Recommendation No. 2

Enhancing prevention and control of priority diseases in Europe

CONSIDERING

1. The list of priority diseases established by the GF-TADs Steering Committee for Europe in 2005, as amended at the RSC4 (January 2012) and the epidemiological situation that prevails in Europe in 2013 and its evolution since the RSC4; in particular, ASF remains a major concern in the region, considering the enzootic situation in parts of Russia and the recent spread to Belarus;

2. The specific recommendations adopted during the previous meetings of the GF-TADs for Europe Steering Committee on the priority diseases, and their implementation;

3. The GF-TADs for Europe 5-year Action Plan endorsed during the RSC4, and its implementation; notably, the GF-TADs labelled events conducted in the region in 2012 – 2013 and their recommendations (ASF meeting, Budapest, December 2012; FMD West Eurasia roadmap meeting, Baku, April 2013; ASF/CSF Workshop, Vilnius, September 2013);

4. The respective portfolio of various stakeholders that have been implemented in the region over the past 2 years with regards to the prevention and control of TADs and the reinforcement of Veterinary Services through the OIE PVS Pathway;

5. The global eradication of rinderpest declared in 2011;

6. The FAO-OIE Global Strategy for the Control of FMD endorsed during the FAO-OIE Global Conference on the control of FMD, held in Bangkok (Thailand) in June 2012;

7. The OIE-FAO Global Strategy for the control of PPR and companion ‘tools’ (OFFLU-like PPR network and the PPR monitoring tool under development);

8. The revision in May 2013 (81st OIE General Session) of the OIE Terrestrial Animal Health Code chapters on Procedures for self-declaration and for official recognition by the OIE (Chapter 1.6), Infection with peste des petits ruminants virus (Chapter 14.8) and classical swine fever (Chapter 15.2)
to provide for official disease status recognition, as well as for, in the case of PPR, the OIE endorsement of national official control programmes;

9. The 26th Conference of the OIE Regional Commission for Europe to be held in Bern (Switzerland) in September 2014;

10. The need for continuous intra- and inter-regional and cross-border collaboration and concerted action for preventing and controlling diseases having a major social, economic or public health impact and posing a threat to European countries;

11. The need for resources and pooling of expertise between the FAO/OIE CMC-AH and the EU Veterinary Emergency Team;

THE GF-TADs FOR EUROPE STEERING COMMITTEE RECOMMENDS THAT THE GF-TADS 5-YEAR ACTION PLAN BE IMPLEMENTED; IN PARTICULAR THAT:

1. FMD – The European countries implement the FAO–OIE Global Strategy on FMD, in particular:
   (i) In countries where the situation is endemic, countries move at least one stage up along the PCP pathway within the next 5 years;
   (ii) Countries being in compliance with FMD PCP stage 3 consider asking for official endorsement of their National FMD Control Programme by the OIE;
   (iii) Countries actively participate in the next West Eurasia FMD roadmap meeting to be held under the GF-TADs umbrella (date and location to be confirmed);
   (iv) Countries dedicate funds to implement national control program and to develop and implement regional control strategy in accordance to FAO–OIE Global Strategy;
   (v) Countries consider the need to set up a regional vaccine bank for FMD;
   (vi) EuFMD training tools (including e-learning) be translated into Russian.

2. ASF – The European countries be fully prepared to address ASF should the disease expand in the region. In particular,
   (i) countries use the recommendations of the regional meetings on ASF (labelised under GF-TADs) as roadmap to enhance their preparedness, including diagnostic laboratory capacities; if not already done, ASF contingency plans, which should include compensation policies developed together with stakeholders;
   (ii) Regional meetings – for at-risk countries in particular – continue to be organized in 2014 under the GF-TADs umbrella to improve information exchange and foster collaboration among countries and provide technical guidance on point (i);
   (iii) OIE, FAO and EU continue to closely monitor the epidemiological situation and promote surveys in the Region to improve knowledge on the role of small holders and wildlife in the epidemiology of the disease, as well as of ticks;
   In addition,
   (iv) At the conclusions of the Global Alliance for ASF stakeholder meeting (organised by FAO, Rome / Italy, November 5 – 7 2013), the ‘Alliance’ or ‘platform’ be considered under the GF-TADs umbrella, as ASF is a multi-regional concern and of potential global consequence.

3. PPR –
   (i) When appropriate, countries consider asking for official endorsement of their National Official PPR Control Programme by the OIE;
   (ii) When appropriate, countries consider asking for official free status to the OIE;
   (iii) Countries consider the need to set up a regional vaccine bank for PPR;
   (iv) countries participate in the next OIE-FAO International Scientific and Technical meeting on PPR (date and location to be confirmed);
   (v) Once available, countries implement the OIE-FAO Global Strategy for the control of PPR;
   (vi) As often as possible, PPR prevention and control activities be combined with FMD activities and other major TADs.
4. **CSF** –
   (i) Actions already engaged to control classical swine fever in Europe, in particular by the EU in the Western Balkans and the Black Sea sub-regions and also throughout Europe concerning wild boars, be continued in the light of their success and possibly be extended to other countries;
   (ii) When appropriate, countries consider submitting dossiers for official free recognition status to the OIE as from May 2014.

5. **Rabies** –
   (i) All countries in Europe should make rabies a notifiable disease, where this is not already the case;
   (ii) Intersectoral collaboration between animal and human health authorities be reinforced, using rabies as a flag ship disease to demonstrate the value of the One Health approach;
   (iii) management of stray dog populations be implemented in accordance with the OIE standard on stray dog population management (Chapter 7.7 of the OIE Terrestrial Animal Health Code), if appropriate;
   (iv) Endemically affected countries consider the need to set up a regional vaccine bank for rabies.

6. **Avian Influenza** -
   European countries remain fully committed to the prevention, detection and control of H5 and H7 avian influenza viruses, given that the situation remains of serious concern in Asia and nearby Egypt.

7. **Brucellosis** -
   (i) Where this is not yet the case, the precise brucellosis sanitary situation of European countries be assessed;
   (ii) Countries in the region, where the situation with respect to brucellosis in cattle and small ruminants is not precisely known, be encouraged and assisted to conduct surveys to determine the prevalence of brucellosis in livestock populations;
   (iii) Critical control points for brucellosis control, in particular to stop further spread in the animal population and to limit risks to animal caretakers and consumers, be assessed;
   (iv) Veterinary Services be supported to initiate or intensify their brucellosis control and veterinary public health related activities including the initiation of further development of indispensable support systems, in particular animal identification and registration systems;
   (v) Quality of vaccines and sub-regional harmonisation of vaccination policies be considered;
   (vi) Cooperation between national laboratories and FAO and OIE Reference Laboratories be increased and national laboratories be supported to develop their capabilities regarding brucellosis diagnostics and serology by using, among others, the Laboratory Twinning programme of the OIE;
   (vii) Intersectoral collaboration between animal health and human health authorities be reinforced under the One Health agenda;
   (viii) Infected countries consider the need to set up a regional vaccine bank for brucellosis.

8. **Rinderpest** -
   (i) European countries have rinderpest surveillance programme in place and are well prepared, should the disease re-emerge (in spite of the suspension of the duties of Member Countries to annually reconfirm rinderpest free status);
   (ii) Member Countries continue to reply to the OIE/FAO Questionnaire that seeks information on the holding of live rinderpest virus by each country, if not done so already;
   (iii) European countries organise the safe destruction and/or sequestration of rinderpest virus according to OIE and FAO guidance, if not done so already; countries currently holding rinderpest virus-containing materials are encouraged to contact FAO (GRPP-secretariat@fao.org) to assist in virus destruction or dispatch of such materials to FAO/OIE authorized holding facilities.

9. **Reinforcement of Veterinary Services** -
   (i) Countries that have not yet requested an OIE PVS evaluation and/or a Gap Analysis mission consider doing so, on a voluntary basis;
   (ii) In accordance with the results of previously conducted OIE PVS evaluation and/or Gap Analysis missions, countries consider to engage into the ‘treatment phase’ of the OIE PVS Pathway, by requesting legislation missions and twinning programme (laboratories, Veterinary Statutory Bodies, veterinary
education establishments) to the OIE, on a voluntary basis and specific technical support from FAO on capacity development (surveillance, GEMP, training, control programs);
(iii) The reinforcement of VS in the region be supported through the OIE PVS Follow Up missions, upon countries request, on a voluntary basis;
(iv) Donors and technical agencies be asked to finance and provide support to programmes to implement the activities resulting from the OIE PVS Pathway outcomes.

10. **Others**
   (i) Infected countries consider the possibility of requesting, on a voluntary basis, a FAO/OIE CMC-AH and/or an EU Veterinary Emergency Team mission, given the positive assistance and support provided so far in many countries.