



Organisation  
Mondiale  
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World  
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Mundial  
de Sanidad  
Animal

8th Conference of the  
OIE Regional Commission for the Middle East  
Manama (Bahrain), 26-29 September 2005

**FINAL REPORT**



Office international des epizooties



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### List of abbreviations

AFESD	:	Arab Fund for Economic and Social Development
AHS	:	African horse sickness
AI	:	Avian influenza
AOAD	:	Arab Organization for Agricultural Development
ASEAN	:	Association of Southeast Asian Nations
AU-IBAR	:	African Union - Interafrican Bureau of Animal Resources
BSE	:	Bovine spongiform encephalopathy
CBPP	:	Contagious bovine pleuropneumonia
CCPP	:	Contagious caprine pleuropneumonia
CEFAS	:	Centre for Environment, Fisheries and Aquaculture Science
CVO	:	Chief Veterinary Officer
DFID	:	Department of International Development of the United Kingdom
EAVA	:	Euro-Arab Veterinary Association
EMPRES	:	Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases
EU	:	European Union
FAO	:	Food and Agriculture Organization of the United Nations
FMD	:	Foot and mouth disease
GDPC	:	General Directorate of Protection and Control
GF-TADs	:	Global Framework for Progressive Control of Transboundary Animal Diseases
GHA	:	Greater Horn of Africa
GREP	:	Global Rinderpest Eradication Programme (FAO)
GUAV	:	General Union of Arab Veterinarians
HACCP	:	Hazard Analysis and Critical Control Point System
HPAI	:	Highly pathogenic avian influenza
IAEA	:	International Atomic Energy Agency
IgG	:	Immunoglobuline G
IRI	:	Islamic Republic of Iran
IsDB	:	Islamic Development Bank
MZCC	:	Mediterranean Zoonoses Control Centre
MZCP	:	Mediterranean Zoonoses Control Programme
NCD	:	Newcastle disease
NDVI	:	Normalised difference vegetation index
NGO	:	Non-Governmental Organisation
OECD	:	Organisation for Economic Co-operation and Development
OFFLU	:	OIE/FAO Avian Influenza Network
OIE	:	World Organisation for Animal Health (Office International des Epizooties)
OPEC	:	Organisation of the Petroleum Exporting Countries
OWS	:	Old world screwworm

PACE	:	Pan-African Programme for the Control of Epizootics
PAHO	:	Pan American Health Organization
PLP	:	Pastoral Livelihoods Programme
PPR	:	Peste des petits ruminants
REVC	:	Regional Emergency Veterinary Committee
RRME	:	Regional Representation for the Middle East
RSLTC	:	Red Sea Livestock Trade Commission
RVF	:	Rift Valley fever
SARS	:	Severe acute respiratory syndrome
SEAFMD	:	South-East Asia Foot and Mouth Disease Control Programme
SPGP	:	Sheep pox and goat pox
STDF	:	Standard and Trade Development Facility
TBDs	:	Tick-borne diseases
TBT	:	Technical barriers to trade (WTO)
UN	:	United Nations
USA	:	United States of America
USDA-APHIS	:	United States Department of Agriculture – Animal and Plant Health Inspection Service
VFE	:	Veterinary Federation of Europe
VHS	:	Viral haemorrhagic septicaemia
VICH	:	International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products
VS	:	Veterinary Services
WHO	:	World Health Organization
WTO	:	World Trade Organization

## Introduction

1. At the invitation of the Government of the Kingdom of Bahrain, the 8th Conference of the OIE Regional Commission for the Middle East was held in Manama from 26 to 29 September 2005.
2. A total of 72 participants, comprising representatives of 17 Member and Observer Countries of the Region, high level representatives from Australia, Eritrea, France and the United States of America, and senior officers from 5 regional and international organisations attended the conference. In addition, the private sector and private veterinary organisations from several countries were present. The speakers of Technical Items I and II, namely, Dr Jean-Michel Bergès, Project officer for Aid-Sponsored Programmes, based at the OIE Central Bureau, and Prof. Hassan Aidaros, Professor of Hygiene and Preventive Medicine at Cairo University and Chairman of the OIE Regional Emergency Veterinary Committee (REVC) for the Middle East, as well as Dr Ghazi Yehia, OIE Regional Representative for the Middle East, also attended the Conference. Representatives of the OIE Central Bureau comprised Dr Bernard Vallat, Director General, Dr Dewan Sibartie, Acting Head, Regional Activities Department, Ms Helga Gevers and Ms Beatrice Agudelo responsible for the secretariat ([Appendix I](#)).

**Monday, 26 September 2005**

## Opening Ceremony

3. The conference was inaugurated by His Excellency Mr Ali Bin Saleh Al-Saleh, Minister of Municipalities Affairs and Agriculture. He welcomed the participants of the conference and wished them a pleasant stay in Bahrain. The Minister thanked the World Organisation for Animal Health (OIE) and its Regional Representation for the Middle East for holding the conference in Bahrain. He also assured the support of the Kingdom to the activities of the OIE at the regional and international level, recognising the important role of the organisation and the significant relationship existing between animal and human health.
4. The Minister expressed the concerns of his country regarding transboundary animal diseases and avian influenza, in particular, since the Gulf Region lies at the cross-roads of international travel and the flight routes of migratory birds. He urged the Member Countries of the Middle East to strengthen their solidarity to combat animal diseases and to improve the animal health situation in the region and wished them a fruitful outcome of their meeting.
5. Dr Bernard Vallat, Director General of the OIE, expressed his gratitude to His Majesty the King of Bahrain for having kindly authorised this important meeting to take place in his country. He added that the presence of the Minister for Municipalities Affairs and Agriculture of Bahrain bore testimony to the importance of the activities of the Regional Commission and at the same time expressed the willingness of countries of the region to collaborate more closely in the prevention and control of animal diseases and zoonoses.
6. Dr Vallat stated that on the international scene, the OIE has been in the forefront in the control of important animal diseases, the most important of which is currently avian influenza (AI). He explained that the OIE has through its world-wide network of Reference Laboratories and experts provided Member Countries with AI surveillance guidelines, advice on diagnostic tests, standards to continue trade in poultry and poultry products, a choice of vaccines that can be applied to animals and a joint OIE/FAO forum for the exchange of scientific information and virus strains, which will be used for the manufacture of human vaccines. He also announced that the OIE is leading a high level delegation of world renowned experts comprising epidemiologists, laboratory specialists and ornithologists to proceed to Siberia, in order to investigate whether wild birds are really carriers of the virus and whether they can carry the virus over long distances and, if so, when and where they can present disease risks. The observations and recommendations of the experts will be communicated to OIE Member Countries, especially to warn those at risk.
7. Dr Vallat spoke on the importance of the two technical items being presented during the meeting, namely, the Evaluation of Veterinary Services and the Registration of Veterinary Medicinal Products and Biologicals. He urged politicians and other policy-makers to consider strengthening of the Veterinary Service as an 'International Public Good'. He stressed that investment in animal health

through Veterinary Services should be considered as a priority for its role in more effectively controlling animal diseases, in protecting public health and in improving regional and international market access for the benefit of the Middle East region and the international community as a whole. Regarding the registration of veterinary medicinal products and biologicals, he stressed the need for every country of the region to put the system in place, insisting that such a system should be science-based and not be unduly restrictive so as to unnecessarily impede trade.

8. Dr Vallat was pleased to note that many countries of the region have decisively embarked on the OIE Pathway for rinderpest accreditation with satisfactory results and urged other countries to join in. He announced that in order not to penalise countries wishing to export live cattle to neighbouring countries, the OIE has set up an Ad hoc Group of renowned experts to study the possibility for these countries to use the vaccine against peste des petits ruminants (PPR) to protect cattle against rinderpest without, however, jeopardising their chance to progress along the OIE Pathway.
9. Dr Vallat finally made an appeal for stronger cooperation among countries of the region with regard to animal health for economic and public health reasons. He stated that this could be achieved by complying with OIE international standards, strengthening Veterinary Services for an early detection and response system and by promoting solidarity in combating exotic and transboundary animal diseases. Monitoring animal diseases and harmonising quarantine requirements would also ensure and safeguard regional animal trade in the Middle East.
10. In conclusion, the Director General informed the participants that the Australia Workshop on Animal Welfare would be held following the conclusion of the Regional Conference, on Thursday 29 September 2005. He also informed participants that the Regional FAO/OIE Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs) meeting has been rescheduled due to unforeseen circumstances, to take place on 16 and 17 January 2006 in Lebanon. He recalled that the Permanent Secretariat for the Regional Steering Committee of the Programme will be located in the OIE Regional Representation in Beirut, Lebanon. He then wished the participants every success with their Conference.
11. Dr Ghazi Yehia, OIE Regional Representative for the Middle East (RRME), warmly thanked the Kingdom of Bahrain for hosting the Conference, and in particular His Excellency the Minister of Municipalities Affairs and Agriculture for the excellent preparations of this important event. He recalled that an important mission of the OIE and its Regional Commissions and Representations is to contain, control and eradicate infectious animal diseases and zoonoses, especially those, which are of increasing economic and social importance in the changing farming and trading systems of both industrialised and developing countries. Close contact between humans and animals, particularly in urban environments, disposal of human and animal wastes, the role of wildlife and other disease vectors, as well as food safety aspects, are all elements that warrant firm decisions at national and regional levels.
12. The OIE Regional Representative emphasised that the RRME will be pleased to facilitate the implementation of these tasks at regional level, in promoting the exchange of information on the occurrence of infectious diseases, in the implementation of surveillance, prevention and control programmes, so as to effectively contribute in the efficient management of animal diseases, including zoonotic and food-borne diseases. He added that such actions on the part of the RRME will strengthen coordination with the governments of the region on specific topics.
13. In conclusion, Dr Yehia hoped that the conference would propose practical recommendations to create a new perspective for combating disease problems and consolidate national, regional and international efforts for the benefit of the people of the region.
14. Dr Salman Abdul Nabi Ebrahim, Delegate of Bahrain to the OIE, President of the OIE Regional Commission for the Middle East and Director of the Animal Health Directorate of the Ministry of Municipalities Affairs and Agriculture, welcomed all participants and thanked His Excellency Mr Ali Bin Saleh Al-Saleh, Minister of Municipalities Affairs and Agriculture, for his patronage of the conference and Dr Bernard Vallat, Director General of the World Organisation for Animal Health, for holding the conference in Bahrain. He pointed out the important role of the OIE in international trade in animal and animal products as the recognised standard-setting organisation by the World Trade Organization, and that his Service is relying on the OIE guidelines and standards in its daily performance. He also mentioned that the Kingdom of Bahrain has made a great contribution to the efforts of setting the legislation of the Gulf Cooperation Council regarding the animal quarantine



statute. Dr Nabi Ebrahim also underlined the activities of his Service in combating animal diseases, upgrading the qualifications of the veterinary staff and the extension services.

15. The Minister then declared the conference officially open.
16. The texts of the above speeches were distributed to all the participants.

#### **Election of the Conference Committee**

17. The Conference Committee was elected as follows:

Chairperson:	Dr Salman Abdnabi Ebrahim (Bahrain)
Vice-Chairperson:	Dr Fares Al Bakhit (Jordan)
Rapporteur General:	Dr Ahmed Mustafa Hassan (Sudan)

#### **Adoption of the Provisional Agenda and Timetable**

18. The Provisional Agenda and Timetable were adopted (Appendices II and III).

#### **Designation of Session Chairpersons and Rapporteurs**

19. Chairpersons and Rapporteurs were designated for the Technical Items as follows:

Item I:	Dr Ahmed Tawfik (Egypt), Chairman Dr Darem Tabbaa(Syria), Rapporteur
Item II:	Dr Abdulghaniy Al Fadhl (Saudi Arabia), Chairman Dr Khawla Saeed Al-Haddad (United Arab Emirates), Rapporteur
Animal health situation:	Dr Hamid Ebrahimzadeh (Iran), Chairman Dr Ghalib Fadl Al-Eryani (Yemen), Rapporteur

### **ANIMAL HEALTH SITUATION OF MEMBER COUNTRIES IN THE REGION IN 2005**

20. Dr Bernard Vallat presented the animal health situation of Member Countries in the region in 2005, prepared by the Animal Health Information Department of the OIE according to the written and verbal reports presented to the conference. Part of the information is extracted from the national reports prepared for the Regional Conference of Manama.

#### **1. NEW ACTIVITIES OF VETERINARY SERVICES OF THE REGION**

21. Member Countries of the OIE Regional Commission for the Middle East are part of three continents with a large variety of eco-systems, from humid to semi-arid, arid and desert climates. This has for centuries conditioned animal movements amongst the countries of the region.
22. Many countries of this region have limited animal production resources composed mainly of small ruminants and camels and rely on importation of animals and animal products to satisfy their needs. Little interest was given to local livestock and to Veterinary Services in general. This situation is changing in most of the countries of the region, because people are becoming more conscious of food safety issues, as well as the increasing concern of the public to sanitary crises that occurred or are occurring in other regions of the world (bovine spongiform encephalopathy (BSE), highly pathogenic avian influenza, etc.). The importance of having better structured and functional Veterinary Services to control the importation of animals and animal products, as well as to implement zoonotic disease control programmes for human health protection, is also being increasingly recognised. This has created an increased political will on the part of decision-makers in these countries to improve the health of their national livestock and to avoid the introduction of zoonotic diseases, such as BSE, Rift Valley fever or highly pathogenic influenza.

23. Although the private veterinary sector is increasing in importance in many countries of the region, Official Veterinary Services in the majority of the countries of the Middle East are still involved in prophylactic and therapeutic activities, which are in general provided free of charge for livestock owners.
24. The **Bahraini** Veterinary Services are improving their infectious disease surveillance activities and implementing new measures at the borders to prevent the introduction of new diseases. Human resources dedicated to the Veterinary Services have increased and new techniques, such as PCR and new laboratory material to improve the diagnostic capabilities of the national laboratory, have been introduced.
25. **Kuwait** is constructing a new Central Veterinary and Plant Laboratory at Amghara, west of Kuwait City. Kuwait is applying ELISA tests for African horse sickness (AHS), equine infectious anaemia and lumpy skin disease.
26. The **Syrian** Veterinary Services are implementing various control programmes free of charge for farmers. These include vaccination of all cattle herds against rinderpest, foot and mouth disease and brucellosis. Sheep are vaccinated against sheep pox, enterotoxaemia, foot and mouth disease and, in some areas, against anthrax and brucellosis. Serosurveillance is used to evaluate the ongoing vaccination programmes.
27. In **Cyprus**, the Veterinary Authorities are also the competent authorities for the control of food of animal origin, through the veterinary public health division. Their responsibilities include the approval and control of establishments producing food of animal origin, the control of production, transport, storing and placing on markets of products of animal origin and the formulation and implementation of the national residues monitoring programme.
28. In **Egypt**, domestic trade and/or import of raw or processed animal products (meat, milk, cheese, yoghurt, etc.) intended for human consumption are regulated by other government bodies; nonetheless, the Animal Health Services indirectly exerts its influence on the control of these products, either as a member of the National Zoonoses Committee or by providing relevant technical information on the health status of the country where these commodities are derived.
29. The following report on the animal health situation in the Middle East is based on information extracted from national reports provided by OIE Member Countries of the Region (following the guidelines for the preparation of the national animal health status report for 2005). It has been complemented by relevant information from the six-monthly reports provided by some countries from the region for the period January to June 2005 and from other sources of official information from Member Countries available at the OIE. The complete texts of country reports sent by Member Countries for the conference have been included in the files distributed to conference participants.

## 2. TERRESTRIAL ANIMAL DISEASES

### Foot and mouth disease

30. Foot and mouth disease (FMD) is a major epizootic disease in the Middle East region. FMD serotypes that are circulating in the region are O, A and to a certain extent, Asia 1.
31. Its control is difficult without a regional concerted action because of the large movements of animals between countries of the region that reach countries as far as, for example, Afghanistan.
32. **Bahrain** has reported several confirmed outbreaks of FMD in both large and small ruminants (cattle, sheep and goats) in the northern part of the country. The incriminated serotype O was confirmed by the OIE Reference Laboratory of Pirbright. **Qatar** confirmed two outbreaks of foot and mouth disease of serotype O in Al Rayan. The affected species included bovine, caprine and ovine. Vaccination around the outbreaks has been used as a tool to control the spread of the disease.
33. During the first six months of 2005, **Oman** reported 172 outbreaks of FMD type O in cattle, goats and sheep. Ring vaccination has been applied to limit the spread of the disease. **Yemen** reported several FMD outbreaks in 2004 confirmed to be due to serotype O.

34. FMD occurred in **Saudi Arabia**, affecting from time to time the cattle population in dairy milk production units.
35. **Iran** reported 307 FMD outbreaks in 2004 caused by serotypes O and A.
36. **Syria** and the **United Arab Emirates** have not reported any FMD outbreak to the OIE since February 2002 and April 2003 respectively.
37. In **Turkey**, FMD has not been reported in the Thrace Region since June 2001. However, two serotypes O and A have been circulating in the Anatolia Region. During the first semester of 2005, 70 outbreaks of type O and 5 outbreaks of serotype A were confirmed in Turkey. Turkey has not reported FMD outbreaks due to Asia 1 since April 2002.
38. Thirty-five clinical cases of FMD were reported in cattle during the first six months of 2005 in **Sudan**. Samples were sent to the Pirbright World Reference Laboratory that confirmed the disease to be due to serotype O.

**Number of vaccinated animals against FMD**  
(Source: country reports, completed by Handistatus II data for 2004)

Country	Number of vaccinated bovine	Number of vaccinated buffaloes	Number of vaccinated sheep	Number of vaccinated goats
Afghanistan	1,125,906			
Bahrain	2,592		1,656,328 (o/c twice a year)	
Cyprus	No vaccination (last reported outbreak 1964)			
Djibouti	No vaccination programme			
Egypt	4,770,399	1,893,486	2,503,362	827,799
Iran	8,875,427 bovine + buffalo		15236335 (o/c)	
Iraq	198,474	50,316	4,465,235 (o/c)	
Jordan	86,526 (vaccination three times a year)		916,608 (vaccination twice a year)	368,370 (vaccination twice a year)
Kuwait	15603	No vaccination of small ruminants		
Lebanon	No vaccination in 2004			
Libya	No vaccination in 2004			
Oman	37,832		27,951	183,351
Qatar	226		15,147	8,440
Saudi Arabia	No vaccination figures for 2004			
Somalia	No data			
Sudan	No vaccination programme			
Syria	1,641,877 (vaccination twice a year)			
United Arab Emirates	40,800		45,000	62,000
Turkey	7,376,457	63,094	4,001,142	85,630
Yemen	No vaccination programme			

### Rinderpest

39. During the past three years, many countries of the Middle East region have been advancing through the OIE's rinderpest pathway.
40. **Turkey** has been recognised by the OIE as free from rinderpest infection.
41. **Egypt** and **Lebanon** are recognised by the OIE as free from rinderpest disease.

42. In January 2003, the Delegate of **Pakistan** declared his country provisionally free from rinderpest and in June 2003, the Delegate of **Iran** declared his country provisionally free from rinderpest.
43. In July 2003, the Delegates of **Qatar** and **Kuwait** declared their countries “provisionally free” from rinderpest. In **Kuwait**, 4,392 samples from bovines were analysed between January and May 2005 and 293 samples gave positive results. These findings could be explained by either previous vaccinations or rinderpest virus still circulating. To find out the reason behind these findings, a serological surveillance will be run in November 2005, focusing on animals of about one year of age in which there should be no detectable maternal antibodies.
44. In October 2003, the Delegates of **Djibouti** and **Yemen** declared their countries provisionally free from rinderpest.
45. The **United Arab Emirates** plan to cease vaccination against rinderpest by the end of September 2005.
46. The Delegate of the **Sudan** updated the declaration of his country’s provisional freedom from rinderpest in December 2004. A rinderpest sero-surveillance has been launched. The northern part of the Sudan has been declared by the OIE as free from rinderpest disease.
47. In July 2004, the Delegates of **Saudi Arabia** and **Oman** declared their countries provisionally free from rinderpest.
48. **Iraq** ceased vaccination against rinderpest in 2004.
49. **Syria** continued to vaccinate cattle (940,000 heads) against rinderpest.

#### **Peste des petits ruminants**

50. Peste des petits ruminants (PPR) is enzootic in the Middle East region. Several countries are reporting its occurrence, but is still under-reported in many countries. There is also no systematic laboratory confirmation of the disease.
51. During the first half of 2005, **Sudan** reported one confirmed outbreak in goats involving 11 animals. 1,846,000 small ruminants were vaccinated against PPR during the same period.
52. **Turkey** confirmed 40 outbreaks of PPR in the first half of 2005.
53. In the **United Arab Emirates**, PPR causes significant losses on small ruminant farms. Mass vaccination is undertaken yearly for sheep and goats.
54. Oman reported 46 outbreaks of PPR in 2005.

#### **Sheep pox and goat pox**

55. Sheep pox and goat pox (SPGP) is endemic in the Middle East region.
56. One outbreak of SPGP was confirmed in **Bahrain** in 2005 in non vaccinated imported sheep. Vaccination has been undertaken to avoid the spread of the disease.
57. 14 clinically diagnosed outbreaks of sheep pox were recorded during the first half of 2005 in **Sudan** involving 1,650 sheep. 1,846,000 head of sheep were vaccinated during the same period.
58. During the first part of 2005, **Turkey** confirmed 107 outbreaks of SPGP.

#### **Bovine brucellosis (*B.abortus*)**

59. Brucellosis is endemic in **Sudan**. During the first six months of 2005, 4 outbreaks were confirmed in cattle involving 108 cases.
60. Between January and May 2005, 5,553 serological samples were analysed for brucellosis in **Kuwait**. The prevalence of the disease was approximately 1%.

### Caprine and ovine brucellosis (*B. melitensis*)

61. Brucellosis of small ruminants is a major zoonosis in the Middle East. Many countries of the region are running brucellosis control programmes, based mainly on vaccination.
62. **Syria** started its national brucellosis control programme in 2002 aimed both at reducing the incidence in animals and the effect of the disease in humans, by educating the public and stakeholders on milk and milk products consumption. In 2004, Syria vaccinated 160,000 head of cattle and 1,791,116 head of sheep against brucellosis.
63. **Egypt** vaccinates cattle with RB51 vaccine and small ruminants with REV1 vaccine, but vaccination of small ruminants is not compulsory.
64. In **Cyprus**, the ovine and caprine brucellosis eradication programme is based on a test and extended slaughter or killing of positive animals or flocks. The target population of this programme includes all animals over 6 months of age. **Kuwait** is vaccinating cattle and small ruminants against brucellosis. Kuwait vaccinates heifers between 6 and 18 months of age against bovine brucellosis with RB51 vaccine. Sero-surveillance is conducted in cattle in Sulaibiya, the main dairy production centre, as well as in small ruminants at the quarantine port of entry.
65. In **Oman**, brucellosis is considered a major public health concern in the Dhofar Governorate (southern part of the country) and significant human cases are frequently reported. The veterinary authorities are undertaking active surveillance, including a vaccination campaign, using the REV1 vaccine in cattle and small ruminants.
66. In **Qatar**, 87 serological cases of brucellosis in ovine and caprine were confirmed in Al Shamal, between January and June 2005. All positive animals were slaughtered.
67. Between January and May 2005, 6,456 serological samples were analysed for detecting brucellosis in imported small ruminants into **Kuwait**. The prevalence of positive results was 0.9%.
68. The seroprevalence of brucellosis in goats and sheep in the **United Arab Emirates** is 1.84% and 2.02% respectively. The test and slaughter strategy is applied to control the disease.
69. Caprine and ovine brucellosis is endemic in **Turkey** where at least 100 outbreaks have been confirmed in the first half of 2005.

### African horse sickness (AHS)

70. From January to March 2005, a total of 384 horses were tested for antibodies against all serotypes of AHS in **Kuwait**. None of the horses inspected showed any clinical signs of the disease and results of the ELISA test were all negative.

### Newcastle disease (NCD)

71. Seven confirmed outbreaks of NCD were reported in **Sudan** during the first half of 2005. 138,539 cases including 34,866 deaths were recorded.
72. The last outbreak of Newcastle disease confirmed in **Turkey** was in a broiler flock in Bagyurdu village, Kemalpaşa district, in June 2004.

### Infectious bursal disease (Gumboro)

73. Infectious bursal disease is the most important disease of poultry in **Bahrain** with high mortality in broilers and layers.
74. Outbreaks of infectious bursal disease were detected in flocks in the Wafra, Abdally and Shegaya areas in **Kuwait** where vaccination is practised.

## Anthrax

75. **Sudan** confirmed two outbreaks of anthrax involving sheep and cattle in 2004.
76. **Turkey** confirmed 34 outbreaks of anthrax in the period between January and June 2005. Affected species included cattle, sheep, goats and equines.

## Tick-borne diseases (TBDs)

77. Theileriosis continues to constitute a great hazard to livestock in **Sudan**. 14 outbreaks were confirmed during 2004, 10 of which were in bovines and 4 in ovines.

## Old world screwworm disease (OWS)

78. OWS disease has been confirmed in 2005 in **Bahrain** with many cases in sheep and goats. In **Oman**, the disease is considered to be endemic and cases are usually reported sporadically. **Saudi Arabia** reported cases in 2004.

## Contagious caprine pleuropneumonia (CCPP)

79. Routine surveillance of CCPP is carried out in imported goats at the quarantine stations in **Kuwait**. The seroprevalence in 1,352 goats sampled was 0.7%.
80. CCPP was confirmed in a wildlife preservation farm in **Qatar** in 2004. Wild goats (*Capra aegagrus*), Nubian ibex (*Capra ibex*), Laristan mouflon (*Ovis gmelini laristanica*) and gerenuk (*Litocranius walleri*) were affected. The last recorded case of contagious caprine pleuropneumonia was on 21 June 2004. **Oman** has reported 163 outbreaks of CCPP affecting 5,539 goats and 101 sheep throughout the country. The presence of this disease is suspected in **Yemen**, but no confirmatory laboratory diagnosis is carried out for this disease in the country.

### Table on

### Former List A disease occurrence in countries of the OIE Regional Commission for the Middle East in 2004

(See following page)

**Former List A disease occurrence in countries  
of the OIE Regional Commission for the Middle East in 2004<sup>1</sup>**

COUNTRIES	FMD	PPR	RP	SPGP	LSD	NCD	HPAI	BT
AFGHANISTAN	+	+	-	+	-	+	-	-
BAHRAIN	+	?	(1985)	+	?	+	0000	0000
CYPRUS	-	0000	0000	(07/1989)	0000	+	0000	+ ?
DJIBOUTI	-	-	-	+	?	+	-	-
EGYPT	(06/2000)	(1989)	(1987)	(05/1999)	1990	(05/1996)	(1965)	(1974)
IRAN	+	+	(03/1994)	+	0000	(12/2003)	0000	+ ?
IRAQ	+	...	...	...	...	...	...	...
JORDAN	(1999)	(11/2000)	(1972)	(02/2002)	0000	(1999)	0000	-
KUWAIT	+	(1991)	(1985)	+	(1991)	(02/2003)	0000	0000
LEBANON	(2003)	(1997)	(1982)	(2003)	-	(2001)	(1994)	-
LIBYA	(06/2003)	0000	(1996)	+	0000	(1976)	0000	0000
OMAN	+	+	(10/1995)	+	(1984)	-	-	...
PALESTINIAN NATIONAL AUTHORITY	+	+	...	+	...	+	...	-
QATAR	(04/2001)	-	(1987)	(09/1999)	-	-	-	-
SAUDI ARABIA	+	+	-	+	0000	+	...	+ ?
SOMALIA	...	...	...	...	...	...	...	...
SUDAN	+	(2003)	(1998)	+	(1990)	+	0000	(1989)
SYRIA	(03/2002)	-	-	-	-	(1999)	-	-
TURKEY	+	+	(01/1996)	+	0000	+	-	(08/2000)
UNITED ARAB EMIRATES	(2003)	+	(06/1995)	+	(2000)	+	0000	-
YEMEN	+	+	(1995)	+	-	...	-	...

+	Disease present
-	Disease absent
( )	Date of the last outbreak reported to the OIE
...	Information not available
0000	Disease never reported
?	Suspicion

<sup>1</sup> Information extracted from Handistatus II, 2004 data.

### 3. AQUATIC ANIMAL DISEASES

81. The first outbreak of white spot disease was confirmed in the Haleh Area, **Iran**, in June 2005, in semi-closed shrimp farming systems (*Penaeus indicus*). High mortality was observed in juvenile shrimps. No other outbreak of white spot disease has been recorded in other shrimp farming systems, including the Hormozgan and Chabahar areas.
82. Two outbreaks of viral haemorrhagic septicaemia (VHS) were confirmed in **Turkey** in 2004. VHS was observed in the region of Alaçati (Çesme), Izmir Province, in European sea bass (*Dicentrarchus labrax*), while the same disease was observed in turbot (*Scophthalmus maximus*) in the region of Yomra, Trabzon Province.

### 4. CONTINGENCY PLANS FOR ANIMAL DISEASES

83. Contingency planning for animal diseases generally remains weak in the region.
84. **Cyprus** has contingency plans for bluetongue, classical swine fever, foot and mouth disease, Newcastle disease and avian influenza.
85. **Turkey** has prepared a contingency plan for avian influenza.
86. A contingency plan for rinderpest is in place in **Egypt**.
87. **Kuwait** has prepared a contingency plan for rinderpest in case of an emergency outbreak as part of the OIE's pathway for rinderpest eradication. This contingency plan has not yet been tested and its implementation will assist in developing plans for other transboundary diseases.
88. **Sudan** has an emergency preparedness plan for rinderpest disease. The plan was formulated in August 2004 and it was revised by the AU/IBAR. The plan was included in the dossier submitted to the OIE for recognition of Sudan as free from rinderpest disease on a zonal basis. The application was unanimously endorsed by the OIE International Committee in May 2005.

### Discussion

89. A member of the Delegation of Lebanon reported that there has been no outbreak of FMD in Lebanon since February 2003. A project sponsored under the French Cooperation aimed at mass vaccination of cattle against three strains of FMD, is currently in progress. He added that Lebanon would soon seek freedom from FMD for the zone of Bekaa.
90. The Delegate of the United Arab Emirates complimented Dr Vallat for his brilliant presentation and confirmed that rinderpest had not been diagnosed in his country.
91. The Delegate of Kuwait reported that three consignments of falcons imported into his country from East Asia tested negative for H5 influenza virus.
92. The Delegate of Palestine stated that there was only one FMD outbreak in his country in 2004, but major problems have been encountered with two diseases, namely, peste des petits ruminants (PPR) and sheep pox and goat pox (SPGP). There have been 15 outbreaks of PPR and 90 outbreaks of SPGP. He also informed the participants that scrapie had been diagnosed for the first time in Palestine and the whole herd where the disease was confirmed has been stamped out. Compensation has been paid to farmers and a surveillance system aimed at detecting nervous signs, instituted in the country.
93. The Delegate of the Kingdom of Saudi Arabia wished to have more clarification on the falcons that had been imported into Kuwait. The Delegate of Kuwait confirmed that all three consignments comprising a total of 83 falcons were tested and found to be free from H5 virus infection.
94. A member of the Delegation of the Islamic Republic of Iran (IRI) commented on the avian influenza situation in his country. He stated that both passive and active surveillance are being carried out in domestic poultry and also in wild birds along specific migratory routes. He was happy to report that so far there has not been any evidence of H5 infections in the IRI.



95. Dr Vallat summarised the activities of the OIE in relation to AI. He stressed that the OIE is actively monitoring the situation world-wide and more particularly in South East Asia, where the problem is far more serious due to overcrowded husbandry conditions and the close cohabitation of poultry, ducks, pigs and humans. He pointed out that although millions of people have been in contact with the virus in South East Asia, very few cases of human infections have been recorded. The virus has, therefore, not re-assorted or mutatively adapted. However, such a possibility cannot be discarded and it is always possible that a new virus, which is transmissible from man to man, emerges and thus all countries at risk need to be prepared. The OIE is fully conscious of the fact that many developing countries do not have the necessary resources to implement their preparedness plans. That explains his numerous appeals to the international donor community to provide assistance, especially to countries with poor veterinary infrastructure and other technical resources. Only recently, he made a strong appeal to the international community to put at the disposal of poor countries, a small part of the funds earmarked for stockpiling of antiviral drugs and production of vaccines. This fund can effectively be used by developing countries to build their capacity for early detection and response. He maintained the OIE's position that the best way to reduce the probability of a human pandemic is to reduce the virus in the animal source. If the capacity of developing countries is strengthened, reduction or even elimination of the virus at source may be possible. He underlined that the FAO holds the same view. He then commented on countries, where due to lack of resources, stamping out could not be carried out and the disease became endemic. In these situations, mass vaccinations of birds would be advisable, but here again, resources may be lacking. Dr Vallat appealed to rich countries to join in the global partnership to help these countries. He announced the joint WHO/OIE/FAO Donor Conference that would take place in Geneva from 7 to 9 November 2005 when the OIE will renew its appeal for aid to developing countries. Concerning the possibility that wild migratory birds from AI infected Siberia may spread the virus to other countries, Dr Vallat announced the imminent mission of experts led by the OIE to investigate the problem. The aim of this mission is to confirm whether birds infected with H5N1 can really carry the virus for thousands of kilometres, and, if so, which bird species are mainly involved and when and where they can spread the infection. After the mission, relevant warning messages will be published by the OIE for countries at risk. He urged all countries, which may be at risk from wild birds, to carry out surveillance and set up emergency preparedness plans. Dr Vallat also mentioned the situation in Kazakhstan, where outbreaks of AI were reported recently. Following advice from the OIE Regional Representative, a concerted action was taken involving all relevant authorities, including financiers and the army, and the outbreaks have been successfully stamped out.
96. A member of the Delegation of Bahrain enquired whether there was any relation between severe acute respiratory syndrome (SARS) and avian influenza. Dr Vallat replied that there was no relation between the two causative agents. This was also confirmed by Dr Peter Roeder of the FAO.
97. The representative of Palestine requested that the results of the OIE mission to Siberia be made known to all countries. Dr Vallat replied that this would indeed be the case, as all important news and events concerning AI are posted on the OIE Web site.
98. The Delegate of Jordan was pleased to announce that a central veterinary laboratory capable of diagnosing AI and characterising the virus has been set up in his country.

## ITEM I

### **Capacity-building in the Veterinary Services of Middle Eastern countries**

99. Dr Ahmed Tawfik, Chairman of the Session, introduced Dr Jean-Michel Bergès, the speaker for this item.
100. Dr Bergès began his presentation by recalling that growing economic globalisation requires Member Countries to rise to new challenges for safeguarding public health, animal health and the environment. These requirements have become standards, in particular for compliance with international agreements on trade, following the creation of the WTO and the entry into force of the agreement on the application of SPS measures. The OIE acts as the world reference organisation in the field of animal health and zoonoses, by laying down standards in OIE *Codes*.

101. The speaker stressed that in order to meet these standards and gain access to international markets, Member Countries must have quality Veterinary Services (VS) that abide by fundamental principles (“Guidelines for the evaluation of VS” in the *Terrestrial Code*), which guarantee their trading partners’ confidence, particularly in international veterinary certificates. In collaboration with partners, such as the Inter-American Institute for Cooperation on Agriculture, the OIE is developing instruments, such as the “Performance, Vision and Strategy (PVS)” tool, which will need to be tailored to meet specific regional requirements. The first PVS trials, in which the Member Countries of the Region participated, have been highly instructive.
102. Veterinary Service evaluation is a new challenge and the OIE is keen to play a full part in:
- Defining methods and standards (guidelines, ranking system or instrument for evaluation).
  - Building countries’ capacity for conducting evaluation (audit training, financial evaluation of public health policies).
  - Mobilising national and, if necessary, international resources, especially those relating to finance, in order to implement evaluation successfully (e.g. the World Trade Organization’s Standards and Trade Development Facility (STDF) and the World Bank’s Trust Fund).
103. In conclusion, Dr Bergès mentioned that the Fourth OIE Strategic Plan, adopted by the OIE International Committee at the last General Session in May 2005, introduces new key strategic guidelines for building the capacity of Veterinary Services to improve the safety of world trade in animals and animal products, as well as public health. These guidelines also confirm the recommendations of the 7th Conference of the Regional Commission for the Middle East.

#### Discussion

104. The Chairman congratulated Dr Bergès on his informative and interesting presentation. He then invited comments and questions from the participants.
105. A member of the Delegation of Sudan congratulated the speaker for his excellent presentation. He considered the issue of evaluation of Veterinary Services as crucial. He suggested that the existing situation in each country needs to be considered first before trying to build on capacities. Dr Bergès replied that the process of evaluation is a phased one, starting with an auto or self evaluation. This may be followed by an evaluation by importing countries, which have the right to verify whether the exporting country is complying with international standards. There could, however, be a problem in harmonising both evaluations, but this is not unsolvable if both evaluations follow the OIE guidelines. Dr Vallat, the OIE Director General, recalled that the evaluation of Veterinary Services (VS) has been under consideration by the OIE since almost ten years, but the need for such standards in that field is now becoming increasingly important. He emphasised that the OIE has so far prescribed only general and minimum requirements, the aim being to help countries gain market access. He pointed out that the existing guidelines have been voted by all OIE Member Countries. He added that evaluation of VS may provide the Veterinary Authority with an efficient tool to convince policy-makers and international donors to provide more resources for the VS. He commented that the replies to the questionnaire circulated to Member Countries of the region do indicate that there is room for improvement in that field. He recalled that the evaluation tool was developed in South America, but can be adapted to other regions with relevant amendments. Regarding the audit by independent experts, Dr Vallat stated that the OIE would only propose a list of experts voted by OIE Delegates. The reports of the experts would then be submitted to the OIE Director General and subsequently to the OIE International Committee for endorsement following a similar approach applicable to the international recognition for disease free status.
106. A member of the Delegation of Bahrain enquired about the exact meaning of VS, whether it comprised the private sector and whether delegation of responsibilities was possible. Dr Vallat explained that according to the OIE *Code*, VS includes private veterinarians and para-professionals duly recognised by the Veterinary Authority and the Veterinary Statutory Body. He added that certain responsibilities (excluding official certification) could be delegated to private veterinarians provided these are carried out under official supervision.
107. A member of the Delegation of Egypt congratulated Dr Bergès for his comprehensive presentation and commented that there is still time for Member Countries to study and implement what is prescribed in the OIE *Code* Chapter on capacity building. He pointed out that the evaluation of VS is entirely

voluntary and is not being imposed on any country. However, countries that are recognised as being in compliance with OIE standards have far more to gain in terms of international credibility and market access than countries that do not comply. Dr Vallat reiterated that evaluation of the VS can provide a useful tool in case of non compliance, to convince policy makers to provide adequate resources to enable the VS to implement an early detection and response system, thus increasing the credibility of the VS. It would also provide an excellent opportunity to demonstrate to the international community, the seriousness of the VS and thus benefit from an enhanced market access. He also commented on privatisation of animal health activities, pointing out that this could be beneficial, but the final authority should rest on the Veterinary Administration whose responsibilities are not only to introduce legislation, but also to ensure its enforcement.

108. The Delegate of Jordan sought additional clarifications on the Statutory Body (SB). Dr Vallat explained that the concept of the SB is now enshrined in the OIE *Code*. The SB is responsible for licensing veterinarians and other para-professionals, one condition being that these latter persons have to work under the supervision of licensed veterinarians.
109. The Delegate of Sudan also congratulated the speaker for his brilliant presentation of such a difficult subject. He observed that animal husbandry conditions vary from country to country and this has an effect on the management of VS. Because of these differences, the OIE has only issued general guidelines, which are basic and applicable to almost all situations. He added that this has been clearly stated by both the speaker and the Director General of the OIE. The VS should, therefore, make improvement according to the livestock and management practices. Capacity building will thus vary depending on whether intensive or extensive husbandry conditions prevail. Despite certain inevitable difficulties, he strongly urged Member Countries to abide by the standards mentioned in the OIE *Code* to improve international credibility and market access by convincing their trading partners.
110. The Session Chairman concluded by thanking all the participants, and then requested a small group consisting of the speaker, Dr Jean-Michel Bergès, as well as Dr Ahmed Mustafa Hassan (Sudan), Dr Abbas Al-Haiki (Bahrain), Dr Sami Jawabreh (Jordan) and Dr Darem Tabbaa (Syria) to draft a recommendation on this item.

#### **Control of horse movements in Middle Eastern countries**

111. The Chairman of the Session then asked Dr Ghazi Yehia, OIE Regional Representative for the Middle East, and Dr Tom Morton, Veterinary Adviser to the Emirates Racing Association, Dubai, United Arab Emirates, to give a brief overview of the control of horse movements in Middle Eastern countries.
112. Dr Yehia observed that the main aim of the presentation was to highlight a number of basic factors that need to be considered when drawing up movement controls.

Movement controls have two basic aims:

- to safeguard the health and welfare of the horse 'population' into which horses are moved;
- to safeguard the health and welfare of the horses that are being moved.

The population into which horses are moved may be:

- the local horse population in the importing country;
- a group of other horses that have entered a country temporarily for competition;
- the horse population in the country of origin when a horse returns.

The main factors to be considered are:

- diseases, disease exposure, disease testing, including timing of sampling, and vaccination against diseases;
- separation of horses (both pre-export and post-import);
- physical factors that might impact badly on a horse during transport.

113. Dr Morton presented the recommendations for the health requirements that horses should meet in order to be moved either permanently or temporarily for competition between countries in the Middle

East Region. He made proposals regarding the pre-export and post-import isolation of such horses, the pre-export testing and vaccination that should be required and the welfare conditions that should be met during transport and shortly after arrival. He also covered the approval of isolation premises and control of temporarily imported horses during training. A proposal was made for a simplified system of onward movement of temporarily imported horses either to the country of origin or to other countries for further competitions.

114. Dr Morton then outlined the various diseases, which are of particular importance in the movements of horses and presented the proposals for Model Health Certificates, which Delegates had received prior to the Conference and which were subsequently put forward for discussion.

### **Discussion**

115. The Chairman thanked Drs Yehia and Morton for their very useful and informative presentation.
116. A member of the Delegation of the Islamic Republic of Iran (IRI) requested the speakers to provide their comments on the Iranian proposal to create a quarantine station for race horses on the island of Kish, which forms part of the territory of the IRI. Dr Yehia replied that he was aware of the application and requested Dr Vallat, the OIE Director General, to provide additional details. Dr Vallat confirmed that a high level delegation of equine specialists would proceed on behalf of the OIE to inspect the island on 17 October 2005. He is anticipating some recommendations by the experts. The mission report will be studied by the OIE and subsequently sent to the IRI for approval. He informed the participants that other organisations, such as the EU, are interested in the mission findings and if the approval of the IRI is obtained, the report can be distributed to interested parties including other OIE Member Countries. Replying to another question by the member of the Delegation of IRI on the analysis of samples, Dr Morton reported that specimens are currently being analysed in the laboratory of the United Arab Emirates, as well as in the European Union (EU).
117. The representative of Turkey observed that quite often, countries are asked to notify certain diseases that are not present in the country. Dr Morton replied that if a disease is definitely absent in an importing country, it is the right of that country to insist on testing to be carried out in the exporting country. However, if a disease, such as piroplasmiasis, is present in the importing country, such a condition should not be imposed.
118. The Delegate of Oman stated that many horse diseases do not exist in the region and yet importing countries insist on testing for those diseases. Dr Morton replied that some diseases may not show obvious clinical signs and may remain undiagnosed. He mentioned an instance when horses, which came from a country where equine infectious anaemia had supposedly not been reported, were tested during quarantine and found positive for the disease.
119. The Delegate of Bahrain congratulated the speakers for their comprehensive presentation and enquired about the differences in import conditions between the EU and the United States of America (USA). Dr Morton replied that the basic difference was that the EU insists on pre-export quarantine and testing, whilst the USA requires testing on arrival. He personally preferred the EU approach, as it helps save time and resources in that horses that do not qualify remain in the exporting country thus saving on transport and other expenses.

### **Update on developments in aquatic animal health**

120. The Session Chairperson asked Dr Barry Hill, Vice-President of the Aquatic Animal Health Standards Commission and active at the CEFAS Weymouth Laboratory in Weymouth, United Kingdom, an OIE Collaborating Centre and Reference Laboratory, to give an update on developments in aquatic animal health activities in the OIE.
121. Dr Hill commenced his presentation by recalling that the Aquatic Animal Health Standards Commission prepares the OIE standards for aquatic animals with the assistance of internationally renowned experts who also contribute towards the scientific objectives of the OIE. The views of the Delegates of Member Countries are systematically sought through the circulation of draft and revised texts. However, infrequent contact between veterinary and fisheries authorities, especially in those Member Countries where responsibility rests either solely or partly with the fisheries authorities is of

concern. Given the complementing expertise of the two authorities, closer cooperation is needed, particularly when the survival of the national aquaculture industry, or the conservation of wild aquatic animal populations, may be at serious risk in a major aquatic disease emergency.

122. Dr Hill added that the Commission collaborates closely with the OIE Terrestrial Animal Health Standards Commission on issues needing a harmonised approach, and with the Biological Standards and Scientific Commissions to ensure the Aquatic Animals Commission is using the latest scientific information in its work. The fundamental changes to the *Aquatic Code* and *Aquatic Manual* adopted during 2003-2005 include new criteria for OIE listing of aquatic animal diseases and the requirements for reporting on the status of the listed diseases and those for reporting non-listed diseases. He emphasised that it is important that Member Countries fully understand these new arrangements and accept and fulfil their obligations on reporting aquatic animal diseases to the OIE.
123. The Conference Chairman thanked Dr Hill for his interesting report.

### **Discussion**

124. The Delegate of the Islamic Republic of Iran congratulated the speaker for his excellent presentation. He described the reasons for the high rate of aquaculture production in his country, as well as the increasing involvement of the private sector. The Government acts as a facilitator by creating the necessary infrastructure, providing bank loans at low interests and compensation for losses due to diseases. He explained that in Iran, fisheries fall under the responsibility of the Iranian Fisheries Organisation, with the Iranian Veterinary Organisation being only responsible for health measures. He finally extended a warm invitation to Dr Hill to visit his country to study the situation regarding aquatic diseases.
125. The Director General of the OIE supported the suggestion of Dr Hill that each OIE Delegate nominates an official acting under his authority, as a focal point for the notification to the OIE of aquatic diseases and to provide official comments regarding proposals of new standards by the OIE. He recalled that this action was the subject of a Recommendation endorsed by all OIE Delegates during the General Session in May 2005.

**Tuesday, 27 September 2005**

### **ITEM II**

#### **Registration of veterinary medicinal products and biologicals**

126. The Chairman of the Session, Dr Abdulghaniy Al Fadhl, briefly introduced the speaker for this item, Prof. Hassan Aidaros.
127. Prof. Aidaros reported that the use of Veterinary Medicinal Products and Biologicals has become a fundamental demand for treatment, prevention and control of both infectious and non infectious animal diseases and has warranted official regulations for the registration of these products.
128. A questionnaire survey carried out in Member Countries (11 responded) of the region has revealed that only two countries do not have a system for the registration of veterinary medicinal products. In four countries, registration falls under the responsibility of the Veterinary Authority, while in the remaining countries, it is the responsibility of the Ministry of Health.
129. The speaker emphasised that registration procedures for vaccines to be used in disease control and eradication programmes, should take into consideration whether the vaccine has been produced in compliance with the OIE *Manual for Diagnostic Tests and Vaccines for Terrestrial Animals* as this is an important issue considered by the OIE when declaring countries or zones that practise vaccination, free from specific diseases.
130. The establishments where veterinary drugs, vaccines and other medicinal and biological products are stored and distributed play an important role in determining the efficacy, potency and safety of these products. The registration of such establishments is thus as critical an issue as the registration of veterinary medicinal products and biologicals.

131. In conclusion, Prof. Aidaros underlined that official legislation(s), efficient scientific and technical staff, availability of complete data on animal diseases present in the country, the use of approved testing procedures and criteria are fundamental requirements for the success of a system for registration of Veterinary Medicinal Products and Biologicals.

#### Discussion

132. The Session Chairman thanked Prof. Aidaros for his lively and comprehensive report and opened the floor for discussion.
133. A member of the Delegation of Bahrain asked whether registration of veterinary medicinal products is considered as part of the TBT Agreement by the WTO. Prof. Aidaros replied that it could be considered under TBT. Dr Vallat, the OIE Director General, pointed out that it should also be considered under the SPS, as the improper use of these products could have adverse consequences on animal or human health. This topic thus falls under both the TBT and SPS Agreements of the WTO.
134. The representative of Palestine congratulated the speaker, although he regretted that his country could not be included in the questionnaire study. He stated that the subject of drug registration is extremely important and according to him, the system should also include control over the production of veterinary drugs and vaccines covering good manufacturing practices, which should be an integral part of the production system. Prof. Aidaros agreed on the importance of such control, but stated that this issue was beyond the scope of his presentation.
135. A member of the Delegation of Sudan remarked that registration was in itself quite easy, but in his opinion, it was more difficult to effectively control manufacturers of drugs and vaccines, as the quality of these products depend largely on the manufacturing companies. Dr Vallat explained that as regards veterinary vaccines and diagnostic tests, the OIE has produced standards, which are contained in the *OIE Manuals of Diagnostic Tests and Vaccines for Terrestrial and Aquatic Animals*. Vaccines should be produced in compliance with the standards contained in the *Manual*. Validation of commercial diagnostic kits is now undertaken by a special unit created at the OIE. This is, however, entirely voluntary, depending on the decision of the companies. The problem of drugs and drug residues is more complicated in that international standards provided by the Codex Alimentarius exist only for residues. These standards are important as they are meant to protect public health. The OIE is involved in the harmonisation of legislation for the registration of veterinary drugs through its partnership with the VICH. The VICH is an international organisation comprising the largest private companies of the EU, USA, Japan and other observer countries and is responsible for the harmonisation of veterinary drugs. The standards of this organisation are arrived at by consensus and subsequently published. The OIE in turn sends these standards to all Member Countries to enable them to update their standards if necessary. This is the reason why the OIE recently requested Delegates of each Member Country to nominate a focal point acting under the authority of the OIE Delegate with the necessary skills to follow up drug registration. Unfortunately, the response has not been very encouraging so far. Countries of the Middle East are, therefore, urged to proceed with these nominations.
136. A member of the Delegation of the Islamic Republic of Iran explained that his country had absolutely no problem with vaccines, as the standards of the OIE are clear and transparent. The problem is with drugs and additives, where global standards do not exist. He suggested that the OIE could issue standards for drugs that are most commonly used. Dr Vallat replied that this suggestion could be considered, but again stressed the importance of VICH standards, which can be very instrumental to Member Countries to create their own legislations.
137. The Delegate of the United Arab Emirates expressed his appreciation for the presentation of Prof. Aidaros, stating that the presentation can provide guidelines for countries in the region to set up a system of registration. He suggested that the labelling requirements should include the withdrawal periods and the animal species specificities.
138. The Session Chairman concluded the discussion by thanking all the participants. He then requested that a group be formed to draft a recommendation on this technical item. Dr Fares Al Bakhit (Jordan), Dr Hamid Ebrahim Zadeh (Iran) and Dr Khawla Saeed Al-Haddad (United Arab Emirates) agreed to assist the speaker, Prof. Aidaros, in the preparation of a recommendation.

## OIE Regional Representation for the Middle East

139. Dr Ghazi Yehia, OIE Regional Representative for the Middle East (RR), based in Beirut, Lebanon, briefly reviewed the aims and future activities of the Regional Representation.
140. The RR identified the following objectives of the OIE Regional Representation for the period 2005-2006:
- Strengthening collaboration with the international and regional organisations and agencies to develop a common framework in order to initiate programmes for surveillance and control of animal diseases and zoonoses.
  - Promoting capacity building of the Veterinary Services in the Middle East countries with the support of the international organisations and agencies.
  - Setting up, coordinating and harmonising an early warning system for disease prevention and control measures in the Middle East countries.
  - Harmonising regulations for regional trade in animals and animal products.
  - Improving an animal health information system linked to all sources of data at regional and international levels for better exchange and knowledge of sanitary information.
  - Holding conferences, seminars, informal meetings with key players and non-veterinary societies to act as 'Public Hearing Forums' that will help to target specific issues related to animal and public health.
  - Promoting the creation of regional reference laboratories and coordinating their activities, for diagnosis, sero-mapping and vaccine production adapted to regional needs.
  - Establishing consultative channels with regional NGOs working on animal health and welfare issues.
  - Exerting efforts and endeavours at the national governments and decision-makers to support programmes and plans of the national veterinary authorities.
141. Dr Yehia gave a brief summary of the workshops undertaken by the Regional Representation in 2004 and the last few months in 2005, in order to improve the animal health situation in the Member Countries of the Region:
- Seminar on the Implementation of Animal Health Standards: The quest for solutions (OIE, AU-IBAR, with the collaboration of the FAO), 10-13 October 2004, Cairo, Egypt.
  - Joint Workshop on Epidemiology of Rift Valley Fever (RVF), establishment of the Climate Model to Forecast Potential Activity of RVF virus (OIEME – RSLTC), 21-23 November 2004, Sharja, United Arab Emirates (UAE).
  - Seminar on Food Safety, 12 April 2005, Beirut, Lebanon.
  - Collaboration with the AOAD for regional training courses on RVF, FMD and Brucellosis.
  - 8th Conference of the OIE Regional Commission for the Middle East, 26-29 September 2005, Manama, Bahrain.
142. Dr Yehia then informed participants of the future actions of the Regional Representation for the period 2005-2006:
- Joint programme with the WHO/MZCP: Workshop on the HACCP System - International Training courses, 27 November 2005, Cairo, Egypt.
  - GF-TADs Regional Steering Committee meeting; Establishment of the RSC, 16-17 January 2006, Beirut, Lebanon.
  - 3rd FMD Round Table with the FAO, FMD control and surveillance, 18-19 January 2006, Beirut, Lebanon.
  - Joint Seminar with APHIS-USDA on Risk Analysis, March 2006.
  - International Conference on Food Safety, October 2006, Abu Dhabi, UAE.
143. The Conference Chairman thanked Dr Yehia for his comprehensive report.

## Discussion

144. The OIE Director General, Dr Vallat, explained the need for Member Countries to be familiar with the new World Animal Health Information system of the OIE. He indicated that appropriate seminars will be organised in this respect for all OIE Regional Commissions including that of the Middle East. He also confirmed that similar seminars will be organised regarding the use of the evaluation of Veterinary Services as a tool to improve capacity building in the region and also to adapt it to regional specificities. Hence, seminars on the new Disease Information System and evaluation of the quality of Veterinary Services will be on the agenda of OIE seminars for the Middle East in 2006.

### Food-borne hazards in products of animal origin

145. Dr Abdulghaniy Al Fadhl, Chairman of this Session, invited Dr Ahmed Hassan, Undersecretary of the Ministry of Animal Resources of Sudan, to give his presentation on food-borne hazards in products of animal origin.
146. Dr Hassan began his presentation by underlining that one of the main causes of concern for the majority of consumers world-wide is the presence of natural contaminants, pesticide residues and fertilisers in food supply; and most recently, biological threats from highly pathogenic micro-organisms that are multi-drug resistant.
147. The following factors have been identified as risk factors for the emergence of zoonotic diseases: international travel; global trade; increasing interactions among humans and wildlife, exotic and local food, companion animals, human behaviour, rapid microbial adaptation, changing climate and ecosystems and changing livestock management methods.
148. The SPS Agreement has contributed to the radical transformation in practices connected with the production and marketing of food of animal and plant origin, preventing these practices from becoming a justification for imposition of trade barriers.
149. Food-borne disease is caused by consuming contaminated foods or beverages. Most of these diseases are infectious, caused by a variety of bacteria, viruses and parasites. However, the microbe or toxin enters the body through the gastrointestinal tract and often causes the first lesions there. The most commonly recognised food-borne infections are those caused by the bacteria *Campylobacter*, *Salmonella* and *E. coli* O157:H7, and by a group of viruses called calicivirus, also known as the Norwalk and Norwalk-like viruses. *Salmonella* is also a bacterium that is widespread in the intestines of birds, reptiles and mammals. It can spread to humans via a variety of different foods of animal origin. The illness it causes, salmonellosis, typically includes fever, diarrhoea and abdominal cramps. In persons with poor underlying health or weakened immune systems, it can invade the bloodstream and cause life-threatening infections.
150. In a food-borne survey by the Pan American Health Organization (PAHO), *Staphylococcus* spp. was found to constitute 35% of food contaminants. However, meat was considered to represent 26% of possible food poisoning, while homes (41%) are the most likely places in which food poisoning can occur.
151. All individual countries, regional and international organisations, have begun to impose considerable emphasis on food security and safety. In this respect, the activities of the World Animal Health Organisation (OIE), World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), World Trade Organization (WTO) and Mediterranean Zoonosis Control Centre (MZCC) should be considered with appreciation. They develop the necessary standards and specifications pertinent to foodstuffs. OIE standards are contained in the *Terrestrial Animal Health Code*, *Aquatic Animal Health Code*, *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* and the *Manual of Diagnostic Tests for Aquatic Animals*.
152. The control of food-borne diseases, which are transmitted by food of animal origin, must begin from the point of food production passing through food processing and ending at the food intake ('from stable to table').



153. In conclusion, Dr Hassan stated that the Hazard Analysis and Critical Control Point (HACCP) system has recently been adopted by all agencies dealing with food production on either a small scale or a large scale. HACCP covers the entire history of food products, from growth through processing, distribution, preparation and consumption.
154. The Conference Chairman thanked Dr Hassan for his informative report.

#### Discussion

155. The Delegate of Oman enquired about the standards that are applicable to the importation of animal products, particularly frozen meat and poultry, pointing out that different Government tend to have different standards. Dr Hassan replied that the OIE standards before slaughtering of animals are quite elaborate in this respect and are, in fact, the standards that are recognised by the WTO. He added that other standards pertaining to food safety are provided by the Codex Alimentarius.

#### Presentation of the FAO/OIE initiative: GF-TADs

156. Dr Joseph Domenech, Chief Veterinary Officer of the FAO, presented the FAO/OIE initiative: GF-TADs.
157. The **Global Framework for Progressive Control of Transboundary Animal Diseases** (GF-TADs) is a joint FAO/OIE initiative, which combines the strengths of both organisations to achieve agreed common objectives. GF-TADs is a facilitating mechanism, which will endeavour to empower regional alliances in the fight against transboundary animal diseases (TADs), to provide for capacity building and to assist in establishing programmes for the specific control of certain TADs based on regional priorities.
158. The GF-TADs programme will be developed along four main thrusts: (1) A regionally led mechanism, to operationally address and implement action against priority diseases as agreed by relevant stakeholders; (2) The development of Regional and Global Early Warning Systems for major animal diseases; (3) The enabling and application of research on TADs causing agents at the molecular and ecological levels for more effective strategic disease management and control; and (4) the completion of the Global Rinderpest Eradication Programme set for achieving global declaration of freedom by the year 2010.
159. The GF-TADs programme was launched and two Steering Committees were held, one in Tokyo for Asia and one in Buenos Aires for the Americas. The Steering Committee for Europe will be held before the end of the year 2005 and the ones for the Middle East and Africa at the beginning of 2006.
160. The OIE/FAO collaboration has been demonstrated during the recent Highly Pathogenic Avian Influenza crisis in Asia. Several regional and international conferences were held jointly, in collaboration with the WHO, such as the second Regional Conference in Asia, Ho Chi Minh City, Vietnam (23-25 February 2005) and an International Scientific Conference in Paris, France (7-8 April 2005). A network of Reference Laboratories and expertise on Avian Influenza (OIE/FAO Avian Influenza Network, OFFLU) was officially launched on 8 April 2005. The FAO and the OIE have also prepared, in collaboration with the WHO, a Global Strategy for the control of HPAI. The geographical expansion of the disease in Mongolia, Kazakhstan and Russia, as well as the epidemiological information coming from Lake Qinghai in the People's Republic of China, shows that migratory birds could play a role in disseminating highly pathogenic avian influenza (HPAI) virus from one country or region to another. Investigations are on-going to assess the exact role of wildlife, but new regions, such as the Middle East, Eastern Europe and some parts of Africa, should consider themselves at risk and strengthen the surveillance of poultry and wild bird diseases, as well as their diagnostic capacities.
161. The FAO and the OIE are supporting jointly the Pan African Control of Epizootics (PACE) of the Interafrican Bureau for Animal Resources (IBAR) of the African Union. The FAO will become a member of the Steering Committee of the Programme for the Control of Foot and Mouth Disease in South East Asia (SEAFMD) chaired by the OIE, which is being implemented for the past seven years by ASEAN with the technical support from the OIE and the financial support from Australia and other donors.
162. The Session Chairman thanked Dr Domenech for his informative presentation.

## Discussion

163. The Delegation of Egypt congratulated the speaker and expressed the hope that the fruits of the collaboration with international organisations will soon be seen.
164. Dr Vallat, the OIE Director General, requested Dr Domenech to provide more clarifications on the FAO position regarding the risk posed by wild birds in the spread of avian influenza (AI) virus. Dr Domenech replied that many epidemiologists were of the view that the threat was serious. He said that such threat could be illustrated by the isolation of H5N1 virus in thousands of wild birds found dead in the Republic of China and in many others in Mongolia. The cause of death in those birds could not be attributed to any known avian disease. He conceded, however, that more research is still needed on this subject, reiterating the view that there is no conflict between the OIE and the FAO on this issue.
165. The Delegate of Egypt described the activities of the Veterinary Services of his country, particularly with regard to the surveillance of the infection in wild birds along specific migratory routes and along the borders with some neighbouring countries. He was happy to report that, so far, no evidence of AI infection has been observed.
166. The representative of Palestine requested that his country be considered under the GF-TADs programme as regards the control of FMD. He also mentioned that Palestine was located on the migratory routes of wild birds and could be a cause of concern. He also explained that it is a tradition in his country for people to hunt down wild birds. Dr Domenech replied that the inclusion of Palestine in the FMD control programme would be considered during the forthcoming Steering Committee meeting to be held in Lebanon in early January 2006. This could also be considered under the EUFMD programme, which has the necessary mandate to do so. As regards the hunting of wild birds, he acknowledged the tradition of killing wild birds in Palestine. He stressed that massive killing of wild birds may upset the natural patterns of migrations and may even help to further disperse the infection.
167. The representative of the WHO/MZCC also advised on the preservation of the natural biodiversity, pointing out that killing of wild birds may bring even more harm.
168. A member of the Lebanese Delegation stated that the migration of birds from Asia is about to start and the birds are expected to be in the Middle East shortly. Everyone was, therefore, eagerly awaiting the outcome of the OIE mission, which has left for Siberia during the week, in order to know more about the risk for Middle East countries.

### **Follow-up of the FAO/OIE project for recognition of freedom from rinderpest in the Middle East**

169. Dr Abdulghaniy Al Fadhl, Chairman of this Session, invited Dr Peter Roeder, GREP Secretary of FAO EMPRES and Animal Health Officer (Virus Diseases) at the FAO, to give his presentation on the follow-up of the FAO/OIE project for recognition of freedom from rinderpest in the Middle East.
170. Dr Roeder began his presentation by recalling that the close collaboration between the FAO and OIE in the Global Rinderpest Eradication Programme (GREP) has been exemplary since the two organisations worked together to generate the OIE Pathway for accreditation of rinderpest freedom more than a decade ago. The OIE was charged with providing official guidelines and managing the formal accreditation process, while the FAO provided coordination and technical guidance in the eradication process.
171. The Joint FAO/OIE Technical Advisory Group Meeting titled '*Accelerating Accreditation of Freedom from Rinderpest*', which was held in Beirut, Lebanon, in December 2003, marked a new development in that relationship, with the FAO GREP and the OIE, through its Regional Commission for the Middle East, jointly addressing a problem with the global rinderpest freedom accreditation process. Despite very significant progress having been made in rinderpest eradication, leading to some confidence that the only persisting reservoir of rinderpest was suspected to lie in eastern Africa, most of the countries of the Middle East, even though apparently free from rinderpest, had not embarked on the OIE Pathway. This had already been highlighted at the 7th Conference of the OIE Regional Commission for the Middle East held in Istanbul, Turkey, in September 2003. Thus, these inactive countries were seen to pose a risk to the outcome of GREP, which is led by the fundamental principle that it is a time-bound programme with a deadline of 2010 for full global rinderpest freedom accreditation. The Beirut

meeting identified that the main reasons for the failure to pursue accreditation of rinderpest freedom were lack of knowledge of and confidence in the progress made in eliminating rinderpest from the areas formerly infected in Asia and unresolved suspicion over the persistence of rinderpest in trading partner countries in eastern Africa, the risk of which was perceived to require continuing vaccination of trade cattle. All countries present reconfirmed their commitment to the eradication of rinderpest and accreditation of freedom.

172. Dr Roeder added that subsequent to the meeting, the OIE Regional Representative visited many of the concerned countries to follow up on the issues and the FAO GREP has been in close contact with Lebanon, Yemen, United Arab Emirates, Iran, Iraq and Syria *inter alia* on this issue. Iraq has been engaged in a UN Change Management Training exercise executed by the FAO and this provided an opportunity in 2005 to discuss all the issues relating to accreditation of rinderpest freedom. The outcome of this is that the Iraq authorities have ended the needless rinderpest vaccination, which had been continuing and will make progress towards accreditation of freedom as it becomes possible to do so. Other signs of progress were the receipt by the OIE of Declarations of Provisional Freedom from Rinderpest from the Kingdom of Saudi Arabia and Oman in 2004 and the OIE's recognition of Lebanon as Free from Rinderpest Disease in 2005. However, of the 14 countries concerned, 5 have still not entered the OIE Pathway.
173. Dr Roeder indicated that there has been nothing to suggest that there exists any focus of rinderpest in the countries of the Middle East or indeed elsewhere in Asia. The need to resolve the uncertainty over the putative eastern African reservoir is as pressing as ever, but there has been no confirmation of rinderpest virus presence there since 2001. The OIE has tried to resolve the issues relating to rinderpest vaccine use, of concern to the Middle East, contained in the *Terrestrial Animal Health Code* chapter for Rinderpest and continues to do so. In particular, if sound science indicates it to be realistic, the use of *peste des petits ruminants* vaccine in trade cattle could be sanctioned, but a decision is constrained by continuing lack of confirmation of innocuity and efficacy against rinderpest of the vaccine in cattle.
174. In conclusion, Dr Roeder stated that following the meeting in Beirut, it was proposed that, under the aegis of the FAO/OIE Global Framework for the Progressive Control of Transboundary Animal Diseases, a Joint FAO/OIE Regional GREP Coordination Project should be developed by the FAO and OIE to promote rinderpest freedom accreditation and assist the countries to acquire the surveillance technologies needed to support accreditation. He added that a project outline was developed and it is needed even more now than before. It is proposed that it be brought up to date and, if supported by this meeting, it should be submitted formally to donors for funding support.

#### Discussion

175. The representative of the WHO/MZCC informed the Conference that he had been assured by the Syrian Authorities that Syria would soon cease vaccination against rinderpest.
176. A member of the Delegation of Sudan congratulated the speaker for his presentation and also for his personal contribution in the control of rinderpest in the world. He asked what more could be done to persuade countries to follow the OIE Pathway for rinderpest accreditation, noting that many have been free from rinderpest for years. Dr Roeder replied that the onus to cease vaccination and follow the OIE Pathway rests with the Governments concerned and that the best way to approach this was by direct contact between Governments and international organisations to stimulate action.
177. A member of the Delegation of the Islamic Republic of Iran asked whether there was a test capable of differentiating between IgG of infected animals from that of vaccinated animals. He also asked for more clarifications on mild rinderpest. Dr Roeder replied that tests differentiating the two IgGs are not validated. He commented that the situation with the so-called mild rinderpest is a very contentious issue, as the diagnosis has been primarily based on serology and the rinderpest virus has not yet been conclusively isolated from animals that suffered from the disease.
178. A member of the Delegation of Egypt suggested that countries neighbouring the Somali ecosystem be included in the surveillance. Dr Roeder informed the Conference that a more comprehensive sero surveillance covering a larger area has been planned.

179. The Delegate of the United Arab Emirates informed the meeting that the use of rinderpest vaccines in his country would cease by October 2005.
180. Dr Vallat summarised the actions of the OIE with respect to rinderpest accreditation. He described the procedure involved in the evaluation of country dossiers. These dossiers are examined by the OIE Ad hoc Group of experts and the recommendations are submitted to the Scientific Commission for Animal Diseases for endorsement. Member Countries are then given 60 days to comment on the recommendations. If there is no valid objection, the recommendations are submitted to the OIE International Committee for final approval. He mentioned that the *Code* Chapter on rinderpest was written a long time back and did not take into account mild rinderpest, which was not known at that time. He added that there is an Ad hoc Group of experts who are actually studying the possibility of updating the chapter with a special emphasis on the possible use of PPR vaccines to protect cattle against rinderpest. This would depend primarily on the results of the experiments that are currently being undertaken in Nairobi. Finally, he expressed support for the recommendation of the speaker that a Joint FAO/OIE Regional GREP Coordination Project be developed by the FAO and OIE in the OIE Regional Representation to promote rinderpest freedom accreditation and assist all the countries and territories of the region to acquire the surveillance technologies needed to support accreditation in compliance with the OIE Pathway. He felt that the efforts made to control rinderpest will also be helpful to sustain the control of other animal diseases.
181. The recommendation prepared by the speaker, namely, "A Joint FAO/OIE Regional GREP Coordination Project be developed by the FAO and OIE in the OIE Regional Representation to promote rinderpest freedom accreditation and assist all the countries and territories of the region to acquire the surveillance technologies needed to support accreditation in compliance with the OIE Pathway" was endorsed by the meeting. The FAO and OIE are requested to finalise the project proposal concept note and submit it to donors for funding without delay for implementation in 2006. The recommendation was also supported by Lebanon, Palestine, the United Arab Emirates, Syria and Kuwait.

#### **Presentations by international and regional organisations**

182. Dr Abdulghaniy Al Fadhl, Chairman of this Session, invited presentations from international and regional organisations.

#### **Arab Organization for Agricultural Development**

183. Dr Elsayed Elsiddig Elowni, expert of the Arab Organization for Agricultural Development (AOAD), based in Khartoum, Sudan, briefly outlined some of the activities of AOAD on animal health in its Member States.
184. Dr Elowni recalled that current projects include:
- (1) Regional Project for Control of Foot and Mouth Disease. Beneficiaries: All Arab Countries. The Project is supported by IsDB, OPEC Fund and AOAD.
  - (2) Regional Project for Surveillance and Control of Rift Valley Fever. Beneficiary countries: Saudi Arabia, Yemen, Oman, Somalia, Sudan, Egypt and Mauritania. Algeria, Iraq, Bahrain, Kuwait, United Arab Emirates and Jordan have recently joined. The Project is supported by AFESD, OPEC Fund and AOAD.
  - (3) Joint AOAD/FAO/IAEA Project for Eradication of Old World Screwworm (*Chrysomya bezziana*) in the Middle East. Beneficiary countries: Iraq, Saudi Arabia, Kuwait, Bahrain, Qatar, United Arab Emirates, Egypt, Jordan, Syria, Lebanon, Sultanate of Oman, Yemen and Iran. The Project is supported by AFESD, OPEC Fund, IsDB and AOAD.
  - (4) Technical Backstopping for Brucellosis National Control Programs in the Arab Region. Beneficiaries: Jordan, Syria, Iraq, Lebanon, Palestine, Algeria, Saudi Arabia, Kuwait, Libya, Mauritania, Morocco, Yemen, Egypt, Qatar, Oman, United Arab Emirates and Sudan. The Project is supported by AFESD and AOAD.

185. Other activities of the AOAD address: Development of Veterinary Services; Introduction of Advanced Techniques in Animal Health and Production; and Establishment of reference laboratories. Proposals for new Projects by AOAD include: Tropical Theileriosis and other TBD, PPR, Camel Pox, Gastro-intestinal Helminthosis.

#### Discussion

186. The Delegate of Oman enquired as to why epithelial cells and serum samples are not both used in the diagnosis of FMD. Dr Elowni promised to refer the matter to the virology specialist.
187. A member of the Delegation of Bahrain expressed concern about the lack of attention being given to diseases and/or breeding of horses, which are very important in the region.
188. Dr Gardner Murray, attending the conference in an observer capacity, expressed concern about the possibility that Screw worm infestation, which is currently affecting Malaysia, finds its way to Australia. He was of the opinion that the ecology of the fly was different in Malaysia and the Middle East. For this reason, Australia and Malaysia invested in a sterile male production plant in Malaysia to support the eradication of Old World screwworm in the Middle East. The speaker agreed with the remarks and explained that this was why AOAD would like to improve its collaboration with international organisations.
189. The Delegate of Sudan congratulated the AOAD for directing efforts to resolve regional issues and asked to what extent the Organisation managed to benefit from the experience of Libya in the eradication of screwworm. The speaker replied that the Libyan experience is one of the most successful experiences of science and reflects the collaboration of the international organisations.

#### World Health Organization/Mediterranean Zoonosis Control Centre (WHO/MZCC)

190. Prof. Darem Tabbaa, Professor of Veterinary Public Health at the Faculty of Veterinary Medicine, Al Baath University, Hama, Syrian Arab Republic, Representative of the World Health Organization/Mediterranean Zoonoses Control Centre (WHO/MZCC), described the Mediterranean Zoonoses Control Programme of the WHO and its Work Plan.
191. The WHO Representative mentioned that the countries of the Mediterranean and Middle East realised many years ago that zoonoses and food-borne diseases could not be efficiently controlled or eliminated if prevention, surveillance and control activities were carried out in isolation by individual countries. Effective zoonoses surveillance and control require strong international co-operation. Among other factors, exchange of reliable information on disease occurrence, sustained inter-country technical co-operation, harmonisation of surveillance and control strategies and legislation, together with intersectoral collaboration and co-ordination, are essential for the success of national programmes.
192. This situation was first addressed by the World Health Organization's Member States at the 31st World Health Assembly held in 1978, which endorsed a resolution on the 'Prevention and Control of Zoonoses and Food-borne Diseases due to Animal Products'. Following the adoption of this resolution, the WHO created the Mediterranean Zoonoses Control Programme (MZCP). For the co-ordination and management of its activities, the Mediterranean Zoonoses Control Centre was established in 1979 in Athens, Greece.
193. The MZCP collaborates closely with the Department of Communicable Diseases Control, Prevention and Eradication at WHO Headquarters, Geneva, as well as with the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, specialised WHO Collaborating Centres and the MZCP network of National Participating Institutions. Moreover, it maintains close relationships with the World Organisation for Animal Health (OIE) and the Animal Health and Production Division of the Food and Agriculture Organization of the United Nations (FAO).
194. The main objectives of the Programme are to foster, at national and interregional levels, programmes for the prevention, surveillance and control of zoonoses including food-borne diseases as an integral part of national health programmes, to strengthen the co-operation between veterinary and public health services and to foster collaboration between the MZCP Member States.

195. The MZCP is a self-financed activity depending on the annual contributions of its Member States and on the support of its collaborating institutions for the implementation of its activities. The countries participating formally in the programme are Bulgaria, Cyprus, Egypt, Greece, Lebanon, Kuwait, Portugal, Saudi Arabia, Spain, Syrian Arab Republic and Turkey. Countries associated with the activities of the Programme on an Ad hoc basis are Algeria, Italy, Jordan, Malta, Morocco, Tunisia and Yemen. Italy, through its institutions and experts in the field, has always strongly supported the MZCP.

#### **Euro-Arab Veterinary Association**

196. Dr Faouzi Kechrid, President of the Euro-Arab Veterinary Association, thanked the OIE for having invited his organisation to attend the 8th Conference of the OIE Regional Commission for the Middle East. He briefly explained that the Euro-Arab Veterinary Association (EAVA) is the union of the national and professional veterinary organisations representing the Government and private sectors in European and Arab countries. The Association was founded in 1996, following preparatory meetings in Tunis and Cordoba and started its activities based on a bilateral agreement between the Veterinary Federation of Europe (VFE) and the General Union of Arab Veterinarians (GUAV).
197. Dr Kechrid explained that the main objectives of the EAVA are:
- To promote the relationships and strengthen the links among veterinarians in member countries and for the coordination and harmonisation of their conditions of work.
  - To assure the harmonisation and the promotion of Veterinary Medical Education in member countries.
  - To develop scientific, technical and professional exchanges, harmonise legislations and develop veterinary research to fight animal diseases and zoonoses.
  - To encourage exchanges to facilitate veterinary training.
  - To define a legal framework for carrying out veterinary activities.
198. He mentioned that they had chosen to organise an annual meeting with the host country alternating between an Arab and a European country. He added that the EAVA works very closely with international organisations, such as the OIE, the World Veterinary Association, the World Small Animal Veterinary Association, WHO, FAO, PAHO and the American Veterinary Medical Association, the EAVA being an associate member of many of these organisations. Finally, he invited all the participants to attend the EAVA Congress and General Assembly to be held in Porto, Portugal in April 2006.

#### **United States Department of Agriculture - Animal and Plant Health Inspection Service (USDA-APHIS)**

199. Dr Peter Fernandez, Regional Director for USDA-APHIS and President of the OIE Regional Commission for the Americas, congratulated the organisers of the host country and the OIE Regional Representative for an excellent and relevant conference. He explained that USDA-APHIS efforts in the Middle East were focused towards supporting international organisations and ongoing projects. USDA-APHIS commitment to the Region was manifest in the recent assignment of Dr Linda Logan to a new Office in Cairo, Egypt. She has brought new energy to the USDA efforts in the Middle East, as well as in northern and eastern Africa. Dr Fernandez encouraged all country representatives and regional representatives to contact her and investigate possible areas of collaboration.

#### **Discussion**

200. The Delegate of Kuwait expressed the gratitude of his country to APHIS for sponsoring the excellent workshop on risk analysis held in Kuwait recently.

#### **French Cooperation in the Middle East**

201. In his presentation, Dr Charles Martin Ferreira from the French Cooperation in the Middle East reported that in view of the outbreaks of AI that occurred in western Siberia and in Kazakhstan, the European Union has decided to reinforce the surveillance and prevention measures regarding the spread of avian influenza in Asia. In France, in addition to the existing surveillance programme in domestic poultry, a surveillance protocol on avifauna has been proposed.

## Discussion

202. The Delegate of Kuwait asked whether France or the EU had stocks of H5 or H7 vaccines. The speaker replied that the decision to apply vaccines rests on the EU, but the need for vaccination does not currently arise.
203. Responding to some other comments from participants, Dr Vallat explained that the OIE *Terrestrial Animal Health Code* clearly defines notifiable avian influenza virus as well as highly pathogenic notifiable avian influenza and low pathogenic avian influenza, in order to facilitate transparency in the notification of low pathogenic strains. He also stated that trade is far more restrictive with highly pathogenic influenza virus than with low pathogenic avian influenza infections. The current strains of H5N1 circulating in South-East Asia have demonstrated only a low capacity for infecting pigs and there is as yet no evidence of circulation of the virus within pig populations.
204. The representative of WHO/MZCC suggested that in order to have an effective early warning system for AI, a national or regional quality control laboratory should be established with the assistance of the OIE or other regional and international organisations.
205. The Session Chairman, Dr Abdulghaniy Al Fadhl, thanked the various representatives for their interesting presentations.

## Follow-up of the RVF climate modelling system

206. In the absence of Dr Paul Rwambo, the Session Chairman invited Dr Ghazi Yehia to make a presentation on the Rift Valley Fever Forecasting Project for the Greater Horn of Africa (GHA) prepared by Dr Madeleine Thomson.
207. Dr Yehia briefly outlined the Assessment of the current status and future possibilities of the Project, stressing the following:
- RVF is a climate sensitive vector-borne disease of animals and humans, which can cause major economic and health impacts in the GHA.
  - As a substantial impact of the disease is due to trade restrictions associated with actual or perceived risk, this disease has very large regional political and economic implications.
  - Improving the scientific basis for the imposition and lifting of trade bans has the potential for a) improving transparency in the region, b) reducing the length of the ban, and c) increasing the likelihood that trade bans are put into effect on a more rational basis.
  - There have been high expectations for the project in the eyes of regional and international partners.
  - Important scientific steps have been made in terms of assessing the predictability of the climate and NDVI in Kenya and the region as a consequence of the project.
  - Extensive work has been carried out on the creation of a database of RVF activity and human and animal case reports.
  - The development of a predictive model of RVF activity driven by climate information has been proposed as a key tool for an early warning system, which incorporates seasonal climate forecasts.
  - While prevention measures for RVF activity in domestic animals may be ineffective at reducing the likelihood of trade bans, prevention measures in response to climate-based early warning may be important for human health.

## Presentation of draft Recommendations Nos 1 and 2

208. Draft Recommendations Nos 1 and 2 on the two technical items of the Conference were presented to the participants and put forward for discussion. Both Recommendations were approved with minor amendments.

### **Date, venue and technical items for the 9th Conference of the OIE Regional Commission for the Middle East**

209. The President of the Conference asked Delegates present if any of their countries wished to host the 9th Conference of the OIE Regional Commission for the Middle East, pointing out, however, that Delegates had already agreed that the next Conference would be held in Damascus, Syria. The Representative of the WHO/MZCC informed the Conference that the Delegate of Syria had confirmed the wish of his country to host the Conference in September 2007. This proposal was unanimously accepted. The Delegate of Kuwait expressed the wish of his country to host the 10th Conference. However, a final decision will be made in May 2006.
210. The following technical items were proposed for the 9th Conference:
1. Empowerment of the Veterinary Services.
  2. Use of GIS systems in animal disease control.
  3. Improved control of zoonoses in the Region.
  4. Risk analysis and disease surveillance.
211. In addition, one topic, namely, "The role of Veterinary Councils and Veterinary Associations in the promotion of the veterinary profession and upgrading of Veterinary Services" was already voted in May 2005 in Paris.
212. Topics No. 1 ("Empowerment of the Veterinary Services"), No. 3 ("Control of zoonoses") and No. 4 ("Risk analysis") will be dealt with in specific seminars scheduled for the region. A final decision regarding topic No. 2 ("Use of GIS systems") will be taken in May 2006 in Paris.

#### **Wednesday, 28 September 2005**

##### **Professional and cultural visit**

213. Participants found the visit organised for the day by the host country to be of great interest. They extended their sincere thanks to the organisers for organising the visit and for their kind hospitality.

#### **Thursday, 29 September 2005**

##### **Adoption of the Draft Final Report and Recommendations**

214. The Conference approved Recommendations Nos 1 and 2 (Appendices IV and V) and adopted the draft Final Report pending certain amendments.
215. The Director General of the OIE informed participants that Dr Nihat Pakdil has been nominated to a higher position in the Turkish Government. It was thus proposed to nominate a new Vice-President of the Bureau of the OIE Regional Commission for the Middle East. Dr Mansoor Sayari, the OIE Delegate of the Islamic Republic of Iran, was unanimously elected as the acting Vice-President of the Regional Commission in replacement of Dr Pakdil. Dr Sayari's nomination will be proposed for approval at the next General Session in May 2006.
216. The Director General stated that the press release of the Conference made available to the participants could serve as a model for the media of the various countries present, if they so wished. It will also be placed on the OIE Web site.
217. Dr Vallat recalled the new dates of the GF-TADs meeting for the Middle East, which had been distributed to the participants, namely, 16 and 17 January 2006.
218. With regard to the questionnaire on the structure of Veterinary Services, which was sent to all the OIE Delegates by the OIE Central Bureau and that will be published in the OIE *Technical Review*, Dr Vallat remarked that to date only few replies had been received from the countries of the Middle East. He stressed the importance of assisting the OIE in supporting the Veterinary Services world-wide.



219. Draft Recommendation No. 3 on Avian Influenza was put forward for discussion. It was approved with minor amendments ([Appendix VI](#)).

#### **Closing Ceremony**

220. On behalf of His Excellency Mr Ali Bin Saleh Al-Saleh, Minister of Municipalities Affairs and Agriculture, Dr Salman Abdnabi Ebrahim, Chairman of the Conference and President of the OIE Regional Commission for the Middle East, extended his thanks to Dr Bernard Vallat, the OIE Director General and his team, the international and regional organisations and all the participants for their active participation in the meeting. He expressed his pleasure at having hosted the Conference in his country and trusted that the meeting had been successful and fruitful.
221. Dr Vallat then extended his sincere thanks to His Excellency the Minister of Municipalities Affairs and Agriculture and the Government of the Kingdom of Bahrain for having hosted the Conference, and to Dr Salman Abdnabi Ebrahim and his team for their valuable input. The Director General expressed his appreciation for the conclusions drawn from the proceedings of the Conference and the interest shown in the technical items chosen by the Commission.
222. On behalf of the delegation of Jordan, Dr Fares Al Bakhit expressed his appreciation to Dr Bernard Vallat and to Dr Salman Abdnabi Ebrahim and presented each of them with a gift.
223. On behalf of the Regional Commission Bureau, the OIE Central Bureau and the Conference participants, Dr Ahmed Mustafa Hassan, Vice-President of the Regional Commission, read the motion of thanks to the Government of the Kingdom of Bahrain ([Appendix VII](#)).
224. Dr Abdnabi Ebrahim then declared the 8th Conference of the OIE Regional Commission for the Middle East officially closed at 11.30 a.m.
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**8th Conference of the OIE Regional Commission for the Middle East  
Manama (Bahrain), 26-29 September 2005**

**LIST OF PARTICIPANTS**

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**8th Conference  
of the  
OIE Regional Commission for the Middle East  
Manama (Bahrain), 26-29 September 2005**

Provisional Agenda

- I.** Technical Item: Capacity-building in the Veterinary Services of Middle Eastern countries
- II.** Technical Item: Registration of veterinary medicinal products and biologicals
- III.** Animal Health Situation in the region
- IV.** Other matters
  - Presentations by international and regional organisations
  - Activities of the OIE Regional Representation for the Middle East
  - Food-borne diseases in products of animal origin
  - OIE activities related to Aquatic animals
  - Control of horse movements in Middle Eastern countries
  - Follow-up of the FAO/OIE project for recognition of freedom from rinderpest in the Middle East
  - Follow-up of the RVF climate modelling system
  - Selection of the Technical Items for the 9th Conference of the OIE Regional Commission for the Middle East
  - Date, venue and agenda items for the 9th Conference of the OIE Regional Commission for the Middle East





8th Conference of the OIE Regional Commission for the Middle East

Manama (Bahrain), 26-29 September 2005

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Timetable

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**Monday 26 September 2005**

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- 9.00 am - Opening Ceremony
- 10.00 am - Break
- 10.30 am - Election of the Conference Committee (Chairperson, Vice-Chairperson and Rapporteur General)  
Adoption of Provisional Agenda and Timetable  
Election of Session Chairpersons and Rapporteurs for Technical Items and Animal Health Status
- 11.00 am - Animal Health Status of Member Countries
- 12.30 pm - Lunch
- 2.00 pm **Technical Item I:** Capacity-building in the Veterinary Services of Middle Eastern countries  
(Dr Jean-Michel Bergès)
- 3.30 pm - Break
- 4.00 pm - Control of horse movements in Middle Eastern countries  
(Dr Ghazi Yehia and Dr Tom Morton)
- 4.30 pm - OIE activities related to aquatic animals (Dr Barry Hill)
- 5.30 pm - End of the Session  
(Preparation of recommendation for Item 1 by designated small group)
- 8.00 pm - Reception given by the Ministry of Municipality Affairs and Agriculture

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**Tuesday 27 September 2005**

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- 9.00 am- **Technical Item II:** Registration of veterinary medicinal products and biologicals (Dr Hassan Aidaros)
- 10.30 am - Break  
(Continuation of preparation of recommendation for Item I by the group, if necessary)
- 11.00 am - Activities of the OIE Regional Representation and other relevant matters (Dr Ghazi Yehia)

- 12.00 am - Food-borne diseases in products of animal origin (Dr Ahmed Hassan)
- 12.30 pm - Lunch  
(Preparation of recommendation for Item II by designated small group)
- 2.00 pm - Presentations by international and regional organisations
- 3.00 pm - Presentation of the FAO/OIE initiative: GF-TADs (Dr Joseph Domenech)
- 3.30 pm - Follow-up of the FAO/OIE project for recognition of freedom from rinderpest in the Middle East (Dr Peter Roeder)
- 4.00 pm - Follow-up of the RVF climate modelling system (Dr Paul Rwambo)
- 4.30 pm - Break
- 5.00 pm - Discussion of draft recommendations
- 6.00 pm - Date, venue and selection of technical items for the 9th Conference of the OIE Regional Commission for the Middle East
- 6.30 pm - End of the Session
- 8.00 pm - Reception given by the OIE

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**Wednesday 28 September 2005**

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- 9.00 am - Professional and cultural visit

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**Thursday 29 September 2005**

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- 9.00 am - Adoption of Final Report and Recommendations
- 10.30 am - Break
- 11.00 am - Closing Ceremony
- 11.30 pm - End of the Session

**8th Conference  
of the  
OIE Regional Commission for the Middle East  
Bahrain, 26-29 September 2005**

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Recommendation No. 1

**Strengthening Veterinary Services: evaluation**

CONSIDERING THAT

In order to gain access to international markets, improve public health and ensure early detection of animal diseases and zoonoses, as well as the safety of animal products, States must have quality Veterinary Services (VS) that abide by fundamental principles which guarantee their trading partners' confidence, particularly in international veterinary certificates,

Bringing VS into compliance with international standards is a priority in terms of public and private investment and calls for changes in organisation, structure, financial resources, responsibilities and interaction with the private sector,

A prerequisite for strengthening official VS is to evaluate the quality of their performance, whether for undertaking internal reforms, justifying the necessary investment or meeting the requirements of importing countries,

The Fourth OIE Strategic Plan introduces new key strategic guidelines for building the capacity of Veterinary Services to improve the safety of world trade in animals and animal products, as well as public health,

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST  
RECOMMENDS THAT

A. THE OIE:

1. Guarantee the national and international transparency of VS evaluation by proposing that the International Committee adopt a new voluntary procedure for evaluating the compliance of Veterinary Services of Member Countries with the quality standards mentioned in the *Terrestrial Animal Health Code*, requiring the intervention of independent international auditors under the auspices of the OIE's Director General and International Committee.
2. Continue to develop, improve and harmonise tools for evaluation of VS.
3. Mobilise appropriate international financial resources for strengthening the VS of countries that so request.
4. Organise training for regional and/or local trainers in evaluating quality of VS based on real demand to comply with international standards.
5. The OIE be urged to seek ways and means to advise regional and international organisations to harmonise efforts to strengthen the capacity building of VS.

B. THE MEMBER COUNTRIES:

1. Consider as a top priority, the implementation of the provisions of Chapter 1.3.3 of the OIE *Terrestrial Animal Health Code* on the quality and evaluation of Veterinary Services.
2. Encourage and set up a continuous quality assessment system for Veterinary Services based on methods harmonised and recommended by the OIE.
3. Mobilise the necessary national, regional or international, public or private financial resources to support Veterinary Services compliance, taking into account specific national and regional characteristics as well as international standards.

(Adopted by the OIE Regional Commission for the Middle East on 29 September 2005)



**8th Conference  
of the  
OIE Regional Commission for the Middle East  
Manama (Bahrain), 26-29 September 2005**

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Recommendation No. 2

**Registration of veterinary medicinal products and biologicals**

CONSIDERING THE

Lack of a clear standard definition for the "Registration" of veterinary medicinal products and biologicals and the absence of international standards for the registration of these products,

Adverse effects of poor keeping and storage conditions on the efficacy of veterinary medicinal products and biologicals,

Absence of evaluation in some countries of the veterinary medicinal and biological products before release,

Abuse of veterinary medicinal products and biologicals in the field of animal production,

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST  
RECOMMENDS THAT

1. Efforts be made, with the support of the OIE Collaborating Centres and relevant international organisations, such as the International Cooperation on Harmonisation of Technical Requirements for the Registration of Veterinary Medicinal Products (VICH), to develop OIE standards and guidelines for the registration of veterinary biologicals and medicinal products within national or regional mechanisms.
2. The registration of these products be based on sound scientific principles to ensure the protection of animal and/or human health, as well as the environment, and not unnecessarily hinder free trade.
3. Emphasis be placed on the registration of the establishments used for storing and distributing veterinary medicinal products and biologicals.
4. Member Countries take appropriate actions to evaluate veterinary medicinal products and biologicals of national and international origin before release, using OIE standards, wherever applicable, and the expertise of OIE Reference Laboratories, if necessary.
5. Due consideration be given to the use of animal vaccines in conjunction with national disease control or eradication programmes.
6. OIE Delegates nominate a national focal point in order to develop technical exchanges with the OIE, VICH and other relevant organisations.

(Adopted by the OIE Regional Commission for the Middle East on 29 September 2005)



**8th Conference  
of the  
OIE Regional Commission for the Middle East  
Manama (Bahrain), 26-29 September 2005**

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Recommendation No. 3

**Mitigation measures against Avian Influenza in the Middle East**

CONSIDERING THAT

The recent concerns caused by outbreaks of avian influenza in China, Russia and Kazakhstan and the possible risk of spread of the virus to other regions of the world by migratory birds should sensitise the OIE Member Countries in the Middle East to adopt mitigation measures against the disease,

The implementation of OIE international standards relating to the quality and evaluation of Veterinary Services is a priority,

Early detection of the first outbreaks and the rapid response to contain these outbreaks are the key tools to effectively control the disease once it infects a country,

The present concern about the spread of avian influenza confirms the importance of providing appropriate public resources for national Veterinary Services to manage the potential risk of the disease in birds,

Cooperation with public health authorities is important for the prevention of a possible human influenza pandemic,

Combating Avian Influenza and the prevention of a possible human pandemic should start with the control of the virus in the bird population,

A vaccination strategy could be used as an additional tool in controlling the disease in the region if stamping out policies cannot be effectively implemented,

The intensification of surveillance for Avian Influenza in the countries of the Near and Middle East is a priority, as these countries are located along the migratory routes of wild birds and the cross-roads of international transportation,

The role of migratory birds in transmitting the disease requires careful monitoring and study,

The FAO in permanent collaboration with the OIE is implementing Technical Cooperation Programmes (TCPs) to control Avian Influenza,

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST  
RECOMMENDS THAT

1. Veterinary Services in countries that are at possible risk of the disease be vigilant and ready to make all efforts in order to prevent the introduction of the Asian H5N1 strain of the Avian Influenza virus. In case of outbreaks, these countries should be provided with means to carry out strategic vaccination of birds if stamping out measures cannot be effectively implemented.
2. National Veterinary Services in the region be provided with the necessary infrastructure and appropriate public resources for the early detection and rapid response to the outbreaks of the disease in animals.

3. It is a priority to reduce/eliminate the virus in the animal source world-wide through strengthening the role of Veterinary Services in the prevention and control measures of the disease. This is considered to be the best approach to avoid a human pandemic.
4. The OIE and FAO be requested by Member Countries in the region to provide assistance in the development of contingency plans including securing a source of vaccines to be used in case of emergency.
5. Countries develop and enforce appropriate legislation to enable them to react promptly in case of suspicion of disease occurrence.
6. A compensation fund be created and fully publicised at the national level to encourage farmers and veterinarians to notify the Veterinary Services in case of a disease suspicion.
7. Education programmes on safe poultry husbandry, including the early recognition and notification of signs and symptoms of disease, as well as marketing be designed for farmers and other stakeholders in Member Countries of the region.
8. The OIE Delegates be in permanent contact with the OIE Central Bureau and the Regional Representation for the Middle East by providing timely information on the national status of the disease and collecting epidemiological information published by the OIE. The OIE will publish as soon as possible the findings of the mission of OFFLU experts currently in Siberia and provide relevant warnings to countries that may be at risk by migratory birds.
9. Member Countries be encouraged to participate in joint meetings to be held by the OIE and FAO relevant to the surveillance of the migratory birds in countries at possible risk.
10. Inter-sectoral collaboration between the Veterinary Services and the public health authorities in countries of the region be improved to strengthen efforts to prevent the introduction and spread of Avian Influenza.
11. A delegation from the OIE Regional Commission for the Middle East composed of the President and the Regional Representative participate in the joint OIE/WHO/FAO international conference on Avian Influenza to be held in Geneva from 7 to 9 November 2005 to take part in discussions being held at the global level.
12. The conference strongly support the strategy and the programmes adopted by the OIE and FAO and urge Member Countries to proceed in close association with the OIE, with the implementation of the Technical Cooperation Programmes (TCPs) related to HPAI in the region.

(Adopted by the OIE Regional Commission for the Middle East on 29 September 2005)



## MOTION OF THANKS

The President and the Members of the Bureau of the OIE Regional Commission for the Middle East, the Director General of the OIE, the members of Delegations of Member Countries, the representatives of international and regional organisations and the observers present wish to express their gratitude to His Majesty the King, the Government and the people of the Kingdom of Bahrain, the Host Country of the 8th Conference of the Regional Commission, for the excellent welcome accorded to them and for all facilities made available to them during their stay in Manama from 26 to 29 September 2005.

## رسالة شكر

ان رئيس ومجلس إدارة اللجنة الإقليمية للمنظمة العالمية للصحة الحيوانية في الشرق الأوسط، المدير العام للمنظمة، وأعضاء وفود البلدان المشاركة، وممثلي المنظمات الإقليمية والدولية وجميع المشاركين في المؤتمر الإقليمي الثامن للمنظمة والذي اقيم في مملكة البحرين بتاريخ 26-29 سبتمبر 2005، يتوجهون بالشكر والعرفان إلى مملكة البحرين، ملكاً وحكومة وشعباً، للترحيب العظيم والضيافة والتسهيلات التي أحيطت بهم إقامة الوفود في ربوع هذا الوطن العزيز.

