



**WORLD ORGANISATION FOR ANIMAL HEALTH**

*Protecting animals, preserving our future*

23<sup>rd</sup> Conference of the OIE Regional  
Commission for Africa, Hammamet, Tunisia,  
25 February to 1 March 2019

**FINAL REPORT**



## CONTENTS

	Page	§
List of abbreviations.....	iii	
Introduction.....	1	1-4
<b>Tuesday 26 February 2019</b>		
<hr/>		
Opening Ceremony.....	2	5-6
Adoption of the Agenda and Programme.....	2	7
Appointment of the Conference Committee.....	2	8
Appointment of Session Chairpersons and Rapporteurs.....	2	9
Planning of the OIE Seventh Strategic Plan.....	3	10-12
Contribution of the region to the implementation of the OIE Sixth Strategic Plan and Planning the OIE Seventh Strategic Plan.....	5	13-14
Analysis of the Animal Health Situation in Member Countries in the region during 2017 and 2018.....	5	15
Technical item I: Veterinary paraprofessionals: their governance and role in improving animal health and welfare in Africa.....	7	16
PPR in Africa: State of play and evolution perspectives in the framework of the Global Strategy for the Control and Eradication of PPR.....	7	17-18
Implementation of the PRAPS Project.....	8	19
<b>Wednesday 27 February 2019</b>		
<hr/>		
Technical item II: PVS Pathway as an advocacy tool for increased investment in Veterinary Services in Africa.....	8	20
Evolution of the OIE PVS Pathway: perspectives for the Africa region.....	8	21-22
OIE and AU-IBAR Collaboration on the PVS Pathway Formal agreement, training and mission experiences.....	10	23-24
PVS Pathway experiences in the Region (panel discussion with previously selected Delegates).....	11	25
Appropriation of the “One Health” concept in Africa: update on the OIE’s activities (REDISSE, EBO-SURSY, Rabies and AMR Projects)...	11	26-29
Veterinary Research Networks: Interest for the Veterinary Services in Africa.....	13	30
Discussion of recommendations.....	13	31-32

Proposal of date and venue of the 24th Conference of the OIE Regional Commission for Africa .....	14	33-35
--	----	-------

**Thursday 28 February 2019**

---

Cultural and technical visit.....	14	36
-----------------------------------	----	----

**Friday 1 March 2019**

---

Strategic objectives of the Veterinary Services of Tunisia by 2030 .....	14	37-39
Proposal for designation of a new OIE Collaborating Centre.....	14	40-43
Adoption of the draft Final Report and Recommendations .....	15	44-47
Closing Ceremony .....	15	48-52

**ANNEXES**

List of participants .....	17
Programme .....	29
Analysis of the Animal Health Situation.....	33
Recommendation 1.....	53
Recommendation 2.....	57

## List of Abbreviations

AFD:	French Development Agency ( <i>Agence Française de Développement</i> )
AMR:	Antimicrobial resistance
ASF:	African swine fever
AU-IBAR:	African Union - Interafrican Bureau for Animal Resources
CAAPD:	Comprehensive Africa Agriculture Development Programme
CBPP:	Contagious bovine pleuropneumonia
CEBEVIRHA:	Commission Economique du Bétail, de la Viande et des Ressources Halieutiques
CNVZ:	National Centre of Zoosanitary Vigilance ( <i>Centre National de Veille Zoosanitaire</i> )
DGVS:	Directorate General of the Veterinary Services
EBO-SURSY:	Capacity building and surveillance for Ebola Virus Disease Project.
EC:	European Commission
FAO:	Food and Agriculture Organization of the United Nations
FMD:	Foot and mouth disease
GBAD:	Global Burden of Animal Diseases
GF-TADs:	Global Framework for the Progressive Control of Transboundary Diseases
IHR:	International Health Regulations
IHSC:	International Horse Sports Confederation
ILRI:	International Livestock Research Institute
IT:	Information Technology
NAIPs:	National Agricultural Investment Plans
NAPs:	National Action Plans
NSP:	National Strategic Plan
OIE:	World Organisation for Animal Health
PATTEC:	Pan African Tsetse and Trypanosomiasis Eradication Campaign
PPR:	Peste des petits ruminants
PPR-GCES:	PPR Global Control and Eradication Strategy
PRAPS:	Regional Support Project for Pastoralism in the Sahel
PVS:	OIE Tool for the Evaluation of Performance of Veterinary Services

PwC:	PricewaterhouseCoopers -Luxembourg
RBM:	Results-based management
RECs:	Regional economic communities
REDISSE:	World Bank project Regional Disease Surveillance Systems Enhancement
REMESA:	Mediterranean Animal Health Network
RVF:	Rift Valley fever
SWOT:	Strengths, weaknesses, opportunities, threats
UN:	United Nations
UNEP:	UN environmental agency
VS:	Veterinary Services
WAHIS:	World Animal Health Information System
WHO:	World Organisation for Animal Health

## Introduction

1. Following the kind invitation of the Government of Tunisia, the 23rd Conference of the OIE Regional Commission for Africa was held in Hammamet from 25 February to 1 March 2019.
2. On Monday 25 February 2019, before the start of the Conference, a workshop on the “Valuable Participation and Performance of Veterinary Paraprofessionals in Africa” was held to facilitate regional discussions concerning veterinary paraprofessionals and their key role in supporting Veterinary Services in the region (refer to the technical item 1 of the Conference).
3. A total of 124 participants, including OIE Delegates and/or representatives from 39 Members of the region and senior officers from 9 regional and international organisations, attended the Conference. In addition, representatives of the private sector including private veterinary organisations from the region and from the host country were present. (see Appendix 1 for a list of participants).

Members of the Regional Commission: Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Central African Rep., Chad, Comoros, Congo (Rep. of the ~), Congo (Dem. Rep. of the ~), Côte d'Ivoire, Egypt, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Libya, Mali, Mauritania, Morocco, Mozambique, Namibia, Niger, Nigeria, South Africa, South Sudan (Rep. of), Tanzania, Tunisia, Uganda, Zimbabwe.

International/regional organisations: AFD<sup>1</sup>, African Union Commission, AU-IBAR<sup>2</sup>, CEBEVIRHA<sup>3</sup>, EC<sup>4</sup>, FAO<sup>5</sup>, IHSC<sup>6</sup>, ILRI<sup>7</sup>, PATTEC<sup>8</sup>

4. Their Excellences the Minister of Agriculture, Water Resources and Fisheries of Tunisia, the Minister for Agriculture, Rural Development and Fisheries of Algeria, and the Minister of Agriculture, Animal Wealth and Marine Resources of Libya honoured the Conference with their presence. Dr Malek Zrelli, Director General of the Tunisian Veterinary Services and Delegate of Tunisia, Dr Monique Eloit, OIE Director General, Dr Mark Schipp, President of the OIE World Assembly of Delegates and Delegate of Australia to the OIE, Dr Honoré Robert N'Lemba Mabela, Delegate of the Democratic Republic of the Congo and President of the OIE Regional Commission for Africa, Dr François Caya, Head of the OIE Regional Activities Department, Dr Montserrat Arroyo Kuribreña, Acting Head of the OIE Animal Health Information and Analysis Department, Dr Karim Tounkara, OIE Regional Representative for Africa, Dr Moetapele Letshwenyo, OIE Sub-Regional Representative for Southern Africa, Dr Rachid Bouguedour, OIE Sub-Regional Representative for North Africa, Dr Samuel Wakhusama, OIE Sub-Regional Representative for Eastern Africa and the Horn of Africa, also participated in the Conference. The Conference was also pleased to welcome the Rapporteurs for Technical Items 1 and 2: Dr Johan Oosthuizen, Chair of the OIE *ad hoc* Group on Veterinary Paraprofessionals, and Dr Lilian Puech, Senior Livestock Specialist of the World Bank respectively.

---

<sup>1</sup> AFD: French Development Agency (*Agence Française de Développement*)

<sup>2</sup> AU-IBAR: African Union - Interafrican Bureau for Animal Resources

<sup>3</sup> CEBEVIRHA: *Commission Economique du Bétail, de la Viande et des Ressources Halieutiques*

<sup>4</sup> EC: European Commission

<sup>5</sup> FAO: Food and Agriculture Organization of the United Nations

<sup>6</sup> IHSC: International Horse Sports Confederation

<sup>7</sup> ILRI: International Livestock Research Institute

<sup>8</sup> PATTEC: Pan African Tsetse and Trypanosomiasis Eradication Campaign

### **Opening Ceremony**

5. The following senior figures gave a welcome address:
- Dr Malek Zrelli, OIE Delegate of Tunisia;
  - Prof Ahmed El-Sawalhy, Director General of the AU-IBAR, on behalf of Mrs Josefa Leonel Correia Sacko Commissioner for Rural Economy and Agriculture of the African Union;
  - Dr Honoré Robert N'Lemba Mabela, Delegate of the Democratic Republic of the Congo and President of the OIE Regional Commission for Africa;
  - Dr Mark Schipp, Delegate of Australia to the OIE and President of the OIE World Assembly of Delegates;
  - Dr Monique Eloit, Director General of the OIE;
  - His Excellency Abdelkader Bouazghi, Minister for Agriculture, Rural Development and Fisheries of Algeria;
  - His Excellency Aboubakr Mansouri, Minister of Agriculture, Animal Wealth and Marine Resources of Libya
6. His Excellency Samir Taieb, Minister of Agriculture, Water Resources and Fisheries of Tunisia, after pronouncing his welcome message, declared the Conference open.

### **Adoption of the Agenda and Programme**

7. The Agenda and Programme were adopted with minor changes mainly regarding the order of some presentations and the removal of the panel discussion initially scheduled on Friday morning (Programme available in Appendix 2).

### **Appointment of the Conference Committee**

8. The Conference Committee was elected by participants as follows:

Chairperson:	Dr Malek Zrelli (Tunisia)
Vice-Chairperson:	Dr Honoré Robert N'Lemba Mabela (Congo (Dem. Rep of))
Rapporteur General:	Dr Alemayehu Mekonen Anbessie (Ethiopia)

### **Appointment of Session Chairpersons and Rapporteurs**

9. Chairpersons and Rapporteurs were designated for the Technical Items and the Animal Health Situation as follows:

Item I:	Dr Obadiah Njagi (Kenya), Chairperson Dr Letlhogile Modisa (Botswana), Rapporteur
Item II:	Dr Ribabe Nodjimadji (Chad), Chairperson Dr Baba Doumbia (Mauritania), Rapporteur
Animal Health Situation:	Dr Xolani Roland Dlamini (Eswatini), Chairperson Dr Joseph Savadogo (Burkina Faso), Rapporteur



## Planning of the OIE Seventh Strategic Plan

10. Dr Monique Eloit, OIE Director General, and Dr Mark Schipp, President of the OIE World Assembly of Delegates, delivered a joint presentation regarding the planning of the OIE Seventh Strategic Plan. They began by detailing the main achievements of the OIE Sixth Strategic Plan and the global and external challenges currently facing the OIE, before providing general comments on the proposed approach for the OIE Seventh Strategic Plan, including future directions and Members' involvement.
11. As preliminary thoughts regarding the Seventh Strategic Plan, Dr Eloit and Dr Schipp highlighted that:
  - The Seventh Strategic Plan will be a logical follow-up to the Sixth Strategic Plan, based on achievements;
  - It will be structured in a similar manner to the previous plan, for ease of reference and consistency;
  - It will adopt a non-prescriptive approach, and an operational work plan will be developed in parallel.
12. Based on the presentation, the OIE Regional Commission for Africa noted that:
  - The main achievements of the Sixth Strategic Plan include a clearer identification of strategies (antimicrobial resistance [AMR], animal welfare, the PVS Pathway, the OIE Observatory, etc.); the launch of the WAHIS+ Project for a modernized OIE-WAHIS; and an internal reform of the OIE, including the revision of processes and procedures, new work methods and an Information Technology (IT) Master Plan;
  - The main challenges faced by the Organisation include: supporting the achievement of the relevant United Nations Sustainable Development Goals; contending with a more competitive international trade environment; adapting to new information technologies, including the social media; and adopting the scientific approach needed to better address societal challenges, such as climate change, changes in consumption patterns and changes in production systems;
  - The overriding challenge is to preserve the coherence of the Organisation's activities, its effectiveness, the legitimacy of its mandate and its credibility, for the benefit of its Members;
  - The planning process of the Seventh Strategic Plan started in 2018 with a call for tender where several consulting firms specialised in strategic planning in the public sector were considered. The contract was finally awarded to PricewaterhouseCoopers -Luxembourg (PwC);
  - PwC already started its work to ensure delivering a proposal for a Strategic Plan that will clarify, display and promote the values of the Organisation;
  - It is important always to keep in mind that the OIE has to contribute to good global sanitary governance by supporting its Member Countries in their efforts to strengthen their Veterinary Services, and it has to promote safer trade while taking into account the development of economies and the sustainability of the systems put in place, and must continue to be the leading organisation for animal health information;
  - The cross-cutting directions to be considered include: defining the OIE's science policy; defining a comprehensive and integrated Stakeholder Management System, as part of the OIE's engagement; developing a multiyear budget through a budgetary dialogue; and sustainably improving the OIE's internal governance (procedures and policies);

- The contribution of all interested parties in the development of the Seventh Strategic Plan is essential. It must be developed from an inclusive perspective;
- A process of consultation will be launched in 2019 through an online questionnaire to be sent in March to all interested parties by the OIE Directorate to ensure that OIE Members' and OIE partners' suggestions and concerns are given due consideration during the development of the Plan;
- Member Countries are strongly encouraged to participate in the development of the Plan through an open and productive dialogue as well as by responding to the questionnaire that will be sent soon, so to ensure having a truly representative roadmap for the future. Inputs can be provided to the OIE Director General, to the OIE Council members representing the region, and to the members of the Bureau of the OIE Regional Commission.
- Among the key topics to be considered when developing the Seventh Strategic Plan, the region also noted:
  - o The importance to strengthen existing strategic and efficient partnerships and collaboration with key organisations such as the Tripartite collaboration with WHO and FAO under the "One Health" concept, and the collaboration recently started with AU- IBAR under the PVS Pathway for supporting Veterinary Services in the region;
  - o Modernising the communication strategy of the organisation, including the possibility to support Member Countries to also adhere to the new technologies, including adopting the new communication tools and platforms available in order to better inform on the work done by the OIE as well as, on its importance and great contribution at global level;
  - o Continuing and even reinforcing the work on veterinary education in order to support Member Countries in ensuring high quality veterinarians;
  - o The unique option to solve the lack of human resources is sensitising high-level authorities and decision makers in order to ensure that there are job opportunities and salary sustainability for new veterinarians;
  - o The PVS provides all the necessary support through its Fundamental Component regarding human resources. However, the PVS Pathway is not the solution but the diagnosis. Delegates are responsible of bringing PVS Pathway results to the high-level authorities to ensure resource allocation and support in improving the Veterinary Services;
  - o Ecology and livestock impact on climate change should also be considered in the Seventh Strategic Plan as much as they can be considered in the remit of the OIE;
  - o Assessing and improving the Focal Points related capacity building programme in order to ensure having efficient focal points is key for ensuring better support to the OIE Delegates.

**Contribution of the region to the implementation of the  
OIE Sixth Strategic Plan and Planning the OIE Seventh Strategic Plan**

13. Dr Honoré Robert N'Lemba Mabela, Delegate of the Democratic Republic of the Congo and President of the OIE Regional Commission for Africa, briefly presented the contribution of the region to the implementation of the OIE Sixth Strategic Plan. He highlighted the main actions carried out in the region under the different strategic objectives and cross-cutting areas. He then confirmed the commitment of the region through the Members of the Bureau and the regional Members of the Council to contribute to the development of the Seventh Strategic Plan in order to ensure that regional needs are well addressed and that the region actively supports the activities of the organisation.
14. Following the presentation by Dr N'Lemba Mabela, the OIE Regional Commission for Africa noted that:
- There is an urgent need for the region to launch an awareness campaign to sensitise national leaders regarding the importance of actively participating in OIE activities, including considering this participation when planning annual national budgets.

**Analysis of the Animal Health Situation  
in Member Countries in the region during 2017 and 2018**

15. Following the presentation on the analysis of the animal health situation in the region by Dr Montserrat Arroyo Kuribreña, Acting Head of the OIE Animal Health Information and Analysis Department, and focused on the five priority diseases as agreed by the Bureau of the OIE Regional Commission for Africa (report available in Appendix 3); the OIE Regional Commission for Africa concluded that:
- With regard to infection with peste des petits ruminants virus, Member Countries recognise that the disease continues to be a concern for animal health in the region. Members are encouraged to continue to implement the Global Strategy for the Control and Eradication of PPR to achieve eradication of the disease by 2030, as well as to improve collaboration and communication for early detection and rapid reporting to the OIE. Countries that are at an advanced stage of PPR control are encouraged to seek official endorsement of their national control programme and, ultimately, recognition of PPR-free status;
  - With regard to infection with foot and mouth disease (FMD) virus, Members in the region recognise that the FMD situation in the region requires further efforts for improvement and that there are gaps in Members' capabilities to identify and report FMD presence and serotypes. The OIE recommends that affected countries and territories make use of the Global FMD Control Strategy and the Regional Action Plan and seek the support of OIE Reference Centres to implement well-structured control efforts. The OIE encourages countries to share timely and accurate information on FMD distribution and control through WAHIS. Indeed, having this information is a necessary condition to improve national and regional control programmes and preparedness;
  - With regard to infection with rabies virus, there has been no significant evolution of the rabies situation in the region, with only 20% of countries reporting the disease absent. The OIE recommends that its Members follow the recommendations of the Global Strategic Plan to end Human Deaths from Rabies by 2030. As part of any proper strategy, an effective vaccination campaign depends on the administration of good quality vaccine;
  - With regard to infection with Rift Valley fever (RVF) virus, there has been no significant improvement in the RVF situation in the region. The disease currently affects West, Central, Eastern and Southern Africa, demonstrating the importance of this zoonotic disease for the entire continent. The OIE emphasises the importance of early notification of the disease in animals to improve One Health coordination in RVF-affected countries or countries and territories at risk for RFV. Members are therefore urged to comply with their reporting obligations as stated in the *Terrestrial Animal Health Code*;

- With regard to infection with *Mycoplasma mycoides* subsp. *mycoides* SC (contagious bovine pleuropneumonia), the disease appears to be endemic in many sub-Saharan countries, whereas it is reported absent in the Northern and Southern parts of the Africa Region. All countries and territories recognised as CBPP free are grouped together in the Southern part of the region. As with PPR, the main cause of spread of the disease to previously unaffected countries seems to be the illegal movement of animals or animal movements without proper health monitoring. The improvement in the application of preventive and control measures, including better active and passive surveillance strategies to avoid the translocation of infected animals, is crucially important to properly apply eradication strategies, as well as to avoid the spread of the disease. The OIE encourages Members wishing to be officially recognised as CBPP free, to improve their efforts to comply with all the relevant requirements of the *Terrestrial Animal Health Code* (Chapter 11.5.) and to submit the dossier referred to in Chapter 1.6. of the *Terrestrial Animal Health Code*;
- There are ongoing difficulties in human and financial capacity for the implementation of global disease strategies such as for PPR, FMD and rabies, including vaccine availability, with collaborative efforts required at both the national and international levels;
- There is a lack of reported epidemiological information for important diseases of other species, including aquatic animals and bees, due to lack of basic capacity in these sectors but also complexities with responsible authorities and insufficient links to the OIE;
- Members should contact their national WAHIS contact point at the OIE for any queries regarding OIE's reporting protocols, including immediate notifications without confirmatory diagnosis or in evolving epidemiological situations;
- Members should utilise existing sub-regional fora that can gather OIE Delegates, scientists and donors to focus on their major disease control priorities, for example, the FMD situation and illegal movement in the Maghreb sub-region via the REMESA (Mediterranean Animal Health Network);
- Given interest in the global situation of ASF, including in Europe and Asia, the OIE website provides regular updates and the global ASF situation will be an OIE General Session Technical Item in May 2019;
- There are concerns with the timeliness of international reference laboratory diagnosis and the impact this can have on progressing disease control, including the availability of matched vaccines;
- Members of the region are encouraged to support the WAHIS modernisation project. They should support the participation of the selected OIE national Focal Points in the Key Users Committee to represent the interests and views of end users. The modernised version of WAHIS will help to improve even further countries' transparency and data accessibility, and will contribute to a rapid, effective regional and global response to threats posed by animal diseases.

**Technical item I**  
**Veterinary paraprofessionals:**  
**their governance and role in improving animal health and welfare in Africa**

16. Technical Item I, entitled “Veterinary paraprofessionals: their governance and role in improving animal health and welfare in Africa”, presented by Dr Johan Oosthuizen, Chair of the OIE *ad hoc* Group on Veterinary paraprofessionals, prompted stimulating discussions among the participants, allowing the OIE Regional Commission for Africa to elaborate a recommendation, in accordance with the OIE General Rules (see Recommendation No. 1 in Appendix 4).

**PPR in Africa: State of play and evolution perspectives in the framework  
of the Global Strategy for the Control and Eradication of PPR**

17. Dr Jean-Jacques Soula, OIE Coordinator in the FAO/OIE GF-TADs PPR Global Secretariat, provided participants with an overview of the state of play and evolution perspectives in the framework of the Global Strategy for the Control and Eradication of PPR.
18. Following the presentation by Dr Soula, the Regional Commission noted that:
- PPR remains a major concern for the continent, as a devastating contagious animal disease that threatens the livelihoods of millions of the poorest families. The control and eradication of PPR by 2030 is a challenge directly linked to the achievement of the UN Sustainable Development Goals;
  - In this regard, Member Countries were reminded to maintain the momentum in implementing the PPR Global Control and Eradication Strategy (PPR-GCES) and the African Union Control and Eradication Strategy by (a) confirming that the PPR National Strategic Plan (NSP) has been endorsed by the national Competent Authorities; (b) securing appropriate funding within the national budgets, depending on available resources; (c) designating a national PPR coordinator and a PPR national committee bringing together all stakeholders, including farmers’ and pastoralists’ representatives; and (d) strengthening cooperation with the regional economic communities (RECs), AU-IBAR, as well as the OIE and FAO through their joint global PPR Secretariat, and under the umbrella of the Regional GF-TADs Committee, which was recently revitalised, and is now looking to develop synergies with these key partners;
  - The PPR NSPs have to be funded and implemented (a) with the support of donors, partners and regional and international financial institutions; and (b) in coordination with neighbouring countries, in particular for massive vaccination campaigns;
  - Whenever possible, the Member Countries of the region are encouraged to start the OIE procedure leading to official recognition of their national control programmes and then of their PPR free status in accordance with OIE standards;
  - Strong Veterinary Services, including in particular private veterinarians and veterinary paraprofessionals, are key factors in combatting the disease. Therefore, the PVS Tool is at the centre of the process leading to PPR eradication throughout Africa;
  - With efficient vaccines available, the eradication of PPR is more a coordination challenge than a technical issue.

## **Implementation of the PRAPS<sup>9</sup> Project**

19. Following the presentation by Prof. Oumar Alfaroukh Idriss, PRAPS Regional Coordinator at the OIE Regional Representation for Africa, regarding the PRAPS Project, the OIE Regional Commission for Africa noted that it was necessary to:
- Continue the indispensable process of strengthening the capacities of the Veterinary Services based on the OIE PVS Pathway, already underway or in need of updating;
  - Advocate for the budgetary allocation, and for its increase, and the disbursement of funds for livestock farming and especially for animal health;
  - Continue to raise awareness among bilateral and multilateral financial partners of the need to fund livestock farming, especially in the field of animal health;
  - Invest in improving the living conditions and socioeconomic development of pastoralist populations in the current security context;
  - Develop, with the agreement of countries, regional/continental control programmes for the main animal diseases, following the example of PPR;
  - Seek the necessary funding to pursue and achieve the objectives set by PRAPS;
  - Sensitise, associate and gain the trust of animal farmers to improve their participation;
  - Ensure that efforts in controlling and eradicating PPR be undertaken in a collaborative approach between countries at sub-regional level, especially in regions where transhumance exists.

WEDNESDAY 27 FEBRUARY 2019

---

### **Technical item II PVS Pathway as an advocacy tool for increased investment in Veterinary Services in Africa**

20. Technical Item II on “PVS Pathway as an advocacy tool for increased investment in Veterinary Services in Africa”, presented by Dr Lilian Puech, Senior Livestock Specialist at the World Bank, prompted a lively discussion among the participants, as reflected in a recommendation elaborated by the OIE Regional Commission for Africa (see Recommendation No. 2 in Appendix 5).

### **Evolution of the OIE PVS Pathway: perspectives for the Africa region**

21. Dr John Stratton, Deputy Head of the OIE Regional Activities Department and Dr Patrick Bastiaensen, Programme Officer at the OIE Sub-Regional Representation for Eastern Africa and the Horn of Africa, gave a joint presentation on the evolution of the PVS Pathway. Dr Stratton spoke specifically about progress with the evolution of the PVS Pathway, its updated cycle diagram, and new opportunities for Member Countries, and Dr Bastiaensen reported on its implementation in Africa including via Orientation training workshops and new type of missions, using the updated PVS Tool.

---

<sup>9</sup> PRAPS: Regional Support Project for Pastoralism in the Sahel

22. Following the presentations, the Regional Commission for Africa noted that:

*Regarding the activities proposed under the evolved PVS Pathway:*

- The opportunity for VS staff to receive PVS Pathway training under the new Orientation phase of the PVS Cycle has improved Member Countries understanding, ownership and engagement with the PVS Pathway;
- PVS Pathway Orientation Training has simulated mission requests, enhanced mission preparations, conduct and use; potentiated PVS Self-evaluation; developed a network of national PVS specialists; and renewed and balanced the OIE PVS Pathway expert pool;
- OIE Delegates interested in national level Orientation training are welcome to make enquiries of the OIE, where availability will depend on levels of interest and OIE capacity—interested countries will need to confirm their intention to use the training to undertake PVS Self-evaluation (i.e. at decentralised level);
- To evaluate and improve their capacity to implement the OIE/FAO Global Strategy for the Control and Eradication of PPR, Member Countries infected by this disease are invited to request a PVS Evaluation or Follow-up mission with PPR Specific Content;
- To evaluate and improve their capacity to implement the Global Strategic Plan to End Human Deaths from Dog-Mediated Rabies by 2030, Member Countries infected by this disease are invited to request a PVS Evaluation or Follow-Up mission with Rabies Specific Content;
- When relevant, Member Countries should request a PVS Evaluation of their Aquatic Animal Health Services;
- To support incorporating relevant PVS Pathway findings and recommendations into a country-owned national Veterinary Services (or related) Strategic Plan, OIE Delegates are invited to request further OIE PVS Strategic Planning support following a PVS Gap Analysis mission;
- OIE Delegates interested in strengthening their inter-sectoral collaboration at the human–animal interface are invited to communicate with their Ministry of Health counterparts and formulate a joint request to the OIE and WHO to conduct an IHR-PVS National Bridging Workshop;
- OIE Delegates interested in receiving OIE targeted support in veterinary legislation and/or sustainable laboratories are invited to enquire of the established forms of OIE support available via the Veterinary Legislation Support Programme and the PVS sustainable laboratories mission respectively;
- OIE Delegates interested in receiving OIE targeted support in veterinary and veterinary paraprofessional education and public-private partnerships are invited to enquire of the newer or developing forms of OIE support being made available in these important areas.

*Regarding future PVS Pathway-related activities:*

- A new and improved 7<sup>th</sup> Edition of the OIE PVS Tool has been finalised and will shortly be published – it includes two new Critical Competencies on Antimicrobial Resistance and Veterinary Clinical Services;
- The intention is to provide PVS Pathway Orientation training to those remaining African countries who have yet to receive it, via a second round of Anglophone and Francophone training during 2019 or 2020;

- The working plan of the OIE Terrestrial and Aquatic Animal Health Standards Commissions will include the revision of Chapter 3.1 on the Veterinary Services (Quality of Aquatic Animal Health Services – *Aquatic Code*) and Chapter 3.2 on the Evaluation of Veterinary Services (*Terrestrial Code* only). Member Countries are invited to contribute to the revision when the draft revisions are circulated for comment;
- Member Countries should be actively involved in the development of the OIE Seventh Strategic Plan, especially regarding the maintaining of “Strengthening of Veterinary Services through the PVS Pathway” as one of the major pillars of the OIE’s mandate, including considerations for more sustainably financing OIE staff support and development of the PVS Pathway programme.

*Regarding implementation in the Africa region:*

- The new “à la carte” PVS Pathway missions on specific subjects, such as PPR, are enjoying growing success in Africa;
- The specific missions on the evaluation of aquatic animal health services are still available but are rarely requested;
- The involvement of African national and regional veterinary managers in missions has been initiated;
- Delegates are invited to review the confidentiality status of PVS Pathway mission reports, especially in cases where no decision has yet been taken, as well as while having in mind that all the WHO Joint External Evaluation mission reports are displayed in the public domain.

**OIE and AU-IBAR Collaboration on the PVS Pathway  
Formal agreement, training and mission experiences**

23. Dr Baboucarr Jaw, AU-IBAR Senior Animal Health Officer, presented on the formal collaboration between OIE and AU-IBAR relating to the PVS Pathway in Africa, and AU-IBAR’s engagement and experience of PVS Pathway activities under this framework, including sub-regional PVS Pathway Orientation Training workshops in South Africa and Senegal, and AU-IBAR participation on PVS Evaluation mission teams during 2019.
24. Following the presentation, the Regional Commission for Africa noted that:
  - A new partnership between OIE and AU-IBAR to collaborate on the PVS Pathway holds great promise in supporting the strengthening of national Veterinary Services and the livestock sector in Africa;
  - The experience of AU-IBAR involvement to date in both PVS Orientation Training workshops and PVS missions, including as a member on a PVS mission with PPR specific content, has been very positive;
  - AU-IBAR suggests to better consolidate and link the PVS Evaluation and Planning stages to optimise timeliness as inputs to both national and international investment opportunities;
  - AU-IBAR is willing to offer both ex-ante and ex-post support to Member Countries to help them better prepare for OIE PVS Pathway missions and also help them utilise PVS Pathway reports to implement “quick wins”;
  - AU-IBAR interest in partnering with the OIE to assist Member Countries to better incorporate PVS Pathway results into their National Agricultural Investment Plans (NAIPs);



- AU-IBAR can financially support the delivery of OIE PVS Pathway Orientation Training to the remaining countries of Anglophone and Francophone Africa yet to receive this training opportunity;
- AU-IBAR suggests a possible future Technical Item of the OIE Regional Commission Conference to focus on *Bridging the OIE PVS Pathway with the Comprehensive Africa Agriculture Development Programme (CAAPD)* and its willingness to support this work and promote this initiative to high political levels in partnership with OIE.

**PVS Pathway experiences in the Region  
(panel discussion with previously selected Delegates)**

25. A panel discussion among representatives of Burkina Faso, Chad, Republic of Congo, South Africa and Zimbabwe enabled countries to comment on their experiences regarding the PVS Pathway. The panel members summarised their PVS Pathway engagement and the various ways they had successfully utilised PVS Pathway inputs into their national planning and investment processes. Some panellists also discussed their more recent positive experiences with some newer elements as part of PVS Pathway evolution including experiences: as participants to PVS Pathway Orientation Training Workshops; as participants to a PVS Evaluation mission as expert trainee; in planning and undertaking PVS Self-evaluation; in developing and updating veterinary legislation, and in strengthening One Health Collaboration via bridging OIE PVS Pathway and WHO International Health Regulations processes.

**Appropriation of the “One Health” concept in Africa:  
update on the OIE’s activities (REDISSE, EBO-SURSY, Rabies and AMR Projects)**

26. Dr Brice Kora Lafia, Technical Coordinator One Health at the OIE Regional Representation for Africa, Dr Moetapele Letshwenyo, OIE Sub-Regional Representative for Southern Africa, and Dr Rachid Bouguedour, OIE Sub-Regional Representative for North Africa, gave a joint presentation regarding appropriation of the “One Health” concept in the region through OIE activities.
27. Dr Kora Lafia presented the activities undertaken under the REDISSE<sup>10</sup> and EBO-SURSY<sup>11</sup> Projects, Dr Letshwenyo provided details on AMR, and Dr Bouguedour presented the activities carried out in the region regarding rabies.
28. The Regional Commission for Africa took note of the following:
- Within the spirit of the Tripartite Alliance (FAO/OIE/WHO), Africa is firmly committed to the surveillance of emerging, re-emerging or endemic zoonoses;
  - Numerous initiatives (including at a high level) are underway to promote multisector collaboration and operationalise the “One Health” approach at all levels (national, regional and continental);
  - The active participation of the Veterinary Services in promoting the “One Health” approach is crucial;
  - Implementation of a “One Health” regulatory framework and the support of national, regional and even continental platforms should be accelerated to enable it to proceed on a legal basis;

---

<sup>10</sup> World Bank project Regional Disease Surveillance Systems Enhancement

<sup>11</sup> EBO-SURSY: Capacity building and surveillance for Ebola Virus Disease Project.

- EBO-SURSY Project addresses not only Ebola virus diseases, but also other haemorrhagic zoonotic diseases such as Lassa virus disease for which the epidemiology has to be better understood.

*Regarding AMR-related projects/activities undertaken by the OIE throughout Africa:*

- AMR remains a very real public and animal health threat, capable of reversing all the gains made in past decades in these sectors;
- AMR cuts across many sectors such as animal, human and plant health, as well as the environment, and therefore requires a multi-sectoral “One Health” approach at all levels (national, regional and global), including in pastoral communities. This message should be repeatedly emphasised at every opportunity;
- The Tripartite Alliance (OIE/FAO/WHO), together with the UN environmental agency (UNEP), should play an exemplary lead role in the fight against AMR;
- The Tripartite Alliance has jointly held many capacity-building activities on AMR, including regulation and registration of veterinary medicinal products, among others;
- Member Countries are now more aware of AMR and should put measures in place to curb its spread thanks to an effective implementation of their national action plans.

*Regarding rabies:*

- Africa suffers from a lack of coordination between the sectors concerned (Veterinary Services, Public Health Services, Local Authorities, Educational, among others);
- The goal of zero human deaths by 2030 will clearly require a major collective effort.

29. Recently, a Regional FAO/OIE/WHO Tripartite Secretariat has been established to provide a high-level platform on “One Health” issues such as AMR;

- There is a need to assist Member Countries with the development of their AMR National Action Plans (NAPs);
- The OIE has done sterling work on the collection and storage (database) of antimicrobial use data, within the framework of the Global Action Plan on AMR;
- In the third round of data collection, a preliminary analysis indicates a possible reduction in antimicrobial use;
- Member Countries and Regional Economic Communities are urged to do more with regard to combating AMR at national level using the “One Health” approach;
- The assistance received from the United Kingdom Government (Fleming Fund) and other donors to support the fight against AMR was warmly acknowledged.

**Veterinary Research Networks:  
Interest for the Veterinary Services in Africa**

30. Following the presentation by Prof. Emmanuel Couacy-Hymann, President of the OIE Biological Standards Commission, the OIE Regional Commission for Africa noted that:
- As Africa's population grows and middleclass incomes rise, the demand for livestock products increases. In consequence, there is a real need for healthy and productive livestock given the potential contribution to food production, income generation, safe trade and poverty alleviation;
  - In Africa, there are diseases that have a severely negative impact on livestock due to morbidity and mortality and others that have a negative impact on livestock performance;
  - Research should be placed in a leading position of veterinary global commitment to overcome this situation of disease pressure on African livestock or to reduce it;
  - Research within African countries is known to be weak due to a lack of financial support, well trained technical personnel and appropriate infrastructures;
  - Veterinary Services are indispensable to sustain research on animal health and welfare, including genetics, in countries in Africa to meet the objectives of the African Union for 2050;
  - Networking the research that embraces Veterinary Services' main concerns could help to adequately address research projects that contribute to mitigating the impact of animal diseases on livestock productivity in Africa;
  - Given their expertise and experience, OIE Reference Laboratories and Collaborating Centres in Africa are suitable candidates to participate in this network;
  - The Africa region should consider how it could contribute to the Global Burden of Animal Diseases (GBAD) Programme, led by the University of Liverpool and to which the OIE contributes.

**Discussion of recommendations**

31. The draft recommendations were submitted to the participants and then discussed. Some amendments were agreed upon for inclusion in the final draft to be presented for adoption on Friday.
32. Following adoption by the Regional Commission, the recommendations will be submitted to the World Assembly of Delegates of the OIE for endorsement at the General Session in May 2019. Once they have been endorsed, they will serve as an important guideline for the Member Countries of the OIE Regional Commission for Africa, as well as for the Organisation as a whole.

**Proposal of date and venue of the  
24th Conference of the OIE Regional Commission for Africa**

33. The President of the Commission asked Delegates present if any of their countries wished to host the 24th Conference of the OIE Regional Commission for Africa.
34. The Delegate of South Africa expressed the wish for his country to host the next Conference, to be held in February 2021.
35. The proposal of South Africa was endorsed unanimously.

THURSDAY 28 FEBRUARY 2019

---

**Cultural and technical visit**

36. Participants and their guests greatly appreciated the cultural and technical visit organised for the day by the host country. Sincere thanks were extended to the organisers for their kind hospitality.

FRIDAY 1 MARCH 2019

---

**Strategic objectives of the Veterinary Services of Tunisia by 2030**

37. Dr Malek Zrelli, OIE Delegate of Tunisia, briefly presented the Veterinary Services of his country highlighting that, since April 2017, Tunisia had been implementing a development plan for the period 2016-2020 based on five strategic axes. In the agricultural field, the plan provides for a strategic development axis dedicated to “the green economy, pillar of sustainable development”, including an intervention component devoted to “modern agriculture as a guarantor of food security”. Furthermore, the strategy developed by the Veterinary Services is designed to contribute to the improvement of food security, nutrition and the income and livelihood resilience of the most disadvantaged segments of the population.
38. He also explained that the Directorate General of the Veterinary Services (DGVS) had therefore requested FAO support for putting in place a strategy for the period 2018-2030. An extended team comprising experts from FAO, the DGVS and all stakeholders organised around twenty days of reflection as the basis for carrying out a SWOT (‘strengths, weaknesses, opportunities, threats’) analysis, identifying guidelines and formulating the current strategy. Scientific methods were used, such as results-based management (RBM), international standards, especially those of the OIE, and the latest trends reflecting excellence and quality, such as “One Health” and animal welfare. The strategy also took into account internal factors, such as the existing capacities of the Veterinary Services and external factors, such as international support and climate change.
39. The OIE Regional Commission for Africa welcomed and congratulated the actions being carried out by Tunisia and thanked Dr Zrelli for his presentation.

**Proposal for designation of a new OIE Collaborating Centre**

40. Dr Malek Zrelli, OIE Delegate of Tunisia, gave a general presentation regarding an application submitted to the OIE for the designation of the National Centre of Zoosanitary Vigilance (Centre National de Veille Zoosanitaire [CNVZ]) as an OIE Collaborating Centre for Continuing Education and Veterinary Capacity Building.
41. He provided a brief review regarding the Centre, its activities, as well as the way it could support the work of the OIE in the region. He also commented on the possible ways such a Centre could complement and/or support the work done by the already existing OIE Collaborating Centres in the field of training of Veterinary Services in the region, such as through the formation of a consortium.

42. The Commission concluded that this was a valuable initiative, from a regional perspective, and welcomed the proposal.
43. Dr Mark Schipp explained the procedure for designation of an OIE Collaborating Centre. Considering that the Regional Commission was favourable with the proposal from Tunisia, it has now to be reviewed and accepted by the OIE Biological Standards Commission, as well as reviewed and endorsed by the Council before presentation to the World Assembly of Delegates for adoption.

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

44. An electronic version of the draft final report was sent to all participants to facilitate the comments to the report.
45. Dr Monique Eloit, OIE Director General, explained the procedures for adopting the report and recommendations of the Conference. Comments on the report received at the OIE Headquarters by 15 March 2019 would be taken into consideration. However, the recommendations had to be adopted during the current session and could not be changed subsequently, only editing being accepted.
46. The two draft recommendations were adopted, with minor amendments considering participants' suggestions and discussions.
47. Before starting with the closing ceremony, Dr Monique Eloit referred to the 87<sup>th</sup> General Session, that will take place from 26 to 31 May 2019, in Paris. She highlighted, among other important issues, the key changes in the order of some presentations such as the animal health report, the technical items and the outcomes of the Global Conferences. She reminded Delegates that, as per the last year, the final report won't be validated during the Friday Session but will be shared electronically with all Delegates for comments after the General Session. The proposal this year is to end the General Session by 1:00 p.m. on Friday.

### **Closing Ceremony**

48. Dr Honoré Robert N'Lemba Mabela, President of the OIE Regional Commission for Africa thanked the host country for the excellent work done for the preparation of the Conference and for the warm hospitality accorded to all participants. He also thanked Delegates for their active participation during the week. He did a special mention and thanked the financial support provided to all Delegates of the Region to facilitate their participation in the back to back Workshop held on Monday 25 February.
49. Dr Monique Eloit, OIE Director General, thanked and congratulated the staff from the General Directorate of Veterinary Services lead by Dr Malek Zrelli, Delegate of Tunisia to the OIE, for the excellent work done to ensure the organisation and success of the Conference. She highlighted the great collaboration received not only from the senior staff but also from the veterinary students who supported the organisation of the Conference and ensured that all participants be warm welcomed. She thanked all participants for their participation during the week as well as for their participation in the poster session. A special mention was done to the active participation of Tunisia officers in the poster session. She thanked the speakers for their excellent work and the time devoted to the preparation of their presentations. She also thanked the host country for the interesting visit, the nice dinner offered, the traditional food and dances as well as all the different activities planned aside to the Conference which allowed participant to spend a week of not only intense work but also very festive. The Director General reminded all participants that Regional Conferences gave an excellent opportunity for exchanging ideas, coordinating actions and meeting all partners, including financial partners.

50. Finally, Dr Eloit referred to the different discussions occurred during the week as well as to the two recommendations adopted. She hoped that all Delegates be now ready to take action and defend their needs, advocate for their budgets and sensitise the high-level authorities in their countries to ensure an active participation in OIE activities and therefore, strengthening Veterinary Services in the region.
51. Dr Malek Zrelli, OIE Delegate of Tunisia, thanked all participants for having responded positive to the invitation of Tunisia. He also congratulated the work done by the local organising committee to ensure the success of the event and thanked the OIE for its permanent support.
52. The President of the OIE Regional Commission for Africa declared the Conference ended at 11:40 a.m.

LIST OF PARTICIPANTS

MEMBER COUNTRIES

**ALGERIA**

Dr Kaddour Hachimi Karim  
*OIE Delegate*  
Directeur des Services Vétérinaires  
Ministère de l'agriculture, du développement  
rural et de la pêche  
[hachimikari@hotmail.fr](mailto:hachimikari@hotmail.fr)  
[hachimikari@gmail.com](mailto:hachimikari@gmail.com)

**ANGOLA**

Dr Santana Bernardete De Lassalette Gourgel  
Da Silva  
*OIE Delegate*  
General Director of Veterinary Service  
Ministry of Agriculture and Forestry  
Largo António Jacinto Postal card 10578-  
Institute of Veterinary Services of Angola  
00244222324067; 00244222328905  
[lassaletesantana@gmail.com](mailto:lassaletesantana@gmail.com)  
[isvetangola@gmail.com](mailto:isvetangola@gmail.com)

Mrs Maneca Ana Júlia  
*Member of Delegation*  
Head of Human Resources Department  
Ministry of Agriculture and Forestry  
Largo António Jacinto Postal card 10578-  
Institute of Veterinary Services of Angola  
00244222324067; 00244222328905  
[anajuliamaneca72@gmail.com](mailto:anajuliamaneca72@gmail.com)  
[isvetangola@gmail.com](mailto:isvetangola@gmail.com)

Dr Virgilio Silva  
*Member of Delegation*  
Representation of Order of Veterinary Doctors  
of Angola (OMVA)  
Ministry of Agriculture and Forestry  
Largo António Jacinto Postal card 10578-  
Institute of Veterinary Services of Angola  
00244222324067; 00244222328905  
[virgisilva64@gmail.com](mailto:virgisilva64@gmail.com)  
[isvetangola@gmail.com](mailto:isvetangola@gmail.com)

**BENIN**

Dr Akpo Yao  
*OIE Delegate*  
Directeur de l'Elevage  
Ministère de l'Agriculture, de l'Elevage et de la  
Pêche  
B.P 2041 PK 0,5 Route de Porto-Novo  
(+229)21330285/21301087  
[yao.akpo@gmail.com](mailto:yao.akpo@gmail.com)  
[adjasbi@yahoo.fr](mailto:adjasbi@yahoo.fr)

Dr Gnanvi Corneille  
*Member of Delegation*  
Chef du Service Santé Animale  
Direction de l'Elevage, Ministère de  
l'Agriculture, de l'Elevage et de la Pêche  
BP 2041 Cotonou  
00 (229) 97 22 22 48 et 65 59 48 84  
[gnancor2000@yahoo.fr](mailto:gnancor2000@yahoo.fr)  
[yao.akpo@gmail.com](mailto:yao.akpo@gmail.com)

**BOTSWANA**

Dr Modisa Letlhogile  
*OIE Delegate*  
Director  
Department of Veterinary Services  
Private Bag 0032, Gaborone  
00267 3689504  
[Imodisa@gov.bw](mailto:Imodisa@gov.bw)  
[pgmolefhe@gov.bw](mailto:pgmolefhe@gov.bw); [drlmodisa@gmail.com](mailto:drlmodisa@gmail.com)

**BURKINA FASO**

Dr Savadogo Joseph  
*OIE Delegate*  
Directeur Général des Services Vétérinaires  
Ministère des Ressources Animales et  
Halieutiques  
09 BP 907 Ouagadougou 09  
+226 70260251  
[savadogojos@yahoo.fr](mailto:savadogojos@yahoo.fr)  
[dgsvbf12@live.fr](mailto:dgsvbf12@live.fr)

## **CAMEROON**

Dr Fotso Kamnga Zephyrin  
*Representative of the Delegate*  
Sous-directeur de la Pharmacie et du secteur  
privé vétérinaire  
Direction des Services Vétérinaires, Ministère  
de l'Elevage, des Pêches et des Industries  
Animales  
Yaoundé  
00(237) 699 91 14 37  
[fokaze@yahoo.fr](mailto:fokaze@yahoo.fr)  
[fkamngaze@gmail.com](mailto:fkamngaze@gmail.com)

## **CENTRAL AFRICAN (REP.)**

Dr Namkoisse Emmanuel  
*OIE Delegate*  
Directeur de Cabinet  
Ministère de l'Elevage et de la Santé Animale  
rue Durand Ferte, BP 1509 Bangui  
+236 75 04 29 78 / +236 72 50 29 78 / +236  
70 01 17 21  
[nam\\_emma@yahoo.fr](mailto:nam_emma@yahoo.fr)  
[namfraz@gmail.com](mailto:namfraz@gmail.com)

## **CHAD**

Dr Nodjimadji Rirabe  
*OIE Delegate*  
Directrice des Services Vétérinaires  
Ministère de l'Elevage et des Productions  
Animales  
BP 750 N'Djaména  
00 235 60 73 76 11/ 90 97 27 16  
[nodjirirabe@yahoo.fr](mailto:nodjirirabe@yahoo.fr)  
[rirabenodjimadji@gmail.com](mailto:rirabenodjimadji@gmail.com)

Mrs Adjoudji Gueme  
*Member of Delegation*  
Sous-Directrice de Ressources Humaines et  
de la Formation  
Ministère de l'Elevage et des Productions  
Animales  
BP 750 N'Djaména  
00 235 66 28 16 80  
[adjougueme@yahoo.fr](mailto:adjougueme@yahoo.fr)

Mr Azolo Hamide Batil  
*Member of Delegation*  
Cadre de la Sous-direction santé animale  
Ministère de l'Elevage et des Productions  
Animales  
BP 750 N'Djaména  
00 235 66 21 23 32  
[hamidebatil@gmail.com](mailto:hamidebatil@gmail.com)

## **COMORES**

Mr Youssouf Moindjie  
*Representative of the Delegate*  
Responsable de la Surveillance  
Épidémiologique du Réseau dans l'île de  
Ngazidja  
Direction de l'Elevage, Ministère de  
l'Agriculture  
BP: 41, Cefader Mde, Moroni Comores  
00 269 3341939  
[Youssouf.moindji2@gmail.com](mailto:Youssouf.moindji2@gmail.com)  
[Ymoutroifi@yahoo.fr](mailto:Ymoutroifi@yahoo.fr)

## **CONGO (DEM. REP. OF THE)**

Dr N'Leмба Mabela Honoré Robert  
*OIE Delegate*  
Directeur des Services Vétérinaires  
Ministère de Pêche et Elevage  
C/° FAOR  
+243- 815126564  
[hrbnlemba@gmail.com](mailto:hrbnlemba@gmail.com)  
[dr\\_nlemba@yahoo.fr](mailto:dr_nlemba@yahoo.fr)

## **CONGO (REP. OF THE)**

Dr N'Kaya Tobi  
*OIE Delegate*  
Directeur Général de l'Elevage  
Ministère de l'Agriculture, de l'Elevage et de la  
Pêche  
Face Hôpital Mère Enfant Blanche Gomes  
+242055672767  
[nkayatobi2012@gmail.com](mailto:nkayatobi2012@gmail.com)

## **COTE D'IVOIRE**

Dr Kouadio Adaman  
*OIE Delegate*  
Directeur des Services Vétérinaires de Côte  
d'Ivoire  
Ministère des Ressources Animales et  
Halieutiques  
(00225) 20 21 10 08 - 20 2 189 72  
[dsv.sdsa2017@gmail.com](mailto:dsv.sdsa2017@gmail.com)  
[ituriaivoire@yahoo.fr](mailto:ituriaivoire@yahoo.fr)

## **EGYPT**

Prof. Ali Abdelhakim  
*OIE Delegate*  
Chairman of General Organization for  
Veterinary Services and Egypt CVO  
General Organization for Veterinary Services  
1st Nadi Elsaid st, Dokki, Giza  
00201001551008  
[govs.egypt@gmail.com](mailto:govs.egypt@gmail.com)  
[hakam2060@gmail.com](mailto:hakam2060@gmail.com)



## **EQUATORIAL GUINEA**

Dr Ndong Micha Gabriel Martin Esono  
*OIE Delegate*  
Consejero de Sanidad Animal  
Ministerio de Agricultura, Ganadería, Bosques  
y Medio Ambiente  
Malabo (B-N), Apartado 1041  
+240-222 27 39 24  
[gm\\_esono\\_ndong@yahoo.es](mailto:gm_esono_ndong@yahoo.es)

Dr Ondo Nsang Victor  
*Member of Delegation*  
Jefe de Servicio de Sanidad Animal  
Ministerio de Agricultura, Ganadería, Bosques  
y Medio Ambiente  
Malabo (B-N), Apartado 1041  
+ 00 240 222 58 12 72  
[ondo32@hotmail.com](mailto:ondo32@hotmail.com)  
[gm\\_esono\\_ndong@yahoo.es](mailto:gm_esono_ndong@yahoo.es)

## **ERITREA**

Dr Woldu Tesfagaber Yonas  
*OIE Delegate*  
Chief Veterinary Officer  
Agricultural Extension Department  
P.o.Box, 1048, Asmara, Eritrea  
+291 7208886  
[ywoldu67@gmail.com](mailto:ywoldu67@gmail.com)  
[yoniafrica@yahoo.com](mailto:yoniafrica@yahoo.com)

## **ESWATINI**

Dr Dlamini Xolani Roland  
*OIE Delegate*  
Director of Veterinary and Livestock Services  
Department of Veterinary and Livestock  
Services, Ministry of Agriculture  
P. O. Box 162, Mbabane. H100  
+268 76062602  
[roland.dlamini@uni.sydney.edu.au](mailto:roland.dlamini@uni.sydney.edu.au)  
[rolandx.dlamini@gmail.com](mailto:rolandx.dlamini@gmail.com)

## **ETHIOPIA**

Dr Anbessie Alemayehu Mekonen  
*OIE Delegate*  
CVO  
Disease Prevention and Control Directorate  
Ministry of Agriculture  
Addis Ababa, Gued Sholla, CMC Avenue  
+251 920 662277  
[alemalemayehu22@gmail.com](mailto:alemalemayehu22@gmail.com)  
[uraela@gmail.com](mailto:uraela@gmail.com)

## **GABON**

Dr Rerambyath Guy Anicet  
*OIE Delegate*  
Délégué National OIE  
Ministère de l'Agriculture, de l'Elevage chargé  
du Programme GRAINE  
B.P 551 Libreville - Gabon  
+241 06 63 40 71  
[g.rerambyath@gmail.com](mailto:g.rerambyath@gmail.com)

## **GAMBIA**

Dr Ceesay Abdou  
*OIE Delegate*  
Director General  
Department of Livestock Services, Ministry of  
Agriculture  
Abuko  
+220 2341040  
[abdou.sunagie2002@yahoo.com](mailto:abdou.sunagie2002@yahoo.com)

## **GHANA**

Dr Dontwi Joyce  
*OIE Delegate*  
Chief Veterinary Officer, OIE Delegate of  
Ghana  
Veterinary Services Directorate, Ministry of  
Food and Agriculture  
P.O.Box M161 Accra, Ghana  
00233208138431  
[joydont@hotmail.com](mailto:joydont@hotmail.com)  
[vsdghana@gmail.com](mailto:vsdghana@gmail.com)

## **GUINEA**

Dr Bangoura Daouda  
*OIE Delegate*  
Conseiller Principal auprès du Ministre de  
l'Elevage  
Ministère de l'Elevage  
BP:559 Commune de Kaloum, Conakry  
+224 628226533/657081378  
[daoudab@hotmail.fr](mailto:daoudab@hotmail.fr)  
[daoudamomo56@gmail.com](mailto:daoudamomo56@gmail.com)

Dr Mane Sény  
*Member of Delegation*  
Directeur National des Services Vétérinaires  
Ministère de l'Elevage  
224628100428  
[seny.mane@hotmail.com](mailto:seny.mane@hotmail.com)

**GUINEA-BISSAU**

Dr Cassamá Bernardo  
*OIE Delegate*  
Directeur Général  
Direcção Geral da Pecuária  
Rua Dom Séttimio Arturo Ferrazzetta  
00245 95 590 59 99  
[bernardocassama@yahoo.com.br](mailto:bernardocassama@yahoo.com.br)  
[bernardo.cassama@gmail.com](mailto:bernardo.cassama@gmail.com)

**KENYA**

Dr Njagi Obadiah  
*OIE Delegate*  
CVO  
State Department of Livestock, Ministry of  
Agriculture Livestock Fisheries and Irrigation  
+254790037892  
[jesse.mwere@gmail.com](mailto:jesse.mwere@gmail.com)  
[infodvs@kilimo.go.ke](mailto:infodvs@kilimo.go.ke)

**LESOTHO**

Dr Mahloane Gerard Relebohile  
*OIE Delegate*  
Director general-Vet. Services  
Livestock Services/Government  
Private Bag A82  
+266 57283342  
[grmahloane@gmail.com](mailto:grmahloane@gmail.com)

**LIBERIA**

Dr Anderson Joseph R.N.  
*OIE Delegate*  
Director/CVO, Livestock/Veterinary Services  
Technical Services, Ministry of Agriculture  
Somalia Drive, Old LPRC Road Gardnersville,  
10 Monrovia  
+231 886 540023 / +231 777 361200  
[joeelson2007@gmail.com](mailto:joeelson2007@gmail.com)  
[janderson@moa.gov.lr](mailto:janderson@moa.gov.lr)

**LIBYA**

Dr Elkhatal Zakaria  
*OIE Delegate*  
Director General  
National Center of Animal Health - Libya  
Got Alshall-Tripoil - Libya National Center  
Animal Health  
00218913765787  
[z.alkhatal@ncah.gov.ly](mailto:z.alkhatal@ncah.gov.ly)  
[zalkhatal@gmail.com](mailto:zalkhatal@gmail.com)

**MALI**

Dr Coulibaly Drissa Dounanke  
*OIE Delegate*  
Directeur National  
Direction Nationale des Services  
Vétérinaires/Ministère Elevage et Pêche  
Hamdallaye Aci 2000, Derriere Immeuble  
Abk1; Rue 209; Bp: 03 Bp 220 Bko 3  
Cell: (223) 65 92 82 66/76 02 34 73; Bureau:  
(223)20 29 07 77  
[dcoulibaly9@yahoo.fr](mailto:dcoulibaly9@yahoo.fr)  
[dcoul9@gmail.com](mailto:dcoul9@gmail.com)

**MAURITANIA**

Dr Dombia Baba  
*OIE Delegate*  
Directeur des Services Vétérinaires  
Ministère du Développement Rural  
Ksar, Nouakchott  
00222 36 61 30 30  
[demba.db@gmail.com](mailto:demba.db@gmail.com)

**MOROCCO**

Dr El Abrak Abderrahman  
*OIE Delegate*  
Directeur de la Protection du Patrimoine  
Animal et Végétal  
Office National de Sécurité Sanaire des  
Produits Alimentaires (ONSSA)  
Boulevard Hadj Ahmed Cherkaoui, Agdal -  
Rabat  
+212673997804  
[abderrahman.elabrak@onssa.gov.ma](mailto:abderrahman.elabrak@onssa.gov.ma)  
[a.abrak@gmail.com](mailto:a.abrak@gmail.com)

**MOZAMBIQUE**

Mr Conceição Américo Manuel  
*OIE Delegate*  
National director of veterinary  
Ministry Agriculture and Food security  
Rua Resistência number 1746 8th floor  
+258823048620  
[mecodaconceicao@yahoo.com](mailto:mecodaconceicao@yahoo.com)

**NAMIBIA**

Dr Shilongo Albertina Bebsy  
*OIE Delegate*  
Acting Chief Veterinary officer  
Directorate of Veterinary Services, Ministry of  
Agriculture, Water and Forestry  
Government Office Park, Luther Street,  
Windhoek, Private Bag 12022 Windhoek  
+264 61 2087513 or +264 811299659  
[Albertina.shilongo@mawf.gov.na](mailto:Albertina.shilongo@mawf.gov.na)  
[Musilikatina@gmail.com](mailto:Musilikatina@gmail.com)

## **NIGER**

Dr Haido Abdoul Malik  
*OIE Delegate*  
Directeur Général des Services Vétérinaires  
(DGSV)/CVO  
Ministère de l'Agriculture et de l'Elevage  
(MAG/EL)  
+ 227 96 97 69 17  
[haido.malick@yahoo.fr](mailto:haido.malick@yahoo.fr)  
[dgsvniger2011@gmail.com](mailto:dgsvniger2011@gmail.com)

Dr Abdou Nourou  
*Member of Delegation*  
Alimentation et Nutrition Animales  
Chargé de Recherche (CAMES)  
Coordonnateur du Centre Régional de  
Spécialisation en Elevage (CRS-EL)  
Institut National de la Recherche Agronomique  
du Niger  
Ministère de l'Agriculture et de l'Elevage  
+227 96 96 81 55  
+227 90 79 79 22  
[nourouabdu@yahoo.fr](mailto:nourouabdu@yahoo.fr)  
[nourouabdou9@gmail.com](mailto:nourouabdou9@gmail.com)

Dr Roua Bello  
*Member of Delegation* Directeur Général  
Direction Générale de la Production et des  
Industries Animales  
Ministère de l'Agriculture et de l'Elevage  
BP : 12 091 Niamey  
+227 20 73 62 53  
+227 96 40 20 02  
[kerewalbali@gmail.com](mailto:kerewalbali@gmail.com)

## **NIGERIA**

Dr Alabi Olaniran  
*OIE Delegate*  
Chief Veterinary Officer  
Veterinary and Pest Control Services, Federal  
Ministry of Agriculture and Rural Development  
P.M.B. 135, Area 11, Garki, Abuja. Fct  
+2348033148647  
[olanlabi@gmail.com](mailto:olanlabi@gmail.com)  
[niranalabi@yahoo.com](mailto:niranalabi@yahoo.com)

Dr Nwakonobi Ezenwa Isaac  
*Member of Delegation*  
Deputy Director & Head, Animal Health &  
Clinical Services  
Veterinary & Pest Control Services, Federal  
Ministry of Agriculture & Rural Development  
Garki Area 11, Abuja  
+234-7081456234  
[ezenwanwakonobi@gmail.com](mailto:ezenwanwakonobi@gmail.com)

## **SOUTH AFRICA**

Dr Modisane Botlhe Michael  
*OIE Delegate*  
Chief Director  
Agriculture Forestry and Fisheries  
012 319 7466  
[BotlheM@daff.gov.za](mailto:BotlheM@daff.gov.za)  
[PA.CDAPH@daff.gov.za](mailto:PA.CDAPH@daff.gov.za)

## **SOUTH SUDAN (REP. OF)**

Dr Korok Jacob Maiju  
*OIE Delegate*  
Director General of Veterinary Services  
Veterinary Services, Ministry of Livestock and  
Fisheries  
+211923848848  
[jacobkorok@yahoo.co.uk](mailto:jacobkorok@yahoo.co.uk)

Dr Kaang Makuei Malual  
*Member of Delegation*  
Undersecretary  
Ministry of Livestock and Fisheries  
+211 922440065

## **TANZANIA**

Dr Nonga Hezron Emmanuel  
*OIE Delegate*  
Director Of Veterinary Services  
Ministry of Livestock and Fisheries  
P.O Box 2870, Dodoma  
+255 767238174  
[nongahezron@yahoo.co.uk](mailto:nongahezron@yahoo.co.uk)  
[nongahezrone@gmail.com](mailto:nongahezrone@gmail.com)

Mr Sangiwa Michael William  
*Member of Delegation*  
Secretary of the Deputy Minister for Livestock  
and Fisheries  
Ministry of Livestock and Fisheries  
NBC Building, P.O Box 2847; 40487 Dodoma  
+255713560675  
[michael.sangiwa@uvuvi.go.tz](mailto:michael.sangiwa@uvuvi.go.tz)  
[sangiwa26@yahoo.com](mailto:sangiwa26@yahoo.com)

Mr Ulega Abdallah Hamis  
*Member of Delegation*  
Deputy Minister for Livestock and Fisheries  
Ministry of Livestock and Fisheries  
40487 Dodoma  
+255 786 746462  
[abdallah.ulega@gov.go.tz](mailto:abdallah.ulega@gov.go.tz)  
[crispinulius@gmail.com](mailto:crispinulius@gmail.com)

## TUNISIA

Dr Zrelli Malek  
*OIE Delegate*  
Directeur général  
Ministère de l'agriculture  
30 rue Alain Savary Tunis  
+21671794586  
[zrelli.malek@iresa.agrinet.tn](mailto:zrelli.malek@iresa.agrinet.tn)  
[zrellimail-2011@yahoo.fr](mailto:zrellimail-2011@yahoo.fr)

Mrs Amara Myriam  
*Member of Delegation*  
interne  
EMNV  
Tunis  
71552200  
[enmvt@iresa.agrinet.tn](mailto:enmvt@iresa.agrinet.tn)

Mr Ayed Sami  
*Member of Delegation*  
interne  
EMNV  
Tunis  
71552200  
[enmvt@iresa.agrinet.tn](mailto:enmvt@iresa.agrinet.tn)

Dr Baccar Med Nacer  
*Member of Delegation*  
Med. Vétérinaire  
CNVZ  
Tunis  
52800715  
[baccar.vet@gmail.com](mailto:baccar.vet@gmail.com)

Dr Ben Hamouda Wafa  
*Member of Delegation*  
Sous directeur  
DGSV  
Tunis  
25995483  
[benhammoudawafa@yahoo.fr](mailto:benhammoudawafa@yahoo.fr)

Dr Bouajila Mohcen  
*Member of Delegation*  
Chef APA  
APA Tataouine  
98579892  
[bouajilamoh@yahoo.fr](mailto:bouajilamoh@yahoo.fr)

Prof. Bouzghaia Hichem  
*Member of Delegation*  
Professeur  
ENMV  
Sidi Thabet  
71552200  
[bouzghaia.hichem@iresa.agrinet.tn](mailto:bouzghaia.hichem@iresa.agrinet.tn)

Mr Brahmi Jacem  
*Member of Delegation*  
interne  
EMNV  
Tunis  
71552200  
[enmvt@iresa.agrinet.tn](mailto:enmvt@iresa.agrinet.tn)

Dr Chaabouni Mohamed  
*Member of Delegation*  
Sous directeur  
DGSV  
Tunis  
98721323  
[med.chaabouni@iresa.agrinet.tn](mailto:med.chaabouni@iresa.agrinet.tn)

Dr Cherif Akram  
*Member of Delegation*  
SSTMVA  
Tunis  
71555666  
[contact@sstmva.net](mailto:contact@sstmva.net)

Dr Chikhaoui Taoufik  
*Member of Delegation*  
Chef APA  
APA Bizerte  
21493000  
[t.chikhaoui@live.fr](mailto:t.chikhaoui@live.fr)

Dr Fatnassi Naouel  
*Member of Delegation*  
Med. Vétérinaire  
CNVZ  
Tunis  
97117259  
[fatnassi\\_nouel@yahoo.fr](mailto:fatnassi_nouel@yahoo.fr)

Dr Fersi Sami  
*Member of Delegation*  
Chef APA  
APA Sfax  
98414115  
[fersisami@yahoo.fr](mailto:fersisami@yahoo.fr)

Mrs Hamdi Kaouther  
*Member of Delegation*  
interne  
EMNV  
Tunis  
71552200  
[enmvt@iresa.agrinet.tn](mailto:enmvt@iresa.agrinet.tn)

Dr Hamdouni Mohamed  
*Member of Delegation*  
Chef APA  
APA Sidi Bouzid  
98679583  
[hamdounimed@gmail.com](mailto:hamdounimed@gmail.com)

Dr Jamai Ammar  
*Member of Delegation*  
Chef division  
CRDA Medenine  
APA Medenine  
98253182  
[Ammar.jamii@yahoo.fr](mailto:Ammar.jamii@yahoo.fr)

Dr Jamel Arij  
*Member of Delegation*  
Chef APA  
APA Zaghuan  
98217810  
[Arij\\_jamel\\_fer@yahoo.com](mailto:Arij_jamel_fer@yahoo.com)

Dr Khorchani Roukaya  
*Member of Delegation*  
Vétérinaire  
DGSV  
Tunis  
96660320  
[khorchaniroukaya@yahoo.fr](mailto:khorchaniroukaya@yahoo.fr)

Dr Kilani Hajer  
*Member of Delegation*  
Chef Service  
DGSV  
Tunis  
29271781  
[kilanihajerd@yahoo.fr](mailto:kilanihajerd@yahoo.fr)

Dr Lazghab Asma  
*Member of Delegation*  
Vétérinaire  
DGSV  
Tunis  
98551118  
[asma.lazghab@iresa.agrinet.tn](mailto:asma.lazghab@iresa.agrinet.tn)

Mrs Maamar Myriam  
*Member of Delegation*  
interne  
EMNV  
Tunis  
71552200  
[enmvt@iresa.agrinet.tn](mailto:enmvt@iresa.agrinet.tn)

Prof. Malek Atef  
*Member of Delegation*  
Professeur  
ENMV  
Sidi Thabet  
71552200  
[enmvt@iresa.agrinet.tn](mailto:enmvt@iresa.agrinet.tn)

Dr Mami Hela  
*Member of Delegation*  
Chef APA  
APA Tunis  
25079086  
[hela\\_mami@yahoo.fr](mailto:hela_mami@yahoo.fr)  
[helamami46@gmail.com](mailto:helamami46@gmail.com)

Mrs Mansouri Feynen  
*Member of Delegation*  
interne  
EMNV  
Tunis  
71552200  
[enmvt@iresa.agrinet.tn](mailto:enmvt@iresa.agrinet.tn)

Dr Marrakchi Hafedh  
*Member of Delegation*  
Directeur  
DGSV  
Tunis  
22551388  
[marhafedh@yahoo.fr](mailto:marhafedh@yahoo.fr)

Dr Mhiri Wahib  
*Member of Delegation*  
Chef APA  
APA Sousse  
98284966  
[mehriwahib@yahoo.fr](mailto:mehriwahib@yahoo.fr)

Dr Nachi Amira  
*Member of Delegation*  
Chef service  
DGSV  
Tunis  
54045558  
[amira.nachi@iresa.agrinet.tn](mailto:amira.nachi@iresa.agrinet.tn)

Dr Oukaili Kaouther  
*Member of Delegation*  
Vétérinaire  
DGSV  
Tunis  
93104723  
[kaouther.oukaili@yahoo.fr](mailto:kaouther.oukaili@yahoo.fr)

Mr Ounifi Mustapha  
*Member of Delegation*  
DGSV  
Tunis  
97020391  
[salmazargouni@gmail.com](mailto:salmazargouni@gmail.com)

Dr Ourabi Makrem  
*Member of Delegation*  
Chef APA  
APA Tozeur  
98642528  
[ourabi.makrem@gmail.com](mailto:ourabi.makrem@gmail.com)

Dr Sakhria Sonia  
*Member of Delegation*  
Med. Vétérinaire  
IRVT  
Tunis  
71564321  
[sakhrias@yahoo.fr](mailto:sakhrias@yahoo.fr)

Dr Sghaier Sofiene  
*Member of Delegation*  
Med. Vétérinaire  
IRVT  
Tunis  
55335503  
[sghaiersoufien@yahoo.fr](mailto:sghaiersoufien@yahoo.fr)

Dr Tonnich Youcef  
*Member of Delegation*  
Chef APA  
APA Nabeul  
98217810  
[youstonnich@gmail.com](mailto:youstonnich@gmail.com)

Dr Zargouni Salma  
*Member of Delegation*  
DGSV  
Tunis  
22747093  
[salmazargouni@gmail.com](mailto:salmazargouni@gmail.com)

## UGANDA

Dr Okurut Anna Rose Ademun Phd  
*OIE Delegate*  
Commissioner Animal Health  
Ministry of Agriculture Animal Industry and  
Fisheries  
+256772504746  
[ademunrose@yahoo.co.uk](mailto:ademunrose@yahoo.co.uk)  
[rademun@agriculture.go.ug](mailto:rademun@agriculture.go.ug)

## ZIMBABWE

Dr Ushewokunze-Obatolu Unesu Hildah  
*OIE Delegate*  
Principal Director  
Veterinary Services  
Bevan Building, 18 Borrowdale Road, Harare  
+263242707683  
[newazvo@hotmail.com](mailto:newazvo@hotmail.com)  
[newazvo@gmail.com](mailto:newazvo@gmail.com)

Mrs Chonde Deria  
*Member of Delegation*  
Veterinary Extension Worker  
Veterinary Services Department  
P O Box 51, Mt Darwin  
+263773689213  
[deriachonde@gmail.com](mailto:deriachonde@gmail.com)  
[wchikuru@gmail.com](mailto:wchikuru@gmail.com)

---

## SPEAKERS

---

Prof. Couacy-Hymann Emmanuel  
President of BSC  
Laboratoire de Virologie - Bingerville  
quartier Agriculture - Bingerville  
Côte d'Ivoire  
+225 05009540  
[chymann@hotmail.com](mailto:chymann@hotmail.com)  
[chymann@gmail.com](mailto:chymann@gmail.com)

Dr Oosthuizen Johan  
Chair OIE ad hoc Group for VPP  
University of South Africa  
Florida Campus Johannesburg South Africa  
South Africa  
+27828707482  
[oostej@unisa.ac.za](mailto:oostej@unisa.ac.za)  
[johanoost47@gmail.com](mailto:johanoost47@gmail.com)

Dr Puech Lilian  
Senior livestock specialist  
World Bank  
MSN J8-805, 1818 H Street NW, Washington  
DC 20433  
United States Of America  
+1 202 203 0584  
[lpuech@worldbank.org](mailto:lpuech@worldbank.org)  
[lilianpuech@yahoo.com](mailto:lilianpuech@yahoo.com)

---

## OBSERVERS

---

### TUNISIA

Dr Bouzlama Najib  
Président  
CSMVLP  
Tunis  
98308842  
[bouzlama.nejib@topnet.tn](mailto:bouzlama.nejib@topnet.tn)

Dr Rajeb Ahmed  
Président  
COV  
Tunis  
71566320  
[info@veterinaire.org.tn](mailto:info@veterinaire.org.tn)

---

## INTERNATIONAL AND REGIONAL ORGANISATIONS

---

### AFRICAN UNION COMMISSION

Dr Wanda Gift Wiseman  
Acting PATTEC Coordinator  
BOX 3243, Addis Ababa  
Ethiopia  
+251 923 517 883  
[WandaG@africa-union.org](mailto:WandaG@africa-union.org)  
[wandagift@yahoo.co.uk](mailto:wandagift@yahoo.co.uk)

### AGENCE FRANÇAISE DE DÉVELOPPEMENT (AFD)

Mr Chausse Gilles  
Directeur  
Immeuble Melika Rue du Lac Windermere  
1053 Les Berges du Lac Tunis  
Tunisie  
+21671861799  
[chausseg@afd.fr](mailto:chausseg@afd.fr)  
[gilles.chausse@orange.fr](mailto:gilles.chausse@orange.fr)

Mrs Colin De Verdier Karen  
Chargée de mission  
Rue du Lac Windermere, Tunis  
Tunisia  
+216 58 511 561  
[colindeverdierek@afd.fr](mailto:colindeverdierek@afd.fr)

### AU-IBAR

Prof. Elsawalhi Ahmed Abdou Ali Ali  
Director  
P.O. BOX 30786 - 00100 Nairobi  
Kenya  
+254710888810  
[ahmed.elsawalhy@au-ibar.org](mailto:ahmed.elsawalhy@au-ibar.org)  
[irene.uwizeye@au-ibar.org](mailto:irene.uwizeye@au-ibar.org)

Dr Jaw Baboucarr  
Chief Animal Health Officer  
Nairobi  
Kenya  
+254707179477  
[baboucarr.jaw@au-ibar.org](mailto:baboucarr.jaw@au-ibar.org)  
[baboucarrjaw@yahoo.com](mailto:baboucarrjaw@yahoo.com)

### COMMISSION ECONOMIQUE DU BÉTAIL, DE LA VIANDE ET DES RESSOURCES HALIEUTIQUES (CEBEVIRHA)

Mr Bayeme Ayingono Pedro Bayeme  
Secrétaire Exécutif  
BP 665 N'Djaména  
Chad  
+ 235 98691440  
[kamgawaladjo@gmail.com](mailto:kamgawaladjo@gmail.com)  
[akwar2003@yahoo.fr](mailto:akwar2003@yahoo.fr)

Mr Boutsika Ngavet Bernard  
Secrétaire Exécutif Adjoint  
BP 665 N'Djaména  
Chad  
+235 98691440  
[kamgawaladjo@gmail.com](mailto:kamgawaladjo@gmail.com)  
[akwar2003@yahoo.fr](mailto:akwar2003@yahoo.fr)

Prof. Kamga Waladjo Alain Richi  
Chef de Service Santé et Production animales  
BP 665 N'Djaména  
Chad  
+ 235 98691440  
[kamgawaladjo@gmail.com](mailto:kamgawaladjo@gmail.com)  
[akwar2003@yahoo.fr](mailto:akwar2003@yahoo.fr)

### EUROPEAN COMMISSION

Dr Klemm Moritz  
Legislative Veterinary Officer, DG Health and Food Safety  
Rue de la Loi 200, F101 03/086  
Belgium  
+3222951016  
[moritz.klemm@ec.europa.eu](mailto:moritz.klemm@ec.europa.eu)  
[moritz.klemm@gmx.eu](mailto:moritz.klemm@gmx.eu)

**FOOD AND AGRICULTURE ORGANIZATION  
OF THE UNITED NATIONS (FAO)**

Prof. Ben-Goumi Mohammed  
Animal Production and Health Officer for North  
Africa  
1, rue du Lac Winnipeg - Les Berges du Lac 1,  
1053 Tunis BP 107  
Tunisia  
+21698703252  
[mohammed.bengoumi@fao.org](mailto:mohammed.bengoumi@fao.org)  
[mbengoumi@gmail.com](mailto:mbengoumi@gmail.com)

Dr Bonbon Etienne  
Senior Veterinary Advisor FAO EMC-AH -  
President of the OIE Terrestrial Code  
Commission  
Via delle terme di Caracalla 00154 Roma  
Italy  
+39 0657052447  
[etienne.bonbon@fao.org](mailto:etienne.bonbon@fao.org)  
[e.bonbon@oie.int](mailto:e.bonbon@oie.int)

Dr Newman Scott  
Senior Animal Health & Production Officer,  
Regional Office for Africa  
Accra  
Ghana  
+233 302 610 930 x 41635  
[Scott.newman@fao.org](mailto:Scott.newman@fao.org)

**INTERNATIONAL HORSE SPORTS  
CONFEDERATION (IHSC)**

Dr Debbagh Hicham  
Directeur Pole Courses Maroc, SOREC  
Zenith Rabat Bâtiment C 10220 Souissi  
Morocco  
00212 661896323  
[hdebbagh@sorec.ma](mailto:hdebbagh@sorec.ma)

**INTERNATIONAL LIVESTOCK RESEARCH  
INSTITUTE (ILRI)**

Dr Kiara Henry Kimathi  
Senior Scientist  
Old Naivasha Road, P.O Box 30709, Nairobi,  
00100  
Kenya  
254734412250  
[h.kiara@cgiar.org](mailto:h.kiara@cgiar.org)  
[kimathih.kiara@gmail.com](mailto:kimathih.kiara@gmail.com)

---

**WORLD ORGANISATION FOR ANIMAL HEALTH**

---

Dr Schipp Mark  
President of the OIE World Assembly of  
Delegates  
7 London cct, Canberra City 2601  
Australia

**OIE HEADQUARTERS**

Dr Eloit Monique  
Director General  
12 rue de Prony 75017 Paris  
France

Dr Caya François  
Head of the Regional Activities Department  
OIE  
12 rue de Prony, 75017 Paris  
France  
[f.caya@oie.int](mailto:f.caya@oie.int)

Dr Stratton John  
Deputy Head of the Regional Activities  
Department  
OIE  
12 rue de Prony, 75017 Paris  
France  
[j.stratton@oie.int](mailto:j.stratton@oie.int)

Dr Sherman David  
Chargé de mission, Regional Activities  
Department  
OIE  
12 rue de Prony, 75017 Paris  
France  
[d.sherman@oie.int](mailto:d.sherman@oie.int)

Dr Arroyo Kuribreña Montserrat  
Acting Deputy Head, World Animal Health  
Information and Analysis Department  
12 rue de Prony, 75017 Paris  
France  
[m.arroyo@oie.int](mailto:m.arroyo@oie.int)

Mrs Monsalve Nathaly  
Chargée de mission, Regional Activities  
Department  
OIE  
12 rue de Prony, 75017 Paris  
France  
[n.monsalve@oie.int](mailto:n.monsalve@oie.int)

Mrs Ozolina Alise  
Assistant, Regional Activities Department  
OIE  
12 rue de Prony, 75017 Paris  
France  
[a.ozolina@oie.int](mailto:a.ozolina@oie.int)



## **OIE REGIONAL REPRESENTATION FOR AFRICA**

Dr Tounkara Karim  
Regional Representative for Africa  
Route de Koulikoro - Sotuba - Bamako P.O.  
Box 2954  
Mali  
+22320241583; +22366745015  
[k.tounkara@oie.int](mailto:k.tounkara@oie.int)

Prof. Idriss Oumar Alfaroukh  
Regional Coordinator of the regional animal  
health component of the PRAPS Project  
B.P.: 2954, Bamako  
Mali  
+223 44 90 44 56 / 78 00 05 00  
[oa.idriss@oie.int](mailto:oa.idriss@oie.int)

Dr Lafia Kora Brice  
Technical Coordinator "One Health"  
B.P. 2954  
Mali  
+223 20 2415 83  
[b.lafia@oie.int](mailto:b.lafia@oie.int)

Mrs Konate Bagayoko Aïssata  
Secretary  
BP. 2954 Bamako  
Mali  
+223 20 24 15 83 /+223 79 43 32 31  
[a.bagayoko@oie.int](mailto:a.bagayoko@oie.int)

## **OIE SUB-REGIONAL REPRESENTATION FOR SOUTHERN AFRICA**

Dr Letshwenyo Moetapele  
Sub-Regional Representative for Southern  
Africa  
Plot 4701, Mmaraka Road, P.o.box 25662,  
Gaborone  
Botswana  
+267 3914424  
[m.letshwenyo@oie.int](mailto:m.letshwenyo@oie.int)

## **OIE SUB-REGIONAL REPRESENTATION FOR EASTERN AND THE HORN OF AFRICA**

Dr Wanyangu Samuel Wakhusama  
Sub-Regional Representative for Eastern  
Africa and the Horn of Africa  
4th Floor Taj Towers, Upper Hill Road, Upper  
Hill, P.O. Box 19687-00202, Nairobi  
Kenya  
+254725254600  
[s.wakhusama@oie.int](mailto:s.wakhusama@oie.int)

Dr Bastiaensen Patrick Xavier M.  
Programme Officer  
4e étage, Taj Towers, Upper Hill Road, Upper  
Hill, Nairobi  
Kenya  
+254 7000 911 02  
[p.bastiaensen@oie.int](mailto:p.bastiaensen@oie.int)

Dr Dulu Thomas Daido  
Programme Officer  
4th Floor, Taj Towers, Upper Hill Road, Upper-  
Hill, P.O. Box 19687, Nairobi  
Kenya  
+254 721 276 508  
[t.dulu@oie.int](mailto:t.dulu@oie.int)

## **OIE SUB REGIONAL REPRESENTATION FOR NORTH AFRICA**

Dr Bouguedour Rachid  
Sub-Regional Representative for North Africa  
17 Avenue d'Afrique - El Menzah 5  
2091-Tunis  
[r.bouguedour@oie.int](mailto:r.bouguedour@oie.int)

Dr Ripani Alessandro  
Programme officer  
17 Avenue d'Afrique - El Menzah 5  
2091-Tunis  
Tunisia  
0021652363651  
[a.ripani@oie.int](mailto:a.ripani@oie.int)

Mrs Guitouni Ines  
Administrative and financial assistant  
17 Avenue d'Afrique - El Menzah 5  
2091-Tunis  
Tunisie  
+21671237400  
[i.guitouni@oie.int](mailto:i.guitouni@oie.int)

Mr Ben Daya Mohamed Mahjoub  
Driver  
17 Avenue d'Afrique - El Menzah 5  
2091-Tunis  
Tunisia  
0021654062233  
[bendayamouhamed@yahoo.fr](mailto:bendayamouhamed@yahoo.fr)

## **JOINT FAO-OIE PPR SECRETARIAT**

Dr Soula Jean-Jacques  
OIE Coordinator  
FAO HQ - Vialle Delle Terme di Caracalla -  
00153 Rome  
Italy  
+33.6.73.78.73.44  
[jj.soula@oie.int](mailto:jj.soula@oie.int)



**PROGRAMME**

**SUNDAY 24 FEBRUARY 2019**

---

4:00 p.m. – 6:00 p.m. Registration of participants and distribution of documents for the Regional Conference

**MONDAY 25 FEBRUARY 2019**

---

9:00 a.m. – 5:00 p.m. Workshop on veterinary paraprofessionals in Africa

10:00 a.m. – 2:00 p.m. Registration of participants and distribution of documents for the Regional Conference (cont.)

**TUESDAY 26 FEBRUARY 2019**

---

10:00 a.m. Opening ceremony

11:00 a.m. Group Photo / Break

11:30 a.m. Approval of the Agenda and Programme

Appointment of the Conference Committee (Chairperson, Vice-Chairperson and General Rapporteur)

Appointment of session chairpersons and rapporteurs (Technical items and Animal Health Situation)

11:45 a.m. Planning the OIE Seventh Strategic Plan (Dr Mark Schipp, President of the OIE World Assembly of Delegates and OIE Delegate of Australia and Dr Monique Eloit, OIE Director General)

12:15 a.m. Contribution of the region to the implementation of the OIE Sixth Strategic Plan and Planning the OIE Seventh Strategic Plan (Dr Honoré Robert N'Lemba Mabela, President of the OIE Regional Commission for Africa and Delegate of the Democratic Republic of the Congo)

12:30 a.m. Discussion

1:00 p.m. Lunch

2:00 p.m. Analysis of the Animal Health Situation in Member Countries in the region during 2017 and 2018 (Dr Montserrat Arroyo Kuribreña, Acting Head, OIE Animal Health Information and Analysis Department)

2:45 p.m. Discussion

- 3:15 p.m. Technical item I (with questionnaire): Veterinary paraprofessionals: their governance and role in improving animal health and welfare in Africa (Dr Johan Oosthuizen, Chair of the OIE *ad hoc* Group on Veterinary paraprofessionals)
- 4:00 p.m. Discussion
- 4:30 p.m. Break  
*Preparation of Recommendation No. 1 by designated small group*
- 5:00 p.m. PPR in Africa: State of play and evolution perspectives in the framework of the Global Strategy for the Control and Eradication of the PPR (Dr Jean-Jacques Soula, OIE Coordinator, FAO-OIE PPR Secretariat)
- 5:30 p.m. Implementation of the PRAPS Project (Prof. Oumar Alfaroukh Idriss, PRAPS Regional Coordinator, OIE Regional Representation for Africa)
- 6:00 p.m. Discussion
- 6:15 p.m. End of the Session
- 7:30 p.m. Dinner offered by the OIE

### **WEDNESDAY 27 FEBRUARY 2019**

---

- 9:00 a.m. Technical item II (without questionnaire): PVS Pathway as an advocacy tool for increased investment in Veterinary Services in Africa (Dr Lilian Puech, Senior Livestock Specialist of the World Bank)
- 9:30 a.m. Discussion
- 10:00 a.m. Break  
*Preparation of Recommendation No. 2 by designated small group*
- 10:30 a.m. Evolution of the OIE PVS Pathway: perspectives for the Africa region (Dr John Stratton, Deputy Head, OIE Regional Activities Department and Dr Patrick Bastiaensen, Programme Officer, OIE Sub-Regional Representation for Eastern Africa and the Horn of Africa)
- 11:15 a.m. OIE and AU-IBAR Collaboration on the PVS Pathway. Formal agreement, training and mission experiences (Dr Baboucarr Jaw, Senior Animal Health Officer of AU-IBAR)
- 11:45 a.m. PVS Pathway experiences in the Region (panel discussion with Delegates previously selected)
- 12:45 p.m. Lunch
- 2:00 p.m. Appropriation of "One Health" Concept in Africa: update on the OIE activities (REDISSE, EBO-SURSY, Rabies and AMR Projects) (Dr Brice Kora Lafia, Technical Coordinator 'One Health', OIE Regional Representation for Africa/ OIE Sub-Regional Representation for North Africa/ Moetapele Letshwenyo, OIE Sub-Regional Representative for Southern Africa)
- 2:45 p.m. Discussion
- 3:00 p.m. Veterinary Research Networks: Interest for the Veterinary Services in Africa (Prof. Emmanuel Couacy-Hymann, President of the OIE Biological Standards Commission)

- 3:30 p.m. Discussion
- 3:45 p.m. Break
- 4:15 p.m. Discussion of recommendations
- 5:15 p.m. Proposal of date and venue of the 24th Conference of the OIE Regional Commission for Africa
- 5:45 p.m. End of the session
- 7:00 p.m. Dinner offered by Tunisia

**THURSDAY 28 FEBRUARY 2019**

---

Cultural and technical visit

**FRIDAY 1 MARCH 2019**

---

- 9:00 a.m. Strategic objectives of the Veterinary Services of Tunisia by 2030 (Dr Malek Zrelli, OIE Delegate of Tunisia)
- 9:30 a.m. Proposal for designation of a new OIE Collaborating Centre (OIE Delegate of Tunisia)
- 9:45 a.m. Break
- 10:15 a.m. Adoption of the Draft Final Report and Recommendations
- 10:45 a.m. Closing ceremony



**ANALYSIS OF THE ANIMAL HEALTH SITUATION  
IN MEMBER COUNTRIES IN THE REGION DURING 2017 AND 2018**

*(Update 31 January 2019)*

*World Animal Health Information and Analysis Department,  
Montserrat Arroyo Kuribreña, Lina Awada, Natalja Lambergeon, Paolo Tizzani and Paula Caceres*

This report is based on information obtained from six-monthly reports, annual reports, immediate notifications and follow-up reports submitted to the OIE through the World Animal Health Information System (WAHIS) by 59 countries and territories<sup>1</sup> in the Africa Region, up to 31 January 2019. Special attention is given to the 2017, 2018 and early 2019 reporting period.

The report reviews the situation in the Africa Region regarding some specific diseases notified during this period (infection with peste des petits ruminants virus, infection with foot and mouth disease virus, infection with rabies virus, infection with Rift Valley fever virus and infection with *Mycoplasma mycoides* subsp. *mycoides* SC [contagious bovine pleuropneumonia]) and also describes progress on the future OIE-WAHIS system.

As of 31 January 2019, 94% (51/54) of OIE Members in the Region had submitted both of their six-monthly reports for 2017 on terrestrial animal diseases and 2% (1/54) had submitted only one of them; 18% (10/54) had submitted both of their six-monthly reports for 2018 on terrestrial animal diseases and 55% (30/54) had submitted their first six-monthly report for 2018 on terrestrial animal diseases.

As of 31 January 2019, 37% (20/54) of OIE Members in the Region had submitted both of their six-monthly reports for 2017 on aquatic animal diseases and 4% (2/54) had submitted only one of them; 5% (3/54) had submitted both of their six-monthly reports for 2018 on aquatic animal diseases and 30% (16/54) had submitted only one of them.

In addition, Ceuta (Spain), Mayotte (France), Melilla (Spain), Reunion (France) and St. Helena (United Kingdom) submitted information through six-monthly reports for 2017 and 2018.

Between 1 January 2017 and 31 January 2019, 83 immediate notifications and 554 follow-up reports were submitted by countries and territories in the Region for terrestrial animal diseases and three immediate notifications and four follow-up reports were submitted for aquatic animal diseases.

Members are encouraged to continue their efforts to submit information in a timely fashion. In the context of the launch of the new version of OIE-WAHIS, Members with reports still outstanding for 2018 and previous years are urged to submit them as soon as possible so that their animal health information can be updated in WAHIS and shared with the global community.

---

<sup>1</sup> This number includes the 54 Members of the OIE Regional Commission for Africa, as well as Ceuta (Spain), Mayotte (France), Melilla (Spain), Reunion (France) and St. Helena (United Kingdom)

## **1. Infection with peste des petits ruminants virus**

Infection with peste des petits ruminants virus (PPRV) is one of the priority diseases indicated in the Food and Agriculture Organization of the United Nations (FAO)/OIE Global Framework for the Progressive Control of Transboundary Diseases (GF-TADs). The Global Strategy for the eradication of PPR by 2030 was adopted in March 2015.

The PPR Global Eradication Programme (PPR GEP) in Africa was launched by FAO and the OIE in October 2016, in line with the PPR Global Control and Eradication Strategy (PPR GCES). The main achievements of PPR GEP implementation since then include: a second round of PPR regional roadmap meetings; the launch of a PPR Advisory Committee and a PPR Global Research and Expertise Network; and the holding of a thermotolerant PPR vaccines workshop. During this time, countries have received support with drafting their PPR National Strategic Plans. The main actions in 2018 focused on the launch of the PPR Global Research and Expertise Network, which took place in Vienna, Austria, and the organisation of the PPR Pledging Conference in Brussels, Belgium, which took place in September and was hosted by the European Commission.

PPR has been reported present for many years in all of Africa except for some parts of southern Africa. The recent geographical distribution of PPR in countries and territories of Africa, based on information collected through WAHIS during the period from 1 January 2017 to 31 January 2019, is shown in Figure 1. During this period, 57 countries and territories provided information on PPR, which was reported as present by 63% (36<sup>2</sup>/57) of them. Two countries in the Region did not provide information on their national PPR situation (presence or absence) for 2017, 2018 and early 2019.

According to Resolution No. 28 (86th General Session of the World Assembly of Delegates of the OIE, May 2018), seven countries and territories in the Region are officially recognised as PPR free: Botswana, Madagascar, Mayotte (France), Mauritius, Reunion (France), South Africa and Eswatini; Namibia has an officially recognised PPR free zone, located south to the country's Veterinary Cordon Fence. As can be seen in Figure 1, several other countries in the region record absence of PPR. These countries are encouraged to have their progress towards PPR eradication formally recognised in accordance with the PPR GEP's progressive control pathway for PPR, starting with endorsement by the OIE of their national official PPR control programme, and moving to official recognition of PPR freedom of a zone and the country. In 2019 the OIE and the African Union, Interafrican Bureau for Animal Resources, will host a workshop for countries in this situation to support the development and submission of dossiers for official recognition.

During the period from 1 January 2017 to 31 January 2019, PPR was reported by means of immediate notifications by three countries, as described below.

In January 2018, Burundi notified the first occurrence of the disease in the country. The country indicated that the disease was due to the introduction of animals. Up to 31 January 2019, eight outbreaks had been reported, in eight different provinces. The disease is reported to have spread from one province to another mainly through the movement of goats from infected provinces. As of 31 January 2019, the event was still ongoing in all the affected administrative divisions and movement control inside the country, vaccination in response to outbreaks and screening were being applied as preventive and control measures.

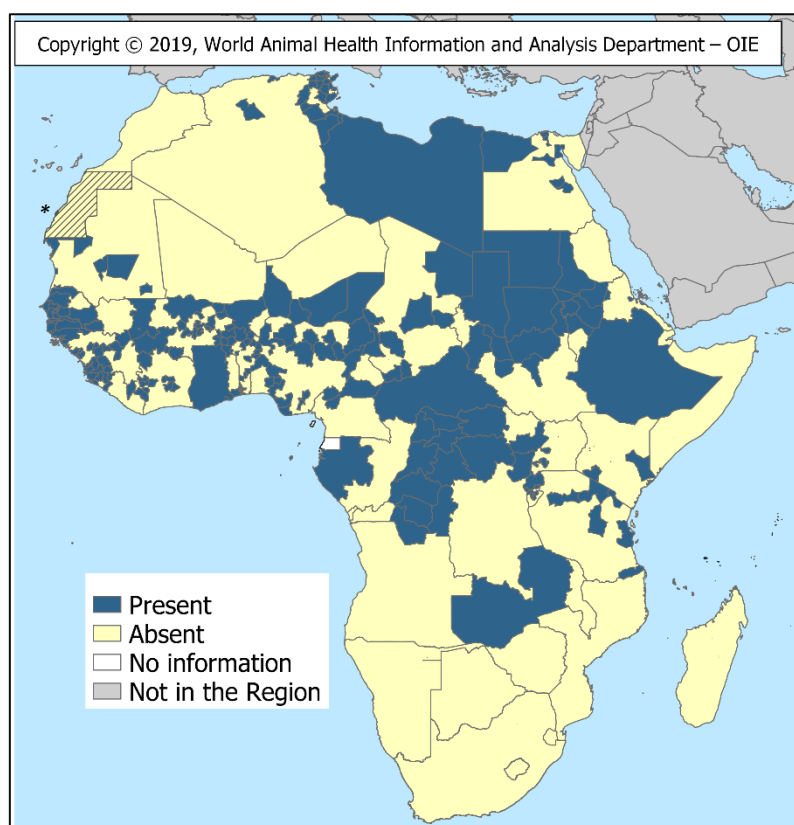
---

<sup>2</sup> Algeria, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo (Dem. Rep. of the), Cote D'Ivoire, Egypt, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Libya, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, South Sudan (Rep. of), Sudan, Tanzania, Togo, Tunisia, Uganda and Zambia



In August 2018, Sierra Leone reported the recurrence of PPR. The source of infection was identified as introduction / illegal movements of animals, and contact with infected animal(s) at grazing/watering. As of 31 January 2019, the event was still ongoing and five outbreaks had been reported in five different administrative divisions. Finally, in December 2018, Algeria reported the recurrence of the disease in the North of the country. Six outbreaks were reported in three different administrative divisions. The country declared that the animals present in the outbreak were placed under containment. As of 31 January 2019, the event was still ongoing.

**Figure 1. Distribution of PPR in countries and territories of the Africa Region in 2017, 2018 and early 2019 (up to 31 January 2019)**

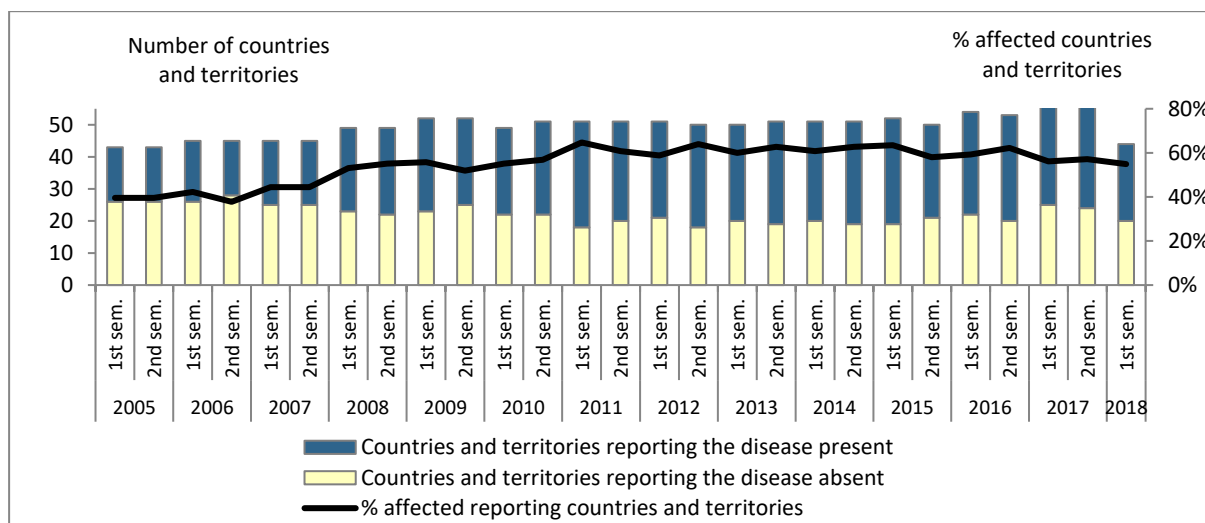


\* Data provided by Morocco

The following analysis describes the trend of the disease in the Region since 2005. Figure 2 shows that the percentage of reporting countries and territories notifying PPR as present increased from 40% in the 1st semester of 2005 to 55% in the 1st semester of 2018. The trend in the percentage of affected countries/territories, analysed using a generalised linear model with binomial distribution, shows a significant increase during the whole period (estimate: 0.03;  $p < 0.001$ ), indicating a deterioration of the reported regional situation during the overall period of analysis. Based on this estimate, the odds ratio was calculated to be  $OR = 1.03$  (95%CI= [1.02-1.05]), meaning that each year, the odds<sup>3</sup> for the reporting of PPR presence increased by 1.03.

<sup>3</sup> The odds of an event of interest occurring is defined by  $odds = p/(1-p)$  where  $p$  is the probability of the event occurring.

**Figure 2. Percentage of the reporting countries and territories in the Africa Region for each semester between 1<sup>st</sup> semester 2005 and 1<sup>st</sup> semester 2018 that notified PPR present (data based on reports received up to 31 January 2019)**



The information presented in this section emphasises that PPR continues to be a concern for animal health in Africa. The epidemiological situation in the Region does not show any significant improvements. On the contrary, the trend in the percentage of affected countries and territories still shows a deterioration of the situation. In this context, the spread of the disease to a previously unaffected country raises additional concerns.

According to the immediate notifications submitted, the main cause of the disease being introduced or reintroduced into a previously unaffected country seems to be the illegal movement of animals or animal movements without proper health monitoring.

The OIE recommends that Member Countries continue to implement the Global Strategy for the Eradication of PPR to achieve eradication of the disease by 2030. In particular, the OIE recommends its Members to improve collaboration and communication for early detection and rapid reporting to the OIE. Further, those countries that are in an advanced stage of PPR control are encouraged to seek official recognition of their control programmes or status as free from PPR in a zone or the whole country.

Improvement in the application of preventive and control measures, including better active and passive surveillance strategies to avoid the translocation of infected animals, is also crucially important if the eradication strategy is to be properly applied.

## **2. Infection with foot and mouth disease virus**

The OIE procedure for the official recognition of disease status currently applies to six diseases, one of which is infection with foot and mouth disease (FMD) virus. This procedure has been expanded to include OIE endorsement of official control programmes, a mechanism aimed at helping OIE Members to progressively improve their situation with regard to the disease in question and eventually attain disease free status. The Global FMD Control Strategy<sup>4</sup> was jointly developed by the OIE and the FAO, under GF-TADs, and was endorsed in 2012. At regional level, FMD has been identified as a priority by the GF-TADs for Africa. In this context, this section reviews the recent FMD situation in the Region, and its evolution since 2005.

<sup>4</sup> The Global Foot and Mouth Disease Control Strategy. OIE and FAO, 2012. <https://www.oie.int/doc/ged/D11886.PDF>

The recent geographical distribution of FMD in countries and territories of Africa, based on information collected through WAHIS during the period from 1 January 2017 to 31 January 2019, is shown in Figure 3. During this period, 53 countries and territories provided information on FMD, which was reported as present by 75% (40<sup>5</sup>/53) of them. The serotype most commonly reported was serotype O (by 18<sup>6</sup> countries/territories), followed by serotype SAT 2 (by 14<sup>7</sup> countries/territories), serotype A (by 11<sup>8</sup> countries/territories) and SAT 1 (by 10<sup>9</sup> countries/territories).

Six countries in the Region did not provide information on their national FMD situation (presence or absence) for 2017, 2018 and early 2019, and, among affected countries and territories, 16<sup>10</sup> did not report any information on the circulating serotypes. A total of 31 exceptional events were notified in the Region in 2017, 2018 and early 2019. Among them, four events had been resolved as of 31 January 2019, without any typing of circulating FMD viruses. Nine events were still on-going as of 31 January 2019, and for seven of them, FMD typing had not yet been performed. This could suggest surveillance and laboratory gaps in the Region. It should be noted that OIE Reference Laboratories and Collaborating Centres can provide scientific and technical assistance to Members to assist with the design and implementation of effective surveillance and control programmes. There are currently two OIE Reference Laboratories for FMD in Africa (Botswana Vaccine Institute and Onderstepoort Veterinary Institute, in Botswana and South Africa, respectively). In addition, three laboratory twinning projects, intended to increase the FMD laboratory and surveillance capabilities in targeted countries, are currently on-going in the Region (Belgium with Nigeria, Sweden with Uganda and United Kingdom with Ethiopia).

According to Resolution No. 22 (86th General Session of the World Assembly of Delegates of the OIE, May 2018), six countries and territories in the Region have an officially recognised FMD status. Lesotho, Madagascar, Reunion (France) and Eswatini are recognised as FMD free where vaccination is not practised, and Botswana and Namibia are recognised as having an FMD free zone where vaccination is not practised. Following a notification received from the OIE Delegate of South Africa on an outbreak of FMD in Makhado Municipality, Limpopo Province, the "country having a FMD free zone where vaccination is not practised" status for South Africa, as recognised by the OIE World Assembly of Delegates in terms of Resolution No. 22 in May 2018, is suspended with effect from 2 January 2019.

In addition, according to Resolution No. 23 (86th General Session of World Assembly, May 2018), Morocco and Namibia have an endorsed official control programme for FMD.

---

<sup>5</sup> Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Côte d'Ivoire, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Malawi, Mali, Mauritania, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, South Sudan (Rep. of), Sudan, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe

<sup>6</sup> Algeria, Benin, Congo (Dem. Rep. of the), Côte d'Ivoire, Egypt, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Rwanda, Senegal, Sudan, Tanzania, Tunisia, Uganda and Zambia

<sup>7</sup> Benin, Botswana, Egypt, Ethiopia, Kenya, Malawi, Mali, Mozambique, Namibia, Rwanda, Senegal, South Africa, Tanzania and Zimbabwe

<sup>8</sup> Algeria, Benin, Congo (Dem. Rep. of the), Egypt, Ethiopia, Kenya, Mali, Rwanda, Tanzania, Tunisia and Zambia

<sup>9</sup> Benin, Congo (Dem. Rep. of the), Ethiopia, Kenya, Rwanda, Senegal, South Africa, Tanzania, Uganda and Zimbabwe

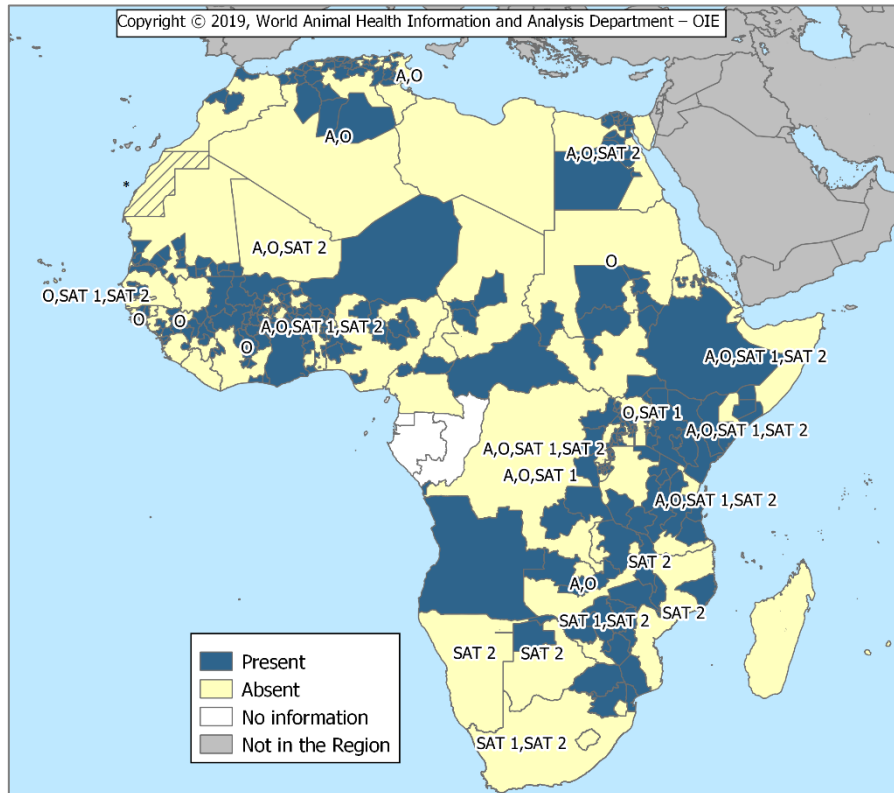
<sup>10</sup> Angola, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Eritrea, Ghana, Mauritania, Morocco, Niger, Nigeria, Sierra Leone, Somalia, South Sudan (Rep. of) and Togo

During the period from 1 January 2017 to 31 January 2019, FMD was reported by means of immediate notifications by 16 countries and territories, 14 of which, namely Algeria, Botswana, Gambia, Guinea, Guinea-Bissau, Malawi, Morocco, Mozambique, Namibia, Sierra Leone, South Africa, Tunisia, Zambia and Zimbabwe, reported FMD recurrences. In particular, in Sierra Leone, FMD (typing pending) recurred in August 2018 near the border with Guinea. The national authorities of Sierra Leone indicated that the last detection of the disease before this recurrence was in 1958. As of 31 January 2019, two outbreaks had been reported based on clinical diagnosis, and the event was still on-going.

Four countries reported the first occurrence of FMD in some of their provinces. In Congo (Dem. Rep. of the), FMD (not typed) occurred for the first time in Uvira (South Kivu Province) in May 2017. The national authorities indicated that the disease had been introduced through illegal movement of animals. A total of 12 outbreaks were reported within the event, which was declared closed in June 2018. In Zambia, FMD (not typed) occurred for the first time in North-Western Province, near the border with Angola, in June 2017. More than 18 000 cattle were vaccinated in response to the outbreaks in the area, and the event was declared resolved in December 2017. In Mozambique, FMD (typing pending) occurred for the first time in Tete Province, near the border with Malawi, in November 2017 and in Nampula Province in May 2018. A total of 29 outbreaks were reported in the first event and one outbreak was reported in the second event. Both events were still on-going as of 31 January 2019. Finally, in Zimbabwe, FMD (SAT 2) occurred for the first time in Mashonaland Central Province, near the border with Mozambique, in June 2018. The Zimbabwean authorities reported that Department of Veterinary Services' officials from the head office and the provinces of Mashonaland Central, Mashshonaland East and Manicaland held a meeting with counterparts from Tete Province of Mozambique to discuss the FMD outbreak affecting either side of the border. They specified that illegal cattle movements were to blame for the spread of the infection. As of 31 January 2019, 53 outbreaks had been reported, intensive surveillance and implementation of control measures, including vaccination in response to the outbreaks, were in force in the affected districts, and the event was still on-going.

Two countries reported the first occurrence of new FMD strains. In Algeria, serotype A occurred for the first time in March 2017. A total of 108 outbreaks were reported within the event, which was declared closed in August 2017, following the implementation of movement control inside the country, vaccination in response to the outbreaks, selective killing and disposal, slaughter and disinfection. In Kenya, a new variant of serotype O (topotype EA2) was detected for the first time in samples taken in August 2017. The Kenyan national authorities indicated that vaccine matching studies by virus neutralisation test had revealed this finding. In August 2018, the national authorities informed the OIE that the event could not be considered resolved, but that the situation was sufficiently stable for follow-up reports no longer to be submitted and for reporting of information related to this event only to be done through six-monthly reports.

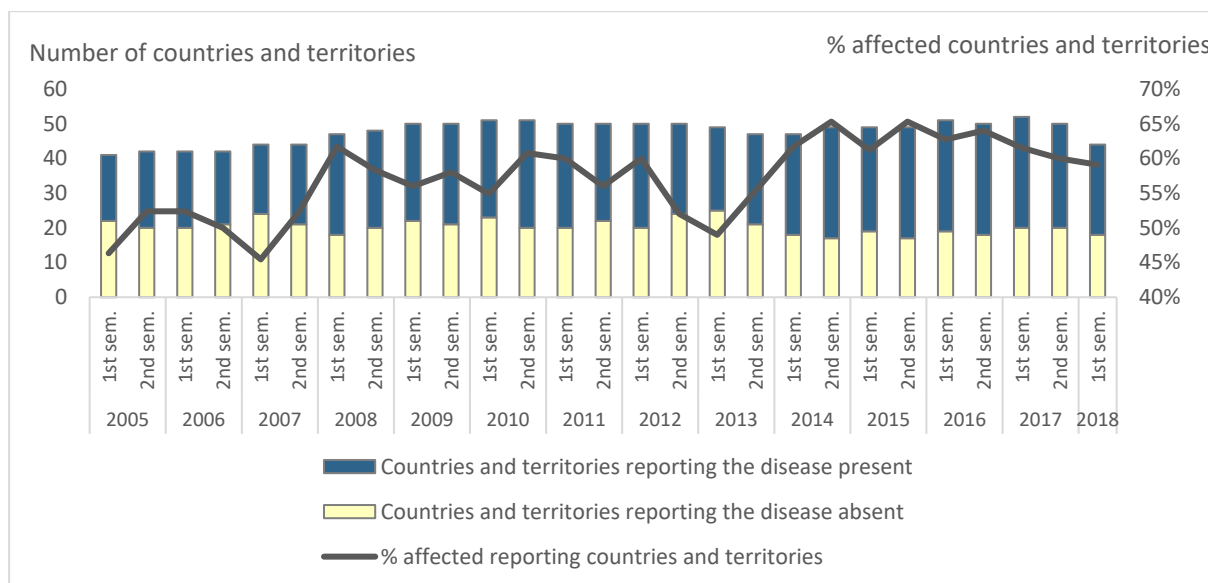
**Figure 3. Distribution of FMD in countries and territories of the Africa Region in 2017, 2018 and early 2019 – labels indicate the serotypes reported (up to 31 January 2019)**



*\* Data provided by Morocco*

The following analysis describes the trend of the disease in the Region since 2005. Figure 4 shows that the percentage of reporting countries notifying FMD present increased from 46% in the 1st semester of 2005 to more than 60% in 2014, 2015, 2016, 2017 and the first semester of 2018. The trend in the percentage of affected countries, analysed using a generalised linear model with binomial distribution, shows a significant increase during the whole period (estimate: 0.02;  $p < 0.05$ ), indicating a deterioration of the reported regional situation during the overall period of analysis. Based on this estimate, the odds ratio was calculated to be  $OR = 1.02$  (95%CI= [1.01-1.03]), meaning that each year, the odds<sup>3</sup> for the reporting of FMD presence increased by 1.02.

**Figure 4. Percentage of the reporting countries and territories in the Africa Region for each semester between 1<sup>st</sup> semester 2005 and 1<sup>st</sup> semester 2018 that notified FMD present (data based on reports received up to 31 January 2019)**



In conclusion, this analysis does not show any significant improvement in the FMD situation since 2005, as the disease remains present in 75% of the reporting countries in 2017, 2018 and early 2019. The increase of the percentage of reporting countries notifying FMD present between 2005 and 2018 may however either be due to a deterioration of the Regional situation or to improvements in FMD detection and reporting over time. In addition, the analysis highlights gaps in Members' capabilities to identify and report FMD presence and serotypes. It is recommended that affected countries and territories make use of the Global FMD Control Strategy, the Regional Action Plan and OIE Reference Centres to implement well-structured control efforts. FMD typing is essential so that the appropriate vaccines can be used in the context of control strategies.

The OIE encourages countries and territories of the Region to share timely and accurate information on FMD distribution and control through WAHIS. Sharing this information is a necessary condition to improve national and regional control programmes and preparedness.

### 3. Infection with rabies virus

Infection with rabies virus continues to be an important issue from a One Health perspective, posing a risk to both humans and animals. In particular, dog-mediated human rabies costs the lives of thousands of people every year mainly in Africa and Asia, even though the disease is 100% preventable. It is estimated that Africa currently has the highest per capita death rate from rabies of any continent<sup>11,12</sup>.

<sup>11</sup> Louis Nel, Progress in Africa, presented during the WHO/OIE Conference on Rabies in December 2015 - [http://www.oie.int/eng/RABIES2015/presentation/Session\\_3.5\\_Louis\\_Nel\\_Progress\\_in\\_AFRICA.pdf](http://www.oie.int/eng/RABIES2015/presentation/Session_3.5_Louis_Nel_Progress_in_AFRICA.pdf)

<sup>12</sup> Scott TP et al., The Pan-African Rabies Control Network (PARACON): A unified approach to eliminating canine rabies in Africa. *Antiviral Res.* 2015;124:93-100.

In 2015, there was a call for action setting a goal of zero human dog-mediated rabies deaths by 2030, worldwide. Based on this goal, the global strategy for the elimination of dog-mediated human rabies was launched in 2017, based on collaboration between the Tripartite partners (FAO, OIE and the World Health Organization [WHO]) and with the Global Alliance for Rabies Control (GARC). The 'United Against Rabies' collaboration coordinates existing tools and expertise to empower, engage and enable countries to save human lives from this disease.

The recent geographical distribution of rabies in countries and territories of Africa, based on information collected through WAHIS during the period from 1 January 2017 to 31 January 2019, is shown in Figure 5. During this period, 57 countries and territories provided information on rabies, which was reported as present by 82% (47<sup>13</sup>/57) of them. This percentage is the same indicated at the previous Regional Conference, held in Swakopmund, Namibia in February 2017 (82% of countries and territories affected).

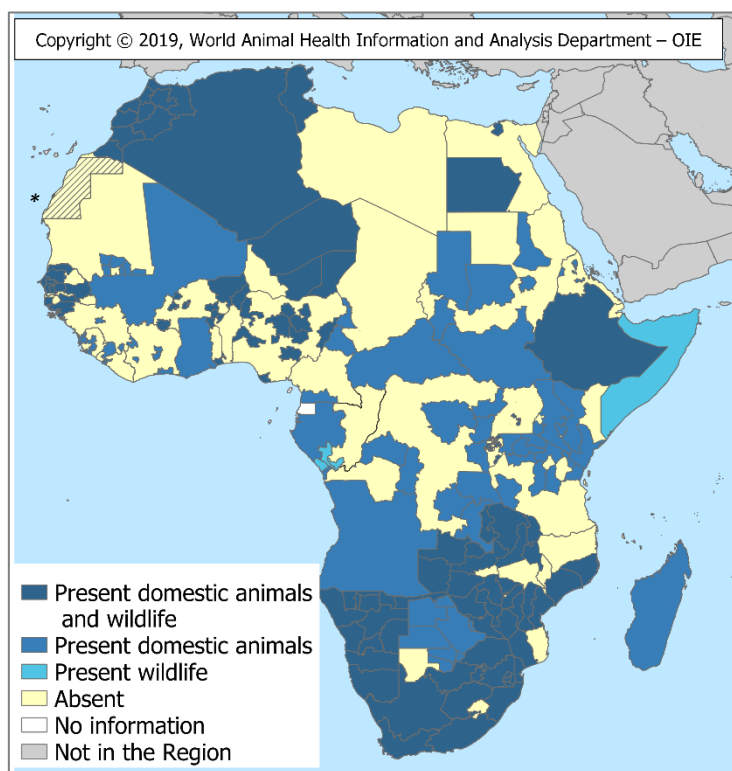
Three countries in the Region did not provide information on their national rabies situation (presence or absence) for 2017, 2018 and early 2019. Twenty-two countries and territories reported the disease only in domestic animals, two countries reported it only in wildlife and 23 countries and territories reported the disease in both domestic species and wildlife.

During the period from 1 January 2017 to 31 January 2019, rabies was reported by means of immediate notifications by only one country. On June 2017, Egypt reported the recurrence of the disease in the country in domestic animals (cattle and equids), in the administrative division of Al Wadi Al Jadid. The date of the start of the event was in March 2017, and the previous occurrence of the disease was reported to have been in 1990. In November 2017, the virus was also identified in wildlife (red fox – *Vulpes vulpes*) in the same administrative division. In August 2018, the disease spread to the North of the country, to the administrative division of Al Buhayrah, where it was reported in cattle; the event was declared resolved in September 2018.

---

<sup>13</sup> Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Congo (Rep. of the), Cote D'Ivoire, Egypt, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Melilla (Spain), Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, South Sudan (Rep. of), Sudan, Eswatini, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe

**Figure 5. Distribution of rabies in countries and territories of the Africa Region in 2017, 2018 and early 2019 (up to 31 January 2019)**

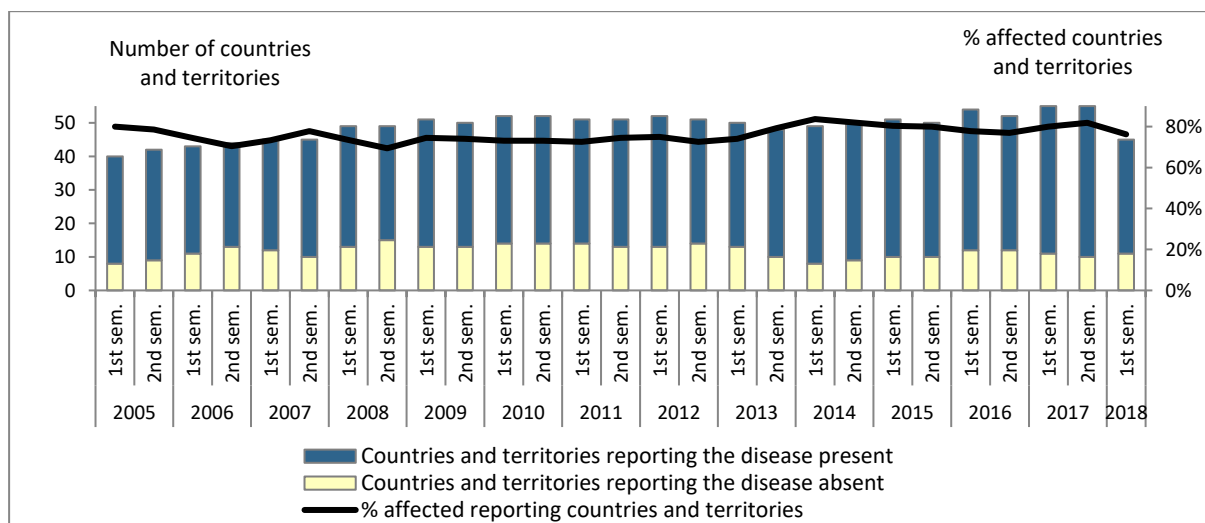


*\* Data provided by Morocco*

The following analysis describes the trend of the disease in the Region since 2005. Figure 6 shows that the percentage of reporting countries notifying rabies present moved from 80% in the 1st semester of 2005 to 76% in the 1st semester of 2018. The trend in the percentage of affected countries, analysed using a generalised linear model with binomial distribution, shows no significant evolution (increase or decrease) during the whole period (estimate: 0.01; p not significant), indicating a stable situation of the disease at regional level.



**Figure 6. Percentage of the reporting countries and territories in the Africa Region for each semester between 1<sup>st</sup> semester 2005 and 1<sup>st</sup> semester 2018 that notified rabies present (data based on reports received up to 31 January 2019)**



Finally, to better understand the epidemiological situation in the Region in the framework of the global strategy for the elimination of dog-mediated human rabies, the percentage of countries/territories reporting the application of official vaccination and the percentage reporting the presence of human cases since the launch of the strategy were analysed. In fact, dog bites are responsible for almost all human cases and mass dog vaccination is considered the most cost-effective approach to eliminating human rabies exposures<sup>14</sup>.

In 2017 and 2018, an average of 67% of the reporting countries/territories declared that they apply official vaccination in dogs. It is important to highlight that out of the 47 countries/territories reporting rabies present, 25% (12/47) did not apply official vaccination in dogs.

Moreover 67% (26/39) of countries and territories submitting annual reports reported human cases and/or human deaths and 19% of them (5/26) did not report any official vaccination in dogs.

<sup>14</sup> Global elimination of dog-mediated human rabies, WHO/OIE Conference on rabies in December 2015 - <http://www.oie.int/eng/RABIES2015/index.html>

The analysis of the current section shows no significant evolution of the rabies situation in the Region. The number of countries/territories reporting the disease present seems to have been quite stable over time and the disease is still widespread in the Region, with only 20% of countries/territories reporting the disease absent.

The disease is mainly reported in domestic animals (45 out of the 47 countries/territories reporting the disease present) and this is where countries should focus their disease control efforts, mainly through vaccination of dogs, as indicated in the global strategy for the eradication of dog-mediated rabies, as domestic dogs (*Canis familiaris*) are the main host of rabies in most of Africa and they cause most of the human rabies cases<sup>15,16</sup>.

Official vaccination is applied by around two third of the countries /territories of the Region, but still 25% of countries reporting the disease present do not report any official vaccination programme. Vaccination of dog populations is considered the most effective measure to prevent the disease in humans, and programmes should be designed and implemented in a strategic way in order to achieve a proper coverage of the target population. The OIE recommends that its Members follow the recommendations of the global strategy for the elimination of dog-mediated human rabies, in order to reach the goal of zero human deaths by 2030. In addition to a proper strategy, the efficiency of a vaccination campaign relies on the administration of good quality vaccine.

In this context, the global strategy for the elimination of dog-mediated human rabies and the OIE rabies vaccine bank are important tools to reach the objective of eliminating human dog-mediated rabies deaths by 2030. To this purpose, during 2017 and 2018 more than 1,300,000 rabies vaccine doses were delivered in 11 countries. The OIE's newly developed policy paper on vaccine banks describes the guiding principles that the OIE will use with respect to decisions on allocation of vaccines, ensuring these support the implementation of global strategies as well as being driven by national needs. When requested to supply vaccine from the OIE vaccine bank, OIE will require information that the vaccine is to be used in accordance with a national control strategy, and a report following use of the vaccines signaling what has been achieved<sup>17</sup>.

#### **4. Infection with Rift Valley fever virus**

Under the auspices of GF-TADs, some 70 veterinary and medical professionals and scientists met at a conference held in Djibouti in April 2015 to reassess the situation of infection with Rift Valley fever virus (RVF) on both sides of the Red Sea. The Conference was entitled "Rift Valley fever: new options for trade, prevention and control"<sup>18</sup>. RVF is recognised as a priority disease for Africa and is integrated into the Regional GF-TADs 5-year Action Plan. During the conference, participants assessed the probability of new RVF outbreaks in the countries at risk as high, given the high probability of medium to strong El Niño events during the coming seasons, which usually lead to above normal rains<sup>18</sup>. In this context, this section reviews the recent RVF situation in the Region, and its evolution since 2005.

<sup>15</sup> Bingham, John. Canine rabies ecology in southern Africa. *Emerging infectious diseases* 11.9 (2005): 1337.

<sup>16</sup> Talbi, Chiraz, et al. Evolutionary history and dynamics of dog rabies virus in western and central Africa. *Journal of General Virology* 90.4 (2009): 783-791.

<sup>17</sup> OIE Policy Paper on Vaccine Banks. [http://www.oie.int/fileadmin/Home/eng/Links/docs/pdf/Policy-Paper-VB-final-EN\\_Oct-2018\\_01.pdf](http://www.oie.int/fileadmin/Home/eng/Links/docs/pdf/Policy-Paper-VB-final-EN_Oct-2018_01.pdf)

<sup>18</sup> GF-TADs, Report of the Conference "Rift Valley fever: new options for trade, prevention and control", April 2015, Djibouti, <http://www.rr-africa.oie.int/docspdf/en/2015/RVF/REPORT.pdf>

The recent geographical distribution of RVF in countries and territories of Africa, based on information collected through WAHIS during the period from 1 January 2017 to 31 January 2019, is shown in Figure 7. During this period, 50 countries and territories provided information on RVF, which was reported as present by 34% (17<sup>19</sup>/50) of them. Nine countries in the Region did not provide information on their national RVF situation (presence or absence) for 2017, 2018 and early 2019.

During the period from 1 January 2017 to 31 January 2019, RVF was reported by means of immediate notifications by six countries and territories, two of which reported RVF as a first occurrence. In Mali, RVF occurred for the first time in October 2016, and the event was reported in January 2017. The national authorities indicated that abortions had been reported one to two months before sampling and that surveillance was challenging, as the affected zone (Ménaka) was in a precarious security situation. Vaccinations were carried out in the affected zone in more than 7000 cattle, 6000 camelids, 50 000 sheep and 55 000 goats. The event was declared closed in November 2017. In South Sudan (Rep. of), RVF occurred for the first time in December 2017. In April 2018, the national authorities informed the OIE that the event could not be considered resolved, but that the situation was sufficiently stable for follow-up reports no longer to be submitted and for information related to this event to be reported only through six-monthly reports.

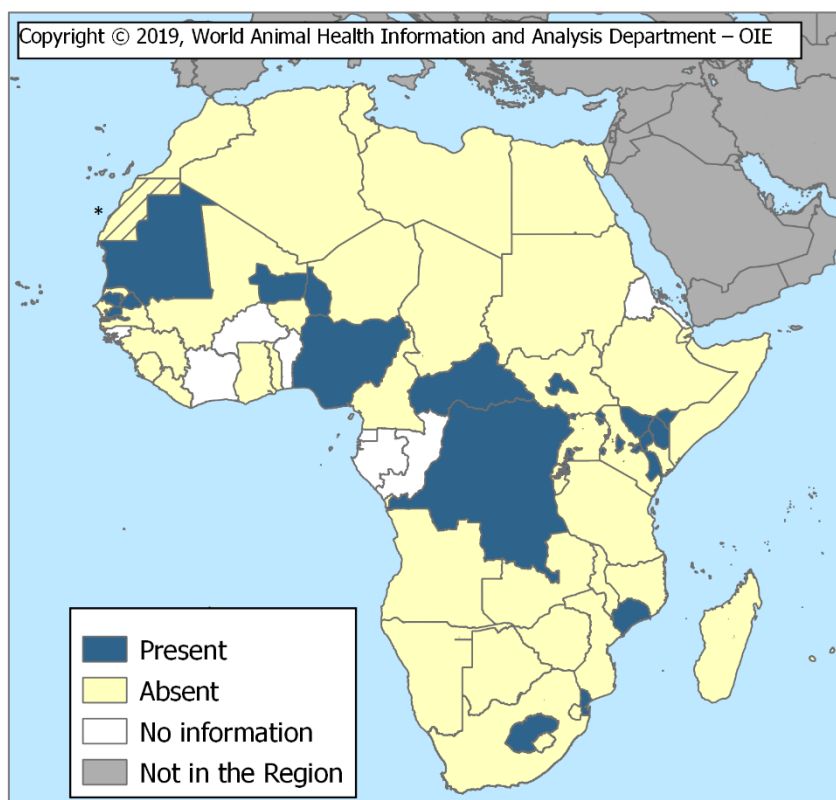
Four countries reported the recurrence of RVF. In South Africa, RVF recurred in April 2018, in Free State Province. The event was declared closed in June 2018 after vaccination had been applied in response to the outbreak. In Rwanda, RVF recurred in May 2018 in several locations. The national authorities indicated that key interventions were implemented in order to contain the spread of the disease, including quarantine measures, targeted vaccination, an awareness campaign and vector control. More than 200 000 cattle, 20 000 goats and 17 000 sheep were vaccinated, representing 85% of the animals in the risk area. As of 31 January 2019, eight outbreaks had been reported and the event was still on-going. In Kenya, RVF recurred in June 2018 in the north of the country. The national authorities indicated that the affected area had experienced above normal rainfall and an increased mosquito population, and that human cases had been reported in the area. As published by the World Health Organization (WHO)<sup>20</sup>, the Ministry of Health of Kenya confirmed an outbreak of RVF the same month. The first patient reported having consumed meat from a sick animal. As of 16 June, a total of 26 human cases had been reported, including seven confirmed cases and six deaths. The Ministry of Health and the Ministry of Livestock conducted a joint investigation, and the event, totalling 10 outbreaks in animals, was declared closed to the OIE in July 2018 after vaccination had been applied. Finally, in Uganda, RVF recurred in August 2018, in the south of the country. As of 31 January 2019, three outbreaks had been reported and the event was still on-going.

---

<sup>19</sup> Botswana, Central African Republic, Comoros, Congo (Dem. Rep. of the), Gambia, Kenya, Mali, Mauritania, Mayotte (France), Mozambique, Niger, Nigeria, Rwanda, Senegal, South Africa, South Sudan (Rep. of) and Uganda.

<sup>20</sup> <https://www.who.int/csr/don/18-june-2018-rift-valley-fever-kenya/en/>

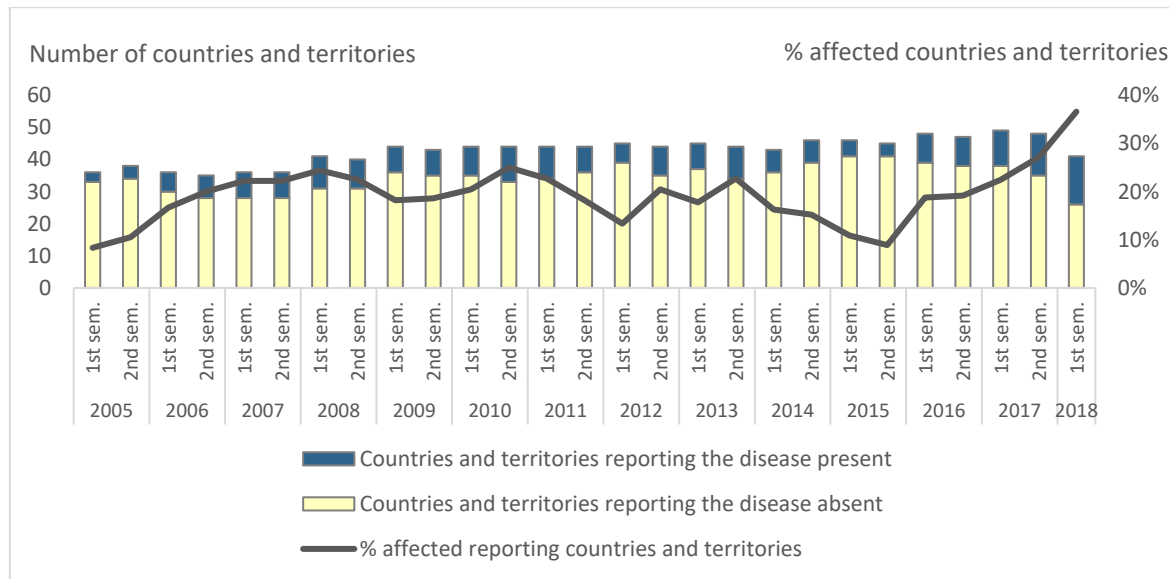
**Figure 7. Distribution of RVF in countries and territories of the Africa Region in 2017, 2018 and early 2019 (up to 31 January 2019)**



\* Data provided by Morocco

The following analysis describes the trend of the disease in the Region since 2005. Figure 8 shows that the percentage of reporting countries and territories notifying RVF present ranged between 8% (equivalent to three affected countries among 36 reporting countries and territories during the first semester of 2005) and 36% (equivalent to 15 affected countries among 41 reporting countries and territories during the first semester of 2018). The trend in the percentage of affected countries and territories, analysed using a generalised linear model with binomial distribution, shows no significant increase or decrease during the whole period (estimate: 0.01; p not significant). The percentage of reporting countries and territories notifying RVF present had irregular variations between 2005 and the first semester of 2018.

**Figure 8. Percentage of the reporting countries and territories in the Africa Region for each semester between 1<sup>st</sup> semester 2005 and 1<sup>st</sup> semester 2018 that notified RVF present (data based on reports received up to 31 January 2019)**



Regarding the presence of RVF and the evolution of the disease situation in the Region, conclusions and recommendations were issued during the Conference “Rift Valley fever: new options for trade, prevention and control” that took place in Djibouti in April 2015<sup>18</sup>. These conclusions, which are still relevant today, covered five aspects: 1) surveillance, outbreak prevention and early response; 2) vaccine development; 3) diagnosis of RVF; 4) trade; and 5) communication. Among other recommendations, at-risk countries were urged to “heighten surveillance in high-risk areas, e.g. increased monitoring of sentinel herds where available; and increased surveillance in markets or places where large numbers of animals are traded or congregate.”

To strengthen existing early warning systems, the OIE is working with FAO and WHO through the Global Early Warning and Response System (GLEWS). Information on RVF and other relevant diseases is disseminated within the GLEWS network, comprising these three organisations which combine their respective active search mechanisms and verification networks, in line with their mandates, and share the results of verification. This collaboration led in 2017 and 2018 to a coordinated response by each of the three organisations to RVF events. In this effort, the OIE Regional Representation for Africa and the Sub-Regional Representation for Eastern Africa and the Horn of Africa supported Members of the Region with the submission of immediate notifications for RVF, in accordance with Chapters 1.1. and 8.15. of the OIE *Terrestrial Animal Health Code*. Official communications between the OIE and some affected and at-risk Members, aimed at supporting them by clarifying their reporting obligations, led to more timely notification of exceptional RVF events in animals in the Region in 2017 and 2018. FAO provided risk assessments and WHO was involved in the Public Health Response in affected countries, providing alerts, risk assessments and advice.

Finally, some updates of Chapter 8.15. of the OIE *Terrestrial Animal Health Code* on RVF were submitted for revision to the relevant OIE Specialist Commissions in 2018. In particular, the OIE Terrestrial Code Commission is responsible for ensuring that the recommendations of the *Terrestrial Animal Health Code* reflect current scientific information on the protection of international trade and on surveillance methods for animal diseases and zoonoses. The views of the Delegates of Members are routinely sought through the circulation of draft and revised texts and, at each General Session, the Delegates discuss and formally adopt the draft texts as OIE standards. These texts are then incorporated into the next edition of the *Terrestrial Animal Health Code*.

In conclusion, this analysis suggests that there has been no significant improvement in the RVF situation since 2005. In 2017, 2018 and early 2019 (up to 31 January 2019), RVF was reported by means of immediate notifications by six countries, two of which reported their first occurrence of RVF. During this period, the disease affected West, Central, Eastern and Southern Africa, which demonstrates the importance of this zoonotic disease for the entire continent. The Region has been heavily affected by RVF during the past two years, especially when one also considers the disease burden on public health.

The OIE encourages countries and territories of the Region to share timely and accurate information on RVF distribution and control through WAHIS, and to make full use of the conclusions of the April 2015 Conference<sup>18</sup>, and of the Risk-based decision-support framework for prevention and control of Rift Valley fever epidemics in Eastern Africa, published by the International Livestock Research Institute (ILRI) in 2015<sup>21</sup>.

The OIE emphasises the importance of early notification of the disease in animals in order to improve One Health coordination in RVF-affected countries or countries and territories at risk for RVF. Members are therefore urged to comply with their reporting obligations, as stated in the *Terrestrial Animal Health Code*. OIE Members are also encouraged to actively participate in the revision of the Chapters of the OIE *Terrestrial Animal Health Code*, when relevant, and to this end the views of the Delegates are routinely sought.

#### **5. Infection with *Mycoplasma mycoides* subsp. *mycoides* SC (contagious bovine pleuropneumonia)**

Infection with *Mycoplasma mycoides* subsp. *mycoides* SC (contagious bovine pleuropneumonia) (CBPP) is an infectious and contagious respiratory disease of Bovidae, caused by *Mycoplasma mycoides* subsp. *mycoides* “small colony” (MmmSC), with a major impact on livestock production and a potential for rapid spread<sup>22</sup>. In natural conditions, MmmSC affects only ruminants of the *Bos* genus<sup>23</sup>. Small ruminants and wild animals do not play a role in the epidemiology of the disease, and CBPP is not a zoonosis. CBPP was identified in Europe in the 18th century and was eradicated from many countries at the beginning of the 20th century. Currently the disease remains enzootic in many Sub-Saharan African countries.

The recent geographical distribution of CBPP in countries and territories of Africa, based on information collected through WAHIS during the period from 1 January 2017 to 31 January 2019, is shown in Figure 9. During this period, 57 countries and territories provided information on CBPP, which was reported as present by 53% (30<sup>24</sup>/57) of them. Two countries in the Region did not provide information on their national CBPP situation (presence or absence) for 2017, 2018 and early 2019.

<sup>21</sup> [http://www.rr-africa.oie.int/docspdf/en/2015/RVF/BETT\\_DSf.pdf](http://www.rr-africa.oie.int/docspdf/en/2015/RVF/BETT_DSf.pdf)

<sup>22</sup> *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* 2018  
[http://www.oie.int/fileadmin/Home/eng/Health\\_standards/tahm/2.04.08\\_CBPP.pdf](http://www.oie.int/fileadmin/Home/eng/Health_standards/tahm/2.04.08_CBPP.pdf)

<sup>23</sup> Santini F.G., Visaggio M., Farinelli G., Di Francesco G., Guarducci M., D'Angelo A.R., Scacchia M. & Di Giannatale E. (1992). Pulmonary sequestrum from *Mycoplasma mycoides* var. *mycoides* SC in a domestic buffalo; isolation, anatomo-histopathology and immuno-histochemistry. *Veterinaria Italiana*, 4, 4–10.

<sup>24</sup> Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Cote D'Ivoire, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Zambia

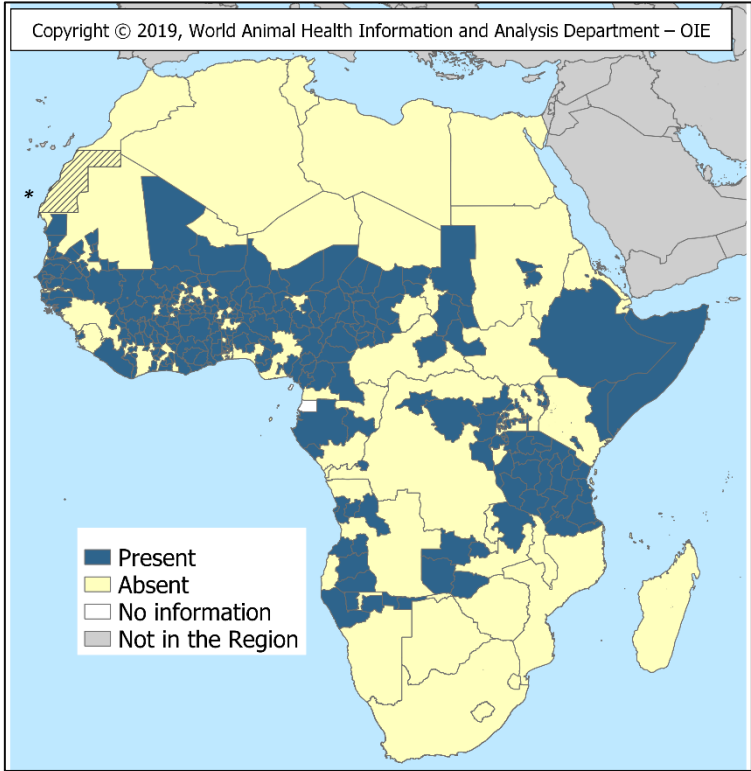
According to Resolution No. 24 (86th General Session of the World Assembly of Delegates of the OIE, May 2018), five countries and territories in Africa are officially recognised as CBPP free: Botswana, Mayotte (France), Reunion (France), South Africa and Eswatini. Namibia has an officially recognised CBPP free zone, located south of the Veterinary Cordon Fence. According to Resolution No. 25 (86th General Session of World Assembly, May 2018), Namibia has an OIE-endorsed official control programme for CBPP.

During the period from 1 January 2017 to 31 January 2019, CBPP was reported by means of immediate notifications by three countries. In February 2017, Gambia reported the recurrence of the disease in the Central River Region, with the date of the start of the event in September 2016. The occurrence of the disease was stated to be linked to the “trade in live animals from neighbouring countries that do not go along with the necessary veterinary checks”. In January 2018, the country submitted to the OIE a final report declaring the disease situation to be “sufficiently stable”, and that the situation in the country would continue to be reported through the six-monthly reports only.

Zambia reported the recurrence of CBPP in April 2017, in the Southern Region. Here, too, the source of infection was identified as illegal movement of animals. Considering that no cases of CBPP had been reported since 2009 and the animals in the area were not vaccinated against the disease, a policy of testing and slaughtering any positive animal was put in place. The event was declared resolved in December 2017.

Finally, in August 2018, Namibia reported the recurrence of the disease in Kavango West, with the date of the start of the event in July 2018. Here, too, illegal movement of animals was identified as the cause of the disease spread. As of 31 January 2019, the event was still ongoing, with two different administrative divisions affected.

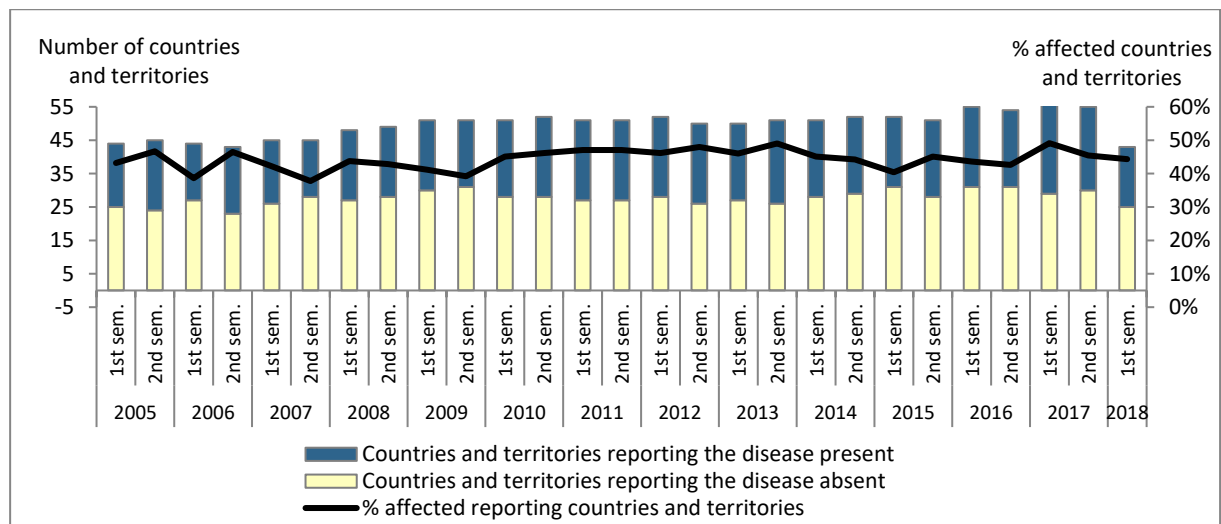
**Figure 9. Distribution of CBPP in countries and territories of the Africa Region in 2017, 2018 and early 2019 (up to 31 January 2019)**



\* Data provided by Morocco

The following analysis describes the trend of the disease in the Region since 2005. Figure 10 shows that the percentage of reporting countries and territories notifying CBPP present moved from 43% in the 1st semester of 2005 to 44% in the 1st semester of 2018. The trend in the percentage of affected countries, analysed using a generalised linear model with binomial distribution, shows no significant evolution (increase or decrease) during the whole period (estimate: 0.005; p not significant), indicating a stable situation of the disease at regional level.

**Figure 10. Percentage of the reporting countries and territories in the Africa Region for each semester between 1<sup>st</sup> semester 2005 and 1<sup>st</sup> semester 2018 that notified CBPP present (data based on reports received up to 31 January 2019)**



CBPP appears to be endemic in many Sub-Saharan countries, while the disease is reported as absent in the Northern and Southern parts of the Africa Region. In particular, all the countries and territories officially recognised as CBPP free are grouped together in the Southern part of the Region.

All the significant animal health events related to the spread of CBPP and reported by Members through immediate notifications were due to illegal movement of animals. In view of this, Members should pay particular attention to the monitoring and control of livestock movements.

In order to improve animal health status in terms of CBPP and avoid the spread of the disease to countries officially recognised as CBPP free, Members are recommended to continue their efforts for transparent and timely sharing of information through WAHIS.

Members wishing to be officially recognised as CBPP free by the OIE are encouraged to improve their efforts to comply with all the requirements specified in the *Terrestrial Animal Health Code* for CBPP (Chapter 11.5.) and to submit the dossier referred to in Chapter 1.6 of the *Terrestrial Animal Health Code*.



## **6. WAHIS + project and the OIE-WAHIS platform**

### **General background**

WAHIS is an intrinsic and fundamental part of the OIE's mandate and a vital tool for the 182 OIE Members to continue '*Ensuring Trust through Transparency and Communication*' of the global animal disease situation in a timely manner. The sustainability of this platform and its continued use by national Veterinary Services is at the core of the OIE Sixth Strategic Plan 2016-2020 and will continue to remain a key priority for the OIE.

Taking into consideration the fact that WAHIS was created in 2005, as well as changing societal demands and the rapid pace of technological and digital change, the OIE's Members requested the Organisation to develop a modernised, global and analytically versatile new system. This system, which will be launched in the second semester of 2019, will be called OIE-WAHIS. In this context, the OIE has embarked on a ten-year process of modernising its existing animal health information system.

OIE-WAHIS will constitute a completely redesigned platform and will incorporate a transdisciplinary and holistic approach to data collection, analysis and dissemination – not only addressing animal diseases, but also public health. Moreover, as OIE-WAHIS moves forward, it will progressively incorporate climate and environmental data sources. OIE-WAHIS will have a faster and more intuitive user-friendly system with new features, which will include extended data mining, customisable data queries and enhanced mapping and data visualisation capabilities. Interactive maps will be accessible in numerous application pages, including dashboards implemented for national purposes, showing data such as outbreak location, affected species, analytics indicators in various forms and risk perimeters (zoning and compartmentalisation). The dynamic, interactive, ergonomic national dashboards will have integrated analytical capabilities and enable data to be extracted and uploaded in a wide range of formats (e.g. PDF, Excel, CSV and as an image). Building bridges between OIE-WAHIS and national/regional databases will support this endeavour and regional initiatives are already underway.

Due to the magnitude of this project, in April 2018 the OIE engaged an internationally recognised IT development company, called Sopra Steria, to undertake the development of the OIE-WAHIS platform.

### **Progress on deliverables**

The development and deployment of the OIE-WAHIS platform has an estimated project duration of 3 years, starting in the second semester of 2018, and an application lifespan of 10 years and beyond. The project was structured in phases to initially focus on ensuring the development of major core functionalities during the first and second releases. More specifically, the first release (expected second semester 2019) includes: an immediate notification and follow-up reporting module and a six-monthly report module, as well as their respective interfaces, an e-learning system (for developed modules) and a smartphone application (with an upgraded mapping component). For the second release, in December 2019/January 2020, additional modules of the core functionalities will be developed, such as the following: the annual report, the 'wild' annual report, a new local report to facilitate the process of notification to the OIE, an e-learning system (for additional reporting modules) and a smartphone application (with improved features).

In collaboration with the OIE project team and the World Animal Health Information and Analysis Department, Sopra Steria has already begun laying down the functional and technical foundations for OIE-WAHIS, which involves the creation of all relevant technical documents and the specifications. The teams are currently working on: (i) establishing the design layout (ergonomic, functional and technical navigation standards – graphic charter); (ii) establishing functional interfaces and management rules based on the high-level business requirements; (iii) outlining the data model; and (iv) establishing the functional modalities for data migration.

Starting in September 2018 and continuing in early 2019, the project has entered a new phase with a specific objective to define the detailed functional specifications for Immediate notification and Follow-up reports. In addition, detailed specifications for management of OIE-WAHIS users and configuration aspects of the future application have also been finalised in early 2019. This phase is being run in parallel with the development and testing phases to enable the product to be delivered at the earliest possible date. Work has also begun on the following: (i) management and/or processing rules; (ii) an analysis of the data and a description of data properties; and (iii) user interface design (inputs, outputs, dialogue).

A communication and advocacy strategy for OIE-WAHIS was developed in 2018. In October 2018 a survey was developed to test the new proposed name for WAHIS: “OIE AnimalInfo”. The survey results were inconclusive, and the decision was taken at General Directorate and Steering Committee level to call the platform OIE-WAHIS.

In December 2018 the new communication tools, such as video and brochure, were developed in three OIE languages, to promote the upcoming launch of a completely redesigned OIE-WAHIS with new features. All project related communication materials may be accessed on the dedicated web portal “The future OIE-WAHIS”: [www.oie.int/oie-wahis](http://www.oie.int/oie-wahis)

### **Key Users Committee**

Key users’ involvement right from the early stages of the project is crucial for the development of a sustainable system that can respond to user needs and expectations. The Key Users Committee will be composed of selected users (identified from OIE national Focal Points for Animal Disease Notification, for Aquatic Animals and for Wildlife), as well as OIE scientific experts who have expressed an interest in the evolution of WAHIS.

These selected key users will be drawn from all OIE Regions and will represent the interests and views of OIE-WAHIS end users. During OIE-WAHIS development, these key users will undertake end-user testing and provide recurrent business and functional feedback to the OIE-WAHIS project management team and ensure that any evidence gaps are addressed. This Committee will start work in March 2019 on the module for immediate notifications and follow-up reports, after which other key users will be invited to work on the six-monthly report module. Meetings will be organised using remote access (e.g. videoconference). Authorisations and coordination with the Focal Points will be conducted through the Delegate.

Recommendation No. 1

**Veterinary paraprofessionals:  
their governance and role in improving animal health and welfare in Africa**

CONSIDERING THAT:

1. In many Member Countries, particularly those without enough numbers of veterinarians, veterinary paraprofessionals (VPPs) are called upon to provide a wide range of activities and services in the areas of animal health, veterinary public health and laboratory diagnosis and their participation can be essential to the performance of the National Veterinary Services;
2. The OIE recognises the important role that VPPs can play within strong National Veterinary Services and commits to a better definition of the role of veterinary paraprofessionals, including their education and training;
3. The OIE had developed the Competency Guidelines for Veterinary Paraprofessionals for three tracks of VPPs, namely Animal Health, Veterinary Public Health and Laboratory Diagnosis and is currently working on the publication of model curricula for the same three categories;
4. Chapter 3.4 of the OIE *Terrestrial Animal Health Code* indicates that a Member Country's veterinary legislation should provide a basis for the regulation of veterinarians and VPPs and suggests the creation of a regulatory entity, the veterinary statutory body (VSB), to carry out that regulation;
5. The OIE PVS Tool for the evaluation of Veterinary Services contains Critical Competencies for assessing Member Countries' performance with respect to VPPs;
6. The OIE is providing support to its Member Countries to explore, plan and implement Public-Private Partnerships (PPPs) in the delivery of Veterinary Services and will soon publish guidelines for Public- Private Partnerships in the Veterinary Domain (the «OIE PPP Handbook») to provide practical advice to its Member Countries and relevant private sector stakeholders, including VPPs;
7. The outcomes of the OIE Regional Conference on the role of veterinary para-professionals in Africa held in Pretoria in 2015, in collaboration with the African Veterinary Technicians Association (AVTA) and GALVmed catalysed the work of the OIE on VPPs;

And considering that, based on the responses to the questionnaire provided to the Delegates of the Regional Commission for Africa in preparation of this Technical Item:

8. Countries indicated that the role fulfilled by VPPs is either “very important” or “important”, and as such, they make an important contribution towards veterinary service delivery in Africa;
9. Countries identified disease prevention, surveillance and control and eradication as the most important contributions made by VPPs;
10. VPPs experience numerous challenges including, but not limited to, lack of job opportunities, lack of resources, lack of formal recognition and lack of training;

11. VPPs are present in both the private and public sector, with the animal health category being the most widely recognised VPP group within both sectors;
12. On average, more than enough VPP training facilities are available in Member Countries and the duration of the formal training they provide differs widely between countries ranging from 6 to 36 months according to the country's specific needs and availability of resources;
13. Most of the activities carried out by VPPs are done under the supervision of a veterinarian;
14. Most of the countries indicated that VPPs are regulated, but less than half of them are regulated by a Veterinary Statutory Body (VSB);
15. VSBs are mostly involved in assessing the curriculum, while they are involved to a lesser extent in setting exit examinations, continuous professional development activities and the placement of students for internships;
16. The majority of the Member Countries do not allow VPPs from other countries to work within their country; and
17. The majority of Member Countries indicated the presence of Community-based Animal Health Workers (CAHWs) usually trained for less than a month with no regulatory oversight of their work.

#### THE REGIONAL COMMISSION FOR AFRICA

#### RECOMMENDS THAT MEMBER COUNTRIES:

1. Actively use the OIE Competency Guidelines and the OIE Curricula Guidelines for Veterinary Paraprofessionals as advocacy documents to engage a dialogue with educational authorities and training institutions in order to stimulate the development and/or upgrading of VPPs education;
2. Undertake human resource needs assessments to determine the number and types of VPPs needed to fulfil the responsibilities of the Veterinary Services and use the OIE Competency and Curricula documents to help define the job responsibilities and relevant training required for additional VPPs;
3. Establish a Veterinary Statutory Body or make sure, whenever possible, existing VSBs' mandates include recognising the different categories of VPPs, identifying their prerogatives and activities and defining their training requirements for licensure or registration;
4. Take advantage of the PVS Pathway mission reports and implement the recommendations related to VPPs and VSBs;
5. Request the undertaking of an OIE Veterinary Legislation Agreement with a focus on VSB-related legal reform when relevant;

#### AND THAT THE OIE:

6. Continue to provide support to Member Countries through the PVS Pathway, especially through the Veterinary Legislation Support Programme;
7. Organise sub-regional workshops for creating an enabling environment for the effective identification of human resource needs for VPPs in the VS as well as their training and utilisation;

8. Provide access to experts for undertaking curriculum review and reform efforts with VPP training institutions;
9. Through its work on public-private partnerships and the development of the OIE PPP Handbook, work with Member Countries and VPP associations to facilitate the use of private sector VPPs and veterinarians to fulfil the responsibilities and obligations of the VS with regard to animal health and welfare, veterinary public health and laboratory diagnosis; and
10. Undertake a partnership with the *École inter-États des sciences et médecine vétérinaires* of Dakar, and any other relevant institutions, aiming at developing quality VPP training activities in Africa.



Recommendation No. 2

**The PVS Pathway as an Advocacy Tool for Increased Investment  
in Veterinary Services in Africa**

CONSIDERING THAT:

1. Livestock performance, incorporating animal health, has a major impact on economies and livelihoods in Africa given the high contribution of livestock production to agricultural gross domestic product (GDP) and the high contribution of agricultural GDP to national GDP, particularly in the poorer countries of Africa;
2. A combination of a focus on cropping, institutional weaknesses and failed historical approaches has resulted in chronic under-resourcing of the livestock and Veterinary Services sectors during the 70's and 80's, especially in proportion to their influence on economies and livelihoods, from both national governments and international donors;
3. Multi-lateral African government initiatives such as the Maputo Declaration on agriculture and food security expenditure (Maputo, 2003), the Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods (Malabo, 2014), the Comprehensive Africa Agriculture Development Programme (CAADP), and the Livestock Development Strategy for Africa 2015-2035 – LiDeSA (2015), are attempting to reverse this by promoting solidarity in increasing African government investments in agriculture and livestock respectively, and that one of the four strategic objectives of LiDeSA is to enhance animal health and increase production, productivity and resilience of livestock production systems;
4. Some key OIE resource partners are also attempting to boost support to the livestock sector, citing its indispensable and growing role in agricultural and rural development, income generation, food security and nutrition, public health, national and international trade, and the environment;
5. Livestock contributes directly to 8 of the 17 United Nations' Sustainable Development Goals, and indirectly to all 17;
6. There is also a growing awareness of the major role animal health and production can play, particularly in its pastoral dimension, in the prevention and mitigation of organised crime in certain parts of Africa;
7. The market for livestock products in Africa is growing rapidly with, for example, annual per capita consumption of meat and milk expected to approximately double by 2050; with the population expected to also double over this period, demand could quadruple; and
8. The livestock sector faces high economic impact diseases continuing to devastate livestock populations across Africa, with many of these diseases also posing public health risks as zoonoses.

## THE REGIONAL COMMISSION FOR AFRICA

### RECOMMENDS THAT MEMBER COUNTRIES:

1. Actively engage with the evolved PVS Pathway and take ownership of its outputs as a means to advocate for both increased and better targeted resourcing of animal health and veterinary public health as a key contribution to livestock sector development in Africa;
2. Use the messaging as provided in the PVS Pathway Advocacy One Pager and detailed in the PVS Pathway Business Case, to advocate for resourcing to strengthen Veterinary Services and therefore the livestock sector within their governments, particularly at Ministerial levels;
3. Advocate for stronger Veterinary Services by using integration of PVS Pathway findings and recommendations as a way to promote their strategic planning and funding proposals within the agricultural sector;
4. Use PVS Pathway mission report findings and recommendations in dialogue with relevant technical and financial partners to increase and better target support available to strengthen Veterinary Services and the livestock sector based on national needs and development strategies;
5. Utilise the PVS Pathway to also support advocacy and investment targeting animal health issues affecting species other than livestock such as aquatic animals, companion animals (e.g. rabies), wildlife and bees;
6. Consider an update via requesting a PVS Evaluation Follow Up where any existing PVS Evaluation report is greater than five years old, or where significant changes to the Veterinary Services have occurred;
7. Tailor PVS Pathway engagement based on governance or technical needs via the new opportunities presented by PVS Pathway evolution; including options to receive training, conduct PVS Self-evaluation, supplement PVS Evaluation missions with specific content on PPR or rabies, and receive PVS Pathway Strategic Planning support to integrate findings in a national strategic plan to strengthen Veterinary Services;
8. Consider engaging in established PVS Pathway targeted support in One Health, veterinary legislation and veterinary laboratories, and newer forms of targeted support in veterinary and veterinary paraprofessional education and public-private partnerships;
9. Make their existing and future PVS Pathway reports publicly available, or, at a minimum, available to official OIE technical and financial partners, given their usefulness in guiding the provision of development support;

### AND THAT RELEVANT TECHNICAL AND FINANCIAL PARTNERS:

10. Strengthen and formalise the value and use PVS Pathway outputs to inform the design of, investment in, and monitoring of relevant development strategies and projects, and financial and technical support, to strengthen Veterinary Services and the livestock sector in Africa, in close partnership with the OIE and Member Countries concerned;



AND THAT THE OIE:

11. Continue to advocate at the global level on the importance of Veterinary Services and investing in the livestock sector, including by refining messages, and accessing and providing robust supporting data and reports;
12. Continue to provide support to Member Countries through the PVS Pathway, especially the support to integrate findings and recommendations within national strategic plans as a mechanism to enhance country ownership and sustainability, and increase investment; and
13. Continue to advocate and coordinate with other relevant international, regional and national technical and financial partners, to collaborate in the implementation and use of the PVS Pathway, based on complementary institutional mandates and relative strengths.