



WORLD ORGANISATION FOR ANIMAL HEALTH

Protecting animals, preserving our future

22nd Conference of the
OIE Regional Commission for the Americas
Guadalajara, Mexico, 10 - 14 November 2014

FINAL REPORT

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List of Abbreviations

| | |
|-------------|---|
| AFEO: | OIE Regional Commission for Asia, the Far East and Oceania |
| AHPND: | Acute hepatopancreatic necrosis disease |
| ALA: | American Poultry Association |
| API: | Animal Protection Index |
| BSE: | Bovine spongiform encephalopathy |
| BTSEF: | Better Training for Safer Food |
| CAMEVET: | American Committee on Veterinary Medicines |
| CaribVET: | Caribbean Animal Health Network |
| CBPP: | Contagious bovine pleuropneumonia |
| CISA: | Inter-American Committee on Avian Health |
| COMEXA: | Mexican American Commission for the Eradication of the Screw Worm |
| COPEG: | Commission for the Eradication of Screwworm |
| CSF: | Classical swine fever |
| CVP: | Permanent Veterinary Committee of the Southern Cone |
| DGSG: | Director General of Livestock Services |
| EC: | European Commission |
| EEE: | Eastern equine encephalomyelitis |
| EU: | European Union |
| FAO: | Food and Agriculture Organization of the United Nations |
| Feedlatina: | Latin American Feed Industry Association |
| FEI: | Fédération Équestre Internationale |
| FMD: | Foot and mouth disease |
| GAP: | Good Agricultural Practices |
| GARC: | Global Alliance for Rabies Control |
| GF TADs: | Global Framework for the progressive control of Transboundary Animal Diseases |
| GHSA: | Global Health Security Agenda |
| GPI: | Integrated Production Farms |
| HHP: | High-health, high-performance horse |
| IDB: | Inter-American Development Bank |
| IFHA: | International Federation of Horseracing Authorities |
| IHR: | International Health Regulations |
| IICA: | Inter-American Institute for Cooperation on Agriculture |
| IICAB: | Institute for International Cooperation in Animal Biologics |
| ISO: | International Organization for Standardization |
| IVPI: | Intravenous pathogenicity index |
| LPAI: | Low pathogenic avian influenza |
| MERCOSUR: | Southern Common Market |

| | |
|-------------|---|
| MERS-CoV: | Middle East respiratory syndrome coronavirus |
| NWS: | New World Screwworm |
| OIE: | World Organisation for Animal Health |
| OIRSA: | Regional International Organization for Animal and Plant Health (<i>Organismo Internacional Regional de Sanidad Agropecuaria</i>) |
| PAHO: | Pan American Health Organization |
| PAMA: | MERCOSUR foot and mouth disease-free action plan |
| PANAFTOSA: | Pan American Foot and Mouth Disease Center |
| PED: | Porcine epidemic diarrhoea |
| PEDV: | Porcine epidemic diarrhoea virus |
| PPR: | Peste des petits ruminants |
| PVS: | OIE Tool for the Evaluation of Performance of Veterinary Services |
| RABV: | Rabies virus |
| RESUDIA: | South American network of diagnostic laboratories for avian influenza and Newcastle disease |
| RR: | Regional Representation |
| RRT-PCR | Real-time reverse transcriptase - polymerase chain reaction |
| RSR: | Sub-Regional Representation |
| SAGARPA: | Secretariat of Agriculture, Livestock, Rural Development, Fisheries and Food (<i>Secretaría de Agricultura, Ganadería, Desarrollo Rural, Pesca y Alimentación</i>) |
| SEACFMD: | South-East Asia and China Foot and Mouth Disease Campaign |
| SEDER: | Secretariat of Rural Development |
| SENASICA: | Mexico's National Health, Food Safety and Agrifood Quality Service |
| SERNAPESCA: | Animal Health Unit in Chile's National Fisheries and Aquaculture Service |
| SPS: | Sanitary and Phytosanitary Measures |
| STDF: | Standards and Trade Development Facility |
| USA: | United States of America |
| USDA: | United States Department of Agriculture |
| VLSP: | Veterinary Legislation Support Programme |
| WAHIS: | OIE World Animal Health Information System |
| WAP: | World Animal Protection |
| WHO: | World Health Organization |
| WTO: | World Trade Organization |
| USDA APHIS: | Animal and Plant Health Inspection Service of the United States Department of Agriculture |

Introduction

1. At the kind invitation of the Government of Mexico, the 22nd Conference of the OIE Regional Commission for the Americas was held in Guadalajara from 10 to 14 November 2014.
2. A total of 86 participants, comprising OIE Delegates and/or nominees of 24 Member Countries and 2 observer countries and senior officers from 9 regional and international organisations attended the conference. In addition, representatives of the private sector and private veterinary organisations from the region were present. Dr Bernard Vallat, OIE Director General, Dr Monique Eloit, OIE Deputy Director General, Dr Karin Schwabenbauer, President of the OIE world Assembly of Delegates, Dr Joaquín Braulio Delgadillo Álvarez, OIE Delegate of Mexico, Dr Guilherme H. Figueiredo Marques, Delegate of Brazil to the OIE and President of the OIE Regional Commission for the Americas, Dr Alejandro Thiermann, President of the Terrestrial Animal Health Standards Commission, Dr François Caya, Head of the OIE Regional Activities Department, Dr Mara Gonzalez, Deputy Head of the OIE Regional Activities Department, Dr Luis Barcos, OIE Regional Representative for the Americas, Dr Montserrat Arroyo Kuribreña, OIE Sub-Regional Representative for the Central America and Dr Paula Caceres, Head of the OIE Animal Health Information Department, also participated in the Conference. The speakers of the Technical Items I and II namely, Dr Alicia Gallardo Lagno, Head of the Animal Health Unit of the National Fisheries and Aquaculture Service of Chile and Dr Sarah Kahn, OIE Consultant, also honoured the Conference by their presence.

Tuesday 11 November 2014

Opening ceremony

3. The opening ceremony was chaired by Dr Joaquín Braulio Delgadillo Álvarez, OIE Delegate of Mexico, accompanied by the following distinguished personalities:
 - Lic. Héctor Padilla Gutiérrez, Head of the Jalisco Secretariat of Rural Development (SEDER)
 - Dr Luis O Barco, OIE Regional Representative for the Americas;
 - Dr Guilherme Henrique Figueiredo Márques, Delegate of Brazil to the OIE and President of the OIE Regional Commission for the Americas;
 - Dr Karin Schwabenbauer, Delegate of Germany to the OIE and President of the OIE World Assembly of Delegates;
 - Dr Bernard Vallat, Director General of the OIE;
 - Lic. Mireille Roccatti Velázquez, SAGARPA General Lawyer
4. The speeches pronounced are appended to the report.

Election of the Conference Committee

5. The Conference Committee was elected as follows:

| | |
|---------------------|--|
| Chairperson: | Dr Joaquín Braulio Delgadillo Álvarez (Mexico) |
| Vice-Chairperson: | Dr Bernardo Jaén Hernández (Costa Rica) |
| Rapporteur General: | Dr Javier Suarez Hurtado (Bolivia) |

Adoption of the Agenda and Timetable

6. The Agenda and Timetable for the Conference were adopted with the following comments:
- With regard to adoption of the Agenda, Dr Guilherme Marques, Delegate of Brazil, asked for an “extraordinary meeting of Delegates from the region” to be held on Thursday morning at 9 a.m. to discuss the issue of elections.
 - On the subject of porcine epidemic diarrhoea, Dr Bernardo Jaén Hernández, Delegate of Costa Rica, asked to make his comments separately. Dr Delgadillo said that, in the absence of Dr Harpreet, Dr Martine Dubuc would be presenting the item; he also took note of Dr Jaén’s request.

Designation of Session Chairpersons and Rapporteurs

7. Chairpersons and Rapporteurs were designated for the technical items as follows:

| | |
|---------------------------------|--|
| Item I: | Dr Guilherme Marques (Brazil), Chairman Dr Marvin Rodríguez (Nicaragua), Rapporteur |
| Item II: | Dr Martine Dubuc (Canada), Chairman Dr Max Millien (Haiti), Rapporteur |
| Animal health situation: | Dr Nimia Lissette Gómez (Dominican Republic), Chairman Dr John Clifford (USA), Rapporteur |

OIE Activities and Vision for the 21st Century

8. The Session Chairperson, Dr Joaquín Braulio Delgadillo Álvarez, invited Dr Bernard Vallat, OIE Director General, to present the OIE’s activities and vision for the 21st century.
9. Dr Vallat began his presentation by describing the current global context. The Director General presented the trends in global population growth and demand for animal protein, as well as the drivers of consumption, indicating that worldwide consumption of animal products is set to rise by more than 50% in the near future, mainly in developing and transition countries.
10. He emphasised that the risk of diseases spreading around the world was increasing, owing to factors such as globalisation, the unprecedented increase in movements of people, animals and animal products, changes in farming systems and climate change.
11. Dr Vallat noted the growing importance of veterinary public health, given the zoonotic potential of animal pathogens, and stated that 60% of human pathogens and 75% of emerging diseases are zoonotic, and that 80% of potential bioterrorism agents are zoonotic pathogens. This places veterinarians at the forefront in safeguarding animal health.
12. Among the benefits of disease control, Dr Vallat highlighted: food safety; protection of property; access to local, regional and international markets; and poverty alleviation.
13. With respect to future challenges, Dr Vallat cited: legislation; scarce public funding; environmental disputes; antimicrobial resistance; the need to highlight the importance of involving the veterinary profession; and education.
14. Dr Vallat went on to provide a brief overview of the OIE, with its 180 Member Countries throughout the world. He reminded participants of the organisation’s history and outlined its financial structure.

15. The Director General commented on the OIE's current policies, with particular reference to improving animal health worldwide while ensuring food security and safety. He highlighted key concepts in this regard, including: 'global public good'; 'One Health'; 'good veterinary governance'; scientific excellence; global, regional and national animal health strategies and programmes; and disease control and eradication programmes.
16. Dr Vallat also pointed to the OIE's reference role as the international standard-setting organisation for animal health issues, as well as its involvement in the World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement).
17. He said that the OIE's role in the scientific management of animal welfare had grown to the point where the OIE was now recognised as the pre-eminent source of standards, guidelines, information and advice on animal welfare worldwide. He also commented on the OIE's work, in conjunction with the Codex Alimentarius Commission, on animal production food safety and on developing guidelines for veterinary education and veterinary statutory bodies.
18. Dr Vallat reminded Delegates that another key element of the OIE's policies was strengthening good governance of Veterinary Services, which could be achieved by supporting Members' compliance with OIE international standards on the quality of veterinarians and the efficiency of Veterinary Services and their partners, including legislation and ongoing capacity-building of Member Countries' Veterinary Services. Good governance includes appropriate legislation, appropriate veterinary education programmes, the allocation of human and financial resources to Veterinary and Livestock Services and, lastly, relevant public-private partnerships applicable to the entire veterinary domain.
19. He also highlighted the importance of veterinary statutory bodies, which, while not being part of a Veterinary Authority, are nonetheless important in supporting the good governance of Veterinary Services.
20. Dr Vallat emphasised that veterinarians are in the front line when it comes to protecting human health because they play an important role in stabilising society by supporting a healthy and productive agricultural sector, which in turn ensures a safe food supply. Veterinarians also make a major contribution to protecting biodiversity and the environment.
21. With regard to recognition of disease freedom, Dr Vallat noted that Member Countries had tasked the OIE with compiling a list of Member Countries or zones that are officially recognised as free from selected animal diseases. He explained that the OIE had assessed the status of certain Member Countries with regard to priority animal diseases in order to decide on official recognition of their status. OIE Member Countries can request to be included in the list of countries (or zones within a country) with recognised disease status for bovine spongiform encephalopathy (BSE), foot and mouth disease (FMD), contagious bovine pleuropneumonia (CBPP) and peste des petits ruminants (PPR), and African horse sickness. Dr Vallat went on to say that, at its latest meeting in May 2014, the World Assembly of Delegates had added classical swine fever (CSF) to this list.
22. He said that Member Countries have the option of applying for OIE official endorsement of their national control programmes for FMD, PPR and CBPP.
23. Dr Vallat mentioned that OIE policies also include support for the quality and efficiency of Veterinary Services and their partners and of the veterinary profession as a whole, pointing out that veterinarians play a crucial role in society. In this regard, he cited: the OIE's standards on the good governance of the public and private components of Veterinary Services and Aquatic Animal Health Services; standards on the quality of veterinary education and veterinary statutory bodies; capacity-building of key policy-makers (Delegates and National Focal Points); and public-private partnerships (including private veterinarians, livestock producers, researchers, hunters and fisher folk).

24. In discussing the new concepts to be used for promoting the protection of countries and regions from current and emerging threats to animals and humans, Dr Vallat began by highlighting the 'global public good' concept, adding that animal health systems are global public goods because the control and eradication of animal diseases, including zoonoses, brings broad benefits to all countries and all generations.
25. He reminded participants that, as most Veterinary Service activities are global public goods, bringing them into compliance with international standards must be considered a national priority. One of the OIE's commitments is therefore to support improvement in the legal framework and resource allocations of national Veterinary Services of all Member Countries.
26. He described some of the key elements for efficient Veterinary Services: early detection; rapid response to animal disease outbreaks; partnerships between the public and private sectors (veterinarians, veterinary statutory bodies and livestock producers); capacity to implement biosecurity measures; vaccination where appropriate; compensation mechanisms for livestock producers; national chain of command; and education and research.
27. The Director General commented on the Tripartite Concept Note prepared by the OIE, Food and Agriculture Organization of the United Nations (FAO) and World Health Organization (WHO) to strengthen collaboration between the three organisations on sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interface.
28. Dr Vallat mentioned the ongoing collaboration between the OIE and WHO to provide countries with facilitating tools to build synergies and bridges. He commented on the recent publication of the WHO-OIE operational framework for good governance at the human-animal interface: bridging WHO and OIE tools for the assessment of national capacities.
29. Dr Vallat cited examples of OIE support for good governance: strengthening Veterinary Services by building capacity in areas such as regular seminars for newly appointed OIE Delegates; establishment of topic-specific National Focal Points in each OIE Member Country and organisation of regular seminars for these Focal Points; network of OIE Reference Laboratories and Collaborating Centres; laboratory twinning initiative and twinning opportunities for veterinary statutory bodies and veterinary education establishments; OIE's scientific and normative publications; and the OIE PVS Pathway, which is a voluntary ongoing process aimed at improving Veterinary Services' compliance with international standards sustainably.
30. He also commented on important OIE initiatives, including support for implementing the recommendations of the FAO/OIE global conference on foot and mouth disease control (Bangkok 2012).
31. He highlighted a number of tools for global disease eradication, including: compliance with the standards and guidelines in the OIE Code; OIE endorsement of official disease control programmes and official recognition of disease status; appropriate internal and/or external financial support; regional and global coordination; partnerships with other organisations; use of the OIE PVS Pathway; and use of the World Animal Health Information System (WAHIS).
32. He also referred to OIE's specific standards and recommendations on the global control of other diseases, such as rabies and PPR. He noted that the PPR strategy would contain several components, including: improvement in global PPR control, using among others the vaccine bank concept; strengthening of Veterinary Services; and improvement in the prevention and control of other diseases of importance to livestock production.

33. Among OIE's global programmes, he cited the new twinning projects for veterinary education establishments and veterinary statutory bodies, continued laboratory twinning projects and implementation of the recommendations of OIE global conferences.
34. He also detailed the key issues relating to international horse movements, including: adoption of the new high-health, high-performance horse (HHP) concept published in the OIE Code; development of a new public-private partnership on HHP; harmonisation of national legislation, starting at regional level; a new agreement with the International Federation of Horseracing Authorities (IFHA) following signature of the agreement with the international federation for equestrian sports (FEI); and development of a new model health certificate for the HHP sub-population.
35. Dr Vallat went on to discuss the preparation of the OIE's Sixth Strategic Plan. He explained that a preliminary version had been drafted with the support of a consultant and had been referred to the OIE Council. Next it will be submitted to the Regional and Specialist Commissions and then to Member Countries, with a view to final adoption by the World Assembly of Delegates in May 2015.
36. The OIE Director General concluded his presentation by affirming that the OIE would continue to support its Members by:
- setting internally recognised standards and guidelines on animal health, veterinary public health, animal welfare and veterinary education;
 - assisting Member Countries in resolving trade disputes;
 - disseminating scientific and animal health information, in particular on disease control methods and veterinary medicinal products, including antimicrobial resistance;
 - officially recognising the disease-free status of countries/zones and endorsing official disease control programmes;
 - providing technical and political support for good governance of Veterinary Services in all Member Countries, by means of the OIE PVS Pathway and other capacity-building activities, such as support for OIE Delegates and National Focal Points;
 - focusing on solidarity with developing countries and mobilising potential donors;
 - enhancing transparency in the global animal disease situation;
 - providing ongoing support for the procedures of laboratories, veterinary statutory bodies and veterinary education establishments;
 - supporting a better quality, more organised veterinary profession;
 - lobbying governments to ensure greater recognition for the key role of veterinarians in society and for the important national responsibilities of OIE Delegates and National Focal Points;
 - Proposing new policies on the animal-human interface and on scientific advances (such as pathogen genotyping).

**Developments, challenges and priorities for the Members of the
OIE Regional Commission for the Americas:
priority areas for defining the Regional Action Plan**

37. The President of the Conference, Dr Joaquín Braulio Delgado Álvarez, invited Dr Guilherme Figueiredo Marques, Delegate of Brazil and President of the OIE Regional Commission for the Americas, to present developments, challenges and priorities of Members of the OIE Regional Commission for the Americas: setting priorities for the Regional Action Plan.

38. Dr Figueiredo Marques began by reporting that the latest meeting of the Bureau of the Regional Commission had drafted a work programme containing strategies for building closer relations with Member Countries in order to involve them in setting and implementing OIE standards. To this end, it had set priorities for actions to be implemented over a five-year period, with annual reviews and progress reports in line with the Sixth OIE Strategic Plan.
39. The draft Action Plan included five regional priorities: increasing participation in the OIE standard-setting process; actions in the field of diagnostic laboratories; activities relating to antimicrobial resistance; support for the Regional Animal Welfare Strategy; and promoting the activities of National Focal Points.
40. As regards increased participation in drafting OIE standard-setting, he explained that greater interaction was required with Members of Specialist Commissions. In this connection, he presented a proposal for holding online and face-to-face meetings with Members of Specialist Commissions, in line with their schedule of meetings and the OIE General Session, as well as for establishing an online system for viewing draft amendments to OIE standards.
41. He also stressed the need to identify and promote the participation of experts from the region; preparing an electronic list of experts will make it possible to contact them.
42. In view of the key role of diagnostic laboratories in supporting animal health activities, he explained the need to optimise their capabilities in order to improve diagnosis, implement biosecurity measures and enhance sample transportation.
43. The proposed activities include establishing a work plan within the Regional Network of National Laboratories of the Americas to build the capacity of the region's laboratories, focusing on National Focal Points. He referred to the OIE PVS Pathway component for evaluating laboratories as a means for assessing the region's capacities and needs, including opportunities for laboratory twinning.
44. He highlighted the necessity for the region to define the priority diseases in relation to the sanitary situation taking into account the diagnostic capacities and necessities and to promote inter-laboratory testing.
45. With regard to antimicrobial resistance and the goal of improving prevention and monitoring, he said that a regional vision was needed that encouraged countries to continue active participation and monitoring of antimicrobial resistance.
46. He also called for collaboration between Veterinary Services and public health authorities, as well as other stakeholders, with the support of the Regional Commission.
47. Another key proposal in the draft was to create mechanisms for integrating the activities of OIE Focal Points for animal production food safety and for veterinary products with those of national Codex Alimentarius contact points (in order to improve national and regional coordination).
48. He also called for countries to develop and implement systems for surveillance, as well as for the responsible and prudent use of antimicrobials in accordance with OIE standards.
49. With regard to the Regional Animal Welfare Strategy, Dr Marques reported on the need to monitor its implementation, for which a baseline survey would be conducted. He proposed that relevant Collaborating Centres for animal welfare develop an online training course for Focal Points and Veterinary Service staff on the implementation of OIE animal welfare standards. The Regional Representation will also disseminate related content via its website.

50. He added that implementation of the Animal Welfare Strategy required strengthening of Veterinary Services and directed work by the region's Collaborating Centres for animal welfare.
51. Finally, he reported on a plan to enhance the work, communication and coordination of National Focal Points in line with their terms of reference, to ensure that they provide Delegates with real and consistent support. To this end, he urged Delegates to rely on their Focal Points and for Focal Points to be allowed to comply with their terms of reference. Furthermore, the Regional Representation will support Focal Point regional coordination and communication through their Delegates.
52. In accordance with the schedule on the Regional Representation's website regarding draft amendments to OIE standards, it was planned to suggest that Focal Points coordinate discussions in order to improve the participation of the region in the OIE standard setting process.
53. To provide for the participation of Focal Points in training seminars, the Regional Representation will inform Delegates about seminars as early as possible.

Discussion

54. Dr Gastón Funes, Member of the Argentine delegation, commended the work of the Bureau of the Regional Commission and the Regional Representation, highlighting the excellent coordination of activities in the region.
55. He then referred to an initiative, presented by Argentina at the 82nd OIE General Session in May 2014, for establishing a regional technical committee on bee diseases. He emphasised the importance accorded by Argentina to this issue, owing to its impact on the economy, especially family farming. He therefore requested the President of the Regional Commission to provide details on the Regional Commission's assessment of Argentina's proposal, saying that his country was ready to cooperate in any way to ensure the establishment of such a committee.
56. In response to Dr Funes, Dr Guilherme Figueiredo Márques, President of the OIE Regional Commission for the Americas, said that the Regional Commission was aware of this proposal and would be discussing it shortly. He said that if the proposal had not yet been examined it was because recent meetings of the Regional Commission had been prioritising the porcine epidemic diarrhoea situation.
57. Dr Hugo Fragoso, Focal Point of Mexico for food safety, agreed with Argentina's proposal and stressed that it was vital to focus actions on the area of bee health, including everything affecting beekeeping, such as pesticides and climate change. He noted that Mexico had established a working group on losses not only among bees but also among all pollinators and the potential impact on food. He urged the OIE to promote work on the subject and deemed it very important for countries like the United States of America, Canada and Argentina to share their experiences and information.
58. Dr Vallat took the opportunity to tell the Commission of a recent publication entitled "Bee health and veterinarians", which provides an overview of the work of veterinarians in the area of bee health. He also proposed the establishment of a Collaborating Centre for bee health in the region. Such a centre would be a key component in helping to coordinate the Committee's activities as well as its capacity building programmes.

**Report on the activities and work programme of the
OIE Regional Representation for the Americas and the
OIE Sub-Regional Representations for Central America**

59. Dr Joaquín Braulio Delgadillo Álvarez invited Dr Luis Barcos, OIE Regional Representative for the Americas, and Dr Montserrat Arroyo Kuribreña, Sub-Regional Representative for Central America, to provide a joint overview of the most relevant past and planned activities in the region.
60. Dr Barcos and Dr Arroyo gave a brief joint review of the more relevant activities carried out and planned in the region.
61. Among the changes regarding the staff they commented on the arrival of Dr Arroyo Kuribreña and Mrs Castro de Ceballos at the Sub-Regional Representation (RSR), and the relocation of Mrs Alina Gutierrez Camacho from the RSR to the Regional Representation (RR) following the retirement of Ms Alicia Palmas.
62. A presentation was given of two training courses for National Focal Points held in 2014 (one for wildlife and the other for veterinary products) and of the main results of the survey completed by the participants.
63. A brief description was provided of the action plan of the Regional Commission for the Americas, which includes promoting country participation in the OIE standard-setting process by such means as electronic and face-to-face meetings.
64. In this connection, meetings were held with ministers and other high-level officials from Panama, Costa Rica, Nicaragua, El Salvador and Guatemala to convey the importance of their countries' Veterinary Services and the OIE's role.
65. They also presented the meetings held by the two most active Regional Technical Committees – CAMEVET (veterinary medicines) and CISA (avian diseases), with the rules of all Regional Technical Committees currently under review for adoption by the Regional Commission.
66. Referring to other relevant projects, they mentioned the regional programmes for the prevention, control and eradication of animal diseases, the most important of which are: a foot and mouth disease project on the border between Colombia and Venezuela; a joint project by the Latin American Feed Industry Association (Feedlatina) and the Standards and Trade Development Facility (STDF) on harmonisation of animal feed regulations; and PVS Tool training for member countries of the Permanent Veterinary Committee of the Southern Cone (CVP).
67. They also informed on the use of the internet for brief meetings which has proved to be an effective tool, providing immediate access to all interested participants. By the end of 2014, seven online meetings had been held in the region.
68. An update was provided on progress with developing the Laboratory Network of the Americas. The aims of this project are to: promote the implementation of OIE standards and biosafety measures; improve cooperation among laboratories and twinning projects; and provide an effective system for exchanges and information-sharing. To this end, a database has been launched containing information on the tests performed by each country's national reference laboratories.
69. Issues of relevance to the region include: the proposed establishment of a Regional Technical Committee on bee diseases; participation in several meetings on veterinary education and veterinary statutory bodies organised following the recent OIE global conference; actions relating to high health, high performance horses and the Olympic Games in Brazil; ongoing projects on traceability in Bolivia and Central America.

70. A particularly relevant issue mentioned was antimicrobial resistance and the interaction between Argentina's Ministry of Health and its Veterinary Services, where their joint national surveillance plan was based on OIE standards. From that starting point, the Regional Representation will hold a joint meeting in 2015 for health ministries and Veterinary Services from MERCOSUR countries.
71. A brief overview was given of the communication strategy developed for the region. The strategy provides a systematic framework for communications from/to the RR and RSR and Delegates, National Focal Points and other stakeholders and the general public, keeping in line with the OIE's institutional communication system and providing to request to OIE Headquarters the creation of a communications manager position. The scope of the strategy includes improving the OIE's visibility and the efficiency of communications, encouraging stakeholder participation and proper feedback in communications.

Discussions

72. Dr Delgadillo announced that Mexico would be contributing 2 million dollars to the OIE World Animal Health and Welfare Fund, over a four-year period, to strengthen animal health activities in the region.

The OIE 6th Strategic Plan - Regional perspectives

73. The Conference Chairperson, Dr Joaquín Braulio Delgadillo Álvarez, invited Dr Carlos Correa, Delegate of Uruguay to the OIE and Past President of the World Assembly of OIE Delegates, to summarise regional perspectives on the OIE Sixth Strategic Plan.
74. Dr Carlos Correa gave a brief update on the development of the OIE Sixth Strategic Plan for the 2016-2020 period.
75. He told Delegates that a preliminary version had been proposed by the OIE Council with the support of an outside consultant.
76. He reminded participants that the draft concept note had been forwarded to all OIE Delegates in early May 2014 to enable them to submit comments and observations to OIE Council Members in their region. Comments were received from some Delegates.
77. Dr Correa reminded participants of key information regarding the OIE Sixth Strategic Plan, which had already been presented at the Regional Commission meeting held during the OIE General Session in May 2014.
78. He said that the OIE Council meeting of October 2014 had finalised the first draft of the OIE Sixth Strategic Plan, which will be submitted for comment to the Delegates and Regional and Specialist Commissions.
79. He added that the final text would be circulated among Member Countries for comment in March 2015, with a view to its adoption at the 83rd OIE General Session in May 2015.
80. Dr Correa briefly described the OIE's projections for 2020, highlighting the key priorities for the 2016-2020 period.
81. He emphasised that the OIE's global vision is expressed as "Protect animals, preserving our future", leading to economic prosperity and social and environmental wellbeing.
82. Dr Correa went on to provide a general overview of the strategic objectives of the OIE Sixth Strategic Plan: securing animal health and welfare by appropriate risk management; establishing trust through communication; and ensuring the capacity and sustainability of veterinary services.

83. He also discussed the three cross-cutting areas of the OIE Sixth Strategic Plan over the 2016-2020 period (area A: scientific excellence; area B: diversity, inclusiveness, engagement, transparency; and area C: governance).
84. Dr Correa said that the OIE Council would be proposing to Delegates a flexible five-year strategic human resources plan for the recruitment, retention and development of OIE staff, based on different fundraising assumptions.
85. Referring to the involvement of OIE statutory bodies in the OIE Sixth Strategic Plan, he said that the Plan would address the engagement of veterinary and scientific experts in *ad hoc* groups, working groups and staffing that is reflective of the demographics of the profession, where possible over time and using a flexible approach, while continuing to respect the geographic and expertise parameters. He said that consideration would be given to establishing a policy that makes it a prerequisite to have served on *ad hoc* expert groups or working groups, or having been speaker in an OIE Scientific Conference prior to nomination to a Specialist Commission, in order to provide for experience in OIE processes.
86. He added that the OIE Sixth Strategic Plan would continue to develop synergies and strong engagement with international institutional partners.
87. He stressed that the OIE Council considered that the OIE Sixth Strategic Plan should:
- contain a revised consolidated statement of OIE's strategic vision and its global goals, based on the successful activities undertaken during the Fifth Plan;
 - take into account current and anticipated global trends and challenges affecting OIE's operating environment;
 - incorporate important cross-cutting issues;
 - be ambitious but not necessarily expansive;
 - be high-level, flexible and enabling rather than prescriptive, in order to be responsive and facilitate implementation;
 - be developed with the engagement of all Members of the OIE.
88. Dr Correa Messuti concluded his presentation by reiterating the importance of Delegates providing their thoughts and comments on the framework and directions for the OIE Sixth Strategic Plan. He emphasised that feedback from Members is welcomed and valued by the OIE and said that they may provide their input to the OIE Director General and to OIE Council Members representing the Americas region.

**Technical item I:
Veterinary education on aquatic animals and its impact on aquatic animal
disease control strategies in the region**

89. The Session Chairperson briefly introduced the Technical Item speaker, Dr Alicia Gallardo Lagno, Head of the Animal Health Unit in Chile's National Fisheries and Aquaculture Service (SERNAPESCA) and Member of the Aquatic Animal Health Standards Commission.
90. Dr Gallardo Lagno began by informing the Delegates that a questionnaire based on the OIE recommendations on the competencies of graduating veterinarians ('Day 1 graduates') to assure national Veterinary Services of quality had been prepared in order to obtain information about veterinary education on aquatic animal health (both initial and continuing). She explained that the aim of the questionnaire had been to identify gaps and assess its impact on aquatic animal disease control strategies in the region.

91. She explained that the questionnaire had been sent to the Delegates of all 30 Member Countries in the region, yielding a 90% response rate (27 Member Countries replied). OIE National Focal Points for aquatic animal diseases had provided 75% of the responses.
92. With respect to veterinary education on aquatic animal health, Dr Gallardo Lagno said that the results showed that less than 40% of the competencies recommended by the OIE are covered by either initial or continuing veterinary education in the region.
93. Dr Gallardo Lagno noted with concern that the coverage of competencies in the area of aquatic animal health is lower than for terrestrial animal health (an average 37.4% of the 11 basic specific competencies is covered by initial veterinary education on aquatic animals, compared with 73.4% in the case of terrestrial animals).
94. Dr Gallardo Lagno said that an analysis of the information provided by Member Countries on initial veterinary education showed that the competencies least covered, for both aquatic and terrestrial animals, are: communication skills; general certification procedures; animal welfare; organisation of Veterinary Services and Aquatic Animal Health Services; application of risk analysis; inspection and certification procedures; and veterinary pharmaceuticals.
95. With regard to continuing veterinary education, Dr Gallardo Lagno said that the competencies least covered, for both aquatic and terrestrial animals, are: communication skills; general certification procedures; veterinary legislation and ethics; organisation of Veterinary Services and Aquatic Animal Health Services; administration and management; and application of risk analysis.
96. The speaker for Technical Item I added that 85.1% of Member Countries had reported having a continuing education programme for veterinarians covering less than 50% of veterinarians. Only 33.3% of competent authorities establish compulsory continuing education programmes for veterinarians working in aquatic animal health, in both the public and private sectors.
97. Dr Gallardo Lagno reported that, in 77.7% of Member Countries, the Veterinary Authority is responsible for both terrestrial and aquatic animals.
98. As regards strategies for aquatic animal health control in the region, Dr Gallardo Lagno said that most countries (77.7%) had developed systems for preventing the entry of exotic diseases and that 70% implemented specific surveillance programmes for OIE listed aquatic animal diseases.
99. She added that 48.1% of countries in the region implemented a specific surveillance programme for non OIE-listed diseases, in which case each country stated which diseases it considered to be important.
100. Dr Gallardo Lagno also reported that several countries in the region have implemented surveillance for emerging diseases like shrimp early mortality syndrome.
101. With regard to disease control, she said that, while many countries reported having no relevant aquatic animal diseases, she noted that 48.1% of countries reported having implemented a programme for the control or eradication of OIE listed diseases and 29.6% for non OIE-listed diseases.
102. She went on to say that, although they had implemented specific control programmes, half the countries in the region have had no aquatic animal health emergencies caused by disease outbreaks.

103. Dr Gallardo Lago pointed out that, even though several countries in the region had implemented aquatic animal health actions, more than half those surveyed (51.8%) believe that Aquatic Animal Health Services do not have the skills required to control aquatic animal diseases.
104. Dr Gallardo Lago concluded by saying that shortcomings in initial and continuing veterinary education on aquatic animal health in the region had resulted in a lack of specialist veterinarians with experience in aquatic animal health. Even where countries have implemented systems for aquatic animal disease prevention and surveillance, steady growth in aquaculture and the slow acquisition by Veterinary Services of specific aquatic animal health competencies have hampered the widespread development of aquatic animal health emergency response capacities in the region.
105. In the light of these findings, Dr Gallardo Lago considered it vital to: strengthen veterinary education programmes on aquatic animal health in the region; conduct emergency simulation exercises; and implement the OIE PVS Tool in the area of aquatic animal health.

Discussions

106. Several Delegates congratulated Dr Alicia Gallardo Lago on her presentation and said that the data she had presented demonstrated the importance of aquatic animal health in the region. The representative of the Delegate of Chile said that good production and health management was vital to boosting the continent's aquaculture production.
107. The Delegate of Canada stressed that aquatic animal health training was complex and that it was important for a range of stakeholders, including the veterinary component, to be involved in training and building institutional capacity at national level. At international level, she recommended exploring ways to work with various international organisations in order to integrate the entire scientific component.
108. The Delegates of Brazil and Costa Rica proposed working with interdisciplinary committees that take a comprehensive approach, which, in Dr Gallardo's view, should include the issues of ecology, environment, marine hydrology and pharmacology, while initial veterinary education should include knowledge of biology relating to the introduction of exotic species into different ecosystems.
109. Dr Gallardo and then Dr Víctor Vidal Martínez, Member of the OIE Aquatic Animal Health Standards Commission (Aquatic Animals Commission), stressed the importance of making use of the tools provided by the OIE, such as twinning in areas of aquatic animal health, including Reference Laboratories, Collaborating Centres and veterinary education establishments, as well as the World Animal Health Information System (WAHIS) for disease reporting.
110. Dr Gallardo pointed out that, as the private component often sets its own standards, it is crucial to establish public-private partnerships to ensure that OIE recommendations extend to the private sector. Finally, she said that the scientific and technological components in aquaculture were growing fast and that Veterinary Services should keep in step with this growth. The Delegate of Panama suggested extending public-private partnerships to universities, given the demand for veterinary professionals in the aquaculture sector.
111. Dr Alejandro Thiermann, President of the Terrestrial Animal Health Standards Commission (Terrestrial Code Commission), acknowledged the excellent work and complex issues addressed by the Aquatic Animals Commission and urged Delegates to review the criteria for the Commission's composition, with regard to its members' technical expertise, the need to increase its size and the frequency of its meetings. Dr Gallardo added that the Commission requires dedicated, motivated members with comprehensive knowledge of the programmes.

112. The Delegate of Mexico said that further progress was needed on internationally harmonised criteria, such as the case definition of certain aquatic animal diseases, while the Delegate of El Salvador referred to environmental pollutants and criteria for preventing problems with imports of aquatic animal products, and the Delegate of Brazil mentioned the lack of specific veterinary products for aquaculture, resulting in the use of products designed for other purposes.
113. Dr Gallardo pointed out that the *Aquatic Animal Health Code (Aquatic Code)* includes requirements applicable to imports of animal products, including the use of risk analysis. However, she recalled that, according to the results of Technical Item I, presented earlier, the weakest competency was risk analysis, adding that one recommendation might be to promote training in that competency.
114. The Delegate of Brazil said that, in some instances, aquatic animal disease management was not the responsibility of Veterinary Services. In response, Dr Gallardo recalled that one of the conclusions of her presentation was the need to promote aquatic animal disease prevention and control under the authority of Veterinary Services, in compliance with and supporting policies for promoting aquaculture production.
115. The Delegate of Haiti pointed out that there were still countries without an Aquatic Animal Health Service, which posed a risk to other countries. He requested support from countries in the region that have Aquatic Animal Health Services and from the OIE to train their professionals.
116. Finally, Dr Bernard Vallat reaffirmed the OIE's goal of ensuring that Member Countries are transparent in their obligations to report the occurrence of animal diseases and to prepare for the possible occurrence of animal health events, in order to avoid serious consequences for their own territory, neighbouring countries or their trading partners.
117. He added that several countries have no proper Aquatic Animal Health Service to meet these obligations and said an OIE PVS Tool specifically for evaluating Aquatic Animal Health Services had been created to help OIE Members to overcome this shortcoming. However, *OIE PVS Tool: Aquatic* had been underutilised, so he urged Member Countries in the region to submit a request.

OIE Scientific Commission for Animal Diseases Issues of interest to the Region - Challenges and proposals

118. The Conference Chairperson, Dr Joaquín Braulio Delgadillo Álvarez, invited Dr Sergio Duffy, Member of the OIE Scientific Commission for Animal Diseases (Scientific Commission), to present issues of interest to the region, challenges and proposals pertaining to the Scientific Commission.
119. Dr Duffy began by informing participants that the Scientific Commission had endeavoured to address the various issues raised by Member Countries at the 82nd OIE General Session and to process the reports of any *ad hoc* group meetings held subsequent to the February 2014 meeting of the Scientific Commission. He added that the Scientific Commission continues to address issues arising within the sphere of the Scientific Commission itself.
120. Dr Duffy briefly explained the issues most relevant to the region, highlighting the review of chapters in the OIE Terrestrial Animal Health Code (Terrestrial Code), including: Chapter 8.7 on foot and mouth disease, whose importance and complexity is reflected in the large number of comments received from Member Countries, which have generated wide-ranging and fruitful discussion; Chapter 12.10 on infection with *Burkholderia mallei* (glanders), for which the terms of reference given to the *Ad hoc* Group by the Scientific Commission specified two points (discussion on whether or not glanders should be made a disease for official country disease status and a review of the chapter); Chapter 8.X on

infection with the *Mycobacterium tuberculosis* complex (following the restructuring of disease-specific chapters in the Terrestrial Code, the Scientific Commission had instructed the *Ad hoc* Group to use the brucellosis chapter approved in May 2014 as a guideline for reviewing Chapter 11.5 on bovine tuberculosis and Chapter 11.6 on bovine tuberculosis of farmed cervidae); Chapter 15.1 on infection with the African swine fever virus, where the *Ad hoc* Group had been tasked with revising the chapter and harmonising it with Chapter 15.2 on infection with classical swine fever virus. The *Ad hoc* Group's proposal was endorsed by the Scientific Commission and referred to the Terrestrial Animal Health Standards Commission (Terrestrial Code Commission) for further processing, along with the justification for the changes and the *Ad hoc* Group's report.

121. He also gave details about Chapter 4.16 on the high health status horse subpopulation, saying that the Scientific Commission had considered the *Ad hoc* Group's report describing the practical implementation of the concept approved by the World Assembly of Delegates at its 82nd OIE General Session. As the Scientific Commission shared the concern of some Member Countries that the concepts of high-health status and high-performance horses could be misleading, it had recommended improving the definitions.
122. With regard to harmonisation of the three vector-borne disease chapters (African horse sickness, bluetongue and epizootic haemorrhagic disease), Dr Duffy said that the Scientific Commission had reviewed in detail and endorsed the proposal which has then been shared with the *Code Commission*.
123. Referring to Chapter 15.2 on infection with classical swine fever virus, Dr Duffy said that consideration of comments received subsequent to approval of the chapter by the 81st OIE General Session had been deferred until the corresponding chapter in the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals had been reviewed by the Biological Standards Commission and approved by the World Assembly of Delegates.
124. Referring to Chapter 14.8 on scrapie, Dr Duffy said that the Scientific Commission had decided to await completion of the review of Chapter 1.2 on criteria for the inclusion of diseases, infections and infestations on the OIE List. When the review is complete, the Scientific Commission will assess whether scrapie should remain on the list and only in the affirmative would it proceed to review the chapter.
125. Dr Duffy also discussed the *ad hoc* groups and provided details on the meetings, reports and conclusions of the:
 - *Ad hoc* Group on porcine epidemic diarrhoea (PED);
 - *Ad hoc* Group to set up a global database on the use of antimicrobial agents in animals;
 - *Ad hoc* Group on Middle East respiratory syndrome coronavirus (MERS-CoV).
126. He added that the Scientific Commission had asked for consideration to be given to convening an *Ad hoc* Group on equine trypanosomosis.
127. He said that the Scientific Commission had agreed that it would be useful to send a mission to MERCOSUR countries to assess compliance with the requirements for maintaining foot and mouth disease freedom. The countries to be visited and the date of the visits will be decided at the Scientific Commission's next meeting in February 2015.
128. He also gave details about scheduled *ad hoc* group meetings.
129. Dr Duffy concluded by describing the priorities and proposals outlined by the Director General at his meeting with the Scientific Commission, which primarily address the issues raised by Member Countries at the 82nd OIE General Session and are fully endorsed by the Scientific Commission. Two of these priorities and proposals are: a review of the criteria for

the inclusion of diseases, infections and infestations on the OIE List, for which it is proposed to convene an *ad hoc*, group; and completion of the chapter on foot and mouth disease, for which joint meetings will be planned between the Scientific and Terrestrial Code Commissions.

**OIE Terrestrial Animal Health Standards Commission
Issues of interest to the Region - Challenges and proposals,
including the concept of competition horses**

130. The Conference Chairperson, Dr Joaquín Braulio Delgadillo Álvarez, invited Dr Alejandro Thiermann, President of the OIE Terrestrial Animal Health Standards Commission (Code Commission), to present issues of interest to the region, challenges and proposals pertaining to the Code Commission.
131. Dr Alejandro Thiermann presented the highlights and issues of interest to the region resulting from the September meeting of the Code Commission.
132. Dr Thiermann commended the Members for having adopted at the 82nd General Session in May 2014 a User's Guide, now fully integrated into the Terrestrial Code, and of the updating of chapters such as those on brucellosis, now one chapter for three types of *Brucella* in all species, and the one on responsible and prudent use of antimicrobials, a key issue at the forefront of collaboration with public health organisations.
133. He then highlighted those topics of interest to the region that were discussed during the recent meeting of the Code Commission on 9 to 18 September 2014. He emphasised the importance for delegates to carefully examine a comment on texts such as the newly revised chapter on Foot and mouth disease, the chapters on Glanders, *Taenia solium* and the one on prevention and control of *Salmonella* in pigs. The recently adopted chapter on High health status horse subpopulation was further revised and definitions were added.
134. On the animal welfare front, he thanked the Members for an active participation in the development of the chapter on welfare of dairy cattle production systems, and stressed the importance of having this adopted as soon as possible.
135. On horizontal issues, he made reference to new definitions on 'stamping out' and on biosecurity', as well as on the revision of several chapters to address trade restrictions when appropriate, or appropriate level of protection when referring to the WTO-SPS Agreement. Efforts to harmonize terminology between the Code Commission and the Aquatic Commission continues; as well as the recently initiated harmonization of terminology used in the Terrestrial Code and their use in WAHIS.
136. Dr Thiermann ended his presentation by giving credit to excellent work provided by the OIE staff and collaboration by the Scientific and Aquatic Animal Health Standard Commissions.

**OIE Aquatic Animal Health Standards Commission
Issues of interest to the Region - Challenges and proposals**

137. The Conference Chairperson, Dr Joaquín Braulio Delgadillo Álvarez, invited Dr Víctor Manuel Vidal, Member of the OIE Aquatic Animal Health Standards Commission (Aquatic Animals Commission), to present issues of interest to the region, challenges and proposals pertaining to the Aquatic Animals Commission.
138. Dr Vidal began by saying that the September 2014 meeting of the Aquatic Animals Commission had discussed a number of issues relevant to the Americas.

139. He explained that the purpose of his presentation was to update Member Countries of the region on the key elements addressed at the meeting.
140. Dr Vidal said that, at the meeting, OIE Director General, Dr Bernard Vallat, had pointed out that OIE PVS Tool for the evaluation of the Aquatic Animal Health Services had been less successful than hoped, compared with its counterpart for terrestrial animals. An online consultation was held to ascertain the reasons for this, and Member Countries' support was requested.
141. He also reported that the Aquatic Animals Commission had assessed acute hepatopancreatic necrosis disease (AHPND) and reached the conclusion that it meets the criteria for inclusion on the OIE List. The Aquatic Animals Commission will therefore incorporate AHPND into the OIE List of diseases and establish an *ad hoc* group to both assess the proposal and draft the relevant chapter in the OIE Manual of Diagnostic Tests for Aquatic Animals (Aquatic Manual).
142. Dr Vidal reported that the work of the OIE *Ad hoc* Group on disinfection of salmonid eggs had been reviewed and judged favourable. It was recommended to expand the work of this *Ad hoc* Group to other species of commercial importance in the future.
143. Dr Vidal added that the Aquatic Animals Commission had prepared a revised draft chapter on the standards related to the control of hazards in aquatic animal feed, which will be submitted to the Member Countries for comment. The revised chapter focuses exclusively on the transmission risk of infectious agents via aquatic animal feed.
144. The Aquatic Animals Commission reviewed Chapter 6.6 on risk analysis for antimicrobial resistance arising from the use of antimicrobials in animals and welcomed the progress with this work, particularly the section entitled "Special considerations for conducting antimicrobial resistance risk analysis in aquaculture".
145. Dr Vidal said that the Aquatic Animals Commission recognised the need to amend the reference to live amphibians intended for use in laboratories, zoos and the pet trade in the amphibian disease-specific chapters. As the Aquatic Animals Commission recognised that the importation of live amphibians to be kept in zoos or as pets carries a different level of risk than for laboratory, industrial or pharmaceutical use, it had proposed amendments to the text in the OIE Aquatic Animal Health Code (Aquatic Code). The Aquatic Animals Commission also acknowledged that pets carry a special risk that must be considered in the Aquatic Code in the future.
146. He went on to say that, following adoption by the OIE General Session in May 2014 of the criteria for listing species as susceptible to infection with a specific pathogen, the Aquatic Animals Commission had proposed convening an *ad hoc* group to commence assessments of compliance with the criteria, starting with yellow-head disease as a pilot.
147. Dr Vidal reported that the most relevant issues relating to the OIE Aquatic Manual were: removal of *Crassostrea gigas* as a species susceptible to *Perkinsus marinus*, owing to an error in the Aquatic Manual.
148. He explained that the Aquatic Animals Commission had invited Member Countries to consider the implications of a proposal by the Biological Standards Commission (Laboratories Commission) that all Reference Laboratories candidates for being recognised as an OIE Reference Laboratory for aquatic animal diseases should be reference national laboratories.
149. He said that the Laboratories Commission had also proposed that all OIE Reference Laboratories should be accredited to standard ISO 17025 and had given existing laboratories that are not yet accredited a three-year deadline for achieving this standard, with which the Aquatic Animals Commission agreed.

150. Dr Vidal concluded by reporting that a twinning project on viral encephalopathy and retinopathy between Tunisia and Italy had been submitted to the Aquatic Animals Commission, for which it had requested clarification on progress with previous projects on the same subject conducted by the applicants.

Discussion

151. Dr Carlos Correa Messuti, Delegate of Uruguay to the OIE, was pleased to note that the Scientific Commission for Animal Diseases (Scientific Commission) had prioritised issues of great importance, in line with requests from the Americas region at recent meetings, in particular its prioritisation of diseases such as bovine spongiform encephalopathy and foot and mouth disease.
152. He went on to describe progress with the Codex chapter on *Trichinella*, which had been revised by the working group and various experts to take into account the OIE *Terrestrial Animal Health Code*, as suggested by Dr Thiermann in his presentation.
153. Finally, he reiterated the request and urgent need of Spanish-speaking countries to receive a Spanish translation of the various chapters, given that many experts do not speak English, which limits any contribution they might make to the comments on texts. He added that the January deadline for submitting comments was a problem for southern countries because of the holiday season in December. He suggested that consideration be given to investing funding from the OIE World Animal Health and Welfare Fund or other donors to expedite the translation of texts to ensure they arrive on time.
154. In answer to Dr Correa's comments, Dr Vallat explained that the first validated version of Commissions' reports is always sent in English and that subsequently the OIE works on an official version in French and Spanish with a similar legal standing to that of the English text. He understood the frustration of Spanish- and French-speaking countries and suggested expediting an unofficial Spanish translation for Member Countries in order to speed up the process. He thought that such translation work could be funded by a grant from the World Fund to the OIE Regional Representation in Buenos Aires.
155. Referring to the release of acute hepatopancreatic necrosis disease (AHPND) samples by the Aquaculture Pathology Laboratory of the University of Arizona (United States), Dr Assad Heneidi, representing Mexico, said that the disease was being studied with respect to diagnostic techniques. However, he stressed that, since 2013, OIE-endorsed regional laboratories for aquatic animal diseases had been diagnosing diseases for which no validated test existed. This contrasted with the results of the epidemiological research carried out by Mexico's National Health, Food Safety and Agrifood Quality Service (SENASICA), which found the causes of the disease to be multifactorial. He added that the diagnostic tests currently proposed in the OIE *Manual of Diagnostic Tests for Aquatic Animals* were not definitive.
156. Dr Vidal replied that the Aquatic Animal Health Standards Commission (Aquatic Animals Commission) had based its assessment on the criteria in the *Aquatic Code*, pointing out that the proposal had been based on scientific information from indexed sources and took into account information provided by experts.
157. In support of Dr Gallardo's comment, Dr Vidal said that AHPND had been put forward for inclusion as an OIE listed disease and a group of experts on diagnostic techniques had been proposed in which subject experts were invited to participate.
158. Dr Delgadillo agreed with Dr Assad, explaining that the case in question had been the result of a diagnosis made by the University of Arizona Laboratory on samples that had not been sent by Mexico officially, which was why Mexico objected to the sample reception protocol performed without the knowledge of the authorities of either country.

159. Dr Gastón Funes, representing Argentina, pointed out that the Commissions' work had become increasingly demanding and was growing significantly in volume. He was pleased to note that country feedback had been substantial and positive, with an increase in the number of requests to the OIE, which had adapted and responded by improving coordination between the Commissions and feedback from them to the Regional Commission. He added that Argentina would send comments on the main chapters and requested clarification on the best way to get involved in the work of the Commissions.
160. Dr Thiermann said that the best way for countries to get involved was by sending their comments on texts and by nominating people for the *ad hoc* groups. He also emphasised the importance of countries reviewing the Commissions' work plans, which could be found at the end of each report, so that they could comment on the plans where necessary.
161. Dr Duffy agreed with Dr Thiermann, adding that there are a number of ways for Member Countries to get involved in the Commissions' activities, including by submitting comments and, ultimately, by adopting the texts at the OIE General Session.
162. Dr Martine Dubuc, Delegate of Canada, commended the Commissions on their excellent work and, pursuant to Dr Messuti's comment, reiterated the importance of receiving the Spanish version of texts, especially in 2014 for the chapter on foot and mouth disease, in order to facilitate the coordination of comments from countries in the region.
163. Dr Thiermann added that, if Dr Vallat's suggestion regarding the translation of a preliminary version of the texts were to be adopted, one solution would be to translate only the report (without the appendices) and for this unofficial translation to be revised by a Commission member before being sent to Member Countries.
164. Dr Julio Urzúa, representing Chile, supported Dr Thiermann's proposal. She also requested clarification on the proposal by the Biological Standards Commission that reference laboratories for aquatic animals should be national reference laboratories.
165. Dr Vallat replied that the proposal related to the new rules for designating new reference laboratories and stated that the rule applied to reference laboratories for both aquatic and terrestrial animals. He explained that the rule applied specifically to new applications for OIE Reference Laboratory status, which, in all cases, must come from national reference laboratories. He confirmed that this rule did not have any direct consequence for Reference Laboratories already established.
166. Dr Vidal agreed with Dr Vallat, saying that, in the final analysis, the rule would impact on small laboratories, which was why he invited the Delegates to review in detail the information provided in the reports.
167. The Delegate of Costa Rica commended the Scientific Commission's work and, referring to the study on porcine epidemic diarrhoea, expressed surprise at the Commission's unanimous decision not to include the disease on the OIE list, given its epidemiology in the region. He asked for considering the possibility to convene again the *ad hoc* group and to allow countries concerned to participate.
168. Dr Duffy replied that the *ad hoc* group that had reached the unanimous conclusion comprised experts of the United States, Canada, Spain and Japan who had presented cases in their countries, concluding that there was a significant impact at local level but not at the regional or national levels. He added that countries should bear in mind that the fact that a disease is not on the list does not prevent them from establishing risk mitigation measures for that disease in their own country, because listing carries a reporting obligation.

169. Dr Thierman reiterated the obligation of countries to report emerging diseases immediately, pointing out that trade measures are not ruled out while a disease is still under study.
170. Dr Clifford, Delegate of the United States, stressed that the procedures followed by the University of Arizona Laboratory met OIE requirements. He asked Dr Duffy about the proposal to study atypical cases of bovine spongiform encephalopathy.
171. Dr Duffy explained that the atypical cases would be studied and, based on that information, alternatives would be proposed for possible inclusion in the *Terrestrial Code*, which would not necessarily require a new chapter.
172. Referring to the comment by the Delegate of the United States, Dr Delgadillo, Delegate of Mexico, pointed out that it was not the technical expertise of the University of Arizona Laboratory that was at issue but the legitimacy of the samples.
173. Dr Bernardo Todeschini, Representative of Brazil, commended the hard work of the three Specialist Commissions and requested details on how Member Countries could support the Commissions more fairly to enable them to meet the demands of their work to the full.
174. Dr Vallat said that the meetings of Specialist Commissions and *ad hoc* groups are a major cost item in the OIE's budget and that one of the simplest solutions would be to increase Member Countries' contributions.
175. Dr Thiermann, agreed with Dr Vallat, adding that there are four ways to assist the Commission in its work: (a) increase the work of the Commissions to two weeks; (b) issue comments on draft chapters rather than only the chapters for adoption; (c) review jointly the reports of the Terrestrial Code Commission and Scientific Commission; (d) discuss the texts in a coordinated manner within regions, as has been done using such tools as WebEx.
176. Dr Duffy said that an exhaustive review of the *ad hoc* group reports was very important because many of the countries' comments are answered in these reports.
177. Finally, the President of the Regional Commission asked the Delegates to remain in the room for an extraordinary meeting of the Regional Commission.

Wednesday 12 November 2014

Technical item II Implementation of the compartmentalisation concept: practical experience and perspectives

178. The president of the Session, Dr Martine Dubuc briefly presented the speaker of the Technical Item, Dr Sarah Kahn, OIE Consultant.
179. Dr Sarah Kahn started her presentation with a brief history on the development of the concept of compartmentalisation. She informed participants that the OIE General Assembly of Delegates had adopted this concept at the 72nd OIE General Session in May 2004. She explained that it was a procedure that could be used to define and manage an animal subpopulation of specified animal health status in accordance with the recommendations in the Terrestrial Animal Health Code and Aquatic Animal Health Code.
180. Dr Kahn added that compartmentalisation could be used as a tool in the prevention, management or eradication of animal disease and to provide a basis for continuing to export animals and animal products even after a country experiences a disease outbreak.

181. She said that, following adoption of the compartmentalisation concept, the OIE had developed guidelines on its application.
182. Dr Kahn explained that the use of compartmentalisation concept by Member Countries was currently rather limited. She said that, as there were currently few examples of importing countries having recognised the compartments of exporting countries for trade purposes, it had probably made compartmentalisation a less attractive option.
183. She explained that the OIE recommendations on compartmentalisation could not be applied in all situations. Effective implementation of this concept depends on many factors, including: the epidemiology of the diseases of interest; country factors; environmental factors; the required biosecurity measures; the health status of animals in areas adjacent to the compartment; surveillance and the relationship between the public and private sectors.
184. Dr Kahn reported that, to date, compartmentalisation had been applied mainly in vertically integrated intensive farming systems, i.e. chicken and pig production. She said that the concept was also relevant to aquaculture.
185. Dr Kahn added that the OIE had continued to adopt other concepts and approaches for use by Member Countries to facilitate international trade, such as the definition of safe commodities.
186. Dr Kahn went on to explain the OIE approach to compartmentalisation and described the experience and perspectives of Member Countries over the past ten years.
187. With particular reference to the Americas region, Dr Kahn noted that private sector veterinarians were involved in the health surveillance and monitoring of animals in compartments. She explained that this required private veterinarians to be accredited by the Veterinary Authority, based on relevant statutory instruments. She also pointed out that, where the diseases for which compartments were defined are exotic to the country, samples are normally analysed in official laboratories. While vaccination against the diseases included in a compartment's definition is generally prohibited, vaccination of broiler chicken parent flocks against Newcastle disease could be exceptionally permitted in some poultry compartments.
188. She also provided details on experience with compartmentalisation in the poultry sector, in aquatic animals, and in sheep.
189. Regarding compartmentalisation in sheep, Dr Kahn reported on an interesting new development: the recent establishment in Uruguay of a sheep compartment.
190. She went on to present other potential applications of compartmentalisation, including in artificial breeding centres and high health status horses.
191. She explained the factors that supported the use of compartmentalisation and those that might limit its feasibility.
192. Dr Kahn explained that establishing a compartment could be a preventive measure, serving both to guarantee the health status of an animal subpopulation and to prevent disruption of export markets in the event of a disease outbreak. As regards the latter objective, she added that exporting and importing countries must reach agreement on the defined compartment, preferably via an official decision by the importing country's authority. To facilitate this, the compartment should preferably be established prior to a disease outbreak in the country/zone in peace time.
193. Dr Kahn said that, independent of considerations relating to compartmentalisation, the OIE had adopted procedures for official recognition of the health status of countries and zones for six diseases: foot and mouth disease (FMD), bovine spongiform encephalopathy

(BSE), African horse sickness, contagious bovine pleuropneumonia (CBPP), peste des petits ruminants (PPR) and classical swine fever (CSF).

194. She underlined that the official recognition of disease status of Member Countries was extremely important to international trade. For this reason, the Terrestrial Code chapters on FMD, BSE, CBPP and CSF have provisions for the use of compartmentalisation. However, the OIE does not grant official recognition of compartments for these or any other disease. However, the OIE can publish in its Bulletin information received from Member Countries when a compartment is declared under their responsibility.
195. Finally, Dr Kahn proposed for the Member Countries' consideration a number of options to encourage the use of compartmentalisation.
196. She pointed out that the final goal of OIE Member Countries should be to establish and maintain country-wide disease free status. However, if this cannot be achieved in the short to medium term, Dr Kahn believed that a country might benefit from establishing a disease-free compartment for the purpose of disease control. Any country may use compartmentalisation as a preventive measure to safeguard export markets in the event of a disease outbreak.
197. Dr Kahn said that compartmentalisation entails the definition of an animal sub-population of a specified health status within the national territory. This status is maintained through biosecurity-related management and husbandry practices, in compliance with the standards in the Terrestrial Code (Chapters 4.3 and 4.4.) or Aquatic Code (Chapters 4.1. and 4.2.) and the recommendations in the relevant disease chapters.
198. She explained that the national Veterinary Authority or competent authority for aquatic animal health was responsible for granting, suspending and revoking a compartment's status. When a compartment is established to facilitate international trade, it is preferable for trading partners to reach agreement while the exporting country or zone is free from the diseases of interest. The exporting country must be able to show that compartmentalisation is supported by an effective biosecurity plan developed in close partnership with the relevant private sector.
199. Disease epidemiology is an important factor in a decision to establish a compartment. For example, no country can prevent the entry of wild birds carrying avian influenza viruses. The eradication of diseases from wild animal populations, both terrestrial and aquatic, may be impossible. Biosecurity is an essential tool for diseases with a wildlife reservoir, and the use of compartmentalisation may be the best option for establishing a disease-free domestic population.
200. To conclude, Dr Kahn stated that Member Countries should support the use of compartmentalisation not only as a trade facilitating measure but also as a tool for improving animal health and reducing the risk of disease outbreaks. The keys to success are to strengthen Veterinary Services and Aquatic Animal Health Services and to build effective public-private partnerships with livestock sectors and the private veterinary sector in compliance with OIE PVS Pathway.

Implementation of the compartmentalisation concept: practical experience of Uruguay

201. The Chairperson of the Technical Item II invited Dr Francisco Muzio Llado, Director General of Livestock Services (DGSG) in Uruguay's Ministry of Livestock, Agriculture and Fisheries, to provide a brief overview of Uruguay's experience in implementing the compartmentalisation concept.

202. Dr Muzio Llado reported that Uruguay had recently established a foot and mouth disease-free compartment for sheep where vaccination is not practised. He explained the stages in the process and the compartment's characteristics, including epidemiological separation, traceability, surveillance and diagnostic capabilities.

Discussion

203. The participants congratulated Dr Kahn and Dr Muzio on their excellent presentations.
204. By way of further information, Dr Alejandro Thiermann cited the experience of Thailand and South Africa with compartments. In the case of Thailand, he said that the structure of its industry meant that most slaughterhouses were not vertically integrated, increasing the sanitary risk of products because some farms not belonging to the compartment used the same slaughterhouses.
205. With respect to South Africa, he mentioned a public-private partnership called "Crown Agency", established by industry as an independent agency funded from slaughter fees and audited by the Government, which he cited as a very suitable model and a good example of public-private partnership.
206. Dr Correa, Delegate of Uruguay, shared his experience in developing standards for the World Trade Organization's sanitary and phytosanitary measures, explaining that a zoning scheme had been established following a process of intense debate and compromise involving most countries in the region, which had led to the inclusion of the zoning concept to facilitate trade. He said that there are 13 zones currently recognised by the OIE, allowing safe trade in those zones. He hoped that the OIE would, in future, continue working to find a proper science-based scheme for recognising compartments.
207. Dr Bredio Velazco, Delegate of Panama, asked Dr Muzio for further details concerning the frequency and percentage of animals sampled, adding that they had received a number of requests from riding clubs for animal health reasons.
208. Dr Muzio explained that, before allowing animals to enter the compartment, officials take a blood sample of 100% of the sheep. The samples are analysed in an official laboratory to prove that they contain no antibodies. Meanwhile the sheep are tagged and, when it is confirmed that they are negative for the disease, they enter the compartment. To leave the compartment, both elements (identification tag and sample) are read once again to ensure that the animals leaving for slaughter are the same ones that entered the compartment.
209. Dr Kahn commented on the OIE's proposal for horse subpopulations, stressing the need for an effective separation between the two specific subpopulations and horses in general.
210. The representative of Chile shared her country's experience based on legislation and on strengthening Veterinary Services, which audit compartments constantly. She emphasised the importance of convincing Veterinary Services of the need for resources and of motivating the private sector, as well as enhancing the transparency and communication of the process. However, she said that a few questions regarding the recovery of disease status and its application to aquatic animals needed clarification.
211. She concluded by providing details on the Colorado seminar, which considered it necessary to strengthen the zoning and compartment concepts, separate the chapters and incorporate a practical guide to clarify the stages. Essentially, there was a need to identify and assess the differences between each aquatic species and to increase the transparency of countries' documentation, as well as to rely on the OIE PVS Tool.
212. Dr John Clifford asked Dr Muzio to explain whether the slaughter plant was a dedicated plant, and asked Dr Kahn about the legal liability aspects.

213. Dr Muzio replied that slaughter took place in a meat processing plant that reserved a particular day for slaughtering animals from the compartment.
214. Dr Kahn said that the legal liability aspect had never been considered in the OIE Code, nor had it been considered by countries or for compartments. She added that, in all cases, legal liability for export certification should fall to governments, irrespective of whether the recognition is for a zone, country or compartment.
215. The Delegate of Guatemala asked Dr Muzio about biosecurity measures upon animals' entry, to which Dr Muzio replied that there were access controls and a physical barrier in the form of electric fencing.
216. The Delegate of Brazil expressed concern over the fact that a country should seek recognition for a compartment before securing recognition as a free country. He explained that a compartment should be seen as an additional guarantee of prior work done to achieve a certain disease status and to continue international trade.
217. Dr Osbil Watson, Delegate of Jamaica, requested details on how the scheme applied to small countries within the PVS evaluation, especially as regards the movement of horses from the standpoint of vector-borne diseases, as such diseases were taken into consideration for professional events.
218. Dr Kahn said that, while compartmentalisation was applicable to small countries, the zoning concept was less applicable. In the case of horses, the OIE is developing a scheme for equine disease-free zones, where animals are allowed to enter a zone declared free from a disease and its vectors.
219. Dr Vallat concluded the session by explaining the history behind the introduction of the compartmentalisation concept, saying it had begun with countries requesting recognition by the OIE for the status of country freedom from foot and mouth disease, which was later extended to a further five diseases. He explained that Member Countries had requested the implementation of the disease-free zone concept, requesting recognition for freedom from each disease to enable them to engage in global trade while parts of the country remained infected. This allowed the OIE to establish free zones and issue clear guidelines on the subject. This was a crucial step for allowing developing countries to participate to global trade.
220. In the case of compartments, Dr Vallat confirmed that there are two prerequisites. The first is dialogue and formal agreement between the veterinary authority and private industry, based on trust and permanent mechanisms to establish and maintain such dialogue. The second prerequisite is for the importing country accepting the compartment to be allowed to visit and audit the compartment before signing an agreement with the exporting country. The OIE's aim is to guide countries through acceptance of such compartments by publishing countries' compartment schemes in the OIE Bulletin. A potential importing country may also seek guidance from the OIE to facilitate dialogue with exporting countries.
221. Dr Vallat added that, for the OIE to offer an official recognition scheme for a compartment, a larger body of successful practical experiences was needed to help build the scientific basis for recognition.
222. He concluded by saying that compartments for race horses and competition horses provided a very interesting example for developing the concept, as they had the distinction of being based on a public-private partnership, represented by the global organisations Fédération Équestre Internationale (FEI) and International Federation of Horseracing Authorities (IFHA), which undertake to recognise the capacity of its national representations, in addition to coordinating specific events. As an example, he cited the latest Asia Games where this concept had been applied by the Republic of Korea, enabling double the number

of countries to participate than ever before. He hoped that this experience could be transferred to the Americas.

223. The Delegate of Brazil confirmed that the HHP concept would be applied for the 2016 Olympic Games.
224. Dr Millien from Haiti requested further information on Chile's experience, with respect to the approval of compartments. Chile agreed to provide the requested information.

Animal health situation of Member Countries in the Region during the first semester of 2014

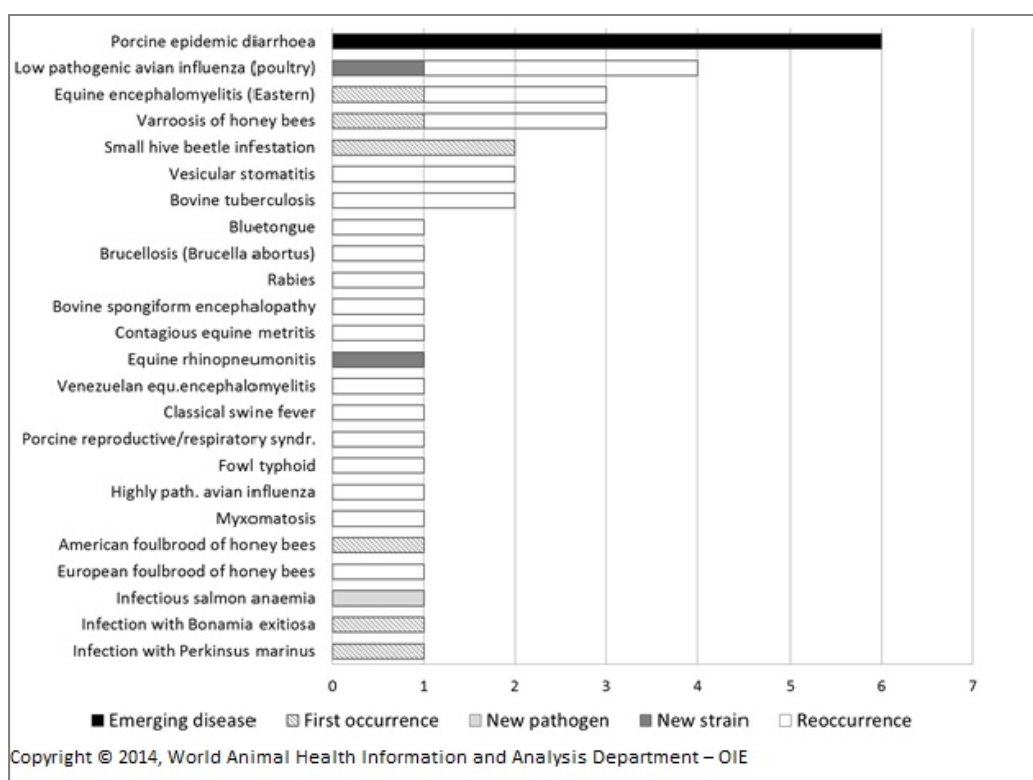
225. The President of the Session Dr Nimia Lisette Gómez, OIE Delegate of the Dominican Republic invited Dr Paula Cáceres, Head of the OIE World Animal Health Information and Analyses Department to present a report on the Animal health situation of Member Countries in the Region during the first semester of 2014.
226. This report is based on information obtained from six-monthly and annual reports as well as from immediate notifications and follow-up reports submitted to the OIE by Member Countries of the OIE Regional Commission for the Americas up to 24 October 2014. Special attention is given to the 2013 and 2014 reporting period.
227. The report begins by reviewing the exceptional events notified to the OIE by Member Countries of the OIE Regional Commission for the Americas between 1 January 2013 and 24 October 2014. This is followed by an overview of the disease simulation exercises carried out by Member Countries in the Region. The report then reviews the animal health situation in the Americas regarding some specific diseases notified during the period: bee diseases listed by the OIE, infection with rabies virus, low pathogenic avian influenza (LPAI) and porcine epidemic diarrhoea virus (PED) notified as an emerging disease.
228. The report concludes with an evaluation of the quality of six-monthly reports for aquatic animal diseases in the Region and an evaluation of the impact of the turnover of National Focal Points for Disease Notification.

1. Exceptional events notified by Member Countries of the OIE Regional Commission for the Americas in 2013 and 2014 (up to and including 24 October 2014)

229. A total of 39 immediate notifications, relating to 24 diseases, were submitted to the OIE by countries of the Region between 1 January 2013 and 24 October 2014. Figure 1 provides an overview of the exceptional epidemiological events notified during this period.
230. Porcine epidemic diarrhoea virus (PED) was by far the most frequently notified disease, with six immediate notifications submitted by countries. The disease has been notified as an emerging disease under different names, such as porcine epidemic diarrhoea, as notified by Canada, Colombia, the Dominican Republic and Mexico, swine enteric coronavirus, as notified by Ecuador, and swine novel enteric corona virus disease, as notified by the United States of America. There is growing concern about the spread of PED to new geographical areas since April 2013.
231. Low pathogenic avian influenza (LPAI) was the second most frequently reported disease in the Americas Region, with four immediate notifications submitted between 1 January 2013 and 24 October 2014. Mexico notified the subtype H7N3 of LPAI as a new strain in March 2014. The reoccurrence of LPAI, subtype H7N7, was notified by the United States of America in July 2013. In 2014, the United States of America notified first the LPAI subtype H5N8 in a clinical form in May, and then LPAI as a sub-clinical infection in July, involving the subtype H7N3.

232. Three immediate notifications on Eastern equine encephalomyelitis (EEE) were submitted to the OIE. In May 2013, Ecuador sent an immediate notification on EEE as the first occurrence of a listed disease. In June 2013, Panama notified a reoccurrence of the disease. In October 2013, Costa Rica notified the reoccurrence of the disease after an absence of 11 years.
233. Immediate notifications were submitted for 18 other diseases of terrestrial animals (including four first occurrences, one new strain and 15 reoccurrences) and for three diseases of aquatic animals (including two first occurrences and one new pathogen).

Figure 1: Immediate notifications received from Member Countries of the OIE Regional Commission for Americas in 2013 and 2014, by disease (up to and including 24 October 2014)



2. Simulation exercises

234. An increasing number of Member Countries are conducting simulation exercises to test and evaluate the capacity and adequacy of their response when faced with diseases. Existing national contingency plans can then be strengthened, or new plans developed, following the results of the simulation exercises.
235. Member Countries are requested to inform the OIE of planned simulation exercises, so that it can disseminate the information through the OIE-Info distribution list. Simulation exercises usually involve a single country, but may encompass an entire region or a group of countries that want to join forces to counter threats from specific diseases.
236. Worldwide, 26 simulation exercises for OIE-Listed and emerging diseases were carried out in 2013, of which nine (35%) were conducted in the Americas Region. In 2014 up to 24 October, nine (53%) of the 17 simulation exercises carried out worldwide took place in the Americas region and covered terrestrial and aquatic animal diseases including emerging diseases. These exercises receive support from international and regional development partners, regional and national organisations and stakeholders, including industry. Though the majority of these exercises are at national level or between

neighbouring countries, in Nicaragua, in June 2013, several countries of the Central American and Caribbean region adopted a regional approach with an avian influenza simulation exercise aimed at training veterinarians to form a Regional Technical Rapid Response Team capable of implementing preventive actions at regional level.

237. As the Americas Region conducts a significant number of simulation exercises based on national contingency plans, the OIE encourages the Member Countries concerned to share their experiences about the preparation of generic and/or disease specific national contingency plans, thereby helping other Veterinary Services in the Region to improve their capacity to respond effectively to transboundary animal diseases. The support of development partners is also crucial for the implementation of these exercises and improvement of national and/or regional disease preparedness.

3. Situation relating to selected OIE-Listed diseases and emerging diseases

238. This section provides an update on the major events that have occurred in the Region since the previous Conference of the OIE Regional Commission in 2012. Regarding six-monthly reports for terrestrial animal diseases and as of 24 October 2014, 90% (27/30) of Member Countries¹ of the Regional Commission had submitted both six-monthly reports for 2013, and 53%² (16/30) had also submitted the six-monthly report for the first semester of 2014.
239. Bahamas has not submitted a report to the OIE since acceding to the Organization in 2010 and Honduras has not submitted any report to the OIE since 2012. These Member Countries are encouraged to update their animal health information provided to the OIE as soon as possible. Moreover, the other Member Countries with outstanding reports for 2013 and 2014 are encouraged to submit them as quickly as possible.

3.1 Infection with rabies virus

240. Rabies is a zoonotic disease caused by a neurotropic virus of the genus *Lyssavirus*. The disease is of major importance because of its relevance to animal and human public health. Rabies is regarded as one of the world's most important zoonoses, yet effective control tools do exist, in particular vaccination of dogs, the main vector of the disease for humans and accounting for over 95% of cases. In cooperation with the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO) and the Global Alliance for Rabies Control (GARC), the OIE develops recommendations aimed at ensuring good intersectoral collaboration and worldwide implementation of the most appropriate strategies.
241. Rabies is a disease with a very particular epidemiology. It has two epidemiological cycles present in the Americas, an urban cycle, in which dogs are the main reservoir, and a sylvatic cycle, in which bats and wild carnivores are the main reservoir. Dogs have a special importance as potential transmitters of the infections to humans. In North America, rabies is maintained among wildlife in several species of racoons, skunks, foxes, mongooses and bats serving as primary reservoirs³. In Latin America, several species of wild carnivores and bats maintain independent rabies enzootics. Due to the widespread control of urban rabies through vaccination of domestic dogs, the common vampire bat (*Desmodus rotundus*) has emerged as the principal reservoir host of classical rabies virus (RABV) along the

¹ Argentina, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, French Territories in the Americas, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, United States of America, Uruguay and Venezuela

² Argentina, Belize, Canada, Colombia, Costa Rica, Cuba, Ecuador, French Territories in the Americas, Haiti, Mexico, Nicaragua, Paraguay, Peru, Suriname, United States of America and Uruguay

³ Rabies in North America: A Model of the One Health Approach. Vercauteren et al, 2012. http://www.aphis.usda.gov/wildlife_damage/nwrc/publications/12pubs/vercauteren124.pdf

species` natural range from Mexico to South America⁴. Most exposures of these bats to rabies virus are most likely to be subclinical and have an immunizing effect thereby enabling long term viral persistence in bat colonies⁵. Bats can spread the infection to land animals including humans but with a very limited number of human cases. Furthermore, phylogenetic analyses suggest that host transfer can occasionally occur between a bat vector and a terrestrial carnivore, so with a potential to extend the range of virus hosts.

242. Figure 2 shows the presence of rabies in the continent for the years 2013 and 2014, as of 24 October 2014. During this period, 30 countries/territories of the Americas sent information regarding this disease. Only Honduras and the Bahamas have not submitted any terrestrial reports during this period. Ten countries/territories⁶ reported the disease as present only in domestic species, thirteen countries/territories⁷ reported the disease present or suspected in both domestic and wild species, three countries/territories⁸ notified the disease absent and four countries/territories⁹ notified the disease as never reported. It should be underlined that eight countries/territories¹⁰ provided information only for domestic animals, and not for wild species.

⁴ Enzootic and Epizootic Rabies Associated with Vampire Bats. Condori-condori *et al*, 2013. http://wwwnc.cdc.gov/eid/article/19/9/13-0083_article

⁵ Blackwood J.C., Streicker D.G., Altizer D., Rohani P. Resolving the roles of immunity, pathogenesis, and immigration for rabies persistence in vampire bats. *Proc. Natl. Acad. Sci. USA*. 2013;110:20837–20842. doi: 10.1073/pnas.1308817110.

⁶ Colombia, Ecuador, El Salvador, Guyana, Haiti, Nicaragua, Panama, Paraguay, Peru and Trinidad and Tobago

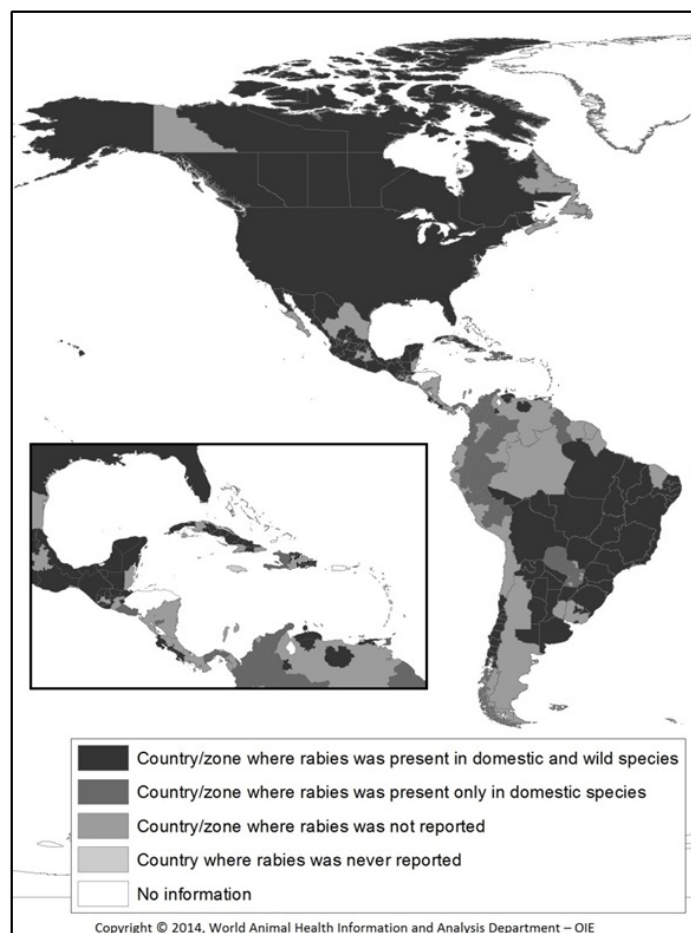
⁷ Argentina, Bolivia, Brazil, Canada, Chile, Costa Rica, Cuba, Dominican Republic, Guatemala, Mexico, United States of America, Uruguay and Venezuela

⁸ Belize, French Guiana (France) and Suriname

⁹ Barbados, Guadeloupe (France), Martinique (France) and Jamaica

¹⁰ Ecuador, Guyana, Haiti, Nicaragua, Panama, Peru, Suriname and Trinidad and Tobago

Figure 2. Distribution of rabies in the Americas during the period 2013 to 2014 (as of 24 October 2014)

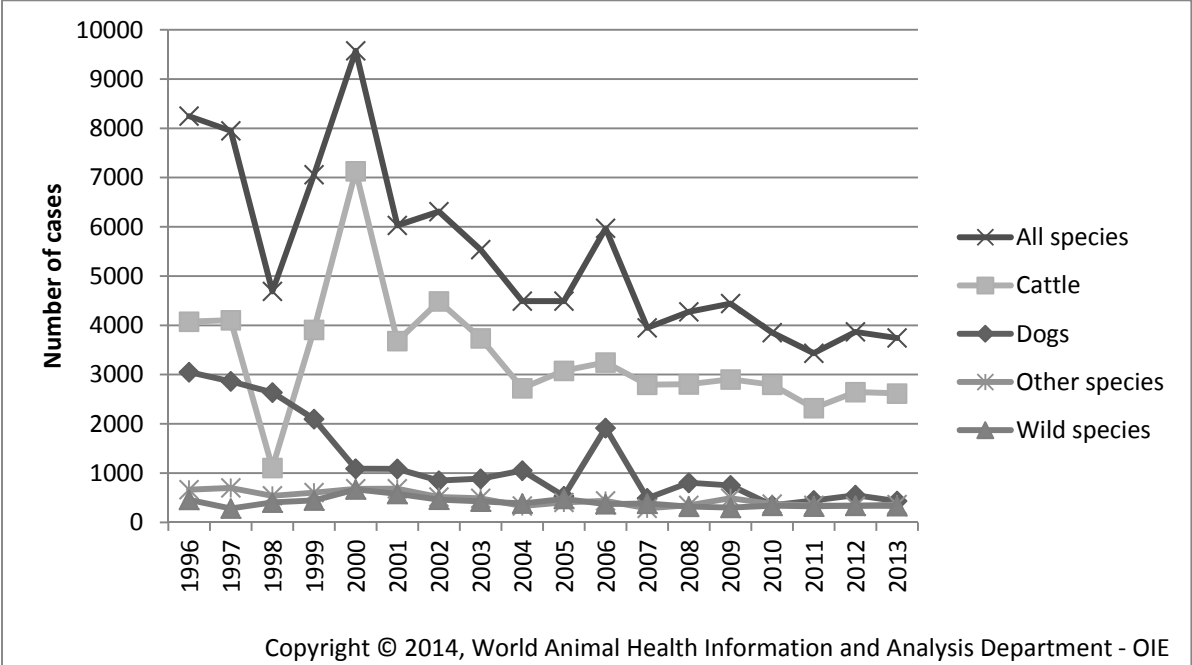


243. During these two years only one immediate notification of rabies has been received from the Americas, namely from Uruguay in April 2014. Until 2014, rabies had been reported absent in domestic animals in Uruguay for 4 years. The infection was however reported present in wild species in 2013. The disease reoccurred in the zone of Cerro Largo with three outbreaks that started in March 2014 affecting cattle (24 cases) and sheep (2 cases). The event was resolved by June 2014. The control measures undertaken by the country included control of wildlife reservoirs, movement control inside the country and vaccination in response to the outbreak.
244. Rabies has been an OIE-Listed disease since the creation of the OIE in 1924, as it was on the first list of nine diseases reported from Member Countries at that time. In 1996, the data started to be compiled electronically. Therefore, the following retrospective analysis focuses on the period from 1996 to 2013, the latest year for which complete data are available.
245. Rabies was regularly reported during the period 1996-2013, with an average of twenty-two countries/territories ¹¹ reporting the presence of rabies per year and seven countries/territories reporting its absence (with a variance of 1.44 and 2.65 for the presence and absence respectively). About 65% of countries/territories have been affected by the disease every year during this eighteen-year period. Therefore the number of countries/territories reporting the disease has remained stable over the years.

¹¹ Thirty-two (32) countries/territories including the French territories of French Guiana, Guadeloupe and Martinique being counted separately.

246. Since 2005, six countries/territories in the Region have reported serotype information on rabies: Argentina, Colombia, Dominican Republic, French Guiana, Uruguay and Venezuela, all reporting serotype RABV.
247. In 2009, the OIE introduced the possibility for countries to report information for domestic and wild species separately. Since 2009, the situation in wild species has been reported as being stable. The average number of countries reporting the presence of this disease in wildlife was 12, and 10 countries on average reported the disease absent in wildlife every year. On average, eight countries/territories in the region do not report any information on the occurrence of rabies in wildlife, a situation that poses a challenge in view of the need to increase the available information on the disease in wildlife species given their important role in this disease.
248. Even though the situation has remained stable in terms of the number of countries reporting the presence of rabies, the numbers of cases of rabies in the different species in the Region has decreased. Figure 3 provides the distribution of rabies cases across different species in the Americas for the period 1996 to 2013.

Figure 3. Number of cases of rabies in the Americas by species between 1996 and 2013



249. Figure 3 shows a declining trend of the number of rabies cases in all species as reported by the countries/territories of the Americas from January 1996 to December 2013. Cattle represent the species with the highest number of cases (61%) reported in the period, followed by domestic dogs (22%) and wildlife (4%). Among the cattle cases, most of them were reported in Brazil (61%) followed by Mexico (10%) and the rest in other countries/territories.
250. It is encouraging that the number of cases of dog rabies reported in the Region has continued to decline over the years with 2013 representing the second lowest number of cases reported in a year since 1996. In 1996 there were 3,050 cases of rabies in domestic dogs reported in the Americas and in 2013 there were 433 reported cases. This is important given the relationship between domestic dogs and the zoonotic impact of rabies. Within the region, and for the whole period from 1996 to 2013, Brazil recorded 29% of all the cases of rabies in dogs followed by Bolivia with the 20%, Ecuador and Paraguay with 9% each. The remainder was spread across the rest of the countries reporting presence of rabies in 2013.

251. From Figure 3 it can be seen that in 1998 there was a significant decrease in the number of cases of all species compared to the previous years followed by a sharp increase of cases in 1999 up to 2000. The decrease in number of cases in 1998 can be attributed to the drop in the reporting of cases from Brazil. In the contrary, during the years 2000 and 2002, Brazil reported 6,088 and 2,556 bovine cases respectively. Another important observation is made concerning 2006 when a total number of dog rabies cases went up to 1,926. This was due to an exceptional high number of cases reported by Bolivia in 2006, with 1,523 cases out of a total 1,926 reported in domestic dogs.
252. If the same analysis is made from the same data excluding Brazil, the trends show a continuing decline for all species except for cattle which is more stable. The high number of rabies cases from Brazil reflects the large cattle population in the country.
253. This decrease on rabies cases can be observed also in the number of human cases reported to the OIE. In 1996, the total number of cases was 227, however in 2013 there were only 15 cases reported. This constitutes an important progress and reflects public and veterinary health measures taken over the years in the Region. The coordination and information exchange between the Focal Points that report information to the OIE and the ones that report to the World Health Organisation (WHO) is a good example of multi-sectoral collaboration in the control of rabies using the One Health Approach.
254. Since 2012 the OIE provided the possibility for countries to report information on diseases of wildlife in detail being able to identify the wildlife species affected. In the Americas Region the most affected wildlife species belong to the orders Chiroptera and Carnivora. These are historically endemic reservoirs of rabies viruses with a distribution of cases recorded more in many species of bats than carnivores. In the Americas, the commonly reported cases of rabies in bats are from family Molossidae (300), Vestpertilionidae (118) and Phyllostomidae (95). Regarding the order Canivora, 74 Canidae and 59 Mephitidae cases were reported in 2012 and 2013 respectively.
255. It is widely recognised that the vaccination plays a critical role in the control of rabies especially in dogs. As mentioned before, cattle and dogs are the most affected species by rabies in the Region.
256. The number of countries practicing vaccination in dogs has remained stable and from Figure 3, it can be seen that the number of cases of dog rabies is declining, showing the effect of sustained efforts at controlling rabies. At the same time, a number of countries/territories in the Region are implementing a vaccination program for cattle as a rabies control measure.
257. In conclusion, the situation of rabies in the Americas has remained stable during the years studied judging by the number of countries that report the disease as present. The number of cases in the affected species, especially the two most affected, cattle and dogs, has constantly decreased during the last 18 years. This can be attributed to the sustained use of vaccination as a control measure as reported by the countries/territories. The role of bats in the epidemiology of rabies in the Americas especially in South America is critical in the control of the disease. While recognising that the number of human cases is currently very low, the relationship between bats and rabies impact in livestock in the Region is an important area requiring further analysis and epidemiological investigations.

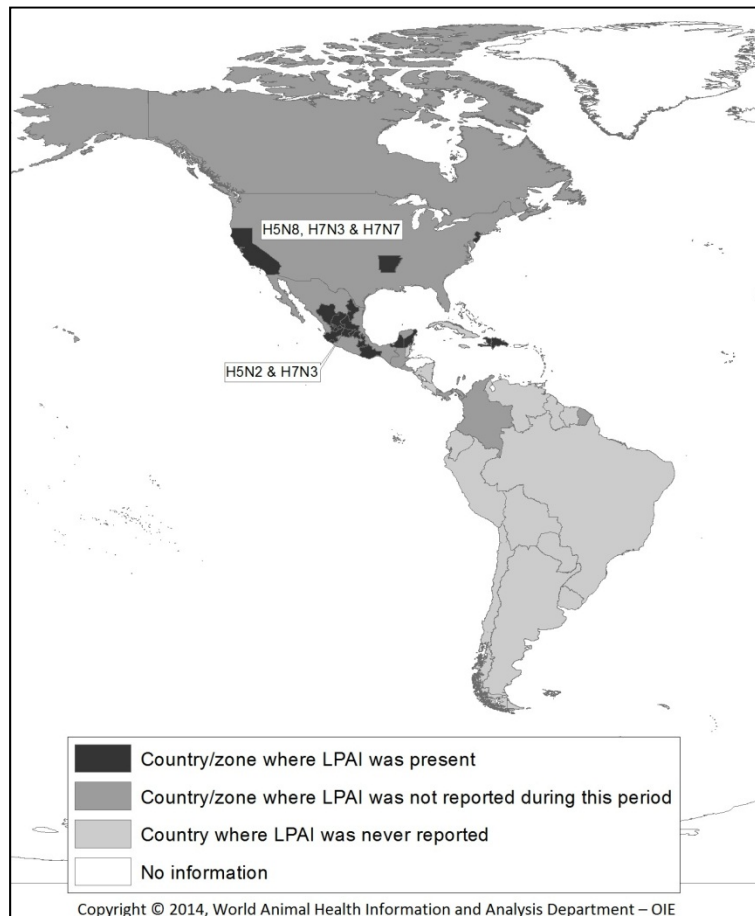
3.2 Infection with low pathogenic avian influenza viruses

258. There are many strains of avian influenza (AI) viruses, which can generally be classified into two categories according to the severity of disease in poultry: low pathogenic avian influenza (LPAI), which typically causes few or no clinical signs in birds, and highly pathogenic avian influenza (HPAI), which can cause severe clinical signs and potentially high mortality rates in birds. The differentiation between low and high pathogenicity AI is based on the results of laboratory tests, and this characterisation of AI viruses as low or

high pathogenicity is specific to poultry and other birds, and does not necessarily apply to other species that can be susceptible to AI viruses, including humans.

259. As detailed in the OIE *Terrestrial Animal Health Code*, all cases of HPAI found in any domestic or wild bird must be notified to the OIE by the Veterinary Services in a country. LPAI viruses of subtypes H5 and H7 in poultry are also notifiable to the OIE because, even though they do not cause severe disease, they have the potential to mutate readily into highly pathogenic viruses or to infect other species.
260. During the period between 1 January 2006 and 24 October 2014, LPAI was reported present or suspected for at least one year in 19% (6/32) of countries/territories¹² of the Region. Serotypes H5N1, H5N2, H5N8, H7N3, H7N7 and H7N9 were reported during this period.
261. During the period from 1 January 2013 to 24 October 2014, LPAI was reported present in four countries of the Region, namely the Dominican Republic, Haiti, Mexico (serotypes H5N2 and H7N3), and the United States of America (serotypes H5N8, H7N3 and H7N7). During this period, four immediate notifications on LPAI were received, as well as one notification for HPAI. Figure 4 presents the regional distribution of infection with LPAI viruses during the period between 1 January 2013 and 24 October 2014.

Figure 4: Cumulative distribution of infection with low pathogenic avian influenza viruses in 2013 and 2014 (up to and including 24 October 2014), and serotypes reported



¹² Canada, Dominican Republic, Guatemala, Haiti, Mexico and United States of America

262. The United States of America reported a reoccurrence of a clinical LPAI virus (serotype H7N7) in June 2013 in Arkansas. A commercial broiler breeder flock was tested following a noticeable drop in egg production. Following a comprehensive epidemiological investigation of this event and the application of stamping out, cleaning and disinfection as well as quarantine of the infected flock, the event was considered resolved in early August 2013.
263. In April 2014, increased mortality was observed in adults of a commercial layer flock of Japanese quail (*Coturnix japonica*) in California (United States of America). Serotype H5N8 was identified, and similar control measures were applied before the event was considered resolved on 10 July 2014. The virus genome was sequenced and its relationship with previous serotypes determined. The Veterinary Authorities reported that the results of all environmental sampling and testing for AI virus after cleaning and disinfection were negative and that the premises were ready for restocking.
264. LPAI subtype H7N3 was isolated by the National Veterinary Services in New Jersey (United States of America) and reported to the OIE in August 2014. The infection was identified in a breeding farm and hunting preserve containing mallard ducks and pheasants during routine testing for AI and there were no clinical signs of illness or increased mortality on the premises. The event was considered resolved on 17 September 2014.
265. Mexico submitted two immediate notifications for HPAI and LPAI in the period January 2013 to 24 October 2014 with the infections limited to defined zones within the country. In January 2013 the country sent an immediate notification reporting a reoccurrence of clinical HPAI serotype H7N3. The disease was characterized by high mortality, conjunctivitis, oedema, and cyanosis among other clinical signs. The serotype was identified by virus isolation. As of 24 October 2014, 64 outbreaks had been identified in domestic birds in the States of Aguascalientes, Guanajuato, Jalisco, Puebla and Tlaxcala and the event was still on-going. In February 2014, the country reported the occurrence of a new strain (H7N3) of LPAI in Nuevo Leon which lies more to the north of the country. The virus had been identified during surveillance activities for avian influenza in Monk parakeets (*Myiopsitta monachus*) legally imported from South America. Virus identification test, virus isolation, intravenous pathogenicity index (IVPI) and gene sequencing were used to make the diagnosis of the sub clinical infection with LPAI (H7N3) and differentiated it from the highly pathogenic H7N3 isolated in January 2013. The event was considered resolved on 28 February 2014, after the application of quarantine, stamping out, and cleaning and disinfection measures.
266. Apart from the mandatory notification of LPAI in poultry, countries have the possibility to share with the OIE information about LPAI in wild birds on a voluntary basis through wild annual reports, even though it is not an OIE-Listed disease in wild birds. Such information is available on the *WAHIS-wild* interface http://www.oie.int/wahis_2/public/wahidwild.php/. This information is submitted on a voluntary basis, because of its importance for early warning purposes and in order to protect human and livestock health, and it should not have any impact on international trade of animals and their products.
267. As of 24 October 2014, five countries¹³ of the Region had submitted wild annual reports for non-OIE-Listed diseases for 2013. Canada experienced infection with LPAI in wild birds in the second half of 2013 in the provinces of Quebec, Alberta, Saskatchewan, British Columbia and New Brunswick. Seven outbreaks in total were reported in species of Alcidae, Anatidae, Fringillidae and Laridae, while subtypes H5 and H7 of LPAI were notified absent in domestic birds. Moreover, the infection was detected in Peru in wild birds, while subtypes H5 and H7 of LPAI had never been reported in domestic birds. The serotype information was not provided by either of these two countries. Colombia indicated that LPAI had never been reported in wild birds, Paraguay indicated that the disease was absent and Uruguay did not provide any information regarding LPAI in wild birds in its report.

¹³ Canada, Colombia, Paraguay, Peru and Uruguay

268. Up to 24 October 2014, LPAI was observed mainly in North and Central America, but it has never been reported in the majority of countries in South America in domestic birds. Table 1 provides a summary of surveillance measures notified by the 32 countries/territories of the Region for LPAI in domestic birds for 2013 and the first semester of 2014.

Table 1: Surveillance measures notified by countries/territories of the Americas for LPAI in domestic birds for 2013 and the first semester of 2014

| Country/Territory | Disease notifiable | Monitoring | General surveillance | Targeted surveillance | Screening |
|--|--------------------------------|------------|----------------------|-----------------------|-----------|
| Argentina | | | X | | |
| Bahamas | <i>No report submitted</i> | | | | |
| Barbados | X | | | X | |
| Belize | X | | X | X | |
| Bolivia | X | | X | X | X |
| Brazil | X | | X | X | X |
| Canada | X | | X | X | X |
| Chile | X | | | | X |
| Colombia | X | | X | | |
| Costa Rica | X | | X | X | |
| Cuba | X | | | | |
| Dominican Republic | X | X | X | | X |
| Ecuador | X | | X | X | X |
| El Salvador | X | | X | | X |
| Guadeloupe (France) | <i>No information provided</i> | | | | |
| Guatemala | X | X | X | X | X |
| Guyana | X | | X | | X |
| French Guiana (France) | X | | X | X | X |
| Haiti | X | | | | |
| Honduras | <i>No report submitted</i> | | | | |
| Jamaica | X | | X | | X |
| Martinique (France) | X | | X | X | X |
| Mexico | X | X | | X | X |
| Nicaragua | X | | | X | X |
| Panama | X | X | | X | X |
| Paraguay | | | | | |
| Peru | X | | X | X | |
| Suriname | X | | | | |
| Trinidad and Tobago | X | | | | |
| United States of America | X | X | X | X | X |
| Uruguay | X | | X | X | |
| Venezuela | X | | X | | |
| Number of countries/territories | 27 | 5 | 19 | 16 | 16 |

269. As shown in Table 1, LPAI has been reported as a notifiable disease in all Member Countries of the OIE Regional Commission for Americas having provided information to the OIE, with the exception of Argentina and Paraguay. However, LPAI is mainly associated with sub-clinical infection and may present mild or no clinical signs, and targeted surveillance or screening is, most of the time, necessary for its detection. Such surveillance activities have only been reported by 16 countries/territories. Those which have not implemented targeted surveillance or screening are located in Central and South America and most of them have notified LPAI absent or never been reported. Bahamas, Guadeloupe (France) and Honduras have not provided any information for LPAI in 2013 and 2014.
270. In conclusion, since LPAI has the capacity to mutate to high pathogenicity, it is crucial to prevent the spread of the disease to countries not currently affected and to continue to minimise the risk where the disease is present. The fact that LPAI is mainly associated with sub-clinical infection emphasises the need for Veterinary Services to implement risk-based targeted surveillance or screening strategies to detect the disease in its early stages. The wild animal infections reported also highlight the risk of spread of infections through wild bird migration and the importance of wild birds as a component of national and regional avian influenza surveillance programmes. Moreover, it is important to provide details of serotypes and subtypes with the epidemiological data to improve our knowledge of the epidemiology of avian influenza.

3.3 OIE-Listed bee diseases

271. In the Americas, countries such as Argentina and Mexico have a strong beekeeping tradition and are among the world's largest honey producers and exporters¹⁴ (these two countries ranking second and fifth, respectively). The countries with the greatest number of hives reported to the OIE in the Americas are as follows: Argentina (more than 3 million hives), the United States of America (more than 2.5 million hives), Mexico (almost 2 million hives) and Canada (more than 600,000 hives). The United States of America, despite being a big producer is the most important importer of honey in the world. In recent years, beekeepers have faced many issues related to the health of hives. Multifactorial events, such as changes in the environment, non-responsible use of pesticides, as well as problems related to the growing occurrence of various diseases without trade control have affected the production of honey and its products and hindered international trade¹⁵.
272. Since 2005, the most widespread OIE-Listed bee disease in the Americas has been **infestation of honey bees with *Varroa* spp. (Varroosis)**. The *Varroa* mites are parasites of adult bees and their brood. The introduction of *Varroa destructor* into North America in the late 1980s caused dramatic changes to beekeeping practices and increased the costs of honey production and pollination. Increased costs stemmed primarily from the control measures necessary to prevent loss of colonies from varroosis¹⁶. Since 2005, the disease has been present or suspected in 78% (25/32) of countries/territories¹⁷ of the Region in at least one year. Recently, between January 2013 and 24 October 2014, the disease has been reported present or suspected in 20 countries/territories in the Region, namely Argentina, Belize, Brazil, Canada, Chile, Costa Rica, Cuba, the Dominican Republic,

¹⁴ Odepa, 2014 – Ministerio de Agricultura. Miel chilena: consolidación y nuevos mercados. Oficina de estudios y políticas agrarias. http://www.odepa.cl/wp-content/files_mf/1405615620Miel201407.pdf

¹⁵ FAO, 2006. Honey bee disease and pests: A practical guide. Agricultural and food engineering technical report 4. Rinderer T.E., Harris J.W., Hunt G.J., de Guzman L.I. Breeding for resistance to *Varroa destructor* in North America. *Apidologie*, 41 (2010) 409–424.

¹⁶ Novoa E.G., Eccles L., Calvete Y., McGowan J., Kelly P.G., Benitez A.C. *Varroa destructor* is the main culprit for the death and reduced populations of overwintered honey bee (*Apis mellifera*) colonies in Ontario, Canada. *Apidologie*, 41 (2010) 443–450.

¹⁷ Argentina, Belize, Brazil, Canada, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, French Guiana (France), Guadeloupe (France), Guatemala, Guyana, Jamaica, Martinique (France), Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, United States of America, Uruguay and Venezuela

Ecuador, El Salvador, Guadeloupe (France), Guatemala, Jamaica, Martinique (France), Mexico, Nicaragua, Panama, Peru, United States of America and Uruguay. Three exceptional events relating to this disease were notified to the OIE between January 2013 and 24 October 2014, by Ecuador (first occurrence in the zone of Chimborazo in March 2013 and reoccurrence in the zone of Pichincha in July 2013) and Peru (reoccurrence in the country in May 2013 after three years of absence). The three events were resolved after the infested hives were destroyed and/or antiparasitic treatment was applied.

273. **Infection of honey bees with *Paenibacillus larvae* (American foulbrood)¹⁸ and infection of honey bees with *Melissococcus plutonius* (European foulbrood)¹⁹** have been present or suspected in at least one year in 34% (11/32) of countries/territories of the Region since 2005. Both diseases have been continuously present throughout this period in Argentina, Canada, Costa Rica, Cuba and the United States of America.
274. Beekeepers in temperate and subtropical regions around the world generally regard **infection of honey bees with *Paenibacillus larvae* (American foulbrood)** as possibly the most destructive bacterial disease affecting bee brood. The disease is widely distributed and affects the larval stage of honey bees of the genus *Apis mellifera* and other *Apis* spp. Recently, between January 2013 and 24 October 2014, the disease has been present or suspected in eight countries/territories of the Region, namely Argentina, Bolivia, Canada, Costa Rica, Cuba, Jamaica, the United States of America and Uruguay. One exceptional event relating to this disease was notified to the OIE between January 2013 and 24 October 2014, Bolivia reporting the first occurrence in the country in September 2014. As of 24 October 2014, the source of the event remained unknown, and the event was still on-going, although the hives in the infested apiary had been destroyed.
275. **Infection of honey bees with *Melissococcus plutonius* (European foulbrood)** has spread nearly all over the world²⁰. European foulbrood is generally considered to be less virulent than American foulbrood, although greater losses in commercial colonies have been recorded in some areas¹⁴. Between January 2013 and 24 October 2014, the disease was reported present or suspected in nine countries/territories of the Region, namely Argentina, Bolivia, Canada, Chile, Costa Rica, Cuba, El Salvador, Peru and the United States of America. Peru notified a reoccurrence in the country in May 2013 after an absence of three years. The source was identified as a legal movement of bees, and the event was subsequently resolved.
276. Moreover, **infestation of honey bees with *Acarapis woodi*** has been present or suspected for at least one year in 28% (9/32) of countries/territories²¹ of the Region since 2005, with a continuous presence in Canada, Chile, Costa Rica, Cuba and the United States of America. It is a disease of the adult honey bee and is caused by the Tarsonemid mite, known as the tracheal mite (*Acarapis woodi*). It appeared for the first time in Europe in 1921 and was subsequently notified in Asia and the Americas. In North America, the *Acarapis* mite is leading to an increasing amount of damage for beekeepers. Early manifestations of the infestation normally go unnoticed, and only when the infestation is heavy does it become apparent¹³. Between January 2013 and 24 October 2014, the disease has been present or suspected in nine countries/territories of the Region, namely Bolivia, Canada, Chile, Costa Rica, Cuba, El Salvador, Guatemala, Mexico and the United States of America.

¹⁸ Argentina, Bolivia, Brazil, Canada, Chile, Costa Rica, Cuba, Jamaica, Peru, United States of America and Uruguay

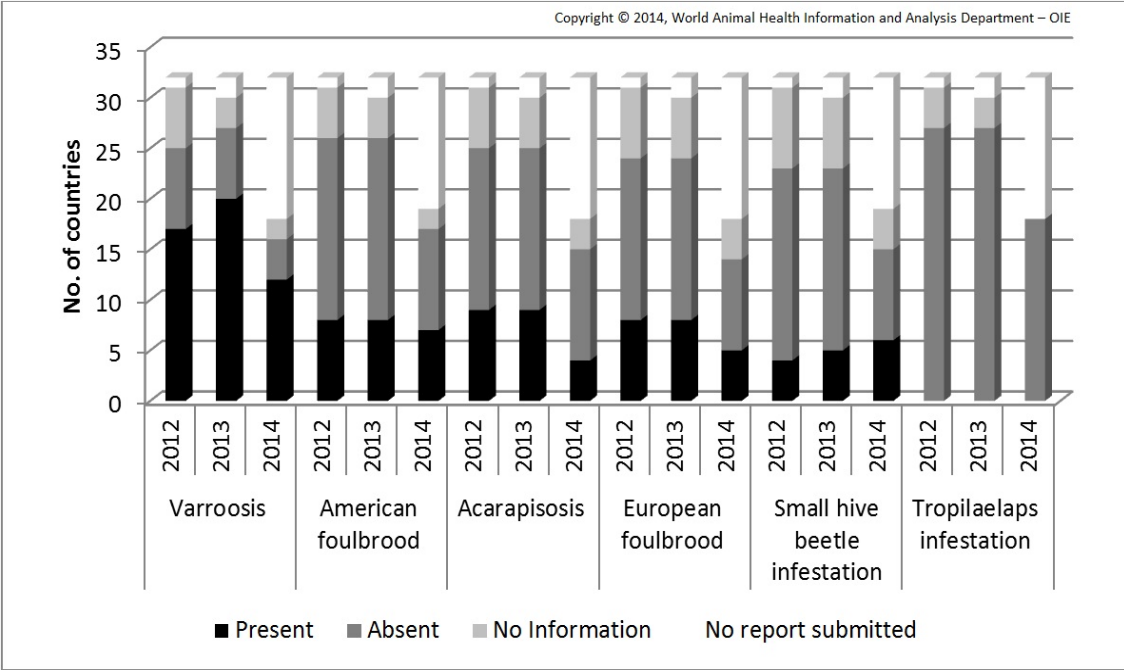
¹⁹ Argentina, Bolivia, Canada, Chile, Costa Rica, Cuba, El Salvador, Martinique (France), Peru, United States of America and Uruguay

²⁰ OIE, 2014. *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual)* <http://www.oie.int/en/international-standard-setting/terrestrial-manual/access-online/>

²¹ Bolivia, Canada, Chile, Costa Rica, Cuba, El Salvador, Guatemala, Mexico and United States of America

277. Since 2006, **infestation with *Aethina tumida* (Small hive beetle)** has been present or suspected for at least one year in 19% (6/32) of countries/territories²² of the Region, with a continuous presence in the United States of America. It is a parasite and scavenger of honey bee colonies. It is native to sub-Saharan Africa, but has been found in other regions. It appeared in the United States of America in 1996 and, since the year 2000, global trade has carried the small hive beetle to new continents²³. The first sign of an infestation by the small hive beetle is the occurrence of adult beetles, which can be seen without special equipment. Among the various bee diseases, this disease has lowest occurrence in the Americas, but it has affected the countries that are big producers. Between January 2013 and 24 October 2014, it has been present or suspected in six countries/territories of the Region, namely Canada, Cuba, El Salvador, Mexico, Nicaragua and the United States of America. Two exceptional events relating to this disease were notified to the OIE between January 2013 and 24 October 2014, reporting the first occurrence in El Salvador (in December 2013; source unknown and disease declared endemic in March 2014) and the first occurrence in Nicaragua (in February 2014; one apiary infested, source unknown). As of 24 October 2014, the event in Nicaragua was still on-going.
278. Lastly, **infestation of honey bees with *Tropilaelaps* spp.** has not been reported in the Region, since at least 2005.
279. It should be highlighted that some countries/territories, such as Canada, Cuba and the United States of America, experienced outbreaks of the aforementioned five OIE-Listed bee diseases between 2005 and 2014. The presence of these diseases in some of the biggest honey bee producers in the Americas is a source of concern. Figure 5 shows the number of countries/territories in the Americas that submitted six-monthly reports between 2012 and the 1st semester of 2014 and information provided on the five OIE-Listed honey bee diseases present in the Americas.

Figure 5. Number of countries/territories in the Americas that submitted information on bee diseases between 2012 and the 1st semester of 2014

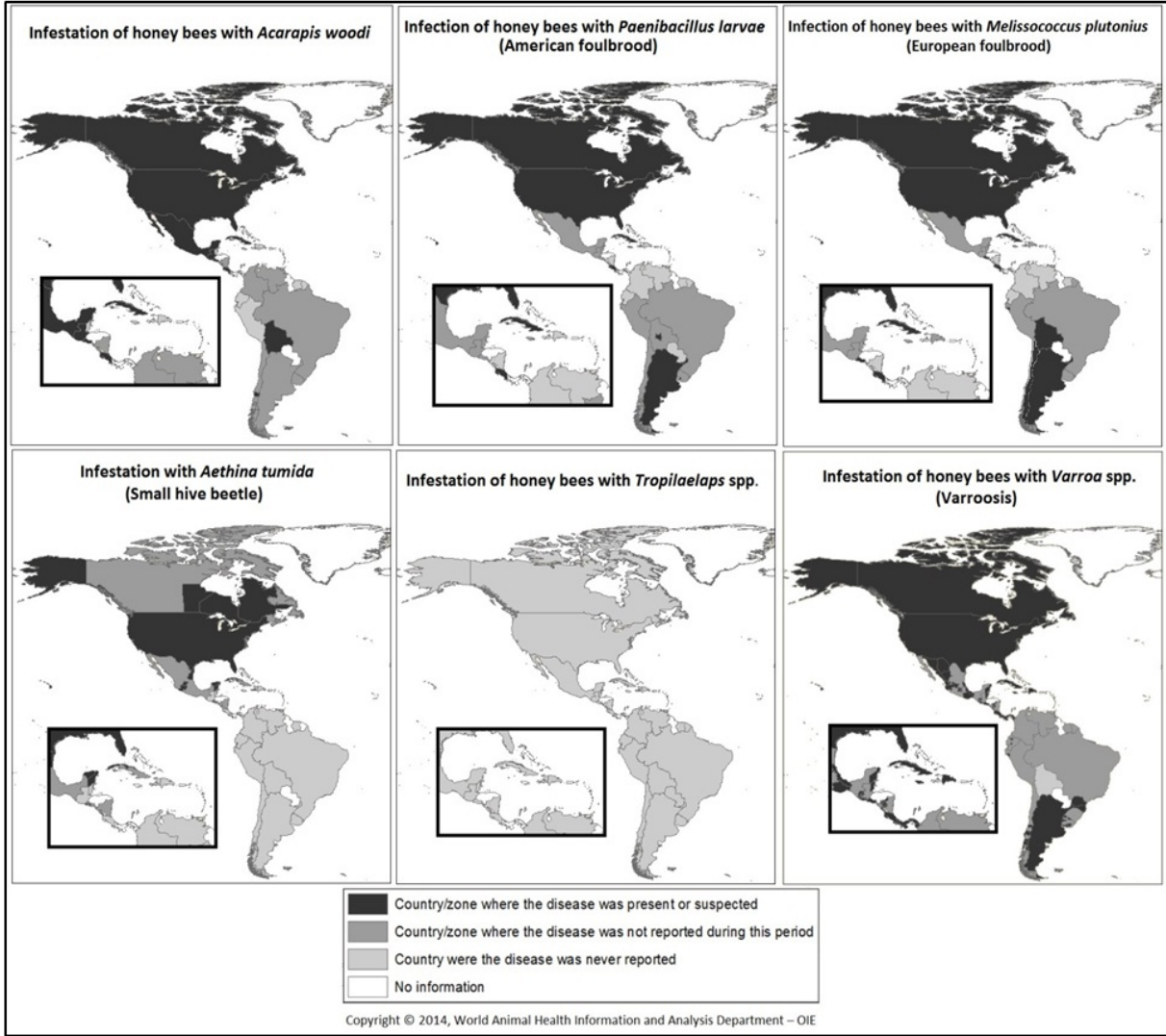


²² Canada, Cuba, El Salvador, Mexico, Nicaragua and United States of America

²³ Vandame R., Palacio M. A. Preserved honey bee health in Latin America: a fragile equilibrium due to low-intensity agriculture and beekeeping? *Apidologie*, 41 (2010) 243-255

280. As shown in Figure 5, on average, 33% countries/territories in the Region have not provided information on the six OIE-Listed bee diseases during this period even though the diagnostic test are relatively easy to implement. Also, it is interesting to note that this proportion is similar for each of the five OIE-Listed bee diseases present in the Americas. The absence of information increases the risk of spread of pathogens within the Region and with trading partners.
281. One of the main threats is related to infestation with *Aethina tumida* (Small hive beetle), which, since 2005, has been notified in countries in North and Central America (Canada, Cuba, Mexico, Nicaragua and the United States of America) but not in South America. Moreover, the beetle is extremely quick moving and can fly, which contributes to its rapid spread among bee colonies and apiaries. Recently, two countries in Central America notified the OIE of the first occurrence of the disease on their territory. Another main threat is related to infestation of honey bees with *Tropilaelaps* spp. Although this disease is currently absent from the Americas, there is a risk that global trade might bring the parasite to the continent. This is why the OIE recommends that countries of the Americas implement early detection of these two diseases. Figure 6 shows the distribution of bee diseases in countries/territories of the Americas Region between January 2013 and 24 October 2014.

Figure 6. Distribution of bee diseases in countries/territories of the Americas Region between January 2013 and 24 October 2014



282. Varroosis has occurred in majority of the countries/territories of the Americas. American foulbrood, European foulbrood, Small hive beetle and Acarapisosis, with the exception of *Tropilaelaps* are reported present in Americas.
283. Chapter 4.14. of the OIE *Terrestrial Animal Health Code* (2014) provides useful guidelines for official health control of bee diseases. These are intended for the control of endemic bee diseases at country level and to detect incursions of exotic diseases, thereby ensuring safe international trade of bees, bee products and used apicultural equipment. Moreover, reference diagnostic techniques are provided in the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* 2014.
284. In conclusion, bee diseases are now a topic of great importance worldwide. Indeed, apart from the market for honey bee commodities, these animals are key pollinators and are crucial for many agricultural crops and the conservation of natural plant biodiversity. Indeed, honey bees are the most economically valued pollinators and it is estimated that 35%²⁴ of human food consumption depends directly or indirectly on insect-mediated pollination, a vital ecosystem service contributing to human health and well-being. The OIE encourages countries currently not providing information on OIE-Listed bee diseases to increase their efforts in monitoring and reporting the disease situation, to avoid pathogen spread throughout the Region and facilitate control of these diseases since most of the diagnostic techniques are relatively easy to implement.

3.4 Emerging disease: porcine epidemic diarrhoea

285. Porcine epidemic diarrhoea (PED) was first reported in the United Kingdom in 1971²⁵. The main characteristics of the disease are severe enteritis, vomiting, watery diarrhoea, dehydration, and a high mortality rate among swine. The causative agent of PED was identified as porcine epidemic diarrhoea virus (PEDV), which belongs to the family *Coronaviridae* with several genotypes of different pathogenicity.
286. PED is not an OIE-Listed disease and it has already been reported in Asia (China [People's Rep. of], Chinese Taipei, Japan, Korea [Rep. of] and the Philippines)²⁶. However, consistent with the reporting obligations of Member Countries outlined in Chapter 1.1. (Article 1.1.4.) of the OIE *Terrestrial Animal Health Code* relating to emerging diseases, namely to their *spread to a new geographic area*, there has been an increase in the number of disease notifications since the beginning of 2014. The OIE has officially received notifications from six countries in the Americas, namely Canada, Colombia, the Dominican Republic, Ecuador, Mexico and the United States of America. PED was previously described only in Europe and Asia²⁷.
287. Regarding the economic effect of PED presence, significant economic losses in the swine industry are possible because of the high morbidity and mortality that occurs in immunologically naive neonatal piglets.
288. In the United States of America, the first outbreak of PED was observed in Ohio on 15 April 2013. In its report, the country indicated that the disease was clinically indistinguishable from transmissible gastroenteritis, another swine disease caused by a coronavirus that is endemic in the country. Recent studies performed in the United States

²⁴ Moritz, R. F. A. ; Miranda, J. de ; Fries, I. ; Conte, Y. Le ; Neumann, P. ; Paxton, R. J. Research strategies to improve honeybee health in Europe. Review article. *Apidologie* 41 (2010) 227–242.

²⁵ Technical note, Porcine Epidemic Diarrhoea (PED), United States department of Agriculture (USDA)-http://www.aphis.usda.gov/animal_health/animal_dis_spec/swine/downloads/ped_tech_note.pdf

²⁶ Morales R.G., Umandal A.C., Lantican C.A. Emerging and re-emerging diseases in Asia and the Pacific with special emphasis on porcine epidemic diarrhoea, Conference OIE 2007, 185-189.

²⁷ Jung K., Wang Q., Scheuer K.A., Lu Z., Zhang Y., Saif L.J. Pathology of US porcine epidemic diarrhea virus strain PC21A in gnotobiotic pigs, *Emerging Infectious Diseases*. 2014 Mar, <http://dx.doi.org/10.3201/eid2004.131685>

of America have shown that all PED virus strains are clustered together in 1 clade within subgenogroup 2a and are closely related to a strain from China, AH2012²⁸. A total of 5,978 cases in 29 States were notified to the OIE up to 30 April 2014, when the disease was declared endemic. According to the report of the Animal and Plant Health Inspection Service of the United States Department of Agriculture (USDA APHIS) on swine enteric coronavirus diseases, including PEDV, dated 22 October 2014²⁹, a total of 8,702 laboratory accessions (a laboratory accession is a set of samples received at the laboratory and for which the samples were collected at a single premises on a single day) tested positive for PED virus (23.1% of all tested accessions), involving 31 States. The affected animals were treated by supportive care.

289. Canada has reported a total of 69 outbreaks in four provinces (Manitoba, Ontario, Prince Edward Island and Quebec). The first outbreak of PED was reported at a hog farm in south-western Ontario on 22 January 2014. The outbreaks reported in Quebec have been resolved while outbreaks in the other three provinces are still on-going. Sequencing of the PED virus strains has confirmed that they are similar to the strains circulating in the United States of America. Canada has been able to prevent the introduction of this disease for almost eight months thanks to pro-active risk management and implementation of various actions such as building laboratory capability and capacity, enhancing border controls, engaging the public and swine producers for disease awareness and promoting biosecurity. The country has managed this infection in a controlled manner as the number of new cases being reported per month has significantly decreased³⁰.
290. Mexico reported one cluster of 83 outbreaks in 19 federal entities between August 2013 and May 2014. During the epidemiological investigation, 2,309 samples were tested with RRT-PCR. Of the total number of samples, only 30% were positive for porcine epidemic diarrhoea, which may suggest that some other aetiological agent was also involved in this event. This event remains on-going. Mexico has put in place screening, modified stamping out, disinfection of infected premises and symptomatic treatment of affected animals in order to identify and control the disease in a timely manner.
291. On 9 June 2014, Colombia notified 45 outbreaks affecting commercial and backyard farms mainly in the Departments of Cundinamarca and Huila (42 outbreaks) as well as one sporadic outbreak in each of the following Departments: Tolima, Boyacá and Santander; all these outbreaks have been resolved. There was a reported total of 3,328 cases, with 1,054 deaths, among 18,552 susceptible animals. The observed morbidity (17.94%) and mortality (5.68%) rates were lower than those observed in the United States of America, Canada and Mexico. The control measures implemented were as follows: assignment of health emergency status, quarantine of suspected premises, cleaning and disinfection, movement control, enhanced biosecurity measures, ban on animal gathering, active surveillance, inclusion in the information system as a notifiable disease and epidemiological surveillance.
292. In the Dominican Republic, a total of 39,042 cases with 26,070 deaths were reported in seven provinces (Distrito Nacional, Salcedo, La Vega, Peravia, Santiago Rodrigo, Santiago and Espaillat) between November 2013 and May 2014. Only piglets less than 15 days old died. The event has been resolved. The control measures put in place were quarantine, movement control inside the country, disinfection of infected premises and symptomatic treatment of affected animals.

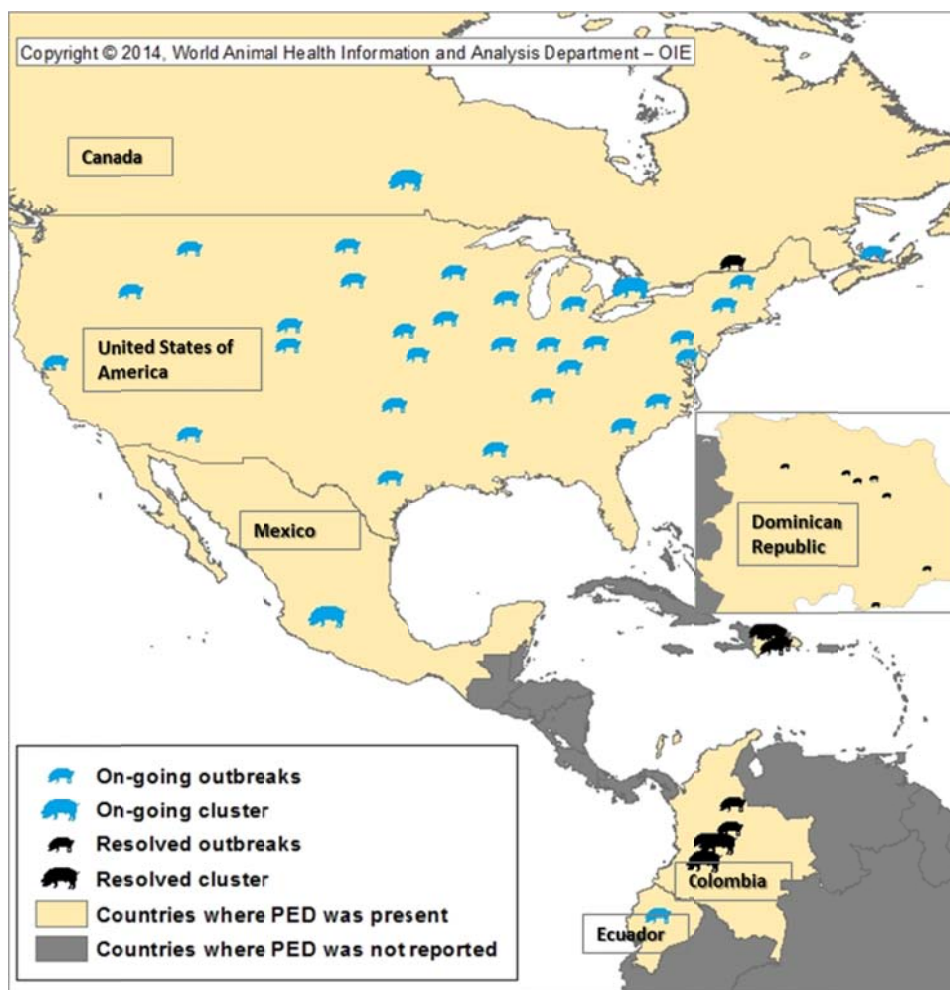
²⁸ Wang L., Byrum B., Zhang Y. New Variant of Porcine Epidemic Diarrhea Virus, United States, 2014, *Emerging Infectious Diseases*, 2014 May, DOI: <http://dx.doi.org/10.3201/eid2005.140195>

²⁹ http://www.aphis.usda.gov/animal_health/animal_dis_spec/swine/downloads/swine_report_10_22_14.pdf

³⁰ Technical item II "Porcine epidemic diarrhoea: current global situation and possible threat for Europe", Draft final report, 26th Conference of the OIE Regional Commission for Europe, Bern, Switzerland, 22-26 September 2014

293. In September 2014, Ecuador reported one outbreak of PED in the province of Cotopaxi, involving 1,341 cases among 10,908 susceptible animals. Active surveillance activities are continuing to be carried out and the early warning system is still reinforced; no new cases have been detected in the zone around the outbreak, in the surveillance zone or in the rest of the country. This event is still on-going. The official Veterinary Services are implementing a contingency plan that includes the following control measures: quarantine measures on the farm, reinforced control of animal movements, movement control towards other areas of the country, biosecurity measures on farms of all kinds and epidemiological surveillance at national level.
294. On-going and resolved outbreaks reported in the Americas between April 2013 and 24 October 2014 are presented in Figure 7.

Figure 7: On-going and resolved outbreaks reported in the Americas between April 2013 and 24 October 2014



295. There is no specific treatment for PED other than symptomatic treatment of diarrhoea and control of secondary infections. PED vaccines are available, but they have not used in the outbreaks that occurred in the Americas region. Licensed PED vaccines are currently available in Korea (Rep. of), Japan and China (People's Rep. of)³¹.

³¹ Technical note, Porcine Epidemic Diarrhea (PED), United States department of Agriculture (USDA)- http://www.aphis.usda.gov/animal_health/animal_dis_spec/swine/downloads/ped_tech_note.pdf

296. Strict biosecurity is the most effective measure to prevent the introduction and spread of the virus. This includes introduction of pigs of known health status; on-farm movement control of pigs, material and people; disinfection of vehicles and equipment; and appropriate disposal of dead pigs and slurry. The implementation and maintenance of high biosecurity programmes has been effective in controlling PED in endemic countries. The practice of “all-in-all-out” has proved effective in breaking the transmission cycle within a farm³².
297. Since PED started to be notified to the OIE, some countries have closed the events by declaring the disease endemic. However, in order to ensure transparency and to enhance our knowledge of the animal health situation worldwide, information on PED, and indeed on other emerging diseases declared stable, still needs to be captured by the OIE. Since the beginning of 2014, the obligation on notification of emerging diseases is specified and laid down separately in Article 1.1.4.³³ of the OIE *Terrestrial Animal Health Code*. In accordance with this article, “*the periodic reports subsequent to a notification of an emerging disease should continue until:*
- a) *the disease, infection or infestation has been eradicated; or*
 - b) *the situation becomes sufficiently stable; or*
 - c) *sufficient scientific information is available to determine whether it meets the criteria for listing.”*
298. Once a disease is declared endemic in a country, the epidemiological situation in the case of an OIE-Listed disease continues to be reported through six-monthly reports. This is not the case, however, with an emerging disease and, as the information is no longer provided, it cannot be shared with other Members. This could limit our ability to obtain a good understanding of the epidemiology and knowledge of the evolution of emerging diseases. The OIE encourages Member Countries to continue to provide the information on emerging diseases through follow-up reports in order to provide sufficient scientific information for our experts to determine whether these diseases meet the criteria to be OIE-Listed in future.
299. To facilitate the reporting of diseases by Member Countries, the OIE has developed new functions in WAHIS, namely the reporting of ***outbreaks by cluster*** and an ***upload function using a file in CSV*** format, which could be used when there are numerous outbreaks observed in a country.

4. Evaluation of the quality of the six-monthly reports for aquatic animal diseases submitted by Member Countries of the OIE Regional Commission for the Americas

300. Up to and including 2011, countries sent the OIE information for terrestrial animals and information for aquatic animals in the same six-monthly report. In 2012, the OIE World Animal Health Information System (WAHIS) introduced a separation between reports for terrestrial animals and reports for aquatic animals. Between 2005 and 2013, an average of 78% of Members of the OIE Regional Commission for the Americas provided information for aquatic animal diseases through their six-monthly report, with a stable trend, which is very positive. The Americas is a Region where countries provide a high level of information in comparison with the global figures: during the same period, an average of only 65% of OIE Members worldwide provided information on aquatic animal diseases. There are currently 28 OIE-Listed diseases and infections of aquatic animals.

³² OIE Technical factsheet, September 2014, http://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/A_factsheet_PEDV.pdf

³³ OIE *Terrestrial Animal Health Code* (2014), Volume I, <http://www.oie.int/en/international-standard-setting/terrestrial-code/access-online/>

301. As of 24 October 2014, 63% (19/30) of Member Countries³⁴ of the Regional Commission had submitted both six-monthly reports for 2013, and 33%³⁵ (10/30) had also submitted the six-monthly report for the first semester of 2014.
302. It should be emphasised that the Bahamas has not yet submitted any reports for aquatic animal diseases to the OIE, and no such reports have been submitted by Panama since 2011 or by El Salvador, Haiti and Venezuela since 2012. Moreover, the Dominican Republic and Suriname have not provided any information in their reports since 2005, neither has Guyana provided any such information since the second semester of 2007 nor Jamaica since 2010. These Member Countries are encouraged to update their animal health information provided to the OIE as soon as possible.
303. Aquatic animal diseases are of great importance for many countries of this Region. In 2012, aquaculture production in the Americas was 3,187,319 tonnes (4.78% of the world total production)³⁶. Among the biggest producers in the Region, Mexico notified the OIE of an annual production of 1,098,602 tonnes of fish in 2013, Chile produced 781,447 tonnes of fish and 204,845 tonnes of molluscs in 2013 and Brazil produced 707,889 tonnes of fish in 2013. Fisheries are also of great importance for the Region, with, among others, Brazil which extracted 814,565 tonnes of fish in 2013 and Canada which extracted 491,654 tonnes of fish and 325,171 tonnes of crustaceans in 2011 (the most recent figures provided to the OIE).
304. In their six-monthly reports, countries provide quantitative data for OIE-Listed diseases and infections present on their territory, including the number of susceptible animals, cases, deaths and animals slaughtered or destroyed. Countries can choose to report this information with various levels of detail, namely by month, by administrative division or, as recommended by the OIE, by a combination of these two parameters. Some countries are only able to provide the occurrence code for diseases (present, absent, etc.) without quantitative data.
305. The quality of six-monthly reports can partly be measured by the level of detail of the supplied data. For this analysis, Members of the Regional Commission that reported the presence of at least one disease or infection of aquatic animals in their six-monthly report have been included (average of 11 Members per semester). For each of these reports, the analysis takes into account the maximum level of detail provided. Thus, if several diseases or infections are reported present, it is the one with the highest performance in terms of detail that is taken into account in the analysis. On this basis, each report is assigned a score between 0 and 4 (see Table 1).

Table 1: Classification of the level of detail provided in the six-monthly report

| Level of detail provided | Score |
|--|-------|
| No quantitative data (occurrence code only) | 0 |
| Data by semester and for the whole country | 1 |
| Data by month and for the whole country | 2 |
| Data by semester and by administrative division | 3 |
| Data by month and by administrative division (format recommended by the OIE) | 4 |

³⁴ Argentina, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, French Territories in the Americas, Guatemala, Mexico, Nicaragua, Paraguay, Peru, United States of America and Uruguay

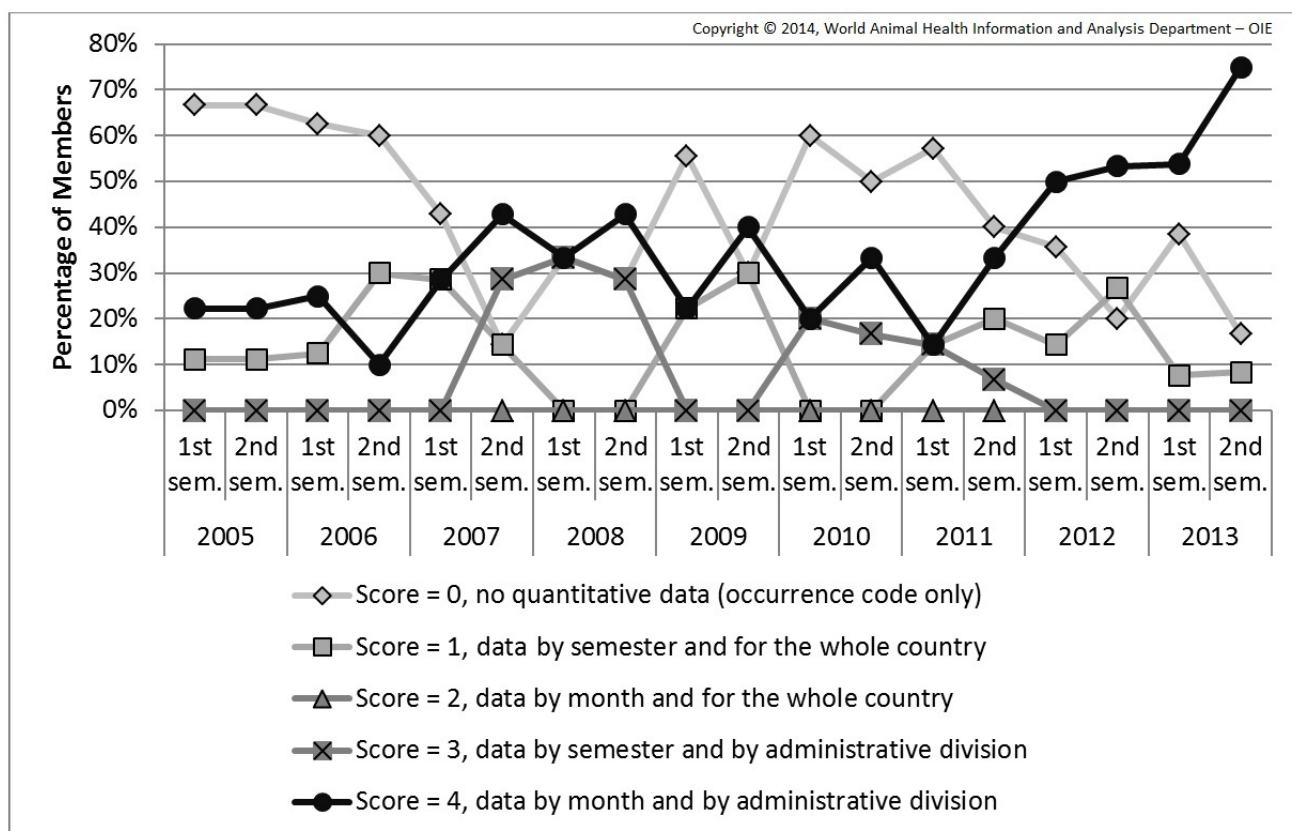
³⁵ Brazil, Canada, Costa Rica, Ecuador, French Territories in the Americas, Mexico, Nicaragua, Paraguay, United States of America and Uruguay

³⁶ FAO, "The State of World Fisheries and Aquaculture 2014", <http://www.fao.org/3/a-i3720e.pdf>

306. Figure 8 presents the percentage of Members of the OIE Regional Commission for the Americas assigned to each of the scores, by semester, for their reporting of aquatic animal diseases. As shown in Figure 8, there does not appear to have been any clear trend between 2005 and 2013, with irregular levels of detail provided for aquatic animal diseases. However, throughout the whole period, the highest percentage of Members (average of 43%) presented a score of 0, corresponding to the absence of quantitative data. These results may be explained by difficulties faced by National Focal Points for Animal Disease Notification in collecting quantitative information on aquatic animal diseases present in their countries and show that there is room for improvement regarding this topic.

307. Nevertheless, it is encouraging that the second highest percentage (average of 35%) was for Members presenting a score of 4, corresponding to a maximum level of detail. Moreover, during the last three years, the percentage of Members presenting a score of 4 significantly increased (from 14% to 75%), mainly at the expense of the percentage of Members presenting a score of 0, which decreased from 57% to 17%. Throughout the whole period, the average percentages for Members presenting scores of 1, 2 and 3 were 14%, 0% and 8%, respectively.

Figure 8: Percentages of Members of the OIE Regional Commission for the Americas that reported diseases or infections of aquatic animals present in their six-monthly reports to the OIE between 2005 and 2013, classified by the maximum level of detail provided



308. These results show an improvement since 2011 in the level of detail provided by Members in their six-monthly reports on aquatic animal diseases. Nevertheless, for the second semester of 2013, 17% of the Members of the Regional Commission were still not reporting any quantitative data in their six-monthly reports on aquatic animal diseases, and several countries have not provided any information on aquatic animal diseases for years.

309. In conclusion, although the results for the Americas Region are far better than the results of a similar analysis for the world as a whole (a large majority of countries/territories [i.e., an average of around 70%] did not provide quantitative data for aquatic animal diseases during this period), there is still room for improvement. The OIE encourages countries currently reporting the presence of diseases and infections of aquatic animals without providing quantitative data to increase the level of detail of the data provided. The OIE also encourages Delegates to nominate National Focal Points for Aquatic Animals and to provide them with access to WAHIS. Moreover, to help to improve reporting on aquatic animal diseases, the OIE informs Delegates that the possibility to include from 2015 WAHIS training for National Focal Points for Aquatic Animals during Regional Seminars is under study.

5. Evaluation of the impact of the turnover of National Focal Points for Disease Notification on reporting in Member Countries of the OIE Regional Commission for the Americas

310. National Focal Points for Disease Notification are appointed by their governments to assist the OIE Delegate and act as a direct contact point with the OIE World Animal Health Information and Analysis Department on matters relating to information on animal diseases. They are in charge, under the authority of the Delegate, of animal disease notification to the OIE. Focal Points are key players in ensuring optimal use of the online notification system. They thus act as information providers to the OIE and through the OIE to the rest of the world.

311. National Focal Points for Disease Notification to the OIE need to be efficient in gathering good quality information on both terrestrial and aquatic animal diseases as well as in the technical aspects of processing this information into WAHIS. The OIE has therefore set up training programmes to support the capacity building of the Veterinary Services by presenting to National Focal Points the required techniques for notifying diseases³⁷.

312. The OIE recommends that Member Countries ensure the stability of the National Focal Points for Disease Notification to the OIE, to keep their technical knowledge and enhance their experience and expertise.

313. The following analysis was performed to evaluate the impact of the turnover of National Focal Points for Disease Notification to the OIE on the quality of reporting.

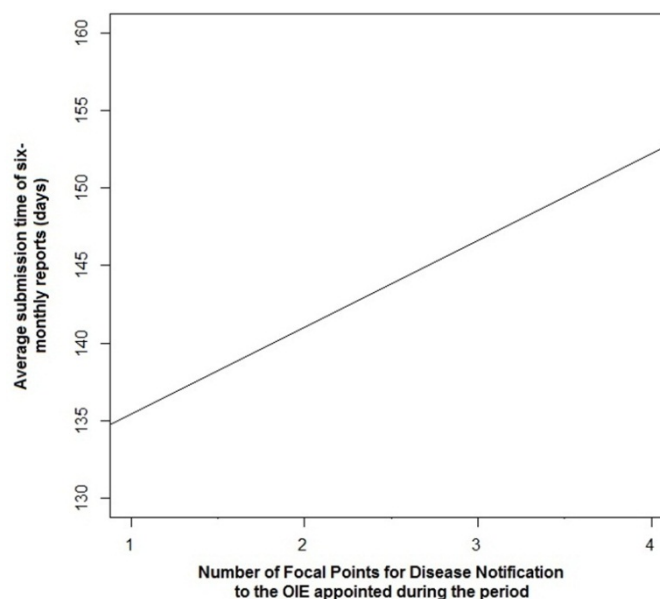
314. Measuring the quality of reporting is a complex process and ideally should take into account a range of parameters, including submission times, number of diseases for which information has been provided, level of detail provided, number of inconsistencies in the reports and any difficulties in communication with the country. These parameters are hard to measure and combine, in order to determine quality scores. However, since June 2014, the process of verification and validation of reports by the World Animal Health Information and Analysis Department has evolved and now includes systematic evaluation of these parameters for all reports. The Department should thus be able to provide more detailed evaluation of reporting quality as from 2015.

315. However, since this analysis covers the period between 2011 and the first semester of 2014, submission times of six-monthly reports were considered to be an indicator of the quality of reports, and no other parameter was used for this evaluation.

³⁷ Since 2005, five Regional Workshops for training on WAHIS for National Focal Points for Animal Disease Notification to the OIE have been conducted in the Region (Chile - January 2006; El Salvador - June 2006; Panama – October 2007; Argentina – July 2011; Paraguay – April 2013), as well as three Global Workshops on WAHIS for recently appointed National Focal Points for Animal Disease Notification to the OIE (OIE Headquarters: April 2008; October 2012; February 2014).

316. The countries considered were the Members of the OIE Regional Commission for the Americas. Territories of France in the Americas were considered as one, since it is the National Focal Point of France who submits the reports for these territories, usually at the same date. During this period, 11 Members appointed one Focal Point and maintained this appointment throughout the period, 10 Members appointed two different Focal Points during the period, seven Members appointed three different Focal Points and one Member appointed four different Focal Points. On average, eight new Focal Points were appointed each year in the Region, which is equivalent to an annual turnover of 26%. This regional turnover rate is similar to the annual global rate (24%), calculated for the same period.
317. The association between the number of different Focal Points for Disease Notification to the OIE appointed by their government during this period and the average time for submission of six-monthly reports was analysed by linear regression (Figure 9). It should be noted that one Member Country of the Regional Commission (Guyana) has not yet appointed a National Focal Point for Disease Notification to the OIE and was not included in the analysis. In this country, it is the Delegate who regularly submits information to the OIE. Moreover, one other Member Country of the Regional Commission (Bahamas) has not yet submitted its six-monthly reports to the OIE for the period analysed and could therefore not be included in the analysis.
318. As shown in Figure 9, linear regression suggests that the increase of average submission time in days is associated with an increased number of different National Focal Points for Disease Notification to the OIE appointed during the period (i.e. a higher turnover). The analysis revealed that the average submission time increased by 5.6 days per new Focal Point appointed in a given country during the period. In contrast, shorter submission times, as recommended by the OIE, were achieved by the countries that maintained the same National Focal Point for Disease Notification to the OIE throughout this period. The equation of the line was as follows: “submission time (days) = 129.824 + 5.592 x Number of National Focal Points nominated during the period”. The coefficient of determination (R²), giving the proportion of the variance (fluctuation) of one variable that is predictable from the other variable, of the simple linear regression model for the data set was 0.81146.

Figure 9: Linear regression line of average time for submission of six-monthly reports associated with the number of Focal Points for Disease Notification appointed during the period “2011 – first semester 2014” in Member Countries of the OIE Regional Commission for the Americas



319. Regarding the turnover of National Delegates in the Region between 2011 and the first semester of 2014, 11 countries appointed one Delegate and maintained this appointment throughout the period, eight countries appointed two different Delegates during the period, seven countries appointed three different Delegates, four countries appointed four different Delegates and one country appointed five different Delegates. On average, 10 new Delegates were appointed each year in the Region, which is equivalent to an annual turnover of 33%.
320. It should be noted that, in some countries with the highest turnover of Delegates during this period, appointments of National Focal Points for Disease Notification were nevertheless maintained for several years. This is very positive, since it means that the countries concerned were able to maintain for a number of years the technical knowledge that Focal Points had gained through experience and OIE WAHIS seminars.
321. Furthermore, in some of the countries with the highest turnover of National Focal Points, the Delegate remained the same throughout this period.
322. In conclusion, this analysis indicates that the annual turnover of National Focal Points for Disease Notification in the Americas Region during the last three and a half years was similar to the figure worldwide. Moreover, it shows that the turnover of Focal Points was not always linked to the turnover of Delegates in the Region. Lastly, these results clearly demonstrate the importance of Members maintaining continuity in the appointment of National Focal Points for Disease Notification to the OIE, as recommended by the OIE, in order to increase the quality of reporting.

Discussions

323. The Session Chairperson, Dr Nimia Lissette Gómez, Delegate of Dominican Republic, thanked Dr Paula Cáceres for her clear presentation.
324. Several Delegates, the Past President of the OIE and the OIE Regional Representative for the Americas all thanked Dr Paula Cáceres for her useful, first-rate presentation. The Regional Representative extended thanks to Dr Cáceres' team for its professional expertise and commitment.
325. The representative of Argentina said that the information provided on the health status of bees would allow progress to be made on beekeeping matters of great importance to the region, such as the establishment of a Collaborating Centre to analyse bee health issues.
326. The representative of the Delegate of Chile stressed the need to consider the ecology of the small hive beetle, whose larvae not only parasitize honeycombs but can also develop in certain fruits. This, coupled with their ability to fly, will facilitate the spread of this pest and make it more difficult to control. He also reported that nine countries in the region had agreed to form a South American network of diagnostic laboratories for avian influenza and Newcastle disease (RESUDIA) to build the diagnostic capacity of national laboratories, which should help to improve the information contained in avian influenza notifications.
327. The Delegate of Jamaica expressed concern over the fact that 35% of the food we eat is reliant upon pollination, meaning that a decline in the bee population could pose a serious problem for the continent. He called for the proposed committee to be used to identify the health problems threatening beekeeping and volunteered to be a member.
328. The Delegate of Ecuador underlined the importance of strengthening bee disease surveillance systems, saying that his country viewed pollination as a key factor in agricultural production and offering its support for establishing the committee.

329. The Delegate of Cuba added that his country had more than ten years' experience with integrated hive management to control bee diseases, including American foulbrood, European foulbrood and varroosis, without using chemicals. Regarding the small hive beetle, he stated that it had been identified in its adult stage without evidence of larvae in hives nor of clinical signs in the latter. He concluded that everything seems to indicate that a portion of the small hive beetle's life cycle occurs in fruits.
330. The Delegates of Costa Rica and Paraguay said that it was important for decisions and action to be taken at regional level for resolving regional bee health problems, and they supported the establishment of a regional committee. The Delegate of Guatemala suggested taking into account the operating cost of such a committee.
331. The Delegate of Haiti referred to the regional plan to eradicate rabies from the Americas and to his country's lag behind others, owing to the discontinuance of vaccination programmes, which had undermined the results achieved. He stressed the need to improve epidemiological surveillance in resource-poor countries to overcome the problem of under-reporting of cases. He said that his country had implemented a surveillance plan that had improved reporting rates significantly, which included building diagnostic capacity in three departments with the participation of the public and private sectors.
332. The Delegate of El Salvador described his country's efforts to control rabies, including by vaccinating dogs, but highlighted the problem of the common vampire bat, which travels long distances.
333. The Delegate of Barbados asked about the importance of primates in the epidemiology of rabies, to which Dr Alex Thiermann, President of the Terrestrial Animal Health Standards Commission, replied that there was no evidence that they play a major role.
334. The Delegate of the Dominican Republic asked for the maps used in presentations to be improved to show Caribbean countries in greater detail.
335. On another subject, the President of the OIE Regional Commission for the Americas pointed out that representatives of other OIE Regional Commissions had been invited to the current Conference of the OIE Regional Commission for the Americas. He thanked Dr Matthew Stone, Delegate of New Zealand and Secretary General of the OIE Regional Commission for Asia, the Far East and Oceania, and Dr Lucio Carbajo Goñi, Vice-President of the OIE Regional Commission for Europe, for attending.
336. Dr Stone thanked the President of the OIE Regional Commission for the Americas for giving him the opportunity to attend and to address the Conference. He extended greetings from the Delegate of the People's Republic of China and President of the OIE Regional Commission for Asia, the Far East and Oceania (AFEO), Dr Zhang Zhongqiu. Dr Stone referred to the AFEO strategic work programme, which focuses on participation in the OIE standard-setting process, building the capacity of Veterinary Services and coordination between members of the AFEO Regional Commission. He pointed to the similarities between the two regions' work programmes. He congratulated the Regional Commission for the Americas on its excellent coordination and its members' commitment, and in particular on the use of technology such as WebEx to improve communication and coordination.
337. On the subject of disease control programmes, Dr Stone commended the Regional Commission for the Americas for its excellent progress in controlling foot and mouth disease, and looked forward to a near future when it had been completely eradicated from the region. He referred to the major challenges posed by foot and mouth disease to his own region, which included basic epidemiology, surveillance to determine circulating strains and the role of livestock movement patterns in spreading the disease, building the capacity of Veterinary Services to conduct control programmes, and regional coordination of control activities. Australia, China, Japan, the Republic of Korea and New Zealand are donors to regional programmes to control foot and mouth disease, especially the South-East Asia and

China Foot and Mouth Disease (SEACFMD) Campaign. Rabies and peste des petits ruminants have also been identified as regional priorities.

338. Dr Stone congratulated the technical item speakers for the excellent discussions on such important issues. He stressed the importance of aquatic animal production in the AFEO region, as the production statistics presented by Dr Gallardo had shown so clearly. Like the Americas, climatic zones in the AFEO region extend from temperate to tropical, giving rise to diverse aquatic animal production, with its associated health problems. Dr Stone referred to the third OIE Global Conference on Veterinary Education, held in Brazil in December 2013, which he personally attended, adding that, since the conference, New Zealand had developed and implemented a veterinary education twinning project in the AFEO region.
339. Dr Stone cited global warming as a major ecosystem health problem linked to animal health. Improved animal health and productivity-induced growth are expected to increase agricultural emissions. New Zealand and the Food and Agriculture Organization of the United Nations (FAO) are co-sponsoring a study on the issue as part of the Global Research Alliance on Agricultural Greenhouse Gases established in 2009, whose Secretariat is currently hosted by New Zealand.
340. Dr Stone concluded by saying that the opportunity for regions to interact offered benefits to the OIE, its regions and Members, and he hoped that a representative of the Americas region would attend the next Conference of the OIE Regional Commission for Asia, the Far East and Oceania in Mongolia in September 2015.
341. The Delegate of Spain welcomed the invitation to attend the Conference and reported that the Conference of the OIE Regional Commission for Europe had worked on a survey on the Regional Commission for Europe's relationships and work, adding that one of the survey conclusions was that contacts between the Bureau and the various regional offices should be increased in order to convey the issues and programmes of greatest interest to the region. As another conclusion of the survey was that Member States were interested in exchanging information in the period between OIE regional conferences, he considered as highly apposite the invitation extended to the Delegate of New Zealand and himself to attend the current Commission meeting.
342. He also pointed to the future importance of the OIE and Veterinary Services, with particular regard to interaction with public health officials on zoonotic diseases to achieve the "One Health" objective, and to the need to properly handle the responsibility for organising Member Countries through their Veterinary Services, as well as the appropriate use of OIE standards on international trade, supporting the declaration of the Director General on the use of the OIE mediation procedure.
343. He concluded by informing the Regional Commission that the interest of the Spanish Ministry of Agriculture in collaborating with countries in the Americas on disease eradication had culminated in an agreement with the OIE that provided for hiring a veterinarian for the Buenos Aires office to assist with the programme for official endorsement of free status, for eradicating classical swine fever, and with any other matter relating to OIE objectives in the region.
344. The President of the OIE Regional Commission for the Americas thanked Drs Stone and Carbajo for attending the Conference and expressed his desire to strengthen such exchanges between the various OIE regions.
345. Dr Dubuc, Delegate of Canada, took the opportunity to say that her Delegation included a representative from the Public Health Agency of Canada. She underlined the importance of Veterinary Services forging links with public health authorities to address common challenges like antimicrobial resistance.

346. In response to Dr Dubuc's comment, Dr Márquez pointed out that the Bureau of the Regional Commission had proposed that Delegates invite their public health colleagues to attend the Conference.

Actions taken by Canada to control Porcine Epidemic Diarrhoea

347. The President of the Conference Dr Joaquín Braulio Delgado Álvarez invited Dr Martine Dubuc, Delegate of Canada, to present on the actions taken by Canada to control Porcine Epidemic Diarrhoea.
348. Dr Martine Dubuc began her presentation by reviewing the current PED situation in Canada. There have been very few reports of newly infected farms since May, 2014. The outbreak continues to be confined to 4 Canadian provinces with a total of 69 affected farms since the outbreak started in January, 2014.
349. She emphasized that Canada benefited from the preparedness activities undertaken when the outbreak began in the US in 2013. Canada took a pro-active risk management approach and implemented various actions in collaboration with external stakeholders, such as building laboratory testing capability and capacity, enhancing border controls, engaging the public and swine producers for disease awareness and promoting biosecurity.
350. Dr Dubuc commented that several key initiatives already in place before the outbreak, such as established on-farm bio-security standards, the availability of appropriate diagnostic tests and an effective swine health surveillance network all played key roles in Canada's ability to control PEDV.
351. She noted that Canadian investigators found epidemiological evidence, confirmed by a bio-assay study, which showed the likely source for most of the early cases in Ontario and for the single case in Prince Edward Island was swine pelleted feed containing a specific lot of spray dried porcine plasma imported from the United States of America. It remains unclear, however what role PEDV contaminated feed plays in the broader epidemiology of the virus.
352. She added that the results of the bio-assay work were recently published in the journal *Transboundary and Emerging Diseases*. A paper on the epidemiological investigation into the feed has been submitted for publication.
353. Dr Dubuc outlined the ongoing activities related to PEDV in Canada include maintaining biosecurity on-farm, cleaning of vehicles and controls at the border. Canada is also embarking on research studies to better understand the virus genome. Canada continues to keep OIE, and trading partners up to date and has adapted export certificates, as requested.
354. In looking at the global picture, she noted that Canada is not alone in experiencing outbreaks of this new strain of PEDV which emerged in China in 2010. Six other countries have reported PED outbreaks to OIE as an emerging disease in 2014 including the USA, Mexico, Dominican Republic, Colombia, Japan and Chinese Taipei. There was also a recent report of an outbreak of PEDV infections in the literature from Germany.
355. To conclude, Dr Dubuc highlighted a number of fora where information on the emergence of PED has been shared and stressed the need to continue to transfer knowledge to inform best practices for the control and prevention of the spread of PEDV.

Discussions

356. The Delegate of the United States briefly summarised the status of the disease in his country, pointing out that a steady decline in cases had been seen. He expressed concern over the fact that an increase had sometimes been observed in winter.
357. Dr Assad Heneidi, Focal Point of Mexico, said that, in response to cases that had occurred in 2013, Mexico established a common strategy to set up disease control mechanisms in the form of epidemiological surveillance and increased biosecurity measures, mainly for transport. He highlighted the joint work carried out with the producers concerned.
358. The Delegate of Brazil added that, following the outbreak of the disease on the continent, the Bureau of the Regional Commission had met to promote the production of a technical disease card by the OIE and to share information on the disease's transmissibility. He called on all countries to remain vigilant.

One Health concept: OIE approach and collaboration between the WHO and the OIE

359. The President of the Conference invited Dr Stéphane de La Rocque, OIE Animal Health Specialist, to present on the OIE approach to "One Health concept" including the collaboration between the WHO and the OIE.
360. Dr de La Rocque started his presentation by mentioning that experience gathered from the pandemic influenza crisis and other similar emergencies of major zoonotic infectious diseases had confirmed that collaboration between human and animal health systems was crucial to effectively manage their potential global spread.
361. He emphasised that human and animal health systems needed to be robust and to have sufficient capacities to ensure global health safety. He explained that, in order to be effective, they must work in close partnership to address common issues regarding early detection, assessment and rapid response, whilst respecting international standards.
362. Dr de La Rocque stated that the OIE and WHO are the intergovernmental organisations mandated to improve animal and human health, respectively, on a global scale; they assist countries with strengthening their capacities and improving their compliance under the normative frameworks of the international standards described in the *OIE Terrestrial Animal Health Code* and *Aquatic Animal Health Code* and the WHO International Health Regulations (IHR, 2005).
363. He then explained that the use of these normative frameworks had provided opportunities to engage human and animal health systems in a constructive and operations-oriented dialogue, exploring ways to improve their coordination. Stemming from this, significant results have recently been obtained and are in line with good governance principles. To support countries in improving their governance systems, the OIE and WHO have developed complementary tools to assess national capacities and to analyse gaps in their compliance with OIE international standards and the IHR (2005).
364. Finally, Dr de La Rocque said that the OIE and WHO had also conducted, with the support of the World Bank, an in-depth analysis of the differences and synergies between the frameworks and tools used in the two sectors. Joint WHO IHR/OIE PVS Pathway national bridging workshops offer a structured approach to help countries identify strengths and weaknesses and accordingly define concerted corrective measures and strategic investments. Participation in these workshops helps countries define national strategies targeting capacity building at the human-animal health interface and led to the publication of a guide entitled "OIE WHO Operational framework for Good governance at the human-animal interface: Bridging WHO and OIE Tools for the assessment of national

capacities”. This approach has been tested in pilot countries and will be included in future programmes undertaken by the OIE and WHO. It will contribute to globally promoting the importance of a One Health approach, while accelerating progress towards Global Health Security.

Discussions

365. Dr Dubuc, Delegate of Canada, congratulated Dr Stéphane de la Rocque and urged countries to request seminars on OIE PVS/World Health Organization International Health Regulations. She added that part of it was important for assessing food safety considerations. She said that countries could use both of the self-evaluation tools, pointing out that donor countries based their recommendations for support projects on the results of such evaluations.
366. Dr Gallardo described it as a holistic approach for coordinating the public health and animal health sectors.
367. Dr Vallat added that the OIE could support countries in collaboration with WHO/PAHO, in holding national seminars between the public health and veterinary sectors. He invited interested countries to send their requests for support to the OIE.

OIE PVS Pathway: current focus

368. The President of the Conference invited Dr Monique Eloit, OIE Deputy Director General, to describe the current focus of the OIE PVS Pathway.
369. Dr Eloit began with a brief update on the PVS Pathway tools: *OIE Tool for the evaluation of Performance of Veterinary Services* (OIE PVS Tool) and *OIE Tool for the Evaluation of Performance of Veterinary Services and/or Aquatic Animal Health Services* (OIE PVS Tool: Aquatic), together with their various components.
370. She noted that the PVS Pathway is based on the international standards in the *OIE Terrestrial Animal Health Code* and *OIE Aquatic Animal Health Code*, pointing out that both codes are evolving all the time, as are the two OIE PVS tools.
371. She went on to discuss the OIE’s PVS Gap Analysis tool and its new version, published in 2013. She explained that a PVS Gap Analysis is a cost estimation tool to facilitate provisional calculations for preparing an indicative annual budget or extraordinary budget, where warranted.
372. Referring to the “treatment” stage in the PVS Pathway, Dr Eloit said that, as a result of needs identified in the various PVS Gap Analyses, in 2013 the OIE had, for the first time, published the OIE PVS Tool component for evaluating laboratories. She added that a message had been sent to all Delegates informing them of the publication of this new component and pointing out that many countries had expressed an interest in receiving a laboratories mission.
373. Dr Eloit also referred to the OIE Veterinary Legislation Support Programme (VLSP), which had been launched in 2010, noting that legislation missions are performed as a follow-up to an evaluation of performance of Veterinary Services using the OIE PVS Tool, at the request of any Member that so desires. She reported that the initial tool was being revised and that a second edition was planned for early 2015.
374. She also discussed the *OIE recommendations on the competencies of graduating veterinarians (‘Day 1 graduates’) to assure national Veterinary Services of quality*, adding that, to help Member Countries implement the recommendations, the OIE planned to publish a guide to twinning projects in this field, based on the same principles as *A guide to OIE certified laboratory twinning projects*.

375. She commented on the *Guide to veterinary statutory body twinning projects*, which are key to the excellence of the veterinary profession and to enhancing the quality and expertise of veterinarians.
376. She went on to describe PVS missions implemented worldwide, listing countries that had not yet requested a mission but had shown an interest in the OIE PVS Tool and had asked the OIE to train their Veterinary Services in its use.
377. As regards OIE PVS evaluation missions of Aquatic Animal Health Services, Dr Eloit said that few countries had requested one to date. She urged Delegates from the region to take advantage of OIE PVS Tool: Aquatic and to request an evaluation of their Aquatic Animal Health Services.
378. She also provided details of PVS Gap Analyses and displayed a chart showing PVS evaluation and Gap Analysis missions conducted up to early 2014. She pointed out that most countries had requested and received such missions and were now working on further PVS Pathway activities, including PVS follow-up missions.
379. Regarding the status of legislation missions, Dr Eloit underlined that the biggest beneficiary of such evaluations was the Africa region. However, she acknowledged that countries in the Americas had also benefitted, in particular members of the regional plant protection and animal health organisation, OIRSA, which had requested training in 2013.
380. She then gave a brief update on twinning projects between veterinary education establishments and those between veterinary statutory bodies.
381. She also provided details on PVS follow-up missions, listing countries in the region that are eligible to request such an evaluation.
382. Finally, she stressed the importance of special training on the PVS Pathway, which the OIE can provide to interested Member Countries. She cited the training course held in Buenos Aires (Argentina) in June 2014 for member countries of the Permanent Veterinary Committee of the Southern Cone (CVP). She said that Canada had made an official request for training in 2015 and she was pleased to report that a number of developed countries had already received training, beginning in 2011 with those in the European Union and joined more recently by Australia and New Zealand.
383. Dr Eloit noted that, with nearly 300 missions to date, the OIE PVS Pathway had earned recognition not only from the OIE's Member Countries but also from its partners, facilitating the development of important related initiatives.
384. As an example, Dr Eloit cited the Global Health Security Agenda (GHSA), which is a global initiative to ensure a world safe and secure from infectious disease threats and to promote global health security as an international security priority.
385. Referring to the OIE's role in GHSA, Dr Eloit explained the OIE's five unique platforms that are both essential and available to contribute to a successful GHSA: OIE international standards on disease prevention and control methods; the OIE World Animal Health Information System (WAHIS); the OIE global network of 296 Reference Laboratories and Collaborating Centres and more than 1,300 national focal points; the OIE PVS Pathway to improve performance of Veterinary Services; and joint World Health Organization (WHO)/OIE national workshops to facilitate better cooperation and strategic planning between public health and animal health services.

386. Still on the subject of initiatives relating to the OIE PVS Pathway, Dr Eloit cited seminars on good governance at the human-animal interface, which bridge WHO and OIE tools for the assessment of national capacities of both Veterinary Services and Public Health Services.
387. As the OIE had seen the great value of the PVS Pathway, she reported that it proposed to publish regular articles in the OIE *Bulletin* describing Member Countries' success in implementing the PVS Pathway. These articles will measure the rate of success and satisfaction with implementing the PVS Pathway, which would be impossible without the support of donors.
388. She announced that all Member Countries would soon be receiving a questionnaire to assess the impact of the OIE PVS Pathway, gauge satisfaction and capture success stories in order to document and demonstrate its value in enhancing the quality and performance of national Veterinary Services.
389. Dr Eloit concluded her presentation by saying that the OIE was strongly committed to the PVS Pathway and that synergies with partners had raised its profile significantly. She said that the OIE invited Member Countries to progress further with the PVS Pathway, in particular through PVS follow-up evaluations. She also underlined the importance of capturing success stories and invited Delegates to complete the questionnaire to be sent shortly.

Discussions

390. The Delegate of the Dominican Republic reported that her country had completed a PVS evaluation, a Gap Analysis and a legislation mission. Nevertheless, she was concerned to note that her country had not taken full advantage of the Gap Analysis results. She urged the OIE to guide Member Countries to make better use of results. She also reiterated the request for a seminar similar to the one held for member countries of the Permanent Veterinary Committee of the Southern Cone (CVP).
391. The CVP representative thanked the OIE and Regional Representation for their support in setting up the team to evaluate and monitor the strengths and weaknesses of CVP member countries' Veterinary Services, by providing training to over 40 officials and support and follow-up for other evaluations. He reported that the CVP had undertaken to conduct self-evaluations of all its member countries every two years.
392. The Delegate of Canada congratulated Dr Monique Eloit, saying that Canada had decided, as a federation, to improve its understanding of the OIE PVS Tool. She confirmed that a training course was scheduled in March 2015 for all the organisation's chief veterinary officers, at both central and provincial levels, as well as those of Health Canada, in order to learn about the process and invite industry to become involved. She pointed out that it was a first step in a long process and was optimistic to see the willingness on the part of provinces.
393. The Delegate of Haiti reported on his country's success with using the OIE PVS Tool, Gap Analysis and veterinary legislation support, which had enabled Haiti to benefit from an Inter-American Development Bank (IDB) project to initiate the modernisation of Veterinary Services and update an animal health code and its respective regulations. He said that it had been a very good experience and hoped that the programme would be implemented so that a new PVS Evaluation follow up could be requested in a couple of years to measure progress.

Impact of the OIE Capacity Building Programme on the relationship between the OIE Delegates and the OIE National Focal Points

394. The Conference Chairperson, Dr Joaquín Braulio Delgado Álvarez, invited Dr Mara Gonzalez, Deputy Head of the OIE Regional Activities Department, and Dr Martin Minassian, Technical Assistant at the OIE Regional Representation for the Americas, to present the impact of the OIE capacity-building programme on the relationship between OIE Delegates and National Focal Points.
395. Dr González began by providing general background information on the creation of the first National Focal Point whose role was to assist Delegates in collecting animal disease information and submitting it to the OIE, as well as to serve as the country's contact point with the OIE Animal Health Information Department. She explained that the success of this experiment had led to the creation of a further seven categories of Focal Points, tasked chiefly with supporting OIE Delegates in the process of setting standards and incorporating them into national legislation.
396. Dr González divided the terms of reference for OIE Focal Points into three main groups: those for Focal Points tasked with supporting their OIE Delegate in the standard-setting process, which are common to all eight focal point categories; those for Focal Points supporting animal disease notification to the OIE, which pertain to three focal point categories; and those for specialists, which pertain to only one focal point category.
397. She went on to describe OIE efforts to build the capacity of Focal Points in compliance with their respective terms of reference, with the Americas region ranking second for the number of training seminars held, thanks to the efforts of donors, the OIE and seminar host countries.
398. She added that these efforts, in both the Americas and other regions, had led to discussions within the OIE on how to take on board lessons learned and ensure continuous improvement of the global training programme. Dr González said that the Americas region had recently conducted a survey to assess compliance with the terms of reference regarding the OIE standard-setting process.
399. Dr Martin Minassian, Technical Assistant at the OIE Regional Representation for the Americas, presented the survey results.
400. Dr González concluded her presentation by describing past and planned OIE actions to improve the global capacity-building programme, as well as initiatives to strengthen the relationship between Focal Points and OIE Delegates and to enhance the role of Focal Points in helping OIE Delegates to exercise their rights and ensure that their countries discharge their obligations as OIE Members.

Discussions

401. Dr Mark Trotman, Delegate of Barbados, asked if it was permitted to nominate a Focal Point other than the public sector but belonging to the private sector.
402. Dr González replied that the nomination of Focal Points was the Delegate's prerogative. Nevertheless, she stressed that it was important to consider the possibility that nominating an official from outside the official Veterinary Service might lead to a conflict of interest when it came to expressing views. She encouraged the nominated Focal Point to rely on national networks.
403. Dr Barcos said that it is the Delegate who has the power to appoint the Focal Point and that the OIE accepts Delegates' nominees.

404. Dr Delgadillo said that all Mexico's Focal Points were present at the Conference and explained that while one – the Focal Point for animal welfare – did not belong to the Veterinary Service (being from the academic sector), he nevertheless maintained close collaboration and excellent communication.

Presentations by international and regional organisations

Food and Agriculture Organization of the United Nations (FAO)

405. Dr Nuria Urquia, FAO Representative, presented the following statement :

“The FAO works alongside and in synergy with the OIE with the shared aim of preventing and eradicating animal diseases, thereby contributing to world food safety. Collaboration between the FAO and the OIE is particularly close in their joint struggle to eradicate foot-and-mouth disease, by adhering to the Global Framework for the progressive control of Transboundary Animal Diseases (GF TADs). The FAO's priority is to support countries in their efforts to prevent and eradicate Classic Swine Fever (CSF), New World Screwworm (NWS), and rabies using the comprehensive approach referred to in the ONE HEALTH vision in close collaboration with the OIE and the WHO/PAHO and coordinating with other regional international organisations including COMEXA, COPEG, and OIRSA. The FAO proposes to develop a joint agenda with the OIE in areas such as health education, strengthening animal health governance, eradicating classic swine fever and brucellosis in Central America”.

Discussion

406. Dr Luis Barcos highlighted the coordinated work of activities in the region between FAO and OIE.

American Poultry Association (ALA)

407. Dr Miguel Márquez, Coordinator of the Scientific and Technical Committee of the Latin American Poultry Association (ALA), began by explaining that ALA's Scientific and Technical Committee had been founded in 2001 to provide to poultry producers in ALA member countries with technical and scientific guidance and assistance in the control and treatment of poultry diseases and the prevention of outbreaks, epizootics and zoonoses (which in the past had included avian influenza, Newcastle disease and avian salmonellosis), as well as in a wide range of other areas, such as food safety and animal welfare, within the “One Health” framework.
408. He also reported that the Scientific and Technical Committee was involved in animal husbandry and production based on the principle of providing healthy and accessible food “from farm to fork”.
409. He explained that the Scientific and Technical Committee worked through an Executive Committee of experts from the four Latin American regions: Mexico; Central America and Caribbean; Andean Region; and expanded MERCOSUR. He said that they met online regularly and at face-to-face meetings twice a year. He added that the Executive Committee reported to the Steering Committee and the Assembly of ALA Delegates, which provided it with a legal framework and full support for its operation.
410. Dr Márquez concluded by saying that, through its members, ALA represented 28 Latin American and Caribbean countries and referred private-sector representatives to the Inter-American Committee on Avian Health (CISA). He added that ALA published an online newsletter for poultry producers, called ALA Noticias CTC Informa.

American Committee on Veterinary Medicines (CAMEVET)

411. Dr Enrique Argento, Secretary of the Committee of the Americas for Veterinary Medicines (CAMEVET), gave a brief overview of CAMEVET, explaining its composition, objectives and operation.
412. He said that CAMEVET's objectives included harmonising standards and procedures for the registration and control of veterinary medicines and supporting government agencies responsible for veterinary medicine registration and control, in order to ensure: the composition, purity and identity of products; that products will have the desired effect; and that they are harmless to animals, users and consumers.
413. He added that CAMEVET's objectives also included: ensuring communication and the exchange of technical information between the government and private sectors; training its government and private-sector members; organising and participating in annual seminars and conferences; and forging links with international organisations.
414. On the subject of veterinary products, Dr Argento said that they were one of the main goals of veterinary science, facilitated compliance with animal health standards for trade in animal products, and formed part of the food chain.
415. Dr Argento concluded by describing CAMEVET's proposals to its members, which included: active participation by OIE Member Countries in the Americas; strengthening the areas of veterinary product registration and control; and submission of harmonised documents.

Caribbean Animal Health Network (CaribVET)

416. Dr Mark Trotman, Delegate of Barbados in representation of the Caribbean Animal Health Network (CaribVET), made a brief presentation covering the mandate, current animal health issues and perspectives of this Network.
417. He presented the Network as a collaborative network of Veterinary Services, Regional and International Organizations, Universities and Research Centres, with the mandate of improving animal health and veterinary public health. Dr Trotman informed that the Network was made of six Working Groups, a Coordination Unit and a Steering Committee currently involving a total of 130 professionals. Also, he referred to the communication strategy which comprises scientific publications, a trilingual website, information bulletins, newsletters, and also social media.
418. Dr Trotman added that the current activities of the Network involve the preparedness for animal health events through the training of professionals, strengthening of disease surveillance and control activities, and the development of tools and protocols for supporting the Veterinary Services. He commented that the current focus has been set on the emergence of Porcine Epidemic Diarrhea (PED), which has been considered as a major animal health threat for the Caribbean. Also, the current work on an Experts database and the Laboratories Database (in liaison with the Regional Representation for the Americas) were presented.
419. Finally, the challenges and future actions for the Network were presented, with the major ones being the need of institutional, financial and human resources support. Regarding the perspectives, DR Trotman presented the future revision of diseases priorities, the reinforcement of the quality management of Regional Networks through a performance indicator, the assessment of a cost-benefit analysis of CaribVET, and the establishment of the CaribVET Headquarter/Secretariat in Guadeloupe.

European Commission (EC)

420. Dr Moritz Klemm, veterinary officer of the European Commission responsible for relations with the OIE, highlighted the recent and ongoing activities under the European Union – DG SANCO programme Better Training for Safer Food (BTSF) in the region. The "BTSF World" programme (2013-2016) includes Animal Health and Welfare, as well as Food Safety and Plant Health activities benefitting government officials both in Central America and the Caribbean, and in South America. The programme includes various regional workshops and sustained training missions, with the overall objective to strengthen capacities of veterinary services and their understanding of EU legislation in this field, contributing to safe trade and enhancing cooperation in the SPS area.

Veterinary Committee of the Southern Cone (CVP)

421. Dr Julio Urzua, Technical Secretary pro tempore of the Permanent Veterinary Committee of the Southern Cone (CVP) for 2014, briefly presented the activities of the CVP, which comprises the Veterinary Services of Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay and plays an active role as a regional entity for its Veterinary Service members.
422. Dr Urzua explained that one of CVP's main tasks had been to coordinate regional activities in support of national actions by individual Veterinary Services. He pointed to: CVP's work with the OIE, which had led to the establishment of high surveillance zones under the MERCOSUR foot and mouth disease-free action plan (PAMA); joint actions with the Pan American Foot and Mouth Disease Center (PANAFTOSA) of the World Health Organization's Pan American Health Organization; and other projects, including the establishment of a sub-regional strategy for preventing the entry of avian influenza into CVP member countries – a strategy that was adopted for the entire Americas region, following joint work with the OIE and the Inter-American Committee on Avian Health (CISA).
423. He went on to describe some of the CVP's most important activities over the two years since the OIE Regional Conference for the Americas in Barbados: coordination with one or more countries, where animal disease or food safety events were addressed as a regional problem whose the solution required a CVP forum; and its activities under PAMA, a plan that has come to an end but on which the CVP continues to work with PANAFTOSA on phase two to strengthen and deepen a number of actions deemed crucial to maintaining the animal health status already achieved, which could even culminate in foot and mouth disease freedom without vaccination.
424. He also highlighted CVP activities conducted as part of its work to strengthen Veterinary Services, which comprised two main components: a mechanism to systematically evaluate the performance of Veterinary Services, which the CVP designated as the OIE PVS Tool; and training for a team of skilled professionals to implement this mechanism, to be composed of experts from all CVP member countries. He reported that the OIE had held a training course for experts on the OIE PVS Tool, which was attended by 42 professionals from the six CVP member countries. He added that four OIE PVS missions had been conducted to date, with CVP experts trained in the OIE PVS tool present as observers in three of the missions.
425. Dr Urzua also detailed actions by CVP *ad hoc* groups and committees.
426. Dr Urzua concluded by mentioning a joint publication by the Inter-American Institute for Cooperation on Agriculture (IICA) and the CVP containing an assessment made at an international seminar to mark the CVP's tenth anniversary, which recognised the CVP's key role as an animal health governing body for its Veterinary Service members.

Inter-American Institute for Cooperation on Agriculture (IICA)

427. The IICA representative shared information about some of the activities performed during 2014. He highlighted the hemispheric activities related to the control of trichinella, tuberculosis and brucellosis, and highlighted the following activities at the regional level:

- In North America, presentations on the subject of animal health and food safety.
- In Central America, a feasibility study for the Productive Adjustment Programme for the bovine livestock production in Nicaragua; training in the management of animals in disasters; review of the Central American technical regulations in the dairy sector.
- In the Andean region, validation of the good practices guideline for livestock production in Ecuador; Workshop on Good Agricultural Practices (GAP) and Certification Systems in Venezuela; and implementation of a group traceability system for beef in Bolivia.
- In the Southern Cone, meeting on technical cooperation with the Southern Cone Standing Veterinary Committee (*Comité Veterinario Permanente del Cono Sur - CVP*). In Paraguay: Training Workshop on Basic Epidemiology for Audits; development of the Manual of good practices for animal production in farms and signature of the SENACSA- IICA Letter of Understanding to consolidate the free status of FMD; and training on the management of Integrated Production Farms (GPI).
- In the Caribbean, discussion forums on antimicrobial resistance and a Workshop on participatory analysis for quality improvement in the poultry industry were organized.

Regional International Organization for Animal and Plant Health (Organismo Internacional Regional de Sanidad Agropecuaria [OIRSA])

428. Dr Luis Alberto Espinoza Rodezno, the Regional Animal Health Coordinator of OIRSA, described the main activities carried out by the organization during 2013 and 2014. The activities included:

- Coordination of the online course on cross-border animal diseases with USDA, IICAB, Iowa State University
- Funding of 22 professionals from the countries to attend the 15th International course on cross-border animal diseases, Plum Island. 29 March – 12 April 2014
- Regional Veterinary Legislation Project (STDF/PG/358) – Fund for the Application of Standards and Promoting Trade (STDF) and support from the OIE and the FAO
- Finalisation of bovine brucellosis and tuberculosis prevalence studies in Central America; with support from the FAO
- Funding and technical follow-up of classical swine fever, control phase in Guatemala; financial support – epidemiological surveillance in countries self-declared as CSF-free
- Contingency planning for Acute hepatopancreatic necrosis disease (AHPND) in Honduras and field simulation exercise in Nicaragua. Drawing up an epidemiological surveillance manual and contingency plan for controlling and eradicating AHPND
- Exercises in response to the appearance of avian influenza, classical swine fever and *Aethina tumida* in Nicaragua and Guatemala.
- Financial support for the Emergency Health Program in response to the appearance of *Aethina tumida* in El Salvador
- Drawing up a prevention plan to deal with the highly pathogenic H7N3 strain of avian influenza for Central America, updating the contingency plan and support for surveillance in Belize and Guatemala

- Training in good animal welfare transport and slaughtering practices
- Drawing up a Practical Guide to good practices in the use of veterinary medication and a manual on withdrawal periods for worming products
- Coordination with Mexico in drawing up the Action Plan for the Laboratory Network of Central America;
- Traceability project.

Veterinary Public Health Program of the Pan American Health Organization Pan American Center for Foot and Mouth Disease (PANAFTOSA)

429. Dr Manuel Sanchez, Representative of PANAFTOSA, informed that PANAFTOSA was an OIE Collaborating Centre for Veterinary Public Health, integrated by professionals who combine experience in animal and public health, being an example of the application of the One Health concept in technical cooperation.
430. He highlighted that PANAFTOSA has contributed and continue to contribute to the fight against FMD in the Region, both by direct technical cooperation and supporting the diagnosis of vesicular diseases. Furthermore, PANAFTOSA leads regional strategies that contribute to the improvement of animal and public health and to strengthen food safety in the Region. Examples include the contribution to the surveillance and control of zoonotic diseases, to the strengthening of the capacity of food laboratories, to the containment of antimicrobial resistance and to the implementation of food safety systems based on risk.

World Animal Protection (WAP)

431. Dr Joe Anzuino, Veterinary Liaison Manager, gave an overview on the World Animal Welfare's main 4 programme areas comprising: Dog Population Management; Humane and Sustainable Agriculture; Disaster Management and Wildlife.
432. He provided details on the areas of particular interest to the region including details on the resources available in Spanish for developing competency in animal welfare and to support local and national rabies vaccination and dog population management programmes. He also presented a case study in silvopastoral production in Colombia that showed how production and welfare can be improved together.
433. Dr Anzuino explained the involvement of the World Animal Protection in the current Transatlantic Trade and Investment Partnership negotiations to ensure animal welfare standards are prioritised. He gave details on the new Animal Protection Index (API) to be launched in November 2014, along with an official API interactive internet site.
434. Finally, Dr Anzuino acknowledged the World Animal Protection's 50 years' service in helping animals caught in disasters which first started with a rescue of 10,000 animals caught in a flooded dam in Suriname in 1964.

Discussion of recommendations 1 and 2

435. Draft Recommendations 1 and 2 on the Conference's two technical items were presented to the participants and put forward for discussion. Some amendments were proposed to both draft recommendations, which will be corrected immediately and presented for final adoption at the Friday session.
436. Dr Vallat reminded the Delegates that the recommendations adopted at the Conference will be presented for adoption by the next World Assembly of Delegates in May 2015, making it binding on the OIE to implement these recommendations.

Date, venue and selection of the technical item for the 23rd Conference of the OIE Regional Commission for the Americas

437. The President of the Commission asked the Delegates present whether any country wished to host the 23rd Conference of the OIE Regional Commission for the Americas.
438. The Delegate of Bolivia expressed his country's desire to organise the next Conference, to be held from 14 to 18 November 2016.
439. The proposal of Bolivia was adopted unanimously.
440. Costa Rica expressed his country's desire to organise the 24th Conference in November 2018.
441. It was explained that, as is customary, one of the technical items will include responses by Members of the OIE Regional Commission for the Americas to a questionnaire to be prepared on a specific item. This item will be decided at the next meeting of the OIE Regional Commission for the Americas to take place during the OIE General Session in May 2015. The other item will be on a topical issue to be proposed by the Regional Commission and approved by the Regional Commission at the OIE General Session preceding the Conference, that is to say, the May 2016 session. This item will not include a questionnaire.

Thursday 13 November 2014

Technical and cultural visit

442. The participants enjoyed the technical and cultural trip organised by the host country. They expressed their gratitude to the trip's organisers for the warm hospitality.

Friday 14 November 2014

Selection of potential candidates for May 2015 elections³⁸

443. On Thursday 13 November 2014, the Delegates of the 24 countries attending the 22nd Conference of the OIE Regional Commission for the Americas met to select potential candidates for the various OIE positions to be proposed at the May 2015 elections during the General Session.
444. Selection of potential candidates was done based on the guide previously provided to all Delegates by the OIE Council in order to orient them for the elections planned to be held during the World Assembly.
445. A vote counting board, comprising the Delegates of Haiti, Venezuela and Costa Rica, was established. The list of potential candidates was communicated to all participants during the session on Friday 14 November (see attached documents).

³⁸ The OIE Headquarters delegation reminds that the selection of potential candidates before the official elections during the General Session is not part of the organisation's official rules. It was an independent initiative of the Regional Commission.

Adoption of the Draft Final Report and Recommendations 1 and 2

446. Dr Bernard Vallat explained the procedures to adopt the report of the Conference as well as the recommendations. The Delegates are allowed to comment or make suggestions which are taken into account during the Conference, but additional comments on the report, received by 30 November 2014 at the OIE Headquarters, will also be considered. However, the recommendations need to be adopted during the session and cannot be changed later on.
447. The report was adopted with few minor amendments.
448. Recommendations 1 and 2 were also adopted.

Final discussions

449. Dr Nimia Lissette Gómez, Delegate of the Dominican Republic, congratulated and thanked the Government of Mexico and the OIE for the excellent organisation of the conference. She went on to express her concern that, in the upcoming regional elections, consideration should be given to choosing representatives on the grounds of technical expertise and not solely for political reasons. She also felt that inadequate speaking time was allocated to the regional and international organisations that travel to OIE Regional Conferences. She ended by questioning the high cost that countries had to pay to apply for recognition of disease freedom.
450. In response to the concerns of the Delegate of the Dominican Republic, Dr Bernard Vallat, Director General of the OIE, said that he had attended more than 30 Regional Conferences during his term in office and that it was the very first time that a region was holding selection of potential candidates to help select candidates for nomination at the General Session. He reminded Delegates that one of the objectives of Regional Conferences was to enable the region to adopt a common vision that meets the interests of the Americas as a whole and not just the countries' individual interests.
451. Dr Vallat explained that the candidates shortlisted by the region would be put forward to the Council, which would analyse each candidacy individually and give its opinion. He said that this would try to make the elections less political and would ensure that nominations are based mainly on technical expertise.
452. Dr Vallat stressed that the OIE was above all a technical and non-political institution. He urged Members from the region not to overlook such a decisive factor in fulfilling the Organisation's mission, adding: "We need technical people to protect animal health worldwide."
453. With regard to the limited time allocated for presentations by international organisations, the OIE Director General replied that, while he appreciated that 5 minutes was not enough time to present all their activities in detail, the agendas of the Regional Conferences were already quite heavy, making it very difficult to give the organisations more time for their presentations. He pointed out that the organisations' representatives had three conference days in which to share their experiences and explain their activities to participants.
454. With regard to payment for applying for recognition of Member Countries' animal health status, he said that the OIE was the only organisation that had rules to reduce the cost for those considered by the United Nations to be the world's poorest countries.

Closing ceremony

455. Dr Guilherme H. Figueiredo Marques, Delegate of Brazil and President of the OIE Regional Commission for the Americas, read out thanks to the host country on behalf of the OIE Regional Commission for the Americas, the Director General and the participants.
456. Dr Miguel Ángel Azañón, Delegate of Guatemala and Vice-President of the OIE Regional Commission for the Americas, thanked the Government of Mexico for providing the conference participants with such an excellent welcome and pleasant stay. He also thanked the OIE team for its support in organising the event and for the excellent documents it had prepared. He ended by wishing the participants a safe journey home.
457. Dr Luis Barcos, OIE Regional Representative for the Americas, congratulated Mexico on its excellent organisation and the Delegates on their active participation. He said that the OIE would keep striving to facilitate the participation of all Member Countries in the Regional Conferences.
458. Dr Karin Schwabenbauer, Delegate of Germany to the OIE and President of the World Assembly of OIE Delegates, said that she had been agreeably surprised by the region's active participation and commended the Delegates on their lively discussions, which she was certain had provided an excellent opportunity to discuss areas of mutual interest and raise issues of common concern.
459. Dr Bernard Vallat welcomed the active participation of all the Delegates during the conference week, leading to some lively and productive discussions that would certainly benefit the region. He added that this was the last Conference of the OIE Regional Commission for the Americas that he would be attending, as he had decided not to run for the position of Director General in the May 2015 elections. He said that the Americas was a highly active region and he had always admired its special energy.
460. Dr Vallat declared that the conference was a great success, both at technical and organisational levels, and he thanked the Government of Mexico for its excellent organisation and for liaising closely with the OIE during the preparations for the event. He emphasised that, once again, Mexico had been a gracious host and its people had been kind, friendly and helpful.
461. He praised his OIE team for its active and fruitful participation in the organisation and during the conference, as well as for its assistance to the Government of Mexico in making the conference a success.
462. He ended by thanking all OIE's donors – especially Mexico – for their ongoing support, which had enabled the Organisation to carry out its various activities.
463. Dr Joaquín Braulio Delgadillo Álvarez, Delegate of Mexico to the OIE, commended the participants for their lively discussions and thanked the speakers for their interesting presentations. He said that it had been Mexico's pleasure to host the 22nd Conference of the OIE Regional Commission for the Americas and to welcome representatives from across the region to Guadalajara. He thanked the Mexican team for its excellent coordination of the event, making special mention of the work of staff from Mexico's National Health, Food Safety and Agrifood Quality Service (SENASICA). He thanked the National Focal Points for their active participation and the OIE secretariat for its excellent work in ensuring the conference's success.
464. Dr Delgadillo Álvarez concluded by thanking everyone who had helped to make it a success and declared the 22nd Conference of the OIE Regional Commission for the Americas officially closed at 11:30 am.

Appendices.../...

Speech of Dr Joaquín Braulio Delgadillo Álvarez
OIE Delegate of Mexico
22nd Conference of the OIE Regional Commission for the Americas
Guadalajara, Mexico – 10-14 November 2014

Good morning everyone, delegates, dear friends, distinguished personalities who are here with us in the presidium. As the World Organisation for Animal Health's Delegate for Mexico, I am highly honoured to welcome you and offer you a sample of the hospitality and warmth with which Mexico greets its visitors. Personalities who are as distinguished as those present, always have a very positive influence on the animal health events promoted by the OIE.

Mexico has stepped up its efforts to participate in the OIE in recent years, to acquire the tools it requires to strengthen its veterinary services, animal health and the safety of the animal-based foodstuff that is served at Mexican tables. It is a great pleasure for us to be hosting an event of this nature.

This is the fourth time that Mexico is organising the regional conference, and as in 1962, when the regional meetings started – and there have now been 22 of them to date – Mexico is hosting this OIE meeting with even greater enthusiasm.

Our involvement with OIE has increased and in the laboratories support for health strategy in Mexico has been sought, incorporating the OIE reference laboratories. I have taken the liberty of inviting Mexico's eight focal points, the managers of the OIE-accredited national reference laboratories and our collaborating center. Together in a fraternity with Chile and Uruguay they form a stronghold of animal welfare value for Mexico.

I am honoured that we have with us here today, Dr Bernard Vallat, to meet the working agenda, drawn up from the highest echelons of the OIE. I thank him for regarding Mexico as the host of these sessions. I welcome Dr Luis Barcos, the esteemed Dr Guilherme Figueiredo and Dr Karin Schwabenbauer as you reflect Mexico's resolve to work within the framework of transparency and trust that are essential for increasingly dynamic and health safety-driven international trade.

Accordingly, I extend a cordial and respectful greeting on behalf of our authorities, Enrique Martínez y Martínez, Secretary for Agriculture, Livestock, Rural Development, Fisheries and Food, represented on this occasion by Dr Mireille Roccati, Advocate General of SAGARPA, and Dr Enrique Sánchez Cruz, Chief Director of SENASICA; the Secretary for Rural Development Héctor Padilla, the presence of the distinguished delegate, Javier Guízar. Their presence means that the health authority is very close to the work of such a prestigious international organisation in our country.

Welcome to Mexico. Make yourselves at home; for you can consider it your home; and let us make the most of this 22nd Conference.

Thank you!

Speech of Dr Luis Barcos
OIE Regional Representative for the Americas
22nd Conference of the OIE Regional Commission for the Americas
Guadalajara, Mexico – 10-14 November 2014

I would like to thank Mexico for hosting an OIE Regional Conference for the fourth time, and to recall that it was Mexico that hosted the first ever regional conference 52 years ago.

I would particularly like to thank the entire SENASICA team whose efforts have resulted in this excellent organisation, together with the OIE staff both at the Paris Head Office and at Regional and Sub-Regional representation levels.

The Americas have always been an innovative and proactive region for all aspects of the OIE.

Our region is on the brink of becoming the first foot-and-mouth disease-free continent in the world, which is an extremely important factor that should be borne in mind so that we achieve and maintain this status. The capacity of the Veterinary Services and continuous public-private interaction will govern the ability to keep a country and region free of foot-and-mouth disease.

The use of the OIE PVS tool and pursuance of the recommendations that arise through its implementation have been proven to help countries enhance the quality of their Veterinary Services.

Allowance for other challenges needs to be made, such as the aspects of food safety, antimicrobial resistance, animal welfare and zoonosis, which apart from being important also catch the population and media's attention when there are incidents.

Every day sees new demands being made on dealing with all veterinary aspects. One of the ways that the OIE has met these demands is through the OIE World Fund, which enjoys broad-based participation by the Region's countries and organisations – the United States, Brazilian, Canadian and Argentine governments – and the Maris Llorens Foundation. It is likely that other countries in the Region will also join to take part in the OIE World Fund in the near future.

The OIE's daily work in the region also benefits from contributions from the Argentine and Panamanian governments as hosts to the headquarters of the OIE Regional and Sub-Regional Representations for the Americas. I am particularly pleased to thank Panama for its additional financial assistance to strengthen the Regional and Sub-Regional Representations' communications facilities.

On this very special occasion I would like to point out that our region has one of the OIE's Goodwill Ambassadors, Dr Maris-Franca Llorens-Antognoli, who is present today. Maris Franca Llorens Antognoli is well known for her active involvement in the OIE assembly meetings. Maris is a keen advocate of Animal Health and Welfare and OIE standards. Recently, she signed an agreement with the OIE World Fund through the Maris Llorens Foundation, to carry out scientific studies on animal production and coexistence with indigenous fauna and biodiversity. The project's first phase will kick off in two weeks' time with world experts in Paraguay.

I would like to thank the OIE Paris staff, and in particular the Americas team, Montserrat, Martin, Leandro, Lexy and Alina without whom no progress would have been made.

This year we have included in the Regional Representation's tasks a tool for improving communication using a WEBEX videoconference system, which has been extremely useful for holding executive meetings on crucial issues at reduced cost and that has helped us strengthen communications and interaction across the region.

Finally I would like to highlight the coordination work that we are conducting with the executive board of the OIE Regional Commission for the Americas, by our face-to-face and videoconference meetings to deal with all the topics that affect the region. We are perfectly clear that these meetings provide the opportunity to help us adjust our plans and keep us very closely apprised of what is happening out on the ground.

I feel certain that the interaction and coordination we have enjoyed in the last two years as the Regional Commission for the Americas, coupled with the planning tasks of this 22nd Conference, will lead to highly successful sessions.

Enjoy the debates!

Speech of Dr Guilherme H F Marques
OIE Delegate of Brazil and President of the OIE Regional Commission for the Americas
22nd Conference of the OIE Regional Commission for the Americas
Guadalajara, Mexico – 10-14 November 2014

I should like to thank Mexico for hosting the 22nd OIE Regional Conference for the Americas.

I would particularly like to thank the entire SENASICA team whose efforts have resulted in this excellent organization, together with the OIE staff both at the Paris Head Office and at Regional and Sub-Regional representation levels.

The Americas have been proactive members of the OIE and this meeting will provide yet another opportunity to discuss topics that are vital to the OIE's future, such as the Strategic Plan.

I would like to make a special mention of the work of the regional representation of the OIE for the Americas, the team headed by Dr Luis Barcos, which carries out crucial work in our region, easing the way for Member States to participate and interact, and also with the executive board.

Let me highlight the coordination work that we are conducting with the executive board of the OIE Regional Commission for the Americas, through face-to-face and videoconference meetings, to deal with all the topics that affect the region. We are perfectly clear that these meetings provide the opportunity to help us adjust our plans and keep us very closely apprised of what is happening out on the ground.

I would also like to draw attention to the importance of using the WEBEX videoconference system that the Regional Representation has started to use to improve communication, which has been extremely useful for holding executive meetings on crucial issues at reduced cost and that has helped us strengthen communications and interaction across the region.

The region has major challenges facing it, and at the last executive board meeting, we set priorities and actions that are in line with the OIE's draft Strategic Plan. Examples that we will be presenting to you during the sessions are antimicrobial resistance, participating in the OIE standards process, support for focal points, laboratory and animal welfare quality, for the purpose of setting future priorities and actions.

I cannot overlook the excellent headway being made on foot-and-mouth disease in the region. The countries have made huge progress and today we are on the brink of becoming the first foot-and-mouth disease-free continent in the world.

I feel certain that the interaction and coordination we have enjoyed in the last two years as the Regional Commission for the Americas, coupled with the planning tasks of this 22nd Conference, will lead to highly successful sessions.

Enjoy the debates!

Speech of Dr Karin Schwabenbauer
OIE Delegate of Germany and President of the World Assembly of Delegates
22nd Conference of the OIE Regional Commission for the Americas
Guadalajara, Mexico – 10-14 November 2014

It is my pleasure to welcome you here in Mexico, more specifically in Guadalajara. And let me thank the Mexican Authorities for their hospitality!

I hope you had a safe and pleasant journey!

I am particularly happy to have the privilege of participating for the second time in your Regional Conference. I have the last one held in Barbados in a very good memory!

OIE Regional Conferences and the activities of the Regional Commissions remain of great importance for all of us. They cannot be replaced by electronic exchanges or video conferences! This is the place where veterinarians from countries across the region meet on a regular basis, where they can get to know each other better and jointly work towards solving problems. In the age of globalization, climate change and in light of financial and economic crises, political unrests, natural disasters with all the insecurities it entails, this is of particular importance, as it is well known, that all these factors have a negative impact on our mission: Protecting animals and preserving our future!

The OIE Regional Commission and the Regional Conferences are places where veterinarians are gathering with the common willingness to address important issues, like animal welfare and health, despite of adverse political and economic circumstances. This has always worked, since the creation of our technical organisation 90 years ago! And it gives opportunities to dedicate time for a better understanding of OIE's mission and work.

2014 is a year for quite a number of commemoratives: 100 years WW I, 75 years WW II, 25 years fall of the Berlin Wall and, 90 years of OIE!

Our Organisation has survived all kind of adverse events during these 90 years; it continues to play an even growing importance!

How important functioning health services, including animal health services are, can be seen currently in West Africa with the Ebola-outbreak. This outbreak has the potential to destabilize the whole region!

We have to remain aware, that health services, including veterinary services, contribute directly to a global public good: health, food security and eventually peace. It is therefore of utmost importance, that our Organisation continues to advocate for the support of Veterinary Services by the international community. In this sense the intervention done by our DG at the Global Health Security Agenda meeting at the White House in September was particularly important.

The world needs strong veterinary services of high quality and supported by adequate legislation.

And looking to the achievements on improving animal health reached in this particular region, for example in the control of FMD, one can see, that the work of the Veterinary Services, supported by the OIE leads to a success story, for the benefit of the economy of a whole region!

The coming year will be a decisive one for the OIE. It is a so-called super-election year where all the Commissions, the Council, including the President and the Vice-President, and the DG are elected. And we will have to adopt the 6th Strategic Plan.

To be successful and respected, we need to be a strong and credible Organisation, working in partnership with other technical agencies. To this end the 6th Strategic Plan is a good opportunity to review and define our Objectives and how to meet them. So far 3 Strategic Objectives have been identified:

- Securing animal health and welfare by appropriate risk management
- Establishing trust through communication
- Ensuring the capacity and sustainability of Veterinary Services

and 3 cross-cutting areas:

- Scientific Excellence
- Diversity, Inclusiveness, Engagement, Transparency
- Governance

You will have the opportunity to discuss the 6th Strategic Plan more in details during this conference.

And please consider that while preparing the next year's elections, to propose individuals to be elected who will help OIE to implement the future Strategic Plan.

We have decided in the last Council to prepare Guidelines for you. It has just been circulated to the Delegates. Your Region and Africa have the advantage to exchange in face to face discussions, trying to identify the best experts from your respective region to be candidates for the different Commissions. I am confident, that this will help to find good solutions!

For me one point seems to be very important: OIE as Organisation is getting older, and this is good! But we have to keep in mind, that some of us are also getting older. It is our responsibility and duty to encourage and support the next generation and to step back when needed! This was what we have battled for, when we were younger and we should keep this experience in mind, when it comes to support the next generation. They are our Future!

The technical topics of this Conference reflect the regional concerns of the veterinary services: Aquaculture is becoming more important than the classical fisheries. And the associated risks need urgently our attention. It is also true, that the classical veterinary education has not yet been well adapted to this evolution. And there is a lack of veterinary knowledge on aquatic animals in many countries. With this topic your region will become a pioneer for the world! And also the second theme: compartmentalization and how to implement it, is not only important for your region, with an important emerging livestock industry.

The importance to work closely with our partners on "One Health" is just demonstrated in the already mentioned Ebola-crisis. It is good to know, that OIE is cooperating closely with WHO on the One Health subject!

I am looking forward to learning more on these diverse themes in the coming days.

Personally I am also very happy and a bit proud, that the women of this region have took further the initiative I started two years ago, and will have a special meeting during this conference. I will be happy to join you!

I would now like to wish us all a productive conference, with many interesting discussions and plenty of new findings. But let us also enjoy the more informal part of the conference; I hope that you will find the time to talk to colleagues who you do not see that often! And that we all together will enjoy Guadalajara and the great sceneries of Jalisco, the home of Mariachis and Tequila !

Speech of Dr Bernard Vallat
Director General of the World Organisation for Animal Health (OIE)
22nd Conference of the OIE Regional Commission for the Americas
Guadalajara, Mexico – 10-14 November 2014

Honorable Representative of the Secretary of SAGARPA, Lic. Mireille Roccatti Velázquez,
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Delegates of Member Countries,
Representatives of international and regional organisations,
OIE Regional and Sub-Regional Representative for the Americas,
Distinguished guests,
Ladies and gentlemen,

It is my honour and privilege to welcome you all to the 22nd Conference of the OIE Regional Commission for the Americas.

2014 year marks the OIE's 90th anniversary: 90 years of standards, transparency and expertise, 90 years of solidarity. This conference provides an ideal opportunity to commemorate our organisation and congratulate all those gathered here today for the daily work you do to meet your commitments and abide by our organisation's slogan of "protecting animals, preserving our future".

I wish to extend our heartfelt gratitude to the Government of Mexico for kindly offering to host this 22nd Conference of the OIE Regional Commission for the Americas and for inviting us to the beautiful city of Guadalajara, as well as for the warm welcome we have received. Mexico has certainly done a wonderful job.

The OIE was founded by 28 countries 90 years ago to prevent the global spread of animal diseases. It is a source of pride for our organisation to note that five of these founding countries were in the Americas and are here with us today: Argentina, Brazil, Guatemala, Peru, and our host country, Mexico.

For many years, the OIE has been working to establish animal health standards, primarily to update disease control and prevention methods, while facilitating and regulating safe trade in animals and animal products between countries and regions of the world. This has resulted in a steady increase in OIE membership to 180 Member Countries in May 2014.

Over the past decade, the OIE has expanded its mandate to include the promotion of Veterinary Services, food security, food safety of animal products, and animal welfare. Indeed, the close relationship between animal health and animal welfare has led to the OIE becoming the lead international organisation for animal welfare, at the request of its Member Countries.

The OIE also strives to bring national Veterinary Services into compliance with international standards on governance, organisation and operation.

Global control of animal diseases is impossible without good governance of national Veterinary Services. Good governance includes appropriate legislation, appropriate human and financial resources to enforce it properly, good veterinary education programmes and, lastly, relevant public-private partnerships applicable to the entire veterinary domain and to livestock producers.

For more than 50 years the OIE's mandate has also included aquatic animals. The OIE constantly encourages its Members to implement its standards on aquatic animal disease prevention and control and on trade in aquatic animals. A good example is Technical Item I of the current conference on the subject of veterinary education on aquatic animals and its impact on aquatic animal disease control strategies in the region. I also wish to take this opportunity to invite you to the third OIE global conference on aquatic animal health in Ho Chi Minh City (Vietnam) on 20-22 January 2015 and to stress the importance of the *OIE PVS Tool: Aquatic* for public and private aquatic animal health services.

As you know, the OIE works closely with the World Health Organization (WHO) to promote and implement the 'One Health' approach, aimed at addressing risk at the animal/human interface through joint programmes to strengthen the governance of national human and animal health systems worldwide under the WHO International Health Regulations (IHR) and OIE PVS Pathway. In this connection, a WHO-OIE guide was published recently to provide OIE Member Countries with important information for improving cooperation between national public health and Veterinary Services.

For more than a decade, the OIE has been active in the field of veterinary products, including antimicrobials, and has developed a coherent strategy for activities in this field. It has developed standards for managing not only the volume of antimicrobials used worldwide, but also antimicrobial resistance. The OIE has also developed standards and guidelines to ensure that its Member Countries' use the proper methodology for addressing the prudent use of antimicrobials in food animals. There is growing public concern on the matter. We must pool our efforts to ensure that communication becomes the cornerstone for explaining our role on the prudent use of antimicrobials as a key component of animal production and welfare. The OIE has made a major contribution to the soon to be published WHO global action plan on antimicrobial resistance.

The OIE also collects, analyses and disseminates the latest scientific information on methods for preventing and controlling animal diseases, including those transmissible to humans, keeping the international community informed of the world animal health situation in real time via the World Animal Health Information System (WAHIS), an OIE special global tool.

The OIE's network of Reference Laboratories and Collaborating Centres is the core of its scientific excellence and is key to ensuring global good governance by providing science-based standards and guidelines on animal disease control and veterinary activities. The third global conference of the 296 OIE Reference Centres: challenges and expectations for the future, was held in Incheon (Seoul), Republic of Korea, on 14-16 October 2014.

As you know, our organisation's activities are laid down in a five-year strategic plan developed jointly with its Members and partners and adopted by the World Assembly of OIE Delegates.

The draft OIE Sixth Strategic Plan 2016-2020, which was recently sent to all Delegates for comment, consolidates the strategic vision of the OIE Fifth Strategic Plan and its global objectives, taking into account current and anticipated world trends and the challenges facing the OIE's operating environment, while incorporating important cross-cutting scientific issues.

Finally, I wish to thank the donors that contribute to the OIE's work, as well as Member Countries for their annual contributions to the regular budget and countries that contribute to the OIE World Animal Health and Welfare Fund. Without their support it would be impossible to carry out our ever increasing activities.

To conclude, may I once again thank the Government of Mexico, on behalf of all participants, for inviting us to Guadalajara, as well as our host country colleagues for the warm welcome they have extended us.

I am confident that the 22nd Conference of the OIE Regional Commission for the Americas will be a great success and that its recommendations will be totally supported by the World Assembly of Delegates. Thank you for your attention.

22nd Conference of the OIE Regional Commission for the Americas
Guadalajara (Jalisco), Mexico, 10 to 14 November 2014

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22nd Conference of the OIE Regional Commission for the Americas
Guadalajara (Jalisco), Mexico, 10 to 14 November 2014

AGENDA

1. OIE Activities and Vision for the 21st Century;
2. Developments, challenges and priorities for the Members of the OIE Regional Commission for the Americas: priority areas for defining the Regional Action Plan;
3. Report on the activities and work programme of the OIE Regional Representation for the Americas and the OIE Sub-Regional Representation for Central America;
4. The OIE 6th Strategic Plan - Regional perspectives;
5. Technical Item I:
“Veterinary education on aquatic animals and its impact on aquatic animal disease control strategies in the region”;
6. OIE Scientific Commission for Animal Diseases - Issues of interest to the Region - Challenges and proposals;
7. OIE Terrestrial Animal Health Standards Commission - Issues of interest to the Region - Challenges and proposals, including the concept of competition horses;
8. OIE Aquatic Animals Health Standards Commission - Issues of interest to the Region - Challenges and proposals;
9. Technical Item II:
“Implementation of the compartmentalisation concept: practical experience and perspectives”;
10. Implementation of the compartmentalisation concept: practical experience of Uruguay;
11. Animal health situation of Member Countries in the Region during the first semester of 2014;
12. Actions taken by Canada to control Porcine Epidemic Diarrhoea;
13. One Health concept: OIE approach and collaboration between the WHO and the OIE;
14. OIE PVS Pathway: current focus;
15. Impact of the OIE Capacity Building Programme on the relationship between the OIE Delegates and the OIE National Focal Points;
16. Presentations by international and regional organisations;
17. Other matters:
Date, venue and selection of the technical item for the 23rd Conference of the OIE Regional Commission for the Americas.

22nd Conference of the OIE Regional Commission for the Americas
Guadalajara (Jalisco), Mexico, 10 to 14 November 2014

TIMETABLE

MONDAY 10 NOVEMBER 2014

16 h 00 Registration of participants and document distribution

TUESDAY 11 NOVEMBER 2014

08 h 30 Registration of participants and document distribution (cont.)

09 h 00 Opening Ceremony under the presence of the authorities from the government of Mexico and from the OIE

09 h 45 Break and Group Photo

10 h 30 *Election of the Conference Committee
(Chairperson, Vice-Chairperson and Rapporteur General)

*Adoption of the Agenda and Timetable

*Designation of Session Chairpersons and Rapporteurs
(Technical items and animal health situation)

10 h 45 OIE Activities and Vision for the 21st Century
(Dr Bernard Vallat, OIE Director General)

11 h 15 Developments, challenges and priorities for the Members of the OIE Regional Commission for the Americas: priority areas for defining the Regional Action Plan
(Dr Guilherme Henrique Figueiredo Márques, Delegate of Brazil to the OIE and President of the OIE Regional Commission for the Americas)

11 h 30 Report on the activities and work programme of the OIE Regional Representation for the Americas and the OIE Sub-Regional Representations for Central America
(Dr Luis Barcos, OIE Regional Representative for the Americas, Dr Montserrat Arroyo Kuribreña, OIE Sub-Regional Representative for Central America)

12 h 00 The OIE 6th Strategic Plan-Regional perspectives
(Dr Carlos Correa, Delegate of Uruguay to the OIE and Past President of the World Assembly of Delegates of the OIE)

12 h 30 Lunch

14 h 00 Technical item I:
"Veterinary education on aquatic animals and its impact on aquatic animal disease control strategies in the region" (Author: Dr Alicia Gallardo Lagno, Head of the Animal Health Unit of the National Fisheries and Aquaculture Service of Chile/Co-author: Dr Mauricio Flores Villazuso, Director of Fisheries and Aquaculture, SENASICA, Mexico)

15 h 00 Discussion

15 h 30 OIE Scientific Commission for Animal Diseases - Issues of interest to the Region- Challenges and proposals (Dr Sergio J. Duffy, Member of the OIE Scientific Commission for Animal Diseases)

- 16 h 00 Break
(Preparation of the Recommendation 1 by the appointed group)
- 16 h 30 OIE Terrestrial Animal Health Standards Commission - Issues of interest to the Region-Challenges and proposals, including the concept of competition horses (Dr Alejandro Thiermann, President of the OIE Terrestrial Animal Health Code Commission)
- 17 h 00 OIE Aquatic Animal Health Standards Commission - Issues of interest to the Region -Challenges and proposals (Dr Víctor Manuel Vidal, Member of the OIE Aquatic Animal Health Standards Commission)
- 17 h 30 Discussions
- 19 h 00 Reception hosted by the OIE

WEDNESDAY 12 NOVEMBER 2014

- 09 h 00 Technical item II:
“Implementation of the compartmentalisation concept: practical experience and perspectives” (Author: Dr Sarah Kahn, OIE Consultant/ Co-author: Dr Francisco Muzio Llado, Director General of Livestock Services of Uruguay)
- 10 h 00 Implementation of the compartmentalisation concept: practical experience of Uruguay (Dr Francisco Muzio Llado, Director General of Livestock Services of Uruguay)
- 10:20 a.m. Discussion
- 10 h 50 Break
(Preparation of the Recommendation 2 by the appointed group)
- 11 h 20 Animal health situation of Member Countries in the Region during the first semester of 2014 (Dr Paula Cáceres, Head of the OIE World Animal Health Information and Analysis Department)
- 12 h 05 Discussion
- 12 h 35 Actions taken by Canada to control Porcine Epidemic Diarrhoea (Dr Martine Dubuc, OIE Delegate of Canada and Secretary General of the OIE Regional Commission for the Americas)
- 13 h 05 Lunch
- 14 h20 One Health concept: OIE approach and collaboration between the WHO and the OIE (Dr Stéphane De la Rocque, OIE Animal Health Specialist)
- 14 h 50 OIE PVS Pathway: current focus
(Dr Monique Eloit, OIE Deputy Director General)
- 15 h 20 Impact of the OIE Capacity Building Programme on the relationship between the OIE Delegates and the OIE National Focal Points (Dr Mara Gonzalez, Deputy Head, OIE Regional Activities Department/ Dr Martin Minassian, Technical Assistant, OIE Regional Representation for the Americas)
- 15 h 50 Break

- 16 h 20 Presentations by international and regional organisations
- 17 h 20 Discussion of recommendations 1 and 2
- 17 h 50 Date, venue and selection of the technical item for the
23rd Conference of the OIE Regional Commission for the Americas
- 19 h 00 Reception hosted by the Government of Mexico

THURSDAY 13 NOVEMBER 2014

Technical and cultural visit

FRIDAY 14 NOVEMBER 2014

- 09 h 00 Selection of potential candidates for May 2015 elections
- 09:10 a.m. Adoption of the Draft Final Report and Recommendations 1 and 2
- 10h 00 Final discussions
- 11 h 00 Closing ceremony

Recommendation No. 1

Veterinary education in aquatic animals and its impact on aquatic animal disease control strategies in the region

CONSIDERING THAT:

1. Rising global demand for food has led to exponential growth in aquaculture worldwide, especially in the Americas, where production growth over the past ten years reached 22% – the world’s highest recorded increase;
2. Increasing demand for intensive aquaculture production systems increases the disease risk of such animals;
3. According to the answers to the questionnaire, less than half of the competencies recommended by the OIE are covered by either initial veterinary education or continuing education in the area of aquatic animal health in Member Countries in the region;
4. According to the answers to the questionnaire, more than half the Member Countries (51.8%) believe that Aquatic Animal Health Services do not have the skills required to control aquatic animal diseases; and
5. It is vital to strengthen the capacity of Veterinary Services, including the education of veterinarians based on the minimum competencies recommended by the OIE, given that veterinarians and animal health professionals from Aquatic Animal Health Services are responsible for the early detection of and rapid response to aquatic animal diseases.

THE OIE REGIONAL COMMISSION FOR THE AMERICAS

RECOMMENDS THAT:

1. Member Countries in the region include among their priorities the strengthening of initial and continuing veterinary education for aquatic animal health professionals, taking into account the OIE recommendations on the competencies of graduating veterinarians ('Day 1 graduates') and the OIE guidelines on a veterinary education core curriculum;
2. Member Countries in the region establish minimum requirements for the continuing education of professionals working in public and private Veterinary Services in the area of aquatic animal health, based on the OIE recommendations on the basic competencies;
3. Member Countries in the region improve communication among themselves in the area of aquatic animal health by such means as strengthening the Inter-American Committee on Aquatic Animal Health and strengthening the current regional network of National Focal Points for aquatic animals;
4. Member Countries in the region conduct simulation exercises to address emergency prevention, preparedness, and response to aquatic animal diseases;
5. Member Countries seek opportunities for undertaking Twinning projects relevant to Aquatic Animal Health;
6. Member Countries take advantage of the publication of the first edition of *OIE PVS Tool: Aquatic* (2013) to request PVS evaluation missions of Aquatic Animal Health Services;

7. The OIE continue to support Member Countries in the region through the OIE PVS Pathway, including for Aquatic Animal Health Services, and make any relevant adjustments to the *OIE PVS Tool: Aquatic*, in light of experience gained from evaluating the Aquatic Animal Health Services of some Member Countries;
8. The OIE strengthen the training of National Focal Points for aquatic animals in the area of veterinary education;
9. The OIE continue to support capacity-building of Member Countries in the region in the area of aquatic animal health via the training programme for Focal Points for aquatic animals and prioritise the competencies least covered, which were identified when analysing the answers to the questionnaire such as: risk analysis; organisation of Veterinary Services; pharmaceuticals, certification procedures, and communication skills;
10. The OIE promote the importance of veterinary education at the forthcoming OIE Global Conference on Aquatic Animal Health, to be held in Ho Chi Minh City (Vietnam) on 20-22 January 2015; and
11. The creation of an OIE Collaborating Centre for veterinary education on aquatic animal health in the region, with the ability to organise training courses, be considered. As well, to better use the existing OIE Collaborating Centres of the region, such as those dedicated to the capacity building of the Veterinary Services.

Recommendation No.2

Implementation of the compartmentalisation concept: practical experience and perspectives

CONSIDERING THAT

1. The OIE main mandate is to adopt standards and make recommendations on the prevention, detection, notification, control and eradication of diseases of importance to animal health, veterinary public health and trade, including zoonoses;
2. The challenges that Member countries face in achieving the eradication of transboundary animal diseases from the national territory and that the failure of one country to control disease presents a risk not only to countries in the region but also to the global community;
3. No country can exclude the entry of wild birds carrying avian influenza viruses and it may be very difficult, in certain situations, to eradicate diseases such as CSF, ASF and some aquatic animal diseases from wild animal populations. For diseases that have wildlife reservoirs, compartmentalisation can be used among others to mitigate the disease risks that arise from the exposure of domestic and captive wild animals to wild populations;
4. The globalisation of trade, the intensification of animal and human movements, climate change and other environmental and socioeconomic factors contribute to the spread of pathogens and vectors worldwide;
5. The OIE Terrestrial Animal Health Standards Code (*Terrestrial Code*) and the Aquatic Animal Health Standards Code (*Aquatic Code*) set out standards for the quality of Veterinary Services and Aquatic Animal Health Services;
6. The *Terrestrial Code* and the *Aquatic Code* indicate that the establishment of an animal sub-population of defined, favourable health status (using the concepts of zoning or compartmentalisation) is a tool in the prevention and control of diseases and can also be used to facilitate international trade in countries that experience disease outbreaks or endemic diseases situation;
7. A majority of Member Countries have made a strong commitment to strengthening the capacities of national Veterinary Services and Aquatic Animal Health Services by inviting the OIE to make an independent evaluation of quality using the OIE PVS Tool and that the PVS Tool includes Critical Competencies on the use of zoning and compartmentalisation;
8. The OIE grants official recognition of free country or zones in the case of foot and mouth disease, african horse sickness, peste des petits ruminants, contagious bovine pleuropneumonia and classical swine fever, as well as risk status for bovine spongiform encephalopathy; and has developed procedures for self-declaration of disease free compartments;
9. While zoning is used rather commonly, but the use of compartmentalisation is less common and exporting countries generally face difficulties to obtain the recognition of compartments by trading partners for the purposes of international trade;

10. The Region of the Americas has been very actively involved in the use of zoning and compartmentalisation in comparison with other OIE Regions;
11. Compartmentalisation is potentially relevant to all species but to date the use of compartments has mainly been in poultry and swine production and it is rarely used in aquatic animals; and
12. The veterinary legislation of many Member Countries does not currently recognise the concept of compartmentalisation for domestic purposes nor for international trade (importation and exportation).

THE OIE REGIONAL COMMISSION FOR THE AMERICAS

RECOMMENDS THAT:

1. Member Countries consider the use of compartmentalisation as a trade facilitating measure and as a tool to safeguard animal health through improved biosecurity and to reduce the likelihood and impact of disease outbreaks in infected countries as well as in countries free of specific diseases;
2. Veterinary Services and Aquatic Animal Health Services increase collaboration with the private sector, including the livestock and aquaculture sectors, and promote the sharing of information on disease prevention and control, including the results of applied research, so to facilitate compartmentalisation;
3. Governments review the national veterinary legislation as appropriate and establish a legal framework, based on standards and guidelines of the OIE, for the use of compartmentalisation within the country and for the recognition of compartments established in the country and by trading partners;
4. Veterinary Services and Aquatic Animal Health Services involve the private sector in the development and revision of animal health programmes, including consideration of the possible use of compartmentalisation;
5. In order to support the implementation of compartmentalisation, the Veterinary Authority and the Competent Authority for aquatic animal health ensure that they have legal authority to accredit or provide specific delegation of legal powers to private veterinarians, aquatic health professionals and diagnostic laboratories according to OIE standards and guidelines;
6. Member Countries of the Region of the Americas contribute to improve global knowledge on compartmentalisation by sharing information on experiences and best practices in its use;
7. Member countries continually strive to maintain and strengthen their Veterinary Services and Aquatic Animal Health Services, including through participation in the OIE PVS Pathway for Terrestrial and Aquatic sectors, as a basis to support the negotiation of export markets using zoning, compartmentalisation and other approaches endorsed by the OIE;
8. Member Countries and regional organisations consider a harmonised approach to the use of compartmentalisation as a mean to promote the recognition from trading partners;
9. The OIE encourage the use by Member Countries of compartmentalisation, including by sharing information on their experiences on the use of this tool via publication in the OIE Bulletin and on the OIE website;

10. The OIE make provision for expanded uses of compartmentalisation, by
 - including the concept in individual disease chapters in the *Terrestrial Code* (as appropriate);
 - the development of new approaches (e.g. the application of compartmentalisation to artificial breeding establishments and competition horses);
 - providing more guidance on its implementation in the aquatic sector;
11. The OIE continue its work of supporting Member Countries by means of programmes such as the evaluation of performance of Veterinary Services and Aquatic Animal Health Services using the OIE PVS Tool, and other mechanisms and initiatives identified in the PVS Pathway, especially in the context of compartmentalisation; and
12. The OIE continue to organise capacity building programmes directed to Delegates and National Focal Points and include compartmentalization in some of the programmes.

22nd Conference of the OIE Regional Commission for the Americas
Guadalajara (Jalisco), Mexico, 10 to 14 November 2014

PRESS RELEASE

Guadalajara (Mexico), 14 November 2014 - The 22nd Conference of the World Organisation for Animal Health's (OIE) Regional Commission for the Americas, which counts 29 Member Countries, was held in Guadalajara (Jalisco), Mexico from November 10th to 14th, 2014.

The event gathered several high level representatives of the OIE's Council, the OIE's Headquarters, its Regional and Sub-regional Representations, the national Delegates from the Member Countries of the OIE Regional Commission for the Americas as well as the Delegates of Spain and New Zealand as observer countries from other regions. Representatives of concerned international and regional organisations and numerous observers also participated.

The conference began with a brief report on the activities of the OIE Regional Commission for the Americas, followed by those of the Regional and Sub-Regional Representations.

Participants were provided with detailed information and analysis on the terrestrial and aquatic animal disease situation and evolution in the countries of the region, gathered through the OIE World Animal Health Information System (WAHIS). The following technical items were subsequently discussed: "Veterinary education on aquatic animals and its impact on aquatic animal disease control strategies in the region" and the "Implementation of the compartmentalisation concept: practical experience and perspectives". This concept includes the facilitation of international movements of high health and high performance horses.

Several key issues involving the Member Countries of the region, with special emphasis on the following matters were also deliberated:

- the implementation by OIE's of the "One health" approach;
- the enhanced participation of all Member Countries of the region in OIE standard-setting activities concerning animal diseases control and animal welfare;
- actions taken by Canada to control Porcine Epidemic Diarrhoea (PED);
- the new initiatives of the OIE's PVS (Performance of Veterinary Services) Pathway;
- the impact of the OIE Capacity Building Programme in the relationship between the OIE Delegates and the OIE National Focal Points;
- the preparation of the OIE's 6th Strategic Plan (2016-2020), and its perspectives for the region of the Americas. (Consult the current Strategic Plan of the OIE).

"The concept of compartmentalisation was adopted ten years ago by the World Assembly of OIE National Delegates with the aim to define and manage an animal subpopulation of specified favourable animal health status in a Member Country, particularly in countries where this disease exists or could be introduced", recalled Dr Bernard Vallat, OIE Director General. "Subsequently, the OIE has developed guidelines on its application. Yet, the use of this concept by OIE Member Countries remains rather limited. However, provided that compartmentalisation is a valuable tool for improving animal health and reducing the risk of disease outbreaks and important losses in case of epizootics, the OIE strongly encourages more implementation of this concept by OIE Member Countries."

The discussions were fruitful and the recommendations adopted will be submitted to the OIE World Assembly and its 180 national Delegates in Paris, on May 2015, for final adoption.

22nd Conference of the OIE Regional Commission for the Americas
Guadalajara (Jalisco), Mexico, 10 to 14 November 2014

MOTION OF THANKS

The President and the Members of the OIE Regional Commission for the Americas, the Director General of the OIE, the members of delegations, country representatives, representatives of international and regional organisations and observers, wish to express their deep gratitude to the Government of Mexico, the Host Country of the 22nd Conference of the OIE Regional Commission, held from 10 to 14 November 2014, for the warm welcome accorded to the participants, for all facilities made available to them during their stay in Guadalajara and for the excellent organisation of the conference.

Selection of potential candidates for May 2015 elections³⁹

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- Vice President: Dr Miguel Azañón (Guatemala)
- Vice President: Dr Mark Trotman (Barbados)
- Secretary: Dr Martine Dubuc (Canada)

OIE Council:

- Dr Joaquín Delgadillo (Mexico)
- Dr Hugo Idoyaga (Paraguay)

Code Commission:

- First candidate: Dr. Cristóbal Zepeda (United States of Americas)
- Second candidate: Dr. Gastón Funes (Argentina)

Biological Standards Commission:

- First candidate: Dr Ana María Nicola, (Argentina)
- Second candidate: Dr Juan Antonio Montaña (Mexico)

Scientific Commission:

- First candidate: Dr Ernesto Mendoza(Cuba)
- Second candidate: Dr Soren Alexander (Canada)

Aquatic Commission:

- First candidate: Dr Alicia Gallardo (Chile)
- Second candidate: Dr Víctor Vidal (Mexico).

³⁹ The OIE Headquarters delegation reminds that the selection of potential candidates before the official elections during the General Session is not part of the organisation's official rules. It was an independent initiative of the Regional Commission.