The OIE PVS Pathway
Implementation of PPR GEP & FMD global strategy

Prepared by Nadège Leboucq (OIE) member of the GF-TADs PPR Working Group
Presented by Ghazi Yehia
OIE Regional Representative for the Middle East
OIE Standards - generalities
OIE Standards on PPR
OIE Standards on official status
OIE Standards on quality of VS
The OIE international Standards

• Terrestrial / aquatic
• Official reference for WTO under the SPS Agreement
• Transparent standard setting process
• Adopted by consensus of OIE Members

• Volume 1 – horizontal chapters
• Volume 2 – Disease specific chapters

(available online at www.oie.int)
The OIE international Standards

1. OIE Delegate and National Focal Points
2. Committee, Commissions, Delegates
3. ISSUE / PROBLEM
4. Review
5. Advice of experts or other Specialist Commissions
6. Draft text
7. Adoption
8. OIE INTERNATIONAL STANDARD

OIE Delegate and National Focal Points

Once adopted, OIE standards are applicable in all OIE member countries
The OIE international Standards

Horizontal chapters
The OIE international Standards

Vertical chapters

VOLUME II
Recommendations applicable to OIE Listed diseases and other diseases of importance to international trade

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OIE Standards on PPR

2nd PPR Roadmap and 4th FMD Workshop for Middle East Countries, Amman, Jordan, 15 – 19 October 2017
Chapter 14.7.

Infection with Peste des Petits Ruminants Virus

Article 14.7.1.

General provisions

Peste des petits ruminants virus (PPRV) is a lentivirus that infects mainly domestic sheep and goats. It can also infect some wild ruminant species and it can be transmitted to domestic small ruminants, cattle, horses, and donkeys via blood and other body fluids. PPRV can be infective, only once it has been transmitted to a new host, as the virus cannot be transmitted by direct contact or aerosol contact.

For the purpose of the Terrestrial Code, the incubation period for PPR shall be 21 days.

For the purposes of the Terrestrial Code, the incubation period for PPR shall be 21 days.

Standards for diagnostic tests and vaccines are described in the Terrestrial Manual.

Updated in 2013

34 articles
## The OIE international Standards

| Article 14.7.1 | General provisions, including case definition |
| Article 14.7.2 | Safe commodities |
| Articles 14.7.3 – 7 | Articles related to status country/zone/containment zone/compartment/recovery |
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| Article 14.7.33 | Use and interpretation of serological tests for serosurveillance of PPR |
| Article 14.7.34 | Endorsement of the official control programme |
The following defines the occurrence of PPRV *infection*:

a) PPRV, excluding vaccine strains, has been isolated and identified as such from a domestic sheep or goat or a product derived from it;

b) Viral antigen or nucleic acid specific to PPRV, excluding vaccine strains, has been identified in samples from a domestic sheep or goat showing clinical signs consistent with an outbreak of PPR, or epidemiologically linked to an outbreak of PPR, or giving cause for suspicion of association to PPR; or

c) Antibodies to PPRV antigens which are not the consequence of vaccination, have been identified in a domestic sheep or goat, either epidemiologically linked to a confirmed or suspected outbreak of PPR, or showing clinical signs consistent with recent *infection* of PPRV.

Incubation period: 21 days
The OIE international Standards

Articles 14.7.3 – 7

Articles related to status country/zone/containment zone/compartment/recov recovery

Official recognition of disease status

Official recognition of disease status

Official free status recognition for PPR

OIE endorsement of official control programs for PPR
The OIE international Standards

Articles 14.7.3 – 7  Articles related to status country/zone/containment zone/compartment/recovery

PPR free country or zone

2) To qualify for inclusion in the list of **PPR free countries or zones**, a MC should either:
   a) declare historical freedom as described in Article 1.4.6.; or
   b) submit to the OIE:
      i) a record of regular and prompt animal disease reporting;
      ii) a declaration stating that:
          – there has been no outbreak of PPR during the past 24 months;
          – no evidence of PPRV infection has been found during the past 24 months;
          – no vaccination against PPR has been carried out during the past 24 months;
      iii) supply documented evidence that surveillance in accordance with Chapter 1.4. is in operation and that regulatory measures for prevention and control of PPR have been implemented;
   iv) no animals vaccinated against PPR have been imported since the cessation of vaccination.

.../...
Recommendations for importation from PPR free countries or zones

For domestic sheep and goats

Veterinary Authorities should require the presentation of an international veterinary certificate attesting that the animals:

• showed no clinical sign of PPR on the day of shipment;
• were kept in a PPR free country or zone since birth or for at least the past 21 days.
The OIE international Standards

Articles 14.7.8 - 25. Recommendations for importing commodities

Recommendations for importation from countries or zones considered infected with PPR
For domestic sheep and goats

Veterinary Authorities should require the presentation of an international veterinary certificate attesting that the animals:
- 1) showed no clinical sign suggestive of PPRV infection for at least the 21 days prior to shipment;
- 2) either:
  - were kept since birth, or for at least the 21 days prior to shipment, in an establishment where no case of PPR was reported during that period, and that the establishment was not situated in a PPRV infected zone; or
  - were kept in a quarantine station for at least the 21 days prior to shipment;
- 3) either:
  - were not vaccinated against PPR and were submitted to a diagnostic test for PPRV infection with negative result no more than 21 days prior to shipment; or
  - were vaccinated against PPR with live attenuated PPRV vaccines at least 21 days prior to shipment.
The OIE international Standards

Recommendations for importing commodities

- Wild animals
- Wool, hair, skins, and raw hides
- Meat, organs, from blood, wool, defatted bones, hooves, claws, and horns from SGGs
- SGGs products for pharmaceutical or surgical use
- Embryos of domestic SGGs
- Embryos of captive ruminants
- Fresh meat and meat products from SGGs
- Milk and milk products from SGGs
- Products of SGGs other than milk, fresh meat and their products
The OIE international Standards

Articles 14.7.27 - 32  Surveillance: introduction, principles, methods, strategies, in wild life; surveillance related to status

6 articles on surveillance – they define the principles and provides a guide for the surveillance of PPR in accordance with Chapter 1.6. applicable to Member Countries seeking recognition of country or zonal freedom from PPR or seeking reestablishment of freedom following an outbreak

- Introduction, general conditions and methods, surveillance strategies
- Wildlife surveillance where a significant susceptible wildlife population exists

some wild ruminant species can also be infected but only domestic sheep and goats play a significant epidemiological role.
However, wild ruminants may act as sentinels indicating the spill over of peste des petits ruminants virus (PPRV) from domestic small ruminants.
Article 14.7.34  Endorsement of the official control programme

Article 1.6.2  Endorsement by the OIE of an official control programme for FMD

Endorsement by the OIE of an official control programme for FMD

Member Countries may wish to request an endorsement by the OIE of their *official control programme* for FMD.

When requesting endorsement by the OIE of an *official control programme* for FMD, the Member Country should submit to the OIE Scientific and Technical Department a dossier providing the information requested in Article 1.6.11.

Article 1.6.3  Endorsement by the OIE of an official control programme for PPR

Endorsement by the OIE of an official control programme for PPR

Member Countries may wish to request an endorsement by the OIE of their *official control programme* for PPR.

When requesting endorsement by the OIE of an *official control programme* for PPR, the Member Country should submit to the OIE Scientific and Technical Department a dossier providing the information requested in Article 1.6.12.

Article 1.6.4  Endorsement by the OIE of an official control programme for CBPP

Endorsement by the OIE of an official control programme for CBPP

Member Countries may wish to request an endorsement by the OIE of their *official control programme* for CBPP.

When requesting endorsement by the OIE of an *official control programme* for CBPP, the Member Country should submit to the OIE Scientific and Technical Department a dossier providing the information requested in Article 1.6.13.
Endorsement of official control programs for PPR: a new tool to further progress towards global PPR control

• It is not a status recognition but an endorsement of the national plan of a Member Country to progressively move towards freedom from PPR (with or without vaccination) in accordance with the requirements of the Code.
• Country need not to be already free from PPR but must provide evidence that it already has a national plan in operation to move towards freedom.
• Questionnaire in Chapter 1.6 to help Member Countries to assess compliance with requirements of Article 14.7;
• Some information required relate to the OIE PVS Pathway (and possibly the PPR ‘control’ Stages to be prepared?)
• Endorsement can be suspended if non-compliance with Code requirements
• It is a voluntary decision by a Member Country
Article 14.7.34 Endorsement of the official control programme

For a Member Country’s official control programme for PPR to be endorsed by the OIE, the Member Country should:

1) submit documented evidence on the capacity of its Veterinary Services to control PPR; this evidence can be provided by countries following the OIE PVS Pathway;
2) submit documentation indicating that the control programme for PPR is applicable to the entire territory (even if it is on a zonal basis);
5) submit a detailed plan of the programme to control and eventually eradicate PPR in the country or zone including: …/…
6) submit evidence that PPR surveillance is in place, taking into account the provisions in Chapter 1.4. and the provisions on surveillance in this chapter; …/…
OIE Standards on official status
CHAPTER 1.6.

PROCEDURES FOR SELF DECLARATION AND FOR OFFICIAL RECOGNITION BY THE OIE

Article 1.6.1.

General principles

Member Countries may wish to make a declaration as to the freedom of a country, zone or compartment from an OIE listed disease. The Member Country may inform the OIE of its claimed status and the OIE may publish the claim. Publication does not imply endorsement of the claim. The OIE does not publish self declaration for bovine spongiform encephalopathy (BSE), foot and mouth disease (FMD), contagious bovine pleuropneumonia (CBPP), African swine fever (ASF), peste des petits ruminants (PPR) and classical swine fever (CSF).

Member Countries may request official recognition as to:
1. the risk status of a country or zone for foot and mouth disease (FMD);
2. the freedom of a country or zone from bovine tuberculosis, brucellosis and other contagious contagious diseases of the same species;
3. the freedom of a country or zone from classical swine fever (CSF);
4. the freedom of a country or zone from foot and mouth disease (FMD);
5. the freedom of a country or zone from African swine fever (ASF);
6. the freedom of a country or zone from peste des petits ruminants (PPR).

The OIE does not grant official recognition in these cases, Member Countries should present the following in setting out the overall situation of the applicant country or zone with the provisions of Chapters 1.1., 3.1. and 3.2. of the Terrestrial Code and with the relevant disease chapters in the Terrestrial Code and the Terrestrial Manual.

When requesting official recognition of disease status, the Member Country should submit to the OIE Scientific and Technical Department a dossier providing the information requested (as appropriate) in Articles 1.6.5. (for BSE), 1.6.6. (for FMD), 1.6.7. (for CBPP), 1.6.8. (for AHS), 1.6.9. (for PPR) or 1.6.10. (for CSF).

The OIE framework for the official recognition and maintenance of disease status is described in Resolution No. XXX (administrative procedures) and Resolution No. XXXI (financial obligations) adopted during the 81st General Session in May 2013.

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Article 1.6.9
PPR Free country / zone

Article 1.6.12
Endorsement of control program
When requesting official recognition of disease status, the Member should submit to the OIE Scientific and Technical Department a dossier providing the information requested in Article 1.6.8.

The OIE international Standards Members should present documentation setting out the compliance of the Veterinary Services of the applicant country or zone with the provisions of Chapters 1.1., 3.1. and 3.2. of the Terrestrial Code and with the provisions of the relevant disease chapters in the Terrestrial Code and the Terrestrial Manual.
Article 1.6.12.

Questionnaire on PPR

COUNTRY WITH AN OIE ENDORSED OFFICIAL CONTROL PROGRAMME FOR PPR

Report of a Member Country which applies for the OIE endorsement
of its official control programme for PPR
under Chapter 14.7. of the Terrestrial Code

Please address concisely the following topics. National laws, regulations and Veterinary Authority directives may be referred to and annexed as appropriate in one of the OIE official languages.

1. Introduction
   a. Provide a general description of geographical factors in the country and any defined zones, including physical, geographical and other factors that are relevant to PPR dissemination, countries or zones sharing common borders and other countries or zones that, although not adjacent, present a risk for the introduction of disease.
   b. If the endorsed plan is being gradually implemented to specific parts of the country, the boundaries of the zone(s) should be clearly defined, including the protection zone, if applied. Provide a digitalised, geo-referenced map with a precise text description of the geographical boundaries of the zone(s).
   c. Provide a general description of the livestock industry in the country and any zones.

2. Veterinary system
   a. Legislation. Provide a list and summary of all relevant veterinary legislations in relation to the PPR control programme.
   b. Veterinary Services. Provide documentation on the compliance of the Veterinary Services of the country with the provisions of Chapters 3.1. and 3.2. of the Terrestrial Code and 1.1.3. of the Terrestrial Manual and describe how the Veterinary Services supervise and control all PPR related activities in the country and any zones. Provide maps and tables wherever possible.
   c. Provide a description on the involvement and the participation of industry, producers, farmers, including subsistence and small scale producers, community animal health workers and the role of the private veterinary profession in PPR surveillance and control. Include a description of training and awareness programmes on PPR.
   d. Provide information on any OIE PVS evaluation of the country and follow-up steps within the PVS Pathway.

3. PPR control
   a. Provide a description of the PPR history in the country and any zones, including date of first detection, origin of infection, date of implementation of the control programme in the country and any zones, and any information available on lineages of the PPR virus present.
   b. Describe the general epidemiology of PPR in the country and the surrounding countries or zones highlighting the current knowledge and
Standard Procedure for New Applications

**Outline of the procedure**

1. **OIE MEMBER**
   - Submission
   - Preliminary screening

2. **OIE Headquarters (HQ)**
   - OIE ad hoc Group
   - Evaluation

3. **OIE Scientific Commission (Sci.Com.)**
   - Evaluation
   - Report
   - Endorsement of status
   - Letter to all OIE Members

4. **World Assembly**
   - Certification
   - Formal Resolution
   - Annual reconfirmation

**Checklist**
- By 30 days before the meeting of ad hoc Group
- Comply with the relevant requirements in the Terrestrial Code
- Use the questionnaire
- Pay fees for evaluation
- Dossier:
  - Cover letter, hard copy, electronic copy, electronic geo-referenced map for free zones

**Questions & comments**
- 60 days
Article 14.8.34,

1. have a record of regular and prompt animal disease reporting;

2. submit documented evidence on the capacity of the Veterinary Services to control PPR;

3. submit documentation indicating that the official control programme for PPR is applicable to the entire territory;

4. submit a dossier on the status of PPR in the country describing:
   - the general epidemiology in the country;
   - the measures to prevent introduction of infection; the rapid detection of, and response to, all PPR outbreaks;
   - the main livestock production systems and movement patterns;

5. submit a detailed plan on the programme to control and eventually eradicate PPR in the country or zone including:
   - the timeline;
   - the performance indicators to assess the efficacy of the control measures to be implemented;

6. have diagnostic capability and procedures in place, including regular submission of samples to a laboratory that carries out diagnosis in accordance with the Terrestrial Manual;

7. where vaccination is practised as a part of the official control programme for PPR, provide evidence (such as copies of legislation) that vaccination of sheep and goats in the country or zone is compulsory;

8. if applicable, provide detailed information on vaccination campaigns, in particular on:
   - the strategy that is adopted for the vaccination campaign;
   - monitoring of vaccination coverage, including serological monitoring of population immunity;
   - serosurveillance in cattle to serve as sentinels for PPRV circulation in the country;
   - disease surveillance in sheep and goat populations;
   - the proposed timeline for the transition to the cessation of the use of vaccination in order to enable demonstration of absence of virus circulation;

9. 10. provide an emergency preparedness and response plan, i.e. a contingency plan, to be implemented in the case of PPR outbreak(s)

11. Compliance with the questionnaire in Article 1.6.11.
The OIE international Standards

Four possibilities in describing whether or not each requirement is fulfilled:

Acceptable [A]: the requirement is fully satisfied, unconditionally;
Acceptable with conditions [AC]: the requirement is satisfied in principle, but not totally. However, the conditions for acceptance may be set, for instance, through verification via annual reconfirmation(s) in the future; please write down the conditions for acceptance.
Clarification needed [?]: clarification from Member Country is needed prior to deciding whether the requirement is fulfilled; please draft questions to applicant Member Country.
Not acceptable [NA]: the requirement was not satisfied; please write down the reason(s) why the requirement was not satisfied.
Publication of official disease status

Peste des petits ruminants

OFFICIAL STATUS
- Map of PPR official status
- List of PPR free Member Countries
- Questionnaire for PPR official status
- Form for annual reconfirmation

CONTROL PROGRAMME
- List of Member Countries with endorsed official control programme for PPR
- Questionnaire for PPR official control programme
- Form for annual reconfirmation of PPR official control programme

GENERAL INFORMATION
- Disease cards

In accordance with the OIE procedure for official recognition of disease status, this page provides access to the List of OIE Member Countries officially recognised free from peste des petits ruminants (PPR) by the OIE through the adoption of a resolution by the World Assembly of Delegates (Assembly) of the OIE at the General Session in May every year.

A Member Country wishing to be officially recognised as disease-free by the OIE should submit the questionnaire laid out in Chapter 1.6. of the OIE Terrestrial Animal Health Code (Terrestrial Code) and comply with all requirements specified in the Terrestrial Code for PPR. The OIE Scientific Commission for Animal Diseases (Scientific Commission) is responsible for undertaking, on behalf of the World Assembly, the assessment of OIE Member Countries’ applications for their compliance with OIE standards. The assessment carried out by the Scientific Commission is based on the recommendations formulated by a relevant ad hoc Group composed of world specialists in disease control.
Publication of official disease status

OIE Member Countries' official PPR status map
Last update May 2014

According to Resolution No. 20 (82nd General Session May 2014)

Member Countries recognised as free from PPR according to the provisions of Chapter 14.7. of the Terrestrial Code:

| Argentina | Australia | Austria | Belgium | Bolivia | Bosnia and Herzegovina | Brasil | Canada | Chile | Chinese Taipei | Colombia | Cyprus | Denmark | Ecuador | Estonia | Finland | France | Germany | Greece | Hungary | Iceland | Ireland | Italy | Korea (Rep. of) | Liechtenstein | Lithuania | Luxembourg | Malta | Mauritius | Myanmar | Netherlands | New Caledonia | New Zealand | Norway | Paraguay | Poland | Portugal | Romania | Singapore | Slovakia | Slovenia | South Africa | Spain | Sweden | Switzerland | Thailand | United Kingdom | United States of America |

48 countries free
Publication of official disease status

Foot and Mouth Disease (FMD)

OFFICIAL STATUS
+ Map of FMD official status
+ List of FMD-free Member Countries
+ Suspension/reinstatement of status
+ Questionnaire
+ Form for annual reconfirmation

CONTROL PROGRAMME
+ List of Member Countries with endorsed official control programme for FMD
+ Questionnaire for FMD official control programme
+ Form for annual reconfirmation of FMD official control programme
+ Withdrawal of the endorsement of FMD official control programmes

GENERAL INFORMATION
+ Disease cards

In accordance with the OIE procedure for official recognition of disease status, this page provides access to the List of OIE Member Countries officially recognised free from foot and mouth disease (FMD) by the OIE through the adoption of a resolution by the World Assembly of Delegates (Assembly) of the OIE at the General Session in May every year.

A Member Country wishing to be officially recognised as disease-free by the OIE should submit the questionnaire laid out in Chapter 1.6. of the OIE Terrestrial Animal Health Code (Terrestrial Code) and comply with all requirements specified in the Terrestrial Code for FMD. The OIE Scientific Commission for Animal Diseases (Scientific Commission) is responsible
OIE Standards on the quality of VS
Veterinary Services are at the heart of animal health systems tasked with preventing and controlling animal diseases.
THE GLOBAL PUBLIC GOOD CONCEPT

Animal health systems are a Global Public Good
Main benefits linked with improvement of animal health systems

- Control of animal diseases contributes to:
  - Food Security
  - Public Health: zoonoses, food safety
  - Market Access: local, regional and international
  - Poverty Alleviation
  - Securing assets (animal capital)
  - Increasing productivity and food production
- Animal welfare
The good governance of Veterinary Services

The OIE has adopted and published international standards to ensure the quality of the Veterinary Services:

- **Section 3: Quality of Veterinary Services**
  - Chapter 3.1. Veterinary Services
  - Chapter 3.2. Evaluation of Veterinary Services
  - Chapter 3.3. Communication
  - Chapter 3.4. Veterinary legislation

Terrestrial Animal Health Code
mammals, birds and bees
http://www.oie.int/eng/normes/mcode/en_sommaire.htm
The good governance of Veterinary Services

Fundamental principles of quality include:

- Ethical Nature
  - Professional judgment
  - Independence
  - Impartiality
  - Integrity
  - Objectivity

- Organizational/technical Nature
  - General organisation
  - Quality policy
  - Procedures and standards
  - Information, complaints and appeals
  - Documentation
  - Self-evaluation
  - Communication
  - Human / financial resources

= intrinsic qualities of VS,
To allow proper implementation of all other provisions of the OIE Code
The good governance of Veterinary Services

Compliance with Section 3 of the TAHC

Notion of ‘Enabling Environment’ for PPR specific activities → linked to Veterinary Services capacity

Facilitates the implementation of all other chapters of the Code, including chapter 14.7 on PPR
The good governance of Veterinary Services

Quality of Veterinary Services can be measured through an evaluation (chapter 3.2)

- the evaluation should demonstrate that the ‘Veterinary Services have the capability for effective control of the sanitary and zoosanitary status of animals and animal products’.
- Key elements to be covered:
  - Adequacy of resources
  - Management capability
  - Legislative and administrative infrastructures
  - Independence in the exercise of official functions
  - History of performance, including disease reporting.
The **OIE PVS Pathway**

is a continuous process aiming to **sustainably** improve the compliance of Veterinary Services with **international standards**.
OIE PVS Pathway

- External independent evaluation (objectivity)
  - Experts trained and certified by the OIE
  - Based on facts & evidence, not impressions

- Upon request of the country (voluntary basis), to assess:
  - Compliance with OIE Standards
  - Strengths / Weaknesses / Gaps / areas for improvement

- Recognised by international donors
  - Prerequisite and key guide for investment requests

- Not an audit

- Country property (confidentiality of results)
To help its MCs comply with the standard on the quality of Veterinary Services, the OIE has developed the OIE PVS Pathway.

The PVS Pathway includes:
- **PVS Evaluation**
- **PVS Gap Analysis** including Veterinary Services’ Strategic Priorities
- **PVS Pathway Follow-Up Missions**
- **Public / Private Partnerships**
- **Veterinary Legislation**
- **Veterinary Education**
- **Laboratories**

"Systemic approach" to the quality of Veterinary Services

The good governance of Veterinary Services
The good governance of Veterinary Services
The OIE PVS Tool

Evaluation of the Performance of Veterinary Services
a tool for Good Governance of Veterinary Services

✓ applicable to veterinary services in all regions
✓ vet services comprise public and private sector veterinarians and vet para-professionals
The good governance of Veterinary Services

- Human, Physical, Financial Resources
- Technical Capability and Authority
- Interaction with Interested Parties
- Market Access

4 fundamental components

Critical competencies (6 - 18)
47 in total

33 Critical Competences directly relevant to the control of PPR

5 levels of advancement
The good governance of Veterinary Services

Levels of Advancement

- Progressive and complementary information related to the compliance with OIE standards.
- 5 levels of advancement (qualitative) for each critical competency
- A higher level assumes compliance with all preceding levels

1. **Level of advancement 1** - No compliance with OIE standards
2. **Level of advancement 2**
3. **Level of advancement 3** - Minimum compliance with OIE standards
4. **Level of advancement 4**
5. **Level of advancement 5** - Full compliance with OIE Standards
### Critical competencies:

#### Human, Physical & Financial Resources

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<td>The appropriate staffing of the VS to allow for veterinary and technical functions to be undertaken efficiently and effectively.</td>
</tr>
<tr>
<td>A.</td>
<td>Veterinary and other professionals (university qualification)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The majority of veterinary and other professional positions are not occupied by appropriately qualified personnel.</td>
</tr>
<tr>
<td>2. The majority of veterinary and other professional positions are occupied by appropriately qualified personnel at central and state / provincial levels.</td>
</tr>
<tr>
<td>3. The majority of veterinary and other professional positions are occupied by appropriately qualified personnel at local (field) levels.</td>
</tr>
<tr>
<td>4. There is a systematic approach to defining job descriptions and formal appointment procedures for veterinarians and other professionals.</td>
</tr>
<tr>
<td>5. There are effective management procedures for performance assessment of veterinarians and other professionals.</td>
</tr>
</tbody>
</table>
### Findings

<table>
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<tr>
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</tr>
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</tr>
<tr>
<td>3. The majority of veterinary and other professional positions are occupied by appropriately qualified personnel at the local (field) level.</td>
</tr>
<tr>
<td>4. There is a systematic approach to defining job descriptions and formal appointment procedures for veterinarians and other professionals.</td>
</tr>
<tr>
<td>5. There are effective management procedures for performance assessment of veterinarians and other professionals.</td>
</tr>
</tbody>
</table>

**I-1 Professional and technical staffing of the Veterinary Services**

The appropriate staffing of the VS to allow for veterinary and technical functions to be undertaken efficiently and effectively.

**A. Veterinary and other professionals (university qualification)**
## Findings

<table>
<thead>
<tr>
<th>I-9</th>
<th>Emergency funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The capability of the VS to access extraordinary financial resources in order to respond to emergency situations or emerging issues; measured by the ease of which contingency and compensatory funding (i.e. arrangements for compensation of producers in emergency situations) can be made available when required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No funding arrangements exist and there is no provision for emergency financial resources.</td>
</tr>
<tr>
<td>2. Funding arrangements with limited resources have been established, but these are inadequate for expected emergency situations (including emerging issues).</td>
</tr>
<tr>
<td>3. Funding arrangements with limited resources have been established; additional resources for emergencies may be approved but approval is through a political process.</td>
</tr>
<tr>
<td>4. Funding arrangements with adequate resources have been established, but in an emergency situation, their operation must be agreed through a non-political process on a case-by-case basis.</td>
</tr>
<tr>
<td>5. Funding arrangements with adequate resources have been established and their rules of operation documented and agreed with interested parties.</td>
</tr>
<tr>
<td>Section II-1</td>
</tr>
<tr>
<td>--------------</td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Section II-2</td>
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<tr>
<td>Section II-3</td>
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<tr>
<td>Section II-4</td>
</tr>
<tr>
<td>Section II-5</td>
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<td>Section II-6</td>
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<td>Section II-7</td>
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<td>Section II-8</td>
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<tr>
<td>Section II-9</td>
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<tr>
<td>Section II-10</td>
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<tr>
<td>Section II-11</td>
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<tr>
<td>Section II-12</td>
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<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Section II-13</td>
</tr>
</tbody>
</table>
### Findings

#### II-1 Veterinary laboratory diagnosis

**A Access to veterinary laboratory diagnosis**

The authority and capability of the VS to have access to laboratory diagnosis in order to identify and record pathogenic agents, including those relevant for public health, that can adversely affect animals and animal products.

<table>
<thead>
<tr>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Disease diagnosis is almost always conducted by clinical means only, with no access to and use of a laboratory to obtain a correct diagnosis.</td>
</tr>
<tr>
<td>2. For major zoonoses and diseases of national economic importance, the VS have access to and use a laboratory to obtain a correct diagnosis.</td>
</tr>
<tr>
<td>3. For other zoonoses and diseases present in the country, the VS have access to and use a laboratory to obtain a correct diagnosis.</td>
</tr>
<tr>
<td>4. For diseases of zoonotic or economic importance not present in the country, but known to exist in the region and/or that could enter the country, the VS have access to and use a laboratory to obtain a correct diagnosis.</td>
</tr>
<tr>
<td>5. In the case of new and emerging diseases in the region or world, the VS have access to and use a network of national or international reference laboratories (e.g. an OIE Reference Laboratory) to obtain a correct diagnosis.</td>
</tr>
</tbody>
</table>
## III-5 Epidemiological surveillance and early detection

The authority and capability of the VS to determine, verify and report on the sanitary status of the animal populations, including wildlife, under their mandate.

### A. Passive epidemiological surveillance

<table>
<thead>
<tr>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The VS have no passive surveillance programme.</td>
</tr>
<tr>
<td>2. The VS conduct passive surveillance for some relevant diseases and have the capacity to produce national reports on some diseases.</td>
</tr>
<tr>
<td>3. The VS conduct passive surveillance in compliance with OIE standards for some relevant diseases at the national level through appropriate networks in the field, whereby samples from suspect cases are collected and sent for laboratory diagnosis with evidence of correct results obtained. The VS have a basic national disease reporting system.</td>
</tr>
<tr>
<td>4. The VS conduct passive surveillance and report at the national level in compliance with OIE standards for most relevant diseases. Producers and other interested parties are aware of and comply with their obligation to report the suspicion and occurrence of notifiable diseases to the VS.</td>
</tr>
<tr>
<td>5. The VS regularly report to producers and other interested parties and the international community (where applicable) on the findings of passive surveillance programmes.</td>
</tr>
</tbody>
</table>
### III-Critical Competencies: Interaction with Stakeholders

<table>
<thead>
<tr>
<th>Section III-1</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section III-2</td>
<td>Consultation with interested parties</td>
</tr>
<tr>
<td>Section III-3</td>
<td>Official representation</td>
</tr>
<tr>
<td>Section III-4</td>
<td>Accreditation / Authorisation / Delegation</td>
</tr>
<tr>
<td>Section III-5</td>
<td>Veterinary Statutory Body (VSB)</td>
</tr>
<tr>
<td></td>
<td>A. VSB authority</td>
</tr>
<tr>
<td></td>
<td>B. VSB capacity</td>
</tr>
<tr>
<td>Section III-6</td>
<td>Participation of producers and other interested parties in joint programmes</td>
</tr>
</tbody>
</table>
### Findings

#### III-2 Consultation with interested parties

The capability of the VS to consult effectively with interested parties on VS activities and programmes, and on developments in animal health and food safety. This competency includes collaboration with relevant authorities, including other ministries and Competent Authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas.

<table>
<thead>
<tr>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The VS have no mechanisms for consultation with interested parties.</td>
</tr>
<tr>
<td>2. The VS maintain informal channels of consultation with interested parties.</td>
</tr>
<tr>
<td>3. The VS maintain a formal consultation mechanism with interested parties.</td>
</tr>
<tr>
<td>4. The VS regularly hold workshops and meetings with interested parties.</td>
</tr>
<tr>
<td>5. The VS actively consult with and solicit feedback from interested parties regarding proposed and current activities and programmes, developments in animal health and food safety, interventions at the OIE (Codex Alimentarius Commission and WTO SPS Committee where applicable), and ways to improve their activities.</td>
</tr>
</tbody>
</table>
IV-Critical competencies: Access to Markets

<table>
<thead>
<tr>
<th>Section IV-1</th>
<th>Preparation of legislation and regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section IV-2</td>
<td>Implementation of legislation and regulations and compliance thereof</td>
</tr>
<tr>
<td>Section IV-3</td>
<td>International harmonisation</td>
</tr>
<tr>
<td>Section IV-4</td>
<td>International certification</td>
</tr>
<tr>
<td>Section IV-5</td>
<td>Equivalence and other types of sanitary agreements</td>
</tr>
<tr>
<td>Section IV-6</td>
<td>Transparency</td>
</tr>
<tr>
<td>Section IV-7</td>
<td>Zoning</td>
</tr>
<tr>
<td>Section IV-8</td>
<td>Compartmentalisation</td>
</tr>
</tbody>
</table>
## Findings

<table>
<thead>
<tr>
<th>IV-1</th>
<th>Preparation of legislation and regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The authority and capability of the VS to actively participate in the preparation of national legislation and regulations in domains that are under their mandate, in order to guarantee its quality with respect to principles of legal drafting and legal issues (internal quality) and its accessibility, acceptability, and technical, social and economical applicability (external quality). This competency includes collaboration with relevant authorities, including other ministries and Competent Authorities, national agencies and decentralised institutions that share authority or have mutual interest in relevant areas.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The VS have neither the authority nor the capability to participate in the preparation of national legislation and regulations, which result in legislation that is lacking or is out-dated or of poor quality in most fields of VS activity.</td>
</tr>
<tr>
<td>2. The VS have the authority and the capability to participate in the preparation of national legislation and regulations and can largely ensure their internal quality, but the legislation and regulations are often lacking in external quality.</td>
</tr>
<tr>
<td>3. The VS have the authority and the capability to participate in the preparation of national legislation and regulations, with adequate internal and external quality in some fields of activity, but lack formal methodology to develop adequate national legislation and regulations regularly in all domains.</td>
</tr>
<tr>
<td>4. The VS have the authority and the capability to participate in the preparation of national legislation and regulations, with a relevant formal methodology to ensure adequate internal and external quality, involving participation of interested parties in most fields of activity.</td>
</tr>
<tr>
<td>5. The VS regularly evaluate and update their legislation and regulations to maintain relevance to evolving national and international contexts.</td>
</tr>
</tbody>
</table>
The basic principle is that a country embarking in PPR control should acquire the appropriate capacity and capability of the VS to conduct activities aimed at the control or elimination of PPR (and other TADs) = ‘Proper Enabling Environment’
The good governance of Veterinary Services

Linking the PPR stages and the Critical Competences of the OIE PVS evaluation tool

**Principle:**

1) For each specific PPR Stage, some OIE PVS Critical Competencies are more relevant
2) In this case, Level of Advancement 3 is required
The good governance of Veterinary Services

Linking the PPR Stages and the Critical Competences of the OIE PVS evaluation tool

- **PPR Control Stage 1**: PVS level 3 required for 7 CCs
- **PPR Control Stage 2**: PVS level 3 required for 17 CCs (= 7 + 10)
- **PPR Control Stage 3**: Request for official OIE endorsed PPR national control programme: PVS Level 3 for all 33 CCs (= 17 + 16)
- **PPR Control Stage 4**: Transition towards OIE-free status: PVS level 3 for all 33 CCs

The table below shows the critical competences and their alignment with the PPR control stages:

<table>
<thead>
<tr>
<th>Critical competencies</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.2.A. Professional competencies of veterinarians</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.2.B. Competencies of veterinary para-professionals</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.3. Continuing education</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.6.A. Internal coordination (chain of command)</td>
<td>1</td>
<td>2</td>
<td>3*</td>
<td>3</td>
</tr>
<tr>
<td>I.6.B. External coordination</td>
<td>3</td>
<td>3*</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.11. Management of resources and operations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.13. Risk analysis</td>
<td>3</td>
<td>3*</td>
<td>3*</td>
<td>3*</td>
</tr>
<tr>
<td>II.1. Emerging issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>II.11. Risk analysis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>III.1. Communications</td>
<td>4</td>
<td>4*</td>
<td>4*</td>
<td>4*</td>
</tr>
<tr>
<td>III.2. Consultation with stakeholders</td>
<td>3</td>
<td>3*</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>III.3. Official representation</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>III.4. Accreditation/authorisation/delegation</td>
<td>1</td>
<td>2</td>
<td>3/4</td>
<td>3/4*</td>
</tr>
<tr>
<td>III.5.A. Veterinary Statutory Body authority</td>
<td>1</td>
<td>2</td>
<td>3/4</td>
<td>3/4*</td>
</tr>
<tr>
<td>III.5.B. Veterinary Statutory Body capacity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3*</td>
</tr>
<tr>
<td>III.6. Participation of producers and stakeholders in joint programs</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3*</td>
</tr>
<tr>
<td>IV.1. Preparation of legislation and regulations</td>
<td>3</td>
<td>3*</td>
<td>3*</td>
<td>3*</td>
</tr>
<tr>
<td>IV.2. Implementation of legislation &amp; stakeholder compliance</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>IV.5.A. Passive epidemiological surveillance</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>IV.5.B. Active epidemiological surveillance</td>
<td>3</td>
<td>3*</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>II.6. Early detection and emergency response</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>II.7. Disease prevention, control and eradication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>II.8. Ante and post mortem inspection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>II.1. Veterinary laboratory diagnosis</td>
<td>2</td>
<td>2/3</td>
<td>2/3</td>
<td>2/3</td>
</tr>
<tr>
<td>II.2. Laboratory quality assurance</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>II.4. Quarantine and border security</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>II.13.A. Animal identification and movement control</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>IV.6. Transparency</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>IV.7. Zoning</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I.1.A. Veterinarians and other professionals</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.1.B. Veterinary para-professionals and other technical staff</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.7. Physical resources</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>I.8. Operational funding</td>
<td>1</td>
<td>2/3</td>
<td>4/5</td>
<td>4/5</td>
</tr>
<tr>
<td>I.9. Emergency funding</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4/5</td>
</tr>
</tbody>
</table>
The good governance of Veterinary Services

Stage 1:
Stage FOCUS: “To gain an understanding of the epidemiology of PPR in the country (and develop a risk-based approach to reduce the impact of PPR)”

Level of advancement 3

- Professional competencies of veterinarians
- Continuing education
- External coordination
- Risk analysis
- Consultation with stakeholders
- Preparation of legislation and regulations
- Active surveillance
## II-3 Risk analysis

The authority and capability of the VS to base its risk management measures on risk assessment.

<table>
<thead>
<tr>
<th>Levels of advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Risk management measures are not usually supported by risk assessment.</td>
</tr>
<tr>
<td>2. The VS compile and maintain data but do not have the capability to carry out risk analysis. Some risk management measures are based on risk assessment.</td>
</tr>
<tr>
<td>3. The VS compile and maintain data and have the capability to carry out risk analysis. The majority of risk management measures are based on risk assessment.</td>
</tr>
<tr>
<td>4. The VS conduct risk analysis in compliance with relevant OIE standards, and base their risk management measures on the outcomes of risk assessment.</td>
</tr>
<tr>
<td>5. The VS are consistent in basing sanitary measures on risk assessment, and in communicating their procedures and outcomes internationally, meeting all their OIE obligations (including WTO SPS Agreement obligations where applicable).</td>
</tr>
</tbody>
</table>
The good governance of Veterinary Services

Control Plan 1

Control Plan 2

Control Plan 3

continuum

7 CCs

7 + 10 CCs

PPR activities

VS reinforcement activities

2

3

4

PPR activities

VS reinforcement activities

PPR activities

VS reinforcement activities

PPR activities
The good governance of Veterinary Services

- OIE official recognition (chapters 14.7 and 1.6)
- Option to apply for OIE endorsed PPR control programme (chapters 14.7 and 1.6)
- OIE standards on quality of VS (section 3)
The OIE collaborates with governments, donors and interested parties
Capacity Building,
Specific Activities,
Projects and Programs

Veterinary Legislation

Public / Private Partnerships

Veterinary Education

Laboratories

PVS Evaluation Follow-Up Missions

PVS Evaluation

PVS Gap Analysis

including Veterinary Services’ Strategic Priorities

Missions

Diagnosis

Prescription

Treatment

Veterinary Legislation

Evaluation

Follow-Up

Public / Private Partnerships

Veterinary Education

Laboratories

PVS Evaluation Follow-Up Missions

PVS Evaluation

PVS Gap Analysis

including Veterinary Services’ Strategic Priorities

Missions

Diagnosis

Prescription

Treatment

Veterinary Legislation

Evaluation

Follow-Up

Public / Private Partnerships

Veterinary Education

Laboratories

PVS Evaluation Follow-Up Missions
Methodology based on standards

Section 3
Quality of Veterinary Services
Quality of Aquatic Animal Health Services
Overview of PVS Evaluation missions

23 September 2015
PVS Evaluation – Terrestrial
23 September 2015

Map showing countries with different statuses:
- Red: Mission requested
- Blue: No request
- Green: Special approach

75% of countries have requested a mission.
Mission requests

Africa
- Côte d’Ivoire
- Lesotho
- Mozambique
- Seychelles

America
- Belize
- Brazil
- Costa Rica
- Nicaragua
- Panama

Asia
- Maldives
- Philippines
- Vietnam

Europe
- Turkey

ME
- Saudi Arabia

Mission requested Mission completed Report Available
Capacity Building, Specific Activities, Projects and Programs

- PVS Gap Analysis
  - including Veterinary Services’ Strategic Priorities
- PVS Evaluation
- Public / Private Partnerships
- Veterinary Legislation
- Veterinary Education
- PVS Evaluation Follow-Up Missions
- Laboratories

‘Diagnosis’

‘Prescription’

‘Treatment’
PVS Gap Analysis (PVS Costing Tool)

Objectives:

- To determine and confirm country priorities
- To determine activities to be carried out to achieve the expected results
- Develop an indicative costing of the human and physical resources required for the effective and efficient implementation of the activities defined
- To support the preparation of national investment programmes
PVS Gap Analysis (PVS Costing Tool)
23 September 2015

3 eligible countries
Albania
Macedonia
Turkmenistan

78%

No request  Mission requested
"Treatment"
Capacity Building,
Specific Activities,
Projects and Programs

Veterinary Legislation

'\textit{Diagnosis}'

- PVS Evaluation

'\textit{Prescription}'

- PVS Gap Analysis
  - including Veterinary Services’ Strategic Priorities

Public / Private Partnerships

Veterinary Education

Laboratories

PVS Evaluation Follow-Up Missions
Veterinary Legislation Support Programme

› Aims to support Member Countries develop a strong legislative framework in line with Chapter 3.4. Veterinary Legislation

› Consists of two phases:
  
  › 1 - Veterinary Legislation Identification mission aimed at obtaining a detailed picture of the current state of veterinary legislation in the country

  › 2 – Middle term support to review and modernise national veterinary legislation (ad hoc national taskforce) on the basis of national priorities
Other PVS Pathway treatments

- **PVS Pathway Laboratory Mission**: identify the resources required for a sustainable, efficient, effective and viable national veterinary laboratory network.

- **Laboratory Twinning Programme**: Builds laboratory expertise for the most important animal diseases and animal health-related topics, providing a more balanced north-south distribution of advanced expertise.

- **Veterinary Education Twinning Programme**: Fosters quality veterinary education through the exchange of teachers and students.

- **Veterinary Statutory Body Twinning Programme**: Develops the competencies and capacities of VSBs so that they can fulfill their responsibilities under the Veterinary Authority, whilst complying with the international standards of the OIE.
Twinning - Laboratories

› 26 projects completed
› 34 projects underway
› 10 projects approved and waiting to start (‘in the pipeline’)
› 3 most popular topics
  • Avian influenza and Newcastle disease (10)
  • Brucellosis (8)
  • Rabies (6)
Capacity Building, Specific Activities, Projects and Programs

- PVS
- Gap Analysis
- Evaluation

Missions

Veterinary Legislation

Public / Private Partnerships

Veterinary Education

Laboratories

‘Diagnosis’
- PVS Evaluation

‘Prescription’
- PVS Gap Analysis
- including Veterinary Services’ Strategic Priorities

‘Treatment’
- PVS Evaluation Follow-Up Missions
PVS Evaluation Follow-up missions

- Initial country PVS Evaluation = baseline
- Regular country PVS Evaluation missions are useful to assess, monitor and accompany progress made
  - change in legislation,
  - Modifications in structure – chain of command
  - Impact of national and international investments
  - Improved compliance with OIE standards, etc.
- Every [3 to 5] years
- Self-evaluation is also possible
Training seminars and information sessions
OIE PVS Pathway
Support to other initiatives
Bridging WHO and OIE tools for the assessment of national capacities
Bridging WHO and OIE tools for the assessment of national capacities
OIE PVS Pathway – success stories
Objective: identify impact, measure satisfaction, and capture success stories related to the PVS Pathway experience of OIE Member Countries

- Sent to 119 countries participating in the PVS Pathway
- 84% response rate
- The vast majority of Member Countries described their overall experience with the PVS Pathway from good to excellent
- Preliminary analysis of results to be presented during the Regional Conference.
Overall experience of the Member Countries with the PVS Pathway – Middle East

100% Good to Excellent
Suggestions on improving the PVS Pathway

- In-country training on the use of PVS tools by VS staff
- Communication with a PVS Pathway contact person appointed by the Delegate to manage and report progress on PVS Pathway’s mission recommendations
- Translation of PVS Pathway mission reports into local languages for more effective dissemination
- Addition of new tools or ‘treatments’ to the PVS toolbox
- Other(s)
How to improve the value of the PVS Pathway – Middle East MC proposals

- Support in the restructuring VS and in the development of the public/private partnerships (sanitary mandate)
- Evolution of the Gap Analysis tool to facilitate and help finding supports from donors
- Support through training and workshops.
Global Strategy for FMD presented at the FAO and OIE global conference on FMD (Bangkok, Thailand, 2012)

Global Strategy for PPR, presented at the FAO and OIE global conference on PPR (Abidjan, Côte d’Ivoire, 2015)
Global control strategies

*Strengthening animal health systems through improved control of major diseases*

❖ **Global strategies**

✓ based on lessons learned from
  • FMD control success
  • Rinderpest eradication and regions experiences

✓ not a ‘stand alone activity’

✓ but a **mechanism to simultaneously progress in other fields**
  • strengthening of VS,
  • control of other priority diseases,
  • cost-effective combinations of activities
  (major diseases of small ruminants for PPR)

✓ **a framework and necessary tools, methods and strategies**

✓ to implement a **well structured global FMD control effort**

❖ **Objectives :**

✓ major reduction in the global impact of FMD

✓ eradication of PPR by 2030
Global strategies

- Strategies with 3 components

1. Disease eradication or improved control
2. VS reinforcement
3. Reducing the impact of other major infectious diseases
Global strategies

1. Disease eradication or improved control

2. VS reinforcement

3. Reducing the impact of other major infectious diseases
Global strategies

2. VS reinforcement

- Correspondence between PVS critical competencies and FMD PCP stages

Table 1: Relationship between FMD PCP Stages and OIE PVS Critical Competency Levels

<table>
<thead>
<tr>
<th>OIE PVS Critical Competencies and Levels (in red)</th>
<th>FMD PCP Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional competencies of veterinarians (CC I.2.A)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Competencies of veterinary para-professionals (CC I.2.B)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Continuing education (CC I.3)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Internal coordination (chain of command) (CC I.6.A)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>External coordination (CC I.6.B)</td>
<td>1 2 3 3</td>
</tr>
<tr>
<td>Management of resources and operations (CC I.11)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Risk analysis (CC II.3)</td>
<td>1 2 3 3</td>
</tr>
<tr>
<td>Emerging issues (CC II.11)</td>
<td>1 2 3 3</td>
</tr>
<tr>
<td>Communications (CC II.1)</td>
<td>1 2 3 3</td>
</tr>
<tr>
<td>Consultation with stakeholders (CC III.2)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Official representation (CC III.3)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Accreditation / authorisation / delegation (CC III.4)</td>
<td>1 2 3 3</td>
</tr>
<tr>
<td>Veterinary Statutory Body authority (or equivalent) (CC III.5.A)</td>
<td>1 2 3 3</td>
</tr>
<tr>
<td>Veterinary Statutory Body capacity (CC III.5.B)</td>
<td>1 2 3 3</td>
</tr>
<tr>
<td>Participation of producers and stakeholders in joint programmes (CC III.6)</td>
<td>2 3 3 3</td>
</tr>
<tr>
<td>Preparation of legislation and regulations (CC IV.1)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Implementation of legislation &amp; stakeholder compliance (CC IV.2)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Passive epidemiological surveillance (CC II.5.A)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Active epidemiological surveillance (CC II.5.B)</td>
<td>3 3 3 3</td>
</tr>
<tr>
<td>Early detection and emergency response (CC II.6)</td>
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</tr>
<tr>
<td>Disease prevention, control and eradication (CC II.7)</td>
<td>1 3 3 3</td>
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<tr>
<td>Ante and post mortem inspection (CC II.8)</td>
<td>1 3 3 3</td>
</tr>
<tr>
<td>Veterinary laboratory diagnosis (CC II.1)</td>
<td>2 3 3 3</td>
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<tr>
<td>Laboratory quality assurance (CC II.2)</td>
<td>2 3 3 3</td>
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<tr>
<td>Quarantine and border security (CC II.4)</td>
<td>1 2 3 3</td>
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<tr>
<td>Animal identification and movement control (CC II.13.A)</td>
<td>1 2 3 3</td>
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<tr>
<td>Transparency (CC IV.6)</td>
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<tr>
<td>Zoning (CC IV.7)</td>
<td>2 3 3 3</td>
</tr>
<tr>
<td>Veterinarians and other professionals (CC I.1.A)</td>
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</tr>
<tr>
<td>Veterinary para-professionals and other technical staff (CC I.1.B)</td>
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<tr>
<td>Physical resources (CC I.7)</td>
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<tr>
<td>Operational funding (CC I.8)</td>
<td>1 2/3 4/5 4/5</td>
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<tr>
<td>Emergency funding (CC I.9)</td>
<td>1 1 3 4/5</td>
</tr>
</tbody>
</table>
Conclusions

- The OIE is strongly dedicated to this programme
- Tools are regularly updated to reflect this commitment and missions are implemented accordingly
- Synergies with important partners are significantly increasing the profile of the PVS Pathway
- The OIE invites Countries to progress on this Pathway, especially through PVS Evaluation Follow-up missions
- It is important to capture success stories at national level and the participation of Member Countries in completing the PVS Pathway questionnaire was appreciated.
Thank you