13th Conference
of the
OIE Regional Commission for Africa

FINAL REPORT

Dakar, Senegal
26 - 29 January 1999
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List of Abbreviations

ASF  African swine fever
CBPP  Contagious bovine pleuropneumonia
EMPRES  Emergency Prevention System
FAO  Food and Agriculture Organization of the United Nations
IBAR  Interafrcian Bureau for Animal Resources
OAU  Organisation of African Unity
OIE  Office international des épizooties
PACE  Programme panafricain de contrôle des épizooties
          Pan African Program Against Epizootic Diseases
PARC  Pan African Rinderpest Campaign
SADC  Southern African Development Community
Introduction

1. On the invitation of the Government of Senegal, the 13th Conference of the OIE Regional Commission for Africa was held in Dakar from 26 to 29 January 1999.

2. Sixty-nine participants attended the Conference from twenty OIE Member Countries and one non member country and three international or regional organisations. The Rapporteurs of Items I and II also participated in the proceedings of the Conference. These were Dr Jérôme Gauthier, Livestock Specialist at the World Bank, and Dr Kereng V. Masupu, Deputy Director, Department of Animal Health and Production of the Ministry of Agriculture of Botswana (Appendix I).

Tuesday, 26 January 1999

Opening Session

3. Dr Abdoulaye Bouna Niang, permanent Delegate of Senegal to the OIE, warmly welcomed participants to Senegal and stated that they should feel at home in his country. After giving a brief overview of the morning's programme, he made a number of announcements concerning the practical arrangements during the Conference, and gave information on the professional and tourist visits to be held on Thursday. The Delegate of Senegal then introduced the President of the Regional Commission.

4. Dr Stuart K. Hargreaves, President of the OIE Regional Commission for Africa, welcomed participants and warmly thanked the Government of Senegal for having hosted the Conference and Dr Niang and his collaborators for having assured such an excellent organisation. He stressed the need for the Directors of Veterinary Services in Africa to work together and learn from each other for the good of the livestock sector, which is of vital importance to all African countries for food, natural fertilisers and draught power.

5. He spoke of the various diseases present on the African continent and the harsh conditions under which countries and their veterinary services were obliged to fight animal diseases. Financial difficulties and lack of resources were also identified as problems faced by Veterinary Departments.

6. Finally, the President of the Regional Commission cited the various successes already achieved in disease control on the continent, notably against rinderpest, trypanosomosis, contagious bovine pleuropneumonia and Newcastle disease. In conclusion, he encouraged his fellow Directors of Veterinary Services to cooperate amongst themselves so as to speak
with one voice, and thanked the Government of Senegal once again for its kind invitation.

7. Dr Jean Blancou, Director General of the OIE, expressed his appreciation to the Authorities of the Republic of Senegal for hosting the Regional Conference. The Director General recalled that Dakar was welcoming the members of the Regional Commission for the second time, as the 1st Conference for Africa was held in this city in 1966. He reminded the Conference that Senegal, since becoming a Member Country of the OIE in 1961, has always actively contributed to the success of the OIE in Africa through the high quality of its technical and scientific work. The Director General then briefly explained the importance for Veterinary Services in Africa of the items that would be discussed during the week and wished the countries of the region every success with their Conference.

8. Mr Sanghe Mballo, Minister of Livestock Development of Senegal, thanked the OIE for having chosen his country to host the 13th Regional Conference. On behalf of his Government, he wished all participants a pleasant stay in Senegal.

9. The Minister then introduced the Technical Items on the agenda of the conference, emphasising their importance for African countries. In particular, he noted the need for a fair evaluation of the current state of livestock development in relation to the reforms undertaken within structural adjustment programmes in the agricultural sector. He then listed several reforms which could support sustainable pastoral development. These reforms touch first and foremost the farmer, who must modernise and adapt to a competitive environment. The reforms also concern local communities which manage rural infrastructures and space management as well as the State which must create appropriate institutional, fiscal and legal frameworks.

10. In conclusion, the Minister congratulated the OIE, which has always based its essential missions on the notions of rigour and efficiency. In wishing much success to the participants, he declared the 13th Conference of the OIE Regional Commission for Africa officially open.

11. The texts of the above speeches were distributed to all participants.
Election of the Conference Committee

12. The participants elected the following Conference Committee:

Chairperson: Dr Abdoulaye Bouna Niang (Senegal)
Vice-Chairperson: Dr Emily M. Mogajane (South Africa)
Rapporteur General: Dr Motshudi V. Raborokgwe (Botswana)

Adoption of the Provisional Agenda and Timetable

13. The Provisional Agenda and Timetable were adopted (Appendices II and III).

Designation of Chairpersons and Rapporteurs

14. Chairpersons and Rapporteurs were designated for the Technical Items as follows:

Item I: Dr Abdelhaq Tber (Morocco), Chairperson
Dr Bouzabo Patchili (Chad), Rapporteur

Item II: Dr Ajapisim G. Kankoh (Ghana), Chairperson
Dr Mostafa O. Ramadan (Egypt), Rapporteur

Item III: Dr Mamadou Kané (Mali), Chairperson
Dr Francisco José G. Pinto (Mozambique), Rapporteur

Animal Health Status in the Region

15. Dr Mamadou Kané, the Session Chairman, invited Delegates of Member Countries to report on any changes that had taken place regarding the animal health status of their country during 1998 and especially since the 66th General Session of the OIE International Committee.

16. The animal health situation in the region may be summarised as follows, according to the reports, written or spoken, presented to the Conference.
List A Diseases

Foot and mouth disease

17. In 1998, as in 1997, foot and mouth disease (FMD) was not reported in northern Africa. The disease was however reported in western Africa: Benin, Burkina Faso, Gambia (virus A), Ghana, Mali, Mauritania, Niger and Senegal; in central Africa: Chad and Rwanda (virus type O); in eastern Africa: Eritrea (virus types A and SAT 2), Ethiopia, Kenya (virus types A, O, C and SAT 2), Tanzania (virus type O) and Uganda (virus type O); and in southern Africa: Malawi (virus type O) and South Africa (virus type SAT 1).

18. In Malawi, where the disease had not been reported since 1986, two outbreaks of FMD occurred in October 1998 in Karonga district. The origin of these outbreaks was attributed to the illegal entry of animals from a neighbouring country. Clinical cases of FMD were detected for the first time in pigs. Strict quarantine measures and movement control were implemented in the affected areas of the district.

19. In Morocco, surveillance measures and serological studies conducted in FMD susceptible species have confirmed the absence of circulation of virus type O. As a result, this country considers itself free of FMD and has decided to discontinue annual vaccination beginning in 1998.

20. In South Africa, an outbreak of FMD (virus type SAT 1) occurred in impala (*Aepyceros melampus*) in May 1998, in the area where FMD is enzootic (Kruger National Park). In August, seven FMD carrier buffaloes (*Syncerus caffer*) were moved illegally to a game farm in the Northern Province, situated in the FMD free zone of South Africa. They were reportedly to have come from one of the privately-owned reserves adjacent to the Kruger National Park. Control measures taken included destruction of the seven buffaloes and quarantine of the game farm.

21. In May 1998, the OIE recognised the existence of FMD free zones where vaccination is not practised in Botswana, Namibia and South Africa.

Rinderpest

22. The Delegate of Tanzania declared the whole of his country free from rinderpest, with effect from 1 July 1998. The country was divided into two zones:

- Zone A, which comprises the districts lying south of the Central Railway Line from Dar es Salaam to Kigoma and west of the Tabora-
Mwanza railway, as well as the islands of Zanzibar and Pemba. This zone was declared free from rinderpest on 1 January 1998.

- Zone B, which comprises the districts lying north of the railway line from Dar es Salaam to Tabora and east of the Tabora-Mwanza railway line.

23. The Delegate of Egypt declared that his country has been free of rinderpest in accordance with the OIE pathway since July 1996. There has been no clinical or epidemiological evidence for rinderpest since June 1986 and ELISA tests to determine immune barriers among vaccinated animals have given satisfactory results.

24. In Kenya, a total of 3.5 million cattle were vaccinated against rinderpest during the first round of the Pan African Rinderpest Vaccination Campaign. During the second round, a total of 3.6 million cattle were vaccinated.

**Peste des petits ruminants**

25. In 1998, peste des petits ruminants was reported in the following countries: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Mali, Niger and Senegal (17 outbreaks were recorded and mandatory vaccination has been carried out on approximately 25% of the animals due to be vaccinated).

26. The homologous vaccine is being used in Cameroon, Côte d'Ivoire, Ghana, Guinea and Mali.

27. In Eritrea, where the disease had not been reported since 1996, nine outbreaks were reported in 1998.

28. In Mali, where the disease had not been reported since 1993, an outbreak was reported in Sikasso region, in July 1998.

**Contagious bovine pleuropneumonia**

29. The countries having reported outbreaks of contagious bovine pleuropneumonia are the following: in western Africa: Benin, Burkina Faso (nine outbreaks), Côte d'Ivoire, Gabon, Ghana, Guinea, Mali, Niger and Senegal; in central Africa: Chad; and in eastern Africa: Eritrea, Ethiopia, Kenya and Tanzania.

30. In Zambia, two positive cases, determined by complement fixation test, were recorded in the northern province in February 1998. A vaccination
campaign was carried out along the border and a total of 14,893 animals were vaccinated. The ban on livestock movement from the western province was lifted in July 1998. Monitoring and vaccination continue in the buffer and primary risk zones of the western province.

**Lumpy skin disease**

31. Lumpy skin disease continued to be present in Africa during 1998.

32. In Botswana, where the last outbreak of the disease had been reported in January 1997, an outbreak was recorded in April 1998, in Chobe district.

33. The disease was reported in 1998 in Eritrea, after two years’ absence, and in Côte d’Ivoire.

34. In Ghana, ten outbreaks were recorded in 1998, compared with only one in 1997.

35. In Kenya, 16 outbreaks of the disease occurred in 1998 of which five were confirmed, while in 1997, none had been reported.


37. In Lesotho, the disease occurred following heavy rains in January and February which led to a build up of the vector population.

38. In Senegal, only one outbreak of the disease was recorded in 1998, compared with four in 1997.

**Rift Valley fever**

39. The countries which reported Rift Valley fever in 1998 were Kenya, Mauritania, Mozambique, Tanzania and Zimbabwe.

40. An epizootic of the disease occurred in the first months of 1998 in Kenya, causing deaths in human beings and domestic animals. The disease spread to northern Tanzania in February 1998. The epizootic was attributed to insect infestation due to heavy rains caused by the climatic phenomena known as 'El Niño'.

41. In Mauritania, an epidemic of Rift Valley fever occurred in the southern and south-eastern parts of the country. Six persons died at Aioun Hospital. In animals, many abortions were observed, particularly in sheep in the wilayates of Assaba, Brakna and Hodh Charghi. Technical
assistance will be offered by international organisations to improve the epidemiological surveillance system for the disease.

42. Ten outbreaks of the disease were reported in domestic animals from January to April in Zimbabwe.

**Bluetongue**

43. Bluetongue was reported in Guinea, Kenya, Lesotho, Mozambique, Namibia and South Africa.

44. In Kenya, the disease affected sheep which had remained in flooded areas, caused by long 'El Niño' rains, at the beginning of 1998.

45. In Lesotho, the disease occurred following heavy rains at the beginning of the year.

**Sheep pox and goat pox**

46. The following countries reported the presence of sheep pox and goat pox in 1998: in northern Africa: Algeria and Tunisia; in western Africa: Burkina Faso, Côte d’Ivoire, Mali (one outbreak), Mauritania, Niger and Senegal; and in eastern Africa: Eritrea and Ethiopia.

47. In Algeria, 28 outbreaks of the disease were reported. The majority of these outbreaks occurred in Medea and M'Sila, two wilayates weakly covered by vaccination.

48. Vaccination against sheep and goat pox will be discontinued in Morocco during 1999 except in areas which have been judged susceptible to the disease.

**African horse sickness**

49. In 1998, the disease occurred in Eritrea, Ethiopia, Lesotho, Senegal and South Africa.

50. In Eritrea, where the disease had not been reported since 1996, five outbreaks occurred from August to September.

51. Egypt has declared itself free of African horse sickness since July 1996. There has been no clinical, serological (in non-vaccinated animals) or epidemiological evidence of the disease since 1994.

**African swine fever**
52. African swine fever was reported for the first time in Madagascar. The disease was detected in June 1998 and was confirmed by laboratory tests in December 1998. The morbidity rate was 50 to 70%, in all age categories and livestock systems (extensive, semi-intensive and intensive). The source of infection is being investigated since no live swine have ever been imported into Madagascar.

53. Senegal and Togo reported only one outbreak of African swine fever during 1998.

54. The other countries that reported the presence of the disease within their territories were: Angola, Benin, Cameroon, Cape Verde, Malawi, Mozambique, Namibia, Senegal and Uganda.

**Classical swine fever**

55. Madagascar is the only African country where classical swine fever was reported in 1998.

**Newcastle disease**

56. As in previous years, many African countries, including Botswana, Cameroon, Egypt (where suspected cases were recorded but no confirmation has yet been given), Senegal and South Africa, were affected by Newcastle disease in 1998.

57. Ghana is currently running a control programme for this disease using two thermoresistant vaccines.

58. In Zimbabwe, mass vaccination against Newcastle disease in small holder poultry populations is being continued.

**List B Diseases**

**Anthrax**

59. Several countries reported the presence of the disease.

**Rabies**

60. The following countries reported outbreaks of rabies in 1998: Algeria, Botswana, Côte d'Ivoire (eight cattle affected and vaccination and stamping-out measures applied), Egypt, Kenya (five cases), Mali (five
cases confirmed out of a total of eight), Mauritania (a total of seven cases), Morocco, Swaziland and Tanzania.

**Brucellosis**

61. In Algeria, during the first semester of 1998, 36 605 cattle and 49 026 goats were submitted to a serological diagnostic test for brucellosis; 339 cattle and 725 goats reacting positively were slaughtered. Stamping-out policy is mandatory for all animals found positive.

62. The disease was also present in Burkina Faso, where between 1.5 to 3% of animals are affected; no compensation is provided in the case of slaughter.

63. In Egypt, a total of 198 410 bovines were tested for brucellosis and 1 041 positive results were obtained. Furthermore, of a total of 80 871 sheep tested, 1 993 were positive and of the 18 966 goats tested, 160 were positive.

64. In Morocco, 77 cases of bovine brucellosis were reported during the first semester of 1998; all the affected animals were slaughtered.

65. In Swaziland, of a total of 1340 samples tested, 94 were found positive for brucellosis.

66. In Zimbabwe, a surveillance programme is in place under which most dairy herds are routinely tested to qualify as brucellosis-free and are then tested annually to maintain free status. Herd prevalence for brucellosis is approximately 8%.

**Tuberculosis**

67. In Algeria, 29 173 dairy cattle were tested for tuberculosis; 140 animals showing positive results to the test were slaughtered.

68. In Egypt, the number of animals showing positive results to tuberculosis in 1998 (using the single intradermal test) were as follows: of a total of 120 989 cattle tested, 370 were positive, and of the 46 629 domestic buffaloes tested, 736 tested positively to tuberculosis.

69. In Morocco, during the first semester of 1998, 1 758 cases of tuberculosis were detected through disease surveillance in the abattoirs.
The disease was also reported in South Africa in the Kruger National Park, where it was present in wild buffaloes and spread to other species as well.

Theileriosis

Four outbreaks of the disease were reported for the first time in northern Senegal and brought under control with antibiotic treatment.

Trypanosomosis (tsetse-borne)

The presence of this disease was reported in most of the countries in the region.

Contagious caprine pleuropneumonia

The disease was recorded in Kenya and Tanzania.

Nairobi sheep disease

In Tanzania, 14 outbreaks of Nairobi sheep disease were reported in the agro-pastoral livestock sector of northern Tanzania. They resulted from unusually long heavy rains which caused a massive build-up of vector ticks.

Infectious bursal disease (Gumboro disease)

Several countries reported the presence of this disease on their territories.

Discussion

Dr Yves Cheneau, Head of the Animal Health Service, Division of Animal Production and Health at the Food and Agriculture Organization of the United Nations (FAO), stated that, for the FAO, the most important events having occurred since the last OIE Regional Conference were as follows:

a) the outbreak of Rift Valley fever in the Horn of Africa, of which the first signs appeared at the end of 1997 and whose full impact was felt early in 1998 with a increase in mortality. An embargo on livestock imports from these countries has not yet been lifted, despite surveys conducted by the FAO in August 1998 which failed to detect any trace of the disease.
b) the reappearance of African swine fever (ASF) in western Africa in 1997, after the disease had been eradicated in Côte d'Ivoire in 1996; ASF spread to Benin, Togo and Nigeria, and a new episode occurred in Cape Verde. Throughout these crises, the OIE and the FAO maintained close collaboration and took full advantage of the expertise available in their Collaborating Centres and Reference Laboratories.

c) During the course of studies conducted in Zimbabwe, where the FAO is assisting farmers in controlling Newcastle disease in their backyard flocks, the FAO observed the ineffectiveness of thermostable vaccines mixed with poultry feed. It is now recommended to take into consideration a ‘nutritional and therapeutic package’ and to use more suitable means of service supply.

77. Dr Cheneau noted that the FAO continues to support continental and regional organisations such as OAU/IBAR and the PARC project. Furthermore, the FAO is renewing its partnership in the development of the Pan African Program against Epizootic Diseases (PACE), which is financed by the European Union. Support also continues for the Southern African Development Community (SADC), and in particular for the efforts to establish an Animal Health Commission (or FMD Commission). The goal of the FAO in these actions is to increase the technical capabilities of Member Countries and their representative organisations, as well as enhance the durability of their actions.

Item I

The effect of structural adjustment programmes on the delivery of veterinary services in Africa

78. Dr Abdelhaq Tber, Chairman of the Session, briefly introduced the Rapporteur for this item, Dr Jérôme Gauthier.

79. Dr Gauthier introduced his presentation by explaining that his report was a prospective analysis of the effect of structural adjustment programmes on the delivery of veterinary services in Africa. The analysis was based on a review of replies to a questionnaire sent to the Chief Veterinary Officers of African countries by the Office International des Epizooties, but also made use of other data so as to avoid the bias that would have resulted had only public sector views been taken into account.

80. After a brief review of the political and economic basis of adjustment programmes affecting the Veterinary Services and their practical
application in the form of reforms, the Rapporteur described the views expressed in the questionnaire replies. He pointed out that the policies being applied are considered to have had a globally positive effect despite presenting some constraints, which do not however call into question the process under way.

81. Dr Gauthier discussed the change in attitude towards the reforms, which is encouraging on the part of the public sector. He then spoke of the assessment made by the Chief Veterinary Officers and proposed several strategic directions to follow in the years ahead. For the public service, the accent is placed on the need to work towards a better definition and implementation of priority activities, based on a clear identification of services seen as 'public goods' at both the national and local level, to explain how they are to be delivered and to systematically include an economic analysis in the criteria for selecting activities. In the private sector, the priority is to strengthen support for private practice, particularly by helping private veterinarians to diversify their activities, and also to increase support for paraveterinary staff, providing training and ensuring greater integration into health networks.

82. During the last part of the presentation, Dr Gauthier commented on what the Veterinary Services expect from the OIE. Dissemination of information, organisation of training sessions and a privileged dialogue with international organisations and policy makers in the field of animal health were the three subjects most frequently mentioned.

Discussion

83. The Chairperson thanked Dr Gauthier for his comprehensive and informative presentation and invited comments and questions from the floor.

84. The Delegate of Kenya requested clarification on the concept of paraveterinarians. He understood that these were diploma-holders or other individuals having received some recognised courses in the field of animal health. His second question concerned contracting out veterinary activities to private veterinarians, insofar as it presumes that the government concerned has sufficient funds to allow for payment of the private veterinarians, which is often not the case. This poses a considerable constraint to the further implementation of this type of programme.

85. The Delegate of Tanzania thanked the rapporteur for his presentation and emphasised the importance of the subject being discussed. He noted that
because many of the structural adjustment programmes were begun during the 1980's, certain results already existed and countries could learn from each other in terms of their experience. He understood the definition of paraveterinarian to be a diploma-holder rather than a veterinary auxiliary, who has a different level of education. He raised the question of differing levels of need in different regions, remarking that most private veterinarians tend to concentrate their activities in areas with high density livestock populations. The appearance of diseases which had never before been present in a given country is clearly an indication of certain drawbacks in structural adjustment programmes.

86. The Delegate from Côte d'Ivoire asked for further information on the public sector control of private veterinarians. Furthermore, he requested that the rapporteur discuss the exact role of the paraveterinarian in the current process, and the question of supervision of the paraveterinarian by a licensed veterinarian.

87. A representative from Senegal indicated that the role of private veterinarians was not entirely limited to their participation in vaccination campaigns. They are also in charge of veterinary clinics and of the distribution of veterinary drugs. Certain measures are currently being taken to involve them in epidemiological surveillance and in the control of food products of animal origin.

88. Dr Bouna Diop added that the role of community livestock workers is important in his country. They are chosen from among groups of livestock producers for whom training courses are offered. Senegal has implemented a system of financial support for the establishment of private veterinarians beginning their careers. The system seems to be functioning rather well and could serve as an example for other countries. He gave additional details on the proportion of the budget in Senegal accorded to personnel expenses and questioned the data included in the rapporteur's written document; he informed participants that this ratio excluded extra-budgetary resources and the data were therefore not directly comparable with the data from other countries. Finally, he requested that Dr Gauthier and the representative of the FAO describe their visions of the future of Veterinary Services in Africa.

89. The Delegation from Mali wished to make a number of corrections concerning the data published on page 9 of the written report. For Mali, the data also include private veterinarians. Furthermore, the Delegation considered that paraveterinarians are sometimes in competition with private veterinarians and that their activities must thus be controlled.
90. The Delegate of South Africa expressed the view that privatisation was a positive process when countries could afford to implement it. Another aspect which must be taken into consideration was the difficulty of areas with low density of livestock resources.

91. The Delegate of Algeria raised the issue of the relationship between the decrease in personnel budgets and the improvement of service delivery. He noted that most African countries suffer from budgetary constraints and that personnel budgets have decreased, sometimes without the corresponding improvement in services. He was of the opinion that it was not necessary to reduce personnel budgets in order to improve the R1 ratio, but rather to optimise operational costs.

92. The Delegate of Ghana remarked that traditionally veterinary services were free in many countries. He said that the privatisation of veterinary services has become necessary only because governments no longer have the funds to cover the costs of such activities. Possessing livestock in Africa indicates wealth and a positive image in society; those with large numbers of livestock should therefore be in a position to pay the price of the services they receive. In Ghana, privatisation is being met with some resistance, and it is necessary to change attitudes toward this resistance.

93. The Delegation from Mali felt that it was necessary to nuance the evaluation of 'mixed results' that was made concerning the public sector, which had already largely proven its efficiency in the past. The Delegation requested further information on the role of livestock producers in the process of structural adjustment before passing judgement on the services of veterinarians. Finally, the representative from Mali commented that most African countries do not accord sufficient resources towards their livestock services.

94. The Chairperson of the Session congratulated the rapporteur on his presentation and commented that it was very difficult to treat the question of structural adjustment solely within the field of livestock development. He agreed that it was obvious that structural adjustment programmes had positive results on national economies. At the social level, however, the impact has been negative, encouraging rural exodus and an increase in the cost of input factors. One cannot say that improvements in the delivery of veterinary services are due solely to structural adjustment programmes. Nevertheless, these programmes have done much to better certain input factors in the field of livestock development, such as the improved provision of veterinary drugs.

95. In response to the various questions asked, Dr Gauthier began by stating that the subject of structural adjustment is very large and difficult to
discuss in such a short time. He reminded participants that the objectives of structural adjustment are an increase in production, the well-being of humans and better economic conditions.

96. With respect to the question raised by the Delegate of Algeria, the rapporteur explained that he had used several indicators in establishing his analysis and emphasised that it was not absolutely necessary to reduce budgets to achieve the objectives specified, but that it was certainly essential to re-allocate budget resources. In this way, the R1 ratio indicated in the written document is important in that its reduction can suggest that re-allocation of finances is under way.

97. Concerning the social impact of structural adjustment programmes, it cannot be denied that certain measures have had negative outcomes. However, Dr Gauthier cited a survey conducted among livestock producers in Kenya whose results indicated a high level of satisfaction with the measures currently being implemented. He then mentioned the example of India, where the cost recovery rate was high even among small holdings; this proves that the livestock producers were ready to pay when the services that were delivered were considered necessary and desirable.

98. On the subject of the role of paraveterinarians, the rapporteur clarified that he meant veterinary auxiliary staff, who are often livestock producers themselves. He stressed the need for evolution in veterinary services and that the auxiliaries are the first link in the chain of services. In large areas where livestock density is low, veterinarians must cover large areas, act as specialists and make use of auxiliaries who have lower qualifications but who can nonetheless manage certain problems on a local level, requesting the assistance of the veterinarian when necessary.

99. Dr Yves Cheneau, FAO, stated first of all that the example of African swine fever and peste des petits ruminants which was used by Dr Gauthier to distinguish 'public good' from 'private good' is debatable. He then reminded participants that the Regular Programme of the Animal Health Department of the FAO still includes the study of cases of re-structuring in Member Country Veterinary Services. Results of studies conducted indicate that the effects of Structural Adjustment Programmes have not been entirely negative: certain sectors, notably livestock in semi-urban zones and in high-potential productivity zones, have benefited from private clinical services which are more readily available and better supplied with veterinary drugs.

100. The FAO Representative stressed that the privatisation process and cost-recovery policy, initiated in almost all countries, are often only partial
programmes. In general, real reduction in the numbers of staff in official Veterinary Services, whose means of intervention often remain insufficient, does not occur; in this way, official services conduct their State functions without much efficiency, notably in controlling diseases along borders and in maintaining public health.

101. Dr Cheneau presented certain recommendations with a view to enhancing public sector reforms and transferring more functions to the private sector, while at the same time concentrating the efforts of a reduced public sector on key objectives. Cost recovery must remain central to any reorganisation in the Veterinary Services. He concluded by stressing that it would undoubtedly be necessary for States to continue to offer health and other services to the most underprivileged groups.

102. Dr Walter N. Masiga, Director General of the Organization of African Unity/Interafrican Bureau of Animal Resources (OAU/IBAR), listed various factors which must be taken into account in the study of this issue. First of all, the composition of the new structure to be put in place must be determined and the views of all stakeholders in the question must be considered when developing this new structure. He informed participants that in many countries veterinary authorities did not think that structural adjustment was the best solution to the problems faced by the livestock sectors in African nations. Staff reduction, if it is indeed one of the objectives, must be carried out in a logical manner. Privatisation is practicable, but only where it is commercially viable. However, where the public sector still has a role to play, it is necessary to proceed carefully. Structural adjustment is welcome and can give positive results, but it must be carefully managed and discussed with policy-makers, technical personnel and all other stakeholders, both public and private.

103. Dr Amadou Samba Sidibe (OAU/IBAR) remarked that in Sub-Saharan Africa, even at the beginning of structural adjustment programmes, the number of veterinarians was insufficient when compared with the existing animal units (FAO definition). The same could be said for budgetary resources allocated to the agricultural sector. It has never been suggested, however, to allocate further budgetary resources to the public sector, resulting in a lack of growth in the personnel sector and unemployment for many young veterinarians. The notion of 'public' and 'private' goods is essential and private veterinarians must be able to intervene in both of these domains. However, defining policy and strategies for disease control (public and private goods) must remain the responsibility of national and decentralised authorities. In conclusion, Dr Sidibe asked Dr Gauthier to serve as spokesman for the participants of the Conference so that the necessary human and budgetary resources be allocated to the livestock sector in order to improve animal production.
104. The Delegate of Senegal reiterated that in many unstructured and decentralised Veterinary Services, it was difficult to identify those individuals responsible for specific issues. The single chain of command is essential; clarifications must therefore be made at present so that individuals feel responsible for their sector of activity within Veterinary Services.

105. Dr Gauthier began by answering Dr Cheneau that he did not consider peste des petits ruminants to be a 'private good' but rather a 'local good', which meant that the disease could very well continue to be considered as important for State Veterinary Services. He then admitted that his presentation did not fully treat the problem of 'de-structuring' in the veterinary services. New structuring must take place according to priorities established by each country. Decentralisation has occurred and is not necessarily negative; studies must be conducted to determine which activities should remain centralised in the public sector and which should be decentralised.

106. The Chairperson thanked participants for their active contributions to the discussions and congratulated Dr Gauthier on his excellent presentation. He then asked Drs François Abiola, Yves Cheneau, Ajapisim G. Kankoh, Mamadou Kané, Walter N. Masiga and Jonas N. Melewas to join him and Dr Gauthier to prepare a draft recommendation on Technical Item I.
Wednesday, 27 January 1999

ITEM II

Indications for the implementation of stamping-out measures for animal disease control in Africa

107. The Chairperson of the Session, Dr Ajapisim G. Kankoh, introduced Dr Kereng V. Masupu, Rapporteur for this Item, and called upon him to present his comprehensive report.

108. Dr Masupu mentioned the three facets of disease control: prevention, control and eradication, and discussed stamping-out measures, especially as described in the OIE International Animal Health Code. He then outlined the factors to be taken into consideration when deciding to implement a stamping-out policy.

109. The Rapporteur recalled that a questionnaire was sent to all OIE Member Countries in the region to establish statistics on their livestock populations, recent animal disease outbreaks, contingency plans which are in place in the event of a disease outbreak and the issue of costs and compensation. He presented a synthesis of the information received, with an emphasis on the use of stamping-out.

110. Dr Masupu then gave a detailed history of the fight against contagious bovine pleuropneumonia in Botswana, which began in February 1995 with the introduction of the disease from a neighbouring country. Using a map of Botswana and several slides, he described how the disease was finally eradicated in December 1996 solely through the implementation of stamping-out measures on the diseased and contaminated animals. The major constraints encountered during eradication were financial and administrative (delays in compensation), technical (serological diagnosis, field work), and institutional (cooperation between different parts of the government).

111. Dr Masupu concluded his presentation by summarising the difficulties generally facing African Veterinary Services in relation to the implementation of stamping-out.

Discussion

112. The Chairman thanked Dr Masupu for his report and invited discussion from the floor.
113. The Delegate of Guinea described the situation in his country and the way in which the number of outbreaks of contagious bovine pleuropneumonia (CBPP) diminished from 36 in 1997 to 5 in 1998 through the use of stamping-out, livestock movement control and ring vaccination (using T44). Animals were slaughtered without government compensation and the unseized parts of the carcasses were sold by the producers themselves. No re-population policy was assured by the veterinary authorities. The Delegate of Guinea requested information on the compensation accorded by Botswana, on the means for re-population and on the time lapse between slaughter and re-population.

114. The Delegate of Egypt requested clarification on the validity of the Complement Fixation Test to distinguish infected or exposed animals from healthy ones.

115. The Delegate of Ghana wished further information on the origin of animals used for re-population and on who was responsible for re-population.

116. The Delegate from Morocco congratulated the rapporteur on his presentation and requested corrections on several figures in his report with respect to the table on average animal populations for the region. Concerning the proportion of the livestock sector in the economy of his country, he asked the rapporteur to take into consideration the notion of added value rather than gross domestic product. He also considered that a cost-benefit analysis of stamping-out and vaccination would have been useful. It is preferable to work on programmes which are well-defined, where clear figures exist and where parameters are known. Stamping-out was not a purely technical problem but rather a financial one, and must be treated globally. He concluded that the essential issue for veterinarians was to convince financial authorities that the choosing stamping-out was preferable to opting for other methods.

117. In regard to the question concerning the size of animal populations mentioned in his report, Dr Masupu answered that the figures were averages. He thought that a cost-benefit analysis would have been useful if reliable figures could have been obtained for all African countries. However, establishing the value of an animal is difficult in the majority of African countries when one takes into account various social and cultural factors.

118. Prof. Ayayi Akakpoh, from the Ecole inter-Etats des sciences et médecine vétérinaires, requested clarification on the origin of CBPP in Botswana, whether wild animals had been involved and what measures for re-population had been taken. He added that there were many difficulties to
overcome in the context of stamping-out: technical, financial, material and social. It was certain that if compensation were not offered, stamping-out measures and other disease control could not be adequately applied. Financial authorities must be convinced that the money they spend will ensure the application of the necessary sanitary measures. Full cooperation on the part of producers must be ensured, and for this the producers must be made aware of existing programmes and the ramifications of the disease control measures being proposed.

119. The Delegation of Mali asked on what scientific basis the FAO advised the use of the T44 vaccine against CBPP. The Delegation further remarked that there was little expertise on this disease, contrary to rinderpest. In the absence of efficient vaccines, CBPP must be fought through stamping-out, as it is a disease without borders. He requested that the conclusions of the FAO/OIE Regional Workshop for the Control of CBPP in Western Africa held in Nouakchott (Mauritania) in February 1998, which recommended the best strategy for eradicating the disease, be widely disseminated.

120. Dr René Bessin, Regional Coordinator of the Pan African Rinderpest Campaign (PARC), OAU/IBAR, commented that an evaluation of risk factors must be taken into account and that conditions for re-population after slaughter be defined. A second aspect to be considered is the economic basis for the implementation of stamping-out measures. He concluded by stating that in western Africa a regional control programme for African swine fever, which is emerging in the region, was necessary. Stamping-out would play a central role. Dr Bessin then stressed the necessity of updating the regional strategy of control of CBPP in western Africa, as recommended at the Nouakchott meeting.

121. The rapporteur again showed a map of Botswana to illustrate the regional control zones in place in this country. He indicated the original CBPP outbreak zone and the defence zones set up around this zone. He further explained the establishment in Botswana of a 'double cordon fence'. A total of 320 000 animals were slaughtered and the government of Botswana undertook measures to re-populate the area with a total of 70 000 animals. The majority of the animals used for re-population originated in Botswana but some were imported from Namibia and South Africa. He spoke of the difference between interpreting test results and actually deciding to implement stamping-out, the latter depending on many more factors than simply the results of laboratory tests. Falsely positive results were common.
122. In response to the question from the Delegate of Mali, Dr Masupu explained that the T$_{SR}$ vaccine was also used in the outbreak in Botswana.

123. The rapporteur insisted that compensation was necessary when using a stamping-out policy, and did not agree that compensation should be based solely on the market value of the animals slaughtered. In this way, very young animals in Botswana were compensated at a rate higher than the market value to ensure that owners gave all their infected animals for slaughter, thereby affording the highest chances for eradicating the disease. At the beginning of the eradication programme, compensation rates in Botswana were calculated on a basis of 30% cash and the remainder in CBPP-free animals, the compensation for each animal being approximately USD 200.

124. The Delegate of Zimbabwe agreed that stamping-out definitely constituted a valuable option for veterinarians and that choice of such a policy must be based on a cost-benefit analysis and the possibility for compensation. Disease-preparedness plans should be setup and emergency funds set aside and developed in order to maintain the possibility for choosing between several control methods.

125. The Delegate of Kenya stressed the need to involve professionals other than veterinarians in the choice of the disease control method to be adopted. Social and environmental factors must be taken into consideration in addition to technical veterinary concerns.

126. The Delegation from Côte d'Ivoire indicated that stamping-out had been used in his country for African swine fever. In 1996, an outbreak of this disease, previously virtually unknown in this country, occurred in an area with a high density animal population. The government had to make a decision on the control method to be adopted, taking into account the fact that the pig production constituted 15% of domestic food production. The approach adopted was to convince producers of the necessity to slaughter and the assistance of the FAO was requested. A control cell was established and coordination between the relevant Ministries was organised. The infected zone was cordoned off and a temporary ban placed on the consumption of pork in the country. Awareness programmes were set up with the cooperation of all levels of government. An epidemiological survey was conducted with the assistance of the FAO. It was estimated that approximately 95% of the animals tested had been touched by the disease (110 000 animals of a total of 120 000 were slaughtered).
He continued by explaining that after stamping-out measures were taken, premises were disinfected, sentinel animals used and serological controls conducted. Continuing education for producers was offered. Compensation amounted to USD 3 million. Four hundred thousand USD were spent on operational costs and a total of USD 6 million was allocated for re-population. Nevertheless, the social impact of the measures adopted was considerable and the effect on surrounding countries was not negligible. In retrospect, the Veterinary Services of Côte d'Ivoire have gained valuable experience in the control of a major epizootic disease. This has important consequences for education and training, as well as the improvement of laboratory services; this was evident, for example, during the recent rabies outbreak. In order to avoid a new outbreak of this type, preventive measures are being taken and awareness of the dangers of animal disease has increased.

The Delegate of Algeria pointed out that Africa currently needs an example of stamping-out: how to implement such a policy and what are its consequences. Each country should have a guide to follow to implement stamping-out, and the OIE and FAO have an important role to play in the drafting of such guidelines.

The Representative of the FAO began by congratulating both the rapporteur on his presentation and the Government of Botswana for its courage in applying stamping-out measures on such a large scale. The principal constraint in the use of stamping-out is success. The measures must succeed as the cost is great. When a decision is taken to stamp-out a disease, all efforts should be made to apply the policy as fully as possible and every measure taken to ensure its success. He added that the EMPRES programme (Emergency Prevention System) could also assist Veterinary Services in implementing preventive measures for the introduction of exotic disease agents and in fighting animal diseases. The legislative framework and the Veterinary Services must be organised in such a way that policies can be properly applied, whether the policy adopted be vaccination or slaughter. Dr Cheneau reiterated that the FAO was ready to assist all countries in the region in their choice of policy and in the organisation of their services.

The Delegate of Mauritania insisted that governments must be made aware of the necessity for establishing contingency funds when voting national budgets. He also pointed out that the context in Botswana was very different from that of other countries on the continent.

The Delegation of Mali joined the FAO in congratulating the government of Botswana for its decision, as the crucial element for success in stamping-out when used as a control measure against animal diseases is
first and foremost the political will of the interested governments. Furthermore, the Delegation requested further information on the size of herds, the type of livestock production and the measures used against natural pathogen reservoirs, such as wild buffaloes.

132. The Delegate of Botswana admitted that certain plans to control CBPP in the region which have been drafted have not been put into practice mainly due to a lack of funds and the situation of surrounding countries. Farmers have asked the Botswana Veterinary Services why they did not prepare properly for the disease when they were aware that the disease existed in neighbouring Namibia. Furthermore, there was little existing information on how to go about implementing the stamping-out policy and on the steps to take and the stage at which these steps should be taken. The fact that the disease was introduced in only one zone of the country lent support to the adoption of stamping-out. He insisted that once a stamping-out policy was adopted, it was necessary to run the programme right to the end, and not choose halfway through to adopt a different prophylactic strategy.

133. The OIE Director General gave additional information on the Complement Fixation Test, which is a more efficient test at the herd level than for individuals, and informed participants that it was the existing test which had the fewest flaws according to the OIE Standards Commission. Furthermore, he reminded Delegates that the OIE has an emergency fund which is not always used by Member Countries; for example, in 1998 the fund was not used. While the OIE does not have extensive funds available, they could be implemented rapidly to initiate control activities in a given country. This financial assistance is complementary to other sources of funding, notably that provided by the FAO, which, while they may be greater, might not always be as readily and rapidly dispensable.

134. The Delegate of South Africa explained that wild buffaloes in Kruger National Park constitute a reservoir for a number of different diseases. A CBPP outbreak in more rural areas of South Africa would be similar to the situation in Botswana. Other methods such as insurance policies should be looked into for compensation when a stamping-out policy is to be followed.

135. Dr Bouna Diop of Senegal sought information from the rapporteur on the existence of insurance policies which could partially cover costs of slaughter.

136. The Delegate of Botswana replied that there was no insurance for cattle in his country. In Botswana, the only collateral allowed for insurance was fixed assets, and not moving assets such as cattle.
137. The Delegate of Algeria described the situation in his country with respect to insurance. Insurance exists and the Government can render insurance coverage obligatory under certain circumstances. Furthermore, the funding of Veterinary Services is ensured by a special fund financed, in part, by specific taxation on animal products.

138. Dr Gauthier requested further details on the actual cost of the application of stamping-out in Botswana. A number of aspects must be taken into consideration, especially in maintaining the benefits gained by implementation of the stamping-out policy.

139. Dr Masupu raised the issue of consultation with professionals other than veterinarians. A group of specialists from many different fields, including the social and environmental domains, has been put into place in the areas affected by stamping-out.

140. The Chairman concluded the meeting and called for a committee to be formed to assist Dr Masupu in drafting a recommendation on Technical Item II. The committee was formed by Prof. Ayayi Akakpo and Drs Daouda Bangoura, Mokhtar Fall, Mostafa Ramadan and Abdelhaq Tber.

Presentations by international organisations

141. Dr Emily M. Mogajane, Chairperson of this session, invited presentations from international organisations.

Food and Agriculture Organization of the United Nations

142. Dr David Nyakahuma, Associate Professional Officer with the FAO Regional Bureau for Africa, described the epidemiological situation of African swine fever (ASF) in western Africa. This situation has significantly deteriorated over the last two to three years through:

a) new introduction of the ASF virus to Benin and Togo and the rapid spread and activation of the disease in the countries where the disease endemically existed, such as Cape Verde, or probably existed, such as Nigeria;

b) activated foci of endemicity, such as in Gambia, Guinea-Bissau, Senegal and possibly Cameroon;
c) the danger of infection for ASF free countries: Burkina Faso, Ghana, Guinea and Liberia and re-introduction of the disease into Côte d'Ivoire (where it was eradicated in 1996);

d) the potential constraint for ASF surveillance and control in the area, namely political instability in the Democratic Republic of Congo, Guinea-Bissau and Togo.

143. According to Dr Nyakahuma, governments should formulate national programmes for ASF control and eradication through the establishment of early warning and emergency preparedness plans in accordance with the principles of EMPRES, the implementation of an improvement policy for traditional systems of breeding to counter the problem of free ranging pigs and the promotion of research in line with EMPRES.

Organization of African Unity/Interafrican Bureau for Animal Resources

144. Dr Walter N. Masiga, Director of the Organization for African Unity/Interafrican Bureau for Animal Resources (OAU/IBAR), stated that in Sub-Saharan Africa, population growth is 2.7% per annum, which is higher than the increase in animal production. Increasing meat and milk production in Africa is a priority for the member States of the OAU. Animal health constraints, however, and in particular the major epizootics, hamper the development of animal production.

145. The OAU Representative remarked that IBAR's achievements indicate that the whole of western and central African regions are rinderpest-free and have stopped vaccinating. In eastern Africa there have been notable improvements and rinderpest is apparently confined to a few foci in southern Sudan.

146. As far as contagious bovine pleuropneumonia was concerned, Dr Masiga recalled that IBAR has been involved in research programmes in cooperation with six European and five African laboratories. This research has resulted in the development of more effective and accurate diagnostic techniques. IBAR continues to stimulate and coordinate research and control activities for tsetse and trypanosomosis in the OAU member States. The Regional Tick and Tick-borne Diseases Control Programme for eastern and southern Africa is also under way.

Southern African Development Community

147. Dr Raborokgwe, Sector Coordinator, Animal Health and Livestock Production, Southern African Development Community (SADC), briefly outlined the composition and activities of this organisation, in which 14
countries in the region participate. Its main objectives are to achieve sustainable development and sanitary security and improve livestock production, breeding methods and stock grades.

Discussion

148. The Delegate of Kenya thanked the various representatives of the international organisations present and requested information regarding the 'minimal level of preparedness' necessary for animal health emergencies. Furthermore, he requested information on achieving better coordination between national veterinary authorities and national wildlife authorities.

149. The Delegate from Mali requested the assistance of the international organisations in the fight against trypanosomoses and its vectors in Mali. Onchocercoses have been eradicated from fertile land which is not yet used, or is under-used, for livestock and agricultural purposes.

150. The Delegate of Botswana congratulated Dr Masiga (OAU/IBAR) on his organisation's success in the eradication of rinderpest. He noted that southern African States have been somewhat neglected by OAU/IBAR and hoped that under the new PACE programme there would be more interaction between this international organisation and the countries of southern Africa.

151. Dr Cheneau expressed the view that there was no real 'minimal level of preparedness'; a country was ready for an emergency situation or it was not. The cost of not being ready in advance is much greater than the cost of maintaining preparedness before a major disease outbreak.

152. Dr Masiga observed that the issue of preparedness for animal health emergencies had been the subject of much discussion between OAU/IBAR and the FAO. He added that his organisation felt very concerned about trypanosomosis and was taking several initiatives to control this disease.

OIE Regional Representation for Africa

153. Dr Jean Blancou, the Director General of the OIE, reminded participants of the objectives, the mandate and the rules for OIE Regional Representations. The major objective is to offer Member Countries in a specific region certain services which are better suited to the needs of the region. He outlined the role of the Regional Coordinator and recalled the difficulties in offering specific regional services from OIE Headquarters
in Paris. He described the rules for establishing a Regional Representation in terms of finances and organisation. He then outlined the functioning of the Regional Representations currently established. He evoked the possibility of a cooperative programme between the OIE and OAU/IBAR for the establishment of a common office in Bamako (Mali). The OIE Director General then asked Dr Masiga or Dr Sidibe to confirm whether or not the PACE programme foresaw the establishment of a common office for the two international organisations. In conclusion, he insisted that if a Regional Representation were established in Bamako, its vocation would be continent-wide and its services offered to all countries in Africa.

154. Dr Masiga began by thanking the Director General of the OIE for having proposed closer collaboration between the two organisations. He then briefly reminded participants of the history of the establishment of a common office. He confirmed that setting up this office was indeed in accordance with the objectives of the PACE programme and that funding could be provided under that programme. He also explained the reasons behind the choice of Bamako as the host city for the Regional Representation.

155. The Delegate of Botswana recalled that OAU/IBAR and OIE had been mandated to look for funding to establish the Representation and was happy to hear that funding had been secured. He wondered what would happen to the Representation in three years if the European Union decided at some point in time to discontinue its funding of this initiative through the PACE programme. He questioned the setting up of an Representation when there already exists certain facilities at the OAU/IBAR office in Nairobi and stated that activities of the OIE Regional Representation could be based there, thereby favouring continuation if ever the sources of funding changed.

156. The Delegate of Tanzania observed that the most important problem in setting up this Representation was of a financial nature. He requested further information on the size of the budget of the Representation and the number of employees foreseen. He also questioned the relationship between the funding organisation with respect to the actual activities and independence of the Regional Representation.

157. The Delegate of Algeria congratulated OAU/IBAR and the OIE on their excellent initiative in proposing the establishment of a Regional Representation for Africa, and thanked Mali for its agreement to host the office of the Representation. He observed that the other Representations of the OIE did not have indefinite funding either and was sure that if one
source of funding ran out in the future, another could most certainly be found.

158. The Delegate of Ghana observed that the OIE and OAU/IBAR were two separate organisations that could be housed in one office building, but he doubted whether OAU had the capacity or even any obligation to sustain the OIE financially.

159. The OIE Director General took the floor again to give additional information on the technical questions raised concerning the Representation. He confirmed that none of the existing Representations had found a solution to fund its activities permanently. The minimal requirement of three years’ financing allows the Representation to prove itself, and experience has shown that if the services offered are deemed sufficiently worthy, further funding has always been found. With respect to the staff of the Representation, there is one coordinator (or possibly a second veterinarian, depending on the amount of financing available) and a secretary, usually part-time. The remainder of the funding required is used for the operation of the Representation and for financing its programmes within the region. He added that the coordinator receives his or her instructions directly from OIE Central Bureau in Paris, and works in close collaboration with both the Central Bureau and the Member Countries of the region.

160. Dr Sidibe explained that in his capacity as past President of the OIE International Committee, he had witnessed the functioning of the various Regional Representations of the OIE. He recalled his efforts and those of the Director General in securing funding for the OIE Representation for Africa. The PACE programme, funded by the European Union, will offer the most promising framework to accomplish this initiative in Mali. He particularly insisted on the necessity to provide further training courses in African countries in order to keep them abreast of the evolutions brought about by the activities of the World Trade Organization.

161. Dr Hargreaves, President of the Regional Commission, reiterated that in the choice of a location for an office, it was difficult to please everyone, but that it was perhaps most useful at this time to follow the current initiative, which appears the most promising.

162. The Delegate of Ghana concluded that the choice appeared to be between an office in Bamako and an office in Nairobi but that the OAU/IBAR and the location of its offices had nothing whatsoever to do with the establishment of an OIE Regional Representation.
163. Dr Masiga reminded participants that his initiative and comments reflected the views of OAU authorities.

164. The Delegate of Botswana expressed his complete agreement with the idea that it was time to establish this Representation. His only concern involved the sustainability of the Representation on a long-term basis.

165. The Delegate of Côte d'Ivoire summarised once more the situation by stating that all Delegates agreed with the need to establish the Representation but that some countries wished that the Representation be closely associated with OAU/IBAR. He considered that the major question was one of the sustainability of the Representation, but admitted that this was perhaps an issue best addressed at the end of the first three-year financial period.

166. Dr Sidibe stated that the objectives of the two international organisations were different but nonetheless complementary; in this way, cooperation between the OIE Regional Representation and the OAU/IBAR office in Bamako would be strengthened through the participation of epidemiological and communication units already present in the Bamako office.

167. The Chairperson of the Session suggested that further discussion needed to be undertaken on this subject and that it could perhaps be put on the agenda of the next meeting of the Regional Commission, to be held in Paris in May 1999.

168. The OIE Director General proposed that a draft Recommendation on this issue be distributed to Delegates.

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

169. The drafts of Recommendations Nos 1, 2 and 3 were presented to the participants and put forward for discussion. Delegates from Algeria, Botswana, Côte d'Ivoire, Egypt, Ghana, Kenya, Mali, Mauritania, Morocco, Senegal and Zimbabwe, along with the representative from the FAO, actively participated in the discussion. Recommendation No. 3 was adopted (Appendix VI) and it was decided to re-examine and vote on the other two draft Recommendations on Friday morning.

**Date and venue of the 14th Conference of the OIE Regional Commission for Africa**
170. The President of the Conference asked Delegates present if one of their countries wished to host the 14th Conference of the OIE Regional Commission for Africa.

171. The Delegate of Tanzania informed the participants that his Government would be willing to organise the Conference in its country in January 2001. This invitation should be confirmed in May. The participants applauded this proposal. It was suggested that the technical items to be discussed could include the administration of veterinary services in the context of globalisation and the question of inspection and control of animals and products of animal origin.

Thursday, 28 January 1999

Field trips

172. Three professional visits were organised in the morning. Participants chose between trips to the National Veterinary Laboratory, the Inter-State School for Veterinary Science and Medicine, the Wayembam Farm (livestock holding specialised in milk production) and the SEDIMA (poultry farm). In the afternoon, an excursion was organised for all participants to the Island of Gorée, just off the coast of Dakar. These activities were crowned by a reception hosted by the Ministry of Livestock of Senegal.

Friday, 29 January 1999

Adoption of the Final Report and Recommendations

173. The Conference approved Recommendations Nos. 1 and 2 subject to minor modifications (Appendices IV and V). The Draft Final Report was adopted pending certain amendments.

Closing Ceremony

174. Dr Blancou remarked that at the closing of this Conference, the efforts and dynamic character of the members of the Regional Commission had been once again well proven. The study of the results of structural adjustment programmes in Africa and the question of stamping-out certainly yielded valuable information on the choice of policies to be taken for the future in the fight against animal diseases.
175. The Director General of the OIE thanked Dr Niang and his staff for all of their hard work and efforts to organise the Conference and ensure its success throughout the week of meetings. He concluded by thanking the Delegate of Tanzania for having proposed to host the next meeting of the Regional Commission.

176. Dr Hargreaves began by extending his most profound gratitude to the Minister of Livestock from Senegal for having hosted the Conference and most particularly for the wonderful reception hosted on Thursday after the professional visits. All participants will surely return to their countries with fond memories of their stay in Senegal.

177. The President of the Regional Commission then evoked the responsibilities of each Head of Veterinary Service, both within the Regional Commission for Africa and within the general framework of the OIE. He underlined the importance of solidarity among African countries in the improvement of animal health conditions in Africa. After having congratulated Dr Niang for his fine work and all the staff who contributed to the success of the meeting, Dr Hargreaves read out a motion of thanks to the Government of Senegal (Appendix VII).

178. The floor was then passed to a representative of the Minister of Livestock Development, who noted with satisfaction the important work accomplished during the Conference for the successful carrying out of veterinary activities in Africa. He promised that the Authorities of Senegal would carefully study the recommendations that resulted from discussions and reiterated the support of his Government for the establishment of a OIE Regional Representation for Africa in Bamako. The representative of the Minister of Livestock Development concluded by expressing his gratitude to all of the participants present for their cooperation and support, and officially brought the Conference to a close at 1:00 p.m.
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13th Conference of the OIE Regional Commission for Africa
Dakar (Senegal), 26 - 29 January 1999

Agenda

I. The effect of structural adjustment programmes on the delivery of veterinary services in Africa

II. Indications for the implementation of stamping-out measures for animal disease control in Africa

III. Animal health status of Member Countries for the year 1998

IV. Other matters

OIE Regional Representation for Africa

Date, venue and agenda items for the 14th Conference of the OIE Regional Commission for Africa
13th Conference of the OIE Regional Commission for Africa
Dakar (Senegal), 26 - 29 January 1999

Timetable

Tuesday 26 January 1999

8.30 am - Registration and distribution of documents
9.00 am - Opening Ceremony
10.00 am - Break
10.30 am - Election of the Conference Committee
  - Adoption of Provisional Agenda and Timetable
  - Election of Session Chairpersons and Rapporteurs for Technical Items and Animal Health Status
11.00 am - Animal Health Status of Member Countries
12.30 pm - Lunch
2.00 pm - Technical Item I: The effect of structural adjustment programmes on the delivery of veterinary services in Africa (Dr J. Gauthier)
3.30 pm - Break
4.00 pm - Technical Item I (continued)
5.30 pm - (Preparation of recommendations for Item 1 by designated small group)
7.00 pm - Reception given by the OIE
Appendix III (cont.)

**Wednesday 27 January 1999**

9.00 am - **Technical Item II: Indications for the implementation of stamping-out measures for animal disease control in Africa** (Dr K.V. Masupu)

10.30 am - Break (Continuation of preparation of recommendations for Item I if necessary)

11.00 am - **Technical Item II** (continued)

12.30 pm - Lunch (Preparation of recommendations for Item II by designated small group)

2.00 pm - Presentations by international and regional organisations

3.00 pm - OIE Regional Representation for Africa

3.30 pm - Break

4.00 pm - Discussion of recommendations for Items I and II

4.30 pm - Date and venue for the 14th Conference of the OIE Regional Commission for Africa

**Thursday 28 January 1999**

8.00 am - Professional visits

8.00 pm - Reception given by the Ministry of Agriculture

**Friday 29 January 1999**

9.00 am - Adoption of Final Report and Recommendations

10.30 am - Break

11.00 am - Closing Ceremony
13th Conference
of the
OIE Regional Commission for Africa
Dakar (Senegal), 26-29 January 1999

Recommendation No. 1

The effect of structural adjustment programmes on the delivery of veterinary services in Africa

CONSIDERING THAT

The delivery of good quality veterinary services remains a priority in Africa in order to improve animal production, maintain the well-being of the human population and for public health reasons,

The private sector has shown itself capable of carrying out certain veterinary tasks, thereby allowing the public sector to concentrate on State activities, but this sector remains fragile and sometimes insufficiently monitored and supported,

Community livestock workers are necessary for the improvement of animal production in remote and pastoral areas,

The delivery of services for different animal production systems nation-wide is a key issue, both for veterinary care services and drug supply, and necessitates appropriate solutions related to these animal production systems,

Strong veterinary authority with a clear line of command is essential for the control of major epizootic diseases,

Certain public sector activities must be transferred to the private sector,

THE OIE REGIONAL COMMISSION FOR AFRICA
RECOMMENDS THAT

1. The process of privatising specific areas of veterinary services and restructuring the civil service currently in progress be pursued and further strengthened.
2. The public sector support the privatisation process by enlarging the veterinary health mandate, establishing a cost recovery policy for essential services and establishing working and collaborative relations with private sector players in the fields of epidemiological surveillance, training and extension.

3. The setting up and maintenance in practice of private veterinarians be facilitated by providing appropriate legislative frameworks, assuring favourable economic conditions, preventing unfair competition and assisting them to diversify their activities.

4. Community livestock workers also benefit from the setting up of an appropriate legislative framework, adequate continuing education and better integration into animal health networks.

5. Livestock policies contribute to the maintenance of strong veterinary authority with a clear line of command and with adequate financial support based on a better definition and implementation of public sector priorities.

6. These priorities be identified by clearly defining those services considered as ‘public goods’ at regional, national and decentralised levels, explaining how these services are to be delivered and systematically including an economic analysis among the priority selection criteria.

(Adopted by the OIE Regional Commission for Africa on 29 January 1999)
Recommendation No. 2

Indications for the implementation of stamping-out measures for animal disease control in Africa

CONSIDERING THAT

Exotic animal diseases of socio-economic importance may infect susceptible populations,

The long-term cost of control for a given disease significantly exceeds that of the cost of stamping-out, especially towards the end of specific disease control interventions,

For some animal diseases there are no effective alternative control methods currently available,

International trade in livestock and livestock products can be affected by animal diseases,

Certain animal diseases are recognised to have disastrous public health implications,

Certain wild animals can introduce disease in disease-free areas

Livestock in Africa has monetary, cultural and other value,
THE OIE REGIONAL COMMISSION FOR AFRICA RECOMMENDS THAT

1. National legal powers be put in place to enforce the implementation of stamping-out measures.

2. Political support for implementation of stamping-out measures be secured as it is essential to ensure the success of this control method.

3. Financial provisions be made available for adequate compensation for animals destroyed through stamping-out measures.

4. National animal disease emergency preparedness plans be put in place far in advance.

5. The OIE and the FAO cooperate to prepare a technical document specifying practical indications for stamping-out within the framework of the control of animal diseases.

(Adopted by the OIE Regional Commission for Africa on 29 January 1999)
13th Conference of the OIE Regional Commission for Africa
Dakar (Senegal), 26-29 January 1999

Recommendation No. 3
OIE Regional Representation for Africa

CONSIDERING THAT

The OIE has already established a Regional Representations in the Americas, in Asia, in Europe and in the Middle East based on Resolution No. XIX of the OIE International Committee, dated 19 May 1995 and entitled Mandate and Rules for OIE Regional Representations,

The establishment of a Representation for Africa would allow the main objectives of the OIE in this region to be attained, notably the strengthening of both epidemiological surveillance and information and training of the Veterinary Service managers,

The Conference of Ministers responsible for animal production, by Resolution MAR/Res8 adopted at Addis Ababa (Ethiopia) on 1994, invited the Secretary General of the Organization of African Unity (OAU), in collaboration with the Director General of the OIE and in liaison with other international organisations (in particular the European Union) to facilitate the establishment of an OIE Regional Representation in Africa,

The support mission at the Organisation of African Unity/Interafrican Bureau for Animal Resources (OAU/IBAR) for the formulation of a Pan African Program against Epizootic Diseases (PACE) recommended that an OIE Regional Representation be established in Mali within the framework of PACE,
THE OIE REGIONAL COMMISSION FOR AFRICA
RECOMMENDS THAT

The Director General of the OIE, with the interested authorities of the European Union, OAU/IBAR and the Government of Mali, study practical procedures for establishing and operating an OIE Regional Representation for Africa in Bamako (Mali).

(Adopted by the OIE Regional Commission for Africa on 29 January 1999)
13th Conference of the OIE Regional Commission for Africa
Dakar (Senegal), 26-29 January 1999

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 Republic of Senegal, the Host Country of the 13th Conference of the Regional Commission, for the excellent welcome accorded to them and for all facilities made available to them during their stay in Dakar from 26 to 29 January 1999.