



FAO/OIE  
**GF-TADs**

GLOBAL FRAMEWORK FOR THE  
PROGRESSIVE CONTROL OF  
TRANSBOUNDARY ANIMAL DISEASES

## **THE FIRST HPED STEERING COMMITTEE MEETING**

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**1 July, 2010  
Bangkok, Thailand**

## **Meeting Report**

## List of Acronyms and Abbreviations

AAHL	CSIRO's Australian Animal Health Laboratory, Geelong
AAHTF	ASEAN Animal Health Trust Fund
APHCA	FAO/Asia Pacific Commission on Animal Health and Production
AMC	ASEAN Member Countries
ADB	Asian Development Bank
APHISA	Animal Production and Health Information System for ASEAN
ARAHIS	ASEAN Regional Animal Health Information System
APHIS	United States Department of Agriculture Animal and Plant Health Inspection Service
ASEAN	Association of Southeast Asian Nations
ASEAN+3	ASEAN member countries plus Japan, RO Korea and PR China
ASECD	ASEAN Expert Group on Communicable Diseases
ASED	Asia Pacific Strategy for Emerging Diseases 2011-2015 (WHO)
ASWGL	ASEAN Sectoral Working Group on Livestock
AusAID	Australian Agency for International Development
BSE	Bovine Spongiform Encephalopathy
CDC	Centre 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
EC	European Commission
DLD	Department of Livestock Development -Thailand
EMPRES-i	FAO Emergency Prevention Systems (Global animal disease information system)
EU	European Union
EC-TAD	Emergency Centre for Transboundary Animal Diseases (FAO)
EIDs	Emerging Infectious Diseases
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
GMS	Greater Mekong Sub-region
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
JICA	Japan International Cooperation Agency
JSTF	Japan Special Trust Fund
JTF	Japan Trust Fund
MDGs	Millennium Development Goals
OFFLU	OIE/FAO Network of Expertise on Animal Influenza
OIE	World Organisation for Animal Health
OIE Asia-Pacific	Regional Representation for Asia and the Pacific Region

OWOH	One World One Health
PHOVAPS	Pacific Heads of Veterinary and Animal Health Production Services
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)
RCM	Regional Coordination Mechanism (ASEAN)
REC	Regional Epidemiology Centre (GF-TADs)
RSC	Regional Steering Committee (of GF-TADs)
RAHCs	Regional Animal Health Centres
RDL	Regional Diagnostic Laboratory (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)
AMAF	Ministerial Meeting of Agriculture and Forestry
SOMHD	Senior Officials Meeting of Health Development (ASEAN)
SPC	Secretariat of the Pacific Community
SPC+2	SPC member countries plus Australia and New Zealand
UNSIC	United Nations System Influenza Coordination
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
VHP	Veterinary Public Health
VS	Veterinary Services
WAHIS	World Animal Health Information System
WB	World Bank
WHO	World Health Organization

## CONTENTS

	Page
<b>First Meeting of HPED Steering Committee Meeting</b>	
List of Acronyms and Abbreviations	2-3
Introduction	5
Opening Session	5
Introduction by Dr Bernard Vallat	5
Introduction by Dr Juan Lubroth	6
Opening Address by Ms Libuse Soukupova	6
Welcoming Address by Dr Hiroyuki Konuma	7
Welcoming Address by Dr G. N. Gongal	7
Session 1        What is HEPD?	8
Overall presentation of the HEPD programme	8
Presentation of FAO project	9
Presentation of OIE project	11
Presentation of WHO project	12
Discussions	14
Session 2        Who are the main partners?	16
Presentation of ASEAN	16
Presentation of SAARC	17
Round Table Discussion OIE/FAO/WHO	18
Conclusion Session : Discusson and Recommendations	20
ANNEX-1 Conclusions and Recommendations	21-24
ANNEX-2 Meeting Participants List	25-30

## **1. Introduction**

The 3rd Regional Steering Committee Meeting of GF-TADs which recommended that the next meeting of Regional Steering Committee of GF-TADs should be convened within one year back to back with the Steering Committee Meeting of EU funded Regional Cooperation Programme on Highly Pathogenic Emerging and Re-emerging Diseases (HPED) in Asia to improve the control of highly pathogenic and other emerging diseases. In line with the Meeting Recommendations of the 3<sup>rd</sup> RSC Meeting of GF-TADs, the 4th FAO/OIE Regional Steering Committee Meeting of GF-TADs for Asia and the Pacific was convened back-to-back with the 1<sup>st</sup> Meeting of HPED Steering Committee at Siam City Hotel, Bangkok on 1-2 July 2010.

Representatives from FAO and OIE Headquarters and Regional Offices, WHO SEARO, Animal Health and Human Health Representatives from ASEAN and SAARC Secretariats, Animal Health Representative from SPC, Representatives of Regional Livestock Commissions and Livestock Working Groups, Representatives from International Donors and Collaborating Countries and the host country's DLD of Thailand participated in both the meetings. Observers from DLD, AusAID, People Republic of China and Japan also participated in the meeting. The list of participants appears as ANNEX-2

## **2. Opening Session**

The Opening Session of the HPED Regional Steering Committee was moderated by Dr G.N Gongal (Technical Officer, VPH from WHO SEARO) who welcomed the delegates. First he gave a background introduction of the two meetings which would be jointly held here in this meeting venue. He called on the Heads of four organisations OIE, FAO AGA Rome, EC, FAO RAP and WHO SEARO to make opening remarks for the First HPED Steering Committee Meeting.

### **2.1 Introductory Remarks by Dr Bernard Vallat**

Dr Bernard Vallat informed the meeting that it was the first meeting of HPED Steering Committee under the Regional GF-TADs coordination mechanism, implemented under the new process in the context of FAO/OIE and WHO collaboration, in line with the tripartite concept note framed in April 2010. He was happy that this meeting was made just after the signing of the new agreements between EU and the three organisations. He also stated that HPED Programme was a regional cooperation programme for highly pathogenic emerging and re-emerging diseases in Asia. Three main agreements were signed between WHO, FAO and OIE with EU in December 2009. HPED Programme is a four years programme from 2010 to 2013.

He stressed the crises caused by the highly pathogenic emerging and re-emerging diseases in the past decades, such as Nipah virus disease, Severe Acute Respiratory Syndrome (SARS) and most recently the Highly Pathogenic Avian Influenza. Some member countries of the Southeast Asian Association (ASEAN) and the South Asian Association for Regional Cooperation (SAARC) still suffer from varying incidences of outbreak at national level.

He stressed that HPED Programme is expected to increase the capacity of countries, especially countries with veterinary gaps assessed, and strengthened to ensure the totality of the prevention system for outbreak responses. Joint efforts of animal health and human health communities with the assistances of international donors community are needed.

Finally, He expressed his appreciation to Dr Alain Vandemissen and Ms Libuse Soukupova and their colleagues for their hard work for the preparation for the financial support from the EU. In addition to the EU funded HPED programme, He said he would also like to thank to the other donors funding complementing programmes in the region, in particular, United State, Switzerland, Japan and the Australia.

## **2.2 Remarks by Dr Juan Lubroth**

On behalf of the FAO Rome he thanked the Secretariat of GF-TADs hosted by the Regional Representation of OIE in Tokyo for organising this event of HPED. He said this serve the purpose; the growing vision of FAO; the importance of preparing the countries in the region for the detection, containment, and the elimination of all the diseases that emerge in the animals and pose threats to human health, welfare and livelihood.

70% of the human pathogen have animal origin, and these pathogen are linked to wild life. The global livestock sector has been undergoing changes in an unprecedented rate over the past decades. The booming demand for the animal source food in the world with rapidly growing economies such as Brazil and China have led to large scale increased livestock production. This surge in demand has been mostly in the commercial livestock production and associated complex food chain. At the same time millions of world's people especially in the Sub-Sahara Africa, South Asia, and Latin America still keep livestock in traditional production systems, mainly to support livelihood and household food security.

The speed of changes often surpasses the pace of the society to provide the necessary policy to regulatory framework to ensure appropriate balance in the provision of private and public goods. In FAO strategic framework to strategic objective feed entitled "Increased Sustainable Livestock Production" focuses on strengthening the three public goods associated in the livestock sector namely: food security, poverty alleviation, animal and public health, natural resources sustainability and climate change mitigation, and has its specific theme entitled "Reduced Animal Diseases and Associated Human Health Risks" which includes transboundary animal diseases, veterinary public health and environmental disease ecology works.

Experiences gained in response to the highly pathogenic influenza have shown the persistent influenza viruses in poultry represents only one of many challenges to be addressed. One cannot forget the difficulty in eliminating H5N1 HPAI in the poultry sector in several countries and ecosystems in the world. For field programme, curbing pandemic threats to be successful it must be taken into account the broad range of stakeholders concerned. Thus it is essential to make the animal disease prevention and control as one of the components of more general development activities.

The livestock sector contributes 43% to agriculture GDP. It is a major player yet it does not obtain the resources required to improve policies and actions. 2010 earmarks the year for FAO /OIE and Veterinary Science for eradicate the Rinderpest; the second disease to be removed from the face of the earth after the small pox. Through concerted actions by governments, regional organisations and donors, this has been possible to finalise in October this year. It is hoped in the next General Session of OIE, Rinderpest freedom will be internally recognised with the global declaration made by the Director General of OIE, Dr Vallat who is present today, and by the FAO Ministerial Conference in June 2011. This concerted action is historic and serves as a model for FAO and OIE synergy to improve the lives of our bread earners and the generations to come.

Taking this opportunity he welcomed the donors to support the efforts of the international organisations and call on governments and private sector to invest in the veterinary and public health services.

## **2.3 Remarks by Ms Libuse Soukupova**

Ms Libuse Soukupova commended that European Union was a co-funder of this Regional Programme of Highly Pathogenic Emerging Diseases in Asia, HPED in short; a rather new terminology. This four years programme was launched in December 2009. In the 6 months after the opening and it was the perfect time to discuss the future of OIE and FAO activities, in this First Steering Committee of HPED back-to back with the GF-TADs RSC Meeting.

The Cross Border Cooperation is an important priority of External Aid of the European Union. EU has been supporting to these activities in the region and will be supporting in the future. These facts have already been laid down in the conference about two months ago. She was very happy that it finally reached an understanding as it was very tough to go through some steps for the approval for this HPED programme.

#### **2.4 Remarks by Dr. Hiroyuki Konuma**

Dr Konuma expressed his special gratitude to the European Union for being a partner together particularly in term of providing financial support to strengthening the capacity of the countries as well as the two regional organisations; ASEAN and SAARC. The project would be an opportunity to strengthen the capacity among WHO, OIE and FAO to meet the challenge of emerging transboundary animal diseases as an increasing threat to animal, human health and the economy.

He also thanked OIE Representation in Tokyo, Dr Shimohira and colleagues, and colleagues from FAO for organising this important meeting today. This meeting was significant as a starting point for overall discussion of the various functions within FAO, OIE under GF-TADs umbrella, and the One Health agenda in emergence diseases in EIDs described at the recent Inter-Ministerial Conference at Avian Influenza and Pandemic Meeting in Hanoi.

In Asia, important zoonotic diseases have emerged in the past decade and caused serious epidemic in man such as Nipah virus disease, Sever Acute Respiratory Syndrome (SARS) and potential H5N1 HPAI. The possibility of emerging infectious diseases occurred and emergency response in national capacity become very important. The GF-TADs Regional Steering Committee was accepted as an efficient mechanism to manage and coordinate the issues related to this and other problems in the region. Also, in this regard, sub-regional meetings were also important. The conduct of HPED Steering Committee Meeting and the approach of GF-TADs in Regional Steering Committee Meeting is a good starting point to tackle EIDs in this region.

Therefore, this meeting will address the important tasks of coordination, connecting activities to fully achieve synergies among these three agencies to develop partnerships to the two Sub-Regional Organisations; namely ASEAN and SAARC. FAO is confident that the working structure will be effectively realised at the momentum, and ready to share the experiences of HPAI disease prevention, detection and control activities which were accumulated since 2004 and collaborative experiences in tackling other infectious diseases or high impact diseases in the region.

The resurgence of FMD and recurrence of EIDs in the region are unfortunately stretching the resources of national veterinary services of the countries. This situation, regrettably still readdress the need to strengthening the veterinary services of the region. For this reason, this project aims at the longer term capacity problems, particularly to achieve improvement for animal disease control planning and the field epidemiological works. It is a continuing challenge to for a country with poor capacity and facilities of animal health services to respond to the emerging diseases in the future. Hence, country ownership to mitigate the problems will be the key issue, and Regional Organisations like ASEAN and SAARC are expected to drive a strong political support to their regional mechanism to encourage the member countries to enhance the capacity.

Finally, He reiterate that FAO stands for the Asian farmers and promote One World One Health initiative which will be continually evolved in a meeting like this to ensure animal health protection in the region together with our partner organisations.

#### **2.4 Dr G.N. Gongal**

Dr Gongal stressed that WHO was one of the implementing agencies in this Regional in the HPED programme funded by the European Commission. Recent epidemic of Severe Respiratory Syndrome (SARS), Avian Influenza H5N1 and Pandemic Influenza H1N1 2009 have signified the importance of zoonoses and their impacts on health on development and international travel, trade and tourism. The Asia Pacific region is the epicentre of all emerging zoonoses. Control of zoonoses requires intervention at the source of the origin whether animal or human. This demands integrated and coordinated, multi-disciplinary approach.

Considering the importance of the zoonoses, WHO regional offices of Southeast Asia and Western Pacific jointly formulated Asian Pacific Strategies for Emergence Diseases (APSED 2005), and zoonoses which is one of the priority programmes of the area of the APSED. The zoonoses framework has been developed by collaboration between human and animal health sectors in the four areas such as information sharing, coordinated response, risk reduction and collaborated research.

Under the framework of regional collaboration mechanism which was established between WHO, FAO and OIE regional offices and these organisations jointly produced “Zoonotic Diseases: A Guide to Establishing Collaboration between Animal Health and Human Health Sectors at the Country Level” in 2008.

WHO, FAO and OIE have been coordinated in Avian Influenza activities in human and animal health sectors in Asian countries. Countries’ experiences in Avian Influenza H5N1 have reinforced the need of fostering coordinating multi-sector approaches to address high impact threats that arrived at the animal human interface. This approach often referred to as One Health. In 2007, at the Inter-ministerial Conference on Avian and Pandemic Influenza in New Delhi, European Commission made a commitment of providing regional cooperation projects for Asia during the conference; FAO, OIE and WHO have developed project proposals to strengthen response capacity for highly pathogenic emerging and re-emerging diseases in ASEAN and SAARC countries.

WHO has memorandum of understandings in ASEAN and SAARC Secretariats for cooperation in control of infectious diseases, and this project will provide better opportunity to work together. Although this project involves multiple partners and was not easy to get common understanding on this highly valued project to strengthening cooperation in the area of mutual interest and explore new dimension for future collaborations among the partners and regional specialised organisations in Asia.

I would like to thank to Dr Alain Vandermissen and Madam Libuse Soukupova for their tireless efforts to move forward. I also thank ASEAN and SAARC Secretariats for their support to move forward in spite complex cycle of negotiations and consultations.

### **3. What is HPED**

#### **3.1 Overall presentation of HPED Programme by Ms Libuse Soukupova**

EC started with the integration of the programmes 3 years ago. We named this programme ‘Highly Pathogenic Emerging and Re-emerging Diseases’. The definition would be that it would cover the diseases that make a high potential of transmission or morbidity and mortality which means they are caused by highly pathogenic infectious agents and have a high potential of causing serious crises. This regional programme should emphasise crises prevention and management for the broader scope of response to crises on avian influenza or other crises.

We could have used the heading of Transboundary Animal Diseases Programme which is not used by the disease of human infection that is why we have come up with the title which is rather new. As a regional programme, it includes the implementation status, the governance, the key words, reporting, evaluation and monitoring programmes. This programme is called the “Regional Cooperation programme on Highly Pathogenic and Emerging Diseases in Asia”. It is part of the Regional Strategy for Asia 2008-2013. It is also the strategy of the European Commission which is called “Cross-Border Cooperation in Animal and Human Health” and under this priority we have previously funded trust fund for avian influenza, then we came with the idea that we should broaden the scope to cover the emerging and re-emerging diseases. In the future we could use the idea into broader scope of One Health Strategy.

The objectives of these programmes is to strengthen the capacity of ASEAN and SAARC region and their Secretariats to control the highly pathogenic and emerging diseases and to improve pandemic preparedness in the region. The key characteristics of the programme are focused on the regional organisations with regional scope. Exception is in human health; some activities are implemented in the national scope with a view that they will empower the regional structure.



Another important characteristic of the programme is the cross sectoral approach with the idea of One Health. We are trying to integrate animal health and human health for disease prevention and control. The targeted diseases are the highly pathogenic diseases with the high potential for crises. As an example, we made targeted disease like foot and mouth disease; the disease with well recognised potential for the crises.

WHO will have a regional unit running from the SEARO and WPRO offices. Although for the ASEAN, in some aspect, there is incorporated into the region like China, the scope is relatively to include all countries of the ASEAN and SAARC regions. Under this programme, enhanced capability of member countries to prevent highly pathogenic diseases, under the Result One, there will be an ASEAN Regional Support Unit to promote the regional cooperation in the control of animal and human health. The second will be the regional epidemiology network that will strengthen the regional capacity in animal and human health in order to improve control measures. Under this Result One, there will be establishment of Regional Laboratory Networks to organise the coordinated network of national laboratories in order to provide the countries with the support to improve the laboratory diagnosis of diseases to coordinate with the human health. These are the activities for ASEAN Secretariat, generally recommended by FAO and WHO.

The Result 2 is almost the same for SAARC Secretariat, Regional Support Unit will be established in the region for regional cooperation on animal health and human health. Establishment of regional epidemiology for SAARC also cooperation in animal and human health and establishment of various units in the region, activities will be implemented by FAO and WHO. Finally, the Result 3 will be strengthening veterinary services in Asia; this will be implemented by OIE in the area of regional vaccine bank with regard to highly pathogenic diseases, carrying out Performance of Veterinary Services followed by the Gap Analysis. Thirdly, national and regional workshops for the in the capacity building for national focal points.

The HPED is a four years programme which was signed in December 2009 (2010-2013). The total budget is 20 million Euro. The organisations are also contributing as co-financing. For the governance, it has been decided earlier and also endorsed by the 3<sup>rd</sup> GF-TADs Regional Committee Meeting, the programmes will be coordinated and advised by the Annual HPED Steering Committee which will be organised back-to-back with the GF-TADs Regional Steering Committee for Asia and the Pacific. The structure of the Steering Committee consists of 15 members, the voting members will be EC, FAO, OIE, WHO, ASEAN and SARRC.

For the project reporting, the organisations will report on projects on yearly basis, the first report will be presented in December 2010. In the management programme, we will have mid-term evaluation next year, in September 2011. There will be some assessment of the performance of the programme with proposed practical recommendations for the future actions. The idea is to start with the desk study and continue with the missions to 4 countries (2 from ASEAN and 2 from SAARC). The preference is in July and August,

The evaluation will be in the next year, already organised in the technical part, and before that we would like to organise a working group of stakeholders possibly in December 2010 or January 2011. The venue most likely to be in Bangkok, The idea is to have a Senior Officials Meeting with all the committees on technical matters to discuss the project, to identify priorities, annual actions in the area of One Health. That will be also legally linking between the country representatives as Managers of the country. The implementing agencies could propose one focal person per country, there will be 18 people altogether including the implementing agencies also the observers. More information could be accessed on the EC webpage <http://ec.europa.eu/europeaid> but we do not have a page for the programme at the moment.

### **3.2 Presentation of the FAO Project by Dr Subhash Morzaria**

The project title is Regional Cooperation Programme on Highly Pathogenic and Emerging Diseases (HPED) in South and Southeast Asia. This is a new programme to support Regional Organisations to control HPED and TADs on a regional basis. It is an EC funding project implemented through international organisations; FAO, OIE and WHO. The contribution agreement has been signed; project was started in December last year. FAO component is essentially improvement of capacity for prevention control and eradication of HPED in ASEAN and SAARC.

The broad objectives of this project include improvement of food safety, human health, nutrition, well being of people, alleviation of poverty in ASEAN and SAARC countries and these broad objectives are compatible with FAO's Strategic Objectives and MDGs.

The entry point for making an impact on these broad objectives is through improved control of HPED including the ongoing crises due to HPAI and TADs. The pacific objective is to empower ASEAN and SAARC in their ability to prevent, control and eradicate HPED, including HPAI. We are talking about capacity building projects in ASEAN and SAARC; within the two organisations so that they are better able to coordinate regional activities. The member countries are 10 ASEAN countries and 8 SAARC countries. Major emphasis will be put on those countries with lesser capacity. Intervention will be strengthening veterinary and public health services, enhancing inter-sectoral collaboration on regional basis and this will conform to broadly adopting 'One Health' approach which is the way forward based on discussions in Sham el Sheik. The budget of this particular component is 8 million Euros, with co-finance from FAO, 0.8 million Euro and duration is 4 years.

The key activities are mainly related to results. The results 1 and 2 are identical but applied to the two organisations: ASEAN and SAARC. The key activities are to establish a Regional Support Unit (RSU) a Regional Epidemiology Centre and a Regional Laboratory Network.

The activities that FAO will conduct under the three main components are: The RSU will provide a hub for regional secondment of national animal health personnel. Some of these activities are already ongoing. We will also provide additional source support for animal health policy makers particularly enabling ASEAN and SARRC to operate in this environment of zoonotic disease control programme, so that they will better interact with public health community as well. RSU will also support enhancement of risk communication for the animal health sector so that there will be increased capacity of communication through upgrading of skill of individuals. The RSU will also increase capacity of preparedness within the animal health services. The key outputs will be enhanced regional cooperation, disease response capacity, policy development through coordination and partnerships within the region and between the regions.

The next activity of establishing the Regional Epidemiology Centre essentially will be a network to provide a platform of training expertise on epidemiology. That is an area needs to be strongly developed to provide significant impact in disease control in this particular kind of linkage among the national epidemiology centres. We will enhance the Field Epidemiology Programme Training for Veterinarian (FEPTV). There is a similar programme for medical community as well we are looking at inter-sectoral collaboration with enhancement of the module to include wildlife component and communication and socio-economic associated components in a much more integrated approach to address the diseases in the field situation. It is targeted at the ministerial level in the veterinary field. We will establish disease information system at national and regional levels.

There are a number of things that are ongoing. We will hopefully develop a stronger analytical tools capacity within the epidemiology network, for example EMPRES – I Asia, so the key output will be establishment of Regional Epidemiology Centre, establishment of knowledge and information sharing mechanism; long term improved understanding of epidemiology of diseases. It will be expected that there will be established early warning network, and well developed prevention and control of TADs, HPAI and HPED in the region.

Both of these regions had identified priority diseases. The prioritised diseases could be evolved with time because of emerging and re-emerging nature of pathogen With regard to the regional laboratory network, the activities will be supporting network in South Asia and South East Asia. Leading laboratories had been identified with the collaboration of FAO/OIE. These laboratories to be strengthened. There will be also a network providing training platform, hence training human resources, including harmonised protocols and generation and share of reagents. The network will be linked with surveillance programme and developing standard operation procedures for a number of defined diseases. Major output in the laboratory network will be better functioning of national and regional laboratory networks.

As far as implementation and management arrangements concerned, we have facility for RSU to start in Bangkok ECTAD RAP. There will be coordination with ASEAN in progressive mechanism to have full ownership under the aegis of

ASEAN. International Agencies will remain as technical backstopping organisations. There is also similar arrangement being organised in SAARC Kathmandu in the Sub-regional ECTAD in Kathmandu under FAO office building. Implementation arrangements will pay attention to a number of technical issues with linkages to the partner organisations OIE and WHO. They will facilitate and produce policy development, particular in cross border issues for emerging infectious diseases.

In conclusion, the EC funded project, is a regional capacity building cooperation and partnership programme on HPED and other priority TADs. It is fully compatible with One Health approach, and the regional and international collaboration using multi-disciplinary and multi-sectoral approach to EID control and HPED. The programme is building on a number of years of experience of FAO and other international organisations in the region on control of HPED. It is also to say that EC project is complementary to a number of projects by other donors into one world one health approach. For the international organisations' perspective, it is to make sure that there is complementarities with no duplication when new donors come to support activities with HPED. FAO has sought and obtained agreement from ASEAN and SAARC to operationalise the programme promoting ownership of the programme. This is rather important from the EC operated programme point of view to ensure that there is ownership of the programmes in both the Regional Organisations.

Now we have physical workspace established for RSU. We have prepared for recruitment of staff according to the work plan. Our visibility plan has been prepared which is required as an ongoing process. A number of activities on laboratory networks have been undergoing. These are not new things, because these are cost sharing, some of these activities are initiated and included as part of EC Programme.

I like to take this opportunity to thank EC for taking this initiative. It is highly appreciated that both SAARC and ASEAN were on board for the donor to be equal on One Health approach.

### **3.3 Presentation of OIE Project by Dr Alain Dehove**

OIE component of the Programme covers result 3 of the programme focusing on strengthening of the countries' veterinary services in Asia including setting up a Regional Vaccine Bank and capacity building for surveillance, early detection and eradication of highly pathogenic emerging and re-emerging animal diseases. The countries eligible for funding of activities; this is linked to DCI (Development Cooperation Instrument) Regulation. The eligible countries are: Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, DPR Korea, Lao, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand and Vietnam. It is a nice opportunity to work across many countries of Asia in this project. The coordination of the programme is important to highlight these, this first HPED Steering Committee's Recommendations will be examined and endorsed at the GF-TADs Regional Steering Committee for Asia and the Pacific.

The duration of the action is 48 months, starting from the date the OIE component was signed on Monday, 7 December 2009. The main objective of the action are: To improve animal health including zoonoses in the region with a strong impact on public health which include food security. The overarching objective of the programme is to strengthen, in close cooperation with ASEAN and SAARC, in conjunction with FAO and WHO, the regional integration and regional and sub-regional cooperation with developing countries and 'countries in transition' of the region, and also to provide capacity building for surveillance, early detection and eradication of highly pathogenic emerging and re-emerging transboundary animal diseases in the region as well as Good Governance of Animal Health System.

The three main specific objectives of the OIE component of the programme are:

- 1) To set up a regional Vaccine Bank.
- 2) To build Capacity in the Region through Evaluation of Performance of Veterinary Services, and PVS Gap Analysis on compliance of Veterinary Services with International Standards.
- 3) To build capacity through national and regional seminars and workshops for public and private policy makers on Good Governance of Veterinary Services in the country.

Concerning the results and activities, as far as the Regional Vaccine Banks are concerned, the OIE has set up a global vaccine bank for Avian Influenza vaccine; the instrument is in place. Therefore, it is a question of replenishing the bank. The vaccine bank will also be expanded to other highly pathogenic emerging and re-emerging diseases, including FMD and Rabies.

The second main pillar of activity is around the PVS Pathway. First PVS evaluation, we will use the OIE PVS Tools for Performance of Veterinary Services. The tool is used for initial evaluation of performance of veterinary services; the outcome will be used for PVS Gap Analysis. We will visit the countries for a regular follow-up evaluation to monitor the progress made. The third main pillar of activities is capacity building. The OIE will organise national and regional seminars and workshops of Good Governance of Veterinary Services, on necessity of appropriate legislation and implementation through national animal health systems providing for early detection, transparency, notification of animal disease including zoonoses. Rapid response to outbreaks, biosecurity measures, compensation of farmers in case of stamping out, vaccination when appropriate and alliances of public and private sectors (notably with farmers and private veterinarians).

In accordance with the contract with the European Union, 40% of the budget reserved for vaccine bank is allocated to Avian Influenza vaccine within this programme. The second element is the provision of FMD vaccine, 30% of the budget reserved for vaccine bank will be allocated for FMD. It is clearly reserved for strategic vaccination in buffer zones (ring vaccination) around FMD free zones to protect them; to avoid the loss of free zone status and associated economic costs when this status is lost. We have also provision of vaccine bank for Rabies. The provision is up to 20% of the vaccine bank. That will be used to save public health funds and reduce the socio-economic cost of post-exposure treatments of humans. We believe that the veterinary services should be more involved in the eradication of rabies at source when possible. We have also provision for possible other highly pathogenic emerging and re-emerging transboundary animal diseases in the region. There is financial provision for 10% of the vaccine bank budget.

With regard to the PVS Pathway first there will be the Initial evaluation (diagnosis), PVS Gap Analysis (prescription) and then in parallel we can have several activities together with the country in partner(treatment): To update veterinary services strategic plan, to work on the modernisation of veterinary legislation, to strengthen public- private partnership, to work with the country and partners including FAO to encourage the country, donors and international organisations to use the outcomes of the PVS evaluation and the outcomes of PVS Gap analysis to prepare investment and projects in the country, to work on veterinary education and finally to work on strengthening of veterinary diagnostic laboratories.

As mentioned before, we encourage countries to do follow-up evaluation. The PVS Gap Analysis mission facilitates the definition of country's Veterinary Services objectives together with the Veterinary Services in terms of compliance with OIE quality standards, suitably adapted to national constraints and priorities; the expected results at the end of five year period. The country PVS Gap Analysis report includes an indicative operational budget for 5 years. PVS Gap analysis tools are constantly revised and updated to accommodate new findings and suggestions from the field missions.

On the third OIE activities within the programme; Capacity Building and Good Governance, there will be seminars and workshops aim at building and maintaining efficient epidemio-surveillance networks and territorial meshing in the entire national territory potentially for all animal diseases. The aim is also to maintain continuing education of Country Delegates to the OIE and National OIE Focal Points in the country, helping Delegates on various specified tasks. Currently, we are working on sanitary information, animal production and food safety, veterinary medicinal and biological products, aquatic animal diseases, animal welfare, and wildlife.

Finally regarding the budget, I can give an overview; 16% of the budget will be for PVS (PVS Evaluation and PVS Gap Analysis), 16% for regional seminars and workshops, 68% covers the vaccine Banks, communication and other coordination.

### **3.4 Presentation of the WHO Project by Dr N.G Gogal**

WHO is one of the implementing agencies of the regional cooperation project for Asia funded by EC. Under World Health Organisation there is International Health Regulation 2005. We have to be fully developed under the Regulation 2005 by

2012. We are not only concentrating on health sector, we have to deal with non-health sector that means beyond health sector. Because most of the zoonoses emerged at the human-animal interface, we developed this proposal titled “Strengthening surveillance and response capacity for highly pathogenic and emerging and re-emerging diseases in ASEAN and SAARC countries under World Health Organisation Regional Offices for South East Asia and the Western Pacific.”

These two WHO Regional Offices have a common bi-regional document which is known as “Asia Pacific Strategy for Human Diseases”. Since this project is designed for ASEAN and SAARC countries, and in ASEAN and SAARC, the decisions are made by all member countries so we have to include all member countries. Afghanistan and Pakistan are not under the WHO Office of South East Asia. It is under Eastern Mediterranean Office but we have to include the two countries.

The project period is 48 months, same as FAO and OIE. The total budget is Euro 4.8 million. WHO is contributing 17% of the total budget. ASEAN and SAARC Secretariats, FAO and OIE are the major partners. The target groups are government sectors, private entrepreneurs, nongovernmental organisations, academic institutions and general public in ASEAN and SAARC countries.

There are six major activities under this project:

- 1) Improved understanding of public health threat of HPED at professional and public level. Risk communication is a major issue.
- 2) Establish coordination mechanism for control of HPED, using the existing mechanism to reinforce the capacity scope of existing system.
- 3) Improve laboratory diagnostic capacities for HPED. We will support diagnostic kits, provide laboratory trainings. We are thinking of joint training of medical and veterinary professions. We believe that unless the medical and veterinary professions are involved in joint training they will not appreciate the role of each other. That is the major purpose of this project.
- 4) Strengthened surveillance and response capacity for HPED including regional networking. The public health laboratories and the veterinary laboratories, they have their own networks but there is no trans-disciplinary approach that they cannot share samples and information, that is why we have to go for regional networking at regional and national levels.
- 5) Implement priority HPED control at the regional level. Particularly regarding to this component, when we discussed with ASEAN and SAARC countries, they have given clear guidance that we should focus on priority HPED programmes, like for ASEAN it is Leptospirosis and Rabies, for SAARC it is Rabies. That is why we have to support the priority communicable diseases of regional importance.
- 6) Regional project activity effectively coordinated, managed and technical support provided. Under WHO Office for South East Asia, New Delhi and the WHO Regional Office for Western Pacific, Manila. We have coordination and cooperation with ASEAN and SAARC member countries.

WHO/EC Agreement was concluded on 10 December 2009. The first phase of pre-financing equivalent to 1.3 million was received. Coordination with ASEAN Member States in July 2009, during the project planning stage, we have reached the understanding that instead of planning for the regional activities, it should be focused on the country’s activities so that more countries can improve their capacity. Similarly discussion with SAARC Member States, the same agreement was reached. Based on the outcomes of both consultations, we have modified the objectives and activities under this project.

On the regional level, we will focus on regional workshops and seminars. There will be standard inter-country training programme on laboratory diagnosis, field epidemiology and priority zoonoses. Regarding to Cross-border activities, unless we involve Regional Organisations we cannot achieve for cross border collaboration. It is very important that we are working with the Regional Organisations which create good forum for policy level decisions.

On the country level work plans and activities, there will be country workshops and activities working on priority zoonoses. Another activity is translation of risk communication materials on HPED in national languages. We will

support pilot project for zoonoses control at the country level. We will have country level trainings on zoonoses; we will support national as well as sub-national level trainings to reach the para-professional level. Other activities are laboratory trainings at the country level; operational research activities including research seminars; diagnostic kits and reagents for diagnosis of zoonoses; country level short epidemiology courses; community-based activities which include awareness, surveillance, and risk reduction measures.

With regard to the implementation status, project staff components at WPR and SEAR have been implemented. Activities for implementing by SAARC have been identified. Discussion is ongoing with ASEAN Secretariat to finalise work plan and activities.

Training module and curriculum have been developed for hand-on laboratory training for medical and veterinary laboratory professionals at Bangkok in November 2010. The five days training will be organised with collaboration of CDC Atlanta, WHO, Chulalongkon University, Queen Sarlom Medical Institute and National Institute of Animal Health. We are trying to involve multiple partners. WHO will organise Regional Workshop on Human Animal Health Sector Collaboration in Kuala Lumpur in October 2010 this will be WPRO taking the initiative collaborating with FAO, OIE and ASEAN Secretariat. Training module for post-exposure rabies prophylaxis and Intra Dermal Rabies Vaccination has been developed in collaboration with Institute of Preventive Medicine Hyderabad (India) and training will be organised for Bhutan, Indonesia and Nepal. Curriculum for short field epidemiology course for media and veterinary professionals will be developed in collaboration with National Centre of Disease Control, Delhi and training will be organised in 2011.

Problems and Issues encountered are: GSM roll out in SEARO delayed in staffing. Understanding and coordination among multiple partners through tele-conferences, video conferences and visits. One issue is that we have not finalised work plan with the ASEAN Secretariat. WHO SEARO and WPRO are working for Asia Pacific Strategy for Emerging Diseases (APSED) for 2011 -2015 and zoonoses work plan and activities need to be aligned with new APSED (2010), Time taken to place mechanism in position.

In conclusion, we believe that EC funded HPED project is in right dimension and complementarities. We are having donors and partners for core capacity development required under implementation of International Health Regulation 2005 and our main accomplishment based on inter sectoral collaboration. It will not be easy to implement this kind of activities in which multiple partners are involved. But we are involving regional organisations like SAARC and ASEAN, they have very good coordination mechanism over Member States. These Regional Organisation can provide better forum for policy level decisions, like cross- border collaboration and other issues.

## **Discussions**

**Dr Asfri W. Rangkuti:** Regarding the presentation by OIE Activities, I would like to seek clarification about the OIE consideration of selecting the ASEAN Countries . I saw only seven countries that are relevant for OIE activities and what about Brunei, Singapore and Malaysia.

**Dr Alain Dehove:** I understand that the component and scheduled countries are different. For that reason, ASEAN members are eligible for Result 1, whereas SAARC countries are eligible for Result 2. For Result 3 there is a list of eligible countries which covers ASEAN and SAARC members plus members like China. I understand countries not eligible for support by EC also include countries in the region such as Japan and RO Korea. When OIE invites the Delegates or Focal Points for seminar, they will be invited using other donor's sources. We do not expect gaps in the training programmes of the OIE Delegates or National Focal Points.

**Mr Riaz Hamidullah:** I would like to reflect on the two presentations from EC and OIE relating to Vaccine Bank. At the CVOs meeting that had met twice, issues relevant into vaccine have been coming out. In the first meeting, they are vigorously in support of having a vaccine bank, the idea was to facilitate some countries. In the second meeting, the idea started to shift to antigen bank.

My understanding is that OIE is working under this project on vaccine bank which started from HPAI. I also understand that OIE being at the centre place, responding to the requests of the countries. It would be useful also to recall OIE to take

note of that since the CVOs forum engaged on that idea, to see how that idea could be advanced besides the one under the OIE steering.

Secondly, again from the CVO process that under GF-TADs, it is envisaged that the entire stewardship is centric to the Department of Livestock Services (national system). However, in all the countries, at least in SAARC context, such a scene can be perceived that the other stakeholders are coming out vigorously, for example the practitioners, farmers, university and academic intuitions. Because of the total incumbent nature of CVO in particular, these tools are not being factoring.

Our solution looking at it from the interest of the region; SAARC Secretariat, would be that to impose the GF-TADs work to include in this project, elements relevant to those which will impact, for example updation of the academic veterinary standards, This was what emerging from central problem in terms of the quality and harmonisation of standards of veterinary education.

**Dr Alain Dehove:** I would like to provide some clarification about the Vaccine Bank of the HPED. First the idea is to prepare for the international bid for tenders on the basis of OIE standards for the quality and safety of vaccine. As a matter of fact, it will be mainly to use the platform of countries representing by SEACFMD; to reinforce the SEACFMD vaccination campaign programme. It will mainly be linking between Vaccine Bank of the HPED and the FMD Campaign; in the context of SEACFMD platform.

As far as rabies is concerned, the vision is proposed by EU and has been endorsed by EU, in signing the contract that we would like to work on pilot projects to explore the new concept. For example, we would like to work with possible use of vaccination coverage for stray dog. We would like to test and explore the vaccination through feed borne vaccines. In addition to that we would work with the injectable vaccine as well. Of course, we will coordinate with the partners for the vaccine programme before implementation.

**Dr Bernard Vallat:** I would like to explain the key criteria for vaccine case, Truly, this vaccine bank will not comply with all the need of eligible countries, as you may know, China and India are engaging with their own national vaccination campaign. It is a bank that cannot comply with the scale of India or China for FMD vaccine. However, the criteria will be based on the global problem and national needs as elements taken into consideration in the use of the vaccine bank.

For example, SEACFMD is one of the pilot programmes considered at the global level. The first vaccine use from this bank will be for the hot spots of the area. Rabies will be also taken on pilot basis. Just for your information, we already received request for the pilot project for stray dogs control at the Bhutan and India. This kind of pilot could be considered for the vaccine bank.

**Dr Ken Cokasiga:** On behalf of SPC Secretariat, I would like to thank for the presentations this morning. Perhaps this is the request from the region, as the HPED evolves that Pacific Region could be considered with the Programme .

**Dr Peter de Leeuw:** Can I ask details about vaccine bank, when you talk about vaccine bank you also need antigen bank because the antigen bank would be more flexible for final formulation.

**Dr Alain Dehove:** As far as the vaccine use is concerned, my understanding is that there will be consideration for the antigen bank. The important objective is the quality of the product and time of delivery.

**Dr Carolyn Benigno:** Regarding to the vaccine, there is costs to the vaccine for the region to enhance the usage.

**Dr Alain Dehove:** The vaccine used has to extend the shelf life as much as possible. We work on the idea that the supplier can reserve a physical stock; that is a rolling stock for the delivery of vaccine in line for the countries. We will make order to the supplier for the services and the supply of vaccines. Usage of the vaccines is the ownership problem. The country uses the vaccines and pays for the usage.

**Dr Juan Lubroth:** From the three presentations of FAO, OIE and WHO, there is a large capacity building component to each of the component's programmes. It is highly recommended that the Steering Committee, or at least part of the Committee should carry out the exercise as a tripartite at conjuncture with each other; and not in isolation. For example,

WHO is mentioning about the training of medical and veterinary diagnostic laboratory technical staff. That example could be seen earlier on as in avian influenza diagnosis in 2004. We did have the mutual training with medical and veterinary diagnostic laboratories, in an exercise to be compliance with the OIE Standards. We should be cautious that overall management of the programme of capacity building should be in the spirit of 'One Health' laid down in the Tripartite. As an example, the FETPV programme veterinary module as the platform of training for emergency response, disease investigation, risk analysis, and again with OIE, which is something FAO is operating.

**Dr John Stratton:** I just want to respond to the questions from the SAARC Secretariat regarding incorporation of the stakeholders in the OIE's Veterinary Services Programme. Actually we did not go to the details in the previous PVS tools but one of the fundamental four components is devoted to interaction with the stakeholders, such as the farmers groups veterinarian association and private veterinarians and universities are met with, and their views are incorporated. Further more, in term of education, OIE is very involved in trying to standardise curricula as you mentioned. For this region, especially around particular aspect of veterinary curricula, their important context in the emerging and infectious diseases, in the veterinary epidemiology and veterinary public health. We are very engaged in either aspects of the government veterinary services and the stakeholders at the country level.

**Dr G. N. Gongal:** On WHO programme, we include all the SAARC and ASEAN countries. SPC was not in the project. But last month in the meeting in Kuala Lumpur, regarding population strategy of human, we are developing special programme for SPC, particularly considering the smallness and limited resources. Therefore, there will be special programme, which will be designed for SPC, this is our plan although it is not covered by the EC. There are other contingencies, which are primed to requests from SPC's requirement. It is based on other issues such as how to strengthen the expert service, how do WHO Collaborating Centre for Emergency Services assists on the Special Plans. That will be finalised next week.

**Dr Ken Cokanasiga:** Thank you madam chair we also welcome the WHO inputs into this region. Perhaps this emphasises again for the animal health sector also to be strong in that approach.

#### **4. Who Are The Main Partners**

##### **4.1 Presentation of ASEAN by Dr Asfri W. Rangkuti**

Under the ASEAN system, responsible body for animal health and livestock sector is ASEAN Sectoral Working Group on Livestock (ASWGL). The priority diseases that we are tasked with are Highly Pathogenic Avian Influenza (HPAI), Foot and Mouth Disease (FMD) and Classical Swine Fever (CSF). ASWGL also discussed and adopted regulation of product and utilization of Animal vaccines. ASEAN also has the ASEAN Animal Health Trust Fund (AAHTF), the ASEAN Animal Health and Production Information System (AHPISA), ASEAN Region Animal Health Information System (ARAHIS). Other animal health programmes are Animal- Human Health Collaboration; Pandemic Preparedness and Response, the present EC Regional Cooperation Programme on HPED in Asia, and also Strengthening ASEAN Regional Coordination on Animal Health and Zoonoses.

On HPAI, ASEAN HPAI Taskforce is led by Malaysia. After the Regional Framework for the Control and Eradication of HPAI in ASEAN (2006-2008), Regional Strategy for the Progressive Control and Eradication of HPAI (2008-2010) is continuing, which is endorsed by 29<sup>th</sup> AMAF on 1 November 2007 in Bangkok. The programme recognised the need for a well coordinated multi-agency and multi-setoral approach to prevent, control and eradicate HPAI in the ASEAN region, and development of Roadmap for Eradication of HPAI in ASEAN by 2020.

On FMD, OIE SEACFMD Campaign is funded by AusAID with Thailand as the lead country. Roadmap for FMD Freedom with Vaccination by 2020 in Southeast Asia was endorsed by 27<sup>th</sup> AMAF, 29 September 2005 in Manila. The 18<sup>th</sup> ASWGL Meeting held in Vientiane supported the inclusion of Brunei Darussalam, Singapore as well as China in the SEACFMD Campaign.



On CSF, Philippines is the lead country. Draft regional strategy framework for controlling and eradication of CSF control pathway based on 3 phases was adopted. The draft Regional Framework will be submitted to the next Special SOM-AMAF.

ASEAN Animal Health Trust Fund was established for the purpose of financing ASEAN animal health projects; priority is put on TADs crucial to ASEAN. All ASEAN Member States have contributed at least their first batch of contributions, and the balance as of 1<sup>st</sup> March 2010 is USD 938,755.16

Regarding Animal- Human Health Collaboration, the ASEAN Expert Group on Communicable Diseases (ASECD) implements the ASEAN + 3 Emerging Infectious Disease (EID) Programme recognising the zoonotic health threat of avian influenza. The ASEAN+3 EID programme also supports in Animal Human Health Collaboration. Joint recommendation on Animal and Human Health Collaboration has been endorsed by SOM-31<sup>st</sup> AMAF and SOMHD for further implementation. ASEAN Plus Three Emerging and Neglected Zoonotic Disease Phase II has completed in June 2010, The next Medium Term Plan (2011-2015) is under development focusing on policies, networking, communication, information as well as multisectoral collaboration.

Regarding EC-HPED, the 30<sup>th</sup> SOM-AMAF held in Ho chi Minh City, 11-13 August 2009 endorsed the programme with EC-HPED. The overall EC-HPED should be linked with the ASEAN activities, particularly ASWGL and with possible extension to Public Health. The 18<sup>th</sup> ASWGL meeting, 5-6 May 2010 in Lao PDR agreed on the establishment of a Regional Coordination Mechanism (RCM) for Animal Health and Zoonoses in August 2010. The development of RCM is envisaged as a staged transition from existing coordination activities; particularly FAO component of the EC-HPED programme. In the future, regional coordination function should be moved to the RCM.

#### **4.2 Presentation of SAARC by Mr Hassan Shifau**

Eight member states of SAARC are involved in this project, the eight member states almost represent one third of the world population. A lot of details about the objectives of the project, target groups and general beneficiaries had been given by earlier speakers. HPED project has taken off in less time than GF-TADs, may be GF-TADs is helpful in paving for the project. The project has to be passed through our Technical Committee of SAARC. They made some recommendations; one was the inclusion of Afghanistan and Pakistan. Previously they were not included because of WHO's categorisation of territories. They also commented that the project should be aligned with the SAARC Strategy on Communicable Diseases which was by the way of finalising during the period and also they felt that the project should be in harmony with ongoing countries' activities of SAARC.

Other point was that the Committee strongly recommended that we should have regional priorities and which are based on high impact. Having met with all the recommendations, our Standing Committee met on the sidelines of Summit which was held in Bhutan April 2010. We are now ready to go with the project ; working with WHO for the two years 2010 and 2011. I would just mention some of the activities which Dr Gongal has mentioned in his presentation. We are ready and waiting for Letter Of Exchange from WHO. I would like to mention the responsibilities in addition to we will be providing. We will be providing the facilitation support to organise workshops and meetings etc. We will also facilitate the travel of the delegates like Dr Gongal had mentioned. We have a SAARC Visa Exemption Scheme, anybody travelling on SAARC meetings or activities can be issued with visa promptly. We will also be providing reports as required by the partners.

From our perspective of co-partner, this is the expected role of WHO: I am presenting on behalf of SAARC; so this is our perception, it may be little different from your point of views. WHO will coordinate and support the implementation of the activities. They will provide technical supports as and when required because SAARC Secretariat does not have the technical expertise. They will provide support at Member State level through WHO Country Offices. They will conduct FETP. WHO will also coordinates with partner agencies and donors on behalf of the project. We will be taking care of the implementation side. WHO will be the phase-out side.

### 4.3 Presentation of SAAR by Mr Riaz Hamidullah

Much efforts have been put into the GF-TADs. In 2005 SAARC GF-TADs plan was brought to the highest possible level; Summit level. What we have seen is over the last three Summits in terms of food security, being agreed that as a concept, transboundary animal diseases have quite grossly coming to the target, in term of getting reference with SAARC circle.

We have approved HPED, in the last Summit in Timphu. After that we communicated to FAO for approval, endorsement of the HPED project, to all policies with reference to GF-TADs framework especially keeping on board the principles with the country level CVOs, taking through the last CVOs meeting in 2009. We presented the outcomes of the last meeting in Tokyo last July, highlighting on sharing the information of FMD and PPR, development of biosecurity model on regional basic. The next issue is vaccine bank, then the disease surveillance plan on HPAI, on livestock census, undertaking PVS where some countries are remaining, develop standard protocols for quality vaccines, updating and developing of national institutions.

Last month, there were consultation on training workshops for share of perspectives. We found that many of the countries legislation has not updated. We started going deeper sharing basic then we realised the issues are much deeper and complex. The other issue came up is continued veterinary education, stakeholders, NGO and private sector platform. They also agreed to go for project of improvement of buffaloe breeds, the dairy characterisation of breeds, the other projects are progressive control of PPR.

With ADB SAARC is developing comprehensive initiative on food security. As one of the developing 5 projects, one of the projects is on developing specific capacity on plant, aquatic and transboundary animal diseases. Essentially we are looking into ways of strengthen national laboratory system. That process is expected to be completed by the end of this year. There will be further capacity investment in the system, so this is specific initiatives we are talking with ADB.

Another thing is supporting and advancing the CVO process. We could now get the CVO process institutionalised. Now we have organised the GF-TADs framework, or in the context of the HPED, specifically to be tied to this CVO process. While the reporting mechanism, as far as SAARC is concerned this will be brought to the CVO process this year in Sri Lanka, what we are establishing in the context of GF-TADs or HPED project. It will be useful for the organisations FAO/OIE to be continuously interface with the CVO process, From the CVOs process issues will eventually go to the policy making plane which is the SAARC Committee to submit to the Summit. The issues contemplated here in terms of policy in terms of specific intervention necessary for those to be taken in and then for those to go to the political process.

Secondly about One world One health, the issue is how to take a very practical work to ensure what we expect at the national level coordination. What do we expect the coordination roles of the specialised agencies FAO, WHO in the case at the country level.

The issue that Dr John Stratton reflected, veterinary education and the role of private veterinarians, the role of other stakeholders. Unless we think of curving out in the whole exercise especially GF-TADs, sustainability will not be there.

While we dwell on policy issue we dwell on specific initiatives, perhaps it will be useful to think of one or two practical basic on the ground even one or two cases, in term of containing spread of transboundary diseases. This is in particular reference to the ECTAD Unit based in Kathmandu, on the ground at the level of bordering areas, if it is possible to demonstrate some results basically in the approach. If something of that kind is demonstrated on the field, we will have much larger reflection and on the visibility at the national level as well as to the donors.

## 5. Round Table Discussion OIE/FAO/WHO

**Dr Jintana Sriwongsa:** I am Senior Officer for Health in ASEAN Secretariat, my apology for not being here this morning. I would like to make a few points which correspond to what my colleague had presented. In ASEAN, we also got a good health programme called ASEAN Plus Three EID programme by AusAID. As a result of the project, we also developed and achieved the next programme for Emerging Infectious Diseases and Zoonoses. This is a joint programme by both Senior Officers of Agriculture and Health of ASEAN. I would also like to update the forum of ASEAN EID Plus Three. Now ASEAN is on Medium Term Plan for EID which is going to be from 2010 to 2015. We would fairly focus on

EID and this particular project will be Medium Term Plan and we are in the process of discussion for these two projects into our medium plan. The Medium Term Plan is to be adopted by ASEAN Ministers Meeting in Singapore.

**Mr Riaz Hamidullah :** We have seen the ASEAN Animal Health Trust Fund close to one million dollars, what are the modalities for the fund.

**Dr Asfri Rangkuti :** The ASEAN Animal Health Trust fund was adopted by the 29<sup>th</sup> AMAF based on the percentage of service. It is five years term. We divide contributions into categories in accordance with the GDP of the countries. The activities will be for the projects related to animal health. At the moment, we have still not decided which project but there are submissions proposed by the ASWGL. They will be considered under the guidance of ASEAN Senior Officials. One of the initiatives is FMD and HPED.

**Dr Juan Lubroth:** I can see that ASEAN has the same structure as the EC programme. Once again it shows that it would be essential to have a tripartite planning. For the training component, perhaps to reach a common position, close coordination of the three stakeholder organisations; OIE, FAO and WHO need to plan for the engagement with your Trust Fund activities.

**Dr G.N. Gongal:** I want to emphasise our colleagues from SAARC Secretariat who mentioned that FAO, OIE and WHO have coordination but how we go ahead with one health? I think the important aspect we have to address is the country level activities. How we act together and have activities which will give messages to be multidisciplinary coordinated approach that will lead to one health, so I think we have to consider that suggestion from SAARC Secretariat.

**Dr Hassan Shifau:** I couldn't understand why there is talk about no coordination on the SAARC. That means also it is not for SAARC to look to the matter of technical coordination within the region. I have mentioned in my presentation that we have mechanism in place. We have coordination, so far we didn't have consultation within SAARC. We will eventually have a strategy and from the strategy will go from there.

**Dr Bernard Vallat:** One of the main objectives of OIE is to improve the animal health worldwide and to promote the OIE Standards. The existing project also complies with the concept adopted recently by FAO, OIE and WHO and especially complies with the concept of One Health. We consider the concept of One Health including the non-zoonotic diseases mainly because of food security. So we consider FMD fully complies with One Health and HPED. In the Vaccine Bank, we consider SEACFMD is a pilot project and a model, therefore, we will incorporate to the programme to achieve the objectives. We consider also HPED as a programme fully complied with the Good Government of Veterinary Services to improve the collaboration between the veterinary and public health during implementation of HPED programme. Finally, Animal Health Information system is important for OIE, we will try to develop to help countries to improve the animal health information system to be connected regional and globally. We consider ARAHIS as a very good example, we will consider HPED to make steps in the development and linking with the WAHIS.

**Dr Asfri W Rangkuti:** Thank you for the suggestion to help us with the ARAHIS but ARAHIS is run by Singapore and Singapore is not under the OIE .

**Dr Ronella Abila:** The initial discussion in Vientiane ASWGL is to support OIE with ASEAN Animal Health Trust Fund. So we come to the proposal to discuss the ARAHIS with what we can find from the ASEAN Animal Trust Fund. If not, to seek from other sources.

**Dr Juan Lubroth:** On information system, we are planning to host for all the regional initiatives on animal health or livestock information system and data base. For animal health events capturing what we submitted to WAHIS or WAHID to bring in the other parts of the world meeting in Rome to discuss how to interlink and to share information and to make sure that it complies and easier for the countries to be able to fulfil the obligation for reporting to the OIE and at the same time being able to have some deeper and analytical tools for the countries. The countries could also use for it formore eco system of approach on diseases; perhaps not necessarily stop the import to build some drivers for maintenance. We look forward for your participation.

## **6. Conclusion Session**

The session was chaired by Dr Bernard Vallat. The draft Conclusion and Recommendations were presented by Dr Alain Dehove. After deliberation, the meeting agreed to adopt the Conclusion and Recommendations which were circulated by the Secretariat of GF-TADs to the participants of the meeting for further comments and suggestions. The final Meeting Conclusion and Recommendations as agreed and commended after circulation appears as ANNEX 1

## **Regional cooperation programme on highly pathogenic and emerging and re-emerging diseases (HPED) in Asia**

### **1<sup>st</sup> Meeting of the HPED Steering Committee**

**Bangkok, Thailand - July 1, 2010**

#### **Conclusions and Recommendations**

Recognising that:

1. The South Asian Association for Regional Cooperation (SAARC) and Association of South East Asian Nations (ASEAN) are the appropriate regional intergovernmental organizations in South and Southeast Asian sub-regions to support coordination of regional programmes on HPED and other high impact zoonotic and non-zoonotic infectious animal diseases;
2. The SAARC and ASEAN have politically endorsed the launch of HPED programme and already have internal mechanisms to discuss HPED and other high impact diseases;
3. Since 1994, a corner stone of the animal health programme of FAO is the Emergency Prevention System (EMPRES) for transboundary animal and plant pests and diseases which has engaged in numerous regional and country projects aimed at the prevention, detection, preparedness and management of high impact diseases, including zoonoses, with notable success in strengthening veterinary service capacities in the laboratory and in the field and through the establishment of sub-regional networks;
4. FAO's Global Rinderpest Eradication Programme and the EU FMD Commission can serve as models for the elimination of high impact diseases, including those that are emerging or re-emerging. These models have components that relate to coordination, applied research, improving country-to-country engagement through networking, development of strategies that consider socio-economic realities and needs;
5. As FAO's animal health programme also includes units devoted to veterinary public health (including food and feed safety), EMPRES/wildlife, and epidemiological work dedicated to understanding disease ecology and drivers for disease emergence, maintenance and spread;
6. Significant experience on control of HPAI and Pandemic preparedness has been gained by FAO, OIE and WHO in Asia and the Pacific Region and lessons learned have a direct relevance and to control of HPED in the region;
7. The SEA-C-FMD Campaign is a highly ambitious but successful programme that has achieved significant successes since it commenced in 1997. It counts 11 Member Countries in 2010. It deals with a disease that has major adverse socio-economic impacts on food production systems and inhibits economic development, particularly in the area of trade. It has as its key objective "to coordinate animal disease control activities between countries; provide technical advice, ensure coherent strategies and seek political and financial support to achieve FMD Freedom in the Region.";
8. International standards on quality and evaluation of Veterinary Services have been adopted by 176 OIE Members, and that since 2006 the OIE is deploying the PVS Pathway, which includes initial PVS evaluations of performance of Veterinary Services using the OIE PVS Tool, PVS Gap Analysis, guidelines on veterinary legislation, and PVS follow-up evaluations, to facilitate compliance of countries with these international standards;

9. During the 76<sup>th</sup> World Assembly of OIE Delegates in May 2008, the World Assembly of the OIE reiterated the importance of Member focal points for animal diseases notification and requested Members to nominate additional national focal points for: wildlife; veterinary products; animal production food safety; animal welfare, and aquatic animals;
10. The OIE has established a rolling regional programme for the information and training of recently appointed OIE Delegates and National Focal Points;
11. The Strategic Framework “Contributing to One World, One Health - A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal–Human–Ecosystems Interface” has been developed jointly by four specialized agencies—Food and Agriculture Organization (FAO), World Organisation for Animal Health (OIE), World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and endorsed by the World Bank and the UN System Influenza Coordinator (UNSIC) has been published in October 2008;
12. The European Union (EU) has signed the different components of the Regional cooperation programme on highly pathogenic and emerging and re-emerging diseases (HPED) in Asia with the main partners, namely FAO, OIE and WHO, in December 2009;
13. “A Tripartite Concept Note - Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces” clarifying the FAO-OIE-WHO Collaboration, has been published in April 2010;
14. The Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs) is a joint FAO/OIE mechanism, which combines the strengths of both organisations to achieve the prevention and control of animal transboundary diseases (TADs) worldwide and in particular to address their regional and global dimensions, and that WHO is also associated to this mechanism for zoonotic diseases of regional importance;
15. There is an existing regional coordination mechanism in place, namely the Regional Steering Committee for Asia and the Pacific of the Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs), which is composed of members from FAO, OIE and WHO, regional organizations including ASEAN, SAARC, and SPC, and donors;
16. Cross-border (multilateral or bilateral) collaboration for information sharing is an important activity for prevention and control of TADs and zoonoses and it will be necessary to support ASEAN and SAARC to develop a framework for multilateral and bilateral cooperation covering human and animal health sectors;

The HPED Steering Committee recommends to the Regional Steering Committee for Asia and the Pacific of the Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs) that:

#### GENERAL RECOMMENDATIONS

1. An annual ordinary meeting of the HPED Steering Committee is organised, back to back with a meeting of the Regional Steering Committee for Asia and the Pacific of the GF-TADs during the duration of the four-year HPED Programme;
2. Representatives from WHO headquarters and relevant WHO Regional Offices are invited and encouraged to attend to the above meetings;

3. The OIE is requested to involve the SEA-C-FMD RCU to contribute to the design of the FMD Vaccine Bank established under the HPED programme (country coordination, technical eligibility criteria, procedure for delivery of vaccines, etc.) and to bridge with the SEA-C-FMD Campaign;
4. FAO, as a technical implementing agency, should play an important role with OIE on delivery of veterinary vaccines and biologicals to the stakeholders in the Region. In this regard, mechanisms developed by APHCA should be taken advantage of;
5. The Programme Coordinators of the implementing agencies of the HPED Programme together with the regional partners participate in joint planning to define specific mechanisms to ensure improved coordination and synergy among the capacity building activities, including training, in the spirit of the One Health approach;
6. The international organizations increase efforts to raise the awareness of GF-TADs, One Health approach and the EU-funded HPED Programme at country level;
7. The HPED Steering Committee compliments the EU for their vision on the HPED and urges the international agencies to work with other donors and partners to support similar programmes through international and regional agencies in other regions such as SPC and ECO (Central Asia);

#### SPECIFIC RECOMMENDATIONS

1. The eligible countries are encouraged to benefit from the activities of the PVS Pathway, namely initial PVS evaluations of performance of Veterinary Services using the OIE PVS Tool based on OIE international standards for quality and evaluation of Veterinary Services, PVS Gap Analysis, the OIE guidelines on veterinary legislation, and PVS follow-up evaluations to monitor progress made. FAO is encouraged to be part of the national activities strengthening Veterinary Services within the PVS Pathway;
2. Countries which have not confirmed yet to the OIE their formal request for all or some of the steps of the above PVS Pathway are encouraged to do so;
3. The OIE is encouraged to work together with ASEAN and SAARC, with the support of FAO, on regional / sub-regional analysis of PVS country reports and/or country PVS Gap Analysis documents available for distribution of Donors and Partners;
4. The eligible countries are encouraged to benefit from the regional information and trainings seminars for newly appointed country Delegates to the OIE and OIE country focal points for (i) sanitary information systems (WAHIS/WAHID<sup>1</sup>); (ii) animal production food safety; (iii) veterinary medicinal and biological products; (iv) aquatic animal diseases; (v) animal welfare and (vi) wildlife;
5. FAO continues to engage with the SAARC and ASEAN Member countries to implement national activities using existing FAO structures and platforms including wildlife and veterinary public health units to strengthen Veterinary Services, including the outcomes provided by the OIE PVS Pathway and the training of OIE focal points;
6. Regional animal health information systems such as ARAHIS are encouraged, such systems should be interfaced with the World Animal Health Information System (WAHIS);

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<sup>1</sup> World Animal Health Information System (WAHIS) / World Animal Health Information Database (WAHID)

7. Collaboration among FAO, OIE and WHO for joint training of public health and animal health professionals under HPED Project should be encouraged in terms of curriculum development, cost and expertise sharing.



**The 4th Regional Steering Committee Meeting on GF-TADs for Asia and the Pacific  
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