



GF-TADs

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES



Food and Agriculture
Organization of the
United Nations



**9th FAO/OIE Regional Steering Committee Meeting
of GF-TADs for Asia and the Pacific**

Summary Report

Tokyo, Japan, 20-21 July 2016

List of Acronyms and Abbreviations

AAHL	CSIRO's Australian Animal Health Laboratory, Geelong
AAHTF	ASEAN Animal Health Trust Fund
ADB	Asian Development Bank
AMAF	ASEAN Ministerial Meeting of Agriculture and Forestry
APHCA	Animal Production and Health Commission for Asia and the Pacific of FAO
APHIS	United States Department of Agriculture Animal and Plant Health Inspection Service
APHISA	Animal Production and Health Information System for ASEAN
ARAHIS	ASEAN Regional Animal Health Information System
ASEAN	Association of Southeast Asian Nations
ASEAN+3	ASEAN member countries plus Japan, RO Korea and PR China
ASWGL	ASEAN Sectoral Working Group on Livestock
AusAID	Australian Agency for International Development
BSE	Bovine Spongiform Encephalopathy
CDC	Center for Disease Control and Prevention (US Government)
CMC-AH	FAO/OIE Crisis Management Center of Animal Health
CSF	Classical Swine Fever
CVO	Chief Veterinary Officer
DCI	EC- Development Cooperation Instrument
DLD	Department of Livestock Development -Thailand
EC	European Commission
EC-TAD	Emergency Centre for Transboundary Animal Diseases (FAO)
EIDs	Emerging Infectious Diseases
EMPRES-i	FAO Emergency Prevention Systems (Global animal disease information system)
EPT	Emerging Pandemic Threat (USAID Programme)
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FETPV	Field Epidemiology Training Programme for Veterinarian (FAO)
FMD	Foot and Mouth Disease
GF-TADs	Global Framework for the progressive control of Transboundary Animal Diseases
GLEWS	FAO/OIE/WHO Global Early Warning and Response System for Major Animal Diseases
GREP	Global Rinderpest Eradication Programme
HPAI	Highly Pathogenic Avian Influenza
HPED	EC-supported Regional Cooperation Programme on Highly Pathogenic Emerging and re-emerging Diseases in Asia
JCU	James Cook University, Townsville, Australia
JICA	Japan International Cooperation Agency
JSTF	Japan Government Special Trust Fund
JTF	Japan Government Trust Fund
MDGs	Millennium Development Goals
OFFLU	OIE/FAO Network of Expertise on Animal Influenza
OIE	World Organisation for Animal Health
OIE Asia-Pacific	OIE Regional Representation for Asia and the Pacific
OWOH	One World One Health
PCP	Progressive Control Pathway approach for FMD (FAO)
PHOVAPS	Pacific Heads of Veterinary and Animal Health Production Services
PPP	Private Public Partnership
PPR	Peste des Petits Ruminants
PRIPPP	Pacific Region Influenza and Pandemic Preparedness Project
PRRS	Porcine Reproductive and Respiratory Syndrome
PSVS	OIE/AusAID Project to Strengthen Veterinary Services
PVS	Performance of Veterinary Services (OIE-PVS Tool)
RAHCs	Regional Animal Health Centres
RSC	Regional Steering Committee (of GF-TADs)
RSO	Regional Specialized Organisation
RSU	Regional Support Unit
RVF	Rift Valley Fever
SAARC	South Asian Association for Regional Cooperation

SARS	Severe Acute Respiratory Syndrome
SEACFMD	OIE Southeast Asia and China Foot and Mouth Disease Campaign
SOM	Senior Officials Meeting (ASEAN)
SOMHD	Senior Officials Meeting of Health Development (ASEAN)
SPC	The Pacific Community
SPC+2	SPC member countries plus Australia and New Zealand
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
VPH	Veterinary Public Health
VS	Veterinary Services
WAHIS	World Animal Health Information System
WB	World Bank
WHO	World Health Organization

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**Summary Report of
The 9th FAO/OIE Regional Steering Committee Meeting
of GF-TADS for Asia and the Pacific
(Tokyo, 20-21 July 2016)**

1. Introduction

The 9th FAO/OIE Regional Steering Committee Meeting of GF-TADS for Asia and the Pacific was convened at The Seihoku Gallery, The University of Tokyo, Japan, on 20-21 July 2016. The Opening Session of the 9th GF-TADS Regional Steering Committee Meeting was convened at 9:00. Dr Hirofumi Kugita, Permanent Secretariat of Regional Steering Committee of GF-TADS and Regional Representative of OIE Asia Pacific gave a brief introductory speech to start the proceedings.

He outlined the structure and role of the Regional Steering Committee and other important stakeholders in GF-TADS and discussed the objectives of the Regional Steering Committee meeting. He then explained the agenda over the next 1 and a half days and what the expected outcomes of the meeting would be.

2. Opening Session

The meeting was officially opened with welcoming remarks by Dr Zhang Zhongqiu, President of the Regional Steering Committee of GF-TADS for Asia and the Pacific. This was followed by opening remarks by Dr Katinka DeBalogh of FAO-RAP and Dr Hirofumi Kugita of OIE - RRAP. Then the opening address by the host country, Japan was given by Dr Norio Kumagai, the Chief Veterinary Officer of Japan.

2.1 Introduction by Dr Zhang Zhongqiu

Dr Zhang began by expressing his thanks for the efforts in the region on TADs control on behalf of the regional steering committee. Work has been done at the sub-regional, regional and global level and based on the regional GF-TADS and the regional action plan he summarized and reviewed some of the work done over the past 2 years.

At the regional level, the 8th meeting of the RSC was held in 2014 and decided to have the RSC meeting every 2nd year to allow for sub-regional meetings in 2015, as well as East Asian TADs coordination meeting.

FMD and HPAI are priority diseases for the East Asia region. In East Asia there is an FMD roadmap and an official FMD control program that is endorsed by OIE.

At the global level – there is the global plan to eliminate human cases of dog mediated rabies and the PPR eradication program.

The Global Steering Committee met in October 2015 and discussed globally significant diseases as well as performance indicators.

As chairman of the Asia Pacific RSC he thanked all the regional and sub-regional organisations for their commitment to animal disease control. He also thanked all the funding and development partners for their support.

He stated that this is 1st year for the 6th strategic plan for the OIE, which is based on scientific evidence taken from the former 5 strategies.

There is continued support for GF-TADS, veterinary services of member countries, regional and international organisations and funding partners. TADs control in the Asia Pacific region continues to reach new levels. At present gaps still remain among members of each sub-region; knowledge, social development, animal health and scientific and technological levels vary, however we share objectives on veterinary services and animal health. We aim to enhance exchange and cooperation at the regional levels to improve the animal health sector and represent our common aspiration towards the veterinary sector.

A major issue for TADs control is the different control capacity between different members. This is a concern from the East in particular. The importance of GF-TADS rests on leaders to play a leading role in TADs control and encourage unified roadmaps for the region.

Dr Zhang then put forward the following proposals:

- to further resources in the region in the sustainable use of GF-TADs mechanisms and manage well established ways of communication and cooperation within the region such as SEACFMD, China-Japan-Korea-Mongolia cooperation, OIE/JTF FMD control program.
- Improve the communication and cooperation mechanism. GF-TADs has been used for 10 years. He suggested to review the current situation and the past 10 years to improve communication and encourage active sharing among members.
- Support capacity building
- Revisit Priority diseases in the region eg ASF, Bluetongue and others.

He closed his speech by wishing the meeting is a complete success.

2.2 Welcoming remarks by Dr Katinka DeBalogh

Dr DeBalogh joined FAO - RAP at the beginning of the year as the Senior Animal Health and Production Officer after 13 years at FAO HQ in Rome. On behalf of the Assistance Director General of the FAO Ms Kundhavi Kandiresan, she welcomed everyone to the 9th GF-TADs RSC meeting for Asia and the Pacific.

Dr DeBalogh went on to say that during her time in FAO-HQ she witnessed the birth of GF-TADs in 2004, a joint FAO/OIE initiative and has been able to see expansion of many activities across the globe under this framework. As well as the more traditional diseases such as FMD, CSF, Rabies etc, over the last decade there has been the introduction and spread of new and emerging diseases eg ASF, PPR to new areas as well as the emergence of new strains of diseases such as HPAI, MERS and Ebola to name a few.

This has further emphasized the transboundary nature of diseases and the need for international cooperation, collaboration and communication in the prevention and control of diseases. Several of the tools and mechanisms that have been developed for emergency preparedness and response can also be used for addressing emerging and endemic diseases such as laboratory strengthening and increasing epidemiology capacity of countries. The development of one health, multidisciplinary approaches and a better understanding of complex value chains, cross border movements and the impact of climate change, natural disasters and reconstruction efforts elucidate the need for us to venture outside the veterinary comfort zone to explore the relation of animal diseases to socioeconomic, cultural and political factors and their influence on diseases.

The need for continued horizon scanning and exploring the application of new technologies – mobile phones, downloadable applications, crowd sourcing and the internet represent unprecedented opportunities as we know that only information can travel faster than diseases.

Furthermore, the key role of human behavior as a risk factor should be further integrated into disease prevention and control programs.

The direct impact of TADs control on food security, food safety, nutrition, public health and poverty reduction show the contribution of GF-TADs to the sustainable development goals of FAO in 2015 –and the request of FAO member countries during the last FAO Asia-Pacific Regional Committee held in March this year in Malaysia to further address climate change and one health.

The demand for food, especially high quality protein sources such as meat is increasing rapidly as the world population is expected to increase to around 9.2 billion by 2050 from the present level of 7 billion. Per capita calorie consumption and the demand for meat, eggs and milk products would be increased sharply as the number of middle income class population will triple in Asia between 2009 and 2020 with many living in an urbanized environment. Indeed according to FAO estimates, the world demand for meat is expected to increase over 80% between 2007-2050, while production will face various challenges due to scarcity of land and water and the negative impacts of climate change which can also result in transboundary animal diseases. Hence, promotion of animal health and animal disease control are extremely important to ensure food security for our future generations.

GF-TADs provides guidance and the development of viable approaches such as PCP developed for FMD and inspired application to other diseases across the globe.

GF-TADs further demonstrates that joint efforts, appropriate animal health policies and overall concerted actions within a clear and common framework results in tangible outcomes, providing a clearer understanding of the benefits of GF-TADs to countries and the international community.

She stated that she believes that through the GF-Tads mechanism and structure, the governance of animal health systems in both the public and private sector can be improved towards providing the most effective response to address animal/livestock diseases. To fully achieve this however, the GF-TADs objective and plans must remain coherent and relevant to the work, needs and other partners here today.

In this connection, she welcomed WHO, ASEAN, SAARC, SPC, JICA, EU, USDA, USAID, IFAH and other partners present.

Finally she reiterated FAO's commitment to continue and further promote the collaboration with OIE and other partners and member countries to maximize the benefits of this collaborative mechanism and partnership for ensuring improved animal health and more efficient production in the region as a means to enhancing food and nutrition security and improving the livelihoods of farmers and the community at large.

She finishing by saying she is looking forward to a fruitful meeting.

2.3 Welcoming remarks by Dr Hirofumi Kugita

Dr Kugita began by thanking Dr Zhang, Japan CVO, FAO, WHO and distinguished delegates for coming to this meeting in Tokyo and on behalf of the OIE and as permanent secretariat welcomed everyone to this 9th GF-TADs RSC meeting.

As many important things have already been said by previous speakers, Dr Kugita said he would just highlight some special things for this meeting.

The RSC launched in 2005. So this year, 2016 is 11th year of Regional GF-TADs. He said he would review 10 years of GF-TADs in next session.

In the past 10 years obviously we have made a lot of progress in the region. There are 3 established sub-regional supporting mechanisms.

There are continued outbreaks of diseases, as well as new and emerging diseases so we still have work to do.

In the 8th steering committee meeting in Bangkok it was decided to hold the meetings every 2nd year to have sub-regional meetings for ASEAN, SAARC and SPC last year and also a TADs coordinators meeting in East Asia in March. This region has not been recognized as a sub-region previously, however we may propose East Asia to be recognized as a new sub-region under GF-TADs in the future.

In each RSC meeting there are special topics included. Several years ago Bee diseases and H7N9 were included. This year it was decided to select 2 specific issues for this meeting; Arbovirus infections and aquatic animal diseases, which are very important in this region. Many of you may not be directly working with aquatic animals but need to incorporate these into your veterinary services.

There is another meeting after this one which is a meeting of East Asian CVOs. There are not many chances to get CVOs of East Asia together, so we decided to have this meeting back to back with these RSC meetings, and invited CVOs from East Asia to attend so they can become more familiar with what is going on under GF-TADs.

We have Dr Antonio Petrini from Global GF-TADs secretariat who will make a presentation on global Steering Committee and also we have WHO Representative Dr Kasai attending. As you are all aware One Health is a very important aspect of veterinary services and under GF-TADs we are working with zoonotic diseases, so collaboration with WHO is important. Several development partners are present including JICA, New Zealand, Australia, P.R China and Japan. Several participants were unable to attend due to other commitments.

Dr Kugita wrapped up by welcoming everyone to this meeting, expressing sincere gratitude to the government of Japan for continued support to the OIE as well as hosting this meeting and the Tokyo office in University of Tokyo and then finally, he hoped this steering committee meeting comes up with powerful recommendations and provide good guidance and directions to the future of the RSC.

2.4 Opening address by Dr Norio Kumagai

Dr Kumagai addressed FAO, OIE and WHO, distinguished experts and participants. He expressed his sincere welcome to Tokyo, Japan.

He said it was his great honor to make this opening remark for 9th FAO/OIE RSC meeting of GF-TADs of Asia and the Pacific. He introduced himself as Norio Kumagai new CVO for Japan and director of animal health division and food safety and consumer affairs bureau, MAFF.

As new CVO he said he is committed to make every effort to improve animal health and has been looking forward to seeing everyone here to discuss all the issues.

TADs are a serious threat affecting directly not only the global food supply and livestock industry, but also food safety and human health. This still remains to be one of the global issues. In this effort the ministers of agriculture of the G7 members declared they recognize the threat of TADs, and want international cooperation to tackle the threats through international organisations such as OIE and FAO, when they met at the G7 Nagaata agriculture ministers meeting chaired by Japan.

GF-TADs is the activity which underwrites the project of this international cooperation. Japan has been supporting this for a long time and are pleased to share our achievements here that we have approved an FMD roadmap and the project for disease free status is progressing. On the other hand TADs such as FMD, AI, CSF still occur frequently in Asia. Our region has been exposed to the threat of ASF so that International cooperation is more and more essential. I am Confident that these meetings are very crucial for our region. Japan remains vigilant against TADs and considers cooperation with neighbouring countries as important. So we have agreed on an MO cooperation with ministers of agriculture with China and Korea for TADS last September. Through supporting for OIE through financial contributions Japan is willing to keep cooperating for the improvement of animal health in Asia. Finally I believe this meeting will be fruitful to all of us and I wish you all to take this opportunity to discuss with each other for strengthening our network.

2.5 Nomination and adoption of the Chairs.

Dr Hirofumi Kugita explained the provisional agenda had changed compared to the one sent out and the order of the program was modified. He briefly explain the objectives of the meeting as well as the meaning and function of GF-TADs and the Regional Steering Committee.

Regional Steering Committee in Asia Pacific launched in 2005. Other than the global GF-TADs there are 5 regional steering committees of GF-TADs for each OIE region. Here in the Asia Pacific region there are 32 member countries.

The composition of this Regional Steering Committee was defined in the 1st RSC meeting in 2005. Since then there have been several changes and here is the most updated one which are included in the draft terms of reference for the RSC which is not approved.

The composition is 1st from OIE Regional bureau members: The President, Dr Zhang, 2 vice-presidents – Dr Sen Sovann and Dr Premy and the Secretary General – Dr Matthew Stone from New Zealand, who is absent from the meeting. There are also members from OIE and FAO from HQ and regional offices as well as WHO. RSOs are key players for representation of GF-TADs for activities. Under GF-TADs ASEAN, SAARC and SPC are recognised. There is also a member country invited to represent each sub-region. At the moment it is the country who is Chair of ASWGL for ASEAN, the Chair of SAARC CVO forum for SAARC and a nominated representative from SPC members and the chair of APHCA. Also invited are specific development partners such as JICA, World Bank, Asian Development Bank, EU.

The RSC is expected to provide the secretariat (OIE Tokyo) direction or guidance as to the future activities as well as provide guidance to sub-regional organisations – RSOs and RSUs.

This RSC meeting has a very important role for future activities as well as to review, update and share information among ourselves. Members should also update the RSC on TADs activities and initiatives conducted globally and regionally, brief participants and give an overview of current disease situation of the regions. The RSC should identify challenges and concerns encountered on TADs control and finally Agree on A Way Forward (which is probably most the important)

Dr Kugita then introduced the agenda: It is a one and a half day meeting, which is very condensed with important sessions and a lot to get through. Tomorrow morning will be a workshop session to discuss issues and come up with recommendations.

He then discussed the expected outcomes ;

- Report on progress of GF-TADs over past 10 years,
- How can we improve the mechanisms for coordination?
- Decide on the Action Plan for next several years
- Report of this meeting.

Nominate the Chairs for Each Session

Session 1 – Dr Zhang Zhongqiu

Session 2 – Dr Sen Sovann

Session 3 – Dr Keshav Prasad Premy

Session 4 – Dr MJH Javed

Session 5 – Dr Ilagi Puana

Session and Wrap up to be facilitated by FAO and OIE

The nominated Chairs were unanimously agreed upon and adopted for the meeting.

Dr Kugita then handed over to Dr Zhang who invited Dr Antonio Petrini to speak for the 1st session from the Global secretariat.

3. Session 1: Progress of GF-TADs at Global Levels, Regional and Sub-regional Levels

3.1 The Global GF-TADs progress report by Dr Antonio Petrini

Dr Petrini introduced himself and explained his position in the middle of FAO and OIE in the global secretariat for GF-TADs which is located inside the FAO headquarters in Rome. He explained the structure of the global steering committee is similar to the regional steering committee with representatives from the regions, FAO, OIE and different donor agencies.

Dr Antonio Petrini then presented the report from the 8th meeting of Global Steering Committee of GF-TADs which was held 27-28th October 2015 in Rome, Italy. He presented the recommendations of the meeting and introduced the Standard Operating Procedure (SOP) for labelling meetings and activities under the GF-TADs umbrella at national, sub-regional, multi-regional and global level that was endorsed by the Global Steering Committee. He said if there is any discrepancy between the current 5-year action plans and the SOP, the new SOP will prevail. The new SOP should be considered when developing the next 5-year Action Plan.

[refer to the powerpoint presentation and annex for notes on Global Steering Committee recommendations and SOP for labelling

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/1.1_8th_GSC_GF-TADs_Petrini.pdf]

Once Dr Petrini finished his presentation Dr Zhang (chair) thanked him and said he had brought a lot of information from the global level which is useful for the regional action plan. He then said that we would have group photo and coffee break followed by any questions for Dr Petrini and then Dr Hirofumi Kugita will discuss the regional GF-TADs.

Dr Zhang asked the question which was to ask for the labeling report.

Dr Kugita answered that all information will be included in USB and labelling SOP is included in the handout file.

QUESTION : Question from Dr Kumagai regarding Avian Influenza OFFLU and what it is.

Dr Petrini answered that OFFLU is a tool in place at the global level for Avian Influenza. It is one of the tools existing that is an instrument used by GF-TADs to gain information about Avian Influenza. Secretariat of FAO/OIE but also under GF-TADs as AI is a priority disease at the global level. AI is a priority for both global level and Asia Pacific region, so activities should respect the labeling SOP. OFFLU is managed at the global level by FAO/OIE. If you organize a regional event you have to respect the SOP. It doesn't change the role of the OFFLU however. In order to share information if you are organizing a regional event you have to consider all the information coming from the OFFLU platform.

QUESTION Dr Kugita – We mentioned about the 5yr action plan which is from 2012-2016 and is expiring this year. So what is the strategy for the next 5yr action plan? When we 1st established the 5 year action plan we had guidance from the global secretariat, but so far we have no guidance from headquarters.

Dr Petrini- there is some discrepancy in the years. The global action plan will be till 2017 and the next global steering committee will approve guidelines for the next action plan and then transmit to all the regions.

At the regional level you have the exact ideas for priority diseases etc, so it is not from the global level. Global level won't decide the priority diseases at the regional level. About the structure of the action plan, it will follow a similar one to the previous one. Take into consideration all the information available eg the key performance indicators approved. Where the management committee decided to use some indicators to assess the progress of the GF-TADs activities at the regional level. You are free to choose which ones are good indicators at your level. There was a lot of discussion of these Key Performance Indicators eg the number of outbreaks of a certain disease. Is this a good indicator? The number may not be a good indicator as it could be from disease outbreak or more notifications...

You may choose a different indicator for your region. At the global level they can't make these decisions as they are not well aware of the regional specifics.

QUESTION Dr Kachen Wongsathapornchai (FAO) – following up on Dr Kugita's question - we learned there are some slight differences in the time frames from the global to regional action plans. So we can proceed with the new action plan without having to wait for guidance from the global steering committee as long as we consider the regional situation as the key performance indicators show. Can I confirm if we have the flexibility on the time line? That we don't necessarily have to coincide with the global action plan. So, the time line is also flexible for the regional action plan.

Dr Petrini confirmed this would be ok.

QUESTION Dr Carolyn Benigno (FAO) added – for the past 2 years we have worked and realized that a 2 year action plan is more effective in the region. Could we do a 2 year action plan instead of a 5 year one? Because with budget allocations etc we would find a 2 year action plan easier and can we adjust this?

Dr Petrini – My personal experience after 15 yrs in OIE and 2 yrs in FAO, is that it is a very short action plan, you can use it and adjust, but on the other side you have a lot of work to produce and approve an action plan. This regional action plan will have to be approved by the RSC. After 2 years (after every RSC meeting) you will have to approve a new action. It could be very useful, but may be a little short. There is no guidance from the global steering committee either way. It could be you have a 5 years action plan which can be adjusted and revised to avoid having a new plan approved every RSC meeting. But this is just a personal opinion. To me 2 years feels a little bit short. However it can be discussed at the next Global Steering Committee meeting and your region could bring it up in Paris in October.

Question Dr Ken Cokanasiga (SPC) – (To Dr Petrini) You talked about KPI. For SPC region (which is different to other RSOs) our focus is on prevention. So the indicators will need to be developed for SPC and will need to be discussed with the regional office. The definition of GF-TADs diseases needs to consider harmonization in SPC as our policies will be different.

Dr Petrini – You are right. When you write an SOP at the global level, you try to imagine everything but at the end of the day you have some specifics that will need to be considered at the regional level and can be discussed in your region.

DR Zhang confirmed there were no more questions and so invited Dr Kugita to talk on the reports from each sub-region:

3.2 Report of the Regional GF-TADs Regional Steering Committee, including summary of sub-regional meetings of GF-TADs by Dr Hirofumi Kugita

DR Zhang confirmed no more questions, so invited Dr Kugita to talk on the reports from each sub-region:

Dr Kugita said as the schedule is a bit late he would try and be very quick with the regional GF-TADS progress report. He said his presentation includes 10 years of GF-TADs including RSO activities and a follow up on the last region meeting and sub-regional meetings.

[presentation as per power point slides

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/1.2_Reg_GF-TADs_Progress_Report_Kugita.pdf]

Dr Zhang (Chair) – thanked Dr Kugita for his presentation and said that a summary of activities is very important information to discuss between members. He said he really appreciates the efforts made by the FAO/OIE regional steering community for Asia and the Pacific. They have achieved great progress in various activities; including large animal production and the animal disease statuses in our region. OIE Regional Representation in Asia and the Pacific under Dr Kugita gives an excellent performance to improve animal health in our region and sincere thanks for all that is done. Dr Zhang then passed the chair to Dr Sen Sovann (the vice president of the regional bureau) for the next session.

4. Session 2: Overview of regional TADs situation and control initiatives

4.1 Epidemiological situation update by Dr Caitlin Holley

Dr Caitlin Holley gave an update on the epidemiology data collated by the information department in OIE headquarters. There was a more in depth report for Asia Pacific region at the 29th Conference of the OIE Regional Commission for Asia, Far East and Ocean delivered last year, so this will be a brief update on the data gathered over the last 6 months.

[See slides for the maps to show the epidemiological data for the 5 priority diseases of the Asia Pacific Region – FMD, HPAI, Rabies, PPR, CSF.

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/2.1_Epidemiological_situation_Holley.pdf]

She stated that it is difficult to comment on the true epidemiological distribution historically as there have been changes in reporting of disease presence and absence.

Dr Sen Sovann thanked Dr Holley for the presentation and asked if there were any questions.

Dr Petrini – Just to comment – the difficulty of using data like this as a key performance indicator is highlighted here as it looks like there has been no change in most of these diseases over the last 10 years. I recommend to think carefully about the key performance indicators you use to measure success of disease control. Such as how many countries have recognized control programs, disease free status, laboratory networks etc.

Dr Sit – made a comment that in Hong Kong SAR they have been free of rabies for 30 years. It is difficult to see that on the map.

Sen Sovann – just a point of clarification for the point on absence of disease. This is not official disease free status is it?

Answer from Dr Holley – That is correct. This is countries reporting absence (or negative tests) NOT official disease free status.

4.2 FAO initiatives on TADs control by Dr Katinka DeBalogh

Dr Katinka DeBalogh said she would briefly present FAOs animal health initiatives in Asia and the Pacific. She thanked Carolyn Benigno, who has provided all the information.

Power point slides showed the regional breakdown for FAO regional offices and there are 90 FAO representations in countries.

Dr DeBalogh explained that during the last years FAO has changed direction and established 5 strategic programmes that are being rolled out. These are:

1. Help eliminate hunger, food insecurity and malnutrition
2. Make agriculture, forestry and fisheries more productive and sustainable (includes forestry and fishery)
3. Reduce rural poverty and of course looking at food systems
4. Enable inclusive and efficient agricultural and food systems
5. Increase the resilience of livelihoods to threats and crises.

If we look specifically at animal health, there is support for countries on selected high impact diseases as well as generic contributions to animal health systems. We are looking at fostering cooperation and discussion between countries and at the regional level, on priority transboundary, zoonotic and emerging diseases. FAO is very much interested in promoting Human and animal health sector collaboration. The focus is also on agricultural practices, land use planning etc. including forestry and fisheries.

If we look at the priority diseases we have a number of diseases.

[See power point slides for these.

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/2.2_FAO_s_Initiatives_De_Balogh.pdf]

An upcoming concern is also antimicrobial resistance. She said it would be very interesting to get input here into what extent this will be included into GF-TADS.

On the cross cutting disciplines FAO is involved in surveillance, diagnostics, outbreak investigation and the socio-economics of disease control and understanding value chains, trade patterns and a component since there have been outbreaks of Avian Influenza is risk communication and public awareness.

Dr DeBalogh said she just wanted to highlight some of these issues.

FAO are also looking at and supporting the bilateral and multilateral meetings that have taken place on movements of animals in South East Asia. Furthermore, the development of PCP that was developed for FMD at the global level and now its application in Asia and for other TADs.

This is some of the information and reporting that was established through SAARC and RSU based in Kathmandu. Here we see the PCP status of FMD and the different stages of countries and how they foresee to progress in the coming years.

[see slides]

There is also the SAARC epi network and the SAARC animal disease information system. We can see that information is important for policies and monitoring progress of disease control. There is also an E-information bulletin for SAARC.

FAO is involved in activities relating to CSF and other swine diseases. In other regions ASF is a big concern. We are looking at the need for emergency preparedness in this region.

We are looking at the stepwise approach to rabies elimination and reviewing this approach. FAO has been involved in organising stakeholder engagement and awareness in relation to this. There is an FAO project on rabies in Bali and involved an integrated dog bite case management and rabies investigations between human and animal health sector.

There is Avian influenza and other pandemic threats. There is a program for emerging pandemic threats. It is a USAID funded 5 year program that goes till 2019 and the ultimate goal is reducing the risk and impact of emerging pandemic threats and the Implementation of a One Health approach. Also need to build up evidence on risk mitigation approaches.

AMR – FAO is involved in contributing to the WHO action plan and also a tripartite model with FAO/WHO/OIE as well as national AMR action plans; How to strengthen the livestock sector to contribute to AMR reduction? Helping countries how to move forward in a stepwise way with AMR. There is AMR awareness week in November.

To finalise I wanted to mention the Field Epidemiology Training Program and the veterinary part of it as well as the Epidemiology consortium and Laboratory proficiency and Laboratory Directors forum. There is interest for many countries in the region to strengthen their capacity in epidemiology.

Dr Sen Sovann thanked Dr DeBalogh.

QUESTION – Dr Sit – AMR issues, it is a hot topic currently. In Hong Kong our medical colleagues have been campaigning for increased awareness of AMR. They request if the Vet side are working on this with the medical side. We don't have much support financially or internationally on this issue. Do FAO have any seminar in the region we can use to enhance campaign or legislation on AMR issues? It's a very complicated issue in Hong Kong and whenever we involve our farmers it is political. They never want to be taken up. They demonstrate on the street. We want an international organisation to have a campaign that can help us.

Answer; Katinka DeBalogh – In all the countries human health is at the forefront and agriculture is often struggling to keep face. A lot of eyes look at the agriculture sector because of the massive use of antimicrobials in animal production. FAO are starting to facilitate discussion in countries and consult with different stakeholders to get farmers on board to review practices and get them more aware of AMR. There has been confusion between residues and resistance. For many years there has been a focus on withdrawal times but not on reducing the use of antimicrobials. The 1st step is looking at getting stakeholders together and looking at the legislation and to prepare for the livestock sector to engage with human health sector to come up with some national action plans. We have some support from USAID to provide some assistance in countries and from HQ we are getting support for risk tools, but resources is always an issue. Carolyn Benigno is coordinating these activities from our office. Carolyn do you have anything to add?

Carolyn Benigno– We have a regional project in Asia for AMR. It covers 4 aspects – documentation of antimicrobial use in agriculture, advocacy, networking and the technical capacity of countries.

Right now we are at looking at the documentation of use. We have a framework and we are piloting this in selected countries but it will be for all countries. In a few weeks this will come out. We are working by sub-regions.

Dr Javed – FETPV discussion group. When I was departing from Kathmandu we were talking and SAARC is really interested and want to pull out some resources for this. They asked if RSC could utilise some resources. I'm wondering if you can assist the SAARC mechanism? If we can partner in some way depending on RSC and priority. SAARC is interested and maybe can help.

Kachen Wongsathapornchai – It is good news to hear a welcoming message from regional office itself in providing support. I think financial support is one side. What are the challenges is also Human resources. This is an extensive program. We are under discussion with regional epi centre to at least organise a training program and have mentors to establish FETPV in SAARC. We are working with the secretariat and trying to ensure it is sustainable.

Dr Premy – AMR is important. More than 70% are used as a growth promotant. And the rest to treat disease. We are developing policies and strategies to regulate as a promotant. We have to look at the ways we can have an alternative promotant instead of antimicrobials.

Dr DeBalogh – The 1st step is looking at those antimicrobials that are critical in human health. Then to look at biosecurity and cost benefit. Clearly the livestock sector is under pressure to reduce use of antimicrobials but still has to maintain sustainable practices.

Sen Sovann – Thanked Dr DeBalogh and with the discussion around AMR thought it was good to have representation from WHO.

4.3 WHO initiatives on Zoonotic and emerging/re-emerging diseases by Dr Takeshi Kasai

Dr Kasei began by explaining that WHO has a unique system in the UN as the regional director is elected by politicians. He said he is very happy to be joining the meeting and grateful for inviting WHO to such an important meeting for FAO and OIE.

Dr Kasei went on to say he thinks we have come a very long way since 2003 where we had SARS and had a very bad or bitter experience. He asked the question; Are we now living in a much safer world? The answer is yes and no. Yes is because we have much a more solid system, but no is because we continue to be surrounded by the EID threat. We want to go farther but the bad news is the challenges, if you want to go farther, it is much more complex than the challenges we had in the past. The good news is that we have learnt a lot of lessons from real events including MERS in Korea and Ebola in Africa.

He then returned to discuss 2003 and SARS. He said he lost a colleague during that outbreak. And not only WHO but in many member states we share similar sad stories, and we learnt a lesson in a bitter way. That led to a revision of international health regulations. After 2years of intensive discussions we reached a consensus of the revised IHR, which is a legally binding agreement. And now mandated for the Member states to report if there is any event of international public health concern. And to report, member states are also mandated to develop their capacity to detect and control diseases. In the case of Asia and the Pacific, together with the South East Asia region we developed an Asia Pacific strategy for managing diseases (APSED) and we have been implementing this over the past 10 years. The animal health side is also implementing a similar system.

[refer to power point slides for more detail

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/2.3_WHO_s_Initiatives_Kasai.pdf]

This APSED is unique. Before this we were working on one disease one day and then another disease the next day. There is no way you can cope with all those diseases. So instead of disease specifics we tried to develop a generic system, which of course takes time to develop – so we put it into a step by step approach. But you also need to respond to the real events when they happen, which teaches you another lesson. One of the lessons we learnt from the H5 response is that the public health sector alone cannot do effective control and we need a very strong partnership with the animal and food sectors, so here we are. During this time we also learnt that we know very little about the epidemiology or science of those diseases.

Later I will touch on risk assessments, but the starting point to learn is that you set up the risk question. He said that depending on the position you are in, the risk questions may be different. Uncertainty can also create different conclusions. He said there has been much progress made in this regard and he cannot do justice to the progress of member countries. He showed some slides to demonstrate the progress.

As a result of the important lessons learnt, zoonoses are incorporated as a key focus of this APSED. Member states are encouraged to develop an interface collaboration to share information and have a coordinated response. And if possible, a coordinated risk reduction and joint research.

Some examples are from Mongolia, where there is a coordinating mechanism established in 2010 and they have started a coordinated response. They have so many zoonotic diseases and at least 3-4 coordinated responses. They are also starting to consider to share an Emergency Operations Centre.

Dr Kasei gave an example of 2 outbreaks; anthrax in Mongolia and Nipah in Philippines. Both of them out of necessity brought animal and human sectors to the interface and started information sharing and a coordinated response.

He said that the reality is that there are difficulties. He congratulated Vietnam on starting a joint risk assessment. With so many uncertainties, setting the risk question itself is very difficult. Often animal and human sector come up with different conclusions. But we need one conclusion to make a decision and move forward and he said he was happy to report gradually we are getting a culture of collaboration.

He said there has been observed significant progress in the member states with this interface collaboration. We are much more confident in terms of what is produced through implementation at this interface.

Referring to the power point slide on one health, he said he is sure you have heard many different interpretations of one health. Some One Health approaches are more like an intrusion in the knowledge hub. But what we have started to observe in the past 10 years is that if you really want to make changes happen we need to focus more on this interface collaboration. We have to respect the sector's boundaries and to work together. It's a very simple statement but the reality is we have observed so many times that because of political reasons the human sector has stepped into the animal sector and started doing animal surveillance or integrated surveillance or vice versa. I'm sure you can think of examples. Many of those projects only end up as a project and never become a program. We (WHO) are very firm that when we say one health we want to continue to focus on this interface collaboration and respect the animal sector and have collaborations.

Dr Kasei then said, if you think about all this progress and the question are we living in a safer world? I think it is fair to say yes. But unfortunately we are surrounded by so many EID threats.

Referring to a power point slide he showed a paper which he said is a little bit of an older paper. In the paper, you can see the risk from wildlife zoonoses and domestic animal zoonoses, drug resistance and arbovirus infections makes Asia Pacific a hotspot. This can be validated with our system. We have a system that monitors countries 24/7 and we are picking up every 2-3 days (in Asia Pacific) a new event that can potentially cause an international threat.

So we have to continue farther, but unfortunately if we want to continue farther, we are now faced with a different set of complexes. These complexes are much more difficult in terms of controlling infectious diseases. (As listed on the slides.)

Aging, unplanned urbanisations etc [see slide]

We have another example from Vietnam, where we need to pay attention to the hard to reach areas.

This graph shows the proportion of people who deliver a baby in a house. Of course for WHO we want people to deliver in a health care facility.

He explained that with wealthy people 10 years ago there was still 10% delivered in a house in Vietnam, but now almost none. There are 54 ethnic minorities living in hard to reach areas. 10 years ago about 60% delivered at home and this hasn't changed for people in hard to reach places.

There is a similar story in Laos with polio vaccines and drug resistant malaria in hard to reach areas.

He highlighted drug resistance and said they are very worried. In 1918 when the outbreak of Spanish flu occurred the case fatality was 2% but the number of cases was huge.

There were more outbreaks in 1956 and 1968 but case fatality dropped from 2% to 0.1%. If we don't have drugs, the next pandemic will go back to higher rates. We are concerned because treating drug resistant cases is much more difficult. It's not only in treating infectious diseases but for other diseases such as cancer treatment you need antibiotics. If we lose antibiotics we can't really do effective cancer treatments or other modern medicine.

One of the driving forces is consumption of antibiotics, particularly in this region where there is rapid economic development. We are worried because in the past decades we have had many (30 +) new drugs but in the past 10 years we have only had 2 new drugs on the market. All are having drug resistance but not many new drugs. This is the area that without your partnership it is very difficult for us to tackle. To that extent I really want to appreciate OIE/FAO leadership in this AMR issue.

We have been discussing in our office how we can work for the Sustainable Development Growth which the UN adopted last year. How can we work for this? When we continue to discuss this, we noted AMR might bring us an opportunity to think how we can work under this SDG. We are now discussing an ASPED 3. It is revised every 5 years and now it comes to the time to revise. He asked; Where to go next? How to capture all those challenges? We will have a governance meeting on where to go. There we will have One Health as a key component and without this tripartite promotion it is difficult. He finished by reminding everyone of the saying;

'If you want to faster you go alone but if you want to go farther you go together.'

Dr Sen Sovann then thanked Dr Kasei and invited Yoko Aoyama and Ronello Abila to speak about OIE initiatives.

4.4 OIE initiatives on TADs control by Dr Yoko Aoyama and Dr Ronello Abila

Yoko Aoyama Spoke about activities of OIE organized by RR-AP Tokyo, including OIE JTF project funded by Japanese government, East Asia activities and providing logistical support to Japan Government through the JTF.

Other areas OIE RR-AP works on include providing support for global initiatives in the region and development of regional roadmaps. FAO/OIE have organized several meetings since 2008 from regional level [refer to notes for meetings]

China has set up funding for OIE to address the current situation and challenges of the regional pig industry and swine disease control.

Diseases that OIE-RR-AP is involved in include; Foot and Mouth Disease (FMD), Classical Swine Fever (CSF), Highly Pathogenic Porcine Reproductive and Respiratory Syndrome (HP-PRRS) and Porcine Epidemic Diarrhea (PED), African Swine Fever (ASF)

Under Japan Trust Fund, work there is the OIE/JTF Project for FMD control in Asia, which includes

- I . Promote coordination and information sharing on FMD in Asia
- II . Develop strategies and a roadmap for FMD control in East Asia
- III . Strengthen the capacity of surveillance for and diagnosis of FMD
- IV . Improve FMD control measures at national and regional levels

For PPR (*under the Global initiative) work includes

- PPR Vaccine Producers Workshop, Nepal Kathmandu, Nov 2014
- Roadmap meeting for the formulation of a regional approach to the control and eradication of PPR in the SAARC region, Nagarkot, Nepal, April 2016

Brucellosis / Neglected zoonoses

- FAO-APHCA/OIE/USDA-APHIS Regional Workshop on Prevention and Control of Neglected Zoonoses in Asia, Obihiro, Japan, July 2015

There are also capacity building activities throughout Asia and the Pacific. There are Focal Point Seminars and PVS pathways and Gap Analysis to assess and improve Veterinary services.

For Aquatic animal diseases – they are getting more attention in this region due to high production of Aquatic animals. Fania Dwi our colleague will explain more about aquatic activities later. Some activities have included;

- Regional Workshop on Safe International Trade in Aquatic Animals and Aquatic Animal Products, Nagaoka, Japan, July 2015
- Teleconference for Delegates and Focal Points, 18 July 2016
- Quarterly Aquatic Animal Disease Reports since 1998 (joint work of OIE and NACA/FAO)

Under One Health – there are 3 main priorities including Zoonotic influenza, Rabies and AMR/AMU. There is a tripartite agreement between OIE, FAO and WHO.

Zoonotic influenza is under One Health concept. In 2014 there was a workshop for AI in Tokyo and we sometimes conduct specific surveillance activities in cooperation with National laboratories etc.

Dr Aoyama then passed the talk to Dr Abilla to speak about the activities in SRR.

Dr Ronello Abila – Explained that the main activities in SRR included STANDZ, SEACFMD, One Health, rabies and the strengthening of vet services. They launched this year the 3rd edition of the roadmap for FMD. It was started in 2007 and the current one will cover from 2016 till 2020. One of the key activities are to organize various workshops and meetings, mainly the SEACFMD sub-commission meeting and the SEACFMD National Coordinators Meeting. Last year SRR also organized workshops to develop national plans and labnet meetings. One of the key outputs for the sub-commission was Mongolia's application to join SEACFMD, which was approved at this year's meeting and endorsed by the OIE. One of the key recommendations is on the PCP progression of the members. There have been PCP targets set for the region for 2016-2020. We will be monitoring the progression of the PCP of the member countries.

There has been a new serotype of FMD detected in this region, which we are monitoring in Laos and Vietnam. No more have been found in Laos but we are still finding ones in Vietnam. Also a new serotype found in Myanmar. Recently the southern part of Laos is receiving funding through the N.Z project and we have launched vaccination in the southern part of Laos. This is based on risk. The areas considered as hotspots for FMD are targeted. These have mainly been in the north of Laos and central Myanmar.

SRR are also conducting activities on Rabies and One Health and helped ASEAN develop roadmaps and strategies. There are also some pilot projects in Philippines and Myanmar. Mainly rabies vaccinations in southern parts of Philippines.

We started to develop practical limiting between animal and public health on how we can work together. For Myanmar it was in the pilot area where we are vaccinating. It has also been used as a model to train technicians to learn how to do mass vaccinations.

We have delivered rabies vaccinations to Cambodia, Indonesia and Myanmar.

Horizontal activities – last year SRR conducted several information seminars on OIE standards and veterinary schools. This mainly involved private sector participants on disease reporting, conducting surveillance, AMR and animal welfare. SRR also ran laboratory training as well.

We also support the strengthening of veterinary statutory bodies in countries and have organized animal health communication workshops.

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/2.4_OIE_s_Initiatives_Aoyama_Abila.pdf

Dr Sen Sovann thanked Dr Aoyama and Dr Abila and then closed the session and handed over to Dr Premy to chair the next session.

Dr Premy invited Dr Thu Thuy Nguyen to speak for ASEAN.

5. Session 3: Reports on initiatives on TADs control by RSOs and East Asia

5.1 ASEAN report by Dr Thu Thuy Nguyen

Dr Thu Thuy Nguyen said that the last ASEAN subregional meeting which was already discussed in Dr Kugita's presentation, the working group finalised the new strategic plan from 2016-2020 for the livestock sector of ASEAN.

The goal is for sustainable livestock production and trade to contribute growth, poverty alleviation, food security & improved nutrition in the ASEAN region

We have 4 objectives:

- ❖ Promote policies to facilitate investment and harmonization of production and processing standards in the livestock sector for expansion of trade.
- ❖ Implement disease control measures, establish food safety, health and hygiene standards in line with international standards to reduce disease and market risks, and increase consumer safety for expansion of trade.
- ❖ Promote cooperation in research, technology transfer and institution building, and introduce regulatory measures for reducing production risks and instability, and for sustainable productivity improvement and natural resource management including livestock impact on the environment and climate change.
- ❖ Promote greater smallholder participation in market for poverty alleviation, food security, nutrition and gender equality.

Objective number 2 is related to disease control measures. We all know in ASEAN we are a cooperative community so objective number 2 is very important.

[See power point slides for more detail

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/3.1_ASEAN.pdf]

Dr Premy thanked Dr Thu Thuy Nguyen for the talk and said to wait till the end to have discussion.

5.2 SAARC report by Dr MJH Javed

Dr Javed started by commenting on the venue selection as a wonderful place. He said he would be giving the SAARC presentation on SAARC initiatives on TADS and specifically on the SAARC sub-regional activities and how we approach it. Unfortunately India representative was going to give this presentation but was unable to join at the last

minute, but Dr Premy is also here so may be able to complement the presentation if required. He is the chairperson of the SAARC CVO forum.

2.5% of the world's land mass and 25% of the population is in South Asia. There are 8 countries and it is the most populated part of the world. Every 4th person is a south Asian. There is low income and high poverty. 70 - 80% of the poor living in rural areas are reliant on agriculture. Agriculture is also the sector that employs about 80% of the population. There is rapid technological growth and huge diversity in preference for animal products.

Disease burden and TADs very much affect South Asia. The leading TADs are FMD, PPR, and HPAI. They are a serious threat to food safety and food security. That is why we are very keen to strengthen our mechanisms. We used to be crop producers and this year for the 1st time livestock ministers were included in Agricultural meetings in SAARC. We are thankful to OIE and FAO to help with these matters.

He then moved onto economic losses. FMD direct losses in just India are estimated to cost over \$4.5 billion a year.

In trade negotiations – if you look at the sensitive list it is dominated by 80% of diseases that are endemic in production.

When SAARC was created in the 1980's it covered 5% of regional trade and we have lost out due to animal diseases in trade. We need to do work to remove some of the trade related barriers.

PPR estimated in India to be \$36 million and in Bangladesh \$5 million a year. HPAI in India costs an estimated \$152 million and in Bangladesh \$500 million. It was a lot in Bangladesh. He said all these figures date from April 2016. He said you can see loss is significant.

The SAARC roadmap with thanks to FAO for help, we have been able to keep it up to date. This roadmap is formulated to complement TADs control. The Roadmap provides direction and framework for SAARC. We also pursue with national partners for what to be done at the national level.

We have had an EU funded project. We have to have a meaningful public private partnership on TADs. We have worked on epidemiology and surveillance capacity building.

We have an E-bulletin and in close coordination with all the CVOs it is created and then disseminated every 2 weeks. We have broadened the network capacity. We are working on Laboratory capacity building. We are looking at harmonization in approaches between countries. The job of the officials who come to the regional meetings is to bring unity and harmonization within SAARC.

We have held a lot of activities such Epi & lab capacity building since 2011, networking meetings, training the trainers in collaboration with FAO/OIE.

Sustainability is very important. We have taken up this issue with partners. The EU funded project is coming to an end soon and we need to work out how to sustain what has been gained.

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/GFTAD_RSU_SAARC.pdf

Dr Premy then invited questions for ASEAN and SAARC

QUESTIONS FOR ASEAN AND SAARC

Dr Andre Van Halderen – one thing that has been mentioned is economic impact assessments. I am not sure if aware of the pilot project discussed at the OIE general session looking at cost benefit analysis at the macro economic level with Prof Jonathon Rushton. This could be something to look at.

Dr Premy – One of our resolutions in our 6th strategic plan is to look at this. In our region there is no strategic plan at the moment. In the ASEAN presentation they had a strategic plan but for us it is something that is missing but will be discussed.

Dr Jabel – It was discussed in the CVO forum and agriculture minister’s meeting. It is not only a resource drain for animal disease economics but livestock and agriculture is something that is a financial sector as well, so there are multidimensional aspects. We have got to think about sustainable growth of the livestock sector and incorporate this into our planning.

Dr Kachin Wongsathapornchai – FAO has been working with Jonathan Rushton in doing some pilot studies on economic incentives of cross border trade between China, Laos and Myanmar and China and Vietnam. Looking at incentives of the alternative approaches to manage the cross border trade of livestock. As well as looking at economic impact on AMR/AMU in livestock sector at macro and micro level.

DR Kugita – I have a specific question for ASEAN. Your strategy towards livestock is not disease specific? For Rabies ASEAN has a designated leading laboratory for Rabies, which is Vietnam. Do you have any idea on these laboratories?

ANSWER – Yes the ASEAN strategy is focused to livestock production. There is also high priority for the 5 diseases Rabies, HPAI, FMD, CSF and PPR. There is an action plan for rabies and Vietnam is the lead for ASEAN. The action plan depends on the country. If a national plan is approved by the country that is up to them. We don’t have a strategy for each disease, but there must be a national action plan and then share the information and lab and human resources for the lab and epi network.

For the Rabies lab – voted last week and Vietnam is the leading country for Rabies. On the human side there is also already a very good network?

Dr Jabel – Wanted to add that lately SAARC have recruited some informal training on livestock.

Dr Premy – Every country is required to have a national disease control plan for each priority disease – FMD, HPAI, PPR.

5.3 SPC report by Dr Nime Kapo

Dr Nime Kapo – Introduced himself, the Chief Veterinary Officer of Papua New Guinea and clarified SPC is called the Pacific Community but retains the acronym SPC. In a sub-regional meeting in 2009 it was established that SPC is free from transboundary animal diseases.

He explained that cost effectiveness had to be considered. SPC has a 5 year action plan on TADS and the focus is on preventative activities and preparedness. In the meeting it was decided that priority TADs was not a terminology appropriate for SPC as they do not occur in the region and the term “disease of primary concern” was written into the resolution.

Dr Kapo showed the updated list, which has 4 categories;

- Animal TADS
- Zoonoses
- Bee and aquatic diseases.
- Farm level diseases – endemic zoonoses and other endemic diseases that are present in the region.

Some of the potential risk factors for the region

- In PNG there is a land border with Indonesia. So there is risk of introduction of HPAI, CSF and Rabies.

- Fishing and logging activities occur and sometimes in remote areas that are not well regulated so there are risks of illegal trade and movement of agricultural products.
- Emergence of new diseases.

All the activities carried out in the region are based on endemic diseases that occur regularly – eg aim to eradicate brucellosis in Fiji.

Also focusing on building laboratory capacity and veterinary services and there is work with universities in Australia.

Dr Kapo explained there are some countries within the region that haven't had any surveillance for some time.

He also said they have tested the animal health reporting capacity of the region as the ability to test at the lab etc. is important for emergency preparedness. There is the need to test the system on endemic diseases in case of entry of a transboundary disease.

He explained some of the challenges in the region are few veterinarians or animal health workers, so there is the need for assistance.

He also explained that just because there are no TADs in the region, they shouldn't be complacent in that manner. He said we should be part of the global community to have the capacity to respond to threats within our whole Asia Pacific region. Examples of this include – collaboration within PNG and FAO for tropical diseases that are not a listed TADs. PNG conducted a PVS evaluation last year.

[See power point slide for more detail

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/3.3_SPC.pdf]

Presentation finished and opened for questions.

Dr Premy – You mentioned a Biosecurity management network?

Dr Nime Kapo - it was a project with the Australian government and JCU and SPC and Vanuatu, Fiji and PNG. It was a Lab focused project to train people in endemic disease diagnostics to improve the network.

No more questions so Dr Premy invited Japan to come and speak.

5.4 East Asia

5.4.1 Japan-Korea-China P.R report by Kazuo Ito

Dr Ito welcomed everyone to Hot Japan. He said he will introduce you to the tripartite cooperation against TADs among China, Korea and Japan and will cover 3 topics today. Firstly to show the background of the tripartite and secondly to introduce the symposium on prevention and control of FMD in East Asia. Thirdly, the cooperation among the three countries about TADs.

There were continuous outbreaks of FMD within East Asia because of movement and changes of people and things. This situation led to the high risk in East Asia for outbreaks of diseases like FMD. Because of this the 3 countries decided to take action for the prevention and control of FMD. To strengthen the control and prevention of diseases cooperation was necessary among the countries. The 1st action was to hold a symposium with an aim to share information and experience on animal disease control and explore ways there may be regional cooperation within East Asia. This symposium has been held annually since 2011 under the “trilateral cooperation vision 2020.”

The participants in the symposium include veterinary officers, researchers, experts from International organization, local government officers, industry officials etc

China, Japan and Korea take turns in hosting the symposium. This year it is China's turn. Since 2015 in addition to FMD, HPAI has also been included in the symposium. In order to further the cooperation A Memorandum of Cooperation was signed by the three Agricultural Ministers of China, Japan and Korea at the 2nd Trilateral Agricultural Minister's Meeting in Tokyo on 13 Sep 2015 and then The Memorandum of Cooperation was highly esteemed by the leaders of the three countries in a Joint Statement issued at The Sixth Japan-China- ROK Trilateral Summit on 1st November 2015 in Korea. The more specific contents are as follows:

1. The participants intend to enhance and expand cooperative efforts in prevention and control of transboundary animal diseases.

- Equal, reciprocity and mutual benefit
- Coordinated with or supportive of the goals and activities of international bodies including OIE
- The working-level consultations will be regularly held

2. The field of cooperation, but not limited to:

- **Sharing animal health information:**

- Surveillance, notification and **epidemiological investigation;**
- Material including **viruses exchange;**
- Research and diagnostic method and vaccines;
- Development of human resource etc.

3. Methods of Cooperation

- **Prompt information sharing** through the focal points
- **Joint working group or program** for common concerns & scientific research
- Exchange of experts and officials etc.

These activities make progress step by step

An example of the cooperation is the sharing of information about the situation and control measures for TADs such as technical meeting between Japan and Korea:

Nov, 2015 (Korea) and Jun, 2016 (Japan)

MOU between national institutes such as between Japanese government and Chinese government.

Dr Ito explained that the management of this OIE region will be discussed and hope to form in the meeting (this week) a framework for the implementation of cooperation of activities. There are several platforms from aspects of political, economic and geographical in the region. From a technical level it would be helpful for the coordination of activities towards TADs in this region.

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/3.4_East_Asia_Japan.ppt.pdf

Dr Premy – Thanked Dr Ito and requested to save questions till after the other presentations for East Asia. He then invited the representative from China

5.4.2 China P.R – Mongolia-Russia report by Rong Wei

Dr Rong said he will discuss the regional cooperation between China, Mongolia and Russia.

[Presentation as per power point slides

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/3.5_East_Asia_China-Mongolia-Russia_cooperation.pdf]

5.4.3 OIE/JTF in East Asia report by Hirofumi Kugita

Dr Kugita – OIE/JFT project on FMD in East Asia is managed through OIE RR-AP. The first roadmap for FMD in East Asia covers Japan, China, RO Korea, DPR Korea, Chinese Taipei and Hong Kong SAR.

Dr Kugita said as Dr Zhang mentioned in his opening remarks, we have several activities in East Asia, so why not make it more harmonized and better achieve these activities. This is reason why we are trying to develop an East Asia CVO forum and have East Asia recognized under the GF-TADs frame work.

Dr Yuichi – (MAFF Japan) – My question is to China; One of the objectives of tripartite meetings is related to ASF – How does China evaluate the possibility of ASF entering the Asia Pacific region?

Dr Zhang – We just start to cooperate in research and use experts to share information to prevent and understand what is going on in Russia and other Eastern European countries with ASF. Also there is some planning between China and Russia to enhance research and information sharing.

Dr Premy – No more questions, so I will close this session now. We have had presentations from ASEAN, SAARC, SPC and East Asia. We have very good and noble collaboration in the Asia Pacific region with the 6th strategic plan endorsed under the OIE system. SAARC has developed our plan based on this Asia Pacific plan and it is very challenging to implement in our region. We need to address our livestock products in terms of industry as well as other things. We have good support from FAO and for Nepal as a member country of the SAARC region and Asia Pacific we are trying to follow these plans. We need to share the responsibility to support all our member countries in the region.

I would like to thank the rep from SPC for his inspiring statement that while we don't have these TADS as a member country of the world we should be prepared.

Of course we have different reasons and different interests but we can focus on the mutual interest within our region. I would now like to close the session.

Dr Javed took over as chair and said we would have a brief break before starting the next session, which will be the technical session.

6 Session 4: Emerging Disease Trends

6.1 Presentation on Arboviral Infections by Dr Tohru Yanase

Dr Jabel invited Dr Tohru Yanase from Kyushu research station in Japan to speak on arboviruses.

[See power point slides for presentation

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/4.1_Arbovirus_Yanase.pdf
]

Dr Jabel then invited questions from the floor.

QUESTION; From Observer – Is there Japanese Encephalitis in Japan in pigs right now?

Answer; Yes

QUESTION: observer – Do you have a vaccine program for pigs

Answer; Yes

QUESTION from Dr Tai-Hwa Shih: On the slides from Taiwan the virus in the Mosquitoes, do you think the virus origin is Taiwan, China or Japan? Where do you think the mosquito came from?

Answer: We are all in the same endemic region. An infected insect could be carried by seasonal winds across the water. There are infected cattle in Okinawa and an insect could travel on the wind to Taiwan. We think, but are not sure that infected insects can travel on the wind.

QUESTION: Dr Sit – In BEF endemic places do you think preventative vaccinating is worthwhile?

Answer: We recommend vaccination only to young cattle as older cattle may already have been infected.

QUESTION: Dr Zhang – For BEF natural transmission, can the virus transmit from one vector to another?

Answer: For BEF there needs to be an intermediate host – infected cattle to mosquito to another animal.

QUESTION: Dr Zhang – and wildlife?

Answer – Yes, but only wild ruminants. Deer could be a possibility to transmit BEF.

Dr Jabel then thanked Dr Yanase for a wonderful presentation and said he very nicely covered Arboviruses. There is still a lot of information not known about vectors and distribution around Asia and Africa.

Now there is a short presentation from Dr Fania Dwi to introduce aquatic animal work in the OIE.

6.2 Presentation on Aquatic Animal Diseases by Professor Mohamed Shariff Bin Mohamed Din (with intro by Dr Fania Dwi)

Dr Fania Dwi thanked Dr Jabel and introduced herself as joining the OIE Tokyo in the last 2 months. She explained that Aquatic animal products are heavily traded and increasing in this region. Aquaculture has grown significantly in the last 30 years and international trade in farmed aquatic animals is increasing. Disease risk is also increasing due to

these changing practices. Species are being bred in areas where they are not native and being exposed to different diseases and so the risk of disease in farmed aquatic species is high.

There are many more diseases listed in the OIE aquatic code compared to 30 years ago. In the region we have 2 reporting systems. Currently WAHIS and QAAD reports need to be done both.

OIE regional representation and NACA work together to maintain and update reporting. The OIE has global network of 250 reference laboratories. PVS for aquatic also exists to assess aquatic capacity of members.

3 missions completed for aquatic PVS currently. In 2010 focal point network for aquatic animals created.

She then passed over the Prof. Shariff, who congratulated the choice of including this topic for the GF-TADs RSC meeting and thanked FAO/OIE for the invitation to speak.

Prof. Shariff said he has been teaching Aquatic Animal health at university for almost 40 years. He explained he is a veterinarian and also working on aquatic animal health standards commission of the OIE so will give a broad picture with a few slides to go through. Fish is becoming a very important topic. It is considered to be a health food. People are advocating eating less red meat and eating fish as a healthy alternative. If we continue catching fish in the seas there won't be any left in the future. But where do you get fish from if you don't get it from the Ocean?

Fish farming. 90% of fish in aquaculture are in Asia. Capture fisheries that we get from the sea have been stabilized. Now we are producing 50% of fish from aquaculture. Captive bred aquaculture.

It was in China that fish farming began and the first fish farms didn't need much. Fertiliser was from other farming practices and the fish bred naturally. This was an extensive culture system and there was little problem with disease. Now there is higher demand for fish and more intensive aquaculture occurs, so feeding is needed, stock densities are higher and disease becomes a problem.

Not only for fish, but other aquatic species such as shrimp, shellfish, mollusks etc. With high densities you need oxygen (or aeration). You need to clean and wash tanks between harvests, otherwise there will be lots of problem with disease in the ponds. This means chemicals are needed to clean the tanks, which can also lead to problems.

A question of sustainability becomes an issue. Feeding, use of antibiotics, farming practices etc need to be considered.

Prof Shariff highlighted that White spot syndrome is a major concern. It spread from China, throughout South East Asia. It is an emergency disease and causes severe mortality and large economic losses. After 2 years of spreading it was brought to the FAO crisis management for action. Within 1 year of this new regulations were brought in to ensure the disease wouldn't spread further and reduce the associated losses.

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/4.2_Aquatic_Animal_Shari ff_a.pdf

Prof. Shariff finished his presentation and Dr Jabed opened the floor to questions.

QUESTION: Dr DeBalogh noted that although there is emergence of aquatic diseases, veterinary faculties are still only teaching a small amount of aquatic diseases, yet veterinarians are often the ones doing inspections.

Answer – There are a lot more schools advocating teaching. In my school I am teaching 4 credit points. I have post graduate students as well. It is very important. We know fisheries lack medical background in diseases so there needs to be close collaboration between fish people and veterinarians. They know biology but not disease. We need to make more fish if we are going to eat more fish. The stocks in the sea are going down and aquaculture is the fastest growing industry in the world. We need help. Slowly countries are recognizing the issue and awareness is increasing.

QUESTION – Dr Sit – I have been working as a vet for almost 25 years and have to admit I know nothing about fish disease and have been attempting to know nothing about fish disease until I retire but after your very inspiring speech I have changed my mind and will go back and see what I can do for my veterinary services.

Answer – That is excellent! As I said we need help and fisheries do not have the medical background we have, so we need to help them.

QUESTION – Observer; Is AMR an issue?

Answer – we have done some studies and it is an issue

QUESTION – Why don't we have only 1 reporting system? Why do we have both OIE and NACA?

Answer – Dr Kugita – Explained that the veterinary authorities initially didn't have the technical background to work in fish before, so NACA was established and designed the QAAD report as the veterinary authority didn't have the expertise. Later, with FAOs assistance we went to NACA because we weren't able to get vets to report.

QUESTION – So why don't we have just one report? Why is there still a WAHIS and QAAD report?

Answer – Dr Kugita – We are well aware of the issue and are trying to merge the systems, but we haven't achieved this target as yet. This will take some time. We have merged the OIE and NACA QAAD report and the next step is to merge the WAHIS and QAAD report.

Dr Javed then closed the session and the day and passed the chair to Dr Ilagi.

7. Session 5: Development Partner Forum

Dr Ilagi as chair invited Dr Rong Wei from China to speak on China's activities.

7.1 Report from P.R China by Dr Rong Wei

Dr Rong said he would talk on donor activities of China. They will consult with FAO/OIE for designing of TADs control. They have been working on studies on illegal animal movement of animals across the boundaries with SEA countries and its role in disease spread. There is ongoing work on this.

China is the largest pig producer in the world and we are paying attention to the control of ASF and other swine diseases and conducting regional activities on these.

China also is actively promoting international standards such as OIE/FAO standards.

China is giving funding and other support to OIE/FAO to improve the capacity of other countries and want to be leaders in the prevention and control of transboundary animal diseases.

Dr Ilagi thanked Dr Rong and invited Dr Kanameda to talk on activities of JICA

7.2 Report from JICA by Dr Masaharu Kanameda

Dr Kanameda introduce himself as the senior advisor for JICA. He explained his agency has implemented bilateral cooperation for the past 60 years. This is regarding animal health and production projects. Over the past 40 years JICA

has implemented about 60 projects. He wanted to emphasize JICA's concentration in the Asian region. He said they are currently focused on 6 projects. 2 in Mongolia, 1 in Philippines, 1 in Pakistan, 1 in Indonesia, 1 in Myanmar.

In Indonesia – In 2009 a ground aid project was completed in Sumba with a disease investigation centre covering Java. This is one of the most advanced disease investigation laboratories. It was designed to support routine activity of diagnostic centres. We believe the capacity of Indonesia has been greatly improved with this facility.

At the beginning of last month JICA signed a ground aid project for the production of FMD vaccines and control in Myanmar. They can produce 200 000 doses per year. This project will see 1 million doses produced per year in Myanmar.

[see power point slides for more detail

http://www.rr-asia.oie.int/fileadmin/Regional_Representation/Programme/G_GFTADs/2016_GF_TADs/5.1_JICA.pdf]

Dr Ilagi then invited Japan to talk on their activities.

7.3 Report from Japan by Tatsumi Okura

Dr Okura introduced himself from animal health division. He said he would talk briefly on Japan's international cooperation on animal health and contribution to the OIE. Japan has been contributing the OIE HQ and RR for Asia Pacific for a long time. This contribution is through the Japan Trust Fund. There are 2 main objectives – to improve animal health in Asia and the Pacific region and also to support the activities of the OIE headquarters.

There are 3 projects in Asia = Projects B, C and I. the OIE divides between the projects.

Project B – Mainly zoonoses

Project C – Animal health and TADs control

Project I – improving and strengthening veterinary services in the region.

Since 1999 there has been a Japanese officer in OIE HQ as a secondment

Contribution to FAO – 2 activities – Assist countries in addressing TADs. & support CMC-AH and post rinderpest eradication activities.

We started to support activities since 2015 and committed for 5 years.

Slide shows objectives of the projects.

Bilateral/regional schemes – we launched a program for improvement of FMD control in Myanmar this year. We support the construction of facilities in Myanmar for production of FMD vaccinations and diagnostics in Myanmar.

We have a tripartite cooperation between China, Korea and Japan.

NIAH – has started OIE twinning program with Mongolia for FMD this year

Cooperation by National Institute of Animal Health as an OIE reference centre. It has supported for FMD investigations, epi studies and diagnostics capabilities.

[Please refer to power point slides for more detail

7.4 Report from New Zealand by Andre Van Halderen

Andre Van Halderen explained he was standing in for Matt Stone until a new delegate for New Zealand has been appointed. He said the main areas that New Zealand contributes are on SEACFMD, a training project between Massey and Sri Lanka and some specific country operations and exchanges around Republic of Korea and P.R China.

For SEACFMD, Dr Abila has already touched on this. We have work in Laos on high risk areas, targeted vaccines and training of technical staff in Laos and Cambodia. Another one will be starting in Myanmar that will run through to 2020 and will be launched shortly.

There is a project between the Vet faculty in Massey University and Peradeniya University in Sri Lanka to help graduates meet day 1 competencies as set out in the OIE PVS standards. It is funded through foreign affairs and trade department and not just focused on curriculum but working with local communities to see that graduates are meeting standards through feedback from the community. Students have access to clinical material once they graduate as well.

We kicked off a partner exchange with Republic of Korea in Seoul this year on epidemiology, risk analysis and response management. Next year in February there will be another similar reciprocal workshop held in NZ.

With PR.China there is an agricultural growth partnership. We will have horse practitioners from Mongolia come and spend time at Massey University and in equine practice in New Zealand.

There will be a visit to China from New Zealand to look at common interest areas.

There will also be training for 3 dairy vets from PR China to come to New Zealand.

[Please refer to power point slides for more detail

Dr Ilagi thanked all the speakers for their presentations and closed the session and handed over to Dr Kugita for the workshop session.

9. Workshop Session: Interactive Session to identify concerns and suggestions from attendees for future direction of Regional GF-TADs activities.

Dr Kugita said that before we start the workshop session he would like to very briefly discuss some things. Our task is very important to come up with recommendations for this meeting. The Task of the secretariat is based on the recommendations.

He then said he would like to now summarize 10 years of GF-TADs.

He said he already explained the progress yesterday and the sub-regional meeting outputs, so wouldn't repeat them again, but would like to discuss the challenges encountered and the way forward for you to come up with.

There are 2 sets of challenges. 1 is for OIE/FAO and the other is for RSO/RSUs.

1st for OIE/FAO– to organize joint regional meetings between FAO/OIE.

There is this GF-TADs RSC meeting and also sub-regional meetings jointly organized by FAO and OIE. We also have tripartite workshops for zoonoses jointly with OIE/FAO/WHO. These meetings are institutionalized.

Next is ad hoc collaboration – there are a number of joint events between FAO and OIE such as workshops on Swine diseases, neglected diseases etc. It is very important there is an effective use of resources and to maximize effectiveness. However, there is no set coordination protocol.

There are joint field activities – for OIE these are small, but FAO have many more field activities. But we try to collaborate and share resources for these activities. An example of such would be FMD vaccination. Or Joint Risk Assessment for avian influenza. Some are well coordinated.

It is good to avoid duplication between organizations. However the coordination mechanism is not always clear, so this is a challenge.

We are invited to each other's events to use expertise of each other's organization and share information for future activities. But the situation can still be improved.

2nd challenge– There are a number of diseases but resources are limited so we are focusing on certain diseases such as HPAI, FMD, Rabies. Other diseases such as Swine diseases get less resources. There are other important Swine diseases other than CSF. AMR, Bee diseases etc are also important.

Dr Kugita said he also feels we need to strengthen collaboration between regional and global GF-TADs.

For RSO/RSU – Here is some background of RSO/RSU. GF-TADs started at the beginning of 2004 and Asia Pacific regional GF-TADs launched in 2005. This was the 1st region to start with an RSC meeting. When we started in 2005 we recognized ASEAN and SAARC as an RSO. SPC was recognized in 2007 at the 2nd meeting. Now we have 3 recognised RSOs for this region. They are key to GF-TADs.

RSU –These are hosted by the RSO, but are not obligatory. The RSU is not always hosted by RSO in other regions. The RSUs conduct activities under GF-TADs. RSU is a geographical area that is identified in conjunction with TADs. Sharing similar geographical issues in relation to TADs. To establish an RSU sub-regional groupings are identified and endorsed by the RSC.

Under FAO we also have APHCA, which is very active in disease control.

After this meeting we will have a meeting with East Asia CVO to see how they can collaborate.

Every member mentioned we need to strengthen the activities of the RSUs.

Dr Wantanee then thanked Dr Kugita for his explanation and introduced herself as the regional manager for ECTAD FAO-RAP and explained her task today is to work with everyone in this session. It is a brainstorming session for the next regional action plan. The objective is to obtain the views and ideas to get key elements and then the recommendations to be used to move forward with development of a new action plan for Asia and the Pacific as the current one finishes at the end of this year.

Yesterday Dr Kugita summarized the principle of GF-TADs. It's the framework which is the coordination mechanism to promote synergies among members and development partners. To maximize outputs and minimize duplication and resources to support the control and eradication of TADs relevant to the region. So this is the general principal of GF-TADs for the region.

This session will have 5 stations where we will walk and work together. I have heard several people say if you want to walk fast you walk alone. If you want to walk further you walk together. But perhaps we want to walk fast and far. We are only 10 years old, but we have to walk faster and further than we have previously. She then explained each station for participants.

Station 1 – at the regional level after 10 years we are focusing on the coordination. In your view for these 5 diseases identified as priorities. Do you feel coordination is too much, just right, not enough or don't know. Is it relevant to GF-TADs in the region? Place a sticker on the board where you think it should be. Each person should have 10 stickers for each disease/

If you think there should be other diseases included in the priority – you can propose and put what, where and why they are a priority.

Station 2 – cross-cutting themes of the past 10 years. Information sharing, coordination of capacity building, lab network/epi network.

How is coordination going? Is it – just right, not enough, too much, don't know?

There are 8 stickers for this station.

Other cross-cutting issues you would like to recommend – eg communication? That would support the control and eradication of TADs.

Station 3 – we would like to see a national strategy of the roadmap as well as sub regional. If it is there and being used put YES. If not put NO.

Station 4 – roles as RSC. I understand there are additional participants who may not be in the RSC but you are welcome to include your views. We realise the results are biased, but they will give the view of the meeting.

What are you expecting to see as an achievable goals in the next 5 years with the time line of the action plan? Please only give 1-3 goals.

Station 5 – We want to know in your view whether you think the way of working through the RSC and secretariat should continue. If you have suggestions for improvement, please put how. We are looking to the future and want constructive ideas and views for future plans.

Dr Kugita mentioned roles of RSO and RSU. Do you think working through the RSU and RSO is relevant to continue and are there any suggestions?

We have 2 more boards with open ended questions. What do you think the role of RSC members are and how would you contribute more to GF-TADs. What kind of roles would you like to see to contribute more and work better in the region?

Any innovative actions? Discussion to have a website with a board to communicate. Some-one to match need and technical assistance between members etc.

INFORMATION GATHERED FROM THE STATIONS

STATION 1

Disease	Coordination				Relevant?	
	Too much	Just right	Not enough	Don't know	Yes	No
FMD		12	4	3	15	
CSF		3	14	1	14	
PPR		1	13	1	12	1
HPAI	3	11	5		15	

RABIES		3	16		14	
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- Other Priorities
- Brucellosis and other neglected zoonoses – 6
- AMR – 4
- Aquatic animal diseases – 3
- Bee diseases – 2, lack of specialists, not in university curriculum.
- Sheep and goat pox – 1
- Arboviruses – 1
- Swine diseases – PRRS 2, ASF risk 2

STATION 2

mechanism	Coordination				Relevant?	
	Too much	Just right	Not enough	Don't know	Yes	No
Information Sharing			16		17	
Capacity Building			17		16	1
Lab Network		3	12	2	15	
Epi Network		1	15	2	16	

- Others
- Resource Sharing
 - Economics
 - Project Management
 - Risk Assessment
 - Risk analysis, Risk Management, Mitigation Planning
 - Risk Communication
 - Practical attachments, internship training on TADs clinical cases and investigation

STATION 3

GF-TADs at Regional Level after 10 years. Progress of Priority Disease Control

		FMD	HPAI	CSF	PPR	Rabies	Others
National strategy/ Roadmaps For Priority diseases	exist	Mongolia Cambodia Vietnam Japan P.R China Indonesia Nepal	Cambodia Vietnam Nepal Japan P.R China Indonesia	Japan P.R China	P.R China	Japan Indonesia Hong Kong SAR P.R China	Mongolia -sheep/goat pox, brucellosis Japan -CBP, ASF, Rinderpest, P.R Chin - ASF, Newcastle disease
	Ongo ing or being imple ment ed		Hong Kong SAR Mongolia	Indonesia		Vietnam	Indonesia -brucellosis
Regiona l Strategy / Roadma ps	exist	SAARC SEACFMD East Asia			SAARC	ASEAN	

For Priority diseases							
	Ongo ing or being imple ment ed						

STATION 4

What are the achievable goals for FAO/OIE at the regional level?

- Better coordination of regional disease control programs
- Mapping of projects per disease with yearly updates
- Labelling bilateral and multi-lateral coordination and cooperation mechanisms and efforts
- Evidence based planning including resource allocation
- Better advocacy for support from national and regional leaders and development partners
- Member countries are the main implementing actors in GF-TADs prevention and control. OIE/FAO could issue formal notes through diplomatic channels to urge governments to pay greater attention to GF-TADs.
- Regional coordination should bring more synergy in terms of action/activity in specific areas to avoid duplication and in response to the professional domain – encourage ownership and sustainability of the activities.
- Specific plan and implementation to prevent, control, eradicate : FMD, PPR, ASF, AI, CSF, Rabies. Also address AMR.
- Information on training courses, workshops, events etc be made available. Set up a calendar of activities of FAO/OIE/RSOs and partners.
- Better facilitation of epi and lab networks and information sharing of leading diagnostic facilities for priorities including aquatic, bee diseases and AMR.
- Other capacity building including legislation and curriculum.

What are achievable goals in the next 4-5 years for GF-TADs at the regional level for members?

- Regional strategy developed for TADs prevention, preparedness and response endorsed by Pacific Leaders
- Hold a ministerial meeting for GF-TADs
- Regional Action plan for TADs should be developed.
- An annual resource handbook for the region that outlines all training courses, workshops etc that are available.
- Focus on specific TADs that most interest the region and have scientific evidence and appropriate resources available to them
- Add or strengthen veterinary school curriculum for Bee diseases and veterinary economics
- Good information sharing
- Improve labnet and epinet in region
- establish aquatic disease diagnostic facilities
- Better regional coordination
- GF-TADs more of a priority for donors
- eradicate PPR from some countries/zones
- Increase the number of FMD free zones
- Reduce outbreaks of notifiable AI
- Prevent ASF from entering
- improve control and containment of CSF

Suggested additional roles of RSC

Technical working group collaboration with RSO/RSU to actively mobilize resources to support SAARC, ASEAN, SPC GF-TADs activities

Organise a joint coordination meeting between/among the relevant partners – OIE/FAO/WHO and donors, partner organisations to update and review the roadmaps. Plan of actions aiming to establish activity platform with specific actions.

Coordinate matching partner countries and laboratories for twinning depending on needs

Play a bigger role in coordination and take advantage of the current bilateral and multilateral coordination mechanisms.

STATION 5 – GF-TADS FUTURE COORDINATION

	YES	NO	Suggestions for Improvement
Continue with RSC	11		Addition roles for RSC (see below)
Continue with joint Secretariat	11		
Work Through RSOs/RSUs	10	1	Structure/arrangement that is sustainable for RSU Clarify concept of RSO & RSU. RSOs have many jobs. RSU needs to be strengthened for TADs SPC focus on prevention, preparedness, response and capacity building.
Meeting of RSC	11		More actions between meetings Share information regarding action taken and progress after the meetings among member countries GF-TADs bulletins, website to update between meetings

Dr Wantanee then went through the outcomes of the workshop session and suggested we produce recommendations for the meeting and go through them in the next session. The session was then closed.

10. Session 6: Wrap up and conclusion

Dr Kugita then went through the recommendations with suggestions given by members. The final draft recommendations will be circulated amongst member for comment over the 2 weeks following the close of the meeting. After that we will take into consideration all comments and finalise the recommendations.

11. Closing Session

Dr Kugita invited Katinka DeBalogh from FAO to make closing remarks,

Dr DeBalogh said this was her 1st regional GF-TADs meeting and it has been great to see the very good engagement of all of you present and also getting to know you. She said she was sure that in the future we will have more interactions like these and also to have at the end, activities conducted in the region and at the country levels and we will see a final benefit for farmers, their animals and their livelihoods.

She said that this is a great way of looking forward to the next phase of GF-TADs and also having WHO here this time, thought this shows their commitment to implementing the one health approach and linking with headquarters on the global GF-TADs.

She finished by saying it has been a great opportunity and wished everyone very well and safe travels and hoped to see everyone again soon.

Dr Kugita then thanked everyone for coming and contributing and said he thought there was some good recommendations to come out of the meeting. He then invited Dr Zhang as president of the Regional Steering Committee to give a closing speech.

Dr Zhang said first of all he would like to extend his thanks to the effort for the excellent presentations and participation. On behalf of RSC for GF-TADS for Asia Pacific region he said he appreciated everyone's support and efforts to improve animal health in the region. At this meeting we have seen the progress of GF-TADS program at the sub-regional, regional and global level. He pointed out the efforts of the OIE and FAO in regional control and the rest of ours concern for the priority diseases. The discussions at this meeting enable us to deepen our mutual understanding. There have been produced are many good ideas and proposals. He said he believes we will continue to produce good ideas.

Finally he thanked all the participants and expressed his special thanks to the team at OIE regional representation for Asia and the Pacific for the dinner and support of the meeting.