Food and Agriculture Organization of the United Nations

WORLD ORGANISATION FOR ANIMAL HEALTH

African Union

GF-TADs Regional Strategy for Africa

2021 – 2025

GF-TADs
GLOBAL FRAMEWORK FOR THE PROGRESSIVE CONTROL OF TRANSBOUNDARY ANIMAL DISEASES

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❖ Introduction

1. The *Global Framework for the Progressive Control of Transboundary Animal Diseases* (GF-TADs), launched in 2004, is a joint initiative of OIE and FAO to achieve the prevention and control of *transboundary animal diseases* (TADs) and in particular to address their regional and global dimensions. The initiative is built on experiences in the past showing that progress in controlling TADs at country level is not likely to be successful and sustainable unless the efforts are part of a coordinated regional approach and embedded into supra-national frameworks.

2. The GF-TADs for the Africa region - the regional branch of the GF-TADs for Africa according to the OIE delineation - was established in 2006 with a view to responding to priority diseases of the region, in particular (as regards the last regional strategy 2012 - 2016):

   - ASF – African swine fever
   - CBPP – Contagious bovine pleuropneumonia
   - FMD – Foot and mouth disease
   - NCD – Newcastle disease
   - PPR – *Peste des petits ruminants*
   - Rabies
   - RVF – Rift valley fever.

   and

   - Other emerging/reemerging TADs and
   - The reinforcement of Veterinary Services using OIE PVS pathway.

   It encourages the creation of regional alliances, networks and partnerships and the definition of a common vision and subsequent action plans for the control of priority TADs in the region.

3. The GF-TADs for Africa governance is composed of a Regional Steering Committee supported by a Secretariat. The Regional Steering Committee acts as a regional stakeholders' platform, involving the OIE Regional Commission, FAO and OIE Regional and Sub-Regional Representations, the leading regional technical organisations, chiefly amongst these the African Union's *Interafrican Bureau for Animal Resources* (AU-IBAR) and the *Pan-African Veterinary vaccines Centre* (AU-PANVAC), country representatives, representatives of *Regional Economic Communities* (REC), regional and international donors. The Secretariat is provided by the OIE Regional Representation for the Africa in Bamako with support from the Sub-Regional Representation in Nairobi. The GF-TADs for Africa operates under the

overall guidance and supervision of the GF-TADs Global Steering Committee and Management Committee.

4. As the GF TADs five-year regional strategy 2012-2016 has ended, it is of paramount importance to analyze achievements, lessons learned and propose a new one, taking in consideration all outcomes resulted during the previous years, and the expectation of Member Countries for the coming years. There is evidence that Member Countries have progressed in the surveillance pathway of some diseases. Nevertheless, significant advances in the whole regional priority diseases situation is required. According to the above, a new GF-TADs Strategy based on experience gained and lessons learned is more than necessary to be presented and validated.

   This document presents the elaboration process, the objectives and the content, and the implementation mechanisms of the GF-TADs for Africa Strategy covering the period 2021 - 2025.

❖ Elaboration process

5. This draft GF TADs Strategy is a proposal of the Regional Secretariat of the GF-TADs for Africa, based on:

   - experiences gained from the previous Strategy and reviewed through consecutive, consultative meetings with OIE, FAO, AU-PANVAC and AU-IBAR;
   - challenges faced during the implementation of the previous strategy;
   - conclusions from the FAO and OIE Regional Commission meetings;
   - strategies supported by global or regional organisations to address priority diseases relevant for the region;
   - gaps identified to address priority diseases relevant for the region;
   - recommendations of the third GF-TADs Joint Evaluation.

❖ Overarching principles for the elaboration of the regional strategy

6. The regional strategy is in line with:

   - the GF-TADs founding document, the **2004 GF-TADs Agreement**;
   - the **recommendations provided by the GF-TADs Global Steering Committee** over the past years;

- the **recommendations provided by the GF-TADs Regional Steering Committee for Africa** over the past years and the outcomes of the previous Strategy 2012-2016;
- the recommendations made during the **3rd evaluation of the GF-TADs** carried out in 2018-19, notably those that particularly address regional aspects;
- the '**corporate' Strategies of the FAO** and the **OIE** respectively the FAO One Health Action Plan (2011-2015), the OIE Fifth, Sixth and -when adopted- Seventh Strategic Plan.
- the 2003 Maputo Declaration on Agriculture and Food Security, 2015 *Livestock Development Strategy for Africa* (LiDeSA, 2015 - 2035), the 2016 Africa CDC Strategic Plan (2017-2021) and the 2019 *Animal Health Strategy for Africa* (AHSA) of the African Union (AU).
- the Terms of Reference of the GF-TADs Regional Steering Committee for Africa.
- the Terms of Reference of the Regional Tripartite Secretariat (for Sub-Saharan Africa).
- the principles of the **FAO-OIE-WHO Tripartite Strategic vision: *sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces.***

7. As was the case with its predecessors, the present regional strategy too has been developed in line with the following five main principles:

- The prevention and control mechanisms of transboundary animal diseases, in particular at source, are **a Global Public Good**. It requires coordinated efforts, solidarity and the full political support from national and regional authorities and justifies public investments;
- **Early warning, early detection and rapid response**, based on robust national surveillance systems that rely strongly on the participation of both public and private veterinarians (and paraprofessionals), livestock farmers and other relevant stakeholders of the livestock value-chain, is key to the fight against priority TADs;
- The ***Veterinary Services*** **(VS)**, operating in line with the OIE international standards on **quality and good governance**, are the corner stones of efficient and cost-effective prevention and control of animal diseases;
- Investing **in the good governance of VS** and in prevention measures is much less costly than managing major animal health diseases and addressing the economic losses incurred;
- **Tackling diseases at the animal source** and preventing spill-overs from animals to people remain the most efficient and cost-effective way of dealing with **zoonotic threats and high impact diseases**;
- **Appropriate national and international collaboration** between the Animal and Human Health authorities, and where appropriate the Environmental Authorities,

is key to the prevention and control of zoonoses and high impact infectious diseases.

❖ Focus / priorities

8. For the purpose of this document, the list of priority diseases was established mainly based on the following general considerations:

- *Transboundary animal diseases* (TADs) that have a considerable trade, economic, sanitary, food security and/or public health impact on most African countries;
- TADs that are the subject of global control and/or eradication programs (expect for those covered by the Tripartite framework) and for which there is an added value to provide a mechanism for coordinating activities, avoiding duplication of actions and maximizing results through the GF-TADs joint work.

Hence, the regional strategy addresses areas of intervention including animal diseases and topics that have qualified as 'priority' for the region[1], namely:

- Reactivate GF-TADs in the region and the planning of several activities to carry out under the GF-TADs umbrella, including those that are not GF-TADs labeled but which contribute to the GF-TADs objectives in Africa.
- **As a global priority, to improve generation of information/data on and establish programmes for the specific control (and eradication, where indicated) of priority TADs: *Foot-and-mouth disease*** (FMD), ***Peste des petits ruminants*** (PPR) and ***African swine fever*** (ASF)**.**
- At regional priority level, to improve generation of information/data on and establish programmes for the specific control of priority TADs: ***Rift valley fever*** (RVF), and ***Contagious bovine pleuro-pneumonia*** (CBPP)**,** in addition to the overall strengthening of Veterinary Services.
- Liaise with other regional or supra-regional initiatives and encourage RECs to establish continuous intra- and inter-regional and cross-border collaboration and concerted action (e.g. revitalizing regional animal health networks and subsequent technical working groups, exploring collaboration with REMESA, GHSA, ERFAN, REDISSE [2] and other initiatives)

[1] See recommendations and minutes of the GF-TADs for Africa Regional Steering Committee meetings here: https://rr-africa.oie.int/en/projects/gf-tads-for-africa/

[2] REMESA: *REseau MEditerranéen de Santé Animale* (Animal Health Network for the Mediterranean)
GHSA: Global Health Security Agenda
ERFAN: Enhancing Research for Africa Network
REDISSE: Regional Disease Surveillance Systems Enhancement

- Encourage countries to invest considerably in extension services to farmers, the veterinarians and veterinary paraprofessionals since the level of awareness and especially of biosecurity is likely to be very low in the field and to promote *public-private partnership* (PPP) initiatives in the prevention and control of priority diseases.

9. Given the situation as of 2020, the year of elaboration of the regional strategy:

- The main focus will be on global priority diseases of regional importance :

  - **ASF**
    Given strong emphasis at the global level, with the implementation of the OIE/FAO global initiative for the control of ASF and the ongoing review of the *Regional strategy for the control of African swine fever in Africa* (AU, 2017);

  - **FMD**
    Given strong emphasis at the global level, with the implementation of the OIE/FAO global strategy based on the successful *Progressive Control Pathway* (PCP) mechanism;

  - **PPR**
    Given the clear and practical pathway directed by the 2015 *Global Control and Eradication Strategy* (GCES) and the 2017 *Global Eradication Plan* (GEP), as well as the 2016 *Pan-african programme for the control and eradication of peste des petits ruminants*: 2017 – 2021 (AU).

- As a regional, secondary level of priority, the following diseases may also be addressed:

  - **Rift Valley Fever (RVF)**
    Remains a disease of major concern in Africa because it is a zoonosis and because it affects the trade in livestock between the Horn of Africa and the Middle East. The disease is also reported from numerous countries in North, West and Southern Africa, though with lesser trade impacts. Global warming is likely to lead to a modified and possibly enlarged distribution of the main disease vectors, the *Culex* and *Aedes* mosquitos, which has already proven to survive in previously unaffected countries. This threat to the developed world has triggered accelerated research in prevention and control of RVF.

Several vaccines for use in animals are available but are not used on a wide scale since RVF outbreaks tend to be unpredictable (but often related to floods).

- **Contagious bovine pleuropneumonia (CBPP)**
  Lung sickness in cattle, CBPP or *Contagious bovine pleuro-pneumonia* is truly an African disease, long eradicated from the developed world, which represents a considerable burden for cattle owners in many parts of Africa, from Senegal in the West through Ethiopia in the East, and as far south as Namibia and Zambia. It is not an acute high-mortality disease, but a chronically worsening ailment, which leads to tremendous production losses. Live attenuated vaccines (T1/44 and T1sr) are available with protection between 6 months and one year. These require considerable logistical efforts to attain protection at population level.

- The Africa region is a very heterogeneous continent where transboundary animal diseases occur as endemic or epidemic and have varying impacts in terms of trade and production losses, but also in terms of social cohesion, environmental impacts. They may or not be regarded as important diseases to prevent, control and eradicate from the decision making and resource allocation perspective, whether for economic, social or public health considerations. In this respect the **overall strengthening of Veterinary Services** presents a cost-effective means to improve the generic preparedness and response capabilities to a variety of hitherto unknown hazards, many of which – experience shows – are likely to emerge as spill-overs from wildlife to people, either with or without an amplification host in the livestock population.

- The Strategy also integrates the regional component of strategies decided at global level under the GF-TADs mechanism. This includes the clear guidance on maintaining the world free from Rinderpest directed by the FAO/OIE Joint Advisory Committee established in 2012 (**Rinderpest** post eradication activities); and

- Finally, the Strategy is flexible enough to address new or rising concerns (emergence or re-emergence of an animal disease, which would become a regional priority) as well as prevailing (vector-borne) diseases with shifting geographical distribution, such as ***lumpy skin disease*** (LSD), ***highly pathogenic avian influenza*** (HPAI), **bluetongue**, ***African animal trypanosomosis*** (AAT) or ***African horse sickness*** (AHS).

❖ General objectives

10. The overall objectives of the GF-TADs for the regional strategy remain as follows:

- Objective 1: Strengthen the collaboration and optimize synergies among the countries, national, regional, continental and international organizations and stakeholders in the region, and ensure good visibility of actions and avoid overlapping of activities;
- Objective 2: Prevent the occurrence of events linked to animal diseases and reduce their potential impacts on animal production, animal health, human health, biodiversity and in general on environmental health, creation of wealth and employments in the region;
- Objective 3: Promote good governance of Veterinary Services in accordance with OIE standards through a coherent strategy, a monitoring and evaluation mechanism and capacity building programmes at national and regional levels (that provide for appropriate legislation, human and financial resources and partnerships between the public and private sectors, as well as between the animal health and public health sectors);
- Objective 4: Advocate for adequate funding and partnerships to support implementation of disease prevention, detection and control activities, during emergency outbreak periods and also in the absence of epidemiological events, including the establishment of funds for compensation of farmers for animals culled during eradication campaigns and recovery phase actions after the emergency.

11. More specifically, the regional strategy aims to:

- Facilitate regional and cross-border collaboration in the field of TADs prevention and control, including networking activities;
- Improve national and regional knowledge management and sharing of information/data on priority animal diseases in a transparent way;
- Facilitate planning of activities and the identification of gaps in activities relevant to address the priority diseases for the region;
- Improve reporting and outreach communication on activities carried out by the different partners;
- Address priority zoonotic diseases with high impact on human, livestock and wildlife health in the region. **Rabies** (in dogs), animal influenzas and antimicrobial resistance are furthermore covered by the action plan of the One Health Tripartite Agreement between the WHO, FAO and OIE. Rabies is also covered by the *United Against Rabies* (UAR) Zero by 30, the Global Strategic Plan to End Human Deaths from Dog-mediated Rabies by 2030);

- Provide technical guidance to improve disease prevention, surveillance, early detection, notification and rapid response systems (i.e. including OIE WAHIS, AU-IBAR's ARIS, FAO-digital reporting tools such as EMA-I, EMPRES-I, GLEWS, FAO's RVF Decision Support Tool and *Good Emergency Management Practice* [GEMP]) in order to address all factors that affect or threaten animal health including zoonoses;
- Improve diagnostic laboratory capacity and performance at national level and support the establishment / reinforcement of national and regional reference laboratories, including laboratory networks;
- Support the strengthening of Veterinary Services;
- Ensure the appropriate advocacy for animal disease prevention and control activities.
- Raise awareness on and mitigate the impact of TADs on wildlife populations;
- Promote the inclusion of TADs prevention and control in key national and regional planning and investment documents (RAIP, NAIP, CPF, etc.) to attract better investment

❖ GF-TADs regional strategy and operational action plan

12. The 5-year regional strategy shall provide a coordination mechanism between the different partners active at regional or sub-regional levels for the prevention, surveillance and control of priority diseases for the region, given the specific objective(s) of the strategy adopted for each disease.

13. GF-TADs is a mechanism for policy definition, coordination, advocacy and harmonization and not an operational tool for programs/projects implementation. As a consequence, GF-TADs does not have a program of activities *per se*. However, activities can be labeled GF-TADs if implemented under the umbrella of the GF-TADs and thus receiving the guidance of the GF-TADs Steering Committee for Africa. In addition, stakeholders in animal health are encouraged to use the GF-TADs platform whenever appropriate according to the decision of the Steering Committee for Africa, including for activities that are not labeled GF-TADs but which contribute to the GF-TADs for the regional objectives.

14. Therefore it is appropriate that the regional strategy be accompanied by a two years operational action plan providing the vision of the GF-TADs labeled activities to be implemented in the region. The Regional Secretariat oversees the follow up of the operational action plan and reports to the regional steering committee and to the

management committee. The operational action plan is updated on an *ad hoc* basis and at least every year. It is publicly available on the regional GF-TADs website: https://rr-africa.oie.int/en/projects/gf-tads-for-africa. The preparation of the operational action plan involves consultation of the FAO and OIE regional offices and headquarters and all relevant regional partners of the regional steering committee. Progress made in implementing the operational action plan and success stories are also published on the regional GF-TADs website.

❖ GF-TADs labeling attribution process and expected results

15. Organizations and stakeholders in the region decide on an *ad hoc* basis if they want to have certain activities labeled as GF-TADs activities. The organizations are requested to bring planned GF-TADs activities to the attention of the GF-TADs for the Africa Regional Steering Committee via the GF-TADs for Africa Secretariat for their labeling and if accepted (see point 17) to present the results during the GF-TADs Steering Committee for the Africa meetings.

16. To be labeled 'GF-TADs', the activity should meet all 5 following criteria:

    1. Address one of the priority diseases or topics of the GF-TADs for the region;
    2. Contribute to the expected results as listed under Point 19 (Annex 1) below;
    3. Avoid duplication of or contradiction to any other activity in the region, and be in line with the stakeholders portfolios in the region;
    4. Have its effects maximized if implemented at regional rather than at national level, and two (cross-border activities) or more countries (sub-regional / regional activities) are involved; and
    5. Be endorsed by the GF-TADs Steering Committee for Africa during its regular meetings or an e-consultation procedure on an *ad-hoc* basis (see point 20 below). Endorsement should be done through the operational action plan.

17. Three categories of activities can receive the GF-TADs labeling:

    - Vertical = disease-oriented activities;
    - Horizontal = topic-oriented activities; and
    - Core institutional activities to ensure the proper functioning of the regional governance and platform (Regional Steering Committee, Regional Secretariat, participation in Global Steering Committee).

18. The expected results of the GF-TADs labeled activities are presented in *Annex 1*.

❖ Implementation arrangements

The implementation arrangements of the GF-TADs for Africa regional strategy refer to the *Terms of Reference* (ToR) of the Regional Governance of the GF-TADs, namely of the GF-TADS Regional Steering Committee for Africa and the Secretariat. More specifically:

19. The GF-TADs Regional Steering Committee for Africa is in charge of the overall monitoring of the implementation of the operational action plan, with the support of the Secretariat (see point 4.1 and 4.3 of the ToR).

20. In between the regular meetings of the GF-TADs for Africa Regional Steering Committee, the GF-TADs labeling of activities is done via an e-consultation procedure on an *ad-hoc* basis led by the GF-TADs for Africa Secretariat. The procedure involves the Global GF-TADs Management Committee and the Chairperson of the GF-TADs Regional Steering Committee for Africa as follows: on the initiative of FAO, OIE or any other stakeholders in the region, the proposal will be circulated electronically by the Secretariat to the Members of the Regional SC for a tacit consent or comments within 10 working days. In exceptional cases, emergency procedures may be foreseen. Endorsement is made by mutual consent.

21. Whenever needed for the implementation of the Strategy, the GF-TADs for Africa
    - liaises with other regional GF-TADs SCs;
    - liaises with other regional or supra-regional initiatives (e.g AOAD)
    - requests the support of the GF-TADs-related tools, namely FAO/OIE/WHO GLEWS, OIE/FAO OFFLU and FAO/EMC-AH.

22. A progress report of the Strategy is presented during the meetings of the GF-TADs Regional Steering Committee for Africa by the Chairperson. In years when there is no such meeting, progress reports may be presented during the Conferences of the OIE Regional Commission for Africa. The GF-TADs for Africa Chairperson – assisted if needed by the GF-TADs for Africa Secretariat - reports annually on the progress made in the implementation of the Strategy to the Global Steering Committee during the Global Steering Committee meetings.

Annex 1 **– Expected Results and eligible activities**

African Swine Fever (ASF)

- ***Expected results*** (based on initiative for Global control of ASF)
  - ASF R1 – Number of new countries infected with ASF reduced by 25%;
  - ASF R2 - Number of ASF affected reduced by 25%;
  - ASF R3 - Number of ASF cases reduced by 25%;
  - ASF R4 – Number of lost animals due to ASF reduced by 25%.

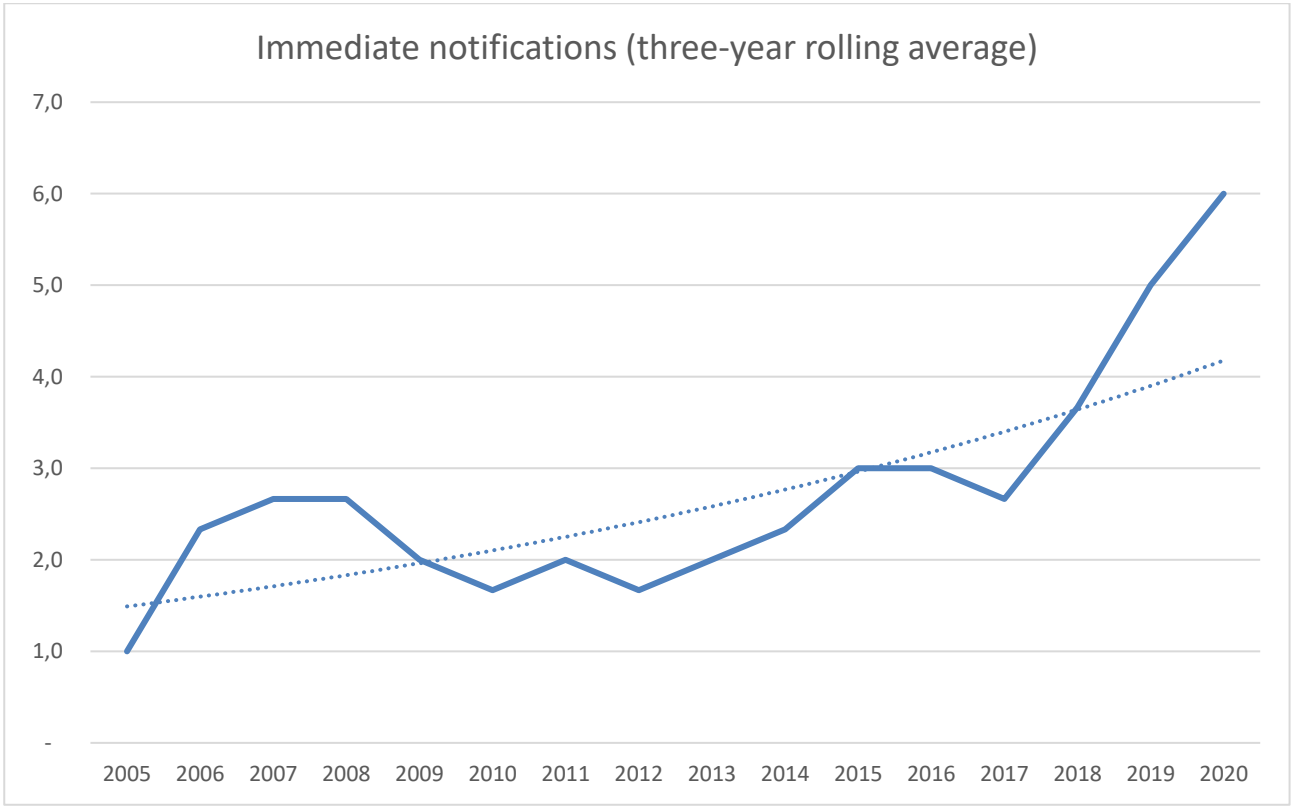
- ***Specific objectives*** (based on outcomes of the initiative for Global control of ASF)
  - ASF O1 - Improve the capability of countries to control ASF;
  - ASF O2 - Avail ASF surveillance tools;
  - ASF O3 - Support regional and global coordination and cooperation;
  - ASF O4 - Facilitate national and international trade based on international standards and guidelines;
  - ASF O5 - Strengthen research capacities on ASF.

- ***Eligible activities***:
  - *See relevant activities for the region listed in the initiative for Global control of ASF*

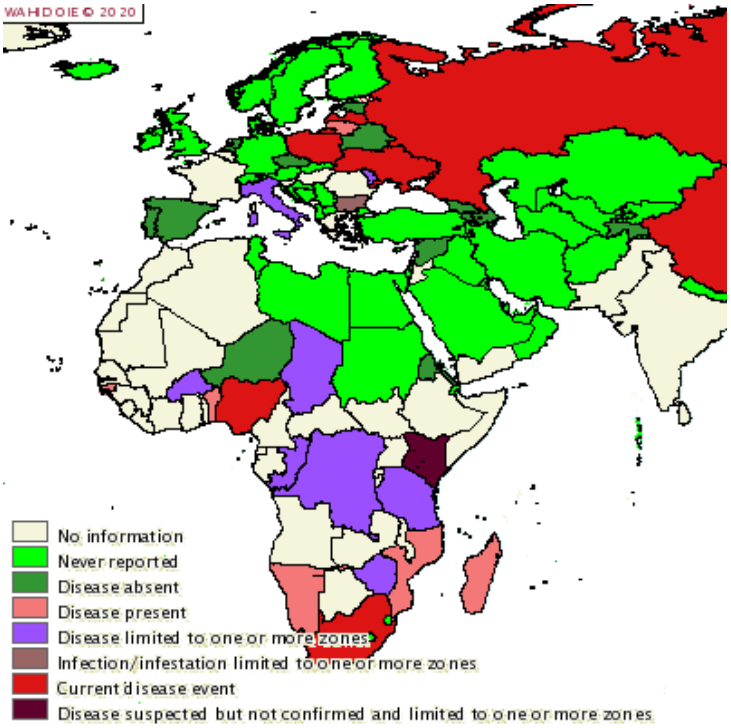
- ***Indicators****:*
  - *See relevant activities for the region listed in the initiative for Global control of ASF*

- ***Baseline situation*** (as of May 2020). *African swine fever* (ASF) is a severe viral disease affecting domestic and wild pigs. In domestic pigs it is responsible for serious production and economic losses, primarily due to high mortality. This *transboundary animal disease* (TAD) can be spread by live or dead pigs, domestic or wild, and pork products; furthermore, transmission can also occur via contaminated feed and fomites (non-living objects) such as shoes, clothes, vehicles, knives, equipment etc., due to the high environmental resistance of ASF virus. There is no approved vaccine against ASF (unlike classical swine fever or 'Hog Cholera', which is caused by a different virus). Historically, outbreaks have been reported in Africa and parts of Europe, South America, and the Caribbean. More recently (since 2007) the disease has been reported in multiple countries across (more countries in) Africa, Asia and Europe, in both domestic and wild pigs. The new wave of outbreaks is attributed to the lineage II strains of the virus, commonly referred to as the Georgia 1/2007 strain, which has been traced back to strains encountered in Madagascar, Mozambique and Zambia mostly (Rowlands R. J. *et al.* Emerg Infect Dis. 2008 Dec; 14(12): 1870–1874).

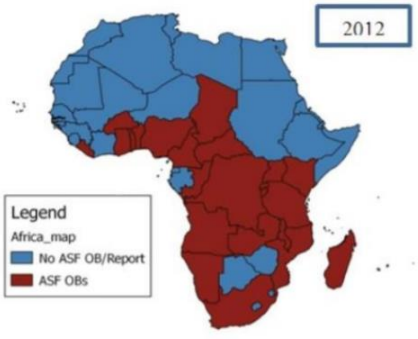
  Reporting of African Swine Fever outbreaks in Africa, through immediate notifications (IN) to the OIE has increased in recent years, based on WAHIS data, covering 41 reports filed with the OIE between 2005 and May 2020:



Annual number of immediate notifications (and trend ---) reported to the OIE from 2005 - 2020 (WAHIS, Jan. 2021)



The disease is currently reported as being present in domestic pigs (WAHIS, Jan – June 2019) in some 15 African countries, tough this is likely an under-estimation, given the general underreporting of ASF and the geographical distribution of the vector, *Ornithodoros* spp., as well as of wildlife reservoirs (warthogs and other wild boar in Africa). In 2012, the disease was reported in 25 countries (AU-IBAR/FAO, 2017):



Map: Absence/presence of ASF in 2019 (WAHIS, 2020) Map: Absence/presence of ASF in 2012 (FAO/IBAR, 2017)

The latest countries to report outbreaks to the OIE, for the first time on their territory, or as a re-emergence of ASF, are (in alphabetical order) Cote d'Ivoire, Kenya, Namibia, Nigeria, Sierra Leone, South Africa, Zambia and Zimbabwe. Most of the diagnosis is currently conducted by PCR, phasing out much of the earlier test

protocols (ELISA, HA,…) and in around 50% of cases, confirmation is sought from an OIE Reference Laboratory (OVI-ARC in South Africa or INIA-CISA in Spain).

The African pig population is concentrated in *sub-Saharan Africa* (SSA), where it is estimated to be 35.6 million heads [FAOSTAT 2013 figures] with regional distribution of 40.3, 5.1, 35.6 and 19.7 per cent in Western, Southern, Eastern and Central Africa, respectively. The pig population is negligible in Northern Africa due to religious and cultural considerations. During the last decade (2001 to 2011), the pig population in SSA has been growing annually at a rate of seven, six and four percent in Southern, Eastern and West African regions, respectively. The FAOSTAT statistics for 2013 indicate that 1.3 million tons of pig meat was produced, with the main producers being Nigeria, South Africa, Mozambique and Uganda (FAO/IBAR, 2017). Updated data from FAOSTAT [2018 figures] indicate a population of 40 million (FAOSTAT, 2020).

Contrary to many (extensive and intensive) ruminant production systems, pig production can be found in dense urban to peri-urban areas. While prevention of contact between the natural wildlife hosts, vectors and domestic pigs is necessary, virus is spread among domestic pigs mainly by contact with infected pigs and pork. Preventing outbreaks in domestic pigs by improved organisation of the pig sector and identifying and mitigating the risks throughout the pig value chains is therefore key. In most SSA countries up to 90% of pigs are kept in traditional scavenging systems. Since there is no vaccine against the disease, there is a need for transformation to enable the implementation of the simple biosecurity measures necessary to protect pigs from ASF. Biosecurity should also be enhanced in the commercial sector and at all levels of the pig value chain.

- ***Relevant framework documents:***

  - African Swine Fever in wild boar: Ecology and biosecurity
    FAO Animal Production and Health Manual no. 22
  - African swine fever (ASF) detection and diagnosis. A manual for veterinarians
    FAO Animal Production and Health Manual no. 19 (2017)
  - Regional strategy for the control of ASF in Africa
    FAO, ILRI, AU-IBAR publication (2017)
  - The Global Platform for African swine fever and other important diseases of swine
    FAO Animal Production and Health Report no. 04 (2014)
  - Good practices for biosecurity in the pig sector – Issues and options in developing and transition countries
    FAO Animal Production and Health Paper no. 169 (2010)
  - Preparation of African swine fever contingency plans
    FAO Animal Production and Health Manual no. 08 (2009)
  - Chapter 15.1. Infection with African swine fever virus
    OIE Terrestrial Code
  - Chapter 3.9.1. African swine fever (infection with African swine fever virus)
    OIE Terrestrial Manual

- ***OIE and FAO Reference Centres in Africa:***

OIE Reference Laboratory for ASF

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Foot and mouth disease (FMD)

- ***Expected results***:
  - FMD R1 – Sub-regions or clusters of countries (virus pools), individual countries or zones progress; toward control of FMD / areas without FMD are cognized and maintain FMD free status;
  - FMD R2 – Countries have a robust surveillance plan implementation roadmap;
  - FMD R3 – Coordination with neighboring countries / subregions established;
  - FMD R4 – National laboratories well equipped for the diagnosis of FMD.

- ***Specific objectives***
  - FMD O1 – Countries or (disease-free) zones will be at least on stage 3 of the PCP Roadmap within the next five years;
  - FMD O2 – Strengthening of sub-regional epidemiology and laboratory networks to ensure their sustainability (e.g. RESEPI, RESOLAB, EA-RAHN, EIS-LTC SADC ,….);
  - FMD O3 – effective coordination of the different countries / subregions and organizations appears in the operational action plan;
  - FMD O4 – diagnostic capacity is established and maintained and vaccination plans take into account regional risks for the different strains/serotypes with an harmonized approach that includes post vaccination monitoring.

- ***Eligible activities***:
  - FMD A1 - All activities included in the FAO-OIE Global Strategy for the control of FMD applicable to the region;
  - FMD A2 – Joint activities with other organisations' programs (EuFMD, regional animal health networks and mechanisms, regional organisations such as AU-IBAR, AU-PANVAC, EAC, IGAD, ECOWAS Regional Animal Health Center,…);
  - FMD A3 – Separate activities in the sub regions;
  - FMD A4 – Evaluation of national laboratories (FAO Laboratory mapping tool, OIE Laboratory twinning programs).

- ***Indicators***:

  A work on revision of key performance indicators is expected at global level in the context of the FMD global strategy

- ***Baseline situation*** (as of May 2020). *Foot-and-mouth disease* (FMD) is endemic in the Africa region. It is one of the most contagious livestock diseases which bring about economic losses to many countries that depend on livestock for generation of revenue. Taking Botswana as an example, livestock production, particularly beef products, contribute up to 65% of revenue in the agricultural sector (Seleka and Kebakile, 2015). Botswana exports approximately 80% of its beef to the European and South African markets (van Engelen et al., 2013). The revenue gained from these transactions account for up to one third of the GDP of the country. An uncontrolled FMDV outbreak can therefore cause a decline in income because as a control measure, international markets do not accept any beef imports during an FMDV outbreak. Early

detection of FMDV and initiation of control measures are thus pivotal in circumvention of severe economic losses. In recent years, countries reporting the most FMD cases were Benin, Burkina Faso, Ethiopia, Tanzania, and Zambia.

Map. Distribution of pools 3 to 6 of FMD viruses.

The FMD *progressive control pathway* (PCP) is a tool to assist endemic countries, developed and endorsed by the *European Commission for the Control of Foot-and-Mouth Disease* (EuFMD), FAO and OIE. The FMD - PCP recommends that control efforts should be coordinated at regional level. The pathway offers a structured stepwise approach to FMD control.

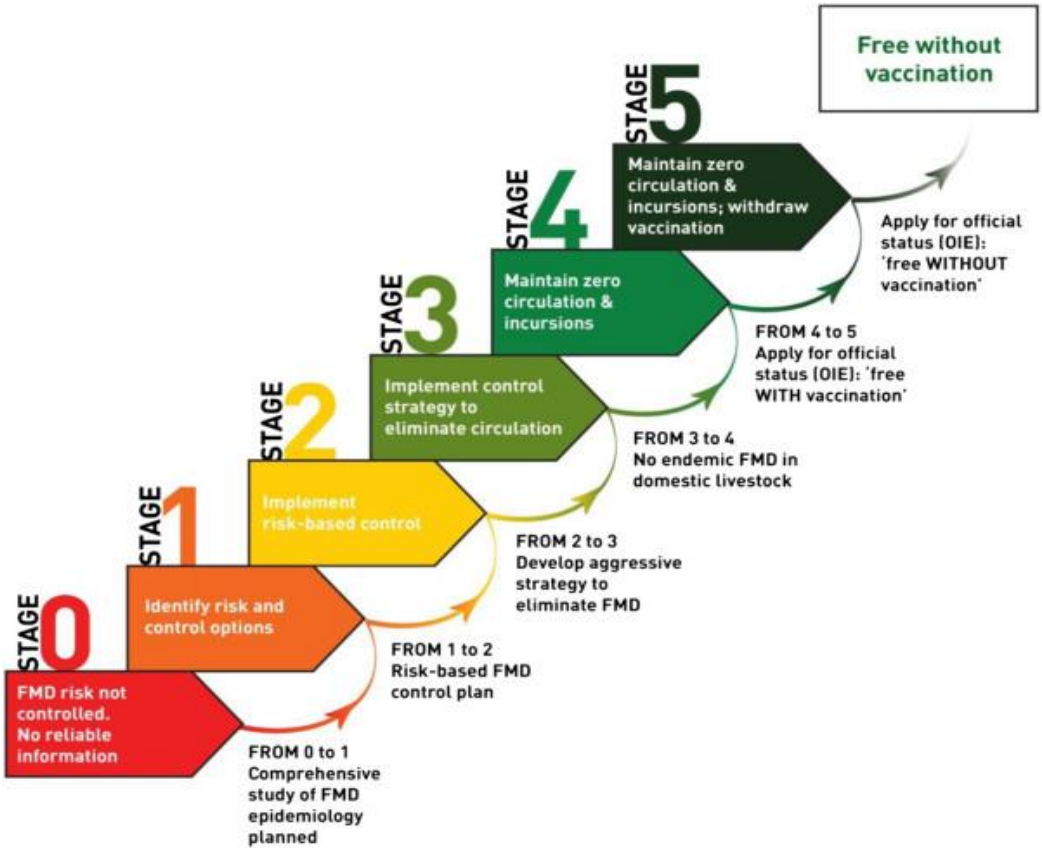

Fig. The FAO/EuFMD/OIE Progressive Control Pathway for FMD. The status of countries on the PCP-FMD is evaluated according to defined criteria. Countries with endemic disease are in stages 0 to 3 while countries with no endemic disease within livestock are at stage 4 or above.

The country starts with gaining a better epidemiological understanding of FMD (stage 1), gradually implementing risk-based control measures (stage 2), before evolving to stage 3, at the end of which country may apply for the OIE endorsement of official control program for FMD aiming at eliminating FMDV circulation (Stage 4). The higher stages correspond to the country eventually recognized by the OIE as being free from FMD with or without vaccination.

The ultimate long-term goal of the FMD PCP is not to obtain global eradication of FMD but to attain a state of cost-effective control of FMD in susceptible livestock by 2030.

- ***Relevant regional policy / coordination conferences / consultations:***
  - Regional Roadmap Meeting II Foot-and-Mouth Disease (FMD) Progressive Control Pathway (PCP) West Africa (4 - 6 September 2019) Dakar, Senegal
  - Regional Roadmap meeting III Foot-and-mouth disease (FMD) Progressive Control Pathway (PCP) Eastern Africa (3 – 5 July 2018) Entebbe, Uganda
  - Joint FAO – OIE Regional Seminar on progressing towards FMD control and OIE recognised status of SADC Member States (16 – 18 March 2011) Gaborone, Botswana
  - Second FAO / OIE International Conference on Foot-and-Mouth Disease control (June 2012, Bangkok)
  - Workshop on the development of a long-term action plan (roadmap) for improved surveillance and control of foot-and-mouth disease in Africa (January 26 – 30 January 2009) Nairobi, Kenya
  - First FAO / OIE International Conference on Foot-and-Mouth Disease control (June 2009, Asuncion)

- ***Relevant framework documents:***
  - FAO - OIE Progressive Control Pathway for FMD: Principles, Stage Descriptions and Standards
  - FAO - OIE Global Foot and Mouth Disease Control Strategy
  - Chapter 8.8. Foot and mouth disease (infection with foot and mouth disease virus)
    OIE Terrestrial Code
  - Chapter 3.1.8. Foot and mouth disease (infection with foot and mouth disease virus)
    OIE Terrestrial Manual

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Peste des petits ruminants (PPR)

- ***Expected results***:
  - PPR R1 – PPR surveillance programmes of spread of PPR in the region are implemented;
  - PPR R2 – PPR is progressively controlled in countries where the situation is enzootic;
  - PPR R3 – At-risk countries are better prepared for the prevention and control of PPR;
  - PPR R4 – Countries where the disease is not present acquire and maintain OIE PPR free status recognition;
  - PPR R5 - An advocacy plan for funding PPR eradication developed and implemented.

- ***Specific objectives***

  The specific objectives for PPR in the region are listed in the 2016 *Pan-african programme for the control and eradication of peste des petits ruminants: 2017 – 2021* (AU):

https://au.int/sites/default/files/documents/33005-doc-pan-african_programme_for_the_control_and_eradication_of_ppr_layout_eng_.pdf

- ***Eligible activities***:
  - PPR A1 - PPR regional assessment status: regional roadmap meetings;
  - PPR A2 - Regional training workshops on PPR surveillance, diagnostic, vaccines and vaccinations;
  - PPR A3 - Cross-border / sub-regional coordination meetings on PPR;
  - PPR A4 - Workshops/seminars on surveillance/contingency planning on PPR, including vaccine manufacturers' meetings;
  - PPR A5 - Training on OIE procedures on the submission of dossiers for official recognition of country PPR-free status and endorsement of their official PPR control program.

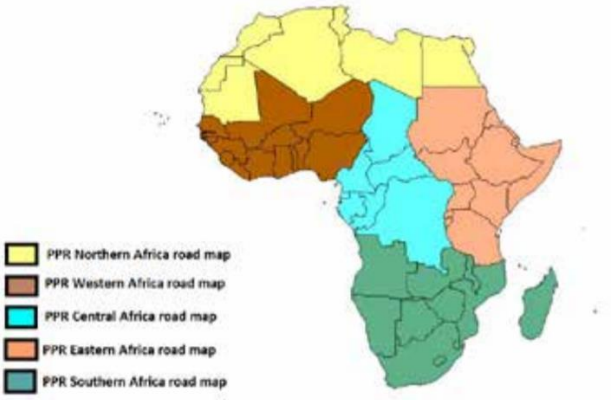
- ***Indicators:*** *(NB These indicators may be revised depending on the future work on revision of key performance indicators that is expected at global level)*

  - PPR I1 - Number of countries infected by PPR;
  - PPR I2 - Number of PPR outbreaks officially reported to the OIE;
  - PPR I3 - Number of vaccinated animals and immunized animals (vaccination coverage, immunity rate);
  - PPR I4 – Number of countries having a PPR contingency plan;
  - PPR I5 – Number of countries progressed in the implementation of their national strategic plan.

Baseline situation (as of May 2020). *Peste des petits ruminants* (PPR) or sheep and goat plague is a contagious fatal viral disease of small ruminants characterized by fever, pneumonia, diarrhea, and inflammation of the respiratory and digestive tracts. The morbidity and mortality rates of PPR can reach up to 100%. Therefore, it has a severe socio-economic impact in the livestock industry in countries whose economy relies on small ruminants, particularly in endemic poor countries. After the successful global eradication of rinderpest in 2011, FAO and OIE have targeted PPR as the next aim for its global eradication. PPR virus (PPRV) primarily infects goats and sheep, but over the last decades the host range of PPRV has been continuously expanding to many other non-natural hosts by unknown mechanisms. Since its first

report in 1942 in Cote-d'Ivoire, PPR has spread far beyond its origin in Western Africa. PPRV reemerged in many African countries including Tanzania (2008 & 2013) (Swai et al), Kenya (2014) (Kihu et al), Democratic Republic of Congo, Angola (2012) (Baron et al), Burundi (2017) (Niyokwishimra et al) and in North Africa such as in Tunisia (2012–2013), Morocco (2015), Algeria (2014) (Kardjadj et al).

A risk assessment of PPRV infection in developing countries indicated that ~63% of small ruminants were at risk of infection (Libeau et al). Therefore, over the last two decades, PPR dissemination has increased exponentially. According to OIE data, PPR was reported in 39 countries in 2007, 43 countries in 2013 and is currently present in over 70 countries across Asia, Africa, and Europe.



Map. Five regions of Africa identified in the Pan-African PPR programme and the FAO/OIE GCES.

OIE and FAO have identified PPR as the next target for global eradication by 2030.

Global consensus has been reached on the need to control and eradicate PPR. The PPR *Global Control and Eradication Strategy* (PPR GCES) was endorsed at the International Conference for the Control and Eradication of PPR, organized by FAO and OIE, and held in Abidjan, Côte d'Ivoire, 31 March – 2 April 2015. Eradication of the disease by 2030 is its goal. The strengthening of veterinary services (VS) envisaged in support of stamping out PPR will also help to control other small ruminant diseases prioritized by stakeholders. The push for PPR global eradication is framed as a 15-year process running to 2030. The first five-year PPR *Global Eradication Programme* (PPR GEP) lays the foundation for implementing the strategy. The activities of these first five years influence, and are complementary to achieving, the goals and targets set out in the 2030 Agenda for Sustainable Development. The PPR GEP aims to work with partners to strengthen implementation models, and to reactivate and build on the partnerships forged by the *Global Rinderpest Eradication Programme* (GREP). The PPR/GEP, as part of the PPR/GCES more widely, is a multi-country, multi-stage process that will decrease epidemiological risk levels and increase prevention and control. The four stages it sets out involve assessment, control, eradication and maintenance of PPR-free status:

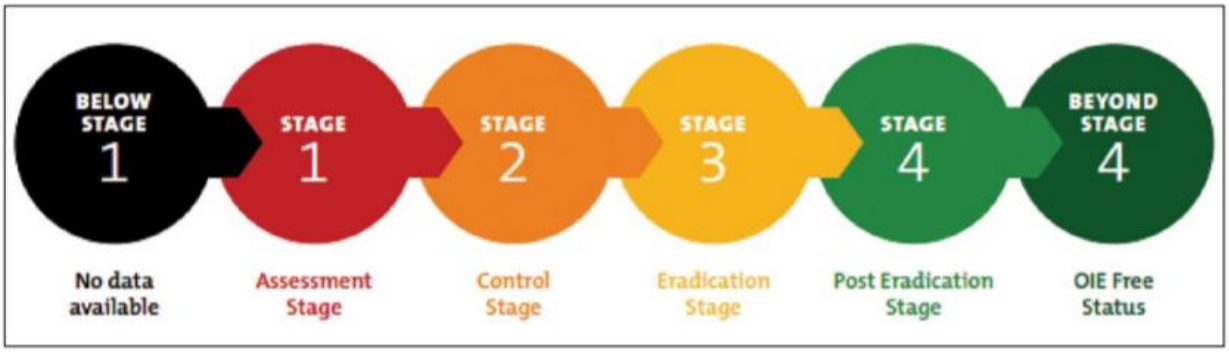


Fig. Progressive PPR control and eradication – the four stages of the PPR GCES.

- ***Relevant regional policy / coordination conferences / consultations:***
  - FAO / OIE Regional roadmap meetings e.g. Dakar (2016), Douala (2018), Abidjan (2019), Epidemiological assessment and vaccination management in the Lake Chad "epizone" Workshop Yaoundé, Cameroon (2019) etc.

- ***Relevant framework documents:***
  - FAO / OIE *Global Strategy for the Control and Eradication* (GCES) of PPR (2015)
  - Pan-African Programme for the Control and Eradication of Peste des Petits Ruminants: 2017 – 2021 (AU)
  - FAO / OIE Peste des petits ruminants *Global Eradication Programme* (GEP): Contributing to food security, poverty alleviation and resilience. Five years (2017–2021)
  - FAO / OIE: Making History - Eradicating Peste des Petits Ruminants (Sheep and Goat Plague).
  - FAO / OIE: Global control and eradication of peste des petits ruminants Investing in veterinary systems, food security and poverty alleviation (advocacy document) (2015)
  - FAO: Supporting livelihoods and building resilience through *Peste des Petits Ruminants* (PPR) and small ruminant diseases control (2013)
  - FAO: Recognizing Peste des Petits Ruminants - A field manual (1999)
  - Chapter 14.7. Infection with peste des petits ruminants virus
    OIE Terrestrial Code
  - Chapter 3.8.9. Peste des petits ruminants (infection with peste des petits ruminants virus)
    OIE Terrestrial Manual

- ***OIE and FAO Reference Centres in Africa:***

OIE Reference Laboratory	FAO Reference Laboratory
None	None

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- ***OIE / FAO Global Research and Expertise Network (GREN)***

Contagious Bovine Pleuro-Pneumonia (CBPP) caused by *Mycoplasma mycoides subsp. mycoides SC*

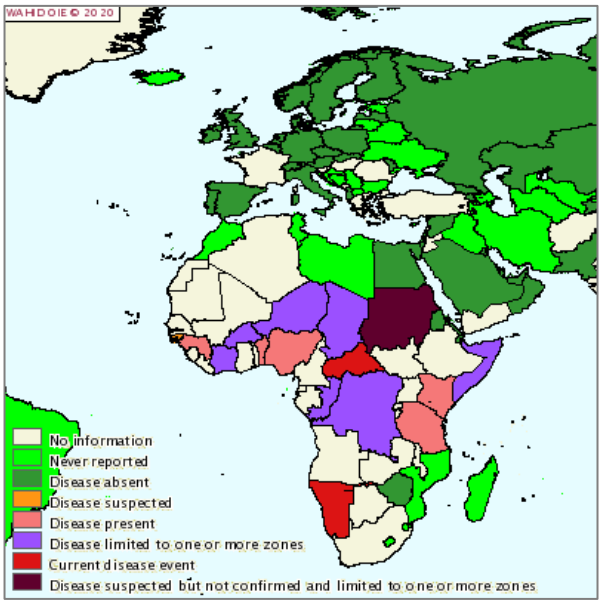
- ***Expected results***:

  CBPP R1 - Decrease of the occurrence of the disease at country level achieved.

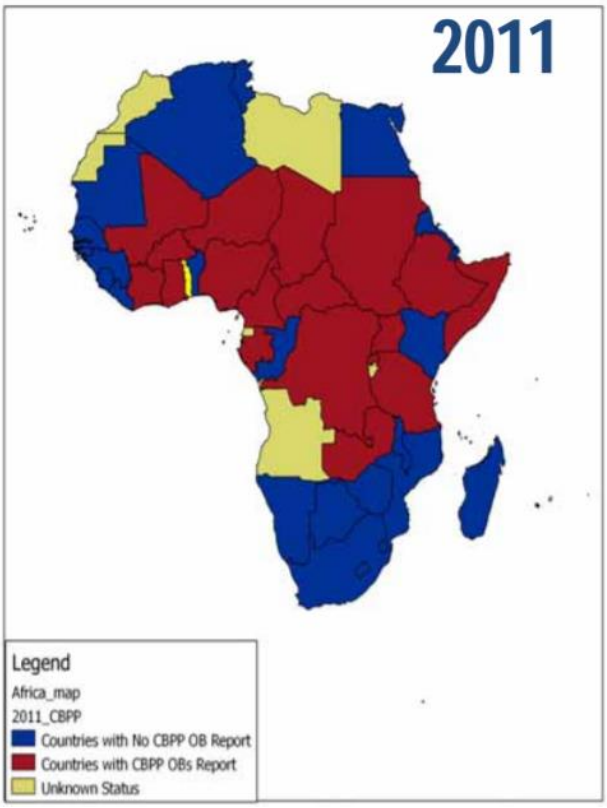
- ***Eligible activities***:
  - Establish a FAO-OIE-AU/IBAR Consultative Group on CBPP;
  - Activities will focus on prevention in all countries (early warning, identification of animals and control of animal movements);
  - In enzootic countries, veterinary authorities will be supported to develop a comprehensive long-term national prevention, control and eradication strategy and initiative, pursue, and/or upscale vaccination campaigns;
  - Countries where the official diseases status is unknown will be supported to develop a comprehensive long-term national prevention, control and eradication strategy and apply for the endorsing by the OIE of an official control programme for CBPP (TAHC Article 11.5.17.);
  - Countries (or zones) that have managed to reduce the number of clinical cases to below detectable levels, will be encouraged to halt (or even prohibit) vaccination – where relevant – and move toward official CBPP recognition according to the relevant OIE procedures (TAHC Article 11.5.16.).

- ***Indicators:***
  - CBPP 1 - Number of CBPP-infected countries in Africa;
  - CBPP 2 - Number of CBPP outbreaks in Africa officially reported to the OIE (immediate notification and six-monthly reports);
  - CBPP 3 – Number of samples sent to OIE Reference Laboratories;
  - CBPP 4 – Number of vaccinated animals with controlled vaccines (vaccines, produced according to OIE Manual provisions and approved by AU-PANVAC);
  - CBPP 5 - Number of countries with CBPP contingency plans;
  - CBPP 6 – Number of countries with an OIE-endorsed official control programme;
  - CBPP 7 – Number of countries or zones recognised free by the OIE.

- ***Baseline situation*** (as of May 2020). Lung sickness in cattle, CBPP or *Contagious Bovine Pleuro-Pneumonia*), caused by *Mycoplasma mycoides subsp. mycoides SC* (MmmSC) is truly an African disease, long eradicated from the developed world, which represents a considerable burden for cattle owners in many parts of Africa, from Senegal and the Gambia in the West through Somalia in the East, and as far south as Namibia and Tanzania. In recent years, the disease has seen its area of spread increase in Africa (e.g. Senegal in West Africa, Gabon in Central Africa) and the number of outbreaks increase in areas where it was already present. It is currently being reported as present by around 18 countries (WAHIS, Jan – Jun 2019) with the latest outbreaks having been reported from Namibia (2019) and Gambia (2018). As one of the OIE listed diseases, subject to official declaration of freedom by the OIE, only four countries in Africa are currently officially free from CBPP, i.e. Botswana, eSwatini, South Africa (country-wide) and Namibia (zone located south to the Veterinary Cordon Fence).



Map: CBPP Absence/presence in 2019 (WAHIS, 2020)



Map: Absence/presence of CBPP in 2011 (FAO/OIE/IAEA/IBAR, 2012)

Several factors compound the control of CBPP: the fact that the disease is seen as a production disease, with rather limited mortality, that meat obtained from infected animals is still safe to trade, that the disease is widely treated with antibiotics, mitigating the symptoms, but at the same time propagating the infection through carriers and -most importantly- the limited efficacy of the available vaccines, mainly based on the attenuated strains T1/44 and T1sr.

Though live attenuated vaccines (T1/44 and T1sr) are available, their protection is limited to maximum of 12 months, hence requiring considerable logistical efforts to attain protection at population level. An additional constraint to attain demonstrated absence of infection or disease is the need for animal identification and traceability systems to be in place.

As a result, CBPP can only realistically be controlled through a series of measures, one which is movement control, making it a truly transboundary animal diseases. In a paper released in 1987, in the *Rev. sci. tech. Off. int. Epiz*., Provost *et al.* affirmed that the eradication of CBPP was possible on the condition that all cattle are vaccinated for several years in a row and that all diseased animals need to be emergency slaughtered. The latest guidance on CBPP dates back to 2003 (http://www.fao.org/3/a-y5510e.pdf), demonstrating that CBPP has become a neglected public good disease.

- ***Relevant regional policy / coordination conferences / consultations:***

  - Towards Sustainable CBPP Control Programmes for Africa
    FAO-OIE-AU/IBAR-IAEA Consultative Group on Contagious Bovine Pleuropneumonia
    Third meeting, Rome, 12-–14 November 2003
  - Statutory meetings of the "Regional Support Project to the Pastoralism in the Sahel" – 2015 – 2021
  - Regionally Coordinated Strategy for the Prevention and Control of Contagious Bovine Pleuropneumonia in Africa, Dakar, 13 December 2013.

- ***Relevant framework documents:***

  - Report on Contagious Bovine Pleuropneumonia (CBPP) Situation in Africa (2012)
    GF-TADS for Africa
    Reports of the OIE Regional Animal Health component of the "Regional Support Project to the Pastoralism in the Sahel" 2015 - 2021
  - Preparation of contagious bovine pleuropneumonia contingency plans (2003)
    FAO Animal Health Manual – 14
  - Recognizing contagious bovine pleuropneumonia (Revised Edition) (2002)
    FAO Animal Health Manual - 13 Rev.1
  - Chapter 11.5. Infection with *Mycoplasma mycoides subsp. mycoides SC* (Contagious bovine pleuropneumonia)
    OIE Terrestrial Code
  - Chapter 3.4.8. Contagious bovine pleuropneumonia (infection with *Mycoplasma mycoides subsp. mycoides SC)*
    OIE Terrestrial Manual

- ***OIE and FAO Reference Centres in Africa:***

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Rift Valley Fever (RVF)

- ***Expected results***:

  RVF R1 - Contribute to the implementation of efficient prevention systems.

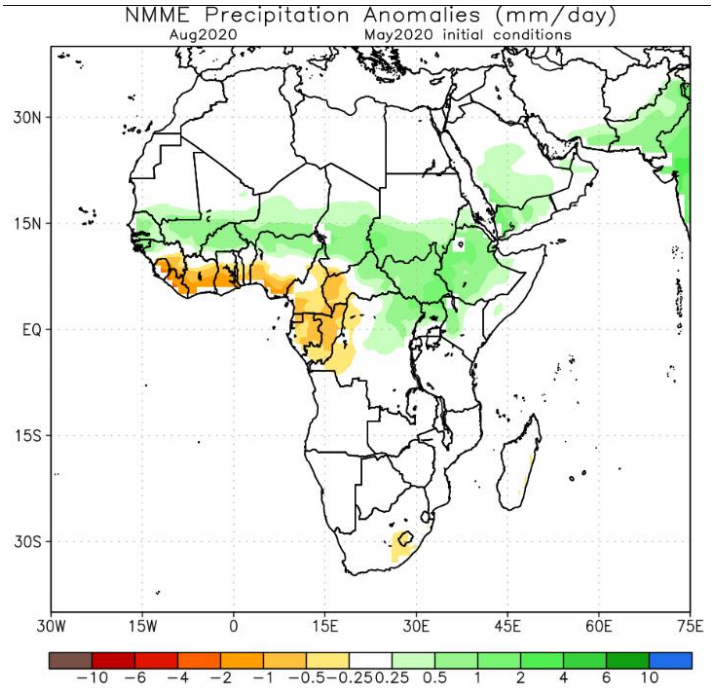
- ***Eligible activities***

  1. Surveillance of human and animal health.
  2. Prevention (joint contingency plans between public health and veterinary services).
  3. Vector activity surveillance
  4. Enforcement of regulations for the control of outbreaks including vaccination, when relevant.
  5. Information, communication.

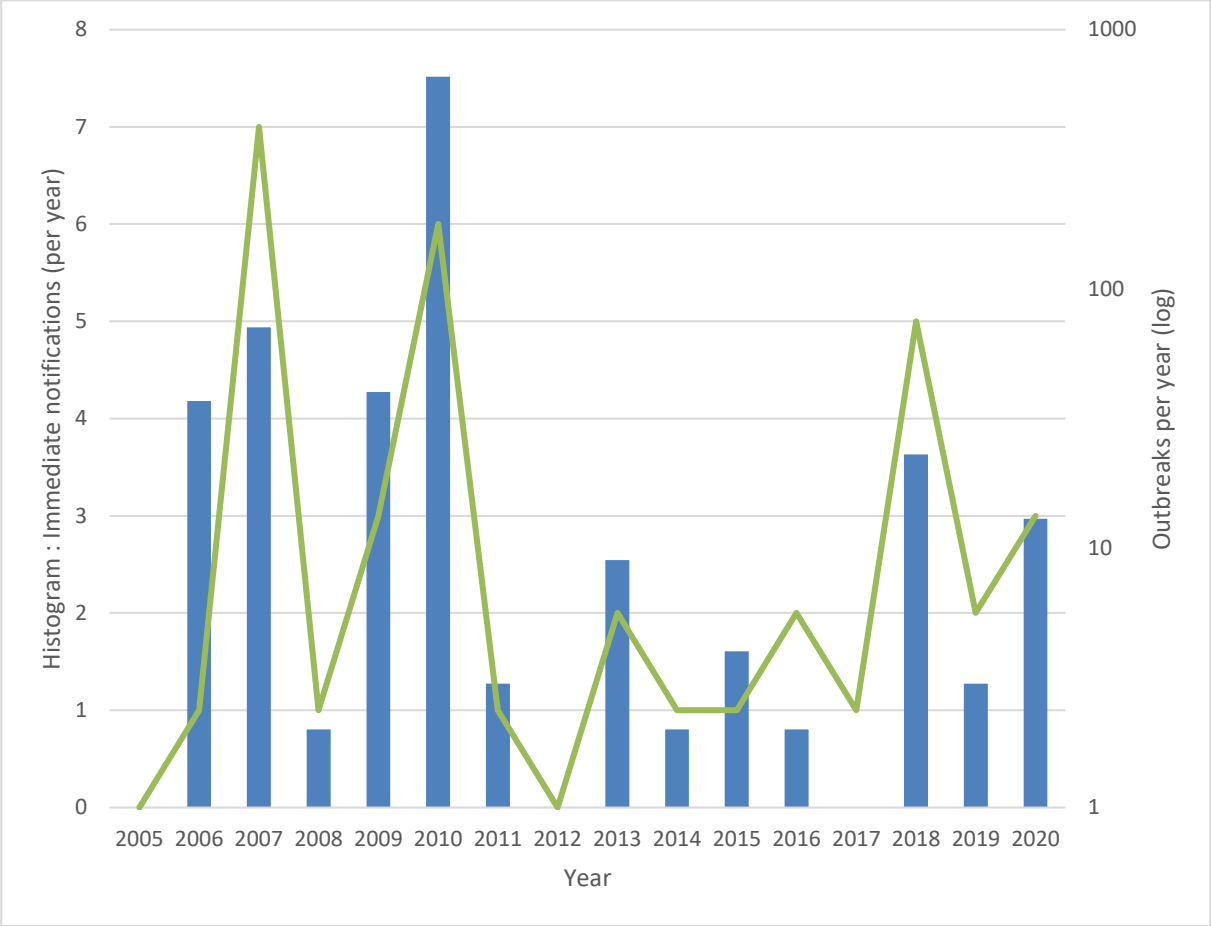
- ***Indicators:***

  - RVF 1 - Number of RVF affected countries in Africa.
  - RVF 2 - Number of samples sent to OIE Reference Laboratories.
  - RVF 3 - Number and type of vaccination campaigns (emergency, risk-based, mass, number of vaccinated animals)
  - RVF 4 - Number of RVF outbreaks in Africa officially reported to the OIE.
  - RVF 5 - Number of RVF contingency plans available in countries in Africa.

- ***Baseline situation*** (as of May 2020). Rift Valley Fever is named after the Rift Valley in Kenya and is another truly African disease, which has now spread to the Indian Ocean and parts of the Middle East and the Arabian Peninsula. It is a disease of sheep (mostly), leading to waves of abortions in ewes. The main concern with Rift Valley Fever is that it is a deadly zoonosis, which can infects farmers, farm labourers, abattoir workers and other animal health professionals (veterinary workforce) through contact with infected secretions and excretions from ewes. Outbreaks in Kenya and Tanzania in 2006, and Somalia in 2007 led to hundreds of casualties. More recently, in 2009 and 2010, the Republic of South Africa reported close to 500 outbreaks of RVF to the OIE and suffered 18 human losses, amongst which a young lady-veterinarian. In 2010, an unprecedented outbreak of RVF was reported in Mauritania causing loss of human life and killing cattle.



Map: NMME Precipitation anomalies (mm/day) predicted for August 2020 (FAO/ICPALD, May 2020)



Annual number of immediate notifications and outbreaks reported to the OIE from 2005 - 2020 (WAHIS, Jan. 2021)

In west Africa, more outbreaks, though relatively reduced in scale, occurred in Mauritania (2013, 2015), Senegal (2013), Niger (2016) and Mali (2017). In eastern Africa, after an inter-epizootic period of some 8 years (2011 – 2017), outbreaks were again reported from 2018 onwards, with immediate notifications being submitted by Kenya, Rwanda, South Sudan, Sudan, and Uganda, in addition to Chad and South Africa (and lately – 2020 – Libya and Mauritania).

Global warming is likely to lead to a modified and possibly enlarged distribution of the main disease vectors, the *Culex* and *Aedes* mosquitos, which has already proven to survive in previously unaffected countries, such as Portugal, Spain and Italy. This threat to the developed world has triggered accelerated research in prevention and control of RVF. Several vaccines for use in animals are available but are not used on a wide scale since RVF outbreaks tend to be unpredictable (but often related to floods) and follow an approximate 10-year cycle. This epidemiological feature also makes the establishment of vaccine banks cost-inefficient, at least with the current set of vaccines. Also, few sufficiently sensitive pen-side tests are widely available.

Relevant regional policy / coordination conferences / consultations:

- Inter-Regional Conference (Djibouti) 2015
  https://rr-africa.oie.int/en/news/inter-regional-conference-rvf-djibouti/ (2015)
  Proceedings: https://rr-africa.oie.int/wp-content/uploads/2019/10/resource-23.pdf
  GF-TADs for Africa

- Inter-Regional Conference (Mombasa) 2012
  https://rr-africa.oie.int/en/news/rvf-inter-regional-conference-mombasa/ (2012)
  Proceedings: https://rr-africa.oie.int/wp-content/uploads/2019/10/resource-35.pdf
  GF-TADs for Africa

- Regional Conference (Bloemfontein) 2009
  https://rr-africa.oie.int/en/news/re-emergence-of-rift-valley-fever-in-southern-africa-how-to-better-predict-and-respond/ (2009)
  Proceedings: https://rr-africa.oie.int/wp-content/uploads/2019/12/oie_rvf_bloemfontein_report.pdf
  GF-TADs for Africa

- Atelier sur la Fièvre de la Vallée du Rift: Réunion organisée par l'OIE et les Représentations Régionales de l'OIE pour l'Afrique et le Moyen-Orient au Caire (13-15 juin 2007)
  Proceedings: https://rr-africa.oie.int/wp-content/uploads/2007/10/atelier_fvr_lecaire_juin07.pdf
  OIE

- Regional Conference (Dar es Salaam) 2018
  Dar es Salaam, Tanzania – 28 – 30 August 2018.
  http://www.fao.org/emergencies/fao-in-action/stories/stories-detail/en/c/1152309/
  FAO

- ***Relevant framework documents:***

  - Rift Valley Fever Surveillance (2018)
    FAO Animal Production and Health Manual no. 21
  - Recognizing Rift Valley Fever (2003)
    FAO Animal Production and Health Manual no. 17
  - Preparation of Rift Valley Fever contingency plans (2002)
    FAO Animal Production and Health Manual no. 15
  - Chapter 8.15. Infection with Rift Valley fever virus
    OIE Terrestrial Code
  - Chapter 3.1.18. Rift Valley fever (infection with Rift Valley fever virus)
    OIE Terrestrial Manual

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Strengthening of Veterinary Services (VS)

- ***Expected results***:
  - VS 1 - Good governance of VS has improved in Africa;
  - VS 2 – Efficient Animal Health systems are in place in Africa.

- ***Eligible activities***:
  - A1 - Investment programmes supporting the improvement of Veterinary Services (based on the results of the OIE PVS and PVS Gap Analysis reports) using the OIE PVS Pathway.
  - A2 - Coordination and strengthening of sub-regional epidemiology and laboratory networks to ensure their sustainability.

- ***Indicators:***
  - VS 1.1. - Number and budget of investment programmes in the region supporting strengthening Veterinary Services;
  - VS 1.2. - Number of VS engaged in the 'treatment phase' of the PVS Pathway (legislation, laboratories, veterinary education, VSBs, public/private sector alliances), on a voluntary basis.

- ***Baseline situation*** (as of May 2020). The *Performance of Veterinary Services* (PVS) Pathway was developed by the OIE to support compliance with established international standards. The PVS Pathway seeks to assess and support the strengthening of national *Veterinary Services* (VS). PVS Pathway missions are delivered by accredited PVS experts who carry out independent external PVS Evaluations of country VS, and, as requested, implement supplementary missions including PVS Gap Analysis, *Veterinary Legislation Support Programme* (VLSP) and PVS Laboratory missions. These missions are voluntary and highly participatory requiring the input of in-country stakeholders. The PVS Evaluation and PVS Evaluation Follow-Up missions use a well-defined protocol, the 'PVS Tool', to assess the *Levels of Advancement* (LoAs, categorised on a 5-point scale) of a standardised set of *Critical Competencies* (CCs) which cover the whole veterinary domain, that is animal health, animal welfare, veterinary public health and food safety and associated activities. The CCs are grouped under four *Fundamental Components* (FCs).

  In 2019, the OIE commissioned a comprehensive and independent review of the PVS Pathway reports of African MC. At the time of the review, 53 of the 54 countries in Africa had engaged in the PVS Pathway with a PVS Evaluation. As not all reports were made available owing to confidentiality agreements, this review was able to assess 46 PVS Evaluation reports, 47 PVS Gap Analysis reports, 18 PVS Evaluation Follow-Up reports, 25 *Veterinary Legislation Support Programme* (VLSP) reports and 6 PVS Laboratory reports from missions carried out between December 2006 and February 2019. This report (https://rr-africa.oie.int/wp-content/uploads/2019/12/oie_pvs_africa_evaluation-report_final_20200124.pdf) – along with the PVS Pathway reports, accessible to Technical Partners and Donors through the password protected OIE PVS Database (http://www.oie.int/files/pvs/index.php) constitutes the baseline for this Action.

Core activities

- ***Expected results***:

- Core R1 - The GF-TADs for Africa SC functions as a platform bringing added value to the countries for the prevention and control of TADs
- Core R2 - Coordination for the progressive control of priority TADs in Africa and with neighbouring regions, i.e. Europe and the Middle East is improved,
- Core R3 – GF-TADs Regional Steering Committee meeting **annually**.
- Core R4 – VS capacity is increased in implementation of guidelines for safer trade.

- ***Specific* objectives**

- Core O1 - The regional GF TADs addresses the relevant priority TADs for the region, with specific objectives
- Core O2 - The regional GF TADs has the capacity to identify priorities for the reinforcement of veterinary services
- Core O3 - Regional partners share information on their activities, coordinate action plans, identify synergies and avoid overlapping and identify gaps
- Core O4 - The progress on specific objectives is supported by an operational action plan
- Core O5 - The regional secretariats facilitate coordination, reporting and communication on the advancement of the operational action plan

- ***Eligible activities***:

- Core A1 - Organisation of GF-TADs for Africa SC meetings
- Core A2 - Participation in the GF-TADs Global SC meetings
- Core A3 - Support to the Secretariat activities (facilitation, coordination and monitoring role), relationship between the GF-TADs for Africa Secretariat and the Global GF-TADs Secretariat,
- Core A4 - Communication

Annex 2 **– Implementation entities (FAO, OIE, AU)**

OIE Regional Representation for Africa (RR/AF) Bamako, Mali	FAO Regional Office for Africa (RAF) Accra, Ghana	African Union (AU) Department of Agriculture, Rural development, Blue economy and sustainable Environment (DARBE) Addis Ababa, Ethiopia
OIE Sub-Regional Representation for Southern Africa (SRR/SA) Gaborone, Botswana	FAO Sub-Regional Office for Southern Africa (SFS) Harare, Zimbabwe	African Union (AU) Interafrican Bureau for Animal Resources (IBAR) Nairobi, Kenya
OIE Sub-Regional Representation for North Africa (SRR/NA) Tunis, Tunisia	FAO Sub-Regional Office for North Africa (SNE) Tunis, Tunisia	African Union (AU) Pan-African Veterinary Vaccine Centre (PANVAC) Debre-Zeit, Ethiopia
OIE Sub-Regional Representation for Eastern Africa (SRR/EA) Nairobi, Kenya	FAO Sub-Regional Office for Eastern Africa (SFE) Addis Ababa, Ethiopia	
	FAO Sub-Regional Office for West Africa (SFW) Dakar, Senegal	
	FAO Sub-Regional Office for Central Africa (SFC) Libreville, Gabon	

Annex 3 **– Countries covered by the Africa Strategy**

1. Algeria
2. Angola
3. Benin
4. Botswana
5. Burkina Faso
6. Burundi
7. Cabo Verde
8. Cameroon
9. Central African Republic (CAR)
10. Chad
11. Comoros
12. Congo, Democratic Republic of the
13. Congo, Republic of the
14. Cote d'Ivoire
15. Djibouti
16. Egypt
17. Equatorial Guinea
18. Eritrea
19. Eswatini (formerly Swaziland)
20. Ethiopia
21. Gabon
22. Gambia
23. Ghana
24. Guinea
25. Guinea-Bissau
26. Kenya
27. Lesotho
28. Liberia
29. Libya
30. Madagascar
31. Malawi
32. Mali
33. Mauritania
34. Mauritius
35. Morocco
36. Mozambique
37. Namibia
38. Niger
39. Nigeria
40. Rwanda
41. Sao Tome and Principe
42. Senegal
43. Seychelles
44. Sierra Leone
45. Somalia
46. South Africa
47. South Sudan
48. Sudan
49. Tanzania
50. Togo
51. Tunisia
52. Uganda
53. Zambia
54. Zimbabwe


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United Nations
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