ANNEX B

Regional TA posted in MALI

Dr Nicolas DENORMANDIE

FINAL REPORT

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PAN-AFRICAN PROGRAMME FOR THE CONTROL OF EPIZOOTICS (PACE)

JANUARY 2007

1. EXECUTIVE SUMMARY

The Regional Technical Assistant, Dr. Nicolas Denormandie, was based at the Regional Coordination Unit of PACE in Bamako (Mali). He was covering initially seven French-speaking countries within Western and Central Africa, including 6 coastal countries (Guinea, Cote d'Ivoire, Togo, Benin, Gabon, and Congo) and 1 non-coastal country: Central African Republic. Following a discussion between RTAs and the regional coordinator during the CBPP meeting in Conakry (February 2004), a reshuffle of countries covered was set up. A switch between Congo Brazzaville and Ghana was agreed upon. Then, from November 2004, an 8th country was added to the RTA's coverage, namely Chad, following the reallocation of Dr Andrea Massarelli, former national TA, who became the Eastern Africa Regional TA. Finally, following the departure in October 2005 of Dr. Hans Krebs from the PACE project, who was in charge of 5 countries, the 2 RTAs of Bamako were requested to share the remaining countries which they inherited for their new contracts (with a new coverage of 10 countries each). Therefore the RTA was attributed 2 additional countries : Cameroon and Equatorial Guinea making a total of 10 countries.

After one year and half, that is from May 2003 to October 2004, the Regional Technical Assistant's contract was in fact renewed twice for one year each : first from November 2004 to November 2005 and then from November 1st, 2005 up to the termination of contract on October 31st, 2006.
The extension of work of the RTAs through a short term expertise for another 1, 5 months (until December 23rd, 2006) has been approved by the EC delegation on October 27th, 2006. It is undergoing through two 45 man – days short term contracts, following the termination of the long term appointment as scheduled on October 31st. Although the beginning of the short term contract had not yet been finalized with GTZ or SATEC Développement, the RTA was able to enter negotiations with SATEC Développement within days and complete these negotiations. Finally a meeting in France with SATEC, Guyancourt was held on November 3rd, and the RTA was able to travel the following day to join the simulation exercise of Highly Pathogenic Avian Influenza carried out in Senegal. Surprisingly on 22nd of November, no action whatsoever was taken on behalf of GTZ-IS management for the terms of reference of both RTAs.

During the last twelve months (January to June 2006), the RTA has visited at least one time the ten countries of his coverage, reaching from the very beginning of his first contract an average of 5 (or even 7 for Benin) visits per country (except: Congo Brazzaville with 2 visits before the country was reallocated to the Central RTA, and newly allocated countries : Chad, Equatorial Guinea and Cameroon were visited respectively twice and three times each). RCI was revisited due to the Avian Influenza outbreak (4th visit) after one year and half period without mission due to insecurity. In general the occurrence of Avian Influenza in Nigeria in February 2006 followed by (Egypt), Niger in the same month, Cameroon in March, Burkina Faso and Cote d'Ivoire in April in the sub region implied a change of priorities in the initial agenda of support missions from the RTA. In fact RCA and Guinea were finally visited later compared to the initial planning, in order to focus the support on countries affected by AI or neighbouring ones considered at high risk (such as Benin, Togo and Ghana).

Despite continuous support from the regional coordination, the serious and numerous delays for WP consolidation which were noticed in the previous reports added to the cumbersome EDF procedures led to the following situation on 31st October 2006 on the 10 countries covered (cf. chart p 41) :

On October 31st, 2006, one can observe quite a disparity with regards to WP status. It has to be noted that the figure of the WP doesn't match with the number of year of activities carried out since some WP are shorter and some longer than a year. Some EC Delegation even approved purposely short time Work Plan in order to assess the proper management of funds (ex : Gabon, Equatorial Guinea).

- 2 countries are closing their **6th WP** or **2nd** year extension WP : **Benin, CAR**
- 2 countries are closing their **5th WP** or **2nd** year extension WP : **Togo, Gabon (rider),**
- 3 countries are closing their **5th WP** or **1st** year extension WP : **Chad, Ghana, Guinea Conakry (all riders),**
- 1 country is closing its **3rd WP** or **1st** year extension WP since it was not allowed to engage its **4th WP** or **2nd** year extension WP by the local delegation due to administrative issues (despite an agreement given by the PCU : **Cote d'Ivoire**
- 2 countries are closing their **3rd WP** or **2nd** year extension WP : **Cameroon (rider for additional funds), Equatorial Guinea (5 month period)**

The main idea, which comes out following those support / follow up missions given during the whole period, is that there is still a significant discrepancy between the countries covered as far as the accomplishment of the 4 PACE thrusts is concerned.

Since the last reports some changes have occurred which attenuate the difference between western and central countries. In general the 5 western countries covered (average score : 2.8/4) are still more advanced in terms of activities achieved with Benin 3.32/4, Guinea 3.03/4, and in a lower measure Ghana 2.89/4, Togo 2.81/4, and therefore regarding Rinderpest eradication. Only Cote d'Ivoire remains slightly behind in terms of achievement (despite its diagnosis capacities and its implication of the private veterinarians in the epidemiosurveillance network), partly due to the ongoing political events (2.43/4). Nevertheless, the country has maintained its status of country "free from RP disease" given in May 2004 during the 72nd General Session of the World Organisation for Animal Health (OIE). Benin, Togo and recently Guinea are now part of the 12 countries (4 initially with Benin, Eritrea, Senegal and Togo + 8 recently declared with Burkina Faso, Burundi, Congo, Guinea, Guinea Bissau, Mali, RDC and Rwanda) of the PACE, which have received by OIE during the last 74th General Session in May 2006, the status of country free from Rinderpest infection. This proves that substantial efforts have been made in those countries in terms of epidemiosurveillance. It is just unfortunate that Benin and Togo couldn't benefit during the PARC and even during the PACE period for various reasons from the guarantee fund, entitled to support the process of privatization of vet services, since private vets and their implication in epidemiosurveillance networks represent a long term benefit for its sustainability. Nevertheless this fund has finally been used for prevention of Avian Influenza in Togo and for the purchase of cold chain and motorbikes for private vets in Benin. It is worth to note that Guinea has worked seriously in order to achieve a serious dossier submitted end of 2005 and obtained the status of country free from Rinderpest Infection during the 74th OIE General Session in May 2006.

On the other side, the countries from the Central region (average score : 2.4/4), which didn't get support earlier from the PARC programme, and for which animal husbandry is not a priority could be considered as weak regarding their activities especially for Gabon 2.00/4 and Equatorial Guinea 1.69/4. However at the end of the programme, one can notice an improvement since the 3 other countries out of 5 are picking up scores closed to the western African average one (2.8/4) : Cameroon, despite a late start has improved significantly and reaches the score of 2.76/4 thanks to the motivation of the PACE team and to their ability to use and ameliorate the existing tools developed earlier in other countries and shared with them. It actually helped them concretely during the alert of HPAI and later for the information sharing, training and refreshing course of epidemiosurveillance agents, and fight against the epizootic. But their data management software ARIS is not fully exploited. Chad, although being a large country dedicated to livestock, suffered from previous management issues and a freeze of funds; and thus gets an average score (2.78/4). But it seems that its potentiality could be soon revealed. In fact the country has seriously prepared its OIE dossier and obtained the status of country free from Rinderpest disease on its whole territory since May 2006. Finally only CAR has reached a score (2.89/4) above the western African average of 2.8/4. Despite the fact that it has tremendously suffered from the looting that occurred in 2002 and 2003, CAR deserves its score mainly thanks to its regular and quality trainings, recycling courses and communication tools. Accessibility due to insecurity is the main limiting factor in this country but still, hundreds of animals arrive daily at the cattle market near the capital Bangui, from Chad and Sudan. Unfortunately this country lacks of crucial transport (some motorcycles looted in 2003) and lab equipment (all big material destroyed). And the local ECD representative (despite the support of the TA to the coordinator of the Support Cell to the NAO) remained unfortunately reluctant to understand that the motivated and professional PACE CAR team could have achieved much more with those equipments which remained awaited. Even the last Work plan (WP 6 or year 2 of extension) didn't enable to fill at least the gap in terms of restructuring investments.

In comparison with East Africa where the last foci of **RP** prevail, activities **in Western Africa** were more focusing on the **verification of absence of disease and infection**. For the western countries, the sero-surveillance for Rinderpest is now well underway. Since May 2006, 3 out of the 10 countries covered by the RTA have been recognized as free of Rinderpest infection (highest status reached by 12 PACE countries by now) according to the OIE pathway, which is already quite encouraging. Those countries are **Benin** and **Togo** since May 2005 and **Guinea** since May 2006. In those countries, 314 herds are currently under surveillance for Rinderpest at a frequency of one visit per quarter/year and 2 series of blood sampling are expected with an interval of 1 year. So far they have achieved it before the year of their RP dossier submission but they have conducted others serological campaigns for 2005 – 2006 and for 2006 – 2007 to reinforce their maintenance of status. **Ghana,** which had been recognized as free from disease in May 2003, had tried to submit it in November 2005 for a possible official recognition in May 2006 but was not approved. The previous serosurveillance reports of 2002 to 2004, where sero-positives were identified have been earmarked for a revisit to sample the cattle in the said locations and adjoining clusters. This Rinderpest sero-surveillance was jointly carried out by the epidemiological unit and the laboratory unit in June 2006. The results of the two earlier surveys from 2002 to 2004 and the current one will form the basis of application of Ghana to the World Organisation for Animal Health for the declaration of freedom for Rinderpest infection in May 2007. For **Cote d'Ivoire**, the country, recognized free from Rinderpest disease by OIE since May 2004 needed to preserve its status and needed two series of blood sampling for two years. A first sampling protocol was carried out in 2004 in the non-occupied zone (305 breedings). A second one was achieved for 2005 but didn't cover the whole country. Serums collections have been done since then despite the remaining poor accessibility, and unlike the 2006 session, the deadline for proper submission was respected for May 2007.

As far as **wildlife** is concerned, Guinea which is normally less concerned due to the low density and interaction between wildlife and cattle, managed to collect and analyse 21 serums of wild fauna in 2003, 9 in 2004 and 68 in 2005 (all negative). Ghana and Benin are more concerned, due to some of their parks hosting a middle density of wildlife (Mole National Park and Pendjari Park respectively). They are reviving their wildlife programme through trainings focusing on life animal captures but mostly on authorized hunted animals blood sampling techniques (easier to carry out, cheaper thus more sustainable - in Benin through the participation of private vets -). In July 2005, 2 workshops had been delivered by the wildlife expert of the common services from PCU together with a Short Term expert as requested by the countries : 1/ PACE epidemiology regional wildlife surveillance team training and consolidation Workshop, Mole national park, Ghana 11-19th July 2005 (including participants from 11 countries). 2/ PACE epidemiology national wildlife surveillance team training Workshop, Mole game reserve, Ghana 19-25th July 2005. Another workshop on consolidation of wildlife capacities through the constitution of a regional team was held in September 2006 in Kenya : it was the 4th Annual Wildlife Disease Association Section Meeting for Africa & Middle East section. This meeting allowed professional colleagues in the region to meet and network, as well as share scientific information on relevant activities on-going in the region especially on emerging/re-emerging diseases. It is to be noted that the 10 experts selected through various trainings from the beginning of PACE and being part of this regional wildlife team are coming from the following countries : Benin, Burkina Faso, DRC, Gabon, Ghana, Ethiopia, Kenya, RCI, Tanzania, Uganda.

For the **Central countries, Gabon** has finally declared its country provisionally free from Rinderpest in November 2005. It has finalised in July 2006 its dossier to obtain directly for its entire territory "an historical" status of freedom from RP disease (not from RP infection). It is based on the fact that no RP outbreak occurred in the country and that during at least the last 5 years (but not 10 years since the last vaccination occurred in 1998 that is since 7 years) it had stopped vaccinating against RP. Gabon submitted its dossier in September 2006 for the 75th General Session of May 2007. The same applies for **Equatorial Guinea** which can submit directly for the status free from infection on "historical basis" since it never had any RP outbreak and had never vaccinated. The RTA carried out in April 2006 a mission in Equatorial Guinea mostly dedicated to write this dossier, which is by now almost finalized. These statuses shall be granted provided both countries submitted on due course their dossier starting from September 2006. Both countries should as well achieve some clinical and if possible serosurveillance through reference laboratories (since Gabon laboratory is not yet in function, although new but with staff just recently trained, and since no laboratory exists in Equatorial Guinea) in order to confirm their "free" status through updated data. In parallel, **CAR** is aiming to get the recognition "free from RP disease" (since the last RP vaccination was carried out in its sanitary cordon in December 2003). **Cameroon** has the same objective. Since both of those countries (CAR and Cameroon) had submitted their OIE dossier for RP (for obtaining the status of country free from RP disease) with delay for the 2006 session, they had both to postpone it and they both resubmitted it for the 2007 session. **Chad** had prepared its dossier to enlarge is recognition since the country was declared free from RP disease on zonal basis (Western part), in May 2003 and obtained in May 2006 the status of country free from RP disease on its whole territory. Those countries from central Africa are also trying to revive their **wildlife** programme and expect additional external trainings focusing on life animal captures but probably also on authorized hunted animals' blood sampling techniques. One head of wildlife unit of those countries (from Gabon) attended the regional workshop held in July 2005 in Ghana, as well as the 4th Annual Wildlife Disease Association Section Meeting for Africa & Middle East section in September 2006 in Kenya.

<u>During the last 12 months, the RTA visited each of its 10 countries of coverage (8 + 2 new countries since November 2005) and attended 11 regional meetings or workshops:</u>

- Inception workshop of the FAO/TCP/RAF/3016 on Emergency assistance for early detection and prevention of Avian Influenza in the region of West Africa, January 23 – 26th, 2006, Bamako, Mali
- Training in risk analysis in epidemiology / CIRAD / EISMV / Senegal (Dakar), January 31st – Feb 9th, 2006
- OIE Regional Seminar on health policies, evaluation of veterinary services and the role of livestock breeders in the surveillance of animal diseases, February 13 – 15th, 2006, Chad, N'Djamena
- ECOWAS member countries (+ Mauritania) technical experts' meeting on the Coordination, prevention and response mechanisms against Avian Influenza in West Africa, March 16th – 17th, 2006, Bamako, Mali, immediately followed by the FAO/OIE/AU-IBAR/PACE workshop on the harmonisation of emergency preparedness plans against HPAI, March 18th – 19th , 2006, Bamako, Mali
- 12th Advisory Committee Meeting, April 15 – 19th, 2006, Bamako, Mali
- Poster presentation : "Avian Influenza in sub Saharan Africa : first assessment". Journées de l'Association pour l'Etude de l'Epidémiologie des Maladies Animales (AEEMA), May 17 – 19th, 2006, Liege, Belgium
- 74th OIE General Session, May 20 – 26th, 2006, Paris, France
- 6th Annual PACE Coordination Meeting, June 27 – 30th, 2006, Mombasa, Kenya
- PACE Epidemiology Unit Workshop, July 16 – 23rd , 2006, Douala, Cameroon

- Restitution of PACE final evaluation and review of the aide memoire of the final evaluation + Quarterly PACE Coordination Meeting, August 06 – 11th, 2006, Nairobi, Kenya
- 2nd General Assembly of Alive and 13th PACE Advisory Committee Meeting, October 25th and 26 – 27th, 2006 (Nairobi, Kenya)

Both RTA's had participated earlier in the elaboration and editing of the technical and budgetary framework document for year 2 of the extension. A review of the logical framework was completed. A special focus was given to the appreciation of the appropriate budgetary ceiling for each country through a comparison between items requested and progress monitoring.

Since February 2006 and the first occurrence of HPAI in Africa, the RTA mainly focused his visits to provide technical support for control to the countries recently affected by Avian Influenza (Chad, Cameroon) and for prevention to the neighbouring ones (Ghana, Togo, Benin, Gabon, CAR). One mission in Equatorial Guinea was mostly dedicated for helping with the writing of the OIE dossier for the free infection Rinderpest status based on historical basis.
Moreover, form a distance using email communication, the RTA was quite involved in January 2006 to help with the editing (through detailed correction) of the Work Plans and Cost Estimates for the extension phase year 2 for CAR. In March 2006, he did the same for RCI and for the rider of the WP & CE of Chad and Cameroon. He was following the final technical and budgetary framework with budget ceiling from the RAO and the EC head delegation in Nairobi. He was involved to convince ECD to endorse them as soon as conditions were fulfilled. Only 4 countries (Chad, Cote d'Ivoire, Ghana, Guinea Conakry) were still under their 1st year extension WP at the date of termination in October 2006. The 6 other countries managed to open a 2nd year extension WP, sometimes due to short previous WP (Gabon, Equatorial Guinea) and/or sometimes with riders including additional funds (Cameroon, Gabon).

The RTA gave also a support to the resume laid out by his colleague RTA of the final report from Prof Check LY on the Cost / Benefit ratio of the epidemiosurveillance network which was issued on December 2005.

The RTA finalized the English – French version and English only and French only versions of the CAHW manual with his colleague Dr Patrick Bastiaensen. A short term expertise was needed in August 2006 to finalize the English only version. A hard copy was given to some members of the 12th Advisory Committee Meeting (April 2006). CDs of the English – French version were distributed to the member countries during the 6th PACE Annual Meeting (June 2006) held in Mombasa, Kenya and later on, CDs of the English only and French only versions were distributed to the member countries during the PACE Epidemiology Unit Workshop (July 2006) held in Douala, Cameroon .

The RTA assisted each country visited to solve pending issues and in the further development of their information management system, PID/ARIS, through additional trainings and exercises.

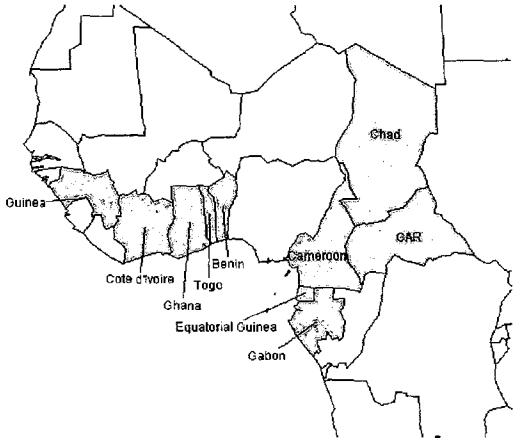
Finally the RTA was also involved during his last missions or through email in the closure of the work plan of his covered countries. Since no country managed – as foreseen – to achieve a proper closure on due time, the terms of reference of the short term expertise was mainly focusing to give a last support to the countries to close their WP & CE.

2. TERMS OF REFERENCE

Please refer to the previous reports.

3. INTRODUCTION

The technical assistant (TA) was in charge of the West African coastal countries plus selected countries in central Africa. He covered at the end of his last contract a cluster of **10 countries** grouped in 2 sub clusters of 5 countries each : **Guinea, Cote d'Ivoire, Ghana, Togo** and **Benin / Cameroon, Equatorial Guinea, Gabon, Central African Republic** and **Chad**. All countries are French-speaking except Ghana, which is an English-speaking one.
The cumulated national indicative PACE budgets represent 12.25 millions Euro (Guinea: 1, Cote d'Ivoire: 1, Ghana: 1, Togo: 0.7, Benin: 1, Cameroon: 1.4, Equatorial Guinea: 0.15, Gabon: 0.7, CAR: 2, Chad: 3.3).



The RTA tried to combine the request of support from more countries (10 instead of 8 since the last contract, or 7 since the first contract). He was allocated since November 2005, as per the other RTA, a higher number of mission days compared to last contract (140 days instead of 100 days per year instead for in country missions although it was 257 day per year for in country missions in the first contract / 26 days instead of 15 days per year for international mission; in the first contract it was 12.5 per year for international mission). Therefore since all the countries couldn't be visited during the period, some time was dedicated for long distance support. Nevertheless, following agreement with the regional coordination unit and the national coordinators, the RTA did his utmost to visit at least once each country within the last period in order to keep a regular follow up of the activities of each national programme and focus on the recommendations agreed upon during his previous missions. The need of technical support for prevention and/or fight against Avian Influenza added to the necessity of ensuring a proper WP closure motivated the RTA to carry out a mission in each country covered.

The RTA was entitled to achieve a total of 166 (instead of 115 days) of in-country and international visits during his last year contract that is between November 1st 2005 and October 31st 2006 (12 months). Therefore he had at disposal a maximum of 166 / 12 = 13.8 days per month of in-country and international visit. He effectively achieved during the last year period 11.4 days per month (137 / 12).

Apart from the meetings and workshops, over the last 12 months, the RTA had visited all his 10 countries of coverage including 3 for the 2nd time as new countries under cover (Equatorial Guinea, Cameroon, Chad), 1 for the 4th round of mission (Cote d'Ivoire), 2 for the 5th round of mission (CAR, Gabon, Guinea Conakry,), 2 for the 6th round of mission

(Ghana, Togo) and 1 for the 7th and 8th (due to imposed transit) round of mission (Benin). The RTA was finally able during the period to conduct a last mission in CAR, Gabon and Guinea Conakry despite the previous priority given to the Avian Influenza crisis. He had earlier managed to visit Cote d'Ivoire due to AI, which had not been visited since October 2004 due to security reason. The summaries of the last mission reports and assessments for each country are presented under the Annexe and show the disparity of achievements done, the advanced countries being used as model for the others through regular exchanges of communication and best practice tools.

The various objectives and duties achieved at the regional office of Bamako were focusing mainly the preparation of meetings, workshops, seminars, the drafting and translating of reports (very much time consuming), guidelines, framework documents etc, .

For the last period, apart from in country missions, the major assignments of the RTA were :

- The elaboration of one new update reports of country progress illustrated by updated country summary posters for the 12th Advisory Committee Meeting (April 2006), including an updated monitoring table based on the 37 monitoring indicators.

- The finalisation of the RTA half year report June 2005 – December 2005.

- The elaboration of the 6th PACE annual Meeting report (June 2006).

- The preparation of the PACE Epidemiology Unit Workshop which was held in Douala – Cameroon (16.07.2006 – 23.07.2006). The workshop focused on the consolidation of epidemio-surveillance systems achievements. The RTA made a presentation on the CAHW manual and on communication tools developed with regards to disease surveillance. He took the opportunity of this workshop to distribute to each participant 2 CD ROMs elaborated by both RTAs including all updated technical and communication tools for HPAI prevention and fight.

- The participation end of July to the PACE final evaluation mission (Bamako, Mali). On return form the workshop in Cameroon, the RTA participated to the above mission by providing his input in a document left for them (summary of achievements of PACEREG and TAs) and answering to the questions asked by the final evaluation mission team. The mission was ending its round of country visits in West Africa by visiting the PACE Mali Programme, and assessing the PACE regional Coordination of Bamako as well the OIE and FAO representatives in view of the future Regional Centre for Animal Health.

- The preparation to the 4th International Bird Flu Conference. The RTA had been early involved mostly by his input regarding HPAI country budgets (to submit to governments and donors), based on the framework he conceived and improved with the PACEREG team and colleagues from FAO and OIE. The RTA fine tuned the Excel chart in order to facilitate each PACE country to build his financial request for prevention and fight against Highly Pathogenic Avian Influenza with regards to the level of infrastructure of its veterinary services. He used this frame for the missions carried out in the period, making a total of 9 countries out of 10 whereby a participatory work session was conducted for the writing of HPAI financial budget (except Chad

where the draft of the frame had just been written during the mission corresponding to the Nigeria outbreak in February 2006, but not detailed with the PACE country team as per in the 9 other countries). Moreover, in view of the initial preparation of country posters focusing only on HPAI, the RTA started to collect data from his countries through the filling of detailed questionnaires.

- The attendance to weekly meetings of the CTC (Cellule Technique de Coordination) of the Mali Government for the organisation of the 4th International Conference on Avian Influenza (December 6th – 8th, 2006, Bamako). Since the CTC meeting of the 18th of October 2006, it had been informed to the participants that the national organising committee (CNO) would meet separately from the CTC.

- The participation in the preparation of the 13th ACM by collecting and updating the PACE national programme progress achievements. This time the objective was reduced in view of the time constraints. Although the resumes of countries have all been updated and edited in a separated booklets distributed to the ACM participants, nothing was planned and done regarding the updating of country posters.

During that time not spent within the 10 countries of cover (mostly in January, in June and in October 2006), the RTA did his utmost to keep a remote control follow up and support with them. He dedicated his time to ease as much as possible at distance the endorsement of the year 2 extension new WPs (Gabon, Equatorial Guinea). He realized again that the ECD procedures allied to the intransigence of some contract and finance services (which gained more financial responsibilities since the EC de-concentration in 2004) played a substantial role in some delays which occurred for the endorsement and/or for the mobilisation of funds for the year 2 of extension WPs. The critical cases are represented by RCI (despite Avian Influenza) and Guinea Conakry. At the end of the period, he played his advocacy role in order to allow some countries to engage late specific commitments in compensation of delayed signed WP, in order to achieve main and awaited activities or purchases. This derogation worked out for some countries with the help of the PCU (Guinea Conakry) or failed due to the negligence of some rural development advisors despite the support of the contract and finances services (CAR) or despite the support of the PCU (Cote d'Ivoire).

In addition the RTA helped the countries in the preparation of their request for OIE recognition (Cf. § 5.3 p 32), on site or from Bamako.

The RTA pursued also the work of finalisation of the CAHW manual with his colleague Dr Patrick Bastiaensen in view of the 12th Advisory Committee Meeting and the 6th PACE Annual Meeting held in April and June 2006 respectively. Finally they managed to prepare electronic copies of 3 versions : the bilingual version, the French-only version only and the English-only version of the hand book.

4. MAIN TASKS PERFORMED DURING THE PERIOD

4.1 Mobilisation

The TA left his permanent address in France (Paris) for his duty station on May 14th, 2003. He arrived at his duty station on the same day. He started working the following day at the PACE coordination office on Thursday, May 15th, 2003. The TA was issued a one-year visa within six days of his arrival.

On the 11th of June he went with the epidemiologist Dr Fatah Bendali for a combined mission to Lome (Togo) for 5 days and proceeded to Cotonou (Benin) for another 5 days mission. From there he flew directly to Nairobi then Arusha.
The TA attended the PACE annual coordination meeting in Arusha and then returned to Bamako (via Nairobi to finalize his remaining shipment left behind during his former position in Kenya). He was back on his duty station on Wednesday, July 2nd.

4.2 Inception phase

Please refer also to the final report (May 2003 – October 2004). A laptop Toshiba satellite, a portable printer HP 350 and a satellite phone and subscription (Thuraya) were given to the TA from Mr Francis Chabari, GTZ-IS PACE TA Coordinator at GTZ IS office, Nairobi on April 25th, 2003 before departure to his duty base. The computer maintenance team of PACE Bamako settled a link between the RTA's laptop computer and the Local Area Network of the regional coordination unit within days and provided him a personal e-mail address: nicolas.denormandie@pacereg.org

The RTA was assigned a furnished office within the Regional Coordination Unit in Bamako. His office was equipped with the necessary office equipment, using the office running cost budget allocated to him; were purchased:
Split air-conditioner 1.5 HP / Office phone / Uninterrupted Power Supply (UPS) / LaserJet printer (Black and white) / External back-up hard disk 40 Gb HDD.

From his date of arrival the TA was using one GTZ office vehicle with driver. On June 5th, that is 3 weeks after his duty, the TA was given a vehicle, a Land Rover Discovery Td5.

Working conditions were satisfactory. Moreover, since May 2004, it was possible to have direct access to an external telephone line, instead of using only the switchboard at the secretariat. The telephone line used for the server was available directly for the 4 technical assistants for external calls. The internal ones were still centralised at the main switchboard (PACE secretariat).

As far as living and working conditions are concerned, the hot and dusty capital Bamako (and Mali in general) was a very pleasant and safe town. That is the case to most of the countries covered apart from RCI and CAR. For RCI the events made the countryside very dangerous and no field visit could be carried out. Luckily the RTA managed to achieve 4 missions in the capital Abidjan without problem apart from check points. In CAR out of 5 missions, the RTA went once at 75km from Bangui and once at around 300km (in Bouar) but

the country is generally safer than RCI for the time being. In all the other countries of coverage the RTA managed to carry out safely several long field missions in order to meet various stakeholders and appreciate in live the running of the epidemiosurveillance network. Those field trips were crucial not only for sensitisation and visibility of PACE but also for their opportunity to target and tackle concrete issues.

Working conditions were quite satisfactory. Thanks to the 6th WP and CE of the regional coordination of Bamako, the offices had been partially rehabilitated in 2005 (reparation of wood ceilings, walls, doors, internal and external painting).

During the last period, in most of the countries visited (Ghana, Benin, Togo, Gabon, Guinea and CAR), the missions were short (3 to 7 days) and only focusing the preparation and control of the Avian Influenza crisis (budget finalization and technical advices), therefore limited to the central unit at the capitals. In Cote d'Ivoire the RTA did not carry out any field trip since the AI outbreak was limited to the district of Abidjan. In Equatorial Guinea, the mission was remaining between Bata and Malabo since the main objective was the preparation of the OIE RP dossier (+ preparation of the AI crisis). However in two countries visited with field missions during the period, that is Chad and Cameroon, the RTA managed to meet various stakeholders – district veterinary personnel, private vets and farmers - and appreciate in live the running of the epidemiosurveillance network (and its strengths or weaknesses).Those field trips were crucial not only for sensitisation and visibility of PACE but also for their opportunity to target and tackle concrete issues. More precisely, in Chad a field trip was made to the sites of Guelendeng, Bongor, Fangia and Mandelia along the Cameroonese border, neighbouring country of Nigeria (infected by HPAI). In Cameroon, a field trip to the North and Extreme North Provinces (respectively to Garoua and Maroua) allowed the RTA to conduct some epidemiosurvey related to the 2 AI outbreaks' sites.

4.3 In-country visits

Over the last 12 months, the RTA has conducted at least 1 mission in each of the 10 covered countries, and 2 missions in the newly attributed countries of Cameroon and Equatorial Guinea.
In resume, since May 2003, 3 countries were visited twice (Chad, Congo, Equatorial Guinea), 1 country was visited 3 times, 1 country was visited 4 times (Cote d'Ivoire), 3 countries were visited 5 times (CAR, Gabon, Guinea), 2 countries were visited 6 times (Ghana, Togo) and 1 country was visited 8 times (Benin).
As an average (out of 41.5 months since mid may 2003), each of the 11 countries was visited 1.3 times per year and each of the initial 7 countries (Congo, Chad, Cameroon, Equatorial Guinea not included) was visited around 5 times (5 = 35 / 7) per year. In total, the average of visit par country reaches 4.4 times (49 / 11 countries) :

Country	2003	2004	2005	2006	Total
Benin	2	1	3	**2**	**8**
CAR	1	2	1	**1**	**5**
Chad	NA	NA	1	**1**	**2**
Congo	1	1 + NA	NA	NA	**2**

Cote d'Ivoire	1	2	0	**1**	**4**
Gabon	1	2	1	**1**	**5**
Ghana	NA	2	3	**1**	**6**
Guinea	1	2	1	**1**	**5**
Togo	2	2	1	**1**	**6**
Cameroon	0	1	1	**2**	**4**
Equatorial Guinea	0	0	1	**1**	**2**
Total	**9**	**15**	**13**	**12**	**49**

In addition the RTA attended various seminars and workshops :

Country	Venue	Mo	2003	2004	2005	2006	Total
Tanzania	3rd Ann. PACE Coordinat. meeting	June	1				**1**
Mali	8th Advisory Committee Meeting	Nov.	1				**1**
Kenya	Final draft extension Meeting	Jan.		1			**1**
Guinea	CBPP Workshop	Feb.		1			**1**
Kenya	9th Advisory Committee Meeting	April		1			**1**
France	72nd OIE General Session	May		1			**1**
Burkina F.	Sustainable Devel. Workshop (PID)	June		1			**1**
Cameroon	4th Ann. PACE Coordinat. meeting	June		1			**1**
Togo	Transboundary Transhumance Workshop	Aug.		1			**1**
Senegal	PACE Epidemiology Unit Workshop on enhancement of epidemio-surveillance systems achievements	Aug.		1			**1**
Ghana	Nat. & Reg. Lab network Workshop	Sept.		1			**1**
Sudan	16th Conference of the OIE Regional Commission of Africa	Feb.			1		**1**
Mali	Reg. Workshop on Quality – Control of Vet. Drugs in Sub-Saharan Africa	Feb.			1		**1**
Mali	10th Advisory Committee Meeting	March			1		**1**
Kenya	PACE / EC Workshop	May			1		**1**
France	73rd OIE General Session	May			1		**1**
Senegal	5th Ann. PACE Coordinat. Meeting	July			1		**1**
Switzerland	WHO Meeting on Zoonosis	Sept.			1		**1**
Kenya	11th Advisory Committee Meeting	Oct.			1		**1**
Rwanda	7th AU Conference of Ministers responsible for Animal Resources	Nov.			1		**1**
Senegal	Training in risk analysis in epidemiology / CIRAD / EISMV	Jan.				1	**1**
Chad	OIE Reg. Seminar on health policies, evaluation of veterinary services and the role of livestock breeders in the surveillance of animal diseases	Feb.				1	**1**
Mali	ECOWAS technical experts' Meeting on the Coordination, prevention and response mechanisms against Avian Influenza in West Africa + FAO/OIE/AU-IBAR/PACE workshop on the harmonisation of emergency preparedness plans against HPAI	March				1	**1**
Mali	12th Advisory Committee Meeting	April				1	**1**
Belgium	Poster presentation : *"Avian Influenza in sub Saharan Africa : first assessment"*. Journées de *l'Association pour l'Etude de l'Epidémiologie des Maladies Animales.*	May				1	**1**
France	74th OIE General Session	May				1	**1**
Kenya	6th Ann. PACE Coordinat. Meeting	June				1	**1**
Cameroon	PACE Epidemiology Unit Workshop on consolidation of epidemio-surveillance systems achievements	July				1	**1**
Kenya	Restitution of PACE final evaluation and review of the aide memoire of the final evaluation + Quarterly PACE Coordination Meeting	August				1	**1**
Kenya	2nd General Assembly of Alive + 13th PACE Advisory Committee Meeting	October				1	**1**
Total			2	9	9	10	**30**

In short, one could state that overall programme progress is satisfactory in **Benin 3.32/4** (which progressed significantly and was already rewarded by OIE in May 2005), then in **Guinea 3.03/4** (which was rewarded by the OIE status of country free from Rinderpest infection in May 2006); and intermediate in **CAR 2.89/4** (despite previous political events), **Ghana 2.83/4, Togo 2.81/4, Chad 2.78/4, Cameroon 2.76/4** (which started its PACE programme the latest but made nevertheless significant progress), and poor in **Cote d'Ivoire 2.43/4** (partly due to political troubles), **Gabon 2.00/4** (because of two consecutive new managements and consequently lack of funds plus delay in laboratory staff training) and **Equatorial Guinea 1.69/4.** These findings are more or less in line with EU monitoring reports (when available) although the latter are sometimes over negative without taking into account the real difficulties faced (e.g. Cote d'Ivoire, Gabon).
The PACE National programme progress for each country is detailed in the Annexe.

4 : Activities (completely and satisfactorily) implemented
3 : Activities implemented and in progress
2 : Activities beginning to be implemented or stagnating
1 : Activities not implemented yet

■ Internal country progress monitoring

During each mission in a given country, a detailed assessment was performed including a review of the achievement of the recommendations written in the previous mission report. It was based on a list of 100 indicators developed by both RTAs in collaboration with the regional coordination for a closer and regular monitoring allied to an exhaustive step by step pathway to follow by the PACE national teams. The following monitoring framework results from an automated conversion under Excel of the 100 indicators into a merged list of 37 monitoring criteria equally balanced. The latter that had been initially developed for the preparation of the 8th Advisory Committee Meeting, was used also for the 9th, 10th, 11th, 12th and 13th ACM. The both list (100 and 37 indicators) allow the calculation of a general country score, being the average of each individual score obtained for each sub-activity. The assessment to date (October 2006) prepared for the 13th Advisory Committee Meeting held in Nairobi, using these 37 monitoring criteria[1], shows the following result.

		Objective I																Objective II										Objective III					Objective IV					Total score
Region	Country	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	1	2	3	4	5	oct-2006
1. West	Benin	4	4	4	3	3	3	4	3	3	3	3	3	4	4	4	3	4	3	3	3	2	3	3	4	3	3	3	4	4	4	4	4	3	3	3	3	2	3,32
1. West	Guinea	3	4	3	3	3	2	1	1	2	2	3	1	3	3	1	3	4	4	3	4	4	3	4	4	4	3	4	4	4	4	4	4	3	3	3	1	3	3,03
2. Central	CAR	3	3	3	3	2	3	4	4	3	3	3	1	3	3	4	1	3	3	1	2	2	4	3	2	4	4	4	3	3	3	3	3	4	2	3	3	3	2,89
1. West	Ghana	3	2	2	2	3	3	3	4	3	3	3	3	4	3	3	4	2	2	2	3	2	4	2	3	3	3	3	3	3	3	2	4	3	3	3	3	2	2,83
1. West	Togo	3	3	2	3	2	4	3	3	3	2	3	1	3	3	3	2	3	3	3	3	3	2	3	3	2	2	3	4	4	4	4	4	3	2	2	3	2	2,81
2. Central	Chad	3	3	3	3	3	3	3	3	3	3	2	1	3	4	4	2	2	3	2	3	1	3	3	3	2	2	3	3	3	3	3	4	3	3	3	3	2	2,78
2. Central	Cameroon	4	3	3	3	3	3	2	3	4	3	3	1	3	3	3	3	3	2	3	2	2	2	4	4	2	2	2	3	3	2	3	3	3	3	3	2	2	2,76
1. West	Cote d'Ivoire	2	2	2	2	3	2	3	3	4	3	2	1	3	3	1	2	3	3	3	3	3	3	4	3	2	1	2	3	2	3	2	3	2	2	3	1	1	2,43
2. Central	Gabon	3	3	2	2	3	2	3	2	3	2	3	1	2	2	3	3	2	2	1	1	1	1	1	1	2	1	1	2	3	2	2	2	2	2	2	2	2	2,00
2. Central	Eq. Guinea	2	2	2	2	1	4	2	2	2	1	2	1	1	2	1	1	2	1	2	2	1	1	2	1	2	1	2	3	2	1	4	3	2	2	1	2	2	1,69
		3,0	2,9	2,6	2,6	2,6	2,6	2,8	2,8	3,0	2,5	2,7	1,4	2,9	3,0	2,7	2,4	2,8	2,6	2,3	2,6	2,1	2,3	2,9	2,8	2,6	2,2	2,7	3,2	3,1	2,9	3,0	3,4	2,8	2,5	2,6	2,3	2,1	2,65

Activities (completely and satisfactorily) implemented

Activities implemented and progressing.

Activities beginning to be implemented or stagnating.

Activities not implemented yet.

Criteria not relevant for the country (yet).

With regard to the RTA's activities, the current number of mission days is as follows:

[1] Please refer to the documents presented at the 9th Advisory Committee Meeting (Nairobi, April 2004) for the definition of the 37 criteria.

	Number of days of :						
	Office work Bamako (Mali)	Mission in covered countries	Detail	Mission and Workshops outside covered countries + transit days in covered countries	Detail	Leave	Total
Year 2003							
From 15th of May	17	0		0		0	17
June	10	10	4 (Togo I) + 6 (Benin I)	10	1 (Kenya)* + 9 (Tanzania)	0	30
July	19	11	6 (Guinea I) + 5 (Congo I)	1	1 (Kenya)*	0	31
August	16	13	8 (CAR I) + 5 (Cote d'Ivoire I)	2	2 (Cameroon)*	0	31
September	17	4	4 (Cote d'Ivoire I)	0		9	30
October	17	8	8 (Gabon I)	0		6	31
November	15	15	10 (Togo II) + 5 (Benin II)	0		0	30
December	9	10	10 (Benin II)	0		12	31
Year 2004							
January	9	11	11 (Cote d'Ivoire II)	6	6 (Kenya)	5	31
February	6	21	2 (Cote d'Ivoire II) + 7 (CAR II) + 6 (Congo II) + 6 (Guinea II)	2	2 (Cameroon)*	0	29
March	24	7	7 (Guinea II)	0		0	31
April	6	12	7 (Benin III) + 5 (Togo III)	11	11 (Kenya)	1	30
May	9	8	2 (Togo III) + 6 (Ghana I)	1	1 (Burkina Faso)	13	31
June	16	0		14	5 (Burkina Faso) + 9 (Cameroon)	0	30
July	17	11	6 (Gabon II) + 5 (CAR III)	3	3 (Cameroon)*	0	31
August	17	8	8 (Togo IV)	6	6 (Senegal)	0	31
September	12	16	7 (Cote d'Ivoire III) + 9 (Ghana II)	2	2 (Mali)**	0	30

October	9	2	2 (Ghana II)	1	1 (Ivory Coast)*	19	31
1st contract	245	167		59	= 51 (Int) + 8 (Reg)	65	536
November	15	0		0		15	30
December	11	11	5 (Gabon III) + 6 (Guinea III)	1	1 (Senegal)*	8	31
Year 2005							
January	27	0		0		4	31
February	17	3	3 (CAR IV)	8	6 (Sudan) +1 (Egypt)* +1 (France)*	0	28
March	13	18	6(CAR IV)+4(Ghana III)+8(Benin IV)	0		0	31
April	13	17	7 (Benin V) + 8 (Ghana IV) + 2 (Chad I)	0		0	30
May	10	6	6 (Chad I)	6	5 (Kenya) + 1 (Ethiopia)*	9	31
June	17	6	6 (Togo V)	7	7 (Senegal)	0	30
July	21	6	6 (Guinea IV)	3	2 (Senegal) + 1 (Senegal)*	0	30
August	20	0		0		11	31
September	15	10	5 (Gabon IV) + 5 (Ghana V)	5	2 (Switzerland) + 1(France)* + 2 (Benin)*	0	30
October	14	5	5 (Equatorial Guinea I)	12	9 (Kenya) + 2 (Rwanda) + 1 (Cameroon)*	0	31
2nd contract	193	82		42	= 37 (Int) + 5 (Reg)	47	364
November	23	0		7	4 (Rwanda) + 3 (Kenya)	0	30
December	5	17	8 (Cameroon I) + 9 (Benin VI)	0		9	31
Year 2006							
January	15	0		0		16	31
February	7	12	12 (Chad II)	9	9 (Senegal)	0	28
March	22	9	4 (Ghana VI) + 3 (Togo VI) + 2 (Benin VII)	0		0	31
April	13	16	6 (Equatorial Guinea II) + 10 (Cameroon II)	1	1 (Cameroon)*	0	30
May	6	10	10 (Cote d'Ivoire IV)	10	3 (Belgium) + 7 (France)	5	31
June	19	0		5	5 (Kenya)	6	30
July	22	8	8 (Cameroon III)	1	1 (Kenya)	0	31

August	**18**	**8**	**7 (Guinea V) + 1 (Gabon V)**	**5**	**5 (Kenya)**	**0**	31
September	**9**	**12**	**5 (Gabon V) + 2 (Benin VIII) + 5 (CAR V)**	**0**		**9**	30
October	**24**	**0**		**7**	**7 (Kenya)**	**0**	31
3rd contract	**183**	**92**		**45**	**= 44 (Int) + 1 (Reg)**	**45**	**729**
Total	**621**	**341**		**146**		**157**	**1265**

As far as the RTA's activities are concerned, a total of 21 missions have been conducted over the last 12 months (14 "regional" and 7 "international"). The number of mission days for the third contract (Nov. 1, 2005 – Oct. 31, 2006) is as follows:

Missions	Days booked	Total number of days/provision	% as compared to the total
Regional	93 (including 1 of transit)	140	66%
International	44	26	169%
Total	**137**	**166**	**83%**

The expected number of regional days was beyond estimation (by 47 days), while the number of international days was exceeded by 18 days. But in total, only a gap of 29 days out of 166 appears, which seems reasonable given the difficulties of travelling especially in Central Africa. For all 3 contracts (May 15, 2003 – Oct. 31, 2004 // Nov. 1, 2004 – Oct. 31, 2005 // Nov. 1, 2005 – Oct. 31, 2006), the situation is as follows:

Missions	Days booked	Total number of days/provision	% as compared to the total
In covered countries	175 (167 + 8t) + 87 (82 + 5t) + 93 (92 + 1t) = 355	355 (= 370 – 15) + 140 = 495	**72%**
International or outside covered countries	51 (49 + 2 t) + 37 (33 + 4 t) + 44 = 132	33 (= 18 + 15) + 24 = 57	**231%**
Total	**487**	**552**	**88%**

Missions	June 2003	First reporting period (July - Dec. 2003)	Second reporting period (Jan. - June 2004)	Third reporting period (July - Dec. 2004)	Fourth reporting period (Jan. - June 2005)	Fifth reporting period (July - Dec. 2005)	Sixth reporting period (Jan. - June 2006)	Seventh reporting period (July - Oct 2006)*
In covered countries	**10**	**63** (61 + 2 t)	**61** (59 + 2 t)	**53** (48 + 5 t)	**50**	**42** (38 + 4 t)	**48** (47 + 1 t)	**28**
Internat. or outside covered countries	**10**	**1** (1 t)	**32**	**8**	**21**	**23** (22 + 1 t)	**24**	**13**
Total	**20**	**64**	**93**	**61**	**71**	**65**	**72**	**41**

* 4 months only

It appears from the tables presented above, that the number of mission days inside covered countries has been reduced compared to the first two reporting periods in global

and during each mission, as per the new allocation mission days for the extension contract (100 days for the second contract and 140 days for the third and last one). It corresponds also to a lower request of direct in-country support. However the number of mission days outside covered countries remains quite higher than expectations and irregular between periods. It is partly due to the fact that the venue of the various regional workshops is independent of the RTA's countries of coverage.

For all 3 contracts period : May 2003 – October 2004 + November 2004 – October 2005 + November 2005 – October 2006

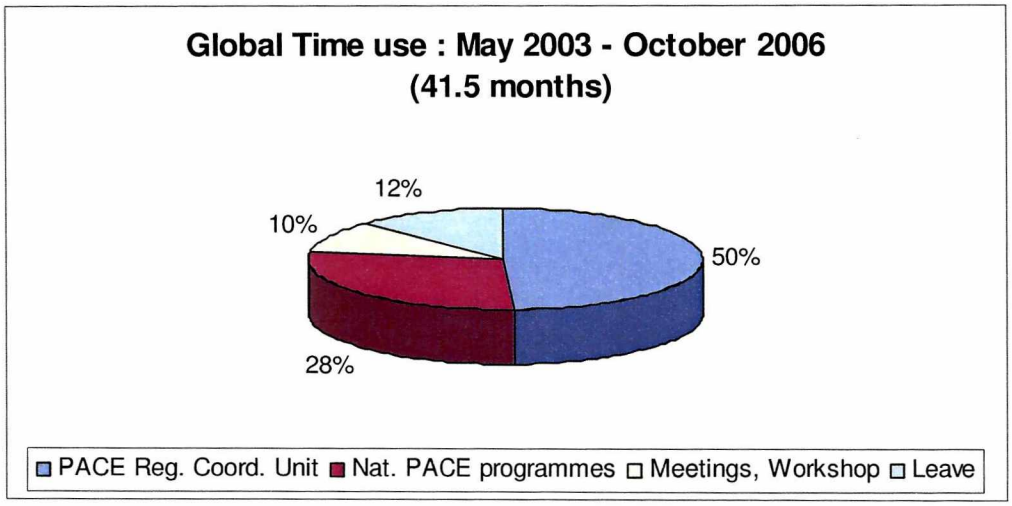
Since the RTA work inception, the average monthly number of mission days in covered countries is 8.5 days/month (= 355/41.5 months).
Since the RTA work inception, the average monthly number of mission days in not covered countries (international, regional including transit days) is 3.2 days/month (= 132/41.5 months).
Therefore the average monthly number of mission days in covered and not covered countries is 12 (11.7) days/month (= 487/41.5 months).
The average number of days per mission in covered countries is 8 (7.7) (355/46 missions-countries visited).

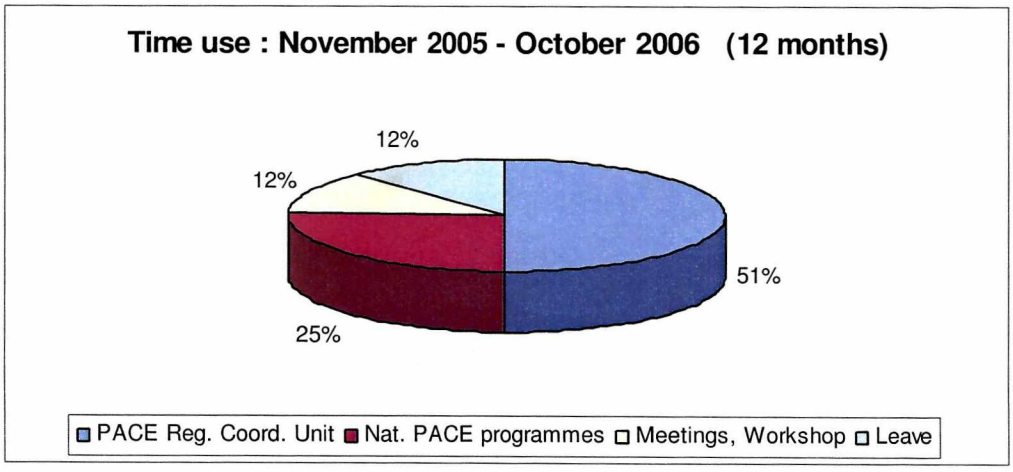
For the second extension contract period (= 3rd contract period) (November 2005 – October 2006).

For the second extension contract period, the average monthly number of mission days in covered countries is 7.6 days/month (= 92/12 months).
For the second extension contract period, the average monthly number of mission days in not covered countries (international, regional including transit days) is 3.6 days/month (= 44/12 months).
Therefore the average monthly number of mission days in covered and not covered countries is exactly 11.3 days/month (= 136/12 months).
The average number of days per mission in covered countries is 7.1 (92/13 missions-countries visited).

There are several reasons apart from the reduced allocated days for the reduction of mission days in covered countries. First, each mission required preparation (advising the NPC, drafting terms of reference, awaiting clearance, requesting visas, making reservations for airline tickets,) and processing (report writing, obtaining endorsement, dispatching,). Then it must be admitted that both RTAs based at Bamako have been gradually more useful at the regional coordination in order to give assistance in the preparation of the 10th, 11th, 12th and 13th Advisory Committee (March 2005, October 2005, April 2006 and October 2006) and of the 5th and 6th PACE Annual Coordination Meeting (June 2005 and June 2006). They were also involved in the conception and elaboration of posters for each PACE country which become widely used as tools for institutional and internal communications. Additionally they have also worked on the editing of the manual for auxiliaries, which has been written by Dr Lan Mai during a short term expertise conducted in September 2004 and which was finalized (the English / French version) for the 12th Advisory Committee Meeting (April 2006) and for the 6th PACE Annual Coordination Meeting (June 2006). Although not initially planned in each Term of Reference, the RTA must admit that those tasks not directly linked with the

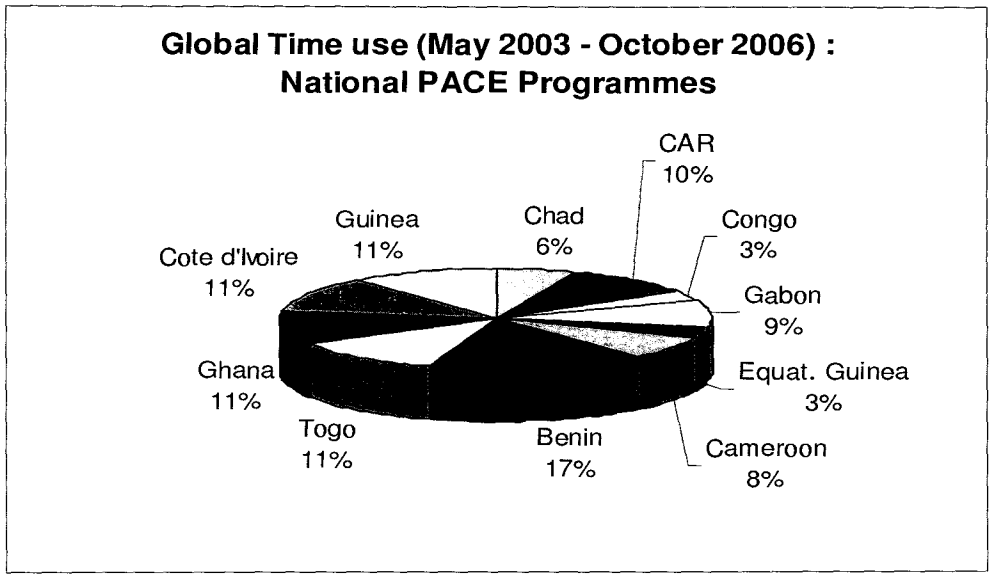
PACE countries support had a positive impact on the visibility and credibility of PACE. Moreover a large part of work was done on remote control by the RTA in Bamako with the concerned countries as far as the correction of WP, or rider as well as for the OIE dossier of Rinderpest status or emergency preparedness plans. Finally since the outbreak of avian influenza, both RTAs have been also quite committed to work at the regional coordination of Bamako with the other experts from PACE and from OIE and FAO on the elaboration of various tools for the control and prevention of HPAI (leaflets, zoosanitary sheets for suspicion, stamping out & compensation, vaccination, posters, etc...). That cooperation leaded afterwards to the creation of the first Animal Health Regional Centre in Bamako in April 2006.



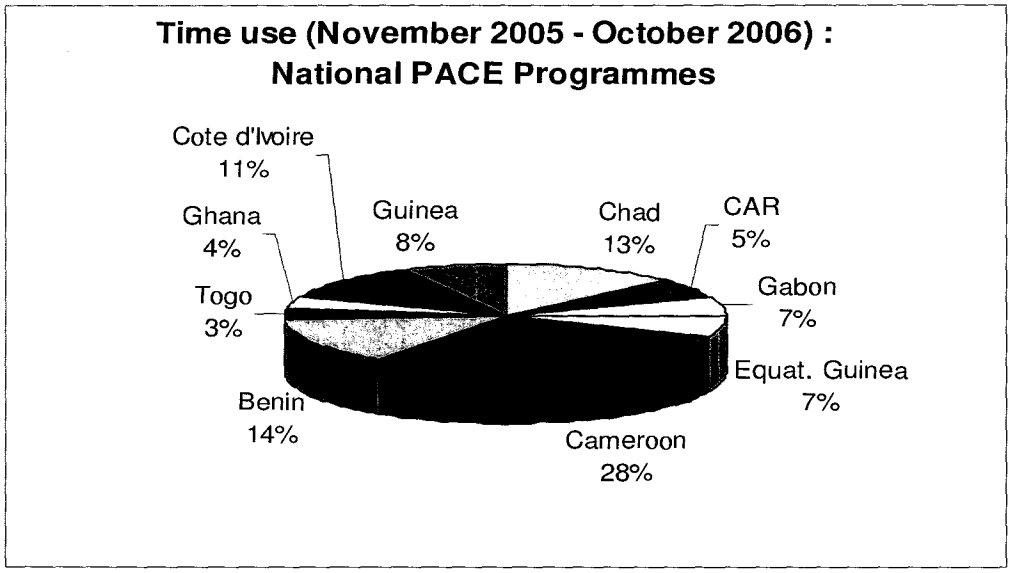


The graphs above show that a substantial amount of time was spent at the PACE Regional Coordination Unit. In fact not only the preparation of missions, but also the assistance to the regional coordinator in prevision to technical workshops, annual meeting, preparation of the extension period proposal or log frame and Advisory Committee Meeting can explain this. The work dedicated to the preparation of tools for Avian Influenza added some time needed at the coordination in Bamako.

The next graph illustrates the attention given to every of the 11 countries over the 41.5 months in terms of mission-days:



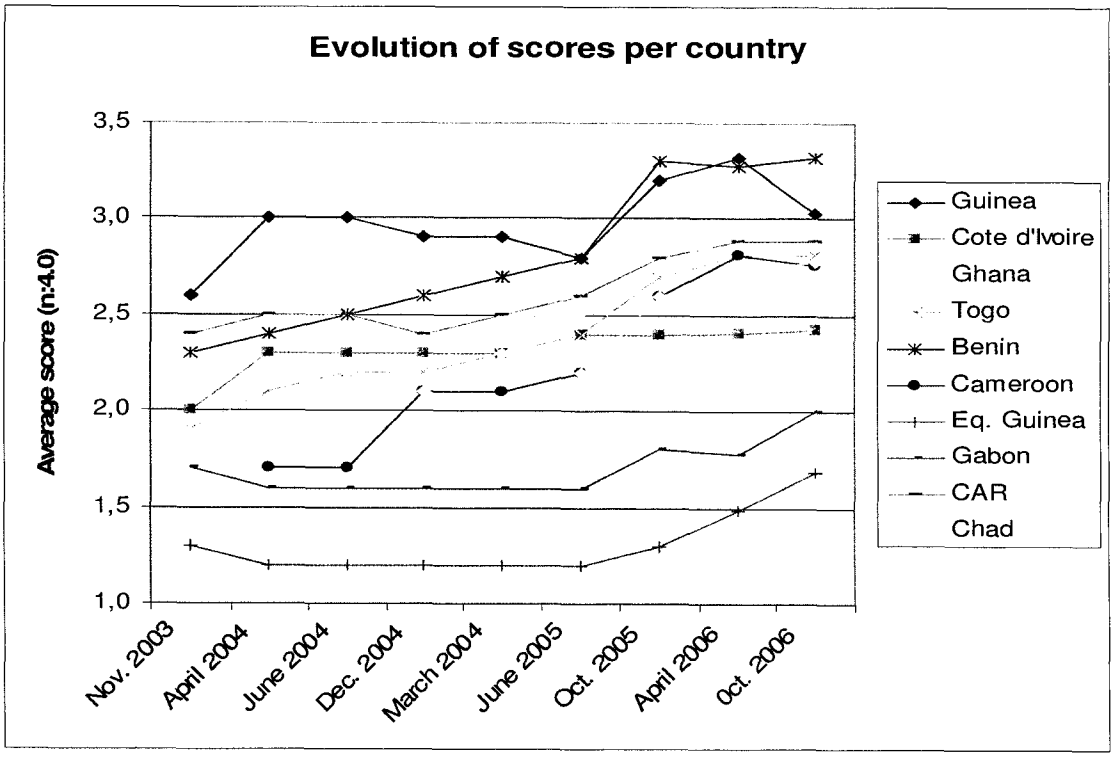
It can be noted that during the global period, a balance of countries visited has been respected except for former or new countries (Congo, Chad, Cameroon, and Equatorial Guinea). The next graph illustrates the attention given to every of the 10 countries over the last 12 months in terms of mission-days.



It can be noted that during this period corresponding to the Avian Influenza outbreak, a focus has been put (including the time spent) primarily on the countries affected, namely Cameroon and Cote d'Ivoire, and secondary on newly allocated countries (Chad,

Equatorial Guinea, Cameroon) and on neighbouring countries of HPAI affected ones (Ghana, Togo, Benin). But before the end of the period and since the HPAI outbreaks were not as numerous as initially feared, the RTA managed to visit and help for the closure of the other countries.

As far as the impact of RTAs on national programme achievements is concerned, no real system has been set up yet. Even through the internal staff evaluation system, due to a lack of time (or means), it was requested to the RTA to send questionnaire to countries on the impact of PACE regional coordination and on his own performance, which doesn't represent obviously a real external and objective approach. In comparison, the EC monitoring reports do provide a more external evaluation of the PACE national programmes including the RTAs'impact, although since various experts are involved one can notice a significant disparity in the assessment approaches and scoring methods. Finally, the development of the achievements of activities can be measured using the indicators designed by the PCU for monitoring purposes. This approach is as well questionable for some reasons: 1/ the slight change of indicators and their decrease from 40 to 37. 2/ the increase – or decrease – of scores obtained come from a better knowledge of the status of the country thanks to frequent visit rather than from a real improvement or slowdown in achievements. 3/ several indicators are beyond direct control of the PACE programme and therefore of the RTA's involvement.
It is to be noted that the recent final evaluation of the PACE issued in September 2006 highlighted the fact that 5 countries instead of 7 then 10 per RTA would have been quite sufficient for a proper regular technical support.



The graph above shows that at least 8 countries (especially Benin and Guinea but also Cameroon, CAR, Togo, Ghana, Chad and Cote d'Ivoire) out of 10 have improved gradually their performances or at least reached a minimum score of 2.4, apart from Gabon, and Equatorial Guinea.
So far, 7 countries out of 10 (Benin, Cameroon, CAR, Guinea Togo, Ghana and Chad) are now at least above the score of 2.5 which can be considered as fair.

4.4. Identification of needs for short-term inputs

The possibility offered by GTZ to place at disposal short term experts has been reminded during each RTA mission (including within conclusions of mission reports). The RTA explained that this opportunity should be made profitable as soon as possible before the end of the program. In order to allow GTZ to make available as quick as possible the appropriate expert, the RTA reminded that it was a must to send without delay any official request towards the PACE Regional Coordination Unit of Nairobi. So far, the short term consultancies requested have not yet been conducted. It was supposed to focus mostly on 2 thematic of the Communication and Information Unit (e.g. In Data Management for the improving of the ARIS Software, or for the training workshop on GIS).

The Regional TA proposed during the whole period of the contract to each National Coordinator to formulate in an official way any need to the Regional Coordination of Bamako which was to transmit it to the GTZ office, entitled in its contract with the AU-IBAR to provide, as a recruitment office, any specific assistance; assistance which would not penalize any given PACE Country budget. It concerned for example a technical support to carry out a regional training in techniques of fauna capture. Thanks to both official request especially from Ghana and Benin, the PCU expert in wildlife has managed to conduct in July (11^{th} – 25^{th}) 2005 two workshops in Ghana : the PACE epidemiology regional wildlife surveillance team training and consolidation workshop in Mole national park and the PACE epidemiology national wildlife surveillance team training workshop in Mole game reserve.

The RTA has also suggested to his National Coordinators to request for a Short term expertise aiming for assuring training for the persons in charge of data management focusing the use of the Geographical Information System (GIS) software. Finally this expertise was not carried out as planned together with the PCU expert in charge of information management.

It is through this kind of additional short term technical assistance that was carried out in March and April 2005, by Prof. Cheikh Ly, 3 short term missions in Mauritania, in Benin and in Ghana on the "Prospects for assumption of responsibility of the financing of the epidemiologic inspection networks by the state", for an extrapolation and possible application for other countries. The final report of these missions was delivered in December 2005. A simplified resume of this report was designed by Dr Patrick Bastiaensen with the help of the RTA in order to enable the Veterinary Services' representatives to convince decision makers for the mobilisation of national resources following the phasing out of PACE.

4.5. Documents produced (over the 41.5 months : May 2003 – October 2006)

Mission reports

YEAR 2003

- Mission Report DENORMANDIE / 2003/I/BEN : Benin, June 2003
- Mission Report DENORMANDIE /2003/II/TO : Togo, June 2003
- Mission Report DENORMANDIE /2003/I/GUI : Guinea Conakry, July 2003
- Mission Report DENORMANDIE /2003/I/CO : Congo, July-August 2003
- Mission Report DENORMANDIE /2003/I/CAR : Central African Republic, August 2003
- Mission Report DENORMANDIE /2003/I/RCI : Republic of Cote d'Ivoire, August-September 2003
- Mission Report DENORMANDIE /2003/I/GA : Gabon, October 2003
- Mission Report DENORMANDIE /2003/II/TO : Togo, November 2003
- Mission Report DENORMANDIE /2003/II/BE : Benin, November-December 2003

YEAR 2004

- Mission Report DENORMANDIE /2004/II/RCI : Republic of Cote d'Ivoire, January 2004
- Mission Report DENORMANDIE /2004/II/CAR: Central African Republic, February 2004
- Mission Report DENORMANDIE /2004/II/CON: Congo, February 2004
- Mission Report DENORMANDIE /2004/II/GUI: Guinea Conakry , February - March 2004
- Mission Report DENORMANDIE /2004/III/BEN: Benin, April 2004
- Mission Report DENORMANDIE /2004/III/TOG: Togo, April – May 2004
- Mission Report DENORMANDIE /2004/I/GHA: Ghana, May 2004
- Mission report NDN/2004/II/GA : Gabon, July 2004
- Mission Report DENORMANDIE /2004/III/CAR: Central African Republic, July 2004
- Mission Report DENORMANDIE /2004/IV/TOG: Togo, August 2004
- Mission Report DENORMANDIE /2004/III/RCI : Republic of Cote d'Ivoire, September 2004
- Mission Report DENORMANDIE /2004/II/GHA: Ghana, September – October 2004
- Mission Report DENORMANDIE /2004/III/GA : Gabon, December 2004
- Mission Report DENORMANDIE /2004/III/GUI : Guinea, December 2004

YEAR 2005

- Mission Report DENORMANDIE /2005/IV/CAR : Central African Republic, February – March 2005
- Mission Report DENORMANDIE /2005/III/GHA : Ghana, March 2005
- Mission Report DENORMANDIE /2005/IV/BEN : Benin, March 2005
- Mission Report DENORMANDIE /2005/V/BEN : Benin, April 2005 (Short Term Expertise)
- Mission Report DENORMANDIE /2005/IV/GHA : Ghana, April 2005 (Short Term Expertise)
- Mission Report DENORMANDIE /2005/I/CHA : Chad, May 2005
- Mission Report DENORMANDIE /2005/V/TOG : Togo, June 2005
- Mission Report DENORMANDIE /2005/IV/GUI : Guinea Conakry , July 2005
- Mission Report DENORMANDIE /2005/IV/GA : Gabon, September 2005
- Mission Report DENORMANDIE /2005/V/GHA : Ghana, September 2005
- Mission Report DENORMANDIE /2005/I/EQUA : Equatorial Guinea, October 2005
- Mission Report DENORMANDIE /2005/I/CAM : Cameroon, December 2005
- Mission Report DENORMANDIE /2005/VI/BEN : Benin, December 2005

YEAR 2006

- Mission Report DENORMANDIE / 2006/II/TCH : Chad, February 2006
- Mission Report DENORMANDIE / 2006/VI/GHA : Ghana, March 2006
- Mission Report DENORMANDIE / 2006/VI/TOG : Togo, March 2006
- Mission Report DENORMANDIE / 2006/VII/BEN : Benin, March 2006
- Mission Report DENORMANDIE / 2006/II/GEQ : Equatorial Guinea, April 2006
- Mission Report DENORMANDIE / 2006/II/CAM : Cameroon, April 2006
- Mission Report DENORMANDIE / 2006/IV/RCI : Cote d'Ivoire, May 2006
- Mission Report DENORMANDIE / 2006/III/CAM : Cameroon, August 2006
- Mission Report DENORMANDIE /2006/V/GUI : Guinea Conakry , August 2006
- Mission Report DENORMANDIE /2006/V/GA : Gabon, August – September 2005

Technical manuals

- *Manual for Community-based Animal Health Workers in west and central Africa,* Mai Lan, author (N. Denormandie and P. Bastiaensen, editors) PACE/AU-IBAR, 2005 (English and French version finalized in April 2006, French version alone finalized in June 2006, English version alone finalized in November 2006). The manual should be printed in the course of the year 2007. The main organisations

(AU/IBAR, OIE, FAO and the Ministry of French Foreign Affairs) should participate to its printing, most probably 5,000 in English and 5,000 in French.



M & E (team work)

- Country programme progress monitoring table (9th Advisory Committee Meeting, April 2004, Nairobi, Kenya)
- Progress report countries (9th Advisory Committee Meeting, April 2004, Nairobi, Kenya)
- Country programme progress monitoring table (4th PACE Annual Coordination Meeting, June 2004, Yaoundé, Cameroon)
- Progress report countries (4th PACE Annual Coordination Meeting, June 2004, Yaoundé, Cameroon)
- Countries Logical frameworks (4th PACE Annual Coordination Meeting, June 2004, Yaoundé, Cameroon)
- Country programme progress monitoring table (10th Advisory Committee Meeting, January 2005, Bamako, Mali)
- Progress report countries (10th Advisory Committee Meeting, January 2005, Bamako, Mali)
- Country programme progress monitoring table (5th PACE Annual Coordination Meeting, June 2006, Dakar, Senegal)
- Progress report PCU and countries + country posters (5th PACE Annual Coordination Meeting, June 2006, Dakar, Senegal)
- Country programme progress monitoring table (11th Advisory Committee Meeting, October 2005, Nairobi, Kenya)

- Progress report countries and country posters (11th Advisory Committee Meeting, October 2005, Nairobi, Kenya)
- Country programme progress monitoring table (12th Advisory Committee Meeting, April 2006, Bamako, Mali)
- Progress report countries and country posters (12th Advisory Committee Meeting, April 2006, Bamako, Mali)
- Country programme progress monitoring table (6th PACE Annual Coordination Meeting, June 2006, Mombasa, Kenya)
- Progress report PCU and countries + country posters (6th PACE Annual Coordination Meeting, June 2006, Mombasa, Kenya)
- Country programme progress monitoring table (13th Advisory Committee Meeting, October 2006, Nairobi, Kenya)
- Progress report countries (13th Advisory Committee Meeting, October 2006, Nairobi, Kenya)

Progress reports

- Half year report GTZ to AU/IBAR (January – June 2003)
- Quarterly update reports GTZ (January 2004 – March 2004)
- Final report GTZ/SATEC to AU/IBAR (May 2003 – October 2004)
- Monthly update reports GTZ/SATEC (November 2004 – June 2005)
- PACE Regional Office final report (1999-2004)
- Monthly update reports GTZ/SATEC (July 2005 – December 2005)
- Half Year report GTZ/SATEC (November 2004 – June 2005)
- Half Year report GTZ/SATEC (July 2005 – December 2006)
- Monthly update reports GTZ/SATEC (January 2006 – February 2006)
- Half Year report GTZ/SATEC (January – June 2006)
- Half Year report GTZ/SATEC (July – October 2006)
- Monthly update reports GTZ/SATEC (July 2006 – August 2006 – September 2006)
- Monthly update reports GTZ/SATEC (October 2006)

Scientific papers

- Bastiaensen P., Denormandie N., Squarzoni C., Bidjeh K., Diop B.A., Bessin R. (0000) *"Eradication planétaire de la peste bovine : la dernière ligne droite"* Tropicultura, in press.

Scientific presentations

- Squarzoni C, Denormandie N, Mane S., Keita S. (2004) "The Guinean epidemio-surveillance network: a success story of the "private-public" participation in West Africa in the control strategy of the Contagious Bovine Pleuro - Pneumonia.". 5èmes Journées de l'Association pour l'Etude de l'Epidémiologie des Maladies Animales (AEEMA), Paris, France, May 19 – 20th, 2004.

- Bedane B., Bourzat D., Denormandie N. (2004) "A multi-post and multilingual information management system in animal health and production for African countries". At the French speaking workshop called "Sustainable development: lessons and perspectives", Ouagadougou, Burkina Faso, June 1st – 4th, 2004.

- Squarzoni C., Bendali F., Denormandie N., Bastiaensen P., Diop A.B. (2005) *"Les réseaux d'épidémio surveillance dans les pays d'Afrique de l'ouest : architecture et état des lieux de leur fonctionnement en 2004".* 6èmes Journées de l'Association pour l'Etude de l'Epidémiologie des Maladies Animales (AEEMA), Paris, France, May 19 – 20th, 2005.

- Presentation note of PACE for the WHO/DFID-AHP meeting on the control of the zoonosis, Geneva, Switzerland, September 20th – 21st, 2005.

- Squarzoni C., Bastiaensen P., Planté C., Denormandie N., Seck Boubacar (2006) *"Avian Influenza in Sub Saharian Africa : a first assessment".* 7èmes Journées de l'Association pour l'Etude de l'Epidémiologie des Maladies Animales (AEEMA), Liege, Belgium, May 17 – 19th, 2006.

5. BACK-UP ACTIVITIES UNDERTAKEN DURING THE PERIOD

5.1 Assistance to the Regional Coordination Office in Bamako

In the terms of reference, the last line mentioned that the RTA will "perform other duties that may be assigned by the PACE Programme Coordinator that are consistent with the objectives of the programme". In fact when looking at the chart illustrating the time use, it shows that during the last 12 months, 51% of the time was spent at the PACE Regional Coordination Unit and 25% within the national PACE programmes. Although one can admit that part of the time spent in Bamako is also dedicated towards the countries covered by the RTA through remote control assistance (correction of WP or rider to WP, preparation of emergency preparedness plan or OIE dossier, email or telephone link with the PACE coordinators and the EU rural advisor and for the preparation of WP closure), it is relevant to mention that a substantial amount of time was used for the direct support of the regional coordination. This time spent for the global achievement of the PACE programme was utilized de facto to the detriment of any direct support that could have been given with the presence of the RTA within the 10 countries covered. That explains why the final evaluation of the PACE Programme mentioned in its report that a coverage of 5 countries per RTA would have been quite sufficient to allow a proper regular support and monitoring.

The RTA has accomplished to the best of his capacities the following "regional" tasks :

- Drafting PACE regional coordination activities assessments
- Drafting Work Plans and Cost Estimates
- Drafting progress reports and country posters
- Translating reports, memos, letters, articles
- Correcting reports, memos, letters, articles
- Writing workshops minutes and recommendations
- Writing workshops reports
- Designing Logical frameworks
- Archiving documents

Finally these tasks were necessary since the PACE regional coordination suffered from a real understaffing vis-à-vis the work requested allied with a substandard level of secretariat personnel (not bilingual despite the amount of correspondence in English from Nairobi and from the 3 English speaking countries of the area of Western and Central Africa).

5.2 Communication

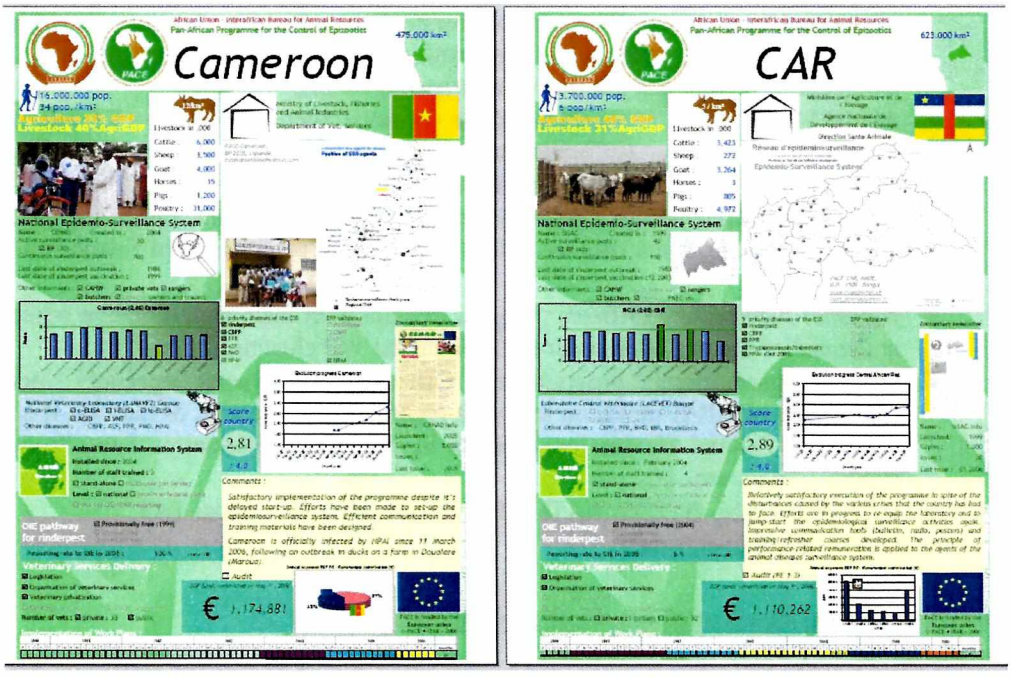
National communication

The RTA has tried as much as possible to involve each national PACE Head of communication during most of his work sessions in the countries covered since communication represents a vertical matter. He shared most of the communication success tools he encountered during his various missions (zoosanitary bulletins, radio messages, cassettes, leaflets, posters...). Each of his countries covered (apart from Equatorial Guinea and Cote d'Ivoire) has now developed a zoosanitary newsletter to

share with various animal health stakeholders their national updated sanitary situation, as well as general thematic on animal health and animal health control (Cameroon, CAR, Benin, Chad, Guinea, and since 2005 Togo, Gabon and Ghana).

The RTA had built contact with 5 veterinary laboratories (CEVA, LAPROVET, MERIAL, PFIZER, VETOQUINOL) especially in February 2005 during the Regional Workshop on Quality – Control of Veterinary Drugs in Sub-Saharan Africa (Bamako, Mali), out of which one (CEVA) sponsored the impression of 5 bulletins (Benin, Cameroon, Central Africa Republic, Mali, and Togo) through the insertion of some advertising supplement. CEVA granted a (raised) sum of 250.000 FCFA per bulletin and for a maximum of 3 publications per annum, which enabled to motivate the authors of the bulletins. Unfortunately CEVA had to stop temporarily its sponsorship, which might be resumed in the future, hopefully following the phase out of PACE. The Heads of Communication of PACE Benin and PACE CAR are getting more sponsoring from other reliable laboratories (VETOQUINOL, LAPROVET) eager to make their veterinary products known. The RTA during each of his missions suggested to follow contacts in case of any new concrete impression of a zoosanitary newsletter or to ensure partly the sustainability of this media when EDF funds will have ceased. In order to make this useful tool updated and reflecting the sanitary status of the moment, a minimum of 2 bulletins (ideally 3 or 4) per annum would be desirable.

Then during his missions, the RTA shared regularly with his country covered updated models of posters on the priority diseases (aiming at sensitizing livestock owners) as per the RCA models, associated with a box of images (from the PACE Cote d'Ivoire) as well as PACE presentation leaflets.



Sample of country poster presentations (in English)

In order to comply with the recommendations of the 10th ACM (Bamako, March 2005) and to provide a visual and comparable presentation of each PACE country, the RTA was involved with his colleague for Sahelian countries in the elaboration and concretisation of country posters (Cf. samples above) presented for the first time in June 2005 during the 5th PACE Annual Coordination Meeting (Dakar, Senegal). The posters are aiming at describing an update view of the main activities of the PACE countries at a given T time. They include livestock statistics and data related to the PACE achievements (ESS, laboratories diagnostic capacities, ARIS installation and exploitation, Rinderpest OIE pathway, veterinary privatisation, zoosanitary newsletter, epidemiological and global scores, government financial contribution, etc...). The 30 posters were developed, printed and presented during the 5th PACE Annual Coordination Meeting in Dakar and each country representative was eager to bring back home one copy. The posters represent a useful tool for institutional communication within countries at various levels (NGOs and other organisations, Ministry of Agriculture, Livestock and Finance, ECD, etc...). One copy is available at PACE HQ in Nairobi (PCU) and one in Bamako (RCU).

During the 11th ACM (Kenya, October 2005), the 7th AU Conference of Ministers responsible for Animal Resources, the 12th ACM (Mali, April 2005) and the 6th PACE annual meeting, the regularly updated posters were highly appreciated and most of the countries are using them for internal or institutional communication. They were in fact inserted in front of the narrative resume of each country in a glossy brochure. Most of these updated posters are used now by PACE countries as a 4th cover of their newsletters.

<u>During the period, the RTA has established professional links with :</u>

- National PACE Coordinators of the countries covered, Ministers of Agriculture or of Animal Husbandry, Directors of livestock or veterinary services departments, heads of national veterinary labs, national PACE staff, field personnel, lab technicians, private and public veterinarians, breeders.
- AU/IBAR : the PACE coordinator, the financial controller and the Experts of the Common services (information management including communication, epidemiology including economy of animal production, wildlife).
- National EU Delegations : regular contact with the rural development advisors in charge of PACE; some contacts with the personnel responsible of finance contract sector.
- National Authorizing Officers : regular contact with their representative especially at the end of the period in order to facilitate the WP closure.
- Partner organizations / programmes : OIE and FAO experts especially since the occurrence of HPAI in Africa and with regards to the creation of the first Regional Centre of Animal Health for Western in Bamako, Vétérinaires Sans Frontières (VSF) – Togo, etc...
- GTZ-IS Nairobi, GTZ-IS/ SATEC PACE national and regional TAs
- GTZ Mali, Bamako staff.

<u>The following means of communication were used :</u>

- Fixed line (through switchboard) : + 223 – 224 60 53
- Telefax : + 223 – 224 05 78
- Cell phones : + 223 – 645 07 20 (Ikatel)

+ 223 – 674 39 63 (Malitel)

- Satellite phone (Thuraya) : + 88 216 4333 8225
- Lan network for internet and e-mail access
  (remote – web or PC based mail access through Outlook Express)
- E-mail : nicolas.denormandie@pacereg.org

5.3 Assistance regarding the Rinderpest OIE pathway and country status

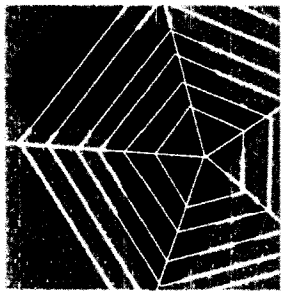
The RTA gave a special support to Equatorial Guinea for the writing of the OIE RP dossier. He gave also some remote distance support to Gabon and to CAR in order for them to finalize their dossier. During the last year period one country was declared free from RP infection (Guinea) and one country was declared free from RP disease on its whole territory (Chad). Although the RTA didn't participate directly to the writing of the dossier he shared with them various tools and dossiers from other countries in order to facilitate their task.
Finally six remaining (RTA covered) countries will apply for a RP free status expected during the 75th General Session of OIE in May 2007, provided they have properly applied for submission on due time that is before the end of September 2006 : Ghana and Cote d'Ivoire in order to be declared free from Rinderpest infection (second attempt for Ghana), Equatorial Guinea in order to be declared free from Rinderpest infection on historical basis, Gabon in order to be declared free from Rinderpest disease on historical basis, and CAR and Cameroon in order to be declared free from Rinderpest disease.
The 2 remaining countries (out of the 10 covered by the RTA) namely Benin and Togo have already reached the status of country free from RP infection since May 2005 and have maintained their status since then.

The actual situation and prospects of the 10 countries covered are as follows :

Country	Present status	Request	Comments
Benin	Infection free (since 2005)	Maintenance of status	Same status in May 2006
Cameroon	Provisionally free (since 1999)	Disease free	Dossier submitted on due time for the 75th General Session of May 2007
CAR	Provisionally free (since 2004)	Disease free	Dossier submitted on due time for the 75th General Session of May 2007
Chad	Disease free (since May 2006) Country level	Maintenance of status	Since May 2006
Cote d'Ivoire	Disease free (since 2004)	Infection free	Dossier submitted on due time for the 75th General Session of May 2007
Equatorial Guinea	Not yet provisionally free	Infection free on historical basis	Dossier almost ready but the submission of the finalized version might have been overdue

Gabon	Provisionally free (since November 2005)	Disease free on historical basis	Dossier submitted on due time for the 75th General Session of May 2007
Ghana	Disease free (since 2003)	Infection free	Dossier submitted on due time for the 75th General Session of May 2007 (status refused in 2006)
Guinea Conakry	Infection free (since May 2006)	Maintenance of status	Since May 2006
Togo	Infection free (since 2005)	Maintenance of status	Same status in May 2006

5.4 PACE Integrated Database (PID) / Animal Resource Information System (ARIS) implementation



The implementation of the PID (later called ARIS since 2004 in prevision of the PACE phasing out) software in the various countries covered started in December 2003. Each implementation was followed by a first training of the staff in charge for collecting, compiling and analysing data.

Then during the following missions, the RTA provided refreshing courses added with extra trainings. During the period the RTA pursued those trainings in each of the countries visited. He highlighted trainings on how to enter records for passive surveillance and to generate pre programmed reports. He insisted on the way to send easily and regularly these PDF extension reports to OIE and IBAR. Then he added some working sessions with the persons in charge of data for the demonstration and exercise of the Data Transfer function (to IBAR for the compilation of the continental data base) and of the back up facility within PID/ARIS software. But so far few of them are using the back up facility on regular basis (Cote d'Ivoire, Chad, Ghana, and Gabon and Guinea Conakry lately). For the other countries, it is mainly due to their computers hosting ARIS, whom capacities are insufficient.

Due to the lack of appropriate computer equipments all the National Coordinators (of the countries covered by the RTA) made an official request in June 2005 addressed to the Nairobi PCU for the purchase on their country budget of a high powerful computer at reduced price which were to be ordered by Dr. Berhanu Bedane, who was supposed to carry out a grouped purchase (approximately 1500$ to 1800 $ + 150$ to 200 $ of transport and insurance charges). Two countries out of the 10 covered benefited from these computers, Cameroon for which the reinstallation had to be redone in January 2006, due to problems on administrative divisions and on data transfer tool; Cote d'Ivoire which received the computer in February after 6 months of custom clearance process but which didn't open it yet (at least at the time of the RTA mission in May 2006 for Avian Influenza crisis); nevertheless a laptop is used for that purpose in Cote d'Ivoire, up to now. The other computers meant to have higher capacities required by the improved version of ARIS were

to be also delivered, previously equipped with the actual ARIS version. Unfortunately no purchase has finally been carried out at Nairobi leaving most countries unequipped to deal properly with ARIS namely Guinea (which managed to use another computer for its livestock PASEL project), Togo, Benin, Gabon (which is using now the newly purchased computer for its laboratory), Equatorial Guinea, CAR and Chad.

Nevertheless although most of the countries (apart from Togo and Chad) have significantly improved in their management of the software including the improvement of their disease reporting forms compatible to ARIS (such as Guinea, Benin), numerous problems remain : the weak capacities of computer equipments to handle such a big and complex database, the inability of ARIS to safeguard data in a user-friendly manner, and especially the high difficulty of importing data from obsolete computers to new ones if needed.

The final situation as far as PID installation, training and operation is as follows:

Country	Site	Installed (all on standalone)	Trainings (number of)	Operation	Reporting	Remarks
Benin	**PACE**	●	**6**	●●●	●	Data transfer not working due to computer capacities
Cameroon	**PACE**	●	**2**	●●		New Compatible computer (without screen) received in 2005 reinstalled in January 2006 / New training needed
CAR	**PACE**	●	**4**	●●		New appropriate Computer Equipment available with ARIS software installed since September 2006
Chad	**PACE**	●	**2**	●●		Computer Equipment used inappropriate (although data transfer working)
Cote d'Ivoire	**PACE**	●	**2**	●●●	●	New Compatible computer received after custom process in February 2006 but not even unwrapped in December 2006! Data management still done on a laptop
Equatorial Guinea	**PACE**	-	**0**	-	-	Waiting for appropriate equipment before ARIS installation
Gabon	**PACE**	●	**3**	●●●	●	Computer Equipment broken; new computer bought locally; reinstallation of ARIS software done in September 2006 with additional training
Ghana	**PACE**	●	**6**	●●●	●	Former computers stolen; computer from FAO used
Guinea Conakry	**PACE (DNE)**	●	**4**	●●●		Former Computer Equipment used inappropriate; New computer provided from another livestock programme (PASEL) used with ARIS software installed in August 2006 together with additional training
Togo	**PACE**	●	**2**	●		Attempt of reinstallation failed; Computer Equipment used inappropriate

5.5 Participation in international meetings (during the last 12 months)

- The RTA attended the inception workshop of the FAO/TCP/RAF/3016 on *Emergency assistance for early detection and prevention of Avian Influenza in the region of West Africa*, from January 23 – 26th, 2006 in Bamako (Grand Hotel). Most West-African countries were represented at the meeting, and so were Congo, Cameroon and CAR. Organisations represented were OIE, PACE, CIRAD, UEMOA, UICN, ARIOPE, CIRDES, EISMV, Wetlands International, UNICEF and the IZSVe world reference lab for HPAI in Venice, Italy.

  The project is headed by the UEMOA and the regional coordination has been installed at the PACE and OIE office in Sotuba, Bamako. Dr. Boubacar SECK, former head of PANVAC, was appointed Regional Co-ordinator for this TCP.

- 31.01.2006 – 09.02.2006 : Training in risk analysis in epidemiology / CIRAD / EISMV, Dakar, Senegal

- 13 – 15.02.2006 : OIE Regional Seminar on health policies, evaluation of veterinary services and the role of livestock breeders in the surveillance of animal diseases, N'Djamena, Chad

- The RTA attended the ECOWAS member countries (+ Mauritania) technical experts' meeting on the *Coordination, prevention and response mechanisms against Avian Influenza in West Africa*, from March 16th – 17th, 2006 in Bamako (Hotel Nord-Sud), immediately followed by the FAO/OIE/AU-IBAR/PACE workshop on the harmonisation of emergency preparedness plans against HPAI from March 18th – 19th, 2006 in Bamako (same venue).

- The RTA co-organized and attended the 12th Advisory Committee Meeting at the Kempinsky Hotel in Bamako (Mali) from 15 – 19 April. The meeting was attended by representatives of the OIE, the FAO, the CIRAD, the IAH, the EC and the World Bank. Four PACE national programme coordinators were invited to present their views on PACE programme progress (Mali, Gambia, Nigeria, Burundi). Committee members were presented with the 30 PACE posters on programme progress (in A4 format).

- The RTA attended the joint scientific meeting (*Journées épidémiologiques*) of the AEEMA (*Association pour l'Etude de l'Epidémiologie des Maladies Animales*) and the AESA in Sart-Tilman, Liège (Belgium) from May 18th-19th, 2006. This yearly conference enables most French-speaking epidemiologists in animal health to meet during two days around a central theme, which this year was (obviously) avian influenza. The PACE programme presented a poster regarding the current status of avian influenza in sub-Saharan Africa : "Avian Influenza in sub Saharan Africa : first assessment".

- From May 20th – 26th, the RTA attended the 74th OIE General Session in Paris, France and met each of his partners from 9 PACE countries out of 10 under his geographical area (except Equatorial Guinea).

- 27.06.2006 – 30.06.2006 : 6th PACE Annual Coordination Meeting, Mombasa, Kenya
  The RTA co-organised and attended this meeting. He also accompanied the 8 PACE (out of 10) countries representative during the working sessions (except Guinea Conakry and Equatorial Guinea). Please refer to the recommendations and the report as presented by the PACE-PCU. The RTA was entrusted with the secretariat (and translation of documents) for the technical presentations, discussions that followed and recommendations.

- 16.07.2006 – 23.07.2006 : PACE Epidemiology Unit Workshop, Douala - Cameroon
  The RTA was involved in the preparation of the PACE Epidemiology Unit Workshop which was held in Douala – Cameroon.
  The workshop focused on the consolidation of epidemio-surveillance systems achievements. The RTA made a presentation on the CAHW manual and on communication tools developed with regards to disease surveillance. He took the opportunity of this workshop to distribute to each participant 2 CD ROMs including all updated technical and communication tools for HPAI prevention and fight.

- 24.07.2006 – 25.07.2006 : End of the PACE final evaluation mission (Bamako, Mali)
  On return form the workshop in Cameroon, the RTA participated to the above mission by providing his input in a document left for them (summary of achievements of PACEREG and TAs) and answering to the questions asked by the final evaluation mission team. The mission was ending its round of country visits in West Africa by visiting the PACE Mali Programme, and assessing the PACE regional Coordination of Bamako as well the OIE and FAO representatives in view of the future Regional Centre for Animal Health.

- 06.08.2006 – 11.08.2006 : Restitution of PACE final evaluation and review of the aide memoire of the final evaluation + Quarterly PACE Coordination Meeting, Nairobi – Kenya
  The RTA reviewed the draft report and provided an exhaustive electronic file including detailed and general comments; the file was later used as the support of the final document sent by the PCU to the consultants. Please refer to the final document. For the quarterly meeting, please refer to the minutes of the meeting by Dr Baba Soumare from the Information and Communication Unit.

- 25.10.2006 : 2nd General Assembly of Alive, Nairobi, Kenya

- 26.10.2006 – 27.10.2006 : 13th PACE Advisory Committee Meeting, Nairobi, Kenya

- 04.11.2006 – 10.11.2006 : Simulation of HPAI in la Somone Park, Senegal. Please refer to the official minutes of the meeting.

- 13.11.2006 – 16.11.20 : OIE workshop on PVS + Strengthening of Vet Services / Ouagadougou, Burkina

- 27.11.2006 – 30.11.2006 : OIE WAHIS (World Animal Health Information System) seminar of OIE delegates / Ouagadougou, Burkina Faso

5.6 Team building

The PACEREG Staff situation on October 31st, 2006 was as follows:

Name	Position		Contract
Dr. Bouna A. DIOP	Regional Coordinator	PACE	IBAR
Dr. Cécile SQUARZONI	Regional Epidemiologist	PACE	Cooperation Française
Dr. Nicolas DENORMANDIE	Regional TA	PACE	SATEC-Développement
Dr. Patrick BASTIAENSEN	Regional TA	PACE	GTZ-IS

Meanwhile, the technical platform IBAR – OIE – FAO, now baptized "**REGIONAL CENTER FOR ANIMAL HEALTH**" and officially launched by OIE on June 24th, 2006 (see next page), is gradually taking shape, with the arrival in 2006 of several new experts on account of OIE and FAO, as presented in the following table :

Name	Position		Contract	Arrival /Departure	Month/Year of A/D
Dr. Samba A. SIDIBE	Regional representative	OIE	OIE	NA	NA
Dr. Caroline PLANTE	Technical assistant	OIE	Coopération Française	D	Oct. 2006
Dr. Abdoulaye B. NIANG	Consultant	OIE	OIE	A	2006
Dr. Boubacar SECK	Regional coordinator	FAO	FAO	A	February 2006
Dr. Frédéric POUDEVIGNE	Technical assistant	FAO	FAO	A	August 2006
Dr. Zacharie COMPAORE	Liaison	IBAR	IBAR - AfDB	A	August 2006

6. MAIN DIFFICULTIES ENCOUNTERED AND RECOMMENDATIONS

No major difficulties have been encountered during the whole period apart from the heavy burden given due to the occurrence of Avian Influenza in West and Central Africa (2 countries affected - Cameroon, Cote d'Ivoire - out of the 10 covered needing support for control and 7 neighbouring countries – Guinea Conakry – Ghana – Benin – Chad – Central African Republic – Gabon – Equatorial Guinea – out of the 10 covered put at high risk therefore needing support for prevention). The Regional TA remained a focal point of information in order to share positive experiences and success stories to replicate or negative ones to avoid. A lot of conception or implementation effort and time have already been saved for "delayed" countries thanks to the continuous information share of best practice tools as well as lessons learned. Furthermore a strong and continuous collaboration between RTAs prevailed during the whole period, which could multiply the "mobile

resource centres", personified by the RTAs. One can only regret the lack of trust or real support showed by the Bamako regional Coordinator towards both RTAs and the regional epidemiologist despite 3.5 years of common work which hampered a complete and harmonized team work.

A strong collaboration, common thought and information share was done between RTAs and between AU/IBAR, FAO and OIE experts in the management of the recent Avian Influenza crisis. It relates to the conception of various leaflets, zoosanitary sheets, budgets templates, various communication tools such as posters, brochures, videos, etc.... This cooperation of the initially called OIE-FAO-AU/IBAR technical platform was a real fact and was highly appreciated during the 12th ACM held in April 2006 which ended to the creation of the first **Regional Centre for Animal Health** based in Bamako. The RTA was quite enthusiastic to be involved in this front line team and to share with the countries and decision makers the "baptism of fire" that HPAI represent for the epidemiosurveillance networks, as a ultimate proof of their legitimacy - if needed - before PACE phasing out. The only backwards of this fact was that the tight schedule imposed to the RTA. The majority of his missions focusing HPAI in affected or at risk countries were carried out to the detriment of some neighbouring countries such as Guinea Conakry or CAR and to a less extend Gabon, which were all finally visited at the very last period (respectively in August, September and September-December 2006 by the RTA.

As far as the launching of the 1st **Regional Centre for Animal Health** for Western and Central Africa is concerned (waiting for the launching of 3 other RCAH in Africa, based in Tunis, Nairobi and Gaborone respectively for Maghreb, East and Southern Africa respectively), the RTA regrets that so far no official common meetings have been led. This unique centre should be the opportunity in the near future of a proper and official flow of shared information, of proper distribution of tasks amongst experts available, of regular meetings, shared or at least non redundant missions. So far, despite an official launching dated in April 2006 during the 12th ACM of the RCAH creation, none of those improvements needed in terms of streamlining of activities, definition of mandates, and official information sharing had yet been implemented. Then the RTA strongly recommends that a real effort is done in the future to incorporate within the RCAH a professional bi lingual secretariat ideally proficient in multi media for website updating. He regrets that this position has been neglected during the PACE period implying additional tasks to both RTAs (not only for translation).

Since the beginning of the last period, the limited time allocated for the RTA missions has made each mission oriented to specific and limited purposes usually following countries' requests. Those purposes were focusing mainly : the technical support for prevention and control of HPAI, the drafting or correction of Work Plan and Cost Estimates (or riders) and means to get them approved, the preparation of WP closure through proper financial and accounting reports, the ARIS further training, the sharing of documents and assistance towards the Rinderpest OIE pathway. In addition, as far as the monitoring was concerned, a review of the previous recommendations was usually carried out during each mission through the listing in a participatory approach with the given PACE country team of the 100 indicators. Nevertheless knowing that the frequency of visit had been reduced (10 countries to cover instead of 7 initial then 8 countries) it was sometimes uneasy for the RTA to leave pending issues behind. Therefore the terms of reference of the missions were often extended by various other awaited matters which made those missions often overburdened for the RTA.

Considering the fact that the RTA was attributed in November 2005 two additional countries (Chad and Equatorial Guinea) in addition to the already added country (Chad in January 2005) making his total of country covered of 10 (all countries being outside his residence site), one can easily imagine that those specific and "limited" objectives were compulsory to achieve in the short time given; whereas the implication at the regional office of Bamako was also increased in view of the post PACE preparation and the management of the HPAI crisis, through a fruitful common approach between AU/IBAR, OIE and FAO experts. Although the RTA has the obvious feeling that he could have achieved more through a closely approach when dealing with less countries (for example 5, as per the recommendations made by the final evaluation team in August 2006), he finally admits that this partly remote control way of support could still generate a proper capacity building approach (in line with PACE objectives) rather than a substitution one.

The RTA regrets that some issues are still pending in some countries regarding the implementation of certain recommendations. Of course, he is convinced that the de-concentration of EC delegations since 2005 had a significant impact in delaying country programme implementation. Nevertheless this is not the only cause and in fact it is sometimes frustrating to rewrite following each mission the same recommendations not taken into account despite promises and for which the accomplishment is not only linked to a lack of adequate fund but willingness. It concerns for example the launching of sustainable zoosanitary bulletins, or didactic radio messages, the ARIS full exploitation, the lobbying through prepared and quantified argumentation for a proper financial contribution of the governments... In general other pending issues are not directly due to the PACE team work such as the finalization of law decree regarding privatisation or veterinary drug quality control or health accreditation, etc...Finally, he believes that his continuous boosting role enabled him to maintain up to the end of PACE, a regular improvement on each national PACE programme's activities and impact to beneficiaries. The remaining period when the EDF activities had started to cease was focusing mostly on the closure of WPs.

The RTA continued to give support for the ARIS software but wishes that the newly created Information and Communication Unit could in the future, through the AU/IBAR office, make the software improved via its service provider in order to gain or maintain credibility of this tool. So far, numerous issues are pending especially regarding back up savings and data importation highly needed in prevision of computer breakdown. The long awaited new version should also include an upgrade of the disease reporting format in order to comply with the new OIE reporting forms (WAHIS). The countries in need of adequate computers had only been told in June 2006 after a so-called commitment in June 2005 by the initial person in charge that the PCU of Nairobi will have problem for the grouping purchase and therefore had been invited to purchase those computers locally. For at least 7 countries (out of the 10 covered), one year delay has therefore been almost lost for nothing.

Finally as far as the link represented by the RTA and the Regional Coordination, the RTA had to work under a continuous compromise between supporting "his" countries and defending them (as far as their budget was concerned) and satisfying the global regional approach from Bamako or Nairobi for instance for drawing rights (for the second year of extension). The delicate task of the RTA was therefore to combine technical assistance to

the countries together with realistic and not accommodating monitoring of the progress made, in order to inform the regional coordination offices. Nevertheless that constitutes more a fact than a real difficulty faced.

As mentioned earlier the delay in the endorsement of Work Plan (mostly due to the de-concentration of EC delegations in 2004), despite the new approval procedure, had put a serious break to the continuity of activities. One should not forget that in some cases the EU rural advisors (as mentioned earlier) played either no support (no interest shown on the PACE national programme partly because it is a regional one) or even an adverse role to those endorsements, especially for specific engagements and unfortunately often based on invalid arguments.
The situation of various PE (WP) is the following:

Country	WP N° (or year of extension)	Date of endorsement	Date of mobilization of funds	Date of ending	EDF funding	Audit done (whole PACE period)	EU + PACE Monitoring
Benin	5 or Year 1 ext. 6 or Year 2 ext.	Dec. 28th, 2004 Nov. 8th, 2005	March 3rd, 05 January 2nd, 06	Oct. 31st, 05 Oct. 31st, 06	€ 100.950 € 250.000	- WP1 + WP2 - WP2 – WP4 - WP6 (in process)	- June 2002 (EU) - December 2006 (PACE / external STE)
Cameroon	2 or Year 1 ext. 3 or Year 2 ext. Parallel WP based on STABEX fund	Nov. 1st, 2004 Nov. 1st, 2005 May 2nd, 2006	June 2006	Oct. 31st, 05 Oct. 31st, 06 Feb. 28th, 07	€ 400.000 € 600.000 = € 300.000 + rider € 300.000 STABEX = 285.222 Euros	No audit done	- June 2003 (EU) - Nov. December 2004 (EU) - November 2005 (EU) - December 2006 (PACE/ext. STE)
CAR	5 or Year 1 ext. 6 or Year 2 ext.	January 1st, 2005 April 10th, 2006	March 4th, 05 End of May, 06	Dec. 31st, 05 Oct. 31st, 06	€ 204.700 € 400.000	- 1 financial & organisational audit of WP1 + WP2+WP3 (2004)	- February 2003 (EU) - July 2004 (EU)
Chad	5 or Year 1 ext. Rider for Year 2	August 1st, 2005 May 31st, 2006	January 2006	July 30th, 06 Oct. 31st, 06	€ 182.250 € 300.000	- 2 financial & organisational audits (2003) - 1 technical audit (2003)	- May 2002 (EU) - March 2004 (EU) - Feb. 2006 (PACEREG)
Cote d'Ivoire	3 or Year 1 ext. 4 or Year 2 ext.	March 15th, 05 Finally not signed [2]	May 1st, 2005	March 14th, 06 Oct. 31st, 06	€ 243.900 € 220.000	- financial audits (WP1+WP2+ WP3) done in June 2006	- May 2002 (EU) - September 2003 (EU)
Equatorial Guinea	2 or Year 1 ext. 3 or Year 2 ext. [3]	July 1st, 2005 June 21st, 2006	November 05	May 1st, 2006 Oct. 31st, 06	€ 69.375 € 77.000	No audit done	No monitoring done
Gabon	4 or Year 1 ext. 5 (3 months only) Rider to WP5 for Year 2 ext	June 1st, 2005 Dec. 15th, 2005 March 16th, 06		Nov. 30th, 05 March 15th,06 Oct. 31st, 06	€ 50.308 € 49.900 € 81.600 [4]	- 1 financial audit (2004)	- March 2002 (EU) - June 2003 (EU)
Ghana	5 or Year 1 ext. Rider of Year 2	July 1st, 2005 Dec. 19th, 2005		June 30th, 06 Oct. 31st, 06	€ 159.000 € 250.000	- Financial audits of WP1 +WP2+WP3+ WP4 (2004)	- 2002 (EU) - 2004 (EU) - Sep. 2005 (PACEREG)
Guinea Conakry	5 or Year 1 ext. Rider of Year 2	May 11th, 2005 June 21st, 2006	May 30th, 2005	May 10th, 06 Oct. 31st, 06	€ 91.950	No audit done	- June 2003 (EU)
Togo	4 or Year 1 ext 5 or Year 1 ext.	Oct. 27th, 2004 Dec. 22nd, 2005	May 24th, 2005 Jan., 19th 2006	Oct. 31st, 05 Oct. 31st, 06	€ 82.935 € 250.000	- 1 financial & organisational audit (2003)	- March 2003 (EU)

[2] Problem of closure of WP2 ext. due to lost then recovered reimbursement memory #14
[3] 5 months only; Rider to WP2 ext. refused due to delay
[4] Including € 24.000 of specific commitments.

7. PLANNING FOR THE NEXT PERIOD (2 MONTHS OF SHORT TERM EXPERTISE IN NOVEMBER AND DECEMBER 2006)

7.1 Main tasks

For the next two months, the RTA will try to visit if possible at least 2 countries for the closure process of WP. 2 countries are most probably planned (RCI and Gabon). For the other countries to be visited (Togo, Ghana, Chad), the focus will be mostly on the preparation of the WP closure process and the consolidation or insurance of a proper financial relay from the national government regarding the maintenance of epidemiosurveillance networks. For those countries, the RTA will provide also technical advices for a proper management of any HPAI outbreak (prevention and fight) and give support to the remaining recommendations.

The RTA will continue assisting countries in the further exploitation of their data management system based on ARIS software, hoping that most of them will have managed to purchase an appropriate computer locally, which will enable him to reinstall the ARIS software. Moreover he will follow up and assist each country concerned for the finalization and submission (the deadline being the first week of November 2006) of the OIE dossiers (regarding their recognition of disease or infection free status for Rinderpest).

He will dedicate some time for giving his support in the preparation of the 4th International Pledging Conference on HPAI (to be held in Bamako, Mali from 6th to 8th of December 2006) especially for updating the poster presented in May 2006 in Liège called : "Bird Flu in Western Africa : lesson learnt from the management of the first outbreaks". Following the reduced number of days allocated for country missions, the RTA will take advantage of his time in Bamako with his colleagues to compile and record on CD ROMs the relevant documents (extension material such as posters, leaflets, manuals, training material etc...) already in use in various PACE countries. An updated version of the version 1 CD ROM Communication Resources on Bird Flu (called version 2) had already been worked out and distributed. These CD ROMs or DVDs could hold also a significant number of useful information present at the Regional Office of Bamako generated through various workshops / research / studies and consultancies to be sorted out and scanned by themes (such as veterinary legislation) and to be used as easy and applicable tools. This (time consuming) archiving could save later a lot of energy and time for countries. The secretaries of the regional office will help in this task unless a short term mission, which was already conducted in October 2006 in Nairobi could be pursued in Bamako.

7.2 Summary plan for the next period (2 months of short term expertise in November and December 2006)

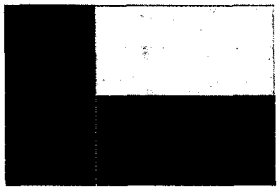
Month	November				December			
Week	1	2	3	4	5	6	7	8
Summary plan of missions								
In covered countries								
Benin								
Cameroon								
CAR								
Chad								
Cote d'Ivoire						X		
Equatorial Guinea								
Gabon						X		
Ghana								
Guinea Conakry								
Togo								
Outside covered countries								
Burkina Faso			X					
Mali					X			
Senegal		X		X				

Regarding regional meetings or workshops, the expected meetings are as follows :

- Technical Training on HPAI at the EISMV, Dakar, Senegal, followed by a Simulation of HPAI in la Somone Park / Senegal, 31.10.2006 – 9.11.2006.
- OIE workshop on PVS + Strengthening of Vet Services / Ouagadougou, Burkina Faso, 13.11.2006 – 16.11.2006.
- OIE WAHIS seminar of OIE delegates / EISMV, Dakar, Senegal, 27.11.2006 – 30.11.2006.
- 4th International Pledging Conference on HPAI / Bamako, Mali, 06.12.2006 – 08.12.2006.

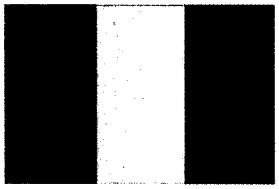
PACE NATIONAL programme progress

Benin	Score 3.32 / 4



Benin (7 visits by RTA + one during 1 transit), has shown numerous progresses (general improvement of the epidemiosurveillance system, theoretical and practical trainings and refresher courses of the agents, regular exploitation of the data-processing zoosanitary data base ARIS, regular sending of the reports to OIE and IBAR, satisfactory countryside serological campaign). These improvements have undoubtedly helped Benin to be declared free from Rinderpest infection in May 2005 by OIE during its 73rd General Session, status which was maintained in May 2006. With regard to the fight against CBPP, a national workshop held in March 2006 concluded to the decision of implementing a compulsory yearly vaccination for the next 5 years. The problem related to the lack of a person in charge of communication was finally solved in June 2005; this section is covered by a civil servant from the Direction of Livestock. It was the cause of the non regularity of the zoosanitary newsletter. In spite of the low diversity of external communication tools (posters), the PACE Benin made effort to produce a reference handbook in epidemiology to help the field agents in their daily clinical and serological surveillance. The staff made use of a panel of various successful handbooks used in other PACE countries and shared with them by the RTA. The RESUREP network is well operating with 36 posts (out of the 106 civil servants). An extension and reinforcement of the network is occurring involving now 99 posts (77 active surveillance posts + 21 border posts). The work of review of the veterinary legislation is in process: the sanitary accreditation for private vets has been signed in September 2005. Finally, the allocation of 36 millions of FCFA initially planned as to be used as guarantee fund will serve to purchase 40 fridges and 34 motorbikes for the private vets. As far as the sustainability of the network is concerned, the government of Benin allocated to PACE Benin a contribution of 50 millions of FCFA in 2003, 35 in 2004, 15 in 2005 but 100 in 2007 in order to compensate for the PACE phasing out. Moreover, the epidemiosurveillance is now registered as a regular mission implying financial supplies towards the national livestock Department and the 6 regional centres for Agriculture.

So far the 116 samples collected including 81 sent to the reference lab of Padoue, following suspicions of avian influenza, have given negative results (but most of them were positive to Newcastle disease). During his last missions in March and September 2006, the RTA shared all relevant documents (technical and communication ones) with regards to Avian Influenza. He was able to elaborate with the PACE team an updated and exhaustive budget for HPAI prevention and fight. The amount of 7.2 millions Euros calculated appears at first sight high but it includes medium and long term support in view of the reinforcement of vet services. This prepared budget will allow the country to call for extra financial support from donors in a transparent manner (frame easy to fill out by each donor).

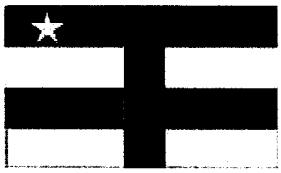


Guinea (5 visits by RTA), considered as a kind of model for the other PACE countries has been deeply investigated and assessed as far as its epidemiological network was concerned through a 5 experts mission (4 from the PEU and the RTA) in March 2004. Although some weaknesses were noticed (related to the passive epidemiosurveillance in the field and in the laboratory) a global positive impression was noted especially thanks to a remarkable cohesion between the 3 balanced main stakeholders (administrative structure, private actors and livestock owners through their representatives). Since then, a reshuffle of staff in 2004 within the Direction of Livestock had delayed the PACE activities and additionally the setting up of new personnel have put aside previous staff who had earlier benefited from the PACE trainings, which affected the capitalisation of memory and jeopardized the capacity building process (especially for the communication team). Nevertheless, the REMAGUI network is on track since 2005 with 31 active surveillance posts out of the 309 public veterinary stations (+ 22 border posts involved since May 2006 because of HPAI) and it involves 35 private vets with accreditation for surveillance (10 in active, 25 in passive surveillance). An exhaustive self assessment of the Direction of livestock (including the veterinary services) has been carried out in 2005 and led to a redefinition of terms of reference for all the civil servants within the Direction of Livestock. This assessment is already a model for other countries. The country had suffered from a long delay in the approval of the last rider of WP5 which was only signed on 21st of June 2006. Therefore, the lack of appropriate computers hampered the management of the ARIS software for the zoosanitary data base. Nevertheless, it was recognized by OIE in May 2006 as free from Rinderpest infection. For CBPP, the control strategy plan applied in the country leans on the vaccination (in the buffer and infected/endemic zone) and on the installation of a sanitary cordon separating the country in 4 zones (free, surveillance, buffer zone, infected/endemic). Tattooing (initially conceived to fight against cattle robbery) and earnotchings are used to avoid any transport on foot between the infected and free zones. The CDS are largely associated to the public and private veterinarians for the control of the cattle movements. Moreover, the private veterinarians are given vaccination sanitary mandates for the fight against CBPP. The programme of credit towards the private veterinarians (26 beneficiaries to date out of 43 private vets since 2002) continues with a refunding rate considered to be satisfactory. Approximately 12.000 auxiliaries trained among the stockbreeders exist in Guinea and ensure primary health care. A few hundreds of them are employed and supervised by private veterinarians. The communication section regarded previously as a model faced a significant deceleration. The publication of the epidemiological news bulletin of the REMAGUI, whose last issue dates from 2003, remains irregular.

The signature of the rider to the WP5 has been delayed by one month and half by the Finance and Contract office of the ECD. A too strict policy from this section has really hampered the work of the PACE Guinea. It appears that this section is not working with good relationship with the Rural Advisor section. The second major programme (PASEL) has been frozen by the same ECD Finance and Contract team for more than 8 months (although the technical assistance for PASEL started last year...). Nevertheless it is true that the PACE team has not given major proof of relevant progress since last year with regards to the 4 thrusts of the programme (apart from the OIE Rinderpest free from infection status obtained in May 2006). As far as the financial counterpart is concerned, the government of Guinea allocated to PACE Guinea a contribution of around 50.000 Euros in 2003, 30.000 Euros in 2004, 25.000

Euros in 2005. However, despite this reduction tendency, around 60.000 Euros have been lodged in 2007 for the Development National Budget to cover the running costs of the network after PACE. Finally, for HPAI, the ordinary operating budget amounts 135.000 Euros for 2006 and the same amount for 2007. During his last mission in August 2006, the RTA shared all relevant documents with regards to Avian Influenza and elaborated with the PACE team an updated and exhaustive budget for HPAI need in terms of prevention and fight reaching the amount of 9 millions Euros. The RTA took the opportunity of his last visit to reinstall ARIS on a new computer provided recently by the PASEL programme.

Central African Republic — Score 2.89 / 4



In **CAR** (5 visits by RTA), some progresses have been made mainly at the central unit regarding the PID/ARIS but the country has suffered from the political events, and delays in funding have hampered the revival of the laboratory and network. It should be admitted that, except the problems related to the insecurity, obtaining a real progress concerning the major activity of PACE CAR, namely optimal operation of an epidemiosurveillance network, remains subordinated to the acquisition of a minimum of laboratory material, of powerful computer equipment as well as correct means of transport for certain field agents. The RTA played its "advocacy" role regarding the future replacement of looted (lab and transport) material towards the ECD. Unfortunately, in CAR the PACE was not at all supported by the ECD rural advisor. Moreover the ECD decided to cancel the CAONF since June 06, institution which was facilitating accounting procedures. Only the accountant remained. Regarding 6 motorbikes which had been looted in 2003 and an ELISA reader (crucial for the lab), the rural advisor has always showed unjustified reluctance to facilitate their purchase. Although on leave he finally agreed to give the green light to his colleagues. Having pleaded again for the PACE CAR during his last mission in September 2006, the RTA convinced the person in charge and the person working for finance contract to find a solution and they both accepted on principal, provided a previous agreement from the PACE financial controller, to open 3 last specific engagements. Later on this ultimate solution was unfortunately refused by the PCU. Nevertheless, the RTA managed to get a new computer from the supplier selected during the purchase procedure and was able to install the XP version of ARIS.

Following that issue, it is quite understandable to see that PACE CAR has a bit given up towards the local EU delegation and tries to get access to AIEA support in order to re-launch its lab.

Despite of these not favourable conditions (allied to unsecured access in some rural areas and delayed salary for civil servants), the PACE CAR achieves good results in terms of communication and epidemiosurveillance. Its newsletter "SISAC info" is one of the best and the most regular providing updated zoosanitary data (21st issue by now). Updated posters on current diseases are regularly produced and displayed. In addition, a regular weekly radio broadcast might continue after the termination of PACE thanks to special conditions offered by the national public radio (free time zone). Its network is composed of 42 agents in active surveillance out of 110 posts of passive surveillance + 37 relay agents and can rely on the livestock owners organized in Groups of Pastoral Interests (200 GIPs) with the support of the FNEC (National Federation of the Central African Stockbreeders). As far as the epidemiosurveillance is concerned, the PACE CAR is one of the rare countries having settled

for its agents a reward system of allowance as per achievement. Finally, for the RP OIE pathway, the RP emergency plan had been finalized in April 2006 through a mission from the PACE Epidemiology unit, which will enable the country to submit its OIE RP dossier (for recognition of country free from disease) for the 75th OIE General Session in May 2007. The dossier will include the result of the sampling tour.
The major issue remains the financial sustainability of the network since so far no government contribution (as counterpart) has been done. The privatisation process is also a problem since only one urban private vet exists against 30 public vets.

The RTA shared all relevant documents (technical and communication ones) with regards to Avian Influenza. He was able to elaborate with the PACE team an update and exhaustive budget for HPAI prevention and fight. The amount of 3.5 millions Euros of this budget includes medium and long term support in view of the reinforcement of vet services and will allow the country to call for extra financial support from donors in a transparent manner (frame easy to fill out by each donor).

Ghana	**Score 2.83 / 4**



In **Ghana** (6 visits by RTA), apart from a fruitful 2nd serological campaign which allowed the sampling of 4,766 serums in view of the "free from infection" OIE status (which was finally not given in May 2006), the delay of endorsement and subsequently the lack of fund has affected the programme at the beginning of the extension phase. Following a robbery of computers end of 2004, the ARIS software was reinstalled on 2 new desktop computers in April and May 2005, enabling the OIE reports to be generated. Some weakness of the communication unit and the lack of tools developed under it (didactic documents, posters) which were noted earlier, has been significantly improved, following the fear of Avian Influenza, since a large number of posters, brochures and leaflets have been produced in March 2006. Even the first issue of a zoosanitary newsletter was distributed in March 2006. As mentioned in the previous report, the RTA has the feeling that in Ghana the "de facto" integration of all civil servants (134 Vet Professional Officers, 89 Sub Professional Officers, 587 Technical Officers) in the epidemiosurveillance network leads to a huge number of people involved, having its advantages (better epidemiological cover) and disadvantages (possible weakness in the chain of command, risk of diluting the action). The epidemiosurveillance system is functional. More than 300 field technical agents (329 observation posts in 138 districts) are involved in active clinical surveillance. It explains the existence of the 33 clusters and of the 20 TOs selected as "Trainers of Trainers". This is a legitimate way to decentralise and give higher responsibility to a limited number of agents for an efficient network with proper tasks repartition. It is interesting to note that it actually corresponds to the inverse tendency, which occurs in the "French speaking" neighbouring countries. In fact they move towards an expanded number of stakeholders who gradually join the initial pool of selected actors (based on budget constraints for incentive) and who act as relay agents. Finally both systems are joining each other by moving (even using opposite approach or direction) to a balanced number of stakeholders taking into consideration the need of decentralised thus numerous actors for early outbreak detection and the necessity of limiting their number for assuring an "active", "motivated" and sustainable management

"team". This observation leads to another weak point, which is represented by the unbalanced figure between public (150) and private (19) vets (no rural vet by now). This fact is related to the standby applied regarding texts of law focusing health accreditation to private vet or political measure to withdraw some rural public clinic in order to support the establishment of privates ones through loans. The government appropriation with regard to the installation of Private Veterinarians or with the improvement of liberal exercise is still awaited since it could multiply the epidemiosurveillance network capacity. It is to be noted that all the first four WP have been audited and closed in OLAS system.

Finally, following the Nigeria outbreak and spread of HPAI in to neighbouring countries (Burkina Faso and Cote d'Ivoire), the government released 221.239 Euros in order to purchase 5 double cabin pick up for the veterinary services and protection and communication tools. The Accra Veterinary Laboratory is now equipped to diagnose AI using HI tests. 2 workshops were organised to upgrade and update all veterinarians on HPAI.

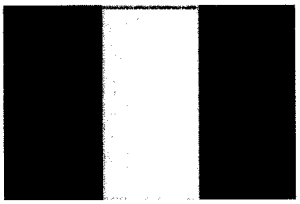
Togo — Score 2.81 / 4



In **Togo** (6 visits by RTA), some notorious progresses have been achieved in 2004 and 2005 on the level of the central unit as well as at field level. Besides, these progresses (general improvement of the epidemiosurveillance system, theoretical and practical trainings and refresher courses of the agents, regular sending of reports to OIE and to IBAR, satisfactory countryside serological campaign) undoubtedly took part in the fact that in May 2005, the International Committee of OIE recognized Togo as country free from Rinderpest infection at the time of its 73rd General Session. This status was maintained during the 74th OIE General Session in May 2006. Nevertheless the problem of the non exploitation of the zoosanitary data base ARIS remains crucial despite a reinstallation in April 2006. Then a major problem remains. It relates to the majority of the texts of law which are still in the course of validation (Health accreditation, Veterinary Board). Moreover, the specific engagement of 40 millions FCFA initially planned to be used as guarantee fund failed to be allocated to a bank. Nevertheless, this amount will be used for the prevention and fight against HPAI. As far as the integration of the PV (26) - forming the rural veterinarians Group called GVPR - in the epidemiosurveillance network is concerned, today non-existent whereas they represent essentially the key relay agents, the seminar held in Kara in June 2005 revealed a real motivation for its implementation from the PVs and from the Direction of Livestock. In fact the Director of Livestock committed himself to provide funds within the framework of the 2006 budget for their participation in the form of surveillance mandate. However, up to now the lack of fund at national level is still a problem and this integration is still awaited despite the fact that the 26 PV are more numerous than the public ones (12). A decree related to the health accreditation is in the course of validation but the mandate of vaccination is somehow applied in the field. The law creating the National Order of the veterinary surgeons was voted in August 2004, which allowed a separation with the doctors and dentists previously gathered until there in the same Order. The financial appropriation of the program by the Togolese government remains at the expiry of PACE a major challenge to protect and consolidate the capital represented by livestock after the withdrawal of PACE. Another issue is the lack of staff at the central veterinary laboratory (1 person only), which should deserve additional human resources for example in prevision of HPAI crisis.

The surveillance network called REMATO is composed of 55 observation posts in charge of passive/continue surveillance including 50 for active surveillance on Rinderpest. Although the activities of the PACE Togo suffered from a low diversity of didactic or external communication tools, one should mention the fourth issue of the zoosanitary bulletin (the first issue finally appeared in June 2005), which can now allow the sharing of the zoosanitary information between the actors of the network and its actualization, especially useful now with the risk of HPAI. Then a relevant illustrated guide of major diseases has been produced and distributed. Finally the team of the PACE Togo was deeply affected by the recent death (27th of October 2006) of their national coordinator Dr Nouréni Lawani-Ganyou. Actually the last issue remains in the general advanced age of majority of the staff within the Direction of Livestock. During his last mission in March 2006, the RTA shared all relevant documents with regards to Avian Influenza and elaborated with the PACE team an updated and exhaustive budget for HPAI need in terms of prevention and fight reaching the amount of 3.8 millions Euros.

Chad	**Score 2.78 / 4**



In **Chad** (2 visits by RTA), the RTA observed during his first mission a real will within the PACE Chad team to progress in the achievement of the 2 specific objectives of the extension program, and especially as the program already knew a 6 months stop of financing between its WP3 and the awaited WP4. The RTA noted the support offered by the Cell called ACTION (from the NAO) and the ECD. Nevertheless it appears that more regular and more cordial contacts between the PACE team and the ECD members on both sides would have participated for a better comprehension of the efforts provided by each one and a fortiori for a better collaboration.

A real progress concerning the major activity of PACE Chad, namely an optimal operation of the epidemiosurveillance network, remains subordinated to the recent repair of the national laboratory, to the resettlement of the laboratory material, to the delivery of samples and to a real will to start again its capacity of analysis. The rehabilitation of the national laboratory of Farcha occurred thanks to funds from France and from the EU during the year 2005, but in addition to the upgrade of its operation, it needs to be placed under quality assurance. The REPIMAT network includes 45 strategic posts equipped with motorbikes out of 130 surveillance posts out of 154 public vet posts (managed by 126 agents). Those posts are spread in 47 livestock sectors being part of 18 regional delegations (out of which 9 only have at disposal fridges and telephone). The agents perceive a monthly allowance calculated as per act done.

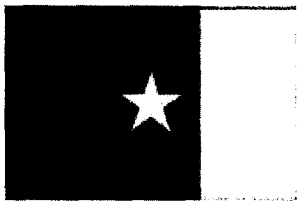
The country obtained on May 2006 the status of country free from Rinderpest disease (country wide). Despite the temporary stop of the financings, certain technical activities aiming to the maintenance of this statute could continue on financing of the Chadian Government. A first serological campaign was carried out during the first quarter 2005. 3000 serums (out of 8000 envisaged) were collected.

In spite of the low diversity of external communication tools (zoosanitary newsletter REPIMAT whom last issue (#20) in December 2005 shows some irregularity, absence of posters on diseases recognition) which are to be developed or improved, it is necessary to

mention the effort made by PACE Chad which produced (April 2005) a "Practical Guide" entitled "Role of the network field actors and Measures of application of the emergency plan" as well as a synthesis relating to the 10 years of operation of the animal diseases epidemiosurveillance network. The change of the PACE team coupled to that of the country economic status should have allowed the creation of a favourable ground for notorious improvements of the program. This appropriation of the program by the Chadian government is crucial but still awaited to protect and consolidate the capital represented by livestock, after the PACE withdrawal. An action plan (over three years) in progress on livestock development, whose budget covers the years 2006, 2007 and 2008, will necessarily aim at a reinforcement of the animal health service (epidemiological service and animal diseases monitoring), service considered as essential within the Ministry of Livestock.

Finally some problems remain. First it appears a lack of means of conservation (cold chain) of the samples on the field level as well as a certain insufficiency of the means of transport of the agents (motorcycles). The country counts 80 public veterinarians and 12 private veterinarians in exercise (out of 20) of which 11 received in 2004 a 2 years renewable health accreditation. An association of PV (UVPT) and an Order of veterinarians (ONVT) exist. However, it is unfortunate to note the quasi absence of participation of private veterinarians within the epidemiosurveillance network, due to a lack of motivation, whereas they can represent crucial relay agents. 21 PV were given a credit within the framework of the PARC but 1 only of them refunded its loan. Approximately 3,000 auxiliaries carry out treatments and drugs sales in an independent way with all the risks it can generate, or assist the public agents. Some ensure the retail sale for one of the 3 importers distributors of the country. Finally, the PID/ARIS software had been installed in November 2003 but was not exploited. The epidemiologist in charge of the network animation, his assistant and communicator and the agent in charge of the data entry and management, were recycled in May 2005 and in February 2006. An improvement in its exploitation is needed, as well as the exhaustive integration and compilation of all sources of national epidemiological data (Ministry of Livestock, REPIMAT and central laboratory), unfortunately not yet in place. It is relevant for the national interest of disease control strategy but also for international level (OIE and AU/IBAR).

Cameroon — Score 2.76 / 4



In **Cameroon** (3 visits by RTA including one focusing the HPAI outbreaks), the Program PACE Cameroon is implemented under the aegis of the Directorate of Veterinary Services which concerns the Ministry of Livestock, Fisheries and Animal Industries. It should be recalled that this country is the last to mobilize the PACE funding which intervened only in December 2003. Nevertheless, the implementation of the 1st work plan until end of October 2004 allowed the acquisition of the vehicles and the equipment and the start of activities related to the epidemiological surveillance. Two missions of the PACE Epidemiology Unit were conducted in order to help structure the network, and trainings have been held for the agents of the 20 initial epidemiological surveillance posts (for cattle) and for the 20 observation posts of the wild fauna. These agents are supervised on the ground by the 10 regional unit officers, who are in fact the chiefs of the provincial services of the veterinary services, and by 2 persons in charge for the fauna unit.

The regional unit officers, the chiefs of surveillance posts and the agents of the observation posts were trained in October 2004 in Garoua then in January 2004 in Bamamba in the North-western part of the country. Four LANAVET agents (Veterinary National Laboratory) were involved in the delivery of this training seminar. At the same time was carried out the distribution of the motorbikes towards the observation posts, of the material of cold chain and the zoosanitary information sheets for the epidemiological investigations in the field. In 2005, trainings addressed towards the farmers' representatives of the provinces hosting livestock were given. Each training was the opportunity of a handing-over of didactic documents. A very exhaustive and illustrated leaflet for daily surveillance has been conceived and distributed to the agents. It was designed thanks to the models given from other countries. These initial formations and recycling courses coupled with the delivery of equipment to the agents made it possible to make operational the work of the epidemiosurveillance network of Cameroon. In the WP2, 12 new epidemiosurveillance stations were created (32 current posts instead of the 20 initial ones) and equipped. The seven 4X4 vehicles, which purchase was programmed in the WP1 were delivered and placed at the disposal of the regional units. In addition 10 training and recycling courses were organized through the country for the network agents, the private veterinarians and the partners.

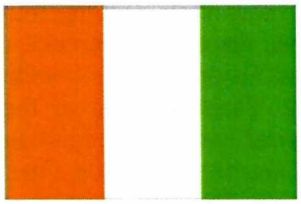
The country already has, through the technical services of the Ministry of Livestock, Fisheries and Animal Industries, a supervision system for farmers which is quite dense and covers all regions (10 regional delegates, 48 departmental delegates, 160 district delegates and 700 chiefs of Zootechnical Centre and Veterinary Sanitary Control). A national veterinary laboratory (LANAVET) assures diagnosis and produces a major part of the vaccines used in the country. Several private veterinarians (35 in total) are already settled but are not fully integrated within the epidemiosurveillance network.

The Rinderpest has no longer been reported since 1986 and vaccinations against this disease were ceased in 1999. The country declared itself provisionally free from Rinderpest but the active monitoring of this disease started only with the effective starting of PACE. The dossier for obtaining the status of country free from Rinderpest (disease) was worked out and sent to OIE in December 2006 (after the deadline). The continuation of the measures of eradication of this epizootic continues on the ground. The presence of several parks and reserves of fauna (17) justifies the installation of a specific unit in charge of the surveillance of fauna based at Garoua, in the north of the country, covering 20 surveillance posts. The PID/ARIS Software is installed but its regular exploitation began only in January 2006. Two (2) missions of monitoring of the European Commission were carried out and evaluated the PACE Cameroon, the first between November and December 2004 and the second in November 2005. These monitoring missions considered satisfactory the level of execution of the activities.

Two outbreaks have been declared: Maroua (March 11th) then Garoua (March 28th), both in the north of the country, in domestic and wild ducks. Depopulation and compensation took place in Maroua (2,000 heads of poultry slaughtered) and Garoua (1,000) in a perimeter of 3 km around the outbreaks, after 47 days and 30 days respectively. The role of avifauna in the introduction of the virus has been questioned, but has not been confirmed to date. Since March, no new cases have been suspected or declared to OIE. The total of fund allocated by the government and entrusted to the Inter Ministerial Committee for the control of avian influenza reaches 100 millions of FCFA. In addition, for the sustainability of the epidemiosurveillance network, the government has registered 156

millions of FCFA for the 2006 budget in order to train the various agents of the Ministry of Livestock and to purchase material (fridges, cool box, motorbikes, etc…) and committed to put aside each year a budget line for the running cost of the network.

Cote d'Ivoire — Score 2.43 / 4



In **Cote d'Ivoire** (4 visits by RTA including one focusing the HPAI outbreaks, none in the field), The RTA was finally able to visit this country during the last period due to the HPAI outbreak which was limited to the district of Abidjan. The country has not been able to reinforce its network on the whole territory but the HPAI has somehow revived the epidemiosurveillance activities. Some communication tools have also been developed towards HPAI, although the newsletter bulletin is still missing. Out of the 19 regions of the country, 13 are reachable by the public vet services. Cote d'Ivoire has maintained its status of country free from disease obtained in May 2004. As far as the computerized zoosanitary database is concerned, the use of ARIS has been pursued on a laptop but the material purchased and delivered in February 2006 has not yet been used. The country benefits also from its diagnosis capacities and its implication of the private veterinarians in the epidemiosurveillance network. A study on the distribution of vet drugs has been carried out in July and August 2005.



5 outbreaks of avian influenza were declared on April 25th in the district of Abidjan (Marcory, Anoumambo, Treichville, Bingerville and Yopougon municipalities). At the Treichville and Marcory poultry markets, 550 chickens were slaughtered and the 13 poultry owners compensated. The RTA participated during his last mission in May 2006, to the preparation of this first stamping out. In order to avoid the spread of the AI outbreaks beyond the limits of Abidjan district, vaccination of poultry, such as [grand] parent stock and layers, started in the commercial farms with the assistance of the FAO, which supplied 12.1 million doses of H5N9 vaccine. A ring-vaccination strategy has also been considered for the traditional poultry farms in the event of new outbreaks, but has not been implemented yet. The last outbreak was reported on June 10th (and confirmed on June 28th by the Bingerville laboratory) and is located in Large-Béréby (San Pédro area). Since that date, no further outbreaks have occurred in the country.

Gabon — Score 2.00 / 4



In **Gabon** (4 visits by RTA), strong improvements were awaited following each of the two consecutive appointments of new National Coordinators (the second NC in September 2004 and the third one in September 2005). Unfortunately big delays in the endorsement and funding of the year 1 extension WP (June

2005) had delayed the real launch of activities. Then, concerning the government contribution to the financing of the PACE, about 30 millions were mobilized in 2001 for the WP1 budget out of the 50 millions FCFA expected and nothing for the WP2 and WP3. The country although remaining weak in breeding and animal health has nevertheless improved in various sectors. A significant financial input from the government for the fight against HPAI has been promised by the president (500 millions FCFA). The disease has been officially inserted (by decree) in the surveillance network. A wide sensitization mission has been carried out within the country by the PACE team since April 2006. The communication component is in launching phase. The zoosanitary newsletter ("BIZOO") is now issued on regular basis and a special issue (3rd issue) on HPAI is about to be printed. The country finally declared itself provisionally free from Rinderpest in November 2005. Taking into account the fact that Gabon never recorded any Rinderpest outbreak, the country can claim directly for the status of country free from Rinderpest infection - on historical basis - while referring to the provisions of the article 3.c. of appendix 3.8.2. Sanitary Code of the Terrestrial animals of OIE. The dossier for OIE RP status (on historical basis for recognition of country free from disease) has been properly prepared and submitted on due time, including the result of the sampling tour, to obtain the status of country free from disease on historical basis (for the OIE General Session of May 2007). The team of PACE Gabon carried out for the first time in March 2006 a serological campaign with 217 samples collected from Ngounié and Nyanga Provinces. 2 extra lab staff have been recently trained at LANAVET (Cameroon) in order to assist the biochemist previously trained also in Cameroon. They will compose the team of the first national veterinary laboratory. Unfortunately nothing could be done on time (in order to respect the WP closure process) to welcome the trainer who was expected to initiate with the learners the operation of the new laboratory material.

The construction of one of the 2 quarantine parks (Eboro) is also in progress. The surveillance network called REMAGA is composed of 13 field agents working in 5 of the 9 provinces of the country. Trainings and refresher courses for 46 agents from the agricultural and environment (national parks) sectors, on recognition and surveillance of main diseases were conducted. For wildlife, 5 agents are involved. A sensitization about HPAI towards breeders, importers, local authorities has been carried out. But there is no rural private veterinarian in Gabon and no veterinary Board.

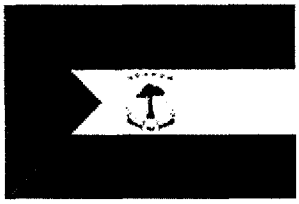
Some problems occurred with regard to one reimbursement form (amounting 2.3 millions FCFA) considered as non eligible by the ECD. Finally a solution has been found which will involve the reimbursement by the government. The RTA pleaded the cause of the PACE team towards the ECD in order not to freeze the activities too early and allow the finalization of the training of lab staff and the implementation of materials for a quick level of HPAI (and other major diseases) diagnosis. The RTA managed to meet for the second time the Ministry of Rural Development who explained that 166 millions were effectively spent by the government for the 2005 budget (actually spent mostly in 2006: construction of a quarantine park, repair and renovation of the DVS building, vehicle). He said that although 15 millions only have been earmarked for the 2006 budget, 128 millions FCFA have been budgeted for 2007 (78 millions for operating cost and 50 millions for investments' costs); but, although the operating cost could be available in June 2007, the investments one won't be available before end of 2007.

The RTA shared all relevant documents (technical and communication ones) with regards to Avian Influenza. He was able to elaborate with the PACE team an update and exhaustive budget for HPAI prevention and fight. The amount of 2.6 millions Euros includes medium

and long term support in view of the reinforcement of vet services and will allow the country to call for extra financial support from donors in a transparent manner (frame easy to fill out by each donor).

In September 2006, the RTA managed to reinstall ARIS on a new computer provided by the government for the laboratory, which enabled the person in charge to pursue the data entry and analysis, the sending of OIE reports and back up files to the Nairobi continental database of AU/IBAR.

Equatorial Guinea — Score 1.69 / 4



In **Equatorial Guinea** (2 visits by RTA), the National component PACE began its activities in September 2002. It works within the General Directorate of the Veterinary Services (DGSV) under the supervision of the Ministry for Agriculture and Forests.

The WP1 which posed many problems of closure had ended in April 2003. After many discussions and missions, a WP2 was finally committed which covered the period of July 1, 2005 up to May 1, 2006. This WP2 was accepted in order to enable the country to start at least the OIE procedure to obtain the declaration of the country free from Rinderpest infection on historical basis (since no outbreak occurred and no vaccination was carried out). The WP2 whose funds were only mobilized in November 2005 was frozen on February 3, 2006 because of the departure of the TA to the ECD, who was at the same time accountant for the execution of the control of the WP. A new TA to the ECD took his functions at the beginning of April 2006 but unfortunately died in July 2006.

The totality of the cattle population of the country is limited to approximately 2,250 animals on all the territory (up to 5,050 - FAO 2005 - according to imports'). Today the PACE Equatorial Guinea has a network of 6 observation agents (1 on the island of Bioko and 5 on the continent). The 6 agents of the surveillance stations were trained in November 2005 as well as the 2 communication staff (one on the island of Bioko and one on the continent). A "Handbook of the agent of the epidemiological inspection and zoosanitary network" was adapted from existing handbooks provided by the RTA, translated and distributed to them. Local Livestock and Agricultural advisers (1 per village) considered as relay agents participate to the surveillance network and inform the 6 agents, the 47 other public agents or the 36 engineers of the Technical Directions of the Ministry of Agriculture and Forests. Stockbreeders, importers of live animals, and butchers are sensitized to recognize the signs of Rinderpest. The 15 CAHWs of the country were also trained. A network of 2 urban private veterinary cabinets (1 in Bata and 1 in Malabo) takes part of the network.

The very low density of the cattle and the almost not possible interaction between the sedentary or importation cattle and wild fauna sensitive to Rinderpest limit the need for deep wild fauna surveillance like blood serology.

Today the Rinderpest OIE dossier is almost finalized following the last mission of the RTA in April 2006 (including an emergency intervention plan). It was supposed to be sent to the PEU in July- August 2006 for a first correction before its submission to OIE but the deadline was not respected.