

## **'The Future Impact of the EC Animal Health Strategy for vets in the UK'**

By James McLeod

The presentation of the [new Community Animal Health Policy](#) on the 19th September 2007 in Brussels marked not so much a change in policy as an evolution. The existing animal health policy it replaces is now over 20 years old since its inception and much has changed since then. To keep up with these changes it has been necessary to reevaluate the policies designed to maintain animal health.

Much can be learnt from the changes that have occurred in the past 20 years and it should come as no surprise that history repeats itself. The European Union has expanded to double its size, trade has flourished both within the EU and with external partners, technology has advanced rapidly, and new diseases have emerged or increased in significance, whilst old diseases have been vanquished or faded into relative obscurity.

All of these things are likely to be repeated in the next 20 years in the UK and in the 20 years after that. Hence our control of animal health and the strategies we develop to deal with it must focus primarily on these changes. With this focus on prevention, not cure, there will come a change in the role of the veterinary surgeon. The traditional idea of the vet who managed his own limited region and was called out when something went wrong will gradually resolve into a new more versatile and integrated community of vets who act to control diseases before their effects are widely felt. The vets of the future will have to be able to call upon a wide range of skills; an ability to think logically under pressure and perhaps most importantly an ability to think about the larger picture.

Fortunately vets are one of the best placed groups of individuals to deal with an animal health strategy. Vets have experience of a uniquely broad range of subjects related to dealing with animals, such as epidemiology and pathology. Furthermore they are to be found on the frontline in the fields and farms acting as chain links between otherwise isolated groups. They therefore know how both health strategies will impact in real situations, both on individual farms, nationally and internationally, and so will be called upon to prioritise diseases and determine the likely progression diseases will take. In addition to disease management they will need to make difficult decisions on new and untested technologies such as zootechnics, using a risk-based approach. With this in mind they will need to clarify and define the objectives we shall try to achieve as a profession within the EU. Vets will be crucial therefore in helping decide health strategy in the future.

As well as being involved in deciding policy, vets will be required to develop the tools to realise it. As new diseases emerge the necessary tests and controls will need to be developed rapidly and implemented effectively, and vets will be at the forefront of this. Increased testing and surveillance will become a mainstay of the veterinary surgeon's role, especially at border points to the EU.

Communication, already vital, will become ever more important to vets both in the UK and EU. Knowledge gained will never be as effective alone as it is when pooled. Vets in the field will need to communicate their findings back to divisional managers, much as

occurs now, but more efficiently and with a better idea of the consequences of this information, which may mean further training in specialised roles. Collaboration and training to deal with crises will increase. Vets who deal with the design of the EU strategy itself will then have to communicate not only with their own national units but also with international organisations to make the control of disease more effective. The outbreak of SARS commencing in 2002 in China <sup>[1]</sup> is an example of how failure to communicate can have catastrophic consequences. “Prevention [and therefore preparation] is better than cure” as the Animal Health Strategy motto goes.

With the increased communication, improvements in the ongoing harmonisation of health strategy throughout the EU will occur. This harmonisation is vital in order to improve health of animals in the UK as well as in the EU and vets here will again be able to pool knowledge and to work closely with colleagues in other countries to ensure a standard level of protection. Here within such a large body, standards including the use of the precautionary principle are crucial, but flexibility is key <sup>[2]</sup> in order to allow sensible and logical actions to be taken.

As well as working together with our neighbours in Europe, vets in the UK will become more involved in the control of disease in countries which have large trade volumes with the EU, and in particular 3<sup>rd</sup> world countries which have less stringent health strategies. UK vets representing the EU will target areas in need of improvement in these countries and in doing so help protect the EU.

It is in our interest as both citizens and veterinary surgeons of the UK and indeed of Europe to work with others to succeed. Working with those who are involved anywhere in the “Farm-to-Fork chain”, including the public who eat the final product, benefits everyone. No longer can veterinary surgeons afford to “go it alone” and nor can the UK. Fortress Britain has become Fortress Europe and Fortress Europe must expand her borders to encompass her neighbours and the world if she is to gain full control of animal health, and vets in the UK will be leading the way.

## References

[1] [http://www.who.int/csr/sars/country/table2004\\_04\\_21/en/index.html](http://www.who.int/csr/sars/country/table2004_04_21/en/index.html), WHO - Summary of probable SARS cases with onset of illness from 1 November 2002 to 31 July 2003

[2] Conference on Community Animal Health Policy Strategy (2007-2013) November 2006 Conference