



**JOINT SADC/AHEAD WORKSHOP
RECONCILING LIVESTOCK HEALTH AND
WILDLIFE CONSERVATION GOALS IN
SOUTHERN AFRICA: STRATEGIES FOR
SUSTAINABLE ECONOMIC
DEVELOPMENT**

SADC TADs PROJECT: SCIENTIFIC SESSION

FOOT AND MOUTH DISEASE IN SADC

13th November 2012

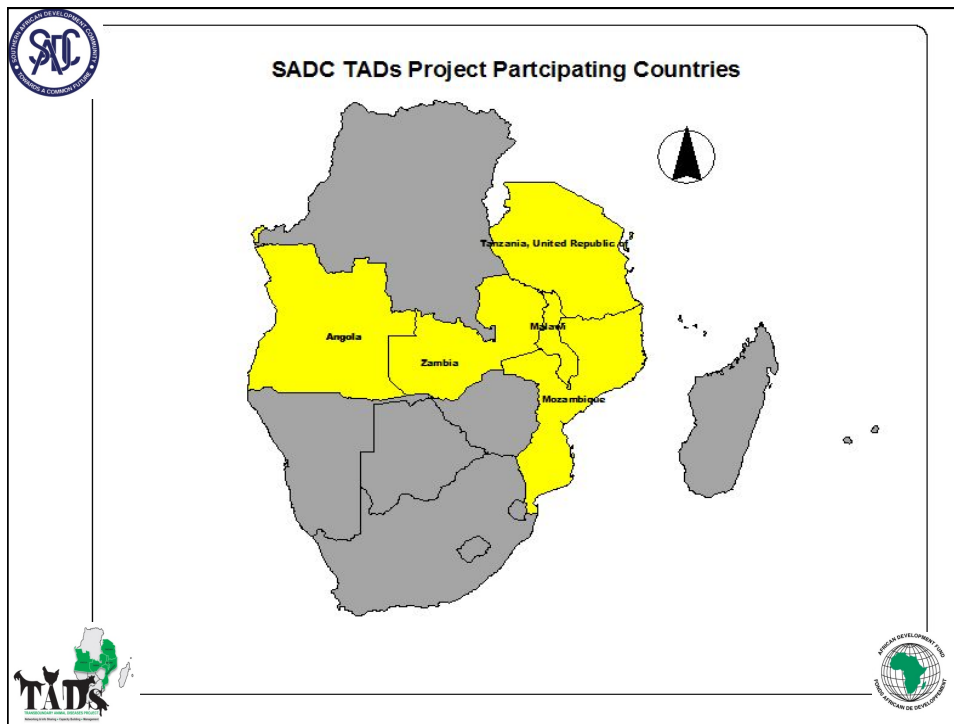
PHAKALANE, GABORONE, BOTSWANA



**Rift Valley Fever: Towards
the Development of a
Regional Control Strategy in
SADC**

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- RVF is an important TAD that has claimed both human and animal lives in the SADC region
- To date the disease has been overshadowed by other TADs especially FMD and CBPP
- Recent outbreaks of last 3-4 years have brought the disease back to the forefront especially following high human mortality in Tanzania



MORE ATTENTION DUE TO

Another important reason for RVF gaining attention is the:

- development of and promise held in new technologies relating to predictions of RVF outbreaks based on study of the climatic conditions
- promising developments in vaccine production and possible setting up of vaccine banks.



GEOGRAPHICAL FOCUS OF RESEARCH SO FAR

- Plenty of work has been done in this respect in East Africa spearheaded by Centre for Disease Control (CDC)
- In SADC regional initiatives started in 2009 with Bloemfontein meeting
- In February 2012 another meeting in Dar es Salaam discussed way forward for RVF control in East and Southern Africa.





CURRENT THRUST

- In August 2012 SADC TADs project set up a RVF WG composed of RVF key stakeholders
- The WG has as its goal:
 - “the development of a viable regional strategy that will act as a reference point at national and regional level (and be implemented in the SADC region resulting in the effective control of RVF)”



WORKING GROUP TORs

- Evaluate the capacities of Laboratories to diagnose RVF and propose strategies for mitigating/improving the identified gaps in the SADC region
- Evaluate the capacities of SADC MS to undertake RVF surveillance (passive and active) and identify needs in RVF recognition and diagnosis.
- Develop vaccination strategy for RVF control in the SADC region
- Develop, adapt and harmonize guidelines for the surveillance and control (epidemo-surveillance and sero-surveillance) of RVF in the different areas (enzootic, epizootic and free)





WORKING GROUP TORs cont.

- Adapt and harmonize Bio-safety guidelines (according to OIE and WHO standards) on collection, handling and transportation of RVF samples
- Identify and recommend priority research areas in RVF control and support strengthening of research capacity in the region
- Develop a regional control framework for RVF in animal and public health to be presented to LTC for approval and use in SADC



Progress so far

- WG had its first meeting in August 2012 and developed a work plan that includes the following:
 1. Operationalisation of Plan.
 - » WG Meeting
 - » Finalisation of Work plan
 - » Dissemination of the work plan to the MS
 - » Inception Meeting (Workshop)
 - » Follow-up surveillance activities (MS reports)





Progress so far cont.

2. Evaluate the capacities of Laboratories to diagnose RVF identified gaps in the SADC region

- Develop a questionnaire
- Send Questionnaire to all labs in the region
- Conduct on site needs assessment for the RVF diagnosis
- Compile report of the assessment

3. Propose strategies for mitigating/improving the identified gaps

- Develop recommendation to the Joint committee (with a view of escalating it to the LTC)



Progress so far cont.

4. Evaluate the capacities of SADC MS to undertake RVF surveillance (passive and active) and identify needs in RVF recognition and diagnosis

- Develop a questionnaire
- Send Questionnaire to all Epi units in the region
- Compile report of the assessment

5. Propose strategies for mitigating/improving the identified gaps

- » Develop recommendations to the EIS/LAB Joint committee (with a view of escalating them to the LTC)





Progress so far cont.

6. Develop vaccination strategy for RVF control in the SADC region

- Review vaccination strategy in each country (consult PG-Galvmed report)
- Evaluate vaccine needs based on mapping results
- Recommend modalities of setting up vaccine bank (strategic reserve)
- Review different vaccines/vaccine combinations to build up adequate herd immunity
- Recommend that all RVF vaccines used in the region are quality controlled by PANVAC
- Produce vaccination strategy first draft



Progress so far cont.

7. Surveillance

- Standardisation of surveillance SOPs
- Standardisation of sampling SOPs
- Training on collection, storage, transport
- Differential diagnosis and integrated surveillance
- Sero-surveillance

8. Zoning

- » Mapping distribution of risk species
- » Risk mapping and assessment

9. Vaccination

- » Sourcing QA vaccines vs PANVAC
- » Vaccination coverage (optimal rate)
- » Post-vaccination period surveillance





10. Socio-economic impact

- Estimate of disease cost in infected MS
- Estimate of disease prevention in at risk

11. Research

- Definition and adoption of themes
- Organisation of a research-aimed WS

12. Policy and Legislation

- Reviewing existing and recommend news
- Proper National Preparedness Plans

13. Regional Coordination

- Creation of a Specific Crisis Committee
- Determination of Communication Flow



GOING FORWARD

- Looking to complete more than half the tasks by next meeting
- Strategy developed by August 2013
- **Partners:**
 - GALVMED
 - SACIDS
 - BVI
 - OVI
 - NCID
 - Epi/Lab subcom
 - CDC
 - others





THANK YOU

