Organisation Mondiale de la Santé Animale

World Organisation for Animal Health

Organización Mundial de Sanidad Animal

20th Conference of the OIE Regional Commission for Africa Lomé, Togo, 18-22 February 2013

FINAL REPORT

World Organisation for Animal Health
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APPENDICES

List of Abbreviations

ACAW	Advanced Concepts of Animal Welfare
ADB	African Development Bank
APHIS	Animal and Plant Health Inspection Service
ARIS	Animal Resources Information System
ASF	African swine fever
AU IBAR	African Union Interafrican Bureau for Animal Resources
AU PANVAC	Pan African Veterinary Vaccine Centre of the African Union
AU	African Union
BTSF	Better training for safer food
CAADP	Comprehensive Africa Agricultural Development Programme
CBPP	Contagious bovine pleuropneumonia
CCPP	Contagious caprine pleuropneumoniae
CCRMV	Regional Committee for Veterinary Medicinal Products
CDC	Centers for Disease Control and Prevention
CGIAR	Consultative Group on International Agricultural Research
CIRAD	Agricultural Research Centre for International Development
CPF	Country Programming Framework
CVO	Chief Veterinary Officer
EC	European Commission
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
EFSA	European Food Safety Authority
EISMV	Inter-State School of Veterinary Science and Medicine
ELISA	Enzyme-Linked ImmunoSorbent Assay
EU	European Union
EUS	Epizootic Ulcerative Syndrome
FAO	Food and Agriculture Organization of the United Nations
FMD	Foot and Mouth Disease
GDP	Gross domestic product
GF-TADs	Global Framework for the Progressive Control of Transboundary Animal Diseases
GIS	Geographical information systems

GLEWS	Global Early Warning System
HPAI	Highly Pathogenic Avian Influenza
IAEA	International Atomic Energy Agency
IBAR	Interafrican Bureau for Animal Resources
IEC	International Electrotechnical Commission
IGAD	Intergovernmental Authority on Development
ILRI	International Livestock Research Institute
IPPC	International Plant Protection Convention
IRCM	Integrated Regional Coordination Mechanism
ISO	International Organization for Standardization
LEGS	Livestock Emergency Guidelines and Standards
MA	Marketing authorisation
MDGs	Millennium Development Goals
NGOs	Non-governmental organizations
OIE	World Organisation for Animal Health
OIE-PVS	The OIE Tool for the Evaluation of Performance of Veterinary Services
OVI	Onderstepoort Veterinary Institute
PAFLEC	Panafrican Platform for Livestock Trading Countries
PANVAC	Pan African Veterinary Vaccine Centre
PARC	Pan African Rinderpest Campaign
PASA	Project to support the agricultural sector (Togo)
PATTEC	Pan African Tsetse and trypanosomiasis Eradication Campaign
PCP	Progressive Control Pathway
PCR	Polymerase chain reaction
PDDAA	Detailed agricultural development program in Africa
PNIASA	National Plan for Agricultural Investment and Food Security
PPR	Peste des petits ruminants
RAHC	Regional Animal health Centre
REEV-Med	Mediterranean Network of Establishments for Veterinary Education
REMATO	Togo epidemiological surveillance network
REMESA	Mediterranean Animal Health Network
RESEPI	Regional network of national epidemiosurveillance systems
RESOLAB	Regional Network of Laboratories

RoSS	Republic of South Sudan
RVF	Rift Valley fever
SADC	Southern African Development Community
SP/CRMV	Permanent Secretariat of the Regional Committee for Veterinary Medicinal Products
SPS	Agreement on the Application of Sanitary and Phytosanitary Measures of the WTO
SRR	Sub Regional Representation
TADs	Transboundary Animal Diseases
UDAW	Universal Declaration on Animal Welfare
USDA	United States Department of Agriculture
VERU	Veterinary Emergency Response Unit
VICH	Veterinary International Conference on Harmonization
VS	Veterinary Services
VSPA/PPR	Vaccine Standards and Pilot Approachto Peste des petits ruminants (PPR) Control in Africa
WAEMU	West African Economic and Monetary Union
WAHIS	World Animal Health Information System
WHO	World Health Organization
WSPA	World Society for Animal Protection
WTO	World Trade Organization

Introduction

1. Following the kind invitation of the Government of Togo, the 20th Conference of the OIE Regional Commission for Africa was held in Lomé from 18 to 22 February 2013.

2. A total of 104 participants, comprising OIE Delegates and/or nominees of 26 Member Countries, one observer country and senior officers from 11 regional and international organisations attended the Conference. In addition, representatives of the private sector as well as from organisations of the private sector of the region and from the host country were present. Dr Bernard Vallat, OIE Director General; Dr Karin Schwabenbauer, Delegate of Germany and President of the OIE; Dr Marosi Molomo, Delegate of Lesotho and President of the OIE Regional Commission for Africa; Dr Monique Eloit, OIE Deputy Director General, Dr Yacouba Samaké, OIE Regional Representative for Africa; Dr Florência Cipriano, Deputy Regional Representative, Dr Neo Mapitse, OIE Sub-Regional Representative for Southern Africa; Dr Walter Masiga, OIE Sub Regional Representative for Eastern Africa and the Horn of Africa ; Dr Rachid Bouguedour, OIE Sub Regional Representative for North Africa ; Dr François Caya, Head of the OIE Regional Activities Department and Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department also participated to the Conference. The speakers presenting Technical Items I and II, namely, Dr Adrien Mankor and Dr Mohammed Msigara Bahari honoured the Conference by their presence.

Tuesday 19 February 2013

Opening Ceremony

3. The opening ceremony was chaired by the following personalities:

Colonel Ouro Koura Agadazi, Minister of Agriculture, Livestock and Fisheries
Dr Marosi Molomo, President of the OIE Regional Commission for Africa
Dr Yacouba Samaké, OIE Regional Representative for Africa
Dr Karin Schwabenbauer, Delegate of Germany and President of the OIE
Dr Monique Eloit, Deputy Director General of the OIE
Prof. Charles Kondi Agba, Minister of Health and personal representative of the Togolese Head of State.

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:	Colonel Ouro Koura Agadazi , Minister of Agriculture, Livestock and Fisheries
Vice-Chairperson:	Dr Marosi Molomo (Lesotho)
Rapporteur General:	Dr Theogen Rutagwenda (Rwanda)

Designation of Session Chairpersons and Rapporteurs

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

Item I:	Dr Bothle Michael Modisane, South Africa (Chairperson) Dr Al Abrak Abderrahman, Morocco (Rapporteur)
Item II:	Dr Nicholas Kauta, Uganda (Chairperson) Dr Daouda Bangoura, Guinea (Rapporteur)
Animal Health Situation:	Dr Mbargou Lo, Senegal (Chairperson) Dr Peter Maina Ithondeka, Kenya (Rapporteur)

Adoption of the Provisional Agenda and Timetable

7. The Provisional Agenda and Timetable were adopted.

Update on OIE vision

8. The Chairperson, Colonel Ouro Koura Agadazi, Minister of Agriculture, Livestock and Fisheries, invited Dr Monique Eloit, OIE Deputy Director General, to present an Update on the OIE Vision.

9. Dr Eloit started his presentation by providing background information on the evolution of the OIE since its creation in 1924 until nowadays when the organization counts with 178 Member Countries.

10. Then, the Deputy Director General commented on the OIE Fifth Strategic Plan 2011-2015, highlighting the key concepts and tools to be used by the OIE during this period of activities. She reminded that the Fifth Strategic Plan was in line with the historic overall the continuity of the OIE objectives.

11. When referring to the key concepts applied on the OIE Strategic Plan, Dr Eloit highlighted the 'Public Good' concept, the 'One Health' concept and Good Veterinary Governance. All those concepts are referred when it comes to the improvement of animal health worldwide while ensuring Animal Welfare, Food Security and Food Safety.

12. Dr Eloit also reminded the reference role of the OIE as the international Standard Setting Organisation for Animal Health issues in relation to the SPS WTO Agreement.

13. She pointed out that the role of the Organisation in the scientific management of animal welfare grew to the stage where the Organisation became recognised as the pre-eminent source of standards, guidelines, information and advice on animal welfare world-wide.

14. Dr Eloit reminded Delegates that another key element of the Fifth Strategic Plan is the strengthening Good Governance of the Veterinary Services which would be achieved through the improvement of legislation, supporting Members compliance with OIE international standards on the quality of Veterinary Services and the continuous strengthening of the capacities of Member Countries Veterinary Services.

15. She also highlighted the importance of the Veterinary Statutory Bodies (VSBs) which, even if they are not part of Veterinary Authority, are crucial in supporting the Good Governance of the overall Veterinary Services.

16. Referring to the current global context, the Deputy Director General started by showing trends on the growth of the population worldwide as well as demands for animal protein, recalling the economic projections indicating that the consumption would increase by 50% in the near future, mainly in developing and transition countries.

17. She highlighted the fact that the risk of diseases spreading around the world increases with globalisation, the unprecedented movement of people as well as animals and animal products, the evolution of farming systems and climate changes, among other factors.

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

19. When referring to the new concepts to be used for promoting protection of countries and regions from current and emerging threats for animals and humans, Dr Eloit mentionned the Global Public Good Concept. Global Public Goods are those which benefits extend to all countries, people and generations. Animal Health Systems are Global Public Goods, considering that controlling and eradicating animal infectious diseases, including zoonoses bring broad national, international and inter-generational benefits.

20. Regarding the Good Governance of Veterinary Services, Dr Eloit explained that the OIE keep working towards strengthening the technical capacities, management, and veterinary legislation thank to the OIE World Animal Health and Welfare Fund and in collaboration with global and regional partners.

21. She also made reference to the outcomes of the Ministerial Declaration of the Meeting of the G20 Agriculture Ministers held in June 2011 (Paris-France) highlighting the importance of early detection of diseases and of relevant international standards and in which the OIE, FAO, WHO, Codex, IPPC and the WTO were encouraged to continue their efforts towards enhancing interagency cooperation.

22. On this regard, the Deputy Director General commented on the Tripartite concept note prepared by the OIE, FAO and WHO to ensure a stronger collaboration between the three organisations to share responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces.

23. Dr Eloit also summarized the outcomes of the High Level Technical Meeting to Address Health Risks at the Human-Animal-Ecosystems Interfaces held in Mexico City in November 2011 and in which it was encouraged, among others, the establishment of strong governance structures and harmonised legal frameworks; the use of intersectoral approaches to risk assessment and risk mitigation for health issues at the human-animal-ecosystems interfaces; to joint training, simulation exercises, coordinated evaluation and gap analysis of national human and animal health systems.

24. She insisted on the 3 priority topics adopted by the 3 organisations: rabies, zoonotic influenza and antimicrobial resistance.

25. The Deputy Director General then explained the recent achievements of the OIE by highlighting the conclusions from the H5N1 crisis as well as the unprecedented efforts made by the veterinary community that lead to the official recognition of 198 countries of the world free of rinderpest as per declared at the 79th General Session of the World Assembly of Delegates in May 2011.

26. Dr Eloit pointed out that the global rinderpest eradication programme demonstrated that the long term vision, the commitment of governments, the support of the international community and regional organizations and the dedicated international platforms for coordination, together with efficient tools for control and eradication, lead to the success of the eradication. She highlighted the importance of continuing the joint efforts also in the post-eradication phase.

27. Dr Eloit then mentioned that disease control at source is key for a better animal health, improved food security and mitigating poverty, in particular through surveillance, early warning, reporting and effective response, the commitment to public-private partnerships, the investment in VS and disease control programs as 'global public goods' and the good governance of public and private components Veterinary Services and compliance with OIE standards.

28. She then added that sanitary crises, causing considerable economic losses, may be prevented at a reasonable cost by appropriate implementation of OIE standards on good governance by all those concerned.

29. Finally, Dr Eloit mentioned the OIE on-going activities highlighting the strengthening of Veterinary Services such as regular seminars for newly assigned OIE Delegates; the establishment of topic-specific national Focal Points in each OIE Member country and their training; network of OIE Reference Laboratories and Collaborating Centres; laboratory twinning initiative; OIE Scientific and normative publications; and the OIE PVS Pathway, which is a continuous process aiming to sustainably improve the compliance of Veterinary Services with international standards.

30. Dr Eloit also commented on the important OIE initiatives highlighting the support to the implementation of the recommendations of the OIE/FAO Global Conference on FMD Control, held in Bangkok (Thailand); the elaboration by the OIE of standards and recommendations aiming at a global control of other diseases such as rabies and PPR; the promotion of governments and donors consensus; the support from international donors including foundations; new twinning projects for veterinary education establishments (VEE) and Veterinary Statutory Bodies (VSB); OIE policy on disease surveillance and notification including in wildlife.

31. The OIE Deputy Director General concluded her presentation pointing out that the OIE will continue supporting all its Members by setting internationally recognised standards and guidelines in animal health, veterinary public health and animal welfare; disseminating scientific and animal health information; recognising disease free status of countries/zones; contributing to the Global control of FMD, rabies in dogs and PPR; providing technical and political support for good governance and Veterinary Services using PVS Pathway and other capacity building activities; providing support to Veterinary Education; supporting the improvement of the quality and organisation of the Veterinary profession and influencing for better recognition of the key role of veterinarians in society by governments.

Discussion

32. The Minister of Agriculture, Livestock and Fisheries warmly thanked Dr Eloit for her excellent presentation that he summarized by emphasizing on the conclusions.

Report on the activities and working programme of the OIE Regional Commission for Africa

33. The Chairperson, Colonel Ouro Koura Agadazi, Minister of Agriculture, Livestock and Fisheries, invited Dr Marosi Molomo, President of the OIE Regional Commission for Africa to give a presentation on the Activities of the Commission.

34. Dr Marosi Molomo gave a brief review of the activities in which the OIE Regional Commission for Africa had participated since the last Regional Conference held in Kigali (Rwanda) from 14 to 18 February 2011. Among the summarised activities, she highlighted the activities held under the framework of the Capacity building of Veterinary Services, the participation to the 80th OIE General Session, including the elections of the new Bureau of the Regional Commission, the Members of the Council and those from the Specialists Commissions. She also commented the work done regarding the coordination of an African common position and the launching of the VetGov Project, thanks to the support of the European Union.

35. Dr Molomo underlined the implication of the Regional Commission in the activities considered as priority for the region such as the implementation of the OIE standards by Member Countries according to the OIE 5th Strategic Plan.

36. The President of the Regional Commission pointed out the importance to continue organising meetings for common position among countries of the African region. She encouraged the 52 Members of the region to propose more representatives on the different Specialists Commissions of the OIE as well as to work on the improvement of regional communication at large with all stakeholders.

37. To conclude, Dr Molomo underlined that the Regional Commission had very fruitful regional meetings in the past two years as well as, an effective representation at the General Session. Thus, she expressed her good wishes for fruitful discussions and recommendations for the whole continent during this 20th Regional Conference.

The mandate of the OIE in Africa

38. The Chairperson, Colonel Ouro Koura Agadazi invited Dr Yacouba Samaké, OIE Regional Representative for Africa, to give a presentation on the OIE mandate in Africa.

39. Dr Samaké briefly commented on the OIE mandate in Africa. He started his presentation with a brief history of the OIE, from its establishment as Office International des Epizooties on 25 January 1924 and to its evolving mandate as World Organisation for Animal Health while keeping OIE as an acronym.

40. He then reviewed the terms of reference for the OIE mentioning the OIE's World Assembly of Delegates, the Codes and Manuals, the Fifth Strategic Plan and the priority tasks under the plan as well as, the lessons learned from the annual meetings of Regional and Sub-Regional Representatives.

41. In addition, Dr Samaké highlighted the links between the Fifth OIE Strategic Plan and the four pillars of the African Union's Comprehensive Africa Agriculture Development Programme.

42. The Regional Representative concluded his presentation by describing action taken in accordance with OIE's mandate, as well as the lessons to be learned, especially in terms of institutional ownership and institutional embedding of the Regional Animal Health Centre in a regional economic community as well as the development of the five-year action plan of GF-TADs Africa.

Report on the activities and working programme of the OIE Regional Representation for Africa

43. The Chairperson, Colonel Ouro Koura Agadazi invited Dr Daniel Bourzat, Advisor to the Regional Representative for Africa, to present the activities and working programme of the OIE Regional Representation for Africa.

44. Dr Bourzat presented a report on the activities of the Regional Representation. He indicated that, in the past inter-sessional period, the Regional Representation for Africa has implemented a number of programmes: Better Training for Safer Food (BTSF), IDENTIFY, Reinforcing Veterinary Governance in Africa (VetGov) and, since January 2013, the PPR project (Vaccine Standards and Pilot Approach to Peste des Petits Ruminants (PPR) Control in Africa).

45. He considered that those programmes had enabled and still enable the Regional Representation for Africa to work on strengthening good governance of the Veterinary Services of Africa.

46. Dr Bourzat noted that under the BTSF programme, a total of 4,400 man-days of training had been provided to include all OIE Delegates and National Focal Points. These training conducted, with the support of experts from OIE Reference Laboratories and Collaborating Centres, had been evaluated very positively.

47. He then underlined that, the BTSF had also placed Africa well ahead in terms of OIE Member Country participation in the OIE PVS Pathway. A total of 53 African countries were engaged in evaluating the performance of their Veterinary Services, with 38 currently undertaking a PVS Gap Analysis to ascertain compliance with international standards and 23 preparing to modernise their veterinary legislation. Twenty countries had already received follow-up missions and/or were in the preparatory phase of their round table with international technical partners to ensure sustainable financing of their strategic development plan stemming from the OIE PVS Pathway.

48. Dr Bourzat added that the BTSF had also helped to strengthen the laboratory twinning programme. A total of 13 twinning projects were operational in Africa, while one was completed and another (on peste des petits ruminants) was currently being signed.

49. Dr Bourzat expressed his concern regarding the termination of this anchor programme which had severely dented the motivation of national Veterinary Services.

50. Dr Bourzat then informed participants that, following PVS evaluations, the staff of the Regional Representation for Africa had drafted policy briefs on:

- the 'One Health' concept (follow-up of an OIE-PVS '*One Health'* mission to Kenya);
- the Fifth OIE Strategic Plan applied to Africa ;
- the support programme to improve veterinary governance and control priority transboundary animal diseases (TADs) in the Economic Community of West African States (ECOWAS) area;
- the five-year action plan of GF-TADs Africa, in its capacity as secretariat.

51. To conclude, Dr Bourzat informed that the Regional Representation for Africa continues to work in coordination with African Union institutions (Interafrican Bureau for Animal Resources, Pan-African Veterinary Vaccine Centre and Pan African Tsetse and Trypanosomiasis Eradication Campaign), as well as with regional economic communities, international partners such as the Food and Agriculture Organization of the United Nations as well as, with technical and financial partners.

Report on the activities and working programme of the OIE Sub-regional Representation for Southern Africa

52. The Chairperson, Colonel Ouro Koura Agadazi, invited Dr Neo Mapitse, OIE Sub-Regional Representative for Southern Africa, to present a report on the activities of his representation.

53. Dr Mapitse began his presentation briefly introducing the Representation and the countries it covers as well as, the cooperation agreements and the relationships tied with the different regional and international organisations.

54. Dr Mapitse made also reference to the staff of the representation especially to his appointment as Sub- Regional Representative in January 2012 due to the retirement of Dr Mtei. He gave also details on the different administrative aspects of the Representation especially regarding training of personnel and budgetary allocations.

55. He then informed that the declining funding of the Veterinary Services challenged the Sub Regional Representation to communicate to Members the OIE tools available to assist them such as the benefits and procedures required for roundtables with donors. In the same spirit, the OIE PVS Pathway especially the legislation support tool, was promoted in the Region.

56. Dr Mapitse informed that the Representation increased its efforts in assisting some Member Countries to make immediate notifications and submit their report using WAHIS.

57. He summarized the different meetings organised by SADC, AU-IBAR FAO and to which the Representation participated. He underlined that disease control strategies, including and improvement to diagnostic capacity, were developed with technical assistance from the Representation.

58. Dr Mapitse also mentioned the different laboratory twinning projects between laboratories in the region. He highlighted that the sub-region had the highest number of OIE Reference Laboratories in Africa. Support to the several OIE Twinning Projects and provision of guidance on the program continues for diseases and subjects such as PPR, RVF, FMD, improvements to diagnostic capacity and aquatic diseases.

59. He confirmed that the capacity building remains one key area of responsibility of the Representation and various regional and sub-regional seminars were conducted for National Focal Points, veterinarians and veterinary para professionals.

60. He then added that in 2011, SADC-wide proficiency testing exercise for rabies diagnosis using the recommended test was successfully implemented by the OIE Reference Laboratory for Rabies, OVI of South Africa. This was extended in 2012 and 2013 to the Congo Basin Countries and other high risk countries in the African Region under the IDENTIFY Project and Centers for Disease Prevention and Control (CDC Atlanta-USA).

61. To conclude, Dr Mapitse summarised the activities planned for the year 2013 which included continued technical support to the SADC and strengthening partnerships in the Sub-region; capacity building for National Focal Points for wildlife diseases and further strengthening of collaborative efforts with FAO and AU-IBAR and other regional bodies to continue reviewing progress already accomplished in different areas.

Report on the activities and working programme of the OIE Sub-regional Representation for North Africa

62. The Conference Chairperson, Colonel Ouro Koura Agadazi, invited Dr Rachid Bouguedour, OIE Sub-Regional Representative for North Africa, to present a report on the activities of the Sub Regional Representation for North Africa.

63. Dr Bouguedour started his presentation introducing himself as the new representative nominated in 2012. He also introduced his team.

64. He reported on the activities carried out by the Representation and which are based on the OIE priorities. He underlined the activities carried out under the OIE PVS Pathway, the training of OIE Delegates and Focal Points and the OIE Twinning projects. He made a special emphasis a the bluetongue collaboration project between laboratories based in Italy, Tunisia, Algeria and Lebanon using an approach very close to the twinning.

65. Dr Bouguedour also mentioned the supporting efforts to secure OIE official recognition of animal health status, in particular for foot and mouth disease from certain countries of the region. He highlighted that during the OIE General Session of May 2012, Algeria, Morocco and Tunisia were each awarded an OIE certificate endorsing their national foot and mouth disease national control programme. It is suggested to encourage these three countries to proceed with the next steps for acquiring official recognition of foot and mouth disease freedom with or without vaccination. In addition, Algeria, Morocco and Tunisia have formally applied for official recognition of freedom from African horse sickness. This application takes into account the fact that none of these countries has experienced outbreaks for more than 20 years and they export horses to the countries of the European Union and elsewhere.

66. He then informed that since 2012, the OIE Sub-Regional Representation for North Africa in Tunis had also provided the secretariat for the Mediterranean Animal Health Network (REMESA) and Mediterranean Network of Establishments for Veterinary Education (REEV-Med) newly established.

67. Dr Bouguedour added that, from an animal health standpoint, the re-emergence in 2012 of foot and mouth disease serotype SAT2 in Libya was a major concern for other countries in the region that had experienced no foot and mouth disease outbreaks since 1999 (Tunisia, Algeria and Morocco). The spread and re-emergence of peste des petits ruminants in Algeria and Tunisia was a further source of concern, while Morocco had successfully controlled the infection reported in July 2008. Finally, the re-emergence of Rift Valley fever in northern Mauritania in late 2010 has had a major impact on both public health (new cases in humans in 2012) and animal health, and was a new source of concern for the region. Collaboration on this matter between the European Food Safety Authority, the OIE and the Food and Agriculture Organization of the United Nations is under way for countries of the Mediterranean region, including North Africa.

Report on the activities and working programme of the OIE Sub-regional Representation for Eastern Africa and the Horn of Africa

68. The Chairperson, Colonel Ouro Koura Agadazi, Minister of Agriculture, Livestock and Fisheries, invited Dr Walter N. Masiga, OIE Sub-Regional Representative for East Africa and the Horn of Africa to present his report of activities.

69. Dr Walter N. Masiga, in his address on behalf of the Sub-Regional Representation for East Africa and the Horn of Africa, presented an overview of the technical, administrative and diplomatic achievements of the Representation. Since the last Regional Conference, the OIE SRR/EA has organized several capacity-building seminars targeting OIE Delegates, OIE National Focal Points (wildlife, veterinary products) and laboratory personnel (processing and forwarding of biological samples), along with some meetings on sanitary policies (GF-TADs Rift Valley fever conference, the *New Global Alliance for a Safer, Fairer and More Sustainable Livestock Sector*), the last of which was the launch of the PPR Pilot Project in Addis Ababa, the week before the present meeting. In terms of veterinary services, all member countries have applied for PVS (Somalia remains to be conducted), whilst it is expected that the Republic of South Sudan (RoSS) will apply for a PVS evaluation shortly.

70. He continued by updating the audience on progress made in terms of PVS Gap-Analysis missions and veterinary legislation support missions.

71. He briefly mentioned the ongoing laboratory Twinning agreements in Uganda and Sudan (and shortly: Kenya on ASF) and invited qualified laboratories to apply for recognition as OIE Reference Centre.

72. He then reminded participants that the Representation's offices, situated in Upper-Hill, Nairobi, were inaugurated on June 6th, 2011 and that these premises have been made available by the Government of Kenya, the host country, to which he expressed his gratitude for its generosity.

73. To conclude, he introduced the new Programme Officer, Dr Patrick Bastiaensen, who replaced Dr Antoine Maillard who left his functions at the OIE in late 2012.

Terrestrial Animal Health Standards Commission Issues of interest for the region

74. The Chairperson, Colonel Ouro Koura Agadazi, invited Dr Patrick Bastiaensen to present issues of interest to the Region regarding the activities of the OIE Terrestrial Animal Health Standards Commission. The presentation was made on behalf of Dr Alex Thiermann, Chairman of the said Commission. Tribute was paid to the late Dr. Stuart Hargreaves, OIE Delegate of Zimbabwe and African member of the OIE Code Commission for several years.

75. Dr Bastiaensen then briefly reiterated the important decisions that were taken at the 2011 and 2012 General Sessions and highlighted more salient topics which were discussed by the Code Commission during their September 2012 meeting, and whose report has been published in the OIE website. These should have been carefully reviewed and commented by all Members for the February 2013 meeting. Among the most important topics for the region, he mentioned the experts report on diseases to be delisted on the basis of the newly adopted listing criteria. The Code Commission expects every Member to examine the report and the Code Commission recommendations and provide scientifically justified positions.

76. He described current efforts to harmonize the Aquatic and the Terrestrial Codes, restructuring the Code chapters while incorporating reference to wildlife species of epidemiological significance. He also presented recent developments with regard to general standards on veterinary legislation and guidelines on veterinary education.

77. Among the various disease chapters being reviewed and developed, he made specific mention to the newly developed text on echinococcosis and especially on trichinellosis, a novel approach to managing an important zoonotic pathogen that requires a different focus in order to prevent public health risks without unjustified trade restrictions.

78. He also provided some information on relevant changes to the Code with regard to FMD and the Progressive Control Pathway, the new text on rindepest post-eradication phase and the new official disease status for African horse sickness.

79. Recognizing the importance of bees in agriculture worldwide, the Code Commission, assisted by the experts and the Scientific Commission revised all relevant honey bee diseases chapters.

80. In the area of food safety, the various chapters on antimicrobial resistance were reviewed and will be provided for comment before submitting them for adoption in May. Member comments had also be considered when developing the agenda for the upcoming OIE Global Conference on the Responsible and Prudent Use of Antimicrobial Agents for Animals, to take place in Paris this coming March.

81. On animal welfare, he highlighted the importance of providing comments on the chapters in animal welfare.

Technical Item I
Promoting intra-Africa trade of animal and animal products

82. The Session Chairperson, Dr Botlhe Michael Modisane, briefly introduced Dr Adrien Mankor and invited him to present the technical item 1 of the Conference regarding the promotion of intra-Africa trade of animal and animal products.

83. Dr Mankor addressed the topic by explaining the procedure followed to prepare the technical item. A questionnaire was drawn up to collect information from Member Countries and submitted to the OIE Delegates for the region of Africa. A total of 30 Member Countries replied to the questionnaire. These replies and the results of bibliographic research were used to take stock of the situation concerning trade in animals and animal products in Africa.

84. Dr Mankor continued his presentation mentioning that, despite abundant animal resources, the level of consumption of animal products from the African continent was one of the lowest in the world. The main species exploited were cattle, small ruminants, pigs, poultry and camels, in addition to the considerable resources in terms of wildlife and fish. These animals were produced primarily in an extensive family-based system. The low level of intensification in production systems and under-utilisation of animal products made African producers very uncompetitive.

85. He then explained that demand for animal products was observed in the African continent under the combined effects of a demographic boom, urbanisation, changes in eating habits and rising household incomes. This constantly increasing demand could not yet be satisfied by internal production.

86. He noted that, globally speaking, the African continent was self-sufficient and a net exporter of live animals. It nevertheless remained a net importer of animal products, while the opportunities for inter-African trade were not fully exploited.

87. Dr Mankor highlighted that, with the right promotion for inter-African trade, African demand for food of animal origin could be satisfied by African production. Many studies had been carried out, describing several circuits for the commercialisation of animal products. The majority of imports of animal products from African states came from other continents, and African exports of animal products were destined to developing countries. Inter-African trade promotion was required to reverse this trend in favour of the African continent. There were two main constraints that had to be overcome in order to achieve this: non-animal-health constraints and animal-health constraints.

88. The speaker of the technical item concluded that in order to overcome those obstacles, policies existed or were being planned by African countries. These policies will be mentioned under the draft recommendations. At the same time, OIE support for trade in animals and animal products was unanimously wished.

Discussions

89. The Delegate of Rwanda agreed with Dr Mankor about the situation regarding African trade in animals and products of animal origin as described by the Rapporteur. He considered that the African continent needed to overcome the constraints to trade by developing and implementing guidelines and policies that could help to improve the marketing of animal products from the African continent. He urged Africa to engage in a process of reflection aimed at finding solutions to overcome constraints to trade in animals and products of animal origin.

90. The Delegate of Senegal thanked Togo for its efforts in organising the Conference and WAEMU for its support for the preparation of this important event for the African continent.

91. He indicated that, in order to address the major challenges faced by the Africa region in marketing animals and products of animal origin, the Member Countries, with the support of development partners, should make major efforts in a number of areas, including animal disease control, which was crucial to intensifying livestock production and improving productivity; livestock feed and water management; infrastructure construction (vaccination stations, quarantine centres and modern livestock markets and slaughterhouses complying with standards); professionalisation of stakeholders by building their capacity; facilitating access to credit; and combating cattle rustling, which had become a scourge in the region.

92. The Delegate of Burkina Faso highlighted the paradox of the Africa region which, despite being a net exporter of live animals, remained an importer of products of animal origin. In his view, the extent of the conclusions of this Technical Item exceeded the scope of action of the Delegates of the OIE and he emphasised the importance of taking into account all the interested parties.

93. Regarding the sanitary constraints that Dr Mankor had mentioned in his presentation, and more specifically the lack of product control laboratories, the Delegate of Burkina Faso considered that, over and above the lack of laboratories, there was a lack of collaboration between the laboratories and the national Veterinary Services.

94. Dr Mankor thanked the Delegates for their highly relevant comments on his presentation. These comments served to underline the concerns existing in the region with regard to trade.

95. The Delegate of Sudan indicated that it was very important to take nomadism and agro-pastoral systems into account when dealing with the question of trade in animals and products of animal origin in Africa. Nomadic populations represent a key factor in the movement of animals on the continent. It was therefore vitally important to take them into account and take care to inform them about disease control and the importance of animals and their products. He also mentioned the key role of genetic improvement of animals.

96. The representative of Zimbabwe emphasised the very important role of producers in inter-African trade in animals and products of animal origin and the importance of training them and guiding them by applying a value chain approach, linking them to markets.

97. The Delegate of Togo asked the Rapporteur if it would be possible to have detailed statistics on the Technical Item presented as they had not been mentioned during the presentation. He considered that one of the difficulties in mastering the subject was exactly the lack of statistics which might allow a fuller understanding of the situation. He added that the permeability of borders in Africa and the problem of failure to control veterinary certification, disease and traceability were linked, among other reasons, to the lack of appropriate statistical data.

98. Dr Mankor explained that certain important parameters on trade had not been presented, as Member Countries had not referred to them in their questionnaire returns. This was probably due to the fact that most of the questions were open ended.

99. He concluded by saying that the lack of precise information on the various facets of trade in animals and products of animal origin made it difficult for African countries to direct the necessary investments to the appropriate infrastructures.

100. Dr Schwabenbauer, President of the OIE, referring to the experience of the European Union, highlighted the importance of political will in any efforts to facilitate trade, both in general and more particularly in the case of trade in animals and products of animal origin. Taking advantage of the presence of the Minister of Agriculture of Togo, she invited Delegates to consider the importance of political will as a key element in the evolution of inter-African trade.

101. The Minister of Agriculture agreed with the President of the OIE. He also indicated that it was not only a question of political willingness but also the willingness of operators at grass roots level, such as animal producers, who needed to organise themselves and work within a more formal framework. This would make it easier to collect the statistics needed to guide State actions relating to the development of trade in animals and products of animal origin.

Animal health situation in Member Countries of the region in 2012

102. This report is based on information contained in the national reports sent by Member Countries of the OIE Regional Commission for Africa preparatory to the Regional Conference, as well as in immediate notifications and follow-up reports received in 2012 and until 31 January 2013, and official historical data contained in the World Animal Health Information Database (WAHID).

103. In preparation for the Conference, the OIE requested Member Countries to provide a report on their animal health situation in 2012. The following 23 countries submitted reports: **Algeria**, **Angola**, **Benin**, **Chad**, **Congo (Dem. Rep. of the)**, **Egypt**, **Guinea**, **Lesotho**, **Malawi**, **Mali**, **Mauritius**, **Morocco**, **Mozambique**, **Niger**, **Nigeria**, **Sao Tome and Principe**, **South Africa**, **Swaziland**, **Togo**, **Tunisia, Uganda**, **Zambia** and **Zimbabwe**.

104. This report will review the activities of the Veterinary Services, animal production figures in Africa, simulation exercises conducted in Africa in 2012 and exceptional events reported to the OIE in 2012 and early 2013.

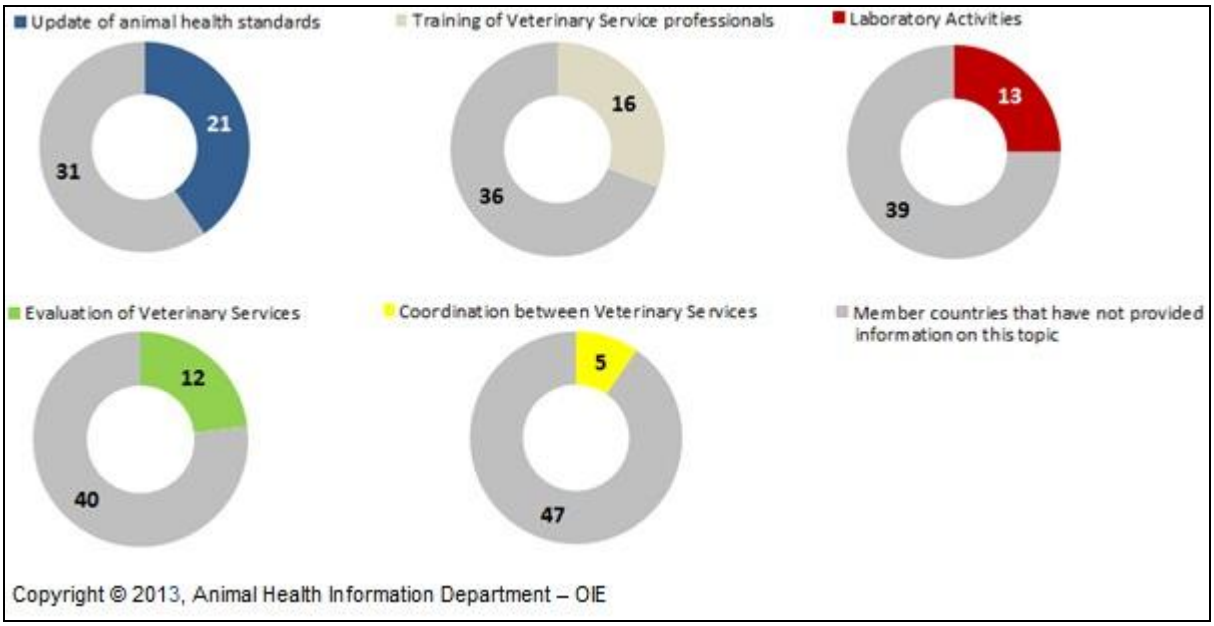
105. The reporting trend of six-monthly and annual information between 2005 and 2012 will be presented. This will be followed by a review of the recent situation in Africa with regard to five terrestrial animal diseases, namely foot and mouth disease (FMD), peste des petits ruminants (PPR), rabies, contagious bovine pleuropneumonia (CBPP) and highly pathogenic avian influenza (HPAI), and one aquatic animal disease, namely white spot disease.

I. Activities of the Veterinary Services

106. Although Veterinary Services perform a great number of activities, this report will only focus on the main lines of action in 2012.

107. For the 52 countries that are members of the Regional Commission for Africa, of which 23 provided their reports for this Conference, the major activities have been grouped in five lines of action (Figure 1).

Figure 1: Main lines of action notified by Veterinary Services for 2012, by number of countries, out of a total of 52 Member Countries of the Commission



108. ***Update of animal health standards***, which includes implementation of health standards, new animal health programmes, adoption and update of contingency plans, etc., was the most significant line of action for Veterinary Services in 21 countries of the Region in 2012. Countries such as **Angola**, **Benin**, **Congo (Dem. Rep. of the)**, **Egypt**, **Lesotho**, **Malawi**, **Mauritius**, **Morocco**, **Mozambique**, **Niger**, **Nigeria**, **Sao Tome and Principe**, **South Africa**, **Swaziland**, **Togo**, **Tunisia**, **Uganda** and **Zambia** highlighted the adoption or update of various contingency plans during this period. **South Africa** applied for OIE recognition of its African horse sickness free status and Morocco started the processes.

109. ***Training of Veterinary Service professionals*** was the second main line of action, and was reported by 16 countries of the Region. Training courses were held at both national and international level. These courses featured simulation exercises, training on transboundary animal diseases (TADs), training of National Reference Laboratory officials, training on the second version of WAHIS/WAHID in Paris, France, conferences on animal welfare, training in epidemiology and animal disease surveillance (e.g. epidemiology and epidemiological tools, such as Epi-Info, geographical information systems [GIS], risk analysis, etc.) and training on specific diseases, such as FMD, HPAI, PPR, rabies. **Algeria**, **Lesotho** and **Nigeria**, highlighted the training of trainers on the livestock database for the regional Animal Resources Information System (ARIS).

110. The third main line of action, reported by 13 countries of the Region, related to ***Laboratory activities***. Although many activities were mentioned, they can be classified under the following headings: advanced training courses, laboratory accreditation according to ISO/IEC 17025 (**Morocco**), reinforcing the diagnostic laboratory network, implementation of new techniques and vaccine production. In addition, **Algeria** underlined the creation of the Laboratory for national control and analysis of fishery and aquaculture products. **Lesotho** highlighted the support of the International Atomic Energy Agency (IAEA) Project for the Central Veterinary Laboratory regarding the "use of nuclear and molecular techniques for improving animal productivity and control of TADs". The project involves capacity building through training and provision of equipment. The National Veterinary Institute in **Nigeria,** with the support of the World Bank, is in the process of being upgraded to Biosafety Level 3 (BSL-3) status. A high-security animal

testing laboratory is now being built in **Zimbabwe** for the handling of contagious disease agents and their testing. Also, three staff members involved with laboratory reporting received training on integrated SILAB reporting software in Italy; this system will now be installed at the Central Veterinary Laboratory in Zimbabwe to improve linkages in national animal disease surveillance. With the support of the Southern African Development Community (SADC) and the African Development Bank (ADB) TADs project, three main veterinary laboratories in **Mozambique** were equipped and their diagnostic capacities were upgraded. **Angola** and **Uganda** started to manufacture thermostable Newcastle disease vaccine and **Egypt** started to manufacture trivalent (A, O, SAT2) FMD vaccine. **Congo (Dem. Rep. of the)**, **Malawi**, **Mozambique** and **Zambia** continued their production of vaccines against several diseases.

111. Twelve countries, **Algeria, Guinea, Malawi**, **Mauritius**, **Mozambique**, **Niger**, **Nigeria**, **Sao Tome and Principe**, **South Africa, Togo**, **Zambia** and **Zimbabwe**, implemented activities relating to ***Evaluation of Veterinary Services***, most of them through PVS and PVS Gap Analysis tools, in coordination with the OIE.

112. Lastly, five countries reported actions linked to ***Coordination between Veterinary Services***. Thus, **Angola** reported that, in coordination with **Congo (Dem. Rep. of the)**, **Namibia** and **Zambia,** meetings were organised twice a year to harmonise control and eradication strategies for transboundary animal diseases (such as PPR), and to improve the marketing of animals and their products. Furthermore, in application of the "One Health" concept, and particularly in the area of control of zoonotic disease, **Congo (Dem. Rep. of the)**, **Niger**, **Nigeria** and **Zimbabwe** highlighted the coordination, cooperation and training taking place between the Ministries of Agriculture, Health and Environment.

II. Animal populations in Africa

113. The African continent is a large land mass with a surface area of 30 520 906 km^2 and a human population of 1 038 660 222, which yields a population density of 33.88 inhabitants per square kilometre[1].

114. In 2011, the main terrestrial animal populations in Africa were: birds (about 1 300 000 000 animals[2]), sheep/goats (about 600 000 000 animals[3]), cattle (about 270 000 000 animals[4]), swine (about 34 000 000 animals[5]), equidae (about 26 000 000 animals[6]) and camels (about 23 000 000 animals[7]). It should be noted that a few countries account for the majority of these populations. **Nigeria** and **Algeria** represent 30% of the continent's poultry production; 29% of the region's sheep and goats are bred in **Sudan**, **South Africa** and **Mali**; 30% of the region's cattle are bred in **Ethiopia** and **Sudan**; 33% of swine are bred in **Nigeria** and **Uganda**; 47% of camels are bred in **Somalia** and **Sudan**. Lastly, 61% of equidae are bred in **Sudan** and **Ethiopia**.

1 Source: http://www.populationdata.net/index2.php?option=continent&cid=1&nom=afrique (31/01/2013)

2 Three countries did not provide any figures for their bird populations. These countries were not included in the total number.

3 Two countries did not provide any figures for their sheep and goat populations.

4 One country did not provide any figures for its cattle population.

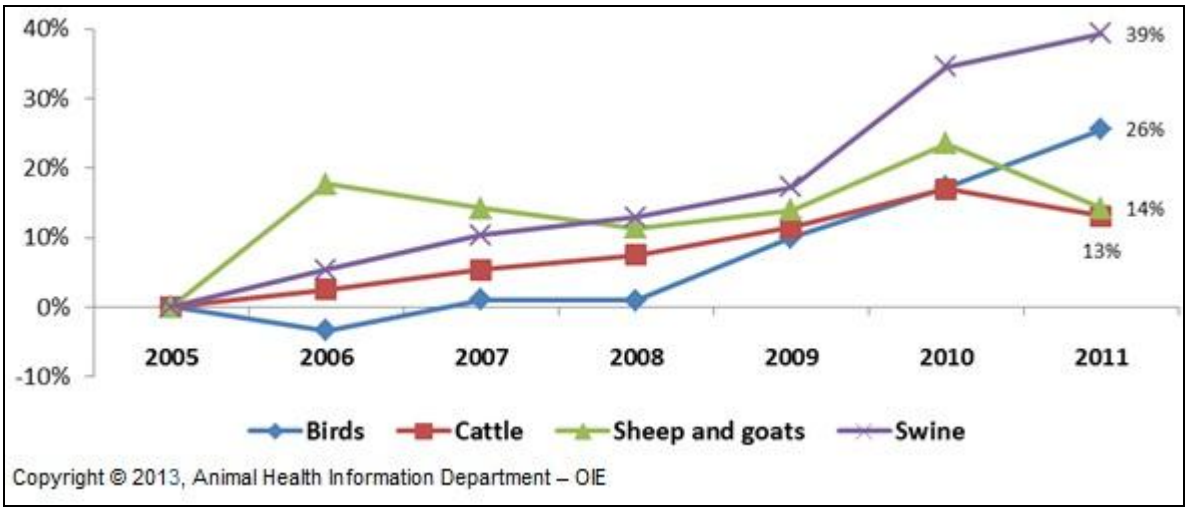
5 Ten countries (mainly low producers) did not provide any figures for their swine populations.

6 Eleven countries did not provide any figures for their equidae populations.

7 Fifteen countries did not provide any figures for their camelidae populations.

115. In terms of the percentage variation in the population of birds, cattle, small ruminants and swine in Africa, taking 2005 as the reference year, the bird population dipped slightly in 2006 (-3%), returned to baseline in 2007 and 2008 and then increased regularly up to 2011 (+26%). The sheep and goat population increased in 2006 (+18%) but then evolved with an irregularly trend, ending in 2011 with an overall increase of 14% on the 2005 figure. The cattle population increased constantly during the period 2005–2010 (to a maximum of +17%) followed by a 4% decrease in 2011. The swine population increased constantly during the period 2005–2011, ending 39% higher. It seems that African countries have greatly increased their production of monogastric animals (birds and swine), while the evolution of small ruminant populations (which are the traditional species raised in the continent) was irregular between 2005 and 2011(Figure 2).

Figure 2: Variation (%) in livestock animal production in Africa since 2005, by category



116. Regarding aquatic animals, very few countries reported production figures. **Algeria, Angola, Botswana,** and **Swaziland** are the only countries that provided information for all categories of aquatic animals. Only four other countries reported figures for capture fisheries and for capture of molluscs[8] and three other countries reported figures for capture of crustaceans[9]. While aquaculture is not yet developed in the majority of the countries of the continent, it is worth mentioning that the capture of fish is very important in many countries with access to the sea and where there are major rivers or lakes.

117. For aquaculture, in addition to the four countries mentioned above, 11 countries reported consistent figures for fish[10]; seven countries reported figures for molluscs[11] and crustaceans[12]. For amphibian production, only six countries[13] reported information, indicating that they did not produce amphibians.

118. It is essential for countries to keep the OIE systematically updated on their production animal populations in their annual reports. Animal production figures are key elements to evaluate the potential impact of diseases in OIE Member Countries and Regions.

8 Comoros, Congo (Rep. of), Madagascar and Tunisia.

9 Congo (Rep. of), Madagascar and Tunisia.

10 Burundi, Comoros, Congo (Rep. of), Equatorial Guinea, Lesotho, Madagascar, Mali, Rwanda, South Africa, Tanzania and Tunisia.

11 Burundi, Comoros, Equatorial Guinea, Madagascar, Mali, South Africa and Tunisia.

12 Burundi, Comoros, Congo (Rep. of), Equatorial Guinea, Madagascar, Mali and South Africa.

13 Algeria, Angola, Botswana, Burundi, Comoros and Swaziland.

III. Simulation exercises

119. Simulation exercises allow countries to evaluate their disease control protocols and contingency plans and dispense training in conditions similar to those of a real exotic disease introduction.

120. Among the total number of 45 simulation exercises reported to the OIE from different regions of the world between 2011 and 2012, none was provided from Africa. However, according to the Animal Health Situation reports for this Conference, **Angola**, **Mozambique**, **Tunisia** and **Uganda** reported the following simulation exercises:

Table 1: Simulation exercises conducted in Africa in 2012 according to the Animal Health Situation reports for this Conference

COUNTRY	TOPIC	DATES
Angola	Simulation exercises on diseases having contingency plans	Dates not specified
Mozambique	Avian influenza and PPR	Dates not specified
Tunisia	Avian influenza	11-12 December 2012
Uganda	Avian influenza	Dates not specified

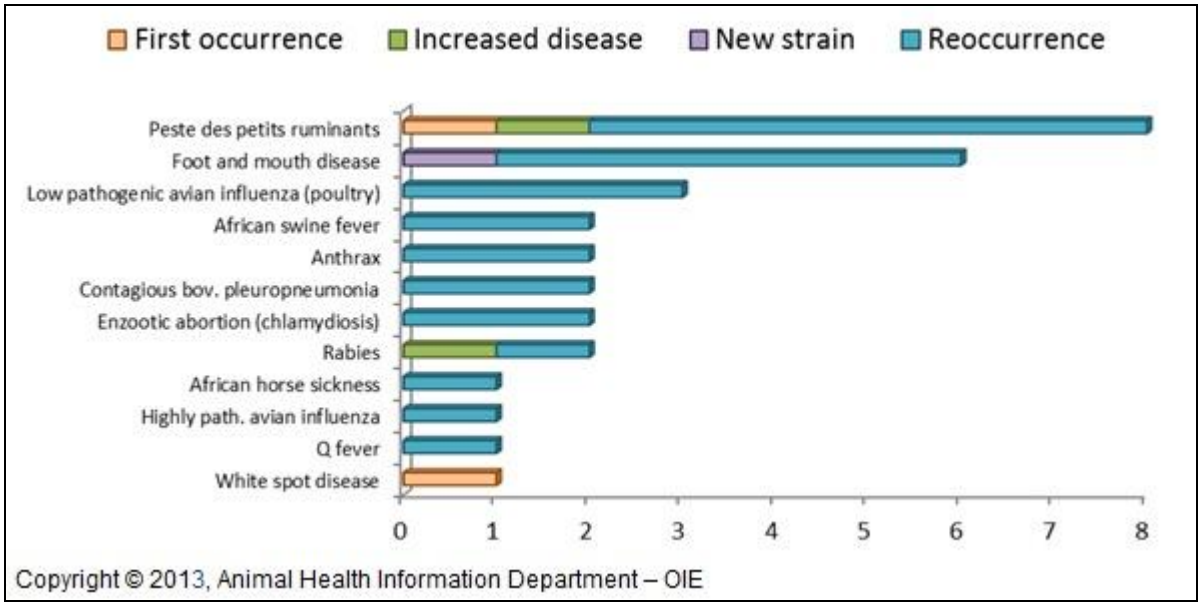
IV. Exceptional epidemiological events and diseases

121. Figure 3 shows the main epidemiological events notified by the countries/territories of Africa in 2012 or early 2013. During this period, a total of 31 immediate notifications were submitted. The most frequently notified diseases were: PPR with eight notifications and FMD with six notifications. For PPR, six notifications were for reoccurrences, one was for increased disease and one was for the first occurrence. For FMD, one notification was to report a new strain (SAT 2 in Egypt), and five were to report reoccurrences. There were three notifications relating to reoccurrences of low pathogenic avian influenza (LPAI) in poultry.

122. A more detailed analysis of selected diseases is provided in the following sections of the report.

123. Amongst the events notified, 12 were resolved. To date, a total of 19 events remain unresolved.

Figure 3: Number of exceptional epidemiological events reported by the countries of Africa, by disease, in 2012 and early 2013



V. Six-monthly reports

124. As of 31 January 2013, the OIE had received a total of 51 terrestrial or aquatic six-monthly reports covering the first semester of 2012. Thirty-five countries submitted their terrestrial six-monthly report and 16 countries also submitted their aquatic six-monthly report. Thirty-four of these 35 countries entered their information directly via the WAHIS interface, and one submitted a report in paper format (Table 2).

Table 2: First six-monthly reports for 2012, by submission mode and by type of report (aquatic or terrestrial), received by the OIE (as of 31 January 2013)

COUNTRY		SUBMISSION MODE	SIX-MONTHLY REPORT	
			TERRESTRIAL	AQUATIC
1	ALGERIA	WAHIS	Yes	Yes
2	ANGOLA	WAHIS	Yes	
3	BENIN	WAHIS	Yes	
4	BURKINA FASO	WAHIS	Yes	Yes
5	CAMEROON	WAHIS	Yes	
6	CONGO (REP. OF THE)	WAHIS	Yes	
7	COTE D'IVOIRE	WAHIS	Yes	Yes
8	DJIBOUTI	WAHIS	Yes	
9	EGYPT	WAHIS	Yes	Yes
10	EQUATORIAL GUINEA	WAHIS	Yes	Yes
11	ETHIOPIA	WAHIS	Yes	
12	GHANA	WAHIS	Yes	
13	GUINEA	WAHIS	Yes	
14	GUINEA-BISSAU	WAHIS	Yes	
15	KENYA	WAHIS	Yes	Yes
16	LESOTHO	WAHIS	Yes	Yes
17	MADAGASCAR	WAHIS	Yes	Yes
18	MALAWI	WAHIS	Yes	
19	MALI	WAHIS	Yes	Yes
20	MAURITANIA	WAHIS	Yes	Yes
21	MAURITIUS	WAHIS	Yes	
22	MOROCCO	**Paper**	Yes	Yes
23	MOZAMBIQUE	WAHIS	Yes	
24	NAMIBIA	WAHIS	Yes	Yes
25	NIGER	WAHIS	Yes	Yes
26	NIGERIA	WAHIS	Yes	
27	SENEGAL	WAHIS	Yes	
28	SEYCHELLES	WAHIS	Yes	Yes
29	SIERRA LEONE	WAHIS	Yes	
30	SOMALIA	WAHIS	Yes	
31	SOUTH AFRICA	WAHIS	Yes	Yes
32	SUDAN	WAHIS	Yes	
33	SWAZILAND	WAHIS	Yes	
34	TUNISIA	WAHIS	Yes	Yes
35	ZIMBABWE	WAHIS	Yes	

125. In Africa, there is room for improvement with respect to the number of countries reporting regularly and in a timely manner to the OIE. There is also a need to improve the information available on aquatic animal diseases in African countries, especially by those countries that have developed their aquaculture sector, so that the disease situation in aquatic animals can be monitored for the benefit of the economy and trade.

VI. Evolution of animal disease reporting from African countries to the OIE, between 2005 and 2012

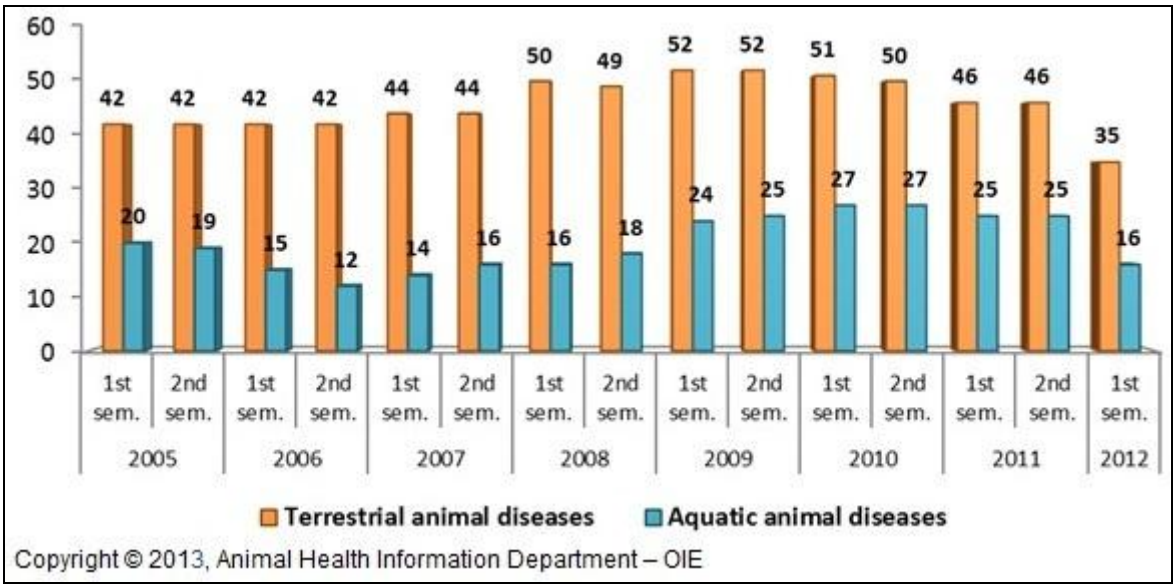
126. Whenever an important epidemiological event occurs in a Member Country, the Member must inform the OIE by sending an immediate notification (for terrestrial and aquatic animals) that includes the reason for the notification, the name of the disease/infection/infestation, the affected species, the location of the outbreak(s) indicating the geographical area, the applied control measures if any and the results of laboratory tests carried out or in progress.

127. In Africa, an increase in the number of immediate notifications submitted to the OIE has been observed, from 23 notifications in 2006 to 29 notifications in 2012, but without a significant increase in the number of countries submitting immediate notifications (between 14 and 19 each year). The most striking change is related to the number of diseases reported to the OIE by the countries of Africa, with a record number in 2011 (15 diseases, versus 10 in the previous years). Furthermore, an aquatic animal disease was reported for the first time in 2007 (epizootic ulcerative syndrome was reported as "first occurrence" by **Botswana**). Aquatic animal diseases have been reported more regularly since 2010 (reoccurrence of epizootic ulcerative syndrome by **Botswana** in 2010, epizootic ulcerative syndrome by **South Africa** and white spot disease by **Mozambique** in 2011 (both reported as "first occurrence"), and white spot disease reported as "first occurrence" by **Madagascar** in 2012).

128. These results are encouraging indicators of progress in reporting to the OIE, which has to be linked to the training sessions carried out and other efforts to raise Delegates' awareness of the importance of notifying exceptional epidemiological events, especially for diseases with a high zoonotic, economic or animal health impact. However, there is still room for improvement.

129. Figure 4 shows the number of countries in Africa that submitted completed six-monthly reports for terrestrial and/or aquatic animal diseases during the period from 2005 to 2012.

Figure 4: Number of countries in Africa having submitted six-monthly reports for terrestrial and/or aquatic animal diseases, for 2005 to 2012



130. Here, too, the results are encouraging, since, in addition to the 42 countries that were reporting to the OIE in 2005, about 10 other countries started reporting through six-monthly reports during this period. Also, an increasing trend can be highlighted for the submission of reports/sections of reports for aquatic animal diseases, together with the information on terrestrial animal diseases. Twenty-seven countries reported information on aquatic animal diseases in 2010, which represents more than half of the African countries submitting reports, which is significant, given that aquaculture is an activity that has been developed recently in some parts of Africa, and that surveillance programmes for aquatic animal diseases are only implemented by some countries of the continent.

131. Nowadays, the numbers of countries in Africa having submitted six-monthly reports for 2011 and 2012 are lower than those for 2010. This is not surprising since the average submission time of reports from the African region for 2010 was 4 months (with a maximum of 20 months), and countries are still submitting reports for 2011 and 2012.

VII. Submission times of reports for 2012

132. To improve the scope and efficiency of the OIE's early warning system, events of epidemiological significance should immediately be notified to the OIE Headquarters. The various types of events covered are described in the *Terrestrial Animal Health Code*[14] and the *Aquatic Animal Health Code*[15] (Chapter 1.1., Article 1.1.3).

133. Table 3 presents the time observed between the confirmation[16] of exceptional events and submission of the corresponding immediate notifications to the OIE, for African countries in 2012. Two countries submitted reports within 24 hours of confirmation of the event (in line with OIE recommendations). Also, **Botswana** submitted an immediate notification for the suspected reoccurrence of FMD in the region of Maun, one day after the pre-confirmation laboratory test.

134. Nine countries submitted immediate notifications within 2 to 7 days of confirmation of the event. Four countries submitted immediate notifications between one week and one month after confirmation of the event. Lastly, two countries submitted immediate notifications more than one month after confirmation of the event.

Table 3: Time observed between confirmation of the exceptional event and submission of the corresponding immediate notification to the OIE, for African countries in 2012

Time between confirmation and submission	Country	Reason for notification
Within 24 hours (time recommended by the OIE)	Benin	R. of anthrax
	Botswana	R. of FMD
	Senegal	R. of CBPP
Between 2 and 7 days	Algeria	R. of PPR
	Angola	F.O. of PPR
	Central African Rep.	R. of African swine fever (ASF)
	Egypt	N.S of FMD
	Lesotho	R. of anthrax (in Berea)
	Libya	R. of FMD
	Madagascar	F.O. of white spot disease
	South Africa	R. of FMD (in Mpumalanga) and of ASF
	Swaziland	R. of African horse sickness
Between one week and one month	Egypt	R. of PPR
	Nigeria	R. of rabies
	South Africa	R. of LPAI and HPAI
	Tunisia	R. of PPR
More than one month	South Africa	R. of LPAI
	Tunisia	R. of enzootic abortion (chlamydiosis)

R: *reoccurrence* ***FO:*** *first occurrence* ***N.S.:*** *identification of new strain*

135. The results observed in the Region in 2012 were quite heterogeneous, although some countries followed OIE recommendations and notified the OIE of the events **immediately** after their confirmation. Reactivity of countries for notification of exceptional epidemiological events is essential for informing trade partner countries of animal health events and for them to apply relevant measures to avoid the spread of pathogens.

136. For six-monthly reports, the OIE recommends a submission time not exceeding one month after the end of the semester, and one month and a half for annual reports.

[14] http://www.oie.int/en/international-standard-setting/terrestrial-code/access-online/?htmfile=chapitre_1.1.1.htm

[15] http://www.oie.int/index.php?id=171&L=0&htmfile=chapitre_1.1.1.htm

[16] "Confirmation" is defined as the date of laboratory confirmation tests reported in the immediate notifications or as the date of clinical confirmation.

137. Figure 5 shows the median submission times of African countries for six-monthly reports and annual reports between 2009 and the first semester of 2012. These median times are compared to the median submission times for all countries reporting to the OIE.

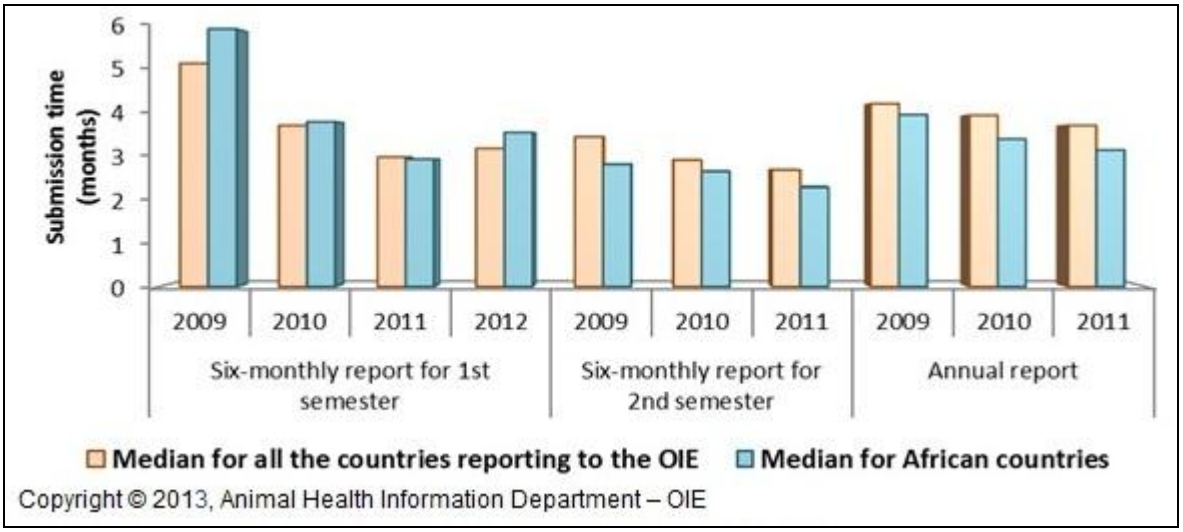
138. As shown in the figure, the African region median was longer (i.e. poorer results) than the global median in 2009 and 2010 for the six-monthly reports for first semester. Thus, in 2009, the median in the African region was around 6 months and in 2010 was around 4 months, in each case longer than the global median. For these reports and the timeliness of reporting, African performances were quite poor in comparison with all the countries reporting to the OIE.

139. However, regarding six-monthly reports for second semester and annual reports, the trend was the opposite, with medians in the African region closer to the OIE's recommended submission times than the global results. For the first semester of 2011, the results were comparable (around 3 months).

140. Also, it is clear that submission times became shorter up to 2011. Indeed, up to this date, the medians were between 2 and 3 months for six-monthly reports, and the median was between 3 and 4 months for annual reports. Although performances are still quite far from meeting the OIE's objectives, the trend is very encouraging, and African countries should continue their efforts in this respect.

141. Nevertheless, submission times increased in 2012 (i.e. poorer results), possibly because of the transition from WAHIS I to WAHIS II. Countries should increase their efforts to submit information in a timely manner, and the OIE will be seeking to work with reporting countries to help them to maintain the decreasing trend.

Figure 5: Submission time of six-monthly and annual reports from African countries, and all the countries reporting to the OIE, between 2009 and 2012*



**Results for 2012 relate only to reports on terrestrial species as the number of reports received on aquatic species was insufficient to perform a statistical analysis*

142. Table 4 is a summary of six-monthly report submission times for African Countries, for the first semester of 2012. Eleven countries submitted their six-monthly reports less than 45 days after the end of the semester. Twelve countries submitted their six-monthly reports between one month and half and three months after the end of the semester. Nine countries submitted their six-monthly reports between three and six months after the end of the semester. Three countries submitted them more than six months after the end of the semester. Lastly, 17 countries had still not submitted their six-monthly report, more than seven months after the end of the semester.

Table 4: Submission times of terrestrial and aquatic six-monthly reports from African countries, for the first semester of 2012

SUBMISSION TIME	COUNTRY	
Submission time < 45 days after the end of the semester	Cameroon Djibouti Egypt Guinea-Bissau Lesotho Morocco	Niger Senegal Sierra Leone Somalia Swaziland
Submission time between 1.5 and 3 months after the end of the semester	Algeria Benin Côte d'Ivoire Guinea Madagascar Malawi	Mozambique Namibia Nigeria Seychelles Sudan Tunisia
Submission time between 3 and 6 months after the end of the semester	Angola Burkina Faso Ethiopia Ghana Kenya	Mauritania Mauritius South Africa Zimbabwe
Submission time > 6 months after the end of the semester	Congo (Rep. of the) Equatorial Guinea	Mali
Report not yet submitted, more than 7 months after the end of the semester		
Botswana Burundi Cape Verde Central African Republic Chad Comoros Congo (Dem. Rep. of the) Eritrea Gabon	Gambia Libya Rwanda Sao Tome and Principe Tanzania Togo Uganda Zambia	

143. The results observed in 2012 in the Region were quite poor, since only two countries met the OIE's recommendations in terms of submission time.

144. Table 5 presents the number of requests that the OIE sent to African Member Countries for additional information during the validation process of six-monthly reports, and the time between the first request and the country's response, with respect to the first semester of 2012. Where no answer has yet been received, the table indicates the length of time since the first request.

145. Out of the 51 six-monthly reports (aquatic and terrestrial) submitted by African countries for the first semester of 2012 so far, around half (23 reports) were complete and no additional information was required by the Animal Health Information Department to validate the report.

146. For 19 reports, the Animal Health Information Department requested additional information **once**. For eight of these reports, the countries answered within one week. For three reports, the countries answered within a period of between one and two weeks. For one report, the country answered within a period of between two weeks and a month. For five reports, the countries answered more than a month after the OIE's request. However, for two reports, the countries have not yet answered the OIE.

147. For six reports, the Animal Health Information Department requested additional information **twice**. For one of these reports, the country answered within a period between two weeks and a month. For four of these reports, the countries answered more than a month after the OIE request. Finally, for the remaining report, the OIE has not yet received a response. Further request will be sent to the country concerned.

148. For two reports, the Animal Health Information Department requested additional information **three times** during the validation process. The countries have not yet answered the OIE, after more than one month.

149. Lastly, for one report, the Animal Health Information Department requested additional information **five times** during the validation process. The country has not yet answered the OIE, after more than one month.

Table 5: Number of requests for additional information to African Member Countries, and time between the first request from the OIE and the answer from the country, for six-monthly reports for the first semester of 2012[17]

Time between first request and answer or time since the first request for countries that have not answered yet	Number of requests for additional information	Countries that have answered		Countries that have not yet answered	
		Country	Type of report	Country	Type of report
between 0 and 7 days	**1 request**	Cameroon Côte D'Ivoire Egypt Eq. Guinea Ethiopia Mali Tunisia	T A T T and A T T A	South Africa	A
between 8 and 14 days	**1 request**	Mauritania Niger Swaziland	A A T	Congo (Rep. of the)	T
between 15 and 30 days	**1 request**	Malawi	T		
	2 requests	Mozambique	T		
more than 30 days	**1 request**	Kenya Namibia Sierra Leone Sudan Tunisia	A T T T T		
	2 requests	Angola Burkina Faso Niger Somalia	T T T T	Zimbabwe	T
	3 requests			Djibouti South Africa	T T
	5 requests			Côte D'Ivoire	T

[17] *T= Six-monthly report for terrestrial species, A = Six-monthly report for aquatic species*

Reports that could be validated by the Animal Health Information Department without needing to request additional information from the country			
Algeria	T and A	Madagascar	T and A
Benin	T	Mali	A
Burkina Faso	A	Mauritania	T
Egypt	A	Mauritius	T
Ghana	T	Morocco	T and A
Guinea	T	Namibia	A
Guinea-Bissau	T	Nigeria	T
Kenya	T	Senegal	T
Lesotho	T and A	Seychelles	T and A

150. Some African countries have taken a very long time to answer OIE requests for the additional information needed to validate six-monthly reports in 2012. Every care should be taken when completing six-monthly reports and communication between Members and the OIE Headquarters should be improved.

SITUATION OF THE SELECTED OIE LISTED DISEASES FOR THE REGION

Foot and mouth disease

151. Foot and mouth disease (FMD) is a member of the family *Picornaviridae*, genus *Aphtovirus*. The relevance of FMD mainly lies in trade disruption in countries or zones officially recognised as FMD free, resulting from the animal disease status of trading partners. FMD also has serious repercussions for livestock and dairy production due to a reduced growth rate and to morbidity and mortality in young stock.

152. Under the terms of Resolution No. 14 adopted by the World Assembly of Delegates of the OIE in May 2012, and in accordance with the provisions of Chapter 8.5. of the *Terrestrial Animal Health Code*, six African Member Countries have an OIE-recognised FMD status, as shown in Table 6.

Table 6: African Member Countries with an official OIE-recognised FMD status (country or zone) in 2012

FMD free where vaccination is not practised	FMD free zone where vaccination is not practised
Lesotho	Botswana[18]
Madagascar	Namibia[19]
Mauritius	
Swaziland	

153. Of the seven FMD serotypes (A, O, C, SAT1, SAT2, and SAT3), six were identified in Africa between 2005 and 2012.

154. A semester-by-semester analysis between 2005 and 2012 reveals that 35 among 52 African Member Countries reported the presence of FMD. Between 2005 and 2012, eight countries[20] that reported the disease present at least once, reported the serotype each time. On the other hand, fifteen countries reported the serotype but not on a regular basis. Lastly, the 12 remaining countries[21] never reported the serotype during this period. It is important to note that the proportion of countries that reported FMD serotypes increased in 2011 and 2012 (Figure 6).

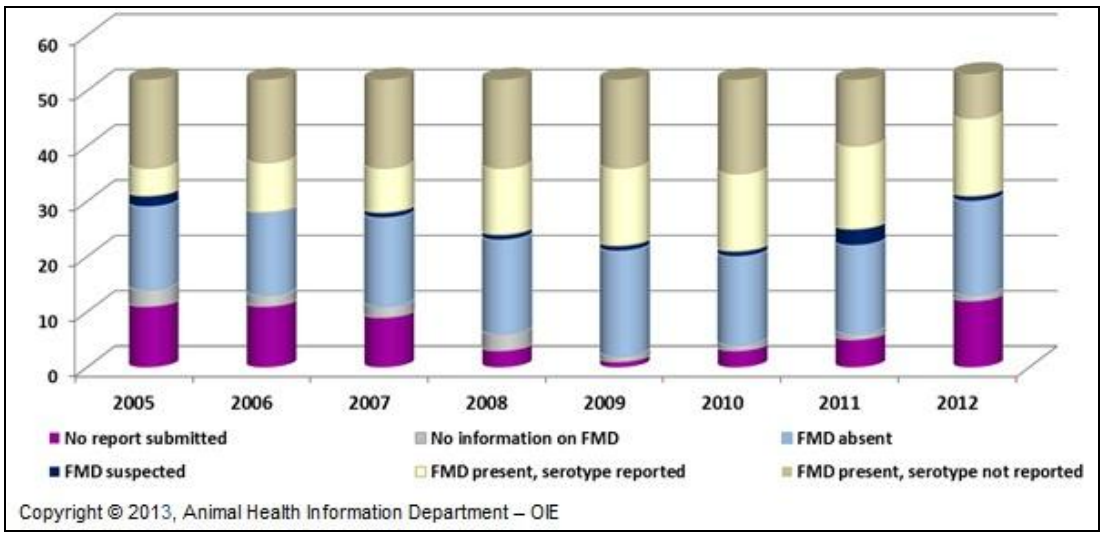
[18] One zone designated by the Delegate of Botswana in documents addressed to the Director General in November 2010, with the exclusion of the containment zone as designated by the Delegate of Botswana in a document addressed to the Director General in September 2011

[19] Zone designated by the Delegate of Namibia in a document addressed to the Director General in February 1997

[20] Angola, Benin, Egypt, Kenya, Libya, Mozambique, Namibia and South Africa

[21] Burkina Faso, Burundi, Central African Republic, Comoros, Chad, Eritrea, Ghana, Guinea, Mauritania, Niger, Senegal and Somalia

Figure 6: Distribution of FMD status among 52 African Member Countries between 2005 and 2012



155. To allow a proper epidemiological analysis of FMD progression over time, it is essential for Member Countries to inform the OIE of the serotypes involved in each outbreak, especially when 6 out of the 7 existing FMD serotypes are present in certain part of the region.

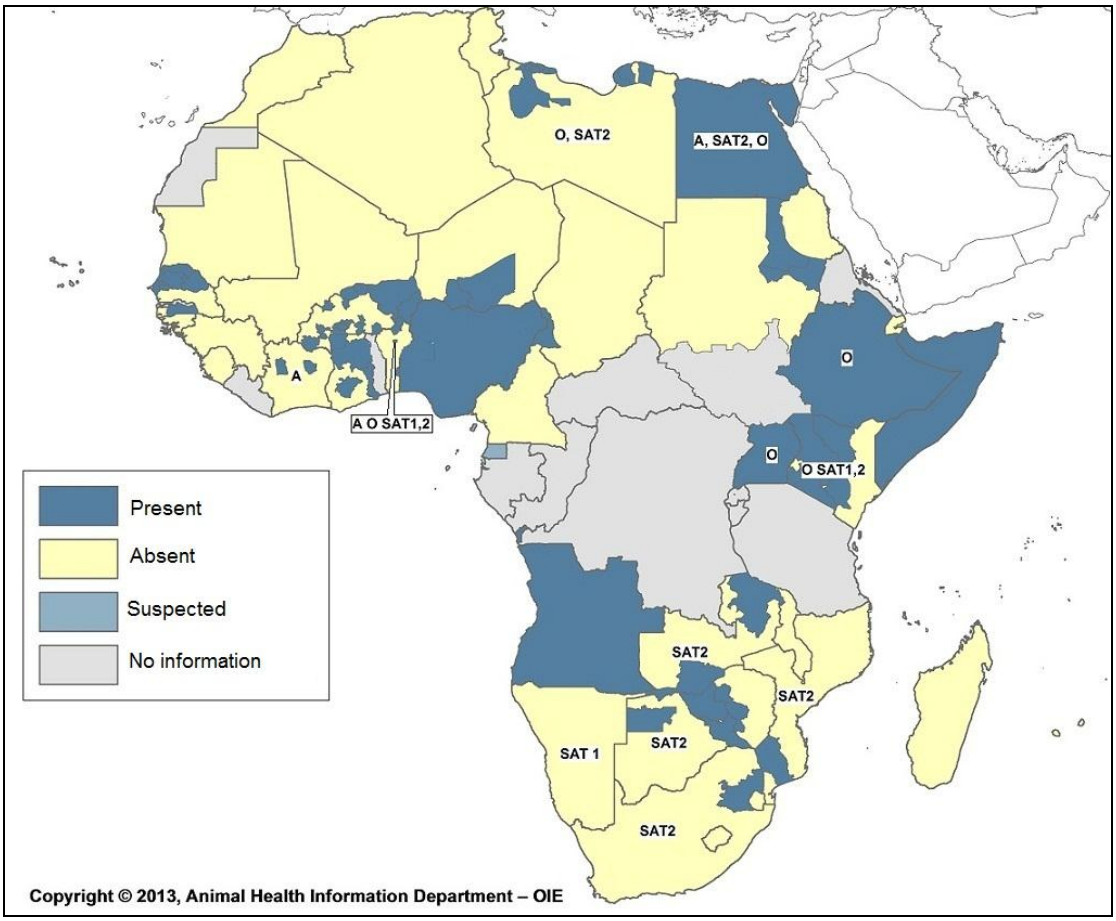
156. FMD has never been reported in **Cape Verde**[22], **Gabon**, **Lesotho**, **Madagascar**, **Mauritius** and **Seychelles**. According to the six-monthly reports for 2012, immediate notifications and the animal health reports prepared for this Conference, FMD was present in 2012 in 23 Member countries throughout the continent and four serotypes (A, O, SAT 1 and SAT 2) were reported. It should also be noted that, in 2011, **Congo (Dem. Rep. of the)**, reported serotype C and **Tanzania** serotype SAT3; neither of these countries has yet submitted its six-monthly reports for 2012.

157. Out of the 23 countries which reported FMD present, only 12 countries reported the serotype[23]. Fourteen reported the disease throughout their territory, five of them did not identify the affected provinces (**Egypt**, **Ethiopia**, **Nigeria, Somalia** and **Uganda**) contrary to the others (Figure 7).

[22] No information since 2009

[23] Benin, Botswana, Côte d'Ivoire, Egypt, Ethiopia, Kenya, Libya, Mozambique, Namibia, South Africa, Uganda and Zambia

Figure 7: FMD distribution in Africa by serotype in 2012*



**Official borders between Sudan and South Sudan have not yet been validated by both countries.*

FMD: exceptional epidemiological events

158. In 2012, several exceptional epidemiological events due to serotypes O, SAT 1 and SAT 2 were notified in the continent.

159. In December 2011, **Libya** notified the reoccurrence of FMD due to serotype O. By June 2012, 41 outbreaks had been reported in cattle, sheep and goats in the north-western and north-eastern parts of the country. The source of the infection was attributed to animals that were probably from the western part of the country being taken a local market. In February 2012, Libya also experienced the reoccurrence of FMD due to serotype SAT 2, the first occurrence of this serotype since July 2003. The first outbreak was observed in a farm with feedlot animals coming from many local markets. The event is still on-going.

160. **Namibia** reported the reoccurrence of FMD with an outbreak due to serotype SAT 1 being observed in cattle in Caprivi in December 2011; three outbreaks were subsequently observed in the same area up to 5 January 2012. There were 282 registered cases among a total of 5,523 susceptible cattle. The Caprivi area was already considered as an infected zone by the Namibian Veterinary Authorities because of its geographical location. The outbreak was due to contact with African buffalo (*Syncerus caffer*). Cattle in the affected area are being vaccinated.

161. In **South Africa**, seven FMD outbreaks, due to serotype SAT 2, were observed in cattle in Mpumalanga. Between 30 December 2011 and 30 April 2012, 54 cases were identified among 7 260 susceptible cattle. The outbreaks were within the protection zone of South Africa's FMD control zone. In response to the outbreaks, cattle in this zone were vaccinated against FMD. Vaccination for FMD is prohibited in the rest of South Africa. On the other hand, in 2011, the zone officially recognised as FMD free by the OIE had lost its status after an outbreak in the area of KwaZulu Natal in early 2011. South Africa indicated in its report that, in 2012, a prevalence study has been performed in the same region, to determine and refine the FMD control zone borders in preparation for an application to the OIE for recovery of FMD-free status. An application dossier for OIE recognition of South Africa's FMD free zone has been submitted to the OIE and is currently being evaluated by the Scientific Commission.

162. **Zambia** reported a reoccurrence of FMD due serotype SAT 2, with one outbreak in cattle notified in January 2012, in Mbala District, near the border with Tanzania. The outbreak was resolved in April 2012.

163. **Egypt** notified the first occurrence of FMD serotype SAT 2 in the country on 14 March 2012. The event started on 18 February 2012 in cattle and buffaloes in Kafr Qeretna, Al Gharbiyah. By 24 June 2012, 49 outbreaks had been reported in cattle, sheep, goats and buffaloes. The vaccination strategy during 2012 was with monovalent (SAT 2) and bivalent (A, O) FMD vaccine, and for cattle and buffaloes a vaccination programme with trivalent FMD (A, O, SAT 2) started in December 2012. The source of introduction is unknown but was most likely the illegal movement of live animals across the borders. The rapid control measures were mainly movement control and emergency vaccination for the apparently free areas, against SAT 2 as well as the other endemic types (A and O). Subsequently, massive active surveillance strategies with different objectives were implemented to determine the exact subtypes circulating in each region, evaluate the locally produced vaccine and evaluate the actual situation of the disease in each region. In its animal health report for this Conference, Egypt placed particular emphasis on the country's FMD contingency plan.

164. In September 2011, **Botswana** reported FMD due to SAT 2 in Ngamiland district, Maun, in the vaccination zone. Ngamiland is an FMD control zone and is physically isolated from the rest of the country. Following extensive surveillance conducted during six months without recording any cases, the outbreak was resolved and closed on 15 May 2012. However, in June 2012, another outbreak due the same serotype was reported in the same district, with 56 cases in cattle, among a susceptible population of 280 000 cattle and 60 000 sheep and goats. The disease reoccurred subsequent to poor vaccination coverage that took place in April 2012, due to limited accessibility of cattle for vaccination, along the buffalo fence set up previously to prevent the transmission of FMD. Cattle within the zone are routinely vaccinated every four months using a trivalent SAT 1, 2 and 3 vaccine. The source of the virus is suspected to be infected buffaloes that came into contact with the poorly protected cattle population. The outbreak is still on-going.

Strategy for FMD control/eradication programmes

165. **Algeria, Morocco and Tunisia** are engaged in a process aimed at official recognition as FMD free countries. A dossier for the validation of their official control programmes for FMD was validated by the OIE in May 2012. No outbreaks have been reported in Algeria, Morocco or Tunisia since 1999.

166. **Egypt** pointed out the following difficulties facing the competent authority for control programmes: lack of the required vaccines (reflected in a reduction of vaccine coverage) due to the lack of financial resources; absence of restrictions on animal movements between governorates; absence of an identification and registration system; smuggling of animals from Sudan and Libya; and lack of enforcement of biosecurity measures.

167. In **Lesotho,** the FMD surveillance protocol has been revised: the country is now implementing a targeted surveillance approach for sample collection because of resource constraints. High-risk areas are now sampled, especially those bordering South African provinces that have recorded FMD in the past (KwaZulu-Natal and Eastern Cape). Furthermore, an emergency response plan is in place, it has not yet been the subject of a simulation exercise.

168. **Malawi** is implementing an FMD control programme in line with the Progressive Control Pathway for FMD (FMD-PCP). There were no FMD outbreaks in 2012; however, the virus is still circulating in buffaloes in Lengwe National Park.

169. Clinical examination, sero-surveillance and routine vaccination are being carried out in risk areas in **Mozambique**. No new cases have been reported since February 2011.

170. In its report, **Swaziland** highlighted its official recognition by the OIE as a country free of FMD without vaccination. The country also placed emphasis on its general and targeted FMD surveillance programme, which involves inspections, mouthing and serosurveillance in cattle, sheep, goats and pigs, with a high inspection rate.

171. In **Zimbabwe,** the Veterinary Authority has reviewed its strategy for FMD control, to promote exports. A 'cordon sanitaire' was set up on part of the border between Zimbabwe and Botswana in July 2011, and is being jointly managed by the two countries. Within this zone, considered as a "hot spot", seven rounds of vaccination have been planned and are due to be completed in March 2013 and livestock movements are being controlled.

172. The persistence of six FMD serotypes (A, O, C, SAT 1, SAT 2 and SAT 3) in Africa throughout large portions of the continent indicates the need to increase efforts to control the disease. There is also a need to improve identification of the circulating serotypes. This will depend on the diagnostic and laboratory capabilities and activities of the Veterinary Services.

Peste des petits ruminants

173. Peste des petits ruminants (PPR) is an acute contagious disease, affecting mainly sheep and goats and caused by a *Morbillivirus* (family *Paramyxoviridae).* It is characterised by fever, naso-ocular discharges, stomatitis, diarrhoea and pneumonia with foul offensive breath. Infected animals present clinical signs similar to those of rinderpest in cattle. In its acute form, PPR can cause herd mortality of between 80% and 100%. Although the virus is highly contagious, it can only be transmitted through direct contact with the secretions or excretions of a sick animal.

174. Described for the first time in **Côte d'Ivoire** in 1942, the disease was long considered to be confined to West Africa but was later described throughout Africa, as well as in the Middle East and Asia. It is a major factor of food insecurity for populations reliant on the production of small ruminants. Recent field and laboratory data show that PPR is spreading, with recent incursions reported into China (People's Rep. of) and Bhutan, and that it is moving fast towards southern and eastern Africa, where it already affects a wide belt of countries. In northern Africa, the PPR epizootic that occurred in **Morocco** in 2008 extended the disease's geographical distribution to the Mediterranean. This was the first episode of PPR to be reported in a Maghreb country. The disease may already have existed in some of these affected regions well before its recent identification[24].

175. Forty-five countries reported information on the PPR to the OIE for 2011 and 2012: 11 countries[25] (24%) notified that the disease had never been reported in the country and three countries[26] (7%) notified that the disease had been absent during this period. Thirty countries[27] declared the disease present. **Equatorial Guinea** reported the disease as suspected. A total of 586 outbreaks were notified in 2012 in the African region.

[24] Report of the meeting of the OIE *Ad hoc* Group on Peste des Petits Ruminants, Paris, 14–16 June 2011

[25] Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland and Zimbabwe

[26] Djibouti, Morocco and Zambia

[27] Algeria, Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Comoros, Congo (Rep. of the), Congo (Dem. Rep. of the), Côte d'Ivoire, Egypt, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Tunisia and Uganda

176. It is currently believed to be endemic across much of West Africa. Indeed, **Benin**, **Burkina Faso**, **Ghana**, **Guinea**, **Guinea-Bissau**, **Mauritania**, **Nigeria**, **Senegal** and **Togo** have been reporting the disease present for more than seven years. **Côte d'Ivoire** reported PPR present in 2005 and between 2007 and 2012. **Mali** reported PPR as either present or suspected in the years between 2005 and 2011. **Gambia** provided information only for 2008, 2009 and 2010, at which time the disease was reported to be present. **Niger** has been reporting PPR present since 2008. **Sierra Leone** started reporting information on PPR in 2009 and the disease has been reported present since then. **Cape Verde** is the only country in Western Africa never to have reported the disease (the most recent information provided relates to 2009). **Guinea** mentioned in its report that the situation has evolved favourably, after implementation of vaccination.

177. In East Africa, PPR is endemic in the majority of countries. During the past seven years, **Eritrea** reported the disease present between 2005 and 2010 (no information was provided for 2011 and 2012). **Kenya** reported the first occurrence of PPR in 2006 and **Uganda** in 2007. **Tanzania** reported the first occurrence of PPR in 2008. **Somalia** started reporting information in 2008 and, since then, the disease has been reported present. **Rwanda** reported PPR as suspected in 2008 and 2010. **Zambia** reported infection without clinical signs in 2010. In **Kenya** and **Tanzania**, the sources of the outbreaks were reported to be movement of animals (legal or illegal) and contact with infected animal(s) at grazing/watering.

178. **Comoros** reported its first occurrence of PPR in 2010, and the disease was then suspected in 2011. The OIE was notified that the disease re-occurred in September 2012. Six outbreaks were reported in villages and farms in the region of Grand Comore: 160 cases were observed out of a susceptible goat population of 492 animals; 75% of affected animals died. The source of the outbreaks was reported to be the introduction of new live animals, and then contacts with infected animals at grazing/watering. No vaccination or treatment was applied, and the event is still continuing.

179. In contrast, **Djibouti** and **Ethiopia** have been reporting the disease absent for more than seven years and **Burundi** reported the disease absent in 2005, 2008 and 2009. **Madagascar**, **Malawi**, **Mauritius**, **Mozambique**, **Seychelles** and **Zimbabwe** have never reported the disease.

180. In Central Africa, serological techniques have historically identified PPR in a number of countries. **Cameroon, Central African Republic**, **Chad**, and **Congo (Dem. Rep. of the)** have been reporting the disease present for more than seven years.

181. **Congo (Dem. Rep. of the)** submitted an immediate notification to the OIE to report an unexpected increase in morbidity and mortality of PPR, starting in January 2012. The incidence suddenly jumped from 10% to 70% and mortality from 5% to 60%. Mass vaccination was implemented in response to the event, and more than 400 000 small ruminants have been vaccinated.

182. **Congo (Rep. of the)** reported the first occurrence of PPR in 2005. **Gabon** has reported the disease present in 2006, 2007, and since 2010. **Equatorial Guinea** started reporting information in 2009 and, since then, the disease has been reported as suspected. **Sao Tome and Principe** also reported the disease as suspected in 2010.

183. **Angola** had never reported the disease until its detection in October 2012, in the zone of Cabinda. Its introduction was reported to be due to the illegal introduction of live animals from **Congo (Dem. Rep. of the)** despite the ban on imports from PPR-affected countries. Positive serological results were detected at a farm during routine surveillance and the event is still continuing.

184. In Southern Africa, **Botswana**, **Lesotho**, **Namibia**, **South Africa** and **Swaziland** have never reported the disease.

185. In North Africa, **Sudan** has been reporting the disease present for more than seven years. **Morocco** and **Tunisia** reported the first occurrence of the disease in 2008. Since 2010, the disease has been reported absent in **Morocco**.

186. In April 2012, **Tunisia** submitted an immediate notification of the reoccurrence of the disease, after the last outbreak observed in October 2011. Two outbreaks were reported in the region of Sidi Bouzid, where 58 lambs were affected, in flocks with 444 sheep and 30 goats; eight lambs died. The event was resolved after three months, following implementation of biosecurity measures and symptomatic treatment of affected animals. A second immediate notification was submitted in August 2012, for another reoccurrence of the disease, this time with 13 outbreaks, observed in several regions of the country (Sidi Bouzid and the neighbouring regions of Ariana and Gafsa). Forty-five out of a total of 2,633 sheep and goats were affected in different farms. Almost 75% of affected animals died and the event is still continuing.

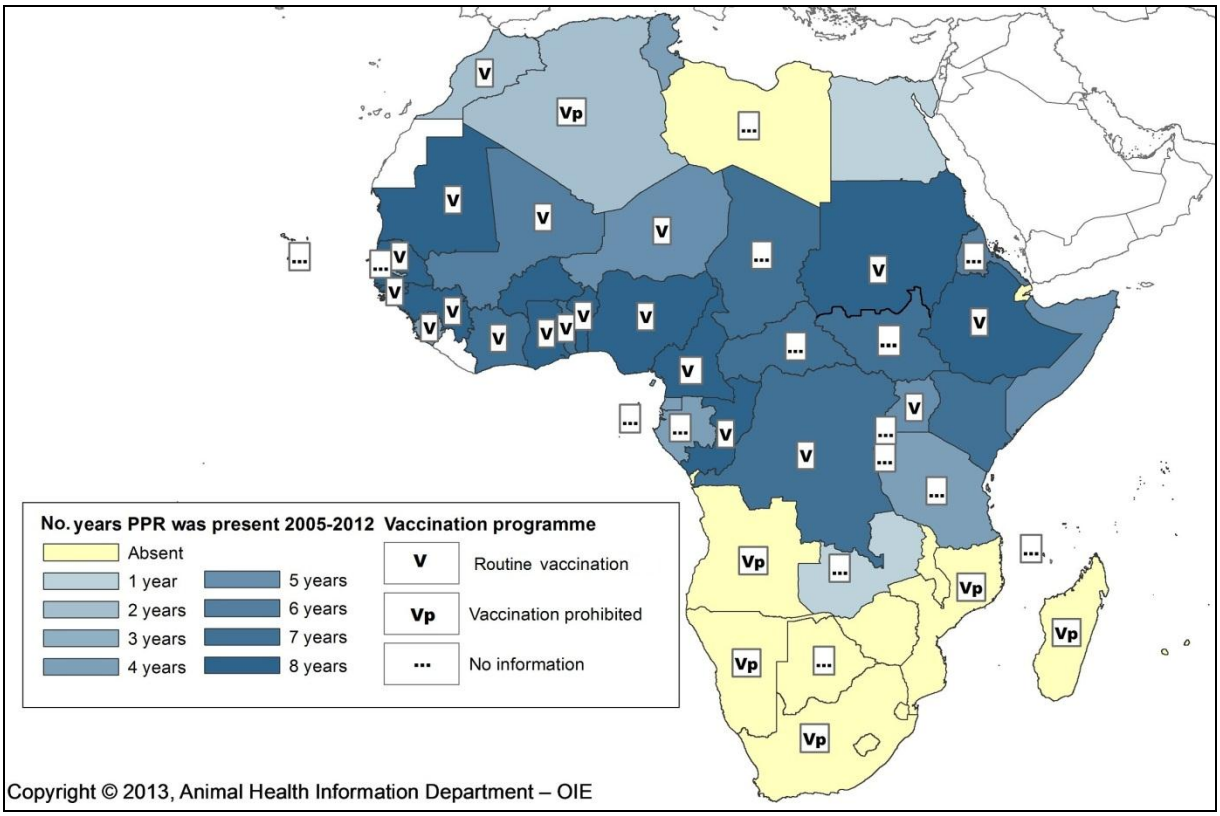
187. **Algeria** reported the first occurrence of the disease in 2011. A number of sera tested positive during an investigation conducted in south-western parts of the country. Investigations of this kind had been regularly implemented in farms and livestock markets since the appearance of the disease in Tunisia and Morocco in 2008. Reoccurrence of the disease was notified to the OIE in March 2012 through an immediate notification. Three outbreaks, with clinical cases, were reported in the region of Ghardaia: 19 sheep and goats were identified as affected out of 659 susceptible animals; two animals died and the others received symptomatic treatment. The event was resolved a month after it had begun. Additional serological investigations in several parts of the country are currently being implemented. Another reoccurrence of the disease was notified to the OIE in January 2013. Four clinical disease outbreaks were reported in the same region of Ghardaia: 32 small ruminants were affected out of 251 susceptible animals from four farms, nine animals died and the rest received symptomatic treatment.

188. **Egypt**, reported the reoccurrence of PPR in August 2012. Two outbreaks were reported, in two different regions of the country (Al Qahirah and Al Isma'iliyah). A total of 357 cases were observed in sheep, none of which died. Biosecurity measures and symptomatic treatment have been applied and the event is still continuing. Large-scale sero-surveillance has been implemented to determine the situation all over the country.

189. **Libya** has never officially reported the disease.

190. Figure 8 summarises the evolution of PPR in Africa between 2005 and 2012, and shows vaccination programmes applied in the first semester of 2012. In endemic areas, the virus is currently controlled through vaccination; in other areas, outbreaks are controlled most efficiently through a number of methods including: slaughter of infected herds, good sanitation, import controls, movement restrictions and quarantine.

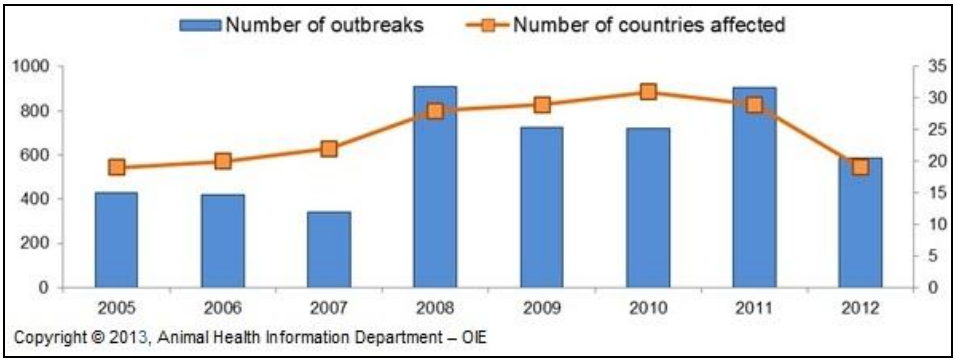
Figure 8: Evolution of PPR in Africa between 2005 and 2012, and vaccination programmes applied in the first semester of 2012*



**Official borders between Sudan and South Sudan have not yet been validated by both countries.*

191. In spite of the huge socio-economic impact of PPR, the lack of interest paid to the disease since its discovery is largely responsible for its spread. It is also probably related to the progressive control and eradication of rinderpest. The cessation of rinderpest vaccination campaigns and the loss of antibody cross-protection between the two diseases have left small ruminants fully exposed to PPR. The spread has certainly also been encouraged by the growing population of small ruminants[28]. Figure 9 shows the number of PPR outbreaks reported to the OIE and the number of countries affected in Africa between 2005 and 2012. This number has regularly increased during these past eight years, as well as the number of outbreaks reported to the OIE. In 2011, more than 900 outbreaks were notified by 29 countries. The figures for 2012 are still not complete, but already nearly 600 outbreaks have been reported to the OIE.

Figure 9: Number of PPR outbreaks reported to the OIE and number of countries affected in Africa, 2005-2012*



**Figures for 2012 are still not complete; they are only for the first semester of 2012*

[28] Peste des petits ruminants, growing incidence worldwide / Libeau G.; Kwiatek O.; Albina E.; OIE *Bulletin*, 2011, vol. 2011, no. 2. - 52-54

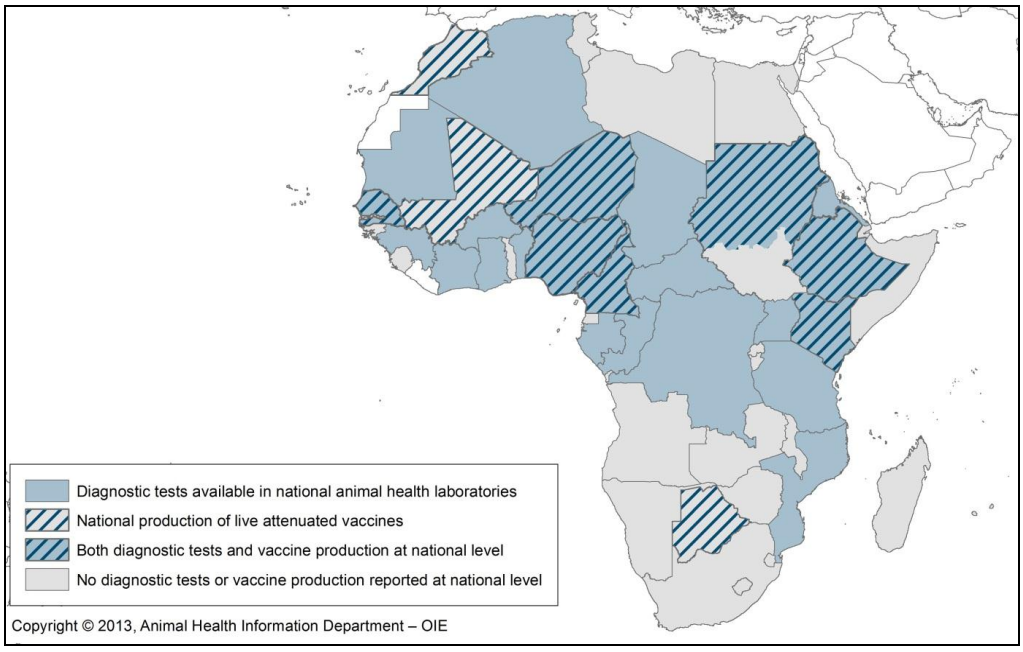
PPRV: diagnosis and prevention

192. The methods for detection, prevention and control of PPRV vary widely depending on local facilities, the techniques adopted and the provision of veterinary services and vaccine. Detection of antibodies to PPRV is generally carried out using ELISA techniques. According to the latest annual reports and the animal health reports provided for the Conference, 23 countries are equipped with ELISA techniques in their national animal health laboratories.

193. Currently, the OIE recommends the use of virus neutralisation tests (the prescribed test for international trade) and of competitive enzyme-linked immunosorbent assay techniques.

194. In the past, control of PPR was ensured through vaccination with rinderpest tissue culture vaccine because of the existence of a strong antigenic relationship between PPR and rinderpest viruses. The use of this heterologous vaccine has been abandoned in favour of the live attenuated PPR virus vaccine, which is now widely commercially available. Regardless of the level of viral presence within an area, monitoring, as used successfully during the different rinderpest eradication programmes, remains a critical tool in combating PPR infection and preventing further spread. Figure 10 shows the availability of diagnostic tests in national animal health laboratories and of national vaccine production for PPR, according to the latest annual reports submitted to the OIE and the animal health reports provided for the Conference.

Figure 10: Availability of diagnostic tests in national animal health laboratories and of national vaccine production for PPR, according to WAHIS Annual Reports for 2011*



**Official borders between Sudan and South Sudan have not yet been validated by both countries.*

Activities implemented by Veterinary Services for PPR control

195. Several activities implemented by Veterinary Services for control of PPR have been reported in Member Countries' reports on their animal health situation in 2012 for the preparation of this Conference.

196. **Algeria** participated in a technical meeting on PPR control held in Tunis, Tunisia, in July 2012, and in a training session, co-organised by the European Union, in September/October 2012.

197. The Veterinary Services of **Angola**, **Congo (Dem. Rep. of the)** and **Zambia** met in December 2012 to discuss the coordination of PPR control.

198. Some countries are also implementing/updating control programmes. **Angola** is planning to implement vaccination programmes for susceptible species in the north of the country, and effective monitoring and surveillance measures in all regions. **South Africa** has increased passive surveillance for PPR by making the country's veterinarians aware of the threat of PPR and providing information on the clinical signs and diagnosis of PPR. South Africa is also in the process of improving its diagnostic capabilities for PPR. **Togo** mentioned a project to support the agricultural sector (PASA) started in 2011, a component of which involves PPR control, with a vaccination programme. The vaccination programme is designed to control epidemics through the vaccination of 7.5 million (i.e. 70%) small ruminants over three consecutive years. The Veterinary Services of **Mozambique** participated in a disease simulation exercise on PPR. The country has developed and approved a contingency plan. New serological diagnostic tests have been established for PPR. In **Nigeria**, a contingency plan, including cross-border collaborations and synchronisation of activities with neighbouring countries, is being considered. In **Zimbabwe**, the recently developed SADC contingency plan for PPR is to be adapted for provision to stakeholders. Public awareness is being raised, especially with regard to the need for routine inspections.

Main challenges

199. The distribution of PPR in Africa has expanded throughout the past ten years. It is now present over a large part of the continent and hampers the development of the small ruminant sector because of the high mortality and morbidity caused by the disease each year. The cost of vaccines and their administration, coupled with the extensive sheep and goat farming mode, make regional vaccination campaigns problematic. In addition, political instability continues across much of Africa.

200. **Nigeria** mentioned inadequate vaccination coverage of at least 75-80% of the animal population, and logistical issues. **Congo (Dem. Rep. of the)** mentioned the lack of financial and logistical resources. **Niger** mentioned the instability of financial support for vaccination (farmers sometimes being offered free vaccination and sometimes having to pay), and traditional farmers' lack of interest in vaccination.

201. Despite these difficulties, all countries should undertake surveillance to allow prompt disease reporting, especially since sensitive and specific diagnostic tools for PPR are currently available.

202. A project funded by the Bill & Melinda Gates Foundation will contribute to the creation of a vaccine bank under the auspices of the OIE, the development or improvement of methods and standards on the basis of trials in two pilot countries (Burkina Faso and Ghana) while supporting AU-PANVAC to help PPR vaccine production laboratories in Africa,.

<u>Rabies</u>

203. Rabies is an important viral zoonosis caused by a *Lyssavirus* (family Rhabdoviridae). The disease is considered by the World Health Organization (WHO) to be a neglected zoonosis in developing countries, where over 99% of the deaths due to rabies occur[29]. Also, the strategy followed in other parts of the world where mass vaccination has successfully helped to eliminate the infection from domestic dogs, may not be achievable in Africa, particularly to reach the target population of 70% vaccine coverage which is considered to be sufficient to stop the transmission of rabies (i.e. the critical proportion of the population)[29,30]. To understand the dynamics of rabies transmission it is important to have a good knowledge of the role of dogs, since they are considered to be the main source of exposure and a primary vector for this virus, and they are consequently the focus of most strategies[29,30].

[29] Hampson K, Dushoff J, Cleaveland S, Haydon DT, Kaare M, et al. (2009) Transmission Dynamics and Prospects for the Elimination of Canine Rabies. PLoS Biol 7(3): e1000053.

[30] Zinsstag J., Dürr S., Penny M. A., Mindekem R., Roth F., Menendez Gonzalez S., Naissengar S. and Hattendorf J. (2009) Transmission dynamics and economics of rabies control in dogs and humans in an African city PNAS 2009 Sep 1;106(35):14996-5001.

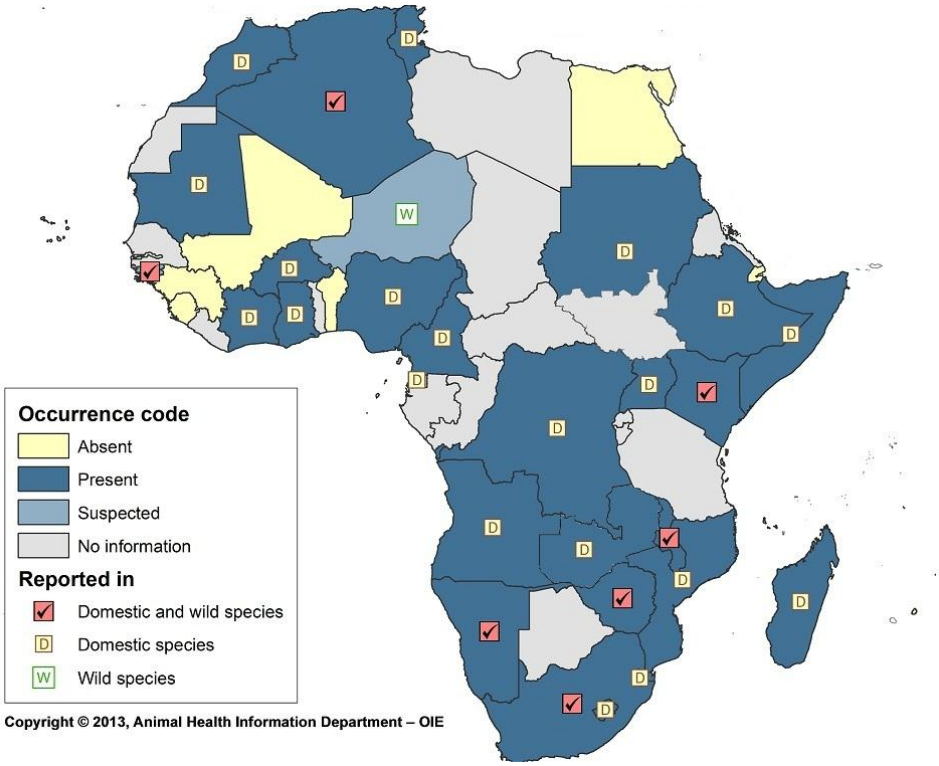
204. In 2012, of the 52 OIE Member Countries in Africa, only **Nigeria** submitted immediate notifications on rabies, one to report the reoccurrence of the disease (the first occurrence of the disease since 18/07/2008) and another to report an unexpected increase in the morbidity or mortality of this OIE-listed disease. Twenty-four countries have reported rabies as present (**Algeria**, **Angola**, **Burkina Faso**, **Cameroon**, **Congo (Dem. Rep. of the)**, **Côte d'Ivoire**, **Ethiopia**, **Ghana**, **Kenya**, **Lesotho**, **Madagascar**, **Malawi**, **Mauritania**, **Morocco**, **Namibia**, **Nigeria**, **Senegal**, **Somalia**, **South Africa**, **Sudan**, **Swaziland**, **Tunisia**, **Uganda** and **Zimbabwe**); two countries have reported rabies as suspected (**Guinea-Bissau** and **Equatorial Guinea**), while 10 Member Countries have reported rabies as absent (**Benin**, **Burkina Faso**, **Djibouti**, **Egypt, Guinea**, **Mali, Mauritius**, **Niger, Seychelles** and **Sierra Leone).** This is shown in Figure 11, which differentiates between occurrence in wildlife and occurrence in domestic animals.

205. The control and preventive measures implemented by countries are based on several strategies, including disease surveillance, vaccination and reduction of stray populations of carnivores. Some countries provided detailed information on these measures in their animal health reports prepared for the Conference. In **Angola**, the Veterinary Services have carried out rabies vaccination free of charge and the country also has a multi-sectorial and multidisciplinary contingency plan in place. The opening of the Angola's first laboratory for rabies diagnosis should enhance its capacity for rabies control and surveillance. In **Algeria**, the control plan focuses mainly on the reduction of the stray carnivore population and vaccination of domestic animals (including dogs and cattle). In 2012, 826 439 cattle and 39 742 domestic carnivores were vaccinated and 10 839 stray carnivores were culled.

206. **Congo (Dem. Rep. of the)** also has a contingency plan for rabies, although the country acknowledges that it has problems with funding. **Guinea** did not notify any case of rabies in 2012 and it reported the vaccination of 743 animals. **Lesotho** vaccinated 45 000 dogs and cats; however, vaccine coverage still remains below the critical proportion of the population needed for effective elimination of infection. In its animal health report prepared for the Conference, **Nigeria** reported an upsurge in the incidence of rabies. Several strategies have been used with the aim of controlling the outbreaks, including vaccination, culling of affected animals and implementation of awareness campaigns. **Mauritius,** where rabies has been absent since 1896, maintains strict vigilance and quarantine for imported animals. In **Mozambique** rabies is considered a very important disease and the main strategies implemented are focused on the control of stray animal populations and routine vaccination of dogs and cats.

207. **Swaziland** acknowledges in its report the importance of rabies for the country and indicates that the State offers vaccination free of charge. However, vaccination coverage is still just below the critical proportion of the susceptible animal population. Although the country currently has only passive surveillance in place, new strategies are being developed for 2013 to increase the number of sampling tests. **Tunisia** has a passive surveillance strategy, action being triggered when cases are suspected. **Uganda** has conducted vaccination in 2012. **Zimbabwe** has a general surveillance plan but acknowledges that its control plan has been strongly affected by problems relating to the supply of vaccines and its capacity to control domestic carnivore populations.

Figure 11: Distribution of rabies occurrence in domestic animals and wildlife, according to WAHIS six-monthly reports and the animal health reports submitted for the Conference

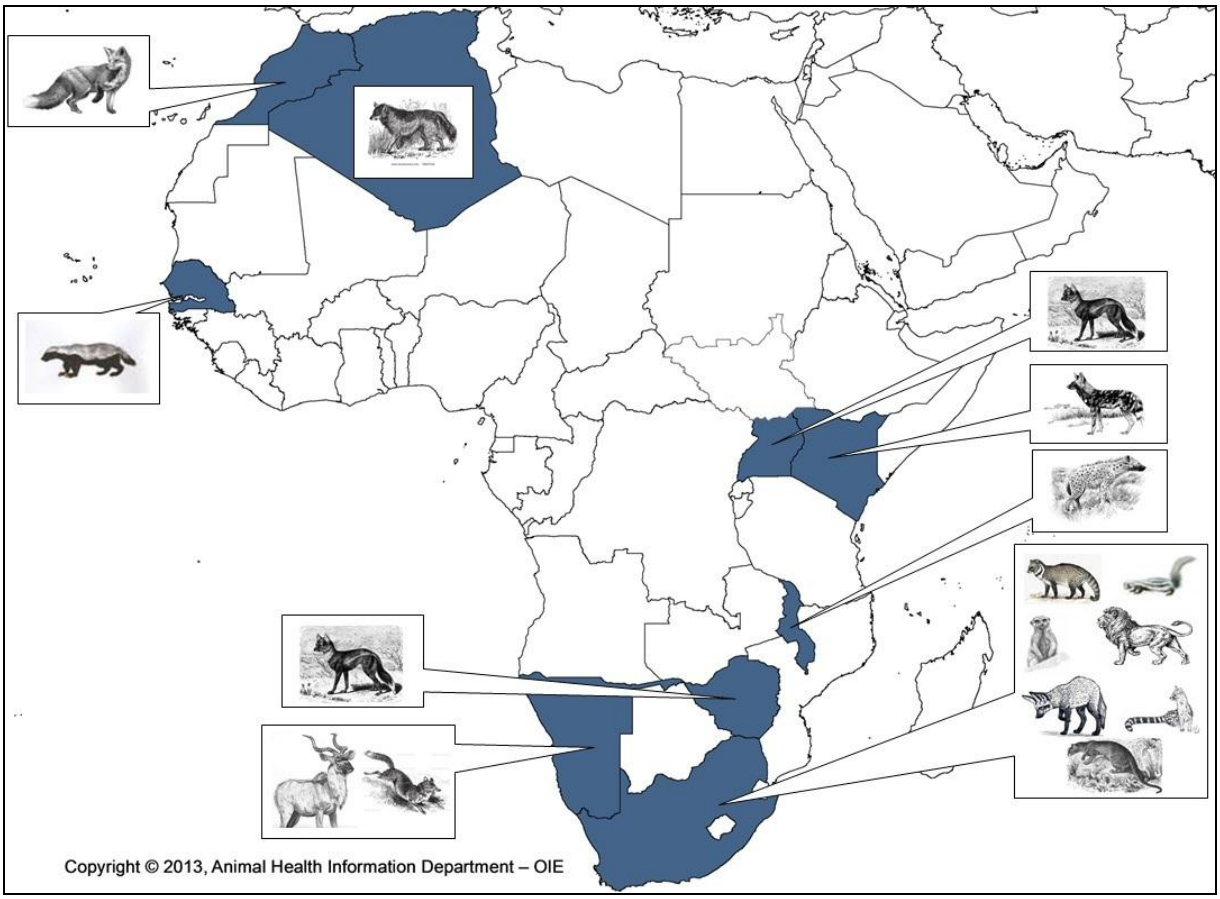


**Official borders between Sudan and South Sudan have not yet been validated by both countries.*

208. Nevertheless, the role of wildlife cannot be ignored since the increasing incidence of rabies may be associated with wildlife sustaining the infection; furthermore, the apparent predominance of canine rabies could be an artefact due to underreporting in wildlife populations[31].With the implementation of the new version of WAHIS, countries are prompted to enter data on the family and species of wildlife affected with rabies. This improvement in WAHIS allows the OIE to collect more precise information on the occurrence of rabies, which will contribute to a better understanding of the role of wildlife species in the epidemiology of this disease. Thus, with the information provided on rabies occurrence in wildlife through WAHIS and the wildlife questionnaire for 2011 and 2012, we found a number of species that typically appear to be affected by this zoonosis: lycaons (*Lycaon pictus*), hyenas (*Hyaena hyaena*), kudus (*Tragelaphus strepsiceros*), jackals (*Canis mesomelas*), civets (*Civettictis civetta*), meerkats (*Suricatta suricatta*), lions (*Panthera leo*), striped polecats (Ictonyx striatus), common foxes (*Vulpes vulpes*), Cape foxes(*Vulpes chama*), bat-eared foxes(*Otocyon megalotis*), mongooses (*Cynictis penicillata*), genets (*Genetta genetta*), aardwolves (*Proteles cristata*), oryx (*Oryx leucoryx*), eland (*Taurotragus oryx*), baboons (*Papio ursinus*), ratels (*Mellivora capensis*), cheetahs (*Acinonyx jubatus*) and zebras (*Equus burchellii*). Figure 12 is designed to help visualise the distribution of some of the species affected according to the country where cases were reported.

[31] Lembo T, Hampson K, Kaare MT, Ernest E, Knobel D, et al. (2010) The Feasibility of Canine Rabies Elimination in Africa: Dispelling Doubts with Data. PLoS Negl Trop Dis 4(2): e626.

Figure 12: Pictorial representation of the distribution of some of the wildlife species affected with rabies, according to WAHIS six-monthly reports



**Official borders between Sudan and South Sudan have not yet been validated by both countries.*

209. The control of rabies in the Region will be achieved through dogs vaccination and a more effective surveillance plan for animals, the aim being to achieve early detection and better reporting of cases (both in domestic animals and wildlife). For this purpose, it is necessary to implement active surveillance strategies and improve diagnostic facilities; these two are essential steps to reduce underreporting and misclassifications and to identify the reservoirs of the disease, thereby contributing to a better understanding of the epidemiology of rabies in the Region.

Contagious bovine pleuropneumonia

210. Contagious bovine pleuropneumonia (CBPP) is a disease of cattle caused by *Mycoplasma mycoides* subsp. mycoides SC. It is manifested by anorexia, fever and respiratory signs such as dyspnoea, polypnoea, cough and nasal discharges. Diagnosis depends on the isolation of the aetiological agent. The disease affects production through mortality and reduced productivity. The main problems for control or eradication are the frequent occurrence of subacute or subclinical infections and the persistence of chronic carriers after the clinical phase.

211. For diagnosis, the modified Campbell & Turner complement fixation test remains the prescribed test for international trade, and attenuated strains are now recommended for vaccine production.

212. CBPP was introduced in the Cape Province of South Africa in 1853 through cattle imports from The Netherlands and in 1868 it was introduced in East Africa by British troops. Following the first introduction, CBPP quickly spread to neighbouring countries and is now present in many parts of Africa. In 1904 it was eradicated from Zimbabwe, followed by South Africa in 1924 and Botswana in 1939. During the 1960s and 1970s, extensive research on CBPP in African countries, coupled with massive efforts resulted in the disappearance of clinical disease from most parts of Africa. However, the disease came back in the late 1980s and early 1990s.

213. Today, CBPP is present in Central, East, West and parts of Southern Africa but is absent in North Africa. During the Pan African Rinderpest Campaign (PARC), which started in 1986, fewer countries experienced outbreaks of CBPP, due in part to the combined vaccination against rinderpest and CBPP. Many countries, however, began to experience outbreaks in 1995 when some countries stopped the combined rinderpest and CBPP vaccination.

214. Forty-five countries reported information on CBPP to the OIE for 2011 and 2012, 12 countries[32] (27%) notified the disease as never having been reported in the country and nine countries[33] (20%) notified the disease as absent during the period; 23 countries[34] declared the disease present. **Equatorial Guinea** reported the disease as suspected in 2012. A total of 112 outbreaks were notified in 2012 in the African region.

215. Under the terms of Resolution No. 17 adopted by the World Assembly of Delegates of the OIE in May 2012, and in accordance with the provisions of Article 11.8.3. of the *Terrestrial Animal Health Code*, Botswana is recognised by the OIE as free from CBPP.

216. In Central Africa, **Angola, Cameroon, Chad** and **Congo (Dem. Rep. of the)** have been reporting the disease present for more than seven years. **Central African Republic** has reported CBPP present since its reoccurrence in 2007. **Congo (Rep. of the)** and **Gabon** had never reported the disease until 2010, when, in both countries, the disease was introduced with new live animals. CBPP was then reported absent in **Congo (Rep. of)** in 2012, whereas it is still present in **Gabon**. **Equatorial Guinea** notified the disease as "never reported" in 2011, but reported it as suspected in 2012. No information has been provided by **Sao Tome and Principe** on CBPP.

217. In East Africa, **Ethiopia, Kenya, Tanzania, Uganda** and **Zambia** have been reporting the disease present for more than seven years. **Eritrea** reported CBPP present between 2008 and 2010. **Somalia** started reporting information in 2008 and, since then, the disease has been reported as either suspected or present, depending on the year. **Burundi** reported CBPP present in 2005 and later reported it absent in 2008 and 2009. **Rwanda** reported the disease as suspected in 2007 and reported it present in 2010. **Djibouti** and **Zimbabwe**, however, have been reporting the disease absent for more than seven years. **Comoros, Madagascar, Malawi, Mauritius, Mozambique** and **Seychelles** have never reported the disease.

218. In West Africa, **Benin, Burkina Faso, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria** and **Togo** have been reporting CBPP present for more than seven years. **Guinea** reported the disease present in 2005 and 2006, and thereafter reported it absent. However, suggestive pathological lesions were observed in slaughterhouses in several parts of the country in 2012. **Mauritania** reported CBPP present between 2005 and 2007 and suspected in 2010.

219. **Gambia** reported CBPP absent in 2008 and 2009, but an immediate notification was sent to the OIE to report the reoccurrence of the disease in August 2012: an outbreak was reported in the region of Niamina Dankunku, involving 18 cases, of which 12 died, out of a population of 400 susceptible cattle of different age groups kept in herds at village level under the traditional production system. The last reported case of CBPP in Gambia was in 1971 and vaccination against the disease ceased in 1987. In the past two to three years, there has been an increase in importation of live cattle from Mali and Mauritania for slaughter, which may have been the route of re-introduction of the disease into the country. Vaccination has been implemented in response to the outbreak, and the event is still continuing.

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[32] Algeria, Comoros, Guinea-Bissau, Lesotho, Madagascar, Malawi, Mauritius, Morocco, Mozambique, Seychelles, Swaziland and Tunisia

[33] Botswana, Djibouti, Egypt, Guinea, Mauritania, Senegal, Sierra Leone, South Africa and Zimbabwe

[34] Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Congo (Rep. of the), Côte d'Ivoire, Ethiopia, Gabon, Ghana, Kenya, Mali, Namibia, Niger, Nigeria, Somalia, Sudan, Tanzania, Togo, Uganda and Zambia

220. **Senegal** also reported the re-occurrence of the disease in 2012, in November. This was the first occurrence of the CBPP since the outbreaks observed in 1977. One outbreak was reported, involving 13 cases, of which five died, out of 98 susceptible cattle. The source of the outbreak is unknown. Senegal has not vaccinated against CBPP since October 2005. An emergency vaccination campaign is planned in response to the outbreak. The event is still continuing.

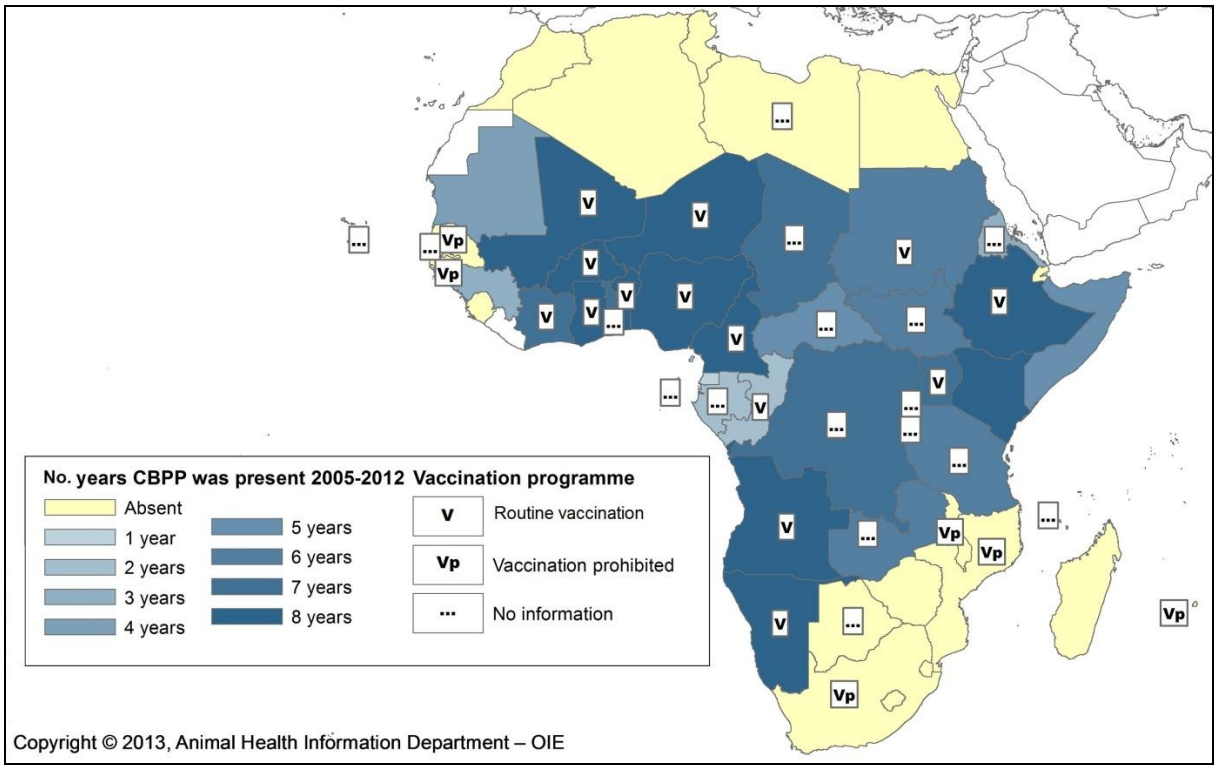
221. **Guinea-Bissau** has never reported the disease, neither has **Cape Verde** ever reported the disease (the last information provided was for 2009). **Sierra Leone** reported the disease present between 2009 and 2012.

222. In Southern Africa, **Namibia** has been reporting CBPP present for more than seven years. **Botswana** and **South** Africa have been reporting the disease absent for more than seven years, and **Lesotho** and **Swaziland** have never reported CBPP.

223. In North Africa, only **Sudan** has reported CBPP present (the last time was in 2011). **Algeria, Morocco** and **Tunisia** have never reported the disease; **Libya**, has never reported the disease, but the latest information relates to 2010. **Egypt** has been reporting the disease absent for more than seven years.

224. Figure 13 summarises the evolution of CBPP in Africa between 2005 and 2012, and shows the vaccination programmes applied in the first semester of 2012. In endemic areas, the virus is currently controlled through vaccination; in areas where CBPP is not endemic, outbreaks are controlled most effectively through a number of methods including: slaughter of infected herds, good sanitation, import controls, movement restrictions and quarantine.

Figure 13: Evolution of CBPP in Africa between 2005 and 2012, and vaccination programmes applied during the first half of 2012*



**Official borders between Sudan and South Sudan have not yet been validated by both countries.*

CBPP control activities implemented by the Veterinary Services

225. Some countries are implementing/updating control programmes. Angola mentioned the elaboration of an eradication programme. In Malawi, the government is working on the modalities of subcontracting the designing of a contingency plan for CBPP, and is preparing a dossier to apply for official OIE recognition of CBPP free status. Mozambique has developed and approved a contingency plan, and new serological tests were established for CBPP in animal health laboratories.

Main challenges

226. Niger mentioned the instability of financial support for vaccination (farmers sometimes being offered free vaccination and sometimes having to pay), and the lack of interest in vaccination among traditional farmers. In addition, the vaccine strain used against CBPP only induces natural immunity for six to seven months, whereas the vaccination campaign is performed on an annual basis.

227. CBPP is endemic in several parts of the continent, with a great impact on livestock. Re-occurrences of the disease are linked mainly with livestock movements.

Highly pathogenic avian influenza

228. Highly pathogenic avian influenza (HPAI) is caused by a virus of the family *Orthomyxoviridae*, genus Influenza virus A. To date, all highly pathogenic strains in birds have corresponded to virus A, subtypes H5 and H7. The virus is highly contagious, and one can reasonably assume that all avian species are susceptible to infection. The virus infects mainly birds, but some strains may provoke clinical signs in other species, such as equines, minks, cats, dogs and marine mammals. Aquatic and terrestrial birds seem to constitute the natural reservoirs for influenza virus A. There is no treatment for the disease. Humans may be affected, although the species barrier for transmission appears to be high. However, when infections occur, the outcome is often fatal.

229. Twenty-two countries[35] have never notified HPAI and eight countries[36] have reported the disease absent for more than eight years. **Burundi**, **Cape Verde**, **Eritrea, Libya, Guinea, Rwanda,** and **Sao Tome and Principe** have not provided information for 2011 and 2012, but the disease was reported absent before that.

230. Some countries were affected during the epizootic. Seven countries, namely **Burkina Faso**, **Cameroon, Djibouti, Ghana, Niger, Sudan** and **Zimbabwe** have reported the presence of the disease only during one year, either in 2005, 2006 or 2007. **Benin** reported the disease in 2007 and 2008, and **Côte d'Ivoire** reported it in 2006 and 2007. **Nigeria** reported the disease present in 2006, 2007 and 2008, while **Togo** was affected between 2007 and 2009.

231. **Egypt** has been reporting HPAI due to serotype H5N1 as present in the country since 2006. No information has been reported on the number of outbreaks in the first semester of 2012 but only on the number of cases (n=56). However, 73 outbreaks were mentioned in the report submitted by Egypt for the Conference (15 outbreaks in commercial farms and 58 outbreaks in backyard poultry). Indeed, since the beginning of the epidemics in Egypt, backyard poultry have been more affected than commercial poultry farms, because of the facility in vaccinating birds in industrialised structures. A new strategy for progressive control and eradication of avian influenza will be implemented over a period of five years, and focuses on biosecurity and improving market chain management. Other important components of the strategy are related to increased disease reporting through appropriate outbreak response and better determination of epidemiological parameters.

[35] Algeria, Angola, Botswana, Comoros, Congo (Rep. of the), Equatorial Guinea, Ethiopia, Gabon, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritius, Mozambique, Senegal, Seychelles, Tanzania, Tunisia, Uganda and Zambia

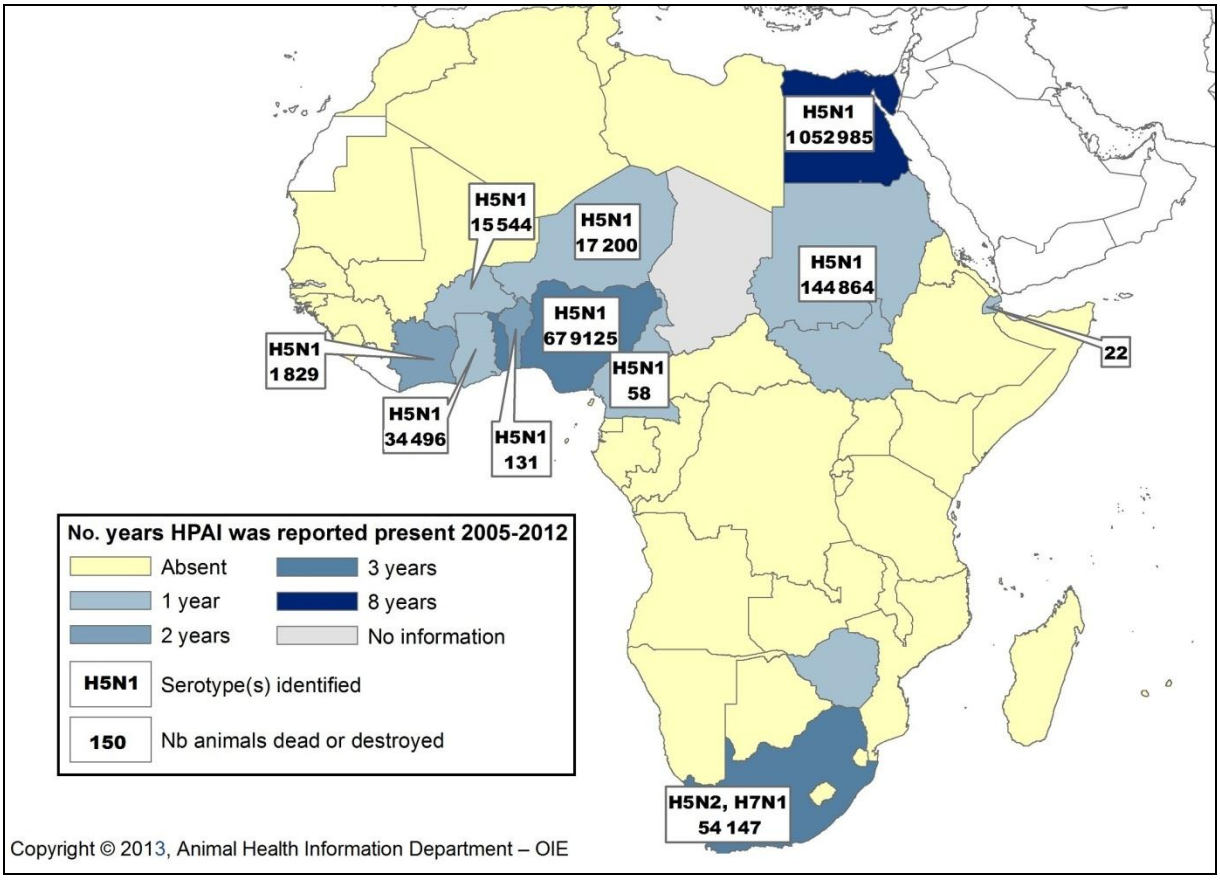
[36] Central African Republic, Congo (Dem. Rep. of the), Mauritania, Morocco, Namibia, Sierra Leone, Somalia and Swaziland

232. **South Africa** reported the reoccurrence of HPAI due to serotype H5N2 in 2011. In 2012, new outbreaks continued to be reported. Serotype H5N2 was identified in February 2011 in commercial ostrich farms. Farms tested positive on serology during routine surveillance. Diagnosis was only confirmed after several follow-up PCR tests. South Africa only reports outbreaks on confirmation on PCR tests. Initially, no clinical signs or mortalities were seen. Stamping out of ostriches on positive farms has been implemented, and the event is still on-going. H7N1 was also reported in the second semester of 2011. During 2012, LPAI (H5N2 and H7N1) was also detected. Vaccination of ostriches against notifiable avian influenza is not allowed. The control measures implemented are quarantine and stamping out. The Veterinary Procedural Notice in place was amended to drastically improve the biosecurity requirements for the registration of ostrich compartments and the keeping of ostriches. Avian influenza was also confirmed in a number of wild bird species, including sacred ibis (*Bostrychia hagedash*), geese from Egypt (*Alopochen aegyptiaca*) and shelducks (*Tadorna tadorna*), during this current outbreak.

233. **Chad** and **Gambia** have not provided any information regarding HPAI since 2005.

234. Figure 14 contains a summary of occurrences of HPAI, subtypes H5N1, H2N2 and H7N1, in Africa over the last eight years, and losses of birds due to disease or stamping out for each outbreak, based on reports received by the OIE. The highest numbers were those for **Egypt**, where more than one million birds have been lost since 2006. In three years, **Nigeria** lost nearly 700 000 birds, while nearly 150 000 birds were lost in **Sudan** in a single year.

Figure 14: HPAI-affected zones in Africa and associated bird losses, for the period 2005-2012*



**Official borders between Sudan and South Sudan have not yet been validated by both countries.*

235. Several countries referred to their national HPAI prevention programmes, based on routine/targeted surveillance and/or monitoring. These measures involve different categories of birds, depending on the country, such as: industrial farms, family-run farms (backyard and ornamental), wild birds, fighting birds and imported live birds. The countries that mentioned such national programmes are listed hereafter: **Angola** mentioned a contingency plan, adopted in 2006, including a risk analysis for introduction and actions for strengthening diagnostic capabilities and surveillance. The following countries also mentioned a contingency plan: **Benin**, **Lesotho**, **Morocco** (updated in 2012), **Mauritius** (regularly updated), **Mozambique, Niger, Swaziland, Togo, Tunisia** and **Uganda**. **Mozambique** and **Tunisia** also reported national simulation exercises conducted in 2012. **Uganda** performed a simulation exercise limited to the district of Mukono. The country organised a workshop for sensitisation of district policy-makers on avian influenza.

236. Amongst the main difficulties faced when implementing their programmes, **Uganda** mentioned budget constraints and **Lesotho** emphasised that the contingency plan had never been tested.

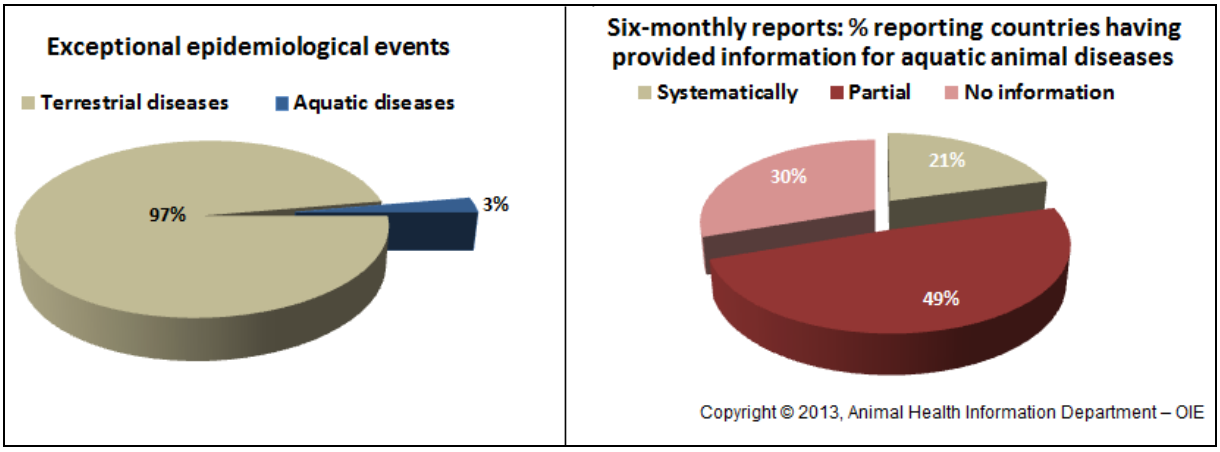
237. The high losses due to HPAI justify continued implementation of biosecurity measures in commercial establishments and control measures for other categories of birds. The risk of viral circulation in migratory birds means that surveillance and monitoring must be maintained or undertaken for those species, especially in countries that have yet to carry out such measures.

Selected aquatic animal diseases

238. Between 2005 and 2012, 43 African countries reported a total of 183 immediate notifications of exceptional epidemiological disease events, involving 29 diseases. Of this total, 5 immediate notifications (2.7%) were related to aquatic animal diseases: epizootic ulcerative syndrome (reported by **Botswana** [twice reported] and **South Africa**) and white spot disease (reported by **Mozambique** and **Madagascar**) (Figure 15).

239. A similar situation was observed in six-monthly reports submitted for the same period. Out of the 52 Member Countries in the Region, 16 (30%) never reported information related to aquatic animal diseases (Figure 15). However, after the launch of the second version of WAHIS in end of August and the subsequent separation between the aquatic and terrestrial reports, some countries started reporting information on aquatic animal diseases. Indeed, **Burkina Faso** and **Seychelles** each submitted an aquatic report for the first time, bringing the number of Member Countries that have submitted information (partial or complete) during these last eight years to 26 (49%). The following 11 (21%) Member Countries reported at least six years of continuous information: **Algeria**, **Central African Republic**, **Gabon**, **Lesotho**, **Mali**, **Mauritania**, **Mozambique**, **Namibia**, **Sudan**, **Tunisia** and **Zambia**.

Figure 15: Relative percentage of information on aquatic animal diseases, compared to information on terrestrial animal diseases, in immediate notifications and six-monthly reports, for Africa between 2005 and 2012



240. Additionally, according to FAO's Fisheries and Aquaculture Department, [37] inland capture fisheries production in Africa in 2010 totalled 2 567 427 tonnes, representing 23% of total world production. Africa was the second highest capture fish producer after Asia. In terms of aquaculture, Africa has increased its contribution to global production from 1.2% to 2.2% in the past ten years, albeit from a very low base. The share of freshwater aquaculture in the region fell from 55.2% to 21.8% in the 1990s, largely reflecting the strong growth in brackish-water culture in **Egypt**, but it recovered in the 2000s, reaching 39.5% in 2010 as a result of rapid development in freshwater fish farming in sub-Saharan Africa, most notably in **Nigeria**, **Uganda**, **Zambia**, **Ghana** and **Kenya**.

241. African aquaculture production is overwhelmingly dominated by finfishes (99.3% by volume), with only a small fraction being represented by marine shrimps (0.5%) and marine molluscs (0.2%). In spite of some limited successes, the potential for bivalve production in marine waters remains unexplored. Table 6 shows the evolution of African aquaculture production in the past 40 years, while Table 7 lists the top ten aquaculture producing countries in Africa in 2010.

Table 6: Aquaculture annual production (in tonnes) in Africa between 1970 and 2010

	1970	1980	1990	2000	2009	2010
Sub-Saharan Africa	4 243	7 048	17 184	55 690	276 906	359 790
North Africa	6 028	19 154	68 831	343 986	714 277	928 530
Total Africa	**10 271**	**26 202**	**81 015**	**399 676**	**991 183**	**1 288 320**

Reference: FAO 2012. *The State of World Fisheries and Aquaculture 2012*.

Table 7: Top ten regional aquaculture producers in Africa in 2010

Country	Tonnes	%
Egypt	919 585	71.38
Nigeria	200 535	15.57
Uganda	95 000	7.37
Kenya	12 154	0.94
Zambia	10 290	0.80
Ghana	10 200	0.79
Madagascar	6 886	0.53
Tunisia	5 424	0.42
Malawi	3 163	0.25
South Africa	3 133	0.24
Other	21 950	1.70
Total	**1 288 320**	**100**

Reference: FAO 2012. *The State of World Fisheries and Aquaculture 2012*.

242. Some African Countries should improve their reporting of information on aquatic animal diseases. It is important to remind countries that do not practise aquaculture that they must notify all the diseases as absent for domestic aquatic animals. The OIE is aware that surveillance capacities for aquatic species may be limited in some parts of Africa, and that other challenges may hamper proper reporting (such as limited coordination between their National Fisheries or Aquaculture Services, etc.). However, despite these weaknesses and challenges, countries should not neglect the reporting of aquatic animal diseases, especially in view of the development of aquaculture in Africa in recent years. It is especially important for countries that have never previously reported information on aquatic animal diseases to make these efforts. Also, countries that have not been reporting on a regular basis should make an additional effort to ensure that information is provided continuously.

243. In recent years, white spot disease has been notified as a shrimp disease of importance in Africa, with two immediate notifications made by Mozambique and Madagascar.

[37] *The State of World Fisheries and Aquaculture 2012*. FAO Fisheries and Aquaculture Department. Rome, 2012. http://www.fao.org/docrep/016/i2727e/i2727e.pdf

White spot disease

244. White spot disease (WSD) is considered to be infection with the virus white spot syndrome virus-1 (WSSV), which belongs to the *Whispovirus* genus in the *Nimaviridae* family. The infection can affect all crustaceans from marine, brackish and freshwater sources. WSD is the most serious threat facing the shrimp farming industry, because all farmed penaeid shrimp species are highly susceptible to infection, often resulting in high mortality. Crabs, crayfish, freshwater prawns, spiny lobsters and clawed lobsters are susceptible to infection but morbidity and mortality are highly variable. Clinically, WSD is characterised by one or more of the following signs: presence of white spots under the cuticle and a high degree of colour variation; reduction in feed intake; increased lethargy; movement of moribund crustaceans to the surface of the water. The intensity of the symptoms depends on the affected species.

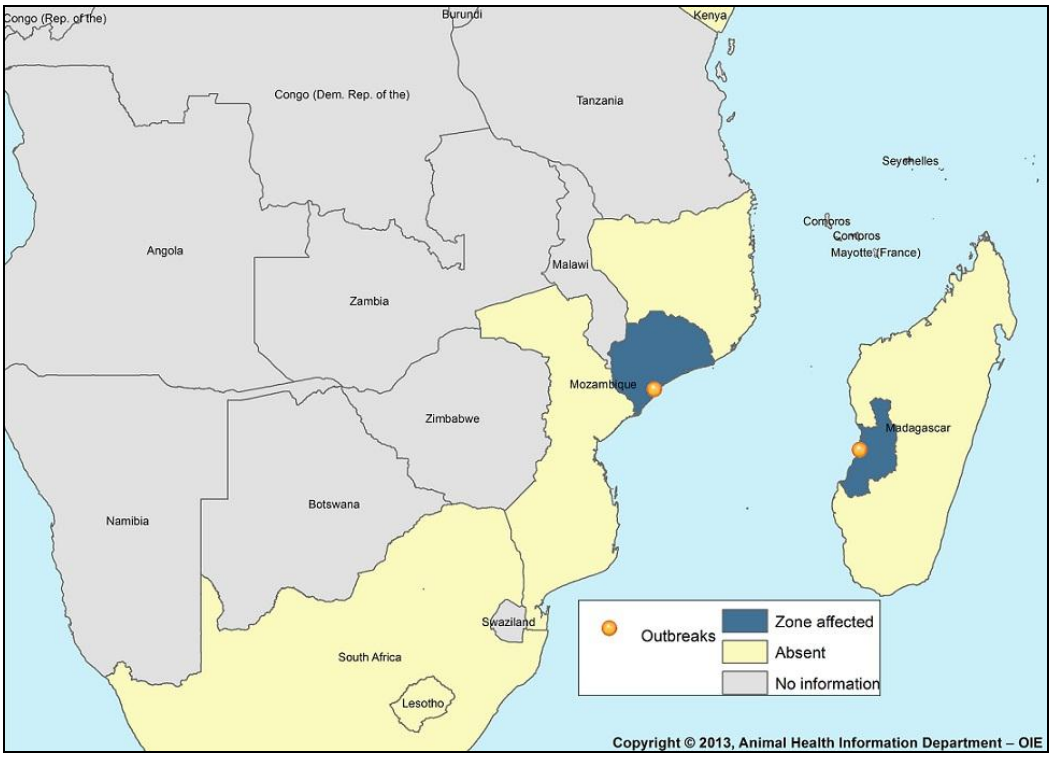
245. In September 2011, **Mozambique** reported the first occurrence of the disease in an aquaculture closed system with salty water in Quilimane, Zambezia. The crustaceans affected were Giant tiger prawns (*Penaeus monodon*), with a susceptible population of 371 tonnes, of which 350 tonnes were affected; 278 tonnes died and 93 tonnes were destroyed. No clinical cases were observed in wild crustaceans within the country. All the affected population was destroyed, premises were disinfected and a self-ban on movement of all susceptible species from the Zambezia province was applied. The event is mentioned as still continuing.

246. Eight months later, in May 2012, **Madagascar** reported the first occurrence of the disease, with one outbreak in an aquaculture farm of the company, located in Tsangajoly, Menabe. The production system was a semi-closed pond system. The susceptible population consisted of 296 tonnes of Giant tiger prawn (*Penaeus monodon*), of which 281.2 tonnes were affected; 222 tonnes died and 74 tonnes were slaughtered. The event was closed on 8 June 2012.

247. In both the above outbreaks, the disease was confirmed by an OIE Reference Laboratory, the Aquaculture Pathology Laboratory of the University of Arizona, United States of America. Morbidity was 95% and mortality was 75% in these two outbreaks. The origin of infection in the two countries was stated to be unknown.

248. In Africa, eight countries have never reported the disease (**Algeria**, **Equatorial Guinea**, **Lesotho**, **Mali**, **Seychelles**, **Somalia**, **South Africa** and **Sudan** Five countries notified the disease as absent in 2011 and 2012: **Egypt**, **Kenya**, **Mauritius**, **Sierra Leone** and **Tunisia**. The other remaining countries did not provide information on the disease.

Figure 16: White spot disease outbreaks reported in Africa in 2011 and 2012



Discussions

249. The Delegate of Kenya thanked Dr Ben Jebara for the excellent work of preparing the report on the animal health situation in Africa. He found particularly interesting the link made between the movement of animals and the transmission of diseases. Although progress had been made, he also wished that Member Countries in the region would be more assiduous in reporting their animal health status to the OIE.

250. The Delegate of Benin thanked the Head of the OIE Information Department on the quality of his presentation. He expressed concern about the new version of WAHIS and suggested that more training seminars should be offered to Member Countries to enable them to use the OIE notification system more easily.

251. The Delegate of Senegal, after having congratulated Dr Ben Jebara, provided clarification regarding the contagious bovine pleuropneumonia situation in his country, indicating that the disease had reappeared in November 2012 after an absence of more than three decades. To date, there had been 130 cases recorded. A total of 100,000 animals had been subjected to ring vaccination with T1/44. In addition, a serological surveillance campaign at strategic border sites was planned in 2013.

252. The Delegate of Lesotho and President of the OIE Regional Commission for Africa Commission emphasised the importance of notification and saw a link with Technical Item I, indicating that transparency is one of the bases of the trust required for trade.

253. The Delegate of Mali thanked Dr Ben Jebara for the accuracy of the animal health information submitted to the Regional Commission. He acknowledged trade as a source of animal disease transmission between countries, but also pointed out the importance of transhumance in transmission. He therefore reiterated the importance of developing programmes that take into account the often transboundary nature of animal diseases.

254. Dr Ben Jebara, Head of the Animal Health Information Department, replied to the different comments expressed by the Commission. He pointed out that the new functions included in the recent version of WAHIS had not modified the basic principles of the system. He nevertheless acknowledged that the training seminars provided by the OIE helped countries to use the WAHIS system more effectively. He also took this opportunity to announce that two seminars for national Focal Points for Animal Disease Notification would be held in the Africa region in 2013.

255. Dr Ben Jebara agreed with the comment by the Delegate of Mali regarding the involvement of transhumance in transmitting animal diseases. In contrast to other modes of transmission, he emphasised that transhumance was often predictable.

256. The Head of the Animal Health Information Department indicated that the OIE was aware of the problems countries were having to deal with regarding the notification of aquatic animal diseases and notification in wildlife. He applauded the efforts that countries were making in this respect and emphasised the constant improvements being observed.

257. While referring to the fact that the border between Sudan and South Sudan had not yet been officially validated by both countries, the Delegate of Sudan indicated that there was a good understanding between the two countries regarding the management of transboundary animal health issues.

258. The Delegate of Chad concluded the discussion by reiterating the importance, for the Veterinary Services of the region, of being able to count on good surveillance networks.

Wednesday 20 February 2013

Technical Item II
The importance of integrating animal welfare, environmental health and veterinary legislation in improving food security and contributing to agricultural Gross Domestic Product in Africa

259. The Session Chairperson, Dr Nicholas Kauta, briefly introduced Dr Mohammed M. Bahari and invited him to present the technical item 2 of the Conference regarding the importance of integrating animal welfare, environmental health and veterinary legislation in improving food security and contributing to agricultural Gross Domestic Product in Africa.

260. Dr Bahari started his presentation mentioning that compliance with animal welfare and environmental health principles and veterinary legislation had an impact on the quantity and quality of the animal products produced. The quantity and quality of livestock and livestock products influenced demand and prices and had an effect on income from the livestock industry and ultimately on gross domestic product (GDP) and food security.

261. He then added that environmental health on the other hand, influenced either negatively (in poor) or positively (in good) environmental health situations thereby had impact on the quantity and quality of livestock and livestock products and the level of contribution to GDP and food security. Both, animal welfare and environmental health principles, were well adhered to when adequate veterinary legislation provisions were implemented and enforced. Good, enforceable veterinary legislation and good veterinary governance were prerequisites for ensuring secure sanitary conditions and food safety and preventing the spread of animal diseases, and ultimately they enhance incomes and ensure the availability of wholesome food, thereby contributing to GDP and food security. It was therefore important to integrate those three components, namely animal welfare, environmental health and veterinary legislation, in livestock production and marketing operations to improve the livestock industry's contribution to food security and GDP.

262. Dr Bahari indicated that his report explored the relationship between animal welfare, environmental health and veterinary legislation and their impact on the production of livestock and livestock products, the aim being to show how the integration of these three factors in production operations could help to increase GDP and ensure food security. The inclusion of animal welfare and veterinary governance issues in chapters of the OIE *Terrestrial Animal Health Code* was highlighted and Member Countries were urged to draw on them in developing their livestock production and marketing operations.

263. Then, he added that animal welfare, environmental health and veterinary legislation were important and were being addressed not only by governmental agencies and standard-setting bodies but by a growing number of stakeholders in the agricultural supply chain. A number of national, regional and global initiatives had therefore emerged to provide standards and guidance on acceptable practices.

264. He remarked that Animal welfare brings important benefits for humans in terms of food security, nutrition and increased income, thereby contributing to GDP and improved livelihoods through higher productivity and quality. On the other hand, livestock production operations, in particular industrial intensive operations, were confronted with environmental health impacts that need to be managed for the sake of both human and animal health. Environmental health practices in livestock production operations that should be considered included waste management, disaster prevention and response, biodiversity, disposal of hazardous materials, air pollution control and surface and ground water pollution control, and these must be integrated with animal welfare management practices. To ensure that animal welfare and environmental health principles were adhered to and were fully implemented, it was imperative to have good veterinary governance and enforceable and well implemented veterinary legislation.

265. Dr Bahari considered that investment in animal welfare, environmental health and animal health produces economic benefits through a wide range of factors, including the following:

- Increased livestock productivity through higher carcass yields, reduced losses of meat due to bruises caused by in appropriate pre-slaughter animal handling and transport;
- Higher quality of animal products, hence wider market access, higher prices and earnings and increased contribution to GDP;
- Greater efficiency of draft power through the use of animal-welfare-compliant equipment;
- Fewer risks to public health, and sustainable use of natural resources;
- Accessibility to higher-end market opportunities requiring animal welfare compliance, sound environmental health and animal health assurance schemes.

266. Dr Bahari concluded that it was thus recommended that animal welfare, environmental health and veterinary legislation be integrated in livestock production operations to ensure efficient and cost-effective livestock production, for the livestock industry to contribute significantly to food security and the agriculture GDP.

Discussion

267. The representative of Nigeria, Dr Arubi Jude Mogboruko, thanked Dr Bahari for his presentation and sought clarification on whether demographic growth would result in the human population reaching 8 billion in 2015 or in 2050. He continued by asking the OIE to cover (in the Code) all the topics dealt with by Dr Bahari, namely environmental health, animal welfare and the veterinary profession.

268. The Delegate of Mali, Dr Abdel-Kader Diarra, thanked Dr Bahari and informed the audience of the recent adoption of a draft law on animal welfare by the National Assembly. Prepared by the Parliamentary Commission on Rural Development, the procedure had benefited from information derived from the consecutive OIE Global Conferences, and from photographic reports, collected throughout the country – some positive, some negative – relating to abuses or mistreatment of animals, such as the conditions for transporting animals to the abattoir. The draft law was finally adopted unanimously. Dr Diarra stated that there was now also an investment plan for livestock markets, including for example infrastructure designed to limit mistreatment of animals such as loading ramps. In conclusion, on the subject of environmental health, he explained that operations in vaccination stations and village stations were often run by community-based NGOs. He ended his intervention by declaring that the (African) countries were now aware of the issues and constraints relating to animal welfare.

269. The representative of Zimbabwe, Dr Unesu Ushewokunze-Obatolu, thanked the Rapporteur and wished to know what was the point of standards and guidelines developed, on the basis of scientific research conducted in western countries, if these standards could not be replicated in all countries of the world due to differentiated interpretations, resulting for example from social or cultural differences. She said this led to divergent interpretations of what constituted "animal welfare" and could result in technical barriers to regional or international trade.

270. The Togolese Minister of Agriculture, Livestock and Fisheries, Colonel Ouro Koura Agadazi, stated that he was well aware that the manner in which animals were handled could largely contribute to the quality of the resulting products. He was surprised that Dr Bahari had raised the problem of animal transport to the abattoir but not the slaughter itself. On the basis of the OIE standards and guidelines on meat products, he wished to know what type of slaughter was preferable.

271. In response to the points raised, Dr Bahari stated that the human population would reach 8 billion in 2015 and 9 billion in 2030. He went on to explain that, in his view, there were limits as to the type of topics the OIE could cover in the Code, and in particular environmental health. Moreover, it would be difficult to include in the OIE's legislation support programme all the subjects that countries might need.

272. Regarding the concerns raised by Dr Ushewokunze-Obatolu, Dr Bahari acknowledged that there were socio-cultural and even religious differences that needed to be taken into account but there were nevertheless universal principles on which all people should be able to agree, such as for example the principle of avoiding inflicting unnecessary suffering on an animal. The texts of the OIE have been adopted by consensus and recognise the diversity of opinions and views on what constitutes animal welfare and animal mistreatment. Unfortunately, in matters of international trade, it is the importing country that will impose its conditions and one may hope that these conditions are based on OIE standards. Lastly, in response to the Minister, he stated that during his presentation he had focused on subjects not yet covered by OIE standards. Standards on the slaughter of animals for human consumption and the killing of animals for disease control purposes had existed for a number of years and offered countries a platform for developing national legislation and standards, not to be confused with the position adopted by certain groups in civil society who reject any slaughter of animals, and claim 'human' rights for animals. In conclusion, he launched an appeal to the Member Countries present to subscribe to the Universal Declaration on Animal Welfare, or UDAW, and to celebrate World Animal Day, on 4 October 2013.

273. Dr Bernard Vallat, Director General of the OIE, asked for the floor and began by thanking Togo for having organised the Conference, the Member Countries present for having made the journey, and Dr Bahari for his excellent presentation.

274. He then went on to clarify the position of the OIE with regard to animal welfare and the UDAW. Knowing that the WTO SPS Agreement does not cover the subject of animal welfare, but knowing that animal health is an essential component of animal welfare, the Member Countries asked the OIE to address the subject. Since 2003, several world conferences have been organised on this topic (Paris, Cairo, Kuala Lumpur) in order to give direction on the OIE policies on this regard.

As a result, the definition of an animal as simply a "commodity" still used in all Member Countries but, in many of them, animals are now considered as sentient beings. He continued by stating that after the approval of standards on the welfare of animals in beef cattle systems it was now the turn of broilers. The proposals put forwards by the OIE Working Group would very soon be discussed by the African CVOs under the auspices of IBAR (in April) and would, he wished, possibly be adopted by the General Assembly of Delegates of the OIE in May 2013, with the support of Africa.

275. Regarding the Universal Declaration, Dr Vallat stated that the OIE Member Countries voted the support of this initiative on condition that the said Declaration respect the OIE standards on the subject, which was not yet the case in the current version. Lastly, with regard to environmental health, he reminded the audience of the work carried out by the OIE to present animal production and animal health in a better light, following accusations from various quarters that animal production made a substantial contribution to global warming. The OIE constantly demonstrated the enormous benefits that animal production can give to the humanity. He added that the OIE had made major steps forward on biodiversity, for example by excluding certain protected species from slaughter campaigns carried out for disease control purposes, but he also confirmed that, to date, and in the absence of a decision to the contrary by Member Countries, the OIE did not address aspects of environmental health such as the management of animal effluents or waste of animal origin. He ended by reinforcing the comments made by Dr Bahari and indicated that the OIE standards for the various types of slaughter were in place for all species and that it was important to encourage their application. The OIE standards on slaughtered have been established with the agreement of religion representatives. The Chairperson for the session then invited Zimbabwe, Mali, Algeria and Togo to prepare a draft recommendation on this Technical Item.

Modernisation of Veterinary Education in Africa

276. The Conference Chairperson, Colonel Ouro Koura Agadazi, invited Dr Bernard Vallat, OIE Director General, to present on the Modernisation of Veterinary Education in Africa.

277. Dr Vallat started his presentation mentioning that Veterinary Services of good quality, comprising both public and private sectors, that could implement the OIE standards, were recognised as 'global public goods' and there was an urgent need, particularly in the developing world, to strengthen their competence.

278. Dr Vallat explained that Veterinary Education of quality together with effective Veterinary Statutory Bodies were the cornerstones of good governance of Veterinary Services; quality and international harmonisation contribute to improving animal health and welfare globally. Therefore, the OIE had been mandated by Members to take a global leadership role in establishing basic Veterinary Education requirements for effective National Veterinary Services.

279. The Director General added that, in 2010, the OIE established an ad hoc group on Veterinary Education composed of veterinary Deans, academicians and other experts. Based on their work and supported by the conclusions of the 2nd Global Conference on Veterinary Education (Lyon 2011) the OIE published Recommendations on the Competencies of graduating veterinarians ('Day 1 graduates') in 2012. These recommendations are relevant to all Members, regardless of their prevailing societal, economic and political circumstances.

280. Dr Vallat pointed out that, certainly each region and each country had specific needs for Veterinary Education which must be respected. However, the competencies of Day 1 graduates should have a global minimum quality standard. Nevertheless, it is not the objective of the OIE to accredit Veterinary Education establishments or to enter into competition with accreditation bodies.

281. Based on the catalogue of day 1 competencies, the OIE currently develops recommendations on a core model veterinary curriculum relevant to the delivery of quality of public and private sector components of national Veterinary Services for consideration of the Assembly at the 81st General Session (May 2013);

282. Finally, the Director General commented that, by finalising the procedures for twinning between Veterinary Education establishments and also between Veterinary Statutory Bodies, the OIE hoped to convince governments, regional and international organisations and donors to support these initiatives and thereby promote the quality of Veterinary Services globally.

283. To conclude Dr Vallat announced to the audience that the 3rd Global Conference on Veterinary Education and Veterinary Statutory Bodies was scheduled for 3 to 5 December 2013 in Brazil. He also reminded that an invitation would be made to national Delegations comprised of the Delegate, a representative of the education sector (when there is a veterinary school) and a representative of the Veterinary Statutory Body. The OIE will prioritise financing the delegations of countries having a veterinary school. The invitation of other countries will depend of external resources currently being sought.

Discussion

284. The Chairperson of the Conference, after having summarised the points made by the Director General of the OIE, thanked him for his presentation and for participating in the Conference.

Country ownership of PVS Pathway outcomes. Presentation of the Note on the essential steps in the organisation of a roundtable of development partners

285. The Conference Chairperson, Colonel Ouro Koura Agadazi, invited Dr Yacouba Samaké to present a country ownership of the PVS Pathway outcomes by explaining the essential steps in the organisation of a roundtable of development partners.

286. Dr Samaké reminded the conference that, according to its mandate, the OIE was engaged in an ambitious programme which is the OIE PVS Pathway to which all its African Members had subscribed. This Pathway had been established to strengthen the governance of national Veterinary Services; to help countries to monitor animal health and zoonoses more effectively; to then facilitate trade in animals and animal products and, ultimately, to improve the safety and welfare of their agro-pastoral populations.

287. Dr Samaké insisted on the importance of the countries institutional ownership of the conclusions of the PVS Pathway, while recognising its limitations

288. He ended its presentation by underlining the prerequisites and the key steps in organizing a round table with donors.

Discussion

289. The Chairperson of the Conference, the Honourable Minister of Agriculture, Livestock and Fisheries of Togo, thanked Dr Samaké for his comprehensive presentation. He begged to differ on one of the remarks made by Dr Samaké, and stated that, in his view, pathogens spread faster than the speed with which veterinarians' decisions can be taken.

290. He reiterated the messages of the Director General of the OIE regarding the importance of good veterinary education and the systems for regulating the veterinary profession. He also expressed enthusiasm about the new arrangements planned by the OIE to enable OIE Member Countries to undertake twinning activities between veterinary education establishments and between veterinary statutory bodies.

291. He emphasised the efforts made by the Republic of Togo for his country to take ownership of the recommendations of the various OIE PVS Pathway missions that had taken place in the country, and he invited Dr Batawui, Delegate of Togo, to present the details of these ownership activities.

Benefits, for Veterinary Services, derived from the PVS Pathway: sharing of a Member Country's experience

292. The Conference Chairperson invited the Delegates of Togo and Guinea to share their country's experience regarding the benefits of the OIE PVS Pathway.

Presentation from Togo

293. Dr Batawui began his presentation by informing the Conference that, following a request by Togo's Veterinary Services in May 2007, approved by the Director General of the OIE, an evaluation mission took place in Togo between 22 October and 4 November 2007. The objective of this mission was to use the OIE PVS Tool to analyse the four fundamental components of the Veterinary Services: human, physical and financial resources; technical authority and capability; interaction with stakeholders; and access to markets.

294. Dr Batawui explained that, after the mission, the experts had reported findings and made recommendations to bring Togo's Veterinary Services up to standard. He added that some of these recommendations had been implemented and were considered as benefits of the OIE PVS Pathway.

295. Dr Batawui then briefly reported on progress with implementing the recommendations of the OIE evaluation of Togo's Veterinary Services. He pointed out some of the benefits of the OIE PVS Pathway: competitive recruitment of staff and a higher retirement age; resumption of initial training by sending students to the Inter-State School of Veterinary Science and Medicine (EISMV) in Dakar (Senegal); renovation of equipment in animal disease diagnostic laboratories; setting up an epidemiological surveillance network (REMATO) and a computer network; increasing the operating and investment budget; and establishing an instrument to regularise the (direct) chain of command in line with OIE requirements.

Discussions

296. The Chairperson of the Conference, the Honourable Minister of Agriculture, Livestock and Fisheries of Togo, thanked Dr Batawui, Delegate of Togo, for his presentation and took the opportunity to inform the audience of the other improvements made to the Veterinary Services of his country thanks to the OIE PVS Pathway, namely the improvement of the cold chain and the introduction of the concept of public-private partnership.

297. He also took this opportunity to inform the OIE of his country's desire to obtain the Organisation's support for the organisation of a donor's roundtable.

Presentation from Guinea

298. Dr Bangoura, Delegate from Guinea, begun his presentation by remembering that the PVS Tool was a system for auditing the quality of Veterinary Services worldwide and it was designed to assess the compliance of the Veterinary Services of a given country with the international standards published by the OIE in the Terrestrial Animal Health Code. It also helped to provide a framework and justification to present to governments and donors, with a view to strengthening the capacities of the Veterinary Services and facilitating the process of achieving compliance with OIE standards.

299. He informed that, on the basis of requests by the Guinean government, a series of Evaluation and Gap Analysis missions, including the development of a programme designed to sustainably strengthening the capacities of the Guinean Veterinary Services to comply with OIE standards, were conducted by OIE-certified independent experts from May 2007 to September 2012.

300. Dr Bangoura then summarised the different missions held in his country as follows:

- May 2007: this mission conducted by a team of two experts was aimed at evaluating the compliance of the Guinean Veterinary Services with OIE standards, using the PVS tool.
- April 2008: in line with the OIE evaluation process, Guinea received the first Gap Analysis mission, conducted by another team of two experts. This mission was aimed at establishing the expected level of advancement to be achieved for each of the Critical Competencies by the end of a five-year strengthening plan. During this mission, the evaluation report was completed, to take into account the new Critical Competencies in the PVS tool, which had risen from 31 to 40, as well as the general recommendations formulated by the evaluation.
- June 2009: a second Gap Analysis mission was received, comprising three experts, including the two from the previous mission. The main purpose of this mission was to elaborate a five-year programme that would sustainably strengthen the Guinean Veterinary Services' compliance with OIE standards of quality, while being suitably adapted to take into account existing constraints and the defined national priorities up to 2015.
- February 2012: a follow-up mission carried out by the Adviser to the OIE Regional Representative for Africa confirmed that the political and economic context of Guinea had indeed evolved since 2009 and that a new Gap Analysis mission would be appropriate.
- September 2012: a third Gap Analysis mission, conducted by a team of three OIE-certified independent experts, visited the country with the aim of re-specifying the national priorities, in consultation with the Veterinary Services and the national authorities, and verifying the required level of advancement for each of the 46 Critical Competencies of the PVS tool, before proposing the corresponding strategies and the activities to be implemented.

301. The Delegate of Guinea highlighted how much the Guinean authorities demonstrated their full commitment during the various missions, in terms of receptivity, support and availability with regard to the teams of experts, but also in their willingness to take ownership of the PVS evaluation, the Gap Analysis and the main conclusions of the various reports.

302. Ultimately, Dr Bangoura concluded that the PVS Pathway helped the Veterinary Services of Guinea to identify its specific needs and present the necessary justifications during the preparation of the National Plan for Agricultural Investment and Food Security 2013 – 2017 (PNIASA: Plan National d'Investissements Agricoles et de Sécurité *Alimentaire*).

Intervention from the Representative of Zimbabwe

303. Referring to the cocktail for female participants at the Conference the previous evening, the representative of Zimbabwe, Dr Unesu Ushewokunze Obatolu, requested that the OIE give greater consideration to the contribution of women to the veterinary profession and the work of the OIE.

304. The Chairperson of the Conference invited the Director General of the OIE to comment. Dr Vallat began by pointing out that the function of the OIE Headquarters was to implement the mandate of the OIE, as defined by its Members through resolution or Strategic Plan. While he acknowledged the essential contribution of women to the work of the OIE and to the development in general, he indicated that the OIE Headquarters had not received a mandate to promote in any specific manner the place of women within the OIE and Member Countries.

305. He also pointed to the growing trend in veterinary education establishments, where women represented well over 50 % of students worldwide, 80% in developed countries, which will facilitate women to reach positions with responsibilities at the OIE and in the Member Countries.

Peste des petits ruminants (PPR) situation in Africa

306. The Conference Vice Chairperson, Dr Marosi Molomo, invited Dr Joseph Domenech to present the PPR situation in Africa.

307. Dr Joseph Domenech began his presentation by stating that peste des petits ruminants (PPR) was one of the most important animal disease in several regions of the world, such as Africa, the Middle East and South and Central Asia. He said it was having a considerable impact on the rural economy of countries in these regions, and especially on the income of small-scale livestock farmers, on international trade and ultimately on food security. PPR virus belongs to the family Paramyxoviridae, genus *Morbillivirus* and there is only one serotype and 4 genotypes. The vaccine strains used offer protection against all the genotypes and domestic species of goats and sheep are the only ones that play a significant role in the epidemiology of the disease. Symptoms include mortality, nasal discharges, excessive salivation, ocular discharge and diarrhoea, related to lesions of oral and conjunctival mucosa and ocular discharge as well as pulmonary and intestinal lesions. Economic losses are the result of mortality, reduced productivity and the loss of export markets.

308. Dr Domenech added that PPR had undergone a considerable geographic extension since the 1990s and that, following the global eradication of rinderpest and major successes in the control and eradication of foot and mouth disease (FMD), it had now become an obvious candidate for the development of global and regional control programmes.

309. He informed the audience that the tools suitable for PPR control already existed and were effective: vaccine, diagnostic techniques and epidemiological surveillance. He also referred to the OIE's WAHIS/WAHID animal health information system, the FAO-OIE-WHO epidemiological analysis platform GLEWS and the FAO-OIE Crisis Management Centre. The strengthening of animal health services remained indispensable and the tools that comprise the PVS Pathway should be used whenever necessary, and well as the relevant articles in the OIE *Terrestrial Animal Health Code*. He indicated that the articles in the chapter on PPR had been revised with a view to making PPR a disease for which an official status exists and to make provision for national control programmes to be officially endorsed by the OIE.

310. Dr Domenech indicated that, following the recommendations of the OIE-FAO GF-TADs Global Steering Committee, the GF-TADs working group on foot and mouth disease had been tasked to prepare a global PPR control programme. The roadmap followed in 2011-2012 for the preparation of a global FMD control programme would be prepared for PPR and the experiments taking place in various parts of the world would be analysed and used, in particular those, in Africa, of AU-IBAR, in association with ILRI, and those of FAO.

311. He confirmed that research would also be supported along similar lines to the OIE-FAO OFFLU network of expertise on for animal influenza.

312. In conclusion, Dr Domenech indicated that the OIE, for its part, was implementing a programme funded by the Bill & Melinda Gates Foundation, entitled "Vaccine Standards and Pilot Approach to peste des petits ruminants (VSPA/PPR) Control in Africa" and comprising three components: i) creation of a regional vaccine bank, ii) support for AU-PANVAC to strengthen the quality of PPR produced in Africa, and iii) a pilot operation in Burkina Faso and Ghana to test the best possible targeting among others small holders control strategies and formulate recommendations for the preparation of sub-regional, regional and global strategies.

Discussions

313. The Representative of Morocco thanked Dr Domenech for his brilliant presentation and reminded the audience that, from 2008, Morocco had experienced numerous outbreaks of PPR but with a mass vaccination strategy, developed in partnership with FAO, the country had succeeded in controlling the situation after three years. The outbreaks that had occurred in countries in the same zone and with similar agro-ecological characteristics had not however been dealt with by vaccination, but by using a culling approach. He wondered whether a degree of harmonisation of the approaches might not have been preferable.

314. The representative of USDA-APHIS (Dakar), Dr Cheikh Sadibou Fall, briefly described the trade flow of small ruminants in the region of Burkina Faso, Mali and Senegal and advocated that the control of PPR should be done at source, in the country where the animals were produced.

315. The Delegate of Burkina Faso, Dr Lassina Ouattara, returning to Dr Domenech's comments on the socio-economic dimension of PPR, stated that donors normally expect a socio-economic impact of animal health interventions in the sector of small ruminants, whereas it is very difficult for the Veterinary Services to access this sector, since it is disconnected from the formal livestock production sector and as a result often disconnected from the veterinary technical services.

316. Dr Bernard Vallat stated that the global eradication of PPR had already been initiated. A global eradication strategy was currently being developed in partnership with FAO. At the level of the OIE Code and Manual, modifications were planned which would bring the chapters on PPR into line with the those on rinderpest (prior to its eradication) and FMD, in other words with a questionnaire, provision for an officially recognised disease status for country or zone and provision for countries or zones to apply for official endorsement of their national PPR control programmes. The VSPA/PPR project is a pilot project launched last week at the African Union. The objective in the medium term is to expand the project from two to many more affected countries, especially with regard to the vaccine bank that has just been set up, with the Botswana Vaccine Institute as the service provider which won the global call for tenders lead by the OIE.

317. Dr Vallat then addressed representatives of the donors present to request financial support on behalf of this expansion, especially for the regional vaccine bank. He added that, for the first time, the Bill & Melinda Gates Foundation had agreed to work with the animal health sector, by supporting veterinary services in the public sector. He hoped that this would only be the first in a long series of cooperative actions with this important Foundation for worldwide development.

318. Dr Domenech acknowledged that divergences in control strategies within a given region could never be recommended, but also emphasised the sovereign right of every State to choose its own strategies. Nevertheless, within the framework of an international public good, such as the eradication of PPR, it was obvious that consistency at regional and even sub-regional level should be applied, preferably based on vaccination. He also acknowledged that identifying the routes and flow of small ruminant movements within each region was essential in order to be able to plan vaccination efforts in time and space, and indeed to be able to ensure that animals are vaccinated at source rather than on arrival at their destination. Lastly, he also recognised that for the Veterinary Services to gain even minimal access to the sector of small-scale farmers raising small ruminants was in itself a challenge, which needed to be overcome by using relays (villagers or others) and concerted outreach and awareness-raising efforts.

319. The Delegate of Algeria, Dr Ahmed C. Karim Boughalem, in response to the comments of the representative of Morocco, pointed out that (a) the option of vaccination against PPR in Algeria had never been formally ruled out and that (b) the characteristics of the PPR outbreaks in Algeria were very different (and more discrete) compared to those of the PPR outbreaks in 2008. While the choice of vaccination in Morocco had been completely justified, this was not the case in Algeria, given the limited and sub-clinical nature of the 'cases' in Algeria. Nonetheless, Algeria supported the idea of harmonising PPR control strategies within the sub-region.

320. The President of the OIE, Dr Karin Schwabenbauer, pointed out that few donors were interested in the animal health sector and it was therefore important to highlight the informal or small-scale farmer sectors, rather than to consider them as "problematic", even if this might seem justified from a technical/accessibility/acceptability point of view.

321. Lastly, the Delegate of Sudan, Dr Kamal Tagelsir Elsheikh, explained that in major livestock producing countries like Sudan, with 60 million small ruminants, vaccination constituted a challenge, not only to achieve a satisfactory level of vaccination coverage, but even to ensure the supply of vaccines.

Sharing the experience of WAEMU: harmonisation of veterinary pharmaceutical legislation and harmonisation of food safety legislation within the WAEMU region: accompanying measures. Perspectives for supporting Veterinary Services in general

322. The Conference Vice-Chairperson, Dr Marosi Molomo, invited Dr Soumana Diallo from the Permanent Secretariat of the Regional Committee for Veterinary Medicinal Products of WAEMU, to present the experience of WAEMU regarding the harmonisation of veterinary pharmaceutical legislation and the harmonisation of food safety legislation within the WAEMU region as well as, the accompanying measures and the perspectives for supporting Veterinary Services in general.

323. Dr Diallo started his presentation with an overview of the harmonisation of veterinary pharmaceutical legislation and of food security and safety legislation in the WAEMU area. He summarised the objectives and results achieved on this two issues at the WAEMU area.

324. Regarding the harmonisation of veterinary pharmaceutical legislation, Dr Diallo underlined among the objectives of the WAEMU, the establishment of community procedures for marketing authorisation (MA) and the monitoring of medicinal products for veterinary use; the setup of a Regional Committee for Veterinary Medicinal Products (CCRMV) for the technical and scientific evaluation of medicinal products; the harmonisation of national legislation relating to import controls, movement within the WAEMU area, marketing authorisations, monitoring the conditions for the opening and operation of manufacturing facilities and possession for trade purposes, importation and wholesale and retail distribution of veterinary medicinal products.

325. He also informed the Conference on the results achieved regarding the harmonisation of veterinary pharmaceutical legislation highlighting the issuance of regional marketing authorisations (MA) that replaces the national MAs; the setup of a network of quality control laboratories and the improvement in the distribution and quality of veterinary medicinal products.

326. Regarding the harmonisation of legislation on animal, plant and food safety, Dr Diallo explained that the main objective of the WAEMU was to introduce essential measures and actions for the harmonisation of technical and health standards for agricultural and food production and products, and to ensure sanitary and phytosanitary control and surveillance. He informed the audience that on this matter an imminent introduction of different cooperation structures and mechanisms would be done.

327. Dr Diallo then referred to the capacity-building for the structures and institutions set in place by WAEMU. Among the support measures for reforms he mentioned, the training for members of the Permanent Secretariat of the Regional Committee for Veterinary Medicinal Products (SP/CRMV); the training for staff of the network of laboratories responsible for quality control of veterinary chemicals; the training for staff of the network of laboratories responsible for the control of veterinary vaccines; the acquisition of equipment to boost the analytical capacities of laboratories in the network for quality control of veterinary medicinal products and the participation in the work of International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH).

328. Dr Diallo indicated the prospects for supporting Veterinary Services in general pointing out the evaluation of the Veterinary Services of Member States using the OIE Tool for the Evaluation of Performance of Veterinary Services (OIE PVS Tool). He mentioned the WAEMU strategic plan for building the capacity of Member States' Veterinary Services and the coordinated regional programmes for the control of transboundary animal diseases within the WAEMU area.

329. To conclude Dr Diallo highlighted that all those reforms should contribute to the establishment of a single animal health area (common to all Member States) with the same rules and the same harmonised procedures for animal health, safety of foods of animal origin and veterinary practice, which had been adopted by consensus.

Discussions

330. The Delegate of Chad thanked Dr Diallo for his excellent presentation. He explained the experience of ECCAS, which had observed notable differences between its member countries in terms of registration of veterinary medicinal products. A harmonised system was envisaged and wishful.

331. The Delegate of Burkina Faso was concerned about the transition measures put in place to register veterinary medicinal products in the WAEMU zone following harmonisation. These measures did not seem to be adequate to cope with the many registration applications. He referred more specifically to private veterinarians, who are demanding access to veterinary products that were previously available in the region but are not currently available due to the delay in registering them.

332. Dr Diallo, replying to the comments, explained the different steps that WAEMU had put in place to achieve harmonisation and explained the procedure currently being used to deal with the influx of registration applications without affecting, during the transition, the use of medicinal products already approved at national level.

333. In conclusion, he also pointed that, within the WAEMU zone, inspections relating to the management of veterinary medicinal products were the responsibility of the Member States and that, for the time being, only Togo and Niger had taken charge of inspection in this field.

Presentations by international and regional organisations

African Union Interafrican Bureau for Animal Resources (AU IBAR)

334. Prof. Ahmed Elsawalhy provided an update on the recent achievements and on-going activities of AU-IBAR in the animal health and SPS areas over the last two years.

335. Prof. Elsawalhy informed that the volume of activities implemented in the trade and marketing area had grown considerably during that period: in this domain, activities were mostly focused on animal health certification, identification and traceability. AU-IBAR also supported the rehabilitation of livestock marketing infrastructure facilities along the key export chains in Somalia and was currently in the process of establishing a continental market information system for livestock commodities. In September 2012, the PAFLEC (Panafrican Platform for Livestock Trading Countries), a continental network of livestock value chain stakeholders aimed at facilitating trade, was officially launched.

336. He reminded the Conference that AU-IBAR remains heavily committed to the process of supporting the participation of African Nations in standards setting, particularly for the Animal Health standards under OIE.

337. Regarding the knowledge management, Prof. Elsawalhy informed that the Animal Resource Information System, ARIS was launched in its second version on 2012, in collaboration with the OIE and was being rolled out in the Member States.

338. To conclude, Prof. Elsawalhy said that animal health area remains the main activity area for AU-IBAR, with, a very strong focus on institutional issues (policies and legislation) since the launch of the Vet-Gov project in 2012. New regional projects would also target capacities in disease surveillance and control. The One health approach remained a strong bottom line for AU-IBAR activities in the animal health area with the IRCM concept being promoted as the mechanism for implementing the concept.

Discussion

339. The Delegate of Togo thanked Prof. ElSawalhy for his presentation. He asked for clarification regarding the timetable for future activities of AU-IBAR, in particular with regard to the forthcoming Conference of Ministers responsible for livestock.

340. The Delegate of Rwanda thanked AU-IBAR for the leadership it had shown in organising meetings of African countries to promote the adoption of a common position on OIE standards.

341. The Director of AU-IBAR explained that the dates chosen for the Conference of Ministers were 14 to 19 April, but because elections were due to take place in the country hosting the conference, Côte d'Ivoire, the conference would be brought forward by one week if the Commissioner's agenda allowed. If the original dates for the conference had to be kept, the venue for the conference might be changed.

342. The Delegate of Sudan urged AU-IBAR to do more to address the problems faced by nomadic and pastoral populations.

343. In response to the last comment, Prof. El Sahwali informed the Conference that the issues relating to these populations would soon be taken into account by the Department of Rural Economy and Agriculture of his organisation.

344. The Director General of the OIE, Dr Bernard Vallat, thanked the AU-IBAR for its collaboration with the OIE. He confirmed that the World Organisation for Animal Health applauded the efforts made by Member Countries of the Africa Region regarding the adoption of a common position on standards applicable worldwide. He emphasised the importance of promoting world standards rather than regional standards.

345. He informed AU-IBAR that the OIE was encouraging the participation of elected members of the OIE's Specialist Commissions to help with the conduct of meetings organised with the aim of promoting the adoption of a common position.

346. Referring to the creation of offices dealing with zoonoses, Dr Vallat reiterated that it was important that these offices remain under the control of the Veterinary Services.

Pan African Veterinary Vaccine Centre of the African Union (AU PANVAC)

347. Dr Karim Tounkara, representative of AU-PANVAC, began his presentation mentioning that, discharging its mandate, AU-PANVAC continues to provide Independent International Quality Control of veterinary vaccine produced or imported in to the African continent. The Centre also regularly provided technical assistance to AU Member States vaccine producing and diagnostic laboratories. A Process Development Laboratory aimed at improving the production of current veterinary vaccines had been established and it was now functional. The preliminary results obtained from a project on improving the production yield of CCPP vaccine were very encouraging and would be extended to other diseases such as CBPP and PPR.

348. Dr Tounkara explained that the Centre served as a repository for the continent and emergency Rinderpest vaccine stock amounting to 1, 5 Million doses were kept in its BSL3 facility. Two New projects had been launched in the Centre one on PPR and the other on Newcastle Disease.

349. He informed that AU-PANVAC had established the required technologies for the production of essential biological reagents to be distributed to diagnostic laboratories. In order to implement that, a consultative meeting would be organized in 2013 to identify the priority needs of all diagnostic laboratories.

Discussion

350. The Delegate of Nigeria thanked Dr Tounkara for his presentation and asked him to clarify the conditions under which the rinderpest virus-containing biological material is being kept.

351. Dr Tounkara pointed out that the PANVAC facilities are BSL3-approved, representing a sufficient level of containment for rinderpest virus.

352. Dr Vallat informed participants at the Conference of the worldwide selection process that had been used to identify establishments suitable for rinderpest virus sequestration and was delighted that PANVAC had been choosen for Africa.

353. Regarding the rinderpest vaccine bank, he reminded participants of the importance of having access to a vaccine in the event of an accidental or intentional reappearance of rinderpest. He informed the audience of a project underway to clarify the possibility of cross protection being afforded by a vaccine against peste des petits ruminants. This could eventually enable any useless biological material potentially containing rinderpest virus to be eliminated.

Pan African Tsetse and trypanosomiasis Eradication Campaign (AU PATTEC)

354. Dr Hassane Mahamat, PATTEC Coordinator, informed participants regarding the Pan African Tsetse and trypanosomiasis Eradication Campaign (PATTEC). He reminded that the initiative was launched following a decision (AGH/Dec.156-XXXVI) of African Heads of State and Government to reduce the scourge of Tsetse and trypanosomiasis in the continent.

355. Dr Mahamat explained that the PATTEC Coordination Unit was mandated by the African Union Commission to coordinate activities and mobilize resources aimed at the implementation of the eradication of tsetse and trypanosomosis from the continent. It would present an overview of its accomplishments and those of Tsetse and trypanosomosis affected countries as well as the supports of relevant stakeholders such as UN mandated organizations, International NGO's, Institutions of Higher learning and research, among others, which were supporting the initiative in the year 2012.

Discussion

356. The Delegates from Chad, Niger, Nigeria, Togo, and Sudan, thanked and commended the speaker for his excellent presentation and asked for clarifications about the following issues : the quality of trypanocides available on the market of Sub-Saharan African countries, the problem of the misuse of these trypanocides, the current state of a project under preparation for the ECOWAS region, the involvement of laboratories at the African level, vector control, and the mobilization of decision makers at the ministerial level regarding the control of trypanosomosis. South Sudan highlighted the severe problem related to trypanosomosis not transmitted by Tsetse flies.

357. Before giving answers to the questions raised by Delegates, Dr Hassan Mahamat Hassan, PATTEC officer, requested OIE's support, stating that the latter should involve itself further in this major animal health issue for Africa. He then pointed out that he is available to work with those countries willing to develop national control programs against trypanosomosis while pointing out the problems of infrastructures in certain project partner laboratories.

358. As far as trypanocides and the problem of illegal drugs circulating on the market are concerned, the PATTEC officer requested that veterinary services be empowered to initiate steps aimed at controlling this problem. He then mentioned the upcoming meeting with ECOWAS which will help determine the current situation of projects under preparation for this region.

359. Dr Karim Ben Jebara reminded the Conference that trypanosomosis is a disease on the OIE list.

360. As far as the request for support made by the PATTEC officer who wished a greater OIE involvement in the fight against trypanosomosis in Africa, Dr Bernard Vallat specified that it was the first time the OIE was officially sensitised of this question and that this request for support would gain additional legitimacy if it were suggested by a recommendation by the livestock responsible Ministers of Africa, for example on the occasion of the upcoming ministerial Conference planned to be held in Africa in April this year. The signing of a formal agreement between the OIE and PATTEC would represent on the other hand a useful step in that direction. As for the issue of drugs used against trypanosomosis and the problem of illegal drugs, Dr Vallat refers OIE's ongoing work on this subject, notably the training of national focal points on veterinary products.

World Bank

361. Dr Stéphane Forman, World Bank's representative, highlighted the continuously increasing collaboration between the WB and its partners involved in livestock development and Animal Health, notably the OIE. Partnership is one of the key elements of the WB Livestock Global Agenda for Action and the current secondment of a Veterinarian by the OIE to the WB to advance the Health pillar of this Global Agenda reflects it. The WB is currently preparing a Grant to the OIE and WHO for analytical work and to develop tools related to "One Health". The WB 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 the support to the OIE's work on Good governance of VS, including its active involvement in the recently published OIE Scientific and Technical Review on "Good Governance of Veterinary Services - Financing its efficient delivery" is another model of collaboration between the two institutions.

362. 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 and implementation of WB-funded projects in agriculture and livestock sector in Africa and other regions. The Regional Pastoral Livelihoods Resilience Project under preparation in collaboration with IGAD involves Ethiopia, Kenya and Uganda. Strengthening the Veterinary Services and the national and sub-regional networks for animal diseases surveillance and diagnostic, as well as building capacity on SPS standards, identification and traceability will be important interventions under this project. Therefore, support from OIE in the preparation process and later in the implementation would be highly appreciated.

Discussion

363. Referring to the benefits that his country had derived from the OIE PVS Pathway, the Delegate of Uganda urged the World Bank to give priority to strengthening the Veterinary Services. He underlined the importance of strengthening the structures of the Veterinary Services so that the staff working there could be used to their full potential.

364. A private sector veterinarian from Togo expressed concern that the World Bank seemed only to be interested in the public sector even though service provision was often performed by the private sector. He asked how the World Bank was ensuring to take into account both private and public components while addressing the strengthening of Veterinary Services. With reference to the role of women in the livestock sector, he also expressed concern about African swine fever, a disease affecting a livestock sector in which women were particularly heavily involved.

365. Dr Stéphane Forman, Representative of the World Bank, indicated that, thanks to the OIE PVS Pathway, the activities of the World Bank had adopted a far more balanced approach by placing the emphasis on support for structures rather than on individual diseases. He reiterated the importance of OIE PVS Pathway reports being widely disseminated within the government of a country.

366. Regarding the concern raised by the private sector, Dr Forman indicated that the World Bank used the term "Veterinary Services" as defined by the OIE, and thus included the private sector in its support to Veterinary Services.

367. On the question of taking into account the importance of women in the livestock sector, Dr Forman explained the provisions that the World Bank had adopted, which required that a certain percentage of funding projects be devoted to activities run by women.

Agricultural Research Centre for International Development (CIRAD EMVT)

368. Dr Cécile Squarzoni, representative of the CIRAD, informed that the CIRAD, the French Agricultural Research Centre for International Development, in partnership with southern countries, produced and disseminated new knowledge to support their agricultural development and improve food security within a framework of environmentally friendly sustainable development and of good governance. As a mission-oriented research organisation, CIRAD cooperates with more than 90 countries, including south-west African and Indian Ocean countries, in all areas of agricultural research for development.

369. In the field of animal health, Dr Squarzoni indicated that CIRAD works with international organisations, in particular through its involvement in sub-regional animal health networks such as the Mediterranean Animal Health Network (REMESA) for North Africa and southern Europe, the West and Central Africa Veterinary Laboratory Network for avian influenza and other transboundary diseases/regional network of national epidemiosurveillance systems (RESOLAB/RESEPI) for West and Central Africa and Animal Risk for the Indian Ocean.

370. She then added that more specifically, CIRAD performed an international reference mission (reference laboratory and collaborating centre for the OIE and FAO) for several diseases of concern to Africa, including: rinderpest, peste des petits ruminants, contagious bovine pleuropneumonia, caprine pleuropneumonia and heartwater. It also acted as a national reference body for bluetongue, Rift Valley fever, ruminant pox, etc. Its expertise extended to all aspects of these diseases and their potential vectors (ticks, tsetse flies, Culicoides, etc.): diagnostic tests and vaccines, as well as surveillance and control strategies. This expertise had been acquired through CIRAD's extensive research as part of projects awarded under competitive tender, in consortia of partners from North and South.

371. Finally, she added that CIRAD, via its joint team with France Vétérinaire International (FVI), which was devoted solely to education and training in livestock health and production in warmer regions, was heavily involved in building the capacity of its southern partners by supporting sub-regional and national laboratories and participating in twinning projects with national laboratories and centres. It provided vocational training in southern countries and in Montpellier (France) (more than 14 modules every year), in addition to training customised to partners' needs, in the form of either classroom or remotely (the latter being increasingly valued by southern countries). More than 100 scientific staff are trained in Montpellier through Masters or modular courses or through research training (PhD). Website: www.cirad.fr/ur/formation_elevage.

European Commission

372. Dr Moritz Klemm, veterinary officer in DG Health and Consumers, indicated that the Directorate he represents was responsible for the relations of the European Commission with the OIE and for the coordination of the 27 EU Member States in all matters relating to the OIE, especially in the preparation of the EU's comments and positions at the OIE General Sessions. This also involves consultations with representatives of other countries.

373. After years of contacts and open discussion, a Memorandum of Understanding was concluded and published in August 2011, and officially signed on the occasion of the International Green Week in Berlin in January 2012, by the Director General of the OIE, Dr Bernard Vallat, and the then Commissioner for Health and Consumer Policy, John Dalli.

374. Practical examples of this cooperation are co-funding of Global Conferences, regional Seminars and Workshops through the OIE World Animal Health and Welfare Fund and participation of the OIE in large EU-funded projects related to animal health, such as the EU Better Training for Safer Food project in Africa (now concluded) and major projects such as the Reinforcing Veterinary Governance in Africa project. Another new "Better Training for Safer Food project", also with global scope, is currently being elaborated, and will also include sections on animal health and welfare.

375. Dr Klemm concluded by emphasising that the European Commission considers the OIE as an essential partner in its animal health strategy and for its actions for a better global animal health and welfare status.

Food and Agriculture Organization of the United Nations (FAO)

376. Dr Cheikh LY, FAO Representative begun his presentation informing that the FAO considered with all due attention the conclusions and recommendations of the Conferences of the OIE regional commission for Africa. FAO's mandate was to raise the levels of nutrition, improve agricultural productivity, better the lives of rural populations and contribute to the growth of the world economy. The functions of the Organization as stated in its constitution is mainly i) Information relating to nutrition, food and Agriculture and derivatives (livestock, fisheries, marine products, forestry and primary forestry products); ii) National and international action and technical assistance at governments request. FAO, which is not a donor agency, was primarily knowledge based and is a neutral meeting place for background knowledge needed to reach consensus in a complex world of competing needs.

377. He then added that since 2012, a renewal process had been accelerated with the decentralization and the merge of emergency and development action. Five strategic objectives come out from the Director general's Medium term plan (2014-17) and the Programme of Work and Budget 2014-2015:

1. Contribute to the eradication of hunger, food insecurity and malnutrition;
2. Increase and improve provision of goods and services from agriculture, forestry and fisheries in a sustainable manner;
3. Reduce rural poverty;
4. Enable more inclusive and efficient agriculture and food systems at local, national and international levels;
5. Increase the resilience of livelihoods to threats and crises.

378. In Africa, regional priorities are focused on the CAADP implementation and are put in line with the Country Programming Framework (CPF) who are drivers that should promote effective action and use of resources at country level for direct beneficiaries.

379. In animal health several areas see full cooperation and partneurship with OIE. One has to point out the importance of networks as strategic mechanisms for synergies in view of integrated programmes for progressive control. For example efforts are presently devoted to a better connection between networks (laboratory, epidemiology, etc. among other action within several projects in countries. Key areas should be strengthened in collaboration, developing partnership and upon request of countries, regional communities and other regional or international partners such as i) Integrated and People centered approach of disease control, One health, prevention and control of PPR, PPCB, ASF, FMD, zoonosis (rabies, RVF, etc.), AMR Post Rinderpest actions, Food safety; mobile devices applied in field surveillance.

International Livestock Research Institute (ILRI)

380. Dr Abdou Fall, representing ILRI, highlighted three ILRI research areas that were relevant to the agenda on the conference. These were results from the study on mapping poverty and zoonoses, the CGIAR Programme 4 on Agriculture for Nutrition and Health and the work on thermostabilization of the PPR vaccine. Present data and expert knowledge on poverty and zoonoses hotspots informed the prioritization of research and development areas in emerging livestock systems in the developing world where prevention of zoonotic disease might bring greatest benefit to poor people. ILRI led component of the CGIAR Programme 4 A4NH, on agriculture associated diseases have started, integrated assessments of food safety, zoonoses and nutrition in five high potential CRP 3.7 Livestock and Fish Value Chains. ILRI has produced and is testing a thermostabilized PPR vaccine with the following attributes: (1) 10 times more stable than any other method, (2)suitable for use without a cold chain for up to 30 days and (3) same level of stability as the thermostable RP vaccine used in the global eradication of rinderpest.

United States Department of Agriculture-Animal and Plant Health Inspection Service (USDA-APHIS)

381. Dr Cheikh Sadibou Fall, representative of USDA-APHIS presented a summary on the activities of USDA in Africa.

Discussions

382. A representative of Benin referred to a project on the harmonisation of health certification of poultry and asked the representative of USDA-APHIS to report on the status of this project in which Benin and Togo had participated.

383. The representative of USDA-APHIS provided details of the project referred to by the representative of Benin.

384. The Director General of the OIE, referring to the description of the actions of USDA-APHIS aiming at financing regional events on animal health policies, invited it to support OIE Member Countries wishing to host regional conferences co-organised with the OIE.

World Society for the Protection of Animals

385. Dr Charles Nguli Kimwele, representative of the World Society for the Protection of Animals (WSPA), informed that his organisation was helping demonstrate how improved animal welfare can help achieve a more sustainable world by promoting evidence based messages, providing hands on work and supporting National and International policy and practice to deliver animal welfare. WSPA Africa supports ending inhumane culling of dogs due to rabies aversion by having mass vaccination projects. In Zanzibar WSPA supported mass vaccinations that decreased suspected dog rabies cases from 258 in 2006 to 10 cases in 2012. WSPA's Disaster management project supports the LEGS (Livestock Emergency Guidelines and Standards) initiative and has established a Veterinary Emergency Response Unit (VERU) in Kenya. WSPA also supports education in animal sector tertiary institutions through the Advanced Concepts of Animal Welfare (ACAW).

Thursday 21 February 2013

Professional and Cultural Visit

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

Institutional procedure for the election of members of the Bureau of the Regional Commission

387. Dr Marosi Molomo, President of the OIE Regional Commission for Africa, briefly explained the terms of reference of the OIE Regional Commissions as well as the procedures for the elections of the Members of the Bureau.

388. She informed the participants that, as the Delegate of Chad changed, a position of Vice President of the Regional Commission was vacant and an election should proceed during the meeting of the Regional Commission during the upcoming OIE General Session, in Paris, in May 2013. She encouraged Delegates to think about possible candidates to be proposed in May.

Intervention from the Representative of the WHO

389. The representative of the World Health Organization (WHO) took the opportunity to thank the OIE for inviting WHO to the 20th Conference and the organizing committee for the warm and friendly welcome provided to participants. He stressed that WHO wished to strengthen existing partnerships and develop new ones in order to step up disease control.

390. Further to the different presentations made during the conference, he raised his concerns about the control of viral haemorrhagic fevers and Rift Valley fever.

391. The emergence of viral haemorrhagic fevers, including Ebola and Marburg fever, which caused very high mortality rates among the community and health care professionals, required special attention to be paid to the monitoring of wildlife.

392. The belated detection of Rift Valley fever outbreaks in Mauritania in 2010 and 2012 pointed to a need to strengthen the diagnostic capacity of laboratories so to confirm zoonosis cases, as well as to identify research topics in the field of entomology, including the time taken for transovarial transmission in the vector.

Date, venue and selection of the technical item for the 21st Conference of the OIE Regional Commission for Africa

393. The Delegate of Morocco proposed that his country be host of the next Conference of the OIE Regional Commission for Africa.

394. This proposal was approved unanimously.

395. The Delegate of Morocco expressed his joy to the Conference. The Conference would take place in February 2015.

396. Dr Vallat added that the precise dates would be confirmed in due course.

397. As usual, two technical items would be discussed at this Conference.

398. One technical item would include the answers of Members of the OIE Regional Commission for Africa to a questionnaire prepared on a specific topic. This technical item would be decided at the next meeting of the Regional Commission, to be held during the OIE General Session in May 2013. The other technical item would relate to a topical issue to be proposed by the Regional Commission at the General Session preceding the Conference (May 2014). This technical item would not include a questionnaire.

Discussions of Recommendations Nos 1 and 2

399. The Draft recommendations 1 and 2 related to the two Conference technical items were submitted to the participants for discussion.

Adoption of final report and Recommendations

400. Dr Vallat explained the procedures for adopting the report and recommendations of the Conference. Delegates could submit comments or suggestions for consideration during the Conference itself. Further comments on the report received by OIE Headquarters by 15 December 2012 would also be take into consideration. However, the recommendations had to be adopted during the session and could not be changed subsequently.

401. The report was adopted with few minor amendments.

402. The two draft recommendations were adopted, with minor amendments taking into account participants' suggestions and discussions.

Closing ceremony

403. On behalf of the Bureau of the OIE Regional Commission for Africa, OIE Headquarters and Conference participants, Dr Yacouba Samaké, OIE Regional Representative for Africa, read the traditional motion of thanks dedicated to the host country.

404. Colonel Ouro Koura Agadazi, Minister for Agriculture, Livestock and Fisheries of Togo, thanked all the participants, the speakers and the OIE secretariat for the productive Conference. He highlighted that the issues on the Conference agenda were fully in line with the concerns of the Africa Region.

405. Dr Vallat thanked the Conference organisers, particularly the Government of Togo, for the perfect organisation, warm welcome and excellent hospitality, including the cultural visit appreciated by all participants. He also thanked the Delegates for their constructive contribution to the discussions.

406. He concluded by thanking the Conference secretariat and staff from OIE Headquarters and the regional offices for their active and valuable participation. He invited all participants to attend the next Conference of the Regional Commission. Dr Vallat thanked Dr Batasse Batawui and all his colleagues from the Ministry of Agriculture, Livestock and Fisheries for their contribution, which had helped to make the Conference a resounding success.

407. The Minister for Agriculture, Livestock and Fisheries of Togo declared the meeting officially ended at 11.30 a.m.

Appendices…/

Speech Minister of Agriculture, Livestock and Fisheries
of Togo at the occasion of the 20th Conference of the OIE Regional Commission for Africa

Excellency, Mr Prime Minister,
Mr President of the National Parliament,
Mr President of the Constitutional Court,
Madam Council Chair of the World Animal Health Organization (OIE),
Mr Director General of the OIE,
Mr Deputy Director General of the OIE,
Mr State Ministers,
Ladies and Gentlemen Ministers,
Excellencies, Ladies and Gentlemen Ambassadors and Heads of Diplomatic and Consular Missions,
Honorable Members of the National Parliament,
Mr Representative of the WAEMU Commission,
Ladies and Gentlemen Representatives of International and Sub-regional Organizations,
Ladies and Gentlemen Secretaries and Director Generals,
Ladies and Gentlemen Delegates,
Mr Prefect of the Gulf,
Mr President of the Special Delegation of the Commune of Lome,
Revered Traditional Chiefs, Guardians of our Habits and Customs,
Honorable guests,
Ladies and Gentlemen,

I have the honor to take the floor before His Excellency the Prime Minister delivers his address, to extend a warm welcome to all of you who have come here to Lome in very large numbers to participate in the 20th Conference of the OIE Regional Commission for Africa.

Excellency Mr Prime Minister,

My welcome wishes are particularly addressed to you because, despite your very busy schedule, you have managed to come to the Panafrican headquarters of the Ecobank, to honor with your presence the event which brings us together today.

On this memorable day, your presence here is a clear demonstration of the interest that the President of the Republic, His Excellency Faure Essozimna GNASSINGBE bears for agriculture in general and for development of the livestock sub-sector in particular.

Your presence in this majestic assembly illustrates the commitment of the government you have been leading, to work further to contribute effectively to livestock development in order to ensure sustainable food security for our communities.

Excellency, Mr Prime Minister,

The 20th Conference of the OIE Regional Commission for Africa which will take place over a 4 day period in your beautiful country takes on a crucial importance for the sub-region and for the international community. In the course of this meeting, experts and delegates from various regions of the world will make presentations followed by discussions around the following themes:

Promoting inter-African trade of animals and animal products,

1. The importance of integrating animal well-being, environmental health and veterinary legislation into improving food security and contributing to agricultural gross domestic product in Africa.

Ladies and Gentlemen,

As you may well know, animal diseases are a direct threat to food security, nutrition and the livelihoods of rural communities, thus curbing the achievement of the millennium development goals (MDGs).

It must be underlined that according to a World Bank study:

- A light pandemic would reduce production by nearly 1% of the gross domestic product ;
- A moderate pandemic, over 2%, and
- A severe pandemic, nearly 5%.

Such situation could trigger, should it occur, a severe recession of our Developing countries economies which are already hard hit by incessant crises of all kinds.

Thus, with this observation, the Government of Togo, under the leadership of the Head of State, His Excellency Faure Essozimna GNASSINGBE, has pledged, with the support of technical and financial partners, to design and implement the national agricultural investment and food security program (PNIASA), the main goal of which is to significantly improve food security and economic growth for our country.

The PNIASA is structured into five sub-programs and fits into the ECOWAS regional agricultural policy stemming from the agenda of the detailed agricultural development program in Africa (PDDAA). It expresses the investment needs and their specificities for the realization of an annual growth rate of at least 6%, necessary for poverty alleviation.

The « animal production » sub-program which stems from the PNIASA is intended to boost animal production and to control diseases with major animal health consequences and sanitary controls over the products stemming from that production. All these actions are translated into one of the PNIASA's priority projects, namely the agricultural sector support project (PASA) in its revitalizing the livestock sub-sector » component. .

The secondary effects of the desired growth will help reinforce food security and improve the agricultural gross domestic product, the balance of trade and people's income.

Excellency, Mr Prime Minister,

The topics on the agenda of this conference are well in line with the goals set by the PNIASA and come at the right moment to guide us in the implementation of this ambitious program.

Ladies and Gentlemen,

An integrated health approach turns out to be more than essential in the face of globalization of systems of governance. I remain convinced that the discussions to be held in this conference will be in harmony with the "one health" concept for improving the health security of our populations.

Excellency, Mr Prime Minister,

I would like, with your permission, to thank all the regional and continental organizations for all the technical and financial resources they have mobilized in supporting our country in the organization and holding of this conference.

To conclude, I would like, Excellency Mr Prime Minister, to renew our gratitude to you for your standing commitment and for the judicious guidance which you have given us in order for this important meeting to take place in excellent conditions.

We would like to reassure all delegates who have come from all corners of the world that we have taken all the necessary steps to make their stay very pleasant on the land of Togo. However, nothing being perfect in this world, we would apologize ahead of time for any light inconveniences they might experience in passing.

Convinced as I am that this conference will take place in remarkable conviviality, I would like to reiterate our best wishes to all delegations.

Thank you for your kind attention.

Speech Dr Marosi Molomo, President of the OIE Regional Commission for Africa at the occasion of the 20th Conference of the OIE Regional Commission for Africa

Togo government authority, Dr Bernard Vallat, Director General of the OIE, Dr Karin Schwabenbauer, delegate of Germany and president of the OIE, Dr Yacouba Samake', OIE Regional Representative for Africa, and Dr Batasse' Batawui, delegate of Togo.

It is a great honour for me to be with you at the 20th conference of the OIE regional commission for Africa since the 19th conference that was held in Kigali, Rwanda in 2011.

As my first time to attend the regional conference as president of the OIE regional commission for Africa, again it is indeed quite a challenge to me as an individual. i would like to thank you all present today, the host country, the organizers especially the OIE, the recs, AU-IBAR, the participants at large. We have all contributed tremendously in one way or another. i would also like to underscore the presence of our lady president of the OIE Dr Karin Schwabenbauer which I regard as a significant development in the history of the OIE, as an inclusion of lady professionals in the running of the organization.

During the 19th OIE regional conference we tabulated the specific recommendations that we had agreed to fulfil. it is important therefore to look back and see our progress to date based on that, the 20th OIE regional commission for Africa conference should be a reflection on our achievements and challenges so that this year's recommendations would pave the way for even more achievements.

To you beautiful women of Africa, colleagues, it is now time to make a significant impact on livestock improvement in our region in order to promote food security and food safety, create internal trade as well as access to lucrative international markets.

The OIE has set the tools for good governance of veterinary services and we need to commence on implementation of the OIE standards at national level. the need to have livestock issues clearly stipulated in the comprehensive Africa agriculture development programme (CAADP) is vital, and i invite you to push this agenda.

Dr Schwabenbauer, OIE president, when we elected you in Paris in May 2012 during the 80th OIE general assembly as OIE President, you did promise to promote even more the participation of women in our profession, and for that we thank you again. i would also thank Dr Vallat for his interest as well for inclusion of women in the OIE activities.

In conclusion, with due respect, i would request you all to stand and observe a moment of silence for the colleagues that passed away since the 19th OIE conference; allow me to mention a few: Dr Hagreaves who used to work very hard for the benefit of this continent as a member of the commission from Zimbabwe and many others as well, may their souls rest in peace.

I thank you.

Speech Dr Yacouba Samaké, OIE Regional Representative for Africa at the occasion of the 20th Conference of the OIE Regional Commission for Africa

Your Excellency, the President of the Republic,
Distinguished Members of the Government of the Republic of Togo,
Madam President of the World Assembly of Delegates of the OIE,
Director General of the World Organisation for Animal Health,
Madam President of the OIE Regional Commission for Africa,
Representatives of International Organisations,
Representatives of Regional Economic Communities,
Delegate of Togo to the OIE,
Participants,
Ladies and Gentlemen

May I begin by expressing my heartfelt thanks to the highest authorities of Togo and most especially to His Excellency the President of the Republic, for most generously offering to host the 20th Conference, and for the warm and friendly welcome, as well as for having taken such good care of us since our arrival here in Lomé.

I should also most sincerely like to thank, and warmly congratulate, the organisers for their excellent work.

Lastly, may I sincerely thank the OIE for the benevolent concern that on every occasion it has shown for African Member Countries, and most especially in the field of strengthening Veterinary Services, in their capacity as an international 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, brotherhood and rigour in the proper accomplishment of the OIE's missions. This organisational culture, based on membership of a single family, has been transmitted down through many generations.

Ladies and Gentlemen,

In conjunction with the 19th Conference of the OIE Regional Commission for Africa, held in Kigali, Rwanda, a whole day was devoted to the OIE PVS Pathway. The PVS Pathway is in three stages, namely Evaluation, Gap Analysis and Follow-Up, along with various associated programmes, including the Veterinary Legislation Support Programme, twinning, and support for the organisation of a donors' roundtable to seek funding for the Veterinary Services' capacity-building programme resulting from the Gap Analysis stage.

This awareness-raising meeting has borne fruit, since all of the African Member Countries have agreed, on a strictly voluntary basis, to the Evaluation stage. This stage is designed to strengthen the governance of national Veterinary Services, to help States achieve better control of animal diseases, and especially zoonoses, thereby facilitating trade in animals and animal products and, ultimately, providing greater security and well-being to their agro-pastoral populations.

I should also like to emphasis the voluntary application for the evaluation stage by Liberia, a country whose application for accession to the OIE may well be submitted to the approval of Delegates at the next General Session of the OIE.

I should also like to invite Member Countries that have not yet applied to the OIE for a Gap Analysis mission or a veterinary legislation support mission, to kindly do so. I also wish to remind Member Countries that the OIE is ready to offer them support for the organisation of donors' roundtables once the Gap Analysis mission has been carried out.

Ladies and Gentlemen,

At present, the OIE has 178 Member Countries, including 52 African Members. The OIE has a worldwide network of 236 Reference Laboratories, with 176 experts covering 112 diseases or subject areas in 37 countries, and 41 Collaborating Centres, covering 38 topics in 22 countries. It is important

to emphasise the inadequate number of diseases and topics covered by OIE Reference Laboratories here in Africa (12 out of 112). Similarly, the number of topics covered by OIE Collaborating Centres in Africa is also insufficient (3 out 38).

I would therefore like to invite Member Countries to take part in the twinning programme to make up for these shortcomings. With this in mind, I have every hope that the next meeting of the OIE Biological Standards Commission and the World Assembly of Delegates of the OIE, meeting in May 2013, will approve the candidature of PANVAC, of the African Union, for the status of OIE Collaborating Centre in the field of veterinary vaccine control.

Lastly, I have very great pleasure in announcing that the Delegates of Member Countries will most certainly be asked to nominate OIE national Focal Points for Veterinary Laboratories during 2013.

Ladies and Gentlemen,

Before I conclude my welcoming address, I should like to emphasise the excellent technical and financial collaboration of the West African Monetary Union (WAEMU) in the preparation of the 20th Conference. This clearly marks the beginning of institutional ownership of this activity, which the OIE organises every two years, by this Economic Community. It should be pointed out that WAEMU, in addition to the support given to Togo as host for this event, is defraying the participation expenses of the CVOs of the other member countries of WAEMU.

It would be highly desirable if other Regional Economic Communities could follow the example of WAEMU by likewise supporting Member States generously offering to host future events, as well as the participation of their Member States in future Conferences of the OIE Regional Commission for Africa.

I should also like to inform you about a specific benefit that has resulted from the OIE PVS Pathway, involving work done to address an identified gap in compliance, using a regional approach. Indeed, the fruitful collaboration of the OIE with WAEMU has enabled the latter organisation to adopt a Directive relating to the procedure for harmonising veterinary pharmaceutical legislation in the 8 Member States of WAEMU. Transposition of the Directive into the national legislation of the Member States concerned is being carried out progressively.

Following the example of this fruitful collaboration between the OIE and WAEMU, the Regional Animal Health Centre (RAHC), a magnificent tool created in 2006 by the OIE and FAO to respond more effectively to the threat of an avian influenza pandemic, proposed draft regulations relating to sanitary, zoo-sanitary, laboratory, and veterinary medicinal product standards at the Technical Validation Meeting held in Praia, Cape Verde, from 13 to 15 July 2009, within the Economic Community of West African States (ECOWAS). Responsibility for coordinating this marvellous tool, the RAHC, will shortly pass from the OIE to ECOWAS.

Thank you, Excellency the President of the Republic, ladies and gentlemen for your kind attention, and I wish you every success for the 20th Conference of the OIE Regional Commission for Africa.

Speech Dr Karin Schwabenbauer, President of the OIE, at the occasion of the 20th Conference of the OIE Regional Commission for Africa

Your Excellency, Mr President of the Republic
Distinguished Ministers,
Madam President of the OIE Regional Commission for Africa,
Madam Deputy Director General,
Honourable Delegates,
Representatives of International Organisations,
Ladies and Gentlemen,

Your presence, Excellency, is a great honour for our Organisation. I am extremely grateful to you for this gesture which demonstrates the interest you have in our work.

May I in turn welcome you all to Lomé. I hope you had a good journey.

It is a great pleasure to participate in this Regional Conference in Africa, and to have the opportunity to meet up again with colleagues and friends and also to make new acquaintances on this continent, during this my first visit to West Africa.

Furthermore, I am delighted to have a chance to get to know this region, beginning with a visit to Togo, a country with which – Excellency – my country, Germany, is renewing links by relaunching a substantial programme of technical cooperation.

Africa is a very important region for the OIE:

- it is the second largest region in terms of number of Members,
- the importance of livestock farming in Africa extends far beyond simply producing animal protein,
- geography, climate and the diversity of environments expose animals to particular health risks, and
- it is a continent undergoing dynamic economic and political development.

In Africa we are therefore facing a number of challenges, which we must meet together. Yet, despite the many obstacles that make our task more difficult, we must not forget the enormous progress that has already been made.

The OIE Regional Conferences and the activities successfully carried out by the Regional Commissions are as crucially important today as they were in the past: they give rise to regular meetings between veterinarians from all countries of the continent, enabling them to get to know one another better and develop together the strategies required to meet the major challenges we are facing in the current context of globalisation and financial crisis. The latter is a major concern, since all over the world it is jeopardising many programmes that are crucial for safeguarding animal health and maintaining the progress already achieved by the Veterinary Services.

This difficult global context is compounded by the ongoing conflicts in Africa. These conflicts merit the attention of the international community, not only in the humanitarian and political field, but also in the veterinary context: these conflicts are conducive to the spread of animal diseases and thus pose a threat to food security and social security.

The Regional Commission for Africa and the OIE Regional Representation, along with the three Sub-Regional Representations in the Africa region, have an important role to play in this context. I would especially like to thank all those working day in day out here in Africa, sometimes under very difficult conditions, to fulfil the missions entrusted to the OIE by its Member Countries.

Since its foundation in 1924, the World Organisation for Animal Health has extended its mission: in addition to animal health in its strictest sense, the Organisation now covers animal welfare and food safety at primary production level.

It is important to emphasise that the OIE is the only international organisation focusing entirely and exclusively on the animal production sector, a sector of the agricultural economy unfortunately often neglected by political decision-makers!

For a number of years the Organisation has been strongly engaged in strengthening national Veterinary Services, in particular through the introduction of the PVS Pathway. This tool has been widely used in Africa and the benefits for countries and their Veterinary Services are due to be presented tomorrow.

To consolidate the basis for this evaluation, the Organisation has developed guidelines for veterinary legislation and, more recently, veterinary education. On the latter topic, we shall be hearing a presentation tomorrow by the Director General of the OIE.

All these activities are aimed at ensuring animal health and welfare but also human health and prosperity. That is why they warrant the attention of the public and particularly that of political leaders, even in times of crisis – one might even say especially at such times.

The Technical Items chosen for this 20th Conference clearly reflect this importance: What is the current situation with inter-African trade in animal and animal products? What is the current contribution of animal production to food security and agriculture GDP in Africa? I shall be very interested to hear the results of the survey conducted by Adrien Mankor on inter-African trade and the presentation by Mohammed Msigara Bahari. Based on their reports, I hope we shall be able to put forward suitable recommendations and forward them to the political leaders in charge of agricultural support mechanisms!

A particular concern for the continent is the appearance of peste des petits ruminants in a number of countries that until quite recently were free from the disease. This disease poses a threat to many African families, who largely depend on their animals for their livelihood. It seems unfortunate that even though an effective vaccine is available, control of the disease presents particular challenges. I believe that to succeed with control we should consider an approach going beyond the veterinary perspective and therefore work with other experts to develop promising strategies in the field. However, we shall be hearing a presentation which I am quite sure will give us a more detailed analysis of points to consider on this topic.

I should now like to say a few words in my capacity as President of the OIE Council.

At the time of my election, I emphasised four themes that are especially close to my heart:

- Modernisation of the Organisation
- Transparency of information and procedures
- Solidarity between the OIE regions, and
- Promoting the participation of women in our Organisation.

I am convinced that these four themes are crucial for the future of our Organisation.

The newly elected Council discussed these four themes at its first meeting last October. You will have been able to read the summary of these discussions, which was sent to you and is available on the website reserved for Delegates.

Among the results achieved I would like to mention:

- The continued modernisation of the accounting procedures
- The new WAHIS 2, designed to improve disease reporting
- Distribution of the conclusions of the Council's discussions to Delegates
- Improvement in the exchange of information with countries applying for official recognition of a given disease status
- The audit of the OIE Regional and Sub-Regional Representations

- Clarification of collaboration with other international institutions, such as FAO and the WHO
- The encouragement given to women and young people to work with the OIE

All these activities, advances and changes require the active support of all our Members. Only the Members of the OIE have the necessary power. Without the support and commitment of you all, as Members, neither the Bureau nor the Council will be able to achieve progress.

Yet technical and moral commitment is not sufficient! All these activities also require financial support, in spite of the economic and financial crisis. The Council has therefore asked the Director General to prepare a budget accompanied by an explanatory note regarding a moderate increase in the statutory contributions. This draft budget will be discussed next week and I am asking you today for your support, which will be required for the adoption of the 2014 Budget Estimates, which will be submitted to you at the forthcoming General Session at the end of May.

With regarding to promoting the participation of women in our Organisation – a subject particularly close to my heart – I decided to invite on each occasion all the female participants at Regional Conferences to an aperitif. As this initiative was very well received by the female participants in Europe and the Americas, I should like to continue this series here in Africa. I have therefore invited all the women taking part in the Conference and we shall be meeting this evening at 6 p.m. just before dinner. I should like to point out that the Regional Commission for Africa is the only one with a women President! And Dr Marosi Malomo is even the only woman member on any of the Regional Commissions! Congratulations to Africa, therefore!

The purpose of these meetings is clearly to increase the diversity within the Organisation by encouraging our female colleagues to share their specific experiences for the benefit of the Organisation. The OIE cannot manage without the skills and knowledge of a large proportion of the veterinary profession if it is to be able to meet future challenges. A first step is to give our female colleagues an opportunity to get to know one another and discuss together. I hope that many of you will come, and that you will receive the necessary support of your delegations.

I have come to the end of my address and it only remains for me to wish you all a productive conference, many constructive discussions and a deeper understanding.

This should not be at the expense of the informal side of the Conference, however: do take the opportunity to talk to colleagues that you see so rarely. And please don't forget to enjoy the special atmosphere of West Africa!

Speech Dr Monique Eloit
Deputy Director General of the World Organisation for Animal Health (OIE)
at the occasion of the 20th Conference of the OIE Regional Commission for Africa

Your Excellency, the President of the Republic of Togo,
Distinguished Ministers,
Mr Delegate of Togo to the OIE
Madam President of the OIE and Delegate of Germany,
Madam President of the OIE Regional Commission for Africa,
Members of the Bureau of the OIE Regional Commission for Africa,
Delegates of Member Countries of the OIE Regional Commission for Africa,
Representatives of International and Regional Organisations,
OIE Regional Representative for Africa,
OIE Sub-Regional Representatives,
Ladies and Gentlemen,

In the absence of the Director General of the OIE, Dr Vallat, who has been delayed due to other commitments but will be with you from this evening, I have the honour and privilege of welcoming you, on behalf the Members of the World Organisation for Animal Health (OIE), to the 20th Conference of the OIE Regional Commission for Africa.

First of all, on behalf of the OIE Regional Commission for Africa and on behalf of the Director General of the OIE, I should like to express our immense gratitude to the Togolese Government for agreeing to host this 20th Conference and inviting us to Lomé. During these past months, the high authorities of Togo have taken all the necessary measures to enable the Conference to be organised as smoothly as possible and today we can fully appreciate the effectiveness of this commitment.

I should also like to give special thanks to our colleagues at the Ministry of Agriculture, Livestock and Fisheries, the regional and local authorities, and also the OIE Regional and Sub-Regional Representatives and my colleagues at OIE Headquarters for all the efforts they have made to prepare for this event.

Today, we live in an open, globalised world, and the challenges facing some people become de facto challenges for us all. The human population continues to grow, generating an increasing demand for food products, both quantitatively and qualitatively. In the case of animal protein, and especially meat, while in western countries there are sometimes calls for a reduction in production and consumption, in emerging countries where over a billion people are moving out of poverty and joining the middle class, the challenge is to increase production under satisfactory health and environmental conditions.

In parallel with these changes, and at a time when the interfaces between humans, animals and the environment are becoming increasingly tenuous, the movement of animals and humans across the globe constitutes a major risk of pathogens being spread, at ever-increasing speeds, and often faster than the time the sanitary authorities need to perform the diagnosis and respond. The health risks facing humans, domestic animals and wildlife must therefore be at the centre of our concerns, especially now that consumers are better informed and more aware of the quality of the food they are being offered.

In the face of these challenges, there is a need to re-think international, regional and national policies on health and the environment. It is also becoming necessary to devise new tools as well as new approaches for stakeholders and governments so that they can cooperate and work in synergy. Within this context, the Veterinary Services must also adapt and be ready to deal with these major changes; they are often in the front line and therefore form the first line of defence, which must be as effective as possible.

The recent sanitary crisis had also demonstrated that it was impossible to control diseases worldwide without creating robust alliances. These alliances have to be created not only between international organisations traditionally responsible for animal health such as the OIE and the FAO, but also with other partners that can support animal health objectives like the WHO, the donors such as the European Union and the World Bank, the regional organisations as well as the Members Countries.

The sanitary crises of recent years have also demonstrated that it is impossible to control diseases worldwide without creating robust alliances. These alliances have to be created not only between international organisations such as the OIE and the United Nations, represented by FAO (with us here today), and the WHO, which is an essential partner given the common challenges between animal health, veterinary public health and human health, but also with international donors supporting animal health programmes, such as the European Union and the World Bank, regional organisations and all Member Countries.

It is within this context that the OIE's Regional Conferences are organised every two years, in Africa as in the other regions, to bring together the national Delegates of OIE Member Countries in the region concerned, the Director General of the OIE, the relevant team from the OIE Headquarters, the OIE Regional and Sub-Regional Representatives, the representatives of governmental and non-governmental international and regional organisations, as well as experts from the region and from all over the world. The OIE considers the Regional Conferences to be of prime importance and value and they provide indispensable opportunities to complement the annual General Sessions. The OIE therefore wishes these Regional Conferences to serve as a platform for dialogue with the Member Countries: to bring together all the Member Countries of the region to discuss animal health issues of regional concern before having them raised at a global level, to exchange experiences and find solutions to problems and constraints that you have in common, to capitalise on your specificities and, ultimately, manage to meet the challenges facing the Veterinary Services.

It would also be impossible to envisage worldwide control of animal diseases without good governance of the national Veterinary Services. This includes appropriate legislation, suitable veterinary education curricula, adequate provision of human and financial resources for the Veterinary Services and animal production activities and, lastly, a suitably adapted public–private partnership capable of covering the whole of the veterinary domain.

As you already know, the OIE work programme is dictated by five-year strategic plans developed in collaboration with the OIE Members and partners and adopted by the World Assembly of Delegates. We are currently half-way through the 5th Strategic Plan and I can assure you that the OIE is fully respecting the implementation of this plan. The Representatives of Africa within the OIE Council are particularly vigilant regarding the implementation of the Strategic Plan and regularly ask the Director General to provide follow-up.

The OIE Global Programme for strengthening Veterinary Services, mainly based on the OIE PVS Tool for the evaluation of performance of Veterinary Services, has advanced significantly and had largely passed the symbolic number of 100 OIE Members involved in the process. Thus, it is now of paramount importance that countries take ownership of PVS Pathway outcomes at national, regional and global levels, as reflected in the reports of OIE PVS initial evaluation, follow-up, PVS Gap Analysis and Legislation missions.

Ladies and Gentlemen, Delegates of the OIE,

In response to your commitment, the OIE has for some time been implementing a continuous programme of training and information for the benefit of new OIE Delegates, and for officials nominated as national Focal Points for animal disease notification, wildlife, aquatic animals, animal production food safety, veterinary products, animal welfare, and communication. This programme is being successfully applied in all regions thanks to the technical and logistic support of the OIE Regional and Sub-Regional Representatives, who operate under the authority of the OIE Headquarters. The success of these first years has led us to extend the scope of the programme and pilot seminars are currently being organised for national Focal Points for veterinary laboratories.

The support that our Regional and Sub-Regional Representations receive will also have major implications for the development of OIE activities and the success of the Strategic Plan within the region and, consequently, for the harmonisation of the work being done in the region. The OIE Representations need your constant support if they are to be able to provide OIE Members with services suitably adapted to the region and, in so doing, enable you to comply more effectively with OIE standards. The expansion of our regional network of representations should be seen as another way of bringing us closer to our Members.

As you are aware, the coming days will be extremely busy and I am convinced that the discussions that you are going to have together throughout this week and the dialogue that will culminate in the adoption of recommendations by this OIE Regional Commission for Africa will have significant repercussions for the region and – beyond – for the178 Member Countries of the OIE.

Your Excellency, in conclusion and on behalf of all the participants, I should like once again to thank the Togolese authorities for having invited us to Lomé and all our colleagues of the Togolese Veterinary Services for their warm welcome.

I am fully convinced that this twentieth Conference of the Regional Commission will be crowned with success.

Thank you for your attention.

Speech Togolese Head of State
Pronounced by the Minister of Health of Togo as his personal representative at the occasion of the 20th Conference of the OIE Regional Commission for Africa

Mr Prime Minister,
Mr President of the National Assembly,
Madam President of the World Organisation for Animal Health (OIE),
Mr Director General of the OIE,
Madam Deputy Director General of the OIE,
Mr President of the WAEMU Commission,
Honourable Ministers,
Excellencies Ambassadors and Representatives of the Diplomatic and Consular Corps,
Honourable Members of the National Assembly,
Ladies and Gentlemen Representatives of International and Sub-Regional Organisations,
Ladies and Gentlemen Delegates to the OIE,
Distinguished Guests,
Ladies and Gentlemen,

I am delighted to see so many of you present at this ceremony, which brings us together this morning, and it is a great honour for me to address you from this podium, on the occasion of the 20th Conference of the Regional Commission for Africa of the World Organisation for Animal Health (OIE).

To all the members of the various delegations, who have come from near and far, I extend to you a warm and cordial welcome to Lomé, the historic capital of major international meetings. May you all feel at home in Togo.

First of all I should like to express, on behalf of all the people of Togo and the government, and myself personally, our gratitude to the World Organisation for Animal Health (OIE) through its President, Dr Karin Schwabenbauer, for having chosen our country, Togo, to host the proceedings of this important conference.

I would also like to take this opportunity to congratulate the OIE on this welcome initiative to bring together at this time all its Delegates of the African continent to undertake a critical review of various issues relating to trade and animal health in the Africa region.

I am firmly convinced that this conference, which has received the support of several sub-regional and regional organisations of the five continents, will enable us to formulate relevant recommendations from Africa, to be submitted to the World Assembly of Delegates of the OIE for approval when it meets in Paris in May.

Our thanks also go to the conference organising committee and all those who have worked tirelessly to prepare the event. I would particularly like to mention the Directorate General of the OIE and the WAEMU Commission for their precious material and financial contributions.

Ladies and Gentlemen,

Animal production accounts for 40% of world agricultural production and contributes to the livelihoods and food security of nearly one billion people.

African pastoralists derive from this sub-sector about 80% of their income, which is largely used to purchase cereals. As a result, it has a stabilising effect on the food supply.

In Togo, despite the low level of animal production, livestock farming represents a major share of the value of agricultural production and constitutes an important national asset. It is practised by over 75% of the rural population and on average accounts for 14% of agricultural GDP and 7% of national GDP.

The livestock farming sub-sector in Togo is essentially traditional and is affected by major diseases, such as African swine fever (ASF), anthrax, peste des petits ruminants (PPR) and Newcastle disease.

With this in mind, the Togolese government is committed to protecting animal health and has put in place a legislative framework to manage animal disease crises. In 2003, an epidemiological surveillance network for animal diseases, "REMATO", was created in Togo and helped to eradicate rinderpest in 2006 and eliminate outbreaks of highly pathogenic avian influenza from our country in 2007 and 2008.

In 2010, Togo established an emergency fund for the control of priority animal diseases and carried out a study to set up a livestock development fund.

Today, livestock production occupies a key place in Togo's priority investment programmes. The different animal production strategies and the disease control actions initiated by the government within the framework of managing the world food crisis of 2007/2008 are capitalised in the National Investment Programme for Agricultural Development and Food Security (PNIASA), which is now the only reference framework for interventions in the agricultural sector. Under PNIASA, the objective in terms of livestock is to increase the extent to production meets national requirements for meat products, notably by controlling diseases with a high incidence in Togo, better animal production techniques and genetic improvement.

Within the framework of these programmes and with a view to sustainably boosting animal production, the State of Togo is committed to providing operators in the sector with substantial support, through outreach activities, strengthening the capacities of livestock producers' organisations, providing support for research on animal production, stepping up disease control and refurbishing animal production infrastructure and equipment.

Ladies and Gentlemen,

In 2012, the major actions carried out within the framework of the PNIASA were related to the re-launch of national vaccination campaigns against PPR coupled with internal parasite control, and the organisation of campaigns for Newcastle disease.

This option can no doubt only be achieved if economic considerations are central to the procedure, where the key actor – the producer – remains the principal beneficiary. In this respect, efforts are being made to support Togolese farmers by introducing breeding stock into traditional farms and providing support for equipment and veterinary inputs.

This explains why Togo remains particularly attentive to the discussions currently in progress on issues regarding the sustainability of the livestock sub-sector, especially on topics relating to the valorisation of products of animal origin and the contribution of animal health to the consolidation of food security for the African continent.

Ladies and Gentlemen,

Togo applauds the fact that most of these concerns are taken into account by the OIE and wholeheartedly supports all initiatives that can lead to sustainable animal production and growth.

The OIE is to be congratulated for the many initiatives it has taken, not only to improve world animal health but also, and importantly, to put in place an effective animal health information system.

We also congratulate the Directorate General of the OIE for the expertise of its missions for the evaluation of our Veterinary Services using the PVS ("Performance of Veterinary Services") tool, as well as Gap Analysis missions and missions on veterinary public health legislation, all with the aim of bringing the Veterinary Services into compliance with international standards.

Togo, like other OIE Member Countries, warmly welcomes the initiative taken by the Director General in organising the various training sessions for OIE Delegates and Focal Points. These capacity-building initiatives have enabled our respective countries to obtain the necessary competencies to contribute to the good governance of our Veterinary Services.

Ladies and Gentlemen,

To conclude this address, I should like to reiterate the thanks of the Togolese people to all the technical and financial partners, and in particular the World Bank, the European Union, WAEMU, the Food and Agriculture Organization of the United Nations (FAO), the African Development Bank and the friendly countries that have spared no effort to support our countries in managing the different epizootics.

I hope that the work of this conference will lead to results that can help to sustainably promote the livestock sub-sector for the benefit and well-being of our populations.

While again expressing my gratitude to the OIE for granting my country the honour of hosting this event, I now declare open the 20th Conference of the OIE Regional Commission for Africa.

Thank you for your kind attention.

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AGENDA

1. Update on OIE vision;

2. Report on the activities and working programme of the OIE Regional Commission for Africa and of the OIE Regional Representation and Sub-Regional Representations for Africa;

3. The mandate of the OIE in Africa;

4. Terrestrial Animal Health Standards Commission – Issues of interest for the region;

5. Technical Item I (with questionnaire): "Promoting intra-Africa trade of animal and animal products";

6. Animal health situation in Member Countries of the region in 2012;

7. Technical Item II (without questionnaire): "The importance of integrating animal welfare, environmental health and veterinary legislation in improving food security and contributing to agricultural Gross Domestic Product in Africa "

8. Modernisation of veterinary education in Africa;

9. Country ownership of PVS Pathway outcomes. Presentation of the Note on the essential steps in the organisation of a roundtable of development partners;

10. Benefits, for Veterinary Services, derived from the PVS Pathway: sharing of a Member Country's experience (Guinea and Togo);

11. Peste des petits ruminants (PPR) situation in Africa;

12. Sharing the experience of WAEMU: harmonisation of veterinary pharmaceutical legislation and harmonisation of food safety legislation within the WAEMU region: accompanying measures. Perspectives for supporting Veterinary Services in general.

13. Presentations by international and regional organisations;

14. Other matters:

    - Institutional procedure for the election of members of the Bureau of the Regional Commission;
    - Date, venue and agenda items for the 21st Conference of the OIE Regional Commission for Africa.

TIMETABLE

MONDAY 18 FEBRUARY 2013

4:00 p.m. Registration and distribution of documents regarding the Conference

TUESDAY 19 FEBRUARY 2013

08:30 a.m. Registration and distribution of documents (cont.)

09:00 a.m. Opening ceremony
- Colonel Ouro Koura Agadazi, Minister of Agriculture, Livestock and Fisheries;
- Dr Marosi Molomo, President of the OIE Regional Commission for Africa;
- Dr Yacouba Samaké, OIE Regional Representative for Africa;
- Dr Karin Schwabenbauer, Delegate of Germany and President of the OIE;
- Dr Monique Eloit, Deputy Director General of the OIE;
- Prof. Charles Kondi Agba, Minister of Health and personal representative of the Togolese Head of State.

09:45 a.m. Break
(Group photo)

10:15 a.m. -Election of the Conference Committee
(Chairperson, Vice-Chairpersons and Rapporteur General)

-Election of Session Chairpersons and Rapporteurs for Technical Items and Animal Health Situation

- Adoption of the Agenda and Timetable

10:45 a.m. Update on OIE vision (Dr Monique Eloit)

11:15 a.m. Report on the activities and working programme of the OIE Regional Commission for Africa (Dr Marosi Molomo)

11:25 a.m. The mandate of the OIE in Africa (Dr Yacouba Samaké)

11:35 a.m. Report on the activities and working programme of the OIE Regional Representation for Africa (Dr Daniel Bourzat, Advisor to the Regional Representative)

11:50 a.m. Report on the activities and working programme of the OIE Sub-regional Representation for Southern Africa (Dr Neo Mapitse, Sub-Regional Representative)

12:00 p.m. Report on the activities and working programme of the OIE Sub-regional Representation for North Africa (Dr Rachid Bouguedour, Sub-Regional Representative)

12:10 p.m. Report on the activities and working programme of the OIE Sub-regional Representation for Eastern Africa and the Horn of Africa
(Dr Walter Masiga, Sub-Regional Representative)

12:20 p.m. Terrestrial Animal Health Standards Commission – Issues of interest for the region
(Dr Patrick Bastiaensen, OIE Programme officer)

13:00 p.m. Lunch

2:00 p.m. Technical Item I (with questionnaire): "Promoting intra-Africa trade of animal and animal products" (Dr Adrien Mankor)

3:00 p.m. Discussion

4:00 p.m. Break
(Preparation of Recommendation No. 1 by designated small group)

4:30 p.m. Animal health situation in Member Countries of the region in 2012
(Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department)

5:15 p.m. Discussion

7:00 p.m. Reception (dinner) offered by the Host Country

WEDNESDAY 20 FEBRUARY 2013

09:00 a.m. Technical Item II (without questionnaire): "The importance of integrating animal welfare, environmental health and veterinary legislation in improving food security and contributing to agricultural Gross Domestic Product in Africa"
(Dr Mohammed Msigara Bahari)

10:00 a.m. Discussion

10:30 a.m. Break
(Preparation of Recommendation No. 2 by designated small group)

11:00 a.m. Modernisation of veterinary education in Africa (Dr Bernard Vallat)

11:30 a.m. Country ownership of PVS Pathway outcomes. Presentation of the Note on the essential steps in the organisation of a roundtable of development partners
(Dr Yacouba Samaké);

12:00 p.m. Benefits, for Veterinary Services, derived from the PVS Pathway: sharing of a Member Country's experience (Guinea and Togo)

12:30 p.m. Peste des petits ruminants (PPR) situation in Africa
(Dr Joseph Domenech, OIE Project officer)

1:00 p.m. Lunch

2:30 p.m. Sharing the experience of WAEMU: harmonisation of veterinary pharmaceutical legislation and harmonisation of food safety legislation within the WAEMU region: accompanying measures. Perspectives for supporting Veterinary Services in general.
(Dr Soumana Diallo, UEMOA Commission)

3:00 p.m. Presentations by international and regional organisations

4:00 a.m. Break

4:30 p.m. Presentations by international and regional organisations (cont)

7:30 p.m. Reception offered by the OIE

THURSDAY 21 FEBRUARY 2013

Professional and cultural guided visit

FRIDAY 22 FEBRUARY 2013

09:00 a.m. Institutional procedure for the election of members of the Bureau of the Regional Commission (Dr Marosi Molomo)

09:15 a.m. Date, venue and technical item with questionnaire for the 21st Conference of the OIE Regional Commission for Africa

9:30 a.m. Discussions of Recommendations Nos 1 and 2

10:30 a.m. Adoption of the Final Report and Recommendations

10:00 a.m. Break

11:30 a.m. Closing ceremony

Recommendation No. 1

Promoting intra-Africa trade of animals and animal products

CONSIDERING THAT:

1. Effective promotion of intra-African trade could help production within the continent to meet African demand for animal products;

2. The intensification of production systems in Africa is low and animal products are insufficiently optimised, thereby rendering Africa producers uncompetitive;

3. Consumption of animal products in the continent of Africa is still low despite the abundance of animal resources;

4. The demand for animal products is increasing in the African continent and this demand is not being met by domestic production;

5. The African continent is a net importer of animal products, while the opportunities for intra-African trade are insufficiently exploited;

6. Non-sanitary constraints to commercial transactions relating to animals and animal products exist in Africa, in particular customs tariffs, legislation and tariff policies unfavourable to trade, failure to apply regional measures, difficulty for operators in animal production sectors to access credit, all types of red tape, as well as frequently dilapidated or unsuitable production, processing, and marketing infrastructure and transport facilities;

7. Sanitary constraints to trade in animals and animal products exist in Africa, in particular the persistence of major epizootic diseases and zoonoses, the lack of quarantine infrastructure, failure to comply with standards and regulations, the lack of product control laboratories, labelling deficiencies and the absence or non-conformity of certificates of origin;

8. Laws and regulations relating to veterinary medicine and the protection of animal health, and legislation relating to the control of animal diseases, veterinary inspections at border posts, notifiable diseases, animals and food of animal origin, specific rules on the organisation of official controls for products of animal origin intended for human consumption, official animal health checks, risk analysis in animal health, animal movement control and animal identification and traceability already exist at the level of Member Countries;

9. Support policies and programmes for livestock production already exist or are planned by African States: livestock censuses, policies for building or improving transport infrastructure, construction programmes for abattoirs and livestock markets, legislation on livestock routes, institutional organisation of industry operators, facilitating access to credit and setting up of information systems on markets.

THE OIE REGIONAL COMMISSION FOR AFRICA

RECOMMENDS THAT:

1. The OIE continue to help consolidate cooperation between the Member Countries of Africa in the veterinary domain;

2. The OIE help to facilitate information exchanges on sanitary aspects of methods used to prepare, process and manufacture animal products;

3. The OIE continue to support cooperation and technical assistance among the laboratories of Veterinary Services of the various Member Countries through twinning projects, among others;

4. The OIE help to strengthen the capacities of Veterinary Services in terms of animal disease surveillance, diagnosis and control and to strengthen the capacities of quality control laboratories for animal products;

5. The OIE continue to recognise the disease status of Member Countries with respect to foot and mouth disease, bovine spongiform encephalopathy, contagious bovine pleuropneumonia, African horse sickness, and that this recognition be extended to include other diseases, such as peste des petits ruminants;

6. The OIE continue to provide technical support with the preparation of dossiers for countries wishing to apply for official recognition of a given disease-free status;

7. The OIE participate in the organisation of symposia and seminars aimed at achieving enhanced ownership, by Member Countries, of OIE standards and the measures contained in the WTO SPS Agreement;

8. The OIE continue, by means of the PVS Pathway, to help Member Countries to sustainably improve the quality of their Veterinary Services;

9. The Member Countries and the Regional Economic Communities (RECs) in the Africa region take full ownership of the recommendations of the various missions conducted within the framework of OIE PVS Pathway missions;

10. The Member Countries and RECs in the Africa region develop policies and programmes aimed at improving the competitiveness of products of animal origin;

11. The Member Countries and RECs in the Africa region be encouraged to develop or apply policies designed to overcome sanitary and non-sanitary constraints to intra-African trade of animal and animal products, notably on the basis of the OIE standards;

12. The Member Countries and RECs in the Africa region be encouraged to develop or apply bilateral, sub-regional and regional policies for harmonisation of the sanitary and non-sanitary standards, reference systems and procedures governing trade in animals and products of animal origin; and

13. The Member Countries and RECs in the Africa region put in place or strengthen the capacity of information systems on markets for animal and products of animal origin.

Recommendation No. 2

The importance of integrating animal welfare, environmental health and veterinary legislation in improving food security and contributing to agricultural Gross Domestic Product in Africa

CONSIDERING THAT

1. Livestock systems occupy an important terrestrial surface area and that they play a significant socio-economic role;

2. The implementation of animal welfare, environmental health and veterinary legislation principles in animal production operations increases productivity, resulting in a higher quantity and quality of animal products, thereby ensuring food security and enhancing the contribution to agricultural gross domestic product;

3. The OIE has developed standards and guidelines on animal welfare as well as on veterinary legislation and that their implementation requires special efforts by Members Countries, including strengthening the governance of the Veterinary Services;

4. Although environmental health is considered in the general principles laid out in the *Terrestrial Animal Health Code*, the OIE is currently relatively silent on the topic;

5. OIE Member Countries have been invited to designate a National Focal Point for Animal Welfare and some Regional Commissions have established networks to share knowledge and experience amongst these Focal Points;

6. Animal welfare non-compliance and a disregard for environmental health in livestock production operations are common in both developed and developing countries;

7. The current OIE animal welfare standards are not yet exhaustive in that they do not address all animal husbandry operations and do not cover all species of livestock;

8. A proper awareness and capacity building of all relevant interested parties is an essential prerequisite for effective and efficient delivery of the mandate of the Veterinary Services; and

9. Implementation of the Veterinary Services mandated activities requires appropriate human and financial resources, a good organisational structure and a clearly defined national chain of command.

THE OIE REGIONAL COMMISSION FOR AFRICA

RECOMMENDS THAT

1. The OIE continue to provide support to its Members and particularly African countries in advocating the implementation of animal welfare, environmental health and veterinary legislation principles complying with OIE Standards in animal production systems;

2. The OIE, through its Veterinary Legislation Support Programme, continue to offer expertise to its Members, upon request, so as to ultimately ensure they have good, enforceable legislation relevant to the veterinary domain;

3. The OIE develop additional animal welfare standards and guidelines to cover other relevant animal husbandry operations and species;

4. The Veterinary Services of all OIE Member Countries in the Africa region take all necessary measures to implement the standards on animal welfare and veterinary legislation adopted by the OIE;

5. The Delegates of OIE Member Countries in the Africa region take all necessary measures to ensure that, if a national Focal Point for Animal Welfare has not yet been appointed, one be appointed as quickly as possible and that the Focal Points take part in regional capacity-building programmes organised by the OIE;

6. The OIE use the results of evaluations performed within the framework of the OIE PVS Pathway to propose suitably adapted continuing training programmes and twinning actions between Collaborating Centres specialising in animal welfare, between veterinary education establishments (VEE) and between Veterinary Statutory Bodies(VSB);

7. During the development of its 6th Strategic Plan, the OIE engage a discussion with its Members on extending the OIE's mandate on environmental health as it relates to animal health and animal welfare;

8. OIE Member Countries step up and strengthen stakeholders' knowledge and awareness of animal welfare and environmental health management issues through the use of mass communication media and the establishment of an information portal on their websites; and

9. OIE Member Countries, with the support of the OIE and development partners, make concerted efforts on capacity building so as to raise the level of competence and skills in animal welfare as well as environmental health management in livestock production operations.

PRESS RELEASE

22 February 2013 – The 20th Conference of the Regional Commission for Africa of the World Organisation for Animal Health (OIE) was held in Lomé (Togo) from 18 to 22 February 2013. Colonel Ouro Koura Agadazi, Togo's Minister of Agriculture, Animal Husbandry and Fisheries, Prof. Charles Kondi Agba, Togo's Minister of Health and Dr Marosi Molomo, President of the OIE Regional Commission for Africa, chaired the Conference. Dr Karin Schwabenbauer, President of the OIE honoured the Conference with her presence.

"The survival of tens of millions of people in Africa depends on the contribution that livestock make to protein production, animal draught and soil fertilisation, amongst others. It is imperative to safeguard and preserve this invaluable capital by means of suitably adapted animal health policies," declared Dr Vallat, Director General of the OIE.

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

They reviewed the situation in Africa regarding Peste des Petits Ruminants (PPR), a viral disease of goats and sheep that can have a substantial impact on the economy of a country and on the standard of living of poor rural populations, who are largely dependent on livestock. The OIE, with the support of the Bill & Melinda Gates Foundation, has initiated the creation of a PPR vaccine bank and is developing a pilot strategy to specify the standards and methods needed to eradicate the disease from the African continent.

A consensus was reached on the importance of maintaining investments in prevention programmes of this type for priority animal diseases, given the economic and social benefits that they would bring for the whole of the region.

Discussions also focussed on Member Countries' ownership of the OIE PVS Pathway and on the benefits of the PVS Pathway for the national Veterinary Services.

Lastly, two particularly important technical items were presented during the Conference and led to recommendations being adopted:

- Promoting intra-Africa trade of animal and animal products.
- The importance of integrating animal welfare, environmental protection as well as modernisation of veterinary legislation for improving food security and contributing to agricultural domestic product in Africa.

The Conference was kindly hosted by the Government of Togo, which helped to ensure that it was a resounding success. The Conference also received support from the OIE Headquarters and the OIE Regional Representation 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 Togo, the Host Country of the 20th Conference of the OIE Regional Commission for Africa, held from 18 to 22 February 2013, for the warm and fraternally welcome given to the participants, for all facilities made available to them during their stay in Lomé and for the excellent organisation of the conference.