

GF-TADs

GLOBAL FRAMEWORK FOR THE
PROGRESSIVE CONTROL OF
TRANSBOUNDARY ANIMAL DISEASES



Regional GF-TADs for Africa
5-year Action Plan
for the period 2012-2016

01 October 2012

❖ Introduction

1. The *Global Framework for the Progressive Control of Transboundary Animal Diseases* (GF-TADs), launched in 2004 is a joint initiative of OIE and FAO to achieve the prevention and control of transboundary animal diseases (TADs) and in particular to address their regional and global dimensions. The initiative is built on experiences in the past showing that progress in controlling TADs at country level is not likely to be successful and sustainable unless the efforts are part of a coordinated regional approach/embedded into supra-national frameworks.
2. The GF-TADs for Africa was established in 2006 with a view to responding to priority diseases of the continent, in particular Rinderpest, and Highly Pathogenic Avian Influenza (cf 1st meeting of the Regional Steering Committee of the FAO/OIE/AU-IBAR GF-TADs for Africa, Bamako, Mali, 28 April 2006). It encourages the creation of regional alliances and partnerships and the definition of a common vision and subsequent action plans for the control of these diseases and other priority TADs in the region.
3. The GF-TADs for the Africa's governance is composed of a Regional Steering Committee supported by a Secretariat. The Regional Steering Committee acts as a regional stakeholder platform, involving OIE Regional Representation, FAO Regional Representation, the leading regional technical organisations, country representatives, regional and international donors. The Secretariat is provided by the OIE Regional Representation for the Africa. The GF-TADs for the Africa operates under the overall guidance and supervision of the GF-TADs Global Steering Committee and Management Committee.
4. The GF-TADs Fourth Global Steering Committee meeting (GSC4) held on 18 and 19 October 2011 recommended to develop a five-year Action Plan and requested regional input before June 2012 through the GF-TADs Regional Action Plan (if available) and/or relevant GF-TADs recommendations with a background note regarding plans and activities. The last Action Plan of the GF-TADs for the Africa Region was established for a 5-year period. The present Action Plan presents the elaboration process, the objectives and the content, and the implementation mechanisms of the GF-TADs for Africa Action Plan covering the period 2012-2016.

❖ **Elaboration process**

5. This GF-TADs Action Plan results from the collated conclusions and recommendations of all the meetings held in the Africa region under the GF-TADs umbrella or during meetings that recommended the use of the GF-TADs mechanism to influence and/or implement activities¹. The list of meetings is provided in the Table below and for reference of main recommendations made during these meetings the summary is presented in *Annex 1*.

The General Sessions of the World Assembly of delegates and Regional Commissions Conferences of the OIE are also arenas where the GF-TADs for Africa activities are highlighted .

Title of the meeting	Date and location
<u>GF-TADs Global Steering Committee Meetings</u>	
GF-TADs 1 st Global Steering Committee Meeting	FAO Headquarters, Rome March 2008.
GF-TADs 2 nd Global Steering Committee Meeting	FAO Headquarters, Rome, July 2009.
GF-TADs 3 rd Global Steering Committee Meeting	OIE Headquarters, Paris, September 2010.
GF-TADs 4 th Global Steering Committee Meeting	FAO Headquarters, Rome, October 2011.
<u>GF-TADs Regional steering Committee Meetings</u>	
1 st GF-TADs Steering Committee for Africa	Bamako, Mali, April 2006.
2 nd GF-TADs Steering Committee for Africa	Djibouti, March 2007.
3 rd GF-TADs Steering Committee for Africa	FAO Headquarters, Rome, April 2008.
4 th GF-TADs Steering Committee for Africa	AU-IBAR Headquarters, Kenya, March 2009.
5 th GF-TADs Steering Committee for Africa	Addis Ababa, Ethiopia, April 2010
6 th GF-TADs Steering Committee for Africa	Nairobi, Kenya, April 2011.

6. The general outlines of the draft Action Plan were first circulated amongst the main stakeholders through e-consultations. *The draft Action Plan was presented and discussed during the GF-TADs 7th Steering Committee meeting in 16 and 17 July 2012 and the ad hoc meeting with stakeholders held the 23rd November 2012. The Action Plan is due to start after consensual version from all partners is made available and officially endorsed.*

❖ **Overarching principles for the elaboration of the Regional Action Plan**

7. The Action Plan is in line with:
- The GF-TADs founding document, the 2004 GF-TADs Agreement;
 - The recommendations provided by the GF-TADs Global Steering Committee over the past 4 years (recommendations of the GF-TADs GSC1, 2, 3 and 4);
 - The recommendations provided by the GF-TADs Regional Steering Committee for Africa over the past 4 years (recommendations of the GF-TADs RSC1, 2, 3 and 4);
 - The recommendations made during the 2nd evaluation of the GF-TADs carried out in 2009, notably those that particularly address regional aspects (see recommendations 15 to 19);
 - The 'Corporate' Strategies of the FAO and the OIE respectively the FAO One Health Action Plan (2011-2015), the OIE Fifth Strategic Plan (2011 – 2015).
 - The Terms of Reference of the GF-TADs Regional Steering Committee for Africa
8. Overall, the Regional Action Plan has been developed in line with the following six main principles:
1. The prevention and control mechanisms of transboundary animal diseases, in particular at source, are a *Global Public Good*. It requires coordinated efforts, solidarity and the full political support from national and regional authorities and justifies public investments;
 2. Early detection, early warning and rapid response, based on robust national and regional surveillance systems that rely strongly on the participation of private veterinarians and livestock breeders, is key to the fight against priority TADs;
 3. The Veterinary Services (VS), operating in line with the OIE international standards on quality and good governance, are the corner stone of efficient and cost-effective prevention and control of animal diseases;

4. Investing in good governance of VS and in prevention measures is much less costly than the economic losses incurred by major animal health crises;
5. Tackling diseases at the animal source remains the most efficient and cost-effective way of dealing with zoonotic threats and high impact diseases;
6. Appropriate national, regional (RECs) and continental collaboration between the Animal and Human Health authorities, and the Environmental Health authorities in accordance with the “One Health” approach, is key to the prevention and control of zoonoses and high impact infectious diseases.

❖ **Focus / priorities**

9. The Action Plan addresses those animal diseases and topics identified as ‘priority’ for the region², namely (in alphabetical order, not in order of importance):

- ▶ ASF – African Swine Fever
 - ▶ CBPP – Contagious Bovine Pleuropneumonia
 - ▶ FMD – Foot and Mouth Disease
 - ▶ NCD - Newcastle Diseases
 - ▶ PPR – Peste des Petits Ruminants
 - ▶ Rabies
 - ▶ RVF- Rift Valley Fever
- and
- ▶ Other emerging/reemerging TADs and
 - ▶ The reinforcement of Veterinary Services using the OIE PVS Pathway

This list of priority diseases has been defined by the Regional Steering Committee according to with the needs of the Region. A tentative order of importance is suggested as follows: PPR, FMD, CBPP, Rabies, RVF, ASF and NCD.

10. The Africa region is a very heterogeneous continent where transboundary animal diseases occur as endemic or epidemic diseases, have varying impacts in terms of trade, but also in terms of social cohesion, have varying environmental impacts and may or not be regarded differently as important diseases to prevent, control and eradicate from the decision making and resource allocation perspective in different countries, whether for economic, social or public health considerations.

² See recommendations and minutes of the GF-TADs for Africa Steering Committee meetings 1, 2, 3, 4, 5, and 6.

11. The Action Plan also integrates the regional component of strategies decided at global level under the GF-TADs mechanism e.g. Rinderpest post eradication activities.

12. The Action Plan is flexible enough to address new or rising concerns (emergence or re-emergence of an animal disease, which would become a regional priority).

❖ **General objectives**

13. The 4 overall objectives of the GF-TADs for Africa Action Plan are as follows:

- Objective 1: Facilitate collaboration and maximize synergies among the countries and stakeholders in the continent while considering specificities of sub-regions and agro-ecological zones;
- Objective 2: Prevent the occurrence and reduce potential impacts of animal disease events on animal production, animal health, human health, livelihoods and economies in the continent;
- Objective 3: Promote adequate governance of Veterinary Services in accordance with OIE standards in particular through capacity building programmes;
- Objective 4: Ensure adequate funding to the establishment of emergency preparedness and contingency plans, implementation of disease prevention, detection and control activities, both in peace time and in crisis periods (including the establishment of funds for compensation of animals culled during eradication campaigns).

14. More specifically, the Action Plan for the Africa region aims to:

- Facilitate regional and cross-border collaboration in the field of animal health, including networking activities in epidemiology, laboratory, socio-economics, policies, good emergency management practice, and communication
- Improve national and regional knowledge and sharing quality information/data on priority animal diseases;
- Provide technical guidance to improve disease prevention, surveillance, early detection, notification and rapid response systems (i.e., including WAHIS and *Good Emergency Management Practices* [GEMP]) in order to address all factors that affect or threaten animal health including zoonosis;
- Improve diagnostic laboratory capacity and performance at national level and support the establishment / reinforcement of national and regional vaccine production laboratories, reference laboratories, including laboratory networks;

- Support the reinforcement of Veterinary Services;
- Ensure the appropriate advocacy for animal disease prevention and control activities; and
- Develop alliances and foster collaboration between public Veterinary Services, private veterinarians and professional livestock organisations.

❖ **GF-TADs labeling attribution process and expected results**

15. GF-TADs is a mechanism for policy definition, coordination and harmonization and not an operational tool for programmes/projects implementation. Therefore this Action plan does not follow the principle of logical framework designated for projects implementation but rather points at areas of focus and formulates expected results and evaluation instruments.

16. However, activities can be labeled “GF-TADs” if implemented under the umbrella of the GF-TADs and thus receiving the guidance of the GF-TADs Steering Committee for the Africa region.

17. In addition, stakeholders in animal health are encouraged to use the GF-TADs platform whenever appropriate, according to the decision of the Steering Committee for Africa, including for activities that are not labeled GF-TADs but that contribute to the GF-TADs for Africa objectives.

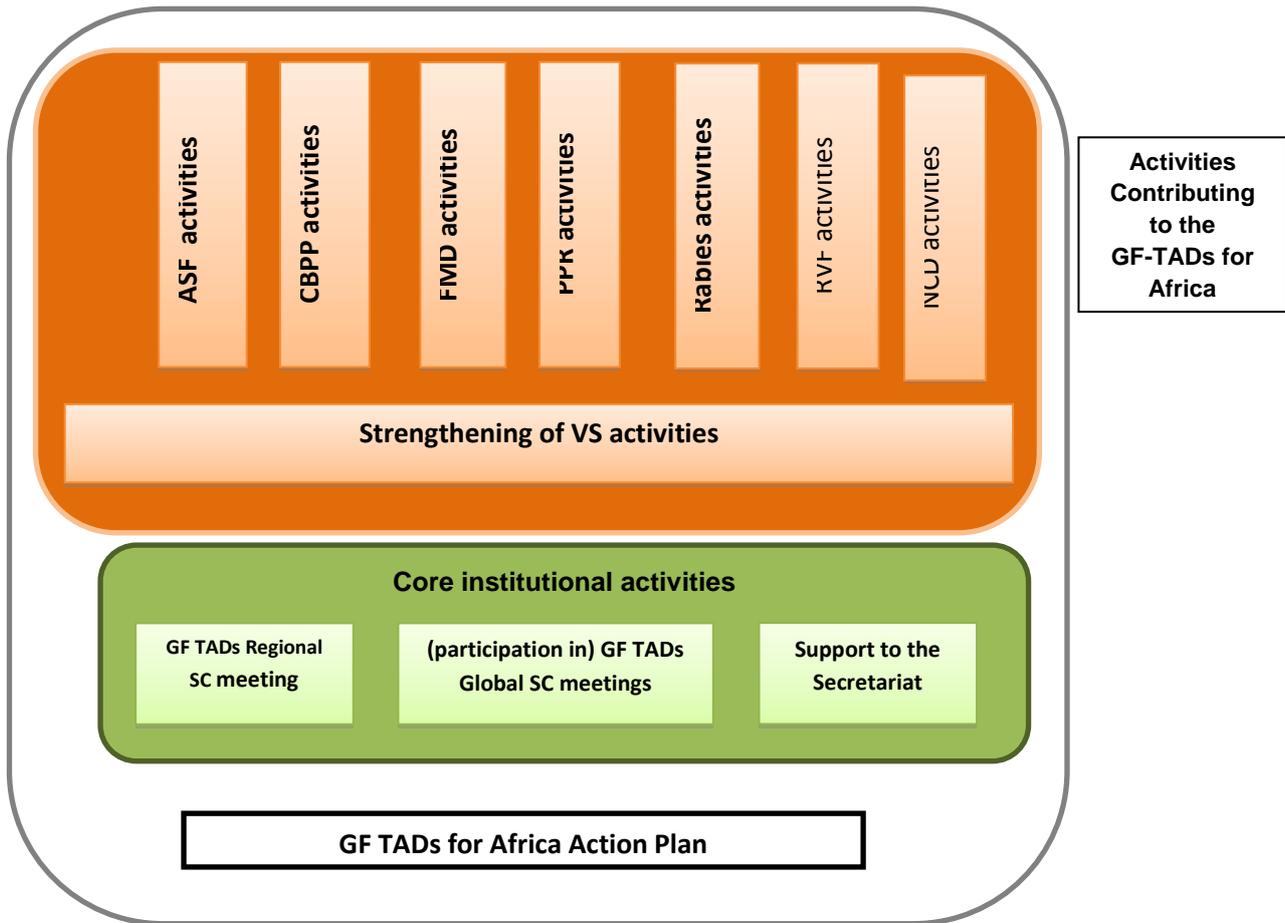
18. Organizations and stakeholders in the region decide on an *ad hoc* basis if they want to have certain activities labeled as GF-TADs activities. The organizations are requested to bring planned GF-TADs activities to the attention of the GF-TADs for Africa Steering Committee via the GF-TADs for Africa Secretariat for their labeling and if accepted to present the results during the annual GF-TADs Steering Committee for Africa meetings. The GF-TADs for Africa Secretariat will annex the activities to the Action Plan on a yearly basis.

19. To be labeled “GF-TADs”, an activity should systematically meet five criteria:

1. Address one of the priority diseases or topics of the GF-TADs for Africa;
2. Contribute to the expected results as listed in the Annex 2;
3. Avoid duplication of or contradiction to any other activity in the region, and be in line with the stakeholders portfolios in the region;
4. Have its effects maximized if implemented at regional rather than at national level, and two (cross-border activities) or more countries (sub-regional/ regional activities) are involved; and
5. Be endorsed by the GF-TADs Steering Committee for Africa during its regular meetings or an e-consultation procedure on an *ad-hoc* basis.

20. Three categories of activities can receive the GF-TADs labeling:
- ▶ Vertical = disease-oriented activities;
 - ▶ Horizontal = topic-oriented activities; and
 - ▶ Core institutional activities =to ensure the proper functioning of the regional governance and platform (Regional Steering Committee, Regional Secretariat, participation in Global Steering Committee).

21. The overall architecture of the Action Plan is depicted in the following chart:



22. The expected results of the GF-TADs labeled activities are presented in Annex 2.

❖ **Implementation arrangements**

23. The implementation arrangements of the Regional GF-TADs for Africa Action Plan refer to the Terms of Reference of the Regional Governance of the GF-TADs (ToR), namely of the GF-TADs Regional Steering Committee for Africa and the Secretariat.

24. More specifically, the GF-TADs Regional Steering Committee for Africa is in charge of the overall monitoring of the implementation of the Regional Action Plan, with the support of the Secretariat.

25. In between the regular meetings of the GF-TADs for Africa Region Steering Committee, the GF-TADs labeling of activities is done via an e-consultation procedure on an *ad-hoc* basis facilitated by the GF-TADs for Africa Secretariat. The procedure involves the Global GF-TADs Management Committee and the Chairperson of the GF-TADs Regional Steering Committee for Africa as follows: on the initiative of FAO, OIE and AU-IBAR, RECs or any other stakeholders in the region, the proposal will be circulated electronically by the Secretariat to the Members of the Regional SC for a tacit consent or comments within 10 working days. In exceptional cases, emergency procedures may be foreseen. Endorsement is made by mutual consent.

26. Whenever needed, for the implementation of the Action Plan, the GF-TADs for Africa :

- liaises with other regional GF-TADs SCs, RECs and other regional coordination mechanisms like the IRCM initiative;
- liaises with other regional or supra-regional initiatives (if applicable);
- requests the support of the GF-TADs-related tools, namely FAO/OIE/WHO GLEWS, OIE/FAO OFFLU and FAO/OIE CMC-AH.

27. A Progress report of the Action Plan will be presented by the Chairman during the meetings of the GF-TADs Regional Steering Committee for Africa. In addition, the progress report will be provided to the OIE Regional Commission for Africa when it meets during the General Session and during the biannual Conference. The GF-TADs for Africa bureau prepares and reports on the annual progress made in the implementation of the Action Plan to the Global Steering Committee during the Global Steering Committee meetings and other relevant meetings.

Title of the meeting	Main recommendations
Third GF-TADs Global Steering Committee (OIE HQs, September 2010)	<ul style="list-style-type: none"> - Recommendation 8 was approved and it encourages the development of regional GF-TADs five-year Strategic Plans, considering the GF-TADs Africa plan should be in line with the Comprehensive Africa Agriculture Development Program (CAADP); - The Steering Committee of the GF-TADs for Africa should target prioritized diseases and their implementation be supported; - Rinderpest eradication at global level and the need for active post eradication phase; - The need expressed by participants for a more inclusive membership within the GF-TADs; and - The uncertainties related to the funding of GF-TADs Africa;
79 th OIE General Session	<p>The opportunity of the adoption of new provisions in the OIE Terrestrial Code Chapter on Foot and Mouth Disease (FMD) related to the endorsement by the OIE of official control programmes for FMD (Article 1.6.7.) establishing a link between the official disease status recognition and the Progressive Control Pathway (PCP) self-assessment tool;</p> <ul style="list-style-type: none"> - The work being done jointly by FAO and the OIE on the development of the Global FMD Control Strategy; - The GF-TADs Working Group on PPR (Peste des petits ruminants) to be jointly set up by FAO and the OIE, in collaboration with AU-IBAR; - The current epidemiological situation of TADs in Africa and recognizing the need to improve surveillance systems in order to address the gaps in the epidemiological knowledge of those diseases in Africa; <p>That the Steering Committee of the GF-TADs for Africa encourages the work being done by AU-IBAR in the implementation of a Rinderpest exit strategy</p>

Annex 2 – Expected results and eligible activities:

Nota bene: while writing the present Action Plan, there was some information not readily available among others, the quantitative data regarding number of vaccination campaigns, written contingency plans, outbreaks by disease and by country. This information will be completed and presented at the next meeting of the Regional Steering Committee for validation.

▶ ASF

▶ Expected results:

ASF R1- Further spread of ASF in the region is prevented

ASF R2 - ASF in countries or zones where the situation is endemic in Africa is progressively controlled

ASF R3 - Knowledge on ASF epidemiology has increased

ASF R4 - At risk countries are better prepared

ASF R5 - The role of wildlife and ticks in the epidemiology of ASF is being investigated

ASF R6 - A continental strategy for ASF control developed

ASF R7 - The continental strategy for ASF control validated by GF-TADs Africa Steering Committee.

▶ Eligible activities:

Early detection thanks to national epidemiosurveillance networks, laboratory diagnosis and rapid response will be the major components of a programme to improve the sanitary situation regarding ASF. Preparedness and response for ASF including the management of susceptible animals will be strengthened.. Communication and public awareness will be integral components of an improved programme.

Research will also play a key role mainly in the development of vaccine as main tool of ASF control in Africa. Strong collaboration between research institutions in Africa, Europe and other regions.

Activities like the following ones, will be properly documented: surveillance protocols, emergency plans, procedures, animal health strategies, etc.; and countries will be assisted, where necessary, to prepare those documents.

ASF A1-ASF portfolio review

ASF A2-Regional training workshops for veterinarians and laboratories on ASF

ASF A3-Cross-border / (sub) regional coordination meetings on ASF building on the ones already held

ASF A4-Seminars/workshops to develop contingency Plans for free countries and control plans for endemic countries

ASF A5-Studies on the role of ticks and wildlife in the epidemiology of the disease.

► **Indicators:**

- ASF I1 - Number of ASF affected countries in Africa.
- ASF I2 - Number of ASF outbreaks in Africa officially reported to the OIE and AU-IBAR.
- ASF I3 – Number of samples sent to OIE Reference Laboratories
- ASF I4 - Number of countries having ASF contingency and/or control plans
- ASF I5 – ASF Continental control strategy developed by FAO, AU-IBAR and partners
- ASF I6 – ASF Continental control strategy validated by the GF-TADs Africa Steering Committee.
- ASF I7- Number of countries which adopted the continental strategy

► **Baseline situation:**

African swine fever is a disease of suids (both domestic and wild). The disease spreads by direct contact with pigs or (in parts of Africa) through invertebrate vectors, such as the *Ornithodoros* ticks. The ASF virus is highly resistant. The disease is highly lethal for infected animals and has the capacity to decimate complete pig populations at national or regional level. There is no vaccine to prevent the disease, nor is there any treatment against the disease. While local pig breeds might show a certain degree of genetic resilience against the disease and wild suids remain asymptomatic during the infection. Imported or genetically improved pigs breeds, used in many semi-intensive and intensive piggeries are highly susceptible to the virus and affect the livelihoods of both small and large-scale farmers. The recent spread of African swine fever to Eastern Europe has revived the interest of the scientific community in this previously neglected. Meanwhile, strict biosecurity remains the only control tool available for farmers in Africa.

CBPP

► **Expected results:**

CBPP R1 – CBPP prevalence on a continent wide basis decreased.

► **Eligible activities:**

Activities will focus on prevention and or control in all countries (early warning, identification of animals and control of animal movements). Eradication will be introduced and or strengthened in national animal health strategies in free at risk countries. Control by means of vaccination will be made general in endemic countries. Countries whose official diseases status is unknown will be supported to assess and, if relevant, improve their CBPP status so to eventually reach the official CBPP freedom recognition according to OIE procedure.

► **Indicators:**

- CBPP 1 - Number of CBPP affected countries in Africa
- CBPP 2 - Number of CBPP outbreaks in Africa officially reported to the OIE and AU-IBAR
- CBPP 3 – Number of samples sent to OIE Reference Laboratories
- CBPP 4 – Number of vaccination campaigns with AU-PANVAC quality certified controlled vaccines
- CBPP 4 - Number of countries having CBPP contingency plans available in Africa

- CBPP 5 – Number of countries or zones recognized free by the OIE.

► **Baseline situation :**

Lung sickness in cattle, CBPP or Contagious Bovine Pleuro-Pneumonia is truly an African disease, long eradicated from the developed world, which represents a considerable burden for cattle owners in many parts of Africa, from Mali in the West through Ethiopia in the East, and as far south as Namibia and Zambia. It is not an acute high-mortality disease, but a chronically worsening ailment which leads to tremendous production losses. Both live and inactivated vaccines are available but with protection limited to 6 months these require considerable logistical efforts to attain protection at population level.

Both CBPP and Foot and Mouth Disease can only realistically be controlled through a series of measures, one which is movement control, making them truly transboundary animal diseases. In a paper released in 1982, in the *Rev. sci. tech. Off. int. Epiz.*, Dr Provost (world expert on CBPP) affirmed that the eradication of CBPP was possible on the condition that all cattle were vaccinated for several years and that all diseased animals needed to be emergency slaughtered.

Foot-and-Mouth Disease (FMD)

► **Expected Results :**

FMD R1 - Countries engaged and progressed along the Progressive Control Pathway for FMD control (PCP-FMD).

► **Eligible activities will focus on:**

1. All activities included in the FAO-OIE Global FMD Control Strategy (officially presented in June 2012) and applicable to the region will be considered. In this sense, the PCP-FMD in Africa will be implemented as part of the GF-TADs for Africa Strategic Plan and some countries may progress to PCP stage 3 by 2020. OIE is adopting a new process in endorsing countries reached to PCP stage 3 and FAO's role will consist in helping countries (where applicable) to develop and implement national programmes on disease prevention and control measures embedded in regional programmes.
2. Advocate and encourage African countries to:
 - Contain and eradicate new outbreaks in disease free countries, zones or compartments, while promoting new trade-facilitating non-geographical standards where appropriate;
 - Prevent and control the disease by means of vaccination or (modified) stamping-out in countries where the disease has become endemic or is becoming endemic and
 - Contribute to the worldwide progressive control of FMD, along the lines of the FAO - OIE Progressive Control Pathway (FMD-PCP), based on regional virus pools and subsequent regional roadmaps. Related achievements will be shared at the 3rd Global Conference on FMD control planned to be hosted in Africa.

In this sense, the FMD-PCP in Africa will be implemented as part of the GF-TADs for Africa Action Plan and should lead to at least a stage 3 level of control in most African countries by 2020. OIE's role will consist in the accreditation of official FMD control strategies (stage 3) and official free country status and FAO's role will consist in helping countries (where applicable) to develop and implement national programmes on disease prevention and control measures, enabling them to get a grip on the disease in terms of clinical outbreaks. All activities included in the FAO-OIE Global Strategy for the control of FMD (officially presented in June 2012) and applicable to the region will be considered.

OIE have officially endorsed the FMD Control Programmes at Stage 3 of the PCP as recognition of the effective management of FMD control in the country. This will be effected whenever feasible based on zoning or country' level.

► **Indicators:**

- FMD I1 - Number of countries with FMD outbreaks in Africa.
- FMD I2 - Number of outbreaks in Africa officially reported to the OIE and AU-IBAR .
- FMD I3 – Number of samples sent to OIE or FAO Reference Centres.
- FMD I4 – PCP-FMD status raised in countries or regions where FMD is still endemic at present.
- FMD I5 - Number of countries having official FMD control strategies endorsed by OIE
- FMD I6 – Number of countries or zones recognized by the OIE free with or without vaccination
- FMD I7- Number of PCP-FMD roadmaps updated and/or established.

► **Baseline situation:**

Whilst FMD is not regarded as a life-threatening disease to adult coven-hoofed domestic and wild animals, it is highly contagious and has proven to be easily transmitted through many routes including but not limited to airborne and contaminated fomite and vehicles. The FMD virus is also highly resistant in the environment. It is therefore foremost a production disease and the most trade sensitive cattle disease in the world. Africa, where FMD is endemic in many parts denied access to the global beef markets in Europe, the US and the Far-east. Only very few countries in Africa manage to access these markets and they do so at a high financial cost, taking into account the physical separation between domestic animals and wildlife that is required sometimes to ensure disease freedom. In southern Africa, this situation is further exacerbated by the fact that the three known FMD serotypes SAT (1, 2 and 3) are endemic in the African buffalo and can therefore not be eradicated in the foreseeable future. SAT vaccines are available but need frequent virus - matching to meet changes occurring in the wild. Mindful of the successful approach of the rinderpest eradication, but alas with less efficient vaccines to work with, the FAO and the OIE have launched the worldwide Progressive Control Pathway for FMD (PCP) approach towards a global control (not eradication) by 2020 and beyond. The 2nd Global conference on FMD held in Bangkok, Thailand in June 2012, had indicated that FMD PCP implementation and prevention and control in endemic countries FMD should be considered as global public good.

For NCD there is a need to address each of the key elements of the NCD control program (vaccine, vaccination, cold chain among others). There is also a need to identify a specific strategy to make sustainable the disease prevention and control.

► **Expected results :**

- NCD R1- In -country spread of NCD is prevented at least outside of backyard sector.
- NCD R2 - NCD in countries or zones where the situation is endemic in Africa is progressively controlled starting outside of the backyard sector.

► **Eligible activities:**

Early detection thanks to national epidemiosurveillance networks, laboratory diagnosis and rapid response will be the major components of programmes to improve the sanitary situation regarding NCD. Response and preparedness for NCD will be extended to improvement in the production systems particularly for backyard chicken. Communication and public awareness will be integral components of improved programmes.

Activities on NCD need to cover the following areas:

Area 1 - Community:

Create awareness to village farmers about the disease and mobilize field veterinary staff for and its prevention and control.

Area 2 - Communication and education:

Develop and/or collate education and extension material, including identification of local materials available in village to build poultry housing and supplementary feeding.

Area 3 – Vaccine and vaccination:

The Pan African Centre for Vaccine Production (PANVAC) need to sustain the quality control tests of the vaccines used in Africa (external evaluation of the vaccine) in support of national laboratories that produce NCD vaccines.

► **Indicators:**

- NCD I1 - Number of NCD affected countries in Africa.
- NCD I2 - Number of NCD outbreaks in Africa officially reported to the OIE and AU-IBAR.
- NCD I3 – Number of samples sent to OIE Reference Laboratories
- NCD I4 - Number of countries having NCD contingency plans available in Africa.
- NCD I5- Number of countries having a comprehensive NCD vaccination programme.

Baseline information: Rural poultry production in Africa is generally a women activity, which concurs to the alleviation of poverty and hunger. NCD is a highly pathogenic endemic disease in most African Region affecting rural poultry production. The production system in this area of many African countries is characterized by an extensive breeding poultry system without confinement. As far as birds are roaming freely within the village as soon as NCD affect some of them, all animals are exposed to this devastating

disease. It is reported extreme mortality rate which could at the worst leave an entire village without poultry. To challenge this devastating disease, during the last three decades, an effective thermo stable vaccine has been developed and adapted vaccination protocols are able today to prevent the disease but need improvements in the production and delivering systems. Improved biosecurity can be added to the preventive and control tools for NCD in village chicken production in Africa Region context. Intensive production of poultry should be protected by biosecurity measures and if necessary by vaccination.

▶ PPR

▶ **Expected results:**

- PPR R1 - PPR Progressive Control Strategy reviewed and finalized through collaboration with OIE, AU IBAR, FAO, IAEA, CIRAD and ILRI
- PPR R2 – PPR in infected countries progressively controlled;
- PPR R3 – Level of preparedness in countries at risk of PPR improved;

▶ **Eligible activities** will focus on:

- PPR Portfolio Review
- Regional training workshops on PPR
- Cross-border / sub-regional coordination meetings on PPR;
- Preparation of a pilot PPR reduction strategy in pilot countries/regional level.
- Workshops/seminars on contingency Planning on PPR
- Establishment and management of a regional PPR vaccine bank
- Quality of PPR vaccines produced and used in Africa assured by AU-PANVAC
- Applied research on development of epidemiological PPR models.

▶ **Indicators:**

- PPR I1 – PPR Progressive Control Strategy finalized and validated
- PPR I2 - Number of PPR-affected countries in Africa
- PPR I2 - Number of PPR outbreaks in Africa officially reported to the OIE and AU-IBAR
- PPR I2 – Number of samples sent to OIE and FAO Reference Centres
- PPR I4 - Number of PPR vaccination campaigns in Africa using AU-PANVAC quality certified and or approved vaccines
- PPR I5 – Number of counties in Africa having a PPR contingency plan
- PPR I6 - Number of countries and RECs which adopted and implemented PPR control strategy

▶ **Baseline situation:**

Peste des Petits Ruminants, PPR, is similar to Rinderpest but affects only sheep and goats (sheeps or small ruminants), camels and there is need to be confirmed for wildlife. PPR is endemic in some African

countries or were recently affected namely Tanzania, Zambia, Sudan, Morocco, DRC, Uganda, Kenya, Tunisia, Algeria and Egypt.

The countries that officially reported PPR in 2012 to the OIE are: Algeria, Tunisia and Egypt. But the disease is known to be continuing in Mali, Congo (DRC), Kenya and Uganda

PPR is endemic in many African countries from Northern Africa to Tanzania, in the Middle East, in Central and Southern Asia and in parts of China (People's Rep. of). The different PPR viruses (PPRV) that have been isolated so far in all these areas were classified into four lineages. Until 2000, lineage 4 was confined to Asia and the Middle East. However this lineage has recently been identified in Africa – in Sudan in mid-2000 and in Morocco in 2008, the first PPR outbreak in that country. PPRV infections have also been identified in both Tunisia and Algeria. This situation, together with the first discovery of the disease in the Democratic Republic of Congo (DRC), Uganda, Kenya and Tanzania in 2006–2007, indicates a shift in disease dynamics on the continent. While the 2008 outbreak in Kenya was severe with high mortality being recorded, the one that occurred in Morocco was mild in nature with moderate morbidity and mortality. However it spread very quickly throughout the country through animal trade. Serological evidence has recently been found of PPR in Zambia, showing that the disease is spreading further downwards into an area that hitherto is free of PPR. A very efficient vaccine complying with quality standards and properly used by respecting cold chain requirements, long-acting and cheap vaccine, similar to the rinderpest vaccine, exists, but its application and impact is limited due to the rapid turnover of the population (months). The recent research results on PPR (e.g by CIRAD) should also be taken into full consideration. Nevertheless, the disease, with the analogies with rinderpest in mind, is currently being considered for worldwide eradication, especially regarding the potential beneficial impact of eradication on smallholders and vulnerable groups in Africa and beyond. This would make PPR eradication a global public good.

Rabies

► **Expected results:**

- Rab R1a – The Progressive Control Pathway towards rabies elimination is developed and adapted for Africa
- Rab R1b - Dog rabies prevention and control has increased in five years.
- Rab R2 - Rabies control is considered as a high priority in most countries.
- Rab R3 - Dog population management is applied in compliance with OIE standards.
- Rab R4 - Rabies control programmes are combined with other zoonosis prevention and control programmes such as those of echinococcosis.
- Rab R5 - Development of national roadmap based on the PCP in rabies endemic countries in close collaboration between animal health and human health authorities
- Rab R6 - Suspected rabid dogs are systematically observed and tested for Rabies.

► **Eligible activities:**

In view of the existence of a recognized very efficient control tool (vaccination of susceptible animal species). Activities will focus on:

- The development of a Progressive Control Pathway towards Rabies Elimination for Africa that will provide the basis for establishing or improving rabies prevention and control programmes in the region.
- Enhancing the cooperation and coordination between the animal and human health sectors. . . Strategies will be consistent with the relevant OIE international standards, the WHO's strategy (design in 2004 by an Expert Consultation on Rabies) and of the *Global Alliance for Rabies Control* (GARC), using the latter's *Blueprint for rabies prevention and control*³
- Dog population management measures applied in compliance to the OIE standards will be an important activity to meet the targets for vaccination
- Communication and public awareness will be major components of this activity to increase adoption of the programs.
- The adoption of a rabies "package" that includes also surveillance in humans, dogs, livestock working animals and wildlife, public awareness, dog population vaccination and management, animal bite protocols and the establishment of inter-sectorial rabies taskforces.
- The promotion of National and Regional Workshops on rabies (FAO/OIE/WHO/AU-IBAR)
- Provisions and use of an OIE vaccine bank
- Promote Laboratory twinning for improving diagnostic capability
- Strengthening the role of Veterinary Services in coordination of different stakeholders in the fight against rabies -Develop a specific package for stray dogs population (behavior studies, population control and oral vaccination)
- Experiences sharing on rabies between different subregions in Africa.

► **Indicators:**

- Rab I1- Number of countries having elaborated and implemented rabies prevention and control strategies targeting the elimination of dog mediated human rabies.
- Rab I2 - Number of rabies cases in animal and human in the countries or zones in the region
- Rab I3 - Number of countries with dog population management programmes (including for stray dog populations)
- Rab I4 - Number of vaccines delivered from a regional vaccination bank and other sources
- Rab I5 - Number of Rabies cases confirmed in Africa officially reported to the OIE and AU-IBAR.
- Rab I6 - Number of rabies cases in human has decreased
- Rab I7 - Number of countries where national roadmaps are drafted and endorsed

⁴ OIE-led twinning programme

► **Baseline situation:**

The majority of countries have Rabies as an important disease from the public health stand point, however the disease is highly underreported in animals and in humans. Rabies is sometimes regarded as a transboundary animal disease, especially in areas where the cycle through wildlife is considered to be of importance. Rabies cases in humans and animals – where these are reliably records – have considerably increased in recent years. As an example, urban outbreaks in Luanda, the capital of Angola in 2011, have caused more than 50 human death mainly children. Rabies is a perfectly preventable disease at the (domestic) animal source, especially through the availability of efficient and long-lasting rabies vaccines. In several Member countries in the region, Veterinary Services organize annual vaccination campaigns targeting dog populations. The vaccination coverage is often patchy and generally does not attain the 70% vaccination coverage required for controlling rabies in a given population. While dog ecology studies conducted in Africa have indicated that over 90% of dogs have sort of a link to a household a large proportion can be considered mostly or temporarily as free-roaming. Wildlife occasionally plays a role in outbreaks in domestic animals other than dogs (e.g. livestock or working animals). The FAO and OIE are looking for better awareness and support to improved Rabies prevention and control strategies. The OIE, launched the first global conference on rabies control in 2011 (Seoul, South Korea), and the *Global Alliance for Rabies Control* (GARC) organizes annually *World Rabies Day*, which is supported by FAO, OIE and WHO. In addition FAO, OIE, WHO and GARC have initiated the development of a Progressive Control Pathway towards rabies elimination to enable countries and regions to enhance their rabies prevention and control.

► **Expected results:**

RVF R1 - Further spread of RVF in the region is prevented

RVF R2 – RVF is progressively controlled in countries where the situation is endemic

RVF R3 – RVF is actively monitored and controlled in countries where cases previously occurred.

► **Eligible activities:**

RVF A1 - Surveillance of RVF in human and animals

RVF A2 - Prevention (joint contingency plans between public health and veterinary services) including animal vaccination campaigns.

RVF A3 - Vector activity surveillance

RVF A4 - Enforcement of regulations for the control of outbreaks including vaccination, when relevant.

RVF A5 - Information and communication.

RVF A6 - RVF Portfolio Review

RVF A7 - Regional training workshops on RVF

RVF A8 - Cross-border / sub-regional coordination meetings on RVF

RVF A9 - Workshops / seminars on contingency planning on RVF.

► **Indicators:**

- RVF I1 - Number of RVF-affected countries in Africa.
- RVF I2 – Number of samples sent to OIE and FAO Reference Centres.
- RVF I3 – Number of countries having significant vaccination campaigns
- RVF I4 - Number of RVF outbreaks in Africa officially reported to the OIE, WHO and AU-IBAR.
- RVF I5 - Number of countries having RVF contingency plans available in Africa.
- RVF I6 - Number of RVF vector surveillance activities in Africa
- RVF I7 - Number of RVF awareness programmes.

Baseline situation: Rift Valley Fever is named after the Rift Valley in Kenya and is another truly African disease, which has now spread to the Indian Ocean and parts of the Middle East and the Arabian Peninsula. It is a disease of sheep (mostly), leading to waves of abortions in ewes. The main concern with Rift Valley Fever is that it is a deadly zoonosis, which can infect farmers, farm labourers, abattoir workers and other animal health professionals through contact with infected secretions and excretions from ewes. Outbreaks in Kenya and Tanzania in 2006, and Somalia in 2007 led to hundreds of casualties. More recently, in 2009 and 2010, the Republic of South Africa reported close to 500 outbreaks of RVF to the OIE and suffered 18 human losses, amongst which a young lady-veterinarian. In 2010, an unprecedented outbreak of RVF was also reported in the northern Sahelian region of Mauritania causing loss of human life and killing cattle. Global warming is likely to lead to a modified and possibly enlarged distribution of the main disease vectors, the *Culex* and *Aedes* mosquitos, which has already proven to survive in previously unaffected countries, such as Portugal, Spain and It:

This threat to the developed world has triggered accelerated research in prevention and control of RVF. Several vaccines for use in animals are available but are not used on a wide scale since RVF outbreaks tend to be unpredictable (but often related to floods) and follow an approximate 10-year cycle.

Rinderpest

Nota bene: questionnaire surveys were sent out by FAO and OIE to understand the situation with regard to establishing an inventory of institutes holding rinderpest virus-containing material. Expected results, activities and indicators will be formulated upon reception of the responses to these surveys and their analysis.

► **Expected results**

- RP R1 - Ensure no re-emergence of the disease.

► **Eligible activities**

All activities of the FAO-OIE post eradication strategy (depending on the results of the questionnaires) such as virus sequestration, surveillance, etc.

► **Indicators**

- RP I1- Number of institutions holding RP infected materials.
- RP I2 –Number of institutions authorised to hold RP infected materials under international supervision.
- RP I3 – Number of official international visits of these institutions.

► **Baseline situation**

The disease has been officially declared eradicated worldwide in 2011. Follow up activities are regulated through the following mechanisms:

- FAO-OIE Agreement on joint actions to maintain the world free of rinderpest (June 2012)
- FAO-OIE Rinderpest joint Advisory Committee
- FAO and OIE Required activities to maintain Global Freedom from Rinderpest (as per the Draft FAO-OIE Joint Concept Note of August 2012)
- AU-PANVAC was designated to be the only African institution in charge of RP virus sequestration using its P3 facilities.

Under this general TADs section GF-TADs for Africa aim in general at improving livestock as a tradable and safe commodity by contributing to assurance of animal health, through improved capacity of Veterinary Services and stakeholders for detection, identification, monitoring and surveillance of TADs in the region.

► **Expected results:**

- Improved national and regional knowledge and information/data on priority animal diseases;
- Improved disease surveillance, early detection, notification and rapid response systems in order to address all factors that affect or threaten animal health;
- Improved diagnostic laboratory performance at national level and support the establishment / strengthening / outreach of reference laboratories⁴;
- Provided technical guidance for the control of priority animal diseases in Africa; and supported the implementation of national *Good Emergency Management Practices*⁵ that include early detection, reporting and counter-epizootic measures.

► **Eligible activities**

- Coordination activities
- Advocacy activities

► **Indicators**

- Number of countries with appropriate and sustainable surveillance systems in place.
- Number of countries with national diagnostic capacity for priority diseases, or have in place clear mechanisms to send samples to regional reference laboratories.

► **Baseline situation**

There are gaps in the national and regional management of TADs. This is particularly on the capacity for the detection, identification, monitoring, surveillance, epidemiological analysis, early warning vaccination and preparedness against the spread of TADs.

⁴ OIE-led twinning programme

⁵ FAO : GEMP (EMPRES) : <http://www.fao.org/ag/aginfo/programmes/en/empres/gemp.html>

Reinforcement of Veterinary Services (VS)

▶ *Expected results:*

- RVS R1 - Good governance of VS has improved in Africa.
- RVS R2 – Efficient Animal Health systems are in place in Africa.

▶ *Eligible activities:*

RVS A1 - Investment programmes supporting the improvement of Veterinary Services (based on the results of the OIE PVS and PVS Gap Analysis reports) using the OIE PVS Pathway.

▶ *Indicators:*

- RVS 1 - Number and budget of investment programmes in the region supporting strengthening Veterinary Services
- RVS 2 - Number of VS engaged in the ‘treatment phase’ of the PVS Pathway (legislation, laboratories, veterinary education, VSBs, public/private sector alliances), on a voluntary basis
- RVS 3 – Number of Round tables of donors supporting compliance of Veterinary Services with OIE standards on quality.

▶ *Baseline situation*

Performance of Veterinary Services has been assessed in almost all African countries to date. Each situation is accurately described in a report available according to its confidentiality status. The overall situation will not be summarized in the present document.

Core activities

The Action Plan is composed of activities whose effects are maximized if implemented at regional rather than at national level, or if 2 (cross-border activities) or more countries (sub-regional / regional activities) are involved. The Action Plan comprises 3 kinds of activities: (i) vertical = disease-oriented activities; (ii) horizontal = topic-oriented activities; and (iii) core institutional activities to ensure the proper functioning of the regional governance and platform (SC, Secretariat, participation in Global SC).

► **Expected results:**

- 1 - The GF-TADs for Africa SC functions as a platform bringing added value to the countries for the prevention and control of TADS
- 2 - Coordination for the progressive control of priority TADs in Africa and with neighbouring regions is improved
- 3 – “One Health” concept approach reinforced through Rabies and other zoonosis control.

► **Eligible activities:**

- A1 - Organization of GF-TADs for Africa SC meetings
- A2 - Participation in GSC meetings
- A3 - Support to the Secretariat activities (facilitation, coordination and monitoring role, refer to the ToRs of the GF-TADs for Europe Secretariat), relationship between the GF-TADs for Africa Secretariat and the Global GF-TADs Secretariat.
- A4 – Regional coordination workshop on “One Health” concept.

► **Indicators:**

- Number of RSC meetings
- Number of meetings held under the GF-TADs for Africa umbrella
- Number of participations in meetings/communications with other regions by Members of the SC
- Active follow-up of recommendations made by the Regional and Global GF-TADs Steering Committees.

Conferences of the OIE Regional Commission for

Africa

4 th OIE Regional Commission for Africa	Rabat, Morocco, October 1980.
5 th OIE Regional Commission for Africa	Nairobi, Kenya, 18-21 January 1983
6 th OIE Regional Commission for Africa	Harare, Zimbabwe, 22-25 January 1985
7 th OIE Regional Commission for Africa	Cairo, Egypt, 19-22 January 1987
8 th OIE Regional Commission for Africa	Arusha, Tanzania, 16-18 January. 1989
9 th OIE Regional Commission for Africa	Abidjan, Côte d'Ivoire, 14-17 January 1991
10 th OIE Regional Commission for Africa	Windhoek, Namibia, 26-29 January 1993
11 th OIE Regional Commission for Africa	Rabat, Morocco, 24 - 27 January 1995
12 th OIE Regional Commission for Africa	Pretoria, South Africa, 28-31 January 1997.
13 th OIE Regional Commission for Africa	Dakar, Senegal, 26-29 January 1999.
14 th OIE Regional Commission for Africa	Arusha, Tanzania, 23-26 January 2001
15 th OIE Regional Commission for Africa	Maputo, Mozambique, 18-21 February 2003.
16 th OIE Regional Commission for Africa	Khartoum, Sudan, February 2005.
17 th OIE Regional Commission for Africa	Asmara, Eritrea, February 26 to March 1, 2007
18 th OIE Regional Commission for Africa	N'Djamena, Chad, 23 to 26 February 2009.
19 th OIE Regional Commission for Africa	Kigali, Rwanda, February 2011.