

Outcomes of the second SGE CBPP, Africa (Lusaka, Zambia)

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World Organisation
for Animal Health
Founded as OIE



Founding Member Countries: Chad, Nigeria, Somalia, Zambia; proposal for one country from North Africa (Maghreb region) to be endorsed by RSC

Inaugural meeting 6 – 15 June 2023, Online

Priority Topics

1. Strategy
2. Surveillance
3. Diagnosis
4. Vaccines
5. Policy
6. Research





Priority topics for the SGE

1. Strategy	Development and validation of strategic plans at various levels of governance (national, clusters of neighbouring countries, sub-regions, the continent and/or the international community, for higher prioritisation of the disease (technically and financially).
2. Surveillance	Enhanced surveillance leading to improved disease intelligence for better and more reliable reporting of the disease.
3. Diagnosis	Enhance networking between national reference laboratories, national reference laboratories offering regional services and international reference laboratories, and, in time, increase the number of WOA/FAO Reference Laboratories in Africa.
4. Vaccines	Availability of good quality vaccines and vaccination approaches to increase vaccination coverage and efficacy
5. Policy	Policy issues pertaining to the continuum between private good, public good and the development of PPPs, for improved supply and demand of inputs, enhanced (movement) control, cross-border cooperation and export trade facilitation.
6. Research	Collaboration with research institutions and researchers to generate evidence on socio-economic burden of CBPP, drivers for and effects of antibiotic use (sequestra, LAV, prudent use)



- 23rd – 25th July 2024, Lusaka Zambia, option for online presentations
Objective was to discuss Strategy
Participation: 27 (30% French speaking, 37% women)



Participants CBPP SGE II Group photograph. Picture © G. Bazimo (woah) 2024

- WOAH-listed disease (Terrestrial Animal Health Code) with Members obligation to report
- **State of play:**
 - Limited *reflection of actual field presence* of CBPP portraying CBPP as a neglected disease despite its burden in Africa, Under-reporting, low surveillance, lack of official reporting
 - Lot of *variation in surveillance capacity* among Member(s) Countries/States, leading to differences in the ability to monitor and report
 - Limited *infrastructure* for CBPP surveillance and diagnosis;
 - Limited facilitation for *sample* collection and submission;
 - Difficulty to access critical *reagents* and proficiency testing, including ELISA kits, and complement fixation;
 - *Uncoordinated vaccinations* at federal/*national* level with seemingly lack of clarity on vaccination coverage, post-vaccination sero-monitoring and vaccine quality control systems in place to determine the immunity response rate or vaccine efficacy;
 - Control efforts remain uncoordinated with *neighbouring* countries, especially problematic where cross-border livestock movement is happening;
 - Limitations to implement timely *quarantine* and stamping out operations

- **Capacities of National Veterinary Services**
 - **Investments** in **building** capacities of Veterinary Services
 - Strengthened capacities for **labor providers** during vaccination campaigns
 - Solutions for deployment and delivery of **vaccines**
 - **Alignment** in implementation with other **priority** disease strategies
 - Utilise existing capacity development initiatives and **cost-effective** vaccination **strategies** such as:
 - **Zoning** approaches,
 - Test-and-slaughter methods,
 - Surveillance for early detection and response
 - Combined vaccination (LSD, like with RP) supported by evidence
 - WOAHA's official control programme endorsement and status recognition for CBPP,
 - Online training platform and remote electronic support such as telediagnosis and among others
- **Stamping-out still seems to be the best approach but Vaccination-based control** remains the rule in Africa, mostly due to lack of compensation mechanisms

Use of epidemiological data to apply zoning is an effective approach to target interventions accordingly.

National strategy consists:

- Removing all clinical cases as soon as they are reported
- Conduct vaccination only in endemic areas
- Maintaining the free zone as free of vaccination

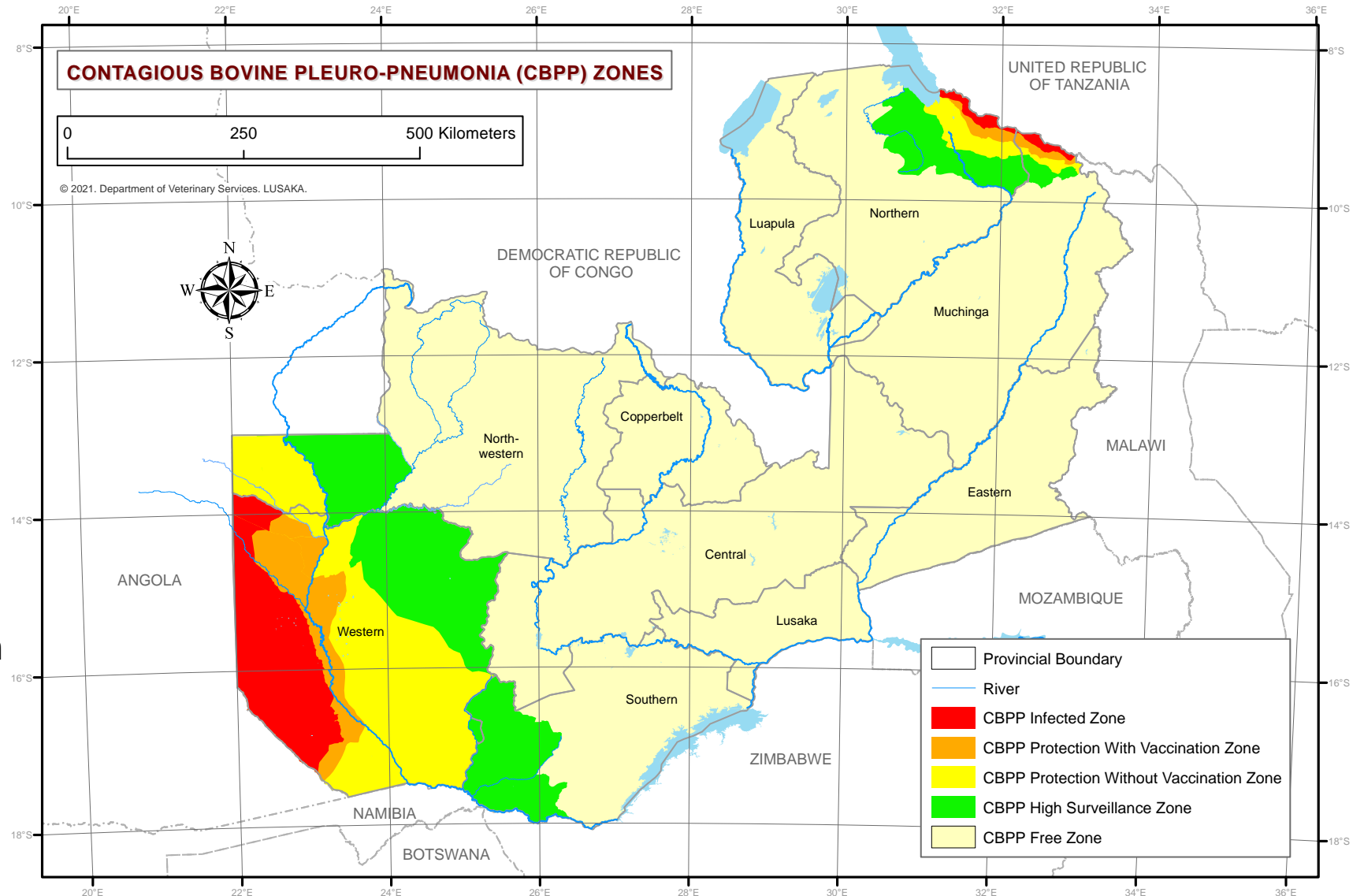
Surveillance at slaughter is most useful method to detect cases and enable traceback of exposed animals.

Private sector involvement to support off-take following test-and-slaughter methods is a viable option for countries to explore.

- Meat and meat products safe commodity (in absence of compensation, sale)

WOAH endorsed **Official Control Programme** (2022), Namibia (2015)

Map showing Zoning approach in the fight against CBPP. Source : Ministry of Fisheries and Livestock (Zambia)



CBPP CONTROL INTERVENTIONS

- *Weather* and *livestock movement* are the key drivers for CBPP spread (ILRI modelling study, unpublished)
- Countries advised to apply movement control linked to an animal identification and traceability system to support pharmaco-vigilance and vaccination monitoring

*“...‘Yes we can’ is Zambia’s statement. This is borne from the **resilience** of our forefathers who managed and braced through diseases like rinderpest. The eagle, which is part of Zambia’s flag, reminds us to develop resilience so we can rise above CBPP. Our national anthem states that Africa is blessed, let her people join as one. Even with CBPP we shall **join as one and eradicate** it from the continent. We should extend a hand to one another...”*



Countries reporting vaccination against CBPP as a control measure in Africa (2019-2024). Source: WAHIS (WOAH) 2024

- **Official Control Programmes are useful as a checklist for countries to monitor progress and receive scientific reviews from international experts**
- **Countries need to determine first whether they engage on**
 - (a) **progressive control of CBPP or**
 - (b) **an eradication roadmap**

Anti-biotic use

- **Use of antibiotics in the control strategy in light of concerns of AMR/AMU**
- **Comparative analysis for anti-biotherapy versus vaccination strategies or a combination**

Develop and implement realistic strategies ensuring their integration into *national strategic documents and financing mechanisms*, to *unlock national resources* for CBPP control activities.

Field veterinarians report farmers receptive to vaccination but not supportive of sero-monitoring, hence importance of conducting more producer education alongside implementation of traceability measures

More effective antibiotics are costly, not readily available. Most accessible are oxytetracyclines, rarely are tylosin and 2nd generation macrolides such as tulathromycin and gamithromycin.



- **Coordination**

- Limited information sharing
- Harmonisation of approaches across borders amongst neighbouring countries, planning and joint activities
- Informal trade and animal movement along trade corridors (endemic to non-infected zones) motivated by market prices in non-infected zones

- **Political influence**

- RECs promote political goodwill in Member Countries to support implementation of MoUs and policy review to enhance cross border cooperation and collaboration especially related to trade corridors, transhumance, informal livestock movement channels

- **Capacity building**

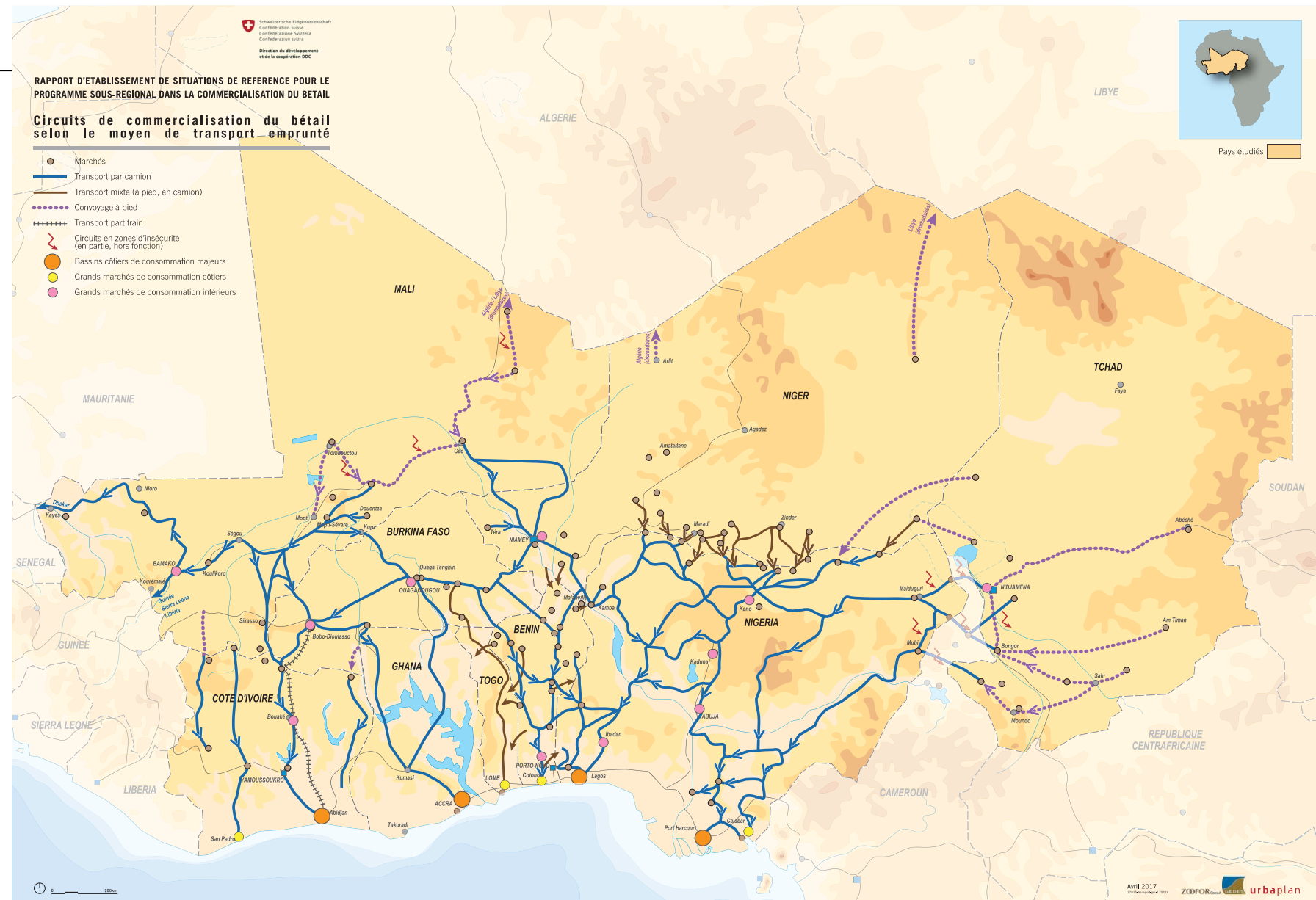
- Strengthening epidemiology and lab network for information sharing
- Inform priority technical topics to advance CBPP control
- Common funded programs in sub-region, monitoring progress, facilitating consultations e.g. PRAPs
- PPP in vaccination campaign, especially where there is capacity for supervision and regulation



Policy issues

- Use of Anti-biotics
- Regulation and monitoring Anti-biotics use
- Border controls
- Quarantine stations

Bilateral agreements/Memorandum of Understanding (MoU)



Map showing Cattle marketing circuits in West Africa, according to means of transport (by lorry, on-hoof, both/mixed, by train). Map provided by the Regional Animal Health Centre (RAHC) for West Africa (ECOWAS), Bamako, Mali.

- **Regional Strategy**

- Commitment by AU-IBAR for a Continental CBPP Strategy
- Development through participatory approaches between 2025 – 2027
- Strong monitoring and evaluation (M&E) component to track actions and results
- Partners willingness to support the process, AU-PANVAC, WOAHA, FAO and partners

Capacity Development

- Better understanding of infection foci
- Wider use of telediagnosis with remote support using calls and photos as an option for enhanced surveillance in remote areas where contacts are non-vets
- Enhanced Reporting, including suspicions, based on abattoir and field slaughter surveillance
- Collaborations to strengthen diagnostic capacity and access to vaccine
- Innovations like use of mobile based applications that support telediagnosis cum remote assistance



Global Strategy not anticipated, CBPP remains a continental priority

- Interest in the global recognition of freedom of CBPP disease/infection

Research coordination

- To improve CBPP vaccine production capacity, vaccines providing longer immunity
- Diagnostics, improved diagnostic capabilities and techniques, DIVA tests, penside tests (prospects for commercialisation)
- Evidence to inform control strategies on combined antibiotic and vaccination protocols
- Guidance on antibiotic use
- Assessment of the socio-economic burden of CBPP

Standards and guidelines for management in endemic areas

- Guidance on use of antibiotics

Capacity Building

- International Reference Laboratories technical capacity building for Members, including twinning programs, research and innovation, networking and technical support for development of control strategies

International Linkages:

- Necessary linkages with other regions, partners



National (GO)

- Promote a national strategy guided by full understanding of epidemiology of CBPP, to support zoning where feasible,
- Vaccination plan (informed by the epidemiology), coordinated across affected areas followed by sero-monitoring as a measure of vaccination efficacy, supported with accurate data on vaccination coverage (in target areas/zones) and acquired immunity
- National programmes to advance community awareness, build trust and participation in reporting, control and implementation of biosecurity measures
- Clarity on approach (eradication) or progressive control, OCP (WOAH), EPP
- Prioritize abattoir surveillance, basic diagnosis for early detection
- Stewardship over proper use of anti-biotics
- Implementation of strategies (funding upon validation)

Regional/Africa or Continental (GO)

- Continental strategy (custodian: AU), convening and political weight
- Strengthen capacities for Veterinary Services
- Continental guidance and technical solutions for production, deployment and delivery of vaccines
- Stakeholder consultations for cost-effective actions plans, socio-economic considerations



Conclusion on Strategies:

Sub-regional (RECs) (NO-GO)

- Critical to facilitate collaborations and cooperation between MS (agreements, MoUs, common funded programs, monitoring, consultations)
- Control efforts through an ecosystems approach, based on CBPP foci, drivers of disease spread (animal movement, seasonality, value chains) not admin boundaries
- Support for National strategies alignment (clustering with neighbouring countries, shared borders).
- Cascade continental strategy at national level
- Collaborative project proposals

International/Global Strategy (NO-GO)

- CBPP largely limited to Africa, but enabling all countries worldwide to aim for freedom of disease status (advocacy)
- Research coordination
- Standardised framework or set of protocols for CBPP control (cost-effective strategies)
- Technical support and capacity building: Diagnostic support via lab networks for enhanced networking covering lab services, innovative detection and characterization methods
- Coordination via GF-TADs mechanism, including SGE

Thank you!

WOAH Regional GF-TADs Secretariat

[GF-TADs for Africa - WOA - Africa](#)



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