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for Africa
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FINAL REPORT



Office international des épizooties

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List of Abbreviations

BSE	:	Bovine spongiform encephalopathy
CBPP	:	Contagious bovine pleuropneumonia
CIRAD-EMVT	:	<i>Centre de coopération internationale en recherche agronomique pour le développement – Département d'élevage et de médecine vétérinaire tropicale</i> Centre for International Cooperation in Agronomic Research for Development - Department of Animal Husbandry and Tropical Veterinary Medicine
ELISA	:	Enzyme-linked immunosorbent assay
FAO	:	Food and Agriculture Organization of the United Nations
IBAR	:	Interafrican Bureau for Animal Resources
ILRI	:	International Livestock Research Institute
OAU	:	Organisation of African Unity
OIE	:	Office International des Epizooties
PACE	:	Pan African Programme against Epizootic Diseases
PPR	:	Peste des petits ruminants
SADC	:	Southern African Development Community

Introduction

1. On the invitation of the Government of the United Republic of Tanzania, the 14th Conference of the OIE Regional Commission for Africa was held in Arusha from 23 to 26 January 2001.
2. Seventy-eight participants attended the Conference from twenty OIE Member Countries and five international or regional organisations. The speakers of Items I and II also participated in the proceedings of the Conference. These were Mr Cees de Haan, Senior Adviser, Rural Development Department of the World Bank in Washington, United States of America, and Dr Moritz van Vuuren, Associate Professor in Virology, Department of Veterinary Tropical Diseases, Faculty of Veterinary Science at the University of Pretoria, South Africa.

Tuesday 23 January 2001

Opening Session

3. Dr Remini Kweka, permanent Delegate of Tanzania to the OIE, extended a warm welcome to the participants. He expressed his gratitude to the Department of International Development in the United Kingdom for their support, to the Director General of the OIE and staff of the Central Bureau and to the national and local organising committees for the efficient preparations made for the conference. His special thanks also went to Mr Edward Lowassa, recently nominated as Minister of Water and Livestock Development, for having accepted to officiate at the conference, despite his busy schedule. Dr Kweka made a number of announcements concerning the practical arrangements during the Conference and gave information on the professional and tourist visits to be undertaken on Thursday.
4. The Delegate of Tanzania then asked Dr Bernard Vallat, Director General of the Office International des Epizooties, to say a few words.
5. On behalf of the OIE International Committee, Dr Bernard Vallat, Director General of the OIE, extended his warm thanks to the Authorities of Tanzania for hosting the Regional Conference. The Director General reminded participants that Tanzania became a member of the OIE in 1967 and that since then, it has participated fully in the activities of the OIE, particularly through the quality of the technical reports and disease information of its Veterinary Services. He expressed his gratitude to Dr Kweka for the dedication with which he and his colleagues over many months had so efficiently prepared the Conference, in order to assure its success and give to all the participants a further example of Tanzania's long tradition of hospitality. The Director General then briefly explained the importance for Africa of the technical items and other topics on the agenda that would be discussed during the Conference.
6. As Dr Rachid Bouguedour, President of the Regional Commission for Africa, could not be present at the opening ceremony due to an unforeseen flight delay, Dr Hamadou Saidou, Vice-President of the Regional Commission, read the opening address on his behalf.
7. The President of the OIE Regional Commission for Africa, on behalf of all the Delegates of Africa, thanked the Government of Tanzania for its kind invitation to hold this 14th Conference in Arusha. He briefly outlined the changes that had affected the world economy and the structural adjustments that had had to be made in numerous countries in Africa over the last decade, resulting in major consequences for animal husbandry and for Veterinary Services. In this context, the opening of the OIE Regional Representation for Africa in Bamako on 17 October 2000, was an important event and the President expressed his gratitude to Dr Amadou Sidibe as Coordinator of the Representation, as well as to the OIE and all the relevant international institutions, particularly the European Union, OAU/IBAR¹, the Government of Mali and all those that had contributed to establishing this Regional Representation.

¹ Organization of African Unity/Interafrican Bureau for Animal Resources

8. Dr Saidou also mentioned the economic upheavals over the last few years that had resulted in the privatisation of veterinary activities in numerous African countries, and stressed the importance of redefining the role of para-veterinarians. Antibiotic resistance is also of particular importance for the practitioner, as he has to fulfil the priority of protecting the consumer for the years to come. It is clear that as for the other regions in the world, safeguarding public health will without a doubt be one of the most important preoccupations of this century for the African continent, with regard to both its imports and local produce. Dr Saidou then wished participants a successful conference.
9. The Honourable Abdullah Mohamed Sidahmad, Minister of Animal Resources of the Sudan emphasised that diseases in Africa are of great concern. Due to unrest in some countries, which often results in the outbreak of diseases. Regional coordination with neighbouring countries is thus necessary. In this context, the Minister mentioned that the Sudan has a control programme with both Chad and Egypt, and that the Sudan should also join PACE. More attention should be given to training courses and to upgrading qualifications of persons involved in animal health. Furthermore, the Minister stated that the indiscriminate use of antibiotics should be fought against and underlined that legislation on the registration and harmonisation of medicinal products is essential for the health of the consumer. The Sudan has a high animal population; livestock represents approximately 28% of gross domestic product (GDP). Quarantine programmes and vaccination campaigns for the control of diseases must thus be upgraded.
10. The Minister announced that two veterinary schools, with an annual registration of 250 students, have been inaugurated in Western Sudan, where there is the largest concentration of the animal population. The Government of Sudan is encouraging the private sector to participate in animal health activities. It is hoped that by 2003 rinderpest should be under control in the Sudan.
11. In conclusion, the Minister invited the OIE Regional Commission for Africa to hold its 16th Conference in the Sudan.
12. The Honorable Edward Lowassa, Minister for Water and Livestock Development of Tanzania, thanked the Office International des Epizooties for having chosen his country for the venue of the 14th Regional Conference, recalling that this was the second time that the Conference was held in his country. He congratulated Dr Bernard Vallat on his appointment as the new Director General of the OIE.
13. The Minister observed that agriculture is the backbone of the economy in most of the countries in Africa. Livestock in particular plays a significant role, as it is linked to the everyday life of the vast majority of the people and represents on average 25% of the GDP of most African countries. The occurrence of many animal diseases in the region, in particular those classified in the OIE List A, threatens the well-being of many human populations and is a hindrance to trade. Tick-borne diseases and trypanosomiasis are also amongst the constraints to the development of the livestock sector. As the problems related to animal disease control in particular and livestock development in general, are common in the majority of countries in Africa, the Minister emphasised the need to develop joint programmes and strategies for disease control and to seek funding to systematically eliminate most of these diseases in order to benefit from global trade in livestock.
14. In conclusion, the Minister commended the establishment of the Regional Representation for Africa and thanked the Government of Mali for hosting the Representation. He wished participants a successful meeting and declared the Conference officially open.
15. The texts of the above speeches were distributed to all participants.

Election of the Conference Committee

16. The participants elected the following Conference Committee:

Chairman: Dr Remini Kweka (Tanzania)
Vice-Chairman: Dr Francisco J. Pinto (Mozambique)
Rapporteur General: Dr William K.T. Chong (Kenya)

Adoption of the Provisional Agenda and Timetable

17. The Provisional Agenda and Timetable were adopted, pending the inclusion of an additional topic: problems relating to the ban on animal exports due to Rift Valley fever, for which a resolution will be prepared.

Designation of Session Chairpersons and Rapporteurs

18. Chairpersons and Rapporteurs were designated for the Technical Items and animal health status as follows:

Item I: Prof. D. Kambarage (Tanzania), Chairman
Dr Mansoungaral Nassingar (Chad), Rapporteur

Item II: Dr Robert S. Thwala (Swaziland), Chairman
Dr Abdoulaye Bouna Niang (Senegal), Rapporteur

Animal health status: Dr Hamadou Saidou (Cameroon), Chairman
Dr Motshudi V. Raborokgwe (Botswana), Rapporteur

Rift Valley fever: Dr Haile-Mariam Solomon (OAU), Rapporteur

Categorisation
of animal diseases: Dr René Bessin (OAU), Rapporteur
Dr Motschudi V. Raborokgwe (Botswana)

Animal Health Status of Member Countries in the Region

19. Dr Hamadou Saidou, Chairman of the Session, invited Delegates of Member Countries to report on any changes that had taken place regarding the animal health status of their country during 2000.
20. The animal health situation in the region, summarised according to the written or verbal reports presented to the Conference, are as follows:

List A diseases

Foot and mouth disease

21. In 2000, foot and mouth disease (FMD) was reported in Northern Africa: Egypt; Western Africa: Côte d'Ivoire, Ghana, Mauritania (virus type O), Niger and Senegal; Central Africa: Chad; Eastern Africa: Ethiopia, Kenya (virus types A, O, C and SAT 2) and Tanzania (virus type O, SAT 1 and SAT 2); Southern Africa: Angola, Malawi (virus type SAT 1), Namibia (virus type SAT 1), South Africa (virus type O and SAT 1), Swaziland (virus type SAT 1) and Zambia (virus type SAT 1).
22. In Swaziland, FMD virus SAT 1 was identified in 8 cattle out of 110 imported from the FMD free area of the Mpumalanga Province in South Africa on 23 November 2000. All 110 imported animals were destroyed and buried under veterinary supervision. There was no contamination or infection of the local herds and flocks from the abattoir incident. In South Africa, an investigation was immediately conducted on 29 November 2000 in the feedlot in the Middelburg District of Mpumalanga Province, from where the animals were exported, and clinical lesions were detected in

30 bovines. Samples taken from these animals were confirmed positive for FMD virus SAT 1. Virus sequencing results showed that the virus topotype closely resembles the serotype of SAT 1 virus that occurs in African buffalo in the southern part of the Kruger National Park. Subsequently, blood samples from two properties tested serologically positive on 15 December, while epithelium samples from 4 out of 225 cattle tested positive for SAT 1 at the Thambokulu dipping tank. An emergency vaccination programme was instituted in the affected area.

23. In Swaziland, following the intensification of surveillance measures in all dip tanks in the country, FMD was detected in the Macakula dip tank, in the Lubombo region in December 2000. Clinical signs of the disease were observed in 6 cattle of a herd of 30 cattle. Samples sent to the laboratory showed one animal slightly positive for SAT 1 on typing ELISA. Information gathered from the cordon patrols reveals that in recent weeks the cordon fences have been found cut almost every week: it was suspected that animals had been moved across the border. Quarantine and surveillance zones were established.
24. In South Africa, an outbreak of FMD due to virus O occurred for the first time on a farm in Kwazulu-Natal Province, affecting only pigs, in September 2000. Investigations carried out immediately revealed that swill was illegally obtained from a visiting shipping carrier at Durban harbour and fed to the pigs. The farm concerned and all surrounding farms within a 10-km-radius zone were placed under strict quarantine restrictions and a further 20-km-radius surveillance zone was declared around the restriction zone with intensive zoosanitary measures. Infected animals were detected on a further two farms and in a communal area. Stamping-out was carried out. Animals within an area of about 3 km around the outbreaks were also destroyed. In December 2000, the area under suspicion made the rationale to continue with a stamping-out policy questionable and it was, therefore, decided to abandon the stamping-out policy and apply limited vaccination within a radius of 15 km.
25. In Egypt, where the last disease outbreak occurred in December 1997, eight outbreaks were reported in June 2000.
26. In Zambia, three outbreaks occurred, one in the northern part and one in the western part of the country, which were linked to cross-border cattle movement.
27. In Namibia, where the disease has not been reported since 1994, an outbreak of the SAT 1 virus occurred in August 2000 in the Eastern Caprivi district. The area affected lies in a foot and mouth disease-infected zone where annual prophylactic vaccination is practised. Movement control in the interior of the country and vaccination of cattle around the outbreak were installed.
28. In Malawi, after an absence of one year, the disease reappeared in May 2000 in 12 dip tank areas and on one veterinary station in the Mzimba district in the north-western part of the country.
29. Botswana remains free from FMD, in spite of outbreaks in its neighbouring countries. Control in areas bordering national parks that contain the disease is through bi-annual vaccination with SAT 1, 2 and 3 vaccine. There is also movement control through a series of cordon fences.
30. In Uganda, a total of 28 foci of types O and SAT 1 were reported throughout the country during 2000.
31. In Chad, there is a seasonal occurrence of the disease. Several outbreaks were reported. Serotypes A, O, C and SAT 1 have been isolated.

Rinderpest

32. In Kenya, which declared a zone (Zone I) provisionally free from rinderpest in 1999, active surveillance in wildlife was conducted early in 2000 in the Tana Delta (Zone II). Of a total of 18 buffaloes, 18 warthogs and 5 giraffes, one buffalo and one warthog, both under 3 years of age, were found with antibodies to the rinderpest virus.

33. The Delegate of the Central African Republic declared the western zone of his country free from rinderpest, with effect from 28 February 2000. In this zone, vaccination against rinderpest has been halted and clinical and serological surveillance is being intensified.
34. Eritrea has declared provisional freedom from rinderpest and hopes to declare freedom from the disease by 2003.
35. Sudan hopes to declare the country free from rinderpest in 2003.
36. Chad continues to vaccinate against rinderpest within the cordon zones.

Peste des petits ruminants

37. In 2000, peste des petits ruminants was reported in the following countries: Côte d'Ivoire, Eritrea, Ethiopia, Gabon, Ghana, Mali and Senegal.
38. The disease occurs every year in the central, eastern and north-eastern parts of Chad.
39. In Eritrea, two outbreaks of the disease were reported. The disease is controlled by vaccination.
40. In Cameroon, the disease was reduced to only two cases in 2000. Vaccination is practised in the country.

Contagious bovine pleuropneumonia

41. The countries having reported outbreaks of contagious bovine pleuropneumonia are the following: in Western Africa: Benin, Côte d'Ivoire, Gabon, Ghana and Mali; in Central Africa: Chad, Kenya and Tanzania; in Eastern Africa: Ethiopia; in Southern Africa: Angola, Namibia and Zambia.
42. In Zambia, where the disease had not been reported since March 1999, an outbreak was recorded in the northern province in February 2000. Regular testing is carried out in areas at risk.
43. In Uganda, CBPP suspected outbreaks were reported in 18 of the 45 districts in the country, giving a prevalence of 40% compared to 20% recorded in 1999. Uncontrolled livestock movements were responsible for the spread and high prevalence. The disease remained enzootic in certain regions in cattle, especially in grazers (local cattle).
44. Botswana is free from this disease since the last outbreak that ended in 1997. Continuing surveillance is carried out in the northern part of the country along the common borders with countries where the disease exists.
45. One case of the disease was noted along the western frontier in Cameroon.
46. Eritrea has initiated a new activity with regard to CBPP surveillance that is intended to pave the way for the declaration of provisional freedom from CBPP. No CBPP has been reported in the country for the last eight years and no vaccination has been provided.

Lumpy skin disease

47. Lumpy skin disease continued to be present in Africa during 2000.
48. In Mauritius, where the disease had never been officially reported, an outbreak was recorded in September 2000. The exact source of the virus was not established with certainty. The disease affected approximately 200 animals (less than 2% of the national herd) and mortality has been negligible. The disease was rapidly brought under control through vaccination of the entire national herd.
49. In Mozambique, nine outbreaks of lumpy skin disease occurred in March and July 2000.

50. In Uganda, the disease was reported in 16 of the 45 districts, indicating a prevalence of 36% compared to 42% registered in 1999.
51. In Swaziland, there have been several occurrences of lumpy skin disease. The outbreaks peaked around April/May, but the disease spread throughout the year. The common feature of the disease outbreaks is rapid spread of infection in contact cattle herds.
52. In Botswana, the disease is sporadic and a few foci were reported in 2000.

Rift Valley fever

53. Although the virus probably circulates in numerous countries (the identification of antibodies confirms recent and prior infection), no country reported cases of the disease.
54. The Delegate from Eritrea pointed out that a trade embargo has been imposed by neighbouring countries, although a report submitted in 1999/2000 indicated that there is no occurrence of the disease. The Delegate of Eritrea requested support for proposals to be made with a view to solving the embargo issue, which has very serious consequences for his country.

Bluetongue

55. Bluetongue was reported in Algeria, Botswana, Lesotho, Namibia, South Africa and Tunisia.
56. In Algeria, 40 outbreaks of bluetongue were recorded from July to September 2000 in the north-eastern part of the country. A vector control system was set up.
57. In Tunisia, where the disease had never been reported, one outbreak was recorded in the coastal governorates of Monastir, Mahdia and Sfax in January 2000. Approximately 72 new outbreaks of bluetongue were reported between June and October 2000. A vaccination campaign, using a monovalent (type 2) attenuated virus vaccine and targeted at sheep flocks located around the outbreaks, began on 30 August 2000.
58. There has been serological evidence of the disease for a long time in Botswana, with one clinical case reported in 2000.

Sheep pox and goat pox

59. The following countries reported the presence of sheep pox and goat pox in 2000: Northern Africa: Algeria and Tunisia; Western Africa: Niger, Mali and Senegal; Eastern Africa: Eritrea, Ethiopia and Sudan.
60. In Eritrea, seven outbreaks occurred in 2000.

African horse sickness

61. In 2000, the disease occurred in Ethiopia, Namibia, Senegal, South Africa and Zimbabwe.
62. In South Africa, a diagnosis of African horse sickness (AHS) in horses in the AHS surveillance zone of the Western Cape province in February 2000 was invalidated. The Western Cape province is a controlled area of the disease. This area is divided into a free zone, a surveillance zone and a protection zone.

African swine fever

63. The countries that reported the presence of the disease within their territories are the following: Angola, Benin, Botswana, Cameroon, Ghana, Madagascar, Malawi, Mozambique, Uganda and Zambia.

64. In Uganda, the disease was reported in 15 of the 45 districts, indicating a prevalence of 33%, which is much higher than the 15% reported in 1999.
65. Although Botswana has a very small pig industry, one outbreak was reported in the north of the country in 2000.
66. In Zambia, the disease is confined to the eastern part of the country. It is controlled through restriction on animal movement.
67. Benin reported an outbreak of the disease in March 2000.
68. The disease is endemic in Cameroon.

Classical swine fever

69. In Mauritius, where classical swine fever had been absent since 1994, one outbreak was reported in August 2000.

Newcastle disease

70. As in previous years, many African countries were affected by Newcastle disease in 2000.
71. In Botswana, the disease is endemic in backyard poultry flocks. A number of outbreaks were reported in 2000. Control is by vaccination in commercial poultry flocks.
72. The disease is sporadic in Eritrea and two outbreaks were reported in 2000. Control is undertaken by vaccination.
73. Uganda reported that the occurrence of the disease is a problem. A thermostable vaccine under preparation might be a remedy.
74. In Zambia, the disease is confined to backyard flocks. One outbreak was reported on a commercial property in 2000.

List B diseases

Anthrax

75. Cases of anthrax were reported in Uganda towards the end of 2000.
76. In Zambia, the disease is confined to the western part of the country. It is controlled through vaccination.
77. In Benin, some human cases of anthrax were reported.
78. In Chad, the disease occurs each year, but was under control in 2000.
79. A control programme is in operation in Cameroon.

Rabies

80. The following countries reported outbreaks of rabies in 2000: Algeria, Chad, Kenya, Sudan, Swaziland, Tanzania and Uganda.
81. In Ghana, a total of 78 outbreaks were recorded and they involved 4 cattle, 2 cats and 81 dogs.
82. In Mozambique, the disease was reported in urban and in rural areas. Up to October 2000, there were 24 cases of confirmed canine rabies of which 20 were in Gaza and 4 in Nimpula.

- 83. In Botswana, the disease is endemic. Control is through free vaccination of the canine and feline populations.
- 84. Since free vaccinations are being carried out in rural areas in Eritrea, outbreaks have been reduced.
- 85. Rabies is endemic in Zambia. Vaccination is carried out at the owner's expense.

Brucellosis

- 86. In Uganda, cases of brucellosis were reported in ten districts.
- 87. Eritrea is conducting surveillance supported by testing to screen cattle for brucellosis.

Tuberculosis

- 88. In Eritrea and Kenya, a surveillance programme for tuberculosis is in operation.

Tick-transmitted diseases

- 89. In Mozambique, heartwater, babesiosis and anaplasmosis were reported throughout the country. East Coast fever is known to occur only in the Angonia district in the Tete Province.
- 90. Heartwater causes significant deaths in small ruminants in Botswana.
- 91. Theileriosis is of major concern in Malawi, Tanzania, Uganda and Zambia. It is sometimes controlled through immunisation.

Trypanosomosis (tsetse-transmitted)

- 92. In Mozambique, approximately two thirds of the country is infested by tsetse flies. In order to establish the actual tsetse distribution, surveys were carried out in several parts of the country. Recent surveys in Maputo and Zambezia provinces confirmed high rates of infection. The most frequent species of trypanosoma encountered are *T. congolense* and *T. vivax* in single mixed infections. Trials with new tripanocides are being carried out.
- 93. In Botswana, the disease flared up in the areas bordering the Okavango Delta and about 400 animals died. Testing undertaken showed a 27% prevalence rate.

The decision has been taken to revert to aerial spraying to reduce the fly vector, while control is through dipping cattle and treatment with samorin.

- 94. The disease is present in most areas of Uganda.
- 95. Tanzania reported that Zanzibar is free from the tsetse fly, due to the implementation of the Sterile Insect Technique. Surveillance of the fly and monitoring of the disease in cattle is continuing.

Dermatophilosis

- 96. In Mozambique, the incidence of dermatophilosis has increased in recent years in the central region of the country, probably due to heavy rains and less frequent and adequate dip control. A high mortality in young animals due to the incidence was frequently reported.

Infectious bursal disease (Gumboro disease)

- 97. Cameroon reported the presence of the disease in 2000.

Other diseases

Blackquarter

98. In Botswana, this disease is sporadic. Three cases were reported in 2000. Control is through annual vaccinations.
99. A few cases were reported in Chad and in Uganda in 2000.

Goat mange

100. In Swaziland, some 7 foci were reported in 2000 with at least 133 cases.

Camel disease

101. Chad reported a still unknown disease that occurred in the eastern part of the country in October 2000. Animals affected die within twelve days with clinical signs, amongst others, of salivation, nasal fluids and torticollis. Post-mortem shows lesions on various organs, particularly on the lungs. Vaccination and treatment with gentamicin have been undertaken and the disease is now under control. The Director of CIRAD/EMVT remarked that it could be a PPR virus, as this virus has caused the same symptoms in camels in neighbouring countries of Chad.

Discussion

102. Benin, Chad and Mali reported that their governments had banned the importation of live cattle and some bovine products from any country infected with BSE.
103. The Delegate from Benin asked whether the issue of appropriate vaccines for CBPP could be discussed.
104. The Session Chairman agreed to this proposal and commented that the Delegate from Mali had mentioned the T1SR vaccine, to which some animals had reacted. He said that other cases have been reported and that all efforts should be made known, so as to avoid other countries experiencing similar problems.
105. Dr Bessin of OAU/IBAR specified that there are mainly two types of vaccine, namely T144 and T1SR, which can be used in most mass campaigns. T144 has a protection rate of about 80% and poses problems for *Bos taurus* but not for *Bos indicus*. For the control of CBPP by mass vaccination, a minimum of three years' and a maximum of 5 years' vaccination is essential.
106. The Delegate from Mali observed that in his country the main livestock is zebu, in which strong reactions were noted in 1999 when using the T144 vaccine. The T1SR vaccine is now again being used, as it has less after-effects.
107. Dr Joseph Domenech, Director of CIRAD/EMVT, commented that the protection of the T144 vaccine is superior to T1SR. He indicated that various laboratories are working on new vaccines, which, however, cannot be used in the field for many years. Furthermore, concerning the camel disease that had reappeared in Chad, Dr Domenech indicated that some foci, most probably caused by the PPR virus, had always been present.
108. The Delegate from Botswana explained that even though his country does not vaccinate against CBPP, Botswana does, however, produce the T144 vaccine, which is used extensively in its region. No major reactions to the vaccine have been reported.
109. In conclusion, the Session Chairman announced a change in the agenda, namely that the representative from CIRAD/EMVT would give a short report prior to the presentation of the first technical item.

CIRAD-EMVT

110. Dr Joseph Domenech, Director of the *Centre de coopération internationale en recherche agronomique pour le développement - Département de l'élevage et de médecine vétérinaire* (International Cooperation Centre for Agronomic Research and Development - Department of Livestock and Veterinary Medicine (CIRAD-EMVT), explained the main objectives of the organisation in the field of research into the epidemiology of tropical epizootic diseases.
111. The major epizootic diseases still present in Africa reduce the productivity of cattle and must be better controlled in the light of the increasing need for animal protein on the continent up to the year 2020. Epidemiology can be used to organise the control of animal diseases. In this field, research conducted at CIRAD-EMVT focuses on improving animal health information systems, epidemiology and the control of priority epizootic diseases, as well as risk analysis and modelling.
112. These lines of research are based on the use of modern tools and methods. The methods used are the epidemiological surveillance of diseases, dynamic modelling of their spread and spatial risk analysis. Developments in biotechnology provide new diagnostic tools (molecular epidemiology, ELISA tests) and control methods (vaccines). Database design, the use of geographical information systems, remote detection and new information technologies are being used to reinforce surveillance risk analysis.
113. This knowledge is applied to the diseases for which CIRAD-EMVT is the reference laboratory, such as contagious bovine pleuropneumonia and peste des petits ruminants, and is also particularly useful for studying major emerging diseases, such as Rift Valley fever and West Nile disease.

Discussion

114. The Delegate from Ghana requested information on the value of ELISA for CBPP.
115. Dr Domenech replied that various laboratories, including the OIE Reference Laboratories for this disease, are working on the sensibility of ELISA reaction. Results are good.
116. The Delegate from Eritrea enquired whether it is of relevance to use homologous vaccines for PPR.
117. The Director of CIRAD-EMVT replied that attenuated vaccine is produced in some ten African countries. Marked vaccines are also being produced. Furthermore, countries having declared their territory free from rinderpest are not allowed to use the rinderpest vaccine, if they wish to retain their disease-free status.
118. In response to a query from the Delegate of the Sudan on the use of a combined vaccine for rinderpest, Dr Domenech reiterated that if a country is declared provisionally free from rinderpest, it cannot use the vaccine against rinderpest. However, a lyophilised vaccine for rinderpest and CBPP can be used with good results.

ITEM I

The role of para-veterinarians in the delivery of veterinary services in Africa

119. Prof. D. Kambarage, Chairman of the Session, introduced Dr Sarah Holden, Livestock Adviser to the Department of International Development in the United Kingdom, and called upon her to give a brief account of a survey undertaken on the role of community based animal health workers (CBAHWs) in various African countries.
120. Dr Holden stressed that CBAHWs supply services to livestock keepers and often have easier access to the farmers than the animal health workers. They are also able to diagnose certain diseases. From the survey on three African countries, it was found that CBAHWs can have a remarkable impact in reducing mortality, thus on people's livelihoods. Their activities reduce the vulnerability of households to risks of disease. Communities that have access to CBAHWs feel more confident about

their future, as they can protect their livestock from losses. In general, CBAHWs are on good terms with the local animal health authority.

121. The Session Chairman then briefly introduced Mr Cees de Haan, the second speaker for this item, and called upon him to present the report that he had prepared together with Dr Sarah Holden and Dr Dil Peeling of Livestock in Development, United Kingdom.
122. Mr De Haan began his presentation by stating that veterinary services in many countries in Africa have in general traditionally been provided by the State. Structural adjustment combined with new thinking on the role of the State has led to a reduction in funding to many public veterinary services. The quality and availability of public veterinary services has subsequently declined in many countries in Africa. Reform programmes have often assumed that non-core government services would be financed and delivered by the private sector, but after nearly two decades of privatisation, it is clear that private veterinarians are reluctant to fill the gap left by a diminished public service. Although private practice is thriving in many countries, private veterinarians have tended to locate in urban and peri-urban areas, leaving most small-scale or remote producers with no or limited access to veterinary services.
123. Para-professionals in the form of para-veterinarians and CBAHWs have long been recognised as a means of increasing the availability and affordability of private animal health services to traditional and small-scale livestock keepers in Africa. However, many countries have strongly resisted the use of para-professionals to deliver privatised veterinary services, as they fear that para-professionals would increase the level of drug misuse, provide substandard services and compete with private veterinarians.
124. Following a questionnaire that had been sent to all OIE Member Countries in Africa on the role of para-professionals in the delivery of animal health services, the Speaker reported on the responses received. The survey distinguished between two types of para-professionals: para-veterinarians and CBAHWs. There has been a shift in thinking regarding the role of para-professionals in the delivery of veterinary services. Para-veterinarians and CBAHWs now play an active role in the delivery of a range of veterinary services in most of the countries that responded to the questionnaire, and many of these para-professionals operate in the private sector. This trend is expected to continue, with most countries foreseeing a greater role for para-professionals in the future.
125. Chief Veterinary Officers have traditionally been hostile to the idea of allowing para-professionals to deliver veterinary services in the private sector. The survey suggests that there has been a change in attitude towards para-professionals in many countries in Africa. Over half of the respondents considered private para-professionals to be competent to deliver a range of veterinary services to small-scale and remote producers.
126. Mr De Haan concluded that a key concern remains regarding the quality of the services provided by para-professionals and the level of drug misuse that might arise through para-professionals. Some countries are seeking to manage the risks associated with para-professional service delivery by creating legislation that requires para-professionals to operate under the supervision of a veterinarian. The veterinarian is responsible for monitoring and supervising the activities of para-veterinarians and CBAHWs. A rise in para-veterinarians working under the supervision of a veterinarian should greatly increase the availability of animal health services to small-scale producers, whilst at the same time improving the quality of the State to monitor and control epidemic disease.

Discussion

127. The Chairperson thanked Dr Holden and Mr De Haan for their comprehensive and informative presentations, and invited comments and questions from the participants.
128. The Delegate from Mali found that the survey did not take into consideration the diversity of Africa and that it should have given a larger and more representative sample.

129. Dr Soumana Diallo regretted that the privatisation of veterinary services had not been carried out on the basis of a valid and coherent policy defining the needs of Africa with regard to veterinary services. He also queried the conditions for the future of training schools.
130. The Delegate from Mali remarked that he did not believe in the efficacy of standardised models for Africa. Furthermore, he was opposed to the creation of professional associations of para-veterinarians who are not livestock breeders, as they could be cumbersome to the already existing structures. He described the project for village vaccinating assistants who are solely occupied with poultry and observed that they are a good example. Finally, he asked for a few changes to be made in the survey relating to figures given for Mali.
131. The Delegate from Benin agreed with the above concerns expressed by the Delegate from Mali and requested more information on the accompanying measures of privatisation. He suggested that problems relating to costs, organisation taxes and state support be discussed. He also enquired about the definition of the term 'auxiliary'.
132. The Delegate from Mauritius wished to know whether para-veterinarians exist legally and whether they operate under a valid legal framework. Furthermore, he observed that legislation only exists in certain countries. He enquired whether the OIE envisaged establishing general guidelines for this legislation.
133. The Delegate from Botswana noted the problem regarding the lack of veterinarians in rural zones, and thus the real necessity for para-veterinarians. He recalled that it would be more appropriate to clearly distinguish between community animal health agents and para-veterinarians.
134. The Delegate from Chad asked the speakers whether they had taken the different ecological contexts of countries in Africa into consideration. Intensive livestock breeding is almost inexistent in Chad. The auxiliaries are almost always livestock keepers. He then evoked the problem of privatisation, due to the fact that the quality of this privatisation had not been assured. He insisted on the fact that a survey on privatisation and on the lack of accompanying measures must be made. New bases must now be found in order to maintain what has already been established.
135. The Delegate from Ghana mentioned a decision that has been made in his country and that is carried out throughout the territory, namely the setting up of polyvalent agents.
136. The Delegate from Uganda indicated that for the last seven years his country has applied the system recommended by Ghana and that results were catastrophic. Uganda's administration is now trying to identify para-veterinarians in order to regulate their activities. In the pastoral system, veterinarians must be maintained and uncontrolled recourse to para-veterinarians and animal health officers can jeopardise animal health. The latter two groups should be re-evaluated with a view to becoming more autonomous and ensuring delivery of risk-free services.
137. The representative of the OAU recalled that a good system must be based on several principles, and that the complementarity of veterinarians and auxiliaries is very important. He felt that teams should carry out a survey in the regions to evaluate the consequences of privatisation. He suggested that the World Bank organise a survey to accomplish this task in Africa.
138. The Delegate of Swaziland cautioned that to establish legislation without jointly addressing the issue of policies to be applied with the stakeholder may be futile. He drew the attention of the participants to the necessity of keeping the ultimate objective in mind in order to find sustainable solutions, which consistently give priority to the development of animal production and to enhanced economic development in animal production with a viable strategy for animal health care delivery. He stressed that the type of training policy that could contribute to this strategy must be considered.
139. The acting Director of OAU/IBAR underlined the importance of partnership between the owners of livestock and the government, as well as between the public and private sectors.

140. Dr Bouna Diop, Deputy Regional Coordinator of PACE in Bamako, remarked that the subject of auxiliaries raises many controversies as a result of other underlying problems. He considered the priority to be agreement on the training of livestock owners. The elite selected amongst animal breeders and used as auxiliary agents could receive further training to become direct intermediaries for public or private veterinarians.
141. A member of the Tanzanian Delegation questioned the diagnostic competence of these agents trained for only two weeks.
142. The Delegate from Kenya gave an account of the problems he encountered in the field, such as the difficult access to remote areas, which is an obstacle to establishing general privatisation and, therefore, the necessity for CBAHWs and para-veterinarians in such areas.
143. The Delegate from Eritrea was under the impression that the intention was to introduce lesser quality service. There is a tendency to leave certain aspects of veterinary services in the background. He wondered who would cover the other aspects of disease control if the suitably trained veterinarians were not used.
144. The Delegate from Botswana indicated that CBAHWs are not present in Botswana and that he felt that he would not wish them to operate there. The country has very few veterinarians and the backbone of veterinary services is provided by para-veterinarians with two or three years' training. These para-veterinarians are placed in the rural areas, as 85% of cattle slaughtered at the export abattoirs come from subsistence farms based in the rural communal areas. Thus the question of lack of animal health personnel in the rural areas in Botswana does not arise. As an exporting country with regular inspections by European Commission veterinarians who judge by first world standards, it would be difficult to authorise people with two to six weeks' training to hold drugs and treat cattle where issues of use of expired drugs, illegal drugs, etc. are not monitored.
145. The Session Chairman summarised the various points discussed:
- The withdrawal of the public service without prior strategies;
 - The embryonic state of the private sector in many African countries and the difficulty of the animal breeders to finance it;
 - The diversity of ecological zones and of animal husbandry systems in Africa, and the impossibility of applying a unique model;
 - The absence of a precise definition of the different agents mentioned in the discussions;
 - The poor quality of animal health data from private services;
 - The necessity to improve training of animal breeders;
 - Insufficient legislation and lack of the necessary defined policy to modify it;
 - The precise definition of a framework to improve partnership between the private and public sectors.
146. Mr De Haan thanked the Delegates for their pertinent comments. He noted that all the countries are in agreement with regard to improving training, and agreed that part of the problem of privatisation is the inadequate regulatory framework and that there was a need to adapt it. He said that he was not in favour of standardising the proposed models.
147. Furthermore, Mr De Haan indicated that all countries in Africa (except for Botswana) already use auxiliaries. He considered that one should not privatise without a clear prior policy. He stated that he is not in favour of generalised agricultural extension services and recommended specialised animal health services. Mr De Haan did not think that the private sector could be efficient without

comprehensive legislation and considered that Chief Veterinary Officers should propose new legislation.

148. In response to a query from the Delegate of Mali concerning the political environment, Dr Holden recalled that many countries give priority to economic issues and that budgetary constraints are a reality. She also evoked the risk of having services that cannot be financed by the country putting them in place, as all services are payable, whether public or private.
149. The Director General of the OIE responded to the Delegate of Mauritius regarding the possible action of the OIE in these matters. He assured the participants that the OIE would work on these issues if the Member Countries so wish, by proposing a resolution within the framework of the International Committee. The OIE has already begun work on the evaluation of the quality of veterinary services, as quality criteria are of considerable importance, especially for the credibility of export certificates. He added that a recommendation on this subject would be of great interest to all the OIE Member Countries, as the present debate also concerned developed countries.
150. The Session Chairman concluded by thanking all the participants, and then requested a small group consisting of the Chairman, Drs Peter Njau (Tanzania), Soumana Diallo (Mali), Ali Seid Nour (Chad), Mensan Agyen-Frempong (Ghana), Ghebrehiwet Teame (Eritrea), Julius Kithinji Kajume (Kenya), John Woodford (DFID Tanzania) and Mr Nick Schlaepfer (DFID United Kingdom), to draft a recommendation on this item under the guidance of Dr Holden and Mr De Haan.

Wednesday 24 January 2001

ITEM II

Antibiotic resistance, especially in poultry production

151. The Session Chairman, Dr Robert S. Thwala, briefly introduced the speaker for this item, Dr Moritz van Vuuren.
152. Dr Van Vuuren introduced his presentation by underlining that bacterial resistance to antimicrobial drugs has become an issue of increased public concern and scientific interest during the last decade. This resulted from a growing concern that the use of antimicrobial drugs in veterinary medicine and animal husbandry may compromise human health if resistant bacteria develop in animals and are transferred to humans via the food chain or the environment. While there is still no consensus on the degree to which usage of antibiotics in animals contributes to the development and dissemination of antimicrobial resistance in human bacteria, experiential evidence and epidemiological and molecular studies point to a possible relationship between antimicrobial use and the emergence of resistant bacterial strains in animals, and their spread to humans, especially via the food chain.
153. Antibiotic resistance and the possible transmission to human bacteria through animal food-borne pathogens has led to increased public concern and scientific interest regarding the administration of therapeutic and subtherapeutic antimicrobials to animals. Numerous international meetings have been organised, especially during the 1990s, to address the problem of the emergence of antimicrobial resistance among bacterial pathogens. In the same vein, several scientific reports have been published dealing with this topic. Some of the significant meetings and publications are referred to in this report.
154. A questionnaire was compiled for consideration by all the OIE Member Countries in Africa. The objective was to obtain information relating to current perceptions and approaches to antibiotic resistance in food animal production, especially in poultry, in Africa. Eighteen countries completed the questionnaire.
155. All Member Countries have significant small-scale poultry farming sectors. The use of antimicrobial drugs for therapy in this sector is minimal and the concomitant selection of resistant bacteria, therefore, of a low magnitude, or inexistent. In countries with developed, commercial poultry

farming sectors, however, the same concerns relating to the possible spread of resistant bacteria or resistant genes to bacteria transmissible to humans would apply as those in the Northern Hemisphere.

156. Monitoring of the quantities of antimicrobials used in animal production is limited to only a few countries. Most countries have administrative procedures for marketing authorisation, but the extent to which they are applied varies markedly between countries. Awareness within countries on the possible adverse effects of the use of antimicrobial drugs in animal husbandry varies from good to negligible.
157. The Speaker concluded that areas of concern that need to be addressed in Africa include *inter alia* the:
- lack of appropriate legislation to support the responsible and prudent use of antimicrobial agents in veterinary medicine;
 - lack of means available to public Veterinary Services to identify recurrent disease problems and develop alternative strategies to prevent or control disease and thereby minimise the need for antimicrobial use in livestock;
 - lack of knowledge and/or training that can provide stakeholders with information on the benefits of prudent antimicrobial use and the risks associated with inappropriate use;
 - lack of resources that impact negatively on efforts to develop surveillance and monitoring programmes, education strategies, evaluation and licensing of antimicrobials and efforts to combat the distribution and use of illegal and counterfeit products.

Discussion

158. The Session Chairman thanked Dr Van Vuuren for his very interesting and informative presentation. Dr Thwala recognised that the uncontrolled use of antibiotics in intensive animal production could cause considerable economic and sanitary damage. He confirmed that the OIE should be in a position to take up the challenge posed by the use of antibiotics in intensive animal breeding and subsequently opened the floor for discussion.
159. The Delegate from Botswana thanked Dr Van Vuuren for his very clear presentation. He observed that due to their increased marketing and progressive globalisation, stricter control of the use of veterinary medicinal products is necessary at different levels. He suggested in this respect that the Regional Commission adopt recommendations with a view to harmonising the use of veterinary medicinal products in order to guarantee security in this trade, as well as that between the rest of the world and Africa, and also take into account the question of residues.
160. Dr Van Vuuren recognised the two-fold requirement of increasing health security applied to food of animal origin and harmonisation of the use of veterinary medicinal products. Member Countries must take into account the growing importance of trade and the requirements for the use of antibiotics. Medicinal products used in an exporting country at times differ from those used in the importing country and this has significant repercussions.
161. The Delegate from Tanzania regretted the lack of conformity in certain medicinal products with regard to good practice regulations. In addition, certain countries allow these products to pass in transit through their territory, even though they refuse use of these products on their own domestic livestock. This is contrary to the efforts made in harmonising the use of veterinary medicinal products. In the field of poultry production, distrust of the risks of antibioresistance incites consumers to prefer farm chickens and eggs from traditional poultry breeding farms and to pay the higher costs.
162. The Delegate from Kenya congratulated Dr Van Vuuren on his meticulous report. He then spoke of the problems he encountered in the field. Breeders often make immoderate use of antibiotics as the costs are affordable. This is undertaken without the advice of a veterinarian. The availability of a

large amount of these products for which the quality has not been previously established could give the impression of subsequent laxity on the part of the Veterinary Services. Dr Van Vuuren indicated that certain countries authorised the marketing of products that had shown resistance in poultry breeding following uncontrolled use. In some well-known cases, pharmaceutical companies were even forced to remove certain of these products from the market.

163. The Delegate from Mauritius requested information on the use of zinc bacitracin as a growth factor in poultry feed. He also raised the question relating to production competitiveness if certain growth factors are prohibited and asked whether there were any alternative solutions. Dr Van Vuuren remarked that this medicinal product was largely used in South Africa and in the United States of America, but that its use has been prohibited in Europe for precautionary reasons. However, he added that its use has been recognised in human medicine. Competitiveness poses a real problem; it will be discussed at the conference in Paris.
164. The Delegate from Algeria wished to know whether there are possible alternatives to the use of antibiotics as a growth factor in poultry breeding. He enquired whether a list of antibiotics for which use is prohibited, should be established on a scientific basis.
165. Dr Van Vuuren agreed with this comment and referred to the OIE guidelines on this topic, which could assist in forming an opinion. These guidelines will be presented to the International Committee in May in Paris and subsequently at a conference on antibioresistance, which will be held in October 2001 at the OIE.
166. The Delegate from Uganda insisted on the necessity for population awareness on this issue and for strengthening control capacities at a national level.
167. The Session Chairman concluded the discussion by thanking all the participants and Dr Van Vuuren for his brilliant presentation. He then requested a small group consisting of the Chairman, Drs Theresa Ponela Mlelwa (Tanzania), Diwan Sibartie (Mauritius), Mamadou Racine N'Diaye (Mali), Inoussa Sanoussi (Benin), John Jared Oduor (Kenya) and Victoria Ramzy (Egypt), to draft a recommendation on this technical item under the guidance of Dr Van Vuuren.

Categorisation of animal diseases

168. The Director General recalled that the International Committee had adopted a resolution requesting all the Regional Commissions to indicate their position on the issue of reviewing the categorisation of animal diseases. The Regional Commission for Africa had already raised the question during its last meeting. Dr Vallat then proposed to form a small group to prepare a recommendation.
169. The Code Commission and the Foot and Mouth and Other Epizootics Commission will take these recommendations into consideration with a view to submitting a resolution to the International Committee. To date, there has not been majority agreement on the subject, and a synthesis of the major points outlined in the resolutions of the Regional Conferences will facilitate arriving at the necessary consensus. The two other Regional Commissions that have already prepared recommendations (Americas and Europe) agree to move away from the current categorisation and to establish a system based on the degree of urgency of notification according to the risk that each disease represents: diseases that spread rapidly and require immediate notification on the one hand and, on the other, a category including diseases where notification can be deferred.
170. A group under the chairmanship of Dr Sidibe, assisted by the Delegates from Botswana, Chad, Kenya, Sudan and Togo, as well as the representative of OAU/IBAR, was formed to prepare a recommendation on this subject.

OIE Regional Representation for Africa

171. Dr Amadou Samba Sidibe, Coordinator of the OIE Regional Representation for Africa, briefly reviewed the aims and future activities of the Regional Representation.

172. Dr Sidibe reminded participants that an Agreement on the establishment of the OIE Regional Representation for Africa was concluded on 17 October 2000, following a recommendation made at the 13th OIE Regional Conference for Africa, held in Dakar (Senegal) in January 1999, and in application of a Resolution adopted by the OIE International Committee on 27 May 2000.
173. The Coordinator then underlined the priorities of the Representation:
- To promote technical cooperation in the surveillance and control of animal diseases in Africa. The quality and efficiency of animal health information systems must be improved and control methods harmonised, in close collaboration with animal health services, national or international, in the region.
 - To train Veterinary Service staff in administration and management as well as in epidemiological surveillance, with the participation of private veterinarians responsible for the sanitary protection of livestock. Training courses or seminars for Chief Veterinary Officers and others involved in animal health should be continued and financing sought. Various seminars on these subjects have already been organised by the OIE Central Bureau over the past few years.
 - To improve information and training on the registration and control of veterinary medicinal products and quality control of animal products for export. National epidemiological surveillance systems must be further developed, in order to provide the most complete and reliable information on animal health.
 - To strengthen cooperation and solidarity between the Veterinary Services in the Africa region.
174. In conclusion, Dr Sidibe emphasised that animal diseases today remain one of the most important factors limiting livestock development in Africa, as they cause heavy direct or indirect losses in national herds. Various animal health programmes, supported by national Veterinary Services, regional organisations, in particular the OAU/IBAR, and a number of international organisations, such as the European Commission, are in progress to combat the spread of diseases and further national and international trade in animals and animal products. However, one of the major problems encountered in animal health programmes is linked to legislative and regulatory aspects. Even if considerable progress has been made in this field, these measures must still be clarified, developed and above all harmonised.

Discussion

175. The Delegate from Botswana indicated that he was glad that the OIE Regional Representation for Africa is now operating. The Representation has financing for three years, which is not a very long period. He wished to know to whom Dr Sidibe reports, who checks and approves the work programme and oversees its operation. He hoped that the office would not duplicate the work done by the OAU/IBAR, but rather assist in achieving better integration for the African Member Countries and coordinate their input to the OIE. He stressed that the OIE must ensure that African specific issues obtain full consideration by the OIE.

Presentations by international organisations and other institutions

176. Dr Kweka, Chairman of this session, invited presentations from international organisations and other institutions.

Organisation of African Unity/Interafrican Bureau for Animal Resources

177. Dr Jotham Musiime, Acting Director of the OAU/IBAR, briefly outlined the main activities of the organisation and its links with different institutions, in particular, with the Central Bureau of the OIE, and the OIE Regional Representation for Africa, which was recently established with the support of the Pan African Programme for the Control of Epizootics (PACE) and financing by the European Union.

178. After a brief presentation on IBAR's mandate to coordinate the activities of the fifty-three OAU Member states in the field of animal health and production, he recalled IBAR's achievements in the control of rinderpest, contagious bovine pleuropneumonia, trypanosomiasis, ticks and tick-borne diseases, and Rift Valley fever in Africa. He informed participants that IBAR through its different programmes and by means of a process of continuous dialogue successfully used the political influence of the OAU to convince the various African States of the need for wide-ranging political reform: privatisation of veterinary medicine, cost recovery, sanitary mandates, etc. He then called upon Dr René Bessin, Coordinator of the PACE to present the state of progress of this new programme.
179. Dr Bessin stated that the PACE was developed jointly by the OAU/IBAR and the European Commission, following twelve years' implementation of the Pan African Rinderpest Campaign (PARC). The programme will be funded by the European Union to the order of 72,000,000 Euros and will cover 32 Sub-Saharan African countries over five years. It will be coordinated by IBAR at continental, regional and national levels.
180. The programme aims at contributing to rural development and poverty alleviation and will put in place national and continental epidemiological surveillance networks, provide countries with the capacity to organise disease control programmes and ensure sustainable distribution of veterinary services and medicinal products. The main goal is to fulfil World Trade Organization (WTO) requirements to allow free intra and international trade in livestock and livestock products. This will be achieved through a regional approach in three identified regions in Western, Central and Eastern Africa.
181. The main issues to be addressed by the PACE were summarised as follows: transfer of appropriate technologies, training, strengthen laboratory capacities, strengthen privatisation, enforcement and change of regulatory framework, support the sanitary mandate and adoption of new approaches (CBAHWs), assist the country to fulfil OIE requirements of freedom from rinderpest, establish emergency preparedness plans and emergency funds, as well as better performance indicators, quality assurance, wildlife disease surveillance and control of other major epizootics (contagious bovine pleuropneumonia, peste des petits ruminants, Rift Valley fever, African swine fever, foot and mouth disease).

Food and Agriculture Organization of the United Nations

182. Dr Julio J. de Castro, Animal Production and Health Officer at the Sub-Regional Office for Southern and Eastern Africa of the Organization for Food and Agriculture of the United Nations (FAO), presented the organisation's activities in the field of control of transboundary animal diseases with emphasis on the Southern and Eastern Africa region. Furthermore, he stressed that they should be seen as complementary to activities being undertaken by the OIE, OAU/IBAR and SADC². The FAO representative emphasised two projects that have recently become operational. These are: TCP/RAF/8932(A) Promotion of Transboundary Disease Early Warning Systems in the SADC region, and TCP/URT/0067(E) Emergency Surveillance of Rinderpest and other Transboundary Animal Diseases in Northern Tanzania. Both projects are complementary and aim at strengthening the capacity of SADC countries in dealing with transboundary animal diseases through the provision of technical assistance, equipment and capacity building.

European Commission

183. Dr Bernard Rey, rural development advisor to the Delegation of the European Commission in Kenya, reported on reforms to the management of community aid.

² Southern African Development Community

184. The European Commission finances several major projects in the field of livestock production and animal health in Africa. It is one of the most active providers of funds in this sector, working closely with the Veterinary Services of the countries concerned, as well as with regional organisations, such as the OAU/IBAR, and the OIE. These projects are increasingly oriented towards the long-term reinforcement of the Veterinary Services.
185. In May 2000, the European Commission decided to undertake a major reform of the management of community aid. The most important elements of this reform are: revision of the scheduling of external aid in accordance with the political objectives and priorities of the European Union; integration of the project cycle and the creation of a single body responsible for the identification, preparation and monitoring of the execution of projects – the EuropAid Cooperation Office; and greater devolution of project management to the delegations.
186. This reform needs to be understood by the Commission's partners, in order to maintain the momentum of its development cooperation. All cooperation actions relating to animal health will be affected by this reform as from January 2001.

Presentation of draft Recommendations Nos 1, 2, 3 and 4

187. Draft Recommendations Nos 1, 2, 3 and 4 were presented to the participants and put forward for discussion and adoption. Several amendments were called for in all four Recommendations, to be presented again on Friday.

Thursday 25 January 2001

Field trip

188. Participants found the field trip organised by the host country to the Training Centre for Community-Based Animal Health Workers in Munduli to be of great interest, and also enjoyed visiting the Tarangire National Park, where they could admire the flora and fauna of the region. They extended their sincere thanks to the organisers for their kind hospitality.

Friday 26 January 2001

Dates and venue of the 15th Conference of the OIE Regional Commission for Africa

189. The President of the Conference asked Delegates present if one of their countries wished to host the 15th Conference of the OIE Regional Commission for Africa. On behalf of the Government of his country, the Delegate of Mozambique invited the Regional Commission to hold its next Conference in his country in January 2003. The participants applauded this proposal.

Adoption of the draft Final Report and Recommendations

190. The Conference adopted the draft Final Report and Recommendations Nos 1, 2, 3 and 4 pending certain amendments.

Closing Ceremony

191. The President of the Regional Commission, Dr Rachid Bouguedour, read out a motion of thanks to the Government of Tanzania. He then expressed his warm appreciation to the Tanzanian authorities for having so efficiently organised the Conference and ensuring its success. He observed that the topics discussed and the recommendations adopted by the participants show that the Veterinary Services in Africa are well aware of what is at stake for the future, in particular with regard to food safety and consumer health. Dr Bouguedour also underlined the necessary efforts to be made by the Veterinary Services to improve the distribution of information. He then thanked the countries that were willing to host the next conferences and reminded participants of the vital importance of the regular payment of contributions by Member Countries to the OIE.

192. Dr Vallat noted the conclusions to be drawn from the proceedings of the Conference and praised its success. He stressed the interest for the region of the numerous items discussed during the Conference. He expressed his sincere gratitude to the Tanzanian Veterinary Services and especially to Dr Kweka and his colleagues for having organised and presided over the meeting with such efficiency and competence. The Director General congratulated the speakers for their presentations and all those who had contributed to, and enriched, the discussions. He expressed his gratitude to the Conference Secretariat and the interpreters for the quality of their work. Dr Vallat then expressed his appreciation to all the Delegates, representatives of international organisations and other institutions, as well as all other participants, for their interest in the activities of the OIE and their support of the organisation. This constituted invaluable encouragement for the OIE to pursue its efforts to benefit animal health on the African continent and throughout the world. A final expression of thanks went to the Delegate of Mozambique for offering to host the next Commission meeting in 2003.
193. Dr Kweka extended his sincere thanks to the Director General, the OIE Central Bureau, the national organising committee, as well as all those who had contributed to the success of the Conference. He wished participants a safe journey home and gave the floor to Mr Joshua Kileo, Regional Administrative Secretary.
194. Mr Kileo expressed his great pleasure in having hosted the Conference. The large number of participants and the conference agenda were evidence of the important role that the OIE plays on the African continent. He then stressed the interest for the participants of the technical items discussed and the importance of the recommendations prepared by the Conference. Mr Kileo ended by thanking the OIE and the local organisers and declared the 14th Conference of the OIE Regional Commission for Africa officially closed at 12:00 a.m.

MOTION OF THANKS

The President and the Members of the Bureau of the OIE Regional Commission for Africa, the Director General of the OIE, the members of Delegations of Member Countries, the representatives of international organisations and the observers present wish to express their gratitude to the Government of the United Republic of Tanzania, the Host Country of the 14th Conference of the Regional Commission, for the excellent welcome accorded to them and for all facilities made available to them during their stay in Arusha from 23 to 26 January 2001.

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