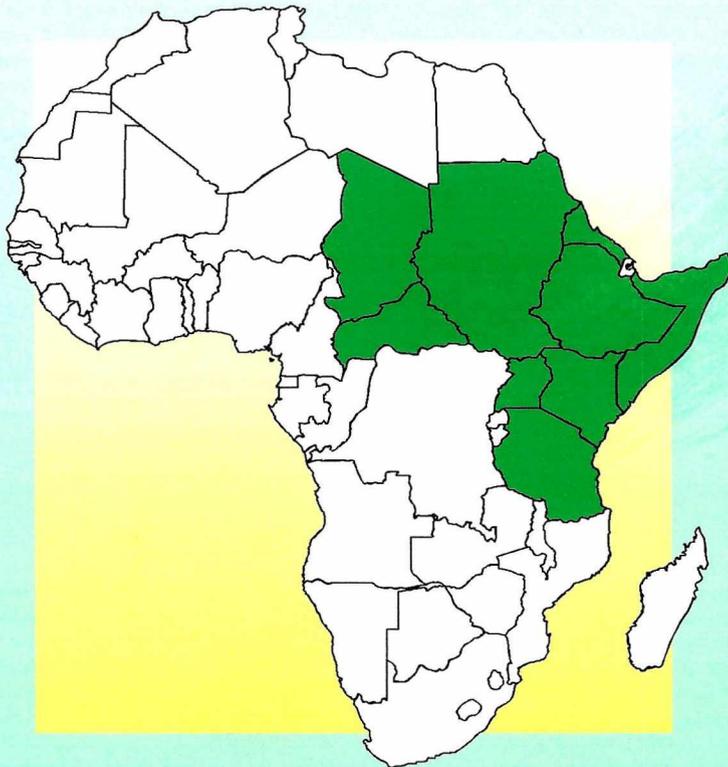




Organization of African Unity
Interafrican Bureau for Animal Resources
Pan African Programme for the Control of Epizootics

**First Regional PACE
Co-ordination Meeting for Eastern Africa
Entebbe, Uganda
29th - 31st August 2001**

Final Report



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First PACE Regional Coordination Meeting for Eastern Africa 29th – 31st August, 2001, Entebbe – Uganda

I- Opening ceremony

I-1 Introductory Remarks by National PACE Co-ordinator

Introduction by PACE Uganda National Co-ordinator – Dr. Rutebarika. On behalf of the EC Delegation in Uganda, he apologised for the absence of the Delegate and the Rural Development Adviser of the European Commission in the Republic of Uganda. He introduced the Minister of State in charge of Livestock - Mary sitting in for the Minister of Agriculture.

I-2 Address by Director of OAU-IBAR – Dr. J. T. Musiime

Dr. Musiime, Director of OAU-IBAR on behalf of the OAU Secretary General thanked the Government of Uganda for hosting the meeting at short notice. Dr. Musiime introduced the PACE programme, stating its objectives while at the same time acknowledging the gains achieved under PARC. He thanked the European Union for making available 72 millions Euros to fund PACE, he also acknowledged the additional inputs from the bilateral technical development assistance programmes of France, Italy, the United Kingdom and thanked FAO for providing the main epidemiologist. He noted that the PACE programme is more complex than the PARC programme. He Finally, Thanked the President and People of Uganda.

I-3 Address by Head of Delegation of the European Commission in Uganda

Apologies from EC for absence of the European Commission Delegate whose term of office is over and for absence of Rural Development Adviser who is currently undergoing medical treatment in Holland.

I-4 Opening speech by His Excellency the Minister of Agriculture, Animal Industries and Fisheries of Uganda – Honorable Kisamba-Mugerwa

The Minister of Animal Industries and Fisheries, on behalf of the Government of Uganda welcomed all participants, noting that animal diseases are a major challenge to animal production in Uganda. She highlighted the important role of agriculture and livestock to the economy of Uganda and to poverty alleviation. CBPP, FMD, CCPP, ASF, Rabies and are the major disease affecting livestock in Uganda. She acknowledged the assistance of PARC in eradicating rinderpest from Uganda and the major role that PACE will play in improving disease control in the country. Uganda has already recruited the staff of PACE.

She underscored the importance of a regional approach to the control of livestock diseases and noted that Uganda is in support of such an approach. She than thanked all the collaborators involved in animal disease control in Uganda. She appreciated the assistance to Uganda provided by the European Union through the funding of PACE. She called upon all participants to take advantage and visit tourist sites in Uganda.

She officially launched the PACE Uganda programme and opened the meeting.

II- Election of presidium

The presidium was composed as follows:

Chairperson: Uganda Dr. Kautta Nicholas – Commissioner for Livestock

Rapporteurs: Kenya assisted by Sudan and Chad

A general introduction of participants followed the election of the presidium.

III- Adoption of Agenda

IV- First Plenary Session

IV-1- Overview of PACE in Eastern Africa – Dr. Rene Bessin

Dr. Bessin, the Co-ordinator of the PACE programme, stated that the PACE program started in October 1999 with 32 potential participating countries, and that a proper management of the program requires a good established management structure. The program is co-ordinated by two regional co-ordination units assisted by technical and Political bodies, namely: a policy committee and an advisory committee. A regional approach is being used to manage the program. There are three sub-regions – West and Central Africa, Cordon Sanitaire countries and Eastern African countries. Eastern African region is divided into two: Countries where rinderpest is still present and those that are at risk.

Dr. Bessin outlined the procedures for getting countries admitted into the programme. First, each country prepares a Global Plan and a work plan and cost estimate which is then consolidated by the PACE co-ordination for a number of countries and submitted to the European Commission in Brussels via the European Union Delegation in Nairobi for approval.

The first group of two countries approved in Eastern Africa namely Ethiopia and Rwanda were expected to begin implementation in August 2000, but they are four months late. One country, Eritrea, was approved in the second batch of countries. The Third group of countries comprising, Kenya, Somalia and Uganda have not yet started implementation.

Seven of the ten Eastern African countries have been approved for implementation. For political reasons Burundi was put on hold. The Sudan project will be implemented under special arrangements. Implementation in the Northern part of the country will be through the government through a Programme Management Unit whereas in the southern part of the country it will be through NGOs. Implementation in Somalia will be through specific structures created within the EC Somalia unit. Greater role will be given to Somalis themselves. International NGOs will also be used to assist implementation.

National programs in Eastern Africa will, unlike West Africa, receive long-term technical assistants to assist implementation. All countries except Rwanda, Burundi, Djibouti, Eritrea will have long-term technical assistants.

Major problem in Eastern Africa is that the programmes were conceived very slowly and

also no functional epidemio-surveillance network. Countries have not been sending reports regularly to the co-ordination in Nairobi. There have also been difficulties in implementing the OIE pathway. Need to have a training needs assessment. The absence of a regional co-ordinator for the region has also been a problem. There will be an appointment of a desk officer who will undertake the daily management of the program for the region.

IV-2- PACE progress report for West and Central Africa – Dr. B. Diop

The last West and Central African Coordination meeting provided important lessons from which this meeting can draw.

Dr. Diop recalled the objectives of the PACE program and the various steps required for countries to be involved in the program. He listed the countries approved by the Advisory Committee. The global plan for Benin, Burkina Faso, etc. has been approved but funds were only received in July 2001. Eighteen countries have had their programs approved. There is a 13 month delay from approval and effective implementation. The Congo program is finalized, but in Cameroon there is a major problem. It is hoped that by October the program will be approved. Visa problems prohibited entry to Equatorial Guinea. There are some countries that have been implementing the program since November 2000 – Mali, Senegal and Guinea. For the eight countries that received funding in March, the program has strengthened their epidemio-surveillance networks. Countries that have just received funding have not yet started implementation. Although Nigeria has not yet received funding, some activities have started with government funding. Training in wildlife has started.

Final report for the last meeting has been prepared and the English version is being translated.

There is the problem of the lengthy process for tenders. Difficulties are also encountered in putting in place the networks. Budgets previewed for certain training are too small and need to be discussed further. PACE started slowly but today the program is functional in most countries.

IV-3- Update on implementation of funded national PACE programmes

Sudan

Rinderpest control in Sudan has followed five stages. The country is still vaccinating against rinderpest. The rinderpest eradication strategy for Sudan was presented. The first step started in 1996. Then came assistance from FAO. Active and passive surveillance and training were used. The strategy was modified. The program succeeded in enhancing national capacities, commitment of the GoS. By end of 2000 four epidemiological zones were redefined into three zones. There are two emergency preparedness committees.

Southern part of Sudan

Coordination between north and southern Sudan is quite good. Activities are being implemented through Vétérinaires Sans Frontières-Belgium. Region has been at war for over 15 years. VSF has been in SS since 1995. First animal health auxiliary school was opened in 1996. North and South operate in similar ways. About 200 AH auxiliaries are currently being trained. Fight against rinderpest lineage I is soon to start and is being preceded by training. Community based messages are currently being developed. CRPP control is also to be

conducted but not until next year. Active and passive surveillance of rinderpest will be conducted including wildlife. It would not be possible to do mass vaccination in infected zones. CAPE has provided first stage funding. Inadequate funding will stifle attempts to control rinderpest in SS. Main issues are access and insecurity.

Uganda – Dr. Nantima

PACE is being implemented under the Ministry of Agriculture. Program is being implemented in districts not considered provisionally free from rinderpest. Vaccination is currently on-going in northeastern Uganda - Zone A. A technical committee to oversee implementation of PACE is in place. A steering committee is also in place. CBPP vaccinations are also on-going in some districts. District co-ordinators have been appointed by district authorities. District reports are being provided on a monthly basis.

Kenya – Dr. Mugenyu

Kenya has been funded for 3.9 million ECU with 1.5 million from the GoK. Program is not yet operational but will begin soon. The anticipated results to be accomplished by the program in Kenya were presented.

The key outputs of global PACE programme in Kenya are:

I Enhanced National Capacity of Veterinary Services based on Development in the Fields of:

- (i) Management
- (ii) Development of National Surveillance and Epidemiological Systems
- (iii) Diagnosis
- (iv) Animal Health Economics
- (v) Communication

II *Promote privatization and improve private-public sector linkage. Through:*

- (i) Increased involvement of private sector in diseases control
- (ii) Support private sector in delivery of animal health services through legal matters review.

III *Eradication of Rinderpest in Kenya following the OIE pathway. By cleaning the country of rinderpest and upholding measures to keep the disease out of Kenya through:*

- (i) Establishment of surveillance network
- (ii) Improvement of diagnostic capacities and standards
- (iii) Establishment of emergency preparedness plan
- (iv) Adherence to OIE pathway

IV *Coordinated control of other epizootic diseases with initial reference to CBPP and FMD through:*

- (a) General disease survey
- (b) Abattoir surveillance
- (c) Mapping disease distribution
- (d) Mapping livestock movement routes and markets
- (e) Carry out vaccination with government funds

Expected Results and Activities of PACE Programme – Kenya First Year

| <i>Result 1</i> | <i>Result 2</i> | <i>Result 3</i> |
|--|---|--|
| Enhanced capacity of Veterinary services to Formulate cost-effective Disease control strategies And to develop them | Private veterinary sector involvement in the delivery of animal health care promoted | Rinderpest verifiably eradication from Kenya |
| Activity | Activity | Activity |
| 1.1- Develop national animal disease surveillance capacities and improve epidemiological knowledge and skills | 2.1- Promote stakeholder consultation/dialogue | 3.1- Undertake required steps for the verification of rinderpest eradication in accordance of the OIE pathway |
| 1.2- Develop reliable reporting system for animal health and implement it with feedback mechanism | 2.2- Private Vets. CAH s and others are engaged in disease surveillance and control | 3.2- Carry out intensive continuous surveillance in high-risk eco-zones |
| 1.3- Develop national animal disease network and make it functional | | 3.3- Make monthly routine data exchange with OAU-IBAR functional and report in 24 hours rinderpest-like and notifiable diseases to PEU at IBAR |
| 1.4- Define cost-effective eradication/control measures and justify their feasibility | | 3.4- Emergency preparedness plan for rinderpest prepared |
| 1.5- Develop communication and sensitisation strategies and implement them | | |
| 1.6- Reliable emergency preparedness programme for priority diseases are ready for activation. | | |
| 1.7- Promote private sector participation in disease control surveillance | | |
| 1.8- Programme management is well performing | | |

IV-4- Plenary Discussion Following PACE Country Report by PACE National Coordinators

Questions : (3)

- 1) The presentation by Sudan contradicts the presentation by PACE Epidemiology Unit and Tchad with regards to zoning vaccination.
- 2) The free zone in Sudan is not separable from the infected one
- 3) The vaccination zone to the East borders with Ethiopia, what are the implications?

Answers:

The question raised will be addressed in the presentation by the main epidemiologist.

The zonation started in 1996 with the blessing of OAU/IBAR and OIE. Further, our zonation is based on livestock movement, which is mainly North – South. There is very little movement of livestock between Sudan and Chad.

Somalia – Dr.

Somalia now has a centrally recognized Government. The programme was organized jointly with Somali professionals in a workshop. Additional funding is from the Italian and Swiss governments. The program has been finalized for the first two years and its objectives and anticipated outputs were presented.

IV-5- Dr. Cagnolatti, Terra Nuova - Presentation on the Itinerant Training Programmes for Somali Veterinary Professionals

Dr. Cagnolatti gave an overview of the programme. The programme includes serum sampling and questionnaire surveys of livestock owners. The serology results show that 4% of cattle between 1-2 years of age were sero-positive for rinderpest. Questionnaire surveys have given an indication of the prevalence of the different diseases in Somalia. The most prevalent diseases in cattle are FMD and Tick infestation. The questionnaires have shown there are multiple sources of drugs in Somalia. These include shops and dealers.

IV-6- Presentation by Chad National Co-ordinator

The PACE Co-ordinator noted the importance of livestock in the Chadian economy. More than 40% of the population depends upon livestock. During the first 6 months of PACE, several meetings were organised and attended by the PCU. With regard to rinderpest control the strategy remained the same. Vaccination of cattle was carried out. The vet authorities supervised teams. They included private vets and local persons. 4.7 million cattle were vaccinated against CBPP although only 190,000 were vaccinated in the cordon sanitaire. This low figure in the cordon sanitaire was due to delays in release of funds plus administrative difficulties, lack of vehicles etc. The low level of

sensitisation of the livestock owners, mobility of animal and lack of personnel also played a part.

The zonation of Chad has been carried out and details will be given during the presentation on the cordon. The western side of the cordon does not receive rinderpest vaccination, it does receive CBPP vaccination. Since July 1999 the surveillance zone does not receive vaccination. As agreed in a tripartite meeting between Chad, Sudan and CAR the size of the cordon sanitaire has been reduced.

Between Jan and June 2001 over 500 surveys and samplings have been made. The results show the CBPP, FMD and other parasitic diseases are the biggest problem.

In the first six months of the project, communication has been improved. Information has been disseminated on radio programmes. This includes privatisation and vaccination issues. A booklet is being produced.

The programme does include the provision of credit to private technicians, training of auxiliaries.

The co-ordinator noted that the results after six months are modest but momentum is picking up. The major constraint in Chad is poor communications. Other constraints include events such as presidential elections and national census that disrupted normal activities.

IV-7- Presentation PACE Ethiopia By Dr. Amare Beyene:

- PACE programme as a National Programme involves 8 regional co-ordination offices
- Service delivery is being carried out for :
 - 32 million head of cattle
 - 40 million head of sheep and goats
 - 52 million head of poultry
 - 3 million head of equines
 - 1 million head of camels

Manpower Allocations.

In addition to the 8 co-ordination offices, the headquarter has employed 3 technical assistants in the

- epidemiology unit
- privatization of services unit
- Emergency preparedness unit

- Sero-surveillance activities: 20,000 samples are targeted for analysis and 18,000 have been tested in a single referral laboratory.

Training of CAHW: Has been done within the co-ordination offices (are engaged actively)

Disease Freedom Status: Declared zonally. Vaccination against rinderpest discontinued long ago.

Budget Allocation: The government-matching fund is released smoothly and in good time.

At present there seems to be no constraints in this regard.

Improved delivery of Veterinary Services.

There is a vested interest in the privatization of veterinary services. There is a good start in the establishment of Veterinary clinic and pharmacies. However, a lot more should be done, veterinarian and para vets have been included in the credit line. Banking process is becoming a constraint.

Rumours of rinderpest in Southern Sudan bordering Gambella region of Ethiopia were not realistic ones as samples taken from wildlife and cattle in the border showed no rinderpest virus antibodies.

PACE is one year old in Ethiopia. The project supports services to the all districts of Ethiopia. The HQ has three officers based in Addis Ababa.

18,000 have been collected and tested. CAHWs training has been carried out all over much of the country and much progress has been made.

The country has been zoned and national level disease free status is hoped for and will be announced in the near future. Government matching funds have been released. There is an interest in veterinary privatisation is strong. Both vets and paravets are included in the privatisation scheme.

Recently rumours of rinderpest in southern Sudan have been investigated. These investigations have been unable to confirm that any outbreak has occurred.

IV-8- Presentation PACE Tanzania

Tanzania has completed its WP&CE for the period Aug. 2001 to July 2002. The budget for year one totals approx. 1.3 mill. Euro. The Treasury has released its contribution. All is set for the implementation of PACE in Tanzania.

As with other countries the project will concentrate on epidemio-surveillance. Some of the constraints include logistical problems with the smooth flow of information from the districts to head quarters, operational funds.

Technical problems include development of TADinfo and doubts about the usefulness of TADinfo cf. Java based programmes.

Future plans include regional and national networking.

The emergency preparedness plan was drawn up in 1999 and 2000 but it has not yet been fully adopted by the governments National Disaster Management Unit in the Office of the Prime Minister. Efforts to formalise the plan continue. Major bottlenecks include mobilisation of financial resources.

The privatisation and legal regulatory changes are progressing although the PARC privatisation scheme has been shelved. Most private practices are located in intensive farming areas. The privatisation of vet services in ASAL areas is still being examined as is the recognition of CAHWs. It is recognised that there is a need to standardise the training of CAHWs and define both their roles and levels of supervision required. The current legislation (cap 376) states that all laypersons must work under the supervision of vets. A legal framework task group has been established to examine legal issues related to CAHWs.

IV-9- Discussion

Chad has used the normal zonation procedures to zone the country. He noted that there are potential problems when you have a cordon sanitaire in Chad that is next to a free zone in Sudan and when you have an infected zone in S. Sudan next to a surveillance zone in SW Ethiopia.

It was noted from the comments of Chad show that another tripartite meeting between Chad, CAR and Sudan should occur ASAP.

Sudan responded that they started zonation of the country in 1996 and was a pioneer in the zonation of countries. He noted that the zonation in Sudan does take into account the movement of cattle. There is only limited movement of livestock between Chad and Sudan. There is a surveillance zone between the infected and free zones declared in Sudan. Sudan is looking forward to 2002 and declaring the whole country provisionally free of rinderpest.

Kenya asked Terra Nuova where were the non-vaccinated cattle that had rinderpest antibodies located in Somalia.

Terra Nuova responded that were found in central Somalia near the coast. Sheep and Goats in this area were also rinderpest Antibody positive.

V- SECOND PLENARY SESSION

V-1- Presentation by Gavin Thompson – “PACE and Freedom from Rinderpest”

Dr. Thompson went through his presentation that was provided with the conference pack. He concluded with some discussion points to be deliberated upon by the participants in working groups.

His major points included the following:-

CURRENT SITUATION

- *OIE Pathway is accepted by PACE as the way forward*
- *Process not always accurately understood*
- *There are some difficulties associated with the process so that PACE countries need to think carefully about how to go about this process*
- *PACE is planning future workshops on the matter*
- *Requires careful consideration & discussion*

Base-line factors that need to be borne in mind:

- *all vaccination must have ceased*
- *the country must have an effective veterinary service*
- *able to monitor animal health situation*
- *investigates all clinical evidence of rinderpest*

Factors that need to be borne in mind (cont)

- *effective reporting system:*
 - *from field to central authority*
 - *from central authority to OIE*
- *effective surveillance*
 - *for freedom from disease: clinical surveillance*
 - *freedom from infection: effective sero-surveillance for a period of at least 2 years*
- *reliable system for preventing the re-introduction of the infection*
 - *border controls, airports & harbours, quarantine etc*

Requirements for separation between infected and free countries or zones

- *Borders should be visible on the ground*
- *Infected countries/zones should be separated from free countries/zones by either:*
 - *surveillance zone or*
 - *physical or epidemiological barriers*

Note - This presents a problem for many countries

REQUIREMENTS FOR FREEDOM FROM RINDERPEST - DISEASE:

Step wise approach

Applicable for country or zone

- *No clinical disease for 5 years*
- *No vaccination for 3 years*
- *Adequate surveillance and reporting systems*

REQUIREMENTS FOR FREEDOM FROM DISEASE (cont.)

- *All suspect cases investigated*
- *Effective measures in force to prevent the re-introduction of the disease*

REQUIREMENTS FOR FREEDOM FROM RINDERPEST (DISEASE):

Direct approach

- *No evidence of rinderpest for 5 years*
- *No vaccination for 5 years*
- *Adequate disease reporting system*
- *Favourable opinion of the FMD & Other Epizootics Commission*
No explicit requirement for surveillance or border control

REQUIREMENTS FOR RECOGNITION OF FREEDOM FROM INFECTION:

Step-wise approach

- *>1 year recognition of freedom from rinderpest disease*
- *Effective surveillance (including sero-surveillance) system for >2 years - all susceptible species (wild & domestic) considered*
- *findings consistent with freedom from infection*

REQUIREMENTS FOR RECOGNITION OF FREEDOM FROM RINDERPEST INFECTION

Direct approach

- *No disease for >10 years*
- *No vaccination for >10 years*
- *Adequate disease reporting system*
- *Favourable opinion of the FMD & Other Epizootics Commission*
No specific requirement for surveillance or border control

CONCLUSION

- *Each country needs to present a scientifically sound argument for freedom*
 - *this is likely to vary somewhat between countries*
 - *preferably risk-based (capacity we need to develop)*
- *Requirement to move more rapidly down OIE Pathway*
- *PACE Epidemiology Unit is there to help in formulating country applications to OIE*

ACCESS TO EMERGENCY FUNDS BY PACE COUNTRIES

- *Emergency fund administered by OIE*
- *Requirements:*
 - *vaccination must have ceased*
 - *acceptable emergency plan in place*
 - *what constitutes an emergency? Recommendation: any occurrence of rinderpest virus in Africa*

IMPORTANT CONSIDERATIONS FOR DISEASE-FREE ZONES

- *Free zone must be separated from infected zone by either:*
 - *“barrier” that will be effective against the spread of infection, or*
 - *surveillance zone*
- *All zones must have clearly defined boundaries - lines on maps are unlikely to be accepted*

V-2- Working Group Lineage II Rinderpest

Which of the alternatives in the OIE pathway is most appropriate to gain accreditation?

- ✓ **The stepwise path is more appropriate for East African countries.**

What are the key elements for a coordinated approach to gaining accreditation from rinderpest?

(First Note – the OIE does not differentiate between lineage 1 and 2)

Essential Elements are as follows: -

- ✓ The OIE pathway accreditation is nation specific but a regional approach is required. Therefore countries need to work jointly to make simultaneous applications to OIE – en block.
- ✓ A clearly defined co-ordinating agency (OAU/IBAR) is required and the roles for all stakeholders (nations and local authorities in Somalia) should be clear.
- ✓ Regular harmonisation meetings
- ✓ Improved information sharing, particularly normalisation of epidemio-surveillance networks and emergency preparedness.
- ✓ When making decisions we need to look at livestock ecosystems boundaries rather than national boundaries
- ✓ Take into account the fact that animals can be moved long distances and quickly to markets
- ✓ Speed up disease searching to find out where the remaining endemic areas are located
- ✓ Speed up elimination process?
- ✓ National Government Commitment and Regional Cupertino
- ✓ Strong effective national veterinary services including laboratory support
- ✓ An agreed test protocol for lineage II at International, Regional and National levels*
- ✓ Member states of OIE from this region should seek clarification on those areas of the protocol/pathway that they feel as impractical or difficult to implement and lobby for change if necessary.
- ✓

{*Refer to PACE expert consultation Dec. 2000}

PACE countries must urgently declare provisional freedom from rinderpest. What are the obstacles to doing so?

Having identified the obstacles and possible timeframes what are the necessary steps that have to be taken to overcome the obstacles?

Where and how can PACE help countries to progress towards accreditation of freedom from rinderpest?

Difficulty in clinical recognition of lineage II infection.

- ✓ Serological surveys should continue in unvaccinated populations and be taken up in other populations in 2002 (once vaccination has ceased)

Vaccination of cattle confusing serological analysis

- ✓ Strategic approach to taking necessary steps to stop vaccination by end 2001 and then concentrate on surveillance. Any vaccine stored in Somalia should be removed

Inadequate veterinary

- ✓ Immediately put in place community-based animal

No confirmation of an endemic focus leads to persistent suspicion of presence of rinderpest in southern Somalia. Countries bordering Somalia would like to declare freedom in border areas but feel unable to do so because of situation there.

**Inadequate funding to meet the provisions of the OIE pathway
PACE will end in 2004 possibly 2005 if it gets a no cost extension**

Suggestion-----{Develop eradication strategy for Somalia - particularly southern Somalia - in collaboration with neighbouring countries and local authorities in Somalia - via stakeholders workshop}

PACE countries must urgently declare provisional freedom from rinderpest. What is the timeframe for doing so?

The countries affected by lineage II should have declared provisional freedom by end of 2002.

engage / mobilise those veterinarians and services that are present in Somalia.

- ✓ Obtain objective evidence that there is no rinderpest in Somalia – ASAP
- ✓ Take a regional approach so that Somalia becomes part and parcel of a regional declaration.
- ✓ IBAR (PACE) to approach OIE to seek permission to make declarations on behalf of countries / regions that have no recognised government / authorities
- ✓ PACE to provide funds.
- ✓ During PACE focus resources on rinderpest eradication.
- ✓ PACE should emphasis the need for individual countries continue funding the fight against rinderpest beyond the end of PACE.

ISSUES ARISING FOLLOWING GROUP PRESENTATIONS ON RINDERPEST

V-2-1- GROUP 1:

- Clarification on question 2, columns 2 and 3. This applies to the whole country including the sanitary cordon.
- Clarification no. 2: - Freedom from infection only applies to countries and not zones as implied in the table with respect to Sudan.
- Clarification no.3: - Include Tanzania in the table on question 2 as follows:
 - Tanzania declared provisional freedom from disease for zone A (South of the Central Railway line) in January 1998 and for zone B (North of the Central Railway line) in July 1998. Tanzania will apply for freedom from disease in 2002 and freedom from infection in 2004.

v-2-2GROUP 11:

Comment no.1:

- The disease behaves differently (is sub-clinical). In the past, we have carried out extensive disease search complemented by serology. The biggest problem Kenya is facing with regards to lineage II RPV, is laboratory diagnosis.

Response: Refer to experts' meeting in December 2000 reviewed by EMPRESS.

- Although cELISA is insensitive, it is highly specific. What is needed now is to identify a highly sensitive test for screening purposes. Further, a test to differentiate RPV from PPR virus is needed.

A copy of the experts' meeting can be obtained from Dr. Richard Kock.

Comment no. 2:

- Samples from the same region (Somalia) have been testing positive on serology without any clinical manifestation. We need to look at the significance of this.

Comment no. 3:

- The PEU will help individual countries to discuss country specific situations. The objective of this meeting is to set out general guidelines and principles.

Comment no. 4:

- The Somalia situation is quite unique with respect to lineage II RPV. A strategy should be clearly spelled out. I suggest that a specific table be laid down to reflect the effort by every country in the lineage II region. In this regard, an urgent meeting should be called for the concerned countries (Somalia, Ethiopia,

Question:

- All the wildlife sera tested in Chad are negative for RPV. Is it therefore possible for Chad and West African countries to move faster and declare freedom from infection?

Answer:

- Some parts of West Africa can do that, but the problem is the massive movement of livestock from the East to the West (Sudan to Cameroon)/Nigeria). Just like the situation with Kenya discussed above, the solution is bilateral meetings.
- There is a possibility for countries/regions to move faster along the OIE pathway; but this also requires a functioning system within each country e.g. credible functional veterinary service. In certain countries in West Africa this may be possible, but most important is for each country to fulfil all the necessary criteria in consultation with PACE.

Suggestion:

- The three concerned countries can meet with PEU in the course of this meeting to make recommendation(s) for adoption by this meeting.

Comment:

- The empowerment of regional funding relies on individual country planning. Future funding will therefore depends on how individual countries prioritize livestock development.

Second on a regional basis like IGAD, livestock development should be prioritized. Overall therefore, there is need to liaise with NAOs to make sure livestock development is prioritized.

Comment:

- There is need for other authorities in Somalia such as Somaliland, Puntland and TNG to be engaged in the dialogue to eradicate/control rinderpest (political level involvement)

V-2-3- DISCUSSION FOLLOWING PRESENTATIONS ON:

Wildlife surveillance

Emergency preparedness

The elements of effective epidemio-surveillance

Comment 1.

- Emergency preparedness plans prepared by Peter Roeder of FAO were discussed sometime back in Bamako. PACE/PARC member countries were in agreement that this could serve as a module.
- Notification of disease should not be burdened to PACE epidemiology units of member countries. Member countries should understand that reporting and notification is a country responsibility with or without the PACE project.
- The management of Emergency funds is something that needs clarification.

Comment 2.

- Most of us have consulted the books listed by Dr. Risto Heinonen on surveillance but they are not explicit enough. What is needed are simplified manuals on surveillance.

Response :

- In addition to Dr. Sidibés' comments at the Bamako meeting, following the manual presented by Peter Roeder each country promised to make its own plan, but so far none has come up with the plan. Therefore, emergency preparedness does not exist as of the moment.

Comment 3.

The following scenario needs clarification.

- With the arrival of emergency funds, they could be accessed by individual country PACE programmes in the same way/ through the same accounts. Should there be an addendum to specify that the NAO can authorize the use of funds? What will happen when PACE ends, given that the funds will still be there?

There is need therefore to operate a separate account to take care of life after PACE.

Response

- No country has as yet submitted an emergency preparedness plan. I think this meeting cannot handle the problem of emergency funds. This problem should be taken up in 2 weeks time with OIE. What is needed at the moment is for individual countries to prepare emergency preparedness plans to enable their epidemiology units function optimally.

Comment 4.

- There is need for workshops on Emergency Preparedness plans – but are the FAO documents valid enough to allow countries prepare Emergency Preparedness Plans?

Comment 5.

- Clarification is needed from the presenter to the effect that for a country to receive money for emergency preparedness, it has to be neighbouring a threatening focus.

Response

- The FAO document is good but obviously it may not be practicable enough. Very soon, a FAO mission will be in Nairobi and will look into ways of developing modifying the existing FAO guide. Two workshops are planned for in the year (Franco and Anglophone).

Comment 6

- The question of emergency preparedness plan is not clear. It is not a problem of the PACE program, but the individual countries.
- It is therefore important that a workshop takes place before countries prepare their emergency preparedness plans. Further, it is important to note that several people departments will be involved in the preparation of the EPP.

Response

At the planned workshops, we envisage bringing in experts based on practical issues. Unfortunately a lot of us do not have experience with an emergency situation. There is therefore need for draft plans from countries before the planned workshops.

Suggestion

Much as I agree with the idea of 2 workshops based on Anglo/francophone, I think it could be even better if we went further and made groupings based on rinderpest epidemiological pictures groupings in based on similarities in the epidemiological situation.

Response: the PEU may not be in a position to handle too many workshops

I disagree with that argument (limited capacity of PEU to handle several workshops). I strongly feel that groupings based on similarity of situations is quite ideal.

Suggestion

I agree with 2 workshops based on Anglo/francophone grouping, but also allowing for a third one that could be used to harmonise the 2 groups.

Suggestion

I suggest one meeting for both Anglo/francophone with enough facilitation and, if need be, more days so as to exhaustively discuss and come up with concrete E.P.P suitable for most PACE countries.

Suggestion

PCU could be willing to squeeze together meetings for the West and East instead of 2 separate ones. The same applies for PACE co-ordinator's meeting. This will be good and cheaper in the long run.

Conclusion

The PCU will have to go back to the drawing board to examine the matter thoroughly/critically. The decision reached will be communicated to all. The bottom line however is that there is need for a meeting (s).

Comment 6

The wildlife component of the rinderpest surveillance system is very important. However,

therefore request that the disease situation in DRC be reviewed and analysed by the West African Wildlife epidemiologist.

Response

Game parks and reserves in DRC are in very good state despite the recent/on-going war in the country.

- Most of the parks/reserves are near the borders
- Cattle population is only about 55% of what it was 10 years ago. Generally, the cattle population is low. However, cattle have recently been coming in from Sudan.
- To objectively establish the rinderpest status of DRC will require sampling of wildlife, in particular buffalo. Garamba National Park with a buffalo population of 12, 000 is targeted for PACE wildlife surveillance.

Question

What will negative wildlife samples contribute to the OIE pathway and how?

Answer

A lot of OIE activities aim at building confidence. Negative serology results provide a country with this confidence.

Comment 7

A strong/functional veterinary service is crucial for countries in moving along the OIE pathway, given the appalling situation as exemplified by Tanzania, I propose that this meeting came up with a strong recommendation regarding veterinary structures.

Response

I think that is very important from the OIE point of view. Make your recommendations to OAU-IBAR, which will present them to a meeting for OAU, ministers stated for November 2000.

Comment 8

In 1999, Lineage I and II groups were established, but since then, no harmonisation meeting has been held.

Response

That belong to the PARC era-nonetheless, PACE will have similar ones. I am sure you have proposed this in your country projects.

Comment 9

The economics of active surveillance should have come out in the presentation on surveillance. Active surveillance pre-supposes that there are many players who in most cases want to be remunerated. The economic aspect in this regard should be emphasized.

Response

PACE economists will make a presentation on this tomorrow.

VI- THIRD PLENARY SESSION: THURSDAY 30TH AUGUST, 2001

VI-1- SUMMARY OF DISCUSSIONS

Presentations were made by members of the PACE Secretariat, on the following:

- a) Western Cordon Sanitaire update.
- b) Wildlife surveillance
- c) Emergency Preparedness Plan
- d) The elements of effective epidemiosurveillance and their costs

VI-2- ISSUES ARISING FROM DISCUSSIONS

The following issues arose from the discussions.

1. The weakness of the Cordon Sanitaire were discussed and fears raised regarding the uncontrolled movement of cattle within the region. It was observed that there was no permanent barrier to control this movement.

VI-3- RECOMMENDATION Following Group Discussion

It was recommended that a tripartite meeting composed of delegates from Sudan, Chad and Central African Republic be organized to discuss the problem of the "Cordon Sanitaire" with a view to harmonizing activities. The OAU-IBAR was requested to spearhead the arrangement of the meeting and have it organized in October, 2001.

2. The number of animals within the Cordon Sanitaire should be known as an indication of the magnitude of the problem. As of now it was observed that the countries do not know the number of animals involved.
3. Efforts to be made by OAU-IBAR, and interested organizations to assist participating countries in PACE, on how to isolate Lineage II virus in cattle in East Africa.
4. In relation to emergency preparedness plans, it was observed that some countries have put together such plans though these are ineffective. It was therefore recommended that in order for the participating countries to have access to the emergency fund they are required to put together elaborate and functional plans.
5. Since most delegates fear that the existing guidelines on how to put together emergency preparedness plans were complicated it was recommended that a meeting be organized for participating countries to review these guidelines and to come up with acceptable guidelines for use by PACE participating countries.

6. It was emphasized that a functional and effective surveillance system is a pre-condition for having access to the Emergency Fund.
7. It was agreed that the FAO guidelines on “Emergency Preparedness Plans” be utilised by PACE countries as a basis for developing their own emergency preparedness plans. PACE – PCU is to provide the required technical assistance to the countries.

VII-FOURTH PLENARY SESSION: Thursday August 30, 2001

VII-1- Tools and recommended practices for zoo-sanitary information management in the PACE programme

Dr. Berhanu presented the above topic and stressed the need for information on zoo-sanitary and other ancillary factors in order to guide decision making for improved animal health services. He elaborated on some examples of data collection methods and means of information management practices. Ways of information dissemination such as paper reporting, electronic reporting were also given as examples of information transmission employed by the PACE program. Requirements for an appropriate information system were given as good and working communication structure, provision and availability of adequate financial and human resources as well as clearly defined working protocols. A good information tool should be simple and readily available, compatible as well as having flexibility and affordability capabilities.

Information management tools such as general purpose softwares as well as reference databases were presented. Gaps in information management in some PACE member countries visited include the lack of a standardized reporting system as well as a coherent information management system. Proposed solutions to these gaps include refining and re-defining the types of information needed. Finally, the need of facilitating information flow between and among PACE member countries were emphasized.

VII-2- PACE standards for veterinary laboratories in member countries

Dr. Bidjeh presented the above topic on behalf of Dr. Tounkara who was away on mission. National laboratories should give reliable results as well as conform to the standard manual of the OIE. The standards proposed in this manual must be used by the labs. The conditions for the use of these standards must include quality assurance measures as well information handling and dissemination among others. Technical requirements include qualified laboratory staff and good infrastructures. The tests should follow the international laid standards. GREP has proposed conditions and requirements for regional, sub-regional and national laboratories. An inventory of all labs in PACE member states needs to be carried out. A mission was undertaken at PACE PCU level and recommendations can be made along the findings of this mission.

VII-3- OIE Regional Representation in Eastern Africa.

This presentation was made by the OIE Africa Region Representative, Dr. S. Sidibé. He stressed the need for good epidemiological information as key to providing solutions for animal disease problems. The quality of veterinary services and the certification of international exchanges was also cited as of the problems to be addressed by the OIE. Ways and means of improving the legislative framework of veterinary drugs will also be a priority problem for this region. A seminar to address the above raised issues is planned at Addis Ababa, Ethiopia in November 2001.

VII-4- The PACE communication strategy and recommended approach to rinderpest eradication and strengthening of veterinary services in participating countries.

The PACE Communications expert, Dr. Francis Inganji presented the above component. He started by highlighting some of the key features and achievements of PARC program. He then elaborated on the strategy and approach being employed by the PACE communications unit. Some of the challenges to effective communication in the control of rinderpest were given as the issue of different languages spoken in Africa, cultures and communication tools. Inadequate communication skills and resources were also cited as other important challenges to be addressed. Some ways of strengthening the veterinary services in PACE member countries were proposed. These include revising and inclusion of in-service training in curricula of veterinary schools, training in communication skills through workshops and seminars as well as popularizing the veterinary services privatization process for improved animal health services delivery.

VII-5- Discussion session

Sudan- Interested in OIE presentation by Dr. Sidibe. Issues raised were important. OAU-IBAR should actively liaise with OIE especially towards the upcoming Addis meeting. Economists should also be included in this.

OIE- Upcoming seminar to be organized in collaboration between OIE and PACE. Good idea to invite an economist. This will be according to the topics to be covered.

Solomon- IBAR's initiative to establish a trade commission is there.

Director-IBAR- The present OIE Regional Africa Representation is being funded under the PACE program

Dr. Solomon- The issue raised by data mgmt expert concerning regular reports to OIE. Why are we not reporting? What is the problem.

Dr. Rwamushwa- Non-PACE states reporting better than PACE states

Kenya- What is lacking is a format to present these reports to OAU/IBAR. If IBAR wants a copy of these OIE reports then it is okay.

Dr. Berhanu- The issue here is that we must report adequately and more information even to OIE and IBAR itself.

VII-6- Strategies in CBPP control and eradication

This presentation was done Dr. Gavin Thomson, PACE main epidemiologist. The issue to debate here is that whether new strategies are needed. CBPP is widespread in Africa and little is understood in terms of its epidemiology. Distribution and prevalence of CBPP in Africa is unclear. Reporting here is the key. The impact of this disease, where it occurs, is clear. Current CBPP tests do not identify disease carriers. Appropriate vaccine is not available. He cited some of issues raised in a recent electronic conference on CBPP. These include whether to aim for control or eradication, whose responsibility is it, among others. Missions to various countries indicate that they are vaccinating against CBPP but the objectives and availability of resources is unclear. The issue is that we could do better using the present resources. He proposed that CBPP control and eradication could be addressed from a national veterinary service perspective as well as that of livestock owners and CAHWS.

Need to be more attentive to costs and benefits of what we are doing. Need also to decide whether the policies we have are realistic and can be implemented. A workshop is proposed to brainstorm and suggest strategies for CBPP.

Dr. Connor gave guidelines on how such a workshop could be carried out. Scenarios like epizootic, enzootic, pastoral and sedentary system could be considered. Resource limitations are there. Strategies could be suggested. These could be influenced by other external factors such as institutional, socio-cultural, political, technical considerations, availability and efficacy of vaccines, Economic factors and environmental factors are also important. Peoples perceptions and priorities change with time. Constraints are also to be considered. He proposed to keep the previous day's groupings and discuss the CBPP issues from the two suggested perspectives. The idea here is to give a fresh thinking towards a problem which is already known.

Group discussions on the issues raised was deferred till Friday morning.

Minutes of 1st Regional Co-ordination meeting for Eastern Africa.

VII-7- ISSUES ARISING FOLLOWING PRESENTATION ON PRIVATIZATION

Issue No. 1:

I wonder why among the customers, livestock traders are not featuring strongly.
I give the example of Somalia where livestock traders feature prominently.

Response:

I agree with you – Livestock traders would need a unique set of support.

Issue No. 2:

I appreciate the introduction of privatization as a way of restructuring of veterinary services. However, the main constraint in this regard is financing of veterinarians wishing to go into private practice.

Secondly, most countries are not considering privatization as an important policy issue

Response:

Funding of the private veterinarians is a key issue. This could be through cash recovery, loan schemes, sensitization of the communities, sale of drugs etc. It is important that paravets work under private veterinarians in this regard.

Issues No. 3.

How does a private vet survive in pastoral areas where monetary flow is very low?

Response:

We had a similar problem in Europe and vets could be paid in kind eg. Chicken and we expect something almost similar here in Africa. I must point out that in Africa livestock keepers tend to keep excessively large herds - So may be what is needed is education on the quality of livestock. That way even pastoral communities would understand the need for destocking/meeting veterinary expenses.

Issue No. 4:

In Chad, privatization was meant to improve services to the benefit of the livestock keepers, and the private veterinarians could in the process make some money. The consequences of privatization is that private services will not respond to the needs of livestock keepers (nomadism/transhumance), while most of the privatized services can no longer be handled by government veterinarians. In overall, we moved too fast without putting in place safety measures.

Response:

Yes, I agree with the delegate from Chad. I am not advocating the replacement of..... vet. With private veterinarian.

Under PARC the private veterinarians did not prepare themselves adequately for this phase. The private sector should understand the need for diversification of services such as networks for sale of drugs and vaccination through auxiliaries.

- Government should withdraw public vets where private vets exist
- There is need to have vets on the ground in accordance with OIE for purposes of issuance of certificates, but paravets may offer stiff competition

Sol> Long term vision of OAU to stimulate African countries to shift emphasis from public to private.

- This will ensure sustainability.

Further addition:

- With regards to banking sector:-
- I will be sending all of you a questionnaire which will help us in addressing certain issues,

- Most of you need to star guaranty fund. This way, the bank does not face any risk, in case of non-payment, the bank recovers from the guaranty fund.
- the bottom line here is that there cannot be good veterinary privatization without a good working relationship with the banking sector.

VII-8- ISSUES ARISING FOLLOWING PRESENTATION ON NATIONAL BUDGETARY ALLOCATION TO SUSTAIN THE SURVEILLANCE AND CONTROL OF ANIMAL DISEASES IN PACE MEMBER COUNTRIES

Issue No. 1:

The Economics Unit has been using the same countries over and over again. The extra polation of such results to other countries therefore becomes questionable. I would like to know the basis for selection of countries. Secondly, such a presentation would have been more useful in the early stages of the project preparation. This way Member Countries would have been in a better position to convince their national governments on the need for financial commitment and contribution.

Response:

I agree with the foregoing sentiments. However, all the 32 countries covered by PACE cannot be covered at the same time. We plan to include more countries as we move along, but suffice to mention that we encounter lots of problems in accessing information in some countries. We hope to include Sudan in the next evaluation and would like to lobby for their support.

Issue No.2:

From the presentation, it is quite clear that livestock contributes significantly to national GDPs, making it necessary that delegates here should see the need of convening their countries to contribute more towards livestock development.

Further, isn't it possible for PACE to use disease outbreaks such as FMD to convince their governments to make their contributions?

World Bank sponsored restructuring in many countries is making veterinary structures within these countries weak and therefore, cannot effectively lobby for adequate funding.

Concerning country contribution, we in Chad understand it differently. That country contribution increases gradually from the first year, such that by the end of the PACE Project, the government will have taken over the running of epidemio-surveillance network.

Responses

It is true that country PACE Projects can use the occurrence of diseases like FMD to lobby for increased government contribution. However, there is no need to wait too long or until the end of the program to start lobbying for increased government contribution

Regarding World Bank interference, I think most governments are aware of the implications.

I agree with the concerns of the Sudanese delegate. However, I wish to point out that a consultancy is planned for various countries to be carried out in consultation with our Economics Unit. Where not possible, we encourage individual countries to initiate such moves.

In the event of disease outbreaks like FMD, PACE can help individual countries argue their case to secure funding.

Regarding the effectiveness of surveillance there are 2 questions:

Are the surveillance systems efficient and effective?

Can the veterinary services reasonably expect treasure is to finance inefficient and ineffective systems?

Issue No. 3

The livestock sub-sector is competing with the rest of agriculture and/or other ministries for the meagre resources available. Therefore, for future sustainability of epidemio-surveillance there is need to invite planners from country treasuries to such meetings.

Issue No. 4

We need to understand what the epidemio-surveillance is going to deliver. Therefore, what we need to address is the purpose of the network and not the benefits of the network.

ISSUES ARISING FOLLOWING PRESENTATION ON PRIVATIZATION

Issue No. 1

I wonder why among the customers, livestock traders are not featuring strongly. I give the example of Somalia where livestock traders feature prominently.

Response:

I agree with you. Livestock traders would need a unique set of support.

Issue No. 2

I appreciate the introduction of privatisation as a way of restructuring of veterinary services. However, the main constraint in this regard is financing of veterinarians wishing to go into private practice.

Secondly, most countries are not considering privatisation as an important policy issue.

Response:

Funding of the private veterinarians is a key issue - This could be through cost recovery, loan schemes, sensitisation of the communities, sale of drugs, etc. It is important that paravets work under private veterinarians in this regard.

Issue No. 3

How does a private vet survive in pastoral areas where monetary flow is very low?

Response:

We had a similar problem in Europe and vets could be paid in kind, for example, chicken, and we expect something almost similar here in Africa.

I must point out that in Africa, livestock keepers tend to keep excessively large herds. So maybe what is needed is education on the quality of livestock. That way, even pastoral communities would understand the need for destocking/meeting veterinary expenses.

Issue No. 4

In Chad, privatisation was meant to improve services to the benefit of the livestock keeper, and the private veterinarian could in the process make some money. The consequences of privatisation is that private services will not respond to the needs of livestock keepers (nomadism/transhumance), while most of the privatised services can no longer be handled by government veterinarians. Overall we moved too fast without putting in place safety measures.

Response:

Yes, I agree with the delegate from Chad. I am not advocating the replacement of the public vet with private veterinarian.

Under PARC, the private veterinarians did not prepare themselves adequately for this phase. The private sector

Friday, 31 August 2001 Afternoon Session

The afternoon meeting resumed at 2:45

The Community Animal Health and Participatory Epidemiology (CAPE) approach in Eastern Africa presented by Dr. Leyland presenting

Dr. Leyland started by mentioning that CAPE is one of the units of the PACE project. He mentioned the objective, the structure areas covered by the project and functioning of CAPE.

Comments and questions

Dr. Diop asked how CAPE could help pastoralist in West and Central Africa?

Dr. Leyland: The DFID and USAID funding is limited to East Africa. There is an attempt to use EDF fund to make use of it in that area. There is discussion within PACE to get more funding to work in West and Central Africa.

Presentation: Update: Technical Assistance to National Programmes. The PACE Emergency Fund; PACE Research Programmes and PANVAC Dr. Connor presented on behalf of Dr. Bessin and his own the mentioned topics.

Dr. Connor asked Dr. Diop on the recent situation of PANVAC

The Senegalese authorities were asked to host PANVAC. The Ministry of Agriculture has agreed in principle and favourable answer is expected from the Government. Proposal are made to CIRAD/EMVT and answer is expected. Proposal on the transfer and financial modalities is now to be worked out.

Dr. Bidjeh has contributed on the status of equipment for technical work.

Drs. Tounkara and Bidjeh went to evaluate the lab where the PANVAC facilities to be established. Infrastructure and facilities were visited and discussions held with the director. In his view the lab can start operations.

Dr. Connor thanked the updates by the two colleagues.

Moving on research subjects he indicated budget allocation over 5 years for Rinderpest and CBPP research. He listed the expectation of research outputs.

Dr. Connor asked again for input for the research component by colleagues, particularly Dr. Thomson.

Dr. Thomson said the advent of the FMD in UK delayed the starting of the research by the World reference centre for rinderpest. The situation needs to be revisited during the

forthcoming ACM. The output of CBPP research is regarding the immunity and handled by CIRAD/EMVT. The Director OAU/IBAR has contributed on what has agreed at the expert consultation meeting at FAO Rome.

Moving on, Dr. Connor presented the Management of Emergency fund. Half million of Euros are in bank account for mobilisation in face of an emergency. However, there are preconditions for mobilisation of these funds such as the emergency preparedness plan. An ACM in two weeks hoped to advise on quick mobilisation of funds.

On rinderpest vaccine Dr. Connor asked again Dr. Thomson for updated. The later mentioned that the purchase and stocking of 500,000 dose of thermostable vaccine has been identified. The type of contract and mode of payment have to establish yet.

The third point was the deployment of TA, of special interest for East African countries. Dr. Connor presented the rational behind the requirement for TAs and how they can be deployed (Under EDF and other donors).

For details on Chad Dr. Connor asked for update

Dr. Diop intervened and said that 2 technical Assistants requested for Chad 1 for administrative and 1 for technical as the provisions were made this way. NAO and local delegation has launched a short-term recruitment. We have to bear in mind the existence of a French TA for livestock and also Dr. Fatah of the Cordon sanitaire.

Dr. Connor has mentioned also how short term consultancies can be accessed and sources of finance for these. He mentioned the terms of reference of this short-term consultants who work under the DVS and in close collaboration with PACE project staff.

VII-9- RIFT VALLEY FEVER : THE OAU-IBAR INITIATIVE

The final presentation was by Dr. Solomon H. Mariam on Rift Valley Fever : the OAU/IBAR initiative. He highlighted in his presentation how African countries gradually lost livestock market in UAE and Saudi Arabia due to different diseases and particularly the ban following RVF in Eastern Africa. He underscored the preference of both markets for African beef and mutton over Australian. However, unless the disease situation and transparency improves, access to these markets may continue to be difficult. He finally mentioned the establishment of the East African trade commission and its structure and proposed objectives.

The director of OAU/IBAR leaded the last session of discussion and adoption of the meeting's recommendations. Dr. Bengat of the Kenyan delegation reported on the progress and achievements of the meeting. Then the delegates from the Sudan, Tanzania, Ethiopia, Uganda and Kenya (Drs. Hassan, Bahari, Sileshi, Nantima and Rose and Mugenyoo respectively) read the recommendations. The vote of thanks were read out by the delegate from Chad Dr. Mansoungaral Nassingar With few remarks, the director invited the guest of honour, his excellency the minister of state for fisheries of the Ministry of Agriculture, livestock industry and fisheries of Uganda, Dr. Biaruhanga to close the meeting. The meeting was officially closed at 5:00 P.M.

VIII- FINAL COMMUNIQUE

The First Meeting of the Pan African Programme for the Control of Epizootics (PACE) was held from 29th to 31st August 2001 in Entebbe, Uganda. The following countries participated in the meeting: Chad, Djibouti, Ethiopia, Kenya, Sudan, Tanzania, Uganda and different non-governmental organizations. Burundi, Eritrea, Rwanda and Somalia were not represented.

The Director of OAU-IBAR, Dr. Jotham Musiime, on behalf of the OAU Secretary General thanked the Government of Uganda for hosting the meeting at short notice. He introduced the PACE programme, stating its objectives while at the same time highlighting the gains achieved under PARC. He thanked the European Union for funding the PACE programme and other international organizations for supporting the programme. He thanked the President and the people of Uganda for their warm welcome and hospitality.

The Honourable Minister of State for Livestock, Animal Industries and Fisheries – Mrs. Mugenyi Mary, representing the Minister of Agriculture, presided over the opening ceremony.

On behalf of the Government of Uganda she welcomed all participants, noting that animal diseases are a major constraint on animal production in Uganda. She highlighted the important role of agriculture and livestock to the economy of Uganda and its potential contribution to poverty alleviation. She acknowledged the assistance of PARC in eradicating rinderpest from Uganda and the major role that PACE will play in improving disease control in the country. She underscored the importance of a regional approach to the control of livestock diseases and noted that Uganda supports such an approach. She then thanked all the collaborators involved in animal disease control in Uganda. She appreciated the assistance provided to Uganda by the European Union through the funding of PACE.

During the three days meeting participants considered the following topics:

- The PACE programme in Eastern Africa
- Progress on the implementation of PACE in West and Central Africa
- The status of rinderpest and prospects of its eradication by following the OIE pathway
- The status of the Western Cordon Sanitaire
- Wildlife surveillance, emergency preparedness plans and epidemio-surveillance networks
- Tools and recommended practices for zoo-sanitary information management in the PACE programme
- PACE standards for veterinary laboratories in member countries
- Activities of the OIE regional representative in Africa
- Communication strategies
- Strategies for CBPP control and eradication
- National budgetary allocations to ensure sustainability
- Policies to re-organize animal health networks in Africa

- Technical and financial monitoring tools
- Community-based animal health and participatory epidemiology approach in Eastern Africa
- Rift Valley Fever in Africa

After deliberating for three days, the meeting made recommendations in the following areas:

1. Rinderpest eradication
2. CBPP control and eradication
3. Zoo-sanitary information management
4. Activity reporting for monitoring the PACE programme
5. Establishment and support of functional state veterinary services
6. Establishment of East African Trade Commission by OAU-IBAR

The Honourable Minister of State for Fisheries, Dr. Fabius Byaruhanga, closed the meeting .

IX- RECOMMENDATION NO. 1: RINDERPEST ERADICATION

IX-1- Rinderpest eradication

Considering the current situation with respect to the two foci of rinderpest persistence in Africa and recognising that verifiable eradication of the disease from these foci is a continental and global priority, it is recommended that:

1. PACE in association with OAU-IBAR focuses attention and resources on the rinderpest situations in Sudan and Somalia. The goal is to ensure eradication of the disease from these foci in a verifiable manner by the end of 2003.
2. PACE, on behalf of OAU-IBAR, attempts to facilitate the accreditation process for rinderpest on a regional basis through negotiation with OIE and GREP. The purpose will be to modify the current country-specific process to accommodate a regional recognition of freedom from rinderpest.
3. A workshop aimed at achieving agreement on a regional strategy against rinderpest in Eastern African countries be organised by PACE before the end of February 2002. The workshop should set targets and time frames for each country to make material progress down the OIE pathway before end 2002, including ensuring that countries that have not yet declared provisional freedom do that as soon as possible.

IX-2- Cordon sanitaire

Considering the requirements for progress down the OIE Pathway for Sudan, Chad and the Central African Republic and recognising that the logistical difficulties and costs involved in the maintenance of the *cordon* bring its future into question; it is recommended that:

The Tripartite Meeting (Sudan, Chad & Central African Republic) on the future of the *cordon sanitaire* and integrated action against rinderpest in the area involved, be held as soon as possible but not later than end November 2001.

IX-3- Emergency plans against rinderpest recurrence

Considering the slow progress that has been achieved in developing effective emergency plans against rinderpest and given the necessity for the existence of approved plans as a prerequisite for access by countries involved in PACE to the Emergency Fund, it is recommended that:

A workshop designed to facilitate the development of effective emergency plans against rinderpest be arranged by PACE for all countries involved in the Programme before the end of January 2002.

X- RECOMMENDATION NO. 2: Contagious bovine pleuro-pneumonia (CBPP)

Given that there is considerable uncertainty as to which strategies should be applied to the control/eradication of CBPP and given the complexities of the issue, it is recommended that:

A workshop on developing regional control strategies against CBPP be held in Ethiopia over the period 20-22 November 2001.

XI- RECOMMENDATION NO. 3: Zoo-sanitary information management

The first PACE co-ordination meeting for Eastern Africa

Recognising:

- The importance of collecting zoo-sanitary information for assessing the status of disease in the region and disseminating disease information in the area for minimising the spread of disease(s).
- The role disease reporting plays in accreditation of rinderpest free status of countries.
- The mandates of OAU/IBAR in collecting, collating and disseminating information regarding animal health and production in the continent.

Recommends that

- 1) Member countries introduce and strengthen disease reporting systems from field to central authorities and from these to OIE and OAU/IBAR. Reporting to OAU/IBAR starts by October 2001.
- 2) This reporting makes use initially of the OIE format, which should be sent to OAU/IBAR on monthly basis and a summary of disease occurrence and baseline data at the end of each year.
- 3) OAU/IBAR through its PACE project speed-up the identification and introduction of standardised information management system both at PACE national and regional programmes level by January 2002 so that consolidated disease information can be provided to assist countries in their effort to control/eradicate transboundary diseases.

XII- RECOMMENDATION NO. 4: Activity reporting for monitoring of PACE Programme

Recognising

- The role of regular, timely and comprehensive reporting of activities in monitoring the progress of project implementation.
- Close monitoring of project implementation can lead to take corrective measure in time in case of problems and plan technical and financial support.

Recommends that

- 1) Member countries commence sending standardised activity reports to OAU/IBAR and PACE Regional Project Co-ordination Units (PCU) as of October 2001.
- 2) The PACE PCU should introduce reporting formats and procedures to all member countries before the end of September 2001.

XIII- RECOMMENDATION NO. 5: Establishment and support of functional State Veterinary Services

Given the central role played by a functional veterinary service in order to meet OIE pathway requirements and the need for accreditation of freedom from disease by OIE, in order to meet World Trade Organization's (W.T.O.) sanitary and phyto-sanitary (SPS) requirements the First PACE Regional Coordination Meeting for Eastern Africa recommends as follows:

OAU-IBAR should propose to the OAU Council of Ministers, the re-establishment and support of functional State Veterinary Services.

XIV- RECOMMENDATION NO. 6: Rift Valley Fever and African trade opportunities

Considering the importance of Rift Valley Fever in the Eastern African region, the meeting unanimously endorsed the OAU-IBAR initiative to establish an East African Trade Commission. Member countries were urged to provide the necessary support for the rapid establishment of East African Trade Commission.

XV- MOTION DE REMERCIEMENTS

Les Délégués des pays de l'Afrique de l'Est, participant au Programme Panafricain de Contrôle des Epizooties (PACE) et les représentants des organisations non-gouvernementales, internationales et régionales, ayant pris part à la première réunion de coordination régionale du PACE, pour les pays de l'Afrique de l'Est, du 29 au 31 Août 2001 à Entebbe (Ouganda), remercient très sincèrement Son Excellence Monsieur Youeri Kaguta Museveni, Président de la République d'Ouganda, le Gouvernement et le Peuple Ougandais pour l'accueil chaleureux, cordial et fraternel qu'ils leur ont réservé.

Fait à Entebbe le 31 Août 2001.

La Réunion

XVI- NEXT STEPS AND ACTION PLAN

| MAIN TOPICS | ISSUES TO BE ADDRESSED | ACTION BY | MILESTONE INDICATORS |
|---|--|--|--|
| Administrative and Financial delays | Streamlining release of funds Reducing delays in procurement of equipment | PCU | By end December 2001 |
| Facilitate start up of remaining countries in East Africa | Consolidation and quick processing of WPCE for Sudan, and Tanzania | PACE Co-ordination Unit | By end of October 2001 |
| DIE pathway for rinderpest | Difficulties in the Harmonization of Strategies according to regional/national approach and difficulties in the interpretation and implementation in East African countries. | OAU/IBAR/PACE Epidemiology Unit. Assistance from CAPE | Stopping vaccinations by: Sudan, Chad, CAR |
| | Propose a sound strategy for rinderpest eradication in Somalia | Workshop to be convened by OAU/IBAR/PACE Epidemiology Unit with all stakeholders | By October 2001 |
| | Regional approach for declaration of freedom for rinderpest disease, based on country specific situations | Pace Epidemiology Unit and respective countries | Kenya - Somalia - Sudan |
| Cordon Sanitaire | Lack of common strategy for the countries of the cordon and difficulties to get Central African Republic on board. | OAU/IBAR/PACE to organize the 3 rd tripartite meeting | Mid-October 2001 |
| Emergency Preparedness Plans | - Lack of objective National emergency preparedness plans for Eastern Africa, except draft received from Uganda and | - Workshops to be organized - Avail draft | By December 2001 |

| | | | |
|---|---|--|--|
| | - Draft Emergency Preparedness documents to be sent to OAU/IBAR by all participating countries | | |
| Training | Training needs assessment to be done at country and regional level. Short training courses to be given when possible, by existing institutions in the region. | PACE National Coordinators and PCU | By end of December 2001 |
| Strategy for CBPP control and eradication | PACE to assist countries to develop objective and realistic CBPP control strategies | PACE Epidemiology and Economic Unit | Regional Workshop to be organized in Addis Ababa in October 2001 |
| Regular technical and financial reports of the PACE programme | Standard format to be developed by PCU | PACE Coordination Unit to report to Advisory Committee meeting | BY end September 2001 |

AGENDA OF THE MEETING
FIRST PACE REGIONAL COORDINATION MEETING FOR EASTERN AFRICA
29TH- 31ST- AUGUST 2001
ENTEebbe, UGANDA

WEDNESDAY 29 AUGUST 2001

08.0 Registration

09.0 Opening Ceremony

- Address by Director OAU-IBAR *Dr J. Musiime*
- Address by Head of Delegation of the EC in Uganda
- Opening Speech by His Excellency the Minister of Agriculture, Animal Industries and Fisheries of Uganda

10.0 Coffee Break

10.30

- Election of presidium
 - *Chairperson
 - *Rapporteurs
- Adoption of Agenda

10.30 – 13.00

- PACE Overview in Eastern Africa *Dr R. Bessin*
- PACE progress report for West and Central Africa *Dr B. Diop*
- Update on implementation of funded national PACE programmes
PACE National Co-ordinators
- Presentation on PACE Somalia by selected partners (PARC II & Training programme- Terra Nuova- VSFB)
- Discussions

13.00 – 14.30 Lunch Break

14.30 – 16.30

- Rinderpest status and prospects for its eradication: The OIE pathway

Dr G. Thomson

16.30 – 17.00 Coffee Break

17.00 – 18.00

- **Discussions Continued**

09.00 – 10.30

- **Presentation on group discussions**
- **Western Cordon sanitaire- Update** *Dr Fatah Bendali*
- **Wildlife surveillance** *Drs . Kock/B. Chardonnet*
- **Emergency Preparedness plans** *Dr K. Bidjeh*

10.30 – 11.00 Discussion

11.00-11.30 Coffee Break

11.30-13.00

- **The elements of effective epidemiosurveillance and their costs**
Dr R. Heinonen & E Tambi
- **Discussions**

13.00 – 14.30 Lunch Break

14.30 - 15.00

- **Tools and recommended practices for zoo-sanitary information management in the PACE Programme**
Dr B. Berhanu
- **Discussions**

15.00– 16.00

- **PACE Standards for veterinary laboratories in member countries**
Drs. B. Kebkiba/K. Touunkara
- **Discussions**
-

16.00-16.30 Coffee Break

16.30-17.00 The activities of the OIE Regional representation in Eastern Africa

Dr A.S. Sidibé

17.00 – 18.00

- **The PACE Communication strategy and recommended approach to rinderpest eradication and strengthening of Veterinary Services in participating countries** *Dr F. Inganji*
- **Discussions**

Group I: Ethiopia, Kenya, Sudan, Eritrea, and Djibouti

Group II: CAR, Chad, Burundi, Rwanda, Sudan, Kenya, Uganda, VSF Belgium

FRIDAY 31 ST- AUGUST 2001

09.00 – 10.00

- **National budgetary allocation to sustain the surveillance and control of animal diseases in PACE member countries** *Dr E. Tambi*
- **Discussions**

10.00 – 10.30 Coffee Break

10.30 – 11.00

- **Proposed policy to reorganize national animal health networks in Africa** *Dr Y. Le Brun*
- **Discussions**

11.00 – 12.00

- **Tools for monitoring and implementation of PACE in participating countries: Standard formats for technical and financial reports** *Dr R. Connor & Mr. P. Mertens*
- **Discussions**

12.00 – 13.00

- **The Community Animal Health and Participatory Epidemiology approach in Eastern Africa** *Dr T. Leyland*
- **Discussions**

13.00 – 14.30 Lunch Break

14.30-15.00

- **Update: Technical Assistance to national PACE programmes- The PACE Emergency Fund; PACE research programmes; PANVAC** *Drs R. Bessin & R. Connor*

15.00-17.30

- **Preparation of draft recommendations and action plan - Dr Bessin/Connor/Tambi**
- **Adoption of final report, recommendations and action plan**

17.30 – 18.00 Closing Ceremony

ANNEX-II LIST OF PARTICIPANTS

**REGIONAL COORDINATION MEETING FOR
EASTERN AFRICA
29 – 31 AUGUST 2001
KAMPALA – UGANDA**

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