



WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future

21st Conference of the
OIE Regional Commission for Africa
Rabat, Morocco, 16 to 20 February 2015

FINAL REPORT

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List of Abbreviations

AFD:	French Development Agency (<i>Agence française de développement</i>)
AFRO:	WHO Regional Office for Africa
AHPNS:	Acute Hepatopancreatic Necrosis Syndrome
AMR:	Anti-Microbial Resistance
API:	Animal Protection Index
ASF:	African swine fever
AU-IBAR:	African Union Interafrican Bureau for Animal Resources
AU-PANVAC:	Pan African Veterinary Vaccine Centre of the African Union
AU-PATTEC:	Pan African Tsetse and Trypanosomosis Eradication Campaign
AU:	African Union
AUC:	African Union Commission
BSE:	bovine spongiform encephalopathy
BTSF:	Better training for safer food
CBPP:	Contagious bovine pleuropneumonia
CEBEVIRHA: and	Economic Commission on Cattle, Meat and Fish resources in the Economic Monetary Community of Central Africa (CEMAC)
CIRAD:	Centre for International Research on Environment and Development
COAG:	Committee on Agriculture
CSF:	Classical swine fever
CSV:	Comma-separated values
CVO:	Chief Veterinary Officer
DFID-RIU: Programme	UK Department for International Development-Research into Use
EAC:	East African Community
EC:	European Commission
ECOWAS	Economic Community of West African States
ECTAD:	Emergency Centre for Transboundary Animal Diseases
EMRO:	WHO Regional Office for the Eastern Mediterranean
EU:	European Union
EuFMD:	European Commission for the Control of Foot-and-Mouth Disease
FAO:	Food and Agriculture Organization of the United Nations
FEI:	International federation for equestrian sports
FMD:	Foot and Mouth Disease
GALVmed:	Global Alliance for Livestock Veterinary Medicine
GCES:	Global PPR Control and Eradication Strategy
GDP:	Gross domestic product
GF-TADs:	Global Framework for the Progressive Control of Transboundary Animal Diseases

GLEWS:	Global Early Warning and Response System
HHP:	High-performance horse
IAEA:	International Atomic Energy Agency
ICIPE:	International Centre of Insect Physiology and Ecology
ICONZ:	Integrated Control of Neglected Zoonoses
IDF:	International Dairy Federation
IFAH:	International Federation for Animal Health
IFHA:	International Federation of Horseracing Authorities
IGAD:	Intergovernmental Authority on Development
IHR:	International Health Regulations
ILRI:	International Livestock Research Institute
IPPC:	International Plant Protection Convention
ISO:	International Organization for Standardization
ISSB:	International Standards Setting Bodies
IT:	Information technology
IUCN:	International Union for Conservation of Nature
LEAP:	Livestock Environmental Assessment & Performance
LiDeSA:	Livestock Development Strategy for Africa
MENA:	Middle East and North Africa
ND:	Newcastle disease
NEPAD:	New Partnership for Africa's Development
NGOs:	Non-governmental organizations
OIE:	World Organisation for Animal Health
OIE RR-AF:	OIE Regional Representation for Africa
OIE SRR-EA:	OIE Sub-Regional Representation for East Africa and the Horn of Africa
OIE SRR-SA:	OIE Sub-Regional Representation for Southern Africa
ONSSA:	Moroccan National Office for Food Safety
PAAWA:	Pan-African Animal Welfare Alliance
PANVAC:	Pan African Veterinary Vaccine Centre
PATTEC:	Pan African Tsetse and trypanosomiasis Eradication Campaign
PED:	Porcine epidemic diarrhoea
PPR:	Peste des petits ruminants
PRAPS:	Regional Support Programme for Pastoralism in the Sahel
PVS:	OIE Tool for the Evaluation of Performance of Veterinary Services
RAHC:	Regional Animal health Centre
RAWAPEA:	Regional Animal Welfare Action Plan for Eastern Africa
RAWS:	Regional Animal Welfare Strategies
RECs:	Regional Economic Communities
REEV-Med:	Mediterranean Network of Establishments for Veterinary Education

REMESA:	Mediterranean Animal Health Network
RVF:	Rift Valley fever
SADC:	Southern African Development Community
SAT:	South African Territories
SAVC:	South Africa Veterinary Council
SDGs:	Sustainable Development Goals
SEGA:	Epidemiological Surveillance and Early Warning Management
SOS:	Stamp Out Sleeping sickness
SPS:	Sanitary and Phytosanitary Measures
SRR:	Sub Regional Representation
STDF:	Standards and trade development facility
TADs	Transboundary Animal Diseases
TDR:	Tropical Diseases
TFCA:	Transfrontier Conservation Areas
UDAW:	Universal Declaration on Animal Welfare
USD:	United States Dollar
VETGOV:	Reinforcing veterinary governance in Africa programme
VS:	Veterinary Services
VSPA:	Vaccine Standards and Pilot Approach to Peste des Petits Ruminants (PPR) Control in Africa'
WAEMU:	West African Economic and Monetary Union
WAHIS:	World Animal Health Information System
WAP:	World Animal Protection
WFO:	World Farmers Organisation
WHO:	World Health Organization
WMA:	World Medical Association
WTO:	World Trade Organization
WVA:	World Veterinary Association

Introduction

1. At the kind invitation of the Government of Morocco, the 21st Conference of the OIE Regional Commission for Africa was held in Rabat from 16 to 20 February 2015.
2. A total of 120 participants, comprising OIE Delegates and/or nominees of 36 Member Countries, three observer countries and senior officers from 12 regional and international organisations attended the Conference. Representatives of the private sector in the region and in the host country were also present. Dr Bernard Vallat, OIE Director General, Dr Monique Eloit, OIE Deputy Director General, Dr Karin Schwabenbauer, Delegate of Germany and President of the OIE World Assembly of Delegates, Dr Abderrahman El Abrak, Delegate of Morocco, Dr Marosi Molomo, Delegate of Lesotho and President of the OIE Regional Commission for Africa, Dr Gideon Brückner, President of the OIE Scientific Commission for Animal Diseases, Dr Franck Berthe, President of the OIE Aquatic Animal Health Standards Commission, Dr Yacouba Samaké, OIE Regional Representative for Africa, Dr Karim Tounkara, Deputy Regional Representative, Dr Moetapele Letshwenyo, OIE Sub-Regional Representative for Southern Africa, Dr Rachid Bouguedour, OIE Sub-Regional Representative for North Africa, Dr François Caya, Head of the OIE Regional Activities Department, and Dr Neo Mapitse, Deputy Head of the OIE Animal Health Information and Analysis Department, also participated in the Conference. The speakers presenting Technical Items I and II, namely, Dr Delia Grace from the International Livestock Research Institute (ILRI) and Professor Mohammed Bouslikhane from the Institute of Agronomy and Veterinary Medicine Hassan II in Rabat, also honoured the Conference with their active participation.

Tuesday 17 February 2015

Opening Ceremony

3. The opening ceremony was chaired by Dr Abderrahman El Abrak, OIE Delegate of Morocco, accompanied by the following distinguished personalities:

Mr Ahmed Bentouhami, Director of the Moroccan National Office for Food Safety (ONSSA).

Dr Marosi Molomo, President of the OIE Regional Commission for Africa,

Dr Yacouba Samaké, OIE Regional Representative for Africa,

Dr Karin Schwabenbauer, President of the OIE World Assembly of Delegates,

Dr Awilo Ochieng Pernet, President of the Codex Alimentarius Commission,

Dr Bernard Vallat, Director General of the OIE.

4. Their speeches are appended to the report.

Election of the Conference Committee

5. The Conference Committee was elected as follows:

Chairperson:	Dr Abderrahman El Abrak (Morocco)
Vice-Chairperson:	Dr Botlhe Michael Modisane (South Africa)
Rapporteur General:	Dr Marosi Molomo (Lesotho)

Designation of Session Chairpersons and Rapporteurs

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

Technical Item I:	Dr Gaston Djonwe, Delegate of Cameroon (Chairperson) Dr Halimatou Koné Traoré, Delegate of Mali (Rapporteur)
Technical Item II:	Dr Lassina Ouattara, Delegate of Burkina Faso (Chairperson) Dr Moussa Ibrahim Cheik, Delegate of Djibouti (Rapporteur)
Animal Health Situation:	Dr Theogen Rutagwenda, Delegate Rwanda (Chairperson) Dr Malek Zrelli, Delegate of Tunisia (Rapporteur)

Adoption of the Provisional Agenda and Timetable

7. The Provisional Agenda and Timetable were adopted.

OIE Activities and Vision for the 21st Century

8. The Session Chairperson, Dr Abderrahman El Abrak, Delegate of Morocco, invited Dr Bernard Vallat, OIE Director General, to present the OIE's activities and vision for the 21st century.
9. Dr Vallat began his presentation by describing the current global context. The Director General presented the trends in global population growth and demand for animal protein, as well as the drivers of consumption, indicating that worldwide consumption of animal products is set to rise by more than 50% in the near future, mainly in developing and transition countries.
10. He emphasised that the risk of diseases spreading around the world was increasing, owing to factors such as globalisation, the unprecedented increase in movements of people, animals and animal products, changes in farming systems and climate change.
11. Dr Vallat noted the growing importance of veterinary public health, given the zoonotic potential of animal pathogens, and stated that 60% of human pathogens and 75% of emerging diseases are zoonotic, and that 80% of potential bioterrorism agents are zoonotic pathogens. This places veterinarians at the forefront in safeguarding animal health.
12. Among the benefits of disease control, Dr Vallat highlighted: food safety; protection of property; access to local, regional and international markets; and poverty alleviation.
13. With respect to future challenges, Dr Vallat cited: legislation update; scarce public funding; environmental controversies; antimicrobial resistance; the need to highlight the importance of involving the veterinary profession in key challenges and veterinary education.
14. Dr Vallat went on to provide a brief overview of the OIE, with its 180 Member Countries throughout the world. He reminded participants of the organisation's history and outlined its financial structure.
15. The Director General commented on the OIE's current policies, with particular reference to improving animal health worldwide while ensuring food security and safety. He highlighted key concepts and activities in this regard, including: 'global public good'; 'One Health'; 'good veterinary governance'; scientific excellence; global, regional and national animal health strategies and programmes; and disease control and eradication programmes.

16. Dr Vallat also pointed to the OIE's reference role as the international standard-setting organisation for animal health issues, as well as its involvement in the World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement).
17. He said that the OIE's role in the scientific management of animal welfare had grown to the point where the OIE was now recognised as the pre-eminent source of standards, guidelines, information and advice on animal welfare worldwide. He also commented on the OIE's work, in conjunction with the Codex Alimentarius Commission, on animal production food safety and on developing guidelines for veterinary education and veterinary statutory bodies.
18. Dr Vallat reminded Delegates that another key element of the OIE's policies was strengthening good governance of Veterinary Services, which could be achieved by supporting Members' compliance with OIE international standards on the quality of veterinarians and the efficiency of Veterinary Services and their partners, including legislation and ongoing capacity-building of Member Countries' Veterinary Services. Good governance includes appropriate legislation, appropriate veterinary education programmes, the allocation of human and financial resources to Veterinary and Livestock Services and, lastly, relevant public-private partnerships applicable to the entire veterinary domain.
19. He also highlighted the importance of veterinary statutory bodies, which, while not being part of a Veterinary Authority, are nonetheless important in supporting the good governance of private sector component of Veterinary Services.
20. Dr Vallat emphasised that veterinarians are in the front line when it comes to protecting human health because they play an important role in stabilising society by supporting a healthy and productive agricultural sector, which in turn ensures a safe food supply. Veterinarians also make a major contribution to protecting biodiversity and the environment.
21. With regard to recognition of disease freedom, Dr Vallat noted that Member Countries had tasked the OIE with compiling a list of Member Countries or zones that are officially recognised as free from selected animal diseases. He explained that the OIE had assessed the status of certain Member Countries with regard to priority animal diseases in order to decide on official recognition of their status. OIE Member Countries can request to be included in the list of countries (or zones within a country) with recognised disease status for bovine spongiform encephalopathy (BSE), foot and mouth disease (FMD), contagious bovine pleuropneumonia (CBPP), peste des petits ruminants (PPR), African horse sickness and classical swine fever. Dr Vallat went on to say that, at its latest meeting in May 2014, the World Assembly of Delegates had added classical swine fever (CSF) to this list.
22. He said that Member Countries have the option of applying for OIE official endorsement of their national control programmes for FMD, PPR and CBPP.
23. Dr Vallat mentioned that OIE policies also include support for the quality and efficiency of Veterinary Services and their partners and of the veterinary profession as a whole, pointing out that veterinarians play a crucial role in society. In this regard, he cited: the OIE's standards on the good governance of the public and private components of Veterinary Services and Aquatic Animal Health Services; standards on the quality of veterinary education and veterinary statutory bodies; capacity-building of key policy-makers (Delegates and National Focal Points); and public-private partnerships (including private veterinarians, livestock producers, researchers, hunters and fishermen's organisations).
24. In discussing the new concepts to be used for promoting the protection of countries and regions from current and emerging threats to animals and humans, Dr Vallat began by highlighting the 'global public good' concept, adding that animal health systems are global public goods because the control and eradication of animal diseases, including zoonoses, brings broad benefits to all countries and all generations.

25. He reminded participants that, as most Veterinary Service activities are global public goods, bringing them into compliance with international standards must be considered a national priority. One of the OIE's commitments is therefore to support improvement in the legal framework and resource allocations of national Veterinary Services of all Member Countries.
26. He described some of the key elements for efficient Veterinary Services: early detection; rapid response to animal disease outbreaks; partnerships between the public and private sectors (veterinarians, veterinary statutory bodies and livestock producers); capacity to implement biosecurity measures; vaccination where appropriate; compensation mechanisms for livestock producers; national chain of command; and education and research.
27. The Director General commented on the Tripartite Concept Note prepared by the OIE, Food and Agriculture Organization of the United Nations (FAO) and World Health Organization (WHO) to strengthen collaboration between the three organisations on sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interface.
28. Dr Vallat mentioned the ongoing collaboration between the OIE and WHO to provide countries with facilitating tools to build synergies and bridges. He commented on the recent publication of the WHO-OIE guide for good governance at the human-animal interface: bridging WHO and OIE tools for the assessment of national capacities.
29. Dr Vallat cited examples of OIE support for good governance: strengthening Veterinary Services by building capacity in areas such as regular seminars for newly appointed OIE Delegates; establishment of topic-specific National Focal Points in each OIE Member Country and organisation of regular seminars for these Focal Points; network of OIE Reference Laboratories and Collaborating Centres; laboratory twinning initiative and twinning opportunities for veterinary statutory bodies and veterinary education establishments; OIE's scientific and normative publications; and the OIE PVS Pathway, which is a voluntary ongoing process aimed at improving Veterinary Services' compliance with international standards sustainably.
30. He also commented on important OIE initiatives, including support for implementing the recommendations of the FAO/OIE global conference on foot and mouth disease control (Bangkok 2012).
31. He highlighted a number of tools for global disease eradication, including: compliance with the standards and guidelines in the OIE Code; OIE endorsement of official disease control programmes and official recognition of disease status; appropriate internal and/or external financial support; regional and global coordination; partnerships with other organisations; use of the OIE PVS Pathway; and use of the World Animal Health Information System (WAHIS).
32. He also referred to OIE's specific standards and recommendations on the global control of other diseases, such as rabies and PPR. He noted that the PPR strategy would contain several components, including: improvement in global PPR control, using among others the vaccine bank concept; strengthening of Veterinary Services; and improvement in the prevention and control of other diseases of importance to livestock production.
33. Among OIE's global programmes, he cited the new twinning projects for veterinary education establishments and veterinary statutory bodies, continued laboratory twinning projects and implementation of the recommendations of OIE global conferences.
34. He also detailed the key issues relating to international horse movements, including: adoption of the new high-health, high-performance horse (HHP) concept published in the OIE Code; development of a new public-private partnership on HHP; harmonisation of national legislation, starting at regional level; a new agreement with the International Federation of Horseracing Authorities (IFHA) following signature of the agreement with the international federation for equestrian sports (FEI); and development of a new model health certificate for the HHP sub-population.

35. Dr Vallat went on to discuss the preparation of the OIE's Sixth Strategic Plan. He explained that a preliminary version had been drafted with the support of a consultant and had been referred to the OIE Council and submitted to the Regional and Specialist Commissions and to Member Countries, with a view to final adoption by the World Assembly of Delegates in May 2015.
36. The OIE Director General concluded his presentation by affirming that the OIE would continue to support its Members by:
- setting internally recognised standards and guidelines on animal health, veterinary public health, animal welfare and veterinary education;
 - assisting Member Countries in resolving relevant trade disputes;
 - disseminating scientific and animal health information, including on disease control methods and veterinary medicinal products, and antimicrobial resistance;
 - officially recognising the disease-free status of countries/zones and endorsing official disease control programmes;
 - providing technical and political support for good governance of Veterinary Services in all Member Countries, by means of the OIE PVS Pathway and other capacity-building activities, such as support for OIE Delegates and National Focal Points;
 - focusing on solidarity with developing countries and mobilising potential donors;
 - enhancing transparency in the global animal disease situation;
 - providing ongoing support in the field of laboratories, veterinary statutory bodies and veterinary education establishments;
 - supporting a better quality, more organised veterinary profession;
 - lobbying governments to ensure greater recognition for the key role of livestock as well as veterinarians in society and for the important national responsibilities of OIE Delegates and National Focal Points;
 - proposing new policies on the animal-human interface and on scientific advances (such as pathogen genotyping).

Report on the activities of the OIE Regional Commission for Africa

37. The Session Chairperson, Dr Abderrahman El Abrak, invited Dr Marosi Molomo, Delegate of Lesotho and President of the OIE Regional Commission for Africa, to present a report on the activities of the OIE Regional Commission.
38. Dr Molomo started her presentation with a reminder that the World Organisation for Animal Health (OIE) had set up five Regional Commissions, for Africa, the Americas, Europe, the Middle East and Asia, Far East and Oceania, respectively, to articulate specific problems facing its Members in the different regions of the world. She added that these Commissions were fully fledged regional institutional bodies.
39. She then explained that each Regional Commission organised a conference every two years in one of the countries of the region, devoted to technical items and to regional cooperation in the control of animal diseases.
40. Dr Molomo emphasised that the Regional Commissions worked closely with the OIE Regional Representative and that they reported their activities and submitted recommendations to the annual General Session of the OIE World Assembly of Delegates.

41. She also explained that Regional Commissions nominated candidates from their regions for the election, during the General Session, of the members of the four OIE Specialist Commissions, namely the Terrestrial Animal Health Standards Commission, the Aquatic Animal Health Standards Commission, the Biological Standards Commission and Scientific Commission for Animal Diseases.
42. She added that the Regional Commission was also responsible for nominating candidates for election to the OIE Council, including for the position of President of the OIE. She emphasised that the upcoming 83rd General Session of the World Assembly of Delegates in May 2015 would see the election of the members of the OIE Council, the members of the four Specialist Commissions and the members of the Bureau of each of the five OIE Regional Commissions for three-year terms of office. Furthermore, she stated the 83rd General Session would also see the election of the Director General for a five-year term of office.
43. All candidature should be sent by the OIE Delegates to the OIE Headquarters. The Council will assess their eligibility according to the criteria sent by recent letter from the President and the OIE Director General to the Delegates. The meeting of the Council will be at the end of February (25 to 27 February 2015).
44. She also highlighted the fact that the Delegates would also be requested to consider the adoption of the Sixth OIE Strategic Plan, for the period 2016-2020, which would provide an important framework or guiding vision that would serve to inform those elected of the consensus priorities and principles supported by the World Assembly. She pointed out that while all of the elections to take place were important in their own right, the core normative activities of the OIE were driven by the work of the four Specialist Commissions. Consequently, Dr Molomo exhorted Delegates to exercise due diligence when preparing their nominations and when electing candidates to the Specialist Commissions.
45. Dr Molomo stated that the Regional Commission for Africa currently had representatives in the Council and in the Terrestrial Animal Health Standards Commission and the Scientific Commission for Animal Diseases. She stated that at the 80th General Session in May 2012, elections had been held for the Bureaux of the Regional Commissions and that, for Africa the following candidates had been elected:
- President: Dr Marosi Molomo (Lesotho)
 Vice-President: Dr Theogen Rutagwenda (Rwanda)
 Vice-President: Dr Komla Bataste Batawui (Togo)
 Secretary General: Dr Karim Boughalem (Algeria)
46. The President of the Commission then reminded participants that the previous Conference of the Regional Commission for Africa had been held in Togo in February 2013. Subsequently, the Commission met during the 81st and 82nd General Sessions in Paris, France, in 2013 and 2014, respectively. She concluded by saying that, since 2009, the region had coordinated preparations for Africa's common position during the OIE General Sessions, enabling Africa to speak with one voice and contribute strategically to influence changes to the *Terrestrial Animal Health Code* and the *Aquatic Animal Health Code*, including on animal welfare issues.

**Report on the activities and work programme of the
 OIE Regional Representation for Africa and the OIE Sub-Regional Representation for
 Southern Africa, the OIE Sub-Regional Representation for North Africa, and the OIE Sub-
 Regional Representation for Eastern Africa and the Horn of Africa**

47. Dr Yacouba Samaké, OIE Regional Representative for Africa, started his presentation informing that, the activities of the OIE Regional Representation for Africa (OIE RR-AF) were focused in providing support to Member Countries, strengthening the collaboration with WHO-Africa in order to fight against zoonosis and preparing of the 21st Conference of the OIE Regional Commission for Africa and the OIE FAO International Conference for the Control and eradication of PPR.

48. Then, he added that, the activities were also focused on the implementation of many programmes including the project “VSPA” Vaccine Standards and Pilot Approach to Peste des Petits Ruminants (PPR) Control in Africa’, the preparation of the Regional Support Programme for Pastoralism in the Sahel (PRAPS) and the programme VETGOV (reinforcing veterinary governance in Africa programme).
49. Dr Samaké explained that the implementation of these activities was constrained by the political situation of few Sahelian countries, as well as the Ebola crisis which had a negative impact on movements and missions of OIE RR-AF staff, OIE Delegates and national focal points. Furthermore, Dr Samaké said that the previous BTSF programme had excellent results on strengthening good governance of Veterinary Services in Africa and got an excellent evaluation by the EU Commission.
50. He commented on the OIE PVS Pathway highlighting its success in Africa, with 53 countries actually engaged at different stages.
51. Regarding laboratories, Dr Samaké noted that twinning projects were more and more efficient.
52. Finally, he commented on the involvement of the OIE RR-AF in the preparation of several reports such as i) national and regional programme of PRAPS regarding animal health, ii) contribution (with the support of an AFD expert) to the improvement of Veterinary Governance programme and the control of transboundary animal diseases (TADs) within ECOWAS region, iii) the five years plan of GF-TADs Africa (OIE RR-AF in charge of the Secretariat).
53. He concluded by confirming that the OIE RR-AF would continue to ensure its role of provisional permanent secretariat of RAHC and its collaboration especially with African Union institutions (AU-IBAR, PANVAC, PATTEC) and also with Regional Economic Communities (RECs) particularly WAEMU, CEBEVIRHA, ECOWAS, and international partners such as FAO and WHO.
54. Dr Rachid Bouguedour, OIE Sub Regional Representative for Nord Africa, presented on the activities and work programme of the OIE Sub-Regional Representation for North Africa (OIE SRR-NA). He commented that the SRR-NA continued to support OIE Member Countries in the region (5 OIE Member Countries) to strengthen animal disease surveillance and control by implementing validated recommendations and strategies.
55. Among the missions of the OIE SRR-NA, Dr Bouguedour underlined the management of the Secretariat for two networks involving countries in the Mediterranean basin such as the Mediterranean Animal Health Network (REMESA) and Mediterranean Network of Establishments for Veterinary Education (REEV-Med). Both networks operate in the framework of the Good Governance of Veterinary Services.
56. He observed that the year of 2014 was dominated by the reoccurrence of FMD in Tunisia and Algeria after 15 years of absence representing the most significant sanitary event in the region.
57. Dr Bouguedour informed that the OIE SRR-NA has been in the front line in organizing coordination missions and meetings dedicated to FMD with Delegates in the region and representatives from EU and EuFMD to control the disease. In this context, the OIE was entrusted through a Resolution of REMESA Countries to implement a regional bank for North Africa of vaccines and antigens for FMD to allow access to high quality vaccines or antigens for the countries of the region complying with intergovernmental standards. This bank could also be extended to other vaccines.
58. Dr Bouguedour concluded that since the Maghreb region was part of the core of the Mediterranean basin and represented the first interface with the European continent and the Middle East region, it was crucial to continue to encourage and support activities in the region to control animal diseases including zoonosis.

59. Regarding the activities of the OIE Sub-Regional Representation for East Africa and the Horn of Africa (OIE SRR-EA), Dr Patrick Bastiaensen, on behalf of Dr Walter Masiga, OIE Sub Regional Representative, began his presentation informing that the SRR-EA now covered 13 OIE Member Countries and liaised with the East African Community (EAC) and the Inter-Governmental Authority on Development (IGAD) - a Cooperation Agreement with IGAD has been signed in December 2014 - and also managed direct liaison with and advised various African Union institutions in the Region: African Union Commission (AUC), Interafrican Bureau for Animal Resources (AU-IBAR), and other partners such as: Pan-African Veterinary Vaccine Centre (AU-PANVAC) and Pan African Tsetse and Trypanosomosis Eradication Campaign (AU-PATTEC).
60. Then, he recalled that the office was involved in many continental, regional and national programmes: VETGOV Project (IBAR/FAO), BEE HEALTH Project (IBAR/ICIPE), TILAPIA Project proposal (IBAR/NEPAD/STDF), among others, as well as other programmes of the AUC: Livestock Development Strategy for Africa (LiDeSA). The OIE SRR-EA is also the liaison for the Livestock Environmental Assessment & Performance (LEAP) partnership.
61. Dr Bastiaensen noted that the OIE PVS Pathway missions evolved satisfactorily, as did the various twinning projects, which now included, for the first time, an expression of interest from the Tanzania Veterinary Council to twin with its South African counterpart, the SAVC.
62. He reported that 2014 had seen a lot of smart partnerships for capacity-building, mainly focusing on Anti-Microbial Resistance (AMR) and the prudent use of veterinary drugs. He also informed that much of the cooperation with AU-IBAR (and FAO-ECTAD East Africa) took place in the framework of the VETGOV Project implemented jointly by AU-IBAR, FAO and OIE. Joint seminars have already been held in 2014 and others are planned in 2015 and 2016 for every Regional Economic Communities in Africa (RECs) with the support of the OIE Headquarters.
63. Finally, Dr Bastiaensen remarked on OIE support to IGAD and the Pan-African Animal Welfare Alliance (PAAWA) which enabled to secure funding for the development of the Regional Animal Welfare Action Plan for Eastern Africa (RAWAPEA), due for possible adoption by August 2015.
64. Dr Moetapele Letshwenyo, OIE Sub Regional Representative for Southern Africa, presented on the activities of the OIE Sub-Regional Representation for Southern Africa (OIE SRR-SA) which covers 15 OIE Member Countries of the Southern African Development Community (SADC).
65. He noted the growing importance and recognition of the OIE in the sub-region as evidenced by the increase of invitations received for an active participation of the OIE SRR-SA in the Sub-Regional events and enquiries by even the private sector (animal health, animal welfare, and veterinary public health).
66. Dr Letshwenyo indicated that the 15 Member Countries of SADC had done a PVS evaluation missions, 14 had done PVS Gap Analysis missions and several countries were at various stages of implementing the correctives measures at the level of legislation, laboratory methods, veterinary education and private-public partnership. He informed that training on legislation continued to be a supporting programme for the countries of the sub-region in 2015.
67. Regarding Laboratory twinning, Dr Letshwenyo noted that, in the sub-region, it allowed to significantly upgrade of laboratories, some of them reaching the status of OIE Reference Laboratories.
68. Then he referred to issues concerning the wildlife-livestock interface which continued to be important in the sub-region.

69. Finally, Dr Letshwenyo commented on the aquatic animal production highlighting that, it had been identified, by the SADC countries, as a non-negligible source to improve food security and to provide a good source of quality protein. In 2015, it is expected a consolidation of each programme in this strategic sub-region.

The OIE Sixth Strategic Plan Regional perspectives

70. The Conference Chairperson, Dr Abderrahman El Abrak, invited Dr Monique Eloit, OIE Deputy Director General, and Dr Botlhe Michael Modisane, Delegate of South Africa and Vice-President of the World Assembly of Delegates, to summarise regional perspectives on the OIE Sixth Strategic Plan.
71. Dr Monique Eloit gave a brief update on the background to the preparation of the Sixth Strategic Plan, with particular emphasis on the main challenges facing the OIE, such as sanitary concerns, and societal and environmental issues. In that respect, she stressed the need for modernised governance of the Organisation to ensure that its statutory organs would be ready to face these challenges.
72. Then, Dr Eloit presented the different programmes and activities that the OIE had developed or would be carrying out to respond to these challenges and effectively fulfil the expectations of its Member Countries. Furthermore, she gave an overview of some proposals to consolidate the scientific excellence of the work done by the OIE. Dr Eloit also underlined the Organisation's commitment regarding the transparency of its different activities, highlighting the importance of communication tools and the updating of procedures for a good administrative management of the organisation.
73. Dr Eloit concluded her intervention by reminding the Regional Commission of the importance, for the OIE as a whole, to fulfil the objectives of the Sixth Strategic Plan as a sine qua non condition for preserving the credibility and legitimacy of the Organisation.
74. Dr Modisane then described the main steps in the development of the OIE Sixth Strategic Plan for the period 2016-2020. He told Delegates that a preliminary version had been proposed by the OIE Council with the support of an outside consultant.
75. Dr Modisane reminded participants that the draft concept note had been forwarded to all OIE Delegates in early May 2014 to enable them to submit comments and observations to the OIE Council Members in their region. Comments were received from some Delegates.
76. Dr Modisane also reminded participants of key information regarding the OIE Sixth Strategic Plan, which had already been presented at the Regional Commission meeting held during the OIE General Session in May 2014.
77. He said that the OIE Council, meeting in October 2014, had finalised the first official draft of the OIE Sixth Strategic Plan, which will be submitted for comment to the Delegates, the Regional Commissions and the Specialist Commissions.
78. He added that the final draft text would be circulated among Member Countries for final comments in March 2015, with a view to its adoption at the 83rd OIE General Session in May 2015.
79. Dr Modisane briefly described the OIE's projections for 2020, highlighting the key priorities for the period 2016-2020.
80. Dr Modisane went on to provide a general overview of the strategic objectives in the OIE Sixth Strategic Plan: securing animal health and welfare by appropriate risk management, establishing trust through communication, and ensuring the capacity and sustainability of the Veterinary Services.

81. He also discussed the three cross-cutting areas of the OIE Sixth Strategic Plan (area A: scientific excellence; area B: diversity, inclusiveness, engagement, transparency; and area C: governance).
82. Referring to the involvement of OIE statutory bodies in the OIE Sixth Strategic Plan, he said that the Plan would address the engagement of veterinary and scientific experts in *ad hoc* Groups, Working Groups and staffing in a way that would reflect the demographics of the profession, where possible over time and using a flexible approach, while continuing to respect the geographical and expertise parameters. He said that consideration would be given to establishing a policy that would make it a pre-requisite to have served on *ad hoc* Groups or Working Groups, or to have been a speaker at an OIE Conference prior to nomination to a Specialist Commission, in order to provide for experience in OIE processes.
83. Dr Modisane then added that the OIE Sixth Strategic Plan would continue to develop synergies and strong engagement with international institutional partners.
84. Dr Modisane concluded his presentation by thanking Delegates who had contributed to the development of the OIE Sixth Strategic Plan. The feedback received had led to the development, thanks to the excellent work of the Council and the Consultant, of a robust draft final version.

Discussions

85. Dr Abderrahman El Abrak, OIE Delegate of Morocco and Chairperson of the Conference, informed the participants that there would be an extraordinary meeting of the Regional Commission on Thursday 19th February at 5:45 p.m. after the technical and cultural visit. This meeting would be only for OIE Delegates of Africa Region to discuss on the proposal of African candidates to the election of the Specialist Commissions to take place at the upcoming General Session of the World Assembly of Delegates to be held in May 2015.
86. Dr Vallat, OIE Director General, stressed on the importance to have a regional concerted approach regarding the proposal of members to the Specialist Commissions. He reminded that the OIE already sent to the Delegates a document providing guidelines for the selection of experts including relevant criteria to be taken into account, mainly their availability for meetings. He reminded that the Council would meet on the following week so to analyse the list of candidates. The advice of the Council on the eligibility of proposed experts will most likely be determinant for the election. Dr Vallat concluded his intervention by informing that similar meeting on selection of experts have already occurred in other Regions with success.
87. Dr Karin Schwabenbauer, President of the OIE World Assembly of Delegates, made reference to the earlier presentations on the OIE activities in Africa. She expressed her enthusiasm regarding the numerous activities being implemented in Africa. Regarding the veterinary legislation activities, she wished that a special emphasis be made on food safety legislation so to be in phase with the mutual wish expressed by the OIE Director General and the President of the Commission of the Codex Alimentarius for both organisations to strengthen their collaboration.
88. At the proposal of Dr Abderrahman El Abrak, the participants to the Conference observed a minute of silence in memory of Dr Philip Kwame Bavy Salia, former OIE Delegate of Ghana, who passed away recently.

**Technical Item I:
Impact of animal diseases on animal productivity
and public health in Africa**

89. The Session Chairperson, Dr Gaston Djonwe, Delegate of Cameroon, invited Dr Delia Grace, Programme Leader at the International Livestock Research Institute (ILRI) to present her report on Technical Item I.
90. Dr Grace began by informing Delegates that animal diseases had important impacts on animal productivity and welfare, and on human health and wellbeing. Therefore, in view of the lack of comprehensive information on the impacts of livestock and fish diseases on productivity and human health in African countries, a survey had been conducted among OIE Delegates of Africa.
91. She reported that out of the 54 Member Countries that received the questionnaire, 34 countries responded within the specified time limit to be included in the analysis, a response rate of 63%. However, because the countries that responded tended to have larger livestock sectors, the survey covered countries holding 87% of Africa's cattle, 87% of sheep and goats, 82% of poultry and 64% of pigs.
92. Dr Grace pointed out that the analysis of the survey identified priority animal diseases according to their impacts: for instance, epidemic diseases affected trade and assets, endemic diseases affected livestock and fish productivity, zoonoses and food-borne diseases were a threat to human health and emerging diseases could shock economies.
93. Then, Dr Grace commented that the survey had found that state Veterinary Services ranked human development impacts of disease as especially important when deciding on disease priorities. For most diseases, respondents reported that control was only fair or poor. However, good progress was reported in terms of developing priority disease lists and contingency plans and the inclusion of both public and private components of the Veterinary Services in vaccination.
94. She considered that the survey added a new perspective to the literature on identifying the most important diseases and, while the diseases identified according to the proposed criteria were varied, there was a broad consistency and consensus on diseases of importance, with foot and mouth disease (FMD), peste des petits ruminants (PPR), African swine fever (ASF), Newcastle disease (ND) and rabies appearing as high priorities in multiple rankings.
95. Dr Grace explained that, overall, animal diseases were seen to be either increasing (44% of the diseases assessed) or static (also 44%) and that this was another indicator that investments in better control were required. Disease increase was the result of a number of drivers, the most important of which were climate change, trade, population growth and livestock intensification.
96. Referring to disease prevalence, Dr Grace commented that respondents had reported that many important diseases were common. They also reported that treatments were commonly applied. Dr Grace stated that these were both indicators of the high impacts of disease. Only a minority of animals were currently being slaughtered in approved abattoirs, a situation that posed a risk to human health.
97. She noted that most countries had insufficient data to allow a quantitative estimation of the impact of animal diseases on productivity and human health. She went on to explain that respondents had provided estimates of disease parameters, which were then used to generate a preliminary estimate of some economic impacts of animal disease on the livestock sector. The 35 priority diseases were estimated to cost nearly USD 9 billion a year, equivalent to 6% of the total value of the livestock sector in Africa. Most of this cost was from the death of adult animals, followed by the death of young animals, the cost of vaccination campaigns and the cost of treatment.

98. Dr Grace added that microbial hazards, many of which were zoonotic and/or associated with food of animal origin, were seen to be of great importance to human health and a source of economic losses. Antimicrobial resistance, linked to the use of antibiotics in agriculture, was also reported to be a cause for concern in most countries.
99. She remarked that considerable progress had been made in areas previously identified as weaknesses, such as a lack of priority disease lists and contingency plans. Furthermore, in many countries, mixed models were being developing for disease control involving both public and private veterinarians and this was likely to extend the reach of control.
100. However, Dr Grace emphasised that disease remained a major problem in most countries. Worryingly, Veterinary Services saw the broad trend of animal and zoonotic diseases as being upwards, a situation that could be explained by upward trends of underlying drivers of disease, such as climate change, increasing trade and livestock intensification.
101. Dr Grace considered that more detailed economic studies were needed to motivate higher investment in animal disease control.
102. Dr Grace concluded by noting that all of the options suggested in the survey questionnaire were considered very important for improving disease reporting. Increasing the resources of the Veterinary Services was seen as the most important. Additional suggestions included: reinforcing surveillance networks, promoting widespread access to veterinary services, providing training for newly recruited officers, increasing awareness and demonstrating the economic importance and human health impacts of animal diseases.
103. In light of these findings, Dr Grace considered that the following were vital: to provide more feedback to countries; to empower livestock keepers and their service providers to report; to provide IT equipment; to better align WAHIS with the administrative boundaries; to provide comprehensive epidemiology training for animal health technicians and field personnel; and to continue OIE capacity building activities, especially the organisation of seminars for OIE National Focal Points.

Discussions

104. Following the presentation of Dr Grace, the OIE Delegates of Sudan, Swaziland, Rwanda, Senegal, the Democratic Republic of Congo, Kenya, Morocco, South Africa, South Sudan, and Botswana took the floor to acknowledge the substantive work undertaken by the speaker and highlighted the problems arising from the choice of topic made by the Regional Commission for the technical item especially the use of the word “neglected” disease, as opposed to “priority disease”. Indeed many of the diseases which were mentioned in the questionnaire do not seem to be genuine “neglected diseases”, as it was the case of FMD or avian influenza. Furthermore, many Delegates argued that truly “neglected” diseases would not even have made it to the list, because one doesn’t think of them when ranking diseases. Toxoplasmosis and listeriosis were raised as examples.
105. In response to the many questions, Dr Grace hinted at the lack of an internationally agreed definition of what exactly is a “neglected disease” which would be the sine qua non condition to establish a list in the first place, very much similar to what WHO has been able to do for neglected tropical diseases (NTD); the latter turned out to be an advocacy tool to attract donor funding. Preliminary enquiries into the existence of such a list for animal health yielded no result, except for lists of regional interests, such as those used by GALVMed or IGAD, as raised by the IGAD representative. Both the Delegate from Senegal and Rwanda also raised the issue of reliability of the data used.
106. Dr Grace insisted that what had been collected through the questionnaire were opinions by high ranking veterinary officials, not exact measurements, but that such approaches nevertheless generate data which, albeit gross estimates, are much better than having no data at all.

107. The Delegate of Rwanda also wondered whether “neglected diseases” should be earmarked for standard setting, pointing to the many similarities between the drivers for disease burden that the author identified and those most often listed as the 5 T’s: Trade, Travel, Transport, Tourism and Terrorism. To which the Delegate of Kenya argued that “neglected” may mean something completely different for a veterinary official in the capital than a pastoralist in e.g. northern Kenya, for which camel diseases and mastitis may be top “priorities”.
108. The Delegate of South Africa, in turn, commented on the alarming indications that only a fraction of slaughtered animals in Africa would appear to be slaughtered in slaughter facilities with slaughter inspection.
109. Dr Grace also pointed out that, from an African perspective, FMD may not be considered a neglected disease, but that from an international perspective, it may well be, given that the FMD problem is generally being poorly addressed in Africa, whereas it is in many other regions of the world.
110. Then, Dr Bernard Vallat questioned whether it would be possible, let alone, useful for OIE to seek agreement at international level, on a single definition for “neglected disease”. He instead argued that Dr Grace’s survey is very informative and that the discussion on the term “neglected” doesn’t do justice to the quality of the work. He instead suggested leaving the word “neglected” out of the title in the final revision. This idea was supported by the author, as well as by the OIE Delegate from Botswana.

**OIE Terrestrial Animal Health Standards Commission
and Scientific Commission for Animal Diseases
Issues of interest to the Region
Challenges and proposals**

111. The Conference Chairperson, Dr Abderrahman El Abrak, invited Dr Gideon Brückner, President of the OIE Scientific Commission for Animal Diseases, to deliver a presentation on issues of interest to the Region and challenges and proposals regarding the OIE Terrestrial Animal Health Standards Commission and the Scientific Commission for Animal Diseases.
112. Dr Gideon Brückner began his presentation by stating that in accordance with the mandate given and the requests made to both Commissions during the 82nd General Session of the World Assembly of OIE Delegates, the two Commissions had embarked on a full working programme in preparation for the 83rd General Session in May 2015.
113. He said that several of the issues addressed by both Commissions were relevant and important to Africa. As in the past, the two Commissions operated within their respective terms of reference, the Scientific Commission being responsible for ensuring that the standards in new or amended chapters of the *Terrestrial Animal Health Code* reflect the latest scientific rationale and justification and the Code Commission being responsible for ensuring that the standards are formulated in a way that reflects OIE policy and are consistent with the approach applied in chapters already adopted by the World Assembly. Both Commissions thus continued to work closely together and to harmonise their approach in the review and presentation of new or amended standards for adoption.
114. Dr Brückner commented on the most important new or amended standards that would be considered for adoption either during the 83rd or 84th General Sessions and that were specifically important to Africa:

1. Review of Chapter 8.6. (FMD): This chapter has been subjected to intensive review by the expert *ad hoc* Group, the Scientific Commission and the Code Commission over a period of more than 3 years. An unprecedented number of Member Country comments were received, which had to be considered and incorporated into the final draft version. FMD is endemic in the majority of countries in Africa and remains one of the most important trade sensitive diseases. Changes were made to further facilitate trade and to make the application of standards more user-friendly. It is thus important that the adoption of the amended chapter receives the support of the OIE Delegates of Africa.
 2. Amendments to the Glossary of the Code: Important changes relevant to Africa are a revised definition of a *stamping-out* policy; a definition for biosecurity; a new definition for a *safe commodity* and clarification on defining *hazards* related to risk analysis.
 3. New draft chapter on animal welfare in dairy cattle production systems: The approach in portraying standards in this new draft chapter has been simplified and shortened and provision has been made to include all types of commercial dairy systems, including dairy production systems common to Africa.
 4. New draft chapter on working equids: The use of equids as working animals is common practice in many countries in Africa and it is thus important that African Delegates ensure that the proposed standards capture the needs of African countries without being too prescriptive.
115. Dr Brückner also said that changes to other important chapters for Africa following Member Country comments included changes to the chapters on Rift Valley fever and brucellosis and a review of the chapter on glanders.
116. Then he added that, following a request from the OIE Regional Commission for Africa, an important change had now been made in the certification for High Health Status Horse populations (HHP horse populations) to make provisions for the inclusion of horses from countries not free from African horse sickness.
117. Finally, Dr Brückner informed participants that the Scientific Commission had also conducted several expert missions during the year to assess but also to help countries with maintaining their existing OIE-recognised status for given diseases, especially FMD, or to assist countries with moving forward in the maintenance of their OIE-endorsed control programmes for FMD. He stated that this activity would be expanded in the near future to include assisting countries with moving progressively forward in the maintenance of control programmes for contagious bovine pleuropneumonia (CBPP) and PPR.
118. Dr Brückner concluded his presentation by commenting on an important activity relevant to Africa, namely the possible listing of MERS-Coronavirus infection and Porcine epidemic diarrhoea (PED). These had been considered by OIE expert groups and had been found not to meet the criteria for listing as described in the *Code*. However, following a request from Member Countries, it was decided to convene in January 2015 an *ad hoc* Group to once again review the criteria for listing diseases.

Discussions

119. The Delegate of Sudan thanked Dr Bruckner for his presentation and was pleased to hear that Africa continued to comment on draft chapters. He highlighted the importance of considering the impact of the environment degradation (such as mining, deforestation, industrial toxic by-products) on animal health and animal welfare. He suggested the development of a chapter on this topic since this can affect terrestrial and aquatic animals.

120. The Delegate of Zimbabwe mentioned that some diseases which were not listed or that were ignored could not be considered as important by the international community. These diseases could be considered as neglected at the international level, but not at the national level (e. g. dermatophilosis that had an impact in her country). She also stated that her country - as other countries - facilitated movements of high health status horses without applying common biosecurity measures. Therefore, she called for the need to expedite common guidance on biosecurity measures for this sub-population. Finally, she underlined that the process for the recognition of endorsed official control programme is long and with little possibilities of interactions between the applicant countries and OIE. She suggested a revision of the procedure for improving and accelerating the entire process.
121. Dr Gideon Bruckner reminded that the OIE had convened an *ad hoc* group on disaster management and, as such, the suggestion of the Delegate of Sudan would be taken into account.
122. In response to the Delegate of Zimbabwe, Dr Gideon Bruckner reminded that, if a disease was not listed, it did not mean that it was not important reminding that it is a prerogative of the country to give priority to diseases at national level. Regarding the need of having a common guidance on biosecurity measures for the movement of high health status horses, Dr Bruckner reminded that the relevant chapter would be based on the principles of the requirements for compartment already laid out in the Terrestrial Code. Dr Bruckner also reminded the roles of the *ad hoc* groups and Scientific Commission for Animal Diseases in the evaluation of the application for the recognition of endorsed official control programme and that this Specialist Commission is in charge of submitting the final recommendations to the World Assembly of Delegates by respecting the timing of its meetings. However, the OIE regional and sub-regional representations could be more involved to assist Member Countries in the preparation of dossiers for official recognition. In this regard, he recalled that the OIE has set a series of workshops in each Region in relation to this subject and encouraged Member Countries to attend these workshops so as to facilitate the preparation of their dossiers.
123. The OIE Director General, Dr Vallat, stated that the criteria for listing diseases as well as the official list of these diseases were voted by OIE Member Countries and it could indeed happen that some diseases which have an importance at national level did not meet the criteria for being listed such as dermatophilosis. Regarding the official recognition of disease status, he agreed to involve the Regional and Sub-Regional Representations as well as the OIE Headquarters to assist Member Countries in the preparation of the applications, while reminding the importance of avoiding conflict of interest and keep the credibility of the OIE processes. Therefore, the OIE staff could be considered only as advisors and not as responsible officers of the dossiers when assisting Member Countries in this subject.
124. Dr Karin Schwabenbauer, President of the OIE World Assembly of Delegates, argued that, diseases not listed by the OIE could indeed be considered as important in some countries. At country level, there is every opportunity to list these diseases as notifiable diseases, without necessarily expecting OIE to list these diseases at global level. This important point should be reiterated during other meetings so to make sure the message be conveyed to the countries.
125. The Delegate of South Africa thanked the OIE and especially the OIE Scientific Commission for the support and the guidance provided in the framework of official diseases status recognition in his country. He underlined that, after the OIE mission in his country and the related recommendations, a national political support was provided mobilising rapidly the necessary resources in order to implement such recommendations.

OIE Aquatic Animal Health Standards Commission
Issues of interest to the Region
Challenges and proposals

126. Dr Franck Berthe, President of the OIE Aquatic Animal Health Standards Commission, started his presentation commenting on aquaculture which is recognised as the fastest growing food animal producing sector in the world with nearly 50% of the global supply of aquatic animals for human consumption now derived from aquaculture.
127. He explained that nutritional value and health benefits of consuming aquatic animal food were also well recognized and that aquaculture was likely to play an essential role in the upcoming challenge to feed the growing population of the world.
128. Then he added that, in the same time, aquatic animal disease outbreaks continued to cause significant losses in aquaculture production throughout the world and were having a major detrimental impact on national economies in some countries and regions. Dr Berthe explained that those disease outbreaks had the potential to limit the development and sustainability of the sector. This is why it is important that the governance of Veterinary Services and Aquatic Animal Health Services is strengthened and effective aquatic animal health policies and programmes complying with OIE standards are implemented. This implementation will allow preventing and controlling disease outbreaks, as well as ensuring a sustainable sector.
129. Finally, Dr Berthe commented that, since 1968, the Aquatic Animals Health Standards Commission had been responsible for proposing standards relating to aquatic animals and together with Member Countries had achieved worldwide recognition for the quality of its work on standards that correctly applied, protect aquatic animal health during the production and trade in aquatic animals and their products as well as the and welfare of farmed fish. Most recent issues addressed by the Commission are related to emerging diseases, the possible listing Acute Hepatopancreatic Necrosis Syndrome (AHPNS), antimicrobial resistance, and criteria to determine susceptibility.

Discussions

130. The President of the OIE World Assembly of Delegates, Dr Karin Schwabenbauer, highlighted the fact that the Global Conference on aquatic animal health recently held in Vietnam, made it very clear that aquatic animal diseases in Africa, more than elsewhere in the world, affect mainly food security, more than trade or export opportunities. Reliable data on this aspect of aquatic animal production and health are lacking and distort the image we have of this sector in Africa.
131. The Delegates of Zimbabwe and Kenya requested clarification on the existence of standards on reptiles (such as crocodiles) and amphibians (such as frogs). The speaker confirmed that standards for diseases of frogs were already in place, whilst the OIE Director General announced that the OIE would shortly be looking into standards for reptiles from a food safety perspective (e.g. *Trichinella* in crocodile meat) and from an animal products point of view (skins and leather) because industry is very interested by the adoption of OIE standards on acceptable slaughter methods. He also advised Member Countries to apply for OIE PVS Evaluation of Aquatic Animal Health Services in order to stay ahead of the game and keep pace with the imminent strong development of the aquaculture sector in their countries.

Lesson learned from
Regional Animal Welfare Strategies (RAWS)
in other regions

132. Dr Marosi Molomo, Delegate of Lesotho and President of the OIE Regional Commission for Africa, began by reminding participants that since the Third OIE Strategic Plan covering the period 2001-2005 and which included animal welfare issues, the OIE had made a drastic effort to facilitate the most effective ways to implement OIE animal welfare standards at the global and regional levels.

133. Dr Molomo noted that this effort took into account the ever-increasing public, political and scientific attention being given to the topic and the need for intergovernmental leadership in the development of science-based animal welfare policies and guidelines. She recalled that, given the importance of animal welfare, the OIE had organised three Global Animal Welfare Conferences, in 2004 (France-Paris), in 2008 (Egypt-Cairo), and in 2012 (Malaysia–Kuala Lumpur).
134. She then pointed out that, based on the recommendations of those Conferences, the OIE, in collaboration with OIE Member Countries, had developed eight animal welfare standards and had also made provision for Member Countries to nominate Animal Welfare National Focal Points aimed at creating an in-country working environment with all stakeholders on animal welfare issues.
135. She also noted that the regions had been taking advantage of the training workshops organised for Animal Welfare Focal Points, to help them fulfil their key task of coordinating animal welfare activities in Member countries.
136. Referring to another key initiative to support the implementation of OIE Animal Welfare Standards, Dr Molomo mentioned the development of Regional Animal Welfare Strategies (RAWS). She explained that RAWS required clear regional goals within the framework of achieving sustainable, scientifically-based and acceptable animal welfare outcomes. She explained that once a Regional Strategy had been adopted by an OIE Regional Commission, the implementation plans then had to be developed, a task requiring thorough consultations with a group of relevant stakeholders. Thereafter, a report on progress made with implementing the Regional Strategy should be presented at each Conference of the OIE Regional Commission.
137. Dr Molomo gave the Regional Commission an overview of the RAWS for Asia, the Far East and Oceania, for the Americas, for the Middle East and for Europe, and then gave her perspective for a Regional Animal Welfare Strategy for Africa.

Discussions

138. Following the presentation of Dr Marosi Molomo, a discussion involving the Delegates and representatives of Burkina Faso, Zimbabwe, Kenya and Morocco underlined the need to take into account the differences among countries and the economic situation in the African Region regarding animal welfare such as religious and cultural factors. This is why an animal welfare strategy that would fit to all countries would be difficult to develop for the time being. Therefore, they considered that a step by step approach would be suitable.
139. Dr Karin Schwabenbauer, President of the OIE World Assembly, joint the discussion making reference to the experience of Europe in implementing OIE animal welfare standards. She first explained that, contrary to what other regions may think of Europe, the level of implementation of animal welfare standards is not homogenous. Indeed, there is discrepancy between the European Union member states and the rest of the region which make that region in some way similar to Africa.
140. She explained that, in order to address this situation, the whole region engaged discussions on the establishment of an animal welfare platform where three priorities have been identified: transportation, slaughter of animals for human consumption, and control of stray dog population.
141. She concluded her intervention by stressing on the importance for national Veterinary Services to take the leadership of animal welfare before it be addressed by other entities.

142. Dr Bernard Vallat, OIE Director General, reminded that when he took the lead of the Organisation in 2001, there was no animal welfare standard and it was not considered as a priority by most of developing OIE Member Countries. In order to get a clear understanding of its Members on that matter, the OIE organised the First Global Conference on Animal Welfare. Subsequent to this Conference, animal welfare was confirmed in the OIE Strategic Plan considering that animal health is an essential component of animal welfare and any veterinarian cannot ignore animal welfare, nor accept animal cruelty. Since then, the OIE developed many animal welfare standards that can be implemented by all Member Countries at their own rhythm.
143. Finally, Dr Vallat underlined the importance for each country to engage the work on animal welfare and this starts with the nomination of a national focal point.
144. He concluded by reaffirming to the Regional Commission the commitment of the OIE in supporting its Members in their efforts for implementing OIE animal welfare standards through the organisation of regional seminars, as a first step for the design of the regional strategy, as soon as all national focal points are designated.

Antimicrobial resistance: the challenges for animal health

145. The Conference Chairperson, Dr Abderrahman El Abrak, invited Dr Elisabeth Erlacher-Vindel, Deputy Head of the OIE Scientific and Technical Department, to deliver a presentation on the challenges for animal health regarding antimicrobial resistance.
146. Dr Erlacher-Vindel began her presentation by stating that, while antimicrobial resistance (AMR) was not a new phenomenon, it was an increasing global concern for both human and animal health.
147. She explained that antimicrobial agents were essential to ensure human health, animal health and welfare and food security, and that it was a shared responsibility of the human, animal and plant sectors to prevent or minimise the development of AMR.
148. Dr Erlacher-Vindel underlined the fact that the OIE had been engaged in the prevention of AMR for more than a decade, and in recent years the topic had also become one of the priorities for tripartite (FAO/OIE/WHO) collaboration.
149. She then went on to explain that, between 2010 and 2014, all of the OIE standards and recommendations relating to AMR had been updated, adopted by all OIE Member Countries and published in the *Terrestrial Code* and *Aquatic Animal Health Code*. These standards covered the harmonisation of national AMR surveillance programmes, monitoring of the quality and usage patterns of antimicrobials used in animals, the responsible and prudent use of antimicrobials under veterinary supervision and the modalities to conduct risk assessments.
150. She added that OIE Member Countries had also adopted a list of antimicrobial agents considered as highly important for animal health and including specific recommendations for the use of certain molecules also of critical importance for human health.
151. Dr Erlacher-Vindel commented on the first Global Conference on the responsible and prudent use of antimicrobials in animals, organised by the OIE in 2013, at which the OIE had called for international solidarity on this issue.
152. She indicated that the recommendations issued at the end of the conference were currently guiding OIE actions, such as the establishment of a global database to collect data on the use of antimicrobial agents in animals. She stated that this project was being developed in close collaboration with OIE Member Countries and would be a crucial step in advancing our understanding of the situation worldwide.

153. Lastly, Dr Erlacher-Vindel highlighted the fact that in more than 100 countries there was currently no control of antimicrobial agent circulation, and that unrestricted access to and circulation of falsified or poor quality drugs constituted a major challenge. She noted the importance of good governance and properly functioning Veterinary Services and laboratories for the implementation of OIE standards. She also said that the delivery of antimicrobials by well-trained veterinarians, operating under the supervision of Veterinary Statutory Bodies, was a key concept promoted by the OIE.
154. She concluded by commenting on OIE participation in the development of the WHO Global Action Plan on AMR and emphasised that the OIE would support its Member Countries to enable them to implement the OIE standards and to meet the needs of the international community in terms of minimising the development of AMR, while ensuring access to high quality drugs to sustain animal health and welfare.

Discussions

155. Making reference to the situation in their own countries, the Delegates of Uganda and Mauritania both noted with concern that veterinarians were disadvantaged compared to other professionals when it comes to lobbying for the use of veterinary products.
156. Dr Vallat reminded to the Delegates that the OIE recently developed a leaflet entitled “Antimicrobial resistance-Standards, recommendation and work of the World Organisation for Animal Health” that provides argues for defending the use of veterinary products by veterinarians and encouraged all Delegates to consult it.

Wednesday 18 February 2015

Technical Item II Cross-border movements of animals and animal products and their relevance to the epidemiology of animal diseases in Africa

157. The Session Chairperson, Dr Lassina Ouattara, Delegate of Burkina Faso, invited Professor Mohammed Bouslikhane, from the Institute of Agronomy and Veterinary Medicine Hassan II, to present Technical Item II.
158. Prof. Bouslikhane provided a review of the current context regarding the mobility of animals and animal products in Africa and the constraints involved.
159. He stated that livestock mobility was an essential part of the way of life in a pastoral environment. He explained that livestock mobility was a complex activity, firmly anchored in the economic and sociocultural reality of many African countries and was motivated by the need to access natural resources and livestock trade channels. Current mobility practices were also dictated by the geo-climatic and sociocultural conditions on the African continent. There were also other factors that justified the mobility of farmers and their herds, namely the lack of water sources in the dry season or periods of drought, flooding, the need to move from areas affected by disease or inter-ethnic conflict, and banditry.
160. He noted that while cross-border movements were in many ways justified, they were a source of various sanitary and non-sanitary constraints. He pointed out that the impact of these movements on the epidemiology of animal diseases, especially transboundary diseases, affected the health status of livestock populations, the livelihoods of livestock producers and the economy of countries, regardless of whether they were the animals’ country of origin, transit or reception.

161. He provided the Conference with examples of transboundary animal diseases of relevance to Africa in order to shed light on the role of cross-border movements in the persistence and spread of these diseases and on the sanitary and non-sanitary constraints hindering their prevention and control.
162. Regarding non-sanitary constraints, he highlighted, among others, those relating to political instability, conflicts, confrontations, social inequality and poverty, which could undermine the sociocultural and economic stability of communities, especially when these constraints were compounded by natural disasters and human and animal diseases, which weaken resilience and increase insecurity.
163. He also mentioned the administrative or regulatory constraints that can hamper the organisation of livestock movements and also trade, namely ill-adapted legislation and a lack of bilateral and sub-regional coordination.
164. Prof. Bouslikhane added that the non-sanitary obstacles hindering intra-African trade also related to the poor level of organisation of operators in the livestock sector (formal markets, livestock prices, price of production inputs, etc.) and the inadequacy of the infrastructure (transport networks, livestock markets, abattoirs, etc.).
165. Regarding sanitary constraints, he stated that they were a constant hindrance to the development of livestock production in Africa and related both to animal health and to food safety. He explained that various factors influenced the spread, persistence and epidemiological profile of animal diseases and zoonoses, and that the risks of pathogen circulation or introduction were increased by cross-border movements of animals and trade channels, legal or otherwise, for animals and animal products.
166. Prof. Bouslikhane stated that the risk of epizootic diseases was strongly related to the increase in the frequency of cross-border movements of livestock and the inadequacy of border controls and health surveillance systems, as well as to the various conflict situations. He pointed out that the level of risk was also related to the epidemiological status of a country or an entire region of Africa. The mobility of herders exposed their animals to new pathogens, while their animals might in turn be carrying other pathogens, thus creating a vicious circle. The risk of diseases therefore operated in both directions, for the country of origin and for the host country.
167. He gave details regarding transboundary animal diseases, which he defined as “highly contagious epidemic diseases that can spread extremely rapidly, irrespective of national borders, and may have serious socio-economic repercussions and even public health consequences”. He stated that transboundary diseases could also have serious economic repercussions in terms of losses due to morbidity and mortality and the cost of individual or collective control measures. Some of these diseases were particularly feared in the case of animal movements. For large livestock, these included FMD, CBPP, PPR and RVF. He also considered it important to mention rinderpest because of its historical significance and ASF because of the cross-border risk posed by trade in pig meat products.
168. Finally, Prof. Bouslikhane said that the process of preventing or controlling transboundary diseases was inseparable from lifting the constraints surrounding mobility. Any solution proposed would have to adopt a global approach to the problem in all its complexity, and needed to preserve the sociocultural balance and ensure sustainable development by improving the epidemiological situation and reducing the associated risks. He considered that such an approach was feasible within the framework of bilateral and regional collaboration. It would have to be based on complementary, coordinated and suitably adapted tools to control animal diseases as well as cross-border movements. As with the global eradication of rinderpest, technical support of international organisations such as the OIE and FAO would provide added value to the control of major transboundary diseases in Africa.

Discussions

169. The presentation of Professor Mohammed Bouslikhane was followed by several comments from the Delegates (Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of Congo, Lesotho, Morocco, Niger, Senegal, South Africa, Sudan, Tunisia, and Zimbabwe) on the following items:

- the importance of the animal identification for the traceability of animal movements as well as the need of creating a dedicated platform involving all the actors playing a role in the transhumance;
- in some cases, the use of documents elaborated by some RECs for animal movements control, such as passport, was not fully applied by the countries;
- the importance of considering animal movements not only within the Africa continent. In light of the recent FMD outbreaks experienced in the Maghreb region it was noted as the introduction of the serotype first in Tunisia and later in Algeria came from Middle East region through Libya;
- the importance of the consolidated social factor occurring in Africa where families or communities living along the borders frequently move animals through borders in the occasion of festivities (e.g. marriage) or because of trade opportunity (e.g. better price of meat or animals);
- the role of wildlife/livestock interface in relation to transboundary animal movements was mentioned in several countries as well as how to protect the biodiversity conservation area and cross-border aspects (e.g. giraffes affected by PPR in Niger);
- the necessity to reinforce regional coordination between countries to improve the epidemiological surveillance network in order to control transboundary animal movements. It was proposed to strengthen the collaboration and the sharing of sanitary information so as to minimize the number and the impact of the illegal movements as well as to explore additional solutions in alternative to the ban of movements to discourage the illegal traffic;
- there were no impermeable borders in Africa as in any other part of the world and that the ban of animal movements was not effective to halt the illegal introductions of animals, especially true when borders are wide such as in the Maghreb region and where it is not possible to keep a constant vigilance;
- the importance of the animal movements and the incursions of exotic species such as ticks in countries previously free. In some cases these ticks were also resistant to treatments causing a rapid spread in the country, as the case of *Rhipicephalus* in West Africa;
- The necessity to have more information regarding the circulation of products between countries as well as to harmonise country policies on this matter; and
- Trans-frontier Conservation areas (TFCA) are a concept in biodiversity conservation which establishes natural freedom of wildlife across their ecological ranges often transcending administrative borders of countries. These are similar in concept to the Peace Parks of North America. Their establishment benefits countries mutually with tourism as well as dealing with livelihoods and poverty. Therefore the careful development of balance between wildlife and livestock rearing is encouraged.

Several TFCAs have now been established in the Southern Africa region involving a number of countries. Some examples are the Greater Limpopo TFCA involving Mozambique, Zimbabwe and South Africa; the Kavango-Zambezi (KAZA) TFCA (Angola, Namibia, Zambia, Botswana, Zimbabwe) and the Zimbabwe-Mozambique (ZIMOZA)

In that context, country capacity now need to be developed in implementing the TAHC with respect to risk-based established diseases free areas (zones, compartments) and disease free commodities (commodity based trade).

170. The Director General of the OIE, Dr Vallat, reminded the audience that:

- the OIE made available WAHIS for all Member Countries - for which were appointed dedicated focal points by each country - for notifying and updating all the sanitary information in accordance to their obligations; all these data are accessible to the international community. This allows permanent information of Member Countries on disease situation of their neighbours;
- the OIE already signed agreements/protocols at the regional level with African organisations such as the Regional Economic Communities and AU-IBAR. The OIE was willing to strengthen even more this regional cooperation;
- the concept of ban of animal movements is not effective in Africa and sometimes in other places in the world and could not be considered as the solution because any ban is followed by fraud if there is no control. Alternative methods are made to control transboundary animal movements;
- benefits of pastoralism was recognized at different levels - including some governments as for having positive environmental and social impacts (e.g. pastoralism as the possibility to exploit some areas where alternative human activities were not possible so as to preserve the environment to maintain human presence in the territories and to avoid illegal traffic and terrorism);
- globalisation made difficult to stop or control the introduction of invasive animal species, therefore the only possible approach would be a strategy of eradication of concerned species when possible;
- additional resources are needed to assess the risk of introduction or spread of new pathogen agent by wild animals mainly aiming at identifying the sources of infection. In this context, OIE national focal points for wildlife are already designated and trained in Member Countries and therefore Veterinary Services have the capacity to ask for more resources, in order to react to or prevent threats such as Ebola.

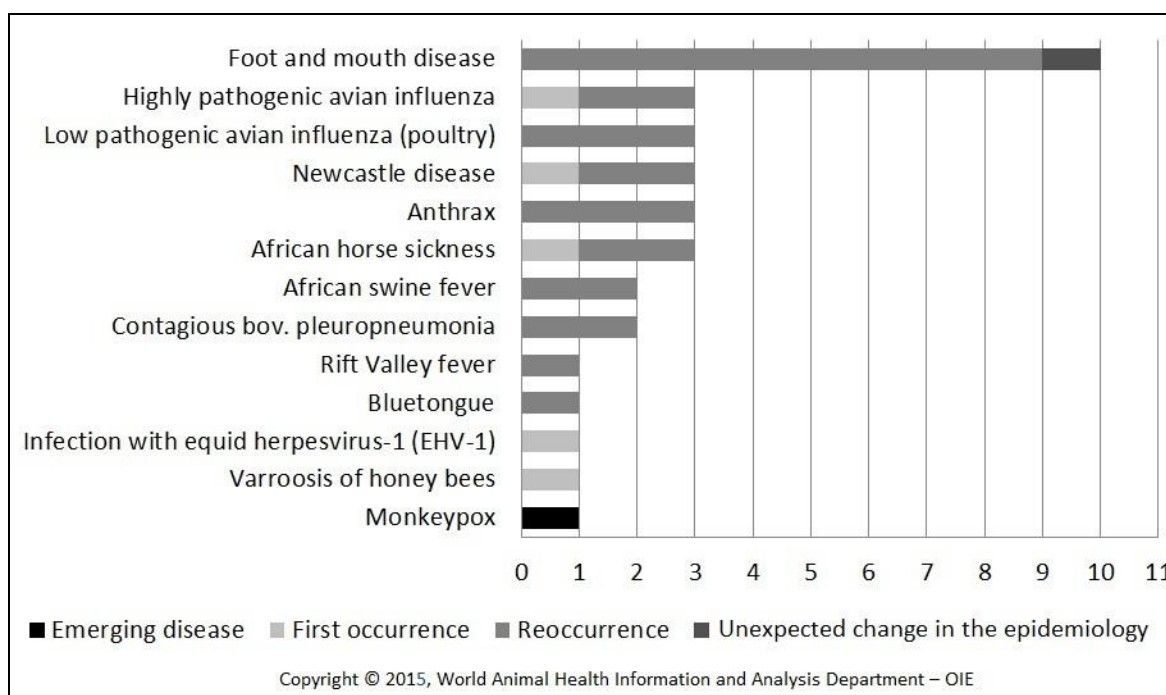
Analysis of the Animal Health Situation in Member Countries in the region in 2014

171. The Session Chairperson, Dr Theogen Rutagwenda, Delegate Rwanda, invited Dr Neo Mapitse, Deputy Head of the OIE Animal Health Information and Analysis Department to present an Analysis of the animal health situation in Member Countries in the region in 2014.
172. This report is based on information obtained from six-monthly and annual reports as well as from immediate notifications and follow-up reports submitted to the OIE by Member Countries of the OIE Regional Commission for Africa up to 16 January 2015. Special attention is given to the 2013, 2014 and early 2015 reporting period.
173. The report begins by presenting the exceptional events notified to the OIE by Member Countries of the OIE Regional Commission for Africa between 1 January 2014 and 16 January 2015. The report then reviews the animal health situation in Africa regarding some specific diseases notified during this period: foot and mouth disease (FMD), infection with peste des petits ruminants virus and zoonoses listed by the OIE. This is followed by a section highlighting emerging diseases, notification requirements and monitoring possibilities.
174. The report concludes with an evaluation of the quality of six-monthly reports for aquatic animal diseases in the Region and an evaluation of the submission times and communication between Members of the Region and the OIE World Animal Health Information and Analysis Department in 2013 and 2014.

1. Exceptional events notified by countries/territories of Africa in 2014 and early 2015 (up to and including 16 January 2015)

175. A total of 34 immediate notifications, relating to 13 diseases, were submitted to the OIE by countries/territories of the Region between 1 January 2014 and 16 January 2015. Figure 1 provides an overview of the exceptional epidemiological events notified during this period.
176. The disease most frequently notified by African countries/territories was FMD, with 10 immediate notifications, accounting the reoccurrence of a disease for nine immediate notifications while one country notified an unexpected change in the epidemiology of the disease. FMD was followed in terms of number of immediate notifications by infection with avian influenza viruses, including high and low pathogenic forms. Three immediate notifications were submitted for highly pathogenic avian influenza including one first occurrence notified by Libya and two reoccurrences. Low pathogenic avian influenza was reported also through three immediate notifications, all three relating to the reoccurrence.
177. Three immediate notifications were submitted to the OIE for each of following diseases, namely anthrax, African horse sickness and Newcastle disease. The reoccurrence of anthrax accounted all three immediate notifications while for African horse sickness one country notified the first occurrence and two countries reported its reoccurrence. The first detection of occurrence of Newcastle disease was a reason of one immediate notification while two others were relating to the reoccurrence of a disease.
178. Immediate notifications were submitted for seven other diseases of terrestrial animals, including two first occurrences, six reoccurrences and one emerging disease (monkeypox, which was reported as an emerging disease by Cameroon in July 2014). The first occurrences were infection with equid herpesvirus-1 notified by Egypt in Arabian horses in Al Qahirah and infestation with varroosis of honey bees notified by Mauritius in May 2014.
179. There were no immediate notifications of diseases of aquatic animals in Africa during the period under study.

Figure 1: Immediate notifications received from countries/territories of Africa in 2014 and early 2015, by disease (up to and including 16 January 2015)



2. Situation relating to reporting of selected OIE-Listed diseases

180. This section provides an update on the major events that have occurred in the Region since the previous Conference of the OIE Regional Commission in 2013. Information on animal health status for the diseases selected is derived from the reports submitted to the OIE. The information for 2013 covers only 52 Member Countries. The accession of Liberia and South Sudan in May 2014 increased the number of OIE Members in Africa to 54.
181. Regarding six-monthly reports for terrestrial animal diseases and as of 16 January 2015, 8% (4/52) of Member Countries¹ of the Regional Commission had submitted only the first six-monthly report for 2013, whereas 83% (43/52) of Member Countries² had submitted both six-monthly reports for 2013. Regarding the six-monthly reports for 2014, 65%³ (35/54) of Member Countries had submitted the six-monthly report for the first semester and 5%⁴ (3/54) had submitted the six-monthly report for the second semester of 2014.
182. Cabo Verde and Gambia have not submitted any report to the OIE since 2009, neither has Burundi since 2010 nor Comoros and Gabon since 2011. These Member Countries and the other Member Countries with outstanding reports for 2013 and 2014 are encouraged to submit their reports as soon as possible so that their animal health information can be updated.

2.1 Foot and mouth disease

183. FMD is endemic in most countries in Sub-Saharan Africa and is the most frequently reported transboundary animal disease in Africa, with 58 immediate notifications submitted between 2005 and 16 January 2015. All FMD virus serotypes apart from Asia 1 were found circulating in Sub-Saharan Africa during the 2000 to 2010 decade⁵. The disease was reported in Algeria and Tunisia in 2014 after an absence of 15 years.
184. As of 16 January 2015, a total of 46 countries/territories had provided information for FMD for the years 2013 and 2014. Seven countries⁶ have not submitted any report for that period, and two countries (Congo [Rep. of the] and Sao Tome and Principe) submitted reports without providing information for FMD. A total of 15 immediate notifications were submitted by nine African countries⁷, for reoccurrences or an unexpected increase in morbidity. Reoccurrences were notified by Algeria, Botswana, Guinea, Mozambique, Namibia, South Africa, Tunisia and Zimbabwe. Uganda reported an unexpected increase in morbidity due to FMD serotype O. Morbidity was reported to have increased in some provinces from under 1% to over 67% and the disease was reported to be spreading rapidly to many districts that had not previously reported FMD.

¹ Côte d'Ivoire, Madagascar, Sao Tome and Principe and Somalia

² Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Congo (Rep. of the), Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Libya, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe

³ Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Congo (Dem. Rep. of the), Djibouti, Egypt, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Mali, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Senegal, Seychelles, Sierra Leone, South Africa, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe

⁴ Angola, Senegal and Tanzania

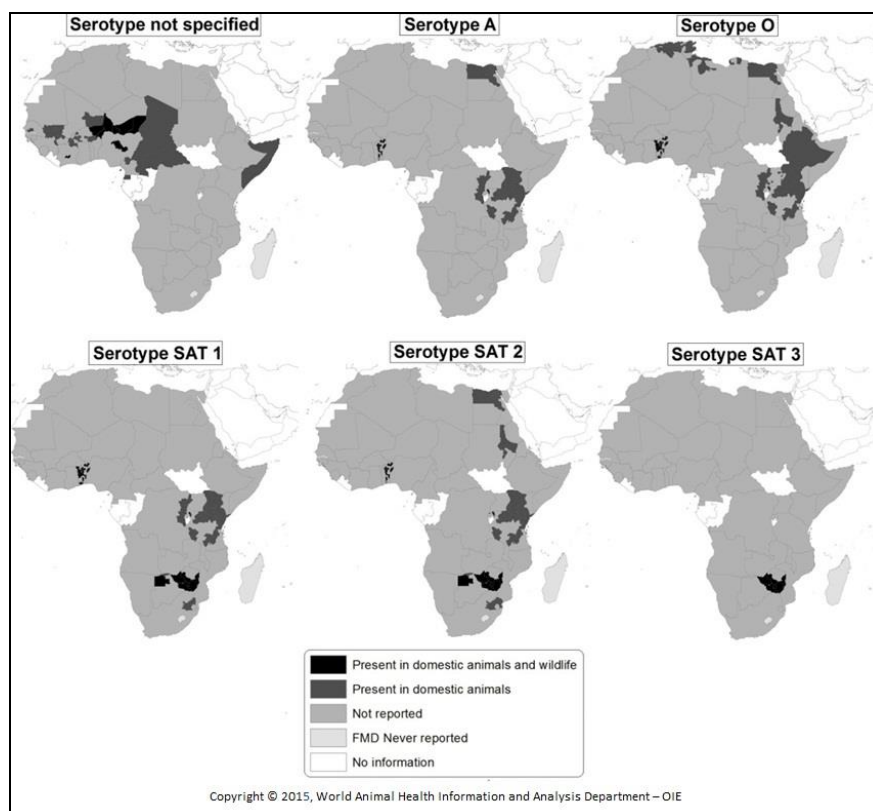
⁵ Di Nardo A, Knowles NJ, Paton DJ., Combining livestock trade patterns with phylogenetics to help understand the spread of foot and mouth disease in sub-Saharan Africa, the Middle East and Southeast Asia. *Rev Sci Tech.* 2011 Apr;30(1):63-85, <http://www.oie.int/doc/ged/D10750.PDF>

⁶ Burundi, Cabo Verde, Comoros, Gabon, Gambia, Liberia and South Sudan

⁷ Algeria, Botswana, Guinea, Mozambique, Namibia, South Africa, Tunisia, Uganda and Zimbabwe

185. On analysis of the reports of countries/territories that provided information to the OIE, 48%⁸ (22/46) notified the presence or suspicion of FMD in domestic animals only and 20%⁹ (9/46) notified FMD present in both domestic animals and wildlife. During this period, 13 countries¹⁰ notified the presence of serotype O at least once, 11 countries¹¹ notified serotype SAT 2, 10 countries¹² notified serotype SAT 1, six countries¹³ notified serotype A and one country (Zimbabwe) notified serotype SAT 3. Thus, five out of the seven FMD virus serotypes were notified by countries/territories in Africa between January 2013 and 16 January 2015. Figure 2 shows African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015 and the different serotypes notified. The figure also shows that 12 countries have notified presence of FMD but without providing information on the serotype involved during the period.

Figure 2: African countries/territories which reported foot and mouth disease present at least once between January 2013 and 16 January 2015 and serotypes notified



⁸ Algeria, Burkina Faso, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of), Egypt, Equatorial Guinea, Ethiopia, Ghana, Guinea, Kenya, Libya, Mali, Mozambique, Namibia, Senegal, Somalia, Sudan, Tanzania, Tunisia and Uganda

⁹ Benin, Botswana, Cote d'Ivoire, Niger, Nigeria, Rwanda, South Africa, Togo and Zimbabwe

¹⁰ Algeria, Benin, Congo (Dem. Rep. of the), Egypt, Ethiopia, Kenya, Libya, Rwanda, Sudan, Tanzania, Togo, Tunisia and Uganda

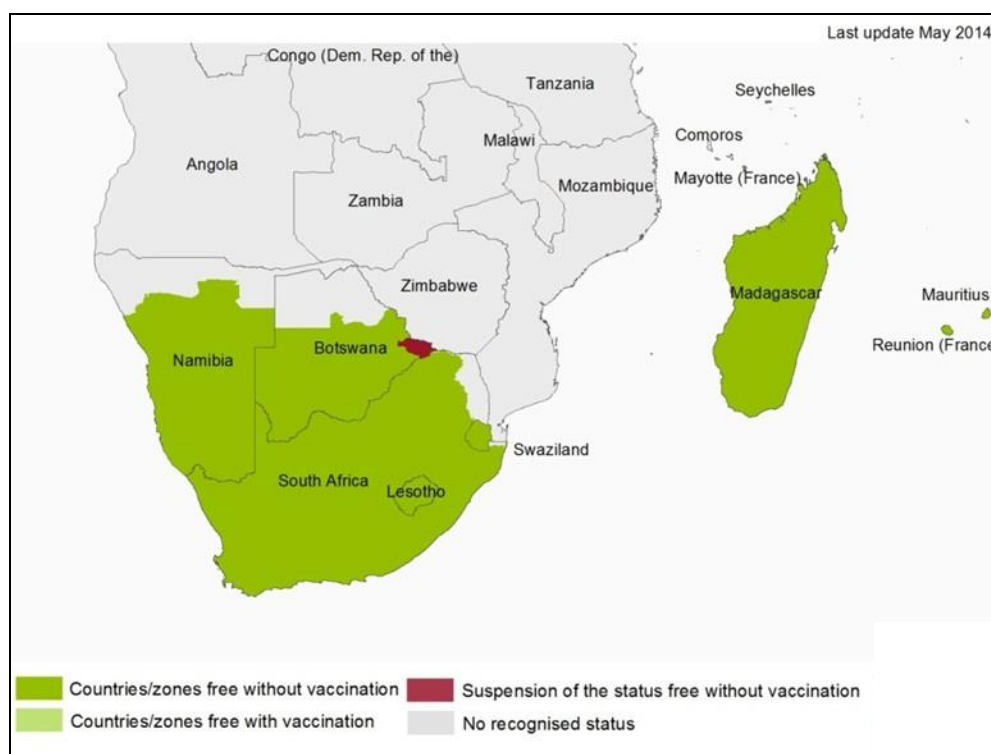
¹¹ Benin, Botswana, Egypt, Kenya, Mozambique, Namibia, Rwanda, South Africa, Sudan, Tanzania and Zimbabwe

¹² Benin, Botswana, Congo (Dem. Rep. of the), Kenya, Namibia, Rwanda, South Africa, Tanzania, Togo and Zimbabwe

¹³ Benin, Congo (Dem. Rep. of the), Egypt, Kenya, Rwanda and Tanzania

186. An average of 57% of reporting Member Countries were affected by FMD each semester, with a stable trend (range between 49% and 63% per semester) between 2005 and 2012. In Southern Africa, where a number of countries have been able to control FMD by separating infected buffalo from livestock and by limited use of vaccination, disease-free areas have been recognised¹⁴, as illustrated in Figure 3, showing OIE Member Countries' official FMD status in Southern Africa.
187. France (including Reunion and Mayotte), Lesotho, Madagascar, Mauritius and Swaziland have been recognised as FMD free countries where vaccination is not practised, in accordance with the provisions of Chapter 8.7. of the *Terrestrial Animal Health Code*, 2014. Moreover, Botswana¹⁵, Namibia¹⁶ and South Africa¹⁷ are recognised as having an FMD free zone where vaccination is not practised.

Figure 3: OIE Member Countries' official foot and mouth disease status in Southern Africa



188. In addition to the countries with an officially recognised FMD free status, Seychelles has never notified any FMD outbreaks. Sierra Leone last notified FMD in 1958 and Morocco in 1999. Morocco is implementing an OIE-endorsed official control programme for FMD in line with the Global FMD control strategy to move towards a recognised free status as well as Algeria.

¹⁴ W. Vosloo, A.D.S. Bastos, M. Sahle, O. Sangare and R.M. Dwarka, Conservation and Development Interventions at the Wildlife/Livestock Interface, Implications for Wildlife, Livestock and Human Health, Edited and compiled by Steven A. Osofsky, IUCN - The World Conservation Union 2005 - Chapter 10 Virus Topotypes and the Role of Wildlife in Foot and Mouth Disease in Africa, https://portals.iucn.org/library/efiles/html/SSC-OP030-ahead/chapter%2010.html#chapter_10fn11

¹⁵ one zone designated by the Delegate of Botswana in documents addressed to the Director General in January 2009 and November 2009

¹⁶ one zone designated by the Delegate of Namibia in a document addressed to the Director General in February 1997

¹⁷ one zone designated by the Delegate of South Africa in documents addressed to the Director General in May 2005 and January 2014

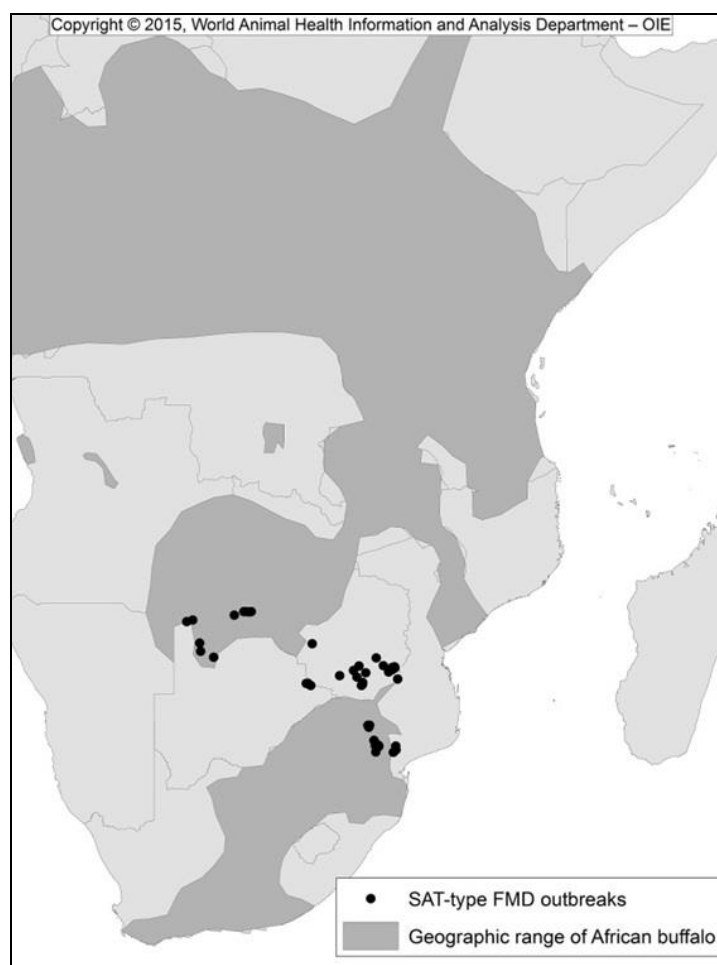
189. In 2014, FMD spread in North Africa, a situation that was a cause of great concern for the sub-region. In April 2014, Tunisia notified the reoccurrence of the disease (serotype O), which was reported to be due to illegal movements of animals. The Veterinary Services were initially only able to apply limited vaccination and no stamping-out policy was implemented at the beginning of the event. In total, during seven months, 150 outbreaks in 20 administrative divisions were reported in cattle, sheep and goats. However, the country was then able to control the event, especially after receiving support to increase the vaccine stock, and declared it resolved on 4 November 2014. Tunisia is asked to review its national control programme currently withdrawn.
190. In July 2014, the disease spread through illegal movement of livestock from Tunisia to Algeria, which notified a reoccurrence of FMD serotype O in cattle in the north of the country. A total of 420 outbreaks were reported in cattle, sheep and goats in 27 administrative divisions. Stamping out, movement control, closing of livestock markets and vaccination in response to the outbreaks were implemented. The event was declared resolved on 12 October 2014, after about 9000 animals had been lost due to slaughter, destruction and death. A massive vaccination programme was implemented in the country.
191. Also in North Africa, serotype O was reported by Libya and serotypes A, O and SAT 2 were reported by Egypt in 2013 and 2014.
192. The risks of FMD incursion from neighbouring countries will continue to be a critical factor to be considered in disease control. These risks are mainly related to illegal movement of animals, animal products and other commodities derived from infected animals, as well as movement of people and vehicles. Protection of FMD free countries, areas or zones can be enhanced by means of stringent import and cross-border animal movement controls and surveillance.
193. Control of FMD in Southern and Eastern Africa is also particularly challenging due to the involvement of African buffalo (*Syncerus caffer*), the wildlife reservoir for the SAT types of FMD viruses. African buffalo are a long-term maintenance host and source of FMD infection for domestic animals. Infection can also be maintained in domestic animals and remain independent of wildlife. In West Africa, due to the absence of significant numbers of wildlife hosts, FMD is believed to be maintained primarily within the domestic animal cycle¹⁸. Impalas (*Aepyceros melampus*) have also been implicated in the transmission of FMD to cattle, at least in Southern Africa, although they have not been shown to become long-term carriers¹⁹. This unique situation of FMD being maintained in the free-living African buffalo population, including in conservation areas, poses significant difficulties for disease control. The transhumance system predominant in central and western countries of Africa poses another challenge to FMD control in Africa.

¹⁸ Conservation and Development Interventions at the Wildlife/Livestock Interface, Implications for Wildlife, Livestock and Human Health, Edited and compiled by Steven A. Osofsky, IUCN - The World Conservation Union 2005 - Chapter 10 Virus Topotypes and the Role of Wildlife in Foot and Mouth Disease in Africa, W. Vosloo, A.D.S. Bastos, M. Sahle, O. Sangare and R.M. Dwarka – <https://portals.iucn.org/library/efiles/html/SSC-OP030-ahead/chapter%2010.html#chapter10fn11>

¹⁹ Genevieve V. Weaver, Joseph Domenech, Alex R. Thiermann, and William B. Karesh, Foot and mouth disease: a look from the wild side, *Journal of Wildlife Diseases*, 49(4), 2013, pp. 759–785, Wildlife Disease Association 2013

194. According to the International Union for Conservation of Nature (IUCN)²⁰, African buffalo (*Syncerus caffer*) are present in 18 countries of Eastern and Southern Africa, namely Angola, Botswana, Burundi, Congo (Dem. Rep. of the), Ethiopia, Kenya, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Figure 4 shows the SAT-type FMD outbreaks notified through immediate notifications and follow-up reports in 2013 and 2014 and the geographical distribution of African buffalo (*Syncerus caffer*) in Africa.

Figure 4: SAT-type FMD outbreaks notified through immediate notifications and follow-up reports in 2013 and 2014, and geographical distribution of African buffalo (*Syncerus caffer*) in Eastern and Southern Africa according to the International Union for Conservation of Nature (IUCN)



195. As shows in Figure 4, a number of SAT-type FMD outbreaks notified through immediate notifications and follow-up reports in 2013 and 2014 overlap with the geographic range of African buffalo, especially in Botswana (Francistown and Ngamiland zones), Mozambique (Maputo zone), Namibia (Caprivi zone) and South Africa (Limpopo and Mpumalanga zones). In their notifications, Botswana, Mozambique, Namibia, South Africa and Zimbabwe indicated that outbreaks occurred after contacts with wild animals.

²⁰ IUCN SSC Antelope Specialist Group 2008. *Syncerus caffer*. The IUCN Red List of Threatened Species. Version 2014.3. <www.iucnredlist.org>. Downloaded on 15 December 2014.

196. Of the 18 countries from Eastern and Southern Africa mentioned above where African buffalo are reported to be present, six countries did not provide any information for FMD in wildlife, while eight of these countries reported FMD absent in wildlife. The reports of the OIE Reference Laboratories for FMD, the Botswana Vaccine Institute and Onderstepoort Veterinary Institute (South Africa) indicate, however, that there was FMD surveillance in buffalo from Angola, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe in 2013. The only countries notifying FMD cases in wildlife were the following: Botswana in impalas (*Aepyceros melampus*) and greater kudu (*Tragelaphus strepsiceros*) and South Africa in impalas. Rwanda notified suspected FMD in wildlife and Zimbabwe notified the infection present without providing details of the species affected.
197. On further review of these countries in Eastern Africa and Southern Africa with a buffalo population, three did not implement any surveillance measure in wildlife and two did not submit their six-monthly reports for 2013 and 2014 to allow an analysis to be made. However, 13 countries notified surveillance measures for wildlife, for which details are shown in Table 1.

Table 1: Surveillance measures for wildlife applied in 2013 and 2014, as reported by countries in Eastern and Southern Africa where African buffalo (*Syncerus caffer*) are present

Number of Countries	Disease notifiable	General surveillance	Monitoring	Targeted surveillance	Screening
18	9	8	3	9	4

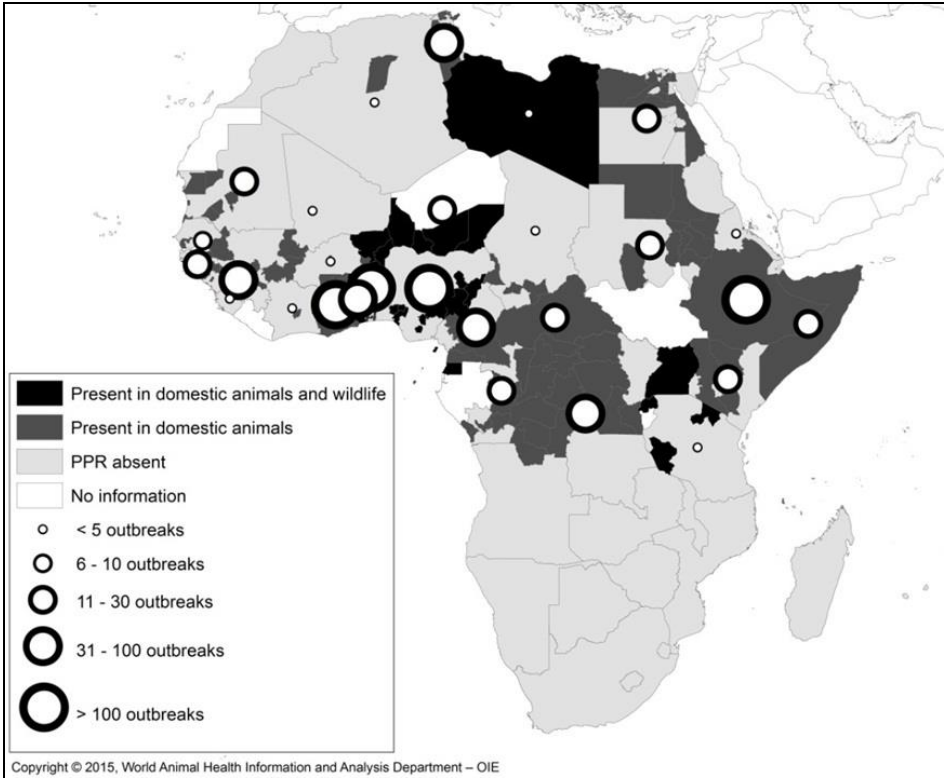
198. Three countries did not implement any surveillance measure in wildlife, although FMD may have been present and maintained in African buffalo (*Syncerus caffer*). This underlines the need for some countries to improve their surveillance systems in wildlife, for a better control of the disease, especially with the advancement of the concept of Transfrontier Conservation Areas (TFCA), which allows for a greater movement of wildlife across frontiers and protected areas.
199. In conclusion, FMD is a transboundary animal disease with severe trade implications in Africa. Its importance is shown by the number of notifications received by the OIE. The proportion of affected reporting countries in Africa in 2013/2014 was 67%. The disease has also been reported in wildlife but the surveillance measures are implemented at variable levels in these animals. This underlines the need for some countries to improve their surveillance systems in wildlife, for improved disease control, especially with the advancement of the TFCA concept in some parts of Africa, which allows for a greater movement of wildlife across frontiers and protected areas.
200. Only a few African countries and territories are currently FMD-free or have maintained FMD-free zones. The recent incursion of FMD virus into free and infected countries, such as in North Africa (serotype O in Algeria and Tunisia) once again shows that countries, even those where the virus has been eliminated for years, remain under threat and must be fully prepared.
201. Member Countries that have not submitted any information or have not provided information on the FMD serotypes involved are encouraged to provide this information to enable other countries to implement appropriate preventive measures, including relevant vaccine use. This will also help to improve scientific knowledge on epidemiological links.

2.2 Infection with peste des petits ruminants virus

202. PPR occurs in all of Africa except Southern Africa, in the Arabian Peninsula, throughout most of the Near East and Middle East, and in Central and South-East Asia. PPR is currently believed to be endemic in many African countries. Indeed, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Congo (Rep. of the), Cote D'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Mauritania, Niger, Nigeria, Sierra Leone, Somalia, Sudan, Tanzania, Togo and Uganda have been reporting the disease present for more than five years.

203. Due the high rates of morbidity and mortality ($\geq 90\%$ in naive herds), PPR can have a serious economic impact in the majority of African countries. The disease affects small ruminants and as a result impacts negatively on the food security of disadvantaged small-scale farmers in the Region. The financial damage includes all possible direct and indirect losses due to the disease, such as losses due to mortality, losses due to reduction in milk/meat and wool yields, losses due to reproduction failure and body weight losses. Costs due to implementation of control measures and lost trade opportunities can also be substantial for the affected countries and their small-scale farmers and producers.
204. PPR is a major threat to the livelihoods of these smallholder farmers in Africa. The disease is now considered a priority across sub-Saharan Africa and has recently extended as far south as Angola, which reported the disease in 2012. Currently, there are concerns that it will continue to spread further into Southern Africa. France (including Reunion and Mayotte), Mauritius and South Africa have been recognised as PPR free countries, in accordance with the provisions of Chapter 14.7. of the *Terrestrial Animal Health Code*, 2014.
205. Between January 2013 and 16 January 2015, a total of 49 countries/territories in Africa provided information for the disease. Sixty-nine percent (69%) (34/49) of reporting countries²¹ notified the presence of PPR, 11 of which reported the disease in wildlife²². Twelve countries/territories never reported the disease. Three countries reported the disease absent in domestic animals and 10 countries reported it absent also in wildlife. Figure 5 shows African countries/territories which reported PPR present at least once between January 2013 and 16 January 2015.

Figure 5: African countries/territories which reported peste des petits ruminants present at least once between January 2013 and 16 January 2015



²¹ Algeria, Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Comoros, Congo (Dem. Rep. Of. The), Congo (Rep. Of. The), Côte d'Ivoire, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Ghana, Guinea, Guinea-Bissau, Kenya, Libya, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Tunisia and Uganda

²² Benin, Equatorial Guinea, Guinea-Bissau, Libya, Niger, Nigeria, Rwanda, Sierra Leone, Tanzania, Togo and Uganda

206. Between the first semester of 2013 and the first semester of 2014, Benin reported the largest number (179) of outbreaks of PPR. During this period, the disease has caused the deaths of more than 4600 animals in the country according the official reports.
207. In January 2013, Algeria and Comoros submitted immediate notifications for the reoccurrence of PPR in specific zones (Ghardaia and Grand Comore respectively). A total of four outbreaks occurred in Algeria and the event was resolved in February, 2013, while the event in Comoros was still on-going, as of 16 January 2015.
208. In recent years, PPR has occurred for the first time in some countries of Northern Africa, such as in Morocco and Tunisia in 2008. In Algeria the disease had never been reported until 2011. After that, it was reported present in domestic animals in 2012 and 2013.
209. The recent introduction and spread of PPR in some countries in Northern, Central and Southern Africa, in some instances after the disease had been eradicated, shows that the risk still exists. Preparedness relies very much on early warning and Member Countries are encouraged to provide the OIE with regular and timely information. Accurate information is essential so that countries that are currently free can implement the appropriate preventive measures against the spread of this highly transmissible virus. Control tools do exist for PPR. However, vaccination is the only viable control mechanism for PPR given the high mobility of animal populations, its cost effectiveness and the availability of vaccines. PPR control will require large numbers of vaccinations, especially in remote areas.
210. With the support of the Bill and Melinda Gates Foundation, the OIE implemented a pilot vaccination project in Ghana and Burkina Faso, using a regional vaccine bank established in Botswana and selected after an international tender. Outcomes of this pilot project will also be used for designing the global control strategy to be endorsed in the Abidjan conference in March 2015.

2.3 Zoonoses listed by the OIE

211. Zoonoses are defined as diseases or infections that are naturally transmissible from animals to humans. Zoonoses have a high impact on human health, livelihoods, animals and ecosystems. Some zoonoses remain endemic in Africa and continue to affect both humans and animals. Interventions to control these diseases require a comprehensive interdisciplinary approach between the animal health and human health sectors to address the major obstacles to their control²³. A number of initiatives have been taken in Africa and globally to raise awareness of these zoonoses. The OIE has identified zoonoses as a serious challenge facing the Veterinary Services and has, by applying and supporting the “One Health” concept, contributed to the reduction of risks of high-impact diseases at the animal–human–ecosystems interface.
212. The OIE collects information regarding zoonoses in humans from countries/territories through the annual reports. Each of the following 10 diseases was considered important in Africa.
213. **Anthrax** was reported in humans through OIE annual reports by 24% of reporting African Members in 2013. The disease causes sudden death in animals as well as illness and death in livestock-keeping communities. Whilst most mammals are susceptible, anthrax is typically a disease of herbivores and humans. In humans, anthrax manifests itself in three distinct patterns: cutaneous, gastrointestinal and inhalation forms. The most common is a skin infection, where people become infected while handling animals or animal products that contain spores. Livestock producers or butchers handling sick animals are at most risk of infection.

²³ Report of a Joint WHO/EU/ILRI/DBL/FAO/OIE/AU Meeting, Integrated Control of Neglected Zoonotic Diseases in Africa, ILRI Headquarters, Nairobi, 13–15 November 2007, http://apps.who.int/iris/bitstream/10665/69952/1/WHO_HTM_NTD_NZD_2008.1_eng.pdf?ua=1

214. **Bovine tuberculosis**, caused by *Mycobacterium bovis* is closely related to the bacteria that cause human and avian tuberculosis. *M. bovis* is not the major cause of human tuberculosis, which is most commonly caused by *M. tuberculosis*, but humans are nevertheless susceptible to bovine tuberculosis. Cases of bovine tuberculosis are reported from a significant number of African countries. In 2013, the disease was reported in humans through OIE annual reports by 44% of reporting African Member Countries. In livestock, particularly cattle, the disease causes reduced productivity. Due to the chronic nature of the disease, an animal can spread the disease to many others in the herd before it begins to manifest clinical signs.
215. **Brucellosis (including infection with *B. abortus*, *B. melitensis* and *B. suis*)** was reported in humans through OIE annual reports by 40% of reporting African Members in 2013. Five of these countries provided figures and reported a total of 93 039 human cases. The disease can be transmitted to humans via direct contact with infected livestock or through drinking unpasteurised milk from an infected animal. In areas where the disease is endemic, livestock producers with affected herds can suffer substantial losses. Control of brucellosis is often linked with bovine tuberculosis control through a test policy.
216. **Infection with *Echinococcus granulosus*** was reported as echinococcosis/hydatidosis in humans through OIE annual reports by 32% of reporting African Members in 2013. Laboratory workers, animal handlers, veterinarians and dog owners are all at higher risk of infection. More generally, humans can become infected as a result of ingesting fruits, vegetables or water contaminated with *E. granulosus* eggs or handling animals carrying eggs on their fur. Transmission is facilitated by a general lack of awareness and failure to implement preventive measures such as meat inspection in abattoirs and improper disposal of contaminated offal. Home slaughtering practices and an abundance of stray dogs can increase disease transmission. **Cysticercosis** is strongly associated with keeping pigs in conditions of poor hygiene. Porcine cysticercosis was reported in humans by 44% of reporting African Members through OIE annual reports in 2013. Human neurocysticercosis is considered to be the most frequent preventable cause of epilepsy in the developing world.
217. **Rabies** was reported in humans by 96% of reporting African Members through OIE annual reports in 2013. Domestic dogs are considered to be the source of the vast majority of human cases. Rabies is preventable through dog vaccination programmes and the OIE has developed standards aimed at minimising public health risks and eradicating the disease in dogs. It is important for rabies to be a notifiable disease, to ensure that suspected cases in animals are investigated and reported. This will lead to further surveillance and implementation of prevention and control measures, including vaccination and a programme for the management of stray dog populations.
218. There are two forms of **zoonotic trypanosomosis (sleeping sickness)**, the chronic gambiense form found in Central and West Africa and the acute rhodesiense form found in Eastern and Southern Africa. Sleeping sickness is limited to the Africa Region, where its insect vector, the tsetse fly, is found. The animal reservoir is important in the acute rhodesiense form. The disease is always fatal in humans if not treated. Control is targeted at the vector and the animal reservoirs. Both cattle treatment and vector control confer substantial benefits to livestock productivity by controlling the animal forms of the disease²⁴. A total of 6228 human cases of trypanosomosis *T.b. gambiense* and 86 human cases of trypanosomosis *T.b. rhodesiense* were reported to WHO by African countries for 2013^{25,26}.

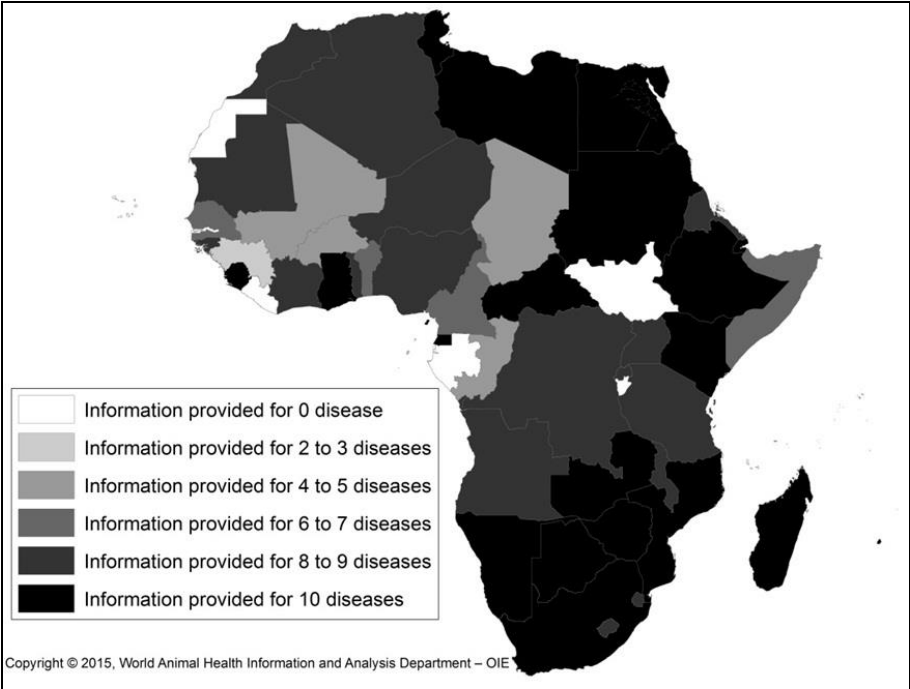
²⁴ Report of the third conference organized with ICONZ, DFID-RIU, Gates Foundation, SOS, EU, TDR and FAO with the participation of ILRI and OIE, The Control of Neglected Zoonotic Diseases, WHO headquarters, Geneva, Switzerland, 23–24 November 2010, http://apps.who.int/iris/bitstream/10665/44746/1/9789241502528_eng.pdf?ua=1

²⁵ WHO, Global Health Observatory Data Repository, Number of new reported cases (*T.b. gambiense*), <http://apps.who.int/gho/data/node.main.A1636?lang=en>

²⁶ WHO, Global Health Observatory Data Repository, Number of new reported cases (*T.b. rhodesiense*), <http://apps.who.int/gho/data/node.main.A1637?lang=en>

219. **Rift Valley fever (RVF)** usually presents in an epizootic form over large areas of a country following heavy rains and sustained flooding, and is characterised by high rates of abortion and neonatal mortality. The disease is most severe in sheep, goats and cattle. RVF is endemic in some parts of Africa and was reported by 4% of African Members through OIE annual reports in 2013. Humans are very susceptible to RVF. Vaccination of animals limits virus circulation in enzootic areas and prevents epidemics in free areas when occurrence of the disease is anticipated. Other control measures to limit the spread of the disease include surveillance, movement controls and quarantine. FAO, the OIE and WHO encourage veterinary and public health authorities to develop a joint comprehensive health education programme under the “One Health” concept with the aim of informing the public as well as targeting at-risk professions (farmers, veterinarians, slaughterhouse personnel, etc.).
220. Figure 6 shows, for each country/territory, the number of these 10 selected OIE-Listed significant zoonotic diseases²⁷ for which information relating to animals (i.e. at least the occurrence code of the disease, presence, absence, etc.) was provided to the OIE in 2013/2014. As shown on this map, countries in Northern Africa and Southern Africa provided information to the OIE for the majority of these zoonoses in 2013/2014. In contrast, seven countries did not provide information on any of these diseases and some countries in Western Africa provided information on only a small number of these diseases. In total, 13 countries in Africa provided information for fewer than six of these zoonoses in 2013/2014, which shows that there is room for improvement.
221. Among these selected zoonoses, the ones for which information was most commonly provided were: anthrax (46 countries/territories having provided information), trypanosomosis (tsetse-transmitted) and infection with rabies virus (45 countries/territories for each disease). Those for which information was least commonly provided were: brucellosis due to *B. suis* (29 countries/territories) and brucellosis due to *B. melitensis* (32 countries/territories).

Figure 6: The number of 10 selected OIE-Listed zoonoses for which information was provided in 2013/2014, by country/territory

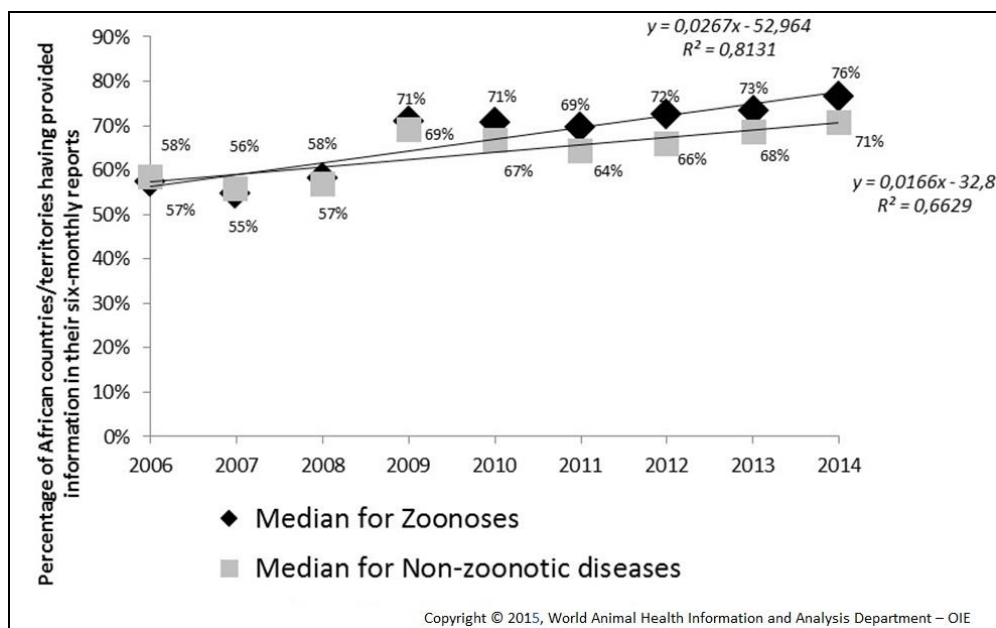


²⁷ Anthrax, bovine tuberculosis, brucellosis due to *B. abortus*, due to *B. melitensis* and due to *B. suis*, infection with *Echinococcus granulosus*, porcine cysticercosis, infection with rabies virus, Infection with Rift Valley fever virus and trypanosomosis (tsetse-transmitted)

222. In an evaluation of the importance ascribed to animal disease prioritisation criteria by continent, the impact of the disease on public health was considered the most important²⁸, when Member Countries were canvassed on their perception of the issues and criteria for national prioritisation of animal diseases in 2014.
223. To evaluate the level of reporting of zoonotic diseases in Africa, compared with other diseases of purely economic, social or environmental importance, the OIE-Listed terrestrial animal diseases were separated into three categories according to their global distribution as presented in the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals 2014*, as shown in Annex 1:
- 1) Zoonoses occurring in Africa: 24 OIE-Listed diseases were identified in this category;
 - 2) Non-zoonotic diseases (or disease with very limited zoonotic potential/impact) occurring in Africa: 57 OIE-Listed diseases were identified in this category;
 - 3) Diseases historically absent in Africa: 9 OIE-Listed diseases were identified in this category.
224. For every disease and every year, the percentage of African countries/territories providing information in their six-monthly reports was calculated. The results were then separated for zoonoses occurring in Africa on one hand, and for non-zoonotic diseases occurring in Africa on the other hand. Diseases historically absent in Africa were excluded from this analysis.
225. As of 16 January 2014, countries were still submitting reports for 2014, and the results for that year are therefore still partial. For 2013, a significant number of countries provided information on occurrence of zoonoses in their six-monthly reports, the lowest frequency of reporting for a zoonosis being for avian chlamydiosis, reported by 54% of the countries. Infection with rabies virus was the zoonosis for which the highest proportion of African countries/territories provided information, namely 98%. For the same year, turkey rhinotracheitis was the non-zoonotic disease for which the lowest proportion (44%) of African countries/territories provided information. Infection with peste des petits ruminants virus and infection with *Mycoplasma mycoides* subsp. *mycoides* SC (contagious bovine pleuropneumonia) were the non-zoonotic diseases for which the highest proportion (100%) of African countries/territories provided information. The median was 73% and 68% of African countries/territories providing information on zoonotic diseases and non-zoonotic diseases, respectively.
226. The medians of percentages of African countries/territories providing information for zoonoses and non-zoonotic diseases occurring in Africa were then compared for every year between 2006 and 2014, to evaluate trends and differences in reporting. These figures are shown in Figure 7.

²⁸ François Gary, Criteria and factors for rational prioritization of animal diseases that should be covered by public health policies, May 2014, <http://www.oie.int/doc/ged/D13783.PDF>

Figure 7: Medians of percentages of African countries/territories providing information for zoonoses and non-zoonotic diseases occurring in Africa in their six-monthly reports, by year between 2006 and 2014



227. As shown in Figure 7, there is a clearly increasing trend over time for the percentage of African countries/territories providing information in their six-monthly reports for both zoonoses and non-zoonotic diseases. For zoonotic diseases, the median increased from 58% in 2006 to 76% in 2014. For non-zoonotic diseases, the median increased from 57% in 2006 to 71% in 2014.
228. This improvement is measured and visualised by the linear regression lines, of positive slopes (0.0267 and 0.0166, respectively) and coefficients of determination (R^2) of 0.8131 and 0.6629, respectively, suggesting that the increase of the medians can be well explained by the models.
229. Moreover, the medians for zoonoses were compared to the medians for non-zoonotic diseases, using a Wilcoxon test for paired samples (paired on years) using R, with an alpha risk of 5%. Results of the test showed a significant difference between the results for zoonoses and the results for non-zoonotic diseases. The results for zoonoses were higher than those for non-zoonotic diseases (p value = 0.0161).
230. The results of this analysis therefore show that the level of reporting in Africa was higher for zoonoses than for non-zoonotic diseases between 2006 and 2014 inclusive, confirming the fact that zoonotic impact of animal diseases is considered as a priority criterion for prioritisation in terms of surveillance and control. Moreover, the results show that there is an increasing historical trend for the reporting of both zoonotic and non-zoonotic diseases, which is very encouraging.
231. The OIE is in permanent contact with FAO and WHO through the Global Early Warning and Response System (GLEWS). The primary objective is to share health information on 25 priority diseases, 18 of which are zoonoses. By sharing this information, the overall aim of GLEWS is to improve the early warning capacity for animal disease threats of the three organisations, for the benefit of the international community.

232. In conclusion, this analysis has identified reporting gaps for zoonoses in Africa, where in particular certain countries provide little or no information on zoonoses that have a significant impact on the whole continent. Nevertheless, reporting in Africa has been improving since 2006 and countries/territories would appear to be putting their efforts into prioritising zoonoses, as the impact on public health is considered an important factor for prioritisation of animal diseases for Africa, in terms of surveillance and control. The OIE encourages countries to maintain these efforts, within the framework of the “One Health” approach.

3. Emerging diseases, notification requirements and monitoring possibilities

233. An emerging disease is defined in the OIE *Terrestrial Animal Health Code* as a new occurrence in an animal of a disease, infection or infestation, causing a significant impact on animal or public health resulting from a change of a known pathogenic agent or its spread to a new geographic area or species or a previously unrecognised pathogenic agent or disease diagnosed for the first time. Since the beginning of 2014, the obligation on notification of emerging diseases is specified and laid down in Article 1.1.4. of the OIE *Terrestrial Animal Health Code*²⁹. Since the confirmation of the pathogenic agent could take more than 24 hours, particularly if a detected pathogenic agent was previously unrecognised or if a disease is diagnosed for the first time, the obligation to report within 24 hours was removed for emerging diseases. According to the aforementioned Article, submission of “the periodic reports subsequent to a notification of an emerging disease should continue until:

- a) the disease, infection or infestation has been eradicated; or
- b) the situation becomes sufficiently stable; or
- c) sufficient scientific information is available to determine whether it meets the criteria for listing.”

234. Monkeypox is a viral zoonosis that can cause a fatal disease in humans. The virus was first identified in the Statens Serum Institute in Denmark in 1958 among monkeys³⁰. Monkeypox occurs primarily in remote villages in Central and West Africa, near tropical rainforests. The virus is transmitted to humans from a variety of wild animals and its spread is through human-to-human transmission. Monkeypox infection has been found in many animal species: rope squirrels, tree squirrels, Gambian rats, striped mice, dormice and primates³¹.

235. In July 2014, monkeypox was notified to the OIE as an emerging disease by the Veterinary Authorities of Cameroon. The virus was detected in a group of 72 chimpanzees that lived in a three-hectare enclosure isolated from other compartments in the nature reserve located in Haute-Sanaga, in the Central Region of Cameroon. Among the group, one animal was found dead and five animals showed gradual appearance of vesicles and nodules on the forelimbs and on the face and a lack of appetite. Laboratory tests identified the virus as belonging to family *Poxviridae*, genus *Orthopoxvirus*, and to strain Congo Basin. As soon as the virus was detected, quarantine was set up together with other control measures, such as disinfection, control of vertebrate vectors (rodents), movement control inside the nature reserve, as well as strict biosecurity measures for personnel working in this enclosure. According to the epidemiological investigations, there had been no recent introduction of animals in this reserve. No other animals were reported to be affected and all animals previously affected recovered.

²⁹ OIE *Terrestrial Animal Health Code*, available at: <http://www.oie.int/en/international-standard-setting/terrestrial-code/access-online/>

³⁰ WHO Fact sheet on Monkeypox, available at: <http://www.who.int/mediacentre/factsheets/fs161/en/>

³¹ Kristine M. Smith, *Wildlife trade, Demand and Health; Animals, Diseases, and Human Health: Shaping Our Lives Now and in the Future*, Editor Radford G. Davis D.V.M. M.P.H., Praeger, 1st edition, October 20, 2011

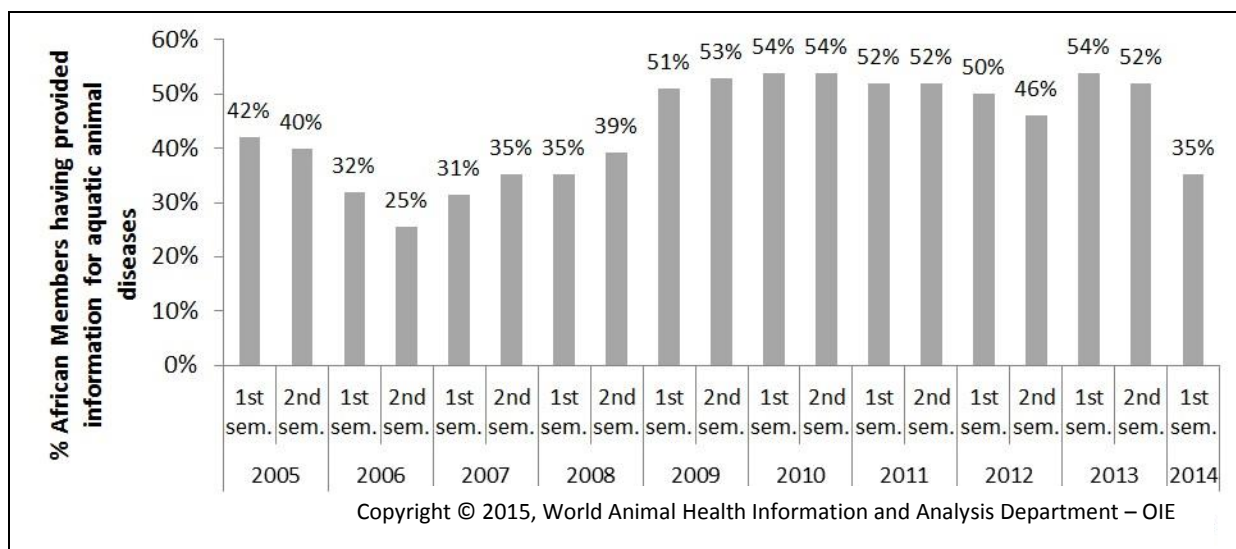
236. Ebola has never been reported in animals by any OIE Member Country. The disease is most likely initially transmitted from animals such as bats and non-human primates to humans through hunting and collection of sick or dead wild animals and handling or consumption of not thoroughly cooked bush meat. In rural areas, fruit bats are a source of forest meat for humans and are prepared by hand to be dried, smoked and/or cooked. Infection could also be transmitted to humans by handling or consumption of forest fruits contaminated with bat saliva or faeces in affected areas. It is recommended that in affected countries contact with wild animals, including bats, rodents and monkeys should be avoided and that communities in direct contact with these animals should practice basic hygiene measures such as regular hand washing at all times. The hunting of susceptible wild animal species for food in affected countries should be avoided.
237. To ensure transparency and at the same time to enhance our knowledge of the animal health situation worldwide, the OIE still needs to capture information on emerging diseases, even when they become stable. The OIE therefore encourages Member Countries to continue to provide information on emerging diseases so that our experts will have sufficient information to determine whether these diseases meet the criteria to be OIE-Listed in future. In addition, this will improve early warning, detection and response and allow strategies to be implemented to reduce the emergence of such diseases. The OIE continues to keep track of these events and encourages Member Countries to be vigilant, notify any emerging diseases in animals and strengthen surveillance in wildlife.

4. Evaluation of the quality of the six-monthly reports for aquatic animal diseases submitted by Member Countries of the OIE Regional Commission for Africa

238. Aquatic animal diseases are of great importance for many countries of this Region. In fact, the value added by the fisheries sector as a whole in 2011 was estimated at more than USD 24 billion, 1.26 percent of the GDP of all African countries. Aquaculture is still developing in Africa and is mostly concentrated in a few countries but already produces an estimated value of almost USD 3 billion per year. In 2012, aquaculture production in Africa was 1 485 367 tonnes, which accounted for 2.23% of world total production³². Among the biggest producers in the Region, Egypt notified the OIE of an annual production of 1 371 975 tonnes of fish in 2013.
239. Up to and including 2011, countries sent the OIE information for terrestrial animals and information for aquatic animals in the same six-monthly report. In 2012, the OIE World Animal Health Information System (WAHIS) introduced a separation between reports for terrestrial animals and reports for aquatic animals. There are currently 27 OIE-Listed diseases and infections of aquatic animals that are notifiable to the OIE.
240. Figure 8 shows that the level of reporting by African Members improved from 2006 to 2010 and declined slightly in 2012. However, the situation in 2013 improved and, regarding the first semester of 2014, the number of submissions is expected to increase.

³² FAO, "The State of World Fisheries and Aquaculture 2014", <http://www.fao.org/3/a-i3720e.pdf>

Figure 8: Percentage of African Member Countries having submitted information for aquatic animal diseases through their six-monthly reports, between 2005 and first semester 2014



241. Between 2005 and first semester 2014, an average of 44% Members of the OIE Regional Commission for Africa provided information for aquatic animal diseases through their six-monthly report, with an irregular trend. For 2013, the percentage reached 54% and 52% for the first and second semesters, respectively. During the same period, an average of 65% of OIE Members worldwide provided information on aquatic animal diseases. Africa as a Region provides a low level of information on aquatic animals in comparison with the global figures.
242. As of 16 January 2015, 52% (27/52) of Member Countries³³ of the Regional Commission had submitted both six-monthly reports for 2013, 35%³⁴ (19/54) had also submitted the six-monthly report for the first semester of 2014 and 2%³⁵ (1/54) had submitted both six-monthly reports for 2014.
243. It should be emphasised that Cabo Verde, Chad, Gambia, Libya, Malawi, Nigeria, Sao Tome and Principe and Senegal have not yet submitted any reports for aquatic animal diseases to the OIE, and no such reports have been submitted by Djibouti, Ghana and Zimbabwe since 2005, or by Congo (Dem. Rep. of the) and Uganda since 2006. Moreover, Angola and Burundi have not provided any information in their reports since 2010, neither have Central African Republic, Comoros, Eritrea, Gabon, Somalia, Tanzania and Sierra Leone provided any such information since 2011 nor Rwanda since 2012. These Member Countries are encouraged to update their animal health information provided to the OIE as soon as possible.
244. Among the low proportion of Members having submitted information for aquatic animal diseases, very few reported the presence of at least one disease or infection of aquatic animals in their six-monthly reports, with an average of two Members per semester. For 2013 and 2014, only four Members (Madagascar, Namibia, South Africa and Tunisia) notified at least one disease present.

³³ Algeria, Benin, Botswana, Burkina Faso, Cameroon, Congo (Rep. of the), Egypt, Equatorial Guinea, Guinea, Guinea Bissau, Kenya, Lesotho, Madagascar, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Seychelles, South Africa, Sudan, Swaziland, Togo, Tunisia and Zambia

³⁴ Algeria, Botswana, Burkina Faso, Cameroon, Egypt, Guinea Bissau, Kenya, Madagascar, Mali, Mauritius, Morocco, Namibia, Seychelles, South Africa, Sudan, Swaziland, Togo, Tunisia and Zambia

³⁵ Togo

245. In their six-monthly reports, countries provide quantitative data for OIE-Listed diseases and infections present on their territory, including the number of susceptible animals, cases, deaths and animals slaughtered or destroyed. Countries can choose to report this information with various levels of detail, namely:
- 1) By month and by administrative division (template recommended by the OIE)
 - 2) By semester and by administrative division
 - 3) By month and for the whole country
 - 4) By semester and for the whole country
 - 5) Some countries are only able to provide the occurrence code for diseases (present, absent, etc.) without quantitative data.
246. For 2013 and first semester 2014, out of the four Members that notified at least one disease present, two were able to provide the maximum level of detail (by month and by administrative division), whereas two were only able to provide the occurrence code without quantitative data.
247. These results illustrate the reporting gap for aquatic animal diseases in Africa. Many countries do not collect information for aquatic animal diseases and are therefore not able to provide this information to the OIE. In other countries, information for aquatic animal diseases is collected by national institutions other than Veterinary Services and there is a lack of communication between these authorities.
248. It should be noted that even if a country does not have aquaculture, it should nevertheless submit reports for aquatic animal diseases, explaining that all aquatic animal diseases are considered absent in domestic species. Indeed, providing the OIE with information to clarify the situation is important, and is very different from providing no information at all.
249. Moreover, to improve the current situation, the OIE encourages Delegates that have not already done so to appoint National Focal Points for Aquatic Animals and to provide them with access to WAHIS. To facilitate and improve reporting on aquatic animal diseases, the OIE is also considering the possibility of including WAHIS training for National Focal Points for Aquatic Animals during regional seminars directed to National Focal Points for Disease Notification.

5. Evaluation of the submission times and communication between Members of the Region and the World Animal Health Information and Analysis Department in 2013 and 2014

250. One of the first mandates of the OIE is to ensure transparency in the global animal disease situation. To enable the OIE to fulfil its mandate, each Member Country undertakes to report the animal diseases that it detects on its territory and the OIE then disseminates the information to other countries. The reporting obligations of OIE Member Countries are defined in the Organisation's Organic Statutes and in the *Terrestrial* and *Aquatic Animal Health Codes*. Veterinary Authorities shall, under the responsibility of the Delegate, send to the World Animal Health Information and Analysis Department at OIE Headquarters immediate notifications, follow-up reports, six-monthly reports and annual reports, as described in Articles 1.1.3. of the *Codes*. It is essential that Member Countries submit this information in a timely manner³⁶, so that other countries can take the necessary preventive action.

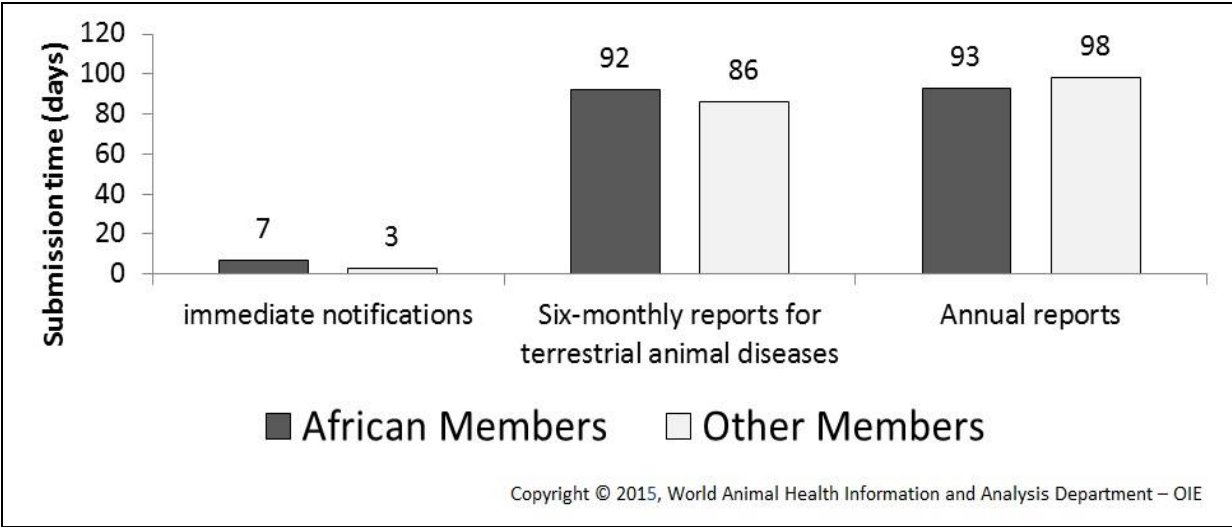
³⁶ Member Countries are required to submit immediate notifications for OIE-Listed diseases within 24 hours and immediate notifications for emerging diseases as soon as possible. Follow-up reports should be submitted on a weekly basis.

- 251. Submission times were calculated for immediate notifications sent in 2013 and 2014 and medians were then compared between notifications sent by African Member Countries and notifications sent by other Member Countries. In total, 55 notifications were sent by African Member Countries during this period, with submission times ranging between zero³⁷ and 165 days, with a median of seven days after confirmation of the event. The median for notifications sent by other Member Countries was three days.

- 252. Concerning six-monthly reports for terrestrial animal diseases, submission times were calculated for reports due for 2013 and first semester 2014. In total, 158 reports were due by African Member Countries for this period, and 124 of them had been submitted as of 16 January 2015. Submission times ranged between two days and one and a half years after the end of the semester. The median for African Member Countries was 91.5 days and that of other Member Countries was 86 days.

- 253. An analysis of six-monthly reports for aquatic animal diseases could not be performed for African Member Countries since out of the 158 reports due for this period, only 74 (less than half) had been submitted as of 16 January 2015. As discussed in the previous section of the report, there is a reporting gap for aquatic animal diseases in Africa. Concerning submission times for the expected 52 annual reports for 2013, 42 of them had been submitted as of 16 January 2015 by African Member Countries, with submission times ranging between 27 and 318 days after the end of the year. The median was 92 days. The median for reports sent by other Member Countries was 98 days, as shown in Figure 9.

Figure 9: Median submission times for 2013 and 2014 reports, as of 16 January 2015



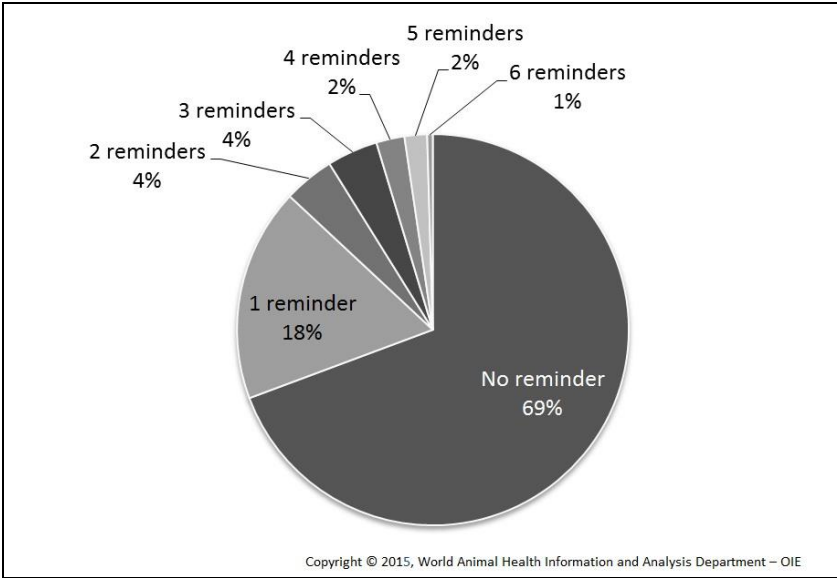
- 254. Figure 9 shows that African Member Countries took less time than other Member Countries to submit annual reports to the OIE. This result is encouraging and suggests that the additional data required in the annual reports, such as animal population, veterinary human resources, vaccine production, the situation of zoonoses in humans and laboratory capabilities, are accessible and are provided to the OIE in reasonable time.

- 255. In contrast, African Member Countries took more time than other Member Countries to submit immediate notifications and six-monthly reports for terrestrial animal diseases. This delay disadvantages other countries that need to quickly implement measures to prevent the introduction of animal diseases. The median of submission times for immediate notifications by African Member Countries was one week after confirmation, whereas the OIE requests its Member Countries to react within 24 hours. Moreover, the median submission time for six-monthly reports for terrestrial animal diseases was more than three months.

³⁷ Submission on the same day as the confirmation of the event

256. Several reasons could account for the observed delays but the OIE strongly encourages countries to decrease these submission times. Moreover, the OIE encourages its Member Countries to nominate National Focal Points for Disease Notification and ensure the stability of their appointment, in order to retain their technical knowledge and enhance their experience and expertise. In Africa, the annual turnover rate calculated for the period between January 2011 and June 2014 was 19%. This regional turnover rate is lower than the annual global rate (25%) calculated for the same period, which is very encouraging.
257. The OIE also recommends that Member Countries maintain regular communication with OIE Headquarters to benefit from the available guidance and support on notifications. Following submission of the reports to the OIE, a verification process prior to validation and publication is undertaken. During this process, OIE staff may need to ask Member Countries for additional information and/or clarification. The OIE ideally expects countries to answer within three weeks, otherwise a reminder is sent. In optimal situations, countries respond quickly and the OIE does not need to send any reminders. Sometimes, however, when no responses are received by the OIE, several reminders have to be sent and this inevitably delays the validation process and the sharing of animal health information with other countries. Figure 10 shows the percentage of reports from African Member Countries, out of a total of 215 six-monthly and annual reports for 2013 and first semester 2014 validated as of 16 January 2015, for which the OIE had to send reminders to obtain the responses needed for validation purposes.

Figure 10: Percentage of reports for which the OIE had to send reminders to African Member Countries to obtain the responses needed for validation (six-monthly and annual reports for 2013 and first semester 2014)



258. The OIE had to send at least one reminder concerning additional information needed for the validation process for 31% of the reports. For some reports, up to six reminders were sent. In some cases, validation of the report was delayed by more than 230 days (almost eight months) because of a lack of communication between countries and the World Animal Health Information and Analysis Department at OIE Headquarters. To minimise these delays and facilitate communication, it is recommended that Delegates of Member Countries inform the OIE of any change of National Focal Points for Disease Notification to the OIE. In addition, the OIE encourages Member Countries to organise internal training to provide the Focal Point with support and to improve submission times of WAHIS reports.
259. In conclusion, the OIE acknowledges that Member Countries face some challenges regarding notification and it is of the opinion that improved communication can facilitate reporting, drastically reduce submission times, improve the quality of reports and thereby reduce the time to validation and publication.

Annex 1

Zoonoses occurring in Africa

Anthrax	Glanders	Leishmaniosis
Avian chlamydiosis	Infection with influenza A viruses of the H5 or H7 subtypes of low pathogenicity in domestic birds	Old world screwworm (<i>Chrysomya bezziana</i>)
Bovine genital campylobacteriosis	Infection with influenza A viruses of high pathogenicity in birds, including wild birds	Porcine cysticercosis
Bovine tuberculosis	Infection with <i>Chlamydomphila abortus</i> (enzootic abortion of ewes, ovine chlamydiosis)	Q fever
Brucellosis (<i>Brucella abortus</i>)	Infection with <i>Echinococcus granulosus</i>	Infection with Rift Valley fever virus
Brucellosis (<i>Brucella melitensis</i>)	Infection with <i>Echinococcus multilocularis</i>	Trypanosomosis (tsetse-transmitted)
Brucellosis (<i>Brucella suis</i>)	Infection with rabies virus	Tularemia
Crimean Congo haemorrhagic fever	Infection with <i>Trichinella</i> spp.	West Nile fever

Non-zoonotic diseases (or disease with very limited zoonotic potential / impact) occurring in Africa

African swine fever	Equine influenza (possible zoonotic transmission but rare)	Infestation with <i>Aethina tumida</i> (small hive beetle)
Avian infectious bronchitis	Equine piroplasmiasis (possible zoonotic transmission but rare)	Lumpy skin disease
Avian infectious laryngotracheitis	Foot and mouth disease	Maedi-visna
Avian mycoplasmosis (<i>Mycoplasma gallisepticum</i>)	Fowl typhoid	Myxomatosis
Avian mycoplasmosis (<i>Mycoplasma synoviae</i>)	Haemorrhagic septicaemia	Nairobi sheep disease (possible zoonotic transmission but rare)
Bluetongue	Heartwater	Infection with Newcastle disease virus (possible zoonotic transmission but essentially mild symptoms)
Bovine anaplasmosis	Infection of honey bees with <i>Melissococcus plutonius</i> (European foulbrood)	Ovine epididymitis (<i>Brucella ovis</i>)
Bovine babesiosis (possible zoonotic transmission but rare)	Infection of honey bees with <i>Paenibacillus larvae</i> (American foulbrood)	Paratuberculosis
Bovine viral diarrhoea	Infection with African horse sickness virus	Porcine reproductive and respiratory syndrome
Camelpox (possible zoonotic transmission but single incident illustrating that camelpox is of limited public health importance)	Infection with Aujeszky's disease virus	Pullorum disease
Caprine arthritis/encephalitis	Infection with classical swine fever virus	Rabbit haemorrhagic disease
Contagious agalactia	Infection with equid herpesvirus-1 (EHV-1)	Salmonellosis (<i>S. abortusovis</i>)
Contagious caprine pleuropneumonia	Infection with equine arteritis virus	Scrapie
Contagious equine metritis	Infection with <i>Mycoplasma mycoides</i> subsp. <i>mycoides</i> SC (contagious bovine pleuropneumonia)	Sheep pox and goat pox
Dourine	Infection with peste des petits ruminants virus	Surra (<i>Trypanosoma evansi</i>)
Duck virus hepatitis	Infectious bovine rhinotracheitis/infectious pustular vulvovaginitis	Theileriosis
Enzootic bovine leukosis	Infectious bursal disease (Gumboro disease)	Transmissible gastroenteritis
Epizootic haemorrhagic disease	Infestation of honey bees with <i>Acarapis woodi</i>	Trichomonosis
Equine infectious anaemia	Infestation of honey bees with <i>Varroa</i> spp. (varroosis)	Turkey rhinotracheitis

Diseases historically absent in Africa

Bovine spongiform encephalopathy (presumed absent but the presence or absence of this disease cannot be determined in countries without adequate surveillance programmes)	Infection with rinderpest virus (eradicated in 2011)	New world screwworm (<i>Cochliomyia hominivorax</i>)
Equine encephalomyelitis (Eastern)	Infestation of honey bees with <i>Tropilaelaps</i> spp.	Nipah virus encephalitis
Equine encephalomyelitis (Western)	Japanese encephalitis	Venezuelan equine encephalomyelitis

Discussions

260. In response to Dr Mapitse's presentation, which received general acclaim from the OIE Delegates, questions were asked regarding the OIE Focal Points, not only for (terrestrial) animal disease notification (WAHIS focal points), but also aquatic animal diseases, as highlighted by the Delegate from the Democratic Republic of Congo. In response to the observation that the reporting rate for aquatic animal diseases in Africa is much lower than in other OIE Regions, he also wondered what to do when there are no aquatic animal diseases to report. The Delegate from the DRC also confirmed the presence of monkey pox in his country (in addition to Cameroon).
261. The Delegate for the Cameroon then provided some additional information on the reporting of FMD in his country. Through a fruitful collaboration with the Brescia (Italy) OIE Reference Laboratory for FMD, the Botswana Vaccine Institute and the national reference laboratory, it was established that FMD serotypes A, O, SAT1 and SAT2 are circulating.
262. The Delegate of Niger went on to express his concern over the lack of progress made in dealing with FMD in Western Africa, following the 2012 FAO / OIE Bangkok FMD Conference and appealed to OIE and relevant RECs to support member states.
263. Referring to the report on the FMD outbreaks in his country, the Delegate of Tunisia took the floor to express his gratitude to those organisations and institutions that helped control the outbreaks in a matter of weeks, i.e. the OIE and the OIE Sub-Regional Representation in Tunis, the Reference Laboratory of Brescia in Italy, the European Union, which donated one million doses of FMD vaccines and last but not least the FAO, which mobilised USD 400,000 of emergency funding.
264. The Delegate of the Republic of South Africa, in response to Dr Mapitse's comment on delays in the submission of reports, indicated that it is necessary for countries, such as South Africa, to take the time to conduct quality control on the data they are submitting, as data are sent in from 9 different provinces and inconsistencies must be avoided at all cost.
265. Dr Mapitse, in his round of replies, agreed with the Delegate from South Africa, stating that thorough quality-control before submitting the reports would in any case save time in the validation process that the World Animal Health Information and Analysis Department is conducting after it receives reports. He also informed the Delegate from South Africa that other facilities to speed up the delivery of reports are the possibility to enter data in a monthly, instead of a 6-monthly grid, and to use the upload function for comma-separated values (CSV) files.
266. He went on to respond to other concerns regarding the validation process and requests for information, directed to the Animal Disease Notification Focal Points, assuring Delegates that such information was mostly related to likely data entry mistakes or inconsistencies with regard to previous reports and would not fundamentally alter a country's sanitary status, without the Delegate being involved.
267. Finally, the OIE Director General intervened to reiterate the importance of the Focal Points for Animal Disease Notification, but also for surveillance, and the commitment of the OIE to provide these Focal Points with regular training (on a 2-year basis), knowing that Focal Points only stay on for an average of three years in the majority of Member Countries. He also reiterated that the OIE Delegate, and only the OIE Delegate, can and should appoint Focal Points (and substitute them if not performing to expectation). He concluded his statement by stating that whatever technological innovations would be introduced in the future (smartphone apps for example) the OIE Delegate would always have the last word. This being said, he also urged OIE Delegates to be transparent about the disease situation in their countries, referring to the "rumour tracking system" adopted by the OIE which tends to confront some reluctant Delegates with –sometimes- compelling evidence.

**One Health concept:
OIE approach and collaboration with
FAO and WHO, including on rabies control**

268. The Conference chairperson invited Dr Stéphane de La Rocque, OIE Animal Health Specialist, to deliver a presentation on the OIE approach to the “One Health” concept and collaboration with FAO and WHO, including on rabies control.
269. Dr de La Rocque started his presentation by mentioning that experience gathered from the pandemic influenza crisis and other similar emergencies of major zoonotic infectious diseases had confirmed that collaboration between human and animal health systems was crucial to effectively manage their potential global spread.
270. He emphasised that human and animal health systems needed to be robust and have sufficient capacities to ensure global health safety. He explained that, in order to be effective, they needed to work in close partnership to address common issues regarding early detection, assessment and rapid response, whilst respecting international standards.
271. Dr de La Rocque stated that the OIE and WHO were the intergovernmental organisations mandated to improve animal health and human health, respectively, on a global scale; they assisted countries with strengthening their capacities and improving their compliance under the normative frameworks of the international standards described in the OIE *Terrestrial Animal Health Code* and *Aquatic Animal Health Code* and the WHO International Health Regulations (IHR, 2005).
272. He then explained that the use of these normative frameworks had provided opportunities to engage human and animal health systems in a constructive and operations-oriented dialogue, exploring ways to improve their coordination. Stemming from this, significant results had recently been obtained and were in line with good governance principles. He indicated that to support countries in improving their governance systems, the OIE and WHO had developed complementary tools to assess national capacities and to analyse gaps in their compliance with OIE international standards and the IHR (2005).
273. Dr de La Rocque stated that the OIE and WHO had also conducted, with the support of the World Bank, an in-depth analysis of the differences and synergies between the frameworks and tools used in the two sectors. Joint WHO IHR/OIE PVS Pathway national bridging workshops offered a structured approach to help countries identify strengths and weaknesses and accordingly define concerted corrective measures and strategic investments. Participation in these workshops was helping countries to define national strategies targeting capacity building at the human–animal health interface and had led to the publication of a guide entitled “OIE WHO Operational framework for Good governance at the human-animal interface: Bridging WHO and OIE Tools for the assessment of national capacities”. Dr de la Rocque stated that this approach had already been tested in pilot countries and would be included in future programmes undertaken by the OIE and WHO. It would contribute to globally promoting the importance of a One Health approach, while accelerating progress towards Global Health Security.
274. Finally, Dr de La Rocque explained how this approach could be used to stimulate intersectoral collaboration for the implementation of disease specific programmes, using rabies as a case study.

Discussions

275. Dr Abdelraman El Abrak, Chairperson of the Conference, opened the discussion by suggesting that Veterinary Services of Member Countries adhere more to the “One Health” concept.

276. The Delegates of Senegal, Burkina Faso, Uganda, Mauritius, Kenya, Democratic Republic of Congo as well as Morocco commented on their experience with the implementation of the “One Health” Concept in an interesting discussion highlighting the following:
- The constant support from the OIE through the organisation of relevant seminars such as the Rabies Seminar that took place in Niamey (Niger) in 2014 where both medical doctors and veterinarians were invited;
 - The innovative rabies vaccine bank concept of the OIE from which countries already benefited;
 - The experience of countries participating to different fora relevant to One Health such as the Global Health Security Agenda and “Réseau SEGA One Health”;
 - The collaboration, at national level, between public health and veterinary services in the implementation of the International Health Regulation,
 - The relevance for the OIE and WHO to undertake PVS-IHR seminars in Africa,
 - The consultations between the Delegate of the Democratic Republic of the Congo and the Ministry of Health in reference to the implementation of the IHR.
277. The President of the OIE World Assembly of Delegates, Dr Karin Schwabenbauer, showed great enthusiasm with the seminars proposed by the OIE and WHO. She explained that it represented an excellent channel for advocating for the contribution of Veterinary Services to public health. She wondered when there would be such a seminar organised in Africa.
278. Dr Stéphane de la Rocque indicated that a PVS-IHR meeting in Africa was being planned, but due to the Ebola crisis, it was decided to postpone it until the conditions be more suitable.
279. Dr Bernard Vallat, referring to a previous comment from Dr Joseph Domenech, Advisor to the OIE Scientific and Technical Department, reminded to the Regional Commission the long way Veterinary Services have done with the strong and permanent support from the OIE for reaching the current level of recognition of their contribution to public health.
280. He indicated the work that was done by the OIE in 2002 for influencing the texts of the International Health Regulations when they were under development. Despite the efforts of the OIE at that time, the Members of WHO did not accept that reference to “veterinarian” be made in the IHR. The IHR text foresees that each country nominate a focal point from Public Health responsible of zoonoses, including in animal.
281. Regarding the organisation of PVS-IHR seminar, Dr Vallat indicated that the OIE was ready to respond to the requests of its Member Countries for undertaking such seminars as long as funds be available. He concluded by indicating that funding would most likely be made available under the recent Global Health Security Agenda.

Tsetse-transmitted trypanosomosis: OIE perspectives

282. The Conference Chairperson, Dr Abderrahman El Abrak, invited Dr Marc Desquesnes and Dr Jérémy Bouyer, from the Centre for International Research on Environment and Development (CIRAD), to present the OIE perspectives regarding tsetse-transmitted trypanosomosis.
283. They started their presentation by explaining that tsetse fly eradication campaigns involved the use of insecticides, applied on animals or on visual lures, or sprayed in sites conducive to their presence, followed, in most cases, by the release of sterile males.
284. Moreover, they mentioned that trypanosomosis prevention also called for general use of curative and/or preventive trypanocides. These tools needed to be used correctly, while taking account of the environment and the socio-economic context, and optimising the financial and technical resources available.

285. They then reviewed the progress achieved in tsetse fly elimination, in particular thanks to PATTEC (Pan African Tsetse and Trypanosomiasis Eradication Campaign). Changes in tsetse fly distribution were illustrated with a description of certain new situations. They stated that the existence of non-tsetse-fly-transmitted trypanosomoses also needed to be taken into consideration. Various patterns of development of trypanosomosis, its hosts and other vectors, especially the mechanical vectors, following elimination of tsetse flies, were presented, based on actual situations or models. They explained that after over a century of tsetse fly control activities, only 0.5% of their territory was now considered to be tsetse-fly free, but some of these free areas allowed intensive livestock production to take place, and their free status deserved recognition. Various control and monitoring tools were then reviewed, and the most effective strategies described.
286. The speakers emphasised that it would be advisable to define the geographical sectors in which sustainable eradication of tsetse flies now seemed feasible and explained that eradication involved several phases. The elimination of tsetse flies first needed to be established, and evaluated using effective tools, and this eradication then needed to be maintained through the use of protective barriers to avoid reinvasions.
287. They added that the ultimate aim should be the elimination of trypanosomosis, although this would probably be more difficult to achieve, owing to limitations of trypanocide treatments (inability to effectively treat animals, quality of the trypanocides and the existence of chemoresistance), the existence of factors conducive to a resurgence of the infection, and a possible mechanical transmission of certain trypanosomoses from these animals, from wildlife reservoirs, or even from transhumant animals.
288. To conclude, the speakers stated that definitions of geographical zones, control phases, tools and strategies, as well as statuses, would need to be drawn up and validated by expert groups to enable the OIE to establish guidelines for self-declaration as “free from tsetse flies and/or from trypanosomoses”, and for the maintenance of these statuses. The geographical areas concerned should probably be confined to priority development or production zones, surrounded by natural barriers and/or lending themselves to the installation of artificial barriers to prevent reinvasions.

Discussions

289. The presentation made by Dr Marc Desquesnes and Dr Jérémy Bouyer was appreciated and commented by several Delegates.
290. The Delegate of Senegal thanked IAEA and CIRAD for the implementation of a successful programme of eradication of Tsetse flies in his country and hoped to obtain a free status. He highlighted the importance of performing research programmes on new molecules because of resistance observed to current trypanocids used in Africa. The representative of WAEMU was also concerned by this matter of chimio-resistance and the problem of the use of the formulation of trypanocids preparation: solid (powder or granulates to be diluted) or liquid (solution ready to use).
291. The Delegate of South Africa emphasised the importance of obtaining more information on the impact of Tsetse eradication programmes on biodiversity as compared to sustainable Tsetse control programmes.
292. The Delegate of Botswana confirmed that the control for Tsetse eradication was a very challenging experience because many technical and environmental data were required in order to apply a holistic approach to eradicate Tsetse flies. Despite this complexity, the Delegate of Botswana encouraged the African continent to pursue eradication due to its positive benefits. Finally, he wished for PATTEC to be involved in the development of a relevant eradication strategy and the elaboration of standards regarding Tsetse.

293. Dr Marc Desquesnes and Dr Jérémy Bouyer thanked the collective efforts for Tsetse eradication in Africa. Concerning the formulation of trypanocids, it was highlighted that the solution form had a shorter life-time than solid presentation. Their main concern was to confirm the authenticity of drugs used in Africa and mentioned that a dedicated organism was in charge of certifying the authenticity of the products released on the market. The presenters reminded that the choice to implement a Tsetse eradication strategy is a decision of the countries while reminding that many factors should be taken into consideration.

OIE-FAO International Conference for the control and eradication of PPR

294. The Conference Chairperson, Dr Abderrahman El Abrak, invited Dr Joseph Domenech, Advisor at the OIE Scientific and Technical Department, to briefly introduce the forthcoming OIE-FAO International Conference for the control and eradication of PPR.
295. Dr Domenech commented on the preparation of the Global PPR Control and Eradication Strategy (GCES) and the OIE and FAO International Conference for the Control and Eradication of PPR, to be held in Abidjan (Côte d'Ivoire), from 31 March to 2 April 2015.
296. He mentioned that the Global Strategy had been prepared by the FMD Working Group of the FAO-OIE Global Framework for the Progressive Control of Transboundary Animal Diseases (GF TADs) initiative, in strong collaboration with experts and representatives of key countries, regional organisations, the private sector and development partners. This task as well as the organisation of the International Conference had been requested on several occasions, such as in October 2012 by the GF-TADs Global Steering Committee, a recommendation that was further supported by a Resolution of the OIE World Assembly of National Delegates adopted in May 2014 and by the recommendations of the Committee on Agriculture (COAG) and the Council of FAO, in October and December 2014 respectively.
297. He informed Delegates that the GCES would be presented at the OIE-FAO International Conference for the Control and Eradication of PPR, and that the expected outcomes were that this strategy, including timelines and a roadmap toward global eradication, would be supported by the participants.
298. He also explained that the Conference agenda comprised several scientific and technical sessions followed by a high level meeting for national and international commitment and support and by a special donor session. Participants would include Ministers and OIE national Delegates from infected and at-risk countries, donors, regional economic communities of infected and at-risk regions, researchers, socio-economists, representatives of stakeholder communities (NGOs, private sector, development partners etc.) with an interest in the control of PPR and other small ruminant diseases and the development of small ruminant production. A total of 400 persons, including Ministers and OIE Delegates of infected and at risk countries, had been invited to participate in the Conference.

Discussions

299. Dr Vallat also provided an update on the preparation of the OIE-FAO International Conference for the control and eradication of PPR which will be a global conference where Ministers and OIE Delegates of about 100 Member Countries, affected or at risk to be infected with PPR, will soon be invited through OIE and FAO co-signed letters following OIE announcements. Thanks to the AU-IBAR, the WAEMU, the OIE and FAO, financial support for attending this important event will be provided to more or less OIE Delegates of 75 developing countries. He concluded by confirming that donors would be invited to the Conference. Despite it will not be a pledging conference per se, he wished that this event be an opportunity to raise the profile of PPR so to attract donors interested in financing the implementation of the PPR control and eradication strategy. He highlighted the value of the model used in Africa for rinderpest (coordinated by AU-IBAR with the support of the OIE and FAO) which could be applied to PPR.

Presentations by international and regional organisations

African Union Interafrican Bureau for Animal Resources (AU-IBAR)

300. Dr Bruce Mukanda, Senior Programmes and Projects Officer at AU-IBAR, started his presentation by stating that, following a decision of the AU Executive Council in January 2014, the AU Commission, through AU-IBAR, had led a comprehensive stakeholder consultation process aimed at formulating a Livestock Development Strategy (LiDeSA). He explained that this had been inspired by the realisation that, given the current state of affairs, the livestock sector would by 2050 not be able to meet the demand for livestock and livestock products in Africa, and that there was need to transform the sector to effectively respond to the challenges facing it. The strategy was endorsed by the AU Executive Council, meeting in January 2015.
301. Dr Mukanda commented on the vision of the LiDeSA which aimed to have a competitive and sustainable livestock sector that would significantly contribute to a prosperous Africa, with the goal of transforming the African livestock sector to enhance its contribution to socio-economic development and equitable growth.
302. Regarding the strategic approach, he said it was based on the transformation of the sector from predominantly subsistence production systems to market-oriented commercially vibrant systems, attracting meaningful investments from both the public and private sectors.
303. Dr Mukanda concluded by highlighting the Strategic Objectives of LiDeSA as follows:
1. To attract public and private investments along the different livestock value chains;
 2. To enhance animal health and increase the production, productivity and resilience of livestock production systems;
 3. To enhance innovation, generation and utilisation of technologies, capacities and entrepreneurship skills of livestock value chain actors.

European Commission (EC)

304. Dr Moritz Klemm, veterinary officer of the European Commission responsible for relations with the OIE, highlighted the recent and ongoing activities under the European Union – DG SANTE programme Better Training for Safer Food (BTSF) in the region. He stated that the “BTSF World” programme (2013-2016) included Animal Health and Welfare, as well as Food Safety and Plant Health activities benefitting government officials in several African countries. He added that the programme included various regional workshops and sustained training missions, with the overall objective of strengthening capacities of Veterinary Services and their understanding of EU legislation in this field, contributing to safe trade and enhancing cooperation in the SPS (sanitary and phytosanitary) area. He concluded by stating that the “BTSF ISSB” programme (2014-2015) provided training to government officials from Southern Mediterranean countries on Codex Alimentarius Commission (Codex), OIE and International Plant Protection Convention (IPPC) standard setting.

Food and Agriculture Organization of the United Nations (FAO)

305. Dr Mohammed Bengoumi, FAO Representative, began his presentation commenting that in recent decades, several major human and animal health crises have emerged as a result of complex interactions between various factors at the human-animal-ecosystem interface.
306. He remarked that through the One Health approach, which focuses on the interaction between these factors, and involves multiple disciplines in managing health risks through a participatory, collaborative approach, FAO put a new emphasis on investing in human and infrastructure capacity at national, regional and global level in order to reduce the risks of emergencies and enhance the resilience of communities and health systems.

307. Dr Bengoumi concluded mentioning that FAO supported member countries in several areas of animal health through its regular programme, regional initiatives and various projects, such as the Technical Cooperation Programme and Government Cooperative Programme. More than \$50 million has been spent in the past few years on monitoring and fighting cross-border animal diseases in Africa, such as peste des petits ruminants (11 projects), Rift Valley fever (5 projects), highly pathogenic avian influenza (6 projects), contagious bovine pleuropneumonia (1 project), foot-and-mouth disease (3 projects), and Middle East respiratory syndrome coronavirus (1 project).

International Dairy Federation (IDF)

308. Ms Tendayi Clementine Marecha, representative of the International Dairy Federation (IDF), gave a brief review on the activities of IDF. She stated that the IDF had provided global expertise on matters relating to the dairy sector since 1903.
309. Ms Marecha commented on the mission of IDF which is to help nourish the world with safe and sustainable dairy products.
310. Acknowledging the importance of animal health and welfare, she remarked the IDF had a dedicated Standing Committee on Animal Health and Welfare with 79 experts nominated by 28 IDF National Committees as well as observers from OIE and FAO.
311. She was glad to highlight that, in 2002, the IDF became the first private agri-food sector organisation to establish formal collaboration with the OIE.
312. Ms Marecha briefly mentioned some examples of the IDF's work in the area of animal health and welfare, such as the guide to animal welfare in dairy production, work on foot and mouth disease and mastitis, antimicrobial resistance, and the ISO/IDF guides on somatic cell counting.

International Federation for Animal Health (IFAH)

313. Dr Olivier Espeisse, representative of the International Federation for Animal Health (IFAH), briefly presented IFAH activities and commented that IFAH was the global representative body of companies and associations engaged in R&D, manufacturing and commercialisation of veterinary medicines, vaccines and other animal health products.
314. He informed that IFAH was present in developed and developing countries across the five continents including 8 corporate members and 29 national associations. He also noted that IFAH strived to promote a predictable, science-based regulatory environment that facilitates supply of innovative and quality medicines, vaccines and other animal health products into a competitive market place. It fosters a better understanding of animal health.
315. Then, he commented on IFAH approach on antibiotic resistance which is focused on several pillars, including monitoring/ surveillance, responsible use, compliance to rules and innovation. In this spirit, IFAH work continuously with global UN agencies and the OIE.
316. He concluded by mentioning that IFAH also tried to increase its visibility and involvement in Africa through a Global Animal Health Conference that will take place in Dar-Es-Salaam, Tanzania, in June 2015.

Pan African Tsetse and trypanosomiasis Eradication Campaign (PATTEC)

317. Dr Hassane Mahamat Hassane, AU-PATTEC Coordinator, provided a review of the activities of the AU-PATTEC Coordination Office leading to the implementation of the PATTEC Initiative in 2014 – 2015.

318. He firstly informed the Conference that African Heads of State and Government, at the 36th Ordinary Summit held in Lomé, Togo, in July 2000, had adopted a Decision with references AHG/Dec. 156 (XXXVI), urging Member States to act collectively to embark on a Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC).
319. He explained that within the framework of this decision, the African Union Commission was assigned the task of guiding and coordinating activities to implement the decision.
320. Dr Mahamat Hassane then presented a brief report covering to the period 2014-2015 and summarising achievements leading to successful implementation of tsetse and trypanosomiasis suppression/eradication activities in affected countries, based on the following activities: advocacy & awareness creation; capacity building & training; facilitation of technology transfer; partnership building; resource mobilisation; support for countries to develop T&T projects/programmes; monitoring and evaluation; policy guidance; strategic direction and formulation of standards; and programme oversight.
321. Finally, Dr Mahamat Hassane suggested the establishment of an *ad hoc* group for the elaboration of standards regarding Tsetse and Trypanosomiasis.
322. The OIE Director General confirmed that the OIE already decided to establish an *ad hoc* group on Tsetse and Trypanosomiasis.

Pan African Veterinary Vaccine Centre (PANVAC)

323. Dr Nick Nwankpa, Representative of AU-PANVAC, started his presentation by underlining the mission of AU-PANVAC, namely “assuring vaccine quality, producing basic diagnostic reagents and maintaining Africa free from rinderpest”.
324. Then, he referred to the establishment of two independent veterinary vaccine quality control centres in Africa in the 1980s and the subsequent improvements recorded in the quality of vaccines produced against rinderpest and contagious bovine pleuropneumonia (CBPP), which demonstrated that an independent and secondary level of quality testing was a pre-requisite for minimising the risks associated with the use of poor-quality or potentially unsafe vaccines.
325. Dr Nwankpa underlined the fact that, since then, the numbers and quality of vaccines produced had increased significantly.
326. In addition, he mentioned that AU-PANVAC was also involved in the development of diagnostic tools to support animal disease control efforts and had recently developed two assays, blocking-ELISA (bELISA) and indirect ELISA (iELISA) for the detection of antibodies against peste des petits ruminants (PPR). He informed participants that these kits would be very useful in an eventual continental PPR eradication campaign.
327. In recognition of the contributions made by AU-PANVAC towards the eradication of rinderpest and specifically in order to maintain African free from the disease, Dr Nwankpa commented on the 8th Conference of Ministers responsible for Animal Resources in Africa, stating that, during its meeting held in Entebbe in May 2010, the recommendation had been made to destroy all rinderpest virus strains held by laboratories in Africa and to handover whatever was deemed necessary to AU-PANVAC for safe storage.
328. Dr Nwankpa also highlighted that, in 2013, the OIE had granted AU-PANVAC the status of Collaborating Centre for Vaccine Quality Control and had recently conducted a mission to AU-PANVAC to assess the capacity of its facilities to hold rinderpest virus and viral materials. He noted that a similar process to grant AU-PANVAC the status of a Reference Centre for technical assistance in vaccine quality control by the FAO was currently in its final stages.

329. Dr Nwankpa concluded by commenting that, apart from the OIE, AU-PANVAC had also received technical and financial support from partners such as the Food and Agriculture Organization of the United Nations (FAO), the Global Alliance for Livestock Veterinary Medicine (GALVmed), the KYEEMA Foundation, and the European Union (EU) in support of its activities. He also emphasised that AU-PANVAC was actively engaged with other partners in various projects involving animal disease control in Africa.

World Animal Protection (WAP)

330. Dr Otieno Mtula, Representative of the World Animal Protection (WAP) began his presentation by giving an overview of the organisation. Then, he gave an insight into the WAP mission focus explaining their theory of change as World Animal Protection Regional office in Africa and how they intended to make a difference in the continent.
331. Dr Mtula underlined that the WAP mission was well articulated in the 2015 – 2020 strategy which aimed at moving the world to protect animals.
332. He highlighted the presence of the WAP at the global level through the work on the Universal Declaration on Animal Welfare (UDAW), Sustainable Development Goals (SDGs) and the Animal Protection Index (API).
333. To conclude, Dr Mtula briefly presented one of the flagship projects on the ground and showed how the project addressed the link with livelihoods.

Discussions

334. Dr Bernard Vallat, OIE Director General, reminded the Delegates of the recent Universal Declaration on Animal Welfare of the United Nations. The OIE supported this initiative, through a resolution voted by the World Assembly, with the condition that the declaration made strong reference to the respect of the OIE animal welfare standards. A letter has been sent to all Delegates to sensitise them on that issue.

World Health Organization (WHO)

335. Dr de La Rocque presented on behalf of Dr Souteyrand, who was unable to attend due to last minute agenda constraints.
336. He briefly presented the governance mechanisms of the WHO emphasizing on the role of the two regional offices in the African Region, AFRO and EMRO. He also presented the reform process in which the WHO is committed in order to facilitate the coordination among the three levels of the organization (national and regional offices, and headquarters) as well as the six defined priority axes, the implementation of the International Health Regulations (IHR) being one of those priorities.
337. Dr de La Rocque also explained how those priorities were translated into a budgetary plan which regulates the activities through the three levels of the organisation.
338. The identification of the IHR as a priority led to the allocation of funds for countries capacity building on the detection and response to sanitary events defined in the Regulation. These activities are particularly integrated in the regional strategies for the control of zoonoses, and are being part of the effort for strengthening public health systems. Collaboration with the animal sector occurred in this context and is based on the principles mentioned in the 2010 Tripartite note.

World Veterinary Association (WVA)

339. Dr Khaled El Hicheri, World Veterinary Association Councillor for the Middle East and North Africa (MENA) region, began his presentation by reminding participants that the WVA represented the world veterinary profession, federating more than 90 national veterinary associations and 12 international veterinary associations.
340. He emphasised that the WVA was the internationally recognised voice of global veterinary medicine. It had grown in 150 years from a meeting grouping 130 European veterinarians to a World Veterinary Congress, held every two years, bringing together thousands of veterinarians worldwide.
341. He then provided details of the WVA's governing bodies, comprising the WVA General Assembly, the Council and the Secretariat. Regarding the WVA's mission, he said that it was to assure and promote animal health, animal welfare and public health globally. He indicated that this was achieved through the exchange of ideas and joint collaboration for the promotion and development of veterinary medicine.
342. Dr El Hicheri commented that the WVA believed in working in partnership. It had therefore signed a memorandum of understanding with, and was effectively collaborating with, relevant global partners such as: OIE, WHO, FAO, the World Medical Association (WMA), World Animal Protection (WAP), IDF and WFO.
343. To conclude, Dr El Hicheri commented that the WVA had developed and was continuing to produce policies and recommendations that focus on the leading global veterinary issues. He stated that these policies and recommendations were conveyed within the veterinary profession as well as towards major decision making institutions and authorities

International Centre of Insect Physiology and Ecology (ICIPE)

344. The representative of the International Centre of Insect Physiology and Ecology (ICIPE), Prof Suresh Raina, presented a brief overview on the activities of ICIPE.
345. He further emphasised on the importance of pollinating bees in food security.
346. He referred to the on-going Bee Health Project funded by the European Union and implemented by ICIPE and AU IBAR since 2013. The key components of the project include:
- The implementation of the first African Reference Laboratory for Bee Health and control of the quality of honey, based in Nairobi;
 - The establishment of satellite stations in Burkina Faso, Cameroon, Ethiopia and Liberia. These satellite stations are available to any African country requesting support from it;
 - Training researchers through the implementation by the AU-IBAR of a coordinated platform.

Date, venue and selection of the technical items for the 22nd Conference of the OIE Regional Commission for Africa

347. The President of the Commission asked the Delegates present whether any country wished to host the 22nd Conference of the OIE Regional Commission for Africa.
348. The representative of Namibia confirmed her country's desire to organise the next Regional Conference, to be held in February 2017, in Swakopmund.
349. The proposal of Namibia was adopted unanimously.

350. The Delegate of Cameroun expressed his country's desire to organise the 23rd Regional Conference in February 2019. This declaration was supported by the Delegates.
351. It was explained that, as is customary, one of the technical items would include responses by Members of the OIE Regional Commission for Africa to a questionnaire to be prepared on a specific item. A decision on the choice of item would be taken at the next meeting of the OIE Regional Commission for Africa, due to take place during the OIE General Session in May 2015. However, the representative of Namibia suggested as a first proposal that "the Strategy for Regional cooperation on the control and eradication of CBPP in Africa" be considered. It was further explained that the other item would not include a questionnaire and would be on a topical issue to be proposed by the Regional Commission and approved by the Commission when it meets at the OIE General Session preceding the Conference, that is to say, at the May 2016 session.

Discussions of Recommendations 1 and 2

352. Draft Recommendations 1 and 2 on the Conference's two technical items were presented to the participants and put forward for discussion. Some amendments were proposed to both draft recommendations. The draft recommendations were duly amended in preparation for their final adoption at the Friday session.
353. Dr Vallat reminded the Delegates that the recommendations adopted at the Conference would be presented for adoption by the World Assembly of Delegates at the General Session in May 2015, making it binding for the OIE to implement these recommendations.

Thursday 19 February 2015

Cultural and Technical Visit

354. Participants and their guests highly appreciated the quality and diversity of the technical and cultural visit organised by the host country. They expressed their sincere gratitude to the organisers for their kind hospitality.

Friday 20 February 2015

Proposal for designation of new OIE Collaborating Centre

355. Dr NGEIYWA Kisa Juma, OIE Delegate of Kenya, presented the Regional Commission with an application for the OIE to consider the International Centre of Insect Physiology and Ecology (ICIPE) as an OIE Collaborating Centre for Bee health.
356. He invited Delegates to revise in detail the brief review of the centre and its activities presented by Prof Suresh Raina on Wednesday 18 February during the time slot allocated to International and Regional Organisations.

Adoption of the Final Report and Recommendations

357. Dr Bernard Vallat, OIE Director General, explained the procedures for adopting the report and recommendations of the Conference. Delegates could submit comments or suggestions for consideration during the Conference itself. Further comments on the report received at the OIE Headquarters by 5 March 2015 would also be taken into consideration. However, the recommendations had to be adopted during the current session and could not be changed subsequently.
358. The two draft recommendations were adopted, with some amendments taking into account participants' suggestions and discussions.

Closing Ceremony

359. On behalf of the Bureau of the OIE Regional Commission for Africa, the OIE Headquarters and the Conference participants, Dr Marosi Molomo read the traditional motion of thanks dedicated to the host country.
360. Dr Bernard Vallat, OIE Director General, thanked the colleagues from the Moroccan National Office for Food Safety (ONSSA) for the organisation of the Conference. He also expressed his gratitude to the Conference Secretariat and the OIE staff from the Headquarters and the Regional and Sub-Regional Representations for their active and fruitful participation.
361. He highlighted the importance of the close collaboration between the OIE and the RECs, which plays a fundamental role in supporting the improvement of animal health in Africa.
362. He then reminded participants on the FAO-OIE International Conference for the control and eradication of peste des petits ruminants to be held from 31 March – 2 April 2015 in Abidjan, Côte d'Ivoire. He exhorted all Delegates to participate in the conference which he considered a great opportunity to launch the PPR control and eradication programme.
363. Dr Vallat noted with enthusiasm that the 21st Conference of the OIE Regional Commission for Africa reached its objectives such as allowing Africa to speak with one voice, not only in the technical field but also regarding the adoption of OIE standards. The lively and stimulating discussions came forward with relevant recommendations that will be submitted for endorsement by the World Assembly of Delegates in May 2015.
364. Dr Abderrahman El Abrak, OIE Delegate of Morocco, made first a special mention and thanks to the OIE Director General and to all OIE Delegates from the region for having given the opportunity to Morocco to host the 21st regional Conference of the OIE Regional commission for Africa in Rabat. He highlighted that the whole week was very constructive both technically and culturally. He thanked his staff for the work done in the preparation of the Conference. He then expressed his gratitude, on behalf of his government and on his own, to all the participants, the speakers and the OIE secretariat for the productive Conference. He wished all a safe trip back home and hoped that participants enjoyed their stay in Rabat.
365. Dr Karin Schwabenbauer, President of the OIE World Assembly of Delegates, reiterated her thanks to the government of Morocco for the organisation of the Conference.
366. Dr Abderrahman El Abrak declared the Conference officially ended at 11:00 a.m.

Speech Mr Aziz Akhannouch
Minister of Agriculture and Marine Fisheries of Morocco
pronounced by Mr Ahmed Bentouhami
Director of the Moroccan National Office for Food Safety (ONSSA)
at the occasion of the 21st Conference of the OIE Regional Commission for Africa

Direct General of the World Organisation for Animal Health (OIE);
Chair of the World Assembly of OIE Delegates;
Chair of the OIE Regional Commission for Africa;
Regional Representative for Africa;
Chair of the Codex Alimentarius Commission,
Chair of the National Order of Veterinarians;
Representatives of International and Regional Organisations;
Official Delegates of the African countries to the OIE;

Ladies and Gentlemen,

It is a great honour to be here with you today at the official opening ceremony of the proceedings of the 21st Conference of the OIE Regional Commission for Africa, which will take place over the next four days in our country, Morocco.

I would first like to take this opportunity to cordially welcome all of you who, despite your busy schedules, have travelled here to the imperial city of Rabat to take part in this 21st Conference of the OIE Regional Commission for Africa. This is an extremely important and significant event for us: it attests to the confidence placed in our country and our veterinary services by the World Organisation for Animal Health and the member countries, which I thank warmly. We are honoured by this acknowledgement of the active role that the Moroccan veterinary services have played in the OIE since its foundation in 1924 in contributing to animal health around the world.

I would also like to express my deepest gratitude to the OIE for its continuous support for the countries of Africa and its indefatigable efforts to improve animal health and veterinary governance on our continent.

I would also like to thank the representatives of regional and international institutions, the official delegates of the African member countries, and all the participants who have kindly made the journey here. Your presence enhances the prestige of the event that gathers us here today and attests to the value you place on the proceedings of this conference.

Ladies and Gentlemen,

As you are aware, animal production can be severely tested by the appearance or emergence of animal diseases, which can take a heavy toll on a country's economy. Animal diseases have halted many countries' exports of animals and animal products or endangered their food security.

Our continent of Africa is unfortunately not secure from health threats and crises. On the contrary, the health situation in Africa is characterised by several transboundary animal diseases spreading across borders. On an even larger scale, changes to the regional ecosystem, mainly climate change, are influencing the life cycles and habitats of pathogens and carriers of disease. In terms of animal health, the perceptible consequences of these changes are mainly the extension of the geographical range of some carriers of animal diseases, as well as the emergence of previously unknown animal diseases.

Ladies and Gentlemen,

The recent animal health situation in the Maghreb sub-region, with the appearance of foot-and-mouth disease, illustrates the severe threat posed by disease to our animal production and its socio-economic impact on the livestock sector. As you know, the countries in the Maghreb sub-region had to contend with and control that highly contagious disease.

Our country is FMD-free, thanks to timely preventive measures introduced as part of a health policy aimed at preserving the livestock sector in accordance with the objectives of the Green Morocco Plan developed by our department, which include expanding animal production and improving the quality and competitiveness of our products.

Health events on that scale are a warning to the official veterinary authorities of our countries and the specialised international organisations to act swiftly and effectively to control these types of crises by mobilising the necessary resources, the available expertise and the appropriate strategies to control disease effectively and maintain a healthy herd.

Ladies and Gentlemen,

In light of the health situation prevailing on our continent and the unpredictability of the health risks related to animal diseases, the heads of the national veterinary services in the region need to be ever more vigilant, responsive and operational, able to react and design new, more effective tools for surveillance and control of animal diseases that enable us to reduce their impact on the economy and/or on public health, boost animal production and raise rural living standards.

Ladies and Gentlemen,

That is the context in which we are gathered here today for this important meeting with a view to strengthening our cooperation and coordinating and pooling our efforts and actions to respond effectively to the challenges we face.

I would like to take this opportunity to assure you of Morocco's readiness to offer the experience of its veterinary services to support our fellow African countries.

I am confident in the success of the conference proceedings, which will cover several themes related to animal and public health and which will enhance our knowledge in these areas. I have no doubt that the discussions will be in harmony with the "One World, One Health" concept with the aim of improving the health of our livestock and the safety of our food products.

Ladies and Gentlemen,

I cannot end my speech without reiterating my gratitude to the OIE for the honour it has paid Morocco by holding the 21st Conference in Rabat. I also renew my thanks to all the official delegates and all the international and regional organisations and wish you every success in your work, which I am sure will lead to relevant, operational recommendations that will be of valuable assistance in strengthening and improving animal health on our continent.

Thank you kindly for your attention. I wish you all a pleasant stay in Morocco.

Speech Dr Marosi Molomo
President of the OIE Regional Commission for Africa
at the occasion of the 21st Conference of the OIE Regional Commission for Africa

Representative of the Honourable Minister of Agriculture and Marine Fisheries of Morocco,
Director General of ONSSA,
Dr Bernard Vallat, Director General of the OIE,
Dr Karin Schwabenbauer, OIE Delegate of Germany and President of the World Assembly of Delegates,
Dr Awilo Ochieng Pernet, President of the Codex Alimentarius Commission,
Dr Yacouba Samaké, OIE Regional Representative for Africa,
Professor Ahmed El Sawalhy, AU-IBAR Director,
All collaborating partners with the OIE,
Fellow OIE Delegates,
Ladies and gentlemen,
All protocol observed

It gives me a great pleasure to stand on behalf of all African states, members of the OIE today during this important event of the opening ceremony of the 21st Conference of the OIE Regional Commission for Africa held in Morocco. We are humbled by the exceptional and high quality preparations of this conference made by the Host Country in collaboration with the OIE. Indeed, it has been a good decision to hold this conference here in Rabat, a beautiful city of Morocco. Given chance we would recommend to hold even the next 22nd Conference here as well.

Director General of ONSSA, we are pleased to have you here today with us, on behalf of the Honourable Minister of Agriculture, even under the tight schedule of your good office. This is the indication of the recognition of the importance of Veterinary Services in Morocco.

We are gathered here as veterinarians representing our countries to reflect back and see progress of our region regarding animal diseases control of economic, of trade and human health importance since the last Conference that was held in Togo in February 2013, whereby the smart recommendations were made at the end of that Conference. Therefore, our commitment and implementation of such recommendations will pave the way forward. We hope the recommendations we are to reach in this Conference will even be smarter because we have learned from the previous ones.

Ladies and gentlemen, fellow participants,

As you may recall, in order to promote food security, availability, accessibility and of course job creation the roles of Veterinary Services in Africa is to promote intra-regional trade in livestock and livestock products requiring confidence in the quality of Veterinary Services and National Aquatic Animal Health Services. The main issue remains as the good governance of Veterinary Services by ensuring transparency in diseases management and reliability during veterinary certification which will improve the relationship and trust between the Member Countries. As members of the OIE, we take part in the standard setting procedures and adoption of the OIE standards. The challenge is the implementation of the OIE standards such as the animal welfare component.

As African countries members of the OIE, we would like to thank the OIE by providing a very useful “tool”, the OIE PVS Tool which has enabled us to identify gaps in the improvement of Veterinary Services. We are delighted that to date all African OIE Member Countries have conducted PVS evaluation. This will facilitate in the categorization and prioritization of animal diseases and zoonosis in the preparation of our national budgets and improve our veterinary services. Africa has potential to increase production and safe commodities provided we approach these challenges holistically. We are aware of livestock improvement component under CAADP and the advancement of the Member Countries in that context. We would like to make a special plea thank to African leaders and international organizations for the continuous support to the livestock industry at large.

Ladies and gentlemen,

I thank you for your attention

Speech Dr Yacouba Samaké
OIE Regional Representative for Africa
at the occasion of the 21st Conference of the OIE Regional Commission for Africa

Minister of Agriculture and Fisheries,
Members of the Government of the Kingdom of Morocco,
Ambassadors,
Chair of the World Assembly of Delegates to the OIE,
Director General of the World Organisation for Animal Health,
Chair of the OIE Regional Commission for Africa,
Representatives of International and Regional Organisations,
Representatives of the Regional Economic Communities,
Director General of the National Food Safety Office,
Delegate of Morocco to the OIE,
Delegates of the African countries to the OIE,
Distinguished Guests,
Participants,

First, let me to express my warmest thanks to the authorities of the Kingdom of Morocco for generously agreeing to host the 21st Conference of the Regional Commission for Africa of the World Organisation for Animal Health.

Allow me also to express my sincere gratitude to His Excellency, the Minister for Agriculture and Fisheries of the Kingdom of Morocco, for agreeing to chair the opening ceremony of the conference. We are honoured to have you among us. Your presence is an eloquent testimony to the importance that the Government of Morocco places on animal health. This comes as no surprise. Indeed, Morocco was one of the 28 countries that, on 25 January 1924, founded the Office International des Epizooties, later renamed World Organisation for Animal Health but still known by its historic French acronym, OIE. I am also sincerely grateful to Dr Karin Schwabenbauer, Chair of the World Assembly of Delegates to the OIE, and to Dr Bernard Vallat, Director General of the OIE, for organising this conference and making the journey to Rabat.

Allow me also to extend my deepest thanks to the OIE for the care it has shown towards the African member countries at every opportunity, especially with regard to building the capacity of the veterinary services as a global public good.

This respectful concern for the dignity of persons and nations is a source of inspiration for our common culture based on the fundamental values of objectivity, collegiality and dedication to the accomplishment of the OIE's missions. This organisational culture, underpinned by a sense of belonging to one family, has been handed down over several generations.

I would like to thank all of our partners attending the conference for responding to our invitation.

Lastly, I would like to take this opportunity to welcome the new African delegates to the organisation, and wish you all a warm welcome to the 21st Conference of the OIE Regional Commission for Africa in Rabat, the pleasant and beautiful capital of the Kingdom of Morocco.

Excellencies,
Ladies and Gentlemen,

This is the twenty-first time that the delegates of the African countries to the OIE, which since May 2014 now number 54, have attended a statutory conference, here in Rabat, Morocco, after the last conference in Lomé, Togo, in February 2013.

The past two years have been replete with activities, with a view to achieving the objectives set out in the OIE's Fifth Strategic Plan for the period from 2011 to 2015.

Against a backdrop of accelerated globalisation, and, for us, the realisation that pathogens travel faster than the incubation period of the diseases they cause, the Fifth Strategic Plan urged us to implement activities in three new areas of work:

- the contribution of animal health and veterinary public health to food security,
- the application of the "One Health" concept for the reduction of risks of high-impact diseases at the animal-human-ecosystem interface,
- and the relationship between animal production and the environment, including the influence of climate and environmental change on the emergence and geographical spread of diseases, carriers of disease and invasive species, and the influence of animal production practices on climate and environmental change.

I will now give a brief overview of the major developments in 2013 and 2014, which will be covered in more detail during the conference in the presentations on the activities of the OIE regional office in Bamako (Mali) and sub-regional offices in Gaborone (Botswana), Nairobi (Kenya) and Tunis (Tunisia).

Timely and accurate communication of animal disease information to facilitate prevention, control and eradication by us and our partners related to foot-and-mouth disease, peste des petits ruminants, Rift Valley fever, contagious bovine pleuropneumonia, Newcastle's disease and rabies. These diseases are prioritised in the GF-TADs Africa five-year action plan for the period from 2012 to 2016.

Foot-and-mouth disease reappeared in the Maghreb after 15 years of abatement. FMD was also reported in several countries in southern Africa and elsewhere on the continent.

Peste des petits ruminants (PPR) continues to be a major concern for the continent as a whole, given the high number of outbreaks reported and the global mobilisation to control the disease. In his most recent editorial, the Director General of the OIE referred to the development of global programmes to eradicate PPR and announced the official launch of an OIE/FAO joint initiative on PPR under the GF-TADs Programme at an international conference scheduled for March 2015.

The regional office, under the supervision of OIE headquarters and in partnership with AU/PANVAC and the veterinary services of Burkina Faso and Ghana, successfully completed the Vaccine Standards and Pilot Approach to Peste des petits ruminants Control in Africa, funded by the Bill & Melinda Gates Foundation, which we salute and thank warmly.

FMD and rabies are two of the priority diseases under surveillance in the region covered by our office in Tunis.

A regional meeting on Rift Valley fever took place in Dakar in July 2014. This was preceded by a regional consultation on contagious bovine pleuropneumonia, also in Dakar, in November 2013.

The West African Economic and Monetary Union organised two validation workshops, in February and May 2014, on the study of a strategy to control contagious bovine pleuropneumonia and Newcastle's disease in the eight WAEMU member countries.

The other major event in 2014 was the Ebola crisis in west Africa. The Ebola virus disease challenged the health infrastructure of the affected countries and led to the imposition of travel restrictions for some time, which hampered the activities of the regional office.

Fortunately, the epidemic now appears to be receding.

Formal frameworks for exchanges were established with WHO's and FAO's offices in Africa to support the "One Health" concept. Regular meetings were held between our regional office and FAO/ECTAD's office in Bamako. A meeting took place in Brazzaville between the OIE Regional Representative for Africa and the WHO Regional Director for Africa during a courtesy visit to the Congolese government.

In the area of building the capacity of the veterinary services, the PVS Pathway developed by the OIE is a tool of choice. As the Director General mentioned in his editorial, the Global Health Security Agenda proposed to the world by the United States of America cites the OIE PVS Pathway as one of the main tools for achieving a world safe and secure from the threat of infectious diseases in humans and animals. Over the period under review, a number of PVS assignments and training workshops were conducted. Laboratory twinning also progressed well.

The 3rd Global Conference on Aquatic Animal Health took place from 20 to 22 January 2015, in Ho Chi Minh City, Vietnam. The conference was an opportunity to address fish diseases, such as the disease that was recently reported for the first time in the Democratic Republic of Congo.

The African continent has two new OIE reference centres. We congratulate the National Veterinary Laboratory in Gaborone (Botswana) on its nomination as OIE Reference Laboratory for contagious bovine pleuropneumonia, and AU/PANVAC in Debre Zeit (Ethiopia) as OIE Collaborating Centre for quality control of veterinary vaccines.

Regarding annual financial contributions, the regional office pursued its awareness-raising efforts among member countries. I am pleased to announce that several countries have paid their statutory contributions, and many others have paid their outstanding contributions, after having been encouraged to clear their outstanding dues and upgrade their contribution category. However, several countries are still behind with their contributions, which affects their right to vote.

In terms of human resources, we welcome Dr Karim Tounkara, the brand-new OIE Deputy Regional Representative for Africa, and Dr Moetapele Letshwenyo, the new Sub-Regional Representative for Southern Africa, replacing Dr Neo Mapitse who has returned to OIE headquarters in Paris.

Excellencies,
Distinguished Guests,
Ladies and Gentlemen,

Over the next four days, we will review progress on the implementation of the recommendations of the 20th conference. We will then listen to the technical presentations with great interest. Lastly, we will formulate relevant new recommendations to contribute effectively to the fulfilment of our organisation's mandate, mission and objectives, for the benefit of the people of Africa.

I encourage you to participate actively in the discussions and assure you of the continuous support of your regional office and sub-regional offices.

I would also like suggest that you take advantage of your attendance at the 21st Conference to get to know each other better, because in May 2015 you will be asked to elect the OIE's governing bodies.

Excellencies,
Distinguished Guests,
Ladies and Gentlemen,

Before I finish this welcome address, I would like to emphasise the excellent technical and financial collaboration that the regional office enjoys with all of the regional institutions on the African continent and to thank the representatives of the main organisations for being here today to support us.

I wish the 21st Conference of the OIE Regional Commission for Africa every success in its work.

Thank you.

**Speech Dr Karin Schwabenbauer
President of the OIE World Assembly of Delegates
at the occasion of the 21st Conference of the OIE Regional Commission for Africa**

Minister,
Chair,
Regional Representative,
Chair of the Codex Commission,
Director General,
Delegates,
Representatives of International Organisations,
Friends,

I would like to join my colleagues in welcoming you here to Rabat. I hope you have all had a pleasant journey.

I would like to thank the Moroccan government kindly for their hospitality!

It is a particular pleasure for me to participate in this 21st Regional Conference for Africa. This is the second time I have had the privilege of taking part in your debates. It is also an opportunity for me to see colleagues and friends again and remain up to date with developments in our professional field on this inspiring continent.

The Africa Region is hugely important for the OIE:

- Africa is now the largest region in terms of the number of members,
- the importance of livestock farming extends well beyond production of animal protein,
- the geography, climate and environmental diversity of Africa expose animals to specific health risks, and
- the continent is experiencing dynamic economic and political development.

We are confronted with many challenges in Africa, which we must tackle together. But, despite numerous factors that make our mission difficult, let us not lose sight of the enormous progress accomplished to date.

The OIE Regional Conferences and the activities of the Regional Commissions are as important now as they have been in the past. They offer regular opportunities for veterinary practitioners from all the countries on the continent to meet, get to know each other better and develop strategies together to respond to the major challenges we face. This is of vital importance in the age of globalisation, when climate change, economic crisis, political strife, natural disasters and the uncertainty they generate all hamper our mission, which is **to protect animals and preserve our future!**

In particular, I would like to thank all the people who work to fulfil that mission every day here in Africa in sometimes extremely difficult conditions.

OIE Regional Conferences are also an opportunity for veterinarians from the official services of the continent to meet with a shared dedication to finding solutions to the problems they face, despite sometimes challenging political and economic conditions. These events also enable participants to gain a better understanding of the OIE's mission and working methods. The technical focus of the conferences has been a successful format since our organisation was founded just over 90 years ago.

Our organisation has not only survived all kinds of adverse events over those 90 years; it continues to play an important role in the world.

The Ebola epidemic that has been raging in western Africa for a year now proves the importance of the health services, including the veterinary services. The epidemic still has the potential to destabilise the whole region.

We cannot emphasise enough the direct contribution of the health services, including the veterinary services, to global public goods: health, food security and, ultimately, peace. It is therefore crucial for our organisation to continue its advocacy to encourage the international community to support veterinary services! Our DG's address to the Global Health Security Agenda meeting at the White House last September was particularly important in that regard.

The world needs quality veterinary services supported by adequate legislation. That is the only way for our field to progress. The OIE is committed to assisting veterinary services to improve. An excellent example is the endorsement of the FMD control programme submitted by our host country, as well as PVS, which have led to an improvement in veterinary services, such as recently in Namibia.

All these activities are aimed at ensuring animal health and welfare, but also the health and prosperity of humanity. They therefore deserve the attention of the public, and of politicians in particular, despite and perhaps even especially in times of crisis.

2015 is a decisive year for the OIE, since we will be electing all the Commissions, the Council and the DG at the General Session. We will also adopt the Sixth Strategic Plan.

In order for our organisation to be successful and respected, we must be strong and credible, working in partnership with other international agencies.

Your presence today, Mrs Pernet, is a testimony of the regard that your organisation, the Codex Alimentarius, has for our organisation. You have my sincere thanks!

The Sixth Strategic Plan, which will be outlined to you during the conference, is a good opportunity to review and define our objectives and their implementation. So far, three strategic objectives have been identified:

- securing animal health and welfare through appropriate risk management;
- building trust through transparency and communication;
- enabling the operation and sustainability of veterinary services;

as well as three cross-cutting issues:

- scientific excellence;
- diversity, inclusiveness, engagement and transparency;
- governance.

Now that we are discussing candidates for the upcoming elections, I would encourage you to consider individuals who will be able to help the OIE implement the next Strategic Plan. There is a point that is close to my own heart:

The OIE is an organisation that has reached a certain age – we have just celebrated its 90th anniversary. That is a great achievement! But we should bear in mind that some of us are also getting older. And that it is our responsibility and even our duty to support the next generation, and make room for them when the time comes. That is what we demanded when we were younger. We would do well to remember that and encourage our young people: for they are our future!

The Regional Commission for Africa is a model, since its members reflect the demographics of our profession. It is also the only commission chaired by a woman! Congratulations, Africa!

The technical themes chosen for this 21st Conference reflect the concerns of the region.

Neglected diseases, whose impact is far from negligible!

Following up on the technical theme of the last conference in Lomé, the role of intra-African trade in animals and animal products in the epidemiology of animal diseases. This is a major topic of discussions between veterinary services around the world!

Antibiotic resistance is an issue that is (and must be) approached globally. It concerns not only the veterinary field but comes under the "One Health" approach. Trypanosomes and the tsetse fly are moving in this direction. Dr de la Rocque's presentation on tripartite collaboration offers surprising and promising prospects. The Ebola crisis has demonstrated the vital importance of collaboration.

In Lomé we acknowledged the appearance of peste des petits ruminants in many countries that until recently had been free of the disease. I am delighted that the appeal launched two years ago was heard and that a conference will be held in a few weeks' time to develop strategies to control and eradicate PPR, which endangers many African families, whose livelihoods depend on their animals. The conference is co-organised by FAO, which offers prospects for a broader approach than a purely veterinary one in order to control the disease and involve other experts in developing promising strategies on the ground.

Finally, I would like to wish us all a productive conference, stimulating exchanges and deeper knowledge. The informal side will not be overlooked. Enjoy this opportunity to talk to colleagues you do not often have a chance to meet. And do make time to explore the beauty of our host country and the ocean, for those of you, like myself, who come from regions far from the sea.

**Speech Mrs Awilo Ochieng Pernet
President of the Codex Alimentarius Commission
at the occasion of the 21st Conference of the OIE Regional Commission for Africa**

Excellency the Director General of Morocco's National Office for Food Safety, representing the Ministry of Agriculture and Marine Fisheries,
Excellency the Delegate of Germany and President of the World Assembly of OIE Delegates,
Excellency the Director General of the World Organisation for Animal Health (OIE),
Honourable President of the OIE Regional Commission for Africa,
Honourable OIE Regional Representative for Africa,
Distinguished Delegates of Member Countries of the OIE Regional Commission for Africa,
Excellences the Ambassadors and Heads of Diplomatic and Consular Missions,
Honourable representatives of regional, sub-regional and international organisations,
Distinguished guests,
Ladies and gentlemen,

I am delighted to be joining you at the 21st Conference of the OIE Regional Commission for Africa and it is my great pleasure and honour to address you in my capacity as Chair of the Codex Alimentarius Commission.

Let me start by extending my sincere and heartfelt thanks to the Government of Morocco, represented by the Director General of the National Office for Food Safety (ONSSA), and to the conference organising committee for your excellent work. Many thanks also for your warm welcome and hospitality.

I am deeply grateful to the OIE Director General for inviting me to this 21st Conference of the OIE Regional Commission for Africa, which is the first time I have attended a meeting of the OIE. Director General, thank you for giving me this excellent opportunity to present the Codex Alimentarius Commission to OIE Delegates, so helping to forge closer ties between our two organisations.

On a more personal note, I am delighted with this chance to make the acquaintance of veterinarians from Africa and other regions of the world. Distinguished OIE Delegates, I look forward to exchanging views with you on issues of common interest.

May I also congratulate you on your organisation's 90th anniversary, which you celebrated in 2014. I wish a long life and every success to the OIE whose animal disease standards are accepted worldwide, especially within the World Trade Organization system (WTO Agreement on the Application of Sanitary and Phytosanitary Measures).

Excellences, distinguished Delegates, ladies and gentlemen,

The Codex Alimentarius Commission was established in 1963 by the Food and Agriculture Organization of the United Nations (FAO) and World Health Organization (WHO) with the mandate to develop food standards to protect consumer health and to ensure fair practices in the food trade.

The Codex Alimentarius Commission is also mandated to promote coordination of all food standards work undertaken by international governmental and non-governmental organisations.

Excellences, distinguished Delegates, ladies and gentlemen,

Codex and OIE have a long history of cooperation and good collaboration which results from the clear objective of both organisations to work together in order to ensure the safety of foods of animal origin all along the food production continuum, while fully acknowledging each other's unique mandates and specific areas of competence.

The OIE participates actively in Codex activities at both the technical Committee and Commission levels and this collaboration has resulted in a number of Codex and OIE texts developed with inputs from both organisations and which include cross references to relevant texts developed by either organisation. In this regard, I took note, with great interest, of the list presented by the OIE in their submission to the 37th session of the Codex Alimentarius Commission last July (document CX/CAC 14/37/15) in which OIE references fifteen Codex texts, which explicitly refer to the OIE.

In 2002, the OIE established the Animal Production Food Safety Working Group (APFSWG) with a view to improving the coordination and harmonisation of the standard setting activities of the OIE and Codex in order to protect consumers from food-borne hazards arising at the production phase of the food chain. Representatives of the OIE, FAO, WHO and the Codex secretariat take part in the work of the APFSWG.

The Codex Strategic Plan 2014-2019 clearly states in Objective 1.3 the strategic objective of the Codex Alimentarius Commission to “strengthen coordination and cooperation with other international standard-setting organisations seeking to avoid duplication of efforts and optimize opportunities”. Activity 1.3.1 aims to “promote collaboration in standards development in Codex with the World Organisation for Animal Health (OIE) and the International Plant Protection Convention (IPPC) on standards that cover the farm to fork continuum and affect Codex and those organisations.”

At its 37th session, held in Geneva in July 2014, the Codex Alimentarius Commission endorsed the “Guidance on Codex-OIE Cooperation” which was developed by the Codex Committee on General Principles (CCGP). I would like to take this opportunity to express my sincere gratitude to the OIE for having contributed towards the realisation of this important Codex initiative. Indeed, the OIE participated actively in the discussions held in both the Electronic and Physical Working Groups and generously hosted the meeting of the Codex Physical Working Group at the OIE Headquarters in Paris prior to the examination of the Guidance document in plenary at the CCGP session last April.

Excellences, distinguished Delegates, ladies and gentlemen,

The key words in the Guidance document are cooperation, collaboration and dialogue.

Indeed, as regards ensuring food safety at the international level, cooperation, collaboration and dialogue amongst the key standard-setting organisations is very important. Similarly, at the national and regional levels, a multi-sectoral approach is essential in order to ensure the development of food safety legislation and regulations, which cover the whole food production continuum. Here again, there is a need for cooperation, collaboration and dialogue amongst these very important national or regional actors.

Therefore, in order to enhance the management of risks along the food production continuum, the Guidance document encourages Member governments to strengthen collaboration at the national and regional level by promoting dialogue between their Codex Contact Point and the appropriate OIE Focal Point.

Furthermore, Member governments are invited to promote the dialogue on animal health and food safety issues through national and regional level working groups/subcommittee meetings.

Excellences, distinguished Delegates, ladies and gentlemen,

Many countries commonly use Codex standards as a reference for developing national legislation and technical regulations, so allowing food legislation to be harmonised internationally.

While Codex develops international food standards, the countries themselves have to implement them. It is therefore essential for countries to establish national food control systems based on scientific principles and guidelines covering all sectors of the food chain in order to ensure food safety and quality. “The objective of a national food control system is to protect the health of consumers and ensure fair practices in the food trade.” (Principles and Guidelines for National Food Control Systems, CAC/GL 82-2013, Section 2: Objective of a national food control system).

We were informed at the 21st session of the FAO/WHO Coordinating Committee for Africa (CCAFRICA), held in Yaoundé (Cameroon) from 27 to 30 January 2015, that many countries in Africa were developing their food safety legislation. It is important for Codex and OIE experts to work together to develop such legislation. This is an opportunity to respond to the call for multi-sectoral dialogue that I mentioned earlier. Indeed, food safety is a shared responsibility of all stakeholders in the food chain, from production to consumption.

Excellences, distinguished Delegates, ladies and gentlemen, consumers have high expectations for safe, high quality food. Your involvement and commitment are important to consolidate progress in this area and to achieve new objectives in the future.

Excellences, distinguished Delegates, ladies and gentlemen, thank you very much for your efforts to ensure food safety throughout the food production chain in order to protect the health of consumers in Africa and elsewhere in the world.

I wish the 21st Conference of the OIE Regional Commission for Africa every success!

Thank you for your attention.

**Speech Dr Bernard Vallat
Director General of the OIE
at the occasion of the 21st Conference of the OIE Regional Commission for Africa**

Minister of Agriculture and Fisheries,
Director-General of the National Food Safety Office,
Chair of the Codex Alimentarius Commission,
Chair of the World Assembly of Delegates,
Chair of the OIE Regional Commission for Africa,
Delegate of Morocco and Moroccan Colleagues,
Members of the Bureau of the OIE Regional Commission for Africa,
Delegates of the Member Countries of the OIE Regional Commission for Africa,
Representatives of International and Regional Organisations,
Regional and Sub-Regional of the OIE in Africa,
Guests,

We are extremely grateful to the Moroccan government for accepting to host the 21st Conference of the OIE Regional Commission for Africa, and for inviting us to this welcoming place, which offers the perfect setting for a successful conference.

I would like to express my deepest gratitude to Mr Aziz Akhannouch, Minister of Agriculture and Fisheries, to Mr Ahmed Bentouhami, Director-General of the National Food Safety Office of the Kingdom of Morocco (ONSSA), to Dr Abderrahman El Abrak, Delegate of Morocco to the OIE and Head of the Moroccan Veterinary Services, to all our colleagues from ONSSA, to the regional and local authorities, to the OIE staff and our regional and sub-regional representatives for all the effort they have devoted to ensuring the success of this event.

The OIE was established 90 years ago by 28 countries, of which Morocco was one, to prevent the spread of animal diseases around the world. From the outset, the OIE established standards in animal health, with the principle aims of modernising methods of disease prevention and control, and regulating and facilitating trade in animals and animal products safely between different countries and different regions of the world. As the organisation has acquired credibility over the years, the number of OIE member countries has grown steadily, reaching 180 members in May last year, with the admission of two new African countries, Liberia and South Sudan. The Regional Commission for Africa now comprises the largest number of members, with 54 countries.

Over the past decade, the OIE has broadened its mandate to cover animal production food safety, the quality of veterinary services, and animal welfare. The OIE also strives to assist veterinary services to comply with international standards by offering them ongoing support to improve their governance through the OIE's PVS Pathway.

Indeed, our ability to control animal disease on a global scale depends on good governance of national veterinary services. Good governance means: adequate legislation; relevant veterinary training courses; allocation of sufficient human and financial resources to veterinary services and to the services in charge of livestock farming and aquatic animal health; and appropriate public-private partnerships that involve the public and the private components of the veterinary services and the representatives of livestock producers.

Yesterday, with financial support from the Bill & Melinda Gates Foundation, we held a Regional Seminar on developing public-private partnerships to support veterinary services. The seminar was an opportunity for fruitful discussions about OIE intergovernmental standards on the quality and responsibilities of veterinary services, evaluation of veterinary services, and the relationship between official veterinary services and the private sector.

Ladies and Gentlemen, National OIE Delegates,

The OIE's work is guided by the five-year strategic plans developed in collaboration with the organisation's members and partners and adopted by the OIE's World Assembly of Delegates.

The Fifth Strategic Plan, whose implementation is nearing completion, has provided unremitting support for strengthening veterinary services around the world and included major new areas of work, such as: the contribution of animal health and veterinary public health to food security; control of zoonoses; the application of the "One Health" concept; the relationship between animal production and the environment; and global improvement and harmonisation of veterinary legislation as well as initial and continuing training programmes in veterinary medicine in accordance with the OIE's global guidelines adopted by the member countries.

The current draft Sixth Strategic Plan, about which you were consulted, is an updated common strategic vision of the OIE and its global objectives that takes current and future global trends and issues into account and continues all of the actions already in progress.

The implementation of the new strategic plan will only be possible with the engagement of each of the member countries and the allocation of adequate resources.

I would therefore like to take this opportunity to stress the importance of the member countries' statutory contributions. I would also like to thank all the donors that contribute to the OIE's work through the OIE World Animal Health and Welfare Fund.

By way of conclusion, allow me once again, on behalf of all the participants, to express my sincere thanks to the Moroccan authorities for inviting us to Rabat, and to all our colleagues in the host country for their warm welcome.

Allow me also to reaffirm that Africa has always been a region of vital importance for the OIE. The OIE's enthusiastic and effective support for the veterinary services of all the countries in Africa will therefore continue in the short, the medium and the long term.

Thank you for your attention.

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21st Conference of the OIE Regional Commission for Africa
Rabat (Morocco), 16-20 February 2015

AGENDA

1. OIE Activities and Vision for the 21st Century;
2. Report on the activities of the OIE Regional Commission for Africa;
3. Report on the activities and work programme of the OIE Regional Representation for Africa and the OIE Sub-Regional Representation for Southern Africa, the OIE Sub-Regional Representation for North Africa, and the OIE Sub-Regional Representation for Eastern Africa and the Horn of Africa;
4. The OIE 6th Strategic Plan – Regional perspectives;
5. Technical Item I:
Impact of animal diseases on animal productivity and public health in Africa;
6. OIE Terrestrial Animal Health Standards Commission and Scientific Commission for Animal Diseases – Issues of interest to the Region – Challenges and proposals;
7. OIE Aquatic Animal Health Standards Commission – Issues of interest to the Region - Challenges and proposals ;
8. Lesson learned from Regional Animal Welfare Strategies (RAWS) in other regions;
9. Antimicrobial Resistance: the challenges for animal health;
10. Technical Item II:
Cross border movements of animals and animal products and their relevance to the epidemiology of animal diseases in Africa;
11. Analysis of the Animal Health Situation in Member Countries in the Region in 2014;
12. One Health concept: OIE approach and collaboration with the FAO and the WHO including on rabies control;
13. Tsetse-transmitted trypanosomosis: OIE perspectives ;
14. OIE-FAO International Conference for the control and eradication of PPR;
15. Presentations of International and Regional Organisations;
16. Other matters:
Date, venue and selection of the technical items for the 22nd Conference of the OIE Regional Commission for Africa.

21st Conference of the OIE Regional Commission for Africa
Rabat (Morocco), 16-20 February 2015

TIMETABLE

MONDAY 16 FEBRUARY 2015

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

TUESDAY 17 FEBRUARY 2015

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

09:00 a.m. Opening ceremony (Chair: Dr Abderrahman El Abrak, OIE Delegate of Morocco)

- Mr Aziz Akhannouch, Minister of Agriculture and Marine Fisheries of Morocco;
- Dr Marosi Molomo, President of the OIE Regional Commission for Africa;
- Dr Yacouba Samaké, OIE Regional Representative for Africa;
- Dr Karin Schwabenbauer, OIE Delegate of Germany and President of the World Assembly of Delegates;
- Dr Awilo Ochieng Pernet, President of the Codex Alimentarius Commission;
- Dr Bernard Vallat, Director General of the OIE.

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

10:15 a.m. * 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 Animal Health Situation

10:45 a.m. OIE Activities and Vision for the 21st Century
(Dr Bernard Vallat, OIE Director General)

11:15 a.m. Report on the activities of the OIE Regional Commission for Africa
(Dr Marosi Molomo, Delegate of Lesotho and President of the OIE Regional Commission for Africa)

11:30 a.m. Report on the activities and work programme of the OIE Regional Representation for Africa and the OIE Sub-Regional Representation for Southern Africa, the OIE Sub-Regional Representation for North Africa, and the OIE Sub-Regional Representation Eastern Africa and the Horn of Africa (Dr Yacouba Samaké, OIE Regional Representative for Africa, Dr Moetapele Letshwenyo, OIE Sub-Regional Representative for Southern Africa, Dr Rachid Bouguedour, OIE Sub-Regional Representative for North Africa, and Dr Walter Masiga, OIE Sub-Regional Representative for Eastern Africa and the Horn of Africa)

12:15 a.m. The OIE 6th Strategic Plan – Regional perspectives (Dr Monique Eloit, OIE Deputy Director General / Dr Botlhe Michael Modisane, Delegate of South Africa and Vice President of the World Assembly of Delegates)

12:45 p.m. Lunch

- 2:00 p.m. Technical Item I: Impact of animal diseases on animal productivity and public health in Africa” (Dr Delia Grace, Programme Leader, Food Safety and Zoonoses, Flagship Leader Agriculture Associated diseases A4NH, International Livestock Research Institute (ILRI))
- 3:00 p.m. Discussions
- 3:30 p.m. OIE Terrestrial Animal Health Standards Commission and Scientific Commission for Animal Diseases – Issues of interest to the Region – Challenges and proposals (Dr Gideon Brückner, President of the OIE Scientific Commission for Animal Diseases)
- 4:15 p.m. Break
(Preparation of Recommendation No. 1 by designated small group)
- 4:45 p.m. OIE Aquatic Animal Health Standards Commission – Issues of interest to the Region - Challenges and proposals (Dr Franck Berthe, President, OIE Aquatic Animal Health Standards Commission)
- 5:15 p.m. Lesson learned from Regional Animal Welfare Strategies (RAWS) in other regions (Dr Marosi Molomo)
- 5:45 p.m. Antimicrobial Resistance: the challenges for animal health (Dr Elisabeth Erlacher-Vindel, Deputy Head, OIE Scientific and technical Department)
- 7:30 p.m. Reception offered by Morocco

WEDNESDAY 18 FEBRUARY 2015

- 09:00 a.m. Technical Item II : Cross border movements of animals and animal products and their relevance to the epidemiology of animal diseases in Africa (Professor Mohammed Bouslikhane, Institute of Agronomy and Veterinary Medicine Hassan II, Rabat, Morocco)
- 10:00 a.m. Discussions
- 10:30 a.m. Break
(Preparation of Recommendation No. 2 by designated small group)
- 11:00 a.m. Analysis of the Animal Health Situation in Member Countries in the Region in 2014 (Dr Neo Mapitse, Deputy Head, World Animal Health Information and Analysis Department)
- 11:45 a.m. Discussions
- 12:30 p.m. Lunch
- 2:00 p.m. One Health concept: OIE approach and collaboration with the FAO and the WHO including on rabies control (Dr Stéphane De la Rocque, Animal Health Specialist, OIE Sub Regional Representation in Brussels)
- 2:30 p.m. Tsetse-transmitted trypanosomosis: OIE perspectives (Dr Marc Desquesnes / Dr Jérémy Bouyer, CIRAD)

- 3:00 p.m. OIE-FAO International Conference for the control and eradication of PPR
(Dr Joseph Domenech, Advisor, OIE Scientific and Technical Department)
- 3:10 p.m. Presentations by international and regional organisations
- 4:00 p.m. Break
- 4:30 p.m. Presentations by international and regional organisations (cont.)
- 5:00 p.m. Date, venue and selection of the technical items for the 22nd Conference of the OIE
Regional Commission for Africa
- 5:30 p.m. Discussions of Recommendations 1 and 2
- 7:30 p.m. Reception offered by OIE

THURSDAY 19 FEBRUARY 2015

Cultural and Technical Visit

FRIDAY 20 FEBRUARY 2015

- 08:30 a.m. Adoption of the Final Report and Recommendations
- 10:00 a.m. Break
- 11:00 a.m. Closing ceremony

Recommendation n° 1
Impact of animal diseases on animal productivity and public health in Africa

CONSIDERING THAT:

1. Animal diseases have important impacts on animal productivity, animal welfare, and on human health and wellbeing;
2. Little has been done to measure the impact of livestock diseases in Africa and credible estimates of the cost of animal diseases and their control are required to persuade policy makers to fund animal health control programmes ahead of other competing demands for public expenditure;
3. Antimicrobial resistance is an ever-increasing threat to both human and animal health and that Veterinary Services have the responsibility to ensure a responsible and prudent use of antimicrobials agents in animals in order to prevent the development of antimicrobial resistance in both animals and humans;
4. The control of transboundary animal diseases requires a coordinated regional approach;
5. Early notification, to the OIE, of changes in national disease situation is of great benefit to other countries, including trading partners;
6. Surveillance data is often incomplete and the prevalence of many important animal diseases, including zoonoses, is still not well known for many countries in the Africa Region;
7. Early detection and control of animal diseases requires cooperation of farmers as partners in disease control and improved productions;
8. The impacts on food security, public health, smallholders and pastoralists are the most important consideration points when Veterinary Services decide on overall priorities;
9. The most important drivers of change in the epidemiology of diseases are considered to be climate change and trade of animals and products of animal origin; and
10. The proportion of animals slaughtered in *approved slaughterhouses* is low, suggesting that large numbers of pathogens are not detected.

THE OIE REGIONAL COMMISSION FOR AFRICA

RECOMMENDS THAT:

1. The Member Countries consider the methodology published by the OIE as well as economic analyses in the prioritisation and planning of animal disease control and eradication programmes;
2. The Member Countries improve the monitoring of the production, importation, distribution and use of veterinary medicines, including antimicrobial agents, for different livestock sectors, including aquaculture;
3. The Member Countries take advantage of the OIE PVS Pathway, and especially the PVS Gap Analysis, to advocate for proper allocation of resources to Veterinary Services;

4. The OIE and Member Countries explore options, including public-private partnerships, for increasing the participation of farmers as well as all the stakeholders of the livestock sector in disease surveillance and control;
5. The OIE and Member Countries explore how to best improve the safety of food of animal origin, including those produced and sold in the informal sector;
6. The OIE continue to advocate, at high level, on the economic benefit of animal disease control;
7. The OIE strengthen its commitment, in particular with National Focal Points, to improve, among others, the notification of animal diseases;
8. The OIE support Member Countries to develop contingency plans for important diseases that are present or could be introduced and also encourage sharing them between Member Countries; and
9. The OIE continue, in collaboration with other organisations involved, to facilitate cooperation between the Member Countries to enhance early warning, rapid response and regional disease control.

Recommendation 2
**The role of cross-border movement of animals and animal products
in the epidemiology of animal disease in Africa**

CONSIDERING THAT:

1. There are several justifications for cross-border movement of animals which is a reality difficult to quantify due to its structured and complexed nature influenced by economic and socio-cultural practice in many African countries and presenting sanitary risks and non-sanitary constraints;
2. Unregulated cross-border movement of livestock and products of animal origin represents a major pathway for the spread of animal disease. Their impacts on the epidemiology of animal diseases, particularly transboundary animal diseases, and on public health, deserve the full attention of the governments, international organisations concerned, and Regional Economic Communities (REC);
3. In the Sahel and West Africa, transhumant pastoralism is a major component of livestock systems, accounting for an estimated 70%-90% of all cattle, 30%-40% of small ruminants, and a small percentage of dromedaries, and specialists agree that this practice preserves the environment, is profitable and competitive, and creates seasonal jobs;
4. Transboundary animal diseases often have serious consequences for farmers' livelihoods, which are often precarious, for public health, and for the economies of the countries concerned, whether they are the origin, transit or destination countries of the animals;
5. Many diseases are common to both wild and domestic animals and can be transmitted from one to the other in either direction.;
6. The ability of Veterinary Services to manage the impact of cross-border livestock movements on health is often hampered by various factors. These constraints are mainly inadequate human and material resources, insufficient disease control infrastructure, the absence of national animal identification systems, and an often inappropriate or irrelevant regulatory framework;
7. Animal identification is a fundamental tool for monitoring livestock movement, surveillance of animal diseases and managing sanitary risks. It makes trade safer and ensures the traceability of animals and animal products;
8. Insufficient regional collaboration, the absence of common, harmonised strategies, and inappropriate, deficient or unwieldy laws regulating cross-border movements of livestock make it difficult to implement strategies of disease surveillance and control, and encourage informal and illegal practices;
9. African demand for products of animal origin is increasing rapidly and could be met by intra-African trade. This could become a lever of development in Africa if sanitary risks and non-sanitary constraints are lifted and all stakeholders, at national and regional level, make the appropriate contribution;
10. There are health risks at livestock-wildlife interface;
11. Some Member Countries in the Africa Region may benefit from the OIE recognition of their national official control programme or their sanitary status; and

12. Management of the cross-border movements of livestock and associated sanitary risks should be harmonised while taking into account regional characteristics and the animal health status of all the countries in the region.

THE REGIONAL COMMISSION OF THE OIE FOR AFRICA

RECOMMENDS THAT:

1. The Member Countries and the Regional Economic Communities (RECs) in the Africa Region initiate or pursue their efforts towards long-term bilateral and regional collaboration, based on complementarity, harmonisation and adaptation of tools to control animal diseases and cross-border livestock movements, in accordance with existing OIE standards;
2. The Member Countries and the RECs in the Africa Region, taking into account the characteristics and factors common to the countries of each region, adopt common and harmonised approaches to:
 - the implementation of common strategies to prevent and control animal diseases associated with movements of livestock and their products in order to improve the animal health situation, make trade safer, and combat illegal practices;
 - the strengthening or establishment of networks of disease surveillance based on a regional approach to design operations, tools and mechanisms of disease monitoring and evaluation and animal health information exchange;
 - the creation of incentives to involve private sector veterinarians and other actors more fully in surveillance and control of transboundary animal diseases through innovative participatory approaches;
 - the implementation of national animal identification and traceability systems that can meet the need for regional harmonisation and facilitate management of livestock movements and sanitary risks;
 - the adaptation and update of the regulations on transhumance and trade based on sanitary risks;
 - the implementation of existing sanitary and non-sanitary standards and procedures governing trade in animals and products of animal origin.
3. The Member Countries in the Africa Region progress along the OIE PVS Pathway, particularly by requesting PVS Evaluation follow up missions, Veterinary Legislation Support Programme, and support to laboratories;
4. Through the PVS Pathway, the OIE continue to build the capacity of the Veterinary Services of the Member Countries in the Africa Region;
5. Through the Veterinary Legislation Support Programme, the OIE facilitate the modernisation of the legislative instruments of the Member Countries and the RECs in the Africa Region to improve prevention and control of transboundary animal diseases so as to assist the Veterinary Services to comply with the standards of the organisation;
6. The OIE continue to provide technical assistance and support for actions to improve the animal health status of the countries and regions with regard to the main transboundary animal diseases;

7. The OIE encourage the Member Countries in the Africa Region to apply for the endorsement of their official national disease control programme, with regard to foot-and-mouth disease, contagious bovine pleuropneumonia and peste des petits ruminants, followed by official recognition of disease-free status;
8. The Member Countries, the OIE, the relevant RECs and other stakeholders pay special attention to the role of livestock movements in the emergence and re-emergence of contagious bovine pleuropneumonia in various sub-regions of the African continent that is reaching worrying proportion; and
9. The OIE, through partnership with relevant international and regional organisations, initiate collaboration to study developments and trends in livestock systems, including transboundary movements of animals, and their epidemiological impacts with a view to anticipate the best strategic sanitary and budgetary choices.

21st Conference of the OIE Regional Commission for Africa
Rabat (Morocco), 16-20 February 2015

PRESS RELEASE

20 February 2015 – The 21st Conference of the World Organisation for Animal Health (OIE) Regional Commission for Africa was held in Rabat (Morocco) from 16 to 20 February 2015. The Conference was chaired by Dr Abderrahman El Abrak, OIE Delegate of Morocco.

Dr Karin Schwabenbauer, President of the World Assembly of Delegates of the OIE, Dr Bernard Vallat, Director General of the OIE, as well as national Delegates of Member Countries of the OIE Regional Commission for Africa and numerous senior officials and the representatives of international and regional organisations participated in the Conference.

Mr Ahmed Bentouhami, Director of the Moroccan National Office for Food Safety (ONSSA) and Dr Awilo Ochieng Pernet, President of the Codex Alimentarius Commission, also honoured the Conference with their presence.

During the Conference, Dr Vallat declared that “the African continent is of considerable importance to the OIE, both for the epidemiological issues that are of interest to the whole world and for aspects relating to Veterinary Services’ support programmes, in which Governments and development partners should be persuaded to invest in view of the ever growing sanitary risks.”

Two particularly important Technical Items were presented during the Conference namely:

- Impact of animal diseases on animal productivity and public health in Africa.
- Cross-border movements of animals and animal products and their relevance to the epidemiology of animal diseases in Africa.

Discussions also covered the animal health situation in the whole region and the investments required to enable Member Countries in the region to progress with controlling animal diseases. The tsetse-transmitted trypanosomiasis issue and the responsible and prudent use of antimicrobials were discussed.

Various other key issues for Member Countries of the region were also dealt with:

- The “One Health” concept: the OIE approach and collaboration with the FAO and the WHO, including on dog rabies control;
- Lessons learned from Regional Animal Welfare Strategies (RAWS) elaborated in other regions; and
- The OIE Sixth Strategic Plan (2016-2020) and its regional perspectives for Africa.

The Regional Conference was preceded by a one-day Seminar for African national Delegates to the OIE regarding the development of public-private partnerships to support Veterinary Services co-funded by the Bill and Melinda Gates Foundation. During the Seminar, the discussions concerned OIE intergovernmental standards relating to the quality and responsibilities of the Veterinary Services. The OIE tool for evaluating the quality of Veterinary Services, the OIE PVS Pathway as a whole, as well as other actions undertaken to ensure compliance with international standards were detailed and explained to the participants. The necessary strengthening of partnerships between the official Veterinary Services and private veterinarians, and the indispensable collaboration between the Veterinary Services, livestock producers and community animal health workers (CAHWs) were also emphasised.

The Government of Morocco, notably represented by the national Veterinary Services, generously hosted the Conference, with the support of staff from the OIE Headquarters and the OIE Regional and Sub-Regional Representations for Africa. The event was very well attended and the debates were of a very high standard. The recommendations adopted in Rabat will be presented to the next World Assembly of Delegates of the 180 OIE Member Countries for endorsement and then for implementation at regional and global level.

21st Conference of the OIE Regional Commission for Africa
Rabat (Morocco), 16-20 February 2015

MOTION OF THANKS

The President and the Members of the OIE Regional Commission for Africa, the Director General of the OIE, members of delegations, country representatives, representatives of international and regional organisations and observers, express their gratitude to the Government of Morocco, the Host Country of the 21st Conference of the OIE Regional Commission for Africa, held in Rabat, from 16 to 20 February 2015, for the warm welcome given to the participants, for all facilities made available to them during their stay and for the excellent organisation of the conference.