



NEW THINKING ABOUT NATIONAL DISEASE CONTROL SCHEMES

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Thank you for the opportunity to be here today to talk about new thinking in National disease control schemes

I would like to begin by covering three of the reasons for the "new thinking", that can basically be described as

- ongoing Government reforms
- new Government legislation

Firstly ongoing Government reforms Government has, for some time, been working towards reducing the costs and activities of government, by identifying areas that are not essential for the public service to perform, and either privatising or opening these areas to competition This at the same time is reducing Government's potential liability in the provision of Government services

Another well known outcome of the ongoing Government reforms has been the moves to "user pays" Basically where an identifiable user of Government services can be identified, then they are being asked to bear the costs of such services

This has resulted in MAF no longer mandating to an industry group how or what should be done regarding a disease control programme With industry required in most cases to meet the associated costs, MAF will only become involved in areas that agricultural industries of New Zealand wish our involvement, or where we are required to be involved in order for us to meet our international trading obligations Although this has often been criticised as Government not meeting its traditional obligations, a positive side is the open consultation, and transparency that this has produced Now all stakeholder groups are encouraged to, and do take part in policy development, and as such are more involved in their industry's future

Another significant reason for the new thinking is new Government legislation, namely the Biosecurity Act of 1993, that replaces the Animals Act of 1967

The Animals Act 1967, and subsequent regulations, prescribed endemic disease control programmes such as tuberculosis and brucellosis as well as exotic disease contingency plans, but with the passing of the Biosecurity Act, provisions of the Animals Act were repealed or have already or shortly will expire

The Biosecurity Act also repeals other regulation, including the FMD regulations and the Dog Control and Hydatids Act, which provides for the hydatids and ovis control programmes. As at 1 July 1996 the legal basis for the following disease control programmes will expire:

- Tb cattle and deer programme (and brucellosis)
- hydatids and ovis control
- FMD exotic disease contingency
- American foulbrood

Other disease control programmes may be affected, including

- Aujeszky's
- Equine viral arteritis
- Johne's

The Biosecurity Act is a new type of act in that it is enabling rather than prescriptive. This means that it can enable disease control programmes (called Pest Management Strategies [PMS's] in the Act) to be implemented, providing the programmes satisfy various criteria. Although the criteria are rather detailed, there are 3 basic principles namely that the proposed programme must be desirable (those affected by it, both directly and indirectly, must want it), it must be technically feasible, and it must be affordable to those who must pay for the strategy. The Act does not prescribe that any pest management strategies will be put in place, but the Minister of Agriculture has asked that the following PMS's be developed:

- Tuberculosis - by the Animal Health Board, due to be presented as a proposal in August 1995
- Hydatids - by MAF RA and MOH, due to be presented as a proposal by January 1996
- Vesicular disease - by MAF RA due to be presented as a proposal by January 1996

MAF RA is also proposing to develop more PMS's for exotic diseases, eg Rabies, BSE. Additionally industry groups are developing the following PMS's:

- American foulbrood - National Bee Keepers Assn - by July 1996
- Newcastle disease/Avian influenza/IBD/*Salmonella enteritis* - Poultry Industry Assn - by July 1996
- Exotic equine disease, eg equine influenza - Equine industry - date unknown

Only if a legal base is needed for a disease control programme is the Biosecurity Act necessary. Other disease control programmes will continue, but on a voluntary basis including:

- *Brucella ovis*
- CAE
- EBL (dairy industry programme)

Unknowns at this stage include Aujeszky's disease, EVA and Johne's disease, with discussions currently underway with industry groups to determine what they wish to do in the future.

The Biosecurity Act also enables non Governmental employees to be accredited or authorised under the Act to perform activities such as tests within a PMS (again enables, not mandatory) Hopefully most of you will have read a recent article I wrote for Vetscript that covered the area of contestability of areas of traditional "MAF" activities

Although the Act enables this, it requires that a quality assurance system is in place to give me as CVO, the confidence that adequately trained veterinarians are consistently performing to required standards. The organisation running the quality assurance system will also be required to audit accredited and authorised personnel to ensure they are complying with required standards. We, MAF Regulatory Authority, will also audit such systems. All delivery groups, including MQM, will be required to meet this requirement. Under the tuberculosis pest management strategy it is currently proposed that all cattle and deer pre and post movement tests will be discretionary. However only personnel accredited or authorised under the Act (by the CVO) will be able to perform these tests, which will itself necessitate a quality assurance scheme being developed for practitioners wishing to perform such tests.

The Quality Assurance Scheme developed by the NZVA Deer Branch will enable practitioners who wish to be involved in deer tuberculosis testing, to be accredited and as such to perform tests from the very start of the national pest management strategy. It is a credit to the Deer Branch, not only in its quality, but also in that they had the vision to take a proactive step to prepare deer veterinarians for the environment that we are shortly to face.

The last point that I wished to briefly mention was the separation of policy from delivery within MAF.

For some years now we have been operating under such a split, with MAF Regulatory Authority being the standard setters, the international negotiators, as well as the group that contracts service delivery groups for the provision of services that Government wishes to purchase.

MAF Quality Management (MQM) has been the delivery group that has been contracted to perform most of the services that Government wishes to purchase. Although MQM has been operating as a separate "business" within MAF, as of 1 July MQM has been further internally separated from the core Government services of MAF. The reason for this is to potentially prepare for separation of MQM from MAF if this is what Government decides when this issue is examined next year. This could result in MQM becoming an agency outside MAF, or potentially a Crown owned entity.

Although many of the activities that MQM currently perform will become contestable this does not mean that MQM will be ceasing to provide these services. In fact to the contrary as MQM becomes more client focused it is likely that they will become more involved in disease control activities, which in an agency environment will be necessary for them to survive. However more and more of the activities that MQM is currently "mandated" will become accessible to other service delivery groups. However, it is my opinion that unless groups such as deer veterinarians agree to work as a whole and be committed to meeting the required standards consistently, which for deer tuberculosis testing means supporting the quality assurance scheme that enables them to be in the "business", then MQM will still be the predominant provider of services to Government and industry for disease control programmes in the future. MAF Regulatory Authority's only interest in this matter is to ensure that the required standard is being met consistently by the service delivery groups. ie it is not of direct interest who is

performing the service. However we are trying to ensure that there is a level playing field that enables other service delivery groups to be involved, if they wish, which in today's environment I believe will come down to a commercial decision.

