

RAPPORT DE MISSION/ MISSION REPORT

Dr Bernard Vallat, Directeur général

Vienne (Autriche)

Dates de la mission/Dates of the meeting : 5-7 juin 2006

Objet de la mission / aim of the meeting:

- Participer à la Conférence mondiale sur la grippe aviaire co-organisée par la Présidence autrichienne de l'Union européenne, la Commission européenne et les Etats-Unis d'Amérique.
- Réunions bilatérales avec les donateurs pour faire le point sur les différents projets d'appui financier à l'OIE dans le cadre de la lutte contre la grippe aviaire.
- Cette mission a été suivie directement d'une autre mission à Genève (liaison directe Vienne-Genève) qui fait l'objet d'un rapport séparé.

Autres participants / Other participants (personnel de l'OIE)

- Dr Christianne Brusckke, Chargée de mission
- Dr Alejandro Thiermann, Président de la Commission du Code,
- Dr Philippe Blanc, consultant
- Mme Maria Zampaglione, Responsable de la Mission communication

Résumé et conclusions / Summary and conclusions:

L'objectif de cette Conférence internationale était de faire le point sur la situation de la grippe aviaire dans le monde tant au niveau animal (extension géographique, nouveautés épidémiologiques) qu'humain (cas de transmission à l'homme), de décrire les programmes de lutte en cours dans les différentes régions et pays, et les mécanismes de coordination gérés par les Nations Unies et leurs partenaires et enfin de comparer les montants des ressources déjà allouées par les différents donateurs aux engagements qu'ils avaient pris lors de la Conférence précédente à Pékin.

L'opportunité m'a été donnée d'intervenir à deux reprises en séance plénière (et de participer en tribune aux débats qui ont suivi les interventions). Les interventions ont porté sur la situation de la grippe aviaire dans le monde et sur l'état des ressources reçues par l'OIE comparé aux demandes formulées à Pékin sur la base du document « Good Governance ». J'ai notamment indiqué que le montant des ressources demandé par l'OIE tel que mentionné dans le document de base déjà présenté à Genève et à Pékin n'avait pas varié et qu'il restait toujours pertinent.

Plus de 100 pays et 30 Organisations internationales à vocation technique ou économique étant représentés, la visibilité de l'OIE a été satisfaisante. Elle a été renforcée par la distribution en séance du fascicule sur la vaccination pour l'influenza aviaire (déjà distribué lors de la Session générale) et de divers matériels de communication (DVD, plaquette).

Les aspects financiers de cette mission à Vienne ont fait l'objet d'un rapport de mission séparé déjà diffusé par Philippe Blanc (y compris les contacts directs qu'il a eus avec le Siège de l'OIEP à Vienne).

Une attention spéciale a été réservée par la Conférence aux problèmes que rencontre l'Afrique pour contrôler la grippe aviaire, d'autant plus que les besoins évalués pour l'Afrique lors de la Conférence de Pékin ne concernaient à l'époque que le coût des actions de prévention, l'Afrique n'étant pas encore infectée (au moins 8 pays sont infectés à ce jour).

L'OIE a été très impliqué dans la nouvelle évaluation réalisée pour l'Afrique car le travail qui a été présenté à Vienne par le Dr Traoré qui représentait l'Union africaine, avait été préparé juste avant la Conférence par une équipe de 3 experts mandatés par le Comité Exécutif d'ALive (présidé par l'OIE). Philippe Blanc faisait partie de cette équipe de 3 experts.

Le document présenté et distribué à la Conférence sous le timbre d'ALive, de l'OIE, de la FAO et de l'Union africaine a intégré tous les besoins du continent africain pour trois ans dans le domaine vétérinaire mais aussi dans le domaine de la prévention de la pandémie humaine sur la base de données communiquées à nos experts par le bureau Afrique de l'OMS.

La décision a été prise à Vienne d'organiser une nouvelle Conférence de donateurs en Afrique à l'occasion de laquelle de nouveaux engagements financiers (pour l'Afrique et pour le reste du monde) seraient requis. Le document préparé par ALive servira de base pour ces discussions. Le lieu de la Conférence sera décidé ultérieurement sur la base d'une proposition de l'Union africaine, la date se situant probablement en décembre 2006. La préférence de l'OIE irait vers le choix de Bamako, Siège de notre Représentation régionale et premier Centre Régional de Santé Animale OIE/FAO/UA-BIRA.

Dans l'attente de nouvelles ressources qui seraient annoncées lors de cette Conférence en Afrique, une négociation directe avec la Commission européenne et la Banque Mondiale a été menée à Vienne en marge de la Conférence. La Commission a confirmé officiellement son intention d'affecter tout de suite 30 millions d'euros mobilisables sous la responsabilité de la Gouvernance ALive. Néanmoins la Banque Mondiale continue à soulever des problèmes légaux pour les modalités de mise en œuvre des fonds et a reporté sa décision finale à des discussions internes, notamment pour désigner le Trust Fund devant héberger ces ressources. La possibilité du transfert direct d'une partie de ces fonds sur le Fonds Mondial de l'OIE reste ouverte, à condition qu'un accord cadre à caractère financier soit rapidement signé entre la Commission européenne et l'OIE (F.A.F.A.).

Pendant la Conférence, plusieurs autres contacts directs bilatéraux avec les Organisations internationales et les donateurs ont eu lieu. En plus de la Commission européenne, des discussions se sont déroulées avec les Représentations du Royaume-Uni (DFID), de l'OMS (Mme Chan – appui au projet GLEWS par le Canada), de la FAO, de l'UA-BIRA, de l'UEMOA, de la CEDEAO, du Mali, et de la Banque Mondiale.

Une réunion formelle a été organisée avec la Délégation des Etats-Unis en présence de représentants de la FAO (Joseph Domenech). La réunion a été présidée par l'Ambassadeur Lang et a permis de clarifier les objectifs de l'OIE pour le court et le moyen-long terme ainsi que les synergies qui pourraient être développées entre l'OIE et les Etats-Unis notamment pour le renforcement des Services vétérinaires dans le monde. L'Accord technique et financier entre l'OIE et l'USDA a été signé. Cette réunion permettra peut être d'aider à rapprocher les points de vues de l'OIE et de l'USAID qui a tendance à faire cavalier seul dans tous les pays du monde sans concertation avec les autres acteurs (dont l'USDA).

Conclusions et suites à donner / Conclusions and Follow-up:

- Suivre avec le Dr Traore le choix du site de la prochaine Conférence mondiale (BV).
- Monter un dossier d'Accord financier avec la Commission européenne (JLA, AD).
- Suivre le résultat des discussions avec l'OPEP (JLA, AD).
- Suivre la finalisation du document ALive pour la grippe aviaire en Afrique afin de présenter un document définitif à la prochaine Conférence (DS, AD).
- Mise en œuvre de l'Accord technique et financier avec l'USDA (AD, DS, JLA).

P.J : Deux présentations power point
Document ALive

Diffusion : Directeur généraux adjoints, Chefs de Service et adjoints, A. Dehove, Chargé(e)s de mission, S. Bègue, M. Teissier, M. Zampaglione, Représentants régionaux, R. Abila, S. Forman, C. Planté, J-M Bergès, A. Thiermann



AVIAN AND HUMAN INFLUENZA CONTROL AND PREVENTION:

Alive Preliminary Assessment of Financing Needs and Gaps in Africa

Vienna, Austria

June, 2006



ALive International Partners

The ALive initiative is a multi-partner programme initiated by the World Bank in conjunction with FAO, OIE, AU-IBAR, EU and other partners. It is focused principally on the significance of livestock in the economy of Africa, public health, poverty reduction, institutional support of official veterinary services. The initiative encourages dialogue between the donor community and African livestock stakeholders linked to development of strategies and appropriate policies, and advocacy for investments in animal disease control. The current Executive Committee comprises the following:

African Union-Inter African Bureau of Animal Resources (AU-IBAR)
Africa Regional Economic Commissions (RECs)
Food and Agriculture Organization of the UN (FAO)
World Organization for Animal Health (OIE)
CIRAD/France
Institute of Animal Health-UK
EISMV-Dakar, Senegal
European Union (EU)
African Development Bank (AfDB)
France
USAID
World Bank (WB)

Acknowledgements

The mission acknowledges with thanks, the assistance including the provision of data by the following institutions and organizations:

- *RECs:- ECOWAS/CDEAO, UEMOA, IGAD, SADC, CEMAC/CEBIVIRHA, and UMA.*
- *OCHA Regional Office (UN Office for Coordination of Humanitarian Assistance-Dakar)*
- *Veterinary Services especially those in countries visited such as Burkina Faso, Nigeria, and Djibouti.*
- *FAO, OIE, AU-IBAR, WHO*
- *The World Bank*

INTRODUCTION

This paper is the outcome of an ALive mission that visited Regional Economic Commissions (RECs) of Africa: ECOWAS-Nigeria, UEMOA-Burkina Faso and IGAD-Djibouti and collected data from various institutions and organizations (see acknowledgements). The aim of the mission was to collect relevant data for avian influenza control and pandemic preparedness, assess needs and gaps and prepare an action plan for the control of the disease. The approach discussed in this paper draws on the analysis of data collected from RECs and countries; FAO, OIE and IBAR evaluation of needs; the WHO Africa Region document on Regional Pandemic Influenza Preparedness and Response Plan, 2006-2007 and OCHA Regional Office in Dakar, Senegal documents. During the meeting of ALive Executive Committee at the end of April 2006 in Bamako-Mali, it was decided to launch a mission to collect and analyse data required for such an assessment based on recommendations made in Washington DC, USA in March 2006.

Structure of the paper: the first part of the paper describes the background to the current avian influenza crisis in Africa. The second part describes the strategies to control HPAI in poultry within the African context. The third part describes an integrated action plan for the prevention and control of HPAI and

pandemic influenza preparedness. The fourth part explains implementation modalities at national and regional level and the last part shows the estimated cost of the proposed programme.

1.0 BACKGROUND

Highly Pathogenic Avian Influenza (HPAI), caused by avian influenza virus subtype H5N1, has severely affected poultry production in Southeast Asia since 2003. In July 2005, HPAI H5N1 virus spread in a north-westerly direction in both domestic poultry and wild birds in Russia, Mongolia and Kazakhstan. By the end of 2005, the HPAI virus had spread progressively to Europe and Middle East countries. The African continent recorded its first outbreak of HPAI in Nigeria in February 8, 2006 in domestic poultry. Since then Egypt, Niger, Cameroon, Burkina Faso, Sudan, Côte d'Ivoire and Djibouti, have reported outbreaks of the disease in domestic poultry. The threat of further spread in Africa is real and it could occur from the legal or illegal movement of poultry and/or poultry products, or potential interaction between domestic poultry with infected wild bird populations. It is estimated that in 2 years, about 200 million poultry have either been culled or died as a result of avian influenza outbreaks in infected regions of the world. In Nigeria, losses were reported (April 2006) as 703 065 birds either culled or dead from avian influenza infections. According to the WHO (23 May 2006), global cases of human infections attributable to H5N1 from 2003 to 2006, number 218 with 124 deaths. In Africa, Egypt has recorded 14 human cases with 6 fatalities. Djibouti recently reported a single human case in a young girl.

Insufficient financial and logistic resources, weakened veterinary services, lax border controls on animal movements, conflicts and inappropriate governance constitute an environment where the spread of the HPAI and other transboundary animal diseases could be highly facilitated. Therefore, countries of the continent must be considered as facing a high risk of becoming infected with HPAI. The impact of outbreaks of HPAI through loss of poultry production capacity and consequences of control actions are likely to be worse than in any other part of the world. Moreover, the risk of the disease becoming endemic in domestic poultry or wildlife has to be considered as a threat for the future. The continent could equally become a reservoir for the virus from where re-emergence of the disease could pose a recurrent risk at global level. The probability of having the virus mutating and starting a human pandemic is also a distinct possibility. The rapidly evolving HPAI situation therefore necessitates an adaptation of the global strategy to fit African specificities. An assessment of needs and gaps so as to seek donor assistance to contain the outbreaks and to protect peoples' livelihood and public health, therefore critical.

Major initiatives have been taken at global level in particular, meetings of Geneva, Switzerland (November 2005) and Beijing, China (January 2006) to coordinate strategy and to mobilize funds for HPAI control. The Geneva meeting of 2005¹, agreed that the global avian influenza control strategy should give priority to both animal and human health interventions, coupled with multi-sectoral approach to mitigate human pandemics. The meeting recognized the need for; i) high level political commitment, ii) need to support countries compliance with international standards on quality of Veterinary Services and WHO international health regulations (IHR), iii) strong information dissemination and social mobilization targeted to stakeholders and the general public, iv) mechanisms to sustain vulnerable livelihoods and relieve distress, as a result of avian influenza outbreaks and control measures; v) strategic alliances across all levels of government, that engage both the private and NGO sectors. These principles are in line with the overall precepts of the global framework for the progressive control of transboundary animal diseases (GF-TADs²), an FAO/OIE initiative that seeks to control transboundary animal diseases such as HPAI at source.

In January 2006, an international pledging conference jointly sponsored by the Government of China, the European Commission and the World Bank, brought together delegates from over 100 countries to set out their national animal and human influenza (AHI) programs and pledge financial support. The World Bank presented an estimate of funding gaps against short-term needs at the global, regional, and country level³. Almost \$1.9 billion was pledged to support country, regional and global HPAI programs.

However, at the time of the Beijing conference, Africa had not been affected by the disease and as such, little consideration was given to commitment of financial resources specifically geared towards preventing

¹ Report of November 6 – 9, 2005 AHI meeting in Geneva.

² The Global Framework for Transboundary Animal Diseases (GF-TADs) is a joint FAO/OIE initiative which combines the strengths of both organizations to achieve more than would be feasible by separate efforts. GF-TADs is a facilitating mechanism meant to empower countries and regional alliances-in this case AU-IBAR, in the fight against TADs, to provide capacity building and to assist in the establishment of programmes for the targeted control of TADs based on their regional priorities.

³ Avian and Human Influenza: Financing Needs and Gaps: World Bank December 21st 2005

and controlling avian influenza outbreaks and diminishing or eliminating the threat of human pandemic influenza on the continent.

In the face of these difficult circumstances, a number of initiatives and actions have been started to build an adequate organizational set up with the aim of providing the tools for implementing an adapted strategy for Africa that ensures effective coordination of efforts. These initiatives are targeted to assisting African countries to prepare for an eventual introduction of HPAI to other parts of the continent and to provide effective control strategy through the design of emergency plans, early response programmes for avian influenza control and to mitigate human flu pandemic threat. The Alive (African Livestock) initiative is a sound basis for orientation and harmonization of the prevention and control programmes for HPAI and other emerging and re-emerging transboundary animal diseases.

The proposals presented hereafter are aimed at boosting the operational capacity of this framework. They are designed to help countries facing the greatest threats to improve the effectiveness of their Veterinary Services in order to make them capable not only to efficiently prevent and control HPAI to avoid repeated HPAI infections and diminish the risk of human flu pandemic, but capable of detecting other emerging and re-emerging transboundary animal disease outbreaks as soon as they occur and of responding rapidly. In view of the zoonotic nature of HPAI, it is very important to reinforce human surveillance and response systems strengthen collaboration between animal and human health institutions and improve communication with the public.

2.0 A SPECIFIC STRATEGY FOR THE CONTROL OF HPAI IN AFRICA

The strategy for the control avian influenza in Africa was defined in September 2005 by AU-IBAR in collaboration with OIE and FAO. This was endorsed by the Conference of African Ministers in charge of Animal Resources in Kigali, Rwanda (November 2005). Other important initiatives followed i) WHO Africa Regional meeting in Brazzaville, Republic of Congo (January 2006), ECOWAS Regional meeting in Dakar (February 2006), UNDP Coordinated meeting on HPAI in Libreville-Gabon (March 2006).

HPAI infection in poultry in Africa, is quite recent (~4months) and as such, there is lack of specific epidemiological data for the disease on the continent. Building on the Asian experience, FAO and OIE published proposals on “Ensuring good governance to address emerging and re-emerging disease threats” and also listed in their document “ *Global Strategy for the Progressive Control of Highly Pathogenic Avian Influenza (HPAI)*” (November 2005), a range of epidemiological scenarios and options. A combination of appropriate control strategies is available to control HPAI, depending on the status of countries with regards to the disease situation. Prevention is based on improvement of surveillance, early warning, early reporting and early response. This is a major area for investment at the country level in Africa in support of the veterinary services and human health institutions including communication. In addition, a good prevention strategy needs to be based on a sound understanding of the social and economic factors that influence poultry market chain as well as issues related to cultural practices that may be related to human infections with HPAI viruses.

Despite the large presence of wild birds in Africa, it is generally recognized that human activities especially illegal trade in poultry and poultry products, have been responsible for disease spread within countries and beyond national borders. The role of wild birds in the epidemiology of avian influenza in Africa remains a serious concern and studies are needed to define their role in the epidemiology of the disease. In Africa, poultry production and marketing systems bring close contact between humans and poultry. This increases the risk of transmission of the virus from birds to humans.

Available strategies, tools and methods

In general, strategies will be based on properly coordinated communication, disease prevention and control at the animal source and public health strengthening programmes. Appropriate governance and control policies are the key factors to ensure efficiency of any strategy on prevention and control of emerging and re-emerging transboundary animal diseases and zoonoses. Promotion of good governance must therefore be based on OIE international standards on the quality and evaluation of Veterinary Services as democratically adopted by the OIE Member Countries. These standards provide guidelines on legislation, infrastructures and human and financial resources. Countries must also use guidelines provided for International Health Regulations by WHO.

Massive **communication** campaigns should be put in place and this should be a major component of any HPAI prevention and control programme and for avoidance of HPAI virus infections in humans. Campaigns will target a variety of audiences such as national and local governments, in order to generate political commitment; community leaders and women and men farmers in order to create awareness on the epidemic and its consequences, as well as on vaccination, other means of prevention and compensation where appropriate. Communication will as well be an essential element of human health programme to raise awareness on the risks of contamination and prevention of a possible pandemic.

Regarding **prevention and control of the disease at its animal source**, a combination of strategies is a proper option than reliance on a single strategy e.g. culling alone. The control of HPAI is to be achieved by reducing the amount of virus circulating in poultry and on farms and thereby limiting the exposure of humans to the HPAI virus:

- Surveillance and monitoring are key elements to the prevention and control of HPAI. A precondition for effective disease surveillance and control is the existence of competent, properly resourced and well-trained animal and human health institutions.
- Stamping-out is the preferred option for an outbreak of HPAI and should be used in all flocks exhibiting clinical disease.
- Compensation is a prerequisite for culling acceptance as it reduces disincentive to report, and supports farmers for restocking. It should meet criteria of affordability, acceptability, accurate pricing and simple payment methods.
- Compartmentalization and zoning are concepts which could be applied when complete eradication cannot be achieved in a country.

Vaccination may have to be used as 'targeted' in most of the cases in Africa, particularly when there is a high concentration of farms (high poultry density); in the case of containment of geographic spread through ring vaccination around outbreaks; when there is a specific risk factor such as in regions close or linked to endemic regions and for valuable genetic stocks such as poultry parent and grandparent stocks. Plans to implement vaccination campaigns require adequate preparations, procurement of strategic stocks of vaccines complying with OIE standards, equipment (syringes, needles, protective clothes...) and vehicles. Operational funds have to be secured.

Human health programmes will be focussed, beside awareness enhancement through appropriate communication, on planning and coordination of human health programmes, strengthening of national public health surveillance systems and strengthening of systems for improving early response capacities in the countries.

3.0 ACTION PLAN FOR AFRICA

Actions to be implemented have been designed for a period of three years to cope with the present crisis and to prevent it from developing into a situation that would lead to i) permanent threat of re-infection for both Africa and other parts of the world and ii) increase the risk of the virus mutating to provoke a possible pandemic. Short and medium term actions are presented below and constitute the three-year action plan. The longer term actions will have to be initiated in due time as they are to constitute the consolidation of those implemented in the short and medium term through raising the quality of veterinary services to a level that is sustainable and compatible with OIE standards, and improving health institutions for better human pandemic influenza preparedness.

Main objectives are:

- to strengthen national and regional capacities on prevention/control of avian influenza in poultry and establish capacities in preparedness and response to pandemic influenza in Africa;
- to minimise negative impacts of disease outbreaks and disease control processes and reinforce coping mechanisms of poultry producers and others in the poultry market chain.

Expected outputs:

The expected outputs would be an increase in the efficiency of the animal and human health surveillance and response systems as well as an efficient communication strategy from the high political to the grass-roots level, whilst enhancing regional integration in terms of strategic planning, operational coordination, up-scaling of capacity building efforts and exchange of knowledge and know-how across countries and finally all improvement toward a progressive compliance with international standards on surveillance, notification and appropriate governance on veterinary policies. Specifically, the following outputs are envisaged:

- Expansion of the disease is limited and/or stopped through effective surveillance networks and adequate implementation of emergency preparedness plans through capacity building and improvement of veterinary services in Africa;
- More robust and more bio secure poultry sector that sustainably supports livelihoods in Africa.
- Threat of human pandemic flu is mitigated and human health institutional capacities strengthened.

3.1. Short term actions

These will include:

3.1.1. **Establishment/improvement of disease information systems** at national level in order to develop communication modules aimed at raising awareness on preparedness for both animal health and human health, explaining measures and improving collaboration with stakeholders (see 1.1). Support for the elaboration of adapted messages will be provided at regional level and relayed at sub-regional level (see 2.1).

3.1.2. Specific animal health activities :

- Enhancement of National prevention and preparedness capacity by preparing and making effective emergency preparedness and early response plans through provision of expertise and training to all countries (see 1.2.1);
- Strengthening disease surveillance, diagnostic capacity and applied research through appropriate design of surveillance networks, specialized training in laboratory diagnosis and involvement of private partners among stakeholders from private veterinary practitioners, livestock owners and stakeholders active in the market chain for livestock and livestock products (see 1.2.2);
- Strengthening HPAI control programmes by immediately applying classical sanitary measures, based on the culling of infected or in-contact animals and the implementation of strict movement restrictions and quarantines for animals and humans (see 1.2.3 and 1.2.4);
- Improving bio security in poultry production through stakeholder awareness and training (see 1.2.5)
- Carrying out socio-economic surveys to assess the impact of disease outbreaks and zoo-sanitary measures applied in countries affected by the disease. This is essential to refine compensation mechanisms and to design recovery programmes once outbreaks are fully controlled. (see 1.2.6).

These activities at National level will be supported at regional level to provide countries with technical coordination, capacity building targeted to national policy makers through regional seminars, a regional network for diagnosis and epidemiology, regional wildlife surveillance, veterinary services evaluation and technical expertise when required, regional socio-economic networks and expertise, operational research on HPAI, training on evaluation methods of Veterinary Services and provision of short term technical assistance and support staff using pool of experts coordinated by OIE/FAO/IBAR Regional Animal Health Centres. (see 2.2)

3.1.3. Human health activities :

- Enhancing public health planning and coordination through mobilization of the relevant institutions (see 1.3.1);
- Strengthening of national public health surveillance systems through better disease identification, integration of influenza surveillance into active surveillance systems and improve capacity of the laboratories (see 1.3.2);

- Strengthening health systems response capacity through enhancement of data management capacity (see 1.3.3).

3.1.4. Expansion of the Emergency Vaccine Funds

A regional approach has been agreed for providing Africa with highest quality (compliance with OIE international standards) and readily available vaccines at competitive prices

Two funds will be replenished to cope with the needs of Africa countries for the use of vaccines in the control of HPAI, using the same objectives and procedures:

- 1) The emergency vaccine fund for Africa created under UA-IBAR/PACE Programme (covering currently 32 Member Countries and their neighbours) hosted by the OIE and managed through an agreement with European Commission and IBAR/PACE.
- 2) The FAO special Fund for emergency and rehabilitation activities (SFERA)

3.1.5. Implementation and coordination support to countries (see 1.5.)

The program will support regional response to the HPAI through the operation of Regional Animal Health Centres for the benefit of the countries. This will facilitate coordination among technical partners, monitoring and reporting of country status (epidemiology, socio-economic and operational response), information and knowledge sharing. It would promote/strengthen collaboration between the veterinary and health services at national and regional level. The main activities developed by the Animal Health Centres will include capacity building seminars, Veterinary Services evaluations, short term technical assistance and scientific support to the countries.

3.2. Medium term actions

The actions to be carried out in the medium term in Africa involve the consolidation of prevention and control actions designed to control and eradicate avian influenza. As elsewhere in the world, the restructuring of the Veterinary Services of some countries in Africa, in association with public and private sector partners, will be a priority. These are likely to concern a large proportion of African countries. The action programme is to be executed along three main lines corresponding to the main partner organizations' roles:

- Harmonization and technical monitoring of countries' emergency plans, reinforcement and expansion of epidemiosurveillance networks and monitoring and coordination of sanitary measures. (see 1.2. and 2.2.).
- Pursuance of investigations related to the role of migratory birds in the epidemiology of the disease, diagnostic training activities for African laboratories, technical support to feasibility studies of national and regional investment programmes and the provision of technical assistance for the Regional Animal Health Centres and the implementation of projects (see 2.2.3, 1.2.2, 2.2.2, 1.2.6 and 2.2.9).
- The restructuring of the Veterinary Services will be progressively achieved in three main stages starting with a thorough evaluation to identify actions needed to improve their governance and bring them in line with the OIE required standards (see 2.2.4. and 2.2.8.).

3.3. Longer term actions

In the light of the results obtained and the methods and resources used during the three-year implementation period of the programme described above and assessed through a formal evaluation of the various short and medium term actions, a permanent monitoring system will be established to assess the sustainability of the disease surveillance networks, the diagnostic laboratories management capacities and the level of compliance of the VSs to OIE international standards. Long term actions will therefore focus mainly on the sustainability of the progress achieved and on targeted projects to assist countries with limited resources to maintain a high level of efficiency in the prevention and control of animal diseases.

4. IMPLEMENTATION PLAN

4.1. National level

Implementation of activities aimed at preventing and controlling HPAI will essentially be managed at national level through integrated action plans. They mainly concern the Veterinary Services which in each

country are responsible for animal health and veterinary public health and their links with the environment. At this level, coordination between the veterinary and public health services will have to be reinforced. Strategic communications proposed at the national level will target three potential areas, i) policy makers, ii) farmers/poultry producers iii) general public on behavioural change and disease prevention actions.

Priority actions and investments will include:

- Improvement and harmonization of the policy and regulatory national frameworks,
- Creation and/or implementation of compensation mechanisms including the constitution of a compensation fund and the involvement of insurance firms,
- Support to the definition of governance mechanisms complying with OIE standards and involving livestock owners, private veterinarians and industry,
- Improvement of emergency plans and early response systems,
- Concerted evaluation of the veterinary institutions,
- Strengthening of national capacities of both the public and private sectors including support to the organizations of livestock stakeholders,
- Improvement in health institutions;
- Improvement of diagnostic laboratories' capability to international standards, and promoting twinning with reference laboratories in other continents,

4.2. Regional and international support to National activities

National programmes and activities will be supported by the Regional Economic Communities for sub-regional coordination and communication). Four Regional Animal Health Centres are planned to be set up. The first of them was formally created in Bamako, Mali. Others are planned to be created in eastern Africa, southern and northern Africa). Created on the joint initiative of AU-IBAR, OIE and FAO, these centres will constitute coordination and harmonization centres for the control of HPAI and other transboundary animal diseases in conformity with the Beijing resolutions. The complementarities of these institutions' mandates (OIE and FAO at global level, AU-IBAR at the level of the African continent) to improve animal health in Africa and therefore to contribute to poverty alleviation, is at the base of this collaboration which is being pursued within the framework of the PACE programme, the ALive initiative and the GF-TADs.

Coordination of public health activities at regional level will be ensured by the WHO Regional Office for Africa, Brazzaville-Congo and the various United Nations agencies concerned. The experience of UNICEF will continue to be used in the coordination of communication activities. This will be done in coordination with ALive initiative, FAO, the Regional Economic Communities and the other actors active in the sector.

5. ESTIMATED FINANCIAL GAPS AND NEEDS FOR AFRICA IN THE CONTROL OF HPAI

Table 1 : Overall estimated budget

N°	Components & Item	Budget US\$				
		Year 1	Year 2	Year 3	Total	%
1	FUNDING AT NATIONAL LEVEL					
11	Communication					
111	Communication preparedness	14 415 000	10 811 000	10 811 000	36 037 000	
112	Collaboration with Stakeholders	4 014 000	3 011 000	3 011 000	10 036 000	
113	Develop modules for communication messages	2 585 000	1 938 000	1 938 000	6 461 000	
	Sub total	21 014 000	15 760 000	15 760 000	52 534 000	
12	Animal health component					
121	Enhancing HPAI prevention and preparedness capability	6 723 000	5 042 000	5 042 000	16 807 000	
122	Strengthening disease surveillance, diagnostic capacity, applied recherche	19 370 000	14 528 000	14 528 000	48 426 000	
123	Strengthening HPAI Control Programmes	25 637 000	19 228 000	19 228 000	64 093 000	
124	Strengthening veterinary quarantine services	20 054 000	15 040 000	15 040 000	50 134 000	
125	Improving bio-security in poultry production	3 874 000	2 995 000	2 995 000	9 864 000	
126	Compensation, economic recovery and socio economics studies	38 285 000	28 714 000	28 714 000	95 713 000	
	Sub total	113 943 000	85 547 000	85 547 000	285 037 000	
13	Human health component					
131	Enhancing public health programme planning and coordination	5 892 000	5 892 000	5 050 000	16 834 000	
132	Strengthening of national public health surveillance systems	31 643 000	31 643 000	27 123 000	90 409 000	
133	Strengthening health system response capacity	35 208 000	35 208 000	30 178 000	100 594 000	
	Sub total	72 743 000	72 743 000	62 351 000	207 837 000	
14	Expansion of the Vaccine emergency Fund	20 000 000	10 000 000	10 000 000	40 000 000	
15	Implementation and coordination support to countries (incl. Capacity Building, scientific support & evaluation of VS)	26 171 000	19 929 000	19 929 000	66 029 000	
	Total countries budget	253 871 000	203 979 000	193 587 000	651 437 000	
	Total countries budget (including 5 % contingencies)	266 564 550	214 177 950	203 266 350	684 008 850	90,0%
2	SUPPORT FOR THE COORDINATION OF COUNTRIES ACTIVITIES					
21	Communication					
211	Harmonize and reinforce communication	600 000	600 000	600 000	1 800 000	
212	Develop modules for communication messages	1 200 000	1 200 000	1 200 000	3 600 000	
	Total Communication	1 800 000	1 800 000	1 800 000	5 400 000	
22	Animal health component					
221	Technical Coordination	720 000	720 000	720 000	2 160 000	
222	Regional networks diagnostic & epidemiology	2820000	3220000	3220000	9 260 000	
223	Regional Wild birds surveillance	1 100 000	300 000	100 000	1 500 000	
224	Veterinary services evaluation and technical expertise	0	150 000	150 000	300 000	
225	Regional ECTADs including CMCs & GLEWs	3500000	3500000	3500000	10 500 000	
226	Regional networks socio-economics	2 300 000	2 200 000	2 200 000	6 700 000	
227	Operational research on Avian influenza	250 000	250 000	250 000	750 000	
228	Training on the PVS instrument	0	100 000	100 000	200 000	
229	Experts and support staff	1 150 000	1 150 000	1 150 000	3 450 000	
2210	Technical assistance short term	600 000	600 000	600 000	1 800 000	
2211	Logistic	110 000	110 000	110 000	330 000	
2212	Monitoring and evaluation	190 000	190 000	190 000	570 000	
	Total Animal health component	12 740 000	12 490 000	12 290 000	37 520 000	
23	Human health component					
231	Reduce opportunities for human infection with H5N1	2 850 000	1 250 000	1 250 000	5 350 000	
232	Strengthen early warning systems	4 475 000	200 000	200 000	4 875 000	
233	Build capacity to cope with the pandemic	1 325 000	75 000	75 000	1 475 000	
234	Contain or delay spread at source	900 000	900 000	900 000	2 700 000	

235	Enhance regional preparedness and response coordination capacity	1 914 000	1 813 000	1 813 000	5 540 000	
236	Conduct operational research on human pandemic influenza	560 000	460 000	460 000	1 480 000	
237	Strengthen national health systems to effectively deal with diseases of epidemic and/or pandemic potential	2 015 000	525 000	525 000	3 065 000	
238	Reinforce communication and health promotion	1 100 000	250 000	250 000	1 600 000	
	Total Human health component	15 139 000	5 473 000	5 473 000	26 085 000	
	Total budget regional level	29 679 000	19 763 000	19 563 000	69 005 000	9,1%
3	SUPPORT TO AFRICA REGION					
31	Technical coordination	0	400 000	400 000	800 000	
32	Training on the PVS instrument	0	100 000	100 000	200 000	
34	Support to laboratories twinnings	100 000	200 000	200 000	500 000	
35	Support for OFFLU network	300 000	100 000	100 000	500 000	
36	Communication	1 000 000	1 000 000	1 000 000	3 000 000	
37	Global wild birds surveillance	1 300 000	400 000	350 000	2 050 000	
	Total budget support to Africa	2 700 000	2 200 000	2 150 000	7 050 000	0,9%
	TOTAL	298 943 550	236 140 950	224 979 350	760 063 850	

Table 2 : Estimated budget Western African countries

	Benin	Burkina Faso	Cap Vert	Cote d'Ivoire	Gambia	Ghana	Guinea	Bissau Guinea	Liberia	Mali	Niger	Nigeria	Senegal	Sierra Leone	Togo
Population 2004	6 918 000	13 393 000	473 000	16 897 000	1 462 000	21 337 000	8 620 000	1 538 000	3 487 000	13 409 000	12 415 000	127 117 000	10 339 000	5 168 000	5 017 000
Total unit domestic poultry (2004)	16 000 000	32 000 000	450 000	33 000 000	1 200 000	29 500 000	12 700 000	600 000	6 000 000	30 000 000	30 000 000	175 000 000	29 000 000	7 500 000	10 000 000
Unit domestic poultry / person	2,3	2,4	1,0	2,0	0,8	1,4	1,5	0,4	1,7	2,2	2,4	1,4	2,8	1,5	2,0
Communication															
Needs assessment	750 000	1 500 000	200 000	1 000 000	200 000	1 000 000	1 000 000	200 000	500 000	1 250 000	1 100 000	5 000 000	1 000 000	800 000	700 000
Funds available		117 847					18 221				978 704	4 080 000	60 000		
Funds to be mobilized	750 000	1 382 153	200 000	1 000 000	200 000	1 000 000	981 779	200 000	500 000	1 250 000	121 296	920 000	940 000	800 000	700 000
Animal Health															
Needs assessment	3 000 000	8 000 000	500 000	8 000 000	500 000	6 000 000	3 500 000	500 000	1 500 000	10 000 000	11 000 000	40 000 000	8 000 000	2 000 000	2 500 000
Funds available		1 082 931					30 247			2 429 470	525 933	32 973 000	900 142		
Funds to be mobilized	3 000 000	6 917 069	500 000	8 000 000	500 000	6 000 000	3 469 753	500 000	1 500 000	7 570 530	10 474 067	7 027 000	7 099 858	2 000 000	2 500 000
Human Health															
Needs assessment	2 000 000	4 000 000	250 000	4 500 000	500 000	6 000 000	2 500 000	500 000	1 000 000	3 750 000	3 500 000	36 500 000	3 000 000	1 500 000	1 500 000
Funds available												21 374 000	166 667		
Funds to be mobilized	2 000 000	4 000 000	250 000	4 500 000	500 000	6 000 000	2 500 000	500 000	1 000 000	3 750 000	3 500 000	15 126 000	2 833 333	1 500 000	1 500 000
Consolidation															
Needs assessment	5 750 000	13 500 000	950 000	13 500 000	1 200 000	13 000 000	7 000 000	1 200 000	3 000 000	15 000 000	15 600 000	81 500 000	12 000 000	4 300 000	4 700 000
Funds available	0	1 200 778	0	0	0	0	48 468	0	0	2 429 470	1 504 637	58 427 000	1 126 809	0	0
Funds to be mobilized	5 750 000	12 299 222	950 000	13 500 000	1 200 000	13 000 000	6 951 532	1 200 000	3 000 000	12 570 530	14 095 363	23 073 000	10 873 191	4 300 000	4 700 000
Implementation & management	690 000	1 475 907	114 000	1 620 000	144 000	1 560 000	834 184	144 000	360 000	1 508 464	1 691 444	2 768 760	1 304 783	516 000	564 000
Total Needs	6 440 000	13 775 129	1 064 000	15 120 000	1 344 000	14 560 000	7 785 716	1 344 000	3 360 000	14 078 994	15 786 807	25 841 760	12 177 974	4 816 000	5 264 000

Table 3 : Estimated budget Central African countries

	Cameroon	CAR	Chad	Congo	Equatorial Guinea	Gabon	Sao Tome Principe
Population 2004	16 296 000	3 912 000	8 854 000	3 818 000	507 000	1 351 000	165 000
Total unit domestic poultry (2004)	45 000 000	4 770 000	24 000 000	1 060 000	320 000	3 100 000	300 000
Unit domestic poultry / person	2,8	1,2	2,7	0,3	0,6	2,3	1,8
Communication							
Needs assessment	1 500 000	800 000	1 400 000	600 000	100 000	500 000	100 000
Funds available	54 630		33 333	179 630			
Funds to be mobilized	1 445 370	800 000	1 366 667	420 370	100 000	500 000	100 000
Animal Health							
Needs assessment	12 500 000	2 000 000	8 000 000	1 000 000	250 000	1 000 000	250 000
Funds available	1 037 037		55 556	513 148			
Funds to be mobilized	11 462 963	2 000 000	7 944 444	486 852	250 000	1 000 000	250 000
Human Health							
Needs assessment	4 500 000	1 000 000	2 500 000	1 000 000	250 000	500 000	250 000
Funds available	31 481						
Funds to be mobilized	4 468 519	1 000 000	2 500 000	1 000 000	250 000	500 000	250 000
Consolidation							
Needs assessment	18 500 000	3 800 000	11 900 000	2 600 000	600 000	2 000 000	600 000
Funds available	1 123 148	0	88 889	692 778	0	0	0
Funds to be mobilized	17 376 852	3 800 000	11 811 111	1 907 222	600 000	2 000 000	600 000
Implementation & management	2 085 222	456 000	1 417 333	228 867	72 000	240 000	72 000
Total Needs	19 462 074	4 256 000	13 228 444	2 136 089	672 000	2 240 000	672 000

Table 4 Estimated budget Eastern African countries

	Burundi	Djibouti	Ethiopia	Eritrea	Kenya	Rwanda	Somalie	Sudan	Uganda
Population 2004	7 068 000	712 000	72 420 000	4 297 000	32 420 000	8 481 000	10 312 000	34 333 000	26 699 000
Total unit domestic poultry (2004)	4 300 000	3 000	39 000 000	2 500 000	30 000 000	2 943 703		40 000 000	36 200 000
Unit domestic poultry / person	0,61	0,00	0,5	0,6	0,9	0,3		1,2	1,4
Communication									
Needs assessment	600 000	100 000	3 000 000	600 000	1 500 000	600 000	1 100 000	3 000 000	1 500 000
Funds available								250 000	
Funds to be mobilized	600 000	100 000	3 000 000	600 000	1 500 000	600 000	1 100 000	2 750 000	1 500 000
Animal Health									
Needs assessment	1 500 000	750 000	12 000 000	1 200 000	10 500 000	1 200 000	1 000 000	13 000 000	11 000 000
Funds available								450 000	
Funds to be mobilized	1 500 000	750 000	12 000 000	1 200 000	10 500 000	1 200 000	1 000 000	12 550 000	11 000 000
Human Health									
Needs assessment	1 250 000	500 000	10 500 000	850 000	9 500 000	1 100 000	1 000 000	10 000 000	7 750 000
Funds available								1 000 000	
Funds to be mobilized	1 250 000	500 000	10 500 000	850 000	9 500 000	1 100 000	1 000 000	9 000 000	7 750 000
Consolidation									
Needs assessment	3 350 000	1 350 000	25 500 000	2 650 000	21 500 000	2 900 000	3 100 000	26 000 000	20 250 000
Funds available	0	0	0	0	0	0	0	1 700 000	0
Funds to be mobilized	3 350 000	1 350 000	25 500 000	2 650 000	21 500 000	2 900 000	3 100 000	24 300 000	20 250 000
Implementation & management	402 000	162 000	3 060 000	318 000	2 580 000	348 000	372 000	2 916 000	2 430 000
Total Needs	3 752 000	1 512 000	28 560 000	2 968 000	24 080 000	3 248 000	3 472 000	27 216 000	22 680 000

Table 5: Estimated budget Southern African countries

	Angola	Botswana	DRC	Lesotho	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe	Madagascar	Comoros
Population 2004	14 078 000	1 795 000	54 417 000	1 800 000	12 337 000	1 233 000	19 182 000	2 011 000	82 000	45 214 000	1 083 000	37 671 000	10 924 000	12 932 000	17 901 000	790 000
Total unit domestic poultry (2004)	6 800 000	4 000 000	20 000 000	1 800 000	15 200 000	9 800 000	28 000 000	3 500 000	570 000	121 000 000	3 200 000	47 000 000	30 000 000	11 100 000	24 000 000	
Unit domestic poultry / person	0,5	2,2	0,4	1,0	1,2	7,9	1,5	1,7	7,0	2,7	3,0	1,2	2,7	0,9	1,3	
Communication																
Needs assessment	1 000 000	300 000	2 000 000	400 000	1 000 000	800 000	1 500 000	600 000	100 000	4 000 000	600 000	1 500 000	1 000 000	1 000 000	1 400 000	100 000
Funds available			91 544									248 960				
Funds to be mobilized	1 000 000	300 000	1 908 456	400 000	1 000 000	800 000	1 500 000	600 000	100 000	4 000 000	600 000	1 251 040	1 000 000	1 000 000	1 400 000	100 000
Animal Health																
Needs assessment	1 900 000	1 000 000	16 000 000	800 000	3 500 000	2 250 000	6 000 000	1 000 000	250 000	30 000 000	1 000 000	12 000 000	7 500 000	2 500 000	6 000 000	500 000
Funds available																
Funds to be mobilized	1 900 000	1 000 000	16 000 000	800 000	3 500 000	2 250 000	6 000 000	1 000 000	250 000	30 000 000	1 000 000	12 000 000	7 500 000	2 500 000	6 000 000	500 000
Human Health																
Needs assessment	1 800 000	500 000	13 500 000	500 000	3 500 000	500 000	5 500 000	500 000	250 000	13 000 000	500 000	10 750 000	3 000 000	3 750 000	5 000 000	250 000
Funds available																
Funds to be mobilized	1 800 000	500 000	13 500 000	500 000	3 500 000	500 000	5 500 000	500 000	250 000	13 000 000	500 000	10 750 000	3 000 000	3 750 000	5 000 000	250 000
Consolidation																
Needs assessment	4 700 000	1 800 000	31 500 000	1 700 000	8 000 000	3 550 000	13 000 000	2 100 000	600 000	47 000 000	2 100 000	24 250 000	11 500 000	7 250 000	12 400 000	850 000
Funds available	0	0	91 544	0	0	0	0	0	0	0	0	248 960	0	0	0	0
Funds to be mobilized	4 700 000	1 800 000	31 408 456	1 700 000	8 000 000	3 550 000	13 000 000	2 100 000	600 000	47 000 000	2 100 000	24 001 040	11 500 000	7 250 000	12 400 000	850 000
Implementation & management	564 000	216 000	3 769 015	204 000	960 000	426 000	1 560 000	252 000	72 000	5 640 000	252 000	2 880 125	1 380 000	870 000	1 488 000	102 000
Total Needs	5 264 000	2 016 000	35 177 471	1 904 000	8 960 000	3 976 000	14 560 000	2 352 000	672 000	52 640 000	2 352 000	26 881 165	12 880 000	8 120 000	13 888 000	952 000

Table 6: Estimated budget Northern African countries

	Algeria	Egypt	Libya	Mauritania	Morocco	Tunisia
Population 2004	32 339 000	73 390 000	5 659 000	2 980 000	31 064 000	9 937 000
Total unit domestic poultry (2004)	125 139 000	115 150 000	25 000 000	3 400 000	137 000 000	62 000 000
Unit domestic poultry / person	3,87	1,6	4,4	1,1	4,4	6,2
Communication						
Needs assessment	1 800 000	1 700 000	1 000 000	700 000	1 800 000	1 200 000
Funds available				53 151		
Funds to be mobilized	1 800 000	1 700 000	1 000 000	646 849	1 800 000	1 200 000
Animal Health						
Needs assessment	13 000 000	12 000 000	3 000 000	2 000 000	14 000 000	7 000 000
Funds available				495 024		
Funds to be mobilized	13 000 000	12 000 000	3 000 000	1 504 976	14 000 000	7 000 000
Human Health						
Needs assessment	9 500 000	21 000 000	1 500 000	1 000 000	9 000 000	3 000 000
Funds available				839 337		
Funds to be mobilized	9 500 000	21 000 000	1 500 000	160 663	9 000 000	3 000 000
Consolidation						
Needs assessment	24 300 000	34 700 000	5 500 000	3 700 000	24 800 000	11 200 000
Funds available	0	0	0	1 387 512	0	0
Funds to be mobilized	24 300 000	34 700 000	5 500 000	2 312 488	24 800 000	11 200 000
Implementation & management	2 916 000	4 164 000	660 000	277 499	2 976 000	1 344 000
Total Needs	27 216 000	38 864 000	6 160 000	2 589 987	27 776 000	12 544 000

Diapositive 1



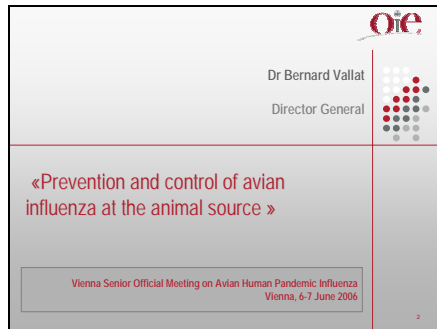
Priorities to be addressed by international community



- To support developing and in transition countries already infected to control the virus in domestic animals
 - emergency plans design and implementation
 - early detection and rapid response mechanisms
 - vaccination where relevant
- To support these countries to put in line governance, legislation, infrastructures and human and financial resources of Veterinary Services with international standards on evaluation and quality

Diapositive 6

Diapositive 2



Priority actions

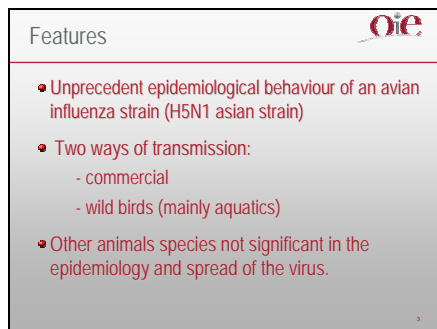


Global Level

- economical surveys and definition of global policies and standards
- alliances and partnerships with relevant technical and financial international Organisations, stakeholders from private sector (including farmers) and consumers
- relations with mirror regional fora
- promotion of the International Public Good component of the programmes to be promoted worldwide
- communication policies
- World Animal Health and Welfare Fund

Diapositive 7

Diapositive 3



Priority actions (cont.)

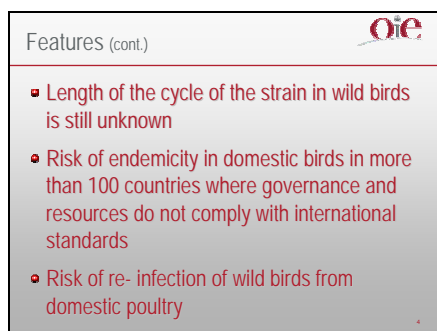


Global scientific network (OFFLU)

- an OIE/FAO pool of scientific expertise
- virus strain exchange with WHO

Diapositive 8

Diapositive 4



Priority actions (cont.)



OIE/FAO Regional Animal Health Centres (in strong partnership with FAO using GF-TADs mechanism)

- mirror structures of the global forum
- technical coordination and harmonisation of regional policies and programmes
- Regional Centres for evaluation of Veterinary Services, capacity building, assessment and technical support to national actions
- Permanent technical support to country programmes on request
- High quality vaccines provision

Diapositive 9

Diapositive 5



Thank you for your attention



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Diapositive 10

Diapositive 1



Diapositive 5

Level of Financing

	Funds already received	Funds committed officially	Uncovered costs
Global Level (including technical assistance)	World Bank France Japan	World Bank France Japan	OK
OFFLU Network	0	0	571 800 EUR
Regional Level (including technical assistance)	Japan France EC (vaccine fund)	USDA	8 000 000 EUR
National Level	Japan	USDA	10 000 000 EUR
TOTAL			18 571 800 EUR

68% of the need not already covered

Diapositive 2



Diapositive 6

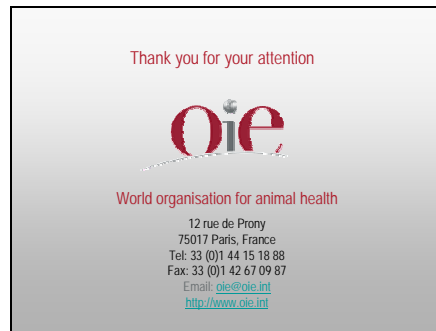
- Discussions under way with potential donors**
- Australia
 - New Zealand
 - Italy
 - U.K.
 - European Commission
 - Canada
 - OPEC
 - International Federations (private sector)
- Additional needs for Africa will be presented during the Conference under ALive proposal prepared together with the OIE, AU-IBAR and FAO, in relation with WHO Africa, RECs and other partners.

Diapositive 3

Needs Presented at the Beijing Conference

Actions at Global Level	1 525 750 EUR
out of which	
• Definition of policies, standards and alliances with intergovernmental organisations and private sector	953 950 EUR
• Support to OFFLU Scientific Network	571 800 EUR

Diapositive 7



Diapositive 4

Actions at Regional Level (five regions, three subregions)

	10 950 400 EUR
• Support to OIE Regional Representations to improve governance and harmonization of regional policies	
Actions at National Level	13 912 000 EUR
• Support to Veterinary Services and alliances with stakeholders	
• Support to OIE Collaborating Centres	
Total Global + Regional + National:	26 388 150 EUR