GF-TADs for Africa

9th Steering Committee
Ouagadougou, Burkina Faso

8 – 9 July 2014

Draft minutes and recommendations
Session 1:

Welcome - Opening Remarks and Presentation of the Agenda

The Delegate and CVO of Burkina Faso, Dr Lassina Ouattara, chairman of the session, welcomed the steering committee and wished for good deliberations. Opening statements were received from the President of the Steering Committee (SC) and FAO Regional Animal Production and Health Officer, Dr Cheikh Ly, UEMOA representative Dr Soumana Diallo, Dr Baba Soumare from AU IBAR, Dr Yacouba Samaké OIE Regional Representative for Africa and Secretary of the GF-TADs for Africa. The agenda of the SC9 meeting was adopted unanimously with minor modifications. After self-introductions of the participants (see Annex 3) the status of implementation of the recommendations of SC8 was presented by the Secretariat and adopted (see Annex 1).

Matters arising from the discussions on the recommendations:
1. Secretariat required to be provided with information regarding progress in implementation of the recommendations;
2. Partners pleaded to Members Countries to improve sharing of the OIE PVS Pathway reports (evaluations and Gap Analysis) to facilitate and customise technical assistance to Members. The Members should use the reports when doing advocacy for development/investment; and
3. Increase opportunities to exchange information between partners on opportunities for labelling activities for GF-TADs;

Session 2:

Governance aspects

Update from the Global GF TADs, including Global Action Plan

Mr. Fulvio Biancifiori, Coordinator from the GF-TADs Global Secretariat presented activities at the Global and Regional levels including meetings which will be labelled under the GF-TADs platform. These include the launch of global platforms for ASF and other pig diseases and their training courses to cover post mortem, sample packaging, diagnosis, etc. The west Eurasia FMD meetings by FAO/OIE intends to develop further guidance on FMD-PCP based project proposals. Each country is expected to identify and nominate focal points for the FMD PCP. Other initiatives reported were on prioritization of TADs on regional and sub-regional basis, cost effectiveness of investments in prevention of TADs. Dr Biancifiori elaborated on performance indicators that need to be addressed to streamline and facilitate reporting of performance. He briefed the SC9 on progress regarding the development of the GF-TADs website (www.gftads.org) that will be hosted by FAO. However the secretariat will be responsible for the costs and management. Website Focal Points from OIE and FAO for information verification and accuracy have been identified. SOPs and procedures were in place. Upcoming events were listed (see Annex 3).
Regional GF-TADs for Africa 5-year Action Plan (2012-2016)

Dr Y. Samaké introduced and outlined the status of implementation of the 5-year Action Plan covering disease list, objectives labelling process and criteria. He reiterated the need for information from members and implementing authorities to provide the Secretariat with up to date information which is not readily available.

Activities by various partners supporting the action plan were highlighted and included livestock development strategy for Africa, various training courses eg. FAO ASF course, diseases prevention and control strategies being developed for Africa by partners, official endorsements of national control strategies, VSPA activities on PPR, Rinderpest sequestration activities, and reinforcement/strengthening of veterinary services in Africa. National and regional Technical Cooperator Programs were also highlighted.

The partners discussed options for improving implementation of the 5-year Action plan. The SC9 agreed to collectively populate performance indicators and prioritise this work. The 5-year Action plan is to be completed with baseline situation for the following tentative diseases: FMD, PPR, CBPP, ASF and RVF. The update on diseases status will be focused on these 5 diseases and will be reported on a template to be provided by the GF-TADs Global Secretariat.

The SC9 agreed to highlight and showcase Members’ benefits and success stories from undergoing an OIE PVS Evaluation and Gap Analysis so as to promote the sharing of the reports with technical and development partners. Publishing reports on public open access platforms (websites) such as OIE website and Member Countries websites such as Rwanda were given as examples that should improved sharing. Partners have been granted electronic access to the reports by the OIE.

Tsetse and Trypanosomosis complex were discussed.

Session 3

Reporting on TADs situation in Africa

Update on epidemiological situation in Africa

The epidemiological status of priority diseases in Africa in July 2013 and early January – June 2014 was presented by Dr N. Mapitse from OIE. 40 of 54 Africa Member countries reported information for 2013 and early 2014 with the highest number reporting ASF, CBPP, FMD, HPAI, ND, PPR and Rabies.

FMD continues to be the most reported TAD in Africa with 20 countries affected by FMD SAT1,2,3, O and A serotypes in 2013 and early 2014. In 2013, Namibia, South Africa (Limpopo and Mpumalanga), Zimbabwe (Masvingo, Matabeleland North), and Tunisia, reported reoccurrences. Guinea, Botswana and Zimbabwe reported reoccurrences in 2014. Notification of reoccurrence of FMD Serotype O in cattle, sheep & goats in Tunisia after an absence of 15 years was mentioned.

African Member Countries (mainly in southern Africa) with official recognition of freedom from FMD (country or zone) in 2013 and 2014 with vaccination and or with zone(s) free from FMD where
vaccination is not practiced were listed. Algeria, Morocco and Tunisia are countries with official recognition of FMD control Program.

Twenty (20) reporting African countries have been affected by PPR in 2013 and early 2014. However the disease is present in a number of countries in Africa and there is an increasing presence of PPR globally. Angola, Algeria and Comores reported the presence of PPR in the reporting period.

Mauritius and South Africa were the only OIE Member Countries recognised as free from PPR according to the provisions of the OIE Terrestrial Code.

12 reporting countries have been affected by ASF in 2013 and early 2014 and the reoccurrence of ASF in Benin and Zambia were also mentioned.

CBPP is present in Central, Eastern, Western and parts of Southern Africa, but is still absent in North Africa. 16 reporting countries have been affected by CBPP in 2013 and early 2014. The SC9 discussed extensively the CBPP epidemiological situation in Guinea, Senegal and Mauritania and the neighboring countries. Movements of infected animals including transhumance were highlighted as critical factors in the CBPP status. The SC9 also discussed and noted the difficulties some countries were facing regarding identification, traceability and vaccination of animals as strategies for the control CBPP.

There is a global decreasing percentage of presence of HPAI. Three (3) reporting countries have been affected by HPAI and 1 reporting country has been affected by LPAI in 2013 and early 2014 and these were Libya, Egypt and South Africa, the latter recording a new strain of H7N7 in 2013. Newcastle disease was reported by 30 countries in domestic birds and 8 countries in wild birds. Other diseases covered included rabies and rift valley fever.

**Commonly reported diseases in Africa**

Dr Hiver Boussini from AU–IBAR presented commonly reported diseases in Africa from 2010 to 2013. A decline of countries reporting was from 49 to 24 (for 2010 to 2013) with the biggest decline observed in 2013. Disease outbreak data was presented on an annual basis, for selected diseases, data on species basis. Total losses were quantified in total livestock units (TLU) and estimated in monetary value. ASF and Newcastle diseases were top diseases contributing to losses in livestock and poultry respectively. Challenges including absence of reporting, under-reporting and timeliness, quality of reports were highlighted. Quality also referred to lack of completeness or inconsistent and technically wrong data. Poor linkages and collaboration with other data sources, including the private sector and lack of proper validation of data contributed to the challenges.

Almost all major diseases are present with high prevalence rates in the continent and diseases are emerging and re-emerging in hitherto free areas. Africa suffers from incomplete information on animal diseases that is largely due to under-reporting. For improving data and management of information, AU IBAR proposed (i) continuous capacity building of MS and RECs, (ii) comprehensive information management system in countries and RECs; (iii) strengthening of collaboration and data sharing between organizations (RECs, IBAR, OIE and FAO) and (iv) effective interoperability between existing information systems such as OIE/WAHIS, FAO/TAD Info, RECs IMS¹ and AU-IBAR through ARIS-2 can play a major role in data management and sharing.

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¹ Information Management Systems
Update on Diseases

Foot and mouth disease Progressive Control Pathway

Dr Joseph Domenech on behalf of the joint FAO/OIE FMD Working Group presented the activities of the Working Group, the state of play of the Global FMD Control Strategy and the related tools such as GLEWS, Network of reference Laboratories, CMC-AH, etc. The report also covered global, regional activities and work done to support Member Countries such as Uganda’s Karamoja region, OIE FMD missions to some Asian and southern African countries. The WG has prioritized resources mobilization and production of guidelines for the socioeconomic studies. He explained the linkages between OIE procedures and standards (country status/endorsement of official control programs, etc.) and the PCP, the critical competences of the PVS tool and the PCP stages. A number of Northern African countries have their national control strategies endorsed by the OIE.

A laboratory networking meeting for East Africa countries will be hosted by Rwanda and the key topics for discussion will be the identification of focal points for communication on matters of FMD PCP and possibly the establishment of the GF-TADs Regional Advisory Group whose terms of reference are already available.

Foot and Mouth Disease

The OIE’s Scientific Commission for Animal Diseases (SCAD) ’s Ad hoc Group on FMD met three times in 2014 and finalized the guidelines for various activities regarding FMD. Expert missions in Southern Africa were carried out satisfactorily in Namibia, Botswana, South Africa and Swaziland. SCAD is receiving more requests on applications for country evaluation of disease status. The SC9 noted that a number of countries were willing to put more resources on FMD control and therefore need the support of the GF-TADs partners.

Peste des petits ruminants: progress on the development of a global strategy

AU-IBAR presented the status of the Pan African Program for the Progressive Control of PPR. The program acknowledges and has linkages with the proposed global strategy and other subregional strategies such as the SADC and the Horn of Africa (SHARE) program. The program which has continental, regional and national levels has 4 phases as follows:

- Phase 1: Epidemiological and social-economic impact studies (Y1);
- Phase 2: Containment phase (Y1-4);
- Phase 3: Roll back (Y3-5) and;
- Phase 4: Verification and freedom (Y1).

The plan forward is to continue with resources mobilisation, assist Members to develop national strategies and foster coordination and partnerships.

The development of the global strategy on PPR will continue in earnest and a meeting planned for October 2014 for Africa will follow the FMD PCP principles and apply an interdisciplinary approach.
Needs, challenges, cost recovery issues and public private partnerships requirements are already identified. Existing tools will be strengthened including laboratories, epidemiological teams, PVM tools, vaccination tools, PVS and PPR GREN. Research and knowledge platform though recognised as not core domains in the strategy will be developed. An international conference is planned in Abidjan in March 2015 when the PPR Global Strategy will be launched. Positive progress and impact of the VSPA pilot project in Ghana and Burkina Faso were noted.

Dr B. Diop from the FAO emphasized that the PPR Global Strategy should be developed with a strong focus on food security, exchange of information, protocols and methodologies to control PPR and other small ruminants diseases according to regional priorities. The Strategy will consider different scenarios according to the conditions in the field (vaccine delivery, post-vaccination monitoring tools, etc.) and will be composed of regional and country specific strategies. The Regional TCP/SFS/3403 to build capacity building to prevent PPR introduction into Malawi, Mozambique and Zambia will end in 2014. It includes the establishment of PPR vaccines bank. FAO/IAEA Joint Division is preparing SADC countries veterinary laboratories for PPR diagnosis through provision of PPR diagnostic kits and implementation of PPR proficiency tests in 2014/15. The Supporting Horn of Africa Resilience (SHARE) program has approved budgets for Kenya and Djibouti at 6,000,000 Euros each while for Ethiopia the approval was pending.

The e-conference - Global Research and Expertise Network (PPR-GREN) attracted 302 participants and collected inputs from the scientific, technical and policy decision-makers and interested stakeholders from 3 February to 15 March 2014. It was organized by FAO and OIE with the platform hosted by FAO.

UEMOA reported that the region benefitted from the World Bank program to control PPR and ND and UEMOA contributed 70% to the costs. The program is in its 3rd year.

The SC9 noted the use of the acronyms for the various disease programs may create confusion for the partners and the Member Countries and agreed to keep certain acronyms e.g. PCP for the actual programs as agreed.

**African swine fever (ASF)**

AU IBAR presented an update on the ASF Task Force established jointly by AU IBAR, FAO and ILRI. A first version of a regional ASF Control Strategy was developed with components for a comprehensive strategy. Was adopted and contributed to the regional and continental strategy. A regional TCP facility has been requested to FAO and is still under process. The OIE reported on the activities of the Scientific Commission on Animal Diseases (SCAD) 2013/2014 including the ASF Ad hoc Group meeting of April 2014 that updated the Code Chapter on ASF and aligned it with CSF Code Chapter. New ASF specific surveillance measures were addressed and the report will be discussed in September 2014 with the view for adoption in May 2015. The SC9 was also updated on the “OIE - CIC Joint International Meeting on Early detection and prevention of African swine fever and other animal health issues at the wildlife-livestock-human interface” scheduled in Paris, 30th June – 1st July 2014.

The initiative was presented in Rome in 2013 at a launch meeting in 2013 (Global platform for ASF and other important swine diseases). East Africa has an ASF working Group with country focal points all coordinated by Uganda. The SC was updated on the African swine fever outbreaks in Europe and reported between 2007 and June 2014. Disease surveillance in wildlife (wild boar) remains an important challenge that Africa could learn from.
Contagious bovine pleuropneumonia (CBPP)

UEMOA presented the status of CBPP in West Africa and a Strategy and control Program for CBPP in its Member Countries. The Strategy has been validated by Directors of Veterinary Services. A workshop was convened to get baseline information on matters such as OIE PVS Evaluations, CBPP status, vaccinations, and sustainability of networks. The recommendations of the workshop included in-service training of staff of VS in the region, support to vaccine producers and more research.

It was noted that historically there has been a panel of experts on CBPP that had a positive impact on the control of CBPP. Such expert groups facilitated the implementation of recommendations and strategies at regional and/or global level. The SC9 recommended that such a panel be instituted. FAO updated the SC9 on the continuing work on the Framework for Progressive CBPP Control. The outcomes will be developed and shown with key performance indicators.

A TCP for Gambia is near closure and the country faces challenges to undertake follow up/annual vaccinations and is risking to miss vaccination as scheduled. Senegal also submitted a TCP which is under review by FAO, for the provision of CBPP vaccines.

Not all cattle are slaughtered at slaughterhouses offering post-mortem inspection services. The information regarding the incidence and prevalence of CBPP is therefore under-reported. There is therefore a lack of epidemiological and socioeconomic data to influence decision-making. The control of the disease relies more on movement restriction difficult to implement with extensive cattle rearing systems of Africa. Separation of the local/national cattle versus transhumance cattle is important for traceability of the disease and implementation of appropriate control measures. Vaccines are also not as effective. Control also requires financial resources that most countries are unable to meet.

The SC9 recommended that an update of CBPP situation for West African countries (Gambia, Senegal, Mali, Mauritania) and surrounding countries be conducted to determine the next steps which may follow a regional approach.

Avian and other influenza viruses

An update of H7N9 detected in China in March 2013 was made by FAO. The infection was limited to South and East China in 15 provinces including Hong Kong SAR and Taiwan Province. Two waves of outbreaks were observed from March to May 2013 and from July 2013 to now. Chicken and quails were affected. Pigs and wild birds were not affected. Control measures implemented including closure of live birds markets led to the control of the outbreaks and showed that a multisectoral approach worked well.

FAO has developed a Regional TCP “Emergency assistance for surveillance of Influenza (A H7N9) in poultry and other animal populations in Africa” in collaboration with AU IBAR in order to assist countries to proactively prepare themselves in reducing the potential negative impact of H7N9 to the livelihood and human health and in improving resilience in the event of a pandemic. Target countries (11) are those that had recorded avian influenza in previous occasions and those that trade with China. A training workshop was conducted for the beneficiary countries in May 2014 in Ethiopia on surveillance and epidemiology.
Rabies

A Stepwise Approach towards Rabies Elimination (SARE) program targeting RESOLAB region is geared towards improving capacity for rabies diagnosis in laboratories. The program involves training especially on ELISA and immunofluorescent techniques, provision of laboratory supplies such as microscopes and reagents, advanced diagnostics such as virus isolation and sequencing. The program also assists developing countries to set up national control plans. The program is not prescriptive, not risk based tool and is multisectoral. Information sharing is done through seminars in Africa such as the OIE regional Seminar on Rabies in Niger in 2014, international conferences, and the celebration of World Rabies Day (WRD).

FAO provided an update on its technical assistance to Republic of Congo on the outbreak at Pointe Noire. OIE informed the SC9 of the proficiency testing exercise on Rabies FAT with Rwanda, Cameroon, Congo, DRC and Uganda conducted by the OIE reference Laboratory in South Africa. The collaboration between the laboratory in Nantes (France) and Burkina Faso was also acknowledged by the SC9.

Challenges that cover all levels were identified including biosafety/biosecurity at laboratories, multisectoral collaboration issues, vaccination coverage and ownership of good practices at community level. Tripartite (FAO/OIE/WHO) involvement on the One Health approach was evidence of strong commitments by the respective organisations.

Rinderpest virus Sequestration

Member Countries have submitted and continue to deposit rinderpest containing material (RVCM) to AU PANVAC. However some countries are still holding on to RVCM. The joint Advisory Committee (JAC) on RVCM did a site inspection of holding facilities in Africa and selected AU PNAVAC as a depository for the Africa region. There was only one application from Africa. The JAC has developed contingency plans in case of outbreak. Twenty-two (22) countries had reported holding the RVCM to the OIE. The 2014 OIE World Assembly of Delegates made a resolution on procedure for holding facilities and guidelines on applications. The JAC also made recommendations on PPR research.

Rift Valley Fever (RVF)

A brief on the project Vmerge including risk modeling was presented by FAO. A RVF vaccine meeting was held in Rome in March 2014. The meeting recognised that other RVF vaccine issues were more critical than the DIVA vaccines. The RVF meeting in Dakar invited both veterinarians and physicians to discuss the disease.

SF PROCNADA

The exit strategy of the program “Vaccines for the Control of Neglected Animal Diseases in Africa” (VACNADA) proposed the "African Initiative for the Progressive Control of Neglected Animal Diseases: Development of a Strategic Conduct for the Progressive Control for Neglected Animal Diseases & Zoonosis in Africa” (SF-PROCNADA). It is led by AU IBAR and is intended to introduce practical, proportional and sustainable measures to control neglected animal diseases (NAD). The definition of
NAD in the African context was agreed and the intervention areas such as “assessment of the socio-economic impact, coordination and partnerships” were also determined. CBPP, TB /Brucellosis complex, ND, ASF, rabies among others were identified as NAD.

The strategy is to be consolidated with inputs from Member Countries and presented to the SC of GF-TADs for Africa. Resource mobilisation and operationalization of the strategy will immediately follow. The SC9 discussed the merits and flaws of the approach in qualifying the targeted diseases as NAD and if considering them for resource mobilisation. The SC9 agreed that some of the diseases considered cannot be named NAD such as CBPP. The terms of NAD have been revisited as they also refer to other group of diseases.

Emerging Diseases

MERS Cov
FAO updated the SC9 on the Middle East Respiratory Syndrome (MERS-Cov) and reported that it affected most Middle-East countries and especially Saudi Arabia, UAE, Qatar, Jordan and Yemen with reported cases. The disease was spread by travel. Both camels and humans have been tested positive and retrospective surveillance studies showed that the disease was present as far back as 1992. Camel rearing countries are at high alert. WHO, FAO and OIE conducted joint missions on the disease. The Muscat Declaration emphasised the needs for research, coordinated surveillance, systematic determination of source of origin and a communication strategy.

Pending issues are the determination of dromedary camel viruses and their relationship with humans and more research needed on the genetic diversity of the African viruses and their human infectivity.

Ebola virus Epidemic
The present outbreaks are reported as starting in Guinea and spreading to other countries in West Africa. Fruit bats are involved in the epidemiology. USDA in Dakar planned a meeting between the veterinarians and medical personnel to share knowledge and promote OH Approach on Ebola virus disease and its control. Bush meat management may be critical in the control of Ebola.

PED
Porcine Epidemic Diarrhoea (PED) is a recent emerging disease of swine worldwide and caused by a virulent alpha coronavirus. Piglets die within 5 days and adults become sick and lose weight. Movement of swine and pork products will place countries at risk of PED. Therefore strengthening border inspection and surveillance will reduce the risk. OIE Codes on biosecurity and their related measures will help for results. A meeting led by OIE at the request of the Members was held following the General Session in May 2014 to discuss PED. The OIE’s Regional Commission for Europe has requested to further discuss PED and Africa can benefit from the recommendations.

The SC9 reiterated the importance of a multisectoral approach (One Health) in tackling such events. Zoonotic diseases are entry points for collaboration on OH Approach. The SC was informed that there was a committee that was looking into naming of diseases with respect to removing any reference to regions, countries etc. which currently carries negative connotations. The committee has considered a number of diseases and developed guidelines on disease nomenclature for any emerging infection. The process is not yet concluded. The possible impact of miscommunication regarding evolving situation related to emerging and re-emerging diseases such as Middle East Respiratory Syndrome (MERS-CoV), Porcine Epidemic Diarrhoea (PED), and Influenza A H7N9 demands that any communication related to
emerging and re-emerging diseases be based on scientific facts and GF-TADs partners should provide the necessary guidance.

Session 4

Reporting on transversal topics

Trade and STDF projects

The background and mandate of the WTO STDF were presented. Three Project Preparation Grants (PPG) are already approved in Africa. AU IBAR has the “Trade and Improved Livelihoods in Aquatic Production in Africa” (TILAPIA) 50,000 USD approved in October 2013 and ending on December, 2014. The project includes participation of OIE, FAO and AU-NEPAD. The “Development of information resource on veterinary drug residues to support trade in safe products of animal origin [CABI]” was funded at a tune of 76,660 USD. The PPG was approved in March 2014. COMESA “Feasibility study on the concept of the COMESA Green Pass” was funded for 90,000 USD and ended on March 2014. Another PPG “Breaking barriers, facilitating trade in COMESA member states” (900,000 USD) was approved in March 2014. Ethiopia PPG “Assessment of SPS capability and building of institutional capacity to enhance Sanitary applications in Ethiopia” funded at 50,000 USD was rejected in March 2014. It was resubmitted in July 2014 with some amendments. The objective of Cameroon’s PPG (560,000 USD) with technical support from FAO, is to enhance the control of TADs. It will end on November 2014.

There were very few proposals on animal health, animal products trade, animal welfare including bees received by the STDF and Member Countries were encouraged to submit PPGs.

The SC9 noted with concern that the WTO seems to be pushing for its STDF’s Multi-Criteria Decision Analysis (MCDA) tool at the detriment of other technical tools such as OIE PVS (performance of veterinary services) and FAO’s PCE (phytosanitary capacity evaluation) in the appraisal of project proposals and ex-post evaluations.

Vet-Gov Programme

The program is progressing relatively well with collaboration between OIE, FAO and AU IBAR. OIE has conducted 6 legislation missions and is doing a country analysis in collaboration with UEMOA. Three PVS Evaluations, 9 PVS Pathway follow-up missions and 5 PVS Gap Analysis missions were conducted at the request of the countries under the VETGOV programme. The slow uptake is attributed to the fact that request are voluntary and made by Members and not imposed on them. AU IBAR is launching and implementing policy hubs at country level. Eight (8) Pilot studies have been selected during phase 1 of the call for proposal. The second phase will fund 10 pilot projects which have already undergone through the selection process. AU IBAR will continue the training on Veterinary Legislation in line with the RECs and will strengthen linkages with the private sector, regional farmer organisations. Impact studies will be conducted to generate information for advocacy and lobbying for financial support. The legislation seminars have been agreed so for with IGAD and ECCAS for 2014. The FAO component in
support to animal health policy development and regional networks is also going well. The program will undergo mid-term review in September 2014 which should showcase the tripartite collaboration.

The rolling out of ARIS II is also continuing with intersectoral collaboration between OIE and other regional organisations to achieve interoperability between the different reporting systems. The roadmap to ensure interoperability was agreed between OIE and AU IBAR.

An interface for the coordination of livestock policies in VETGOV between AU IBAR, FAO and OIE was seen as essential and should be started.

Mobile Devices
Mobile devices are used in disease/event capture in order to speed up and improve disease reporting to the Chief Veterinary Officer (CVO) by veterinary field personnel. The tool is used extensively in Uganda and can be customized for each country. Use of disease reporting mobile devices started during the height of avian influenza. The main challenge is that the database/server is not in the recipient country. However the data is owned by the country(s) and only official animal health workers can send information to the CVO. There are means to verify and secure data using the mobile devices with the CVO.

Session 5

Reporting on GF-TADs ‘tools’ achievements in Africa

Regional Animal Health Centres (RAHCs)

This topic was jointly presented briefly with updates from Mali, Tunisia, Kenya and Botswana RAHCs. The RSC9 noted that the RAHCs are appropriate tool at regional level for taking in charge the control of TADs although there are uncertainties regarding the funding of these RAHC. The RAHC were set up to provide technical support to the RECs in the respective regions. However the linkages between the RECs and the RAHCs are weak.

FAO Laboratory Mapping Tool

The purpose of this self-assessment tool is to identify gaps in laboratory capacity and is based on a questionnaire structured to address all the issues pertaining to the laboratory. The context of its development was to strengthen laboratory capacity. It assesses functionality of laboratory systems and it can either be an internal or external assessment. It is continually being updated to address latest concerns and was implemented in a number of countries in Africa. The SC9 complimented FAO for this mapping tool especially that there is country ownership to the results and it also covers laboratory budget and FAO has not met any reservations on assessment of budget which can be a sensitive matter. The results for the African laboratories were combined and coded for confidentiality. This tool can be complimentary to the OIE PVS Laboratory tool and FAO is willing to share it with the partner organisations to enhance laboratory capacity building.
PATTEC

Success stories and drivers of the eradication of Tsetse in some southern African countries were shared. The biology of tsetse is well known and is not a limiting factor in the control of the infestation. The presenter lamented the missing definition applicable to African T&T. PATTEC has developed some guidelines in the control of T&T though they are not adopted yet. A structure of these guidelines was briefly presented. PATTEC requested the SC9 to support its submission to the OIE World Assembly of Delegates, of the development of procedures for official recognition of disease (trypanosomosis) status by the OIE. The SC9 resolved that since T&T complex is not a priority list disease under the GF-TADs framework, PATTEC may directly approach the OIE under the auspices of the cooperating agreement it has with the OIE. However partners of the GF TADs may support this request independently as individual organisations.

The Programme Against African Trypanosomiasis (PAAT-)

African trypanosomosis is a serious endemic disease and a neglected TAD. The SC9 was informed of a renewed interest in the control of tsetse and trypanosomosis complex (T&T) in Africa. PAAT and PATTEC have signed a MoU to collaborate on T&T issues which includes staff exchanges. Therefore the mandates of the two organisations are clear and non-conflicting but complementary.

GLEWS – OFFLU – CMC-AH

The Global Early Warning and Response System for Major Animal Diseases was introduced and its objectives outlined. GLEWS received information on 6 alerts in 2014 from Africa compared to 19 in 2010 with Egypt being the highest due to HPAI outbreaks.

Session 6

International Agenda

Global and regional events by organisations were presented. The RSC9 recommended to share their activities calendar/agenda which will be circulated to all members by the Secretariat. This will enhance collaboration and participation in each other’s activities and avoid clash of events. As a result, communication will also be improved.

Outcomes of RSCs
Main outcomes of the RSC of Asia and the Pacific, Middle East and Europe were shared and how Africa can adapt some of the recommendations from other regions to its benefit. The RSC9 discussed various options that can be used to sell the GF-TADs framework and its tools successfully to the RECs including improved communication and engagement of the RECs. The structure of the framework envisaged the Regional Support Units (RSUs) which were to support the RECs and provide a strong linkage with GF-TADs. There is a need to improve communication with the RECs so that they participate and benefit from the GF-TADs CAADP process.

Proposals for the RECs to host the GF-TADs RSC meetings and hosting the GF-TADs meetings back to back with other OIE/FAO/AU IBAR meetings are means of engaging RECs in the framework. The best way is to target critical meetings of the RECs.

**Future of ALive**

The last SC meeting of ALive revised the terms of reference and reviewed the structure of the platform and its functions. AU IBAR was also reminded that being the secretariat of ALive it lies with the organisation to nurture this platform and where there are challenges, to share them with the partners. The Secretariat of the ALive Executive Committee was to ensure a proper advocacy at the Ministerial level to promote ownership of the GF-TADs for Africa mechanism by the RECs and Members Countries and this is reflected in the ALive revised operational guidelines

**Discussions and Adoption of SC9 Recommendations**

(Refer to Recommendations Annex 2)

The agenda of the RSC for Africa should be revised and simplified to allow more time for discussions. Simplification can be achieved by selecting a couple of themes important at the time of the meetings and for discussions and recommendations. The Global Secretariat of the GF-TADs mechanism should propose template for all regions as this issue is of concern to all RSC. The RSC9 was reminded also to focus on the priority diseases as identified and agreed to by the GF-TADs mechanism.

**Closing Remarks**

Representatives of all the organisations thanked the chairman for his excellent chairmanship under the tight schedule and thanked the Government of Burkina Faso for hosting the GF-TADs for Africa RSC9 meeting and the excellent hospitality. The chairman thanked all the attending invited partners, international organizations, regional organisations and countries for seeing the value of this meeting and encouraged them to offer their continued support to the GF-TADs mechanism and activities implemented under this framework. The GF-TADs for Africa RSC9 proposed that the SC10 meeting be held in North Africa and hosted by UMA in Rabat on 15 of February, 2015, back to back with the OIE Regional Conference for Africa (16-20 February 2015) or by Tunisia in Tunis, 16-17 June, 2015.
## Annex 1: STATE OF IMPLEMENTATION OF THE GF-TADs/Africa SC8’s RECOMMENDATIONS

<table>
<thead>
<tr>
<th>RECOMMENDATIONS</th>
<th>STATUS</th>
<th>Status of Implementation</th>
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<tbody>
<tr>
<td>1. The Regional GF-TADs for Africa 5-year Action plan approved by AU-IBAR, FAO and OIE be widely shared with relevant GF-TADS partners in Africa (OIE as Secretariat)</td>
<td>Done</td>
<td>Done</td>
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<td>2. The Regional GF-TADs for Africa 5-year Action plan be completed with baseline situation provided by countries and RECs (OIE as Secretariat, in collaboration with AU-IBAR and FAO)</td>
<td>Ongoing</td>
<td><strong>OIE:</strong> Support to the elaboration regional and global strategies on priority TADs in Africa. Provide regularly updated international standards on priority TADs. <strong>FAO:</strong> - Work under progress on FMD, RVF, PPR, ASF, CBPP with institutions participating to GF-TADs Africa, GF-TADs Working group or under bilateral agreements. <strong>AU-IBAR:</strong> Capacity building on diseases prioritization using a specific computer based tool has been undertaken covering 11 countries and 4 REC secretariats to date. The training has provided RECs and MSs ability to objectively identify and prioritize high impact TADs and zoonoses for disease control programming and policy development.</td>
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<td>3. 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)</td>
<td>Done</td>
<td><strong>AU-IBAR:</strong> - Organisation of a writeshop to support RECs to develop funding proposals for the implementation of their IRCM - On going work on ASF in collaboration with FAO - On going work on CBPP in collaboration with FAO and OIE - Ongoing development of a Strategy and fundable program for the control of Neglected Animal Diseases. <strong>FAO:</strong> - RESEPI and RESOLAB coordination workshop (Bamako, September 2013). - Regional meeting of CVOs and partners from health and wildlife institutions in Eastern Africa on One Health issues and regional networks (Addis Ababa, June 2013). - Regional meeting on H7N9 (Addis Ababa, January 2014). <strong>FAO/OIE:</strong> - Ongoing work of the FAO/OIE GF-TADs PPR Working Group is working on the development of a global control strategy. - Ongoing work of the FAO/OIE GF-TADs FMD Working Group.</td>
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<td>4. AU-PANVAC and relevant</td>
<td>Ongoing</td>
<td><strong>AU PANVAC application for approved holding</strong></td>
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<td>GF-TADs AFRICA 9TH STEERING COMMITTEE MEETING (SC9) – MINUTES</td>
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<tr>
<td><strong>partners continue to ensure implementation of recommendations of the FAO/OIE Rinderpest Joint Advisory Committee,</strong> facility</td>
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<td><strong>OIE:</strong></td>
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<tr>
<td>-Work on the destruction and sequestration of RVCM</td>
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<tr>
<td>-OIE webbased electronic rinderpest reporting system 167 (94%) responded. Annual reporting by Members on status of RVCM. At least 28 Facilities in 23 Members. Information shared with FAO</td>
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<tr>
<td>-Vaccine stock and vaccine bank – inventory International and National Contingency Plans and SOPs</td>
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<tr>
<td>-“Procedure for the Designation of Facilities Holding Rinderpest Virus Containing Material to Maintain Global Freedom from Rinderpest” was adopted by the OIE General Session May 2014.</td>
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<tr>
<td>5. <strong>AU-IBAR and partners continue advocacy for resources mobilization to address Rinderpest-like syndromes and priority TADS for Africa</strong></td>
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<td>?</td>
<td>Ongoing</td>
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<tr>
<td>6. <strong>The Secretariat of the ALive Executive Committee, supported by key partners of GF-TADs for Africa, ensure a proper advocacy at the highest authority (Ministers/policy makers) to promote ownership of the GF TADs for Africa mechanism and its 5 year Action Plan by the REC and Members Countries</strong></td>
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<tr>
<td>Ongoing</td>
<td>A revised operational guideline of the platform has been drafted pending validation by the governance organs. Under the VetGov project, training of trainers on Livestock Sector Policy and Investment tool kit was organized.</td>
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<tr>
<td>7. <strong>When relevant, OIE take into account the efforts made by countries related to official disease status recognition when performing PVS Pathway missions (i.e. FMD, PPR, and CBPP)</strong></td>
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<tr>
<td>Ongoing</td>
<td><strong>OIE:</strong></td>
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<tr>
<td>-Critical competency II-7 of the PVS Evaluation Tool covers disease prevention, control and eradication, and defines the authority and capability of the VS to actively perform actions to prevent, control or eradicate OIE listed diseases and/or to demonstrate that the country or a zone is free of relevant diseases. Section IV-7 on Zoning defines the authority and capability of the VS to establish and maintain disease free zones, as necessary and in accordance with the criteria established by the OIE.</td>
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<td>-The OIE is evaluating the possibility to include, in the PVS Manual for experts, provisions for experts to better take into consideration countries efforts to get OIE recognition of disease status when performing OIE PVS Pathways missions.</td>
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<td>-The OIE already organized and is currently planning a series of workshops on OIE official disease status recognition.</td>
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<td>8. <strong>The GF-TADs Working Group on FMD continue to promote the use of the Progressive Control</strong></td>
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<td>Ongoing</td>
<td><strong>OIE:</strong></td>
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| -The GF-TADs Working Group on FMD participates/organizes Regional FMD roadmaps meetings where countries are invited to self-
### 9. Ongoing activities related to the assessment of economic impact of high impact diseases be strengthened (Action led by FAO, AU-IBAR and OIE)

**AU-IBAR:**
- Under VET-GOV framework, IBAR is undertaking a review of the socio-economic studies on selected trans-boundary animal diseases (TADs) and zoonoses in Africa focusing on the economic impacts of the disease and cost and benefits of control measures. Focus is on:
  - Foot and mouth disease (FMD)
  - Rift valley fever (RVF)
  - Contagious bovine pleuropneumonia (CBPP)
  - Peste des petits ruminants (PPR)
  - Rabies
  - African Swine fever (ASF)
  - Newcastle Disease (ND)
  - Highly pathogenic avian influenza (HPAI)

**FAO:**
PPR socio-economic and livelihood impact assessment conducted in Tanzania within the implementation of a Technical Cooperation Program (TCP/URT/3302).

### 10. The Regional PPR control strategy for Africa be enhanced taking into consideration latest scientific knowledge and regional and country programs and the Global PPR Control Strategy when available (AU-IBAR, FAO, OIE, relevant partner’s institutions),

Ongoing

**AU-IBAR:**
4th Meeting of the consultative committee of AU-IBAR recommended that AU-IBAR prepare a continent action plan for the progressive control and eradication of PPR in Africa. See presentation on PPR.

**FAO** has issued a position paper on PPR and has TCPs under progress or to be implemented (Tanzania, Malawi, Mozambique, Zambia)

**FAO/OIE:**
Ongoing work of the FAO/OIE GF-TADs PPR Working Group is working on the development of a global control strategy.

**OIE:**
In collaboration with AU-PANVAC and CIRAD, the OIE has undertaken a pilot project in Burkina Faso and Ghana for PPR control (Vaccine Standards and Pilot Approach to PPR Control in Africa (VSPA)).
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<tr>
<th>Number</th>
<th>Activity</th>
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<tr>
<td>12.</td>
<td>AU-PANVAC continue to provide required quality certification services for vaccines including PPR, ND and other priority TADs</td>
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<td>13.</td>
<td>AU-IBAR, FAO and OIE continue to pursue the finalization of CBPP progressive control program and appropriate regional strategies and related funds mobilization (FAO lead)</td>
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<tr>
<td>14.</td>
<td>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</td>
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<tr>
<td>15.</td>
<td>The implementation of the recommendations of the first Global Conference on Rabies, with increased commitment of RECs and national Veterinary Services, trigger greater collaboration with public health authorities to ensure</td>
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**Current Development:**
- Currently developed by the FAO-OIE GF-TADs PPR Working Group, consider regional experiences gained by the different partners.

**OIE:**
- The outcomes of the OIE VSPA project will support the development of the Global PPR Strategy.

**FAO:**
- ASF working group launched in Eastern Africa.
  - AU-IBAR: A draft strategy was developed by AU-IBAR/FAO-ECTAD EA and ILRI. A joint AU-IBAR and FAO action plan has been developed for the finalization of ASF control regional strategy and program. These 2 drafts will be merged into one document. A taskforce has been put in place in this regards. A meeting for the taskforce is planned for the last week of June 2013. The developed ASF control strategy and program in Africa will be published in August 2013 and presented at the Global Alliance on ASF meeting in Rome in October 2013. It is planned to propose it for endorsement by GF-TADs Africa.

**OIE:**
- Continues to give the opportunity of sanitary status of this disease to be recognised.
  - Following a request by the Delegates from Africa during the 81st General Session, the OIE Code Chapter on CBPP has been updated including the inclusion of an article on OIE endorsed official control programme for CBPP. This updated chapter was adopted during the 82nd OIE General Session.
  - Continues to give the opportunity of sanitary status of this disease to be recognised.
  - Following a request by the Delegates from Africa during the 81st General Session, the OIE Code Chapter on CBPP has been updated including the inclusion of an article on OIE endorsed official control programme for CBPP. This updated chapter was adopted during the 82nd OIE General Session.

**AU-IBAR:**
- Coordinated and provided technical leadership for the development of continental strategy and a program for Progressive Control for Neglected Animal Diseases in Africa (PROCNADA) building on the achievements of VACNADA project.
  - Workshop on the endorsement a CBPP strategy WAEMU MS took place in Ouagadougou.

**FAO:**
- ASF working group launched in Eastern Africa.

**OIE:**
- ASF working group launched in Eastern Africa.

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<th>Ongoing</th>
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<td>Ongoing</td>
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- OIE, FAO and WHO continue to implement the recommendations, working regionally to encourage international solidarity and donor support for countries in need and to initiate and sustain control programs for rabies;
  - Two sub-regional seminars on rabies: in North Africa in Tunis, and ECOWAS MS and Chad in
that funding be directed at controlling the disease at its animal source and especially in dog population

Niamey.

- Rabies proficiency testing exercise was performed by OVI in 2013-14 to improve laboratory diagnostic capacity on Fluorescent Antibody Test (FAT)

**OIE:**
- The OIE Terrestrial Code Chapter on rabies has been updated with an article on rabies control in dogs which was adopted at the OIE General Assembly in May 2013, and the vaccine part of the Terrestrial Manual chapter on rabies was also adopted.
- OIE laboratory twinning project completed to improve the capacity and expertise of the National Veterinary Research Institute (NVRI), Nigeria to perform rabies diagnosis and surveillance in the region in collaboration with the OIE rabies reference laboratory at Onderstepoort Veterinary Institute, South Africa.

**AU-IBAR:** A concept note has been developed to guide the development of a continental strategy for the control and progressive eradication of rabies in Africa. The strategy will be anchored on lessons learned from the Kagera Ecosystem in the East African Community. The Kagera ecosystem broadly represents the key challenges facing rabies control in Africa. A broad range of stakeholders will be involved in the development and implementation of the continental strategy.

**FAO:**
- Organised training and emergency action on rabies in Congo as well as laboratory support.

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<tr>
<th>16. 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 with donors (OIE lead, AU-IBAR, FAO)</th>
<th>Done (see state of play at 16 June, 2014)</th>
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<tr>
<td></td>
<td>- PVS Evaluation: requests received 53, missions completed 50, reports available 40</td>
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<td>- PVS Gap analysis: requests received 46, missions completed 39, reports available 23</td>
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<td>- Veterinary legislation: requests received 35, missions completed 20</td>
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<td></td>
<td>- Roundtable organization in preparation in Guinea, Mali, Niger, Nigeria, Madagascar, Benin</td>
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<td>- Current increased focus on Veterinary Legislation and PVS Evaluation Follow-up missions.</td>
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<th>17. Regional GF-TADs partners ensure synergy when assisting countries to develop appropriate projects or proposals for resources mobilization and particularly to improve ownership of the outcomes of the OIE PVS Pathway</th>
<th>Done</th>
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<td>- Vet Gov Pilot Project: synergy and OIE PVS reports were used to provide background and justification.</td>
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<tr>
<td><strong>OIE:</strong></td>
<td>The OIE is contributing to the preparatory phase of the animal health component of the World Bank Regional Sahel Pastoralism Support Project (PRAPPS) by providing expertise in using PVS Gap Analysis’ mission reports for preparing country dossiers.</td>
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<th>18. The labeling mechanism of activities by GF TADS for Africa be more systematically implemented</th>
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in order to ensure a better coordination, harmonization and advocacy of the GF-TADs mechanism.

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<td><strong>19.</strong> IRCM activities continued to 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</td>
<td>Ongoing</td>
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| **20.** MS and RECs implement the recommendation on RAHCs of the AU-IBAR 4th Consultative Committee Meeting in Abidjan, 19 April, 2013 |   | **ECOWAS Commissioner paid a courtesy visit in RAHC in Bamako.**
|   |   | **In Central Africa it as proposed to create a RAHC, based in N’Djamena, for this Region** |
| **21.** As being the animal health component of the ALive platform, the GF-TADs for Africa recommendations be strongly advocated within ALive in order to ensure advocacy at higher political level |   | See status of the implementation of Recommendation 6. |
| **22.** The Recommendations of the FAO-OIE Inter-Regional Conference on RVF that took place on 12-15 November 2012 in Mombasa (Kenya) be implemented and appreciate the establishment of the OIE Ad Hoc Group to review the RVF Terrestrial Code Chapter |   | **OIE:** OIE Ad hoc group made revisions to the RVF chapter and were adopted by 82nd General Session; Regional meeting on RVF in West Africa to be held in Dakar in July 2014.
**FAO:** Workshop on the current state of Rift Valley Fever Vaccine and Companion Diagnostic Development (Rome, March 2014). |
Annex 2:

Recommendations: SC9

Ouagadougou, 9 July 2014 (final version)

Considering that:

1. GF-TADs Africa 5-year Action Plan is in line with the Comprehensive Africa Agriculture Development Program (CAADP);

2. GF-TADs for Africa five-year action plan need to be completed with baseline situation on the priority diseases in order to show progress along the relevant indicators to the Global Steering Committee;

3. The Recommendations of the 6th GF-TADs Global Steering Committee and the systematization exercise undertaken by the Management Committee to streamline and harmonize the reporting on the performance indicators under the GF-TADs Regional Action Plans;

4. The meetings of the Regional Steering Committee of the GF-TADs for Africa should update on progress made on previous agreed action points while allowing quality time for discussions;

5. The current epidemiological situation of TADs and zoonoses in Africa as provided by OIE, AU-IBAR, and FAO using reporting tools (WAHIS and ARIS) and other information supporting tools such as GLEWS, and recognizing the need to improve surveillance systems in order to address the gaps in the epidemiological knowledge of prioritized diseases in Africa;

6. The priority diseases defined in the GF-TADs for Africa 5-year Action Plan and namely Peste des petits ruminants (PPR), Foot and Mouth Disease (FMD), Rift Valley Fever (RVF), Rabies, African Swine Fever (ASF), Newcastle disease (ND) and Contagious Bovine Pleuropneumonia (CBPP);

7. 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, and the Procedure for the designation of facilities holding Rinderpest virus containing material to maintain global freedom of Rinderpest was recently adopted by the OIE World Assembly of Delegates (2014);

8. 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 Global FMD Control Strategy and its supporting tools such as the FMD Progressive Control Pathway (PCP), the PVS Pathway and OIE Terrestrial Code chapters particularly regarding the official recognition of country control programme and disease status, and the planning of a third FAO/OIE Global Conference;

9. FMD reoccurred in Tunisia after an absence of 15 years in the Maghreb region and considering that FMD remains a concern for several countries in Africa in particular Uganda where the disease is spreading in new region (Karamoja) and the difficulties that countries are facing to control the disease;

10. The ongoing activities and progress made on Peste des Petits Ruminants (PPR) control by AU-IBAR, FAO, OIE, and other partners; the ongoing work of the GF-TADs Working Group on PPR including the preparation of a PPR global control and eradication strategy and the organisation of an International Conference on PPR in March 2015 in Côte d’Ivoire;

11. The new articles of the OIE Terrestrial Code related to PPR adopted during the OIE General Session of the World Assembly of Delegates in May 2013, which make PPR a new disease with official OIE Status and open the possibility for endorsement of official control programmes for PPR;
12. The recent CBPP situation in West Africa;

13. The need for concrete actions on the “One Health” approach including better information sharing on TADs and zoonoses, especially rabies;

14. The need to consider very carefully the potential for possible negative impact of miscommunication regarding evolving situation related to emerging and re-emerging diseases such as Middle East Respiratory Syndrome (MERS-CoV), Porcine Epidemic Diarrhoea (PED), and Influenza A H7N9;

15. Donors require appropriate coordination mechanism and strong basis to justify the investment being made in the animal health sectors;

16. RAHCs are appropriate tools at regional level for taking in charge TADs, although uncertainties remain regarding their funding and regional institutionalisation;

17. 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;

18. The ongoing IRCM initiative led by AU-IBAR and progress made in its operationalization, and the need to report to GF-TADs;

19. The need expressed by participants for a more inclusive membership within the GF-TADs;

20. The uncertainties related to funding of GF-TADs Africa and the need for the platform to play a bigger resource mobilization and advocacy role

21. The GF-TADs for Africa is the animal health component of the ALive platform;

22. The recommendations of the FAO-OIE Inter-Regional Conference on Rift Valley Fever and the establishment of the OIE Ad Hoc Group to review the Terrestrial Code on RVF; and

23. The pending recommendations of the GF-TADs for Africa 8th Steering Committee meeting (See Annex).

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

1. The Regional GF-TADs for Africa 5-year Action plan be completed with baseline situation provided by countries, AU-IBAR, FAO, OIE, RECs and other relevant partners for the following diseases: FMD, PPR, CBPP, ASF and RVF; and according to this situation, the update on diseases status be focused on these 5 diseases (OIE as Secretariat, in collaboration with AU-IBAR and FAO);)

2. The GF-TADs for Africa Secretariat, in collaboration with the President and Vice-President of the Regional Steering Committee, use the template to be provided by the GF-TADs Global Secretariat for reporting to the Global GF-TADs Steering Committee;

3. The agenda of the next RSC be developed in a way to reduce the number of presentations and allow for more discussion on issues of importance for the region;

4. The partners of the GF-TADs for Africa share their respective calendar of activities in order to inform about their planned activities well in advance, limit overlapping, while supporting the labeling by GF TADS for Africa more systematically and ensuring a better coordination, harmonization and advocacy of the GF-TADs mechanism in Africa;
5. The Secretariat of the Alive Executive Committee, supported by key partners of GF-TADs for Africa, ensure a proper advocacy at the highest authority (Ministers/policy makers) to promote ownership of the GF TADs for Africa mechanism and its 5 year Action Plan by the RECs and Members Countries and this be reflected in the ALive revised operational guidelines;

6. OIE, FAO, AU-IBAR and other institutions involved in the GF-TADs for Africa, support infected countries in their fight against FMD and advocate for more political support and investment from the Governments and economic partners;

7. This steering committee advocate for a better understanding of the epidemiology of CBPP at sub-regional level through, for example, mapping of slaughterhouses, serological surveillance, animal identification schemes, and registration of pathologies;

8. The expert panel on CBPP be revived jointly by AU-IBAR, FAO and OIE;

9. Any communication related to emerging and re-emerging diseases be based on scientific facts;

10. African countries be encouraged to continue their progression in the OIE PVS Pathway, especially by requesting, when relevant, PVS Evaluation Follow-up mission, and taking ownership of the outcomes in order to improve the good governance of their Veterinary Services and to ease access to funding both internally and externally using national policy hubs established under VET-GOV and round tables with donors, while facilitating full access of PVS related information to GF-TADs partners (OIE lead, AU-IBAR, FAO);

11. The relationship between the RAHCs and the RECs and their related networks be discussed at GF-TADs Management Committee meeting; and

12. The implementation of the pending recommendations of the SC8 be continued.

In addition, the Steering Committee of the GF-TADs for Africa noted:

1. The progress on AU-IBAR’s efforts in operationalizing the African initiative for the progressive control of neglected animal diseases (NADs) and activities towards the development of a tool for assessing social and economic costs of NADs to inform and influence livestock policies, strategies and decision making towards increased allocation of necessary resources for their prevention and control.

The SC10 is proposed to be held in North Africa and hosted by UMA in Rabat on 15 of February, 2015, back to back with the Conference of the OIE Regional Commission for Africa (16-20 February 2015) or by Tunisia in Tunis, 16-17 June, 2015.

The Steering Committee thanks the WAEMU and the Government of Burkina Faso for supporting and hosting the GF-TADs for Africa 9th Steering Committee meeting.
Annex to the Recommendations (RSC9):

Pending recommendations from the 8th RSC Meeting June 2013

1. AU-PANVAC and relevant partners continue to ensure implementation of recommendations of the FAO/OIE Rinderpest Joint Advisory Committee;

2. AU-IBAR and partners continue advocacy for resources mobilization to address Rinderpest-like syndromes and priority TADs in Africa;

3. The GF-TADs Working Group on FMD continue to promote the use of the Progressive Control Pathway and the OIE PVS Pathway as monitoring tools for the progression of the countries towards having their status being recognized by the OIE (Action led by FAO and OIE);

4. Ongoing activities related to the assessment of economic impact of high impact diseases be strengthened (Action led by FAO, AU-IBAR and OIE);

5. The Regional PPR control strategy for Africa be enhanced taking into consideration latest scientific knowledge, regional and country programmes, and the Global PPR Control Strategy when available (AU-IBAR, FAO, OIE, relevant partner’s institutions);

6. The Global PPR Control Strategy, currently developed by the FAO/OIE GF-TADs PPR Working Group, consider regional experiences gained by AU-IBAR and the different partners;

7. AU-PANVAC continue to provide required quality certification services for vaccines including PPR, ND and other priority TADs;

8. AU-IBAR, FAO and OIE continue to pursue the finalization of CBPP progressive control program and appropriate regional strategies and related funds mobilization (FAO lead);

9. AU-IBAR, FAO and OIE and other partners continue ongoing efforts in finalizing the development of the ASF control strategy including project formulation and resource mobilization by engaging other relevant partners,

10. Greater collaboration with public health authorities to ensure that funding be directed at controlling rabies at its animal source and especially in dog population;

11. Regional GF-TADs partners ensure synergy when assisting countries to develop appropriate projects or proposals for resources mobilization and particularly to improve ownership of the outcomes of the OIE PVS Pathway; and

12. IRCM activities continued to be reported at GF-TADs for 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;
9ème Réunion du Comité de pilotage du GF-TADs/Afrique
Ouagadougou-Burkina Faso, le 8-9 juillet 2014

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Dr MASIGA Walter
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Field Code Changed

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<tr>
<td>Mr Mohama Liman</td>
<td>Commission Economique du Bétail, de la Viande et des Ressources Halieutiques (CEBEVITHA)</td>
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<td>Dr DIALLO Soumana</td>
<td>Chargé du Secrétariat Permanent du Comité Régional du Médicament Vétérinaire Direction des Ressources Animales et Halieutiques/DDRE- Union Economique et Monétaire Ouest Africaine (UEMOA)</td>
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<td>Mr HUMBERT Franck</td>
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