

The future impact of the EC Animal Health Strategy for vets in the UK

As a veterinary student, especially one looking to go into large animal work, for which I believe this new Animal Health Strategy (AHS) will effect most, the future of my profession will depend heavily on the incorporation of farming into the wider European market. This has begun already and the old Community Animal Health Policy (CAHP) went along was to achieving it the health and welfare of animals involved. However as it became older it has evolved and has now finally been replaced with the new 'Animal Health Strategy 2007-2013' which is drawing together all the lessons learned to provide a forward thinking preventative rather than reaction strategy.

The 1995 CAHP was designed to tackle the problems of an emerging global market and the animal health risks and disease management that are required for this. It has done well to eradicate some diseases e.g. rabies and AHS⁽²⁾ and well against ongoing struggles with disease affecting welfare and economics such as TB and brucellosis⁽²⁾. It has also been used for disease surveillance, some of which has worked, e.g. the neutralisation of potential Avian influenza outbreak, and some of which has failed, such as FMD⁽²⁾. However these methods have had to evolve over the years since it's initial conception, and there has been a lot of onus on individual veterinary efforts to influence the way in which these issues are tackled. This can give a more dynamic approach, but leaves policy open to allow slow responses to important potential animal health problems. The new AHS will allow a more uniformed approach and hopefully ensure that nothing slips through the net.

In order to do this it will require a much more internationally unified effort from all of the countries involved. Policy for diseases such as Blue tongue are already utilising a much more unified effort due to the possible long range transmission implications of its vector borne transmission. This will pose a very interesting new position for veterinary surgeons, as we must bridge the gap between a wider policy of disease control, and the individual farmer. As farmers become more competent and individual animals become economically less important, the role of the vet in large animals has become much more herd based, making the veterinary surgeon much more of an ambassador for policy and the greater good than before.

The new strategy is designed much more to take into account that which we have learned from previous experience, such as the mistake of not vaccinating against FMD when the major 2001 outbreak occurred. Therefore it is a forward thinking plan to try to take into account future problems. This will mean a large scale co-operation with veterinary services. Critics might say that it will mean more bureaucracy and form filling for vets. This may be true, but by better collaboration it will allow vets to make more of a welfare difference and better clinical judgment based on the greater good by knowing what diseases they expect to encounter and to eradicate those that we can as a collective service.

The framework put in place by this new strategy will be immensely valuable, both to fight current outbreaks whilst being flexible enough to deal with emerging problems as and when they arise. The integration of this into the working of veterinary surgeon's routine surveillance will be critical to the success of this strategy. Therefore it will require ordinary veterinary practitioners to keep in touch with the strategy and its changes throughout the next 5 years. It will also rely heavily on the effectiveness of reporting in of the veterinary surgeons involved. I believe the system being put in place will make this much easier to achieve and much more unified in the response initiated over a much broader spectrum. However this will require full compliance of all country participants. This will be the largest problem I believe, the communication of vets between different countries, and whilst this new framework will greatly improve this, it will also require vets to learn to interact with their international colleagues even more than they already do. To me this will be a very exciting and rewarding part of being a vet, and will help bring together the member countries in a more uniformed way 'on the ground'. I therefore do not think that the health plan should be too rigid, as I believe that this co-operation will be invaluable to the overall success of a more unified market and to the success of health protection, disease elimination and therefore ultimately increasing animal welfare, which should be the veterinary surgeon's highest priority.

Of all the effects it will have on the vets work, I think the bio-security section of pillar-3 will be one of the most important sections for us to enforce as a profession. It will need constant updating depending on the threats faced, but also requires much education by vets towards livestock owners to ensure that adequate measures are carried out. This will also be a challenging part of the AHS, though it may not vary so much from the old scheme, the new system will require the vets implementing the bio-security measures to be more uniform and to ensure that they are enforced properly.

I think that the new AHS is a very useful forward step in the integration of individual member states of the EU into a unified market, and in order to achieve this, veterinary surgeons will play a very key role. One of the most important areas will be communication, in both rapid communication from policy to on the ground vets, and also reporting back of new outbreaks and situations. I believe that the new AHS is going along way to ensure that this happens, and the new framework will make this easier and more reliable, allowing us to achieve the ultimate gains of helping our clients to produce cost effective produce whilst maintaining high animal welfare.

References:

1. The new Animal Health Strategy (2007-2013): "prevention is better than cure"
2. Presentation of November 2006 Conference regarding the 1995 CAHP