



African Union

Interafrican Bureau for Animal Resources

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

A PLATFORM FOR *ONE HEALTH* IN AFRICA

(IRCM)

REC Formulation Workshop

19-23 November 2010

Bamako, Mali

Workshop Report

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I. Introduction

The African Union's Inter-african Bureau for Animal Resources (AU-IBAR) organized a consultative workshop for the Regional Economic Communities (RECs) from the 19-23 November 2010 in Bamako, Mali with the following objectives:

- Discuss the findings and validation of the IRCM mission reports;
- Get feed-back from the RECs on the analytical reports and recommendations;
- Agree on the structure and formulation of the IRCM proposed; and finally
- Brainstorm and make input into the IRCM implementation plan and Logical Framework

The workshop was attended by four RECs (EAC, ECOWAS, CEN-SAD and COMESA), International Organizations (FAO and OIE), the Department of Social Affairs (DSA) of the African Union Commission (AUC), and observers from the European Union (EU), USAID and African Development Bank (AfDB). In addition to the IRCM team, several experts from AU-IBAR attended the workshop.

The program of the workshop (**Annex I**) included the official opening by a representative from the Ministry of Livestock and Fisheries of Mali, presentations from the IRCM team, RECs and the AU-IBAR's expert on M&E. There were also break-out sessions to deliberate on specific issues.

This workshop was the culmination of an elaborate IRCM stock-taking exercise that started in March 2010 and took the teams to all the RECs except the Arab Maghreb Union (AMU) whose mission is scheduled for mid December 2010. The stock-taking exercise involved a desk review of REC documents, briefs by the RECs officials, consultative fora with key stakeholders in RECs, and focused group discussions in workshops organised for each REC where preliminary reports were presented by the IRCM team for validation. The reports from the IRCM team were presented to the peer review team composed of the AU-IBAR, AUC, OIE, FAO and WHO for validation of technical information in the reports.

The need to strengthen inter-sectoral collaboration and improve regional coordination and harmonization in the prevention and control of TADs and zoonoses has been expressed at several fora in Africa and globally, especially after the waves of outbreaks of the Highly Pathogenic Avian Influenza (HPAI) H5N1 that started in 1997 and the appearance of Severe Acute Respiratory Syndrome (SARS) in 2002.

TADs and zoonoses, including emerging and re-emerging ones, represent a major constraint to development in the African continent. Animal diseases alone are responsible for production losses estimated at 20% thus impacting negatively on human health in terms of malnutrition and deficiency of protein and micro-nutrients derived from milk, eggs and meat. Most diseases that affect humans directly are caused by multi-host pathogens majority of which (816 out of 1407) are shared with animals and are therefore classified as zoonotic.

The Regional Economic Communities (RECs) are recognized as African Union's building blocks for regional and continental economic integration. Indeed, the United Nations has recognized that increased support and coordination at REC level is needed to promote Africa's regional integration agenda. For this reason, the Economic Commission for Africa (ECA) in consultation with other UN Agencies and the AUC has initiated a dialogue with RECs to establish coordination mechanisms at REC level referred to as Sub-regional Coordination Mechanisms (S-RCM). The S-RCM are intended to minimize fragmentation, reduce transaction costs, realize economies of scale, and ensure a more coordinated and coherent UN System-wide support to regional integration efforts and agenda.

The RECs are therefore ideal institutions in which to anchor regional coordination mechanisms specifically targeting the prevention and control of Animal and Human Influenza (AHI), TADs and other zoonoses. Such mechanisms can greatly enhance the capacities of Member States to address these diseases in a coordinated and harmonized manner, and foster inter-regional and international trade of livestock commodities, thus contributing to regional integration. This fits well with the overarching development frame for the African continent shaped by the New Partnership for Africa's Development (NEPAD) and the Comprehensive Africa Agriculture Development Program (CAADP) and can contribute to the global "One Health" approach.

2. Official Opening

The opening session was facilitated by Dr Zakarie Compaore who welcomed the General Secretary representing the Minister of Livestock and Fisheries of Mali, the Representative of the Director of AU-IBAR, the Representative of the OIE, the Coordinators of FAO ECTAD for Western and Eastern Africa, the Continental SPINAP-AHI coordinator, representatives of the RECs, and the participants. He gave a brief overview of the workshop including the background, the objectives and the process.

After his remarks, he then invited the Representative of the Director of AU-IBAR to make his welcome remarks.

Taking the floor the Representative of the Director of AU-IBAR, Dr Nouala Simplicite, thanked the Minister of Livestock and Fisheries of Mali and delegates from CEN-SAD, COMESA, ECOWAS, EAC, OIE and FAO. He said he was honoured to address the opening ceremony of this five days workshop, whose objective was to share findings and discuss the development of the regional coordination mechanism for the prevention and control of TADs and zoonoses in Africa. He reminded the participants the mandate of AU-IBAR and highlighted the importance of an effective control of TADs within this mandate as well as the necessity to have strong coordination and collaboration between different sectors particularly livestock, wildlife and human health; which resulted from the lessons learned within the SPINAP-AHI program implementation. He also mentioned the fact that, the need of inter-sectoral collaboration was crucial considering the emerging and re-emerging diseases driven from multiple sources and shared by livestock, wildlife and human beings. Therefore, only a close collaboration between these sectors can address this challenge. He further outlined the necessity to rely on RECs to minimize fragmentation, reduce transaction costs, achieve economies of scale, and ensure more efficient and coherent coordination. That is why, AU-IBAR took the lead on the IRCM initiative under the SPINAP-AHI program to address the existing gaps in the coordination effort on TADs and zoonoses at the RECs level in order to support MSs more efficiently to prevent and combat animal diseases and zoonoses.

The second speech was delivered by the General Secretary. In his speech Dr Mamadou Kane on behalf of the Minister of Livestock and Fisheries of Mali first welcomed all the participants and expressed the joy of Mali to be honoured by the choice to host this important workshop. After highlighting the importance of livestock in Mali and the constraints, among them animal health, he emphasised that animal diseases are one of the most important constraint to livestock production in Mali. The control of animal diseases constitutes one of the 3 pillars of the Government of Mali development policy and particular attention is given to TADs. The funding of several programs with national budget is a proof of the commitment of the government to make livestock the main pillar of the economic growth of the country. TADs can spread to many countries and reach unprecedented proportion which could be difficult to manage. Therefore, the need to set up a regional mechanism for coordination of these TADs by AU-IBAR is most welcome. During these five days workshop many subjects will be discussed and the results of these discussion will help to better coordinate TADs in the region. He ended his remarks by congratulating AU-IBAR for this great initiative, and wished good success to the workshop which he declared opened.

The opening ceremony ended by the adoption of the agenda and a group photo.

3. Presentations

The session was chaired by Dr. Yacouba Samake (OIE regional office for Africa, Bamako)

3.1 Purpose and Objectives of the workshop

Dr. Muriuki started his presentation (**Annex 2**) by saying that the IRCM was conceptualized as a business process model for the prevention and control of TADs and zoonoses within the mandate and institutional set up of the RECs. He went on to say that the IRCM seeks to strengthen capacities among RECs and Member States (MS) to better coordinate interventions for the prevention and control of TADs and zoonoses. The establishment of the IRCM was an initiative of the African Union bringing together AUC/DREA & DSA with the technical leadership of AU-IBAR. It was implemented in partnership with international technical organizations (FAO, OIE and WHO) guided by IBAR's technical mandate to support the AU agenda for integration through the RECs.

The IRCM was built on experiences gained from work done on AHI globally and in Africa, and the IRCM objective was to provide a progressive approach to the coordination and capacity development for the effective management of TADs and zoonoses (including emerging/re-emerging ones) in Africa. It is also meant to strengthen the capacity of RECs and their MSs to effectively coordinate and harmonize interventions in the prevention and control of TADs and zoonoses; including emerging and re-emerging diseases with all relevant stakeholders. The main output is to draw a road map for improved and institutionalized coordination of TADs & zoonoses prevention and control within and between the RECs. The rationale supporting the establishment of the IRCM are technical, institutional and strategic and the methodology used to achieve this will be done through a consultative and participatory process involving AUC/DSA, international technical organizations (FAO, OIE and WHO) and the RECs.

Before completing his presentation, Dr. Muriuki gave the specific objectives of the workshop to be: (1) to discuss the findings of the IRCM stock taking exercise for their finalization/validation and endorsement, (2) to discuss the preliminary IRCM formulation proposals to improve them and endorse their further development and (3) brainstorm on and make inputs into the IRCM implementation plan and logical framework. The IRCM is a support and a capacity building initiative intended to strengthen the ability of RECs to coordinate and streamline actions on the prevention and control of TADs and Zoonoses within their institutional structures and mandate; IRCM was based on the principles and institutional structures of integration in Africa and therefore provides a sustainable approach for coordinating technical inputs on TADs and Zoonoses and technical support to inter-country initiatives at the animal-human-ecosystems interface. The IRCM will provide an institutionalised platform for the operationalisation of the one health approach in Africa. A successful establishment and execution of the IRCM will provide also a systematic approach and assure participation of stakeholders in preparedness, prevention, control and gradual elimination of priority TADs and Zoonoses.

Following the presentation, a question was asked about the role of the Regional Animal Health Centre (RAHC) in IRCM concept and the response was that RAHC is very important in the framework of the

IRCM this is the reason why this work is done in partnership with OIE and FAO and there is continuous dialogue between the three parties.

3.2 Governance Systems at REC Level

This presentation (**Annex 3**) outlined the IRCM main findings regarding REC Governance systems in Africa. Dr. Cagnolati explained that the development of IRCM was shaped by political and technical agenda. The IRCM objective was to strengthen the capacity of RECs to effectively play their coordination and harmonization roles in the prevention and control of emerging and re-emerging infectious diseases, TADs and zoonoses and promote the “One Health” approach at national, regional and continental levels.

The rationale of putting in place IRCM was that the majority of high impact infectious diseases that have recently affected humans have arisen at the animal-human-environment interface. The One Health approach is trying to address emerging and re-emerging infectious and zoonotic diseases at the animal-human-ecosystem interface which impact negatively on people’s well-being, safety and livelihoods.

The “One Health” concept advocates for the promotion of inter-sectoral and multi-disciplinary collaboration, moving beyond a single diseases focus, building networks, strengthening animal and public health systems, improving data collection, and supporting capacity building. The main findings of this presentation were related to the integration approach milestones, the main organs, executive organ and relevant institutions, the coordination mechanisms at technical level (Present and planned), the legal status and relevant legislation. Many lessons were also learned.

The IRCM mission has generated a lot of information about livestock sectoral coordination, networks, TADs and Zoonoses situation, communication, wildlife health and biodiversity as well as health situation in the visited RECs. Assessment of UMA was not yet done and the one for CEN-SAD not yet completed, but planned before the end of the year.

The presentation highlighted that REC governance structures, institutional set-ups and desired outcome of the regional integration agenda, though all aiming at regional integration along the pathway highlighted in the Abuja treaty, differ from REC to REC.

The discussions after this presentation outlined some issues as follow:

The representative of ECOWAS highlighted some inaccuracies in the presentation and also in the report and some of these are that;

- The difficulties for the inter-sectoral collaboration inside RECs are due to the different legislation guiding their implementation. However, the speed of the integration of some of them is high like ECOWAS.
- In the ECOWAS Commission there are seven Directorates with three departments.
- The regulation on SPS rules is passed by the parliament and should be soon approved by the Council of Ministers.
- At the RAHC level there are networks that must be looked into and harmonised with RECs.
- The IRCM document produced should be used as a working tool.
- In SADC ad hoc committee has been put in place to address Avian Influenza (AI).
- In the other RECs, there is some kind of ad hoc committee to address specific issue like the specialized technical committee for RVF. These committees are in different stages in the way they are operating.
- There is a mechanism for AI coordination in ECOWAS and this needs to be acknowledged

Finally the participants especially the RECs were urged to give their feedback and updates on the reports so that corrections can be made on the reports before their finalisation.

3.3 Public Health Services at REC Level

The main findings on Public Health services were presented (**Annex 4**) by Dr Benjamin Djoudalbaye. He indicated that 75% of new emerging or re-emerging diseases affecting humans have originated from animals. The Congo Basin is known to be one of the 'hot spots' or epicenter of most recently identified emerging diseases and threats in Africa. The health systems in most MSs are weak and cannot effectively deliver the priority interventions, including the ones related to preparedness, response and control of emerging and the epidemic prone diseases including diseases of animal or environmental origins. The main findings at the RECs were related to health systems, International Health Regulations (IHR) 2005, Integrated Diseases Surveillance and Response (IDSR), Laboratory capacities and laboratory networks, Health sector coordination and collaboration with other sectors, Capacity at Secretariat/Commission level, challenges.

In conclusion, international public health security strongly depends on strengthening national public health systems and improved integrated disease surveillance, specifically in the area of early detection, early warning, assessment, and response to public health threats in a timely manner (IDSR, RRT, and CS). This

can be achieved through developing laboratory networks and strengthen diagnostic capacities in geographic 'hot spots' for new emerging diseases and better information sharing between countries within and outside RECs. In a closely interdependent world, global partnerships are essential to the successful implementation of the Regulations and then IRCM. Partnership is required between all RECs and even countries to share technical skills and resources, to support capacity strengthening at all levels, to support each other in times of crisis and promote transparency. Partnership between different sectors (e.g. health, agriculture, travel, trade, education, defence) is also essential to build coherent alert and response systems which cover all public health threats, and, at the time of health events, are able to rapidly mobilize the required resources in a flexible and responsive way.

Discussions after the presentation clarified some issues which such as that WAHO is an institution of ECOWAS Commission and is financed by the ECOWAS budget.

3.4 Livestock and Animal (Domestic and Wildlife)

The Livestock and Animal Health Status at REC's level were presented (**Annex 5**) by Dr Musa Fanikiso. He highlighted the fact that the demand for products of animal origin is rapidly increasing, especially among urban populations in Africa. For many countries in Africa, exploitation of their vast livestock resources is the most viable way of moving many of their rural poor out of poverty and for wealth creation. There is high burden of animal diseases and zoonoses in the continent. As long as animal diseases and zoonoses are not addressed in the Continent, they remain a major threat to Africa and the rest of world. Because of the increasing emphasis placed on RECs, it is believed that future successes in animal disease control will yield better results if driven by RECs or in full partnership with them. RECs are at different stages in managing TADs and Zoonoses. Veterinary Services in Africa needs to be strengthened and well resourced to meet TADs and zoonoses challenges.

Facts and figures were shown to emphasize the importance of livestock, namely: Disease Notifications to OIE by African Countries, HPAI Outbreaks in Africa, and Regional Comparison of Selected TADs Outbreaks for the period 2006-2008, Prioritization/Categorization of TADs by RECS. Some challenges were also raised to address the issue. In conclusion, it is evident that Africa is endowed with livestock and wildlife resources, but the continent is also a plethora of "old" animal diseases and the situation is complicated by the emergence or re-emergence of new infectious diseases. There is therefore an urgent need to strengthen national veterinary services for preparedness and effective control of TADs and zoonoses, with RECs taking a leading role in coordination of strategies. For effective advocacy for funding, there is need to develop user friendly databases at regional level that can be used to collect livestock related health and socio-economic data to justify resource mobilization for the livestock sector.

With unfavourable prevailing global economic situation, livestock people must be prepared to do more for less and make effective use of the assistance and support from global partners and donors.

Issues raised after this presentation were on poultry figures and whether the numbers given accounted for both traditional and commercial poultry and the presenter confirmed that they are both included, but admitted that the presented numbers are an underestimation of the real situation as there seem to be no structured way of obtaining poultry data and this is a challenge that has to be addressed by the RECs and MS.

On the criteria used to classify animal diseases in various RECs, Dr. Fanikiso mentioned trade, food security, public health implication and mortalities as some of the issues considered by the regions and the classification differ from region to region.

3.5 PVS Reports at REC Level

A presentation (**Annex 6**) on the status of veterinary services, using the OIE PVS tool, was made by Dr Yacouba Samaké. The mandate of the OIE and the PVS results on countries belonging to different RECs (CEEAC, EAC, IGAD, CEDEAO and COMESA) were addressed. The presentation ended with the statement that in the absence of good governance of the veterinary Services, there is:

- No early detection,
- No early reaction,
- No biosecurity measures,
- No sanitary security of food,
- Non reliability of the certification for export,

And all these lead to world threats

In the ensuing discussions OIE re-affirms its commitment to work with the existing structures of the RECs through the setting up of the Veterinary Committees including that of Directors of the Veterinary Services of RECs with international Organizations as observers. Several issues were discussed after this presentation, namely:

The age of veterinarians in public services is increasing without planned replacement by younger ones. This situation was triggered by the structural adjustment by the World Bank in the 1980s. The Kenyan

and Burkinabe experiences were shared with the participants to emphasize the pertinence of the situation.

The PVS is done to assess veterinary services; therefore, confidentiality should be lifted to permit assistance to the MSs. There is no reason to keep the PVS assessment confidential as far as some international institutions (FAO, World Bank) have the assessment results.

Some countries from COMESA have accepted to lift the confidentiality on the PVS results. If a REC wants a specific report it can be provided with the report.

3.6 Health Communication at REC level

The presentation (**Annex 7**) on communication in the framework of the IRCM was given by Dominic Omolo entitled: Experts Pre-formulation Workshop Review on Communication. The presenter started by quoting the IMCAPI Declaration in Hanoi which says: “Reaffirm the critical role of communication; enhance the efforts to better communicate with our populations, including the media, to promote understanding of the risks,... and behaviour change ... through effective communication.”

He also stated the priority issues for communication support. Among them there are:

- risk assessment/ communications;
- public health and food safety;
- crisis management, emergencies;
- regulatory issues, compliance;
- animal/human health advocacy;
- extension services, general awareness;
- training of information (and press) officers;
- recognition and reporting of diseases;
- institutional promotion.

He highlighted the milestones on AH Communication in the RECs and communication in general with the three pillars (public awareness, technical capacities and Mass media Environment). Findings toward communication strategy, ongoing media campaign, coordination mechanisms for communication and

awareness campaigns, ability to provide technical assistance to MS on AH communication systems, presence of communication networks were presented accordingly to each REC. Some challenges and recommendations drawn from these findings completed the presentation. In conclusion it can be said that the critical role communication plays in A/PH cannot be over-emphasized, particularly now under the “One Health” concept. The recent blossom of funds from HPAI which enabled many countries to establish or strengthen the communication units of the veterinary services should present an opportunity to improve communication units even when the threat posed by the disease appears to be low. The sustainability of the units beyond the HPAI crisis phase needs serious consideration.

Some key elements were discussed at the end of the presentation. The issue of communication and literacy was one of them. It says that, in the ECOWAS region there is an early warning system which allows taking care of diseases before they spread. In reply to the concern that the role of RAHC has not been addressed in the IRCM, it was mentioned that this was intentional; the exclusion of the RAHC and the guidelines should be to consult and to see how RECs are doing. The collaboration between RECs and RAHCs has been noted.

3.7 Main Recommendations for the IRCM at REC Level

Prof. Peter Msoffe presented the main recommendations (**Annex 8**) following stakeholder consultations and workshops in the three RECs (SADC: 23rd to 24th April 2010, Gaborone, Botswana; ECOWAS: 3rd to 4th May 2010, Abuja, Nigeria; ECCAS: 8th to 9th June 2010, Libreville, Gabon)

The main recommendations for the three RECs are summarised below:

ECCAS

Recommendations to Member States:

- Undertake livestock Census
- Operationalize networks (Epidemio-surveillance and Lab)
- Effectively manage and report animal diseases and zoonoses
- Strengthen biosecurity, improve environmental protection and sustain biodiversity
- Establish wildlife health and communication units
- Strengthen inter-sectoral collaboration

- Activate the inter-ministerial Committee on prevention and control of animal diseases and zoonoses
- Harmonize and implement health control measures along transhumance and marketing channels.
- Undertake socio-economic impact studies on priority diseases

Recommendations to ECCAS Secretariat

- Mobilization of resources and expertise to support MS in collection and dissemination of data and disease notification
- Strengthen the capacity of communication units
- Define cooperation modalities with CEMAC for implementation of IRCM
- Establish multi-sectoral committees (Livestock, Public Health, Wildlife and Communication)
- Define a roadmap for the establishment of IRCM and ensure sustainability of activities
- Institutionalize a region network for exchange of information and sharing data
- Establish a livestock information system to capture production

Recommendations to technical partners (AU-IBAR, FAO, OIE and WHO)

- Assist ECCAS in acquiring experts for the activities identified
- Harmonize disease information system and ensure inter-operability of WAHIS, TAD-info and ARIS

ECOWAS

Recommendations to ECOWAS Commission

- Establish inter-sectoral planning and monitoring committee mandated to enhance collaboration and information sharing
- Encourage WAHO to collaborate with the veterinary services on planning and implementing public health issues

- Establish with ECCAS and other RECs platforms for sharing information and coordinating plans for TADs and Zoonoses
- Develop through Regional Veterinary Committee, criteria to prioritize TADs and Zoonoses
- Develop prevention and control strategies to above

Recommendations to the Department of Agriculture and Rural Development of Member States

- Expedite development and execution of animal and food safety measures
- Establish information management system as part of AGRIS to capture animal health, production and trade data – could also feed into WAHO public health system
- Expedite institutionalization, strengthening and moderation of regional epidemio-surveillance, laboratory and communication networks
- Encourage MS to establish national wildlife health units and to support the establishment of a regional wildlife health network
- Mobilize resources for assessing the status and contribution of wildlife resources to the regional economy, livelihoods, food security and the epidemiology of TADs and zoonoses
- Support in the development of regional communication strategy for prioritized TADs and zoonoses
- Support the establishment of Regional Veterinary Committee

SADC

- Promote formal multi-sectoral and formalized technical advisory fora at the secretariat and MS levels to manage risks of infectious diseases at the human-domestic animals-wildlife interface
- Strengthen capacity at SADC secretariat to effectively coordinate livestock related activities
- Strengthen the capacity of the secretariat to generate and disseminate integrated information and epidemiological data on human and animal health, livestock trade and wildlife
- Develop protocol governing the livestock/veterinary sector
- Establish M & E unit within the FANR Directorate

- Establish focused organ for integrated management of TADs and zoonoses with legal backing from MS
- Establish measures for long term sustainability of TADs and zoonoses control and prevention programs at the MS and secretariat
- Improve operations of surveillance networks on TADs and zoonoses
- Promote wildlife health networks within the region and at MS
- Strengthen country level PVS
- Strengthen laboratory capacity to facilitate integrated disease surveillance and management with improved networking between human and animal health labs.
- Institutionalize a combined epidemiology training for veterinarians and human health experts at MSc. level in the SADC in order to foster interdisciplinary dialogue
- Organize joint training courses for veterinarians, public health and wildlife experts on risk analysis for imported products of animal origin
- Finalize the development of the communication strategy for HPAI and other TADs and zoonoses
- Advocate the involvement of veterinary services in the implementation of IHR 2005 in the MS
- Provide through RAHC additional support to the LDU

Dr. Thomas Nyariki then presented (**Annex 9**) the recommendations for the other three RECs, generated through dialogue and stakeholder consultations and workshops (COMESA: 3rd to 4th Oct 2010, Cairo, Egypt; EAC and IGAD 9th to 10th Aug 2010, Nairobi, Kenya)

COMESA

COMESA Member States:

- Strengthen the capacities of national veterinary services
- Strengthen inter-sectoral collaboration on TADs and zoonoses
- Promote development of animal and human health information systems, with enhanced interoperability and information sharing on zoonoses among various sectors;

- Promote capacity building on laboratory diagnostics and strengthen laboratory networks;
- Extend the Integrated Disease Surveillance Response (IDSR) to the districts;
- Establish and institutionalize joint rapid response teams for TADs and Zoonoses emergency situations;
- Ensure availability of medical stocks in cases of emergency and create funds for emergency situations;
- Ensure availability of quality vaccines and establish vaccine traceability mechanisms;
- Increase investment in prevention and control of TADs and zoonoses;
- Ensure compensation measures;
- Enhance legislation on transhumance and cross-border movements;
- Evaluate existing wildlife situations in their countries.

To COMESA Secretariat:

- Create regional commissions or sub-commissions in order to coordinate and harmonize sectoral and inter-sectoral activities on the control of TADs and zoonoses;
- Promote awareness and advocacy on the impacts of TADs and zoonoses in order to gain political backing in strengthening coordination efforts for the prevention and control of these diseases;
- Review the structure of the Secretariat and assess the relevance/need to establish human health, animal health and wildlife focal points;
- Support continuous review of the status of wildlife in MS and promote the inclusion of wildlife focal persons as part of all animal health networks;
- Promote the creation of networks of protected areas both at national and supra-national level;

To AU-IBAR and International Partners:

- The AU-IBAR should ensure that African nations are adequately represented in the international standards setting process, and have a common position to ensure that due consideration is taken of the unique situations (e.g. environmental, geographic) of African countries in the standards;
- Ensure that wildlife health issues are properly coordinated and supported at national and regional levels.

EAC

To EAC Partner States:

- Monitor and hasten the implementation of IHR (2005)
- Institutionalize animal health communication with appropriate plans and budgets;
- Improve control measures for cross-border animal movements through delivery of Animal Movement Permit and harmonize, livestock identification, traceability and certification systems in order to mitigate risks of spreading pathogens in the region;
- Facilitate partnerships between different sectors and build coherent alert and response systems which cover all public health threats, and are able to rapidly mobilize the required resources in a flexible and responsive way;
- Strengthen national capacity on disease prevention, surveillance, control and response systems.
- Institutionalize joint actions by different sectors/disciplines in the area of prevention and control of zoonotic diseases in order to promote inter-sectoral collaboration.

To EAC Secretariat:

- Institutionalize health communication at the EAC Secretariat and support strengthening of communication structures at country levels with appropriate plans and budgets;
- Increase efforts to mobilize resources to implement regional plans and programs in the field of prevention and control of Trans-boundary animal diseases and zoonoses;
- Strengthen wildlife health capacity at regional level and support capacity building of PS on the same.

To EAC Development Partners:

- Establishment an UA-Observatory network to serve as a convergence point for networks in the areas of human and animal health with referral centers in each member states and with EAC support;
- Empower the Partner States through national health institutions using all available legal, technical frameworks and monitoring tools translated in French, English and Arabic as soon as possible;
- Create a reference list of African expert in three health domains accessible to all stakeholders and other relevant officers and update it regularly;
- Support EAC's Early Warning Data Management System (EWDMS);
- Harmonize the existing Sanitary and Phytosanitary Standards (SPS) of EAC with IGAD and operationalize in member states

IGAD

To IGAD Member States:

- Monitor and hasten the implementation of IHR (2005).
- Strengthen communication among MS on TADs and zoonoses.
- Improve control measures for cross-border animal movements and harmonize certification system, livestock identification and traceability system to mitigate risks of spreading pathogens in the region.
- Improve legislation and enforcement on registration, distribution and quality control of veterinary medicinal products in each country.
- Prioritize TADs and zoonoses, develop strategies and allocate funds sustainably for their control.
- Enhance the collection, collation and dissemination of information on cross border livestock trade
- Promote community participation in wildlife management and inter-country cooperation in the management of trans-boundary natural resources

To IGAD Secretariat:

- Establishing a formal mechanism/s for coordinating communication or awareness campaigns on TADs in the region; preferably through promotion and establishment of regional network for animal health communications.
- Formulate a regional policy for the prevention and control of TADs and zoonoses, with robust communication strategy to drive the plan/strategy in line with the One Health concept.

To IGAD Development Partners:

- Establishment an UA-Observatory network to serve as a convergence point for networks in the areas of human and animal health with referral centers in each member states and with EAC support;
- Empower the Member States through national health institutions using all available legal, technical frameworks and monitoring tools translated in French, English and Arabic as soon as possible;
- Create a reference list of African expert in three health sector accessible to all stakeholders and other relevant officers and update it regularly;
- Support IGAD's Early Warning Data Management System (EWDMS);
- Harmonize the existing Sanitary and Phytosanitary Standards (SPS) of EAC with IGAD and operationalize in Member States

Comments to those presentations were given by ECOWAS representative. The representative of ECOWAS said that:

- ECOWAS region will take the recommendations and act on them accordingly.
- Meeting held on the 23rd and 24th January 2010 had a livestock forum and a document was produced accordingly. The document went deeper with more holistic approach.
- The document (strategic plan) deals with livestock production, health, wildlife, domestic and communication.
- The sector create broad document capturing any aspect of livestock sector which will be presented on the 12 January 2011.
- With regard to the consultative progress with others RECS, there were cross border collaboration meeting which started with the AHI epizootic.

- There is already a mechanism for the control and prevention of TADS, and other diseases.
- There is a committee already established with communication strategies.
- SPS regulations are set up and the strategic plan is working.
- Three (3) networks were recognized: epidemiosurveillance, laboratory and socioeconomic with recognized budget provision for implementation.

3.8 Presentation on the Proposed IRCM

The proposed IRCM for the prevention and control for TADs and zoonoses in Africa was given by Dr Vittorio Cagnolati (**Annex 10**) who emphasised that the proposed IRCM was shaped by observations made during the stock-taking exercise in 7 RECs, dialogue with stakeholders and technical partners, and inputs by the expert meeting held in Naivasha in September 2010. It is guided by the «One Health» approach that advocates for addressing emerging and re-emerging infectious and zoonotic diseases at the animal-human-ecosystem interface which impact negatively on people's well-being, safety and livelihoods. To date, efforts to combat outbreaks of infectious diseases at the human/animal interface have tended to centre on the human health sector with detection in humans, tracing back to source, attempt to elimination in human and animal populations. Focus is increasingly shifting towards prevention as opposed to control.

Attempts to better understand the dynamics of infectious diseases in animals and to attempt to identify those infections that pose potential risks to humans remain isolated. The «One Health» approach requires shifting the focus even further upstream; to addressing the underlying factors influencing disease emergence and spread, but that may not traditionally be seen as related to animal and human health. It is designed to promote inter-sectoral and multi-disciplinary collaboration, move beyond a single disease focus, build networks, strengthen animal and public health systems, improve data collection and evidence base, and support capacity building. It is incorporating some objectives and addressing some of the cross cutting issues of the “Contributing to One World, One Health* A Strategic Framework for Reducing Risks of Infectious Diseases at the Animal–Human–Ecosystems Interface “ endorsed in 2008. Further, the presenter highlighted detailed proposed IRCM at REC level to cover the following broad areas:

- Sectoral Coordination- Animal Health (Livestock and Wildlife) and Human Health
- Inter-Sectoral Collaboration- Joint Fora, Joint Programs, Animal-Human-Ecosystems Interface
- Knowledge management - Data Management, Information sharing

- Networking - Human Resources, Laboratory Services, Epidemio-surveillance
- Communication - Coordination, Awareness and Advocacy, Networking

At the end of the presentation, discussion highlighted the need to strategize to achieve the IRCM. Therefore, there is a need to build networks in each of the sectors before linking them. It also outlined the need to discuss about the mechanism rather than implementation. The training issue was also discussed and revealed the need in the ECOWAS zone for a mechanism to harmonize curricula and agreed on the principle of subsidiarity. Regarding data management and information sharing there are already tools which can be used.

3.9 Comments on the Proposed IRCM

The proposed IRCM was positively received by the participants, especially the RECs present at the workshop. There were however issues raised on some aspect of the proposal. Key among the issues raised was that there must be two Pillars under sectoral coordination as opposed to three because wildlife falls under Animal health. There was a long debate on whether wildlife should form its own pillar or fall under animal health with some participants advocating for it to be an independent pillar but at the end those in favour of it falling under animal health prevailed. The only other remaining pillar would be Public Health. It was also agreed that sectoral coordination include networking, laboratory services and epidemio-surveillance. Inter-REC Coordination was changed to Inter-REC Collaboration and Coordination. The Heading Partnership was improved to only have one item which is Partnership with Regional, Continental, and international Technical Partners (FAO, WHO, OIE, IBAR). Under Inter-Sectoral Collaboration, the aspect on Joint Program (Joint professional development program and sharing facilities and expertise) was dropped. It was also agreed to include a heading on cross cutting issues such as gender and HIV/AIDS.

Some of the elements identified as guide to the selection of priority activities for implementation under the IRCM include the following:

- Presence or absence of livestock desk/unit and networks
- Level of resources available
- Policy/strategy/legal framework available
- OIE PVS and GAP Analysis reports available
- Existence of Agreements between RECs

- Support from development Partners

Based on group work suggestions and further elaboration by the IRCM Team, the following IRCM is proposed:

Components	Sub-components	Main issues to be addressed	Possible key activities
I. Sectoral Coordination	I.1 Animal Health Domestic animals & Wildlife	I.1.1 Capacity building on coordination	<ul style="list-style-type: none"> • Establish or strengthen animal health coordination desk at the REC Secretariat where needed or provided for; • Provide continuous professional development for coordination • Provide human resources and materials for coordination at REC level • Establish and strengthen sectoral committees, task forces and other coordination fora for the coordination and harmonization of actions for the prevention and control of TADs and zoonoses at REC level • Develop Rules and Procedures for sectoral coordination
		I.1.2 Participation of key stakeholders, private sector and gender mainstreaming	<ul style="list-style-type: none"> • Promote stakeholder's participation including private sector, producer organizations, civil society etc • Support stakeholder mobilization and community participation in disease surveillance
		I.1.3 Development and harmonization of Policy and legal frameworks and compliance with International Standards	<ul style="list-style-type: none"> • Harmonize livestock policy and legal frameworks including: <ul style="list-style-type: none"> -Transhumance and cross border movements -Bio-security - SPS instruments • Ensure compliance with International Standards:
		I.1.4 Preparedness, disease early detection, prevention and control	<ul style="list-style-type: none"> • Develop regional preparedness and contingency plans • Conduct training on emergency preparedness • Coordinate cross-border simulation exercises • Develop and harmonize regional strategies for prevention and control of TADs and zoonoses prioritized by RECs • Harmonize and coordinate epidemio-surveillance strategies and plans • Support capacity building on Veterinary Services including:

Components	Sub-components	Main issues to be addressed	Possible key activities
			<ul style="list-style-type: none"> • Epidemio-surveillance, wildlife health and aquaculture among others • Laboratory diagnostics, through twinning, establishment of quality assurance systems/accreditation, promotion of regional laboratories and referral systems. • Quality assurance of veterinary medicines, vaccines and other biological
		1.1.6 Wildlife and disease prevention and control	<ul style="list-style-type: none"> • Guide and support development and strengthening of institutional infrastructure for wildlife health • Support training on wildlife health and aquatic diseases among other • Promote information gathering and sharing on the contribution of wildlife to livelihoods and the impact of disease on biodiversity conservation.
		1.1.7 Networks	<ul style="list-style-type: none"> • Establish and strengthen epidemio-surveillance, laboratory, communication, socio-economic, and wildlife health networks and ensure their anchorage to RECs • Establish data-base of experts (epidemiologist, laboratory, VPH, Wildlife, etc)
		1.1.8 Resource mobilization	<ul style="list-style-type: none"> • Develop resource mobilization plans including • Develop procedures for mobilization of national experts
	1.2 Public Health	1.2.1 Capacity building on coordination	<ul style="list-style-type: none"> • Establishment of a human health coordination desk where required • Support continuous professional development on coordination • Provide human resources and materials for coordination at REC level • Establish and strengthen sectoral committees, task forces and other coordination fora for the control of TADs and zoonoses at REC level • Develop rules and procedures for sectoral coordination • Establish and strengthen sectoral committees and task forces at REC level
		1.2.3 Stakeholders' participation to strengthen health system	<ul style="list-style-type: none"> • Increase stakeholders' participation including private sector and civil society to strengthen health system • Support stakeholder mobilization and community participation in disease surveillance
		1.2.4 IHR (2005) and IDSR implementation	<ul style="list-style-type: none"> • Support IHR (2005) and IDSR implementation • Advocacy on IHR (2005) and IDSR implementation • Develop and harmonize strategies and plans for preparedness and response

Components	Sub-components	Main issues to be addressed	Possible key activities
		1.2.5 Cross-border surveillance, emergency preparedness and response	<ul style="list-style-type: none"> • Develop cross-border surveillance and preparedness strategies and plans
		1.2.6 Resource mobilization	<ul style="list-style-type: none"> • Develop resource mobilization plans • Develop procedures for mobilization of national experts
		1.2.7 Networks	<ul style="list-style-type: none"> • Establish data-base of experts at regional level • Promote establishment of networks of national experts
2. Inter-sectoral Coordination		2.1 Joint Fora	<ul style="list-style-type: none"> • Establish inter-sectoral coordination committees and task forces with representation from Wildlife, Livestock and Human health sectors to institutionalize the One Health concept
		2.2 Joint Programs	<ul style="list-style-type: none"> • Develop and support joint professional development programs • Develop mechanisms to promote sharing of facilities and expertise to address common disease issues affecting humans and animals • Establish and equip joint rapid response teams • Mobilise financial resources and expertise for joint programming • Promote policy review and institutional reforms for collaboration through advocacy and provision of necessary guidance and support.
		2.3 Wildlife-Livestock-Human Interface	<ul style="list-style-type: none"> • Develop integrated surveillance programs (that include domestic animals, wildlife and humans) and integrated networks for targeted zoonotic diseases • Support joint research on disease dynamics at the Animal-Human-Environment interface • Strengthen integration of wildlife into animal and human health programs • Strengthen collaboration between departments and ministries responsible for wildlife Services, Veterinary services and human health for better management of wildlife diseases.
3. Knowledge Management	3.1. Information management	3.1.1 Information system/Data-base at REC level	<ul style="list-style-type: none"> • Establish and strengthen functional health information management systems for animals and humans at regional level • Establish and strengthen regional data-base for animal resources including both livestock and wildlife resources • Harmonize data capture tools • Develop regional strategies on information management

Components	Sub-components	Main issues to be addressed	Possible key activities
		3.1.2 Capacity building on information management	<ul style="list-style-type: none"> Strengthen capacity building on information management including: <ul style="list-style-type: none"> Training Provision of financial, technical and human resources
		3.1.3 Inter-operability of data systems	<ul style="list-style-type: none"> Design and ensure interoperability of data systems
		3.1.4 Communication channels	<ul style="list-style-type: none"> Define or strengthen communication channels (both vertical and horizontal)
		3.1.5 Information dissemination and disease notification	<ul style="list-style-type: none"> Conduct advocacy for and harmonize disease notification/reporting Promote sharing of epidemio-surveillance and laboratory data
		3.1.6 Resource mobilization	<ul style="list-style-type: none"> Develop resource mobilization plans
		3.1.7 Networking	
4. Communication	4.1 Coordination	4.1.1 Coordination committees and task forces at REC level	<ul style="list-style-type: none"> Establish and strengthen coordination committees and task forces on animal health communication at REC level
		4.1.2 Capacity building on communication at REC level	<ul style="list-style-type: none"> Establishment of a communication coordination desk where required Strengthen animal health communication at REC level Conduct training on animal health communication Develop website on regional health (both animal and human) communication
		4.1.3 Resource mobilization	<ul style="list-style-type: none"> Develop resource mobilization plans
		4.1.5 Networking	<ul style="list-style-type: none"> Establish or strengthen regional communication network and ensure their anchorage to RECs
	4.2 Awareness and advocacy	4.2.1 Advocacy on One Health concept	<ul style="list-style-type: none"> Develop awareness and advocacy materials/tools on One Health concept Conduct advocacy among different stakeholders
		4.2.2 Communication strategies and plans on integrated approaches for	<ul style="list-style-type: none"> Formulate and harmonize communication strategies/policies/plans on integrated approaches for TADs and Zoonoses prevention and control

Components	Sub-components	Main issues to be addressed	Possible key activities
		TADs and Zoonoses	
		4.2.4 Advocacy on gender mainstreaming and other cross-cutting issues	<ul style="list-style-type: none"> • Develop gender mainstreaming policies and advocacy plans I am not sure if it is IBAR's responsibility to develop gender mainstreaming policies. We may have to leave this one out!
5. Inter-REC Collaboration		5.1 Networking and information sharing	<ul style="list-style-type: none"> • Sharing information and best practices through bulletins, newsletters, periodic reports. • Website updating • Sharing of expertise and resources
		5.2 Joint technical fora	<ul style="list-style-type: none"> • Periodic attendance of each others' meetings • Support participation in inter-REC fora (IRCC, Tripartite, MoU etc) • Support each other's positions at international fora where decisions are made
		5.3 Resource mobilization	<ul style="list-style-type: none"> • Develop resource mobilization plans to support joint fora and other inter-REC collaborative activities
6. Continental Coordination		6.1 Coordination with relevant Departments, specialized agencies and programs of AUC and Organs of the African Union	
		6.2 Inter-REC Coordination	<ul style="list-style-type: none"> • Frequent dissemination of periodic reports • Formalized information sharing • Promote inter-REC coordination by relevant Departments, specialized agencies and programs of AUC and Organs of the African Union • Inter-REC technical meetings
7. Partnership		7.1 Regional and international Technical Organizations and Development Partners (AU-IBAR, OIE, WHO, FAO,	<ul style="list-style-type: none"> • Strengthen partnership with relevant regional, continental and international organizations and development partners • Use the ALive plat-form to strengthen information sharing, consultations, resources mobilization etc among partners, • Support participation in the African Union's broader RCM framework

Components	Sub-components	Main issues to be addressed	Possible key activities
		WTO, etc.)	
		7.2 Public-private partnerships	<ul style="list-style-type: none"> Promote public-private partnership including civil society, media, academia etc
8. Cross-cutting issues		8.1 Gender mainstreaming and supporting of vulnerable groups	<ul style="list-style-type: none"> Take into account gender and vulnerable groups when developing plans
		8.2 Promotion of environmental management	<ul style="list-style-type: none"> Take into account environmental issues when developing plans

3.10 Presentation by COMESA Representative

The series of presentations ended with Mrs. Andjouza AHAMADA. She gave (**Annex II**) a background of COMESA commitment on health matters, risk management, cross border harmonization, operational modalities of existing coordination mechanisms with RECs, the COMESA, EAC SADC tripartite agreement, the IRCC and Memoranda of Understanding (MoU). Regarding to MoUs, COMESA has signed an MoU with CEN-SAD under which the priority areas of cooperation are represented by the regional integration and general development; transport and telecommunication; energy, environmental protection and fight against desertification; rural development; security, trade and industrial development; harmonization and common positions in international fora such as WTO, EU-ACP relations, World Customs Organization. COMESA has also signed a MoU with ECOWAS in January 2010 with the aim of enhancing regional integration and to cooperate in the area of trade promotion and development.

The public health delivery system in COMESA MS was described as quite weak. Yet, the standard six building blocks of the health system which are service delivery, health work force, information medical products, vaccines and technologies, health financing are still weak in COMESA.

The COMESA gender and social affairs Division is in charge of health matters in accordance with article 110 of the COMESA Treaty but have not yet developed a mechanism to address pandemic preparedness and responses. The Division recognizes the need to improve public health within the COMESA Region. However, there is lack of human and financial resources. At present, the Division has only a programme on HIV/AIDS under Swedish Fund. A concept paper on the integration of Malaria and TB has been developed and the division has to mobilize resources for the integration of Malaria and TB Programme. There is no coordination mechanism for the public health sector. However, the Gender and Social Affairs Division has planned to develop a health sector protocol and a regional health strategy.

At the end of group work and following further elaboration by the IRCM team, the following IRCM is suggested:

3.11 M&E Presentation

The presentation (**Annex 12**), by Ibrahim Jagne, described a possible M&E framework for the IRCM based on the overarching structure provided. There is a need at REC level for appropriate Monitoring and Evaluation framework for IRCM implementation procedures and a systematic way to collect data to help them with coordination tasks. However, provisions specifically related to M&E for the IRCM are not yet sufficient. The objectives of the proposed IRCM monitoring and evaluation are:

- To measure and report performance and progress;
- provide evaluation feedback to improve performance;
- provide timely feedback to inform decision;
- identify and help mitigate risks; and answer critical uncertainties,

Benchmarks that may induce institutional changes at RECs level due to the IRCM actions/interventions were agreed:

- Seven operational arms/pillars of the IRCM, need to be transformed into Outputs, with their corresponding Performance indicators (at outputs);
- Activities identified and to be implemented will define the Process Indicators (timeliness of inputs & other pre-conditions).

The evaluation criteria of the IRCM are: Relevance, effectiveness, efficiency, sustainability and impact. Finally the way forward to take this presentation further is the formulation of the IRCM Logical Framework which is the main tool for M&E and a M&E Plan for IRCM.

The discussion after this presentation outlined the fact that a general framework enabling RECs to put in place their own frameworks is the one which is needed at this stage. These frameworks will enable the implementation of the activities defined within this framework.

Following the M& E presentation, working groups were asked to look at the logical framework proposal by the M&E expert and improve on it.

On the basis of the group work and further elaboration by the M&E expert, the following Logical framework is proposed for the IRCM Implementation Plans.

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/Risks
<p>Overall Objective: To contribute to food supply increase, hunger reduction and the enhancement of trade related capacities for improved market access. (CAADP Pillar 2 and 3).</p>	<ul style="list-style-type: none"> • Access to market increased • Intra-regional trade in livestock and livestock products increases by 30% by 2015. • Availability and access of Food of animal origin increases 50% compared to the 2000 rate. 	<p>Trade Industry Finance and Investment reports</p> <p>Food Agriculture and Natural Resources reports</p> <p>Survey reports</p> <p>Impact assessment reports</p>	
<p>Purpose: To strengthen the Capacity of RECs to effectively coordinate and harmonise preparedness, prevention and control of TADs and zoonoses, including emerging and re-emerging diseases with all relevant stakeholders.</p>	<ul style="list-style-type: none"> • All RECs have established and operationalised a formal Sectoral coordination mechanism primarily driven by Member States and supported by partners. • All RECs have established and operationalised formal Inter-sectoral collaboration mechanisms both at Secretariat and Member States levels. • Formal Inter-REC collaboration established and functional • Knowledge Management systems established and functional at REC level • Number and quality of Communication strategies and plans • Continental Coordination enhanced • Improved Partnership with International Organisations, Financial and Technical Partners 	<ul style="list-style-type: none"> • Existence of a legal document establishing the sectoral coordination mechanism and reports of regular meetings addressing issues of relevance to the regions. • Existence of inter-departments / directorates memoranda of understanding and records of meetings addressing issues of interface relevance. • Existence of bilateral, tripartite or multilateral inter-RECs agreement, records and frequency of consultations • Assessment of the system usefulness to its users. • Assessment of relevant regional and TADs and 	<p>RECs are willing and committed to effectively contribute towards the process of capacity building.</p> <p><i>RECs strategic development plans are in full alignment with CAADP pillar 2 and 3</i></p>

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
	<ul style="list-style-type: none"> • Quantity of Human, Financial and Technical Resource Mobilization 	<p>zoonoses communication strategies</p> <ul style="list-style-type: none"> • Evidence of the application of the principle of subsidiarity by AU-IBAR and regularity of inter-RECs fora facilitation. • Trend in donor funding and involvement of technical partners in development programmes. Need based technical assistance with clearly defined capacity development plan and exit strategy 	
<p>Outputs:</p> <p>Output I. Improved sectoral coordination at REC level for animal and human health for the prevention and control of prioritized TADs and zoonoses.</p>	<ul style="list-style-type: none"> • Existence and operationalisation of a livestock development unit at REC level • Existence and progressive implementation of a livestock development master plan and REC level coordinated, monitored and evaluated by the secretariat, and implanted by Member States • Number of actual meetings, workshops and training versus planned. Percentage of recommendations timely implemented. Consistency of RECs secretariat follow-up actions. • Number of need based and action oriented Task forces & committees 	<ul style="list-style-type: none"> • Legal documents and programme review. • Review of documents and stakeholders interviews. • Review of plans, reports and minutes. • Performance assessment • Reports review. Policy analysis • Performance assessment. 	<p>Member States are resolved to take the lead in sustaining the operations of the relevant committees</p>

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
	<p>established.</p> <ul style="list-style-type: none"> • Number of policies harmonized and aligned at sectoral level. • Number of functional networks. 		
<p>Output 2. Enhanced <i>inter-sectoral collaboration</i> for effective preparedness prevention and control of TADs and zoonoses at REC level.</p>	<ul style="list-style-type: none"> • Existence and implementation of inter-sectoral memoranda of understanding. • Frequency of joint planning and review meetings. • Policy and institutional reform for the one Health Concept 	<ul style="list-style-type: none"> • Documents reviews • Review of minutes and focus group discussions • Assessment of actions dealing with the root causes and drivers of infectious diseases at the human-animal-ecosystem interface. • Capacity assessment of public and animal health systems on compliance with IHR and animal health standards. • Assessment of national and regional emergency response capacities. • Assessment of policies impact on poverty • Assessment of the strength of horizontal linkages. • Assessment of the support to research for targeted diseases contrl. 	<p>All sector partner are convinced that the partnership is mutually reinforcing and at equal footing.</p>
<p>Output 3. Improved Knowledge Management in infectious animal diseases and zoonoses for informed preparedness, prevention</p>	<ul style="list-style-type: none"> • Information system / data base set up and operational in each REC • A well trained cadre of information managers 	<ul style="list-style-type: none"> • Input / output assessment • Focus group discussion. Stages and tasks analysis. Direct observation. 	<p>The REC Authorities are resolved to create the conducive environment /</p>

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
and timely response.	<ul style="list-style-type: none"> established in each REC • Inter-operability of all information systems achieved. • Vertical and horizontal information flow / communication channels clearly defined in all RECs 	<ul style="list-style-type: none"> • Data import / export tests. • Information systems analysis. 	broader framework for a successful learning institution.
<p>Output 4. Improved RECs ability for effective Communication within RECs for advocacy, awareness creation and behaviour change.</p>	<ul style="list-style-type: none"> • Corporate communication strategy formulated and implemented in all RECs. • Continuous professional development plan on communication established and implemented in all RECs 	<ul style="list-style-type: none"> • Review of communication strategy • Need based content assessment (institutional and individual) 	The REC authorities are willing to champion the process
<p>Output 5. Improve inter-REC Collaboration for better management of TADs and Zoonoses</p>	<ul style="list-style-type: none"> • Formulation of bilateral, tripartite, multilateral inter-RECs zoo-sanitary agreements. • Establishment of regular joint fora. • Implementation of joint programmes 	<ul style="list-style-type: none"> • Review of agreements and assessment of its implementation. • Review of proceedings • Review of reports 	There is adequate funding from within RECs to broaden and sustain the collaboration
<p>Output 6. Enhance Continental Coordination for prevention and control of TADs and zoonoses</p>	<ul style="list-style-type: none"> • Bi-annual forum on human-animal-ecosystem interface established • Animation platforms for all networks set up at IBAR, facilitation of TCREC (technical cooperation between regional economic communities), dissemination of information on best practices. 	<ul style="list-style-type: none"> • Review of proceedings • Review of reports, interview with users. 	There is adequate funding
<p>Output 7. Improved Partnership with International Organizations and Financial and Technical Partners</p>	<ul style="list-style-type: none"> • Annual planning and review meetings with International cooperating partners (ICPs) • Regional public-private 	<ul style="list-style-type: none"> • Review of reports. Questionnaire administration. • Review of strategy document and proceedings of 	There is continuous efforts to retain the current ICPs and attract additional ones through relevant programmes

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/Risks
	partnership strategies formulated in all RECs and regional annual fora established. • Quarterly bulletin on partnership and best practices disseminated by the Alive Platform	meetings • Review of content and interview with end users	
Output 8. Gender and environmental issues adequately addresses	• Gender mainstreaming plans developed in all RECs • Environmental impact assessment plans developed in all RECs	• Review of plan and assessment of its implementation • Review of plan and assessment of its implementation	The RECs Authorities are resolved to champion these processes

4. Closing Session

At the end of the workshop the facilitator, Dr Bruce Mukanda, gave the floor to representatives of the RECs, partners and International Organizations to make the closing remarks.

The floor was first given to the OIE and on behalf of the OIE Dr Walter Masiga thanked AU-IBAR for having involved OIE to this important meeting. He also thanked all the participants for their fruitful contributions. He appealed to AU-IBAR to share the draft report document with partners for their feedback. He expressed his satisfaction for the participation of OIE to this workshop and their contribution in the document. He ended his remarks by wishing all the participants a safe journey back to their places.

On behalf of FAO Dr Bouna Diop thanked AU-IBAR for inviting FAO to this important workshop. He highlighted the fact that AU-IBAR and FAO have been working together since the beginning of this long process. However, he wanted to ensure the support of FAO to AU-IBAR in this process and experts from FAO will always be associated with the IRCM missions. He expressed the need of FAO to know the way forward after this workshop because FAO headquarters is looking forward to see how far the process has gone and will be completed. He ended his remarks by thanking everyone for the frank discussions and the good collaboration. He also thanked everybody on behalf of his colleagues at the RAHC, Sotuba, Bamako.

On behalf of public health sector Dr. Benjamin Djoudalbaye thanked OIE, FAO and AfDB for their contributions. He acknowledged the progress the IRCM has gone so far and he was happy that our continent has put in place something unique linking the two health sectors. However, he was disappointed

for being the only participant to represent the human health sector. He also thanked the team of Bamako for the hard work and the perfect organization of the meetings. He ended his remarks by giving his full support to the process.

On behalf of CEN-SAD, Dr Omry thanked AU-IBAR for the invitation. He mentioned that CEN-SAD office has not been fully established but this should be done very soon. He also thanked OIE, FAO, AfDB and the other RECs. He hoped that, this workshop will be the beginning of a continuous collaboration and expect to see all of the participants again in other workshops.

On behalf of ECOWAS, Dr Vivian Iwar expressed her will to be working now rather than talking and she was very pleased for the tremendous work done. She remembered it was not long ago that this work started in Naivasha. She assured participants that ECOWAS will give all his support to the initiative. She underlined the usefulness to have a coordination mechanism at REC level. She added that she will continue to work and advocate for IRCM because it is a normal way to control animal diseases. She further appealed to AU-IBAR to bring all the RECs together.

On behalf of COMESA, Ms Ahamada thanked AU-IBAR for inviting COMESA. She apologized for one of her colleagues who did not attend the meeting and requested AU-IBAR to share the reports with COMESA. She said that, it was a very good opportunity to be at the workshop and she thanked everyone.

Dr Timothy Wesonga on behalf of EAC thanked AU-IBAR. He said, the exercise didn't cover entirely the livestock sector. The visit of the Director of AU-IBAR gave more importance to the agenda and underlined that this kind of activity can push the sector to a higher level. Dr Wesonga informed the participants about a lot of deaths in their livestock sector. Fortunately, there was a summit and the officials experienced the animal deaths. After the summit, a decision to hold in Arusha a food security summit to deal with this situation he hoped to be part of this summit. He thanked all the colleagues and said that together, we can make a difference in Africa.

The IRCM team leader Dr Vittorio Cagnolati taking the floor thanked all the partners and colleagues in the team. He promised to circulate all the documents to the attention of participants. He apologized for not mobilizing enough the public health sector. A special thanks was addressed to the RECs, OIE, FAO and WHO.

The final closing remark was given by Dr Simplicie Nouala. He thanked partners (FAO, OIE, WHO) RECs (ECOWAS, EAC, COMESA, CEN-SAD), colleagues and all the participants for their active and fruitful participation to the workshop. He reminded the participants that this process started 9 months ago at Naivasha and all participants to this process have been committed. He thanked the RECs for their participation and those excused for their absence due to many other constraints. He also thanked the

partners coming for the SPINAP steering committee meeting and decided to come one day before to attend the IRCM workshop. He thanked the team leader and the team for the work well done. He thanked all the participants for the interest put on this meeting even after 5 days work. He sincerely thanked all the partners and the AfDB for supporting for the improvement of the livelihood of Africans. He promised that, the document of the workshop will be shared with the partners and comments considered in the final document. He mentioned that, the assessment of CEN-SAD and UMA are not completed and the first thing will be to do so. The assessment document will be finalized and shared with all involved. With these few remarks, Dr Nouala closed the IRCM formulation workshop held in Bamako, Mali from the 19th to the 23rd November 2010.

5. Conclusion

The AU-IBAR workshop for the RECs held from 19-23 November 2010 in Bamako, Mali is considered to have been successful in achieving most of its objectives as presented in the introduction. The support for the IRCM was overwhelming and most RECs present at the workshop would like to see it taken forward as soon as possible. The RECs expressed the need to be given all the reports, including those from other RECs for bench marking with their own. Although pointers were given to the log framework development, this issue was not exhaustively discussed and the AU-IBAR was tasked to work on this matter further as well as the incorporation of all the accepted comments on the structure of the IRCM in the report. The consultants were asked to complete the reports for the remaining RECs (CEN-SAD and AMU) while other RECs were urged to forward updates to the team leader so that the IRCM can be concluded. The participants, especially the RECs expressed a great hope for the IRCM in helping them with the improvement of the management of TADs and zoonoses.

Annex I: Workshop Agenda

INTEGRATED REGIONAL COORDINATION MECHANISM: A PLATFORM FOR “ONE HEALTH” IN AFRICA

FORMULATION WORKSHOP BAMAOKO 19TH - 23TH NOVEMBER 2010 WORKSHOP AGENDA

Day 1			
	Activity	Duration	Responsible
1	Registration	08.30 – 09.00	AU-IBAR
Session I: Opening and introduction		09 - 10.00	
2	Welcoming remarks		Director AU-IBAR
3	Opening Remarks		Ministry of Livestock of Mali
4	Presentation and adoption of the Agenda		AU-IBAR
5	Purpose and Objectives of the workshop		SPINAP Coordinator
Coffee break		10.00 -10.30	All
Session II: Validation of IRCM main findings and recommendations (Chair: Ministry of Livestock Mali)			
1	Governance systems at REC level	10.30 – 10.50	IRCM Team Leader
2	Public Health services at REC level	10.50 – 11.10	WHO Expert
3	Livestock and animal (domestic and wildlife) health status at REC level	11.10 – 11.30	AU-IBAR Animal health expert
4	PVS reports at REC level	11.30 – 12.10	OIE PVS expert
5	Health communication at REC level	12.10 - 12.30	FAO Communication expert
	Clarification and discussion	12.30 – 13.00	All
Lunch Break		13.00 – 14.00	
6	Main Recommendations for IRCM at REC level (SADC, ECOWAS and ECCAS)	14.00 - 14.30	IRCM team member
7	Main Recommendations for IRCM at REC level (IGAD, EAC and COMESA)	14.30 – 15.00	IRCM team member
	Clarification and discussion	15.00 – 16.30	All
Coffee break		16.30 -17.00	All
Day 2			
Session II (Cont.): Validation of IRCM main findings and recommendations (Chair: ECOWAS)			
	Recap of Day 1	08.30 – 08.40	Rapporteur
8.	SADC Presentation - feedback on Analytical report	08.40 – 09.10	SADC Representatives
9.	ECOWAS Presentation - feedback on Analytical report	09.10 – 09.40	ECOWAS Representative
10.	ECCAS Presentation - feedback on Analytical report	09.40 – 10.10	ECCAS Representative

	Clarification and discussion	10.10 - 10.30	
Coffee break		10.30 -11.00	All
11.	EAC Presentation - feedback on Analytical report	11.00 - 11.30	EAC Representative
12.	IGAD Presentation - feedback on Analytical report	11.30 – 12.00	IGAD Representative
13.	COMESA Presentation - feedback on Analytical report	12.00 – 12.30	COMESA Representative
	Clarification and discussion	12.30 – 13.00	All
Lunch Break		13.00 -14.00	All
14.	Way forward for the completion and dissemination of REC Analytical reports	14.00 -15.00	Plenary discussion
Session III: IRCM Development (Chair: ECCAS)			
1.	Presentation of the proposed IRCM	15.00 – 15.30	AU-IBAR
2.	Revision and recommendations for the proposed IRCM	15.30 - 16.30	3 Groups
Coffee break		16.00 -16.30	All
3	Group presentations	16.30- 17.00	3 Groups
	Clarification and discussion	17.00 – 17.30	All
Day 3			
	Recap of day2	8.30 - 8.45	Rapporteur
4.	Consolidation and endorsement of IRCM	8.45 – 10.00	All
Coffee break		10-10.30	All
Session IV: Development of IRCM implementation plan (COMESA)			
1.	Presentation of main elements of the implementation plan at Regional, Inter-regional and continental levels	10.30-11.00	AU-IBAR
2.	Discussion and endorsement	11.00 -12.00	All
3.	Identification of criteria for prioritization of activities to be supported at REC level	12.00 – 13.00	3 Groups
Lunch Break		13.00 – 4.00	
4.	Group presentation	14.00 – 15.00	3 Groups
5.	Consolidation and endorsement of prioritization criteria	15.00 – 16.00	All
Coffee break		16.00 -16.30	
6.	Pre-formulation of IRCM plan at REC, Inter-REC and Continental levels	16.30 - 18.00	3 Groups
Day 4			
7.	Recap of day3	08.30 - 8.45	Rapporteur
8.	Presentation & discussion of preliminary plans	08.45 – 09.30	3 groups
9.	Clarification and discussion	09.30 – 10.00	All
Coffee break		10.00-10.30	All
10.	Monitoring and evaluation system	10.30-13.00	AU-IBAR
Lunch Break		13.00 – 4.00	
11.	Development of a log-frame for the IRCM Implementation plan	14.00 – 16.00	3 Groups

Coffee break		16.00 -16.20	
12.	Presentation of the log-frame	16.20- 17.00	3 Groups
Day 5			
13.	Recap of day 4	08.30 - 08.45	Rapporteur
10.	Consolidation and endorsement of the log-frame	08.45 – 10.00	All
Coffee break		10.00 -10.30	
14.	Way-forward for the completion of the IRCM implementation plan	10.30 -12.30	All
Session V: Closing session			
I	Closing remarks	12.30- 13.00	AU-IBAR
Lunch Break		12.30 – 14.00	

Annex 2. Purpose and Objectives of the workshop

Annex 3. Governance Systems at REC Level

Annex 4. Public Health Services at REC Level

Annex 5. Livestock and Animal Health Status at REC's

Annex 6. PVS reports at REC Level

Annex 7. Communication systems at REC level

Annex 8. Recommendations for SADC, ECOWAS and ECCAS

Annex 9. Recommendations for COMESA, EAC and IGAD

Annex 10. Presentation on the Proposed IRCM

Annex 11. Presentation by COMESA Representative

Annex 12. M&E Presentation

Annex 13: List of Participants

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Annex 13. Outputs of Working Groups

For the groups work, participants were divided in three groups to carry out the planned activities. The first assignment to the groups was to amend the proposed content of the IRCM document. After deliberation of each group the following outputs were produced.

Participants of Group 1	Participants of Group 2	Participants of Group 3
Vivian Iwar (Chairperson)	Timothy Wesonga (Chairperson)	Benjamin Djoudalbaye (Chairperson)
Kaboré Henri (Rapporteur)	Tom Nyariki (rapporteur)	Andjouza Ahamada (Rapporteur)
Diop Bouna	Samuel Muriuki	Peter Mzolfé
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Fanikiso Musa	Oumou Sangaré	Vittorio Cagnolati
Nouala Simplicie	Walter Masiga	Zacharie Compaoré
		Ibrahima Jagne
		Ibrahima Eldaghayes

Group Work Session 1: Comments on the Proposed IRCM Structure and Contents

Group 1

Sectoral Coordination

1.1 Networking

1.1.1 Human resources

- 1.1.1.1 Rosters of experts at REC level
- 1.1.1.2 Procedures for national experts' mobilization

1.1.2 Epidemio-surveillance

- 1.1.2.1 Epidemio-surveillance network at REC level
- 1.1.2.2 Early warning systems
- 1.1.2.3 Capacity building on integrated disease surveillance

- I.1.2.4 Resource mobilization
- I.1.2.5 Integration of public health/livestock/wildlife surveillance networks
- I.1.2.6 Stakeholder mobilization and community participation in disease surveillance

I.1.3 Laboratory services

- I.1.3.1 Capacity building on diagnostic services
- I.1.3.2 Laboratory twinning
- I.1.3.3 Quality assurance
- I.1.3.4 Regional laboratories and referral systems

I.2 Animal health

- I.1.1 Capacity building on coordination
- I.1.2 Sectoral committees and task forces at REC level
- I.1.3 Stakeholder's participation
- I.1.4 Continuous professional development
- I.1.5 Harmonization of legal framework and compliance with International Standards
- I.1.6 Transhumance and cross border movements
- I.1.7 Bio-security
- I.1.8 Veterinary services
- I.1.9 Resource mobilization
- I.1.10 Emergency preparedness and response
- I.1.11 Policy Development and Harmonization
- I.1.12 Wildlife and disease control
- I.1.13 Wildlife contribution to livelihoods and regional economies

I.2 Human Health

- I.2.1 Capacity building on coordination
- I.2.2 Sectoral committees and task forces at REC level
- I.2.3 Stakeholder's participation to strengthen health system
- I.2.4 IHR (2005) and IDSR implementation
- I.2.5 Continuous professional development
- I.2.6 Cross-border surveillance and emergency preparedness and response
- I.2.7 Resource mobilization

Inter-Sectoral Collaboration

I.3 Joint Committee

- I.3.1 Inter-sectoral coordination committees and task forces **Wildlife-Livestock-Human**
- I.3.2 Institutionalization of inter-sectoral collaboration at REC Level
 - 2.1.3. Network of experts

I.4 Joint Programs (Should be live to the RECs)

- I.4.1 Joint professional development programs
- I.4.2 Sharing facilities and expertise

Knowledge Management

I.5 Data management

- I.5.1 Data-base at REC level
- I.5.2 Capacity building on data management
- I.5.3 Inter-operability of different data systems

I.6 Information sharing

- I.6.1 Communication channels at different levels

- I.6.2 Information dissemination
- I.6.3 Disease notification/reporting
- I.6.4 Epidemio-surveillance and laboratory data sharing and dissemination

Communication

I.7 Coordination

- I.7.1 Coordination committees and task forces at REC level
- I.7.2 Capacity building on communication at REC level
- I.7.3 Resource mobilization

I.8 Awareness and advocacy

- I.8.1 Awareness campaigns on One Health approaches
- I.8.2 Advocacy among different stakeholders
- I.8.3 Communication strategies and plans on integrated approaches for TADs and Zoonoses
- I.8.4 Web page development

I.9 Networking

- 2 Communication networks at REC level
 - 2.1 Inter-REC Coordination
 - 2.2 Information sharing
- 3 Networking
 - 3.1 Continental Coordination
- 4 Coordination with AUC Departments and other Organs of the African Union
- 5 Partnership
 - 5.1 Partnership with International Technical partners (OIE, WHO, FAO)
 - 5.2 Partnership with development partners

Group 2

Sectoral Coordination

I.1 Animal health

I.1.1 Livestock

- I.1.2 Capacity building on coordination
 - I.1.2.1 Sectoral committees and task forces at REC level
 - I.1.2.2 Continuous Professional development
 - I.1.2.3 Veterinary services
 - I.1.2.4 Emergency preparedness and response
- I.1.3 Stakeholder's participation
- I.1.4 Harmonization of legal framework and compliance with International Standards
- I.1.5 Transhumance and cross border movements
- I.1.6 Bio-security
- I.1.7 Resource mobilization
- I.1.8 Policy Development and Harmonization

I.1.9 Wildlife

- I.1.10 Capacity building on coordination
 - I.1.10.1 Sectoral committees and task forces at REC level

- 1.1.10.2 Continuous professional development
- 1.1.11 Stakeholder's participation
- 1.1.12 Wildlife and disease control
- 1.1.13 Policy Development and Harmonization

1.2 Human Health

- 1.2.1 Capacity building on coordination
 - 1.2.1.1 Sectoral committees and task forces at REC level
 - 1.2.1.2 Continuous professional development
- 1.2.2 Stakeholder's participation to strengthen health system
- 1.2.3 IHR (2005) and IDSR implementation
- 1.2.4 Cross-border surveillance and emergency preparedness and response
- 1.2.5 Resource mobilization

Inter-Sectoral Collaboration

1.2 Joint Programs

- 1.2.1 Joint professional development programs
- 1.2.2 Sharing facilities and expertise
- 1.2.3 Joint research
- 1.2.4 Review of policy to facilitate collaboration
- 1.2.5 Institutional reforms

1.3 Joint Fora

- 1.3.1 Inter-sectoral coordination committees and task forces
- 1.3.2 Institutionalization of inter-sectoral collaboration at REC Level

1.4 Wildlife-Livestock-Human interface

- 1.4.1 One Health approach

Knowledge Management

1.5 Information management

- 1.5.1 Data-base at REC level
- 1.5.2 Capacity building on data management
- 1.5.3 Inter-operability of different data systems
- 1.5.4 Disease notification/reporting
- 1.5.5 Epidemio-surveillance and laboratory data sharing and dissemination

Networking

1.6 Human resources

- 1.6.1 Rosters of experts at REC level
- 1.6.2 Procedures for national experts' mobilization

1.7 Epidemio-surveillance

- 1.7.1 Epidemio-surveillance network at REC level
- 1.7.2 Early warning systems
- 1.7.3 Capacity building on integrated disease surveillance
- 1.7.4 Resource mobilization
- 1.7.5 Integration of public health/livestock/wildlife surveillance networks
- 1.7.6 Stakeholder mobilization and community participation in disease surveillance

1.8 Laboratory services

- 1.8.1 Capacity building on diagnostic services
- 1.8.2 Laboratory twinning
- 1.8.3 Quality assurance and accreditation
- 1.8.4 Regional laboratories and referral systems
- 1.8.5 Vaccine production

1.9 Communication

- 1.9.1 Communication networks at REC level

Communication

1.10 Coordination

- 1.10.1 Capacity building on communication at REC level
 - 1.10.1.1 Coordination committees and task forces at REC level
- 1.10.2 Resource mobilization
- 1.10.3 Communication channels at different levels

1.11 Awareness and advocacy

- 1.11.1 Advocacy on One Health approaches
- 1.11.2 Advocacy among different stakeholders
- 1.11.3 Communication strategies and plans on integrated approaches for TADs and Zoonoses
- 1.11.4 Information dissemination

Inter-REC Collaboration

- 1.12 Information sharing
- 1.13 Networking

Continental Coordination

- 1.14 Coordination with AUC Departments and other Organs of the African Union
- 7.2 Inter-REC coordination

Partnership

- 1.15 Partnership with International Technical partners (OIE, WHO, FAO etc)
- 1.16 Partnership with development partners

Group 3

Sectoral Coordination

1.3 Animal health

1.3.1 Livestock

- 1.3.2 Capacity building on coordination
- 1.3.3 Establish Sectoral committees and task forces at REC level and strengthen where it's existing
- 1.3.4 Key Stakeholder's participation and private sector and gender mainstreaming
- 1.3.5 Continuous professional development
- 1.3.6 Harmonization of legal framework and compliance with International Standards
- 1.3.7 Transhumance and cross border movements
- 1.3.8 Bio-security
- 1.3.9 Veterinary services
- 1.3.10 Resource mobilization
- 1.3.11 Emergency preparedness and response
- 1.3.12 Policy Development and Harmonization

1.3.13 Wildlife

- 1.3.14 Capacity building on coordination

- I.3.15 Sectoral committees and task forces at REC level
- I.3.16 Stakeholder's participation
- I.3.17 Continuous professional development
- I.3.18 Wildlife and disease prevention and control
- I.3.19 Wildlife contribution to livelihoods and regional economies

I.4 Human Health

- I.4.1 Capacity building on coordination
- I.4.2 Sectoral committees and task forces at REC level
- I.4.3 Stakeholder's participation to strengthen health system
- I.4.4 IHR (2005) and IDSR implementation
- I.4.5 Continuous professional development
- I.4.6 Cross-border surveillance and emergency preparedness and response
- I.4.7 Resource mobilization

Inter-Sectoral Collaboration

I.17 Joint Fora

- I.17.1 Inter-sectoral coordination committees and task forces
- I.17.2 Institutionalization of inter-sectoral collaboration at REC Level

I.18 Joint Programs

- I.18.1 Joint professional development programs
- I.18.2 Sharing facilities and expertise

I.19 Wildlife-Livestock-Human interface

- I.19.1 One Health concept

Knowledge Management

I.20 Data management

- I.20.1 Capacity building on data management
- I.20.2 Data-base at REC level
- I.20.3 Inter-operability of different data systems
- I.20.4 Resource mobilization

I.21 Information sharing

- I.21.1 Communication channels at different levels
- I.21.2 Information dissemination
- I.21.3 Disease notification/reporting
- I.21.4 Epidemio-surveillance and laboratory data sharing and dissemination

Networking

I.22 Human resources

- I.22.1 Data base of experts at REC level
- I.22.2 Procedures for national experts' mobilization

I.23 Epidemio-surveillance

- I.23.1 Epidemio-surveillance network at REC level
- I.23.2 Early warning systems
- I.23.3 Capacity building on integrated disease surveillance
- I.23.4 Resource mobilization
- I.23.5 Integration of public health/livestock/wildlife surveillance networks
- I.23.6 Stakeholder mobilization and community participation in disease surveillance

1.24 Laboratory services

- 1.24.1 Capacity building on diagnostic services
- 1.24.2 Laboratory twinning
- 1.24.3 Quality assurance / Quality control
- 1.24.4 Regional laboratories and referral systems
- 1.24.5 Laboratory network

Communication

1.25 Coordination

- 1.25.1 Coordination committees and task forces at REC level
- 1.25.2 Capacity building on communication at REC level
- 1.25.3 Resource mobilization

1.26 Awareness and advocacy

- 1.26.1 Awareness campaigns on One Health concept
- 1.26.2 Advocacy among different stakeholders
- 1.26.3 Communication strategies and plans on integrated approaches for TADs and Zoonoses
- 1.26.4 Advocacy on Gender Mainstreaming
- 1.26.5 Web page development

1.27 Networking

- 1.27.1 Communication networks at REC level

Inter-REC Coordination

- 1.28 Information sharing

6.2 Joint Forum

- 6.3** Networking

Continental Level Coordination

6.4 Coordination with AUC and other Organs of the African Union

6.5 Harmonization and Alignment

6.6 Coordination with all relevant/ Department of AUC specialize Agency of programmes

Partnership

6.7 Partnership with International Technical partners (OIE, WHO, FAO, WTO)

6.8 Partnership with development partners

Consolidated Group Work: Session I

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Henri Kabore

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Sectoral Coordination

1.1 Animal health (livestock and wildlife)

- 1.1.1 Capacity building on coordination
- 1.1.2 Committees and task forces
- 1.1.3 Key stakeholder's participation, private sector and gender mainstreaming
- 1.1.4 Continuous professional development

- I.1.5 Harmonization of legal frameworks and compliance with International Standards
- I.1.6 Transhumance and cross border movements
- I.1.7 Bio-security
- I.1.8 Veterinary services (surveillance, disease prevention and control)
- I.1.9 Resource mobilization
- I.1.10 Emergency preparedness and response
- I.1.11 Policy Development and Harmonization
- I.1.12 Wildlife and disease prevention and control

I.2 Human Health

- I.2.1 Capacity building on coordination
- I.2.2 Committees and task forces
- I.2.3 Stakeholder's participation to strengthen health system
- I.2.4 IHR (2005) and IDSR implementation
- I.2.5 Continuous professional development
- I.2.6 Cross-border surveillance and emergency preparedness and response
- I.2.7 Resource mobilization

Inter-Sectoral Collaboration

I.1 Joint Fora

- I.1.1 Committees and task forces
- I.1.2 Institutionalization of inter-sectoral collaboration

I.2 Joint Programs

- I.2.1 Joint programming
- I.2.2 Shared facilities and expertise
- I.2.3 Joint research
- I.2.4 Policy review and institutional reforms

I.3 Animal-Human-Environments interface

- I.3.1 One Health concept

Knowledge Management

I.4 Information management

- I.4.1 Data-base
- I.4.2 Capacity building on information management
- I.4.3 Inter-operability of data systems
- I.4.4 Communication channels (Health information system)
- I.4.5 Information dissemination
- I.4.6 Disease notification/reporting
- I.4.7 Epidemio-surveillance and laboratory data sharing and dissemination

Networking

I.5 Human resources

- I.5.1 Data-base of experts
- I.5.2 National experts' mobilization
- I.5.3 Resource mobilization

I.6 Epidemio-surveillance

- I.6.1 Epidemio-surveillance network
- I.6.2 Early warning systems
- I.6.3 Capacity building on integrated disease surveillance
- I.6.4 Resource mobilization
- I.6.5 Integration of public health/livestock/wildlife surveillance networks
- I.6.6 Stakeholder mobilization and community participation in disease surveillance

1.7 Laboratory services

- 1.7.1 Capacity building on diagnostic services
- 1.7.2 Laboratory twinning
- 1.7.3 Quality control, quality assurance and accreditation
- 1.7.4 Regional laboratories and referral systems
- 1.7.5 Laboratory networks
- 1.7.6 Resource mobilization
- 1.7.7 Vaccine quality

1.8 Communication

- 1.8.1 Communication Networks

Communication

1.9 Coordination

- 1.9.1 Committees and task forces
- 1.9.2 Capacity building on communication
- 1.9.3 Resource mobilization

1.10 Awareness and advocacy

- 1.10.1 Advocacy on One Health concept
- 1.10.2 Advocacy among different stakeholders
- 1.10.3 Communication strategies and plans on integrated approaches for TADs and Zoonoses
- 1.10.4 Advocacy on gender mainstreaming

Inter-REC Collaboration

- 1.11 Information sharing
- 1.12 Networking

Continental Coordination

- 1.13 Coordination with relevant Departments, specialized agencies and programs of AUC and Organs of the African Union
- 1.14 Inter-REC Coordination

Partnership

- 1.15 International Technical Partners (AU-IBAR, OIE, WHO, FAO, WTO, etc.)
- 1.16 Development Partners

Plenary Discussions on Proposed Structure and Contents

The consolidated document was discussed and many points were explained and agreed:

- The networking should be under sectoral coordination.
- The issue of veterinary services, biosecurity shouldn't be under networking.
- Remove veterinary services and leave surveillance, diseases prevention and control.
- The subheadings at third level should be considered in the document like issues.
- Public health should be under network.
- Suggestion to remove information dissemination Gender mainstreaming should capture under communication.
- Gender is a cross cutting issue and not limited to women.
- The resources mobilization should stand alone or included under all the section.
- Resources mobilization is not only monetary but includes human resources, material, etc.
- Under partnership we have regional partners and international partners.

Working Group Session II: Identification of Activities to be done and Set of Criteria for their Prioritization and Resources Required

Group I Introduction

The group resolved not to include resources estimation considering that this aspect should come during the preparation of the Action plan.

Sectoral Coordination

I.3 Animal health (livestock and wildlife)

- Establishment of an animal health coordination desk where need be
- Carry out capacity need assessment at REC level
- Harmonization of livestock policy and legal frameworks and compliance with International Standards (Transhumance, cross border movement, biosecurity, regional veterinary committee, etc)
- Establish or strengthen regional networks and ensure their anchorage to RECs
- Capacity building on laboratory diagnostic and epidemio-surveillance services
- Establish data-base of experts (epidemiologist, laboratory, VPH, Wildlife, etc)
- Strengthen laboratory capacities through twinning, establishment of quality assurance systems/accreditation, promotion of regional laboratories and referral systems, etc
- Ensure quality assurance of veterinary medicines and biologicals
- Promote stakeholder's participation including private sector, producer organizations, civil society etc
- Promote continuous professional development
- Harmonization of strategies for prevention and control of TADs and zoonoses
- Strengthen collaboration between Wildlife Services for better management of wildlife diseases.

I.4 Human Health

- Establishment of a human health coordination desk where need be
- Carry out capacity need assessment at REC level
- Establish or strengthen regional networks and ensure their anchorage to RECs
- Establish data-base of experts
- Stakeholder's participation to strengthen health system
- IHR (2005) and IDSR implementation
- Promote continuous professional development
- Cross-border surveillance and emergency preparedness and response.

Inter-Sectoral Collaboration (One health concept)

- Establish joint committees and task forces
- Institutionalization of inter-sectoral collaboration
- Develop joint programmes
- Develop mechanism to share facilities and expertise
- Promote joint research

Knowledge Management

- Establish or strengthen regional data-base for livestock resources
- Ensure inter-operability of data systems
- Strengthen capacity building on information management

Communication

- Establishment of a communication coordination desk where need be
- Establish or strengthen regional communication network and ensure their anchorage to RECs
- Strengthen capacity on communication
- Develop advocacy materials/tools on One Health concept
- Harmonize communication strategies/policies/plans on integrated approaches for TADs and Zoonoses prevention and control

Inter-REC Collaboration

- Encourage information sharing and networking
- Establish joint technical fora to improve consultations

Continental Coordination

- Promote inter-REC coordination by relevant Departments, specialized agencies and programs of AUC and Organs of the African Union

Partnership

- Promote public-private partnership including civil society, media, academia etc
- Strengthen partnership with relevant regional, continental and international technical agencies (AU-IBAR, OIE, WHO, FAO, WTO, etc.) and development partners
- Use the Alive plat-form to strengthen information sharing, consultations, resources mobilization etc among partners,

Set of criteria to select and prioritize activities

1. Presence or absence of livestock desk/unit and networks
2. Level of resources available
3. Policy/strategy/legal framework documents available
4. OIE PVS and GAP Analysis reports available and release
5. Existence of subsisting agreements between RECs
6. Support from technical and development partners

Group 2

Sectoral Coordination

1.5 Animal health (livestock and wildlife-these need to be addressed separately and jointly as appropriate)

- 1.5.1 Capacity building
 - Human resources and materials
 - Continuous professional development
- 1.5.2 Committees
 - Establish sectoral committees within the RECs
- 1.5.3 Key stakeholder's participation, private sector and gender mainstreaming
 - Strengthen stakeholders participation
- 1.5.4 Veterinary services (surveillance, disease prevention and control)
 - Regional strategy for disease control for domestic and wildlife
- 1.5.5 Emergency preparedness and response
 - Regional preparedness and contingency plans
 - Creating regional response teams
 - Training
- 1.5.6 Policy Development and Harmonization
 - Harmonization of legal frameworks and compliance with International Standards
 - Transhumance and cross border movements
 - Bio-security rules and procedures
 - Formulation and development for SPS instrument
- 1.5.7 Wildlife and disease prevention and control
- 1.5.8 Establishment of reference laboratories

1.6 Human Health

- 1.6.1 Capacity building
 - Continuous professional development
- 1.6.2 Establish functional multi-sectoral committees
- 1.6.3 Increase stakeholder's participation to strengthen health system
- 1.6.4 Support IHR (2005) and IDSR implementation

- I.6.5 Strengthen cross-border surveillance and emergency preparedness and response
- I.6.6 Undertake resource mobilization

Inter-Sectoral Collaboration

I.17 Joint Fora

- I.17.1 Establish functional multi-sectoral committees
- I.17.2 Develop TORs for the committees

I.18 Institutionalization of inter-sectoral collaboration

- I.18.1 Joint programming
- I.18.2 Shared facilities and expertise
- I.18.3 Joint research
- I.18.4 Policy review and institutional reforms

I.19 Animal-Human-Environments interface

- I.19.1 Operationalize One Health Concept at regional level

Knowledge Management

I.20 Information management

- I.20.1 Harmonization of data capture tools
- I.20.2 Establishment of functional information system
- I.20.3 Development of regional strategies on information management
- I.20.4 Capacity building on information management
- I.20.5 Inter-operability of data systems
- I.20.6 Communication channels (Health information system)
- I.20.7 Information dissemination
- I.20.8 Disease notification/reporting
- I.20.9 Epidemio-surveillance and laboratory data sharing and dissemination

Networking

I.21 Human resources

- I.21.1 Data-base of experts
- I.21.2 National experts' mobilization
- I.21.3 Resource mobilization

I.22 Epidemio-surveillance

- I.22.1 Epidemio-surveillance network
- I.22.2 Early warning systems
- I.22.3 Capacity building on integrated disease surveillance
- I.22.4 Resource mobilization
- I.22.5 Integration of public health/livestock/wildlife surveillance networks
- I.22.6 Stakeholder mobilization and community participation in disease surveillance

I.23 Laboratory services

- I.23.1 Capacity building on diagnostic services
- I.23.2 Laboratory twinning
- I.23.3 Quality control, quality assurance and accreditation
- I.23.4 Regional laboratories and referral systems
- I.23.5 Laboratory networks
- I.23.6 Resource mobilization
- I.23.7 Vaccine quality

I.24 Communication

- I.24.1 Communication Networks

Communication

I.25 Coordination

- I.25.1 Strengthen animal health communication at REC level
- I.25.2 Formulating regional communication strategies and plans
- I.25.3 Capacity building on communication

1.26 Awareness and advocacy

- 1.26.1 Advocacy on One Health concept
- 1.26.2 Advocacy among different stakeholders
- 1.26.3 Communication strategies and plans on integrated approaches for TADs and Zoonoses

Inter-REC Collaboration

- 1.27 Information sharing
- 1.28 Networking
 - Establish or strengthen networks

Continental Coordination

- 1.29 Develop instruments to operationalize inter-REC cooperation
- 1.30 Coordination with relevant Departments, specialized agencies and programs of AUC and Organs of the African Union

1.31 Inter-REC Coordination

Partnership

- 1.32 frameworks for collaboration
- 1.33 International Technical Agencies (AU-IBAR, OIE, WHO, FAO, WTO, etc.)

1.34 Development partners

2. Cross-cutting issues

- Promotion of gender main streaming
- Environmental management
- Create awareness on HIV AIDs
-

3. Resource mobilization

- Establish a database of experts (wildlife, livestock, human, communication) in the region
- Fundraising

Group 3

Components	Sub-components	Resource/Principal activity
Sectoral Coordination	Animal Health (Livestock and Wildlife)	Meetings and workshops Establishment of committee and task forces Policy harmonization Training Strategies and plans for preparedness and response Networking Financial and human resources and time management Network of national experts Establishment and strengthen epidemio-surveillance, laboratory, communication and socio-economic networks
	Human Health	Meetings and workshops Establishment of committee and task forces Advocacy of IHR (2005) and IDSR implementation Training Strategies and plans for preparedness and response Networking Financial and human resources and time

Components	Sub-components	Resource/Principal activity
		management Network of national experts Establishment and strengthen epidemio-surveillance, laboratory, communivation and socio-economic networks
Inter-sectoral Coordination	Joint Programmes	Establishment of committee and task forces Development of joint research protocols Integrated surveillance program for target zoonoses Integrated rapid response teams Joint financial resources and expertise Advocacy on policy review and institutional reforms
	Joint Fora	Establishment of committee and task forces Development of joint research protocols Integrated surveillance program for target zoonoses Integrated rapid response teams Joint financial resources and expertise Advocacy on policy review and institutional reforms
	Wildlife-Livestock-Human Interface	Establishment of committee and task forces Development of joint research protocols Integrated surveillance program for target zoonoses Integrated rapid response teams Joint financial resources and expertise Advocacy on policy review and institutional reforms reflect the one health concept
Knowledge Management	Information management	Development of information management system Website Networking and data information sharing Training Enhancing inter-operability of information systems Financial, technical and human resources Harmonization and advocacy for disease notification/reporting
Communication	Coordination	Establishment of committee and task force Training Development and strengthen of communication strategies
	Awareness and Advocacy	Advocacy on one health concept Advocacy on gender mainstreaming and other cross-cutting issues Awareness creation among different stakeholders

Components	Sub-components	Resource/Principal activity
Inter-REC Collaboration	Information Sharing and Networking	Attending each other meetings Website updating Sharing information and best practices through bulletin, newsletters, periodic reports...etc Financial resources for transporting Sharing of expertise and resources
Continental Coordination	Coordination with AUC	Frequent dissemination of periodic reports Formalized information sharing Inter-REC technical meetings
Partnership	With International Technical Partners	MOU and cooperation plans Strengthen RAHC Attending UNECA RCM/SRCM
	With Development Partners	Agreement on programs and funding
Resource Mobilisation		Strategic plans

Set of criteria to select and prioritize activities

1. Supported by the Legal frame work
2. Part of the strategic plan
3. The value
4. The relevance
5. Align to procedures at REC level
6. Part of continental strategies (The health strategy for Africa,....etc)
7. Visibility and cost effectiveness
8. Integrated approaches and linkages (One World, One Health)

Working Group Session II: Plenary Discussions

The groups' work was to identify activities and resources. All the groups didn't focus on the resources because the main finding was that the resources will depend on the size of the activity. The action plan could be the framework expressing the level of needed resources.

Some participants questioned the functionality of the IRCM and what will be the priority at the beginning of this mechanism?

The issue of wildlife was also been discussed intensively. The outcome of this discussion was to properly consider wildlife even if veterinary services cannot adequately take care of wildlife. In term of ideas, it is easy to plan for wildlife but, when it comes to carry out activities it become difficult. It is a specific area to address. It was suggested to have sub-headings to address wildlife in the logical framework. Finally, it was agreed to include existing animal health (domestic, wildlife) and human. When it comes to implement wildlife activity, it can be done. There is no need to duplicate the structure by creating others including specifically wildlife. Other suggestion came out saying to consider wildlife in OIE perspective creating focal points for wildlife. It was also suggested to consider wildlife without disrupting the main chain of command in animal health sector.

Consolidated groups' work 2

Participants:

- Vivian Iwar, Chair
- Thomas Nyariki
- Timothy Wesonga
- Ibrahim Eldaghayes

Sectoral Coordination

2.1. Animal health

- Establishment of an animal health coordination desk where need be

- Establish of fora for regional coordination in control of TADs and Zoonoses
- Carry out capacity need assessment at REC level
- Harmonization of livestock policy and legal frameworks and compliance with International Standards (Transhumance, cross border movement, biosecurity, regional veterinary committee, etc)
- Establish or strengthen regional networks and ensure their anchorage to RECs
- Capacity building on laboratory diagnostic and epidemio-surveillance services and wildlife health
- Establish data-base of experts (epidemiologist, laboratory, VPH, Wildlife, etc)
- Strengthen laboratory capacities through twinning, establishment of quality assurance systems/accreditation, promotion of regional laboratories and referral systems, etc
- Ensure quality assurance of veterinary medicines and biologicals
- Promote stakeholder's participation including private sector, producer organizations, civil society etc
- Promote continuous professional development on epidemiology, wildlife health, laboratory diagnostics and aquatic diseases among others
- Harmonization of strategies for prevention and control of TADs and zoonoses
- Strengthen collaboration between departments and ministries responsible for wildlife Services, Veterinary services and human health for better management of wildlife diseases.

2.2. Human Health

- Establishment of a human health coordination desk where need be
- Carry out capacity need assessment at REC level
- Establish or strengthen regional networks and ensure their anchorage to RECs
- Establish data-base of experts
- Stakeholder's participation to strengthen health system
- IHR (2005) and IDSR implementation
- Promote continuous professional development
- Cross-border surveillance and emergency preparedness and response.

Inter-Sectoral Collaboration (One health concept)

- Establish joint committees and task forces to institutionalize the One Health concept
- Institutionalization of inter-sectoral collaboration
- I.1..1 Develop joint programmes such as cross-border collaboration
- I.1..2 Develop mechanism to share facilities and expertise
- I.1..3 Promote joint research

Knowledge Management

- Establish or strengthen regional data-base for livestock resources
- Ensure harmonization and inter-operability of data systems
- Strengthen capacity building on information management

Communication

- Establishment of a communication coordination desk where need be
- Establish or strengthen regional communication network and ensure their anchorage to RECs
- Strengthen capacity on communication
- Develop awareness and advocacy materials/tools on One Health concept
- Harmonize communication strategies/policies/plans on integrated approaches for TADs and Zoonoses prevention and control

Inter-REC Collaboration

- Encourage information sharing and networking
- Establish joint technical fora to improve consultations

Continental Coordination

- Promote inter-REC coordination by relevant Departments, specialized agencies and programs of AUC and Organs of the African Union

Partnership

- Promote public-private partnership including civil society, media, academia etc
- Strengthen partnership with relevant regional, continental and international organizations and development partners
- Use the Alive plat-form to strengthen information sharing, consultations, resources mobilization etc among partners,

3. Cross-cutting issues

- Gender mainstreaming and supporting of vulnerable groups
- Promotion of environmental management

4. Resource mobilization

- Establish a database of experts (wildlife, livestock, human, communication) in the region
- Fundraising

Set of criteria to select and priorities activities

1. Presence or absence of livestock desk/unit and networks
2. Level of resources available
3. Policy/strategy/legal framework documents available
4. OIE PVS and GAP Analysis reports available and release
5. Existence of subsisting agreements between RECs
6. Support from technical and development partners
7. REC interests

- Under animal health we should use wording more general than the specific one to designate the type of meetings.
- The HIV issue was also discussion about his statement in the document.
It's not necessary to state HIV prominently in this mechanism.
- HIV is already inside vulnerable groups. It can be put prominently as a crosscutting issue and must be coordinated.

Groups work Session III: Monitoring and Evaluation (Log framework Development)

Group I

**STRATEGIC LOGICAL FRAMEWORK-
INTEGRATED REGIONAL COORDINATION MECHANISM (IRCM)**

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
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Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
Overall Objective: To contribute to economic development and livelihoods in Africa through the control of trans- boundary animal diseases and zoonoses and the improvement of animal resources management.			
Specific objective: To provide an objective and progressive framework to coordination and harmonization for the effective management of Trans-boundary Animal Diseases (TADs) and zoonoses (including emerging/re-emerging) infectious diseases in Africa.			
Outcomes 1. Efficient coordination mechanism to improve human and animal health in place at REC level 2. Inter-REC collaboration and coordination strengthened at continental level			
Outputs related to Outcome I			
Output I. Improved sectoral coordination for animal health for the prevention and control of TADs and zoonoses.	Functional animal health office established. Livestock policy and legal framework updated Regional networks established and anchored to RECs. Number of labs upgraded Stakeholder participation Relevant strategic documents for prevention and control of TADs Formal collaboration between VS and Wildlife Services established	REC decision, reports Reports, updated documents adopted by REC & countries REC decision, reports Number of twinning entered into, Number of QA & accreditation Number of meetings Documents	

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
		Reports, documents, meetings, Task force	
Output 2. Improved sectoral coordination for human health for the prevention and control of TADs and zoonoses.			
Output 3. Enhanced inter- sectoral collaboraion based on the One Health approach.			
Output 4. Improved Knowledge Management and Communication in animal resources for informed and timely decision-making.			
Outputs related to Outcome 2: Inter-REC collaboration and coordination strengthened at continental level			
Output 1. Formal inter REC collaboration established			
Output 2. Inter-REC coordination and partnership strengthened			

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
Activities related to output I			

GROUP 2

Omry CENSAD (Chairperson)
 Oumou Sangare Loko (rapporteur)
 Samuel Muriuki
 Jennifer USAID
 Walter Massiga OIE
 Dominic OMOLO ECTAD FAO

STRATEGIC LOGICAL FRAMEWORK-INTEGRATED REGIONAL COORDINATION MECHANISM (IRCM)

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
Overall Objective: To provide an integrated approach to coordination and harmonization for the effective prevention and control of TADs and zoonoses (including emerging/re-emerging) infectious diseases in Africa by 2015	Frequency of meetings Timely dissemination of information Increase volume of trade on livestock and livestock products	Livestock desk established in each RECs Established database at each RECs Quality and accuracy of reports received by AU-IBAR and OIE Verification of Laboratory networking	
Purpose: Strengthen the RECs for better coordination and harmonization for prevention and control of TADs and Zoonoses.	Sectoral coordination Inter-sectoral collaboration Knowledge Management Communication Continental Coordination Partnership		

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
<p>Outputs:</p> <p>Output 1. Improved <i>sectoral coordination</i> for animal and human health for the prevention and control of TADs and zoonoses.</p>	<p>Number of capacity building --</p> <p>Increase in communication Training session</p> <p>Number of human resources in place</p> <p>Financial resources generated</p> <p>Improved infrastructures</p> <p>Number of policy documents adopted</p> <p>1.2. Number of functional Task forces & committees established.</p> <p>Number of minutes meetings circulated</p> <p>Number of policies harmonized and aligned at sectoral level.</p> <p>Policies adopted by Member States</p>		
<p>Output 2. Enhanced <i>inter-sectoral collaboraion</i> for integrated prevention and control TADs and zoonoses.</p>	<p>2,1 Collaboration within the RECs and between Member States through:</p> <p>Frequency of Joint meetings</p> <p>Number of Joint Programs</p>		
<p>Output 3. Improved Knowledge Management on TADs and zoonoses for informed and timely decision-making.</p>	<p>A functional Data-base in place in RECs</p> <p>Timely processing and dissemination of information</p> <p>The inter operability of the information system at national and RECs level.</p> <p>Number of capacity building conduct related to database management</p> <p>Number of staff in place and trained in information system management in RECs</p>		
<p>Output 4. Improved RECs ability to coordinate inter-sectorial <i>Communication on TADs</i> within and among RECs</p>	<p>Functional communication strategy in place</p> <p>Number of RECs personnel trained in communication techniques</p> <p>Number of advocacy materials produced</p>		

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
Output 5. Improve coordination amongst the technical agencies of the AUC and RECs on prevention and control of TADs and Zoonoses	Frequency of joint meetings. Level of information exchange		
Output 6. Improve collaboration between partners	Frequency of joint consultations		
Output 7. Enhanced <i>mobilization of human, technical and financial resources.</i>	Update database of Experts on place Number of funds raising events Strategy for funds raising in place Amount of resources mobilized		
Activities related to output 1 1.1 Animal Health Human Health			
Activities related to Output 2 2.1. Joint Fora 2.2. Joint programs 2.3. Animal-Human-Environments interface			
Activities related output 3 . Information management			
Activities related to Output 4			
Activities related to output 5			
Activities related to Output 6			
Activities related to Output 7			

GROUP 3

STRATEGIC LOGICAL FRAMEWORK- INTEGRATED REGIONAL COORDINATION MECHANISM (IRCM)

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
Overall Objective: To contribute to the attainment of the access to market and Food Security (CAADP Pillar 2 and 3).	Access to market increased availability and access of Food of animal origin		
Purpose: To strengthen Capacity to effectively coordinate and harmonise preparedness, prevention and control of TADs and zoonoses, including emerging and re-emerging disease with all relevant stakeholders.	Number of RECs with effective Sectoral coordination mechanisms Number of RECs with effective Inter-sectoral collaboration mechanisms Inter-REC collaboration established and functional Knowledge Management systems established and functional at REC level Number and quality of Communication strategies and plans Continental Coordination enhanced Improved Partnership with International Organisations, Financial and Technical Partners Quantity of Human, Financial and Technical Resource Mobilization		
Outputs: Output 1. Improved <i>sectoral coordination</i> at REC level for animal and human health for the prevention and control of prioritized TADs and zoonoses.	Number of meetings, workshops and Training Number of functional Task forces & committees established. Number of policies harmonized and aligned at sectoral level. Number of functional networks.		
Output 2. Enhanced <i>inter-</i>	2.1 Number of Joint Fora		

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
<i>sectoral collaboraion</i> for effective preparedness prevention and control of TADs and zoonoses at REC level.	Number of Joint Programs Policy and institutional reform for the one Health Concept		
Output 3. Improved Knowledge Management in infections animal diseases and zoonoses for informed preparedness, prevention and timely response.	Number of data-base initiate and functional in REC Number of capacity building conduct related to data-base management		
Output 4. Improved RECs ability for effective <i>Communication</i> within and among RECs for advocacy, awareness creation and behaviour change.			
Output 5. Improve inter-REC Collaboration for better management of TADs and Zoonoses			
Output 6. Enhance Continental Coordination for prevention and control of TADs and zoonoses			
Output 7. Improved Partnership with International Organizations and Financial and Technical Partners			
Output 8. Enhanced <i>mobilization of human, technical and financial resources</i> for harmonisation and effective coordination			
Activities related to output 1 1.1 Animal Health Human Health			
Activities related to Output 2 2.1 Joint Fora Joint programs Animal- Human-Environment Interface			

Intervention Logic (Results Chain)	Objectively Verifiable Indicators	Means of Verification	Assumptions/ Risks
Activities related output 3 Information management			
Activities related to Output 4			
Activities related to output 5			
Activities related to Output 6			
Activities related to Output 7			