



Organisation
Mondiale
de la Santé
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de Sanidad
Animal

7th Conference of the
OIE Regional Commission
for the Middle East
Istanbul (Turkey), 23-26 September 2003

FINAL REPORT



Office international des épizooties

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List of abbreviations

AOAD	:	Arab Organization for Agricultural Development
AU-IBAR	:	African Union - Interafricain Bureau of Animal Resources
BSE	:	Bovine spongiform encephalopathy
CBPP	:	Contagious bovine pleuropneumonia
DFID	:	Department of International Development of the United Kingdom
FAO	:	Food and Agriculture Organization of the United Nations
GREP	:	Global Rinderpest Eradication Programme (FAO)
NGO	:	Non-Governmental Organisation
MZCC	:	Mediterranean Zoonoses Control Centre
OECD	:	Organisation for Economic Co-operation and Development
OIE	:	Office International des Epizooties
PACE	:	Pan-African Programme for the Control of Epizootics
WHO	:	World Health Organization
WTO	:	World Trade Organization

Introduction

1. On the invitation of the Government of Turkey, the 7th Conference of the OIE Regional Commission for the Middle East was held in Istanbul from 23 to 26 September 2003.
2. A total of 52 participants, of which 36 Delegates and Observers from 13 OIE Member Countries and 4 international or regional organisations attended the Conference. The speakers of Items I and II, as well as the OIE Regional Representative for the Middle East, also participated in the proceedings of the Conference.

Tuesday 23 September 2003

Opening Ceremony

3. Dr Nihat Pakdil, permanent Delegate of Turkey to the OIE and Director General of the Directorate of Protection and Control of the Ministry of Agriculture and Rural Affairs, extended a warm welcome to the participants. He noted the importance of the 7th Conference of the Middle East region within the framework of cooperation between national Veterinary Services in the control of transboundary animal diseases as well as sharing knowledge and experience. He recalled that numerous diseases that are specific to the region have been encountered at various levels and times, with considerable negative influences on animal production, adding that animal health both defines and restricts animal production and international trade.
4. Dr Pakdil remarked that the national efforts of each individual country with regard to protecting its animal population from contagious diseases have not always been sufficient. Contagious diseases, such as foot and mouth disease, rinderpest or avian influenza, which recently occurred in Europe and in other continents, can easily become a world-wide threat. He observed that transboundary diseases (TADs) negatively affect food safety, human health and international trade. This situation has forced both international organisations and countries themselves to come together and implement various regional animal health projects.
5. The Delegate of Turkey stressed the importance of transparency in combating TADs and that the first objective of the OIE is to guarantee the transparency of the animal disease status world-wide, and that in order to be successful, the countries of the region should also be transparent amongst each other.
6. In conclusion, Dr Pakdil gave participants brief information on the field programme for Thursday, 25 September. He then wished participants a successful conference and a pleasant stay in Istanbul.
7. Dr Ghazi Yehia, Representative of the OIE Regional Representation for the Middle East (RRME), warmly thanked the Turkish Ministry of Agriculture and Rural Affairs for hosting the Conference and expressed his appreciation to all those present for their participation in this important event, dedicated to subjects of major importance to public and animal health. He recalled that the important mission of the OIE and its Regional Commissions and Representations is to contain, control and eradicate infectious animal diseases and zoonoses, especially those of an epizootic nature, which are of increasing economic and social importance in the changing farming and trading systems of both industrialised and developing countries.
8. The RRME Representative commented that close contact between humans and animals particularly in urban environments, urban hygiene and disposal of human and animal wastes, wildlife, insects and other vectors, as well as food safety, are all elements that should be seriously considered. The OIE RRME, which commenced its activities in 1999, ensures its collaboration with all relevant institutions to consolidate the efforts of the countries of the region to overcome all constraints to concerted and steadily implemented activities.

Firm decisions at national level and international technical co-operation are thus the only possibilities to overcome difficulties, gaps and weaknesses. Dr Yehia stressed that the Representation welcomes the exchange of information on infectious disease occurrence, surveillance, prevention and control programmes implementation, in association with technical expertise in a manner that can effectively contribute to the efficient management and control of animal, zoonotic and food-borne diseases.

9. In conclusion, Dr Yehia remarked that he expected the activities of the conference to result in significant and applicable recommendations that would lead to creating a new perspective for combating the disease problems of concern and to consolidating all national, regional and international efforts for the benefit of the people of the region.
10. Dr Hassan Aidaros, President of the OIE Regional Commission for the Middle East and OIE Delegate of Egypt, extended his thanks to the Turkish Government for inviting the Regional Commission for the Middle East to hold its conference in Istanbul. He extended his appreciation to the staff of the Turkish Ministry of Agriculture and Rural Affairs for their untiring efforts in the preparation of this conference, as well as to the personnel of the Regional Representation for the Middle East and the staff of the Central Bureau of the OIE in Paris for their helpful contribution to the preparation of this successful conference.
11. The Regional Commission President underlined the importance of the conference being held in the second half of the 3rd OIE Strategic Plan and drew attention to the main issues that will be targeted in this conference, namely, ensuring open discussions on matters of international and regional importance, presenting an account of the objectives achieved since the 6th Regional Conference in Beirut in 2001, defining regional priorities for the next two years and preparing for the new challenges of the 4th OIE Strategic Plan.
12. With regard to the region's responsibilities and objectives, Dr Aidaros identified the following activities:
 - Establishing a regional framework for the active participation of Member Countries in the current and future regional animal health activities,
 - Developing strategies to maximise the individual Member Country's inputs in the formulation and preparation of regional programmes,
 - Setting up a Web site and developing strategies to maximise regional access and utility,
 - Achieving transparency and effectiveness while disseminating animal health information amongst Member Countries,
 - Ensuring safety and fluidity of regional trade in animals and animal products,
 - Planning for the implementation of future regional animal health programmes under the major umbrella of the OIE,
 - Building the capacity of a regional Early Warning Network to accomplish all the above activities in collaboration with the regional representatives of the WHO and FAO, and
 - Establishing a mechanism for better communication amongst Member Countries of the region for rapidly dealing with potential transboundary animal disease problems.
13. In order to achieve these goals, Dr Aidaros stressed the importance of securing funds. Contributions of Member Countries should be more diversified through seeking new and rational sources that could lead to this objective, for example, by encouraging greater participation of community institutions and non-governmental organisations (NGOs) in negotiating the sanitary standards governing international and regional trade and in supporting OIE programmes. The targeted and beneficiary groups could participate in supporting the activities through consultation programmes and in financing some auxiliary activities and, at a later stage, contribute more actively and shoulder the responsibility of implementing specific project components. In this respect and in line with the

Doha Declaration of the WTO Ministerial meeting, every effort should be made to undertake the following:

- Establishing regional reference laboratories specifically for common regional endemic diseases.
- Upgrading regional and national trade-related capacities.
- Improving the delivery of veterinary services to animal populations even in distant national territories and cross-border regions.
- Giving more consideration to the issues of animal welfare, food safety and production quality.
- Harmonising animal health inspection procedures.
- Designing an economically feasible and regionally adapted animal identification system that is appropriate to the common animal husbandry systems in the Middle East and achieves the minimum requirements of traceability.
- Increasing the process of public consultation and ensuring the involvement of the regional and national scientific communities in reviewing and adapting veterinary legislation and safeguarding standards.

14. Dr Aidaros pointed out another issue of importance, namely, consolidating efforts with OIE partners, the WHO and FAO, in the field of combating zoonotic and food-borne diseases that have become issues of concern in the last few years. The outbreaks of severe acute respiratory syndrome (SARS) and the role of the animal coronaviruses in this respect is evidence of an evolving and unexceptional disease problem. This underlines the importance of considering zoonoses as one of the targets of control, due to the geographic location of the Middle East region at the cross-roads of international transportation. Food-borne diseases are another aspect of zoonotic diseases that begin and continue across the fields of production and consumption ‘from farm to fork’.
15. Finally, the President of the Regional Commission reflected that the challenges faced by the region prior to the development of the 4th OIE Strategic Plan are sufficiently important to establish a solid infrastructure for future strategies and tactics.
16. Dr Bernard Vallat, Director General of the OIE, expressed his appreciation to the Government of Turkey for hosting the Regional Conference. He remarked that one of the reasons why Turkey was considered as a most appropriate choice for this Conference, is the appreciation by the Member Countries of this region for the efficiency of the Turkish Veterinary Services, and for the importance of animal production and disease control in the country.
17. Dr Vallat stressed the particular relevance for the region, but also the world-wide interest, of the technical items chosen for the Conference. He also spoke of the Forum to be held on the fringe of the Conference programme, to discuss, amongst other issues, the programme of activities (2003-2005) of the OIE Regional Commission and Regional Representation for the Middle East. This session should facilitate the future orientation of the Region’s activities.
18. The Director General briefly reviewed the achievements of the present 3rd Strategic Plan and the preparation of the 4th Strategic Plan, which would integrate the new fields of activity, namely, welfare, bio-security and animal production food safety. Elements that will also retain particular attention are the development of the OIE’s financial resources (budgetary, voluntary and other extra-budgetary) and regional actions; the intensification of relations with other international organisations, as well as permanent political and technical support to the Veterinary Services of Member Countries.
19. Dr Vallat shortly outlined the priority areas of the specialised department devoted solely to regional activities, namely, the Department of Regional Activities officially established in January 2003 at the OIE Central Bureau.

Its role is to support the regional activities of the OIE, in particular by mobilising the resources of the Central Bureau's other specialised technical departments, funding of regional activities and assisting to ensure coherence between the activities of the Regional Commissions and those of the Regional Representations.

20. The Director General expressed his conviction that this Conference would further widespread improvement in animal and public health in the region. He concluded by wishing the participants every success with their Conference.
21. The Representative of the Minister of Agriculture and Rural Affairs welcomed participants on behalf of his Minister and the Government of Turkey. He then read the Minister's address to the Conference.
22. The Minister believed that the meeting of such an important and well-known organisation, which has been active for the past eighty years, will be beneficial for national Veterinary Services to exchange information, harmonise their regulations and develop and strengthen their relations.
23. Agriculture still holds a very important place in terms of economic and social aspects in almost all Member Countries of the OIE Regional Commission for the Middle East. The Minister gave a brief overview of the agricultural sector in Turkey, indicating that a significant portion of the livelihood of the 68 million population depends on agriculture in the rural areas, where there is a rich animal population, poultry being the most developed animal sector. Protection of animal health and safe trading in animal and animal products has a direct relation to a large section of the society.
24. Turkey is a member of such relevant organisations as the OIE, FAO, WHO, WTO, CAC and other international agencies. Following the designation of Turkey as a candidate to the European Union (EU) in 1999, harmonisation for accession to the EU has been accelerated and significant progress has been achieved in some relevant areas, such as retroactive traceability and the animal identification and registration system, which forms the pillar of the 'from farm to fork' food safety approach.
25. The Minister expressed his appreciation that the OIE has decided to take a more active role in consumer health and food safety issues and to establish a Permanent Working Group on Food Safety. Under the identification and registration system, begun in 2001, about 8 million cattle have been ringed and registered. As EU legislation and applications on veterinary medicine duly conform to the rules, standards and recommendations of the OIE, the regional actions to be carried out in line with these rules and recommendations will contribute both to national activities and to the activities of the countries of the region willing to trade with the European Union.
26. Turkey still faces animal diseases, such as foot and mouth disease, brucella, tuberculosis and sheep plague. A contribution to the eradication of hunger and poverty, still being the primary human concern world-wide, will be made by controlling these animal diseases under the co-ordination of the OIE and other international organisations, and by increasing efficiency in production and reducing losses through the provision of safe world trade. National Veterinary Services and international organisations play an important role in attaining this goal. Within this scope, the Minister assured participants that the Turkish Veterinary Service and its ten veterinary institutes, including the Foot and Mouth Disease Institute, with a developed infrastructure and know-how, will give its support to the OIE and all beneficial projects to be completed in the region.
27. All interested parties realise today that the precautions to be taken by each country alone will be insufficient for the control of diseases, especially TADs, and for safe trade in animal products. It becomes increasingly important that the precautions taken by countries should conform to international regulations and standards and that countries should co-operate with each other and with international organisations.

28. On behalf of his Government, the Minister wished all participants every success with their deliberations during the week and expressed his willingness to ensure the national implementation of the decisions taken. The Conference was subsequently declared officially open.
29. The texts of the above speeches were distributed to all participants.

Election of the Conference Committee

30. The participants elected the following Conference Committee:

Chairperson : Dr Nihat Pakdil (Turkey)
Vice-Chairperson : Dr George Khoury (Syria)
Rapporteur General : Dr Ghalib Al Eryani (Yemen)

Adoption of the Provisional Agenda and Timetable

31. The Provisional Agenda and Timetable were adopted.

Designation of Session Chairpersons and Rapporteurs

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

Item I: Prof. Hassan Aidaros (Egypt), Chairman
Dr Mustafa Tufan (Turkey), Rapporteur

Item II: Dr Salman Ebrahim (Bahrain), Chairman
Dr Ebrahim Molayemi (Iran), Rapporteur

Animal health situation: Dr Ahmed Hassan (Sudan), Chairman
Dr Naim Hussein (United Arab Emirates), Rapporteur

Animal health situation of Member Countries in the region in 2003

33. Dr Yehia presented the animal health situation of Member Countries in the region in 2003, summarised according to the written or verbal reports presented to the Conference.
34. The following report on the animal health situation in the Middle East in the first half of 2003 is based on information submitted to the OIE by Member Countries of the Regional Commission for the Middle East in their emergency and follow-up reports and monthly reports between January and July 2003. Part of the information is extracted from the national reports prepared for the Regional Conference of Istanbul.
35. **Bahrain, Cyprus, Iran, Jordan, Qatar, Saudi Arabia, Sudan, Syria, Turkey** and the **United Arab Emirates** submitted their reports on the animal health situation in 2003 for the Conference. The Delegates felt that in the future all national reports should be received at least two weeks prior to the Conference to allow for the timely preparation of the report.

List A diseases

Foot and mouth disease

36. Foot and mouth disease (FMD) is endemic in the Middle East. One of the most important epidemiological events that occurred in July 2003 is the occurrence of FMD virus type SAT 2 in cattle in Libya. Small ruminants do not seem to be affected by the disease. A total of 13 outbreaks have been reported in cattle in the north-western part of the country. This is the first time that FMD virus strain SAT 2 has been recorded in a country of the Mediterranean Maghreb region. FMD virus type SAT 2 is known to be circulating in many countries in sub-Saharan Africa; it was reported for the first time outside Africa in 2000 in **Saudi Arabia** and **Kuwait**.
37. In **Kuwait**, several outbreaks caused by virus type SAT 2 had been reported in small ruminants in 2001, but no outbreaks of this virus type were reported in 2002. During the first months of 2003, Kuwait reported 11 outbreaks of FMD type O in cattle, sheep and goats.
38. The **United Arab Emirates** reported an outbreak of FMD caused by serotype O in a dairy farm in Dubai. Before this outbreak, the last reported outbreak from this country to the OIE was in April 2001.
39. In **Bahrain**, a total of 11 outbreaks of virus type O have been reported in cattle. Vaccination is carried out twice a year.
40. In 2003, FMD type O was isolated from samples submitted by **Lebanon** to the OIE Reference Laboratory in Pirbright, in March 2003. In **Syria**, no further outbreaks have been reported since March 2002, when cattle from the region of Damascus contracted the disease with serotypes O and A being identified. **Jordan** has not reported to the OIE any FMD outbreak since August 1999.
41. **Qatar** reported no new cases of List A diseases during the first half of 2003. Vaccination is continuing.
42. In **Turkey**, FMD is endemic in Anatolia where types O, Asia 1 and A are circulating. Twenty-two FMD outbreaks (seventeen of type O and five of type A) were reported during the first six months of 2003. In this country, mass vaccination against FMD is applied twice a year (autumn and spring) on large ruminants. The objective is to reach at least 80% of vaccination coverage of large ruminants. Mass vaccination is applied once a year (spring) for small ruminants in the Thrace and Marmara regions.

Rinderpest

43. Many countries from the Middle East are progressing towards the OIE pathway for official rinderpest free status recognition.
44. In May 2003, **Egypt** and **Turkey** were recognised by the OIE as rinderpest disease free countries.
45. In June 2003, the Delegate of **Iran** declared his country provisionally free from rinderpest. In March 2002, the Delegate of **Sudan** declared an extension to his country's zone provisionally free from rinderpest.
46. In July 2003, the Delegates of **Kuwait** and **Qatar** declared their countries provisionally free from rinderpest.
47. **Syria** continues vaccination of cattle herds against rinderpest.

48. The **United Arab Emirates** vaccinate yearly against rinderpest, although the last rinderpest outbreak reported in this country was in 1994.

Peste des petits ruminants

49. Peste des petits ruminants has never been reported in **Cyprus**, but is endemic in many countries of the Middle East. Several countries from the region are reporting outbreaks. **Yemen** reported 60 outbreaks during the first quarter of 2003. **Oman**, the **United Arab Emirates**, **Saudi Arabia** and **Turkey** reported outbreaks of the disease.
50. The following countries reported the absence of outbreaks of peste des petits ruminants to the OIE: **Bahrain, Cyprus, Egypt, Kuwait, Qatar, Sudan** and **Syria**.

Contagious bovine pleuropneumonia

51. No outbreaks were reported to the OIE from the Middle East region in 2003.
52. In 2002, outside Africa, only **Yemen** reported the presence of the disease.

Sheep pox and goat pox

53. The presence of sheep pox and goat pox has been reported by **Kuwait, Oman**, the **United Arab Emirates, Yemen** and **Turkey**.
54. In **Turkey**, annual preventive vaccination is carried out and priority is given to regions with high small ruminant populations and in border areas with neighbouring countries where the disease occurs. Most of the outbreaks of sheep pox and goat pox occur in the central and eastern regions of the country. Six outbreaks were reported in Turkey in the first six months of 2003. In **Yemen**, 49 outbreaks were reported in the Hajjah, Abyan, Hadeilh, Sadah and Amran areas.
55. Countries that reported the absence of sheep pox and goat pox during the first months of 2003 are: **Bahrain, Cyprus, Egypt, Jordan, Qatar, Somalia, Sudan** and **Syria**.

Newcastle disease

56. **Sudan** reported the emergence of Newcastle disease in 2003 with four outbreaks in the Khartoum and Kassala areas. **Saudi Arabia** reported several outbreaks of the disease in 2003.
57. In **Kuwait**, 2 outbreaks of Newcastle disease were reported during the first half of 2003, while in the **United Arab Emirates**, 19 outbreaks were diagnosed in the country's Western, Central and Northern Districts in smallholding units.
58. The countries that reported the absence of Newcastle disease during the first half of 2003 are: **Bahrain, Cyprus, Egypt, Jordan, Oman, Qatar, Somalia, Syria** and **Turkey**.

List B diseases

59. Although List B diseases are only subject to notification in the Annual Questionnaire (except in particular circumstances), some countries provided information in their reports prepared for the Regional Conference.

Brucellosis

60. Brucellosis due to *Brucella melitensis* is endemic in the Middle East.
61. **Jordan** is vaccinating annually using REV1 vaccine reduced dose, regardless of age, sex or pregnancy status. Figures from the Ministry of Health show a considerable decrease in the number of human cases for the last three years.
62. **Qatar** reported cases detected through serological tests in cattle, camels and small ruminants.
63. **Syria** is vaccinating bovines and small ruminants against brucellosis.
64. In the **United Arab Emirates**, preliminary results of a serological survey carried out in early 2003 in cattle, sheep, goats and camels showed a low prevalence of the disease. The prevalence was 5% in sheep and 3.5% in goats. A test and slaughter policy is applied for all susceptible species. The brucellosis control programme will be reviewed in the light of the results of the sero-survey.
65. **Turkey** is vaccinating cattle and sheep in regions with prevalence equal to or more than 1%. S19 and REV1 vaccines are used. Twenty-three outbreaks of ovine and caprine brucellosis and sixty-four outbreaks of bovine brucellosis were reported during the first half of 2003.

Old World screwworm

66. Old World screwworm was reported for the first time in Iraq in 1996 threatening neighbouring countries. The Arab Organization for Agricultural Development has set up a programme for the surveillance and control of the disease in **Iraq** and its neighbouring countries. Results submitted by **Jordan** and the **United Arab Emirates** indicate that none of the flies trapped at their respective borders has been identified as *Chrysomya bezziana*.
67. For other diseases, participants were asked to refer to the country reports in their files.
68. Dr Ahmed Hassan, Chairman of the Session, then invited Delegates of Member Countries to report on any additional changes that had taken place regarding the animal health situation of their country during the first semester of 2003.

Discussion

69. The Delegate of Egypt specified that the cases of Rift Valley fever (RVF) in humans reported by the media were, in fact, following investigations, found to be acute encephalitis. The media subsequently rectified their previous report. He added that the veterinary authorities had tested 5,000 blood samples countrywide that revealed that there were no cases of RVF or even suspicion of this disease among the Egyptian animal population.
70. The Delegate of Afghanistan stated that for the past twenty-three years, the country has been at war, which has resulted in a serious animal health situation. Cases of FMD are widespread throughout the country. He requested support to address this situation and mentioned that the promises made by donors had not materialised to date. The last case of rinderpest was reported in 1997. Peste des petits ruminants is still present in the country.
71. A member of the Delegation of the United Arab Emirates reported that the three cases of FMD that had occurred on a farm are under control and that the situation is being effectively monitored. No further cases were reported.

72. The Delegate of Sudan advised participants that the previously infected zone in the southern part of the country has become a surveillance zone, so that the entire country has been declared provisionally free from rinderpest since 30 June 2003. He observed that the OIE had published this declaration *.
73. Dr Taha also reported that the African Programme for the Control of Epizootics (PACE) continues to strengthen the Veterinary Services by holding training courses for veterinarians on disease reporting by the adoption of the PACE-Integrated Database 'PID', as well as training on disease searching involving community participation. In this context, he informed participants that a workshop on CBPP control was carried out by PACE Sudan and the Ministry of Animal Resources in collaboration with the AU/IBAR. A control policy based on the zonal aspect was accepted, which will be finalised through a regional meeting in Conakry Guinea in November 2003. He added that a workshop on tick-borne diseases was recently held aimed at adopting a policy to control ticks.
74. The Veterinary Services of Sudan were recently strengthened by the government through the importation of 68 mobile veterinary clinics, which are well equipped to undertake diagnosis, sample collection, treatment and extension services. PACE also supplied the country with 21 landrovers to carry out clinical surveys and serosurveillance to comply with the OIE pathway.
75. In conclusion, Dr Taha specified that Sudan also became a member of the Arab Organization for Agricultural Development (AOAD) in the programme for controlling some of the diseases affecting the region, namely, FMD, RVF and brucellosis. An FMD programme is on the way to being applied on a zonal basis for exportation purposes.
76. Dr Musa Arik of Turkey stated that the last Asia 1 FMD case occurred in April 2002. He confirmed that the authorities are conducting mass vaccination twice a year, followed by serological surveillance conducted jointly with the EUFMD. In 2002, cases of avian influenza were reported; 18,000 blood sera were taken and the results were given in the report that was distributed to participants.
77. The Delegate of Yemen commented that vaccination against rinderpest was halted three years' ago and that the veterinary authorities were conducting surveillance to proceed on the OIE pathway to declare the country provisionally free from the disease.
78. The Delegate of Syria enquired whether there is a procedure to be followed for selecting strains for vaccination against FMD. Dr Vallat replied that the strains that are circulating in the region should be used. He added that stocks of other strains (antigens and/or formulated vaccines) should be built up, in the event of introduction of a new strain.

ITEM I

Emergency preparedness: formulation and implementation of animal health contingency plans in the Middle East

79. Prof. Hassan Aidaros, Chairman of the Session, introduced Dr Sinan Aktas, the speaker for this item.

* Note by the OIE Central Bureau: The information published in the OIE Weekly Animal Health Information publication (dated 29 August 2003 Vol. 16 - No. 35) entitled '*Rinderpest in Sudan: Progress along the OIE pathway (extension of the surveillance zone)*' was to inform on the extension of the surveillance zone only and is not considered as a self-declaration of provisional freedom of the whole of Sudan from rinderpest.

80. Dr Aktas introduced his presentation by remarking that animal disease emergencies are often caused by TADs, which are of significant economic and food security importance. Since these diseases can spread very rapidly, their control requires advance planning, otherwise they become widespread and their eradication can be extremely difficult and costly. Animal disease emergency preparedness and particularly contingency planning should be regarded as an essential tool for the control of emergency diseases.
81. The speaker explained that emergency preparedness planning comprises two main components:
- Early warning, which is the rapid detection of the introduction of any emergency disease of livestock. It is based mainly on disease surveillance, disease reporting and epidemiological analysis.
 - Early reaction, which is to implement without delay disease control measures to contain the outbreak and to eliminate it progressively. To achieve this goal, national emergency contingency plans should be developed for high risk diseases and these plans should be tested and refined through simulation exercises.
82. In conclusion, Dr Aktas pointed out that due to its geographical location, the Middle East is under continuous risk of high priority animal diseases from Africa and Asia. Many of the countries in the Middle East do not have well documented contingency plans in place for most of these diseases.

Discussion

83. The Chairman congratulated Dr Aktas on his informative and interesting presentation. He stressed the importance for all Member Countries to prepare a national programme for emergency preparedness and to circulate disease information from the field to the veterinary authorities, to encourage practitioners to immediately report on any suspicion of disease with a clear description of the situation. This will allow the authorities to be in a position to monitor the proceedings for diagnosis and testing. He then invited comments and questions from the participants.
84. The Delegate of Syria pointed out that if no specific legislation is in place and no funds available to establish special diagnostic laboratories, the programme will be difficult to implement. He suggested that the Regional Commission for the Middle East cooperate with the other relevant international organisations to prepare long-term training courses for veterinarians on contingency plans. Dr Aktas replied that every country must notify its needs and specify the facilities that are currently available.
85. A member of the Delegation of Iran observed that Dr Aktas had mentioned in his presentation that National Disease Control Centres (NDCC) should be replaced by National Disease Management Centres (NDMC), since the programme is not a control programme, but a management one. Dr Molayemi encouraged countries to establish a regional animal disease management centre and suggested that the OIE undertake an investigation to determine which countries could provide the facilities for such a centre. Dr Aktas pointed out that NDCC is a recognised acronym.
86. The Delegate of Sudan remarked that the main problem of this programme is related to the allocation of funds. As an example, he mentioned the funding of New World screwworm by the FAO. Rift Valley fever is well contained because funding has been secured through international agencies. Dr Hassan also brought up the issue of using the army forces to assist in controlling and eradicating animal diseases and expressed his disagreement to this proposal. He suggested strengthening relationships between livestock owners and the veterinary authorities, a method that has been successful in Sudan. According to Dr Aktas, some livestock owners accept the slaughtering of infected animals, but show strong resistance with regard to suspected cases. In the latter case, the assistance of the army could be useful. He added that the veterinary authorities should include a provision in the preparedness programme to make use of the army.

87. In this context, the Chairman raised the necessity for financial compensation to livestock owners in the event of the destruction of suspected animals. The Director General of the OIE emphasised that the use of the army could be effective, for example, in defining well-limited free zones within a country to ensure that there is no movement of animals in this zone.
88. The Delegate of Bahrain pointed out that strong regulations must be in place to support the establishment of a disease eradication programme. He added that such regulations are being implemented in his country.
89. A member of the Delegation of the United Arab Emirates enquired whether the information collected by the speaker was freely available to serve as a reference for national programmes in the various countries. Dr Aktas confirmed the availability of information on the OIE Web site, which has links with the relevant programmes in, for example, Australia, Canada and Cyprus.
90. The Delegate of Yemen observed that legislation alone is insufficient and that funds are not easily available to compensate the elimination of suspected animals; this can also lead to corruption. He raised the issue of animals being smuggled from Somalia into Yemen for compensation purposes. He added that many farmers are not well educated and that the government cannot always convince them to apply this measure, which also raises social problems.
91. A member of the Delegation of Afghanistan confirmed that financial difficulties impede the application of control measures for many occurring diseases. This is a major threat for neighbouring countries. He then requested the support of the latter to address this problem through a regional approach. He underlined the need for international organisations to assist in vaccination campaigns and with the development of the necessary laboratories.
92. In reply to the enquiry of the Delegate of Yemen, Dr Chip Stem of AU/IBAR commented that there is no alternative to monitoring the movement of animals and that every country must control its borders.
93. Dr Musa Arik of Turkey stressed that the diagnostic capacities of a country are very important to implement the emergency preparedness programmes; he invited the OIE and other international organisations to establish a reference laboratory in the region. Dr Aktas responded that a regional reference laboratory is a necessity, also for training purposes.
94. The Director General of the OIE observed that the OIE has already agreed to the principle of establishing a regional reference laboratory, an issue that has been raised in the past in many Regional Commission recommendations; the door is open for candidates to be proposed for international official acceptance. On the acceptance of certain applications, the OIE can assist in contacting donors for funding the programme. He also raised the issue of developing a regional reference laboratory for camels, which currently does not exist in any of the Member Countries. Furthermore, Dr Vallat stressed the necessity for setting up simulation of contingency plans, the results of which should subsequently be published on the OIE Web site. He added that the OIE has emergency funds to assist countries in the event of epidemics. He agreed that a contingency plan is the best solution to address this problem. Finally, Dr Vallat referred to the emergency fund for rinderpest of the PACE programme, which is funded by the European Union (EU) and managed by the OIE. This fund is available to all PACE Member Countries in the event of rinderpest outbreaks.
95. Dr Aristarhos Seimenis of the WHO/MZCC commented that contingency plans must be clearly defined and coordinated between the public health and veterinary authorities. Dr Aktas pointed out that, in many cases, there is effective cooperation between the Ministries of Health and Agriculture with regard to brucellosis.
96. Dr Pavlos Economides observed that animal diseases have no boundaries and require close cooperation between countries. He acknowledged the considerable efforts undertaken in this respect by the Regional Representation for the Middle East.

97. Dr Etienne Bonbon, Regional French Veterinary Attache based in Beirut, emphasised that the veterinary authorities must involve in their actions the private sector and all other services related to animal health in preparing the early warning systems. With regard to the involvement of the armed forces, he referred to the occurrence of CBPP in Botswana where the military effectively assisted in controlling the disease. He also remarked that the Regional Emergency Veterinary Committee (REVC) created in 2001 within the Regional Commission for the Middle East, can serve as a nucleus for the development of harmonised emergency preparedness systems.
98. Finally, Dr Peter Roeder of the FAO commented that contingency plans must be realistic. He added that some countries live with a disease. Dr Aidaros agreed and indicated that the case of the United Kingdom, which applies stamping-out and other procedures, is different from the Middle East region.
99. The Session Chairman concluded by thanking all the participants, and then requested a small group consisting of the speaker, Dr Sinan Aktas, Dr Sevil Erdenlig (Turkey), Dr George Houry (Syria), Dr Ebrahim Molayemi (Iran) and Dr Mustafa Tufan (Turkey), to draft a recommendation on this item.

Global Rinderpest Eradication Programme and OIE/FAO initiative on TADs

100. The Chairman of the Session then asked Dr Peter Roeder, GREP Secretary of FAO EMPRES, to give a brief overview of the Global Rinderpest Eradication Programme.
101. Dr Roeder informed participants that the Global Rinderpest Eradication Programme (GREP) under the stewardship of the FAO and operating intensively since 1994 when rinderpest was widespread throughout South Asia, West Asia, the Arabian Peninsula and eastern Africa, has made very significant progress. Its objective is not only to assist countries to eradicate rinderpest, but to do this in time, so that all countries can be accredited by the OIE as rinderpest-infection free by the year 2010.
102. He commented that confidence continues to build in the belief that all of Asia and most of Africa are free from rinderpest. The recent landmark declaration to the OIE of provisional freedom by Pakistan highlights the progress made, as this was the last site in Asia where rinderpest was known to be present. Thus, there is almost certainly only one area of the world over which there is considerable concern and need to determine the true situation and that is within the Greater Horn of Africa in the cattle belonging to the herders within the Somali Pastoral Ecosystem, which spans the junction of Ethiopia, Kenya and Somalia. Confirming and eradicating this last reservoir of rinderpest is a critical issue for GREP. Driving this effort is the African Union's Inter-African Bureau of Animal Resources working through the Pan-African Control of Epizootics programme with its related projects, such as the United Kingdom DFID-funded Community Animal Health and Participatory Epidemiology project and NGO projects coordinated through the EC Somali Office together with FAO inputs from GREP and other initiatives. Recent reports of serological reactions to rinderpest in Mauritania are a serious cause for concern, for the area concerned was one of the last reservoirs of rinderpest lingering in the 1970s after an earlier continental eradication programme (JP15). Thus, the thrust of GREP is turning increasingly to promoting the verification of freedom from rinderpest through the three-stage mechanism known as the OIE pathway, whilst continuing to pursue the eradication of the last foci of infection.
103. Dr Roeder remarked that it would surely be a disgrace if the eradication process were allowed to falter so close to success, after so much effort by so many countries over so long. GREP should in reality be viewed as the final episode in a process that started 50 years ago. Failure would result, once control faltered, in the inevitable return of infection to countries throughout Africa and Asia, once again devastating the lives of many millions of livestock-dependent families. Rinderpest would continue to be a major constraint to international trade.

It must be stressed that GREP is a time-bound programme with a deadline of 2010 for a very good reason. Momentum must be sustained up to the last moment to assure that the goal of accredited freedom is achieved, for it is unlikely that the international community will ever again be disposed to consider funding other attempts at rinderpest eradication if this one fails.

Loss of confidence in Veterinary Services, already seriously weakened by recent events, would inevitably affect the prospects of other programmes aiming at progressive control of transboundary animal diseases, to the detriment of rich and poor livestock farmers in developing and OECD countries alike. He observed that probably the greatest threat to achieving a status of accredited global freedom from rinderpest is the growing lack of commitment of certain countries.

104. The Chairman thanked Dr Roeder for his very useful and informative presentation.

Discussion

105. In reply to a query from the Delegation of Iran on a point given in the presentation regarding Iran, Dr Roeder responded that he referred solely to uncertainty as to whether or not a persisting reservoir of rinderpest had formerly existed in the 'Kurdish Triangle'. There was certainly no question mark over the rinderpest situation in Iran, which he acknowledged had an excellent surveillance system.
106. The Director General of the OIE indicated that the procedures for a country to be recognised as free from rinderpest are free of charge, unlike other diseases, such as FMD, CBPP and BSE. He mentioned the cooperation programme with the FAO and indicated that the two organisations had finalised a new agreement to replace the one signed fifty years ago. It will be presented for endorsement at the next General Session in May 2004. This agreement will allow for the development of new actions to eradicate animal diseases and assist Veterinary Services to reinforce their actions for recognition of freedom from animal diseases (rinderpest, FMD, CBPP and BSE). He added that discussions are underway to avoid duplication in the context of sanitary information collection and dissemination. The regional component of the document is well advanced and will be implemented through the establishment of steering committees at a regional level. Dr Vallat emphasised the renovated spirit of cooperation between the OIE and FAO.
107. The Delegate of Sudan enquired how Dr Roeder envisaged the future after the completion of the PACE programme next year. Dr Roeder replied that a new initiative would be needed to focus specifically on the rinderpest eradication and verification process, based in AU/IBAR. New funding arrangements will be needed. Dr Vallat mentioned that the OIE and FAO will organise a conference for donors for the development of funds. He added that the AU/IBAR will be the political umbrella organisation for Africa and encouraged the Middle East countries to identify international donors for the eradication of other animal diseases.
108. Finally, the Delegate of Syria announced that his country will stop vaccination next year.

Wednesday 24 September 2003

ITEM II

Transmissible encephalopathies of animals with reference to public health and trade in the Middle East

109. The Chairman of the Session, Dr Salman Ebrahim, briefly introduced the speakers for this item, Prof. Hassan Aidaros and Dr Pavlos Economides.
110. Prof. Aidaros began his presentation by recalling that TSEs are a family of diseases occurring in humans and animals that are characterised by a degeneration of brain tissue giving a sponge-like appearance. The family includes diseases, such as Creutzfeldt Jakob disease (CJD) in humans, bovine spongiform encephalopathy (BSE) in cattle and scrapie in sheep and goats. The identification in 2000 of BSE in native-born cattle in some European countries, previously thought to be free from

the disease, led to increased concern about the extent of the BSE epidemic and possible risks for public health. The concern extended beyond Europe, partly as a result of uncertainty about risks that may result from past international trade of cattle and cattle products from BSE-affected countries. He added that the feeding nature, the specific epidemiology and the long incubation period of the disease make it difficult to handle in comparison with other diseases. Furthermore, international trading patterns that often include the processing and re-exportation of products, can mask the original source and movement of animals and animal products, including meat and bone meal.

111. In conclusion, Prof. Aidaros reported that an Ad hoc Group of experts on BSE (OIE Ad hoc Group for Evaluation of Country Submissions for Recognition as Complying with the *Code* as Bovine Spongiform Encephalopathy Free) has been set up by the OIE and that the Group has developed guidelines to facilitate the submission of data by Member Countries in accordance with the requirements in the current edition of the *Code*. At the 71st OIE General Session in May 2003, new amendments of the BSE chapter of the *Terrestrial Animal Health Code* were adopted.
112. The Chairperson then gave the floor to Dr Economides to present the second part of this item, namely, responses to the questionnaire that had been sent to the 19 Member Countries of the region.
113. Dr Economides remarked that transmissible spongiform encephalopathies (TSEs) of animals are today an international issue of concern due to their public and animal health importance. In particular, cattle and their products and by-products potentially carrying the BSE agent have been traded world-wide, giving this risk a global dimension. He added that TSEs of animals are not known to be a public health problem in the Middle East, as no cases of BSE in animals nor vCJD in humans were reported in any of the countries (10 in all) that responded to the questionnaire. Scrapie has been reported in sheep and goats only in Cyprus. Exposure of susceptible animals to the BSE Infective Agent is estimated as limited, as 80% of the animal populations of the region are raised under extensive or semi-intensive systems by pastoralists with feeding based on vegetables and grazing. Intensively reared livestock are kept on completely separate farms under strict official veterinary supervision and control. Member Countries should, however, be vigilant about the risk from BSE. The non indigenous case in Oman shows that there was external exposure to BSE in the Middle East region.
114. In conclusion, Dr Economides underlined that national and regional surveillance programmes must be developed, following the existing guidelines of the OIE *Terrestrial Animal Health Code*.

Discussion

115. The Session Chairman thanked Prof. Aidaros and Dr Economides for their informative and comprehensive reports and opened the floor for discussion.
116. The Delegate of Syria posed two questions: 1) is scrapie transmissible to humans, and 2) is BSE transmissible through milk. In reply, Dr Aidaros explained that milk is safe as pathogenic protein does not pass through mammalian tissue. With regard to the first question, he said that it is difficult to determine whether scrapie is transmissible to humans.
117. Dr Economides added that scrapie has been known for over 300 years without any evidence of transmission to humans. He observed that there is at present still concern about BSE being transmitted to sheep, although this has been confirmed experimentally. It is difficult to differentiate between scrapie and BSE. In this respect, the European Union (EU) is funding research programmes, particularly in the United Kingdom and Germany.

He informed participants that Cyprus sent material from scrapie infected sheep to a specialised laboratory, but no results have been obtained to date.

118. In reply to the comment of the Delegate of Syria that sheep can be considered as safe, Dr Economides confirmed that this is the case to date.
119. The Delegate of Sudan emphasised that many of the issues related to BSE are controversial, such as the nature of the prion, the dose, etc. It is very difficult to differentiate between one protein and another. There is thus a need for technical transfer, particularly in the field of diagnosis of the BSE agents. Dr Hassan requested the OIE to circulate as soon as possible the recent findings on BSE.
120. Dr Economides stressed that BSE is a 'chronic disease'. As an example, he indicated that 12 countries in the world have undertaken active surveillance and that the results can be taken as a guide. Dr Aidaros added that to date there is solely an estimated effective infection dose.
121. The Director General of the OIE underlined that the OIE faces a very complex problem with BSE. He pointed out that the OIE recently published a technical review on BSE, updated by the world's best specialists and that it can be found on the OIE Web site. All the Delegates of Member Countries had received this Review directly. He added that the OIE is holding a meeting of the Ad hoc Group on BSE in Paris during this week, in order to update the relevant *Code* chapter. Dr Vallat indicated that the EU is currently undertaking a classification of BSE countries based on an investigation of the risk of BSE through imports. He explained that countries can submit applications, without payment, to be declared free or provisionally free from BSE by the OIE. The EU plans to recognise OIE statements for this task.
122. At this stage, it was impossible for the OIE experts to propose the recognition of any of the countries that had already applied to be recognised as free from the disease, as such.
123. He added that the origin of BSE is still unknown and that scientists cannot confirm that BSE can be endemic, thus increasing the risk through rendering, or whether the origin was linked to scrapie or the biological evolution of scrapie throughout the use of meat and bone meal for cattle.
124. In reply to Dr Khoury's query, Dr Vallat stated that Member Countries could have a preventive policy and destroy all sheep showing clinical symptoms of scrapie as a precautionary measure. They could also destroy all viscerals and nerve tissue in other animals of the flock of the infected animal. According to the OIE, rendering and use of meat and bone meal for poultry is not dangerous. The danger of cross-contamination of feed processed for ruminants within the same premises must be considered.
125. A member of the Delegation of the United Arab Emirates mentioned that his country has put a ban on imports from BSE countries and that this is not included in Dr Economides' presentation (pages 20 and 21). Dr Economides gave his assurance that he would rectify this.
126. The Delegate of Bahrain enquired how risk analysis relating to trade can be carried out. Dr Aidaros replied that the articles in the *Code* must be followed and that only slaughtered animals can be tested. He added that the origin of the animals and the feedstuffs must be determined.
127. In response to a further query from the Delegate of Bahrain regarding the efficiency of the rapid test, Dr Economides remarked that his country imports from BSE free countries. However, as officially there is no BSE free country world-wide, imports could be made from any country that has high technical standards and controls in place.
128. A member of the Sudanese Delegation mentioned that the scientific information on the agent of the disease has not yet been clarified and referred to the natural resistance in the digestive system of poultry. He enquired whether a similar situation could exist in humans vis-à-vis ruminant protein.

Dr Aidaros responded that to date the disease has not been transmitted to poultry, even experimentally. Transmission from ruminants to poultry has not been proven and that in all cases, it is still difficult to define natural transmission from one species to another.

129. Dr Economides added that the BSE agent is very similar to the new variant of Creutzfeldt Jakob Disease (nvCJD).
130. Dr Bonbon of the French Embassy in Beirut recalled that risk analysis is well defined in the *Code* and that the EU has developed a classification of five groups of countries relating to BSE status. The countries of the fifth group are those that have given no data and are thus unable to export.
131. Dr Molayemi of Iran enquired about the biomarkers mentioned in Dr Aidaros' presentation. Dr Aidaros explained that these are tests to detect BSE and that the process is still in a research phase and is not yet on the market.
132. In reply to a question posed by Dr Sayari of Iran regarding the laboratory examination given on page 19 of the presentation, Dr Aidaros said that clinical field examination is considered as passive surveillance. He added that if an animal shows clinical symptoms, its brain will be tested in the laboratory followed by histopathology tests to confirm the disease.
133. With regard to the rapid test, Dr Economides observed that it is not a confirmative test and that if the results are positive, histopathological or histochemistry tests are needed to confirm the reaction.
134. The Director General of the OIE stressed that official notification of BSE cannot be done by the rapid test, as it is not the official test. However, rapid tests are very useful tools for surveillance and screening of BSE prior to confirmation by official tests. Confirmation must be done according to the *OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals*. According to the *Code*, no country can be assumed to be free. Dr Vallat pointed out, as examples, that the beef consumption in Japan has decreased by 60% following the declaration of the first case of BSE in the country and that Canada has thus lost a considerable portion of its exports. In conclusion, he assured participants that the OIE can assist countries in the development of capacity building activities, taking as first priorities training in laboratory rapid diagnostics and control of feed.
135. 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 Salman Ebrahim (Bahrain), Dr Ahmed Hassan (Sudan) and Dr Selma Iyisan (Turkey) agreed to assist the speakers, Prof. Aidaros and Dr Economides, in the preparation of a recommendation.

Presentations by international and regional organisations

136. Dr George Khoury, Chairperson of this Session, invited presentations from international and regional organisations.

Food and Agriculture Organization of the United Nations

137. Dr Peter Roeder, Animal Health Officer in the Animal Production and Health Division of the FAO, advised participants that due to a time limit, he would restrict his presentation to a very brief overview of FAO activities in the Animal Health field relating to the OIE Middle East region and more specifically those related to infectious diseases.
138. Dr Roeder indicated that in relation to the Global Rinderpest Eradication Programme (GREP) activities combine Regular Programme (RP) normative activities with a supportive field programme comprising projects implemented through the FAO Technical Cooperation Programme and collaborative projects funded by other organisations. Currently, there are projects operative in Egypt and Yemen and another regionally-focused project involves Armenia, Georgia and Azerbaijan.

All are aimed at assisting to strengthen disease surveillance with a major focus on verification of freedom from rinderpest. In recent years, the priority for GREP has been to address the elimination of the primary endemic rinderpest areas, such as were once present in Pakistan, Sudan and Yemen. Now that there is growing confidence that these have been eliminated, the focus of activities can and will change to give greater emphasis to resolving the African rinderpest situation and to accelerating the OIE rinderpest freedom accreditation of countries in the Middle East. To this end, letters were already sent to concerned countries of the Middle East to raise awareness of the issues and it is intended to hold a joint FAO/OIE meeting of countries on this subject in Lebanon in December 2003. The intention of this meeting is to identify any remaining constraints to the accreditation process and to elaborate a work plan to overcome them.

139. FAO EMPRES is very interested to study the movement of foot and mouth disease viruses, and other viral disease agents, westwards from South Asia along what has been termed the 'West Asian ruminant street' to the Middle East and Turkey. The FAO regular programme is supporting analysis of FMD virus movement in a Geographical Information System (GIS) environment working with selected scientists from Sudan, Turkey and Iran. Data is increasingly being received from an EU-funded FAO disease surveillance and control project in Pakistan. It is hoped to revive the information flow from Afghanistan in the near future, if it proves possible to secure much-needed funding for core veterinary activities there. An FAO EMPRES regional trust fund project is soon to commence in Tadjikistan, Turkmenistan, Uzbekistan, Afghanistan and Pakistan with Italian Trust Fund Assistance. This is of great importance since there is an urgent need to strengthen surveillance in this group of countries where services have deteriorated from lack of support in the post-Soviet era. The European Commission for the Control of Foot and Mouth Disease, hosted by the FAO, has been actively engaged in this exercise, developing and pursuing a portfolio of projects designed to raise the quality of surveillance in West Asia. There are outline proposals for both Iranian and regional (Turkey, Georgia, Armenia, Azerbaijan, Iran, Iraq and Syria) surveillance projects and a Greece/Turkey Thrace project is already in place. Other projects for infectious disease control are in place in Jordan and Syria. With strong support from participating countries, the FAO is attempting, so far unsuccessfully, to raise funding for a second phase of the regional animal disease surveillance and control network (RADISCON).
140. In the context of the OIE/FAO Global Framework for the Progressive Control of Foot and Mouth Disease and Other Transboundary Animal Diseases initiative, the two organisations have conducted several joint workshops in South and South-East Asia to establish regional priorities. There appear to be good prospects for foot and mouth disease control in South Asia. This activity is mentioned because it is understood that any action taken to reduce the weight of infection in South Asia will have beneficial effects by reducing the flow of disease agents to the Middle East.
141. In conclusion, Dr Roeder commented that an attempt is underway to revive the Animal Health Commission for the Near East and North Africa. Even though it addresses a broader group of countries than the OIE Middle East Commission, the FAO wishes to avoid any possible conflict of interest or competition between the two, especially in light of the new FAO/OIE accord. The future of FAO Regional Commissions for the Near East and North Africa is currently under review.

World Health Organization/MZCC

142. Dr Aristarhos Seimenis, Director of the World Health Organization/Mediterranean Zoonoses Control Centre (WHO/MZCC) in Athens, Greece, described the Mediterranean Zoonoses Control Programme of the World Health Organization and its Plan of Work for 2002-2003.
143. The WHO Representative recalled that in response to the Resolution of the 31st World Health Assembly in 1978, calling for the 'Prevention and Control of Zoonoses and related Foodborne Diseases', the Mediterranean Zoonoses Control Programme (MZCP) was formulated by the then Veterinary Public Health Unit (VPH) of the World Health Organization (WHO) with the co-operation of the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), as well as a number of countries of the region.

144. The MZCP expanded to encompass all countries bordering the Mediterranean, the Arab Peninsula and some of their neighbouring States. These countries have many common characteristics and health problems due to zoonoses and related food-borne disease prevention, surveillance and control as well as resource constraints for their programmes. The participating states include Bulgaria, Cyprus, Egypt, Greece, Kuwait, Lebanon, Portugal, Saudi Arabia, Spain, Syria and Turkey. Italy is a closely collaborating country. Participating countries meet every two years in a Joint Coordinating Committee (JCC-MZCP) to evaluate the activities implemented during the past two years and define the Programme's plan of work for the next biennium. The co-ordinating managing office of the MZCP is the MZCC located in Athens, Greece.
145. Dr Seimenis added that the MZCP is guided by the WHO/Headquarters through the Department of Communicable Diseases Surveillance and Response (CSR) and closely collaborates with the WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt, specialised WHO Collaborating Centres and the MZCP network of National Participating Institutions. It also has fruitful collaboration with the OIE and its Regional Representation for the Middle East, the FAO and the European Centre for Disaster Medicine in the Republic of San Marino.
146. Dr Seimenis briefly outlined the main objectives of the Programme, namely, to foster, both at national and inter-regional levels, programmes for the prevention, surveillance and control of zoonoses and related food-borne diseases as an integral part of national public health programmes; to strengthen the cooperation and coordination between national animal health and public health services in order to improve prevention, surveillance and control of these diseases; to contribute to national human resources development through training activities and to foster collaboration between MZCP Member States in these fields. Participating countries meet every two years in a Joint Coordinating Committee (JCC-MZCP) to evaluate the activities implemented during the past two years and define the Programme's plan of work for the next biennium.
147. In conclusion, Dr Seimenis indicated that the MZCP is presently implementing its Plan of Work for the biennium 2002-2003. It includes inter-country and national training activities in epidemiological surveillance, prevention and control of major zoonoses and in food security, as well as activities in the field of veterinary public health. A new plan of activities is now under preparation for discussion and approval by the next session of the JCC-MZCP. The biennium 2004-2005 is expected to be richer in a variety of activities in subjects of major importance for the Mediterranean and Middle East Regions.

Arab Organization for Agricultural Development

148. Dr Mansour Akel, Director of the Projects Department in the Arab Organization for Agricultural Development (AOAD), based in Khartoum, Sudan, recalled that raising livestock is one of the most important means of livelihood and food security for poor people in the Middle East. Livestock development is regarded as a regional priority for agricultural development, as most producers in the region belong to the most impoverished strata of the population. He added that many serious animal diseases are known to exist in the region inflicting heavy economic losses and constituting a major disincentive to the development of animal sectors.
149. Dr Akel informed participants that the AOAD is implementing a programme for the surveillance and control of some of the transboundary animal diseases, namely, foot and mouth disease and Rift Valley fever, in addition to brucellosis and Old World screwworm myiasis in the region. He pointed out that this programme is supported by funds from the Arab Fund for Economic and Social Development, the Islamic Development Bank and the Organization of the Petroleum Exporting Countries (OPEC) Fund for International Development, with the AOAD providing a substantial contribution. All 21 Arab countries benefit from this programme.

AU/IBAR

150. Dr Chip Stem, Interim Secretary General of the Red Sea Livestock Trade Commission, African Union/Interafrican Bureau of Animal Resources (AU/IBAR), briefly described the activities of the Commission. The historical livestock trade between the Horn of Africa (HoA) and the Arabian Peninsula has been continuous for several millennia. However, over the last twenty years, this trade has decreased, due to a resurgence of epizootic diseases and a concomitant decline in quality animal health services. Serious risk to the importing countries of the Middle East has resulted, because the wholesomeness and freedom from epizootic disease at the present time cannot be assured.
151. Dr Stem reported that to address this problem, key livestock traders of the two regions took the initiative to meet with authorities of the AU/IBAR, the OIE, in particular the OIE Middle East Commission, and the Chief Veterinary Officers (CVOs) of both the importing and exporting countries. A series of meetings covering the two regions has resulted in the development of a consensus to form the Red Sea Livestock Trade Commission (LTC). Operating under a key Resolution of the AU-IBAR Conference of Ministers responsible for Animal Resources, the LTC (in formation) is working to promote and facilitate quality-assured livestock trade. This will be accomplished through close collaboration between the private and public sectors of the Horn of Africa and Middle East regions to ensure that healthy, wholesome and disease free animals from the HoA reach the Arabian market.
152. In conclusion, Dr Stem advised participants that at the suggestion of several importing countries, the LTC's first site of operation will be in Djibouti. Here the LTC will work with local authorities and importers to facilitate the development of a quality assured livestock export-processing facility. Once this working model is successful, the LTC approach will be transferred to Somaliland, Somalia, Kenya and other live animal export points in the HoA. The LTC will have offices in the United Arab Emirates with a scientific secretariat in Nairobi, Kenya. Smaller regional offices will be established as appropriate in the Middle East and Horn of Africa countries.
153. The Session Chairman thanked the various representatives for their interesting presentations.

Forum for the Middle East region: future programme of the OIE Regional Representation and other relevant matters

154. The meeting was chaired by the President of the Regional Commission, Prof. Hassan Aidaros. The Regional Representative presented his proposal on the programme of activities for 2003-2005 and responded to the questions posed by the Delegates. The report was unanimously adopted.
155. The recommendation on the use of Arabic made during the 6th Regional Conference held in Jounieh in September 2001 and adopted by the International Committee in May 2003 was discussed at length. To date, no specific financial contributions have been received. The Delegates decided unanimously that as from 2004, the OIE request Member Countries of the Middle East, in addition to the regular annual contributions, to settle the annual fee of 2,000 Euros per country for the implementation of this recommendation. The OIE request will only be sent to those countries of the Middle East Commission in which Arabic is an official language. If there are no positive results, the Regional Commission will reconsider the applicability of the Jounieh recommendation.
156. With regard to the request of Djibouti for adherence to the Regional Commission for the Middle East in addition to the Regional Commission for Africa, Prof. Aidaros requested the agreement of the Delegates present. The decision was taken unanimously.

OIE Regional Representation for the Middle East

157. Dr Ghazi Yehia, OIE Regional Representative for the Middle East (RR), based in Beirut, Lebanon, briefly reviewed the aims and future activities of the Regional Representation.
158. The RR identified the following objectives of the OIE Regional Representation for the period 2003-2005:
- Strengthening collaboration with the international and regional organisations and agencies to develop a common framework in order to initiate programmes for surveillance and control of animal diseases and zoonoses.
 - Promoting capacity building of the Veterinary Services in the Middle East countries with the support of the international organisations and agencies.
 - Setting up, coordinating and harmonising an early warning system for disease prevention and control measures in the Middle East countries.
 - Harmonising regulations for regional trade in animals and animal products.
 - Improving an animal health information system linked to all sources of data at regional and international levels for better exchange and knowledge of sanitary information.
 - Holding conferences, seminars, informal meetings with key players and non-veterinary societies to act as ‘Public Hearing Forums’ that will help to target specific issues related to animal and public health.
 - Promoting the creation of regional reference laboratories and coordinating their activities, for diagnosis, seromapping and vaccine production adapted to regional needs.
 - Establishing consultative channels with regional NGOs working on animal health and welfare issues.
 - Exerting efforts and endeavours at the national governments and decision-makers to support programmes and plans of the national veterinary authorities.
159. Dr Yehia then gave brief information on workshops and meetings that have taken place or that are still to be held in 2003 and 2004:
- Workshop on surveillance and control of camels and wildlife diseases, Sana’a (Yemen), 10-12 March 2003.
 - Joint OIEME/FAO workshop, Dubai (United Arab Emirates), 29-30 April 2003.
 - Joint OIEME/AU-IBAR/International Research Institute for Climate Prediction (IRI) workshop on climate modeling preventing Rift Valley fever, Port Saïd (Egypt), 22-24 June 2003.
 - Symposium on zoonotic diseases and their effect on the livestock market and pilgrims’ health, Rihad, Saudi Arabia, 4-11 September 2003.
 - Regional FAO/OIE round table on perspectives of surveillance and control of FMD in the region, Cairo (Egypt), October 2003
 - 15th Session of the joint Coordinating Committee of the Mediterranean Zoonoses Control Programme, Lebanon, 15-17 December 2003.
 - Joint FAO/OIE technical advisory meeting on the Global Rinderpest Eradication Programme, Beirut (Lebanon), 18-20 December 2003.
 - Joint OIEME/WHO-MZCP workshop on HACCP system international training courses, Manama (Bahrain), February 2004.
 - Joint colloquium with WHO and Méditerranée Vétérinaire, Beirut (Lebanon), 4-7 March 2004.
 - Seminar on quarantine measures, Dubai (United Arab Emirates), September 2004.

160. In conclusion, Dr Yehia mentioned the early warning system, indicating that the Regional Emergency Veterinary Committee (REVC) was created as the technical body of the OIE Regional Representation for the Middle East to provide support to the Veterinary Services in case of the occurrence of a disease outbreak that may represent a direct threat to animal and/or public health. The REVC will develop pertinent and harmonised recommendations for the prevention and control of an emergency health event, collaborating with specialised institutions in order to build a model for disease forecasting.
161. The Conference Chairman thanked Dr Yehia for his comprehensive report.

Presentation of draft Recommendations Nos 1, 2 and 3

162. Draft Recommendations Nos 1, 2 and 3 on the two technical items of the Conference and on the GREP were presented to the participants and put forward for discussion. All three Recommendations were adopted with minor amendments in Recommendations Nos 1 and 3.
163. The Delegates agreed that the recommendations of the Workshop on climate modeling preventing Rift Valley fever, held in Port Said (Egypt) from 22 to 24 June 2003, should be included as an appendix in the final report.
164. The President of the Regional Commission presented the conclusions of the Ad hoc inter-regional coordination meeting (FAO, OIE, WHO/MZCP) convened in Athens at the new MZCP premises on 11 July 2003, and proposed that the WHO/MZCP and WHO/EMRO should participate in the coordination for the preparation and implementation of the activities related to zoonotic and food-borne diseases.
165. The Director General of the OIE reported on the new cooperation agreement between the OIE and FAO. This will be presented at the next OIE General Session in May 2004 and at the next FAO Ministerial Conference in December 2003. Dr Vallat explained the decision taken for the development of joint OIE/FAO Regional Steering Committees (animal health and zoonoses), which would include the participation, on relevant topics, of other regional organisations involved, such as the WHO/EMRO, WHO/MZCP and AOAD, as well as regional donors. Dr Vallat underlined that the development of the Middle East Steering Committee could be implemented as soon as possible.

Date and venue for the 8th Conference of the OIE Regional Commission for the Middle East

166. The President of the Conference asked Delegates present if one of their countries wished to host the 8th Conference of the OIE Regional Commission for the Middle East. On behalf of the Government of their countries, the Delegates of Syria, Yemen and Bahrain invited the Regional Commission to hold its next Conference in their country during the last week of September 2005. The Delegates decided to postpone the final decision to the next meeting of the Regional Commission during the General Session of May 2004 in Paris.

Thursday 25 September 2003

Field trip

167. Participants found the field trip organised by the host country to a poultry processing unit in Bandirma, a horse stud farm owned by the Turkish Jockey Club in Karacabey and to the Marmara Agricultural Research Institute to be of great interest, and also enjoyed the barbecue that followed. They extended their sincere thanks to the organisers for their kind hospitality.

Friday 26 September 2003

Adoption of the Draft Final Report and Recommendations

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

Closing Ceremony

169. On behalf of the Regional Commission Bureau, the OIE Director General and the Conference participants, Dr George Khoury, Secretary General of the Regional Commission, read the motion of thanks to the Government of Turkey. He added his personal thanks for the warm hospitality received and expressed his appreciation to Dr Pakdil and his staff, Dr Yehia and his staff and the OIE Central Bureau.
170. The Director General of the OIE informed participants that the press release of the Conference made available to the participants could serve as a model for the media of the various countries present, if they so wished. Dr Vallat then extended his sincere thanks to His Excellency the Minister of Agriculture and Animal Resources and the Turkish Government for having hosted the Conference, and to Dr Nihat Pakdil and his team for their valuable input that had made the Conference a professional and social success. He also thanked Dr Ghazi Yehia and Ms Rita Rizk for their effective contribution to the organisation of the Conference. The Director General noted the conclusions to be drawn from the proceedings of the Conference and praised its success and the interest of the technical items chosen by the Commission. He expressed his acknowledgement to the speakers of the three main presentations for their informative and original contributions. He also thanked the international and regional organisations for their input.
171. Dr Vallat remarked that the Forum session was an important novelty that should probably be taken up in the conferences of other Regional Commissions, as it opens the door to monitoring the activities of a Regional Commission and Regional Representation and allows for true interaction between Delegates on the region's activities and problems. At this moment in time, when the OIE is evolving towards the development of its 4th Strategic Plan (2005-2010), this Conference can be considered as a milestone leading to future interaction and planning. In conclusion and on behalf of the Conference, the Director General thanked the Governments of the three countries, namely, Bahrain, Syria and Yemen, for having offered to host the 8th Regional Conference in September 2005. A decision will be taken by the OIE Regional Commission for the Middle East at the 72nd General Session in May 2004 to this effect.
172. Dr Nihat Pakdil, Director General of the Turkish Directorate of Protection and Control, expressed his pleasure at having hosted the Conference in his country and trusted that the meeting had been successful and fruitful.
173. Dr Salman A. Ebrahim, Vice-President of the Regional Commission, thanked the hosts for their warm hospitality and expressed his appreciation to the organisers and the Director General of the OIE for their efforts in making the Conference a success. The Delegate of Iran, Dr Mansour Sayari, also extended his thanks to the hosts and organisers of the conference.
174. Dr Peter Roeder, Representative of the FAO, thanked the OIE for contributing to the valuable collaboration between the two organisations and thanked the Middle East Commission and the host country for the impressive and valuable meeting. On behalf of the WHO/MZCC, Dr Aristarhos Seimenis, thanked the Government of Turkey for having hosted the Conference and underlined that he valued the collaboration between the OIE Member Countries and international organisations.

175. Dr Nikola Belev, President of the OIE Regional Commission for Europe, expressed his appreciation to Dr Hassan Aidaros, President of the OIE Regional Commission for the Middle East, and to Dr Pakdil for having invited him to take part in the Conference. He commented that the Delegates of the Regional Commission for the Middle East play an important role in the Member Countries of the OIE as a whole. He believed that the Forum session had been very valuable for the preparation of the 4th OIE Strategic Plan. In conclusion, Dr Belev thanked Dr Pakdil and his team for their hospitality and the perfect organisation of the Conference.
176. The Regional Representative extended his thanks to Dr Pakdil and his team for their warm reception. He then thanked the organisers, as well as Dr Bernard Vallat, Dr Jean Boyazoglu and Ms Helga Gevers, the international organisations and the Delegates of the Middle East region for their valuable input. Dr Ghazi Yehia stressed that it had been a good opportunity to strengthen cooperation between OIE Member Countries and international organisations.
177. In conclusion, Dr Pakdil again thanked the participants for their contribution to the success of the Conference and wished them a safe journey home. He then declared the 7th 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 Turkey, the Host Country of the 7th Conference of the Regional Commission, for the warm welcome accorded them and for all the facilities made available to them during their stay in Istanbul from 23 to 26 September 2003.

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