



Organisation  
Mondiale  
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de Sanidad  
Animal

6th Conference of the  
OIE Regional Commission  
for the Middle East  
Jounieh (Lebanon), 24-27 September 2001

**FINAL REPORT**



Office international des épizooties

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### **List of Abbreviations**

CAHW	:	Community Animal Health Workers
CBAHW	:	Community Based Animal Health Workers
CCHF	:	Crimean-Congo hemorrhagic fever
CSR	:	Communicable diseases surveillance and response
FAO	:	Food and Agriculture Organization of the United Nations
FMD	:	Foot and Mouth Disease
GOVS	:	General Organisation of Veterinary Services
MZCC	:	Mediterranean Zoonoses Control Centre
MZCP	:	Mediterranean Zoonoses Control Programme
NGO	:	Non-Governmental Organisation
OAU	:	Organisation of African Unity
OIE	:	Office International des Epizooties
RVF	:	Rift Valley Fever
UNDP	:	United Nations Development Programme
WHO	:	World Health Organisation
WTO	:	World Trade Organisation

## Introduction

1. On the invitation of the Government of the Lebanon, the 6th Conference of the OIE Regional Commission for the Middle East was held in Jounieh from 24 to 27 September 2001.
2. Sixty-one Delegates and observers from seventeen OIE Member Countries and four international or regional organisations attended the Conference. The speakers of Items I and II also participated in the proceedings of the Conference. These were Dr Ahmed Hassan, Under Secretary at the Sudanese Ministry of Animal Resources, and Dr Hassan Abdel Aziz Aidaros, Chairman of the General Organization of Veterinary Services (GOVS) at the Egyptian Ministry of Agriculture. Dr Ghazi Yehia, OIE Regional Coordinator for the Middle East, also participated in the Conference.

### Monday 24 September 2001

#### Opening Ceremony

3. Dr Ghazi Yehia, Coordinator of the OIE Regional Representation for the Middle East, warmly welcomed the participants to the Conference. He recalled that the animal health situation is similar in almost all countries of the Middle East, and stressed that due to the spread of existing epizootic diseases and the risks of new and emerging diseases through the expansion of trade world-wide, it is important to meet regularly in order to establish standardised plans and programmes for the control and prevention of these diseases.
4. Dr Yehia expressed his country's pride that Lebanon had been chosen as the Headquarters of the OIE Regional Representation for the Middle East. He said that the Representation works in close cooperation with the Lebanese Ministry of Agriculture and the Veterinary Services in the countries of the region. The aim is to establish programmes and organise training sessions and conferences to ensure coordination and cooperation between these Services, so as to reach uniform regulations and standards in the fields of animal health and animal production, based on the rules and guidance of the OIE and the country's good relations with public authorities in the countries of the region. The Coordinator added that the translation into Arabic of the *International Animal Health Code* was the first achievement of the Representation, in order to urge the country authorities in the region to effectively apply international regulations and standards. The Office also opened a site on the Internet making available regional health information.
5. Dr Mansour Kassab, permanent Delegate of the Lebanon to the OIE, extended a warm welcome to the participants. He observed that important recommendations had been taken at the last conference held in Beirut in November 2000, in particular on the creation of a Regional Emergency Veterinary Committee to deal with trade problems, develop and harmonise exchange of information, support an epidemiological surveillance network, unify epizootic control programmes on a regional level and eradicate diseases to lift the ban imposed in the countries of the region.
6. The Delegate of the Lebanon recalled the main tasks of the OIE Regional Representation, such as protecting public and animal health through the eradication of diseases and the adoption of international standards. He also stressed the importance of supporting the activities of the Regional Commissions and Ad hoc groups, in order to unify their efforts by standardising veterinary regulations and disease surveillance programmes. Dr Kassab urged all representatives to join their efforts and to act in close cooperation with the OIE and its Regional Representation in the Middle East.
7. Dr Sultan A. Sultan Al-Khalaf, OIE Delegate from Kuwait and President of the OIE Regional Commission for the Middle East, welcomed participants and warmly thanked the Lebanese Government for inviting the Regional Commission for the Middle East to hold its Conference in Jounieh. He also expressed his thanks and gratitude to the Lebanese authorities for their support to

the Regional Commission for the Middle East, and in particular His Excellency, the Minister of Agriculture.

8. The President of the Regional Commission reflected on the importance of the two technical topics to be discussed by the Conference and stressed the importance for public and animal health in the Middle East of Crimean-Congo haemorrhagic fever and other tick-transmitted diseases.
9. Dr Al-Khalaf believed that regular meetings with the participation of scientists and specialists, as well as the research and programmes proposed, would assist countries to achieve their goals in developing their societies and economies and creating an integral system for the control of epizootic diseases that are still threatening their animal resources and affect public health. He stressed that the ultimate goal is food safety and preventing risks of zoonoses.
10. In conclusion, Dr Al-Khalaf extended his thanks and appreciation to all the staff of the Regional Representation for the Middle East, headed by Dr Ghazi Yehia, for their untiring efforts in the preparation of this Conference.
11. Dr Bernard Vallat, Director General of the Office International des Epizooties, expressed his appreciation to the Authorities of the Lebanon for hosting the Regional Conference. He welcomed the fact that there was such large participation by Member Countries, which he saw as a result of the constant coordination efforts of the President of the Regional Commission and the Regional Representation for the Middle East that has operated from Beirut since 1999 under the guidance of its Coordinator, Dr Ghazi Yehia.
12. The Director General added that the excellent participation also reflected a growing interest in the activities of the OIE within the region. These activities continue to expand and develop, be it in the field of animal health information, the collection of scientific data, the drafting of standards or the participation in animal disease control operations. Dr Vallat emphasised that it is the task of the Regional Commission and the Regional Representation to disseminate information on these activities, to give life to them and to make them interactive.
13. Dr Vallat stressed the particular relevance for the region of the technical items chosen for the Conference, recalling that the region has not been spared by contagious animal diseases, and has borders that are crossed frequently by animals or animal products, often making work difficult for the Veterinary Services. The Director General then briefly mentioned the creation of an Emergency Veterinary Committee for the region, which would propose measures, both for the control of outbreaks and for the protection of unaffected zones in the affected and unaffected countries. This Committee should act on behalf of all Member Countries to ensure that its recommendations are followed and implemented. Dr Vallat informed participants that he intended undertaking a tour of the region together with the President of the Commission, with a view to heightening the awareness of national authorities to follow OIE standards and reinforce national Veterinary Services. He concluded by wishing the countries of the region every success with their Conference.
14. His Excellency Mr Abdulwahaab Moalim Mohamed, Minister of Livestock, Forestry and Range of Somalia, extended his thanks to the Government of Lebanon and the Chairman for their invitation to attend the Conference.
15. The Minister remarked that the absence of a Government and sponsored certification for livestock and range management has negatively affected the livestock sector, which is the backbone of Somali's economy. The ban on livestock, due to a perceived disease risk (a Rift Valley fever outbreak in the Horn of Africa), has damaged commercial activities related to livestock exports. He added that a Transitional National Assembly was elected in August 2000 and that during the transition period, the main task of the Government will be to give autonomy to the regions and districts, to enable them to pursue a free market economy, the leading role being played by the private sector. In order to be in line with the standards of other Member Countries in the region as far as disease investigations and reporting systems are concerned, and to fulfill all the requirements of the OIE and its Regional Commissions, the Minister requested the Conference to give their full

support to the immediate objectives of the Somalian Government. He expressed his willingness to cooperate and contribute to the programme of the OIE Regional Commission for the Middle East and wished participants a fruitful conference.

16. His Excellency Dr Ali Abdallah, Minister of Agriculture of the Lebanon, welcomed the participants and thanked the OIE for having chosen his country for the 6th Regional Conference. The Minister recalled that the OIE is recognised by the World Trade Organization as the highest authority to establish the basis for trade regulations in animals and animal products, which is proof of confidence world-wide in the experience and capacities of this organisation. However, the organisations concerned with public and animal health, and disease surveillance and control, cannot operate efficiently without international solidarity and coordination.
17. Dr Abdallah remarked that the Lebanese Ministry of Agriculture and its Directorate of Animal Resources rely on OIE guidance, in particular on the recommendations of the OIE *International Animal Health Code*, in addition to the legislation and regulations established by the Lebanese State to regulate trade in animals and their products and to provide the means to control transmissible diseases and zoonoses. In this context, the administrations and directorates of the Ministry of Agriculture prepare programmes for training technical staff to monitor and detect epizootic diseases, and control programmes, including free preventive vaccination, especially for the major transmissible diseases, such as foot and mouth disease, brucellosis and enterotoxaemia. At this level, the Ministry of Agriculture has already cooperated with Syria that has provided vaccines for the control of foot and mouth disease, acting rapidly to prevent the entrance and spread of new diseases, such as BSE and Rift Valley fever. Lebanon was a forerunner in determining import regulations during the BSE crisis and the first to adopt international standards for food safety, thus protecting public health and animal resources in Lebanon.
18. The Minister pointed out that one of the OIE's goals is to protect international agreements concerning the control and eradication of epizootics, as well as to work closely with national Veterinary Services to implement these agreements effectively. He added that choosing Lebanon as the Headquarters of the OIE Regional Representation for the Middle East proved the confidence placed by the world organisation for animal health and countries world-wide in Lebanon's ability to recover its pioneering role and the Lebanese people's capacity to coordinate regional relations and programmes and supervise their implementation. Dr Abdallah assured participants that the Lebanese Ministry of Agriculture, which supports this Regional Office in carrying out its mission, would spare no efforts in encouraging veterinary activities, such as workshops, training courses, conferences, etc. aimed at developing the animal health sector in the countries of the region.
19. On behalf of his Government, the Minister wished all participants every success with their deliberations during the week and subsequently declared the Conference officially open.
20. The texts of the above speeches were distributed to all participants.

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

21. The participants elected the following Conference Committee:

Chairman:	Dr Mansour Kassab (Lebanon)
Vice-Chairman:	Dr Huseyin Sungur (Turkey)
Rapporteur General:	Dr Ahmad Kazemi (Iran)

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

22. The Provisional Agenda and Timetable were adopted.

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

23. Chairmen and Rapporteurs were designated for the Technical Items as follows:

Item I:	Dr Hassan Aidaros (Egypt), Chairman Dr Pavlos Economides (Cyprus), Rapporteur
Item II:	Dr Ali Majid (Sudan), Chairman Dr Assad Ragheb (Jordan), Rapporteur
Animal health status:	Dr Ali Arab (United Arab Emirates), Chairman Dr Salman Ebrahim (Bahrain), Rapporteur

### **Importance of the Office International des Epizooties (OIE) and veterinary activities in the region**

24. Dr Bernard Vallat, Director General of the OIE, gave a brief account of the aims and structure of the world organisation for animal health.
25. The Director General stressed the importance of better involvement on the part of the Middle East region in OIE activities and in particular in discussions of draft recommendations for adoption by the International Committee.
26. Dr Al-Khalaf, President of the Regional Commission, reiterated the importance of action and interaction of the region in meetings of the International Committee. He added that Arabic had been introduced as one of the working languages at the General Session and that this was no longer a barrier to involvement.
27. In reply to a remark by Dr Mohammed Al Izzi of the Arab Organization for Agricultural Development regarding more information on bee diseases, Dr Vallat indicated that some of the chapters on diseases in the *Code* would be updated, as this was last undertaken many years ago. This issue would be discussed by the International Committee at the next General Session.

### **Animal health status of Member Countries in the region in 2001**

28. Dr Ghazi Yehia, Coordinator of the OIE Regional Representation for the Middle East, presented the animal health status of Member Countries in the region in 2001, summarised according to the written or verbal reports presented to the Conference.

### **List A diseases**

#### **Foot and mouth disease**

29. Foot and mouth disease (FMD) was reported during the first six months of 2001 in Iran, Kuwait, Oman, Qatar, Saudi Arabia, Turkey and Yemen.
30. In Iraq, the disease was brought under control by the implementation of a vaccination programme following the occurrence of the largest epizootic of FMD over the past two decades.



31. In Iran, 95 outbreaks of FMD were reported from January to March 2001 due to types A, Asia 1 and O.
32. In Kuwait, five outbreaks were observed in Kabd and one in Wafra. Virus type O was identified. A total of 2 200 animals in smallholder farms at Abdally, Kabd and Wafra have received emergency vaccination against FMD since the first outbreak.
33. In Qatar, where the disease had not been reported since April 2000, an outbreak of the disease was reported in the Western region in April 2001.
34. In Saudi Arabia, 46 outbreaks of FMD were reported throughout the country in March 2001 due to type O.
35. In Turkey, one outbreak of FMD due to type O occurred in the Thrace region where the disease had not been reported since June 1996. A total of 7 547 cattle and 7 020 sheep and goats in 12 villages around the outbreak were vaccinated with a trivalent (A, O, Asia 1) foot and mouth disease vaccine.

### **Rinderpest**

36. In October 2000, Iran notified its intention to halt vaccination against rinderpest in four provinces and to begin applying an epidemiological surveillance system in these provinces following the OIE pathway for this disease.

### **Peste des petits ruminants**

37. Iran, Iraq, Oman, Yemen and Turkey reported outbreaks of peste des petits ruminants during the first half of 2001.

### **Rift Valley fever**

38. Three cases of Rift Valley fever were reported in Yemen in April 2001.

### **Sheep pox**

39. The disease continued to be reported in the following countries: Iran, Iraq, Jordan, Oman, Qatar, Turkey and Yemen.

### **Newcastle disease**

40. During the first six months of 2001, Iran and Turkey reported the presence of Newcastle disease on their territory. The disease is enzootic in Iraq where outbreaks occur sporadically in different parts of the country, especially in birds owned by smallholders.
41. In Turkey, where the disease had not been reported since July 1997, an outbreak was reported in small flocks in the western part of the country in May 2001.

(For List B and other diseases, participants were asked to refer to the country reports in their files.)

42. Dr Ali Arab, Chairman of the Session, then invited Delegates of Member Countries to report on any changes that had taken place regarding the animal health status of their country during the first semester of 2001.

## **Discussion**

43. The Delegate of Bahrain briefly reported on the epidemiological situation in his country, in particular on FMD in cattle as well as in deer, as his country's report had not been submitted in time to be included in the report.
44. The Delegate of Iraq indicated that there were no cases of Rift Valley fever in his country and that there was no foundation in rumours of cases. He asserted that FMD has been totally controlled, and added that only 200 animals had been affected by screwworm.
45. The Delegate of Jordan observed that there was an error in the report presented by Dr Yehia with regard to FMD. He stated that the last case of FMD was recorded in 1999 and that there are no cases at present, contrary to what was indicated. He added that the same was true for bovine tuberculosis, as the State had adopted health prerequisites, such as specifying that imported animals must be free of this disease.
46. The Delegate of Saudi Arabia clarified that there is no case of Rift Valley fever in his country at present.
47. The Delegate of the Sudan remarked that the information presented on rinderpest was outdated. There are presently only three zones, and not four, for monitoring and surveillance. He requested that the table be corrected.
48. The Delegate of Syria explained that the animal health situation in his country is good and that Syria has been free of rinderpest and FMD since 1992, thanks to the implementation of immunisation programmes. Furthermore, all veterinary services are freely provided to all sectors by the Ministry of Agriculture. Dr Al Aloul added that there is a joint commission with the Ministry of Health to study the animal health situation and draw up plans aimed at the control of zoonoses, as well as a plan for national immunisation against brucellosis.
49. The Representative from France stated that FMD is a dangerous disease threatening countries worldwide, and that especially in 2001, it has become a new disease for many countries in Europe. He indicated that during the meeting the previous week of the OIE Foot and Mouth Disease and Other Epizootics Commission, it was announced that France, Ireland, the Netherlands and the Republic of Korea are free of FMD.
50. The Delegate of Somalia informed participants that the country report would be distributed the same day, giving information on Rift Valley fever. He asserted that due to the civil war in his country, there are difficulties impeding monitoring the disease, and requested support in carrying out disease detection.
51. In response to a request from the Representative of the Arab Organization for Agricultural Development, Dr Al-Izzi, that the correct information be indicated in the table, the Session Chairman indicated that it would be rectified and distributed to participants.

## **Rift Valley fever**

52. Dr Paul Rossiter, regional livestock co-ordinator for the FAO in Nairobi, Kenya, gave a short presentation on 'Reducing the risk of transmitting Rift Valley fever and other diseases in livestock from the Horn of Africa'.
53. Dr Rossiter recalled that countries in the Horn of Africa export millions of live animals annually to the Middle East. Trade is at times unofficial or poorly regulated and some outbreaks of animal diseases in the Middle East appear to have been related to infection imported in these livestock. He emphasised that there is currently a ban on the importation of livestock from the Horn of Africa to

the Middle East following outbreaks of Rift Valley fever (RVF) in Saudi Arabia and Yemen. This loss of markets is having a very significant negative impact on the socio-economy of pastoral societies of the 'Horn' and on food security in certain importing countries.

54. Dr Rossiter pointed out that the FAO, with the United Nations Development Programme (UNDP) and the Organisation for African Unity (OAU), is working towards re-establishing a more regulated trade for the mutual benefit of importing and exporting countries alike. A consultation of experts in Rome in May 2001, recommended procedures that, if applied, should significantly reduce the risk of RVF being transmitted in trade livestock. These include stopping trade during periods of high risk for RVF, the use of modern early warning techniques to predict the periods of high risk and the option of vaccination with live vaccine. The meeting also noted that during the inter-epizootic periods, when rainfall in the Horn is within normal limits, this disease is present at such low prevalence that it does not pose a significant risk to humans and should not constitute a barrier to normal trade.
55. Dr Rossiter further stated that the expert recommendations were endorsed by a technical meeting of senior representatives of animal health services of the countries in the Horn of Africa, and international observers, held in Nairobi in June. This meeting confirmed that the countries of the Horn will implement whatever disease control strategies the importing countries require for RVF and for other diseases. In view of this, it recommended the establishment of a forum in which representatives from the importing and exporting countries could meet to define these requirements and strategies, and to regulate all other relevant aspects of the livestock trade. In addition, it recommended that the OIE should be asked to consider amending its code for RVF in line with current understanding of the epidemiology of the disease in infected countries.
56. Dr Vallat agreed that the OIE would update the chapter on Rift Valley fever in the OIE *International Animal Health Code* and proposed to also host a meeting in 2002 with importing and exporting countries concerned by Rift Valley fever and other important diseases, as well as scientists and representatives of the OIE Regional Commissions for the Middle East and Africa.

### **Discussion**

57. Dr Mansour Kassab, Conference Chairman, thanked Dr Rossiter for his very interesting presentation. He recalled that RVF is an emerging disease that has mainly a social impact due to the economic consequences of trade. He remarked that the Middle East countries are generally not prepared for veterinary action, epidemiological surveillance and monitoring of diseases. These problems are also faced with other diseases. He suggested that funds be found through the Regional Commission, for example, from IFAD and Kuwait Bank, to develop programmes to eradicate RVF. Dr Kassab added that common programmes should be consolidated to fight the disease.
58. The Director General of the OIE informed participants that the Regional Commission for Africa had prepared a recommendation on RVF, involving the OIE, FAO and OAU to help exporting and importing countries to solve the emergence of RVF in both Africa and the Middle East regions. Dr Vallat once again observed that the OIE would update the chapter on RVF in the *Code*, as some new scientific information on the disease was available.
59. In reply to a question raised by Dr Rossiter, Dr Vallat said that the meeting between exporters and importers should be held once the new chapter on RVF had been drafted within six months, i.e. at the beginning or during 2002. He suggested the cooperation of the FAO and OAU. Dialogue should involve the OIE Regional Commissions for both Africa and the Middle East. He assured participants that the OIE would make every effort to further this dialogue.
60. Dr Kazemi from Iran enquired how long it takes for the disease to be transmitted from the Horn of Africa to Saudi Arabia and Yemen and under what conditions. He stressed the need for a good regional surveillance system.

61. Dr Rossiter replied that exactly how or when the virus crossed from Africa to the Arabian peninsular is unknown. It could have been carried in livestock or in mosquitoes. Concerning spread within the Middle East, certain areas are clearly very suitable for propagating and, probably, maintaining the virus. These potential 'hotspots' should be included in future disease surveillance programmes.
62. Dr Rossiter agreed to a remark by the Conference Chairman that importers might prefer to import from disease free countries, but also noted that a fully immunised animal was equally safe.
63. The Delegate of Bahrain enquired on the period of survival of the virus and whether the meat or live animal should be controlled. He added that Dr Rossiter had mentioned a period of five to six months before importing. The question was whether to import livestock or to import meat.
64. Dr Rossiter replied that both meat and the live animal should be controlled. He agreed that meat would be safer.
65. In reply to a query from the Delegate of Somalia regarding the conditions for propagating the virus and the longevity of the virus in the animal or insect, Dr Rossiter responded that the virus can remain in the eggs of insects for up to fifteen years. He added that for safe trade and economic impact, Rift Valley fever must be monitored. However, epizootics sometimes need thirty years to emerge, which complicates surveillance and that it was unfair to totally ban trade.
66. The Delegate of Syria mentioned a strategy recommendation to vaccinate animals and wondered whether this was sufficient to prevent spread. Dr Rossiter replied that protective immunity is absolute within one month of vaccination and that it is lifelong for domestic livestock. However, it is up to the importers to give specific instructions to exporters. Vaccination is widely and safely used in South Africa and Eastern Africa.
67. Dr Hassan from the Sudan requested verification from Dr Rossiter with regard to controversial ideas on the disease, for example, that it cannot be transmitted through meat. He added that the situation is critical and that the OIE should take the initiative to bring exporters and importers together.
68. Dr Rossiter observed that extensive work is being undertaken at the Onderstepoort Veterinary Research Institute in South Africa on various strains of RVF. He said that apparently the virus in Saudi Arabia and Yemen are the same family as that of Eastern Africa discovered in 1997. There appears to be a genetic link with the virus on the Arabian Peninsular.
69. Dr Al-Khalaf remarked that Kuwait had decided to vaccinate with imported vaccine from South Africa, but that it was difficult to control imports. He enquired whether it was necessary to repeat vaccination yearly and whether all animals or a random sample should be vaccinated.
70. Dr Rossiter replied that trade stock should be vaccinated as a first step and that routine vaccination was not necessary. Risk was mainly in border areas. He emphasised that the Middle East region needs a regional approach, including the weather pattern, satellite data, a regional diagnostic laboratory producing vaccine, etc.
71. Dr Kassab once again stressed the need for an OIE/FAO/OAU meeting in Paris, including scientists and importers/exporters from the Africa and Middle East Commissions.
72. Dr Vallat assured participants that a meeting of this nature would be organised, if coordinated with the FAO and OAU, but emphasised that the new chapter on RFV in the *Code* must first be drafted.

## ITEM I

### **Restructuring of Veterinary Services through consolidation of private veterinary practice and introduction of new approaches for integration of target groups in the Middle East**

73. Dr Hassan Aidaros, Chairman of the Session, introduced Dr Ahmed Hassan, the speaker for this item.
74. Dr Hassan introduced his presentation by remarking that in most of the countries of the world, public veterinary services constitute the central body that deals with all activities concerning animal health care and disease control. The world trend is towards a reduced role for the State as a direct veterinary services provider. Hence, new models for service delivery are in strong demand by livestock herder communities.
75. The speaker explained that in numerous countries, especially developing countries, the effectiveness of animal health activities is hampered by weakness in the overall organisation of Veterinary Services' health activities, namely: a) the excessive administrative centralisation that characterises the analysis of health problems, in which the search for solutions depends solely on technicians; b) asymmetric relationship between the official services and the groupings concerned with livestock production, which sometimes leads to social isolation; c) the poor coordination with other sectors and institutions present in the rural areas; d) the low importance accorded to the health role of small scale producers.
76. Dr Hassan emphasised that prior to embarking in the restructuring process, public veterinary services should undertake certain steps. These steps include: determining which tasks should be commercialised or made competitive, soliciting potential providers for these tasks, and further reconciling them with professional technical judgment and experience.
77. With regard to community participation, Dr Hassan observed that one of the most outstanding models of this type of participation is the active involvement of the community in the carrying out of vaccination and treatment of livestock. This form of involvement is mostly preceded by the organisation of the community and social members into social committees. However, the problems facing Veterinary Services in some African countries were enumerated to be: vastness of the pastoral area with harsh climatic and environmental conditions, low staffing percentage in relation to the number of livestock in the area, poor infrastructures, limited vaccination coverage, poor system of cost recovery. Veterinary services are poorly developed generally in many underdeveloped countries of Africa and Asia. The situation is particularly serious in more remote, dry land areas inhabited by pastoral and agro pastoral communities. These areas are characterised by their large size, harsh climate, poor infrastructure, and relatively small but mobile human populations. These factors are constraints to conventional fixed-point service delivery through facilities such as government or private, urban-based veterinary clinics.
78. According to the speaker, decentralised animal health systems, in the late 1980s, began to attract increasing interest from Non-Governmental Organisations (NGOs) working in marginalised areas of Africa, particularly dry land areas, inhabited by pastoralist communities. The concept of community participation and its role in animal health services was reviewed. Many NGOs were active in developing projects in pastoral areas of Kenya.
79. Dr Hassan concluded by pointing out that in most of the community animal health systems, workers are expected to treat a limited range of important animal health problems. These problems are identified via participatory assessments with livestock keepers and the project focuses on those ailments that are locally prioritised. Typical animal health problems covered by CBAHWs include worms, ticks, flukes, trypanosomias and various infectious diseases responsive to antibiotics.

In addition, vaccination against the most important diseases also takes a major part of the CBAHWs' time. They also act as reporters for disease outbreaks. The message for notification of disease outbreak is usually communicated to the CBAHWs' supervisor, NGO staff or local government veterinary officer.

### **Discussion**

80. The Chairman congratulated Dr Hassan on his informative and interesting presentation and invited comments and questions from the participants.
81. A member of the Delegation of Jordan gave details of his country's experience in privatisation, stating that the implementation of CAHWs has already been initiated with outstanding results. He commented on the importance of an exchange of views between different countries in order to find the most suitable model to be implemented in the Middle East. Dr Al Domy called for the support and assistance of international organisations, such as the OIE and FAO, with regard to the implementation of the CAHW concept.
82. Dr Talib Ali of the FAO emphasised the importance of improving the delivery system and mentioned the FAO's experience in developing privatisation and the training of auxiliary staff, who contribute to a great extent to the improvement of the delivery of veterinary services.
83. The Delegate of Bahrain briefly reported on developing privatisation in the Gulf countries and recommended that this experience be studied in depth and supported. He also emphasised that this was the most suitable approach to be implemented by all OIE Member Countries.
84. The Director General of the OIE remarked that the OIE would publish guidelines on this issue, with a view to reflecting the importance of private veterinarians and/or CBAHWs to work together with the public veterinarian, in order to ensure better disease surveillance and good certification of the export/import of livestock and livestock products by the veterinary authorities. He also recalled the procedure to be followed in submitting these recommendations for adoption by the OIE International Committee.
85. The President of the Regional Commission remarked on privatisation in Kuwait over the past fifteen years. He proposed that a workshop be organised by the OIE to enable its Member Countries to exchange views and to draw up plans for the implementation of privatisation and other similar approaches to improve the delivery of veterinary services.
86. The Session Chairman concluded by thanking all the participants, and then requested a small group consisting of the speaker, Dr Hassan, Dr Fuad Al Domy (Jordan) and Dr Pavlos Economides (Cyprus), to draft a recommendation on this item.

**Tuesday 25 September 2001**

### **ITEM II**

#### **Public and animal health importance of Crimean-Congo haemorrhagic fever and other tick-transmitted diseases of animals in the Middle East**

87. The Chairman of the Session, Dr Ali Majid, briefly introduced the speaker for this item, Prof. Hassan Aidaros.
88. Prof. Aidaros began his presentation by giving a brief history of Crimean-Congo haemorrhagic fever (CCHF) and other tick-transmitted diseases. He explained that CCHF was first observed in the Crimea in 1944 and 1945. The agent was detected in the larvae and in adult ticks, as well as in the blood of patients during the fever. This agent, presumably a virus, was not maintained in the laboratory and was lost. Congo virus was first isolated in Africa from the blood of a febrile patient in

Zaire in 1956. In 1967, Simpson *et al.* described 12 cases of a feverish illness of which 5 were laboratory infections; the virus was isolated by the inoculation of blood into new-born mice. Simpson showed that these viruses were similar to the one isolated in 1956. Casals then showed that the viruses isolated in cases of Crimean hemorrhagic fever and the Congo virus were serologically indistinguishable and demonstrated that other virus strains from Central Asia, the former USSR and Bulgaria were similar.

89. The speaker recalled that the virus has been classified as a Nairovirus in the genus Bunyavirus in the family Bunyaviridae. Laboratory studies have shown that the Congo virus is related to the Hazara virus and to the Nairobi sheep disease virus; together they form the Nairovirus group. In Africa, the virus has been isolated from a variety of animals, including cattle, sheep, goats, hares and hedgehogs, and from a number of ticks that parasitise them.
90. In conclusion, Dr Aidaros indicated that recent changes in both demographics and living preferences have influenced the number of both animal and human tick-transmitted diseases. Increased human populations in rural areas has resulted in both reducing the number of some hosts that ticks might normally feed upon or conversely, increased the number of a particular host that ticks feed on. There are at least 840 tick species in two major families, namely the Ixodidae or 'hard' ticks and the Argasidae or 'soft' ticks. Ticks are the most important ectoparasites of livestock in tropical and sub-tropical areas, and are responsible for severe economic losses, both through the direct effects of blood sucking and indirectly as vectors of pathogens and toxins. The major losses, however, caused by ticks are due to their ability to transmit protozoan, rickettsial and viral diseases of livestock, which are of great economic importance world-wide.

### **Discussion**

91. The Session Chairman thanked Dr Aidaros for his informative and comprehensive report and opened the floor for discussion.
92. Dr Fuad Al Domy of Jordan thanked Dr Aidaros for his informative presentation and remarked that the speaker had mentioned that three countries had reported the disease, namely, Cyprus, Iraq and Saudi Arabia. He observed that it would be advisable that each country in the region undertake detection for the disease. Dr Al Domy then enquired whether there is any breed resistance and whether danger exists regarding CCHF, as Jordan is preparing to import meat (fresh chilled) from Kazakhstan and Uzbekistan.
93. Dr Pavlos Economides informed the participants that Cyprus is free from Crimean Congo fever and Rift Valley fever, as no cases have ever been recorded.
94. Dr Aidaros confirmed the statements of Dr Economides.
95. Dr Ahmed Hassan from Sudan thanked Dr Aidaros for his informative report and commented that the virus was isolated in animals showing no symptoms. He remarked that in spite of the high economic impact of ticks and tick-borne diseases, the OIE has not added CCHF to its disease lists.
96. Dr Aidaros replied that animals play an important role and act as a reservoir and again stressed the importance of control of all tick-borne diseases. He added that he agreed with Dr Hassan that CCHF should be added to the OIE list of notifiable diseases.
97. The Delegate of Iraq confirmed that there were many cases of CCHF in his country and that the virus was isolated in early 1982. After the application of insecticides in 1997, cases began to decrease. No cases were recorded during the first six months of 2001, but two cases were detected in July.

98. Dr Paul Rossiter reported that a WHO supported meeting on viral haemorrhagic fever had taken place in Cairo from 10 to 13 September 2001. At this meeting, the scientific authority on CCHF had stated that increased surveillance for the agent would reveal that it is significantly more prevalent and widespread than previously believed.
99. In reply to a query from the Delegate of Bahrain regarding the transmission of the disease by any other insects, Dr Aidaros stated that any insect and any other blood-sucking ectoparasites can transmit the disease.
100. Dr Al-Izzi of the AOAD enquired whether doctors and nurses can be infected through treating patients, and Dr Aidaros replied that they need a barrier.
101. Dr Ahmad Kazemi from Iran remarked that his country had sent the questionnaire on this item and Dr Aidaros confirmed that it would be included in the report. In reply to Dr Kazemi's question on which diagnostic test would be used to set up surveillance in Egypt, Dr Aidaros replied that if the Elisa technique is used, it has to be confirmed as it is unreliable.
102. Dr Vallat observed that he hoped that the Conference would recommend that this disease be added to the OIE disease list and be included as a chapter in the *Code* as guidelines for surveillance.
103. The Delegate of Cyprus enquired whether there was any literature on the survival of the virus in meat, to which Dr Aidaros responded that it can survive for over ten days, depending on the temperature, i.e. chilling or freezing.
104. The Delegate of the Sudan observed that the speaker had not mentioned infection of soft ticks in poultry production. Dr Aidaros confirmed the losses due to soft ticks and added that ticks and tick-borne diseases are not given great importance in all countries, although they cause high economic losses.
105. In reply to a query on vaccination, Dr Aidaros specified that there are certain vaccines against tick infestation. Trials are being carried out on tick vaccination, but to date there is no commercial vaccine; however, biological control method is carried out in some countries in Northern Africa. He emphasised that regionalisation should be established in this context, but added that in the Middle East region this would be difficult, due to the movement of animals, which impedes surveillance.
106. The Session Chairman concluded the discussion by thanking all the participants. He then requested that a group be formed to draft a recommendation on this technical item. Dr Hasan Al Aloul (Syria), Dr Mohsen Hussain (Iraq), Dr Mohamad Al Ogaily (Saudi Arabia), Dr Assad Ragheb (Jordan) and Dr Rachid Suleimany (Oman) agreed to assist the Chairman, Dr Ali Majid (Sudan) and the speaker, Dr Aidaros, in the preparation of a recommendation.

### **OIE Regional Representation for the Middle East**

107. Dr Ghazi Yehia, Coordinator of the OIE Regional Representation for the Middle East, based in Beirut, Lebanon, briefly reviewed the aims and future activities of the Regional Representation.
108. The Coordinator recalled the main objectives of the OIE Regional Representation as being: to improve conditions of surveillance and control of animal diseases in the region, to improve animal health information systems, to harmonise animal health regulations between Member Countries, to address animal and public health emergencies, and coordination with international and regional organisations in mutual projects and joint workshops.
109. Dr Yehia then gave brief information on workshops that have taken place or that are still to be held in 2001 and 2002:



- Workshop on risk analysis in trade of animals and animal products, Dubai (United Arab Emirates), 9-12 April 2001.
  - Workshop on the eradication of major animal diseases in the region, Alexandria (Egypt), November 2001.
  - Joint workshop with MZCP and Méditerranée Vétérinaire, Beirut (Lebanon), March 2002.
  - Joint workshop with OIE Regional Representation for Africa, Tunis (Tunisia), September 2002.
  - Workshop on camels and wildlife diseases, Kuwait, December 2002.
110. In conclusion, Dr Yehia mentioned the publication of a *Regional Disease Report* on detailed data and disease information not already published in the OIE *Bulletin* and fully validated by the respective Chief Veterinary Officers, translation into Arabic of the OIE *International Animal Health Code* and setting up of a Web site proper to the Regional Representation, to include all information on the animal health status in the region in Arabic and English.
111. The Conference Chairman thanked Dr Yehia for his comprehensive report.

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

112. Dr Mansour Kassab, Chairperson of this Session, invited presentations from international and regional organisations.

#### **World Health Organization/MZCC**

113. Dr Aristarhos Seimenis, Director of the WHO/Mediterranean Zoonoses Control Centre in Athens, Greece, described the Mediterranean Zoonoses Control Programme of the World Health Organization and its Plan of Work for 2000-2001.
114. The WHO Representative recalled that the Mediterranean Zoonoses Control Centre (MZCC) was established in 1979 in Athens, Greece, following the creation in 1978 by the WHO of the Mediterranean Zoonoses Control Programme (MZCP). The participating countries in the Programme are Bulgaria, Cyprus, Egypt, Greece, Lebanon, Kuwait, Portugal, Saudi Arabia, Spain, Syria and Turkey; countries associated with the Programme are Algeria, Italy, Jordan, Malta, Morocco, Tunisia and Yemen. Italy is expected to formally join the Programme in the near future. Participating countries meet every two years in a Joint Co-ordinating Committee, which, together with the WHO, is the governing body of the Programme, to evaluate the activities implemented during the past two years and define the Programme's plan of work for the next biennium.
115. Dr Seimenis added that the MZCP closely collaborates with the Department of Communicable Diseases Surveillance and Response (CSR) at WHO headquarters, Geneva, as well as with the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt, specialised WHO Collaborating Centres and the MZCP network of National Participating Institutions. Moreover, it maintains close relationships with the Office International des Epizooties (OIE) and the Food and Agriculture Organization of the United Nations (FAO).
116. Dr Seimenis briefly outlined the main objectives of the Programme, namely to foster, both at national and inter-regional levels, programmes for the surveillance, prevention and control of zoonoses and related food-borne diseases as an integral part of national health programmes, to strengthen the co-operation between national animal health and public health services in order to improve surveillance, prevention and control of these diseases, and to foster collaboration between MZCP Member States. He added that the MZCC, in close co-operation with specialised WHO Collaborating Centres, implements and co-ordinates the activities of the Programme.

Such activities include: exchange of information; planning and co-ordinating research projects; planning and conducting training courses; organising seminars, workshops, conferences, expert consultations; organising individual or group training in laboratory techniques and epidemiology; publishing and distributing educational and informative material; conducting surveys; promoting surveillance and reporting systems; and promoting public health education.

117. With regard to the MZCP plan of work for the period 2000-2001, Dr Seimenis explained that it included mainly training activities at international and national levels on subjects selected by the member countries. These activities aim towards improving the quality of human resources in the member countries. This new orientation of the MZCP activities enable it to respond to the necessities of its participating countries in this and other crucial sectors.
118. In conclusion, Dr Seimenis indicated that the MZCP has been recognised as an essential tool towards meeting the following important targets:
- Development, in its field, of long standing collaborative practices between participating countries as well as other countries of the region.
  - Promotion of surveillance, prevention and control of the most important zoonoses and food-borne infections affecting the region through joint efforts.
  - Contribution for better understanding of the importance and the need of intersectoral collaboration between animal and public health sectors, as well as other services with overlapping competencies to optimise resources and co-ordinate activities.
119. The Session Chairman thanked Dr Seimenis for his interesting presentation.

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

120. Dr Faouzi Kechrid, President of the Euro-Arab Veterinary Association, gave a brief account of the 27th World Veterinary Congress to be held in Tunis from 25 to 29 September 2002. A 3-day International Workshop on Food Safety and Veterinary Services will take place from 26 to 28 September as part of the congress. He warmly invited participants to attend this Congress.
121. The Director General of the OIE added that this workshop would be organised for the Delegates of the Middle East and Africa regions, in collaboration with the FAO, WHO, WTO and World Bank.

#### **Food and Agriculture Organization of the United Nations**

122. Dr Talib Murad Ali, Regional Animal Production and Health Officer of the FAO Regional Office for the Near East in Cairo, Egypt, presented a proposal for the establishment of a Regional Animal Health Commission for the Near East, which had been unanimously approved by the 25th Near East Regional Conference held in Beirut, Lebanon, in March 2000. The proposal was again discussed at the 25th Arab Veterinary Conference held in Cairo, Egypt, in May 2001.
123. The FAO Representative specified that the Commission would group organisations having a mutual interest in cooperating with a view to ensuring coordination in animal disease surveillance and control activities, as well as sustainable animal production, in the Near East region. He added that the AOAD, Gulf Cooperation Council (GCC) and the OIE would be consulted and their views sought before the completed Preamble is officially submitted to the member states for verification.

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

124. Dr Mohammed A.J. Al Izzi, Regional Coordinator of the Emergency Project of Old World Screwworm (OWS) Control in the Middle East, and Representative of the Arab Organization for Agricultural Development, based in Khartoum, Sudan, mentioned the mysterious outbreak of Old World screwworm (*Chrysomia bezziana*) in Iraq and the urgent action of regional and international

organisations (AOAD, FAO, IAEA, OIE, etc.) in that country to combat the fly. Livestock is of considerable importance in the Middle East and Gulf countries, especially in Iran, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria and the United Arab Emirates. Their total area of 5,174,363 km<sup>2</sup> has 127,264,800 head of animals (sheep, goats, cows, buffaloes, camels, horses, mules and donkeys). The number of myiasis cases by *Ch. bezziana* seems to be related to environmental conditions.

125. Dr Al Izzi also outlined the status of OWS in each country and its relation to animal health conditions. The countries under direct risk of OWS are Bahrain, Iran, Iraq and Oman. There are scattered cases in other countries. He added that the status of OWS was undertaken with quarantine regulations and animal imports.

### **Discussion**

126. The Conference Chairman thanked Dr Ali and Dr Al Izzi for their interesting presentations and asked for comments from participants.
127. In reply to an enquiry from Dr Kazemi about the availability of the future programme on OWS, Dr Al Izzi replied that the document would be distributed to all participants later in the day.
128. The Delegate of Jordan thanked Dr Al Izzi for his report and congratulated him on his new position as Regional Coordinator in the AOAD and wished him much success.

### **Animal health situation in the European Union**

129. On the request of Dr Al-Khalaf, the Conference Chairman, for comments from observers, Dr Etienne Bonbon, Veterinary Attaché for the Near and Middle East regions, based at the French Embassy in Beirut, gave a brief overview of the animal health situation in the European Union.
130. Dr Bonbon recalled that FMD struck Europe at the beginning of the year and that the results were devastating, mainly with regard to export bans. He mentioned that the OIE Foot and Mouth Disease and Other Epizootics Commission had reinstated three European countries as 'officially free without vaccination', namely, France, Ireland, the Netherlands (and the Republic of Korea in Asia), and had undertaken to remove the bans if still in place.
131. Dr Bonbon then raised the subject of bovine spongiform encephalopathy (BSE) and stated that all regulations in the European Union have been harmonised. Clinical surveillance and testing of all animals over 30 months of age at the slaughterhouse (even 24 months since a few months ago), and testing of all dead animals in the field. Dr Bonbon gave examples in France and mentioned that 1,5 million tests in slaughterhouses have been conducted, thereby finding 39 cases. Cases were also identified in the field through clinical surveys and testing of dead animals. He added that despite this concentrated surveillance system, which covers the entire national herd, France remains in the low incidence group of countries, according to the OIE *Code* (below 100 cases per million cattle over 2 years per year). The same applies to other European Union countries that have recently identified the disease when the surveillance system was initiated in 2000. Dr Bonbon assured participants that he would be available to assist them in setting up a surveillance system on BSE in their countries adapted to their local conditions.
132. On the request of the Session Chairman to present the Cyprus experience on all BSE issues, Dr Economides informed participants that Cyprus is free from BSE. He added that for the preparation of the country profile in accordance with the provisions of the OIE *International Animal Health Code*, risk analysis and surveillance are required, which must include testing suspect, dead and all animals slaughtered over 30 months of age.

133. The Session Chairman then requested Dr Pavlos Economides, Prof. Hassan Aidaros and Dr Mansour Kassab to prepare guidelines on managing all issues related to BSE in Member Countries of the region.

#### **Regional project for the prevention and control of priority diseases in the Middle East**

134. Dr Ghazi Yehia, Coordinator of the OIE Regional Representation for the Middle East, presented a draft of a regional project for the prevention and control of priority diseases in Middle East countries. The project aims to give financial and technical support to these countries to enable them to carry out the prevention, surveillance and control of foot and mouth disease, Rift Valley fever and BSE. This programme would facilitate promoting trade in animals and animal products at a regional level.

#### **International Health Certificates**

135. Dr Mustapha Mestom, Deputy Director of Animal Resources at the Lebanese Ministry of Agriculture, presented a draft of a series of International Health Certificates for trade in animals and animal products. These certificates were put forward as specimens for consideration by the participants, in order to discuss and set up a regional system for animal health certification.

#### **Presentation of draft Recommendations Nos 1, 2, 3, 4 and 5**

136. Draft Recommendations Nos 1, 2, 3, 4 and 5 on the two technical items of the Conference and other relevant topics to the region were presented to the participants and put forward for discussion. All five Recommendations were adopted.

#### **Date and venue for the 7th Conference of the OIE Regional Commission for the Middle East**

137. The President of the Conference asked Delegates present if one of their countries wished to host the 7th Conference of the OIE Regional Commission for the Middle East. On behalf of the Government of his country, the Delegate of Turkey invited the Regional Commission to hold its next Conference in his country during the last week of September 2003. The participants applauded this proposal.

### **Wednesday 26 September 2001**

#### **Field trip**

138. Participants found the field trip organised by the host country to the IFAD Project and Liban Lait to be of great interest, and also enjoyed the lunch offered by Liban Lait and the visit to Baalbeck. They extended their sincere thanks to the organisers for their kind hospitality.

### **Thursday 27 September 2001**

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

139. The Conference approved Recommendation Nos 1, 2, 3, 4 and 5 and adopted the draft Final Report pending certain amendments.

## **Closing Ceremony**

140. On behalf of His Excellency, Minister of Agriculture, Dr Ali Abdallah, and the Director of Animal Resources, Dr Mansour Kassab, as well as the Ministry staff, Dr Ghazi Yehia thanked participants for their contribution in the success of the Conference. He once again assured Delegates that the OIE Regional Representation for the Middle East would always be at the disposal of the Regional Commission and Veterinary Services in the region to provide assistance and advice relating to animal health care, animal production, programmes aimed at eradicating infectious diseases, information and publications. He stressed that the Regional Representation is the direct bridge to authorities world-wide and to international organisations, mainly the OIE. Dr Yehia ended by extending his deepest sympathy, on behalf of all participants, to Dr Assad Abu Ragheb for the sad loss of his brother in Amman, Jordan, during the week of the Conference.
141. The Director General noted the conclusions to be drawn from the proceedings of the Conference and praised its success and the interest of the technical items chosen by the Commission. He added that due to the efficient preparatory work of the speakers, the scientific and technical discussions were particularly rich in knowledge for all participants, and that the representatives of the Member Countries had expressed remarkable cohesion in the Recommendations they adopted unanimously. Dr Vallat referred specifically to the Recommendation on the development of the use of Arabic in OIE activities and the Recommendation on the establishment and functioning of a Regional Veterinary Committee responsible for examining measures to be taken in the case of a serious disease threatening animals in the region. He noted with satisfaction that the Commission had expressed its intention to participate more closely in the preparation of international standards promulgated by the OIE and recognised by the World Trade Organization, and its engagement to use them as a basis to develop and harmonise national legislation of Member Countries.
142. Dr Vallat emphasised that the results of the Conference were very encouraging and that some of them could even serve as an example to other regions of the world. However, in order to carry out these projects, new financial resources have to be found, and he assured the participants that he would make every effort to assist them in approaching specialised international and regional organisations to this effect. In conclusion, the Director General extended his sincere thanks to the Government of Lebanon, the Veterinary Services and Regional Representation for the excellent organisation and warm hospitality, and for all the kindness received.
143. The President of the Regional Commission read the motion of thanks to the Government Authorities of Lebanon. Dr Al Khalaf underlined the issues raised by Dr Vallat and stressed that if Member Countries in the region wished to perpetrate the use of Arabic in OIE activities, they must make every effort to contribute financially. On behalf of the Conference, the President thanked the Turkish Government for having accepted to host the 7th Regional Conference in September 2003. He wished everyone a safe journey home.
144. In conclusion, Dr Yehia extended his thanks to Dr Al Khalaf for his valuable guidance throughout the Conference, and to the staff of the OIE Central Bureau and of the Regional Representation, as well as the translators, for their efficient and successful work. He then declared the 6th Conference of the OIE Regional Commission for the Middle East officially closed at 11 a.m.

## **MOTION OF THANKS**

The President and the Members of the Bureau of the OIE Regional Commission for the Middle East, the Director General of the OIE, the members of Delegations of Member Countries, the representatives of international organisations and the observers present wish to express their gratitude to the Government of the Lebanon, the Host Country of the 6th Conference of the Regional Commission, for the warm welcome accorded them and for all the facilities made available to them during their stay in Jounieh from 24 to 27 September 2001.

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