries. If supplementary support of this sector is provided, this sector will lead to improve of food security and guarantee the safety of food from animal origins in the region because its potential is still high.
35. Experience concerning the world-wide spread of animal epizootics, confirmed the importance of cooperation and coordination between the different countries and international organizations. The fruit of this cooperation is the success of these countries in preventing the spread of these epizootics.
36. The livestock sector receive great interest in the State of Qatar, the government set strategic plans to develop this sector through support of veterinary services and the establishment of many veterinary centers and the availability of veterinary medicines and vaccines.
37. He explained that the government also developed and upgraded the central veterinary laboratory. It established and improved veterinary quarantines which considered as the first line of defense to protect livestock from the risk of exotic animal diseases.
38. He noted that the State of Qatar is an active member and participant in different international organizations, particularly the World Organization for Animal Health (OIE). Qatar State recognizes the importance of OIE's role in the maintenance of animal health through minimizing the risk of trans-boundary animal diseases and notification of epidemiological situation of each member country. So it is of crucial importance to ensure keen, continuous and constructive cooperation with the OIE.
39. He concluded by thanking and expressing his gratitude to His Highness the Emir and His Highness the Heir Apparent HE the Prime Minister and Foreign Minister sponsor of this conference and to His Excellency the Minister of Environment.
40. Finally he thanked the Director General of the OIE and to all members in his staff and the local Conference Organizing Committee.
41. To conclude he wished must success to the 10th Conference of the OIE Regional Commission of the Middle East.

Election of the Conference Committee

42. Participants elected the following Conference Committee:

Chairperson:	Dr Kassem Al-Qahtani (Qatar)
Vice-Chairperson:	Dr Hamid Samaha (Egypt)
Rapporteur General:	Dr Ziad Namour (Syria)

Adoption of the Agenda and Timetable

43. The Provisional Agenda and Timetable were adopted.

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

44. The Conference Committee was elected as follows:

Item I: Dr Mohammed Al Blow (Saudi Arabia), Chairperson
Dr Mansoor Al Qadasi (Yemen), Rapporteur

Item II: Dr Nasser Eddin Al-Hawamdeh (Jordan), Chairperson
Dr Nabih Ghaouch (Lebanon), Rapporteur

Animal health situation:

Dr Ali Alsaahmi (Oman), Chairperson
Dr Muzaffer Aydemir (Turkey), Rapporteur

Animal health situation of Member Countries

45. The Session Chairman, Dr Ali Alsaahmi, Delegate of Oman, 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 in 2008 and the first half of 2009.

Animal health situation in the Middle East in 2008 and the first half of 2009

46. This report is based on information extracted from national reports provided by OIE Members in the Middle East for the Regional Conference. Where necessary, this has been supplemented by relevant information extracted from immediate notifications and follow-up reports submitted by countries and other official data gathered as part of the OIE's World Animal Health Information System (WAHIS).

47. In preparation for the 10th Conference of the OIE Regional Commission for the Middle East, the OIE requested the Members concerned to submit a report on the Animal Health Situation for the first half of 2009. The following 11 countries provided a report: Bahrain, Cyprus, Iran, Iraq, Jordan, Kuwait, Qatar, Somalia, Sudan, Turkey and United Arab Emirates.

48. After a summary of the livestock population in the Middle East, the animal health situation in 2008 and the first half of 2009 will be reviewed for the following six important diseases in the region: bluetongue, bovine tuberculosis, brucellosis (due to *Brucella abortus*), classical swine fever, Crimean Congo haemorrhagic fever, foot and mouth disease, peste des petits ruminants, rabies, and sheep pox and goat pox. A summary of existing contingency plans and simulation exercises carried out in the region as well as the situation regarding six-monthly reporting by Members of the region for 2008 and 2009.

Livestock population in the Middle East in 2009

Table 1. Animal population in the Middle East in 2009 (where necessary, figures for previous years indicated in WAHID have been used)

COUNTRY	CATTLE	SHEEP & GOATS	CAMELIDAE	EQUIDAE	BIRDS
AFGHANISTAN	3 700 000*	16 100 000*	180 000*	1 740 000*	21 720 000*
BAHRAIN	10 000	64 000	2 000	7 000	3 000 000
CYPRUS	56 076	624 086	0*	...	3 673 000
DJIBOUTI	40 000*	1 000 000*	50 000*	6 800*	6 000°
EGYPT	3 089 567*	4 108 688*	122 206*	1 379 140*	...
IRAN	8 000 000	77 000 000	153 000	1 480 150	960 000 000*
IRAQ	1 450 842	19 519 113	9 045	15 234*	21 158 611*
JORDAN	73 345*	3 622 001*	16 000*	11 000*	...
KUWAIT	18 097	1 175 000	10 000	1 300	39 000 000
LEBANON	89 671*	646 303*	...	2 000*	50 600 000*
LIBYA	215 000°°	5 965 000°°	185 000°°	...	55 000 000°°
OMAN	301 558°	1 908 214°	117 299°	...	4 200 000°°
QATAR	10 440	349 641	45 438	5 560*	2 500 000
SAUDI ARABIA	388 010*	9 916 895*	279 338*	20 507*	504 898 459*
SOMALIA
SUDAN	39 000 000	97 000 000	3 600 000	754 112*	40 589 680*
SYRIA	1 168 328*	22 869 296*	27 358*	14 383*	26 096 000*
TURKEY	10 204 617*	26 804 439*	1 057*	525 531*	273 548 490*
UNITED ARAB EMIRATES	328 351*	2 476 000*	26 800*	12 000*	720 000*
YEMEN	1 530 580*	17 597 467*	372 587*
TOTAL	>69 674 482	>291 178 943	>5 197 128	>5 974 717	>2 004 710 240

(*) Data completed with WAHID reports for 2008

(**) Data completed with WAHID reports for 2007

(°) Data completed with WAHID reports for 2006

(°°) Data completed with WAHID reports for 2005

(...) No data available

> More than

49. Table 1 gives a quantitative overview of livestock populations in the Middle East. Compared to the figures presented at the OIE Regional Conference in 2007, the overall animal numbers in 2009 remained broadly similar to those of 2007, possibly because of the lack of regular censuses.

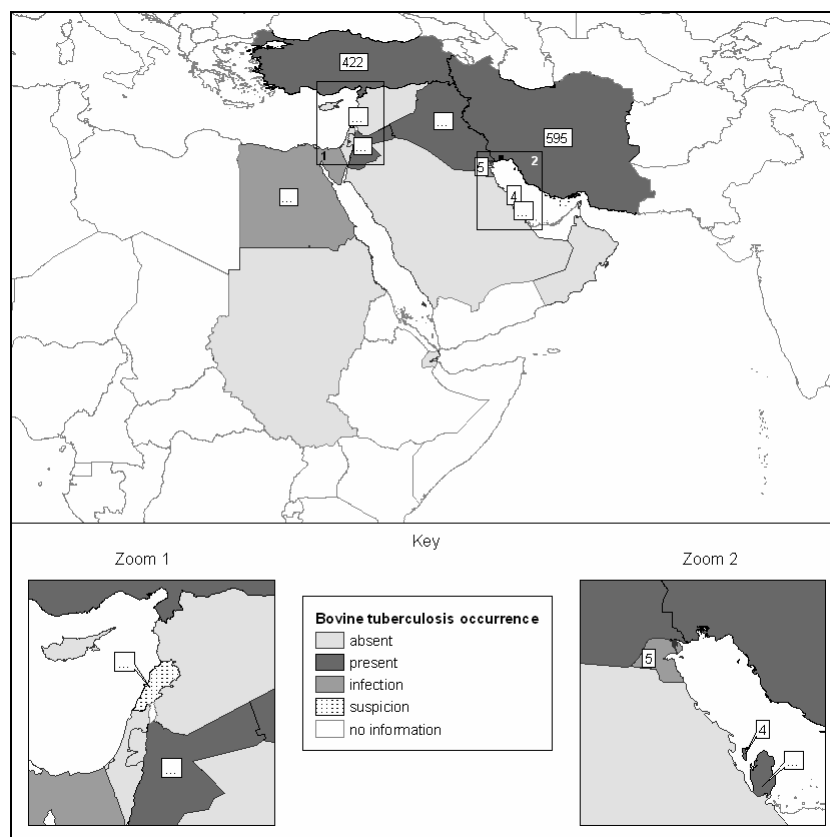
Bluetongue

50. Considering the epidemiology of bluetongue (BT) and the distribution of its historical vector, *Culicoides imicola*, this disease is very likely to occur in the region and could remain undetected because of the lack of regular monitoring and laboratory confirmation in the region. BT serotypes have been recorded since 1951 in several Middle Eastern countries, involving both clinical and subclinical manifestations.
51. In the second semester of 2008, Egypt reported the disease as absent and is the only country in the region to have informed the OIE that vaccination against BT is prohibited.
52. Iran reported outbreaks of BT in the second semester of 2008 and Saudi Arabia notified in 2008 the presence of the infection without clinical signs. Neither country provided information on the serotypes involved.
53. Israel reported the reoccurrence of BT in November 2008, with 10 outbreaks involving a total of 221 cases in cattle and sheep. These events were declared closed in December 2008 but in January 2009 laboratory analysis identified three different BT virus (BTV) serotypes involved in these outbreaks: BTV-4, BTV-16 and BTV-24. BT was an endemic disease in Israel in sheep until 2006. Since 1951, when the disease was first diagnosed in Israel, six serotypes have been detected: BTV-2, BTV-4, BTV-6, BTV-10, BTV-15 and BTV-16. In May 2009, Israel notified the first occurrence of BTV-8 serotype in an outbreak that had already been notified as having given a positive result for BTV-16, details of which were published in January 2009. New samples were sent to the OIE Reference Laboratory in Pirbright (United Kingdom) and, in the spleen of another cow, serotype 8 was found.
54. Oman reported an outbreak that started in February 2009 in the Al Batinah region with 15 cases due to serotypes BTV-1 and BTV-4 in farmed gazelles, and BTV-8 and BTV-16 in Wiltshire sheep. Oman indicated that vaccination in response to this outbreak was planned.
55. The Palestinian Autonomous Territories reported the occurrence of three BT outbreaks in cattle in the West Bank which started on 3 September 2009. The identification of the serotype is still pending. Illegal movement of animals is indicated as one possible source of the outbreaks.

Bovine tuberculosis

56. Bovine tuberculosis is still a major concern in many countries of the Middle East; nine countries reported the presence of the disease in animals. Figure 1 shows the distribution of bovine tuberculosis in the Middle East in 2008 and 2009. The disease is still a major public health hazard: more than 2000 human cases were reported in 2008 in three countries alone. Several Members in the region have already initiated bovine tuberculosis control and eradication plans.

**Figure 1. Distribution of bovine tuberculosis in the Middle East in 2008 and 2009
(Number of outbreaks in 2008, where provided)**

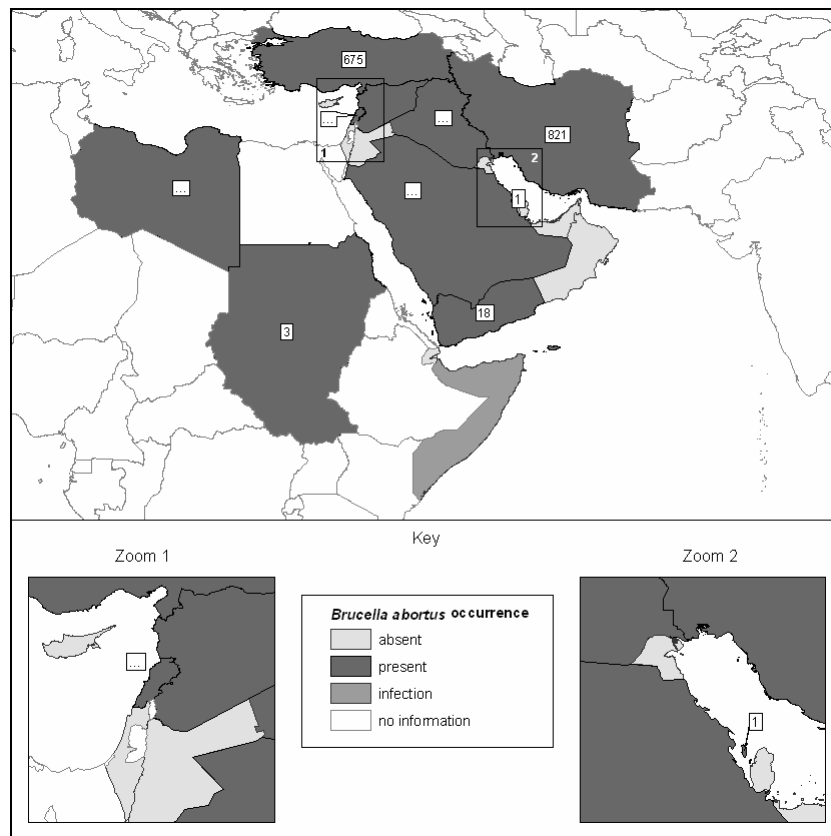


57. In Cyprus, an island tuberculin test campaign is ongoing. Up to June 2009, all tested animals had reacted negatively to the tuberculin test. In 2008, out of a total of 324 bovine herds included in the programme, 130 retained their “Tuberculosis Officially Free Status” and 35 others were newly assigned this status.
58. Iran performs a tuberculin test campaign in dairy farms and high risk areas, with culling of positive cases.
59. A surveillance programme for bovine tuberculosis is being carried out by the authorities in Kuwait as part of an eradication programme. During the survey period, 12 941 animals were tested for tuberculosis using a double intradermal skin test; 347 (2.68%) tested positive for bovine tuberculosis. The eradication programme is based on the test and slaughter approach.
60. Through the wildlife questionnaire 2008, Sudan reported that eight bovine tuberculosis cases occurred in water buffalo (*Bubalus bubalis*) in April 2008.

Brucellosis due to *Brucella abortus*

61. Brucellosis is present in the region; nine countries identified the disease in animals and more than 1500 new outbreaks were reported in 2008. Figure 2 shows the distribution of bovine brucellosis in the Middle East in 2008 and 2009. Like tuberculosis, this is also major public health hazard: almost 38 000 human cases of brucellosis in the region in 2008 were reported to the OIE and several Members have a bovine brucellosis control and eradication programme.

**Figure 2. Distribution of bovine brucellosis in the Middle East in 2008 and 2009
(Number of outbreaks in 2008, where provided)**



62. In Cyprus there are currently no infected herds and the bovine brucellosis eradication programme is based on a test and extended slaughter or killing of positive animals or positive herds. The target population is all bovine animals over the age of 12 months and sampling is performed on a monthly basis; vaccination is prohibited.
63. Iran reported 821 new outbreaks in 2008; a vaccination campaign is ongoing.
64. In Kuwait a surveillance programme for bovine brucellosis is ongoing. During the survey period, 27 834 animals were tested for brucellosis using CFT (complement fixation test) and ELISA (enzyme-linked immunosorbent assay); 46 animals (0.16%) were positive for bovine brucellosis. All animals testing positive are slaughtered.
65. Brucellosis is endemic in Sudan; one outbreak was recorded during the first semester 2009.

Classical swine fever

66. Israel reported in March 2009 the reoccurrence of classical swine fever in Acco, Hazafon, in a farm comprising 2556 susceptible animals, located about 3.5 km from the border with Lebanon, through which wild boar can pass. Eleven wild boars were found dead within a 4-km radius of the farm. PCR (polymerase chain reaction) analysis of the virus, performed in the national laboratory showed 97% homology with virus isolates from China (2002) and 98% homology with virus isolates from Germany (1997).
- 67.
67. This finding demonstrates that the classical swine fever virus is circulating among the wild boar population in the region.

Crimean Congo haemorrhagic fever

68. Crimean Congo haemorrhagic fever (CCHF) is a viral haemorrhagic fever of the Nairovirus group. CCHF is a tick-borne zoonosis that is often subclinical in animals but, according to the World Health Organization, the mortality rate in humans is approximately 30%, with death occurring in the second week of illness.
69. In 2008, Iran was the only country in the region to declare the occurrence of infection in animals. In the rest of the world, OIE reports on CCHF circulation in animals indicate that Pakistan reported the presence of the disease, while Russia reported the suspicion of CCHF.
70. Other sources indicate that the disease has also been reported in other countries neighbouring the Middle East region: two fatal human cases were reported in Greece in 2008 and the first confirmed case in Georgia was reported in September 2009. Also in 2009, Oman has informed the OIE of the presence of CCHF as a subclinical infection in domestic animals.
71. Since 2006, Turkey has been reporting a constantly increasing number of CCHF human cases and related fatalities: in 2006, 438 cases were reported; in 2007, 717 cases; and in 2008, 1315 cases (63 of which were fatal). Sources quoting the Turkish Ministry of Health indicate that the 2009 count is 274 cases, 61 of which were fatal. Unfortunately no report on the animal health situation is available. Turkey informed the OIE that active surveillance would be undertaken in animals but the results of this surveillance have not yet been shared with the OIE.
72. Iran informed the OIE that in 2007 the disease caused 67 human cases (8 of which were fatal). Since no information was provided on human cases of zoonoses for 2008, the latest figures are not available. However, the infection is known to circulate in animals in the country and other sources indicate that in 2008 CCHF infected 120 people (19 of whom died) and in 2009 at least 63 human cases have been identified, with eight deaths. Unofficial sources indicate that to the east, in the province of Herat, in Afghanistan, at least five cases occurred (two of which were fatal) in 2008.
73. CCHF is an OIE-listed disease which requires notification to the OIE according to the requirements on notification of diseases set out in Chapter 1.1.2. of the OIE Terrestrial Animal Health Code. Unfortunately, the only countries in the region where this disease is notifiable are Cyprus, Iran, Kuwait, Lebanon and Turkey. The relevance of this disease is not related to the consequences of its spread within the animal population, but rather to the risk posed by its zoonotic potential. Better monitoring of CCHF in animals is an essential step to avoid human fatalities, and this falls within the dual mandate of the Veterinary Services to safeguard both animal health and public health.

Foot and mouth disease

74. Of the seven foot and mouth disease (FMD) serotypes, three serotypes (A, O and Asia 1) were reported in the Middle East in 2009. Although serotype SAT 2 was reported by Sudan in 2007, there have been no reports of this serotype having occurred during the period under review. For 2008 alone, more than 1000 new FMD outbreaks were reported in the region. Serotype A Iran 2005 is spreading further in the region; after being reported in Turkey, it is now affecting other countries of the Middle East, reaching Libya in the west. Figure 3 shows the distribution of FMD in the Middle East in 2008 and 2009 and Figure 4 shows the vaccination coverage in the region for cattle, sheep and goats.

**Figure 3. Distribution of FMD in the Middle East in 2008 and 2009
(Number of outbreaks in 2008, where provided)**

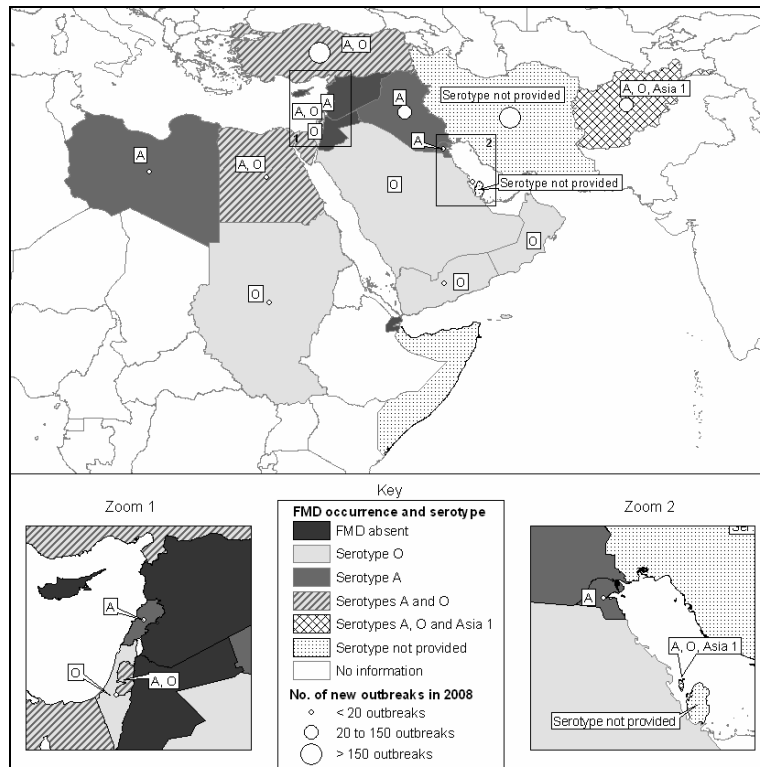
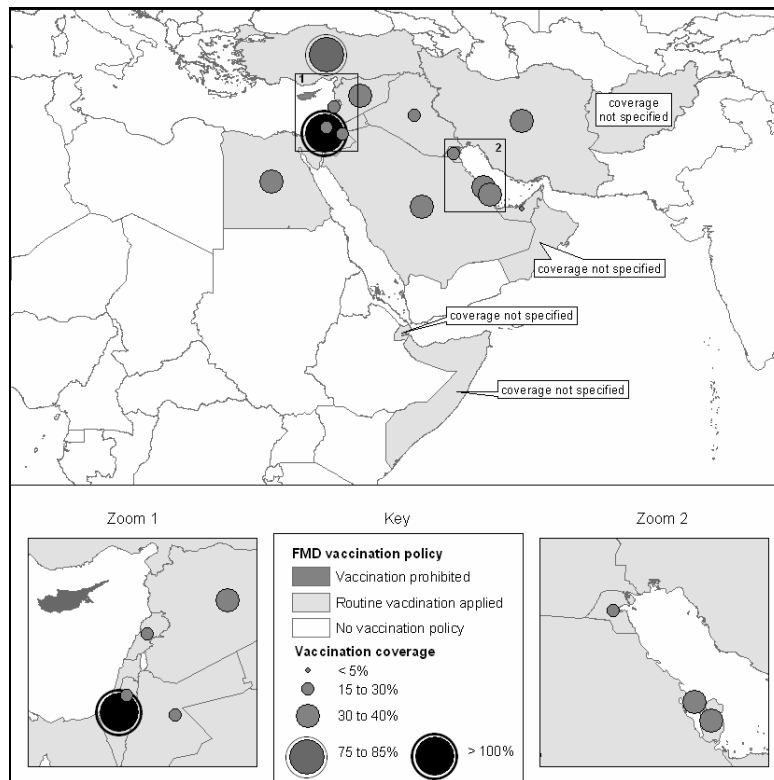


Figure 4. FMD vaccination strategy and coverage in the Middle East in 2008



75. Bahrain reported the first occurrence of serotype A Iran 2005, in an outbreak that started in November 2008, and of serotype Asia 1, in an outbreak that started in April 2009. Although serotype O is considered to be present, no outbreaks were reported in 2009.
76. Egypt notified six outbreaks of FMD due to serotype O in cattle and buffaloes between January and June 2009; the event is still unresolved. Results from the OIE FMD Reference Laboratory indicate that the serotype O ME-SA field strain is very closely related to the Egyptian vaccine strain. Outbreaks due to serotype A in cattle were also notified; they started in January 2009 and were resolved the following month. The FMD vaccination programme has been strengthened in 2009.
77. During the first six months of 2009, Iraq identified the circulation of FMD virus serotype A Iran 05 BAR 08 in livestock, with a total of 9069 sheep and 11 165 cattle becoming infected. A Iran 05 virus was isolated from 11 provinces, with a total of 987 outbreaks.
78. Israel reported 14 new outbreaks of FMD to the OIE. They occurred between February and July 2009 and were due to serotype A.
79. In January 2009, serotype A Iran 2005 was detected for the first time in Kuwait, and was responsible for an outbreak of the disease in a dairy farm in Sulaibiya area, Al Jahrah governorate. Sixty-one of the 2060 bovines in the farm were affected. The source of outbreak has not yet been established. Currently, the outbreak has been contained through a combination of methods, including vaccination, movement control and disinfection of the infected premises.
80. Lebanon reported the first occurrence of FMD due to serotype A Iran 2005. Eleven outbreaks occurred between January and February 2009 in the Al Biqa' and Ash Shamal regions.
81. Libya reported three FMD outbreaks due to serotype A Iran 2005 that started in February and March 2009 in cattle. This was the first occurrence of this strain in Libya.
82. In 2007, the Palestinian Autonomous Territories reported the occurrence of FMD serotype O; several outbreaks were reported in small ruminants in the West Bank. In February 2009 a final report was submitted to the OIE indicating that more than 1 million sheep, goats and cattle had been vaccinated against serotypes O, A and Asia 1. Serotype O is considered to be endemic and serotype A has been reported since 2009. The OIE FMD Reference Laboratory indicated in its Quarterly Report for April-June 2009 that the strain belongs to the ASIA toptotype, A Iran 05 BAR 08 strain.
83. Serotype O was reported by the United Arab Emirates, with two outbreaks involving wildlife (gazelles and oryx).
84. Laboratory results communicated to the OIE by an OIE Reference Laboratory indicate that FMD serotype O is currently circulating in cattle in Saudi Arabia.
85. In Sudan, FMD is endemic and is reported almost every year during the cool months. Of the four serotypes previously reported, O, A, SAT 1 and SAT 2, only O, A and SAT 1 were reported in 2008. The last laboratory-confirmed cases of FMD in the country were in 2005, when virus serotypes O, A, SAT 1 were identified. In 2008, serological surveillance was conducted in seven Northern States. In the first six months of 2009, four outbreaks were reported, diagnosed on the basis of clinical signs, three in Khartoum and one in River Nile States. FMD has also been reported in wildlife, through the wildlife questionnaire 2008: the disease occurred in June in water buffalo (*Bubalus bubalis*). Sudan reported the disease in wild animals as "clinical disease present in whole country".

86. FMD is endemic in the Anatolian Region of Turkey. Mass vaccination has resulted in a decline in the number of outbreaks. At present, serotypes O and A are known to be circulating. Due to the genetic changes that have occurred in the field strain, A Turkey 04/06 has been included among the vaccine strains used. Both trivalent and bivalent vaccines are being used. An analysis of the results of the cattle serosurveillance conducted in 2008 indicates that the country prevalence of the disease is 8.27%. Tests conducted to determine the effectiveness of the vaccination revealed protection levels of 69%, 82% and 80% for O1 Manisa, A22 Iraq, and Asia 1, respectively. Turkey has informed that studies have been initiated in Turkey for the recognition of Thrace region as “FMD Free Zone Where Vaccination is Practised”. There has been no FMD outbreak reported in Thrace Region since November 2007. Vaccination with trivalent vaccine is carried out in Thrace.
87. The United Arab Emirates reported two new outbreaks occurring in December 2008 and January 2009 in the Dubai region; the outbreaks were declared closed in February. Within the framework of an official programme of the Ministry of the Environment and Water, a survey was made and no other cases were reported. A total of 2500 sheep and goats were vaccinated at no charge to the farmers.
88. In May 2009, OIE World Assembly of Delegates adopted Resolution No. 19 Recognition of the FMD Status of Members. Cyprus was the only country in the Middle East to be recognised as an “FMD free country where vaccination is not practised”, in accordance with the provisions of Chapter 8.5. of the Terrestrial Animal Health Code.

Peste des petits ruminants

89. Peste des petits ruminants (PPR) is an acute contagious viral disease of goats and sheep and has a high mortality rate. During the past decade we have witnessed an extension of the geographical distribution of PPR in Africa and Asia. In Asia, the disease affects goats more than sheep, whereas the opposite is true in Africa. Among the four known lineages of PPR virus, lineage IV is present in the Middle East and parts of Asia, while lineages I, II and III are present in sub-Saharan Africa.
90. In the region, 13 countries reported the presence of PPR, with a combined total of more than 800 reported new outbreaks; however, this is likely to be an underestimate. Figure 5 shows the distribution of the disease in 2008 and 2009 and Figure 6 shows the vaccination policy in the region in 2008.

Figure 5. Distribution of PPR in the Middle East in 2008 and 2009

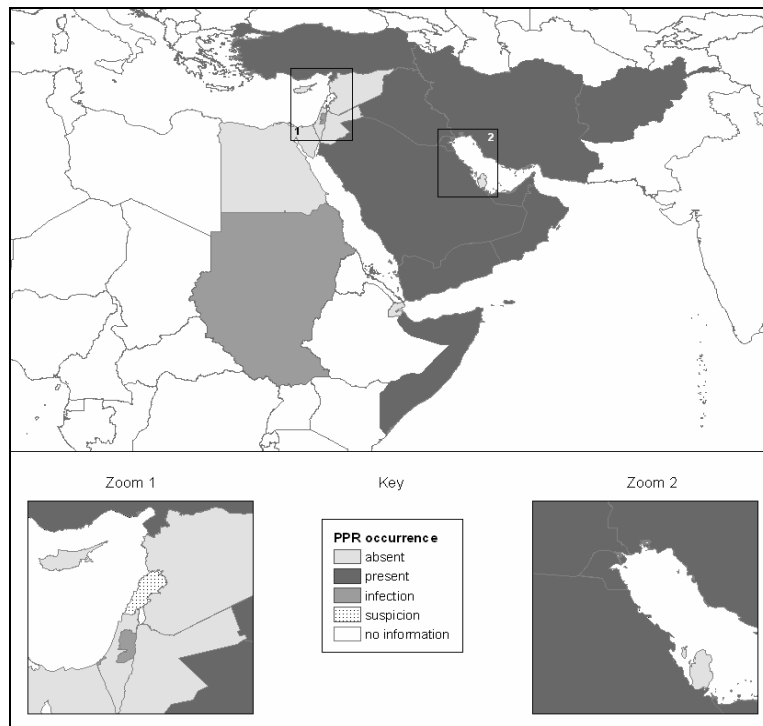
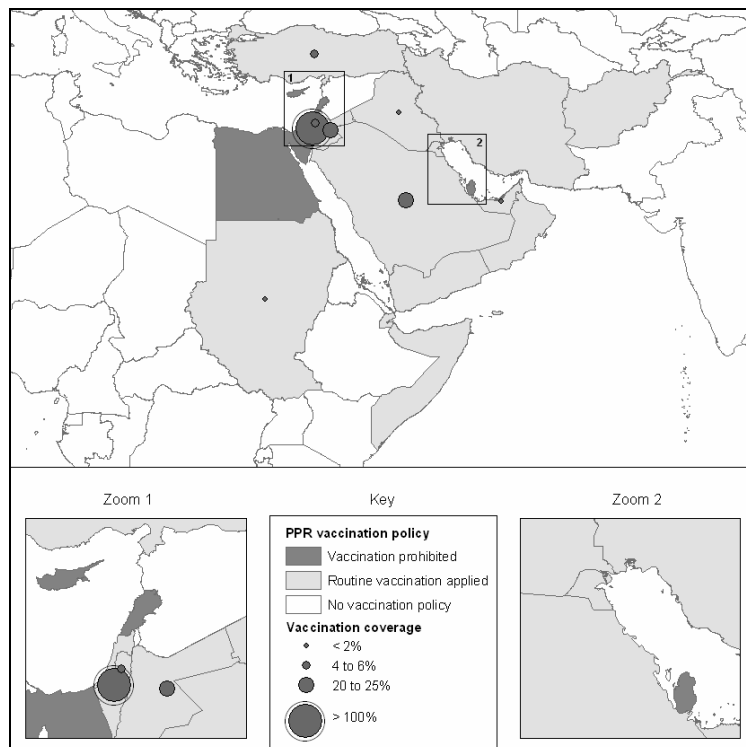


Figure 6. PPR vaccination policy and coverage in the Middle East in 2008



91. Iraq reported that its sheep and goat population is around 20 million, with a PPR prevalence of 14%. In 2009, 20 000 animals have already been vaccinated. Kuwait has indicated that the vaccination coverage for PPR is 0.14%, corresponding to 1700 animals.
92. Somalia indicates that a gradual spread westwards of PPR is taking place. A vaccination campaign was carried out in the affected and surrounding areas of Somaliland in May 2008 and further vaccinations were planned to prevent further spread of the disease.
93. In Sudan, PPR was observed for the first time in 1971. During the first half of 2009, 11 outbreaks were reported and 433 145 sheep were vaccinated against the disease. Through the wildlife questionnaire 2008, Sudan reported the disease in Southern Lechwe (*Kobus leche*, belonging to the family Bovidae) in July 2008. Sudan reported the disease in wild animals as “clinical disease present in whole country”.
94. In Turkey, 36 PPR outbreaks were reported in 2008. The number of outbreaks in 2009 has not yet been provided. A project is being prepared, including the supply of vaccines, vaccination, public awareness, the identification of small ruminants and the establishment of a database for registration.
95. Due to the high mortality rate of PPR and the fact that it affects sheep and goats, this disease has a major economic impact due to losses incurred as a result of reduced agricultural production and international trade restrictions. For this reason the disease situation is being closely monitored by several countries, which have a clear vaccination policy depending on their animal health status. Nevertheless, the vaccination schemes have produced variable results; from the estimated vaccination coverage of sheep and goat population, we can see that no country (except Israel) has decided to cover the entire population (see Table 2).

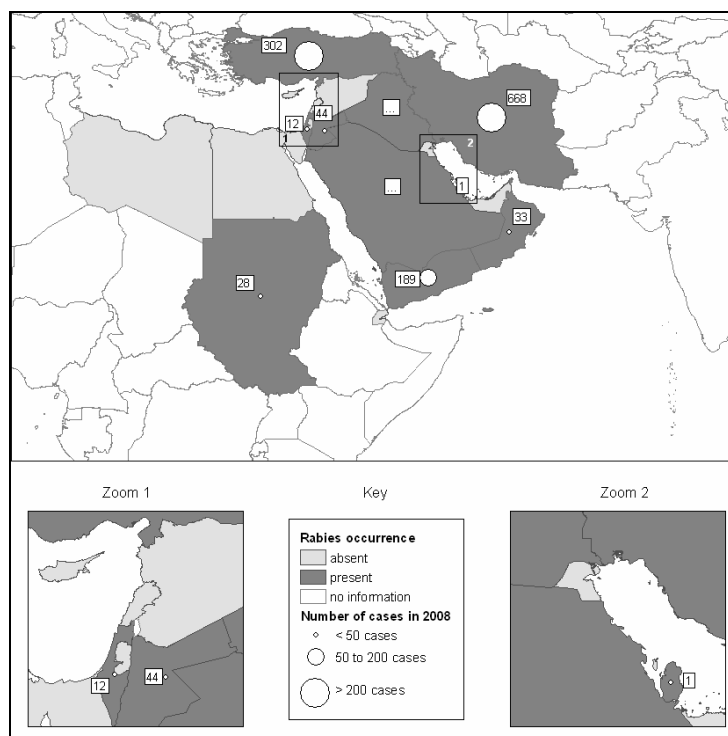
Table 2. Vaccination policy in Middle East countries according to their PPR status

PPR present and vaccination performed	PPR absent and vaccination performed	Estimated vaccination coverage of sheep/goat population in 2008	PPR absent and vaccination prohibited	Other
Afghanistan Iran Iraq Kuwait Oman Palest.A. Territories Saudi Arabia Somalia Sudan Turkey United Arab Emirates Yemen	Djibouti Israel Jordan	Iraq 0.61% Israel 141.03% Jordan 22.06% Kuwait 0.14%* Oman 7,18%* Palest. Aut. Terr. 5.05% Saudi Arabia 24.40% Sudan 1.78% Turkey 4.49% U.A.E 0.03%	Cyprus Egypt	Lebanon (PPR suspected and vaccination prohibited) Bahrain (no information) Libya (no information) Qatar (no information) Syria (no information)
		*2009 data (partial vaccination)		

Rabies

96. Rabies is caused by a neurotropic virus of the genus *Lyssavirus* of the family *Rhabdoviridae*, and is transmissible to all mammals. In the Middle East, nine countries reported the disease present, with a total of almost 1000 new outbreaks of rabies in animals in 2008. Figure 7 shows the distribution of rabies in the Middle East in 2008 and 2009.

**Figure 7. Occurrence of rabies in the Middle East in 2008 and 2009
(Number of cases in 2008, where provided)**



97. Sudan has indicated that rabies continues to be a serious public health hazard in the country. Three laboratory-confirmed outbreaks were reported during the first six months of 2009. During the same period, 10 804 animals of various species were vaccinated.
98. In Qatar, the rabies screening programme for stray dogs and cats resulted in the detection of one positive case (all 62 cats examined were negative; one dog out of 3 suspected cases was found to be positive).
99. Canine rabies is endemic in Turkey, with cases being detected in both domestic and wild species. Basic control measures include quarantine, and vaccination, surveillance and training, in addition to the control of stray animals. A three-year national project has just been completed on the Control of Rabies in Turkey. Under the project, in the first six months 2009, 1 050 000 doses of parenteral vaccine were used in farm animals and cats/dogs and 606 000 oral vaccine doses were distributed for use in wildlife. Another project is being prepared for 2010, which should provide for an annual oral vaccination campaign for wildlife.
100. With respect to the wildlife situation, Iran reported rabies to be limited to one or more zones. From the data provided in the questionnaire, a total of 33 rabies cases in wild animals were reported in 2008 involving four different species. The largest numbers of cases were in grey wolf (*Canis lupus*) with 20 cases followed by golden jackal (*Canis aureus*) with eight cases and red fox (*Vulpes vulpes*) with four cases. One case was also reported in an Indian grey mongoose (*Herpestes edwardsii*) of the Herpestidae family. Turkey registered a total of 41 rabies cases in wild animals in 2008, involving three different species. The highest number of cases was recorded in red fox (*Vulpes vulpes*), with 36 cases, followed by golden jackal (*Canis aureus*) with four cases. One case was also reported in grey wolf (*Canis lupus*).
101. Since the beginning of 2009, 11 rabies outbreaks have been reported by Israel, nine of them in the north-eastern region, Hazafon, bordering Lebanon, Syria, and Jordan. This indicates a slightly increasing trend in the number of outbreaks from previous years, with nine reported in 2006, 15 cases in 2007 and 12 cases in 2008. The current significant increase in animal rabies incidence in northern Israel marks a further deterioration in a trend observed since

2004, underlined by the emergence of canine rabies, replacing sylvatic rabies, which was previously reported to be the dominant form. The unrest situation in the region could explain the increase of canine rabies.

102. Prevention of rabies must be a joint effort involving both the Veterinary Services and the Public Health Services. Rabies elimination efforts that focus on mass vaccination of dogs and the reduction of stray dogs especially in cities and peri-urban areas are financially justified by the future savings that can be made by discontinuing post-exposure preventive treatment for humans and by reducing the financial losses incurred as a result of cases in livestock.
103. There is evidence that, occasionally, the disease can be transmitted over long distances, even to other continents, through the illegal transport of pet animals or as a result of tourists becoming infected while visiting countries that are affected. Strengthening control programmes through increased vaccination of pet animals together with a reinforcement of veterinary inspections at border posts would help reduce the number of fatalities.

Sheep pox and goat pox

104. Sheep pox and goat pox are viral diseases of sheep and goats. Both diseases are caused by strains of capripoxvirus, all of which can infect sheep and goats; in naïve populations the disease can cause up to 100% morbidity and mortality.
105. Most countries in the region have reported sheep and goat pox in the past 10 years: whereas in countries in the African continent the incidence has been declining, in the eastern countries sheep and goat pox have been present at a more constant level. In the north-eastern part of the region, there has been an increase in incidence since 2004, though with a somewhat irregular pattern. In 2008, there were 678 new outbreaks in the Middle East region. Figure 8 shows the distribution of new outbreaks in the region since 1996 and Figure 9 provides an overview of the vaccination policy in 2008.

Figure 8. Distribution of new outbreaks of sheep and goat pox in the region since 1996

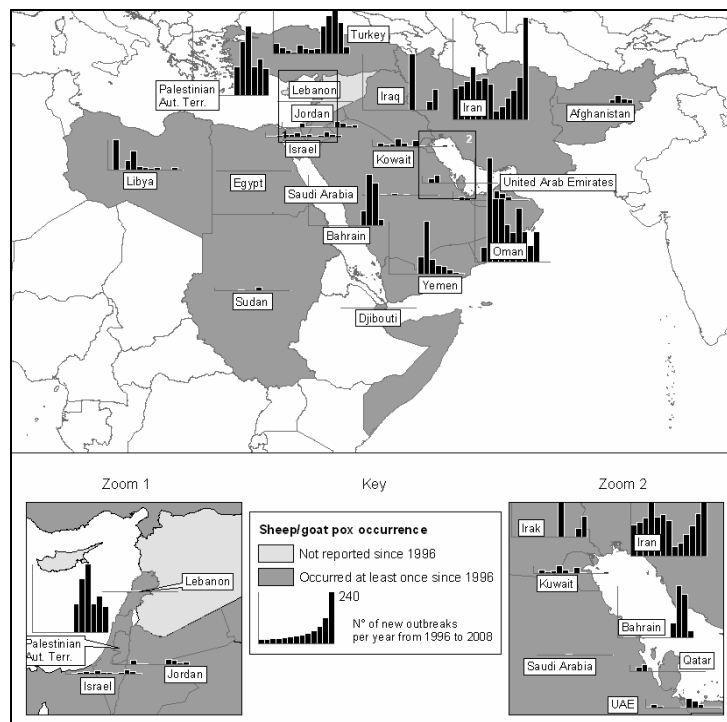
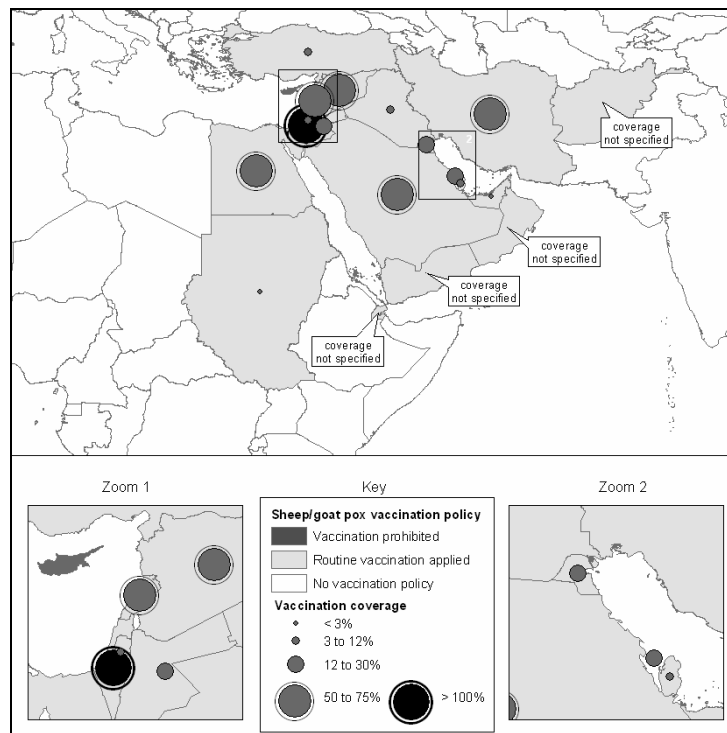


Figure 9. Sheep and goat pox vaccination policy in the Middle East in 2008



106. All the countries in region report that they practise sheep and goat pox vaccination, with the exception of Cyprus (where vaccination is prohibited) and Somalia (no information provided). In total, the OIE has been notified that almost 90 million sheep and goats were vaccinated in 2008 compared to a total sheep and goat population in the region of more than 300 million.
107. According to data provided in the 2008 wildlife questionnaire, Sudan registered in April 2008 a total of 30 cases in Bohor Reedbuck (*Redunca redunca*), which belong to the *Bovidae* family. The diagnosis was based on clinical findings and the results of the post mortem examination. This infection has never previously been reported in wild ungulates. These findings in Sudan would therefore constitute the first ever report of the disease in wild ungulates. (References: 1. Infectious Diseases of Wild Mammals. Third edition. Williams E.S. & Barker I.K. (eds). Iowa State University Press, 2001. Chapter 8, Poxvirus infections, page. 195. 2. Sheep & Goat Pox. Iowa State University Center for Food Security and Public Health - technical disease cards; last updated: July 28, 2008 – link: http://www.cfsph.iastate.edu/factsheets/pdfs/sheep_and_goat_pox.pdf).

Contingency plans and simulation exercises

108. Since 1 January 2008 the OIE has received a total of 33 notifications of simulation exercises performed by OIE Members worldwide. Only one of these was in the Middle East: Turkey performed a simulation exercise in November 2008 on highly pathogenic avian influenza involving both a table-top and a field exercise.
109. The OIE has also asked Members to share their contingency plans by posting them on the OIE Web site. The OIE renews its request to Members of the Middle East Region to send their contingency plans to the OIE if they are in one of the OIE's official languages.
110. Cyprus has prepared contingency plans for the control of FMD, classical swine fever, Newcastle disease, avian influenza, bluetongue, bovine spongiform encephalopathy and scrapie. These contingency plans, which are regularly updated, provide details of all the actions to be taken should the above diseases occur.

111. Jordan is preparing a contingency plan for avian influenza, FMD, bluetongue, bovine spongiform encephalopathy and rinderpest. This plan has not been approved by experts yet.
112. Iraq has a contingency plan for rinderpest disease, which was included with the application submitted to the OIE for recognition of freedom from the disease) and a contingency plan for avian influenza prepared by the Department of Epidemiology. The latter plan is currently being implemented and updates are made as and when necessary.
113. Kuwait has developed contingency plans for avian influenza and rinderpest outlining emergency preparedness and response. The main elements of the plans include surveillance, sampling and diagnostic techniques; data collection, information flow and notification procedures; control methods; list of stakeholders and the list of responsible officials during control and eradication activities; and materials and equipment necessary for surveillance, control and eradication activities.
114. Qatar has a national avian influenza contingency plan with, as its main objective, to ensure that the country is well prepared for avian influenza incidents through a range of activities, including public awareness, emergency animal disease training, simulation exercises and surveillance.
115. Somalia developed contingency plans with the involvement of different stakeholders in Somalia including those relevant for rinderpest, highly pathogenic avian influenza, PPR, contagious bovine pleuropneumonia, contagious caprine pleuropneumonia and Rift Valley fever. The plans include the following: description of the disease, description of the relevant livestock production system(s) and related livestock trade and marketing systems, assessment of the risk of the disease and mitigating measures, capacity of the public and private veterinary services for prevention and control, legal and regulatory framework, epidemiological surveillance and disease reporting, mechanisms for rapid response to an outbreak, organisational arrangements for response to a disease emergency including linkages with public health institutions as necessary, support plans for financial and technical inputs.
116. United Arab Emirates have a national contingency plan for avian influenza and swine flu. Another plan for epidemic diseases is currently being prepared by the Ministry.

Submission of six-monthly reports for 2009

117. OIE Members are required to provide the OIE with immediate notifications and follow-up reports whenever appropriate, as well as six-monthly reports and annual reports documenting the evolution of their sanitary status. These reports are part of the OIE notification system WAHIS. The following countries have provided the first six-monthly report for 2009: Djibouti, Egypt, Kuwait, Lebanon, Oman, Qatar, Somalia, Syria and United Arab Emirates.

Discussions

118. United Arab Emirates, Somalia and Syria requested that their sanitary situation report be included within the final version of the report of the Conference report.
119. A representative of the Delegation of Oman clarified that CCHF was not reported within the last six monthly report of his country.
120. He also remarked the importance of Brucellosis due to *Brucella melitensis* within the region, for which additional attention should be paid by countries.

121. Dr Aidaros complemented this comment by informing that 95% of Brucellosis in cattle in Egypt is produced by *B. melitensis* rather than *B. abortus*.
122. The Delegate of Iran recalled that Israel is not Member of the OIE Regional Commission for the Middle East, and asked to omit the name of Israel and related parts to it in the report about the sanitary situation of the region presented by Dr Ben Jebara. He stated that if neighbouring countries of the OIE Regional Commission for Middle East are mentioned in the report, such the case of Israel, it would be also necessary to add the sanitary situation of some other countries like Pakistan, Azerbaijan, Tajikistan, Armenia, and so on, because Pakistan is neighbour to Iran and Afghanistan, and Azerbaijan is neighbour to Iran and Turkey. Therefore the name of Israel has to be omitted in all related parts or all neighbouring countries of the region must be mentioned.
123. He also referred to the FMD Serotype A isolated since 2007 within the region, and enquired why it is still linked to and called A Iran 05. He remarked that Iran makes a lot of efforts to isolate FMD strains virus from all new occurrences, which are being sent to Pirbright Laboratory, therefore Pirbright should give all information regarding the sequence of such strains.
124. Dr Bernard Vallat clarified that Israel is not member of the OIE Middle East Regional Commission and is not present at this meeting. He stated that the sanitary situation of the whole region and neighbouring countries has to be known by every country, in order to allow each country to take the appropriate preventive measures when necessary. Following the request of Iran, the OIE mentions an "exceptional event" notified by a neighbour of the region: Azerbaijan notified sheep and goats pox in 2009. Other neighbours did not sent reports on exceptional events during the relevant period¹.
125. He indicated that the remarks made by Iran will be mentioned on the proceedings of the Conference.
126. A representative from the Delegation of Qatar questioned whether Classical Swine Fever virus could have antigenic links to the Classical Swine Influenza.
127. The Representative of Turkey when referring to FMD made a strong recall on supporting FMD vaccination for controlling and eradicating the disease, explaining that Turkey has been applied this strategy since the last years. He remarked that during the last two years there have been no evidence of the disease nor on viral circulation in Thrace region. He mentioned that his country will apply for the OIE official recognition of freedom from FMD with vaccination for the Thrace region. He expected the vote of the Delegates of the region to support this application.
128. He referred then to Rabies, indicating that during the last years 70 or 80 % of rabies cases were in stray dogs. The situation now has changed, mainly due to the correct use and application of Rabies vaccines in dogs, but the main problem still remains in wildlife (fox).
129. The Delegate of Soudan stressed the importance of WAHIS for having timely and accurate information on the sanitary situation of countries and regions, as well as for requesting appropriate measures when trading animals and products.
130. He made a reference to the increasing problem within the region in regards to PPR, and noted that more control is necessary at regional level, mainly in relation to vaccination coverage which is too low in some areas such as it is the case of Central and South Sudan as well as many countries in the region.

¹ sentence added after the meeting

131. The Delegate of Somalia informed that a census of the Livestock population was recently carried out by FAO through a project which has ended in August 2009 and results will be soon available. She also informed that this information will be provided in the annual report 2009 and remarked that in the future sanitary six monthly reports of her country will be provided regularly.
132. The Delegate of Syria agreed on the concerns expressed by Turkey in regards to Rabies in wildlife.
133. Dr Ben Jebara, while answering to some opinions and requests from Delegates, stressed that WAHIS is functioning well, and reminded the importance for each country to check and control the information loaded within the system before sending their reports to the OIE, in order to ensure quality and consistency of the information.
134. Dr Ahmed Elshawaly, Director of AU-IBAR, made reference to PPR, informing that two projects aimed to control the diseases are being pursued by his organisation. One of them, addressed to Sub-Saharan African Countries would start in January 2010, and other one will be covering the whole African countries for which specific resources and fund are being sought. He also informed that AU-IBAR is looking for support from donors for PPR vaccination.
135. The Delegate of Egypt clarified some information on FMD presented. Regarding the occurrence in 2006 he clarified that before 2006 the serotype involved was only the serotype "O". He also remarked that outbreaks due to serotype A have not been observed during the last six months.
136. The Delegate of Bahrain remarked that the six monthly report of his country was already opportunely sent.
137. Dr George Koury, FAO representative for the OIE/FAO Regional Animal Health Centre in Beirut, Lebanon, stressed that the OIE through WAHIS is the main source of Animal Health situation, as information to be used by other organisations, and asked for further fine tuning of the system, as well as of its use by members, in order to avoid missing information.
138. Dr Ben Jebara reminded again that WAHIS system is working properly. The key issue is the quality of information provided from countries. Besides that, there is, some times, lack of transparency. Dr Ben Jebara stressed that National Early Warning Systems and Surveillance are key issues for controlling diseases, therefore governments and donors should be further sensitised to provide funds for improving surveillance in certain countries. Finally he remarked that there is no one single country which could capture, analyse and notify all relevant information, but it is up to each country, which is the main responsible, to improve the functioning of its surveillance and reporting systems.
139. The representative from Turkey proposed to share among all countries of the region this kind of sanitary reports before presenting to the Regional Conference in order to avoid inconsistencies or missing information, and to have a better knowledge of the real sanitary situation in the region.
140. Dr Vallat clarified that the final report of the Conference of the Regional Commission will be definitively adopted two weeks after the Conference. For that he encouraged countries to have further discussions with the OIE Animal Health Information Department.
141. He recalled that the sanitary situation within the region must be improved. He mentioned that some countries have good epidemio-surveillance systems, while others should request their Governments to improve their Veterinary Services, and for that the OIE provides some tools such as the PVS evaluation and the PVS Gap Analysis in order to better convince governments.

142. Dr Vallat also referred that some countries have not enough funds, and give priority to other matters than the Veterinary Services. For those countries the OIE could help by convincing other countries and donors to provide resources to improve their Veterinary Services.

Activities of the OIE Regional Commission and Regional Representation for the Middle East

143. The Session Chairman invited Dr Yehia Ghazi, OIE Regional Representative for the Middle East and Dr Ziad Namour, Delegate of Syria and General Secretary of the OIE Regional Commission for Middle East, to present his report.
144. Dr Namour started his presentation commenting on the main objectives of the OIE Regional Commission (RC) for the Middle East which is to tackle specific problems relevant to the veterinary services and establish cooperation between these services at the regional level to improve the quality of Veterinary Services in accordance with the OIE standards.
145. He mentioned that during the last General session in May 2009, the Bureau of the Regional Commission was elected for a three-year term as follows:
- Dr Kassem el Qahtani (Qatar), as President;
 - Dr Hamed Samaha (Egypt), as First Vice President;
 - Dr Ali Abdullah Al Sahami (Oman), as Second Vice President;
 - Dr Ziad Namour (Syria), as Secretary
146. Dr Namour remarked that through an active and efficient collaboration between the Regional Commission and the Regional Representation several programmes will be implemented on the region in order to reinforce capacities of Veterinary Services to control and manage animal diseases, particularly those of a transboundary nature.
147. Dr Namour reminded the Recommendations from the 9th Conference of the Regional Commission for Middle East held in Damas, in 2007.
148. He also remarked the importance for the Region of the two Technical Items to be discussed during the 10th Conference, namely, "Capabilities of veterinary laboratories in the region – Needs to improve animal disease diagnostic" and "An approach to developing coordinated and harmonised actions for the control of brucellosis".
149. Dr Ghazi Yehia, pointed out that among the objectives of the OIE Regional Representation for Middle East there is the harmonisation of regulations relating to regional trade of animals and animal products, improving animal disease information system, strengthening collaboration with regional and international organisations, organisation of conferences and seminars that help target specific issues related to animal and public health and the promotion of the creation of regional reference laboratories and coordinating their activities adapted to regional needs.
150. Dr Yehia commented on main events and conferences, both at Regional and Global level for which the Regional Representation participated.
151. He spoke on the reinforcement of the collaboration between the RR and the different international organisations such as WHO/MZCC and also the FAO through OIE/FAO Regional Animal Health Centre (RAHC) under the umbrella of the GF-TADs regional steering committee since 2006.
152. Dr Yehia underlined that the Regional Representation will also be focused on Rinderpest to assist countries in the official recognition of their free status, on FMD to increase the knowledge on circulating strains through a specific and relevant project for the Middle East,

on HPAI to reinforce capacities of Veterinary Services to prevent and control this disease, on RVF to establish a predicting model adapted to specific conditions of the Middle East and on food safety to improve the sanitary quality of the food consumed within the region.

153. He remarked the importance for all Delegates to nominate their 6 National Focal Points as established by the OIE.
154. Dr Yehia showed and explained the information contained in and functioning of the OIE Middle East Regional Representation web site.
155. To conclude he mentioned that the Regional Representation will concentrate its efforts to:
 - improve the capacities of veterinary services using the PVS results to assist Members implementing adapted strategy for their specific needs;
 - assist countries to comply with their obligation to transmit clear and frequent sanitary information, using WAHIS system;
 - emphasise on the training of national focal points in order to facilitate the work of each Delegate and strengthen technical communication between Members and the OIE and
 - continue translation as often as possible all documents of importance in Arabic language to promote the access to such information.

Discussions

156. The Conference Chairman thanked Dr Yehia for a clear and comprehensive presentation. He expressed appreciation for the excellent work carried out by the RR.
157. Discussions were mainly focused on OIE focal points.
158. The Delegates of Bahrain and Iran mentioned that they have nominated their national focal points.
159. The Delegates of Kuwait and Yemen declared that they have already sent nomination for all the 6 OIE focal points.
160. The Delegate of Oman suggested creating a new OIE focal point on surveillance and diagnostic, considering the importance of these tasks and the weakness of the region in such matter.
161. Dr Vallat clarified that OIE focal points have been created to decrease the workload of the delegate, improve collaboration between the OIE and its Members and to provide specific information and training on international standards directly to policy makers in their field of competencies.
162. He explained that Delegates are free to designate or not focal points, but encouraged Members to do it. It is also up to each Delegate to be themselves Focal Points if desired.
163. He invited also Delegates to strengthen, in their own country, collaboration with other Ministries, particularly in areas which are not under their mandate or responsibility. Indeed food safety, aquatic animal diseases and wildlife are often managed by different services than Veterinary Services. Designation of focal points from Veterinary Services is very important in order to act as bridge with other Ministries' technical services as well as with the OIE.
164. Actually OIE has created 6 focal points, based on priorities, such as the one concerned to transmission of information on animal health diseases. The OIE received several requests from Members to create more focal points, notably on communication, laboratory and equine diseases. The OIE current objective is to reinforce the current focal points by a cycle of training all them in each region of the OIE. Other focal points will be created later.

165. He proposed also to organize, specific regional training courses to satisfy specific regional needs. Therefore, training courses on epidemiological surveillance and diagnostic, laboratory and equine diseases could be organized in the Middle East, included within the OIE Regional Representation work programme.
166. He explained also that the OIE has created a Global database for focal points and all nominations or modifications have to be sent directly by Delegates to the OIE Headquarter, with copy to the OIE Regional Representation.
167. Concerning the PVS programme, Dr Vallat clarified that it is a voluntary programme and Members are free to apply, if desired. But he noted that the majority of countries have expressed that the benefit of the PVS is very high. Therefore, he encouraged Members to apply for this programme, starting with PVS evaluation (diagnostic step) and continuing with PVS Gap analysis (treatment step).
168. Concerning workshop participation, the Delegate of Yemen declared that his country can not provide all expenses for its staff to participate in all events and external support is needed in this matter. Dr Vallat explained that OIE pays travels and accommodation of participants for all OIE official focal points workshops.
169. The Delegate of Sudan noticed that his country do not received all invitation for meeting participation.
170. The representative of WHO/MZCC mentioned the good collaboration between his Centre and the OIE Regional Representation. In the framework of "One World One Health", several activities could be developed in the future, notably in terms of control of zoonoses, emerging diseases and food safety.
171. The Delegate of Lebanon expressed his wish to organise a regional workshop on legislation, especially to harmonize policies in term of trade.
172. Dr Funes, Head of the OIE Regional Activities department, explained that the OIE is also involved in joint meetings and workshops with WTO in order to explain the SPS agreement and how Member could better benefit from it.

Item I

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

173. The Session Chairman, Dr Mohammed Al Blowli, Head of Delegation of Saudi Arabia, briefly introduced the speaker for this Technical Item, Dr Elham Atta Mohamed El-Ebiary, Director of Central Laboratory for Evaluation of Veterinary Biologics, Abbasia, Cairo, Egypt
174. Prof. Dr Elham Atta Mohamed El-Ebiary presented the Technical Item I "Capabilities of veterinary laboratories in the region – Needs to improve animal disease diagnostic", which was based on a questionnaire sent to all Member Countries of the Middle East Region.
175. While referring to the global fight against emerging and reemerging infectious diseases, Dr El-Ebiary remarked the critical role of bioscience research, biotechnology, biochemical and clinic laboratories.
176. She referred to the important role of new technologies, developed everyday by the humanity's knowledge about infectious diseases, to improve public and agricultural health worldwide.

177. She highlighted the necessity to know and understand the current laboratory capabilities within the region, in order to properly follow up the international development trend on animal diseases diagnosis, prevention and control, as well as to identify areas which should be attended as priority.
178. Proper laboratory capacities is a key element regarding good governance of Veterinary Services which allows early detection and rapid response to animal diseases, improving their prevention control and eradication, as well as reducing risk to public health when dealing with zoonoses.
179. Prof. Dr. El-Ebiary commented that from the analysis of the information received in the answers to the questionnaire from the participating countries of the conference, it is indicated that most of the laboratories have no sufficient capabilities and resources for developing appropriate technology on diagnosis, prevention and control of animal diseases.
180. She also stressed the needs of the region on having, whenever possible, regional bank of strains of relevant diseases, including local field isolates (from different countries of the region) as well as reference strains in order to know their antigenic and genetic typing by making phylogenetic analysis to help in using these strains in vaccine production and evaluation process challenge test.
181. She also commented that the region needs to have access to laboratory international data bases to exchange and share relevant information and for networking purposes. The importance of having clear procedures at national level to communicate laboratory results to Veterinary Services and relevant authorities was also highlighted in order to allow countries to comply with their obligations to the OIE regarding animal disease notification through WAHIS.
182. She informed on the main results from the gathered information from the questionnaire, which could be summarized as follows:
- Most of laboratories in the region have neither laboratory's quality system policies and objectives nor sufficient technical and managerial staff.
 - Monitoring of the control of the environmental conditions influencing the quality of laboratory results is not implemented systematically within the region.
 - Laboratories in the region don't perform formal, documented biosafety and biosecurity assessments. Their staff need to be trained on biosafety and biosecurity program. Very few of laboratories in the region have BSL3 biosecurity facilities.
 - Most of laboratories have no ISO certification.
 - Equipment calibration procedures are performed in most of laboratories but there is no equipment maintenance plan in many of them.
 - Even when all laboratories have sampling plan and procedures, the number of samples collected and processed annually by most of them seem to be not sufficient in regards of risk of major diseases.
 - Most of laboratories have no standardized official reporting protocol of their results, which should include all relevant information.
 - Only few labs shared in network for exchange information and timely notify OIE about the diagnostic epidemic disease.
 - Appropriate methods and procedures for all tests within lab scope are applied in the majority of laboratories.
 - Confirmed relevant diagnostic results need to be applied by all labs either by making proficiency test (interlaboratory comparison) or making systemic assessment of the factors influencing the test.
183. Finally Dr El-Ebiary stressed the importance of the work of the OIE by commenting that most of laboratories from the region would be interested in entering in a Twinning project with existing OIE Reference Laboratories and all laboratories from the region are looking forward that the OIE continue its support to members by developing international standards on laboratory diagnostic tests.

Discussions

184. The Session Chairman congratulated Dr El-Ebiary on her informative and interesting presentation. He then invited comments and questions from the participants.
185. The Delegate of Iran informed that the RAZI Institute has vaccine production; therefore information in the presentation should be amended.
186. The representative of Turkey indicated that his country is performing monitoring of vaccine programme, as well as surveillance examination of animal food origin.
187. The Delegate of Turkey took the opportunity to thank the OIE for the grant of two twinning projects, for rabies and brucellosis. He mentioned that his country wish to develop laboratory expertise at regional and international level.
188. The Delegate of Sudan regretted that there is no active laboratory network in the Middle East and proposed to organize annually a regional conference on laboratory, as it exists in Africa. He also expressed his wish to benefit from an OIE twinning project.
189. The Delegate of Yemen explained that actually laboratory capacities of his country is in the rebuilding phase, through the support from a World Bank project. This was the reason why he preferred not to respond to the questionnaire of this Technical Item.
190. Dr Vallat clarified that the OIE Twinning procedure is open and that priorities are given to countries which have the goal to finally reach the OIE Reference Laboratory status.
191. Countries should negotiate between them (existing OIE Reference Laboratory and Candidate Laboratory) and the application, endorsed by the respective OIE Delegates, should be jointly sent to the OIE by both countries.
192. The OIE Specialised Commission revises technically such an application, which is then sent to the Council for final approval based on regional necessities, to avoid duplications within the region.
193. The objective of this programme is to increase the capacity of the twined laboratory based on support of the "parent" laboratory and active exchange between both labs.
194. Dr Vallat commented that the number of OIE Reference Laboratories is very low in the Middle East Region, therefore applications from the Middle East will be considered as a priority.

Fifth OIE Strategic Plan and OIE Global Programme of Strengthening Veterinary Services(including PVS and GAP Analysis in the Middle East Region)

195. The Session Chairman, Dr Kassem Al-Qahtani, invited Dr Bernard Vallat, OIE Director General to present the Fifth OIE Strategic Plan and OIE Global Programme of Strengthening Veterinary Services.
196. Dr Vallat presented important key messages which will guide the new OIE Strategic Plan 2011-2015, as well as concepts and tools to be used by the OIE during this period.
197. He commented that a draft of new strategic plan 2010-2015, which is the result of the dialog with countries and with the OIE Council will be presented to the OIE World Assembly of Delegates for its adoption in the next OIE General Session in May 2010.

198. He started by showing trends on the growth of the population worldwide as well as demands for animal protein, indicating that the consumption would increase by 50% for 2020.
199. The Director General referred to the increased risks of disease spread worldwide due to the globalisation, the rapid movement of animals and products as well as climate changes.
200. He stressed that food security and food safety are key public health concerns considering the need for supply of safe food, and the valuable role that Veterinarians have to play on protecting the society, not only in disease control, but also in using new scientific advances to increase production, helping to ensure access to animal protein.
201. Dr Vallat noted the growing importance of Veterinary Public health due to the Zoonotic potential of animal pathogens, taking into account that 60% of human pathogens (infectious diseases) are zoonotic, 75% of emerging diseases are zoonotic and 80% of agents having a potential bioterrorist use are zoonotic pathogens.
202. When referring to new concepts to be used for promoting protection of countries and regions from current and emerging threats for animals and humans, he started by highlighting the Global Public Good Concept. Global Public Goods are those which benefits extend to all countries, people and generations. Animal Health Systems are Global Public Goods, considering that controlling and eradicating animal infectious diseases, including zoonoses bring broad national, international and inter-generational benefits.
203. Each country plays a key role. Inadequate action by a single country can jeopardize others, making the system fail, not only within the country, but also at regional and at global level.
204. Dr Vallat remarked that Good Governance of Veterinary Services can be achieved through minimal requirements that should be reached by all countries, including:
- Appropriate Veterinary legislation, as well as adequate and enough human and financial resources,
 - Efficient epidemio-surveillance networks and territorial meshing in the entire national territory, allowing early detection, transparent notification and rapid response,
 - Responsibility of Governments, for which deeply awareness of policy makers on the objectives and importance of VS is crucial.
 - Public-private partnership through formal protocols under the monitoring of the Veterinary Authority.
 - Concept and standards of “Quality of Services” , democratically adopted by all OIE Members,
 - Bio-security measures,
 - Compensation of animal owners in case of stamping out,
 - Initial and continuous veterinary education and research.
205. He explained the concept of “One World – One Health” (OWOH) which refers to a global strategy for managing risks at the animal-human interface. The OIE is engaged at global level in this concept in coordination with its partners such FAO, WHO, UNICEF and the World Bank. The key role of Veterinary Services by controlling animal diseases at their source was highlighted by the Director General, referring to the reduction of public health risks when dealing with zoonoses. He also stressed that some non zoonotic diseases must be also considered as priorities in regards to their impact to food security as a matter of public health concern.
206. Dr Vallat stated that the OIE will also continue the reinforcement of the Regional Representations in order to better assist Member Countries through capacity building activities, and will give priority in its 5th Strategic Plan, announcing that the OIE accounts now 175 Members.

207. He commented on some tools and mechanisms that the OIE will continue to promote and support in its new Strategic Plan, such its World Animal Health Information System (WAHIS) and the web linked database WAHID. He stressed the importance of transparency on the animal health situation and the obligation from countries to timely notify the occurrence of animal diseases using this new system, which has to be considered as the main source for Early Warning Disease reports.
208. Dr Vallat highlighted that OIE National specialist focal points (namely Aquatic animal diseases; Wildlife; Animal health information system; Veterinary medicinal products; Animal welfare; and Animal production food safety) play a key role by assisting the OIE Delegate in specific issues for accomplishing his/her obligations to the OIE. He also commented on the OIE training programme for all regions for new Delegates and Focal points, stating that all OIE National Focal Points will receive at least one training session in the next two years.
209. Dr Vallat reminded the reference role of the OIE as the International Standard Setting Organisation for Animal Health issues in relation to the SPS WTO Agreement. He also commented on other important mechanism that the OIE provides to its Members, such its informal mediation procedure, which on a voluntary basis seeks to resolve their differences by using an approach that is based on science and the OIE's recommendations for safe international trade in animals and animal products.
210. He referred to OIE Reference Laboratories & Collaborating Centres stressing their role on assisting OIE Members to comply with OIE international standards, as well as to better participate in the standard setting process. He also commented on the OIE Twinning concept which aims to assist countries and regions in order to have a broad and more balanced availability of expertise worldwide that helps developing countries, as well as reinforcing the Veterinary Scientific Community in developing countries.
211. Dr Vallat showed the on going OIE Twinning Projects worldwide, highlighting that three projects are being implemented in two countries of the region, namely Egypt and Turkey. He encouraged countries to identify other potential laboratory candidates to enter in twinning projects, based on regional needs.
212. Dr Vallat reminded the global programme of strengthening VS that the OIE is currently carrying out, based on the use of its Tool for evaluation of Performance of VS (OIE-PVS Tool) to help countries to comply with OIE standards on quality as well as strengthening the OIE influence on global, regional and national policies regarding Good Governance on animal health. The programme is funded by the OIE World Animal Health and Welfare Fund which is financed by several donors and was created to support and implement OIE capacity building activities.
213. He briefly described the Tool as well as the evaluation process, explaining that the first PVS evaluation, called "the diagnostic" is followed by the PVS Gap Analysis process, called "the proposed treatment", for which the OIE is working with its partners (mainly with FAO in developing countries) and donors for the preparation of priority investment activities which could be financed through national Governments or international donors. This second step prioritise needs as determined by the own countries concerned.
214. Dr Vallat pointed out a special PVS Gap Analysis project focused mainly to the Animal-Human interface, which will be applied in few selected countries aimed to identifying and strengthening links and collaboration for animal and human health services response. This project will be developed in collaboration with US CDC.
215. Dr Vallat showed the current status of the OIE PVS Programme, both at Global and regional level, including OIE PVS Evaluations and PVS Gap Analysis missions. From a total of 175 OIE Members, 99 countries have already requested the PVS evaluation, from which 90 missions were already completed, and 49 final reports were released their confidential status.

216. 39 Countries have requested the PVS Gap Analysis process globally, from which 13 missions were already carried out.
217. Specifically referring to the Middle East Region it was stressed that 17 Members (more than 80 %) requested the PVS evaluation, and also Palestinian National Authority a non OIE member has also asked such an evaluation to the OIE. Dr Vallat noted that only three countries from the Region have not yet requested to the OIE the PVS Evaluation.
218. Regarding Gap Analysis, 5 countries requested the OIE such a process. The Director General insisted on the benefits for the other countries to apply also for this step.
219. Dr Vallat mentioned the importance for all countries to up-date their veterinary legislation, and commented that the OIE has developed a generic basic model which could be used as a guide for countries to be more in compliance with OIE Standards; He also commented that specific missions are being carried out to assist countries on Legislation matters, and some pilot countries were identified to further develop a Convention Agreement with the OIE to assist them and follow up on their evolution on the implementation of an appropriate Veterinary Legislation framework.
220. Finally Dr Vallat concluded by commenting on the success of the OIE Global Conference for Deans of Veterinary Schools which took place in Paris two weeks before the Regional Conference. Recommendations from such Conference will be the starting point to effectively promote Veterinary education and respect for the Veterinary diploma worldwide. The objective from the OIE is to include within the curricula of Veterinary Faculties, key issues related to Veterinary Services and to global society needs. He commented that Delegates should further reinforce their work with the Veterinary Schools of their respective countries on this matter.

Discussions

221. The Session Chairman congratulated Dr Vallat for his comprehensive presentation and thanked the OIE for its enormous contribution towards the strengthening of Veterinary services worldwide but more particularly in developing and in transition countries. He stated the development of the PVS tool by the OIE represented a major breakthrough in the performance of Veterinary Services and expressed the wish that all countries of the region request the OIE to assess their Veterinary Services.
222. A representative of the Oman Delegation asked for precision on the OIE twinning procedures.
223. Dr Vallat detailed the procedure explaining that if the candidate country can not find a partner OIE Reference laboratory the OIE can try to propose a partner.
224. The representative of MZCC stressed the existing gaps in Middle East Region between Veterinary Services and Veterinary Schools Curricula, as well as Veterinary research. Besides that, regarding OWOH and the International Health Regulation from WHO, he requested which would be the OIE strategy and position. Finally he also referred to the illegal trade of wildlife animals and its impact on emerging diseases.
225. Dr Vallat proposed that OIE and WHO joint their forces to convince decision makers to invest more in Veterinary public health education and research. Concerning the OWOH initiative, he mentioned that a list of zoonotic diseases has already been negotiated in the framework of the GLEWS, which is a global agreement between OIE, FAO and WHO, and that this list is regularly updated by the GLEWS Management Committee. It is also a common platform to exchange and trace for non official information on zoonotic issues. He clarified also that the concept of emerging diseases is now defined in the OIE Terrestrial Animal Health Code, but it is a very difficult concept which can not include all cases, witness the case of H1N1 for which some countries decided to notify the disease when it appeared in pigs and others do not. He stated that the concept of emerging diseases must be further clarified in the Code. On the particular topics of wildlife diseases, he informed the Conference that now WAHIS integrated

this component, called WAHIS-Wild, for which the respective focal points on sanitary notification will be trained.

226. The representative from Turkey questioned on the OIE PVS strategy and on the necessity for countries to train national staff for the application of the tool, as well as on the necessity to send the PVS and Gap Analysis reports to the national highest Authorities to be more effective on its beneficial impact.
227. Dr Vallat invited him to send candidates for official training to the OIE Regional Representation. He remarked that Turkey is a good success story, just obtaining an important loan from the World Bank after its PVS assessment and the identification of needs through the Gap Analysis mission organised by the OIE. Turkey experience should be considered as an example for all Middle Eastern countries.
228. A specific training on PVS and PVS self evaluation could be included in the working programme of the Regional Representation, if this issue is of concern for regional Members.
229. Dr Vallat explained also, following a comment of the representative from Turkey, that OIE and FAO are in the final step for the Rinderpest global official freedom recognition. A same framework is starting with FAO on FMD to reach global control considering that this will be a long way programme. A first global Conference was jointly organized in last June in Asuncion, Paraguay and a High Level meeting will be held in Roma before the end of the year to fix the strategy between the two organisations.
230. 232. Answering to a representative from UAE, Dr Vallat said that because of the very few OIE Reference Laboratories in the region, every Middle East candidature will be studied in priority.
231. Questioned by a representative from WSPA, he reminded also to the audience that the first mandate of the OIE was to avoid spread of epizootic disease worldwide and that since 2004 the OIE received a new mandate from its Members to improve animal health worldwide. In this new mandate OIE develops also standards for Animal Welfare. Animal health is a key component of animal welfare.
232. After a comment of a representative from KSA on potential nomination of laboratory focal points, Dr Vallat mentioned that the Regional Commission for the Americas decided to nominate such contact points for laboratory in each country. Seminars are organized in order to develop regional collaboration, particularly for proficiency testing. Same approach can be taken in the Middle East Regional Commission.
233. Answering to the Delegate of Sudan, on the OIE strategy in regards to camel diseases, Dr Vallat clarified that last year a specific expert group on this matter has been created within the OIE and that a list of significant camel diseases have been set up and published on the OIE website. He mentioned also that the OIE received an application for a reference Laboratory on camel diseases, and this could serve as basis for entering in a Twinning project with a laboratory in the Middle East to improve the expertise capacities in such topic for helping countries of the region to fight such diseases. He confirmed that the OIE follows now closely the matter of camel diseases.

Item II

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

234. The Session Chairman, Dr Nasser al Hawamdeh, Delegate of Jordan, briefly introduced the speaker for this Technical Item, Prof. Vincenzo Caporale, Director of the Istituto Zooprofilattico Sperimentale dell'Abruzzo e del Molise and President of the OIE Biological and Standards Regional Commission.
235. Professor Caporale started his presentation by stating that Brucellosis in humans and animals is a worldwide problem and one of the most important zoonoses in the Mediterranean and Middle East regions.
236. He remarked that although continuous progress has been achieved in its control, brucellosis still remains a major public health hazard and a disease of great economic importance.
237. After a brief description of the disease, Prof Caporale referred to the control strategy options, which depend on a number of factors such as epidemiological, economic and organization factors (organization of veterinary services, types of husbandry, etc.). He stressed the necessity to understand the local and regional variations in animal husbandry practices, social customs, infrastructure, and the epidemiological pattern of the disease, and enumerated a series of factors that should be assessed, such as the following:
1. Human and technological resources in the Veterinary Services and the Public Health Departments laboratory capacity;
 2. Legislation and regulations;
 3. Other ongoing control programmes for possible integration into the objective of the brucellosis programme;
 4. Financial resources sufficient for the programme to become successful;
 5. Possibility to commit farmers and other stakeholders;
 6. Possibility to request additional national and international resources.
238. He recalled that for any adopted strategy, a key factor which should never be absent is the establishment of a surveillance system which allows monitoring of the prevalence and incidence of infection at individual and herd level; the incidence of human infection; and the activities performed by the veterinary services.
239. A critical point for succeeding in any strategy against Brucellosis is the consensus and commitment of private Veterinary profession as well as of farmers on the actions to be taken.
240. A permanent training addressed to all sectors involved in the control programme is also crucial, Prof Caporale said.
241. Prof Caporale stressed the importance of compliance with OIE Standards in regards to antigens, reagents and tests used in the framework of the program. He also remarked the necessity for the laboratories involved in the programme to participate regularly to inter-laboratory proficiency testing.
242. Prof Caporale described and commented on advantages and disadvantages for some brucellosis control strategies, including:

1) Elimination of infected animals, aimed to eradicating infection:

Advantages: elimination of the source of infection for other animals and for humans

Disadvantages: the highest cost for short term, need for efficient veterinary services (movement control, epidemiological investigation), need for advanced technological infrastructure (individual animal identification, laboratory support, epidemiological support tools)

2) Vaccination of young animals

a) Vaccination of young animals and elimination of infected

Advantages: minimise the abortion, herd immunity reduce the incidence of infection, serological tests are able to differentiate infected/vaccinated animals, need for a basic technological infrastructures,

Disadvantages: herd immunity slowly established, need for a very efficient veterinary services.

b) Vaccination of young animals

Advantages: minimise the abortion, lower cost, no need for a technological infrastructures.

Disadvantages: herd immunity slowly established, need for an efficient veterinary services.

243. He also explained other strategies such as mass vaccination (young and adult animals) and heat treatment of milk (without any action in animal population).
244. In reference to control *B. melitensis*, Prof Caporale highlighted the importance of a preliminary vaccination programme aimed at reducing the incidence and the prevalence of the infection where brucellosis is present at high rates, or when sheep and goats are managed under extensive transhumant or nomadic systems.
245. Dr Caporale noted that control of movement is also of paramount importance for controlling Brucellosis, as well as for any infectious disease.
246. The revision of the control programme and alternative strategies should be seek when a significant reduction in flock prevalence has been accomplished.
247. He highlighted the necessity of having a central co-ordination structure to follow up all activities, including vaccination campaigns, surveillance, evaluation of data and re-planning of the programme. A long-term planning is always necessary to decide the phases of brucellosis control and the transition between phases.
248. Prof Caporale stressed the importance of the improvement of the veterinary information and reporting systems in relation to the management of a long-term control campaign.
249. Finally he referred to the different vaccine strains options, in reference to the different susceptible species, specifying that live *Brucella melitensis* strain Rev. 1 is the reference vaccine to immunise sheep and goats at risk of infection from any species of *Brucella* (*B. melitensis* or *B. abortus*). When properly used Rev. 1 vaccine confers a long lasting protection against field infections. RB51 vaccine is not effective in sheep and goats.

Discussions

250. The Session Chairman congratulated Dr Caporale on his comprehensive and interesting presentation. He then invited comments and questions from the participants.
251. The Representative from Bahrain talked about the AOAD project to control brucellosis in Arab countries and wished to be informed on the kind of collaboration between the AOAD and the OIE.
252. Dr Vallat explained that the OIE has an official agreement with AOAD, which allows cooperation between the two organisations, but actually there is no running programme. He informed that the OIE is ready to start immediately such partnership.
253. The Representative of AOAD briefly described the AOAD programme on brucellosis, notably he informed the audience of a technical workshop that his organisation will organise soon on this topic. He also expressed his wishes to collaborate quickly and actively with the OIE.
254. Dr Aidaros noted some epidemiological facts in relation to the situation of Brucellosis in cattle in the Region:
 - 95% of cases are caused by *B. melitensis*;
 - clinical signs of brucellosis are less severe. This affects control strategies because farmers have very limited problems and notify the disease very rarely;
255. He noted that due to the above mentioned, the strategy in the region should be reviewed, mainly considering that there is no available vaccine for *B. melitensis* in cattle.
256. Prof Caporale clarified that sheep never abort twice, and this situation is also very exceptional in cattle, which abortion rate due to Brucellosis is not higher than 1,2.
257. He described in regards to immunity for Brucellosis (which is a cellular parasite) that cattle becomes immune to both strains (*B. melitensis* and *B. abortus*).
258. Prof Caporale stressed that for situations of high prevalence of *B. melitensis*, vaccination should be mainly focussed as priority in sheep and goats population. If lower infection is achieved in sheep and goats then the prevalence in cattle will decrease.
259. A representative from the Delegation of Oman commented that his country has started a 2 years project to evaluate REV1 vaccination in cattle, sheep, goats and camels.
260. He highlighted the necessity to harmonise strategies and control measures in the region, mainly for situations where there are different strains infections between neighbouring countries. He asked whether it should be necessary to vaccinate with exotic strains to prevent infection or re-infection in a given country.
261. Prof Caporale repeated the importance of harmonising strategies between neighbouring countries, if not re-infections will occur. Even if *B. melitensis* is the major problem in the region, he recalled that vaccination in cattle with RB51 or S19 will provide also protection against *B. melitensis*. But according to his experience there is actually no result on the protection given by Rev 1 vaccination in cattle against *B. melitensis*.
262. The representative from Turkey stressed the relevancy of cost/benefit studies in regards to Brucellosis control and eradication. He noted that there is enough data in regards of infection in animals and asked whether there exist this kind of information in humans, as well as on the relation between animal prevalence and human prevalence.
263. Prof. Caporale answered by commenting that if control measures are applied effectively in the sheep and goat population, the prevalence in this population will decrease and sufficient data and information exist showing that the prevalence in humans will decrease in the same way.

264. He also commented that there is also cost/benefit studies on Brucellosis control.
265. Dr Yehia noted that the last GF-TADs Regional Steering Committee has recommended that harmonisation strategies should be developed within the region for controlling main TADs, including Brucellosis.
266. The Delegate of Sudan described the experience of his country while fighting Brucellosis, highlighting the difficulties for dealing with transhumance communities as well as on the selection of proper vaccines and the respective monitoring of vaccination campaigns.
267. He requested on the available legislation data to support Brucellosis control programmes.
268. Finally he noted the further difficulties in regards to Brucellosis diagnostic if mass vaccination programmes are applied.
269. Prof. Caporale ratified that mass vaccination of sheep and goats (young and adult animals) does not allow differentiation between infection and vaccination. For cattle there exist the RB51 vaccine which allows vaccination in adult animals without persistence of antibodies. Nevertheless he highlighted the fact that, when dealing with high prevalence situation it has no sense to apply testing and slaughter strategy. In these cases the priority should be addressed to achieve a proper population immunity by applying a long term vaccination campaign (at least 7 years) aimed to lower the prevalence and then apply a test and slaughter strategy.
270. An important factor to be considered to build control strategies relates to the reluctance from farmers to send to slaughter vaccinated animals.
271. The Delegate of Egypt commented on a project to control Brucellosis in his country, but the major problem they are facing concerns to vaccination, notably the type of vaccine to be used and the targeted population.
272. Prof. Caporale, according to his experience, explained that there will be some problems for the surveillance if the vaccination is applied to sexual matured sheep and goats. He recommended to apply vaccination before this age and remarked that the OIE' standards consider both situations.
273. A representative from Qatar asked whether there exist OIE specific standards that determine the level of prevalence in which the strategy could be changed from a vaccination strategy to a test and slaughter strategy.
274. Prof. Caporale clarified that this precision does not exist within the OIE standards. He explained that such a decision depends on many factors. He gave an example in relation to a low prevalence situation (2%), in which the distribution of the disease plays a key role, and for which clustering should be considered in the surveillance. It is very different to have this low prevalence broadly distributed among the whole population, making the situation still more difficult than having the infected animals concentrated in clusters, for which an eradication strategy could be easier applied.
275. He recommended applying eradication measures when the prevalence level is less than 2 or 3 %.
276. Finally Prof Caporale made a strong recall on the relevance of Brucellosis in regards to the Animal-Human interface.

GF-TADs for the Middle East / RAHC / 5th FMD Round Table

277. Dr Ghazi Yehia and Dr George Khoury commented on the FAO – OIE GF-TADSs Regional Steering Committee (RSC) which was created in April 2006 in Beirut with the main objective to adapt policies and programs to the region needs with regard to epidemiology and prevalence of priority diseases.
278. They mentioned that since 2006, an annual meeting is organized with the objective to follow up the activities implemented under this framework and to develop consensus for future actions notably through the OIE – FAO Regional Animal Health Centre (RAHC) activities, created in 2007.
279. They explained that the purpose of the RAHC is to improve animal health in the Middle East by implementing programmes to control TADs using a concerted approach with the two partner organizations, the OIE and the FAO, pooling their resources and competencies. Each of the organisations provides experts and intervenes in its fields of competence. They pool their expertise for activities such as the reinforcement of Veterinary Services, controlling animal diseases and zoonoses and the harmonization of national emergency response plans.
280. They mentioned that the 5th Regional Steering Committee will be organized in 2010 in Cairo, Egypt.
281. They pointed out with concern that during the different meetings it was manifested that the evolution of the current FMD epidemic situation in the Middle East shows the lack of country preparation in the region. Middle Eastern countries still have limited capacities and capabilities for FMD surveillance and control, considering notably early detection and rapid response.
282. The extensive land border in the region and the impact of animal movement between neighbouring countries, notably in order to satisfy peoples' needs during Muslim events (Hajj and Ramadan) make the disease control even more difficult.
283. According to such situation, the Middle East shall be recognized as a high risk area for the spread of FMD virus to neighbouring regions, especially Europe.
284. They concluded by recommending to strongly establishing a regional specific and relevant programme for the control of FMD in the Middle East on a long term basis through activities of the RAHC and within the OIE – FAO global strategy to control the disease worldwide.

Discussions

285. The Delegate of UAE requested whether there is an evaluation of outcomes and results from the collaboration between OIE and FAO before going further.
286. Dr Vallat answered by informing that the GF-TADs is a Global Agreement, for which it was decided to carry out an external independent evaluation. The draft report of this evaluation was finished last week and it is expected that such a report be available by mid November 2009.
287. He clarified that the GF-TADs was established between OIE and FAO to benefit from synergies between both organisations and to avoid gaps and duplications of activities and resources. He stressed that this is a mechanism for better cooperation, but each organisation remains independent and with its own mandate, programmes and objectives.
288. A representative of Oman stressed the importance of collaboration between organisations, but remarked that duplication exists in regards to certain programmes, in the region managed by different organisations such OIE, FAO, AOAD. He referred to the lack of technical and

human resources from the region to be mobilised in the frame of those projects, and so harmonisation and collaboration shall be strengthened.

289. Dr Ghazi Yehia reminded that in 2003 a cooperation Agreement was signed between OIE and AOAD. He also recalled that AOAD is member of the GF-TADs Regional Steering Committee for Middle East. Nevertheless there was very few participation of AOAD in regional meetings and activities, till the GF-TADs Regional Steering Committee and FMD Round Table meetings held in Beirut in April 2009. He encouraged AOAD to continue its participation and stressed to everybody that a more effective collaboration among different actors should be further developed under the framework of the Regional Animal Health Centre.
290. Dr Vallat remarked the importance of the GF-TADs Regional Steering Committee in which Delegates and Donors are represented. He recalled that this is the proper forum to discuss on coordination and collaboration between different actors to avoid duplications in the implementation of programmes and activities.
291. The OIE Director General commented that for other regions, such Africa, Asia and Eastern Europe it is easier to get funds from donors for animal health activities. This situation is difficult for the Middle East, because main donors are reticents to fund programmes considering the wealth of certain countries of the region. He mentioned that AOAD could play an important role by leading donors group in the GF-TADs Regional Steering Committee for Middle East.
292. The representative of FAO stated that coordination and complementarities of activities among different organizations is crucial. He commented that technical assistance of FAO is very important in the region even if the number of FAO Technical Cooperation Projects (TCP) is very low for the Near East (8%) compared to the other regions of the world. Other FAO technical assistance programmes should be developed such as Unilateral Trust Fund projects and multilateral regional projects. He finally commented his expectations on the recommendations from the GF-TADs evaluation which would be very useful for the future of GF-TADs.
293. The representative from Turkey expressed that cooperation and collaboration between organisation and countries include also information and sharing of relevant epidemiological data. This is particular important for the control of a disease like FMD, considering the continuous change of circulating strains.
294. He commented on some FMD projects which are being implemented in Asian and European countries (under the auspices of EC) including laboratory diagnostic and epidemio-surveillance. He considered that information from those projects should be also shared with Middle Eastern countries.
295. Dr Aidaros stated that countries of Middle East could also support poor countries in the region, as a preventive strategy following the approach developed by the European Commission.
296. The Delegate of Oman remarked the difficulties for GCC countries to get financial and technical support from different organisations. He stressed that GCC countries also need financial and technical support.
297. Dr Vallat noted that the OIE offers and provides technical inputs and support for all its Members.

Legislation and implementation of animal welfare in the Middle East

298. Dr Hassan Aidaros, OIE Representative for Egypt began his presentation by mentioning that Animal welfare is a complex, multi-faceted public policy issue that includes important scientific, ethical, economic and political dimensions. He underlined that, because of its growing importance in society, animal welfare must today be addressed in scientific and lawful manners.
299. Dr Aidaros stressed that without animal welfare legislation, many constraints will hinder the enforcement and improvement of animal welfare activities and subsequently retarding the improvement of animal health and animal production. Unfortunately the majority of developing countries either have un-enforced animal welfare legislations or have no animal welfare legislations at all.
300. He concluded that all developing countries need to adopt a new legislation regarding animal welfare or reviewing the existing legislation to comply with the OIE guidelines; as well the executive statutes should clarify the activities and the responsibilities of the different authorities.
301. He explained that if the legislation is issued by the president/king, prime minister or through the parliament the attention for enforcement will be at the highest level. The legislation may include broad meanings and general stipulations, the technical issues could be referred to the OIE standards, so executive statutes have to be issued from the relevant Minister to enforce the legislation
302. To finalize he made reference to the focus on stray dog population control .This issue has been recently added to the terrestrial animal health code. Many problems has been attributed to the lack of proper stray animal control as: Spread of several zoonotic diseases, road accidents, noise and biting people. The stray dog population control should be carried out according to a specified plan and with trained personnel.

Discussions

303. The Representative from Qatar mentioned that Qatar has an intensive programme on stray cats' population control and wished to have precisions on the level of cooperation between the OIE and WSPA.
304. Prof. Aidaros explained that cooperation is present and actions are implemented, taking as an example the mutual assessment of animal slaughter in Egypt.
305. A Representative from UAE talked about problems in implementing A.W. legislation.
306. Prof. Aidaros answered that this is a problem in several countries and this is often the results of lack of training, lack of resources, lack of awareness from the Authorities, or the quality of the legislation itself, sometimes inapplicable.
307. The Delegate of Oman informed the audience that GCC countries have started to draft a relevant law on Animal Welfare. This draft, written in compliance with OIE standards, will be finalized soon.
308. A Representative from WSPA remarked that many times laws on Animal Welfare are made without the consultation of NGOs involved in this matter nor others stakeholders at national or international level.
309. He referred also to the recommended methods to control stray dogs population.

310. Prof. Aidaros agreed on the importance of the implication of all relevant stakeholders, and explained that each programme should be adapted to each particular situation, and depending notably on the structure and importance of the stray dog population. Several methods, applicable to different situations and factors should be considered.
311. The Chief Veterinary Adviser from the WSPA advocated for countries starting to write basic animal welfare legislation to begin with general principles, to be completed and amended by regular up-dates. Sometimes countries start with a too sophisticated legislation on animal welfare which is inapplicable for their available resources.

Updated information on aquatic animal health activities by the OIE

312. Dr Ben Jebara made a presentation on behalf on the Aquatic Animal Health Commission Members updating the OIE aquatic animal health activities by recalling the objectives of the directions of the Aquatic Animal Disease established at the 72nd General Session, some of the outcomes of the 77th General Session (2009) and outlook in the future for the AAHC as well as Members
313. In 2003 the Regional Commission for Asia, the Far East and Oceania adopted recommendation focused on roles and responsibilities for aquatic animal health: clarifying roles and responsibilities improving communication and cooperation between veterinary and other authorities nominating national aquatic focal points improving accurate, timely and effective reporting.
314. These recommendations were adopted in May 2004 by World Assembly of Delegates.
315. Since 2004, at every OIE Regional Conference, there is an update on aquatic animal health at each of the Regional Commissions.
316. Other activities of the AAHC have been presented such as the First OIE Global Conference on Aquatic Animal Health (Oct. 06, Norway); "Defining roles and responsibilities of competent authorities, and Changing trends in managing aquatic animal disease emergencies" special edition of the OIE Rev Sci Tech. (April 2008) and the participation to several international and regional meetings.
317. He also commented that several calls by the Director General to Delegates to designate aquatic national focal points and to cooperate, where necessary, with their national counterparts dealing with aquatic animal health, gave good results. In the last General Session of May 2009, 116 Members have nominated focal points for Aquatic Animals compared to 48 a year before. Countries that have not nominated a focal point should do it soon. The OIE is organising training courses for focal points. The use of the PVS tool for aquatic animals has been added to be able to evaluate aquatic animal health services and with the inclusion of an annex to the PVS Tool with appropriate modification of the approach to evaluation of Competent Authorities for aquatic animal health. He asked countries to make sure if they have implemented the recommendations made by the OIE such as: clarification of the roles and responsibilities in aquatic animal health and, if relevant, improved communication and cooperation between authorities, if they have nominated a focal point, if aquatic animal diseases reporting has improved and if they started providing comments on draft texts for the Aquatic Code and Manual.
318. He underlined that there is an increasing trend of the production of aquaculture in producing animal proteins in the world that should continue to be observed to feed the increasing number of human population in the future. Aquaculture accounts now for almost 50% of the global food fish. It contributes to 16% of total animals' human protein intake. For this reason Members should prepare themselves to this increase of production and trade in aquatic animals so to avoid diseases spread and to ensure the safety of the products and welfare conditions.

319. He concluded by mentioning that the main changes and amendments to the OIE Aquatic Animal Health Code chapters adopted in May 2009 are:

- 4 crustacean diseases de-listed: tetrahedral baculovirus, spherical baculovirus, hepatopancreatic parvovirus disease and mourilyan virus disease
- Addition of new chapters to the OIE Aquatic Animal Health Code (cont.):
- Quality of Competent Authorities (Ch 3.1)
- Criteria to assess safety of aquatic animal commodities (Ch 5.3)
- Welfare of farmed fish during transport (Ch 7.2.)
- Model certificates (Ch 5.10) – major revision
- Restructuring to align with Terrestrial Code

Discussion

320. The representative of MZCC recalled the relevance of Aquatic Animal diseases for Public health. He referred to the risk of transmission of diseases through fish feeds. He finally congratulated and thanked the OIE for having considered these issues within its work

321. The representative of Turkey mentioned the needs from countries on assistance related to Aquatic Animal Disease Legislation and matters concerned to trade.

322. A Representative from Qatar explained that aquaculture is becoming one of the major industries in his country and in all GCC countries. He expressed the need to benefit from OIE experience in this matter to steam ahead in implementing relevant policies in this area.

Updated information on the OIE Terrestrial Code Commission

323. The Session Chairperson Dr Kassem Al-Qahtani invited Dr Mustafa Hassan Member of the Code commission to present on the updated information.

324. Dr Hassan started his presentation commenting that the development of international health standards are usually carried out by four main players in different fields of specialization. The World Trade Organization (WTO) is responsible of developing the Sanitary and Phytosanitary regulations (SPS) which is considered as combined efforts of three international organizations: Food and Agriculture Organization of United Nations (FAO) together with World Health Organization (WHO) are sponsoring the work of Codex Alimentarius Commission (CAC) which is mainly focusing on food safety and hygiene. OIE is solely dealing with all aspects associated with animal health including zoonosis. In the latter field, OIE is working closely with concerned international and regional organizations to develop standards related to animal health and zoonosis. The last area of concern is the plant health which falls under the responsibility of International Plant Protection Convention (IPPC) which is sponsored by FAO.

325. He also spoke on the OIE Terrestrial Code Commission which is responsible of developing standards, guidelines and recommendations which are designed to minimize the risks of transmitting diseases (including zoonosis) while avoiding unjustified sanitary barriers. These standards are included in an annual compendium of such standards, guidelines and recommendations (the *OIE Terrestrial Animal Health Code - the Terrestrial Code*) in formats and languages as required by the OIE International Committee. The Commission is also entitled to provide needed scientific and technical advice to the OIE Director General in issued pertinent to animal health standards. For the Code Commission to carry out its duties, it extends linkages of collaboration with other specialist commissions within OIE and experts in other international and regional organizations and national institutions.

326. The OIE 4th Strategic Plan (2005 – 2010) assigned Code Commission to modernize the Terrestrial Code. International trade standards will include measures addressing commodities.
327. The mechanism of development of health standards in OIE is very unique in nature and output. It is the contribution of different specialist commissions, experts, and the OIE Members.
328. The OIE has considered four animal diseases, namely FMD, Rinderpest, BSE and CBPP, and developed mechanisms and ways means by which country is officially recognized as free of the disease. For the other diseases free status, allowing countries to make a self-declaration of such a sanitary status. He emphasised that surveillance constitutes a corner stone in the process to reach the status of free of disease.
329. Dr Hassan commented that the Code Commission has developed recommendations and guidelines to assist member countries to assess and evaluate their national VS for good governance. The quality of the VS is the key element in securing safe trade and hence protecting global human and animal health.
330. He referred to Chapters 5.1, 5.2 and 5.10 of the Code, which deal with health certification for the purpose of international trade were regularly revised and updated and harmonized with the Aquatic Code Commission.
331. Dr Hassan referred to some ongoing work or lastly done by the Code Commission in regards to the following items:
- Restructuring of the code through reorganization of semen and embryo appendices.
 - Harmonization with AAHSC
 - Revise chapters of non-listed diseases.
 - Revise hand book of import risk analysis.
 - Revise chapters of evaluation of VS and OIE PVS and inclusion chapters in legislation
 - In collaboration with SCAD review surveillance articles and if possible modify them for purpose of consistency.
 - Review equine diseases chapters for official recognition.
 - Review other code texts as needed including: chapters of brucellosis, rabies, bee diseases, PPR, NCD (inactivation), SVD, ASF, avian diseases and paratuberculosis.
 - Chap. Of animal production and food safety: salmonella control, update hygiene and disease security procedures, cysticercosis, campylobacteriosis and animal feeding.
 - Add new texts to AW dog population, lab animals and livestock production systems
 - Develop alternative approaches to providing OIE advice to Member Countries in managing certain animal health and welfare issues outside the code framework.
 - Develop methods to ensure commodity safety in international trade, deboned mature pH tested beef, may safely be traded regardless of disease status of country/zone.
 - Role of wildlife as disease reservoirs.
 - Compartmentalization (FMD, Aujeszki's disease)
 - Community based animal health workers (CBAHWs) guidelines
 - Communication.

332. He explained that the role of the Veterinary Services in food safety is emphasized in the code purposely for controlling biological hazards of animal health and public health importance through ante- and post-mortem meat inspection. Also, to implement hygiene and disease security procedures (biosecurity plans) in poultry breeding flocks and hatcheries
333. Animal welfare is other important part of the Code (occupying more than 20% of Volume 1). He commented that the Code Commission is maintaining strong links with the working group of animal welfare. .
334. Dr Hassan also informed on Zoning and compartmentalization concepts, and explained the rationale and criteria of such concepts as established within the Code. He detailed the relatively new concept of containment zone. He commented that the Code Commission is discussing plans for application of Compartmentalisation to FMD.
335. Dr Hassan noted that the Code Commission maintains permanent relationships with SCAD, AAHSC, AWWG, WLWG, IETS, CAC, and OIE Animal Health Information Department.
336. He commented on the new structure of the OIE Terrestrial Code (2008 edition) which is composed by two-volume publication. Volume one: contains recommendations that apply to a wide range of species, production sectors and/or diseases (so-called 'horizontal standards') and volume two: contains recommendations on specific diseases (so-called 'vertical standards') including recommendations on agent inactivation and on surveillance and risk assessment.
337. Dr Hassan ended his presentation by encouraging Member Countries to comment on the standards developed by the OIE Commissions; to develop national legislation in line with international health standards; to organise national training workshops for veterinary staff and other livestock stakeholders to be enlightened on the newly developed international health standards; and to redistribute the documents including standards to Veterinarians specially those in remote areas, airports and ports of the country.

Discussions

338. The Delegate of Oman asked why the concepts of Zoning and Compartmentalisation defined in the Terrestrial Code apply only for four diseases. He requested whether countries could apply and implement such concepts for other diseases, mainly for RFV which impacts the region.
339. Dr Hassan explained that such concepts apply for few diseases, considering the epidemiology of them. Mainly referring to Compartmentalisation, a new concept already included in the Code, he explained that this concept is still under development for its practical implementation and recognition.
340. Currently compartmentalisation is not applicable to all diseases due to practical and technical difficulties, particularly in association with vector born diseases. Some of such difficulties are the need to safety seal and isolate the compartment, which may not be possible in the above mentioned situation.
341. The OIE Director General clarified that the concept of Compartmentalisation applies to some production systems or units for which the Veterinary Services can warrant their sanitary free status in regards to some diseases. To be properly performed, a sound agreement between the public Veterinary Service and the Industry (private sector) has to be reached to ensure the protection of the production unit by the application of a proper biosecurity system.

342. He mentioned that there are still some controversial situations for some diseases in regards to the respective production systems, such the case of FMD, for which due to its characteristic as possible air born disease, such guarantee can not always be ensured. Regarding RVF, the problem remains with vectors, as well as for other vector born diseases, considering the difficulties to isolate the production units or herds from vectors. The situation is different for vaccinated animals against RVF which could be sent directly to slaughter under some biosecurity measures and certain conditions. This could be certified by official veterinarians under some circumstances for export, and negotiations between trading partners could be further developed on this matter.
343. A representative from Qatar referred to the specific issue of Arabian horses and particularly horse semen trade and embryo transfer, asking for further clarifications on this matter.
344. Dr Hassan informed the meeting that the new version of the OIE Terrestrial Code was split into two Volumes for making its use easier and friendlier, including the Volume I for transversal matters, and the Volume II for specific Terrestrial Animal Diseases. This allows an easier search to determine measures both for trade and disease control purposes.
345. There are different topics for which, as response to requests from Members, the OIE Code Commission is increasing its work, such as the case of Equine Diseases, Animal Welfare, Quality of Veterinary Services, bee diseases and others.

Presentations by international and regional organisations

WHO/MZCC

346. Dr Tabba started his presentation by stressing the close collaboration with the OIE Regional Office in Beirut, mainly in regards to the organisation of different regional technical workshops, sharing relevant information and exchanging expertise.
347. He referred to Brucellosis due to its importance in the region and its relevance in regards to the collaboration between Veterinary Services and Public Health sectors. He stated that the increasing prevalence of brucellosis among humans and animals, particularly in the southern and the eastern part of the Mediterranean as well as in the whole Middle East region, makes this disease the most important among zoonoses in terms of social and economic impacts. Protecting public health imposes the adoption of strategies and long-term programs based on:
 - Well operating epidemiological surveillance system, ability to collect data from the field (human cases, infected animals), evaluating the trends of the disease and the adoption of any appropriate (short or long term) measures to be implemented.
349. He stressed some activities of the Integrated public health and brucellosis Surveillance system, which has to:
 - Monitor and assess disease trends
 - Guide prevention and intervention programs
 - Inform public and animal health policy makers
 - Identify issues needing public and animal health research
 - Provide information for community and program planning
 - Consolidate confidentiality while providing information to those who need to know

350. He referred to the vision of the Integrated brucellosis Surveillance System applied in Syria and Jordan by WHO/MZCC with the financial support of the Hellenic Aid of the ministry of foreign affairs, which was aimed to:
- transfer appropriate public health, animal health, laboratory, and environmental data efficiently and securely over the phone lines.
 - Strengthen public health and animal health by gathering and analyzing data quickly and accurately.
 - improve the ability of both countries to identify and track brucellosis and its potential infection sources, investigate outbreaks and monitor disease trends.
 - He finally remarked that this example could be fit in the implementation of similar regional activities under the concept of One World One Health.

AU IBAR

351. Dr James Wabacha on behalf of Prof El-Sawalhy gave an introductory summary of AU/IBAR's history and Mandate, followed by an overview of AU/IBAR's current activities in the Horn of Africa with relevance to the Middle East Region in animal health, Sanitary and Phytosanitary (SPS) issues. He concluded with highlights of AU/IBAR's new strategic direction.
352. He commented that AU/IBAR is collaborating with OIE and FAO-GREP to ensure verification and accreditation of rinderpest freedom for the Somali ecosystem countries and the rest of Africa by 2010 through the Somalia Ecosystem Rinderpest Eradication Coordination Unit (SERECU II). This is a successor of several previous projects, JP15 (1962-1975), PARC (1986-1998); PACE (1999-2007); that were aimed at control and eradication of rinderpest. The Support Programme to Integrated National Action Plans for Avian and Human Influenza (SPINAP-AHI) and Emergency Relief Support to Combat Avian Influenza (AfDB) have the common objective of building capacity to control and prevent avian and human influenza; Participation of African Nations in Sanitary and Pytosanitary Standard Setting Organizations (PAN-SPSO) in collaboration with OIE, aims to facilitate effective participation of 47 ACP African Countries in activities of OIE, IPPC, Codex Alimentarius and WTO-SPS committee during the formulation of international standards.
353. He also mentioned the Somali Livestock Certification Project (SOLICEP) which aims is to improve the export performance of the livestock sub-sector in Somalia and the Somali Eco-System. The Livestock Emergency Intervention to Mitigate Food Crisis in Somali (LEISOM) plans to mitigate effects of food price volatility in Somalia by implementation of vaccination against PPR, CCPP, sheep and Goat pox.
354. Vaccines Against Neglected Animal Diseases in Africa (VACNADA) intend to avail vaccines for selected diseases and strengthen systems of vaccine production in Africa. AU/IBAR is developing a strategy to control PPR in the 53 Member states and has submitted a proposal for funding to the Libyan Government. The proposal strives to control PPR and other trade sensitive diseases for small ruminants and will be a 5 year project, funded for 30M US dollars. AU/IBAR currently hosts secretariats for two platforms ALIVE & ISCTRC and also publishes annually, an animal disease early warning report, Pan African Animal Health Year book and a quarterly research Journal on Animal health and production, Bulletin of Animal Health and Production. Currently, the Animal Resource Information System (ARIS I) is being updated to ARIS II and will be compatible with WAHIS and TAD-Info.

355. He concluded by mentioning that in order to respond to the changes on the African landscape and international scene, AU/IBAR has developed a strategic plan (2010-2014) which is based on; AU/IBAR's role as the lead institution in the livestock component of CAADP; experience and insights gained from rinderpest eradication; trends, drivers, challenges and opportunities such as; a shortage of veterinary professionals; insufficient national budgets; Increasing food insecurity; Complexity of international trade; Climate change; Emerging and re-merging diseases and globalisation; The strategic plan addresses these issues through six complementary strategic programmatic areas;
1. Reducing the impact of trans-boundary animal diseases and zoonoses on livelihoods and public health in Africa.
 2. Enhancing Africa's capacity to conserve and sustainably use its animal resources and their resource base.
 3. Improving investment opportunities and competitiveness of animal resources in Africa.
 4. Promoting development of standards and regulations and facilitation of compliance.
 5. Improving knowledge management in animal resources to facilitate informed and timely decision-making.
 6. Facilitating development of policies and institutional capacities for improved utilization of animal resources in Africa

FAO

356. Dr Bengoumi, Representative of FAO, started his presentation commenting that over the past three decades, there has been rapid expansion of production and consumption of animal products. The Near East region is confronted with serious food security challenges. The livestock sector currently provides 43% of global agricultural output in value terms. The main problem that is facing the growth of animal wealth and its protection is the spread of contagious diseases in most of the region's countries, causing big damages in animals' number and productivity, and leading to a decrease in the life standard of the people working in this sector.
357. He stated that the strategy of FAO/RNE for the monitoring and control of transboundary animal diseases and zoonoses includes :
- Analysis of national animal health systems, including product inspection and hygiene, for guiding design, negotiation and implementation of comprehensive animal health and veterinary public health (zoonotic / food-borne diseases at the production stage) policy, legislation and investment opportunities.
 - Timely information, surveillance, disease intelligence, forecasting, early warning tracing and detection of animal and zoonotic disease threats through the FAO/OIE/WHO Global Early Warning System (GLEWS) on animal / zoonotic diseases (domestic terrestrial and aquatic animals, wildlife).
 - Elaboration and update methods and tools (guidelines, manuals and strategies), instruments, policies, and decision support for prevention, control and elimination of main animal, zoonotic, food-borne and vector-borne diseases and risk communication at national and regional levels, and response to animal health crises (e.g. Food Chain Crisis Management Framework (FCC)/ECTAD); mainstream One World – One Health concept (domestic animal, wildlife, human and ecosystem health).
 - Strengthen collaboration among countries and sectors on contingency planning, prevention and control of transboundary animal and zoonotic diseases, based on the EMPRES platform.

- Encourage public-private partnerships, legal instruments and investment strategies for strengthening animal health systems, including private practitioners/service providers and community animal health workers where indicated.
- Support of national and regional capacity building at technical, institutional, policy and regulatory levels on early warning, detection, prevention, preparedness, risk communication, inter-agency collaboration, coordination and control of animal and zoonotic and food-borne diseases at the different stages of production and processing.

AOAD

358. Dr Zakaria Riad El kanawati, AOAD Representative, explained that AOAD collaborates with the OIE and the FAO through notably the Regional Animal Health Centre in Beirut, where some projects are actually discussed to be implemented jointly in the Region. He renewed the interest of AOAD to continue collaborating with OIE and FAO and to strengthen this partnership.
359. He also noted that AOAD has recently established within its organisational structure a unit named “Arab Office for Animal Health” to enable the existing Arab Veterinary Administrations react quickly and efficiently in the event of serious diseases or other crisis situation as well as providing technical support to member states as per the directives of both its General Assembly and Executive Council of the Arab countries.

APHIS USDA

360. USDA APHIS office in Cairo thanked the OIE Central Bureau, the Regional Representation and Regional Commission for the Middle East and the Government of Qatar for their approval and collaboration on holding a seminar on Risk Assessment as a side event. On the 25th of October, USDA APHIS held and sponsored the half-day seminar on Risk Assessment. The seminar was attended by most of the CVOs or their representatives of the countries participating in the 10th Conference of the OIE Regional Commission of the Middle East.
361. As decided and planned by USDA APHIS, this seminar comes in the context of USDA commitment to support the mission and activities of the OIE at the regional and international levels, through capacity building of the OIE Members. The seminar emphasized the importance of using modern tools in the decision-making process and the OIE standards to enhance safe trade and use of science-based decisions.

France

362. Dr Jacques Brulhet, Vice-president of the General Council of Agriculture, Food and Rural Areas of the Ministry of food, agriculture and fisheries of France and also administrator of the Alfort National Veterinary School in France, thanked Dr Kassem Al Qahtani, OIE delegate of Qatar, and President of the OIE Regional Commission for the Middle East, for his invitation to assist to this Conference.
363. He expressed the strong support of the French Government on all the actions of the OIE.

364. He mentioned that France has the oldest veterinary schools in the world, where the veterinary science is born at the end of the 18th century. He declared that France was very glad to host the first OIE international conference on veterinary education in Paris, two weeks ago, and that the Alfort veterinary school received the deans of about all the veterinary schools in the world during this event. In his point of view, the success of this OIE initiative indicates the major importance to improve cooperation between veterinary schools and faculties, including the harmonization of programs and levels of qualification and expertise.
365. He announced also the launching of the world veterinary year in 2011 which will be celebrated in France to mark the 250 anniversary of Veterinary education and profession.
366. France has also a specialized high school aiming at training all official veterinary civil servants and currently some of Middle East official veterinarians are following this course. He mentioned also that this school, in Lyon, is also an OIE Collaborating Center for the training of Official Veterinarians and he encouraged all OIE members to send candidates for the same courses.
367. Furthermore, he explained that the French Government is also fully supporting OIE, as well as FAO, sending and financing experts through the world, and of course in the Middle East, for example at the OIE regional representation in Beirut, and at the FAO in Cairo. France also strongly supports the OIE PVS program, funding the OIE World Animal Health and Welfare Fund, and providing experts to work in this program. France also participates in several EU veterinary twinning in the world, currently in Egypt for example.
368. He expressed his strong support to the position and role of veterinarians in the world to maintain the highest possible level of animal production and food safety, with all its consequences to feed the world, food security, and global environment.
369. He expressed his confidence that veterinary cooperation between France, OIE and all countries of the Middle East will grow up soon, hoping that some relevant projects be launched.

WSPA

370. Dr David Wilkins, representative of WSPA, began his presentation by commenting on his organisation which is a global alliance of over 1000 member animal welfare organizations in 156 countries. It has 15 offices around the world.
371. He underlined that WSPA is pleased to have entered into a formal agreement with OIE in 2007.
372. He mentioned that WSPA has supported OIE in its animal welfare work and the development of international animal welfare standards and guidelines.
373. He explained that the problem now is implementation, it is clear that a country's ability to implement the existing standards depends on available resources and of course, political willingness. Implementation is not always easy but it is essential that progress is made or else OIE standards will lose credibility. NGO's as WSPA are willing to help and, for example provide experts for training programmes. Such help and support could also come from farm industry organizations.
374. Dr Wilkins also remarked that an important action is for each OIE region to develop an animal welfare strategy. All countries in the region should contribute towards formulating that strategy.

375. He concluded by mentioning that the first step should be to establish a steering group to produce a draft strategy. As an animal welfare NGO with a formal agreement with the OIE, WSPA could be very willing to contribute to this process and, if invited, to be a member of the steering group.

Discussion

376. A representative from Qatar asked Dr Wilkins on the position of WSPA regarding the UN declaration on Animal Welfare.
377. Dr Wilkins informed that his organisation has pushed strongly the Animal Welfare Universal Declaration.
378. In the OIE General Session in 2007 a Resolution was adopted by OIE Members supporting this Universal Declaration.
379. He commented that there are concerns from some developing countries which argue that such a Declaration would bring additional trade barriers. His organisation is working in order to help such countries by addressing their concerns.
380. Dr Wilkins referred to a Ministerial Conference which will be held soon in order to take a final decision in regards to the Universal Declaration. Such a Declaration should include basic general principles, as well as matter regarding legislation as well as responsibilities of each organisation.
381. The OIE Director General stated that the Animal Welfare Universal Declaration is important for Veterinary Services. Therefore OIE Members have adopted unanimously the support of such a Declaration through a Resolution in 2007, but under the condition that the Declaration makes a specific and clear reference to the OIE International Standards in Animal Welfare.
382. The meeting endorsed the proposal from WSPA on the conformation of a steering group for drafting the regional strategy.
383. The Delegate of Syria commented that a Regional Workshop with the sponsorship from TAIEX will be held soon.
384. Dr Vallat agreed on the participation of the OIE of such a regional workshop as well as on a later organisation of an OIE Regional Workshop which will take into account the outcome of the TAIEX workshop.

Discussions of Recommendations N° 1 and 2

385. Draft Recommendations Nos. 1 and 2 on the two Technical Items of the Conference were presented to the participants and tabled for discussions. A few amendments were called for in both recommendations, which were presented for final adoption on Thursday.

Date, venue and agenda items for the 11th Conference of the OIE Regional Commission for the Middle East

386. The President of the Conference asked Delegates present if any of their countries wished to host the 11th Conference of the OIE Regional Commission for the Middle East. The Delegate of Kuwait expressed the wish of her country to host the Conference. This proposal was unanimously accepted.

387. The exact dates of the meeting, which should be in the end of October 2011, will be decided at the meeting of the Regional Commission held back to back with the OIE General Session in May 2010.
388. Regarding the technical Item I with questionnaire, it will be decided during the meeting of the OIE Regional Commission for the Middle East during the General Session in May 2010. The Second Technical Item (without questionnaire) will be decided in the meeting of the Regional Commission in May 2011.

Wednesday 28 October 2009

Professional and cultural guided visit

389. The Government of Qatar organised a professional and cultural visit to:
- Qatari National Central Laboratory
 - Camel race track
 - Oryx reserve
 - Islamic Museum
390. Participants found the visit organised for the day by the host country to be of great interest. Sincere thanks to the organisers for their kind hospitality were presented.

Thursday 29 October 2009

Adoption of the draft Final Report and Recommendations

391. Dr Vallat explained the procedures to adopt the report of the Conference and the recommendations. Delegates are allowed to comment or make suggestions which are taken into account on the spot but additional comments on the report, received by 15 November 2009 at the OIE Central Bureau, will also be considered. However, the recommendations need to be adopted during the session and cannot be changed later on.
392. The report was adopted with a few minor amendments.
393. The two recommendations were adopted.
394. The traditional motion of thanks for the host country was read by Dr Ziad Namour, Delegate of Syria and Secretary General of the OIE Regional Commission for the Middle East.

Closing ceremony

395. The President of the Regional Commission for the Middle East and Delegate of the host Country, Dr Kassem Al-Qahtani, thanked the government of Qatar, all participants including speaker and the OIE Secretariat for a most fruitful conference. He expressed his sincere appreciation to the Secretariat of the host country and of the OIE for the excellent work carried out to ensure the success of the Conference. He thought that the Conference agenda was relevant to the region and the social programme most enjoyable. He conveyed the gratitude of the Commission to the Government of Qatar for supporting the Conference.
396. Dr Bernard Vallat, OIE Director General stated that the Conference provided a good opportunity for Members of the region to raise issues of mutual interest but also those of concern. He noted that the technical presentations were of a very high level. He expressed his appreciation to the Conference Secretariat and the OIE staff from the Central Bureau for their active and fruitful participation. He remarked the excellent organisation and coordination of the Conference He invited all participants to be present in the next Regional Commission Conference. Dr Vallat thanked Dr Kassem Al-Qahtani and his staff as well as the Government of Qatar for their contribution in making the Conference a success.
397. Dr Kassem Al-Qahtani officially declared the Conference closed at 11.30 a.m.

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10th Conference of the OIE Regional Commission for the Middle East
Doha, Qatar, 25-29 October 2009

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10th Conference of the OIE Regional Commission for the Middle East
Doha, Qatar, 25-29 October 2009

AGENDA

- I. Capabilities of veterinary laboratories in the region – Needs to improve animal disease diagnostic (Technical Item I)
- II. An approach to developing coordinated and harmonised actions for the control of brucellosis (Technical Item II)
- III. Animal health situation of Member Countries in the first half of 2009
- IV. Fifth OIE Strategic Plan and OIE Global Programme of Strengthening Veterinary Services (including PVS and GAP Analysis in the Middle East Region)
- V. Updated information on aquatic animal health activities by the OIE
- VI. Updated information on the OIE Terrestrial Code Commission
- VII. Activities of the OIE Regional Commission and Regional Representation for the Middle East
- VIII. GF-TADs for Middle East / RAHC / 5th FMD Round Table
- IX. Presentations by international and regional organisations
- X. Other matters:
 - Selection of the Technical Items for the 11th Conference of the OIE Regional Commission for the Middle East
 - Date, venue and agenda for the 11h Conference of the OIE Regional Commission for the Middle East
 - Miscellaneous



10th Conference of the OIE Regional Commission for the Middle East
Doha, Qatar, 25-29 October 2009

Timetable

SUNDAY 25 OCTOBER 2009

4.30 pm Registration and distribution of documents

MONDAY 26 OCTOBER 2009

8.30 am Registration and distribution of documents (Cont.)

9.00 am Opening Ceremony
 – Hon. Minister of Municipal Affairs and Agriculture of Qatar
 – Dr Bernard Vallat, Director General of the OIE
 – Dr Kassem Nasser Al-Qahtani, Delegate of Qatar to the OIE and President of the OIE Regional Commission for the Middle East

10.00 am Break

10.30 am Election of the Conference Committee (Chairperson, Vice-Chairperson and Rapporteur General)

Adoption of the Agenda and Timetable

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

11.00 am **Animal health situation of Member Countries during the first semester of 2009**
(Dr Karim Ben Jebara, Head, OIE Animal Health Information Department)

12.00 pm Discussions

12.30 pm Lunch

2.00 pm Activities of the OIE Regional Commission and Regional Representation for the Middle East *(Dr Ghazi Yehia, OIE Regional Representative for the Middle East)*

2.30 pm **Technical Item I: Capabilities of veterinary laboratories in the region – Needs to improve animal disease diagnostic** *(Dr Elham Atta Mohamed El-Ebiary, Central Laboratory for Evaluation of Veterinary Biologics, Egypt)*

3.30 pm Discussions

4.00 pm Break (Preparation of recommendation for Item I by designated small group)

4.30 pm	Fifth OIE Strategic Plan and OIE Global Programme of Strengthening Veterinary Services (including PVS and GAP Analysis in the Middle East Region) (<i>Dr Bernard Vallat, OIE Director General</i>)
5.30 pm	Discussions
6.00 pm	End of Session
7.00 pm	Reception given by the Government of Qatar

TUESDAY 27 OCTOBER 2009

9.00 am	Technical Item II: An approach to developing coordinated and harmonised actions for the control of brucellosis (Prof. Vincenzo Caporale, Director Istituto Zooprofilattico Sperimentale dell'Abruzzo e del Molise)
10.00 am	Discussions
10.30 am	Break (Preparation of recommendation for Item II by designated small group)
11.00 am	GF-TADs for the Middle East / RAHC / 5th FMD Round Table (<i>Dr Ghazi Yehia, OIE Regional Representative for the Middle East / Dr George Khoury, ECTAD FAO Unit</i>)
11.30 am	Legislation and implementation of animal welfare in the Middle East (<i>Prof. Hassan Abdel Aziz Aidaros, OIE consultant</i>)
12.15 pm	Updated information on aquatic animal health activities by the OIE (<i>Dr Karim Ben Jebara Head, OIE Animal Health Information Department</i>)
12.45 pm	Lunch
2.00 pm	Updated information on the OIE Terrestrial Code Commission (<i>Prof. Ahmed Mustafa Hassan, Member of the OIE Terrestrial Code Commission</i>)
2.30 pm	Presentations by international and regional organisations
3.30 pm	Break
4.00 pm	Discussions of Recommendations N° 1 and 2
4.30 pm	Date, venue and agenda items for the 11th Conference of the OIE Regional Commission for the Middle East
7.00 pm	Reception given by the OIE

WEDNESDAY 28 OCTOBER 2009

8.00 am	Professional and guided cultural visit
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THURSDAY 29 OCTOBER 2009

9.00 am	Adoption of the draft Final Report and Recommendations
10.30 am	Break
11.00 am	Closing Ceremony



10th Conference of the OIE Regional Commission for the Middle East
Doha, Qatar, 25-29 October 2009

Recommendation Technical Item I

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

CONSIDERING THAT:

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

12. Human resources training are important to continuing education of laboratory staff.
13. Laboratory capacity could represent a limiting factor in surveillance and control of animal diseases.
14. It is necessary to improve the diagnostic capabilities of laboratories of the region through encouraging and strengthening the use of molecular basis techniques in diagnosis of infectious agents.

**THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST
RECOMMENDS THAT:**

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



10th Conference of the OIE Regional Commission for the Middle East
Doha, Qatar, 25-29 October 2009

Recommendation Technical Item II

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

CONSIDERING THAT:

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

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

**THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST
RECOMMENDS THAT:**

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

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



10th Conference of the OIE Regional Commission for the Middle East
Doha, Qatar, 25-29 October 2009

PRESS RELEASE

10th Conference of the OIE Regional Commission for the Middle-East:
Capacity building of laboratories is foremost in the region

Doha, 29 October 2009 - Participants in the 10th Conference of the OIE Regional Commission for the Middle-East held in Doha, Qatar from 25 to 29 October 2009 identified support aimed at capacity building of veterinary laboratories in the region is foremost.

“Capacity of laboratories is foremost in the prevention and control of animal diseases including zoonoses as well as in food safety improvement at all stages of animal production,” Dr Bernard Vallat, OIE Director General said.

Support has been initiated on laboratory capacity through the OIE Twinning Initiative; potential candidate laboratories are identified in the Middle-East for projects on priority diseases which will be twinned with existing OIE Reference Laboratories from other regions of the world. This twinning programme allows direct exchanges of scientists from both twinned laboratories and facilitates building and reinforcing the Veterinary Scientific Community in Middle-eastern countries. This is very important for the participation of the region to the global standard setting mechanisms under the World Trade Organisation SPS Agreement.

“It is important to convince developed countries which, thanks to huge investments, became free of major infectious diseases, including zoonoses, that the best way to protect their disease-free status is to collaborate with countries still infected with infectious diseases for the diagnostic and eradication of existing diseases from their territory, so they stop to be a reservoir for pathogens”, Dr Vallat commented.

The OIE will continue to support Member Countries by strengthening the governance of their animal health systems. It will do so through the evaluation of compliance of national Veterinary Services with OIE standards on quality and the support for the upgrading of those services, including of laboratory and veterinary education components, using the OIE-PVS Tool for the Evaluation of Performance of Veterinary Services.

Brucellosis is a major threat for public health and a major obstacle to rural economies

The Conference also evaluated the impact of brucellosis, a major zoonosis, in countries of the Middle East region as a key obstacle to livestock and rural economies with heavy repercussions on public health, food safety and food security, particularly affecting milk production.

“The prevention and control mechanisms that could help contain brucellosis, and in fact any other infectious animal disease, are often not yet properly nor timely applied in several countries of the region”, OIE Director General Dr Bernard Vallat said.

The assessment made during the Conference points to different factors responsible for the incidence of brucellosis in both animals and humans. The control strategy of the disease should be based on the

use of efficient Veterinary Services complying with OIE standards on quality and on a thorough understanding of local and regional variations in animal husbandry practices, social customs, and the epidemiological pattern of the disease.

Vaccination, necessary for ensuring immunity of susceptible animal population, is not broadly applied nor consistently monitored in a number of countries of the region. And in the case of brucellosis outbreaks, appropriate epidemiological surveillance and biosecurity control measures are not always applied.

Also, inappropriate veterinary governance and lack of cooperation between livestock owners and veterinarians are often at the basis of the problem. "We must insist that good collaboration between veterinarians and cattle owners, is a key factor for success in controlling brucellosis", Dr Ghazi Yehia, OIE Regional Representative for the Middle-East commented.

Open discussions on new OIE standards and the organisation's Fifth Strategic Plan draft

The Conference was the opportunity for all represented countries to discuss the elaboration of updated OIE standards for the Terrestrial and Aquatic Animal Health Codes.

As part of the democratic process on which the OIE's decision is based, the draft of the Fifth strategic Plan of the organisation was also discussed.

The draft Plan among other things reinforces key strategic guidelines to boost:

- capabilities (training for Delegates and their national focal points) and other actions carried out by the OIE through its five regional representations,
- the OIE's influence on global, regional and national policies for governance mechanisms to improve animal health and on the definition of priorities for scientific research policies,
- the OIE's support role to Member Countries in helping them resolve bilateral or multilateral health disputes,
- official recognition of the free status of countries on additional diseases, including some relevant equine diseases.

Mr Abdullah Bin Mubarak Bin Abud Al Moadadi Hon. Minister of the Environment of Qatar opened the Conference: "I express gratitude to the support provided by the OIE to Member Countries of the Region and strongly support the actions being undertaken by the OIE to promote the control of animal diseases and zoonoses worldwide and in the region."


Participants in the Conference included higher government officials of OIE Members Countries as well as global (FAO, WHO, etc.), regional and national organisations.

The Conference was kindly hosted by the Government of Qatar. It was chaired by Dr Kassem Nasser Al-Qahtani OIE Delegate of Qatar to the OIE with the support of the OIE Headquarters and the OIE Regional Representation for the Middle-East.



MOTION OF THANKS

The President and the members of the OIE Regional Commission for the Middle East, 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 Qatar, the Host Country of the 10th Conference of the OIE Regional Commission, held from 26 to 29 October 2009, for the warm welcome extended to the participants, the excellent organisation of the Conference and for all facilities made available to them during their stay in Doha.

 <p>Regional Representation For the Middle East</p>	<p>Technical Meeting on Equine Health Status and the Movement of Horse in the Middle East Doha, Qatar 25 October 2009 Report</p>
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Objective of the meeting

Expose and discuss during a participative forum the equine health status in the Middle East and inform participants that the OIE is starting a procedure to officially recognize country freedom from two major equine diseases - African Horse Sickness (AHS) and glanders.

Summary

On behalf of the OIE, Dr Bernard Vallat, OIE Director General, thanked the Emir of Qatar to host the 10th Conference of the OIE Regional Commission for the Middle East and to give the opportunity to discuss on the particular issues of equine diseases, one day before the beginning of the Conference. He mentioned that the OIE is preparing a new strategic plan for the five coming years (the Vth OIE Strategic Plan, 2010 – 2015), and according to the request of the Fédération Equestre Internationale (FEI), with which the OIE has an official agreement, it is foreseen to enhance the implication of the OIE in equine problems. The OIE will study the implementation of an official freedom recognition procedure for two main equine diseases, AHS and glanders. The OIE is also studying the creation of specific sanitary certificate for horses, adapted from its generic models of certificate, in order to facilitate horse movement and competition worldwide. Dr Vallat concluded that time is coming for the OIE to do more in horses and invited OIE Delegates to give their opinion on this new orientation and to support it, if they are convinced of its interest.

Mr Sami Duhami, Vice-Chairman of the Group VII (Middle East) of the FEI, welcomed participants and thanked the government of Qatar and the OIE for organizing this meeting. He explained that horses' transport, especially by land, is a big issue worldwide. He mentioned that the FEI is very active to facilitate horses' movement and study, in compliance with the OIE standards, the possibility to establish area free from certain equine diseases.

Then Dr Ghazi Yehia, OIE Regional Representative for the Middle East, exposed the role and objectives of the OIE and presented the updated situation of major equine diseases worldwide, summarized for each of them the specific epidemiology, the means of prevention and treatment, the specific recommendation of the OIE Terrestrial Animal Health Code (TAHC) related to certification and obligations of trading countries.

He approached the problems encountering the movement of horses and concluded his presentation by exposing conclusions and recommendations of the last FEI general assembly, held in Buenos Aires in November 2008.

Discussion

- Sanitary information sent to the OIE

The Delegate of Turkey requested clarifications on the mean of "no information", as it appears on reports of horses' diseases situation.

Dr Karim Ben Jebara, Head of the OIE Information Department, explained that considering this particular point, some Members do not send or forgot to send information on certain diseases. He

highlighted that it is important to send information even if the disease is not present in the country. He mentioned also that in the near future a specific highlight will be made on WAHIS to inform the country that they didn't give information on certain diseases.

Dr Vallat explained that Members are committed to send regular reports on their situation regarding the OIE listed diseases. This list is adopted, by vote, by all Members during the General Session. Actually, there are about 100 diseases and Members need to have accurate data to inform on the presence or on the absence of diseases.

Dr Ben Jebara, exposed that it is preferable to have accurate and documented information on a small number of diseases, in countries' reports, than poor quality information on all OIE listed diseases. And WAHIS gives the possibility to report that the country don't know its situation for a given disease.

He stressed also to increase collaboration between Veterinary Services and the national equestrian federations in each country in terms of horses' diseases. Sometimes, national equestrian federation are sending directly the sanitary situation of their equine population without passing through the Official Veterinary Services of their country.

- **Specific OIE Focal Points for Horses diseases**

The Delegate of Sudan, explaining that AHS is a major disease in his country and considering that "horse world" is very particular, asked the OIE on the opportunity to create a specific OIE focal point on horses' diseases.

Dr Vallat mentioned that the OIE is currently committed to train the 6 OIE identified focal points (Sanitary Information, Animal Welfare, Wildlife diseases, Aquatic Animal diseases, Food Safety and Veterinary Medicinal Products) in each region of the world. It is a very heavy programme to implement such training. According to this situation, the OIE could not do it now for horses' diseases, but it could come later. But, he proposed that the OIE could organize specific regional seminars for Veterinary Services and equine stakeholders to deal with equine's issues.

- **OIE Official freedom recognition concept**

Dr Vallat exposed that the OIE official recognition concept is a difficult and long procedure. The OIE TAHC gives the possibility to Members for certain disease to declare themselves free, but it is not an official recognition.

The OIE wishes to increase the number of its official freedom status, adopted by all Members and recognized as a global standard, by the WTO notably.


- **Others matters**

- A specific point was reached by FEI representatives of the region concerning the different imports requirements imposed by the USA to the countries of the region.
- Dr Fernandez, USDA representative, proposed that this issue could be discussed with the USDA regional office in Cairo, and a regional approach could be advocated to tackle this issue.
- The Delegate of Somalia exposed the current difficulties of her country and the difficulties to dispose of accurate laboratory diagnostic.
- Dr Yehia mentioned that for equine diseases, an accredited Laboratory is present in the region, in Dubai for major equine diseases (this laboratory is also an OIE Reference Laboratory for glanders and dourine), and that several other laboratories can perform the analyzes.

- Dr Vallat said that the OIE is fully aware of the difficult situation in Somalia. He explained that the OIE, with its partner AU-IBAR, is supporting several projects and programmes to help and assist the country and notably to promote the export of Somalia animals and animal products through the creation of pre-export quarantine facilities and to officially recognize Somalia as free from Rinderpest. He expressed also his sincere wish for peace in the country.

Conclusions and future actions:

- Efforts should be made to consolidate the link between VS and horse federation and/or stakeholders in compliance with OIE standards, notably for the sanitary certification of animal movement ;
- Participants wished to adopt recommendations of this meeting. A draft will be discussed during the 10th Conference of the OIE Regional Commission and added as an annex in the report of this Conference ;
- An OIE regional workshop for horse issues for VS and equine stakeholders should be organized soon (2010 – 2011).

 <p>Regional Representation For the Middle East</p>	<p align="center">Technical Meeting on Equine Health Status and the Movement of Horse in the Middle East Doha, Qatar 25 October 2009</p> <p align="center">Recommendations</p>
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CONSIDERING THAT:

1. There is no worldwide harmonized sanitary requirements related to health certificates for trade in horses;
2. Some national requirements for movement of competition horses are not always in compliance with OIE international standards;
3. Middle eastern countries have the same equine health status, especially freedom from specific equine diseases but differ in the implementation of sanitary requirements;
4. A lack of cooperation between private equestrian authorities and their related Veterinary Services to adopt common strategy to facilitate movement of horses in compliance with OIE Standards and importing country requirement;
5. A lack of basic knowledge of horse handling and transportation means by some professionals in respect to OIE Animal Welfare standards.

THE PARTICIPANTS RECOMMENDED THAT:

1. A generic model of sanitary certificate for horse movement, including OIE animal welfare standards should be developed and adopted by the OIE. The Model Passport for International Movements of Competition Horses, as established in Chapter 5.12. of the OIE Terrestrial Code should be used as basis;
2. Middle Eastern countries that have the same equine health status, should as often as possible develop bilateral or regional equivalence measures and a common model of certificate in compliance with OIE standards in order to facilitate movement of horses;
3. Veterinary authorities in Middle Eastern countries are encouraged to conduct self-declaration from equine diseases in compliance with the OIE Terrestrial Animal Health Code and to apply for official recognition of disease free status for major equine diseases following the OIE pathway when it will be officially adopted for this specific purpose;
4. OIE Standards on Animal Welfare especially for transportation and handling should be integrated in the national regulations of countries and in the code of conduct of the equestrian stakeholders;
5. National authorities in collaboration with all relevant organizations or institutions in their countries should continuously implement updated awareness strategy to promote the respect of horse welfare by all equine professionals;
6. Official notifications of listed or emerging diseases to the OIE must always be made by national Delegates to the OIE.