Organisation Mondiale de la Santé Animale

World Organisation for Animal Health

Organización Mundial de Sanidad Animal

18th Conference of the OIE Regional Commission for Africa N'Djamena (Chad), 22-26 February 2009

FINAL REPORT

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List of Abbreviations

AfDB	African Development Bank
AI	Avian Influenza
ALIVE	African Livestock Platform
ANMV/AFSSA	French National Agency for Veterinary medicinal products
APESS	*Association pour la Promotion de l'Élevage en Savane et au Sahel*
ASF	African swine fever
AU	African Union
AU-IBAR	African Union/Interafrican Bureau for Animal Resources
BTSF	Better training for safer food
CBLT	Commission du Bassin du Lac Tchad
CBPP	Contagious bovine pleuropneumonia
CEBEVIRHA	Economic Commission on Cattle, Meat and Fish Resources in CEMAC
CEDEAO	Economic Community of West African States (ECOWAS)
CEMAC	Economic Community of Central African States (ECCAS)
CIRAD	Agricultural research for developing countries
CMC	Crisis Management Centre
CTA	Technical Centre for Agricultural and Rural Cooperation
CTTBD	*Centre pourlLa Lutte contre les Tiques et les Maladies Transmises par les Tiques*
EC	European Commission
ECA	Economic Commission for Africa
ECF	East coast fever
ECTAD	Emergency Centre for Transboundary Animal Diseases
ELISA	Enzyme-Linked ImmunoSorbent Assay
EPP	Emergency preparedness plan
EU	European Union
EUS	Epizootic Ulcerative Syndrome
FAO	Food and Agriculture Organization of the United Nations
FMD	Foot and Mouth Disease
GALVMed	Global Alliance for Livestock Veterinary Medicines
GDP	Gross Domestic Product
GF-TADs	Global Framework for the Progressive Control of Transboundary Animal Diseases

GLEWS	Global Early Warning and Response System for Major Animal Diseases including Zoonoses
GREP	Global Rinderpest Eradication Programme
GWP-AC	Global Water Partnership
HPAI	Highly Pathogenic Avian Influenza
IFAD	International Fund for Agricultural Development
INAP	Integrated National Action Programme
LTC	Livestock Technical Committee
MDGs	Millennium Development Goals
NCD	Newcastle disease
OIE RR	OIE Regional Representation
OIE SRR	OIE Sub Regional Representation
OIE SRR-SA	OIE Sub Regional Representation for Southern Africa
OIE	World Organisation for Animal Health
OIE-PVS	OIE Tool for the Evaluation of Performance of Veterinary Services
ONUDI	United Nations Industrial Development Organization (UNIDO)
OVI	Onderstepoort Veterinary Institute
OWOH	One World-One Health
PAN-SPSO	Participation of African Nations in Sanitary and Phytosanitary Standard Setting Organizations
PPR	*Peste des petits ruminants*
PRRS	Porcine Reproductive and Respiratory Syndrome
RAHC	Regional Animal health Centre
RAHC-SA	Regional Animal health Centre – Southern Africa
RECs	Regional Economic Communities
REP	Regional Economic Program
RESUREP	Network for epidemiological surveillance
RVF	Rift Valley fever
SADC	Southern African Development Community
SADC-EDF	Southern African Development Community European Development Fund
SCAD	Scientific Commission for Animal Diseases
SEARG	Southern and Eastern African Rabies Group
SERECU	Somali Ecosystem Rinderpest Eradication Coordination Unit
SOLICEP	Somali Livestock Certification Project
SPS	Agreement on the Application of Sanitary and Phytosanitary Measures of the WTO
STDF	Standards and Trade Development Facility
TADs	Transboundary Animal Diseases

TFCAs	Transfrontier Conservation Areas
UDEAC	*Union Douanière et Économique de l'Afrique Centrale*
UNICEF	United Nations Children's Fund
USDA	United States Department of Agriculture
VS	Veterinary Services
WAEMU	West African Economic and Monetary Union
WAHID	World Animal Health Information Database
WAHIS	World Animal Health Information System
WB	World Bank
WHO	World Health Organization
WRD	World Rabies day
WTO	World Trade Organization

Introduction

1. Following the kind invitation of the Government of Chad, the 18th Conference of the OIE Regional Commission for Africa was held in N'Djamena from 22 to 26 February 2009.

2. A total of 95 participants, comprising OIE Delegates and/or nominees of 20 Member Countries and 1 Observer Country and senior officers from 8 regional and international organisations attended the conference. In addition, representatives of the private sector as well as private veterinary organisations from the region and from the host country were present. Dr Barry O'Neil, President of the OIE International Committee; Dr Bernard Vallat, OIE Director General; Dr Daouda Bangoura, Vice-President of the OIE Regional Commission for Africa, Dr Abdoulaye Bouna Niang, OIE Regional Representative for Africa; Dr Bonaventure J. Mtei, OIE Sub-Regional Representative for the Southern African Development Community (SADC); Dr Gastón Funes, Head of the OIE Regional Activities Department; and Dr Karim Ben-Jebara, Head of the Animal Health Information Department also participated to the Conference. The speakers presenting Technical Items I and II, namely, Dr Gideon Bruckner, Head of the Scientific an Technical Department and Deputy Director General of the OIE and Prof Justin Ayayi Akakpo, from the "Ecole Inter-Etats des Sciences et Médecine Vétérinaires de Dakar", honoured the Conference by their presence.

Monday 23 February 2009

Opening Ceremony

3. Dr Adam Hassan Yacoub, the OIE Delegate of Chad, started his speech by thanking all OIE Delegates for having chosen N´Djamena as the venue for the conference, and wished them all a warm welcome.

4. He highlighted the important topics of discussion included in the conference programme.

5. He noted that discussions on the 5th Strategic Plan of the OIE are awaited with great interest by OIE Member Countries with the aim to strengthen their Veterinary Services.

6. He added that in relation to trade it would be interesting to design development strategies that could facilitate regional trade among African countries, taking into consideration their similarities from the animal health perspective, as well as from the legal and administrative point of view. He stressed the importance of the OIE's zoning and compartmentalization concepts as trade-facilitating measures.

7. Dr Yacoub further explained that Chad, from its affiliation to the OIE in 1959, regularly participates in all activities of the organization. Chad complies with its obligation as Member on animal disease notification through WAHIS, which enables transparency of the country's sanitary situation. He emphasised the work done by the OIE Focal Points in support of the OIE Delegate's obligations.

8. Dr Yacoub commented that Chad has adopted a Law on sanitary law enforcement, which is in compliance with OIE standards.

9. He also thanked the Authorities of Chad for having paid all contributions to the OIE.

10. He finally referred to the recent PVS-based evaluation of Veterinary Services of Chad that the OIE carried out in December 2008. Once Chad receives the report, the authorities will request the OIE to commission a Gap Analysis mission to help the Veterinary Services to prepare the respective institutional strengthening programme.

11. Dr Daouda Bangoura, Delegate of Guinea and Vice-President of the Regional Commission for Africa thanked the Government of Chad for hosting the Conference.

12. He highlighted the importance for African countries of both Technical Items to be discussed during the Conference.

13. He stressed the credentials of Dr Gideon Bruckner, speaker of the item related to the challenges faced by African countries to access international markets, highlighting the work of the OIE on this matter and the importance of the decisions emanating from the present Conference.

14. In relation to the second Technical Item he pointed out that the presentation by Prof Dr Justin Akakpo will give a clearer picture of the sanitary situation of Brucellosis in Africa, as well as of the economic and public health impact of such a zoonosis.

15. Dr Daouda Bangoura, on behalf of the Commission, concluded by reiterating that the recommendations from the Regional Conference will bring important benefits to Africa.

16. Dr Abdoulaye Bouna Niang, OIE Regional Representative for Africa began its speech by thanking the High Authorities of Chad for the warm and fraternity of the welcome, as well as for the delicate attentions, like pointing out the role of OIE in the field of animal disease control and in trade of animals and livestock products.

17. He noted that livestock is in most of African countries an important sector having a very strong margins of progression. He remarked major changes, which generated many economic and social issues.

18. He stressed that the degradation of bioclimatic balances, the lack of qualifications of certain actors of productive sectors, the deterioration of the terms of trade, remain with the finance weakness both public and private assigned to the sector (less than 10% on average), among the major constraints to its development.

19. He stressed that all problems of the development of livestock within the majority of our States, turn around the concepts of security and modernization.

20. Vis-a-vis the population growth and the urbanization, the significant growth of the demand in livestock products of quality and quantity, constitutes a paramount challenge.

21. The Institutional stability of several public Veterinary Services is also fundamental, for the implementation of the process of integration and sustainable development of livestock sectors our different States.

22. Then, he stressed that the OIE RRA was illustrated in 2008, by the organization or its participation in the organization of forty seminars and workshops in the fields of SPS WTO Agreement, the sanitary mandate, the epidemio-surveillance of animal diseases, the register of veterinary medicinal products, and Governance of Veterinary Services

23. While finishing, he recalled that the evaluations made thanks to the OIE-PVS Tool, in more than thirty Countries reveal that, Africa is late in the field of animal disease control, which harm farmers, and endanger the food safety and even the public health in general. They prevent in many cases, the access to the regional and international markets of animals and their products.

24. Moreover, he recalled that, the OIE, the World Bank and FAO, launched a global initiative to the profit of the development of livestock in Africa, named Alive (African Livestock).

25. Dr Barry O'Neil, President of the OIE International Committee addressed to participants expressing how special it was for him to participate in regional meetings. He welcomed all participants to the 18th Regional Conference for Africa.

26. Dr O'Neil started his presentation acknowledging the importance of the African Region to the OIE, and recalling the awareness that the OIE has to the many challenges that Veterinary Services in Africa are currently facing.

27. He underlined that the African Region is the area of the world that has the greatest challenges and that the socioeconomic situations of many African countries needs to be considered. He mentioned that the OIE has been working for many years to ensure that the programmes and priorities are able to assist the members in Africa and to improve their animal health situations.

28. He pointed out that the best investment in a longer term will be the improvement of the capacity of Veterinary Services in Member Countries in order to allow them to be better placed to safeguard against new and emerging diseases, such as avian influenza, Rift Valley Fever or PPR.

29. Dr O'Neil commented on the OIE PVS assessment tool which let to identify where countries need to make improvements in their Veterinary Services, along with the use of the OIE World Animal Health and Welfare Fund where donors have provided funds for countries to make the necessary improvements. It has provided developing countries with a tremendous opportunity to improve their animal health situations.

30. He made reference to the first technical item of the Conference which refers to the difficult challenges that many African countries face in trading animal products in the international market. He emphasized on the importance of this issue for the region in order to improve the economic situation and to ensure that the OIE standards are totally science based, so that the risks associated with trade are managed. He remarked the necessity that African members of the OIE have a greater participation in the OIE standard setting process.

31. He spoke on the approach of Zoning and compartmentalisation which should enable every country to meet the required conditions for trade.

32. He underlined his satisfaction on how the OIE has responded to the existing global animal health challenges, the climate change, globalisation, social and political situations and the current economic crisis. He highlighted that the OIE is the only international organisation in the world that is dedicated to animal health and animal welfare, showing exactly the leadership expected in these challenging times. He also mentioned the necessity of working to prioritize surveillance programmes and activities which are one of the greatest weaknesses in animal health systems

33. He noted the importance of the communication and encourage all Members to familiarise themselves with the OIE mediation process.

34. He mentioned the initial development of the 5th strategic plan that will determine the OIE direction for a further 5 years from 2010 and observed that the feedback received from members to date is that the current 4th strategic plan and the priorities in the workplan of the OIE are still appropriate, but that there is a need to reinforce and refocus the efforts in some areas, including how to strengthen the activities of Veterinary Services especially with the PVS follow up activities, along with the introduction of the concept "one world one health", and the need for greater efforts being made in reference to laboratories and collaborating centers, including twinning between existing reference laboratories and candidates from the south in order to improve developing countries diagnostic and expert reference capacity.

35. Dr O'Neil recognized the work of the OIE Director General, who continues to make a huge contribution in his leadership of the OIE, who is also very aware of the situations facing many African countries, and who is committed to improve the situation of Veterinary Services of OIE members.

36. He also mentioned that the leadership from OIE is a key component that enables members to address current and future animal health and animal welfare challenges. And he hoped that all regions work together to achieve a more coordinated regional basis for surveillance, control and eradication programs and to achieve goals that individually would not be possible.

37. He gave condolences to the family of Dr Otto Hubschle, Director of the Veterinary Services for Namibia who passed away last year.

38. Finally, he thanked the Government and Veterinary Services of Chad for their commitment to the OIE and for hosting the conference, he also wish to all participants a productive work during the week.

39. Dr Bernard Vallat, Director General of the OIE, thanked the Government of Chad for hosting the Regional Conference, and made a special mention to the OIE Delegate of Chad, the Director General of livestock and the local organising committee for their commitment for the organisation of the conference.

40. He remarked some characteristics and factors of Africa and stressed that this region is a priority for the OIE, considering that several diseases are affecting both the livestock production, the public health as well as impacting the regional and international trade.

41. By reminding that three years ago the OIE organised an important regional seminar on Animall Health Policies, Evaluation of Veterinary Services and Role of Livestock breeders in the Surveillance of Animal Diseases, Dr Vallat highlighted the advocacy of the OIE for better and improved veterinary services worldwide and specially in Africa. He expressed that poor governance of Veterinary Services is responsible for many of the world's problems, and that inappropriate political decisions have led to the virtual wholesale dismantling of Veterinary Services in many countries with serious consequences to both animal and human health.

42. Dr Vallat detailed the status of the OIE-PVS Programme and explained the PVS-Gap Analysis process for effectively bring promotion of Veterinary Services. He encouraged all countries to continuing or entering these processes, considering the potential of Africa as producer and exporter of food of animal origin, which could be only achieved by reaching compliance with OIE international standards on quality.

43. He also stressed that this would be achieved if there is a deep involvement and commitment of politicians and decision makers to provide enough resources which allow a proper functioning of Veterinary Services which benefits would finally result in benefits to the entire society by reducing poverty

44. He referred to the two Seminars on Good Governance of Veterinary Services, held in Botswana and in Mali last year, which recommendations consider several matters of concern for Africa, which, if properly addressed, will pave the way to the continuous improvement of Veterinary Services.

45. He stated that Veterinarians have an important role to play in food safety and food supply security, and stressed that ensuring access to animal protein is a global public health problem to be resolved.

46. The Director General remarked the importance of the two Technical Items of the Conference, closely linked with African production, economy and public health.

47. The impact of Brucellosis, both on livestock production and on public health for which a better surveillance and notification is needed as well as improvements on the collaboration between animal and public health sectors. He highlighted the importance to tackle zoonoses at their source in the animal population to reduce the risks to humans. He referred to the "One World – One Health" concept, and commented on discussions held in Sharm El Sheikh meeting last year, for which the OIE accepts that improved collaboration with the Public Health sector is necessary but maintaining the leading role of Veterinary Services when fighting and controlling animal diseases.

48. In reference to the Technical Item on the challenges that African products of animal origin are facing to enter the international market, Dr Vallat reaffirmed the work that the OIE is carrying out to encourage Members to implement OIE international standards when important animals and products, rather than applying systematically full risk assessment processes which establish import requirements and measures which are many times not reachable nor feasible for developing countries. He also mentioned the initiatives to favour safe trade of animals and their products that the OIE is carrying out to help its Members, mainly developing countries to reach international markets. Such mechanisms include, among others, the concepts of disease free countries, zones, compartments and safe commodities. The safe commodities concept includes more scientific research to determine the safety of some products. But he stressed that these initiatives should never jeopardize countries obligations on surveillance and disease notification, as well as on strengthening Veterinary Services for a better disease prevention and control, which is crucial for some African countries which can not currently guarantee sanitary measures for safe trade required by trade partners.

49. Dr Vallat also referred to other OIE complementary projects to support its Members for complying with international standards, including the concept of laboratory twinning between OIE Reference Laboratories and Collaborating Centres and national laboratories aimed to build or to support scientific Veterinary Community in developing countries and to have a better geographical balance of the availability of expertise for different diseases, as well as to support OIE Members to better participate in the standard setting process. In relation to the sanitary legislation the OIE offers to its Members a generic model in line with OIE standards which can be used in many countries which veterinary legislation can be currently obsolete, and commented that the OIE would organise a regional seminar on sanitary legislation for all African countries in 2010.

50. He commented on the project Better Training for Safer Food in Africa (BTSF) for which the OIE has signed an agreement with the European Community which will provide an important contribution to implement the project, including among other activities, the training of OIE Delegates and their main staff, namely OIE Focal Points.

51. The Director General reminded some OIE policies established in the 4th Strategic Plan which will continue in the 5th Strategic Plan, as the reinforcement of the Regional Representations, and mentioned the recent agreement signed with Tunisia for the establishment of an OIE Sub-Regional Office for Maghreb Region, as well as ongoing negotiations for establishing an OIE Office for Eastern African Region.

52. He mentioned the importance for all Members to actively participate in the OIE international standards setting process, and commented that the OIE is working with other relevant organisations for supporting developing countries in this process.

53. Dr Vallat referred to the collaboration with FAO, AU-IBAR and Regional Economic Communities under the framework of the GF-TADs. He highlighted the coordinating mechanism through joint establishment of Regional Animal Health Centres with FAO, and further involvement of AU-IBAR as well as RECs when relevant.

54. The Director General addressed a special mention to the ALive platform, highlighting the work done by all its members, but especially by salient Secretariat held by the World Bank, expressing that the OIE gives its total support to this programme.

55. Dr Vallat reminded three important events that the OIE is organising for 2009 which will help to reach OIE objectives, such the global conference on animal identification and traceability which will be held in Buenos Aires, Argentina in March; the FMD Global Conference to be held in June in Asunción, Paraguay, in collaboration with FAO; as well as a global conference for all Deans of Veterinary Schools worldwide which will be held in Paris in October. Hed invited all participants to attend these key conferences.

56. He finally thanked OIE partners and donors, in particular the European Commission and USDA, Canada and Switzerland who participate in the funding of the capacity building programme and several projects in Africa, as well as the French Government, which, through the French Cooperation has seconded international experts to the OIE offices in Africa and also contributes to the cost of Capacity Building Seminars. He also stressed the support from the Governments of the three hosting countries of the three current Regional and Sub-Regional Offices in Africa, (Mali, Botswana and Tunisia).

57. Dr Vallat concluded by reaffirming his thanks to the Government of Chad for hosting the Conference and by whishing all the participants a fruitful work, from which it is expected to get useful recommendations for the region.

58. Le Général de Corps d'Armée, Mahamat Ali Abdallah Nassour, Minister of Livestock and Animal Resources of Chad, started his talk by highlighting the importance that the Government of Chad attributes to the Regional Conference, and thanked especially the presence of the Representative of the Prime Minister, as well as the commitment of its Excellency the President of the Republic of Chad for his commitment and support. He also emphasised and thanked the presence of OIE Delegates and representatives of several international and regional organizations.

59. He further informed participants that agriculture and livestock represent an important contribution to the economy of Chad. He also pointed out that Chad keeps pace with the actions of the OIE, including the evaluation of Veterinary Services. He also mentioned that Chad has achieved the status of country free from Rinderpest, and that Chad remains free from HPAI (even though many countries of the region are suffering from this disease) thus illustrating the efforts made by the Government of Chad and relevant stakeholders.

60. He reiterated the commitment of the Government of Chad, including the President of the Republic, with respect to the development of the livestock sector, and enumerated a few actions which will be pursued under the coordination of the Ministry of Livestock and Animal Resources, such as e.g. the national epidemio-surveillance system, and preventive actions against major epizootics, such as CBPP, PPR and Avian Influenza. He underlined the considerable participation of his Department in the realization of the 5-year Social Programme of the Chad Presidency, through the National Livestock Development Plan, which will be carried out from 2009 to 2016.

61. He concluded by congratulating the organising committee for a job well done towards the preparation of the Conference and by wishing all participants a nice stay in N´Djamena.

62. The Representative of the Prime Minister of Chad thanked the OIE Regional Commission for Africa for having chosen N´Djamena as the venue for its 18thRegional Conference. He also thanked the OIE and welcomed all participants.

63. He referred to the global financial crisis and to the increase of food prices, which impact on mainly African countries.

64. He pointed out that food security and food safety are the essential objectives of any social and economic development action. He highlighted the role that livestock production plays in this field.

65. He noted that his presence at the opening of the Regional Conference shows the importance that the Government of Chad grants to this event, in line with its policy to support the development of the livestock sector, based on three main pillars, part of the National Poverty Reduction Strategy: (a) the National Livestock Development Plan; (b) the establishment of the Quality Control Centre for certification of food products; and (c) the National Food Safety Programme.

66. Finally he congratulated the OIE for the efficacy in implementing its Global Mandate, which is dedicated to development, and he referred to the recommendations which will be adopted during the conference and which will without doubt be beneficial for African countries.

67. He wished participants a fruitful work session and declared the Conference officially open.

Election of the Conference Committee

68. The Conference Committee was elected as follows:

Chairperson:	Dr Adam Hassan Yacoub (Chad)
Vice-Chairperson:	Dr William Olaho-Mukani (Uganda)
Rapporteur General:	Dr Rachid Bouguedour (Algeria)

Adoption of the Provisional Agenda and Timetable

69. The Provisional Agenda and Timetable were adopted.

Designation of Session Chairpersons and Rapporteurs

70. Chairpersons and Rapporteurs were designated for the technical items as follows:

Item I:	Dr Alzouma Maiga Zourkaleni, Niger, (Chairman) Dr Issoufou Dare (Rapporteur)
Item II:	Dr Mohammed Abdel Razig Abdel Aziz, Sudan, (Chairman) Dr Peter Maina Ithondeka, Kenya, (Rapporteur)
Animal health situation:	Dr Moto Peter Crispin Mangani, Zambia, (Chairman) Dr Theogen Rutagwenda, Rwanda, (Rapporteur)

Preparation of the 5th OIE Strategic Plan and strengthening the governance of animal health and Veterinary Services in Africa

71. Dr Vallat commented that the new strategic plan 2010-2015 is being drafted as a result of the dialog with countries and with the Administrative Commission. He requested the Regional Representatives to do consultations with OIE Members, in order to present comments to the respective Regional Commission as the political body of the region, for validation and to send those comments to the OIE, for consideration to be included in the strategic plan when acceptable by everybody.

72. The Director General said that in the new strategic plan, the basic missions of the OIE such as the collection and distribution of zoosanitary information, developing of standards while maintaining the safety in international trade, capacity building and international solidarity are maintained and consolidated, and new activities are incorporated including Network of Reference Laboratories; support to developing countries to participate in international trade; the development of communication tools. The strengthening of the veterinary services through the application of the OIE-PVS tool, the PVS-Gap Analysis to present investment projects to Government and donors, as well as other complementary supporting projects such Laboratory Twinning and Legislation Project will continue to be a priority for the OIE.

73. He stated that Global public goods are those which benefits extend to all countries, people and generations. Animal Health Systems are Global Public Goods, considering that controlling and eradicating animal infectious diseases, including zoonoses bring broad national, international and inter-generational benefits.

74. Each country plays a key role. Inadequate action by a single country can jeopardize others, making the system fail, not only within the country, but also at regional and at global level.

75. Dr Vallat noted the growing importance of Veterinary Public health due to the Zoonotic potential of animal pathogens, taking into account that 60% of human pathogens (infectious diseases) are zoonotic, 75% of emerging diseases are zoonotic and 80% of agents having a potential bioterrorist use are zoonotic pathogens.

76. He showed trends on the growth of the population worldwide which indicate that the demand for animal protein would increase by 50% in the next 15 years, especially in developing countries. Food security and food safety are key public health concerns considering the need for supply of safe food. Veterinarians have a valuable role to play, not only in disease control, but also in using new scientific advances to increase production, helping to ensure access to animal protein. Healthy animals ensure food security and food safety, and also being animal health a key component of animal welfare. **"*The Veterinary Services must play a key role in protecting the society".***

77. Dr Vallat remarked that Good Governance of Veterinary Services can be achieved through minimal requirements that should be reached by all countries, including:

- Appropriate Veterinary legislation
- Efficient epidemiosurveillance networks and territorial meshing in the entire national territory, potentially for all terrestrial and aquatic animal diseases...
- Responsibility of Governments, for which deeply awareness of policy makers on the objectives and importance of VS is crucial.
- Public-private partnership through formal protocols under the monitoring of the Veterinary Authority.
- Concept of 'Quality of Services' adopted by all OIE Members as included in Chapters 3.1. and 3.2. of the OIE Terrestrial Code.
- Use of the global OIE-Tool for the evaluation of Performance of Veterinary Services (OIE-PVS Tool), and PVS Gap Analysis / PVS Follow up
- Initial and continuous veterinary education.

78. Dr Vallat stressed that the OIE promotes Veterinary education and the respect for the Veterinary diploma worldwide and is working with the Veterinary Universities for the inclusion within their curricula of key issues related to Veterinary Services. A global Deans Conference is being organized by the OIE which will be held in Paris in October 2009.

79. He explained the concept of “One World – One Health” (OWOH) which refers to a global strategy for managing risks at the animal-human interface. The OIE is engaged at global level in this concept in coordination with its partners such FAO, WHO, UNICEF and the World Bank. Besides that, by complying with OIE standards Veterinary Services are able to reach Market Access at local, regional and international level. The Veterinary Services´ functions help countries to the Poverty Alleviation by securing assets (capital, animal) and increasing productivity.

80. He commented on some tools and mechanisms that the OIE will continue to promote and support in its new Strategic Plan, such its World Animal Health Information System (WAHIS) and the web linked database WAHID. He stressed the obligation from countries to timely notify the occurrence of animal diseases using this new system.

81. Dr Vallat informed that the OIE is currently carrying out a global programme of strengthening VS, based on the use of its Tool for evaluation of Performance of VS (OIE-PVS Tool) to help countries to comply with OIE standards on quality as well as strengthening the OIE influence on global, regional and national policies regarding Good Governance on animal health. The programme is funded by the OIE World Animal Health and Welfare Fund which is financed by several donors and was created to help support OIE in implementing among others the PVS and regional capacity building.

82. He explained the PVS evaluation is followed by the Gap Analysis process, for which the OIE is working with its partners (mainly with FAO in developing countries) and donors for the preparation of priority investment projects which could be financed through national Governments or international donors.

83. He highlighted that OIE National specialist focal points (namely Aquatic animal diseases; Wildlife; Animal health information system; Veterinary medicinal products; Animal welfare; and Animal production food safety) play a key role by assisting the OIE Delegate in specific issues.

84. Dr Vallat stated that the OIE will also continue the reinforcement of the Regional Representations in order to better assist Member Countries through capacity building activities, and will give priority in its 5th Strategic Plan to some concepts, among others, such as good governance, one health concept, capacity building, mediation and veterinary education.

85. He referred to OIE Reference Laboratories & Collaborating Centres, including the Twinning concept which aims to assist countries and regions in order to have a broad and more balanced availability of expertise worldwide that helps developing countries to better participate in the standard setting process as well as to comply with such standards as well as reinforcing the Veterinary Scientific Community in developing countries.

86. Other important mechanism that the OIE provides to its Members is its informal mediation procedure, which on a voluntary basis seeks to resolve their differences by using an approach that is based on science and the OIE’s recommendations for safe international trade in animals and animal products.

87. Dr Vallat concluded by highlighting that under the OIE’s broad general objective aimed to improve animal health all over the world, the OIE’s new strategic Plan will continue on the basis of three fundamental missions, as:

- To ensure transparency in the global animal disease situation,
- Publishing scientific based standards for trade, especially with reference to the WTO, and
- Publishing guidelines for the prevention, control and eradication of animal diseases, including zoonosis and acknowledgement of Members health status.

Discussion

88. The Delegate of South Africa expressed concern regarding training needs for veterinary services, while acknowledging that the OIE is indeed working on ongoing Veterinary Education and asked whether the OIE is also working and thinking on the future scenario in relation to needs from some countries and availability of Veterinarians.

89. The Delegate of Niger thanked the Director-General for his inspiring address and asked enquired on the current status of implementation of the recommendations from the Seminar on Good Governance held in Mali last December, specifically the one related to the participation of OIE Delegates with their

respective Ministers of Agriculture (or otherwise: in charge of livestock matters) to the AU-IBAR Ministerial meeting.

90. The Delegate of Mauritania referred to the concept of One World One Health, and the necessary cooperation between animal health and public health sectors. He expressed some concerns regarding the capacity of Veterinary Services and Public Health Services alike, to properly deal with this approach, in particular in view of inadequate funding. He requested that the OIE continue its advocacy and continued support to provide Veterinary Services with sound arguments when faced with policy decision makers, to strengthen Veterinary Services.

91. The representative of the field veterinary services of Zimbabwe also referred to the One World One Health approach by stressing that besides issues related to the animal-human disease interface, other aspects should be also considered such the animal health- environment interface. She stated that Veterinary Services are not ready to deal with environmental problems (e.g. biodiversity) related to the control of diseases, and asked whether the OIE could take this into consideration.

92. The Delegate of Rwanda, while referring to the relationship between the OIE and other international organizations, asked the Director General to explain the scope of work and relationship between the OIE and the United Nations.

93. Dr Bernard Vallat answered the Delegate of South Africa by explaining the main objectives of the OIE's global conference for Deans of Veterinary Schools, to be held in October 2009.

94. The first objective aims to define minimal basic requirements within the curricula of such Schools worldwide, dealing with issues that are important for Veterinary Services, such as skills on epidemiology and other topics, beyond the current focus on (private) clinical practice, often geared towards companion animals.

95. Other objectives related to the definition and scope of activities of Veterinary Statutory Bodies and their relationships with the quality control of the behavior of all Veterinarians in their country. This could include further national accreditation mechanisms of veterinarians when this does not exist.

96. Dr Vallat also explained that the conference will address issues related to training needs for veterinarians in the future, as the OIE realizes that some countries will face a serious lack of veterinarians in the public sector in the near future. Another issue which will be discussed is the ratio between public and private veterinarians, deemed appropriate in the various countries. He also raised the point that in contrast, some countries currently have too much veterinarians and others not enough, some of which graduate from institutions, lacking any quality control on the training contents.

97. Dr Vallat referred to the question raised by the Delegate from Niger, stating that the OIE fully supports and is working in favor of the involvement of Ministers and other Governmental Authorities in all activities related to Veterinary Services. Regarding what was decided during the Seminar in Bamako.

98. Dr Vallat commented that a proper mechanism is currently discussed with AU-IBAR which would allow the participation of OIE Delegates, along with their respective Ministers of Agriculture, to the AU-IBAR Ministerial meeting, as expressed and agreed by the representative of AU-IBAR during the Seminar in Bamako.

99. In reference to the comment made by the Delegate of Mauritania, the Director General stated that the OIE will continue its efforts to justify and provide good arguments to Policy Makers to support and fund activities of their Veterinary Services. This matter will be properly addressed within the OIE 5th Strategic Plan.

100. In answering the representative of Zimbabwe, Dr Vallat commented that the OIE is interested and is increasingly working on the animal health – environment interface, including issues regarding wildlife. The OIE Working Group on Wildlife was recently extended and re-focused, including issues relevant to environmental protection.

101. In relation to the work of the OIE in partnership with other international organizations, and more specifically with the United Nations, the Director General recalled that the OIE was created before United Nations and would like to remain independent. He noted that FAO is the main partner of the

OIE. He explained that the FAO mandate is to develop agricultural production including livestock in developing countries, while the mandate of the OIE covers all countries worldwideis global. He highlighted the GF-TADs Agreement with FAO, which has defined strategies and activities both at global and regional levels, including the establishment of Regional Animal Health Centers to support countries to fight trans-boundary animal diseases. This agreement provides synergies and avoids gaps or duplications.

102. He also commented on the Agreement and joint work with the World Health Organisation (WHO), including the Global Early Warning System (GLEWS) for the exchange of information on zoonoses, a programme which is coordinated with the participation of FAO.

103. Dr Vallat also mentioned the Agreement between the OIE and United Nations represented by UNSIC, which is dealing with matters related to Avian Influenza, under the coordination of Dr David Navarro.

104. Finally he noted that the OIE has agreements with several other organizations in order to influence these organisations to support OIE Members, such as the World Trade Organisation (WTO) and the World Bank.

Report on Activities of the OIE Regional Representation and the OIE Regional Commission for Africa

105. Dr Abdoulaye Bouna Niang, Regional Representative for Africa, started his presentation giving greetings to the Government of Chad for hosting the Conference and to African countries which attended the meeting.

106. He started his presentation emphasising the work done by the Representation during 2008, with the aim to accomplish its obligations and to continue with the implementation of the 4th OIE Strategic Plan, fully counted on the support of African countries especially from Mali as host country of the OIE Regional Representation.

107. After making a brief introduction on the interregional context of the African continent and on the situation of the Regional Representation, Dr Niang gave a brief review on the activities of the Representation during 2008.

108. He pointed out that objectives of the Regional Representation are to strengthen at a short and a medium term, the capacity of veterinary services improving animal health and fighting against zoonoses. Particular emphasis is made on the good governance of Veterinary Services, information on animal diseases and safe regional and international trade.

109. Dr Niang summarised the activities accomplished by the Representation during 2008 such as the implementation of the objectives assigned by the GF-TADs and the ALIVE platform; the participation on meetings at regional and international level, the RR staff participated in more than forty workshops, meetings and conferences relating to capacity building for the Veterinary Services in Africa, animal health situation in Member Countries, trade safety, and governance of Veterinary Services level. Furthermore, the Regional Representation has always been committed to maintain a fruitful collaboration with the partners of the OIE as FAO, UA/IBAR, SADEC, CEDEAO, UEMOA, and CIRAD, among others.

110. He noted that one of the priorities of the Representation is to look for a greater visibility of the OIE in order to contribute to a better understanding of its mandates and activities among member countries in Africa.

111. He also gave details on the committee comprising representatives from the RR, FAO-ECTAD and AU-IBAR that was established to review the funding and work conditions of the Regional Animal Health Centre in Mali.

112. He announced that the web site of the OIE Regional Representation for Africa is fully functioning and updated.

113. Finally, Dr Niang concluded by recalling that special efforts have been or should be undertaken for African countries in order to work in line with the actions and activities derived from the 4th strategic plan concerning the strengthening of the fight against poverty and food crisis in the Continent.

Report on the Activities of the OIE Sub Regional Representation for SADC Member Countries

114. The activities of the OIE *Sub Regional Representation for Southern Africa* (OIE SRR-SA) were presented by Dr Bonaventure Mtei, OIE Sub regional Representative. Such activities started in January 2006 with financial assistance from the SADC-EU Grant Contribution Agreement with the OIE. The OIE Sub Regional Representation for Southern Africa, together with OIE partner organisations, i.e FAO and AU-IBAR forms the backbone of the *Regional Animal Health Centre for Southern Africa* (RAHC-SA). He explained that the OIE Sub Regional Representation for Southern Africa covers 14 OIE Member Countries in Southern Africa which are Members of the *Southern Africa Development Community* (SADC). During its three years of existence from January 2006 to December 2008, the OIE SRR for Southern Africa has accomplished the set-up of the office environment, facilitated Member States to improve on their national disease surveillance systems and notification ensuring compatibility and compliance with the OIE WAHIS system, encouraged 10 countries to apply for the OIE PVS Assessment, took part in the 2007 and 2008 *World Rabies Day* events, supported the 2 first OIE Twinning Agreements, benefiting national laboratories in Botswana and South Africa.

115. Dr Mtei stated that throughout, OIE Member States in SADC have been reminded, advised and even supported to confirm their official disease status including that of Rinderpest in preparation for the 2010 global Rinderpest eradication declaration. As from 2008, two sub-regional workshops on 1) *Good Governance for Veterinary Services* (Gaborone) and 2) *International standards on aquatic animal diseases (Maputo)*, were organised. In addition, the OIE SRR supported (logistically and financially) the participation of veterinary officials to several OIE continental and international meetings, i.e. the Africa conference on veterinary drugs (Dakar) and the World Conference on Animal Welfare (Cairo). A third joint WTO-OIE on SPS matters, supposed to been held in Maseru in December 2008, was cancelled by the WTO and has been postponed to the second half of 2009.

116. He commented that in support of SADC and the RAHC-SA, the OIE SRR-SA co-funded and co-organised the 3rd meeting of the SADC Joint Technical Committee on HPAI (Lusaka, Zambia). In support of the *Southern and Eastern African Rabies Group* (SEARG), the OIE SRR-SA sponsored a group of African scientists and veterinary officials to attend the bi-annual meeting in Gaborone. The OIE SRR-SA funded a laboratory training course on RVF diagnosis (Dar-es-Salaam, Tanzania) and conducted official country visits to Zimbabwe (2006), Lesotho(2006), Zambia (2007), Angola and Botswana (2008). Overall, the OIE SRR staff participated in more than 30 missions (meetings, seminars and/or workshops) and prepared 12 quarterly reports to the Director General, with copies to SADC and the Delegation of the EC in Botswana. In addition, three annual progress reports and three annual work plans have were prepared for approval by OIE Headquarters in Paris.

117. He commented on the numerous consultations that the Sub Regional Representation have with the SADC Secretariat and all its Livestock project management teams and also participated in meetings held between SADC and *International Collaborating Partners* (ICPs) together with FAO and AU-IBAR as lead agencies on matters related to livestock.

118. Dr Mtei informed that communications have been maintained throughout by e-networking within the OIE and other stakeholders in the SADC region, as well as through the launch of the English version of the OIE Africa website: www.rr-africa.oie.int In terms of visibility, several papers have been presented at scientific conferences, in addition to the publication of an advertorial in the professional farmers magazine 'Farmer's Weekly'. Every opportunity has always been seized at all audiences to advocate the role and global mandate of OIE as the sole standard setting body on animal health and welfare.

119. He spoke on the activities for the year 2009 which will include the following: a regional seminar on the Re-emergence of Rift Valley Fever in Southern Africa, with close to 80 participants from within and outside Africa, has just been completed in Bloemfontein, South Africa. Further capacity building efforts are scheduled on laboratory training for rabies diagnosis (in collaboration with OVI), the training of focal points on WAHIS and WAHID implementation (terrestrial and aquatic), communication for veterinary services (coordinated by the Communication Unit at the head office), importation of animal

products (postponed OIE – WTO joint workshop) and the training of new OIE Delegates (in partnership with the RR for Africa). The SRR will also facilitate the participation of southern African veterinary officials to the identification and traceability conference in Buenos Aires next month. Depending on the availability of resources the SRR will also address new areas of capacity building including mainstreaming of private veterinary practitioners into the national veterinary authorities. The main entry point could be through establishing a network of the Registrars of the Veterinary Councils in the SADC Member States.

120. Dr Mtei noted that the OIE SRR has enjoyed financial support from the voluntary contributions from the SADC–EDF Grant Contribution Agreement with OIE and personnel support from the French Cooperation, for which are greatly appreciated. As both agreements come to a close at the end of 2009, the honor now lies with the OIE to mobilize resources from the EU through the *Better Training for Safer Food Programme for Africa* and/or from the *World Animal Health and Welfare Fund* to carry on the activities of the OIE SRR in Gaborone. Other sources advocated by platforms such as ALive and GF-TADs for Africa programme should be explored. Staff numbers will have to be complemented with the recruitment of a deputy-representative, who will start his activities in June 2009 and a financial and administrative assistant (ongoing).

121. Dr Mtei also made reference on the challenges remaining, such as failure to obtain support from the Government of Botswana in terms of office space, not only for the OIE SRR but also the *Regional Animal Health Centre for Southern Africa*. The RAHC-SA is now widely accepted as a reality and the formal agreement has been signed last week by FAO, with prospects of becoming a *Centre of Excellence* for animal health to operate on the principles of subsidiary accepted by SADC.

122. He finished his presentation by stressing that the OIE SRR for Southern Africa has proven beyond doubt that given resources, both human and financial, OIE Sub Regional Representations around the world will make OIE much more visible on the ground and therefore will contribute significantly to achieving the objectives of OIE, both locally and globally.

Technical Item I

Challenges faced by African products of animal origin in accessing world markets

123. The Session Chairman Dr Alzouma Maiga Zourkaleni, Delegate of Niger ,invited Dr Giudeon Bruckner, OIE Deputy Director General and Head of the OIE Scientific and Technical Department to present the Technical Item I.

124. Dr Bruckner, Head of the OIE Scientific and Technical Department and Deputy Director General stated that the international trade in animals and animal products has become a sensitive issue for both developed and developing countries by posing an important risk for the international spread of animal and human pathogens whilst at the same time being an essential activity to ensure world-wide food security and food safety. He stressed the problems and obstacles to enter international world markets for animals and animal products that Africa is facing, of which the most important is the continued presence of most of the trade sensitive animal diseases in Africa and the inability of many countries in Africa to guarantee sanitary measures for safe trade required by trade partners.

125. Dr Bruckner recalled that the OIE has since its founding, applied a democratic and transparent decision-making process to continuously develop and review international standards for animal health and zoonosis to facilitate trade in animals and animal products. The role of the World Organisation for Animal Health (OIE) is also mandated by the World Trade Organisation (WTO) as international reference point for standards related to animal health. In support of its overall objective of promoting animal health world-wide, the OIE has also launched several other initiatives such as the improvement of the governance of veterinary services within its member countries and territories and to enhance the availability of diagnostic and scientific expertise on a more even global geographical distribution. Several trade facilitating concepts such as country, zonal and compartment freedom from disease as well the trade in disease free commodities has been introduced to enhance the trade in animals and animal products for all its Members including those from developing and transitional countries who are still in the process of enhancing to full compliance with international sanitary standards.

126. He referred to the negotiation process between importing and exporting countries to initiate the trade in animals and animal products, which would be accepted by the importing country if the exporting country can give acceptable sanitary guarantees to protect animal and human health in accordance with the appropriate level of sanitary protection determined and required by the importing country for that specific animal or animal product. To facilitate safe trade and to discourage importing countries to require sanitary requirements that are not scientifically justifiable, the World Trade Organisation (WTO) has mandated the OIE SPS Agreement, as the international reference organization for setting science-based standards for the international trade in animals and animal products. Countries that are signatories to the SPS Agreement and who are also Members of the OIE are obliged to honor this important requirement in trade negotiations. He stressed that OIE standards are by default already the outcome of a risk assessment and need in general not again be subjected to a risk assessment for trade purposes, enabling importing countries to reduce the use of sometimes arbitrary risk analysis methods, and to favor a systematic use of OIE standards, as recommended in the SPS Agreement.

127. Dr Bruckner explained the process by which OIE international standards are set and adopted by OIE Members, mentioning also that such standards are published within the OIE Manuals and Codes and clarifying how these standards are structured in horizontal general ones as well as vertical specific ones (for each of the OIE listed diseases) for its better understanding and utilization. The latest include incubation period; the commodities that can be traded irrespective of the disease status; the requirements to certify a country, zone or compartment free from that disease and the risk mitigation measures than can be applied for safe trade. For some diseases such as foot and mouth disease, highly pathogenic avian influenza and bluetongue, specific surveillance guidelines have been developed to prove absence of the circulating pathogen or to confirm claims for freedom from disease.

128. He also commented on the OIE dispute settlement mechanism for mediating trade conflicts between OIE Members, in order to assist the parties to arrive at a scientifically-sound conclusion.

129. Dr Bruckner informed that more than 70% of the 172 current Members of the OIE are from developing and transitional countries. To assist those Members, on a voluntary basis, the OIE has initiated a process to assess the performance of the veterinary services of countries, through the application of the OIE-PVS Tool for the evaluation of Performance of Veterinary Services, to identify their needs in eventually moving towards compliance with OIE standards. An initial PVS evaluation is ideally followed by either a second evaluation or a more detailed gap analysis to assess the financial and other resources needed to advance within the critical competencies of each component.

130. Dr Bruckner also referred to the concept of twinning between laboratories, which aim is to ensure eventually a global geographical distribution of expertise and OIE Reference Laboratories allowing easier access to experts and for the rapid detection and diagnosis of disease as support of developing countries. He commented that the OIE has obtained substantial donor support to facilitate and fund this twinning process. Developing and in-transition countries need a veterinary scientific community that is able to participate in the preparation of standards and to obtain the necessary expertise to challenge non-justifiable trade restrictions. To this end, the twinning concept will create the much needed opportunities to enable developing and in-transition countries to become scientifically competent to debate on an equal footing the scientific justification and application of standards.

131. Furthermore, Dr Bruckner remarked some approaches that the OIE had taken in order to facilitate trade for its Member, such the concepts of disease free countries, zones, compartments and safe commodities.

132. He mentioned that the OIE recognizes for certain diseases and certain animal products, a specific animal product or commodity could under certain provisions be certified safe for trade purposes, irrespective of the sanitary status of its zone of origin. To promote the development of this concept, the OIE encourages the development of research programmes on unresolved issues of major importance to the development of world trade regarding the safety of certain products, for which FMD is currently one of the priority diseases.

133. He stressed that this approach should not jeopardize OIE Members obligations on surveillance and disease control activities.

134. Dr Bruckner highlighted the importance of compliance with OIE standards on the quality and evaluation of Veterinary Services for an effective epidemio-surveillance mission, as well as in regards to the reliability of the veterinary certificates they issue for granting access to regional and global markets for all will not pose a threat to the safety of international trade.

135. He remarked that as natural animal producers, African countries have some characteristics and factors which place them in a comparative advantage in the production of livestock and meat products. But for entering international trade markets in animal products, the adherence and compliance to international animal health and food safety standards are a non-negotiable prerequisite.

136. He commented that sanitary requirements in developing countries are eventually more stringent for animals and animal products intended for external markets than for domestic markets, since both legislation and enforcement of sanitary measures are costly.

137. There are perceived unique animal health related impediments to trade in animal products from Africa, such as the continued persistence of some animal diseases such as foot and mouth disease in wildlife; the transboundary movement of animals and humans as an acceptable cultural practice for ages in parts of Central, West and East Africa; the presence of potential trigger factors for an upsurge of vector-borne diseases such as Rift Valley fever; the inability in many parts of Africa to effectively control or prevent the transboundary spread of diseases and the need for acceptance by policy makers of the importance of animal disease control relative to demands on national budgets for other priorities not related to agriculture.

138. Dr Bruckner stressed that even when most important diseases in relation to trade are present in Africa, for all of these diseases there exist relevant mitigation measures, as stated in the OIE Code. A prerequisite for countries in Africa to convert the natural comparative advantage in beef production into export success will have to make investments in human capital at a variety of levels - including the good governance of veterinary service and putting mechanisms in place not only to facilitate market access but also to maintain the achieved status of market access and better zoosanitary situation in all countries.

139. Dr Bruckner finally concluded that developing countries are increasingly coming under pressure to improve their delivery of veterinary services as a prerequisite for entering the competitive arena of international trade in animals and animal products. This has resulted in increasing demands on the financial, human and technological resources. For this reason the OIE in pursuance of its mandate offered in the SPS Agreement and the mandate given to the OIE by its International Committee is committed to facilitate and promote as far as possible within its resources, the international trade in animals and animal products for all its Members, giving them different science based alternatives without sacrificing the importance of good veterinary governance and the need for eventual compliance with standards

Discussions

140. The Delegate of Sudan referred to the nomadic-type livestock production characteristics in some African countries, and expressed his concern regarding the feasibility to apply reliable epidemio-surveillance for TADs, mainly with respect to FMD. He stressed the necessity of adopting a regional common understanding of the sanitary situation to better address animal diseases.

141. He also expressed the view that OIE standards for importing countries should be clearer.

142. Finally he stressed the importance of transparency and timely disease notification, to protect neighbouring countries from introduction of infectious animal diseases.

143. The Delegate of South Africa referred to some specificities of the FMD SAT-type virus, which is well adapted to buffaloes. Following proposals from the SADC Livestock Technical Committee (LTC) he asked whether the OIE could consider developing specific standards for this FMD serotype, in line with the current trend to dissociate trade-sensitive diseases present in domestic and wild species, as has already been agreed to with regard to NCD, notifiable AI and swine fever. He pointed out that Dr Bruckner's suggestion that more countries should apply for disease freedom with vaccination, as it represents a trade-facilitating measure, is not feasible because of the stigma attached to SAT serotypes.

144. The representative of the national veterinary laboratory in Niger, insisted on the need to know more about antigenic and/or phylogenetic virus/bacterial drifts and shifts, as observed in recent past with CBPP and Gumboro disease. Keeping track of such mutations and changes would require considerable investments in laboratory expertise.

145. The delegate from Kenya concurred with earlier comments regarding the SAT-1 and SAT-2 FMD types.

146. The delegate from Zimbabwe, and member of the Code Commission, also focused on the FMD situation and pointed out that at a price of USD 1.5 per dose and two vaccinations per year, the cost of vaccination to achieve freedom of FMD with vaccination, remains prohibitive.

147. The Chairman of the Session, Dr Alzouma Maiga Zourkaleni, Delegate of Niger, made some clarifications on the comment made by the Delegate of Sudan. He clarified the differences between nomadism and pastoralism/transhumance, by stating that the former one refers to movement of livestock without any schedule or plan, while transhumance refers to a cyclic movement of people and livestock, based on pastoral conditions of different areas or regions.

148. In his answers, Dr Bruckner referred to some provisions included within the OIE Code, which includes general surveillance aspects related to all diseases, as well as specific surveillance guidelines for some diseases, such as the case of AI and FMD. He recalled some issues discussed recently in the FMD meeting which took place in Nairobi (GF-TAD programme for Africa) where it was stated that a region-wide approach as well as common regional surveillance, in order to know the sanitary situation and the best strategy to be applied, is the way to go forward.

149. In reference to the issue raised by Dr Modisane from South Africa in regards to FMD SAT serotype, he clarified that there is no specific concern regarding the virus, but rather the unavailability of effective SAT-2 vaccines, as currently produced.

150. Dr Bruckner also commented on some FMD research activities that the OIE is currently involved in, including commodity safe trade as a first step, and further specific research on FMD SAT-2 serotype(s), in collaboration with IAH Pirbright and OVI Pretoria.

151. In support of South Africa and Niger's statements, he insisted that vaccine producers in general should always seek the best possible fit with circulating virus strains in the wild.

152. He encouraged members to send more comments, even through a common regional position, with relevant scientific base, to the SCAD and Code Commission for discussion.

153. The Chair thereafter closed the session and appointed a drafting committee for the recommendations on this technical item, including Niger, South Africa, Zimbabwe and Dr. Bruckner on behalf of the OIE.

GF-TADs Programme for Africa

154. Dr Domenech commented that since the preceding meeting of the 17th Conference of the OIE Regional Commission for Africa, the activities of FAO and OIE continued within the framework of the initiative FAO-OIE-GF-TADs and more particularly of GF-TADs Africa.

155. He informed that the 2nd meeting of the GF-TADs Regionsl Steering Committee for Africa took place in Djibouti in March 2007 and 3rd in Rome in April 2008. Activities of Global GF-TADs are exposed in the 2nd contribution of Dr. Domenech in N´Djamena. The activities more specific to Africa were directed towards major diseases, or in a more transverse way, to subjects like the preparation of National Integrated Plans of actions against avian influenza (INAP= Integrated National Action Programme), the evaluation of Veterinary Services (under the responsibility of the OIE), activities of promotion of regional and international trade (project STDF), the implementation of biosecurity programs of biosecurity, and veterinary public health.

156. A particular stress was expressed by Dr Domenech on the continuation and reinforcement of the regional networks of epidemio-surveillance, diagnostic laboratories, socio economics and later communication. With regard to actions FAO-OIE-GF-TADs against major animal diseases, he quoted avian influenza, foot-and-mouth disease (within the framework of a global initiative, FAO-OIE workshop in Nairobi for definition of a strategy of progressive control for Africa), RVF (national and regional actions in East Africa and Madagascar) trypanosomiasis (IFAD project), Rinderpest (end of the process of eradication declaration in each country, within the framework of procedure GREP which goes towards a declaration of global eradication by OIE and FAO), PPR (which becomes a disease increasingly wide: Northern Africa.).

157. He also informed that the next meeting of the GF-TADs Regional Steering Committee for Africa will take place in Nairobi next 9th March, within the framework of ALive Executive Committee meeting from its and its General Assembly meeting.

158. He concluded by stressing that one of the outcomes particularly important of these two last years of activities of FAO-OIE GF-TADs is the recent official signature of the agreement between FAO and OIE establishing the 3 Regional Animal Health Centres in Bamako, Tunis and Gaborone.

Alive Platform

159. Dr Cagnolati presented the ALive initiative by stating that is a global platform focused on Africa, geared towards improving the contribution of the livestock sector to poverty reduction; promoting equitable, safe and sustainable economic growth; enhancing the public good components of animal health systems in order to improve veterinary public health and market access for farmers; and reaching the Millennium Development Goals (MDGs).

160. He mentioned that Alive intends to improve the livestock sector by enhancing livestock stakeholders' participation, donors and partners collaboration, and institutional strength and natural resources protection at the local, sub-regional, and regional levels; improving sector knowledge and strategy and livestock program formulation at the country and regional levels; promoting regional collaboration/integration, knowledge sharing and dissemination, sub-regional training and capacity building; and integrating those results into ongoing and forthcoming operational programs of Alive partners.

161. He explained the ALive´s organization which is around four main themes, namely: Forum to share a Vision, design a Strategy to improve client participation; capacity Building and Knowledge Management at sub-Regional level; analytical Support and Operational Assistance at National level, that integrates sector knowledge to policy, strategy and action plan formulation; partner's collaboration and coordination through a permanent platform implemented by a Secretariat.

162. Dr Cagnolati commented on ALive structure which is composed by three governance bodies (General Assembly, a Political / Consultative body; Executive Committee, a Technical / Decisional body; and a Secretariat, a Monitoring & Reporting / Executive body). There are three key players (Members, Executive Partners and observers) Permanent executive partners are OIE, FAO, WB, AfDB, EU and AU-IBAR.

163. Representation is ensured through four caucuses (African Caucus with 6 executive partners; Donor Caucus with 4 executive partners; Research, Technical and Training organization Caucus with 3 executive partners; and a Civil Society Caucus with 2 executive partners.

164. Finally, Dr Cagnolati showed the main achievements of Alive as follows:

- June 2004 : Official launching of ALive,
- June 2005 : Transfer of the AG chairmanship to AU à First General Assembly (June 2005) : African Leadership,
- September 2007: transfer of the EC chairmanship to director of IBAR
- (African institutions/organizations involvement),
- September 2008: establishment of ALIVE Secretariat Antenna at AU-IBAR office in Nairobi,
- EC 12 conducted via a virtual consultation,
- March 2009: official transfer of the Alive Secretariat to AU-IBAR office in Nairobi on the occasion of the EC 13 and AG 4 meetings (10-12 March 2009)

Update on developments in aquatic animal health

165. Dr E. Katunguka-Rwakishaya, Member of the Aquatic Animal Health Standard Commission informed on how the levels of wild fish capture have remained static since 1980, around 90-93 million tones per year. With the increase in population and demand for fish, aquaculture is expected to provide about 40 million tones of aquatic food by the year 2030. This therefore emphasizes the significance of aquaculture.

166. He noted that diseases cause significant loses in aquaculture and pose detrimental effects on international trade in aquatic animals and their products. He stressed that the Aquatic Animal Health Standards Commission has the responsibility to develop health standards which are published in the OIE Aquatic Animal Health Code and the OIE Manual for Diagnostic Tests for Aquatic Animals which are revised from time to time and annually updated. He highlighted that in order to do this, views of national delegates and international experts are important.

167. Dr Katunguka-Rwakishaya mentioned some important issues addressed by the Commission which include: concept of safe commodities, harmonization of aquatic and terrestrial codes, emphasis on cooperation between veterinary services and fisheries officers, guidelines for the welfare of farmed fish, guidelines for the control of aquatic anima health hazards in aquatic animal feeds, guidelines for aquatic animal health surveillance, and Inclusion of amphibian diseases.

168. In conclusion, he stated that the Commission wishes to emphasise to the Member Countries the need to read and respond to the reports, and to take keen interest in the developments in aquatic animal health, to control and prevent spread of listed diseases, the need for close cooperation between veterinary and fisheries authorities in the control and reporting of aquatic diseases.

169. Finally the Commission endorsed the Recommendations made by the Seminar on “OIE International Standards: a lever for growth in the fisheries and aquaculture sector in Southern Africa” held in Maputo, Mozambique, from 10 to 12 of June 2008.

Tuesday 24 February 2009

Technical Item II

The impact of brucellosis on the economy and public health in Africa

170. The Session Chairman, Dr Mohammed Abdel Razig Abdel Aziz, Delegate of Sudan,invited Professor Justin Ayayi Akakpo to present the Technical Item II.

171. Professor Justin Ayayi Akakpo, started his presentation by stating that Brucellosis of both animals and humans has been known in Africa for a very long time. Humans have often revealed an insidiously evolving infection in animals. In several parts of Africa, the predominantly non-sedentary systems of livestock production (unrestricted grazing, transhumance and nomadism) make it difficult to identify the disease and to evaluate its economic and health impact.

172. He explained that the aim of summarising member countries’ answers to the questionnaire sent to the OIE is to gain a better understanding of local livestock production and animal health management practices, as well as to gather information on infections caused by Brucella abortus, B. melitensis et B. suis and on diagnostic capabilities in the various countries, as well as to form a clear idea of the economic and health importance of the disease.

173. He summarised the answers received from Member Countries by noting that:

- in 28 of the 29 countries that had answered the questionnaire, livestock production is important both economically and socially;
- The countries have a combined cattle population of 133 932 000 head, together with 277 665 050 sheep and goats.

- For the other species, the numbers are: 10 633 000 camelids, 6 968 000 equids, 9 047 000 pigs and 801 580 000 poultry.
- The size of national livestock populations varies from country to country.
- Sudan, Algeria, Mali, Niger, Morocco, Kenya, Burkina Faso and Tanzania stand out as the leading livestock-producing countries.
- The share of livestock production in gross domestic product (GDP) varies widely, from 0.2% in Gabon to 53% in Chad and 63% in Eritrea.
- The livestock share of export earnings ranges from 0.03% in Benin to 24% in Burkina Faso.

174. Dr Akakpo noted that as meat and milk production is still insufficient to cover the needs of all these countries in spite of increased productivity, they resort to imports. Imports come mainly from bordering countries with surpluses (Sahel countries and southern Africa) and secondly from other continents.

175. He informed that from a health standpoint, even though cattle, sheep, goats and pigs are under official veterinary control in 25 of the 29 pays that participated in the survey, there is no epidemiological surveillance of brucellosis in more than half of the respondent countries. Nevertheless, bovine brucellosis attracts much more attention than brucellosis of other animal species. Prevalence in cattle ranges from 0.034% in Botswana to 30% in Niger. In small ruminants, it ranges from 0.1% to 12.5%. The prevalence of the infection in humans is reported by only a few countries and it is declared as negligible, except in one case.

176. He also noted that although national laboratories have the capacity to diagnose brucellosis, in many cases lack of funding prevents them from conducting systematic screening and implementing effective control measures. While most countries have legislation recognising brucellosis as a contagious disease of cattle, sheep, goats and pigs, very few notify cases to the OIE or apply certification measures.

177. He concluded by recommending to :

- raise awareness of the need to notify cases of brucellosis to the OIE through WAHIS;
- to set up national joint committees for zoonosis control comprising both public health and animal health officials;
- to conduct an exhaustive study of the real economic and health importance of animal brucellosis in Africa.
- To improve the availability of vaccines adapted to tropical conditions

Discussions

178. Dr Domenech applauded the choice of this subject. He remembered having worked on this disease in Cote d´Ivoire, as well as in Chad, together with Dr Vallat. He pointed out that even in transhumant production systems, it was possible to vaccinate and fight against bovine brucellosis, if and when herds at risk were properly identified. The same applied to the contagious epididimitis of rams within the intensification systems for Djallonké small ruminants in the south of Cote d'Ivoire. A selection and prevention programme based on serology and elimination by slaughter led to the maintenance of low levels of prevalence, i.e. 10 to 20 % rather than the usual 50 % for the rams circulating within the zone.

179. The Delegate from Benin noted that there is a lack of knowledge on the economic impact of Brucellosis. This gap comes from an education problem in African countries where there is a crucial lack of animal health economists. He suggested that a strong recommendation to train such specialists should be drafted.

180. The representative from the field veterinary services of Zimbabwe insisted on the impact of zoonoses on public health, not only regarding Brucellosis, but also with regard to RVF and rabies. She stressed the importance of protection of frontline veterinary personnel, which are frequently exposed to these zoonoses. She specifically mentioned the current cost of the RVF vaccine for humans and the absent from the market of the vaccine against rabies in humans and enquired of the role OIE could play in dealing with WHO to consider registering a wider range of vaccine manufacturers to develop and consistently avail such vaccines for use by veterinary personnel at risk.

181. The Delegate of Uganda while referring to Brucellosis, reiterated the advantages of prevention, rather than cure and welcomed the fact that livestock systems be improved in this sense. He also reiterated that access to good quality vaccines is crucial and requested a recommendation focusing on the improvement of existing diagnostic tests and vaccines.

182. The Delegate from Rwanda noted that his country takes brucellosis seriously and applies an annual sero-surveillance, the objective of which is to achieve eradication of the disease by 2015. He pointed out that the results of these surveys, as issued by the national laboratory, were sent to the OIE Information Department. He also highlighted that for the intensive livestock production sector, which is progressively developing in Rwanda, imports of ovine and bovine stock for milk production are systematically submitted to prior brucellosis screening.

183. The Delegate from Mauritania lamented the current lack of knowledge on brucellosis detection tests, which are very simple but are regrettably not used anymore.

184. The Delegate from Burkina Faso clarified that the livestock contribution to the economy represents 18% of the national GDP. He also informed participants that the budget allocation for livestock in comparison to the national budget is less than 1 %, while the meeting of Ministers of Animal Resources in Maputo in 2003 recommended that at least 10 % of the national budget be allocated to agriculture and of 30 % of the agricultural budget be allocated to the livestock services (i.e. at least 3 % of the national budget). He therefore suggested a recommendation to reiterate the commitment in this sense.

185. He also requested a recommendation directed towards the OIE, the FAO and the WHO for the organization of a workshop on major zoonoses, in order to prioritize diseases to be included under surveillance, based on comprehensive studies of such diseases and their direct and indirect impacts. He suggested that both Brucellosis and Tuberculosis be included within such studies, as they represent two major livestock-borne zoonoses. He wondered how countries could better organise the prevention of these diseases (isolation and slaughter, and if slaughter: with or without compensation).

186. The Delegate of Morocco raised the problem of lack of continuity in brucellosis control programmes. Even though Morocco has a strategy of prevention and control of Brucellosis (and Tuberculosis), these diseases remain secondary to the occurrence of trans-boundaries epizootics, which typically mobilize all Veterinary Services resources. He also highlighted the lack of human and material resources, to effectively face enzootic diseases. To cover this deficiency it is necessary to develop partnerships with farmers around common interests. He gave the example of dairy associations which could be involved in disease control, including slaughtering of infected animals and compensation to their owners. Morocco has already included the participation of Cooperatives within the cost-component of Tuberculosis and Brucellosis control. The Government covers costs of tuberculinization and compensation to owners, but farmers participate in the operational costs. Finally he added the necessity of starting an identification programme which would facilitate control of animal movements and recommended a massive control programme.

187. The Delegate of Niger rejected the figure of 30 % brucellosis prevalence given for his country. He recalled that studies conducted in 1991 had revealed a prevalence of only 1,4 % in 2,594 bovines tested by the *Rose Bengal* test, and in 1997 a prevalence of 1,8 % in 319 bovine sera (resulting from the serology carried out for rinderpest). He is also aware that the *Rose Bengal* test has a low sensitivity due to the presence of incomplete antibodies, which do not agglutinate and suggested to use an ELISA test, which involves monoclonal antibodies able to assess prevalence more accurately.

188. The Delegate from Malawi insisted on the necessity to convey simple technical messages to the public. These messages would allow livestock technicians to fully participate in the detection of the disease. He reiterated the need for rapid and reliable field tests. He finally stated that trade pattern of sensitive animals requires that control programmes be lifted from the national to the regional level.

189. The representative of the WAEMU (UEMOA), Dr I. Daré, pointed out that there are limits to the tool of using a questionnaire to apprehend the disease in all its complexity and extent and suggested to pursue the investigations in this area. He expressed the wish that OIE Member Countries be able to nominate some countries representatives of agro-ecological zones (coastal areas or wet) at risk of this disease, to carry out studies or in-depth surveys on the economic impact and the evolution of brucellosis, and hence enabling a well-justifed and balanced control strategy.

190. The Delegate of Sudan reminded participants that in the case of brucellosis (which is not an epizootic endangering the whole of the livestock population) any slaughter policy imperatively requires a compensation of the farmer, without which the farmer would refuse to present his animals for slaughtering. He concluded that the control of brucellosis requires more financial means.

191. The Director General, Dr Vallat noted that there would seem to exist some kind of bias or misunderstanding with regard to the answers to the questionnaire, as 19 countries out of 28 claim to apply stamping out policies, which –in his view- appears too optimistic. This high figure either means that this stamping out policy appears in the legal texts, but that they are not actually carried out (or in a very limited way) or because these measures take place because of farmers themselves in areas with abundant rainfall or for animals belonging to herds with high genetic value.

192. He recalled that the experience of certain countries showed that the eradication of brucellosis at country or zonal level requires strong public commitment. He underlined that any prevention and control strategy must rely on an adapted legislation, the existence of strong veterinary services and an alliance between the veterinary services and the farmers, including an active (financial) participation of farmers. He also pointed out that the OIE is continuously advocating the strengthening of Veterinary Services, as a custodian to the successful eradication of animal diseases. Compensation of farmers presents financial problems, but slaughter remains essential for any eradication policy (if wished) and must imperatively be accompanied by compensation mechanisms with cost-sharing options between Government and farmers.

193. Regarding vaccination, the Director General stated that it is necessary to foresee high costs, because only mass-vaccination makes sense in an already infected environment. Farmers must contribute to the cost of vaccination, as this is not a trans-boundary animal disease. It is also true that multinational pharmaceutical companies ceased production of (inactivated) vaccines, which were better suited to the African conditions. Indeed, they had the advantage of being more (thermo)resistant than the live attenuated vaccines currently used and which require a more rigorous cold chain. He repeated the example of the S-19 vaccine (live attenuated), produced at Onderstepoort Biological Products in South Africa. The vaccine is difficult to use in nomadic production systems and requires a complex protocol of use according to the age of the animals. He proposed to participants to draft a recommendation regarding the need for an essentially thermostable vaccine for transhumant/nomadic farmers and tropical conditions.

194. He also reiterated that the OIE updates and publishes annually the Manual of Diagnostic Tests and Vaccines for Terrestrial Animals and recommended that OIE Delegates share this Manual with their veterinary laboratories so that they can make the best possible choice of test or vaccine to be applied. He pointed out that the Manual contains both prescribed methods (obligatory for the trade) ànd alternative methods, as well as guidelines for the manufacturers wishing to produce vaccines.

195. About the need for economic studies, the Director General expressed his support to leave this initiative to the RAHCs, under the collaboration between different RAHCs and RECs in Africa.

196. As for the transmission of brucellosis to humans through meat consumption he cautioned participants. This type of transmission remains exceptional or quasi non-existent. Milk consumption, as well as the direct contacts with the placenta of infected animals, remain the main factors in terms of the transmission.

197. Regarding protection measures for veterinarians who deal with zoonoses, it is true that every possible measure should be taken to protect personnel at risk. Nevertheless, Dr Vallat pointed out that being a veterinary practitioner, just as being a medical practitioner, is always a risky profession in terms of public health. For some diseases such as avian influenza and RVF, veterinarians should indeed be provided with all protective equipments such masks and special suits in specific situations.

198. Regarding the tests mentioned by Dr. B. Vallat, Prof. Dr J. Akakpo added that the necessary tests in the event of export (prescribed methods) are the *Rose Bengal Test* and the Complement Fixation Test (CFT); and that the alternative test consists of the ELISA. With respect to the comments on the protection of frontline personnel and occupational hazards in general, he reiterated that it is actually advisable to be vaccinated.

199. Finally, he commented on the research conducted on brucellosis in Niger in the 80ies and 90ies, stating that these were broad serological survey, conducted not only in the arid zones but also in fairly intensive production systems close to the banks of the Niger river. He emphasized the fact that in

order to obtain an exact prevalence or a prevalence which is close to reality, all ecosystems must be considered, particularly the humid areas and places, where the infection is maintained.

ANIMAL HEALTH SITUATION IN AFRICA IN 2008 AND THE BEGINNING OF 2009[2]

200. The Session Chairman, Dr Moto Peter Crispin Mangani, Delegate of Zambia, invited Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department, to give details on the animal health situation of OIE Members in the region during 2008.

201. This report is based on information extracted from national reports provided by OIE Members in Africa for the Regional Conference. Where necessary, this has been supplemented by relevant information extracted from immediate notifications and follow-up reports submitted by countries and other official data gathered as part of the OIE's World Animal Health Information System (WAHIS).

202. In preparation for the 18th Conference of the OIE Regional Commission for Africa, the OIE requested the concerned Members to submit a Report on the Animal Health Situation for 2008. The following 27 countries provided a report: Algeria, Benin, Botswana, Burkina Faso, Chad, Congo (Dem. Rep. of), Djibouti, Egypt, Eritrea, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Malawi, Mali, Mauritania, Morocco, Namibia, Niger, Senegal, Sierra Leone, Sudan, Swaziland, Tanzania and Tunisia.

203. After a summary of the livestock population in Africa, the animal health situation in 2008 will be reviewed for the following eight priority diseases in the region: foot and mouth disease, rabies, peste des petits ruminants, Rift Valley fever, highly pathogenic avian influenza, Newcastle disease and the aquatic animal disease epizootic ulcerative syndrome. The report concludes with a summary of existing contingency plans and the simulation exercises carried out in the region as well as the situation regarding the six-monthly reporting by Members of the region for 2008.

Livestock population

Table 1. Animal population in Africa in 2008 (where necessary, 2007 and 2006 data from WAHID have been used)

Country	Cattle	Sheep & Goats	Swine	Equidae	Poultry	Camels
ALGERIA*	1 607 890	23 370 320	...	238 870	100 000 000	286 670
ANGOLA*	4 500 005	6 000 077	2 000 025	169 390	17 041 000	...
BENIN*	1 857 200	2 229 900	327 300	...	14 466 000	...
BOTSWANA	2 353 186	737 763	9 878	31 698	...	135
BURKINA FASO	7 914 160	18 838 922	2 042 300	37 456	34 329 338	16 016
BURUNDI	...	...	...	...	...	...
CAMEROON**	6 000 000	7 000 000	...	...	...	...
CAPE VERDE**	...	...	...	...	...	...
CENTRAL AFRICAN REP**	3 423 000	3 346 000	805 000	...	4 769 000	0
CHAD**	7 945 011	10 942 476	125 476	491 440	...	1 822 781
COMOROS	...	...	...	...	...	...
CONGO (REP OF ~)**	10 791	70 380	72 682	...	431 246	0
CONGO (DEM REP OF ~)**	755 500	4 928 420	961 090	...	19 828 437	...
CÔTE D'IVOIRE*	957 000	...	...	...	...	...
DJIBOUTI*	40 000	1 000 000	...	...	...	50 000
EGYPT	3 190 043	3 888 415	60 000	1 138 155		61 342
EQUATORIAL GUINEA	...	...	...	...	...	...
ERITREA*	2 023 829	7 130 265	3 000	544 383	1 190 980	334 860
ETHIOPIA*	43 233 600	55 487 800	...	6 432 600	32 413 000	2 323 200
GABON	...	...	...	...	...	...

[2] UP TO 10 FEBRUARY 2009

Country	Cattle	Sheep & Goats	Swine	Equidae	Poultry	Camels
GAMBIA	340 000	563 000	60 000	45 000	1 200 000	...
GHANA*	1 402 581	7 744 187	277 296	14 970	...	...
GUINEA*	3 962 201	2 736 113	78 478	4 916	517 006	...
GUINEA-BISSAU*	615 000	648 300	70 000	...	600 000	...
KENYA	12 531 324	21 884 300	415 200		25 757 300	895 100
LESOTHO	749 352	2 312 076	113 805	238 793	298 795	5
LIBYA	...	...	...	...	...	...
MADAGASCAR*	7 958 020	29 990	766 291	-	17 075 885	0
MALAWI	889 734	3 294 791	1 229 468	...	44 049 155	15
MALI*	6 351 000	15 862 800	100 890	1 299 272	24 754 500	242 106
MAURITANIA	1 676 467	12 765 215	...	...	...	1 173 704
MAURITIUS**	7 000	12 000	17 500	450	5 000 000	
MOROCCO*	2 755 100	22 615 100	...	...	...	172 867
MOZAMBIQUE*	1 424 884	...	1 349 502	...	17 795 839	...
NAMIBIA*	2 383 960	4 581 955	51 972	206 157	923 555	70
NIGER	7 336 088	20 430 285	1 500	230 174	12 196 000	1 565 420
NIGERIA*	15 224 450	144 044 873	6 608 384	...	159 380 586	...
RWANDA*	1 160 091	2 539 401	570 504	75	1 867 724	6
SÃO TOMÉ AND PRINCIPE	...	...	...	...	...	...
SENEGAL	3 136 500	9 259 450	317 575	517 614	29 611 100	4 105
SIERRA LEONE	350 000	2 184 250	17 000	...	1 299 000	...
SOMALIA	...	...	...	...	...	...
SOUTH AFRICA*	11 547 278	31 573 673	1 836 537	470 887	51 376 845	...
SUDAN	39 000 000	97 000 000	...	4 000 000	37 764 000	3 600 000
SWAZILAND	639 139	482 452	35 203	13 422	1 410 571	...
TANZANIA*	18 799 989	21 674 379	2 763 148	...	34 157 663	...
TOGO*	326 500	3 515 800	316 400	...	10 836 000	...
TUNISIA	694 280	8 797 230	...	187 805	28 068 700	23 549
UGANDA*	7 971 531	3 789 700	1 003 649	1 164	8 553 740	...
ZAMBIA	... 2 457 563	1 057 495	... 538 393	...	71 192 793...	...
ZIMBABWE	...	...	...	...	...	...

Total	>235 824 780	>586 369 553	>24 945 446	>16 314 691	>810115758	>11 398 247

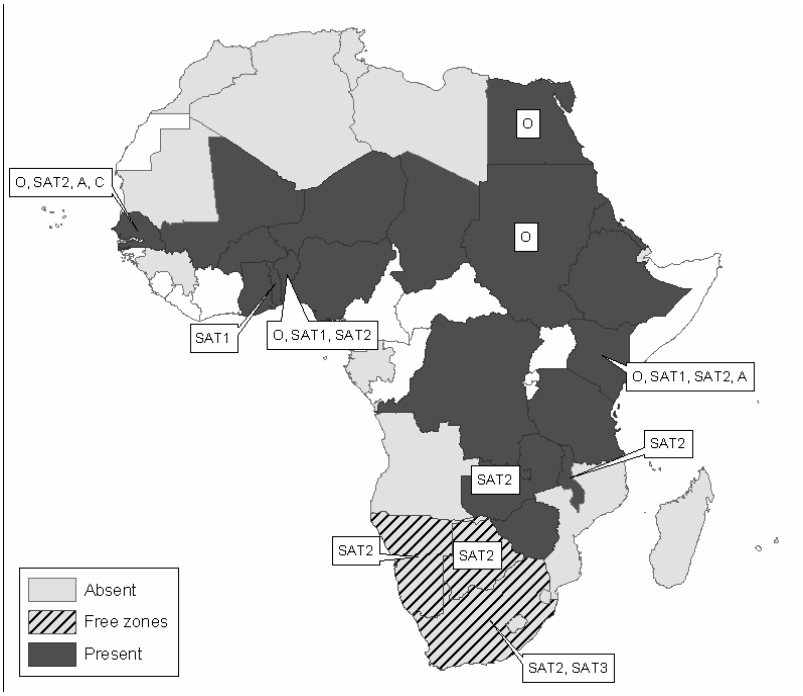
(*) Data completed with WAHID reports for 2007
(**) Data completed with WAHID reports for 2006
(…) No data available
> more than

204 Table 1 gives a quantitative overview of livestock populations in Africa. Compared to the figures presented at the OIE Regional Conference in 2006, the overall animal numbers remained similar in 2008, possibly due to the lack of regular censuses.

Foot and mouth disease

205. Out of the 7 foot and mouth disease (FMD) serotypes, 6 serotypes (A, O, C, SAT 1, SAT 2 and SAT 3) were reported in Africa in 2008. Exceptional epidemiological events related to FMD were notified mainly from the southern part of the continent, linked with SAT 2, and in north-eastern Africa, in Egypt, due to serotype O. Figure 1 below shows the distribution of FMD in Africa during 2008.

Figure 1. Distribution of FMD in Africa in 2008



Legend: presence is indicated in dark grey, absence in light grey; hatching denotes countries that received an official OIE recognition for FMD free zones and reported outbreaks in 2008; labels indicate the serotype(s).

206. Since 2005 there has been a decline in the reported number of outbreaks of FMD in countries of Africa (see Table 2 below). Data for 2008 have not been included because they are not yet complete. It is likely that these figures are related to a decrease of reporting outbreaks rather than a real decrease of the incidence of the disease.

Table 2. Number of new FMD outbreaks in Africa reported during the period 2005 to 2007

	005	006	007
No. of new outbreaks	01	68	68

207. In Benin, FMD is one of the major diseases in cattle; serotypes O, SAT 1 and SAT 2 have been reported. Eighteen outbreaks were recorded up to the end of November 2008. A higher incidence rate is usually observed in August and September. This seasonal effect could be due to the higher humidity levels during the rainy season and the gathering of animals after transhumance.

208. There is a control programme for FMD in Botswana including a contingency plan. The country is divided into FMD zones using cordon fences and natural barriers to facilitate control. Other control measures include vaccination with inactivated trivalent SAT 1, 2 and 3 vaccine in vaccination zones and movement control/restriction of cloven hoofed animals between zones. In 2008 three outbreaks occurred in vaccination zones and were controlled by movement control and vaccination, while a fourth outbreak (in Ghanzi district) occurred in the OIE-recognised free zone and was controlled by movement control and stamping out. A total of 1583 cattle were destroyed. Botswana Veterinary Services informed the OIE that, three months after the outbreak in the former free zone had been controlled and intensive surveillance had been performed, there was no evidence of the disease having spread to other parts of the district or to the rest of the country. Botswana applied for the International Committee of the OIE to reinstate the FMD free status without vaccination that existed before the Ghanzi outbreak. This was accepted last week by the OIE Scientific Commission for Animal Diseases.

209. FMD is present in several parts of Chad. Seventeen outbreaks occurred in 2008 in the regions of Logone Occidental, Hadjer El Hamis, Mandoul and Salamat.

210. In the Democratic Republic of Congo, FMD was confirmed in the province of Kivu in Minembwe.

211. Egypt notified two outbreaks of FMD due to serotype O in cattle, one in September 2007 and one in January 2008 through immediate notification. No follow-up reports have been received to update on the evolution of the epidemiological situation regarding this disease. In total 50 FMD cases were reported in 2008.

212. FMD is one of the main transboundary disease challenges in Kenya. The national prevalence rate is estimated to be 6% with high-risk provinces being Central and Rift Valley. Five serotypes are found in Kenya, namely O, A, C, SAT 1, and SAT 2. The most common serotype is O followed in decreasing order of frequency by SAT 2, SAT 1, A and very rarely C. Kenya has implemented an FMD surveillance and monitoring programme.

213. Malawi experienced a reoccurrence of FMD due to serotype SAT 2 in 2008 in two districts within Shire Valley of Southern Malawi bordering Mozambique. The date of previous occurrence of FMD was in 2003. The disease spread mostly due to uncontrolled livestock movement and the sharing of common grazing and watering points. The disease was controlled through movement restrictions, a ban on slaughtering, sanitary cordons and vaccination. A total of 80 959 cattle were vaccinated representing a 90% coverage. Laboratory serotyping confirmed the presence of SAT 2.

214. Namibia has experienced two recent FMD events. The first was reported in the Eastern Caprivi Region and started on 14 November 2007; the second was in Kavango Region and started on 28 July 2008. Both events were due to SAT 2 serotype. New clinical cases continue to be detected (but remain confined to these two areas) despite vaccination and movement control, an indication that the vaccine strain may not give adequate protection against the field strain.

215. FMD is endemic in Senegal. Seventy-five outbreaks were reported in 2008 and the following serotypes were isolated: A, O, C and SAT 2. By the end of 2008, 6 802 cattle included in artificial insemination programmes had been vaccinated against FMD using a trivalent vaccine (A, O and SAT 2).

216. FMD is endemic in Sudan and is reported almost every year during the cool months. In 2008, 10 outbreaks were reported: three in Gadarif (Eastern Sudan), one in Khartoum, one in Gezira (Central Sudan), two in Eldamer, two in Shendi and one in Atbara (northern Sudan).

217. South Africa reported an FMD outbreak due to SAT 3 in the Kruger National Park in May 2008 and an outbreak due to SAT 2 in the Mpumalanga region in June.

218. In May 2008, the OIE International Committee adopted Resolution No. XVIII Recognition of the FMD Status of Members. Table 3 is based on information contained in the Resolution and lists Members in Africa with an officially recognised FMD free status.

Table 3. OIE Members in Africa with an officially recognised FMD free status, listed by status

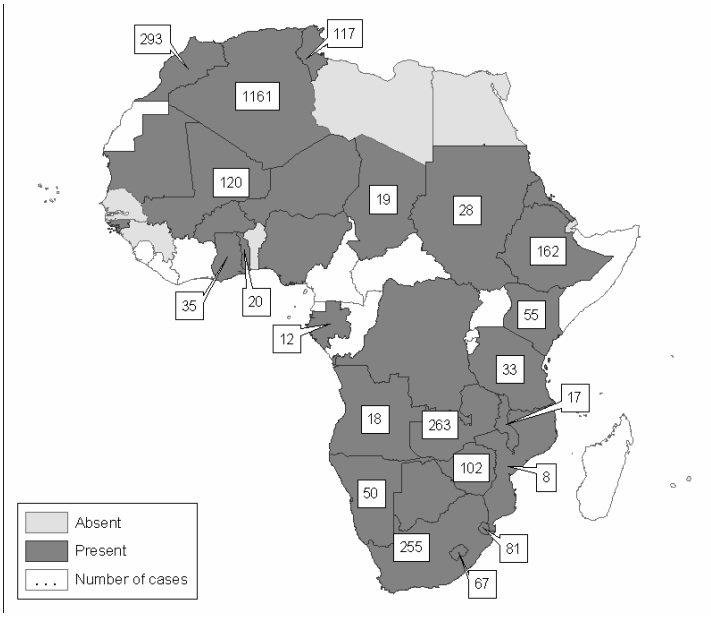
Members recognised as FMD free where vaccination is not practised	Members having an FMD free zone where vaccination is not practised
Madagascar Mauritius	Botswana* Namibia South Africa

*: status suspended with effect from 27 October 2008 following the outbreak of FMD reported in the northern part of veterinary control zone 12, in the Kuke extension area of Ghanzi district and reinstated during the last SCAD meeting in February 2009.

Rabies

219. Rabies is caused by a neurotropic virus of the genus *Lyssavirus* of the family Rhabdoviridae, and is transmissible to all mammals. In Africa, approximately 2600 new outbreaks of rabies in animals were reported to the OIE in 2007 alone. Although the data for 2008 are still incomplete, 27 countries have already reported the occurrence of rabies. Figure 2 shows the distribution of rabies in Africa in 2008.

Figure 2. Occurrence of rabies in Africa in 2008



Legend: presence is indicated in dark grey, absence in light grey, the numbers indicate animal cases.

220. Algeria reports the disease to be endemic with 1161 declared cases in 2008 in dogs, cats, cattle, sheep, goats, Equidae and wildlife species. In the past year 35 267 animals (dogs, cats and cattle) were vaccinated.

221. Rabies is endemic in Botswana. All suspected cases must be reported to the nearest veterinary office as soon as possible. All susceptible animals that die after having shown nervous clinical signs are routinely tested for rabies. In 2008, 138 specimens were tested for rabies and 112 were positive. The disease is controlled by compulsory annual vaccination of dogs and cats free of charge.

222. In the Democratic Republic of the Congo several dog biting incidents followed by the death of the human victims were reported in several parts of the country. Rabies was confirmed by laboratory analysis.

223. In Chad rabies is endemic. Despite regular vaccination campaigns of dogs and cats since 2002 the municipality of N'Djamena reported 12 cases in 2008.

224. Ghana reports the disease to be endemic. Most reported cases have been from the central and southern epidemiological zone, especially in the Ashanti and Greater Accra Regions. The policy is regular immunisation and certification of dogs, as well as the destruction of stray animals. However, the latter measure is rarely implemented due to constraints at the district level. Rabies vaccination coverage is low. By the end of September 2008, 58 032 dogs, 4 110 cats and 101 other pets had been vaccinated against the disease despite an estimated pet population of 650 000.

225. Rabies is endemic in Lesotho and there were 67 cases in animals (mainly dogs and cattle) in 2008; 1 638 animals were vaccinated against rabies in the outbreak areas. Countrywide, only 15 294 dogs and cats were vaccinated, giving a coverage of 10%.

226. In Malawi, the disease is endemic throughout the country with canine rabies being the main source of infection in humans. A total of 15 cases in animals (canine, feline, caprine, ovine, bovine, jackal and hyena) and 2 human cases were reported in six districts of the country in 2008. Control consists chiefly of vaccination and the destruction of stray dogs and cats.

227. Morocco reported 293 cases (involving several species) in 40 provinces.

228. Nigeria reported four rabies cases in cattle in June 2008. Vaccination was applied in response to the outbreaks.

229. Sudan has indicated that although rabies continues to be a serious public health hazard in the country, only one laboratory-confirmed case of rabies was recorded and 306 dogs were vaccinated. Several non-confirmed laboratory cases in sheep and goat were also reported in April 2008.

230. In Swaziland rabies occurrence has changed in recent years from a few sporadic cases to occurrences throughout the year. The annual incidence of the disease has risen from fewer than 10 cases to approximately 100 cases. Dogs used to be the only affected species but they now account for only 60% of all confirmed cases. Rabies is a notifiable disease and routine compulsory vaccination of dogs with inactivated tissue culture vaccine is the control measure used. The control programme is, however, frustrated by the lack of visible identification of vaccinated dogs as well as inadequate government resources, especially transport. In the event of an outbreak, a tie-up order is enforced with subsequent vaccination within the designated rabies guard area and destruction of inadequately confined dogs.

231. The major concern with rabies is clearly its zoonotic potential. Between 2006 and 2007, 26 African countries reported human cases of rabies to the OIE, with an average of 2000 cases per year. This would appear to underestimate the actual figure in view of the World Health Organization (WHO) estimate of 55 000 human deaths each year worldwide.

232. Vaccination of domestic animals (mostly dogs) and wildlife has proved effective in several countries. Vaccination efforts need to be coupled with control of stray dogs. Other key factors are to raise public awareness and to promote responsible ownership.

233. Prevention of rabies must be a joint effort involving both the Veterinary Services and the Public Health Services. Rabies elimination efforts that focus on mass vaccination of dogs and the reduction of stray dogs especially in cities and peri-urban areas are financially justified by the future savings that can be made by discontinuing post-exposure preventive treatment for humans and by reducing the financial losses incurred as a result of cases in livestock.

234. Rabies cases often occur in clusters. There is nevertheless evidence that, occasionally, the disease can be transmitted over long distances, even to other continents, through the illegal transport of pet animals or as a result of tourists becoming infected while visiting countries that are affected. Strengthening control programme through increased vaccination of pet animals together with a reinforcement of veterinary inspections at border posts would help reduce the number of fatalities.

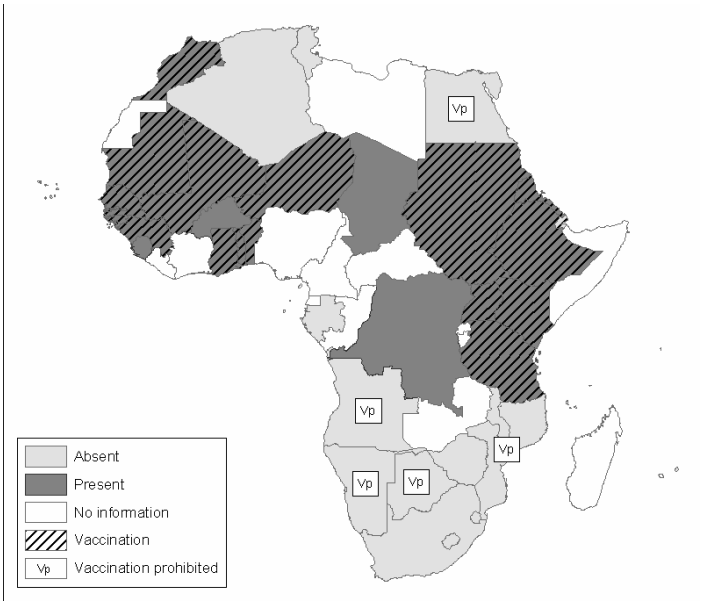
Peste des petits ruminants

235. Peste des petits ruminants **(**PPR) is an acute contagious viral disease of goats and sheep with a high mortality rate.

236. The number of newly reported outbreaks of PPR in Africa has remained constant since 2005: on average there are 400 new outbreaks per year. However, the distribution of the disease is changing in Africa (see Figure 3). In recent years, the disease has been moving towards the south-east, affecting Kenya (laboratory confirmation in 2006), Uganda (in 2007) and, two month ago, Tanzania. In 2008, Niger notified the reoccurrence of the disease, the first occurrence since 2003. It has also affected the north of the continent, with the first occurrence of PPR in Morocco. The event started on 12 June 2008 and the first laboratory confirmation was obtained on 18 July 2008 by the National Laboratory, Biopharma using the ELISA (enzyme-linked immunosorbent assay) test. The OIE Reference Laboratory for PPR, CIRAD, Montpellier, France, confirmed the diagnosis and identified the causal agent to be PPR virus - lineage IV. This lineage is present in the Middle East and is not an African lineage. The disease caused 4 939 cases in sheep and 694 in goats in 257 farms in 36 provinces. The average morbidity rate was 11.93% and the mortality rate 5.53%. The following control measures were applied by the Veterinary Services: partial stamping out, quarantine, screening, disinfection of affected premises and vaccination in response to an outbreak (at the beginning of the event) followed by vaccination of the entire sheep and goat population (20.6 million animals were vaccinated, representing a coverage of 92%). No new outbreaks have been reported since 5 November 2008 and this first occurrence was declared resolved on 27 January 2009. It should be noted that the disease was not immediately identified because of its initially mild clinical picture, which led to its being confused with other diseases known to be present, such as bluetongue. The Middle Eastern origin of this lineage IV and its initially mild clinical picture in Morocco should prompt

other North African countries to conduct active surveillance and sero-monitoring for the disease so as to be able to rule out its presence.

Figure 3. PRR distribution in Africa in 2008



Legend: presence is indicated in dark grey, absence in light grey; hatching denotes countries that practise vaccination; Vp indicates that vaccination is prohibited in the country.

237. In Benin, PPR is the main disease of small ruminants. It is endemic in the entire country and 77 outbreaks were reported in 2008. Although outbreaks are recorded throughout the entire year, the months of March and October were those with the higher number of reported cases in 2008.

238. In the Democratic Republic of the Congo, PPR was identified in Kalemie (in the Katanga province).

239. PPR is covered by the epidemiological surveillance network in Chad. Four outbreaks with 61 deaths were reported in sheep and goats in 2008, in the regions of Mandoul, Chari Baguirmi, Hadjer El Hamis and Wadi Fira.

240. The disease is endemic in Ghana. A “Jubilee year” free vaccination of sheep and goats using homologous vaccine imported from Cameroun was carried out starting in April 2008. As of September, a total of 912 241 sheep and goats had been vaccinated.

241. In Guinea, PPR is endemic. Control measures are partial stamping out and, at the request of the owner, vaccination. Private distributors are in charge of importing and dispatching the vaccines.

242. The disease was first reported in Kenya in August 2006. Since then it has spread to 16 other districts covering the entire Northern part of the country. Through surveillance, the country has been zoned into infected and ‘clean’ districts with a buffer in between. In 2008, a total of 10 500 000 sheep and goats were vaccinated in the infected and buffer areas. Vaccination is still ongoing to clear pockets of infection. A five year programme has been put in place that will involve annual vaccination, movement control and surveillance targeted to eradicate the disease by 2012. All new vaccinations will target newly born and introduced animals.

243. During 2008, 973 PPR cases were reported in Senegal. There is a national annual vaccination campaign which enabled 1.2 million sheep and goats to be vaccinated in 2008, with a coverage of 13%.

244. PPR is a recent epidemiological event in Sierra Leone. The source of infection seems to have been the purchase of small ruminants from neighbouring countries. The Veterinary Services were not involved in these transactions. The control measures to prevent the spread of PPR to areas currently uninfected include monitoring and control of livestock movements and a surveillance plan. At present, the Veterinary Services are stockpiling the vaccine.

245. In Sudan, the first occurrence of PPR was in February 1971. In 2008, 22 outbreaks were recorded and 1 671 694 sheep and goats were vaccinated against the disease.

246. Tanzania notified an outbreak of PPR that started on 9 December 2008 in the Arusha region. Out of 2 652 goat and sheep sera tested for antibodies, 28% were positive. PPR virus was isolated from blood and tissue samples. In view of the fact that the disease was reported and confirmed in Kenya in 2006, it seems likely that it entered Tanzania from Kenya, given the extensive livestock movements along the border between the two countries. The disease is spreading through livestock movements, and restrictions on livestock movements have been instituted. Vaccination plans are underway.

247. Due to the high mortality rate of PPR and the fact that it affects sheep and goats, this disease has a major economic impact due to losses incurred as a result of reduced agricultural production and international trade restrictions. For this reason the disease situation is being closely monitored by several countries, which have a clear vaccination policy depending on their animal health status (see Table 4).

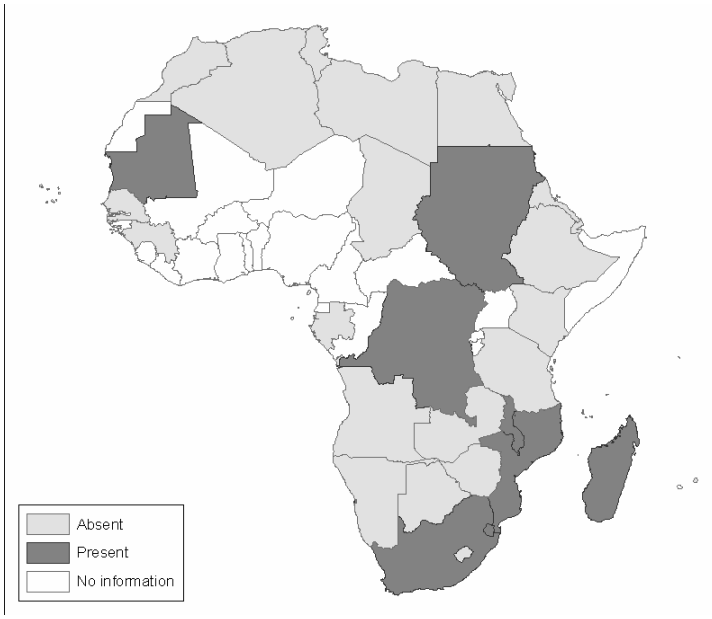
Table 4. Vaccination policy in African countries according to their PPR status

Presence of PPR and vaccination performed	Absence of PPR and vaccination performed	Absence of PPR and vaccination prohibited (Vp)
Benin	Djibouti	Angola
Eritrea		Botswana
Ethiopia		Egypt
Gambia		Mozambique
Ghana		Namibia
Guinea		
Guinea-Bissau		
Kenya		
Mali		
Mauritania		
Morocco		
Niger		
Senegal		
Sudan		
Tanzania		
Togo		
Uganda		

Rift Valley fever

248. Rift Valley fever (RVF) is a peracute or acute zoonotic disease of domestic ruminants in Africa. It is caused by a single serotype of a mosquito-borne bunyavirus of the genus *Phlebovirus*. The disease is most severe in sheep, goats and cattle, in which it produces abortions in pregnant animals and a high mortality rate in newborns. Humans are susceptible to infection through contact with infected material or by mosquito bites. Figure 4 and 5 shows repetitively the distribution of RVF and outbreak locations reported through immediate notification and follow-up reports in 2008.

Figure 4. RVF distribution in Africa in 2008

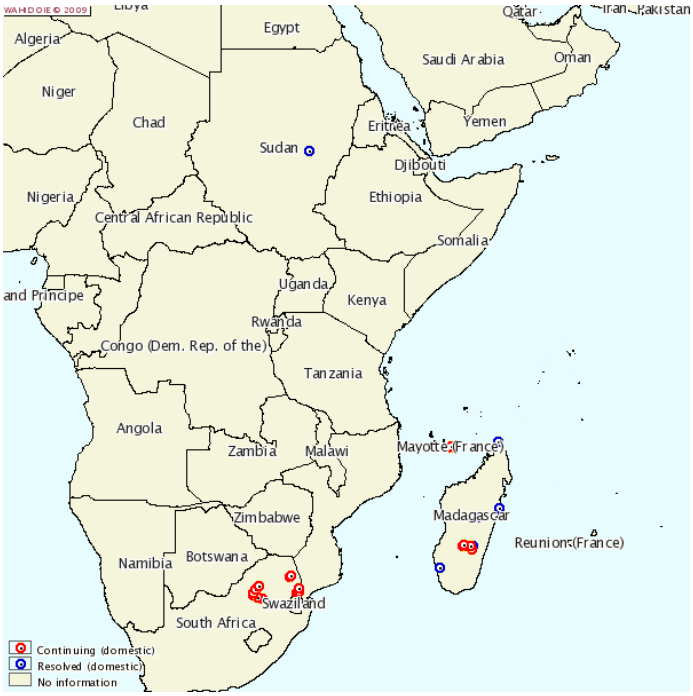


Legend: presence is indicated in dark grey, absence in light grey.

249. In the Democratic Republic of the Congo a new outbreak was detected in Mutokoyi, in the Kasaï-Oriental region. The introduction of the virus is likely to have been due to cattle movement from Kamina (province of Katanga).

250. In 2008 Madagascar reported 18 outbreaks of RFV involving at least 24 cases in cattle. These outbreaks were divided into two main waves of epidemics: during the first wave (February to April 2008) the disease was reported throughout the country but during the second wave (November to December 2008) the disease was limited to the Haute Matsiatra region. Currently all the outbreaks that started between February and April have been resolved whereas the event in Haute Matsiatra is still unresolved. No new outbreaks have been reported since 13 December 2008.

Figure 5. Location of RVF outbreaks in 2008



251. Mayotte (France) reported the occurrence of two outbreak of RVF in March and July 2008 which involved 16 cases in sheep and goats. The event is still unresolved.

252. Between January and April 2008 South Africa reported 13 outbreaks of RVF in the provinces of Gauteng, Limpopo, Mpumalanga and North West Province. There were 342 cases, mainly involving cattle, sheep and goats. More than 3000 animals were vaccinated in response to the outbreaks.

253. In October 2007, an RVF outbreak (involving 110 susceptible cattle and 400 susceptible sheep) started in Sudan in the White Nile region. From 1 June to the end of August 2008, surveillance was performed in 15 states of the country. The team collected 3 993 serum samples. Samples were randomly selected in accordance with OIE guidelines. Samples were tested for RVF IgG using ELISA; 3 878 animals tested negative for RVF IgG whereas 112 tested positive. (The positive animals had been vaccinated between 19 November and 21 December 2007 using an inactivated RVF vaccine.) Three samples were rejected. Clinical surveillance was conducted in the central states (White Nile, Sinnar and Gezira States) from 14 to 21 September 2008 to assess the disease situation. Six clinical surveillance teams covered the targeted areas considered to be at risk. The teams did not report any clinical signs indicative of RVF in the herds examined and the owners were interviewed. A total of 45 678 animals were clinically examined in 95 locations in 18 localities within the three states covered to make sure that no signs of RVF disease were present. Animal owners were asked if they had seen any signs of abortion among their herds or any deaths of newborn animals. Entomological surveillance took place simultaneously with clinical surveillance and showed no abnormal insect prevalence. Based on serological, clinical, climatic and entomological surveillance conducted in the country and with reference to Article 8.12.3. of the *Terrestrial Animal Health Code*, the Delegate of Sudan declared his country free from RVF disease in his Follow-up Report No. 4 dated 14 November 2008.

254. Swaziland reported an RVF outbreak, which occurred in Hhohho in June 2008 (23 cases in a farm with 170 dairy cattle all of which had been vaccinated for RVF); in August 2008 a second outbreak occurred in a neighbouring farm within the surveillance zone (8 cases in cattle in a wildlife reserve farm). The outbreaks were declared resolved on 15 September 2008, after 233 bovine and caprine serum samples had been screened for RVF with negative results on IgM ELISA. People with influenza-like symptoms were also screened but showed negative results.

255. Table 5 below shows countries that have had human cases and fatalities due to RVF. The data are derived from the OIE annual reports for 2006 and 2007. WHO reported human cases of RVF in Somalia in 2006/2007, in Madagascar in 2008 (59 human cases confirmed by laboratory investigation) and in Sudan in 2008 (as of 15 January 2008, a total of 689 cases, including 222 deaths); however, these cases were not reported to the OIE in the annual report on Human zoonosis for 2007.

Table 5. Human cases and deaths in Africa related to RVF reported to the OIE in 2006 and 2007

	2006		2007	
	Human cases	Human deaths	Human cases	Human deaths
Kenya	…	…	+	+
South Africa	+	+	0	0
Tanzania	…	…	309	140

…: no data provided; +: positive occurrence but no quantitative data provided

Highly pathogenic avian influenza

256. There has been a significant decrease in the reported outbreaks of highly pathogenic avian influenza (HPAI) in affected countries in Africa: from the 1181 outbreaks reported in 2006, the number decreased to 411 in 2007 and currently stands at 110 for 2008 (though the data for 2008 are not yet complete). All the reported outbreaks in 2008 were due to the H5N1 serotype (see Figure 6).

257. Algeria has been conducting active surveillance of poultry and domestic birds since 2005. Since then, 6 343 samples have been tested and no outbreaks have been declared to date.

258. In November and December 2007 Benin experienced five outbreaks due to H5N1 in the regions of Adjara, Akpro-Misserete, Cotonou, Dangbo and Porto Novo. These outbreaks were declared resolved in May 2008. The Veterinary Services have control plans for HPAI which include the development of collaboration with neighbouring countries, strengthening of surveillance capabilities, strengthening of surveillance at border posts and in poultry markets, and the organisation of stakeholders in the poultry sector.

259. The Veterinary Services in Chad have been checking the HPAI situation in the country since 2006. No outbreaks were reported during the reporting period. The Government has adopted the following measures aimed at preventing the introduction of HPAI: ban on importing live birds; creation of an inter-ministerial committee on HPAI prevention; setting up of a focal point within the Veterinary Services for better linkage with other ministries.

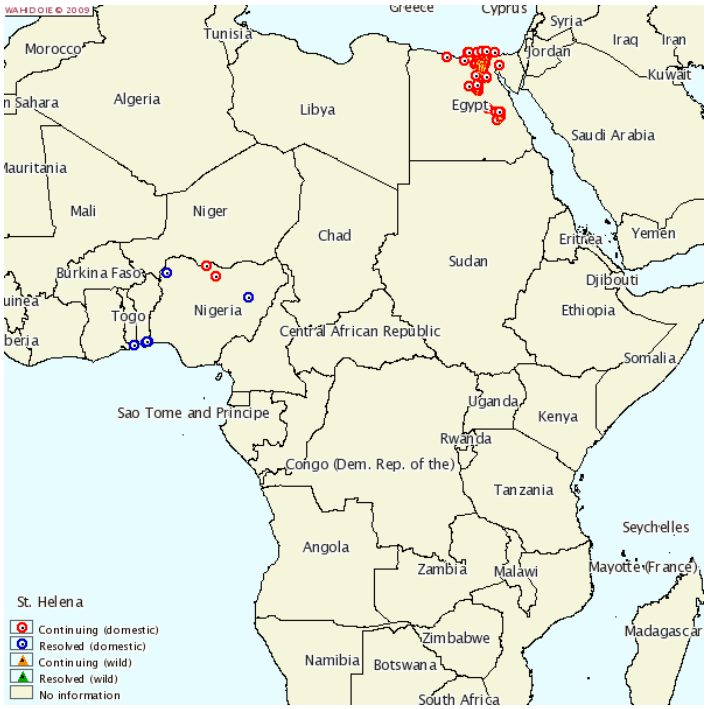
260. The number of new HPAI outbreaks per year in Egypt has fallen significantly since the disease was introduced in 2006. There were 1 003 outbreaks in 2006, 301 new outbreaks in 2007 and 110 new outbreaks during the first half of 2008. The Veterinary Services have vaccinated more than 50 million birds. In the follow-up report submitted to the OIE on 7 July 2008, Egypt stated that it considered the disease to be endemic and would therefore report it using the six-monthly reports.

261. As a measure to improve the early warning system, the Veterinary Services of Ghana organised active surveillance for avian influenza. The aim was to provide evidence for the presence or absence of avian influenza infection and disease in the country. A total of 2 221 samples, including backyard poultry, commercial chicken and wild birds were collected from all over the country and analysed: all of the samples tested negative.

262. Nigeria reported to the OIE two new outbreaks due to H5N1in the regions of Kebbi (in June) and Gombe (in July); these outbreaks were immediately resolved. Two other outbreaks due to the same serotype occurred in the northern part of the country in July 2008 in Kano and Katsina. These outbreaks are still unresolved.

263. Togo reported one outbreak due to H5N1 which started in September 2008 in the Maritime Region. The outbreak was resolved in January 2009.

Figure 6. Outbreaks of HPAI between February 2008 and February 2009



Newcastle disease

264. Newcastle disease (NCD) is present in most of Sub-Saharan Africa and is a major problem for villagers because of the high mortality it causes in backyard poultry. It also constitutes a major problem for the poultry industry and to its establishment in certain regions. Figure 7 shows the distribution of NCD in Africa in 2008.

Figure 7. Distribution of NCD in Africa in 2008

Legend: presence is indicated in dark grey, absence in light grey; hatching denotes countries that practise vaccination.

265. African countries that reported vaccination against NCD as part of their policy to control the disease are: Benin, Botswana, Burkina Faso, Congo (Dem. Rep of), Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Malawi, Mali, Morocco, Mozambique, Senegal, South Africa, Sudan, Swaziland, Togo, Tunisia, Zambia and Zimbabwe.

266. Benin reported that Newcastle disease is present throughout the entire country and causes high mortality in village poultry. The evolution of the disease is being constantly monitored by the Veterinary Services. A total of 12 115 cases were reported between January and November 2008. There are currently several projects for training and employing local technicians to carry out field vaccinations for NCD.

267. In Botswana there is an active serological surveillance system carried out annually in ostriches to test for the presence or absence of NCD virus. In 2008, 374 samples were tested for both NCD and avian influenza from a population of 1800 ostriches countrywide and all were negative. In addition to this, all poultry submitted for post-mortem examination for other diseases are also tested for NCD; in 2008, 1 387 samples were tested, one of which was positive for NCD.

268. Chad indicates that NCD is endemic. The disease is reported to be especially present in the southern parts of the country with a higher incidence between October and February.

269. NCD has been reported in almost all the provinces of the Democratic Republic of the Congo. However, regular vaccination programmes are foreseen.

270. In Ghana, there has been a gradual increase in the number of poultry samples submitted to the laboratory for various tests, suggesting a gradual pick up of activities in the poultry sector. Out of 3788 poultry on which a post mortem investigation was conducted, 114 cases of NCD were detected.

271. Kenya reported one outbreak of NCD in February 2008 in the Rift Valley. The country applies vaccination and uses live attenuated vaccines produced by the Kenya Veterinary Vaccine Production Institute.

272. In Lesotho, NCD continues to be a major impediment to the growth of the traditional poultry sector. Four outbreaks were reported, with a total 6247 birds at risk, 86 cases and 80 deaths, with 4 birds being destroyed. Over 7389 birds were vaccinated, mainly in the backyard and semi-commercial sectors.

273. Senegal reported one outbreak of NCD in March 2008 in the region of Fatick. By the end of 2008, 150 000 birds had been vaccinated against NCD.

274. Based on clinical findings, one outbreak (1000 cases) was reported in Sudan.

Epizootic ulcerative syndrome

275. Epizootic ulcerative syndrome (EUS) is an infection with an oomycete known as Aphanomyces invadans or A. piscicida. EUS causes disease and mortality in farmed and wild fish.

276. In Botswana, fish with clinical signs similar to those of EUS were found in various locations within the Chobe-Zambezi river system in December 2006. Subclinical infection was confirmed in 2007. The Chobe-Zambezi river system is shared between many countries, namely Angola, Botswana, Malawi, Mozambique, Namibia and Zambia.

277. Namibia reported the first occurrence of the disease in 2006 in the Caprivi region which is crossed by the Chobe-Zambezi river. In 2008, two surveys were made in the months of April and June; 18 172 samples of indigenous freshwater fish were collected and analysed and 6 positive EUS cases were identified.

278. This is the first time that the presence of this disease has been confirmed in Africa.

Contingency plans and simulation exercises

279. In 2007 and 2008, the OIE received a total of 31 notifications of simulation exercises performed by OIE Members worldwide. None was received from an African country despite the fact that simulation exercises were undertaken in certain countries of the region, as stated in their reports submitted in preparation for the Regional Conference. Algeria has notified the OIE the organisation of a simulation exercise on HPAI in 2006. Thus, Ghana undertook a table-top simulation exercise in August 2008 on preparedness and response for avian and human pandemic influenza, Mali performed a civilian and military simulation of human cases of avian influenza of animal origin, and Tunisia ran a simulation exercise on avian influenza in May 2008.

280. The OIE has also asked Members to share their contingency plans by posting them on the OIE Web site. The OIE renews its request to Members of the Africa Region to send their contingency plans to the OIE if they are in one of the OIE's official languages.

281. Algeria has developed a contingency plan for HPAI.

282. In Benin there is a network for epidemiological surveillance (RESUREP) which involves stakeholders in the agricultural sector as well as the official authorities for the most common diseases in the country.

283. The Veterinary Services of Botswana have a contingency plan for FMD and HPAI. The plan contains elements essential for the control of both diseases, which include a full description of the nature of disease and the relevant risk analysis and prevention strategies. The plan also includes provision for early warning, strategies for control and eradication of FMD and prevention of HPAI, organisational arrangements for FMD emergencies, and support plans for financial resources, legislation, communication strategy, information flow, etc.

284. Burkina Faso has prepared a contingency plan for avian influenza detailing emergency actions, epidemiological surveillance, control measures, and a communication strategy for all stakeholders.

285. In Egypt, the disease contingency plans are being updated to accommodate changes in Egyptian policies regarding the importation of animals and animal products. The policy for disease contingency plans comprises: a) fast eradication, while limiting the economic impact, using strategies including the following: quarantine, sanitary disposal of animals subjected to stamping out and contaminated animal products, in order to reduce the source of infection; b) quarantine and movement controls on animals and animal products to prevent spread of infection; c) decontamination of facilities, products and tools to eliminate the virus; d) tracing and surveillance to determine the source and extent of infection; and e) application of control measures for infected farms.

286. Eritrea has collected funds to raise the existing level of emergency preparedness. In the event of outbreaks, teams are established and are sent to different zones to conduct a survey of existing arrangements for an emergency response. A separate team for surveillance and emergency response has been established for HPAI.

287. Gambia has an Emergency Preparedness Plan for rinderpest as well as a Comprehensive National Action Plan for avian and human influenza. The rinderpest plan focuses on enhancing early warning and response capabilities to respond adequately to any suspected outbreak of the disease. The country has also set up a National Animal Disease Emergency Committee to be fully responsible for the coordination and implementation of all activities relating to the control of rinderpest and other transboundary animal diseases. The rinderpest plan concludes with a plan of actions stating the roles and responsibilities of all relevant stakeholders from higher government authorities to the livestock owners. The avian influenza plan is both an operational planning document and a capacity building 'action plan' with specific resource requirements. It includes sections on risk analysis, roles and responsibilities, and the coordination structure for avian influenza.

288. Guinea-Bissau has contingency plans for rinderpest, African swine fever and NCD. These plans detail the respective roles of the Government, the national steering committee and the national technical committee, and the emergency measures to be taken and the financial cover for compensation schemes.

289. Lesotho's contingency plans include the Avian Influenza National Contingency Plan, which has recently undergone a review, and an FMD plan which was drafted in order to implement general surveillance with a view to applying for official recognition of FMD freedom.

290. In Malawi there is an established contingency plan with a specific strategy for the control of FMD. Emphasis is on emergency vaccination to fight outbreaks, early detection and reporting, and zoning. There is an Animal Health Committee as well as an FMD Technical Committee. Malawi also has a preparedness plan for HPAI, which includes: training of 1000 Animal Health Surveillance Assistants in the recognition of and response to HPAI, participation in a regional desk-top simulation exercise held in Zambia, preparation of a national and regional field simulation exercise to be conducted in the first quarter of 2009, and participation in, and/or implementation of, a number of regional and national projects on HPAI.

291. In Mali, the national Veterinary Services and Public Health Services are preparing a national contingency plan for a human influenza pandemic originating from birds. The objective is to provide the country with the appropriate tools to deal with any such pandemic. There is also a contingency plan that addresses avian influenza in birds with the aim of reducing poverty and ensuring food safety by protecting the country's poultry flocks.

292. Morocco has contingency plans for FMD, avian influenza, bluetongue and African horse sickness. These plans detail the steps to be followed, starting from suspicion up to regaining control of the situation. Moreover, a major contingency plan is being prepared for PPR.

293. Mauritania has contingency plans for contagious bovine pleuropneumonia, RVF (including monitoring of sentinel herds) and provides follow-up for other diseases.

294. In Namibia, the Veterinary Services have contingency plans for FMD, bovine spongiform encephalopathy and avian influenza. The salient features covered in the contingency plans include: the disease setting; the legal basis; financial matters; command and control structures; personnel requirements including establishment of expert teams; inventory of equipment required; instructions and standard operating procedures; laboratory diagnosis, including arrangements with reference laboratories; communication, awareness and training programmes; action plans; and contact details. For other important diseases, such as African swine fever, anthrax, rabies, Newcastle disease, and sheep scab, the Directorate of Veterinary Services has developed surveillance protocols that are used by veterinary staff in the execution of their duties.

295. The Veterinary Services of Niger have a contingency plan for avian influenza. Its objective is to protect the population, the national poultry industry and biodiversity. Its strategic components are: communication on the disease, epidemiological surveillance, preparedness for suspected cases in animals or humans and the countermeasures to be applied if any suspicion is confirmed.

296. Senegal has contingency plans for rinderpest, contagious bovine pleuropneumonia and avian influenza. In the event of an epizootic, provisions are made for stamping out coupled with financial compensation schemes for farmers.

297. Sierra Leone is working with donors on the Support Programme for Integrated National Action Plans (SPINAP). Implementation of the project is due to start in February 2009.

298. In Tanzania, contingency plans are in place for PPR, RVF and HPAI. These plans cover issues such as public awareness, active surveillance backed up by laboratory diagnosis, restriction on livestock movements, and vaccination schemes.

299. Tunisia has a generic contingency plan for all animal diseases and specific plans for avian influenza and PPR.

Submission of six-monthly reports for 2008

300. OIE Members are required to provide the OIE with immediate notifications and follow-up reports whenever appropriate, as well as six-monthly reports and annual reports documenting the evolution of their sanitary status. The map below summarises the current situation regarding the six-monthly reports already submitted by OIE Members in Africa for 2008 (Figure 8).

Figure 8. Members of the OIE Regional Commission for Africa that have submitted one or both of their six-monthly reports for 2008 to the OIE (as of 10 February 2009)

Legend: in light grey, only first six-monthly report for 2008 submitted; in dark grey, both six-monthly reports for 2008 submitted.

Discussions

301. The Session Chairman congratulated Dr Karim Ben Jebara on his clear and informative presentation and invited comments from the floor.

302. The delegate from Niger criticized the way in which animal densities were presented, arguing that these calculations lead to biased outputs in (arid) countries where only a small portion of the countries' territory is actually inhabited.

303. On the issue of FMD, he pleaded for enhanced investigations on the 7 serotypes that can theoretically be encountered, so that appropriate vaccination programmes could be implemented.

304. On rabies, he argued that the best way to deal with this disease would be to inform and sensitise both the general public and the public authorities in view of population control measures and vaccination campaigns in dogs.

305. On PPR, he mentioned that vaccination monitoring show that only a very low percentage of sensitive animals are vaccinated every year.

306. On Rift Valley Fever, pointed out the necessity of information and sensitization campaigns addressed to specific at risk target population to adopt appropriate prevention measures.

307. The delegate from Mozambique wondered how the maps shown by the presenter listed Mozambique as being affected by RVF while Mozambique did not report the disease.

308. The delegate from Malawi stated that as far as rabies is concerned, this is a genuine worry for the region. Vaccination only covers approximately 10% of the dog population and additional efforts are needed. Malawi is working on an improved mass vaccination campaign strategy, in line with the World rabies day (WRD) guidelines. In conclusion, he wondered whether there were any data available on the sylvatic cycle of rabies, involving wildlife reservoirs, such as e.g. hyenas.

309. On the issue of PPR, he asked what the appropriate response by member countries should be, especially those, as Malawi, immediately threatened by the recent introduction of PPR in Tanzania, and what vaccination options are currently recommended.

310. On epizootic ulcerative syndrome (EUS), the delegate wondered whether OIE had any indication on the possible source of this infection.

311. Responding to the maps and slides presented, the delegate from Algeria, for the record, stated that Newcastle disease vaccination is indeed applied in Algeria, that a joint animal-human health emergency preparedness plan (EPP) for HPAI has been adopted and that 2 simulation exercices have been conducted, one of which was reported to the OIE. He concluded in stating that the predictive study model, presented by Dr Ben Jebara, is extremely encouraging and that it should be communicated to threatened countries to guide them in their endeavors to prepare (better) EPP's.

312. The delegate from Zimbabwe asked whether OIE had any information on the failure to control and eradicate HPAI from Egypt, even while applying vaccination.

313. In his response, Dr K. Ben Jebara stated that Niger's density data were produced based on data provided by Niger itself. While he acknowledged that OIE has to seek a consensus between reliable and detailed data-sets on the one hand and the work-load involved in providing these data, he pointed out that Niger has the possibility to provide data-sets based on lower administrative levels.

314. Regarding the FMD situation, he pointed out that FAO, through the GF-TAD's programme encourages and supports any investigations into the serotyping of circulating FMD viruses.

315. The data presented on RVF in Mozambique were extracted from Mozambique's own six monthly reports.

316. In reply on Malawi's question regarding the sylvatic cycle of rabies, he announced the development of ' WAHIS – Wild' which will specifically look at issues of wildlife surveillance and disease reporting, while today this issue is only dealt with through the annual questionnaire. He pointed out that reporting on these disease events in wildlife will have to be dealt with, with much caution, giving the example of the recent reporting on a rabies-infected fox in Morocco.

317. Dr Ben Jebara answered the Delegate from Algeria that the information on simulation exercises will be checked and amended.

318. On the HPAI situation in Egypt, Dr. Ben Jebara answered that the matter is very complex and multi-facetted, with epidemiological features involving social and cultural factors including close interaction between man, domestic animals and wild birds, stressing the fact that the overall response started very late and that early warning systems therefore are of paramount importance.

Update on the activities of the OIE Terrestrial Animal Health Standards Commission

319. The Chairman, Dr Adam Hassan, invited Dr Stuart K. Hargreaves, Representative of the OIE Code Commission, to present an Update on the activities of the OIE Terrestrial Animal Health Standards Commission.

320. Dr Hargreaves started his presentation mentioning that there are a number of issues that are of importance to Africa which are being addressed in the Terrestrial Animal Health Standards Commission. Changes to the Code continue to be made based on science, and delegates, especially from Africa, are encouraged to make comments to proposed changes.

321. He remarked that progress continues to be made in placing commodities that are safe to trade, regardless of the status of the country, zone or compartment, in the front of each chapter of the Code.

322. He commented that the outcome of the Ad Hoc Group to investigate the implementation of safe commodities was disappointing in that it did not give clear recommendations as to the safety of deboned, matured pH-tested bovine meat, regardless of the FMD status of the country/zone from which the cattle originated and regardless of whether the cattle were vaccinated against FMD or not. The Code Commission has recommended that the OIE commission expert studies to verify the science to confirm the safety of this commodity.

323. Dr Hargreaves informed that the Code Commission has stated that careful examination of the science shows that maintenance of the 30 month age restriction on muscle meat for the safety of BSE, is unwarranted. The Regional Commission for Africa must continue to strive to remove this 30 month age barrier, which is currently restricting trade of bovine muscle meat from Africa.

324. He also explained that the Animal Health Surveillance Chapter 1.4, now contains the need for surveillance in wildlife species to indicate freedom from a particular disease, if wildlife is susceptible to that disease. However, the discovery of infection in wildlife may not change the disease status of a country, such as is done with avian influenza in wild birds. Wildlife issues are becoming increasingly important, and this trend requires careful monitoring by Africa which has an abundance of wildlife.

325. He commented that with climatic and environmental changes, and widespread movement of animals and people, historical freedom is less reliable, and this could have an effect on many African countries. Historical freedom has been removed from the CSF chapter. The removal of this status for particular diseases in the future must be closely monitored.

326. He mentioned that the Code Commission will present for comments a clean chapter on Stray Dog Population Control. This should be of interest to Africa, and delegates are advised to take note of it.

327. To conclude Dr Hargreaves said that the definitions of buffer zone and surveillance zone, which were limited to the FMD, AHS and bluetongue chapters, are to be replaced by the term protection zone which will have the same definition as the previous buffer zone.

Discussions

328. The Delegate of South Africa referred to the proposed changes on the denomination of “buffer zone” which would be replaced by “protection zone”. He reminded participants that during the last General Session in May 2008, there was some discussion on the term “high surveillance zone” , which was not included within the Code. Based on current discussions, the concept of buffer zone will disappear, therefore he expressed concern regarding the application procedure when applying for a free zone or when reconfirming an already recognized status. He wondered whether countries should just replace the term “buffer zone” by “protection zone”, or whether this change would bring different requirements.

329. He also asked more clarifications on the differentiation between the definitions of wildlife and domestic populations for certain diseases, as well as the differentiation between poultry and pet birds in relation to the risk of transmission of some diseases, such as AI and others.

330. Dr Modisane also pointed out that there are several countries in which vaccination against Equine Viral Arteritis is not practiced and where their equine population is naïve and highly susceptible, representing a high risk in relation to trade, and this matter needs to be taken into consideration by the Code Commission.

331. The Delegate of Malawi expressed his concerns regarding surveillance in wildlife as per the new trends of the OIE. He stated that sylvatic rabies and FMD in buffalo are difficult issues to be addressed by some African countries. He stated that more expertise is necessary in Africa to handle this problem, and reminded participants of one of the conclusions from the meeting held in Arusha, Tanzania in August 2007 regarding management of TADs including wildlife. He finally proposed that this subject be discussed during the Conference for Deans of Veterinary Schools that OIE will organize in October 2009 in view of inclusion of this subject within the curricula of Veterinary Schools.

332. The Delegate of Uganda also stated that surveillance in wildlife is a big challenge for Veterinary Services, considering that in several countries, wildlife issues are under the responsibility of different Authorities, other than Veterinary Services. He underlined that a strong recommendation should be drafted to clearly define roles and responsibilities of different areas in each country in relation to wildlife issues, as well as to support Veterinary Services in this field.

333. The Delegate of Niger referred to the importance of meat trade for his country, and pointed out that all issues of concern within the Code should be further discussed. In respect of RVF he requested whether the Code, in describing the disease, could be more specific to better explain the transmission of the disease by mosquitoes.

334. The Delegate of Mauritania suggested that a common regional position for Africa on changes proposed to OIE standards should be sought. It should be implemented through the establishment of a group of experts from the region to discuss different proposals on issues of concern for African countries. This common position should be shared and discussed with all African countries in order to reach a common position. He stressed that OIE Delegates, besides the necessary science-based approach for justifying changes to OIE standards, also have a political role to play, mainly during the General Session, to defend the interests of their countries.

335. Dr Hargreaves clarified the point raised by South Africa by explaining that the concept of “protection zone” within the Code was incorporated in order to solve some problems and differences that exist today between interpretation and implementation of “buffer zone” and “surveillance zone”.

336. In reference to the definitions of wildlife and domestic population, specifically for avian influenza, Dr Hargreaves pointed out that the definition of poultry as stated within the Code is satisfactory and there is no intention to be revised.

337. While answering the point regarding trade of horses and the risk of spreading Equine Viral Arteritis, Dr Hargreaves agreed that it should be addressed by the OIE Scientific Commission for Animal Diseases (SCAD).

338. In reference to wildlife and its necessary surveillance for certain diseases, Dr Hargreaves stressed that this should not become a new barrier to trade. In order to avoid this it is necessary to have regional experts which should deal with this matter, and he agreed that its inclusion in the Veterinary Curricula should be encouraged.

339. Dr Hargreaves concluded by agreeing with the proposal made by Mauritania, on the necessity to discuss a Regional Common position for establishing or modifying OIE standards. This could be addressed through regional organizations, such as AU-IBAR, and with the support of OIE Regional Offices.

Presentation of the Representative from the Food and Agriculture Organization from the United Nations (FAO)

340. Dr Domenech explained that the FAO and the OIE continue the implementation of their joint GF-TADs initiative, both at international and regional levels. He informed participants that a framework of complementarities and synergies between both organizations has been developed, defining fields of exclusive and overlapping competencies. Activities related to the control of major animal diseases have been supported with the vision of preparing global strategies under the GF-TADs umbrella. He mentioned that diseases which are specifically addressed include avian influenza, rinderpest (Global Rinderpest Eradication Programme – GREP), FMD (global initiative following a similar roadmap to the one applied for rinderpest, regional approaches with preparation of regional strategies, global conference in Asunción, Paraguay in June 2009), RVF (which has to be focus of specific control measures), PPR (disease extending into northern, southern and eastern Africa, as well as to the Middle East). Other

diseases could be important and be addressed in future through the GF-TADs programme, i.e. certain vector borne diseases (West Nile Virus, Bluetongue), African Swine Fever (outbreaks in Eastern Europe and the Caucasus), and Porcine Reproductive and Respiratory Syndrome (PRRS – new pathology in China as well as increasing in South East Asia).

341. Dr Domenech pointed out that the context in which the FAO and the OIE are extending their activities, is in agreement with the concept of One World – One Health (OWOH) which rests on lessons learnt from the 5 year-long inter-sectoral fight against H5N1-type avian influenza. He stated that global objectives, vision, principles, and specific objectives have been studied and presented within an "OWOH" strategic document, which has been prepared by the technical agencies FAO, OIE, WHO, UNICEF, the inter-agency coordination from UNSIC, and the World Bank. He commented that this strategy has been discussed during the 6th AHI inter-ministerial meeting in October 2008 in Sharm El Sheick, Egypt. He further informed participants that a technical meeting will take place in Winnipeg, Canada, in March 2009 and a new (7th) inter-ministerial meeting will be held in Vietnam in March 2010. The OWOH strategy addresses disease approaches, included within the supporting mechanisms to animal and human health systems, included in a broader context of food safety, rural development and people's lifestyles. Transversal approaches, suitable for most diseases, are prioritized (epidemio-surveillance, bio-security, socio-economic aspects, communication, public-private partnerships trade, etc.).

342. Dr Domenech noted that more explanation needs to be given to countries to facilitate countries gaining ownership of the philosophy and that some operational modalities are still pending, as well as solutions that allow increased inter-sectoral collaboration between animal health, human health, wildlife, ecology and environment. These collaborations are well developed at international level, but are still deemed insufficient at national level.

343. He highlighted the fact efforts made over these last 2 years have enabled FAO and OIE to continue the establishment and institutional consolidation of a certain number of tools, such as the GLEWS platform (Global Early Warning System FAO-OIE-WHO), the Crisis Management Centre (CMC – FAO, OIE), OFFLU (OIE-FAO network of AI reference laboratories), the Regional Animal Health Centres, the regional networks on epidemio-surveillance, laboratories and socio-economics, and the ALive platform (African Livestock)

Discussions

344. The delegate from Rwanda thanked Dr Domenech for his presentation, but objected to the map on the distribution of FMD in Africa, which lists Rwanda as being infected. He informed participants that FAO funded a TCP project on FMD during 2001 and 2002. The last case of FMD was reported in 2003, and since then no new cases have been reported. A stamping out policy is applied.

345. The delegate from Niger thanked Dr Domenech and went on to enquire about the current status of TAD-info implementation in countries.

346. The delegate from Malawi raised the issue of the recent spread of PPR to Tanzania and the inherent risk this poses for its neighbouring country, Malawi and appealed to the FAO to investigate the possibilities of offering assistance to Malawi to counter the further dissemination of this virus.

347. The delegate from Kenya, on the same subject, wondered whether there is an explanation on why certain African countries are reporting PPR outbreaks at this moment and not before.

348. Finally, the Director – General of the OIE enquired about FAO's approach to avoid competition or duplication between the TAD-info software and the WAHIS online reporting system.

349. Dr. Joseph Domenech, in his response, clarified that Rwanda's inclusion in the list is based on the outcomes of the GF-TAD's meeting on FMD that was held recently in Nairobi, Kenya. Notwithstanding this, he promised to look into the matter.

350. Regarding TAD-info, he pointed out that the deployment of TAD-info in countries is subject to certain conditions, i.e. training of staff and maintenance of the system. He informed the Delegate of Niger on the installation of TADinfo by explaining that training on managing of the respective software, as well as on its application within countries would be carried out before the installation of the system. He stressed that this training is crucial for the proper operation of the system, considering the important turn over of staff in several countries. He added that FAO pursues the development of the package, created 15 years ago.

The situation in Africa however, is slightly different from that in other continents, as both AU-IBAR and SADC have developed their own information management systems. This has led to a more cautious implementation of TAD-info in Africa. It would seem that there is now a renewed interest in the use of TAD-info, but further discussions between AU-IBAR, OIE and FAO are necessary for the implementation of the system, as well as for the development of an interface with WAHIS that allows automatic transmission of relevant information as established in WAHIS, in order to avoid duplication of data – entry, thus answering Dr. Vallat's concerns.

351. Regarding the PPR situation in east and southern Africa, he agreed that we need a global initiative on PPR, with specific regional strategies for the African continent. FAO is working on such strategies. Dr Domenech stated that biological factors as well as the epidemiology of the disease, and lack of proper reaction, has allowed PPR to reach Kenya, as well as other countries. Some clinical reports suggest that PPR might have been introduced in east Africa no less than 15 years ago.

Presentation of the Representative from the European Commission (EC)

352. The EC Delegation congratulated the OIE on the success of this 18th Conference, which is very appropriately held in Chad, on of the major livestock producing countries in Africa. Mr. Trellu informed participants of the long-standing cooperation between the European Commission and the OIE, both within the European Union and in Africa. He referred to the issues of poverty reduction, trade and the One World One Health approach on which OIE and the Commission are well aligned. In the past 30 countries in sub-saharan Africa benefited from the EC-funded PARC and later the PACE programmes. Today, the Commission is deeply involved in the fight against HPAI, through the AU-IBAR-coordinated SPINAP-AHI programme, covering 47 countries in Africa. In Chad, the Commission funds a € 4 million project on HPAI, which is implemented by the FAO and the Government of Chad. In addition several poverty-reduction programmes incorporate animal health and production issues, such as e.g. the project on improved beef production and export opportunities.

Presentation of the Representative from AU-IBAR

353. Dr. El-Sawalhy gave a brief overview of AU-IBAR's mandate and key thrust areas, amongst them: animal health. He singled out the key achievements of on-going projects in animal health and sanitary and phyto-sanitary (SPS) measures, for most of which the OIE is a collaborating partner. The Support Programme to Integrated National Action Plans for Avian and Human Influenza (SPINAP-AHI) and the project regarding AI financed by the AfDB have the common objective of building capacity to control and prevent avian and human influenza. Weak coordination of HPAI activities among different actors, leading to duplication, confusion and loss of synergy was cited as a major challenge to the control and prevention of HPAI on the continent.

354. He mentioned that through the Somali Ecosystem Rinderpest Eradication Coordination Unit (SERECU) project phase II, IBAR is collaborating with OIE and FAO-GREP to ensure verification and accreditation of rinderpest freedom for the Somali ecosystem countries and the rest of Africa by 2010. The Somali Livestock Certification Project (SOLICEP), implemented in partnership with FAO aims to improve the export performance of the livestock sub-sector in Somalia and the adjacent countries.

355. Dr El Sawalhi noted that the programme on Participation of African Nations in Sanitary and Phytosanitary Standard Setting Organizations (PAN-SPSO) aims to facilitate the effective participation of 47 ACP countries in the activities of the OIE, the IPPC, the Codex Alimentarius Commission and the WTO-SPS committee during the formulation of international standards. The project is pioneering the use of RECs in implementing/ coordinating regional activities. It is anticipated that OIE will provide technical guidance and participate in training activities. In this regard, IBAR intends to host a 3-day workshop on animal health issues in Nairobi during the last week of April 2009.

356. He concluded by stating that AU-IBAR is committed to strengthen its ties with the OIE, FAO and other like-minded partners in the area of animal health, especially through the RAHCs, ALive, GF-TADs and specific animal disease prevention, control and eradication programmes.

357. AU-IBAR will invite to a meeting the Ministers of Livestock as well as the OIE Delegates.

Discussions

358. A representative from FAO commented that the bridging period between SERECU Phase I and II was covered by the financial support from FAO-GREP and AU-IBAR. FAO-GREP is also providing technical and financial support to other African countries which have to finalise OIE procedures for recognition of Rinderpest free status.

Presentation of Representatives from International and Regional Organizations

SADC

359. The Delegate of South Africa, country currently chairing SADC, presented on behalf of this organisation a request to the OIE Regional Commission of Africa to support an argument which they would like to present to the Scientific Commission the objective of which is to enable improved international market access for beef originating from Southern Africa without increasing the risk of spreading foot and mouth disease (FMD) The intention is to argue for changes to Chapter 8.5 (FMD) of the Terrestrial Animal Health Code (TAHC) making it possible to prove absence of SAT serotypes of FMD virus from livestock populations without the FMD status of the wildlife population (in particular African buffalo) being an impediment to the process. The basis of the proposal is the same as that adopted for avian influenza in the TAHC (Chapter 10.4 – in which HPAI & LPAI are delinked).

360. The request is based on the challenges which include and are not limited to:

- African buffalo are long-term maintenance hosts of SAT-types of FMD viruses in southern Africa but seldom if ever show obvious clinical signs of the disease
- Only rarely are these viruses transmitted from buffalo to cattle or other domestic animals
- Domestic livestock can be maintained free from FMD in areas where buffalo occur – done for many years in southern Africa
- Access of beef to regulated markets is difficult for many localities because buffalo are not free from FMD
- Numbers & distribution of buffalo will increase in future due to the establishment of TFCAs – a development problem.

361. The Director General has proposed that this request be presented to the OIE Code Commission. Such a proposition was accepted by Dr Hargreaves, member of the OIE Code Commission.

362. The meeting was also informed of the application by South Africa on behalf of the University of Pretoria to be recognized as a collaborating center for training in integrated livestock and wild life Health Management. This centre will be supported by a consortium of partners which include the Onderstepoort Veterinary Institute (OVI), Institute of Tropical Medicine (Antwerp), University of Pretoria (centre fpr wildlife Studies, National Institute for communicable diseases and the National Department of Agriculture. This application was approved by the Regional Commission.

363. Finally the Commission endorsed the Recommendations made by the Seminar on “Re-emergence of RVF in Southern Africa: how to better predict and respond” held in Bloemfontein, South Africa, from 16 to 18 February 2009.

CEBEVIRHA

364. Dr Fio Ngaindiro commented that CEBEVIRHA was created by Heads of State on December 18, 1987 in N’Djamena, with the aim of promote the harmonized development of livestock and fish sector, to improve the transformation process of products and to increase the commercial exchanges of cattle, meat and fishing resources, in order to satisfy increased needs of the populations as regards to animal protein supply.

365. He noted that while passing from the UDEAC to the CEMAC, this institutional evolution has brought an significant improvement of the work conditions of the personnel involved. The work environment was improved by construction of common HQs building.

366. In the field of livestock production, he remarked the implementation of the Passport for cattle and the International Certificate of Transhumance, as well as the realization of the studies on: marketing of bovine and bovine meat, the cartography of the bovine breeds and the support to the study for creation of a slaughter-house coupled with a private initiative.

367. Dr Ngaindiro noted on the field of animal health the study on animal Trypanosomoses and their vectors; the support to Member States in the field of the epidemio-surveillance and the fight against Avian Influenza and other diseases.

368. In the training area, he remarked the following institutions : « Ecole Inter-Etat de Médecine vétérinaire de N'GOUNDERE » in Cameroon, « Centre Multi-média d'appui au développement rural de BOUAR en RCA » and « Centre communautaire de pêche dans l'île d'Annobon ».

369. In reference to the collaboration with International organizations, the CEBEVIRHA signed cooperation agreements with FAO, OIE, UNDP, CIRAD, ONUDI, INFO-PECHE, CTA, IBAR, the Alive platform, Global Water Partnership (GWP-AC), ECA, APESS, CBLT, Afristat, etc.

370. Dr Ngaindiro while referring for the prospects indicated that the CEBEVIRHA, within the framework of the institutional reform of the CEMAC was retained as Executing Agency of the third pillar of the Regional Economic program (REP): Livestock and Fish.

371. He finally remarked that the CEBEVIRHA waits from OIE, a support for the transformation of the six orientation strategic notes conceived within the framework of Alive into program and development projects, as well as a support in the development of a sub-regional policy as regards to livestock.

372. He conclude by requesting the OIE the establishment of a Regional Animal Health Centre for Central Africa.

The Commission of the WAEMU (UEMOA)

373. Dr. Daré, on behalf of his institution, the UEMOA, briefly reminded participants that it is a regional economic community with eight member countries: Benin, Burkina Faso, Cote d'Ivoire, Guinea Bissau, Mali, Niger, Senegal and Togo. Its headquarters is situated in Ouagadougou.

374. He went on to underline that several of the technical issues dealt with by the OIE are of great interest for the UEMOA. He specifically mentioned the veterinary Committee of the UEMOA, which as of its first meeting, held in August 2007 in Ouagadougou, recommended Member States to engage in the process of evaluation of their Veterinary services through the PVS tool. To date, 8 countries of the UEMOA were evaluated and the reports are available. The second phase of the process, that of the gap analysis is on track. With regard to the reform of community veterinary pharmaceutical legislation, the UEMOA has been accompanied by OIE since starting the process in 1999, in particular with regard to the contacts established with the French National Agency for Veterinary medicinal products (ANMV/AFSSA), an OIE Collaborating Center. Today, all the tools required for the implementation of the reform are established : the Veterinary Committee, the Regional Committee for Veterinary medicinal products, the network of quality control laboratories for veterinary medicinal products. It is expected that the Commission of the UEMOA will deliver its the first regional marketing license for veterinary medicinal products (regional AMM) during the first half of 2009. Dr Daré continued by declaring that in the area of control of veterinary epidemio-surveillance, the UEMOA wishes enter a new phase of co-operation with the OIE. Indeed, at the time of the sanitary crisis's related to bird flu in Benin in 2007 and in Togo in 2008, the Veterinary Committee was entrusted by the UEMOA Commission to conduct an evaluation mission in order to provide support to these two countries.

GALVmed

375. More than 600 million people earning less than USD$1 a day depend on livestock for food, trade and investment. Livestock-related activities contribute 61 percent of Gross Domestic Product (GDP) in sub-Saharan Africa. For most smallholder farmers in Africa and South Asia, livestock represent the only asset that can be converted into cash –a truly indispensable source of economic opportunity.

376. Sadly, it is widely reported that preventable diseases kill 25 percent of livestock herds in Africa and South Asia –and lower the productivity or value of millions of more animals –every year. Unfortunately, access to affordable and genuine animal health medicines has been in steady decline for more than 30 years. In isolated areas, and most regions of Africa, poor farmers have limited access to vaccines and medicines because they are often expensive and difficult to administer.

377. GALVmed, or the Global Alliance for Livestock Veterinary Medicines, is a not-for-profit global alliance working with key partners to make a sustainable difference in access to animal health medicines for poor livestock keepers, focusing initially on neglected diseases, for which the pharmaceutical industry is not interested due to the fact that they are not considered as profitable. GALVmed seeks to protect livestock and save human lives by:

- Developing, registering and launching several vaccines, pharmaceutical and diagnostic products over the next 10 years.
- Partnering with organisations in developing countries to ensure sustainable research, production and delivery of new products to poor livestock keepers.
- Educating stakeholders on the links between livestock and poverty and the role of livestock health in achieving the Millennium Development Goal of eradicating extreme poverty and hunger.
- Facilitating dialogue and collaboration in research efforts for new livestock vaccines, medicines and diagnostic systems.

378. GALVmed is focusing on 14 diseases that are of relevance to livestock owners in the developing world. Projects are currently running for 4 of these diseases, namely Rift Valley Fever, Newcastle disease, porcine cysiticercosis and East coast fever (ECF).

379. Good progress has been made with the Infection and treatment method of vaccination for ECF (ITM-ECF) based on the Muguga cocktail, for which the vaccine has been unavailable for more than 10 years. GALVmed has facilitated and funded a process by which key stakeholders have been involved in the production and delivery of this vaccine to all poor livestock keepers. Under this process a registration dossier and a batch of more than 850000 doses have been generated. An African institution, CTTBD in Malawi, has been identified as the manufacturer and distributors have been selected.

Discussions

380. The representative of the field veterinary services of Zimbabwe pointed out the need for human vaccines to protect risk groups against some zoonoses. She expressed her concern mainly regarding rabies and RVF for which there is no readily available human vaccine, recognized by the WHO. Currently used accredited RVF human vaccines can be extremely costly (up to 15,000 USD per doses).

381. She wondered whether WHO could address this problem as well as whether the OIE or FAO could make an appeal to WHO on this subject.

382. Dr Baptiste Dungu (GALV-Med) explained that developing human vaccines which could be used in many countries is not difficult. He mentioned that the RVF vaccine produced by OVI in South Africa is effective, even though it is not registered by the WHO.

383. He agreed with the proposal from Zimbabwe that the OIE could approach WHO for addressing this problem.

384. Dr Vallat referred to RVF vaccines for animals, which currently are produced in two countries, namely Egypt and South Africa. Such vaccines are working effectively.

385. Regarding RVF vaccines for humans he stated that production of vaccines for human use, complying with all quality-requirement is evidently very costly, but that some countries are using vaccines, which may not be registered by the WHO, but which are used since a very long time and nevertheless less costly and very effective. He felt that at the end of the day, the use of accredited or non-accredited vaccines is essentially a political decision, based on risk evaluation, taken by individual countries.

386. On the issue of rabies vaccines, Dr B. Vallat mentioned that there are currently some vaccines that are produced using rabbits and which are less expensive (but slightly less safe) than vaccines produced using cell cultures. The OIE therefore does not recommend the use of rabbit-based rabies vaccines. He

suggested that the OIE could assist in some kind of advocacy amongst major vaccine producing multinationals to improve the situation regarding availability of safe and effective rabies vaccines for developing countries, as they did for some humans drugs.

387. He also pointed out that the recommended OIE policy on rabies, which is based, amongst others, on efficient control of stray dogs, could help prevent human cases. Dr Vallat added that during the next General Session in May 2009, new standards on controlling stray dog populations will be presented to OIE members for adoption.

BAGHARA FARM

388. As a preliminary information on the professional and cultural visit organised for Wednesday, a presentation of the dairy farm which would be visited was made by representatives of the firm Baghara. The objective of the company is to contribute to food security through the improvement of milk production in Chad. They showed the organisation of the Baghara Project, including installation of new dairy facilities, as well as cross-breeding for genetic improvement.

Date, venue and Agenda of the 19th Conference of the OIE Regional Commission for Africa

389. The dates of the Conference will be decided during the Regional Commission meeting to be held during the General Session in May 2009. This conference will be fixed in last week of February 2011.

390. The president of the Commission asked Delegates present if any of their countries wished to host the 19th Conference of the OIE regional Commission for Africa.

391. The Delegate of Rwanda expressed the wish of his country to host the Conference.

392. The proposal of Rwanda was supported by Uganda, Malawi, Kenya and Sudan.

393. This proposal was unanimously accepted.

Selection of the technical item with questionnaire for the 19th Conference of the OIE Regional Commission for Africa

394. As usual, two technical items will be discussed in the 19th Conference. One technical item will include the response of Members of the OIE Regional Commission for Africa to a questionnaire that will be prepared on the specific subject. This item will be decided during the next meeting of the Regional Commission during OIE General Session in Paris in May 2009. The other technical item will deal with a subject of current interest that will be proposed by the Regional Commission during the meeting of the Region during the General Session preceding the Conference, in May 2010. This Item will not include a questionnaire.

395. The first proposals expressed by Delegates were the following:

396. Niger: “FMD”.

397. Sudan: “Livestock census as an essential tool for planning and implementing animal health and disease control programmes in Africa”.

398. Chad: “Main camel diseases prevention and control”.

399. The final decision for this technical item (which includes a questionnaire) will be made in May 2009 during the Regional Commission meeting in Paris.

Plenary discussions of draft Recommendations Nos 1 and 2

400. Draft Recommendations Nos 1 and 2 on the two technical items of the Conference were presented to the participants and put forward for discussion. Both draft Recommendations were presented for adoption at the Thursday session with some minor amendments as per suggestions and discussions from participants.

Wednesday 25 February 2009

Professional and Cultural Visit

401. Participants and their guests highly appreciated the professional and cultural visit organised for the day by the host country to the Banghara dairy farm. Sincere thanks to the organisers for their kind hospitality were presented.

Thursday 26 February 2009

Adoption of final report and Recommendations

402. Dr Vallat explained the procedures to adopt the report of the Conference and the recommendations. Delegates are allowed to comment or make suggestions which are taken into account on the spot but additional comments on the report, received by 15 March 2009 at the OIE Central Bureau, will also be considered. However, the recommendations need to be adopted during the session and cannot be changed later on.

403. The report was adopted with a few minor amendments.

404. The two recommendations were adopted.

405. The traditional motion of thanks for the host country was read by the Vice President of the OIE Regional Commission for Africa.

Closing ceremony

406. The Vice-President of the Regional Commission for Africa, Dr Daouda Bangoura, thanked the host country, all participants and the OIE Secretariat for a most fruitful conference. He thought that the Conference agenda was relevant to the region and the social programme most enjoyable. He conveyed the gratitude of the Commission to the Government of Chad for supporting the Conference.

407. Dr Barry O'Neil, President of the OIE International Committee thanked all participants for their active participation. He expressed his sincere appreciation to the Secretariat of the host country and of the OIE for the excellent work carried out to ensure the success of the Conference.

408. Dr Bernard Vallat, OIE Director General stated that the Conference provided a good opportunity for Members of the region to raise issues of mutual interest but also those of concern. He noted that the technical presentations were of a very high level. He expressed his appreciation to the OIE Secretariat and other OIE staff from the Central Bureau for their active and fruitful participation. He remarked the excellent organisation and coordination of the Conference He invited all participants to be present in Rwanda for the next Regional Commission Conference. Dr Vallat thanked Dr Hassan Yacoub and his staff as well as the Government of Chad for their contribution in making the Conference a success.

409. Dr Hassan Yacoub, Delegate of Chad**,** thanked all participants including speakers, interpreters and the Secretarial staff of the OIE Representation and the OIE Central Bureau for making the Conference meaningful and interesting

410. Dr Hassan Yacoub officially declared the Conference closed at 11.30 a.m.

18th Conference of the OIE Regional Commission for Africa

N'Djamena (Chad) 22 – 26 February 2009

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Appendix II

18th Conference of the OIE Regional Commission for Africa
N'Djamena, Chad, 22-26 February 2009

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AGENDA

I. Challenges faced by African products of animal origin in accessing world markets (Technical Item I)

II. The impact of brucellosis on the economy and public health (Technical Item II)

III. Animal health situation in the Region in 2008

IV. Update on aquatic animal health activities of the OIE

V. Fifth OIE Strategic Plan and Strengthening of Veterinary Services in Africa

VI. Seminars on good governance of Veterinary Services and OIE Conference of Veterinary Medicinal Products in Africa

VII. Activities of the OIE Regional Representation for Africa and Sub-Regional Representation for SADC countries

VIII. GF-TADs for Africa / Alive

IX Presentations by international and regional organisations

X Other matters:

- Selection of the Technical Item with questionnaire for the 19th Conference of the OIE Regional Commission for Africa
- Date, venue and agenda for the 19th Conference of the OIE Regional Commission for Africa
- Miscellaneous

18th Conference of the OIE Regional Commission for Africa

N'Djamena, Chad, 22-26 February 2009

Timetable

Sunday 22 February 2008

16 h 00	Registration and distribution of documents

Monday 23 February 2008

08 h 30	Registration and distribution of documents (contd)
09 h 00	Opening ceremony Dr Adam Hassan Yacoub, OIE Delegate for Chad Dr Daouda Bangoura, Vice-President of the OIE Regional Commission for Africa Dr Abdoulaye Bouna Niang, OIE Regional Representative for Africa Dr Barry O'Neil, President of the OIE International Committee Dr Bernard Vallat, OIE Director General Le Général de Corps d'Armée, Mahamat Ali Abdallah Nassour, Minister of Livestock and Animal Resources of Chad H. E Youssouf Saleh Abbas, the Prime Minister, Head of the Gouvernement of Chad Photo of the Group
10 h 00	Break
10 h 30	Election of the Conference Committee (Chairperson, Vice-Chairpersons and Rapporteur General) Adoption of the Agenda and Timetable Election of Session Chairpersons and Rapporteurs for Technical Items and the presentation on Animal Health Situation of Member Coutries
10 h 50	Preparation of the 5th OIE Strategic Plan and strengthening the governance of animal health and Veterinary Services in Africa (Dr Bernard Vallat, OIE Director General)
11 h 50	Report on Activities of the OIE Regional Representation and the OIE Regional Commission for Africa (Dr Abdoulaye Bouna Niang, OIE Regional Representation)
12 h 20	Report on the Activities of the OIE Sub Regional Representation for SADC Member Countries (Dr Bonaventure Mtei, OIE Sub Regional Representation)
12 h 30	Lunch

14 h 30	**Technical Item I** Challenges faced by African products of animal origin in accessing world markets (Dr Gideon Brückner, OIE)
15 h 30	Discussions
16 h 00	Break (Preparation of Recommendation No. 1 by designated small group)
16 h 30	GF-TADs Programme for Africa (Dr Joseph Domenech, FAO)
16 h 50	Alive Platform (Representative of Alive Secretariat)
17 h 10	Update on developments in aquatic animal health (Pr. Eli Katunguka Rwakishaya, Representative of the Aquatic Commission)
19 h 30	Reception hosted by the Government of Chad at the Kempinski Hotel

Tuesday 24 February 2009

09 h 00	**Technical Item II:** The impact of brucellosis on the economy and public health (Professeur Justin Ayayi Akakpo, EISMV, Dakar)
10 h 00	Discussions
10 h 30	Break (Preparation of Recommendation No. 2 by designated small group)
11 h 00	Animal health situation of African Member Countries during 2008 (Dr Karim Ben Jebara, OIE)
12 h 00	Update on the activities of the OIE Terrestrial Animal Health Standards Commission (Dr Stuart K. Hargreaves, Representative of the OIE Code Commission)
12 h 30	Lunch
14 h 00	Presentation of the Representative from the Food and Agriculture Organization from the United Nations (FAO) (Dr Joseph Domenech, FAO)
14 h 20	Presentation of the Representative from the European Commission (EC)
14 h 40	Presentation of the Representative from AU-IBAR (Dr Ahmed El-Sawalhy)
15 h 00	Presentation of Representatives from International and Regional Organizations (SADC, ECOWAS, ADB, ILRI, GTZ, IFAH, WVA CEBEVIRHA, CILSS, WAEMU, GALVmed, APHIS-USDA, Bagara Farm)
16 h 30	Break
17 h 00	Date, venue and Agenda of the 19th Conference of the OIE Regional Commission for Africa
17 h 15	Selection of the technical item with questionnaire for the 19th Conference of the OIE Regional Commission for Africa
17 h 30	Discussions of Recommendations Nos 1 and 2
19 h 30	Reception hosted by the OIE at the Meridian Hotel

Wednesday 25 February 2009

Professional and cultural visit

Thursday 26 February 2009

09 h 00	Adoption of the draft Final Report and Recommendations
10 h 30	Break
11 h 00	Closing Ceremony

18TH CONFERENCE OF THE OIE REGIONAL COMMISSION FOR AFRICA
N'Djamena, Chad, 22 – 26 February 2009

Recommendation No. 1

Challenges faced by African products of animal origin in accessing world markets

CONSIDERING THAT:

1. Major trade sensitive animal diseases and zoonoses are endemic in almost all countries in Africa and thereby remaining a major impediment to food security and regional and global trade in animals and animal products

2. Risk factors for the spread and persistence of animal diseases such as transboundary and transhumance migratory practices and the role of wildlife acting as reservoirs of some of the major animal diseases, are inherent and unique to the African continent and create a permanent impediment to totally eradicate many diseases from the Continent

3. Many countries in Africa are experiencing severe infrastructural and resource limitations to effectively control animal diseases and are in need of a strong political commitment to establish good veterinary governance to move towards the national and regional control of animal diseases

4. The OIE was mandated by the World Trade Organization (WTO) to publish standards to avoid the introduction of pathogens via international trade in animals and animal products, while at the same time preventing countries from applying unjustified sanitary barriers

5. The standards developed by the OIE and contained in the OIE Codes and Manuals relate to both generic issues such as ethics in international trade and the quality of national Veterinary Services, and recommendations on specific OIE listed diseases to mitigate the risk of spreading transboundary animal diseases during export of live animals and products

6. The OIE standards are science-based and are developed by leading scientific experts and adopted and updated annually through a transparent and democratic decision-making process by all OIE Members

7. The OIE is actively promoting the application of trade facilitating measures such as zoning, compartmentalisation and trade in safe commodities to assist countries even where certain important animal diseases continue to exist or have become endemic, to still gain market access through the application of appropriate OIE standards

8. Importing countries require sanitary guarantees for both animal health and human health safety when considering the import of animals and animal products

9. Commercial standards, established by private companies without direct involvement of governments, are increasingly coming into play in international trade, and are of great concern for a majority of OIE Members

10. The OIE has developed a document on The role of Veterinary Services in food safety, the purpose of which is to provide guidance to OIE Members to the role and responsibilities of Veterinary Services in food safety, to assist them in meeting food safety objectives laid down in national legislation and the requirements of importing countries

THE OIE REGIONAL COMMISSION FOR AFRICA RECOMMENDS THAT:

1. The OIE continue to develop and update standards to enable importing countries to base their import conditions on OIE standards to minimise the need for additional risk analysis activities before authorising imports

2. The OIE continue to facilitate research to provide scientific justification for the further development and application of the concept of safe commodities for trade for appropriate animal and aquatic diseases complementary to the existing standards in the OIE Terrestrial and Aquatic Animal Health Codes

3. Members be encouraged not to base their import and export requirements solely on the systematic inactivation of pathogens in products and disregarding disease surveillance and other activities inherent to the delivery of good veterinary governance for the prevention and control of animal diseases

4. Members continue their efforts to incorporate food safety aspects that are linked to OIE standards and that the OIE simultaneously continue to pursue its coordination initiatives with Codex and the incorporation, into the Terrestrial and Aquatic Code, of appropriate issues related to the safety of food of animal origin for international trade

5. Countries in Africa be encouraged to develop and apply the concepts of zoning and compartmentalisation as a trade facilitating measure for animals and animal products from zones and compartments complying with OIE guidelines and recommendations on management and bio-security practices under the authority of the Veterinary Services

6. The OIE continue to encourage developing and in-transition countries to strengthen their Veterinary Services through the PVS evaluation, PVS Gap analysis and PVS follow up to add credibility to their trade negotiations and integrity to veterinary certificates accompanying consignments of animals and animal products intended for trade; The OIE will provide its permanent support to countries in collaboration with global partners such as FAO, regional partners such as AU-IBAR and RECs and donors representatives such as World Bank, European Commission and bilateral donors

7. Members be encouraged to actively support the activities and initiatives of OIE/FAO/AU-IBAR Regional Animal Health Centres to facilitate synergies and to avoid gaps to animal disease prevention and control policies in Africa

8. Members are encouraged to fully participate in OIE standard setting activities as well as SPS Committee meetings and to acquire the scientific support for contributing to the standard setting decision-making processes

9. The OIE, FAO and AU-IBAR continue to negotiate with African Governments and donors to support animal health activities to enable Members to move towards compliance with OIE standards

10. Members are encouraged to continue meeting their obligations on surveillance and reporting even for those diseases that are endemic and to share this information with other Members in their respective Regions

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(Adopted by the OIE Regional Commission for Africa on 26 February 2009)

18TH CONFERENCE OF THE OIE REGIONAL COMMISSION FOR AFRICA
N'Djamena, Chad, 22 – 26 February 2009

Recommendation No. 2

Impact of brucellosis on the livestock economy and public health in Africa

CONSIDERING THAT:

1. Livestock represents an important factor in the economy and livelihood of most African countries

2. Zoonotic animal diseases remain a serious obstacle to public health, to social and economic progress and food security in most African countries and especially those countries where appropriate prevention and control measures are not taken in time

3. Sanitary prevention and control measures against some zoonoses, including brucellosis, to mitigate risks to public health, are not always properly nor applied on time in several African countries

4. Effective collaboration between animal health and public health sectors in the spirit of "One World, one Health" (OWOH), both at national and regional levels, is an important factor for succeeding in controlling zoonoses

5. Good veterinary governance of Veterinary Services complying with global standards on quality allows effective detection and control of brucellosis at its sources, in the animal population thereby minimizing exposure to the human population

6. There is not yet sufficient, analysed information and analysis in most African countries on the economic and public health importance of brucellosis ;

7. Epidemiological surveillance for brucellosis, adapted to the specific characteristics and production systems enable African countries to know their sanitary situation as well as to exchange relevant epidemiological information through effective regional epidemio-surveillance networks

8. Sustainable surveillance networks and diagnostic capacity are crucial for achieving an effective prevention and control of the disease

9. Vaccination against brucellosis in relevant species for ensuring the necessary immunity of targeted animal population is not broadly applied nor consistently monitored in all African countries and available vaccines are not often adapted to African field constraints

10. Appropriate sanitary control measures against brucellosis, such as isolation and slaughter of infected animals are not consistently applied in all countries thereby avoiding the elimination of the disease from herds to prevent its spread to humans and to other animals

11. The implementation of permanent awareness campaigns and close collaboration between public health and animal health services will allow effective management of brucellosis risk

THE OIE REGIONAL COMMISSION FOR AFRICA RECOMMENDS THAT:

1. The OIE continues its support to Members for the strengthening of their Veterinary Services through the use of the OIE PVS Tool for the evaluation of Veterinary Services, the PVS Gap Analysis and follow up as well as their complementary supporting projects such as the sanitary legislation model and laboratory twining programme, for improving the control of brucellosis, as well as other zoonoses

2. With the support of relevant global and regional organisations, Member Countries establish at both regional and national levels, adequate cooperation mechanisms between the animal health and public health sectors, to improve the management of the disease at the animal-human interface by focusing on controll at the animal source

3. The OIE as well as other global and regional organisations encourage and support Member Countries to further develop research and studies to get a clearer understanding of the impact of brucellosis in animal and humans, both at public health level as well as on livestock production and to improve the vaccines including their thermostable property for their use in relevant species

4. Member Countries establish sustainable regional epidemio-surveillance networks, including relevant international and regional organisations, to have a better knowledge of the brucellosis sanitary situation of each country, as well as to share all relevant sanitary information between different countries

5. Member Countries continue to improve their national disease reporting systems to accomplish their obligation in notifying the occurrence of brucellosis to the OIE through WAHIS

6. Potential candidate laboratories be identified in Africa to enter into Twinning projects for brucellosis with existing OIE Reference Laboratories, to enlarge the availability of and access to expertise in the region to assist African countries for better preventing and controlling brucellosis

7. Governments be encouraged and sensitised to commit to support brucellosis prevention and control programmes in relevant species, by allocating necessary resources (financial, structural and human) which allow proper implementation of relevant preventive and controlling measures, including among others cooperation with farmers (including their financial contribution), massive vaccination of susceptible species, as well as culling of infected animals when possible

8. Member Countries with the support of relevant global and regional organisations implement awareness campaigns addressed to all sectors, including regional, national, municipal and field level, with the involvement of Ministries of Health and Veterinary Services with a specific focus on the importance of brucellosis for both animals and humans

9. The OIE continue establishing and publishing international standards for prevention and control of brucellosis in all susceptible animal species, as well as working together with relevant organisations such the FAO, WHO and Codex Alimentarius to assist its Members in mitigating brucellosis burden in public and animal health

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(Adopted by the OIE Regional Commission for Africa on 26 February 2009)

18th Conference of the OIE Regional Commission for Africa

Prevention and control measures against animal diseases must be developed in the region

PRESS RELEASE

Taking action for the empowerment of African countries

Participants to the 18th Conference of the OIE Regional Commission for Africa held in N'Djamena from 23 to 26 February 2009 recalled that african countries must implement early detection and rapid response mechanisms, for the prevention and control of animal diseases including zoonoses and appropriate food safety measures at all stages of animal production.

The OIE will continue to support Member Countries by strengthening their animal health systems through the evaluation of the compliance of national Veterinary Services with OIE standards on quality and support to the upgrading of those services.

Support is already provided on laboratory capacity through the OIE Twinning Initiative; potential candidate laboratories are identified in Africa for projects on prioritary diseases which will be twinned with existing OIE Reference Laboratories from other regions of the world. This twining programme allows among others direct exchanges of scientists from both twined laboratories and facilitates building and/or reinforcing Veterinary Scientific Community in African countries.

"It is important to convince developed countries - which made huge investments to become free of major infectious diseases, including zoonoses - that the best way to protect their disease free status is to help developing countries eradicate disease from their territory, thus stopping to be a reservoir for pathogens", Dr Vallat commented.

Restricted access to trade markets

Many trade sensitive animal diseases are endemic in a majority of African countries and constitute a major barrier to intra-regional and international trade of animal and animal products.

"Work is needed at all levels in most African countries to stop the progression of poverty because animal diseases are widespread, infect humans in the case of zoonoses and prevent African producers from accessing high value regional and world markets" Dr Vallat commented.

Brucellosis in Africa

An in depth analysis of the impact of the Brucellosis, a major zoonosis, in susceptible animals in the African continent has been discussed by the conference participants.

Brucellosis in Africa is a serious obstacle to livestock and rural economies with heavy repercussions on public health, food safety and food security, particularly affecting milk production, in the whole of the African continent, participants to the 18th OIE Regional Commission for Africa in N'Djamena, Chad warned.

"The prevention and control mechanisms that could help contain brucellosis, and in fact any other infectious animal disease, are often not yet properly nor timely applied in several African countries", OIE Director General Dr Bernard Vallat said.

The assessment points to different factors responsible for the incidence of brucellosis in both animals and humans. First vaccination, necessary for ensuring immunity of susceptible animal population, is not broadly applied nor consistently monitored in number of countries while available vaccines are not adapted to the use in tropical conditions. And in the case of brucellosis outbreaks, appropriate sanitary control measures are not always applied.

Inappropriate veterinary governance and lack of cooperation between livestock owners and veterinarians are often at the basis of the problem. “We must insist that good collaboration between veterinarians and cattle owners, is a key factor for success in controlling brucellosis”, Dr Abdoulaye Niang, President of the OIE Regional Representation for Africa, commented.

The Conference adopted two important recommendations which will be submitted for consideration and final adoption by all OIE Members at the next General Assembly of 172 OIE national Delegates, in May 2009 in Paris.

The Conference was kindly hosted by the Government of Chad. It was chaired by Dr Adam Hassan Yacoub OIE Delegate of Chad to the OIE with the support of the OIE Headquarters and the OIE Regional and Sub-Regional Representations for Africa.

MOTION OF THANKS

The President and the Members of the OIE Regional Commission for Africa, the Director General of the OIE, the President of the OIE International Committee, members of delegations, country representatives, representatives of international and regional organisations and observers, express their gratitude to his Excellency Mr IDRISS DEBY ITNO, President of the Republic, to the Government and to the People of Chad, the Host Country of the 18th Conference of the OIE Regional Commission, held from 22 to 26 February 2009, for the warm welcome accorded to the participants, for all facilities made available to them during their stay in N'Djamena and for the excellent organisation of the conference.