



Organisation  
Mondiale  
de la Santé  
Animale

World  
Organisation  
for Animal  
Health

Organización  
Mundial  
de Sanidad  
Animal

19th Conference of the  
OIE Regional Commission for Africa  
Kigali, Rwanda, 14-18 February 2011

**FINAL REPORT**



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## List of Abbreviations

AAHSC	Aquatic Animal Health Standards Commission
AGRIMET	Agricultural hydrology and agrometeorology centre
ALIVE	African Livestock Platform
AMU	Arab Maghreb Union
AOAD	Arab Organization for Agricultural Development
ASF	African swine fever
ASFV	African swine fever virus
AU	African Union
AUC	African Union Commission
AU-IBAR	African Union/Interafrican Bureau for Animal Resources
AU PANVAC	Pan African Veterinary Vaccine Centre of the African Union
AVA	African Veterinary Association ( <i>Association Vétérinaire Africaine</i> )
BSE	bovine spongiform encephalopathy
BTSF	Better training for safer food
BTV	Bluetongue virus
CAADP	Comprehensive Africa Agricultural Development Programme
CBPP	Contagious bovine pleuropneumonia
CEDEAO	Economic Community of West African States (ECOWAS)
CIRAD	Agricultural research for developing countries
CVO	Chief Veterinary Officer
DGs	Director Generals
DIVA	Differentiating Infected from Vaccinated Animals
EAC	East African Community
EC	European Commission
EC/DG SANCO	European Commission Directorate General Health and Consumers
ECOWAS	Economic Community of West African States
ECTAD	Emergency Centre for Transboundary Animal Diseases
EDF	European Development Fund
EISMV	Inter-State School of Veterinary Sciences and Medicine
ELISA	Enzyme-Linked ImmunoSorbent Assay
ENSV	National School of Veterinary Services of Lyon

EU	European Union
EUS	Epizootic Ulcerative Syndrome
FAO	Food and Agriculture Organization of the United Nations
FMD	Foot and Mouth Disease
FU	Facilitation Unit
GF-TADs	Global Framework for the Progressive Control of Transboundary Animal Diseases
HPAI	Highly Pathogenic Avian Influenza
IBAR	Inter-African Bureau for Animal Resources
IGAD	Intergovernmental Authority on Development
ILRI	International Livestock Research Institute
INAP	Integrated National Action Programme
IRVT	Veterinary Research Institute of Tunisia
ISA	Infectious salmon anaemia
JAICS	African Days of Cultural and Scientific Integration
JAP	Joint Action Plan
LEISOM	Livestock Emergency Intervention to Mitigate the Food Crisis in Somalia
LSD	Lumpy skin disease
LTC	Livestock Technical Committee
MDGs	Millennium Development Goals
NEPAD	Nouveau Partenariat pour le Développement de l'Afrique
NICD	National Institute for Communicable Diseases
OIE	World Organisation for Animal Health
OIE SRR-SA	OIE Sub Regional Representation for Southern Africa
OIE-PVS	The OIE Tool for the Evaluation of Performance of Veterinary Services
OVI	Onderstepoort Veterinary Institute
PACE	Pan-African Programme for the Control of Epizootics
PAN-SPSO	Participation of African Nations in Sanitary and Phytosanitary Standard Setting Organizations
PPR	<i>Peste des petits ruminants</i>
QMS	Quality Management System
MAHN/REMESA	Mediterranean Animal Health Network
RR-AF	Regional Representation for Africa
RAHC	Regional Animal health Centre
RAHC-SA	Regional Animal health Centre – Southern Africa

RECs	Regional Economic Communities
REPIVET	veterinary epidemiosurveillance network
RVF	Rift Valley fever
SADC	Southern African Development Community
SADC-EDF	Southern African Development Community European Development Fund
SEARG	Southern and Eastern African Rabies Group
SERECU	Somali Ecosystem Rinderpest Eradication Coordination Unit
SPINAP	Support Programme to Integrated National Action Plans
SPS	Agreement on the Application of Sanitary and Phytosanitary Measures of the WTO
SRR	Sub Regional Representation
STDF	Standards and Trade Development Facility
TADs	Transboundary Animal Diseases
UNICEF	United Nations Children's Fund
UP	University of Pretoria
USDA	United States Department of Agriculture
USAID	United States Agency for International Development
VACNADA	Vaccine for the Control of Neglected Animal Diseases in Africa
VS	Veterinary Services
WAHID	World Animal Health Information Database
WAHIS	World Animal Health Information System
WB	World Bank
WHO	World Health Organization
WNF	West Nile fever
WSPA	World Society for Animal Protection
WTO	World Trade Organization

## **Introduction**

1. Following the kind invitation of the Government of Rwanda, the 19th Conference of the OIE Regional Commission for Africa was held in Kigali from 14 to 18 February 2011.
2. A total of 122 participants, comprising OIE Delegates and/or nominees of 40 Member Countries and 4 Observer Countries and senior officers from 15 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 Bernard Vallat, OIE Director General; Dr Berhe Gebreegziabher, President of the OIE Regional Commission for Africa, Dr Yacouba Samake, Acting OIE Regional Representative for Africa; Dr Bonaventure J. Mtei, OIE Sub-Regional Representative for the Southern African Development Community (SADC); Dr Walter Masiga, OIE Sub Regional Representative for Eastern Africa and the Horn of Africa ; Dr Faouzi Kechrid, OIE Sub Regional Representative for the North of Africa ; Dr Alejandro Thiermann, President of the OIE Terrestrial Animal Health Standards Commission, Dr Francois Caya, Head of the OIE Regional Activities Department; and Dr Francesco Berlingieri, Deputy Head of the Animal Health Information Department also participated to the Conference. The speakers presenting Technical Items I and II, namely, Dr Neo Mapitse, Deputy Sub Regional Representative and Dr Mehdi El Harrak, Secretary General of the Biological Standards Commission, honoured the Conference by their presence.

## **Thursday 15 February 2011**

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### **Opening Ceremony**

3. The opening ceremony was chaired by Ms Agnes Matilda Kalibata, Ministry of Agriculture and Animal Resources of Rwanda, accompanied by the following personalities:
  - Dr Theogen Rutagwenda, OIE Delegate of Rwanda
  - Dr Berhe Gebreegziabher, President of the OIE Regional Commission for Africa
  - Dr Yakouba Samaké, Acting OIE Regional Representative for Africa
  - Dr Bernard Vallat, OIE Director General
4. Their speeches are annexed at the end of the report.

### **Election of the Conference Committee**

5. The Conference Committee was elected as follows:

Chairperson:	Dr Théogène Rutagwenda (Rwanda)
Vice-Chairperson:	Dr Obed Letuka (South Africa)
Rapporteur General:	Dr Baschirou Moussa Demsa (Camerun)

## Designation of Session Chairpersons and Rapporteurs

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

<b>Item I:</b>	Dr Rachid Bouguedour, Algeria, (Chairman) Dr Mbargou Lo, Senegal (Rapporteur)
<b>Item II:</b>	Dr Abdulganiyu Abubakar, Nigeria (Chairman) Dr Peter Maina Ithondeka, Kenya, (Rapporteur)
<b>Animal health situation:</b>	Dr Mohammed Abdel Razig Abdel Aziz, Sudan (Chairman) Dr El Abrak Abderrahman, Morocco (Rapporteur)

## Adoption of the Agenda and Timetable

7. The Provisional Agenda and Timetable were adopted.

## Fifth OIE Strategic Plan and OIE Global Programme for Strengthening Veterinary Services

8. Dr Vallat started his presentation by talking about the OIE and its 178 Member Countries throughout the world. He evoked the history of the Organisation, since its creation in 1924.
9. The Director General emphasised the importance of the Delegates and the Focal Points as part of the OIE national governance bodies. The main responsibility of the Delegates is to negotiate international veterinary legislations for their countries and to report to the OIE on the animal disease situation in their countries. The Focal Points are designated by the Delegate to support and if needed represent him/her and work in fields such as: aquatic animal diseases, wildlife, animal disease notification, veterinary products, animal welfare, animal production food safety and communication.
10. Dr Vallat referred to the OIE Reference Laboratories and Collaborating Centres, highlighting their role in supporting Members to comply with OIE international standards and to actively participate in the development of international standards.
11. He also commented on the different laboratory twinning projects intended to improve expertise and diagnostic capacity with the aim of achieving OIE standards compliance. Through this project, both Members and regions will have a wider and more balanced opportunity to benefit from international expertise to supporting and strengthening the Veterinary Services and the veterinary scientific community in developing countries, so they can better participate in the development of standards. He listed the different approved and active twinning projects in Africa for the information of the assembly.
12. Dr Vallat referred to some of the 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 reminded countries of their obligation to timely notify the occurrence of animal diseases using this new system, for the immediate notification and follow-up reporting during outbreaks to track the worldwide animal health situation in real time, in addition to submitting six-monthly reports on the presence and absence of OIE-listed diseases as well as annual report.
13. Dr Vallat reminded the assembly of the OIE's role as an Intergovernmental Organisation in setting standards, guidelines and recommendations for animal health within the framework of the WTO SPS Agreement. He also referred to another important mechanism that the OIE offers to its Members - the informal mediation procedure. This voluntary-based mechanism may be used to help resolve differences between Members using science and OIE recommendations for safe international trade in animals and animal products.

14. The Director General gave a summary of the OIE's objectives, including:
  - to ensure transparency in the global animal disease and zoonosis situation;
  - to collect, analyse and disseminate scientific veterinary information and disease control methods;
  - to provide expertise and encourage international solidarity in the control of animal diseases;
  - to improve the legal framework and resources of national Veterinary Services.
15. Dr Vallat presented important key messages that will guide the new OIE Strategic Plan: 2011-2015, as well as the concepts and tools to be used during this period in order to face those problems.
16. He started by indicating the global population and increased animal protein demand trends, highlighting the fact that forecasts to 2030 suggest that some experts estimate the demand for animal protein will increase by 50%, especially in developing countries.
17. Dr Vallat mentioned that the risk of diseases spreading around the world increases with globalisation, the unprecedented movement of people, animals and animal products, and also climate changes.
18. Dr Vallat stressed the importance of food security and food safety as crucial elements for public health, given the need for the global supply of safe food and the key role of veterinary scientific experts must play in protecting the society, not only in controlling diseases and the lost associated to them, but in integrating the latest scientific research to increase animal production and thus providing everyone with better access to animal protein (milk, eggs, meat).
19. Dr Vallat noted the increasing importance of Veterinary Public Health given the zoonotic potential of animal pathogens, bearing in mind 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.
20. Turning to the new concepts for promoting the protection of countries and regions from current and emerging threats for animal and humans, he introduced the concept of Global Public Good. Public Goods are goods with benefits that potentially extend to all countries, people, and generations. Animal health systems are global public goods, as the control and eradication of infectious diseases, including zoonoses, have positive consequences at national, international and intergenerational levels.
21. Dr Vallat commented on the good governance of Veterinary Services and stated that this will only be achieved if all the Members meet certain minimum requirements, such as the:
  - Need for suitable legislation and its implementation through effective national animal health systems
  - Need to guarantee surveillance, early detection and rapid response to disease outbreaks through a national chain of command and good diagnostic capacities
  - Necessity to recognize governments responsibilities
  - Alliances between the public and private sector (farmers, private veterinarians, consumers) are key
  - Support to the quality of Services through the use of OIE PVS tool (evaluation and gap analysis of international standards)
  - Initial and continuing veterinary education
  - Applied research
22. The OIE has, since 1990, adopted a five-year strategic planning cycle for programming its work. The Fifth OIE Strategic Plan (2011-2015), adopted at this year's General Session, builds on the success of the previous Strategic Plans and integrates important new elements for improving animal health, veterinary public health and animal welfare world-wide.
23. The Director General emphasised that the Plan emerged from the dialogue between OIE Members and the Council.

24. Among the elements of the Plan, Dr Vallat stressed the contribution of public health and animal health to food security, the application of the “One Health” concept for reducing of risks of high impact diseases at the interface between animals, humans and ecosystems. This will require to considere working in certain non-traditional areas, such as infectious diseases in wildlife, working animals, competition and companion animals, in addition to food-producing animals. The OIE is working on this concept at world level together with FAO, WHO, UNICEF and the World Bank. The Director General of the WHO, FAO and OIE made a common publication on this matter this year.
25. The Director General emphasised the key role of Veterinary Services in controlling diseases at their animal source, referring the reduction of public health risks-related zoonoses. He also pointed out that some non-zoonotic diseases shall be considered as priorities as they affect food security, becoming a public health issue.
26. He noted that the OIE will continue to work towards strengthening the technical capacities, management, legislation and good governance of Members’ Veterinary Services of the Member Countries through the World Animal Health and Welfare Fund and in collaboration with global partners such as FAO, WHO and regional partners in addition to global, regional and national donors.
27. The Plan also aims at strengthening the Organisation’s communication tools including official communications (required under its mandate) and its interface with veterinary professionals, the public and the media. Global improvement and harmonisation of veterinary legislation, the use of veterinary products and continuous veterinary education will be highlighted.
28. Dr Vallat declared that the OIE will also continue strengthening Regional Representations to enhance its help to Members through capacity building activities.
29. He recalled that the Fifth Strategic Plan is consistent with the General Objectives of the OIE. He also explained that while the main contact point with Member Countries is the Delegate, a system of Focal Points has been established. Each country shall designate its Focal Points to help them work in different technical aspects while respecting their other obligations.
30. The Director General reminded the assembly of the current OIE Global Programme for Strengthening Veterinary Services, based on the use of the OIE-PVS tool for evaluating the Performance of Veterinary Services. This programme has been designed to provide continuous improvement of compliance with OIE standards on quality, in addition to strengthening the standards and guidelines adopted by OIE Members, with influence on global, regional and national policies on the Good Governance of Veterinary Services. The programme is funded by the OIE World Animal Health and Welfare Fund, which receives grants from a number of donors and was created to promote and implement the capacity building activities of the OIE.
31. He briefly described the Tool and the evaluation process. He also explained that the first PVS evaluation, known as the “diagnosis”, is followed by the PVS-Gap Analysis, called the “prescription”. The OIE is working in conjunction with its partner organisations (mainly FAO in developing countries) and donors to prepare priority investment programmes that could be funded either by each Country or by international donors. This second step is used to prioritise the needs identified within the framework of national priorities.
32. Dr Vallat presented the current situation on the OIE PVS Programme, at global and regional level, including OIE PVS Evaluations, including PVS Gap Analysis missions. More than 100 of the 178 Members of the OIE have already applied the PVS evaluation, with a total of 99 missions and 72 complete final reports.
33. Sixty-two (62) Members across the world have already applied the PVS Gap Analysis, and 34 of them have completed their missions.
34. Referring specifically to Africa, Dr Vallat said that 43 Members have already conducted their first PVS evaluation. He appealed to Members of the region that might need support through the PVS Path and who have not already applied the evaluation to do so before the end of the PVS Programme on a voluntary basis.

35. 30 Members from the region have asked for the Gap Analysis process to be launched. The Director General listed the benefits to the other Members, if they apply for this step of the process.
36. Dr Vallat also mentioned how important it is for Members to update their veterinary legislations and reminded the assembly that the OIE has developed a generic model that would help Members to improve compliance with the OIE guidelines. He pointed out that there are specific missions that help Members with their legislation issues and that pilot Members have been designated to develop an agreement with the OIE to support them and supervise the evolution and implementation of an appropriate legal framework.
37. The Director General explained the OIE activities related to veterinary education to adopt basic veterinary curricula in the veterinary training institutions throughout the world. These basic knowledge requirements of veterinarians refer to the Public Good role and responsibilities of the veterinarians in each country. He also presented the findings of the OIE work on the relation between domestic animals and the environment and listed the benefits of livestock production in the world.
38. Dr Vallat concluded his presentation by referring to all the World Conferences the OIE is preparing and invited all the countries to take part actively in these conferences.
39. The chairman of the Conference thanked the OIE Director General for his detailed presentation and invited the OIE Regional Representative for Africa to present the report on the activities of the OIE Regional Commission and the OIE Regional Representation for Africa.

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

40. Dr Yakouba Samaké, Acting OIE Regional Representative, started his presentation by a special mention to Dr Abdoulaye Bouna NIANG, OIE Regional Representative for Africa, who passed away on Thursday, 25 November 2010. He expressed that the messages of sympathy that have flowed reflected the fundamental values of generosity, fraternity, solidarity and professionalism so dear to Dr Niang.
41. Dr Samake explained that the activities of the OIE Regional Representation for Africa (RR-AF) have covered 53 African countries, 52 of which are OIE Members (new Member: Seychelles). Such activities stem from the strategic directions and objectives of the Fourth OIE Strategic Plan to be pursued in the 5th Strategic Plan. In addition, they incorporate the guidelines in the four pillars of the Comprehensive African Agricultural Development Programme (CAADP), which is the basis of the African Union's Agricultural Policy.
42. He remarks that most African countries are still feeling the effects of the political, food and financial crisis. In some cases, this has undermined not only the accomplishment of RR-AF activities but also participation in the activities. However, there have been some favourable developments: Niger has adopted a new constitution and a new, democratically elected President has taken office in Guinea.
43. Dr Samake mentioned an OIE Headquarters mission to Bamako by the Deputy Director General, Dr Monique Eloit, which was highly instructive in terms of both human and financial resource management.
44. He informed that consultation meetings on implementing the Regional Animal Health Centre (RAHC) were held in both Bamako (involving the Inter-African Bureau for Animal Resources (IBAR), the Economic Community of West African States (CEDEAO/ECOWAS), the Food and Agriculture Organization of the United Nations (FAO) and the OIE) and Paris (OIE, FAO and IBAR).
45. Regarding the 18th Conference of the Regional Commission for Africa, Dr Samake reminded that the recommendations were followed up. In particular, the OIE continued to:
  - Support capacity-building of the Veterinary Services as well as complementary projects such as the modernisation of veterinary legislation and laboratory twinning.
  - Draw up and update standards to enable importing countries to base their import requirements on OIE standards.

46. He highlighted the various activities conducted as part of the European Commission's "Better Training for Safer Food" (BTSF) programme (in the areas of animal health information, communication, wildlife diseases, aquatic animal diseases, safe trade, animal welfare and veterinary products) have been effective in helping to build Veterinary Service capacity.
47. Dr Samake considered that the OIE PVS Pathway (for the evaluation of Performance of Veterinary Services) is the main lever for providing Veterinary Services with practical assistance in complying with OIE standards and in setting up good governance of their structures and operating procedures.
48. The weaknesses discovered during PVS evaluations necessitated the following OIE global conferences:
  - Conference of Deans: evolving veterinary education for a safer world (Paris, from 12 to 14 October 2009).
  - First Global Conference on Veterinary Legislation (Djerba, Tunisia, from 7 to 9 December 2010), which is the cornerstone of good national veterinary governance and quality veterinary infrastructure.
49. He informed on the simulation exercises on avian influenza that were held in Togo, Kenya, Swaziland and Uganda and one on rinderpest held in Kenya.
50. Concrete action has been taken in connection with wildlife monitoring.
51. Regarding the proposed activities for 2011, Dr Samaké commented that those are designed to build on the results achieved in 2010, especially from the BTSF programme.
52. He informed that in regards to the infrastructure, a new two-storey building is nearing completion and the Government of Mali has pledged to make the building available to the OIE.
53. To conclude Dr Samaké highlighted that based on the above, it is suggested to:
  1. Draw up and implement a strategic plan at regional economic community level to build the capacity of Veterinary Services.
  2. Continue raising awareness about the involvement in the OIE PVS Pathway and regular payment of OIE contributions, and to communicate the list of all National Focal Points.
  3. Implement laboratory twinning.
54. He ensured that the OIE Regional and Sub-Regional Representations for Africa will continue to urge Members' Delegates to maintain and improve the dissemination of rapid and reliable information on animal diseases, including zoonoses, as well as on wildlife diseases.

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

55. Dr Bonaventure Mtei, OIE Sub Regional Representative, started his presentation mentioning that the activities of the OIE Sub Regional Representation for Southern Africa (OIE SRR-SA) 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). The OIE Sub Regional Representation for Southern Africa covers 15 OIE Member Countries in Southern Africa and is linked to the Southern Africa Development Community (SADC).
56. He informed that since the last Conference, held in Chad in 2009, the OIE SRR for Southern Africa has consolidated its headquarters at the Botswana Ministry of Agriculture. The team was strengthened with the recruitment of an administrative and financial assistant, Ms. Mpho Mantsho, in 2009 and a deputy-representative, Dr Neo Mapitse, in 2010.

57. He noted with satisfaction that the team facilitated Member States to improve on their national disease surveillance systems and notification ensuring compatibility and compliance with the OIE WAHIS system, facilitated the OIE PVS Evaluation of 12 member countries, as well as the PVS Gap Analysis of 5 member countries, took part in the 2009 and (especially) the 2010 World Rabies Day events, supported the several OIE Twinning Agreements, benefiting national laboratories in Botswana, South Africa and Zambia as well as the recognition of two new OIE Collaborating Centres, one of which being the University of Pretoria (UP) was endorsed by the Regional Commission in 2009 and the second which is presenting its case at this Conference (Rhodes University).
58. 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 2011 global eradication declaration. In 2010, both Lesotho and Swaziland were declared free of FMD, while Botswana added a new zone to its existing FMD free zones.
59. Dr Mtei informed participants that since the last Conference, 10 regional and sub-regional seminars have been conducted on topics such as Rift Valley Fever (Bloemfontein), veterinary education (Arusha), communication (Gaborone), imports of animal products (Maseru), training of new OIE Delegates (Gaborone) and focal points for wildlife (Arusha), terrestrial and aquatic animal diseases notification (Lilongwe and Gaborone), aquatic animal diseases (Swakopmund) and veterinary products (Johannesburg). In addition, the OIE SRR supported (logistically and financially) the participation of veterinary officials or scientists to several OIE international meetings, i.e. the OIE global conferences on traceability and identification (Buenos Aires), reference laboratories and collaborating centres (Madrid) and veterinary education (Paris). In addition, the OIE SRR-SA funded a laboratory training course on rabies diagnosis (OVI, Onderstepoort) in July 2009 and the first meeting of deans of southern and eastern African veterinary schools and faculties in July 2010 (UP, Onderstepoort). Since the last Conference, the OIE SRR staff participated in more than 65 missions (meetings, seminars and/or workshops) and drafted 7 quarterly reports to the Director General, with copies to SADC and the Delegation of the EC in Botswana. In addition, two annual progress reports (2009 and 2010) and two annual work plans (2010 and 2011) have been drafted and circulated.
60. He added that the office continues to spearhead the management and development of the official OIE website for Africa : [www.rr-africa.oie.int](http://www.rr-africa.oie.int) In terms of visibility, several papers have been presented at scientific conference, while no efforts have been spared to produce and reproduce information leaflets on animal diseases, e.g. rabies, EUS, ISA, PPR and diseases of honey bees.
61. Dr Mtei informed the Conference on the activities for the year 2011 which include the following: continued technical support to the SADC Livestock Technical Committee (LTC) and its sub-committees, a regional seminar on the progressive control pathway for FMD (in cooperation with FAO-ECTAD). Further capacity building efforts are scheduled on diseases of bees, diseases of fish, notification of wildlife diseases (WAHIS-Wild) and veterinary legislation. The SRR will also continue to support the working group of southern and eastern African deans of veterinary schools and faculties in their efforts to implement the recommendations of the Paris Conference (2009) in this part of the continent.
62. He also remarked that through the IDENTIFY portfolio, various initiatives are scheduled, aimed at the strengthening of laboratory diagnostic capacity in the countries of the Congo Basin region. This includes training on quality assurance and laboratory information management systems, as well as support to attend regional conferences, such as Southern and Eastern Africa Rabies Group (SEARG) (, Maputo, just concluded) and the OIE international conferences on wildlife (Paris, February 2011) and rabies (Seoul, September 2011).
63. He highlighted 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 Government, which we greatly appreciate. The former came to a close in December 2009 and was administratively and financially closed in November 2010, while the latter has been extended to the end of 2011. Since 2009, the office has mobilized other 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. Since 2010, the Representation also benefits from the above-mentioned IDENTIFY funding, a sub-component of a global „One Health“ inspired USAID-funded project called “Emerging Pandemic Threats”. Other funding sources like the STDF facility of the WTO and the AU-IBAR Veterinary Governance for Africa programme will also be possible in 2011.

64. To conclude Dr Mtei invited all participants to attend the World Veterinary Congress, which will take place in Cape Town, South Africa, from the 10 to the 14th of October 2011.

### **Report on the Activities of the OIE Sub Regional Representation for North Africa**

65. Dr Faouzi Kechrid, OIE Sub Regional Representative, began his presentation by reminding that the OIE Sub-Regional Representation for North Africa was established in May 2009 in Tunis (Tunisia) to cover the five OIE Members of the subregion (Algeria, Libya, Morocco, Mauritania, Tunisia), in conjunction with the OIE Regional Representation for Africa based in Bamako (Mali) and the Arab Maghreb Union (AMU/UMA) with its head office in Rabat, Morocco. Egypt is also associated with some of the activities coordinated by GF-TADs1 and the RAHC2.
66. He informed that the headquarters of the new Sub-Regional Representation for North Africa is located at 17 Avenue d'Afrique, El Menzah V, Tunis. It was inaugurated on 26 January 2010 by the OIE Director General, Dr Bernard Vallat, and the Minister for Agriculture of the Republic of Tunisia.
67. He mentioned the support of the bilateral and multilateral partners: Italy, with which the OIE has signed a financing agreement (2009–2014) to support the OIE representation in Tunis and to monitor animal diseases and food safety in the Mediterranean region. The European Commission for funding the training of OIE delegates and national focal points in Africa (Better Training for Safer Food [BTSF] project), the donors to the OIE World Animal Health and Welfare Fund for missions to evaluate the performance of veterinary services, and France for providing the OIE with a veterinarian in Tunis.
68. Dr Kechrid explained the specific aim of the OIE Sub-Regional Representation in Tunis which is to provide OIE Members in the region with suitable local services that help to improve veterinary governance and so improve animal disease prevention, surveillance and control. The OIE Sub-Regional Representation in Tunis aims to improve the quality of animal disease information and to promote the harmonisation of disease control methods, in collaboration with the national and international animal health services in the region.
69. The work programme validated by the Director General in February 2010 will enable the OIE Sub-Regional Representation for North Africa to gradually consolidate its leading role in supporting veterinary governance in the sub-region, in accordance with the OIE mandate adopted by the 178 Members.
70. Dr Kechrid highlighted that from an operational standpoint, the work programme for North Africa revolves around four OIE priorities:
- Monitoring and implementation of the OIE PVS pathway;
  - Training of OIE delegates and national focal points;
  - Development of Twinning of laboratories in the region.
  - Support to Members by securing OIE official animal health status (in particular foot and mouth disease and bovine spongiform encephalopathy [BSE]).

71. To conclude Dr Kechrid enumerated the various activities undertaken by the Sub-Regional Representation for North Africa since it was opened, as follows:
1. Continuing to implement the OIE-PVS pathway in all AMU countries (OIE-PVS Evaluations were conducted in five countries in the region; a Gap Analysis mission and a Veterinary Legislation Identification mission were carried out in one of the five countries). Gap analysis missions, legislation missions, support for the organisation of donor round tables and PVS follow-up missions will be promoted in the future.
  2. Organising training courses for OIE delegates and national Focal Points in order to help OIE Members to improve use of the OIE World Animal Health Information System (WAHIS) system in collaboration with the OIE Animal Health Information Department (training of WAHIS Focal Points in Tunis from 11 to 13 November 2010) and to improve the communication capacity of the Veterinary Services (OIE Regional Seminar on Communication for French-speaking African countries in Rabat in October 2010). The Sub-Regional Representation in Tunis also helped to organise, in liaison with the head office in Paris, the First OIE Global Conference on Veterinary Legislation (Djerba, Tunisia from 7 to 9 December 2010) and was involved in other training courses and world conferences (including workshops for recently-appointed OIE Delegates in Gaborone [Botswana], for OIE national focal points wildlife in Arusha [Tanzania] and Bamako [Mali] and for OIE national focal points for aquatic animal disease in Swakopmund [Namibia]).
  3. Providing support for the preparation of OIE Twinning agreements for the benefit of veterinary laboratories and institutions in the AMU zone. The Sub-Regional Representation for North Africa is heading a bluetongue collaboration project between laboratories based in Italy, Tunisia and Lebanon using an approach very similar to twinning. It is seeking to develop long-term collaboration between these laboratories and other laboratories in the Mediterranean region (particularly Algeria). The OIE also approved a food-safety twinning project between the IZS collaborating centre in Teramo, Italy, and the Veterinary Research Institute of Tunisia (IRVT) in Tunis.
  4. Providing support for securing OIE official animal health status. In September 2010 a technical meeting entitled "Statuts sanitaires officiels fièvre aphteuse: intérêts pour les pays d'Afrique du Nord" (official animal health status for foot and mouth disease: interests for the North African countries) was held, which was attended by all OIE Delegates in the sub-region and by FAO. In December 2010, a round table of the managers of veterinary analysis laboratories in the Maghreb was held in Djerba alongside the First OIE Global Conference on Veterinary Legislation. A common objective was approved for Morocco, Algeria and Tunisia: to present three applications for official foot and mouth disease-free status with or without vaccination.
72. The Sub-Regional Representation for North Africa was also involved in various meetings and workshops associated with setting up the regional animal health centre and the Mediterranean Animal Health Network, MAHN/REMESA (meetings of the Joint Permanent Committee in Tunis in July 2009, in Saragossa in April 2010 and in Algiers in February 2011; meeting of the veterinary epidemiosurveillance network (REPIVET) in Rabat in December 2009; GF-TADs meeting in Addis Ababa, etc.).

### **Report on the Activities of the OIE Sub Regional Representation for Eastern Africa and the Horn of Africa**

73. Dr Walter Masiga, OIE Sub Regional Representative, started his presentation mentioning the Members of the OIE sub-regional representation for Eastern and Horn of Africa as follows: Burundi, Comoros, Djibouti, Ethiopia, Eritrea, Kenya, Rwanda, Seychelles, Somalia, Sudan, Tanzania, and Uganda.
74. He referred to the administrative activities and introduced the team comprising the Sub-regional Representation, which is now fully operational.

75. He informed that the offices have been provided through the courtesy of the Kenya Government and have been partitioned and equipped by the OIE. The ceremony of inauguration of the offices will be made when the Director General of the OIE will be available. However the inauguration of the offices is planned tentatively for June 5th to 8th during the meeting of newly appointed Delegates for Middle East and Africa.
76. He highlighted that the exchange of signatures on the host country agreement between the OIE and the Kenya Government is expected to take place soon. The establishment of a diplomatic status of the regional office will follow the signing of the agreement. In the meantime draft agreements OIE-IGAD and OIE-EAC have been forwarded to both IGAD and EAC organisations.
77. Regarding technical activities, he express that in the framework of the Capacity building regarding OIE standards, the OIE Sub-Regional Representation organised a training workshop for the OIE national focal points for animal welfare in Addis Ababa, Ethiopia from 9 to 11 November, 2010. In 2010, the Sub-Regional Representation participated in the training of OIE focal points, for wildlife, Arusha, Tanzania, 16 to 19 March, aquatic animals, Swakopmund, Namibia, 15 to 19 June and veterinary medics, Johannesburg, South Africa, 23 to 26 November 2010.
78. The Sub-Regional Representative mentioned his participation to the regional information seminar for recently appointed OIE Delegates in Gaborone, Botswana, 9 to 12 March, 2010 and to the different Coordination meetings and links with regional or international organisations, the 5th steering committee of the GF-TADs for Africa, the 15th Alive executive committee meeting and the Alive general assembly meeting, 9 April 2010, in Addis Ababa, Ethiopia, among other activities.
79. In reference to the on-going projects or future projects meetings, Dr Masiga highlighted the Sub-regional Representation is a key player of the emergency pandemic threat USAID funded project, especially the Identify Project which aims at reinforcing capacities of laboratories in the Congo basin area. The representative attended meetings regarding this subject in Kampala, Uganda, 26 and 27 April, in Brazzaville, Republic of Congo, 9 to 11 June and in Kampala, Uganda, 2 to 4 November, 2010.
80. The sub-regional representative referred to the meetings regarding the design of the EU funded project on the reinforcement of veterinary governance in Africa in AU-IBAR. IBAR will be a key partner in this project and the OIE will pursue its programme in building capacities in veterinary governance in Africa.
81. The following are other ongoing projects:
  - Laboratory Training between Eastern, Horn of Africa and European Laboratories.
  - The establishment of regional Animal Welfare Group
  - Emerging Pandemic Threats (Identify)
  - Reinforcing Veterinary Governance in Africa
  - Supporting Livestock trade between Horn of Africa and Gulf states
82. To conclude Dr Masiga expressed that as others OIE Representations in Africa, the Sub Regional representation for Eastern and Horn of Africa is involved in the future support to Regional Economic Communities (RECs) regarding the management of transboundary animal diseases. It is the Integrated Regional Coordination Mechanism.

### **Update on developments in the Aquatic Animal Health Standards Commission**

83. Professor Eli Katunguka Rwakishaya attended the 19th Conference of the OIE regional commission for Africa in Kigali, Rwanda, 14-18th February 2011. He presented a paper entitled. "Update on developments in aquatic animal health Standards Commission (AAHSC)". The members were informed that the current Commission headed by Dr Barry Hill as President was elected in May 2010 and is composed of six members. In doing its work, the Commission meets about twice a year and works with ad hoc groups on specialised tasks. The current ad hoc groups include Crustacean team of the OIE list of disease, Safety of commodities derived from aquatic animals, Responsible use of antimicrobials in aquatic animals and Aquatic animal health surveillance.

84. The presentation highlighted the growing importance of aquaculture in Africa and the need to increase fish production to meet the ever increasing demand as the population continues to grow and to participate in the global trade in fish.
85. The OIE standards for aquatic animals are developed by the commission with the assistance of internationally renowned experts and in close collaboration with other commissions namely, Terrestrial Commission, Biological standards Commission, and Scientific Commission and views of delegates are sought through drafts and revised texts. The final versions of the texts are the presented to the General Session for approval. African countries were encouraged to respond to the drafts and revised texts in order to participate in standard setting so as to own and to apply them in trade issues. The main standards are documented in the Aquatic code with details in the Aquatic manual. Members are encouraged to read these documents and to share them with their aquatic focal persons for aquatic animal health in their countries.
86. The commission is also involved in considering applications for reference laboratories, Collaborating centres and twinning projects. Recent approvals of these applications were communicated to the members. Attention was drawn to the publication on Aquatic Animal Health Surveillances and a call for participation in the Global Conference on " Aquatic Animal Health programmes: Their benefits for Global Food Security" due to take place in Panama in June 2011.
87. Finally African delegates were called upon to take a keen interest in aquatic animal health issues and give more attention to aquaculture as one way of increasing availability of animal protein to a greater proportion of the African people in addition to improvement of their household incomes.

**Technical Item I:  
Livestock census in Africa as a vital tool for livestock disease surveillance and control**

88. Dr Neo Mapitse began his presentation by reviewing the history of livestock censuses while placing particular emphasis on the usefulness of this activity for the Veterinary Services. He stated that livestock censuses could thus help the Veterinary Services plan their activities such as animal disease surveillance and control.
89. Dr Mapitse explained that the OIE, while it had not yet established standards or guidelines on censuses had developed "General Principles on the Identification and Traceability of Live Animals" that are of relevance to livestock censuses. He also noted that Member Countries are required to submit information on their animal population in their annual report in WAHIS. The information collected in this way is then validated and made available in the OIE world animal health information system database (WAHID).
90. He went on to present the methodology used to evaluate the current situation on livestock censuses in Africa. A questionnaire was first sent to the 52 African OIE Delegates. A cursory analysis of the responses from thirty-eight (38) countries was then performed. The main objective was to determine if countries in Africa conduct livestock censuses and, if so, if livestock censuses are considered a vital tool for livestock disease surveillance and control.
91. He explained that, of the 38 countries that responded, 92% conducted livestock censuses and that 18 of them followed scheduled programmes. Of the 15 countries that had ad hoc programmes, only eight had legislation supporting livestock censuses by the Veterinary Services, the central statistics authority or, to a lesser extent, the Ministry of Livestock and/or Agriculture. He reported, however, that there was no apparent relationship between the absence of legislation, failure to collect tax on livestock (67%) and the frequency of censuses.
92. Dr Mapitse indicated that responsibility for developing census methods, conducting the actual census and archiving the information thus obtained is shared equally by the central statistics authorities and the Veterinary Services. In 49% of the responding countries, public sector veterinarians and veterinary paraprofessionals are employed to carry out the census; however, a significant number of countries also use private sector veterinarians and accept owner declarations.

93. He noted that assessing available livestock resources, determining their distribution and density, having national disease control programmes, and making the information obtained available for the benefit of these programmes were ranked among the priorities by 83% to 60% of the countries. Of all the countries that responded, 71% indicated that they always use census information in animal health decision-making, particularly for designing disease surveillance and vaccination programmes.
94. Dr Mapitse pointed out that in the majority of cases census programmes do not cover livestock identification. However, 51% of the 35 countries take advantage of national population censuses, agricultural surveys and animal health programmes to conduct livestock censuses. He issued a reminder that censuses provide a good opportunity for animal health professionals to assess the health status of livestock.
95. Dr Mapiste also noted that reluctance on the part of farmers to divulge their livestock numbers, notably for cultural reasons, was the biggest challenge identified in 17 countries. He also reported that transhumance, nomadism and similar practices added to the difficulties faced by enumerators, in addition to accessibility of remote areas.
96. He indicated that many countries had proposed that the OIE should contribute to the conduct of livestock censuses by developing guidelines on techniques so as to provide a uniform, standard framework for livestock censuses and inexpensive methods of livestock identification.
97. He summarised an important result of his analysis, namely that the three main objectives for conducting livestock census – to assess available livestock resources, to determine spatial distribution and to inform disease control programmes – demonstrate the importance of the central statistical authority. This institutional framework provides for collaboration and sustainability where Veterinary Services may not be able to conduct the livestock census due to lack of funds. He declared that it was therefore the responsibility of the Veterinary Services to ensure that their objectives are included at the planning stages of the census methodology if the livestock census is to benefit the livestock industry.
98. He concluded by explaining that the analysis of the results of the questionnaire, while not categorically proving that livestock census in Africa is a vital tool for disease surveillance and control, provide useful information to increase our knowledge of the current application of livestock censuses in Africa and improve their use by the Veterinary Services.

## **Discussions**

99. The session Chairperson thanked the speaker for his presentation and underlined the gap that existed between developing countries and more advanced countries.
100. The Delegate of Sudan congratulated the speaker on his very informative presentation.
101. He said how important census was for countries and at the same time highlighted Sudan's problem for having technical advice for census-taking. The last census had been taken in 1976.
102. He said that the questionnaire should have asked when the census was taken and which methods were used, with the aim of providing guidance to countries wishing to take their own census.
103. The Delegate of Sudan pointed out that the OIE should make recommendations on the technical procedures to be used for conducting a census in Africa. He asked how other countries went about taking a livestock census.
104. He added that, although FAO and other organisations had been contacted on the matter, no specific advice had been given. For example, there was no answer to a number of questions, including one on the usefulness of aerial surveys.
105. The Delegate of Niger thanked the speaker for this summary of the questionnaires, which must have been an extremely difficult task.

106. He described the experience of Niger, which had begun a census in 2001 but had not finished it until 2005. He had come to the conclusion that a census was a complex operation, especially when a number of livestock production systems were involved. In this case, different tools were needed to conduct a census promoting a modular approach.
107. The Delegate of Niger explained that, under the modular approach, tools had been tested in advance with World Bank support. Together with FAO, Niger had drafted a document that was subsequently financed by the European Union and Niger, with FAO having become the implementing agency.
108. He said that Niger had a sampling frame resulting from the previous agricultural census that was based on sedentary farming. For transhumant livestock farming, the transhumance routes had needed to be identified prior to conducting the census. For nomadic pastoralism, Niger had identified the livestock concentration points, water points and ponds in advance.
109. He added that, in parallel, the census enumerators had undergone extensive training.
110. He raised the issue of livestock producers' fears that they would be taxed on the number of animals they owned, hence the importance of communication in dispelling any fears. In the specific case of Niger, he explained that the assistance of the customary, administrative and other authorities had been called upon, as well as the full range of communication channels.
111. He expressed his satisfaction with the fact that the preparatory phase had been so thorough and carefully prepared, saying that FAO wished to present to other countries this modular census approach used in Niger. Accordingly, Niger presented the work at FAO headquarters in Rome, in 2007.
112. He was concerned that the snapshot of a census taken at time 'T' necessarily changed over time. For instance, he wondered what the size of the livestock population was one year after the census.
113. He went on to describe the tools that had been developed in conjunction with the French Agricultural Research Centre for International Development (CIRAD), the International Livestock Research Institute (ILRI), the agricultural hydrology and agrometeorology centre (AGRIMET) in West Africa and the Ministry concerned in order to define the parameters of livestock productivity and hence estimate the natural increase of herds in order to allow census data to be updated regularly. He said that the next census was planned for 2015.
114. Niger had shared with the Economic Community of West African States (ECOWAS/CEDEAO) these methods for updating the natural increase in the herd.
115. Niger had also conducted a questionnaire survey of households to find out those that vaccinated their animals and those that treated them using traditional medicine.
116. The Delegate of Niger concluded by saying that he felt the modular census approach was the one that provided the greatest amount of information.
117. The Delegate of Guinea expressed his interest in sharing his experience of livestock census and animal identification.
118. He informed the conference that, prior to the revolution, censuses had been taken annually with the declared intention of collecting taxes on livestock. He explained that, in those days, Guinea had a database of all livestock producers. However, the national authorities were aware that producers concealed herds and, as a result, only 10–15% of herds were counted.
119. After the tax on livestock was abolished in 1984, the trust of livestock producers was restored and the number of declared animals increased.
120. He added that, 10 years previously, Guinea had developed a tattoo-based animal identification system, comprising a series of numbers and letters based on geographical location. This system enabled the livestock producer to be identified simply and accurately, as well as facilitating traceability and so helping to curb livestock theft.

121. He felt that this system could be disseminated widely. He added that Senegal and other countries had shown an interest in the system but that this had not resulted in concrete action.
122. A member of the Rwanda Delegation requested clarification concerning the use of the World Animal Health Information System (WAHIS) in Africa. She wondered whether the OIE could provide Members with more support on the matter.
123. The Delegate of Kenya commended the speaker on his presentation and endorsed the views expressed by Sudan.
124. He explained that census-taking was difficult, not only in Sudan. In Kenya it had been done in parallel with the human population census. He added that for years the census indicated that the number of animals was unknown. Now it was known that there are 3 million cattle in Kenya.
125. He felt that marking helped to ascertain animal movements and curbed livestock theft, which was very common in Africa.
126. His view was that, in a sedentary livestock production system, it was fairly easy to count animals but that, in a pastoral system, census figures could vary widely. This made identification essential and it was a requirement for census-taking, or at the very least facilitated it.
127. He announced that Kenya was about to implement its law on identification and would be using electronic means of identification for the first time.
128. The Delegate of Uganda added that the census had not been conducted regularly in his country. He also stressed the importance of good demographic data for disease control.
129. He was convinced that linking census to some form of compensation would facilitate the cooperation of livestock producers.
130. In the case of avian influenza, it had been announced at the time that, if there were outbreaks, the animals would need to be slaughtered but, when compensation was mentioned, livestock producers soon realised the importance of livestock census.
131. He explained that, unlike censuses taken in the past, current financial constraints made it more difficult to conduct census activities.
132. He stressed the importance of funding census activities first and, secondly, of helping countries to access finance for other activities. For example, during the World Bank-funded project to improve livestock production, updated livestock census figures had been requested in order to define actions.
133. The Delegate of Morocco congratulated the speaker on having summarised a difficult item, especially given the disparity of African livestock production.
134. He highlighted the problem in defining exactly what census constitutes (according to the title of the presentation). Sometimes the term census referred to an exhaustive list of livestock but, at other times, it referred to the result of a survey and to the extrapolation of the results provided by this survey, which was very different. The questionnaire should therefore have been more specific in order to elicit more explicit answers.
135. He said that, in Morocco, an exhaustive census is taken every 10 years. Otherwise, ad hoc surveys were carried out twice yearly, in April and October.
136. The Delegate of Morocco stressed that the aim of census depended on the user of the data captured. For instance, users could be the Veterinary Services, engineers, statisticians or administrators. However, the questionnaire had identified only the needs of the Veterinary Services. He therefore wondered what role the Veterinary Services should play in improving census systems in general.
137. The Delegate of Senegal thanked the OIE for its tribute to the late Dr Abdoulaye B. Niang. He commended the speaker for his summary.

138. He considered census to be a vital tool for surveillance and for control programmes, as well as for assessing them by means of monitoring indicators, such as mortality and morbidity.
139. The Delegate of Senegal explained that census was not a scheduled activity in his country. The Ministry of Animal Resources was responsible for the census and the Veterinary Services contributed to it. He felt that guidelines were needed and wondered whether the OIE might not be able to provide support for this.
140. He said that such guidelines could help to facilitate the harmonisation of methodological approaches.
141. In his view, a regional approach would enable a regional census programme to be conducted and potentially make it possible to find financial support.
142. The Delegate of Mauritius congratulated the speaker and asked which methodology certain countries had used to count the number of dogs and cats.
143. On the subject of livestock census, he went on to explain that the Government had a budget that had made it possible to conduct a census under special conditions: it had been implemented by means of producer incentives. The Veterinary Services had not been involved during the census itself. They were involved only afterwards, chiefly in connection with livestock disinfestation.
144. The Delegate of Ghana shared his country's experience with the Regional Commission. Prior to 1997, the Veterinary Services had been responsible for implementing censuses and possessed the required financial resources. After 1997, the rules had changed. This made it more difficult to ascertain the number of animals present.
145. He suggested that the awareness of governments should be raised so that they understood the importance of census and provided the required financial resources to fund these activities properly.
146. The Delegate of Tanzania commended the speaker. He explained that Tanzania's last census had been in 1984, adding that, since then, the livestock population had been assessed by means of a five-yearly survey. However, he was aware of the inaccuracy of the results, hence the usefulness of a total count.
147. However, he said that his Government now wanted to carry out a full census that would include all the productivity parameters. This was planned for 2012.
148. The Delegate of Cote d'Ivoire congratulated the speaker. He pointed out that census was a planning and preparation tool for controlling livestock diseases. He added that the census was taken regularly and remained very expensive.
149. He wondered whether it would not be preferable to make it mandatory to declare animal populations and to develop harmonised methods to make it possible to compare the results over a given territory.
150. The Delegate of Malawi commended the speaker. He added that, in Malawi, the census was annual. He suggested that the country's small population might facilitate the task. During the census, the country was subdivided into small segments and enumerators took the census segment by segment. Peasants and farmers helped the enumerators greatly in this task.
151. A representative of Rwanda explained that the reluctance of livestock producers to declare their animals was linked mainly to the system of taxing animals hence the problems of livestock underestimation. The Veterinary Services had succeeded in obtaining good figures by explaining to livestock producers the importance of declaring the real number of animals they owned because of repercussions on potential vaccination programmes.
152. He added that the data was important for decision-making by referring to the Minister's opening address where she described the 'one cow per family' programme. The census made it possible to ascertain where there were deficiencies, such as in dairy animals. The Veterinary Services used census data to guide national production.

153. The Delegate of Nigeria supported Ghana's proposal to raise government awareness of the census issue.
154. In Nigeria, the last census had been in 1991. Census was crucial for both animal disease control and animal production.
155. The Delegate of Lesotho said that, in his country, the Ministry of Finance statistical office was responsible for the livestock census. It was conducted every five years but was updated every year.
156. In reply to the question concerning the census data on dogs and cats that was particularly difficult to obtain, Dr Neo Mapitse stated that the figures presented had been drawn from the completed questionnaires returned by countries.
157. The OIE Director General intervened to clarify what the OIE could do to support African Veterinary Service managers on this subject.
158. He explained that the main problem associated with census for Veterinary Services was to obtain the most accurate and up-to-date possible knowledge on animal population.
159. He pointed out that animal identification had been one of the recommendations a previous OIE Regional Commission for Africa. He stressed that census and identification should be addressed in parallel.
160. The Director General underlined the need to aggregate data from different sources, including:
- Previous censuses, which were a source that needed to be cross-referenced with a variety of other data because it was not really feasible to go to every village over a very short period in order to count all the animals in a country.
  - Vaccination was another useful source, but livestock producers, when against vaccination, could hide their animals even when it's free of charge.
  - Slaughter was a further source.
  - Consumer surveys (consumption of milk, meat, etc.)
  - Data on imports and exports, etc.
161. He confirmed the importance of raising government awareness and promised that the OIE would provide its support in this. It was necessary to convince policy makers that livestock census was just as important as the human population census.
162. The Chairperson invited the Delegates of Sudan, Niger, Senegal, Morocco and Uganda to meet to prepare a recommendation on the subject of this Technical Item.

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

163. Dr Thiermann provided an update on the most recent activities of the Code Commission, resulting from the meeting of the Commission that was just completed on February 11, 2011. He gave a brief review on the work and recommendations from the Code Commission on the most relevant chapters for the region, and which will be presented for adoption during the May 2011 General Session.
164. He also explained the OIE standard setting process more in detail and provided the Delegates with recommendations as to how to improve their participation, both individually, as well as result of regional coordination, during the course of the year.
165. He spoke on the recent improvement of the chapter in criteria for listed diseases, which will be presented for the first time for comment; he then presented the diseases proposed for suppression from the list. He also described the plan by the Code Commission to organize the disease chapters in the Code on the basis of pathogen rather than host species.

166. He also mentioned the development of a new questionnaire on OIE status recognition for African horse sickness, prepared by the Scientific Commission. On FMD, he reminded Members on the importance for the region to support the adoption of the proposed new article on OIE recognition of an official national control programme for FMD.
167. He commented on the inclusion of future concepts (veterinary competencies, communication and legislation) in the Chapter on Quality of Veterinary Services, which would then be considered as PVS criteria. Other topics included the revision on the salmonellosis chapter; the continued work on animal welfare chapters, like the chapter on animals used in teaching and research, and the new chapter on broiler production. He emphasized the importance of receiving comments from Members on the draft chapter on broiler production as this will become the template for future chapters on animal welfare of production systems.
168. Dr Thiermann also informed that several Member comments were received on all diseases of bees chapters after review, they were forwarded to a new ad hoc group for consideration. In reference to the chapter on bovine spongiform encephalopathy, Dr Thiermann informed that there were no new comments or proposals from Members and that for first time in many years there would be no text on BSE for discussion during the General Session.
169. Finally, he mentioned the new chapter prepared on enzootic abortion of ewes and the chapter on swine vesicular disease and the one on rabies which will be forwarded to a new ad hoc group.

## **Discussions**

170. The Delegate for Zimbabwe enquired how to address disputes on diseases that are not listed by the OIE. In response, the President of the Code Commission noted that according to WTO obligations, importing country have the right to protect themselves regardless of whether or not the disease is listed by the OIE but they must demonstrate on a scientific basis that the disease poses a threat to their country.
171. In this regard, the importing country must demonstrate that they do not have disease or that they it under control through an eradication programme and are applying the same measures domestically as would be expected for an exporting country.
172. In addition, Dr Thiermann described another process that countries may undertake to resolve disputes by referring to the OIE mediation process where countries may write to the Director General requesting mediation. He also noted that process is confidential and requires the agreement of both countries which in dispute in order to find path forward to resolve their dispute.
173. The Delegate for South Africa raised issue with the FMD chapter noting that South Africa has FMD free zones without vaccination because the disease is endemic in buffalo in Kruger National Park and as such cannot be considered a free country as it is rather difficult to kill all the buffalo.
174. In response, Dr Thiermann, agreed with the Delegate that because of the high concentration of buffalo in South Africa which are reservoirs for the disease that it is difficult to have country free status and noted that the chapter does not make difference between domestic animals and wildlife. In this regard, there are mechanisms in the chapter that can be useful in the trade of animals and animal products. For example, the use of zoning where surveillance and biosecurity can be used to demonstrate that zones are free from FMD and domestic populations are protected. In addition, there are commodity specific recommendations where testing at ante- and post-mortem along with maturation of meat products would further guarantee the safety of the product being traded regarding FMD virus.
175. At the conclusion of Dr Thiermann's presentation and discussions Dr Vallat made an intervention on two points. He congratulated IBAR and their PANSPSO, project aimed at assisting Delegates in the OIE standard setting process and allowing Africa to speak with one voice, to consult with the OIE technical expert before scheduling their meetings so that they can be attended by the relevant OIE experts.

176. The second item was to remind African Delegates of the importance for the region of the proposed draft text on the OIE recognition of the official national control programme for FMD which is being presented for adoption during the General Session in May 2011. Delegates will have the opportunity to prepare and submit to the OIE a plan which will be reviewed and if approved by the OIE, will contribute significantly to an increased recognition of a Veterinary Services capability to manage the eventual eradication of FMD, and therefore facilitate trade. Delegates obtaining this official recognition by the OIE will be able to take the documentation to their Ministers or to donors in order to get the support necessary for a promising eradication initiative.

## **Wednesday 16 February 2011**

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### **Technical Item II:**

#### **Main pathologies of camels, breeding of camels, constraints, benefits and perspectives**

177. Dr Mehdi El Harrak began his presentation by pointing out that the dromedary camel (*Camelus dromedarius* or one-humped camel) is an important livestock species that is well-adapted to a hot, arid environment. It is most commonly found in the arid lowlands of Africa, the Middle East and Western Asia. He stated that this multipurpose livestock species has obvious economic importance given the numerous benefits of camel products (meat, milk and wool). Furthermore, it is used as a beast of burden and as a draft animal in the agriculture and transport sectors.
178. He recognised that camels were formerly thought to be resistant to most of the diseases commonly affecting livestock. However, new data have confirmed that they are susceptible to a large number of pathogens and it would also appear that camels can act as a carrier or reservoir for several transboundary animal diseases and zoonoses.
179. Dr El Harrak explained that, in 2008, the OIE *ad hoc* Group on Diseases of Camelids had classified diseases as “significant diseases in camelids” and “diseases for which camelids are potential pathogen carriers”. However, to date, little information is available on the various microorganisms associated with disease outbreaks in camelids. As a result, the final aetiology of some multifactorial diseases is not yet known. He added that there was a need to study the susceptibility of camelids to certain specific pathogens.
180. On the subject of diagnostic techniques, he mentioned that numerous tests to detect pathogens or antibodies had been described. However, these tests have not been standardised or validated and very few studies have been carried out on the control and prevention of camel diseases.
181. Giving the growing demand for live camels and camel products, he stressed the urgent need to implement a disease control programme that would improve the socioeconomic conditions of camel producers and their communities. Dr El Harrak suggested that promoting the development of a network in the camel sector and encouraging applied research into camel diseases, including carrying out epidemiological studies and setting up surveillance systems, would help to strengthen capacities in the field of camel disease control.
182. He proposed that the export industry should be encouraged and recommended that the OIE should formulate specific guidelines on international trade in camels and camel products.

183. Dr El Harrak ended by stating the most urgent needs in terms of camel production and camel diseases and he stressed the importance of:
- convincing funding agencies and governmental authorities to support camel research and development, especially in the face of current challenges (climate changes, new market opportunities, emerging diseases, poverty alleviation, etc.);
  - supporting camel producers in the intensification of camel production and include the impact of this intensification in research programmes;
  - encouraging epidemiological studies and surveillance systems, with a view to characterising camel diseases;
  - supporting national laboratories and promoting applied research on the diagnosis and control of camel diseases;
  - encouraging networking in the camel sector and the exchange and dissemination of information.

## Discussions

184. The Chairperson thanked the Rapporteur.
185. The President of the OIE Regional Commission for Africa stated that the item on major diseases of camels and camel production was of crucial importance for Africa. He thanked the OIE for having approached the topic in this way.
186. He commented that, for many years, camels have suffered from a lack of interest; yet the solution lies in our own hands.
187. The subject was raised for the first time in 2008, during the OIE General Session.
188. Investigations into unexplained mortalities of camels were conducted in 1995, by CIRAD, Plum Island and the laboratory in Dubai, but none of these institutions had been able to identify the disease involved.
189. He added that the lack of interest is possibly due to the fact that it is not the problem of developed countries. He highlighted that the OIE, alone, has considered it opportune to take this kind of topic into account. Regarding the unexplained PPR-like disease, he suggested this issue be studied by scientists.
190. Dr Berhe reminded the Commission that there were no specific vaccines for dromedaries other than for camel pox. For instance, the vaccine used for anthrax is in fact a vaccine intended for cattle.
191. He mentioned that an *ad hoc* Group on the diseases of camelids was convened by the OIE to consider the issues related to those animals.
192. He proposed to improve collaboration with AU-IBAR, AU-PANVAC and laboratories with the appropriate capabilities. Special attention must be given to unknown diseases. They must be taken into account.
193. He finished his intervention by saying that technical capacities on this topic must be strengthened and that we must work with the various institutions; he informed that there are fora in Kenya, Sudan, Mauritania which discuss the real causes of diseases of dromedaries.
194. The Delegate of Rwanda joined with his colleagues in applauding the quality of the presentation.
195. Rwanda would have to be included on map showing the distribution of camels as since 2008, the country had five camels. They are located on the border with Burundi.
196. He agreed with his colleague on the need for research on veterinary drugs and vaccines for those animals, and at the same time, encouraged the Commission to collaborate with pharmaceutical companies.
197. The Delegate of Senegal raised a question on the subject of Rift Valley Fever. According to the literature, the dromedary is considered to be an epidemiological dead end host, with transient viraemia.

198. The Delegate of Somalia thanked the speaker for his interesting presentation; she mentioned that, in Somalia, camels are more important than cattle; actually people's wealth is related to the number of camels possessed.
199. She reiterated the need to improve research in this field.
200. The Delegate of Sudan thanked the OIE for the interest shown in this subject. The OIE has always sought to know more about camel diseases. He also thanked the speaker.
201. He emphasised the need to re-examine disease of dromedaries even in the OIE's existing documents. He supported the speaker's suggestion of reviewing camel diseases in the Code.
202. He mentioned that camelids represent an important economic factor for the country and made reference to the research centre dedicated to this cause.
203. Regarding diseases that occur in Sudan, there are brucellosis, trypanosomosis and sometimes Peste des petits ruminants but camel pox is the most important and is an obstacle for export.
204. He recommended creating a network of experts to share knowledge on dromedaries' diseases.
205. The camel population in Sudan is increasing rapidly, and far more than other species. Camels eat grass intended for small ruminants, and this is also a problem since it restricts the development of the latter.
206. The Delegate of Niger hailed the work of the Biological Standards Commission. At the last OIE General Session in Paris, the importance of focusing on diseases of dromedaries was emphasised, in view of their economic and cultural value. We should applaud the progress made on this species.
207. He said that in Niger, from 1991 to 1996, they had conducted zootechnical and animal health monitoring with monitoring of farmers every month. The findings that emerged from this work were as follows:
- The primary pathology was camel mange. Treatments were mainly traditional but did not give good results.
  - Haemonchosis was the second most common pathological problem. The problem was resolved through the use of antiparasitics.
  - Trypanosomosis was also a problem. However, there were very few biting insects. These were in fact found mainly in small valleys and gullies, and that was where camels were exposed.
  - The problem of diarrhoea in camels was the subject of a student's thesis, which did not, however, produce very interesting results. Certain practices are known to cause diarrhoea, such as not feeding colostrum to calves.
  - Pasteurellosis is a problem, with sudden death as the only visible sign. In this respect, certain vaccines have been used for the past two years, but they are not specific to camels and are the same as those used in cattle.
  - Camel pox had been a major problem this year. It was highly contagious, as revealed by the country's epidemiological surveillance network.
208. He supported the idea of research on this species, since this was the only way to shed light on unexplained diseases.
209. The representative of Morocco thanked the Rapporteur for his detailed and highly instructive and informative presentation. He has put his finger on the strengths and the weakness of the camel sector throughout the world.
210. He commented that there is insufficient progress with scientific research on dromedaries, which accounts for the paucity of negotiations with our import and export trading partners on health conditions, and the fact that trade with our countries remains limited.
211. He suggested that the OIE, through the *ad hoc* Group, expedite the elaboration of guidelines to serve as the basis for countries' negotiations with their partners. The representative of Morocco invited the laboratories to provide validated diagnostic techniques, failing which the health status of camels in terms of certain diseases could not be certified.

212. The Delegate of Kenya also thanked the speaker.
213. He started his intervention by mentioning that pastoralists in Kenya consider dromedaries as a 'fixed account' and a safe investment. In this respect camels even occupy the leading position.
214. He informed that, in his country, exists a camel milk treatment plant and food products from camels are available on the market.
215. There are documents on camels, and research work exists therefore, but it all needs to be collected. For example, a lot of research was done in Kenya in the 1980s.
216. The Delegate of Kenya commented that camel pox is the major disease in Kenya. The dromedary acts as a kind of sentinel for Rift Valley fever. Abortions are a sign that triggers suspicion of the disease. However, in the case of foot and mouth disease, there is no clinical disease.
217. Regarding the unexplained diseases, he suggested that studies be undertaken in order to elucidate this phenomenon.
218. The Delegate of Algeria thanked the speaker for his presentation rich in information. He continued by explaining that today one could see that the dromedary was present on a global scale and not just in Africa.
219. He concluded wondering if studies related to the sensitivity of camelids to Foot and Mouth Disease existed.
220. The Delegate of Djibouti congratulated the speaker as well as the OIE for having set up an *ad hoc* Group.
221. He reminded that dromedaries are known to be resistant but research needs to be developed on the species.
222. He wondered if there were any studies indicating the role of probiotics and detoxifiers in fermented milk.
223. Dr Alex Thiermann, President of the OIE Code Commission, thanked the speaker for his presentation and made reference to Kenya's comment reminding the importance of being proactive.
224. He invited the Delegates to express themselves clearly regarding what they expect from the OIE on this topic. He highlighted that the OIE was currently reviewing the various diseases but the problem of healthy carriers needed to be examined. The dromedary can be considered as a non-susceptible animal for foot and mouth disease and the Code has been modified.
225. He concluded reiterating that it is up to the Member Countries to define the needs and to inform the OIE about them in order to develop adapted standards and guidelines.
226. Dr El Harrak then answered the various questions as follows:
- Regarding Foot and mouth disease: the disease behaves differently in the three species of camelids;
  - Two hump camels are susceptible and express the disease as bovine do;
  - For camelids in the Americas, the situation is contradictory;
  - African dromedaries do not express the disease in the natural state or even under experimental conditions. Furthermore, there is no seroconversion, as demonstrated during a survey in several countries. Nevertheless, further studies could be carried out.
  - Rift Valley fever: dromedaries express the disease. Abortions are reported, with viraemia and therefore seroconversion; however, the duration of viraemia is not known. The animal can therefore transmit Rift Valley fever, as is the case of bluetongue, and is therefore not an epidemiological dead-end host. It is, however, a dead-end host for West Nile fever virus.
  - Antiparasitics. Antiparasitic resistance exists. Research is therefore needed. For trypanosomosis or gastro-intestinal diseases, the study protocols have not yet been clearly defined, but the question has been raised in the *ad hoc* Group.

- The existence of multifactorial diseases must not be overlooked, since not all diseases have a single aetiology. The *ad hoc* Group will need to validate diagnostic tests.
- Milk: Regarding the probiotic and detoxifying properties of fermented milk, there were indeed a number of studies but the speaker indicated that he was not a specialist in this field.

227. The Chairperson concluded by saying that the Delegates would no doubt all agree with him that the Rapporteur, Dr El Harrak, was not exaggerating, when he said in his introduction that his aim was to restore camelids to the position they so richly deserve.

## **ANIMAL HEALTH SITUATION OF AFRICAN MEMBER COUNTRIES DURING 2010**

228. The Session Chairman, Dr Mohammed Abdel Razig Abdel Aziz, Delegate of Sudan, invited Dr Francesco Berlingieri, Deputy Head of the OIE Animal Health Information Department, to give details on the animal health situation of OIE Members in the region in 2010.

229. This report is based on information contained in the national reports submitted by Member Countries of the OIE Regional Commission for the Africa in preparation for the Commission's 19th Conference and on official data obtained via the World Animal Health Information System (WAHIS).

230. In preparation for the Conference, the OIE requested the relevant Members to submit a report on their animal health situation in 2010. The following 37 countries submitted reports: Algeria, Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Comoros, Congo (Dem. Rep. of the), Congo (Rep. of the), Côte D'Ivoire, Djibouti, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Malawi, Mauritania, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Somalia, South Africa, Sudan, Tanzania, Togo, Tunisia, Uganda and Zimbabwe.

### **I. Animal populations in Africa**

231. The African continent is a large land mass with a surface area of 30 272 265 km<sup>2</sup> and a human population of 984 927 620, which gives a population density of 32.54 /km<sup>2</sup>.

232. The average livestock population in Africa for the period 2005-2009 is given in Table 1. To avoid bias, only those countries that have provided data for at least three of the years between 2005 and 2009 have been used in the analysis. Where data were missing for one or two years, we used an estimate of the missing information<sup>2</sup>. On this basis, the animal population was calculated using the following numbers of countries for the various categories of livestock: birds (32 countries); camels (21 countries); cattle (41 countries); equidae (20 countries); sheep and goats (40 countries); and swine (29 countries).

233. The most numerous animal populations were: birds (average 818 028 033), sheep/goats (average 589 150 341) and cattle (average 240 750 329). The percentage variation in each of these three populations, taking 2005 as the reference year, shows that the bird population decreased slightly in 2006-2007 (from -2.7% to -2%) and then increased by 10% in 2009. The sheep and goat population increased constantly during 2006-2008 (from 13% to 19%) with a slight decrease in 2009 (to 16%). Over the 2006-2009 period the cattle population increased constantly (variation: 1.8% to 10%) (Figure1).

<sup>1</sup> Source: <http://www.populationdata.net/index2.php?option=continent&cid=1&nom=afrique>

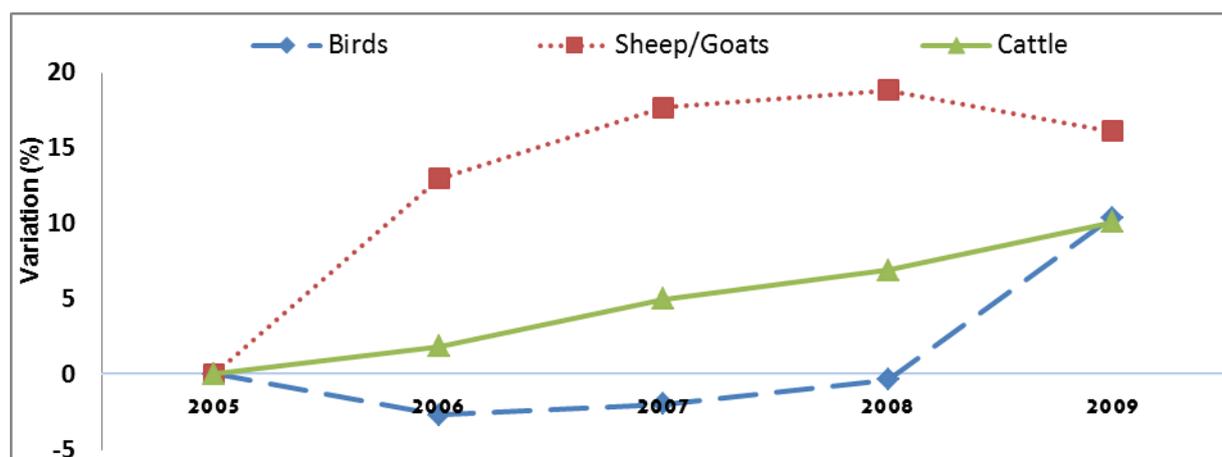
<sup>2</sup> The estimate was based on the average between the year before and the year after the missing value.

**Table 1: Distribution of the animal livestock population in Africa during the period 2005-2009**

Species	2005	2006	2007	2008	2009	Average
Birds	809 491 265	787 564 849	793 167 290	806 283 369	893 633 392	<b>818 028 033</b>
Sheep/Goats	520 826 980	588 296 596	612 971 932	619 020 562	604 635 636	<b>589 150 341</b>
Cattle	229 821 928	234 024 688	241 277 266	245 668 965	252 958 797	<b>240 750 329</b>
Swine	22 487 416	23 406 663	24 310 154	24 802 854	25 615 814	<b>24 124 580</b>
Camelidae	17 930 220	18 254 157	19 369 768	18 695 748	18 991 454	<b>18 648 269</b>
Equidae	17 572 413	17 977 572	21 603 555	19 671 570	23 067 376	<b>19 978 497</b>
Buffaloes	2 377 204	2 455 504	2 737 349	2 664 185	2 664 313	<b>2 579 711</b>

234. According to the data provided during this period, three countries (presented in decreasing order), Nigeria, Algeria and South Africa, accounted for 40% of the total farmed bird population in Africa.
235. Five countries, Nigeria, Sudan, Ethiopia, South Africa and Somalia, accounted for around 57% of the sheep and goat population in Africa.
236. Four countries, Ethiopia, Sudan, Tanzania and Nigeria, accounted for 50% of the cattle population in Africa.

**Figure 1: Variation (%) in animal production in Africa since 2005, by category**

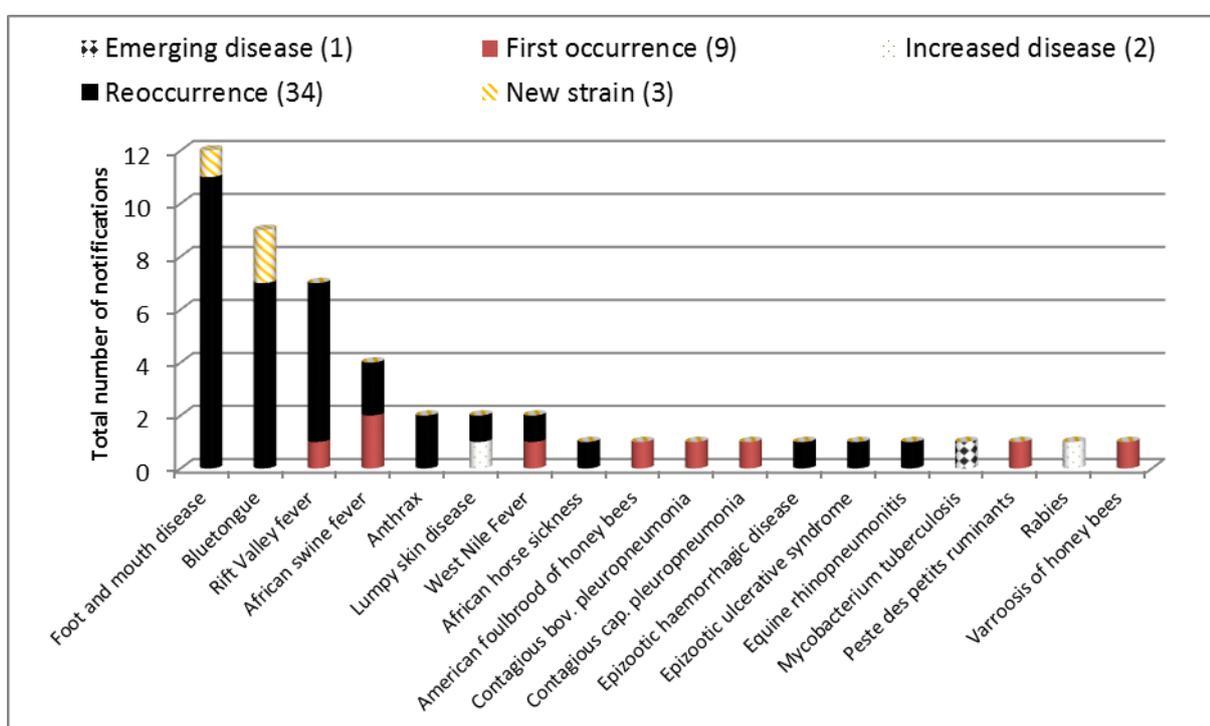


237. Farmed aquatic animal populations in Africa were reported by few countries and not on a regular basis. During the period 2005-2009, the farmed mollusc population was reported by Madagascar, Tunisia and Reunion (France), the crustacean population by Madagascar and Rep. of the Congo and the fish population by Botswana, Lesotho, Madagascar, Rep. of the Congo, Reunion (France), Rwanda, Swaziland, Tanzania and Tunisia.
238. The importance of regularly reporting animal population, including aquaculture and fisheries, needs to be highlighted. Population figures for categories such as bees, camels and equidae were reported by fewer than 50% of the countries. The absence of animal population figures for many countries in Africa, or the lack of updated figures, limits the possibility of assessing livestock production trends across the entire continent.

## II. Exceptional epidemiological events and diseases

239. Figure 2 gives an overview of the exceptional epidemiological events and diseases notified by Member Countries in the region in 2009 and 2010, with 49 immediate notifications.
240. The diseases most frequently notified were foot and mouth disease (12 notifications) and bluetongue (9 notifications), both notified as *re-occurrence* and *new strain*, and Rift Valley fever (7 notifications), notified as *first occurrence* or *re-occurrence*.
241. Two countries notified an *unexpected increase in morbidity or mortality*, relating to lumpy skin disease in Namibia and rabies in Angola. Both occurrences were in 2009.
242. In July 2010, Ghana notified *Mycobacterium tuberculosis* (the pathogenic agent of human tuberculosis) as an emerging disease in a wildlife species, following its detection in warthog (*Phacochoerus africanus*) in Accra Zoo, in the Greater Accra Region. This is an example of how notifications can include an exceptional event related to any emerging disease, even if it is not on the OIE list.
243. A more detailed analysis of selected diseases is provided in the following sections of the report.

**Figure 2: Immediate notifications in Africa in 2009 and 2010, by disease**



## III. Simulation exercises

244. Of the 110 simulation exercises of which the OIE was informed during the period 2005-2010, 10 (9%) were conducted in Africa. They were mainly on avian influenza (9) and rinderpest disease (1) (Table 2).

**Table 2: Simulation exercises conducted in Africa in 2005–2010, details of which were circulated via the OIE-Info. Distribution list and published on the OIE website**

	Location	Disease	Date
1	Senegal	Avian influenza	7 and 8 November 2006
2	Algeria	Avian influenza	21 June 2006
3	Morocco	Avian influenza	14 March 2006
4	Kenya - Uganda	Highly pathogenic avian influenza	26 to 29 April 2010
5	Malawi	Highly pathogenic avian influenza	9 and 10 December 2009
6	Mali	Highly pathogenic avian influenza	25 to 27 June 2009
7	Swaziland	Highly pathogenic avian influenza	21 to 23 July 2010
8	Togo	Highly pathogenic avian influenza	4 to 8 May 2010
9	Zambia	Highly pathogenic avian influenza	29 to 30 September 2009
10	Kenya - Ethiopia	Rinderpest disease	15 to 19 June 2010

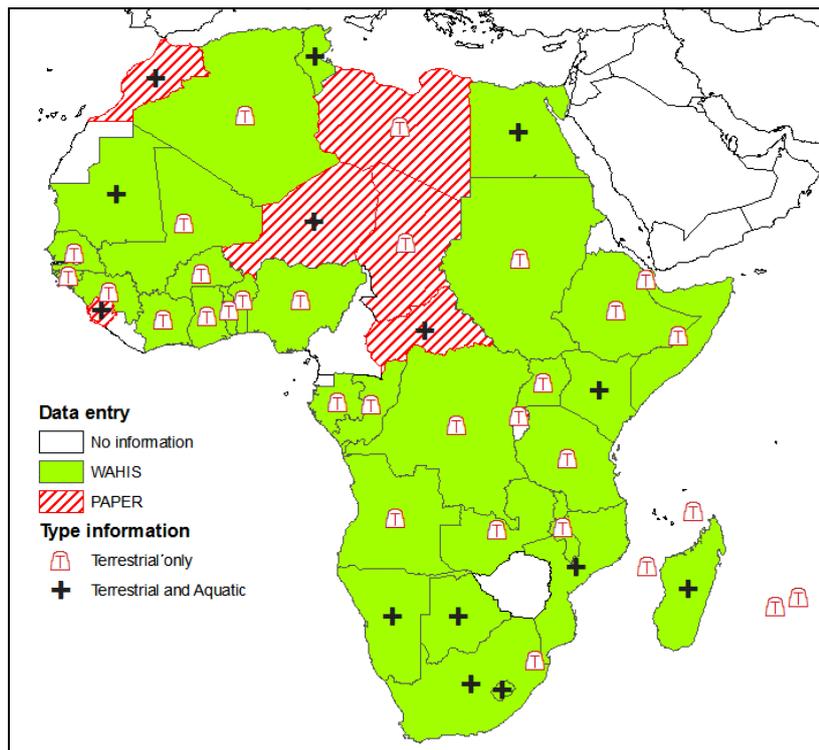
#### IV. Six-monthly reports

245. There are 53 OIE Member Countries in the African region. In 2008, 49 Members (93%) submitted their six-monthly and annual reports through WAHIS. Between 2005 and 2009, an average of 45 countries submitted the six-monthly reports, of which 43 countries completed the annual part.
246. In Africa, 62% (33 countries/territories<sup>3</sup>) have regularly submitted their six-monthly and annual reports, 30% (17 countries/territories) have submitted information on an irregular basis and 6% (3 countries<sup>4</sup>) have sent no information since 2005.
247. Of the 42 six-monthly reports submitted in the first semester of 2010, 37 countries submitted the information directly via the WAHIS interface and three countries submitted the report in paper format; 33% of the countries (14 countries) submitted information on terrestrial and aquatic animals, 67% (28 countries) provided only information on terrestrial animals. Figure 3 summarises the situation for the submission of the first six-monthly report for 2010.

<sup>3</sup> Algeria, Angola, Benin, Botswana, Burkina Faso, Central African Republic, Chad, Congo (Dem. Rep. of the), Congo (Rep. of the), Côte D'Ivoire, Djibouti, Egypt, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Mauritania, Morocco, Mozambique, Namibia, Niger, Nigeria, Reunion (France), Senegal, South Africa, Sudan, Swaziland, Togo, Tunisia, and Uganda.

<sup>4</sup> Equatorial Guinea, Sao Tome and Principe, and Seychelle s (New Member since 2010).

**Figure 3: Six-monthly report, 1st semester of 2010, by type of submission and recorded information**



248. In Africa there is room for improvement with respect to the number of countries reporting regularly and in a timely fashion to the OIE via WAHIS. There is also a need to improve the information available on aquatic diseases in African countries, especially those that have developed aquaculture sectors, so that the disease situation can be monitored.

### **SITUATION RELATING TO SELECTED OIE-LISTED DISEASES**

#### **Foot and mouth disease**

249. Foot and mouth disease (FMD) is a member of the family *Picornaviridae*, genus *Aphthovirus*. The relevance of FMD mainly lies in trade disruption in countries or zones officially recognised as FMD free, due to the animal disease status of trading partners. FMD also has serious repercussions for livestock due to reduced growth rate, morbidity and mortality in young stock. There are seven immunologically distinct serotypes of FMD virus, four of which (A, O, SAT 1 and SAT 2) were reported in Africa in 2009 and 2010. The disease is present throughout almost the entire continent but some exceptional epidemiological events relating to FMD were notified from the southern part of the continent in 2010, linked with serotypes O, SAT 1 and SAT 2. Table 3 shows the African Member Countries that have an official OIE-recognised FMD status.

**Table 3: List of foot and mouth disease (FMD) free Member Countries  
(According to Resolution No. 15 - 78th General Session May 2010)**

<b>FMD-free country without vaccination</b>	<b>FMD-free zone without vaccination</b>
<b>Lesotho</b>	<b>Botswana</b> (Zones designated by the Delegate of Botswana in 2009)
<b>Madagascar</b>	<b>Namibia</b> (Zones designated by the Delegate of Namibia in 1997)
<b>Mauritius</b>	<b>South Africa</b> (Zones designated by the Delegate of South Africa in 2005)
<b>Swaziland</b>	

250. SAT 2 is being reported by Angola with an outbreak that started in 2009; no new outbreaks were reported in 2010 although surveillance is still being carried out. Botswana reported FMD due to a SAT 2 outbreak in September 2010 in the northern part of the country, near the border with Namibia, Zambia and Zimbabwe; the infection was attributed to contacts with wild mammal species.
251. Zimbabwe reported, between May and June 2010, four outbreaks with 190 cases (due to the same serotype) in a zone near the border with Botswana; the infection with SAT 2 was linked to contact with infected animals at a grazing/watering point. The source of the outbreak was illegal movement of cattle from an endemic area. The outbreaks were brought under control using vaccination and movement control.
252. Mozambique reported 8 outbreaks in September 2010 in Gaza in cattle and sheep; the source of the outbreak appears to have been illegal movement of animals. Two more outbreaks were reported in December 2010 in the Maputo area.
253. The four outbreaks (SAT 1) reported by South Africa in September 2009, adjacent to the FMD Infected Zone, in Kruger National Park, where FMD infection is known to be present in wild mammals, were resolved in May 2010. A new outbreak of FMD in cattle (serotype typing is still pending) was reported in August 2010 in South Africa's FMD Protection Zone.
254. Namibia reported an FMD outbreak due to serotype SAT 1 in April 2010 in domestic animals in Caprivi. The outbreak was due to infected wild animals, possibly African buffalo (*Syncerus caffer*). The outbreak occurred near the border with Botswana, Zambia and Zimbabwe; 144 cases were detected in the outbreak out of a total susceptible population of 1812 cattle. The last evidence of clinical disease was detected on 6 May 2010. A 40-km-radius protection zone was established around the infected Impalila Island (on the Zambezi River) and ring vaccinations were carried out within a radius of 80 km resulting in the vaccination of 55 733 cattle. A total of 3377 serum samples were collected from Kavango, Outapi and Ohangwena in the protection zone. All but two of the samples were found to be negative for FMD. The area was placed under intensive surveillance and livestock movement restrictions. As no further cases were detected, the decision was taken to lift the restrictions on 20 December 2010.
255. FMD due to serotype O has been reported by several countries in the north-western part of Africa. Zambia reported an outbreak in cattle in September 2010 due to serotype O in the northern part of the country (near the border with Tanzania); the outbreak was linked to the illegal movement of animals from Tanzania.
256. Following the reoccurrence of the disease in Angola in February 2009, the contingency plan was activated. In 2010, no cases were reported despite active surveillance being carried out. In 2010, Ethiopia collected over 3183 samples, 447 of which were positive for FMD. In North Africa, Algeria, Morocco and Tunisia have not reported any outbreaks of FMD since the last occurrence in 1999, introduced from sub-Saharan Africa. In 2010, Algeria vaccinated 747 673 cattle against FMD. In Tunisia, since the last introduction of the disease in 1999, the Veterinary Services have been vaccinating cattle, sheep and goats against FMD



262. The persistence of the four FMD serotypes (A, O, SAT 1, SAT 2) in Africa throughout large portions of the continent indicates the need to maintain efforts to control the disease. Each eradication plan needs to be tailored to national needs and the capacity to control the disease. Besides the procedure for OIE official recognition of FMD status (FMD free with or without vaccination), there is the FAO/OIE Progressive FMD Control Pathway. This roadmap can be used by Member Countries, not yet ready to achieve the official recognition status, to advance in their control of the disease. By following the different steps, countries may eventually, in the medium- and long term, achieve an officially recognised status.

### **Rift Valley fever**

263. Rift Valley fever (RVF) is a peracute or acute zoonotic disease of domestic ruminants. 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.
264. In 2010, the southern part of the continent was affected and RVF also occurred in Mauritania after a 2-year absence.
265. In South Africa there were two RVF disease events in 2010. The first started in November 2009 in Northern Cape Province and was resolved in January 2010; 53 cases occurred on 19 farms with 9564 susceptible animals (cattle, sheep and goats). The second RVF disease event started in January and was resolved in September 2010, 489 outbreaks with 14 342 cases occurring in a population of 356 398 susceptible animals. Several cases were reported in wildlife, involving the following species: springbok (*Antidorcas marsupialis*), fallow deer (*Dama dama*), sable antelopes (*Hippotragus niger*), nyala (*Tragelaphus angasii*), kudu (*Tragelaphus strepsiceros*), gemsbok (*Oryx gazella*), Asian buffalo (*Bubalus bubalis arnee*), and bontebok (*Damaliscus dorcas*).
266. Starting in January 2010, abnormally high rainfall was recorded in South Africa, where the normal expected rainfall for the area is 450 mm per annum; the rainfall in January 2010 was 400 mm. As of 27 March 2010, the South African Ministry of Health reported 63 human RVF cases, including two deaths, in Free State, Eastern Cape and Northern Cape provinces<sup>5</sup>. As of 1 October 2010, the National Institute for Communicable Diseases (NICD) confirmed a total of 237 human cases and 26 deaths. Of the 237 confirmed cases, data on occupation is available for 222 cases (94%). Of these, the majority (82% 182/222) were working in direct contact with animals (Table 4).

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<sup>5</sup> [http://www.glews.net/index.php?option=com\\_content&view=frontpage](http://www.glews.net/index.php?option=com_content&view=frontpage)

**Table 4: Laboratory-confirmed cases of RVF in humans in South Africa, by occupation group**

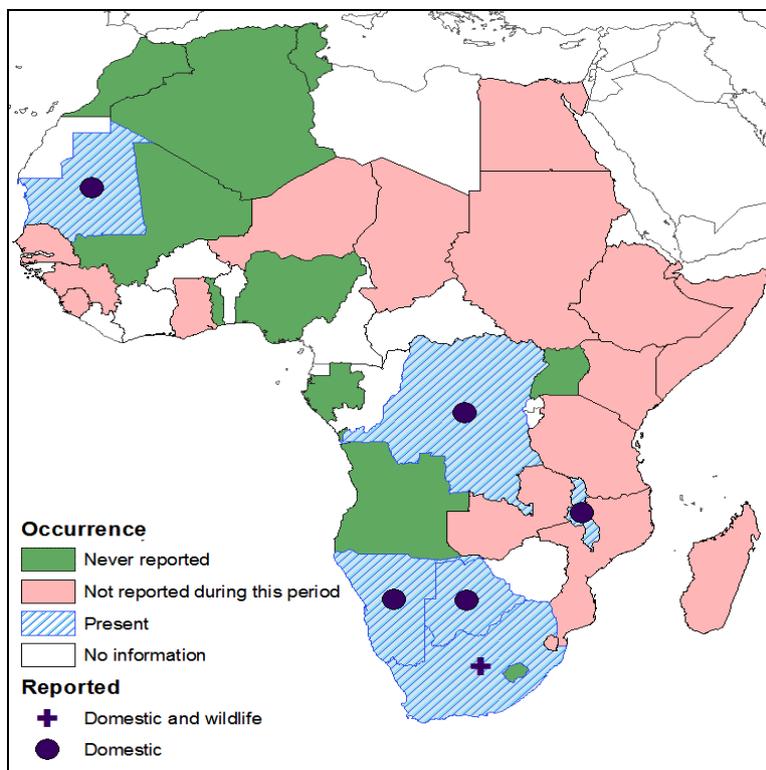
<b>Occupation</b>	<b>No. (%)</b>
Farmer or farm worker	138 (61)
Animal health worker *	16 (7)
Abattoir worker, meat inspector or hunter	28 (13)
Farm resident (non farm-worker)	3 (1)
Non-animal-related occupation	37 (17)
<b>Total with known occupation</b>	<b>222 (100)</b>
* Includes veterinarians, veterinary assistants/nurses, animal health technicians.	

Source: <http://www.nicd.ac.za/>

267. For the 2010 football World Cup organised in South Africa, the country strengthened its surveillance and alert system. The Veterinary Services improved the communication strategy, focussing their attention on the outbreaks near the areas around the 30 major cities.
268. In January 2011 the South African Veterinary Services notified the reoccurrence of RVF, in a sheep in Western Cape Province.
269. Epizootic outbreaks of RVF can occur in peri-endemic countries due an above average rainfall and climatic conditions favourable for the development of competent vectors. This occurred in Namibia and Botswana.
270. In Namibia, which had not reported any outbreak of RVF since 1985, RVF was notified in Hardap province with an outbreak in a commercial sheep flock in May 2010. The veterinary authorities inspected 75 premises in the same province and detected 6 new outbreaks. During the general surveillance, the disease was detected in Erongo and Karas provinces. Temperatures were low with the onset of winter and stopped vector activities.
271. In May 2010, Botswana notified the first occurrence of RVF, with one outbreak in Gaborone; 155 cases and 103 deaths occurred among a population of 3122 susceptible animals (cattle, goats and sheep). The husbandry system practised in the outbreak area is of the communal grazing type with unrestricted animal movements. The outbreak area has abundant surface water, with small-scale horticultural irrigation projects providing an environment conducive for mosquitoes. This event was resolved in November 2010. The control measures applied were quarantine, movement control inside the country and symptomatic treatment for affected animals.
272. In October 2010, Mauritania reported the reoccurrence of RVF (last occurrence was in 2008). Outbreaks occurred in Aoujeft (villages of Meddah and Erdeime), Atar (villages of Tawaz and Agjatt) and Akjoujt (villages of Akjoujt and Tourarine) provinces. The affected population comprised sheep and goats (550 susceptible and 144 cases) and camels (120 susceptible and 29 cases). Mauritania experienced higher rainfall than usual in 2010, leading to an increased circulation of RVF vectors in certain Wilayas (Adrar) in the north of the country. Comoros mentioned the presence of RVF in both 2009 and 2010. Ethiopia tested 2833 samples in 2009 and 2010, mainly in sheep, goats and cattle in Somali province; all samples were negative.
273. Djibouti has an active surveillance programme for RVF with sentinel animals near the Regional Quarantine Centre. In 2010, one hundred blood samples were collected at the abattoir and all tested negative.

274. Figure 5 shows the distribution of RVF occurrence in 2010, based on the information provided by 41 countries. South Africa is the only country that provided information on affected wildlife populations. Malawi and Congo (Dem. Rep. of the) reported the presence of the disease but did not provide quantitative information.

**Figure 5: Distribution of Rift Valley fever in Africa, by country**



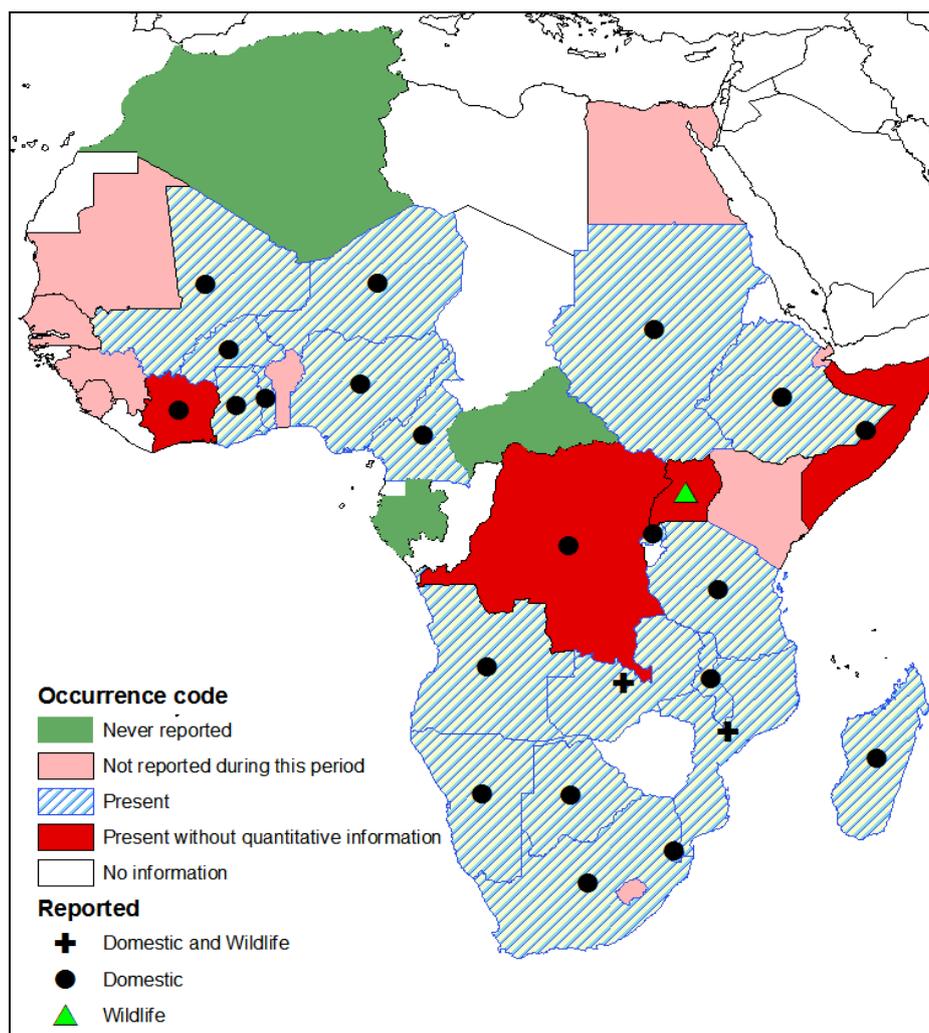
275. The last occurrence of RVF in Sudan reported to the OIE was in November 2008. In 2010, Sudan organised awareness campaigns and performed vector control campaigns.
276. In Kenya there were no clinical cases in 2010. In response to the predicted threat of RVF following an above average seasonal precipitation, 1 050 000 doses of RVF vaccine were administered to vulnerable species in identified RVF hotspots in the country. RVF has not been reported in Uganda although it could be a threat because it has been reported in North Eastern Kenya and Northern Tanzania, both of which border Uganda. Active surveillance is ongoing for early detection of the disease.

### **Lumpy skin disease**

277. Lumpy skin disease (LSD) is caused by a DNA virus of the family *Poxviridae*, genus *Capripoxvirus*. The main method of transmission is mechanical, by arthropod vector, where mosquitoes and flies play a major role. In the past, LSD was restricted to sub-Saharan Africa but it currently occurs in several African countries.
278. In 2009/2010, Namibia reported an increase in LSD incidence. Even though LSD normally occurs sporadically in the country, an increase in the geographical distribution and incidence had been noted since July 2008. The average number of cases notified annually during the period 2005-2008 was 212, in sharp contrast to the 1546 notified in 2009. Twenty-six cases occurred in the first half of 2010, representing a decline in numbers. Ring vaccination was applied.
279. In Malawi, disease occurrence follows a 3- to 5-year cycle. In 2010, 14 cases were reported. Vaccination is performed in the event of an outbreak. In Angola, a national prophylaxis programme was implemented, as a result of which the number of cases decreased from 296 (first semester 2009) to 48 (first semester 2010).

280. In Sudan, the disease was first reported in 1971 and again in 1978/79. Cattle were vaccinated using an alternative sheep pox vaccine which ultimately resulted in a decrease of infection. During the year 2010, 6 outbreaks were reported and 3121 cattle were vaccinated (routine and ring vaccination).
281. Of the 44 countries that submitted information for 2010, Congo (Rep. of the) and Guinea-Bissau were the only countries not to have provided information on this disease. Algeria, Central African Rep., Gabon, Morocco and Tunisia indicated that LSD had never been reported. Twenty-four countries (55%) reported the disease as present; however, Côte d'Ivoire, Congo (Dem. Rep. of the), Somalia and Uganda notified the disease as present but did not provide quantitative information for this period. Uganda is the only country that reported information on wildlife species. The distribution of LSD in susceptible domestic animals and wildlife (where reported) is shown in Figure 6.

**Figure 6: Reported distribution of lumpy skin disease in Africa, by country**



282. In conclusion, only 20 Member Countries provided quantitative data on LSD, despite the ease with which it can be clinically diagnosed. This shows that there is a need to improve data collection on this and other diseases that can easily be clinically diagnosed in the field. This will allow a more accurate estimate of their impact in affected countries.

### **West Nile fever**

283. West Nile fever (WNF) is a viral zoonotic disease transmitted by certain species of mosquitoes. West Nile virus is maintained in a mosquito–bird–mosquito transmission cycle, whereas humans and equidae can be infected but are dead-end hosts.

284. WNF has been notifiable to the OIE since January 2006. During the period 2006-2010, WNF has been the subject of immediate notifications to the OIE by only two countries: Madagascar and Morocco, in 2010. In May 2010, Madagascar reported six outbreaks that started in September 2009 in poultry (sub-clinical infection), affecting 418 animals among an exposed population of 2003. WNF is known to have been reported in humans in Madagascar since 1975. However, the absence of surveillance in horses and birds (wild and domestic) explains this late confirmation of the disease.
285. As of 31 December 2010, Morocco, which had not reported any outbreaks since 2003, reported 24 outbreaks in the equine population, with 26 cases and 8 deaths. In December, the estimated morbidity rate was 14.86% and the mortality rate 5.71%. A total of 7000 equines have been vaccinated.
286. Human cases were reported only by Madagascar (2009) and South Africa (2006 and 2008). No information has been provided by the other countries, which suggests that the disease is underreported, likely due to the lack of active surveillance in equines and birds in the majority of countries.
287. In the first six-monthly report for 2010, 9 countries notified the control measures used (Table 5). It should be noted that none of the other 33 countries in Africa provided any information on the control measures in 2010 and only three countries reported control of vectors.

**Table 5: Control measures reported for WNF in 2010, by country**

	Country	Notifiable disease	Precaution at border	Monitoring	Screening	Surveillance	Movement control	Control of vectors
1	Algeria	Yes						
2	Botswana					General		
3	Kenya		Yes			General		
4	Madagascar	Yes	Yes		Yes			Yes
5	Morocco	Yes	Yes			General		
6	Mozambique	Yes	Yes	Yes		General		
7	Nigeria					General		
8	Reunion (France)	Yes				Targeted	Yes	Yes
9	Tunisia	Yes	Yes			General		Yes

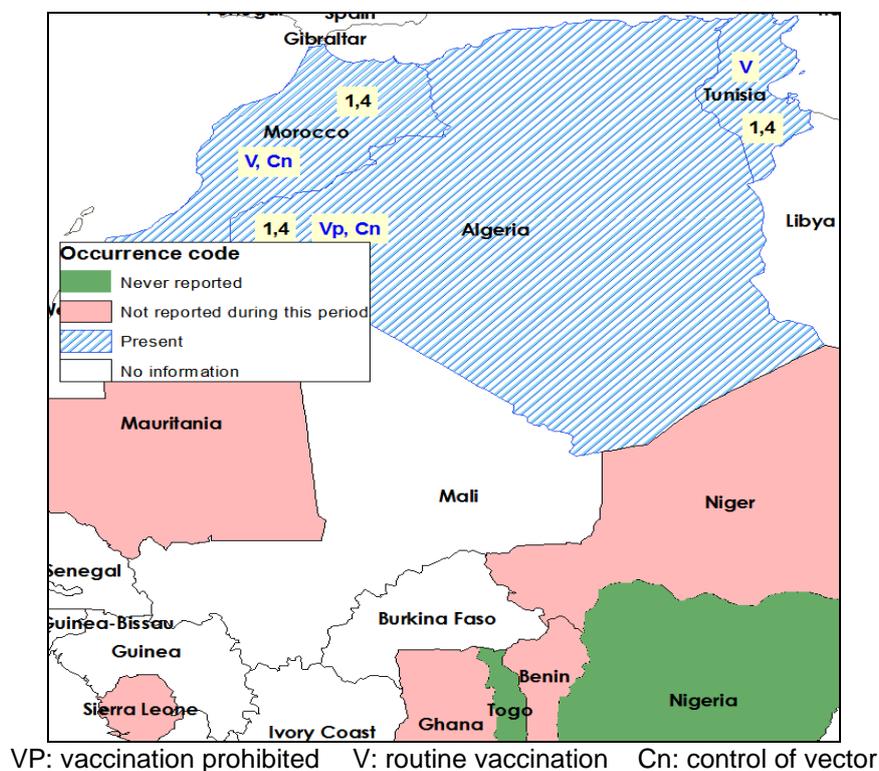
288. It should be emphasised that some European countries north of the Mediterranean (Greece, Italy, Portugal and Spain) reported the occurrence of the disease in 2010, as was also the case with Morocco among countries south of the Mediterranean in North Africa. This emerging situation suggests that other Mediterranean countries are also affected by the disease and that they need to strengthen their active surveillance systems in equidae and wild birds, especially at points along bird migratory routes. This activity of the Veterinary Services is important since it can serve as an early warning to protect human populations when infection is identified in animals.

### **Bluetongue**

289. Bluetongue is caused by a virus of the family *Reoviridae*, genus *Orbivirus*. Bluetongue virus (BTV) species contain 24 recognised serotypes. Midges are the only significant natural transmitters (genus *Culicoides* spp.). Thus the distribution and prevalence of the disease is governed by ecological factors (i.e. high rainfall, temperature, humidity and soil characteristics); hence, in many parts of the world, infections have a seasonal occurrence.
290. In 2008, the non-vesicular Reference Laboratory in Pirbright, United Kingdom, confirmed the presence of bluetongue serotype 9 (BTV-9) in samples received from Libya. However, this information has not been reported by the national Veterinary Services, despite numerous requests from the OIE to notify it.

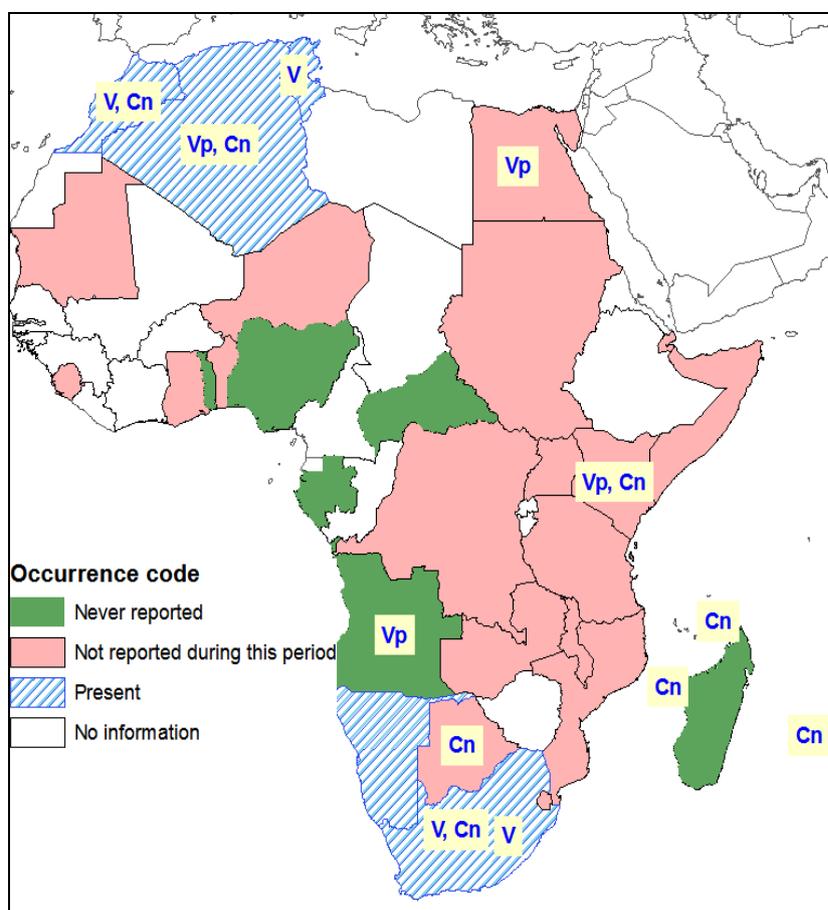
291. Algeria, Morocco and Tunisia notified the reoccurrence of bluetongue in 2009 and 2010. In 2009, Algeria reported the reoccurrence of bluetongue due to serotype BTV-1, with a total of 19 outbreaks in the Wilaya of Ghardaia in the north of the country. In February 2010, two outbreaks due to serotype BTV-4 with no clinical signs were confirmed by laboratory testing, in cattle in El Bayad. In September 2010, bluetongue due to serotype 1 occurred in the north of the country, in Bejaia, Tizi Ouzou and Bouira, with 46 outbreaks; in these outbreaks the morbidity rate was of 8.68%. This was the first recurrence of the disease due to serotype 1 since March 2010, despite the fact that many outbreaks were reported in 2009 in several other parts of the country. Vaccination against bluetongue is prohibited in Algeria.
292. In 2009, Morocco reported 60 outbreaks due to serotype BTV-1 and 34 outbreaks due to serotype BTV-4. In July 2010, the event began involving, outbreaks due to serotype BTV-4 and outbreaks due to serotype BTV-1 were reported. On 31 December 2010, 276 outbreaks were declared in sheep. The country implemented vaccination and quarantine measures in response to the outbreaks. The first event started in July 2010 and was confirmed to be due to two serotypes, 1 and 4. The morbidity rate was 2.68% and the mortality rate 0.51%. A total of 137 000 sheep were vaccinated in 2010.
293. In 2009, Tunisia reported 5 outbreaks of bluetongue due to serotype 1 and also reported the first occurrence of serotype 4 in the country, also with 5 outbreaks. Both episodes occurred in Sidi Bouzid, in the centre of the country, near humid areas. The authorities vaccinate the sheep population every year during the period January to April.
294. Several BT serotypes have been reported around the Mediterranean basin. Serotypes 1 and 4 were reported to be circulating in the Maghreb, Southern European countries and the Middle East. There are also other serotypes (e.g. BTV-8 and BTV-24) that were reported in the Mediterranean area in 2009 and 2010 which have not been reported on the African continent. Surveillance needs to be maintained in order to detect the appearance of any new BT serotype affecting several Mediterranean African countries (Morocco, Algeria, Tunisia and Libya) and southern African countries.
295. Although the disease was reported present by seven countries in 2010, only Algeria, Morocco and Tunisia indicated that the circulating serotypes of bluetongue were 1 and 4 (Figure 7).

**Figure 7: Bluetongue serotypes reported in Africa in 2010**



296. During the period 2005-2010, bluetongue was notified in domestic animals in 10 countries in Africa, only six of which submitted quantitative data. The distribution of the disease and the vaccination and control of vectors in 2010 are shown in Figure 8.

**Figure 8: Bluetongue distribution and control measures in Africa, by country**

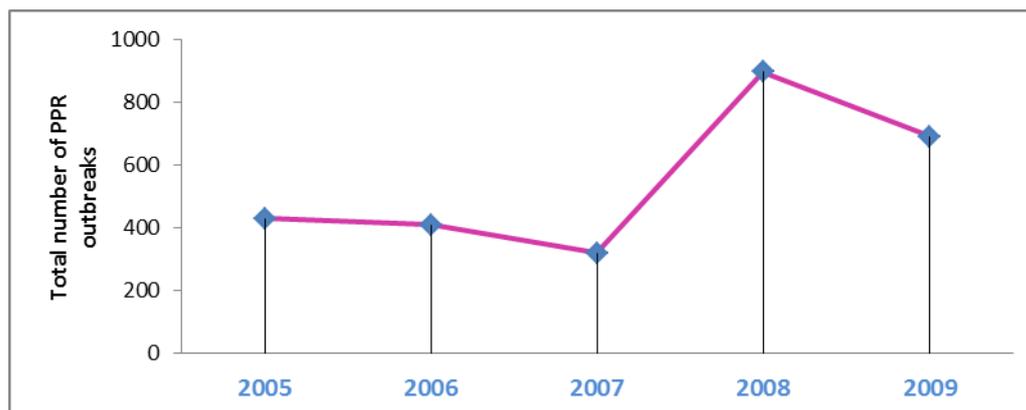


VP: vaccination prohibited      V: routine vaccination      Cn: control of vector

### **Peste des petits ruminants**

297. Peste des petits ruminant (PPR) is an acute contagious disease caused by a *Morbillivirus* (family *Paramyxoviridae*). It mainly affects sheep and goats and occasionally affects small ruminants living in the wild. It is characterised by fever, oculonasal discharges, stomatitis, diarrhoea and pneumonia with foul offensive breath. Infected animals present clinical signs similar to those of rinderpest in cattle, from which it must be differentiated.
298. PPR occurs in Africa countries, in the Arabian Peninsula, throughout most of the Near East and Middle East and in south-west Asia. The number of newly reported outbreaks of PPR in Africa remained constant in 2005 and 2006 with, on average, 400 new outbreaks per year. However, the distribution of the disease has been changing in Africa and in 2008 the numbers of cases abruptly increased, with 899 new outbreaks (Figure 9). In recent years, the disease has been moving south-east, affecting Kenya (laboratory confirmation in 2006), Uganda (in 2007) and Tanzania (in 2008 and 2009 with outbreaks near the border with Kenya); these three West African countries were still affected by the disease in 2010. In 2008, Niger notified the reoccurrence of the disease, the first occurrence since 2003. The disease has also affected the north of the continent, with the first occurrence of PPR disease in Morocco and the demonstration of PPR infection on samples collected from Tunisia in 2008 and 2009. The map in Figure 11 summarises the evolution of PPR between 2000 and 2010.

**Figure 9: Number of new outbreaks of PPR in Africa per year between 2005 and 2009**

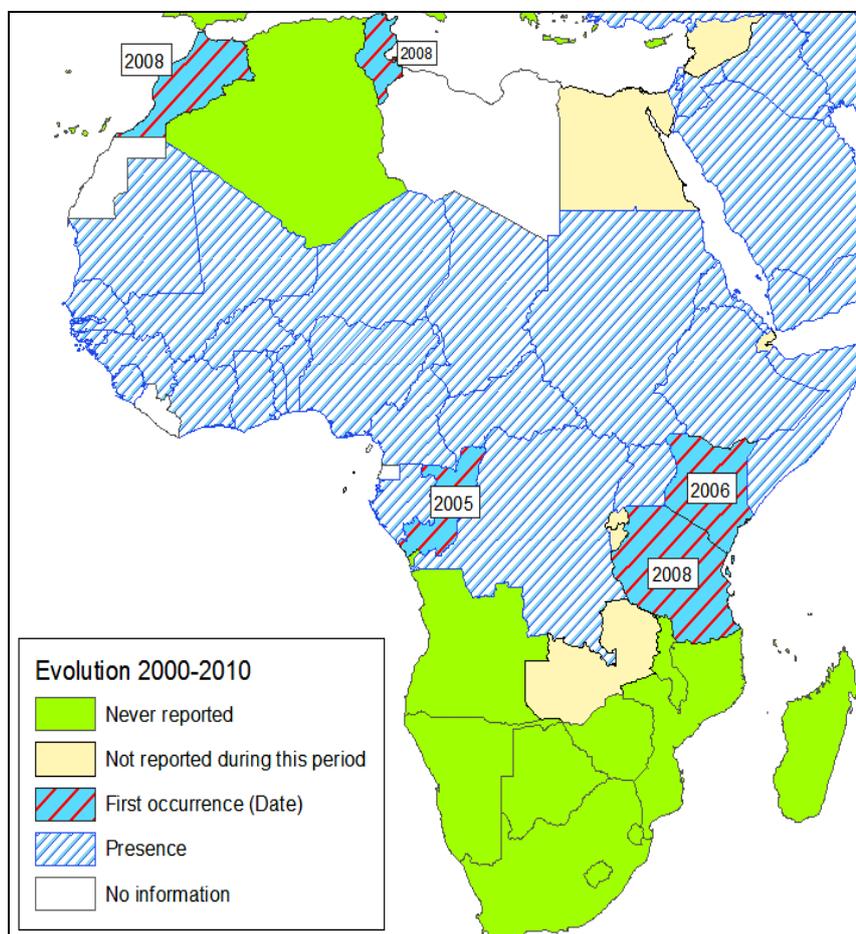


299. Forty-one countries reported information to the OIE for 2010, 12 countries (29%) notified the disease as never having been reported in the country and 5 countries (12%) notified the disease as absent during the period. Of the 24 countries that declared the disease present, eight countries<sup>6</sup> did not provide quantitative data. A total of 592 outbreaks with 40 155 cases were notified in 2010. There is a high dispersion between the numbers of cases present during this period by country, from 20 289 in Ethiopia to 10 in Mauritania.
300. In 2004, following the updating of its veterinary policy, Guinea defined PPR as a disease with mandatory vaccination in the country. In 2010, 37 038 animals were vaccinated.
301. In Senegal the animal population is vaccinated annually. In 2010, vaccination coverage was 18.8%. Ethiopia collected over 6420 samples in 2010, of which 3708 tested positive for PPR. In Benin, PPR is considered an endemic disease; the prevalence in 2010 decreased (to 0.3% compared to 0.4% in 2009).
302. Active surveillance for PPR is ongoing in Tanzania. After the first occurrence of the disease in the country in 2008, in Arusha, in the north of the country near the border with Kenya, new outbreaks of clinical cases of PPR were reported and confirmed by ELISA in the south of the country, in Mtwara, Ruvuma and Morogoro regions, in February and June 2010. In June 2010, 326 000 PPR vaccine doses were sent to these regions. These recent outbreaks were attributed to the migratory pastoralists who are now moving towards the southern regions of Tanzania, bordering Mozambique. Following the vaccination campaigns, there have been no reports of new outbreaks to date. Around 6 million of the 17 200 000 small ruminants in the northern districts of Tanzania have been vaccinated.
303. In Côte d'Ivoire there are on-going programmes to control the spread of the disease (vaccination of 2500 animals, movement control, disinfection, etc.). In 2010, 13 outbreaks were reported with 2 694 cases out of 750 000 susceptible sheep and goats.
304. In Sudan, PPR was observed for the first time in February 1971. In 2008, PPR was identified as a priority disease for the country. In 2010, surveillance conducted in 15 states identified 13 outbreaks and 2 368 879 sheep were vaccinated against the disease.
305. The outbreaks of PPR recorded in Somalia indicate a gradual spread of the disease westwards. A vaccination campaign was carried out in the affected and surrounding areas in July 2009 and similar vaccination campaigns were carried out in Puntland and South and Central Somalia.

<sup>6</sup> Central African Republic, Congo (Dem. Rep. of the), Congo (Rep. of the), Sierra Leone, Kenya, Somalia. Gabon, Uganda and Tanzania notified only the number of outbreaks.

306. In 2010, the third vaccination campaign against PPR was carried out in Morocco (22.9 million sheep/goats were vaccinated). Since 5 November 2008, no new outbreaks have been declared. In Nigeria, the Veterinary Services support mass annual vaccination against PPR. In Burkina Faso, 1008 sera from 48 villages in 13 region of the country were analysed in 2010 and a high prevalence (33%) was found.

**Figure 10: Evolution of PPR in Africa during 2000 to 2010**



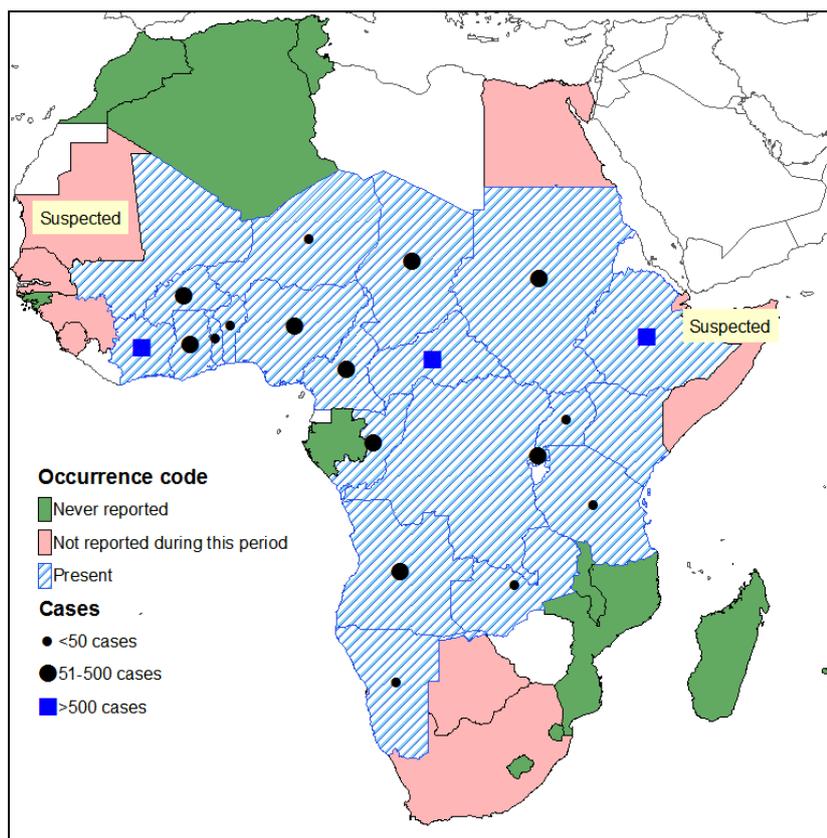
307. Given the evolution of the disease over time, countries that are still free of the disease need to strengthen control at the borders.

### **Contagious bovine pleuropneumonia**

308. Contagious bovine pleuropneumonia (CBPP) is caused by *Mycoplasma mycoides*. Recently described multi-locus sequence analysis distinguishes the three main lineages, which correlate with their geographical origins (Europe, Southern Africa and rest of Africa).
309. Gabon notified the first occurrence of CBPP on 20 January 2011, with three outbreaks involving 19 cases and 8 dead cattle in Nyanga region. The reported source of the outbreak is the introduction of new live animals (legal movement).
310. In September 2010, Republic of the Congo notified the first occurrence of the disease. During the epidemiological investigation in Ngolodoua village, Oyo Oyo, Cuvette Department, it was shown that six Mbororo zebu bulls from Chad Province, received as a gift, were introduced in the farm in March 2010 by the owner. One zebu bull died in the farm after displaying clinical signs. The episode affected a population of 1043 cattle, with 150 cases, 50 deaths and 20 destroyed.

311. Guinea improved its surveillance system, as well as the vaccination system and movement control. A total of 442 240 animals were vaccinated in 2010; no outbreaks were detected during the year.
312. CBPP reappeared in Tanzania in the early 1990s after an absence of 25 years. The adopted strategy since 2001 is to control the disease in the country with restriction of animal movements and targeted vaccination (mass vaccination properly instituted over a targeted area). Due to the widespread nature of the disease it was decided to tackle the disease in small manageable areas at a time, starting from the designated free areas and moving to infected areas (roll back plan). During the period January to December 2010, a total of 3 225 163 cattle were vaccinated under the roll back plan.
313. In Rwanda, CBPP suddenly reappeared in February 2010 after having been clinically absent since 2001. Strong actions to control it and active surveillance have been undertaken. These actions include vaccination, active sero-surveillance and stamping out measures. Since June 2010, no new cases of CBPP have been reported. During the period March to June 2010, 567 629 cattle were vaccinated.
314. In Ethiopia, during 2010, over 1333 samples were collected, of which 282 tested positive for CBPP. In Nigeria, the Veterinary Services support mass annual vaccination against CBPP.
315. In Sudan, CBPP is considered a serious enzootic disease of cattle and causes economic losses. Moreover, the disease constitutes a threat to Sudan's livestock export trade. Precautionary measures to control the disease mainly include restrictions on animal movements, quarantine of infected herds and annual vaccination. Four outbreaks were recorded in 2010. A total of 334 780 cattle were vaccinated against CBPP in 2010.
316. The status of CBPP in various districts in Kenya has been documented over the years, resulting in the zoning of the country into the following zones: 'clean', 'surveillance', 'protective' and 'infected'.
317. In Angola, CBPP is endemic and the Veterinary Services are working on a surveillance system to control and eradicate the disease, beginning with a study to determine its distribution in the north of the country where the incidence is lower.
318. In December 2010, following a zebu importation from Cameroon, there was a first suspected occurrence of CBPP in south Gabon (Nyanga). The animals had pathognomonic lesions and the Veterinary Services submitted samples to the laboratory for confirmation. The disease was confirmed by the OIE Reference Laboratory in January 2011. The affected premises have been placed under quarantine and the affected animals are being treated with antibiotics. As yet, there is no surveillance programme in the country.
319. Forty-three countries provided information about CBPP in 2010. Mauritania and Somalia notified the presence of the disease as suspected in 2010. Twenty-two countries (51%) notified the disease as present during 2010, of which Congo (Dem. Rep. of the) and Kenya did not provide quantitative information (Figure 11).

Figure 11: Distribution of CBPP in Africa in 2010

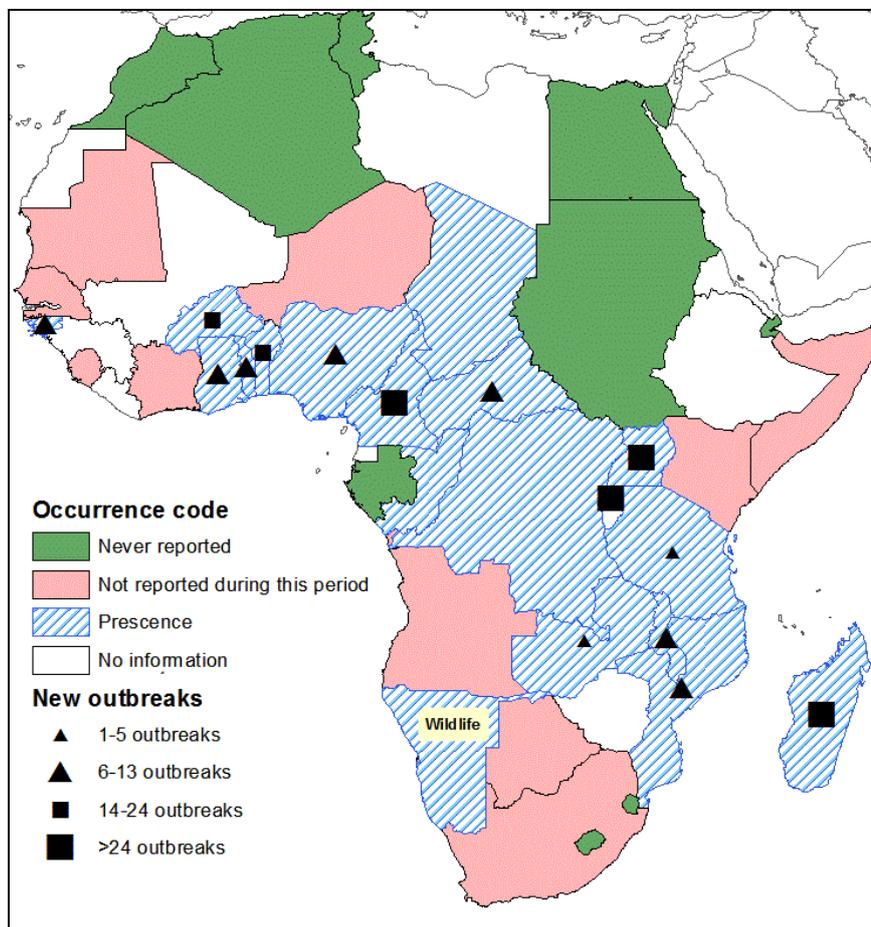


### African swine fever

320. African swine fever (ASF) is caused by a DNA virus of the genus *Asfivirus* (family *Asfarviridae*). In African wild pigs (warthogs, bush pigs, giant forest hogs) the disease is usually subclinical and they act as a reservoir host for African swine fever virus (ASFV) in Africa. Domestic and wild pigs (*Sus domestica*), wild boar are hosts that can display the clinical form of the disease.
321. The reoccurrence of ASF in the North (*Nord*) and Far North (*Extrême Nord*) regions of Cameroon was a significant epidemiological event for the country in 2010; at least seven localities in these two regions were affected by the event (the event was confirmed by laboratory diagnosis in May 2010). In 2010, Central African Republic and Chad reported the first occurrence of the disease. Central African Republic reported the disease in June 2010 in Ombella-Mpoko (Zerengogo, Bimboin) with 32 cases, 28 deaths and 9 slaughtered. Difficulties are reported because there are no effective controls of animal movements at the borders and because many animals do not show clinical signs. In 2009, Central African Republic had indicated that the presence of the disease was suspected.
322. In October 2010, Chad reported two outbreaks, in Bongor, Mayo Boneye, and in Fianga, Mont Illi, both these episodes occurring in Mayo Kebi Est province. Sudden deaths were reported on 4 October 2010 in domestic pigs with clinical signs such as fever and reticulo-endothelial bleeding. As of 31 December 2010, 37 250 domestic pigs were reported dead and 30 064 destroyed/slaughtered, with 2574 premises disinfected. Following stamping-out conducted in northern Cameroon (Yagoua), some farmers are thought to have fled with their animals, crossing the Logone River towards Bongor in the southwest of Chad. A compensation scheme has been implemented.
323. In December 2010, Tanzania notified a reoccurrence of ASF in Kyela, Mbeya province. The outbreak involved 13 854 swine, with 308 cases and 122 deaths. As of 1 January 2011, ASF had affected the districts of Kyela, Rungwe and Ileje in Tanzania and killed about 639 out of 95 871 pigs at risk in the three districts.

324. In Malawi the disease is endemic throughout the country. In 2010, a total of 25 outbreaks involving 6013 cases and 5023 deaths were reported. A contingency plan has yet to be developed.
325. In Uganda, the Veterinary Services are carrying out a two-year in-depth field study to assess the epidemiology and impact of ASF in the country in the smallholder pig industry. During 2010, 4 outbreaks of ASF were investigated and confirmed.
326. In Benin, the disease is endemic.
327. In Togo, ASF reoccurred in the Dayes area, which was previously free from the disease. Since the introduction of the virus in 1997, control measures have been insufficient; the compensation rate is indicated to be too low.
328. Forty-five countries provided information on ASF in 2010 (first six-monthly reports, immediate notifications and animal health situation reports). A total of 19 countries (42%) notified ASF as present in domestic swine. Namibia is the only country to have reported ASF in the wildlife population. Three countries<sup>7</sup> did not provide quantitative information. Ethiopia, Guinea and Mali did not provide any information of the disease. The total number of new outbreaks in 2010 was 208 with 46 630 cases (Figure 12).

**Figure 12: Distribution of African swine fever in Africa in 2010**



<sup>7</sup> Congo (Dem. Rep. of the), Congo (Rep. of the), Namibia.

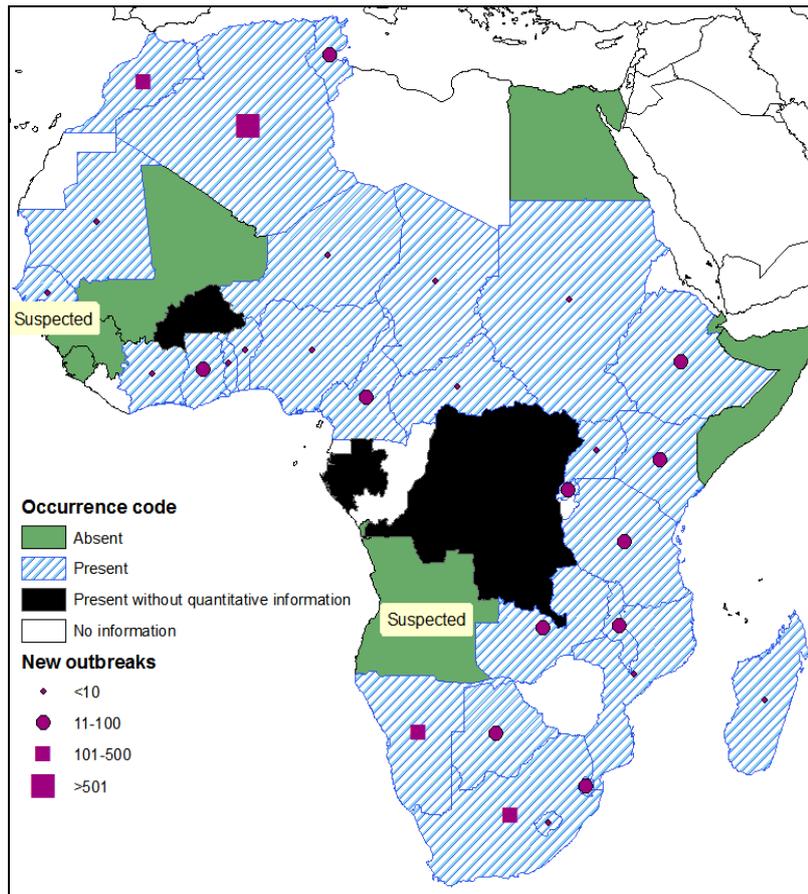
## **Rabies**

329. Rabies is a zoonosis caused by a neurotropic virus of the genus *Lyssavirus* of the family *Rhabdoviridae*. It is contagious for all mammals, including humans. In wildlife populations, rabies is maintained in reservoirs, particularly vampire bats. Exposure of domestic animals is usually through contact with infected wild animals.
330. During the period 2005 to 2010, of the 53 OIE Member Countries in Africa, Cape Verde, Comoros, and Reunion (France) notified rabies as *never reported* in the country and Djibouti, Egypt, Libya, Mauritius, Sierra Leone and Somalia notified it as *not reported during this period*. Equatorial Guinea did not submit a report and Congo (Rep. of the) did not provide data in the six-monthly reports. A total of 42 countries (79%) notified rabies to OIE as *present*, 38 with quantitative information during at least some period and four countries<sup>8</sup> without quantitative data.
331. Angola reported an increase in the incidence of rabies in 2009/2010, a number of cases involving children bitten by dogs. Rabies control measures are in place around municipalities, including simultaneous capturing and massive vaccination of animals (283 425 animals, including dogs, cats and domesticated monkeys).
332. In Algeria, rabies is endemic. In 2010, 542 outbreaks with 592 cases were reported. The vaccination campaign covered 69 878 animals. In Guinea, rabies control is based on vaccination of dogs, cats and the control of stray carnivore populations. A total of 907 animals were vaccinated and no cases were reported in 2010.
333. In Malawi the disease is endemic throughout the country, with canine rabies being the main source of infection in humans. The country has holistic control programmes which include: targeted vaccinations of susceptible animal populations; control of stray dog populations and intensification of measures to ensure responsible ownership and management of pets (dogs and other pets).
334. Tanzania promotes and safeguards public health by raising public awareness of the health and socio-economic consequences of rabies and by mass vaccination of cats and dogs in all regions of the country.
335. In Tunisia, every year from March to June, the Veterinary Services vaccinate dog and cat populations. In Zimbabwe, a total of 485 000 dogs were vaccinated in 2010 under the rabies vaccination programme; the number of rabies cases has been reduced from 48 in 2009 to 36 in 2010.
336. Rabies is a major public health concern in Central African Republic because there is a high number of stray dogs and no vaccines are available for animals or humans. The number of cases of dog bites sharply increased from a total of 1 001 in 2009 to 1 005 in the first half of 2010.
337. In Rwanda, rabies is continuously controlled through annual campaigns for vaccination and destruction of stray dogs. During the period January to December 2010, 8 650 dogs and cats were vaccinated and 2 383 destroyed.
338. Figure 13 shows the distribution of rabies and the number of new outbreaks in Africa in 2010.

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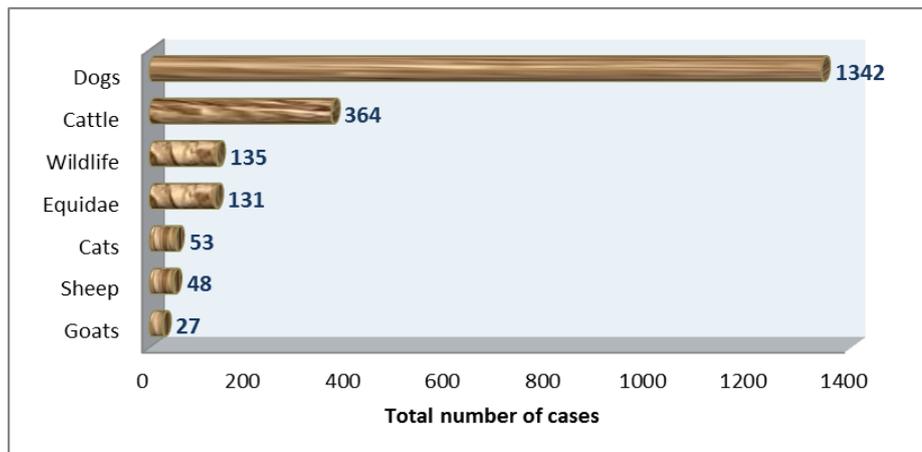
<sup>8</sup> Burundi, Chad, Congo (Dem. Rep. of the), Guinea-Bissau.

**Figure 13: Distribution of rabies in Africa and number of new outbreaks in 2010**



339. The animal groups with the highest reported number of cases during the first half of 2010 in the 23 countries that provided quantitative information were dogs (1342 cases), followed by cattle (364 cases) and wildlife species (135 cases) (Figure 14). Twenty-two other cases were also reported, as follows: 3 camelidae, 5 swine, 2 cervidae, 1 rabbit and 11 other species.

**Figure 14: Number of rabies cases notified in Africa in 2010, by animal group**



340. From 2006 to 2009, 36 countries reported rabies in humans, 25 (69%) countries submitted quantitative data and 11 (31%) provided no quantitative information. The total number of cases in the period 2006-2009 was 6 315 cases and the number of deaths was 1606. Table 6 shows the cumulated frequency of the human cases reported by country in the annual report, during the period 2006-2009. A disparity was observed between the number of reported human cases and the situation in animals. This suggests that improvements need to be made for collection of data at national level and for a common understanding of the definition of a case (e.g. non-confirmed cases due to suspicion linked with bites by unidentified animals should not be counted as positive cases).

**Table 6: Cases of rabies in humans reported in Africa between 2006 and 2009, by country**

	2006	2007	2008	2009	TOTAL
Algeria	13	34	22	16	85
Angola	...	...	...	248	248
Botswana	880	1249	...	...	2129
Central African Rep.	...	599	744	...	1343
Chad	...	...	49	...	49
Côte D'Ivoire	3	2	3	3	11
Ghana	3	1	19	12	35
Guinea Bissau	...	1	...	1	2
Kenya	...	14	5	1	20
Lesotho	15	41	...	418	474
Malawi	6	...	4	...	10
Morocco	23	31	...	17	71
Mozambique	1487	53	13	44	1597
Namibia	19	19	...	14	52
Nigeria	...	...	3	...	3
Rwanda	...	...	...	28	28
Senegal	...	...	4	1	5
South Africa	31	14	15	15	75
Sudan	...	...	...	4	4
Swaziland	...	2	...	...	2
Togo	...	5	3	4	12
Tunisia	1	2	4	4	11
Uganda	23	...	...	...	23
Zambia	...	...	21	...	21
Zimbabwe	...	5	...	...	5
<b>TOTAL</b>	<b>2504</b>	<b>2072</b>	<b>909</b>	<b>830</b>	<b>6315</b>

341. Several Member Countries reported the existence of feral dog populations as one of the problems in controlling rabies. This problem, along with the existence of wildlife reservoirs, needs to be addressed when designing national programmes for rabies control.

### **Epizootic ulcerative syndrome**

342. Epizootic ulcerative syndrome (EUS) is considered to be an infection with the oomycete known as *Aphanomyces invadans* or *A. piscicida*. EUS is a seasonal epizootic condition of great importance in wild and farmed freshwater and estuarine fish. Namibia and Botswana have reported EUS to the OIE since 2006; the affected area is located in the southern African region (Okavango River or Chobe-Zambezi River).
343. Namibia reported the occurrence of the disease in wild fish in Kavango province (in the Okavango river system) during February and March in 2010.

344. In Botswana, where EUS had not been reported since 2007, it was reported in August 2010 wild freshwater fish species in the Okavango River. Fishermen reported catching fish with ulcerative lesions (red dots) during the flood season in early August 2010. A surveillance system was initiated in Botswana and three species of fish, namely African catfish, silver catfish and African pike, were identified as being affected by the disease. This could have a negative impact on biodiversity in the river.
345. Infection of wild fish present in the Zambezi river system likely came from imported infected fish. Wildlife reservoirs in the river are difficult to control and the disease can resurface when conditions are favourable (e.g. high rainfall levels, pH of the water, oxygen). The disease situation in the river jeopardises aquaculture production developed in the region using the same river system. Countries such as Angola, Zambia, and Zimbabwe have notified EUS, which is a crucial step in controlling the disease and in understanding its epidemiology.

## **Discussion**

346. The Chairperson, Dr Mohammed Razig Aziz summarised the highlights of Dr Berlingieri's presentation and then invited questions from the floor.
347. The representative from Nigeria pointed out that, in terms of rabies vaccination coverage, we were distant from the WHO targets set to have an impact on human rabies cases.
348. The representative of Malawi thanked Dr Berlingieri for his presentation and pointed out that he sought clarification on why Malawi was reported as RVF affected country.
349. The representative of Sudan thanked the speaker for his presentation and added that Sudan conducted a simulation exercise on HPAI, which was not captured in the list of simulation exercises conducted in 2010. He further requested the presenter to clarify the issue of the date of the final report as well as the date of the last occurrence of a disease. He referred in particular to the last occurrence of RVF in Sudan. Such occurrence appeared on the OIE animal health report of 2008, which was the date of the final report. However, in fact, the disease last occurrence was in 2007.
350. The Delegate from Gabon thanked Dr Berlingieri for his presentation and voiced his surprise at seeing that Angola reported freedom from rabies in 2010, whereas in 2009 the country, and in particular the capital was hard hit with human cases of rabies. He sought clarification from Angola's Delegate on this issue. Regarding CBPP, he referred to the notification sent in December 2010 and conveyed the political pressure he had to face when he tried to report the outbreak to the OIE. He argued that Gabon's veterinary services need the advocacy of the OIE to clarify the Delegate's rights, but especially obligations towards the OIE.
351. The Delegate of Niger thanked Dr Berlingieri for his presentation and expressed his concerns on PPR situation stating that for many years, the same countries continued to report PPR, thereby somehow showing that control measures applied have little or no impact on the disease. He questioned whether the strategies that have been adopted were inadequate. He therefore launched an appeal, inspired by the way rinderpest was eventually tackled, to engage in a broad PPR eradication effort for the African continent.
352. The representative from Rwanda thanked the speaker for his presentation and wondered why there was such a large gap between figures presented by the OIE on human fatalities due to rabies (approximately 1,600 per annum) and figures presented by the WHO (more than 23,000 per annum). He stated that rabies in Rwanda is a crucially important disease and request that a strong recommendation be drafted to be taken to the Global Conference on Rabies in Seoul in September 2011.

353. The Delegate from Senegal thanked Dr Berlingieri for his presentation and provided the audience with an update on the CBPP situation in his country: the disease has been absent since 1977, vaccination was halted in 2005 and a self-declaration was sent to the OIE in 2008. Control of the disease is based on abattoir surveillance, and serological surveillance. Unfortunately, the current OIE standards require the country to present evidence of a cattle identification and registration system, which does not exist yet in Senegal.
354. The representative from Guinea thanked Dr Berlingieri for the quality of his presentation and elaborated on the CBPP situation in Guinea. The disease is present in some parts of the country. Vaccination, movement control and epidemiological surveillance are in place, and no further cases have been observed in the past 6 years. He therefore sought indications on the way forward and whether Guinea should not engage in a cross-border or even regional harmonized approach to CBPP disease freedom, along with neighbouring countries.
355. The representative from Zimbabwe admitted that she became increasingly aware of the rights and responsibilities that OIE Delegates must assume and pointed out that the OIE should not underestimate the challenges that some Delegates may face in convincing political authorities about the importance of the issues the OIE deals with. She also highlighted the need for a continuity at national level. She finally referred to the continued absence of the OIE Delegate for Zimbabwe, due to prolonged illness.
356. The Delegate of Namibia thanked Dr Berlingieri for his presentation and brought some precisions to the FMD control zones in her country: contrary to what appears on the map shown by Dr Berlingieri, there are actually 3 FMD control zones in Namibia, one south of the Veterinary Cordon Fence (free without vaccination), two north of the Veterinary Cordon Fence, which are the Protection Zone running from Kunene region in the western part of the country to Kavango region on the East, and finally, the Infected Zone which is the Caprivi strip on the border with Angola and Zambia, due to the presence of African buffalos in the Caprivi,
357. The Delegate of Algeria declared that he believes that rabies in animals is underreported. The main issue that needs to be addressed is the control of stray dog populations. He added that there is not yet an accepted model to be followed by countries to address this issue as demonstrated by the numerous failures in addressing this problem, notably through WHO activities.
358. The Delegate from Cameroon recognised the positive evolution in the reporting timing and coverage in Africa since few years. However he stated that this does not necessarily reveal the true extent of disease occurrence in Africa (often related to weak Veterinary Services). He referred to efforts of surveillance as undertaken by e.g. the PACE programme in the past to enhance the knowledge of disease occurrence on the continent. He sought that more actions be taken by the OIE to support and strengthen the Veterinary Services.
359. The representative from Morocco thanked Dr Berlingieri for his presentation and commented on some of the figures presented by the latter. Regarding bluetongue, there had been 276 outbreaks in sheep as of December 31, 2010. Regarding West Nile fever, there have been 26 cases. Regarding ASF, he pointed out that Morocco should be included in the countries that have never experienced ASF. He also sought clarification from Tunisia on the statement by Dr Berlingieri that PPR positive antibodies have been found in sera from Tunisia, whereas this has never been reported to the OIE. Morocco, he reminded the audience, declared that strain 4 of PPR, which was detected in Morocco in July 2008, was now rife throughout the Middle East.
360. Dr Berlingieri briefly replied to the questions raised and pointed out that RVF was reported in the six-monthly report submitted by Malawi. He also explained to the representative from Sudan that unless the country advise the OIE officially that a simulation exercise will be held, it will not be listed by the OIE. Regarding the question on when a final report would need to be submitted he referred to the fact that any outbreak can theoretically have two outcomes: resolved or turning endemic. It is up to the Delegates to decide, based on epidemiological evidence, on when it would be best to make a final report. He indicated that some countries refer to the time span used for a particular disease in the Code to be declared free (again) after an outbreak. In response to Rwanda's query on the divergence of figures between OIE and WHO with regard to rabies, Dr Berlingieri stated that OIE's figures are based on the sum of country reports, while WHO's figures are rather broad estimates. He ended by explaining to the representative from Morocco that Tunisia actually did report this discovery in 2008.

361. To conclude, the OIE Director General, Dr Bernard Vallat, commented on the claim of under-reporting of diseases pointing out that there has already been a tremendous improvement in reporting rates over the past 10 years. He attributed this relative success to three factors: (a) the development of WAHIS, providing real time data posting for all Delegates, (b) the increasing number of media channels which pick up rumours and trigger enquiries allowing the OIE to question Delegates and (c) the increasing awareness of government officials, especially following the last avian influenza crisis, of the importance of food safety and public health consequences of animal diseases, as perceived by the public. This allowed to improve transparency and was therefore welcome. He stressed the need to continue the efforts in this direction because a lot still needs to be done.
362. He acknowledged that OIE Delegates were often under considerable political pressure and he assured that the OIE would support Delegates from overly political interferences. The OIE sends regularly a letter to the Minister-in-charge of animal resources and the Ministry of Foreign Affairs to reiterate the rights and obligations of OIE Delegates and the importance of their national and international status. He promised to any Delegate sending a request to send back immediately the letter to the minister.
363. Rabies, as is FMD, would be the focus of special worldwide attention towards full eradication. He hoped that the upcoming Global Rabies Conference in Seoul, South Korea, would lead to resolutions and recommendations which reflect the aspirations of the African countries, and in general terms, developing countries, too. He invited the African Delegates to attend the meeting in Korea to present, and defend, the perspective of developing countries. He then agreed with Dr Bougedour on the need to include very seriously stray dog population control in the rabies eradication strategy.
364. He concluded by saying that PPR could also be considered for global eradication, perhaps at a later stage than rabies and FMD and invited the representative from Morocco to contact the OIE Sub-Regional Representation for Northern Africa, based in Tunis, for helping for clarifications on the PPR situation in Tunisia.
365. The Chairperson thanked those that contributed to the discussion and he thanked the host country for their hospitality which allowed having this fruitful discussion.

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

366. Dr Cheikh LY, Regional Animal Production and Health Officer of FAO, presented the activities of his organisation in the region. He recalled the FAO's structure, mandate and the related activities. He explained the reform FAO is currently undergoing based on decentralisation. He showed the laboratory networks within the ECTAD platform, the cooperation of FAO, OIE and WHO in the control of the food chain and the statistical tools used by FAO (including mapping). He summarised the situation of the FAO African projects and he presented the state of play of GF-TADS in Africa. FMD and PPR control were addressed and he concluded by presenting the FAO perspective on the way forward in Africa.
367. The Director General asked the FAO representative to kindly transmit the gratitude of the OIE and the wish to jointly associate the FAO to the preparation and follow-up of the round table of donors after the PVS pathway implementation as well as the importance to continue the OIE/FAO/IBAR collaboration in all Regional Animal Health Centres.

## **OIE's role in helping African countries to reach the Millennium Development Goals (MDGs)**

368. Dr Walter Masiga, the OIE Sub-Regional Representative for Eastern Africa and the Horn of Africa presented the mandate of the OIE to participants as follows: the mandate is to prevent the spread of animal diseases, fight against animal diseases, reduce risks from infectious diseases at the interface between ecosystems/animals/humans, improve measures of food safety in animal production and improve animal welfare. He stated that the mandate and the five year strategic plan of the OIE are in line with the MDG the eradication of extreme poverty and hunger, combat HIV/AIDs, Malaria and other diseases, ensure environmental stability and address the global partnership for development (MDGs 1, 6, 7, 8).
369. He indicated that the OIE mandate conforms with increasing market access through improved rural infrastructure and other trade related interventions, increasing food supply and reduction of hunger across the region by raising small holder productivity and improving responses to food emergencies and improve agricultural research and systems in order to disseminate appropriate new technologies as contained in the Comprehensive Africa Agricultural Development Programme (CAADP), launched by NEPAD in 2003 (Pillars 2, 3 and 4).
370. He stated that the OIE is neither a development nor a financial institution. It can support Member Countries in the implementation of the MDGs 1, 6, 7, 8 as detailed here: 1) OIE sets standards in the improvement of animal health and zoonosis to reduce losses in animal production, thus eliminating extreme poverty and hunger (MDG 1). It promotes production of quality food for human consumption thus encouraging the development of global partnership and trade. In this case the OIE contribute directly to the improvement of economies of member countries by guaranteeing access to markets for livestock and livestock products in accordance with MDG 8. 2) A major mandate of the OIE is improvement of performance of Veterinary Services through the PVS tool. This contributes directly to the health of both animals and humans in line with MDG 1. 3) By utilising reference laboratories, collaborating centres and working groups, the OIE avails expertise and knowledge to member states to control and eradicate major animal diseases, promoting poverty and hunger eradication (MDG 1, 6, 8). 4) Laboratory twinning provides transfer of technology and knowledge, improves diagnosis and guarantees transparent and accurate global sanitary situation. Accurate diagnosis of disease protects neighbouring countries (MDG 1, 6, 8). 5) Finally, the mandate of OIE in protecting the environment seeks to provide expertise in understanding the relationship between environmental changes and animal production systems, and geographical spread of diseases (MDG 1, 6, 7, 8)

## **Presentation of the Representative of the European Commission (EC)**

371. EC highlighted recent trends in EU policy, increasingly moving from a “donor-recipient” to a “Partnership” relation with Developing and Emerging countries. Africa-EU Strategic Partnership 3 – Priority Action 2 requires cooperating to develop norms, standards and quality control at regional and pan-African levels with reference to international SPS standards. (2) On basis of EC/DG SANCO training courses, a specific BTSF Africa programme is being implemented by OIE (PVS, Gap analysis, legal framework improvement, twinning of lab technicians and training CVOs & National Focal Points). Wider EU support programmes on fisheries, pesticides, food and feed, avian and human influenza, PAN-SPSO, regional integration support were also explained. Since 1960s EU is supporting AU-IBAR, resulting in eradication of many animal diseases (Rinderpest, etc). EU has recently granted 30M to build on this success and strengthen further veterinary governance and effective participation of African delegates in standards setting bodies. (3) EC reminded of recent political developments and importance being given to SPS; with reference made to High Level meetings, new EU Strategy on Animal Health, EU Green Paper on the Future of EU Development Policy, etc. AU Assembly has asked AUC, RECs and States to work hand-in-hand to harmonise SPS frameworks, to treat food safety as part of food security, to develop info and traceability and inspection tools. (4) EC also reminded that many African Treaties and Declarations stress the importance of agriculture and SPS as central to trade and regional integration. Countries are still to harmonise controls, inspections and enforcement of compliance. Key question – How can the EU's experience better inform African regions seeking to harmonise and strengthen regional trade and integration in Africa?

## **Presentation of the Representative of World Bank**

372. The World Bank's representative re-emphasized the importance of the activities implemented by the OIE as Global Public Goods and reiterated its support to it. He recognized the crucial work conducted by the CVOs in this regard in their respective countries, in Africa and worldwide. The participation of the WB in most of the recent OIE-organized events and conferences demonstrates its commitment and collaboration to OIE activities. Areas of collaboration include but are not limited to (i) support to the OIE World Animal Health and Welfare Fund; (ii) support to the Good governance of VS; (iii) involvement in the One Health approach; (iv) participation in major events organized by OIE; and (v) contribution to OIE strategic, economic or technical publications.
373. The World Bank widely recognizes the OIE PVS Pathway as the tool to guide investments to strengthen Veterinary Services. It is now regularly used to support the preparation of WB-funded projects in agriculture and livestock sector in Africa and other regions. The WB commended the OIE for the progresses made in this regard and advised the CVOs to continue their efforts to include this important tool in the development of their national strategy for poverty reduction, food security and economic growth. Finally, the WB welcomed the new OIE 5th strategic plan, as well its new actions in the areas of "One Health", Veterinary Education, and Livestock and the Environment.

## **Presentation of the Representative of AU-IBAR**

374. Dr Ahmed El Sawalhy, Director of AU-IBAR, started his intervention by stating that since the last OIE Regional Commission for Africa held in 2009, there had been significant changes in AU-IBAR's operating structure and activity portfolio.
375. During 2010, AU-IBAR developed a new Strategic Plan for 2010-2014, in close consultation with all the RECs, African CVOs and its main technical partners. This strategic plan marked a paradigm shift for IBAR and will allow the Bureau to be more responsive to emerging challenges and opportunities. It also expresses a comprehensive view on all aspects of animal resources and their role in the development of the AU Member States within the framework of CAADP. This strategic plan was endorsed by the Hon. Ministers, responsible for animal resources in Africa, during their 8th Conference organised by IBAR in Entebbe, Uganda in May 2010.
376. The year 2010 also marked the completion and closure of two major programmes:
- SPINAP, which has been the main panafrikan programme of the organization for the last four years. Countries' disease surveillance capacities, systems and infrastructures greatly benefited from SPINAP support. SPINAP pioneered the One Health approach in the countries, by improving collaboration between human (public) & animal health and initiated the process of setting up Integrated Regional Coordination Mechanisms for the prevention and control of TADs, which will be a major programme for AU-IBAR in the coming years. This mechanism, Dr El Sawalhy added, was formulated in close collaboration with IBAR's partners FAO OIE and WHO.
  - SERECU, which closure marked the end of 60 years of combating rinderpest and its final eradication from the continent. One of the major ways forward for AU-IBAR in the coming years as far as rinderpest is concerned will be to document the history of the eradication effort (including its socio economic impact) to draw lessons and guide future decision making in the field of TADs control.

377. Moving to other projects and programmes, Dr El Sawalhy listed the main activities and achievements in the 2009-2010 period:
- Through the PAN-SPSO project, important progress was made in terms of improving the participation of Members states in the OIE standard setting process, in particular by building common continental positions on SPS issues.
  - AU-IBAR benefited from significant funding from the European Union Food Facility, under which two new projects (VACNADA and LEISOM), targeting mainly vaccination against priority diseases, and benefiting 27 countries, are being implemented.
  - Livestock for livelihoods is another new large scale project, with an innovative approach, covering 12 countries and addressing pastoralism related issues at the wildlife-livestock interface.
  - He added that IBAR had also initiated an assessment of veterinary training institutions on the continent in order to propose options for harmonization of curriculae on the continent and recruitment policies both for the public and the private sector.
378. Other notable achievements for the period include the transfer of the ALive platform Secretariat to AU-IBAR in 2009, the housing of the Secretariat of the Strategic Platform for Fisheries Investment Fund and the ongoing revamping of the ARIS system, to mention but a few.
379. As Dr El Sawalhy explained, 2011 will be marked by the start of a new major panafrikan programme entitled "Reinforcing Veterinary Governance in Africa", which will be implemented in partnership with RECs, OIE and FAO and will mainly address policy and legislation issues.

## **Presentation of Representatives from other International and Regional Organizations**

### **The Arab Organization for Agricultural Development (AOAD)**

#### **The Arab Office for Animal Health (AOAH):**

380. AOAH is an Arab mechanism concerned with the Animal Health Situation in the Arab World, established by AOAD in 2009. It coordinates some activities involving the Animal Health issues among the Arab state members and the national, regional, international organizations and the donors.
381. It is focusing on the development and implementation of 2nd phase for the control projects of the main TADs: Rift Valley Fever, Foot and Mouth disease, Brucellosis and the control of the old world screw worm.
382. Additionally, AOAD is also focusing on capacity building of human resources, improve veterinary legislations, improve the animal health information system between the Arab countries, Evaluation of veterinary Services in the Arab countries and support veterinary research and diagnostic laboratories.

#### **The Afro-Arab Joint Action Plan (JAP):**

383. The African and Arab Leaders approved a concrete Joint Action Plan (JAP) to promote cooperation in Agricultural Development and Food Security between the two regions in 2010. Its objective is to facilitate the implementation and monitoring of projects and programs of JAP on agricultural development and food security as an instrument for Afro Arab cooperation.

#### **JAP Core priority areas of cooperation:**

384. Agricultural intensification initiative, the food reserves initiative, infrastructure and trade initiative, agricultural research, development and technology transfer initiative and climate change and capacity building as cross cutting issues to attain agricultural development and food security in both regions.

### **JAP Facilitation Unit (FU):**

385. The Afro – Arab leaders agreed that JAP will be activated by the formulation of facilitation Unit (FU) which will act as the Common arm between the African Union and the League of Arab States to ensure effective implementation of the Joint Action Plan on Agricultural Development and Food Security in the two regions. The FU will be hosted at AOAD headquarters in Khartoum, Sudan, and will be rotationally directed by the DGs of: AOAD and AU representative body.

### **Inter-State School of Veterinary Sciences and Medicine (EISMV) of Dakar, Senegal**

386. The EISMV, a Veterinary Higher Education Institution in French Speaking Sub-Saharan Africa. It was created in 1968 through the initiative of 13 Francophone States of Western and Central Africa, and presently comprises 15 member States: Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Gabon, Mali, Mauritania, Niger, Rwanda, Senegal, Chad, and Togo. The EISMV has been recognized since June 2008 as OIE Collaborating Center for the training of agents of the official veterinary services and for the diagnosis of infectious animal diseases and zoonoses in tropical Africa. It was twinned under the aegis of the OIE with the National School of Veterinary Services of Lyon (ENSV), a collaborating centre since 2004.
387. This twinning has made possible the setting up of:
- ✓ A career in official veterinary training specializing in a Master's Degree of Public Health
  - ✓ A continuing training system.
388. On the other hand, the training activities of the focal points have not been developed because of the lack of a proposal for effective collaboration. Another specialty in public veterinary health is titled "Epidemiology of Transmissible Diseases and Health Risks Management".
389. N.B. African Days of Cultural and Scientific Integration (JAICS) and Vet Event 2011 at the EISMV on March 31st through April 1st, 2011

### **The World Society for the Protection of Animals (WSPA)**

390. The World Society for the Protection of Animals (WSPA) is the world's largest alliance of animal welfare organisations. We partner with our member societies to develop animal welfare campaigns and projects, education initiatives and respond to animals affected by disasters.
391. WSPA strives to use scientific information to inform animal welfare initiatives. WSPA aligns animal welfare to sustainable development, specifically to the achievement of MDGs in the context of poverty reduction, food security and sustainable agriculture. Another key priority area for WSPA is humane dog population control, an important aspect of public health.
392. WSPA develops global, regional and local partners. This has made WSPA a global organization that has recognized and takes into account regional specificities. In Africa, WSPA has supported the formation of a stakeholder forum of 28 African countries to partner WSPA and other relevant organizations in driving an African strategy on, among other objectives, implementation of OIE Animal Welfare standards. In this regard, WSPA will collaborate and support OIE and its member countries in the implementation strategies of these animal welfare standards.

### **Association Vétérinaire Africaine (AVA)**

393. Dr Oumar Macki Tounkara, the Secretary General of AVA (Association Vétérinaire Africaine) addressed the participants on behalf of AVA and of Dr Faouzi Kechrid, President of AVA. He began by presenting the history of AVA, its structure, its membership and its objectives. He emphasised that the AVA Congress takes place every two years and the next one is scheduled for 2012. He explained how AVA was promoted to the international organisations (e.g. OIE, FAO, AU) and non-governmental organisations. Finally he indicated the role played by AVA in the organisation of Vet2011.

## **AU-PANVAC and Vaccine Quality Control in Africa**

394. The Pan African Veterinary Vaccine Centre of the African Union (AU-PANVAC) provides Quality Control for a wide range of Bacterial and Viral vaccines produced in Africa. Recently there has been a steady rise in the number of batches of vaccines assessed by AU-PANVAC from 53 batches in 2009 to over 120 batches in 2010. This increase is mostly attributed to the increasing collaborations between AU-PANVAC and the vaccine production laboratories and the involvement of AU-PANVAC in collaborative projects with international partners.
395. AU-PANVAC has established a Laboratory for Protein Expression and Monoclonal antibody production. The laboratory is also involved with the validations of a Specific Indirect ELISA for PPR diagnosis and a DIVA test to differentiate between animals vaccinated and infected with FMD.
396. AU-PANVAC is presently implementing a few projects in collaboration with international partners and these include: The Vaccine Against Neglected Diseases in Africa (VACNADA), and two Technical Cooperation Research Projects with the FAO/IAEA on Peste des Petite Ruminants (PPR) and Foot and Mouth Disease (FMD).
397. The implementation of an ISO 17025 Quality Management System (QMS) by AU-PANVAC signifies its commitment to the promotion of the quality principle in vaccine production and diagnosis of animal diseases in Africa.

## **Discussion**

398. The Director General thanked the speaker for his excellent presentation and requested him to elaborate on the resolution made at the Conference of Ministers Responsible for Animal Resources which was held in Entebbe in relation to the rinderpest exit strategy. The speaker explained that following that decision, AU-PANVAC was responsible for storing the rinderpest strains, for providing support in case of emergency and preparing vaccines if this were to be necessary. He explained that all rinderpest viruses, infected samples and vaccines should be moved from all African laboratories and centralised in AU-PANVAC.

## **Proposal from Rhodes University, South Africa, to the OIE to develop a fish health Collaboration Centre to train state veterinarians in fish health management**

399. As aquaculture grows in Africa, and possible effects of climate change, fish disease in Africa, will become an increasing threat to fish stocks. At present state veterinarians do not have the necessary training to deal with fish health issues.
400. The Department of Ichthyology and Fisheries Science of Rhodes University, with the support of the National Department of Agriculture, Forestry and Fisheries, has developed a course to train state veterinarians in fish health. It is envisaged that by becoming a collaboration centre to the OIE, this training can be made accessible to other African states. Rhodes University will also seek to form partnerships with other African institutions on this issue.

## **Discussion**

401. Dr. Vallat explained the process used for the recognition of OIE Collaborating Centre and indicated that the first step was the endorsement of the proposal by the Regional Commission then by the elected Specialist Commission (Aquatic Animal Health Commission) then by the elected OIE Council and ultimately the adoption by the World Assembly of Delegates. Consequently, he invited the Commission to comment on the proposal. As nobody opposed to the proposal, the Chairperson of the Conference concluded that the proposal was endorsed by the Commission.

## **Date, venue and Agenda of the 20th Conference of the OIE Regional Commission for Africa**

402. The Delegate of Mauritius proposed his country as the venue for the next Conference of the OIE regional Commission for Africa. This proposal has been supported by the Delegate of Lesotho as well as by the Delegate of Guinea.
403. As there was no other venue proposed neither opposition to the proposal from Mauritius, the Chairperson concluded to the adoption of the proposal and confirm that the venue of the 20th Conference of the OIE Regional Commission for Africa would be Mauritius.
404. The Delegate of Mauritius expressed his happiness to the Commission and suggested the Conference be held in the second week of February 2013.
405. Dr Bernard Vallat explained that the dates could be defined later but the dates suggested were acceptable.

## **Selection of the technical item with questionnaire for the 20th Conference of the OIE Regional Commission for Africa**

406. In order to dedicate quality time to the discussion related to the recommendations, Dr. Rutagwenda proposed that the selection of the technical item with questionnaire for the 20<sup>th</sup> Conference of the OIE Regional Commission for Africa be postponed.
407. The Director General of the OIE, Dr. Bernard Vallat, suggested that the decision related to the technical item with questionnaire be made during the meeting of the Regional Commission to be held during the OIE General Session in May 2011 and that Delegates prepare proposals.

## **Plenary discussions of draft Recommendations Nos 1 and 2**

408. 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 will be presented for adoption at the Friday session with some amendments as per suggestions and discussions from participants.

## **Thursday 17 February 2011**

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### **Professional and Cultural Visit**

409. Participants and their guests highly appreciated the professional and cultural visit organised for the day by the host country. Sincere thanks to the organisers for their kind hospitality were presented.
410. Special thanks were presented to the host country for the emotionally intense, but very enriching visit to the Kigali Memorial Centre.

## **Friday 18 February 2011**

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411. Dr Vallat started the day with a special mention on the Regional Seminar on the OIE PVS Pathway held the day before started the Conference. He commented on the fruitful discussions participants had on the OIE global programme for strengthening Veterinary Services, based on the OIE PVS Tool for the evaluation of performance of Veterinary Services, which has been well received and has already exceeded the symbolic threshold of 100 Members worldwide committed to this pathway. The recommendations adopted during the seminar are annexed to this report.
412. The representatives of Morocco and Guinea then expressed the wish of their countries to host the 21th Conference of the OIE Regional Commission for Africa.
413. The proposal of Mauritius as venue for the 20<sup>th</sup> Regional Conference as well as the venue for the 21th Conference will be confirmed during the meeting of the Commission at the 79th General Session in Paris in May 2011.

### **Adoption of Final Report and Recommendations**

414. Dr Vallat explained the procedures to adopt the report of the Conference and the recommendations. The Delegates are allowed to comment or make suggestions which are taken into account during the Conference, but additional comments on the report, received by 4 March 2011 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.
415. The report was adopted with few minor amendments.
416. The two recommendations were also adopted.
417. The traditional motion of thanks for the host country was read by Dr SALEY Mahamadou, Delegate of Niger.

### **Speech from the Representative Canada**

418. The representative from Canada thanked the Director General, the President of the Regional Commission and the host country for inviting Canada to participate as an observer. In her address, she noted the importance of a continue engagement regarding the PVS pathway (le processus PVS), as well, shared Canada's approach to standards setting, and noted that Canada wishes to work with the Region in the development and adoption of the standards published by the OIE. To conclude, she thanked the delegates of the Region for accepting Canada's participation in their Conference.

### **Closing ceremony**

419. The President of the Regional Commission for Africa, Dr Berhe Gebreegziabher, thanked the host country, all participants and the OIE Secretariat for a most fruitful conference. He conveyed the gratitude of the Commission to the Government of Rwanda for supporting the Conference.
420. Mr Ernest RUZINDAZA, Permanent Secretary of the Ministry of Agriculture and Animal Resources of Rwanda, thanked all participants for their active participation. He thought that the Conference agenda was relevant to the region. 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. He was glad to know that the social programme prepared for the participants was most enjoyable.

421. 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. Dr Vallat thanked Dr Théogène Rutagwenda and his staff as well as the Government of Rwanda for their contribution in making the Conference a success.
422. Dr Théogène Rutagwenda, Delegate of Rwanda, thanked all participants including speakers, interpreters and staff of the OIE Representations and the OIE Central Bureau for making the Conference a success while being of interest to all participants.
423. Dr Rutagwenda officially declared the Conference closed at 11.30 a.m.

# **Speeches Opening Ceremony**

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## Opening address by Dr Theogen Rutagwenda, OIE Delegate of Rwanda, to the 19th Conference of the OIE Regional Commission for Africa

Kigali, Rwanda, 14-18 February 2011

Hon Minister of Agriculture and Animal Resources

Dr. Bernard Vallat, the Director General of the OIE

Dr. Berhe, the OIE delegate for Ethiopia and the president of the OIE regional commission for Africa

Dr. Samake, the OIE representative for Africa

Distinguished delegates,

Conference participants

Ladies and gentlemen

- Thank the OIE for having chosen KIGALI RWANDA as the venue for the 19<sup>th</sup> Conference of the OIE Regional Commission for Africa and wish everybody warm welcome and good deliberations.
- Thank the OIE Director General Dr. Bernard Vallat and the OIE Headquarter staff notably Francois, Caya, Nathalie, the Regional representative staff, Dr. Samake and Mrs. Bagayoko that have been working with the Rwandan National organizing committee for the hard work, efforts and commitment in organizing the conference with respect to communication, preparation of working documents and other logistics that made it easy for the delegates to come to Kigali for the conference.
- Specifically thank the OIE for having organized a back to back meeting on the OIE Performance of the Veterinary Services Regional seminar that is very important in the delivery of veterinary services.
- Honourable Minister, yesterday we had good presentations from the OIE Director General on the policies on good governance to ensure animal and veterinary public health. We had a presentation from Dr. Alex Thierman the president of the OIE code commission on the OIE pathway process for efficient veterinary legislation. We then had presentations on the process, planning, registration and donors perspectives in implementing the Performance of the Veterinary Services. We all agreed that the performance of the veterinary services pathway is a strong input to the compliance of quality standards and offers an opportunity to ensure prevention and control of diseases and thereby facilitating trade in animals and animal products.
- Rwanda believes that prevention and control of major animal diseases depends on the quality of veterinary services. That is the reason Rwanda requested OIE to conduct a PVS analysis in 2008 as well as a Gap analysis of the PVS outcomes in 2010. We believe that the results of the Gap analysis will help us improve the delivery of veterinary services in Rwanda.
- Rwanda believes the Gap analysis of the PVS outcomes will help in Identify the activities, tasks and resources and investments needed to address the identified gaps.
- Rwanda shares borders with 4 Countries namely Democratic Republic of Congo, Tanzania, Burundi and Uganda and we believe that protecting animal diseases in our countries especially trans-boundary animal diseases will not only enhance health but trade of animal and animal products in the region. Yesterday you had from the OIE delegate from DR Congo about the state of registration in his country and based on Dr. Thiermans presentation, the need to work together and fast to ensure harmony in the delivery of vet services.
- Rwanda is specifically honored to host the 19<sup>th</sup> conference of the OIE regional commission for Africa and believe that the technical items to be presented and discussed later on today and tomorrow will have an impact in improving animal health in Africa that will ensure food security and market access.
- We are therefore looking forward to the outcomes of this conference
- Once again, Welcome to Rwanda and wish you all a happy stay in Kigali and a very successful conference.

**Opening address by Dr Berhe Gebreegziabher, President of the OIE Regional  
Commission for Africa,  
to the 19th Conference  
of the OIE Regional Commission for Africa**

**Kigali, Rwanda, 14-18 February 2011**

Your Excellency Honorable Dr Agnes Matilda KALIBAT, Minister of Agriculture and Animal Resources of the Republic of Rwanda

Dear Dr. Bernard VALLAT , Director General Of OIE

Dear Dr. Yacouba SAMAKE, Acting Regional representative of OIE for Africa

Dear Dr. Theogene Rutagwenda Director General of Rwandan Animal Resources Devt. Authority.

Distinguished National Delegates of OIE,

Representatives of donors and friends of OIE

Representatives of Regional Economic Communities,

Ladies and Gentlemen,

On behalf of the African National Delegates of OIE and that of the Secretariat, I am privileged to welcome you to the 19<sup>th</sup> conference of OIE Regional Commission for Africa.

I extend my sincere gratitude to the people and Government of the Republic of Rwanda for hosting and organizing this meeting of paramount importance.

We are particularly grateful to His Excellency the President of the Republic of Rwanda, Hon. Paul Kagame.

Our thanks also goes to Her Excellency Hon. Dr. Agnes Matilde KALIBATA The Minister of Agriculture and Animal Resources, to the Director General of Rwandan Animal Resources Devt. Authority Dr Theogene Rutagwenda and his crew, for their devotion and well organized event prepared which we are witnessing here today.

**Excellency, Ladies and Gentlemen;**

The organization of this meeting would not have been possible without the support of our development and technical partners, for which they deserve special mention for their long standing support to the sustainable development of Africa's animal health improvement through OIE and bilateral support to our member states.

It has become a tradition that we Africans as the other part of the world are treating our own issues commonly so as to cope up with the International standards.

OIE took the lead in this aspect to bring on board the modernization and harmonization of the Animal Health sector well ahead of many other disciplines in our globe following its creation in 1926. This shows the strong commitment of our leaders of yesterday followed by those of today here present. A especial thanks goes therefore to the OIE through its Director General Dr. Bernard VALLAT for giving Africa the chance of especial attention to bring a positive impact in the animal health sector, which we hope this tradition shall continue.

The fact that our organization is among the pioneer ones, it doesn't mean that it shall remain strong unless we work on sustainable manner for its improvement following the demand of the modern world. That is the reason why we get together every two years at regional level and every year at the general session, not to mention many of our meetings conducted by respective focal points.

The continuous and sustainable way of approach towards the animal disease control may lead us to a successful achievement such as that of the victory we gained against Rinderpest. Today Rinderpest is getting in to history but we have still many diseases as important as Rinderpest which are trade limiting factors. Other trans-boundary and emerging animal diseases and zoonoses keep on posing a threat to the economic and social wellbeing of our people, and therefore, they require serious attention to be given by all countries. The threat of TADs and zoonoses is from time to time challenging, it therefore demands a dynamic follow up. Based on the one health one medicine principle, we need to work in close collaboration with all key stake holders to tackle the spread, emergence and re-emergence of pathogens by putting strong surveillance, diagnostic, control, SPS legal frameworks, research as well as continuous education system in place. For this we are still lucky to have African institutions like AU-IBAR, AU-PANVAC and many other national and regional laboratories with good capacities and we need to exploit them to the maximum possible.

**Excellency, Ladies and Gentlemen;**

As I mentioned yesterday, the very purpose of our Regional conference is to discuss and produce special report different from the regular reports issued for the consumption of the OIE. This gathering shall give strong support to the official OIE delegates of African member states so as to strengthen the capacity of the veterinary infrastructure of all respective member states.

The strong recommendations and resolutions coming out of this Regional Conference shall be forwarded for their peer consideration to the Global OIE conference to be conducted in May 2011 on the General Session, it is therefore highly expected that this conference shall work hard from the day zero.

Ladies and Gentlemen, with those few remarks, I now wish you a wonderful stay and enjoy appreciating the incredible nature of milles colines of Rwanda and let the workshop be to the best of our targets and deliberations.

I thank you

## Opening address by Dr Yakouba Samaké, Acting OIE Regional Representative for Africa to the 19th Conference of the OIE Regional Commission for Africa

Kigali, Rwanda, 14-18 February 2011

Your Excellency the Minister of Agriculture and Animal Resources of Rwanda,  
Your Excellency, President of the World Assembly of Delegates to the OIE,  
Honourable President of the OIE Regional Commission for Africa,  
Honourable Delegate of Rwanda to the OIE,  
Honourable Representatives of International Organisations,  
Honourable Representatives of Regional Economic Communities,  
Ladies and Gentlemen,

I should first like to extend my heartfelt thanks to the High Authorities of Rwanda, and first and foremost the President, His Excellency Paul KAGAME, for the warmth and fraternity of the welcome and the kind hospitality we have received since our arrival here in Kigali.

May I also sincerely thank and most heartily congratulate the organisers for their excellent work.

Lastly, I should also like to thank the OIE most sincerely for the benevolent concern it has on every occasion shown to African Member Countries, and especially in the realm of capacity building for the Veterinary Services, which are a global public good.

This respectful consideration for the dignity of peoples and nations is a source of inspiration for our common desire to share the fundamental values of objectivity, confraternity and rigour in properly accomplishing the OIE's missions. This organisational culture, founded on membership of a single family, has been passed on for many generations.

### Ladies and Gentlemen

In this 250th anniversary of the veterinary profession, communication nevertheless remains an area where improvement is needed.

As the Director General says in his editorial entitled "**2011, a landmark year for the veterinary profession around the world**", in addition to their well-known role as animal doctors, veterinarians have proved their ability to design programmes for the prevention and control of infectious diseases, including those transmissible to humans through contact or ingesting food. The veterinary profession's contribution to public health is now universally acknowledged as vital.

In the same editorial he emphasises that, today, recognition extends to the way the veterinary profession supports the improvement of animal production by controlling diseases, in order to help to meet soaring world demand for first-class protein, especially in developing countries. In this way, the veterinary profession enables hundreds of millions of the world's poorest livestock producers to safeguard their sole capital – their animals – and helps to promote access for their animal products to more lucrative export markets by safeguarding world trade in animals and animal products.

Regrettably, the veterinary profession has still not succeeded in conveying the message that its activities represent a very real global public good.

The 250th anniversary of the veterinary profession therefore provides a unique opportunity for communication that must not be missed.

### Ladies and Gentlemen

Indeed, the Director General, in an editorial in May 2002 on communicating more effectively, emphasised that the old adage "**get the job done, and let them know**", used for centuries by all those who work or create, is as valid as ever despite globalisation, the information revolution and the incredible diversity in information media.

Your Excellency the Director General, you also pointed out that in a world where monopolies are disappearing and where competition is all-pervasive the growth, or even the survival, of companies and organisations depends more than ever on **the proverb's two pillars: excellence and communication**.

In the same editorial you, you pointed out that the OIE was duty bound to invest in means of publicising its activities and its usefulness to the international community, as recommended in the Strategic Plan. The Veterinary Services of OIE Members are all aware of the overriding need for improved communication, in order to convince policy makers and civil society of the economic and social worth of the missions the Veterinary Services perform every day.

**Your Excellency, the Minister,**

**Your Excellency, the Director General,**

**Ladies and Gentlemen,**

For African Members, two major issues have helped to raise awareness of the important role that communication plays in Africa today, as it comes to terms with globalisation:

**1. *The threat of a highly pathogenic avian influenza pandemic:***

Communication plays a very important role in preventing this threat, the aim being to share relevant information, without causing panic among the population. It is also important to reassure the public by communicating information on food safety.

National contingency plans for this disease consequently include the setting up of communication units, which together form a communication network in West and Central Africa.

**2. *Search for funding for the Veterinary Services:***

Due to the contribution they make to poverty reduction, sustainable food security, animal health protection and sanitary safety of trade, as well as animal welfare, the Veterinary Services are a global public good, and not a commercial commodity.

Following PVS evaluations and the analysis of the gaps thus identified, countries have prepared investment programmes to improve their compliance with OIE standards, which means that communication now has an important role to play in convincing policy makers and potential donors to allocate a major share of public resources and to invest in Veterinary Services.

**Your Excellency, the Minister,**

**Your Excellency, the Director General,**

**Ladies and Gentlemen,**

The number of National Focal Points in support of the OIE Delegate has now risen to seven, one being a Focal Point for Communication. It should be noted that the Director General has asked Delegates to proceed with appointing all the Focal Points.

Monitoring the implementation of this request will be a priority, both for the Regional Representation and the Sub-Regional Representations.

Ladies and Gentlemen, I should like to thank you all for your kind attention and I wish you a successful 19th Conference of the OIE Regional Commission for Africa.

MURAKAZANEZA I KIGALI = WELCOME TO KIGALI

MURAKOZE = THANK YOU

MUGIRE AMAHORO = MAY PEACE BE WITH YOU!

**Opening address by Dr Bernard Vallat, Director General of the OIE,  
to the 19th Conference  
of the OIE Regional Commission for Africa**

**Kigali, Rwanda, 14-18 February 2011**

Honorable Minister of Agriculture and Animal resources,  
President of the OIE Regional Commission for Africa  
Acting OIE Regional Representative for Africa,  
Bureau Members of the OIE Regional Commission for Africa,  
Delegates of Members of the OIE Regional Commission for Africa,  
Representatives of international and regional organisations,  
Distinguished guests,

On behalf of the President and the Members of the World Organisation for Animal Health (OIE), I have pleasure in welcoming you to Kigali for the 19th Conference of the OIE Regional Commission for Africa.

I would like to start by thanking the Rwandan government for agreeing to host this important Conference, and for the warm welcome we have received since we arrived in this beautiful country. In particular, I would like to express my gratitude to the Hon. Minister of Agriculture, to the Delegate of Rwanda to the OIE and to our colleagues in the Veterinary Services for their support in preparing this major event.

I wish at this stage to pay tribute to our colleague and dear friend, Doctor Abdoulaye Bouna Niang, who was our OIE Regional Representative for Africa and former President of the OIE, who sadly passed away on 25 November 2010.

I want to express our gratitude to a friend who always did his utmost to promote Africa in the world and support the OIE in its mission to improve animal health in Africa. The sudden loss of Doctor Niang has affected us all deeply.

Through his exemplary career, Doctor Niang remains in our memories as a man of integrity, of principles and kind-hearted. He was an esteemed colleague and no-one who had the opportunity to work with him will ever forget him.

This conference bears testimony of the vitality of the Regional Commission, which is a regional organisation in its own right, and of its desire to bring together its members to tackle animal health problems and other issues facing not only Africa's Veterinary Services, but also those of all 178 OIE Members.

Since its creation in 1924, the OIE's main goal is to promote international cooperation and coordination in the fight against animal diseases. In the current context of globalisation, this goal is seen as more important than ever.

The OIE Regional Commission for Africa is one of the OIE's largest commissions, with 52 Member countries, all of which are committed to the various OIE activities to a greater or lesser extent. Numerous projects, partnering with the OIE, are ongoing in the region in collaboration with the European Commission and other OIE partners.

During this 19th Conference of the OIE Regional Commission for Africa, we shall be examining the main animal diseases present in this region, and the main animal health problems facing the continent, progress achieved as well as future programmes and activities.

One of the items on our conference agenda is livestock census in Africa: a vital tool for livestock disease surveillance and control. Discussing this subject at the conference will help us to identify ways in which African Veterinary Services could rely on data collected during such livestock census, in order to develop, amongst others, diseases surveillance and control measures.

The other technical item in this Conference will deal with a family of animals that play an important role in Africa. Camelids represent a group of versatile animal species that are of major economic importance because of the many products derived from them (meat, milk and wool), as well as for transport and draft power, particularly in arid and semi-arid areas. This technical item will present the main camel diseases, as well as the constraints, advantages and prospects for the rearing of camels that are so precious for these difficult areas of the African continent.

Camels were previously thought to be resistant to most of the diseases normally affecting livestock. However, new data has confirmed that they are susceptible to numerous pathogenic agents and would seem to play a role as carriers or reservoirs of a number of transboundary animal diseases and zoonoses.

Our discussions will allow us to analyse the implementation of health measures for controlling camel diseases in order to ensure that arid lands will continue to be exploited by camel farmers and that pastoral production system will be preserved where there is no other alternative to agricultural production.

In 1990, the OIE adopted a five-year cycle of strategic planning for all its activities. The OIE Fifth Strategic Plan (2011-2015), adopted at the 2010 General Session, builds on the success of the previous plans. However, it contains important new elements. They include: the contribution of veterinary public health to food security, keeping in mind that more than 20% of animal production could be lost due to animal diseases. The application of the 'One Health' concept for reducing the risk of certain diseases at the animal-human interface. The relationship between animal production and the environment, including the contribution of climate and environmental changes to the occurrence and geographical spread of diseases, disease vectors and invasive species, as well as the contribution of animal production practices to environmental and climate changes.

Another item on our Conference agenda is the OIE's role in supporting African countries. Among the eight Millennium Development Goals to be achieved by 2015 aimed specifically at meeting the urgent need to alleviate poverty worldwide, the OIE Fifth Strategic Plan contributes to those of reducing extreme poverty and hunger, combating diseases, ensuring humane environmental sustainability and developing a global partnership for development.

In its Fifth Strategic Plan, at global level, the OIE will also continue with its efforts towards the prevention and control of animal diseases, risk reduction of infectious diseases at the animal-human-ecosystems interface, improving animal production food safety measures, improving animal welfare and supporting Member countries wishing to determine the status of their territory in respect of priority animal diseases.

Under the Fifth Strategic Plan, the OIE will also work towards strengthening good governance of the Veterinary Services, to be achieved through the following components : updating of legislation, meeting international standards on the quality of Veterinary Services and the continuous strengthening of the capacities of national elites. This will be done through the intermediary of the OIE World Animal Health and Welfare Fund and in collaboration with global partners such as the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO) and regional partners, as well as global, national and regional donors. The European Union, represented by the European Commission, is one the most committed donors when it comes to improving animal health and welfare in Africa, along with Canada, Italy, France, the United States and the United Kingdom.

In order to ensure quality veterinary services delivery, the OIE will support the definition of a set of day-one competencies that every veterinarian in the world should possess, which will be developed for inclusion in all initial and continued curricular programmes for veterinary surgeons in any Member country that expresses the need. A cooperation with UNESCO in this regard is already underway.

During the implementation of the Fifth Strategic Plan, the OIE will pursue its cooperation with public and private international organisations to ensure that private and commercial animal health and welfare standards are consistent with those of the OIE and do not present any contradictions because the multiplication of private standards could constitute new trade barriers for African exports.

When implementing this plan, we must not forget our duty of solidarity with the poorest countries. The OIE, within its mandate and its activities and in collaboration with other international and regional organisations, has increasingly demonstrated that it is in the interests of rich countries to help less advanced ones to control and eradicate animal diseases that pose a threat to their disease-free statuses that they obtained at great expense.

At yesterday's regional seminar on the OIE PVS Pathway, we had fruitful discussions on the OIE global programme for strengthening Veterinary Services, based on the OIE PVS Tool for the evaluation of performance of Veterinary Services, which has been well received and has already exceeded the symbolic threshold of 100 Members worldwide committed to this pathway.

In Africa, 47 Members have already embarked on their first PVS evaluation or have requested one, while a further 30 have requested a PVS Gap Analysis. This second component of the PVS Pathway is designed to identify and estimate the costs of priority investments, required to achieve compliance with OIE international standards on the quality of Veterinary Services. The governments of these countries, as well as donors all over the world use the results of these analyses to prepare the investments needed for national Veterinary Services to achieve compliance with OIE international standards. Countries that have not yet benefited from the overall PVS Pathway are still welcome as appropriate resources are still available for some time to come. I also invite IBAR, FAO and the Regional Economic Communities, to support this historic evolution of Veterinary Services in Africa.

Within this PVS Pathway, the OIE has also undertaken to support Members in modernising their veterinary legislation, as the basis for the good governance of Veterinary Services. The OIE held the first OIE Global Conference on Veterinary Legislation in Djerba from 7 to 9 December 2010, with the generous support of the Tunisian government, the European Commission, Australia and a number of national donors. I wish to thank all the countries and individuals that participated and ensured the success of that important event that we insisted should be held symbolically on this continent. Representatives of more than 120 OIE Members and international and regional organisations were among the nearly 400 participants that attended the conference. We will come back on this during this Conference.

We will also discuss the draft global standards that will be submitted for adoption during the next General Session of the OIE in May 2011 in Paris. I herewith salute the work done by IBAR in ensuring that Delegates from this continent speak as one voice when it comes to the adoption of these standards, thus making sure that their interests are better taken into consideration.

I consider that the OIE has the duty to establish a permanent link between Africa and the rest of the world and must promote and advocate all the potential that this region has to offer. Africa is lagging behind in terms of animal disease control, but this should lead us to think that this is a fatality. We'll work together to catch up with these delays.

May I remind you that 2011 is World Veterinary Year (Vet2011), which celebrates the 250th anniversary of the creation of the world's first veterinary school in Lyons by King Louis XV of France, in 1761. This event marked the birth of the veterinary profession and of veterinary sciences worldwide.

I therefore invite you, on the occasion of this important anniversary, to continue to ensure that the veterinary profession preserves its duty of excellence and honesty and meets all the expectations placed upon it.

Vet2011 will be a global exercise in communication and promoting the public and private veterinary profession on an unprecedented scale. Numerous events will be organised throughout the year in Africa and the world.

It is very important to realise that the worldwide closing event of this World Veterinary Year is the World Veterinary Congress which will take place, this year, in Cape Town, South Africa. The World Veterinary Year will therefore come to a close in Africa. The OIE will organise a scientific seminar on the "One Health" concept and with the support of the European Union, will fund the participation of African delegates of this region to this seminar.

The year 2011 will also be the year of the celebration of the victory of veterinarians against rinderpest. Africa has been the final step and IBAR has been on the front line with the support of the OIE, the FAO, the European Union and many others.

May I seize this opportunity to thank all Members of the Region for their active participation and their support for the OIE's various activities. A special thank you for the valuable contribution of the countries hosting the Regional and Sub-Regional Representations (Mali, Tunisia, Kenya and Botswana), especially in terms of accommodation and budgetary support they have provided to the OIE.

In order to ensure that the main contact points of the OIE with its Members possess the same information as their peers in other parts of the world, the OIE has established up a continuous information and training programme for new OIE Delegates, as well as for national focal points for animal diseases notification, wildlife, aquatic animals, food safety, communication and animal welfare. This programme is being implemented in all regions in collaboration with all the OIE Regional and Sub-Regional Representations, under the coordination of OIE Headquarters, and covers all the national focal points I have mentioned. A further ten (10) seminars for focal points are planned in 2011. The training of focal points is embedded in the work programme of the Regional and Sub-Regional Representations and you will receive notification and invitations in due course.

I wish to end by stressing once again the importance of good governance of Veterinary Services, as it is these Services that will always be in the frontline in the battle against animal diseases, including those transmissible to humans. Cooperation between OIE Members and the OIE itself, as well as with the other international organisations concerned and international donors, is a key factor of success. Our participation in donor-roundtable events, along with our partners and upon possible request of the Members, will also constitute a contribution of the OIE to the promotion of Veterinary Services in Africa.

May I reiterate my thanks to the Government of Rwanda for its support in organising this conference and to all of you who have attended this event.

I wish you every success in these Conference proceedings, which I am certain will lead us to progress even more.

Thank you for your attention,

Dr Bernard Vallat

## Talking points by Hon Dr Agnes Matilda Kalibata at the opening of the 19th Conference of the OIE Regional Commission for Africa

### ADDRESSING PROTOCOL

Ladies and Gentlemen.

1. I am very pleased and honoured to address you on the occasion of the 19<sup>th</sup> Conference of the OIE Regional Commission for Africa that is being held in Kigali.
2. On behalf of the Government and the people of Rwanda, I would like to extend our warmest welcome to all of you to Kigali and thank you for having found time to come and attend this conference.
3. I am happy that you are meeting here in Kigali to discuss Animal health and I wish to tell you why Rwanda considers animal health a great priority.
4. Poor animal health affects production and low animal production has an impact on human food security of the population that depends on livestock for their livelihood. Controlling animal diseases therefore is important because there are direct benefits in ensuring:
  - Food security for the population,
  - Public health because of animal diseases that are transmitted to humans
  - Market access of animals and their products and this ensures increased incomes among livestock owners.
5. With respect to trans-boundary animal diseases, neighbouring countries depend on each other for effective disease control. This is because inadequate action or intervention by a single country to control a disease can affect a neighbouring country and in the worst case scenario, failure of one country to act in case of a disease outbreak may endanger the entire continent.
6. That is why, I am appealing to you to discuss and have a common understanding on effective control of transboundary animal diseases.
7. Transboundary animal disease are of significance to Rwanda as we share a common border with 4 countries, DRC to the west, Uganda to the north, Tanzania to the east and Burundi to the south. The borders are porous and as neighbours we need to harmonize and work together to eliminate animal diseases from our region and it is possible.
8. This requires harmonizing disease control efforts like vaccinations that need to be done at the same time on either side of the border, sharing information on disease outbreaks so that all countries can take effective measures of control.
9. I am delighted to note that you will be discussing strategies of strengthening veterinary services in Africa including veterinary legislation and capacity building. These are important in ensuring service delivery but more importantly, you will be discussing **“How OIE can help African countries reach the Millenium Development goals.”**
10. In Rwanda we have initiated several programs that are aimed at fighting poverty among our population. One of the programs is the **“One cow per poor family Program”**. or **‘Girinka’** in our local Kinyarwanda language.
11. This is in recognition of the fact that owning a cow among poor families is an important way of empowering them to fight poverty. A poor family is given a pregnant cow which he rears until it gives birth, then passes on its first female off spring to the next farmer and the process continues.
12. As expected Girinka has had several benefits. First of all, recipient families have had access to milk to fight malnutrition and have been able to sell the surplus to generate income. Farmers have also been able to access manure to improve crop production. Because of the passing on of the offsprings, the program has brought families together to heal the wounds left by the events that tore our country 17 years ago.
13. However, animal diseases including management diseases like mastitis pose a risk to the success of such an important program.
14. I do hope that as professionals, you will find time to discuss disease detection and control so that farmers can benefit from their farming activities.
15. I am informed that on Thursday, you will visit our countryside to see our farming systems but you should also find time to see what our country can offer in tourism and hospitality.
16. Finally I would like to thank the OIE for choosing Rwanda as the venue for this conference and It is now my pleasure to declare the 19<sup>th</sup> Conference of the OIE Regional Commission for Africa officially open.

Thank you for listening to me



**19th Conference of the OIE Regional Commission for Africa**  
Kigali (Rwanda) 14-18 February 2011

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**19th Conference of the OIE Regional Commission for Africa**  
Kigali, Rwanda, 14-18 February 2011

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**AGENDA**

- I. Fifth OIE Strategic Plan and OIE Global Programme of Strengthening Veterinary Services (including PVS, PVS Gap Analysis and Veterinary Legislation in Africa and Worldwide)
- II. Report on the Activities of the OIE Regional Commission and OIE Regional Representation for Africa
- III. Report on the Activities of Report on the Activities of the OIE Sub-Regional Representation for SADC Member Countries
- IV. Report on the Activities of the OIE Sub-Regional Representation for North Africa
- V. Report on the Activities of the OIE Sub-Regional Representation for Eastern Africa and the Horn of Africa
- VI. Update on developments in the Aquatic Animal Health Standards Commission
- VII. Technical Item I: Livestock census in Africa as a vital tool for livestock disease surveillance and control
- VIII. Update on the activities of the OIE Terrestrial Animal Health Standards Commission
- IX. Technical Item II: Main pathologies of camels, breeding of camels, constraints, benefits and perspectives
- X. Animal health situation of African Member Countries during 2010
- XI. OIE Role in helping African countries to reach the millennium development goal
- XII. Presentations by international and regional organisations
- XIII. Other matters:
  - Selection of the Technical Item with questionnaire for the 20th Conference of the OIE Regional Commission for Africa.
  - Date, venue and Agenda for the 20th Conference of the OIE Regional Commission for Africa.
  - Miscellaneous.



**19th Conference of the OIE Regional Commission for Africa**  
Kigali, Rwanda, 14-18 February 2011

**TIMETABLE**

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**MONDAY 14 FEBRUARY 2010**

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18h00 Registration and distribution of documents

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**TUESDAY 15 FEBRUARY 2011**

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08h30 Registration and distribution of documents (contd)

09h00 Opening ceremony

- Dr Theogen Rutagwenda, OIE Delegate of Rwanda
- Dr Berhe Gebreegziabher, President of the OIE Regional Commission for Africa
- Dr Yakouba Samaké, Acting OIE Regional Representative for Africa
- Dr Bernard Vallat, OIE Director General
- Representative of the Rwanda Government

10 h 00 Break

10 h 30 \* Election of the Conference Committee (Chairperson, Vice-Chairpersons and Rapporteur General)  
\*Designation of Session Chairpersons and Rapporteurs for Technical Items and the presentation on Animal Health Situation of Member Countries  
\*Adoption of the Agenda and Timetable

10 h 50 **FIFTH OIE STRATEGIC PLAN AND OIE GLOBAL PROGRAMME OF STRENGTHENING VETERINARY SERVICES (INCLUDING PVS, PVS GAP ANALYSIS AND VETERINARY LEGISLATION IN AFRICA AND WORLDWIDE)** (Dr. Bernard Vallat, OIE Director General)

11 h 50 Report on Activities of the OIE Regional Commission and OIE Regional Representation for Africa (Dr Yakouba Samaké, Acting OIE Regional Representative)

12 h 15 Report on the Activities of the OIE Sub Regional Representation for SADC Member Countries (Dr Bonaventure Mtei, OIE Sub Regional Representative)

12 h 30 Report on the Activities of the OIE Sub Regional Representation for North Africa (Dr Faouzi Kechrid, OIE Sub Regional Representative)

12 h 45 Report on the Activities of the OIE Sub Regional Representation for Eastern Africa and the Horn of Africa (Dr Walter Masiga, OIE Sub Regional Representative)

13 h 00 Update on developments in the Aquatic Animal Health Standards Commission (Prof. Eli Katunguka-Rwakishaya, Observer, OIE Aquatic Animal Health Standards Commission)

13 h 30 Lunch

- 14 h 30 **TECHNICAL ITEM I:** Livestock census in Africa as a vital tool for livestock disease surveillance and control (Dr Neo Mapitse, Deputy Sub-Regional Representative)
- 15 h 30 Discussions
- 16 h 00 Break  
(Preparation of Recommendation No. 1 by designated small group)
- 16 h 30 Update on the activities of the OIE Terrestrial Animal Health Standards Commission (Dr Alejandro Thiermann, President of the OIE Code Commission)
- 19 h 30 Reception hosted by the Government of Rwanda

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**WEDNESDAY 16 FEBRUARY 2011**

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- 09 h 00 **TECHNICAL ITEM II:** Main pathologies of camels, breeding of camels, constraints, benefits and perspectives (Dr Mehdi El Harrak, Secretary General of the Biological Standards Commission)
- 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 2010 (Dr Francesco Berlingieri, Deputy Head OIE Animal Health Information Department)
- 12 h 00 Presentation of the Representative of the Food and Agriculture Organization from the United Nations (FAO) (including comments on GF TADs Programme in Africa)
- 12 h 30 OIE Role in helping African countries to reach the Millennium Development Goal (Dr Walter Masiga, OIE Sub Regional Representative)
- 13 h 00 Lunch
- 14 h 00 Presentation of the Representative of the European Commission (EC)
- 14 h 20 Presentation of the Representative of World Bank
- 14 h 40 Presentation of the Representative of AU-IBAR (including ALive Platform)
- 15 h 00 Presentation of Representatives from International and Regional Organizations
- 16 h 00 Break
- 16 h 30 Proposal from Rhodes University, South Africa, to the OIE to develop a fish health Collaboration Centre to train state veterinarians in fish health management
- 17 h 00 Date, venue and Agenda of the 20th Conference of the OIE Regional Commission for Africa
- 17 h 15 Selection of the technical item with questionnaire for the 20th Conference of the OIE Regional Commission for Africa
- 17 h 30 Plenary discussions of Draft Recommendations Nos 1 and 2
- 19 h 30 Reception hosted by the OIE

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**THURSDAY 17 FEBRUARY 2011**

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Professional and cultural visit

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**FRIDAY 18 FEBRUARY 2011**

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09 h 00 Adoption of the Final Report and Recommendations

10 h 30 Break

11 h 00 Closing Ceremony



**19th Conference of the OIE Regional Commission for Africa  
Kigali, Rwanda, 14-18 February 2011**

**Recommendation Technical Item I  
Livestock census in Africa as a vital tool for livestock diseases  
surveillance and control**

CONSIDERING THAT:

1. Obtaining accurate and updated livestock census data is a critical component of any disease surveillance and control programs;
2. A good knowledge of livestock production data, including livestock population, is important for assessing the status of national regional, and continental food security;
3. The OIE standards on “General Principles on Identification and Traceability of Live Animals” relate to the development of identification and traceability systems;
4. The OIE annual publication “World Animal Health” includes raw data on livestock from all OIE Member Countries.
5. The OIE is actively promoting the strengthening of Veterinary Services in Africa through the implementation of the PVS Pathway to address, among others, the capacity of veterinary services to comply with OIE standards;
6. Implementing appropriate livestock census legislation and methodologies facilitates the Veterinary Services and other competent authorities to carry out their mandates and responsibilities;
7. Public and private veterinarians and veterinary paraprofessionals represent a significant proportion of the veterinary services, provide great support to farming systems in Africa, and are the main actors in livestock diseases surveillance and disease control,
8. Many countries in Africa are experiencing numerous cultural, logistical, infrastructural and resources limitations to effectively conduct livestock census and are in need of strong political commitment to establish good veterinary governance to move towards appropriate and regular livestock census; and
9. Efforts have already been carried out in collaboration with other international and regional organisations in supporting Members with the development of agricultural census guidelines and national livestock census activities.

THE OIE REGIONAL COMMISSION FOR AFRICA RECOMMENDS THAT:

1. The OIE continue to provide support to all its Members, and particularly African countries, in strengthening their Veterinary Services through the implementation of the OIE PVS Pathway;
2. OIE Member Countries be encouraged to implement OIE guidelines on identification and traceability of live animals for the indirect or direct benefit of livestock census, diseases surveillance, prevention and control;
3. Member Countries dedicate more efforts to enact legislative and regulatory texts to support livestock census activities;
4. Animal population information be annually provided to OIE by its Member Countries using the WAHIS Annual Report and this information be disseminated in the annual OIE publication "World Animal Health";
5. Veterinary Services of Member Countries collaborate with their central statistics authorities to plan and execute national livestock census exercises;
6. OIE Member Countries be encouraged to use technical staff with knowledge on animal health and animal production in the development of livestock census programs;
7. In collaboration with FAO and AU-IBAR, the OIE promote the technical support of the Veterinary Services, the increased awareness of African Governments, and the advocacy for donors to support national livestock census and related activities;
8. OIE member countries ensure the planning and the conduct of livestock census, including camelids, and that the process be harmonised at national and at Regional Economic Community's levels;
9. The OIE Member Countries, in collaboration with the central statistics authorities be encouraged to promote the development of appropriate methods and tools for the census of livestock; and
10. The OIE develop guidelines related to the livestock census that include, among others, a definition of "census" and making this term explicit.



**19th Conference of the OIE Regional Commission for Africa**  
Kigali, Rwanda, 14-18 February 2011

**Recommendation Technical item II**  
**Main pathologies of camels, breeding of camels, constraints, benefits and perspectives**

CONSIDERING THAT:

1. Camels have a significant positive socioeconomic impact on people living in arid and semi-arid regions of Africa as they provide important sources of incomes and proteins, and serve as beast of burden for traction and transport;
2. A thorough knowledge of domestic camelids populations would provide a better understanding of the realities, needs and constraints of this type of production;
3. The demand from many countries for live camels and camels products and by-products, especially milk and meat, is increasing;
4. An export industry is being developed in some areas leading to an evolution in camel production systems with an increase of camel movements;
5. The risk of transmission of transboundary diseases of camelids could be increased with the development of international exchanges;
6. The knowledge of camel diseases currently requires improvement and more scientific research and experience sharing are needed to elucidate the role of many pathogens involved in the pathogenesis and epidemiology of camel diseases; and
7. The number of specialized professionals with expertise in camelids has to be improved.

THE OIE REGIONAL COMMISSION FOR AFRICA RECOMMENDS THAT:

1. The OIE continue to support its Member Countries in strengthening their Veterinary Services through the use of the OIE PVS Pathway in order to help them strengthen their expertise in diseases of camelids;
2. The OIE Member Countries rearing camelids develop their diagnostic and research capacities and submit, when appropriate, more applications for the designation of their national laboratories for camelid diseases as an OIE Reference Laboratories or Collaborating Centre;
3. The OIE support Twinning projects between OIE Reference Laboratories and national laboratories from camelid-rearing countries with the objective of supporting the other national laboratories in their region;
4. The OIE encourage collaboration and networking between national laboratories from camelid-rearing countries with the aim of exchanging information, validating diagnostic tests currently used in other species, and developing specific diagnostic tests for camels;
5. The OIE Member Countries rearing camels facilitate the shipment of samples from their national laboratories to OIE Reference Laboratories for the validation of diagnostic assays, for surveillance programmes, or when outbreaks occur;
6. The OIE Member Countries rearing camelids ensure that existing vaccines and veterinary products used in camels be validated and if necessary new vaccines and veterinary products be developed;
7. The OIE Member Countries rearing camelids encourage epidemiological studies and disease surveillance systems by developing and harmonising surveillance procedures and by facilitating data collection and analysis related to diseases of camelids;
8. The OIE Member Countries rearing camelids promote applied research on camelid diseases by stimulating comprehensive knowledge of the clinical and pathological aspects of camel diseases;
9. The OIE Member Countries in collaboration with international and regional organisations, donors and other stakeholders, elaborate and finance regional research and development programmes based on priority diseases of camelids;
10. The OIE develop specific standards and guidelines for international trade of camelids and their products, with the support of its Members; and
11. Member Countries, in collaboration with the OIE, ensure that the veterinary education curriculum include relevant information related to the production systems and diseases of camelids.



## **19th Conference of the OIE Regional Commission for Africa** Kigali, Rwanda, 14-18 February 2011

### **PRESS RELEASE**

**18 February 2011** – The 19th Conference of the World Organisation for Animal Health (OIE) Regional Commission for Africa was held in Kigali (Rwanda) from 14 to 18 February 2011. The Conference was chaired by Mrs Agnes Matilda Kalibata, Rwanda's Minister of Agriculture and Animal Resources, Dr Théogène Rutagwenda, Delegate of Rwanda to the OIE and Dr Berhe Gebreegziabher, President of the OIE Regional Commission for Africa.

Dr Bernard Vallat, Director General of the OIE, senior Ministry officials, the Delegates of the 40 Member Countries of the OIE Regional Commission for Africa, representatives of international and regional organisations and numerous observers also participated in the Conference.

“Investments in animal health must be seen as a priority in view of their impact in reducing poverty, giving animal products better access to regional and international markets and safeguarding public health, for the benefit of the people of Africa and the international community at large”, declared Dr Vallat during the Conference.

Two technical items of major importance were presented at the Conference:

- Livestock census in Africa as a vital tool for livestock disease surveillance and control
- Main pathologies of camels, breeding of camels, constraints, benefits and perspectives

Discussions also dealt with the animal health situation throughout the region and the major investments that are still needed if Africa is to continue to progress with the control of animal diseases.

Participants were given an overview of activities under the GF-TADs (Global Framework for the Progressive Control of Transboundary Diseases) worldwide programme developed jointly by the OIE and the Food and Agriculture Organization of the United Nations (FAO) and an overview of collaboration between the OIE and the African Union – Interafrican Bureau for Animal Resources (AU-IBAR).

Several applications were also examined. The request for validation of the candidature of the Department of Ichthyology and Fisheries Science of Rhodes University (Grahamstown, South Africa) as an OIE Collaborating Centre was adopted. The application will be submitted to the relevant OIE Specialist Commission for analysis and recommendations.

The Conference was preceded by a Seminar for African Delegates to the OIE on good governance of the Veterinary Services and compliance with OIE quality standards.

A consensus was reached on the need to vigorously pursue the modernisation of Veterinary Services in Africa with the constant support of the OIE.

The Conference was outstandingly hosted by the Government of Rwanda to general acclaim and was organised with the support of staff from 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, members of delegations, country representatives, representatives of international and regional organisations and observers, express their gratitude to the Government of Rwanda, the Host Country of the 19th Conference of the OIE Regional Commission, held from 14 to 18 February 2011, for the warm and fraternally welcome given to the participants, for all facilities made available to them during their stay in Kigali and for the excellent organisation of the conference.



**OIE PVS Pathway Regional Seminar**  
14 February 2011  
Kigali, Rwanda

**Recommendations**

CONSIDERING THAT:

1. Veterinary Services (VS) are a Global Public Good with key responsibilities for detecting emerging and re-emerging infectious diseases at their animal source contributing to food security, rural and agricultural development, market access and poverty alleviation; ensuring the safety of food of animal origin and the prudent use of veterinary drugs; undertaking other important functions such as those related to animal welfare and environmental risks;
2. Good governance of VS (both their public and private sector component) is essential for the implementation of activities listed in article 1;
3. The evaluation of VS compliance with OIE standards on quality, using a voluntary basis, is a starting point for modernising VS, as well as all following steps and mechanisms proposed by the OIE (PVS Gap Analysis mission, Veterinary Legislation Support Programme and the laboratory twinning);
4. Experiences and lessons learnt from the outcomes of the previous PVS Pathway missions implemented in Africa have contributed to a better understanding of the strength and weaknesses of African VS and to the implementation of significant actions both at national and regional levels;
5. Missions organised in the framework of the OIE PVS Pathway are fully initiated by beneficiary countries while receiving a significant contribution from the OIE in order to cover their costs;
6. Regional and international organisations, as well as donors recognize now the OIE PVS Pathway, its tools and procedures, as a reference mechanism for the improvement of the performance of National VS worldwide.

THE PARTICIPANTS RECOMMEND THAT:

1. The OIE PVS Pathway be considered, by national, regional and global animal health policy makers, as a strong input to the compliance of VS with international standards of quality and as an opportunity to assess, plan, resource and strengthen VS in Africa;
2. OIE Member Countries be committed to search appropriate funds for providing the necessary infrastructure, human and financial resources to implement appropriate and efficient animal health and welfare policies in compliance with OIE standards and guidelines;
3. African countries take measures to improve progressive compliance with international standards and the quality of national Veterinary Services through the use of the OIE PVS Pathway, as appropriate to the national and regional context;
4. If they wish so, African countries approach donors with their PVS Evaluation and PVS Gap Analysis results to seek sources of funding and implementation outside of their national budget, when needed, requesting the OIE to provide them with support when necessary, for example, by contributing to the organisation of donors round table ;

5. Countries ensure awareness of their OIE PVS Evaluation reports as widely as possible within the country, to all central VS, provincial and local VS, private veterinarians and their associations, academics and private livestock sector, in order to improve the understanding of the OIE standards and their importance;
6. AU/IBAR and Regional Economic Communities (RECs) use the outputs of the PVS Evaluation and PVS Gap Analysis reports of their Member countries to implement, if possible, harmonised activities at sub-regional level; and consider requesting an OIE veterinary legislation mission at the sub-regional level, in addition to national missions, to help to achieve progress in sub-regional harmonisation, as appropriate, of veterinary legislation and thereby facilitate disease prevention and control, and thus facilitate regional and global trade