



**WORKSHOP ON RIFT VALLEY FEVER IN SOUTHERN AFRICA:
HOW CAN WE BETTER PREDICT AND RESPOND**

Bloemfontein, South Africa

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Opening remarks

By Dr Bonaventure Mtei,

OIE Sub Regional Representative for Southern Africa

Hon Minister

Distinguished guests, speakers and participants

Ladies and gentlemen

It is my pleasure and honor, on behalf of the Director General of the OIE and on my own behalf to welcome you to this important meeting on Rift Valley Fever in Southern Africa.

Allow me in the first place to thank you most sincerely for accepting OIE's invitation to be here. I also like to express OIE's gratitude to the Government of South Africa through the Department of Agriculture for its generosity to host this meeting and to you Hon Minister for accepting to come and officiate this opening session.

This is by no means the first meeting of this kind in Africa. Similar workshops and seminars have been held to address RVF problems in Northern, Western and Eastern Africa. OIE wants this meeting to be different. It brings experts from these previous meetings to share their knowledge on this disease with Southern African experts where RVF is re-emerging and posing a threat to both animal and human health; hence the theme of the workshop "To better predict and respond".

As you all know RVF Virus was first isolated in Kenya in the 1930's and since then it has been associated with substantial perinatal mortalities and abortions in ruminants in Africa as well as in the Middle East. Epizootics occur periodically after heavy rains allowing the primary vector and reservoir mosquitoes to hatch. The association between climate change and RVF outbreaks is now widely accepted and is a subject for further scientific investigation. It is widely predicted that climate extremes (e.g., drought, floods) will become more frequent and it is

possible, therefore, that significant epizootics of vector-borne diseases, such as Rift Valley Fever, could become more common in parts of Africa and Southern Africa for that matter.

High levels of viraemia in animals lead to infection of secondary arthropod vector species with virus amplification in animals and finally collateral infection in humans. It is very unfortunate that in most of the RVF outbreaks so far, humans act as sentinels; a clear indication of failure of national veterinary services to detect the disease in animals at an early stage. Humans normally suffer mild febrile illness, but between 1-2% of infections may be fatal as a result of haemorrhagic fever and or encephalitis. A significantly large proportion of patients end up developing retinitis, with a possibility of losing vision.

In Kenya and Tanzania, more people have died from the 2006 – 2007 RVF epidemic alone, than from human cases of H5N1-type avian influenza worldwide over the past 5 years. This does not render avian and human influenza less important, but it justifies putting RVF high on our list of priority diseases

I can therefore not over emphasize the importance of RVF, not only as a zoonosis, but also in terms of its impact on trade of ruminants and subsequent loss of income for livestock owners in affected areas. All the evidence collected to date suggests that there is a change in risk factors favouring outbreaks of RVF in uninfected areas in Southern Africa; hence the need to develop and implement appropriate surveillance systems for early warning and rapid response programmes.

The negative impact of RVF can significantly be alleviated if countries are capacitated through good veterinary governance as per OIE standards and guidelines to develop and apply sanitary measures for disease control and prevention to satisfy the appropriate level of sanitary protection.

RVF interventions in Southern Africa will inevitably require a common approach from national, regional and international organisations. OIE, together with its partners, FAO, WHO and AU-IBAR ~~we~~ are committed to provide technical support to SADC Secretariat and SADC Member States in developing models based on risk parameters, including agro-meteorological data to forecast potential RVF Virus activities.

Partnerships, collaboration and communication between OIE, FAO and WHO and national veterinary and public health authorities should improve and maintain surveillance of RVF to detect the disease in animals followed by rapid actions to stop further spread and protect humans from being infected.

The research community at large, as well as the pharmaceutical industry, must pursue the development of more and better vaccines, drugs and diagnostics. Ironically, the fact that RVF is now not only threatening Africa and the Middle-

east, but also Europe, seems to favour renewed scientific interest in the disease and renewed funding efforts on behalf of governments and donor-institutions.

As a Representative of the OIE, I must also insist on the Member States' compliance to their obligations on animal disease reporting by promptly notifying all outbreaks of RVF to the OIE as part of the World Animal Health Information System (WAHIS).

Let me finish by acknowledging the support of the European Commission, which through the European Development Fund is helping the OIE strengthen the technical capabilities and capacities of veterinary services in this part of the world. As much as this is a scientific forum for exchange of ideas on how to tackle this disease, from the OIE's point of view it also serves as a capacity-building exercise and we would want every senior veterinary official in this room to leave Bloemfontein on Wednesday with a profound understanding of the disease, its prevention and control.

Let me also thank and name the numerous organisations which fielded their experts to this meeting at their own expense : the Department of Agriculture of South Africa, the Food and Agriculture Organisation, GALVMED, Institut Pasteur in Paris, Istituto Zooprofilattico Sperimentale in Teramo, the International Livestock Research Institute ILRI, the Onderstepoort Veterinary Institute OVI and Onderstepoort Biological Products, the SADC Secretariat and the United States Department of Agriculture.

We highly appreciate your support in turning this meeting into a success despite the short notice given.

My last words are directed to the representatives of the donor community and the bilateral and multilateral cooperation agencies: finding a cure is one thing, administering it to a large number of patients is still another, and requires considerable technical, logistic and financial support.

I cannot predict at this stage of the meeting, what participants will recommend as a way forward to better predict and respond to this disease, but I would be surprised if it wouldn't include an appeal for renewed mobilisation of national and external financial resources to fight RVF and I hope that when the time comes, we will be able to count on your support.

Once again I thank you all for being here and thank you for your attention.