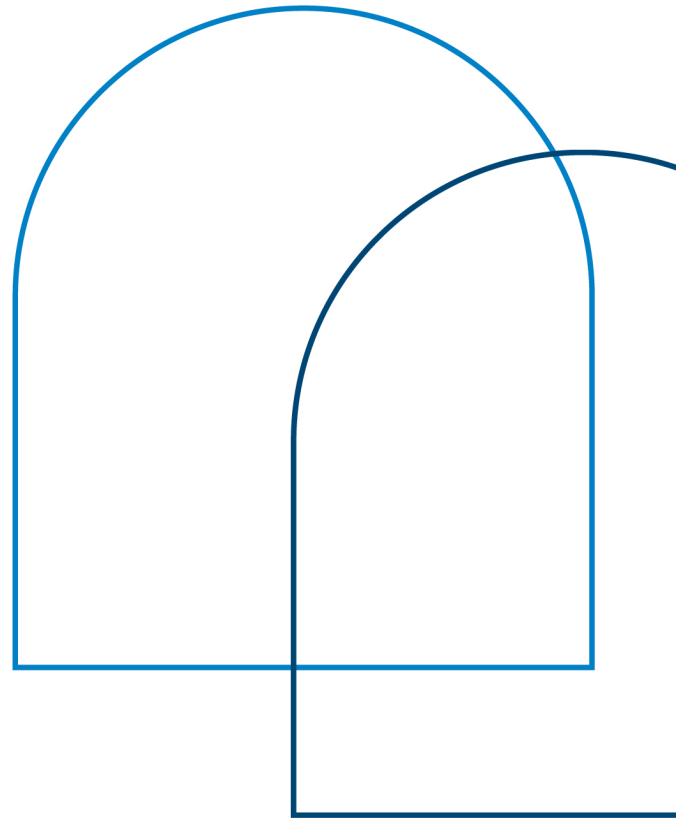


# **DOGS OF WAR**

## **Keeping the Wolves at Bay**

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## Zoonotic disease risk in forced migration

In the context of global crises, including increasing conflict, disasters, reduced food security, and more recently the COVID-19 pandemic, questions around human and animal mobility and health are becoming increasingly complex. While currently animals are often not facilitated in humanitarian and refugee responses out of concern for zoonoses (infectious diseases transmissible between animals and humans), animals - domestic pets as well as livestock - are essential to livelihoods, nutrition and mental health. Faced with increased conflict and climate mobility, are current laws and regulations fit for purpose? How can countries best facilitate animals in forced migration, while protecting the health of the displaced and host populations, and what considerations must be made across sectors and governance levels? This case study aims to introduce an often neglected question around forced migration: what do we do with the animals?

### Narrative Dilemma

Darya barely had time to pick up the bare essentials before leaving her apartment. The small backpack she carried, contained her passport, some photographs, a few clean shirts and extra boots, as she was warned that these are essential when faced with long hikes through rough territory. Her most precious possession was walking right behind her however. Max, her two years old Bernese mountain dog, followed the small group of people she walked with closely. She had picked him up from a farm in her uncle's village less than a year ago. He was surrendered by – what turned out to be an allergic - neighbour, and while she had quickly bonded with the animal, she did not yet have time to arrange for all his vaccinations and health documentation. While hurrying through the undergrowth in a dense forest near the Polish border, she worried that Max might be forced to remain behind, lacking the required papers to enter the European Union, and wondered if she would then have to stay in Ukraine, in an area of escalating conflict.

Jakub had just started his shift at the makeshift border post. Already hundreds of Ukrainian refugees had crossed into Poland this morning, and he barely had time to go through their passports or emergency documents before they were escorted by Red Cross volunteers to the barracks where they received water, food, clothes, and other essentials. While his family increasingly worried about the escalation of violence in the neighbouring country, and pondered whether to find a safer haven away from the eastern border, Jakub had volunteered to sign up for additional shifts, eager to help the refugees on their way to safety. Small groups of international volunteers had started arriving at the site as soon as it was set up two days ago, barely a month after the conflict started. Many of the volunteers were unorganized individuals, providing supplies collected among their friends and family, while others offered to accommodate refugees in their home countries elsewhere in Europe. Jakub had read on his social media account that hundreds of families had volunteered to host refugees in their homes, while authorities were building reception centres in major junctions on the Ukrainian refugee routes.

Looking up, he saw a small group of refugees crossing the border, and a young woman started walking towards him. She carried very little luggage, and by her side was a large black and white dog with beige paws. Both looked exhausted, and he signalled a volunteer to provide her with a blanket and water. No sooner had the volunteer handed these over, when Jakub noticed that the woman first offered the water to her dog. From his training, he knew he had to isolate and quarantine animals directly at arrival, screening their health certificates and most

importantly to check the rabies vaccination which all dogs were required to have obtained at least a month before arrival in Poland. In other refugee contexts, rabies outbreaks were reported to increase after the collapse in veterinary services in refugees' home countries, and he was not sure about the status of the veterinary services in Ukraine, now under attack.

Just yesterday Jakub chatted over lunch with colleagues from the UN Refugee Agency (UNHCR) and International Committee of the Red Cross (ICRC), who mentioned that the organizations had drafted guidelines on what to do with animals in other refugee situations<sup>1</sup>, for instance providing the animals with allocated space, water and feed.<sup>2</sup> However, these guidelines did not necessarily include pets, and even then, he was not aware of suitable provisions in this remote area. He was aware that Poland had certain requirements and responsibilities to protect the health of all people in its territory under the World Health Organization's (WHO) International Health Regulations (IHR), and as signatory of the 1951 Refugee Convention<sup>3</sup>, but he was not quite sure what these requirements entailed. Recently, there had been stories about cross-border disease outbreaks spread by animals, he remembered hearing these were called 'zoonoses' and included the deadly bird flu, which had killed some of their own backyard chickens.

While he quickly checked the woman's papers, he could tell she had no documentation for the dog, let alone proof of vaccinations. Jakub hesitated. It was clear that the woman prioritized the dog's wellbeing over hers, and would not leave its side, but how could the animal's health be guaranteed without vaccination certificates, possibly bringing diseases into the EU? He thought briefly about deferring to his supervisor, but the only time he could contact him in this remote location would be at the end of his shift, when he would report on the number of people crossing the border, and any minor unexpected events. Was he supposed to let the woman and her dog go through? But where could they stay that allowed animals; would he risk the health and safety of other refugees and volunteers, or even worse by letting them through; and how and to whom would he have to report the incident?

## Annex

### Poland Context

While Poland is a signatory to the 1951 Refugee Convention, the countries' attitude against refugees is ambivalent, reflecting trends in the wider EU region. In 2015, the then opposition leader warned that migrants carry "[very dangerous diseases long absent from Europe](#)". Winning the elections on an anti-migrant and -refugee platform, at the time of writing he remains one of the most important politicians in the country.

At the onset of the Russian aggression in Ukraine, refugees were welcomed in Poland, with an estimated 70 per cent of the population involved in the response either professionally or voluntarily. Since then, almost 7.5 million Ukrainians crossed the border into Poland, the vast majority of the total 8 million Ukrainian refugees. While many returned, around 1.5 million have registered for temporary protection within Poland under the 1951 Refugee Convention.<sup>4</sup> Governments and volunteers all over Europe were eager to help Ukrainians, and until October

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<sup>1</sup> UNHCR/ IUCN, 2005. [Livestock keeping and Animal Husbandry in Refugee and Returnee Situations](#)

<sup>2</sup> LEGS, 2015. [Livestock Emergency Guidelines and Standards](#)

<sup>3</sup> UNHCR, 1951. [Refugee Convention](#)

<sup>4</sup> UNHCR Operational Data Portal, 2022. [Ukraine Refugee Situation](#)

2022 Poland received almost €150 million in support for facilitating the refugees, which however pales in comparison to the money the country is estimated to have spent on its own. Eight months into the crisis, elements in society have started to resent the [enormous ongoing strain](#) on the country's resources.

## United Nations: refugees

The 1951 Refugee Convention and its 1967 Protocol outline the rights of refugees, and the legal obligations of States to protect them. The core principle of these key legal documents is non-refoulement: a refugee should not be returned to a country where they face serious threats to their life or freedom.

The [New York Declaration for Refugees and Migrants](#) was adopted by the UN General Assembly in 2016. It was followed in 2018 by the [Global Compact for Refugees](#), which includes a health section requesting host countries', States and other stakeholders commitment to enhance the quality of national health systems to facilitate access by refugees, including those with (chronic) illnesses. In addition, the Global Compact for Safe, Orderly and Regular Migration [A/RES/73/195](#) was adopted, as the first intergovernmental agreement to cover all dimensions of international migration in a holistic and comprehensive manner. However, Poland is one of the few EU countries which abstained / voted against the Global Compact.

## International Human Rights and Humanitarian Law

The 1949 Geneva Conventions and their Additional Protocols of 1977 and 2005 are the core treaties of International Humanitarian Law (IHL). Its treaties include rules and responsibilities for all parties to an armed conflict to protect the wounded and sick, and provide treatment without discrimination. Their objective is to protect people who are not, or are no longer participating in hostilities and restricts the means and methods of warfare. The fundamental instruments are supplemented by various other treaties which ensure the universal human right to health, and access to healthcare. These include the International Covenant on Economic, Social and Cultural Rights (ICESCR), which requires states to ensure essential primary health services, access to minimum essential food, basic shelter, housing and sanitation, and an adequate supply of safe and potable water.

## European Union: Animal Health

The EU has several regulations which may apply in this context, these include laws and guidelines on animal welfare, animal- and public health, refugees and migrants:

### *Travelling with pets*

Only dogs, cats and ferrets from non-EU countries or territories listed in [part I of Annex VIII to Commission Implementing Regulation \(EU\) 2021/404](#) are allowed entry into the EU. Pets must come from establishments registered and under the control of the competent authority - in Ukraine the State Agency for Animal Identification and Registration (AIPT). Pets must be marked by the implantation of a transponder ('chipped') approved by the competent authority, and vaccinated against rabies, with a vaccine compliant with the requirements set out in [Annex III to Regulation \(EU\) No 576/2013](#). Between primary vaccination and day of entry at least 21 days must have elapsed, and a certified copy of the vaccination details must be attached to the animal health certificate. For certain countries, a rabies antibody titration test is required, carried out by an authorised veterinarian at least 30 days after the vaccination, certified by an official laboratory report. Within 48 hours before arrival into the EU, the animal must undergo a clinical examination carried out by an official veterinarian, to ensure freedom of disease. Once travelling

inside the EU, a valid European pet passport and/ or animal health certificate is required, showing the animal is vaccinated against rabies and if relevant, had treatment against tapeworm.

### *Zoonotic disease*

The primary EU legislation on zoonoses and zoonotic disease risks include [Directive 2003/99/EC](#) on the monitoring of zoonoses and zoonotic agents. Acknowledging the importance of livestock farming, animal products and farmers' livelihoods, it provides a framework for implementing veterinary measures to protect both public and animal health, supporting the rational development of the farming sector. While its main focus is on food-borne diseases, it also considers zoonoses transmitted from wild animals. [Regulation 882/2004](#) on official controls performed to ensure the verification of compliance with feed and food law, animal health and welfare rules, since replaced by [Regulation 625/2017](#), on official controls and other official activities performed to ensure the application of food and feed law, rules on animal health and welfare, plant health and plant protection products.

## **World Health Organization: Public Health**

The International Health Regulations (IHR) were drafted in 2005 to address concerns in the intersection of international travel and trade, and emergence and re-emergence of international disease threats and other health risks.<sup>5</sup> It is a binding instrument of international law, which entered into force on 15 June 2007. The formal aim of the IHR is "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade", and is thereby not limited to specific diseases. Under the IHR, states are required to strengthen surveillance and response capacities, including through health documentation at designated international border crossings. Under the IHR, the competent authorities are required to ensure that facilities used by travellers at points of entry are maintained in a sanitary condition and kept free of sources of infection or contamination. To identify whether any infection or contamination has taken place, they may obtain information concerning the traveller's itinerary prior to arrival, including a review of health documents and/ or a non-invasive medical examination. Additional measures may be required by individual states, such as proof of vaccination as a condition of entry. More recently, in response to zoonotic diseases with pandemic threat, WHO drafted a potential framework Convention for pandemic preparedness and response, followed by public consultations, going into negotiations by late 2022.<sup>6</sup>

## **World Trade Organization**

The World Trade Agreement on the application of sanitary and phytosanitary guidelines ([SPS Agreement](#)) aims to ensure human, animal and plant health and thereby food safety, without creating unnecessary barriers to free trade. Sanitary and phytosanitary measures include all measures directly related to food safety, including laws, decrees, regulations, requirements and procedures (production, inspection, risk assessment, etc). The SPS Agreement requires member countries to implement sanitary and phytosanitary guidelines for agriculture trade, which are based on sufficient scientific evidence – epidemiological surveys and laboratory testing – and fairness / transparency (equal for national and international trading partners). Implementing the sanitary and phytosanitary guidelines requires setting up the required structures: national regulatory body, SPS enquiry point, quality of veterinary services, and

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<sup>5</sup> WHO, 2005. [International Health Regulations](#)

<sup>6</sup> WHO, 2021. [A potential framework Convention for pandemic preparedness and response](#).

others. Regarding animal health, epidemiological surveys are needed for the successful implementation of the SPS Agreement. Epidemiological surveys require improved surveillance and monitoring systems, adequate laboratory diagnosis, risk analysis capabilities and quality assurance.

### Further readings

[The costs and benefits of primary prevention of zoonotic pandemics](#). *Science Advances* 2022. Bernstein AS, Ando AW, Loch-Temzelides T, Vale MM, Li BV, Li H, et al.

[Excluding livestock livelihoods in refugee responses: A risk to public health](#). *Journal of Refugee Studies* 2022. Braam D.

[Strategies for Implementing a One Welfare Framework into Emergency Management](#). *Animals* 2021. Squance H, MacDonald C, Stewart C, Prasanna R, Johnston DM.

## Case study notes and questions

- Review current EU animal / health and migration/ refugee regulations; what other laws, agreements and frameworks could be relevant? Do you think there are any regulatory gaps? What regulations are required, would an international treaty be useful in this regard?
- What should be the priorities for animal border control during a refugee event? Why? What would you do if you were a refugee arriving with your animals and these are not allowed in/ stay with you?
- At what level should decisions be made regarding pets and other animals? Does Jakub have enough information to individually take this decision?
- Which elements would you consider when taking your decision? Is this based on global health security, individual health, mental health, livelihoods, or otherwise?
- Knowing what you now know about zoonoses and refugee livelihoods, would you take the same/ a difference decision if this relates to livestock such as cows and goats, rather than pets? What about zoo animals?

*Case study notes, do not disclose to students before discussion:*

From the beginning of the Ukraine refugee crisis, there was a lot of pressure on the European Commission to facilitate the transport of pet animals from Ukraine, from both veterinary professionals and the general public. In response, the European Commission recommended that all EU Member States develop permit arrangements to apply to pets travelling with refugees, while authorising their entry without a prior individual application for a permit as laid down in [Regulation \(EU\) 576/2013](#) of the European Parliament and of the Council of 12 June 2013 on the non-commercial movement of pet animals. This decision was supported by research that showed that there was an extremely low risk of introducing rabies from Ukraine.

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