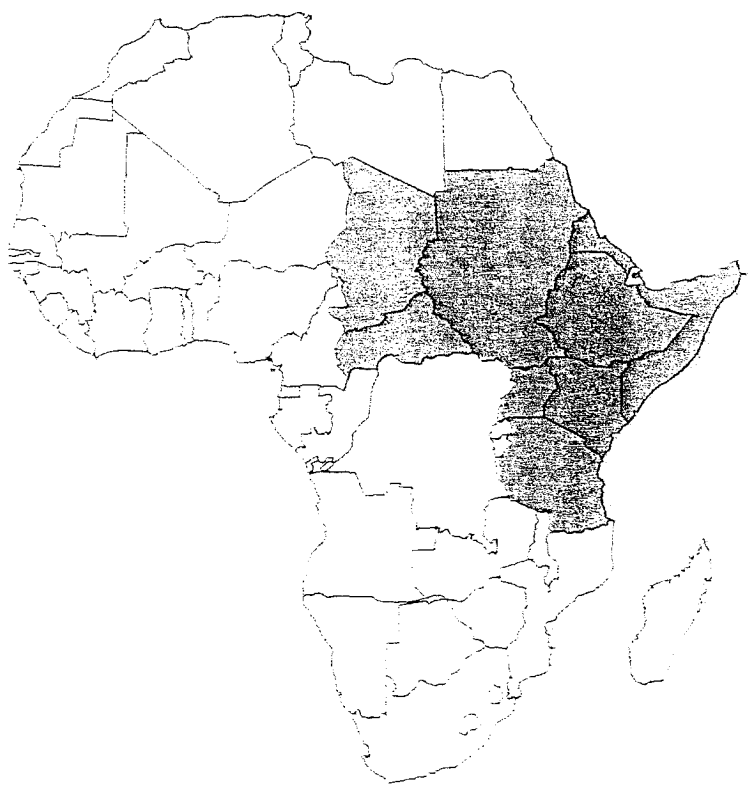
Organization of African Unity
Interafrican Bureau for Animal Resources
Pan African Programme for the Control of Epizootics

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



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FOREWORD

The PARC experience and lessons learnt during the last twelve years have demonstrated that diseases such as rinderpest do not respect national boundaries and are better controlled through regional and international cooperation. PARC also demonstrated the effectiveness of OAU-IBAR as a continental/regional organising body and has susequently given rise to other regional programmes that are being implemented through OAU-IBAR.

The Pan-African Programme for the Control of Epizootics (PACE) will build on the achievements of PARC. It aims to improve services to livestock farmers, provide an epidemiological and economic framework for the control of animal diseases and to finally eradicate rinderpest from Africa. The programme will improve livestock trade through the control of transboundary diseases.

PACE started on 28 October 1999. Since then, the PACE Advisory Committee has met three times and two Regional inception workshops were concluded. As a result, by May 2001, 23 countries have joined the PACE programme.

The current, first coordination meeting for Eastern Africa will give the opportunity to assess progress in implementation and refine, adapt and adopt strategies for an efficient implementation.

This Working document, not complete and far from being final, will provide guidance to participants throughout the meeting.

The proceedings of the meeting will constitute an improved guide and will be an important tool to measure the progress of PACE in the region

Hopefully, the achievement of PACE will help to open African livestock trade to international markets.

Dr Rene BESSIN
PACE Programme Coordinator

PROVISIONAL AGENDA

FIRST PACE REGIONAL COORDINATION MEETING FOR EASTERN AFRICA
29TH - 31ST - AUGUST 2001
~~KAMPALA~~, UGANDA
Entebbe.

PROVISIONAL AGENDA

WEDNESDAY 29 AUGUST 2001

WEDNESDAY 29 AUGUST 2001		
me		To be Presented By
.00	Registration	
.00	Opening Ceremony ▪ Address by Director OAU-IBAR ▪ Address by Head of Delegation of EC – Uganda ▪ Opening Speech by His Excellency the Minister of Agriculture, Animal Industries and Fisheries of Uganda	*Dr. J. T. Musiime* *Hon. Kisamba-Mugerwa*
.00	**COFFEE BREAK**	
.30	Election of Presidium - Chairperson - Rapporteurs Adoption of Agenda	
.30 – 13.00	PACE Overview in Eastern Africa	*Dr. René Bessin*
	PACE Progress Report for West & Central Africa Update on implementation of funded national PACE Prog. Presentation of PACE Somalia by selected parterns (PARC II and Training Programme Discussions.	*Dr. B. Diop* *PACE National Coordinators* *Terra – Nuova and VSF-Belgium*
.00 – 14.30	**LUNCH BREAK**	
.30 – 14.50	Rinderpest status and prospects for its eradication: The OIE pathway	*Dr. G. Thomson*
.50 0 16.30	Group I: Somalia (Terra Nuova), Ethiopia, Kenya, Uganda Tanzania, Eritrea, Djibouti and Sudan Group II: VSF-Belgium, Uganda, Kenya, CAR, Chad, Sudan Rwanda and Burundi.	
30 – 17.00	**COFFEE BREAK**	
00 – 18.00	Group Discussions / ~~Presentation of GP. Assist~~	

THURSDAY 30 AUGUST 2001

0 – 10.00	Western Cordon Sanitaire update	*Dr. Fatan Bendali*
	Wildlife Surveillance Emergency Preparedness plans	*Drs. R. Kock and B. Chardonnet* *Dr. K. Bidjeh*
0 – 11.00	Discussions	
0 – 11.30	**COFFEE BREAK**	
0 – 13.00	The elements of effective epidemiosurveillance and their costs	*Dr. R. Heinonen and E. Tambi*
0 – 14.30	**LUNCH BREAK**	
0 – 15.00	Tools and recommended practices for zoo-sanitary information management in the PACEprogramme Discussions	*Dr. B. Berhanu*
0 – 15.30	PACE Standards for veterinary laboratories in member countries Discussion	*Dr. B. Kebkiba* *Dr. K. Tounkara*
– 16.00	**COFFEE BREAK**	
– 16.30	The activities of the OIE Regional Representation in Eastern Africa	*Dr. S. A. Sidibé*
– 17.30	The PACE Communication strategy and recommended approach to rinderpest eradication and strengthening of veterinary services in participating countries. Discussions	*Dr. F. Inganji*
– 18.00	Strategies for CBPP control eradication Discussions: Group I : Ethiopia, Kenya, Sudan, Eritrea, Djibouti Somalia, (Terra-Nuova, VSF-Belgium), Uganda Group II : Tanzania, Eritrea, Rwanda, Burundi, Uganda, RCA	*Dr. G. Thomson*

FRIDAY 31ST AUGUST 2001

– 10.00	Restitution of CBPP Group Discussions - Group I and Group II	
– 11.00	National budgetary allocation to sustain the surveillance and control of animal diseases in PACE member countries Discussions	*Dr. E. Tambi*
- 11.30	**COFFEE BREAK**	
- 12.30	Proposed policy to reorganize national animal health networks in Africa	*Dr. Y. Le Brun*

112.30 – 13.30	Discussions Tools for monitoring and implementation of PACE in participating countries: Standard formats for technical and financial reports Discussions	*Dr. R. Connor and Mr. P. Mertens*
13.00 – 14.30	**LUNCH BREAK**	
14.30 – 15.30	The Community Animal Health and Participatory Epidemiology approach in Eastern Africa	Dr. Tim leyland
15.30 – 16.00	Update : Technical Assistance to National PACE Programmes The PACE Emergency Fund; PACE Research Programmes; PANVAC	Dr. R. Bessin and Dr. R. Connor
16.00 – 16.30	Rift Valley Fever: The OAU-IBAR initiative	Dr. J. T. Musiime an Dr. Solomon H. M
5.30 – 17.30	Preparation of draft recommendations and action plan Adoption of final report, recommendations and action plan	R Bessin / Co Tanzi
17.30 – 18.00	Closing Ceremony	

PACE COORDINATION UNIT

OVERVIEW OF THE PAN AFRICAN PROGRAMME FOR THE CONTROL OF EPIZOOTICS IN EASTERN AFRICA COORDINATION MEETING FOR EAST AFRICA 29- 30 AUGUST 2001

Dr René BESSIN
PACE Programme Coordinator

INTRODUCTION

This overview outlines the current situation, main undertaking to launch the Pan-African Programme for the Control of Epizootics (PACE) in East Africa, since its inception. The national PACE projects in the region were gradually launched and, consequently, this paper indicates their state of progress.

The OAU-IBAR has appointed a member of its staff to the post of PACE Programme Coordinator and the programme began on 1 November 1999, with the arrival of the Main Technical Assistant, as stipulated in the Financing Agreement. The financial Controller arrived early November 1999. The financial support ends on 31 October 2004 with a financial support of 72 millions Euros.

PACE OBJECTIVES AND RESULTS

The purpose of the PACE Programme is to revitalize animal health services through strengthening national and regional capabilities to sustain surveillance, as well as strategic control of major animal diseases, and to improve animal health care, in 32 sub-saharan countries. The PACE strategy is derived from the programme's overall objectives (Table 1), which provide a framework for implementation at global, regional and national levels.

Table1: Objectives of the PACE Programme

Goal (Overall objective)	Combating poverty among those involved in stock farming by improving productivity.
Purpose (Immediate objectives)	1. Strengthening the capability at national and regional level to assess the technical and economic aspects of animal diseases and generate appropriate programmes for their control. 2. Safeguarding animal health in Africa against major animal diseases(OIE List A diseases)
Results	1. Reinforcing animal epidemiology services (information, diagnostics and follow-up) and control of major animal diseases in the participatory countries. 2. Greater privatization of veterinary services and public and private sector linkage in the field. 3. Rinderpest eradication from Africa and greater control of other epizootic diseases, especially CBPP. 4 At Pan-African level, sustainable co-ordination of national animal health systems and arrangements for tackling epizootic diseases set up

ORGANIZATION AND MANAGEMENT OF PACE

1. The Director of the OAU-IBAR is the Regional Authorizing Officer (RAO) for the programme and he represents the ACP African States, except the SADC Region. The OAU-IBAR implements the PACE Programme through the PACE Programme Co-ordinator who will report to the RAO.
2. **An IBAR Management Committee** oversees the general activities of all activities and projects and is responsible for the programme 's institutional integration
3. **A Manual of Procedures** has been developed and copies has been provided to Member Country.
4. **Complementary structures** have been put in place, namely:

- **A Policy Committee** which will devise animal health policies in Africa and will meet three times during the life of the programme
- **An Advisory Committee**, a non decision-making technical advisory structure for the EC and the OAU-IBAR, will ensure that activities at all levels are in line with the programme's objectives and approaches, and also with the policy guidelines adopted.

5. **Regional Coordination** are being provided by two Coordination Units in Bamako for west and central Africa and Nairobi for East Africa. They form a single administrative unit headed by the PACE Programme Coordinator in addition to an epidmiological unit based in N'Djamena.

- The regional coordination meetings have been initially funded by the PCU and the National components will fund the attendance

6 **Common Services** have been provided by a range of "common services " to the national programmes

The ORGANOGRAMME OF THE PACE PROGRAMME is presented in (annex)

PREPARATION OF COUNTRY PROGRAMMES

The PACE programme Coordination Unit has developed a Manual of Procedures, which outlines the different steps to undertake from the preparation to the approval of the national PACE programmes. The required documents to be prepared by each participating country in the programme are a Global Plan and an annual work plan and cost estimate

SEQUENCES OF IMPLEMENTATION OF PACE AT COUNTRY LEVEL

Table 2: Overview of national PACE Work plan and Cost Estimate of batch I

OVERVIEW OF NATIONAL PACE WORKPLAN AND COST ESTIMATE FOR YEAR ONE FOR BATCH I COUNTRIES

EVENT	COMMENT	YEAR 2000						
		MONTH						
		J	F	M	A	M	J	J
PACE PCU received country proposals	January - March 2000							
PACE Advisory Committee recommended acceptance of 7 proposals	24-Mar-00							

Proposed period of implementation	1 Aug-00 to 31-July 01	
Endorsement by the Lead Delegation	4-Sep-00	
Effective start		
Expected closure	31-Aug-01	
Expected extension period	October, 01	
Expected start of the 2nd WP&CE	1-Nov-01	
Batch I countries: Ethiopia, *Guinée Conakry, Mali,* Rwanda *and Senegal*		

Two countries in East Africa namely, Ethiopia, Rwanda were proposed to start implementation of the first work plan after the meeting of the first Advisory committee meeting heldinMarch 2000.

Table 3: Overview of national PACE Work plan and Cost Estimate of batch II Lot 1

OVERVIEW OF NATIONAL PACE WORKPLAN AND COST ESTIMATE FOR YEAR ONE FOR BATCH II LOT 1 COUNTRIES											
EVENT	COMMENT	YEAR 2000									
		MONTH									
		J	F	M	A	M	J	J	A	S	O
PACE PCU received country proposals	January - March 2000										
PACE Advisory Committee recommended acceptance of 10 proposals	4-6 July 2000										
Proposed period of implementation	1 Dec-00 to 30-Nov-01										
Endorsement by the Lead Delegation											
Effective start											
Expected closure											
Expected extension period											
Expected start of the 2nd WP&CE											
Batch II Lot 1 countries: *Benin, CAR, Chad, Côte d'Ivoire,* Eritrea, *Gabon, Ghana, Mauritania, Niger and Togo*											

Mainly countries in West and Central Africa were part of the approved countries. Out of the ten countries proposed to start implementation of the first year programme, only Eritrea in East Africa was in this batch.

Table 4: Overview of national PACE Work plan and Cost Estimate of batch II Lot 2

OVERVIEW OF NATIONAL PACE WORKPLAN AND COST ESTIMATE FOR YEAR ONE FOR BATCH II LOT 2 COUNTRIES			
EVENT	COMMENT	YEAR 2001	
		MONTH	
		J	F
PACE PCU received country proposals	January - February 2001		
PACE Advisory Committee recommended acceptance of 8 proposals	17 - 19 January 2001		

Proposed period of implementation	2001 to 2002
Endorsement by the Lead Delegation	17-May-01
Effective start	August/Sept 01
Expected closure	April 2002
Expected extension period	
Expected start of the 2nd WP&CE	
Batch II Lot 2 countries: Burkina Faso, Djibouti, Kenya, *Nigeria*, Somalia, *The Gambia and* Uganda	

None of these countries have yet started implementation of their programme.

Table 5: Situation of the remaining countries

OVERVIEW OF NATIONAL PACE WORKPLAN AND COST ESTIMATE FOR YEAR ONE FOR THE REMAINING COUNTRIES			
EVENT	COMMENT	YEAR 2001	
		MONTH	
		J	F
PACE PCU received country proposals	January – February 2001		
PACE Advisory Committee recommended acceptance of 8 proposals	17 - 19 January 2001		
Proposed period of implementation	*Nov2001 to Oct 2002		
Endorsement by the Lead Delegation	?		
Effective start	?		
Expected closure	Oct 202		
Expected extension period	?		
Expected start of the 2nd WP&CE	Nov 2002		
Remaining countries: **Burundi,** Cameroon*, Congo Brazzaville*, Equatorial Guinea*, RDC*, Liberia, Sierra Leone, **Sudan*** and **Tanzania***			

Ten countries are still pending implementation and out of which five countries namely : Cameroon, Congo Brazzaville, Equatorial Guinea, RDC, Sudan and Tanzania are expected to join the first Batch of five country by November 2001. Three countries in East Africa (Burundi, Sudan, Tanzania), will be included in this batch.

Today 23 countries have joined the PACE programme (table 6); the countries underlined are those of the PACE Regional Coordination for East Africa.

Table 6: Countries approved for implementation of national PACE programmes

GROUP	COUNTRY	DATE OF APPROVAL	TOTAL EAST AFRICA	TOTAL PACE
Batch I Lot I	**Ethiopia**, Guinea, Mali, **Rwanda**, Senegal	August 2000	2	5
Batch II Lot I	Benin, CAR, Chad, RCI, **Eritrea**, Gabon, Ghana, Mauritania, Niger, Togo	January 2001	1	10

Batch II Lot II	Burkina Faso, Djibouti, Gambia, Guinea Bissau, Kenya, Nigeria, Somalia, Uganda.	May 2001	4	8
Total			7	23
Pending E Africa			3	9

OVERVIEW OF NATIONAL PACE PROGRAMMES IN EAST AFRICA

Table 7: Overview of PACE in East Africa

try	National Coordinator	Global Plan		Work Plan Year I		
		Indicative Budget (Euros)	Approved	Budget (Euros)	Consolidated WP Approved	Date O transfe funds
ndi	Biyanke Patrice	664,655	Not to go ahead		Not consolidated	
uti	Mohamed Moussa	664,660	July 2000	224,545	May 2001	
:a	Gebrehiwet	1,329,310	March 2000	293,338	January 2001	
pia	Shileshi Z.	3,987,935	March 2000	820,640	August 2000	
a	B. Mugenyo	3,987,935	Jan 2001	1,126,606	May 2001	
da	Gafarasi Mapendo	664,655	March 2000	348,521	August 2000	
lia	Somalia Unit Fritz malher	3,544,830	January 2001	1,317,000	May 2001	
a	Abashar	5,317,245	Jan 2001		Not consolidated	
mia	M Bahari	3,323,285	January 2001		Not consolidated	
da	Chris Rutebarika	2,658,630	January 2001	1,062,756	May 2001	
		53,400,000				
EA		26,143,140	-			
MS		48.96				

BRIEF ANALYSIS OF OVERVIEW OF NATIONAL PACEPROGRAMMES

The bulk of the programme's EDF funds (67%) will support national operations that will be planned and implemented in each country. These operations will be provided with a range of common services that will be co-ordinated at sub-regional and regional levels. A participatory approach will be adopted so that livestock farmers and animal health professionals will be involved in the implementation of PACE.

In East Africa 40.96% of national budgets has been allocated to the Eastern African countries. Out of this .Somalia, Sudan, Tanzania, Kenya, Uganda have a share of respectively 35.265.%.

HIGHLIGTH ON PARTICULAR COUNTRY PROGRAMMES IN EAST AFRICA

PACE BURUNDI

The PCU was advised. by the PACE Advisory Committee, not to go ahead with this country in view of the ban put on Burundi by the European Union.

PACE SUDAN

The conditions in northern and southern Sudan are markedly different. In the northern areas, the government veterinary services are able to function and institutional support for the livestock sector is well established. In the southern areas, institutional structures are not in place and community-based approaches to the delivery of animal health services have been developed. In both areas (north and south), the Food and Agriculture Organization (FAO) of the United Nations (UN), through the UN's Operation Lifeline Sudan (OLS) provides important support for food security and agriculture, including animal health.

The "Fight against lineage 1 rinderpest virus" will be implemented as two sub-projects that will be co-ordinated by OAU/IBAR through the PACE Programme Co-ordination Unit in Nairobi.

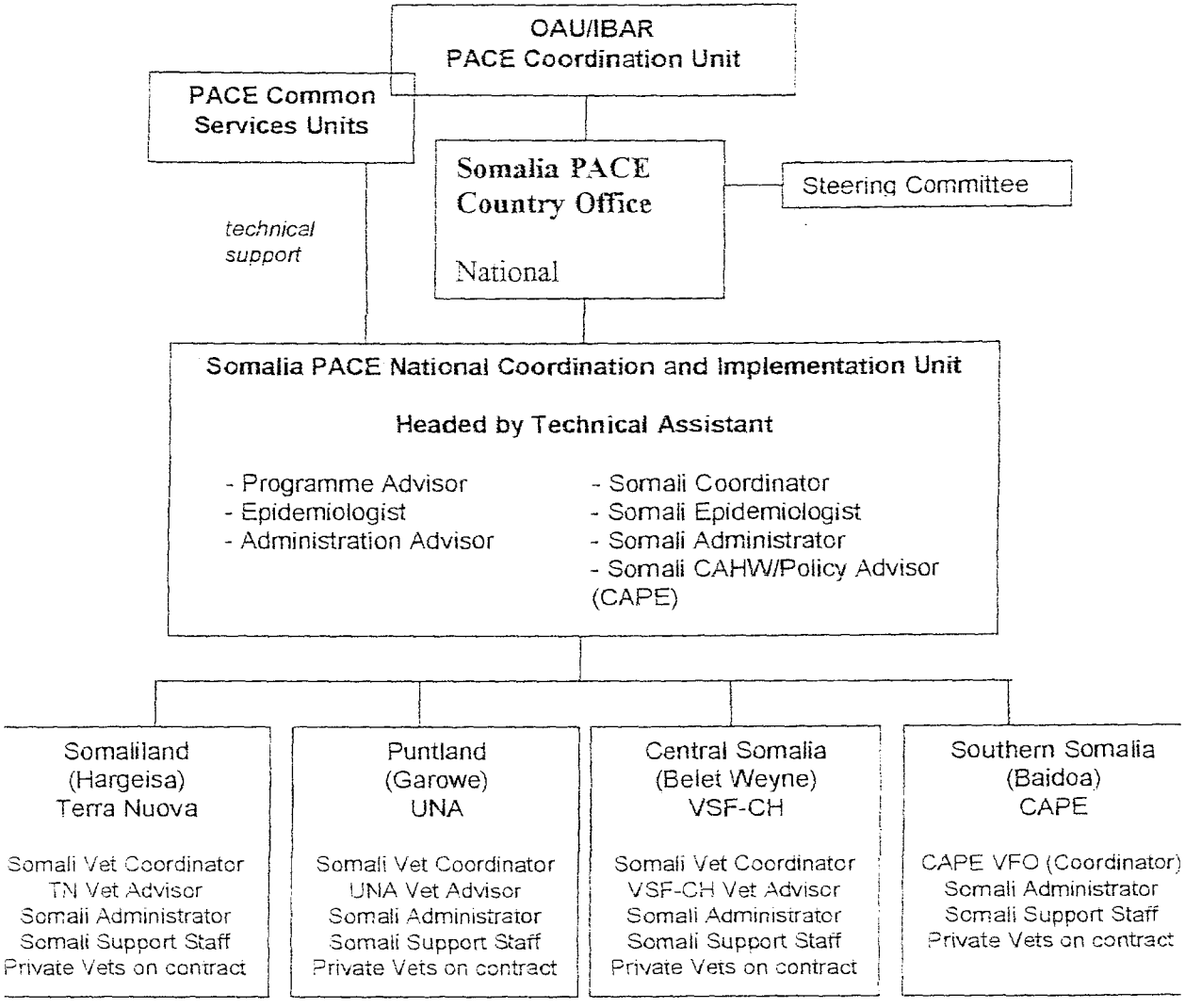
PACE SOMALIA

1. It is recommended that PACE strategy be implemented via the PACE Somalia Programme TA/Epidemiologist, who will head the National Coordination and Implementation Unit. This arrangement will ensure effective adoption of PACE strategy and a close working relationship between the TA and Somali technical staff, leading to effective capacity-building of Somali staff.

2. CAPE shall second a CAHW/Policy Advisor to the National Coordination and Implementation Unit. This person will also cover NE Kenya and ensure harmonisation of activities at field level across the Kenya-Somalia border.

3. CAPE will establish an office within PACE Somalia Programme to cover southern Somalia. The office will be located in Baidoa.

Figure 1:Proposed organogram for PACE Somalia



ADVISORY COMMITTEE MEETING OF PACE

The PCU has organized to date three meetings of the Advisory The PCU has These meetings discussed mainly the national PACE programmes during which seven countries in East Africa were advised to be consolidated for implementation of their programmes

as follows;

- Countries accepted during first ACM: Ethiopia, Rwanda.
- Countries accepted during second ACM: Eritrea
- Countries accepted during third ACM: Djibouti. Kenya. Uganda. Somalia

Subsequently, the PCU and the Common Services presented their detailed strategies. They were developed after the second ACM and approved during the third meeting The ACM proposes to PCU, to accelerate the process of recruitment of Technical Assistant at the country level and advised that individual countries should be encouraged to make use of that expertise.

ROLE OF TECHNICAL ASSISTANCE TO NATIONAL PACE PROGRAMME IN EAST AFRICA

LONG-TERM TA

- **Long-term technical assistance to National PACE projects in East Africa aims at complementing the technical assistance provided at the regional level for the PACE programme**

Not all countries will, receive such support. The countries where these TAs will be posted is established taking into account the following criteria:

- Demand from the Country and/or the EC Delegation considering the track record in the implementation of PARC;
- Epidemiological situation of rinderpest and major epizootic diseases;
- OAU/IBAR's assessment of the capacity of national veterinary services to implement PACE in view of the indicative national PACE budget.

The long-term TAs will work under the auspices of the respective Director of Veterinary Services and will report to the Supervisor through the National PACE Co-ordinator. They will work closely with the staff of the respective National PACE Programme.

SHORT-TERM TA

To provide maximum flexibility in the implementation of the PACE national programmes

- This approach will create flexibility and will mobilize a wide range of expertise for brief periods.
- Disease surveillance [Epidemiology OIE pathway Risk analysis Wildlife diseases]
- Financial management [including credit schemes]
- Statistical analysis

OBJECTIVES AND TASKS OF LONG-TERM TECHNICAL ASSISTANTS TO THE NATIONAL PACE PROJECTS IN EAST AFRICA

PRIMARY RESPONSIBILITIES

The long-term Technical Assistants (TAs) to national projects will be primarily responsible for supporting project implementation by assisting with management and financial administration. Their activities will be conducted in the context of capacity building; thus, they should create opportunities for nationals to gain experience under their supervision and should not substitute for nationals in implementation.

THE MAJOR OUTPUTS

The major outputs to be ensured by the technical assistants, in conjunction with the National PACE Co-ordinator in each country, will include:

1. Standardized reporting and information management systems are effectively transferred by the PACE Common Services and are adopted by National disease surveillance units

2. Establish laboratory diagnostics procedures and performance indicators

3. Performance monitoring of contracts between government veterinary departments and private veterinary contractors has been established, evaluated, appropriately adapted and transferred to the government department.

4. Dossiers, which comply with international standards, are available to support the countries' applications to the OIE for recognition of freedom from rinderpest infection.

THE SPECIFIC CASE OF SUDAN

In northern Sudan, the project will establish the necessary capacities for effective project management and national epidemio-surveillance

In the northern sector, a project management unit (PMU) will administer the EDF funds that will be used to implement the sub-project. The PMU will work in close, constant consultation with the Department of Animal Health and Epizootic Diseases Control (DAH&EDC), that will provide premises for the PMU.

The TA will provide technical assistance to staff, establish and maintain a Project Management Unit (PMU) as defined in the EC's "*Practical Guide for Decentralized Project Management*" (Brussels, March 1998) that will support specific activities of the Department of Animal Health and Epizootic Diseases Control (DAH&EDC), and other partners, in the context of the sub-project's approved work programmes.

TA to PACE Ethiopia:

The Animal Disease Control Specialist (ADCS)/Epidemiologist (TA) will be based in the PACE National Co-ordination Office, located in the Veterinary Services Team of the Animal and Fisheries Resources Development and Regulatory Department of the Ministry of Agriculture, Addis Ababa, Ethiopia.

1. Advise on the efficient management of the project's EDF funds.

2. Assist to eradicate rinderpest if it were introduced by further developing and improving the existing contingency plan

3 Assist in providing training in the clinical recognition of rinderpest, correct disease reporting procedures, correct specimen collection, storage and dispatch,

4. Assist in the development of functioning epidemio-surveillance units for priority epidemic diseases of livestock

5. In close consultation with the PACE Common Services Units, develop, and establish practical, effective and efficient systems for monitoring the performance of contracts between government veterinary departments and private veterinary contractors.

6. Assist in developing mechanisms to incorporate Community Animal Health programmes implemented by various NGOs into the national passive and active animal disease reporting system.

TA to PACE KENYA

The Technical Assistant to PACE Kenya will be based in the PACE Kenya National Co-ordination Office, within the Department of Veterinary Services, of the Ministry of Agriculture and Rural Development, Nairobi, Kenya.
The TA will have an advisory role to the project, which will be administrative as well as technical.

TA TO PACE UGANDA

The Technical Assistant to PACE Uganda will be based in the National PACE Co-ordination Unit, located in the Department of Veterinary Services, Ministry of Agriculture, Animal Industry and Fisheries in Entebbe.

Financial and administrative management

In addition to the general duties outline, the TA for PACE Uganda will be involved in the financial and administrative aspects of the project work programmes and will be one of the project's imprest account holders and will assist in ensuring the proper use of and accounting for all EDF funds allocated for the project, in full compliance with EDF procedures and in close consultation with the PACE Financial Controller..

Since many activities have been decentralized in Uganda and will be carried out by the District Veterinary Officers, the TA will devise and negotiate agreement with the MAAIF

Establishment of contracts for services and supplies

Support for field operations and technical duties
Liaison and reporting

The TA will report through the national PACE Co-ordinator to the National Authorizing Officer (NAO) and the Head of the Delegation of the European Commission in Uganda on the financial progress of the project.

TA TO PACE TANZANIA

The PACE-Tanzania Technical Assistant will be based in the National PACE Co-ordination Unit, located in the Department of Veterinary Services in Temeke, Dar es Salaam. The TA will have an advisory role to the project, which will be administrative as well as technical.

MAJOR DIFFICULTIES ENCOUNTERED IN IMPLEMENTING THE PACE PROGRAMME IN EAST AFRICA

- Financing of the National PACE Programme – Mobilization of funds
- Differences between the date of release of funds and the date foreseen for the start of WPCE for Year one, as a result there is a reduction in the period of implementation and lack of harmony between national work plans
- Absence of functional epidemio-surveillance networks and consequently reference information management systems and reference documents
- Lack of production of technical and financial report from National Coordination on project implementation and their onward transmission to PCU.

COMPLICATING FACTORS

- Difficulties in the implementation of the OIE pathway
- Insufficient budget allocations by Governments
- Lack of appropriate policy, legislative and regulatory framework as well as strategies adapted to support privatization in countries, ,training is not suited to the needs of private veterinary practicians.....
- Difficulties to access to services and veterinary products of suitable quality
- Insufficient involvement in the activities of the epidemio-surveillance networks of the communication officers
- Training not always adequate
- Source of financing of Technical Assistance at country level

proposals to improve implementation

CONCLUSION

The PACE programme in East Africa has been established gradually in the regional coordination for East Africa. By August 2001, seven countries namely , Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia and Uganda have been accepted to start the implementation of their programmes.
It is anticipated the start up of the three remaining countries; Sudan, Tanzania and Burundi by November 2001.
Implementation of national PACE programmes faces lack of reporting from national coordinations.

LA BASE DE LA PLANIFICATION ET DU CONTROLE DES COMPOSANTES NATIONALES DU PACE

Les pratiques conventionnelles

Les activités sont formulées de telle manière que l'affirmation commence par un verbe (mot d'action), ex. "Faire quelque chose"

Exemples: Mener des enquêtes
Renforcer les systèmes de présentation des rapports
Développer quelque chose

Les indicateurs devraient avoir cinq caractéristiques, afin de les rendre objectivement vérifiables. Ces caractéristiques sont:
1. le temps
2. l'emplacement
3. la quantité
4. la qualité
5. le groupe cible (ou bénéficiaire)

Les indicateurs donnés ci-après sont des annotations hâtives et devraient être développées davantage.

Les moyens de vérification doivent être considérés pour chaque indicateur (pas mentionné ci-après). Il peut s'agir des documents (des rapports, etc) ou des résultats d'études spécifiques).

AUTRES ANNOTATIONS

- Chacune des Unités des Services Communs du PACE appuiera les activités liées à leurs propres domaines d'activités et d'objectifs. Il y aura forcément des chevauchements.
- Les annotations qui figurent dans les tableaux qui suivent revêtent un caractère indicatif et ne sont pas totalement rigides.

  Les commentaires donnés dans les tableaux ci-après sont généraux - ils ne sont pas spécifiques à un pays. Cependant, d'une manière générale, il est important de considérer les activités qui ne sont limitées qu'à la durée du PACE et celles qui devraient être financées dès l'expiration du PACE. Cela permettra d'identifier les indicateurs.

- Les responsabilités de chaque activité principale doivent être attribuées aux agents individuellement. Cela facilite la coordination et le suivi et permettra d'éviter la surcharge (ex. réduira une ambition exagérée!)

UCP: Unité de Coordination des Programmes; UCR: Unité de Coordination Régionale; UEP: Unité d'Epidémiologie du PACE; UGD: Unité de Gestion des Données; AIEA: Agence Internationale de l'Energie Atomique; SULPV: Sous-Unité de Législation & Privatisation Vétérinaires; SACEP: projet Santé Animale Communautaire & Epidémiologie Participative.

PRINCIPALES ACTIVITES	INDICATEURS DES ACTIVITES DE LA PREMIERE ET LA DEUXIEME ANNEES	SOUTIEN DES PRINCIPALES UNITES	COMMENTAIRES
.1 Etablir/maintenir l'Unité de Coordination Gestion de PACE (personnel, équipement, et	A la fin de l'année 1, rapports administratifs et financiers mis à disposition à l'UCP.	UCP/UCR/ Finances	A intégrer avec le département des services vétérinaires actuels; pas une unité à part.
.2 Donner une formation[1] appropriée n vue d'établir les capacités nationales.	A la fin de l'année 1, les besoins en formation et les cours appropriés auront été identifiés.	UCP/UCR/ Finances	Des cours de formation de courte durée et développant des compétences
.3 Renforcer les **systèmes de résentation des rapports,** et ticulation avec le SNSE[2] et les services idémiologiques	Indicateurs de performance	UEP	A revoir
4 Développer la capacité et appuyer le **système d'épidémio-surveillance**, y compris la faune	Indicateurs de performance	UEP	A revoir
5 Etablir/développer la collecte des nnees, la gestion et la cartographie	Normes acceptées, équipement et logiciel disponibles, besoins en formation identifiés	UGD	Système standardisé nécessaire pour faciliter la collation, la compilation
6 Renforcer/établir des capacités agnostiques différentielles au laboratoire la mise en réseau	A la fin de l'année 1, équipement et réactifs essentiels sont en place et indicateurs de performance ont été adoptés	UEP & Expert du Labo de l'AIEA	Tenir compte de la situation et réalité post-projet; le besoin d'identifier des labos régionaux & politique/ contraintes pratiques pour envoyer des spécimens à un autre pays
7 Engager des vétérinaires privés, xiliaries et acteurs concernés dans des tivités de surveillance	A la fin de l'année 1, au moins X contrats ont été émis par le projet.	SULPV	La capacité des DSV est à développer; des contrats modèles exigés/disponibles

Pour la surveillance des maladies, diagnostic, système de gestion des données, cartographie, moyens de réaction rapide en cas d'urgence, économie
SNSE: Système National de Surveillance Epidémiologique

PRINCIPALES ACTIVITES	INDICATEURS DES ACTIVITES DE LA PREMIERE ET LA DEUXIEME ANNEES	SOUTIEN DES PRINCIPALES UNITES	COMMENTAIRES
8 Développer et renforcer les ıtitudes et les capacités de ɔmmunications à tous les niveaux	Matériel de promotion disponible; les partenaires identifiés pour qu'ils fassent prendre conscience du PACE & des maladies animales prioritaires	Communications	Situation après le projet?
9 Commanditer des évaluations ɔconomiques des maladies & leur contrôle	Protocoles d'études acceptés, les collègues ont reçu des contrats et les études sont en cours	Economie	Situation après le projet?
.10 Formuler/élaborer/réviser les **stratégies & plans** nationaux et régionaux d'alerte préventive et de **contrôle de maladies**	Les projets de plans d'alerte préventive ont été présentés aux autorités nationales pour commentaire.	UEP	Lignes directrices nécessaires pour assurer des approches harmonisées
.11 **Coordonner les activities des programmes nationaux** dans les sous-régions et dans les régions	Les coordonnateurs nationaux du PACE ont assisté au moins à une réunion de coordination régionale, et les activités sous-régionales ont été identifiées.	UCR, UEP	Toutes les unités seront impliquées mais les UCR seront chargées de la coordination globale
.12 Transmettre régulièrement à l'OAU/BIRA et à l'OIE **les rapports sur** des épidémies de maladies à déclarer obligatoirement		UEP	Système de gestion des données de l'OAU/BIRA: à revoir

PRINCIPALES ACTIVITIES	INDICATEURS DES ACTIVITES POUR LA 1ERE&2EME ANNEES	SOUTIEN DES PRINCIPALES UNITES	COMMENTAIRES
.1 Revoir le cadre vétérinaire législatif et réglementaire, et élaborer/revoir la politique nationale, le cas échéant.	A la fin de l'année 1, une politique nationale de privatisation est mise à disposition à l'OAU/BIRA et a été endossée par le Conseil National Vétérinaire.	SULPV	Le document contenant la politique de l'OAU/BIRA est à approuver lors de la réunion ministérielle.
.2 Promouvoir la consultation/le dialogue au sein des parties prenantes	Au moins un atelier au niveau national à l'intention des prestataires de services du secteur privé a eu des décideurs comme participants.	SACEP; SULPV	Le programme d'ateliers est à élaborer pour satisfaire les besoins identifiés
.3 Vulgariser les services vétérinaires privés / de santé animale et les exigences réglementaires	Une campagne publicitaire a été lancée dans les différents médias	Communications	Des liens doivent être établis avec les médias et le personnel des communications dans chaque pays & au niveau régional.
.4 Former des vétérinaires auxiliaires et des Agents de la Santé Animale Communautaire (ASAC) sur des techniques élémentaires de surveillance et de contrôle	Le matériel de formation a été préparé et au moins un atelier/cours de formation a eu lieu	SACEP, SULPV	Des mécanismes réglementaires sont à définir en vue de développer de bons rapports entre les vétérinaires & les auxiliaires et supprimer la compétition et les approches incompatibles .
5 Soutenir le programme de privatisation vétérinaire par des plans de prêts et/ou par une unité d'appui	Un partenaire au moins a été identifié dans le secteur bancaire pour administrer un plan de crédit pour les agents vétérinaires privés	SULPV	Des évaluations réalistes des forces du marché qui existeront probablement après le PACE.
6 Engager des vétérinaires privés, des Agents de la Santé Animale Communautaire (ASAC) et autres dans la surveillance et le contrôle des maladies	Des mandats sanitaires ou des contrats similaires ont été accordés par les DSV	SACEP; SULPV	Capacité des DSV d'émerger et de superviser la prestation de services
7 Soutenir les initiatives qui permettent d'obtenir la participation des propriétaires de bétail à la surveillance de maladies	Des campagnes publicitaires ont été lancées en vue de promouvoir la participation à la surveillance des maladies.	Communications SACEP & UEP	Ces initiatives varieront d'un pays à l'autre; des plans pilotes sont recommandés
8 Promouvoir et encourager la mise au point et le renforcement des mécanismes appropriés pour la distribution des médicaments vétérinaires	Une stratégie a été élaborée et acceptée par le Conseil National des Pharmaciens, le Conseil des Médecins Vétérinaires (ou leurs homologues); elle définit les mécanismes réglementaires de distribution des médicaments vétérinaires	SACEP; SULPV	La législation nationale est à évaluer; les contraintes pratiques sont à considérer

Axe stratégique 3: LUTTE CONTRE LA PESTE BOVINE

PRINCIPALES ACTIVITIES	INDICATEURS DES ACTIVITES POUR LA 1ERE&2EME ANNEES	SOUTIEN DES PRINCIPALES UNITES	COMMENTAIRES
3.1 Promouvoir le reportage passif et la participation des propriétaires de bétail	Une campagne publicitaire a été lancée en vue d'améliorer les taux de reportage sur les maladies.	UEP & SACEP Communications	Des domaines pilotes et une comparaison de méthodes, médias etc
3.2 Surveillance continuelle de la peste bovine conformément à la procédure de l'OIE	Indicateurs de performance: Surveillance passive: (voir 3.1 plus haut) Surveillance active: enquêtes & diagnostic; études & questionnaires; échantillons spontanés/à dessein; (faune)	UEP	Collecte des données; documentation et gestion des données. Les documents doivent être organisés.
3.3 Encourager la surveillance de la faune pour vérifier si elle est indemne d'infection de la peste bovine	Rapport d'études	UEP	Des populations et espèces indicatives sélectionnées
3.4 Développer la capacité de faire un diagnostic différentiel des maladies semblables à la peste bovine en se basant sur des analyses de laboratoire	Rapports des diagnostics faits	UEP& Expert du labo de l'AIEA	Coûts et viabilité de la capacité des labos; Coûts abordables et budgets après le PACE?
3.5 Elaborer et revoir des stratégies de contrôle et administrer le vaccin contre la peste bovine, le cas échéant.	Rapport de réunions d'évaluation des stratégies; rapports des pays du cordon sanitaire	UEP	Une évaluation participative avec les pays voisins; des stratégies harmonisées au niveau régional
3.6 Promouvoir l'implication des vétérinaires privés dans les campagnes de vaccination	A la fin de l'année 1, au moins X mandats sanitaires ont été donnés aux vétérinaires privés engagés dans les campagnes de vaccination.	SULPV& SACEP	Viabilité des pratiques vétérinaires privées; contraintes économiques et politiques?
3.7 Mettre au point des plans d'alerte préventive en cas d'urgence et obtenir l'approbation à tous les niveaux	Un plan d'alerte préventive a été élaboré, révisé, présenté pour approbation, apprové, est en vigueur à la fn de l'année 1.	UEP	Besoin d'appui politique et d'approbation multi-sectorielle, impliquant la police et d'autres autorités. Voir Lignes Directrices de la FAO.
3.8 Développer/améliorer la capacité nationale de réagir rapidement en cas d'urgence causée par des maladies.	DSV a défini les modalités de réaction rapide en cas d'éruption de la peste bovine et DSV a provisoirement indiqué les ressources à la fin de l'année.	UEP	Liaison avec le Ministère de l'Agriculture/Elevage, Trésorerie/ Finances

NB Le fonds d'urgence du PACE et la banque de vaccins en cas d'épidémie de peste bovine seront gérés par l' OUA/BIRA.

PRINCIPALES ACTIVITIES	INDICATEURS DES ACTIVITES POUR LA 1ERE&2EME ANNEES	SOUTIEN DES PRINCIPALES UNITES	COMMENTAIRES
1 Mener des études de maladies prioritaires (telles que la surveillance/étude d'abattoirs)	L'Epidémiologiste a collecté des données de base à partir de tous les rapports d'études, à la fin de l'année 1.	UEP	Des contrats de courte durée pourraient être donnés aux vétérinaires pour qu'ils puissent compiler les données; collecter les données; mener des enquêtes
2 Développer des capacités de diagnostic spécifique au laboratoire	L'Unité de Coordination du PACE a reçu les rapports des diagnostics faits au cours de l'année 1; le labo est conforme aux indicateurs de performance	UEP& Expert du Labo de L'AIEA	La viabilité de la capacité diagnostique (le personnel formé, équipement, réactifs, transmission des spécimens) après le PACE.
3 Mener des études économiques de l'impact des maladies sélectionnées et leur contrôle	Dans des régions sélectionnées, X études ont été lancées/achevées, selon les protocoles standards convenus avec l' Economiste du PACE, à la fin de l'année 1 (ou 2).	Economie	Sous-traiter des études à des économistes dans d'autres institutions, le cas échéant. Ne vous attendez pas à ce que des vétérinaires soient formés pour devenir des économistes.
4 Vulgariser les syndromes des maladies prioritaires et les rapports demandés	Les résultats des enquêtes de sensibilisation font ressortir que la campagne publicitaire a sensiblement augmenté les niveaux de prise de conscience au sein du public et des propriétaires de bétail spécifiquement, dans les 3 mois qui suivent l'achèvement de la campagne.	Communications	Des zones pilotes et une comparaison de méthodes, médias etc
5 Mettre au point et maintenir des moyens et lieux de contrôle en vue d'améliorer la surveillance	DSV reçoit régulèrement les rapports de chaque indicateur de post–performance	UEP	Importance des stratégies sous-régionales; des réunions transfrontalières du personnel technique/des agents de terrain
6 Donner une formation appropriée pour assurer la capacité des activités de diagnostic et de contrôle	Les résultats des évaluations révèlent que la formation a réduit les écarts des compétences au sein des équipes du PACE et au sein des sections de DSV responsables de l'épidémio-surveillance	UEP& Expert du Labo de l'AIEA	Les besoins en formation de base sont à évaluer et un suivi doit être fait.
7 Fournir des informations à l'Unité d'Epidémio-surveillance (voir 1.3 plus haut), faire la cartographie des répartitions et des conclusions des rapports	Indicateurs de performance	UGD & UEP	A définir

PRINCIPALES ACTIVITIES	INDICATEURS DES ACTIVITES POUR LA 1ERE&2EME ANNEES	SOUTIEN DES PRINCIPALES UNITES	COMMENTAIRES
8 Elaborer/réviser des options de stratégies permettant aux programmes nationaux et régionaux de contrôler les maladies prioritaires	Probablement pas au cours de l'année 1. Les documents expliquant les stratégies ont été acceptés par le Ministère et sont incorporés dans les plans.sectoriels	UEP	
9 Garantir la viabilité des vaccins de qualité assurée (quand cela est approprié) qui seront administrés principalement par des vétérinaires privés, à quelque frais	A élaborer au cours de l'évaluation de la stratégie pour le cordon sanitaire	UEP & SULPV	Relatifs au cordon sanitaire – à revoir avant la fin de l'année 2001.
.10 Elaborer des plans d'alerte préventive	A la fin de l'année 1, l'Unité d' Epidémiologie du PACE à Bamako ou à Nairobi a reçu un projet de plan d'alerte préventive	UEP	A définir
.11 Transmettre à l'OAU/BIRA et à l'OIE les rapports sur des cas de maladies qui figurent sur les listes A & B de l' OIE	A partir de Janvier 2002, UCP-PACE a un registre actualisé qui montre que des rapports réguliers ont été reçus à temps à l'OUA/BIRA.	UEP	Système à établir

BASIS FOR PLANNING AND MONITORING NATIONAL PACE COMPONENTS

Conventional practices

Activities are worded in such a way that the statement begins with a verb (action word), i.e. "Do something"
e.g. Conduct surveys.....
Strengthen reporting systems.....
Develop something

Indicators should have five characteristics, in order to render them objectively verifiable. These characteristics are:

1. Time
2. Location
3. Quantity
4. Quality
5. Target group (or beneficiary)

The indicators given below are hasty notes and should be developed further.

Means of verification need to be considered for each indicator (not mentioned below). These may be documents (reports etc) or the results of specific studies).

Other notes

- The PACE Common Services Units will each support activities related to their own areas of activities and objectives. There will, inevitably, be overlap. The notes in the tables below are indicative and are not totally rigid.

- The comments in the tables below are general – they are not specific to one country. However, generally, it is important to consider those activities that are limited only to the lifespan of PACE and those that should be supported after PACE ends. This will help with identification of indicators.

- Responsibilities for each main activity must be assigned to individual officers. This assists co-ordination and monitoring and will help to avoid overload (i.e. will reduce over-ambition!)

PCU – Programme Co-ordination Unit; RCU – Regional Co-ordination Unit; PEU – PACE Epidemiology Unit; DMU – Data Management Unit; IAEA – International Atomic Energy Agency; VLPsU – Veterinary Legislation & Privatization sub-Unit; CAPE – Community-based Animal health & Participatory Epidemiology project;

ENHANCED NATIONAL CAPACITIES FOR DISEASE SURVEILLANCE

MAIN ACTIVITIES	INDICATORS FOR FIRST/SECOND YEAR'S ACTIVITY	MAIN COMMON SERVICE UNIT PROVIDING SUPPORT	COMMENT
.1 Establish/maintain **PACE co-ordination & management unit** (staff, equipment etc)	By the end of year 1, financial and administrative reports available at PCU.	PCU/RCU/Finance	To be integrated with existing veterinary services department; not a separate unit.
.2 Provide appropriate **training**[1] to establish national capacities	By end of year 1, training needs and appropriate courses identified.	PCU/RCU/Finance	Short, skills-oriented training courses
.3 Strengthen **reporting systems**, and link to (**NSES**[2]) and epidemiological services	Performance indicators	PEU	To be reviewed
.4 Establish capacity for and support **epidemio-surveillance system**, including wildlife	Performance indicators	PEU	To be reviewed
.5 Establish/develop **data** collection, **management** and mapping	Standards accepted, hardware and software available, training needs identified	DMU	Standardized system required to facilitate collation, compilation
.6 Strengthen/establish **laboratory differential diagnostic capacity and networking**	By end of year 1, essential equipment and reagents in place and performance indicators adopted.	PEU & IAEA Lab Expert	To take into account post-project situation and reality; need to identify regional labs & policy/practical constraints on sending specimens to another country
.7 **Engage private veterinarians**, auxiliaries and stakeholders in surveillance activities	By end of year 1, at least X contracts have been issued by the project.	VLPsU	Capacity of DVS to outsource to be developed; model contracts required/available
.8 Develop and strengthen **communications capabilities and capacity** at all levels	Promotional materials available; partners identified to raise awareness of PACE & priority animal diseases.	Communications	Post project status?
.9 Commission **economic assessments** of diseases & control	Study protocols agreed, co-workers have received contracts and studies are underway.	Economics	Post project status?

[1] For disease surveillance, diagnostics, data management systems, mapping, rapid response to emergencies, economics

[2] NSES National System for Epidemiological Surveillance

MAIN ACTIVITIES	INDICATORS FOR FIRST/SECOND YEAR'S ACTIVITY	MAIN COMMON SERVICE UNIT PROVIDING SUPPORT	COMMENT
1.10 Formulate/develop/revise national and regional **disease control strategies & emergency preparedness plans**	Draft emergency plans have been presented to national authorities for comment.	PEU	Guidelines required to ensure harmonized approaches
1.11 **Co-ordinate national programme activities** within sub-regions and regions	National PACE co-ordinators have attended at least one regional co-ordination meeting and sub-regional activities have been identified.	RCU, PEU	All units will be involved but RCUs will co-ordinate overall
1.12 Submit **reports** of notifiable disease events regularly to OAU/IBAR and OIE		PEU	OAU/IBAR data management system to be reviewed

MAIN ACTIVITIES	INDICATORS FOR FIRST/SECOND YEAR'S ACTIVITY	MAIN COMMON SERVICE UNIT PROVIDING SUPPORT	COMMENT
2.1 Review veterinary legislative and regulatory framework, and develop/review national policy, if necessary.	By end of year 1, a national policy on privatization is available at OAU/IBAR and has been endorsed by the national veterinary board.	VLPsU	OAU/IBAR policy document to be approved at Ministerial meeting
2.2 Promote stakeholder consultation/dialogue.	At least one national level workshop on private sector service providers has been attended by decision-makers.	CAPE; VLPsU	Programme of workshops to be developed to respond to needs identified
2.3 Publicize private veterinary/animal health services and regulatory requirements	Publicity campaign has been launched in various media.	Communications	Links to be established with media and communications people in each country & regionally.
2.4 Train veterinary auxiliaries and CAHWs in basic surveillance and control techniques	Training materials have been prepared and at least one workshop/training course has been held	CAPE; VLPsU	Regulatory mechanisms to be defined to link vets & auxiliaries and remove competition and conflicting approaches.
2.5 Support veterinary privatization scheme through loans schemes and/or support unit	At least one partner has been identified in the banking sector to administer a credit scheme for private veterinary practitioners	VLPsU	Realisitc assessments to be made of market forces that will probably exist after PACE.
2.6 Engage private veterinarians, CAHWs and others in disease surveillance and control	Sanitary mandates or similar contracts have been awarded by the DVS	CAPE; VLPsU	Capacity of DVS to outsource and monitor service delivery
2.7 Support initiatives to obtain participation of livestock owners in disease surveillance	Publicity campaigns have been launched to promote participation in disease surveillance.	Communications CAPE & PEU	These initiatives will vary from country to country; pilot schemes are recommended
2.8 Promote and encourage development and strengthening of appropriate mechanisms for the distribution of veterinary medicines	A strategy has been developed and accepted by the national Pharmacy Board, the Veterinary Board (or similar), which defines regulatory mechanisms for distribution of veterinary medicines.	CAPE; VLPsU	National legislation to be assessed; practical constraints to be considered

FIGHT AGAINST RINDERPEST

MAIN ACTIVITIES	INDICATORS FOR FIRST/SECOND YEAR'S ACTIVITY	MAIN COMMON SERVICE UNIT PROVIDING SUPPORT	COMMENT
3.1 Promote passive reporting and livestock owner participation	Publicity campaign has been launched to improve disease reporting rates	PEU & CAPE Communications	Pilot areas and comparison of methods, media etc
3.2 Continue disease surveillance of rinderpest in compliance with OIE pathway	Performance indicators: Passive surveillance: (see 3.1 above) Active surveillance: investigations & diagnosis; surveys & questionnaires; random samples/purposive; (wildlife)	PEU	Collation of data; documentation and data management. Dossiers need to be organized.
3.3 Support wildlife surveillance to verify freedom from rinderpest infection	Survey reports	PEU	Selected populations and indicator species.
3.4 Establish capability for laboratory-based differential diagnosis of rinderpest-like diseases	Reports of diagnoses made	PEU & IAEA Lab Expert	Costs and sustainability of lab capacity; affordability and budgets after PACE?
3.5 Develop and review control strategies and provide rinderpest vaccine where necessary	Report of strategy review meeting; reports from cordon sanitaire countries	PEU	Participatory review with neighbouring countries; harmonized strategies on a regional basis.
3.6 Promote involvement of private veterinarians in vaccination campaigns	By the end of year 1, at least X sanitary mandates have been issued to private veterinarians engaged in vaccination campaigns.	VLPsU & CAPE	Viability of private veterinary practices; economic and political constraints?
3.7 Develop emergency preparedness plans and obtain approval at all levels	Emergency preparedness plan has been developed, revised, presented for approval, approved, is in force by the end of year 1.	PEU	Need for political support and multi-sectoral approval, involving police and other authorities. See FAO guidelines.
3.8 Develop/improve national capacity for rapid response to disease emergencies	The DVS has defined requirements for rapid response to a rinderpest emergency and DVS has provisionally earmarked resources by the end of the year.	PEU	Liaison with Ministry of Agriculture/Livestock, Treasury/Finance

NB - PACE Emergency fund and vaccine bank for rinderpest outbreaks will be managed by OAU/IBAR.

CONTROL OF OTHER EPIZOOTICS

MAIN ACTIVITIES	INDICATORS FOR FIRST/SECOND YEAR'S ACTIVITY	MAIN COMMON SERVICE UNIT PROVIDING SUPPORT	COMMENT
1.1 Conduct disease surveys (including abattoir surveillance/surveys) of priority diseases	The Epidemiologist has collated baseline data from all survey reports by the end of year 1	PEU	Short-term contracts could be issued to vets to assist the compilation of data; to collect data; conduct surveys
1.2 Establish specific laboratory diagnostic capacity	The PACE co-ordination unit has received reports of diagnoses made during year 1; lab complies with performance indicators	PEU & IAEA Lab Expert	Sustainability of diagnostic capacity (trained personnel, equipment, reagents, specimen submissions) after PACE.
1.3 Conduct economic studies of the impact of selected diseases and their control	In selected areas, X studies have been launched/completed, according to the standard protocols agreed with the PACE Economist, by the end of year 1 (or 2).	Economics	Sub-contract studies to economists in other institutions, as necessary. Do not expect to train vets to become economists.
.4 Publicize priority disease syndromes and reporting requirements	The results of awareness surveys indicate that the publicity campaign has significantly raised levels of awareness among public and livestock owners specifically, within 3 months of its completion.	Communications	Pilot areas and comparison of methods, media etc
.5 Develop and maintain border controls and checkpoints to enhance surveillance	DVS receives regular reports from each post – performance indicators	PEU	Importance of sub-regional strategies; cross-border meetings of technical staff/field workers
.6 Provide appropriate training to ensure capacity for diagnosis and control activities	The results of assessments indicate that training has reduced skills gaps in the PACE teams and in the DVS sections responsible for epidemiosurveillance	PEU & IAEA Lab Expert	Baseline training needs to be assessed and follow-up to be done.
.7 Provide information to epidemio-surveillance unit (see 1.3 above), map distributions and report findings	Performance indicators	DMU & PEU	To be defined
.8 Develop/revise strategy options for national and regional programmes to control priority diseases	Probably not in year 1. Strategy documents have been accepted by the Ministry and are incorporated in the sectoral plans.	PEU	

MAIN ACTIVITIES	INDICATORS FOR FIRST/SECOND YEAR'S ACTIVITY	MAIN COMMON SERVICE UNIT PROVIDING SUPPORT	COMMENT
9 Ensure availability of quality assured vaccines (where appropriate) for administration primarily by private veterinarians, at cost	To be developed during review of strategy for cordon sanitaire	PEU & VLPsU	Related to cordon sanitaire – to be reviewed before the end of 2001.
.10 Develop emergency preparedness plans	By the end of year 1, the PACE Epidemiology Unit at Bamako or Nairobi has received a draft emergency preparedness plan.	PEU	To be defined.
.11 Submit reports of OIE List A & B disease events to OAU/IBAR and OIE	From January 2002, PACE PCU has an up to date record that shows regular reports have been received on time at OPAU/IBAR.	PEU	System to be established.

PACE PROGRAMME

TECHNICAL ASSISTANCE TO NATIONAL PACE PROJECTS

NEEDS FOR TECHNICAL ASSISTANCE

Needs depend on

- Country
- Epidemiological situation
  e.g. Eastern Africa - fight against rinderpest
  Western Africa - African swine fever
- Experience of implementation of PARC assistance required with EDF procedures
- Capacity - human resources available

TA TO NATIONAL PACE PROJECTS

- EDF-funded
  - Long-term
    - ▶ PACE Common Services & Co-ordination
    - ▶ One per country
    - ▶ TA far sub-region
    - ▶ Standby provision
  - Short-term
- Other donors
  - France
  - Italy
  - United Kingdom

EDF-funded TAs

Long-term

▶ One per country	• Ethiopia, Kenya, Sudan, Tanzania, Uganda • [Nigeria (CF)], Tchad (PIN)
▶ TA far sub-regions	• Based at, or attached to Bamako Regional Co-ordination Unit to reinforce services offered
▶ Standby	• +/- 50 person months available, if need arises

Availability of short-term TA

• Available through contracts for Common Services	• Available through contract for National PACE TAs
34.5 months	+/- 35 months

TAs funded by other donors

• France	• PACE Epidemiologist (W Africa); • Guinee; Senegal; Tchad; RCA; Gabon; Nigeria; (Cameroon?)
• Italy	• Somalia
• UK	• CAPE project - 9 countries in Greater Horn of Africa

TERMS OF REFERENCE

Long-term TAs will:

- work under the auspices of DVS
- report to PACE Programme Co-ordinator, through National PACE Co-ordinator and Regional PACE Co-ordinator
- work closely with National PACE Project staff & PACE Common Services
- complement, not duplicate or substitute for, the activities and tasks of the PACE Co-ordinator

➤ TORs for each TA developed according to specific needs
➤ TORs are needed for National PACE Co-ordinators & staff

TAs for sub-regions, Bamako-based

Aim: to support the timely implementation of national PACE projects by increasing the capacity of the Regional Co-ordinator to deliver assistance

Situation is dynamic. A country's needs change and PACE will adapt a flexible approach.

Two or three TAs may be engaged, as necessary, to:

- *assist countries with procedures,*
- *improve communications,*
- *assist privatization process, and*
- *offer technical support e.g. for African swine fever*

MAIN DUTIES OF TAs

- Advise on management of EDF funds
- Assist with implementation, according to Global Plan
- Assist in development of disease control strategies *e.g. Rinderpest, CBPP, African swine fever*
- Assist follow-up & review of veterinary legislation & privatization
- In consultation with Co-ordination & Common Services, assist establishment of monitoring & reporting

Short-term TAs - areas of expertise

(defined at Inception workshops - May 2000)

- Economics surveys
- Statistical analysis
- Diagnostics - bench training
- Project management
- Organizational development
- Management information systems
- Privatization, legislation

Short-term TAs - areas of expertise

(continued)

- Data management & GIS
- Risk analysis
- Community-based approaches
- Financial management
- Training & personal development
- Credit, privatization

Procedures to mobilize short-term TAs

- Identify needs
- Liaise with PACE Regional Co-ordination, local EC Delegation & Common Services Units
- Submit request to PCU through Regional Co-ordination Unit, in a standard format

WHO WILL PAY & HOW?

- *Mid-term evaluation of PACE (scheduled for end 2001) will make recommendations for budget amendments, based on performance*
- *Funding arrangements will be finalized after the RAO and EC have accepted the recommendations of the evaluation*

CONCLUSIONS

This plan to provide TA to national PACE projects

- Responds to identified needs

&

- Provides a flexible approach to increasing capacity for timely implementation

Comments?

- *What needs does this plan not meet?*
- *Amendments to terms of reference?*
- *Other comments?*

PACE PROGRAMME

1ST REGIONAL CO-ORDINATION MEETING FOR EASTERN AFRICA
- ENTEBBE -

MONITORING & REPORTING

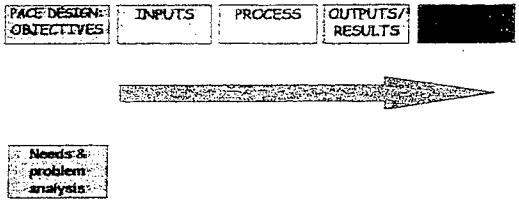
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Overview

- Basis for project implementation
- Monitoring implementation
- Reporting
- Link between monitoring & reporting
  - *scale*
  - *practical approach*
  - *managing information from monitoring & reporting*
  - *reporting schedule*

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BASIS FOR PROJECT PLANNING, IMPLEMENTATION, MONITORING, REPORTING & EVALUATION



135 M6

INPUTS

1. Personnel	*Skills, TA, capacity*
2. Equipment	*Procurement, materials*
3. Running costs	*Budgets*

▶ Policies	*Gaps ?*
▶ Strategies	*Relevance ?*
▶ Standards	*Appropriate ?*
▶ Advice	*Sustainability ?*

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PROCESSES

• Logical framework	• *Coherence*
• EDF & Government procedures	• *Facilitation of implementation*
• Administration & management	• *Appropriateness*
▶ Activities	▶ *Practicality, relevance & adequate budgets*

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OUTPUTS / RESULTS

Levels of PACE	*Roles*
• National outputs	• *Implementation*
• Regional outputs	• *Co-ordination, facilitation (services)*
• Programme (overall = global)	• *PACE objectives*

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1. Epidemio-surveillance systems in place
2. Delivery of animal health services improved
3. Rinderpest eradicated
4. Strategies to control other epizootics in place
5. IBAR - Centre of excellence

SUSTAINABILITY

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BASIS FOR PROJECT PLANNING, IMPLEMENTATION, MONITORING, REPORTING & EVALUATION

PACE DESIGN: OBJECTIVES | INPUTS | PROCESS | OUTPUTS/ RESULTS | [redacted]

MONITORING

REPORTING

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PACE PROGRAMME MANAGEMENT INFORMATION SYSTEM

MONITORING → REPORTING

TO KEEP IMPLEMENTATION ON TRACK

DESIGN & OBJECTIVES | EVALUATION | RESULTS & IMPACTS

135 M6

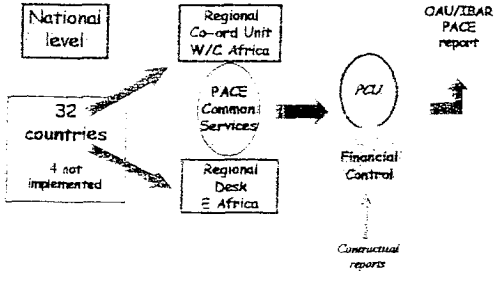
MONITORING & REPORTING

(proposed format for each main objective based on consolidated work programme format)

MAIN ACTIVITY	INDICATOR	REPORT (Deviations; progress)	COMMENTS
1.1 Establish national co-ordination unit	Time, quantity, quality, location, target group		
1.2			
1.3 Reporting system - NSES	Performance indicators		
1.4 etc			

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Scale of reporting



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MANAGEMENT OF INFORMATION FROM MONITORING & REPORTS



Common fields

- Parameter/subject
- Quantity
- Quality
- Time
- Personnel
- Unit
- Location (region, country)

Electronic copies of reports

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PACE
FIANCIAL UNIT

OAU-IBAR PACE PROGRAMME

THE PACE MANUAL OF PROCEDURES

ADDENDUM –I- to the FINANCIAL PROCEDURES

May: 2001

Addendum to the Financial Procedures of the PACE Programme

This Addendum is intended to correct, to complete or to highlight some of the PACE Programme financial procedures.

1. The National Components:

1.1. Update of events by the end of May – 2001

- By the end of May 2001, 23 countries from the PACE zone had presented a Global Plan, signed a Memorandum of Understanding and introduced an approved Work Plan and budget for year one.
- 5 countries were accepted for funding in Batch 1 as from : 1/8/2000 onwards;
- 10 countries were accepted for funding in Batch 2 as from : 1/1/2001 onwards;
- 8 countries – as Batch 2 /lot 2 are approved for funding as from the 17th of May 2001 onwards;
- another 5 countries will be presented for funding as from 1/9/2001 on (attached to the five of Batch 1 / Year 2);
- we hope that by the beginning of August 2001, 28 PACE countries will be on track.

1.2. The transfer of the Advance Funds:

Procedures:

- The PACE Coordination Unit (PCU) presents for approval and funding the Work Programmes and Budgets of the accepted PACE countries to the Lead Delegation in Nairobi under a consolidated format (Batch 1 included 5 countries, Batch 2 included 10 countries and Batch 2 / lot 2 included 8 countries);
- After acceptance of the Consolidated Work Programme by the Technical Services of the European Commission in Brussels and the Lead Delegation in Nairobi; the PCU is informed by the Lead Delegation that the Work Programmes are accepted for funding as from....on ; this means that expenses done for the execution of the National PACE Programme can be a accepted and be charged on the PACE budget as from that date on;
- The PACE Programme Coordination Unit informs the concerned countries of the date of approval of the consolidated WP;
- Although the Work Programmes are approved, it can take **several weeks** before the advance of 40 % of the Work Programme budget arrives into the PACE bank account of the countries;

- Before further action can be taken, the PACE Programme Financial Control Unit has to receive from the Lead Delegation the commitment numbers for the committed National PACE Programme Funds; (these numbers are given by the Finances department of the EC in Brussels);

- Once in possession of these commitment numbers, the PACE Finance Unit proceeds to the establishment of the letters of : "**Delegation of Authority**"; whereby the Regional Authorizing Officer (**RAO**) of the European Development Funds (EDF) (the Director of OAU-IBAR) authorizes the National Authorizing Officer (**NAO**) to proceed to the establishment of a Payment Order (**PO**) in favor of the PACE Programme of Country X as an advance of 40% on the approved Work Programme Budget;

- In the framework of the signed " **Memorandum of Understanding** " between the **RAO** and the **NAO** , the local **NAO** can now organize a **PO** to the National PACE Programme bank account out of his EDF pay account to start up the local PACE Programme;

- The letter of " Delegation of Authority " is sent by the PCU to the National PACE Coordinators by email or fax (for information) ; the original is sent to the National Coordinator by DHL;

- On receipt of the original , the National PACE Coordinator is to contact the NAO and/or the local EC Delegation in order to organize a swift transfer of the Advance;

- If the National PACE Coordinator encounters any problems for the execution of the Advance payment, he should contact the PCU;

REMARKS concerning the Amount of the ADVANCE:

- The National PACE Coordinators are to mention the amount of the Work Programme Advance in their Work Programme :

  - In - **Annex 1** to the Work Programme- " **IMPREST ACCOUNT CONTRACTUAL DOCUMENT**"

  - under the heading :" IV Amount of the Imprest Account " is to mention the total amount of the Work Programme , financed out of the Imprest Account . This amount excludes the Technical Assistance and any procurement of over 100.000Euro which will be object of a separate contract.

  - and under the heading : " *VI- Initial Allocation and Replenishment* " is to mention the amount of the advance of 40% of the Work Programme ;

  - Later, the PCU will mention the exact amount of the Advance in the annexes of the Consolidated Work Programme (see higher) ;

  - **although** , the amount of the initial ADVANCE, mentioned in the CONSOLIDATED Work Programme – that will be paid out to the PACE Country Programme – **can be different** from the one mentioned in the NATIONAL Work Programme – in Annex 1 – see higher -;

- This difference is to be **explained as follows**:

❖ By the building up of the Consolidated Work Programme , the Financial Control Unit of the PCU , will screen all the National PACE Work Programmes for procurements of equipment (or services) exceeding 100.000 Euro;

❖ These procurements of over the 100.000 Euro (like : vehicles, motos, TA , ...) are included in the overall cost estimates for the country , but will be **excluded** from the imprest account; (as explained in Table 1 of the " Imprest Account Contractual Document "

❖ The Procurements of over 100.000 Euro will be organized over specific tenders and commitments with assistance of the NAO and local EC Delegations;

❖ This means that the amount of the budget for the National Work Programme will be reduced for these specific procurements and that the Advance of 40% will be reduced as well;

1.3. The Financial Reporting:

- In reference to point: 8.1.4. of the PACE Manual of Procedures we remind you:

  *-" the accountant of the National PACE Programme is to produce a **monthly** financial situation report , structured on the same lines and headings as the approved annual Work Programme and Budget ; a copy of the end of month bank statement and a bank reconciliation table will complete this monthly report "*

- We want to reiterate that this point is still valid and that the Financial Unit of the PACE Programme needs these financial reports for follow up and for the build up of the financial data base;

- *A monthly financial situation report* will include the following documents;

  ❖ Copies of the journals (bank, petty cash) , a global overview of the budget, per budget line with the accumulated expenses , the current expenses (month) and the remaining balances (plus a column were the total expenses are expressed as a % of the total budget) ,

  ❖ (+ copy of the end of month bank statement; and bank reconciliation)

  ❖ The PCU Financial Unit **DOES NOT NEED** original documents , reports can be transmitted by fax , mail or DHL but the best way is by email (complementary documents like bank statements can be sent separately by mail);

  ❖ All original documents are to be kept by the National PACE Programme and will be transferred to the local EC Delegation at the occasion of a replenishment claim. (on National PACE Programme level *copies* of all the supporting documents are to be kept)

  ❖ At the occasion of country missions, the Financial Controller will collect other financial data - if necessary - and can proceed to internal audits at regular interval ;

- **The National PACE Coordinator** is responsible for the presentation of regular financial reports and the **NAO** undertakes to ensure that the National PACE Coordinator submits regular financial reports to the PACE Financial UNIT (point : 17 paragraph 2 of the Memorandum of Understanding)

1.4. Replenishment Procedures:

- It is up to the National PACE Programme Coordinator together with the PACE Programme accountant to initiate the replenishment procedure (refund of the expenses of a period);

- The frequency for the start up of a Replenishment claim depends on the importance of the spending capacity of the local PACE Programme; (as standard guideline, we propose that a replenishment procedure can be started up as the initial advance funds (or the successive refunds) have been spend for about 80%);

- After : 3/4/5 months of activity , the National-PACE Coordinator with the local accountant will prepare a financial report of the PACE imprest account; (this is in fact the same report as the monthly financial reports that are to be presented to the Financial Unit of the PACE Programme, but in this particularly case the report and the original supporting documents for the concerned period will be introduced to the local EC Delegation)

- This financial report will be structured on the same budget lines and headings as the established and approved budget of the Work Plan

- The financial report for replenishment will contain:

  - A summary of the approved budget lines

  - Payment vouchers with the original supporting documents

  - Original bank statements + reconciliation tables

  - The financial statements must show the period's expenditure, cumulative expenditure to date and balance available on each Work Programme Heading;

- The National Coordinator presents this report to the **NAO** for approval and visa

- The NAO approves the accounts

- The NAO prepares a payment order (PO)

- The NAO presents the documents and the PO to the local EC Delegation for endorsement

- The local Delegation approves and transfers the refund of the expenses to the local PACE account;

- A copy of the replenishment and PO is to be sent to the Lead Delegation and to the RAO;

TO BE CORRECTED:

- The following PACE documents are to be corrected: (these documents are to be attached to every Work Programme and Cost Estimate of the PACE Programme as : Annex 1 and Annex 2 ;

  - " *IMPREST ACCOUNT CONTRACTUAL DOCUMENT* " that has been adapted to the PACE Programme; **Annex:1**

  - "*DETAILED RULES FOR CONDUCTING IMPREST ACCOUNTS IN EDF-FINANCED PROGRAMMES AND PROJECTS* " that has been adapted to the PACE Programme; **Annex: 2**

    - The introduced corrections are related to *replenishment procedures and WP approvals;* Note: the corrected versions are in : Annex 1 and 2 (the corrections are highlighted)

    - These corrected versions are to be used from now on for all WP&CE

1.5. Procedures for the award of contracts (works, supplies and services)

- We remind the National Coordinators that the procedures stipulated in point 5 of the " detailed rules for Conducting Imprest Accounts in EDF-Financed Programmes and Projects" are to be followed throughout the PACE Programme – in close collaboration with the local EC Delegations and the National Authorizing Officers.

1.6. Petty cash expenditures:

- We remind the National PACE Coordinators that Petty Cash expenditures must be reduced to a minimum (**less than 5000 Euro PER YEAR)** as stipulated in point 6 of the " Detailed Rules for Conducting Imprest Accounts in EDF-Financed Programmes and Projects;

- Priority must be given to making payments by bank transfer or cheque.

1.7. Audits:

- The Regional Authorizing Officer for EDF funds and the Head of the Lead Delegation of the European Commission may decide to carry out audits, subject to the terms of reference laid down by these authorities. Auditors may carry out any accounting, technical, administrative or legal check they consider useful or necessary and, for that purpose, may demand to see any documents relating to the PACE Programme (see: point 5 of " Imprest Account Contractual Document"

- No provision is to be made into the National PACE Programme budgets for AUDITS; Audits will be organized on Regional level and will be paid by specific commitments;

- The PACE Programme Financial Controller is also entitled to carry out internal audits at regular intervals.

1.8. The PACE Programme " EDF Imprest Account " Bank Account / Signatories

- We remind the PACE National Coordinators that for **every new** PACE Work Programme a **new bank account** is to be opened by the designated Imprest Account Holder;
  (at the end of each PACE Work Programme , the accounts are to be closed and the remaining balances transferred to the next PACE Work Programme)

  Note: the Imprest Account Holder can be the PACE National Coordinator or any other person belonging to an official state body of the country;

- At this occasion, the Imprest Account holder will indicate to the bank the valid signatories (specimens of signatories) that will operate the bank account

- We require a " double –signatory " account, what means that two signatories (one out of each group) are required to cover a transaction;

- In order to avoid obstructions in the financial transactions (due to missions, leave, sick leave,...) and to ensure a smooth project implementation, it is recommended to have at least two persons in each signatories group;

  - Example: (two signatories – one out of each group – can valid an operation:)

    Group: 1
    - Dr. X , Director of .....Imprest Account Holder
    - Dr. Z . PACE National Coordinator – Co- imprest account holder

    Group: 2 Accounting officers
    - Mr. Y PACE Accountant
    - Mr. V Chief Accounts Officer Ministry of...

- Note, however , that this joint signature rule does not entail joint liability, the responsibility for the PACE Programme remains in the hands of the Imprest Account Holder as representative of the official state body of the country;

1.9. Contingencies / Budget amendments:

- Only material contingencies are allowable and may not exceed 10% of the imprest account;

- Budget amendments (with or without the use of contingencies) are to be introduced as follows:

  - The PACE countries from Central and West Africa introduce their budget amendment proposal to the PACE Regional Coordinator in Bamako for comments;

    - The PACE Regional Coordinator comments and /or approves the proposal and transfers to PCU

    - The PACE Coordinator comments/approves

    - The PACE Financial Controller adjusts the National Budget with the proposed amendments

- The budget amendment is endorsed by the RAO and returned to the National PACE Coordinator - who will send copies to the local Delegation and the NAO-

- The PCU send a copy to the Regional Coordinator in Bamako and the Lead Delegation in Nairobi for information;

❖ The other PACE countries introduce their budget amendments proposals directly to the PACE Coordinator -for comments- and the PACE Financial Controller; approvals will be endorsed by the RAO;

1.10. **Changes in the budget presentation and lay out:**

- Most of the PACE Programme countries presented an initial Global Work Programme And Cost Estimate (based on an indicative budget amount and set out over the four main components of the PACE Programme);

- The PACE Programme Coordination Unit – PCU- is considering that the Annual Work Programmes presented by the countries during the execution of the PACE Programme might be different than those presented in the initial global budget due to changes into the national programme priorities:

    - The budget amount of the annual Work Programmes might differ from those mentioned in the Global Budget – although the total indicative budget might not be overran –
    - The annual budget lay out might differ as well from those foreseen in the initial Global Budget ; sub activities attached to one of the four main components of the PACE Programme might increase or decrease during the PACE Programme execution and this in function of formulated priorities;
        - These changes are to be explained in the text part of the annual work programmes

1.11. **Local staff:**

- The imprest accountholder (or the PACE National Coordinator) is responsible for seeing that a list is drawn up giving the names and tasks of the staff officials seconded to or recruited by the PACE Programme , with the amounts of salaries, allowances and / or bonuses per individual. This list must be available for audit matters.

- Allowances, bonuses and salaries must be in accordance with existing government rules and regulations linked to specific grades and ranks and checked and approved by the NAO and the local EC Delegation at the occasion of the approval of the yearly WP,

1.12. **Travel / Mission subsistence allowances:**

- these allowances (inside and outside the country) must be in line with existing governmental rules and regulations , linked to specific grades and ranks and checked by the NAO and the local EC Delegation at the occasion of the approval of the yearly WP;

1.13. Vehicles and vehicle running costs:

- The imprest account holder (or the PACE National Coordinator) has to draw up a list with al the vehicles (plate numbers) for which the maintenance and fuelling will be charged on the PACE Programme ; this list must be available for audit matters;

- The PACE Coordinator has to set up an accurate and easy to control fuel distribution system for the PACE vehicles ; the use of a logbook in this system is a must; vehicle logbooks must be signed by the PACE National Coordinator (or other senior PACE Program staff) at regular intervals; vehicle logbooks must be available for audit matters;

- Vehicles reaching the age limit (coming from PARC)must be officially removed from the list of capital items owned by the PACE Programme, they may then be passed on by the Programme to the authorities (in collaboration with the local EC Delegation)

1.14. Generated interest by the PACE Imprest Bank Account:

- Interests accruing on the PACE imprest bank account – or sub-accounts – or bank deposits are to be removed from the EDF imprest account and transferred to an ordinary PACE Programme current account ;
- The PACE imprest account holder (or PACE National Coordinator) is fully liable for the use of these funds (these can be used for the purchase of specific items - non budgeted - for the PACE Programme or these amounts can be included – transferred – to the next Work Programme as own resources)

1.15. Obligatory closure of the imprest account:

- The PACE imprest account is to be closed not later then **6 months** following the end of the period covered by the imprest account ;

- Closure may take place only where the imprest account balance is **zero** ; this means: that all expenditure has been accepted by the Delegation and consequently reimbursed through successive replenishments by the EDF or that expenditures not accepted by the EDF has been reimbursed via the national budget;

- Normally, the remaining balances (bank / petty cash) of a project phase (year 1,2....) are transferred from one imprest account to another ;

- For the handling of the procedure for transferring the balance of the advance from one imprest to next, the PACE National Coordinator has to contact the NAO and the local Delegation (to draw up a receiving order and a payment order)

2. The Regional Components:

2.1. The Work Programme and Cost estimate for the PACE Programme Regional Coordination Office for West and Central Africa in Bamako:

- The Regional PACE Coordinator - with the Regional accounts section and the PACE Programme Financial Controller – are to prepare the annual budget for the Regional PACE Office .

- The annual Bamako Regional budget is presented together with the PCU Nairobi budget in a consolidated format;
- Payments in respect of expenses under the Regional imprest account may be made only after the Regional Authorizing Officer for EDF and the Head of Delegation of the European Commission in Nairobi have approved the relevant Work Programme and have signed and countersigned respectively the Contractual Document.
- The Regional Authorizing Officer partially delegates his powers to a Regional imprest account holder in accordance with Article 312 of the Lomé convention ;
- The designated imprest account holder for the PACE Programme Regional Coordination Office in Bamako is the Regional PACE Programme Coordinator for West and Central Africa;
- The EC Financial department proceeds to two commitments: 1 for the Regional Office in Bamako and one for the PCU Nairobi;

2.2. Financial Reporting for the PACE Programme Regional Office in Bamako:

- The PACE Regional Coordination Office in Bamako is to produce monthly financial follow up reports;
- These reports are to be sent to the PACE Programme Coordinator in Nairobi (Financial Unit)
- All financial reports are to be endorsed by the Regional Coordinator;
- Imprest account replenishment claims are to be introduced by the Regional Coordinator over the PACE Coordinator (to be accepted by the PACE Financial Controller acting on behalf of the Regional Authorizing Officer) to the Lead Delegation in Nairobi;
- On this occasion, all original documents of evidence for the concerned period are to be transferred to the Lead Delegation (over the PCU);

ANNEXES: 1 AND 2 TO THE PACE WORKPROGRAMMES

REVISED FOR: NATIONAL COMPONENTS ONLY

THE CHANGES ARE HIGHLIGHTED

ANNEX:.1. (FOR NATIONAL PACE PROGRAMMES ONLY)

PAN AFRICAN PROGRAMME FOR THE CONTROL OF EPIZOOTICS
PACE PROGRAMME)

Financing agreement number	6125/REG
Identification number:	REG/5007/005
Project accounting numbers	7 ACP RPR 744
	7 ACP RPR 745
	8 ACP TPS 032
	8 ACP ROC 009
	8 ACP TPS 033

IMPREST ACCOUNT CONTRACTUAL DOCUMENT
Annex to WP....of the PACE Programme for (Name country...)

1. IMPLEMENTING AND MANAGEMENT STRUCTURE

The PACE Programme will be financed through the Seventh and Eighth European Development Funds (7^{th} and 8^{th} EDF) for which the rules are laid down in the revised Fourth Lomé Convention (signed in Mauritius on 4 November 1995), the provisions of the financing agreement for the programme, in particular its technical and administrative provisions for implementation (hereinafter referred to as TAP), and the PACE Programme Implementation Protocol.

The programme shall be technically and financially autonomous as regards management of part of the resources allocated to it: in particular, payment of expenditure financed under the EDF imprest account shall be made under the authority of the designated imprest account holders.

Payments in respect of expenditure under the EDF imprest account may be made only:

1. after the National Authorising Officer for EDF funds and the local Head of Delegation of the European Commission:

- have approved the relevant Work Programme, and hence the imprest account column contained in it, and have signed and countersigned, respectively, this contractual document.

Estimate - through a consolidated work Programme - by the Regional Authorising Officer of the EDF and the Head of Delegation of the Lead Delegation of the European Commission in Nairobi.

IMPREST ACCOUNT HOLDERS AND ACCOUNTING OFFICERS

The Regional Authorizing Officer for EDF funds shall, in accordance with Article 31 of the Lomé Convention, partially delegate his powers to the imprest account holder designated below:

- (as authorizing officer pursuant to article 313 of the fourth Lomé convention) for signing works contracts, supply/equipment contracts and certain service contracts subject to the limits set out in the table below;

- (as authorizing officer pursuant to Article 224 (g) of the fourth Lomé convention for signing memoranda of agreement, subject to the limits set out in the table;

- (as imprest account holder pursuant to Article 229(2) of the fourth Lomé Convention) for the payment of expenditure in the form of local wages, subject to the limits set out in the table below.

The partial delegation of powers shall be subject to the following:

- compliance with the general accounting rules proposed by the Financial Unit of the of the O. A. U -IBAR PACE Programme ;

- compliance with the rules set out in the annexed document on "Detailed rules for conducting imprest accounts in EDF-financed programme";

- the certified lodging of authorised signatures by imprest account holders and accounting officers;

- the opening of a special bank account named "**OAU/IBAR – PACE Programme Yr. 1 (2,...)**" for the PACE Programme;

- the physical capacity of the imprest account holders and accounting officers to carry out their tasks;

The designated imprest account holder(s) shall be:

Dr/Mr/Mrs.....

In accordance with the TAP, responsibility for conducting this imprest account has been given to the Organization of African Unity Interafrican Bureau for Animal Resources (OAU/IBAR), represented by the imprest account holder for the implementing , as designated above;

This imprest account shall run from 1st (month)..... 200. to 31 (month)... 200..

Payment under this imprest account may be made only for expenditure incurred during the above period. Some management operations may extend beyond above closing date, however, *e.g.* the final request(s) for replenishment and/or clearance corresponding to the last items of expenditure in the period, and also operations relating to closure of the imprest account. In all cases the imprest account must be closed not later than six months after the final date give above .

The account may be closed only where the "imprest account balance" is zero (otherwise the closure will not be accepted, with the consequence that the Commission [Delegation and Headquarters] will refuse the commitment for the following imprest account).

Table 1

Limits set for the partial delegation of authorizing powers to the designated Imprest account holders for the "EDF imprest account"

		Local currency
		....
1. Works contracts		
Capital expenditure (including maintenance)	<Euro 100 000	.....
2. Supply/equipment contracts		
2.1 Capital expenditure	< Euro 100 000	.....
2.2 Operating expenditure	< Euro 100 000	.....
3. Memoranda of agreement		
(Grants from the RDP to other agents)	< Euro 10 000	.....
4. Services		
4.1 Conception, management, follow-up and evaluation of project	Not applicable	not applicable
4.2 Studies, audits, works supervision, etc.	< Euro 10 000	.....
4.3 RDP management personnel[1]	Yes	yes
4.4 RDP non-management personnel[2]	Yes	yes

(At an exchange rate Euro 1.00 = ... - Source Infor-euro, ... 2001)

[1] Not including salaries of officials assigned to the PACE Programme from government departments or the OAU/IBAR (their salaries will continue to be a charge on the national or institution budget). The EDF imprest account may, however, cover the following:

- various bonuses allotted to the said officials (see annex for "Detailed rules for conducting imprest accounts in EDF-financed programmes");
- salaries (and bonuses) for management staff – other than officials – recruited and employed by the PACE Programme (fixed-term contracts).

[2] Salaries (and bonuses) for non-management staff recruited and employed by the PACE Programme (fixed-term contracts)

Total In local currency

(For breakdown of this amount see the "EDF imprest account" column of the relevar Work Programme, reproduced in local currency terms in Table 2 below). Th estimate amount must not exceed Euro 5 million (Article 299 of Lomé IV).

The equivalent in Euros of this amount will be committed by the EDF financia management department in Brussels as soon as possible.

5. SPECIAL RDP "EDF IMPREST ACCOUNT" BANK ACCOUNT

The National PACE Programme has opened a special account reserved for bank transactions tied to the operation of this imprest account, the details of which are:

Account Name: **OAU/IBAR – PACE/ Programme Yr. 1 (2,.....)**
Bank account number : Acct.No.: .....

Bank: Name bank
..... Branch
..... Road
City
Country

This is a double-signature account requiring the signature of: (See page vii)

- The imprest account holder - or the co-impest account holder
- accounting officer(1)s ,

(one out of each group);

(Specimens of their signature have been sent to the RAO and the Delegation of the EC in Kenya.)

All payments from the EDF paying agent's account will be paid into the above account:

- payment of advance (initial allocation);
- payment at intervals of successive replenishment.

Only payments corresponding to the expenditure set out in the tables in Annexes 3.1. to the work programme may be made from this account.

6. INITIAL ALLOCATION AND SUCCESSIVE REPLENISHMENT

An advance (initial allocation) of 40% of the amount given in point 4 above, namely: ..... will be paid into the above account as soon as possible.

This advance, or the balance, will be transferred for accounting purposes to the succeeding imprest account at closure.

expenditure, and accepted by the National Authorising Officer (NAO) (acting on behalf of the Regional Authorizing Officer) and the local EC Delegation , will be paid into the above bank account at intervals.

Where items of expenditure are not accepted and imprest account holders are unable to provide the evidence required by the National Authorising Officer, the EC Delegation and /or the PACE Financial Controller (acting on behalf of the Regional Authorizing Officer) , the sums involved will have to be repaid to the above bank account as soon as possible (before the final date set for closing the imprest account):

- from the budget of the National Budget

7. **Audits**

- The Regional Authorizing Officer for EDF funds and the Head of the Lead Delegation (Nairobi) of the European Commission may decide to carry out audits, subject to the terms of reference laid down by these authorities.

- Appointed Auditors – as well as the PACE Programme Financial Controller - may carry out any accounting, technical, administrative or legal check they consider useful or necessary and, for that purpose, may demand to see any documents relating to the PACE Programme. The following is an illustrative list of original documents to be kept at the national PACE Programme offices (or by the local delegation):

- original documents relating to the general PACE Programme accounts (including the register of capital expenditure and the staff payroll)

- original documents relating to the EDF imprest account administration statement and various operations covered by the statement (notably initial allocation, replenishment, transfer of the advance and closure);

- original documents relating to "EDF imprest account" bank account for the PACE Programme (credit and debit items, reconciliation and balance);

- original documents relating to contracts awarded by imprest account holders by virtue of the partial delegation of powers (invitations to tender, results of invitations to tender, bids from suppliers, with *pro forma* invoices where appropriate, and so on);

- original contractual documents signed by imprest account holders by virtue of the partial delegation of powers (contracts, including order forms, and memoranda of agreement);

- original documents concerning local wages signed by imprest account holders by virtue of the partial delegation of powers (lists, grounds for payment, evidence of receipt by wage earners).

6. TAX AND CUSTOMS ARRANGEMENTS

Pursuant to the tax and customs arrangements laid down in Articles 308 to 310 of th fourth Lomé Convention, purchases of equipment and supplies shall be free c customs duties, taxes and other charges (with the possible exception of certain smal purchases on the local market).

SIGNATURES

Accepted by the Imprest Account Holder Dr/Mr.....
.....
.....

Place and date: _____

Accepted by the Contracting Authority National Authorising Officer of the EDF
.....
.....

Place and date: _____

Endorsed by the Head of the Delegation
of the European Commission in ..... P. O. Box
.....
.....

Date:

PAN AFRICAN PROGRAMME FOR THE CONTROL OF EPIZOOTICS
PACE PROGRAMME)

These specimen signatures were sent to the Delegation of the European Commission in Kenya on 2001

Group 1 Signatories

Dr

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Group 2 Signatories

Mr.

Mr.

Mr.

DETAILED RULES FOR CONDUCTING IMPREST ACCOUNTS IN EDF-FINANCED PROGRAMMES AND PROJECTS

GENERAL PRINCIPLES FOR CONDUCTING IMPREST ACCOUNTS

Under the fourth Lomé Convention, the Regional Authorizing Officer for EDF funds may delegate part of his powers as authorizing officer and imprest account holder to programme/project leaders (field management) so that they may have direct responsibility for certain operation and items of expenditure (see the PACE Programme Implementation Protocol). This is the "EDF imprest account" system, which constitutes in each Work Programme a special source of financing, given tangible form in the special imprest account in the financing plan of the relevant Work Programme.

This delegation of powers implies certain restrictions (see table below) and also compliance with certain conditions, which the field management must observe:

- compliance with the general accounting rules proposed by the Financial Unit of the PACE Programmme
- compliance with these "Detailed rules for conducting imprest accounts in EDF-financed projects and programmes"
- the certified lodging of authorized signatures by imprest account holders and accounting officers;
- the opening of special RDP "OAU-IBAR PACE Programme Yr.: imprest account" bank account;
- the physical capacity of the imprest account holders and accounting officers to carry out their tasks.

Reference is made to these restrictions and conditions in each imprest account contractual document signed by the national authorising officer and countersigned by the Head of the Delegation of the European Commission. The contractual document (one for each imprest account) also designates the imprest account holders and accounting officers, and sets out the amount adopted for the imprest account, the period of time (generally twelve months, tied in with the calendar year) during which expenditure is authorized under the imprest account concerned, and the title of the RDP "EDF imprest account" bank account into which payments will be made from the EDF and from which the accounting officers will make payments under the imprest account arrangements.

DIVISION OF RESPONSIBILITIES

Conduct of the imprest account is based on **separation of functions and powers** between imprest account holders and accounting officers:

(a) Imprest account holders are responsible for all authorizing operations: they commit the specified expenditure (see imprest account column in the relevant work Programme) in accordance with the procedures for awarding contracts, making purchases and dealing with items of expenditure, as described below;

invoices, contracts and memoranda of agreement;

they draw up a staff list of the PACE Programme, distinguishing between national officials allocated to the Programme from government or institutional departments, management staff recruited and employed by the programme; they check invoices and sign payment orders;

(b) the accounting officers are responsible for all operations involving payment of expenditure and recovery of revenue authorized by imprest account holders; they make payments, after checking that there are grounds for payment in the form of supporting documents and that funds are available (see imprest account column in the relevant work programme); they check the application of the procedures for awarding contracts, making purchases and dealing with items of expenditure as described below; they regularly check stocks and inventories, keep the general accounts of the RDP, including the staff payroll and a register of capital expenditure items giving details of the use, condition and method of financing of such items; they draw up the imprest account administration statement.

The **two-signature** principle also applies in the case of both imprest account holders and accounting officers: this means that both imprest account holders must sign all documents concerned with the authorizing operations referred to in (a) above, and both accounting officers must sign all documents concerned with the payment and recovery operations referred to in (b) above.

Note, however, that this joint signature rule does not entail joint liability, which falls on only one of the two imprest account holders. It is stipulated in the TAP that responsibility for the programme/project is in the hands of:

- an official state body of the country concerned, which in that case is represented by the imprest account holder for the "national party";

The imprest account holder representing the body declared responsible may overrule the requirement for a second signature from the co-imprest account holder in cases where an unwarranted refusal to sign could have financial repercussions (in the form of penalties or requests for reimbursement) on the technical assistance contract or on the national budget; any such penalties or reimbursement requests are stipulated in the TAP and repeated in the imprest account contractual documents (and also in the terms of reference of the technical assistance contract where the technical assistance body has the responsibility).

3. SPECIAL "EDF IMPREST ACCOUNT" BANK ACCOUNT FOR THE RDP

A special account reserved for bank transactions bound up with the conduct of this imprest account must be opened by imprest account holders and accounting officers. All payments from the EDF paying agent's account will be credited to this special account, namely the payment of an advance (initial allocation) and successive replenishment at intervals. All payments to be made by the managers under the EDF imprest account (see imprest account column in the work Programme) will be made from this special account. This account will require the joint signatures of the imprest account holder and the accounting officer.

Limits set for the partial delegation of authorising powers to the designated Imprest account holders for the "EDF imprest account"

		National currency
		.....
1. Works contracts		....
Capital expenditure (including maintenance)	< Euro 100 000	.....
2. Supply/equipment contracts		
2.1 Capital expenditure		
2.2 Operating expenditure	< Euro 100 000	< .....
	< Euro 100 000	<.....
3. Memoranda of agreement		
(Grants from the RDP to other agents)		
	< Euro 10 000	< .....
4. Services		
4.1 Conception, management, follow-up and evaluation of project	Not applicable	Not applicable
4.2 Studies, audits, works supervision, etc.	Euro 10000	.....
4.3 RDP management personnel[1]	< yes	Yes
4.4 RDP non-management personnel[2]	Yes	Yes

(At an exchange rate Euro 1.00 = ...- Source Infor-euro, ... 2001)

4. INITIAL ALLOCATION AND SUBSEQUENT REPLENISHMENT

An advance (initial allocation) will be paid into the bank account referred to above; it will generally be set at a level sufficient to cover 3 to 4 months of imprest account expenditure (subject to a two-fold maximum of 6 months and 50% of the amount of the imprest account).

The bank account will be replenished at intervals in line with requests for reimbursement signed and forwarded by the designated imprest account holders, on the basis of evidence of payment of items expenditure[3], and accepted by the National Authorizing Officer (acting on behalf of the Regional Authorizing officer) and the local EC Delegation.

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[1] Not including salaries of officials assigned to the PACE Programme from government departments or the OAU/IBAR (their salaries will continue to be a charge on the national or institution budget). The EDF imprest account may, however, cover the following:

- various bonuses allotted to the said officials (see section 8.1 of this annex);
- salaries (and bonuses) for management staff – other than officials – recruited and employed by the PACE Programme (fixed-term contracts).

[2] Salaries (and bonuses) for non-management staff recruited and employed by the PACE Programme (fixed-term contracts)

[3] Or, in specific cases explicitly stipulated in the work programme and in the imprest account contractual document, on a flat-rate basis.

the accounting officers and comprise a list of items of expenditure together with supporting documents for each item.

The layout of the list must correspond to that of the budget of the relevant PACE Work Program imprest account" , using the same headings and items entries in order to facilitate comparison between estimates and subsequent expenditure.

The supporting documents (at least one for each item of expenditure on the list) must be presented in the same order as on the list in order to ease the work of checking the memos. Such documents may include:

- order forms, contract letters, contracts, receipted invoices, receipts from suppliers acceptance statements for plant, equipment and other supplies;

- pays lips for employees paid wholly or in part by the Programme, with details of the staff concerned and their place of employment;

- statements showing payment of bonuses and/or allowances for national officials allocated to the Programme;

- mission orders for travel giving entitlement to reimbursement;

- records of running expenses for vehicles, backed by relevant supporting documents (log books, fuel records, etc.);

- memoranda of agreement between the PACE Programme and other agents.

The National Authorizing Officer (acting on behalf of the Regional Authorizing Officer) and the local EC Delegation check the expenditure (or have it checked by a duly authorized body or by the Financial Controller of the PACE Programme). Where expenditure is not accepted, and the imprest account holders are unable to provide the supporting evidence required by the National Authorizing Officer or the PACE Programme Financial Controller (acting on behalf of the Regional Authorizing Officer) and/or the local Delegation, the sums involved must be **repaid** to the bank account referred to above as soon as possible (before the final date set for closing the imprest account):

- from the national budget.

PROCEDURES FOR THE AWARD OF CONTRACTS (WORKS, SUPPLIES AND SERVICES)

For expenditure on works and supplies or equipment, the procedures vary according to the amount involved (*i.e.* the equivalent in local currency of):

up to **Euro 2 500**, direct purchase (order form suffices)

between **Euro 2 000 and Euro 5 000**, direct purchase following bids from local suppliers, without endorsement by the National Authorizing Officer or Delegatio (order form suffices); the expenditure memorandum must be accompanied b evidence of the bids from at least three local suppliers, in the form of three *pr forma* invoices;

- between **Euro 5 000 and Euro 25 000**, direct purchase following bids from loca suppliers, with endorsement of at least three *pro forma* invoices by the Nationa Authorizing Officer and the local Delegation of the EC (contract to be made out bearing the signature of an authorized representative of the PACE Programme anc the supplier);

- between **Euro 25 000 and Euro 100 000**, restricted local invitation to tender; a least three suppliers will be asked to make closed bids; the tenders will be openec together and assessed; award of the contract follows the same rules as those governing the selection of successful tendered for major EDF-financed works or supply contracts and is valid only after endorsement by the National Authorizing Officer and the Head of Delegation.

For expenditure on services from Euro 5 000 up to Euro 10 000, the prior agreement of the National Authorizing Officer and the Head of the Delegation of the EC is required (contract to be made out, bearing the signature of an authorized representative of the PACE Programme and the suppliers).

6. FUND FOR MINOR ITEMS OF EXPENDITURE

A petty cash fund may be opened to cover any small items of expenditure concerned with the normal running of the PACE Programme. The accounting officers will manage it. The total size of the fund may in no case exceed Euro 5 000 over any single year.

In so far as the provision of evidence of expenditure is concerned, this facility must be used in accordance with the same rules as for other expenditure (at least one supporting document for each item of expenditure).

7. CONTINGENCIES

Only material contingencies are allowable and they may not exceed 10% of the amount of the imprest account.

Use of material contingencies component, whether to cover an increase in unit costs (for which evidence must be provided) or to finance operations not originally scheduled in the relevant Work Programme (for which supporting arguments must be presented), requires in all cases the prior authorization of the Regional Authorizing Officer (over PCU).

The EDF imprest account may not cover the cost of salaries of officials seconded to the PACE Programme by the authorities (whose salaries must remain a charge on the national or institutional budget); however, it may cover the following:

- various bonuses allotted to the seconded officials;
- salaries (and bonuses) for management staff - other than officials - recruited and employed by the PACE Programme (on fixed-term contracts); or
- salaries (and bonuses) for non-management staff recruited and employed by the PACE Programme (on fixed-term contracts).

Imprest account holders are responsible for seeing that a list is drawn up giving the names and tasks of the staff referred to above, with the amounts of salaries and bonuses, and details of the amounts payable in individual cases.

8.1 Officials allocated to the PACE Programme

These officials may receive the following benefits.

a) Acting allowance

This is set as a percentage of the official's gross salary, with an upper limit of 50%; it operates as a performance bonus, covering the relative difficulty of the task to be accomplished and the constraints of the expected effect.

b) Bonuses

Imprest account holders may propose the award of individual bonuses on a personal basis, subject to the agreement of the National Authorizing Officer and the Head of the local EC Delegation, and the presentation of supporting arguments. Such bonuses may not be awarded systematically, nor on a contractual or collective basis; they constitute rewards of an individual nature and must reflect the real quality of the performance given and/or the results obtained by the beneficiary.

c) Travel or mission subsistence allowance

This is set as a percentage of gross salary, or by reference to a specific grade or rank; eligibility must be in accordance with existing national rules; where the allowance is set by reference to a specific grade, it must be based on the institutional scales.

d) Accommodation

This may be provided by the Programme; instead of a housing allowance, the EDF imprest account covers the cost of rented staff accommodation, considered as job-related housing; where the rental market does not provide the requisite quality or quantity, the EDF imprest account may cover the cost of capital expenditure such as construction (provided it is not disproportionate to the overall Programme budget), rehabilitation or extension – in exchange, in the latter cases, for rent reduction to reflect the value of the capital expenditure.

e) Vehicles

These are provided by the Programme and remain its property throughout the accepted duration of their material depreciation (four working years); they are regarded as service vehicles. At the end of the four years the Programme will request renewal of the fleet under a future Work Programme. Vehicles reaching the age limit must be officially removed from the list of capital items owned by the Programme; they may then be passed on by the Programme to the authorities (or, as private vehicles, to PACE Programme management staff or external executive staff) for their residual value, whatever the case, all bodywork markings relating to the EDF or the Commission must be removed.

8.2 Management staff other than officials recruited and employed by the PACE Programme (on fixed-term contracts)

Such staff may receive the above benefits in addition to their salary. Employment conditions and remuneration must be identical to those laid down by the institutional rules and regulations (national legislation). Individual fixed-term contracts will be concluded between such staff and the imprest account holders.

8.3 Non-management staff recruited and employed by the PACE Programme (on fixed-term contracts)

As under point 8.2, but excluding the benefits described in point 8.1.

9. BANK INTEREST

Interest accruing on deposits in the PACE Programme "EDF imprest account" bank account is to be entered as PACE Programme own resources. As such it should not be entered in the EDF imprest account administration statement but should be removed from the "EDF imprest account" bank account and paid into an ordinary PACE Programme current account.

As with all own resources, the relevant amounts must be included in the next Work Programme(s), in the "own resources" column.

10. RECOVERY OF CLAIMS

Any repayments to the PACE Programme of amounts due, in whole or in part, from other agents or groups that have received financing under memoranda of agreement, should be entered as PACE Programme own resources: as such they should not be entered in the EDF imprest account administration statement but should be paid into an ordinary PACE Programme current account.

N.B. The PACE Programme will not provide loans. Loans should be managed by local banks or intermediate credit bodies, with the EDF imprest account contributing to the financing of such credit lines through memoranda of agreement (grants) with the bodies concerned; in that event, there would be no need for any refund to the PACE Programme.

11. MANAGEMENT OF THE ADVANCE

11.1 Transfer of their balance of the advance

The transfer of the balance of an advance from one imprest account to the next is purely an accounting operation. It has no impact on the Programme's cash flow (imprest account holders and accounting officers continue to use the remainder, transferred from one imprest account to the next throughout the fully operational phase), nor on movements in the accounts of the EDF paying agent.

The National Authorizing Officer (acting on behalf of the Regional Authorizing Officer) and the Delegation draw up **at the same time:**

(i) a receipt order against the imprest account commitment for the current work programme (for an amount equivalent to the initial advance) and

(ii) a payment order against the imprest account commitment for the following work programme (for an amount equivalent the receipt order referred to above); the Brussels financial management department acknowledges this transfer in their accounts by recording the above-mentioned receipt order and payment order **at the same time** and forwards copies of the contract cards to the Delegation. The Delegation will then notify the PACE Programme.

The EDF financial management department notes this twofold accounting movement in the accounts of the RDP **at the same time:**

(i) as a debit in the administration statement for the current imprest account, and

(ii) as a credit in the administration statement for the succeeding imprest account.

11.2 Increasing the advance

Should the field management wish to increase the cash flow at its disposal (*i.e.* through an increase in the advance), such increase must:

(i) be supported,

(ii) be approved by the National Authorizing Officer (acting on behalf of the Regional Authorizing Officer), the local EC Delegation and notified to the RAO,

(iii) be covered by a supplementary payment order to the value of the increase, and

11.3 Transfer of a whole advance (without partial recovery)

Although technically possible, such transfers of the whole advance are n recommended. If such a transfer is done, the advance will be recovered during the en of-project phase.

11.4 End-of-project phase: full recovery of advance

During this final phase the field management will have to recover (clear) the advance i full, as follows:

- by forwarding all supporting documents for expenditure paid out (as in the case c replenishment), but with no request for reimbursement; hence there is n replenishment and it is the advance itself that is used up;

- the National Authorizing Officer (acting on behalf of the Regional Authorizin Officer) and the local EC Delegation then draw up a zero payment order (or number of such orders in succession); these orders may also be referred to a "token payment orders".

12. OBLIGATORY CLOSURE OF THE IMPREST ACCOUNT

Imprest account holders and accounting officers will be required to draw up a ver exact administration statement administration statement for the closure of the EDF imprest account, not later than six months following the end of the period covered by the imprest account.

Closure may take place only where the imprest account balance is zero (otherwise the closure will not be accepted, with the consequence that the EDF financial management department will refuse the commitment for the third imprest account).

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PACE EPIDEMIOLOGY UNIT



LANDSCAPE DYNAMICS FROM THE FOREST

Global Change: Implications for Eastern Africa

29-31 August 2001

CHAPTER 5: SITUATION

Overview of the way PACE addresses the

Understanding the issues associated with

Principles of PACE

PACE implementation

Future workshops on the

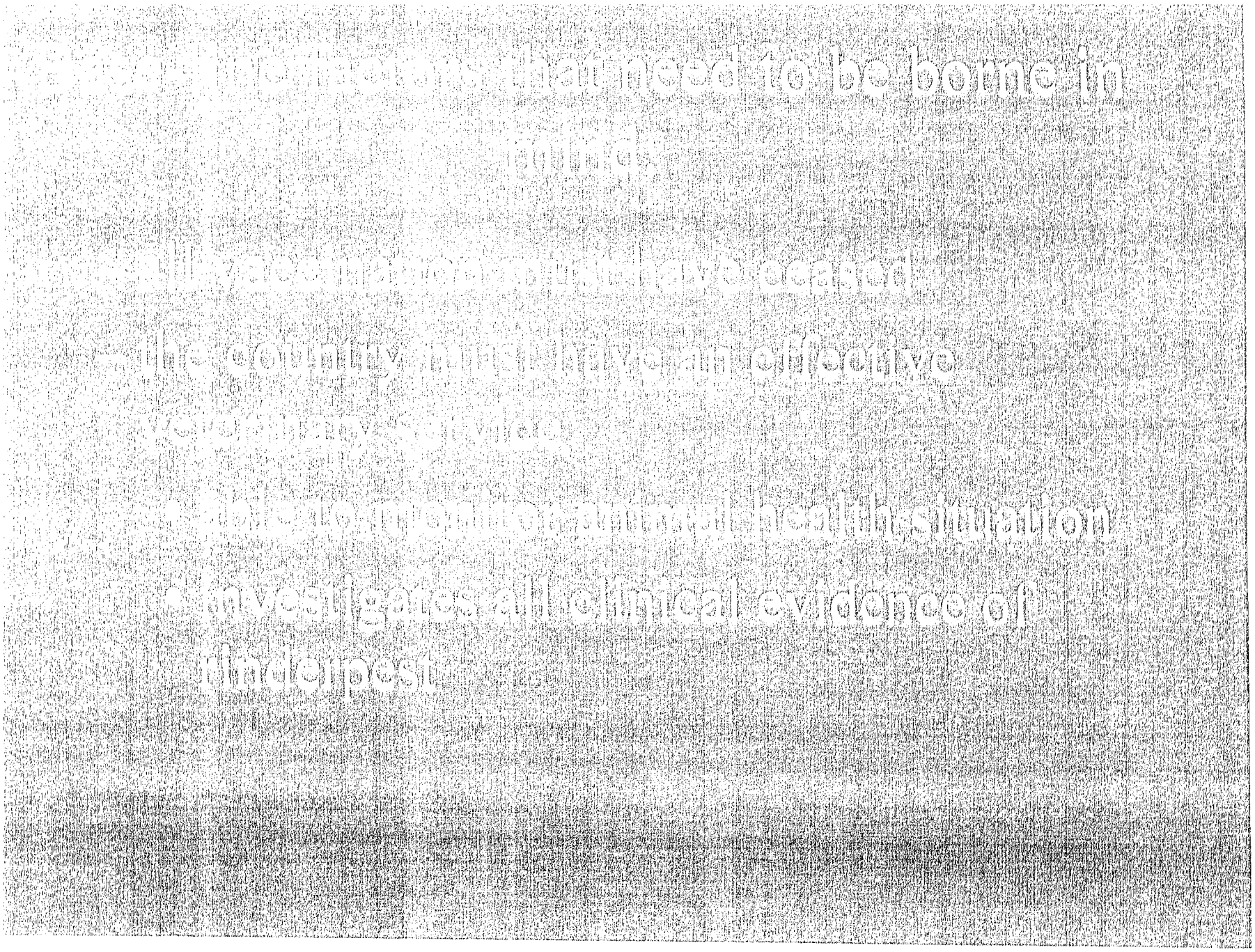
Questions/discussion

Principal elements of the OIE Pathway (Voluntary process)

Declaration:

FMD & Other Epizootics Commission

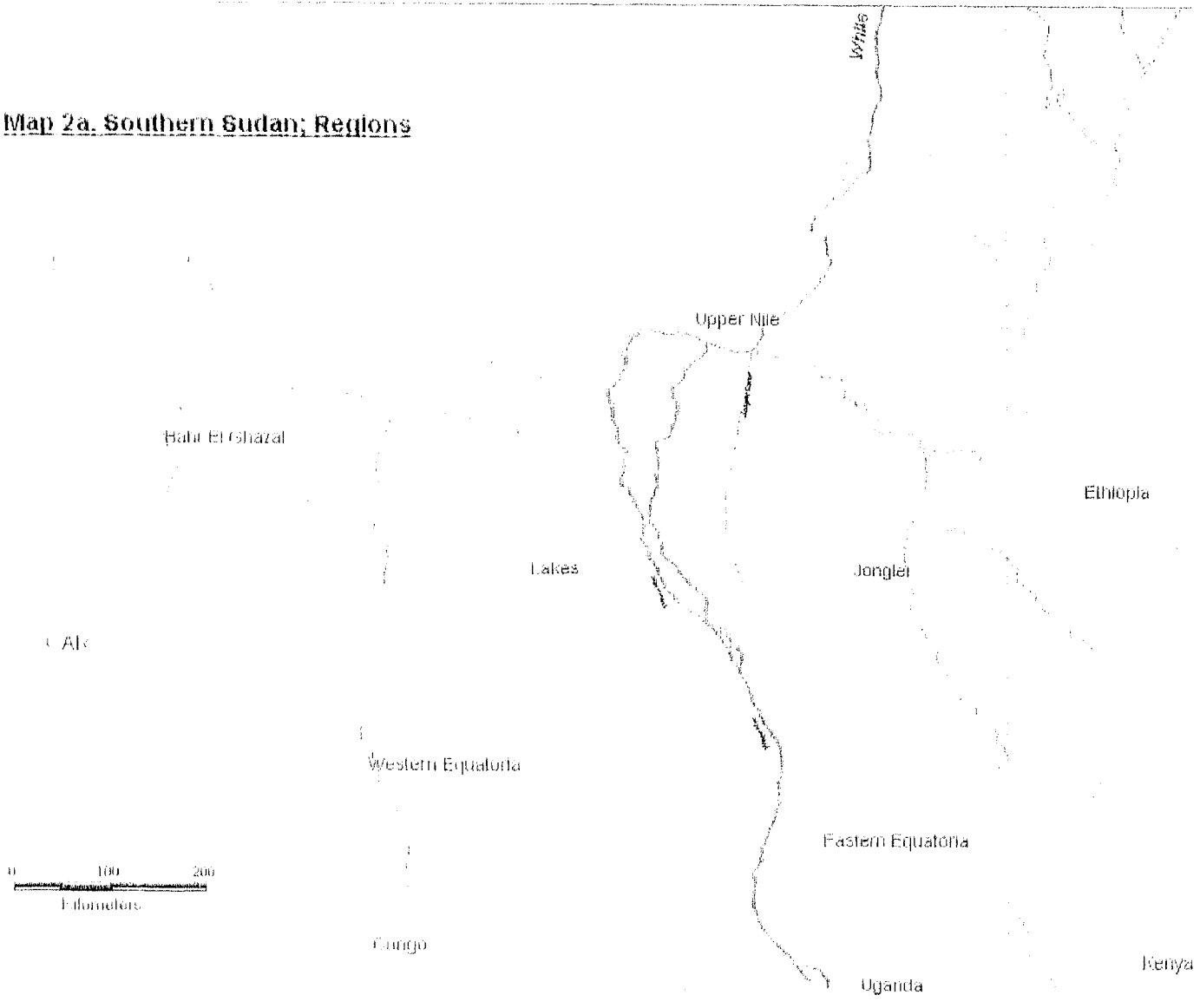
Acceptance: Freedom from infection: International Committee of the OIE

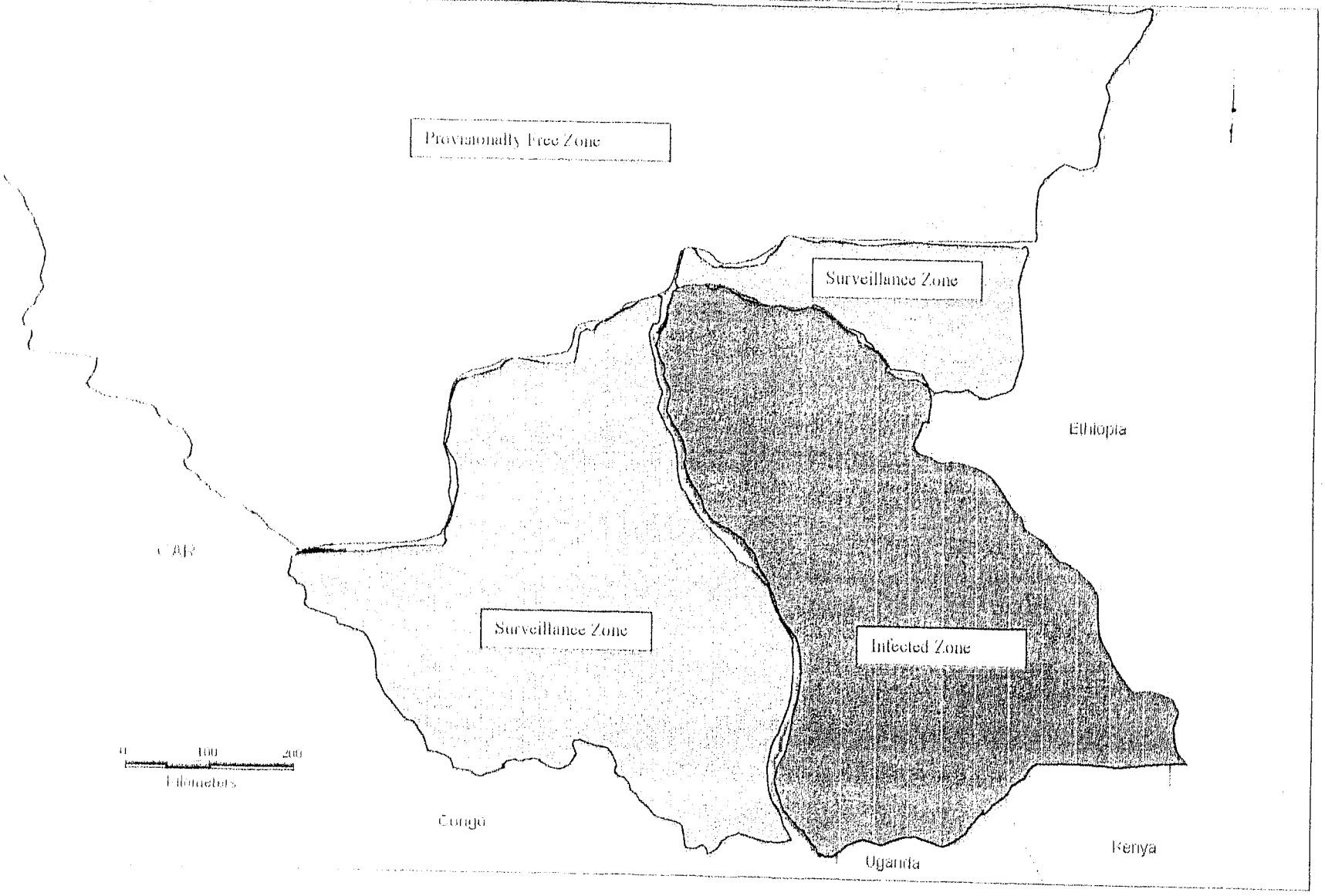


Factors that need to be borne in mind (cont)

- effective reporting system to
  - central authority
  - 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
  - quarantine etc

Map 2a. Southern Sudan; Regions




Provisionally Free Zone
Surveillance Zone
Ethiopia
CAR
Surveillance Zone
Infected Zone
0
100
200
Kilometers
Congo
Uganda
Kenya

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/zone by either:
  - Surveillance zone or
  - physical or epidemiological barriers

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

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



Organization of African Unity/Inter African Bureau for Animal Resources

PACE Disease studies in Wildlife

- Epidemio-surveillance of wild animal populations as indicators of RPV and other diseases.
- Support conventional surveillance of livestock disease.
- Area coverage: East West and Central Africa

Jump to first page



Organization of African Unity/Inter African Bureau for Animal Resources

PEU WILDLIFE

- Support PACE National programmes to implement clinical and disease surveillance in wild animal populations.
- Assist in interpretation of results and development of strategies.
- Assist in training of personnel and establishing networks.

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OIE PATHWAY

Confirmation of absence of disease will require clinical surveillance of cattle (wildlife surveillance will support this).

Confirmation of absence of infection will require at least 2 years of effective serology in livestock supported by samples from wildlife where relevant.

ity/Inter African Bureau for Animal Resources

SAMPLING METHOD

For wildlife, purposive sampling with trained teams is optimal.

Hunted animals produce poor sera samples especially for c ELISA and contamination is common, which excludes VNT



Organization of African Unity/Inter African Bureau for Animal Resources

Rinderpest in Wildlife

Rinderpest is a major threat to Wildlife populations expect > 60% mortality in susceptible species



Organization of African Unity/Inter African Bureau for Animal Resources

Rinderpest surveillance

- **It is not presently possible to differentiate RPV serum antibody due to vaccine or virus in cattle so in areas where cattle were recently vaccinated -**
- wildlife provide an ideal sentinel, as they share cattle pasture, become infected and produce antibody, are not vaccinated and are resident (mainly) in an area.
- **Select large wildlife populations**
- **Select herd species closely related to cattle**
- **Small sample sizes needed**

Organization of African Unity/Inter-African Bureau for Animal Resources

Problems with serology

- Interpretation of serology is not easy and the PACE epidemiology unit can assist in this area.
- The development of new more effective screening tests are an area which PEU are active

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SOMALIA - SUDAN RPV Lineage I or II?? Or both?

We assume Sudan has only lineage I virus and Somalia only lineage II - is this really true and justified? as serum antibody will not differentiate between the I & II. Is the distinction relevant?

It has not been possible in decades to isolate lineage II from cattle in East Africa but we know it is present from wildlife work.



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CONCLUSION ON BLOOD TESTING

Sero-surveillance is an option but interpretation of results is a problem.

Sero-surveillance is optimal if carried out in a highly targeted manner with professional teams.

Blotting paper may be an answer for more general surveys but it is not a validated method.



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STRATEGY FOR ERADICATION OF RPV

It is recognised that 2 foci may remain in 2 major ecosystems

The **Somali system** with epizootic potential in Somalia, Kenya, Ethiopia and Tanzania

The **Sudan system** with epizootic potential in Sudan, Ethiopia, Kenya, Uganda, CAR and Tchad



Organization of African Unity/Inter African Bureau for Animal Resources

Work planned for PEU wildlife unit 2001-2

Continue to support sampling of wildlife in the potential RPV epizootic zones and focus on the areas within and adjacent to the presumed hotspots.

Encourage livestock surveillance and community surveys in operational areas.

Promote the justification and use of warthog for sero-surveillance in the Somali ecosystem.



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Work planned for PEU wildlife unit 2001-2 continued..

Support OIE pathway activities.

Provide training of personnel through workshops and field support.

Encourage Regional epidemiology network development.



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PACE WILDLIFE AND TRANSBOUNDARY DISEASES

Another aim is to develop ideas for wildlife work over the next year, for a number of other diseases which are important to the PACE programmes

FMD, PPR, ASF, RVF?

CONTAGIOUS BOVINE PLEURO-PNEUMONIA

DO WE NEED NEW STRATEGIES TO COUNTER THIS DISEASE?

Where are we with CBPP?

- Very few PACE countries are free of the disease
- Within many countries the disease appears to be spreading, i.e. distribution and prevalence rates unclear
- Dynamics of the infection are poorly understood, e.g. R_0

Where are we with CBPP (cont)?

- Its real impact, especially in different livestock systems, is unclear
- Vaccines induce short periods of protection in only a proportion of animals
- Serological tests don't identify animals in the incubation period or carriers
- Treatment of CBPP cases with tetracyclines is common but this may foster development of carrier state

Questions that have arisen recently:

- Should we be aiming at eradication or control?
- Do we have the tools to achieve eradication/ control (diagnostic tests, effective vaccines etc)?
- Whose responsibility should the control of this disease be: the State or the stock owner (i.e. private vs public good)?

Questions that have arisen recently (cont):

- Do we need more information on the occurrence and distribution of the disease before we can attempt to formulate more effective eradication/control strategies?

Probably for these reasons few countries involved in PACE have a clear strategy on CBPP

Therefore, we need to start thinking more clearly about

- whether we could do better
- if so, how?

Since what is happening now is not effective, what else could be done?

- From the perspective of national veterinary service provision
- From the prospective of livestock owners/CAHWs

Les laboratoires nationaux jouent un rôle très important dans le programme global d'éradication de la peste bovine en général et dans le dispositif de surveillance épidémiologique de la peste bovine en particulier. A ce titre les résultats produits par les laboratoires doivent être fiables, ce qui les oblige à répondre aux standards bien précis, formulés par la Commission des Standards de l'Office International des Epizooties pour les laboratoires qui font des tests pour le diagnostic des maladies infectieuses animales. Il est évident que ces standards ne sont pas utilisés actuellement dans la majorité des laboratoires des pays du PACE mais ceux-ci doivent dès à présent, mettre tout en œuvre pour se rapprocher le maximum possible de ces exigences.

1. STANDARDS DE L'OIE.

1.1. Généralités :

1.1.1. Les standards spécifient les exigences pour un laboratoire qui veut être reconnu compétent pour conduire des tests de diagnostic des maladies infectieuses animales. Il est fait aussi pour être utilisé dans les pays membres de l'OIE pour l'évaluation des laboratoires qui effectuent des tests pour l'exportation des animaux ou de leurs produits.

1.1.2. Ces standards s'appliquent aussi à tous les laboratoires (du secteur public ou privé) qui font des tests de diagnostic des maladies infectieuses animales.

1.1.3. Ils s'appliquent à tous les laboratoires indépendamment du nombre de leur personnel et des tests qu'ils utilisent.

1.1.4. Ces standards doivent être utilisés par les laboratoires qui mettent en place un système de suivi de leurs activités.

Les références des documents qui ont servi à la mise au point des standards sont :

- ISO/IEC Guide 2: 1996. *General terms and their definitions concerning standardization and related activities.*

- ISO 8402: 1994. *Quality management and quality assurance – Vocabulary*

- ISO 9001: 1994, *Quality systems – Model for quality assurance in design, development, production, installation and servicing.*

- OIE *Manual of Standards for Diagnostic Tests and Vaccines*, 1996.

1.2. Exigences de gestion

1.2.1. Organisation et gestion

- Le laboratoire doit être organisé pour satisfaire les exigences de ces standards.

- Le laboratoire doit avoir un système de gestion et un organigramme fonctionnels.

- Le laboratoire doit avoir un personnel de gestion et technique disposant des ressources nécessaires pour effectuer toutes les activités qui lui incombent.

1.2.2. Système de qualité

Le laboratoire doit mettre en place et maintenir un système de qualité approprié pour les activités qu'il mène. Il doit avoir un manuel de qualité qui définit sa politique, ses systèmes de gestion, ses programmes, ses procédures et instructions et qui assure en définitive la qualité des résultats des tests et l'interprétation qui en découle.

1.2.3. Contrôle des documents

Le laboratoire doit avoir un système de contrôle des documents qui assure que la version des documents en utilisation est la bonne et que ceux-ci sont disponibles avec son personnel.

1.2.4. Approvisionnement

Le laboratoire doit prouver que ses sources d'approvisionnement en intrants permettent d'assurer la qualité des résultats des tests.

1.2.5. Plaintes

Le laboratoire doit avoir une politique claire pour résoudre toutes les plaintes de ses clients.

1.2.6. Contrôle des tests et résultats non conformes

Le laboratoire doit avoir une procédure de détection et de correction des tests et résultats non conformes.

Le laboratoire doit mettre en place un mécanisme de prise des mesures de correction et de prévention une fois que des cas de non conformité sont constatés.

1.2.8. Système d'enregistrement

Le laboratoire doit avoir un système de gestion des enregistrements qui permette l'identification, la collecte, le stockage, l'entretien de la qualité des enregistrements.

1.3. Exigences techniques.

1.3.1. Personnel

Le laboratoire doit assurer le niveau de compétence requis pour effectuer les tests de diagnostic.

Il doit avoir un programme précis de formation de ses agents.

1.3.2. Infrastructures et conditions environnementales

Les infrastructures du laboratoire (y compris) son électrification et les conditions environnementales doivent permettre d'obtenir des bonnes performances des tests. Il doit s'assurer que les conditions environnementales n'invalident pas les résultats des tests ou n'aient pas un effet néfaste sur la qualité des tests.

1.3.3. Les tests

Le laboratoire doit utiliser des tests appropriés et les procédures y afférentes pour toutes les maladies infectieuses

Il doit avoir des instructions écrites pour tous les tests et les procédures y afférentes.

1.3.4. Equipement

Il doit assurer la précision requise. Une procédure de calibrage des instruments essentiels.

Le laboratoire doit disposer d'une procédure appropriée de collecte des spécimens. Cette procédure doit contenir les méthodes de conservation des spécimens.

Le laboratoire doit disposer de procédure appropriée d'enregistrement des données sur les spécimens y compris celles relatives à la méthode de prélèvement, à celui qui a fait le prélèvement et aux conditions environnementales et à la méthode statistique utilisée (si cela est applicable).

1.3.6. Gestion des spécimens

Le laboratoire doit disposer de procédure qui garantisse l'intégrité des spécimens. Il doit disposer d'un système approprié d'identification des spécimens excluant les possibilités de confusion entre spécimens.

Si le spécimen reçu n'est pas approprié pour le test à faire ou si le test demandé n'est pas précisé, le laboratoire doit consulter le client pour avoir d'amples informations avant d'entamer l'analyse.

1.3.7. Assurance qualité des résultats des tests.

Le laboratoire doit disposer de procédure qui garantisse la validité des résultats des tests. Elle doit comprendre entre autres un schéma de contrôle de qualité interne incluant des méthodes statistiques, des possibilités de duplication des tests et de participation aux programmes de contrôle de qualité externes.

2. Exigences pour les laboratoires du GREP

Le document « Recommended procedures for disease and serological surveillance as part of the Global Rinderpest Eradication Programme » définit les exigences pour les laboratoires impliqués dans le programme global d'éradication de la peste bovine. 4 types de laboratoires y sont retenus :

Ils doivent être à mesure de faire le test de l' Immuno Diffusion en Gélose.

Le personnel de ces laboratoires doit être formé pour la reconnaissance clinique de la peste bovine et des lésions induites par la maladie.

2.2. Laboratoires Centraux (Nationaux)

Ils doivent être à mesure de faire les test suivants :

- Immuno-diffusion en Gélose
- ELISA (Détection de l'antigène par l'immunocapture)
- ELISA (Compétition) pour la détection des anticorps.
- Isolement du virus de la peste bovine sur cultures cellulaires ou à défaut mettre en place un système efficient d'envoi des échantillons aux laboratoires sous –régional ou mondial de la peste bovine

2.3. Laboratoires Sous-Régionaux du GREP

Ils doivent entre à mesure de faire les test suivants :

- Immunodiffusion en Gélose
- ELISA (Détection de l'antigène par l'immunocapture)
- ELISA (Compétition) pour la détection des anticorps.
- Isolement du virus de la peste bovine sur cultures cellulaires

* Ces laboratoires doivent mettre en place un système routinier d'utilisation des cultures cellulaires et avoir une source de procuration des cellules Vero et cellules primaires de reins de veau.

telles que la PPR et la BVD et être à mesure de faire le diagnostic différentiel de la peste bovine.

* Ils doivent être à mesure de ravitailler les laboratoires centraux en réactifs, de mettre en place des programmes de contrôle de qualité externes et assurer la formation du personnel des laboratoires nationaux.

* Ils doivent être accessibles aux laboratoires nationaux de la sous-région et être à mesure de recevoir des échantillons en provenance des pays de la sous-région.

Un laboratoire peut obtenir le statut de laboratoire sous-régional s'il peut sur le plan technique et financier répondre aux critères énumérés plus haut.

2.4. Laboratoires de référence du GREP

Ils doivent en plus des critères énumères au 2.3, être à mesure de faire des analyses moléculaires sur les virus isolés. Ils doivent aussi être à mesure d'identifier d'autres virus pour le diagnostic différentiel de la peste bovine (PPR, BVD etc.).

- Laboratoire Mondial de Référence de la Peste Bovine : Pirbright (Royaume Uni)
- Laboratoire Mondial de Référence de la PPCB : CIRAD-EMVT Montpellier (France)

3. Laboratoires Sous-Régionaux de l'OUA/IBAR

Le Point sur le Cordon Sanitaire

Dr Fatah BENDALI

PACE-Volet Epidémiologie Afrique du Centre

Introduction :

Ce document fait le point de la situation générale du 'Cordon Sanitaire' notamment au Tchad et en République Centrafricaine.

En plus des informations recueillies auprès des autorités Nationales à Ndjamena et à Bangui, nous avons souhaité rapporter quelques constats et observations recueillis à l'occasion de deux missions de terrain effectuées pendant le premier trimestre 2001.

Rappels sur le *'Cordon Sanitaire' :*

Au vue des résultats encourageants et la grande progression en matière de lutte contre la Peste Bovine (dernier foyer enregistré dans la région en 1984), le PARC a recommandé la mise en place un bouclier sanitaire nommé *'Cordon Sanitaire"*. Cette barrière vise à empêcher la réemergence de la Peste Bovine vers les pays d'Afrique du Centre et de l'Ouest qui en sont désormais indemnes. Ainsi, cette zone de surveillance s'étend sur trois pays voisins en l'occurrence : le Tchad, la République Centrafricaine et le Soudan (voir figure ci-dessous).

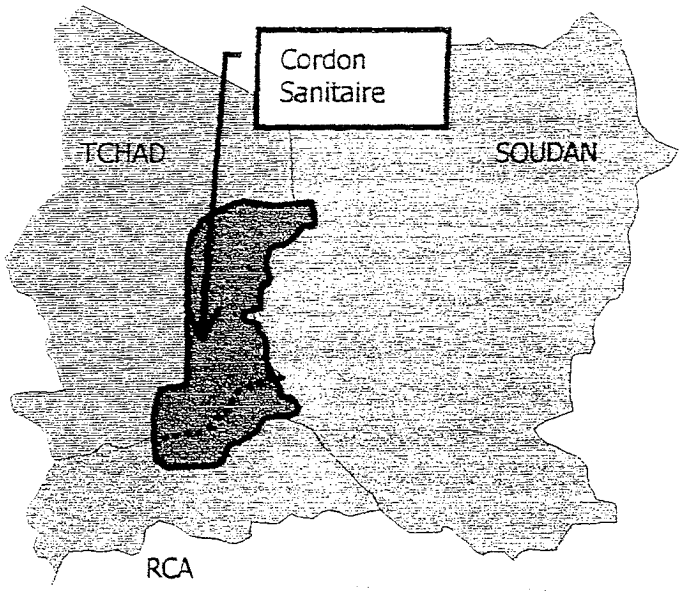
Dès 1993 une première expertise a élaboré les concepts et principes du *'Cordon Sanitaire"* (activités, superficie, moyens mis en oeuvre...). Une deuxième évaluation a été réalisée en 1997 et a redéfini l'étendue géographique de ce cordon au Tchad et en République Centrafricaine.

Le principe de ce *'Cordon Sanitaire'* était de constituer une barrière 'étanche' et 'infranchissable' pour le virus de la Peste Bovine. Ainsi, pour prétendre à une protection efficace, il a été prévu une couverture vaccinale d'au moins 80% des animaux dans la zone concernée. De plus, pour une bonne immunisation, cette vaccination devrait couvrir tous les animaux de l'ensemble des troupeaux de la région.

Parallèlement à la vaccination, il a été décidé de mettre en place un système de surveillance, capable de reconnaître, diagnostiquer et alerter rapidement en cas de suspicion ou de déclaration de la maladie.

En raison de sa situation géographique, l'accomplissement des activités sur le *'Cordon Sanitaire'* sous entend l'implication des autorités sanitaires des trois pays (Tchad, RCA et Soudan). Les décisions sanitaires sont ainsi adoptées en concertation lors d'une 'tripartite'. La dernière rencontre remonte à Juillet 1999 et a eu lieu à Ndjamena (Tchad).

Ci-après les grandes lignes et particularités du 'Cordon Sanitaire' dans les pays concernés (pour plus de détails, il convient de se rapprocher des coordinations nationales respectives)



Au Tchad :

L'actuel *'Cordon Sanitaire'* couvre les préfectures administratives de Biltine, Ouaddaï, Salamat et du Moyen Chari. Soit une bande de 1800 km de long sur 300 km de large au sud-est du pays (arrêté ministériel 1998).

Cette zone comporte 7 secteurs et 38 postes vétérinaires. Le cheptel bovin est estimé entre 2,5 et 3 millions de têtes selon les saisons.

Il existe également une zone 'tampon' où s'exerce une surveillance clinique de la Peste Bovine sans vaccination. Il s'agit d'une bande séparant le 'Cordon Sanitaire' de l'Ouest du pays, elle couvre les préfectures de : Batha, Guera, et une partie du Moyen Chari.

Selon les décisions des autorités Tchadiennes (Dr Ali Seid Nour, Directeur Général du Ministère de l'Elevage), la vaccination contre la Peste Bovine s'arrêterait à la fin de la saison 2001-2002, soit encore une campagne. Ce choix est motivé par les contraintes imposées au pays en matière d'exportation de bétail et s'inscrit dans la logique des procédures de l'OIE dans lesquelles le pays s'est engagé. La procédure de déclaration de « région provisoirement indemne de peste bovine » a été signifiée à l'OIE pour la partie Ouest du pays.

En République Centrafricaine :

Le pays est divisé en trois régions (A, B et C) du Nord-Est vers le Sud-Ouest. Seules les zones A (de contrôle) et B (de vaccination et de surveillance renforcée/tampon) sont concernées par la vaccination Peste Bovine. La vaccination est réalisée en continu tout au long de l'année, adaptée selon le cas à la transhumance et le commerce des animaux.

La Centrafrique a déclaré sa zone 'C' se trouvant à l'Ouest et une partie de la zone Centre « provisoirement indemne de peste bovine ».

La stratégie de surveillance de la Peste Bovine est essentiellement basée sur 3 zones à risque : Le marché central de Bangui, l'axe de migration du Nord en provenance du Tchad et l'axe de migration de l'Est en provenance du Soudan.

Selon les responsables Centrafricains (Dr G. Kondolas Coordonnateur national PACE), l'arrêt de la vaccination contre la Peste Bovine au niveau du 'Cordon Sanitaire' n'est pas à l'ordre du jour tant qu'ils ne possèdent pas des garanties fiables et certaines concernant la situation zoosanitaire au Soudan et en Afrique de l'Est en général.

Au Soudan :

Le pays a été divisé du nord au sud en quatre zones A, B, C, et D. La vaccination a officiellement été arrêtée dans la zone A depuis 1996 (déclarée « provisoirement indemne ». La zone B est considérée comme zone tampon avec maintien de la vaccination, la zone C est considérée comme zone 'potentiellement à risque de réapparition de peste bovine venant du sud. La zone D (plus au sud) est celle où le risque de foyer demeure présent et où quelques suspicions sont encore signalées.

Selon les dernières informations émanant des autorités soudanaises, il semble qu'il y ait une volonté de réduire la zone de vaccination en la limitant au Sud-Est du pays tout en augmentant la zone de surveillance. En outre, les activités dépendent grandement des relations de coordination avec les nombreuses ONG présentes dans la région.

Malheureusement, pour des raisons indépendantes du PACE, nous n'avons pas encore pu organiser une visite de terrain dans ce pays. Nous ne pourrons donc pas donner plus de détails sur ce pays.

Les Missions de terrain :

Les objectifs de ces visites de terrain dans cette sous-région avaient pour objectif de :

- Constater et s'enquérir des réalités du *'Cordon Sanitaire'* en terme d'activités sur le terrain (vaccination, épidémiosurveillance...).
- Relever les spécificités du travail dans ces régions et apprécier les difficultés.
- Préparer une ébauche de réflexion servant à la stratégie du PACE dans la sous-région et la préparation de la réunion 'Tripartite'.

Nous passerons en revue les principaux points relatifs aux activités sur le 'Cordon Sanitaire' notamment en terme de : vaccination et ses contraintes, la sérosurveillance, l'épidémiosurveillance, les mouvements d'animaux...

Vaccination des Animaux contre la Peste Bovine :

Il faut souligner que cette activité représente la principale mission dédiée aux agents vétérinaires au niveau du *'Cordon Sanitaire'*. Au Tchad, à l'exception des zones couvertes par quelques vétérinaires privés *'mandataires'*, la vaccination demeure majoritairement assurée par les services vétérinaires publics. Au total 13 équipes de vaccination sont répertoriées au Tchad (8 équipes étatiques et 5 dépendant des mandataires). La campagne est réalisée en période sèche (théoriquement de Novembre à Mars).

La vaccination en Centrafrique, est dispensée durant toute l'année en utilisant le produit thermostable (du Botswana). Par ailleurs, selon les responsables de l'ONDE, la vaccination du cheptel du commerce est systématique (250 FCFA/animal) ainsi que pour les animaux transhumants (150 FCFA/animal). Selon les déclaration des chefs de postes locaux, près de 70% des éleveurs possèdent les certificats de vaccination Peste Bovine.

Au vu des rapports d'activité (sur les 4 dernières années) et les déclaration des chefs de secteurs vétérinaires, la couverture vaccinale se situe entre 10 et 35% d'animaux vaccinés par rapport aux animaux estimés dans la région. Les rapports (statistiques) de vaccination sont basés sur les 'doses utilisées' par agent et par poste (d'où un biais de surestimation non négligeable pour les doses 'perdues' et comptabilisées comme vaccinées...).

Limites de la vaccination dans le 'Cordon Sanitaire' :

Sur la base de nos constats sur le terrain d'une part, les résultats de sérosurveillance et les déclarations recueillies à différents niveaux (ministère, terrain et privés) d'autres part, il en ressort que la vaccination telle que pratiquée actuellement, ne procure pas le seuil de couverture minimal requis pour une 'protection' suffisante.

En plus des conditions (intrinsèques) du vaccin comme la dilution, l'inactivation..., il existerait d'autres facteurs (extrinsèques) qui affecteraient l'efficacité de la vaccination :

1. *La sensibilisation* : La sensibilisation du personnel de terrain et des éleveurs reste insuffisante. Cela est d'autant plus important que les éleveurs refusent de vacciner contre une maladie absente depuis 15 ans. Parfois, les éleveurs ne présentent qu'une partie de leur troupeau aux vaccinateurs.

   En outre, le fait que la vaccination soit payante (80 FCFA au Tchad et 150 FCFA en RCA) pourrait constituer un prétexte valable et un frein. Les responsables locaux (chefs coutumiers, de cantons...) ont un impact important dans l'incitation.

2. *Identification* du cheptel : Les animaux ne sont pas identifiés (ni individuellement ni par troupeau), ce qui rend le suivi de la vaccination quasi-impossible. Les mouvements des animaux transhumants (plus de 80%) est donc difficilement contrôlable.

3. *Le marquage* des animaux vaccinés n'est réalisé que très rarement. Le manque de moyens de contention (couloirs et parcs) et l'hostilité des éleveurs en sont les causes. Ceci rends donc plus difficile la distinction des animaux vaccinés des autres.

4. *Le retard au démarrage* des campagnes : Selon les autorités du ministère de l'élevage Tchadien, la campagne de vaccination est officiellement ouverte du 1er octobre 2000 au 30 avril 2001. Elle n'a effectivement commencé qu'en janvier 2001 (retard de lancement du PACE, la contrats avec les vétérinaires privés et la distribution des vaccins...). La courte période allouée ne permettrait pas aux agents de couvrir l'ensemble de leur zone.

5. *Matériel roulant* : La majorité des postes vétérinaires ne disposent pas de moyens de déplacement (voiture, moto...). Seuls quelques rares secteurs vétérinaires bénéficient de véhicules en état de marche hérités d'anciens projets (PARC, PNE...). La réquisition des

moyens roulants est souvent mentionnée. Les dotations en carburant ne sont pas régulières et accusent parfois des retards.

6. *Logistique et Matériel de vaccination* : Les postes vétérinaires sont dépourvus de matériel basique en état de marche (seringues et aiguilles...). La vétusté de ce dernier est souvent constatée. La chaîne de froid n'est fonctionnelle que dans de très rares postes.

7. *Parcs de vaccination* : Connaissant la taille du cheptel et l'étendue du '*Cordon Sanitaire*', les parcs et couloirs de vaccination, sont insuffisants et parfois mal situés.

8. *Manque de personnel* : Certains postes vétérinaires demeurent vacants pendant de nombreux mois (affectations...). Même les postes pourvus de personnel semblent insuffisants pour couvrir l'étendue de la région. La motivation des agents est insuffisante (retard des primes...).

Sérosurveillance :

Cette opération est menée par une équipe du Laboratoire de Recherches Vétérinaire et Zootechniques (LRVZ) pour le Tchad et le Laboratoire de l'Office National du Développement de l'Elevage (ONDE) en Centrafrique.

L'examen des résultats au Tchad ont montré que le taux de sérologie a chuté de moitié entre 1996 et 1999 (soit de 56,8% à 28,8%). En RCA, les récents résultats de sérosurveillance ont montré une séroprotection au niveau du cordon Sanitaire de 47%.

Certains biais pourraient s'ajouter à cette estimation (échantillonnage, nombre d'animaux, la sélection des cheptels...).

Les Vétérinaires Privés :

Nous avons rencontré une partie des vétérinaires privés impliqués dans la vaccination contre la Peste Bovine sur le cordon au Tchad. Selon ces derniers, la principale activité, et donc la principale ressource financière, est basée sur la vaccination Peste Bovine. Le reste étant représenté par les soins aux animaux et la vente de médicaments.

L'implication des vétérinaires privés dans l'épidémiosurveillance des maladies animales au sein du REPIMAT reste à définir.

En RCA, la question des vétérinaires privés ne se pause car inexistants.

L'Epidémiosurveillance :

Cette activité est régie au Tchad et en RCA par 2 réseaux d'épidémiosurveillance existants, le REPIMAT (Réseau d'Epidémiosurveillance des Maladies Animales au Tchad) et le SISAC (Système d'Information sur la Santé Animale en Centrafrique).

Au Tchad, la surveillance des maladies est basée sur un réseau d'agents répartis sur tout le territoire. Leur activité au sein du REPIMAT consiste à remplir mensuellement des fiches d'enquête 'terrain' et 'marché'. Le REPIMAT n'est pas exclusivement dédié à la Peste Bovine mais concerne plusieurs autres maladies (PPCB, FA, trypanosomiase...).

Lors de notre tournée, nous avons pu nous rendre compte de la fragilité des réseaux actuels pour des raisons essentiellement matérielles et parfois humaines :

1. Les moyens de communication permettant une collecte d'information fiable et sa transmission rapide n'est pas toujours garantie. La majorité des postes visités ne disposent pas d'outils en état de marche (téléphone, radio…).
2. Les postes vétérinaires sont trop éloignés les uns des autres vu l'étendue du territoire et ne peuvent couvrir efficacement leur rôle de surveillance en continue.
3. Le carence en effectif humain (1 seul agent par poste) ne favorise pas la surveillance adéquate et satisfaisante. En outre, les mutations régulière des agents formés est un obstacle à la bonne marche des réseaux.
4. L'implication des auxiliaires d'élevage et des éleveurs ne semble pas encouragée.
5. Les prélèvements biologiques (sang, organes) ne sont réalisés que très rarement (motivation, carence en chaîne de froid et des moyens de déplacement).
6. Le retour d'information : les agents de terrain déplorent le fait que les résultats des prélèvements effectués ne leur sont restitués que rarement. Cela freine la motivation et surtout entache la crédibilité des agents vis à vis des éleveurs.
7. Les laboratoires centraux de diagnostic (LRVZ à Farcha et ANDE à Bangui) ne sont pas suffisamment équipés pour accomplir pleinement leur mission.
8. Malgré la perméabilité des frontières, il y'a une absence d'harmonisation et d'échanges entre les agents de terrain dans et entre les pays.

Mouvements des animaux :

Nous relèverons deux grands types de mouvements dans la région : Un mouvement Commercial et un mouvement saisonnier Transhumant.

I. Le Commerce :

Au Tchad : Deux principaux axes sont à mentionner : Le premier au 'Nord-Est' : concerne essentiellement les transactions commerciales du bétail avec la Libye et le Soudan. Le second 'Est-Ouest' : axe commercial est principalement destiné au marché du Nigeria et du Cameroun. Selon certaines sources, environ 500 000 bovins , dont une bonne partie issue de la zone du Cordon Sanitaire, sont exportés annuellement vers ces destinations.

Les convention commerciales entre les pays qui permettraient de contrôler les flux et mouvements sanitaires font défaut. Certains postes 'stratégiques' frontaliers manquent de moyens pour leur mission aux frontières. Une harmonisation entre les services de l'élevage et ceux d'autres ministères (intérieur, trésor, douanes…) serait à développer.

'En Centrafrique : Deux voies principales sont à souligner : 'Nord-Sud' concerne les animaux venant du Tchad et une 'Est-Ouest' pour les animaux en provenance du Soudan. Il faut tout de même mentionner que le principal pole d'attraction et de convergence des animaux est le marché central de Bangui

2. Transhumance :

En raison de la situation du *'Cordon Sanitaire'* au cœur de l'intersection de trois pays, il est très difficile de maîtriser le mouvement des éleveurs transhumants dans cette région. En effet, selon la saison, les éleveurs se déplacent à travers les frontières sans procédures administrative ou sanitaire particulières. C'est ainsi que le *'certificat de transhumances'* décidé par la CEMAC depuis deux ans ne semble pas encore appliqué sur le terrain.

Nous pouvons tout de même relever le principal axe de transhumance 'NORD-SUD' au Tchad régulé par l'alternance des saison sèches (les animaux migrent vers le sud) et pluvieuse (animaux au nord).

Par ailleurs, la délivrance de 'Laissez-Passer Sanitaires' de circulation interne, bien qu'obligatoire, ne parait pas une pratique systématique ou généralisée (moyens de déplacements et localisation lointaine des postes vétérinaires...).

Conclusion & Perspectives :

La situation actuelle vis à vis de la peste bovine et la fonctionnalité du *'Cordon Sanitaire'* suggère que l'on réajuste sa stratégie en tenant compte des points suivants. Nous proposons ainsi ces quelques pistes à explorer et à débattre d'un commun accord avec les partenaires nationaux et internationaux concernés :

Réunir la *'Tripartite'* pour décider conjointement des actions à entreprendre, sous couvert de la coordination du PACE. Lors de cette rencontre, il serait question de :

a. Harmonisation et Consensus sur le devenir du *'Cordon Sanitaire'* entre les pays concernés.
b. Repenser l'existence du *'Cordon Sanitaire'* en matière de vaccination et surtout de surveillance active et efficace.

Par ailleurs, à l'échelle nationale, il convient de se pencher sur :

1. Recentrer toutes les énergies et les moyes vers un système d'épidémiosurveillance opérationnel et efficace : formation et recyclage régulier des agents, véhicules adaptés au terrain et bien équipés (chaîne de froid), moyens de communication...
2. L'utilisation des nouvelles techniques de sérosurveillance (en cours d'élaboration par les laboratoires de référence) pouvant distinguer les animaux vaccinés des infectés.
3. Etudier la faisabilité des moyens d'intervention d'urgence (équipes mobiles autonomes, moyens de diagnostic rapides...)
4. Assouplir les procédures de décisions dans les pays (trop centralisées), privilégier la gestion des moyens (matériels) au niveau du terrain (circonscriptions et secteurs) Renforcer les liens avec les agents de terrain pour les motiver.

5. Appuyer les moyens logistiques (et techniques) des laboratoires de diagnostic afin qu'ils puissent répondre à la demande notamment en cas d'urgence.
6. Privilégier le recours au vaccins thermostable.
7. Etudier les moyens permettant de suivre le mouvement des animaux transhumants notamment dans les zones à risque (GPS, télédétection...).
8. Promouvoir la participation active des éleveurs dans la surveillance et la déclaration des maladies (sensibilisation, auxiliaires d'élevage...).
9. L'étendue du territoire, le relief accidenté, le climat difficile et l'enclavement de la zone du cordon sont des facteurs à prendre en compte dans la conception des stratégies appropriées aux conditions de travail.
10. L'appui de l'Unité Législation-Privatisation est le bienvenu pour les questions relatives aux praticiens privés.

STRATEGIE DE L'UNITE D'EPIDEMIOLOGIE

Première réunion de coordination régionale pour l'Afrique de l'Est, 29-31 Août 2001
Entebé (Ouganda)

K. Bidjeh et G.Thomson

INTRODUCTION

Les résultats positifs du projet PARC, confirmés par une évaluation indépendante, constituent une base solide pour envisager l'éradication de la peste bovine et le contrôle des autres maladies majeures. Aussi, il faut rappeler que le succès enregistré pendant la première phase de PARC (1986-1992) s'est traduit par l'absence de déclaration de foyers de peste bovine en Afrique de l'Ouest après 1988 avec une réduction considérable de l'incidence en Afrique de l'Est. Suite à ces résultats positifs, il a été mis en place pendant la deuxième phase du Projet (1993-1998) une nouvelle stratégie qui consiste à adopter une approche régionale à savoir l'instauration du cordon sanitaire à l'Ouest et la cessation progressive des vaccinations suivie de la vérification d'absence de circulation du virus bovipestique.

C'est à ce juste titre que le PACE a inscrit dans ces prérogatives comme l'un des objectifs : --
- Etablir à moindre coût des réseaux nationaux et continentaux de surveillance épidémiologique des principales maladies animales ;
- Doter les pays des capacités nécessaires pour organiser des programmes de contrôle des maladies.

Déjà , en 1995 lors d'une réunion préparatoire relative aux situations d'urgence regroupant les chefs de services vétérinaires et les experts internationaux, il a été recommandé de mettre en place :
- Des systèmes d'alerte précoce identifiant la présence de la maladie aussitôt que possible ;
- Des systèmes de réaction précoce qui assureraient la réponse rapide et efficace contre toute apparition éventuelle de la maladie.

Il est alors approprié d'adopter une nouvelle stratégie d'éradication et de lutte contre la peste bovine basée sur l'arrêt de la vaccination, sur l'aide aux pays à satisfaire la procédure OIE, incluant la recherche active de la maladie, le renforcement du réseau d'épidémiosurveillance et la mise en place des moyens de réaction rapide en cas d'urgence.

L'établissement des systèmes nationaux de surveillance épidémiologique (SNSE) permet en effet de vérifier l'absence des foyers résiduels qui pourraient ressurgir après l'arrêt de la vaccination.

CONCEPT DU PLAN D'INTERVENTION D'URGENCE

Dans le contexte de l'arrêt d la vaccination, et du fait de l'importance des conséquences, notamment économiques de l'épizootie de la peste bovine, un dispositif réglementaire doit

être mis en place. Il s'agit d'instaurer un système de surveillance épidémiologique efficace et d'un plan d'intervention d'urgence.

Par définition, le plan d'urgence est un document de stratégie bien articulée qui décrit dans le détail, l'ensemble des opérations à mettre en œuvre ou des actions à entreprendre en cas d'apparition de la maladie. Il permet également d'assurer que le pays est préparé aux situations d'urgence et à toute éventualité. Il précise entre autres, les missions de chaque intervenant et doit contenir aussi bien les ressources humaines que matérielles et financières ainsi qu'un cadre de travail bien défini.

La maîtrise d'une éventuelle épizootie dépendra donc de la qualité d'organisation et des moyens de réponse mis en place au préalable.

SITUATION DU PLA D'URGENCE DANS LES PAYS MEMBRES DU PACE

En parcourant les plans globaux et les devis programmes de l'ensemble des pays, il s'avère qu'aucun n'a encore mis en place le plan d'intervention d'urgence en Afrique de l'Ouest et du Centre. Seulement deux (Ouganda et Ethiopie) en Afrique de l'Est l'ont fourni à la coordination de Nairobi. La plupart d'entre eux l'ont mentionné dans leurs devis programmes comme activités à réaliser pendant l'année en cours (DP1).

L'analyse de ces deux documents fournis respectivement par l'Ouganda et l'Ethiopie, nous conduit à faire des observations suivantes :

- ⇨ ils sont calqués sur le guide de la FAO/EMPRES, 1999
- ⇨ documents volumineux, difficile à exploiter
- ⇨ existence de plusieurs comités dont le rôle de chacun est mal défini
- ⇨ l'apport financier de l'Etat
- ⇨ les moyens humains et matériels de réponse ne sont pas traités
- ⇨ la stratégie de lutte est confuse et mal définie
- ⇨ absence de l'équipe d'experts nationaux dans le document.

PLAN D'ACTION DE L'UNITE D'EPIDEMIOLOGIE

Bien que le guide FAO/EMPRES soit un document complet, il mérite quand même d'être revu pour être appliquer aux structures existants des services vétérinaires de nos pays et aux conditions et mode d'élevage.

En attendant la mise en place d'un modèle fiable qu'on peut adapter à toutes les circonstances, dors et déjà, nous proposons un plan simplifié basé sur les données bibliographiques (ARBELOT, 2000 ; FAO, 1999 ; RAPPORT EMRES, 1995).
Certes, ce plan n'est pas complet mais, comme projet, il peut servir de document de base pour la discussion et peut être modifié.
Il est donc constitué des éléments suivants :

1- Description ou connaissance de la maladie

- ⇨ étiologie et signes cliniques
- ⇨ épidémiologie
- ⇨ analyse de risque
- ⇨ diagnostic clinique

pour une intervention rapide dans un pays en cas des foyers de peste bovine.
Ce fonds est logé à l'OIE à Paris et ne sera utilisé que pour des situations d'urgence. Quant à la banque de vaccin d'urgence, elle est produite par le laboratoire de BOSTWANA (BVI) qui constitue en même temps le laboratoire de stockage dudit vaccin.

L'accès à ce fonds est conditionné par la:
- satisfaction à la procédure OIE ;
- existence du plan d'intervention d'urgence approuvé par l'OUA/IBAR ;
- adjacence à un pays reconnu infecté.

REPONSE AUX SITUATIONS D'URGENCE DE PESTE BOVINE

Afin d'éviter la lenteur administrative dans le processus de déblocage de fonds d'urgence et pour y avoir accès, l'Unité d'Epidémiologie PACE propose un scénario suivant en réponse aux situations d'urgence de peste bovine.

L'existence des foyers est rapportée par le coordinateur national ou par les responsables des services vétérinaires ou autres à l'Unité d'Epidémiologie qui les notifie aussitôt aux :
- ⇨ responsable des services vétérinaires du pays s'il n'est pas encore informé
- ⇨ Directeur de l'OUA/IBAR
- ⇨ Pays voisins
- ⇨ Délégation de la Commission Européenne à Nairobi (Kenya)
- ⇨ Directeur Général de l'OIE à Paris
- ⇨ Représentation Régionale de l'OIE pour l'Afrique à Bamako (Mali).

Entre autres, l'Unité d'Epidémiologie a pour taches :
- Confirmer le diagnostic clinique
- Développer un plan d'action en collaboration avec le coordinateur national et la représentation Régionale OIE pour l'Afrique. Ce plan sera basé sur **le plan d'intervention d'urgence déjà existant dans le pays**
- Assister le coordinateur national à préparer un document couvrant le plan d'action et le coût estimatif des opérations
- Accéder à la banque de vaccin d'urgence et l'envoie directement au coordinateur national
- Présenter le document renfermant le plan d'action et le coût estimatif aux :
  - ⇨ Directeur de l'OUA/IBAR
  - ⇨ Délégation de la Commission Européenne à Nairobi
  - ⇨ Ordonnateur national du PACE

Ledit document est soumis à la signature de l'Ordonnateur Régional qui le transmet à son tour au Directeur Général de l'OIE

Après signature, l e Directeur de l'OIE fait donc le transfert du fonds directement sur le compte de la régie d'avance du PACE national du pays concerné.

CONCLUSION

L'existence du plan d'intervention d'urgence et la mise en place d'un système de surveillance sont un préalable pour qu'un pays prétende avoir accès aux fonds d'urgence et puisse entreprendre une stratégie de lutte et d'éradication de la peste bovine.

réglementaires, en se basant sur le statut de la maladie , les résultats d'analyse de risque (risque d'introduction de la maladie), en se dotant des moyens humains et matériels nécessaires et en s'attachant des experts nationaux

3- Stratégies nationales d'éradication et de lutte contre les maladies
- ⇨ critère de définition de zone infectée et de contrôle
- ⇨ actions à entreprendre dans différentes zones
- ⇨ gestion des mouvements d'animaux

4- Organisation de la lutte pendant la campagne d'urgence
- => Comité ou cellule de crise
- => Equipe des experts nationaux
- => Service vétérinaire central et du terrain
- => Formation
- => Communication

5- Planification des interventions et des moyens
- => Législation
- => Couverture financière
- => Réponse rapide de l'Etat
- => Equipements et laboratoires de diagnostic liés aux laboratoires de référence régionaux et mondiaux
- => Banque de vaccin et plan de vaccination

6- Plan d'action
- => Chaîne de commande
- => Description des rôles de chaque intervenant
- => Critère de preuve d'absence de la maladie

7- Annexes contenant la liste et les adresses des:
- => Laboratoire national de diagnostic
- => Laboratoires de référence régionaux et mondiaux pour la peste bovine
- => Organisations internationales pour l'éventuelle assistance
- => Autres informations.

Par ailleurs, l'Unité d'Epidémiologie du PACE dans son devis programme pour l'année 2, entend organiser deux ateliers dont un pour les pays francophones et un autre pour les pays anglophones. Ces deux ateliers seront animés chacun par un ou deux modérateurs ayant une connaissance effective sur la situation d'urgence et, au terme desquels en sortira un document modèle que chaque pays pourra adapter ou adopter dans son contexte.

Il est donc vivement recommandé que chaque pays arrivant à l'un de ces deux ateliers ait déjà un projet de plan d'urgence et puisse l'amener avec lui pour servir de base de discussion.

FONDS D'URGENCE

En vue de faire face à toute éventualité de la réapparition de la peste bovine, le PACE a mis en place un fonds d'urgence d'une valeur de 500 000 Euros et une banque de vaccin thermostable.

à l'exception de l'Ouganda et l'Ethiopie qui en disposent sous forme de projet.

Cette situation est d'autant plus paradoxale pour les pays de l'Afrique de l'Ouest et du Centre qui ont cessé la vaccination depuis plus d'une dizaine d'année et qui se sont engagés sur la procédure de l'OIE.

Il est donc impératif pour l'Unité d'Epidémiologie d'assister les pays dans la mise en place d'un plan d'urgence en tenant compte des structures des services vétérinaires de chaque pays. Ceci pourrait se faire en organisant deux ateliers.



Surveillance

What is it ?

Why ?

How ?

For any country that wishes to develop its livestock and trade in animals and animal products, the national veterinary and public health services require epidemiological support in order to determine the temporal and spatial incidence (prevalence) or absence of economically important diseases and to quantify their impact.

The basis of this support is surveillance combined with efficient diagnostic laboratory, both capable of supplying information to a surveillance network for analysis and for the development and implementation of measures required, depending on many factors which may include financial, social, environmental and logistical considerations.

Vital for surveillance and associated diagnostic support is quality assurance in a sustainable manner.

Epidemiological Surveillance

- **Recording of notifiable diseases for mandatory reporting**
- **Detection of outbreaks (epidemics)**
- **Provision of objective evidence for the absence of a disease condition**
- **To follow up changes of infectious agents**
- **To detect changes in health management programmes**
- **To identify research needs**
- **For political, social & economic decision making**

Epidemiological surveillance can be defined as ongoing systematic and continuous collection, analysis and interpretation of health data (often designed to detect the appearance of a specific disease), allowing epidemiologists to follow in time and space the health status and risk factors associated with disease in given populations for use in the planning, implementation and evaluation of disease control measures.

Correctly planned and executed epidemiological surveillance for disease detection will provide objective and quantified assessment of the probability that the disease under investigation is absent or could still be present.

Epidemiological surveillance for animal diseases requires sound co-operation of disease control specialists, laboratory technicians, socio-economists and environmentalists with field staff and livestock keeping communities. Surveillance is without relevance, unless the information so generated is used to control occurring animal health problems.

Epidemiological survey

is a comprehensive investigation designed to detect specific health disorders in target populations or to show that they are absent

A survey is descriptive based on measurements, which usually include samples for laboratory, examination records, questionnaires, etc.

Data collections must be standardized and homogenous, in particular if observations and recordings are obtained from several distinct locations. In this way the data collected becomes valuable information for surveillance networks and can be used to draw conclusions at zonal, national and regional levels for subsequent interventions as necessary.

Surveillance for rinderpest

- **Specific programme designed to detect RP or to establish that RP disease/infection is absent from the national herd**

  ⇐ *OIE recommended standards for epidemiological surveillance of RP*

- **Part of a continuing disease surveillance system involving checks on livestock in different production systems, at all stages of the production chain from producer to consumer and in wildlife**

Surveillance for RP is a specific programme describing a zoosanitary approach for achieving global eradication of RP and for the verification of this achievement. It follows set standards referred to as *OIE Pathway*.

Veterinary services have a routine reporting system, which continues to be important at all steps of the RP eradication process as so called *passive surveillance*. - Public service veterinarians, private practitioners and livestock keeping communities are part of it and should all be kept sensitized to suspicious observations and to report them onwards. Results on thorough subsequent investigations of such observations with written report, indicating not only whether or not RP was found, but describing the observed condition with diagnosis, should be kept in records as evidence of a well functioning field service.

Surveillance system for rinderpest

- **Efficient veterinary service with expertise on the epidemiology of RP**
- **Diagnostic laboratory performing tests recommended by OIE**
- **Livestock keepers committed to RP eradication**

The efficiency of RP surveillance can be assessed by the number of rumours of RP-like syndromes received by the national veterinary services, which are subsequently investigated, laboratory tested and reported.

Over the years veterinary services in the region have been trained in RP recognition and sampling techniques. There have been special efforts to keep communities sensitized in risk areas through field programmes of Communication Units, which were established during PARC. It is of outmost importance at the current state of RP eradication to continue with dedication at all levels of the RP surveillance chain – from livestock farmer to ministerial officers.

>>>cont.

Surveillance system for rinderpest

- **Efficient veterinary service with expertise on the epidemiology of RP**
- **Diagnostic laboratory performing tests recommended by OIE**
- **Livestock keepers committed to RP eradication**

>>>cont.

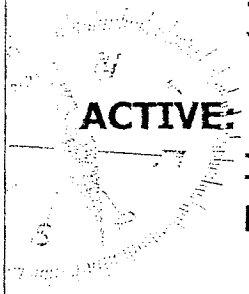
Functional laboratories at national, regional and global levels are absolutely necessary to ascertain RP diagnosis, for serological screening and for appropriate sample handling for onward dispatch. Quality standards include timely testing and result reporting to relevant authority and to the submitter of samples. -- There seems to be a lot of space for the Improvement of several aspects of the laboratory work.

In pastoral areas the involvement of livestock dependent communities in the surveillance of RP is essential. Livestock keepers themselves are the primary informants and without their willingness to co-operate information flow from the herd level cannot be guaranteed. In recognition of this fact special approaches have been developed, which are taken care of and co-ordinated by the CAPE Unit of PACE.

Surveillance system for rinderpest

PASSIVE:

Part of an ongoing reporting system streamlined by all well functioning veterinary services



ACTIVE:

Is aimed at collecting evidence for the presence/absence of RP

The basis of active RP surveillance are random sample surveys with the objective to detect clinical or serological evidence of RP in target populations if present at a predetermined prevalence. Random surveys are designed to give a high probability of detecting RP if present with a minimum of effort. Surveys with randomly selected samples can be supported by other survey methods, such as purposive sampling techniques.

Clinical surveillance for RP is carried out to ensure **the** detection of possibly remained disease or occurred incursion of infection before it can cause a serious outbreak. The ultimate goal of clinical surveillance for RP is to provide objective evidence of freedom from RP disease.

Cases suggestive of RP must be thoroughly investigated until diagnosis is confirmed or refuted with alternative diagnosis or other meaningful explanation.

>>>cont.

Surveillance system for rinderpest

PASSIVE:

Part of an ongoing reporting system streamlined by all well functioning veterinary services

ACTIVE:

Is aimed at collecting evidence for the presence/absence of RP

>>>cont.

Annual random clinical surveys for RP reduce progressively the risk of residual infection. If the probability of detection in each year of surveillance is 0.95 (95%), the probability of failing to detect by end of the first, second and third years are 5%, 0.25% and 0.0125%, respectively.

Serological surveillance is intended to confirm by accepted serological methods that RP virus is no more circulating as required preparation for RP infection free status. Serological surveillance must include susceptible wild artiodactyla species to show that wildlife is free from circulating RP virus.

It is important to remember that RP vaccination was carried out to reduce the susceptible proportion of the cattle population so that RP virus infection cannot be maintained. If the proportion of immunised animals is not adequately high, the protection might hinder the development of RP epidemics but is too low to eliminate the infection completely resulting at low prevalence with mild clinical disease.

>>>cont

Surveillance system for rinderpest

PASSIVE:

Part of an ongoing reporting system streamlined by all well functioning veterinary services

ACTIVE:

Is aimed at collecting evidence for the presence/absence of RP

>>>cont.

In this kind of situation it is possible that the disease will only be detected if it moves outside of the endemic foci into more sensitive or susceptible populations (= indicator populations), which can be cattle, wild ungulates or small ruminants.

Especially in pastoral livestock production systems *participatory disease search* can be a very valuable and sensitive instrument as part of active RP surveillance. Livestock keepers are primary informants and most pastoral tribes have a specific name for RP and other major animal health problems affecting their herds. Participatory techniques will sensitize herd owners for information exchange and to allow examination of herds. Using standardized questionnaires it will be possible to trace outbreaks and to carry out risk assessment. The method is excellent for gathering information about grazing patterns, animal (livestock/wildlife) movement, watering places/practicies and contact between subpopulations, which are all significant elements of the RP surveillance system.

Methods of Surveillance

OIE International Animal Health Code 2000 App. 3.8.1.

Guide to epidemiological surveillance for rinderpest, A.D. James

Recommended procedures for disease and serological surveillance as part of GREP, IAEA

Veterinary Epidemiology, S. W Marin, A.H. Meek

Manual on participatory epidemiology, J.C. Mariner

Livestock disease surveys, R.M. Cannon & R.T. Roe

A number of handbooks, booklets and papers are available describing in detail various methods and applications of epidemiological surveillance.

You have received some of them or selected chapters in previous Co-ordination meetings and training courses.

For more detailed technical information kindly contact PACE EU, who will advise you in all possible ways.

PACE DATA MANAGEMENT UNIT

Tools and recommended practices for zoo-sanitary information management in the PACE Programme

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PACE REGIONAL COORDINATION MEETING FOR EAST AFRICA
29 - 31 AUGUST 2001 - ENTEBBE - UGANDA

Introduction

Information is becoming key element in all spheres of life in planing and making decision. It's role in livestock development in general and in disease control in particular is getting more and more attention. In a very rapidly changing world with several emerging diseases, fast movement of disease agents along with their hosts or other transport means and requirement for accurate and timely documentation for trade purpose, veterinarian and those involved in livestock development should be equipped with the necessary information.

Each country needs to know the status of disease(s) in the national territory and neighbouring countries as to take informed decision. This ranges from opting to live with the diseases (no intervention) to designing a more sophisticated and costly control or eradication programme. Capacity to collect and forward zoo sanitary information and take appropriate measure in time is one of the key criterion for countries engaged in rinderpest eradication to progress along the OIE pathway or certification of freedom from disease. On the other hand, the OIE zoo sanitary code in its section 1.2 (articles 1.2.0.2 and 1.2.0.3) stipulates that member countries should avail disease information to each other through the OIE to minimise the spread of major diseases. The importance of collecting and reporting zoo-sanitary information to OIE is becoming more critical because of the requirements for transparency as stated in Sanitary and Phyto-Sanitary (SPS) agreements of the World Trade Organisation (WTO) for smooth international livestock trade.

One of the four major objectives of OAU/IBAR is to collect, collate and disseminate information in all aspects of Animal Health and Production. Similarly, almost all thrusts of PACE deal or require adequate animal health information to achieve the overall result of improving the output of the livestock industry and alleviating poverty of stockowners in Africa. It is clear from the foregoing paragraphs that information and particularly zoo-sanitary information play important role in the implementation of the PACE programme and beyond for sustainable animal health delivery. This paper discusses tools used to manage zoo-sanitary information and briefly describe recommended practices in information management in PACE. To achieve this objective, general issues about zoo-sanitary information and tools used for data processing will be highlighted. Assessment of information management levels of PACE member countries will be presented and finally some recommended practices mentioned.

PART I ZOO SANITARY INFORMATION

Definition - Zoo sanitary information consists of mainly animal health/disease related data collected in a systematic way, organised and synthesised in an easily understandable manner for decision making or planning purpose. Major types and information sources are:

- Disease observation or occurrence reports (Passive surveillance).
- Reports of active surveillance (questionnaire, clinical, serological, etc. both in domestic & wildlife)
- Inspection reports from abattoir or slaughter slabs.
- Laboratory reports.
- Report on diagnosis & treatments made at clinics.
- Specific research and other information sources.

Zoo sanitary information can be interpreted better and will be more meaningful when combined with related information as to give a comprehensive picture of the situation under consideration. Hence, production, reproduction and socio-economic data are valuable ingredients. An occurrence of a disease in a specific area tells little by its own unless supported by what economic and social impact it has and which production system it affects more as to prioritise and design sound control programme. This ancillary information includes:

- livestock production system, functions, market, movement
- livestock numbers per species
- infrastructure and resources including human
- herd/flock structure, breed
- production and reproduction parameters
- location data (village, watering points), landuse, climate, etc.

Purposes - Zoo sanitary information are collected to provide accurate documentation for making informed decision, planning and monitoring planned activities. This can be at sub national, national, regional or global level. More specifically, animal health information is collected:

- To take appropriate measure in time as to contain the progress of a disease outbreak.
- To set control/eradication or research priorities.
- To make decision in resource allocation or take policy measures.
- To support the declarations of disease free status.
- Accurate, complete and timely animal health information is becoming more and more a prerequisite for international livestock trade as stipulated by WTO in its SPS agreement.
- To evaluate the effectiveness of disease control programmes.
- To provide information required meeting international disease reporting needs.
- To identify any emerging disease syndromes.
- to detect factors depressing herd productivity and production targets
- to detect herds needing special attention

PART II RECOMMENDED PRACTICES FOR INFORMATION MANAGEMENT

Collection and transmission procedures - As has been mentioned earlier, the frequency, spatial coverage and mode of data transmission for zoo sanitary and related information vary according to the objective set for the collection. Once the objectives of data collection are defined, the following step will be establishing the type of data to gather, frequency of collection, spatial detail and finally selecting the processing tool.

Temporal resolution - How often should zoo sanitary information be collected? On daily, weekly, monthly or yearly basis? Action oriented zoo sanitary data collection should detect disease conditions and transmit to the concerned authorities for appropriate measures in time. For example, all emergency diseases should be reported to OIE within 24 hours of occurrence (Status Report I) followed by a progress report on weekly basis until the situation is under control (Status Report II). The OIE stipulates that countries report on monthly basis all list A disease and those others of major significance for the country (Status Report III). In disease eradication programmes such as the one for rinderpest (an emergency disease), early detection and reporting of suspected cases enable to take prompt action as to contain the progress of the disease which otherwise will have a devastating effects. This also shows the efficiency of the surveillance system in place.

Delay in reporting from or arrival at the problem area after receiving the report has serious impact on the investigation and control of disease. In addition to loosing appropriate cases for diagnosis and sampling delays could erode stockowner's confidence on veterinary personnel and affect their co-operation in the future. Early reaction also contributes to alert neighbouring areas about the disease and make them ready to face any challenge posed by the transmission. For documentation purpose, the detection and actions taken or underway can be reported on monthly basis for coherent analysis and satisfy international disease reporting needs. In several places a concept of zero reporting (not only reporting the occurrence of disease but also its absence) is often neglected or not well understood. The frequency with which other baseline data such as production and reproduction parameters and socio-economic data changes over a period of time doesn't warrant their collection in a short time interval. It is more practical to collect such data on yearly basis.

Table 1. Some examples of data collection frequency

Data/Information	Reporting time	
	to Central Authorities	to International organisations
Occurrence of emergency disease	Within 24 hrs.	Within 24 hrs.
Follow-up of emergency report	Weekly	Weekly
Reporting list A & other significant diseases	Within 24 hrs.	Monthly
Clinical surveillance	As planned	
Serological surveillance	As planned	
Baseline data	Yearly	Yearly

- **Spatial resolution** - The type of data to collect also determine the level of spatial detail to cover. Disease observation, clinical and serological surveillance usually requires the lowest resolution, latitude/longitude or villages. Some baseline data such as livestock GDP may be appropriate to collect at national level. Defining the exact location of disease occurrence has several benefit for subsequent investigation and taking measure (i.e. determining the cause, tracing back or forward, quantifying the impact, designing control strategy, mobilising expertise and resource, etc.). Some countries use grids as location data for reporting disease(s). The present trend, however, is to record the longitude and latitude of the site of disease outbreak or any field event as to facilitate mapping and analyse spatial relationship between different factors. This is possible now by making use of Geographical Information System (GIS). Software like TADinfo (to be discussed later) requires entry of geo-reference data (latitude and longitude data of villages in the country). Such data can be collected using Global Positioning Satellite (System) (GPS) receivers. This has been done in some countries and others have started it. In absence of such facility, one can still report events by village or the nearest well-known landmark. What should be avoided is summarising the location of field events by larger administrative levels. Spatial details (resolution) are frequently lost under such practices. Ten disease outbreaks in X region or 15 sample collected from Y province mean little unless the question WHERE EXACTLY? is correctly answered. Hence, the lower the spatial resolution the better the analysis and understanding of the problem under investigation. Some still question whether the cost incurred in collecting village location data using GPS is justifiable and its suitability for pastoral mode of production (although there are attempts to localise permanent villages and watering points). However, location data is becoming more and more important in many GIS application and in randomising surveys on geographical basis.

  Although there are few examples of livestock figures collected at village level, in most of the cases livestock density can only be computed from figures gathered at district or sometimes at province level. For pastoral communities livestock numbers (estimates) per clan or tribe or per specific livestock movement route may be more appropriate. The spatial resolution for most of the socio-economic data is country level. The livestock GDP, export or import quantity and value are hardly calculated for sub country levels.

Table 2. Some examples of spatial detail for data collection

Data/Information	Spatial resolution
Disease observation	Lat/Long or village
Clinical surveillance	Lat/long or village
Serological surveillance	Lat/long or village
Livestock pop. estimate	District for settled stockowners and clan or tribe for pastoralists
Livestock GDP	National
Ancillary data (Climate, landuse, vegetation)	Different (e.g.1 or 7.4 Km^2 for NDVI)

Ways of data transmission - This is basically the way in which zoo sanitary information collected from field is transmitted for action and documentation. Some countries make use of telephone and radio communication successfully for transmitting disease

occurrence information for action. In rural areas where radio communication is not available or difficult to use, the only option is to travel to the next post where radio, telephone or telegram is available. Although not a common practice everywhere, there are places where disease monitoring results are fed to a computer fitted with a modem capable of sending messages through a satellite phone to central office. Typical example of this is the Rift Valley Fever monitoring in three countries of West Africa (Senegal, Mali and Mauritania). The two ways for forwarding zoo sanitary information are to mail completed paper formats or (fax them) or to send the report electronically. The first one is more common and basically used for in-country reporting while the second is used in African situation very rarely, other than for reporting annual summary of zoo sanitary information to OIE.

- **Paper based reporting** - This is a well known and widely used zoo sanitary information collection method. It consists of a paper designed to capture data previously agreed upon in a tabular or narrative or both forms, which is completed for a specific geographical unit and time frame and send by mail or hand carry to the next level. Two common problems are inherent of this method. The first one is the number of intermediate levels the report has to pass through and the second is the manipulation (basically summarising) the original data suffers at these intermediate levels. While the number of intermediate levels between the origin of data and final destination determine the time, summary and other manipulation may distort and cause resolution problem of the information.

- **Electronic reporting** - In electronic reporting the paper based format is substituted by digital copy but the content of the report remain the same. The only difference is that the completed electronic format is sent by e-mail to the destination. It is more convenient, faster and when correctly designed avoid data re-entry. The good example of this system is the annual zoo sanitary information collection method of the OIE. Data entered to the designed electronic format is downloaded automatically to the central OIE database. In recent years, more than half of the African countries has used this method to send their annual report to OIE. Ten of these are PACE member States. Despite this fact, most countries in the continent (especially those members of PACE) are still far from sending electronic report on regular basis because of connection problems. At the present moment, PACE HQ can exchange e-mail messages with only about 15 member countries.

  Copying digital data on disks and mailing these to central office where information processing takes place can be considered as an intermediate between the two systems described above. Although the transfer time still depends on how good is the mailing system, the fact that it is already digital avoids re-entry of data for storage and analysis.

- **Feedback** - Once information is generated from incoming data, this can be disseminated in several ways. The more practical and the one in use now is publishing information paper bulletins at regular intervals (i.e. quarterly). Due to prevailing connection problems in most PACE countries posting information on Web site may reach only fewer audience. This situation is expected to improve soon and steps for information sharing electronically is given due attention in PACE.

Requirements for appropriate information system

Veterinary and communication infrastructure (Veterinary posts, labs, telephone, radio communication, post offices, etc.)
For continues monitoring of field events, it is important to have personnel assigned to that particular geographic area (district, post, etc.) Such person also serves as key link between the veterinary services and the community. Rapid diagnostic capacity and communication facilities do not only provide an early solution to the problem but also improve the quality of information.

Finance and other resources (mobility, stationary, postage, allowances, etc.)
Lack of resources is one of the reasons for underreporting field events or poor quality of information relying only on stockowners or other informants account. The introduction of stamped envelops (prepaid postage) has stimulated routing reporting in countries like Ethiopia and Tanzania.

Clearly defined objective and working protocol
Without clearly defined objective and working protocol, data collection and information management would be a futile exercise. Collecting reports just for shelving would be a waste of time and effort. The first step in the whole process is identifying the type of information needed to achieve proposed objectives. This is followed by defining the types of data required (sources, forms, frequency of collection, etc.) and tools required for analysis and presentation. Having clarified these issues, establishing a pragmatic working protocol and monitoring of its implementation is required.

Supportive legislation and power to enforce it
Disease reporting and collection of related information are supported by legislation in many countries. Power to enforce this, however, is not usually easy. Decentralisation and differences in regulations followed by each region and loose control on staff members are some of the problems for smooth monitoring of animal health status and filing of reports.

Trained and motivated staff at all levels
It is important that staff involved in data collection and processing understand very well the purpose why data is collected and their specific role in the whole process. The same reporting format can be entered differently by different staff members unless there is an established common understanding of the terms used to file reports. Training is a valuable tool in this regard and should be designed according to needs at different levels, i.e. collection of data from field, processing it at central offices). Motivation of staff can be done in different ways. One of the simplest way, but often neglected, is sending feedback of information to data sources.

Information Technology (IT) resources (Hardware, software, *humanware* and connection)
The revolution computing facilities brought in to information management is well understood and need no further explanation here. This capacity has been taken one more step ahead by Internet technology. The later has enabled people around the world to share immense amount of information. For most veterinary staff in African countries connection remains major obstacle to make use of this technology. While introducing information technology some may think purchasing the right hardware and software suffice. Although these IT products have enormous impact on information management,

it is always an operator who is a key factor. Recognition of this fact and investing money and time on the training of staff operating the system is very important.

Features of an ideal zoo-sanitary information management tool (*wish list*)

- Simple: easy to learn & user friendly. Avoid over ambition of having an all-in-one system.
- Analytical capability: statistics, geographic and different queries.
- Information presentation & visualisation: Tables, graphs, maps & 3-D
- Compatibility: with different versions of the base software(s) and with other programmes, export and import facilities.
- Affordability:
- Flexibility: possibility to include new modules or amend the existing ones
- Time factor: readily available or to be developed and transferred during PACE, at national and continental level.

PART III INFORMATION MANAGEMENT TOOLS

Although in the past organised paper files (reports) were the only means for managing zoo sanitary information, computer based systems essentially databases are rapidly substituting these. The advantages of computer based information management are well known and do not need further explanation here. A precautionary remark is important on which segment of the paper based zoo sanitary information management is substituted. Data collection and transfer to central offices in many African countries, if not almost in all, still relay on paper formats. It is the data entry and processing at national (and some times at regional/state) veterinary offices level which is computerised.

Non specific (general) Software for management of Zoo sanitary information - Databases are structured designs of data storage and manipulation systems as to get output (information) in an orderly manner quickly and in a reliable way. In most cases, country veterinary services opt for custom made database which satisfies the needs of particular situation. There are times where the situation doesn't allow to get specialised database program for the storage and analysis of animal health data collected from field. In such circumstances general-purpose software can be used without any customisation. In other words, software such as dBbase *, Microsoft Access or even Excel can be used to enter and analyse to certain degree field data. The next step to this will be customisation of this software as to suit the purpose of particular situation or country. The facilities the database has and its complexity depends, therefore, on the initial description and definition of needs. Based on this, databases range from simple ones with basic facilities to enter and sort required information by defining certain criteria to more complex ones with control options while entering data and predefined query, automated reporting facilities and link to other software for further analysis, mapping or presentation.

In addition to sorting and calculating numeric data and generating information from several tables using databases, an additional dimension of space (in 3D and even in 4D) can be created using GIS nowadays. Although all this seems attractive, it demands careful design and implementation of all the process involved starting with the content and completeness of field data collected using paper formats to the design of the database.

Some Zoo sanitary information management tools - Since the introduction of computers to zoo sanitary information management, several software were developed to collect and analyse data. Some of these serve as reference databases while others are designed strictly for data entry storage analysis and other group has facilities for epidemiological and statistical analysis. Some examples of these are described under the corresponding headers.

Reference Database

HandiStatus - This is rather a database developed for quering temporal or spatial distribution of disease at country level. Input for the database is from OIE regular reports and unlike the first version (HandiStatus I) running on DOS, the current version (HandiStatus II) doesn't have mapping facilities. Distribution of disease per country or continent or per year and similar query facilities are available.

Data entry, storage and analysis

Panacea - Is a DOS based information system designed by the Veterinary Epidemiology and Economics Research Unit (VEERU) of Reading University, UK in the eighties. It was extensively used with or without some modification in herd health and productivity monitoring (HHPM) schemes in many countries. In Ethiopia, for example, it was used for disease occurrence data entry and analysis between 1990 and 1995, when it was substituted by customised Access database. Except for frequent crushes as a result of some errors made, the program was powerful in its statistical analysis and production of some graphs. Further development of this software seems to be discontinued.

TADinfo - Transboundary Animal Diseases information system is designed and produced by the Emergency Prevention System (EMPRES) group of the FAO. The current version (0.162) is Microsoft Access based and makes use of a GIS software called ArcView as mapping component. There is another version now under development (0.169), which will be standalone. EMPRES plans to test this version in November or December 2001. Although there are plans to produce TADinfo at three levels, national, regional and global TADinfo, so far only the first one* is available. TADinfo national has the following modules:

- Disease observation input and analysis. For entering and analysing passive surveillance or disease observation reports. This is the more developed module of all.
- Abattoir data input.
- Livestock census data.
- Vaccination data.
- Serosurveillance and other disease survey data

This software has been tried in several countries and translation into French and some customisation was made for Senegal by CIRAD-EMVT.

It should be recognised that TAD*info* is the first attempt in standardising and collecting zoo sanitary information at country level and also mapping disease distribution. Improvements were also made in making it user friendly for installing and updating it. Despite all this the software is still difficult to use by less computer literate staff members and lack intelligence in some aspects, particularly data entry. Requirements for village location data and prior customisation of administrative maps and difficulties to use it at sub national level are some of the problems the program had to overcome for wider use.

LABinfo - This is a homologues of TADinfo planned by International Atomic Energy Agency (IAEA) to keep track of laboratory activities. According to the plans, the software would go beyond registering samples and results obtain. The design will include protocols and working procedures in a lab. Unfortunately, it is still at a planning stage and not yet developed.

Epidemiological and statistical analysis

Epi Info - This is software developed for designing epidemiological surveys and enter survey results for analysis and map or chart survey results. As analytical tool, it has

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* Recently, there are some efforts to produce TADinfo Regional.

variety of statistical methods. This software is produced by U.S. Center for Disease Control and Prevention (CDC), Atlanta, Georgia and there were regular upgrading. The current version available for downloading from CDC's website is Epi Info 2000 for Windows.

EpiMap **-** software that can be used in conjunction with Epi Info or separately for mapping results. It can be used to create maps too.

WinEpiscope - Another epidemiological software with several statistical analysis options and with facilities to design survey.

Epizoo **-** This is software developed by Professor Vaclav Kouba running on DOS with several epidemiological analysis facilities. The current version is 3.2 and it is available for downloading.

GIS Software - These are geographical analysis programs used in several fields mainly those related to environment. Their application in animal health is growing very fast and an international conference on this subject entitled GISVET will be held in Lancaster, U.K. in September 2001. Some of the GIS software used commonly include ArcInfo, Arcview, MapInfo and IDRISI.

PART IV INFORMATION GAP AT PACE AND PROPOSED SOLUTIONS

Status of information management in PACE Member countries

Analysis conducted during the first year of PACE implementation in several African countries, including a questionnaire circulated for this purpose, show that very few countries have a structured data collection system (see annex 1 for details). Most of these countries collect disease occurrence report on a monthly basis basically to satisfy OIE disease reporting requirements. Some countries gather surveillance data, inspection reports from abattoirs and other baseline data, including livestock census or estimates and inventory of veterinary infrastructure and human resources. Some of the countries, which have a data collection system from the field lack capacity to process these data centrally while others have good processing capacity but do not capture all data from field. Similarly, the type of data collected and the system used to gather and process information vary from country to country. A few countries (i.e. Ghana and Senegal) have attempted to introduce TADinfo, the Transboundary Animal Disease Information System developed by FAO's EMPRES group; in some cases the French version is used. Other countries such as Ethiopia and Mauritania have developed their own database by customising Microsoft Access. The findings of the assessment can be summarised as follows.

- outdated routine data collection without focused objective
- Lack of standardisation and coherence of reporting (fragmented) due to structural adjustment programmes
- Lack of capacity at central offices for analysis of data collected from field
- Poor field data collection network and good capacity at central level for analysis
- Poor information flow between countries and OAU/IBAR
- No information management system

Table 3. Countries assessed for their level of information management

Countries Visited	Electronic questionnaire	Paper Questionnaire
Kenya	Benin	Burundi
Tanzania	Cote d'Ivoire	Djibouti
Ethiopia	Eritrea	DR Congo
Uganda	Ghana	Guinea Bissau
Rwanda	Guinea Conakry	Senegal
Mali	Mali	Tanzania
Senegal	Mauritania	
Guinea Conakry	Uganda	
	Kenya	

Although there are several data sets that have been collected over long period of time at OAU/IBAR, there is no systematic classification, storage and analysis in order to generate updated and meaningful information. Hence, there is a need for a standardised and structured data collection, transmission, processing and dissemination system both at PACE OAU/IBAR and at the level of member countries. One of the resolutions passed by the first co-ordination meeting for West and Central Africa is to produce a

standardised information system to be used by continental and national PACE programmes with a deadline of December 2001.

Proposed solutions

The current lack of standardised data collection and processing at PACE OAU/IBAR as well as within member countries needs to be corrected. Proposed solutions were presented to the third advisory committee meeting in Addis Abeba in January 2001. The major proposal, which was supported by the committee, was to make use of an external consultancy to evaluate current animal health information systems and select one that is appropriate for PACE national and continental programmes.

The first step towards the solution will be refining the information needed. This will involve identifying the types of information PACE requires achieving its objectives and which will also serve OAU/IBAR in the long run. Once the types of information are identified, data required to generate the information will have to be defined, i.e. sources, the spatial and temporal resolution, ways of collection and transmission and tools for management. The consultancy input, therefore is required to refine the information needs assessment and recommend an appropriate information management tool. Once the needs and tools are identified and agreed upon, the information system will be introduced at PACE Headquarters and initially in some member countries. The data management officer and/or experienced national staff working with the information system will be used to introduce the system to the rest of PACE member countries. Once that is achieved it will be relatively easy to disseminate the process to other countries within PACE.

The consultant for this job has been identified and will be recruited soon. The information system for PACE national and continental programme is expected to be identified towards the end of this year.

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Senegal	Mauritania	
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Annex 1. Results of information management level assessment conducted in some PACE member countries.

No.	Country	Systematic data collection	Disease occurrence	Survey report	Inspection report	Laboratory report	How often?	Data management computerised	Software used
1	Djibouti	Yes	??	No	No	No	NS	No	No
2	Eritrea	Yes	Yes	Yes	Yes	Yes	Monthly	Yes	Excel
3	Ethiopia	Yes	Yes	Yes	No	No	Monthly	Yes	Access
4	Kenya	Yes	Yes	Yes	Yes	Yes	NS	No	-
5	Rwanda	No	No	No	No	No	-	No	-
6	Tanzania	Yes	Yes	Yes	Yes	Yes	Intermittent	Yes	Access
7	Burundi	No	No	No	No	No	-	No	-
8	Uganda	Yes	Yes	Yes	Yes	Yes	Monthly	Yes	Access
9	Benin	Yes	No	Yes	Yes	Yes	Monthly	No	-
10	DR Congo	No	No	No	No	No	-	No	-
9	Cote d'Ivoire	No	Yes	No	No	No	NS	?	?
10	Ghana	Yes	Yes	Yes	Yes	Yes	Monthly	Yes	Access, TADinfo
11	Guinea Con.	Yes	Yes	Yes	Yes	Yes	Monthly	Yes	Excel
12	Guinea Bis.	No	No	No	No	No	-	No	-
13	Mali	Yes	No	Yes	No	No	NS	No	-
14	Mauritania	Yes	Yes	Yes	Yes	Yes	NS	Yes	Access
15	Senegal	Yes	Yes	Yes	Yes	Yes	Monthly	Yes	Access, TADinfo

CONCLUSION

The global trend shows the need for quality zoo sanitary information and that seems the key to make rational use of the livestock industry. The only way to cope with pressing needs for quality zoo sanitary information is optimising data collection, transmission and management systems. A clear definition of objectives and identification of needs is very important before embarking on data collection. In the particular case of PACE the data collected and information generated should satisfy the four thrusts of the programme. Ancillary information supporting the correct interpretation of zoo sanitary information need to be identified and system to capture them devised. Although making use of modem techniques and facilities are much more desirable, being realistic while planning and setting attainable goals is wiser than drifted by ambitions. Experience from some PACE participating countries show that much has to be done to have a systematic information management. In few countries either the field data collection/transmission component or the analytical capacity at the central office is well developed. However, at the present moment, very few countries have both segments functioning at the required standard. Hence, there is a pressing need for identifying and introducing appropriate and standard information system and managing tool at PACE national and continental programmes and facilitate information flow between the two and among countries.

ORGANIZATION OF AFRICAN UNITY/INTERAFRICAN BUREAU FOR ANIMAL RESOURCES OAU/IBAR

PAN AFRICAN PROGRAMME FOR THE CONTROL OF EPIZOOTICS.

THE PACE COMMUNICATION STRATEGY AND APPROACH TO RINDERPEST ERADICATION AND STRENGTHENING OF VETERINARY SERVICES IN PARTICIPATING COUNTRIES

By

FRANCIS INGANJI (PhD)

COMMUNICATION EXPERT(PACE)

Presentation to the PACE Regional Coordination Meeting for Eastern Africa, 29th-31st- August 2001, Kampala, Uganda.

BACKGROUND

- Rinderpest first reported in Africa in 1841 when domestic cattle were infected in Egypt by cattle imported from Romania.
- First major public attempt to control rinderpest was made in 1961 with the creation of 'the project 15' (JP-15). The aim of JP-15 was to eradicate rinderpest from Africa through a continent-wide vaccination campaign using low cost vaccines to confer life-long immunity to cattle(Lepissier,1971)
- The above campaign did not succeed in eradicating the disease from the continent.
- Renewed concern over the control of the rinderpest led to the birth in 1986 of the Pan African Renderpest Campaign (PARC) , at the Inter-African Bureau of Animal Resources (IBAR) of the Organization of African Unity (OAU).
- The aim of PARC was to control and ultimately eradicate rinderpest , restructure livestock services; and improve livestock husbandry methods(PARC 1995)
- Through blanket and strategic vaccinations and epidemio-surveillance, PARC has succeeded in controlling rinderpest from Central and West Africa in the last decade. Rinderpest has also been controlled from most parts of East Africa in the last decade.
- Rinderpest has also been controlled from most parts of East Africa except for afew places in some parts of Sudan and Somalia.

NOTE: It should be recalled that under PARC communication played a major role in the fight against rinderpest.

Pan African Programme for the Control of Epizootics(PACE)

- PACE is the successor of PARC. The Communication unit of PACE has a purpose of facilitating sensitization process and promoting dialogue with the beficiaries.
- The main objective of PACE Communication is to improve communication and coordination on a sustainable basis among all stakeholders in the animal health sector, thus contributing to the final erdication of rinderpest and the effective control of major epizootics.

PACE COMMUNICATION STRATEGY AND APPROACH IN THE ERADICATION OF RINDERPEST.

1. Experience gained during the implementation of PARC has shown that several challenges still exist in the communication process. The strategy and approach being adopted by PACE is to increase the livestock farmers' participation in rinderpest control programmes.
2. PACE communication also emphasizes the use of traditional channels of communication
3. PACE communication emphasizes the increase in grassroots i.e. ' bottom –up' information. It is imperative that you involve the community in the information gathering exercise.

4. Since different communities in Africa have different perceptions regarding rinderpest, Pace communication encourages the consideration of cultural values in making some communities participate in the fight against rinderpest.
5. Other approaches utilized by PACE communication include:

- The use of local media
- The use of audio-visuals in passing messages related to rinderpest
- The organization of participatory rural radio programmes
- The sharing of knowledge effectively with rural farmers.

CHALLENGES TO EFFECTIVE COMMUNICATION IN THE CONTROL OF RINDERPEST

In order for PACE Communication to be effective in the fight against rinderpest the following issues are being addressed;

1. **The issue of languages**. In Africa today there are different languages used by livestock farmers. This makes it very difficult to transmit messages regarding rinderpest to farmers in one language . In some communities where one language is dominant like Rwanda, communicating with the rural farmers is a bit easier.
2. **The issue of culture**. Culture is a very important issue in communication. Some communities do not wish to discuss the numbers of their animals in the open , because they believe that their animals will die if they are counted especially by a foreigner,e.g . a vet.
3. **The issue of communication tools.** Many societies in Africa still live in the rural areas. Communication tools like the Television, newspapers, and to some extent the radio, are not suitable for them even though they may be the most effective.
4. **Inadequate communication skills for people working in rinderpest control.** There is a need for the strengthening of the communication skills of people working in rinderpest control, both at management and field –staff level.
5. **Inadequate communication resources.** Many governments require more information about the value of communication in rinderpest control, because not much resources are put in communication.

STRENGTHENING OF VETERINARY SERVICES IN PACE PARTICIPATING COUNTRIES

The above is one of the methods being utilized by PACE in the fight against rinderpest and other major epizootic diseases.

- The PACE Communication Unit is in the process of discussing with Veterinary Schools in the participating countries to assist them with curriculum review, so that these schools may provide in-service training to practising Veterinarians. In the near future , workshops for heads of these schools will be organized . Some contacts have already been made with the Veterinary School in Dakar Senegal and the Faculty of Veterinary Science of Makerere University , Kampala Uganda. Visits are planned to other Veterinary schools so that two schools , one in Eastern Africa and another one in Central and West Africa may be chosen to provide the required in-service training programmes.

- Another strategy being pursued by PACE Communication in the strengthening of Veterinary services is the Communication skills training programmes that are being organized in the PACE participating countries. These training programmes are directed mostly to veterinary field officers who in most cases are the ones in the field and in direct contact with the farmers. These officers are introduced to various techniques of communication in the fight against animal disease.

- PACE communication also promotes privatization of veterinary services. In most of the workshops organized either at national or regional level , issues related to the use of communication in the promotion of privatization are discussed.

PACE
CAPE AND
PRIVATIZATION
& LEGISLATION
UNIT

Remarque préliminaire

Suivant les pays, le vocabulaire utilisé pour définir les intervenants en santé animale ne désigne pas toujours les mêmes personnes. Une forte confusion est par exemple entretenue autour du terme de « vétérinaire », dont beaucoup de « techniciens ou infirmiers vétérinaires » aiment souvent s'honorer. Le terme de « paravétérinaire » définit également, selon les zones, *tout ce qui n'est pas vétérinaire* ou *un niveau d'intervenant non officiellement diplômé*. Pour une meilleure compréhension de ce document, **vétérinaire**, employé comme nom, désigne le Docteur vétérinaire et lui seul, **paravétérinaire** désigne tout ce qui n'est pas vétérinaire, **technicien** désigne le technicien vétérinaire (niveau d'études de 2 à 3 ans en santé animale), et **auxiliaire** désigne un intervenant à niveau de formation très basique : quelques jours à quelques semaines.

1. Emergence d'un secteur privé vétérinaire en Afrique:

Un changement perceptible dans la gestion de la santé animale est apparu depuis une dizaine d'années dans la majorité des pays africains, où on a pu remarquer une notable émergence du secteur privé. Cet essor d'un secteur majoritairement inexistant durant les 30 premières années suivant les indépendances a été principalement imprimé par les politiques générées par la Banque Mondiale, les Nations Unies ou plus récemment l'Union Européenne. Cette dernière a en effet clairement affiché à travers la deuxième phase du projet PARC sa volonté de favoriser l'apparition d'un secteur privé en santé animale, notamment pour tout ce qui concerne la fourniture de services aux éleveurs. D'autres agences de développement travaillent également en ce sens, et les actions de la coopération française en Afrique de l'ouest ou les interventions de DFID en Afrique de l'Est ne passent pas inaperçues. Cependant, chaque donneur semble avoir sa propre politique d'intervention et les options prises par les pays bénéficiant de cette aide sont parfois fondamentalement différentes :

- dans un cas, et principalement dans les pays francophones, on développe un système de santé animale où le vétérinaire privé garde un rôle prépondérant dans la fourniture de services ou la diffusion de produit vétérinaires. Le contact direct avec l'éleveur ou ses associations reste privilégié, le vétérinaire s'appuyant néanmoins sur un réseau de techniciens solidement formés. Sa position dans la filière de santé animale est légitimée par l'exercice d'un mandat sanitaire, délégation par l'Etat d'une fonction officielle. Le vétérinaire privé, bien qu'il reçoive la quasi totalité de ses revenus de ses clients, se trouve au carrefour d'une part d'une activité totalement privée, d'autre part de l'exercice d'une autorité « régalienne ». Cette délégation de pouvoir n'est possible que du fait d'un contrôle strict de cette profession « libérale » par un Ordre professionnel indépendant à qui l'Etat a également confié un mandat régulateur. Pendant l'exercice de ce mandat, le vétérinaire privé peut-être assimilé à un agent de l'Etat : il en a l'autorité dans les limites de la fonction qui lui est confiée, sans en bénéficier toutefois de toutes les prérogatives.
- dans l'autre cas, principalement dans les pays anglophones, une autre voie semble être poursuivie. Le vétérinaire privé dispose certes du même rôle en ce qui concerne la fourniture de services, et des techniciens compétents sont présents au niveau du terrain. Cependant un nouveau corps d'intervenants en santé animale est en voie de création dans les zones de grand pastoralisme: les auxiliaires communautaires de base en santé animale, directement au contact de l'éleveur. Le vétérinaire privé n'intervient en général pas dans les tâches relevant de la police sanitaire (prophylaxie médicale, contrôles en HIDAOA) qui restent un domaine strictement réservé des agents de l'état, ce qui a pour conséquence le maintien d'équipes de fonctionnaires au niveau du terrain. L'Ordre des vétérinaires est en général sous contrôle direct du Ministère et les fonctionnaires y exercent les pleins pouvoirs. La non-ouverture des activités relevant

de la législation sanitaire au secteur privé amputé considérablement ses possibilités de développement, notamment au niveau du terrain.

A l'intérieur de ce cadre bipolaire, les pays eux-mêmes ont évolué selon leur propre logique.

2. Nécessité d'une politique panafricaine de privatisation:

Durant la dernière phase du PARC, la politique préconisée par l'IBAR s'est articulée sur 3 points focaux qui étaient le recouvrement des coûts, l'amendement de la législation régulant l'exercice de la profession vétérinaire, et la promotion du mandat sanitaire. L'écho de cette politique est palpable dans la majorité des pays d'Afrique francophone, mais ses effets restent beaucoup plus discrets en Afrique anglophone.
Cependant, comme il est mentionné plus haut, les pays ont évolué différemment à l'intérieur de ce cadre somme toute très élastique. De nombreuses interrogations sont apparues concernant la place et le rôle d'une médecine vétérinaire privée à l'intérieur d'un réseau national de santé animale. Les pays, pleinement responsables de leur stratégie de privatisation, se sont parfois lancés dans la mise en place du processus sans prendre la mesure de certaines contraintes d'ordre qualitatif, socio-professionnel ou économique. Il ne s'agit pas ici de d'aller à l'encontre des souverainetés nationale de chaque Etat, mais il apparaît nécessaire que l'IBAR émette à travers le projet PACE des recommandations aptes à recadrer l'intervention du secteur privé dans la ré-organisation des services vétérinaires au niveau national.

3. Le contexte d'intervention

3.1. Définition d'un réseau de santé animale

Il ne s'agit pas de réinventer la roue. De nombreux pays ont déjà mis en place des réseaux de santé animale efficaces tant sur le plan de la qualité des prestations que de leur viabilité économique. Les conditions de l'élevage africain sont multiples mais ne représentent pas, dans la diversité de leurs exemples, une exceptionnelle originalité. Seules les zones de conflit constituent, à notre avis, des cas particuliers qui méritent d'être traités individuellement. Encore faut-il garder à l'esprit que ces conflits ne seront pas éternels, du moins peut-on l'espérer. On pourrait d'ailleurs se poser à ce niveau la question de la pertinence dans le long terme de l'officialisation d'un système de santé animale qui sera de toutes manières appelé à se normaliser à la fin du conflit.

3.1.1.Finalité d'un réseau de santé animale

La finalité d'un réseau de santé animale est **d'apporter une couverture vétérinaire à la plus grande portion du cheptel** du pays. Deux raisons majeures concourent à cette nécessité : l'une d'ordre économique, c'est la protection d'un patrimoine tant à un niveau individuel (la seule « fortune » de l'éleveur) que collectif (le cheptel national), l'autre d'ordre sanitaire dans un sens de protection de la santé publique (zoonoses et qualité alimentaire). Ceci implique la recherche d'une part d'un niveau maximum de diffusion des intrants vétérinaires et d'autre part d'une utilisation et répartition optimales des ressources humaines, tant en termes de compétence, que de mobilité et de disponibilité. Le réseau doit à la fois assurer une lutte efficace contre l'apparition ou la diffusion de nouvelles maladie (fonction préventive et vigilante), fournir des informations sur l'état de santé du cheptel (épidémiosurveillance) et maîtriser les maladies existantes (fonction de contrôle), voire les éliminer totalement (fonction éradicatrice).

Enfin, ce réseau, comme tout système, doit satisfaire à certains critères d'ordre économique impliquant qu'il puisse délivrer **le meilleur service au meilleur prix**.

3.1.2. Les différentes options

Plusieurs options peuvent donc être choisies pour poursuivre ces objectifs :

Un réseau totalement assuré par le service public

Dans ce cas les ressources matérielles et humaines sont totalement constituées d'agents du service public. L'ensemble de la filière d'importation et de distribution des intrants et médicaments vétérinaires, comme la toute la fourniture des services est assurée par l'Etat. Ce système n'est pas incompatible avec un politique de recouvrement des coûts. L'efficacité et la viabilité d'un tel système sont dépendantes d'une gestion très soignée des ressources humaines et en matériel et d'un apport sécurisé en crédits de fonctionnement.

C'est le système qui a prédominé dans la majorité des pays africains depuis le début des années 60. Au fil des années, il a malheureusement souffert d'un faible niveau d'efficacité et démontré son manque de viabilité. Il est partout en voie d'être remplacé par des solutions plus performantes.

Un réseau totalement confié au secteur privé

Toutes les activités sont assurées par le secteur privé, l'Etat gardant uniquement un rôle législatif. Toutes les fonctions de planification, contrôle et de vérification peuvent être confiées à des structures privées sous contrat. La fourniture de services et la diffusion des intrants est assurée par des vétérinaires libéraux.

Un réseau intégrant les interventions des deux secteurs

Dans cette option, la répartition des tâches entre les deux secteurs reste à définir, sans perdre de vue les contraintes économiques dont dépend la viabilité du secteur privé. Généralement, le secteur public garde ses fonctions législatives, planificatrices ainsi qu'une partie des tâches de vérification et de contrôle. Le secteur privé assure la fourniture des services, la diffusion des intrants, mais intervient également dans certaines fonctions de contrôle, surveillance et vérifications. C'est le système qui a été adopté par la majorité des pays développés et qui se met actuellement en place dans plusieurs pays d'Afrique de l'Ouest.

3.2. Choix du réseau de santé animale.

Jusqu'à l'émergence des politiques de privatisation, les réseaux de santé animale restaient donc le monopole du secteur public. ***La solution préconisée, et qui semble déjà avoir fait ses preuves dans différents pays, est un système intégrant les interventions complémentaires et harmonieuses des deux secteurs.*** Dans ce cas, les situations de duplication sur le terrain, et donc de concurrence entre les deux secteurs doivent être soigneusement évitées, aussi bien que la création de zones dénuées de système de prestation de services vétérinaires.

3.3. L'intervention du secteur privé doit être saine et raisonnée

Une fois acceptée l'idée de l'émergence d'un secteur privé en santé animale, il s'agit d'en examiner la viabilité économique, seule garante de sa durabilité. Les conditions de cet exercice privé peuvent en effet changer radicalement suivant les zones d'intervention considérées. Cette viabilité économique doit rester une des lignes directrices de la lancée puis du développement du processus de privatisation. Elle sous-entend donc un politique quelque peu « protectionniste » dans ses débuts à l'égard des nouvelles installations. Cette dernière doit intégrer : (i) un choix délibéré de la corporation destinée à jouer le rôle de pionniers dans le processus, (ii) l'adoption d'une législation favorable, (iii) un appui des services publics, (iv) un contrôle raisonné de la concurrence, (v) des incitations fiscales, et (vi) une campagne de

communication adaptee. Pour etre plus concret, on pourra par exemple, suivant les solutions adaptées :

- *Réserver l'exercice libéral aux seuls docteurs vétérinaires* (i),
- *Limiter les interventions des para-vétérinaires à certains actes contrôlés par les docteurs vétérinaires privés et effectués sous leur responsabilité professionnelle* (ii) et (iv),
- *Délivrer un mandat sanitaire, le plus étendu possible, aux seuls docteurs vétérinaires installés, mandat accordé pour un an et renouvelable* (ii) et (iii),
- *Attribuer, dans les 2 ou 3 premières années d'installation, un monopole géographique dans le but de sécuriser le démarrage des nouveaux installés* (ii) et (iv),
- *Renforcer l'indépendance de l'Ordre des vétérinaires vis à vis de la tutelle de l'administration, et lui donner les moyens d'exercer pleinement sa fonction régulatrice et disciplinaire* (ii) et (iii),
- *Proscrire toute concurrence déloyale et illégale des agents de l'Etat* (iii) et (iv),
- *Lutter contre la concurrence des para-vétérinaires exerçant de manière autonome et donc illégale* (i) et (iv),
- *Accorder une exonération fiscale aux nouvelles installations pour les 2 à 3 premières années d'exercice* (v),
- *Utiliser les projets existant (PACE) pour lancer une campagne publicitaire annonçant et légitimant l'apparition d'une médecine vétérinaire privée* (vi).

Certaines zones de bas potentiel économique peuvent néanmoins représenter des cas particuliers où la faible densité des animaux annule toute possibilité de rentabiliser une intervention vétérinaire, ne serait-ce que du fait de ses coûts d'approche. Un réseau d'auxiliaires communautaire intervenant sous la responsabilité d'un vétérinaire privé, ou la responsabilisation d'associations d'éleveurs autour de la santé animale trouveront ici toute leur pertinence. Il n'est pas à écarter non plus que l'Etat, dans sa mission de service public, puisse apporter un support à l'installation des professionnels privés dans ces zones défavorisées par différents contrats de fourniture de services. Le recours à la contractualisation de privés apporte de la souplesse par rapport à la gestion d'une équipe d'agents du service public, et garantit la cohérence du système si l'option de privatiser les prestations de services en santé animale a déjà été prise.
Le cas d'école représenté par la fourniture de service dans les zones de conflit relève plus de l'aide humanitaire que du développement et ne sera pas abordé dans ce document.

3.4. Situation actuelle

La question primordiale reste de définir le rôle que doivent jouer les différents acteurs de la santé animale dans un réseau national. Il s'agit aussi de déterminer leur domaine d'intervention et son cadre légal. Ces acteurs sont de différents types:

1. *Les représentants de l'Etat :*

   Ce sont les agents du service public. Ils représentent différents niveaux de compétence : docteurs vétérinaires, ingénieurs d'élevage, techniciens d'élevage, auxiliaires d'élevage, en fonction de leur niveau de formation.

2. *Les commerçants :*

   Ils s'adonnent exclusivement à des activités de commerce d'intrants vétérinaires. Ce sont les importateurs de médicaments, grossistes répartiteurs, détaillants, colporteurs. Ils sont issus d'horizons différents : pharmaciens, docteurs vétérinaires, techniciens d'élevage, auxiliaires de santé animale, parfois simples petits vendeurs.

3. *Les prestataires de services :*

   Ils délivrent deux types de services :

élevage.

ii. matériel : exécution de traitements vétérinaires ou actes de prophylaxie.

Ils sont également issus de diverses catégories socio-professionnelles représentant des niveaux de compétence très disparates : vétérinaires, techniciens, auxiliaires, guérisseurs et empiriques. Ils appartiennent à l'heure actuelle au secteur public comme au secteur privé.

4. *Les clients :*

Ce sont les consommateurs-demandeurs de services, représentés par des personnes physiques (éleveurs), ou morales (associations d'éleveurs).

Actuellement, au niveau du terrain, il n'y a pas de réel cloisonnement entre ces différentes catégories d'acteurs : cette situation est génératrice de confusion et de nombreux conflits d'intérêts.

3.5. Structuration de la filière de santé animale

Il existe donc une nécessité de structuration de la filière de santé animale. L'adoption d'une politique cohérente est essentielle à cette structuration. Cette politique devra notamment :

- Définir les tâches du secteur privé et celles du secteur public, en évitant toute redondance entre les deux secteurs,
- Intégrer le secteur privé dans la mise en application de la police sanitaire,
- Favoriser un haut niveau de qualité dans les interventions du secteur privé, tout en protégeant sa viabilité économique,
- Réglementer la distribution des médicaments vétérinaires en protégeant et structurant (segmentant) la filière,
- Favoriser une meilleure couverture possible du cheptel national, tant sur le plan numérique que géographique.
- Permettre la diffusion des soins vétérinaires de base au niveau du terrain par une meilleure implication des éleveurs où de leurs représentants au niveau de la santé animale.

La mise en application de cette politique exigera alors :

i. D'amender la législation existante :
   - en y précisant les conditions d'exercice de la médecine vétérinaire, qui devra notamment :
     - être réservée aux seuls vétérinaires,
     - interdire l'exercice privé des vétérinaires du service public,
     - permettre aux vétérinaires d'employer des paravétérinaires à la condition qu'ils exercent uniquement sous leur stricte responsabilité[1] et sous leur contrôle rapproché.
   - en réglementant la fabrication, transformation, importation, mise sur le marché et distribution du médicament vétérinaire, notamment sur les points suivants :
     - réserver la fabrication, la transformation et la distribution du médicament vétérinaire aux seuls vétérinaires et pharmaciens,
     - établir un système d'autorisation de mise sur le marché (AMM),
     - assurer une séparation nette entre grossiste-importateur et vétérinaire ou pharmacien détaillant,

[1] La notion de **responsabilité civile professionnelle** est ici à préciser. Celle-ci doit se poursuivre dans ses implications économiques et in fine, le vétérinaire, pour être vraiment responsable de son personnel, doit le couvrir de son assurance professionnelle, ou en être responsable sur ses propres deniers.

- établir une classification des médicaments vétérinaires en raison de leur toxicité pour l'animal et l'homme et de leur difficulté de manipulation ou d'administration,
- définir les dérogations de détention éventuelles en fonction des utilisateurs non vétérinaires (techniciens, auxiliaires ou associations d'éleveurs) et établir la notion « d'ayant droit ».

- en y introduisant la notion de *mandat sanitaire*, concept par lequel l'Etat délègue une partie de ses pouvoirs à un vétérinaire contractuel en vue de permettre l'intervention des ressources humaines du secteur privé dans des tâches, obligatoires ou non, relevant de la police sanitaire.

ii. D'assurer un retrait effectif des agents du service public des activités de prestation de services vétérinaires, en les redéployant sur d'autres domaines d'activités (épidémiosurveillance, contrôles des frontières et des mouvements d'animaux, lutte contre les fraudes, etc...), ceci dans le but d'éviter toute duplication sur le terrain. Un plan de restructuration ou de recentrage des services public devra être mis en œuvre dans ce but.

iii. De renforcer les organes de structuration, de défense ou de représentation de la profession :

- ***l'Ordre National des vétérinaires*** doit acquérir une pleine autonomie vis à vis de l'administration, même si l'Etat peut, dans un premier temps, décider de lui accorder des subventions de fonctionnement. Il doit par contre renforcer son rôle régulateur et disciplinaire pour la profession, assurer pleinement sa fonction d'interface entre l'administration et le vétérinaire libéral, mais aussi représenter pour lui la structure incontournable envers laquelle il doit, sous peine d'interdiction d'exercice, être à jour de toutes ses obligations. Le rôle disciplinaire de l'Ordre est très étendu : ainsi, il peut s'étendre jusqu'à protéger la clientèle de la profession vétérinaire des éventuelles indélicatesses ou incompétences de certains de ses membres, ou contrôler la conformité des interventions d'un vétérinaire avec l'éthique de la profession. Il peut aussi protéger un vétérinaire injustement mis en cause en rassurant le client sur la pertinence des moyens mis en œuvre par ce celui-là.
  L'Ordre doit intervenir dans le comité de pilotage de la privatisation (ou autre structure de mise en place) et jouer un rôle d'interlocuteur privilégié vis à vis de l'administration. Il doit également être capable de négocier sur un pied d'égalité avec les autres intervenants de la filière, et notamment l'Ordre des pharmaciens, afin de défendre les prérogatives liées au diplôme de vétérinaire.
- ***les différents syndicats ou associations***, doivent assurer la promotion et la défense de la profession, tant au niveau du grand public que de l'administration. Les structures d'aide à l'installation (bureau d'appui) devraient être intégrées au niveau de ces associations professionnelles. Elles devraient s'attacher à renforcer les relations entre la profession et ses partenaires : structures de financement, associations de paravétérinaires, associations d'éleveurs.
  Au niveau de l'avancée du processus de privatisation, ces structures doivent prendre en charge toutes les activités de lobbysme de la profession et presser si besoin l'administration à mettre en place le processus et ses mesures d'accompagnement (ce qui n'est pas le rôle de l'Ordre).

- De stimuler la structuration du monde des éleveurs, en favorisant l'émergence d'associations d'intérêt collectif et de favoriser l'implication de ces dernières dans les problématiques de santé animale (Groupements de Défense Sanitaire).

D'autres mesures d'appui à l'application de cette politique pourront être prises par l'administration, le cas échéant en concertation avec les ministères concernés, comme par exemple :

- Des exonérations fiscales (fiscalité directe et indirecte, taxes douanières) temporaires,
- Des subventions aux opérations de prophylaxie obligatoire,
- La coordination de l'intervention des différentes ONG intervenant dans le secteur de l'élevage (notamment en imposant une politique de total recouvrement des coûts et de collaboration contractuelle privilégiée avec les ressources privées locales en santé animale).

4. Mise en application et opérationalité d'une politique de privatisation

4.1. l'apparition d'un secteur privé

On ne peut pas passer par enchantement du tout public au tout privé. Ce changement doit être progressif et non précipité, il doit éviter les pièges d'une « privatisation sauvage » faisant suite à une déréglementation intempestive sans solution de rechange. La phase de transition reste délicate, le processus doit être soigneusement contrôlé d'une part par l'administration, d'autre part par l'Ordre des vétérinaires.

Dans un premier temps, il est normal que les vétérinaires privés, soumis à des préoccupations de rentabilité, aient tendance à occuper les zones d'installation économiquement les plus favorables : milieu urbain et périurbain, ou zones à fort potentiel. Pour les mêmes raisons, les activités de ces derniers seront en premier lieu dirigées vers les créneaux immédiatement rentables comme l'importation et la vente au détail des médicaments. Pour caricaturer, dans un premier temps, la libéralisation du « marché » des services vétérinaires verra s'installer des **vétérinaires « propharmaciens[2] » urbains**. A l'évidence, cela n'apporte pas la réponse qu'il faudrait pour répondre aux besoins d'un réseau de santé animale. C'est pourquoi l'Etat, qui détermine sa politique de santé animale et entend logiquement la voir mise en application, se doit d'orienter le processus par des mesures d'incitation.

4.2. de nécessaires mesures d'incitation

4.2.1. problématique :

La situation sur le terrain est en général problématique à différents niveaux :

Recouvrement des coûts

Les politiques de recouvrement des coûts préconisées par le PARC n'ont pas été également suivies dans tous les pays. Aucune analyse sérieuse n'ayant en général été faite sur la réalité économique des coûts facturés par les services publics, ceux-ci sont parfois inférieurs aux honoraires demandés par les privés, ce qui a pour conséquence les taxer de mercantilisme, image préjudiciable à leur réelle légitimité d'intervention au niveau du terrain.

Monétarisation des éleveurs

Parfois le troc reste encore la meilleure manière pour le vétérinaire privé de recouvrer ses honoraires...

Reconnaissance des vétérinaires privés

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[2] La qualité de propharmacien est donnée au vétérinaire : « pharmacien par état de fait et nécessité, non par nature et diplôme » Ce qui veut dire que le vétérinaire peut vendre les médicaments qu'il prescrit, mais non tenir officine.

Dans certains pays, seule l'appartenance au service public emporte la crédibilité de l'éleveur dans les compétences du prestataire de service, d'autant plus que cette perception erronée a parfois été soigneusement entretenue par certains agents de l'état.

éloignement

C'est un obstacle évident dans les immensités pastorales. Mais même dans les zones d'élevage plus concentré, le manque de moyen de locomotion fiable, ou le coût du transport peuvent devenir des empêchements rédhibitoires au déplacement du vétérinaire privé.

concurrence

La concurrence est l'essence même de l'économie de marché, elle est censée augmenter le niveau de qualité du service rendu tout en en baissant le prix[3].

La *concurrence loyale* entre professionnels de même statut est donc tout à fait souhaitable dans le long terme. Dans le court terme, on peut essayer de la limiter par des mesures protectionnistes transitoires pour affermir les départs d'une première installation.

La *concurrence déloyale* en provenance des personnels du service public, exerçant pendant ou en dehors de leurs heures de fonction, et en général avec le matériel de l'Etat, est à proscrire absolument. Il en est de même de la concurrence des grossistes, ou de celle frauduleuse des petits vendeurs de marché ou colporteurs divers de médicaments, frelatés ou non, ou passés en contrebande.

Il existe une autre forme de concurrence, que nous qualifierons de *concurrence peu souhaitable*, qui provient de l'exercice des pharmaciens ou paravétérinaires diplômés habilités. Le législateur devra s'employer dans un premier temps à limiter au maximum cette sorte de concurrence, toujours dans l'optique de raffermir l'implantation de professionnels de haut niveau de qualification sur le terrain.

4.2.2. Mesures d'accompagnement

L'Etat, dans sa volonté de mise en application de sa politique, accompagnera alors avec bonheur le processus par la mise en place d'une série de mesures incitatives ou de soutien :

Une politique de communication devra être développée vis à vis de tous les acteurs de la santé animale :

- Vis à vis des éleveurs, elle s'attachera à expliquer la nécessité de la politique de recouvrement des coûts, de la vérité des prix, et à promouvoir l'image et la légitimité du vétérinaire privé. Elle les mettra également en garde contre les différentes fraudes sur les ventes de médicaments ou sur les prestataires de service.
- Vis à vis des personnels du service public, elle devra expliquer les enjeux de la privatisation en mettant en valeur ses aspects positifs sans oublier de mentionner ses aspects négatifs. Elle expliquera la nécessité d'un recentrage des activités du service public et d'une concentration vers les tâches de planification, mise en œuvre et contrôle des différentes politiques sanitaires ou d'élevage. Elle fera la promotion, le cas échéant, d'un plan de départ volontaire vers le secteur privé des personnels d'exécution peu qualifiés...
- Vis à vis du grand public, elle devra mettre l'accent sur la plus value espérée tant sur le plan qualitatif que quantitatif dans cette nouvelle politique de santé animale, en faisant ressortir le fait que des effets pourront être ressentis tant au niveau de la qualité des produits à l'étal que de leur prix.

[3] Comme la satisfaction du client reste le seul impact recherché, la recherche de cette satisfaction peut entraîner parfois le professionnel vers certaines dérives peu conformes à sa déontologie professionnelle. C'est particulièrement vrai dans des domaines comme la médecine vétérinaire, où le critère de jugement du client repose sur des données essentiellement subjectives (état d'amélioration de l'animal) recueillies dans le court terme.

privés, dans le but de favoriser le retrait du terrain des agents de l'état (prophylaxies obligatoires, opérations de formation des paravétérinaires ou éleveurs, inspections des marchés, des points d'abattage et de vente des denrées animales), d'assurer une activité régulière, et d'apporter une légitimité aux vétérinaires privés.

Une promotion du rôle des auxiliaires paravétérinaires pourra être effectuée dans les zones de grand pastoralisme. Chaque fois que cela pourra être possible, l'Etat devra exiger leur contrôle par les vétérinaires privés[4].

Une facilitation du départ des fonctionnaires pourra être mise en œuvre sous la forme de possibilités de congés sans solde long terme (2-3 ans) assortis d'une prime de départ volontaire à l'issu de cette période. Les plus dynamiques pourront ainsi tenter leur chance dans le secteur privé sans être confronté, de prime abord, au choix difficile de la sécurité contre l'inconnu.

L'adoption de mesures transitoires paraît nécessaire à différents niveaux.

- Dans plusieurs pays se pose le problème d'une disparité des diplômes de niveau supérieur parmi les cadres de santé animale. Des diplômés d'origine différentes (docteurs vétérinaires ou ingénieurs de santé animale) ont été également employés aux mêmes postes par les services publics. Pour calmer toute revendication, la création de corps en voie d'extinction, assimilés aux docteurs vétérinaires, représente un bon compromis.
- La couverture géographique du territoire national reste plus problématique. La logique économique verra les vétérinaires privés se concentrer dans les zones de haut potentiel. Des systèmes peuvent cependant être mis en place pour tenter de réguler géographiquement les installations tout en assurant une couverture maximale du cheptel national.
    - Tout d'abord, le retrait progressif des services vétérinaires publics devra être une règle de base chaque fois qu'un vétérinaire privé s'installera.
    - Dans le but de stimuler ou de sécuriser les installations dans telle ou telle zone, des monopoles géographiques transitoires (limités à 2-3 ans) pourront être attribués.
    - L'autorisation pour les vétérinaires d'ouvrir des cabinets secondaires tenus par des techniciens paravétérinaires pourra être attribuée, mais devra devenir caduque dès qu'un autre vétérinaire privé voudra s'installer dans la zone.
    - Des autorisations temporaires d'exercice pourront être attribuées aux vétérinaires du service public. Elles devront être assujetties d'une interdiction d'ouvrir un local professionnel. Ces autorisations tomberont également chaque fois qu'un vétérinaire privé s'installera dans la zone.
    - Dans les zones économiquement non rentables mais où la nécessité d'un service vétérinaire existe, la contractualisation par l'Etat de vétérinaires privés est toujours possible.

Une politique de soutien financier pourra être poursuivie par l'attribution de différentes dérogations fiscales dans les premières années d'installation. Suivant le cas et les disponibilités, l'Etat pourra également favoriser un partenariat entre la profession vétérinaire et le secteur bancaire indépendant, par la mise en place de ligne de crédits à taux bonifiés, fonds de garantie, ou tout système apte à favoriser l'obtention de fonds par les candidats à l'installation. Cette intervention sera néanmoins faite avec une extrême prudence, dans la

[4] Le passage par les paravétérinaires d'un niveau de base, appelés auxiliaires communautaires de santé animale (Community Animal Health Worker) dans le concept anglo-saxon reste à notre sens une époque transitoire entre une meilleure technicité des éleveurs qui seront à terme habilités à administrer une certaine gamme de médicaments et la situation actuelle où leur niveau de connaissance thérapeutique demeure très bas.

mesure où l'obtention trop facile de prêts inadaptés peut devenir un reel handicap dans les premiers pas d'une installation[5].

Une politique de structuration sociale de la profession pourra également être stimulée par l'Etat, qui peut imposer la souscription d'assurances maladie, invalidité ou vieillesse. Cette politique n'est pas réservée à la seule profession vétérinaire mais rentre dans le cadre d'une vision globale du statut des travailleurs indépendants dans le cadre d'une émergence du secteur privé dans les différents secteurs d'activité de la société.

[5] Parce qu'un prêt inadapté et trop important peut exagérer inutilement le niveau des premiers investissement et par ses remboursements annuler les bénéfices d'exploitation, ce qui conduit le promoteur à une inéluctable faillite. Les meilleurs succès enregistrés en privatisation ont souvent été observés lors d'investissements limités de fonds familiaux ou lors de la mise en œuvre de systèmes de tontine.

Lorsque l'option d'introduction d'un secteur privé dans les prestations de service aux éleveurs a été prise, l'état doit se donner les moyens de sa politique. Une politique de privatisation raisonnée doit donc prendre en considération toutes les contraintes représentées par l'introduction d'un secteur privé dans des activités jusqu'alors monopolisées par les services de l'état. Le processus doit être accompagné non seulement par une refonte de la législation vétérinaire, mais également par des mesures de restructuration des services publics et d'incitation à l'installation. D'autres mesures transitoires seront parfois nécessaires pour sécuriser les premiers candidats ou pour parfaire la couverture géographique du territoire national. Les propositions émises dans ce document restent bien évidemment d'ordre général et chaque état aura à les reconsidérer en fonction de son contexte national. Mais elles pourront servir de lignes directrices à l'élaboration d'une stratégie.

Une maîtrise du processus de libéralisation des prestations de service vétérinaires est indispensable pour éviter les dérapages déjà observés dans différents pays. Dans un contexte de renforcement des normes sanitaires dans les échanges internationaux, la qualité des réseaux de santé animale dans les pays sera l'un des critères de l'évaluation du niveau de confiance dans les certifications émises par chacun, tant en terme de matériel et de moyens organisationnels que de quantité, qualité et répartition des ressources humaines. Le service privé fait partie intégrante du réseau national de santé animale de chaque pays. Pour le moment, l'OIE n'a émis que des recommandations en ce sens. Elles deviendront vraisemblablement des obligations dans un futur proche, et les pays africains se doivent de préparer aujourd'hui leur statut de demain sous peine d'être éliminés pour un certain temps du commerce international des produits de l'élevage.

The Community-based Animal Health and Participatory Epidemiology (CAPE) Unit

Livestock and pastoralism

Throughout Africa, livestock are a vital source of economic and social support for millions of poor people. Livestock production systems vary from backyard rearing of poultry or bees to herding of large, mixed herds of camels, cattle, sheep and goats. Livestock produce milk, meat, blood, eggs, hides and skins and are used for transport and draught power. Small stock such as sheep, goats and fowl are convenient items to sell for cash or exchange for other items. Livestock ownership has major cultural significance in many societies, whether rural or urban, and features strongly in local perceptions of wealth and poverty. In areas with low rainfall, livestock are particularly important for human survival. When lack of water prevents crop production, livestock continue to convert natural vegetation into nutritious foods for people. Consequently, livestock are the main assets of pastoralist communities in African.

The pastoralist population of sub-Saharan Africa is estimated at more than 50 million people while Ethiopia, Eritrea, Sudan, Djibouti, Somalia, Kenya and Uganda support around 20 million pastoralists. Pastoralists usually inhabit semi-arid and arid lands, and typically, they derive at least 50% of their food and income from their livestock. The other common feature of pastoral groups and the key to understanding their way of life, is mobility. Movement is essential for pastoralists because low and erratic rainfall in dryland areas causes marked spatial and temporal variations in the grazing resource on which livestock depend.

'If our animals are healthy, we are healthy'

For people who are highly dependent on livestock, veterinary services are a priority. When pastoralists are given an opportunity to express their concerns, livestock disease, water supply and insecurity usually feature at the top of the list. Diseases cause rapid loss of livestock assets and chronic reductions in milk supply, fertility or draught power. Important diseases include rinderpest, contagious bovine pleuropneumonia (CBPP), foot and mouth disease, trypanosomosis and internal and external parasites. Epizootic diseases such as foot and mouth disease prevent animals from pastoral areas entering formal international markets.

The challenge of providing sustainable veterinary services

Pastoral areas in the Horn of Africa are characterised by their large size, limited development, poor infrastructure and insecurity. Human populations tend to be small, highly mobile and difficult to reach unless on foot or in a four-wheel drive vehicle. Despite this situation, national veterinary services have tried to provide services to pastoralists by constructing clinics close to urban centres. In the absence of vehicles, fuel and incentives for veterinary staff, these clinics cover only a fraction of the livestock population in pastoral areas. Furthermore, well-trained veterinarians are often reluctant to work in remote, marginalised areas with limited facilities and harsh working conditions. Due to these and other problems, livestock diseases of major economic and international importance still persist in pastoral areas.

THE COMMUNITY-BASED ANIMAL HEALTH AND PARTICIPATORY EPIDEMIOLOGY (CAPE) UNIT

The origins of CAPE

In the late 1980s, veterinarians began to develop alternative systems for providing animal health services in pastoral areas of Africa. Much of the early work was supported by non governmental organisations (NGOs) who used the principles of **appropriate technology** and **community participation** to make best use of the skills and knowledge of livestock keepers. These small-scale projects were often said to be 'community-based' because they involved local people in various stages of project implementation and focussed on local priorities. Many projects worked with communities to select people for training as **community-based animal health workers (CAHWs)**.

At the same time when NGOs were experimenting with community-based delivery systems, the **Pan African Rinderpest Campaign (PARC)** was experiencing difficulties in accessing remote pastoral communities. Although PARC had successfully eradicated rinderpest from most African countries, the disease persisted in insecure pastoral areas of the Horn of Africa. The government vaccination teams and cold chain refrigeration supported by PARC could not penetrate these areas for a variety of logistical, technical and other constraints. In some areas, civil war and the absence of recognised government prevented rinderpest control activities.

- ***The Thermostable Rinderpest Vaccine Technology Transfer (TRVTT) Project***

An important breakthrough was the development of a **heat-stable rinderpest vaccine** in the early 1990s. This new vaccine did not require extensive cold chains and provided an opening for CAHWs to deliver vaccine in areas such as the Afar region of Ethiopia and southern Sudan. Therefore, PARC began to develop community-based approaches to rinderpest control and combine rinderpest vaccination with the provision of primary-level veterinary services by CAHWs. These activities were supported by the **Thermostable Rinderpest Vaccine Technology Transfer (TRVTT) Project** within PARC. An important feature of the TRVTT was the use of participatory appraisal methods to understand how pastoralists characterised and prioritised livestock diseases. This approach to utilising indigenous knowledge became known as **participatory epidemiology** and also enabled veterinarians to gain useful insights into the spatial and temporal patterns of disease.

- ***The Participatory Community-based Animal Health and Vaccination (PARC-VAC) Project***

Towards the end of the TRVTT Project, a new project was designed to further develop community-based delivery systems. The new project was also closely associated with PARC and was called the **Participatory Community-based Animal Health and Vaccination (PARC-VAC) Project**. The PARC-VAC project continued to support rinderpest control in pastoral areas, but also began to look more closely at the long-term sustainability of community-based animal health services. In an era of veterinary privatisation in Africa, PARC-VAC worked with a range of governmental, non governmental and private sector players to consider options for more appropriate **policy and legislative frameworks** for CAHWs. Also, there was a need to encourage government and NGOs to support far greater **private sector involvement** in the supply of veterinary medicines to CAHWs and ensure adequate professional supervision of CAHWs. Via collaboration with the International Institute for Environment and Development IIED), PARC-VAC also supported studies on the reliability and validity of participatory appraisal methods for use in veterinary epidemiology.

The Community-based Animal Health and Participatory Epidemiology (CAPE) Unit evolved from the TRVTT and PARC-VAC projects and was established in January 2001. The unit is a component of the Pan African Programme for the Control of Epizootics (PACE) within OAU/IBAR. The PACE Programme began in November 1999 and is due to end in 2004.

The Origins of the Community-based Animal Health and Participatory Epidemiology (CAPE) Unit

PARC

Thermostable Rinderpest Vaccine Technology Transfer (TRVTT) Project

- Provision of **primary animal health services** and **heat-stable rinderpest vaccine** by community-based animal health workers (CAHWs).
- **Participatory epidemiology**
- **Cost-recovery** and first links to the private sector

Participatory Community-based Animal Health and Vaccination (PARC-VAC) Project

- Expansion of TRVTT experiences to other pastoral areas – further delivery of **community-based animal health services**
- **Rinderpest control**
- Increased attention to sustainability – **policy, legislation** and **privatisation** issues
- Linking field experience to **policy reform**
- **Participatory research and epidemiology**

1999

PACE

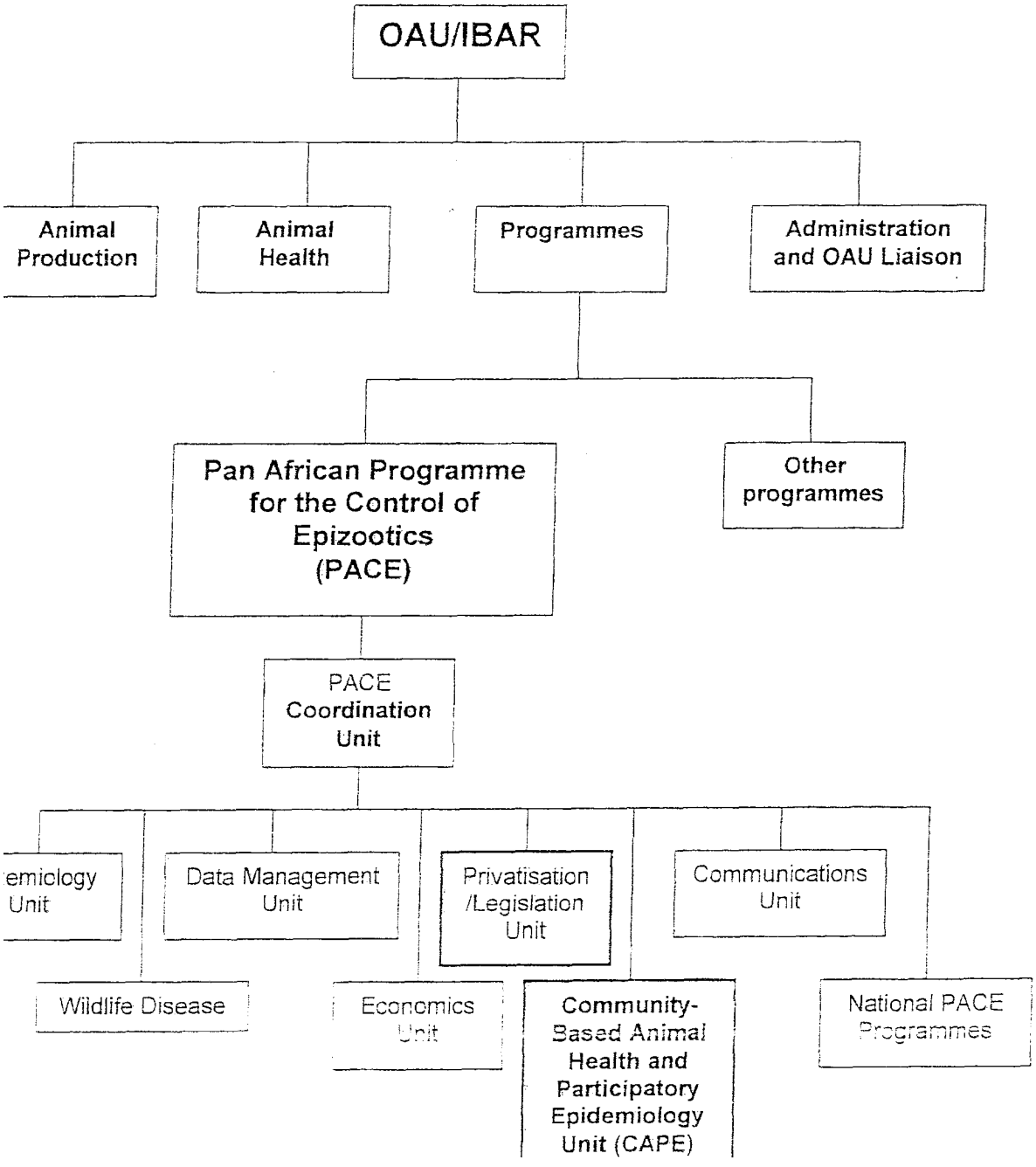
Community-based Animal Health and Participatory Epidemiology (CAPE) Unit

- **Transboundary epizootic disease control**
- **Institutionalisation of** community-based approaches and participatory epidemiology
- Promoting **new learning**; supporting research and testing alternative models
- Community-based animal **disease surveillance**
- **Sharing experiences** and **disseminating information**
- **Policy and legislative change**
- **Pastoral community harmonisation**
- **Livestock marketing**

CAPE's position in the Pan African Programme for the Control of Epizootics

The Pan African Programme for the Control of Epizootics (PACE) covers 32 African countries. The main outputs of PACE are:

1. Reinforcing animal epidemiology services (information, diagnostics and follow-up) and control of major animal diseases in the participatory countries.
2. Greater privatization of veterinary services and public/private sector linkage in the field.
3. Rinderpest eradicated from Africa; greater control of other epizootic diseases, especially CBPP.
4. At pan-African level, sustainable co-ordination of national animal health systems and arrangements for tackling epizootic diseases set up.



- Epidemiology Unit
- Data Management Unit
- Economics Unit
- Privatisation and Legislation Unit
- Communications Unit
- CAPE Unit

This structure enables CAPE to draw on technical support from other PACE Units and offer support in the area of community-based delivery systems. Together with the other technical units of PACE and national PACE programmes, CAPE is coordinated by the PACE Coordination Unit in OAU/IBAR.

The Outputs of CAPE

The CAPE Unit is operational at both field-level and policy level. This scope of operations, plus linkages to PACE and OAU/IBAR, enables CAPE to transfer field experiences to a range of stakeholders including national veterinary services, veterinary schools, research institutes, private practitioners, international livestock agencies, NGOs and CBOs.

The unit's strategy and activities are based on five main outputs:

- **Development of primary-level veterinary services in pastoral ecosystems**

  The further development of basic veterinary services in pastoral areas is an important output of the CAPE Unit. This output acknowledges that although much useful experience has been gained from NGO projects and PARC, further work is required to expand community-based delivery systems and ensure quality in CAHW selection, training, monitoring and supervision. There are also opportunities to further link CAHWs to private veterinary practitioners to improve the long-term financial viability of community-based delivery systems.

  This output is intended to create self-sustaining animal health care systems in pastoral areas that are capable of controlling epizootic diseases through vaccination, surveillance or other means (depending on the disease in question). CAPE will work with veterinary epidemiologists to further develop community-based disease surveillance systems and explore linkages between participatory and quantitative epidemiology.

- **Promoting policy changes and legislation to create an enabling environment for community-based animal health services**

  A key sustainability issue for the CAPE Unit is the creation of policies and legislation to fully support community-based delivery systems. In some areas, CAPE aims to support change processes that are already underway and enable national veterinary services to assess the impact of policy reform. In other areas, policy reform can be initiated and facilitated by CAPE. During this process, CAPE will encourage country-to-country learning by enabling policy makers from different countries to share experiences. CAPE will also provide practical support to veterinary boards, such as assistance with redrafting specific veterinary acts and legislation.

- **Supporting new learning for policy change**

  Much of the experience with community-based delivery systems in pastoral areas resides with NGOs rather than policy makers. The CAPE Unit will collate existing information in order to inform policy makers and identify gaps in knowledge. CAPE will also support new learning by creating better linkages between NGOs, the private sector and government. Via support to teams of national policy makers, CAPE will also facilitate impact assessments with a view to generating data that will feed into the policy reform process. Literature related to policy change will be produced for both formal and informal publication.

- **Information dissemination**

  Much of the information on community-based delivery systems is located in the informal literature and NGO reports. CAPE aims to improve the dissemination of these experiences by circulating existing reports and supporting networks for the transfer of emerging literature to policy makers, veterinary schools, research institutes, NGOs and other stakeholders. Information on community-based delivery systems will be made available on the OAU/IBAR website. CAPE will also support workshops and conferences to enable field workers, researchers and policy makers to share and discuss lessons learned.

- **Strengthening regional capacity**

  The outputs summarised above will assist OAU/IBAR to develop capacity to promote changes in formal and informal institutions that shape service delivery in pastoral areas. CAPE can also provide specific change management support to OAU/IBAR

Where does CAPE work?

The CAPE Unit works in pastoral ecosystems that span nine countries, including pastoral areas of Kenya, Tanzania, Uganda, Ethiopia, Eritrea, Sudan, Somalia, Central Africa Republic and Chad. A key factor when selecting target ecosystems was the presence or threat of rinderpest and other transboundary epizootic diseases. In all ecosystems, there are opportunities for improving veterinary service provision by support to community-based delivery systems. CAPE activities are not confined to these ecosystems. In collaboration with other PACE units and PACE National Projects, CAPE also works in West Africa.

CAPE Partnerships

The CAPE Unit will continue to build on the partnerships with national veterinary services, international NGOs and local NGOs, and donors established by PARC-VAC. The unit also plans to develop new links with other actors, such as veterinary schools, research institutes, OIE and FAO.

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Acronyms

CAPE	Community-based Animal Health and Participatory Epidemiology Unit
CBO	Community-based Organisation
DFID	Department for International Development, United Kingdom
FAO	Food and Agriculture Organisation, United Nations
NGO	Non Governmental Organisation
OAU/IBAR	Organisation of African Unity/Inter-African Bureau for Animal Resources
PACE	Pan African Programme for the Control of Epizootics
PARC	Pan African Rinderpest Campaign
PARC-VAC	Participatory Community-based Animal Health and Vaccination Project
TRVTT	Thermostable Rinderpest Vaccine Technology Transfer Project

PACE ECONOMICS UNIT

Organization of African Unity (OAU)
Inter African Bureau for Animal Resources (IBAR)
Pan African programme for the Control of Epizootic (PACE)

National contributions required to sustain the epidemio-surveillance systems established under PACE

Tambi Emmanuel and Maina Onesmus

Paper presented at the First PACE Regional Coordination Meeting for East Africa
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Economics Unit
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Introduction

Increasing livestock production is essential for poverty alleviation and food security in sub-Saharan Africa (SSA). In these countries, the priority is to increase the productivity of livestock. Underpinning the increase in productivity is adequate provision of livestock and animal health services. Adequate budgetary allocation is a necessary ingredient for the achievement of this objective. The size and timing of government releases of funds to livestock and animal health is a matter of concern. An analysis of public recurrent animal health budgets in a sample of six countries (Cameroon, Ethiopia, Kenya, Mali, Tanzania and Uganda) reveals a downward trend in expenditure during the period 1993/94–1998/99 in both absolute and relative terms. In no country did the livestock and animal health budget exceed 1% of the national recurrent budget. Consequent to declining national budgets, livestock and animal health services are under-funded. Since livestock contribute significantly to the national product and the national budget, the low levels of funding reflect a lack of commitment by governments. Until governments are fully committed to livestock development, the contribution of the sector to the national product will continue to decline.

Too much reliance on donor funds

The limited national resources which governments allocate to animal disease control have often been complemented by donor funds. The problem is that animal disease control programs become highly dependent on donor funds and once these funds cease, the programs become non-sustainable. The Joint Project (JP-15) was financed with resources from international institutions and national governments to eradicate rinderpest from Africa. The project successfully reduced the incidence of rinderpest in Africa and strengthened national veterinary services to respond to other diseases. When external funding was available, some governments quickly cut their veterinary services budgets; redirecting the proceeds to other priorities. When external financing ended in 1976, they found it difficult to provide services on a sustainable basis. Routine vaccination and disease surveillance declined and rinderpest reappeared in several parts of the continent.

To control animal diseases on a sustainable basis, governments do not need to rely indefinitely on donor funds. Whether donor funds are available or not, governments must be committed to animal disease control by making adequate budgetary provisions from national sources as well as encouraging greater private sector involvement. An economic impact assessment of the PARC program in a sample of ten sub-Saharan African countries showed that 56% of the cost of the program came from external sources (the European Commission - EC) while 44% came from national governments. Without the EC contribution, national governments would not have succeeded in eradicating rinderpest from most of Africa. Now, conserving the benefits of PARC is a challenge that most African countries must face. National resources must be used for this purpose because donor funds are increasingly becoming scarce.

Sustaining past and present achievements

Recognizing the budgetary limitations of most governments, the EC has provided funding for the Pan African Control of Epizootics (PACE) program to build on the achievements of PARC to eradicate rinderpest from Africa and to establish a sustainable system of epidemio-surveillance networks to better control epizootic animal diseases. PACE is intended to revitalize animal health services by strengthening national and regional capacities for the sustainable surveillance and strategic control of epizootic diseases. It is also intended to ensure that countries continue to follow international guidelines for the verification of freedom from rinderpest infection.

PACE covers 32 countries in sub-Saharan Africa. Each country is expected to contribute to the funding of the program, gradually increase its contribution and eventually take over full financing of the epidemio-surveillance system when the program ends in 2004. The epidemio-surveillance system is expected to be an integral part of the activities of the Department of Veterinary Service with funding from government sources. Funding must be continuous to ensure that countries enter and follow the OIE pathway for freedom from rinderpest infection and that other epizootics are better controlled.

Options for government contributions

The PACE program is financed jointly by the EC and national governments. At national level, EC funds cover the cost of:

- Office, laboratory and field equipment (e.g. computers and software, office furniture, radios, mobile phones, refrigerators, tents);
- Vehicles;
- Office, laboratory and field materials (e.g. stationary, syringes, reagents)
- Salaries of technical assistance staff and additional support staff (e.g. secretaries, drivers, casual laborers, specialized service providers);
- Other operational costs (e.g. vehicle running and maintenance, telephone, fax, e-mail); and
- Per diems for training missions, workshops, conferences and other administrative and field activities.

National governments provide:

- Personnel (e.g. program coordinators, professional, technical, administrative and field staff) whose salaries and wages are paid directly by the Ministry of Agriculture/Livestock;
- Financial resources to cover the cost of some utilities (e.g. electricity, water);
- Infrastructure (e.g. buildings for office space, laboratories, border control posts);
- Facilities such as government exoneration on import duties

At the end of PACE, governments are expected to take over full funding of those resources currently being funded by the EC. Governments will have to provide financial resources to cover the fixed and recurrent costs required for sustaining their epidemio-surveillance networks. But how governments will finance these services in the face of limited and declining national budgets is a matter that needs proper planning and redefinition of national priorities. Preceding proper planning and priority setting is adequate knowledge of the appropriate funding levels that are needed to ensure sustainability.

Funding levels required to ensure sustainability

Based on an assessment of the pattern of public expenditure on livestock and animal health, a valuable insight was gained on the ability and willingness of African governments to contribute financial resources to animal disease control. Due to limited public budgets, it is proposed that governments begin to progressively increase the amount of funds they allocate to livestock and animal health. It is possible to maintain a sustainable epidemio-surveillance system if the increase in public funding is commensurate with livestock's contribution to the national product.

In the following sections, realistic levels of recurrent expenditures required to sustain an epidemio-surveillance system are presented for a sample of four countries. Four scenarios of funding levels are proposed taking into account the budgetary constraints of each country and the level of sustainability a country may want to achieve.

Example: Ethiopia

The current PACE Global Plan (GP) presented by the Government of Ethiopia (GoE) is estimated to cost ECU6.8 million over the five-year life span of PACE. About two-thirds of this will be financed from EC funds and the remaining 34% from GoE (see Annex 1). EC financing will cover the cost of equipment (10.3%) which will be procured during the first year. The remaining EC funds (55.6%) will, together with the GoE contribution, cover the total running cost which is estimated at ECU6.1 million (89.7%).

Some of the proposed activities (e.g. rinderpest eradication, privatization) will phase out by the time the programme ends, leaving only the epidemio-surveillance network to monitor and support effective control of major epizootic diseases. This is what the government must strive to sustain.

The proposed joint financing of the epidemio-surveillance network is estimated to cost ECU4.6 million, 50.2% of which will be financed from EC funds and the rest from GoE contributions. About half of the total recurrent cost of ECU4.5 million will be covered by contributions from GoE (i.e. about ECU464,000 per year). This level of GoE financing will be insufficient to fund an effective epidemio-surveillance network once the EC funds are no longer available. Thus, the government must gradually increase its contribution beginning from the second year in order to meet the annual recurrent cost of the epidemio-surveillance network.

As shown in Tables 1 to 4, four scenarios are proposed for GoE to progressively increase its financial contributions to the PACE epidemio-surveillance network. Currently, GoE has committed a total of ECU2.3 million to the epidemio-surveillance network with a first-year provision of ECU391,000 and a provision of ECU485,000 in year 5. The required first-year recurrent cost is ECU892,000, 56% of which is EC funding. This first-year recurrent cost forms the basis for the recurrent expenditure required to start and run an epidemio-surveillance network.

Scenario 1.

Under this scenario, GoE increases the currently proposed recurrent expenditure by 18% per year (consistent with the current annual growth rate of the agriculture budget –see Background paper). If this scenario is adopted, GoE will be required to gradually increase the presently proposed contribution by a total of ECU380,000 for the five years, bringing the total required contribution to ECU2,701,000. The required GoE fifth-year contribution of ECU589,000 will be able to sustain only 66% of the combined GoE and EDF first-year expenditure of ECU892,000 (Table 1).

Table 1. Government of Ethiopia financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 1: Proposed GoE expenditure increases by 18% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	391	483	486	475	485	2,320	
Required government contribution	391	554	586	580	589	2,701	
Additional government contribution		70	100	105	104	380	66.0
EDF contribution	501	451	458	428	387	2,225	
Total financing	**892**	**1,004**	**1,044**	**1,008**	**976**	**4,925**	

Scenario 2.

Under this scenario, GoE increases the currently proposed recurrent expenditure by 25% per year. If this scenario is adopted, GoE will be required to gradually increase the presently proposed contribution by a total of ECU559,000 for the five years, bringing the total required contribution to ECU2,880,000. The

required GoE fifth-year contribution of ECU643,000 will be able to sustain only 72% of the combined GoE and EDF first-year expenditure of ECU892,000 (Table 2).

Table 2. Government of Ethiopia financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 2: Proposed GoE expenditure increases by 25% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	391	483	486	475	485	2,320	
Required government contribution	391	581	632	633	643	2,880	
Additional government contribution		98	145	158	158	559	72.0
EDF contribution	501	451	458	428	387	2,225	
Total financing	**892**	**1,032**	**1,089**	**1,061**	**1,030**	**5,104**	

Scenario 3.

Under this scenario, GoE increases the currently proposed recurrent expenditure by 35% per year. If this scenario is adopted, GoE will be required to gradually increase the presently proposed contribution by a total of ECU852,000 for the five years, bringing the total required contribution to ECU3,173,000. The required GoE fifth-year contribution of ECU737,000 will be able to sustain only 83% of the combined GoE and EDF first-year expenditure of ECU892,000 (Table 3).

Table 3. Government of Ethiopia financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 3: Proposed GoE expenditure increases by 35% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	391	483	486	475	485	2,320	
Required government contribution	391	620	703	721	737	3,173	
Additional government contribution		137	217	246	252	852	83.0
EDF contribution	501	451	458	428	387	2,225	
Total financing	**892**	**1,071**	**1,161**	**1,149**	**1,124**	**5,397**	

Scenario 4.

Under this scenario, GoE increases the currently proposed recurrent expenditure by 45% per year. If this scenario is adopted, GoE will be required to gradually increase the presently proposed contribution by a total of ECU1,197,000 for the five years, bringing the total required contribution to ECU3,173,000. The required GoE fifth-year contribution of ECU857,000 will be able to sustain 96% of the combined GoE and EDF first-year expenditure of ECU892,000 (Table 4).

Table 4. Government of Ethiopia financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 4: Proposed GoE expenditure increases by 45% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	391	483	486	475	485	2,320	
Required government contribution	391	659	783	827	857	3,517	
Additional government contribution		176	297	352	372	1,197	96.0
EDF contribution	501	451	458	428	387	2,225	
Total financing	**892**	**1,110**	**1,241**	**1,255**	**1,244**	**5,742**	

Example: Kenya

The current PACE Global Plan (GP) presented by the Government of Kenya (GoK) is estimated to cost ECU5.4 million over the four-year life span of PACE. About three quarters of this will be financed from EC funds and the remaining one quarter from GoK (see Annex 1). EC financing will cover the cost of equipment (4.0%) which will be procured during the first three years. The remaining EC funds (70.5%) will, together with the GoK contribution, cover the total running cost which is estimated at ECU5.1 million (96.0%).

Some of the proposed activities (e.g. rinderpest eradication, privatization) will phase out by the time the programme ends, leaving only the epidemio-surveillance network to monitor and support effective control of major epizootic diseases. This is what the government must strive to sustain. The proposed joint financing of the epidemio-surveillance network is estimated to cost ECU3.2 million, 57.3% of which will be financed from EC funds and the rest from GoK contributions. 43% of the total recurrent cost of ECU3.0 million will be covered by contributions from GoK (i.e. about ECU342,000 per year). This level of GoK financing will be insufficient to fund an effective epidemio-surveillance network once the EC funds are no longer available. Thus, the government of Kenya must gradually increase its contribution beginning from the second year in order to meet the annual recurrent cost of the epidemio-surveillance network.

Tables 5 to 8 present a number of scenarios requiring a gradual increase in GoK financial contributions to the PACE epidemio-surveillance network. Currently, GoK has committed a total of ECU1.4 million to the epidemio-surveillance network with a first-year provision of ECU129,000 and a provision of ECU562,000 in year 4. The required first-year recurrent cost is ECU838,000, 80% of which is EC funding. This first-year recurrent cost forms the basis for the recurrent expenditure required to start and run an epidemio-surveillance network in Kenya.

Scenario 1.

Under this scenario, GoK increases the currently proposed recurrent expenditure by 20% per year (consistent with the current annual growth rate of the agriculture budget --see Background paper). If this scenario is adopted, GoK will be required to gradually increase the presently proposed contribution by a total of ECU179,000 for the four years, bringing the total required contribution to ECU1,547,000. The required GoK fourth-year contribution of ECU653,000 will be able to sustain only 78% of the combined GoK and EDF first-year expenditure of ECU843,000 (Table 1).

Table 1. Government of Kenya financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 1: Proposed GoK expenditure increases by 20% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	129	283	394	562	1,368	
Required government contribution	129	308	455	653	1,547	
Additional government contribution	0	26	62	91	179	78.0
EDF contribution	541	451	365	268	1,625	
Total financing	**843**	**760**	**825**	**921**	**3,350**	

Scenario 2.

Under this scenario, GoK increases the currently proposed recurrent expenditure by 30% per year. If this scenario is adopted, GoK will be required to gradually increase the presently proposed contribution by a total of ECU282,000 for the four years, bringing the total required contribution to ECU1,650,000. The required GoK fourth-year contribution of ECU710,000 will be able to sustain 84% of the combined GoK and EDF first-year expenditure of ECU843,000 (Table 2).

Table 2. Government of Kenya financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 2: Proposed GoK expenditure increases by 30% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	129	283	394	562	1,368	
Required government contribution	129	321	490	710	1,650	
Additional government contribution	0	39	96	147	282	84.0
EDF contribution	541	451	365	268	1,625	
Total financing	**843**	**773**	**860**	**799**	**3,454**	

Scenario 3.

Under this scenario, GoK increases the currently proposed recurrent expenditure by 40% per year. If this scenario is adopted, GoK will be required to gradually increase the presently proposed contribution by a total of ECU396,000 for the four years, bringing the total required contribution to ECU1,764,000. The required GoK fourth-year contribution of ECU774,000 will be able to sustain 92% of the combined GoK and EDF first-year expenditure of ECU843,000 (Table 3).

Table 3. Government of Kenya financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 3: Proposed GoK expenditure increases by 40% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	129	283	394	562	1,368	
Required government contribution	129	334	527	774	1,764	
Additional government contribution	0	51	134	211	396	92.0
EDF contribution	541	451	365	268	1,625	
Total financing	**843**	**786**	**897**	**1,041**	**3,568**	

Scenario 4.

Under this scenario, GoK increases the currently proposed recurrent expenditure by 50% per year. If this scenario is adopted, GoK will be required to gradually increase the presently proposed contribution by a total of ECU522,000 for the four years, bringing the total required contribution to ECU1,890,000. The required GoK fourth-year contribution of ECU846,000 will be able to sustain 100% of the combined GoK and EDF first-year expenditure of ECU843,000 (Table 4).

Table 4. Government of Kenya financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 4: Proposed GoE expenditure increases by 50% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	129	283	394	562	1,368	
Required government contribution	129	347	567	846	1,890	
Additional government contribution	0	64	173	284	522	100.0
EDF contribution	541	451	365	268	1,625	
Total financing	**843**	**799**	**937**	**1,114**	**3,693**	

Example: Tanzania

The current PACE Global Plan (GP) presented by the Government of Tanzania (GoT) is estimated to cost ECU8.6 million over the four-year life span of PACE. About 38% of this will be financed from EC funds and the remaining 62% from GoT (see Annex 1). EC financing will cover the cost of equipment (9.1%) which will be procured during the first three years. The remaining EC funds (29.3%) will, together with the GoT contribution, cover the total running cost which is estimated at ECU7.8 million (90.9%).

Some of the proposed activities (e.g. rinderpest eradication, privatization) will phase out by the time the programme ends, leaving only the epidemio-surveillance network to monitor and support effective control of major epizootic diseases. This is what the government must strive to sustain. The proposed joint financing of the epidemio-surveillance network is estimated to cost ECU5.8 million, 34.3% of which will be financed from EC funds and the rest from GoT contributions. 66% of the total recurrent cost of ECU3.8 million will be covered by contributions from GoT (i.e. about ECU950,000 per year). This level of GoT financing will be insufficient to fund an effective epidemio-surveillance network once the EC funds are no longer available. Thus, the government of Tanzania must gradually increase its contribution beginning from the second year in order to meet the annual recurrent cost of the epidemio-surveillance network.

Tables 5 to 8 present a number of scenarios requiring a gradual increase in GoT financial contributions to the PACE epidemio-surveillance network. Currently, GoT has committed a total of ECU3.8 million to the epidemio-surveillance network with a first-year provision of ECU909,000 and a provision of ECU1.01 million in year 4. The required first-year recurrent cost is ECU1.42 million, 36% of which is EC funding. This first-year recurrent cost forms the basis for the recurrent expenditure required to start and run an epidemio-surveillance network in Tanzania.

Scenario 1.

Under this scenario, GoT increases the currently proposed recurrent expenditure by 15% per year (consistent with the current annual growth rate of the agriculture budget –see Background paper). If this scenario is adopted, GoT will be required to gradually increase the presently proposed contribution by a total of ECU467,000 for the four years, bringing the total required contribution to ECU4,300,000. The required GoT fourth-year contribution of ECU1,184,000 will be able to sustain only 83% of the combined GoT and EDF first-year expenditure of ECU1,422,000 (Table 1).

Table 1. Government of Tanzania financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 1: Proposed GoT expenditure increases by 15% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	909	909	1,005	1,010	3,833	
Required government contribution	909	1,045	1,162	1,184	4,300	
Additional government contribution	0	136	157	174	467	83.3
EDF contribution	513	415	428	403	1,759	
Total financing	1,422	1,460	1,590	1,587	6,059	

Scenario 2.

Under this scenario, GoT increases the currently proposed recurrent expenditure by 20% per year. If this scenario is adopted, GoT will be required to gradually increase the presently proposed contribution by a total of ECU645,000 for the four years, bringing the total required contribution to ECU4,478,000. The required GoT fourth-year contribution of ECU1,255,000 will be able to sustain 88% of the combined GoT and EDF first-year expenditure of ECU1, 422,000 (Table 2).

Table 2. Government of Tanzania financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 2: Proposed GoT expenditure increases by 20% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	909	909	1,005	1,010	3,833	
Required government contribution	909	1,091	1,223	1,255	4,478	
Additional government contribution	0	182	218	245	645	**88.2**
EDF contribution	513	415	428	403	1,759	
Total financing	1,422	1,460	1,590	1,587	6,059	

Scenario 3.

Under this scenario, GoT increases the currently proposed recurrent expenditure by 25% per year. If this scenario is adopted, GoT will be required to gradually increase the presently proposed contribution by a total of ECU834,000 for the four years, bringing the total required contribution to ECU4,667,000. The required GoT fourth-year contribution of ECU1,332,000 will be able to sustain 94% of the combined GoT and EDF first-year expenditure of ECU1,422,000 (Table 3).

Table 3. Government of Tanzania financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 3: Proposed GoT expenditure increases by 25% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	909	909	1,005	1,010	3,833	
Required government contribution	909	1,136	1,289	1,332	4,667	
Additional government contribution	0	227	284	322	834	93.7
EDF contribution	513	415	428	403	1,759	
Total financing	1,422	1,460	1,590	1,587	6,059	

Scenario 4.

Under this scenario, GoT increases the currently proposed recurrent expenditure by 30% per year. If this scenario is adopted, GoT will be required to gradually increase the presently proposed contribution by a total of ECU1,035,000 for the four years, bringing the total required contribution to ECU4,868,000. The required GoT fourth-year contribution of ECU1,418,000 will be able to sustain 100% of the combined GoT and EDF first-year expenditure of ECU1,422,000 (Table 4).

Table 4. Government of Tanzania financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 4: Proposed GoT expenditure increases by 30% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of first year cost
Proposed government contribution	909	909	1,005	1,010	3,833	
Required government contribution	909	1,182	1,360	1,418	4,868	
Additional government contribution	0	273	355	408	1,035	99.7
EDF contribution	513	415	428	403	1,759	
Total financing	1,422	1,460	1,590	1,587	6,059	

Example: Mali

The current PACE Global Plan (GP) presented by the Government of Mali (GoM) is estimated to cost ECU3.3 million over the five-year period. About 90% of this will be financed from EC funds and the remaining 10% from GoM (see Annex 1). EC financing will cover the cost of equipment (15.2%) which will be procured during the first three years. The remaining EC funds (75.6%) will, together with the GoM contribution, cover the total running cost which is estimated at ECU2.8 million (84.8%).

Some of the proposed activities (e.g. privatization, support to livestock owners) will phase out by the time the programme ends, leaving only the epidemio-surveillance network to monitor and support effective control of major epizootic diseases. This is what the government must strive to sustain. The proposed joint financing of the epidemio-surveillance network is estimated to cost ECU2.3 million, 86.8% of which will be financed from EC funds and the rest from GoM contributions. 11% of the total recurrent cost of ECU2.8 million will be covered by contributions from GoM (i.e. about ECU303,000 per year). This level of GoM financing will be insufficient to fund an effective epidemio-surveillance network once the EC funds are no longer available. Thus, the government of Mali must gradually increase its contribution beginning from the fourth year in order to meet the annual recurrent cost of the epidemio-surveillance network.

Tables 1–4 below present a number of scenarios requiring a gradual increase in GoM financial contributions to the PACE epidemio-surveillance network. Currently, GoM has committed a total of ECU303,000 to the epidemio-surveillance network. The required first-year recurrent cost is ECU380,768, all of which is EC funding. This first-year recurrent cost forms the basis for the recurrent expenditure required to start and run an epidemio-surveillance network in Mali.

Scenario 1.

Under this scenario, GoM increases the currently proposed recurrent expenditure by 32% per year (consistent with the current annual growth rate of the animal health budget –see Background paper). If this scenario is adopted, GoM will be required to gradually increase the presently proposed contribution by a total of ECU48,508 for the five years, bringing the total required contribution to ECU351,686. The required GoM fifth-year contribution of ECU200,097 will be able to sustain only 53% of the combined GoM and EDF first-year expenditure of ECU380,768 (Table 1).

Table 1. Government of Mali financial contributions required to sustain epidemio-surveillance network (ECU). Scenario 1: Proposed GoM expenditure increases by 32% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	0	0	0	151,589	151,589	303,178	
Required government contribution	0	0	0	151,589	200,097	351,686	52.6
Additional government contribution	0	0	0	0	48,508	48,508	
EDF contribution	380,768	583,684	566,744	234,379	234,379	1,999,954	
Total financing	**380,768**	**583,684**	**566,744**	**385,968**	**434,476**	**2,351,640**	

Scenario 2.

Under this scenario, GoM increases the currently proposed recurrent expenditure by 50% per year. If this scenario is adopted, GoM will be required to increase the presently proposed contribution by a total of ECU75,795, bringing the total required contribution to ECU378,973. The required GoM fifth-year contribution of ECU227,384 will be able to sustain 70% of the combined GoM and EDF first-year expenditure of ECU380,786 (Table 2).

Table 2. Government of Mali financial contributions required to sustain epidemio-surveillance network (ECU). Scenario 2: Proposed GoM expenditure increases by 50% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	0	0	0	151,589	151,589	303,178	
Required government contribution	0	0	0	151,589	227,384	378,973	59.72%
Additional government contribution	0	0	0	0	75,795	75,795	
EDF contribution	380,768	583,684	566,744	234,379	234,379	1,999,954	
Total financing	**380,768**	**583,684**	**566,744**	**385,968**	**461,763**	**2,378,927**	

Scenario 3.

Under this scenario, GoM increases the currently proposed recurrent expenditure by 75% per year. If this scenario is adopted, GoM will be required to increase the presently proposed contribution by a total of ECU113,692, bringing the total required contribution to ECU416,870. The required GoM fifth-year contribution of ECU265,281 will be able to sustain 70% of the combined GoM and EDF first-year expenditure of ECU380,768 (Table 3).

Table 3. Government of Mali financial contributions required to sustain epidemio-surveillance network (ECU). Scenario 3: Proposed GoM expenditure increases by 75% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	0	0	0	151,589	151,589	303,178	
Required government contribution	0	0	0	**151,589**	**265,281**	416,870	**69.67%**
Additional government contribution	0	0	0	0	113,692	113,692	
EDF contribution	**380,768**	**583,684**	**566,744**	**385,968**	**499,660**	**2,416,824**	

Scenario 4.

Under this scenario, GoM increases the currently proposed recurrent expenditure by 100% per year. If this scenario is adopted, GoM will be required to increase the presently proposed contribution by a total of ECU151,589, bringing the total required contribution to ECU454,767. The required GoM fifth-year contribution of ECU303,178 will be able to sustain 80% of the combined GoM and EDF first-year expenditure of ECU380,768 (Table 4).

Table 4. Government of Kenya financial contributions required to sustain epidemio-surveillance network (1,000 ECU). Scenario 4: Proposed GoE expenditure increases by 100% per year.

Running cost	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of first year cost
Proposed government contribution	0	0	0	151,589	151,589	303,178	
Required government contribution	0	0	0	**151,589**	**303,178**	454,767	**79.62%**
Additional government contribution	0	0	0	0	151,589	151,589	
EDF contribution	**380,768**	**583,684**	**566,744**	**385,968**	537,557	**2,454,721**	

ANNEX 1

Table 1. EDF and national government financial contributions to PACE Ethiopia (1,000 ECU)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of total
Total EDF contribution	1,521	715	882	785	596	4,498	66.0
Equipment	704	0	0	0	0	704	10.3
EDF running cost	817	718	882	785	596	3,795	55.6
GoE contribution	391	483	486	475	485	2,321	34.0
Total running cost	1,208	1,198	1,368	1,260	1,081	6,115	89.7
Grand total	**1,912**	**1,198**	**1,368**	**1,260**	**1,081**	**6,819**	**100.0**

Table 2. EDF and national government financial contributions to finance epidemio-surveillance network in Ethiopia (1,000 ECU).

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL	% of total
Total EDF contribution	614	451	458	428	387	2,338	50.2
Equipment	114	0	0	0	0	114	2.4
EDF Running cost	501	451	458	428	387	2,225	47.7
GoE contribution	392	483	486	475	485	2,321	49.8
Total running cost	892	934	944	903	872	4,545	97.6
Grand total	**1,006**	**934**	**944**	**903**	**872**	**4,659**	**100.0**

Table 3. EDF and national government financial contributions to PACE Kenya (1,000 ECU)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of total
Total EDF contribution	1,840	1,024	689	433	3,985	74.44%
Equipment	168	38	4	0	210	3.93%
EDF running cost	1,671	986	684	433	3,775	70.52%
GoK contribution	129	283	394	563	1,368	25.56%
Total running cost	1,801	1,269	1,078	996	5,143	96.07%
Grand total	**1,969**	**1,307**	**1,082**	**996**	**5,354**	**100.00%**

Table 4. EDF and national government financial contributions to finance epidemio-surveillance network in Kenya (1,000 ECU).

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of total
Total EDF contribution	709	489	369	268	1,835	57.3
Equipment	168	38	4	0	210	6.5
EDF running cost	541	451	365	268	1,625	50.7
GoK contribution	129	283	394	562	1,368	42.7
Total running cost	670	734	759	830	2,993	93.4
Grand total	**838**	**772**	**763**	**830**	**3,203**	**100.0**

Table 5. EDF and national government financial contributions to PACE Tanzania (1,000 ECU)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of total
Total EDF contribution	1,218	858	632	598	3,306	38.4%
Equipment	448	245	52	43	787	9.1%
EDF running cost	770	612	581	556	2,519	29.3%
GoT contribution	1,230	1,257	1,399	1,418	5,304	61.6%
Total running cost	2,001	1,869	1,980	1,974	7,823	90.9%
Grand total	2,448	2,114	2,031	2,016	8,610	**100.0%**

Table 6. EDF and national government financial contributions to finance epidemio-surveillance network in Tanzania (1,000 ECU).

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	% of total
Total EDF contribution	753	415	428	403	1,998	34.3%
Equipment	240	0	0	0	240	4.1%
EDF running cost	513	415	428	403	1,759	30.2%
GoT contribution	909	909	1,005	1,010	3,833	65.7%
Total running cost	1,422	1,324	1,433	1,413	5,592	95.9%
Grand total	1,662	1,324	1,433	1,413	5,831	**100.0%**

OIE
REPRESENTATION
FOR AFRICA

THE INTERNATIONAL OFFICE OF EPIZOOTIC DISEASES: MISSIONS AND ACTIVITIES

I. Background

On October 17, 2000, the International Office of Epizootic Diseases (OIE) concluded with the Government of Mali an Agreement about the establishment of a Regional OIE Representation for Africa in Bamako (Mali)

Epizootic diseases still remain one of the essential limiting factors of the development of livestock in Africa, as they bring about heavy direct and indirect losses of national herds, some of which have severe implications in the area of public health.

The International Community and notably the main development partners, have always lent their support for controlling major epizootic diseases which threaten the rest of the world, such risk being heightened by the globalization of exchange.

However, in order to reach full efficiency and avoid any overlap in efforts made by this community, the actions undertaken in Africa should be planned, organized and coordinated by a regional body duly mandated by the African countries themselves.

Such is specifically the case for the OIE Regional Representation for Africa. As a matter of fact, it is by unanimous decision of the 43 Members of the OIE Regional Commission for Africa, meeting on January 26 –29, 1999, in Dakar, that the OIE General Director received a mandate to establish this representation in Bamako, in agreement and with the support of the Government of Mali, the Authorities of the European Union involved and the Organization of African Unity / Inter-African Bureau of Animal Resources. Countries which are under the Regional Representation together are OIE African member states.

Of course the principle of the OIE is that it is and must remain an International Cooperative Organization for all its member States. **The International Committee of the Organization in instituting Regional Representations, has tried to attain full efficiency for OIE actions in the field as is confirmed by the 3rd Strategic Plan (2001-2005). It involves leaving a larger room for the needs and specific characteristics of regions without departing from the rules and norms adopted by the entire group of member states under the three main functions of the OIE:**

evolution of epizootic diseases and the means used to control them.

2. A function related to the health norms applicable to the international trade of animals and animal products.

3. A scientific cooperation and research function based on the necessity to « initiate and coordinate all research activities or experiences interesting the pathology or prophylaxis of infectious cattle diseases for which international collaboration is needed. "

4. The OIE, WTO REFERENCE SCIENTIFIC INSTITUTION

The normative function of the OIE had taken on primary level significance, since its recognition by the World Trade Organization (WTO), as an international scientific institution of reference for the development of zoo-sanitary regulations applicable to international exchange of live cattle and their products..

As a matter of fact, the Agreement on the enforcement of sanitary and phyto-sanitary measures (SPS Agreement) , the aim of which is to reduce to the minimum the negative effects of sanitary barriers to international trade, notably stipulates notably that in order to harmonize to the largest extent possible the zoo-sanitary measures countries have taken in order to ensure protection of the health and lives of individuals and animals must establish their measures on the basis of directive norms and international recommendations.

The SPS Agreement stipulates that the expression " **norms, guidelines, and international recommendations for animal health and zoonosis" targets the directive norms and recommendations developed under the auspices of the OIE** .

The SPS Agreement therefore invites countries to pay continued attention to available zoo-sanitary information and norms, when they establish rules applicable to their imports and exports of animals and animal products.

THE INTERNATIONAL ZOOSANITARY CODE

Among the normative OIE documents held by countries, the International Zoo-sanitary Code (for mammals, birds, and bees) is a basic document for the international trade of animals and animal products.

The objective of the International Zoo-sanitary Code (the « Code) is to ensure the sanitary security of international exchange of animals and animal products, thanks to the detailed definition of the conditions which need to be required in the course of such exchange, in order to avoid the transfer Of pathogen agents for men and animals.

The Code is therefore designed as a reference document for use by Heads of Veterinary Services of member states in order to help them establish the sanitary regulation which should be enforced in their countries on imports and exports of animals and animal products.

The Code addresses all issues relative to transmissible animal diseases which have some significance in international exchanges, including the zoonoses, i.e., diseases which are likely to be transmitted to man by animals.

consequently be capable of knowing and implementing OIE norms.

In fact, the main challenge to the OIE for the future will consist in **setting up a streamlined system of commercial exchange under the WTO** (applicable norms , risk analysis methods, assistance in establishing conflict resolution procedures) **acceptable in developed as well as in developing countries.**

II.THE PROBLEMS TO BE RESOLVED

2.1. Improved Veterinary Service Information in Africa and Management of Risks Related to Commercial Exchange.

There is a very high number of control methods against epizootic diseases, but those are aimed at limiting the impact of the main cattle diseases on the national territory or in a region, to protecting a country or region from the introduction of a new disease or preventing the emergence or re-emergence of a disease; **knowledge of the epidemiological situation remains their cornerstone.** As a matter of fact, no efficient control or prophylaxis is possible if descriptive data (distribution, prevalence, incidence...) or diffusion (contagiousness factors) or durability conditions (carriage and domestic or wild reservoirs) are unknown. On the other hand, no control plan of any considerable scope can be justified and set up if the costs of diseases and the cost/benefit efforts of such plan, based on epidemiological studies, are not known.

Epidemiological surveillance is the key to early detection of diseases and makes early warning possible in the course of a change of status in the health of the animal health population. Thus, epidemiological surveillance must be the basis for developing strategies for progressive control of cross-border animal diseases (epizootic diseases) and should be part and parcel of the national emergency preparedness situations created by such diseases.

In this framework, African herds, which are production tools for national needs and sources of hard currency at export, must be protected against epizootic diseases. Numerous actions are conducted to control diseases, notably for improving the knowledge of national epidemiological situations and it is one of the priorities of the State and of these Veterinary Services to see to it that such surveillance is optimized.

The international community has, for its part, organized itself in order to permit development of commercial exchanges of animals and animal products while protecting at the same time importing countries against introduction of epizootic diseases.

It therefore stands to reason that, in the face of the dilemma created by, on the one hand, the desire to increase and liberalize trade, and on the other hand, the threat of infectious diseases, people have tried to ensure efficient prevention and progressive control of animal diseases, particularly those of a cross-border nature, such as rinderpest, contagious bovine pleuropneumonia (CBPP), foot-and-mouth disease, and to promote, at the same time, **a regional collaboration in order to control animal diseases and manage the risks related to international exchange**.

The OIE considers that zoo-sanitary information, based on epidemiological surveillance, is a system of collection and analysis of reliable data, has become essential in the analysis and management of the risk related to this international exchange. Thus it has been established that any risk analysis related to import should include the following actions:

- Risk assessment, possibly followed by risk management and the publication of results ;
- Epidemiosurveillance and the continuing epidemiological monitoring of animal diseases;
- country zooning and regionalisation ;
- Assessment of Veterinary Services (which must guarantee the reliability of published data);
- According to a survey conducted by the OIE in member states, risk assessment appears as a discipline which has not yet been integrated into animal health programs in Africa.;
- **Over 50% of African states have deemed their national capacity inexistent or very weak, and reported using risk assessment only very rarely.**

The OIE has been working with African states and their regional organizations, particularly the OAU-IBAR, with a certain number of International Organizations such as the European Commission, which lends crucial support to the PACE (Pan African Control of Epizootics) program of the OAU/IBAR, and countries such as France, for more efficient national and regional epidemiological surveillance systems.

2.2. The Quality of Veterinary Services and the Certification of International Exchanges

The assessment of Veterinary Services constitutes an important component of any procedure of risk analysis to which countries can legitimately resort to for any decision concerning animal health or public health controls to apply to international exchange of animals, animal products, animal genetic material and animal feed.

Stopping vaccination against rinderpest in most PACE program participant countries and their desire to follow the OIE pathway of freedom from rinderpest require that countries have efficient veterinary services capable of controlling their animal health situations. However, **the quality of veterinary services depends, according to OIE norms, on the meeting of assessment criteria adopted by this latter organization.**

Such criteria, designated **guidelines for assessment** of Veterinary Services involve the following items :

- Organization and structure of Veterinary Services ;
- Human Means ;
- Material (including financial) means.

- Control actions in animal health and veterinary public health ;
- Official quality control systems;
- Evaluation programs of performances and audit ;
- Participation in OIE activities.

The OIE has always given special attention to the qualification of human resources (the numerous seminars and workshops sponsored to that effect).
The objective of supporting the quality improvement of human resources is the support to lend to certification of quality assurance in the course of international exchanges.

As a matter of fact, **only evidence of the existence of sanitary authorities capable of guaranteeing the certification of products makes it possible to build trust between countries wishing to participate in regional or international trade involving animals and animal products.**

At the time of globalization and without shunning the difficulties related to the consequences of structural adjustment programs, it seems necessary to make efforts aimed at maintaining commercial achievements on African regional markets and then on markets outside Africa.

2.3. Improving the Legislative Framework of Veterinary Drugs.

Activities relative to the distribution and use of veterinary drugs as well as the exercise of veterinary medicine are beginning to implemented under specific regulations in Africa.

One of the most serious problems however, is about the control capacity of States, **particularly for trade and the use of hazardous products** such as some veterinary products. Studies conducted under the PARC had estimated that, depending on countries, 50 to 70% of veterinary products used did not pass through authorized channels.

In any case, the danger related to the nature of products and to their quality persists and the **regulatory aspects, notably involving control of products put in the market should be a priority for Veterinary Services.**

The growing use of veterinary drugs requires more than ever that the harmlessness and efficiency of these products be guaranteed when they are used on animals. In addition, the rate of residues of drugs in commodities from treated animals should never exceed certain limits, beyond which they could become harmful for the consumer.

The absence of appropriate legislation in the field of veterinary pharmacy and the absence of quality control laboratories in charge of technical evaluation of authorization files to market veterinary drugs (AMM) in most sub-Saharan African countries, constitute a major constraint when it comes to having an efficient regulation.

The lack of resources devoted to technical evaluation of files in African countries is the necessity of a regional cooperation in the face of the proliferation of veterinary drugs without marketing authorization, have led countries to strongly recommend the medium term establishment or

regulations in a regional framework.

III. IMPLEMENTATION ACTIVITIES

Actions to be enforced are aimed at capacity building of Veterinary Services in the fields of information on animal diseases. sanitary security of international exchanges, the development of such exchanges and the protection of animal health and public health in Africa.

These objectives have been identified in the course of seminars and workshops sponsored to that effect by the OIE for African Veterinary Services.

3.1. Improvement of Information Systems

The main and common objective for the OIE and Africa's development partners is to pursue support to Veterinary Services of African countries so that national epidemiological surveillance systems be more efficient and more capable of controlling epizootic diseases and they **deliver the most complete and reliable sanitary information possible**. As a matter of fact, it is recognized that this **information has become a priority requirement for the development of international exchanges for animals and animal products.**

In the framework of the surveillance and control of epizootic diseases in Africa, the main activity will aim at contributing to the **establishment of a sound zoo-sanitary information exchange system between countries and interested inter-governmental organizations in the Africa region.**

In practice, various types of coordinated actions may be envisaged in order to improve health information systems : technical consultations of experts of these systems in each of the countries interested, diffusion of relevant technical documentation (on paper or via the « Internet ») and **organization of regional seminars or workshops** aimed at collective training of national officers.

It is this latter type of action which is generally preferred by international organizations in charge of world animal health. In fact, it has the advantage of presenting the most favorable cost/benefit ratio and to promote a harmonized methodology at the regional level, which would be quite consistent with the world zoo-sanitary information system. Such consistency is, in fact, an indispensable condition to observing the terms of the SPA Agreement of WTO.

As far as Africa is concerned, the organization of seminars will therefore be the first objective to be reached by the Regional Representation.

The seminar which we want to organize this year in Addis Ababa with the general theme of capacity building of Veterinary Services for a better sanitary security of commercial exchanges of animals and animal products, will address the reinforcement of information systems and surveillance of priority diseases for better control of epizootic diseases.

The International Office of Epizootic Diseases had organized in the past, with the assistance of the French Cooperation workshops on the identification of missions of the Veterinary Services, the organization of veterinary administration and its legislative framework.

These themes remain current and should be addressed in the context of capacity building of Veterinary Services for better health security for animal products in the course of international exchanges.

In the course of seminars to be sponsored, participants should wonder about the type of Veterinary Service (missions, organization, means) to be set up or to reinforce for greater confidence on the part of commercial partners in the quality of veterinary certifications.

Still, for greater confidence in accreditation, seminars will focus on the SPS Agreement, the International zoo-sanitary Code of the OIE and the norms applicable to international animal product exchanges.

3.3. Improved Legislative Framework of the Control of Veterinary Products

The French Cooperation has funded the establishment of a quality control laboratory of veterinary products at the Inter-State School of Sciences and Veterinary Medicine (EISMV) in Dakar, Senegal.

The OIE was associated to these activities of veterinary capacity building and has sponsored a technical consultation on the harmonization of veterinary legislations in the WAEMU space[1] (West Africa – CFA currency area countries).

The Quality Control Laboratory of the Veterinary School at Dakar will become a pole of excellence in West and Central Africa. Under the protection of public health, it involves, based on sub-regional groupings organized around quality control laboratories of veterinary products, to ensure the harmlessness and efficiency of marketed products. Such quality control will be based on national legislations which should be harmonized in the sub-regional spaces.

This proposal will be reflected upon in the course of the Addis Ababa seminar.

IV. PREPARATION OF THE ADDIS ABABA SEMINAR

For the year 2001, a seminar is planned to be held in Addis Ababa (Ethiopia) in November [2].
Titled Seminar on the quality of veterinary services and the security of international exchange.

This seminar addresses participants coming from everywhere in Africa.

The support requested from the French Cooperation will make possible the effective start of activities of the Regional OIE Office for Africa.
Under the general theme of capacity building of Veterinary Services for better health security of commercial exchange of animals and animal products, the seminar intends to draw the attention of

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[1] WAEMU : West African Economic and Monetary Union
[2] The dates of November 12 through 15 are considered.

The seminar, which is planned for a period of four days, will address the following issues :

At the level of Capacity Building of Veterinary Services :

- The OIE information systems
- The new OIE classification
- Epidemiological surveillance systems, with the following examples :

    - Rinderpest
    - Rift Valley Fever
    - CBPP

At the level of the Health Security of Commercial Exchanges :

- The SPS Agreement
- The International Zoo-sanitary Code and the norms applicable to international exchange.
- . Veterinary drugs : quality control, harmonized legislative framework.

The budget covers the funding of one participant per country.

Country delegates who have a PACE program funding will be taken care of under this project.

The additional budget requested from the French Cooperation will cover expenses for other country delegates, and notably from SADEC and Northern Africa [3] :

- Sponsorship fees : room rental, interpretation
- Expenses for invited speakers and the participants as per above.
- Fees for secretariat and document preparation.

For the year 2002 and the following years, sponsorship of seminars of this type is planned.

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[3] SADEC : Southern African Development Community