

RESOLUTION No. 28

Strategic challenges in the global control of high pathogenicity avian influenza

CONSIDERING THAT

1. The global recurrence, spread and significant increase of high pathogenicity avian influenza (HPAI) outbreaks is affecting domestic and wild birds, and some terrestrial and aquatic mammals, reflecting a distinct change in the epidemiology and ecology of the virus and posing a threat to animal health, public health, food security and biodiversity.
2. Conventional control measures of biosecurity, stamping out and movement restrictions, while important, can be insufficient and unsustainable given the global variation in production systems, the persistent threat of new incursions, and the high viral load present in the environment due to the ubiquitous sources of the virus.
3. The impact of the disease and mass culling of poultry result in substantial economic losses in production and associated industries, generating long-lasting effects on farmers' livelihoods and their mental health, high costs for government, and societal and environmental concerns.
4. Vaccination with high quality registered vaccines that are effective against circulating field strains can provide an extra layer of protection and reduce the quantities of the virus and the risk of further spread. Vaccination requires the adaptation of surveillance for early detection, demonstration of freedom from HPAI and monitoring of changes in circulating strains. In accordance with WOAHA international standards, the use of vaccination will not affect the status of a country or zone free from high pathogenicity avian influenza if its surveillance supports the absence of infection.
5. WOAHA international standards provide science-based recommendations to prevent the international spread of HPAI. However, concerns regarding international trade restrictions have hampered the pursuit and implementation of effective control tools and approaches, such as zoning, compartmentalisation and vaccination for HPAI control in domestic birds, which are already recommended in the adopted standards.
6. Avian influenza is identified as a priority disease by GF-TADs and most regions have mechanisms in place to promote regular exchange of information and best practices among risk managers to coordinate disease control policies and build science-based national control strategies.
7. Both the GF-TADs global strategy (2021-2025) and the Quadripartite One Health Joint Plan of Action provide frameworks to promote and foster enhanced collaboration between partners and stakeholders in animal health, wildlife health and public health, at global, regional and national levels.
8. The WOAHA Reference Laboratory Network on animal influenza and its Collaborating Centres support Members by improving the quality of laboratory tests (LPAI, HPAI) and vaccines, providing scientific and technical assistance, and expert advice on avian influenza diagnosis and control.
9. OFFLU (FAO-WOAHA network of expertise on animal influenza) is a well-established global network providing technical advice, expertise and training to improve diagnosis and surveillance for animal influenza and collaborates closely with WHO on issues related to the human–animal–environment interface.

THE ASSEMBLY

RECOMMENDS THAT

1. Members maintain transparency through timely and comprehensive reporting of avian influenza events to WOAHP as described in the *Terrestrial Animal Health Code*.
2. Members promptly share samples and virus isolates, virus sequence data, and associated epidemiological information with WOAHP Reference Laboratories, OFFLU and deposit sequences in publicly available databases to inform risk managers, thus enabling early detection, rapid response and pandemic preparedness through monitoring the evolution of LPAI and HPAI viruses.
3. WOAHP, in collaboration with WOAHP Reference Centres and OFFLU, assess the gaps in global coverage by national reference laboratories for animal influenza, identify ways to address capacity gaps, and ensure the sustainability of laboratories in under-resourced countries.
4. Members, with the support of WOAHP, the WOAHP Working Group on Wildlife, WOAHP Reference Centres and OFFLU, conduct appropriate, risk-based, comprehensive and systematic monitoring and surveillance in domestic birds, wild birds (e.g., along flyways) and in other susceptible animal species to support early warning and risk management at the human–animal–environment interface.
5. Members intensify the exchange of relevant information and coordination with public health authorities and other relevant authorities.
6. Members support poultry keepers, in particular smallholders, in implementing correct usage of disease preventive and control tools, such as enhanced biosecurity, early identification of clinical signs and reporting, to prevent the introduction and spread of HPAI.
7. Members respect and implement the adopted WOAHP standards and recognise compliant zones and compartments of their trade partners.
8. Members, in consultation with the poultry sector may consider the implementation of vaccination as a complementary disease control tool that is based on sound surveillance and takes into account local factors such as circulating virus strains, risk assessment and vaccination implementation conditions.
9. Members adopt vaccine best practices (stewardship) and reassess on an ongoing basis the use of appropriately field matched vaccine strains and the continuing need for update of vaccines.
10. Members respect and implement the adopted WOAHP standards and recognise compliant use of vaccination without negative consequences on trade, when the vaccination programme is supported by vaccination monitoring and disease surveillance systems that can demonstrate the effectiveness of vaccination and absence of infection.
11. WOAHP, with the support of its Reference Laboratories and OFFLU, provide up-to-date information to Members, the poultry sector and vaccine manufacturers on the genetic and antigenic characterisation of circulating virus strains, including comparison with existing vaccines, to infer levels of protection.
12. Members ensure the use of authorised vaccines manufactured according to WOAHP standards that are effective against circulating strains and regularly share information related to the effectiveness of the vaccination programme and their surveillance system to inform changes in vaccination strategies and policy.

13. WOAHA closely follow the changes in LPAI and HPAI virus ecology, epidemiology, validated sampling (e.g., novel technologies and environmental sampling) and diagnostic methods, to ensure the WOAHA Terrestrial Animal Health Code and Manual of Diagnostic Tests and Vaccines for Terrestrial Animals are up to date with the latest science and feedback from implementation.
 14. WOAHA, in partnership with other international organisations and the private sector, develop guidance considering different production systems, to support the implementation of standards, such as on biosecurity, surveillance including vaccinated populations, and on the implementation of vaccination, zoning and compartmentalisation.
 15. Members develop and implement national disease control and operational plans in cooperation and coordination with wildlife health authorities, public health authorities and the private sector to ensure a multi-stakeholder effort to combat HPAI.
 16. WOAHA continue working with the Quadripartite partners to assess and address barriers to intersectoral collaboration and promote the One Health approach to mitigate the risks of avian influenza.
 17. WOAHA, in collaboration with FAO, under the coordinating mechanism of GF-TADs, promote global and regional coordination by updating the global strategy for the prevention and control of HPAI, and support regional coordination initiatives, such as the Standing Group of Experts, to strengthen expert networks, build capacity, exchange epidemiological information, share best practices and provide policy and technical support among and between regions.
 18. WOAHA, its Members and the private sector support research alliances and global research coordination mechanisms (e.g. STAR-IDAZ, WHO Public Health Research Agenda, OFFLU) to generate scientific knowledge using interdisciplinary approaches and tools, including the development, testing, production and approval of effective vaccines to contribute to the successful control of HPAI.
 19. WOAHA and its Members advocate for increased investment in low- and middle-income countries from funding institutions, the private sector, resource partners and development agencies in support of strengthening the human resource capacity and sustainable infrastructure of Veterinary Services, including diagnostic capability and early warning systems.
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