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Field Trips

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<tr>
<td>BSE</td>
<td>Bovine spongiform encephalopathy</td>
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<td>BVI</td>
<td>Botswana Veterinary Institute</td>
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<td>CBPP</td>
<td>Contagious bovine pleuropneumonia</td>
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<td>CIRAD-EMVT</td>
<td>Centre for International Cooperation in Agronomic Research for Development - Department of Animal Husbandry and Tropical Veterinary Medicine</td>
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<td>ECU</td>
<td>European Currency Unit</td>
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<td>ELISA</td>
<td>Enzyme-linked immunosorbent assay</td>
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<td>Food and Agriculture Organization of the United Nations</td>
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<td>ILRI</td>
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<td>OAU</td>
<td>Organisation of African Unity</td>
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<td>OIE</td>
<td>Office international des épizooties</td>
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<td>PANVAC</td>
<td>Pan African Veterinary Vaccine Centre</td>
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<td>PARC</td>
<td>Pan African Rinderpest Campaign</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SARCUS</td>
<td>Southern African Region for the Conservation and Utilisation of the Soil</td>
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<td>SEARG</td>
<td>South-Eastern Africa Rabies Group</td>
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<td>VPH</td>
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Introduction

1. On the invitation of the Government of South Africa, the 12th Conference of the OIE Regional Commission for Africa was held in Pretoria from 28 to 31 January 1997.

2. Seventy-five participants attended the Conference from twenty-three OIE Member Countries and six international institutions. The Rapporteurs of Items I and II also participated in the proceedings of the Conference. These were Dr F.X. Meslin, Head of Public Veterinary Health, Division for Surveillance and Control of Emerging and other Communicable Diseases, of the World Health Organization, and Dr H.G. Jäger, Head of Research and Development and Quality Assurance, of Onderstepoort Biological Products in South Africa (Appendix I).

Tuesday, 28 January 1997

Opening Session

3. Dr P.P. Bosman, Chief Director of Veterinary Services and Livestock Improvement at the South African Department of Agriculture and President ad interim of the OIE Regional Commission for Africa, welcomed Delegates and guests to the 12th Conference of the OIE Regional Commission for Africa. He thanked the Honourable Deputy Minister of Agriculture for honouring the opening of the Conference with her presence.

4. Dr Bosman stressed that special inputs were required from the African continent to assist the OIE in its very important role regarding animal health throughout the world. The contribution that livestock - and animals in general - make to the African economy and the welfare of its citizens, should be increased substantially, through the control, even eradication, of diseases. The OIE is positioned to provide guidance and assistance in this regard. The Chief Veterinary Officers of Africa should do everything in their power to optimise animal, veterinary and public health services, in order to promote trade - both in and between countries and the world in general. The effective regulation of veterinary biologicals and therapeutics used in this process, will remain a prerequisite for the protection of human and animal health, as well as the environment.

5. Dr J. Blancou, Director General of the OIE, expressed his gratitude to the Government of South Africa for having invited the Regional Commission to Pretoria and for the very warm welcome accorded to all participants. He reminded the Conference that South Africa, since its adherence to the OIE in 1936 and despite its changing politics and history, has never ceased to
actively contribute to the OIE through the high quality of its technical and scientific work. He stressed that animal and human health services must work together on a complementary basis, which is particularly important in Africa where human and financial resources are limited.

6. The Director General briefly reviewed the significance of the technical items chosen for discussion during the week and wished the countries of the region every success with their Conference.

7. Ms A. Thoko Didiza, South African Deputy Minister of Agriculture, welcomed all Delegates and guests. She described the crucial role that veterinary service delivery plays not only in the control and eradication of animal diseases, but in increasing the well-being and livelihood of all peoples. She mentioned the importance of livestock in African agriculture, and stressed that disease sharply reduces the productivity of livestock in all agro-ecological zones and production systems, and that Veterinary Services must contribute effectively to the overall development of the continent. Privatisation of Veterinary Services was a sensitive issue and required a risk assessment.

8. The Deputy Minister spoke of trade-sensitive diseases and emphasised that failure to control or eradicate them could exclude large parts of the African continent from international trade in animals, despite intensive programmes by the OIE, European Union and Food and Agriculture Organization of the United Nations (FAO) to facilitate and encourage the creation of disease-free zones within countries.

9. The texts of the above speeches were distributed to the Delegates.

**Election of the Conference Committee**

10. The participants elected the following Conference Committee:

    Chairman : Dr P.P. Bosman (South Africa)
    Vice-Chairman : Dr I. Tahirou (Niger)
    Rapporteur General : Dr S.K. Hargreaves (Zimbabwe)

**Adoption of the Provisional Agenda and Timetable**

11. The Provisional Agenda and Timetable were adopted (Appendices II and III).
**Election of Chairmen and Rapporteurs**

12. Chairmen and Rapporteurs were designated for the technical items as follows:

   **Item I:** Dr A. Tber, Chairman  
   Dr R. Samany, Rapporteur

   **Item II:** Dr M. Raborokgwe, Chairman  
   Dr D. Bangoura, Rapporteur

   **Item III:** Dr J.K. Obinim, Chairman  
   Dr R.S. Nxumalo, Rapporteur

**Animal Health Status of Member Countries**

13. Dr J.K. Obinim, 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 since the 64th General Session of the International Committee of the OIE.

14. The animal health situation in the region can be summarised as follows, according to the reports, written or spoken, presented to the Conference.

**List A diseases**

**Foot and mouth disease**

15. In 1996, as in 1995, foot and mouth disease (FMD) was not reported in North Africa. The disease did, however, occur in western Africa: Benin, southern Burkina Faso, Côte d'Ivoire and Ghana (virus type A), Mali (virus type A) and Niger; central Africa: Angola, Chad and Zaire (virus type SAT 2); eastern Africa: Eritrea and Ethiopia (virus type O), Kenya (virus types A and C), Tanzania (virus type SAT 1) and Uganda (virus types O and SAT 2); southern Africa: Zambia.

16. In Uganda, FMD is endemic in the south of the country. Control measures against this disease include observance of cattle movement regulations, vaccination of all cattle using serotypes A, O and SAT 2, and also quarantine in areas affected by outbreaks. These measures are undermined by transhumance and illegal crossborder movements of livestock. During the recent outbreaks, serotypes O and SAT 2 were isolated.
17. In Zaire, foot and mouth disease circulated in the South Kivu region, in non vaccinated cattle introduced from a neighbouring country.

18. In Zambia, four herds in a village in Sesheke district (in the south-west of the country) were affected.

19. In South Africa, the zone in which FMD is considered to be enzootic comprises the Kruger National Park and neighbouring private reserves.

20. An outbreak of the SAT 3 strain was reported for the first time in the Arusha region of Tanzania.

21. The disease was suspected in Mozambique in a herd on a private rearing farm, but was only manifested by serological reactions.

**Rinderpest**

22. Kenya reported the existence of rinderpest within its territory in 1996. An outbreak was clinically diagnosed in April in a pastoral grazing area in the north-eastern province. The results of laboratory tests were, however, inconclusive. Moreover, attempts at virus isolation were unsuccessful. In October, several herds of buffalo (*Syncerus caffer*) and eland (*Taurotragus* sp) in the Nairobi National Park were affected, but no cases were observed in livestock in the districts surrounding the National Park. During each of these episodes, a vaccination campaign was carried out as a preventive measure. Vaccination of cattle is being pursued by the Veterinary Services in the area at risk: 700,000 cattle of a total of 1,000,000 have been vaccinated in the area at risk, reaching the Tanzanian border.

23. In September 1996, Eritrea modified its programme of rinderpest control: the country is now divided into an epizootic zone where vaccination is no longer practised, and a sanitary cordon where vaccination is maintained.

24. The Delegates of Egypt, Guinea and Senegal declared their countries ‘provisionally free from rinderpest’, indicating that all vaccination had stopped. The Delegate of Burkina Faso stated the intention to make a similar declaration in the near future.

**Peste des petits ruminants**

25. In 1996, peste des petits ruminants was reported in the following countries: Benin, Burkina Faso, Côte d'Ivoire, Eritrea, Gabon, Ghana, Niger and Senegal.
26. In Guinea, 56 outbreaks were reported on 31 December 1996: 1,147 animals were affected and 555 died.

27. Burkina Faso and Eritrea have both indicated that they use rinderpest vaccine to vaccinate small ruminants against peste des petits ruminants.

Contagious bovine pleuropneumonia

28. Contagious bovine pleuropneumonia (CBPP) continues to be a major concern for the African continent, with the exception of northern Africa.

29. The list of countries having reported outbreaks in 1996 is as follows: in western Africa: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Mali, Mauritania, Niger; in central Africa: Angola; in eastern Africa: Kenya and Uganda; in southern Africa: Botswana and Namibia.

30. In Burkina Faso, the disease chiefly affected transhumant cattle, which had not been vaccinated for several years.

31. In Guinea, a mass vaccination campaign began in September 1996 in the infected zone and along the sanitary cordon that borders it. On 31 December 1996, 24 outbreaks were declared: 61 animals were affected and 58 died.

32. In Zaire, pleuropneumonia is of particular concern to animal producers in the sub-region of Ituri (Upper Zaire). In contrast, the North and South Kivu regions are reported to be well protected.

33. In Namibia, where the disease is enzootic in the north of the country, vaccination has been suspended.

34. In Botswana, the entire bovine population in the CBPP control zone (Ngamiland district) has been slaughtered. Fences have been erected to separate zones of different disease status to allow strict control of cattle movements.

35. Due to the appearance of the disease in neighbouring countries, Malawi and Zimbabwe have strengthened surveillance activities on their borders.

36. Vaccination continued in Tanzania, especially to protect neighbouring countries (Malawi and Zambia); however, the vaccine does not appear to be very effective.
**Lumpy skin disease**

37. In 1996, the distribution of lumpy skin disease in Africa remained virtually identical to that of the previous year. It should nevertheless be noted that Côte d'Ivoire, which had not experienced any outbreaks since 1988, reported three outbreaks in 1996. In Guinea, however, no outbreaks have occurred since the beginning of 1996.

**Rift Valley fever**

38. Mozambique and Zambia are the only countries to have mentioned the existence of Rift Valley fever within their territories in 1996. This disease was also suspected in Malawi, but the results of serological tests were inconclusive.

39. In Senegal, serological surveillance for Rift Valley fever is continuing and is now being conducted in the Senegal river valley and the Ferlo.

40. A serological survey carried out on 10,000 animals in Madagascar, revealed that 73 of them had antibodies, of which some were type IgM (signifying recent infection). However, no clinical cases were noted.

**Bluetongue**

41. In 1996, the only notable event in Africa involving bluetongue was the marked increase of outbreaks reported in South Africa (139 from January to October 1996, compared to only 61 during the whole of 1995). The disease was also reported in Lesotho.

**Sheep pox and goat pox**

42. The following African countries reported the presence of sheep pox within their territories in 1996: northern Africa: Algeria, Morocco and Tunisia; western Africa: Burkina Faso and Niger; eastern Africa: Eritrea.

43. In the three northern African countries listed above, the incidence of the disease appears to be in marked regression. Algeria is planning to achieve eradication of the disease by the year 2000. In 1996, as in 1995, vaccinal cover in Morocco exceeded 80%.
African horse sickness

44. Following the heavy summer rainfall and hot climatic conditions experienced in South Africa in 1996, morbidity and mortality due to African horse sickness were higher than in previous years (87 outbreaks from March to July 1996, compared to a total of 5 outbreaks in 1995).

45. The following countries also reported the presence of the disease within their territories in 1996: Botswana (one outbreak), Mozambique, Namibia, Senegal (one outbreak), Zimbabwe.

African swine fever

46. In South Africa, two properties situated outside the African swine fever control zone were affected by the disease in February 1996. Illegal movements of swine out of the control zone appear to have been the cause of this episode.

47. In Côte d'Ivoire, where African swine fever had never been observed, the disease was reported to be present on a continual basis from May to October 1996.

48. The other countries that reported the presence of the disease within their territories in 1996 are the following: Angola, Malawi, Mozambique, Uganda, Senegal and Zambia.

Classical swine fever

49. Madagascar is the only African country where classical swine fever was reported in 1996.

Highly pathogenic avian influenza

50. Niger is the only African country to have reported highly pathogenic avian influenza in 1996 (eight outbreaks in January).

Newcastle disease

51. As in previous years, many African countries were affected by Newcastle disease in 1996.
List B diseases

**Anthrax**

52. The following countries reported anthrax within their territories in 1996: Angola, Benin, Burkina Faso, Ghana, Lesotho, Madagascar, Mali, Morocco, Namibia and Chad.

53. Guinea reported 7 outbreaks in sheep, with 28 deaths, and 5 outbreaks in goats, with 30 deaths.

**Rabies**

54. In South Africa, the rabies situation appears to have worsened in the province of Kwazulu-Natal and in some districts in the province of Mpumalanga.

55. In Algeria, 30% fewer outbreaks were recorded in 1996 than in 1995.

56. In Zaire, there was a recurrence of the disease.

57. In Angola, there were over a hundred human victims of the disease in the provinces of Luanda and Kwanza-Sul.

58. In Namibia, an abnormal peak in incidence was observed in 1996. This is thought to have resulted from drought conditions increasing the movement of jackals, the main vector of the disease.

59. In Swaziland, only 25 cases were diagnosed in animals in 1996, compared to 62 cases in 1995.

60. Tanzania also reported cases of rabies within its territory.

**Paratuberculosis**

61. Outbreaks of paratuberculosis were reported in sheep, mostly of the merino breed, in several provinces of South Africa. To date, no confirmation of the disease has been obtained in cattle sharing the same pasture as the affected sheep.
Bovine brucellosis and tuberculosis

62. In Algeria, there is a pluriannual programme of bovine brucellosis and tuberculosis prophylaxis.

63. In Morocco, the national brucellosis control programme did not achieve its objectives. As a result, the country is considering a new strategy.

64. Brucellosis was detected in Mali, in herds of dairy cattle located in the vicinity of towns. Tuberculosis was also present in these herds.

65. Ghana also launched a control programme for these two diseases in dairy herds on the outskirts of towns.

66. In Botswana and Namibia, the incidence of brucellosis in dairy cattle is sporadic.

67. Bovine tuberculosis is enzootic in Malawi and Zaire. In Angola, a few cases were detected by tuberculin testing.

68. Experimental vaccination of 220 cattle will be undertaken with the BCG ("Bacille Calmette-Guérin") vaccine produced by the Institut Pasteur in Antananarivo.

Haemorrhagic septicaemia (bovine pasteurellosis)

69. Benin, Burkina Faso, Ghana, Guinea, Mali and Senegal made mention in their reports of losses due to haemorrhagic septicaemia.

Parasitic diseases of cattle

70. Haemoparasitic diseases of cattle, such as anaplasmosis and babesiosis (Botswana, Lesotho), heartwater (Botswana, Zimbabwe) theileriosis (Botswana, Malawi, Zimbabwe) and trypanosomosis (Angola, Benin, Namibia, Zaire), remain a serious problem.

Caprine and ovine brucellosis

71. In South Africa, the measures to control brucellosis in goats and sheep implemented in the provinces of Kwazulu-Natal and Mpumalanga have allowed the disease to be eradicated.

72. The disease remains enzootic in Libya.
73. Nearly 27% of goats farmed in the south of Swaziland presented antibodies against *Brucella melitensis* on initial investigation. Subsequent survey results reveal about 2% infection in the south of Swaziland.

**Contagious caprine pleuropneumonia**

74. Contagious caprine pleuropneumonia, which was introduced into the west of Eritrea in July 1995, has spread throughout the country. It has affected, and resulted in the death of, a considerable number of animals.

**Equine viral arteritis**

75. In South Africa, equine viral arteritis is widespread among donkeys, but the risk of disease transmission to horses is thought to be low. Serological surveys are to be carried out to confirm this hypothesis.

**Enterovirus encephalomyelitis**

76. In Madagascar, the enterovirus encephalomyelitis eradication project has entered the pilot phase. A comparison of two vaccines is currently being carried out, of which one is produced in Madagascar and the other in the Czech Republic.

**Dourine**

77. The disease was reported in horses in Lesotho.

**Avian diseases**

78. The following avian diseases were reported by Member Countries to be a serious problem: infectious bursal disease (Angola, Ghana, Guinea, Malawi), fowl cholera (Madagascar), Marek’s disease (Algeria) and fowl pox (Benin).

**Other diseases**

**Blackleg**

79. Losses due to blackleg were referred to in the reports from Angola, Benin, Botswana, Guinea, Madagascar, Malawi, Mali and Morocco.
Fascioliasis and schistosomiasis

80. Mortality resulting from fascioliasis and schistosomiasis still occurs in Senegal in zones where new dams have come into service.

Sheep scab

81. Sheep scab causes important economic losses in the wool production sector in Lesotho.

Crimean-Congo haemorrhagic fever

82. In South Africa, 16 employees working on the same production line in an ostrich abattoir contracted Crimean-Congo haemorrhagic fever in November 1996 and one employee died. Preventive measures have been decided upon (ostriches to be treated with acaricides for a compulsory minimum of 14 days prior to slaughter), and only ostriches free of ticks will be allowed for slaughter. No subsequent secondary outbreak was reported, and the abattoir was reopened on 26 November 1996. Ten ostriches were sent to the Onderstepoort Veterinary Institute for additional experimental studies.

West Nile virus disease

83. The disease was reported in Morocco in horses (45 clinical cases and 14 deaths). It was at first suspected to be a nervous form of equine rhinopneumonia, but West Nile virus was isolated in Rabat and typed at the Institut Pasteur in Paris.

Discussion

84. The Chairman remarked that foot and mouth disease, peste des petits ruminants and contagious bovine pleuropneumonia require attention, as these diseases are prevalent in many countries. Rabies was also widespread and was a public health concern. He added that early attention to controlling these diseases would prevent greater problems in the future.

85. The Director General observed improvements in animal disease reporting to the OIE, and that there was better information exchange, including disease surveillance and monitoring, since the Regional Conference in Rabat in 1995. Since May 1996, all Disease Information reports of the OIE are available on the World Wide Web (Internet).
86. The Director General pledged assistance from the OIE for setting up national disease monitoring systems in some Member Countries.

87. General discussion followed the presentation of country reports, and Botswana, Guinea and Kenya shared the view that countries other than those already identified, also required assistance in establishing monitoring systems.

88. The Director General explained that the limited financial resources available at the OIE had made it necessary to assist Member Countries in two stages, and that countries not immediately identified for assistance would be included in time.

89. The Delegate of Morocco suggested that in the 13th Conference of the OIE Regional Commission for Africa the agenda should include an item to discuss progress made in adopting previous recommendations.

90. This view was shared by Ghana and also by the Director General, who endorsed the need for reporting in more detail the implementation of the recommendations made by the Regional Commission, in addition to the complete report already presented at each General Session in May.

91. The Director General continued by stating that, in the meantime, the current situation did allow for open debate, and that an exchange of views concerning Member Country initiatives is still possible.

**Report from the OIE Regional Collaborating Centre for Africa**

92. The Chairman called on Dr D.W. Verwoerd, Director of the Onderstepoort Veterinary Institute, to give his report on the OIE Regional Collaborating Centre for Africa.

93. Dr Verwoerd remarked that the detailed report had been circulated to all Delegates. He emphasised that the Regional Collaborating Centre’s objectives were to improve surveillance and monitoring of animal diseases. He stated that a number of workshops and meetings had been held concerning problem areas identified by the region.

94. Progress had been made through various activities, which all assisted in improved diagnostics in the region. One of the activities had been the establishment of a Continuation Committee that conducted a survey on the diagnostic capabilities and needs of the region. This would avoid duplication, assist in quality control and generally improve diagnostics.
95. The Chairman added that although the OIE Regional Collaborating Centre supported Africa, it generally served southern and eastern parts of the continent. This observation was supported by the representative of the FAO and the Delegate of Senegal.

96. The FAO Representative further added that there needed to be a more regional approach to animal disease control. He suggested that the regional dimension be expanded to include vaccine production and training, as well as diagnostic laboratories. There was general agreement of this need to concentrate and unify efforts and resources.

97. The Delegate of Ghana expressed the need to improve the exchange of information between Member Countries before other issues could be considered. Various examples were given and the Chairman suggested that a committee be nominated to further investigate regional cooperation and to draft recommendations. This was supported by various Delegates.

98. Dr W.N. Masiga, Director of the OAU/IBAR\(^1\), congratulated Dr Verwoerd on his proposal to further improve regional support. He endorsed the need for information management to be done on a regional basis and supported the need to strengthen regional facilities.

99. Dr Y. Cheneau, Dr R.S. Nxumalo, Dr J.K. Obinim, Dr J.W. Thomson and Dr D.W. Verwoerd, were named by the Chairman to draft the recommendation.

100. The Director General thanked Dr Verwoerd and complimented him on the achievements of the Regional Collaborating Centre for Africa. He also reminded the participants that all African Member Countries can request technical and scientific assistance from the OIE Reference Laboratories in Africa (e.g. BVI\(^2\) in Gaborone for foot and mouth disease) or elsewhere, as well as from the other OIE Collaborating Centres, namely the Joint FAO/IAEA\(^3\) Division in Vienna (Austria) and the CIRAD/EMVT\(^4\) in Montpellier (France).

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1. Organisation for African Unity/Interafrican Bureau for Animal Resources
2. Botswana Veterinary Institute
3. International Atomic Energy Agency
4. Centre for International Cooperation in Agronomic Research for Development - Department of Animal Husbandry and Tropical Veterinary Medicine
ITEM I

The role of Veterinary Services in public health

101. Dr A. Tber, Chairman of the Session, briefly introduced the Rapporteur for this item, Dr F.X. Meslin.

102. Dr Meslin commenced his presentation by informing the Conference that the reports of 23 OIE Member Countries in Africa were analysed taking three major criteria into consideration: location of Veterinary Public Health (VPH) responsibilities, scope of its activities, and level of collaboration between Veterinary Services or Veterinary Public Health and other sectors.

103. The Rapporteur summarised the conclusions that were drawn from the above analysis:
- There is only a small number of countries with established VPH units, although the existence of a VPH unit is no guarantee that minimal VPH activities are carried out.
- A small number of countries have established regular and effective working relationships between Veterinary Services, VPH and other sectors.
- VPH responsibilities vary from country to country, but in most cases, they comprise two major components: major zoonoses surveillance/control and hygiene of food of animal origin, including food-borne zoonoses control. In a number of countries, however, post-mortem food hygiene/inspection comes under the public health or local government sectors, whereas zoonoses control usually remains with Veterinary Services.
- National Veterinary Services in countries where such situations occur have initiated plans for the redefinition of the delineation of responsibilities between the veterinary and other sectors involved.
- In countries where VPH activities are very limited in scope, national Veterinary Services have elaborated a legislation to better define and broaden the role of veterinarians in public health.
- In some countries the veterinary profession, including its VPH component, are already adapting to the fast changing environment. Responsibilities are being transferred from the public to the private veterinary sector, in order to facilitate the redeployment of public health veterinarians and their further involvement in new or newer VPH activities.

104. Dr Meslin also evoked the global changes which will have a drastic impact, especially on professions involved in health matters, over the next 25 to 30 years. The priority areas for an increased contribution of the veterinary profession to the betterment of human and animal health will obviously
differ to an even greater extent in the future between developing and developed countries.

105. The Rapporteur stressed that an appropriate strategy to respond to human and animal health problems in an urban environment will need to be developed for cities of developing countries. The contribution of the profession may lie in improving rural employment and food availability through the promotion of animal production projects, in improving health through zoonoses control and in reducing environmental pollution related to animal rearing.

106. Dr Meslin concluded by emphasising that in order to ensure food protection and to respond to the needs of the increasing human population, further collaboration of the profession with other specialists in food technology development, food industry control, and promotion of new production techniques at the primary production level, will be required.

Discussion

107. The Chairman thanked Dr Meslin for his report and gave a brief summary of his address. He then opened the discussion on the first part of the presentation.

108. The Delegate of Côte d'Ivoire gave a brief description of the functions and organisation of Veterinary Public Health in his country, namely zoonoses control (rabies), meat hygiene and border control, with the support of laboratory services.

109. The Delegate of Kenya complimented Dr Meslin and elaborated on the structure and development of Veterinary Public Health (VPH) in Kenya. Human resource development has expanded the functions of the VPH sector. At present, VPH inspectors cover 50% of the country. A VPH unit was set up in 1969 and became legally responsible for meat inspection in 1972.

110. The Delegate of Tanzania also raised questions as to where the Veterinary Public Health units should best be situated, and whether meat inspection should be privatised. Dr Meslin believed that this activity should be within Public Health sectors and that meat inspection should remain the ultimate responsibility of the State.

111. The FAO Representative congratulated the Rapporteur and requested if there was an indication as to the success achieved by meat inspection (e.g. figures on meat inspection effectively carried out), and the level of human protection. He expressed a view that Africa was possibly trailing in this regard.
112. Dr H.M. Solomon of the Organisation for African Unity (OAU) explained that under the present policy of structural adjustment, the Veterinary Services in Africa are decentralised, thus seriously affecting their impact on national animal disease control. The OIE, FAO, OAU and other international organisations should intervene to halt further disintegration/dismantling of Veterinary Services by consulting the World Bank and the International Monetary Fund. One of the objectives of the structural adjustment policy is to reduce staff at the headquarters and regional level of Veterinary Services. A very dangerous situation is being created in Africa where several OIE List A diseases prevail. Dialogue should be opened with the World Bank, so that the danger of this policy could be noted and the consequences of the imposition of such a policy be further scrutinised.

113. The Delegate of Uganda explained the responsibility of controlling zoonoses, such as rabies or human sleeping sickness, within the Public Health sector.

114. Dr Meslin reiterated that meat inspection should best fall under the Veterinary Public Health sector and remain a public function, even if it could be sub-contracted to the private sector (health mandate). This was endorsed by the Counsellor of the OAU/IBAR and the representative of CIRAD.

115. The Delegate of Lesotho briefly explained what occurred in his country where meat inspection is the responsibility of the Ministry of Health and zoonoses control that of the Ministry of Agriculture.

116. Kenya, supported by Botswana and others, recommended that the Veterinary Public Health functions should remain within the authority of the Veterinary Services. Botswana continued by also insisting that for the safety of international trade, certification, etc. should remain a veterinary function and not be shared with Public Health.

117. Dr G.K. Brückner of South Africa cautioned the Conference on a monolithic approach to Veterinary Public Health and believed it should be multidisciplinary. The Chairman agreed with Dr Brückner and added that some of the definitions were not clear, which led to confusion.

118. Dr Meslin commented that due care and consideration should be given before privatisation of public services, especially when the public cannot pay for such services, as could be the case for pets.
119. After the discussion, Dr Meslin resumed his presentation by outlining future trends in the Veterinary Public Health sector.

120. The Chairman again thanked the Rapporteur for the second half of his presentation, and briefly summarised what had been said and stressed the need for inter-sectorial and inter-institutional cooperation.

121. Dr Brückner and Dr Bosman of South Africa endorsed the need for this cooperation between the various sectors. Dr Bosman also indicated that in zoonotic disease control activities, veterinarians need to play the leading role. Dr Meslin agreed that veterinarians have a major role to play in this respect.

122. The Delegate of Côte d'Ivoire stated that there must be good cooperation between medical doctors and veterinarians and asked whether this, in fact, occurred at national and international level (e.g. OIE/WHO). Dr Meslin concurred that, in general, cooperation was good between the various professions within the WHO, and that the FAO, the OIE and the WHO regularly held meetings to coordinate their activities at international level.

123. The Delegate of South Africa suggested that there was a need to improve human health and consumer protection at a local national level before involving international controls.

124. The Delegate of Niger explained that the public hygiene code was operating effectively in his country, in close cooperation with the animal and human health sectors.

125. Debate continued regarding cooperation between medical doctors and veterinarians involving various countries, and Dr Meslin stressed that such cooperation was necessary to control zoonotic diseases. He urged the development of formal linkages between the two sectors - veterinary and human health.

126. The Representative of the FAO noted that conflict may exist in some countries and that these differences need to be removed if our specific objectives are to be reached. This was endorsed by Dr Meslin, who said that we had to be proactive and establish relevant areas of cooperation, and that the future of Veterinary Services lay in protecting human health.

127. The Chairman thanked the participants for the lively debate and also thanked Dr Meslin for his excellent presentation. He then invited Dr G.K. Brückner, Dr M.E. Mogajane and Dr A. Niang to join the Rapporteur and the Chairman to prepare a draft recommendation on Technical Item I.
Wednesday, 29 January 1997

ITEM II

Contagious bovine pleuropneumonia: diagnosis and prevention

128. The Chairman of the Session, Dr M. Raborokgwe, introduced Dr H.G. Jäger, Rapporteur for this item, and called upon him to present his comprehensive report.

129. Dr Jäger gave a complete overview of the diagnostic and preventive measures used in the case of contagious bovine pleuropneumonia (CBPP). His review was based on the study of reports received from Member Countries of the OIE in Africa and on an analysis of available scientific data.

130. The summary of the reports received from twenty African Member Countries shows a highly contrasting situation depending on the region. Currently absent from northern Africa and southern Africa, but endemic in the Horn of Africa, some parts of the West African Sahel and in Angola, CBPP is tending to gain ground in eastern Africa (Kenya, Uganda, Rwanda, Tanzania), as well as in Botswana and Namibia. Most of the infected countries have set up a disease surveillance system based on clinical observations, serological inquiries and necroscopic examinations in their abattoirs.

131. The Rapporteur analysed the scientific data available, in order to determine the chronic signs and pathognomonic lesions of the disease. He then reviewed all the laboratory diagnostic methods: causal agent culture (*Mycoplasma mycoides*, subspecies *mycoides* Small Colony), biochemical identification, immunological tests (direct immunofluorescence and growth inhibition) and serological tests. The latter detect either the specific antigen or the antibody of the causal agent.

132. Dr Jäger then defined the ways in which CBPP is transmitted, before examining the various prevention methods which can be used in the African context: surveillance and control of the movement of animals, slaughtering, vaccination, etc. In the last case, he recalled the limits of the method whose efficiency mainly depends on the quality of the vaccines and the vaccination coverage rate.

133. The Chairman thanked Dr Jäger for his presentation. He then invited Dr J.J. Tulasne, Head of the Department of Pathology of the Centre for International Cooperation in Agronomic Research for Development -
Department of Animal Husbandry and Veterinary Medicine (CIRAD-EMVT) to present the status and actual trends of vaccination against CBPP in Africa.

134. Dr Tulasne pointed out that after rinderpest, the eradication of CBPP is one of the main problems of livestock in Africa. Some failure of immunity has recently been observed in Southern Africa with the T1 SR vaccine strain. The FAO immediately advised to revert to using the original T1/44 strain. A comprehensive experimental trial to compare the efficacy of the two T1 SR and T1/44 vaccine strains by vaccination-challenge of cattle is planned. It will be carried out in 1997 in various African locations with different regional virulent field strains for challenge.

135. Dr Tulasne described research in progress on this disease within the framework of the CBPP/European Union Project. It focuses on a new generation of immunostimulants (ISCOMs), on the validation of new diagnostic tools (C-ELISA kit), and on the cell-mediated immune response against this disease.

136. The Chairman thanked Dr Tulasne for his report and invited discussion from the floor on the two presentations.

Discussion

137. The Delegate of Tanzania congratulated the two speakers and indicated that more investigations into the epidemiology of CBPP were needed, especially in the area of susceptibility of individual animals to the disease. He continued by stating that a detailed cost benefit analysis was required regarding the various control programmes for CBPP. This would enable departments to be in a better position to advise governments as to the most appropriate controls to implement.

138. The Delegate of Tanzania also queried who should be responsible for vaccine failures and whether antibiotic treatment is indicated. He concluded by pointing out that legislation was not enough to control the disease and that public awareness was most important.

139. The Delegate of Côte d'Ivoire expressed a wish to update his country report and confirmed that CBPP was endemic in his country. He pointed out that the diagnosis of the disease is made clinically and also by the Complement Fixation (CF) test and ELISA methods. Vaccination was used as a preventative. He explained that vaccinations were undertaken by both government and private veterinarians, of which there were only six of the latter, who vaccinated 85% of the country's livestock. He also indicated that
the farmers paid for 40% of the vaccine costs and that the T1 SR strain used had proved to be satisfactory.

140. The Delegate of Côte d'Ivoire stated that the slaughter of animals to control outbreaks was undertaken when numbers involved were small and that, in general, vaccination was the method of choice, in spite of accumulative costs, because it removed adverse reaction of farmers to slaughter. He emphasised the need for western African countries to be included and involved in vaccine trials.

141. Dr Jäger responded to the Delegate of Tanzania by stating that his organisation was prepared to compensate for any adverse reactions caused directly by the vaccine. He supported mass vaccination programmes, but indicated that they were complicated by fencing, border stock movement controls, etc. Control measures needed to involve vaccination, but also other complementary measures, such as animal movement control.

142. Dr Tulasne removed the concerns raised by the Delegate of Côte d'Ivoire, stating that his country would not be excluded from trials, but that the problem of CBPP was at present more acute in southern and eastern Africa.

143. The Delegate of Namibia added his appreciation to the Rapporteurs and continued by explaining the CBPP situation in his country. He asked whether there were any indications that the T1/44 strain caused adverse reactions in animals incubating the disease. He also wished to know which laboratories should produce CBPP vaccine.

144. The Delegate of Zambia asked Dr Jäger to amend his report concerning the implication that CBPP was spreading from Zambia to Malawi. He assured the meeting that this was not the case. He thanked the Rapporteur for highlighting the fact that post vaccination infection could be caused from lung sequestra, as this was a common observation in the region.

145. Dr Tulasne explained that he was aware of problems of the T1 SR versus the T1/44 strains, and indicated that work was in progress to ratify these differences.

146. The Delegate of Zambia indicated that users needed to have confidence in the vaccines used. He continued by stating that some donor organisations had imposed use of specific vaccines in contradiction to national CBPP control programmes.

147. The Delegate of Uganda questioned the role played by the chronic mycoplasma carrier animal and also asked the Rapporteurs on the possibility of some vaccines enhancing the carrier state.
The Delegate of Niger gave an update of the CBPP status in his country. He stated that the disease was endemic, but that occurrence of the disease fluctuated. He indicated that while the disease was not a problem five years ago, there was now a resurgence, due mainly to transhumance from neighbouring countries. He continued by explaining various vaccine strategies used and requested comparative studies to be done, as the T1/44 strain induced post-vaccinal reactions that are unacceptable to private practitioners. He highlighted the problems of uncontrolled stock movements and the inability of countries to pay compensation to farmers for slaughtering their animals.

Dr Sarr of Senegal explained his country's experience in the use of the T1/44 vaccine, and that post-vaccinal reactions were a minor issue and not insurmountable if immediately attended to. He supported the need for awareness campaigns on this point. He indicated that there was no CBPP in Senegal and that there was a need to investigate possible outbreaks of the disease in previously vaccinated herds. He concluded that more information was required from the Pan African Veterinary Vaccine Centre (PANVAC) regarding recommendations on the usage of various vaccine strains. He specifically wondered whether the T1/44 strain distributed by PANVAC could not have been used and distributed by some laboratories to produce vaccine before being authorised to do so.

Dr Jäger apologised for the implications in his presentation regarding the spread of infection from Zambia. He pointed out that Namibia had observed that post-vaccination outbreaks of CBPP had been caused by lung sequestra breaking down as a result of the stress induced in handling animals during vaccination. He also emphasised the need to handle all CBPP vaccines with care.

Dr Tulasne supported a previous response from Namibia that fences were perfectly able to control spread of CBPP. Eradication could be achieved by slaughter of infected animals and vaccination. He indicated that although the T1/44 strain had caused post-vaccinal reactions, this had also occurred with other strains.

Dr Jäger emphasised the importance of minimising post-vaccinal reactions by using proper equipment and correct vaccination procedure. He indicated that vaccinating animals when their skins were wet predisposed them to greater post-vaccinal reactions.

The Delegate of Niger replied that post-vaccinal reactions in his country were largely due to the vaccination of draught oxen, which were worked soon after vaccination.
Dr Tulasne stressed that work was in progress regarding evaluation of T1 SR and T1/44 strains, and that African countries (e.g. Zambia) should await the results of this work before selecting one or other strain. He was interested in the comments made by the Delegate of Niger regarding post-vaccinal reactions.

Dr W. Masiga, Director of the OAU/IBAR, congratulated the Rapporteurs and emphasised that CBPP research must be encouraged and promoted in Africa. He endorsed and highlighted the need for research into post-vaccination outbreaks and the result of carriers caused by vaccinations.

Dr Masiga endorsed the request from Tanzania that the natural resistance of individual animals also requires investigation. He briefly discussed the advantages and disadvantages of T1 SR and T1/44, and the recommendations made by the meeting of the OIE expert panel. He agreed with the need for following correct vaccination procedure. He concluded by reiterating the need for greater active research to be undertaken in Africa.

The Representative of PANVAC supported Dr Masiga's views for future research and emphasised the need for regional cooperation. In addressing the issue raised by Namibia regarding which laboratory should produce vaccines, he stated that seed vaccine stocks were made available to all Member Countries, but comparative potency tests were necessary.

The Delegate of Uganda requested the OIE and OAU to reconsider the regionalisation of the African continent, as a neighbouring country to the north tended to be regionalised with the Middle East, and this had resulted in reduced communication. He also raised the view that some transhumance did not produce animals for vaccination, as it was considered that this exercise contributed to higher taxation.

In response to this issue, the OIE Director General emphasised that all African countries were part of the Africa Region, even though some of them were also part of the Middle East Region (e.g. Egypt, Somalia, Sudan), and that in specific instances, formal requests could be made for individual countries to provide information relating to animal disease or to their control. No country within the African continent was excluded from Regional Conferences.

Dr Masiga thanked the Director General for his response and stated that political groupings should not be a barrier to border harmonisation. He concluded that international organisations, such as the OIE, FAO and
OAU/IBAR, had the authority to call Member Countries to meetings, but could not insist on attendance.

161. Dr Cheneau agreed that there were various strains of the CBPP agent and that individual countries needed to decide on what vaccine to use. He continued to emphasise that the Namibian Delegate’s question had not been fully answered regarding which laboratory should produce vaccine and strongly supported the need for regional cooperation and specialisation to avoid duplication. The OIE Regional Commission, which met in Cairo in 1989, recommended that laboratories should work on a regional basis. The FAO would encourage such regional groupings and the development of laboratories with good quality controls as specified by PANVAC.

162. The Delegate of Botswana asked whether cost recovery could be applied to CBPP vaccinations. He also requested that urgent consideration be given to the cost benefits of various control measures, i.e. slaughter out compared to vaccination.

163. Dr K.V. Masupu of Botswana congratulated the presenters and requested clarification of various issues, including vaccine potency, the practicability of 100% vaccination coverage, and the value of the CF test for antibody titration.

164. Dr T. van der Merwe of Namibia made a statement that it is probably cheaper to follow a stamping out policy in primary outbreaks of CBPP as it was done in Botswana. He, however, asked whether or not it is realistic under African conditions to expect eradication of CBPP in a four-five year period where a vaccination policy is followed in an endemic situation.

165. Dr Jäger responded to the questions raised by Dr Masupu and discussed potency issues, which had led to the recommendation for the use of the T1/44 vaccine strain. He also commented on the need to vaccinate 100% of all animals and agreed that, in practice, this was sometimes difficult to achieve. He explained that slaughter out removed carriers, but that such procedure was expensive. Vaccination was only effective on a herd basis and achieved success through repetition over time. He stated that, according to CBPP experts, the CF test is reliable.

166. Dr Tulasne added to the debate and explained that high quality vaccine could give low efficacy due to several factors, including poor storage and improper inoculation, or possibly a genetic shift of the wild mycoplasma strain in southern Africa. He emphasised the need for proper application of vaccines. He also indicated the need for local challenge tests to assist in the degree of genetic shift.
167. The Delegate of Tanzania again raised the issue of antibiotics for treatment of CBPP and indicated that more research was required in this area.

168. Dr Masupu of Botswana enquired as to why a good potent vaccine could not give 100% protection.

169. The Director of the OAU/IBAR supported the steps taken by Botswana and indicated that the control measures could serve as a model for other countries. Dr Masiga emphasised that CBPP can only be controlled by regional cooperation and that the OAU was willing to assist in a continental campaign for eradication, which should be initiated by Member Countries.

170. The Session Chairman agreed and requested that this point should be included in the draft recommendation.

171. Dr J. Sarr of Senegal reiterated that the disease could be successfully eradicated by repeated vaccination as experienced in his country, but supported the need for further research on a possible genetic shift of mycoplasma strains, which could explain vaccination failures reported simultaneously in different regions.

172. The Director of the OAU/IBAR brought to the attention of the Conference that at the FAO/OIE/OAU experts panel meeting held in 1971 in Paris, it was recommended after thorough evaluations, that vaccinations should be carried out for three to five years if a reduction of disease incidence was to be achieved. He detailed the risks of disease transmission through movement of infected animals and concluded that strong political support was required for slaughter out strategies.

173. In answer to the Delegate of Tanzania, Dr Jäger stated that antibiotics were a useful tool in the treatment of CBPP, but could promote chronic carriers, as previously indicated by various experts. Costs of antibiotic applications also required consideration.

174. In response to Dr Masupu of Botswana, Dr Jäger pointed out that no vaccine could guarantee 100% protection and that efficacy was dependent on the challenge dose.

175. Dr Tulasne concurred with what had been said by Dr Masiga and emphasised that good vaccines used correctly were necessary. He stated that a genetic shift of strain may have occurred, but also deviations in vaccine production techniques. He supported various Delegates in the need for a regional approach to control the disease.
176. The Chairman concluded the meeting and called for a committee comprising the Session Chairman, Dr H.G. Jäger and Dr J.J. Tulasne to draft a recommendation on Technical Item II, together with Dr W. Masiga, Dr K.V. Masupu, Dr J.N. Melewas and Dr J. Sarr.

Presentations of International Institutions

177. Dr I. Tahirou, Chairman of this session, invited presentations from international institutions.

Food and Agriculture Organization of the United Nations

178. Dr Y. Cheneau, Head of the Animal Health Service, Division of Animal Production and Health at the Food and Agriculture Organization of the United Nations (FAO), pointed out that with the aim of accelerating reflection on the structure of Veterinary Services, the FAO launched firstly an on-going electronic conference, to be followed by a technical expert meeting at the end of March 1997, on the ‘principles for rational delivery of public and private Veterinary Services’.

179. The FAO Representative explained that it has become necessary to correct the negative effects of structural adjustment policies and privatisation schemes, sometimes implemented too hastily. The rapid deterioration of the animal health situation in some countries, i.e. the increase of contagious bovine pleuropneumonia, the spread of African swine fever, the persistent rinderpest infection, etc. should induce a revision of policies and motivate governments to allocate more operating funds to their official Veterinary Services.

180. The Delegate of Senegal thanked the FAO representative for providing hope. He stated that a number of programmes had been initiated, and he requested clarification from the FAO as to their activities to assist in achieving success.

181. Dr Cheneau replied that the FAO was part of the reform process, which had been initiated by Member Countries. Although these reforms are supported, Dr Cheneau stressed that there was a need to review the situation and to possibly convince international organisations to even slow down the structural adjustment process. He continued by advising Delegates that the FAO was organising an electronic conference, to which Member Countries were invited. He concluded by reporting that countries require financial means to control animal disease and that privatisation could be of assistance in this regard.

World Health Organization
182. Dr F.X. Meslin, Head of Public Veterinary Health, Division for Surveillance and Control of Emerging and other Communicable Diseases of the World Health Organization, stated that a number of zoonoses and potential zoonotic diseases have emerged and re-emerged in Africa over the past few years. His Division has been actively collaborating with the African countries experiencing these problems. Rabies was one of the major zoonoses that required its involvement. Technical advice and a human rabies vaccine have been provided to Malawi and Sierra Leone where rabies outbreaks were reported in 1996. To promote rabies surveillance and control, the WHO has collaborated with SEARG (South-Eastern Africa Rabies Group) in organising and supporting workshops in Lusaka (Zambia), in 1992, and in Harare (Zimbabwe), in 1995. The following meeting will be held in Nairobi (Kenya), in March 1997.

183. The WHO coordinated research on the identification of the animal reservoir of the Ebola virus in nature in Côte d'Ivoire, and in close collaboration with national health authorities, participated in the investigation and helped in controlling outbreaks of Ebola virus disease in Côte d'Ivoire, Gabon and Zaire. The WHO also monitored the Crimean-Congo haemorrhagic fever situation in South Africa, as well as Lassa fever in western Africa. Furthermore, the WHO collaborated with the OIE on bovine tuberculosis research and control, especially in African countries, and organised a consultant visit to Madagascar to design a research control project.

184. Dr Meslin concluded by mentioning that the WHO produces a number of documents, e.g. on economical human rabies post-exposure treatment, investigation of bovine and human tuberculosis, and anthrax control, which are especially useful in the African context.

185. The Delegate of Côte d'Ivoire reiterated a request to the WHO whether additional support could be given to animal disease control programmes, such as rabies control. Dr Meslin confirmed that such support as technical assistance was available and had been given to Côte d'Ivoire. He also stated that the WHO would assist in securing financial support for disease control programmes.

Organization of African Unity

186. Dr W.N. Masiga, Director of the Organisation for African Unity/Interafrican Bureau for Animal Resources (OAU/IBAR), presented a progress report on OAU/IBAR activities from July to December 1996. He highlighted the most serious diseases in Africa, namely rinderpest, contagious bovine pleuropneumonia, trypanosomiosis, tick and tick-borne
diseases, and a new camel disease that has been spreading into several East African countries since 1995.

187. Dr Masiga gave a summary of the various OAU/IBAR projects underway, such as PANVAC, the PARC epidemiology project in cooperation with the FAO, the wildlife rinderpest surveillance project in Kenya, and a regional wildlife disease surveillance project recently initiated in Kenya, Tanzania and Uganda. He also mentioned an emergency disease control project for Rwanda, Somalia and the Sudan that has been in operation since July 1996, in cooperation with the European Union, and a new PARC/USAID\(^5\) project to control rinderpest in specific inaccessible or civil strife areas.

188. Major achievements include the acceptance by most countries of the liberalisation policy on the delivery of animal health services, which will move from government services to the private sector; the establishment in many countries of sustainability based on cost recovery; livestock development funds; and a system to declare final freedom from rinderpest, in accordance with the OIE pathway.

189. In conclusion, Dr Masiga stated that the PARC project has been instrumental in the improvement of animal health care, the disappearance of rinderpest from western and central Africa and the improvement in livestock policies, all of which have had a positive effect on farmer and state revenues.

190. The Delegate of Ghana enquired as to the reason for the apparent removal of CBPP from PARC activities. Dr Masiga responded that CBPP was always part of the PARC programme, but that due to the initial enormous problems of rinderpest, it had been tackled individually by the countries concerned. He indicated that 1.5 million ECU\(^6\) had been made available for research and development of improved vaccines for CBPP.

191. The Delegate of Malawi requested updated information regarding the Theileriosis Vaccine Production Unit, which is a component of the Regional Tick and Tick-Borne Disease Programme. Dr Cheneau was asked to reply on behalf of the Working Group chaired by OAU/IBAR and emphasised the many years that the FAO had been involved in the Regional Tick and Tick-Borne Disease Programme by providing a coordination role. However, various problems had developed concerning donors and financial support, and a task force shared by the OAU/IBAR had been established to investigate these problems and recommend solutions.

\(^5\) United States Agency for International Development

\(^6\) European Currency Unit = 1.21 USD (January 1997)
Pan African Veterinary Vaccine Centre

192. Dr J.K. Litamoi, CBPP vaccine specialist at the Pan African Veterinary Vaccine Centre (PANVAC) in Ethiopia, presented the role of PANVAC in Africa. He emphasised the importance of contagious bovine pleuropneumonia (CBPP) and the role of vaccination in its prevention in Africa. He then gave the PANVAC quality control results on CBPP vaccines in 1996. Using the results obtained since 1991, constraints encountered during the vaccine testing process are exemplified. Further improvement of the current vaccines and quality control test methods are needed.

193. Dr J. Sarr of Senegal reiterated that there were numerous problems regarding CBPP vaccines, and PANVAC was sought to provide solutions. He pointed out that there was much heterogeneity regarding the seed vaccines and expressed concern that validation and control systems need to be coordinated if vaccination was to be successful.

194. The Delegate of Namibia raised a question regarding the potency of the vaccine and enquired as to the advantages of using a more potent vaccine than the minimum recommended. The PANVAC representative confirmed the existence of vaccine heterogeneity and that there is a need to conduct potency tests. He concluded that all vaccines passed by PANVAC are issued with a certificate ensuring that the minimum titre recommended by the OIE is achieved. However, if the titre of the vaccine is higher than the standard, it is obviously more potent.

Southern African Development Community

195. Dr M. Raborokgwe, Sector Coordinator for Animal Health and Livestock Production of the Southern African Development Community (SADC), explained that SADC was established in 1980 with the aim of achieving closer development cooperation among the countries of southern Africa. It groups 12 countries of this region, namely Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

196. The Animal Production and Disease Control Sector, known as the Livestock Sector, one of the 17 SADC sectors, is coordinated by the Government of Botswana. It has already initiated projects for tsetse and trypanosomiasis control, foot and mouth disease, the development of a heartwater vaccine, and the training of meat inspectors for the region and of tsetse control personnel. Furthermore, a CBPP project was approved by the SADC Council in August 1996. The Livestock Sector is also linked to the other 16 SADC sectors and to the FAO through some of its projects and
programmes. SADC aims at establishing relations with other regional and international bodies, such as ILRI\textsuperscript{7}, SARCCUS\textsuperscript{8} (in the process of being taken over by the SADC Livestock Sector), OIE, etc. The OAU/IBAR, as a continental umbrella body, is in a position to set guidance and coordinate projects and programmes overlapping in regional organisations.

197. Dr Raborokgwe added that in order to foster regional integration in the Livestock Sector, some areas for protocol development have been identified in animal disease control and production.

198. The Delegate of Madagascar requested further information concerning membership and activities of SADC, and these were supplied by Dr Raborokgwe.

199. The Delegate of Ghana asked whether SADC had been able to harmonise veterinary activities in the region, and Dr Raborokgwe replied that success had been achieved in several areas. He detailed the coordination and harmonisation achieved in tsetse control and in the development of animal health permit harmonisation within SADC.

**Harmonisation of Veterinary Drugs**

200. The Chairman thanked the representatives of international institutions for their reports, and invited Prof. G.E. Swan, Department of Pharmacology and Toxicology, Faculty of Veterinary Science at the University of Pretoria, Onderstepoort, to give a brief survey of the harmonisation of veterinary drug control in southern Africa.

201. Dr Bosman then asked Delegates to give support to Dr Swan’s request for a mandate to proceed with a meeting to discuss the registration of drugs in eastern and southern Africa. This request was supported unanimously by all Delegates.

202. The Director General thanked Prof. Swan for taking the initiative to harmonise drug control in the region. He explained other activities occurring world wide in this respect and stated that there was support from the OIE for the harmonisation of veterinary drugs. The Director General informed the Delegates that two meetings regarding registration of veterinary drugs were to be held in Africa during 1997. One would be in Niger to serve French-speaking countries, and the other, to be advised, would serve English-speaking countries.

\textsuperscript{7} International Livestock Research Institute
\textsuperscript{8} Southern African Regional Commission for the Conservation and Utilisation of the Soil
Presentation of draft Recommendations Nos 1, 2 and 3

203. The drafts of Recommendations Nos 1, 2 and 3 were presented to the participants and put forward for discussion. Recommendations Nos 1, 2 and 3 were adopted subject to some amendments.

Date and venue of the 13th Conference of the OIE Regional Commission for Africa

204. The President of the Conference asked Delegates present if one of their countries wished to host the 13th Conference of the OIE Regional Commission for Africa.

205. The Delegation of Senegal informed the participants that their Government would be willing to organise the Conference in its country in January 1999. The participants applauded this proposal.

Thursday, 30 January 1997

Workshop arranged by the OIE Regional Collaborating Centre for Africa, Onderstepoort

206. Dr G.R. Thomson, Vice-President of the OIE Foot and Mouth Disease and Other Epizootics Commission, introduced Dr R. Bradley of the Weybridge Central Veterinary Laboratory, United Kingdom, and invited him to give an overview of bovine spongiform encephalopathy (BSE): pathogenesis, diagnosis, epidemiology and incidence world wide.

207. Dr Bradley also summarised the principles of BSE epidemiological surveillance that will be proposed by the OIE.

208. Various Delegates expressed concern that BSE had developed political implications and that there were no detailed methods specifying surveillance and monitoring for this disease.

209. Dr Bradley emphasised the need for countries to control exogenous and endogenous sources of infection, and the importance of continued risk appraisal where high risk target groups should be screened by OIE approved methods.
210. Dr Thomson confirmed that the OIE Code Commission had studied in
detail various methods of surveillance and that these were to be circulated
to OIE Member Countries. He stated that such specified methods of
surveillance would be achievable by many African countries. This view
was supported by other participants.

211. It was indicated that several countries were already conducting surveillance
on BSE through the examination of suspected rabies brain specimens.

212. Dr Bosman expressed concern that the banning of the feeding of meat-and-
bone meal to animals would result in the loss of a very valuable protein
source.

213. Dr Bradley, however, commented that there were acceptable and approved
methods for rendering meat-and-bone meal free from BSE and safe for
ruminant feed.
Field trips

214. Field trips to the veterinary facilities of the University of Pretoria (Onderstepoort), Medical University of South Africa (MEDUNSA), Onderstepoort Veterinary Institute and Onderstepoort Biological Products were found by participants to be most interesting. Following these visits, a reception was given by the Department of Agriculture.

Friday, 31 January 1997

Adoption of the Final Report and Recommendations

215. The Conference approved Recommendations Nos 2 and 3. Recommendation No 1 was approved subject to minor modifications (Appendices IV, V and VI). The Final Report was adopted pending certain amendments.

Session for Permanent Delegates

216. A discussion followed concerning the election of the Bureau of the OIE Regional Commission for Africa. There was general consensus that as many Delegates were not present, this issue should be held over until the General Session in May. The Delegate of Ghana expressed his wish to assist the present Bureau, if necessary, until the next General Session. Delegates also expressed appreciation of the good work done by the Acting President and Secretary General.

217. The Delegate from Botswana queried why a recommendation concerning BSE had not been made. It was explained by the Director General that as this had not been an agreed technical item on the agenda, it was unprocedural to make recommendations.

218. After lengthy discussions, it was agreed that the Regional Commission for Africa should have a common strategy regarding BSE and related issues. The Director General stated that the OIE was soon to send to all Member Countries the proposed amendments to the chapter in the International Animal Health Code concerning freedom from BSE and surveillance for this disease.

219. The session was concluded by general agreement that all African Delegates would inform the President of the Regional Commission of their reactions regarding the proposed amendment to the chapter of the Code concerning BSE, which would be discussed at the General Session in May.
Closing Ceremony

220. Dr P.G. Sinyangwe read out a motion of thanks to the Government of South Africa (Appendix VIII).

221. Dr Blancou noted the conclusions to be drawn from the proceedings of the Conference and praised its success and the interest of the technical items chosen by the Commission. The Conference allowed in-depth discussions on several subjects of great importance to the region, and has suggested practical solutions to various current problems.

222. The Director General complimented the Rapporteurs of the technical items for their presentations and all those who had contributed to, and enriched, the discussions. He thanked Dr Bosman for having presided over the meeting with such efficiency and for all the work he had put into the organisation of the Conference. Thanks were also expressed in particular to Dr Brückner and Dr G. Neethling, to the Conference Secretariat, to the General Rapporteur, to the Chairmen, to the Rapporteurs of technical items and to the interpreters. A final expression of thanks went to the Delegate of Senegal for the invitation extended to the Commission for its next Conference.

223. In his closing address, Dr F.J. van der Merwe, Director General of Agriculture, stressed the importance of livestock production for South Africa and indeed for the whole of Africa. The continent of Africa is unique and fortunate in the variety of indigenous livestock breeds and types that have evolved in close association with the human communities, forming an integral part of the rural socio-economic structures and natural ecosystems. The ultimate goal of any animal production system is efficient production of a product of marketable quality. Survival and production, undisturbed by disease, are essential for the achievement of this goal, which can be accomplished by disease prevention and control measures that include: vaccination, medication and therapy, selection of genetic resistance to disease or parasitic vectors and finally eradication of the pathogen. Better use should in future be made of genetic disease resistance of indigenous breeds - this is where the veterinarian should meet on common ground with the geneticist, the nutritionist and the economist.

224. Dr Van der Merwe concluded by stating that Africa and especially sub-Saharan Africa, with all its natural and human potential, is the only region in the world where food production per capita is falling. Lack of infrastructure, lack of production inputs, including credit, lack of vibrant product markets are severely restrictive disincentives for investors. For the longer term, technologies must, therefore, be developed that will bring a
true transformation of agriculture to the whole of the African continent and to the other world nations that are food deficient.

225. Dr Bosman thanked the Director General, the University of Pretoria, the Onderstepoort Veterinary Institute and the Onderstepoort Biological Products. The President of the Regional Commission expressed his gratitude to all those who had contributed to the success of the Conference and declared the 12th Conference of the OIE Regional Commission for Africa officially closed at 11.30 a.m.
APPENDICES

I. List of participants

II. Agenda

III. Timetable

IV. Recommendation No. 1
   Veterinary Public Health in Africa

V. Recommendation No. 2
   Contagious bovine pleuropneumonia diagnosis and prevention in Africa

VI. Recommendation No. 3
   Regional Cooperation in Africa

VII. Motion of thanks
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of the
OIE Regional Commission for Africa
Pretoria (South Africa), 28 - 31 January 1997

AGENDA

I. The role of Veterinary Services in public health
II. Contagious bovine pleuropneumonia diagnosis and prevention
III. Animal health status of Member Countries for the year 1996
IV. Other matters

Date, venue and agenda items for the 13th Conference of the OIE Regional Commission for Africa
Appendix III

12th Conference
of the
OIE Regional Commission for Africa
Pretoria (South Africa), 28 - 31 January 1997

TIMETABLE

Tuesday 28 January 1997

8.30 am - Registration and delivery of documents at the Conference Centre

9.00 am - Opening Ceremony

10.00 am - Break

10.30 am - Election of the Conference Committee (Chairperson, Vice-Chairperson and Rapporteur General)

- 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 role of Veterinary Services in public health (Dr F.X. Meslin)

3.30 pm - Break

4.00 pm - Technical Item I (continued)

5.30 pm - (Preparation of recommendations for Item 1 by designated small group)

8.00 pm - Reception given by the OIE at the Holiday Inn, Crowne Plaza

Appendix III (contd.)
Wednesday 29 January 1997

9.00 am  -  **Technical Item II: Contagious bovine pleuropneumonia: diagnosis and prevention** (Dr H.G. Jäger)

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 or regional organisations

3.30 pm  -  Break

4.00 pm  -  Discussion of recommendations for Items I and II

4.30 pm  -  Other questions (Date and venue for the 13th Conference of the OIE Regional Commission for Africa)

Thursday 30 January 1997

*Workshop arranged by the OIE Regional Collaborating Centre for Africa, Onderstepoort*

8.30 am  -  Bovine spongiform encephalopathy overview (Dr R. Bradley)

9.00 am  -  Discussion and formulation of recommendations

10.30 am -  End of workshop

11.00 am -  Field visits: Veterinary facilities of the University of Pretoria (Onderstepoort), Medical University of South Africa (MEDUNSA), Onderstepoort Veterinary Institute and Onderstepoort Biological Products

6.00 pm  -  Reception given by the Department of Agriculture at the Conference Centre, Onderstepoort Veterinary Institute

Appendix III (contd.)
Friday 31 January 1997

9.00 am   - Adoption of Final Report and Recommendations

10.30 am  - Break

11.00 am  - Closing Ceremony
12th Conference
of the
OIE Regional Commission for Africa
Pretoria (South Africa), 28 - 31 January 1997

Recommendation No. 1

Veterinary Public Health in Africa

CONSIDERING THAT

Major zoonoses and food-borne zoonotic diseases are widespread in most countries of Africa and cases in both animals and humans are grossly under-reported,

In Africa, zoonoses and food-borne zoonotic diseases represent public health problems of considerable magnitude, which in addition to resultant morbidity and human mortality, lead to considerable losses in animal proteins destined for human consumption,

Control of these diseases is insufficient, surveillance of major zoonoses and food-borne zoonotic diseases is only partially operational in most African countries,

Veterinary Public Health (VPH) presents weaknesses of an organisational and technical nature, the scope of their activities is limited, there is a lack of understanding on the concept of VPH and legislation is not sufficiently developed, with a few rare exceptions,

Coordination between the Veterinary Services and the different units in charge of public health appears to be non-existent or poorly developed.
THE OIE REGIONAL COMMISSION FOR AFRICA
RECOMMENDS THAT

1. A VPH unit be responsible for assuring and coordinating, on the basis of a legislation suitable to be developed or strengthened, the control and effective surveillance in the field of major zoonoses, as well as for the safety and quality of animal foodstuffs and by-products, destined either for the local market or for export.

2. Training of students in veterinary science, as well as in-service training and refresher courses for veterinarians and technicians in the private and public sector, in the field of veterinary public health in general and quality assurance in particular, be provided.

3. Inter-ministerial zoonoses Committees at central and local levels associating all officials involved, to advise on, monitor and constantly assess veterinary public health activities of OIE Member Countries, be formally established.

4. Regular and continued working relations with other relevant services, particularly within the Ministry responsible for Public Health, be formally established by VPH units.

5. A network of regional Reference Laboratories on veterinary public health matters be strengthened, to support the network of national laboratories for research and diagnosis.

6. Selected programmes for the control of major zoonoses (rabies, hydatidosis, tuberculosis, anthrax, brucellosis, zoonotic salmonellosis) and other food-borne zoonotic diseases, as well as for veterinary drug control and the surveillance of residues in animal foodstuffs and by-products, be planned and initiated by Veterinary Public Health Services of OIE Member Countries.

(Adopted by the OIE Regional Commission for Africa on 31 January 1997 during its 12th Conference)
12th Conference of the OIE Regional Commission for Africa
Pretoria (South Africa), 28 - 31 January 1997

Recommendation No. 2

Contagious bovine pleuropneumonia diagnosis and prevention in Africa

CONSIDERING THAT

Livestock plays a very important role in the economic life of most African communities,

Contagious bovine pleuropneumonia (CBPP) is currently the most serious transmissible transboundary disease of cattle in Africa, causing heavy economic losses and constituting a non-tariff trade barrier between countries,

CBPP is widespread in the sub-Saharan region and is spreading in many countries in Africa,

Diagnosis of the disease is very difficult due to sub-acute and sub-clinical infections and the persistence of chronic carriers of mycoplasma,

No single serological test detects all infected animals,

Civil disturbances or poorly supported Veterinary Services make prevention or control extremely difficult,

THE OIE REGIONAL COMMISSION FOR AFRICA RECOMMENDS THAT

1. CBPP now be recognised as one of the most important diseases in Africa, and a Pan African CBPP eradication programme be developed and coordinated by the Organisation for African Unity/Interafrican Bureau for Animal Resources (OAU/IBAR), in close cooperation with relevant national, regional and international organisations.

Appendix V (contd.)
2. Effective field, laboratory and abattoir surveillance be implemented to ensure early detection of the disease and continuous training of both professional and auxiliary staff be carried out to ensure preparedness to detect and control the disease.

3. As part of emergency preparedness, Chief Veterinary Officers have direct access to high levels of Government, develop and continuously update contingency plans.

4. Every possible effort be made to control cattle movements both within countries and across international borders and all imported cattle comply with the sanitary requirements of the importing country, in accordance with the OIE *International Animal Health Code*.

5. If a stamping out policy is not feasible, mass immunisation at intervals recommended by the OIE/OAU/IBAR and the FAO, with a Panafroican Veterinary Vaccine Centre (PANVAC) certified vaccine, be performed in infected countries for three to five years.

6. Research on improved diagnostic tests for living animals and the development of more effective vaccines be undertaken as a high priority.

(Adopted by the OIE Regional Commission for Africa on 31 January 1997 during its 12th Conference)

Appendix VI
Regional cooperation in Africa

CONSIDERING THAT

There is a need for active cooperation between countries on a regional basis to make the best use of human, physical and financial resources,

There are expertise and facilities already available at regional and international level, which should be utilised and not unnecessarily duplicated,

The OIE Regional Collaborating Centre at Onderstepoort (South Africa) has made progress in establishing a regional diagnostic network.

THE OIE REGIONAL COMMISSION FOR AFRICA RECOMMENDS THAT

1. The concept of regional cooperation and networking be supported, particularly in the following fields:
   - information sharing, which is important for early warning and early reaction
   - diagnostic services, particularly for specialised diagnostic, high security and reference work
   - training, especially on new technologies and exotic diseases
   - vaccine production
   - disease control programmes, particularly for transboundary diseases.

Appendix VI (contd.)
2. Countries within the region or sub-region work together to draw up a plan of cooperation and identify laboratories and other centres suitable for regional support.

3. Designated institutions be periodically monitored to ensure that standards and services are maintained.

(Adopted by the OIE Regional Commission for Africa on 31 January 1997 during its 12th Conference)
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 South Africa, the Host Country of the 12th Conference of the Regional Commission, for the excellent welcome accorded to them and for all facilities made available to them during their stay in Pretoria from 28 to 31 January 1997.