



Organisation
Mondiale
de la Santé
Animale

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Health

Organización
Mundial
de Sanidad
Animal

17th Conference of the
OIE Regional Commission for Africa
Asmara (Eritrea), 26 February – 1 March 2007

FINAL REPORT

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List of abbreviations

ALive	:	African Livestock Platform
AMU	:	Arab Maghreb Union
AU-IBAR	:	African Union - Interafrican Bureau of Animal Resources
CEBEVIRHA	:	Economic Community of Cattle, Meat and Fish Resources
CEMAC	:	<i>Communauté économique et monétaire de l'Afrique centrale</i>
ECOWAS	:	Economic Community of West African States
ECTAD	:	Emergency Centre for the Control of TADs (Transboundary Animal Diseases)
ELISA	:	Enzyme-linked immunosorbent assay
EU	:	European Union
FAO	:	Food and Agriculture Organization of the United Nations
GF-TADs	:	Global Framework for Transboundary Animal Diseases
IGAD	:	Intergovernmental Authority on Development
MDTF	:	Multi-Donor Trust Fund
NEPAD	:	New Partnership for African Development
OIE	:	World Organisation for Animal Health
PACE	:	Pan-African Programme for the Control of Epizootics
PARC	:	Pan African Rinderpest Campaign
PRINT	:	Promotion of Regional Integration in the SADC Livestock Sector
PRSP	:	Poverty Reduction Strategy Papers
SADC	:	Southern Africa Development Community
SPS	:	WTO's Agreement on the Application of Sanitary and Phytosanitary Measures
WB	:	World Bank
WHO	:	World Health Organization
WTO	:	World Trade Organization

Introduction

1. At the invitation of the Government of Eritrea, the 17th Conference of the OIE Regional Commission for Africa was held in Asmara from 26 February to 01 March 2007.
2. A total of 103 participants, comprising OIE Delegates and/or nominees of 29 Member Countries and 6 Observer Countries and senior officers from 13 regional and international organisations attended the conference. In addition, representatives of the private sector and private veterinary organisations from 3 countries were present. Dr Barry O'Neil, President of the OIE International Committee, Dr Bernard Vallat, OIE Director General, Dr Robert Thwala, President of the OIE Regional Commission for Africa, Dr Ghebrehiwet Teame, OIE Delegate for Eritrea, Dr Dewan Sibartie, Head of the OIE Regional Activities Department, Dr Samba Sidibe, OIE Regional Representative for Africa, Dr Bonaventure Mtei, Representative of the OIE Sub-Regional Representation for SADC countries and Dr Antonio Petrini, Deputy Head of the OIE Animal Health Information Department also participated in the Conference. The speakers of Technical Items I and II, namely, Dr Ahmed Mustafa Hassan, veterinary consultant and former OIE Delegate of Sudan and Dr Issoufou Dare, Director of Animal Resources UEMOA, Ouagadougou, Burkina Faso honoured the Conference by their presence.
3. The list of participants and the agenda are presented in Appendices I and II.

Monday 26 February 2007

Cultural Show

4. A cultural show was organised by a youth organisation of Eritrea. Several items were presented including one relating to avian flu and another one illustrating the role of the OIE in protecting animal health. The show was highly appreciated by the audience.

Opening Ceremony

5. Dr Ghebrehiwet Teame, OIE Delegate of Eritrea, welcomed participants on behalf of the Organising Committee and the Eritrean Ministry of Agriculture stating that it was an honour for Eritrea to have been chosen to host the 17th OIE Regional Conference for Africa.
6. Dr Ghebrehiwet Teame expressed his gratitude to the Minister of Agriculture of Eritrea for his presence at the opening ceremony and extended a special welcome to the OIE Director General and his staff as well as representatives of regional and international organisations.
7. The OIE Delegate of Eritrea stated that Eritrea is basically a livestock country which counts 2.2 million cattle, about 7 million sheep and goats, 0.4 million camels and about 2.5 million poultry. It therefore places great emphasis on all efforts aimed at improving animal health and production.
8. Dr Ghebrehiwet Teame recalled that the first veterinary research institute in Africa was set up in Asmara in the early 20th century and that institute contributed significantly towards the control of animal diseases such as rinderpest which is believed to have entered Africa via the port of Massawa in Eritrea. He expressed satisfaction that through hard work and perseverance, rinderpest has now been eradicated from his country.
9. The OIE Delegate stated that since Eritrea joined the OIE in 1993, it has complied with all its obligations and responsibilities particularly as regards the reporting of animal diseases as per the instructions of the OIE. He provided assurances that his country will continue to support the activities of the OIE both in Africa and worldwide.
10. Regarding the organisation costs of the conference, Dr Ghebrehiwet Teame expressed his gratitude to all the sponsors particularly livestock holders, who provided financial support.
11. In conclusion, Dr Ghebrehiwet Teame wished participants a pleasant stay, inviting them to prolong their visit in Eritrea to personally witness the warmth and hospitality of the Eritrean people.

12. Dr Robert Thwala, President of the OIE Regional Commission for Africa, on behalf of all the Delegates, thanked the Government and people of Eritrea for kindly hosting the conference. He also expressed his appreciation to Dr Ghebrehiwet Teame and the Organising Committee for their valuable efforts in organising the Conference.
13. Dr Thwala stated that the high level of attendance to the 17th Conference is a reflection of the significance attached to the animal health and welfare especially by the people of this part of the continent, namely the Horn of Africa.
14. Speaking on the challenges and threats that confront the continent, Dr Thwala underlined the role of the OIE in forging sustainable partnerships with other International and Regional Organisations to enable countries to face those challenges and threats. He mentioned the ravages of H5N1 on the frail African economies and spoke on the importance of timely and effective response and the sharing of experiences to better combat animal diseases.
15. Dr Thwala stressed the importance of compliance with OIE international standards on animal disease control and the international trade of animals and animal products urging governments to realise that investment of resources in these sectors will assure greater returns.
16. Dr Thwala also called upon Member Countries of the region to honour their financial commitments to the OIE to enable the organisation to meet its objectives.
17. Dr Samba Sidibe, OIE Regional Representative for Africa, stressed that the Conference provided a unique opportunity to address the activities of the OIE in the continent and to appreciate the efforts of all stakeholders including livestock breeders in the alleviation of poverty especially in agro-pastoral societies.
18. The OIE Regional Representative recalled the activities of the Representation since its creation in October 2000 with the approval of the Government of Mali and the support of AU and the EU. He expressed his deepest gratitude to the EU and AU-IBAR for the financial support provided by the EC in the activities of the Representation.
19. Dr Sidibe underlined the dedicated support of the OIE Director General over the past six years to secure financial support for the Representation to meet its objectives particularly regarding capacity building for Veterinary Services of the Continent. He recalled that thanks to Dr Vallat, Veterinary Services are now regarded by the International donor community as an International Public Good, the avian influenza crisis being timely in reinforcing that concept. He added that Dr Vallat has contributed enormously in strengthening Veterinary Services and improving their governance in Africa.
20. Dr Sidibe stated that in line with the fourth Strategic Plan of the OIE and a Resolution adopted during the last General Session, part of the contribution of Member Countries will serve to finance the regular budget of the regional Representation. However, he pointed out that many African countries belong to the sixth membership category of the OIE and are on the list of least developed countries paying only half of their contributions and thus funds received along that line will be limited. He urged Member Countries to be up to date with their contributions underlining that additional external resources will still be necessary for the African representation.
21. Dr Sidibe described the various activities of the Representation including those organised in collaboration with regional and international organisations. He mentioned the creation of the joint OIE/AU/FAO Regional Animal Health Centre with an important financial support from the Government of Mali pointing out that the Centre will be called upon to play an important role in the near future.
22. In conclusion, Dr Sidibe urged policy makers of the continent to provide all necessary resources to Veterinary Services to ensure good governance and to achieve the objectives of Veterinary Services.
23. The President of the OIE International Committee, Dr Barry O'Neil, began his presentation by thanking the Government and the OIE Delegate for Eritrea, for hosting the 17th Regional Commission Conference for Africa. He highlighted the importance of the African region to OIE both considering its size and the fact that 51 OIE Member Countries come from the region, but also due to the unfortunate situation that the region has 25 of the world's poorest countries.

24. Dr O'Neil highlighted the fact that while significant economic growth had occurred in developing countries in other parts of the world, this was not the case for a number of African countries, where poverty and hardship of the people were still very prevalent. As agriculture comprises a significant part of most African economies, improving the animal health situation of livestock will make a very positive improvement to the standards of life for the large number of people dependent on livestock for their existence.
25. Dr O'Neil stated that the avian influenza crisis has given developing countries in Africa a unique opportunity to improve the capability of Veterinary Services, including surveillance programmes and the application of the PVS tool for evaluating and strengthening of Veterinary Services, by using the funds pledged from donor agencies within the OIE's World Animal Health and Welfare Fund.
26. Dr O'Neil stressed the importance of maximising the opportunity that this current situation has provided, and of working collaboratively to achieve the best outcome. Future challenges from changing climates in the region will also require a strong veterinary service and surveillance systems to detect new pests and diseases, so they can be controlled before they spread widely.
27. Dr O'Neil concluded by thanking once again the government of Eritrea for hosting the conference, and wished everyone a successful conference.
28. Dr Dewan Sibartie, Head of the OIE Regional Activities Department read the speech of Dr Bernard Vallat, Director General of the OIE who could not attend the inaugural ceremony due to circumstances beyond his control.
29. Dr Vallat thanked the host country Eritrea, the Minister of Agriculture of Eritrea, the OIE Delegate of Eritrea and officials of the Ministry of Agriculture for their tireless efforts in organising the 17th Conference of the OIE Regional Commission for Africa in the peaceful and beautiful city of Asmara. He was glad to note the high level of attendance and expressed his appreciation to AU-IBAR and the PACE Programme for their support in enabling the participation of several countries.
30. Dr Vallat underlined the vital role of livestock in African economies including the potential role livestock can play in food security and the alleviation of poverty in the continent. He pointed out that without a strong Veterinary Service and good governance, such objectives will not be achieved. He described the activities of OIE related to capacity building and strengthening of Veterinary Services and the actions taken by OIE to secure financial support particularly for African countries. In this respect, he thanked the donor community notably the World Bank and the European Commission for their generous support in enabling certain important livestock projects to be implemented in Africa.
31. Speaking on the Fourth OIE Strategic Plan, which has been unanimously adopted by OIE Member Countries, Dr Vallat stated that it has reinforced OIE activities relative to the dissemination of timely and accurate information on animal diseases including zoonoses, strengthened the role of the OIE as a reference organisation for setting science-based standards and improved the prevention and control of animal diseases including zoonoses. The plan has added two new strategic elements, the first being to support capacity building for OIE Delegates and their staff and the second dealing with strengthening of the OIE's involvement in improving governance related to decision-making in animal health and welfare. He added that the plan also emphasises visibility on communication to ensure that the activities of Veterinary Services are genuinely reported by the media to the general public, decision-makers and veterinary professionals.
32. Regarding OIE Regional Representations, Dr Vallat announced that at its last meeting in May 2006, the OIE International Committee provided him with a clear mandate to implement a new mechanism allowing direct funding of the activities of OIE Regional Representations through 10% compulsory contributions of Member Countries of the OIE Regional Commissions. He announced that negotiations were well under way to create Sub-Regional Representations in North and East Africa to ensure a wider participation of countries of the region in OIE activities.

33. The OIE Director General noted with some satisfaction the improving animal health situation in the region but expressed much concern about the possible spread of Rift Valley fever (RVF) and HPAI to other countries if appropriate steps are not taken regarding early detection of and rapid action against that disease underlining the importance of the international Conference on avian influenza held recently in Bamako, Mali.
34. Dr Vallat spoke of the various challenges and threats facing the Veterinary profession in the world such as globalisation, climate changes and bioterrorism pointing out that Veterinary Services need to remain vigilant as some animal diseases tend to strike when and where they are least expected, the occurrence of Bluetongue in Northern Europe being a classical example.
35. Commenting in general on the control and eradication of some important animal diseases, Dr Vallat stressed that this would be impossible without a stamping out policy solidly backed by Government. He thus urged policy makers to ensure that disease control programmes include whenever possible a policy of compensation to breeders who lose their animals as a result of the control programme.
36. Dr Vallat also commented on the technical items that would be presented during the course of the Conference. Presentations would also be made among others on aquatic animal diseases in Africa and the contribution of the ALive Programme in livestock development in the continent.
37. Dr Vallat concluded by urging African governments to provide adequate resources to Veterinary Services to enable them to play their role as providers of services for international good.
38. His Excellency, Mr Arefaine Berhe, Minister of Agriculture of Eritrea, welcomed all participants and thanked all his colleagues and staff who worked very hard to ensure the success of the conference.
39. Mr Arefaine Berhe described the importance of livestock in Eritrea, which contributes about 15% of the 26% GDP contribution provided by agriculture to the national economy of Eritrea. He underlined the positive evolution of the livestock sector since the liberation struggle mentioning the various measures that have been taken in the field of animal disease control. Rinderpest has been successfully eradicated and vaccinations against other important diseases are provided free of charge.
40. The Minister stated that despite current achievements, much remains to be done and investment in the livestock sector up to now is far below what its potential warrants. Therefore, with appropriate management and animal health services to overcome a few critical constraints, livestock has the potential to become a rapidly growing economic sector. He urged Eritreans to modernise the sector making full use of the broad genetic base of Eritrean ruminants and aim at specialised and targeted markets and products, if they are going to maintain a viable role in the very competitive export markets. In this respect, he urged the Veterinary Services of Eritrea to follow the guidance of the OIE especially in terms of capacity building and the facilitation of market access indicating that draft legislation is already in place to ensure compliance of Veterinary Services of Eritrea with OIE international standards.
41. Speaking of the devastating effects of highly pathogenic avian influenza, the Minister commended the OIE for its utmost dedication and professionalism.
42. Mr Arefaine Berhe also thanked AU-IBAR, the EC and the FAO for their contributions in controlling animal diseases in Eritrea. He provided assurances of his country's commitments to collaborate with the OIE and other sister organisations in the control of transboundary animal diseases.
43. In conclusion, the Minister wished much success to the participants and declared the 17th Conference of the OIE Regional Commission for Africa officially open.
44. The texts of the above speeches were made available to all the participants.

Election of the Conference Committee

45. Participants elected the following Conference Committee:

Chairperson: Dr Ghebrehiwet Teame (Eritrea)
Vice-Chairperson: Dr Adam Hassan Yacoub.(Chad)
Rapporteur General: Dr Joseph Omachi Musaa(Kenya)

Adoption of the Agenda and Timetable

46. The Provisional Agenda and Timetable were adopted after the inclusion of an agenda item on the role of PANVAC.

Designation of Session Chairpersons and Rapporteurs

47. The Conference Committee was elected as follows:

Item I: Dr Robert Thwala (Swaziland), Chairperson
Dr Ahmed Tawfik Mohamed(Egypt), Rapporteur

Item II: Dr Hamadou Saidou (Cameroon), Chairperson
Dr Mamadou Kane (Mali), Rapporteur

Animal health situation:

Dr Mokhtar Fall (Mauritania), Chairperson
Dr Botlhe Michael Modisane (South Africa), Rapporteur

Technical Item I

Strategy for strengthening national epidemiological surveillance in Africa

48. The Session Chairman, Dr R.Thwala, briefly introduced the speaker for this Technical Item, Dr A. M. Hassan, veterinary consultant and former OIE Delegate of Sudan.
49. The presentation included information and comments received from representatives of 19 Member Countries of the Regional Commission of the OIE on a questionnaire related to the issue of epidemiological surveillance.
50. Animal diseases continue to be a serious impediment to economic progress in most countries in Africa and the situation is likely to worsen if timely appropriate steps are not taken.
51. The OIE defines an Epidemiological unit as a group of animals with a defined epidemiological relationship that share approximately the same likelihood of exposure to a pathogen. This may be because they share a common environment (e.g. animals in a pen), or because of common management practices. Usually, this is a herd or a flock. However, an epidemiological unit may also refer to groups such as animals belonging to residents of a village, or animals sharing a communal animal handling facility. The epidemiological relationship may differ from disease to disease or even from strain to strain of the pathogen. Epidemiological surveillance can also be defined as the continuous monitoring or investigation of a given population or subpopulation, and its environment, to detect changes in the prevalence of a disease or characteristics of a pathogenic agent.
52. Despite the diverse definition of epidemio-surveillance, most authors agree that, an effective disease surveillance system provides information for planning, implementation, monitoring and evaluation of health intervention programmes. The existence of a surveillance system able to provide reliable data is also necessary to document the health status of animal populations in an international trade framework and in the import risk assessment process.

53. Surveillance systems may have several objectives. In general, surveillance is aimed at demonstrating the absence of disease or infection, determining the occurrence or distribution of disease or infection, while also detecting as early as possible exotic or emerging diseases. The type of surveillance applied depends on the desired outputs needed to support decision-making. Animal health surveillance is an essential component necessary to detect diseases, to monitor disease trends, to control endemic and exotic diseases, to support claims for freedom from disease or infection, to provide data to support the risk analysis process, for both animal health and/or public health purposes, and to substantiate the rationale for sanitary measures. Surveillance data underpin the quality of disease status reports and should satisfy information requirements for accurate risk analysis both for international trade as well as for national decision-making.
54. As is the case in other regions of the world, it is becoming increasingly evident that the public veterinary sector in Africa will not be capable of fulfilling this function alone and that private veterinarians, veterinary para-professionals (technicians) and even farmers will be called upon to play an important role.
55. Physical components of epidemio-surveillance include: official veterinary services, the diagnostic laboratory, the herder and herds and the computer database. There are many factors that impede a proper epidemio-surveillance. These include financial, logistical and technical constraints. The evidence collected and the analysis used to reach any conclusions should be reliable enough for the results to be accepted by both the managers of Monitoring and Surveillance System (MOSS) and the assessors.
56. There is a need for the establishment of an early warning or surveillance system that is capable of detecting disease outbreaks and containing them before they spread. Such a system, epidemio-surveillance, involves a systematic and continuous collection, analysis and interpretation of animal disease (or infection) data. It can also be used in planning, implementation and evaluation of disease control measures. More importantly, it is a requirement of the OIE Pathway for verification and grant of disease/infection-free status and is required by importing countries for the purposes of trade in livestock and livestock products.
57. Performance indicators (PIs), developed for monitoring the efficiency of rinderpest eradication programme, can serve as a tool to assist Member Countries to evaluate the efficiency of surveillance system for Rinderpest eradication. These indicators provide tools to assess the sensitivity, specificity and timeliness of major components of Rinderpest disease surveillance. These indicators were categorised into eight groups, namely: PI for general disease surveillance, for active disease surveillance, for active disease reporting, for stomatitis enteritis (SE) outbreak investigation and sample submission to laboratories, for preliminary Rinderpest diagnosis testing, for SE case definitive diagnosis, for sero-surveillance and for wildlife surveillance. These PIs will assist countries to proceed efficiently along the OIE pathway.
58. The two projects, Pan African Rinderpest Campaign (PARC) and Pan African Programme for Control of Epizootics (PACE), contributed significantly in laying foundations for effective epidemio-surveillance system in African countries. The effectiveness of these projects is attributed to the active participation of the concerned international organisations, namely, OIE, FAO and IAEA, together with the regional organisation AU/IBAR in developing and monitoring the necessary technical principles. The outcome from these projects is the eradication of Rinderpest disease from most recently infected countries in Africa and control of other transboundary diseases. OIE assumed a leading role in those projects and it is the wish of Member Countries that the OIE continue its leading role in future African regional projects in collaboration with international and regional organisations.
59. A questionnaire was developed to evaluate the epidemiological strategy in African countries. The questionnaire sought to assist Member Countries to provide an overview of the current situation in their countries in order to provide guidance to set up plans to improve epidemiological systems to better combat animal diseases.
60. The following countries responded to the questionnaire: Algeria, Angola, Burkina Faso, Eritrea, Ghana, Guinea Bissau, Lesotho, Malawi, Mauritius, Morocco, Mozambique, Namibia, Togo, South Africa, Sudan, Tanzania, Tunisia, Zambia and Zimbabwe.

61. It is clear from the questionnaire response that all countries develop strategies to survey and monitor priority diseases particularly those of public health and economic importance. Epidemio-surveillance is enhanced by many countries through the use of modern technologies and telecommunication facilities which are abundant worldwide. Hence an appropriate database is the conventional target for every country in Africa.

Discussions

62. The Session Chairman congratulated Dr Hassan for his brilliant and comprehensive presentation. He then invited comments and questions from the participants.
63. The Delegates of Lesotho and Benin thanked the speaker for his excellent presentation but stated that their countries had responded to the questionnaire but no mention was made of their response in the presentation. Dr Dewan Sibartie, Head of the OIE Regional Activities Department, explained that the response of a few countries was received at the OIE after the second dead line and it was not possible to include the response in the analysis. He added however that any pertinent issue in the response of Lesotho and Benin would be included in the final analysis. He added that the presentation would be further edited by the Central Bureau before inclusion in the 'Compendium of Technical Items' which is an annual publication of the OIE.
64. A member of the Tanzanian Delegation congratulated the speaker for his meaningful presentation and pointed out that improvements were needed in two main areas namely; the training of epidemiologists and the establishment of epidemiological units within official Veterinary Services. He added that the lack of facilities for the early detection of diseases still poses problems in many countries. The speaker agreed with those observations and stated that financial constraints remain the root cause of most problems.
65. A member of the Nigerian Delegation agreed with the speaker to the effect that the PARC and PACE Programmes provided a sound basis for epidemiological surveillance but insisted that the programmes be continued on a sustainable basis. He suggested that Regional Organisations take the lead in ensuring sustainability of such programmes. The speaker conceded that sustainability of animal health programmes was a problem particularly in Africa. Dr Modibo Traore, Director of AU-IBAR agreed that conditions in Africa were not conducive to programme sustainability. He stated that Member Countries should not continue to rely on foreign sponsored programmes. These programmes have limited life spans and cannot be continued after termination of external aid. He therefore urged countries to set up national programmes which can be maintained till the accomplishment of their goals. He also suggested that countries which have been successful in epidemio-surveillance programmes share their experience with other countries of the region. He added that AU-IBAR would provide additional information on possible post PACE programmes in a separate presentation in the course of the Conference.
66. A member of the Ugandan Delegation underlined some weaknesses resulting from the structural adjustments programmes which were put in place in several African countries some ten years ago. He pointed out that the attempts to solve major macro-economic deficiencies gave way to important weaknesses at micro levels with the result that the lack of skills in various disciplines such as in diagnostic capabilities has become glaring. He urged International organisations and other partners to assist Member Countries in animal disease surveillance. The speaker agreed with the observations and suggested that the key words for an effective surveillance system should be coordination, collaboration and harmonisation of activities.
67. The Delegate of Mauritania remarked that there was a lack of national and regional coordination with respect to surveillance for animal diseases. At national level for example, there was often no coordination with the Ministry of Health regarding zoonoses. He suggested that at regional level, programmes such as the PARC and the PACE could serve as examples. He also stressed on the need for political will in order to achieve progress in Africa and he urged the OIE to play its role as announced in the Fourth Strategic Plan, in this respect.
68. A member of the Zimbabwean Delegation emphasised the strengthening of the linkages with the human health sector also underlining the role expected from the private sector.

69. The Delegate of Benin expressed his satisfaction to the OIE for having agreed to evaluate the Veterinary Services of his country. He also pointed out the difficulties being faced by private veterinarians in his country insisting that training should not be reserved only for official veterinarians. Dr Sibartie confirmed that the request for evaluation has already been favourably considered by the OIE and that an evaluation team comprising OIE certified experts would soon visit the country.
70. The Delegate of South Africa stressed the importance of capacity building and the need to provide training to a broader category of people. He also announced that his country supports the OIE in the implementation of the World Animal Health Information System (WAHIS) and was in touch with the OIE Central Bureau to sort out certain difficulties linked to the utilisation of WAHIS.
71. The Delegate of Rwanda commented on the need of sharing epidemiological information as well as laboratory expertise. Referring to the cost-benefit analysis of animal disease control, he stated that in his country, for each dollar unspent on animal disease control, his country was losing at least 8 dollars.
72. A member of the Tanzanian Delegation congratulated the speaker for his excellent presentation but remarked that a reliable internet communication was important in epidemiological systems. This allows the incorporation of external information and assists in the early warning system and the dissemination of information through WAHIS.
73. Dr Joseph Domenech, Chief Veterinary Officer of the FAO congratulated the speaker for his comprehensive presentation. He stated that surveillance was the basis of any programme regarding prevention and control of transboundary animal diseases. National surveillance was essential but action at regional level should not be neglected. Regional surveillance allows exchange of experience thanks to national and regional epidemiology and laboratory networks. Quality control of the results obtained was also important and OIE/FAO Reference Laboratories can provide valuable assistance in this respect. Dr Domenech stressed the need for public-private sector partnership conceding that this partnership was more difficult to establish with very small breeders. In this latter respect, participative epidemiology is strongly recommended. He also spoke on the need to demonstrate cost effectiveness of disease control programmes to convince policy makers indicating that the FAO supports the implementation of regional socio-economic projects. He finally stated that the FAO has the necessary expertise to assist Member Countries and it was already implementing programmes in several countries/regions in collaboration with OIE and AU-IBAR.
74. Dr Barry O'Neil, President of the OIE International Committee congratulated the speaker for his excellent presentation. He supported the recommendations made by the speaker and the various observations made by various Delegates. However, he insisted that Veterinary Services should not only talk on problems but should initiate actions to solve them. He underlined the importance of the public-private sector partnership mentioning the situation in his own country New Zealand where government alone cannot support all the programmes without the active support of the private sector.
75. Dr Sibartie summarised the comments received from participants particularly with respect to the role of the OIE. He explained the guidance provided by the OIE to Member Countries to carry out surveillance. He pointed out that the OIE Terrestrial Animal Health Code has Chapters dedicated to general principles of surveillance as well as surveillance with respect to specific diseases such as HPAI and BSE. He added that the OIE also collaborates with sister organisations such as the FAO in developing common strategies on animal disease control, HPAI providing a striking example. He assured countries that have requested the OIE to evaluate their Veterinary Services that their requests would be favourably considered as these requests are in line with the objectives of the OIE. He briefly mentioned the importance of the PVS tool indicating that the OIE Director General would provide detailed information about this subject in a later presentation. Regarding the 'twinning' project for laboratories mentioned in the speech of the Director General, he stated that it was an idea cherished by the OIE Director General since several years but could not be implemented due to lack of funds. He was pleased to announce that the OIE has now secured funds that will enable its implementation in some African countries. He described the various benefits including training in diagnostics, to be derived by national laboratories in developing countries particularly in Africa. Dr Sibartie stressed that the OIE has always encouraged the active role of the private sector in the field of animal health indicating that the new definition of Veterinary Services in the OIE Terrestrial Code includes the role of private veterinarians and Veterinary Statutory Bodies. The OIE also encourages the training of private veterinarians and other stakeholders including livestock owners. Dr Sibartie mentioned the seminar held in N'Djamena in February 2006 where the role of livestock breeders was spelt out and where a

recommendation was made to train livestock owners in surveillance for animal diseases.

76. The Session Chairman concluded by thanking all the participants, and then requested a small group comprising the speaker, Dr Ahmed Hassan, as well as Dr Monisia Christophe Boni (Benin), Drs Magdy Mahmood Elsabbagh and Ahmed Awad (Egypt), Dr Ibrahim Gashash (Nigeria), Dr Nicholas Kauta, (Uganda), Dr Pascal Mujuni (Tanzania), Dr Ushewokunze Obatolu (Zimbabwe) and Dr René Bessin (AU-IBAR) to draft a Recommendation on this item to be considered by the meeting.

Animal health situation in Africa in 2006 and implementation of the new WAHIS system in Africa

77. The Session Chairman, Dr Fall reiterated his gratitude to the host country for its warm and fraternal welcome and invited Dr Antonio Petrini, Deputy Head of the OIE Animal Health Information Department, to present the animal health situation of Member Countries in the region in 2006.
78. This report is based on information extracted from national reports provided by OIE Member Countries (MC) in Africa for the Regional Conference. It has been supplemented, whenever felt necessary, by relevant information from immediate notification and follow up reports of events happening in some countries up to December 2006 and from the World Animal Health publication in 2004 for livestock population.
79. Of the 50 OIE Member Countries of the Regional Commission for Africa, 23 submitted their reports for the 17th Conference of the OIE Regional Commission for Africa. These countries are represented in blue in Figure 1.

Figure 1: Member Countries that submitted their report for the 17th Conference of the OIE Regional Commission for Africa (in blue).



LIVESTOCK POPULATION IN AFRICA:

COUNTRY	CATTLE	SHEEP & GOATS	SWINE	CAMELIDES	EQUINES	POULTRY
ALGERIA*	1,654,662	21,925,044	...	33,393	212,579	110,000,000
ANGOLA*	3,600,000	5,500,000	2,500,000	...	150,000	17,000,000
BENIN *	1,826,300	2,292,400	293,800	...	...	13,200,000
BOTSWANA*	2,500,000	833,057	17,000	171	192,483	15,000,000
BURKINA FASO	7,759,000	18,290,000	2,002,000	14,811	1,001,000	33,584,000
BURUNDI*	374,475	1,344,563	136,360	...	...	852,954
CAMEROON*	6,250,000	8,000,000	1,800,000	...	170,000	45,000,000
CENTR.AFRIC.Rep*	3,423,000	3,346,000	805,000	...	...	4,769,000
CHAD *	...	...	...	...	...	...
COMOROS *	...	...	...	...	...	...
CONGO*	...	...	...	...	...	...
CONGO-Dem. Rep*	918,582	5,277,081	2,279,650	...	...	22,465,631
COTE D'IVOIRE*	1,348,000	2,126,000	377,000	0	0	26,000,000
DJIBOUTI*	40,000	1,000,000	0	50,000	6,500	...
EGYPT*	2,531,167	3,949,160	51,000	149,523	1,161,258	145,826,618
EQUAT. GUINEA*	...	...	...	...	...	...
ERITREA*	2,000,000	7,500,000	3,000	350,000	520,000	2,500,000
ETHIOPIA*	42,200,000	28,317,128	...	2,200,000	6,000,000	43,000,000
GABON*	...	...	...	...	...	...
GHANA*	1,358,575	6,848,884	296,549	20	2,623	28,727,340
GUINEA	3,756,353	2,564,393	74,000	...	5,270	517,006
GUINEA-BISSAU*	512,000	636,000	95,000	0	1,050	869,000
KENYA	12,531,300	21,884,300	415,200	895,100	424,000	25,757,300
LESOTHO	675,504	1,807,468	420,945	...	...	1,426,925
LIBYA*	215,000	6,754,000	0	185,000	61,000	55,000,000
MADAGASCAR*	8,020,449	2,095,058	599,610	...	711	29,417,000
MALAWI	791,781	2,389,989	608,817	13	1400	13,472,758
MALI*	7,630,180	16,149,500	100,440	236,000	1,001,190	23,000,000
MAURITANIA*	...	...	...	...	...	...
MAURITIUS*	9000	25,000	13,000	0	500	30,000,000
MOROCCO*	2,688,600	21,951,300	...	200,000	1,630,600	...
MOZAMBIQUE*	969,317	4,884,095	1,354,070	0	0	19,256,902
NAMIBIA	2,219,330	4,707,274	55,931	63	187,720	998,278
NIGER*	4,500,000	20,000,000	...	1,500,000	1,400,000	25,000,000
NIGERIA*	14,659,000	79,549,000	5,905,000	93,900	16,363	143,507,000
RWANDA*	991,697	1,063,456	278,018	...	...	2,043,077
SAO TOME&PRIN.*	699	26,585	26,321	0	4	191,242
SENEGAL*	3,000,000	7,000,000	303,000	4,000	899,000	25,000,000
SIERRA LEONE*	...	...	...	...	...	...
SOMALIA*	4,500,000	30,500,000	0	6,500,000	0	0
SOUTH AFRICA	14,094,000	31,539,000	1,649,000	...	482,465	...
SUDAN	39,800,000	91,100,000	...	3,500,000	3,500,000	50,500,000
SWAZILAND	600,252	364,642	29,436	0	11,677	1,767,331
TANZANIA *	17,700,000	16,000,000	850,000	0	50,000	47,000,000
TOGO*	286,000	2,350,000	275,000	0	500	8,300,000
TUNISIA*	554,000	5,982,900	0	73,200	229,900	54,600,000
UGANDA*	6,900,000	8,546,000	1,700,000	35	22,700	34,000,000
ZAMBIA	2,341,970	1,099,981	286,726	0	4,500	35,000,000
ZIMBABWE	5,296,865	3,663,507	418,742	0	447,848	33,400,000
TOTAL	>233,027,058	>501,182,765	>26,019,615	>15,985,229	>19,794,841	>1,167,949,362

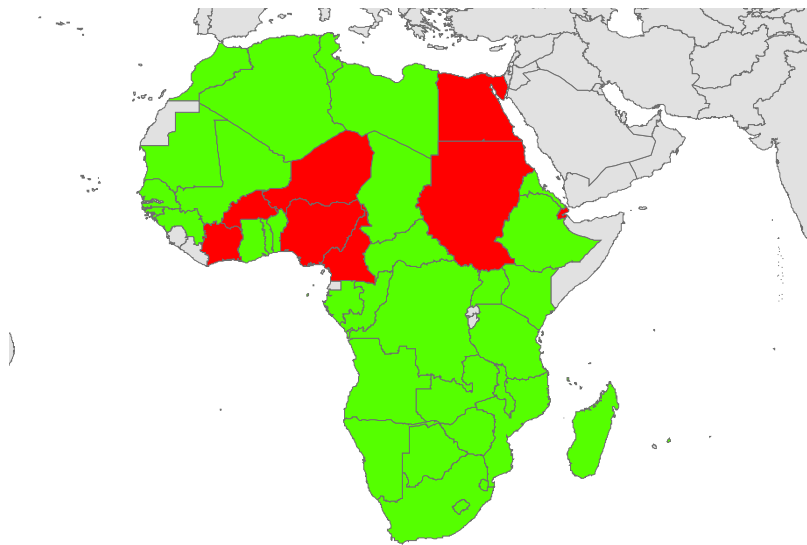
(*) Data extracted from former annual questionnaire for 2004

The above table gives an overview of the livestock population in Africa.

Highly pathogenic avian influenza (virus subtype H5N1)

80. The epizootic of highly pathogenic avian influenza (HPAI) due to virus subtype H5N1, which started in South-East Asia at the end of 2003 and remained confined to this region in 2004, spread to other regions and continents in 2005 and 2006. This situation is deemed unprecedented. Never before has an animal disease achieved such a rapid geographical spread in such a relatively short period of time.
81. Figure 2 shows the distribution of highly pathogenic avian influenza subtype H5N1 in Africa in 2006 (presence in red, absence in green, no data available in grey).

Figure 2: occurrence of highly pathogenic avian influenza subtype H5N1 in Africa in 2006.



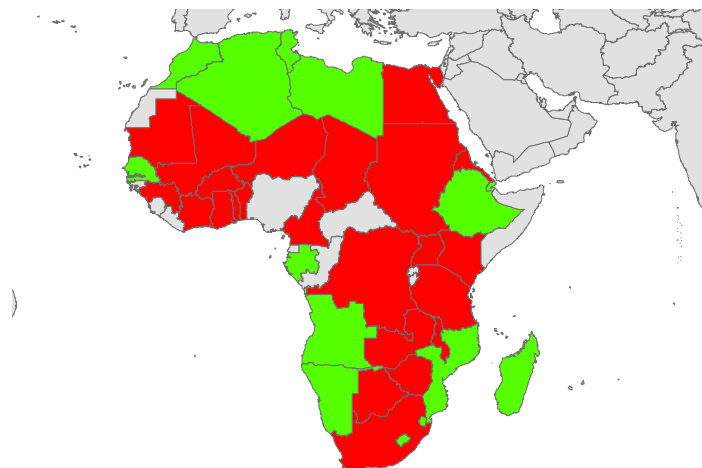
82. The first African country to notify HPAI H5N1 was **Nigeria**, where high mortality was observed in poultry kept in battery cages in a commercial layer production unit in Igabi, Kaduan State, in the north of the country in February 2006. Outbreaks of the disease subsequently occurred in several States throughout the country. To date 59 outbreaks have been reported to the OIE.
83. In **Burkina Faso** an outbreak of the disease occurred in March 2006 at a tourist campsite in Gampéla, Kadiogo province, where 130 guinea-fowls were kept. Further outbreaks were reported in May 2006 in the regions of Houet, Kadiogo and Sanguié.
84. In early March 2006, **Cameroon** reported the introduction of the disease in three duck farms in Diamaré, in the Northernmost province, bordering Chad. However, the OIE/FAO Reference Laboratory for avian influenza and Newcastle disease in Padova, Italy, was not able to confirm the diagnosis from the samples received.
85. In April 2006, **Cote d'Ivoire** reported two outbreaks of HPAI in Abidjan district, one in backyard free-range chickens and ducks in Marcory Anoumabo commune, and the other, involving a wild sparrowhawk, in Treichville commune. The last outbreak reported to the OIE occurred in June in the region of San Pedro.
86. In April 2006, **Djibouti** reported its first occurrence of HPAI in a small farm containing 22 poultry in the commune of Boulaos. To date, no other outbreak was identified.
87. On February 2006, **Egypt** reported the occurrence of HPAI H5N1 on its territory. Between February and December 2006, outbreaks were identified in the governorates of Cairo, Giza, Menia, Behera, Dakahlia, Kalubia, Beni Suef, Kafr el Shiekh, Qina, Fayoum, Dommiata, Sharkia, Louxor, Monifia, Sohag, Alexandria, Ismailia, Fayoum, Assuit and Al Gharbya.

88. In February 2006, **Niger** reported the introduction of HPAI (virus subtype H5N1) in Magaria, Zinder region, bordering the north of Nigeria. Another outbreak occurred in April in the commune of Gabi in the Maradi region.
89. On 25 March 2006, **Sudan** reported the occurrence of HPAI in Khartoum and Gezira, where high mortality was observed in three poultry farms. New outbreaks were detected in River Nile and Central Equatoria states. There has been no new outbreak since September 2006.

Foot and mouth disease (FMD)

90. The main epidemiological event that occurred in 2006 in Africa related to foot and mouth disease (FMD) is the occurrence due to virus serotype A in **Egypt**, where 18 outbreaks of FMD were reported in February 2006 in several Governorates, namely Alexandria, Behera, Cairo, Dakahlia, Dumyat, Fayum, Ismailia, and Menofia. While serotype O is known to occur in Egypt and vaccination against FMD type O1 is undertaken on a regular basis, this constitutes a new introduction of this serotype to this country and indeed to North Africa and the Middle East region. The source of introduction of this virus was attributed to the introduction of live animals originating from an infected country.
91. Figure 3 shows the distribution of **FMD** in Africa between the 1st of July 2005 and 30th June 2006 (presence in red, absence in green, no data available in grey).

Figure 3: distribution of foot and mouth disease in Africa between the 1st of July 2005 and 30th June 2006



92. No FMD outbreak has been reported in **Algeria** since 1999. 760,017 cattle were vaccinated in 2006.
93. FMD was present almost all year long in **Benin**. The annual prevalence of cases in 2006 was 0.21%. Morbidity was higher in June and in the second half of the year. Dampness due to heavy rain as well as the gathering of the animals after the transhumance could explain this situation.
94. In April 2006, an outbreak of FMD due to virus SAT 2 was reported in Sekgopye village, Selibe Phikwe district (zone 7) in the Central region of **Botswana**. Following this first outbreak 31 other outbreaks were notified in the same district. In June 2006, an outbreak of FMD due to virus SAT 1 was recovered in Muchenje village located in the Kasane district. 2,322 bovines were involved in this outbreak.
95. During the reporting period, 57 outbreaks of FMD due to serotypes A, SAT 1, SAT 2, SAT 3 and O were registered in **Cameroon**. Vaccination for this disease was not carried out.
96. During 2006, 110 outbreaks of FMD involving 1,439 cases were reported in **Chad**.
97. In May 2006, 9 outbreaks of FMD were reported in the Province of Nord-Kivu, in the **Democratic Republic of Congo**. Outbreaks involved extensively farmed livestock, mainly milking cows of exotic breeds. Only one modern holding was affected.

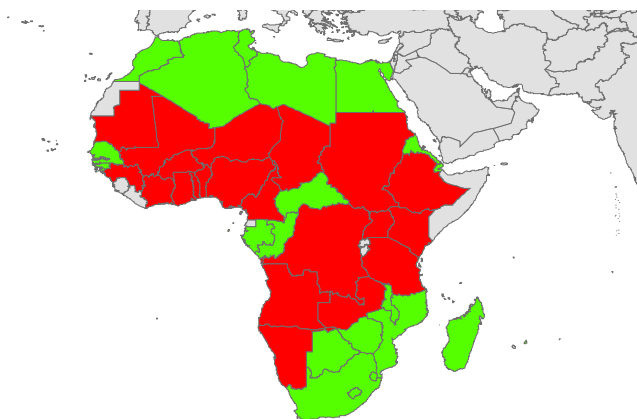
98. In **Eritrea**, foot and mouth disease has been a serious economically important disease affecting dairy farmers. Measures such as programmed vaccination of FMD in dairy farms reduced the number of outbreaks to zero. In the local breeds the disease is still present and the Veterinary Authority plans to increase the radius of vaccination programmes surrounding the dairy farms.
99. Two outbreaks of FMD for affecting 229 bovines were reported in the prefecture of Siguirri in **Guinea**. Animals were infected on a pasture by contact with animals that came from a neighbouring country for slaughter.
100. No FMD outbreak has been reported in **Morocco** since April 1999. Clinical surveillance of FMD was carried in 2006 throughout the whole territory in all susceptible species (bovine, sheep, goats and camelides). The results of these observations indicated no evidence of FMD.
101. Because of the presence of a reservoir of the agent in wide areas (Trans frontier Conservation areas) which keep the country vulnerable to the appearance of outbreaks of FMD, **Mozambique** keeps regular surveillance through inspection and vaccination (twice per year) as the preventive measures being implemented in the Provinces of Maputo, Gaza, Sofala (Beira corridor) and Manica provinces.
102. One of the major vaccination programmes undertaken by the official veterinary services in **Namibia** involves FMD. The vaccinations are confined in areas outside the OIE recognised FMD free Zone where vaccination is not practiced. In 2006 vaccination coverage in the vaccinated areas for FMD was 85% (from target population of 494,000). The vaccinations are carried out annually in the form of campaigns. FMD was last reported in the infected zone in 2000, in the buffer zone in 1992 and in FMD free zone in 1964.
103. In **South Africa**, an outbreak of FMD occurred on 31 July 2006 at the Matiani- and Joseph diptanks in the Buffer Zone, just outside the Infected Zone. The cause of the outbreak was the SAT-3 FMD virus type that cattle contracted after contact with African buffalo from the Kruger National Park. Thanks to an effective vaccination and movement control strategy, the disease never spread from the two dip tanks where it was discovered.
104. FMD is endemic in **Sudan** and it is reported almost every year during the cool months of the year. Four of the seven known serotypes of FMD were reported in Sudan. These are the European types 'O, A' SAT 1 and SAT 2. In 2006, 5 outbreaks were reported: three in Kassala (Eastern Sudan), one in Khartoum (Central Sudan), and one in Shendi (northern Sudan). Since 2004, all the analyses carried out at Pirbright laboratory have revealed the presence of only the O manias strain.
105. In **Swaziland**, since the last destruction of cases in March 2001, there has been no FMD case detected in the previously affected areas. The active surveillance operations, involving all dip tanks in the Quarantine and Surveillance Zone ended in August 2003. Surveillance and control activities in the control zone of the Lubombo region remain in place.
106. During the reporting period, 35 outbreaks involving 2,438 cases were reported in **Tanzania**.
107. During the reporting year, **Uganda** experienced widespread outbreaks of FMD which affected 33 districts representing 41% of the country. Samples were taken and tested in the Central Veterinary Laboratory using ELISA test. Positive results indicated serotype O. The 2006 FMD outbreak covered a wider geographical distribution in a very short time of four months causing a lot of economic losses to the livestock farming communities. This was the first time this disease presented itself in this form. Quarantine restrictions were imposed on all districts that reported outbreaks of the disease. Check points were instituted on all major cattle routes to curb illegal movement of cattle. Ring vaccination was carried out and a total 2,350,000 heads of cattle were vaccinated.
108. Cases of FMD were reported in Namwala and Mazabuka districts of Southern Province in **Zambia**. In both cases, the disease did not spread out but was confined to the herds where cases were reported.

109. Six outbreaks of FMD occurred, all in Masvingo Province in the South East of **Zimbabwe**. Three communal areas were infected in the districts of Bikita, Mwenezi and Chiredzi. These outbreaks have since been brought under control. Vaccinations are ongoing in high risk areas to prevent a re-occurrence of the disease. Only 6 outbreaks were recorded during 2006 as compared to 10 outbreaks in 2005 and 84 outbreaks in 2004. During 2006, 660,509 cattle were vaccinated using trivalent FMD vaccine (SAT 1, 2, and 3).

Contagious Bovine Pleuropneumonia (CBPP)

110. Figure 4 shows the distribution of contagious bovine pleuropneumonia (CBPP) in Africa between the 1st of July 2005 and 30th June 2006 (presence in red, absence in green, no data available in grey).

Figure 4: occurrence of Contagious Bovine Pleuropneumonia (CBPP) in Africa between the 1st of July 2005 and 30th June 2006.



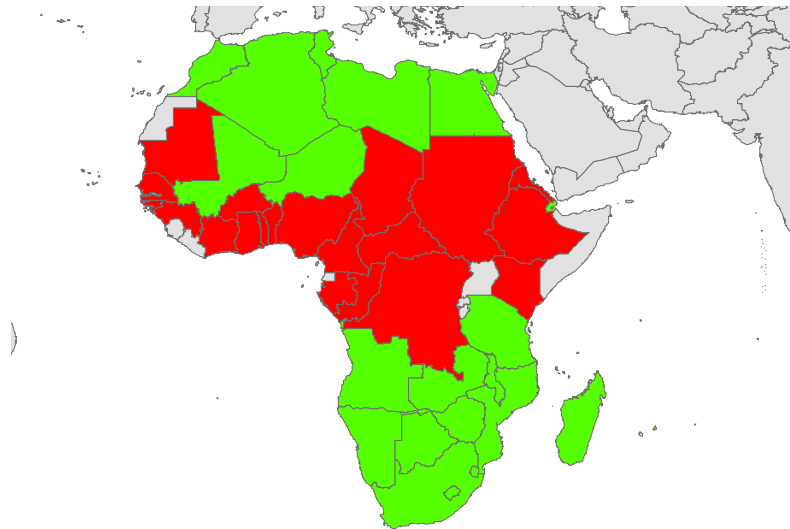
111. In 2006, 5 outbreaks of CBPP occurred in **Benin**. The annual prevalence (animals) was 0.17%.
112. During the reporting period, 13 outbreaks of CBPP involving 1,260 cases were reported in **Cameroon**. Vaccination was carried out against the disease and allowed around 4,000 animals to be protected.
113. During the period under report 5 outbreaks of PPCB were reported from the regional delegations of Southern and Western **Chad**.
114. Regarding the control and eradication of CBPP in **Guinea**, the Veterinary Services chose to apply combined strategies according to the situation created by the disease. In the majority of cases, epidemiological surveillance was enhanced by mass vaccination, control of livestock movement and stamping out.
115. At the moment there is no evidence of occurrence of the disease in **Mozambique**. Active surveillance and movement control are implemented by the provincial veterinary services bordering with Tanzania and Zambia.
116. In **Namibia**, in 2006, vaccination coverage for CBPP in the vaccinated areas was 90 % (target population 1,105,802). 16 outbreaks of CBPP occurred during the reporting period. All recent CBPP outbreaks have occurred in the FMD infected and buffer zones. No outbreak of CBPP has been recorded in the FMD free zone since 1919. Most outbreaks occurred in the Eastern Caprivi Region of Namibia where the disease has been absent since 1938.
117. Precautionary measures for control of CBPP including restriction of movement, segregation, quarantine of infected herds and annual vaccination were implemented in **Sudan**. 2 clinically diagnosed cases of CBPP were recorded in Khartoum. During 2006, 481,181 heads of cattle were vaccinated against CBPP.
118. During the reporting period 9 outbreaks of CBPP were reported in **Tanzania**. In response to these outbreaks 11,956 bovines were vaccinated.

119. During 2006, five districts of **Uganda**, namely Nakasongola, Nakaseke, Koboko, Arua, and Yumbe, reported CBPP outbreaks. 500,000 doses of CBPP vaccine were procured during the year. Abattoir surveillance was carried out in selected districts to assess the extent of the presence of this disease.
120. The whole of the Western Province of **Zambia** is considered to be endemic to CBPP while 3 districts out of 6 in the North-western province are considered as endemic. Due to illegal livestock movements from the Western Province, CBPP entered the Kazungula district of the Southern Province. By the end of the year under review CBPP was reported in 5 out of the 10 camps of the district.

Peste des Petits Ruminants (PPR)

121. Figure 5 shows the distribution of **PPR** in Africa between the 1st of July 2005 and 30th June 2006 (presence in red, absence in green, no data available in grey).

Figure 5: occurrence of Peste des Petits Ruminants (PPR) in Africa between the 1st of July 2005 and 30th June 2006.



122. Cases of PPR were regularly reported in **Benin** during 2006. The prevalence, in animals, was 0.01%.
123. During the reporting period, 8 outbreaks involving a total of 72 animals were reported in **Chad**. The Southern part of the country is the High Risk zone.
124. In 2006, 21 outbreaks of PPR were reported in **Cameroon**. 2,700,000 sheep and goats were vaccinated.
125. In April 2006, 4 outbreaks of PPR were reported in a family holding located in the department of Plateaux in the **Democratic Republic of Congo**.
126. In 1994 PPR appeared for the first time in **Eritrea**. During the first two years its prevalence was very high and it killed thousands of small ruminants. At present the incidence is limited in the highlands especially in Zoba Debub, where an outbreak was reported affecting two Sabzoba of the region. Vaccination was carried out to control the disease.
127. During the reporting period 35 outbreaks of PPR occurred in **Guinea**.
128. In August 2006, two outbreaks of PPR were reported in Oropoi division, Turkana district in Rift Valley province of **Kenya**. Vaccination was carried out to control the disease.
129. PPR was observed for the first time in **Sudan** in February 1971. During the year 2006, 3 outbreaks were recorded (one was confirmed by the laboratory and the others were clinically diagnosed); two outbreaks occurred in Kassala State and one outbreak in River Nile State. During the year 2006 1,423,786 sheep were vaccinated against PPR.

Other diseases

130. Prior to 2005, the presence of **classical swine fever** (CSF) in Africa was confined to Madagascar and Mauritius. In July 2005, **South Africa** reported outbreaks of CSF in Western Cape Province, the first outbreaks of the disease to be reported in South Africa since 1918. The disease spread to neighbouring Eastern Cape Province and several outbreaks have been reported. During the reporting period more than 370,000 pigs were already culled with the outbreak of the disease in the Eastern Cape Province. Only a few hot spots are left and the mopping-up operations are underway.
131. In December 2006 **Rift valley fever** re-occurred (last outbreak in 2002) in Garissa in the North –Eastern region of **Kenya**. The outbreaks involved different herds, causing the death of 105 sheep, 95 goats, 30 cattle and 5 camelidae. The disease has been reported in Morongoro, **Tanzania** in January 2007.

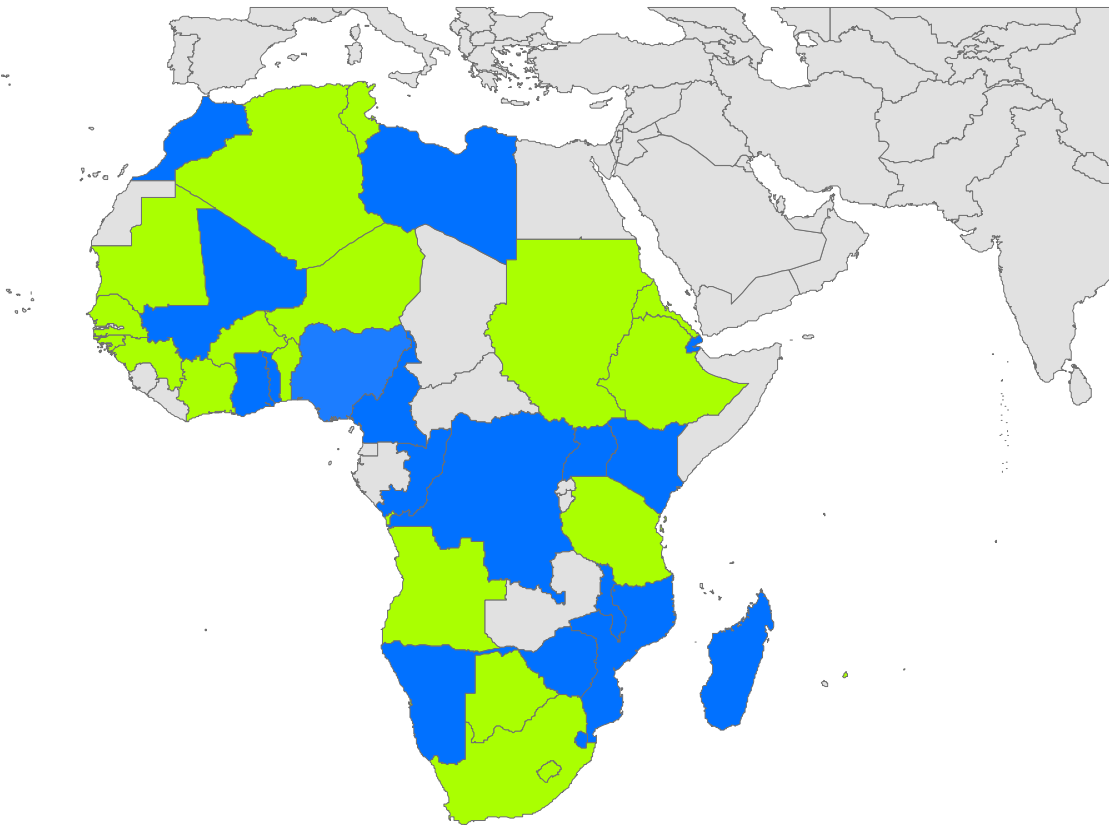
CONTINGENCY PLANS AND SIMULATION EXERCISES FOR ANIMAL DISEASES

132. As expected, many countries in Africa have recently developed, tested, implemented or simulated contingency plans for avian influenza.
133. Contingency plans are in place in **Kenya** for the prevention and control of the following diseases and situations: Avian Influenza, Rift valley and PPR.
134. **Malawi** has Contingency Plans for FMD and CBPP, and Emergency Preparedness Plans for FMD, CBPP and Avian Influenza.
135. The Avian and Human Influenza Preparedness and Response Plan for **Mozambique** prepared last year by the Ministries of Agriculture and Health was approved by the Government (Council of Ministers) in May 2006. In order to sensitise the community for prevention against H5N1, task forces at National, Provincial and district levels were formed.
136. **Tanzania** has two written contingency plans, one for Rinderpest and one for avian influenza.

IMPLEMENTATION OF THE NEW WAHIS SYSTEM

137. Three workshops were organised by the OIE in Africa for the new WAHIS (World Animal Health Information System) interface.
138. The purpose of these workshops was to provide information on the system and train government officials on its use.
139. The first workshop was organised in Lnez Rabat, Morocco, 28-30 March 2006, and the participants were from Tunisia, Algeria, Morocco and Mauritania.
140. The second workshop was held in Dakar, Senegal, 28-30 November 2006. The participants were from Benin, Burkina Faso, Burundi, Cameroun, Chad, Comores, Congo, Democratic Republic of Congo, Cote d'Ivoire, Djibouti, Gabon, Guinea, Guinea Equatorial, Guinea Bissau, Mali, Niger, Rwanda, Sao Tome e Principe, Senegal and Togo.
141. The last workshop took place in Nairobi, Kenya, 19-21 December 2006. The participants were from Botswana, Egypt, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Libya, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Somalia, South Africa, Sudan, Swaziland, Tanzania, Uganda and Zimbabwe.
142. Figure 6 shows in green, OIE Member Countries of the Regional Commission for Africa that used WAHIS to provide information to the OIE Central Bureau. The countries that provided sanitary information in 2005 and/or 2006 in a paper format are represented in blue.

Figure 6: In green, OIE Member Countries of the Regional Commission for Africa using WAHIS to provide information to the OIE Central Bureau; in blue, Countries providing sanitary information using a paper format.



Discussions

143. Dr Fall thanked Dr. Petrini for his presentation on the animal health situation in Africa which concentrated on certain dominant diseases. He recalled that the quality of sanitary information rests primarily on the reliability of the epidemiological systems, subject of the first technical item.
144. The Delegate of Botswana thanked Dr. Petrini for his presentation. He stated that his country reports animal diseases regularly to the OIE. He indicated that the maps used in the presentation give the false impression that the whole of his country is infected by FMD. He pointed out that the disease has been controlled in his country thanks to the limitation of animal movements and vaccination and he hoped that the country would soon regain the free FMD status in accordance with OIE procedures. On the same topic, the Delegate of Namibia indicated that in his country, CBPP is limited to certain areas only.
145. The Delegate of Sudan stated that his country will continue its efforts to report animal diseases to the OIE. He pointed out that his government has provided 30 additional vehicles in addition to the 70 existing ones, to reinforce activities in the field particularly regarding surveillance of enzootic diseases and vaccination. He added that the use of sentinel herds allowed the demonstration of the absence of RVF on the basis of serological and virological tests carried out. These studies will continue.
146. The Delegate of Nigeria stated that his country has started to use WAHIS following the training received in Nairobi in December 2006 particularly regarding notification of outbreaks of AI. He added that although the prevention and the control of diseases are the responsibility of governments at the national level, certain diseases such as the CBPP or PPR need to be managed at the regional level.
147. The Delegate of Egypt stated that contrary to what has been mentioned in the presentation concerning the entry of FMD in his country through the importation of live animals, molecular analyses carried out at Pirbright Laboratory have revealed links with several strains notably those of Eritrea, Saudi Arabia and Ethiopia. He added that since the second semester of 2006, no case of clinical FMD or lumpy skin disease (LSD) has been detected in his country.

148. Summarising the debates, Dr. Petrini agreed that the maps currently being used do not reflect the exact situation. This would however improve when countries start using the WAHIS tool that will provide the disease status at the first administrative level. That system would also make it possible to better understand the real situation of a country with respect to diseases such as FMD and CBPP. He thanked the Delegate of Sudan for the information he provided on his country particularly regarding RVF stressing that the disease is gaining in importance. He informed the Delegate of Nigeria that the OIE indeed attaches a lot of importance to AI in view of the strong concern of the international community regarding that disease. He however insisted that countries should use WAHIS to report all diseases on the OIE list.
149. Dr. Fall thanked the speaker and urged countries once again to use the WAHIS tool and report animal diseases to the OIE.

Report on the Activities of the OIE Regional Representation for Africa

150. The Conference Chairman invited Dr Samba Sidibe, Regional Representative for Africa to present his report on the activities of the Regional Representation.
151. Since its creation in October 2000 and until September 2006, the Representation has benefited from financial support from the EU in the context of the PACE Programme. Additional funding is required and it is imperative that Member Countries honour their financial commitments to the OIE as part of that money will have to be used to fund activities of the Representation.
152. The main objective of the Representation is to strengthen the capacity of VS in the short and medium term particularly in the in the fields of animal disease information and the regional and international trade of animals and animal products, the latter having a significant bearing on the alleviation of poverty.
153. 2006 has been marked by the occurrence of highly pathogenic avian influenza which started in Nigeria and subsequently affected 7 other countries. In this context, three regional meetings were held followed by an international conference on avian and human influenza held in Bamako, Mali where the international donor community pledged resources particularly for Africa to fight against the disease.
154. Several joint meetings have been organised with other partners. These include Alive, PACE and GF-TADs meetings, the ALive programme having been set up with the active participation of the World Bank.
155. A special seminar was organised in February 2006 jointly with FAO and AU-IBAR in N'Djamena, Chad on policies on animal health, the role of livestock breeders in epidemiosurveillance for animal diseases and the evaluation of Veterinary Services. During that seminar, a recommendation was adopted urging all African countries to evaluate their VS using the Performance, Vision and Strategy (PVS) tool.
156. With a view to implement the new OIE World Animal Health Information System (WAHIS) in order to reinforce the disease reporting system, two training workshops were organised in collaboration with the Central Bureau in Dakar, Senegal and Nairobi, Kenya. Both workshops were well attended and the outcome highly successful.
157. The Representation also actively participated in seminars organised at the Central Bureau particularly those related to the training on the evaluation of VS.

Report on the Activities of the OIE Sub-Regional Representation for Southern Africa

158. The Conference Chairman invited Dr Bonaventure Mtei Sub-Regional Representative for SADC countries in Gaborone to present his report on the activities of the Sub-Regional Representation for Southern Africa.
159. The OIE Sub Regional Representation (OIE SRR) for Southern Africa covers the 14 OIE Member Countries namely; Angola, Botswana, Democratic Republic of Congo (DRC), Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe which constitute the Southern Africa Development Community (SADC).

160. An Agreement between SADC and OIE was signed in March 2005, to establish the OIE Sub Regional Representation for SADC, the implementation of which officially started in August 2005 with the recruitment of the OIE Sub-Regional Representative, Dr Bonaventure Mtei as from 01 January 2006.
161. The OIE SRR for Southern Africa provides technical assistance to SADC Member States to reinforce surveillance, prevention and control of animal diseases and zoonoses as per international standards of the OIE.
162. Specifically the OIE SRR for Southern Africa is mandated to:
- contribute to improving the quality of VS through OIE established evaluation and auditing procedures and information management on animal diseases. This should harmonise methods of disease prevention, control and management, in collaboration with both public and private animal health service providers at national and regional levels,
 - facilitate capacity building of personnel responsible for animal health, notably by financing and organising courses and or seminars as deemed necessary,
 - any other actions in the interest of SADC Member States as may be approved by the OIE International Committee from time to time.
163. The OIE Sub-Regional Representation maintains close links with the SADC Member States through the OIE Delegates and works in collaboration with the SADC Food Agriculture and Natural Resources (FANR) Directorate and the PRINT-livestock Project. The OIE SRR also maintains a very close working relationship with the OIE Regional Representation for Africa in Bamako, Mali and the OIE HQs to ensure an appropriate flow of administrative and financial information as well as technical/scientific information.

Discussions

164. The Delegate of Namibia insisted on the importance that has to be attributed to RVF which is potentially more dangerous than avian influenza in that the virus does not have to change genetically before becoming transmissible to humans. He was of the opinion that the OIE should be in the front line to deal with that matter making an appeal that part of the funds pledged for avian influenza be utilised for research, surveillance and control of RVF.
165. The Delegate of South Africa pointed out that certain other diseases such as rabies are global scourges. He informed that his country was making efforts to control classical swine fever. Moreover, while recognising the importance of the training being provided by OIE Regional Representatives such as that on WAHIS, he expressed the wish that the training also involve other stakeholders concerned with livestock.
166. The Delegate of Mali congratulated the OIE Regional Representative for Africa for the work accomplished and underlined the role played by the Representation in collaboration with the regional coordination of the PACE Programme in Bamako for the fourth international conference on avian influenza held from 06 to 08 December 2007.
167. Dr Sidibe pointed out that the Director General has proposed that a meeting on RVF be organised in collaboration with the Regional Commission for the Middle East and AU-IBAR in April 2004 in Nairobi, Kenya and stated that RVF has indeed caused more human deaths than avian influenza so far.
168. Dr Mtei recalled that the Onderstepoort Veterinary Institute (OVI) being an OIE Reference laboratory for RVF, could assist Kenya and Tanzania in the diagnosis of that disease. He pointed out that new diagnostic tests currently being developed in those laboratories were likely to be used in that country soon. He also expressed his concern about rabies.

Technical Item II

Harmonisation of the registration and control of veterinary medicinal products in Africa

169. The Session Chairman, Dr Saidou introduced Dr Issoufou Dare, Director of Animal Resources of UEMOA and invited him to deliver his presentation on ‘harmonisation of the registration and control of veterinary medicinal products in Africa.
170. The wave of liberalisation in the veterinary medicine sector on the African continent has led to an increase in the volume of products traded and the diversification of sources of supply, with the risk of economic operators being driven by the search for profit at the expense of quality. Because of this, regional technical meetings on the issue have concluded that there is a need to harmonise the veterinary pharmaceutical legislation of African countries. However, despite these meetings, the situation has hardly changed in practice.
171. A questionnaire was sent to Member Countries of the Regional Commission to review the current state of progress and explore the operational guidelines for harmonising the registration and quality control of veterinary medicinal products in Africa. The inventory of existing products (drawn from questionnaires completed by 17 of the 50 Member Countries of the Regional Commission) has provided some information and enabled some harmonisation proposals.
172. Several countries have drawn up legislation and regulations in the field of veterinary medicinal products, with analogies concerning the scope of the texts, the establishment of a technical registration commission, and the registration conditions for imported and locally-manufactured products. However, there are very few texts devoted specifically to veterinary medicinal products, and those that exist differ in nature from one country to another. In many cases, even though the implementing texts have been adopted, implementation remains inadequate. This stems from institutional constraints (e.g. shared responsibility between the Ministry of Health and the Ministry of Livestock), human resource constraints (quantitative and qualitative) and budgetary constraints.
173. The situation is even more worrying as regards the quality control of veterinary medicinal products, where very few countries have control mechanisms. In fact, those that exist are often under-exploited and face budgetary and equipment problems, as well as problems in obtaining reagents. Due to the lack of available resources (institutional, human, material and financial) in these countries, a regional approach could provide an alternative solution for undertaking the necessary reforms.
174. The example of the West African Economic and Monetary Union (WAEMU) in harmonising veterinary pharmaceutical legislation could serve as a model for building a future harmonisation system for the registration and quality control of veterinary medicines in other Regional Economic Communities (REC). Indeed, the RECs provide the most suitable institutional framework for promoting reform.
175. The system works by assigning decision-making powers to the WAEMU Commission (the executive arm of the WAEMU) for regulation, marketing authorisation (MA) and the organisation of product quality control, whilst Member Countries continue to organise distribution and to carry out various controls. This harmonisation system is based on three complementary mechanisms:
 - *A single marketing authorisation mechanism*, structured around a Regional Committee for Veterinary Medicinal Products (CRMV) responsible for the administrative and scientific processing of all MA requests, with the support of a permanent secretariat. The Committee submits to the WAEMU Commission draft decisions concerning these matters.
 - *A single mechanism for the quality control of veterinary medicinal products*, by forming a network of laboratories for the control of veterinary and human medicinal products in WAEMU member countries.
 - *A regional regulatory mechanism*, by creating a WAEMU Veterinary Committee, a consultative body responsible for advising the WAEMU Commission on all matters of community interest concerning livestock production, including veterinary medicinal products.

176. In the light of the WAEMU experience, there are two possible approaches for harmonising MA procedures within a community of states:
- A *centralised procedure*, adopted by the WAEMU, which ends with the delivery of a regional MA recognised by all of the countries. This procedure could be handled by a medicinal products agency or by a regional committee – a lighter, less costly structure with less extensive tasks than those of an agency.
 - A *decentralised procedure*, based on mutual recognition of national MAs delivered by the competent bodies of the countries concerned.
177. For the medicinal product quality control mechanism, the most efficient means for supporting the MA mechanism and providing effective control at the lowest cost appears to be to network quality control laboratories.
178. An in-depth analytical review should be undertaken to assess the feasibility of the most appropriate harmonisation schemes to suit the specific characteristics (political, institutional, financial, etc.) of each region (REC).

Discussions

179. The Session Chairman thanked the speaker for his excellent presentation. He commented that the situation regarding veterinary medicinal products in Africa was alarming and invited questions from participants.
180. The Director of IBAR congratulated Dr Dare and wished to know if other UMA have developed the same type of initiative. He insisted that the question of veterinary medicinal products is extremely important for Africa as many products circulate on the continent without any control.
181. Dr. Kechrid (Tunisia) stated that in the area of UMA, several mechanisms regarding veterinary pharmaceuticals have been tested and a legislation controlling the whole process starting from production till distribution, currently exists and that such legislation could serve as a model to other areas.
182. The Delegate of Tanzania pointed out that in many countries, a difficulty resides in the fact that the Veterinary Services are not the authorities responsible for veterinary medicinal products. He mentioned the difficulties encountered in harmonising legislations at the regional level and suggested that harmonisation could be restricted only to certain issues such as the control of residues.
183. Dr Diallo (IAEA) asked if the WAEMO has means to carry out controls in the field particularly regarding the detection of veterinary drug residues present in food products of animal origin, a subject of growing concern to public health.
184. The Delegate of Mauritania expressed the wish that the OIE be involved in the question of the veterinary medicinal products. Dr Sibartie replied that the question would be discussed during the meeting of the working group that would be designated to propose a draft recommendation on the subject.
185. Dr O' Neil agreed that the management of veterinary medicinal products on a regional level is a logical approach although complex. He recalled that the OIE has launched a procedure for the validation of diagnostic tests and that the products concerned could be used without any further validation by countries. He insisted on compliance with OIE standards in order to guarantee the effectiveness, safety and the quality of products but indicated that such compliance can only be achieved at a cost. He added that harmonisation of legislations was an important step but the guarantee of quality throughout the chain of distribution is also very important.
186. Dr Dare pointed out that for the year 2007, a budget of 245 million francs CFA has been allocated for the strengthening of laboratories forming part of the network. An invitation to tender has been launched to equip these laboratories by the end of the year. Priority issues such as importation and manufacture of drugs and the control of residues will be decided during the first meeting which will be held between April and June 2007. An annual programme of work will be elaborated.

187. Dr Dare confirmed the difficulties in engaging reforms and pointed out that attempts made in the field of veterinary medicinal products have not been successful because of the relatively lower influence of services responsible for livestock compared to that of services responsible for human health in the majority of countries. He stressed that a strong political will was required to achieve results outlining that the work carried out by WAEMO is the fruit of a broad collaboration initiated in 1999. He finally thanked the OIE for the support provided in identifying experts from a Collaborator Centre who contributed in the completion of this project.
188. The Chairman concluded the discussion by thanking the participants. He then designated a group to draft the recommendation relative to that technical item. Dr Fall (Mauritania), Dr Diop (UA-IBAR/PACE), Dr Kané (Mali), Dr Melewas (Tanzania) and Dr Kechrid (Tunisia) agreed to help the speaker Dr Issoufou Dare, in the preparation of the recommendation.

Updated on OIE Activities in Aquatic Animal Health

189. The Conference Chairman, Dr Ghebrehwet Teame invited Dr Eli Katunguka, Professor of Veterinary Medicine at the University of Makerere, Kampala, Uganda and Member of the Aquatic Animal Health Standards Commission to present an update on the OIE activities in aquatic animal health.
190. The presentation provided an update on aquaculture developments worldwide, and on further development of the OIE Aquatic Code and the OIE Aquatic Manual to help reduce the risks of international spread of major diseases.
191. The importance of aquatic animal health continues to increase, and this has been partly due to the steady worldwide expansion of aquaculture production (mainly the farming of fish, molluscs and crustacean species). However, diseases continue to impact heavily on aquaculture production, and international trade in aquaculture animals and products is still causing spread of major infectious diseases of aquatic animals.
192. The new editions of the Aquatic Code and the Aquatic Manual incorporate several important modifications approved during the 74th General Session in May 2006. These include amendments to the listed diseases. It is important that Member Countries are aware of these changes and fulfil their obligations on reporting aquatic animal disease to the OIE. Work has commenced in new areas such as aquatic animal welfare for which a draft set of principles for the welfare of aquatic animals has been prepared and comments from Member Countries are being received. An assessment will also be made to decide whether amphibian diseases should be included in the Aquatic Code and Manual.
193. There have been continued efforts to encourage enhanced involvement of veterinary authorities in aquatic animal health and to improve cooperation between veterinary and other authorities with competence in aquatic animal health. In this regard, an OIE Global Conference on Aquatic Animal Health. Defining Roles and Responsibilities' was held in Bergen Norway in October 2006 to provide an opportunity to assist the OIE and its Member Countries in exchanging the latest information on developing a science-based approach on the management of aquatic animal health and welfare. This will assist in the evaluation and improvement of the current standards and guidelines for better control of infectious aquatic animal diseases and countries' capabilities to prepare for and respond to aquatic animal disease emergencies, as well as better defining roles and responsibilities.

Discussions

194. The Delegate of Namibia enquired about the situation in countries where the Competent Authority regarding aquatic animal diseases does not rest with the Veterinary Services mentioning the case in his own country where this responsibility is entrusted to the Ministry of Trade and Industry. The speaker replied that in many countries, the Veterinary Services are not responsible for aquatic animal health. He suggested that Delegates put in place a mechanism of information exchange to ensure that relevant disease information is sent to the OIE.

195. The Delegate of Swaziland applauded the presentation of Dr Eli Katunguka and remarked that very few African countries are represented in the OIE Aquatic Animal Health Standards Commission. He suggested that OIE Delegates review the Resolution that governs the composition of the Commission but advised that African countries should make their activities in the field of aquatic animal health more known.
196. Summarising the discussions, Dr Sibartie explained that the OIE Director General has since two years asked all OIE Delegates to nominate focal points to report on aquatic animal diseases to the OIE. Those focal points would also follow and monitor the activities of the Aquatic Animal Health Standards Commission and provide comments on the contents of the OIE Aquatic Animal Health Code. He stressed that the focal points could come from services other than the Veterinary Services but they should act under the authority of the OIE Delegate. He reported that many countries have already responded to the request but more countries need to follow. Regarding membership of the Commission, he stressed that members of the Commission are elected by the International Committee based on their international expertise and not necessarily on geographical distribution. He urged African scientists to make the results of their work known to the rest of the world. He observed that activities in aquatic animal health are increasing in Africa although not at the same pace as in some countries in Asia but there are plenty of opportunities for African scientists to be more engaged in research work in aquatic animal health.

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197. The Conference Chairman invited Dr Bernard Vallat, OIE Director General who joined the Conference to make an opening address.
198. Dr Vallat apologised for his absence during the inaugural ceremony due to unforeseen circumstances. He explained how disappointed he was to have missed the ceremony. He thanked Dr Sibartie for having read his speech during the inaugural session.
199. Dr Vallat outlined some of the salient points covered in his inaugural speech laying emphasis on the assistance provided by the OIE to African countries mentioning among others, the creation of the joint OIA/FAO/AU-IBAR Regional Animal Health Centres, the GF-TADS mechanism, the ALive Programme and the project concerning the twinning of African laboratories with OIE Reference Laboratories. He thanked the EC and the AU-IBAR for sponsoring the participation to this meeting of certain Delegates of PACE Member Countries.

Fourth OIE Strategic Plan, Evaluation and Strengthening of Veterinary Services and the Outcome of the International Conference on Avian Influenza of Bamako

200. Dr Bernard Vallat, Director General of the OIE, gave a short overview of the Fourth OIE Strategic Plan covering the period 2006-2010 and the strengthening of Veterinary Services.
201. The Fourth Strategic Plan builds on the success of the Third Strategic Plan. He indicated that the global vision of the OIE enunciated in the Third Strategic Plan has been globally retained and added that the Fourth Strategic Plan is, in fact, an organic development of the preceding Plan.
202. The following three strategic elements from the third Strategic Plan have been reinforced: a) improving the dissemination of timely and accurate information on animal diseases including zoonoses, by making the best use of modern information technologies and non official information tracking systems; b) strengthening the role of the OIE as a reference organisation for setting science-based standards on all matters concerning animal health, animal welfare, diagnostic methods and control of diseases, animal production food safety and the facilitation of international trade of animals and animal products with minimal sanitary risks and c) the provision of scientifically-based recommendations on measures for the prevention and control of animal diseases including zoonoses, taking into account the economic, social and environmental impacts of such measures, and the provision of services for the determination of animal health status in relation to specific diseases.

203. Dr Vallat described in detail the two new strategic elements that have been added to the Fourth Strategic Plan. The first of these is the support to capacity building for Veterinary Services. In addition to its role as a catalyst for major capacity building activities, the OIE will also provide support to Member Countries wishing to be more engaged in the work of the Organisation, in the form of educational training materials and training programmes for official Delegates, especially to those who assume office for the first time. The second new element identified in the Fourth Strategic Plan deals with strengthening of the OIE's involvement in national and international governance related to decision-making in animal health and welfare including capacity building, applied research, communication, and the 'mediation' of potential disputes.
204. With regard to institutional arrangements and funding of the Fourth Strategic Plan, Dr Vallat emphasised that the visibility of the OIE to the general public, media, decision-makers, veterinary professionals and farmers will be enhanced. The Plan had foreseen adjustments to the design and scale of assessed contributions in order to facilitate the recovery of contributions from all Members. He added that he has received a mandate from the OIE International Committee to implement a new mechanism allowing direct funding of the activities of OIE Regional Representations through compulsory contributions of Member Countries of the OIE Regional Commissions. This new mechanism was adopted by OIE Member Countries in May 2006.

Evaluation and strengthening of Veterinary Services

205. Since the Highly Pathogenic Avian Influenza (HPAI) crisis, the front line role of Veterinary Services (VS) in the prevention and control of animal diseases and zoonoses has been clearly recognised by all national policy-makers as well as by the international donor community. To fulfil their functions efficiently, VS especially in developing and in transition countries need to be strengthened and provided with the necessary human, technical, financial and legislative means. This can be achieved if the VS are properly evaluated for compliance with OIE international standards on the quality of VS. The OIE has in this respect developed in collaboration with the Inter-American Institute for Cooperation on Agriculture (IICA), the Performance, Vision and Strategy (PVS) tool to evaluate VS in order to identify gaps and weaknesses in VS that can subsequently be remedied through resources from national budgets or international aid.
206. Three seminars have been held so far at the OIE Headquarters in collaboration with the 'Ecole Nationale des Services Vétérinaires' of Lyon to train veterinary experts in the harmonised application of the PVS tool. Over 80 experts including several from Africa have thus been trained and certified by the OIE to carry out evaluations of VS. These experts are also recognised by the World Bank and other main donors. An Ad hoc Group comprising internationally renowned experts has been set up to continuously review the PVS tool including the critical competencies and the indicators regarding Veterinary Services. In addition, a manual for use by evaluators has also been produced.
207. Many countries have already requested the OIE to evaluate their VS. In Africa, the VS of the Cameroon, Chad and Côte D'Ivoire have already been completed and others are being planned.

Outcome of the international Conference on Avian Influenza held in Bamako, Mali from 06 to 08 December 2006

208. The fourth international conference on Avian influenza co-organised by AU/IBAR, EU and the Government of Mali (with the technical support of the OIE) was held in Bamako, Mali from 06 to 08 December 2006 following the commitment taken in Vienna earlier in the year by all parties involved in the fight against avian influenza to focus on the needs of Africa.
209. International organisations, governments of Member Countries and key international donors shared their experiences in the control and prevention of avian influenza while also presenting an up-date on the financial resources that have already been disbursed and on those that are still needed in order to be able to control the disease worldwide and to prevent a possible pandemic.

210. During the Conference, the OIE Director General recalled that at the time of the Beijing meeting, Africa was not yet infected and the funds pledged at that time did not include enough resources for disease control policies for the continent. In Vienna, the OIE had stressed the need for the international community to take rapid action in the control of the evolving situation in poultry in Africa.
211. During the conference, the OIE Director General commented that overall presence and the importance of backyard poultry, the close proximity between poultry and people, the lack of resources and appropriate governance in compliance with OIE standards on the quality of the Veterinary Services as well as the lack of proper compensation mechanisms make the efforts for the prevention and the control of avian influenza in Africa particularly difficult. However, African countries have shown a high degree of commitment and have put in place effective measures to facilitate the prevention and the control of avian and human influenza since the disease first hit the continent in February 2006. The efforts made to date have been acknowledged, but further work on improving response capacity and coordinated preparedness is needed.
212. In his address during the Bamako Conference, the OIE Director General pointed out the ALive Platform which has been developed by the World Bank together with its partners including OIE, FAO and AU/IBAR, was already identified and regarded as an optimal coordination mechanism not only for the fight against avian influenza but also for the prevention of future emerging and re-emerging animal diseases.
213. Thanks to the survey made by ALive with the support of FAO, OIE, AU/IBAR, WHO and UNICEF for the conference, all the needs for Africa – including those for sub regional organisations were presented with regard to animal health, public health and communication.
214. The assessment of financial needs presented under the ALive platform for the prevention and control of avian influenza in animals were estimated to be around 720,000,000 US \$ over three years. During the conference, the OIE Director General stressed that these funds were necessary to set up strategies for the fight against avian influenza in poultry tailored to African countries. He explained that the most effective way for detecting and responding to animal diseases, including zoonoses, was to apply and support good governance in animal health services in Member Countries pointing out that the OIE had embarked on a unique strategic initiative to assist countries identify weaknesses in their Veterinary Services, which make it difficult for them to comply with OIE standards on quality of Veterinary Services and thus unable to prevent and face animal diseases, such as avian influenza.
215. Considering the complexity of setting up an avian influenza strategy particularly in Africa, early this year the OIE Director General announced that in direct partnership with the AU/IBAR and the European Commission has established a vaccine bank for Africa to rapidly assist countries who would have to vaccinate poultry populations at risk. While vaccination should not to be considered as the only tool in the fight against avian influenza, it certainly has proven to be effective in eradication campaigns in Africa and other regions of the world. The existence of such a bank allows for the immediate deployment from the provider to any area affected or at risk. Using this mechanism, several million doses of H5N1 vaccines have already been delivered to different African countries.
216. The conference also stressed the need for rapid diagnostic capabilities in supporting early detection and rapid response. The lack of sufficient diagnostic and reference laboratory capabilities in Africa further exacerbate that problem. To overcome this deficiency, the OIE presented its concept of “laboratory twinning” as an integrated concept to improve capacity building in veterinary laboratories in developing and in transition countries. The main objective of twinning is for existing OIE Reference Laboratories to assist directly laboratories under the auspices of the OIE to strengthen their diagnostic capability and scientific expertise and to eventually become OIE Reference Laboratories in their own right. OIE was encouraged by the rapid and positive response by Member Countries and donors in their support of this concept and expressed the wish to see twinning programmes commence as soon as possible for the benefit of African countries.
217. At the pledging session on the third day of the conference, close to 500 million US\$ were pledged.
218. The OIE proposes to broaden the financing of the AI vaccine bank to provide free vaccines to a larger number of countries, encourage the twinning of laboratories of Africa with those of the North and accelerate the process of PVS evaluations.

219. During a special audience granted by his Excellency the President of Mali, Dr. Vallat commented on the success of the conference and thanked him for the efforts made by the government of Mali to ensure the success of the Conference.
220. The Session Chairman thanked Dr Vallat for his very interesting presentation and invited comments from participants.

Discussions

221. The Delegate of Tanzania congratulated Dr Vallat for his brilliant and informative presentation. He suggested that twinning of laboratories be also considered within the region and for the diagnosis of wildlife diseases as well. He mentioned the case of Onderstepoort Laboratory in South Africa that was very instrumental in confirming the diagnosis of RVF in his country.
222. Dr Vallat replied that twinings in the region should indeed be encouraged and be applicable for the diagnosis of all animal diseases including those of wildlife. He added that Onderstepoort Laboratory was in the front line at world level as an OIE Reference Laboratory for this disease.
223. The Delegate of Zimbabwe thanked the speaker and commented on the importance of veterinary public health and its social and economic implications on international trade of animals and animal products. She indicated that the interface between animal and public health is not always visible and enquired whether the OIE strategic Plan addresses that issue.
224. Dr Vallat replied that the Regional Commission may make recommendations through its elected Bureau on regional training seminars destined for OIE Delegates and their close collaborators on matters related to food safety and the interface between animal health and public health. The Commission could also formulate recommendations on the improvement of national structures to improve the interface between animal health and food safety issues.

Use of PVS instrument in Africa

225. The Conference Chairman invited Dr Niang, Consultant to the OIE Regional Representation for Africa to make his presentation on the use of the PVS instrument in Africa
226. The PVS has been endorsed by all OIE Member Countries, and donors, as the reference tool for the evaluation of Veterinary Services and the identification of areas in need of improvement by calling on national and/or international resources. The Veterinary Services (VS) are now considered as an International Public Good and getting them to comply with international standards (in terms of legislation, organisational structure, resources, competencies, the role of the private sector and personnel) is a priority in terms of public investment. The PVS is a quality audit of worldwide scope aimed mainly at assessing the conformity of VS in a given country with the international standards published in Chapters 1.3.3 and 1.3.4 of the OIE *Terrestrial Animal Health Code* on the evaluation of Veterinary Services and in the associated guidelines.
227. In African countries in general, the PVS must first demonstrate that the VS are capable of effectively controlling the animal health status of animals and animal products. The key elements of any such demonstration are: sufficient resources, organisation and management capacity, existence of regulatory and administrative infrastructure, independence in decision-making and conclusive past performance.
228. The great majority of African countries south of the Sahara have already signed Poverty Reduction Strategy Papers (PRSP) with the multilateral donors, including the World Bank. The PRSP, which is suited to the multifunctional nature of livestock production, as recognised by the WTO since the Doha meeting for its special role in food security, provides a reference framework for government policies and a point of convergence for cooperation with partners in alleviating poverty. In the livestock sector, the PRSP vision and objectives have generally taken the form of sectoral strategies to boost the livestock sector's dynamic in maintaining macro-economic balances.
229. The role devolved to the VS therefore includes meeting the following objectives, particularly good technical and economic governance:

- To ensure that the sovereign functions of policy guidance and control of a country's animal health status are duly exercised.
 - To create the right conditions to ensure that the public service missions of veterinary public health, epidemiological surveillance of animal diseases and market access, which the State cannot delegate to the private sector, are properly provided.
 - To ensure that socio-professional organisations play a key role in developing livestock production.
 - To promote partnerships on a contractual basis with NGOs and service providers for technical support, coordination, training, extension and the organisation of pastoral communities, with a view to reinforcing their initiatives and participation in basic socio-economic activities.
230. Lastly, the implementation of the PVS in Africa must be based on multiple meetings at very different levels of the administrative hierarchy. It is therefore of vital importance that the final phase of the PVS should be approved, in accordance with diplomatic practices in such circumstances, in a Memorandum co-signed by the Minister for Livestock and by the Director General of the OIE to give it official status.

Discussions

231. The Delegate of Zimbabwe asked the speaker how the PVS instrument would eliminate subjectivity in its application.
232. Dr Vallat explained that the various steps that lead to an evaluation are fully transparent and remove all elements of bias. After receiving an official request from a country, the OIE proposes a list of certified experts whom the country is free to accept or reject. When the report is received by the OIE, it is peer reviewed by another expert and the report is only forwarded to the country when it is found to be realistic and free from bias. Once the country receives the report, it may accept or reject it. In case the report is accepted, the country may request the OIE to seek assistance from donors to remedy weaknesses outlined in the report.
233. The Delegate of Sudan congratulated the OIE for the development and application of the PVS tool. He informed that his country has already applied the tool for a self evaluation of its Veterinary Services and the results are being utilised by his country to improve the VS. He explained that the VS can only be strengthened if the political will is present. He mentioned the situation in his country where Government is investing heavily on livestock with at least 33% of the national budget for Agriculture being allocated to the livestock sector.

Creation of the OIE/FAO/UA-IBAR Regional Animal health Centres

234. The Session Chairperson invited Dr Samba Sidibe, OIE Regional Representative for Africa to deliver his presentation on the creation of the OIE/FAO/UA-IBAR Regional Animal Health Centre.
235. The occurrence in February 2006 of highly pathogenic avian influenza (HPAI) of the H5N1 subtype in Nigeria and Niger raised concerns about the countries of Western and Central Africa and about the high risk of the disease spreading to other countries. This prompted the three institutions (OIE, FAO and AU-IBAR) to formalise an agreement to set up a regional technical operations centre to coordinate their interventions more effectively.
236. The concept of a Regional Animal Health Centre was one of the recommendations of the Second International Conference on Avian and Human Influenza held in Beijing (China) in January 2006.
237. The complementary mandates of the three institutions, in particular to improve animal health in Africa and to contribute to poverty reduction, has been the foundation for long-standing collaboration, which continues today with the PACE programme (coordinated by AU-IBAR, with the Advisory Committee chaired by the OIE and FAO amongst its members) as well as with the ALive Platform.

238. Moreover, the three institutions carry out complementary activities from the same offices in Bamako:
- The PACE Regional Coordination Unit, which took over from the PARC Regional Coordination Unit.
 - The OIE Regional Representation for Africa – October 2000.
 - The FAO Technical Cooperation Programme – January 2006.
239. Previously FAO and the OIE had concluded an agreement creating GF-TADs (Global Framework for Progressive Control of Transboundary Animal Diseases), an initiative designed to pool the experience and knowledge of the two organisations in controlling transboundary animal diseases so as to build the capacities of developing countries and to help them establish special programmes for controlling certain priority transboundary animal diseases in the different regions.
240. The Regional Animal Health Centre was created in Bamako on 25 April 2006 at the initiative of the OIE, FAO and AU-IBAR.
241. The purpose of the Centre is to share the responsibilities and resources of the three institutions to help prevent and control animal diseases, in particular highly pathogenic avian influenza (H5N1), and to establish a framework for coordinating and harmonising strategies for monitoring and evaluating activities to control avian influenza, and to use the framework for GF-TADs and ALive activities.
242. The main areas of activity of the Regional Animal Health Centre are:
1. To support the formulation of national and regional strategies to control avian influenza.
 2. To reinforce epidemiological surveillance for poultry and wild fowl.
 3. To improve the animal disease notification system.
 4. To disseminate animal health information.
 5. To provide laboratory training (diagnostics, quality assurance) and monitor regional networks of laboratories.
 6. To provide training to Chief Veterinary Officers, Delegates of OIE countries and their staff.
 7. To raise awareness and provide information to the public.
 8. To provide technical assistance to countries to support the implementation of programmes.
 9. To form a network of avian influenza focal points.
 10. To provide a storage platform for emergency response material (post-exposure prophylaxis, vaccines, etc.).
 11. To develop animal disease control strategies in support of the countries.
 12. To analyse, harmonise and ensure technical monitoring of national emergency response plans to control avian and human influenza (and other animal diseases).
 13. To conduct Veterinary Service audits and evaluations (PVS) to guide governments and donors in their animal health investments.
243. As regards the organisation of the Regional Centre, the three parent institutions (OIE, FAO and AU/IBAR) each provide experts working in their specific fields of competence and pooling their expertise for joint activities:

244. The OIE Regional Representative for Africa is the Permanent Secretary of the Regional Centre for Animal Health. The activities are supervised directly by the three institutions and as part of the Executive Committee of the ALive platform. This supervision of activities also involves the Regional Economic Communities (ECOWAS, CEMAC-CEBEVIRHA, WAEMU) and the ADB, members of the ALive Executive Committee and also the WAHO of Bobo Dioulasso for the coordination of Animal Health and Human Health activities.
245. There are plans to create further Regional Centres depending on availability of resources, in the subregional economic areas:
- SOUTHERN AFRICA: GABORONE (SADC)
 - EAST AFRICA: NAIROBI (IGAD)
 - NORTH AFRICA: TUNISIA (UMA)
 - CENTRAL AFRICA: (CEMAC)
246. Financing will come from budgetary contributions from the three institutions and from funding mobilised by the partners, in particular the ALive platform.

Discussions

247. The Delegate of Cameroon commented that the region of Central Africa was not well served and enquired whether it was possible to create a regional animal health centre for that region with the assistance of the OIE. Dr Vallat replied that CEBEVIRHA has already signed an official Agreement with the OIE and that it is also a member of the executive committee of ALive Platform. He felt that it was essential that every Regional Economic Community urgently seek funds for supporting regional programmes through the Regional Animal Health Centre. He noted however, that so far no donor has expressed any interest but that the OIE will do its best to support the RECs if they so desire in order to enable the creation of that regional animal health centre for Central Africa with the FAO and AU-IBAR.

An update on the activities of the ALive Platform

248. Dr. Leboucq thanked the OIE for the opportunity given to her to present ALive Platform.
249. ALive is a platform comprising key political, technical and financial actors involved in livestock development in sub-Saharan Africa.
250. The objectives of ALive are to provide a concerted, harmonised and effective response to the needs of the livestock sector in Africa in order to fight against poverty and promote sustainable economic growth. ALive thus intends to influence the quantity and quality of operations in the livestock sector by providing tools, expertise and recommendations. ALive does not however have the vocation to finance directly the operations and cannot therefore be regarded as a 'livestock programme'.
251. Launched since 2004 under the initial chairmanship of the OIE, the achievements of ALive have been as follows:
- The presidency of the ALive General Assembly (political and advisory body) has since 2005 been entrusted to the Commissioner for Rural Economy and Agriculture of the AU;
 - The presidency of the Executive Committee (technical and decisional body) is in the process of being transferred to the Director of AU-IBAR;
 - The feasibility of transferring the Secretariat (executive body) currently hosted by the World Bank to an African Institution is being considered.

252. The privileged financial tool of the partnership (the Multi-donor Trust Fund, MDTF) was initiated with contributions from France (200 K\$) and the European Commission (600 K\$) by the second semester of 2005. These 'direct funds' allow as a priority the functioning of the Platform and the implementation of Alive activities. Other financial or in kind contributions have since been received by the Partnership.
253. At the technical level, actions are being taken particularly in the following fields: review of the funds allocated to livestock programmes and RECS, review of policy on the four themes, identification of research priorities, the creation of two tool kits, elaboration of DSRP-Livestock guide to support the integration of livestock in the DSRP, creation of an Alive site and exchange of information via the Platform. In order to answer to pressing needs regarding the actual disease situation, measures for the prevention and control of avian and human influenza have been carried out since 2005 with notably the strong visibility of Alive acquired during the international Conference of Bamako.
254. An assessment of the first phase of Alive will be carried out during the third Ordinary General Assembly of ALive (second semester 2007). The elaboration of the second Triennial Action Plan (2007-2010) constitutes the main thrust for the coming six months and shall be built on the achievements of the previous plan as well as on needs that have not yet been taken into account.
255. All information relating to the Partnership can be consulted on the ALive Web site (www.alive-online.org).

Discussions

256. Dr. Vallat encouraged the participants to visit the Web site of ALive and recalled the context of the creation of the platform, an initiative of the World Bank and the OIE. The aim is to provide the African continent with a new start in livestock production through the development of strategies aimed at correcting previous mistakes resulting from certain inappropriate applications of the agricultural structural adjustments programmes imposed by the World Bank. ALive is a tool to convince governments and donors to invest in the field of livestock production and animal health. A study has been carried out within this framework to include these issues in the strategies of NEPAD. Dr Vallat pointed out that studies are currently being carried out on cost-benefit regarding control of animal diseases and announced that an important conference would be organised soon by the OIE and the World Bank in Washington on this topic.
257. He stated that the next step in order to obtain financial resources will be for countries to develop national programmes in line with the criteria and the studies approved during the international Conference on AI held in Bamako in December 2006.
258. The Delegate of Sudan expressed satisfaction at the ALive initiative adding that it is totally supported by his country. He added that the World Bank has strongly contributed to the development of many activities in Sudan.

Presentations by International and Regional Organisations

Food and Agriculture Organization of the United Nations (FAO)

259. Dr Joseph Domenech, Chief Veterinary Officer of the FAO made a presentation on the activities of FAO.
260. The FAO-OIE agreements signed in 2004 (general agreement and GF-TADs) defined a new partnership context and allowed development of synergies between the two Organisations. FAO has established new mechanisms in order to respond to international crisis more efficiently: Emergency Centre for Transboundary Animal Diseases (ECTAD), Crisis Management Centre (CMC), and Special Fund for Emergency and Rehabilitation Activities (SFERA). Within the GF-TADs Initiative, the GLEWS (Global Early Warning System) platform was put in place in partnership with OIE and WHO for disease information and intelligence and warning.
261. The Avian Influenza Crisis provided an opportunity to demonstrate the efficacy of these agreements and to multiply joint activities: organisation of Regional and International Conferences, Expert meetings, definition of a Global Strategy for the prevention and control of the disease, information and warning messages and establishment of a network of OIE-FAO Reference Laboratories and Collaborating Centres (OFFLU). FAO developed its multidisciplinary and integrated approaches of animal health in order to

address the disease epidemiology in its socio-economic, policy, institutional and environmental contexts.

262. With regard to Africa, there have been several FAO-OIE activities on avian influenza, in particular: participation to AU-IBAR Conference, definition of an Avian Influenza Regional strategy, country missions to assess the situation, support to Government response and preparation of project proposals for donor's consideration. The Avian Influenza problem remains a major concern for Africa. Eight countries were infected of which several, in particular Egypt and Nigeria remain contaminated. The disease did not spread as rapidly as in Asia. However, virus circulation and its potential to cause endemic situations is a matter of concern.
263. At the institutional level, four specific activities need to be underlined: the development of the multi-institutional ALIVE activities, the establishment of joint FAO-OIE-IBAR Regional Animal Health Centres, the initiation of Veterinary Services evaluations using the OIE PVS tool and the joint World Bank-FAO-OIE country missions for the preparation of national animal health programmes. FAO/OIE collaborations have also been active in other areas such as rinderpest, foot and mouth disease and Rift Valley fever.

Discussions

264. Dr. Vallat provided details on the collaboration of OIE with FAO. He pointed out that the respective roles of the two organisations are now clearly defined and that many activities of FAO in the field of animal health serve to help countries comply with OIE standards.
265. The exemplary synergies between the OIE and the FAO cannot be expressed unless the FAO clearly recognises the leadership role of the OIE in animal health. This has been fully endorsed during a meeting held last week in Paris between the OIE and the Director General of the FAO and at a later meeting between the OIE and the Director of animal health and production who was accompanied by Dr Domenech. The OIE however recognises that its actions should be mainly directed at global and regional levels and not at national levels which should fall under the responsibility of the FAO.
266. The Delegate of Mali thanked the FAO for the support provided within the framework of the avian influenza crisis particularly with respect to the supply of equipment and the despatch of experts to collect samples from wild birds.
267. The Delegate of Mauritania thanked the FAO for their TCPs and wished that emphasis be laid on training in collaboration with the OIE. In addition, he asked the OIE to speed up the establishment of the regional office in Tunis to better demonstrate the partnership with the FAO.
268. Dr. Domenech pointed out that FAO was present to support countries and to enable them comply with the standards of OIE. He indicated that the FAO was making special communication efforts in this respect pointing out that the concept of the joint OIE/FAO/AU-IBAR Regional Animal Health Centre which is different from usual ones, has been accepted by the high ranking officials of the FAO.
269. Dr. Vallat supported the comments of Dr. Domenech and recalled that a key role of FAO was to set up projects at national levels. The OIE would on its part continue to lobby Governments on the development of investments in animal health. Dr Vallat concluded that the relationships between the OIE and the FAO could only lead to win-win situations if they are respected.

European Commission (EU)

270. Dr Philippe Steinmetz, Principal Administrator, DG Development, EC, made a presentation on the assistance of the EC on avian influenza to third countries.
271. Conscious of the need to raise global awareness on the threat posed by Avian Influenza since the beginning of the crisis, the EC co-organised the international avian influenza conferences held in Beijing, Vienna and Bamako respectively during 2006. The Commission was the first donor to sign an Agreement (June 2006) with the World Bank to contribute to the Animal and Human Influenza Facility (AHIF). So far, it remains the largest donor with a contribution of € 46 million for countries in Asia, Central Asia, Eastern European and Mediterranean regions. These grants support the countries in the design of their integrated national action plans (IAP), which provide a sound basis for the implementation of further country programmes.

272. Similar objectives as those mentioned for AHIF are pursued for Africa using existing mechanisms. The € 30 million of EC funding for African ACP countries are earmarked via the ALive Trust Fund (ATF) hosted equally by the World Bank and via AU-IBAR. The funds allocated to ALive will be used to establish or validate programmes on AI, to evaluate regional needs in terms of communication strategies, to put in place a regional epidemio-surveillance and laboratories networks and to evaluate applied research needs. The funds allocated to IBAR are destined to implement programmes (€ 21.5 million).

273. Additional support of the Commission to affected or at risk countries include:

- The B-allocation applicable for ACP countries aimed at covering unexpected needs such as emergency assistance, when such support cannot be financed from the EC budget. In 2006, decisions to use B funds for avian influenza have been made with respect to the following countries: Cameroon, Chad, Eritrea, Ghana, Ivory Coast and Mali. Project proposals are still in the pipeline (awaiting an official request from the countries themselves and following the same process as described above, i.e. to support implementation of national IAP) for Nigeria, Gabon, Senegal and Benin.
- Re-allocated Funds from on going programmes, (such as the PACE Programme) and from other financial mechanisms (such as the Technical Cooperation facility) have been targeted in some countries like Nigeria, Zambia,
- The OIE has recently been authorised to provide additional avian influenza vaccines (notably to be sent to Egypt), using the emergency fund for rinderpest from the PACE Programme in an exemplary collaboration with IBAR.
- "Better Training for Safer Food" is a new initiative of the Commission aimed at organising a Community (EU) training strategy in the areas of food law, feed law, animal health and animal welfare -, as well as plant health -. In the context of the Avian Flu crisis, this training will allow third country participants to implement strategies developed in collaboration with international organisations and to prepare effective national plans. In addition, laboratory training on HPAI diagnostic techniques is included. Experts from Morocco, Egypt, and Nigeria for Africa will participate in this course in 2007.
- Significant funds totalling 28.3 ME have been allocated to support Human and Avian Flu research programmes in 2006. Additional funds will be mobilised in 2007 for the same goal.

274. Dr Steinmetz concluded by stating that building upon the EC experience in Africa over the past decades, and following the strong message sent by specialised international institutions, the EC is convinced of the importance of sustainable veterinary prevention and control mechanisms that should continue beyond the HPAI crisis. He added that this will be borne in mind during the 10th EDF programming exercise.

Discussions

275. Dr. Vallat expressed concerns about the integrated action plans regarding avian influenza. He stated that it was necessary to remain vigilant to ensure that the animal health sector remained a priority compared to human health as the best strategy in the control of animal diseases was to fight the pathogen at its animal source. Concerning the training schemes managed by the EC, he suggested that a dialogue with OIE was necessary in order to avoid duplications. He expressed satisfaction on the strengthening of VS within the framework of the EDF integrated plan covering the period 2008-2013. He thanked the EC for its significant contribution in the development of ACP countries in the field of animal health.

AU-IBAR

The control of highly pathogenic avian influenza and the new challenges in the coordination of animal health activities in the continent.

276. Dr Modibo Traore, Director of AU-IBAR, made a presentation on the control of highly pathogenic avian influenza and the new challenges in the coordination of animal health activities in the continent.

277. The imminent cessation of the financing of the PACE Programme and the measures urgently needed to control highly pathogenic avian influenza pose new challenges to Veterinary Services of the continent. The

zoonotic nature of HPAI and its potential to cause a major pandemic render the disease different from other transboundary animal diseases such as rinderpest, trypanosomiasis or Rift Valley fever, for which control measures have been applied in Africa.

278. The achievements of the continent with regard to the control of HPAI are numerous. Although the spread of the virus could not be prevented at the beginning of the crisis, emergency measures taken by IBAR and its partners improved existing control tools and developed new ones in order to coordinate and harmonise initiatives amongst the various stakeholders.
279. These tools will serve to implement new AU-IBAR programmes. Particular emphasis will be laid on national, regional and international coordination to support national integrated programmes for the control of human and avian influenza.
280. The Director of AU-IBAR insisted on the need for better coordination of training programmes undertaken by different institutions in the continent. In that context, he announced that a special one day workshop would be organised at the end of the 17th Regional Conference involving all the participants. He also insisted on the importance of the strategies on the sustainability of the achievements of the PACE Programme elaborated during the final PACE workshop organised in Nairobi, Kenya. He wished that discussions be held on the conclusions of that workshop which would be presented by Dr Bessin in order to further enrich them.

AU-IBAR

Sustaining PACE achievements to improve animal health and livestock sectors in Africa

281. Dr René Bessin, Coordinator of the PACE Programme presented the objectives and outcome of the workshop on “Sustaining PACE achievements to improve animal health and livestock sectors in Africa”, held on 23 and 24 February 2007 in Nairobi, Kenya.
282. AU/IBAR has, through the Pan-African Rinderpest Campaign (PARC, from 1983 to 1999) and the Pan-African Programme for the Control of Epizootics (PACE, from 1999 to 2007) succeeded in eradicating major TADs in Sub-Saharan Africa. During the execution of the PACE programme, major achievements have been realised, such as:
 - Increasing institutional capacity;
 - Establishing effective epidemio surveillance networks;
 - Eradication of rinderpest from the continent;
 - Enhancing or developing control programmes for major TADs;
 - Enabling environment to promote privatisation, trade and legal reforms created;
 - Establishment of vaccine banks and emergency plans.
283. The objectives of the Nairobi workshop were:
 - to share achievements and lessons learned during the implementation of PACE;
 - to discuss about future perspectives for the animal health sector.
284. The workshop was conducted on participatory lines with targeted experts’ inputs followed by plenary and selected group discussions. Participants were selected in recognition of their organisation's contribution to the livestock development as well as to the PACE programme’s implementation or related activities. They included Members of the PACE Advisory Committee, leading International Organisations, Donor Agencies/Organisations, Regional Economic Communities, Non Governmental Organisations, and Representatives of Livestock Associations, as well as Civil Society.
285. The workshop stressed on the following:
 - Identification and analysis of the implementation options and challenges faced during PACE;
 - Identification of ideas for future interventions in the sector.

286. The main recommendations of the workshop include:

- The final rinderpest eradication efforts should start as soon as possible,
- Wildlife surveillance expertise that has been developed should be maintained.
- Efforts developed by PACE in the control of HPAI should continue,
- ARIS should be introduced in all African countries and harmonised with the WAHIS international system of reporting animal diseases,
- AU-IBAR should promote marketing and trade of livestock and livestock products in Africa,
- AU-IBAR should develop work plans at national level with the support of Regional Animal Health Centres.

PANVAC

287. Dr Karim Tounkara, Director of PANVAC, recalled the origin of the organisation initiated in 1983. He described the missions of this regional reference centre of the AU which are to provide international independent quality control of veterinary vaccines in Africa, to facilitate the standardisation of veterinary vaccines production and harmonisation of their quality control techniques, to promote the transfer of appropriate vaccine production technologies, to provide training and technical support to veterinary vaccines and quality control laboratories, to produce and distribute essential biological reagents for animal disease diagnosis and surveillance.
288. He described the restarting phase of PANVAC (2006-2007), its growth phase (2008-2010) including ISO 17025 accreditation through external evaluation, and its cruising phase (as from 2011) to consolidate the achievements of the first two phases and develop and introduce new or improved vaccines relevant to Africa.
289. The current activities include: supporting PANVAC manpower, establishing and consolidating PANVAC vaccine quality control capabilities, promoting biological standardisation and harmonisation in Africa, improving capacity building, implementing quality assurance in vaccine producing laboratories, finalising documents for institutionalisation of PANVAC and establishing capacity for production of diagnostic kits and reagents.
290. He thanked IBAR and other partners such as the Japanese Government, FAO, UNDP, OIE and the EU. He expressed particular thanks to the EU and CIRAD via the PACE Programme for having ensured its maintenance during the interim phase which ended in January 2006. He listed the current sources of funding: PANVAC own budget, French grant, IAEA regional TCP, joint proposal with IBAR, and APHIS. He stressed that animal health in Africa would be improved if available vaccines and biological diagnostic products are of good quality and are obtainable at affordable prices.
291. Finally Dr Tunkara made an appeal to Directors of Veterinary Services to utilise the services provided by PANVAC in the implementation of animal disease control programmes at national, regional and continental level.

Southern African Development Community (SADC)

292. Dr Gift Wanda, Veterinary epidemiologist at the SADC Secretariat made a brief presentation on “SADC Institutional Arrangements Programmes and Initiatives Promoting Regional Integration in the Livestock Sector”
293. Like all Regional Economic Communities in Africa, Southern Africa Development Community (SADC) was founded to spearhead economic growth through regional integration of all sectoral activities. The Regional Indicative Strategic Programme (RISDP) sets out the SADC agenda for integration of sectoral activities in all Member States.
294. The Livestock sector falls under the Food, Agriculture and Natural Resources Directorate of the SADC Secretariat. The Livestock Technical Committee (LTC) with membership comprising Directors of Veterinary and Livestock Services meets once every year to deliberate on animal health issues. The LTC is supported by Subcommittees in the areas of epidemiology and informatics, Veterinary Laboratories and Diagnostics, Animal Production, Range Management, Livestock Marketing and Veterinary Public Health.
295. Some programmes and initiatives designed to promote regional integration in the livestock sector include:
- The EU-funded promotion of regional integration in the SADC livestock sector
 - The EU-funded SADC FMD Project
 - The AfDB-funded SADC Transboundary Animal Diseases (TADs) Project
 - The SADC Preparedness Plan against Highly Pathogenic Avian Influenza
 - The development of the SPS Annex to the SADC Protocol on Trade
 - The up-coming EU-funded project on Capacity building in Maximum Residues Levels (MRLs)
 - The SADC Council of Ministers resolution obliging all SADC Member States to develop animal identification and traceability systems
 - The Agreement signed between OIE and SADC to establish the OIE Sub regional Representation office.
296. In addition to the above initiatives, SADC recognises the existence of regional centres of excellence, notably:
- The Centre for tick and tick-borne diseases (CTTBD) in Lilongwe, Malawi
 - The Botswana Vaccine Institute as the OIE Reference Laboratory for FMD
 - The Onderstepoort Veterinary Institute
 - The tsetse and Trypanosomosis Centre in Zimbabwe
 - The Meat Inspection Training Centre in Botswana
297. SADC also recognises the Public/Private Partnership arrangements in driving the SADC livestock agenda.

International Energy Atomic Agency

298. Dr Adama Diallo Head of Animal Production Unit of IAEA presented the Joint FAO/IAEA Programme and animal disease diagnosis capacity building in Africa.
299. The Programme has pioneered in the 1980's the transfer of modern immunoassay and molecular techniques from developed to developing countries for the diagnosis and better management of animal diseases. Such transfers were done in close collaboration with research institutions in developed countries and International Organisations (FAO, OIE, AU-IBAR). They were implemented through:
- Regular trainings (training courses or individual training)
 - Setting up networks to enable scientists from both developed and developing countries particularly in Africa, to work together on specific subjects
 - Equipping laboratories in developing countries.
300. The expected impact of the programme is the strengthening of disease diagnostic capabilities in African

veterinary laboratories to help countries in their efforts to control key diseases posing real or potential threats to livestock production and food security.

301. Dr Diallo pointed out that the IAEA has contributed to the success of the PARC and PACE Programmes by supporting the networks of veterinary diagnostic laboratories, the vaccination campaign against rinderpest, serological monitoring and epidemiosurveillance.

Economic Community Of West African States (ECOWAS)

302. Dr Aubin Sawadogo, responsible for livestock in ECOWAS, made a presentation on the activities of the organisation. He expressed total support for the implementation of OIE activities in its member states. He announced that since January 2007, the organisation has been structured as a Commission with a President at its head. In the framework of the implementation of this mechanism, the commission was seeking the support of the OIE and other partners. He was also pleased to announce that the programmes relating to the control of HPAI prepared with the assistance of OIE have been approved by all Heads of Governments of ECOWAS states during a summit held in January 2007.

Selection of the Technical Items for the 18th Conference of the OIE Regional Commission for Africa

303. Dr Vallat informed participants that at a recent meeting, the OIE Administrative Commission suggested that as from 2008, only one technical item warranting the distribution of a questionnaire to Member Countries will be presented during the General Session. The second technical presentation, which will be decided by the Administrative Commission, will deal with a current topic of international interest and will be presented, without involving a previous questionnaire, by a world renowned expert.
304. He informed participants that they would be able to select the technical item warranting the use of a questionnaire during their meeting during the General Session in Paris in May 2007.
305. The title of the second technical presentation (without a questionnaire) will be decided during the meeting of the Regional Commission at the General Session preceding the next regional conference in 2009.

Date, venue and agenda items for the 18th Conference of the OIE Regional Commission for Africa

306. The President of the Conference informed Delegates that as decided at the previous OIE Regional Commission meeting in Khartoum in 2005, the 18th Conference of the OIE Regional Commission for Africa will be held in Chad in 2009 during the last week of February 2009. The exact dates of the meeting will be decided at the meeting of the Regional Commission during the OIE General Session in May 2007.

Plenary discussion of draft Recommendations No. 1 and No. 2

307. Draft Recommendations Nos. 1 and 2 on the two Technical Items of the Conference were presented to the participants and put forward for discussion. A few amendments were called for in both recommendations, which were presented for final adoption on Thursday.

Wednesday 28 February 2007

Cultural visit

308. Participants found the visit organised for the day by the host country to be of great interest. Sincere thanks to the organisers for their kind hospitality were presented.

Adoption of the draft Final Report and Recommendations

309. The Conference approved Recommendations Nos 1 and 2 and the draft Final Report with certain minor amendments (Appendices IV and V).
310. The Director General stated that the press release of the Conference made available to the participants could be used by Delegates for the media in their countries, if they so wished. It will also be placed on the OIE Web site.

Closing Ceremony

311. On behalf of the Regional Commission Bureau for Africa, the OIE Central Bureau and the Conference participants, Dr Robert Thwala, President of the Regional Commission, read the motion of thanks to the Government of the State of Eritrea (Appendix VI).
312. Dr Vallat reinforced the motion of thanks to insist on the very positive aspects of the Regional Conference for Africa. He thanked the organisers of the Conference particularly the government of Eritrea, and sponsors for the perfect organisation, warm welcome, and excellent hospitality including the cultural visits, appreciated by all the participants.
313. He also thanked Delegates for their fruitful participation in the discussions. He conveyed the appreciation of the President of the OIE international Committee on the organisation of the meeting and the high level of discussions. Finally he thanked his team for the excellent job performed before and during the conference.
314. Dr Ghebrehiwet Teame, Delegate of the host country, expressed the satisfaction of his country at having hosted the Conference and expressed his appreciation to Drs Vallat and O'Neil, the Delegates and participants. He extended his special thanks to the session chairpersons and rapporteurs, as well as to the organisers who had worked hard since several months to make the conference a success. He added that the conference had served to reinforce the collaboration between the Veterinary Services of Member Countries and also as a venue to meet new and familiar faces, and to share information, knowledge and friendship.
315. The 17th Conference of the OIE Regional Commission for Africa was officially closed at 11 a.m.

APPENDICES

- I List of participants
- II Agenda
- III Programme
- IV Recommendation No. 1
Strategy for Strengthening Epidemiological surveillance in Africa
- V Recommendation No. 2
Harmonisation of the registration and quality control of
veterinary medicinal products in Africa
- VI Motion of thanks
- VII Press release



**17th Conference
of the OIE Regional Commission for Africa**
Asmara (Eritrea) 26 February – 1 March 2007

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17th Conference of the OIE Regional Commission for Africa
Asmara, Eritrea, 26 February – 1 March 2007

AGENDA

- I. Strategy for strengthening national epidemiological surveillance systems in Africa (Technical Item I)
- II. Harmonisation of the registration and control of veterinary medicinal products in Africa (Technical Item II)
- III. Animal health situation of Member Countries in 2006. Discussions on the new WAHIS System in Africa.
- IV. Update on aquatic animal health activities of the OIE
- V. Fourth OIE Strategic Plan and Strengthening of Veterinary Services in Africa
- VI. Outcome of the International Conference on Avian Influenza held in Bamako, Mali from 6 to 8 December 2006.
- VII. Creation of OIE/FAO/AU-IBAR Regional Animal Health Centres
- VIII. Activities of the OIE Regional and Sub-regional Representation for Africa
- IX. Information on the use of PVS instrument in Africa
- X. Presentations by international and regional organisations
- XI. Other matters:
 - Selection of the Technical Items for the 18th Conference of the OIE Regional Commission for Africa
 - Date, venue and agenda for the 18th Conference of the OIE Regional Commission for Africa
 - Miscellaneous
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17th Conference of the OIE Regional Commission for Africa
Asmara, Eritrea, 26 February – 1 March 2007

Timetable

Sunday 25 February 2007

04.00 pm Registration and distribution of documents

Monday 26 February 2007

08.00 am Registration and distribution of documents (contd)

09.00 am Cultural Show

09.30 am Opening ceremony

Dr Ghebrehiwet Teame Mahru, OIE Delegate for Eritrea
Dr Robert S. Thwala, President of the OIE Regional Commission for Africa
Dr A. Samba Sidibe, OIE Regional Representative for Africa
Dr Barry O'Neil, President of the OIE International Committee
Dr Bernard Vallat, OIE Director General
Mr Arefaine Berhe, Minister of Agriculture of Eritrea

10.45 am - Election of the Conference Committee (Chairperson, Vice-Chairpersons and Rapporteur General)
- Adoption of the Agenda and Timetable
- Election of Session Chairpersons and Rapporteurs for Technical Items and the presentation on Animal Health Situation of Member Countries

11.00 am Break

11.30 am Technical Item I
Strategy for strengthening national epidemiological surveillance systems in Africa
(Dr A. M. Hassan)

01.00 pm Lunch

02.15 pm Animal health situation in Member Countries in 2006 and implementation of the new WAHIS system in Africa (Dr Antonio Petrini)

03.00 pm - Report on Activities of the OIE Regional Representation for Africa (Dr Samba Sidibe)
- Report on the Activities of the OIE Sub Regional Representation for SADC Member Countries (Dr Bonaventure Mtei)

04.00 pm - Break

- 04.30 pm Technical Item II
Harmonisation of the registration and control of veterinary medicinal products in Africa (Dr Issoufou Dare)
- 06.00 pm - Update on OIE Activities in Aquatic animal health (Prof. Eli Katunguka Rwakishaya)
- Preparation of Recommendation No. 1 et 2 by designated small group
- 07.30 pm - Reception hosted by the Ministry of Agriculture of Eritrea

Tuesday 27 February 2007

- 09.00 am - Fourth OIE Strategic Plan and Evaluation and Strengthening of Veterinary Services (Dr Bernard Vallat)

- Outcome of the International Conference on Avian Influenza held in Bamako, Mali from 6 to 8 December 2006 (Dr Bernard Vallat)
- 10.00 am Use of PVS instrument in Africa (Dr Abdoulaye Bouna Niang)
- 10.30 am - Break
- Preparation of Recommendation No. 2 by designated small group
- 11.00 am Creation of OIE/FAO/AU-IBAR Regional Animal Health Centres (Dr Samba Sidibe)
- 11.30 am - Activities of the ALive Programme (Dr Nadège Leboucq)
- 12.00 am - Lunch
- 01.30 pm - Presentation by the Food and Agriculture Organization of the United Nations (FAO) (Dr Joseph Domenech)
- 01.45 pm - Presentation by the European Commission (EC) (Dr Philippe Steinmetz)
- 02.00 pm - Control of Highly Pathogenic Avian Influenza and the new challenges in the coordination of animal health activities in Africa. (Dr Modibo Traore)
- 02.45 pm - Sustaining PACE achievements to improve animal health and livestock sectors in Africa (Dr René Bessin)
- 03.15 pm - An update on the activities of PANVAC (Dr Karim Tounkara)
- 03.30 pm - Presentations by other international and regional organisations [IAEA, ECOWAS, SADC]
- 04.30 pm - Break
- 05.00 pm - Date, Venue and Technical Items for the 18th Conference of the OIE Regional Commission for Africa
- 05.15 pm - Discussions on draft Recommendations No. 1 and No. 2
- 07.30 pm - Reception hosted by the OIE

Wednesday 28 February 2007

Professional and guided tourist visit

Thursday 1 March 2007

09.00 am Adoption of the draft Final Report and Recommendations

10.30 am Break

11.00 am Closing Ceremony

17th Conference of the OIE Regional Commission for Africa
Asmara (Eritrea) 26 February – 1 March 2007

Recommendation No. 1

Strategy for Strengthening Epidemiological surveillance in Africa

CONSIDERING THAT

Animal diseases continue to be a serious impediment to social and economic progress in most countries in Africa and the situation is likely to worsen if timely appropriate steps are not taken,

There is a need for the establishment of an early detection and rapid response system that is capable of detecting disease outbreaks and containing them before they spread,

An effective epidemio-surveillance system provides information for planning, implementing, monitoring and evaluating animal health intervention programmes.

Implementation of epidemio-surveillance systems face many constraints and impediments in Africa,

The Pan African Rinderpest Campaign (PARC) and Pan African Programme for Control of Epizootics (PACE), contributed significantly in laying foundations for effective epidemio-surveillance systems in a number of African countries which benefited largely from the two projects,

The OIE Fourth Strategic Plan (2006 – 2010) emphasises the importance of capacity building including an effective epidemio-surveillance system as an essential tool in disease control,

The data and evidence collected and analysed to draw any conclusions should be reliable enough for the results to be acceptable to both the managers of Monitoring and Surveillance System (MOSS) and the assessors,

Partnership between the public and private sector in permanent relation with Veterinary Statutory Bodies in conducting epidemio-surveillance is more than ever important because of the recent changes in the administrative structure in many developing countries,

The financial and logistical support provided by the regional (e.g AU-IBAR), international organisations (e.g FAO) and donors to African countries for strengthening the networks of their epidemiosurveillance system, upgrading their Veterinary Services and research institutes and improving their capacities is recognised and highly appreciated,

The risk of lack of coordination and harmonisation efforts among Member Countries in animal health with the phasing out of PACE (for Western, Central and Eastern Africa), partly due to inadequate communication from Member Countries,

The lack of coordination in some countries among all stakeholders including the public health services, information and communication sectors, private sector (*including industry*) and livestock owners,

Livestock owners are generally the first sentinels to detect animal diseases and that para-professionals represent key relay agents,

THE OIE REGIONAL COMMISSION FOR AFRICA
RECOMMENDS THAT

1. OIE continue to collaborate with other international and regional organisations to assist African countries in improving capacity building through training.
2. OIE request its Collaborating Centres in Epidemiology to provide training and other forms of technical assistance to Member Countries of the region;
3. Veterinary Services of Member Countries supported by the OIE Regional Commission, appeal to their governments to consider the necessity of supporting epidemiosurveillance system as a essential tool in disease control also capable of demonstrating significant returns on investment. Governments should consider the necessity of ensuring sustainable material and financial resources and of providing appropriate number of skilled personnel for this purpose.
4. Veterinary Services of Member Countries including Veterinary Statutory Bodies improve partnership with livestock owners and other stakeholders to conduct proper epidemiosurveillance. Special attention should be given to training notably to livestock owners in participatory epidemiology, to professionals or para-professionals and to private veterinarians who control their activities. Stakeholders dealing with wildlife should also be involved.
5. Veterinary Services of Member Countries develop ways and means and utilise the available technical knowledge to ensure compliance of epidemiosurveillance systems with OIE international guidelines and recommendations.
6. Compliance of Veterinary services with OIE standards on quality and evaluation using the PVS tool be regarded as an essential objective for efficient epidemio-surveillance systems.
7. Member Countries should focus on increasing regular coordination and harmonisation efforts among themselves (border harmonisation meetings at bilateral and regional level, development of internet connection) and should provide timely feed back on information requested by OIE. The Sub-Regional or regional solidarity among neighbouring countries could provide a solution to the temporary lack of expertise or material in some individual countries that decide to implement a national surveillance programme. The support of the FAO to Regional and Sub-regional networks will be useful in this context.
8. The Veterinary Services to undertake continuous coordination among all stakeholders including the human health services, information and communication services, wildlife services, the private sector and livestock owners.
9. Epidemiosurveillance networks and official diagnostic laboratories be strongly linked and supported by effective quality systems.
10. Regional organisations and donors take into account the necessity of extending epidemiosurveillance networks to the whole African continent while continuing to allocate the necessary resources for their development and sustainability.

(Adopted by the OIE Regional Commission for Africa on 1 March 2007)

Recommendation No. 2

**Harmonisation of the registration and quality control of
veterinary medicinal products in Africa**

CONSIDERING

That the uncontrolled movement of veterinary medicinal products poses a major threat to animal and public health, and the environment,

That there is a proliferation of poor quality or counterfeit veterinary medicinal products in the African region,

The major economical implications linked to the quality and safety of veterinary medicinal products for the development of livestock production in Africa,

The importance of regional cooperation in the registration and quality control and usage of veterinary medicinal products, particularly in view of the limited capacities of certain individual countries,

The commitment of the Regional Economic Communities (REC), engaged in processes of economic integration and of pooling of resources,

The existence of international standards regulating the quality assurance, registration and usage of veterinary medicinal products,

THE OIE REGIONAL COMMISSION FOR AFRICA

RECOMMENDS THAT

- A. THE NATIONAL ADMINISTRATIONS RESPONSIBLE FOR VETERINARY MEDICINAL PRODUCTS IN MEMBER COUNTRIES OF THE REGIONAL COMMISSION
1. Continue to upgrade their veterinary pharmaceutical legislation (with particular reference to registration and quality control), by drawing up specific texts on veterinary medicinal products and by encompassing it within a regional perspective.
 2. Promote networking among laboratories and authorities responsible for the registration and quality control of veterinary medicinal products within a regional context.
 3. Develop institutional, administrative and financial mechanisms for increasing the effectiveness of the process of quality control starting from good manufacturing practices to the sale and usage of those products under the supervision of the authority responsible for veterinary medicinal products.
 4. Involve users including breeder associations and veterinarians as well as supplier laboratories recognised by regional bodies in the effort to help regulate the market for veterinary medicinal products.

B. THE REGIONAL ECONOMIC COMMUNITIES

1. Embark on reforms with a view to regionally harmonise regulations on veterinary medicinal products in their respective area and enhance their cooperation in that field.
2. Request the OIE to organise with the support of AU-IBAR, AU-PANVAC and the regional economic communities concerned, a regional conference on veterinary medicinal products in Africa and their impact on animal and public health, and the environment.

C. THE OIE, IN COLLABORATION WITH OTHER RELEVANT INTERNATIONAL AND REGIONAL INSTITUTIONS

1. Support the REC in conducting feasibility studies in order to achieve a regional harmonisation of legislation in their respective areas.
2. Help the REC to initiate technical audits of laboratories responsible for the quality control of veterinary medicinal products, in order to network the laboratories.
3. Increase the effectiveness of regional veterinary pharmaceutical regulations by providing technical and administrative support to the region and by encouraging the development of human resources
4. Develop guidelines and tools to enable OIE Member Countries to more successfully organise, manage and implement mechanisms for registration and quality assurance, and to effectively enforce their regulations.
5. Help the countries to reinforce their inspection service and quality control mechanism and to develop strategies to combat counterfeiting of veterinary medicinal products.

(Adopted by the OIE Regional Commission for Africa on 1 March 2007)



MOTION OF THANKS

The President and the members of the OIE Regional Commission for Africa, the Director General of the OIE, the President of the International Committee of the OIE, members of delegations, country representatives, representatives of international and regional organisations and observers, wish to express their gratitude to the Government of Eritrea, the Host Country of the 17th Conference of the OIE Regional Commission, held from 26 February to 1 March 2007, for the excellent welcome accorded to the participants and for all facilities made available to them during their stay in Eritrea.



**17th CONFERENCE
OF THE OIE REGIONAL COMMISSION FOR AFRICA**

Asmara (Eritrea), 26 February- 01 March 2007

PRESS RELEASE

01 March 2007

The 17th Conference of the Regional Commission for Africa of the World Organisation for Animal Health (OIE) was held in Asmara, (Eritrea) from 26 February to 01 March 2007.

The Conference was chaired by Dr Ghebrehiwet Teame, the OIE Delegate for Eritrea. His Excellency, Mr Arefaine Berhe, Minister of Agriculture of Eritrea, the President of the OIE International Committee, Dr Barry O'Neil, the Director General of the OIE, Dr Bernard Vallat, Delegates of OIE Member Countries, representatives of international and regional organisations and observers attended the Conference.

In his speech, the Minister of Agriculture of Eritrea commended the significant role of the OIE in the international control of animal diseases and the support for international trade of animals and animal products. He stated that like many countries in Africa, much still remains to be done in Eritrea to enable international exports of animals or animal products. However, with the progress being achieved in Eritrea in the field of animal health, ambitions are clear. *'We will one day export organic meat to difficult markets including those of Europe'* he said.

Two technical items were discussed during the Conference:

**Strategy for epidemiological surveillance systems in Africa
Harmonisation and registration of veterinary drugs in Africa**

The Director General of the OIE, Dr Vallat stressed the importance of these two items for Africa. Regarding the involvement of livestock breeders in epidemiological surveillance, he stressed: *"Livestock owners are the first sentinels to detect animal diseases and their role has to be recognised. An effective policy adapted to the specificities of the African Continent to financially compensate them when they lose their animals as part of animal disease control programmes is imperative at least as a medium term objective if the Veterinary Services are to be effective in the early detection and elimination of animal diseases"*

Recalling the serious socio-economic impact of highly pathogenic avian Influenza in Africa, he urged policy makers to provide resources to strengthen Veterinary Services. In this respect, he remarked: *"Veterinary Services are now recognised as a global public good. They provide the first line of defence against animal diseases particularly those transmissible to humans. Strengthening of Veterinary Services using the OIE Performance, Vision and Strategy (PVS) tool must therefore, be considered a priority for public investments worldwide"*.

The OIE Regional Commission expressed its gratitude to the support provided by the OIE to Member Countries of the Region and strongly supported the actions being undertaken by the OIE to promote the control of animal diseases and zoonoses world-wide and in the region.

Dr Bernard Vallat met his Excellency Mr Isaias Afeworki, President of the State of Eritrea. He seized that opportunity to warmly thank the Government of Eritrea for kindly hosting and supporting the Regional Conference.

All recommendations adopted by the conference will be submitted for consideration and adoption during the next OIE General Assembly, in May 2007.

The World Organisation for Animal Health (OIE), created in 1924 under its initial name "Office International des Epizooties", is one of the oldest international organisations and, with its 168 Member Countries, is one of the most representative intergovernmental organisations.

Present on all five continents through its Regional Representations, its 180 Reference Laboratories and Collaborating Centres, the OIE oversees animal health and surveillance in the world and plays a key role in scientific research and the dissemination of veterinary information.

The close relationship between animal health and animal welfare has prompted the OIE to play a key role as the leading international organisation for animal welfare and elaborates specific recommendations and guidelines on relevant subjects.

Operating at the interface between animal and human health, the OIE works in close collaboration with other agencies supporting and financing the fight against animal diseases and helps its Member Countries to prevent, control and eradicate those diseases.

In its capacity as the international reference organisation for animal diseases, including zoonoses, the OIE also elaborates sanitary standards that safeguard the world trade in animals and animal products within the framework of the WTO SPS Agreement.