



**African Union**

Interafrican Bureau for Animal Resources

**INTEGRATED REGIONAL COORDINATION MECHANISM  
FOR THE PREVENTION AND CONTROL OF  
TRANS-BOUNDARY ANIMAL DISEASES AND ZOOSES  
IN AFRICA**

**(IRCM)**

**Toolkit Development and Planning workshop**

**Workshop Report**

**26—28 January 2010, Naivasha / Kenya**

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# 1 Introduction

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The African Union-Interafrican Bureau for Animal Resources (AU-IBAR) organized a workshop in Naivasha from 26th - 28th January 2010 (Naivasha2), on Integrated Regional Coordination Mechanisms (IRCM) for the Prevention and Control of Trans-boundary Animal Diseases (TADs) and Zoonoses in Africa. The main objective of the workshop was to finalize and operationalize, in partnership with the AUC Department for Social Affairs (DSA), RECs and international technical partners (FAO, OIE and WHO), a road-map to support the strengthening or establishment of an integrated coordination mechanism at regional (REC) levels.

The need for strengthening regional coordination mechanisms has been expressed by many actors over time. The SPINAP-AHI program has consistently been challenged to assist with the establishment of cross-border coordination mechanisms to address AHI as most countries lacked appropriate policies to deal with the cross-border dimensions of infectious diseases. The IRCM initiative was borne out of this persistent need.

On its part, the African Union has urged, through various treaties, protocols and declarations, all its organs and institutions to execute their mandates through the Regional Economic Communities. This, together with the request made by various Member States at coordination meetings organized by the SPINAP, provided an excellent opportunity to design mechanism that not only addresses avian influenza challenges, but also provides an avenue for the sustained coordination of measures for the prevention and control of other trans-boundary animal diseases and zoonoses, and opens opportunities for better interaction between the RECs and technical agencies in animal and human health sectors.

The toolkit development and planning workshop also built on the results of sectoral studies<sup>1</sup> and recommendations made at previous meetings organized by the SPINAP-AHI program at regional level (Kampala, Bamako and Gaborone (2008), Continental level (Addis Ababa, August 2009) and by ALive in Gaborone, Botswana (November 2009), during which the importance of strengthening regional coordination mechanisms and inter-sectoral cooperation was reiterated as a key element in the prevention and control of TADs and zoonoses.

All the regional technical workshops identified the lack of regional/cross-border coordination as one of the major bottlenecks to preparedness and response to AHI and other trans-boundary diseases (SPINAP Report, 2009).

At the inter-sectoral meeting in Addis Ababa in August 2009, participants recommended, *inter alia*, that:

- AU-IBAR, RECs and other international organizations to enhance efforts to promote coordination and integration of different initiatives for better control of emerging and re-emerging diseases;
- Member States and RECs, in conjunction with public health and natural resources based institutions, intensify efforts to establish and administer information management and sharing systems for their animal resources sectors to inform policies and decision making processes;
- Based on the experience of PACE and PARC and taking into account the need to reinforce the integrated approach within the frame of One World One Health (OWOH), AU-IBAR, FAO, OIE and WHO to jointly develop a Pan-African program to strengthen integrated disease surveillance including strengthening of laboratory systems, disease prevention and control at national, regional and continental levels.

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<sup>1</sup> ALive Feasibility Studies on Epidemiology and Laboratory Networks in Africa (2009)

This workshop follows an initial brainstorming one held in Naivasha (Naivasha1) Kenya (October 2009) during which the IRCM concept was introduced, discussed and a road map developed. At the first meeting participants recommended among others that:

- A regional coordination mechanism at RECs level be developed based on a clear framework to guide the coordination agenda;
- A scheduled regular forum between the partners be instituted for information exchange, assessment of progress in implementation of coordination activities and joint action planning. Such forum should be included in the calendars of Partners for better and effective coordination;
- Partners promote greater involvement of human health and wildlife sectors in regional coordination mechanisms on the prevention and control of TADs and zoonoses at a regional level rather than focusing on a single disease entity;

On the basis of recommendations made at Naivasha1 preliminary guidelines for the development of the IRCM were formulated by an AU-IBAR task force and circulated to international technical partners and RECs for revision and comments. The Naivasha2 workshop was therefore organized with the aim of reviewing and finalizing the guidelines and TORs for the stock taking exercise of RECs and Member States and draw up an action plan for the formulation of the IRCM.

## 2 Session I. Opening Session

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(Chair: Dr. Simplicie Nouala, AU-IBAR)

During the opening session, the Director of AU-IBAR, represented by Dr Simplicie Nouala, the chief Animal resources Officer, welcome the participation of representatives of the African Union (RECs and AUC-DSA) and Technical partners (FAO, OIE and WHO) and underscored the importance of effective coordination, strong inter-sectoral collaboration, sound institutional and legal frameworks and partnership with international organizations, for the prevention and control of major TADs and zoonoses in Africa.

He recalled that the African Union, through its Institutions and Organs, was spearheading an accelerated pathway for the establishment of an African Economic Community in order to better address major challenges posed by globalization and to boost regional integration. He pointed out that in this regards, AU Member States had pledged to rationalize and strengthen RECs and harmonize their activities, so as to lead to the creation of an African Common Market. He added that the AU-IBAR, an Agency of the African Union, in partnership with the Department of Social Affairs of the African Union Commission, was therefore, responding to a political agenda that has been agreed and reiterated by the Africa Head of States and Governments through treaties, protocols and declarations.

He concluded the introductory remarks by welcoming the contribution of the technical partners, with the hope that their technical advice would assist in the development of a sustainable and effective coordination mechanism at Regional level as well as ensure their full integration and harmonization with global strategies and frameworks.

Before presenting the Agenda and the objectives of the workshop, participants were invited to state their expectations for the workshop, which were summarized as:

- To move forward with the IRCM plan and develop a workable mechanism
- To define clearer role of the RECS in the coordination mechanism
- To develop common strategies on how to advance the regional mechanism
- To avoid building a large and complex machine that does not work
- Define roles of different stakeholders and partners (OIE, IBAR, FAO, WHO and RECs)
- To develop clear recommendations and guidelines for the advancement of the IRCM
- To see both human and animal specialists cooperating in the coordination mechanism
- To set clear and manageable milestones
- To lay down strategies that will lead to the building of the capacities of the RECs
- To have open and frank discussions, that are science based and to lead to desired results
- To think out of the box by moving from meetings to actions (implementation)

After the presentation of the Agenda (**Annex 1**) and its adoption, seven short presentations were made to provide a general background and context in which the inter-sectoral coordination mechanisms at regional level were

conceived; describe the institutional context of the African Union, especially AUC and RECS, and legal frameworks governing their relationships and operation; and illustrate the strategic frameworks and supporting linkages at continental and global levels shaping the formulation of the IRCM.

The first presentation (**Annex 2**) provided the background and rationale for the development of inter-sectoral coordination mechanisms at REC level and the objectives of the workshop. The objectives of the workshop were outlined as:

- Discuss and endorse Terms of Reference for the Multi-disciplinary and Multi-agency team to develop the IRCM at REC level;
- Define technical support mechanism by partner organizations (FAO, OIE and WHO) for the formulation of the IRCM;
- Define financing modalities for the development of the IRCM (REC);
- Develop a plan of action for the formulation of the IRCM at REC level.

The second presentation (**Annex 3**) illustrated the vision of the African Union and its main objectives and mandates, the role and functions of the RECs, and the main legal frameworks (Treaties and Protocols) governing their functions and relationships, with a special focus on the coordination mechanism. The presentation outlined some of the objectives of the AU so as to accelerate political and social economic integration; to coordinate and harmonise the policies between existing and future RECs; and work with relevant international partners in the eradication of diseases and promotion of good health on the continent. The presentation further emphasised that in line with the Abuja Treaty, RECs have a key role in the integration process and the establishment of an African Economic Community. It concluded by pointing out that the AUC and RECs recently subscribed to a protocol to enhance their relations and improve coordination.

The third presentation (**Annex 4**) described the structure and the mandate of the AUC Department for Social Affairs (AUC-DSA), the strategic plan of the Health Division, and strategy of the Health sector (Africa Health Strategy: 2007-2013). It was pointed out that within the AUC-DSA there were two Divisions dealing with health issues, one focusing on infectious diseases (Division of HIV/AIDS, TB, Malaria & Other Infectious Diseases) and the other one on non-communicable diseases (Division of Health, Population & Nutrition). It was further mentioned that the Africa Health Strategy aimed to strengthen health systems in order to reduce ill-health and accelerate progress towards attainment of MDGs in Africa by 2015 and more specifically:

- To facilitate the development of initiatives to strengthen national health systems in Member States;
- To facilitate stronger collaboration between the health and other sectors to improve the socio-economic and political for improving health;
- To facilitate the scaling-up of health interventions in Member States including through regional and intergovernmental bodies.

The fourth presentation (**Annex 5**) reviewed the main drivers, RECs and AU-IBAR roles and mandates, and sectoral strategies and lessons learned, especially through SPINAP-AHI and PACE, that should inform and shape the development of the IRCM. From the analysis a strong justification emerged, at technical, institutional and political level, for an effective coordination mechanism at the REC level, to address pertinent issues affecting animal health

in Africa and sustain investments in capacity building to meet the rapidly evolving demands of the globalized public health context.

The three technical partners (FAO, OIE and WHO), in the frame of the “Strategic Framework for reducing risks of infectious diseases at the Animal-Human-Ecosystems Interface” illustrated their approaches and on-going activities.

The **WHO (Annex 6)** provided an overview of WHO-AFRO strategic plan for the prevention and control of Influenza (H5N1) and enhanced regional coordination.

The **OIE presented (Annex 7)** the PVS pathways for efficient veterinary services and the status of PVS, Gap Analysis and veterinary legislation missions in Africa.

The **FAO (Annex 8)** reviewed first the “One World One Health” concept and its major objectives, followed by the presentation of the “Global Program for the prevention and control of highly pathogenic avian influenza and other emerging diseases at the human-animal-ecosystems interface – The OWOH Approach”. It was pointed out that the program had the overall objective of safeguarding animal health and livelihoods from the threat of infectious diseases and mitigating the risk of human pandemics arising from animal sources through prevention and control of animal pathogens at three inter-connected levels: global, regional and national. It was further pointed out that the program is expected to establish coordinated and efficient global response to HPAI and other EIDs; develop disease control strategies and options that were technically sound, economically sustainable, ecologically appropriate and socially acceptable, which were available and communicated to decision makers; to develop Regional and national capacities and competencies for effective prevention and control of EIDs.

On the ensuing discussion, participants commented on the presentation on ‘**Introduction to IRCM and objectives of the workshop**’, and noted that a lot of work was required for the finalization of the Guidelines. In relation to ‘**Institutional set up: African Union commission and the regional economic communities**’ participants agreed that there should be measures to avoid duplication of activities proposed within the IRCM with already established mechanisms and the roles of each stakeholder therefore, needed to be properly outlined.

On the presentation on ‘**AUC Department for social affairs, mandate and strategic plan for the health sector**,’ participants were further informed that the AUC had coordinating platforms for NGOs and the private sector. As an example, it was reported that the NGOs working in the health sector were linked to the relevant divisions of the DSA.

In relation to the presentation on ‘**Supportive strategic Linkages**’ between the IRCM and other regional mechanisms’ presented by the SPINAP Continental Coordinator, it was clarified that from the lessons learned during the implementation of SPINAP, there was sufficient justification for the development of the IRCM.

On the presentation made on ‘**Strategic framework for reducing risks of infectious diseases at the animal –human-ecosystems interface**’, the need for coordination and commitment in relation to control mechanism for both human and animal diseases became clear. It was further highlighted that the “One World One Health” concept did not refer to zoonotic diseases only, as there is a strong link between animal diseases in general and food security and human health.

On the presentation on '**the PVS pathway**' by the OIE representative, participants were assured that communication had been integrated in the PVS by the OIE. It was also highlighted that the majority of African countries had requested for OIE technical assistance to carry out PVS assessment, Gap Analysis and Veterinary legislation, and that many of them had already benefited from the same and missions had been completed. Concerning the access to PVS and Gap Analysis reports, the OIE clarified that it had bilateral agreements with some RECs and IBAR and that relevant reports would be accessible to the same institutions if countries had agreed on that. The OIE representative reiterated that the PVS tool could only be applied at country level and could not be utilized to assess veterinary services at regional level. He, however, pointed out that it was possible to use PVS reports to identify potential issues that could be addressed at Regional level.

### 3 Session II. Development of the IRCM

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(Chair: Dr Simplicie Nouala-AU-IBAR)

This working session opened with a presentation (**Annex 9**) on suggested steps and approaches to review the Guidelines and Terms of Reference for the multi-disciplinary team tasked with the analysis of country and RECs capacities and the formulation of the IRCM together with its implementation plan. During the discussion it was agreed that several clear steps were required to develop the IRCM, starting with a clear sensitization of relevant authorities at REC level, possibly through a direct visit by the AU-IBAR director. The specific steps for the development of the IRCM were agreed as follow:

- The Sensitization and Planning [Phase I].
- The Desk Review Phase (Phase II)
- The On-Site Assessment Phase [Phase III],
- The Validation Phase [Phase IV].
- The IRCM Formulation Phase [Phase V] and
- The Adoption Phase [Phase VI],

Following exhaustive discussion it was agreed that:

- There was no need to have a financial analyst during the earlier stages of the process (desk and On-site reviews). However, the position would be filled at a later stage, during the formulation of the IRCM and the development of a plan for the establishment of the IRCM;
- There was need to have a Monitoring and Evaluation (M&E) Expert, to be provided by AU-IBAR, during the final part of the analytical phase, so as to properly assist in the formulation phase and the development of a plan for the establishment of the IRCM;
- The same team of experts, should, as much as feasible be maintained for the entire exercise so as to ensure consistency and continuity;
- The OIE would provide a very clear TOR for their expert(s), and that experts may be changed from time to time to address specific components (PVS, veterinary legislation, and veterinary education) of the analysis, and may not work on a full time basis;
- The background for the TOR would be the same for all members of the team;
- Members of the team would contribute to the compilation of different documents and there would not be separate reports for each expert.
- The developed IRCM should link up with other programmes coming up at AU/IBAR e.g. the Veterinary Governance Programme
- The identification of the members of the team should start as soon as possible so that activities could immediately start;
- In relation to the development of a template for different documents, participants agreed to wait for the results of the first desk review in order to develop ideas after which the template will be developed and finalized. The proposed template should be validated by partners.

- A rolling process, other than a parallel one, in carrying out the study was suggested, in which lessons learnt from one REC will be used to improve on the process while studying the remaining RECs.
- The partners agreed to have a generic IRCM framework, which would be adapted to suit specific situations in each REC.

The final draft of the guidelines, with the ToR of each expert, is provided in (**Annex 10**).

## 4 Session III. IRCM implementation plan

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(Chair : Dr. Simplicie Nouala, AU-IBAR)

In order to develop the IRCM, participants were asked to define the roles and responsibilities of AU-IBAR, AUC-DSA and technical partners in the process leading to the development of the IRCM, and draw up a tentative action plan. As a result, the following were proposed:

### **AUC/ AU-IBAR**

- To provide financial support to the process
- Overall coordination
- Provision of Technical experts and logistical support

### **FAO**

- Support to the initiative (since the beginning),
- Providing contribution to the documents and inputs to the final report
- Participation in the meetings
- Advocacy to the RECs and countries, if needed
- Provide experts in communication and livestock production/bio-security
- Provide technical assistance as required by AU-IBAR

### **OIE**

- Support the process
- Provide experts
- Provide available country PVS reports, to facilitate analysis at regional level
- Legislation:
  - i. facilitate countries setting-up national task forces for modernization of animal health legislation;
  - ii. work with RECs on animal health legislation
    - Identify candidates for laboratory twinning
    - Connectivity of regional animal health and early warning systems with global systems (WAHIS and GLEWS)

### **WHO**

- High level commitment and support from WHO/AFRO to the process
- Continued participation in the IRCM task force meetings
- Support the adaptation of assessment tools

- Deploy experienced and senior epidemiologist
- Contribute to the final report
- Any other requirements from AU-IBAR will be honored
- Strengthening the existing coordination between WHO, AUC, RECs and countries.

It was also agreed that a technical peer review group, composed of representatives of AU-IBAR, FAO, WHO, OIE and AUC-DSA, be established in Nairobi, to regularly oversee the technical part of the whole process and ensure technical quality of reports drafted by the team of experts. The operational modalities and mandate of the technical peer review group to be guided by mutually agreed Terms of Reference (to be drafted by AU-IBAR).

In relation to the development of an action plan for the implementation process of the IRCM, the following was proposed<sup>2</sup>:

N.	Action	Start Date	Completion Date	Responsibility
1.	<b>Finalization of Guidelines and Terms of Reference</b>	29/01/10	10/02/10	IRCM Task Force
2	<b>Recruitment of the Team:</b> <ul style="list-style-type: none"> <li>➤ Partners identifies experts;</li> <li>➤ AU-IBAR signs contract directly with consultant;</li> <li>➤ Quality assurance to be ensured by parent partners.</li> </ul>	29/01/10  On-going	26/02/10	Partners & AU/IBAR
3.	<b>Briefing of RECs:</b> <ul style="list-style-type: none"> <li>➤ Share TOR with the President of ECOWAS; Secretaries General of IGAD, EAC &amp; COMESA; Executive Secretary of SADC; and Technical Directors;</li> <li>➤ AU-IBAR Director to visit REC Head Quarters to illustrate the new strategic plan and the IRCM process</li> </ul>	11/02/10	30/04/10	
4	<b>Orientation of the team</b> <ul style="list-style-type: none"> <li>➤ Familiarization with ToR &amp; Tools</li> <li>➤ Review work plan</li> <li>➤ Develop data gathering tables</li> </ul>	01/03/10	02/03/10	Coordination & IRCM Task Force  Team of Experts
5.	<b>Desk Review (in AU-IBAR)</b> <ul style="list-style-type: none"> <li>➤ 15 SADC countries (15)<sup>3</sup></li> <li>➤ 15 ECOWAS countries (15)</li> <li>➤ 10 ECCAS countries (8)</li> <li>➤ 7 IGAD Countries (7)</li> <li>➤ 5 EAC countries (2)</li> <li>➤ 19 COMESA countries (3)</li> <li>➤ 28 CEN-SAD countries (2)</li> <li>➤ 5 UMA countries (1)</li> </ul>	02/03/10 12/04/10 16/05/10 12/06/10 01/07/10 20/07/10 11/08/10 01/09/10	09/03/10 19/04/10 23/05/10 16/06/10 05/07/10 25/07/10 15/08/10 05/09/10	Team of Experts
6.	<b>On-site Assessment Visit</b> <ul style="list-style-type: none"> <li>➤ <b>SADC</b></li> <li>➤ <b>ECOWAS</b></li> <li>➤ <b>ECCAS</b></li> <li>➤ <b>IGAD-</b></li> <li>➤ <b>EAC</b></li> </ul>	10/03/10 20/04/10 25/05/10 18/06/10 06/07/10	25/03/10 08/05/10 10/06/10 30/06/10 18/07/10	Team of Experts

<sup>2</sup> Some changes were inserted after the workshop in order to incorporate other AU-IBAR commitments

<sup>3</sup> In brackets the actual number of countries to be analyzed for each REC, The lower number is due to multiple membership to RECs.

	<ul style="list-style-type: none"> <li>➤ COMESA</li> <li>➤ CEN-SAD</li> <li>➤ AMU</li> </ul>	26/10/10 18/08/10 06/09/10	10/08/10 30/08/10 18/09/10	
7.	<b>Consolidation of Analytical Report and Formulation of Proposal.</b> <ul style="list-style-type: none"> <li>➤ Report to be shared with partners.</li> </ul>	26/03/10	20/09/10	Team Leader & Team of Experts
8.	<b>Review of Draft IRCM Proposal by all Partners</b>	01/04/10	30/09/10	FAO; OIE; WHO; RECs.
9.	<b>Consolidation of Comments</b>	01/05/10	20/10/10	Team Leader & Coordination at AU-IBAR
10.	Presentation IRCM Proposal (Addis Abba)	20/10/10	25/10/10	Coordination & DREA

## 5 Workshop achievements and comments

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Participants expressed satisfaction in relation to their workshop expectations. These included the following, that:

- the IRCM will be a good entry point for AU-IBAR to support RECS and receive clear direction from the RECs;
- coordination with WHO is very critical and will advance the application of the 'One World One Health' concept, and that the IRCM will be a good opportunity to strengthen cooperation with the human health sector;
- the IRCM initiative will also improve inter-RECs relationships
- the ideas emerging from the meeting were very concrete and there was a lot of team work involved
- RECs and partners have taken full ownership of the process, a fact shown by their satisfactory participation throughout the workshop
- the IRCM is quite a good idea, and that proposed guidelines should be validated and endorsed soonest possible
- all partners (FAO, IBAR, WHO, and OIE) accept, own and are committed to supporting the process and that the strong partnership between them needs further empowering to win further donor support.

## 6 Annexes

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### Annex 1. Agenda of the Workshop

## **Annex 2. Rationale and Workshop Objectives**

## **Annex 3. AU-RECS-Institutional Set**

## **Annex 4. AUC-DSA structure and African Health Strategy**

## **Annex 5. Strategic linkages for the IRCM**

## **Annex 6. WHO-AFRO strategic plan and approaches**

## Annex 7. OIE, PVS pathway

## **Annex 8. FAO contribution to the OWOH**

## **Annex 9. Revision of Guidelines and ToR**

## **Annex 10. Revised guidelines and ToR**

## **Annex 11. List of Participants**