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GREP TECHNICAL CONSULTATION 2002

A meeting of the steering committee of the Global Rinderpest Eradication Programme (GREP) was held in Rome from 30 September to 2 October 2002. The GREP Secretary reported to the meeting that in the two years since the last meeting rinderpest had been confirmed and reported to the Organisation mondiale de la santé animale (OIE – also known as the World Organization for Animal Health) only in two farms near Karachi in



PHOTO: GREP

Sindh Province of Pakistan (the most recent in October 2000) and in African buffaloes in Meru National Park in central Kenya in early-to-mid 2001. The absence of rinderpest from recent emergencies and disasters is remarkable and presents a very different situation from the one that existed less than a decade ago. It is evident that significant progress has been made in the past two years (see page 2).

AFRICAN SWINE FEVER IN GHANA

After more than three years of absence, African swine fever unfortunately reappeared in the Northern Region of Ghana in September 2002. As of December 2002, an estimated 7 061 pigs had been reported dead as a result of the disease, while an estimated 1 743 had been slaughtered and consumed by their owners. The outbreak in the Zabzugu district was probably introduced from Togo, where an outbreak is said to have occurred in Bassare, a town situated about 30 km from the Ghana–Togo border (see page 9).

RECOMMENDATIONS OF THE FAO-EMPRES EXPERT CONSULTATION

The Sixth Expert Consultation on the Emergency Prevention System for Transboundary Animal Diseases (EMPRES)-Livestock Programme was held in Rome from 2 to 4 October 2002. Its theme, "Implementing EMPRES in an environment of weakening public veterinary services", was chosen in view of the current situation in which outbreaks of transboundary animal diseases have increased and have become difficult to control because of weakened public veterinary services, especially in developing countries (see page 12).

GREP NEWS

GREP technical consultation 2002

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The GREP Secretary reported to the meeting that in the two years since the last meeting rinderpest had been confirmed and reported to OIE only in two farms near Karachi in Sindh Province of Pakistan (the most recent in October 2000) and in African buffaloes in

Meru National Park in central Kenya in early-to-mid 2001. There was also evidence from participatory epidemiological studies that rinderpest could have been affecting cattle herds belonging to the Murle and Jie pastoralists east

of the Nile in southern Sudan in late 2000 to mid-2001, although this was not confirmed. These reports all relate to the three known persisting reservoirs of infection previously identified and there has been no reason to suspect that rinderpest has occurred outside these reservoirs. Indeed, accruing surveillance data increasingly support its absence elsewhere. The absence of rinderpest from recent emergencies and disasters is quite remarkable and very different from the situation that existed less than a decade ago. It is clear that significant progress has been made over the past two years.

Passive surveillance with investigation of suspicious disease outbreaks combined with active disease searches in Punjab and Sindh and serosurveillance studies suggest that the rinderpest virus is no longer present in Pakistan. Afghanistan remains free – massive movements of buffaloes and some cattle from Pakistan to Afghanistan, with onward trade to the Islamic Republic of Iran, have not been accompanied by rinderpest, even though most of the animals originate from Punjab and Sindh. Herd immunity levels must now be extremely low as there has been no rinderpest vaccination in Afghanistan for more than five years and in Pakistan for more than two years; even prior to that coverage was extremely low.

The absence of rinderpest from recent emergencies and disasters is quite remarkable and very different from the situation that existed less than a decade ago



PHOTO: FAO

GREP technical consultation participants



PHOTO: PETERROEDER

Buffaloes in a market in North West Frontier Province of Pakistan

Asia is now free from rinderpest for the first time in millennia

Participatory disease search and serosurveillance studies in Yemen suggest that the virus died out in the country about five years ago. Very little vaccination has been practised there for some years now. Thus, it is conceivable that Asia is now free from rinderpest for the first time in millennia. Surveillance data continue to accrue in support of that premise.

It was decided by all stakeholders working in the Sudan (the Government of the Sudan and a non-governmental organization [NGO] network coordinated by FAO Operation Lifeline Sudan), together with colleagues from the Pan African Programme for the Control of Epizootics (PACE), that the suspected outbreak of rinderpest in cattle belonging to the Murle people in early 2001 should be addressed by mass immunization in an attempt to “immunosterilize” the Murle and Jie livestock in particular. This was carried out during the latter half of 2001 and early 2002. Investigation of suspicious occurrences of “stomatitis-enteritis” by all parties since mid-2001 has not revealed any cases of rinderpest. Participatory disease searches by PACE staff has similarly failed to detect any clinical disease. Thus, it would appear that the Sudan no longer harbours rinderpest. From 2001, vaccination was limited to east of the Nile, and since June 2002 it has no longer been allowed anywhere in the country. Nor is vaccination practised in neighbouring countries, except for the anachronous maintenance of part of the “cordon sanitaire” in Central Africa.

However, despite the growing confidence that the Asian lineage 3 and African lineage 1 viruses might now be extinct, it will be some time in the future before disease and serological surveillance can be expected to provide unequivocal evidence that the rinderpest virus has been eliminated. Strengthening surveillance in key high-risk areas is now a priority to provide the necessary information.

Serosurveillance studies backed up by clinical disease surveillance, conducted by Terra Nuova for the PACE–Somalia National Project, have made a significant contribution to understanding the extent of the endemic focus and the periodicity of the epidemic cycle. A clear understanding of both these issues is important before attempting to define interventions. Serological data have been fed into the stochastic state transition rinderpest disease model being developed by Dr Jeffrey Mariner for PACE’s Community-based Animal Health and Participatory Epidemiology (CAPE) Unit and GREP, which represents a further advance in epidemiological understanding.

In brief, the current working hypothesis is that the epicentre of the endemic zone lies within the area covering the southern half of Transjubaand extending southwest from Afmadu into North Lamu in Kenya. Epidemic extensions occurring at intervals of approximately four-to-five years, and strongly influenced by drought, extend the area as far as Beletweyne, the Shebelle River and the coastal plain of southern Somalia to the north and east, Mandera and Gedo to the north, Meru National Park to the west and Tsavo National Park to the south. Occasional, more widespread, epidemics carry the virus into Masailand, even as far as Loliondo and the Serengeti National Park in the United Republic of Tanzania to the west and Mkomazi Game Reserve to the east. Work is continuing, through PACE, to clarify the situation and will probably lead to a refined understanding of the critical area for rinderpest maintenance in the near future.

In June 2002, the Interafrican Bureau for Animal Resources (IBAR) and PACE convened a meeting in Nairobi to consider how to approach the issue of rinderpest persistence in the Somali pastoral ecosystem. This meeting was both valuable and successful: in essence, the outcome was an endorsement of the need to initiate action for timely eradication. It was considered, although not unanimously, that participatory disease search techniques should be able to detect areas of active infection, even with the mild strain, if teams could be trained and deployed in the field. Even if this approach was not totally effective, at least a

sufficient proportion of incidents could be detected for interventions (focal vaccination) to reduce the reproductive rate to below one, leading subsequently to extinction.

The United Republic of Tanzania is receiving support from FAO as an emergency measure to strengthen surveillance for rinderpest in the north of the country because of concerns that an incursion of rinderpest might not be detected. Investigation of epidemiologically significant events in cattle and buffaloes has not detected rinderpest to date.

It was concluded that, throughout most of the world, the emphasis is shifting from control through emergency or routine vaccination to disease surveillance and reporting. Indeed, the stage has been reached where there no longer appears to be any justification for routine mass vaccination programmes. There are only two justifications for vaccination at present:

- focused “immunosterilization” actions to eliminate the last reservoirs – within the Sudanese and Somali reservoirs and in Sindh Province in Pakistan – should there be residual pockets of infection;
- emergency focused vaccination to eliminate outbreaks should any occur.

The major challenge currently facing GREP is that of ensuring the timely elimination of the Somali pastoral ecosystem reservoir before the virus reinvades the countries adjacent to the reservoir and those linked to it, even intermittently, by trade in cattle. Should progress falter, the world will be very vulnerable to a devastating resurgence of rinderpest. This vulnerability is highlighted by disturbing rumours of trade being established between southern Somalia and countries in Southeast Asia. Should rinderpest accompany this movement of livestock, it could prove disastrous for the trading prospects of African countries.

Verification of freedom from rinderpest through the OIE pathway continues

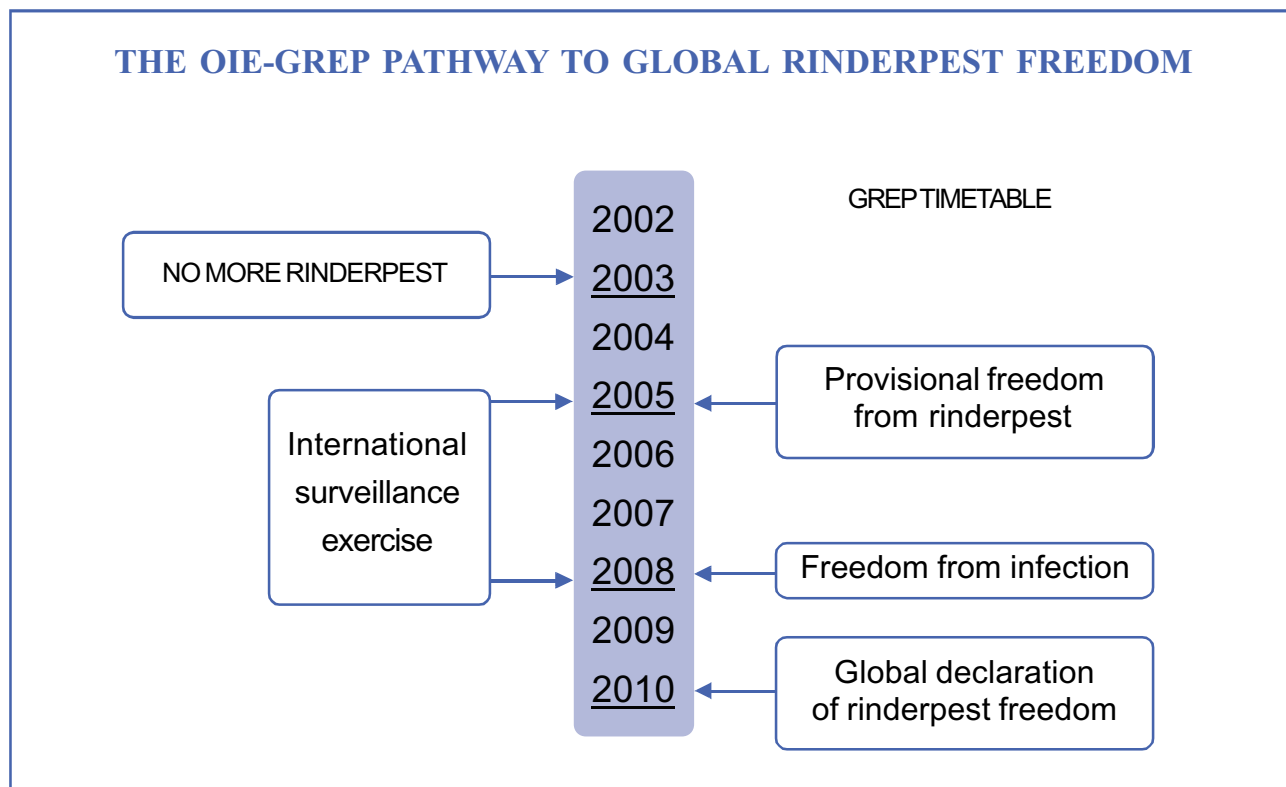
Verification of freedom from rinderpest through the OIE pathway continues; significant progress has been marked by Nepal becoming the first country to be recognized as being free from infection after having progressed through the entire pathway, with Myanmar and Thailand also being recognized as free from the disease.

The priority issues of strengthening the GREP/OIE mechanism for verification of freedom from rinderpest, regionalization to promote ownership and commitment, and establishment of certification committees are second in importance only to the timely elimination of the last focus of rinderpest persistence.

If current confidence in the success of eradication efforts in many countries proves to be well-founded, the goal of internationally verified freedom from rinderpest by the year 2010 will still be just about achievable. However, the next year is critical and will require intensive action to be focused on the eastern African rinderpest reservoir and sustained until eradication is achieved before the end of 2003. This result would represent a slippage of one year in terms of what was planned in 2000 because of lack of progress with respect to the lineage 2 focus. If either action and achievement are delayed for any reason, or if free areas are reinvaded through expansion of the virus outside the reservoir, the whole timetable will need to be rethought.

The meeting addressed the issue of how to eradicate rinderpest from the Somali pastoral ecosystem rather than advising on the systems for global verification of freedom, as had originally been intended. It was clearly agreed that responsibility for eradicating rinderpest from Africa lies with IBAR. The Bureau’s responsibilities include the following:

- developing a full and detailed emergency-preparedness plan to include a definition of the procedures to be adopted in the event of a suspicion of rinderpest;
- putting in place, at the appropriate time in the final stages of the eradication process, an incentive mechanism for reporting by animal health workers of suspected cases of rinderpest confirmed by laboratory tests. This should focus on the Somali pastoral



ecosystem and take into account the experiences of PACE–Sudan South;

- expediting, by means of action plans, the registration, production and storage of quality-assured, safe, pure, efficacious and potent vaccines that allow differentiation between vaccinated cattle and those infected with wild virus – specifically the vaccinia-based recombinant vaccines, chimaeric vaccines and a proposed novel vaccine using an immunogenic addition.

Other meeting recommendations

The meeting endorsed the recommendations of the June meeting held in Nairobi by the African Union (AU)-IBAR/PACE and the Kenyan Veterinary Department to address the situation of mild rinderpest in eastern Africa as the basis for PACE action. It was recognized that to do so would require IBAR to address certain issues including, inter alia:

- provision of the required timely laboratory- testing service;
- definition of procedures to be adopted in investigating and taking action when rinderpest is suspected;
- making available marked vaccines and tests able to detect vaccinates.

AU-IBAR is requested to expedite, by means of action plans, the registration, production and storage of quality-assured, safe, pure, efficacious and potent vaccines that facilitate differentiation between vaccinated animals and those that have been infected with wild virus. Specifically, these vaccines are to include the vaccinia recombinant vaccine developed by the International Laboratory of Molecular Biology (ILMB), the chimaeric vaccine developed by the Institute for Animal Health (IAH) Pirbright Laboratory and the proposed marker protein additive vaccine.

The meeting reiterated and endorsed the recommendations made at the Organization of African Unity (OAU)-IBAR/International Atomic Energy Agency (IAEA) Technical Cooperation Project RAF/5/053 meeting on serosurveillance held in Nairobi in April 2002. Relevant abstracts of the text are included in the box.

DIAGNOSIS AND SURVEILLANCE OF RINDERPEST

For the diagnosis and surveillance of rinderpest, the objective is to develop rapid, inexpensive and simple diagnostic tests for rinderpest and peste des petits ruminants (PPR). The following recommendations have been made to improve further upon the recommendations on the combinations of tests that were adopted during the regional workshop, "Update on technologies for surveillance of rinderpest freedom", held in Dakar, Senegal, 19–30 November 2001.

- The validation of the I-ELISA (enzyme-linked immunosorbent assay) for rinderpest should be completed by 30 June 2002 for submission to the OIE. Mr Karim Tounkara will coordinate on behalf of IBAR and IAEA. Pending recognition of I-ELISA by the OIE, countries wishing to ensure compliance with the OIE procedures for progress down the OIE pathway are advised to test sera using both HC-ELISA and I-ELISA.
- IBAR recognizes the need for a rapid diagnostic service in support of rinderpest eradication. IBAR will identify the package of support needed to enable the Muguga East African Reference Laboratory of the Kenya Agricultural Research Institute (KARI) to provide the required service.
- A PACE task force should develop a full and detailed operational emergency-preparedness plan to define, *inter alia*, the procedures to be adopted in the event of rinderpest occurrence.
- PACE, with GREP and in consultation with Somali pastoralists, should develop a case definition for mild rinderpest.
- Rinderpest eradication in underserved, conflict-prone Somali areas that are difficult to access is dependent on a basic level of veterinary service delivery being established. Veterinary supervised community-based delivery systems have been advocated as appropriate for developing these basic services. Bearing in mind the urgent need for and complexities of developing such systems, the CAPE unit of IBAR's PACE programme should increase its capacity to support PACE national projects in Somali areas through the employment of additional staff and identification of new implementing partners and funding sources.
- IBAR should consider putting in place within the Somali pastoral ecosystem, at the appropriate time in the final stages of the rinderpest eradication process, an incentive mechanism for payment to field workers for notification of mild rinderpest cases that are subsequently confirmed, to facilitate detection of clinically mild rinderpest and trigger the appropriate responses. In doing so, it should take into account the experience of the Sudan South National PACE Project.
- The FAO Regional Office for the Near East should assume a more active role in promoting GREP verification issues with the countries of the Gulf Cooperation Council (GCC) and Somalia.

Suspicious of rinderpest investigated

Kenya: investigation of rinderpest suspicion in Laikipia

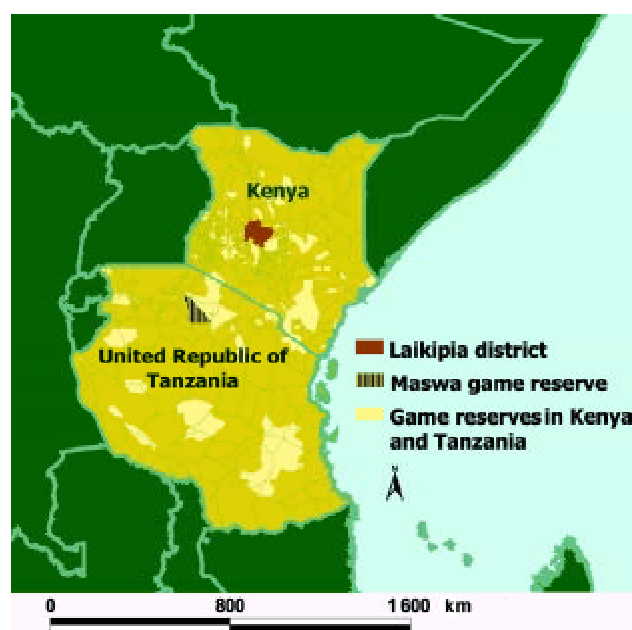
In late October 2002, the Director of Veterinary Services of Kenya notified OIE of clinical and pathological findings in cattle on a ranch in Laikipia near Rumuriti in Rift Valley Province of central Kenya that raised suspicions of rinderpest. Coming a year after the

confirmation of rinderpest in African buffaloes of nearby Meru National Park in 2001, this was a cause for serious concern. The ranch is situated on both sides of the main stock route from Maralal to Rumuruti. The ranch also adjoins ranches grazed by pastoralists' livestock. Thirty-five yearling cattle out of 457 cattle of all ages were reported to have died. Investigations were launched rapidly and samples for rinderpest diagnosis were submitted to the National Veterinary Research Centre Muguga Laboratory, KARI. Subsequently, a team of veterinarians from the Kenyan Veterinary Services and OAU–IBAR/PACE visited the area in early November to carry out field investigations. Clinical and post-mortem examination of cattle on the ranch did not reveal any signs of rinderpest, nor did investigations at ranches in the surrounding area. The results of laboratory diagnostic investigations by RT-PCR (reverse transcription-polymerase chain reaction) on eye swabs, tissues and buffy coats; AGIDT (agar-gel immunodiffusion test), serum antibody assay by ELISA and virus neutralization test (VNT) were all reported to be negative. Investigations focusing on both cattle and wildlife continue with teams working in the surrounding farms and ranches. It is hoped that these will support the conclusion that rinderpest can be ruled out as the cause of the initial suspicions.

Source: Kenya Veterinary Services.

United Republic of Tanzania: investigation of suspected rinderpest in buffalo in Maswa Game Reserve, Shinyanga Region

On 15 September 2002, the Director of Veterinary Services in the United Republic of Tanzania received a report of abnormal mortality among buffalo in Maswa game reserve (MGR). A field investigation team consisting of staff from both the wildlife and veterinary services was dispatched within two days. The mission observed various species of wildlife, including 900 buffaloes in MGR and 500 buffaloes in Serengeti National Park, as well as giraffe, greater kudu and eland. Except for a lion-kill buffalo, neither carcasses nor skeletons were found. The animals appeared to be in good body condition and did not show any indication of diarrhoea, lachrymation or nasal discharge. Necropsies conducted on the lion kill and a second buffalo that was euthanized in the southern Serengeti (pneumonic lesions in the right lobe of the lung) did not show lesions indicative of rinderpest. The first had multiple abscesses in both lungs, which were found to result from tuberculosis (culture



Rinderpest suspicions in Kenya and the United Republic of Tanzania in 2002

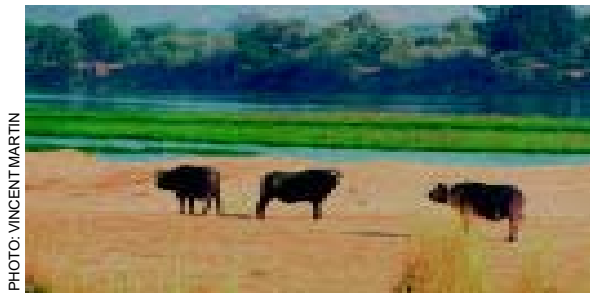


PHOTO: VINCENT MARTIN

Syncerus caffer (buffalo) susceptible to rinderpest

and isolation in the Central Veterinary Laboratory [CVL], Temeke). The samples collected from the second animal were found to be negative for rinderpest in immunocapture ELISA, and sera were negative for rinderpest antibodies.

PACE Tanzania commissioned the Tanzania Wildlife Research Institute (TAWIRI) to collect buffalo sera from wildlife in, among other sites, the MGR, jointly funded by an FAO Technical Cooperation Programme project and the national PACE project.

The sample collection costs are approximately US\$ 100 per sample. Serum samples submitted to CVL-Temeke were all negative for rinderpest antibodies by H-competitive ELISA. Consequently, rinderpest was ruled out as the cause of mortality reported among buffalo in MGR. This was the first real test of the newly defined Tanzanian national contingency plan against rinderpest. The Tanzanian Veterinary Services remain on high alert for such suspicious events.

Source: Tanzania Veterinary Services.

Yemen: investigation of suspected rinderpest in a calf in Sana'a

A seven-week-old calf in the old city of Sana'a was the cause of a rinderpest alarm in September. This was one of three similar calves originating from a Friesian dairy farm. They had been sold through a market before being sold on to a butcher, who kept them for a few days. Diarrhoea was noticed, together with a lesion on the gum reminiscent of rinderpest. When investigated by staff of the Department of Animal Resource's Strategy Unit, one week after the appearance of the mild clinical signs, the calf was afebrile and its two companions were apparently normal. Eye and mouth swabs were tested by the rinderpest penside test with apparently positive results, raising an alarm. However, the test had been performed with test units that were several years beyond their expiry date and with an incorrect suspension buffer; this invalidated the results. [Moral of the story:



Rinderpest suspicion in Sana'a

never use expired diagnostic reagents and always follow the manufacturer's instructions.] Subsequent tests with new penside units, by the AGIDT and by immunocapture ELISA at the Central Laboratory in Sana'a were all negative. One of the calves was seropositive. Further investigations involved trace-back to the farm of origin, where no indications of rinderpest were seen; numerous penside tests were performed on eye swabs, with negative results. Sera from non-vaccinated cattle were also negative by competitive ELISA. The last rinderpest vaccination had taken place in March 2000. The dam of the affected calf had not been vaccinated whereas the dam (over seven years old) of the seropositive calf had been. The calf was necropsied 11 days after onset of clinical signs without finding any lesions suggestive of rinderpest, except possibly for some slight haemorrhages suggestive of "zebra striping" in the large intestine.

Source: Yemen Department of Animal Resources.

Comments

It is gratifying to note the rapid response of the national veterinary services in all these cases and Kenya's fulfilment of OIE reporting obligations. The recognition of these events and the rapid response to them inspire confidence in the ability of national veterinary

services to detect rinderpest should it occur and indicate that rinderpest surveillance systems are functional. The time to be concerned would be when we no longer hear of such events occurring, for that would indicate that surveillance systems for rinderpest have ceased to work. Experience from other countries suggests that, ideally, one should detect and investigate in the order of one suspicious stomatitis-enteritis event per year per 100 000 head of cattle in a rinderpest-free at-risk country (see Performance indicators for rinderpest surveillance, IAEA Tecdoc 1261). The investigations described here are not the only ones being carried out. Future Bulletins will carry reports on other examples of functioning rinderpest disease surveillance systems, including the extremely active disease investigation system being operated in the Sudan in collaboration between the Government of the Sudan, the national PACE project and the FAO Operation Lifeline of Sudan working with NGOs.

AFRICAN SWINE FEVER

African swine fever again threatens Ghana's pig industry

After more than three years of absence, African swine fever (ASF) unfortunately reappeared in the Northern Region of Ghana in September 2002. As of December 2002, an estimated 7 061 pigs had been reported dead as a result of the disease, while an estimated 1 743 had been slaughtered and consumed by their owners. The outbreak in the Zabzugu district was probably introduced from Togo, where an outbreak is said to have occurred in Bassare, a town about 30 km from the Ghana–Togo border.

African swine fever (ASF) unfortunately reappeared in the Northern Region of Ghana in September 2002

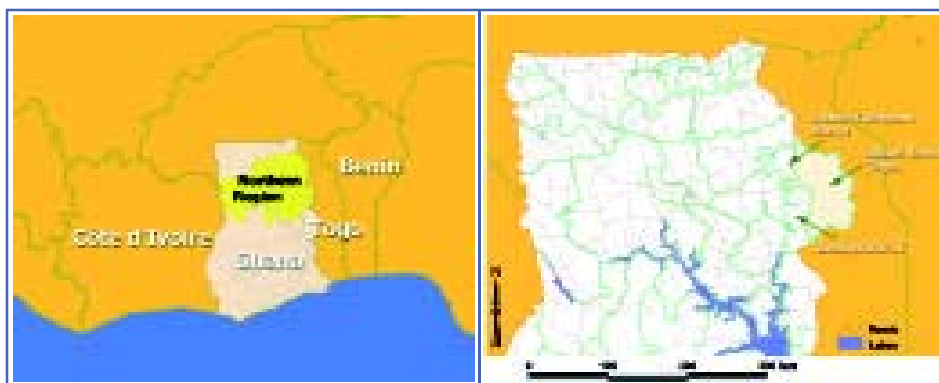
Background information

Ghana, with a human population of about 20 million, has an estimated pig population of 354 678, distributed as shown in the Table on page 10.

The prevailing pig production systems in Ghana are the free-ranging (scavenging), semi-intensive and intensive systems. Locality is a determining factor of the type of system adopted; in this case, in the affected area the majority of the pigs are reared under the semi-intensive and scavenging systems.

Introduction of ASF into Ghana

ASF has been endemic in Cameroon since 1982, in southern Senegal and Guinea-Bissau at least since the 1970s, and in Cape Verde since the 1960s. An outbreak of ASF is reported to have occurred in Nigeria in 1973. This fatal viral disease affecting pigs has



Northern Region of Ghana

Affected districts bordering Togo

Region	Pig population
Ashanti	19 019
Brong Ahafo	36 756
Central	16 461
Eastern	18 972
Greater Accra	20 657
Northern	45 727
Upper East	36 767
Upper West	68 886
Western	43 641
Volta	47 792

become a cause for serious concern since the unexpected ASF outbreak in Côte d'Ivoire in April 1996. This was followed in 1997 by outbreaks in Benin, Nigeria and Togo, as well as increased incidence in Cape Verde.

The concern was justified by the declaration of ASF in Ghana in October 1999. Ghana had until then managed to keep out the disease in spite of the successive infection of its two close neighbours, Côte d'Ivoire and Togo. The outbreaks occurred in Greater Accra region and parts of the Volta region. Stamping-out measures were instituted to eradicate the infection, followed by intensified surveillance activities. The quarantine that had been put in place in September 1999 was lifted in October 2000. The last two outbreaks occurred in February 2000 and were rapidly investigated and stamped out; no other cases have been reported or discovered. It was estimated that about 1 000 pigs died from the outbreak and another 6 607 were destroyed. FAO made an emergency intervention through its technical cooperation programme, "Emergency assistance to eradicate African swine fever from Ghana" (contribution US\$306 000), which operated from December 1999 to early 2001.

From the socio-economic study that was carried out, it was estimated that the sum of US\$13 323 494 was spent in eradicating the disease. Ghana eradicated the disease very quickly and the affected areas were small and limited.

Rapid detection was facilitated by years of development of epidemiological systems with emergency preparedness through contingency planning

Rapid detection was facilitated by years of development of epidemiological systems with emergency preparedness through contingency planning

In the 1999 outbreak, early detection of the outbreak, when the number of affected areas was still low, and the imposition of a ban on movement of swine and meat soon after the suspicion, served to minimize the number of areas covered by the slaughter teams. This promptness of action also contributed to the successful implementation of the stamping-out exercise. In addition, the virus was very virulent, and this in itself caused a total depopulation of the affected areas before the slaughter teams reached them. A partial lifting of the ban on slaughter for large commercial farmers enabled them to reduce their stock and earn sufficient income to cover the running costs of their farms.

The establishment of an ASF diagnostic unit within the Accra Central Laboratory and the provision of staff training, equipment and other consumables made possible the implementation of serosurveillance activities. The laboratory still plays a vital and active role and has been able to carry out confirmatory diagnoses of the current outbreak.

Areas affected and measures taken following the notification

The area affected by the outbreak is situated 812 km northwest of the veterinary headquarters in Accra. There is good communication and cellular phones work in the nearest regional city, Tamale (about 650 km from Accra), which also has an airfield. The affected area is connected on the landline telephone network. The road network is good, especially up to Tamale.

The Emergency Preparedness/Early Reaction Team set up during the ASF outbreak of



Pigs susceptible to ASF

1999 was still intact and was reactivated by the Director immediately after reports of pig mortality were received from the northern part of the country. This commendable action ensured the rapid diagnostic confirmation of the outbreak at the veterinary laboratory in Accra using the immunofluorescence test. The capacity of this laboratory for ASF diagnosis was enhanced during the previous ASF control project, TCP/GHA/8925, through staff training and the provision of equipment and reagents. Tissue samples were prepared for dispatch to Onderstepoort Veterinary Institute in South Africa and the United States for virus isolation and characterization, as a means of further elucidating the epidemiologic parameters of ASF in West Africa.

Control measures include a stamping-out exercise (it is estimated that about 6 000 pigs will be destroyed) and an awareness-raising campaign targeting the region's pig producers.

Animal movements and trade issues

There have been no reports of major pig movements or markets in the affected area so far. Normal activities involve small traders, mainly women, dealing in raw and cooked pork and selling this mostly during the evenings and at night in and around main towns and trading centres.

It must be pointed out that there are strong ethno-cultural ties between the peoples of Bassari district of Togo and Zabzugu-Tatale District of Ghana. The exchange of pigs and pig products is common during funerals involving people from both districts. A concerted and targeted awareness-raising campaign was organized in the affected districts by the PACE communication officer. Community opinion leaders and small-scale pig producers were actively involved in this campaign and sensitized on control measures for ASF, which is affecting their livelihood.

For more information, see: OIE Web site: <http://www.oie.int/>; EMPRES Web site: <http://www.fao.org/ag/AGA/AGAH/EMPRES/index.htm>; EMPRES Bulletin No. 16: <http://www.fao.org/DOCREP/003/Y0482E/y0482e05.htm#>

FAO–EMPRES LIVESTOCK EXPERT CONSULTATION

The Sixth Expert Consultation on the Emergency Prevention System for Transboundary Animal Diseases (EMPRES)–Livestock Programme was held in Rome, Italy, from 2 to 4 October 2002. The theme for the meeting, “Implementing EMPRES in an environment of weakening public veterinary services”, was chosen in view of the current situation in which outbreaks of transboundary animal diseases (TADs) have increased and have become difficult to control because of weakened public veterinary services, especially in developing countries.

The trend in recent years for governments to decentralize and to privatize many of their services has had particular implications for the control of transboundary diseases

The meeting was opened by Dr Louise O. Fresco, Assistant Director-General, FAO Agriculture Department, who welcomed participants and confirmed FAO’s continuing commitment to EMPRES as a priority programme. Dr Yves Cheneau, Chief of the Animal Health Service, in his introductory remarks, emphasized the theme of the meeting, which was to address the need to strengthen veterinary services in member countries, especially in the developing world.

The trend in recent years for governments to decentralize and to privatize many of their services has had particular implications for the control of transboundary diseases, for which a solid line of command needs to be maintained between central veterinary authorities and operational field staff. The liberalization of international trade, with the formalization of sanitary rules under the World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures, has created additional pressure for countries to be able to demonstrate that they have an effective veterinary service, including an ability to monitor and report livestock disease status. Furthermore, there is recognition worldwide that livestock production and both formal and informal trade between countries is increasing and that this represents a growing threat for the spread of TADs. This has been demonstrated by several recent occurrences, particularly the foot-and-mouth disease (FMD) epidemic of 2001 in the United Kingdom and the extent



PHOTO: FAO

FAO–EMPRES expert consultation participants

of global public concern expressed about such events. There is, therefore, an increasing interest, both within developing countries and within the donor community, in improving the veterinary services in developing countries, specifically to improve control over the spread of TADs.

Dr Juan Lubroth, Senior Officer, EMPRES Infectious Diseases Group, outlined the objectives of the meeting. These were to develop strategies to ensure that, in the face of challenges to national veterinary services, the capacities for early warning and early response to TAD incursions were not lost. He stressed the need to share experiences of what has or has not worked in the past, the need to define what is expected from public good veterinary services in the future and to find ways of convincing supporting organizations to provide the appropriate assistance. Finally, he emphasized that it was essential to promote the growing acceptance of the need to work with the community in order to find effective mechanisms for animal disease containment.

The meeting was attended by experts in various aspects of veterinary science and animal production, partnership organizations such as OIE, AU/IBAR, the International Fund for Agricultural Development (IFAD), the Pan American Health Organization/World Health Organization (PAHO/WHO), the World Bank, the European Union (EU), the International Livestock Research Institute (ILRI), Joint FAO/IAEA Division and FAO staff (field and headquarters), and observers. Technical presentations were made by experts and other participants and were followed by vigorous discussions and debates. The conclusions and recommendations of the expert consultation to the FAO Assistant Director-General are outlined below.

The expert consultation recognized that effective line management from the central veterinary authority to operational staff in the field is a vital component of TAD control

On the issue of decentralization of government veterinary services

The expert consultation recognized that effective line management from the central veterinary authority to operational staff in the field is a vital component of TAD control. The widespread trend of encouraging decentralization of government services, with what has often been a loss of both financial control and line-management responsibilities from central government to the field, is one of the major concerns with regard to livestock disease control. In particular, in the context of World Bank conditionalities for funding, national government veterinary departments are not well briefed on the options available to them in presenting the need for maintaining line-management control.

The expert consultation recommended that EMPRES and World Bank staff develop a paper outlining the specific constraints placed on TAD control by the process of decentralization of government budgets and responsibilities and describing the means by which exceptions can be made to the process, within World Bank conditionalities, in order to maintain centralized authority for transboundary livestock disease control.

Project formulation

The expert consultation recognized the importance of the following issues in presenting the case for support for TAD control to policy-makers:

- economic analysis to demonstrate the benefits and costs of diseases and their control and the distribution of benefits within the community;
- emphasis on the need for regional coordination for TAD control; and
- the importance to the success of control initiatives of developing private–public–civil society partnerships.

The consultation recommended that EMPRES collaborate with the European Commission in developing a concept paper to provide guidance to developing countries on improving their strategy for gaining access to EU support for TAD control.

Poverty-focused delivery of veterinary services

Given the fundamental importance of livestock to the rural poor in Africa and the need to develop appropriate primary veterinary services in rural areas, it was recommended that EMPRES promote the need for the state veterinary services to both learn from and contribute to the formulation of national poverty reduction strategies and the participatory poverty-assessment process.

Updating the FAO Guidelines for strengthening animal health services in developing countries

The expert consultation recommended that the FAO document Guidelines for strengthening animal health services in developing countries be reviewed in the light of changes that have occurred since its publication in 1991, in particular recognizing the need to take into account the OIE guidelines for the evaluation of veterinary services.

Global plan for action against transboundary animal diseases

The OIE/FAO International Scientific Conference on Foot-and-Mouth Disease, held in Paris in April 2001, recognized the need to give special attention to internationally coordinated programmes for the control of rinderpest, FMD and classical and African swine fevers. A framework for global action will be developed over the next year, within which different regions of the world and national governments can develop their priorities. The expert consultation endorsed this initiative.

Mechanisms should be developed to enable national veterinary services and international agencies, including FAO, to promote more strongly the needs and benefits of TAD control at all levels, from national policy-makers to the livestock community

Veterinary service delivery systems in remote and insecure areas

Community-based animal health (CAH) delivery systems in remote, underserved areas are key tools in strengthening the veterinary services of developing countries. Quality veterinary services are essential for TAD control and eradication.

It was recommended that EMPRES provide further support and guidance to the development of CAH delivery systems. In doing so, EMPRES should take into account the role of farmers' associations and the possibility of integrating CAH delivery systems into general development programmes, including conflict-management initiatives.

Given the importance of community participation in the control of TADs and the need to improve the two-way flow of information on TADs between communities and national epidemiology, EMPRES should promote the wider use of participatory epidemiology by government veterinary services.

Improving awareness

The expert consultation concluded that national veterinary services are generally not highly successful in promoting the need for TAD control to their policy-makers and that this deficiency is reflected in the levels of both national budget and success in obtaining donor support.

It was recommended that mechanisms be developed to enable national veterinary services and international agencies, including FAO, to promote more strongly the needs and benefits of TAD control at all levels, from national policy-makers to the livestock community.

Zoning and trade

There is an increasing realization that trade in livestock and livestock products is vital for development in many regions of the world. All issues that impede trade, including TADs and food safety, need to be addressed to access lucrative markets. This task may include consideration of the need for regional guidelines for trade, not as standards inferior to

international ones, but as a means of achieving progressive improvements in sanitary standards for trade in livestock and livestock products.

It was recommended that efforts be devised to define more clearly the technical, marketing, financial and sociological constraints to such trade and to identify strategies and mechanisms for overcoming them. One approach that should be investigated is the feasibility of establishing export zones within countries, possibly through private/public partnerships, where production, certified disease control, transportation and marketing efforts can be concentrated.

TRAINING AND WORKSHOPS

Training course on emerging animal health issues identification and analysis

The training course focused on tools, methodologies and recent technologies available to address emerging animal health issues at the national and international levels, based on the experience developed by CEI in this field

In September 2002, a training course was organized by the Center for Epidemiology and Animal Health (CEAH), United States Department of Agriculture (USDA), Fort Collins, on emerging animal health issues identification and analysis.

Within USDA, CEAH is part of the Animal and Plant Health Inspection Service (APHIS), Veterinary Services. The Center is further divided into four units, namely the Center for Animal Disease Information and Analysis and Control (CADIA), the Center for Animal Health Monitoring (CAHM), the Center for Emerging Issues (CEI) and Program Support and Evaluation staff.

CEAH's mandate is to provide decision-makers with timely information and technical services on animal health issues in order to ensure a safe and economical supply of food and agricultural products in the United States. As an OIE collaborating centre, CEAH also provides a series of training courses on risk analysis and geographic information systems for OIE member countries. At the national level, CEI is responsible for anticipating emerging animal health issues, which are a potential threat to the national livestock, and also identifies emerging market conditions for animal products.

The training course focused on tools, methodologies and recent technologies available to address emerging animal health issues at the national and international levels, based on the experience developed by CEI in this field. One of the main activities of the Center is to monitor constantly the international animal health situation, identify as early as possible new trends and patterns, and inform decision-makers of the potential impact they may have on the livestock industry. Based on the principles of competitive intelligence developed by commercial companies, CEI uses internal and external networks as well as clipping services and text-mining software to identify these new trends. One of the key elements of the system is represented by the data-mining software called Pathfinder



Training course participants

(textual database), originally designed for the United States military forces, and adapted to capture animal health data. This sophisticated tool archives information regularly scanned from Web sites (AgWorldwide, AgAm, OIE) and mailing lists (AnimalNet, Promed) and provides up-to-date information, which is further analysed

and verified by CEI's team. CEI also subscribes to Dialog Newsroom, a news service provider that gathers more than 6 000 sources of information. Despite the fact that Dialog Newsroom's query system is not as powerful as Pathfinder, it is considered as one of the best sources of information available today.

Unusual animal health events identified by Pathfinder, Dialog Newsroom or other sources of information (internal network, clipping services) are then recorded into CEI's tracking system, a Lotus Notes database, for further analysis and disease tracking.

As far as external communication is concerned, CEI publishes impact worksheets (initial assessments of newly identified risks) on its Web site or an emerging disease notice in case of newly emerging issues (e.g. the Nipah virus).

The training course also reviewed several other issues, such as the situation with regard to West Nile fever in the United States, and presented specific networks dealing with emerging diseases in-country.

The next training course on the same topic will take place from 29 April to 2 May 2003.

For more information, see: CEAH Web site: <http://www.aphis.usda.gov/vs/ceah/>; CEI Web page: <http://www.aphis.usda.gov/vs/ceah/cei/index.htm>

Seminar on animal and human brucellosis

An advanced seminar on animal and human brucellosis was organized by the International Centre for Advanced Mediterranean Studies (CIHEAM – Centre international des hautes études agronomiques méditerranéennes) and the Department of Microbiology, University of Navarra, Pamplona, Spain.

William Amanfu, FAO Animal Health Officer (Bacterial Diseases and Zoonoses), attended the meeting and presented a paper on "The role of FAO in the control of brucellosis".

The principal objective of the seminar was to educate the participants, through reviews, lectures, discussions and laboratory exercises, on traditional and more recent methodologies in the control of brucellosis in animals and humans. The seminar also outlined the advantages and limitations of current diagnostic and prophylactic tools, technical aspects of their use and strategies to be adopted in the control/eradication of brucellosis.

This was a very successful seminar, attended by 38 participants from 23 countries. The quality of scientific papers presented and the level of discussions were excellent. The seminar afforded an insight into problems encountered in brucellosis control in different countries and knowledge of modern tools and strategies to control the disease.

NEWS

FMD in the United Kingdom – Royal Society enquiry on infectious diseases in livestock

Following the devastating outbreak of FMD in the United Kingdom in 2001, the Department for Environment, Food and Rural Affairs (DEFRA) and the Office of Science and Technology jointly commissioned the Royal Society to carry out an independent scientific review of how to prevent and combat further incursions of highly infectious livestock diseases.

The Royal Society report was prepared by a committee of scientists, veterinarians, farmers and experts in consumer affairs. The committee issued a public call for evidence and received some 400 written submissions from individuals, the livestock industry and public and private sector organizations. Some of the main recommendations of the enquiry are summarized below.

General policy

Although disease-free status (without vaccination) with respect to FMD or other infectious diseases should remain the goal, this proviso could change if the risk of an outbreak occurring increased sharply, better vaccines became available or the trading regulations associated with disease-free status were further changed.

Emergency vaccination

Rapid culling of infected premises and known dangerous contacts, combined with movement control and rapid diagnosis, will remain essential to controlling FMD and most other highly infectious diseases. In many cases, this will not be sufficient to guarantee that the outbreak does not develop into an epidemic.

Until recently, the main problem over the use of emergency vaccination has been the difficulty of distinguishing animals that had been infected but then recovered from those that had simply been vaccinated. Important advances have been made within the last year, both technical and in the attitudes of the authorities and consumers, that should allow emergency vaccination to develop into a prime control strategy rather than one of last resort. Emergency vaccination should therefore be considered as part of the control strategy from the start of any outbreak of FMD.

Diagnostic methods

The first suspected case in an outbreak should be confirmed by an OIE-approved reference laboratory. Modern diagnostic methods, including penside tests, need to be developed that can shift the burden of diagnosis to veterinarians on the farm. Rapid diagnosis, particularly before clinical signs appear, would limit the size of any epidemic and improve the strategic deployment of resources.

Disease early warning

The threat of importing disease is rising with the globalization of trade and accrued movements of people, improvement of transport routes and climate change. To forestall and respond to the threat of importing disease, the United Kingdom must work with its international partners, both in Europe and more widely, to strengthen the present surveillance and early warning systems managed by OIE and FAO.

Early response and contingency planning

If the early warning system has failed to prevent the introduction of an exotic disease, the quality and the speed of implementation of a contingency plan become critical to prevent the disease developing into epizootic proportions. Such a plan should be subject to a practical rehearsal every year and should be formally reviewed every three years to ensure that it takes into account the latest information about the scale of international disease threats, changes in farming practice, scientific and technological developments, regulatory developments at national, EU and global levels, and the country's state of preparedness.

Source: information extracted from The Royal Society. 2002. Infectious diseases in livestock: summary and main recommendations. Policy document 19/02. July. The full report is available at:

http://www.royalsoc.ac.uk/templates/search_websearch.cfm?mainpage=/inquiry/index.html

Obituary – Dr Alain Provost

We regret to announce that Dr Alain Provost passed away on 24 November 2002. Dr Provost (1930–2002), who graduated from the National Veterinary School of Maisons-Alfort (France) in 1953, was an outstanding international veterinary scientist-expert on contagious bovine pleuropneumonia (CBPP), rinderpest and infectious transboundary animal diseases of livestock. Director of the Laboratory of Farcha (Chad) from 1969 to 1976, he became the General Director of IEMVT (Institut d'Élevage et de Médecine Vétérinaire des Pays Tropicaux) from 1977 to 1988, before the Institute became the EMVT Department of the International Cooperation Centre of Agricultural Research for Development (CIRAD).

Dr Yves Cheneau, Chief, FAO Animal Health Service, was quoted as saying: "Many of you will remember the humaneness and devotion of Alain, as well as the quality of his scientific background and achievements, which allowed him to chair or participate in many of the FAO expert consultations and missions. His outstanding contributions to GREP and CBPP will continue to guide us. The veterinary family has lost one of the most prominent of its members."

IN BRIEF...

Since the last EMPRES Bulletin (No. 21 – 2002), unexpected occurrences of ASF, FMD and Rift Valley fever have been reported in different regions around the world:

African swine fever

Ghana: ASF occurred in northeast Ghana in September 2002. The present outbreak is situated very close to the border with Togo, where ASF has previously been reported. Estimated deaths totalled over 7 000 head.

Uganda: Uganda is currently experiencing multiple outbreaks of ASF. The first outbreak was reported in late April 2002 in two districts of Kayunga and Masaka and has since spread rapidly to the districts of Kiboga, Kampala, Jinja, Soroti, Sembabule, Kalangala and Busia during July, August and September 2002. Quarantine has been imposed on the movement of pigs throughout the districts.

Foot-and-mouth disease

Paraguay (18 October 2002): FMD was detected in Paraguay in the region of Canindey, Corpus Christi district, located near the border of Brazil. More than 700 head of cattle were slaughtered. The Pan American Foot and Mouth Disease Centre informed OIE that the FMD disease virus type "O" was isolated from samples of bovine oesophageal-

pharyngeal fluid collected in this region. A serological survey has been established in 14 farms covering a population of 40 000 head of cattle.

Venezuela (16 October 2002): An FMD outbreak was detected in Venezuela, Presidente Paez Parish, Alberto Adriani municipality, where 194 cases were identified among 680 susceptible cattle. The laboratory of the National Institute of Agricultural Veterinary Research confirmed the presence of virus type "A" from three epithelium samples collected from sick animals.



Mozambique (13 November 2002): Outbreaks were first detected in Calanga and Manzira districts. Viruses isolated are closely related to the ZIM/14/98 virus, which has been previously isolated from buffaloes in Lubangwua Island Kariba, Zimbabwe in 1998. The supposed source of infection seems to be animals originating from the region of Chicualacuala, located on the Mozambique–Zimbabwe border.



Rift Valley fever

Rift Valley fever was detected this year in the Gambia, Mauritania and Senegal. More information on these outbreaks will be available on the EMPRES Web site and in the next issue of the EMPRES Bulletin.

Rinderpest

In late October, a suspicion of rinderpest in Laikipia, Kenya was notified to OIE. The results of laboratory diagnostic were all reported to be negative (for more information see page 2 of this Bulletin).

Detailed reports can be obtained from the OIE Web site: www.oie.int/

CONTRIBUTIONS FROM FAO REFERENCE LABORATORIES AND COLLABORATING CENTRES

FAO/OIE World
Reference
Laboratory for
FMD, Pirbright, UK

Report for July to September 2002

Country	No. of samples	FMD virus serotypes							SVD virus ¹ (a)	NVD ² (b)
		O	A	C	SAT 1	SAT 2	SAT 3	ASIA 1		
IRAQ	44	0	10	0	0	0	0	0	0	34
Israel (Pal. Aut. Ter.)	2	1	0	0	0	0	0	0	0	1
Lebanon	2	1	0	0	0	0	0	0	0	1
Pakistan	173	4	3	0	0	0	0	2	0	9
Saudi Arabia	35	0	0	0	0	0	0	0	0	35
United Kingdom	3	0	0	0	0	0	0	0	0	3
TOTAL	103	6	13	0	0	0	0	2	0	83

¹ Swine vesicular disease virus.

² No foot-and-mouth disease, swine vesicular disease or vesicular stomatitis virus detected.

³ One sample from Pakistan contained a mixture of FMD disease virus types O and Asia 1.

Pal. Aut. Ter.: Palestinian Autonomous Territories

Ten out of 19 positive samples tested as original suspension were typed by ELISA (53 percent) and the remainder were typed following cell culture passage.

Report for October to November 2002

Country	No. of samples	FMD virus serotypes							SVD virus ¹ (a)	NVD ² (b)
		O	A	C	SAT 1	SAT 2	SAT 3	ASIA 1		
Burkina Faso	3	1	0	0	0	0	0	0	0	2
Iran (Islamic Rep. of)	2	0	2	0	0	0	0	0	0	0
Iraq	10	0	6	0	0	0	0	0	0	4
Kenya	7	4	0	0	1	1	0	0	0	1
Myanmar	10	9	0	0	0	0	0	1	0	0
Senegal	12	0	0	0	0	0	0	0	0	12
Sudan	1	0	0	0	0	0	0	0	0	1
Syrian Arab Republic	11	6	3	0	0	0	0	0	0	2
Turkey	10	5	4	0	0	0	0	0	0	1
Uganda	6	3	1	0	0	2	0	0	0	0
United Kingdom	3	0	0	0	0	0	0	0	0	3
Zimbabwe	4	0	0	0	0	4	0	0	0	0
TOTAL	79	28	16	0	1	7	0	1	0	26

¹ Swine vesicular disease virus.

² No foot-and-mouth disease, swine vesicular disease or vesicular stomatitis virus detected.

FAO/OIE World Reference Laboratory for Rinderpest (RP) and peste des petits ruminants (PPR), Pirbright, UK

Country	Species	Disease	Diagnosis technique	Result
Iraq	Sheep	PPR	RT-PCR	Positive
Iran (Islamic Rep. of)	Tissue culture fluid	PPR	RT-PCR	Negative
Iraq	Sheep and goats	PPR	RT-PCR	Negative
Kenya	Cattle and game	RP	RT-PCR, C-ELISA	Negative
South Africa	Oryx	PPR	RT-PCR	Negative
Yemen	Bovine	RP	RT-PCR	Negative

NEWS@RADISCON



The future of RADISCON phase two

A RADISCON project was undertaken in 29 countries of the Middle East, North Africa, the Horn of Africa and the Sahel to improve or establish animal disease information at the national and regional levels through capacity building for disease surveillance and control of certain diseases.

Phase two RADISCON is intended to build on the achievements of the implementation of the first phase of RADISCON through:

- increasing understanding of in-country and regional priority disease situations through the practical use of surveillance techniques and information technology; and
- the enhancement of regional collaboration in animal disease surveillance and progressive control of regional priority diseases.

In preparation for phase two, a questionnaire was sent to participating countries in order to receive their comments, suggestions, expectations and respective needs. Their responses are summarized below.

What are the strengths of disease surveillance and control systems in member countries?

- Effective national veterinary services and adequate legislation are in place.
- Capacities have been built through national and RADISCON projects for animal disease reporting, data collation, data analysis and data management.
- Epidemiology units have been established.
- Animal disease control and prevention are being carried out according to national resources.
- Under national support, most countries have equipped central veterinary laboratories to enable them to perform laboratory diagnosis and provide laboratory support for disease surveillance and investigations.

How can RADISCON phase two improve national veterinary services?

- Provide more training and technical assistance for disease control policy, strategy and planning.
- Organize more coordination and collaboration meetings at the regional and subregional levels.
- Facilitate disease control harmonization and the exchange of disease information among RADISCON countries and clusters.
- Exchange experience in risk analysis.
- Support participating countries in the design and implementation of active surveillance, emergency preparedness and disease contingency plans.
- Support capacity building in import and export risk analysis.

What are the suggestions for developing mutual confidence?

- Exchange animal disease control and surveillance experts at the subregional level.
- Exchange disease information and encourage greater intercountry collaboration for TAD surveillance and control.

- Establish harmonized disease control policies and strategies within the clusters.
- Conduct regular coordination meetings and workshops to exchange disease control status and control programmes in each cluster.
- Improve trade in livestock and their products within all RADISCON countries.

What are the major weaknesses of animal disease surveillance and control systems?

- Lack of trained personnel in epidemiology and laboratory diagnosis.
- Disease, surveillance and disease control policies and strategy.
- Low awareness among livestock owners and producers.
- Shortages of financial and technical means for emergency response to animal disease diagnosis, surveillance and control (early warning and early reaction).
- Lack of harmonized disease control between neighbouring countries.
- Inadequate early warning systems.

Training requirements

- Field disease epidemiological investigation and active surveillance principles and methodology.
- Risk management techniques.
- Animal disease control policy and strategy planning.
- Epidemiological tools and software such as TADinfo and data management and analysis.
- Disease investigation and disease search.
- TAD laboratory diagnosis (routine and advance technology).
- Capacity building in training (epidemiology; disease diagnosis and control; risk management).

Major constraints in controlling TADs

- Lack of regional/subregional TADs harmonized disease control strategies and reporting.
- Lack of disease control coordination unit.
- Lack of financial means for emergency operation (early warning and early reaction).
- Lack of skills and experience in field disease and laboratory disease diagnosis.
- Lack of border harmonization and bilateral coordination and cooperation in disease control.
- Lack of animal identification system and control of movement of animals.

Expectations for RADISCON phase two

- Consolidate the activities and achievements gained by the implementation of RADISCON phase one.
- Provide training and advisory support for participating countries to enable them to design and implement an active disease surveillance and control strategy.
- Support subregional RADISCON priority animal disease control programmes such as the control of sheep pox in the Maghreb cluster and provide similar disease control programmes for FMD and PPR in other subregions.
- Conduct regular subregional and regional meetings and coordination to improve harmonization and bilateral cooperation for animal disease reporting, planning and control programmes.
- Improve capacity for field and laboratory diagnosis of TADs through national and regional training courses.

- Support participating countries through national and regional training courses for design and implementation of active disease surveillance systems for TADs at national and regional levels.
- Conduct annual meeting to review the progress in animal health information exchange and capacity.

Preparing for RADISCON phase two

RADISCON phase two is intended to build on the achievements of RADISCON phase one to strengthen the national veterinary epidemiological units.

The project documents have been sent to donors (IFAD, Organization of the Petroleum Exporting Countries [OPEC], GCC) for partial funding.

IFAD has already shown interest in becoming a donor partner for RADISCON phase two. Radiscon phase one was due to end in December 2002 and there is a risk that the benefits derived from its efforts will be lost unless the necessary funding is secured.

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