Contents

1  Glossary 3
2  Introduction 4
3  AU/IBAR presentations 7
4  Presentations of regional entities 13
5  Presentations of the applicant countries 15
6  Plenary discussion on presentations 22
7  Workshop recommendations 26
8  Appendices 28
## 1 Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>Avian Influenza</td>
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<tr>
<td>AU-IBAR</td>
<td>African Union-InterAfrican Bureau for Animal Resources</td>
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<td>CAHWs</td>
<td>Community Animal Health Workers</td>
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<td>CVL</td>
<td>Central Veterinary Laboratory</td>
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<td>DREA</td>
<td>Department of Rural Economy and Agriculture, AU Commission</td>
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<td>DVS</td>
<td>Director of Veterinary Services</td>
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<td>EC</td>
<td>European Community</td>
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<td>EAC</td>
<td>East African Community</td>
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<tr>
<td>EPRP</td>
<td>Emergency Preparedness and Response Plan</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>GTZ</td>
<td>Germany Organization for Technical Cooperation</td>
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<td>HPAI</td>
<td>Highly Pathogenic Avian Influenza</td>
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<td>NAP</td>
<td>National Action Plan</td>
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<td>NC</td>
<td>National Coordinator</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>OIE</td>
<td>World Organization for Animal Health</td>
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<td>PACE</td>
<td>Pan African Programme for the Control of Epizootics</td>
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<td>PANVAC</td>
<td>Pan African Vaccine Centre</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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<tr>
<td>PVS</td>
<td>Public Veterinary Service</td>
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<td>RAHCs</td>
<td>Regional Animal Health Centers</td>
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<td>RECs</td>
<td>Regional Economic Communities</td>
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<td>DREA</td>
<td>Department of Rural Economy and Agriculture, AU</td>
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<td>SAHSP</td>
<td>Somali Animal Health Services Project</td>
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<td>SOPs</td>
<td>Standard Operating Procedures</td>
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<td>SPINAP-AHI</td>
<td>Support Program to the Integrated National Action Plans for Avian and Human Influenza</td>
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<td>TADs</td>
<td>Trans-boundary Animal Diseases</td>
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<td>TCP</td>
<td>Technical Cooperation Programme</td>
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<td>TFG</td>
<td>Transitional Federal Government of Somalia</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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2 Introduction

This document comprises the proceedings of SPINAP inception workshop for Eastern African Region held on 5th to 7th March 2008 at AU Headquarters Addis Ababa, Ethiopia. The objectives of the workshop were to share the lessons learned from the assessment of country applications received for funding by the PCU, share information of the status of HPAI in different countries, improve understanding of the different actors involved, discuss communication strategies and lay out SPINAP implementation arrangements. The workshop sought to bring together 14 Eastern African countries, 3 regional offices (EAC, IGAD and COMESA) and other regional HPAI actors especially FAO, USAID and ILRI.

Opening ceremony

The official opening ceremony was presided over by the director of the Department of Rural Economy and Agriculture of the African Union Commission, HE Dr. Ahmadu Babagana.

Highlights of Opening Speech by the Director of DREA

HE Dr. Babagana welcomed workshop participants and expressed his pleasure to chair the opening session of Eastern African SPINAP –AHI inception workshop. He expressed gratitude to the National coordinators of AI taskforces for their participation and pointed out that they were the main agents in their countries, of the Africa-wide project. He thanked the EC for the confidence it has vested on AU/IBAR and by extension, the AUC. The threat that posed by AI to the lives, economies & societal structures in Africa were emphasized. Dr. Babagana called strong partnership among all regional states and development actors to do away with the disease. He warned that no country should be left behind because it could become the epicenter for a regional epidemic or even risks becoming the source of a pandemic.

He expressed his confidence that the participants would work very hard towards accomplishment of the objectives of the workshop. He thanked the European Union (EU) and other funding Agencies for their financial assistance, the AU/IBAR-SPINAP-AHI team for its diligent handling of the program on behalf of the AUC DREA.
Opening Remarks by AU-IBAR director

The Chief Animal Health Officer welcomed participants on behalf of the director who was away on other duties. He gave a brief historical perspective on the development of SPINAP and outlined what had been achieved since the launch of the program. He assured participating countries that their funding requests had been given due attention and that they would have a chance to discuss the outcomes during the workshop. In conclusion, he challenged the participants to indulge totally in the workshop deliberations for successful achievement of the set objectives.

Adoption of Workshop Programme and Objectives

The SPINAP Coordinator made a presentation of the workshop agenda and objectives and facilitated a participatory introduction of participants

Workshop Objectives and Expected Outputs

The objectives of the workshop were outlined as follows:

- Share the lessons learned from the assessment of country applications received for funding by the PCU
- Share information on the status of HPAI in different countries
- Improve understanding of the different actors involves
- Build networks and discuss ways to enhance our cooperation
- Discuss communication strategies; identify gaps in countries’ communication proposals
- Lay out programme implementation modalities such as:
  - The cooperation and financial procedures
  - The monitoring and evaluation framework
  - Proposal assessment procedures and lessons learned

Expected outputs of the workshop

The expected outputs of the workshop were stated as follows:

- Improved coordination of AI activities at regional level
• A clearer understanding of AI activities and plans in Eastern Africa

• A greater understanding of regional HPAI actors in Eastern Africa

• Accurate understanding on SPINAP including its mode of operation

Introductions of participants and expectations

A self introduction guide to be filled up individually (identity, designation, responsibility in HPAI management & expectations from the workshop) was filled by all participants. Every participant read the content of his/her filled form on plenary.

Participants’ key expectations comprise the following:

• Increased knowledge on SPINAP implementation (fund disbursement, management /administrative mechanisms, data management, communication)

• To agree on implementation strategies in SPINAP at national & regional level

• Linkage of SPINAP with other technical partners

• Networking mechanisms among countries/regions regarding HPAI prevention/control

• Share experience from countries especially from infected with HPAI
3 AU/IBAR presentations

Overview of SPINAP

A comprehensive overview of SPINAP design, modus operandi, and progress made was presented.

i. He observed that SPINAP is a partnership between the EC and AU-IBAR. It is based on a new implementation approach which gives AU-IBAR greater responsibilities and control in its support to African Countries. The funding arrangements, program duration and implementation modalities of the program were highlighted.

ii. SPINAP originated from the pledges for control of HPAI made by the international donor community in Beijing 2006. The EC pledged €100m of which €30m is earmarked for Africa. SPINAP is funded from the pledge for Africa.

iii. SPINAP is a major contribution to the control TADs especially Avian and Human Influenza in Africa. It is designed to provide financial and technical support for HPAI emergency preparedness and response to 47 countries. Its support will contribute greatly to the strengthening of national emergency preparedness and response plans against HPAI and other TADs.

iv. The presentation emphasized that the control of HPAI in Africa must be linked to the specificities of its poultry production systems, especially uncontrolled poultry trade, mixing of species and aged groups, free interaction between poultry and wild birds, free interaction between poultry and humans, including traditional processing of poultry, and the important role played by poultry in the majority of African household economies. Additionally, HPAI prevention and control efforts must address the limited intervention capacity of technical services and bird migration pathways over the continent.

v. It was further expounded that SPINAP-AHI is a partnership programme between AU/IBAR and the European Commission. AU/IBAR is the selected partner of the EC based on experience gained from PACE and other projects. It is big commitment of the African Union and European Commission to assist the African, Caribbean and Pacific (ACP) countries; with which 47 countries are eligible in Africa. This shows deep commitment from EC and AU towards the people and livestock sector in the continent. SPINAP-AHI supports Integrated National Action Plans (INAPs) that addresses Animal and Human health issues. It collaborates with ALive...
platform, which supports rapid assessment of veterinary services, Regional Animal Health Centres (RAHCs); etc.

**Program fund allocation criteria**

Out of the 21.5 Million Euro SPINAP budget, 18.1 Million Euro will be given directly to the 47 participating countries to fund their HPAI ER proposals. However, not all countries have the same level of needs or risk and therefore all countries will not receive the same amounts of money.

To determine the level of funding for every country requires an objective and reliable criteria. For SPINAP, an econometric model based on 6 influencing factors was developed and applied. The influencing factors are:

1. Per Capita Income in the country
2. Relative importance of the poultry industry
3. National allocation to HPAI control/IAP implementation
4. Fund availability
5. Size of backyard poultry sector
6. HPAI risk

i. Data collection for the funds allocation computations was collected from different reliable secondary sources, including internet, FAO, AU/IBAR and ALive. This data was converted into economic variables and indicators which were eventually transformed into the Fund Allocation Index (FAI: a weighted average mean based on the six established indicators) and applied to the formula. Computations at this level generated “weights” of the influential factors per country

ii. Besides the above, the funds allocation model was also influenced by the total INAP budget per country and equity considerations.

Using these criteria, specific amounts of money have been allocated to all 47 participating countries.
Governance implementation arrangements, guidelines and templates

This presentation argued that SPINAP is a large and complex program implemented over a wide geographic scope. It therefore needed to be well coordinated and governed in a manner that would allow effectiveness and efficiency in the implementation process, as comply with accountability and reporting requirements.

i. The program is governed at 4 different levels;

   a. Level of steering committee where the donor, technical agencies and regional economic communities and a host of observers make their inputs and provide oversight to the implementation processes

   b. Level of AU-IBAR where program implementation is controlled through the program coordination (technical) and program support (administrative) units

   c. Regional Level where SPINAP regional coordinators support and monitor actions in a cluster of countries sharing a common geographic region

   d. At national level where the national program coordinator is expected to work with other AI task force members to implement the funded actions

ii. Actions at all levels are governed by clear guidelines and templates comprising MOUs, contract documents, templates for M&E, financial reporting, manuals of administrative and procurement procedures etc. These are the SPINAP Standard Operating Procedures and should be adhered to ensure reasonable standardization of operations across member countries.

iii. SPINAP support to countries is demand driven. Thus, the SOPs are sufficiently relaxed to allow countries to develop and implement activities that respond to their own needs.

Monitoring and evaluation

A conceptual M&E framework on the SPINAP M&E system was presented. Monitoring and evaluation is envisioned as an important tool to determine when and where progress (or lack of it) is achieved.

Since there are no specific M&E systems prescribed contractually and because the EC is investing in the African Union Commission’s (AUC) systems and capacity building, the SPINAP M&E system will be aligned as much as possible to the M&E system that has been adopted by the AUC Headquarters. This approach will contribute to the testing and strengthening of the AUC systems. However, the SPINAL
M&E system will be designed to address its specific needs and support capacity development at the implementation (national) level.

A results-based M&E system that focuses on the following aspects is envisaged:

- Monitoring of physical progress, quality of process and technical approach (input, activities and output)
- Financial Progress (Budget and expenditure)
- Impact through response by target groups (incl. Change in knowledge, attitudes and practices, also referred to as outcome)
- Remedial actions

The SPINAP M&E system will also try to get an insight on post implementation sustainability of funded interventions.

The M&E system outline

The envisaged M&E system is very much in line with going practices in international organizations and is built around the following pillars:

- **Gathering of baseline data** on the present situation: This is provided through the INAP and the fund request. The fund requests are being (re) evaluated and more focus is being given on the provision of baseline data.

- **Definition of indicators** on outputs (process, results) and outcomes (impact): This happens through Part of the fund request (proposals) as part of the Logical Framework.

- **Data collection**: Templates are being prepared for this purpose, which consist of the following
  
  o Standardised reports, questionnaires and M&E TORs for field visits etc.
  
  o Data being made available via the Rapid Assessments (RA) of the Integrated National Actions Plans (INAP). This intervention is financed and coordinated via the Alive platform. Increasing the rate of the RAs would help SPINAP decision-making on the required assistance.
  
  o Perusal of the internet (OIE, FAO, UN and World Bank etc)
Effective external evaluation and audits, contractually foreseen in the SPINAP contract.

Setting up of a project management system to increase control and understanding of progress on each level of programme implementation (Central, Regional and National).

- **Data processing and reporting**: An electronic M&E tool, as much as possible linked to, or compatible with AMERT will be put in place to analyze data and prepare reports. This requires further negotiations with the AUC. Reporting will aim to satisfy the needs for project management, fiduciary requirements and learning objectives.

- **Follow-up and improvement**: As stated above, the M&E results will be used for multiple purposes. This requires the formulation of clear recommendations in the reports and the systematic sharing with all strategic partners and implementers. A follow-up system on the recommendations will be built into the project reports. Close cooperation with the information and knowledge management unit in IBAR is envisaged here.

### Communications and Knowledge Management in SPINAP

HPAIV outbreaks and threats are sensitive events which require fast and accurate communication to stimulate corrective actions.

Pascal Corbe, the AU-IBAR communication and knowledge management advisor, made a presentation on communication as a tool for HPAI emergency preparedness and response within the context of SPINAP. He explained communication and its various components as well as outlined what AU-IBAR wanted to achieve. He emphasized the following:

i. Good communication must be two-way as opposed to the traditional one-way communication

ii. SPINAP communication is not solely about visibility but managing the process to achieve positive results

iii. Communication is a specialized professional field and therefore relevant professionals should be involved in the process. Technical people on their own may make mistakes

iv. SPINAP communication should not be purely aimed at awareness creation. Awareness alone may not have the desired impact. It must elicit behaviour
change to achieve the desired risk reduction for prevention of infection or its spread.

v. Communication besides disseminating also provides information.

vi. The limitation of communication units is that they cannot generate information if data does not flow to them from other sources.

vii. Communications for SPINAP will serve as a management tool for AU/IBAR-government relations and HPAI related publicity.

viii. Adequate direct communication provides key support towards achieving the overall SPINAP goal, the recognition and articulation of interests of all stakeholders, a sense of ownership with all stakeholders a basis to setup a ‘Community of Practice’.
4 Presentations of regional entities

FAO ECTAD Unit - Eastern Africa Region

FAO HPAI Strategies, activities and tools in Eastern Africa

A recount was made about HPAI prevention and control strategy, which was developed, by FAO and the OIE in collaboration with WHO in 2005. In line with GF-TADs, the strategy was revised 2007. Besides, the following points were expounded:

- HPAI prevention, control & eradication – risk reduction measures.
- RAHCs created as a joint initiative of the FAO, AU-IBAR and OIE. The centres help coordinate and harmonize actions taken to control HPAI and other TADs.
- TCP-Eastern-Southern Africa Region–FAO
- The 4 Main Components of Project, namely:
  - Wild birds
  - Laboratory Networks
  - Networks of Epidemiology surveillance teams
  - Emergency Preparedness

On going activities were recounted as follows:

- Strengthening capacity of the Eastern Africa Sub-region to prevent and control HPAI – 1.2 million US$ over 2 years to be funded by USAID.
- East African Community Avian Influenza regional response – 1.68 million EURO to be funded by EU. Partnering the EAC Secretariat and countries
- Great lakes HPAI project (DRC, Burundi and Rwanda) - Funded by Belgium for 2 years.
- Joint rapid assessment missions to countries (FAO/OIE/WHO/AU-IBAR)
East African Community

HPAI activities in the East African Community

EAC has prepared a plan of action on preparedness and response. A task force dealing with all TADs was constituted and secretariat directed to raise funds. A steering committee with Terms of Reference (ToRs) was formed. Main function of EAC was to coordinate, raise and harmonize plans and activities on TADs in the region and source for funds. The presenter took participants through links with other institutions and partner states and emphasized on the ‘One Medicine Approach’.

Discussion

It was emphasized that AU-IBAR is mandated to work with the Regional Economic Communities (RECs) for improved synergies, coordination and harmonization of activities in member states. All institutes have a role to play and any input is welcome.

Regarding on the focus of SPINAP on the prevention and control of HPAI, it was clarified that HPAI is considered an animal disease unless the WHO has declared a human pandemic. Therefore, SPINAP interventions will largely seek to support activities that target controlling infections at source i.e. in the animal population as a means to protecting human infections. It was however clarified that this should not exclude public health activities that complement animal health interventions such as awareness creation, diagnostic capacity building and training among others. The concept on integrated approaches to HPAI prevention and control must therefore be fully embraced.
5 Presentations of the applicant countries

Presentations from Burundi, Comoros, Congo Brazzaville, Democratic Republic of Congo, Djibouti, Ethiopia, Kenya, Seychelles, Somalia, Tanzania and Uganda were made.

Burundi

Burundi has not had any case of avian flu in both poultry and humans. However, the risk of introduction of the disease exists due mainly to existence of backyard poultry and trade in poultry and poultry products. Particular emphasis was put on uncontrolled commercial exchanges with other countries and the fact that the country is located on a major migratory bird flyways. Facing this threat, the government of Burundi formed an integrated plan, strengthened and multi-sectoral prevention and control against avian flu covering the period 2007-2010. For a good collaboration of intervention at national and regional level, the plan encompasses three areas namely: animal health, human health, and communication. The overall aim of this national action plan is to contribute to the strengthening of national capacities for prevention, preparation and control against avian flu pandemic. The plan will allow, if infection occurs, a rapid response and organization to deal with the problem in the country. The Burundi plan is subjected to revisions on an annual basis.

The main challenge facing Burundi is that years of political crisis have weakened public services especially animal husbandry in general and aviculture in particular. As political reconstruction progresses, so are animal breeding restructuring and rehabilitation, livestock restocking, systems reorganization and breeding practices or applications and the restoration of the basic and support services. The recovery, is however not complete, a situation that increases vulnerability to HPAI.

Comoros

The Comoros presentation highlighted problems of the poultry sector. The Newcastle disease ravages poultry every year mainly in cold dry season (June, July). However, poultry rearing is common especially in the Grande-Comoros, but also the other islands. HPAI has not been reported in Comoros. However the country needs assistance for prevention of the disease from entering the country, and of course to control/eradicate if it occurs. Assistance is highly needed by Comoros for early detection and also rapid response. The animal health service authority in the country is very weak due to low level of infrastructure and human resource.
Congo Brazzaville

Congo Brazzaville is currently free from Avian Influenza. However, there is significant risk of disease introduction due to uncontrolled trade in poultry and poultry products and the wide gaps existing in the prevention and control of HPAI. The country’s capacity for early detection and response is very low in both veterinary and public health departments. Additionally the communications infrastructure, laboratory capacity and on farm bio-security are weak. The people also have a tendency of capturing and consuming/manipulating wild birds, which create additional risks.

The main risk factors for introduction of the disease into the country include:

- the migratory movements of wild birds across the country
- imports of frozen poultry meat, day old chicks
- consumption of undercooked eggs and incubatory eggs, ornamental birds and their products
- the proximity of Congo to infected countries
- Movement of people from infected countries

Democratic Republic of Congo

The DRC is considered to be at high risk of infection because of its proximity with infected countries and geographical positioning on major migratory flyways. The DRC borders nine central African countries, which undoubtedly is one of the risk factors for introduction of avian flu into the country. Accordingly, the current risk of avian flu in the country is high and unpredictable. The country has developed a contingency plan with a compensation mechanism.

One of the major challenges the DRC faces is maintaining a high level of vigilance on HPAI and marshalling sufficient capacity for concerted efforts against avian flu. There are also clear deficiencies in the areas of manpower and material resources to back up its plan.

Report of Djibouti

Djibouti occupies a strategic position for the development of the livestock trade between the Horn of Africa and Middle East countries. It is an outlet for the top
livestock potential countries like Ethiopia and Somalia. About 12% of agricultural products are produced within the country and the rest is imported from bordering countries. Poultry breeding is mainly traditional. The total poultry population does not exceed some thousands, mostly 10 to 50 chickens per family and rarely a flock of about one hundred. The chicken and eggs consumed are mainly imported from Brazil, the total consumption being 400 tons of avian products per year. Some traders import a few live chickens from Ethiopia or Yemen for fresh poultry meats.

The Republic of Djibouti is situated on the migratory birds flyways between African and Asian-East Europe continents. This poses high risk for the reintroduction of avian flu virus. More than 300 bird species winter in Djibouti at different humid zones of the country such as the inshore zones of Obock, Mousha islands and Maskali, Aliol, Dodda and Lake Abbe. These sites harbor several hundred thousands of migratory birds such as storks, pelicans, Egyptian geese, marabous, herons, flamingos, bee eaters, rollers, passerines. H5N1 outbreak was diagnosed at Boulaos area of Djibouti in April 2006. It was in a single poultry farm where 4 chickens died of the disease. Then a human case was discovered at Damerjog in the beginning of May 2006. She was a small girl of 2 years living in a family of 5 people who reared 7 chickens. However, the RT-PCR test of the chickens was negative.

An operation was deployed with the involvement of the main ministries and also more than 900 soldiers in which 1276 chicken belonging to 160 breeders were slaughtered, incinerated and buried. The localities and the poultry farms were disinfected. Since then surveillance on HPAI is reinforced at national level notably on poultry farms, main sites of wild birds, poultry markets, points of poultry entries at the level of the maritime and terrestrial borders. This surveillance is under supervision of the National Coordination Committee for avian flu control. The Coordination Committee is composed of concerned Ministries (Health, Agriculture, Environment, Interior and Defense) and collaborates closely with the present partners (French Army, US Army, French Cooperation, WHO, UNICEF, USAID, FAO, UNDP, WB). The national action plan 2006-2009 is a program under the supervision of the National Committee of avian flu control. It has both animal and public health components.

Report of Ethiopia

Ethiopia is currently free from AI infection. However, the presence of the disease in some countries of Africa, Asia and Europe clearly shows there is considerable risk for the introduction of the virus in to Ethiopia. Each year millions of migratory birds coming from Europe and Asia stay in the country. As a result there is mixing of wild birds with
domestic poultry. Congregation site with high density of birds that were found more susceptible to be infected by H5N1 can be considered as risk area for the release of the virus in Ethiopia.

Poultry production is an important activity in most parts of Ethiopia with the total population estimated to be about 32,413,000 (98% indigenous and 2% exotic). The production system can be broadly classified into two; village/small scale or backyard poultry and semi intensive commercial production. Traditional husbandry practices involving the mixing of species and free interaction with wild birds increase AI risk in the country. Also poultry trade with other countries elevates the risk of introduction of infection considerably. This demands the country’s at most preparedness to prevent the introduction and possible spread of the disease. In this regard, a National Coordinating Committee spearheaded by the Deputy Prime Minister and Minister of Agriculture and Rural Development has been established in November 2005.

Ethiopia has taken considerable measures to fight the introduction and spread of the disease. Different committee and task forces were established at different administrative levels. Public education and awareness creation activities were carried out. There were capacity development interventions with regard to early detection, diagnosis and control of the disease. Disease surveillance and outbreak investigations (on domestic and wild birds) have been carried out.

**Kenya**

Kenya has not reported any outbreak of HPAI.

The country has however developed an INAP whose activities are directed towards prevention of entry, spread and establishment of the disease. A multidisciplinary task force was formed (National Task Force on Avian Influenza) to steer response to threat and outbreak if it occurs. The Task Force exercises its mandates through six technical subcommittees that are constituted by veterinary, human health and non-health experts. The TF is charged with co-ordination, resource mobilization, diagnosis and research, epidemic-surveillance, information, education and communication, case management, infection prevention and control.

**Seychelles**

The report is on funding request of Seychelles for prevention/control of avian influenza. The fund is meant for basic needs. For the remaining tasks, the Government is liable to allocate funds. The objectives of the programme at national level are
minimizing the socio-economic impact of avian and human influenza, reducing the potential loss of human lives by preventing and controlling avian influenza in animals, and preparing for possible human influenza pandemic. The activities are 1. Strengthen surveillance mechanism 2. Training & Awareness programs 3. Training. The implementation of activities is incumbent upon the Ministry of Environment, Natural Resources and Transport-Veterinary Services and the Ministry of Health and Social Development, Department of Health. Regarding budget, the operational period is 18 months from date of approval and the total budget requested is 295,175.00 (USD) / 2,361,400.00 (SR)

**Somalia**

There not been any recorded outbreak of HPAI in Somalia so far. However, confirmed HPAI in poultry and humans in Djibouti, April 2006 demonstrates a high risk for Somalia. Public sector institutions for human health and animal health services are weak and lack financial resources for operations. The country lacks laboratory facilities for rapid confirmation of suspected HPAI outbreaks and all samples are tested externally. Under these circumstances HPAI may remain undetected for long due to lack of ready access to both human and animal health care facilities. This may enhance the potential for its establishment and spread in human populations.

Somalia has a small poultry population, estimated at about 3.0 million birds. Poultry production comprises mainly small-scale backyard rearing of chickens by women and children for egg production as a source of household incomes. There are no intensive poultry production units except for one hatchery in Mogadishu. Poultry are not also considered a major source of animal protein with major emphasise being put on camels, cattle and sheep and goats. There haven’t been major recent interventions targeting the improvement of poultry health in Somalia.

Due to the unique situation of Somalia since 1991, the country has not developed an Integrated National Action Plan (INAP) for Avian Influenza. The Ministry of Livestock, Fisheries and Environment (MLFE) will coordinate all inputs for HPAI. Although Somalia lacks an Integrated National Action Plan, various international organizations and NGOs are addressing aspects of HPAI in Somalia. MLFE will identify staff and office accommodation to facilitate implementation of the project.
Tanzania

Tanzania was reported to be presently free from HPAI. It is however at risk of AI introduction due to trade and communication link with infected countries (Poultry and poultry products, vehicles and other formites and human movement), migration of wild birds, low capacity for early warning and detection and burden of other infectious diseases in human and animals. Tanzania has a population of 30 million free range rural chickens. There are also few commercial poultry farms. Bio-security is largely questionable especially in sectors 1&2. Illegal trade is a possibility for introduction of avian influenza and there is low capacity to trace source of the illegal trade.

A national Emergency Preparedness and Response Plan (EPRP) was prepared in October 2005 and revised in June 2006 including the Zanzibar component in conformity with the guidelines of OIE/FAO and WHO. The strategy takes a 3-pronged approach targeting both animals and human health;

1. Animal health – prevention, control at source and eradication
2. Human health – prevention, control and response
3. Wild life monitoring and surveillance.

The main activities include epidemi-surveillance of Avian Influenza, improvement of Lab diagnostic capacity, capacity to contain infection at source, reducing opportunities for Human infection, increasing public awareness on AI, research studies, outbreak management and coordination

Uganda

Poultry keeping especially of chicken is the most common production practice undertaken by farmers engaged in livestock production. Chickens are kept for income to the rural households, nutrition and food security, and cultural and traditional functions in the rural areas. The types of poultry in Uganda are fowls (chickens), ducks, turkeys, ostriches, geese, pigeons and guinea fowls. There are 32 million chickens, 40,000 turkeys, 175,000 ducks and geese. 93% of the commercial poultry industry is located in peri-urban and urban areas around Kampala, Jinja, Mpiigi and Mukono. HPAI has not been reported in Uganda in either birds or humans. However the country is particularly at a high risk of getting affected by HPAI because of the numerous risk factors.
For the prevention/control of AI, multi-sectoral steering committee, national task force and technical working groups have been formed. HPAI National Action and Response Plan, protocols and guidelines have also been developed by the technical working groups. Public sensitization is being carried out by the technical working groups and Uganda Poultry Association. The Uganda NAP/AI has been validated into INAP-Integrated National Plan of Action for Preparedness and response to Avian and Human Influenza (INAP)

With regard to the new project SPINAP, the components are planning and coordination, animal Health, human health and communication. The priority in the animal health is to strengthen Diagnostic Capacity for AI diagnosis in animals and humans and to strengthen surveillance, monitoring and assessment of AI in animals. In human health the priority is to strengthen surveillance and monitoring of human influenza and to improve infection control and management of human influenza cases. Regarding communication, the priority is sensitization of the public on AI prevention and control
6 Plenary discussion on presentations

After presentations, participants were invited to forward questions, suggestions and comments. Highlights of the discussion are presented as follows:

**Overview of SPINAP**

- Questions of MOU signing – too early (premature) for this workshop. However, it depends on the legal provisions/framework of countries. The core issue at the moment is fulfilling the minimum requirements of country application documents (documentary, technical, communication, financial).

- The recent assessments of country applications for funding from SPINAP put forth March 10, 2008 as a deadline for submitting the final refined application. Flexibility regarding the deadline was besought, as March 10 would mean end of this workshop with the subsequent weekends. The earlier deadline for collecting country funding requests was mid November last year. Quite a number of countries could not apply within the specified period. As a result IBAR extended it for further 2 months up to January 2008. The second Steering Committee meeting of SPINAP-AHI is fast approaching, for which a report of final countries requests are indispensable for endorsement. So it cannot be further extended for longer period. Through discussion it was agreed the deadline to be 15th March, 2008. Countries submit at least electronic copies on 2 CDs on the 15th of March, 2008.

- English & French languages are AU/IBAR vernaculars. Which ever language countries apply, it does not affect them.

**FAO HPAI Strategies, activities and tools in Eastern Africa**

- At the beginning of HPAI occurrence, mobilization was so high like no other disease was there before. Duplication of efforts heretofore could be there. What is important now is to coordinate endeavors of various partners hereafter.

- Currently it is clear that there are problems of transporting specimens due to fear of disease transmission. It is good for each country to have laboratory diagnostic capacity up to H5 level & characterization to be at reference laboratories. FAO is currently strengthening laboratories.
• FAO project documents can be accessed at any moment through websites or Regional Offices to realize concurrence/synergy or variance of activities related to prevention/control of HPAI.

• Access to financial resources is through project implementations within countries. So direct request should go to country FAO Representations, but not RAHCs.

**East African Community**

• Synergy and mobilization of resources between IBAR and EAC in the fight against AI is realized. Although source of funding is different, harmonization of activities is indispensable to avoid duplication of efforts. For AI is basically an animal disease, the veterinary services must play a leading role.

**Presentations of the applicant countries**

• Things related to technical matters including scientific data collection and analysis with regard to AI, SPINAP will have technical meetings in the coming future.

• A lot of trainings were given to many countries in the preceding various projects such as PARC, PACE and others. Although staff turnover rate is high in many countries, there should be wise use of existing trained technical personnel. Somalia obviously needs trainings on certain areas such as laboratory diagnosis. Other participating countries may also need trainings, but should be according to dire needs such as GIS; etc.

• The possibility of using vaccines, especially when AI is endemic, should not be undermined. However, special care should be taken by all participating countries in stockpiling vaccines, if that is part of national AI prevention/control programme, particularly with live vaccines.

• Country proposals should never include staff salary, infrastructure, vehicles, fixed asset like tables, chairs and sofa sets, missions to foreign countries.

• The idea inculcated for software training on accounting and reporting purposes was shared to the countries. If countries come to agreement, there will be software training and all sorts of congruencies in matters of expenditure, reimbursement and reporting.
The financial gaps indicated from eligible countries should not exceed the maximum allocated fund. As SPINAP is a supporting programme for INAPs, it should not be expected to cover all expenditures related to AI prevention/control.

**Group work**

Group work was based on elaboration and discussion of country proposals related to the recent assessments executed by a team of technical and management experts using checklists.

Two groups were formed, Anglophone and Francophone countries and also regional Offices (FAO and EAC) with resource personnel from AU/IBAR.

**Group 1**

- Kenya
- Seychelles
- Uganda
- Somalia
- Tanzania

- Nesru Hussein (AU/IBAR) - Chairman
- Hans Scholl (AU/IBAR)
- EAC
- FAO RAHC for Eastern and Southern Africa (rapporteur)

**Group 2**

- Burundi
- Comoros
- Djibouti
- Congo Brazzaville
- DRC

- Samuel Muriuki (AU/IBAR) - Chairman
- Pascal Corbe (AU/IBAR)
- Alex Saelaert (AU/IBAR)
- Ethiopia (rapporteur)

Country representatives were given the assessment reports of their own countries to visualize, assimilate and respond to the assessment reports to the group. They were also tasked to identify the next actions for the applications.
The reports of both groups acclaimed the checklists and the subsequent evaluations and have understood more about the essence of the templates and the guidelines sent to concerned countries earlier to assist preparation of the funding proposals.

All country representatives in both groups unanimously accepted that all the assessments given were logical and promised to rectify their documents according to the evaluations and resubmit the revised funding proposals latest the 15th of March, 2008.
7 Workshop recommendations

The following recommendations are a synthesis of ideas expressed and discussed at the plenary sessions.

Submission of final application documents for funding

- Concerned countries revise their earlier documents according to the final assessment of country applications and submit application documents to the Director of AU/IBAR latest 15th March, 2008

- In case of any doubts or lack of clarities during preparation of the final application documents, countries can contact the East African Regional Coordinator for SPINAP

Partners not represented in this workshop (Sudan, Rwanda, ILRI)

- A summarized report on the outcome of the SPINAP inception workshop should be sent to the partners.

- Enquiries should be made as to why the partners did not attend the workshop

Surveillance

- Surveillance is a very important tool for early detection of AI. Therefore surveillance systems should be strengthened in all participating countries

Laboratory

Considering the fact that the success of surveillance is heavily dependant on laboratory results, the workshop recommends that:

- Countries should ensure that all logistics including laboratory supplies are in place before actual surveillance begins.

- Procurement of necessary items should be initiated immediately by the participating countries

- Laboratories should analyze surveillance samples expeditiously and results reported to AU/IBAR.
Somalia

- Somalia has experienced civil strife for a long time (17 years) and the basic infrastructure including those for animal health service has been destroyed. Besides, the country has not developed INAP for prevention and control of avian influenza. As SPINAP-AHI is meant to support INAPs, the workshop proposes special consideration to be given to Somalia. The country prepares INAP through the Ministry of Livestock and Fishery and various projects working for the country.

Training

- Countries should be specific on areas of training to be undertaken (formal training courses/training of field staff at the grass roots).

Scientific tools

- AU/IBAR should organize a scientific tool (publication) for controlling and eradication of AHI. Countries should provide relevant information to AU/IBAR regarding AI, especially the role of migratory birds and trade in the introduction and spread of HPAI should critically be scrutinized.

Vaccine

- Participating countries should have vaccination strategy in case they need to use it.

Communication

- Communication is very important in prevention and control of HPAI. SPINAP should facilitate countries to build capacities.

- All official communication should go through the Directors/permanent secretaries, copies to the National SPINAP Coordinators.
## Appendix 1: Workshop agenda

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPICS</th>
<th>PRESENTER/RESPONSIBLE</th>
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<tr>
<td><strong>Day 1</strong></td>
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<td>08:30–09:30</td>
<td><strong>REGISTRATION &amp; OPENING SESSION</strong></td>
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<td>MASTER OF CEREMONY: DR. S. MURIUKI</td>
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<tr>
<td>09:30–10:30</td>
<td>1. Welcoming Remarks</td>
<td>Director, AU/IBAR</td>
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<td>2. Official Opening Address</td>
<td>Dr. Ahmadu Babagana, DREA</td>
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<td>10:30–11:00</td>
<td><strong>COFFEE BREAK</strong></td>
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<td><strong>SESSION 1 – INTRODUCTION TO SPINAP &amp; HPAI REGIONAL ACTIVITIES</strong></td>
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<td>SESSION CHAIR: DR. AHMADU BABAGANA</td>
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<td>11:00–11:30</td>
<td>Adoption of Program and introductions of participants and expectations</td>
<td>Dr. S. Muriuki</td>
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<td>11.30–12.30</td>
<td>Overview of SPINAP</td>
<td>Dr. A. Elsawalhy</td>
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<td>12:30–14:00</td>
<td><strong>LUNCH BREAK</strong></td>
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<td><strong>SESSION ONE Cont’d</strong></td>
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<td>14.00–14.45</td>
<td>FAO HPAI activities in Eastern Africa</td>
<td>Dr. J. Litamoi</td>
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<td>14.45–16.00</td>
<td>Plenary Discussions On Session 1.</td>
<td>Session Chair</td>
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<td>16.00–16.30</td>
<td><strong>COFFEE BREAK</strong></td>
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<td><strong>SESSION 2 – SPINAP ORGANIZATION AND IMPLEMENTATION</strong></td>
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<td>SESSION CHAIR: Dr. K. TOUNKARA</td>
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<td>16.30–16.45</td>
<td>Presentation of fund allocation criteria</td>
<td>Dr. M. El-Helepi</td>
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<td>16.45–17.00</td>
<td>SPINAP governance – Implementation arrangements, guidelines and templates</td>
<td>Dr. S. Muriuki</td>
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<td>17.00–17.30</td>
<td>General Discussions On Session 2</td>
<td>Session Chair</td>
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<td><strong>DAY 2: SESSION 2 CONT’D – Country Funding Requests</strong></td>
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<td><strong>SESSION CHAIR: Dr. K. TOUNKARA</strong></td>
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<td>08.30–09.00</td>
<td>Recap of Day 1</td>
<td>Dr. Nesru Hussein</td>
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<td>09.00–09.30</td>
<td>HPAI activities in the EAC</td>
<td>Timothy Wesonga</td>
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<td>09.30–13.00</td>
<td>Presentation of Country AI situation and Funding Requests (15 Mins, including discussion)</td>
<td>National AI Coordinators</td>
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<td>Djibouti</td>
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<td>10.10–10.30</td>
<td><strong>COFFEE BREAK</strong></td>
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Seychelles  NC
Tanzania  NC
Rwanda (not present at workshop)  NC
Eritrea (not present at workshop)  NC
Sudan (not present at workshop)  NC

13.30 – 14.45  LUNCH BREAK
14.45 – 15.20  Presentation of funding proposals review criteria, observed trends (proposals) and lessons learned  Dr. S. Muriuki
15.20 – 15.45  Group discussions between National Coordinators and PCU Teams  Drs. S. Muriuki & JJ Delate

DAY 3: SESSION 4: Procedures, M&E, & Communications
SESSION CHAIR: DR. LITAMOI
08.30 – 08.40  Recap of Day 2  Dr. C. Wanjohi
08.40 – 09.00  Group discussions reports  Dr. J. Litamoi & Dr. Berhe
09.00 – 9.45  Overview and discussion of SPINAP operating procedures; Financial procedures, time schedules/action plans, reporting, and budgets  Mr. Hans Scholl
09.45 – 10.10  COFFEE BREAK
10.10 – 10.30  Overview of the Reporting, Monitoring and Evaluation procedures (including Q & A)  Mr. Alex Saelaert
10.30 – 11.45  Perspectives on Communication within SPINAP  Mr. P. Corbe
- Presentation on Country Level HPAI Communication strategies
- Needs Assessments
11.45 – 12.15  Group Activity on HPAI Communication in Eastern Africa  Mr. P. Corbè
12.15 – 13.00  Plenary Discussions  Session Chair
13.00 – 14.00  LUNCH BREAK
CLOSING SESSION
SESSION CHAIR: DR. BERHE
14.00 – 14.15  Recommendations and action points  Dr. N. Hussein
14.15 – 14.30  Vote of thanks by participant  NC - Comoros
14.30 – 14.45  Vote of thanks by SPINAP  Alex Saelaert
14.45 – 15.00  Closing Remarks  Mr. Foday Bojang (On behalf of Dr. Babagana)
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Appendix 3: Opening addresses

Address by director DREA/AU Commission

Distinguished participants
Dear Friends and Colleagues,
Ladies and Gentlemen,

I am very happy to be with you today to chair the opening session of this Eastern Africa inception workshop, the inception workshop of the Support Programme to Integrated National Action Plans for Avian and Human Influenza, also known by the acronym SPINAP-AHI.

It is my pleasure to warmly welcome in particular those of you who visit our African Union complex for the first time. At this initial phase of the SPINAP programme, we would like to express our sincere gratitude to you, the national coordinators of the avian influenza taskforces. You are our main clients in this unique Africa-wide project, which demands for combined efforts.

Thank you for taking time in your busy schedules to come to Addis Ababa and also for having spent so much of your time on completing all the extensive material IBAR requested from you for the funding requests.

I was convincingly informed by my colleagues from IBAR that the workshop will ensure that the requests for funding are successful and I am proud that we have such a strong team in place to make this happen. I am sure that this workshop will be very fruitful in this regard, just like last week’s inception workshop in Western Africa, which was very positive in its outcome.

We would like to take the opportunity to thank the European Commission (even though they are not present here today). In addition to the African Union’s humble contribution of 1.1 million Euro, it is essentially the European Union’s funding of 21.5 million Euro that makes this project a reality. From the side of the African Union we are delighted about the trust the European side has vested in us. However, we do think that we have actually earned this trust – as in fact it is not the first time that the EC has stood by IBAR. Some years ago the African Union’s IBAR Office had indeed received the substantial amount of 77 million Euros to run the PACE programme, which IBAR successfully concluded. I am sure that most of you know about PACE and some of you were probably even involved in it.

Ladies and Gentlemen,

We convened here today to address an immense threat. Let me be emphatic on this. Avian influenza poses a huge risk to our continent, to our lives directly and indirectly to economies and societal structures. This should always stay in the back of your minds, while you discuss all the technicalities that come with rolling out a major continental programme like SPINAP. You will be talking not only about all related, epidemiological aspects, but also about:

- A number of methodological intricacies such as how to reach targets and logical frameworks
- In and outs of financial modalities,
- Communications aspects from internal communication within the programme up to raising awareness and behavioral change
- And finally monitoring and evaluation of your efforts to make the programme not only a once-off success but also to build a foundation for future endeavors

However, let me also stress with you that there are always opportunities that come with risks. This programme provides us with a brilliant opportunity to grow together more as a continent, to show the world what we as Africa can establish as a group

And at last but not least do also what is expected of us as part of a globalized world, to play our part in the global fight against avian influenza. Let us never forget, the fight against a possible epidemic does not excuse loopholes and individual counties’ mistakes. If one country is lagging behind, it can trigger the beginning of a pandemic. Please enjoy your workshop, Addis Ababa, the African Union and have most fruitful discussions.
Address by director AU/IBAR

Your Excellency Dr. Babagana the Director of Department of REA

Distinguished participants,

Dear Colleagues

Ladies and Gentlemen, welcome to the official opening of the Support Programme to Integrated National Action Plans for Avian and Human Influenza, short SPINAP-AHI

First of all, I would like to convey apologies from the Director of AU/IBAR, Dr. Modibo Traoré. He is not able to attend this very important workshop. He is busy with the preparations of various issues at AU/IBAR Office in Nairobi.

I take this opportunity to warmly welcome all of you to this workshop, especially those of you who have traveled to Addis Ababa from faraway countries. I am greatly honored to preside over the opening session of this important gathering as it is an integral part of the global fight against AHI.

This day marks a special occasion for Africa. AU/IBAR is celebrating the launching of an Africa-wide programme for the fight against Avian and Human Influenza (AHI) in 47 African countries. This inception workshop of the SPINAP – AHI project in Eastern, Western and Southern Africa is without doubt, the start of a journey of a close partnership with ACP countries to protect our people as well as our economies.

Eligible countries through SPINAP will have access to financial support for emergency preparedness against AHI. SPINAP is the result of through deliberation in 2006. We have worked extensively with the European Commission and the technical stakeholders (FAI, OIE, WHI, Alive and World Bank) to design the programme and to discuss the optimal implementation modalities to make it a success for all of us. We continue to work closely with them to assure the necessary coherence in AHI control efforts.

During this workshop we will have the opportunity to discuss all facilities that are presently ongoing and how we envisage cooperation within SPINAP. We have a close collaboration with the Regional economic communities. This is an equally important aspect that will certainly help to make our efforts more comprehensive, conducive and therefore more successful on a continental scale.

Since the Pan African Control of Epizootics Programme (PACE), which was the most recent of AU/IBAR’s continent wide animal health programmes, that covered 30 countries, we have continued to support veterinary services throughout Africa. Today we can be very proud of the trust that the European Commission has shown in the cooperation. SPINAP has now grown to 47 countries in Africa. We are happy with this recognition of the EC, while at the same time humbly recognizing the huge challenges ahead.

As a matter of fact our family has now also grown beyond its usual boundaries of animal health and veterinary services. SPINAP will also look at the public health aspects of AHI. During this inception phase of the programme we will explore, together with our colleagues of WHO how we can setup a good partnership.

Distinguished participants,

We hope that this workshop will help us to start our new cooperation in a meaningful and positive manner. We can build further on our achievements of the past. We are confident that we will have a fruitful cooperation, and therefore making SPINAP a strong contribution to the fight against AHI on our continent.

I would like to congratulate and thank you for the efforts that all of you have already invested in SPINAP. To date, AU/IBAR has received 44 funding requests. The SPINAP team, that came on board early February, has given your requests due attention. We will discuss our findings and recommendations extensively with you during this workshop. We will also do everything to guide you through the next steps of the funding process from here on. In particular, I would like to thank H.E. Madam Rosebud Kurwijila, Commissioner, Rural Economy and Agriculture as well as Dr. Ahmadu Babagana, The Director of REA, African Union Commission, Addis Ababa, Ethiopia, to have assisted us with organizing this event.

Dear Participants,

At this time I wish to thank our development partners, the European Union, and all other partners who have provided sustained support to our programmes over the years. I would like also to specially thank the EC for making SPINAP a reality.

As I said The SPINAP team is new and is keen to interact with you individually during the workshop to share your concerns and learn from you. This interaction should continue for the entire period of the 3 years programme. Please
don’t miss this opportunity to share your ideas with us and ask us the questions that you think will help us to make SPINAP a success.

Let me briefly go into the objectives of this workshop they are:

1. To share the lessons learned from the assessment of country applications received for funding by the PCU
2. To share information on the status of HPAI in different countries
3. To improve understanding of the different actors involved.
4. To build networks and discuss ways to enhance our cooperation
5. To discuss communication strategies; identify gaps in countries’ communication proposals.
6. And finally to lay out programme implementation modalities such as:
   • The cooperations and financial procedures
   • The monitoring and evaluation framework
   • And the proposal assessment procedures and lessons learned

I thank you very much and wish you a very successful workshop!
Appendix 4: Overview of SPINAP

By Dr Ahmed Elsawalhy

Support Programme for Integrated National Action Plan for Avian and Human Influenza (SPINAP-AHI) Epidemiological Situation

Control of HPAI in Africa is related to specificities of production systems, bird migration patterns over the continent, uncontrolled trade of poultry and limited intervention capacity of technical services.

AU/IBAR

The InterAfrica Bureau for Animal Resources (IBAR) is a specialized technical office of the African Union mandated to animal resources development in Africa. IBAR has three sections that are responsible for the technical matters related to animal resources. These are Animal Health, Animal Production and Trade and Marketing.

AU/IBAR: Progress and Achievements in HPAI Prevention and Control

African Development Bank through AU/IBAR provided US$ 6.5 million for emergency financial assistance to 13 countries for response activities (US$ 300,000 for animal sector and US$ 200,000 for human sector through WHO/AFRO). As a result, joint GTZ-IBAR-ILRI courses for veterinary and medical laboratory staff were conducted for 80 people from 37 African countries. Regarding FAO Regional cooperation, 3 TCP Technical Cooperation Projects on HPAI were supported in Western/Central, Eastern and Southern Africa. Alive platform carried out an assessment of financial needs and gaps and updated. The update of the Alive document in 2007 establishes that Africa is an integral part in the global fight against AHI and the least supported link. Three main components of the documents are 1. Operational capacity for HPAI prevention and control, 2. Human influenza pandemic preparedness and 3. Coordination of communications strategy. AU/IBAR in collaboration with OIE established a virtual AI vaccine bank. Five experts were availed from Chinese Government cooperation for experience sharing training and diagnostics. Thailand cooperation also ushered training of African experts (1 veterinary and 1 human from each infected country) with financial support from the French Cooperation and UNDP.

Background of SPINAP-AHI

It is a partnership programme between AU/IBAR and the European Commission. AU/IBAR is the selected partner of the EC based on experience gained from PACE and other projects. SPINAP-AHI is originating from the pledges for control of HPAI made by the international donor community in Beijing 2006. The EC pledged €100m of which €30m is earmarked for Africa. It is a major contribution to the control TBDs especially Avian and Human Influenza in Africa. It is big commitment of the African Union and European Commission to assist the African, Caribbean and Pacific (ACP) countries; with which 47 countries are eligible in Africa. This shows deep commitment from EC and AU towards the people and livestock sector in the continent. SPINAP-AHI supports Integrated National Action Plans (INAPs) that addresses Animal and Human health issues, it collaborates with Alive platform, which supports rapid assessment of veterinary services, Regional Animal Health Centres (RAHCs); etc.

Regional Animal Health Centres

Regional Animal Health Centers are a joint initiative of IBAR, OIE and FAO. RAHCs aim to harmonize actions to control transboundary animal diseases especially nowadays HPAI. The centers were planned to be installed in Bamako/Mali, Gaborone/Botswana, Nairobi/Kenya and Tunis/Tunisia.

Calendar and Funding of SPINAP-AHI

The agreement between AU/IBAR and EC was signed on 30 April 2007, project starting date to be 01 May 2007, with implementation period of 36 months. The inception phase is 6 months whereas operational phase 26 months with a closure phase of 4 months. The overall budget is €21.5m (€ 18.1 support to countries INAPs). Co-financing AU/IBAR contributes € 1,091,000; hence the total budget is €22,591,513. The amount allotted for evaluation and Audits is €500,000, while the Alive component is €8m. Accordingly, the total EC contribution is €30m.

The Objectives of SPINAP-AHI are:

- To reduce socio-economic impact of HPAI in ACP African counties
- To reduce potential loss of human lives
- To strengthen national capacity to prevent and control AHI outbreaks

The Purpose of SPINAP-AHI
Strengthen national capacity to prevent and control Avian and Human Influenza through the provision of finances and expertise to the implementation of Integrated Country Action Plans (IAP) for Avian and Human Influenza Individual country strategic control plans for HPAI

Expected Results of SPINAP-AHI

- Capacity for prevention and control of HPAI strengthened on national level
- Information and communication for awareness creation is enhanced
- Coordination for IAP Implementation supported (Financial and Technical)

Results by Activities - SPINAP-AHI

Capacity for prevention and control of AHI strengthened at national level

1. Inform eligible countries on support opportunities and the programme conditionality
2. The programme receives and reviews IAP funding requests for sub-actions from the countries and proposes interventions to the steering committee for its endorsement
3. The PCU prepares contracts with beneficiaries based on approved funding
4. The programme supports the administration of funded interventions
5. The PCU monitors and evaluates implementation of contracts
6. The programme facilitates implementation support through its regional coordinator within the Regional Animal Health Centres.

Information and communication for creation of awareness is enhanced

1. Maintain a website, providing regular information
2. Contribute to the creation of public awareness among stakeholders
3. Link with other partners (WHO, UNICEF, OIE, FAO etc.) for dissemination of information on the programme.

Coordination of IAP Implementation is supported

1. Organise inception meeting in collaboration with other partners
2. Technical coordination meetings are organised in three programme region
3. Organise twice-yearly steering committee meetings (SCM)

SPINAP-AHI Inception Work Plan & Current status of Implementation

R1. Capacity for prevention and control of AHI strengthened at national level

1.1: Inform eligible countries on support opportunities and the programme conditionality (timetable first 3 months)

Information campaign addressing the eligible countries and other stakeholders to inform all actors about the programme including:

- Newsletters
- IBAR website
- Electronic mail and other media

Action

- Preparation and printing SPINAP brochures and flyer (English and French)
- 47 ACP countries were informed through: Minister of Agriculture (and or livestock), Minister of Health, DVS, and DMS, Information Package and the countries already received hard and electronic copy of Guidelines and template for fund requests to submit their proposal by 15th November.
- All African diplomatic Embassies in Nairobi (25)
- 5 non-eligible countries were informed
- AU/IBAR web site has all the information available
- Presentation of the programme during the following missions:
  - Supporting Mission of the AU/IBAR to the Prevention and Control of HPAI in Sudan, Khartoum 22-26 July 2007
  - DVS in SADC region, 13-14 August 2007, Arusha, Tanzania.
  - FAO/IAEA-CIRAD African Regional Training course on Molecular techniques for the Diagnosis of HPAI, Cairo, 26 August to 6 September 2007, (25 participants).
- The team proposes some poster as well as newsletter on quarterly basis with all relevant information, achievement, and upcoming events and so on for SPINAP

1.2. The programme receives and reviews INAP funding requests for sub-actions from the countries and proposes interventions to the SC for its endorsement (Timetable 4th to 15th month)

- Precise procedures will be developed during the inception phase of the programme, endorsed by the SC and approved by both contracting parties.
- Countries who identify funding gaps in their IAP request for support for sub-actions from the programme, utilising templates (narrative and budget)
- These requests are analysed on different levels
- The PCU prepares funding classies to submit to the SC for endorsement.

Action
- Development of templates (narrative and budget) and inform the countries by hard and electronic with guidelines from technical, financial and admin. point of view
- Manual of Procedures For Implementing Beneficiaries SPINAP – AHI

1.3. The PCU prepares contracts with beneficiaries based on approved funding (Timetable 4th to 15th month)

- After approval of country classies the PCU will prepare contracts with beneficiaries for the funding of the support activities.
- Contracts will set out the conditionality for funding under this programme.
- The Director of IBAR will sign the contracts with the implementation partner

Action
- The MOU and the contract agreement are developed and ready for endorsement by SC
- This activity will start after endorsement of countries funding request by next SC meeting

1.4. The programme supports the administration of funded interventions (Timetable 1st month and ongoing)

- The PCU will also provide accounting systems and manuals to assist countries with the implementation of the programme.
- Support and/or training to the country’s implementing bodies in relation to finance, administrative and procurement matters
- This support will also be provided on regional level.
- The PCU can provide additional support in case of need via its Technical Assistance Funds available.

Action
- Counting system and manuals for implementation of the programme will be available in due course and countries will informed

38
1.5. The PCU monitors and evaluates implementation of contracts
(Timetable 1st month and ongoing)
- The PCU develops a monitoring and evaluation system to follow-up on the execution of the programme and the evaluation of the impact of its support during the inception phase of the programme.
- The PCU provides manuals for the implementing bodies to assist with the use of the M&E system.
- The PCU will provide regular M&E reports to assist the programme management and execution and to inform the steering committee and the donor.
- The PCU will provide for the necessary audits.
- The PCU will provide for reports as set out in performance monitoring (Chapter 4.6.)

Action
- PCU M&E strategy will be developed and presented to countries on the first regional technical meeting

1.6. The programme facilitates implementation support through its regional coordinator within the Regional Animal Health Centres (Timetable first six months)
- Selection and recruitment of SPINAP Officer
- The necessary operational agreements/guidelines will be prepared during the inception phase of the programme.
- Strengthen the RAHC in Bamako and Establishing and strengthening of RAHCs in Gaborone and Nairobi.
- The PCU supports the implementation of its interventions through regional SPINAP coordinators.
- Technical capacity created through the ALive component of the SPINAP programme in the Regional Animal Health centres will be coordinated by the SPINAP coordinator.

Action
- Selection and Recruitment of the staff.
- Establishment the PCU and;
- Establishment/strengthening RAHCs is ongoing

Action
- The positions were advertised on the following dates and websites:-
  - AU-IBAR website www.au-bar.org from August 2 to 7 Sept.
  - EU website http://europa.eu.int/epso/ from 10 to 31 August
  - AU web site www.africa-union.org
  - Relief Web www.reliefweb.org including e mail service to job seekers
  - Development Network www.devnetjobs.org including e mail service
  - Letter to WHO-Afro requesting them to provide AU-IBAR with 5 C.Vs for a recruitment of human health expert within PCU based in Nairobi

SPINAP team

PCU Nairobi
- Dr. Ahmed El Sawalhy Chief Animal Health Officer
- Dr. Samuel Muriuki, Programme Coordinator
- Mr. Hans-Juergen Scholl, Financial Controller
- Mr. Alex Saelaert, Monitoring and Evaluation Expert
- Recruitment of Wild life and human health experts are ongoing.

Special Inputs to PCU
Dr. Jean-Jacques Delate
Mr. Pascal Carbe

Regional Coordinators
- Dr. Zacharie Compaore - Western and Central Africa
- Dr. El Zein Bashir - Southern Africa
- Dr. Nesru Hussein - Eastern Africa

SPINAP-AHI Inception Work Plan & Current status of Implementation

R2. Information and communication for the creation of awareness is enhanced

2.1. Maintain a web site, providing regular information
(Timetable: 1st month and ongoing)
A programme specific website, hosted by the AU/IBAR website will be created to keep all stakeholders informed about the objectives, activities, achieved progress of the programme.

Action
AU/IBAR website has all the following information under SPINAP-AHI: Summary of the programme, stockholders and beneficiaries, concept note of SPINAP-AHI, upcoming events (1st SC, 3 inception workshops, 2nd SC), agenda of 1st SC, flyer and brochures (English and French), job opportunities, guidelines and fund request template, manuals for countries (after endorsement by PSC and translation to French), achievements and other relevant information

2.2 Contribute to the creation of public awareness among stakeholders
(Timetable: 1st month and ongoing)
- Creation of public awareness, including from the central level (IBAR) via the above-mentioned website and strengthened with newsletters and other communication materials that will be developed by the programme.
- Links with key stakeholders will equally contribute to this objective.
- On country level and through financing IAPs, the programme will support the development of awareness creation materials.

Action
- Link to previous activities.
- The team proposes posters as well as a quarterly newsletter with all relevant information, achievements, and upcoming events on SPINAP (linked to result 1 activity 1)
- Link with other partners (WHO, UNICEF, OIE, FAO etc.) for dissemination of information on the programme (timetable: 1st month and ongoing)
- The PCU with AU/IBAR will develop a strategy, in line with the mandate of the SPINAP steering committee, to share information about Avian Influenza issues on the African continent (scientific, technical, financial and practical).

Action
- This activity is scheduled in the main phase

R3. Coordination of IAP implementation is supported

3.1. Organise inception meeting in collaboration with other partners
(Timetable: Inception period)
To strengthen the coherence of AHI-related activities in African ACP countries, an inception meeting will be organised to present the programme to the stakeholders, to discuss cooperation strategies/possibilities, communication strategies, communication media and information sharing arrangements.

Action
- Proposed three days meeting 26-28 February 2008 in Dakar, in 5-7 March 2008 in Addis Ababa, and 11-13 March 2008 in Gabarone. All national project coordinators of eligible countries, and other stakeholders and international organizations will be invited.
3.2. Technical coordination meetings are organised in three Programme regions (Timetable to be developed)

- During implementation of the programme, periodic technical meetings will be organised on regional level to share information on the execution of the programme, share relevant findings, present recommendations and discuss harmonisation of common control policies.

- A global technical meeting to evaluate progress made and lessons learned will be organised around the mid-term period of the programme. This meeting should inform, together with the Mid-Term evaluation, if adjustments for the implementation of the second half of the programme are required.

**Action**

- Planning for first technical meeting in May 2008 (after 2nd SC) to start the implementation

3.3. Organise twice-yearly steering committee meetings (SCM) (Timetable every 6 months)

- Meetings will be organised on a 6 monthly basis, starting with a first meeting towards the end of the inception period.

- Steering Committee Terms of reference for this governing body will be prepared during the inception period and approved during the initial meeting of the SC.

**Action**

- TOR for PSC
- First steering committee meeting
- Second steering committee meeting

**Management Set-up SPINAP-AHI**

- AU/IBAR responsible for overall implementation
- A Programme Steering Committee (PSC) will oversee implementation, approve funding requests and define SPINAP policies
- Programme Coordination Unit (PCU) is set up to assure technical and financial implementation on day-to-day basis
- IBAR has created a Project Support Unit (PSU) to facilitate all IBAR implemented projects and enhance institutional capacity
- Regional SPINAP Coordinators (3) will assist eligible countries in the preparation and execution of SPINAP support
- Within each country, SPINAP will be implemented by the authority nationally appointed for implementation of the INAPs

**Implementation SPINAP-AHI 1-PSC**

- PSC guarantees adherence to political, scientific, technical and managerial standards
- PSC represents all main actors such as AU-DREA, AU/IBAR, European Commission, ACP Secretariat, OIE, FAO, WHO, ALive, AfDB, UNICEF, AHF, and one representative from each RECs (ECOWAS, SADC, COMESA, and ECCAS).
- PSC - chaired by AUC Commissioner for Rural Economy and Agriculture will meet twice a year
- PSC approves submissions/proposals for SPINAP support from respective countries

**Main responsibilities of the PSC**

- Supervise and guide the SPINAP implementation on a strategic level
- Approve funding criteria and endorse funding proposals
- Endorse programme reports
- Review technical and financial documents
- Provide a platform for discussion and information sharing to all official actors involved in the fight against HPAI on the African continent
• Assure dissemination of information on HPAI activities and funding in Africa
• Assure efficient running of the programme

Implementation SPINAP-AHI 2: PCU
• The Programme Coordination Unit (PCU) comprises a programme coordinator, monitoring and evaluation expert, finance manager, a human health expert, Animal health Officer and a wildlife expert
• Three regional SPINAP-AHI coordinators will be attached to the RAHCs in Gaborone, Bamako and Nairobi
• Human (public) health issues dealt with public health expert (WHO) in PCU.
• Accountability rests with the Animal Health Unit in AU/IBAR

Implementation SPINAP-AHI 3: PSU
• PSU is the IBAR structure to assure institutional capacity to implement projects in an economic and efficient manner
• PSU will develop an IBAR backstopping methodology
• PSU will concentrate mainly on finance and admin issues and adherence to AU and donor requirements as specified, human resources
• management, procurement, and logistics.

Implementation SPINAP-AHI 4: PSU
• The National Authorities (NA) will prepare requests for support based on INAPs
• NA executes the support interventions based on a MoU with IBAR
• Requests will be scrutinised by PCU for technical and financial adherence and approved by PSC

How can you get access to the fund?
• Inform eligible countries on support opportunities and the project conditionality
• Eligible African ACP countries are requested to prepare and submit comprehensive dossiers urgently:
  1) The Preparation of and commitment to implement INAP showing the financing gap that can not filled by national or existing bilateral/multi-lateral donors funding
  2) Validation of the INAP through a designed body
  3) Adherence to the principles of the Bamako and previous Declarations, particularly with regard to transparency in sharing information, reporting on actions taken and co-ordination.
  4) Beneficiaries facilitates the execution of external and internal audit and accepts its outcomes
  5) Beneficiaries commit themselves to adhere to the visibility guidelines of the EC and AU/IBAR.

Countries which identify funding gaps in their INAP request for support from the programme. These requests are analysed at different levels
1) The coordinator and technical staff in the RAHC
2) The animal health unit in IBAR for animal related requests
3) WHO expert for public health issues
4) PCU prepares complete dossiers for submission to the programme steering committee for endorsement
The PCU prepares contracts with beneficiaries on selected INAP funding request
Appendix 5: Program fund allocation method

By Dr Medhat El-Helepi

SPINAP-AHI/ facts on fund

The program Budget: (SPINAP-AHI) is EURO 22.6m (EURO 21.5 from EC). The program Fund is EURO 18.1m. The eligible beneficiaries are 47 African ACP member countries. The duration for implementation of the program is 18 months (at the national level).

Expected Outputs

1. Capacity for prevention and control of AHI strengthened at national level
2. Information and communication for the creation of awareness is enhanced,
3. Coordination of IAP implementation is supported.

Influencing Factors

4. Per Capita Income
5. Relative Importance of the Poultry Industry
6. Level of the National Contribution to the Total Estimated Budget of the Implementation of the IAP
7. Fund Availability
8. Size of Backyard Reared Poultry
9. AHI risk

Data and Methodology

- Recent data was collected from different reliable secondary sources, including FAO, AU/IBAR and ALive.
- Data for the majority of the factors was characterized by significant variation.
- Indicators have been established based on the available data on the considered factors.
- Data has been turned into values into a scale of, mostly, 1-3. Data on some variables has been scaled differently due to observed significant variation.
- The Fund Allocation Index (FAI) has compiled as a weighted average mean based on the six established indicators.
- Two levels of weight have been assumed and assigned to the considered indicators, with the higher weight level given to the following factors, Per capita income, Backyard poultry rearing; and AHI risk.

The suggested model is based on three main core pillars/conceptual principles,
1) the total estimated budget for implementing the INAP;
2) equitable allocation of fund; and
3) impact of influential factors.

Results

Final calculated allocated funds are derived as follows:

- The Fund Allocation Index (FAI) has been compiled as a weighted average mean based on the six established indicators.
- The FAI is then multiplied by the equitable ratio of allocation, which is derived as the percentage of the project fund, EURO 18.1m, over the total cost of executing each of the livestock and communication components in Africa, in addition to the management and implementation expenses, almost US$ 400m, to yield the Fund Allocation Ratio (FAR).
- The FAR is next multiplied by the national total cost of implementing the IAP to come up with the Calculated National Allocated Fund (CNAF).

The following example sketches the methodology by which the CNAF is derived:
## Calculation Methodology

### Indicators

<table>
<thead>
<tr>
<th>1. Per capita income</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Difficulty Gap</td>
<td>3</td>
</tr>
<tr>
<td>3. Poultry contribution</td>
<td>1</td>
</tr>
<tr>
<td>4. National contribution to total estimated IAP costs</td>
<td>0</td>
</tr>
<tr>
<td>5. HPAI Risk</td>
<td>1</td>
</tr>
<tr>
<td>6. Domestic rearing</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fund Allocation Index</th>
<th>0.67</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Allocation Ratio: Allocation Index x Coverage ratio (%)</td>
<td>4.98</td>
</tr>
<tr>
<td>Calculated National Allocated Fund (CNAF) (US$)</td>
<td>172,472</td>
</tr>
</tbody>
</table>

| Total cost for African INAP implementation (excl. HH Comp.) | 308,029,600 |
| Coverage Ratio (%) | 7.47 |
| Estimated cost for the implementation of Angola’s IAP (excl. HH Comp.) | 3,404,000 |

### Calculation Methodology for Angola

<table>
<thead>
<tr>
<th>Indicators</th>
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</thead>
<tbody>
<tr>
<td>1. Per capita income</td>
</tr>
<tr>
<td>2. Difficulty Gap</td>
</tr>
<tr>
<td>3. Poultry contribution</td>
</tr>
<tr>
<td>4. National contribution to total estimated IAP costs</td>
</tr>
<tr>
<td>5. HPAI Risk</td>
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<tr>
<td>6. Domestic rearing</td>
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</tr>
</tbody>
</table>

| Total cost for African INAP implementation | 307,209,600 |
| Coverage Ratio (%) | 7.47 |
| Estimated cost for the implementation of Angola’s IAP | 3,404,000 |
### Annex 1: Adjusted Calculated Allocated Fund (ACAF)

<table>
<thead>
<tr>
<th>#</th>
<th>Country</th>
<th>Allocated Fund</th>
<th>#</th>
<th>Country</th>
<th>Allocated Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Angola</td>
<td>300,000</td>
<td>36</td>
<td>Sao Tome &amp; Principe</td>
<td>300,000</td>
</tr>
<tr>
<td>2</td>
<td>Benin</td>
<td>500,000</td>
<td>37</td>
<td>Senegal</td>
<td>600,000</td>
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<tr>
<td>3</td>
<td>Botswana</td>
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<td>38</td>
<td>Seychelles</td>
<td>300,000</td>
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<tr>
<td>4</td>
<td>Burkina Faso</td>
<td>600,000</td>
<td>39</td>
<td>Sierra Leone</td>
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<tr>
<td>5</td>
<td>Burundi</td>
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<td>12</td>
<td>Côte d’Ivoire</td>
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<td>Zimbabwe</td>
<td>400,000</td>
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<tr>
<td>13</td>
<td>Djibouti</td>
<td>300,000</td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>24,400,000</strong></td>
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<td>14</td>
<td>D.R.C</td>
<td>400,000</td>
<td></td>
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<tr>
<td>15</td>
<td>Equatorial Guinea</td>
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<td>16</td>
<td>Eritrea</td>
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<td>17</td>
<td>Ethiopia</td>
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<td>Gabon</td>
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<td>Gambia</td>
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<td>Kenya</td>
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<td>25</td>
<td>Liberia</td>
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<td>26</td>
<td>Madagascar</td>
<td>300,000</td>
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<td>27</td>
<td>Malawi</td>
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<td>28</td>
<td>Mali</td>
<td>900,000</td>
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<td>29</td>
<td>Mauritania</td>
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<td>Rwanda</td>
<td>400,000</td>
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</tbody>
</table>
SURPLUS SCENARIOS

Three scenarios are assumed here to reallocate the expected,

- increase the national allocated funds proportionally (based on FAR);
- increase the fund allocation to selected countries (based on justifiable reasons);
- increase the fund allotted to Nigeria up to the level indicated by the CNA, almost US$4.2m, that was reduced to merely US$1.9m as per financial regulations.
Appendix 6: Program harmonisation & governance mechanisms

By Dr S.M.K. Muriuki

SPINAP is a unique program whose approach brings a fresh strategy to AU-IBAR. It seeks to support eligible countries in the implementation of National Integrated Plans, solely developed and prioritised by the countries themselves. SPINAP represents a demand led empowerment approach for national veterinary systems. Successful implementation of SPINAP is expected to yield the following outcomes:

- Enhanced Capacity for prevention and control of HPAI at the national level
- Enhanced Information and communication for awareness creation
- Enhanced Technical and Financial Support for IAP Implementation. This will lead to improved effectiveness and efficiency of implemented actions
- Improved coordination of HPAI activities among the African ACP countries
- Greater coherence among nations and with global HPAI strategies

SPINAP is therefore quite challenging as the success of local actions solely dependents on the commitment of actors at the national level. To mitigate the challenge, AU-IBAR has adopted a systematic approach to ensure program implementation is focused on the objectives and harmonized across board. This will be achieved through a coordinated program governance structure that allows autonomy, while providing sufficient basis for harmony in the implementation process

Coordination structures

Various organisational structures have been developed to coordinate program activities at 4 different levels. Program implementation and coordination has been devolved through institutional and oversight structures to ensure proximity of decision makers to implementers and provide transparent oversight.

1. At global level (supra AU-IBAR), a Program Steering Committee (PSC) consisting of representatives from all key HPAI actors (FAO, OIE, World Bank, EC, WHO, UNICEF, etc will oversee program implementation by defining and approving policies and procedures
2. At AU-IBAR level, a programme Coordination Unit (PCU) has set up to within the animal health unit, assure technical support and provide day to day support to national level implementation teams.
3. At the regional level, 3 Regional Coordination Offices have been established in Eastern, Southern and Western Africa to bring the coordination support closer to the countries.
4. At the national level, the program will work with national coordinators who should be/are members of the national HPAI task forces

Functions and relationships amongst the coordination structures are guided by clear policies and guidelines developed for this purpose. Clear Terms of reference have been developed to guide the roles and functions of the program steering committee. At the operational levels, clear policies guide various processes, especially finance, procurement and management. Various types of templates and guidelines have been developed and sent out to
eligible countries. Additional ones will be developed as we move along. These are the SPINAP Standard Operating
Procedures and should be adhered to. Technical and financial guidelines have been prepared and sent out to guide
countries on the preparation of funding requests. They provide the minimum requirements country applications need
to fulfill:

- Duration for the implementation
- Nature of eligible activities
- Minimum content of the application
- Operational issues to be considered
- Proposal review processes

A Country Applications Template has been developed to standardize country proposals. Copies have been sent to all
eligible countries. The template contains the following information:

- Contact details of the national AI coordinator
- Basic project information
- A standardized Table of Contents
- A standardized list of annexes
- Standardized guide to proposal content (all sections)
- A standardized budget format etc

A draft manual of procedures has been developed to guide program implementation at all levels. The manual seeks
to harmonize activities at different levels, ensure transparency in all processes and enforce compliance with
contractual requirements. At AU-IBAR, clear financial, administrative and procurement procedures institutional and
contractual) are in use. At the regional level, clear guidelines and procedures will guide all processes. The manual of
procedures provides guidelines in the following areas:

- Financial management
- Procurement
- Administration
- Reporting and M&E

The manual of procedures will be further enriched and complemented by individual MoUs & contracts with countries.
These are currently being developed and will be quite comprehensive. A specific Monitoring and Evaluation
system/guidelines (to be developed soon). Specific financial and program reporting systems to be developed as well.

Why Standard Procedures

The templates and guidelines provided are intended to standardize operations across member countries for:

- Enhanced efficiency in the application of resources
- Improvement of management capacities at the national level
- Enhanced accountability and transparency
- Improved program control
- Harmonized reporting
- Ease M & E
- Makes life easier for all along the entire chain

Application of SOPs

The application of the templates and guidelines is essential. However, lessons learned from their application will be used
to make improvements where weaknesses become apparent. All are invited to make a contribution by providing
feedback on how well/badly these guidelines are serving you
Appendix 7: SPINAP operating procedures

By Hans Jürgen Scholl

WHAT IS OUR AIM OF THIS WORKSHOP?

Building a bridge between the Beneficiary, (called the Organisation) and AU-IBAR (called the Contracting Authority of the European Community)

Objectives for the operating procedures
- To provide clear information how to handle the contract between the Contracting Agency and the Organization
- Preventing misinterpretations when executing the project
- Preparation of clear rules for reimbursement of funds and excellent accounting practice
- Assist in institutional capacity building to implement projects in an economic and efficient manner

Purpose for the operating procedures
- To strengthen the National Capacity to handle funds and provide transparent accounting
- To prepare budgets connected to logic framework with activities and sub-activities
- To prepare cash flow projections in connection with time schedules
- To prepare and update monthly time schedules

Memorandum of Understanding
- Explains the responsibilities of the Contracting Authority (AU-IBAR)
- Explains the responsibilities of the Organisation (the beneficiary)
- Provides room in case of differences for arbitration
- Provides final provisions for signatories, and
- Provides all necessary information in the MoU in connection with the Contract Agreement

In other words the MoU is the agreement that the Contracting Authority and the Organization or Beneficiary are willing to go into a contract to achieve the objectives and purposes of the programme, it is the start to prepare the required Contract Agreement and to have a sound document in hand workable for both parties.

CONTRACT AGREEMENT

Background
Application has been received by AU-IBAR. The PCU-Team has assessed the application and forwarded queries, if any, to the Organisation for clarification. Final version of budget and log framework will be included in the Contract Agreement. Time schedule will be worked out together with the Organisation and will be valid throughout the programme as base line. Cash flow projection will be worked out based on budget, time schedule, activities and sub-activities and forms payment plan. The Contract Agreement itself explains all binding legal aspects for the Contracting Authority and the Organisation. Entry date of the Contract into force is taken care of. It describes the period of the
programme. Includes the logic framework with activities and sub-activities, provides rules and regulation for handling the programme as well as responsibilities to both parties. It gives required forms to be used and stages of approvals. Provides the time schedule in which the programme shall be implemented with all required Milestones.

**HOW SHOULD THE OFFICE OF THE REGIONAL COORDINATOR FUNCTION?**

- Regional Coordinator
- Secretary and Supporting Staff
- Senior Finance and Administrative Officer
- Accountant Francophone / Anglophone

During the Inception Workshop or a separate training Workshop, the PCU Team of AU-IBAR in close cooperation with the Regional Coordinator work out the following steps before the Contract Agreement can be signed:

- Update the Logical Framework into the final version
- Format activities and sub-activities into time schedule
- Allocate budget values to each activity and sub-activity
- Preparation of detailed budget with allocation of individual budget lines according to activities and sub-activities
- Update of budget in close cooperation with the Organisation according to the relevant time schedule
- Preparation of cash flow projection with the Organisation
- Get final documents confirmed by Organisation to be included in Contract Agreement to start the process
- Cross examination of monthly accounts from the Organisation
- Approval or reject of monthly accounts provided according to relevant budget lines
- Coordination of rejected vouchers with the relevant Organisation to prepare an accepted version as required
- Approved monthly accounts from the Regional Co-ordination Office to be forwarded to IBAR Head Quarter Nairobi for final examination and accounting to the Donor
- Preparation of monthly financial status report for Senior Finance and Administration Officer
- Preparation of quarterly technical and financial report from the Regional Office to AU-IBAR Head Office Nairobi
- Arrangement of audit missions to fulfill the mandate of the Donor
- Arrangement of interim Workshops during programme period

**TIME SCHEDULE / BUDGET / CASH FLOW PROJECTION**

- Time schedule: Provides all important data about the programme execution
- Budget: Provides all important information about the funds required
- Cash flow projection: Combines the information of how much funds are required at what time

- The Time Schedule is based on the Activities and Sub-activities of the Logical Framework
- The Budget should also be split into costs, based on the Activities and Sub-activities
- The Cash Flow Projection is the result of the combination of both activities and presents the financial requirement for each month
The budget should consist all activities, sub-activities, Means, cost both in US$ and local currency and months of expenditure.

TIME SCHEDULE / BUDGET / CASH FLOW PROJECTION
REIMBURSEMENTS AND FLOW OF DOCUMENTATION

Every month accounts checks have to be done. For this, the Organization sends their bank and cash books with the original corresponding vouchers to the Regional Office.

- The Francophone and/or Anglophone Accountants check the received monthly expenditures
- In case of discrepancies, original documents will be returned with short explanation why they have been rejected
- The Accountants prepare monthly a draft Finance Report for Regional Coordinator split into the individual Country
- Forwarding the Original vouchers and other documentation with Finance Report to AU-BAR Head Quarter for further action
- Final examination of expenditures and approval in AU-BAR Head Quarter Nairobi
- Preparation of fund transfer according to cash flow projection according to next tranche
- Consolidation of various reports for monthly report to AU-BAR Head Quarter Nairobi
- Monthly reporting, technically and financially, to AU-BAR including delivery of Original Vouchers and Accounts

SAME COMPUTER AND COMPUTER SOFTWARE

Advantages

- If all Organizations are using the same computer systems there is less problems in transferring data from one system to the other
- If all Organizations are using the same software, there is no problem to transfer information from one country to the other
- If as many as possible Organizations are interested to join bulk purchase, other conditions can be applied than when each Organization is purchasing its own system
- All computers can be configured into the same system and communication will be easier between all parties concerned

Disadvantage

- One of the main issues is that in case of a technical problem the computer system has to be serviced in the country where it was purchased, in our case Kenya
Appendix 8: Monitoring and Evaluation

By Alex Saelaert

Monitoring

This is the continuous function that uses the systematic collection of data on specified indicators to provide management and the stakeholders with indications of the extent of progress, achievement of objectives and progress in the use of funds.

Evaluation

Defined as the systematic and objective assessment of a project or policy, its design, implementation and results with the aim to determine relevance and fulfillment of objectives, development efficiency and effectiveness, impact and sustainability.

Why are we resorted to M&E?

It is due to social responsibility - disease control entails important responsibilities. We need to know whether what we do contributes to our objectives. We need to document what we do correctly and what we do less good, learn from it and share our knowledge. With regard to IBAR's new responsibilities and risks, SPINAP is the start of a new era for the Institute with new contractual responsibilities and risks, but also opportunities. The expectation is to proceed implementation of SPINAP as per plan (cost, quality and time), inform the decision-making process of management, improve IBAR and National programme methodologies and structure (including Regional centres) and seek further support for the African livestock sector. The contractual obligation of IBAR and the donor entails sharing of information on "execution" and "results" of SPINAP.

Power of measuring Results (Osborne-Gaebler 1992):

- If you do not measure you can't tell success from failure.
- If you cannot see success you can't reward it
- If you can't reward success you might reward failure
- If you can't see success, you can't learn from it
- If you can't see failure you can't correct it
- If you can demonstrated results you win support

What do we use M&E for?

There are three areas of focus regarding Monitoring and Evaluation. Implementation focus: process, compliance and output, result (outcomes) focus: Impact on our way of working/thinking, and sustainability: indications of what will happen after the project. Monitoring and Evaluation also deals with Economy- cost (of input), efficiency- relation between input and output. (includes compliance), effectiveness-outputs as per expectations, impact- does what we do help the situation? Sustainability-what would happen after the project?

How do we carry out the Monitoring and Evaluation?

It is executed with reports from implementers against the implementation plans/indicators, questionnaires, data from other sources: OIE, FAO, IBAR, UN, Internet; etc., field Visits by Regional Coordinators, field visits by PCU and PSU staff, and external audits/Reviews. Regarding reports, they need to be standardised and reflect progress against indicators. They are scrutinised by Regional Coordinators. Relevant information is captured and shared. Information is channelled to PCU/PSU; PCU/PSU analyse and share all findings. Questionnaires target on focussed information gathering on the whole of the programme or specific aspects. They can be addressed to National Coordinators or other partners, national or international (OIE, FAO, donors). Questionnaires are often used to guide field visits. To get information from other sources, there should be a reality check of own work. There is a need to remain up-to-date with latest thinking and findings of international organisations, coherence with other players and create working links with other players.

Field Visits of Regional Centres

Physical check is required on execution of SPINAP in a focussed/standardised manner. Check correctness and comprehensiveness of reports, discuss options with implementers, get information beyond the reporting, and create productive relations with National Coordinators.

Field Visits of the PCU and M&E Expert
This is to increase awareness for PCU and PSU on local and regional realities. It is imperative to do more in-depth or specific monitoring and evaluation interventions and improve interaction with regional coordinators.

**External Audit and Evaluation**

Financial audits will be contracted out to audit company - legal obligation. Final evaluation will take place by external evaluators - donor requirement. Mid-Term evaluation is possible upon decision of donor or AU-IBAR.

**Challenges and pre-conditions**

Currently there is no strong M&E culture in most countries and/or AU-IBAR. M&E is politically sensitive. There also seems to be capacity shortage for M&E. Accordingly, SPINAP is envisaged to be stepping stone towards amelioration and better used of M&E. Monitoring & Evaluation is possible only when our cooperation is well defined (base line, indicators, budget etc).

**First Findings from Funding Requests**

There is a need to improve understanding and possibilities of the Logical framework approach, especially use of OVIs as monitoring basis. There is also a need to map all AHI interventions per country more comprehensively in order to find coherence between actions and focus on non-funded issues. The project team has to learn from this process to become more precise, needs to concentrate on the options offered by SPINAP – “EMERGENCY”, strong need for close and three-way cooperation between Task Force (NC) Regional Coordinators and PCU/PSU, need to clarify institutional and legal arrangements, i.e. Role of Ministry of Finance; etc.

**Next steps**

There is a need to fine-tune requests in line with the M&E requirements, such as the formulation of log-frame indicators, prepare coherent (standardised) budgets in line with SPINAP objectives and with reflection of other funding, develop M&E instruments such as reports, data gathering tools, instructions; etc., develop comprehensive M&E system and propose to FSC, training of stakeholders in M&E related matters, and test M&E methodology together.
Appendix 9: Communications and Knowledge Management

By Pascal Corbé

Communications Basics

The limitation of communication units is that they cannot generate information if data does not flow to them. They can assist but not facilitate institutional cooperation or even its cohesion. The dimensions of communications are managerial, operational, reflective and educational. The overall objectives of the communications activities in IBAR are:

- to enhance the visibility of IBAR with its clients and the media
- to represent the organisation, its initiatives and objectives in the best-possible way
- to serve clients by providing key information in a form pertinent to them,
- demand-driven
- to ensure that information access points are available technically and in person
- to support the management and coordination of information flow between various program partners

AU/ IBAR communications want to achieve key communications activities such as reviewing, restructuring and continuous updating of IBAR’s website (www.au-ibar.org) in the area of Avian Influenza with the aim to provide a platform to relay information and strengthen the mandate as a lead organisation. It also seeks to develop communication strategy to enhance the strategic level of the communications approach. This includes the thorough review of existing communication tactics such as website, newsletter, databases and their role to make the approach more comprehensive and an integrated function of the programmatic goals of IBAR. The strategy will also aim to ensure that communications is not conceived and practised as a simple one-way outlet function but through strengthening an African Corporate Identity and Public Relations to enhance and professionalize visibility through press releases, announcements, etc.

Knowledge Management (KM) objectives

- KM means the intelligent setup and retaining of IBAR’s institutional memory
- KM supports and capacitates ‘communications’ by providing it with a solid foundation of information beyond the intermittent flow of bits of data on demand from programmatic staff
- KM empowers IBAR / SPINAP and therefore its communications interfaces to present itself professionally and relevant to its clients. KM aims to smartly fulfill IBAR’s mandate as a lead organisation on the continent!

Knowledge Management activities consist strengthening of IBAR’s knowledge management through internally: improved electronical repository; externally: Creating a Knowledge Section on website in such a way that topical, relevant, tailored, new information related to thematic/project areas is retained. IBAR Regional centers will be engaged in all aspects related to knowledge management. There will be provision of trainings on knowledge management and advisory services on the efficient use of medias such as radio, print media, video, leaflets etc.

The prime areas of communications for SPINAP are management tool and government relations and also AHI related publicizing. Adequate direct communication provides Key support towards achieving the overall SPINAP goal, the recognition and articulation of interests of all stakeholders, a sense of ownership with all stakeholders a basis to setup a ‘Community of Practice’.

The Project Coordination Unit of IBAR communication aims to ensure:

- the programme targets are clarified with all stakeholders
- a sufficient contribution towards preparedness for control and prevention of AHI reached
- continental coherence of country approaches is maintained
- Constant availability for questions coming up in the countries
- Information flow on the progress of SPINAP
- Monitoring & Evaluation can take place
Communications strategies in development consist of existing communication culture, contents, linkages of stakeholders which need to be analyzed and capacities assessed. The criteria for skills and attitudes of knowledge and information are motivation of providers to communicate, accountability to clients, effective communication based on active listening, tailoring to individual groups, and competence of providers both in content and communications.

With regard to AHI-related activities, implementation takes place at country level focusing on comprehensiveness and conductiveness of communications strategies, information, education, and communications, behavior change communications and checking that the means are available to change behavior. Communications related to AHI activity may comprise directory of AI-Stakeholders and Activities in Africa that includes all relevant information such as name and mandate of the organization, geographical coverage, information related to AI such as contact data and advisors in Head Quarters and at country level, short description of main programs/projects in AI, Website address and links to major documents related to AI.

Generic success factors for rural communication:

- Official policies are a prerequisite
- Capacity of service providers in terms of communications skills
- Monitoring & Evaluation allows for a learning trajectory in approaches
- Participatory approaches for active involvement
- Media strategy integrates a mix of media to achieve the desired communications objectives

The sequence for media work is:

1. Situation and problem analysis
2. Objectives analysis and levels of intervention
3. Analysis of the relevant actors
4. Messages and contents
5. Selecting media
6. Selecting partners for media production
7. Pre-testing
8. Production, distribution, and marketing strategy

Assessments

4. Évaluateur: Nom et fonction

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Commentaires

Signature originale de l'évaluateur
General observations on countries which applied for funding from SPINAP-AHI

- We do not know what the level of integration with other agencies
- Impact control - does it work
- M&E
- Not binding, however we must have an interest to make an impact …
- Only one country has submitted a communication strategy

What is needed from applicants

1. At least a short situation analysis, in lieu of a comprehensive communications strategy
2. Description of the actors operating in AI communications in country
3. Organization names, messages and contents, general budget
4. Justification of selection of media
5. The PCU needs to know what the Ministries and agencies are planning
6. Can behavior change be achieved? Analysis of obstacles
7. Information on pre-testing
8. Provision for impact analysis (M&E)
9. In some cases budget breakdowns
Appendix 10: FAO/RAHC Eastern Africa

By Dr. Joseph Litamoi

The reasons for focusing on HPAI worldwide are:

- Dramatic evolution of the disease: Spread from original focus in S.E. Asia in late 2003 to affect rest of Asia, Middle East, Europe and Africa
- Negative impacts on Socio-economic, livelihoods & food security impact: Over 250 million poultry dead or culled, disruption of trade in poultry and poultry products
- Increasing number of H5N1 human infections & fatalities: 234 deaths out of 369 cases by end of February 2008
- Potential of pandemic influenza ever present

FAO HPAI STRATEGY

- HPAI prevention and control strategy developed by FAO & OIE in collaboration with WHO in 2005, in line with GF-TADs. Revised 2007.
- **Vision**: Reduce HPAI circulation in poultry in order to decrease risk to public health, safeguard poultry trade & protect livelihoods = Partly contributing to attainment of MDG

The GOAL of GF-TADs is Vision Development Objective

- To improve the protein food security, alleviate poverty, and improve the incomes of developing countries
- Safeguard the world livestock industry (of developed as well as developing countries) from repeat shocks of infectious disease epidemics
- Promoting safe and globalised trade in livestock and animal products

CONCEPT

Progressive control of transboundary animal diseases AT SOURCE as an International Public Good and within the Millennium Development Goals.

Priorities and Drivers

- Priorities in the strategy are determined by epidemiological status of country or region
- Endemic situations - reduce infection to prevent human infection and virus spread
- Sporadic outbreaks - intensify stamping out operations
- At risk or newly infected - improve surveillance, preparedness and response capacities

Strategic thrusts

- Global, regional and national approaches
- Global – Technical leadership in coordination of global, regional and national plans for HPAI prevention and control
- Regional – Promote enhanced cooperation, collaboration and commitment amongst regional organizations in coordinated and harmonized manner
- National – Support national authorities to prevent, reduce or eliminate HPAI and promote livelihoods-friendly approaches

Disease Management Tools, Strategies and Lessons

- Based on good disease management principles and practices
- Framework based on FAO/OIE Recommendations on the Prevention, Control and Eradication of HPAI in Asia
- The aim is to Reduce/Eliminate virus circulation in poultry and farms and thus reduce chances of pandemic influenza
- Each country is expected to develop/adapt own strategy based on epidemiological, biological, economic & socio-political factors, that is National EPP and contingency plans
Tools and Lessons

- Prevention and control requires strong Vet. Services – OIE(PVS) compliance
- Movement of poultry and poultry products now recognised key determinant of HPAI spread. Wild birds?
- Surveillance systems need to be strengthened to aid early detection, prevention and control
- Success of stamping out should be backed with compensation + effective movement control and surveillance
- To be effective vaccination should be used as per OIE guidelines
- Long term prevention and control will require changes in production and marketing practices
- Advocacy, communication and public awareness are other key elements for HPAI prevention and control

Country Strategy Formulation

Factors to consider:

- Level of infection (free or infected, risk analysis)
- Presence of wild bird reservoirs (circumstantial incrimination in HPAI spread)
- Farming and marketing systems (4 production sectors based on level of biosecurity – FAO, LBMS can be important sites of virus multiplications – spread to farms via contaminated people, poultry, cages & equipment)
- Likelihood of infection from neighbouring countries
- Extent of international poultry/products trade
- Veterinary Services (structure, resources, other stakeholders e.g. industry, poultry associations, small holders etc)
- Socio-political & economic considerations (Benefit-cost analysis)
- Public health issues (FAO/OIE/WHO recommend elimination of AI in poultry to decrease chances of human influenza pandemic)

Principal Risk Reduction Measures (HPAI Prevention, control & Eradication)

- Effective epidemi-surveillance (early warning, public awareness, appropriate action and reporting)
- Enhanced Biosecurity (poultry farms + premises)
- Industry practices (changes to reduce risks)
- Culling of poultry - infected and those at risk
- Carcass disposal (environmental factors)
- Proper use of vaccination
- All above must be considered together (none used singly is ever adequate – then select best combination of measures to ensure success)

Enhanced Biosecurity

- Aim is to bio-contain and bio-exclude viruses to prevent/eliminate spread
- Formation of barrier between farms and outside environment
- AI viruses can gain entry or exit from farms via replacement birds, feed, water, farm workers, veterinarians/vaccination crews, equipment/vehicles, wild birds, vermin, pets etc
- Hence need to develop and implement appropriate biosecurity plan
- Cleaning and disinfection cardinal in such a plan

Movement controls

- Movement of poultry, products, objects (and people) from infected area a necessary prerequisite to application of control or eradication measures
- Live bird market systems should be closed
- LBMS and infected premises should be cleaned, disinfected and tested to ensure effectiveness of such actions
• Importation of poultry and products from infected countries should be banned + controls at entry points

Change of industry practices

• Aim is to minimize risk of HPAI outbreak or spread through changes in production, transportation and marketing
• LBMS – stocking rates, return of unsold birds to farms, hygiene crucial in HPAI spread
• Segregation of species to minimize risk of interspecies transmission
• Farming systems and practices – Four sectors depending on level of biosecurity (risks differ/sector – hence may have to consider disease free zones, all in all out practice + enhanced biosecurity
• Transportation of birds – cages should be easily cleaned and disinfected

Domestic ducks in open air farming system, Thailand
Live birds market in Moroua, Cameroon

The structures: Emergency Centre for the Control of transboundary animal Diseases (ECTAD)

- The FAO Director General established in 2004, the emergency centre for the control of transboundary animal diseases (ECTAD). The focal point of this initiative is to bring the technical and operational capabilities of FAO together so as to effectively control HPAI and other TADs due in part to the enormity of the avian influenza crisis.

- Decentralized Units will be attached to the RAHCs and at country level in specific instances to carry out the mandate established by the DG of FAO

RAHCs – THE CONCEPT

- Created as a joint initiative of the FAO, AU-IBAR and OIE. The centres will help coordinate and harmonize actions taken to control HPAI and other TADs.

- The complementarities of each institution’s mandate to improve Animal Health in Africa (FAO/OIE) at the global level and AU-IBAR at the continental level.

- This will contribute to provide a strong foundation for collaboration pursued within the framework of the ALive initiative and GF-TADs

What are we aiming for?

A strong FAO, OIE and AU/IBAR working in close partnership with Countries and Regional Organizations and RECs.

- Strengthening of Veterinary Services

- Paradigm shift in disease control by sound epidemiological knowledge and analysis

- Progressive control of transboundary animal diseases including HPAI

Location of RAHCs

- Nairobi-Kenya (East Africa) including the Horn of Africa [Hosted by the AU-IBAR]
- Bamako-Mali (West and Central Africa) [Hosted by the OIE]
- Gaborone-Botswana (Southern Africa) [Hosted by OIE]
- Tunis-Tunisia (North Africa) [Hosted by FAO]
Location of RAHCs in Africa
Indicator diseases for RAHCs

- NENA – HPAI, FMD, rinderpest, PPR, sheep pox, Lumpy skin Disease (Tunis)
- Tropical Africa
- HPAI, FMD, rinderpest, CBPP, PPR, ASF, RVF, Newcastle disease (Nairobi/Bamako)
- SADC
- HPAI, FMD, CBPP, ASF, Newcastle disease

4 Main Components of Project:

- Wild birds
- Laboratory Networks
- Networks of Epidemi-surveillance teams
- Emergency Preparedness
- Extension of project activities to participating countries

Current HPAI status in Africa

- To date HPAI confirmed in 10 countries in the continent, mainly in West Africa.
- In Eastern Africa, Sudan and Djibouti have reported HPAI outbreaks. Though apparent success in control the region should remain vigilant to prevent disease incursion.
- Key disease transmission factors include legal and illegal trade in poultry and poultry products (unregulated movement), poor biosecurity, ineffective disease surveillance to underpin early detection and containment, lack of compensation funds for culled poultry (hence poor disease reporting) as well as low level of public awareness
- Above are key determinants in FAO action plans for Eastern Africa

Current activities in Eastern Africa (Being supported by Sweden and Canada)

i. Laboratory Networks
   - Sustenance
   - Regional leader to be identified
   - Methods and tools of testing harmonized
   - Proficiency testing
   - Role of OIE FAO International Reference Laboratories (OFFLU)

Expected Laboratory Network Results

- Improvement of the results of each laboratory
- Identification of weaknesses
- Successes in local laboratories
- Willingness to solve emerging problems
- Regional training and workshops

ii. Epidemi-surveillance networks

- Same approach as Laboratory networks
- Harmonization of methods and tools
- Establishment of quality indicators/evaluation is possible

Need for networks
- Breaks the isolation of teams
- Economies of scale for training
- Sharing experiences and information
- Club of experts
- Emergence of regional leaders quality and transparency of the information

**Vaccine Quality Assurance**

**Effect of quality assurance service on vaccine quality**

Rinderpest vaccine examined at PANVAC

![Graph showing vaccine quality over years]

65 million doses

**Year of PANVAC operation**

**Poultry production activities**
- OPEC funded and being implemented in Ethiopia, Kenya, Uganda and Tanzania
- Poultry sector studies and analysis
- Develop guidelines and manual for safe poultry production practices
- Conduct country biosecurity review and prepare relevant guidelines
- Develop training manuals and train animal health professionals on safe poultry production practices
- Establish poultry production stakeholder networks

**Socio-economic Activities**
- Currently funded by OPEC fund
- Establish socio-economic networks
- Assess socio-economic impact of HPAI and other TADs
- Understand regional livestock trade flows
- Assist countries to mitigate impacts of HPAI and other TADs on livelihoods Mapping out of value chains
- Poultry production and livelihoods analysis throughout entire value chain
- Assist national authorities and projects to develop compensation plans for HPAI

**Regional HPAI preparedness and response**
Strengthening capacity of the Eastern Africa Sub-region to prevent and control HPAI – 1.2 million US$ over 2 years to be funded by USAID.

- Support PADSA field activities
- Strengthen HPAI surveillance and diagnostic capacity
- Improve preparedness and planning
- Reinforce response and containment plans
- Implement a communication strategy for HPAI.

East African Community Avian Influenza regional response – 1.68 million EURO to be funded by EU. Partnering the EAC Secretariat and countries

- Harmonisation of Avian Influenza response policies and plans in the EAC
- Establishment of functional regional and national coordination mechanisms for Avian Influenza and other TADs established and strengthened in the EAC
- Harmonise and support public awareness campaigns at the EAC and within member countries
- Formulation and support to strategies and policies to contain AI and other TADs
- Harmonise and coordinate national action plans for Avian Influenza and other TADs in the EAC

Great lakes HPAI project (DRC, Burundi and Rwanda)- Funded by Belgium for 2 years.

- Strengthen veterinary services to effectively undertake disease surveillance and laboratory diagnosis for AI and other TADs
- Safeguard human health by improving public awareness and communication
- Develop or revise emergency preparedness plans for AI and other TADs
- Undertake a comprehensive assessment of socio-economic impact of AI outbreaks on the rural households and develop rehabilitation strategies

Other HPAI activities within the region

Joint rapid assessment missions to countries [FAO/OIE/WHO/AU-IBAR]

- Enables preparation of Govt owned INAP for prevention and control of AI and strengthening of Vet. Services
- Provides a financing plan for the INAP (monitoring and fund raising) based on prepared 5 year programme
- JRAM currently going in Eritrea

Technical backstopping of national HPAI projects in

- PARC
- PACE
- GREP/SERECU
- Establishment of PANVAC at Debre Zeit, Ethiopia
- FAO/OIE/AU-IBAR/IAEA CBPP Consultative Group Meeting
- Preparation of Technical document for the 4th International Avian influenza Conference in Bamako-Mali, December, 2006 and updating the same for the meeting in New Delhi, India in 2007
- Roadmap for progressive control of FMDrecent meeting in Rome seeks to use RAHCs for FMD surveillance coordination and virus serotyping activities
- Many more
- Implementation of SPINAP should open more avenues of FAO/AU-IBAR collaboration
TCP/RAF/3017 - Eastern Southern Africa Region
Appendix 11: East African Community

By Timothy W

Regional HPAI Situation

No case of HPAI so far reported in the EAC region. The region is under threat due to proximity to country with reported cases of HPAI like the Sudan.

HPAI Regional Risk and potential sources

- Migrating birds—Route of migrating birds (Lakes and in the Rift Valley are bird sanctuaries)
- Movement of Livestock and Livestock products—Trade or cultural

EAC PLAN

- EAC Council of Ministers decision—to make a Regional plan of action for preparedness and response to the threat of avian influenza.
- Avian Influenza task force—Steering committee and technical committee constituted on TADs. It deals with all transboundary diseases
- EAC Secretariat directed to raising funds. EAC allocated 10% (US$129,654) of total budget required to show commitment.
- The EAC Steering is to meet at least twice a year. Technical committee meets whenever need arises.
- The Regional Steering committee has a TOR
- Resource Mobilization ongoing
- EAC steering Committee-Ranked TADs: Avian Influenza and RVF are ranked as important in the EAC.

TOR of TADs REGIONAL STEERING COMMITTEE

- Coordinate, review and harmonize AI, RVF and other Transboundary diseases surveillances systems
- Review and harmonize national preparedness and response plans in the EAC Partner States
- Identify funding needs, gaps and sources and propose to EAC Secretariat ways of resource mobilization
- Harmonize Reporting formats and procedures according to international standards
- Liaise and co opt relevant organizations
- Policies and legislation—identify and make appropriate recommendations for review
- Hold biannual and emergency meeting
- Human and Animal Transboundary disease
- Develop/review and harmonize Public awareness, information and communication strategies in EAC

EAC HPAI plan and priorities

The EAC Regional Plan of Emergency preparedness and response to Avian Influenza-Components:

1. Planning and coordination and Resource Mobilization
2. Surveillance
3. Capacity Building—Human Resources
4. Laboratory
5. Information, Education and public awareness
6. Review of policies and legislation
7. Research of AI in the partner States
8. Prevention and Containment
9. Establishment of Emergency preparedness fund

Priority Areas Identified

The following were identified to be areas of priority in the region – study by GTZ/EAC

- Disease Surveillance
- Strengthening of Laboratory capacity – to provide specific equipment and consumables for selected National and Regional Laboratories
- Training focusing on:
  a) Epidemiology
  b) Diagnostic procedures
- Communication – Printing of posters
- Resource Mobilization

Institutional Networks

In the war against HPAI – Institutional networks existing and envisaged involve linkages with:

- Partner States/ National programmes
- National laboratories
- Medical professions ‘one medicine approach’
- RAHC- FAO
- SADC
- AU/IBAR – SPINAP
- Alive-Platform

Linkages with SPINAP

- The EAC Steering/technical – Provide platform for advisory input for SPINAP in the EAC.
- Links between EAC and AU/IBAR
- Link in surveillance, capacity building, information, Education and public awareness, Research, Prevention and containment.
- Review of policies and regulations
- CAADP link with AU/IBAR

5th March, 2008
Addis Ababa

Avian flu EAC Plan
Presented at SPINAP Workshop
EAC Coordinator’s view of Links of EAC with SPINAP

Conclusions

Co-operation and coordination of EAC member states—preparedness and response to AI

- Transparency, awareness and preparedness
- Early detection and response
- Cooperation with other key stakeholders
- Global framework of diseases control—membership to SPINAP Steering Committee
- ‘One medicine approach’
Appendix 12:  Burundi

Dr. Pierre BUKURU

1. CONTEXTE

Pays de l'Afrique centrale, le Burundi est limité au Nord par le Rwanda, au Sud et à l'Est par la Tanzanie et à l'Ouest par la République Démocratique du Congo. Sa superficie est de 27 834 km². Son climat est tropical avec deux grandes saisons, une saison pluvieuse s'étendant plus ou moins sur une période de 9 mois allant de septembre à mai et une saison sèche de 3 mois allant de juin à août.

Au Burundi, aucun cas de grippe aviaire n'a été jusqu'à présent notifié. Cependant, le risque d'introduction de la maladie existe à cause principalement de l'existence des échanges commerciaux de volailles et produits avicoles avec d'autres pays et aussi à cause de sa situation sur un des trajets des oiseaux migrateurs. Face à cette menace, le gouvernement du Burundi a élaboré un plan intégré, consolidé et multisectoriel de prévention et de lutte contre la grippe aviaire couvrant la période de 2007 - 2010. Pour une bonne collaboration d'intervention au niveau national et régional (terrain) le plan comprend trois volets à savoir la santé animale, la santé humaine et la communication.

Les conditions de réussite à la mise en œuvre du plan de prévention et de lutte contre la grippe aviaire sont :

1. L'engagement politique national ;
2. La disponibilité de ressources à tous les niveaux ;
3. L'engagement des partenaires y compris les bailleurs de fonds. Le Programma SPINAP de UA-BIRA vient donc à point nommé.

Le suivi et l'évaluation du plan intégré de lutte contre la grippe aviaire se feront à travers un comité interministériel de pilotage de la lutte contre la grippe aviaire et un comité de crise.

2. OBJECTIFS

a) L’objectif global de ce plan d’action national est de contribuer au renforcement de capacités nationales de prévention, de préparation et de lutte contre la pandémie de grippe aviaire. Le plan permettra au cas échéant, d’organiser la lutte contre la grippe aviaire au Burundi. Il est sujet d’une révision chaque année.

b) Les objectifs spécifiques du plan sont de :

1. Réduire les opportunités d’infection humaine avec le virus H5N1 ;
2. Renforcer le système de surveillance et d’alerte précoce ;
3. Renforcer les capacités nationales à faire face à une épizootie de grippe aviaire et ou une pandémie de grippe ;
4. Contenir l’épizootie/pandémie de grippe aviaire à la source ou retarder son extension ;
5. Renforcer la coordination et la gestion de la lutte contre la grippe aviaire ;
6. Conduire la recherche opérationnelle sur l’épizootie/ pandémie de grippe aviaire ;
7. Renforcer la communication et la promotion de la santé.

3. RESULTATS ATTENDUS

La mise en œuvre de programme, à travers ces différents axes d’intervention, devrait permettre d’attendre les résultats ci-après énumérés :

1. L’introduction du virus au Burundi est précocement détectée ;
2. La dissémination du virus est rapidement limitée et contenue ;
3. Les systèmes de surveillance et d’alerte précoce y compris le laboratoire sont renforcés ;
4. Les populations et les éleveurs de volailles sont sensibilisés et informés ;
5. La capacité à faire face à l’épizootie et/ou à la pandémie est renforcée ;
6. Les foyers de la maladie animale sont identifiés, circonscrits et rapidement éteints ;
7. La gestion et la coordination de la préparation et la réponse nationales sont renforcées ;
8. Les contaminations humaines sont rapidement diagnostiquées et les victimes prises en charge ;
9. La recherche opérationnelle sur l'épizootie et/ou la pandémie de grippe est conduite ;
10. Les pertes économiques sont réduites.

4. Filières avicoles

Les volailles domestiquées au Burundi sont presque exclusivement représentées par des poules de races locales. Les autres espèces (canards, dindons, pigeons, pintades, etc…) sont marginales.

En 2006, selon les données du rapport annuel de la Direction Générale de l’Élevage, le Burundi avait un effectif de volailles qui était estimé à 1,142,954 têtes. Mais en réalité, ce chiffre semble sous estimé et devrait être multiplié par 4.

Il y a 3 types d’élevage (exploitation) au Burundi.

4.1. L’élevage familial traditionnel
4.2. L’élevage familial progressiste
4.3. L’élevage avicole intensif

La situation de l’aviiculture intensive fait apparaître une filière moderne bien structurée dans la capitale avec des multiplicateurs, des éleveurs de taille industrielle, des fournisseurs d’intrants et des commerçants. Les souches exotiques améliorées sont représentées à majorité par des hybrides de pondeuses. On estime à neuf les importateurs de poussins d’un jour et d’œufs fécondés avec une moyenne de 5,000 poussins et 3,000 œufs fécondés par importation. L’élevage des parentaux n’est plus fonctionnel suite à la mesure d’interdire temporairement l’importation de volailles et de leurs produits intervenue en 2006.

L’élevage dans ces unités industrielles obéit aux mêmes règles et techniques que celles en vigueur dans les pays développés avec toutefois une moindre maîtrise de la situation sanitaire et de la qualité des rations. Les sources d’approvisionnement des volailles et produits avicoles sont la Belgique, la France, le Kenya et l’Ouganda.

5. Circuits de commercialisation des volailles et de leurs produits

Le circuit de commercialisation des volailles et de leurs sous produits est à majorité interne. Le flux part des exploitations rurales vers les milieux urbains. Les échanges commerciaux entre le milieu rural et les cités urbaines concernent la vente des œufs et des volailles de race locale qui sont pratiquées par des marchands de volailles. Dans les zones frontalières, le commerce interrégional avec les pays voisins est non moins courant. Le flux au niveau des frontières est à sens unique et les circuits commerciaux sont les suivants : Burundi – RDC (de Bujumbura à Uvira pour le commerce des œufs), Burundi – Rwanda (de Kirundo à Kigali Rural pour le commerce des poulets de chair) et Burundi – Tanzanie (de Cankuzo vers le district de la Kagera en Tanzanie pour le commerce de poulets de chair).

6. Analyse des risques d’une invasion par la grippe aviaire

Actuellement, la pathologie aviaire est dominée par la pseudo peste aviaire (Maladie de Newcastle), la typhose aviaire, la coccidiose et les parasitoses gastro-intestinales.

Le Burundi n’a jamais connu de cas de grippe aviaire hautement pathogène et peut être considéré comme indemne de l’infection de la maladie sur une base historique.

Toutefois, on peut considérer que le pays est menacé par ce fléau, suite à l’apparition de la maladie sur le continent africain en février 2006 et compte tenu des considérations suivantes :

1. Le Burundi est situé sur l’un des trajets des oiseaux migrateurs (Afrique de l’Est) ;
2. Il existe une importation d’oiseaux vivants ou de produits avicoles dont on ne connaît pas toujours avec exactitude l’origine ;
3. Les systèmes de surveillance et de confirmation des cas sont peu performants pour détecter à temps des cas de grippe aviaire ;
4. Les flux commerciaux (commerce légal et illicite des oiseaux et des produits avicoles) échappent au contrôle sanitaire ;
5. La faiblesse d’une politique sanitaire et des textes réglementaires relatifs à la grippe aviaire.
7. MESURES D’URGENCE À METTRE EN ŒUVRE

7.1 Politique nationale en matière de santé animale (légalisation et textes réglementaires)

i. Police sanitaire et textes réglementaires relatifs à la GAHP

La législation nationale en matière de santé animale est très vieille, la plupart des textes réglementaires datent des années cinquante sauf pour le texte de loi sur la police zoo sanitaire qui a été modifiée en septembre 2002. Malheureusement, le volet grippe aviaire n’est pas inclus dans ce texte étant donné qu’il a été modifié avant que ce fléau ne touche le continent africain.

Afin de répondre aux exigences de prévention et de lutte contre la grippe aviaire, un arrêté ministériel spécial « grippe aviaire » qui précise notamment l’indemnisation des éleveurs sinistrés, doit être élaboré et proposé en complément à l’ordonnance ministérielle de mise en application de la Loi n° 1/04 du 10 septembre 2002 modifiant le Décret du 28 juillet 1938 relatif à la police sanitaire des animaux domestiques.

ii. Choix d’une politique nationale de lutte contre la GAHP (Stratégie nationale)

La prévention et la lutte contre la grippe aviaire sont une priorité absolue pour le monde entier. La transparence dans la transmission des informations sur la situation zoo sanitaire et les mesures de lutte qui sont appliquées en cas d’apparition d’une maladie est une obligation pour tout pays prétendant aux échanges internationaux de la volaille et de leurs sous-produits.

Pour parier à une éventuelle introduction de la grippe aviaire, le Burundi doit renforcer les mesures suivantes :

- La mise à jour des pays interdits d’importation ;
- Le renforcement des contrôles de l’importation des volailles et des sous-produits avicoles ;
- L’Aménagement des postes de quarantaine à chaque point d’entrée aux frontières ;
- Le renforcement de la surveillance des principaux sites migratoires des oiseaux sauvages ;
- La sensibilisation et l’éducation du public en général et des groupes socioprofessionnels en particulier.

Afin de limiter la propagation de l’épizootie suite à l’introduction de la maladie, il s’agira d’appliquer les mesures zoo sanitaires recommandées :

- Abattage de toutes volailles atteintes et suspectes suivie de la désinfection des exploitations ;
- La mise en place d’un cordon de sécurité avec fermeture des marchés de volailles et la désinfection à l’entrée et à la sortie de la zone ;
- L’interdiction des importations et des exportations des volailles et de leurs sous-produits ;
- L’intensification de la surveillance autour des foyers animaux par le renforcement de la surveillance active autour des foyers suspects et atteints ;
- La diffusion de l’information sur l’évolution de la maladie et les mesures prises pour empêcher son expansion et la contamination des personnes ;
- L’indemnisation des aviculteurs dont les volailles ont été abattues ;
- Le renforcement du contrôle de l’importation de la volaille et des produits avicoles à travers un renforcement de la réglementation prenant en compte une mise à jour régulière de la liste des pays interdits d’importation et un suivi de l’application de la réglementation.

ii. Plan à long terme de restructuration et de réhabilitation des élevages

Les années de crise que vient de traverser le Burundi ont ébranlé l’élevage en général et l’aviculture en particulier. Dans le cadre de la politique de la reconstruction en cours, la restructuration et la réhabilitation des élevages consistent en repuepement du cheptel, la réorientation des systèmes et pratiques d’élevage et la restauration des services d’appui à la base.

Avec l’apparition de la grippe aviaire hautement pathogène sur le continent africain, l’élevage avicole national est menacé par ce fléau et en conséquence, le pays doit élaborer une politique d’élevage tenant compte de la maladie.
1. Une orientation de la filière avicole en matière de reproduction et de production compte tenue des besoins de consommation de la population et de l’apport de la filière dans le développement du pays ;

2. Un renforcement du contrôle de l’importation de la volaille et des produits avicoles par une mise à jour de la liste des pays interdits d’importation et un suivi de l’application de la réglementation ;

3. Une constitution d’un noyau parental afin de réduire la dépendance extérieure ;

4. Un renforcement des capacités de prévention, de surveillance et de diagnostic rapide des maladies de la volaille en général et de la grippe aviaire en particulier ;

5. Une amélioration des conditions d’hygiène et d’alimentation suivi de la sensibilisation à l’abandon progressif de l’élevage familial traditionnel

6. Un renforcement de la biosécurité dans les fermes commerciales ;

7. Une amélioration du système de communication et de la qualité des informations.

7.2. Mobilisation des moyens techniques, humains, financiers et matériels

i. Mise en place d’une « task-force 

Pour la mise en application des stratégies adoptées dans le plan national, en plus des services techniques, il sera mis sur pied un comité interministériel dont la composition est la suivante

- 2ème Vice-Président:
- Ministre de l’Agriculture et de l’Elevage:
- Ministre de la Santé Publique et de la Lutte contre le SIDA :
- Ministre de l’Environnement, de l’Aménagement du Territoire et des Travaux Public :
- Ministre de l’Economie, des Finances et de la Coopération au Développement :
- Ministre de l’Intérieur et de la Sécurité Publique :
- Ministre de l’Energie et des Mines :
- Ministre de l’Informaction, de la Communication et Relations avec le Parlement :
- Ministre du Commerce :
- Ministre des Transports, Postes et Télécommunication :
- Ministre des Transports, Postes et Télécommunication :

Ce comité aura pour missions de

1. Déclarer l’état d’urgence en cas d’apparition de la maladie ;

2. Mobiliser les moyes nécessaires pour la réalisation des activités prévues dans le plan de prévention et de lutte contre la grippe aviaire.

Parallèlement un comité, multisectoriel de crise ayant pour mission la mise en application des mesures prévues dans le plan national de prévention et de lutte contre la grippe aviaire sera mis sur pied.

Sa composition serait la suivante :

- Le Directeur Général de l’Elevage:
- Le Directeur Général de la Santé Publique:
- Le Directeur de la Santé Animale :
- Le Chef d’Etat Major Général des Forces Armées :
- Le Directeur Général du Budget et de la Comptabilité Publique :
- Le Directeur Général des Transports :
- Le Directeur Général des Télécommunications :
- Le Directeur Général de l'Administration du territoire Nationale : Membre
- Le Directeur Général de la Radio - Télévision Nationales : Membre
- Le Directeur Général des Transports : Membres
- Le Directeur Général de la Police Nationale : Membre
- Le Directeur Général des Forêts, Tourisme et de l'Environnement : Membre
- Le Directeur Général de l'INECN : Membre
- Le Directeur Général de la REGIDESO : Membre
- Le Directeur des Douanes : Membre
- Le Directeur de la DPAE de la province touchée : Membre
- Le Médecin vétérinaire de la Province touchée : Membre
- Le Coordonnateur National de l'ABO : Membre
- Un représentant des aviculteurs : Membre

Egalement il faut mettre en place le comité multisectoriel de crise au niveau décentralisé.

Au niveau provincial, le comité serait composé de la façon suivante :
- Le Gouverneur de Province : Président
- Le Directeur Provincial de la Santé Publique : Vice-Président
- Le Médecin vétérinaire provincial : Secrétaire
- Le Directeur de la DPAE : Membre
- Le Commissaire Provincial : Membre
- Le Chef d'Antenne de l'ONATEL : Membre
- Le Chef de l'Antenne Régional de la REGIDESO : Membre
- Un Correspondant de l'ABP : Membre
- Le Responsable Provincial de l'INECN : Membre
- Un Représentant des aviculteurs : Membre

Au niveau communal, le comité serait composé de la manière suivante :
- L'Administrateur Communal : Président
- Le Technicien Communal de Santé Publique : Vice-président
- Le Technicien Vétérinaire Communal : Secrétaire
- Le Commandant de Brigade : Membre
- Un Représentant des aviculteurs : Membre

Au niveau de la zone, le comité serait composé de la manière suivante :
- Le Chef de Zone : Président
- Un Représentant des Elus Locaux : Membre
- L'Infirmier Vétérinaire : Secrétaire
- Le Responsable du Centre de Santé : Membre
- Un représentant des aviculteurs : Membre

ii. **Moyens humains aptes à la gestion de crise et aux interventions d’urgence**
Les ressources humaines aptes à gérer la crise de la grippe aviaire et les interventions d'urgence sont entre autres le comité interministériel de pilotage, les comités multisectoriels de crise en étroite collaboration avec les opérateurs techniques de terrain notamment les laboratoires vétérinaire et de santé publique, l'équipe des épidémiologistes et les ornithologues.

ii. Moyens financiers

L'élaboration et la validation du plan national de prévention et de lutte contre la grippe aviaire est un préalable à la prévention au financement de la surveillance et de la posté. Après validation, les fonds nécessaires pour la prévention et la lutte contre la grippe aviaire hautement pathogène devront être votés en même temps que le budget national et seront placés sur un compte spécial « Grippe aviaire ». Un budget détaillé fait partie intégrante de ce plan et sera présenté aux bailleurs de fonds au cours d’une table ronde qui sera organisé spécialement pour la mobilisation des financements.

iv. Moyens matériels

Moyens de protection et désinfectants

La grippe aviaire affecte généralement la volaille mais aussi l’homme. Les animaux sains et les personnes se contaminent à travers des contacts étroits et fréquents avec les animaux malades ou porteurs du virus, des surfaces, matières et matériel contaminés, mains et vêtements souillés et des aérosols.

L’assainissement des zones infectées et la protection du personnel à haut risque (vétérinaires, personnes travaillant dans la ferme etc.) requièrent des moyens importants pour limiter au maximum l’expansion du virus.

Un lot de kit de protection individuelle pour 985 personnes et des désinfectants ont été fournis notamment par la FAO, l’OMS et l’USAID mais il en faut d’avantage.

Moyens de communication

Les stratégies de communication et les messages diffusés ont une importance capitale dans la prévention, la gestion de la crise sanitaire et la préparation à une éventuelle pandémie humaine.

Il s’agit de sensibiliser tous les acteurs, spécialement au niveau communautaire, en utilisant un langage simple et accessible dans la transmission des messages.

Les moyens de communication disponibles sont:

1. Le réseau routier qui est bien développé
2. Le réseau de téléphonie fixe qui est fonctionnels aux chefs lieux des provinces et dans certaines communes
3. Le réseau de téléphonie mobile qui couvre une grande partie du pays
4. Le système de radios avec phonie est utilisé au niveau des hôpitaux, des Camps Militaires et corps de polices
5. Les médias.

L’outil informatique n’est pas bien développé dans le pays

Moyens de transport

Au niveau de tout le pays, les moyens de transports sont très limités. Mais quant il y a urgence, le Gouvernement mobilise les moyens de transports de l’Etat afin de couvrir tout le pays. C’est notamment lors des concours scolaires et des élections. Cette action sera requise lors de l’exercice de simulation de l’apparition de la grippe aviaire dans le pays. Actuellement d’autres moyens de transports simples et peu coûteux sont en train d’être développés en milieu rural. Il s’agit des motos et des vélos qui sont souvent utilisés pour la transmission des rapports.

7.3. Constitution d’un fonds de compensation

Un abattage des volailles malades et de toutes celles qui se trouvent dans un périmètre estimé entre 3 et 5 kilomètres autour du foyer doit être appliqué. Cette mesure doit s’accompagner de la constitution d’un fonds de compensation dont tous les éleveurs devront être informés le plus vite et le plus largement possible.

Dans l’hypothèse que les mesures de détection et de contrôle précoces s’avèrent efficaces, on estime le nombre des volailles à abattre à 10% de l’effectif national. Il s’agit d’une part de compenser les pertes économiques et d’autre part d’inciter les aviculteurs à notifier les phénomènes suspects survenant dans leurs exploitations.
Le coût unitaire retenu pour l'indemnisation pour la volaille (poule, coq, canard) a été estimé à 5 $US avec un effectif estimatif de 400,000 volailles abattues.

7.4. Renforcement de la Coordination des activités

La constitution d'un Comité multisectoriel de crise chargé de coordonner les opérations sur le terrain, de faire l'interface avec le Comité interministériel de pilotage, d'accueillir et de déployer les experts internationaux et de tenir régulièrement des points de presse sur l'évolution de la crise est indispensable.

La coordination est un élément clé de la lutte contre les épidémies.

Elle sera renforcée à travers les activités suivantes :

i. Mettre en place d'un cadre institutionnel approprié pour la coordination de la lutte contre la grippe aviaire à travers :
   - La création d'un comité interministériel de pilotage de la lutte contre la grippe aviaire présidé par la deuxième Vice Présidence ;
   - La création d'un technique multisectoriel de crise de lutte contre la grippe aviaire aux niveaux central et décentralisé ;
   - Créer un numéro d’appel libre, d’accès téléphonique pour toute déclaration ou demande d’informations du public auprès des autorités de tutelle (la DGE). Si possible, créer un site Web Internet pour faciliter la diffusion des informations récentes aux professionnels, agences internationales et pays voisins sous la responsabilité du Ministère de l’Agriculture et de l’Elevage.
   - Désigner les personnes ressources, responsables du dossier Grippe Aviaire, qui seront les interlocuteurs directs et privilégiés dans chaque service de l’État impliqué (Ministères, Directions, Divisions) pour une meilleure coordination et une mise en œuvre efficace des actions à l’échelle nationale.

ii Assurer la mise à disposition des ressources pour le fonctionnement des comités mis en place ;

iii. Mener le plaidoyer pour le financement du plan d’action national 2007-2010 de lutte contre la grippe aviaire.

Le pilotage de ce comité de crise doit être placé sous la responsabilité du Directeur Général de l’Elevage.

7.5. Stratégie de lutte proposée

La stratégie de lutte contre la grippe aviaire est le « Stamping out suivi de vaccination ».

i. Avant l’introduction de la maladie :
   - Révision des textes réglementaires ;
   - Renforcement des capacités (humaines, matérielles et financières) ;
   - Renforcement des mesures de contrôle de l’importation de volailles et des produits avicoles ;
   - Aménagement des postes de quarantaine aux points d’entrée aux frontières ;
   - Renforcement de la surveillance passive et active dans les exploitations agricoles et des sites migratoires des oiseaux sauvages ;
   - Sensibilisation, communication et éducation du public ;
   - Organisation et exécution de l’exercice de simulation

ii. Avec l’introduction de la maladie:

Avant de mettre en place les mesures de contrôle, il faut faire au préalable le zonage (zone d’infection, de protection/tampon et de surveillance)

A. Zone d’infection

Dans la zone d’infection les mesures suivantes sont à mettre en œuvre:

Mesures sanitaires :
- Déclaration de l’état d’urgence par le gouvernement ;
• Information journalière du public sur l'évolution de la maladie;
• Abattage systématique des volailles suivi de compensation dans un rayon de 3km;
• Destruction et incinération des cadavres;
• Mise en quarantaine des élevages suspects ou adjacents aux foyers;
• Restriction des mouvements d'animaux, des personnes et des biens;
• Application des mesures de biosécurité dans les unités épidémiologique mise en cause (fermes, villages) et les laboratoires;
• Faire un vide Sanitaire de 21 jours;
• Faire un suivi épidémiologique.

Mesures médicales
• Vaccination contre la grippe classique humaine ou grippe saisonnière et médication des personnes suspectes aux antiviraux;
• Suivi médical chez les humains.

Autres mesures
• Sensibilisation des éleveurs sur les mesures de biosécurité dans les élevages et les stratégies de lutte et de la population sur la prévention afin d'éviter l'infection.

B. Zone de protection/tampon

Mesures sanitaires
• Intensification de la surveillance épidémiologique;
• Mise en quarantaine des unités épidémiologiques suspectes et abattage systématique en cas de confirmation des foyers;
• Mesures de biosécurité dans les élevages ou les villages infectés;
• Restriction des mouvements d'animaux, des personnes et des biens.

Autres mesures
• Sensibilisation des éleveurs sur les mesures de biosécurité dans les élevages et sur les stratégies de prévention afin d'éviter la propagation de la maladie et sa transmission à l'homme;
• Sensibilisation du public sur la conduite à tenir afin d'éviter la dissémination du virus dans les autres élevages et villages et la contamination du virus par l'homme.

C. Zone de surveillance

Mesures sanitaires
• Surveillance épidémiologique;
• Restrictions des mouvements des volailles.

Autres mesures
• Sensibilisation sur le comportement à adopter afin d'éviter la dissémination du virus dans les élevages et les villages.

Après l'éteinte des foyers
• Surveillance continue et suivi sanitaire dans les zones tampons et de surveillance;
• Information journalière sur la situation zoo sanitaire;
• Déclaration de l'éteinte de tous les foyers;
• Concertation avec les éleveurs sur les mécanismes compensation;
• Relance du repeuplement.
Appendix 13: Comoros

Par Dr. Faharouline Abdourahim

A. Carte des Comores


Élevage et éleveurs

Il est à noter que la volaille consommée aux Comores est importée principalement du Brésil sous forme de viande congelée tandis que les poussins vivants, sont importés de Maurice et de la Tanzanie.

Aviculture traditionnelle

Les chiffres estimés sur la base de l’enquête réalisée par le Ministère de la Production.

<table>
<thead>
<tr>
<th>Nombre d’éleveurs</th>
<th>Grande Comore</th>
<th>Anjouan</th>
<th>Mohéli</th>
<th>Total</th>
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<tbody>
<tr>
<td>Nombre d'éleveurs</td>
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<td>8900</td>
<td>1400</td>
<td>20100</td>
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<tr>
<td>Effectifs</td>
<td>48800</td>
<td>10400</td>
<td>11650</td>
<td>160850</td>
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</tbody>
</table>

Problèmes rencontrés

Les problèmes rencontrés par cet élevage sont multiples : La pseudo-peste aviaire (Maladie de Newcastle) ravage chaque année un effectif important en saison sèche froide (Juin, Juillet) Principalement. Mais les pertes par prédation, accidents et vols sont également très importantes.

Aviculture intensive

- Cet élevage est surtout présent à la Grande-Comore environ 10 000 poules pondeuses et 80 000 poulets de chair sont produits chaque année. À Anjouan, l’effectif actuel est de 900 poules pondeuses et 6795 poulets de chair.
- Les 61 éleveurs recensés au niveau de la Grande-Comore sont localisés dans plusieurs villages.

L’objectif et Résultats attendus

L’objectif général :
- Informer et sensibiliser la population sur les mesures de prévention de la grippe aviaire.

Résultat attendu :

- Population sensibilisée sur prévention de la grippe aviaire.

Mesures urgentes et activités

Mesures urgentes à prendre face à la menace d'introduction de la grippe aviaire en Union des Comores:

- Mise en place de comité de lutte multisectoriel à tous les niveaux : National, Îles, Districts et assurer leur fonctionnement ;
- Mise en œuvre de l'interdiction de l'importation de volaille et de produits dérivés provenant des pays touchés ;
- Élaboration d'un plan de communication ;
- Surveillance active suivie 2 fois par mois tous les sites d'observation des oiseaux migrateurs (dénombrement, recherche de cas) ;
- Interdiction de vente et saisie de volailles, œufs sur le marché dans les zones affectées par la grippe aviaire ;
- Incinération de tous oiseaux ou volaille mort ;
- Abattage, incinération de volaille contaminée et des infections de locaux ;
- Surveillances étroites des mouvements des personnes et d'animaux dans les zones contaminées ;
- Interdiction totale de la chasse aux oiseaux migratoires jusqu'à nouvel ordre ;
- Mise en place d'un dispositif de dépistage des cas animaux et humaines suspectés ;
- Protection en personnel de surveillance, d'intervention et de prise en charge ;
- Constitution de stocks de médicaments ;
- Constitution de stocks et de vaccin ;
- Constitution d'un fonds d'indemnisation des propriétaires ;
- Mise en quarantaine et des infections de sites d'oiseaux infectés ;
- Mise en quarantaine et des infections des fermes suspectées ;
- Mise en quarantaine et prise en charge des cas humains suspects ou confirmé ;
- La mobilisation des forces de défense et de sécurités pour soutenir les actions ;
- Organisation d'une simulation avec tous les acteurs.
<table>
<thead>
<tr>
<th>Désignation</th>
<th>Montant</th>
<th>Totaux</th>
<th>Cumul</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Projet</strong></td>
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<td></td>
<td>349 250,00 $</td>
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<tr>
<td><strong>Investissement</strong></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aménagement locaux</td>
<td>8 333,33 $</td>
<td>8 333,33 $</td>
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</tr>
<tr>
<td>Matériel Roulant</td>
<td>30 555,56 $</td>
<td>30 555,56 $</td>
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</tr>
<tr>
<td>Mobilier et Matériel de Bureau</td>
<td>12 361,11 $</td>
<td>12 361,11 $</td>
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<tr>
<td>Matériel de Communication</td>
<td>4 166,67 $</td>
<td>4 166,67 $</td>
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</tr>
<tr>
<td>Équipement Scientifique</td>
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<td>25 000,00 $</td>
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<tr>
<td><strong>Fonctionnement</strong></td>
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<td>234 666,67 $</td>
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<tr>
<td>1</td>
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<td></td>
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</tr>
<tr>
<td>Salaire et Indemnité</td>
<td>145 833,33 $</td>
<td>145 833,33 $</td>
<td></td>
</tr>
<tr>
<td>Fourniture de Bureau</td>
<td>4 166,67 $</td>
<td>4 166,67 $</td>
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<tr>
<td>Fourniture Scientifique</td>
<td>5 833,33 $</td>
<td>5 833,33 $</td>
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</tr>
<tr>
<td>Frais de Communication</td>
<td>9 500,00 $</td>
<td>9 500,00 $</td>
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</tr>
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<td>Transport Carburant et Lubrifiant</td>
<td>69 333,33 $</td>
<td>69 333,33 $</td>
<td></td>
</tr>
<tr>
<td><strong>Vulgarisation</strong></td>
<td></td>
<td></td>
<td>34 166,67 $</td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Déplacement</td>
<td>5 000,00 $</td>
<td>5 000,00 $</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensibilisation</td>
<td>25 000,00 $</td>
<td>25 000,00 $</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divers et Imprévus</td>
<td>4 166,67 $</td>
<td>4 166,67 $</td>
<td></td>
</tr>
</tbody>
</table>

Notes pour le taux de Change 1 USD 360 kmf – BUDGET TOTAL 350 000 soit 126 000 000 kmf
Conclusion

A ce jour aucun cas de grippe aviaire n’a été signalé. Les Comores auront donc besoin d’une aide de la communauté Internationale pour prendre les mesures indispensables. Compte tenu du manque d’infrastructures sanitaires et de ressources humaines aux Comores, il serait très difficile de lutter efficacement contre la propagation de la grippe aviaire. Nous espérons qu’une collaboration Internationale et Régionale permettra, à terme, de résoudre ces problèmes.
Appendix 14: Djibouti

Par Dr. Djama Mahamoud Doualeh

I. Données sur le pays

La République de Djibouti est située sur la côte de l’Afrique bordée par l’Érythrée, l’Éthiopie et la Somalie. Elle a une côte de 370 km, ouverte sur la Mer Rouge face au Yémen.

Elle compte 700 000 habitants, dont 75% en milieu urbain, sur une superficie de 23 200 km². L’accroissement naturel annuel de la population et de l’ordre de 3%. Le climat est de type semi-aride avec une moyenne pluviométrique annuelle comprise entre 150 mm en plaine côtière et 300 mm en zone montagneuse. La température moyenne est de 30°C. La République de Djibouti est divisée en cinq Régions ; à savoir : Arta, Ali-Sabieh, Dikhil, Tadjourah et Obock. Djibouti la capitale ayant un statut particulier. L’économie djiboutienne est principalement basée sur les services. Le secteur tertiaire représente 83% du PIB, le secteur secondaire 13,5% et le secteur primaire est de l’ordre de 3,5%.


II. Structure de la production de volailles

L’élevage de volaille se fait de façon traditionnelle. Il existe quelques petites exploitations autour de la capitale et dans les chefs lieux des districts. L’effectif total ne dépasse pas quelques milliers de têtes à raison de 10 à 50 volailles par famille, parfois une centaine. Le poulet et les œufs consommés sont en majorité importés principalement du Brésil, la consommation de la capitale étant de l’ordre de 400 Tonnes de produits aviaires par an. Aussi, certains commerçants importent de la volaille vivante à partir de l’Éthiopie ou du Yémen à raison de quelques têtes par semaine pour les amateurs de viandes de volailles fraîche. L’avifaune est très importante, très diversifiée. La République de Djibouti est située sur l’itinéraire des espèces migratoires notamment entre les continents africains et asiatiques. Plus de 300 espèces d’oiseaux hivernent à Djibouti dans les différentes zones humides du pays : zone côtière d’Obock, de Djibouti, îles Mousha et Maskali, zones dépressionnaires d’Allol, Dodda, Lac abbé. Ces sites hébergent des centaines de milliers d’oiseaux migrateurs : rapaces divers, cigognes, pélicans, oies d’Egypte, marabouts, hérons, flamants, guêpiers, roitelets, etc.

III. Situation générale de la grippe aviaire et la grippe pandémique humaine (HPAI)

Depuis son apparition en 2003 en Asie, l’épidémie de la grippe aviaire ne cesse de s’étendre menaçant ainsi tout les continents. Jusqu’en février 2006, des centaines de millions de volailles ont été sanitaire ment abattues ou mortes de maladies principalement en Asie. Chez les humains, plus de 100 morts ont été recensés, essentiellement des personnes en contact avec les volailles affectées ou leurs produits.

Risque de GAHP et sources potentielles

Une pandémie est à craindre en cas de mutation du virus. La grippe aviaire étant une zoonose et compte tenu de l’importance des oiseaux migrateurs dans sa propagation, le renforcement de la surveillance et de la prévention se révèle urgents et incontournables. Un foyer de H5N1 a été diagnostiqué à Boulaos en Avril 2006. Il s’agit d’un poulailler de 22 poules où il y a eu 4 morts. Puis un cas humain a été découvert à Damerjog début Mai. C’est une petite fille de 2 ans vivant dans une famille de 5 personnes avec 7 poules. Les poules testées au RT-PCR se sont révélées négatives. Une opération d’envergure a été engagée avec la participation des principaux ministères concernés et plus de 900 soldats. 1276 poules appartenant à quelques 160 éleveurs ont été abattues, inutilisées et ensevelies. Les locaux et poulaillers désinfectés.

La surveillance est depuis lors renforcée au niveau national notamment sur les élevages de volailles, les principaux sites de l’avifaune, les marchés à volailles, les points d’entrées des volailles au niveau des frontières maritimes et terrestres etc. Cette surveillance se faisant sous la supervision du Comité National de coordination pour la lutte contre la grippe aviaire. Le plan d’action national de lutte contre la grippe aviaire a été révisé. En Juillet dernier une campagne
néationale de surveillance active a été réalisée. Au cours de cette opération, 75 éleveurs ont été visités dans l'ensemble du pays, 1917 volailles ont été inspectées et 400 prélèvements analysés par test rapide « Antigen A ». Il faut souligner le fait que l'adhésion totale de la population est incontournable pour pouvoir mener à bien toute opération d'envergure. Lors de la campagne d'abattage, il y a eu des réticences de la part des éleveurs de volailles qui réclamaient une indemnisation immédiate avant de laisser abattre leurs volailles.

Les productions aviaires constituent pour des nombreuses familles une source complémentaire de protéine animale et de revenu, de ce fait les mesures de compensation doivent être efficaces. En République de Djibouti, de part sa position géographique, constitue un point de passage pour les oiseaux migrateurs venant de l'Europe de l'Est et de l'Asie. Les deux périodes annuelles de migration de ces oiseaux constituent des moments de haut risque pour le rétro introduction de virus aviaire hautement pathogène.

L'introduction du virus peut se faire aussi à partir des pays voisins (Éthiopie, Somalie) :

- par voie terrestre (route, chemin de fer, clandestin)
- par le biais des volailles domestiques destinées à la commercialisation
- par voie maritime à partir du Yémen
- par l'importation des produits alimentaires (fourrages, céréales)

Les facteurs qui déterminent l'indemnité sont :

- mauvaise information de la population
- le mode de l'élevage traditionnel et les difficultés de confinement des volailles (éleveurs dorment avec les volailles)
- la pauvreté des éleveurs de volaille
- vente clandestine de volaille

IV. Activités menées pour la lutte contre la grippe aviaire

Un comité de coordination a été constitué à l'échelle nationale. Celui-ci est composé des ministères concernés (santé, agriculture, environnement, intérieur et défense) et collabore étroitement avec des partenaires présents localement (Armées Française, Américaine, Coopération Française, OMS, UNICEF, USAID, FAO, PNUD, BM). Le plan d'action national 2006-2009 est un programme national rédigé sous la supervision du Comité National de lutte contre la grippe aviaire. Ce plan d'action national intégré se compose principalement de volet santé animale et volet santé public. Des notions d'ordre environnemental sont aussi incluses, cf. annexe n°4. Concernant le volet santé animale les composantes clés sont les suivantes :

**Renforcement des services vétérinaires publics pour la surveillance de la grippe aviaire HP et interventions d'urgence.**

Les capacités de contrôle des maladies doivent être renforcées. Pour cela, les Services de l'Élevage seront dotés en logistique et matériel de laboratoire afin de renforcer les activités de terrain à l'échelle nationale et un bon fonctionnement du réseau de surveillance épidémiologique vétérinaire.

**Besoin en matériel et formation :**

Deux équipes mobiles seront mises en place pour couvrir les parties nord et sud du pays et assurer la surveillance, supervision des activités sur le terrain, les sessions de recyclage des agents de terrain et animer les réunions avec la population rurale sur l'évolution de la GAHP. Elles permettront éventuellement l'exécution des opérations d'isolement et d'abattage sanitaire en cas de foyer confirmé.

**Sensibilisation de la population rurale et formation des agents de terrain**

Sous l'égide du Comité de Coordination Nationale, des ateliers de sensibilisation doivent être réalisés au bénéfice des éleveurs, les autorités locales administratives et coutumières afin de les sensibiliser sur la grippe aviaire HP et de leur permettre d'adopter l'attitude et les démarches adéquates en cas de constatations d'oiseaux morts. Les agents des services vétérinaires doivent être formés grâce à une consultation externe pour qu'ils soient capables de maîtriser tout sur la maladie étant donné qu'ils constituent le relais sur le terrain dans la sensibilisation en milieu rural. L'accent sera mis sur les aspects de lutte et de contrôle de la grippe aviaire HP de même que le remplissage des questionnaires, la collecte et le traitement des données, les techniques de prélèvement et de transport des échantillons pour le
diagnostic de laboratoire. À la fin de la formation, chaque agent aura un rôle défini et saura quelles sont les mesures d'hygiène et de protection à respecter en cas de crise épizootique.

Appui au système de surveillance épidémiologique contre la grippe aviaire HP

Le jeune réseau de surveillance épidémiologique doit être soutenu et consolidé afin qu'il soit efficace et durable s'appuyant sur le laboratoire national et les unités périphériques. Des critères tel que le nombre de sites ou d'élevages visités par des agents de terrain, le nombre de suspicions et le nombre de rapports serviront de base pour l'évaluation des activités du réseau.

Amélioration des capacités de diagnostic du laboratoire

Des moyens d'investigation de laboratoire tels que les consommables, les réactifs, le matériel de prélèvement et les équipements de protection personnels (EPP) doivent être acquis. Ainsi, le laboratoire national sera capable d'effectuer le diagnostic sérologique de la maladie et permettra l'envoi des échantillons pour confirmation dans un laboratoire de référence.

V. Budget prévisionnel- SPINAP

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<th>Activités</th>
<th>Prévisions en $ US</th>
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</tr>
</thead>
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<td>1. activités</td>
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<tr>
<td>1.1 communication, information, sensibilisation</td>
<td>10 000</td>
<td>1 770 000</td>
</tr>
<tr>
<td>1.2 Santé animale</td>
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<tr>
<td>1.2.1 Formation et surveillance de la grippe aviaire</td>
<td>42 000</td>
<td>7 434 000</td>
</tr>
<tr>
<td>1.2.2 renforcement des capacités de laboratoire de diagnostic</td>
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<td>4 183 100</td>
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<tr>
<td>1.2.3 Acquisition de matériel de protection</td>
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<td>973 500</td>
</tr>
<tr>
<td>1.2.4 Acquisition de vaccins, et actions d'accompagnement pour obtenir la coopération des éleveurs</td>
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<td>3 540 000</td>
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<tr>
<td>1.3 santé publique et environnement</td>
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<tr>
<td>1.3.1 renforcement des capacités pour la surveillance, volet santé publique</td>
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</tr>
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<td>Sous total</td>
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<td>2. investissement</td>
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<td>2.1 réaménagement des locaux du laboratoire</td>
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<td>2.2 Acquisition d'équipement, produits chimiques et réactifs de laboratoire</td>
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<td>53 097 965</td>
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</tbody>
</table>
Appendix 15  Congo

Par Dr. Jean Ikokakoumou

I. Introduction

La République du Congo est située en Afrique Centrale et couvre une superficie de 342 000 km². Son économie est dominée par le secteur pétrolier. La place de l’agriculture demeure modeste avec une contribution au PIB de l’ordre de 3,2 %. L’aviculture est pratiquée sur l’ensemble du territoire national; elle contribue à la couverture des besoins des populations en protéines animales et à la lutte contre la pauvreté.

II. Système de production de volailles

Selon l’enquête Ecom 2005, l’effectif des volailles est estimé à 2 810 000 têtes élevées par 26,4 % de ménages. On distingue deux types d’élevage:

- l’élevage traditionnel où les poules sont en liberté totale dans le village et dorment parfois avec leurs propriétaires ;
- l’élevage semi moderne et/ou moderne pratiqué autour des grandes agglomérations. Ici, les mesures de biosécurité ne sont, non plus observées scrupuleusement;

L’élevage traditionnel représente plus de 90% des effectifs

III. Point sur la grippe aviaire et la grippe pandémique humaine (HPAI)

- A ce jour, aucun cas de grippe aviaire n’a été notifié au Congo.
- Cependant, le risque d’introduction de la maladie existe à cause, d’une part des échanges commerciaux de volailles et produits avicole, et d’autre par la subsistance de nombreuses lacunes en matière de prévention et de contrôle dont:
  o - la faible capacité de détection, de déclaration et de riposte;
  o - la faiblesse des mécanismes de partage de l’information sanitaire entre le centre et le terrain ;
  o - la faible capacité de diagnostic des laboratoires;
  o - l’inobservation des mesures de biosécurité dans les élevages avicoles ;
  o - la capture et la manipulation des oiseaux sauvages.

IV. Analyse des risques HPAI

IV.1. Facteurs d’introduction

L’infection de grippe aviaire à virus H5N1 peut être introduite au Congo par les facteurs ci-après:

- les mouvements migratoires d’oiseaux sauvages;
- les importations de poulets congelés, des poussins d’un jour, des œufs de consommation et à couver, d’oiseaux d’ornement…….
- la proximité du Congo avec un pays ayant déjà notifié la maladie;
- les personnes ayant séjourné dans les pays touchés par la maladie.

IV.2. Facteurs d’endémicité

- La capacité d’investigation épidémiologique et d’isolement précoce des cas de grippe humaine d’origine aviaire et de leur prise en charge rapide dans le pays est faible.
- La périphérie du système de santé manque de matériel de protection du personnel soignant et d’investigation et de riposte aux épidémies.
- Le système de santé ne dispose pas de stock stratégique d’antiviraux.

V. Point sur la lutte contre la grippe aviaire
Le Congo a élaboré et adopté en février 2006, un Plan national d'intervention d'urgence contre la grippe aviaire d'un coût global estimé à 2.799.500.000 F CFA.

Les activités de ce plan se déclinent dans trois composantes essentielles:

- La surveillance épidémiologique;
- La sensibilisation des populations;
- La formation.

Les organes de mise en œuvre de ce plan sont:

- le Comité de pilotage, dirigé par le Premier Ministre;
- le Comité Technique Interministériel, dirigé par le Ministre en charge de l'élevage. Il regroupe 13 ministères, son Secrétariat permanent est assuré la Direction Générale de l'Élevage;
- les Comités départementaux placés sous l'autorité des Préfets.

La FAO, l'OMS, l'UNICEF et d'autres partenaires comme la Croix Rouge et WCS participent aux réunions du Comité Technique Interministériel de lutte contre la grippe aviaire.

La FAO, l'OMS, l'UNICEF, l'UA-IBAR déploient d'importants efforts pour aider le Congo à renforcer ses capacités de préparation, notamment par:

- le financement des formations;
- la fourniture des équipements de protection personnelle, du matériel d'autopsie, de prélèvement, de conservation et d'expédition des échantillons, du matériel de laboratoire et des produits de désinfection.

Au niveau sous-régional, le Congo a bénéficié de la part de la Communauté Économique du Bétail, de la Viande et des Ressources Halieutiques (CEBEVIRHA), d'un financement de 50.000.000 F CFA.

VI. Description du projet

VI.1. Objectif global

Contribuer à réduire l'impact socioéconomique de la grippe aviaire et de la grippe pandémique humaine et les possibilités de pertes en vies humaines par la prévention chez les animaux et la préparation pour faire face à une éventuelle pandémie humaine.

VI.2. Objectifs spécifiques

1. Renforcer les systèmes de surveillance et d'alerte précoce y compris la capacité des laboratoires à détecter le virus H5N1;
2. Sensibiliser les populations sur les dangers liés à la maladie et sur les comportements à risque ;
3. Renforcer les capacités du personnel des services vétérinaires et de santé humaine;
4. Renforcer les capacités nationales de riposte à une épidémie de grippe aviaire et de préparation à une pandémie de grippe;

VI.3. Résultats attendus

1. Les systèmes de surveillance et d'alerte précoce ainsi que la capacité des laboratoires à détecter le virus H5N1 sont renforcés.
2. Les populations sont sensibilisées sur les dangers liés à la maladie et sur les comportements à risque.
3. Les capacités du personnel des services vétérinaires et de santé humaine sont renforcées.
4. Les capacités nationales de riposte à une épidémie de grippe aviaire et de préparation à une pandémie de grippe sont renforcées.

VI.4. Activités

1. Les systèmes de surveillance et d'alerte précoce ainsi que la capacité des laboratoires à détecter le virus H5N1 sont renforcés.
- Recenser les élevages avicoles et identifier les sites ornithologiques.
- Mettre en place un répertoire des importateurs et des vendeurs des volailles vivantes et un système d’alerte dans les marchés
- Assurer une surveillance épidémiologique passive et active (clinique, virologique et sérologique) au niveau des élevages, des sites ornithologiques, des postes frontaliers et autres lieux de rassemblement d’oiseaux (marchés, foires d’exposition, etc.)
- Mettre en place des sites sentinelles de surveillance de la grippe humaine d’origine aviaire.
- Acquérir du matériel d’autopsie, de prélèvement, de transport et de conservation des échantillons.
- Acquérir du matériel d’observation, de capture et d’identification (jumelles, longue vue, filets japonais, guide ornithologique).
- Faire des prélèvements et les acheminer aux laboratoires de Brazzaville et aux laboratoires de référence.
- Acquérir des équipements et consommables de laboratoire
- Acquérir des kits de tests de détection rapide (Directigen, Flu detect)
- Éditer un Bulletin d’information sanitaire “Grippe aviaire”
- Réaliser des missions de supervision dans les départements.

2. Les populations sont sensibilisées sur les dangers liés à la maladie et sur les comportements à risque.
- Élaborer et actualiser les supports de communication (prospectus, posters, affiches, etc.)
- Animer des tribunes radio et télédiffusées
- Organiser des réunions de sensibilisation avec les populations et les professionnels de la filière avicole.
- Acquérir du matériel de sensibilisation (postes récepteurs, mégaphones).
- Sensibiliser les décideurs nationaux et les autorités locales sur l’impact socioéconomique de la maladie.
- Mettre en place des mécanismes de contrôle de la réception des messages

3. Les capacités du personnel des services vétérinaires et de santé humaine sont renforcées.
- Organiser un atelier d’élaboration des documents de formation à Brazzaville.
- Organiser un atelier de validation des documents de formation à Brazzaville
- Former des formateurs des niveaux central et intermédiaire à la détection précoce, à la notification des cas et à la riposte contre la grippe aviaire.
- Former des agents de terrain à la détection précoce, à la notification des cas et à la riposte contre la grippe aviaire.
- Former des techniciens de laboratoire aux techniques de prélèvement et aux méthodes de diagnostic de la grippe aviaire à Brazzaville.
- Organiser un atelier d’élaboration du plan intégré de communication à Brazzaville.
- Organiser un séminaire de formation de formateurs en technique de communication à Brazzaville.
- Former des mobilisateurs de base.
- Acquérir du matériel de formation (vidéo projecteurs, ordinateurs portables, flip charte)

4. Les capacités nationales de riposte à une épizootie de grippe aviaire et de préparation à une pandémie de grippe sont renforcées.
- Actualiser le Plan Intégré.
- Acquérir des équipements de protection personnelle.
- Acquérir du matériel d’abattage.
- Acquérir du matériel et des produits de désinfection.
- Cquerir les médicaments antiviraux.
- Pré-positionner le matériel, les équipements et médicaments antiviraux dans les Départements.
- Organiser un exercice de simulation.

VII. VII. Budget et Plan Financier

- Le coût global de la demande du Congo s’élève à 300 000 $ US. Les estimations des dépenses sont données dans le tableau ci-après:

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<th>N°</th>
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<td>43653,0435</td>
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<td></td>
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<td></td>
<td>Édition et publication d'un bulletin sanitaire</td>
<td>78250,08696</td>
<td>3 600 000</td>
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<td>Animation des tribunes radio et télédiffusées</td>
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<td></td>
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<td>5 520 009</td>
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<tr>
<td>------------------------</td>
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<td>-----------</td>
</tr>
<tr>
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<td>1 520 009</td>
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2. Investissement

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3. Dépenses de fonctionnement

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<td>Fonctionnement du bureau</td>
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<td>Entretien et maintenance du véhicule</td>
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</tr>
<tr>
<td>Sous—total 3</td>
<td>9 992 687 96</td>
<td>4 623 500</td>
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</tbody>
</table>

4. Imprévus (2,5%) | 7 317 564 | 3 383 775 |

|                       | 29 999 951 | 138 734 775 |

TOTAL
Appendix 16  RD Congo

Par Dr. Damien Nguba Kasongo

1. Pays - RD Congo

Dans son ensemble la République Démocratique du Congo est un pays où il est possible d’élever tous les animaux domestiques et d’y pratiquer l’aquaculture.

La République Démocratique du Congo possède de vastes étendues d’herbages et de savanes boisées capables de supporter un élevage de plusieurs dizaines de millions de têtes de gros bétail ; et cela sous divers climats et à des altitudes très variées.

Ce riche potentiel est inégalement réparti entre les provinces dont certaines ont été plus favorisées par rapport à d’autres.

L’élevage du petit bétail (chèvres, moutons, parcs et volailles) susceptibles de résorber très rapidement le déficit chronique du pays en ce qui concerne les protéines d’origine animale, a toute sa place dans les alentours des grands centres urbains. L’effectif de ce petit bétail : caprin, ovin, porcin et volaille est essentiellement tenu par les paysans.

Dans cet ordre d’idée, la capitale Kinshasa, les métropoles provinciales comme Lubumbashi, Mbuji Mayi, Matadi et d’autres villes telles que Mwene Ditu, Likasi, Kolwezi constituent des centres de consommation sûrs.

L’élevage, en tant qu’activité économique essentielle du pays, s’exerce à travers deux grands systèmes : le système traditionnel et le système semi-industriel. A côté des ces deux principaux systèmes, se développe actuellement le système périurbain à visée essentiellement commerciale, orienté vers la production de viande de poulet et de porc et d’œufs autour des grands centres de consommation tels Kinshasa, Lubumbashi, Kisangani, Goma, ... 

Ainsi, le secteur de l’élevage occupe une place de choix dans l’économie familiale et nationale du pays. L’activité d’élevage est pratiquée par au moins 80 % de la population rurale en particulier par la frange la plus pauvre et constitue la principale source de revenu pour plus de 60 % de cette catégorie de la population. L’élevage fournit par ailleurs une contribution appréciable aux recettes d’exportation, à la sécurité alimentaire et nutritionnelle...
des populations, à l’augmentation des rendements des cultures céréalières grâce à la fumure organique, ainsi qu’à la diminution de la main-d’œuvre chez les paysans, notamment grâce à l’utilisation de la traction animale.

- La production de viande présente un taux moyen de croissance de seulement 1 % par an et le déficit annuel de viande dépasse les 130 000 tonnes.
- La production nationale et les importations couvrent environ 1 800 calories par personne et par jour en moyenne, loin des 2 300 calories de la ration alimentaire théorique.
- La structure du secteur avicole et les pratiques d’élevage se focalisent sur l’élevage en plein air, semi-industriel et rural.
- Les effectifs, estimés à 25 millions de têtes (en 2005), sont donc constitués essentiellement de races locales à faible potentiel génétique, élevée dans un système à double but (œufs et chair) dans des conditions assez primitives, extensives et en absence de tous soins ou complémentation alimentaire. Ces systèmes sont caractérisés par un très bas rendement de production par animal. Néanmoins, plus de 70 % des produits de volaille et 20 % de la consommation de protéine animale dans la plupart des foyers viennent de ce secteur.
- 80 % de l’effectif de volailles est élevé en mode traditionnel (divagation) par les paysans. De cet effectif les poules occupent la première place avec 70 %, suivie de canards domestiques, de dinde, de canards et de pintades.
- Ces élevages dits traditionnels connaissent annuellement des pertes énormes suite aux maladies, comme la maladie de Newcastle.
- Dans ce type d’élevage, les oiseaux ne reçoivent ni des soins vétérinaires, ni une alimentation appropriée. L’abreuvement et le logement sont souvent inexistant.

3. Le Point sur la Grippe Aviaire et la Grippe Pandémique Humaine (HPAI)

- Pour la RDC, l’un des principaux défis à relever consiste à maintenir durablement un haut niveau d’alerte et de capacité suffisante en matière de lutte en mettant régulièrement à jour et en complétant les plans opérationnels par des résumés d’orientation, des listes des besoins prioritaires, des personnes et organismes à contacter, des exigences de la phase d’urgence, des accords en vigueur, des actes ministériels pertinents, pouvant susciter l’attention des bailleurs de fonds dans la mobilisation des ressources. Parmi les facteurs limitant de la production animale, il y a lieu de retenir le lourd tribut de la présence de plusieurs épizooties que paient les élevages traditionnels. À cela, s’ajoute le fait que la RDC, partageant ses frontières avec neuf pays de l’Afrique Centrale, est exposée et expose en même temps ses voisins aux multiples pathologies transfrontalières notamment la Grippe Aviaire, la Maladie de Newcastle.

- Fort de toutes ces réalités et vu son rôle primordial en amont du problème posé par la Grippe Aviaire Hautement Pathogène (GAHP) ; compte tenu de l’importance de dynamiser et renforcer la surveillance au niveau des volailles, le Ministère de l’Agriculture et du Développement Rural, a conçu le plan de travail vétérinaire pour la mise en œuvre du Plan de Préparation et de Réponse à la Pandémie de Grippe d’origine Aviaire en RDC.

- L’agriculture en RDC est l’un des piliers angulaires de l’agriculture de subsistance que les plus pauvres populations pratiquent pour survivre. Les femmes et les enfants auxquelles l’on confie traditionnellement les soins et les revenus de l’élevage de volaille sont susceptibles de payer un lourd tribut à cette épizootie.

- Il n’a pas été signalé jusque fin septembre 2007, de cas de grippe aviaire en RDC, bien que cette épidémie existe et/ou continue à émerger dans certains pays africains (Nigeria, Niger, Egypte, Soudan, Burkina Faso, Cameroun, Djibouti et Côte d’Ivoire).

- Depuis le mois de février 2006, il y a eu quelques alertes portant sur les cas de mortalités d’oiseaux sauvages, des canards et poulets enregistrés particulièrement à Kinshasa, Luiza (Kasaï Occidental), Koko et environs de Tshela (Bas Congo), Ngandajika et Locia (Kasaï Oriental).

- Les résultats des analyses effectuées, jusque là, au laboratoire régional de référence de l’Afrique du Sud (Ondersteport Veterinary Institute) ont été négatifs à la grippe aviaire.

- En raison du potentiel de diffusion de la maladie, la RDC maintient un contact étroit avec les pays voisins dans le domaine de la surveillance et du contrôle des maladies animales et participe activement dans d’autres activités qui sont coordonnées au niveau régional (Projet OSRO/RAF/602/BEL « Prévention et Contrôle de l’Influenza Aviaire et renforcement des Services Vétérinaires dans les pays des Grands Lacs »).
La survenue de l'épizootie de la grippe aviaire aura des conséquences néfastes sur le plan socio-économique. En effet, la mortalité et l'abattage des oiseaux priveront la population vivant déjà dans une pauvreté extrême, d'une source importante de revenu. Dès lors, le gouvernement devrait désaffecter les ressources destinées à d'autres secteurs du développement pour indemniser les éleveurs et financer la lutte.

Sur le plan sanitaire, il est difficile de prévoir l'impact de la prochaine pandémie d'influenza qui dépendra du degré de virulence du virus, de sa rapidité de propagation, ainsi que de l'efficacité des mesures de prévention et d'intervention.

Se basant sur les données historiques qui montrent que plus de 50% d'une population peut devenir infectée par le nouveau virus et que la mortalité et la mortalité peuvent également être très importantes, nous estimons qu'au moins 20% de la population en RDC, pourront faire la maladie dont 50% de décès (la letalité actuelle de la grippe aviaire chez l'homme est de plus de 50%). Cette situation entraînera la surcharge des services de santé, l'abandon et l'absentéisme aux services.

### 4. Analyse des risques de HPAI dans le pays

Les risques et hypothèses liés à la grippe aviaire, au stade actuel, sont nombreux et imprévisibles. L'hypothèse de base consiste à affirmer que grâce à une lutte concertée et soutenue de la grippe aviaire chez les animaux, une modification du virus, entraînant une transmission directe de la maladie de l'homme à l'homme pourra être évitée. Le projet SPINAP en RDC part donc du principe qu'en mettant en œuvre les mesures prévues :

a) l'infection n'atteindra pas la RDC
b) que si la maladie atteint la RDC, que les mesures visées au niveau des animaux sensibles, limiteront le risque de transmission à l'homme (comme zoonose) et par conséquent limiteront également les risques d'une mutation vers un virus anthropophile (c'est-à-dire qui s'attaque directement à l'homme, sans passer par l'animal).

En RDC, plusieurs mécanismes et facteurs classe le pays à l'échelle 3 avec haut risque, à savoir :

- **Le pays est recouvert par plusieurs routes d'oiseaux migrateurs en provenance de l'Asie et de l'Europe, surtout dans la vallée du Rift où les biotopes leur sont préférentiellement favorables.** Ces migrations peuvent provoquer des rassemblements cosmopolites d’espèces très variées d’oiseaux susceptibles de favoriser les contacts entre les animaux sauvages sédentaires ou domestiques et les oiseaux sauvages. En plus il sied de noter que la partie ouest du pays présente également les risques de contamination due aux oiseaux sauvages migrateurs en provenance de l’Europe de l’Est et le Moyen-Orient. L’inventaire ornithologique chiffre 1.094 espèces d’oiseaux sauvages dont 23 endémiques.

- **Il existe en RDC plusieurs parcs, réserves et des zones humides qui constituent des sites de prédilection pour les oiseaux migrateurs.**

- **Dans les villages, le risque de contamination est évident car les oiseaux sauvages côtoient la volaille domestique.**

- **L'économie du pays demeurant extravertie, favorise une forte importation des volailles et leurs produits dérivés ainsi que le flux important des acteurs économiques étrangers vers le pays. La RDC n’est pas à l’abri des intenses échanges commerciaux d’animaux et de leurs produits dérivés qui constituent un facteur de risque favorisant l'introduction, l'établissement et la propagation du virus.**

- **Dans le contexte de post-conflit, des milliers des populations ayant été retrouvées en situation soit des déplacées, soit des réfugiés regagnent actuellement leurs milieux d’origine en apportant avec les oiseaux et les matériels infectés.**

- **Le mode de vie de la population caractérisé par une forte promiscuité est constaté dans les villes.** Selon les enquêtes, 41% des ménages vivent dans des logements à une seule chambre. Par ailleurs, dans l’ensemble du pays, 43% de personnes dorment à quatre ou plus par chambre.
Analyse des risques de HPAI dans le pays

- En plus, la cohabitation homme-animal dans les villages expose les personnes au danger de la contamination. Il y a lieu de signaler également parmi les risques, l’habitude de la manipulation et la consommation des carcasses des animaux morts.

- Le degré élevé de pauvreté associé au faible niveau d’instruction des populations congolaises favoriseraient des comportements à risque (manque d’hygiène corporelle et alimentaire …).

- La capacité d’intervention limitée des services vétérinaires peut retarder la détection précoce et la riposte à la maladie.

- La multiplicité de points d’abattage de volailles non suivis par les vétérinaires officiels réduit les possibilités de surveillance et de contrôle des maladies aviaires. Les marchés de vente de volailles étant également nombreux et non réglementés constituent un risque de contamination inévitable.

- L’hygiène publique et individuelle défectueuse favorise aussi le risque de la maladie tant dans la population que parmi les volailles.

- Le manque de moyens appropriés pour le transport de volailles peut véhiculer l’infection d’une ferme à une autre et aussi d’une région à une autre.

- Les oiseaux sauvages étant une source de protéines animales pour la population, leur chasse expose l’homme à une manipulation certaine des oiseaux.

- La grandeur et la perméabilité de notre frontière avec neuf pays limitrophes, à savoir le Congo, l’Angola, le Soudan, la République Centrafricaine, l’Ouganda, le Rwanda, le Burundi, la Tanzanie et la Zambie sont aussi des éléments à citer parmi les risques.

- La capacité d’intervention limitée des services vétérinaires (agents de terrain non motivés, laboratoires insuffisamment équipés) peut retarder la détection précoce et la riposte à la maladie;

5. Le point sur la lutte contre la grippe aviaire en RDC

- Un plan de contingence de lutte contre la grippe aviaire d’une durée de 4 ans a été élaboré. Les activités du plan de contingence portent sur le renforcement des équipements de structures, la formation spécialisée, l’information et la sensibilisation, la surveillance épidémiologique, et en cas d’apparition de maladie, la vaccination préventive, l’abattage sanitaire, la désinfection, l’indemnisation des aviculteurs et oiseliers en cas d’abattage sanitaire. Le budget total est de € 10,6 millions.

- L’indemnisation des producteurs apparaît comme un élément essentiel du plan de contingence pour éviter des comportements de vente au rabais qui pourraient entraîner une dissémination des volailles contaminées ou à risque.
Dans ce Plan de travail, trois composantes essentielles vont jouer un rôle majeur, à savoir :

1. Ministère de l’Agriculture et développement rural (Services Vétérinaires)- Niveau central/provincial/local/ Laboratoires vétérinaires/Service de Quarantaine Animale et Végétale (SQAV)/Programme Panafiricain pour le contrôle des épizooties (Pace) renommé Programme National d’Appui au Contrôle des Épizooties/Institut Congolais pour la Conservation de la Nature (ICCN)
2. Ministère de la Santé (Niveau central,Niveau provincial,Niveau périphérique)
3. Secteur de la communication
4. Structure de Coordination et appui

Le Comité technique multisectoriel impliqué dans la lutte contre la grippe aviaire se réunit de manière informelle régulièrement (une fois toutes les deux semaines) au sein du Comité Technique de Coordination. Dans cette structure, la FAO, l’UNICEF, l’UE, la GTZ accompagnent la RDC dans la mise en œuvre de son plan de contingence.

Parmi les Etats membres de l’UE, la France et la Belgique ont apporté une assistance considérable pour appuyer l’structure (OSRO/RAF/602/BEL pour une enveloppe de 1,1 millions de $ US, Appui en matériel à l’Institut National de Recherche Biomédicale de Kinshasa pour une enveloppe de plus de 300.000 euros, Union Européenne à travers le PACE pour le matériel de protection contre la Grippe aviaire d’une valeur de 14.000 euros) au Gouvernement congolais dans la lutte contre la grippe aviaire.

Le comité technique de coordination est actif dans le suivi de l’évolution de la maladie dans le monde tant pour les humains que pour la volaille. Les activités sont programmées lors des réunions périodiques au cours desquelles le point est fait quant à l’exécution des tâches prévues. Durant la semaine, toutes les informations obtenues liées à l’influenza aviaire sont communiquées par courrier électronique aux membres du comité technique.

**Activités**

1. **Renforcement de la coordination multisectorielle et nationale**
   - Former et/ou recycler les cadres des unités de coordination en épidémiologie, technique de laboratoire et en communication ;
   - Equiper les bureaux de coordination en matériels informatiques, connexion Internet et matériels de formation audio-visuels ;
   - Actualiser et mettre en application une charte de fonctionnement et les indicateurs de performance pour encourager et suivre le travail des acteurs des réseaux ;
   - Renforcer l’animation des réseaux lors des visites régulières de la cellule animation/sensibilisation/communication ou de l’équipe mobile multidisciplinaire ;

2. **Animation et Renforcement du réseau de surveillance de la maladie**
   - Affecter les agents de postes de surveillance ;
   - Former les agents des réseaux en épidémio surveillance (technique de surveillance épidémiologique, de prélèvement, de conservation et de transport des échantillons) ;
   - Equiper les agents et les postes de surveillance ;
   - Réaliser les enquêtes cliniques sur les volailles et les oiseaux sauvages des aires protégés ;
   - Elaborer les rapports mensuels d’activités et circonstanciels des enquêtes effectuées ;
   - Stocker et expédier les prélèvements au laboratoire dans un délai raisonnable ;

3. **Renforcement des capacités diagnostiques de la grippe aviaire**
   - Former le personnel des laboratoires en techniques de diagnostic de la GA (élaborer et vulgariser les procédures de collecte, conservation et transport des échantillons) ;
   - Equiper les laboratoires nationaux vétérinaires en Kits et autres matériels de diagnostic pour analyse de prélèvements ;
   - Assurer la mobilité de l’équipe de laboratoire en cas de suspicion de foyers ;

95
• Prépositionner les intrants, les matériels de collecte, de transport et de protection.

4. Appui à la communication sur la prévention de la grippe aviaire
• Former et équiper l’équipe d’animation/communication/sensibilisation;
• Élaborer et mettre en œuvre un programme de sensibilisation/communication des populations sur les mesures de prévention, d’alerte et de la conduite à tenir en cas de suspicion ou de foyer déclaré ; à savoir:
• renforcer les commissions de mobilisation sociale à tous les niveaux
• renforcer les capacités d’intervention en matière de communication
• appuyer les activités de plaidoyer
• appuyer les activités de mobilisation sociale
• appuyer les activités de communication pour le changement de comportement

5. Renforcement des capacités de riposte
• Constituer et former les équipes d’intervention ;
• Faire une démonstration ou exercice de simulation des équipes d’intervention ;
• Acquisition et distribution (prépositionnement) des équipements et matériels de protection, de prélèvement, de conservation et de transport ;
• Garantir le stock de vaccins et autres matériels de vaccination.
Appendix 17   Ethiopia

By Dr. Berhe Gebreegziabher

I. Introduction

In Ethiopia:

- The presence of the virus among wild migratory birds that stay in the wetland areas of East Africa,
- The traditional poultry husbandry practices that allow the mixing of wild birds with domestic poultry,
- Trade and other links with other countries shows presence of considerable risks for the virus introduction

This demands the country’s at most preparedness to prevent the introduction and possible spread of this disease.

In this regard a National Coordinating Committee, lead the Deputy Prime Minister and Minister of Agriculture and Rural Development, has been established in November 2005.

Under the National Coordinating Committee, the National Technical Task Force that has four sub-committees, namely:

- Resource mobilization
- Advocacy/communication
- Prevention and control (human)
- Prevention and control (veterinary) have been established.

II. Poultry production system

- Poultry production is an important activity in most parts of Ethiopia.
- The total poultry population is estimated to be about 32,413,000 (98% indigenous and 2% exotic).
- The production system can be broadly classified into two:

  1. The village, scavenge-based and free range system or backyard poultry production:
      - accounts for about 99%.
      - Mainly of indigenous breeds with some exotic poultry distributed through extension programs.
      - Housing ranges from roosting in trees near homesteads to night time housing in the family dwellings.
      - In this system birds are allowed to wander freely and scavenging for all or most of their feed.
      - Under such system, the contact of poultry with family members and wild birds is extremely close.
      - Marketing of poultry and poultry products (eggs) is largely carried out through the informal structure and at present there is no movement control.
      - The size and composition of flock per household varies widely
      - a common practice to rear all age and functional groups together.

  2. The semi intensive or commercial production:
      - includes the commercial poultry farms,
      - accounts for about 1%.
      - All exotic blood,
      - Commercial poultry production is at its infantile stage.
      - There are about 7 regional poultry multiplication and distribution centers:
          - whose objective is to distribute High-grade improved exotic breeds of chickens to farmers through out the country.
have a total annual capacity of producing about 1,236,000 day-old chicks and about 486,000 pullets and cocks.

- There are also about 10 commercial poultry farms with estimated annual production capacity of 1,500,000 chicks.
- Most farms import day-old chicks from abroad.
- ELFORA, Alema and Genesis Farms are the three most important large scale farms, all located in Debre Zeit, some 50 kms from AA.
- Though the contribution of the commercial poultry farms to the national GDP is not significant, their role from the point of introducing the HPAI in the country could be very high.
- About 97.4% of the poultry population is found in five regions and 2 city administrative councils (Tigray, Amhara, Oromia, SNNP, Harari, Addis Ababa and Dire Dawa).
- Most of the high risk migratory birds resting water bodies are also found in these areas.

### III. General HPAI situation in the country

Ethiopia has taken considerable measures to fight the introduction and spread of the disease:
- establishment of different committee and task forces at different administrative levels,
- public education and awareness creation activities,
- Capacity development interventions with regard to early detection, diagnosis and control etc.
- Disease surveillance and outbreak investigations (both domestic and wild birds) have been carried out.

The available findings so far indicate that HPAI is not present in Ethiopia.

However, the presence of the disease in some countries of African, Asian and Europe clearly shows the presence of considerable risk for the introduction of the virus into Ethiopia.

### IV. HPAI risk and potential sources

Day-old chicks and ducks were being imported into Ethiopia from a number of countries such as:
- Netherlands,
- Kingdom of Saudi Arabia,
- Egypt,
- United Kingdom,
Kenya, Germany, South Africa and France (ducks).

Import health conditions require:
- For live birds: exporting country should be free of HPAI.
- For poultry products: be treated according to OIE guideline to make free of any virus.

An FAO financed “HPAI risk and consequence assessment” study conducted by CIRAD with the collaboration of the Royal Veterinary College (London) in 2006 shows that:

**IV. Legal import trade:**
- Under current conditions the average risk of introducing virus through the legal trade of day old chicks is low but is likely to occur.
- The duration and transport from approved countries in to Ethiopia and the probability of low compliance of veterinary checks at the border inspections are considered as most influential parameters for the increase in risk.
- The higher the level of poor compliance of the veterinary authorities at the border inspection posts (BIP) the lower the number of years between virus introductions in to Ethiopia.
- The annual probability of importing HPAI H5N1 may be canceled if full compliance is achieved.
- The annual risk of importing infection is estimated to increase faster when the level of compliance is reduced from 100% to 80%.

**IV. Illegal trade:**
- The flow of poultry and poultry products with the neighboring countries such as the Sudan, Djibouti, and Somalia etc is from Ethiopia to these countries rather than towards Ethiopia.
- This shows the risk of introduction of the disease in to Ethiopia through informal trades of poultry is negligible. However:
  - the flow of people and goods from neighboring countries in to Ethiopia is very high;
  - The risk of possible introduction of the virus through of people carrying the virus from an infected country in to Ethiopia should be taken into consideration.

**IV. Migratory birds:**
- Each year millions of migratory birds coming from Europe and Asia stay in the country.
- There is mixing of wild birds with domestic poultry.
- Congregation site with high density of birds that were found more susceptible to be infected by H5N1 can be considered as risk area for the release of the virus in Ethiopia.
- The conditional probability that wild water migratory birds infected with H5N1 HPAI enter an Ethiopian congregation site to release the virus can be considered as Low to Moderate.
- The probability of introduction of H5N1 in Ethiopia via wild migratory water birds is null to low.
- Indeed domestic ducks have the tendency of attracting wild ducks and then to increase the risk of virus introduction.
- Nevertheless investigation of morbidity and mortality events in wild birds to determine if H5N1 avian influenza virus is the cause of the illness should be a component of early warning surveillance system in Ethiopia.

**V. Current activities**
- Revitalization of different HPAI committees at major regional states (Amhara, Oromia and SNNP) is currently underway.
• Investigation of reported outbreaks of poultry diseases is being undertaken as part of the national surveillance plan.

• In collaboration with the USAID sponsored SPS-LMM program the following activities are plans for 2008:
  o Provide training for field and laboratory experts on surveillance, investigation and control of HPAI and related poultry diseases.
  o Develop a nation-wide reporting system for AI and related poultry diseases outbreaks.
  o Federal diagnostic capability developed for HPAI virus (H5N1)
  o Capacities developed for early detection and response to incursion of HPAI virus.
  o Awareness developed among all stakeholders of consequences of HPAI and need for rapid response to outbreaks.
  o Project implementation monitored and evaluated.

VI. Three years preparedness and response plan:

The Ministries of Agriculture and Rural Development and Health in collaboration with partners, have prepared a three years preparedness and response plan for the Highly Pathogenic Avian Influenza.

VI i Aims:
Provide the necessary guidance for activities that enhance:

• The prevention and control of influenza in the poultry and human population.
• The reduction in the health and socioeconomic consequences from influenza pandemic.
• The necessary preparedness for, and the response to, the HPAI in poultry and influenza pandemic.

VI ii Targets:

• Establish / strengthen an effective influenza surveillance systems (both veterinary and human health).
• Enhance the government’s and stakeholders’ institutional and human resource capacity to prepare for and respond to AI.
• Have adequate stockpile of essential supplies and equipment necessary to ensure prompt response.
• Aval necessary operation centers and facilities for ensuring optimal preparedness at time of influenza pandemic.
• Ensure effective communication mechanism with stakeholders and communities.
• Ensure an operating system for the overall management and coordination needed for effective implementation of necessary activities by responsible sectors and partners in integrated, sustainable, and efficient way is in place.
• Enhance evidence based decision-making in effecting the preparedness plan by properly conducting necessary monitoring and evaluation activities.

VI iii Strategies:

Six broader strategies are to be followed:

Animal Health:

• Strengthen institutional capacity.
• Strengthening Influenza Surveillance and Epidemiology.
• Strengthening Laboratory Diagnostic Services.
• Disease Management.
• Communication and Public Awareness.
• Project Management.

Human Health:

• Establishing / Strengthening influenza surveillance systems.
- Stockpiling of essential medical supplies and equipment
- Building the national, sub-national (regional) and local capacity for pandemic responses
- Public relations, education, and communications
- Development of sustainable and integrated management systems, and
- Monitoring and Evaluation

VI. Financial estimate required for three years prior:

<table>
<thead>
<tr>
<th>Component</th>
<th>Required finance in million USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal health</td>
<td>12.2  14.3  9.8  36.3</td>
</tr>
<tr>
<td>Human health</td>
<td>48.8  22.6  15.1  87.5</td>
</tr>
<tr>
<td>Total</td>
<td>61    36.9  24.9  123.8</td>
</tr>
</tbody>
</table>

VI. Available finance and gaps

Animal health:
- 300,000 USD (SPINAP)
- 500,000 - 600,000 USD (SPS-LMM)
- Total: 800,000-900,000 USD
- Gap: about 35 million USD

Human Health:
- 300,000 USD (SPINAP)
- Gap: about 87 million USD

VII. Description of the proposed project (SPINAP)

VII.1 Overall objective
Contribute to the reduction of the socio-economic impact of avian and human influenza and the potential loss of human lives by preventing and controlling avian influenza in animals, as well as preparing for a possible human influenza pandemic.

VII.2 Purpose
Strengthen the national capacity to prevent and control AHI

VII.3 Expected Results
- Existing surveillance system strengthened, expert teams trained and equipped fully for surveillance, investigation and control of HPAI and related poultry diseases.
- Nationwide AI and related poultry diseases outbreaks reporting mechanism designed and implemented.
- Ensured federal diagnostic capability for H5N1.
- Capacities are in place for early detection and response to incursion of HPAI virus.
- Public education, and communication activities strengthened.

VII.4 Activities

Animal health:
1. Training of field and laboratory experts on surveillance, investigation and control of HPAI and related poultry diseases.
2. Training of field and laboratory staff on surveillance and control methods of HPAI in wild birds and domestic poultry.
3. Training of field and quarantine staff together with commercial poultry personnel on the detection, reporting, and control methods of HPAI and related poultry diseases.
2. Nation-wide AI and related poultry diseases outbreaks reporting mechanism designed and implemented.
   - Develop, publish and distribute standard HPAI and related poultry diseases reporting format, to field veterinary services and commercial farms
   - Training of relevant personnel on importance and procedures of disease reporting
3. Ensured federal diagnostic capability for H5N1.
   - Training of diagnostic laboratories staff on HPAI and other poultry diseases diagnostic techniques
   - Purchase of required diagnostic kits, equipment and chemicals
4. Capacities are in place for early detection and response to incursion of HPAI virus
   - Purchase and distribution of protective materials, appropriate disinfectants, chemicals and related equipment required for the control of suspected HPAI outbreaks
   - Investigation of outbreaks of poultry disease
5. Sufficient awareness created among all stakeholders
   - Publication of awareness creation materials in different languages and distribution to regions and districts
   - Public education on the importance of HPAI and related poultry diseases through mass media
6. Monitoring and evaluation of project implementation.
   - Project monitoring evaluations carried out

**Human health**

1. Establish a viable surveillance of Avian Human Influenza system at all levels.
   - Procure and distribute the equipment and supplies for surveillance data management (computers, and stationeries)
   - Prepare and distribute reporting format to all health facilities.
   - Training of surveillance focal persons
2. Conduct trainings to build a capacity for responding to epidemics
   - Print and distribute training materials to be used at the regions level
   - Conduct the training to the district level rapid response team through the regions
   - Conduct trainings to regional level lab workers on specimen handling
3. Improve Public relations, and education, and communication
   - Develop and distribute published materials (leaflets, posters, and pamphlets)
   - Conduct a one day national workshop to revise epidemic preparedness and response.
4. Stockpiling equipment, chemicals and disinfectants, kits, PPE required for the preparedness and response
   - Purchase and stockpile equipment, chemicals and disinfectants, kits, PPE.
Appendix 18  Kenya

By Dr. Cathryn Wanjohi Malanga

Introduction

Kenya covers an area of approximately 582,646 square km. It has a human population of approx 35 m. It has a total livestock population of slightly over 60 m. Poultry population is approx 30 m, 6 m broilers, 2.5 m layers, 21 m indigenous chickens, 0.5 mothers (ostrich, geese, turkeys, ducks, guinea fowl, pigeons, quails, etc.). Nineteen per cent are commercially reared and 81% under backyard production.

Economic contribution

Livestock sub-sector accounts for 12% of entire GDP, 47% of agricultural GDP. The sector employs 50% of the agricultural work force. The mean annual poultry meat production is about 20,000 metric tones valued at about KShs 131 m. The annual egg production is about 1,255 m eggs valued at KShs 6 billion. Poultry is one of the most important enterprises in rural poor households – food and nutrition security. It is mainly kept for supply of domestic protein, income generation and social purposes.

Poultry production systems

It is generally classified into 2 distinct systems, based on scale, function, breeds, husbandry and productivity, commercial intensive systems and free range/village poultry production systems. The commercial intensive systems is in exclusive confinement of high producing hybrids, highly commercialized, capital and labour intensive, disease control regimes in place, and fed on concentrates. The free range/village is indigenous chickens, scavenging feeding, hardly any disease control regimes, with low cost of production. The backyard system is an interface of the above two. It is an improvement of free range system, semi-intensive, birds partly confined and partly scavenging indigenous breeds. However according to the FAO classification, Kenya has all four sectors of production. Sectors 1-3 cover the intensive commercial production systems and sector 4 covers the free range or village production system.

FAO Sector 1

This is represented by only one holding, Kenchic. Imports Grandparent stock and raises in farms locally. Parent stock produced from breeder farms are sold to other hatcheries locally and other countries in the region. Day old chicks are sold to independent farmers and also to Kenchic contract farmers. Kenchic serves as a foundation for a big proportion of the commercial production. Hatchery has capacity for about 400,000 day old chicks. Operating at a weekly capacity of 250,000, 30,000 and 6,000 DOC for broilers, layers and parent stock respectively. Owns a modern export processing plant for slaughtering, packaging and marketing of broilers with high biosecurity standards.

FAO Sector 2

This comprises of large-scale farms and hatcheries, which keep 3,000 to 10,000 birds per cycle. Medium to high biosecurity standards exist. It comprises approximately 20% of the total poultry production in the country. This is mainly found in urban and peri urban areas. It interacts vertically with sector 1 and sector 3. There are 3 different categories:

- Integrated systems – hatcheries, farms, processing and marketing of broilers
- Hatcheries – Main products are DOC targeting commercial farmers mainly in sector 3
- Individual commercial farms – produce broilers, layers, ducks, guinea fowls. Some farmers have hatcheries

FAO Sector 3

Predominantly found in urban and peri urban areas around major towns

- A small scale system within smallholder mixed farming systems whose average land size is 0.25 – 2 acres
- Land use in these systems is very intensive
- Complemented by other livestock enterprises to maximize productivity
- Most farmers in sector 3 specialize in either broilers or layers instead of mixing them
- Mostly keep 200 to 3,000 birds
- Medium to low biosecurity standards
FAO Sector 4

- Characterized by a small number of birds—average 10 per household
- Different species and ages kept under scavenging feeding systems
- The system exists as an integral component of the whole farming system
- An estimated 80% of indigenous poultry is owned by women
- Low capital and labor requirements
- Low inputs—feed supply, veterinary care, management
- Number and distribution of birds is influenced by social, cultural and economic perspectives
- Low biosecurity standards

HPAI Situation

- Kenya has not diagnosed
- All activities are directed towards prevention of entry, spread and establishment of the disease
- All activities are in line with the NAP

HPAI Risk and Potential Sources

Although Kenya has not reported avian influenza, it is considered to be highly at risk because of

- Its extensive travel relations. It is a regional air/ground transport hub and receives many passengers
- Trade relations with many countries. It imports, grand parent stock, day old chicks, fertile hatching eggs,
- Its formal and informal trade networks for live domestic birds including day old chicks, pets, game birds and products
- Borders are vast and porous and are straddled by homogenous communities involved in unregulated cross border movement of livestock and products
- It lies along the migratory pathway

What is the potential for spread and establishment?

- Significant likelihood of mechanical transfer from infected to clean areas.
- High proportion of birds in backyard poultry production system complex.
- Marketing chains involving exchange of poultry from the farms through middlemen and finally sold at the wet markets especially for indigenous chicken.
- The risk of contamination during processing of commercial poultry and products destined for the urban markets.
- Mode of transportation of poultry
- The potential role of both migratory and resident wild birds in the transmission of the disease to and between domestic poultry.
So what is the country doing about avian influenza?

- Form a multidisciplinary task force (National Task Force on Avian Influenza) to steer response to threat and outbreak if it occurs.
- The Task Force exercises its mandates through six technical subcommittees that are constituted by veterinary, human health and non-health experts.
- Coordination and Resource Mobilization, Laboratory and Research, epidemiology and surveillance, information, education and communication, case management and infection prevention and control.
- A National Action Plan was developed along the sub-committees.

Objective of the NAP

Overall objective
To safeguard human life and national poultry stock and to protect livelihoods of the poultry owners.

Specific Objectives:
- To prevent introduction of the virus into the country.
- To be able to detect it should it enter the country.
- To be able to stop its spread and eradicate once it is in the country.
- To reduce the social economic impacts of the threat and disease outbreaks.

Activities

Public awareness
- Undertaken by the IEC sub-committee.
- Development of a communication strategy.
- Training of staff and public through seminars, print and electronic media.
The public was sensitized on the signs of the disease, handling of sick and dead birds, importance of reporting to the authorities through electronic and print media.

Assessment of biosecurity status

Public sensitization on biosecurity measures

A hotline has been established and given to the public to report any incidences or information (0722726682)

Capacity building in laboratories

Involves Central Veterinary Laboratories, Regional Veterinary Investigating Laboratories, Public Health Laboratory

Training of staff, both locally and internationally,

Procurement of reagents, equipments, protective clothing etc

The Central Veterinary Laboratories at Kabete now has the capacity to diagnose H5N1

CVL can now use advanced tests to test samples

Negotiations on upgrading of CVL are underway with USAID

Samples from wild birds and domestic birds have been tested and all have tested negative for H5N1

Capacity building in surveillance

Training of staff in surveillance methodologies,

Passive and active surveillance, monitoring at border points and live bird markets, reporting,

Establishment of sentinel sites at public hospitals

Risk assessment leading to identification of high risk districts

Development of a surveillance strategy

Development of SOPs

A socio-economic impact assessment of Avian Influenza threat.

Poultry trade flow studies.

Outbreak response

Establishment and training of rapid response teams at national and regional levels

Stockpiling of PPE

Preparation of a contingency plan—rapid response, culling, disposal, disinfection, compensation protocols

Development of SOPs for culling, disposal, disinfection etc

Development of a compensation strategy

Legal review—almost complete

Simulation exercises

Partners

Many have partnered with the government

GOK—11,902,000—animal and human health activities

FAO—1,638,000

USAID—226,000, PPE, upgrading of lab to BSL3

CDC—550,000

EU—219,377

WB—500,000
Strategies

- Strengthen disease surveillance and reporting in domestic poultry, wild birds, and humans
- Strengthen diagnostic capacity for AHI and other priority poultry and human diseases
- Create public awareness on AHI and other priority poultry and human diseases
- Enhance emergency preparedness and response to avian influenza outbreak
- The activities are well managed, coordinated, and facilitated

Appendix 19 Seychelles

By Dr. Christelle Dailoo

The report is on the funding request of Seychelles for prevention/control of avian influenza. The fund is meant for basic needs. For the remaining tasks, the Government is liable to allocate funds.

Objectives

1. Minimizing the socio-economic impact of avian and human influenza
2. Reducing the potential loss of human lives by preventing and controlling avian influenza in animals
3. Preparing for possible human influenza pandemic

Activities

1. Strengthen surveillance mechanism
2. Training & Awareness programs
3. Capacity building
4. Availability of equipment

Implementation

- Ministry of Environment, Natural Resources and Transport - Veterinary Services
- Ministry of Health and Social Development - Department of Health

Budget Proposal

Operational Period: 18 months from date of approval
Total Budget: 295,175.00 (USD) / 2,361,400.00 (SR)
## Budget & Financial plan (INAP)

<table>
<thead>
<tr>
<th>No.</th>
<th>Main Component</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Emergency preparedness and response planning for potential avian influenza pandemic</td>
<td>32,000.00</td>
</tr>
<tr>
<td>2.</td>
<td>Establish early warning system for avian influenza in poultry and wild life.</td>
<td>32,000.00</td>
</tr>
<tr>
<td>3.</td>
<td>Establish plan for case management.</td>
<td>212,000.00</td>
</tr>
<tr>
<td>4.</td>
<td>Improve public awareness on avian influenza.</td>
<td>47,990.00</td>
</tr>
<tr>
<td>5.</td>
<td>Strengthening and enforce Health Legislation on avian influenza control and prevention</td>
<td>10,500.00</td>
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<tr>
<td>6.</td>
<td>Establish efficient coordination of activities through provision of communication and transportation amongst field investigators (MOHSD and MENRT), policy makers and the Health facility.</td>
<td>252,000.00</td>
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<tr>
<td>7.</td>
<td>Monitor and Evaluate Control Strategies</td>
<td>1,000.00</td>
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<tr>
<td>8.</td>
<td>Stockpile resources needed for Avian Influenza Control</td>
<td>1,237,644.96</td>
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<td>9.</td>
<td>Provide compensation for poultry farmers.</td>
<td>1,790,166.67</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>3,524,401.63</strong></td>
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## BUDGET

### ACTIVITIES

<table>
<thead>
<tr>
<th>1.</th>
<th><strong>STRENGTHENING THE SURVEILLANCE MECHANISM</strong></th>
<th><strong>ESTIMATES US$: Rs (1:8)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YEAR 1</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2ND QUARTER</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Establish community reporting mechanism through the use of telephone hot lines.</td>
<td><strong>US$</strong></td>
</tr>
<tr>
<td></td>
<td>Purchase of telephones (6 mobiles &amp; 2 fixed lines) and call payments.</td>
<td>5,000.00</td>
</tr>
<tr>
<td></td>
<td>Protocols and SOPs in relation to specimen collection, packaging and transportation of infectious materials (according to WHO/TOE &amp; IATA regulations).</td>
<td>7,000.00</td>
</tr>
<tr>
<td></td>
<td><strong>SUBTOTAL</strong></td>
<td>17,000.00</td>
</tr>
</tbody>
</table>
## ACTIVITIES
### 2. TRAINING & AWARENESS PROGRAMS
#### YEAR 1
##### 2nd & 3rd QUARTERS
Develop and distribute communication plans and materials for policy makers, community, farmers, and field workers.

- **Media Campaign**
  - Airtime on television 6,000.00 48,000.00
  - Radio 1,950.00 15,600.00
  - Newspaper/notes 3,000.00 28,800.00

- **Audio Visual Equipment**
  - Desktop computers 2,375.00 19,000.00
  - Laptop computers 2,220.00 18,000.00
  - LCD projectors 2,250.00 18,000.00
  - Printing costs for informative leaflets and posters 1,000.00 8,000.00
  - Stationery for workshop purposes 2,500.00 20,000.00
  - Other expenses for training and workshops 500.00 4,000.00

#### YEAR 2
##### 1st & 2nd QUARTERS
- Drill Practice for Government personnel 500.00 4,000.00
- Hiring of vehicles 1,500.00 12,000.00

**SUBTOTAL** 44,425.00 355,400.00

---

## ACTIVITIES
### 3. CAPACITY BUILDING
#### YEAR 1
##### 2nd & 3rd QUARTERS
Regular meetings to update personnel on world situation of H5N1 (WHO/IOE reports).

- **YEAR 2**

#### YEAR 1
##### 3rd & 4th QUARTERS
Further training of health and veterinary personnel.

- Exposure of personnel to “disease outbreak countries.”

**SUBTOTAL** 15,500.00 124,000.00
<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>ESTIMATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. OBTAINING REQUIRED EQUIPMENT FOR AN EPIDEMIC</strong></td>
<td></td>
</tr>
<tr>
<td><strong>YEAR 1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2ND &amp; 3RD QUARTERS</strong></td>
<td></td>
</tr>
<tr>
<td>Purchasing of a dry-ice making machine and other related supplies.</td>
<td>3,500.00</td>
</tr>
<tr>
<td>Supplies for the Agricultural and Veterinary Sector.</td>
<td>60,000.00</td>
</tr>
<tr>
<td>Purchase of spraying equipment, disinfectant and other related materials.</td>
<td>25,000.00</td>
</tr>
<tr>
<td><strong>YEAR 1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4TH QUARTER</strong></td>
<td></td>
</tr>
<tr>
<td>Purchase of:</td>
<td></td>
</tr>
<tr>
<td>personnel’s protective equipment (additional stock)</td>
<td>25,000.00</td>
</tr>
<tr>
<td>rapid testing kits,</td>
<td></td>
</tr>
<tr>
<td>post mortem &amp; sampling kits,</td>
<td></td>
</tr>
<tr>
<td>swabs &amp; containers,</td>
<td></td>
</tr>
<tr>
<td>Upgrading health facilities for the management of Avian Influenza cases (2 Ventilators)</td>
<td>50,000.00</td>
</tr>
<tr>
<td><strong>YEAR 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1ST &amp; 2ND QUARTERS</strong></td>
<td></td>
</tr>
<tr>
<td>Air Freight cost for sample analysis</td>
<td>5,291.00</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td>169,000.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>ESTIMATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. OPERATING COSTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>YEAR 1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2ND &amp; 3RD QUARTERS</strong></td>
<td><strong>YEAR 2</strong></td>
</tr>
<tr>
<td>Emoluments &amp; allowances</td>
<td>3,375.00</td>
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<tr>
<td>Office Operating costs</td>
<td>4,590.00</td>
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<tr>
<td>Vehicle operating costs (eg: fuel/services)</td>
<td>10,125.00</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td>18,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>ESTIMATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. OTHER COSTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>YEAR 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1ST &amp; 2ND QUARTERS</strong></td>
<td></td>
</tr>
<tr>
<td>Local air and Ferry Fares</td>
<td>6,250.00</td>
</tr>
<tr>
<td>Local accommodation / Lodging</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Contingencies</td>
<td></td>
</tr>
<tr>
<td>5% of the total allocation</td>
<td>15,000.00</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
<td>31,250.00</td>
</tr>
</tbody>
</table>

| GRAND TOTAL                                   | 295,175.00| 2,361,400.00|

110
Appendix 20  Somalia

By Dr. Abdirahman Nur Qeliye

Introduction

Somalia covers an area of 638,000 Km2. Landmass is mainly arid and semi-arid rangelands suitable for pastoralism. The estimated human population is 7 million, 70% are based in the rural areas where 55% are pastoralists and agro-pastoralists, 24% are crop farmers and 1% are fishermen. The Somali State collapsed in January 1991 with complete destruction of public and private institutions. The re-building of Central Government institutions underway following the establishment of the Transitional Federal Government in October 2004 but will require long-term support to restore full functional capacities. Livestock sector is the backbone of the economy engaging about 55% of the population in livestock production. Livestock exports contribute 40% of the national GDP and 80% of foreign currency earnings. A weak zoosanitary status threatens the viability of the Somali livestock sector and enhances the risk of occurrence of trade limiting animal diseases and zoonoses in the Region. Support for HPAI prevention and control will contribute to reduction of this risk.

Production Systems and Poultry Population

Poultry population was last estimated at 3.0 million in 1998. Poultry production in Somalia comprises mainly of small-scale backyard rearing of chickens by women and children for egg production as a source of household incomes. No intensive poultry production units except for one hatchery in Mogadishu. In Somalia, poultry are not considered a major source of animal protein and rank far below camels, cattle and sheep and goats as household production assets. Only limited support services exist for poultry production comprising mainly of project interventions by NGOs and that assist households to source one-day old chicks to diversify production, improve household nutrition and provide a source of income for female-headed households. In recent years, there have been no interventions targeting the improvement of poultry health in Somalia.

The Status of HPAI in the Country

No recorded outbreak of HPAI in Somalia but two cases of abnormal deaths of local wild birds and poultry were investigated in 2006 in Southern Somalia and of 52 migratory white storks from Croatia near Mogadishu. Epidemiological investigations and laboratory tests on samples ruled out suspicions of HPAI. Confirmed HPAI in poultry and humans in Djibouti, April 2006 showed need for HPAI surveillance in Somalia. No large-scale commercial poultry production farms but back-yard poultry production is widespread. Outbreaks of HPAI would negatively affect household nutrition and incomes among poor households and close contact between poultry keepers and birds would enhance the risk of disease in humans.

There is lack of awareness on HPAI among communities, public health and animal health workers, lack of poultry disease surveillance and control programmes for early warning and lack of emergency preparedness and contingency plans for rapid responses to outbreaks of disease. Public sector institutions for human health and animal health services are weak and lack financial resources for operations. No laboratory facilities for rapid confirmation of suspected HPAI outbreaks and all samples are tested externally. Under these circumstances HPAI may remain undetected for long due to lack of ready access to both human and animal health care facilities. This may enhance the potential for its establishment and spread in human populations.

Risk Analysis of HPAI in the Country

Somalia is considered at very low risk (level 1) of HPAI. It is not in the path of major migratory routes for birds coming from Europe, the Middle East of Asia due to its lack of marshland. Poultry is not a significant source of protein in Somalia, and large commercial poultry farms do not exist. Pigs are not kept as domestic animals in Somalia. Rice is not cultivated in Somalia thus few points of contact for local and migratory birds. However, one location known as Shimbirbiris (translated as ‘birds’ landing place’) on the peaks of the Erigavo Mountains attracts significant numbers of migrating birds. It is reported that the substantial amounts of waste left by the birds is collected and exported. Although at low risk country for the introduction of HPAI, the outbreak in Djibouti in April 2006 showed that Somalia is also vulnerable to infection.

Current Avian Influenza Portfolio in the Country

Due to the unique situation of Somalia since 1991, the country has not developed an Integrated National Action Plan (INAP) for Avian Influenza. The Ministry of Livestock, Fisheries and Environment (MLFE) will coordinate all inputs for HPAI.
Although Somalia lacks an Integrated National Action Plan, various international organizations and NGOs are addressing aspects of HPAI in Somalia. Terra Nuova and the EC-funded Somali Animal Health Services Project (SAHSP) will conduct awareness creation on HPAI and a baseline survey of poultry production and marketing and wild bird landing sites in Somalia. FAO and WHO have provided personnel protection equipment (PPE) and kits for sample collection from suspect cases in both human and poultry subjects. Ministry of Livestock Fishery and Environment (MLFE) will identify staff and office accommodation to facilitate implementation of the project.

Objectives and Expected Results of the Project

Overall objective:
To contribute to the reduction of the socio-economic impact of avian and human influenza and the potential loss of human lives by preventing and controlling avian influenza in animals, as well as preparing for a possible human influenza pandemic.

Project Purpose:
To strengthen the national capacity to prevent and control AHI

Expected Results:
1. National Capacity for diagnosis and surveillance of HPAI strengthened
2. National capacity for preparedness and response to threats of HPAI strengthened
3. Linkages with regional and international human and animal health institutions enhanced

Activities

Activities for Result 1. National Capacity for diagnosis and surveillance of HPAI strengthened
1.1 Enhance surveillance for HPAI through public-private sector partnerships and community involvement. This will involve:
   • Convening three stake holder’s workshops for public-private partnerships in surveillance of HPAI
   • Enhance activities for passive surveillance, reporting and feedback of poultry diseases through established networks
   • Undertake one country-wide risk-based serological survey for HPAI in poultry
1.2 Strengthen the capacity for primary detection and confirmatory diagnosis of HPAI. This will involve:
   • Renovation of a laboratory facility for the initial handling and processing of suspected HPAI samples.
   • Training of veterinary field and laboratory staff
   • Contracting external laboratories for the referral diagnostic testing of suspected HPAI samples from Somalia.
   • Dissemination of information, alerts and early warning messages on HPAI

Activities for result 2. National capacity for preparedness and response to threats of HPAI strengthened
2.1 Public awareness programmes on HPAI through: Radio broadcasts, information pamphlets, leaflets, posters & Somali community websites
2.2 Establishment and equipment of teams for HPAI investigation and rapid response.
   • The formation of three teams each comprising of three veterinarians for HPAI investigation.
   • Provision of HPAI investigation kits for the teams
   • Logistical support for operations of the teams.
   • Preparation of national emergency preparedness and contingency plans and a national strategy for prevention and control of HPAI with external consultants.

Activities for Result 3. Linkages with regional and international human and animal health institutions enhanced
3.1 Strengthen systems for reporting incidences of suspected HPAI to OIE, WHO, FAO, AU/IBAR and the neighbouring countries through:
• Provision of training and logistical support for District and Regional Veterinary Officers to link with human health service providers at the local level and to report incidences of poultry diseases to local Epidemiology and Data Management Units (EDMUs).

• Analysis of reports at the Central EDMU and monthly reporting to AU/IBAR and six monthly reports to OIE and WHO.

3.2 Participate in regional and international surveillance, human and animal networks for HPAI. This will involve:

• Participation of staff from MLFE and the Ministry of Health in Regional and international workshops and meetings on HPAI surveillance.

Implementation

Material and non-material means

The Ministry of Livestock, Fisheries and Environment will identify office accommodation and personnel for the implementation of this project.

Inputs for activities:

Result 1. National Capacity for diagnosis and surveillance of HPAI strengthened

• Costs for laboratory renovations and provision of equipment, Stakeholders’ workshops, venues for meetings, local animal and human health personnel, costs for serological surveys in poultry, survey materials, cold chain equipment, external consultants, contracted laboratory services, information leaflets, pamphlets and posters

Result 2. National capacity for preparedness and response to threats of strengthened

• Local animal and human health personnel, external consultants, information leaflets, pamphlets and posters, websites vehicle hire and equipment for disease investigation teams.

Result 3. Linkages with regional and international human and animal health institutions enhanced

• Training of technical staff in disease reporting and data management, air tickets and per diems to attend regional and international meetings.

Organisation

The Contracting Authority shall be the Ministry of Livestock, Fisheries and Environment (MLFE)

The National Authorising Officer will be the Permanent Secretary, MLFE. The Project Manager will be the Director General of MLFE.

The project Steering Committee will oversee the implementation of the project and make recommendations to improve performance on technical and administrative matters. Representation on The project Steering Committee will comprise:

• Ministry of Livestock, Fisheries and Environment (1 representative)
• Ministry of Health (1 representative)
• 1 International NGO involved in the human health sector (1 representative)
• 1 International NGO involved in the livestock health sector (1 representative)
• World Health Organisation – Somalia (1 representative)
• Food and Agriculture Organization of the United Nations (1 representative)
• Livestock Professionals’ Associations (2 representatives)

Special conditions

The Ministry of Livestock, Fisheries and Environment will establish dedicated office accommodation for the project.

The Ministry of Livestock, Fisheries and Environment will contact institutions represented in the Project Steering Committee and convene the first Steering Committee meeting to establish modalities for implementation of the Project.

Budget
<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>$245,750</td>
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<tr>
<td>Equipment</td>
<td>$86,000</td>
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<td>Supplies</td>
<td>$83,100</td>
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<tr>
<td>Staff costs</td>
<td>$60,480</td>
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<tr>
<td>Office Rental</td>
<td>$12,600</td>
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<td>Office operating costs</td>
<td>$27,900</td>
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<tr>
<td>Vehicle operating costs</td>
<td>$28,000</td>
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<tr>
<td>Contingencies</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$565,000</strong></td>
</tr>
</tbody>
</table>
Appendix 21  Tanzania

By Dr Mmeta G. Yongolo

Avian Influenza Situation and Preparedness in Tanzania

No HPAI has been detected in Tanzania so far. Serology in human of less than nine years of age signified that some people were positive to H1N1 and H3N2. Tanzania is at risk for Influenza A introduction due to trade and communication link with infected countries (Poultry and poultry products, vehicles and other fomites and human movement), migration of wild birds, low capacity for early warning and detection and burden of other infectious diseases in human and animals.

Tanzania has a population of 30 million free range rural chickens. There are also few commercial poultry farms. Biosecurity is questionable, mainly level 4 and 3, and few 2. Illegal trade is a possibility for introduction of avian influenza and there is low capacity to trace source of the illegal trade.

National EPRP 2006/07-2008/09

The national Emergency Preparedness and Response Plan was prepared in October 2005 and revised in June 2006 including the Zanzibar component. The plan is according to guidelines of OIE/FAO and WHO and is multi-sectoral (livestock, human and wildlife), the main aspect of which is prevention. It has inputs from regional programs.

The EPRP State to Date

It is adopted by the government for funding. Now the country is seeking support from development partners. Tanzania is envisaging regional approaches EAC, SADC and AU-IBAR harmonization and joint lobbying for support. The Budget Estimate for the National EPRP is US$ 29.6 M.

The main Components of the plan are epidemi-survey of Avian Influenza, improvement of Lab diagnostic capacity, capacity to Contain the problem at source, reducing opportunities for Human infection, increasing Public Awareness on AI, research Studies Management and coordination.

Strategy

The strategy takes a 3-pronged approach targeting both animals and human health:

1. Animal health—prevention, control at source and eradication
2. Human health—prevention, control and response
3. Wildlife monitoring and surveillance
Wild Birds Movement: The solid red line is the breeding range of 350,000 ABDIM’S STORKS. These birds breed in most Sahelian villages.

The majority of these birds winter in Tanzania within the dashed pink line where they feed with White Storks.

White Stork movements through Tanzania tracked by satellite tagged birds
courtesy of the Max-Planck Institute

The Wembere is probably a vital site for these birds.
Current Ongoing Activities in Tanzania

Regarding national AHI surveillance, avian and human influenza surveillance were carried out at critical wild birds migration sites (5), rural poultry focusing in 40 districts in 2006 and Muhimbili, Haidom and Kibondo Nduta hospitals.

Laboratory Capacity

- Serology (AGID, HA/HI) at CVL
- Antigen detection (AGID, HA/HI)
- RT-PCR and real Time PCR, for Influenza A, H5, H7, H9)
- Trained CVL-MLD, NIMR and Muhimbili Lab.
- P2 enhanced P3 practices
- Prompt sustainable availability biologicals?!
- Thanks USAID, FAO

HPAI Tanzania Plans and Gaps

Tanzania Component

<table>
<thead>
<tr>
<th>Component</th>
<th>Needed</th>
<th>Disbursed</th>
<th>Gap</th>
<th>Request from AU/IBAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemi-surveillance of Avian Influenza birds and human</td>
<td>1,815,940</td>
<td>150,000</td>
<td>1,665,940</td>
<td>198,000</td>
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<tr>
<td>Improvement of Lab diagnostic capacity</td>
<td>1,078,800</td>
<td>700,000</td>
<td>378,800</td>
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<td>Capacity to Contain the problem at source</td>
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<td>40,000</td>
<td>2,406,500</td>
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<tr>
<td>Reducing opportunities for Human infection</td>
<td>1,192,000</td>
<td>200,000</td>
<td>992,000</td>
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<td>Increasing Public Awareness on AI</td>
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<td>115,569</td>
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<td>400,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Management and Coordination</td>
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<td>32,300</td>
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<tr>
<td>-----------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>---------</td>
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</tr>
<tr>
<td>Task force operations</td>
<td>354,556</td>
<td>10,000</td>
<td>344,556</td>
<td>38,000</td>
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<td>Total</td>
<td>8,654,196</td>
<td>1,215,569</td>
<td>7,438,627</td>
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</table>

Zanzibar component

<table>
<thead>
<tr>
<th>Component</th>
<th>Estimated</th>
<th>Disbursed</th>
<th>Gap</th>
<th>Request from AU/IBAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemio-surveillance of Avian Influenza birds and human</td>
<td>590,652</td>
<td>5,000</td>
<td>485,652</td>
<td>70,000</td>
</tr>
<tr>
<td>Improvement of Lab diagnostic capacity</td>
<td>143,260</td>
<td>10,000</td>
<td>133,260</td>
<td>40,000</td>
</tr>
<tr>
<td>Capacity to Contain the problem at source</td>
<td>433,500</td>
<td>3,500</td>
<td>430,000</td>
<td>55,500</td>
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<tr>
<td>Reducing opportunities for Human infection</td>
<td>205,750</td>
<td>5,000</td>
<td>200,750</td>
<td>44,500</td>
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<tr>
<td>Increasing Public Awareness on AI</td>
<td>279,400</td>
<td>40,000</td>
<td>239,400</td>
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<tr>
<td>Research Studies</td>
<td>50,000</td>
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<td>50,000</td>
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</tr>
<tr>
<td>Management and Coordination</td>
<td>186,940</td>
<td>9,500</td>
<td>177,440</td>
<td>20,000</td>
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<tr>
<td>Total</td>
<td>1,889,502</td>
<td>73,000</td>
<td>1,816,502</td>
<td>250,000</td>
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</tbody>
</table>
Appendix 22  Uganda

By Dr. Noelina Lusiba Nantima

Introduction

Agriculture contributes 40% of the National GDP. Over 68% of the labor force is engaged in agriculture. The livestock sub-sector contributes 9% of the agricultural GDP. Poultry keeping especially of chicken is the most common production practice undertaken by farmers engaged in livestock production. Chickens are kept for income to the rural households, nutrition and food security, and cultural and traditional functions in the rural areas.

Poultry types

The types of poultry in Uganda are fowls (chickens), ducks, turkeys, ostriches, geese, pigeons and guinea fowls.

Poultry populations

There are 32 million chickens, 40,000 turkeys, 175,000 ducks and geese.

Structure of the Poultry Industry in Uganda

Indigenous scavenger (extensive) poultry system

It contributes over 80% of the per capita consumption of poultry meat and eggs (estimated at 1.62 kg, supplying 187 grams of protein per person per year).

The commercial (intensive) poultry system

- Small scale units (100 – 500 layers/broilers)
- Medium scale units (100 – 500 layers/broilers)
- Large scale units (over 5,000 layers/broilers)

93% of the commercial poultry industry is located in peri-urban and urban areas around Kampala, Jinja, Mpigi and Mukono.

General HPAI Situation in Uganda

HPAI has not been reported in Uganda in either birds or humans. However the country is particularly at a high risk of getting affected by HPAI because of the numerous risk factors.

HPAI risk and potential sources

Risk factors and potential sources:-

- Uganda lies in the route of migratory birds between Eurasia and Africa.
- The country shares a common border with the Sudan in the North where HPAI was reported in 2006.
- The country has many wet lands and water bodies which offer sanctuary for migratory birds.
- The most widely practiced production system is free range where by Bio- security is minimal.
- The country shares the North-South migratory route with Egypt where the HPAI virus is reported to be endemic in both humans and poultry.
- Weak regulation mechanisms could lead to introduction of HPAI through importation of poultry and poultry products across international borders in the region.
- There are many birds species in the country (e.g ducks, geese, wild birds) that have been known to be reservoirs of the H5N1 virus else where in the world.

HPAI activities - past efforts undertaken by the Government of Uganda

Multi-sectoral steering committee, national task force and technical working groups were formed. HPAI National Action and Response Plan were developed by the national task force. Various protocols and guidelines were developed by the technical working groups. Public sensitization was carried out by the technical working groups and
Uganda Poultry Association. NAP/AI has been validated into INAP-Integrated National Plan of Action for Preparedness and response to Avian and Human Influenza (INAP)

PACE/EU/Government of Uganda

Surveillance of AI was conducted both in domestic and wild bird populations. AI diagnostic capacity was supported and strengthened at the Central Diagnostic laboratory. Sensitization of stakeholders was supported and strengthened.

OSRO/UGA/604/USA (August 2006-September 2007)

Emergency Assistance for the Implementation of the Surveillance and Communication Components of the National Plan of Action for Preparedness and Response to Avian Influenza in Uganda

- Development of various guidelines (Compensation policy, guidelines on prevention and control, safe keeping, transportation and sale of domestic poultry).
- Table top simulations

TCP/RAF/3017 (E) – November 2005- April 2007

Emergency Assistance for Early Detection and Prevention of Avian Influenza in Eastern and Southern Africa. Sensitization of laboratory, epidemiological and wildlife technical staff was also conducted.

DANIDA

- Procurement of laboratory reagents
- Public sensitization on AI (Uganda Poultry Producers Association)

World Bank

AI surveillance in wild/migratory birds.

WHO

Rapid assessment of national preparedness and response for HPAI humans

WHO/FAO/Government of Uganda

Supported the development of the National Preparedness and response Plan of Action against AI.

UNICEF

Production of AI IEC materials.

HPAI activities – what is going on and how is it supported?

PACE/EU/Government of Uganda

- Surveillance of AI in domestic and wild bird populations
- Diagnostic activities at MAAIF
- Support to the NTF, NRRT, DRRRT and the TWG
- Duration: EU Support to end in December 2008.

GCP/INT/010/GER

Promoting strategies for prevention and control of HPAI that focus on smallholder livelihoods and biodiversity.

Budget for Ugandan Government: approximately $200,000. The duration is 18 months (Jan 2008-June 2009). The activities are conducting pilot studies on gaps in animal health, livelihoods and genetic diversity. It covers Uganda, Egypt and Cambodia.

CDC

This project has duration of 3 years (2007-2010) and is to strengthen AI surveillance and rapid response in MOH with a Budget of US$ 375,000.

Walter Reed Project

It is supporting MUK/Faculty of Veterinary Medicine laboratory upgrade. It also assists in wildlife surveillance.
Integrated National Plan of Action for Preparedness and response to Avian and Human Influenza (INAP).

The components of the INAP are planning and coordination, animal health, human health and communication.

Planning and coordination
- Strengthened multi-sectoral, sustainable, robust coordination system at central level.
- Enhanced public-private partnership in AHI prevention, preparedness, and response.
- Regular coordination with donor partners.
- Effective coordination at district level.
- Expanded coordination and collaboration across borders.

Animal health
- Improved MAAIF coordination of animal health surveillance and emergency disease control.
- Improved coordination between MOH for early detection and rapid response to emerging and reemerging zoonotic diseases.
- Improved veterinary technical competence for emerging disease prevention, detection, and rapid response.
- A balanced veterinary surveillance program for early detection of emerging infectious diseases.
- Evidence-based veterinary rapid response capacity for emerging infectious diseases preparedness, detection, and control.

Human health
- Surveillance of humans for AI strengthens.
- Prevention, containment, and control preparedness for AI strengthened.
- Health services system prepared to handle AHI patients.
- Preparation for case management is effective.

Communication
- Strategic information gaps filled.
- Advocacy with key policy makers achieved at national and district level.
- Communication skills of key policy makers and spokes person enhanced.
- Technical capacity and competencies of AI communication group supported and strengthened at national and district level.
- Communication center established at central and district levels.
- Relevant communication messages and materials developed, produced, and evaluated.
- Critical mass of trained communication and social mobilization teams at national and district levels.
- Strategic partnership with media built.
- M&E matrix developed.

SPINAP component

The components are planning and coordination, animal health, human health, and communication. The priority in the animal health is to strengthen diagnostic capacity for AI diagnosis in animals and humans and to strengthen surveillance, monitoring, and assessment of AI in animals. In human health, the priority is to strengthen surveillance and monitoring of human influenza and to improve infection control and management of human influenza cases. Regarding communication, the priority is sensitization of the public on AI prevention and control.