



GF-TADs

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES



GF-TADs for Africa

7th Steering Committee

Nairobi, Kenya
16 – 17 July 2012

Minutes and recommendations

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Welcome – Opening remarks – Presentation of the agenda

Pr Ahmed El-Sawalhy, Director of AU-IBAR

The Director of the Inter-African Bureau of Animal Resources of the African Union (AU-IBAR) welcomed participants and thanked the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) for their efforts to improve collaboration between the organisations.

He highlighted that the Global Framework for the Control of Transboundary Animal Diseases (GF-TADs) is a useful platform for the prevention and the control of TADs and the implementation of relevant programmes. He expressed satisfaction with AU-IBAR being a member of the platform.

He indicated that the 6th Steering Committee of GF-TADs for Africa, held in April 2011 in Nairobi, Kenya, made various recommendations and he wished to highlight the main achievements:

- Regarding Integrated Regional Strategies, he noted the finalization and implantation of the Integrated Regional Coordination Mechanism for the control of TADs and zoonoses (IRCM). The IRCM is relevant for the coordination of activities with Regional Economic Communities (RECs) and the improvement of technical capacities in Africa. In this regard, IRCM complements the efforts of GF-TADs.
- AU-IBAR and implementing partners (FAO and OIE) have launched the EU-funded Vet Gov project. The project is clearly based on initial analysis provided by the OIE. Sustainability of activities will have to be guaranteed and, to this end, more African professionals will need to be trained on PVS analysis.
- AU-IBAR has consolidated the Rinderpest strategy in support of RECs.
- AU-IBAR gave inputs to the Progressive Control Pathway (PCP) for FMD.
- ARIS database was put in place by AU-IBAR and he urged the OIE and FAO to support the interoperability with their respective systems and databases.

Finally, he stressed the importance of partnership between the three organizations and their comparative advantages.

Dr Alain Dehove, OIE World Fund Coordinator

Dr Dehove spoke on behalf of the Director General of the OIE. He indicated that the Director General could not attend this meeting due to other commitments. He reminded participants that GF-TADs facilitated several activities, the setting up of important projects such as INAP and SPINAP. He intimated that projects were designed and launched due to the existence of GF-TADs. In the same way, the link between the EU-funded programme “Better Training for Safer Food (BTSF)” and the “Vet Gov” project was established because of GF-TADs.

He emphasized that GF-TADs benefits all organizations and partners because it is an appropriate mechanism for a better coordination between partners.

The 5-year action plan was to be discussed during the meeting stressing the importance of major diseases in Africa such as CBPP, FMD, PPR and Rabies. He indicated that the 5-year action plan could be of great interest for donors.

He highlighted that regional information systems should be connected with international information systems.

He concluded his address by saying that GF-TADs is an important platform, which allows partners to work altogether and to raise funds to improve animal health.

Dr Cheikh Ly, President of the Steering Committee of GF-TADs

Dr Ly welcomed participant on behalf of Dr Juan Lubroth, Chief Animal Health Officer, FAO, who unfortunately could not attend the meeting.

He indicated that the meeting was important for all participants and organizations and that it was the first meeting after the eradication of Rinderpest worldwide. However, he was of the opinion that there is a lot of works to be done to control/ eradicate other diseases in Africa.

He pointed out that important subjects would be discussed during this meeting the example being the GF-TADs 5-year strategic plan for Africa prepared by the GF-TADs secretariat. Important diseases will be addressed e.g. CBPP, FMD, etc. He raised the question on how to consolidate the platform so as to play a key role in Africa. He finally stated that it was important to focus on measurable results so as to be useful for RECs and countries.

At the end of his speech he thanked AU-IBAR and its Director for hosting the meeting.

Following the opening ceremony, participants were given the opportunity to introduce themselves. The agenda was adopted with minor modifications.

SESSION 1: Follow up/ implementation of the recommendations of the 6th Steering Committee**Dr Cheikh Ly**

Dr Ly informed the audience that the 15 recommendations made during the 6th Steering Committee (SC) of GF-TADs for Africa, were sent to participants in advance for this meeting. He emphasized key points from the 6th SC recommendations:

- (i) Aligning GF-TADs activities with the Comprehensive Africa Agriculture Development Programme (CAADP),
- (ii) Preparation of the 5-year action plan,
- (iii) Recommendations on prioritized diseases and their implementation and
- (iv) Pending issues (strategic, financial, institutional).

Then, he listed all recommendations made during the 6th Steering Committee and gave briefly the state of progress:

R 1: Integrated regional strategies for high impact diseases and zoonoses.

- (i) IBAR: IRCM in collaboration with RECs, AU/DSA, the OIE and FAO.
- (ii) AU-IBAR/FAO: Control strategy for ASF (Regional workshop for Central Africa in June 2011 and ILRI technical meeting in July 2011).
- (iii) AU-IBAR / VACNADA project/ ECTAD EA: September 2011 proposal on Newcastle disease.

R 2: Rinderpest virus sequestration questionnaire (AU-IBAR).

- (i) Risk assessment endorsed by OIE commissioned by FAO.
- (ii) July 2011, Joint-FAO-AU-PANVAC/IAEA WS on the issues.

R 3: AU-IBAR in coordination, advocacy, resources mobilization (exit strategy).

- (i) AU-IBAR's "exit strategy" and projects on IGAD/EAC, SADC, ECCAS and ECOWAS.
- (ii) FAO Comments: investigation and harmonization on exit strategy content (i.e. using prophylactic or emergency use of vaccine).
- (iii) Recommendations of the Regional joint FAO/IBAR GREP workshop (May 2011).

- (iv) FAO commissioned risk assessment to formulate the regional strategic plan for the post Rinderpest eradication taking into account the IBAR “exit strategy”.

R 4: Feasibility to include a critical competency related to the Rinderpest post-eradication effort within the OIE PVS Evaluation tool (OIE).

- (i) Agreement in process between FAO and OIE.
- (ii) Role of Joint Division (FAO/IAEA) for compliance as would AU-PANVAC.

R 5: Working Group on FMD promote PCP tool for FMD control in African countries and regional road maps (OIE and FAO).

R 6: WG on FMD on two regional FMD meetings (East, West Africa) after Nairobi I (FAO with OIE).

- (i) WS on the FMD PCP - Gaborone, Nairobi March 2011; February 2012.
- (ii) RESOLAB sub-network (Western and Central Africa) with LCV Mali and Accra Vet. Lab (EU-FMD support).
- (iii) Regional WS with CVOs – Rabat, June 2011 (FAO GREP).
- (iv) World Conference on FMD control.

R 7: Regional perspectives of FMD control in Africa (wildlife reservoir, farming systems, movement of animals and animal products linked to geo-political situation) (OIE and FAO).

- (i) Implementation of a Global Strategy and consideration of regional differences/operations.

R 8: Analytical studies on FMD (AU-IBAR).

- (i) Methodology to be defined.
- (ii) Take advantage of the comparative advantages of each organization (sociology, economics) instead of commissioned studies.

R 9: Meeting to align ideas and strategies on PPR control (AU-IBAR).

- (i) Draft documentation made available by AU-IBAR.
- (ii) Regional meeting for formulation of a regional strategy.
- (iii) PPR strategy at global level (FAO and OIE) with AU-IBAR and AU-PANVAC at Africa level.

R 10: Follow-up on CBPP (AU-IBAR).

- (i) 5th consultation on CBPP (FAO) to be held in 2012 under the GF-TADs umbrella.

R 11: Greater collaboration with public health authorities at regional level (OIE).

- (i) OIE has launched a global strategy to control Rabies in dogs in September 2011.

T&T, RVF, CCHF, Trade, Networks, RAHCs.

- (i) No recommendation.

R 12: PVS Pathway and good governance of national Veterinary Services and funding.

- (i) IBAR assisting request for PVS; for development strategy and investment plans after PVS and PVS Gap Analysis.

R 13: IRCM (AU-IBAR with OIE and FAO).

- (i) Finalization in July in Nairobi.
- (ii) Implementation at RECs level.

R 14: Proposition for inclusion of other relevant members or observers (OIE with FAO).

- (i) Request of AU-IBAR for RECs.

Dr Ly pointed out that the recommendations were very wide and dedicated to the three regional and international organizations. He gave his vision on major concerns and the way forward and indicated that activities are still driven by the agenda at global level.

He drew a list of institutional subjects that are still pending:

- (i) Insufficient joint programmes, regional guidelines and assistance for the control of targeted TADs based on regional priorities.
- (ii) Insufficient linkages between the global and regional level of the GF-TADs (except for FMD).
- (iii) Lack of a shared long-term vision, financial sustainability and ownership of the RAHCs.
- (iv) Lack of funding for joint activities for major TADs control efforts to increase TADs control activities (except for ASF and PPR).

As far as institutional aspects are concerned, he was of the opinion that it was necessary to revisit the functioning the Steering Committee by putting in place Working Groups. In this regard, he indicated that there was need to strengthen relationships between the Global GF-TADs Steering Committee and Regional GF-TADs Steering Committees. New members should be included as full members or observers.

Regarding financial aspects, he indicated that it was important to raise resources for the benefit of regions so as to implement programmes.

As far as technical aspects are concerned, he said that all presentations given by various speakers should describe major technical aspects related to animal diseases.

SESSION 2: Governance aspects

Reinforcement of the links between the global and the regional governance.

Mr Fulvio Biancifiori, GF-TADs Global OIE/ FAO, Rome.

Mr Biancifiori informed the audience that the secretariat of the Global GF-TADs is in place with terms of references and gave information on staffing of the secretariat.

He indicated that FMD-PCP road map meetings were held in Eurasia, East Africa and Middle East. An FMD scientific conference was also held in India and the FMD global conference took place in Thailand in July 2012.

He indicated that the 5-year action plan for Europe 2012 - 2017 is ready.

As far as communication, information and coordination were concerned he emphasized the establishment of contacts with regional Steering Committee secretariat and that the global GF-TADs website layout had to be agreed and the site could be launched by the end of 2012.

He listed some of the recommendations of the 4th Global Steering Committee:

- (i) Financial sustainability.
- (ii) Membership: ASEAN and AU-IBAR be rotating members in the Global Steering Committee.
- (iii) The 5th Global Steering Committee will be held in October 2012 in Paris
- (iv) To develop a reporting template.
- (v) To develop a 5-year GF-TADs global action plan taking into account the one health approach.
- (vi) FMD: PCP should be the basis for FMD control.
- (vii) Rinderpest: post-eradication activities related to sequestration and global preparedness.
- (viii) Joint FAO and OIE working group on PPR took stock of ongoing activities and initiatives, strategies, and projects.
- (ix) A RVF study group was put in place. FAO, OIE and WHO to consider a meeting in 2013.

- (x) Regarding OIE Reference Laboratories and FAO reference centers it was recommended to explore possibilities to align or share recognition procedures.
- (xi) Prevention and control of Rabies belong to priorities in animal health matters.
- (xii) Priority diseases: in addition to HPAI, FMD, PPR and Rabies are the three priority diseases at global level.

He discussed two important issues:

- (i) What is the state of progress of the Global Steering Committee and Regional Steering Committee and
- (ii) What improvement should be done. Rabies, as an example, was an opportunity to address the above points.

SESSION 3: Reporting on TADs situation in Africa

1/ Update on epidemiological situation in Africa.

Dr A. Maillard, OIE Regional Office in Nairobi.

Dr Maillard gave a presentation of the update of the epidemiological situation of important diseases in Africa in 2011 and early 2012.

He informed the meeting that FMD is present in many parts of the continent. During the period, some exceptional epidemiological events were notified from the northern and southern parts of the continent due to serotypes O, SAT 1 and SAT 2. He gave details on the situation in Northern Africa for Libya and Egypt and in Southern Africa for Botswana, Zimbabwe, Mozambique, South Africa, Namibia and Zambia. Lesotho, Madagascar, Mauritius and Swaziland have had a recognized FMD free status as reported at the 80th World Assembly of Delegates.

He emphasized the fact that:

- (i) the persistence of the FMD serotypes throughout large portions of the continent indicated the need to increase efforts to control the disease,
- (ii) eradication plans needed to be tailored to national needs and the capacity to control the disease,
- (iii) cross-border movements of animals and animal products contributed to the spread of FMD serotypes and
- (iv) OIE official recognition of FMD status was the goal and had to be maintained for previously recognized free countries, and gradually included new countries.

He let it be known that the number of newly reported outbreaks of PPR in Africa remained constant between 2005 and 2007 with about 400 new outbreaks per year. However, the distribution of the disease has been changing in Africa and in 2008 the number of outbreaks abruptly increased to 800 new outbreaks per year. A total of 43 countries reported FMD outbreaks to the OIE in 2011. The disease is present in 27 countries. He gave an update of the disease in Algeria, Tunisia, Gabon, Mali, Republic of Congo and Uganda.

He reported that 43 countries notified Africa Swine Fever (ASF) to the OIE in 2011. The disease is present in 18 countries. The situation of ASF was up-dated for Chad, Kenya, Nigeria, Tanzania, the Central African Republic and South Africa. ASF remains a major issue in animal health in Africa due to the complexity of the epidemiology and the threat to many countries all over the world.

Highly Pathogenic Avian Influenza (H5N1) is still endemic in Egypt. According to the Terrestrial Animal Health Code, H5 and H7 avian influenza strains in their low pathogenic form in poultry are notifiable diseases. H5N2 and H7N1 are still present in South Africa.

In order to better understand the situation of CBPP in Africa, countries should provide quantitative information to the OIE. CBPP is gradually taking over areas where it did not exist and where it had previously been eradicated.

Following the 2006 epidemic, areas at risk of Rift Valley Fever (RVF) epizootics were drawn in the Greater Horn of Africa. This region remains at risk of recurrence of the disease in humans and in animals. The disease has become now endemic in lots of new areas in Africa. In the Greater Horn of Africa, in 2011 and early 2012, no RVF outbreaks were notified to the OIE. In 2011, very few events only from Southern Africa were notified to the OIE, as it was the case for Namibia and South Africa only.

The real sanitary situation of Rabies remains complex and is a continental concern. Some countries do not provide information or quantitative information to the OIE or to the WHO. The Rabnet website of the WHO has been closed due to lack of information reported to this global organization.

The objective of the next presentations was to present collaborative activities implemented during the GF-TADs network (FAO, OIE, AU-IBAR) and allow the international and regional organizations as well as donors to share their portfolios on TADs.

2/ Update on epidemiological situation in Africa.

Dr Ibrahim Ahmed Gashash, AU-IBAR, ARIS manager.

Dr Gashash provided an update on the epidemiological situation in Africa based on the reports received from Members States (MS). In 2011, AU-IBAR data management received disease reports from 45 African countries. While the number of countries reporting to AU-IBAR has consistently increased from the Year 2002 when only 10 countries submitted reports to the continental body to year 2010 where up to 49 countries reported, the reporting rate has slightly decreased to 45. The summary of the disease situation in 2011 indicated that 24,201 outbreaks occurred within the year involving 88,833,953 susceptible species with 2,025,190 cases, 651,275 deaths, 225,789 slaughtered and 262,339 animals destroyed. The presentation brought out the fact that all the major TADs are present in the continent, and particularly highlighted the situation of selected major TADs and zoonosis in 2011 namely lumpy skin disease, Newcastle disease, brucellosis, tuberculosis, anthrax and sheep and goat pox. The evolution of the selected diseases since 2006-2011 was also provided in term of number of affected countries and outbreaks officially declared including disease outbreak data from 2008 to 2011. Major challenges and problems frequently encountered with surveillance and reporting systems and quality of data were pointed out, which AU-IBAR through ARIS-2, VetGov project and Integrated Regional Coordination Mechanism are addressing through building capacities at national and regional levels. In conclusion, it was stressed that all the major TADs and zoonosis occur in Africa and some are even spreading to new territories in the last few years. The surveillance system and disease reporting system are weak in most of African countries. There is therefore an urgent need to support the improvement of surveillance and reporting systems in Africa and to develop innovative approaches to disease surveillance and control in the continent e.g. through strengthening participatory methods, improvement of communication and engagement with the grass roots organizations, strengthening of laboratories and laboratory networks.

3/ Highly Pathogenic Avian Influenza.

Dr Bouna Diop, Head of FAO ECTAD for Eastern Africa.

Dr Diop gave an overview of Highly Pathogenic Avian Influenza H5N1 prepared jointly with Dr Yima Jobre, team leader ECTAD Egypt. H5N1 HPAI virus remains endemic in six countries worldwide including Egypt. He presented its prevalence in commercial farms and household poultry sectors in

Egypt (2006–2012). The number of H5N1 outbreaks in poultry during peak seasons (2008–2012) and the number of confirmed human H5N1 infections during peak seasons (2008–2012) were tabulated.

He gave comprehensive information on the revised strategy (Animal Health and Livelihood Sustainability Strategy) developed and endorsed in 2010, whose goal is to attain a situation with H5N1 HPAI in Egypt in which the disease no longer represents a significant threat to human health.

He emphasized achievement of the Veterinary Services in the control of H5N1. For example, some national strategies were revised, institutional capacity has been strengthened, surveillance systems are established, capacity built and community-based animal health workers were better involved and as a result, outbreak reporting has increased and biosecurity farm has improved, AI vaccination and operational plan with exit strategies by sector were developed and AI Vaccine effectiveness and impact were evaluated, etc.

In the same spirit, he emphasized achievement of laboratories in the control of H5N1. For instance, he listed improvements such as the use of RT-PCR for rapid diagnosis of AI/H5N1, the improvement of laboratory capacity at both central and regional levels, the adoption of international laboratory procedures and protocols, the successfully series of international proficiency tests passed and the successful twinning programme with OIE Reference Laboratory FLI, Germany, for diagnosis of HPAI and NCD, etc.

He detailed the main challenges in the control of the disease, for instance, linked with the complex poultry production system and their low biosecurity level, the lack of trust between public and private sectors, the presence of multiple risk factors favouring sustained circulation of A/H5N1 virus or the absence of clearly defined roles and responsibilities of the players involved in response interventions.

He concluded his presentation with the way forward. In this regard, he urged the promotion of feasible biosecurity measures both in commercial facilities and household sectors, the implementation of risk- and value chain-based HPAI surveillance strategy, the possibility to assess and improve the HPAI outbreak management system, to use available technological innovations to dramatically reduce viral load in the environment and to implement the Animal Health and Livelihood Sustainability Strategy.

4/ Rinderpest.

Dr Felix Njeumi, FAO Animal health Officer.

Dr Njeumi gave a detailed presentation on the Rinderpest post-eradication strategy.

He detailed the agreement between FAO and AU/PANVAC which stipulated that:

- (i) AU-PANVAC laboratories capacity for Rinderpest material repository should be strengthened,
- (ii) 1,5 million doses of vaccines for emergency response management be stored,
- (iii) PANVAC bio-safety premises, freezers and consumables for sequestration used,
- (iv) quality control of the Rinderpest vaccines undertaken ,
- (v) Botswana, Cameroon, Ethiopia, Niger, Nigeria, Kenya, South Africa, Russia, Senegal and Zambia which have potential Rinderpest biological material to be transferred to AU-PANVAC visited,
- (vi) the process of transferring Rinderpest containing material from countries to AU-PANVAC initiated,
- (vii) protocol for transfer of Rinderpest material from countries to AU-PANVAC developed,
- (viii) bio-security material at AU-PANVAC managed,
- (ix) agreements between AU-PANVAC and a number of countries for the ownership of the biological material which will be transferred to AU-PANVAC signed, and,

- (x) protocols for ownership to transfer rinderpest material from countries to AU-PANVAC developed.

He gave outcomes of the meeting related to “Biosafety, sequestration and risk analysis for laboratories holding rinderpest virus” held in Ethiopia, in July 2011. In particular, it was stated that:

- (i) all BSL1 and BSL2 laboratories holding rinderpest virus or specimen containing-rinderpest virus and its component (RNA or antibody) should destroy or relocate these materials to designated laboratories and decontaminate their premises and equipment using accepted protocols by the end of 2012,
- (ii) by the end of 2014 the number of repositories of virus should be reduced to a maximum of six,
- (iii) the proposed new FAO and OIE Rinderpest Advisory Committee be established without further delay,
- (iv) methods for outbreak response and control in the post-eradication era be developed,
- (v) criteria for the selection of rinderpest virus repositories be finalized,
- (vi) suitable banks of rinderpest vaccine with clearly understood mechanisms for rapid emergency access, and assist them in ensuring long-term technical and financial viability, and
- (vii) prepare guidelines on “written agreements” between virus donor and virus recipient countries be identified.

He presented outcomes of FAO Commissioned Royal Veterinary College study based on online questionnaires related to risk assessment. He explained that according to the risk assessment, there are about 35 countries holding rinderpest virus-containing material: Asia (37%), Africa (29%), Europe (26%) and elsewhere (8%) but data was not available for all countries nor all laboratories within countries. Some laboratories may retain rinderpest virus-containing material without having ever conducted research on rinderpest, or declared their stock to the national authority. Rinderpest virus-containing material is in the possession of a large number of countries. Substantial proportion of veterinary authorities did not report the entire virus types held in their country. Basic research on Rinderpest is still undertaken in few laboratories, 31% of laboratories holding materials are BSL-2 or lower.

He finally informed participants that the Joint FAO/OIE Advisory Committee on Rinderpest virus sequestration was held in June 2012 in Rome.

5/ FMD.

Dr Sam Okuthe, FAO ECTAD for Eastern Africa.

Dr Okuthe gave information on FMD and the epidemiological situation in Africa with special emphasis on SADC region, Eastern, Central, Western and Northern African region.

He detailed activities undertaken regarding FMD control such as seminars organised by FAO/OIE on FMD Control or by EuFMD on the FMD-PCP Roadmap or laboratory diagnosis. He reminded participants the CMC-AH mission to Libya, the support of SADC secretariat to countries to harmonise the FMD-PCP approach.

He gave information on ongoing activities. In particular, the fact that the improvement of Veterinary Services through the VETGOV project will support the FMD PCP, laboratory training or scattered research projects in individual countries including wildlife surveillance.

He pointed out that FMD control strategies will be finalized at national level and regional levels and projects will be designed accordingly. Resource will have to be raised to implement activities.

He informed the meeting that there is need to reach a better understanding of the epidemiology of FMD in Africa and to match vaccines with viruses currently circulating and constantly evolving in different buffalo populations that present major difficulties. He proposed that a regional approach be

adopted to achieve progress on these subjects. The benefits of such a regional approach were outlined with a clear evidence of effectiveness.

He explained that the Global Strategy is expected to produce three results:

- (i) FMD is controlled in most countries and eliminated in some of them,
- (ii) Veterinary Services and their infrastructures are improved and
- (iii) Prevention and control of other major diseases of livestock are improved.

He underlined that the relentless global support, regional approach and harmonized efforts will go a long way in helping realise PCP roadmap goals. Majority of countries will be wholly or by zone beyond stage 1 by 2016 and at least in stage 3 by 2022, and if all efforts envisaged in the regional and individual national plans are fully implemented, vision 2022 might be a reality.

6/ Tsetse and Trypanosomiasis.

Dr Hassane H. Mahamat, PATTEC Coordinator, Department of Rural Economy and Agriculture, African Union Commission.

Dr Mahamat provided an update on the situation of Tsetse and Trypanosomiasis in Africa as well as activities undertaken in 2011 and future planned activities to reduce the impact of Tsetse and Trypanosomiasis in the continent.

The problem of Tsetse and Trypanosomiasis is chronic in the continent threatening the health and welfare of humans and livestock. The disease is endemic in 38 African Member States.

To coordinate efforts made by the various actors, the African Union Commission (AUC) supports the coordination of Tsetse and Trypanosomiasis research and control through the International Scientific Council for Trypanosomiasis Research and Control (ISCTRC), a platform to promote information sharing, exchange and dissemination through Biennial General Conferences, since 1949. The ISCTRC Secretariat is housed at AU-IBAR. The AUC also established AU-PATTEC (Pan-African Tsetse and Trypanosomiasis Eradication Campaign), in 2000, initially as a coordination office, but was later upgraded to become one of the technical offices of the Department of Rural Economy and Agriculture (DREA). In 2011, ISCTRC and AU-PATTEC, in collaboration with other partners undertook a number of activities to address the Tsetse and Trypanosomiasis challenge. The most notable ones include organization of the 31st ISCTRC General Conference in Bamako, Mali, with the theme of “Refocusing Research and Control of Tsetse and Trypanosomiasis: A development Agenda”, which was attended by 314 participants with over 100 papers being presented and deliberated upon. Recommendations to guide Tsetse and Trypanosomiasis research and control for the next two years were made and disseminated to the stakeholders. Furthermore, AU-IBAR continues to work closely with ICIPE (African Insect Science for Food and Health) by chairing the Steering Committee of the project “Validation and Initiation of Diffusion of Pro-poor and Poor Environment Tsetse Repellent Technology”, which aims to validate the synthetic and waterbuck Tsetse repellents. Through missions, meetings and workshops AU-PATTEC continued with its advocacy work on Tsetse and Trypanosomiasis and awareness creation on the importance of the problem and progress being made to contain it. AU-PATTEC provided Member States with technical support and undertook capacity building in Tsetse and Trypanosomiasis control. In 2011, AU-PATTEC continued supporting coordination of Tsetse and Trypanosomiasis control by assisting countries implementing the multinational project aimed at creating sustainable Tsetse and Trypanosomiasis free areas and which is funded by the African Development Bank (AfDB). AU-PATTEC also undertook resource mobilization activities, which included a partner’s conference which was held in Nairobi in December 2011.

During 2011, the Programme Against African Trypanosomiasis (PAAT), an interagency platform (FAO, IAEA, AU-IBAR, WHO) to coordinate Tsetse and Trypanosomiasis activities, prepared a draft strategic framework to guide its operations which is due for approval in September 2012. In June 2012 an MoU between FAO and AUC was signed to formalize collaboration between FAO and AUC on Tsetse

and Trypanosomiasis activities. During 2011 PAAT produced guidelines that were delivered through publications in international reviews or in the PAAT scientific and technical series. PAAT finalized the Atlas on Human African Trypanosomiasis and the one on Animal Trypanosomiasis will be finalized soon. PAAT also continued with its operational activities that included, assistance to ongoing projects: 2 FAO TCP (Angola and Mali), assistance in formulation of new projects; 2 projects formulated to benefit 5 countries (Burkina Faso, Mali, Guinea, Liberia, Sierra Leone), participation to a AU-PATTEC organized training course, in Bobo Dioulasso, Burkina Faso, in 2011 and organization of courses on data collection and management in 2010-11 (Burkina Faso, Mali, Ghana, Mozambique and South Africa).

Tsetse and Trypanosomiasis issues are among the top agenda of AUC and PAAT and efforts to curb the high impacts of Tsetse and Trypanosomiasis in the continent will continue.

7/ Rift Valley Fever.

Dr Thomas Nyariki, AU-IBAR, Wildlife Expert and Dr Hiver Boussini, AU-IBAR, Animal Health Officer.

Drs Nyariki and Boussini provided an update on the situation of Rift Valley Fever (RVF) in Africa since 2008 as well as activities undertaken in 2011 and future planned activities for prevention and control of RVF in the continent.

RVF virus is found throughout most of Africa. Disease is endemic in southern and eastern Africa where outbreaks occur at irregular intervals. Epidemics have also been reported in several countries such as Kenya, Madagascar, and Mauritania... The geographical range of the disease is widening to involve previously unaffected regions (Comoros). In 2011, few African countries reported RVF outbreaks.

In regard to the zoonotic nature of RVF and its economic impacts, various interventions have been undertaken in 2011 by AU-IBAR in collaboration with technical partners. AU-IBAR supported Mauritania during outbreaks in animals and humans in November 2010 and contributed to the decision-support tool for prevention and control of Rift Valley fever epizootics in the Greater Horn of Africa. AU-IBAR contributed also to formulate realistic control scenarios for cost benefit and cost-effectiveness analyses on RVF control with ILRI and East African partners.

Through the SMP project funded by USAID, AU-IBAR will continue supporting RVF control efforts in IGAD region by standardizing and harmonizing procedures for surveillance and diagnosis of RVF, strengthening epidemiosurveillance and laboratory networks in the East African region. The One Health approach will foster collaboration between the three health domains for effective prevention and control of RVF.

8/ Peste des Petits Ruminants.

Dr Zelalem Tadesse, AU-IBAR, Animal health Expert.

Dr Tadesse provided an update on the situation of Peste des Petits Ruminants (PPR) in Africa since 2008 as well as activities undertaken in 2011 and future planned activities to reduce the impact of PPR in the continent.

PPR continues to be the most important small ruminant disease affecting over 50% of countries in the continent. Over the past four years (2008–2011), a total of 4,079 outbreaks of PPR were reported from African Member States causing mortality to 56,663 small ruminants. From the reports submitted by Member States to the AU-IBAR and to the OIE, PPR appears to be endemic in Western, Central and Eastern Africa regions making gradual incursions towards South and Maghreb regions. The geographical coverage of PPR is increasing year by year showing advancement towards south

and north expanding in new countries including DRC, Tanzania and Zambia in the South and Algeria and Tunisia in the North.

Cognizant of the impact of PPR on the livelihoods of livestock farmers and economies of Member States, various interventions have been undertaken by AU-IBAR and FAO. Over the past few years only, these organizations have supported Member States to build their surveillance and diagnostic capabilities of national laboratories by providing reagents, equipment as well as technical trainings. Moreover, they also provided support for undertaking prophylactic and control vaccinations against PPR through projects such as VACNADA, LEISOM and TCP programmes. AU-IBAR, in collaboration with ILRI, has developed a continental project proposal for the progressive control of PPR, which is awaiting resource mobilization for implementation. In addition, these two organizations are also piloting the effectiveness of thermostable PPR vaccine as well as its effective delivery to the end users in two East African countries.

PPR remains on top of the agenda for many continental actors. In this regard, all continental actors will continue supporting Member States to curb the impact of PPR through research, vaccination and capacity building programmes. Through the SMP project, AU-IBAR will continue supporting PPR control efforts in IGAD region through the coordination and harmonization of surveillance and laboratory testing procedures of priority TADs including PPR.

9/ Contagious Bovine Pleuropneumonia.

Dr Malek Zrelli, AU-IBAR, Animal health Expert.

Dr Zrelli provided an update on the situation of Contagious Bovine Pleuropneumonia (CBPP) in Africa since 2008 as well as activities undertaken in 2011 and future planned activities to reduce the prevalence and spread of CBPP in the continent.

CBPP is widespread in Africa and found in an area south of the Sahara, from the Tropic of Cancer to the Tropic of Capricorn and from the Atlantic to the Indian Ocean. Endemic infection extends throughout the pastoral herds of much of western, central and eastern Africa, and in Angola and northern Namibia in southern Africa. The number of countries reporting CBPP has steadily increased from 12 in 2008 to 23 in 2010 and 19 in 2011. In 2011, except for the northern region of Africa, countries within the remaining regions of the continent continued reporting CBPP. The 19 affected countries recorded a total of 307 outbreaks involving 16 969 cases and 3 037 deaths.

To help mitigate the heavy disease burden, various interventions have been undertaken in 2011 by AU-IBAR in collaboration with technical partners. AU-IBAR through VACNADA project with EU funds significantly contributed to the reduction of the impact of CBPP by massive vaccination campaigns funds. In order to further support disease control efforts, AU-IBAR and GALVmed carried out a needs assessment, purchased and supplied essential equipment to upgrade selected vaccine producing laboratories in addition to providing training in vaccine operation management and supporting mechanisms to quality assurance implementation in the laboratories. A study was conducted on strengthening vaccine distribution systems and a market survey on vaccine needs was carried out.

AU-IBAR has developed a continental project proposal for the progressive control of CBPP, which is awaiting resource mobilization for implementation.

Through the SMP project funded by USAID, AU-IBAR will continue supporting CBPP control efforts in IGAD region by underpinning the coordination and harmonization of TADs prevention and control and improving laboratory testing procedures.

10/ Rabies.

Dr Tabitha Kimani, FAO ECTAD for Eastern Africa.

Dr Kimani gave general information on Rabies and presented several maps such as the global rabies risk status in 2008, the 2010 outbreak status in Africa and the rabies distribution in 2010 in Africa.

She reminded participants with the recommendation n°11 of the previous GF-TADs for Africa: OIE and other animal health stakeholders take the opportunity to trigger greater collaboration with public health authorities at regional level to ensure that funding be directed at controlling the disease at its animal source.

She detailed activities implemented:

- (i) OIE has launched a global conference and strategy on rabies in September 2011,
- (ii) FAO has undertaken various prevention and control activities in Kenya, Cameroon or DRC for instance, and
- (iii) WHO designed a roadmap to guide implementation of the policies and strategies set out in the Global Plan to combat neglected tropical diseases (2008–2015).

Regarding planned activities AU-IBAR will support National Rabies Control programme in Guinea Conakry. FAO will support countries during World Rabies day and enhance systematic surveillance.

She gave information on the feasibility for control/eradication of Rabies in Africa. She explained that in Latin America, a coordinated programme of mass dog vaccination campaigns initiated in 1983 in Latin American countries has been very successful reducing human dog-mediated rabies by 90% in 2003. The WHO estimates that elimination of human rabies transmitted by dogs and dog-to dog transmission is achievable by 2015 (Latin America), and by 2020 (South-East Asia and Western Pacific regions). Intensified control and enhanced surveillance should lead to a 50% reduction of the number of human rabies deaths in South-East Asia and Western Pacific regions by 2015. Pilot studies coordinated by WHO in Tanzania concluded that there is no insurmountable problems to canine rabies control in most of Africa and dog vaccination is cost-effective.

She explained that Rabies remained a neglected zoonotic disease in Africa. Concerted efforts by human and animal health agencies were lacking and the problem of underreporting and data not being disaggregated could be contributing factors for the lack of visibility of the extent and impact of rabies.

She gave two recommendations:

- (i) Need for strategies to raise visibility of rabies in Africa requires adequate reporting and therefore concerted efforts to address under reporting. Assessment of dual burden and economic analysis must continue and
- (ii) joint actions/strategies are necessary to reduce rabies burden.

11/ Africa Swine Fever.

Dr Hiver Boussini, AU-IBAR, Animal Health Officer.

Dr Boussini provided an update on the situation of African Swine Fever (ASF) in Africa since 2008 as well as activities undertaken in 2011 and future planned activities to reduce the impact of ASF in the continent.

Although ASF is the most important swine disease in Africa, little is being done to reduce its socio-economic impacts. In addition to low level of awareness about the importance of the disease among stakeholders, there are not many control options unlike the other endemic diseases in Africa. For example, vaccine is not available yet to help control the spread and reduce the impact of ASF.

Based on historical data submitted to AU-IBAR, ASF appears to be endemic in the western, central, eastern and southern African regions with the number of countries affected by ASF increasing year

by year since 2007. In 2011 alone, 23 Member States reported occurrence of 411 ASF outbreaks causing a total mortality of 164,941 pigs in Africa.

In view of the impacts of ASF on the livelihoods of livestock farmers and economies of Member States, various interventions have been undertaken by AU-IBAR and FAO. In 2011, the two organizations organized a workshop for the central Africa region in N'Djamena, Chad with the view to come up with regional strategy to control the rapid spread of ASF in the region. Furthermore in 2011, AU-IBAR, FAO and ILRI drafted a continental strategy for the control of ASF. In collaboration with universities from the USA, among others, ILRI organized a regional workshop in Nairobi, Kenya to identify researchable issues on the diagnosis, epidemiology and control of ASF.

SESSION 4: Reporting on transversal topics

1/ BTSF programme and lessons learnt.

Dr Alain Dehove, Coordinator of the OIE World Animal Health and Welfare Fund and Dr Daniel Bourzat, OIE Regional Representative for Africa's advisor.

Dr Dehove presented a comprehensive and up-dated situation of the implementation of the OIE component of the EU-BTSF funded programme (the Better Training for Safer Food programme) and its main outputs. During the programme, seminars dedicated to OIE National Focal Points were organized. Dr Dehove reminded participants that terms of references of the 8 Focal points were ready (The OIE National Focal Point for Laboratory being the last one). He listed the objectives of the seminars carried out and gave a summary of all seminars completed. He also presented other seminars which were organized in Africa under BTSF programme e.g. Veterinary Education, Veterinary Governance, Veterinary Statutory Bodies, Veterinary legislation, diseases of Honey Bees, disease notification to the OIE.

Regarding twinning programmes, he presented the objectives and the global state-of-play of projects and requests. He explained that, in order to review progress and to identify lessons learnt to further strengthen the effectiveness of this programme, a technical and financial audit was implemented on three randomly selected twinning projects in early 2011.

Under BTSF, some PVS evaluation of Veterinary Services, PVS Gap Analysis, Follow-up of the evaluation of Veterinary Services, the improvement of Veterinary legislation were carried out and Dr Dehove gave the different state-of-play to date.

Dr Bourzat highlighted some aspects of the BTSF programme. All OIE Delegates seminars organized accounted for 650 men-day and 4400 men-day for OIE Focal Points seminars. He then presented lessons learnt of the BTSF programmes but without giving details. A future programme will have an impact, he said, if several key points are taken into account: a mandate focused goal, a vision, a need, a strong network, a strategic plan, motivated human resources, recognized tools, a monitoring and evaluation system, a loyal and confident partnership, a long term action, and at the end, appropriate and flexible funding.

2/ Update on research on PPR and new control approach.

Dr Renaud Lancelot, CIRAD.

Dr Lancelot explained that the recent eradication of Rinderpest (RP) was the result of mass vaccination and epidemiologically targeted campaigns coupled with an extensive, multi-way surveillance programme to ensure the continued absence of the infection. Its achievement was made possible by the continuous and strong mobilization of local and regional stakeholders, with a global coordination. This success story has increased the interest for Peste des Petits Ruminants (PPR), a widespread disease of sheep and goats caused by a Morbillivirus closely related to the RP virus. The

general principle for PPR control might be the same than for RP: progressive control using vaccination, and ultimately, eradication. Acknowledge-based strategy must be designed for PPR based on lessons learned from RP eradication, as well as specific, innovative control and surveillance actions.

Strengths and weaknesses for PPR eradication.

PPR has recently spread in Africa and Asia. This expansion might be explained by the loss of RP immunity in ruminants, and consequently, the progressive reduction of cross-protection existing between the two viruses. It is also probably related to the intensification of livestock trade associated with the huge growth of human populations in Africa and Asia, and the associated increase in red-meat needs.

A live attenuated vaccine based on the Nigeria 75/1 PPR virus strain is available. It was developed in the 80's by CIRAD (France) and Institute of Animal Health (UK). It is a safe vaccine providing lifelong immunity in small ruminants. It has been produced and used for decades in many African and Asian countries. Up to now, it is the only vaccine recommended by the OIE manual of standards. Since its efficacy relies on its viability, one of its drawbacks is its preservation, especially under tropical conditions. Recent works have demonstrated that specific additives could stabilize the vaccine for extended periods at temperatures above 37°C. Therefore, a PPR control programme can be based on this vaccine. Other attenuated vaccine strains have also been developed but their biological, efficacy and safety features are not so well known.

This vaccine does not have a DIVA1 property; this is not an issue since such property is mainly useful in reducing the cost and duration of the latest stage of PPR eradication. Research is currently implemented to develop a DIVA vaccine from the Nigeria 75/1 vaccine strain, using reverse genetics techniques. Several years are still needed before the delivery of a licensed product. In addition, efficient experimental recombinant capripox vaccines have been developed with improved thermostability, as well as DIVA and multivalent properties. Their release will necessitate the development of an industrial production process and address the issue of GMO delivery.

Rapid, sensitive and specific diagnostic tools have been developed for PPR and adopted in a wide community of veterinary laboratories. They are based on ELISA and conventional and real-time PCR, some of them being commercially available. In advanced stages of PPR control, a pen-side test able to quickly detect PPR infection in remote areas would be a major decision-making tool for surveillance or periferic-vaccination strategies. In addition, tests with highest specificity will be needed when PPR control programmes will be close to reach completion. At this stage, the DIVA vaccination strategy will be fully relevant and companion DIVA antibody-detection tests will be required in association with marked vaccines.

PPR primarily affects small ruminants. Some important questions are still pending, such as the susceptibility of camels and wildlife, and their role in PPR epidemiology, or the possibility for cattle to develop sub-clinical infection and excrete PPR virus. Also, small ruminant production systems and population dynamics are very different from cattle, and full access to goat populations is a major constraint in vaccination campaigns. The global population of small ruminants exposed to the risk of PPR infection is probably over one billion heads. While it is the same order of magnitude than the cattle population that had to be vaccinated against rinderpest, the small ruminant turnover is much higher, thus requesting more frequent vaccination campaigns to reach a sufficient level of protection. In addition, a successful PPR control programme will request active veterinary networks and animal health services, strong involvement of farmers, efficient national coordination, and links with local and reference laboratories for diagnosis and molecular epidemiology. The feasibility of PPR control at a national scale has been demonstrated in Morocco when PPR emerged in 2008. With the help of the FAO-OIE Crisis Management Centre - Animal Health, and of the FAO/OIE world reference

¹ DIVA: differentiating infected from vaccinated animals

laboratory (CIRAD), and the foreground role of the Biopharma national laboratory for PPR diagnosis and PPR vaccine production, the Moroccan veterinary services were able to rapidly set-up a national mass vaccination program. Together with an efficient disease surveillance network, the full PPR control was obtained within three years. However, this success is now hampered by the persistence of PPR virus in all neighbouring countries, thus highlighting the need for regional PPR control strategies accounting for local specificities in small ruminant production systems and trade, and their levels of implementation.

A better knowledge of PPR epidemiology at the local, regional and international levels would be useful to concentrate efforts on high-risk areas in the earliest and latest stages of the control/eradication programme. A socio-economic evaluation of PPR control will also be important to maintain the interest of all stakeholders– including financial partners - over the years.

The OIE collects and disseminates outbreak information reported by its country members. The system is efficient to detect PPR emergence in newly infected countries. Better reporting is achievable in countries where PPR is enzootic: this is important for a better assessment of PPR control progress. The role of national diagnostic laboratories and international reference laboratories, working as a network, is crucial in that matter. To support these questions, an OIE ad hoc PPR group was created in June 2011. It is in charge of assessing the status of countries regarding PPR. This initiative builds on the GF-TADs mechanism with the imperative of developing national, regional, and international skills and coordination, and a global strategy that ensures harmonized prevention and control measures. More generally, the implementation of the PVS process is an opportunity to strengthen the adoption of a common framework by national veterinary services to better control PPR, as well as other major epizootic diseases of economic importance.

Roadmap towards PPR eradication.

Mass vaccination campaign of small ruminants and camels should be implemented with the attenuated PPR strain Nigeria 75/1. Seed lots of the PPR vaccine should be provided to industrial manufacturers operating under good management practices. These industrials should integrate in their procedure the thermal stabilization stage. Vaccination will be implemented under the supervision of national veterinary services with the involvement of private vets and paravets, and farmers associations. An international coordination could be set up by GF-TADs.

Development of improved control tools with DIVA vaccine and its companion serological test, and pen-side tests will facilitate and reduce costs of the late stage of the eradication program.

Building capacity of regional and national laboratories, based on OIE twinning and similar programmes should be implemented and regional and national trainings organized by expert laboratories and inter-laboratory ring trials towards a global network of laboratories with standard serological and molecular assays.

Control measures should be adapted to local conditions through a better understanding of PPR dynamics including the evolution and molecular epidemiology of PPR virus, the role of camels and wildlife, and the development of PPR transmission and spread models to assess intervention strategies.

PPR surveillance should be harmonized at regional and global level, including implementation of regional information systems on animal mobility (transhumance, trade), molecular epidemiology, and updated maps of high-risk areas for PPR introduction and spread based on science-based risk assessment.

The socio-economic impacts of the disease and its control should also be evaluated.

3/ Good governance of veterinary services (PVS and PVS Gap Analysis).**Dr Alain Dehove, Coordinator of the OIE World Animal Health and Welfare Fund.**

Dr Dehove presented the OIE component of the EU-funded project “Reinforcing Veterinary Governance in Africa” launched in the beginning of 2012. He listed the different activities in the project:

- (i) Develop and/ or adopt legislation frameworks via the implementation of circa 30 OIE Veterinary Legislation missions (under the OIE PVS Pathway).
- (ii) Roll out ARIS in more African countries and assure safe interconnectivity with WAHIS.
- (iii) Conduct circa 40 OIE PVS Pathway Follow-up missions.
- (iv) Organize and implement two regional seminars on: Good Governance of Veterinary Services and the Use of the OIE PVS Pathway, including PVS Follow-up missions, for better compliance with OIE international standards on quality and evaluation of Veterinary Services.
- (v) Two kick-off regional seminars on veterinary legislation are foreseen.

4/ Trade and STDF projects.**Dr Daniel Bourzat, OIE Regional Representative for Africa’s adviser and Dr Henri Wamwayi, AU-IBAR Senior Policy Officer, Trade and Marketing.**

Dr Bourzat described the World Trade Organization, giving information on its background and on the total of member countries. He presented SPS trade disputes subject by subject for the years 1995 to 2011. He gave some information on the Aid for Trade Initiative, which was launched at the 6th Ministerial Conference in Hong Kong in 2005. This initiative aims to assist developing countries, particularly least-developed countries, to enjoy the opportunities offered by the multilateral trading system. He presented briefly the activities of the Committee on Trade and Development, which serves as the focal point for the coordination of all matters on trade and development in the WTO and moved quickly to the Standards and Trade Development Facility (STDF).

He reminded the participants that the FAO, the OIE, the World Bank, the WHO and the WTO established STDF. STDF is funded by voluntary contributions. It is a global partnership that helps developing countries improve their capacity to implement international sanitary and phytosanitary standards (SPS), guidelines and recommendations regarding human, animal and plant health, and to gain access to markets.

Finally, he gave details of STDF projects and project preparation grants for the whole world on one side, and by topics on the other side (animal, plant health, food).

Then, Dr Wamwayi provided a background on the situation of the trade in livestock and livestock products in Africa highlighting the position of Africa as a net importer of meat, milk and dairy products. He also outlined the key constraints to improvement of trade in animals and animal products in Africa and the activities initiated towards addressing some of these constraints. These include the support provided by AU-IBAR through the PAN-SPSO Project (Participation of African Nations in Sanitary and Phytosanitary Standard-setting Organisations) to improve the participation of African countries in SPS standards settings and compliance, the improvement of livestock certification in Somalia and activities towards the initiation of a forum for enhanced networking and communication among regional and continental stakeholders in order to promote intra-African trade in livestock and livestock products. The presentation of Dr Wamwayi proposed a way forward for improving trade in livestock and livestock products in Africa.

5/ Communication.**Dr Yacouba Samake, OIE Regional Representative for Africa.**

Dr Samake's presentation focused on missions of the OIE, especially their relationship with communication. The OIE missions are as follows:

- (i) Good Governance of Veterinary Services, recognized as a global public good because their activities benefit to all nations and all generations.
- (ii) Food security and food safety.
- (iii) Animal welfare.
- (iv) The relation between Human, animal, environment and animal diseases.
- (v) Scientific excellence and the setting of international standards.
- (vi) Communication and transparency of the world animal health situation.
- (vii) Influence the management of animal health worldwide.

Dr Samake recalled the resolution no. 21 adopted in May 2001 by the International Committee of the OIE on the role of communication within the Veterinary Services, as well as the communique of the Director General in May 2002 on "Better communicate".

Dr Samake reminded the participants of lessons learnt from previous animal health crisis, including mad cow disease and bird flu. He detailed objectives of communication in the OIE 5th Strategic Plan 2011 to 2015. He emphasized the shift from short term communication, e.g. emergency communication and communication about disease outbreaks, to medium and long term communication within the Veterinary Services.

Furthermore, he recalled the number of OIE National Focal Points appointed and responsible for communication. He focused on current and future capacity building activities to be implemented in 2012 and 2013.

Finally, Dr Samake described tools of communication, including materials developed by the OIE (as an external communication activity), such as the Vademecum of Delegates, as well as the access to information through the OIE website and the OIE website dedicated to Africa.

SESSION 5: Reporting on GF-TADs "tools" achievement in Africa**1/ Regional Animal Health Centers (RAHCs).****Dr Yacouba Samake, OIE Regional Representative for Africa.**

Dr Yacouba indicated that Regional Animal Health Centers (RAHCs) were initiated by the OIE with the FAO to respond more effectively and in a better coordinated way to threats of pandemic avian flu and other diseases which threaten the continent. AU-IBAR was quickly associated with these centers, as a regional organization implementing programmes of the African Union Commission. Initially, RAHC received support from the World Bank and some of its member states through the trust fund "Bird Flu".

He focused his intervention on the RAHC in Bamako. He reminded the meeting that the OIE Regional Representative for Africa was responsible of the Permanent Secretariat of the center, and that it was the first RAHC to be established by the OIE and FAO in April 2006.

The Conference of ECOWAS Heads of State approved the decision to establish the RAHC in Bamako as a specialized agency of ECOWAS.

It should be noted that the large room dedicated to training sessions of the RAHC in Bamako was revamped and equipped with the financial support of Mali Government, the OIE and USDA-APHIS.

Furthermore new offices were given by the Government of Mali to the OIE and equipped by the OIE to house the OIE Regional Representation for Africa. The building has two meeting rooms that could complement the training room of the RAHC.

Today, the OIE continues to be responsible for the permanent secretariat of the RAHC and covers all common expenses. However, the withdrawal of the AU-IBAR has automatically increased common charges currently covered by FAO and the OIE. According to the provisions and commitments vis-à-vis the Malian authorities and OIE partners, the OIE will continue to fund the RAHC until the effective management of the RAHC by ECOWAS is put in place.

The OIE remains fully committed to assist the transfer of the RAHC in Bamako to ECOWAS, as decided by the Conference of Heads of States held in Abuja in January 2012.

2/ Integrated Regional Coordination Mechanism (IRCM).

Dr Samuel Muryuki, AU-IBAR, Animal Health Officer.

Dr Muryuki explained that the Integrated Regional Coordination Mechanism for the Prevention and Control of Transboundary Animal Diseases and Zoonosis in Africa (IRCM) has been developed by the African Union through its technical offices for animal resources (AU-IBAR) and human health (Directorate for Social Affairs) in collaboration with global technical organizations namely FAO, OIE and WHO-AFRO. IRCM aims is to address the gaps in the technical capacities of AU Member States departments responsible for TADs and zoonosis and the coordination capacity of REC secretariats to support cross-border actions. The IRCM also aims to mainstream disease management interventions into Africa's institutional architecture, especially the RECs that are key actors in the Africa integration process.

Operationalization of the IRCM will be at REC level, with every REC developing an implementation plan focusing on specific regional priorities. On their part, technical offices of the Africa Union and global technical organizations and development partners, are expected to support the regional plans. In this way, it is expected that efforts against TADs and zoonosis will be mainstreamed, and subsequently achieve greater effectiveness and efficiency.

Over the reporting period, four RECs, namely SADC, EAC, ECCAS and IGAD, have developed implementation plans. However, only the SADC implementation plan has been presented and endorsed by stakeholders and is therefore ready for resource mobilization and implementation. Additionally, material and technical support has been extended to the SADC technical coordination committees (EIS and Lab and diagnostics to conduct their routine functions). Similar support is earmarked for the other SADC sub-committees with the objective of having them function fully in line with the IRCM objectives in order to use them as a model for other RECs. Achievements have also been realized in the promotion of the one health agenda through sensitization of professionals from the three health domains from 20 countries. Efforts have also been initiated to establish coordination mechanisms in IGAD and ECCAS.

3/ GLEWS – OFFLU – CMC-AH.**Dr Njeumi, FAO Animal Health Officer.**

Dr Njeumi explained that OFFLU, the OIE-FAO global network of expertise on animal influenza, deals with laboratories, the Crisis Management Centre – Animal Health (CMC-AH) with animal health management and the Global Early Warning System for Major Animal Diseases including Zoonoses (GLEWS) with data collection.

He gave some useful information on CMC-AH and explained its mandate and field activities and its link with GLEWS to track all information. He detailed outputs of missions on the field from the identification of a problem, the analysis of the problem and the organization of missions, which led to a TCP to support affected countries. He also explained that the CMC-AH was requested to formulate and implement a rinderpest contingency plan to keep the world free from rinderpest.

He informed the participants that the Good Emergency Management Practice (GEMP) was reviewed during a workshop in Uganda in November 2011.

The functioning of GLEWS, a tripartite initiative, was described. In particular, the list of diseases included in the mandate of GLEWS was tabled. Dr Njeumi finally summarized the activities of GLEWS.

He described OFFLU, its establishment and its recent activities. The OFFLU website was presented at the end of the presentation.

After the presentation, Dr Dehove gave update information on GLEWS, emphasizing the recommendations of the meeting in Atlanta. A new GLEWS concept should be designed and named “GLEWS +” with new Advisory Committee and management, with the introduction in the mandate of risk assessment and the establishment of links with some relevant websites in animal health such as Promed, etc. He concluded his remarks by saying that the concept note of GLEWS + should be ready soon.

SESSION 6: What is next?**1/ GF-TADs for Africa - Action Plan.****Dr Daniel Bourzat, OIE Regional Representative for Africa’s adviser.**

Dr Bourzat explained that the OIE has been requested to prepare the draft of the GF-TADs for Africa 5-year action plan, mainly because the OIE is not an implementing agency. He put emphasis on the fact that GF-TADs for Africa is a platform to exchange information, to benefit from the experience of other partners and other regions in the world.

He presented chapter by chapter the provisional version of the 5-year action plan.

He detailed the principles, which take into account the gist of recommendations of different regional committees to benefit all regions. The 5-year action plan contains six principles:

- (i) Prevention and control of TADs at source are public goods,
- (ii) Early detection, rapid response and adequate to prevent the spread of the event
- (iii) The Veterinary Services work in line with international standards of the OIE and with quality of governance of Veterinary Services,
- (iv) Investment in good governance is cost beneficial
- (v) Control at animal source
- (vi) Reinforcement of human resources at national, regional and international level.

He described priority animal diseases by region and gave the list according to their importance: PPR, FMD, CBPP, Rabies, RVF, ASF and NCD in that order. He pointed out that the reinforcement of veterinary services through PVS pathway was also a priority.

He listed the four objectives of the 5-year action plan:

- (i) to reinforce synergy and collaboration,
- (ii) to reduce negative impact of animal diseases on production, animal health, public health, regional economy
- (iii) to promote a good governance of VS, with the use of international standards and
- (iv) to ensure adequate funds so as to prevent diseases including funds for compensation schemes.

He mentioned some specific objectives such as:

- (i) The improvement of information systems at national, regional and international level,
- (ii) The reinforcement of surveillance and notification,
- (iii) The improvement of laboratory capacities,
- (iv) The work to be done with decision-makers to convince them that funding of livestock is cost-effective,
- (v) The promotion of the private sector, etc.

Then, he explained that the document justified and explained disease by disease the 5-year action plan.

He finally stated that the document was however not yet finalized because:

- (i) Quantitative and qualitative indicators will have to be designed in the coming months and
- (ii) Activities year by year will have to be described. The document will soon be circulated to all partners.

2/ GF-TADs financing.

It was proposed by the President of GF-TADs for Africa that RECs should be much more involved in the financing of activities anticipated in GF-TADs.

The OIE Representative indicated that GF-TADs has a cost supported by the three organizations. Partners must know that there is a strong involvement of the three organizations in activities of GF-TADs. Contributions in kind must continue. A new distribution of costs could be redesigned as far as organization of meetings is concerned between the three organizations.

COMMENTS AND DISCUSSIONS**I/ Institutional aspects**

During the discussion GF-TADs had to be clarified in all aspects, mandate, roles, etc.

GF-TADs for Africa is part of the ALive platform and is the key tool for the control of animal diseases including zoonosis. The ALive platform is a very strong political platform for donors and other partners. One must keep in mind that the initial agreement between FAO and OIE in 2004 is the most important instrument for GF-TADs. In general, GF-TADs is a loose arrangement between partners to exchange views and ideas but it is also the continental framework to coordinate activities and a focal point between networks. Partners have to inform their networks (regional offices, other partners, etc.) of the activities of GF-TADs. In this regard, IRCM should clearly avoid duplication of GF-TADs' objectives. An evaluation of the Global and regional GF-TADs had been carried out at the request of donors and the report is available.

Objectives of IRCM support those of the One Health Approach. It is an important concept for Africa and in line with the tripartite agreement between OIE, FAO and WHO. IRCM is a good initiative mainly due to its link with RECs. Two reservations were made regarding IRCM:

- (i) it is not an institution and
- (ii) it is not a recipient.

IRCM initiative could then be included in GF-TADs. It was admitted that a major challenge would be to reinforce the capacities of RECs so as to coordinate activities related to animal health. International Organizations are available to strengthen discussions on what IRCM should be.

In Africa, RECs and other actors are involved in the control of animal diseases including zoonosis but one must admit that it is sometimes not easy to have RECs on board during meetings. It is true that some of them are newly established organizations and have few human resources for livestock activities and this is major constraint. It was stated that building technical capacities in the livestock sector within RECs will be the next challenge.

It was emphasized that RAHCs are important from a donor's perspective as a way of facilitating collaboration between technical partners. The involvement of the OIE, FAO, AU-IBAR and also the relevant RECs was considered as a very strong signal for donors. RAHCs are considered by donors as an important tool to ensure coordinated responses as far as animal health and zoonosis threats and crisis are concerned. In Eastern Africa, a RAHC exists despite the fact that the collaboration with OIE, AU-IBAR and FAO is not yet institutionalized. No agreement has yet been signed between partners. The huge contribution of RAHCs in animal health improvement in Africa was noted. It was expressed that all RAHCs should be adopted by RECs as their technical component. In future, regional organisations were urged to be once again part of RAHCs.

II/ Technical aspects.

With regard to the provisional document on the 5-year action plan of the regional GF-TADs, AU-IBAR's contributions have been taken into consideration. FAO's contributions on the provisional have not been provided to the Secretariat. Since, RECs had not yet provided their contribution, and it was pointed out that, as mentioned in the 5-year action plan, they should be more involved. As a conclusion, it was stated that it would be important to ensure links between GF-TADs, RECs and countries.

Country Veterinary Services still do not always report correctly sanitary events. The improvement of notification means the improvement of national surveillance networks, but experience shows that project approach is not appropriate. For instance the EU-funded PACE programme, the Pan African Programme for the Control of Epizootics, established surveillance networks in sub-Saharan countries but most of them collapsed at the end of the programme.

The finalization of the inter-operability between ARIS II and WAHIS systems will be considered as an improvement in the notification of animal diseases. The inter-operability of databases is perfectly consistent with the obligation of notification of OIE Member States.

Rinderpest exit strategy was discussed. Two situations exist:

- (i) Countries are free to retain the ownership of their material (virus) submitted to AU-PANVAC.
- (ii) Countries may send their materials to AU-PANVAC but remain co-owners of the materials with AU-PANVAC. AU-PANVAC laboratory biosecurity level 3 is now ready and awaits for the assessment mission of experts from the OIE and FAO which could be carried out by May 2013. One and a half million Rinderpest vaccine doses are stored in AU-PANVAC. More vaccine can be produced if necessary. An Agreement was signed in June 2012 between the OIE and FAO regarding Required Activities to Maintain Global Freedom from Rinderpest . Research work will be necessary to verify cross protection between PPR and Rinderpest. AU-PANVAC has an important role to play as far as virus sequestration is concerned and vaccine production.

Regarding future progressive control pathway of PPR, it was stated that it will be crucial to work on the quality of vaccines and AU-PANVAC will have an obvious role to play in this field.

Rabies is a key priority for the OIE, FAO and WHO and this was reaffirmed several times in tripartite concept note as well as in global meetings. In Asia, under GF-TADs, donors are funding stray dog oral vaccination. The success of this activity will surely lead to an extension in Africa.

The Pan-African Tsetse and Trypanosomiasis Eradication Campaign (AU-PATTEC) was commissioned by AUC to fight against Trypanosomiasis and the Director of AU-PATTEC was happy to have the opportunity to present information regarding Tsetse flies and Trypanosomiasis. He expressed the wish to be part of GF-TADs for Africa so as to present the work done each year. He explained that a Memorandum of Understanding has already been signed between FAO and AU-PATTEC so as to increase the efficiency of the eradication of Tsetse flies.

CMC-AH is a very useful tool to respond quickly to an animal health emergency but the collaboration with Reference Laboratories should be improved. For instance, samples collected during a field mission by experts of the CMC-AH should be sent to several Reference Laboratories.

RECOMMENDATIONS

Considering:

1. The recommendations of the 3rd GF-TADS Global Steering Committee (GSC3) and particularly recommendation number 8 related to the GF-TADs five-year strategic action plan to be developed,
2. That GF-TADs Africa five-year action plan should be in line with the Comprehensive Africa Agriculture Development Program (CAADP),
3. The current epidemiological situation of TADs and zoonoses in Africa as provided by OIE and AU-IBAR using reporting tools (WAHIS and ARIS), and recognizing the need to improve surveillance systems in order to address the gaps in the epidemiological knowledge of prioritized diseases in Africa,
4. The general consensus among participants that recommendations of the Steering Committee of the GF-TADs for Africa should target prioritized diseases such as Rabies, African Swine Fever (ASF) and Newcastle disease (ND),
5. The 2011 declaration of Rinderpest eradication at global level, the ongoing post-eradication phase and the establishment of the FAO/OIE Rinderpest Joint Advisory committee,
6. The recommendations of the FAO/OIE Global Conference on Foot and Mouth Disease (FMD) Control held in Bangkok, Thailand in June 2012 especially those referring to the FMD Progressive Control Pathway (PCP), the regional specificities in Africa, the PVS Pathway and OIE official recognition of country control programme and disease status,
7. The ongoing activities and progress made on Peste des Petits ruminants (PPR) control by AU-IBAR, OIE, FAO and other partners;
8. The need for concrete actions on the “One Health” approach, including better information sharing on TADs and zoonoses;
9. That donors require appropriate coordination mechanism and strong basis to justify the investment being made in the animal health sectors;
10. That Veterinary Services are global public good and that reinforcing their governance is crucial for animal health, food safety and food security; while ensuring safer trade in animals and animals products in Africa;
11. The IRCM initiative and progress made,
12. The need expressed by participants for a more inclusive membership within the GF-TADs, and
13. The uncertainties related to funding of GF-TADs Africa;

The Steering Committee of the GF-TADs for Africa recommends that:

1. The Regional GF-TADs for Africa 5-year Action plan drafted by the secretariat be reviewed by GF-TADs members, finalized and approved by OIE, FAO and AU-IBAR;
2. The framework of GF-TADs for Africa promotes the elaboration and cooperation on integrated regional strategies for high impact diseases and zoonoses (AU-IBAR, FAO, OIE);
3. AU-PANVAC and relevant partners ensure implementation of recommendations of the FAO/OIE Rinderpest Joint Advisory Committee;
4. AU-IBAR and partners continue advocacy for resources mobilization to address Rinderpest-like syndromes and trade sensitive diseases,
5. The OIE explores the feasibility to include a critical competency related to the Rinderpest post-eradication effort within the OIE PVS Evaluation tool,
6. The GF-TADs Working Group on FMD continue to promote the use of the Progressive Control Pathway (Action led by OIE and FAO),
7. Ongoing activities related to the assessment of economic impact of high impact diseases be promoted (Action led by FAO, AU-IBAR and OIE),
8. The PPR control strategy be enhanced taking into consideration latest scientific knowledge and regional and country programmes (AU-IBAR, FAO, OIE, relevant partner's institutions),
9. AU-PANVAC provides required quality certification services for vaccines including PPR, ND and other priority TADs,
10. AU-IBAR, FAO and OIE to pursue the finalization of CBPP progressive control programme and appropriate regional strategies and funds mobilization;
11. AU-IBAR, FAO and OIE to continue ongoing efforts in finalizing the development of the ASF control strategy including project formulation and resource mobilization by engaging other relevant partners,
12. Follow up on recommendations on first Global Conference on Rabies with increased commitment of RECs and national veterinary services in implementing control programmes and trigger greater collaboration with public health authorities to ensure that funding be directed at controlling the disease at its animal source (especially in dog population),
13. African countries be encouraged to undertake the PVS Pathway and to take ownership of its outcomes in order to improve the good governance of their Veterinary Services and to ease access to funding both internally and externally using round tables (OIE, AU-IBAR, FAO),
14. The preparedness, prevention and control of TADs and zoonoses at RECs and country levels be strengthened through the Integrated Regional Coordination Mechanism (IRCM) and the Good Emergency Management Practices (GEMP) (Action lead by AU-IBAR in close partnership with OIE and FAO),
15. IRCM activities be reported at GF-TADs Africa in support of GF-TADs efforts in Africa and serve as a mechanism for linkage with RECs and MS and the coordination of interventions,

Furthermore, the 7th SC GF-TADs Africa endorses the membership of AU-PANVAC and AU-PATTEC of the SC.

The Steering Committee thanks AU-IBAR for supporting and hosting the GF-TADs 7th Steering Committee.