

RELEVANT ACTIVITIES

Communication from the World Organization for Animal Health (OIE)

The following communication, received on 29 June 2012, is being circulated at the request of the OIE.

The World Organisation for Animal Health (OIE) is pleased to provide this report for information of WTO Members attending the 54th meeting of the SPS Committee.

I. 80TH GENERAL SESSION

1. On 20-25 May 2012 the OIE held its 80th General Session. More than 600 participants representing OIE members and intergovernmental, regional and national organisations attended the meeting. The Final Report of the 80th General Session is available on the OIE website (http://www.oie.int/fileadmin/Home/eng/About_us/docs/pdf/A_FR_2012_Public.pdf).

1. Standard setting activities of the OIE

2. The OIE adopted updated texts in its normative publications, including 30 new or revised chapters in the *Terrestrial Animal Health Code (Terrestrial Code)* and 41 new or revised chapters in the *Aquatic Animal Health Code*. Important chapters relevant to this Committee include:

(a) Terrestrial Animal Health Code:

(i) *Criteria for the inclusion of diseases, infections and infestations on the OIE list (chapter 1.2.)*

3. Major revision was made to the chapter that defines the OIE criteria for listing diseases, infections and infestations. The revised criteria now include consideration of impacts on wildlife as part of OIE's "One Health" approach. An expert meeting will be convened to review the existing OIE listed diseases against the revised criteria.

(ii) *Veterinary legislation (Chapter 3.4.)*

4. The purpose of this newly adopted chapter is to provide advice and assistance to OIE members when formulating or modernizing veterinary legislation so as to comply with OIE standards, thus ensuring good governance of the entire veterinary domain.

(iii) *Chapters on antimicrobial resistance (Chapters 6.7. and 6.8.)*

5. These two chapters were updated taking into account recent developments on antimicrobial resistance monitoring in food producing animals.

(iv) *Infection with Rabies virus (Chapter 8.10.)*

6. The revised chapter clarifies the rabies case definition, and focuses on rabies risk mitigation for human and animal health, and prevention of the international spread of the disease.

(v) *Infection with African horse sickness virus (Chapter 12.1.)*

7. This chapter was revised to include AHS as one of the diseases for which OIE provides official disease status recognition. The questionnaire for applicants seeking OIE AHS disease status evaluation is now included in the Chapter on procedures for official recognition by the OIE (Chapter 1.6.).

(b) Aquatic Animal Health Code:

(i) *Communication (Chapter 3.2.)*

8. A new chapter on Communication was adopted for Aquatic Animal Health Services that aligns with the Communication chapter in the *Terrestrial Code*.

(ii) *Chapters on antimicrobial resistance (Chapters 6.4. and 6.5.)*

9. These new chapters on antimicrobial resistance are based on the work of an expert group and align with the antimicrobial resistance chapters in the *Terrestrial Code*.

2. National and International Experiences and Roles in previous and future Developments in the "One Health" approach (Technical Item)

10. The concept of "One Health" captures in one short phrase the understanding that we have had for more than a century – the health of human and animals are interdependent, and linked to the ecosystems in which they coexist. Within "One Health", the control of diseases at the animal–human–ecosystem interface is important.

11. Based on the response to the questionnaires distributed to the OIE member countries prior to the 80th General Session, it was shown that while most Veterinary Services place a high priority on taking a "One Health" approach to relevant topics, there are several barriers to effective implementation of this approach, including lack of resources, and limited capacity to develop and implement programmes with partners in different sectors.

12. The World Assembly of Delegates (the Assembly) adopted a resolution recommending that the OIE continuously support its members to foster adequate capacity for the effective application of "One Health" approaches ([Annex 1](#)).

3. Official OIE recognition of the sanitary status and control programmes for FMD of members

13. The OIE evaluates and provides official recognition of disease status for foot and mouth disease (FMD), contagious bovine pleuropneumonia (CBPP) and bovine spongiform encephalopathy (BSE). Following the adoption of Resolution No. 19 at the 79th General Session, the OIE now has a

procedure in place to evaluate official FMD control programmes. Under this new procedure the Assembly this year endorsed the official control programmes for FMD of Algeria, Morocco and Tunisia.

14. The official recognition for African horse sickness will start just after the Assembly.

15. The full list of countries and their recognised disease status for FMD, CBPP and BSE is attached in [Annex 2](#).

4. The OIE Role in Maintaining World Freedom from Rinderpest

16. Following the Declaration of Global Freedom from Rinderpest in 2011, the Assembly identified the importance of reducing existing rinderpest virus stocks through safe destruction of remaining virus stocks or transfer of virus stocks to internationally recognised reference institutions. They also identified a clear need for transparency of information on remaining stocks of virus, vaccines and research projects that include manipulation of the virus.

17. The Assembly, therefore, recommended that OIE complete the necessary revisions to the relevant chapters of the *Terrestrial Code*, and requested that OIE accelerate the process of virus sequestration and destruction under the guidance of the joint FAO/OIE advisory committee on rinderpest ([Annex 3](#)).

II. CAPACITY BUILDING ACTIVITIES

1. OIE PVS Pathway

18. The OIE continues its global initiative to support member countries wishing to comply with quality standards of national Veterinary Services and Aquatic Animal Health Services (AAHS) by following the PVS Pathway.

19. In July 2012, an expert group will be convened to update the OIE *PVS Tool* including list of critical competencies and indicators to be used (last revised in 2010).

20. With the objective of encouraging member countries to strengthen programmes for the health of aquatic animals and the safety of their products, the OIE will convene a new PVS expert group in August 2012, with the task of reviewing the competencies in the *PVS Tool* for relevance to aquatic animal health.

21. The state of play of OIE members' engagement in the PVS Pathway can be found in [Annex 4](#).

2. Good Governance and Veterinary Education

22. Veterinary education of quality is the cornerstone of good governance of Veterinary Services (both public and private sector). The OIE, in close collaboration with national leaders and decision makers on veterinary education and relevant regional and international organisations, continues working improve the quality of veterinary education globally. At the 80th General Session the Assembly expressed its ongoing support for the OIE's work in this area and, notably, mandated the OIE to develop a basic/minimum curriculum for veterinarians ([Annex 5](#))

23. The OIE encourages all interested parties to review the publication "Minimum Competencies expected of Day 1 Veterinary Graduates to assure delivery of high quality National Veterinary Services", which is available on the OIE website ("http://www.oie.int/fileadmin/Home/eng/International_Standard_Setting/docs/pdf/AF-DAYONE-B-ang-sin.pdf").

24. As an adjunct to its established SPS capacity building activities, the OIE is developing Guidelines on "Twinning" veterinary education establishments in developed and developing countries, with the objective of strengthening national veterinary services.

ANNEX 1

RESOLUTION No. 27

The "One Health" Approach to Address Health Risks at the Animal-Human-Ecosystem Interface

CONSIDERING THAT

1. The concept of "One Health" is necessarily broad and flexible, as it is intended to encompass the many facets of the relationships between humans, animals, and the ecosystems in which they co-exist. Within "One Health" the control of diseases at the animal-human-ecosystem interface is important;
2. The health of humans and animals is interlinked, and that both populations affect and are affected by the environment in which they co-exist;
3. A majority of existing and emerging human infectious diseases are caused by pathogens that also affect animals;
4. Good governance underpins the prevention, surveillance, timely detection, transparent notification and rapid response to animal diseases, and also to animal-related threats including zoonotic diseases, antimicrobial resistance and those that may have an impact on human health through food security and food safety;
5. Control of zoonotic diseases, including those caused by foodborne pathogens, at their source has the greatest benefit for human and animal populations and that Veterinary Services are in the frontline to achieve this objective;
6. The concept or practice of "One Health" reflects the intersectoral collaborative approach to protecting animal, human and environmental health and includes the collaboration among stakeholders, institutions and systems at all levels that support positive health outcomes;
7. Animal production contributes in important ways to food security and human health through nutrition and poverty reduction; and furthermore that emerging, re-emerging, and endemic diseases of animals can have additional implications for human health through food security and safety concerns;
8. OIE Member Countries recognise that the achievement of major public health outcomes through the protection and promotion of animal health is a fundamental part of competent Veterinary Services;
9. Zoonotic diseases, especially rabies, and other issues, such as antimicrobial resistance, are recognised as a high priority by OIE Member Countries for which "One Health" approaches should be taken;
10. Member Countries reported that guidance on intersectoral collaboration and capacity building on implementing intersectoral approaches is needed;
11. OIE Member Countries endorsed the OIE Fifth Strategic Plan (2011–2015), in which the application of the "One Health" concept for the reduction of risks of high impact diseases at

the animal–human–ecosystem interface was a new major element, and mandated the OIE to implement this plan;

THE ASSEMBLY

RECOMMENDS THAT

1. The Director General and the OIE Delegates advocate to governments and regional and international organisations for the fundamental role of Veterinary Services in the protection of animal, human and ecosystem health and the application of "One Health" approaches.
2. The OIE continue its initiative of evaluating Veterinary Services through the application of the PVS tool, the PVS gap analysis and PVS follow–up evaluations to further strengthen the ability of OIE Member Countries to practise good veterinary governance.
3. The OIE promote activities to build trust among the concerned professions, institutions and individuals and encourage a deeper understanding of the cultural and ethical challenges to collaboration.
4. The OIE standards and guidance provide support for Member Countries to implement "One Health" approaches, and that the OIE work through its Specialist Commissions, Working Groups, and *ad hoc* Groups to review existing standards and develop evidence-based guidance on issues related to health risks at the animal–human–ecosystem interface.
5. The Director General encourage relevant OIE Reference Centres to further develop the "One Health" concept and approaches to animal disease detection, prevention and control, including economic studies, and further develop and provide capacity building programmes on implementing "One Health" approaches.
6. The OIE maintain and expand training and capacity building in the area of "One Health", including components within the PVS Pathway, to strengthen the skills of and provide information to OIE Delegates, national focal points, and Veterinary Services in general.
7. The Director General continue to work closely with the World Health Organization to negotiate and ensure harmonisation of the OIE international guidance and standards for good governance of Veterinary Services with guidance from WHO for good governance of human health services, and with other international organisations providing guidance relevant to good governance of ecosystems.
8. Veterinary and medical institutions and faculties worldwide be encouraged to incorporate relevant "One Health" approaches within their undergraduate and postgraduate curricula, including within continuing professional education programmes.
9. The FAO/OIE/WHO Tripartite Concept Note be used as a basis for the cooperation of the OIE with WHO and FAO, and this also serve as a framework for the work of the OIE with other key partners such as the World Bank and European Union, civil society, the private sector and the many other supporters of the "One Health" approach.

10. The OIE and Member Countries consider rabies as a model for the application of the principles of the "One Health" approach and identify the control of dog rabies as a "One Health" priority in the context of implementation of the OIE Fifth Strategic Plan (2011–2015).
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(Adopted by the World Assembly of Delegates of the OIE on 24 May 2012)

ANNEX 2

RESOLUTION No. 14

Recognition of the Foot and Mouth Disease Status of Member Countries

CONSIDERING THAT

1. During the 62nd General Session, the OIE World Assembly of Delegates (Assembly) established a procedure for annually updating a list of Member Countries and zones recognised as free from foot and mouth disease (FMD) according to the provisions of the *Terrestrial Animal Health Code (Terrestrial Code)*,
2. During the 76th General Session, the Assembly adopted Resolution No. XXII, which specified and updated the procedure for Member Countries to follow to achieve official recognition and maintenance of status for certain animal diseases,
3. During the 76th General Session, the Assembly adopted Resolution No. XXIII, which specified the financial implications for Member Countries applying for evaluation of official recognition or re-instatement of disease status to meet part of the costs defrayed by the OIE in the evaluation process,
4. Information published by the OIE is derived from declarations made by the OIE Delegate of Member Countries. The OIE is not responsible for publication and maintenance of Member Countries or zonal disease free status based on inaccurate information or non-reporting of changes in epidemiological status or other significant events subsequent to the time of declaration of freedom from FMD.

THE ASSEMBLY

RESOLVES THAT

1. The Director General publish the following list of Member Countries recognised as FMD free where vaccination is not practised, according to the provisions of Chapter 8.5. of the *Terrestrial Code*:

Albania	El Salvador	Japan	Portugal
Australia	Estonia	Latvia	Romania
Austria	Finland	Lesotho	San Marino
Belarus	Former Yug. Rep.	Lithuania	Serbia ¹
Belgium	of Macedonia	Luxembourg	Singapore
Belize	France	Madagascar	Slovakia
Bosnia and Herzegovina	Germany	Malta	Slovenia
Brunei	Greece	Mauritius	Spain
Canada	Guatemala	Mexico	Swaziland
Chile	Guyana	Montenegro	Sweden
Costa Rica	Haiti	Netherlands	Switzerland
Croatia	Honduras	New Caledonia	Ukraine
Cuba	Hungary	New Zealand	United Kingdom

¹ Excluding Kosovo administered by the United Nations.

Cyprus	Iceland	Nicaragua	United States of
Czech Rep.	Indonesia	Norway	America
Denmark	Ireland	Panama	Vanuatu
Dominican Republic	Italy	Poland	

2. The Director General publish the following Member Countries recognised as FMD free where vaccination is practised, according to the provisions of Chapter 8.5. of the *Terrestrial Code*:

Uruguay.

3. The Director General publish the following list of Member Countries having FMD free zones² where vaccination is not practised, according to the provisions of Chapter 8.5. of the *Terrestrial Code*:

Argentina: zone designated by the Delegate of Argentina in a document addressed to the Director General in January 2007;

Bolivia: zone in the Macro-region of the Altiplano designated by the Delegate of Bolivia in documents addressed to the Director General in November 2011;

Botswana: one zone designated by the Delegate of Botswana in documents addressed to the Director General in November 2010, with the exclusion of the containment zone as designated by the Delegate of Botswana in a document addressed to the Director General in September 2011;

Brazil: State of Santa Catarina designated by the Delegate of Brazil in a document addressed to the Director General in February 2007;

Colombia: one zone designated by the Delegate of Colombia in documents addressed to the Director General in November 1995 and in April 1996 (Area I - Northwest region of Choco Department),

one zone designated by the Delegate of Colombia in documents addressed to the Director General in January 2008 (Archipelago de San Andres and Providencia);

Malaysia: zone covering the provinces of Sabah and Sarawak as designated by the Delegate of Malaysia in a document addressed to the Director General in December 2003;

Moldova: zone designated by the Delegate of Moldova in a document addressed to the Director General in July 2008;

Namibia: zone designated by the Delegate of Namibia in a document addressed to the Director General in February 1997;

Peru: one zone consisting of two merged zones as designated by the Delegate of Peru in two documents addressed to the Director General in December 2004 and in January 2007;

² For detailed information on the delimitation of zones of Member Countries recognised as FMD free, enquiries should be addressed to the Director General of the OIE.

Philippines: one zone on the islands of Mindanao designated by the Delegate of the Philippines in a document addressed to the Director General in August 2000,

one zone consisting of the islands of Visayas and the provinces of Palawan and Masbate, as designated by the Delegate of the Philippines in a document addressed to the Director General in August 2000 and December 2001,

three separate zones located on the Island of Luzon as designated by the Delegate of the Philippines in a document addressed to the Director General in December 2009 and November 2010;

4. The Director General publish the following list of Member Countries having FMD free zones³ where vaccination is practised, according to the provisions of Chapter 8.5. of the *Terrestrial Code*:

Argentina: two separate zones designated by the Delegate of Argentina in documents addressed to the Director General in March 2007 and in August 2010;

Bolivia: zone of Chiquitania designated by the Delegate of Bolivia in documents addressed to the Director General in January 2003 and in March 2007,

zone adjacent to the east of Chiquitania designated by the Delegate of Bolivia in documents addressed to the Director General in August 2010;

Brazil: five separate zones designated by the Delegate of Brazil in documents addressed to the Director General as follows:

zone covering the territory of State of Rio Grande do Sul (documentation of September 1997),

zone consisting of State of Rondônia (documentation of December 2002), State of Acre along with two adjacent municipalities of State of Amazonas (documentation of March 2004) and an extension of this zone into the territory of State of Amazonas (documentation of December 2010),

zone consisting of the middle southern part of State of Pará (documentation of February 2007), States of Espírito Santo, Minas Gerais, Rio de Janeiro, Sergipe, Distrito Federal, Goiás, Mato Grosso, Paraná, São Paulo, parts of State of Bahia, parts of State of Tocantins (documentation of May 2008), and the zone in State of Mato Grosso do Sul (documentation of July 2008),

zone in State of Mato Grosso do Sul (documentation of August 2010),

zone located in States of Bahia and Tocantins (documentation of December 2010);

Colombia: one zone consisting of five merged zones designated by the Delegate of Colombia in documents addressed to the Director General in January 2003, in December 2004 (two zones), in January 2007 and in January 2009;

³ For detailed information on the delimitation of zones of Member Countries recognised as FMD free, enquiries should be addressed to the Director General of the OIE.

AND

5. The Delegates of these Member Countries shall immediately notify the Headquarters if FMD occurs in their countries or zones within their territories.

(Adopted by the World Assembly of Delegates of the OIE on 22 May 2012)

ANNEX 2 (con't)

RESOLUTION No. 15

Endorsement of Official Control Programmes for Foot and Mouth Disease of Member Countries

CONSIDERING THAT

1. During the 79th General Session, the OIE World Assembly of Delegates (Assembly) adopted Resolution No. 19 establishing a new step in the procedure for recognizing the foot and mouth disease (FMD) status of a Member Country, namely the endorsement by the OIE of a national official control programme for FMD being in compliance with the provisions of the chapter on FMD in the *Terrestrial Animal Health Code (Terrestrial Code)*,
2. During the 79th General Session, the Assembly adopted Resolution No. 20, which specified the financial implications for Member Countries applying for endorsement of their official control programme for FMD to meet part of the costs defrayed by the OIE in the evaluation process,
3. Information published by the OIE is derived from declarations made by the OIE Delegate of Member Countries. The OIE is not responsible for publication and maintenance of Member Countries with an endorsed official control programme for FMD based on inaccurate information or non-reporting of significant changes in the implementation of relevant measures in the Member Country subsequent to the time of endorsement of the official control programme for FMD.

THE ASSEMBLY

RESOLVES THAT

The Director General publish the following list of Member Countries with endorsed official control programme for FMD, according to the provisions of Chapter 8.5. of the *Terrestrial Code*:

Algeria, Morocco and Tunisia.

(Adopted by the World Assembly of Delegates of the OIE on 22 May 2012)

ANNEX 2 (con't)

RESOLUTION No. 16

Recognition of the Bovine Spongiform Encephalopathy Risk Status of Member Countries

CONSIDERING THAT

1. During the 67th General Session the OIE World Assembly of Delegates (Assembly) established a procedure for annually updating a list of Member Countries, categorised by their bovine spongiform encephalopathy (BSE) risk according to the provisions of the *Terrestrial Animal Health Code (Terrestrial Code)*,
2. During the 76th General Session, the Assembly adopted Resolution No. XXII, which specified and updated the procedure for Member Countries to follow to achieve official recognition and maintenance of status of certain diseases,
3. During the 76th General Session, the Assembly adopted Resolution No. XXIII, which specified the financial implications for Member Countries applying for evaluation of official recognition or re-instatement of a BSE risk status to meet part of the costs defrayed by the OIE in the evaluation process,
4. Information published by the OIE is derived from declarations made by the OIE Delegate of Member Countries. The OIE is not responsible for publication and maintenance of Member Countries disease status based on inaccurate information or non-reporting of changes in epidemiological status or other significant events subsequent to the time of declaration of the BSE risk status.

THE ASSEMBLY

RESOLVES THAT

1. The Director General publish the following list of Member Countries recognised as having a negligible BSE risk in accordance with Chapter 11.5. of the *Terrestrial Code*:

Argentina	Denmark	Paraguay
Australia	Finland	Peru
Austria	Iceland	Singapore
Belgium	India	Sweden
Brazil	New Zealand	Uruguay
Chile	Norway	
Colombia	Panama	

2. The Director General publish the following list of Member Countries recognised as having a controlled BSE risk in accordance with Chapter 11.5. of the *Terrestrial Code*:

Canada	Ireland	Netherlands
Chinese Taipei	Italy	Nicaragua
Croatia	Japan	Poland
Cyprus	Korea (Rep. of)	Portugal
Czech Republic	Latvia	Slovak Republic
Estonia	Lichtenstein	Slovenia
France	Lithuania	Spain
Germany	Luxembourg	Switzerland
Greece	Malta	United Kingdom
Hungary	Mexico	United States of America

AND

3. The Delegates of these Member Countries shall immediately notify the Headquarters if BSE occurs in their countries or their territories.

(Adopted by the World Assembly of Delegates of the OIE on 22 May 2012)

ANNEX 2 (con't)

RESOLUTION No. 17

Recognition of the Contagious Bovine Pleuropneumonia Disease Status of Member Countries

CONSIDERING THAT

1. During the 71st General Session, the OIE World Assembly of Delegates (Assembly) established a procedure for annually updating a list of Member Countries and zones, recognised as free from contagious bovine pleuropneumonia (CBPP) according to the provisions of the *Terrestrial Animal Health Code (Terrestrial Code)*,
2. During the 76th General Session, the Assembly adopted Resolution No. XXII, which specified and updated the procedure for Member Countries to follow to achieve official recognition and maintenance of status for certain diseases,
3. During the 76th General Session, the Assembly adopted Resolution No. XXIII, which specified the financial implications for Member Countries applying for evaluation of official recognition or re-instatement of disease status to meet part of the costs defrayed by the OIE in the evaluation process,
4. Information published by the OIE is derived from declarations made by the OIE Delegate of Member Countries. The OIE is not responsible for publication and maintenance of Member Countries or zonal disease free status based on inaccurate information or non-reporting of changes in epidemiological status or other significant events subsequent to the time of declaration of freedom from CBPP.

THE ASSEMBLY

RESOLVES THAT

1. The Director General publish the following list of Member Countries recognised as free from CBPP according to the provisions of the Chapter 11.8. of the *Terrestrial Code*:

Australia	India	Switzerland
Botswana	Portugal	United States of America
China (People's Republic of)		

AND

2. The Delegates of these Member Countries shall immediately notify the Headquarters if CBPP occurs in their countries.

(Adopted by the World Assembly of Delegates of the OIE on 22 May 2012)

ANNEX 3

RESOLUTION No. 33

The OIE Role in Maintaining World Freedom from Rinderpest

CONSIDERING

1. The adoption by the World Assembly of Delegates of Resolution No. 18 on the Declaration of Global Freedom from rinderpest in May 2011;
2. The need for the international community and national authorities to take the necessary measures to ensure that the world remains free from rinderpest;
3. The importance of reducing existing rinderpest virus stocks through the destruction of virus in a safe manner and/or the transfer of virus stocks to internationally recognised reference institutions;
4. That OIE has engaged with FAO in establishing a joint rinderpest advisory committee to provide technical advice to inform and oversee post-rinderpest eradication activities;
5. The clear need for transparency on information about remaining stocks of virus, vaccines and research involving manipulation of the virus;
6. That further revision of Terrestrial Animal Health Code Chapter 8.12 addressing these points was announced at the 79th General Session and that a revised text is urgently needed;
7. That revision of the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* Chapter 2.1.15 addressing diagnosis of rinderpest has been completed and adopted at the 80th OIE General Session (2012);

THE ASSEMBLY

RECOMMENDS

1. That the relevant OIE Specialist Commissions complete the necessary revisions to the relevant chapters of the *Terrestrial Animal Health Code* and that these texts be submitted to the Assembly for consideration at the 81st OIE General Session.
2. That a limited number of OIE Reference Laboratories be appointed with an even geographical distribution.
3. That the OIE Reference Laboratory network provides services to OIE Member Countries to assist with destruction and/or sequestration of remaining stocks of rinderpest virus and that this network ensures global preparedness, surveillance and investigation of, and response to, suspect cases.

REQUESTS THE DIRECTOR GENERAL

1. To accelerate the process of virus sequestration and destruction under the guidance of the new joint FAO/OIE advisory committee on rinderpest and the implementation of all activities specified in Resolution No. 18 adopted at the OIE General Session in May 2011,
2. To seek resources necessary to support all activities specified in this and Resolution No. 18.

(Adopted by the World Assembly of Delegates of the OIE on 25 May 2012)

ANNEX 4

PVS Evaluations – State of Play up to 20 June 2012

	OIE members	PVS Evaluation requests received	PVS Evaluation missions implemented	Draft PVS Evaluation reports received	Reports available for (restricted) distribution to donors and partners	Publication on the OIE website
Africa	52	51	47	47	36	6
Americas	29	22	21	21	17	8
Asia, the Far East and Oceania	32	18	18	17	11	1
Europe	53	15	14	14	12	2
Middle East	12	12	11	11	5	1
TOTAL	178	118	111	110	81	18

Aquatic PVS mission requests: Lesotho, Nicaragua, Maldives, Mozambique, Philippines, Seychelles, Viet Nam

PVS Gap Analysis – State of Play up to 20 June 2012

	OIE members	PVS Gap analysis requests received	PVS Gap analysis missions implemented	PVS Gap analysis missions reports received	Reports available for (restricted) distribution to donors and partners
Africa	52	37	32	30	19
Americas	29	11	9	9	6
Asia, the Far East and Oceania	32	12	10	9	6
Europe	53	6	6	6	2
Middle East	12	8	3	2	0
TOTAL	178	74	60	56	33

PVS Legislation Missions – State of Play up to 20 June 2012

	OIE members	PVS Legislation mission requests received	PVS Legislation missions implemented	PVS Legislation documents received
Africa	52	22	15	15
Americas	29	4	3	3
Asia, the Far East and Oceania	32	5	4	4
Europe	53	3	2	2
Middle East	12	4	4	4
TOTAL	178	38	28	28

Does not include (Pilot project) Botswana, South Africa and 1st mission in Zambia.

ANNEX 5

RESOLUTION No. 32

Good governance and veterinary education

CONSIDERING

1. That the activities of *Veterinary Services* are recognised as "global public goods";
2. That quality veterinary education and effective regulatory Veterinary Statutory Bodies (VSB) are the cornerstones of good governance of *Veterinary Services*;
3. That the principles for good professional veterinary organisation are the subject of international standards published in the OIE *Terrestrial* and *Aquatic Animal Health Codes*, with consensual adoption by all OIE Members;
4. That society expects that veterinarians demonstrate professional ethics and competence – and this depends on quality initial and continuing veterinary education to give each veterinarian at least a minimum knowledge on key topics relevant to the global public good concept and to societal demands (e.g. on animal health, veterinary public health and animal welfare);
5. That the level of the quality of veterinary education is not acceptable in many countries today and that the OIE has been mandated by its 178 Member Countries (as of April 2012) to take a leadership role in establishing the basic requirements for veterinary education globally.
6. That the OIE provides to Members the global PVS Pathway to strengthen capacities relevant to the veterinary domain, including for animal health and welfare, veterinary legislation, veterinary education and regulation of the veterinary profession by VSB;
7. That the OIE convened an *ad hoc* Group on Veterinary Education to develop guidance in relation to the recommendations of the First OIE Global Conference on Veterinary Education (October 2009);
8. The need for additional advice and tools for OIE Members wishing to strengthen veterinary education and governance, including through the establishment of a VSB or the improvement of existing VSB to meet the standards in the *Terrestrial Code*, notably Article 3.2.12;
9. The report on "Minimum competencies expected of day 1 veterinary graduates to assure delivery of quality national *Veterinary Services*", based on the work of the OIE *ad hoc* Group on Veterinary Education, with input from relevant Specialist Commissions, which was presented to the Assembly at the 80th General Session; and
10. The ongoing work of the OIE in the preparation of guidelines for new or existing twinning projects between Veterinary Education Establishments (VEE), and between VSB; and
11. Resolution No. 34 adopted by the Assembly at the General Session in May 2011.

THE ASSEMBLY

RECOMMENDS THAT

1. The OIE, with support from relevant international organisations and donors, should continue to progress the PVS Pathway for efficient *Veterinary Services*, including relevant public and private components;
2. Within the framework of the PVS Pathway, the OIE should consider, especially in countries where recognised evaluation systems currently do not apply, the creation or strengthening of mechanisms to facilitate the evaluation of national *Veterinary Services* personnel on the basis of their initial and continuing education;
3. Within the framework of the PVS Pathway, the OIE should develop Guidance for Members on the implementation of the *Terrestrial Code* standards for VSB;
4. The OIE should continue to work closely with Member Countries and the National leaders of Veterinary Education Establishments (VEE), Regional and Global Organisations and donors to support efforts to improve the quality of (initial and continuing) training of veterinarians and to promote harmonised approaches to recognition of qualifications, notably with the support of VSB;
5. The OIE should finalise procedures for twinning of VEE, and of VSB, and should convince governments, regional and international organisations and donors to support these initiatives;
6. The OIE should cooperate with recognised VEE Evaluation Bodies to ensure that they include basic requirements for veterinary education, as published in OIE guidelines, in their official requirements;
7. The OIE should develop recommendations on a core/basic veterinary curriculum relevant to the delivery of quality national Veterinary Services for consideration of the Assembly at the 81st General Session (May 2013);
8. The OIE should convene a Third Global Conference on the topic of Veterinary Education, with a component addressing the role and responsibilities of National VSB, in collaboration with relevant governments and partner organisations.

(Adopted by the World Assembly of Delegates of the OIE on 24 May 2012)
