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Addressing animal and human health constraints: a global and regional priority

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Executive Summary

Africa harbors a multitude of infectious animal and zoonotic diseases that have key direct and indirect negative impacts on both human health and well being and animal production. To date, only Rinderpest has been eradicated from the Continent, after more than 45 years of continuous effort. Other major epizootic diseases, such as FMD, PPR, CBPP and Newcastle disease continue to limit animal productivity, constrain access to lucrative internal and export markets and drain considerable private and public resources for their control. They deprive local producers and consumers of valuable proteins of animal origin and in many parts of the continent, animal draught power is also affected with consequences on agricultural production and on farm transport. The growth of the agro-processing industry in the continent is further hindered by insufficient and irregular supply of quality animal products and by-products.

Intensification of animal production, speed of travel and transportation of people and animals and their products across national borders, changing land use systems and climate change have all produced favorable conditions to the emergence and transmission of infectious animal diseases and zoonosis. Furthermore, the large presence of wildlife and its increased interaction with domestic animals and people, due to expansion of agricultural activities and changes in human behavior, further increase risks of transmission of zoonotic diseases.

Weak national economies and gross under-funding of veterinary and public health services, also characterized by weak surveillance and laboratory diagnostic capacities, have resulted in a general paucity of reliable and timely data needed for evidence based advocacy, development of control strategies and decision making on resource allocation and investment in disease control. Moreover, many African veterinary services lack early warning and response mechanisms to disease epidemics and other animal health related emergencies; and where these are available, regional integration necessary for underpinning TADs control is lacking. Besides these internal weaknesses, the systems are also critically isolated from functional networks through which they could access external support and expertise. Furthermore, for a vast majority of the national services, the workforce is aged and/or with insufficient or out-moded skills.

The control and eradication of major animal and zoonotic diseases requires well coordinated and sufficiently funded intervention at global and regional level. The eradication of Rinderpest in Africa clearly demonstrates this and highlights the key benefits of investing in institutional support to solve local problems. Rinderpest eradication in Africa has been coordinated by AU-IBAR since 1965 and has used a total of 250 million USD from external donors (70%) and domestic resources (30%), mobilized through different programs such as JP15, PARC, PACE and SERECU. During that period more than 525 million heads of cattle were

immunized, followed by extensive surveillance through national networks established in all participating countries, utilizing diagnostic and vaccine production capacities developed simultaneously through the same support. The role and status of wildlife was also extensively monitored and included in surveillance activities. Rinderpest control and eradication strategies were coordinated at global level through the GREP initiative of the FAO with the support of the World Organization for Animal Health (OIE).

Another important example is the SPINAP program against Highly Pathogenic Avian Influenza (HPAI), coordinated by AU-IBAR and implemented in 47 sub-Saharan African countries. Building on the experience and network built during the PACE program, resources were mobilized and availed to countries to establish or revamp their capacity to prevent and manage incursions of the HPAI. As in the case of PACE, SPINAP seeks to strengthen national capacities for early detection and rapid response to outbreaks by strengthening national institutions charged with the responsibilities of diseases surveillance and diagnosis, border controls, awareness creations and behavior change communication, as well as rapid response. Unlike Rinderpest that was a purely animal disease, avian influenza is a zoonoses and therefore demands adoption of new strategies. To ensure both animal and human health concerns are well articulated, the program has worked to build close working relationship between animal and human health professionals at all levels. This has been achieved partly through the integrated action planning process which highlights key areas of joint responsibility for both sectors. At the implementation level, SPINAP has provided funding for interventions in both animal and human sectors and has created forums where professionals from both sectors are brought together to deliberate, plan and discuss their joints roles in the management of HPAI. This approach has encouraged collaboration at the country level because tSPINAP has established an integrated team comprising animal health, human health and wildlife experts who steer program implementation and technical support throughout the continent. To further strengthen this emerging coalition, the team is further working to rope in institutional partners involved in both animal and public health into lasting institutional arrangements. This has provided opportunities for joint interventions such as the recruitment and training of joint rapid response teams and combined training of laboratory personnel.

In light of the above, more coordinated and regional approaches are warranted for the eradication or control of trans-boundary and zoonotic diseases. This will reduce not only their impact on the African continent but also reduce the risk of spread to other regions of the world.