



Organisation
Mondiale
de la Santé
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Organización
Mundial
de Sanidad
Animal

23rd Conference of the
OIE Regional Commission for Asia,
the Far East and Oceania
Noumea (New Caledonia), 25-28 November 2003

FINAL REPORT



Office international des épizooties

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List of Abbreviations

APHCA	:	Animal Production and Health Commission for Asia and the Pacific
AusAID	:	Australian Agency for International Development
BT	:	Bluetongue
BSE	:	Bovine spongiform encephalopathy
DLD	:	Department of Livestock Development (Thailand)
DMZ	:	Demilitarised zone (between the two Koreas)
ELISA	:	Enzyme-linked immunosorbent assay
FAO	:	Food and Agriculture Organization of the United Nations
FMD	:	Foot and mouth disease
GMO	:	Genetically modified organism
NACA	:	Network of Aquaculture in Asia Pacific
OIE	:	Office International des Epizooties
PAHIS	:	Pacific Animal Health Information System
PPR	:	Peste des petits ruminants
SEAFMD	:	South-East Asia Foot and Mouth Disease
SPC	:	Secretariat of the Pacific Community
SPS	:	Sanitary and Phytosanitary Measures
USDA	:	United States Department of Agriculture
WHO	:	World Health Organization
WTO	:	World Trade Organization

Introduction

1. On the invitation of the Government of New Caledonia, the 23rd Conference of the OIE Regional Commission for Asia, the Far East and Oceania was held in Noumea from 25 to 28 November 2003.
2. A total of sixty participants, of which fifty-seven Delegates and Observers from seventeen OIE Member Countries, three international or regional organisations and six other member countries of the Secretariat of the Pacific Community (SPC), attended the Conference. The speakers of Technical Items I and II, as well as the OIE Regional Representative for Asia and the Pacific, also participated in the proceedings of the Conference.

Tuesday 25 November 2003

Opening Ceremony

3. Dr Christian Desoutter, permanent Delegate of New Caledonia to the OIE and Director of Veterinary, Food and Rural Affairs, extended a warm welcome to the participants. He mentioned that the Conference had necessitated extensive preparation by the OIE team that assures a high scientific standard, and by the governmental services of New Caledonia responsible for the logistical and operational support, in collaboration with the Pacific Community. He wished the participants a pleasant stay. In conclusion, Dr Desoutter indicated the order of the opening addresses and gave the floor to the OIE Regional Representative.
4. Dr Teruhide Fujita, OIE Regional Representative for Asia and the Pacific, expressed his pleasure at taking part in the Conference in Noumea and his sincere appreciation to the government of New Caledonia and colleagues for their generosity in hosting and preparing the Conference. He stressed the importance of the meeting for the region, as there are many challenges to meet the requirements of various stakeholders, including those concerned by livestock production, the marketing of animals and animal products, as well as consumers.
5. Dr Fujita underlined the seriousness of still existing problems of infectious animal diseases, such as foot and mouth disease, classical swine fever and Newcastle disease, in many countries of the region. He also emphasised the increasing importance of veterinary activities and involvement in relation to food safety at farm and pre-slaughter levels to reduce food-borne risks to human health and to secure consumers' confidence in food, in particular livestock products. The Veterinary Services of the Member Countries must thus effectively cope with animal disease control and improvement of services to further strengthen their activities, including renewed and transparent animal health information systems, and the development of diagnosis and surveillance systems. This is particularly true for the Asia and Pacific region, since the livestock sector in the region has developed rather rapidly to meet the strong demand of livestock products by consumers.
6. Dr Fujita recalled that the OIE Regional Representation has worked with Member Countries in various fields, including the improvement of terrestrial and aquatic animal disease information systems, support to foot and mouth disease control, prevention and control of emerging diseases, BSE prevention and control, standardisation of veterinary medicinal products and matters regarding the WTO-SPS Agreement including risk analysis, through meetings and workshops. He believed that the OIE Regional Representation needs to continue its efforts to work closely with Member Countries as well as related organisations for further development and improvement of animal health aspects and the livestock sector in the region.

7. Dr Gardner Murray, President of the OIE Regional Commission for Asia, the Far East and Oceania, welcomed the Minister of Agriculture and Marine Affairs, Mr Maurice Ponga, and all participants to the Conference. He extended his thanks, on behalf of the OIE, to the Government of New Caledonia, to the OIE Delegate and the individual officers in the New Caledonian animal health services, and to the South Pacific Community, who together have organised the meeting.
8. The Commission President recalled that governments and animal health authorities in the region continue to face many significant issues, some old and some new. While new diseases are emerging and technological advances are bringing new challenges, long-established diseases, such as foot and mouth disease and rabies, continue to test the region's abilities in control and eradication. He recalled that highly infectious transboundary diseases, rabies, as well as issues associated with the rapidly expanding aquatic animal industries will be discussed during the week. The significance of the emerging technique of using genetically modified organisms to control wildlife and the latest information about animal carcass disposal methods will also be considered. The programme will cover strategic, policy and technical items.
9. Dr Murray observed that the role of the Regional Commissions is expanding. The OIE has identified regional actions as a key issue in the 4th OIE Strategic Plan for 2005–2010. He believed this to be an exciting opportunity for the Regions, with proposals for the creation of sub-regional bureaus, training sessions for OIE Delegates and the opportunity for the Regional Commissions to have input into the OIE Strategic planning process. He stressed that there is a need to work together to take full advantage of opportunities as they arise, in order to strengthen the Asia, Far East and Oceania region and its ability to function optimally in the OIE.
10. In conclusion, Dr Murray commented that the stage is set and that it is now up to everyone to make sure that the outcomes of the week are constructive and can be used to further the goals of the OIE for the benefit of the region.
11. Dr Bernard Vallat, Director General of the OIE, also on behalf of the President of the OIE International Committee, expressed his pleasure at welcoming the participants to the Conference. He expressed his gratitude to the Government of New Caledonia for inviting the Commission to hold its conference in Noumea. He extended his thanks to the Secretariat of the Pacific Community for its valuable support and for the common implementation of the new Agreement with the OIE Central Bureau in the field of animal disease information.
12. The Director General stressed the particular value of the proposed programme for the region, as it underlines the essential role of the livestock sector. In fact, the region's animal production sector, including aquaculture, has been growing on average more rapidly than in any other area of the world over the last three decades.
13. Dr Vallat briefly outlined the technical issues to be discussed during the conference and stressed the importance of these issues for the region as well as internationally. He also mentioned that ideas can be exchanged on the Global Framework on Transboundary Animal Diseases (GF-TADS), a global joint initiative of the OIE and the FAO.
14. The Director gave a brief overview of the 3rd Strategic Plan (2000-2005) stating that the objectives have for the most part been reached after three years. The new fields of activity and responsibility of the OIE are effectively animal welfare, including sea transport of live animals, and animal production food safety. He added that the 4th Strategic Plan (2005-2010) will no doubt review in particular these issues, without neglecting the traditional missions of the OIE. Additionally, elements that must have particular attention are the development of our financial resources (budgetary and voluntary extra-budgetary), in order to develop the regional actions to a far greater extent; the intensification of relations with other international organisations, as well as ongoing permanent political and technical support to Veterinary Services of Member Countries.

15. In conclusion, Dr Vallat reported that a specialised department devoted solely to regional activities has been created in the Central Bureau, in order to sustain and facilitate the development of programmes implemented by the OIE Regional Representations. Its role is to support the regional activities of the OIE, in particular by mobilising the resources of the Central Bureau's other specialised technical departments, and to help insure coherence between the activities of the Regional Commissions and those of the Regional Representations, as well as interaction with other international organisations.
16. The Honourable Minister of Agriculture and Maritime Affairs of New Caledonia, Mr Maurice Ponga, warmly welcomed participants to the Conference. He observed that New Caledonia has been a member of the OIE for over fifty years and that it was important for the Government to organise a meeting of this nature, thus strengthening its presence in this important intergovernmental organisation, and thereby contributing to the organisation's influence in the Pacific zone. He extended his thanks to the Director General of the OIE for honouring New Caledonia and Noumea for holding the Regional Conference in his country. He also thanked the Secretariat of the Pacific Community (SPC), and in particular, the recently re-elected Director General, Ms Pangelinan.
17. The Minister observed that only two of the member countries of the SPC are members of the OIE. He expressed the hope that this meeting at the SPC headquarters would encourage interest, debate and even adherence of the observer countries of the zone. He was convinced that the specificities of the isolated states of the Pacific need to be taken into account to an even larger extent.
18. With regard to its privileged animal health status and its recognised potential in aquacultural issues, New Caledonia will follow the conclusions of the conference with particular interest. He added that the Government of New Caledonia, as well as its services as a whole, would do their utmost that the participants' stay would take place under the best conditions, whether of a professional, human or cultural nature during the exchanges. He then declared the 23rd Conference of the OIE Regional Commission for Asia, the Far East and Oceania officially open.
19. The texts of the above speeches were distributed to the Delegates.

Election of the Conference Committee

20. The participants elected the following Conference Committee:

Chairperson:	Dr Christian Desoutter (New Caledonia)
Vice-Chairperson:	Dr Vijay K. Taneja (India)
Rapporteur General:	Dr Barry O'Neil (New Zealand)

Adoption of the Provisional Agenda and Timetable

21. The Provisional Agenda and Timetable were adopted.

Designation of Chairpersons and Rapporteurs

22. Chairpersons and Rapporteurs were selected for the technical items as follows:

Item I:	Dr Jose Molina (Philippines), Chairperson
	Dr Derek Belton (New Zealand), Rapporteur

Item II:	Dr Syarifah Syed Hassan (Malaysia), Chairperson Dr Jiraporn Kasornchandra (Thailand), Rapporteur
Animal health situation:	Dr Shubh Narayan Mahato (Nepal), Chairperson Dr Gavin Struthers (Vanuatu), Rapporteur

Animal health situation of Member Countries in the region in 2003

23. The Conference Chairman, Dr Desoutter, introduced the Session Chairman, Dr Mahato, who invited Dr Vallat, Director General of the OIE, to present an update of the disease situation in the region.
24. Dr Vallat gave the overview of the animal health situation of Member Countries in the region in 2003, as contained in the conference report. He encouraged those Member Countries that only report at this stage to the Regional Representative, to regularly report their animal health situation to the OIE, and not only to the Regional Representative, and invited those that wished to give an update to use the Conference to do so.
25. The report that was presented by Dr Vallat (that was current at 29 October 2003) on the animal health situation in Asia, the Far East and Oceania in 2003 was based on information submitted through the responses to the Conference questionnaire, to the OIE by Member Countries of the Regional Commission for Asia, the Far East and Oceania in their emergency and follow-up reports and monthly reports between January and October 2003. Valuable information is also extracted from the national reports submitted in preparation for the Regional Conference. Furthermore, when necessary, animal health information submitted by some Member Countries only to the Regional Representation for Asia and the Pacific and OIE Reference Laboratory information was used.
26. Of the thirty OIE Member Countries of the Regional Commission for Asia, the Far East and Oceania, eight submitted their reports on the animal health situation on time (on 29 October 2003) for the 23rd Conference of the OIE Regional Commission for Asia, the Far East and Oceania. In fact, many Member Countries have a misunderstanding that emergency and regular monthly reports to the OIE are sufficient for Regional Conference information.

List A diseases

Foot and mouth disease

27. For **Afghanistan**, results received in April from the OIE Reference Laboratory for Foot and Mouth Disease (FMD) in Pirbright, United Kingdom, indicated the presence of serotype O in sheep and cattle. FMD is widespread throughout the country.
28. During the first half of 2003, five outbreaks of FMD in cattle were reported in **Bhutan** in bovines. In **Cambodia**, several outbreaks were reported between January and August 2003.
29. **India** reported outbreaks of type Asia 1, A and O during the first half of 2003.
30. **Indonesia** periodically conducts disease surveillance for all List A diseases, especially FMD, in the provinces bordering Malaysia and the Philippines, as well as Java Island, which was the source of FMD infection during the last outbreak of 1983.
31. Outbreaks due to serotype O were reported in **Laos** during the first part of 2003.

32. In **Nepal**, there were significant outbreaks of FMD in the second quarter of 2003, causing high mortality in crossbred dairy cattle and buffaloes. FMD virus type O, 'Panasia' and 'IND2001' topotypes were responsible for epidemic outbreaks in recent months. The epidemiological trend of FMD in Nepal indicates that the current practices of selective FMD vaccination in dairy farming areas and post outbreak ring vaccination in some districts have no significant effect on the overall FMD situation.
33. **Vietnam** reported the occurrence of nine FMD outbreaks during 2003, the affected provinces share borders with Cambodia and China. Mass vaccination in the border area and ring vaccination around outbreaks were the control methods used. Serotype O was isolated in six outbreaks in the Dac Lac and Phy Yen Provinces.
34. In 2003, the following OIE Member Countries reported the presence of FMD: **Afghanistan, Bangladesh, Bhutan, Cambodia, India, Iran, Laos, Malaysia (Peninsular), Myanmar, Nepal, Pakistan¹, Philippines, Sri Lanka, Thailand and Vietnam.**
35. The following OIE Member Countries have never reported the presence of FMD: **New Zealand, New Caledonia and Vanuatu.**
36. During 2003, the following OIE Member Countries reported the absence of outbreaks of FMD: **Australia (1873)², Indonesia (1983), Republic of Korea (06/2002), Mongolia (08/2002), Russia (2000), Singapore (1935), Taipei China (02/2001) and United States of America (1929).**

Rinderpest

37. In July 2003, the Delegate of **Bangladesh** declared his country provisionally free from rinderpest.
38. In June 2003, the Delegate of **Iran** declared his country provisionally free from rinderpest.
39. **Mongolia** reported the last outbreak of rinderpest in March 1993. Intensive surveillance is being carried out by the Veterinary Services, so that the country can provisionally declare itself free from rinderpest. As a result of the epidemiological surveillance during 2002, few samples showed weak positive results; however, these samples may have been taken from vaccinated cattle.
40. In February 2003, the Delegate of **Pakistan** declared his country provisionally free from rinderpest.

Peste des petits ruminants

41. This disease is still present in **Afghanistan.**
42. **Bangladesh** reported sporadic outbreaks of peste des petits ruminants (PPR) in January 2003.
43. Outbreaks of PPR were reported in **India** in the states of Andhra Pradesh, Gujarat, Himachal Pradesh, Karnataka, Maharashtra, Orissa, Pondicherry and West Bengal.
44. **Nepal** reported a total of 196 outbreaks between January and June 2003. The distribution of goats without PPR vaccination in hill districts may be causing the spread of PPR to areas previously unaffected.
45. **Pakistan**, who had reported PPR outbreaks during 2002, has not reported any outbreak during the first half of 2003.

¹ Positive results from samples submitted to the OIE/FAO Reference Laboratory for Foot and Mouth Disease (Pirbright, UK) in March 2003

² Date of last reported outbreak

46. OIE Member Countries that have never reported outbreaks of peste des petits ruminants are: **Australia, Indonesia, Japan, New Caledonia, Malaysia, Mongolia, Myanmar, New Zealand, Philippines, Republic of Korea, Russia, Singapore, Sri Lanka, Taipei China, Thailand, United States of America, Vanuatu and Vietnam.**

Contagious bovine pleuropneumonia

47. No outbreaks were reported from the **Asia, Far East and Oceania** region during the first half of 2003.
48. In October 2003, the Delegate of **India** declared his country provisionally free from contagious bovine pleuropneumonia with vaccination.

Bluetongue

49. A number of bluetongue (BT) serotypes have been present in northern **Australia** for at least 25 years. Ongoing surveillance is conducted as part of the National Arbovirus Monitoring Program. Clinical disease has only been seen if susceptible sheep are introduced into the endemic area where the *Culicoides* vector exists. The disease has not been seen in cattle and goats in **Australia** during the first half of 2003.
50. Serological positive samples were found in domestic animals and wildlife in **Singapore**, but there were no clinical signs. BT was reported in **Taipei China** in cattle and goats following routine serological surveillance, but no animals displayed clinical signs.
51. **India** reported three outbreaks of BT in Karnataka in January 2003.
52. The following OIE Member Countries have reported the absence of BT outbreaks during 2003: **Australia, Bangladesh, Cambodia, Indonesia, Japan (12/2001), Malaysia, Pakistan (12/1996), Russia (1994) and United States of America (2002).**
53. OIE Member Countries that have never reported outbreaks of BT are: **Republic of Korea, Laos, Malaysia, Mongolia, Myanmar, Nepal, New Caledonia, New Zealand, Philippines, Sri Lanka, Thailand, Vanuatu and Vietnam.**

Sheep pox and goat pox

54. Five outbreaks of sheep pox and goat pox were reported by **Nepal** during 2003. **India** and **Pakistan** also reported the presence of this disease. In these countries, vaccination is used as the main measure of control.
55. The following OIE Member Countries reported the absence of outbreaks of sheep and goat pox during 2003: **Bangladesh, Cambodia, Indonesia, Japan (1921), Laos, Mongolia (1976), Myanmar (1983), Russia (2002) and Sri Lanka (10/1996).**
56. OIE Member Countries that have never reported the presence of sheep pox and goat pox are: **Australia, Republic of Korea, Malaysia, New Caledonia, New Zealand, Philippines, Singapore, Thailand, United States of America, Vanuatu and Vietnam.**

Classical swine fever

57. Classical swine fever (CSF) outbreaks were reported during 2003 in **Bhutan, Cambodia, India, Indonesia, Republic of Korea, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Russia, Thailand and Vietnam.**

58. In the **Republic of Korea**, 65 outbreaks of CSF were reported during the first half of 2003. The number of outbreaks is higher than the 13 outbreaks reported during 2002.
59. **Russia** reported four outbreaks of CSF between January and June 2003.
60. **Vietnam** is developing a control programme to establish disease free zones in the Red River Delta and in other areas of the country.
61. The following OIE Member Countries reported the absence of CSF during the first part of 2003: **Australia (1962), Bangladesh, Japan (12/1992), Laos, Mongolia (11/1994), New Caledonia, New Zealand (1953), Singapore (1989), Sri Lanka (06/1999), United States of America (1976) and Vanuatu.**

Newcastle disease

62. **Australia** declared itself free from Newcastle disease (NCD) on 26 June 2003 in accordance with the provisions of Article 2.1.15.2 of the *Terrestrial Animal Health Code*. Surveillance is continuing and compulsory ND vaccination is being introduced in all jurisdictions, except in Western Australia. There have been no further outbreaks of NCD since 27 November 2002.
63. During the first part of the year 2003, 630 affected premises were identified in the **United States of America**, in Arizona, California, Nevada and Texas. As a result of the application of quarantine and movement control inside the country, and a stamping-out policy, no new cases have been detected since 31 May 2003 and all State and Federal quarantine areas have been lifted.
64. In 2003, NCD outbreaks were reported in **Bangladesh, Cambodia, India, Indonesia, Republic of Korea, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Russia, Sri Lanka, Taipei China and Vietnam.**
65. In **Taipei China**, one outbreak of NCD was reported in April 2003 in the Kaoshing Prefecture.
66. Two outbreaks of NCD were reported in **Russia** in the Lipetsk region in May 2003.
67. **The Republic of Korea** reported 36 outbreaks of NCD from January to July 2003.
68. In **Vietnam**, NCD is endemic and affects poultry flocks raised in a smallholder farming system.
69. OIE Member Countries that reported the absence of NCD during the first half of 2003 are: **Australia (2002), Bhutan (2002), Japan (2002), Mongolia, New Caledonia, New Zealand, Singapore (2000), Thailand (1996) and Vanuatu.**

List B diseases

70. This information on List B diseases is extracted from the animal health status reports of Member Countries prepared for the Regional Conference.

Bovine spongiform encephalopathy and scrapie

71. Australia introduced measures to protect its national cattle population from BSE and its sheep population from scrapie.

72. In Japan, two new cases of BSE were reported in dairy farms in Wakayama and Hokkaido Prefectures in January 2003. Both diagnoses in six-year old Holstein dairy cows were made using the screening test, which was introduced by the Ministry of Health, Labour and Welfare on 18 October 2001 for all cattle slaughtered at abattoirs. One atypical BSE case was reported during October 2003 in a Holstein bullock aged twenty-three months in the Ibaraki Prefecture. Preliminary results, using the Western blot analysis, the pattern of the glycoform and the relative protease resistance of PrP^{sc} seem to be different from those normally encountered in BSE.

Rabies

73. In Indonesia, 18 provinces are infected with rabies, one province is provisionally free (West Kalimantan) and five provinces have remained free from the disease (Bali, West Nusa Tenggara, Maluku, Banten and Irian Java). During 2002, 510 cases of rabies were reported and an intensive control programme was implemented in all infected areas through mass vaccination of stray dogs. During September 2003, five outbreaks were reported in dogs on Ambon Island, Maluku Province; the latter was traditionally known as a rabies-free area until June 2003 when the first cases were reported. Persons have been bitten by dogs with an incidence rate of 0.66 and human cases have been associated with these outbreaks. East Java, Yogyakarta and Central Java were declared free from rabies in 1997.
74. Japan has not reported any cases of rabies since 1956.
75. Malaysia has not reported the occurrence of rabies since 1999.
76. Mongolia reported outbreaks of rabies in different species (cattle, camels and dogs).
77. Nepal reported 327 outbreaks in multiple species.
78. In Russia, this disease is endemic and around 2,000 cases of rabies were reported in 2003 in domestic species, but especially in wildlife species.
79. Rabies is endemic in Vietnam and occurs sporadically. Three outbreaks were reported by June 2003.
80. The Republic of Korea reported 13 outbreaks of rabies during 2003.
81. Thailand reported 185 outbreaks of rabies between January and July 2003.

Tuberculosis

82. Australia has been free from bovine tuberculosis since 1997 and a tuberculosis (TB) freedom assurance programme has been in operation since that time. The last outbreak of TB was detected by the abattoir surveillance programme in buffaloes in early 2002 and destocking activities were completed.
83. The Republic of Korea reported 141 outbreaks of tuberculosis, with 535 cases in cattle during the first half of 2003.

Haemorrhagic septicaemia

84. Haemorrhagic septicaemia (HS) is endemic in Indonesia and is found in cattle and buffaloes. The number of cases of haemorrhagic septicaemia reported in 2003 was 1,177.

85. Nepal reported 414 outbreaks from January to July 2003. HS is located geographically in the ecozones of Hill and Tarai.
86. In Vietnam, 1,677 outbreaks were reported during the first half of 2003. It is the most significant and damaging of diseases for smallholders, causing high mortality in draught animals.

Anthrax

87. In Indonesia, anthrax is reported to occur sporadically in West Sumatra, Jambi, DKI Jakarta, West Java, Central Java, West Nusa Tenggara, East Nusa Tenggara, South Sulawesi, Southeast Sulawesi, Central Sulawesi and Irian Jaya.
88. Three outbreaks of anthrax were reported in Russia in cattle and sheep during 2003.
89. In Vietnam, the disease has been brought under control and there were no outbreaks in 2003.
90. No cases of anthrax were reported from the Republic of Korea (2000) or Japan (07/2000) in 2003.

Aujeszky's disease

91. **Japan** reported the occurrence of two outbreaks of Aujeszky's disease in the Gunna and Chiba Prefectures during April 2003. During 2002, five outbreaks of Aujeszky's disease were reported.
92. In Russia, six outbreaks of Aujeszky's disease were reported during the first half of 2003. During 2002, five outbreaks of the disease were reported.

Contingency plans for animal diseases

93. An Emergency Animal Disease Response Agreement provides funds in response to a disease incursion or outbreak in Australia. The largest animal disease simulation exercise in Australia, MINOTAUR, took place in 2002. National preparedness for all large outbreaks of emergency animal diseases, such as foot and mouth disease, has advanced substantially since then.
94. Indonesia uses KIAT VETINDO as a guide for contingency plans.

Discussion

95. Following the presentation, Dr Vallat gave a few additional comments. With regard to BSE, he highlighted the atypical case of BSE in Japan in a 23-month old Holstein. As Italy has reported a similar case, the OIE is investigating the matter and will advise Member Countries in May 2004 as to possible changes to the BSE standard based on this situation.
96. The Director General encouraged Member Countries to give the OIE updated information on their tuberculosis status, so that the OIE and other Member Countries could have a better understanding of the TB situation in the region.
97. Finally, Dr Vallat encouraged Member Countries to notify the OIE when they undertook disease simulations, in order to avoid misreporting by the media as to countries' disease situations.
98. The Chairperson of the Session then invited Delegates of Member Countries to report on any changes that had taken place recently regarding the animal health situation of their countries.

99. The Delegate from India reported that the Government is embarking on an enhanced FMD control programme using vaccination. He emphasised the need for a regional FMD control strategy. He also pointed out that poverty alleviation is associated with animal disease control.
100. A member of the delegation from Nepal, indicated that peste des petits ruminants (PPR) is now mainly under control and that a vaccine is being developed for this disease. Expansion of laboratory epidemiology and surveillance systems is taking place within the Veterinary Service, and legislative reform is underway, along with structural reforms, to ensure better compliance with OIE standards.
101. The Delegate from Malaysia remarked that his country had submitted to the OIE a proposal for zonal freedom from FMD in Sabah and Sarawak in the island of Borneo. He also commented on the expense of testing reagents.
102. The Delegate from the Philippines reported that there was continued FMD freedom without vaccination in Mindanao, Visayas, Marbata and Palawan. Next year, they hope to get Luzon free from FMD with vaccination, and in 2006, they hope to get all the Philippines free from FMD without vaccination. The Philippines has also launched new animal health programmes for hog cholera, Newcastle disease and rabies.
103. A member of the New Zealand delegation reported one confirmed case of post weaning multisystemic wasting syndrome in pigs with two further suspected cases. The properties involved are all in the North Island with no evidence of the syndrome being present in the South Island.
104. The Delegate from Vanuatu reported on a survey for bovine venereal campylobacteriosis. The disease appears widespread, but at a low level. It is proposed that a compulsory bull vaccination scheme be introduced for control of this disease.
105. Dr Vallat replied to a number of the issues raised by the Delegates of India and Malaysia related to the OIE policies on support for developing or transition countries that aim to encourage international donors to invest to a greater extent in animal health programmes.
106. The Representative of the Secretariat of the Pacific Community reported that the twenty Pacific Island Countries and Territories, which are not Members of the OIE, continued to remain free from all List A diseases and rabies. A number of countries in the North West Pacific had serological evidence of the presence of bluetongue virus without clinical signs. The most significant diseases in the region continued to be zoonotic, primarily bovine tuberculosis, brucellosis of cattle and pigs and, most importantly, leptospirosis. Dr Peter Saville advised participants that the SPC Regional Animal Health Service is implementing a number of activities in the region to establish the epidemiological relationship of the disease in humans and animals.
107. An observer from Papua New Guinea advised on a unique species of trichonella present in both pigs and crocodiles.
108. The delegation from Korea distributed their country report during the conference.

Rabies control in Asia

109. Dr Mary Elisabeth Miranda of the WHO Regional Office for the Western Pacific, based in Manila, Philippines, reported on the current human rabies situation in Asia, the Far East and Oceania.

110. Dr Miranda recalled that rabies is a disease that originates from animals and is nearly always fatal to humans if they are not vaccinated immediately after exposure. Almost all human deaths are caused by dog bites and approximately 90% occur in Asia. It is estimated that there were more than 35,000 deaths in Asian countries in 2001 (12 per million population per year). In Asia, the largest numbers of human rabies deaths were reported by India (30,000), Pakistan (2,400), Bangladesh (1,550), China (899) and the Philippines (274). Most of these cases did not receive appropriate post-exposure treatment (PET). Although every year, 5.7 million PETs are administered following a bite from a potentially rabid dog, this needs to increase to about 10 million to provide adequate protection to victims of dog and other animal bites.
111. The WHO Representative pointed out that although the efficacy and safety of modern cell culture vaccines have long been recognised, more than half of the patients still receive vaccines derived from nerve tissue, which are less effective, require repeated visits to the clinic and can have serious side effects. Moreover, most high risk patients do not receive rabies immunoglobulin (RIG) because of global shortage and its high price.
112. With regard to the rationale and strategies for human rabies control, Dr Miranda indicated that rabies is a vaccine preventable disease and a disease of poverty, particularly affecting young people. Japan and Malaysia are models of successful rabies elimination campaigns, built on dog rabies control, but these were carried out more than two decades ago.
113. For human rabies prevention, the WHO promotes improving access to PET using modern cell culture or avian embryo-derived vaccines through: multi-site intradermal regimens to reduce PET cost; domestic production of rabies biologicals, which are in short supply globally, particularly RIG; and continuing education of health and veterinary professionals on rabies prevention and control.
114. For dog rabies control and eventual elimination, the WHO promotes mass dog vaccination campaigns, although shortages of vaccine hinder progress; dog population management, including reducing the number strays, controlling trade and movement of dogs, and reducing dog populations through neutering; and public health education.
115. Dr Miranda recalled that a Steering Committee for Rabies Control in Asia was established in July 2001 to renew efforts for human and animal rabies control, and to address advocacy, surveillance, research and national and regional collaborations.
116. In conclusion, Dr Miranda emphasised that rabies is a vaccine preventable disease. All the tools and methods necessary to control and prevent rabies have long been available. A concerted effort between the human and animal health sectors will enable the disease to be controlled and eventually eliminated.

Discussion

117. The discussion on rabies that followed Dr Miranda's presentation was predominantly focused on issues emerging from the experiences of the various OIE Member Countries in dealing with the control of the disease.
118. The Delegate from India thanked Dr Miranda for her presentation and then informed the conference that poor quality nerve tissue culture vaccine has now been discontinued in India. The superior cell culture vaccine for use in humans has replaced the old vaccine.
119. Dr Taneja also commented on the relatively poor investments being made by various national governments on controlling dog rabies. He suggested that in the long run it was cheaper and more efficient to support rabies control in dogs than controlling the disease in humans. Both the WHO representative and the Director General of the OIE endorsed the view from the Indian Delegate. The WHO representative provided some data on the costs of rabies control. The vaccination cost per dog is approximately US\$ 1.3 as opposed to US\$ 75 per patient.

120. The Indian Delegate also expressed the difficulties on managing dog populations in the South Asia (SA) region. Often dogs in SA are strays (free ranging), whose movement was difficult to control. He, therefore, suggested that more efforts should be directed to controlling reproduction in dogs and developing more efficient dog vaccination regimes. The WHO Representative raised the issue of animal welfare as yet another dimension in the control of stray dog populations.
121. The Delegate from Malaysia attributed the success of their rabies control programme to systematic culling of stray dogs, particularly in the border areas, and processing culled dog brains for rabies diagnosis. She pointed out that this approach was not feasible in all countries within the South East Asia region, particularly in some countries, such as Thailand where religious beliefs prevented using such an approach. The Delegate from Thailand pointed out that in her country an alternative dog birth control strategy using castration and deploying birth control medication has been successful.
122. The Delegate from Korea gave information on the control of rabies in raccoons in the demilitarised zones (DMZ). Since 2000, the country has used more than 120,000 doses of oral rabies vaccine bait in DMZ to particularly target this dog population, which was responsible for spreading the disease to farm animals. Through this approach, rabies incidence in the wild population of dogs has been significantly reduced. Only 15 cases of rabies were reported in 2003.
123. The Delegate from Taipei China (not a member of the WHO) took the opportunity of informing the WHO representative on the rabies situation. He pointed out that his country was free from the disease since 1959. Last year, one case of human rabies was diagnosed in a woman visiting from China, who was bitten by a dog in China prior to arrival in Taipei China. With respect to their dog rabies control, they use a compulsory vaccination programme, as animal welfare issues preclude them from destroying stray dogs. Since 1997, when they initiated a country wide serological surveillance, no positive cases have been identified.
124. The Delegate from the Philippines reported on their national rabies eradication campaign in which there is close collaboration between the Departments of Agriculture and Health. The Agriculture Department employs mass vaccination of dogs and promotes, through appropriate legislation, dog registration and responsible ownership. This approach has led to one island in the country being declared free from rabies. The Philippine Government plans to use this approach island by island to eradicate rabies from the country.
125. A member of the New Zealand delegation reported that his country has never had a case of rabies and he would remind the Ministry of Health in his country to report this situation formally to the WHO.
126. The Representative from Japan attributed the success of its rabies control programme to capturing and destroying stray dogs, and introducing compulsory registration and vaccination of dogs through the local government authorities. She stated that Japan has been free from rabies since 1956.
127. The Director General of the OIE summarised the discussion by stating that success with rabies control is very much dependent on political will and commitment. If countries were to prioritise rabies control, it would be relatively easy to obtain international support to promote such initiatives. The other problem in relation to rabies control was the lack of interaction and collaboration between the medical and veterinary departments at national level. The WHO and OIE need to work together to ensure that there is better collaboration between the health and veterinary services at the national level. He recommended that these interactions could be enhanced to rationalise rabies control globally.
128. The Chairman thanked Dr Miranda for her informative presentation and nominated Dr Jiraporn Kasemchandra (Thailand), Dr Barry O'Neil (New Zealand), Dr Peter Saville (SPC), Dr Vijay Taneja (India) and Dr Yayoi Tsujiyama (Japan) to work with the speaker to develop a Recommendation to be considered by the meeting.

ITEM I

Animal carcass disposal methods (including rendering) in animal disease outbreaks

129. The Chairman of the Session, Dr Jose Molina, briefly introduced the speaker for this Technical Item, Dr Norman Willis.
130. Dr Willis introduced his presentation with an outline of the scope of the paper, and a description of the currently available technologies for animal carcass disposal.
131. The stamping-out approach, which is traditionally the most common and successful method of disease eradication, requires technology for animal carcass disposal as an integral component. Some general principles for choosing a disposal option are enunciated as factors for consideration, however primary consideration must be given to disease control and eradication.
132. The speaker added that a summary of currently available technologies for animal carcass disposal is presented as a hierarchy based on their reliability for pathogen inactivation. The technologies listed include: rendering, incineration, pyre-burning, composting, mass burial or open-pit burial, licensed commercial landfill, mounding, fermentation, and examples of technologies under development. As well a special consideration for the disposal of prion disease infected carcasses is discussed, where rendering, incineration, and alkaline hydrolysis are the preferred technologies.
133. Dr Willis pointed out that there is, however, a growing trend in society to reject the excessive waste of valuable animal products and the negative environmental and animal welfare outcomes. This is creating pressure for alternatives to mass animal slaughter and carcass disposal, and ultimately for a philosophical change in the approach to animal disease control, depopulation, and animal carcass disposal.
134. He informed participants that the questionnaire sent to Member Countries of the region yielded 15 responses. The survey sought to obtain a broad picture of the factors involved in animal carcass disposal in the region.
135. Considering the numbers of various species of animals raised in the Member Countries, as well as the degree of intensive husbandry for each, it was concluded that there are foci of vulnerability that warrant special attention for risk management.
136. Complexity of jurisdiction and regulations does exist in some countries. This should be rationalised in advance of a disease outbreak to ensure that a direct line of authority is clearly understood by all.
137. In consideration of pre-outbreak activities, a significant number of Member Countries offer an opportunity to the region to enhance technical and financial preparedness of these countries. Additionally, some attention could be focused on strengthening partnerships while still in the pre-outbreak phase. The degree of preparedness of staff and policies can be assessed and improved during simulation exercises.
138. The social factors related to disposal were discussed, especially the negative public reaction to mass slaughter and highly visible methods of carcass disposal.
139. Finally, the technologies available and chosen by Member Countries were evaluated. Dr Willis put forward the suggestion that further attention on environmentally responsible technology would be desirable and especially so if this was mobile technology.

Discussion

140. The Chairperson thanked Dr Willis for his informative and comprehensive presentation and invited comments and questions from the participants.
141. The Delegate from India asked who bears the costs of stamping out and carcass disposal, how compensation to affected animal owners is calculated in countries where most livestock are not insured, and how to address the issue of carcass disposal in natural disasters, such as cyclones and floods.
142. Dr Willis replied that there is no defined single way to deal with compensation of animal owners; rather there are several options and it is most important that a compensation policy is agreed with affected industries in advance of a significant disease event. He observed that animal carcass disposal issues may arise as a result of natural or man made disasters in addition to disease occurrences, which also could potentially introduce disease. Veterinary Services are responsible for animal carcass disposal, and the principles for carcass disposal are the same, whatever the root cause.
143. The Representative from the WHO observed that it is important that veterinary authorities include public health authorities when developing carcass disposal options for zoonotic diseases, such as Nipah virus and avian influenza. Dr Willis agreed.
144. The Delegate from Vanuatu commented that there are significant logistical problems in disposal of animals amongst the smaller island states and that cultural values associated with animal and land ownership also need to be considered in developing animal disposal plans. The speaker agreed and observed the veterinary dilemma that the better the job is done, the less disease there is and the more difficult it becomes to convince the public of the importance of dealing with disease when it occurs.
145. The Delegate from Australia reported on the compensation arrangements agreed in his country, which include cost sharing between Federal and State governments and industry. He also noted the power of economics and epidemiology as inputs to critical disease control decisions, such as whether to vaccinate or stamp out. Dr Willis agreed and noted that the level of compensation payable is a balance between obtaining compliance with respect to disease reporting and avoiding incentive to spread disease.
146. The Delegate from New Zealand observed that there are societal pressures, and in some countries cultural restraints already exist, which are very soon likely to preclude mass slaughter of animals in many countries, and that there is a huge communication task for veterinary administrations to change animal industry organisations' views to consider alternative disease control strategies. He also enquired whether the rendering option for disposal has been fully explored. In reply, Dr Willis noted that we need to look more broadly at the rendering industry, particularly the problem of restricting feeding rendered products to ruminants and the economic impact to this industry. He also remarked that there is no single best answer to animal disposal and that multiple options need to be considered.
147. The Delegate from Malaysia indicated that in some countries, such as Malaysia, there simply are no rendering facilities. Dr Willis noted that each country needs to choose disposal options that meet its particular needs.
148. The Representative from the SPC observed that the physical characteristics of many small Pacific Islands prevent deep burial and pyre burning, leaving the only option of burial at sea. Dr Willis replied that he had not considered burial at sea and that the environmental considerations would need to be explored.

149. The Director General of the OIE thanked Dr Willis and the participants for the presentation and discussion, and advised participants of the OIE Working Group on animal disposal alternatives, which is considering all disposal possibilities. The aim of the Working Group is to inform Delegates and provide guidelines on all available options to enable them to make the best decisions for animal carcass disposal, both in disease outbreaks and natural disasters.
150. Dr Vallat observed that although Veterinary Services had been criticised for stamping out policies, stamping out is still acceptable to the general community in circumstances such as avian influenza, outbreaks that may affect humans. He stressed that all countries must have their own plans and that compensation is a crucial issue for disease eradication. In countries in which resources are not available for compensation, he suggested funds may need to be provided from the international community through a special fund managed by farmers (e.g. cooperatives) and government authorities.
151. The Delegate from France commented, as an observer, that in peace time, planning options must be considered, which will vary according to different situations. She also noted the importance of early disease detection to enable a swift and efficient response. In that respect, veterinary administrations need to look as a priority, at their policies to strengthen overall surveillance and the Veterinary Services.
152. The Representative from the United States thanked Dr Willis and the participants for the presentation and discussion, and remarked that he would be taking many options back to his country for consideration.
153. The Session Chairperson concluded by thanking all the participants, and then requested a small group comprising the speaker Dr Willis, Dr Peter Angus (SPC, Fiji), Dr Derek Belton (New Zealand), Dr Ki Yoon Chang (Korea) and Dr Jill Mortier (Australia) to draft a Recommendation on this technical item.

Wednesday 26 November 2003

ITEM II

Update on developments in aquatic animal diseases

154. Dr Eva-Maria Bernoth, speaker for this Technical Item, was introduced by Dr Syarifah Syed Hassan, Chairperson of the Session.
155. Dr Bernoth commenced her presentation by indicating that countries in the Asia-Pacific region produce approximately 79% of the value and 88% of the volume of aquaculture world-wide. Nevertheless, the aquatic animal sector in the region is not as well provided with professional health services as the livestock sector. It appears that whilst aquaculture has been growing rapidly in many countries, there has been no matching expansion of a supporting aquatic animal health infrastructure. However, there is relatively good coverage of aquatic animal health at veterinary and non-veterinary undergraduate training, and most countries are taking additional steps to ensure that growing aquaculture industries will be adequately serviced with aquatic animal health professionals (veterinarians or others) in the future.

156. The speaker commented that there are numerous inaccuracies and inconsistencies in aquatic animal disease reporting from Member Countries in the region, and that there is an extremely low level of engagement with the OIE regarding draft texts for the *Aquatic Animal Health Code (Aquatic Code)* and the *Manual of Diagnostic Tests for Aquatic Animals (Aquatic Manual)*. She stressed that it is important that Member Countries fully understand the fundamental changes to the *Aquatic Code* and *Aquatic Manual* that were adopted in 2003. These include the listing of aquatic animal diseases and the requirements for reporting on the status of listed as well as non-listed diseases. Additional and significant changes to the *Aquatic Code* and the *Aquatic Manual* are envisaged for the next few years, and Member Countries' engagement in drafting these texts is essential.
157. Dr Bernoth observed that the rather infrequent contact between fisheries and veterinary authorities, especially in Member Countries where often responsibility for aquatic animal health rests either solely or partly with the fisheries authorities, is of concern, not only because this may contribute to inaccurate disease reporting. Acknowledging that veterinary authorities are usually well experienced in managing terrestrial animal emergency disease outbreaks and that fisheries authorities are familiar with the aquatic environment, closer cooperation between the two agencies seems eminently sensible to benefit the industries whose livelihood may be at stake in a major aquatic disease emergency.
158. In conclusion, Dr Bernoth confirmed that the OIE continues to engage in regional aquatic animal health initiatives, together with the FAO and NACA in the region. Enhanced involvement of both veterinary and fisheries authorities in Member Countries is required to achieve the desired outcomes in areas such as improving the countries' knowledge of OIE standard-setting activities in the field of aquatic animal health and the transparency of epidemiological reporting.

Discussion

159. The Session Chairperson thanked Dr Bernoth for her informative and excellent presentation and opened the floor for discussion.
160. The Delegate from New Zealand commented that aquatic animal diseases were often difficult to diagnose, which contributes to slow reporting. Dr Bernoth replied that the OIE recognises this problem as well as the difficulty to identify closely-related agents. Her recommendation was to report diseases 'pending final diagnosis' if there could be major epidemiological significance to trading partners.
161. The Delegate from Malaysia added that there were limitations in expertise and diagnostic infrastructure in many countries. Dr Bernoth commented that no country can be expected to have full diagnostic capability for all listed diseases, however, there is a network of OIE Reference Laboratories that can be used for advice as well as for full-scale diagnostic testing.
162. The President of the Regional Commission questioned the apparent over-emphasis of PCR techniques used in aquatic animal disease diagnosis. He emphasised the importance of epidemiology and basic laboratory skills, along with specialists in disease investigation. Dr Bernoth agreed and briefly described the approach recommended in the 'Asia Regional Technical Guidelines', which had been adopted by twenty countries in the region in 2000. An accompanying Asia Diagnostic Guide describes three levels of diagnosis: 1) Field including gross pathology, 2) Basic laboratory and 3) Advanced laboratory levels. She explained that the field level was most important and should be the major focus for countries aiming to enhance their diagnostic capabilities. Dr Bernoth also noted that the Asia Diagnostic Guide, which has been developed in consultation with OIE experts, complements the *Aquatic Manual* in providing diagnostic guidance on non-OIE-listed diseases.

163. The Director General of the OIE provided information on OIE policies. He explained the importance of countries' commitments to aquatic animal health under the World Trade Organization's (WTO) SPS Agreement (Agreement on the Application of Sanitary and Phytosanitary Measures). He commented that while this region was the largest producer of aquaculture products it was less active in engagement with the OIE than other regions.
164. Dr Vallat strongly supported all the statements made to Dr Bernoth and advised that the OIE was working to overcome the difference between central and regional animal disease data administration systems by introducing a new system with linkage and interaction. He also urged all countries to work with their government and fisheries authorities to ensure the flow of aquatic animal health information through the OIE channel, with the support of Member Countries. He offered to write to governments encouraging this matter.
165. The Delegate from India emphasised problems with disease reporting and the need for improved infrastructure for diagnosis and the need for training.
166. Dr Vallat advised that the OIE Central Bureau (Scientific and Technical Department) could assist Delegates to get into contact with the best expertise on aquatic animal health including OIE Reference Laboratories.
167. The following group was proposed to assist the speaker, Dr Eva-Maria Bernoth, in drafting a recommendation on this subject: Dr Jose Molina (Philippines), Dr Gavin Struthers (Vanuatu) and Dr Darunee Tuntasuvan (Thailand).

4th OIE Strategic Plan

168. Dr Gardner Murray, President of the Regional Commission, introduced the session and explained its purpose: to seek comments for inclusion in the 4th OIE Strategic Plan. He referred to two documents that had been circulated, one entitled '4th OIE Strategic Plan' and the other, a report on the outcomes of a meeting of the Regional Commission Bureau that was held on Monday 24 November 2003.
169. The Director General of the OIE described the process of preparing and adopting the Strategic Plan. The Plan is mainly objectives and priorities. He indicated that a work plan would follow.
170. The Delegate from New Zealand suggested that in addition to the working document issues, a key function should be national aquatic issues and the need to clarify OIE Delegates' responsibilities and guidance to Member Countries to have the necessary internal coordination systems.
171. The Delegate from Malaysia suggested that global disease diagnosis and training need to be further developed by the OIE.
172. The Representative from the FAO reported that at the last APHCA meeting, the needs of the region were prioritised. He suggested that it would be useful to undertake a similar exercise in the OIE and then harmonise with APHCA to allow more efficient use of resources.
173. The President of the Regional Commission agreed that this was a possibility and added that he and the Commission Bureau could start this process soon – there was no need to wait for a new Strategic Plan.

174. The Delegate from India commented that the circulated documents were well drafted, but that some points needed to be emphasised:
- Regional approaches are very important. There are many fora available for the region, but they are often political. There needs to be links between the fora (scientific and trade) in the region.
 - In each region, the capabilities of Reference Laboratories need to be strengthened.
 - Animal identification and traceability are core issues, both for disease control and production purposes.
175. The Commission President asked for suggestions as to how to assist countries in the region that have little access to the OIE, such as the Pacific Island states.
176. The Delegate from New Zealand added that small island nations would have major problems with their limited infrastructure in the face of a major disease outbreak. He suggested that the OIE play a role in supporting these countries through, for example, regional agreements.
177. The Representative from the SPC noted that the SPC is already providing this type of support, but their resources are limited, and as some island states will never be able to become Members of the OIE, offers of assistance were most welcome.
178. The Delegate from Vanuatu raised the issue that some governments lack the political will to fully participate in the OIE. This was endorsed by the Representative from Papua New Guinea, who also suggested that more out-of-session activity could encourage countries to participate to a greater extent.
179. Dr Vallat observed that many of the points raised by the Regional Commission for Asia, the Far East and Oceania were similar to points raised by other Regional Commissions. He commented on some of the issues that Members had raised:
- Capacity building is already a major focus of the OIE. The OIE is looking to international organisations, such as the FAO and WHO, for national support to build capability.
 - Resources for the Regional Representation.
 - Sub-regional offices are under consideration.
 - Emergency intervention: the OIE has an emergency fund and any Member Country can seek assistance from this fund.
 - Traceability can be given priority by the OIE if this is what Members would like.
 - OIE contributions: these are much lower than for other international organisations, but there may be a case for a special category for very small countries.
180. The Commission President summed up the key points of the discussion and described the process to provide the comments to the OIE headquarters. A paper will be prepared and circulated, out of session, for comment; a revised paper, incorporating Member Countries' comments, will then be submitted to the OIE. He added that the 4th OIE Strategic Plan would be an item for discussion at the Regional Commission meeting in May 2004.

Presentations by international and regional organisations

181. Dr Desoutter, Conference Chairperson, invited presentations from international and regional organisations.

Food and Agriculture Organization of the United Nations

182. Dr Subash Morzaria, Senior Animal Production and Health Officer of the Regional FAO Office for Asia and the Pacific (RAP) in Bangkok, gave an update on some of the capability building activities of the FAO in the region related to animal diseases and food safety.

183. With regard to training and capacity building, Dr Morzaria mentioned various training courses/workshops held in the region:

- A training workshop was held in July 2003 at the University of Chiang Mai to introduce participants from Asia to the WTO SPS Agreement, food safety and risk analysis and assessment. The course was held in collaboration with the Department of Livestock Development (DLD) of Thailand, University of Chiang Mai, Free university of Berlin and Japan Livestock Technology Association (JLTA). Representatives from 14 countries participated in the course.
- A second training course was held on BSE risk analysis and assessment and a 'hands-on' diagnostic course at the University of Chiang Mai and DLD (Bangkok), respectively. The theoretical course involved decision makers from various countries in the Region while the practical course provided laboratory training on various BSE diagnostic techniques. The OIE, FAO/APHCA and National Institute of Animal Health (NIAH), DLD, THAILAND supported the course.
- A new MSc-level course in veterinary public health has been introduced at Chiang Mai University with technical assistance from the Free University of Berlin and Faculty of Veterinary Medicine of the University of Austria. The course is designed to build capacity in food safety related issues in the region and will initially be open to candidates from the SEA countries. It is expected that the course will be opened to the whole region as resources become available. The FAO, JLTA and OIE will continue to support these activities.
- A one-week training course in epidemiology of transboundary animal diseases was held in collaboration with JICA and DLD in Thailand during October 2003. The course participants originated from Cambodia, China, Lao PDR, Myanmar, Thailand and Vietnam. The course was supported by FAO TCP funds.
- A second training course on laboratory diagnosis of FMD, rinderpest, PPR and classical swine fever was held in November 2003. The practical course covered a range of diagnostic techniques, including PCR, sequencing and ELISAs. The participants originated from China, Vietnam, Thailand and Myanmar. The course was supported by FAO TCP funds. Assistance in the course was provided by IAEA and DLD.
- The FAO also supported participation of four member countries from the SEA region in the 11th International Seminar of the World Association of Veterinary Laboratory Diagnosticians, held in Bangkok in November 2003.

184. Dr Morzaria briefly outlined resource mobilisation activities, commenting that the animal identification and traceability proposal, submitted for TCP funding, has been favourably received by the FAO review committee. The proposal aims to develop animal identification systems in the region to support a range of livestock development activities including transboundary disease control. Although the proposal has been supported by the majority of the member countries, there are still a few countries that have not provided letters of support to obtain approval for funding.

185. The ILRI proposal in collaboration with the FAO, OIE and JICA was developed to support strengthening animal health capacity in the Greater Mekong Region. The proposal, submitted to the Asian Development Bank (ADB), was not supported by the donors. However, ADB has requested a modified proposal on transboundary animal disease control targeting the poor livestock farmers in the Region. This is currently under development and if funded will contribute towards the broader SEA regional plans to control FMD and classical swine fever.
186. A small amount of funding from the regular FAO programme has been secured to support three scoping studies. These are:
- Defining more accurately the animal movement in the Upper Mekong Region (Yunnan Province of China, Myanmar, Thailand and Vietnam).
 - Evaluating the economic impact of FMD control in South Asia.
 - Support to the 4th WTO-SPS and risk assessment joint training course with OIE, Chiang Mai University and APHCA.
187. Finally, Dr Morzaria reported on an FAO/APHCA meeting held in Lahore, Pakistan, in August 2003 that had identified the following areas as priorities for the region:
- Control of transboundary diseases in Asia.
 - Capacity building in food and feed safety and WTO SPS regulations.

Secretariat of the Pacific Community

188. Dr Peter Saville, Animal Health Adviser, Regional Animal Health Service of the Secretariat of the Pacific Community (SPC) in Fiji, briefly outlined the activities of the Regional Animal Health Service of the SPC.
189. The Secretariat of the Pacific Community is an intergovernmental organisation serving the Pacific islands. It is a non-political technical assistance agency with an advisory and consultative role, which provides, on request of member countries and its own initiative, technical advice, training, assistance and dissemination of information in social and cultural fields to twenty-two governments and administrations of the Pacific region. In total, the twenty-two countries contain approximately seven million people who inhabit some 30,000 islands scattered over some thirty million square kilometres. Less than two per cent of this area is land.
190. The SPC Representative observed that the decline in professional capacity among the countries in the region is of greatest concern. Although the total number of veterinarians employed in the region has slightly increased, only 12 of the 22 countries have access to a qualified veterinarian. This reduction in capacity has come at a time when countries are increasingly vulnerable to illegal imports and are being encouraged to liberalise trade and increased tourism.
191. To address this issue, the SPC Animal Health Service has developed a number of strategies to build capacity in the region through training and making animal health information more readily available. Distance-learning materials are being developed to train officers at the sub-professional level in all aspects of animal health, animal production and quarantine.
192. Dr Saville underlined that the Pacific Island countries and territories have continued to remain free from all List A diseases and rabies throughout 2003. Leptospirosis continues to be recognised as a significant cause of disease including fatalities among the human population in many island countries. A number of activities are being undertaken in island countries to investigate the epidemiology of leptospirosis. Other emerging zoonoses under investigation include *Angiostrongylus cantonensis* and *Trichinella papuae*. The Animal Health Service has also been actively involved in assisting countries to establish BSE freedom.

193. In conclusion, Dr Saville remarked that in order to facilitate import risk analysis and quarantine decision-making, the Secretariat has collaborated with the OIE in the development of PAHIS, which will be made available to SPC member countries on CD Rom.

Discussion

194. The Delegate from New Zealand enquired whether the updated animal disease situation information of Pacific Island States available on the PAHIS CD Rom was available to non SPC countries. Dr Saville confirmed that this was the case and the OIE had confirmed that the SPC could release this information to OIE Member Countries.

World Health Organization

195. Dr Mary Elisabeth Miranda, Medical Officer in the WHO Regional Office in Manila, Philippines, gave an update on WHO involvement in national rabies programmes in Asia and the Western Pacific regions:
- Assistance to the Philippine government in the procurement of human and animal rabies biologicals at a low cost, thus ensuring stability of supply at a low price and increasing public access to this health service;
 - Outbreak investigations with Ministries of Health with regard to the introduction of rabies in Maluku, Indonesia, and the increasing human rabies deaths in Southern China;
 - WHO consultant missions to Lao PDR and Cambodia to provide technical assistance in establishing a national plan of action for human and dog rabies control and strengthening of diagnostic and surveillance capability.
196. Involvement in other zoonoses control activities include: outbreak preparedness and response programmes to zoonoses present in the region (for example, leptospirosis and Japanese encephalitis); Joint FAO/OIE/WHO investigative missions on the animal origins of SARS in China; and active participation in the Working Group for the deliberate use of chemical and biological agents to cause harm.

Discussion

197. The President of the Regional Commission asked for more information on the working group for bio-terrorism/counter-terrorism. Dr Miranda clarified the composition of the group and noted that an OIE representative was currently participating.
198. Dr Vallat indicated that the OIE was actively involved in this area at the international level and encouraged Delegates to participate in such fora at the national and regional level.

USDA

199. Dr Robert Tanaka, the Representative from the United States of America and Area Director for Japan and Taipei China of the United States Department of Agriculture (USDA) gave an update on the activities of the USDA in the region.
200. He thanked the conference for the United States being invited to participate in the Regional Commission meeting. He also reported that the USA had recently published for comment a new rule related to BSE and invited Member Countries to contact him if they required any further details.

Activities of the OIE Regional Representation for Asia and the Pacific

201. Dr Teruhide Fujita, OIE Regional Representative for Asia and the Pacific, based in Tokyo (Japan), gave a presentation on recent activities of the Regional Representation for 2003, implemented under the OIE/Japan Trust Fund Project. The major programmes include (i) Improvement of animal health information systems, (ii) Support to the control of Foot and Mouth Disease (FMD), (iii) Prevention and Control of Emerging Diseases, (iv) BSE Prevention and Control, (v) Standardisation of veterinary medicinal products in harmonization of control methods and techniques, and (vi) Information systems of Aquatic Animal Diseases.
202. Dr Fujita recalled that the OIE *Regional Epidemiology Yearbook*, the *Regional Aquatic Animal Yearbook*, the OIE *Quarterly Reports on Animal Diseases* and *Aquatic Animal Diseases*, respectively, and the *FMD Monthly Reports* were published during the year. The Regional Representation focuses on the improved animal disease information systems and has held the animal health information technologies meetings for many years including the recent workshop on Animal Information Technology and Introduction of GIS in the Philippines in February 2003.
203. He then briefly outlined the Representation's activities regarding FMD control, reminding participants that the RR Tokyo collects and disseminates the FMD information in the region on a monthly basis. The RR Tokyo works for FMD prevention and control in South-East Asia, in collaboration with the Regional Coordination Unit (RCU) for FMD control campaign in South-East Asia (SEAFMD).
204. Dr Fujita subsequently gave an overview of the various issues handled by the RR Tokyo, such as WTO-SPS matters, emerging diseases and BSE, veterinary drugs harmonisation and aquatic animal diseases. He listed some of the meetings organised or co-organised by the Presentation and his participation in the meetings of other organisations, on these subjects.
205. Dr Fujita recalled that bovine spongiform encephalopathy (BSE), which had formerly been considered as a specific disease in Europe, had spread to other continents including the Middle East, Asia and the Americas. A new programme on BSE was recently initiated and implemented in the region, with the financial support of the government of Japan.
206. With regard to aquatic animal diseases, collection and dissemination of aquatic animal disease information in the region is being carried out for the past years in collaboration with the Network of Aquaculture Centres in Asia-Pacific (NACA).
207. Dr Fujita outlined the specific challenges that the RR Tokyo faces:
 - Improve animal health information systems, in particular the OIE Tokyo Web site in relation to the OIE Central Bureau.
 - Animal production food safety at farm level and pre-slaughter, an important domain of animal health activities to reduce food-borne risks to human health and to secure consumer confidence in food, in particular livestock products.
 - Animal welfare. OIE Tokyo will actively examine measures to support animal welfare, following the OIE Animal Welfare Congress to be held in Paris in February 2004.
208. In conclusion, Dr Fujita reported on the outcome of various meetings on BSE: 1) Hands-on workshop on diagnosis and surveillance, 2) Risk analysis and 3) Public awareness, held in Thailand in October 2003. The recommendations on BSE risk analysis and the contents of BSE information material/leaflets for public awareness were accepted unanimously by the Conference.

Discussion

209. The Delegate from Thailand requested from Dr Fujita that she receive further information on standardisation of veterinary drugs. Dr Vallat replied that the OIE Collaborating Centre for Veterinary Drugs could provide information on request from Delegates.
210. In reply to a request from the observer from Northern Mariana for clarification on the BSE safety of meat and how consumers should be informed as to BSE risks, Dr Fujita stated that beef muscle is safe.

Activities of the Foot and Mouth Disease Sub-Commission

211. Dr Gardner Murray, President of the OIE Regional Commission for Asia, the Far East and Oceania, and President of the OIE Sub-Commission for Foot and Mouth Disease in South-East Asia, gave a brief overview of the mid-term evaluation of the SEAFMD programme, starting in December 2003.
212. The evaluation would take place from 29 November to 12 December 2003 and a report would then be prepared for submission to the Director General of the OIE and Secretary General of ASEAN by 2 January 2004.
213. The evaluation team would comprise:
- Gardner Murray, OIE
 - Ronello Abila, ASEAN
 - François Roger, EU
 - Shiro Yoshimura, Japan
 - Liu Zaixin, Peoples' Republic of China
214. Dr John Edwards, the SEAFMD Regional Coordinator, would provide executive support. The team would visit the Philippines, Cambodia and Thailand (where a workshop would be held). This visit would complement the visits by AUSAID during its review of the programme during 2003.
215. Dr Murray said that meetings were also being held with SEAFMD partners and interested parties during the Regional Conference.

The Southeast Asia Foot and Mouth Disease Campaign

216. Dr John Edwards, Regional Coordinator of the Southeast Asia Foot and Mouth Disease (SEAFMD) Campaign recalled that this Campaign involves the coordinated control of Foot and Mouth Disease by eight countries in the ASEAN region. These countries are Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Vietnam. The campaign is coordinated through an OIE (Office International des Epizooties) Regional Coordination Unit (RCU) in Bangkok. The RCU delivers program as agreed by the OIE Sub-Commission for FMD in Southeast Asia. The RCU now has four staff: Dr John Edwards, Dr Narathip Moungsang (seconded from the Department of Livestock Development), Khun Chutikarn Dhebhasit (part-time Secretarial Assistant) and Mr Tom Chesson (Australian Volunteer). This report marks the completion of the second year of Phase II of the campaign. AusAID is the major donor for this phase of the campaign.

217. The 9th Meeting of the OIE Sub-Commission in March 2003 agreed to the SEAFMD RCU's annual work plan for 2003/04. Dr Edwards briefly outlined the main achievements for the first two years, listing them under the different components adopted:
- Component 1: International co-ordination and support
 - Component 2: Programme management, resources and funding
 - Component 3: Public awareness and communications
 - Component 4: Disease surveillance, diagnosis, reporting and control
 - Component 5: Policy, legislation and standards to support disease control and zone establishment
 - Component 6: Regional research and technology transfer
 - Component 7: Livestock sector development including private sector integration
 - Component 8: Monitoring and evaluation.
218. The SEAFMD Coordinator indicated that the main achievements were the successful conduct of 16 meetings/workshops, the development of plans (communication, private sector and national), strengthened communication and public awareness, establishment of a Private Sector Consultative Committee, development of a long-term strategic vision for FMD control, the signing of an MOU for the MTM Peninsular Campaign, the active engagement of zoning working groups and an interest in greater cooperation by the Peoples' Republic of China.
219. Dr Edwards mentioned that a Mid-Term Review of the Work Plan was conducted in March/April 2003 and the RCU provided support to the review. The outcome was very positive and reported a high level of achievement against project objectives and that in several areas expectations were exceeded. The transition to ASEAN responsibility was one of the areas requiring further work. The OIE/ASEAN Evaluation is scheduled for December 2003.

Discussion

220. The Delegate from Singapore asked for clarification on the progress of Malaysia in achieving FMD free zone status in the southern half of Malaysia. Dr Edwards replied that he hoped that this could be achieved in less than three years.

Presentation and discussion of Draft Recommendations Nos 1, 2 and 3

221. Draft Recommendations Nos 1, 2 and 3 on the two Technical Items of the Conference and on Rabies were presented to the participants and put forward for discussion. All three Draft Recommendations will be presented for adoption at the Friday session with some minor amendments.

Progress with the Regional Consultations on the Global Framework on Trans-boundary Animal Diseases (GF-TADs)

222. Dr Subhash Morzaria, FAO Senior Animal Production and Health Officer for Asia and the Pacific Region, presented a paper, jointly prepared by Dr John Edwards (OIE), on the OIE/FAO-led regional consultation on GF-TADs. He described the origin of the concept, outlined the factors that stimulated the development of the initiative and described broadly the goals, objectives and strategies for the control of TADs. He recalled that GF-TADs was a global initiative aimed at controlling major TADs at source, which is mainly located in endemic areas among poor livestock farming communities. A GF-TADs proposal, currently being developed, will be submitted to the donor community to seek substantial funding to support a number of activities aimed at controlling TADs regionally.

223. The goal of GF-TADs is to safeguard the world livestock industry from repeated shocks of infectious disease epidemics. Successful control of TADs is expected to lead to enhanced global food security, higher incomes for developing countries, improved livelihoods of the poor livestock farmers and safe regional and international trade in animals and animal products.
224. The key components of GF-TADs are the establishment of a global disease information system, strengthening of veterinary services in the developing world and progressive control of priority transboundary diseases linked to improved epidemiological information. A number of candidate priority diseases specific for various regions have been identified. In this list, rabies and bovine spongiform encephalopathy (BSE) have also been identified as requiring special attention.
225. Priorities for Asia were developed through two sub-regional consultations, one in India for South Asia (Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka) and the other for South-East Asia (Cambodia, China, Indonesia, Malaysia, Philippines, Thailand and Vietnam). The final consultation was held in a special session in the APHCA meeting in Lahore, Pakistan. The key recommendations were as follows:
- FMD and PPR, and FMD and CSF were grouped as the most important TADs in South Asia (SA) and South-East Asia (SEA), respectively.
 - Both regions identified the need for continued vigilance to maintain and improve the current free status from either the disease or infection.
 - Haemorrhagic septicaemia was also considered important in both regions, but of lower priority than the diseases noted above.
 - SEA also considered Newcastle disease, brucellosis, rabies and aquatic animal diseases as important, but again of lower priority in terms of the GF-TADs objectives.
 - Both regions considered targeted control programmes based on sound epidemiological and economic impact studies.
226. The APHCA Delegates also identified priority projects in relation to the Region. These were:
- Accelerate the progressive zoning approach for FMD control in SEA. Classical swine fever should be included in the TADs to achieve access to export markets.
 - Develop programmes to progressively control FMD and PPR in South Asia.
 - Develop control programmes to control and eradicate FMD and PPR in Afghanistan and the Central Asia countries. Note that these countries were not covered in the Asia Region Consultations.
227. Dr Morzaria also discussed the next phase in the GF-TADs development, involving strategies for resource mobilisation. He emphasised the need to develop a carefully structured resource mobilisation strategy, involvement of the regional players, and the importance of investing the majority of the resources to the regional activities.
228. He highlighted the areas in the Asia region that were not covered in the consultations. These included Central Asia, East Asia and Mongolia and the Pacific.
229. Dr Morzaria then requested the Regional Commission to approve the broad GF-TADs recommendations, already endorsed by APHCA Delegates, in order to allow countries that were not present at the APHCA meeting to be involved in this initiative. These recommendations were:
- NOTE the progress with the Regional Consultations on OIE/FAO GF-TADs.

- ENDORSE the recommendations from the SA and SEA Consultations.
- AGREE to support the Consultation on the GF-TADs for East Asia.

Discussion

230. The OIE Director General welcomed the approach being taken by the FAO in this initiative and indicated that an international donors conference will be organised early next year, involving both the OIE and FAO to progress this programme. He reported that CGIAR had, unfortunately, already declined to support ‘challenge programmes’ in veterinary research, and believed that there is a lack of understanding in some donor organisations as to the significance of transboundary animal diseases. He insisted on the importance of strengthening the Veterinary Services of Member Countries within development programmes.
231. The Delegate from India encouraged Member Countries to support the recommendations presented by Dr Morzaria and requested the OIE to encourage governments of Member Countries to support animal health research programmes.
232. Dr Vallat proposed that the conference note these recommendations, but also emphasised the significance of rabies control, aquaculture and Veterinary Service infrastructures to the region. The Conference endorsed this approach.

Genetically modified organisms and wildlife control

233. Dr Jill Mortier, member of the Australian delegation, presented an item on developing international standards for the release of specific GMOs to control wild animals.
234. There is concern that GMOs could spread through dissemination to countries that have completely different management objectives to the country of origin. An example is to be found in the European rabbit in Spain.
235. In Spain, this animal is conserved and research is being conducted on using a modified myxoma virus to disseminate protective immunity to rabbit haemorrhagic disease and myxomatosis. On the contrary, both of these diseases are used as tools to control the rabbit population in Australia where rabbits are a major introduced pest. In Australia, a different modified myxoma virus is under development to disseminate immuno-sterility in female rabbits.
236. The aims of the two countries in using their GMO are quite different and transfer of the GMO developed in one country to the other country could have serious consequences.
237. Currently, no international body sets standards in this area and Dr Mortier asked whether the OIE would be the best organisation to set these standards.

Discussion

238. The President of the Regional Commission endorsed the significance of this issue and suggested that Australia present a paper to the OIE Wildlife Working Group on this issue.
239. The Director General of the OIE indicated that the Wildlife Working Group had already considered this issue, but had not supported this approach. However, he suggested that a relevant paper should be presented by an Australian scientist to the Wildlife Working Group and involving the Scientific Commission. He also commented that the OIE must clarify its responsibility in light of the Cartagena Protocol, and would report to the International Committee in May 2004 on this issue.

**Date, venue and agenda items for the 24th Conference of the
OIE Regional Commission for Asia, the Far East and Oceania**

240. The Conference Chairperson asked Delegates present if one of their countries wished to host the 24th Conference of the Regional Commission for Asia, the Far East and Oceania. On behalf of the Government of his country, the Delegate from the Republic of Korea indicated his interest in inviting the Regional Commission to hold its next Conference in his country in November 2005. He commented that it would be confirmed at the Regional Conference in May 2004. The Director General will approach the Government of Korea on this matter. This was unanimously supported and applauded by the participants. The Conference Chairperson thanked the Delegate from Korea.
241. Topics for the technical items of the next Regional Conference will be discussed at the meeting of the OIE International Committee in May 2004.

Thursday 27 November 2003

Field trips

242. Participants found the field trips organised by the host country to an aquatic production station and three cattle and deer breeding stations to be of great interest, and also enjoyed the excellent lunch and visit to the Tjibaou cultural centre. They extended their sincere thanks to the organisers for their kind hospitality.

Friday 28 November 2003

Adoption of the Draft Final Report and Recommendations

243. The Conference approved Recommendation Nos 1, 2 and 3 and adopted the draft Final Report pending minor amendments.

Closing Ceremony

244. The Director General of the OIE informed participants 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. Dr Vallat then announced that a meeting of the Regional Representatives will be held at the OIE Central Bureau in Paris from 12 to 14 January 2004. He added that following this meeting, the Regional Representatives will organise a training session in their region for new Delegates.
245. With regard to the Administrative Commission, Dr Vallat indicated that one position for Asia needs to be filled and emphasised that it must be filled by the Delegate of a Member Country. The Regional Commission for Asia, the Far East and Oceania should nominate one or several candidates during the General Session to be confirmed by a vote by all members of the International Committee in May 2004.
246. Dr Peter Saville, Animal Health Adviser of the Regional Animal Health Office in Suva, Fiji, announced that there would be a PAHIS demonstration following the ceremony and that CDROMs would be available. Participants would also have the opportunity to try the system. Dr Saville referred to the agreement of collaboration signed in 1999 between the OIE and SPC and underlined that it had been an honour to host the meeting and that he looked forward to hosting this event again.

247. On behalf of the Regional Commission Bureau, the OIE Director General and the Conference participants, Dr Shubh Narayan Mahato, Vice-President of the Regional Commission, read the motion of thanks to the Government of New Caledonia.
248. On behalf of the observer countries, Dr David Thomson, Representative from Papua New Guinea, expressed his heartfelt thanks to the OIE and the Regional Commission for the opportunity to attend the Conference, to the SPC for sponsoring participation and to the people of New Caledonia for their hospitality and assistance. He also thanked the personnel that had worked hard behind the scenes to make the conference a success. Dr Thomson added that the conference had given non member countries the opportunity to become more acquainted with the OIE's wider scope.
249. The President of the Regional Commission observed that it had been an outstanding meeting and that the issues discussed had major policy and strategic implications. Dr Murray noted that the 2005-2010 Strategic Plan would not only shape the way the OIE will conduct its technical/scientific responsibilities, but also how it will interact with a range of other international organisations to ensure that there is consistency of approach and of prime responsibilities and to ensure that there is no duplication of activities. The Regional Commission would provide major inputs to the development of the Plan. He stressed that the outcomes of the conference in areas, such as aquatic animal health, rabies and prevention and management of infectious diseases and, where appropriate, carcass disposal, were significant and many new ideas had been discussed that, in many instances, challenged conventional thinking.
250. Dr Murray thanked the Government of New Caledonia for its hospitality, and the SPC for its support, not only in providing facilities, but also interpretation services. The professionalism of both organisations had ensured the smooth running of the Conference. He congratulated the session chairpersons and rapporteurs, as well as the Secretary General and OIE Central Bureau staff for their support. Dr Murray expressed his pleasure at again having met with colleagues from Oceania and hoped that the network of sharing information and experiences would continue. Finally, he congratulated Dr Mahato for the medal awarded him by the King of Nepal for hosting the Regional Commission conference in Kathmandu in 2001 and for directing the rinderpest programme to a free status.
251. The OIE Director General expressed his satisfaction at the success of the conference and said that the conference had been fortunate to have such diverse participation, allowing countries to share common problems and to prepare cohesive recommendations. Dr Vallat highlighted the importance of interaction between countries and said that the issues discussed had taken place in harmony, due to the unfailing organisation of the conference and the cordial ambiance. He said that he was glad to have met countries in the region and expressed his hope that they would consider adhering to the OIE, which would thus have more impact in its global missions. The Director General noted the conclusions to be drawn from the proceedings of the Conference and praised its success and the interest of the technical items chosen by the Commission. He expressed his acknowledgement to the speakers of the main presentations for their informative and original contributions. He also thanked the international and regional organisations for their input.
252. Dr Vallat extended his sincere thanks to His Excellency the Minister of Agriculture and Maritime Affairs and the Government of New Caledonia for having hosted the Conference, to Dr Christian Desoutter and his team for their valuable input that had made the Conference a professional and social success and to the SPC for the excellent facilities and wonderful setting. He also thanked the secretarial staff and interpreters. In conclusion and on behalf of the Conference, the Director General thanked the Government of the Republic of Korea for having offered to host the 24th Regional Conference in November 2005.

253. Dr Christian Desoutter, Delegate of the host country, expressed his pleasure at having hosted the Conference in his country and trusted that the meeting had been successful and fruitful. He extended his thanks to the participants for having entrusted the chair of the conference to him and to the session chairpersons and rapporteurs. He also thanked the OIE and SPC staff for their valuable input.
254. The Honourable Minister of Agriculture and Maritime Affairs of New Caledonia, Mr Maurice Ponga, said that it had been an honour for the Government of New Caledonia to host the Conference and thanked the participants for having accepted to attend. He expressed his pleasure at the exceptional, perhaps even historical, presence at the conference of seven representatives from non OIE member countries. He observed that as Minister responsible for maritime affairs, he noted with particular interest the advances made in knowledge on aquatic animal diseases.
255. The Minister extended his best wishes to the Government of Korea for hosting the next conference in 2005 and then declared the 23rd Conference of the OIE Regional Commission for Asia, the Far East and Oceania officially closed at 11 a.m.

MOTION OF THANKS

The President and the Members of the Bureau of the OIE Regional Commission for Asia, the Far East and Oceania, the Director General of the OIE, the members of Delegations of Member Countries, the representatives of international organizations and the observers present wish to express their gratitude to the Government of New Caledonia, the Host Country of the 23rd Conference of the Regional Commission, for the warm welcome accorded them and for all the facilities made available to them during their stay in Noumea from 25 to 28 November 2003.

LIST OF PARTICIPANTS

MEMBER COUNTRIES

Australia

Dr Gardner Murray
Chief Veterinary Officer/Executive Director
Product Integrity, Animal and Plant Health
Australian Government Department of
Agriculture, Fisheries and Forestry (DAFF)
GPO Box 858
Canberra ACT 2601
Tel: (61-2) 62 72 58 48
Fax: (61-2) 62 72 56 97
gardner.murray@daff.gov.au

Dr Eva-Maria Bernoth
Manager Aquatic Animal Health
Office of the Chief Veterinary Officer
DAFF
GPO Box 858
Canberra ACT 2601
Tel: (61-2) 6272 4328
Fax: (61-2) 6273 5237
Eva-Maria.Bernoth@daff.gov.au

Dr Jill Mortier
International Coordinator
Office of the Chief Veterinary Officer
DAFF GPO - Box 858 Canberra ACT 2601
Tel: (61-2) 6272 3535
Fax: (61-2) 6273 3372
jill.mortier@daff.gov.au

India

Dr Vijay K. Taneja
Animal Husbandry Commissioner
Department of Animal Husbandry and Dairying
Ministry of Agriculture
Government of India
Krishi, Bhawan
New Delhi 110001
Tel: (91-11) 338 4146
Fax: (91-11) 338 4146
vijay_taneja@hotmail.com

Japan

Dr Yayoi Tsujiyama
Deputy Director
Animal Health Division
Food Safety and Consumer Affairs Bureau
Ministry of Agriculture, Forestry and Fisheries
1-2-1 Kasumigaseki
Chiyoda-ku, Tokyo, 100-8950
Tel: (81-3) 3502-8111/8295
Fax: (81-3) 3502 3385
Yayoi_tsujiyama@nm.maff.go.jp

Korea (Republic of)

Dr Kim Chang-Seob
CVO and Director
Animal Health Division
Ministry of Agriculture and Forestry
1, Joongang-Dong, Kwacheon-City
Kyunggi-do 427-719
Tel: (82-2) 500 1932
Fax: (82-2) 504 0908
cvomaf@maf.go.kr
cskim@maf.go.kr

Dr Kiyoon Chang
Senior Veterinary Officer
Animal Health Division
Ministry of Agriculture and Forestry
1, Joong-ang-dong, Kwacheon-city
Kyunggi-do 427-719
Tel: (82-2) 500 1936
Fax: (82-2) 504 0908
kchang@maf.go.kr

Dr Jae Myong Lee
Veterinary Officer
Quarantine and Inspection Division
National Veterinary Research and
Quarantine Service
Ministry of Agriculture and Forestry
480, Anyang –dong,
Manan-gu, Anyang-city
Gyeonggi-do 430-824
Tel: (82-31) 467 1928
Fax: (82-31) 467 1717
leejaem@nvrqs.go.kr

Dr Dong Lim Choi
Researcher
Division of Pathology,
National Fisheries Research & Development
Institute,
Ministry of Maritime Affairs and Fisheries,
408-1 Silang, Gijang, Busang 619-902
Tel: (82-51) 720 2482
Fax: (82-51) 720 2498
dlchoi@nfrda.re.kr

Dr Jae Youn Kang
Inspector
Quality Management Division
National Fisheries Products Quality Inspection
Service
Ministry of Maritime Affairs and Fisheries
192-7 Ilsan2-Dong, Ilsan-Gu, Koyang-Si
Kyunggi-Do 411-822
Tel: (82-31) 976 3024
Fax: (82-31) 976 6391
kangjy@momaf.go.kr

Dr In Soo Lee
Fisheries Products Quality and Safety Division -
Fisheries Policy Bureau
Ministry of Maritime Affairs & Fisheries
50 Chungjeong-No
Seodaemun-Gu – Seoul 120 715
Tel: (82-2) 3148 6923
Fax: (82-2) 3148 6924
Lis1520@nomaf.go.kr

Dr Byoung-Kyu Lim
Director
Kyonggi-Do Livestock and Veterinary
Service Center
424-57 manjung-Ri
Gongdo-Eup, Ansong-Si, Kyonggi-Do
Tel: (82-31) 651 2037
Fax: (82-31) 651 1614
bklim@kg21.net

Malaysia

Dr Sharifah Syed Hassan
Deputy Director
Veterinary Research Institute
59, Jalan Sultan Azlan Shah
31400 Ipoh, Perak
Tel: (605) 545 7166 – 547 6826
Fax: (605) 546 3368
sharifas@jphvri.po.my

Nepal

Dr Shubh Narayan Mahato
Director General
Department of Livestock Services
Ministry of Agriculture & Co-operatives
Harihar Bhawan
Lalitpur
Tel: (977-1) 552 2056
Fax: (977-1) 554 2915
dls@ntc.net.np

Dr Dhan R. Ratala
Program Director
Department of Livestock Services
Ministry of Agriculture & Co-operatives
Veterinary Complex, Tripureshwor
Kathmandu
Tel: (977-1) 426 1569/1165
Fax: (977-1) 426 1521
ahd@healthnet.org.np

New Caledonia

Dr Christian Desoutter
Directeur des affaires vétérinaires,
alimentaires et rurales (DAVAR)
BP 256
98845 Nouméa Cedex
Tel: (687) 25 51 07/51 01
Fax: (687) 25 51 29
davar@gouv.nc

Dr Jérôme Bétrancourt
Chef du Service d'inspection vétérinaire,
alimentaire et phytosanitaire (SIVAP)
Direction des affaires vétérinaires, alimentaires et
rurales (DAVAR)
BP 256
98845 Nouméa Cedex
Tel: (687) 24 37 52
Fax: (687) 25 11 12
jerome.betrancourt@gouv.nc

New Zealand

Dr Barry O'Neil
Group Director - Biosecurity Authority
Ministry of Agriculture and Forestry
P.O. Box 2526
Wellington
Tel: (64-4) 474 41 28
Fax: (64-4) 498 98 88
oneilb@maf.govt.nz

Dr Derek Belton
Director, Animal Biosecurity
Ministry of Agriculture and Forestry
P.O. Box 2526
Wellington
Tel: (64-4) 474 4155
Fax: (64-4) 498 9888
Beltond@maf.govt.nz

Dr Andrew McKenzie
Executive Director
New Zealand Food Safety Authority
P.O. Box 2835
Wellington
Tel: (64-4) 463 25 02
Fax: (64-4) 463 25 01
Andrew.mckenzie@nzfsa.govt.nz

Philippines

Dr Jose Molina
Director and Chief Veterinary Officer
Bureau of Animal Industry
Department of Agriculture, Visayas Ave. Diliman
Quezon City
Tel: (632) 927 09 71 / 926 68 83
Fax: (632) 928 24 29
dir.bai@manila-online.net

Russia

Dr Rojdestvenski Ivan Kirillovitch
Deputy Head Veterinary Department
Ministry of Agriculture of Russia
Orlikov per., 1/11
107139 Moscow
Tel: (095) 975 5850
Fax: (095) 975 5850 / 207 64 61
info@vet.mcx.ru

Singapore

Dr Leong Hon Keong
Head Inspection Services and
Epidemiology Division
Agri-Food & Veterinary Authority
of Singapore
10 Perahu Road
Singapore 718837
Tel: (65) 6795 2820/6325 7837
Fax: (65) 6861 9492
Leong_hon_keong@ava.gov.sg

Taipei China

Pr Tien-Jye Chang
Professor in Veterinary College
National Chung Hsing University
250 KuoKuang Road
Taichung 40227
Taiwan
Tel: (886-4) 2285 2653
Fax: (886-4) 2285 2658
tjchang@drgaon.nchu.edu.tw

Wen-Jane Tu
Division Chief
Bureau of Animal and Plant health
Inspection and Quarantine
Council of Agriculture Executive Yuan
8F, 51 Chung Ching S. RD, SEC2
Taipei 100, Taiwan
Tel: (886-2) 2343-1484
Fax: (886-2) 2396 3691
wjtu@mail.baphiq.gov.tw

Thailand

Dr Jiraporn Kasornchandra
Director
Coastal Aquatic Animal Health Research
Institute
Pawong, Muang District
Songkhla province 90100
Tel: (66) 7433 4516-9
Fax: (66) 7433 4515
jibkasorn@yahoo.com

Dr Darunee Tuntasuvan
Senior Veterinary Officer
National Bureau of Agricultural, Commodity and
Food Standards
Ministry of Agriculture and Cooperatives
Rajadamnoen Nok Avenue
Bangkok 10200
Tel: (66-2) 280 3903
Fax: (66-2) 280 3899
darunee@acfs.go.th

United States of America

Dr Robert T. Tanaka
Area Director for Japan & Taiwan
APHIS-IS, USDA
American Embassy
10-5 Akasaka 1-Chome
Minato-ku, Tokyo 107-8420
Tel: (81-3) 3224 5112
Fax: (81-3) 3224 5291
Robert.T.Tanaka@aphis.usda.gov

Vanuatu

Dr Gavin Alexander Struthers
Principal Veterinary Officer
Department of Livestock
Vanuatu Quarantine and Inspection Service
P.M.B. 095 - Port Vila
S.W. Pacific
Tel: (678) 23 519 / 24 128 / 25 702
Fax: (678) 23 185
vqisvila@vanuatu.com.vu

Vietnam

Dr Bui Quang Anh
Director General
Phuong Mai – Dong Da
Hanoi
Tel: (84-4) 868 5460
Fax: (84-4) 869 1311
quanganh.dah@fpt.vn

INTERNATIONAL AND REGIONAL ORGANISATIONS

FAO

Mr Subash Morzaria
Senior Animal Production and Health Officer
Regional Office for Asia and the Pacific
(RAP)
39 Phra Athit Road
Bangkok 10200
Thailand
Tel: (662) 697 4000
Fax: (662) 697 4445
FAO-RAP@fao.org

Secretariat of the Pacific Community (SPC)

Dr Peter Saville
Animal Health Adviser
Regional Animal Health Office
Private Mail Bag
Suva
Fiji
Tel: (679) 337 9245
Fax: (679) 337 0021
peters@spc.int

Dr Stephen Angus
Veterinary Epidemiologist
Regional Animal Health Service
Private Mail Bag
Suva
Fiji
Tel: (679) 337 0733
Fax: (679) 337 0021
SteveA@spc.int

Dr Alexander Fediaevsky
Animal Health Information Specialist
Private Mail Bag
Suva
Fiji
Tel: (679) 337 0733 ext 218
Fax: (679) 337 0021
alexandref@spc.int

Dr Siosifa Fifita
Animal Health Training Officer
Principal Veterinary Officer
Private Mail Bag
Suva
Fiji
Tel: (679) 337 0733
Fax: (679) 337 0021
siosifafifita@spc.int

WHO

Dr Mary Elizabeth Miranda
Medical Officer
Department of Communicable Disease
Surveillance and Response (CSR)
WHO Western Pacific Regional Office
PO Box 2932 - United Nations Avenue
1000 Manila
Philippines
Tel: (63-2) 528 9732
Fax: (63-2) 521 1036
mirandae@wpro.who.int

SPEAKERS

Dr Eva-Maria Bernoth
(see **Australia**)

Dr Norman G. Willis
Past President
of the OIE International Committee
The Norm Willis Group Inc.
13 Ballymore Avenue
Ottawa, Ontario K1T 3Z5
Canada
Tel: (1-613) 736 86 97
Fax: (1-613) 247 1701
nwillisgrp@on.aibn.com

OBSERVERS

Dr François Roger
CIRAD
Département d'élevage et de médecine vétérinaire
Campus international de Baillarguet
TA 30/G
34398 Montpellier Cedex
Tel: (33-4) 67 59 37 24
Fax: (33-4) 67 59 37 98
Francois.roger@cirad.fr

New Caledonia

Dominique Ansquer
IFREMER
Tel: (687) 35 48 87
dansquer@ifremer.fr

Robert Costa
Directeur
Etablissement de Régulation des Prix agricoles
(ERPA)
Tel: (687) 77 43 30
Fax: (687) 24 12 52
rcosta@erpa.nc

Dr Denise Desoutter
Chef du Service des laboratoires officiels
vétérinaires, agroalimentaires et phytosanitaires
(LNC) DAVAR
Tel: (687) 35 31 34
Fax: (687) 35 30 40
lnc.davar@gouv.nc

Michel Desvals
Chargé de mission
Gouvernement de Nouvelle Calédonie
Noumea
Tel: (687) 24 66 28
Fax: (687) 24 65 50
Michel.desvals@gouv.nc

Dr Yves Dorso
Vétérinaire
Tel/Fax: (687) 44 14 43
Pauravet@canlo.nc

Jean-Luc Gaudard
Chef de Cabinet
Présidence du Gouvernement de la Nouvelle-
Calédonie
Tel: (687) 24 65 65
Fax: (687) 24 65 69
jlgaudard@gouv.nc

Dr Emmanuel Goyard
Scientist IFREMER
Tel: (687) 78 95 31
egoyard@ifremer.fr

José Herlin
IFREMER
Tel: (687) 91 77 62
jherlin@ifremer.fr

Dr Henri Lamaignère
Responsable de l'antenne de Koné
SIVAP
sivap.davar@gouv.nc

Dr Stéphanie Martin
Chef du Département agroalimentaire
LNC/ DAVAR/ BP 256
98845 Nouméa Cedex
Tel: (687) 35 31 34
Fax: (687) 35 30 40
lnc.davar@gouv.nc

Dr Jocelyn Mérot
Chef du département d'hygiène alimentaire
SIVAP
jocelyn.merot@gouv.nc

Dr Pierre Primot
Chef du département de la santé animale
SIVAP
quarantine.davar@gouv.nc

Dr Hélène Sadones
Chef du département vétérinaire
LNC
lnc.davar@gouv.nc

Fiji

Dr Joeli N. Vakabua
Director Animal Health and Production
GPO Box 15829
Suva
Tel: (679) 315 322
Fax: (679) 301 368
jvakabua@govnet.gov.fj

France

Dr Isabelle Chmitelin
Direction générale de l'alimentation
Ministère de l'agriculture, de l'alimentation de la
pêche et des affaires rurales
251, rue de Vaugirard
75732 Paris Cedex 15
Tel: (33-1) 49 55 81 77
Fax: (33-1) 49 55 55 91
isabelle.chmitelin@agriculture.gouv.fr

Northern Mariana Islands

Dr Ignacio de la Cruz
Territorial Veterinarian
Veterinary Services
P.O. Box 677
Saipan MP 96950
Tel: (670) 322 73 48
Fax: (670) 288 10 47
itdlcruz@gtepacifica.net

Papua New Guinea

Dr David Thomson
National Agriculture Quarantine & Inspection
Authority (NAQIA)
Tel: (675) 479 3777
Fax: (675) 479 3776
david.thomson@global.net.pg

Polynesia (French)

Dr Philippe Raust
Chef de Département
Département de la Qualité Alimentaire et l'Action
Vétérinaire
P.O. Box 100,
97713 Papeete
Tel: (689) 42 35 30
Fax: (689) 42 08 31
Philippe.Raust@rural.gov.pf

Samoa

Dr Sina Taulealo
Chief Veterinary Officer
Animal Health and Production Division
P.O. Box 1874,
Apia
Tel: (685) 210 52
Fax: (685) 265 32
sina.taulealo@lesamoa.net

American Samoa

Dr Uele Talitua
Territorial Veterinarian
Department of Agriculture
P.O. Box 1442,
96799 Pago Pago
Tel: (684) 699 9445
Fax: (684) 699 4031

OIE

Central Bureau

Dr Bernard Vallat
Director General
OIE
12, rue de Prony
75017 Paris
France
Tel: 33-(0)1 44 15 18 88
Fax: 33-(0)1 42 67 09 87
oie@oie.int

Dr Jean Boyazoglu
Head of Regional Activities Department
j.boyazoglu@oie.int

Ms Isabelle Cusin
Executive Secretary
i.cusin@oie.int

Ms Helga Gevers
Chargée de Mission
Regional Activities Department
h.gevers@oie.int

**OIE Regional Representation for Asia
and the Pacific**

Dr Teruhide Fujita
Regional Representative
East 311, Shin Aoyama Building
1-1-1 Minami Aoyama, Minato-ku
Tokyo 107-0062
Japan
Tel: (81-3) 541 105 20
Fax: (81-3) 541 105 26
oietokyo@tky.3web.ne.jp

OIE SEAFMD Regional Coordination Unit

Dr John Edwards
Regional Coordinator
Regional Coordination Unit
c/o Department of Livestock Development
Phaya Thai Road,
Bangkok 10400
Thailand
Tel: (66-2) 653 48 64 / 653 44 44 ext 1115 and
1722
Fax: (66-2) 653 49 04
edwards@seafmd.org