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Paper on needs and support to be provided to North African countries, members of REMESA regarding the coordinated control of FMD

Prepared by the FAO/OIE Regional Coordination Unit of REMESA

Reducing the risk of introduction of Foot-and-mouth disease (FMD) remains a priority for the European Union countries' veterinary services. To contribute to reach this goal, supporting control programs in the neighbouring countries of Europe, Eastern (Balkans) and Southern (North Africa) parts, is critical.

Background

1) Institutional background : the Mediterranean Animal Health network (REMESA, Réseau méditerranéen de santé animale)

In 2009, the Chief Veterinary Officers (CVOs) of 10 Western Mediterranean countries (Algeria, Egypt, France, Italy, Libya, Mauritania, Morocco, Portugal, Spain and Tunisia) created, with the technical support of the World Organization for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO), the Mediterranean Animal Health Network (REMESA) whose purpose is the *improvement of animal health with a particular focus on prevention and control of transboundary animal diseases, including zoonoses, in the Mediterranean region through mutual cooperation and regional strategies.*

REMESA is fully within the overall context of the Barcelona Process for Mediterranean Partnership and the Union for the Mediterranean (UfM). This initiative is consistent with the European Neighbourhood Policy developed by the European Commission aiming at strengthening the prosperity, stability and security, especially with the establishment of privileged partnerships with the North African countries.

2) Foot-and-mouth disease (FMD) : a priority disease for REMESA and the European Union

The CVOs members of REMESA decided to give FMD the highest priority for an increased attention of the network. However, the situation of the countries in respect of FMD is not homogeneous:

- European Union countries are recognised by OIE as “FMD free where vaccination is not practised”;
- Algeria, Morocco and Tunisia have not notified any FMD case since 1999. In addition, in May 2012, these countries obtained, through a joint approach, the OIE endorsement of their FMD national official control programs. This approach is fully consistent with the FAO/OIE FMD progressive control pathway (FMD-PCP) and aims at obtaining a FMD-free status, with or without vaccination. Algeria and Tunisia practise annual vaccination, Morocco has stopped vaccinating in 2007;
- The disease is regarded as endemic in Mauritania;
- Libya and Egypt have reported numerous outbreaks of FMD in 2011 and 2012, mainly related to the introduction of new FMDV serotype SAT2 strains. Control measures (including vaccination) were implemented.

The disease is also endemic in the sub-Saharan countries, in the south of North Africa. The introduction and spread of FMD viruses in “officially free” or “without notified outbreak” countries remain therefore an important threat.

This is why, in 2012, the Joint Permanent Committee of REMESA (decision-making body attended by the CVOs of the member countries, OIE, FAO, the European Commission and the Arab Maghreb Union) drafted a resolution so that the issue of EU financial support for vaccination campaigns in Libya and Egypt and the constitution of an antigen bank for at-risk countries are subject to the attention of the European Union

countries. This resolution was presented during the 83rd EuFMD Executive Committee meeting which was held in Bucharest (Romania) on 12 and 13 April 2012.

FAO and OIE are present and active in North Africa, especially through the OIE/FAO Regional Coordination Unit (RCU) of REMESA, in order to support the countries' efforts to strengthen their capacity to control animal diseases, in the framework of specific activities on FMD or of general activities on animal diseases. The OIE endorsement of the official national control programs of Algeria, Morocco and Tunisia can be seen as recognition of the significant efforts made by these countries for several years to control FMD.

All these elements (different animal health status and significant efforts of some countries) justify the countries that are already infected or directly threatened, *id est* the North African's ones, are supported through coordinated monitoring and control actions. This support must complement the work already done or in progress, and must be differentiated according to the considered country. The involvement of the FAO/OIE RCU in the definition, implementation and follow-up of actions taken by international organizations, such as OIE, FAO or the European Union through EuFMD, is essential to help ensure consistency with the FAO/OIE FMD-PCP, the recommendations of the FAO/OIE global conference on foot and mouth disease control¹, the coordination with existing initiatives and, consequently, the overall efficiency.

Based on, and in line with this observation, the Spanish and French CVOs (members of EuFMD and members of REMESA), in consultation with their counterparts in other REMESA countries and EuFMD requested the RCU to prepare the present paper which will be presented at the EuFMD General Assembly meeting, to be held from 22 to 24 April 2013 in Rome.

¹ FAO/OIE global conference on foot and mouth disease control ; 27-29 June 2012, Bangkok (Recommendations available at:

http://www.oie.int/fileadmin/Home/eng/Conferences_Events/docs/pdf/recommendations/A_FMD_Recommendations_Bangkok_2012.pdf)

Identifying needs for capacity building of North African countries to monitor and control FMD and nature of the support that could continue to be provided by EuFMD

The support provided by EuFMD to the North African countries, in particular since the report of SAT2 FMD outbreaks in 2011 and 2012, is significant:

- training sessions on laboratory diagnosis were organized in Egypt and France;
- kits for laboratory diagnosis were provided;
- a logistical and technical backstopping was proposed to the countries for the interpretation of the analysis results;
- meetings on information exchanges and coordination were co-organized with FAO at the sub-regional (UMA countries, Rabat, July 2012) or regional level (MENA region, Cairo, December 2012).

As mentioned above, according to the needs of the countries, the support that EuFMD could provide must be differentiated according to the animal health status of the country and existing initiatives.

Regarding the establishment of a regional vaccine and antigen bank whose feasibility is currently studied by FAO, it is a project that meets a common need. The experience and support of EuFMD and OIE² will be crucial to the success of this project.

Algeria, Morocco and Tunisia

The OIE World Assembly of Delegates endorsed, in May 2012, the FMD national official control programs of the 3 countries. This endorsement is subject to annual re-confirmation after exchanges of information between OIE and each country, to see that the program remains relevant to existing or emerging risks.

In addition to the EuFMD supported activities already mentioned, laboratories from these countries are now involved in the European network of reference laboratories on FMD, through an initiative of the FAO Tunis with the European Commission, and they participate in inter-laboratory tests and workshops organized by the European Union and World reference Laboratory (Pirbright Institute).

For the next three years, additional needs in terms of support for the implementation of the control programs consist in:

- The provision of diagnostic kits to perform the analyses included in the annual serological surveys,
- Regular trainings for the strengthening and updating of laboratory competences. Except in urgent situations such as the emergence of new serotypes, an annual training would be desirable. Support to "small" national or regional research / development programs would also be of interest for the development of regional knowledge,
- Training on risk assessment methodology for updating the regional skills,
- The preparation of a formal mechanism regarding the provision, in emergency, of vaccines in case of occurrence of new serotypes in or near the concerned countries.

1) Mauritania

FMD is regarded as endemic. The serotypes identified in 2005 were O and A. No prevention or control program is implemented on a regular basis. In particular, no vaccination is practised.

Skills for the monitoring and diagnosis of animal diseases exist in Mauritania, especially in the framework of the Mauritanian Animal Health Epidemiology Surveillance Network (REMEMA) and in the national diagnostic laboratory (CNERV), but their effectiveness is currently burdened by a significant lack of financial and human resources. The national authorities are aware of this problem and try to address it.

² <http://www.oie.int/en/support-to-oie-members/vaccine-bank/>

The needs identified are:

- for the laboratory:
 - As for the countries mentioned above, regular trainings for the strengthening and updating of laboratory skills,
 - The regular supply of packages for shipment of samples to reference laboratories,
 - The provision of diagnostic kits.
- in terms of monitoring and control program:
 - Support to the definition (medium and long terms) of a strategy adapted to the country field conditions,
 - Training of field staff for the monitoring and collection of samples of good quality,
 - Provision of sampling material,
 - Provision of field diagnostic kits (e.g. Svanodip).

2) Libya

The occurrence of numerous FMD outbreaks has highlighted the need for a general support regarding the organization and functioning of an operational animal health service, and the definition and implementation of a strategy to control animal diseases, especially FMD.

To this end, FAO is present alongside the Libyan authorities in several projects funded by Unilateral Trust Funds (UTF) relating to animal health.

Specifically concerning FMD, the most urgent needs identified are:

- For laboratories:
 - backstopping (logistical and technical aspects) for the purchase of diagnostic kits,
 - conducting trainings for different diagnostic methods.

Pending the operability of laboratories, a protocol for sending samples to international reference laboratories should be established.

- For the prevention and control strategy:
 - Technical and logistical backstopping for the purchase of vaccines, or for access to a vaccine and antigen bank,
 - Support to the definition of a monitoring strategy and training of field staff on the identification, collection and sending of samples of good quality.

Subject to the security requirements, it would be better to send experts in the country (for all kinds of support) so that expertise is optimally adapted to address the needs, taking into consideration the realities of the country.

3) Egypt

The situation and needs of Egypt need to be better known by the OIE/FAO RCU before substantiated proposals can be made. Indeed, mainly for geographical reasons, this country is more integrated into the Near/Middle East sub-region than in North Africa.

Conclusion

In conclusion, among the proposed actions:

- Some are quite easy to implement and they can be implemented immediately: these include the provision of diagnostics kits, the organization of training workshops and information exchange;
- Others should start as soon as possible but should be considered on the medium term: for example, the support for the definition of monitoring and control strategies, adapted to the concerned country, or the establishment of a regional vaccine bank.

A renewed and reinforced EuFMD support to North Africa will demonstrate the interest, recognition and encouragement from the European Union to the efforts of the sub-regional countries, efforts that contribute, in return, to an increased protection of Europe.

If the European Union decides to reinforce its support through EuFMD and OIE to contribute to the development and strengthening of a coordinated regional strategy, it is important to highlight that this support must be provided in the existing and operational framework of cooperation, REMESA. Its FAO/OIE Regional Coordination Unit will provide all necessary support to identify and quantify the specific needs.