

A Continental Emergency Fund for Transboundary Animal Diseases (Africa TADS-Emergency Fund)

A first line of defense for TADs, One Health, safe trade and sound livestock economies in Africa

Linked instruments GF-TADs Africa; Regional Animal Health Centres (RAHCs) of the RECs; WOAHA; AU-IBAR Integrated Regional Livestock Value Chains (IRLVC) Programme

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1. Purpose

AU-IBAR proposes the establishment of a Continental Emergency Fund for Transboundary Animal Diseases (Africa TADS-Emergency Fund): a standing, ring-fenced financing facility that can be activated rapidly whenever a transboundary animal disease (TAD) emergency threatens African herds, livelihoods, food security and trade. The Fund would sit under the umbrella of the GF-TADs partnership — the joint FAO–WOAH–AU framework for TAD control — and operate through the Regional Animal Health Centres (RAHCs) of the Regional Economic Communities (RECs). It would deliberately be held outside the annual operating budget of any single GF-TADs organisation, as a pooled, jointly governed instrument capitalised by development partners, development finance institutions (DFIs), the private sector, Member States and RECs. [19]

2. Rationale: a financing gap exposed by recurrent emergencies

Africa carries a disproportionate share of the world's livestock — approximately 73% of camels, 45% of goats and sheep and 34% of cattle — and the sector contributes an estimated USD 210 billion to the continent's GDP (30–40% of agricultural GDP), supporting about 800 million livestock keepers, producers, traders and service providers. [20] Yet the continent still imports roughly 90% of its dairy, 94% of its beef and 95% of its poultry from outside Africa, and formal intra-African livestock trade

remains around 16% of the total. [20] TAD emergencies repeatedly set back the very value chains that could close this gap.

Two recent events illustrate both the threat and the absence of a dedicated continental response fund:

- Rift Valley fever (RVF), West Africa, 2025. Between 20 September and 30 October 2025, Mauritania and Senegal reported 404 confirmed human cases and 42 deaths; WHO described the outbreak as “unusual in its scale and severity.” [1] In Senegal alone, 360 cases and 21 deaths were confirmed before the outbreak was declared over in January 2026. [3] WOAHA confirms RVF as a priority disease of the GF-TADs platform in Africa, with onward spread risk through livestock movement toward Mali and the Gambia. [4]
- Foot-and-mouth disease (FMD), Southern Africa, ongoing. South Africa is experiencing its worst FMD episode on record: having lost its disease-free status in 2019, the virus has since reached all nine provinces. [5] By August 2025 over 50,000 cattle had been slaughtered in Gauteng alone, and 900,000 emergency vaccine doses had to be imported from Botswana. [6][8] The outbreak has crossed borders — Botswana lost its disease-free status and Mozambique has confirmed cases — triggering export suspensions across the sub-region. [5][7]

In both cases, response financing was assembled reactively, country by country, after the damage was already spreading. The recent contraction of long-standing external support — including the funding closure at FAO's Emergency Centre for Transboundary Animal Diseases (ECTAD) — has widened this gap further. [5] Africa lacks a pre-positioned, continentally owned instrument able to release funds in the first hours of a TAD emergency notification, before slower programme and donor cycles can mobilize to save the livestock health status and ensure mitigated effects on investments and trade.

3. Why a dedicated animal-health fund, separate from human-health funds

Controlling disease at its source in animals is the first line of defence for One Health. Even where a pathogen is zoonotic — as with RVF — the most cost-effective point of intervention is the animal population, before spill-over to people occurs. A dedicated animal-health fund therefore protects human health upstream, complementing rather than duplicating human-health instruments.

Crucially, many of Africa's most damaging TADs are not zoonoses — FMD, peste des petits ruminants (PPR), African swine fever (ASF), contagious bovine pleuropneumonia (CBPP) and lumpy skin disease do not infect humans, yet they devastate herds, food security and trade. Human-health emergency funds (e.g. WHO's Contingency Fund for

Emergencies, ACDC Epidemic Fund and the global Pandemic Fund) are mandated around human disease and would not finance, for example, an FMD vaccination campaign, emergency vaccination of cattle, or trader compensation. A separate, animal-specific facility is therefore necessary to cover the full TAD spectrum — both zoonotic and non-zoonotic — and to act decisively at the animal source.

4. The economic case: safe trade and sound economies

A single TAD detection can close an export market overnight. The consequences for African economies are severe and well documented:

- RVF-related bans on Horn of Africa livestock by Saudi Arabia and Gulf states caused livestock-sector losses estimated at USD 109 million (1998–99 ban) and USD 326 million (2000–2002 ban), plus roughly USD 45 million in foregone government export taxes; the pre-ban export market was worth about USD 600 million. [15]
- Live-animal exports through Berbera fell from nearly 3 million head in 1997 to just over 1 million in 1998 — about USD 100 million in lost exports — with livestock prices dropping by around 30% across Eritrea, Ethiopia and Somalia. [16]
- The 2000–2009 ban lasted nine years; a later partial ban (2016, on RVF and FMD detections) combined with COVID-19 disruptions cost the Somalia livestock sector (in Somaliland) an estimated USD 207 million in a single year — a 62% reduction against potential earnings. [17]

A fast, credible emergency fund shortens outbreaks, supports rapid regaining of disease-free status, and reassures trading partners — protecting both the revenue base of exporting countries and the food security of importing ones.

5. The proposed Fund: scope, principles and governance

5.1 Scope and eligible uses

Activated on a verified TAD emergency, the Fund would finance time-critical actions that no single Member State can mobilise fast enough alone, including:

- Emergency vaccines, antigen and diagnostics — procured at scale through WOAHP Vaccine Banks and regional and national producers (with AU-PANVAC quality assurance);
- Rapid surveillance, laboratory confirmation and WAHIS notification support;

- Movement control, biosecurity, stamping-out and, where appropriate, trader/farmer compensation to incentivise early reporting;
- Coordination, deployment of rapid-response national teams, technical backstopping if needed and regional risk communication through the RAHCs.

5.2 Design principles

- Ring-fenced and additional. Held under GF-TADs, separate from the core budgets of FAO, WOAHA and AU-IBAR. [19]
- Fast by design. A rapid first tranche for the first 24–72 hours, with larger tranches for scale-up. [9]
- Trigger-based and evidence-led. Activation tied to a verified WOAHA/WHOIS, ad or ARIS notifications and RSC/RAHC validation. [4]
- Revolving and replenishable. Advances are reimbursed or replenished so the Fund is always ready. [11]
- Multi-source and blended. Capitalised by partners, DFIs, private sector, Member States and RECs.

5.3 Governance architecture

The Fund would be governed by the GF-TADs Africa Regional Steering Committee (RSC), which already convenes the AU (AU-IBAR, AU-PANVAC and the eight RECs), FAO and WOAHA and is currently chaired by the Director of AU-IBAR. [19] A small Fund Governing Board drawn from the RSC tripartite would set policy and approve activations; a neutral financial trustee would hold and disburse funds; and the GF-TADs Secretariat would serve as technical secretariat, working through the RSC at continental level to the RAHCs at regional level.

6. Establishment: process, legal and contractual architecture

Standing up the Fund as a credible, auditable facility would follow a clear sequence:

1. Endorsement. The GF-TADs Africa RSC endorses this concept; AU-IBAR develops the full design and business case with FAO, WOAHA, AUPANVAC and RAHCs.
2. Political legitimacy. The proposal is tabled to the relevant policy organs (AU Specialized Technical Committee on Agriculture and the Executive Council, WOAHA GS, FAO Governing bodies) to secure Member State ownership and a collaborative mandate.

3. Legal instrument. The Fund is constituted as a ring-fenced trust/financial-intermediary facility governed by a Fund Charter (or Trust Deed) and Operations Manual, hosted under RSC GF-TADs for Africa and explicitly excluded from any partner's core budget.

4. Trustee and host. A neutral fiduciary trustee — for example a multilateral development bank or the African Development Bank — administers the account; AU-IBAR/GF-TADs` technical secretariat.

5. Contractual cascade. Contribution Agreements with each funder; then Grant / Disbursement Agreements with RAHCs, RECs and Member States, carrying flow-down compliance, expenditure-verification, audit and reporting obligations.

6. Activation protocol. An Operations Manual defines eligibility, objective triggers, ceilings per tranche, and turnaround times, modelled on some established funds for human emergencies rulebooks. [9][11]

7. High measures: fiduciary and governance safeguards

Speed must be matched by control. The Fund would embed the following safeguards:

- Segregated, independently held account with no commingling with organisational budgets; a neutral trustee.
- Objective activation triggers anchored in WOAH/WAHIS or and ARIS notifications to prevent discretionary or political release. [4]
- Compensation rules designed to reward early reporting while avoiding moral hazard.
- Independent annual and post-event audits, expenditure verification, procurement rules and anti-fraud / Anti-Money Laundering (AML)controls.
- Results and contribution tracking through a shared dashboard, with transparent public reporting on every activation.
- Conflict-of-interest and environmental & social safeguards, with mandatory replenishment after each draw-down.

8. Link to the IRLVC: a de-risking fund for intra-African livestock trade

The Africa TADS-Emergency Fund is the natural animal-health de-risking layer for AU-IBAR's Integrated Regional Livestock Value Chains (IRLVC) transformative programme. IRLVC seeks to mobilise USD 500 million to USD 1 billion of public, DFI and private investment into regional livestock corridors in its first phase. [20] The single largest

deterrent to private capital in these corridors is the catastrophic tail risk of a TAD outbreak that can close an export market overnight — exactly the shock that wiped out hundreds of millions of dollars in Horn of Africa trade. [15][17] A standing emergency fund directly mitigates that risk, making feedlots, processing, dairy, leather and poultry investments more bankable and crowding in the private sector as both beneficiary and co-investor.

Linking this Africa TADs Emergency Fund, to existent continental programmes for livestock investments and trade- such as IRLVC- will strengthen the fund toward derisking of value chains investments, measurable outcome in facilitating trade, and encourage private sector and Banks to contribute, as they can calculate the return on the investment by this fund on economical and social impact for livestock value chain production and uninterrupted trade.

In line with IRLVC Phase 1 geographies, the Fund would start by covering COMESA, IGAD, ECOWAS, and EAC working through their RAHCs, before extending to other RECs. This keeps the de-risking instrument aligned, corridor by corridor, with the value chains IRLVC is preparing for investment — protecting safe trade, sound economies and the One Health frontline at the animal source. [20]

References

- [1] WHO. “Rift Valley fever – Mauritania and Senegal.” Disease Outbreak News, 5 Nov 2025 (404 confirmed human cases, 42 deaths, 20 Sep–30 Oct 2025; “unusual in its scale and severity”).
- [2] Africa CDC. “Rift Valley Fever Makes a Comeback in Senegal and Mauritania.” 2025.
- [3] CIDRAP. “Rift Valley fever outbreak in Senegal ends.” 14 Jan 2026 (360 confirmed cases, 21 deaths in Senegal).
- [4] WOA. “Statement on Rift Valley fever in West Africa.” 16 Oct 2025 (RVF a GF-TADs priority disease in Africa; movement-related spread risk).
- [5] Science / AAAS. “As foot-and-mouth disease explodes in South Africa, experts warn of threats in other countries.” 29 Apr 2026 (spread to all nine provinces; Botswana lost disease-free status; FAO ECTAD funding crisis).
- [6] Republic of South Africa, Department of Agriculture. “Foot and Mouth Disease Outbreak Report, 31 August 2025” (SAT2 serotype; >50,000 animals slaughtered in Gauteng).
- [7] CCARDESA. “Foot and Mouth Disease Spreads Across Southern Africa Raising Economic and Trade Risks.” 2026 (Mozambique confirmation; export suspensions).

[8] Borgen Project / SAnews. FMD vaccination drive, 2025 (first batch of 900,000 vaccine doses imported from Botswana, June 2025).

[9] WHO. “Contingency Fund for Emergencies (CFE)” and 2025 annual report (initial tranche up to USD 500,000 within 24 hours; USD 100 million target capitalisation; ~USD 30 million released in 2025 for 24 emergencies in 40 countries).

[10] ALNAP / WHO. “Contingency Fund for Emergencies: Enabling Quick Action to Save Lives” (CFE established by the World Health Assembly, May 2015, after the 2014 West Africa Ebola outbreak).

[11] FAO. “Special Fund for Emergency and Resilience Activities (SFERA)” and Annual Report 2023 (established 2004; USD 431.7 million received through 2023; revolving and programme windows; HPAI response).

[12] WOAHA. “Vaccine banks” and “State of the World’s Animal Health 2025” (active rabies and PPR banks; ~30 million rabies doses delivered to Africa and Asia; PPR bank for Africa since 2013; Gates Foundation, World Bank and EU support).

[13] AVMA / WOAHA. “State of the World’s Animal Health 2025” (Türkiye developed and deployed an FMD vaccine within 37 days, covering 90% of the national cattle herd).

[14] PAHO/PANAFTOSA. “Regional Antigen Bank for Foot-and-Mouth Disease – BANVACO” and PAHO Revolving Fund (antigen reconstituted to vaccine in 4–14 days; 41 countries access vaccines up to 75% cheaper).

[15] Soumaré B. et al. (2006). “Effects of Livestock Import Bans Imposed by Saudi Arabia on Somaliland for Sanitary Reasons Related to Rift Valley Fever” (losses USD 109 million and USD 326 million for the two bans; ~USD 45 million foregone export taxes; pre-ban market ~USD 600 million).

[16] FAO. EMPRES Transboundary Animal Diseases Bulletin – Rift Valley Fever (Berbera exports fell from ~3 million head in 1997 to ~1 million in 1998, ~USD 100 million lost; prices down ~30%).

[17] Idriss S. et al. (2021). “Zoonotic diseases and the COVID-19 pandemic: Economic impacts on Somaliland’s livestock exports to Saudi Arabia.” (2016 partial ban on RVF and FMD detections; ~USD 207 million in losses, a 62% reduction, in 2020).

[18] Quartz Africa (2022), citing ILRI (Horn of Africa annual livestock exports ~USD 1 billion; livestock ~75% of Somalia’s exports and ~40% of GDP).

[19] WOAHA-Africa / AU-IBAR. GF-TADs for Africa Regional Steering Committee structure and RSC12 outcomes (Mbabane, Eswatini, 11–13 March 2025; AU-IBAR Director re-appointed Chair of the RSC for Africa).

[20] AU-IBAR. Integrated Regional Livestock Value Chains (IRLVC), (Africa holds ~73% of camels, 45% of goats/sheep, 34% of cattle; imports ~90% dairy, 94% beef, 95% poultry; livestock ~USD 210 billion of GDP, 30–40% of agricultural GDP, ~800 million livestock keepers; ~16% intra-African trade; Phase 1 investment ambition USD 500 million–USD 1 billion).