



**WORLD ORGANISATION FOR ANIMAL HEALTH**  
*Protecting animals, preserving our future*

27th Conference of the  
OIE Regional Commission for Europe  
Lisbon, Portugal, 19-23 September 2016

**FINAL REPORT**



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## List of Abbreviations

AMR	Antimicrobial Resistance
ASF	African swine fever
CBPP	Contagious bovine pleuropneumonia
EC	European Commission
EEC	Eurasian Economic Commission
EU	European Union
EUCVB	European Livestock and Meat Trades Union
EuFMD	European Commission for the control of Foot-and-Mouth disease
FAO	Food and Agriculture Organization of the United Nations
FESASS	European Federation for Animal Health and Sanitary Security
FMD	Foot and mouth disease
FVE	Federation of Veterinarians of Europe
GF-TADs	Global Framework for the Progressive Control of Transboundary Animal Diseases
HQ	Headquarters
IFAH	International Federation for Animal Health
LSD	Lumpy Skin Disease
OIE	World Organisation for Animal Health
PCP	Progressive Control Pathway
PPR	Peste des petits ruminants
PVS	OIE Tool for the Evaluation of Performance of Veterinary Services
REMESA	Mediterranean Network for Animal Health
RR/SRRs	Regional and Sub Regional Representations
SPS	Agreement on the Application of Sanitary and Phytosanitary Measures of the WTO
TBT	Technical barriers to trade
TFA	Trade Facilitation Agreement
WAHIS	World Animal Health Information System
WCO	World Customs Organization
WHO	World Health Organization
WTO	World Trade Organization



## Introduction

1. Following the kind invitation of the Government of Portugal, the 27th Conference of the OIE Regional Commission for Europe was held in Lisbon from 19 to 23 September 2016.
2. A total of 112 participants, comprising OIE Delegates and/or representatives of 40 Members and senior officers from 9 regional and international organisations, attended the Conference. In addition, representatives of the private sector as well as private veterinary organisations from the region and from the host country were present. (List of participants available in Annex 1)

Members of the Commission: Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Rep., Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Moldavia, Netherlands (the), Norway, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, and United Kingdom.

International/regional organisations: EC<sup>1</sup>, EEC<sup>2</sup>, FAO<sup>3</sup>, FESASS<sup>4</sup>, FVE<sup>5</sup>, IFAH<sup>6</sup>, UECBV<sup>7</sup>, WCO<sup>8</sup>, and WTO<sup>9</sup>.

3. Mr Luís Capoulas Santos, Minister of Agriculture, Forestry and Rural Development, Prof. Dr Fernando Bernardo, OIE Delegate of Portugal and Director General of the Directorate General of Food and Veterinary Medicine, Dr Botlhe Michael Modisane, President of the OIE World Assembly of Delegates and Delegate of South Africa, Dr Monique Eloit, OIE Director General, Dr Maris Balodis, President of the OIE Regional Commission for Europe and Delegate of Latvia, Dr Etienne Bonbon, President of the OIE Terrestrial Animal Health Standards Commission, Dr Nadège Leboucq, OIE Sub-Regional Representative in Brussels, Dr Kazimieras Lukauskas, OIE Regional Representative in Moscow, Dr Mereke Taitubayev, Head of the OIE Sub-Regional FMD Coordination Unit Office in Astana, Dr François Caya, Head of the OIE Regional Activities Department, Dr Paula Cáceres, Head of the OIE Animal Health Information and Analysis Department, Dr Laure Weber-Vintzel, Head of the OIE Status Department also participated in the Conference. The speakers presenting Technical Items, namely Dr Thomas Müller, Head of the OIE Reference Laboratory for Rabies at the Friedrich-Loeffler-Institut in Germany, for Technical Item I, and Dr Eeva Tuppurainen, Veterinary Expert on Lumpy skin disease, Sheeppox and Goatpox control, and Dr Nadav Galon, OIE Delegate of Israel and Member of the OIE *ad hoc* Group on LSD, for Technical Item II, honoured the Conference with their presence.

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<sup>1</sup> EC : European Commission

<sup>2</sup> EEC: Eurasian Economic Commission

<sup>3</sup> FAO: Food and Agriculture Organization of the United Nations

<sup>4</sup> FESASS: European Federation for Animal Health and Sanitary Security

<sup>5</sup> FVE: Federation of Veterinarians of Europe

<sup>6</sup> IFAH : International Federation for Animal Health

<sup>7</sup> UECBV: European Livestock and Meat Trading Union

<sup>8</sup> WCO : World Customs Organization

<sup>9</sup> WTO: World Trade Organization

### **Opening Ceremony**

4. The opening ceremony was chaired by Prof. Dr Fernando Bernardo, OIE Delegate of Portugal, accompanied by the following authorities:
- Dr Maris Balodis, President of the OIE Regional Commission for Europe;
  - Dr Monique Eloit, Director General of the OIE;
  - Dr Botlhe Michael Modisane, Delegate of South Africa and President of the OIE;
  - Mr Luís Capoulas Santos, Minister of Agriculture, Forestry and Rural Development of Portugal.

### **Approval of the Agenda and Programme**

5. The Provisional Agenda and Timetable were adopted (Programme available in Annex 2).

### **Appointment of the Conference Committee**

6. The Conference Committee was elected as follows:

Chairperson:	Prof. Dr Fernando Bernardo (Portugal)
Vice-Chairperson:	Dr Maris Balodis (Latvia)
Rapporteur General:	Dr Budimir Plavšić (Serbia)

### **Appointment of Session Chairpersons and Rapporteurs for Technical Items and Animal Health Situation**

7. Chairpersons and Rapporteurs were designated for the Technical Items and the Animal Health Situation as follows:

Item I:	Dr Evgeny Nepoklonov (Russia) (Chairperson) Dr Loic Evain (France) (Rapporteur)
Item II:	Dr Ulrich Herzog (Austria) (Chairperson) Dr Olga Shevchenko (Ukraine) (Rapporteur)
Animal Health Situation:	Dr Christianne Brusckke (Netherlands) (Chairperson) Dr Mikheil Sokhadze (Georgia) (Rapporteur)

### **The role of the Regional Commissions and Council in supporting the mandate of the OIE**

8. Subsequent to the presentation of Dr Monique Eloit, OIE Director General, on the role of the Regional Commissions and the Council in supporting the OIE mandate and their interconnection with the OIE Headquarters (HQ) and the OIE Regional and Sub Regional Representations (RR/SRRs), participants were invited to contribute to a panel discussion regarding the actions in which the Council and the Regional Commission's members should be involved in order to better support the activities related to the implementation of the OIE Sixth Strategic Plan and its related roadmap.



9. The OIE Regional Commission for Europe concludes that:

- A closer and clear relationship between the Council, the Members of the Bureaux, the OIE HQ and the OIE RR/SRRs is of paramount importance for the success of OIE activities. Thus, communication shall be reinforced by defining a clear strategy, which should include the improvement of the OIE regional websites allowing them to be used as a communication tool;
- Member Countries should consider the financial implications additional requests to the OIE might have, such as translations of all OIE relevant documents in additional languages such as Russian;
- The Council and the Members of the Bureau should be involved in the discussions regarding the plan of activities at regional level. They should provide input to the OIE for better addressing the regional needs;
- Member Countries of the region should clearly communicate their needs and concerns to the Members of the Bureau and the Council so they can in turn provide more relevant advice to the OIE;
- When a key topic is to be addressed in the agenda of the Council meeting, a previous discussion between the Council and the Members of the Bureaus should be considered;
- The members of the Bureaus of the Regional Commissions are key actors in the work of the OIE, thus, they should act as a bridge between the OIE and the countries of the region in order to support the implementation of OIE's activities at national level, and to collaborate on the improvement of the technical and/or financial contribution of the countries to the OIE activities;
- The Council and the members of the Bureaus are key actors in the improvement of the collaboration within the Europe region (EU and non-EU countries), thus, they should be more proactive in improving the collaboration within the region as well as with other regions;
- Regional Commissions should consider raising high-level authorities' awareness of OIE activities and active participation in those activities;
- Members of the Bureaus of the Regional Commissions should lead the regional contribution to the scientific expertise of the OIE (e.g. proposal of experts for Specialist Commissions, examine applications from Member Countries for new OIE Reference Centres);
- Members of the Bureaus of the Regional Commissions should clearly understand and apply their role and prerogatives as per stated in the OIE Basic Text;
- Communication between members of the five Bureaus of the OIE Regional Commissions should be reinforced for a better understanding of the context in the different OIE regions and also for sharing, when appropriate, useful information and initiatives that could be of help to other regions (e.g. the OIE Platform on Animal Welfare in Europe);
- The Council and the Regional Commissions should actively participate in the preparatory activities of the Regional Conferences (selection of Technical Items and speakers, development of the agenda), during the Conference itself (drafting of the report and recommendations, participation in working groups and discussions), as well as after the Conference (follow up of recommendations);
- The posters sessions as well as the panel discussions and working group sessions appear to be key elements to stimulate fruitful discussions during the Regional Conferences and should be maintained;

- The Council and the Bureaus of the Regional Commissions should actively contribute to the preparation of the OIE General Session within the region: strategic discussion regarding the OIE *Codes* (e.g. revision in a Chapter); determining common positions within the region; discussing on how to improve the scientific support to the OIE; proposing quality candidates for institutional elections; involvement on the development of the agenda of the meeting of the Regional Commission during the General Session;
- The Regional Commissions and the Council should take advantage of the meetings already scheduled (Regional Conferences, and the meetings of the Regional Commission during the General Session) to discuss topics of mutual interest. When needed, videoconferencing or conference calls should be considered as options to facilitate the communication. There is no need for additional face to face meetings;
- Regional and Sub-Regional Representations are key players in reinforcing the communication and collaboration within the region (e.g. between countries and the Bureau of the Regional Commission and the Council). Consequently regional offices should be better staffed to allow them to properly support OIE core-activities in the region beyond organisation of meetings;
- Regional Representations are very well involved in the third pillar of the OIE Sixth Strategic Plan (strengthening of Veterinary Services); however, they should be better involved in the first two pillars (Reinforcement of transparency and Risk management);
- The Members of the Bureau of the OIE Regional Commission for Europe should consider developing an OIE Regional framework based on the OIE Sixth Strategic Plan objectives in order to ensure regional needs be addressed in compliance with the OIE Strategic Plan.

#### **Opportunities for closer collaboration with International and Regional Organisations**

10. After the presentation of Dr Nadège Leboucq, OIE Sub-Regional Representative in Brussels, regarding the opportunities for a closer collaboration with International and Regional Organisations, the OIE Regional Commission for Europe concludes that:
  - The OIE should consider improving the involvement of International and Regional Organisations, with whom a Cooperation Agreement has been signed, in the OIE standard setting process;
  - The OIE should take advantage of its numerous working collaborations to enhance the visibility of its mandate and related activities;
  - The OIE should monitor the implementation of the existing Cooperation Agreements and Exchange of Letters to ensure that they remain strategically valid in an evolving context, and to assess how to develop more active cooperation;
  - The OIE should better evaluate the relevance to undertake new Cooperation Agreements with other potential partners, before any submission to the Assembly.

#### **Report on the Animal Health Situation**

11. Following the presentation on the analysis of the Animal Health Situation in Member Countries in the region during 2015 and 2016 done by Dr Paula Cáceres, Head of the OIE Animal Health Information and Analysis Department (comprehensive report available in Annex 3);

12. The OIE Regional Commission for Europe concludes that:

- The Member Countries should strengthen their surveillance and control efforts on diseases present in the Region, such as African swine fever and infection with avian influenza viruses, not only in domestic animals but also in wildlife which can play an important role in disease spread. Member Countries are also reminded of their obligations to share animal disease information with other OIE Member Countries through WAHIS and are encouraged to share virus isolates with OIE Reference Laboratories, to contribute to improving scientific knowledge of the global animal health situation for diseases such as infection with avian influenza viruses of high pathogenicity;
- The Europe region faces new challenges due to the spread of new or previously eradicated transboundary animal diseases. The occurrence and threat for further expansion of a new strain of foot and mouth disease, spread of peste des petits ruminants and the very fast spread of lumpy skin disease through the parts of the Region require regional coordination for their control. Thus, OIE encourages its Member Countries to increase their level of disease surveillance, assure the highest level of transparency, apply the recommended preventive and control measures in order to avoid the further spread of these diseases;
- The Member Countries of the Regional Commission for Europe have provided valuable animal health data to the OIE and are encouraged to continue providing more detailed animal disease information through WAHIS to enable high precision analysis of epidemiologic trends to inform risk assessments and decision making by Member Countries;
- The next version of WAHIS will be designed to allow the better localisation/mapping of cases/outbreaks within endemic countries;
- The Member Countries should be involved in the renovation of WAHIS to ensure that their needs, including those related to the extraction and upload of relevant data be fully met. Member Countries are invited to use the Bureau of the OIE Regional Commission for Europe to channel their suggestions to the OIE;
- The OIE should explore how to possibly include the immediate notification of disease cases/outbreaks by endemic countries as well, as part as the reporting obligations, to alert, in a timely manner, neighbouring countries in case of outbreaks occurring nearby their border;
- Member Countries reporting obligations, as stated in the *Terrestrial Animal Health Code*, already exist for any significant change in the epidemiology of a disease in endemic context (article 1.1.3 of Chapter 1.1 of the OIE *Terrestrial Animal Health Code*).

**OIE Terrestrial Animal Health Standards Commission  
Revision of the Chapters on African Swine Fever and  
Lumpy Skin Disease**

13. Dr Etienne Bonbon, President of the OIE Terrestrial Animal Health Standards Commission, gave a presentation regarding the current revision of the Chapters on African Swine Fever and Lumpy Skin Disease stressing on the different status and zoning options and their related trade requirements.
14. Following lively discussions among participants in which the significant deterioration of the epidemiological situation of African swine fever (ASF) in Eastern Europe and Lumpy Skin Disease (LSD) in South-East Europe were highlighted as well as, the problems of barriers to international trade of animals and animal products related to both diseases;

15. The OIE Regional Commission for Europe concludes that:
- The Member Countries of the OIE Regional Commission for Europe should continue to actively participate in the current revision of the Chapters on African Swine Fever and Lumpy Skin Disease of the OIE *Terrestrial Animal Health Code* so as to ensure the adoption of the revised Chapters at the forthcoming OIE General Session in May 2017. The Task Force of the OIE Regional Commission for Europe for improving the regional participation in the OIE standard setting process is notably a well-indicated mechanism to do so;
  - The Member Countries of the OIE Regional Commission for Europe should reinforce their regional cooperation in the fight against those diseases and should apply OIE standards adopted for this purpose particularly, in terms of prevention measures, surveillance, outbreak management, and conditions applicable to trade of animals and animal products;
  - In the light of the current prevailing epidemiological situation in Europe, the OIE should emphasise to Member Countries during upcoming Regional Conferences (Americas and Middle-East) the need for rapid adoption of the LSD Code Chapter;
  - The OIE should provide concrete and practical technical handbooks to facilitate the implementation of OIE standards, which by definition remain general recommendations, by OIE Member Countries, following the good example of the OIE handbook on disease surveillance.

**Update regarding the Standing Groups of Experts on  
African swine fever (ASF) and Lumpy Skin Disease (LSD)**

16. After an update on the Standing Groups of Experts on ASF and LSD presented by Dr Bernard Van Goethem, President of the GF-TADs for Europe and Director, Directorate General for Health and Food Safety, Directorate G - Crisis Management in Food, Animals and Plants, European Commission;
17. The OIE Regional Commission for Europe concludes that:
- The (concerned) Member Countries continue to be strongly involved in the Standing Groups of Experts on African swine fever and lumpy skin disease under the GF-TADs and use these mechanisms to exchange and build consensus on the best ways to tackle those diseases at regional level.

**OIE Procedure for official recognition  
versus self-declaration**

18. Following the presentation of Dr Laure Weber-Vintzel, Head of the OIE Status Department, on the "OIE Procedure for official recognition versus self-declaration" providing details on the current work of the OIE on reviewing the procedures for the official recognition and self-declaration, increasing the visibility of self-declarations and strengthening the procedure for maintenance of official status;
19. The OIE Regional Commission for Europe concludes that:
- The Member Countries should consider whether they could apply for official recognition of disease free status, particularly for CBPP or for the endorsement of control programmes;
  - The Member Countries should provide the relevant information supporting the annual reconfirmation in November each year as prescribed in the *Terrestrial Animal Health Code*;

- The Member Countries should identify the diseases (of terrestrial and aquatic animals) for which their country could benefit from self-declaration of freedom at the compartment, zone or country level. Regional approaches could be considered;
- The OIE Regional and Sub Regional Representations should identify the countries that could apply for official recognition and/or self-declaration and explore whether support related to the procedure is needed, including training needs;
- Member Countries regretted that the global recognition of the official disease status adopted by the World Assembly, following consultation of the OIE Member Countries, were not always automatically recognised by trading partners; and, in order to address this concern, the OIE should be more proactive in encouraging Member Countries to recognise the official disease status awarded to another Member Country by the OIE;
- Member Countries of the region applaud the work initiated by the OIE to improve transparency, clarity and acceptance of OIE standards through the establishment of an Observatory to assess and improve the implementation of the OIE standards by Member Countries.

**Technical item I (with questionnaire)  
Control and elimination of rabies in Europe:  
challenges and strategies for a rabies-free Europe**

20. The Technical Item I regarding the “Control and elimination of rabies in Europe: challenges and strategies for a rabies-free Europe”, presented by Dr Thomas Müller from the Friedrich-Loeffler Institute, prompted stimulating discussions among participants allowing the OIE Regional Commission for Europe to elaborate a recommendation in accordance with the OIE General Rules (Recommendation available in Annex 4).

**Involvement of Europe in the Global Strategies and  
coordination with other regions**

21. Following the presentation from Dr Mereke Taitubayev, Head of the OIE Sub-Regional FMD Coordination Unit Office in Astana, and Dr Laure Weber-Vintzel, Head of the OIE Status Department, regarding the coordination within regions of the FMD and PPR Global strategies;
22. The OIE Regional Commission for Europe concludes that:
- Member Countries that remain in Stage 1 of the FMD PCP, should engage themselves in FMD control and in the implementation of the Global FMD Control Strategy. Supporting those countries to move on to Stage 2 would progressively reduce the risk of jeopardizing the situation in neighbouring countries. Countries at a higher PCP stage could be involved in capacity building activities of these countries in FMD PCP stage 1;
  - Some Member Countries have not yet been recognised by the OIE as being officially free from PPR. They should consider whether they could apply for OIE official recognition or for the OIE endorsement of their official control programme for PPR. This should contribute to the internationally recognised priority of the Global Strategy for the Control and Eradication of PPR. If these steps are not reached, they should pursue their efforts in progressing along the PPR step-wise approach of the OIE-FAO Global Strategy. The deadline 2030 proposed in the Global Strategy is achievable in Europe as all countries have indicated eradication by 2028.

### **The OIE PVS Pathway: evolving beyond the myths**

23. Following the presentation of Dr François Caya entitled “The OIE PVS Pathway – Evolving Beyond the Myths” which countered four PVS Pathway myths, outlined the emerging PVS Pathway governance framework and described four options for PVS Pathway evolution to enhance its value to Member Countries, and following the working group sessions and open discussion by the Commission on the four potential options for PVS Pathway evolution;
24. The OIE Regional Commission for Europe concludes that:
- OIE should continue to further develop and consult on the four specific options for PVS Pathway evolution as presented and discussed at the meeting and take into account the following outcomes of the working group discussion:
    - o Option 1: PVS Pathway training with a view to PVS self-evaluation
      - It would be preferable that PVS Self-Evaluations be preceded by a training undertaken by certified experts and that these same experts accompany the country in its approach to PVS Self-Evaluation;
      - Taking into account that undertaking PVS Self-Evaluation might not be only time consuming but also financially demanding, Veterinary Authorities should identify the added value such approach would bring to their systems before engaging discussion with higher management;
      - The OIE should improve its communication on the voluntary nature of the PVS Pathway so to avoid any misunderstanding on the potential use of results, especially in relation with international trade.
    - o Option 2: The PVS Pathway’s formal integration with national strategic planning cycles
      - Member Countries should take the benefits of the PVS Pathway results to move from annual to longer term planning of their Veterinary Services’ activities;
      - OIE should pilot, in some volunteering countries, a new format of partnership composed of several PVS Pathway related activities whose results would support the national strategic planning process;
    - o Option 3: Dedicated content on priority topics within future PVS Pathway missions
      - There was a strong consensus that a ‘normal’ initial PVS Evaluation mission should remain the fundamental starting point for any country engaging into the OIE PVS Pathway;
      - While some countries strongly opposed dedicated content on priority topics within future PVS Pathway Missions, specifically because the PVS Tool was designed to evaluate the totality of Veterinary Services and applying it to a specific and limited area of the Services may result in key issues or deficits being under reported or missed entirely, many other countries supported this new concept, which should preferably take place during a specific *ad hoc* PVS Evaluation mission or within a PVS Evaluation Follow-up mission; it was however suggested that such missions be deployed in support of an already existing national, regional or global strategy;

- If PVS Pathway missions on priority topics were to go ahead, the priority topic/focus should be decided by the country itself; however, the Bureau of the Regional Commission, could play a role by advising countries on topics of regional or global importance, with as prerequisite that the Bureau be made aware of the OIE PVS Pathway missions in the pipeline.
  - o Option 4: A PVS pathway capacity building programme coordinated by national PVS Focal Points
    - Member Countries underlined the great difficulties faced in the organisation of follow-up activities after PVS Pathway missions and the need to have a better involvement of all interested parties;
    - The nomination of a national Focal Point on PVS Pathway could be helpful for many countries, as long as they have a role clearly defined by the OIE, and be specifically trained on standards and their links with PVS Pathway through a dedicated training programme providing also opportunities to exchange experience. However, some Member Countries expressed concern regarding the number of existing OIE Focal Points and the potential strain on resources that having an additional one might cause;
    - Member Countries should be supported by the OIE Regional and Sub-Regional Representations in their efforts to take full ownership of PVS Pathway results.
25. The Member Countries support the OIE continuing to lead exploration of options to reinvigorate and evolve the OIE PVS Pathway, including as part of preparations for an OIE PVS 'Think Tank' scheduled for the first half of 2017, where selected Delegates may be requested to contribute.

**Technical item II (without questionnaire)  
Lumpy Skin Disease: current situation in Europe and neighbouring regions  
and necessary control measures to halt  
the spread in South-East Europe**

26. Dr Eeva Tuppurainen, Veterinary Expert on Controlling Lumpy skin disease (LSD), Sheeppox and Goatpox, and Dr Nadav Galon, OIE Delegate of Israel and Member of the OIE *ad hoc* Group on LSD, presented a report on the Technical Item II concerning "Lumpy Skin Disease: current situation in Europe and neighbouring regions and necessary control measures to halt the spread in South-East Europe". Following a fruitful discussion among participants, the OIE Regional Commission for Europe elaborated a recommendation in accordance with the OIE General Rules (Recommendation available in Annex 5).

**Antimicrobial Resistance:  
update and future developments**

27. After the presentation of Dr Jean-Philippe Dop, OIE Deputy Director General, regarding an update and future developments on antimicrobial resistance;
28. The OIE Regional Commission for Europe concludes that:
- The need to raise awareness on antimicrobial resistance is receiving the highest level of political attention which is illustrated by the participation of the OIE Director General in a High level meeting on AMR at the United Nations in New York on 21 September 2016,
  - The tripartite (FAO/OIE/WHO) alliance on AMR is of growing importance in building a solid partnership;

- OIE is developing an ambitious antimicrobial reduction strategy based on its mandate and strengths, but also exploring new areas, such as education of veterinary paraprofessionals, antimicrobial use in companion animals and research of alternatives to antimicrobials;
- Member Countries should contribute to the OIE collection of data on the use of antimicrobial agents in animals and support each other in the establishment of systems capable to generate accurate data;
- Member Countries should invest in preventive policies based on the development of prophylaxis methods and the improvement of good management practices in collaboration with farmers, including biosecurity and vaccination to limit the use of antimicrobial agents to strict necessity;
- Some countries suggested that the Regional Commission for Europe should show leadership by banning the use of growth promoters for the entire Region;
- The OIE Regional and Sub-Regional representations in collaboration with partner organisations, should play a growing role to support countries in the implementation of multisectoral National Action Plans on AMR following the adoption of the Global Action Plan;
- Communication and regional solidarity should be further developed to take advantage of the expertise available in the region;
- Reinforcement of OIE capacities will need sustained support from donors and Member Countries.

**Task-Force of the OIE Regional Commission for Europe for  
improving regional participation in the  
OIE standard setting process**

29. Following the presentation of Dr Ulrich Herzog, OIE Delegate of Austria and Vice-President of the OIE Regional Commission for Europe regarding the Task-Force of the OIE Regional Commission for Europe for improving regional participation in the OIE standard setting process;
30. The OIE Regional Commission for Europe concludes that:
- Member Countries fully support the revitalisation of the Task-Force of the OIE regional Commission for Europe for improving regional participation in OIE standard setting and agree on its enlarged mandate, that notably includes the preparation, implementation and monitoring of a regional strategic plan for Europe, in compliance with the OIE 6th Strategic Plan. It should cover all the activities supported by partners such as EC, EUFMD, REMESA, and FAO;
  - The Task Force should represent all sub-regions of Europe, ensuring a geographical balance among the members of the region. It is recommended to have 5 members of non-EU Member Countries and 4 from EU Member Countries. The Members of the Council should take part in Task Force meetings. The European Commission and the representatives of the OIE Regional offices are invited to take part as observers;
  - The OIE should consider providing secretariat support to the Task Force by one of the OIE Regional/Sub Regional offices of Europe;



- If needed, the OIE should evaluate the possibilities to provide financial support for travel and accommodations of some members of the Task Force for attending face meetings;
- Translation of key documents should be considered, according to availability of funds;
- The Member Countries of the Task Force and dates for the next meeting will be decided during the Friday Session.

#### **Discussion of recommendations**

31. Draft Recommendations 1 and 2 on the two Technical Items of the Conference were presented to the participants and put forward for discussion. Both draft Recommendations will be presented for adoption at the Friday session with amendments as per suggestions and discussions from participants.
32. After adoption by the Regional Commission, the recommendations will be presented to the World Assembly of Delegates of the OIE in May 2017 for endorsement. Once endorsed by the OIE World Assembly of Delegates, they will provide an important guideline for the Member Countries of the OIE Regional Commission for Europe as well as for the overall Organisation.

#### **Proposal of date and venue of the 28th Conference of the OIE Regional Commission for Europe**

33. The President of the Commission asked Delegates present if any of their countries wished to host the 28th Conference of the OIE regional Commission for Europe in September 2018.
34. The Delegate of Georgia expressed the wish for his country to host the Conference.
35. The proposal was unanimously accepted.
36. The precise dates of the Conference will be decided during the Regional Commission meeting to be held during the General Session in 2017.
37. This proposal was also unanimously confirmed.

**THURSDAY 22 SEPTEMBER 2016**

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#### **Cultural Visit**

38. Participants and their guests greatly appreciated the cultural visit organised for the day by the host country. Sincere thanks were extended to the organisers for their kind hospitality.

### **Composition of the Task Force of the OIE Regional Commission for Europe**

39. Following a discussion involving Member Countries of the region regarding the composition of the Task Force of the OIE Regional Commission for Europe, it was concluded that:
- The composition of the Task Force will be as follows:
    - Members of the Bureau of the Commission: Latvia, Austria, Belarus and Serbia
    - Further Members: Georgia, Kazakhstan, Spain, Switzerland, and the United Kingdom
    - Members of the OIE Council: Germany and Russia
    - Observer: European Commission
    - Secretariat: OIE Sub Regional Representation in Brussels
  - The next meeting of the Task Force will take place in Belgrade on 20 and 21 December 2016.

### **“Addressing the challenges of international trade of animals and products of animal origin: how to engage all interested parties?” Statements and panel discussion with international and regional organisations**

40. Following a panel discussion aimed at facilitating a debate regarding the challenges of international trade of animals and products of animal origin, including international trade activities as they relate to the OIE (and its standards), the challenges faced and the opportunities for improved cooperation with some of the international and regional organisations that have signed an agreement with the OIE (EU, EUCVB, FAO, FESASS, FVE, WCO, and WTO):
41. The OIE Regional Commission for Europe took note of the following:
- OIE standards provide a globally agreed approach for preventing the spread of diseases while facilitating trade. Communication and engagement of all relevant stakeholders is key to guaranteeing a common understanding of OIE standards and their link with the SPS Agreement;
  - It is of paramount importance for the OIE and its partners to work in close collaboration to target the universal recognition and application of OIE standards and the application of the SPS Agreement in international trade so to achieve safe and fair trade;
  - The establishment of National Committees on Trade Facilitation for the implementation of the new Trade Facilitation Agreement (TFA) could support the improvement of border controls. They give countries the opportunity to gather all interested parties, including the private sector, to work on improving border management at national level, in addition to its coordination at international level. National Committees should become coordination structures enabling greater dialogue before meetings of the SPS and technical barriers to trade (TBT) committees;
  - The TFA will help Veterinary Services to explain their role at borders, such as protecting public and animal health while at the same time facilitating trade. This will help to create the political will to listen to agencies that have a role to play and to the private sector;
  - The TFA is important as a means of ensuring fast clearance of goods at borders while ensuring safe trade. However, it does not resolve all the border problems. The TFA does not overlap the Member Countries' obligation to implement technical barriers to trade (TBT) and the application of the SPS agreements;

- Once the national committees are in force, Member Countries should be able to identify specific areas where they see that technical assistance is needed in terms of export of goods. These committees are an opportunity for OIE Delegates to be more active at national level. Workshops involving Customs and the national Veterinary Services could be organised, if funding is available;
- OIE standards, which may sometimes appear to animal producers as being far removed from the farm, do in fact have a direct impact on the day-to-day health management of holdings. It is essential that standards are rigorously applied, but it is also important that when standards are being developed their impact on the everyday life of producers is properly taken into account. Cooperation and investment on the part of the OIE's partner organisations is key to ensuring the development and promotion of these standards;
- Effective promotion and implementation of these standards and animal health guarantees also depends on the mobilisation of producers and their organisations. In other words, as indicated in the PVS Evaluation tool, it is important to go well beyond the Veterinary Services and ensure that the rules are being applied right down to farm level;
- The PVS Pathway makes a significant contribution to strengthening the whole of the veterinary arsenal but it does not include a section on evaluating the sanitary requirements of producers in a given country. For example, how to facilitate the exchange of any required information between the holding of destination and the holding of origin during international trade. Moreover, the question regarding trade guarantees when it comes to non-regulated animal diseases is also to be analysed. Therein lies the whole problem of associating private standards with regulatory requirements;
- It is also of paramount importance to facilitate public-private partnerships to strengthen the implementation of all these standards. To achieve this, the OIE needs the support and cooperation of its partners;
- Good cooperation between international organisations, under the "One Health" concept and through GF-TADs, is always emphasised as a key factor in the prevention and control of animal diseases with good examples such as LSD and ASF, through the establishment of the Standing Group of Experts under the umbrella of the GF-TADs for Europe;
- Implementing standards requires efforts, money and everyday rigor on the part of producers. Many exporting countries face difficulties especially over the recognition by importing countries of their official disease status and zoning;
- Unanimous recognition of official disease status is a real difficulty faced by the OIE, which is currently working along two lines to improve the situation: firstly, to adjust the procedures for official recognition and self-declaration; secondly, based on an analysis of various panels on animal health topics within the WTO, the OIE is working on the recognition of all standards, guidelines, resolutions and recommendations endorsed by the OIE World Assembly, as a single block named "OIE standard".

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

42. Dr Monique Eloit, OIE Director General, explained the procedures for adopting the report and recommendations of the Conference. Delegates could submit comments or suggestions for consideration during the session dedicated to the adoption of the report. Further comments on the report received at the OIE Headquarters by 14 October 2016 would also be taken into consideration. However, the recommendations had to be adopted during the current session and could not be changed subsequently, only editing being accepted.

43. As requested by some Delegates of the Region, an electronic version of the draft final report will be provided to all Delegates and Representatives of Delegates that attended the Conference in order to facilitate the comments to the report.
44. The two draft recommendations were adopted, with minor amendments taking into account participants' suggestions and discussions.

### **Closing Ceremony**

45. On behalf of the Bureau of the OIE Regional Commission for Europe, the OIE Headquarters and the Conference participants, Dr Maris Balodis read the traditional motion of thanks addressed to the host country.
46. Prof. Dr Fernando Bernardo, OIE Delegate of Portugal, expressed his gratitude, on behalf of his government and on his own, to all the participants, the speakers and the OIE secretariat for the productive Conference. He wished all a safe trip back home and hoped that the stay in Lisbon was pleasant.
47. Dr Botlhe Michael Modisane, President of the OIE World Assembly of Delegates, reiterated his thanks and congratulations to the government of Portugal for the excellent organisation of the Conference and the warm welcome and hospitality offered to all participants.
48. Dr Monique Eloit, OIE Director General, thanked and congratulated all the staff from the Portuguese Directorate-General for Food and Veterinary for the excellent work done in order to ensure the success of such an important event for the region. She was pleased to conclude that the conference was a great success. She thanked all participants for the good receptivity of the new dynamic for the OIE Regional Conferences as well as for the animated and fruitful discussions along the week which permitted the adoption of two relevant recommendations on the main technical items presented, as well as the drafting of a report summarising the key ideas discussed during the week.
49. She invited all participants to be present in the next Regional Commission Conference.
50. Prof. Dr Fernando Bernardo declared the Conference officially ended at 12.30 p.m.

Annexes .../



**27th Conference of the OIE Regional Commission for Europe**  
Lisbon, Portugal, 19 to 23 September 2016

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**27th Conference of the OIE Regional Commission for Europe**  
Lisbon, Portugal, 19 to 23 September 2016

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**PROGRAMME**

**MONDAY 19 SEPTEMBER 2016**

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- 2:00 p.m. – 5:00 p.m. Registration of participants and document distribution
- 5:00 p.m. – 6:00 p.m. Opening ceremony
- 6:00 p.m. Introduction to the Posters Session
- 6:15 p.m. Group Photo
- 6:30 p.m. 8:00 p.m. Posters Session
- 8:00 p.m. Welcome dinner offered by Portugal

**TUESDAY 20 SEPTEMBER 2016**

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- 9:00 p.m. Approval of the Agenda and Programme  
Appointment of the Conference Committee (Chairperson, Vice-Chairperson and General Rapporteur)  
Appointment of session chairpersons and rapporteurs (Technical items and animal health situation)
- 9:20 a.m. The role of the Regional Commissions and Council in supporting the mandate of the OIE (Dr Monique Eloit, OIE Director General)
- 9:50 a.m. Panel discussion on the role of the Regional Commissions and Council (OIE Director General, Members of the Bureau and Council)
- 10:20 a.m. Break
- 10:50 a.m. Opportunities for closer collaboration with International and Regional Organisations (Dr Nadège Leboucq, OIE Sub-Regional Representative in Brussels)
- 11:20 a.m. Report on the Animal Health Situation (Dr Paula Cáceres, Head of the OIE Animal Health Information and Analysis Department)
- 12: 05 p.m. Discussion
- 12:30 p.m. OIE Terrestrial Animal Health Standards Commission – Revision of the Chapters on African Swine Fever and Lumpy Skin Disease (Dr Etienne Bonbon, President OIE Terrestrial Animal Health Standards Commission)
- 1:00 p.m. Update regarding the Standing Groups of Experts on African swine fever (ASF) and Lumpy Skin Disease (LSD) (Dr Bernard Van Goethem, President of the GF-TADs for Europe and Director, Directorate General for Health and Food Safety, Directorate G - Crisis Management in Food, Animals and Plants, European Commission)

- 1:15 p.m. Lunch
- 2:30 p.m. OIE Procedure for official recognition versus self-declaration  
(Dr Laure Weber-Vintzel, Head of the OIE Status Department)
- 3:00 p.m. Discussion
- 3:30 p.m. Technical item I (with questionnaire): Control and elimination of rabies in Europe: challenges and strategies for a rabies-free Europe (Dr Thomas Müller, Friedrich-Loeffler Institut)
- 4:15 p.m. Discussion
- 5:00 p.m. Break
- (Preparation of Recommendation No. 1 by designated small group)
- 5:30 p.m. Involvement of Europe in the Global Strategies and coordination with other regions  
(Dr Mereke Taitubayev, Head of the OIE Sub-Regional FMD Coordination Unit Office in Astana, and Dr Laure Weber-Vintzel)
- 6:00 p.m. Discussion
- 6: 30 p.m. End of the Session

### WEDNESDAY 21 SEPTEMBER 2016

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- 9:00 a.m. The OIE PVS Pathway: evolving beyond the myths  
(Dr François Caya, Head of the OIE Regional Activities Department)
- 9:30 a.m. Working group Session on the PVS Pathway
- 10:30 p.m. Break
- 11:00 a.m. Feedback of the working group session and discussion
- 11:30 a.m. Technical item II (without questionnaire): Lumpy Skin Disease: current situation in Europe and neighbouring regions and necessary control measures to halt the spread in South-East Europe (Dr Eeva Tuppurainen, Veterinary Expertise for Controlling Lumpy skin disease, Sheeppox and Goatpox, and Dr Nadav Galon, OIE Delegate of Israel and Member of the OIE *ad hoc* Group on LSD)
- 12:15 p.m. Discussion
- 1:00 p.m. Lunch
- (Preparation of Recommendation No. 2 by designated small group)
- 2: 30 p.m. Antimicrobial Resistance: update and future developments  
(Dr Jean-Philippe Dop, OIE Deputy Director General "Institutional Affairs and Regional Activities")
- 3:00 p.m. Discussion
- 3:30 p.m. Task-Force of the OIE Regional Commission for Europe for improving regional participation in the OIE standard setting process (Dr Ulrich Herzog, OIE Delegate of Austria and Vice-President of the OIE Regional Commission for Europe)
- 4:00 p.m. Discussion

- 4:30 p.m. Break
- 5:00 p.m. Discussion of recommendations
- 6:00 p.m. Proposal of date and venue of the 28<sup>th</sup> Conference of the OIE Regional Commission for Europe
- 7:30 p.m. Dinner hosted by the OIE

#### **THURSDAY 22 SEPTEMBER 2016**

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- 10:00 a.m. – 6:30 p.m. Cultural visit
- 08:00 p.m. Reception hosted by Portugal

#### **FRIDAY 23 SEPTEMBER 2016**

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- 09:00 a.m. “Addressing the challenges of international trade of animals and products of animal origin: how to engage all interested parties?”- Statements and panel discussion with international and regional organisations (previously selected)
- 10:30 a.m. Break
- 11:00 a.m. Adoption of the Draft Final Report and Recommendations
- 11:30 a.m. Closing ceremony



## ANALYSIS OF THE ANIMAL HEALTH SITUATION IN MEMBER COUNTRIES IN THE REGION DURING 2015 AND 2016

(Update 30 June 2016)

This report is based on information obtained from six-monthly reports, annual reports, immediate notifications and follow-up reports submitted through WAHIS to the OIE by Member Countries of the Regional Commission for Europe up to 30 June 2016. Special attention is given to the 2015 and 2016 reporting period.

The report reviews the situation in Europe regarding some specific diseases notified during this period: infection with rabies virus, foot and mouth disease, lumpy skin disease, infection with peste des petits ruminants virus, African swine fever and infection with avian influenza viruses of high pathogenicity.

### 1. Infection with rabies virus

The rabies virus situation in the Region is presented in relation to Technical Item I “Control and elimination of rabies in Europe: challenges and strategies for a rabies-free Europe”. Rabies has been an OIE-listed disease since 1924. Since 2012, the OIE *Terrestrial Animal Health Code* (the *Terrestrial Code*), Chapter 8.13., has defined rabies as a disease caused by the *Rabiesvirus* (formerly referred to as classical rabies virus, genotype-1). Therefore, diseases caused by other members of the *Lyssavirus* genus are not considered as “rabies” for the purposes of the *Terrestrial Code*. The following section focuses on infection with rabies virus, as defined by the OIE, and excludes infection with European bat lyssavirus. Infection with members of the *Lyssavirus* genus other than *Rabiesvirus* can, however, be reported to the OIE on a voluntary basis through WAHIS, by means of text inserted in the six-monthly reports.

The recent geographical distribution of infection with rabies virus in Member Countries of the OIE Regional Commission for Europe, during the period 1 January 2015 to 30 June 2016, is shown in Figure 1. During this period, a total of 52 Member Countries provided information on the disease, which was reported present by 38% (20/52) of them. Infection with rabies virus was reported present in both domestic animals and wildlife by 27% (14<sup>10</sup>/52) of the reporting Member Countries (mainly in Eastern Europe), present only in domestic animals by 8% (4<sup>11</sup>/52) of them and present only in wildlife by 4% (2<sup>12</sup>/52) of them.

During this period, infection with rabies virus was reported as reoccurrences by means of immediate notifications by three countries (France, Lithuania and Slovakia).

In France, the reoccurrence in May 2015 in the Rhone-Alpes region was due to an illegal introduction of a dog from another country. No secondary cases were detected during the six-month surveillance period and the event was resolved.

In Lithuania and Slovakia, the reoccurrences involved wild carnivores. In Lithuania, hunted wild carnivores tested positive in October 2015, after rabies had been absent for more than two years in the country. As of 30 June 2016, the event was still on-going. In Slovakia, wild foxes testing positive were found in late 2014 and 2015, after rabies had been absent for more than one year in the country. As of 30 June 2016, the events were resolved.

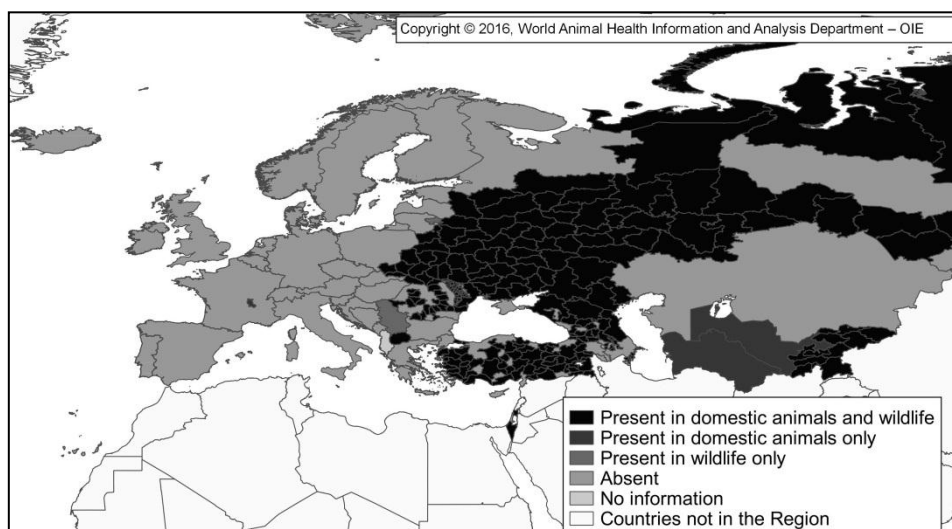
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<sup>10</sup> Azerbaijan, Belarus, Georgia, Israel, Kyrgyzstan, Macedonia (Former Yug. Rep. of), Moldova, Poland, Romania, Russia, Slovakia, Tajikistan, Turkey and Ukraine;

<sup>11</sup> France, Spain, Turkmenistan and Uzbekistan;

<sup>12</sup> Lithuania and Serbia.

**Figure 1. Distribution of infection with rabies virus in Member Countries of the OIE Regional Commission for Europe in 2015 and early 2016 (up to 30 June 2016)**



A number of countries, especially in Western Europe, have reported rabies absent, as shown in Figure 1. A country may be considered free from rabies when it complies with the conditions listed in Article 8.13.3. of the *Terrestrial Code*. To demonstrate compliance with these conditions, the country should report regular and accurate information to the OIE, through WAHIS.

In this case, the country has the possibility of publishing a self-declaration of freedom from rabies in the OIE *Bulletin*. Thus, the Delegate of Latvia submitted a declaration to this effect in December 2014, followed by the Delegate of Malta in February 2015, the Delegate of Lithuania in March 2015 and the Delegate of Slovenia in June 2016. Latvia, Malta and Slovenia are still considered free from rabies. However, as described above, Lithuania has experienced a reoccurrence of rabies, as from October 2015.

Rabies incidence continues to decrease in Europe, with new countries self-declaring freedom from the disease every year. Improved surveillance and notification are an important factor in understanding trends and guiding coordinated action on rabies elimination at national and regional levels. In this perspective, the OIE and its global system WAHIS are essential, both to monitor the evolution of the disease in the Region and to provide standards for self-declaration of freedom following disease eradication.

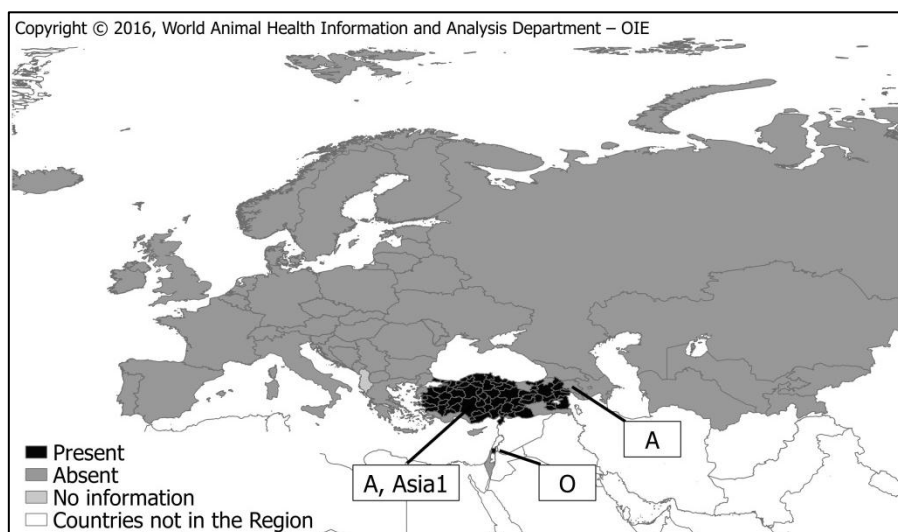
## **2. Foot and mouth disease**

Foot and mouth disease (FMD) is a severe, highly contagious viral disease of livestock that can have a significant economic impact. Considering that FMD is still present in the southern part of the Region (Armenia, Israel and Turkey), controlling the disease is of the utmost importance to avoid its spread into other parts of the Region, especially given the viral changes recently observed in the affected sub-region. The recent geographical distribution of FMD in Member Countries of the Regional Commission for Europe, based on information collected through WAHIS during the period 1 January 2015 to 30 June 2016, is shown in Figure 2.

During this period, a total of 52 Member Countries provided information on the disease, which was reported present by 8% (4<sup>13</sup>/52) of them and absent by the remaining 92% (48/52). During this period, FMD was reported through immediate notifications by Armenia, Israel and Russia, but in the eastern part of the country (serotype A and O) and serotype Asia1 was reported by Turkey.

<sup>13</sup> Armenia, Israel, Russia and Turkey.

**Figure 2. Distribution of foot and mouth disease in 2015 and early 2016 in Member Countries of the OIE Regional Commission for Europe (up to 30 June 2016)**



Particularly important for the Region is the reporting of a new strain of serotype A and in particular the A/ASIA/G-VII lineage (genotype VII). Genotype VII, which appears to have spread to the Middle East from South Asia, was first reported in Saudi Arabia (13 September 2015). Phylogenetic analysis of the VP1 coding sequence of the virus isolates revealed a close relationship to FMD type A viruses from the Indian subcontinent<sup>14</sup>. A few days later, on 29 September 2015, it was isolated in Turkey. The genotype was then reported by Iran, relating to an event in August 2015 that was confirmed in December, and by Armenia, relating to an event that started in December and was confirmed the same month. These events represent a significant risk to FMD-free countries in the region, notably the south-west and south-east of Europe.

The impact of the rapid spread of this genotype within new regions has been compounded by the lack of prior data regarding the degree to which existing vaccines match the outbreak isolates. The Veterinary Authorities in the affected countries and the Pirbright Institute, OIE Reference Laboratory for FMD, made a considerable effort to resolve this and also to manage the outbreaks. This event demonstrates the importance of the ongoing international efforts to improve disease surveillance and the characterisation of virus isolates within the framework of the FAO/OIE Global FMD Control Strategy. Member Countries are encouraged to comply with the OIE requirement of transparency and to report any disease event through WAHIS in a timely manner.

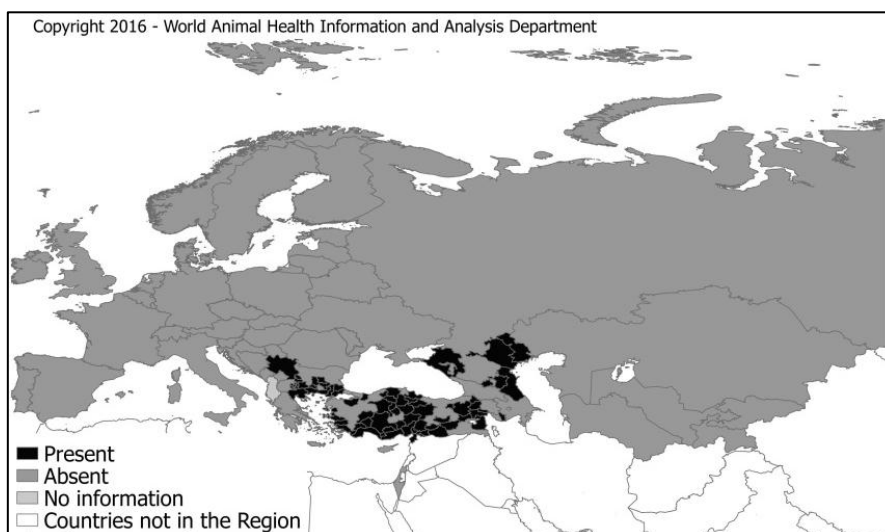
### **3. Lumpy skin disease**

The lumpy skin disease (LSD) situation in the Region is presented in relation to Technical item II “Lumpy Skin Disease: current situation in Europe and neighbouring regions and necessary control measures to halt the spread in South-East Europe”. LSD is a viral disease of cattle and is characterised by severe losses, especially in naive animals. LSD is endemic in many African and Asian countries and in the last few years has spread rapidly throughout the Middle East. It has recently reached Europe, where its distribution is currently expanding.

The recent geographical distribution of LSD in Member Countries of the OIE Regional Commission for Europe, based on information collected through WAHIS during the period 1 January 2015 to 30 June 2016, is shown in Figure 3.

<sup>14</sup> Bachanek-Bankowska, K., Wadsworth, J., Thapa, B., King, D.P., & Knowles, N.J. (2016). Complete Genome Sequence of a Serotype A Foot-and-Mouth Disease Virus from an Outbreak in Saudi Arabia during 2015. *Genome Announcements*, 4(1), e01591–15. <http://doi.org/10.1128/genomeA.01591-15>.

**Figure 3. Distribution of lumpy skin disease in 2015 and early 2016 in Member Countries of the OIE Regional Commission for Europe (up to 30 June 2016)**



During this period, a total of 52 Member Countries provided information on the disease, which was reported present by 13% (7<sup>15</sup>/52) of them and absent by the remaining 87% (45/52)<sup>16</sup>. The disease was reported as a “First occurrence in the country” by six countries. The first immediate notification was sent by Russia on 7 July 2015, followed by Armenia on 8 August 2015 and Greece on 18 August 2015. The event in Greece represented the first occurrence of the disease in the European Union (EU). Subsequently, Bulgaria (12 April 2016), Macedonia (Former Yug. Rep. of) (18 April 2016) and finally Serbia (4 June 2016) reported the disease. During these outbreaks, 2810 cases were reported through immediate notifications and 12 079 animals were destroyed. Disease control measures were immediately put in place, including movement controls, culling of infected animals and emergency vaccination<sup>17</sup>.

The recent epidemiology of the disease was discussed at the 84th General Session in Paris and one of the main outputs of the analysis carried out on WAHIS data was that a significant spread of the disease had occurred towards or into the temperate region. In particular, the analysis showed a progressive spread of the disease northward, with an increase in the latitude of the outbreak locations. The changes in occurrence of vector-borne diseases like LSD are mainly due to changing climatic and environmental conditions allowing better survival of the competent vectors. As shown in Figure 4, the OIE’s predictions of a further spread of the disease in Europe have been confirmed. The recent outbreaks reported within the last two months in Russia and Serbia indicate a further expansion of the infected area of more than 250 km from the outbreaks described up to April 2016. In view of the situation, a new initiative called the Standing Group of Experts on Lumpy Skin Disease in South East Europe (SGE LSD) was launched on 5 July 2016 under the FAO<sup>18</sup>–OIE Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs) umbrella, to build up closer cooperation among countries affected by LSD and thereby address the disease in a more collaborative and harmonised manner across the region.

<sup>15</sup> Armenia, Bulgaria, Greece, Macedonia (Former Yug. Rep. of), Russia, Turkey and Serbia;

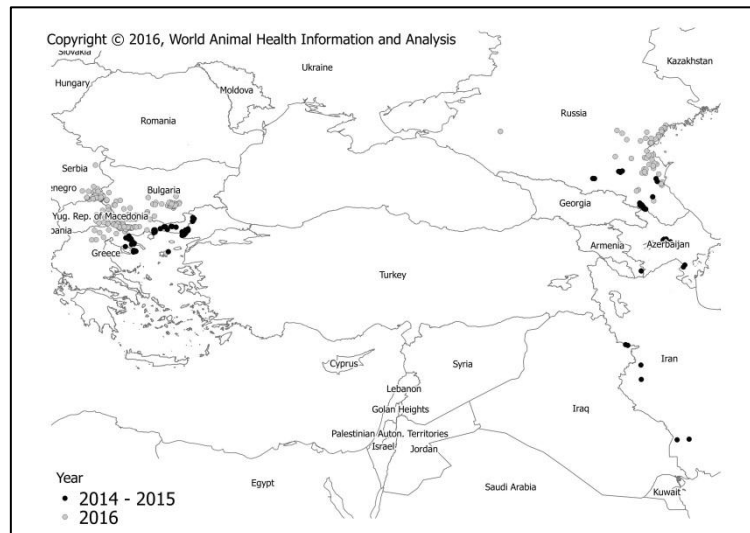
<sup>16</sup> Andorra, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Croatia, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkmenistan, Ukraine, the United Kingdom and Uzbekistan;

<sup>17</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/520496/lumpy-skin-update-20160429.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/520496/lumpy-skin-update-20160429.pdf);

<sup>18</sup> FAO: Food and Agriculture Organization of the United Nations.



**Figure 4. Recent spread of lumpy skin disease in Member Countries of the OIE Regional Commission for Europe: comparison between outbreaks reported in 2014-2015 and outbreaks reported in 2016**



The spread of LSD in Europe is a perfect example of the new challenges that the Veterinary Services will have to face due to the climatic and environmental changes that are affecting animal populations at a global level. In particular, the adaptation of vectors to new geographical areas presents a risk of the disease being maintained in newly infected areas and its further spread. These new challenges will probably require the development of new skills and analytical tools, such as the use of mathematical and spatial models for the prediction of disease occurrence. In the specific case of LSD, the most important environmental predictors of disease spread are reported to include annual precipitation, land cover, mean diurnal temperature range, type of livestock production system and livestock densities<sup>19</sup>. A risk model approach will help to maximise the effectiveness of effort need to control the disease.

#### **4. Infection with peste des petits ruminants virus**

Peste de petits ruminants (PPR) is one of the priority diseases of the GF-TADs. The Global Strategy for the control and eradication of PPR by 2030 was adopted in March 2015<sup>20</sup>. PPR has been reported present for many years in all of Africa except some parts of Southern Africa, and in the Middle East and South-West Asia.

<sup>19</sup> Alkhamis M.A., VanderWaal K. Spatial and Temporal Epidemiology of Lumpy Skin Disease in the Middle East, 2012–2015. *Frontiers in Veterinary Science*. 2016; 3:19. doi:10.3389/fvets.2016.00019;

<sup>20</sup> Global Strategy for the control and eradication of PPR. OIE and FAO. 2015. <http://www.oie.int/eng/ppr2015/doc/PPR-Global-Strategy-2015-03-28.pdf>.

The recent geographical distribution of PPR virus in Member Countries of the OIE Regional Commission for Europe, based on information collected through WAHIS during the period 1 January 2015 to 30 June 2016, is shown in Figure 5. During this period, a total of 52 Member Countries provided information on the disease, which was reported present by 6% (3<sup>21</sup>/52) of them. The disease was reported absent by 94% Member Countries (49<sup>22</sup>/52), most of which (31 out of 49) are officially recognised as free from PPR. It is worth pointing out that the Europe Region accounts for 58% of all OIE Member Countries with an Official Status for PPR (31 out of 53).

**Figure 5. Distribution of infection with PPR virus in 2015 and early 2016 (up to 30 June 2016)**



As already discussed at the last General Session in Paris, the general epidemiological trend is for a spread of the disease from the stable areas and an increase in the percentage of countries reporting the disease present. However, one of the main findings of the analysis was the existence of considerable regional differences, indicating the need for different regional approaches within the eradication programme. Thus, in Africa, a historically stable area, even if there has been a significant spread of the disease the situation seems to be stable, whereas in South-East Asia, which is a relatively newly infected area, the control efforts do not seem to have been effective and the predictive risk of further spread remains very high.

In Europe and the Middle East, the spread of the disease to new areas is for the time being very limited, but the recent spread to areas that border countries officially recognised as free from the disease, or where the disease has never been reported, represents a major threat of a further deterioration of the epidemiological situation of PPR.

<sup>21</sup> Georgia, Israel and Turkey;

<sup>22</sup> Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia (Former Yug. Rep. of), Malta, Moldova, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkmenistan, Ukraine, the United Kingdom and Uzbekistan.

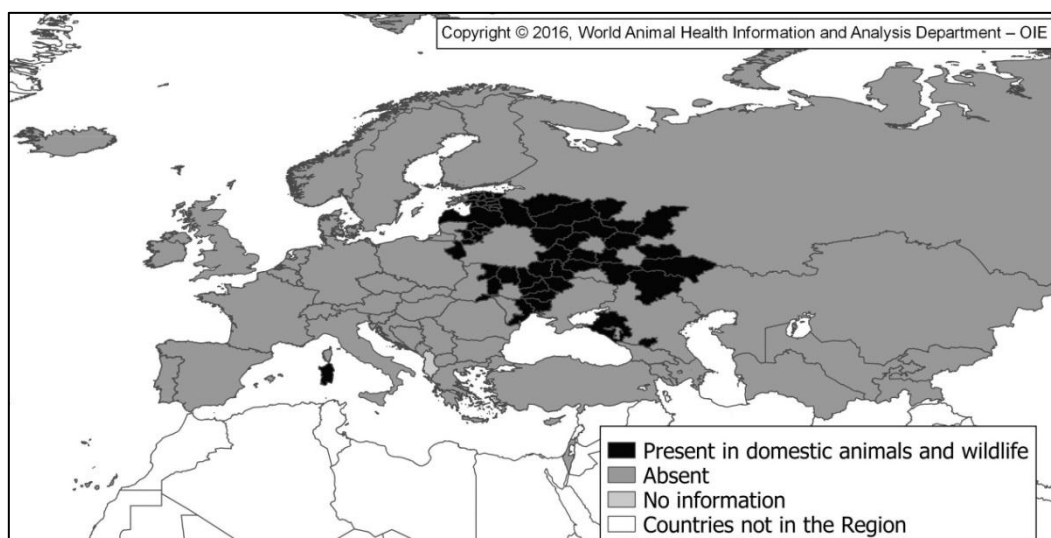
The main event that has increased the risk for the spread of the disease to Europe was the first occurrence of the disease in Georgia, in Tbilisi Region in January 2016. Up to 23 March 2016, three outbreaks with 415 cases in sheep out of 3740 susceptible animals had been reported in Tbilisi Region. The Pirbright Institute, OIE Reference Laboratory for PPR, confirmed PPR virus, Lineage IV. Mass vaccination of susceptible animals was reported to have started on 12 February and, up to 3 March 2016, 930 000 sheep and goats had been vaccinated. The outbreak in Georgia, near the borders with Armenia and Azerbaijan, marked new territory for the disease, which is particularly lethal upon contact with unprotected animals.

In general, the extent of the spread of the disease depends on the time during which it remains undetected, the farm density and the frequency and distance of animal movements. If PPR enters EU areas with a dense sheep population but a low goat density, it may spread rapidly undetected, since goats are considered to show more symptoms than sheep<sup>23</sup>. Effective measures in limiting the spread of PPR include rapid detection, prompt culling of infected herds, movement restrictions and disinfection. Live attenuated vaccines against PPR are available, and have been successfully used to control PPR epidemics. Awareness-raising campaigns for farmers and veterinary staff to promote recognition of the disease should be considered. The regional cooperation of all Member Countries within the spirit of the Global Strategy for the eradication of PPR should be encouraged to prevent the spread of PPR.

## 5. African swine fever

The recent geographical distribution of African swine fever (ASF) in Member Countries of the OIE Regional Commission for Europe, based on information collected through WAHIS during the period from 1 January 2015 to 30 June 2016, is shown in Figure 6. During this period, a total of 52 Member Countries provided information on the disease, which was reported present by 13% (7<sup>24</sup>/52) of them, in both domestic pigs and wild boar.

**Figure 6. Distribution of African swine fever in Member Countries of the OIE Regional Commission for Europe in 2015 and early 2016 (up to 30 June 2016)**



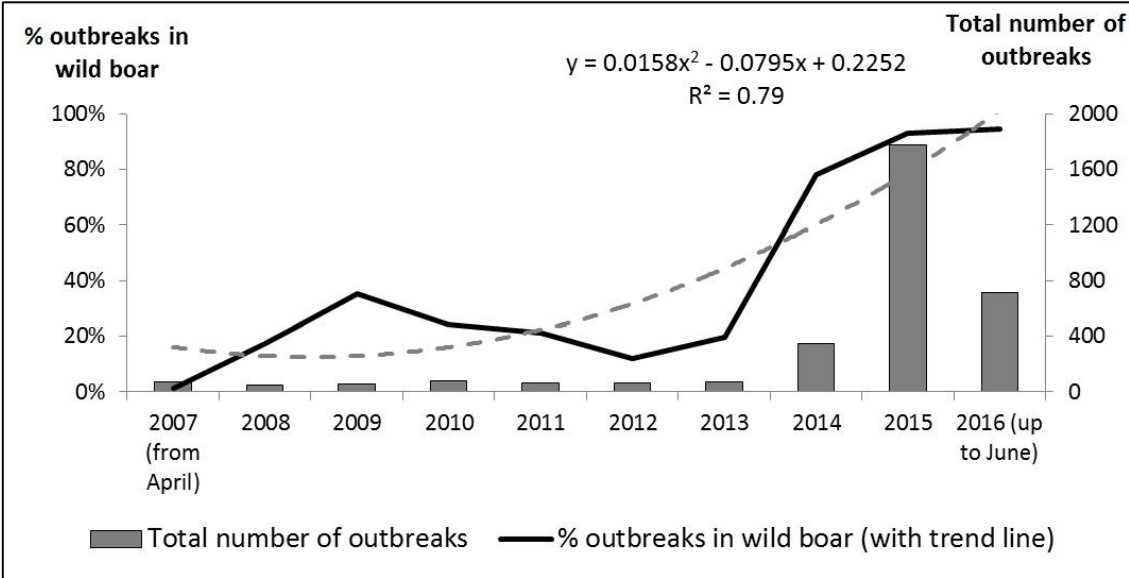
<sup>23</sup> EFSA AHAW Panel (EFSA Panel on Animal Health and Welfare), 2015. Scientific Opinion on peste des petits ruminants EFSA Journal 2015;13 (1):3985, 94 pp. doi:10.2903/j.efsa.2015.3985;

<sup>24</sup> Estonia, Italy, Latvia, Lithuania, Poland, Russia and Ukraine.

ASF has been successfully eradicated in some European countries, whereas it is considered to have been endemic in Sardinia (Italy) since 1982<sup>25</sup>. Since 2007, 10 countries<sup>26</sup> in Eastern Europe have been affected during at least one year by the ASF event in the Region, and 3302 outbreaks have been reported to the OIE through WAHIS. Figure 7 shows the total number of outbreaks reported per year in the Regional ASF event, as well as the percentage of these outbreaks that were reported in wild boar. The Figure clearly shows the recent tremendous increase in the percentage of outbreaks reported in wild boar, compared to outbreaks reported in domestic pigs. This percentage was lower than 20% between 2007 and 2013, but suddenly and sharply increased to 78% (272 outbreaks) in 2014, 93% (1655 outbreaks) in 2015 and 95% (678 outbreaks) in 2016 (up to June). It shows a significant increase in correlation with years (Spearman’s rank correlation - S = 46, p-value <0.05; rho = 0.7). The trend followed a quadratic regression model, as shown in Figure 7 (p-value < 0.01).

This increase in the percentage of outbreaks in wild boar was observed together with a rise in the total number of outbreaks reported, from an average of 66 outbreaks per year from 2007 to 2013, to several hundred in 2014, 2015 and 2016. These results highlight the importance of wildlife in the regional ASF event in Eastern Europe, and the growing efforts in ASF detection and reporting in wild boar over the past three years.

**Figure 7. Number of outbreaks reported through WAHIS for the Regional ASF event in Eastern Europe, and percentage of outbreaks reported in wild boar, with trend line (from April 2007 to June 2016) (data based on reports received up to 30 June 2016)**



As of 30 June 2016, national ASF events were still continuing in Lithuania, Poland, Russia and Ukraine, while two other affected countries, Estonia and Latvia, had declared in April 2016 that the national ASF events were sufficiently stable for them to stop submitting follow-up reports and to provide information on disease only in the six-monthly reports.

The OIE encourages all affected countries to pursue their efforts on biosecurity in domestic animals, which, in addition to production farms should also include backyard and village animals, since the latter accounted for an average of 77% per year of the total number of outbreaks in domestic pigs reported to the OIE between April 2007 and June 2016. The OIE also encourages countries to pursue their efforts on monitoring and reporting ASF in wildlife, as well as collaborating with hunters, as they can play a major role in the surveillance and control of the disease.

<sup>25</sup> Costard S., Wieland B., de Glanville W., Jori F., Rowlands R., Vosloo W., Roger F., Pfeiffer D.U., Dixon L.K. African swine fever: how can global spread be prevented? *Philos T R Soc B.*; 2009;10(1530):2683–2696;

<sup>26</sup> Armenia, Azerbaijan, Belarus, Estonia, Georgia, Latvia, Lithuania, Poland, Russia and Ukraine.

In this perspective, the Standing Group of Experts on ASF in the Baltics and Eastern Europe region, during its third meeting in March 2016, emphasised that a key underlying principle for success in controlling the disease is for countries to provide fully transparent information and fulfil their reporting obligations to the OIE<sup>27</sup>.

## **6. Infection with avian influenza viruses of high pathogenicity**

In the report “Current animal health situation worldwide: analysis of events and trends” presented at the 84th OIE General Session in May 2016, the OIE Animal Health Information and Analysis Department described extensively the situation relating to infection with avian influenza viruses of high pathogenicity (HPAI), as reported by Member Countries up to 22 March 2016.

Since then, in April 2016, Italy experienced a reoccurrence of HPAI subtype H7N7 in the north-eastern part of the country and the event was resolved in May 2016. Russia also experienced a reoccurrence of HPAI subtype H5 in June 2016, but in the eastern part of the country. As of 30 June 2016, the event was still on-going.

The recent geographical distribution of infection with HPAI in Member Countries of the OIE Regional Commission for Europe, based on information collected through WAHIS from 1 January 2015 to 30 June 2016, is shown in Figure 8. During this period, a total of 52 Member Countries provided information on the disease, which was reported present by 25% (13/52) of them. HPAI was reported present in both domestic birds and wildlife by 8% (4<sup>28</sup>/52) of the reporting Member Countries, present only in domestic birds by 10% (5<sup>29</sup>/52) of them and present only in wildlife by 8% (4<sup>30</sup>/52) of them.

During this period, subtype H5N1 was reported by 13% (7<sup>31</sup>/52) of the reporting Member Countries, subtype H5N8 was reported by 10% (5<sup>32</sup>/52) of them, subtype H7N7 was reported by 6% (3<sup>33</sup>/52) of them and subtypes H5N2 and H5N9 were reported by France.

HPAI was reported by means of immediate notifications by 12 countries. Kazakhstan reported the first occurrence of the disease (subtype H5N1) in the zone of Gur'Yev in the western part of the country; Bulgaria, France, Germany, Hungary, Israel, Italy, Romania, Russia, Sweden, Turkey and the United Kingdom reported reoccurrences; and France reported two new strains in the country (H5N2 and H5N9).

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<sup>27</sup> Standing Group of Experts on African swine fever in the Baltics and Eastern Europe region under the GF-TADs umbrella - Report of the Third meeting (SGE3), March 2016;

<sup>28</sup> Bulgaria, Germany, Israel and the Netherlands;

<sup>29</sup> France, Hungary, Italy, Turkey and the United Kingdom;

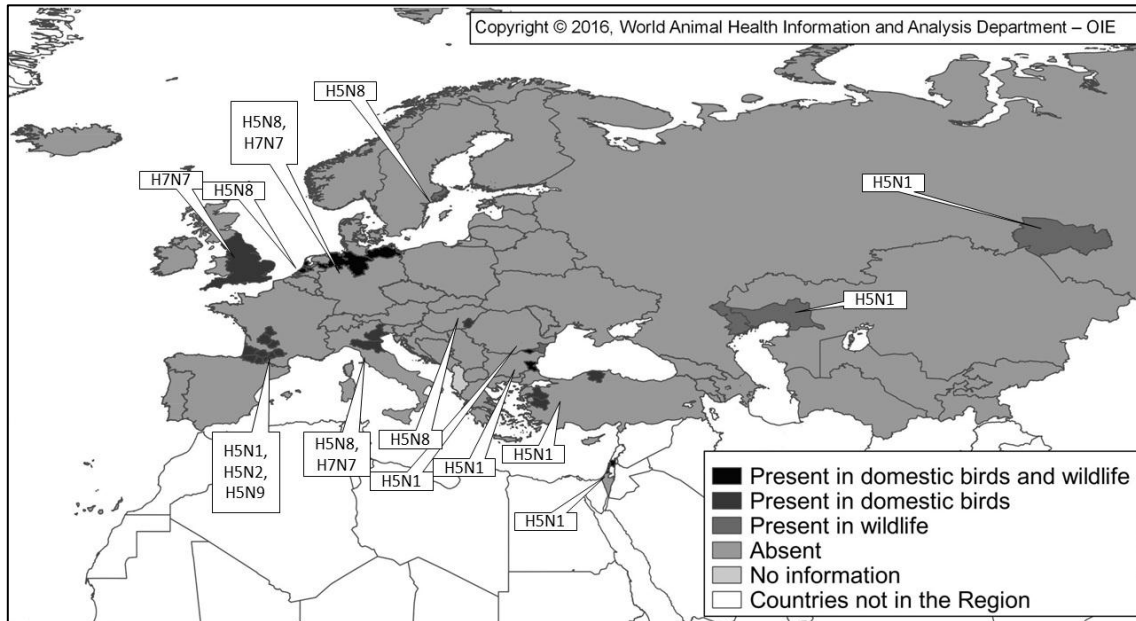
<sup>30</sup> Kazakhstan, Romania, Russia and Sweden;

<sup>31</sup> Bulgaria, France, Israel, Kazakhstan, Romania, Russia and Turkey;

<sup>32</sup> Germany, Hungary, Italy, the Netherlands and Sweden;

<sup>33</sup> Germany, Italy, and the United Kingdom.

**Figure 8. Distribution of infection with avian influenza viruses of high pathogenicity in Member Countries of the OIE Regional Commission for Europe in 2015 and early 2016 (up to 30 June 2016)**

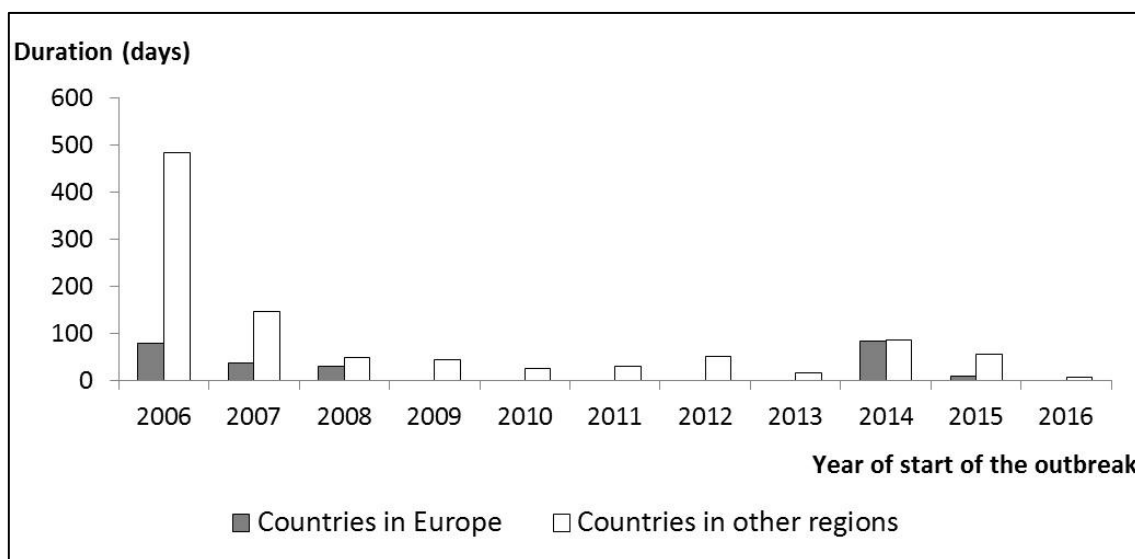


One section of the report “Current animal health situation worldwide: analysis of events and trends”, presented at the 84th OIE General Session in May 2016, focused on describing the dynamics of HPAI in terms of the duration of the outbreaks in domestic birds notified through immediate notifications and follow-up reports. As explained in that report, the duration of an outbreak was defined as the difference between the date of the end of the outbreak and the date of the start of the outbreak.

The objective of the following analysis was to compare the average duration of HPAI outbreaks in domestic birds between countries in Europe and countries in other regions. To do so, outbreaks still ongoing as of 30 June 2016 were excluded from the analysis and closed outbreaks were classified by their year of start. The yearly average duration was calculated only for years with more than 10 closed outbreaks reported. Therefore, the average duration was not applicable in Europe to years 2009, 2010, 2011, 2012, 2013 and 2016.

In total, the analysis was applied to 528 outbreaks in Europe and 4075 outbreaks in other regions. The results are shown in Figure 9. They should be interpreted with caution for recent years since more than 800 outbreaks were still open for 2016 and therefore excluded from the analysis (all in countries in regions other than Europe).

Figure 9. Average duration of HPAI outbreaks in domestic birds in countries in the Europe region and countries in other regions, by year of start of the outbreak (data based on reports received up to 30 June 2016)



The average duration of outbreaks in domestic birds in Europe was lower than in other regions for all years when the comparison was applicable. This duration was 80 days in 2006 (vs. 484), 38 days in 2007 (vs. 146), 31 days in 2008 (vs. 49), 85 days in 2014 (vs. 87) and 10 days in 2015 (vs. 57).

A significant difference was observed between the overall duration in countries in Europe (median value of 7.5 days) and in countries in other regions (median value of 31 days; Wilcoxon rank sum test with continuity correction,  $W = 1\,426$ ,  $p\text{-value}=0.03$ ).

These results suggest the existence of strong technical capabilities and a high level of preparedness and response of the Veterinary Services in Europe, compared to other regions. These are key factors influencing the capacity of countries to control HPAI events.

HPAI continues to pose a significant threat to Europe, and in this perspective the OIE and WAHIS are essential to monitor the evolution of the disease in the Region and in the world, and to alert countries to exceptional events. These are key factors that contribute to a rapid, effective regional and global response.





## Recommendation No. 1

**Control and elimination of rabies in Europe:  
challenges and strategies for a rabies-free Europe**

## CONSIDERING THAT:

1. In sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystem interfaces, the Tripartite (FAO, OIE, and WHO) have identified rabies as a priority disease;
2. The OIE and WHO have developed the “Operational framework for good governance at the human–animal interface: Bridging WHO and OIE Tools for the assessment of national capacities”;
3. The Global Framework for the Elimination of dog-mediated Human Rabies (Global Framework) was elaborated in accordance with the consensus reached by participants at the Global Conference: Global Elimination of Dog-mediated Human Rabies held in Geneva in 2015 with the vision of achieving zero human deaths from dog-mediated rabies by 2030;
4. The Blueprint for Rabies Prevention and Control developed by the Global Alliance for Rabies Control;
5. During its 84th General Session in 2016, the OIE World Assembly of Delegates endorsed the Resolution No. 26 on the Global elimination of dog-mediated rabies;
6. The GF-TADs for Europe has established rabies as one of the 7 priority diseases in Europe and calls for regional coordinated and harmonised measures to control it;
7. The current rabies epidemiological situation indicates that rabies is endemic in either wildlife or in both dog and wildlife species in 49% of the Member Countries of the Regional Commission for Europe (hereafter referred as ‘European countries’);
8. Over the last 10 years, 9 European Countries reported human cases of rabies;
9. A minority of European Countries (12) has followed the procedure for rabies freedom self-declaration described in Chapter 1.6 (Procedures for self-declaration and for official recognition by the OIE) and Chapter 8.13 (Infection with Rabies Virus) of the OIE Terrestrial Animal Health Code;
10. The publication, by the OIE, of rabies freedom self-declaration is the best way to document and communicate on the progress made by Member Countries towards global elimination of dog-mediated rabies;
11. Good veterinary governance and intersectoral collaboration under the One Health concept is a prerequisite to achieve rabies elimination;
12. Stray dog (and cat) populations are considered by European countries as a problem in rabies control and elimination efforts; and
13. Vaccination has proven to be the most cost-effective way to eliminate rabies at the animal source and sustainably prevent human rabies.

## THE OIE REGIONAL COMMISSION FOR EUROPE

### RECOMMENDS THAT:

1. All Member Countries make rabies a notifiable disease in humans, domestic and wild animals and fulfil their reporting obligations as WHO and OIE Member;
2. The Member Countries considering themselves as free from rabies, if not already done, apply the provisions of the OIE Terrestrial Animal Health Code for rabies freedom self-declaration and inform the OIE of their claimed status for publication;
3. The Member Countries having already applied the provisions of the OIE Terrestrial Animal Health Code for rabies freedom maintain their status by:
  - Having early disease detection system in both domestic and wild ;
  - Ensuring animal movement and border security are in compliance with international standards and in close collaboration with customs' authorities;
  - Having contingency plan for the rapid response to any suspected or confirmed rabies case in animals;
4. The Member Countries share their experience and collaborate on rabies control and elimination through bilateral or regional activities using mechanisms such as the GF-TADs;
5. The human and animal health sectors of rabies endemic Member Countries join their efforts to convince their decision makers of the cost-effective advantage of eliminating rabies at the animal source and thereby consider rabies elimination, in both dogs and wildlife, as a priority, with a view to allocating appropriate long-term public investment;
6. The rabies endemic Member Countries use the Global Framework for the Elimination of dog-mediated Human Rabies as well as the Blueprint for Rabies Prevention and Control to guide the development of their stray dog population management and national rabies control and elimination strategy;
7. The OIE continue to provide support to the Member Countries of the Region on stray dog population control through the OIE Platform on Animal Welfare in Europe and extend the use of the OIE self-assessment questionnaire on dog population management to other relevant sub-regions;
8. The OIE and WHO in collaboration with other international organisations, continue to support Veterinary Services and human health services by organising National Bridging Workshop on the International Health Regulations (IHR) and OIE PVS Pathway promoting intersectoral collaboration following the One Health concept ;
9. The OIE promote and support the use of rabies vaccines, in both dogs and wildlife, complying with the OIE Manual and, in collaboration with WHO, support the use of the OIE Rabies Vaccine Bank in order to ensure the timely provision of high quality vaccines for dogs to requesting Member Countries of the Region; and
10. Member Countries, in collaboration with the OIE, increase rabies public awareness by conducting communication campaign adapted to their socio-cultural context, in particular by taking advantage of the annual World Rabies Day.

## Recommendation No. 2

**Lumpy skin disease: current situation in Europe and neighbouring regions and necessary control measures to halt the spread in South-East Europe**

## CONSIDERING THAT:

1. Despite control and eradication measures taken by some OIE Member Countries, the spread of Lumpy Skin Disease (LSD) is continuing, mainly in unvaccinated animals, within the Middle and Near East, South-East Europe and Northern Caucasus;
2. The current knowledge on LSD indicates the following:
  - a. LSD is mainly transmitted mechanically by a variety of blood-feeding vectors present in cattle populations' environment;
  - b. LSD virus has the potential to survive for prolonged periods in the environment, and the disease appears to be of seasonal nature, with reappearance after cold season;
  - c. Effective vaccines against LSD are commercially available;
  - d. Large-scale vaccination combined with stamping-out and strict biosecurity measures have proven to be effective at controlling the disease; and
  - e. The transport of viraemic cattle with sub-clinical or unnoticed infection is one of the main risk factors for LSD spread.
3. There are still many gaps in knowledge that need to be filled by research, among others;
  - a. To better understand the disease transmission;
  - b. To improve the understanding on the protection provided by different vaccines and vaccination protocol; and
  - c. To improve diagnostic technique and capacity.
4. During its 6<sup>th</sup> Regional Steering Committee meeting, the GF-TADs for Europe has identified LSD as an emerging priority and since then a Standing Group of Experts on Lumpy Skin Disease in South-East Europe (SGE LSD) has been established under GF-TADs umbrella;
5. The High Level Ministerial Conference on Lumpy Skin Disease held in Sofia (Bulgaria) on 8 and 9 September 2016 provided a series of technically-sound conclusions to best assist countries in their efforts to combat this disease ; and
6. The OIE Terrestrial Manual Chapter 2.4.13 on Lumpy Skin Disease has been updated in May 2016 and the Terrestrial Animal Health Code Chapter 11.11 on Lumpy Skin Disease (caused by Group III virus, type Neethling) is currently under revision.

## THE OIE REGIONAL COMMISSION FOR EUROPE

## RECOMMENDS THAT:

1. Member Countries increase their preparedness for LSD by ensuring proper legislation, surveillance and early detection, contingency planning, diagnostic capacity, provisions for vaccination, and awareness campaigns for relevant stakeholders, according to their assessment of the risk of disease incursion;

2. Member Countries affected by LSD implement, without delay, strict cattle movement control, consider the application of a stamping-out policy, and the vaccination of cattle in an area large enough to prevent vector-borne spread, using vaccines complying with the OIE Terrestrial Manual, to prevent the spread of the disease to the other parts of the country and to neighbouring countries;
3. Member Countries at risk of LSD consider preventive vaccination in the regions at risk in a timely manner using vaccines complying with the standards of the OIE Terrestrial Manual to prevent the introduction or spread of the disease;
4. Member Countries notify the OIE in accordance with the deadlines set out in Chapter 1.1 of the OIE Terrestrial Code and apply the recommendations of the Chapter 11.11 on LSD;
5. Member Countries affected with or at-risk of LSD be actively involved in the activities of the Standing Group of Experts on Lumpy Skin Disease in South-East Europe under GF-TADs umbrella (SGE) and implement the recommendations of this Group, including those under discussion, related to the establishment, implementation, and monitoring of a regional action plan on LSD;
6. According to their assessment of the risk of disease incursion, Member Countries increase their capability and capacity to properly diagnose LSD by participating in annual ring-trials and proficiency testing organised by OIE Reference Laboratories and other appropriate laboratories such as the EU reference laboratory for LSD;
7. Member Countries, in collaboration with the OIE and relevant international and regional organisations, set up international research collaborations and networks and initiate research projects addressing the current knowledge gaps on LSD;
8. Member Countries better communicate to interested parties the following messages: (i) LSD represents no risk for human health as it is not a zoonosis; (ii) meat and milk for human consumption are not considered to be significant risk factors for transmission and the risk posed by milk destined for animal consumption can be mitigated by pasteurisation; and (iii) hides are more likely to be contaminated with virus than meat or milk and require specific risk mitigating measures;
9. Member Countries be fully involved in commenting the revised Chapter 11.11 on Lumpy Skin Disease (caused by Group III virus, type Neethling) of the OIE Terrestrial Code, especially by reviving the relevant Task Force of the Regional Commission for Europe, and urge for the adoption of the revised Chapter in May 2017;
10. The OIE, in collaboration with OIE LSD Reference Laboratories and providing funding be available, undertake Twinning Projects on LSD in order to increase the technical capability and capacity in affected or at-risk Member Countries;
11. The OIE, the FAO, and the European Commission continue to show leadership by maintaining and developing the activities of the SGE on Lumpy Skin Disease in South-East Europe ;
12. The OIE continue to update and publish the Technical Disease Card on Lumpy Skin Disease taking into account the most current scientific knowledge; and
13. The OIE and the FAO, in collaboration with other international and regional organisations, and preferably under the GF-TADs umbrella, promote and stimulate inter-regional cooperation and coordination on LSD, especially with the Member Countries of the Middle East region.