INTRODUCTION

1. The Global Framework for Progressive Control of Transboundary Animal Diseases (GF-TADs) is a joint FAO/OIE mechanism, which combines the strengths and exploits the synergies of both organisations to prevent and control animal transboundary diseases (TADs). WHO is also associated to the initiative for zoonotic TADs.

2. The initiative's agreement (see GF-TADs agreement) was signed in May 2004, and falls under the broader agreement between OIE and FAO, which was renewed at the same time (see agreement between the FAO and OIE). GF-TADs developed out of the FMD crisis which occurred in Europe in 2001.

3. The African branch of the GF-TADs initiative (GF-TADs for Africa) was set up in March 2006 in Bamako (see minutes of the first Steering Committee meeting): 14 members from OIE, FAO, regional organizations and donors were appointed in the Steering Committee, with the FAO-CVO as President; in compliance with the general agreement, the Secretariat is hosted by the OIE Regional Representation for Africa in Bamako. In Africa, the GF-TADs Regional Support Units (RSUs) are the Regional Animal Health Centres (RAHCs) located in Bamako (2006), Nairobi (2007), Gaborone (2007) and Tunis (2007), which associate or will associate FAO, OIE and regional (IBAR) or sub-regional (ECOWAS, SADC)Organizations..

4. The second GF-TADs for Africa Steering Committee meeting took place in Djibouti in March 2007 (see minutes of the second Steering Committee meeting). During this meeting, it was decided that the GF-TADs for Africa be integrated as the animal health part of the ALive platform. This had the following consequences: (i) the GF-TADs for Africa Action Plan is an integral part of the ALive Action Plan and (ii) recommendation made under the GF-TADs for Africa have to be translated into resolutions of the ALive Executive Committee meeting.

5. Animal disease remains a major constraint to livestock sector development in Africa. The guidance and information provided through the GF-TADs for Africa on disease prevention and control strategies -through the RSUs to regional organizations and (national) governments- is of strategic importance in the sector fulfilling its potential contribution to economic growth and poverty reduction in the region.

6. However, while some diseases draw the attention of the international community because of their pandemic potential (HPAI) or the threat they represent for developed countries free from diseases, many animal diseases in Africa get limited attention only, despite their negative impact on national economies (e.g. Rift Valley Fever) and households income (e.g. tick diseases, CBPP) as well as on human health (e.g. RVF, brucellosis, tuberculoses, rabies).

7. Lobbying to raise the profile of these neglected diseases - especially in Africa - is needed and likely to have significant impact in the current global context: (i) it is now commonly accepted that the prevention
and control of TADs is a Global Public Good; (ii) AHI has set a precedent for the international community’s involvement in the prevention and control of animal diseases; and (iii) the international conference on AHI that will be held in Cairo in October 2008 will not only address AHI but also other major zoonotic diseases under ‘One World-One Health’ approach. Longer-term and holistic approaches to combat animal diseases are also being more and more promoted.

8. The third GF-TADs for Africa meeting took place in a transitional period for ALive (end of the first three-year Action Plan 2004-2008 (TAP1), start of a new three-year action plan 2008-2011 (TAP2)), a few weeks after the first GF-TADs Global Steering Committee (March 6, FAO HQ; see minutes of the first Global Steering committee meeting and associated Recommendations). The agenda of this meeting was thus strongly influenced by these two elements, and had, apart from the usual reporting and information sharing activities, two additional main objectives (i) the design of a three-year Action plan for GF-TADs for Africa and (ii) the consolidation of the initiative’s governance, through the elaboration of ToRS for the regional governance entities following the outcomes of the Global SC.

9. The meeting was chaired by J. Domenech, President of the GF-TADs for Africa, with the 4 sessions co-chaired by A. El Sawalhi from IBAR, A. Niang from OIE, F. Le Gall from WB, and S. Jutzi from FAO. Twenty nine persons, representing regional and international organizations, including donors, attended the meeting (see list of participants). All full Steering Committee members- except two (IGAD and one member of the OIE regional Commission for Africa) - participated.

Nota bene
Documents provided in the folder and on the FTP site are referred to [in red]. Corresponding Recommendations to the discussions made during the SC3 and reported below have been inserted [in blue] with interactive links. Full SC3 Recommendations are provided in Annex 1. In order to facilitate the reporting on the SC3 Recommendations implementation status during the GF-TADs for Africa next Steering committee (SC4), a list of Indicators was circulated during the SC3 and is attached in Annex 2.

IMPLEMENTATION OF RECOMMENDATIONS OF SC2 (DJIBOUTI) (see implementation of the SC2 Recommendations)

10. Out of the 19 recommendations adopted during the SC2,
- 6 have been addressed fully: Rec 3 on the establishment of RAHCs; Rec 6 on the use of global tools such as GLEWS (see GLEWS Report), CMC-AH (see CMC-AH Report) and OFFLU; Rec 10 on compensation systems; Rec 13 on the progressive eradication of Rinderpest; Rec 15 on the organization of a regional conference on RVF (see report on the Cairo conference on RVF, 2007); and Rec 19 on the organization of a regional conference on Veterinary Medicinal Products in Africa (more information on the conference).
- 11 are currently being addressed;
- 2 have not been addressed: Rec 9 on the role of illegal trade in the spread of diseases: no study was carried out; and Rec 17 on FMD and CBPP: this recommendation was not implemented for two major reasons (i) a lack of funds and (ii) the current sanitary situation in Africa is dominated by HPAI.

11. All the SC2 Recommendations not fully implemented or not implemented at all have been transferred to the Recommendations of the SC3. Special attention will be given to those regarding the control of CBPP and FMD [Rec 21, 22 and 24] and the role of illegal trade in the spread of diseases [Rec 13].

REPORTING ON TADs situation in AFRICA

12. The current status of Avian Influenza, Rinderpest, Food and Mouth disease, Tsetse and Trypanosomosis, Rift Valley Fever and Contagious Bovine Pleuro-Pneumonia were presented, covering for the past year (i) the evolution of the diseases on the African continent (ii) the control and prevention measures implemented, and (iii) the lessons learned/recommendations on how to improve disease prevention and control, from past experiences (see the 6 disease reports).
The 6 diseases can be sorted in three categories:

13. **Diseases under progressive control (HPAI) or eradication** (Rinderpest); these 2 diseases demonstrate that targeted programs of control (massively and long-term supported), provided strategies are agreed and donors aligned, can be successful.

   - The last Rinderpest sero-positive results detected in Africa (Somali ecosystem) have been invalidated and the whole continent is about to be declared free of Rinderpest (5 new African countries will be officially declared to be free from RP in May 2008); by 2010, following the OIE pathways, the final declaration of RP eradication is foreseen (however, special attention needs to be paid to wildlife surveillance and potential live vaccines stock tracking, as well as to the status of RP in Liberia - not yet OIE Member - and Sierra Leone, for which FAO will provide assistance in order to help them to apply for the official recognition from the OIE). The GREP program in coordination with the IBAR programs financed by the EU (PARC, PACE and SERECU) - following the OIE pathway management for official recognition - deserve credit for this excellent result [Rec 20].

   - The HPAI situation in Nigeria (see Report on the HPAI situation in Nigeria) has improved significantly over the past two years (strong political involvement). Vaccination remains officially forbidden. Neighbouring countries and WAEMU / ECOWAS have also been mobilized as part of the efforts to control the disease. On the contrary, the status of HPAI in Egypt raises lots of concerns (see Report on the HPAI situation in Egypt), although new projects are expected to improve the situation [Rec 18].

   - Integrated National Action Programmes (INAPs) on AHI are expected to be finalised in 30 African countries over the next two years (through Rapid Assessment missions conducted under the ALive umbrella); 15 missions have thus far been carried out (see the INAPs Report), but delivery of the final reports has been slow. The process also requires complete implementation, with as its final output a detailed financial matrix produced during a donor round-table [Rec 18].

   - HPAI vaccination remains a questioned control strategy: it has proven efficient (e.g. Vietnam) when adequate measures are properly implemented: quality of vaccines (OIE standards); sufficient vaccination coverage; adequate storage equipment and cold chain; vaccination follow-up and monitoring; exit strategy (see Verona recommendations on vaccination). Unlike Rinderpest and like almost all vaccines, not 100% of poultry vaccinated against HPAI are protected against infection; however, it decreases dramatically the percentage of infected animals and the shed of virus in the external environment and it can successfully break the epidemiological chain. However it is not a long term strategy and all governments must prepare exit strategies. It is also a costly strategy (culling out also) for governments and cost-sharing with commercial farmers has to be better organized. Provided adequate equipment is in place, OIE global vaccine bank can rapidly deliver quality vaccines.

   - The compensation strategy was recalled (see Report on compensation in the case of HPAI) [Rec 19]

   - SADC asked for support (while not yet affected by the disease) to carry out preparedness activities (e.g. simulation exercises).

14. **Diseases which remain enzootic**, by lack of political involvement and investment from national government and the international community (FMD; CBPP; T&T); raising the profile of these diseases (along with economic impact and cost benefice studies) is the first step towards obtaining the required political support and subsequent funds.

   - An international FMD conference will be held in June 2009 in Paraguay, to present a new global FAO-OIE initiative to control the disease. In addition, with the support of the AfDB and the EU, SADC will implement some regional projects on the prevention and control of emerging and re-emerging diseases (on-going EC funded project PRINT) and on FMD in particular [Rec 21].

   - The CBPP situation in Angola is alarming and technical and financial support is needed. However, as for all TADS, a regional approach to CBPP remains fundamental to its control. There are few recent studies to define appropriate regional control strategies; however a disease assessment in CEMAC countries was carried out by FAO a few months ago [Rec 24].

   - Collaboration between PAAT and PATTEC on T&T needs to be strengthened [Rec 22].

15. **Re-emerging diseases** (RVF) characterized by epizootic outbreaks with strong impact on animals (and humans). Recent outbreaks in Kenya, Tanzania, Sudan and very recently in Madagascar demonstrate that the disease can re-emerge any time. The importance of T&T is likely to increase because of climatic
changes. Such scenarios stress the importance of a holistic approach to disease control, including ecological studies [Rec 23].

16. For all these diseases, surveillance and early detection are key elements in their control. Reinforcement and adequate budgetary provision by national governments for veterinary services (see transversal topic below) thus remains of paramount importance. The use of global tools such as GLEWS, CMC-AH, OFFLU, and the FAO-OIE network of international reference laboratories / centres are also [Rec 14] an integrated part of an effective control strategy for these diseases.

17. Overall, coordination and harmonization among the different stakeholders are key to success (as shown for diseases of category 1) in the control of TADs. While such coordination has improved significantly through the FAO, OIE, WHO, IBAR supported INAPs and the CMC-AH missions, some countries still host multiple uncoordinated missions conveying different messages. The RECs - in particular WAEMU supported by its multi-stakeholders Comité Vétérinaire - have suggested that they could be the appropriate supporting coordination structure (in link with the RAHCs) [Rec 17].

REPORTING ON ANIMAL HEALTH TRANSVERSAL TOPICS

18. - Networking: Reporting on laboratories, epidemiomonitoring and socio-economic networks was made (see the 3 Reports on Networks), stating their similar principles: breaking the isolation of the national teams, economies of scale for training, exchange of experience and information, quality control (proficiency testing for laboratories, performance indicators for Epidemiological and socio-economic teams). However, the sustainability of these networks remains a concern [Rec 15].

19. SADC sub-region currently has functional networks of laboratories and epidemiomonitoring. In other sub-regions, networks established through the PARC and the PACE programs need revitalization (with SADC’s networks as example). CEMAC proposes that specific sub-regional networks are established in its region. The laboratory of Garoua (Cameroon) could be a good candidate to be nominated as the lead regional laboratory to pilot and coordinate the network.

20. Socio-economic networks are rather new (one established thus far in Bamako). They are relatively inexpensive (no infrastructure needed) and can serve as an information sharing and advocacy mechanism providing reliable and timely information to policy-makers.

21. Three scoping studies on networking are to be implemented under ALive (ToRs and consultants’ names available since December 2007). These studies (advocacy documents) will be crucial to determine (i) the appropriate networks format: maximum number of countries and labs to be part of a network to ensure its proper functioning? How many networks are needed in Africa? (ii) Operational mechanisms and modalities, with particular reference to their relations with the RECs and RAHCs [Rec 7, alinea 6], and (iii) financial options that ensure long-term sustainability.

22. The ALive Secretariat was therefore urged to take the necessary steps to implement the 3 studies as soon as possible.

23. Sharing of information should occur not only within the networks but also among them; in this regard, the GF-TADs Secretariat was asked to produce bulletins on a regular basis (see point 38 on the website).

24. - PVS: The tool, newly renamed OIE-PVS Tool for the evaluation of Performance of Veterinary Services, was recently modified (additional critical competences) and is available on the OIE website (new tool). OIE was asked to actively publicise the availability of new versions of the tool. Evaluations made with the previous version of the tool remain fully valid. With a set of 200 possible combinations, this tool can provide a good qualitative analysis: 26 PVS missions have been carried out in Africa (see Report on PVS). On the process, several steps have now been identified:

   Initial OIE-PVS evaluation → gap analysis → investments → OIE PVS follow up mission
25. The PVS approach is also reinforced by regional and, if necessary, national seminars on good governance\(^1\) (one has already been organised in Gaborone for SADC countries, and another one will be held in Mali this year for the other African countries). FAO will be strongly involved in the gap analysis and investments steps (13 FAO-staff have been trained as PVS experts) and this will be an important activity of the next GF-TADs global Action Plan [Rec 10].

26. - Trade / STDF: This topic was not presented due to the lack of time (see report on STDF) [Rec 13].

27. - Education of veterinarians: Lack of initial, complementary and continuous education remains an important barrier to the sustainability and reinforcement of veterinary services. To address this issue, a global conference organized by OIE on how to involve veterinary schools worldwide on the activities of Veterinary Services and on how to include this topic within their curricula, is scheduled in October 2009. Last week, the OIE hosted a workshop organised by universities from USA, Canada, and Mexico at OIE HQs for informing them and discussing activities of international organisations like WTO, FAO, WHO and OIE. In Africa, EISMV in Dakar has a key role to play in the establishment of such a regional network, and in the definition of a harmonized veterinary curriculum. This activity was proposed to be part of the ALive TAP2 [Rec 12].

28. - Communication: OIE and FAO are encouraging the establishment of communication units within Official Veterinary Services (to that end, a specific Resolution was adopted by the OIE International Committee during the OIE General Session in May 2007) to enable improved communication on diseases outbreaks prevention and control, and relations with media. The importance of appropriate communication has been broadly demonstrated during the AHI crisis worldwide, as stated in the Beijing recommendations (animal health, human health and communication integrated approach) and during the Technical Pre-New Delhi workshop in Rome (June 2007). Regional seminars on communication needs are/will be therefore organized: Buenos Aires (2007), Asia (2008) and Africa (2009).

**CONSOLIDATION OF THE GF-TADS FOR AFRICA**

29. - Governance: detailed terms of reference for the GF-TADs for Africa Steering Committee and Secretariat have been circulated to the participants (see ToRs for the SC and Sec), after being agreed by FAO and OIE. Following the meeting discussions, better reference to ALive will be made under Chapter 4 and in the governance diagram in the ToRs of the Steering Committee (see Annexes 4 and 5). The discrepancies in the composition of the ALive Executive Committee and the GF-TADs Steering Committee have been questioned again; however, it is to be noted that all members of the ALive Executive Committee are de facto invited in the GF-TADs for Africa Steering Committee meetings, either as members or observers.

30. - Regional Support Units of the GF-TADs for Africa = Regional Animal Health Centres (RAHCs): 4 RAHCs (Bamako, Gaborone, Nairobi and Tunis) have been set up so far in Africa (see Reports on the RAHCs). FAO and OIE are already together in Bamako and Gaborone; OIE will join FAO shortly in Tunis and later if possible in Nairobi. IBAR is associated in Bamako, Nairobi and Gaborone. Other Regional Organizations will be associated such as ECOWAS in Bamako. A coordination / collaboration mechanism among the 4 RAHCs needs to be found. Whenever possible, RAHCs have to be supported by the Regional Economic Communities (RECs) to obtain the necessary political support and to ensure their financial sustainability. Bamako RAHC, the support of which is under discussion by ECOWAS, provides a good example that could be promoted for the other RAHCs. WHO should be associated to the RAHCs for zoonoses [Rec 6 and Rec 7].

31. The absence of specific RAHC in the CEMAC region was discussed again and the availability of funds remains the main stumbling block to its establishment. For the time being, the RAHC in Bamako is covering west and Central Africa needs.

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\(^1\) see also: ensuring good governance to address emerging and re-emerging animal disease threats: supporting the veterinary services of developing countries to meet OIE standards on quality
32. RAHCs have to provide the GF-TADs for Africa Steering Committee with an annual program of activity, based on the finalized GF-TADs for Africa 3-year Action Plan (see next point).

33. - **GF-TADs for Africa Three-Year Action Plan**: 5 activities were briefly presented as part of the GF-TADs proposed Action Plan for 2008-2011 (to be included in the ALive second 3-year Action Plan TAP2): (1) Prevention and control of animal diseases of economic and public health importance in SSA; (2) Public-private partnership in animal health; (3) Strengthening of TADs epidemiomonitoring in SSA; (4) Strengthening of, and networking among animal health national, regional and reference laboratories in SSA; and (5) TADs at the livestock/wildlife interface (see [GF-TADs for Africa Activity Forms](#)). Discussion of these issues was limited, as for the ALive TAP2, due to time constraints and it was decided that more work is needed. Finalization of the GF-TADs proposals must occur within the context of the final version of the ALive TAP2 scheduled for the EC12 (October 2008) and prior to the ALive pledging session for the financing of the TAP2. In addition, it will require (i) endorsement by OIE; (ii) endorsement by the GF-TADs Steering Committee for Africa (this endorsement will be pursued electronically over the coming weeks); and (iii) general endorsement by the Global GF-TADs Steering Committee, during the next GF-TADs Global Steering Committee (March 09) [Rec 1].

34. The Secretariat and President of the GF-TADs for Africa will prepare the accompanying logical framework, which will also be circulated to the GF-TADs for Africa Steering Committee for validation (electronically) [Rec 2].

35. - **Funding of the GF-TADs 3-year Action Plan**: there are 3 possible opportunities to raise funds for the GF-TADs for Africa: (i) the pledging session of the Cairo international conference (will concern only AHI and zoonoses); (ii) the pledging session of the Global GF-TADs initiative, scheduled for 2009, and (iii) the pledging session of ALive, following the finalization of the TAP2 (date to be determined). Importance must be given to the complementarity of requests for funding (avoid overlaps among requests) [Rec 4].

36. - **Program of activity for 2008-2009**: it corresponds to the first year breaking down of the 3-year Action Plan (see point 33); however, until its final validation - which may run over a few months -, only 6 major activities (in addition to information sharing [Rec 16]) are currently scheduled for 2008-2009:
   (i) The follow-up to the SC3 meeting (finalization of governance documents and 3-year Action Plan)
   (ii) The preparation of the international conference on AHI in Cairo (October 2008), for which ALive will prepare a position paper on AHI and other zoonoses in Africa, with inputs from the GF-TADs Steering Committee [Rec 9]
   (iii) The possible creation and functioning of a GF-TADs for Africa website or at least, a specific section in the GF-TADs global website (see point 38)
   (iv) The preparation of the EC12 (short session for GF-TADs)
   (v) The preparation of the Fourth Steering committee of the GF-TADs for Africa [Rec 3]
   (vi) The reinforcement of VS through PVS evaluations and gap analyses [Rec 10]

37. - **Evaluation of GF-TADs for Africa**: The GF-TADs for Africa will be assessed twice: during the ALive and global GF-TADs initiative evaluations (both scheduled before the end of 2008). Results of the evaluation will be shared during the Fourth Steering Committee.

38. - **GF-TADs for Africa website**: to ensure a permanent sharing of information (notably among networks, see point 23), it is proposed that a GF-TADs for Africa website work be started as soon as possible. It is suggested that this website would be embedded both in ALive and in the global GF-TADs initiative websites [Rec 8].

**ROUND-TABLE: APPRECIATION OF THE DAY**

- **Positive aspects**

39. Improvements have been noted since the last Steering Committee in Djibouti (documents available in advance; detailed reports on diseases and transversal topics).
40. All the participants underlined the importance / interest of all the items that were debated (major and indispensable part of Alive). For most of them, the GF-TADs for Africa meetings are an important opportunity to obtain a detailed progress report on the TADs situation and actions taken in Africa. During these annual meetings, GF-TADs for Africa achieves its main goal of information sharing.

- Aspects to improve

41. Reports on diseases: participants noted that no reports were provided on diseases such as PPR, ASF and ND (while these are indicator diseases for Africa, as stated in the general GF-TADs agreement);

42. Transversal topics did not receive appropriate attention (Trade / STDF), while these are also majors topics to develop.

43. More clear, defined and agreed information on the way forward was requested by some participants.

44. Overall, the agenda was deemed to be too heavy to be addressed in one day. There was not enough room for discussion and information sharing among the participants.

45. Time constraints prevent the full implementation of the agenda.

- Proposal guidance for further GF-TADs for Africa Steering committee meetings

46. Reports on diseases: it was proposed but without conclusion (i) to prepare systematic reports for the major diseases (AHI; Rinderpest; FMD) or diseases currently predominant (RVF for instance) and (ii) to make a detailed report on the others ones (CBPP, T&T, PPR, ASF and ND) on a rotational basis (every two or three Steering Committees). The list of priority /indicators diseases may be revised for each sub-region [Rec 7, alinea 3].

47. Reports on transversal topics: ensure sufficient room in the agenda to allow their in-depth discussion.

48. Two options were proposed to lighten the agenda:
   (i) Focus the scope of the reports = to report on diseases situation or actions taken since the previous Steering Committee only = over 1 year period; and avoid all descriptive aspects of the diseases; a proposed report template is attached in Annex 3, and
   (ii) To schedule the meeting for 1.5 day instead of 1.

49. Finally, GF-TADs for Africa and ALive agendas should be fully complementary (avoid overlap among sessions/topics); INAPs could be discussed under the GF-TADs for Africa agenda (animal health issue).

50. The 3 back-to-back meetings (GF-TADs for Africa / ALive / SPINAP) have given rise to the idea of an African Livestock Week; to be explored further.
Support to Animal Health Activities in Africa under the GF-TADs Mechanism

Recommendations to the Executive Committee of ALive (African Livestock)

CONSIDERING

The impact of transboundary animal disease crises on public health, the agricultural sector, trade and the means of existence of small breeders and most needy farmers, in Africa particular;

The importance of animal health on food safety and food security;

- - -

The complementarities between the FAO2 and the OIE3’s missions, their objectives and activities, and the need for the two organizations to cooperate in a comprehensive and collaborative framework;

The Cooperation Agreement for the promotion of the joint FAO-OIE initiative “Global Framework for the Progressive Control of Transboundary Animal Diseases”, signed between by FAO and OIE on May 24, 2004;

The setting up of the GF-TADs for Africa in March 2006 in Bamako;

The outcomes of the second GF-TADs for Africa Steering Committee which took place on March 27, 2007 (Djibouti), the subsequent recommendations and the encouraging progress made in their implementation over the past year;

The outcomes of the First GF-TADs Global Steering Committees which took place on March 6 2008 (Rome) and the subsequent recommendations;

- - -

2 FAO = Food and Agriculture Organization of the United Nations
3 OIE = Office International des Epizooties (= Word Organization for Animal Health)
The last International Conference on Avian and Human Influenza (New Delhi, 4-6 December 2007), and its statement is on the needs to go beyond the current epizootic of HPAI and extend the international community endeavours and collaboration towards the prevention and control of emerging and re-emerging animal diseases within a ‘one world - one health’ concept;

The next International Ministerial Conference on avian and human influenza, to be held in Cairo, which will focus on other transboundary diseases of animal origin;

...-

The necessity for animal disease, including zoonoses control to be supported by Veterinary Services that comply with OIE international standards and in a broader sense by effective systems of animal health;

The necessity to develop public-private partnerships in the prevention and control of animal diseases;

The importance of climate change and globalisation on the emergence, re-emergence and spread of diseases;

The role of livestock trade notably that is carried out illegally and the importance of small village farms in the epidemiology of important transboundary animal diseases;

...-

The newly established global tools such as the FAO-OIE-WHO GLEWS, FAO-OIE CMC-AH and OIE-FAO OFFLU to tackle animal diseases worldwide and on the long term;

The newly established Regional Animal Health Centres of FAO, OIE and AU-IBAR in Bamako, Gaborone, and Tunis (OIE joining the latter soon);

The newly established Regional Networks of laboratories, epimediosurveillance and socio-economics in Africa to improve surveillance, diagnosis, transparency of animal disease information, rapid response as well as the potential use of this network approach in studies related to socio-economic surveys and applicable to livestock systems;

The existence of several initiatives on the prevention and control of animal diseases in Africa, for which coordination remains a key factor for success;

The need for institutional and financial arrangements to provide sustainability to such initiatives;

The existence of the Programme Against African Trypanosomosis (PAAT) and of the Pan African Programme PATTEC (Pan African Tsetse and Trypanosomiasis Eradication Campaign), and the need for them to collaborate;

...-

The evolution of the avian influenza crisis in the world, particularly in Africa;

The necessity to complete the global eradication of Rinderpest (GREP);
FMD causes direct and indirect losses to livestock keepers across most of sub-Saharan Africa, and that control is constrained by lack of technical guidance on vaccine suitability and cost-effective use, and because of limited access to vaccine and other services for FMD prevention.

The permanent existence of other major transboundary animal diseases such as Contagious Bovine Pleuropneumonia (CBPP) and other indicator diseases as established in the regional GF-TADs for Africa;

The re-emergence of Rift Valley Fever (RVF) in certain African regions and the negative impact of this disease on human and animal health as well as on regional trade of livestock and livestock products;

The impact of the Tsetse fly (Glossina) and Trypanosomosis (T&T) on poverty and food security in Africa, as well as their medical, veterinary, agricultural and socio-economic implications;

The impact of neglected zoonoses and animal diseases such as tuberculosis, brucellosis, rabies and ticks, tick-borne diseases, arthropod-borne diseases, macro-parasitic diseases in Africa;

THE 3rd MEETING OF THE REGIONAL STEERING COMMITTEE OF THE GF-TADS FOR AFRICA

RECOMMENDS THAT

1. The proposed three-year Action Plan for 2008-2010 of the GF-TADs for Africa be finalized after electronic circulation among Steering Committee members, be submitted for consideration to the ALive Executive Committee when deciding on the TAP2;

2. The associated logical framework be prepared subsequently by the regional GF-TADs Secretariat to be endorsed by the regional Steering Committee at its next meeting, taking into account the GF-TADs Global Action Plan under preparation and the conclusions of the 2nd evaluation of the GF-TADs initiative scheduled to be available before the end of 2008;

3. The subsequent first program of activities (2008-2009) be finalized and implemented as soon as possible, provided funds are available (see recommendation #4);

4. Funds to implement the GF-TADs for Africa be made available through the ALive raising funds for TAP2, the pledging conference in Cairo and/or the Global GF-TADs fund raising scheduled in 2009; that coordination - as well as the appropriate communication - be made to avoid redundancies in donor mobilization;

5. Following the outcomes of the first Global Steering Committee meeting, and considering the insertion of regional GF-TADs activities in the context of ALive , the governance of the GF-TADs for Africa be consolidated and that the Terms of Reference for the Regional Steering Committee and Secretariat be endorsed;

6. The Regional Animal Health Centres (RAHCs) in Bamako, Gaborone and Tunis be consolidated and to receive the appropriate financial and human resources by Development Partners and political support by relevant regional bodies (AU-IBAR and Regional Economic Commissions) to properly and sustainably function; that the recent decision of ECOWAS to provide sustainable core support to the RAHC in Bamako serve as a sub-regional model for supporting RAHCs, and that an evaluation of the RAHCs since their launching be done, as part of the general evaluation of the GF-TADs initiative (scheduled by the end of 2008);
7. In the meantime,

- FAO and OIE find an appropriate institutional arrangement for the 3 RAHCs and that the Memorandum of Understanding / Agreements establishing the various Regional Animal Health Centres be signed before the next Regional Steering Committee of the GF-TADs for Africa; AU-IBAR would also further formally enter as partner in those where it is still not included (Gaborone, Tunis);

- after the respective agreement between FAO, OIE and AU-IBAR has been established, the endorsement, material and financial support and involvement from the relevant Regional Economic Community (ECOWAS, CEMAC, IGAD and SADC) and the agreement of the hosting country be sought so as to ensure the full political support and recognition in each sub-region;

- the list of priority diseases to be tackled for each sub-region as established in the GF-TADs Agreement be reconfirmed;

- tentative Terms of reference for the RAHCs and road map be determined for the coming year;

- coordination and collaboration among the 3 RAHCs be strengthened;

- functional links be established between the RAHCs and the regional networks of Epidemiosurveillance, laboratories and socio-economics;

- whenever deemed appropriate, WHO-AFRO be associated to the RAHCs activities;

8. Depending on the resource availability, a website for the GF-TADs initiative (combining global and regional ‘sub-sites’) be designed and implemented over the next year; that regional Secretariat be responsible for the updating of the GF-TADs for Africa sub-site (if resources available), and that prominent links to the OIE and FAO be introduced in this website;

9. During the Cairo International conference, ALive make a strong case for Africa on the needs to (i) tackle not only AHI but all animal diseases - including the so-called ‘neglected’ animal diseases - , (ii) obtain sustainable long-term support from the community of donors and (iii) consider the environmental changes (impact of climate change on the emergence and re-emergence of animal diseases); that a FAO-OIE task-force be put in place to prepare the conference in relation with Alive Steering Committee;

10. Regarding the strengthening of Veterinary Services in Africa, after the PVS assessment, the gap analysis and the preparation of project proposal to fill the gaps be done in a strong collaboration between OIE and FAO; the implementation of development projects based on strong capacity building activities will also be done with FAO support; public-private partnership be strongly promoted to achieve this objective, and based on the outcomes of the GF-TADs for Africa activity⁴; consecutive OIE-PVS Follow Up missions be carried out for evaluating improvements and implementation of such development projects.

11. African countries up-date their veterinary public health legislation. The OIE in collaboration with FAO supports African countries with specific projects and expertise for up-dating their veterinary legislation;

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⁴ Public-private partnership in animal health
12. The feasibility of a platform among veterinary schools and research institutions in Africa, with support from the RAHCs be studied under the ALive next Action-Plan; and that a study of veterinary curricula and professional standards for Africa be seen as a GF-TADs activity to benefit the future of the profession and its importance in animal and human health.

13. Regional trade of animals and animal products in Africa, (i) STDF surveys be pursued (after finalization of STDF 13 and depending on the outcomes of such a project) and that efforts from FAO and OIE be made to facilitate their implementation and (ii) studies on the importance of illegal trade in Africa be launched (previous recommendation non implemented);

14. Surveillance, prevention and control of TADs in Africa keep benefiting from the support of the GF-TADs global tools namely GLEWS, CMC-AH and OIE-FAO networks of reference laboratories / centres;

15. The regional networks of epidemiological surveillance, laboratories and socio-economics be fully operational by the next regional Steering committee (tentatively March 2009), and that the outcomes of the regional studies to be implemented under ALive be available; that they receive the appropriate financial and human resources to run on the medium to long term;

16. Information and portfolio sharing in animal health be strengthened and information available on the ALive and GF-TADs websites;

17. Whenever possible, Regional Economic Communities (and their entities such as the ‘Comité Vétérinaire’ of WAEMU) be fully informed when missions are organized in a country or a sub-region, so as for them to ensure full harmonization of and coordination among those missions;

18. Avian and human influenza - the prevention and control of AHI be based on the INAPs approach; that Africa countries be encouraged to formally apply for ALive assistance and AHI Joint Rapid Assessment mission; that systematic link be established between the INAPs and SPINAPs; that INAPs be liaised with the corporate National Medium-Term Priority Framework (NMTPF), developed by FAO as a planning and management tool to better focus rural development FAO’s support at country level; that continuous efforts be made in Africa to control the disease, especially in Nigeria and Egypt. These INAPS mission should be further linked to a broader OIE-PVS evaluation. OIE-PVS experts be included in all INAPS missions; FAO be involved in post PVS events;

19. Avian and human influenza / compensation : advocacy be improved at different levels within the appropriate ministries on the need for compensation in case of HPAI outbreak; building capacity within governmental structures at national level on the compensation process be pursued; financial sustainability of compensation schemes through national resources be enhanced;

20. Rinderpest: the recommendations of the GREP consultation meeting held in Rome (September 2007) and GREP workshop for African countries (December 2007) be implemented; that efforts to eradicate Rinderpest in Africa (notably in the Somali Ecosystem and in the Central African region) be pursued; the draft legal framework for the Global Rinderpest Declaration developed by GREP should be finalized with OIE in order to be adopted as GF-TADs document to guide the Global Declaration process. All pending non-free countries (including Liberia and Seychelles which are not OIE members) be assisted in order to apply for the official recognition by the OIE through the updated OIE pathway.

21. Foot and Mouth disease - The global FMD control strategy (to be endorsed by the Paraguay conference in June 2009) be broken down in strategies at regional level; that GF-TADs regional networks for FMD - in
association with the RAHCs - be established in west, central, east and southern Africa to improve access to quality information and reference laboratories services, in line with the global and regional strategies, and with the support of the FAO and OIE.

22. *Tsetse and Trypanosomosis*: more support from AU be obtained and PAAT/PATTEC interactions be developed; that the set of PAAT/PATTEC criteria and guiding principles for prioritising areas for T&T interventions in the context of SARD, and the FAO/IAEA phased conditional approach be used to screen feasibility of intervention(s);

23. *Rift Valley Fever* - A regional integrated emergency taskforce be established, in link with the RAHCs; that additional tools to identify priority areas for interventions be discussed by the international organisations (through the FAO/OIE/WHO GLEWS); that the use of the health certificates (based on the OIE requirements and standards) for intra-regional trade in animals and animal products be promoted; that investigations and research activities on the epidemiology of the diseases must be promoted, taking into consideration the potential effect of climatic changes and the recent spread of the disease in new ecosystems; full implementation of recommendations and export certificated agreed during the conference and workshop held in Cairo in 2004 and 2007 respectively be sought;

24. *Contagious Bovine Pleuropneumonia* - Financial and technical resources should be sought for concerted efforts in the control of CBPP in Africa on a regionally coordinated basis; that the issue of CBPP in Angola be urgently addressed;

25. The fourth GF-TADs for Africa Steering Committee meeting be held in (location) at a date to be determined later, back to back with the ALive EC13 and SPINAP SC3.

*Rome, April 7 2008*
# Annex 2: Indicators to measure the implementation status of the SC3 Recommendations

## Implementation of the SC3 Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Verifiable Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>recommendation # 1</strong></td>
<td>GF-TADs for Africa 3-year Action revised (according to the comments of the meeting) and finalized (see ALive EC11 Resolution) [draft 2]; Logical Framework available 10 days prior to the GF-TADs for Africa SC4</td>
</tr>
<tr>
<td><strong>recommendation # 2</strong></td>
<td>GF-TADs for Africa 3-year Action Plan revised according to the Global 5-year Action Plan of the GF-TADs [draft 3]; GF-TADs for Africa 3-year Action Plan revised according to the conclusions of the 2nd evaluation of the GF-TADs initiative [draft 4]</td>
</tr>
<tr>
<td><strong>recommendation # 3</strong></td>
<td>Implementation status of the GF-TADs for Africa first program of activity</td>
</tr>
<tr>
<td><strong>recommendation # 4</strong></td>
<td>Amount of funds available for the implementation of the GF-TADs for Africa</td>
</tr>
<tr>
<td><strong>recommendation # 5</strong></td>
<td>Terms of Reference for the GF-TADs for Africa Regional Steering Committee and Secretariat endorsed;</td>
</tr>
<tr>
<td><strong>recommendation # 6</strong></td>
<td>ToRs for the evaluation of the RAHCs available Results of the RAHCs evaluation available</td>
</tr>
<tr>
<td><strong>recommendation # 7</strong></td>
<td>Memorandum of understanding signed for the 3 RAHCs among FAO, OIE and IBAR Memorandum of understanding signed among the RAHCs and their respective REC ToRs for the RAHCs available Road map for the 3 RAHCs available Reports of activity of the 3 RAHCs mentioning strengthened collaboration among them Reports of activity of the 3 RAHCs mentioning strengthened collaboration among the RAHCs and the regional networks Reports of activity of the 3 RAHCs mentioning the participation of WHO-AFRO in the RAHCs activities</td>
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<tr>
<td><strong>recommendation # 8</strong></td>
<td>GF-TADs website designed and functioning (including the GF-TADs for Africa sub-website); Link included within the OIE and FAO webpage.</td>
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<tr>
<td><strong>recommendation # 9</strong></td>
<td>Cairo international Conference Declaration FAO-OIE Task-force constituted; inputs available</td>
</tr>
<tr>
<td><strong>recommendation # 10</strong></td>
<td>FAO’s portfolio on post-PVS follow up and implementation projects</td>
</tr>
<tr>
<td><strong>recommendation # 11</strong></td>
<td>Feasibility study a platform among veterinary schools and research institutions as part of the ALive TAP2</td>
</tr>
<tr>
<td><strong>recommendation # 12</strong></td>
<td>Study on veterinary curricula launched and if possible results available</td>
</tr>
<tr>
<td><strong>recommendation # 13</strong></td>
<td>Results of the STDF studies available (Final report of STDF 13)</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Activities</td>
</tr>
<tr>
<td>----------------</td>
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</tbody>
</table>
| #14 | Studies on illegal trade launched by FAO  
GLEWS report  
CMC-AH report  
OIE-FAO Networks of reference laboratories / centres |
| #15 | Results of the ALive studies available  
Networks reports |
| #16 | Animal Health portfolio available on the ALive and GF-TADs website |
| #17 | Better information of RECs |
| #18 | Numbers of INAPS  
Numbers of INAPS implemented through SPINAP  
AHI situation in Nigeria and Egypt |
| #19 | Number of countries applying compensation  
Number of countries with appropriate compensation schemes  
Number of countries allocating national resources to compensation |
| #20 | GREP consultation meeting recommendations implemented  
Draft legal framework for global eradication notification agreed |
| #21 | Regional Strategy for FMD under development  
Regional FMD network under development |
| #22 | Active collaboration between PAAT and PATTEC |
| #23 | RVF task force under development  
Health certificate for intra and inter-regional trade (Cairo conference and workshop 2004 and 2007)  
Studies on RVF and climate change-related ecosystems under development  
New research and development of new vaccines (OIE reference laboratories) |
| #24 | Profile of the CBPP raised  
Actions against CBPP implemented in Angola |
| #25 | Date and location of the GF-TADs for Africa SC4 determined |
Annex 3: Reporting Template

1. Short description of the disease situation and evolution or Short implementation progress on the topic
   The report must cover only the last year period (= from the previous Steering Committee)
   Go straight to the point; avoid generic description of the disease or topic

2. Key bottlenecks/issues in sub-Saharan Africa
   If any

3. Key success in sub-Saharan Africa
   If any

4. Forthcoming events on the diseases / topic (international and / or regional)
   Precise date / location / organizers / donors

5. Projects/programs on the disease / topic (on-going and / or in the pipeline; regional, subregional or national)
   This is to elaborate / update the ALive portfolio

6. What to recommend
   To be included in the SCx Recommendation

7. Further information on the matter
   Examples: Next important steps; related events; etc

This document will serve as a basis to elaborate the ppt for the presentation during the meeting
SECRETARIAT OF THE GF-TADS STEERING COMMITTEE FOR AFRICA
TERMS OF REFERENCE

1. Roles

The Secretariat of the GF-TADs Steering Committee for Africa is hosted and managed by the OIE Regional Representation for Africa (Bamako) to perform the following roles:

- To set up its Bureau in the OIE Regional Representation for Africa based in Bamako (Mali);
- Be responsible for preparing agendas, invitations, draft recommendations and reports for annual meetings;
- To provide policy and strategic advice to the RSOs and RSUs between meetings of the Regional Steering Committee;
- To undertake and maintain communication with the Global Secretariat and Management Committee of the Global Steering Committee and any relevant stakeholder.

2. Composition of the Permanent Secretariat Bureau

The Permanent Secretariat Bureau is managed by the OIE Regional Representative for Africa.

3. Duties and responsibilities

- To organise the Regional Steering Committee meetings;
- To circulate invitations and provisional agenda at least one month before meetings;
- To draft recommendations, action lists and minutes for presentation on the last day of each meeting. Final recommendations and action lists will be distributed within one month of the completion of each meeting;
- To publish and distribute the full report of meetings to delegates and observers concerned within two months of each meeting;
- To attend meetings of the RSUs and RSOs and contribute to business out of session as required and when appropriate;
• To report summarised outcome of meetings of the RSUs and RSOs for the information of the Regional Steering Committee;

• To facilitate high-level policy and strategic advice to RSOs and RSUs from experts and influential groups between meetings of the Regional Steering Committee.
GF-TADS STEERING COMMITTEE FOR AFRICA
TERMS OF REFERENCE

1. Roles
   • To promote the control and eradication of specific TADs in the region and to provide strategic direction to the activities of the regional GF TADs Secretariat, the Regional Specialised Organisations (RSOs) and the sub-Regional Supporting Units (RSUs) and
   • To foster a spirit of cooperation between member countries, donors and RSOs, to coordinate activities of the Secretariat of the Steering Committee and to provide advice whenever possible.

2. Membership
   As per the conclusions of the first Steering Committee meeting (Bamako, April 27, 2006), the GF-TADs Steering Committee for Africa is composed of:
   - A President (currently FAO Chief Veterinary Officer) assisted of two Vice-Presidents (currently President of AU-IBAR and OIE Head of Regional Activities Department);
   - Members of the Bureau of OIE Regional commissions for Africa (President, 2 Vice-Presidents and Secretary);
   - Four Representatives of Regional Organizations (ECOWAS, CEBEVIRHA, IGAD and EISMV);
   - Three Representatives of Donors (from European Commission/DG Dev; the World Bank/livestock specialist and African Development Bank/livestock Specialist);
   Whenever possible, members are the same as those sitting in the ALive Steering Committee.

   The Secretariat of the GF-TADs Steering Committee for Africa is represented by the OIE Regional Representative for Africa (see specific ToRS).

3. Duties and responsibilities
   • To validate a regional 3-year Action Plan (to be part of the ALive Action Plan), based on the GF-TADs Global Action Plan;
   • To advise on the RSO and RSU annual work plans
• To advise on the coordination and management of the RSU activities;

• To ensure that the representatives of RSOs provide reports and coordinate the implementation of agreed actions within their member countries;

• To ensure that the Committee members maintain links by correspondence between meetings;

• To ensure that the Lead Officers of RSUs send reports to the Permanent Secretariat, Regional Steering Committee, Global Steering Committee, IBAR, the RECs (RSOs), and major donors or as required;

• For the President of the Regional steering committee, to attend the GF-TADs Annual Global Steering committee meetings.

4. Relations within the global governance

See chart page 4.

The GF-TADs for Africa Steering Committee reports to the ALive Platform Executive Committee. It addresses the animal health matters of the ALive Platform.

5. Frequency and venue of meetings

• The Regional Steering Committee will meet at least once a year;

• An extraordinary meeting can be convened by the President (with agreement by the Permanent Secretariat);

• Between meetings, activities will be carried out by the Permanent Secretariat Bureau of the Regional Steering Committee under the Steering Committee guidance as appropriate.

6. Rules of meetings

• The Regional Steering Committee will have a quorum of half of the members + one provided that at least one each of OIE and FAO Headquarters’ representatives are present;

• Decision making will be carried out by consensus;

• Meeting costs for the representatives of developing member countries of the Regional Steering Committee is provided from the budget of GF-TADs and ALive.

• The GF-TADs for Africa Steering Committee issues recommendations submitted to the ALive Executive Committee.

7. President

• The President has authority to invite persons/experts on specific items of the agenda, as resource persons/experts including WHO, as deemed appropriate. Persons/experts have no voting right.